Delivering Health and Social Services

in English to English speakers

in the Capitale-Nationale Region (CNR)

Revised Access Program: 2006-2009

Agence de la santé
et des services
sociaux de la Capitale-
Nationale

Québec

Translated and Edited Version

September 29, 2008

Disclaimer:

This document is a translation of an original French document called,

"Programme d'accès aux services de santé et aux services sociaux en langue anglaise pour les personnes d'expression anglaise de la région de la Capitale-Nationale Révision 2006-2009".

This document has also been edited for ease of reading (plain language).

In case of any difference between this version and the original French version, the French version reflects the official government position.

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Acronyms

Notes:

- The organization referred to in this document as Holland Centre changed names on April 1, 2007 to become Jeffery Hale Community Services.
- Anglophones are English-speaking people, Francophones are French-speaking people and Allophones are people who speak another language besides English or French.

Definitions that appear *in italics* are English translations of French acronyms

Agencies	Regional Health and Social Services Network Development Agencies
*A*H	Quebec university-affiliated hospital
CASA	Committee for Anglophone Social Action. Gaspé
CHSLD	*Residential and Long-Term Care Centre*
CHSSN	Community Health and Social Services Network
CHUL	*Laval University Hospital*
CHUQ	*Quebec University Hospital*
CJQ-IU	*Quebec Youth Centre – University Institute*
CNR	Capitale-Nationale Region
CNR Agency	The Capitale-Nationale Region's Health and Social Services Network Development Agency
CROP	Centre de recherche sur l'opinion publique (Polling firm)
CRUV	Centre de réadaptation Ubald-Villeneuve
CSSS	*Health and Social Service Centre*
DPJ	*Director of Youth Protection*
DRSP	*Regional Direction of Public Health*
GFM	Group of Family Medicine
H	Hospital

HCC:	Health Communication Centre
HEJ	*Enfant Jésus Hospital*
HSFA	*Saint François d'Assise Hospital*
HSS	*Saint Sacrement Hospital*
IRDPQ	*Quebec Institute for Rehabilitation of Physical Disability*
LAP	Local Action Plan in Public Health
LSSSS	*Law on Health and Social Services*
MICC	Ministry of Immigration and Cultural Communities
MSSS	*Ministry of Health and Social Services*
PHCTF	Primary Health Care Transition Fund
RGH	Robert Giffard Hospital
RLS	*Local Service Networks*
RSIPAPA:	*Networks of Integrated Services for Seniors Losing their Autonomy*
RUIS-U:	*Integrated University Health Network of Laval University*
SIPPE	*Integrated Services for Perinatal and Early Childhood*
VEQ	Voice of English-speaking Quebec

Introduction

The right to receive health and social services in English is clearly stated in Québec's *Law on Health and Social Services* (LRQ, c. S-4.2), hereinafter referred to as the LSSSS.

In recent years, reform to Quebec's health care system resulted in two important changes to LSSSS (see Section 2 – Legal context for review of the access program):

- Regional Health and Social Services Network Development Agencies (the Agencies) were set up across the province; and
- The Ministry of Health and Social Services (MSSS) told the Agencies to review and revise their services to ensure they were following new guidelines on providing English services to English-speaking people.

To comply with the latter, the Capitale-Nationale Region's Health and Social Services Network Development Agency (CNR Agency) launched a review of the health and social services offered in English to English speakers in the region. This report provides details on the review process, as follows:

Section 1 – Legal context for review of the access program

Section 2 – Ministerial guidelines setting out terms of access

Section 3 – Our review of health and social services provided in English

Section 4 – Our review of the range of services provided to English speakers

Section 5 – Developing a regional action plan 2007-2010

Sections 1 and 2 provide readers with details on the the legal frameworks that support this review.

Section 3 provides detailed information about the study that was launched as part of the review process. After identifying its goal, the research phase painted a social and demographic portrait of the English-speaking population in the CNR. The study then identified the health and social service needs of that population and examined how well those needs were being met by services offered in English in the region. The gap between the needs of this group and the services offered are highlighted at the end of Section 3.

Section 4 of this report provides a review of other health and social services available in English to English speakers in the CNR.

Section 5 sets out the CNR Agency's action plan for 2007-2010.

Section 1 – Legal context for review of the access program

According to the Ministry of Health and Social Services (MSSS) in Quebec, the definition of English speakers in the province is:

> *"An English-speaking person is he or she who, in their relation with an establishment providing health or social services, feels more at ease expressing their needs in English and receiving services in that language".* (MSSS, 2006)

The right to receive health and social services in English is clearly stated in Québec's *Law on Health and Social Services* (LRQ, c. S-4.2), hereinafter referred to as the LSSSS.

In recent years, reform to Quebec's health care system resulted in changes to LSSSS. The most important change was Chapter 32, an amendment to the LSSS that set up Regional Health and Social Services Network Development Agencies (the Agencies) to oversee the delivery of health and social services in 18 regions across the province.

Despite this organizational change, the legal rights of English speakers in Quebec to receive services in their language remain the same:

> *"Every English-speaking person has the right to receive health and social services in English, taking into consideration the organization and the human, material and financial resources of the establishments which provide these services and to the extent that a program of access is anticipated as intended in Article 348"* (LRQ, c. S-4.2, a.15)

In fact, Article 248 of the LSSSS states:

> *"Every health and social service agency must develop a program of access to health and social services in English for English-speaking people in its region, in cooperation with the establishments in its region or, if need be, together with agencies from other regions. Such a program of access must take into account the human, material and financial resources of the establishments and include every establishment in the region designated in virtue of Article 508. The program of access must be approved by the government and must be revised at least triennially."*(LRQ, c. S-4.2, a. 348)

Article 508 of the LSSSS refers to the need to identify service providers that must provide health and social services in English. In the CNR, the designated establishment is the Saint Brigid's – Jeffery Hale Hospital. This service provider was created in the spring of 2007 when the Jeffery Hale Hospital integreted into the residential and long-term centre known as Saint Brigid's Home.

A new way of organizing health and social services

Chapter 32's change to the LSSSS reaffirmed the responsibilities of health and social service centres (CSSSs) in the province of Quebec. CSSSs are organizations that deliver general medical and social services (or front-line services) to the public.

In 2006, the Minister responsible for MSSS in the National Assembly defined the government's vision of ***the access program for services in English to English-speaking people*** in a new way. His updated definition refers to:

> *"The manner, the service and the establishment for which it is necessary to make available health and social services in English for the English-speaking population, keeping in mind the human, material and financial resources of the establishments."* (Frame of reference, MSSS, 2006, p.17)

The three main features of this new approach to health and social service include:

- ***Local responsibility for services***: Local CSSSs are now responsible for organizing, coordinating, and dispensing health and social services in a defined territory, whereas in 1994, the local level was only a dispenser of such services. As well, the new access program describes how and where services are available in English for English speakers (whereas in 1994, the program of access only listed the English language services offered in a region). (MSSS, 2006)

- ***CSSSs are responsible for their population****:* The CSSSs must create a portrait of the needs of the region's population, including the English-speaking population. They must identify, along with the Agencies, the gaps to meeting that population's needs. The clinical approaches and social service programs developed by CSSSs are both linked to the access program and separate from it. As CSSSs plan clinical approaches, they need to integrate the access program into their planning. This may result in their access plan being updated.

- ***Agencies' responsibility***: The Agencies, that are responsible for developing a program of access in English for English-speaking people, must ensure that health and social services are offered in English while also taking into account the human, material and financial resources of the concerned establishments. In planning its access program, the Agencies may favour a cooperative approach (interinstitutional service agreements) that describes the contribution expected from each entity. People who receive services as part of the Integrated University Health Network (RUIS-UL) [1]may also benefit from these agreements.

[1] See the description of the RUIS-UL on page 24.

Section 2 – Ministerial guidelines setting out terms of access

The Minister responsible for MSSS has issued five guidelines to the Agencies and their partners develop access programs to provide English services to English speakers in Quebec.

The first two are broad guidelines:

1. Responsibility for a population

According to the minister, responsibility for a population *"means that the service providers for the population in a local territory"* are *"led to share a collective responsibility toward this population as they make accessible as full an array of services as possible and ensure the treatment and support of persons in the system of health and social services, promoting at the same time collaboration toward the maintenance and improvement of the health and well-being of the population and the communities of which it is comprised."* (MSSS, 2004)

As part of this responsibility, CSSSs must take into account the linguistic and cultural traits of English-speaking communities when they organize, coordinate, and dispense services.

2. Ranking of Services

The minister has proposed the following definition of the ranking principle for services. It involves:

> "improving the complementarity in order to smooth the path for people between the levels of services, following the referral mechanisms among the caregivers. These mechanisms affect not only the referrals between the front and second lines but also those between the second-line and the third-line super-specialized services. Better accessibility will be guaranteed by the agreements and corridors of service established among the providers. This involves the implementation of bidirectional mechanisms which ensure the referral and at the same time planning for the return of the person to his or her living environment. The CSSS, therefore, has the obligation to refer people to the required services and redirect them to another place so that they may find what they require when the service is not available as regards their rights, the ethical norms and the recognized standards relevant to access." (MSSS, 2004)

These first two guiding principles are followed by three guidelines that relate to providing services for English-speakers.

3. Assisting English-speaking people in the healthcare system

If Quebec's health and social services network is to respond adequately to a person's needs, it must be able to adapt to the needs of many different types of people. In the case of

English-speakers, the goal is to provide satisfactory services. This means the person must not be left alone to find answers to questions. The system must be able to help people when they request help. (MSSS, 2006)

4. Successful Clinical Treatment

In health and social services, a person's language can become a barrier to getting service if language is not considered in the clinical treatment phase (Bowen, 2004). When an English-speaking person's physical or psycho-social health is at stake, the services offered in English could be seen as a necessity (Trân, 2004). To improve the response offered to English speakers and to inform them where and how services are available, clinical caregivers must be fully aware of the access program for English-speaking people. The terms of access must be made public and available to every person who wants to consult them. (MSSS, 2006)

5. Participation of English-speaking people

The success of all clinical treatment depends on the ability of people to be part of decisions affecting their health. As a group, and as a distinct community, the English-speaking public must be asked regularly to make its service needs known. All health and social service providers, and especially CSSSs (with responsibility for a population), owe it to themselves to invite the English-speaking population to express its needs. Then, the CSSSs must respond to those needs when planning services. (MSSS, 2006)

Section 3 –Our review of health and social services provided in English

Methodology

The process for revising the access program was as follows:

1) A review of the literature and existing documentation (see Bibliography)
2) Two questionnaires were designed, approved, and delivered to stakeholders in the region by the advisory committee
3) Individual interviews were held
4) A focus group on the needs of English-speaking people in the region and a discussion of available resources were convened.

The timeline for the CNR Agency's review was:

1. **June 2006**: An advisory committee was formed. Its mandate and membership were approved by the Regional Committee for Access Programs to Health and Social Services (known hereafter as the Regional Committee). The Regional Committee's mandate was to advise CNR Agency on the program of access to English language services, in keeping with Article 348 of the LSSSS. To do this, the Regional Committee assessed the proposed program and suggested changes, as needed (LRQ, c. S-4.2, a.510).

2. **July 2006**: Two questionnaires approved by the advisory committee were mailed to two groups of respondents. The first survey was sent to managers in 13 regional facilities.[2] The second survey went to team leaders in the Public Health Regional Directorate. Asking managers and not health or social service professionals to respond to the surveys may have limited the results, since only one viewpoint was obtained. Each questionnaire had four sections:

   - Identification of the English-speaking clientele served;
   - Inventory of resources available to respond to their needs;
   - Existing procedures to meet the goals of access, continuity, and quality of services;
   - Quality of services.

   Conclusions and analysis are included later in this section of the report.

3. **June-September 2006**: A total of 10 people were interviewed. The first group was composed of six people responsible for the clinical project at the CNR Agency. The second group consisted of four people chosen by Saint Brigid's - Jeffery Hale Hospital

   to represent the interests of English-speaking population on the different clinical project committees of the CSSSs de la Vieille-Capital, Québec-Nord and Portneuf.

[2] The 13 facilities include: the four CSSSs within Quebec's NCR; four hospitals (CHUQ, *A*H, CHRG, Hôpital Laval); Jeffery Hale Hospital – Saint Brigid's; four rehabilitation centres (CRUV, IDRC, IRDPQ); and the Quebec Youth Centre. Holland Centre was also consulted to present front-line services for the CSSS de la Vieille-Capital.

4. **Autumn 2006**: A focus group composed of English speakers who had recently arrived in the region examined their experiences, expressed needs, services received, and expectations in the area of health and social services.

   In September and October 2006, the advisory committee and the Regional Committee met several times to discuss and validate this report. In November and December, the report was finalized with input from various sources.

The final document was sent to the Ministry of Health and Social Services in late January 2007.

Implementing the Access Program's goals

As mentioned earlier, the overall reason for the access programs is as follows:

> *"The goal of an access program is to ensure accessibility for English-speaking people to a range of health and social services to be provided in English by the institutions in their locality, in their region or, if need be, in another region."* (MSSS, 2006, p. 17)

In response to this MSSS goal, the access program review done by the CNR Agency focused on the need to identify the:

- distinct features of English speakers in the region;
- health and social services needs of English speakers in the CNR;
- health and social services available to English speakers in the CNR;
- gaps between English speakers' needs and services offered.

What follows are the research results as they relate to these four aspects of the overall goal.

1. Distinct features of English speakers in the Capitale-Nationale Region

According to a study by Jan Warnke (2006) conducted with funding from the Primary Health Care Transition Fund (PHCTF, 2005-2006), the **Anglophone population** of the CNR totals 12,045 people, or slightly less than two per cent of the region's total population. The data that follows are based on the mother tongue of people questioned (and not the first official language spoken). Mother tongue is deemed to be a more reliable way to measure the size of the English-speaking population in the CNR (Warnke, 2006). This data does not include **Allophone immigrants** whose mother tongue is neither English nor French, but who, in their initial contact with health and social services, will often speak English.

Table 1 shows 1) the number of Anglophones in the province of Quebec, 2) the number of Anglophones in the CNR, and 3) the number of Anglophones in the regional CSSSs within the CNR.

Table 1: Anglophone populations in Quebec, the CNR, and in each CSSS area within the CNR

Anglophones	Province of Quebec	Capitale-Nationale Region	CSSS Vieille-Capital	CSSS Québec-Nord	CSSS Portneuf	CSSS Charlevoix
0-14 years	126,305	1,435	630	725	65	15
15-24 years	88,050	1,325	790	465	50	20
25-44 years	188,160	3,565	1,800	1,535	160	70
45-64 years	153,300	3,395	1,870	1,340	135	50
65 years +	96,075	2,325	1,470	730	105	20
Total	651,890	12,045 (100 %)	6,560 (54 %)	4,795 (39 %)	515 (4 %)	175 (1 %)

Source: Jan Warnke, 2006

A majority of Anglophones in the region (93 per cent) live in the CSSS areas of Vieille-Capital (54 per cent) and Québec-Nord (39 per cent). The CSSS Portneuf area has four per cent of the Anglophone population, while Charlevoix has only one per cent. This latter receives a large number of English-speaking people on vacation each year.

A CROP study (2002) (see list of Acronyms) also looked at English-speaking people in the CNR (VEQ, 2006). It showed that:

- 22 per cent of English-speaking people in the CNR were born outside Canada
- 17 per cent have one parent (or both) whose mother tongue is neither English nor French
- 86 per cent of English speakers speak both languages
- 62 per cent of English speakers use French at work or school.

According to the Ministry of Immigration and Cultural Communities, 5.3 per cent of immigrants who settled in the Quebec City region between 1998 and 2002 spoke only English, while 22 per cent spoke both English and French. (MICC, 2006)

In 2006, demographic projections were made for the Anglophone population living in the CNR for 2011 and 2016. These projections predict a small decline over the next ten years in the overall number of Anglophones. These projections, however, also predict an increase in the Anglophone population aged between 60 and 75 years, and 90 years of age or over.

Table 2 shows the socio-economic profile of Anglophones in the CNR, as compared to the total population of the CNR.

Table 2: Socio-economic and education profile of the CNR's Anglophone population, as compared to the CNR's total population

	General Population in the CNR	Anglophone Population in the CNR
Income below $30,000 (age 15 years and over)	60.2 %	55.5 %
Income below the low-income cut-off**	19.0 %	21.51 %
University studies (diploma or degree)	21.7 %	36.7 %
Less than secondary education (high school) (age 20 years and over)	10.7 %	17.4 % *
Unemployment rate (age 15 years and over)	7.6 %	7.8 %
Single parent	16.5 %	10.2 %
Living alone	14.5 %	16 %

* 25 years of age and over

** Measures of low income known as low income cut-offs vary according to family size and how urban a region is. Based on the 1992 cut-offs , raised in 1995 and adjusted according to the cost of living, families who devote 54.7 per cent or more of their income to food, housing, and clothing are deemed to have an income below the low-income cut-off.
Source: DRSP, 2006, Warnke, 2006

In the CNR, compared to the general population:

- fewer Anglophones (55.5 per cent) have yearly incomes below $30,000
- more Anglophones (21.5 per cent) have incomes below the low-income level
- 36.7 per cent of Anglophones hold a university diploma or degree, (a figure that is more than 15 per cent higher than the rest of the rest of the region's population)
- On the other hand, 17.4 per cent of Anglophones 25 years and older have less than secondary level education (high school).
- unemployment among Anglophones is almost the same as in the general population, reaching almost 8 per cent
- 10.2 per cent of Anglophones live in single-parent families, and
- more than 16 per cent of Anglophones live alone.

Worth noting is the fact that in the last five years, more than 28 per cent of English-speaking people living in the CNR are migrants. This means they have come from another region of Quebec, another Canadian province, or another country. The number of these new arrivals roughly equals the number of Anglophones who die or leave the region.

2. Health and Social Service Needs of English speakers in the Capitale-Nationale Region

English speakers in the CNR fit into two linguistic groups: bilingual people who are mostly born in the region, and monolingual people who communicate almost all the time in English. The latter have often come to the region recently (28 per cent of the English-speaking population) or they are senior citizens. Within this group of seniors, most are women who have never worked outside the family home. They may have had little contact with the Francophone world, although they have lived a long time in the region. Seniors whose physical or mental health may be vulnerable also fit in this latter category. They are likely to use only English when they interact with the health and social services system.

- ***How they use the system****:* Little data exists to shed light on how Anglophones in the CNR use health and social services. In fact, most computer systems in community organizations within the CNR do not include "user's language" in the data they collect. One study revealed that staff in such organizations do not collect this data in any systematic way. (Agency, 2006)

This was confirmed during the survey of organizations and institutions in the CNR. They could not identify the number of treatments provided to English-speaking clients.

- ***How they define their needs****:* One could adopt the idea that the primary health care needs of English speakers in the CNR are the same as those of the rest of the population, no matter the age group. However, no research has been done to determine whether the language choices of Anglophones may be a determinant of health for this population. Nor does research examine how new Anglophone arrivals in the region adapt and integrate into the community. Could their ability to adapt be slowed by their language, for example, in the case of Anglophone Chinese immigrants?

Our study attempted to "gauge access to health and social services as the key determinant for official language communities in a minority situation" (CROP, 2006). The themes we looked at included:

- how people perceive their general state of health,
- how satisfied they are with access to health and social services in the region,
- how they use health and social services in the region (as well as non-reimbursed care),
- whether they seek health and social services outside the region,
- what they expect of health and social services in the future (long-term care, homes for seniors, home care, etc.),
- their views on the language used to provide health and social services, and
- whether they can access information on health promotion topics.

A total of 121 people responded to this survey (one per cent of the 12,045 people identified by Warnke in 2006). This small sample conveys and reflects certain realities for the Anglophone population in the CNR.

Our survey showed that the most pressing health and social service needs among English-speaking people in the CNR affect certain segments of that population. Other studies done in the region (Trân, 2004, PHCTF projects, 2005-2006) support this observation, as follows:

***Youth and Adult Mental Health**:* In the CNR, about 28 per cent of English-speakers are new arrivals (Warnke, 2006). Because they face a language barrier, they may have trouble adjusting to life in the region. Over the long term, they may suffer mental health problems. During the time they are adjusting, which varies from person-to-person, Anglophones may need to use psycho-social or mental health services in English (Trân, 2004).

English-speaking people born in the region have access to and may use health and social services offered in French. However, when it comes to psycho-social or mental health services, English-speakers may seek out and prefer English-language services (Trân, 2004).

Research shows that low numbers of English-speaking people who require psycho-social or mental health seek out these services. They fear being recognized. The stigma of using such services seems to keep them away from meetings and group therapy sessions in mental health (Trân, 2004).

Finally, for children who have special needs (such as intellectual disability or pervasive development disorder) the integrated approach used by school boards is not always adapted to the needs of Anglophones. After age of 21, these young adults and their parents have problems using the help networks that exist in the region because they face both cultural and language barriers.

***Seniors**:* The demographic data shows that English-speaking seniors will represent a higher relative percentage of the total poulation when compared to the general population of the same age. As they age, many Anglophones will use only their mother tongue. This is true when they express their health needs to professionals who must respond. (Lacroix *et coll.*, 2006).

It seems that a fair number of English-speaking seniors still live at home and are experiencing a significant loss of autonomy. The homecare programs offered by Saint Brigid's – Jeffery Hale Hospital (through Holland Centre) serve seniors who live at home and require nursing care or social services. Holland Centre also offers out-patient services for seniors. A recent study (Lacroix *et coll*., 2006) shows that English-speaking seniors who lose a great deal of autonomy and require a coordination of services and a higher level of services get only part of the help they need (RSIPAPA program), if the needs of this clientele are considered. The same is true for telemonitoring. The RSIPAPA program and the telemonitoring service, along with the home care program, are still not

frequently offered to English-speaking clients, due to a lack of staff available at all times to communicate in English.

***Disease Prevention and Health Promotion**:* The documents available to English speakers on subjects such as disease prevention, health promotion, and promotion of services, moslty exist in French only. Staff at Holland Centre translate certain material or receive them from public health agencies in Montreal or from MSSS. Resources from other provinces are used, too, since they are written in English.

Summary: The gaps in health and social services offered to English-speaking people in the CNR seem to affect those Anglophones who are in a state of flux. This includes newcomers, those facing mental health problems, and seniors coping with loss of autonomy. Possible ways to fill these gaps include:

- Anglophones and those who employ them, or live close by, as well as their relatives, need to know about the resources available in English from Quebec's health and social services network. They must also be able to take advantage of the resources that best respond to their needs the health and social services field.

- Staff with the proper language and cultural skills need to be deployed within the network.

3. Health and social services available to English speakers in the Capitale-Nationale Region

Front-Line Services

The Anglophone population in the CNR lives mainly in the CSSS area known as the "Vieille-Capitale". This area contains a "designated"[3] institution, namely Saint Brigid's – Jeffery Hale Hospital. All parts of the Saint Brigid's – Jeffery Hale Hospital offer English-language services, under the terms of an agreement with the CSSSs and other organizations within the region.

Saint Brigid's – Jeffery Hale Hospital includes Holland Centre.[4] A youth program known as the Quebec Youth Centre operates as part of Holland Centre.

All parts of the Saint Brigid's – Jeffery Hale Hospital offer English-language services, under the terms of an agreement with the CSSSs and other organizations within the region.

[3] A *designated* institution is one required to make its health and social services available in English to English-speaking people.

[4] For 10 years, Holland Centre, located on the grounds of Jeffery Hale Hospital, has developed a range of services that can be found in a CSSS, thanks to a partnership among five organizations, namely Saint Brigid's Home, Jeffery Hale Hospital, the Quebec Youth Centre, the CLSC Haute-Ville-des-Rivières and the community organization la Corporation de développement de ressources Holland. Currently, with local and regional structures being reorganized, the five entities are faced with redefining their partnership, without reducing the level of service outlined in Table 3

In 2006, the CNR Agency's Organization Plan of Integrated Services (PROSI) gave Saint Brigid's – Jeffery Hale Hospital a major role in offering services to English-speaking people. As a result, it has become a "window", though not the only one, that meets the needs of English-speakers in the CNR. It offers as many services as a health and social services centre (without being one in the full sense), as well as those normally provided by a regional hospital. Table 3 describes its main services.

It is worth noting that front-line services make up 80 per cent of the services that the general population receives, and that English-speaking people are not obliged to go to Saint Brigid's – Jeffery Hale Hospital for services. Many also use the front-line services of Saint Brigid's – Jeffery Hale Hospital along with the rest of the health and social services network within the CNR, such as the local service networks (RLS) composed of the CSSSs, the private clinics, the family medicine groups, etc.

Table 3: Front-line services offered at Jeffery Hale Hospital – Saint Brigid's

Saint Brigid's – Jeffery Hale Hospital	**Front-line health and social services offered**
Saint Brigid's site	Coordinates and supervises the services offered by Holland Centre as well as the Regional Program of Health and Social Services for English-speaking people Offers long-term residential care and a day centre program.
Jeffery Hale Hospital site	Walk-in program (minor emergency service, diagnostics such as x-rays and laboratory services). Offers residential and long-term care for clients with serious loss of autonomy. Offers a geriatric program (medium-term assessment, treatment/stabilization and rehabilitation, palliative care, respite residential services/crisis/convalescence, assessment, rehabilitation and home care, and a walk-in geriatric clinic).
Holland Centre site (renamed in 2007 as Jeffery Hale Community Services)	All services are offered in English. Offers a seniors' program that includes: home maintenance and support, day centre in cooperation with the CHSLD Saint Brigid's Home, home care, social services, and benevolent community services. Offers a program for youth and families that includes: social services and nursing services in schools, support service for families in difficulty. Offers a perinatal program (childbirth and after-pregnancy care). Offers an adult mental health and social services program. Offers a 24-hour telephone (help-line) service in cooperation with Info-Santé. Offers reception, assessment, orientation Offers a family and youth program that includes: intake, assessment, orientation, social emergency, psycho-social services, young offenders and youth protection, and young addicts.

Specialized services offered in hospital

As Saint Brigid's – Jeffery Hale Hospital becomes a merged service provider, it must set up service paths or agreements that will improve access to all its services for English-speaking people. Specialized and super-specialized services are currently available in the CNR at the CHUQ, the *A*H, Hôpital Laval, and RGH. See Appendix 1 for details.

An organization with case managers that know about the resources and professionals authorized to work with the English-speaking population is in a better position to respond to Anglophones' needs for specialized and super-specialized services. This type of organization would encourage French and English-speaking professionals to make themselves known. Thus, English-speaking people would benefit from their professional networks.

Rehabilitation, Addictions and Youth Centre

The CNR has services for physical rehabilitation (IRDPQ), for intellectual disability and pervasive development disorder (IDRC), and for drug addictions and other dependencies (CRUV). With the exception of the Quebec Youth Centre's agreement with Holland Centre (to provide services in English), other regional rehabilitation centres may offer individual services to English-speaking people without having formal protocols in place to make such services broadly available.

During 2008, as the CSSSs plan clinical projects in addictions, the needs of English-speaking people will have to be considered.

Public Health Services

The regional public health program meets some of the needs of English speakers in disease prevention and health promotion. The *Marche, SIPPE, YAPP, OLO, Terrain d'école sans tabac*, *École en Santé* programs, as well as data collection following notifiable diseases, children's vaccination campaigns, an awareness program to help prevent sexually transmitted infections, an influenza program, the Quebec Screening Program for Breast Cancer, and preventive dental services are public health services available to English-speaking people in the CNR. Materials translated from French to English are distributed to the schools of the Central Quebec School Board and at Saint Brigid's – Jeffery Hale Hospital.

4. Gaps between English speakers' needs and services offered

Prior to the development of clinical projects in each CSSSS territory, Saint Brigid's – Jeffery Hale Hospital into Saint Brigid's Home already had agreements with various regional partners. During the planning phase of these clinicial projects, Saint Brigid's – Jeffery Hale Hospital became active participants in this process to ensure that English-speakers would have access to services. The targeted CSSSs were Vieille-Capitale,

Québec-Nord and Portneuf. The CSSS Charlevoix was not targeted because very few English-speakers live in that area and a mechanism to refer clients to Holland Centre was already in place. The group made sure that each planning target they set would consider the needs of English-speaking clients. Although the clinical project targets were general, some of them (such as loss of autonomy among older people) involved noting the need to adapt services for the English-speaking population.

Saint Brigid's – Jeffery Hale Hospital, in partnership with other actors in the health and social services network seems to meet many of the needs of English-speaking people in the CSSS areas within the CNR. Even if most of the needs of English speakers are met, there is general agreement that a lack of support and continuity exists in services offered. An example of a new way to do things emerged when the "Fight Against Cancer" project launched by these providers took English-speakers' needs into account during the planning stages.

With more than 25 per cent of the CNR's Anglophone population being newcomers to the region, a barrier that affects accessibility to health and social services is a lack of English skills by staff at the "first contact" level. On the other hand, even if Saint Brigid's – Jeffery Hale Hospital provides service in English, through Holland Centre, the staff of this Centre could not serve every Anglophone newcomer to the region. One solution to this problem may be a single telephone number that will respond and to direct English-speaking people in the CNR to resources that offer English-language services at all levels (front, second- and third-lines).

Summary: Within the CNR, the study identified gaps that exist between the needs of English-speaking people and the services available to them, especially for: seniors with loss of autonomy, youth with special needs, adults living with mental health issues, and accessibility to p services. In fact, having access to English information and services at front-, second- and third-line levels, remains a problem for English-speaking people in the CNR.

Working to overcome the gaps

In June 2006, The Saint Brigid's – Jeffery Hale Hospital, in conjunction with the CSSS de la Vieille-Capitale and its ties to various regional groups, agreed to provide English services for these projects:

Fight against cancer: Those involved are the Saint Brigid's – Jeffery Hale Hospital and the CSSSs de la Vieille-Capitale and de Québec-Nord.

Palliative care: Five palliative care beds, accessible to English-speaking people, are added at the Saint Brigid's – Jeffery Hale Hospital.

Loss of autonomy due to age: A service agreement exists between the *Regional Program in English* (at Holland Centre*)* and the CSSS de la Vieille-Capitale regarding an access mechanism for evaluation and orientation services, and an access mechanism to public long-term care.

General services: Front-line services in Quebec are equipped with a system of voluntary "sentinel" physicians to ensure that follow-up happens for English-speakers using health and social services. This sentinel system is linked to the Quebec Network Clinics which is developing a model to be used in the Quebec City area, where the largest number of Anglophones in the CNR live.

The system is built around liaison nurses linked to doctors within the Quebec Network Clinics. Sentinel physicians, whose private practices are spread over two CSSS areas (de la Vieille-Capitale and de Québec-Nord), would be connected to the Quebec Network Clinics' group in the Montcalm sector. The Montcalm liaison nurse would be the reference point for all the liaison nurses within the Quebec Network Clinics. The part of her mandate that relates to the Anglophone community would allow her to refer clients to a sentinel physician near their home. She would also refer clients to second-line care that is available in English (Dumais, Noreau, 2006).

Youth in need: Psycho-social services are already available at Holland Centre.

A partnership between Holland Centre and St. Lawrence Cegep is being explored. It would offer courses to help young people in need integrate into the labour market.

Mental health: Support services are offered by Saint Brigid's – Jeffery Hale Hospital and provided by Holland Centre. Interpretation and accompaniment services for English-speakers also exist, but more formal partnership agreements need to be developed if the continuity and quality of service offered to English-speaking people is to be on a par with services offered to the larger population.

For these two latter clinical projects, Holland Centre will be supported, in terms of front-line services, by professional teams from the public health establishments most concerned, and, in turn, will support them for specialized and super-specialized services. Holland Centre could also handle the follow-up for this clientele.

Disease prevention and heatlh promotion: Many English-language support tools are exchanged between Holland Centre and local public health establishments.

The clinical projects being developed in this area are targeted to reflect the service programs outlined by MSSS.[5]. During the winter of 2007 CSSSs in the CNR worked to develop clinical projects dealing with physical disability, intellectual disability, pervasive development disorder, and addictions, in partnership with Saint Brigid's – Jeffery Hale Hospital.

[5] The nine service programs are: public health; general services-clinical and assistance activities; physical health; loss of autonomy related to aging; youth in difficulty; mental health; physical disability; intellectual disability and Pervasive Development Disorder; and addictions.

Summary: This report acknowledges that the services currently offered to English-speakers in the CNR only partly reduce the gaps between identified needs and available services. The guidelines contained in a revised Access Program should create an Action Plan[6] to improve accessibility, continuity and quality of services, especially for Anglophone seniors with loss of autonomy, Anglophone youth with special needs, and Anglophone adults with mental health problems.

[6] The action plan will include all priority actions that stem both present and future clinical projects.

Section 4 – Our review of the range of services provided to English speakers

Certain services that are not part of the *Program of Access in English* are still important to examine because they complement services included in the Access Program. This section provides an overview of the range of services provided in English to English speakers in the CNR.

- The Integrated University Health Network of Laval University (RUIS-UL)

This university network covers the six health and social service regions in Eastern Quebec. It brings together health and social service agencies of this region and university institutions from the CNR and the Chaudière-Appalaches region. RUIS-UL coordinates both academic and clinical activities. Its partners commit themselves, based on their specialties, to meeting common goals. When required, RUIS-UL sets up service agreements.

Even if establishments have not kept track of the number of English-speaking clients using their services, hospitals in the CNR report that they do serve English-speakers, mostly from regions such as the Gaspé, the Lower North Shore, and the Magdalen Islands. As well, English-speaking people with family members in the Montreal area or those who prefer to receive care in a "designated" institution have the right to choose where they receive those services. This means they may seek services in English outside the CNR.

The Committee for Anglophone Social Action is studying the English-speaking population in the Gaspé with the aim of recommending ways to improve access to services in English, continuity of service, and quality of service.

- Quality of Services and the Complaint System

With the exception of Saint Brigid's Home, Holland Centre and Jeffery Hale Hospital, it seems quite unlikely that complaint forms are available in English for English-speaking people or that English-speakers feel comfortable making complaint in their mother tongue. Holland Centre, which plays a liaison role with English-speakers in the CNR, can assist English-speaking people in making complaints, both during and after they have received service in a hospital, clinic, etc.

Saint Brigid's – Jeffery Hale Hospital plan to create a single telephone number. This should help English-speaking people express their views on health and social services offered in the region.

- Health Communications Centre

By definition, the health communications centres (RCC) are not public establishments but rather not-for-profit organizations created in 2002 by the Law on pre-hospital emergency services. As such, they are not indicated in the Access Program. (MSSS, 2006)

The RCC's mandate is to coordinate emergency calls (9-1-1) by people in distress and provide them with ambulance service to a hospital best suited to the person's needs. This service accounts for the need of English-speakers to communicate in English: *"All treatment personnel and those involved in call screening at a health communication centre must have functional mastery of both French and English with a 3/5 degree of bilingualism".* (Normalization Project for Health Communication Centres, MSSS, 2006)

Patients in the CNR who have used this service have not reported any problems with it.

- Info-Santé, Info-Social and Poison Control Centre

At four locations in the province (Montreal, Outaouais, Estrie, and Laval), **Info-Santé** offers services in French and English 24/7. In the CNR, nurses who speak both languages provide service to English-speakers if they are not busy with another call. When an Anglophone caller is not able to reach a professional who speaks both languages, they are transferred to one of the other Info-Santé locations in the province.

In 2005, with the funding from PHCTF projects, Info-Santé updated its resource list for the region. One of the items considered in this update was language of service. The update revealed that from a total of 1,586 Info-Santé resources inventoried in the CNR, 972 offer services in English. Their hours and days of operation are noted in the database, as is the type of service (medical, community, government, etc.).

English-speaking people who are vulnerable and in need of an intensive follow-up 24/7 can telephone a special regional number which immediately puts them in touch with a health professional able to respond in English (Lifeline).

Info-Social was launched in December 2007. This province-wide call centre has included the needs of English-speakers in its program planning. (Agency, 2006)

Finally, the regional Poison Control Centre operates 24/7 and offers services in both official languages.

- English Language Courses Offered to Health and Social Service Professionals

Knowing the client's language is an important factor in providing accessible, quality and effective services (Bowen, 2001). Within Quebec, health professionals' knowledge of English varies widely depending on the training they received as part of formal education, as well as their individual desire and ability to use English.

Each year the CNR Agency subsidizes English language courses for health and social services professionals in a recognized teaching institution (St. Lawrence Cegep, Laval University, etc.). The training schedule is flexible and designed to help people either gain or refine English skills. The courses teach English grammar as well as health and social service vocabulary.

In 2005-2006, 255 nurses, social workers and receptionists from *A*H, CHUQ, RGH, Hôpital Laval, Saint Brigid's – Jeffery Hale Hospital, IRDPQ, the CSSS du Québec-Nord and the CSSS de la Vieille-Capitale took English training. In 2006-2007, the hope is to reach the same number of people.

Section 5 – Developing a regional action plan 2007-2010

This report was produced thanks to intense efforts from May to November 2006. The goal was to provide the CNR Agency with a *Program of Access in English – Revised 2006-2009.*

The process to finalize the access plans involved getting resolutions from the Board of Directors of the indicated health establishments and acceptance of the report by the Regional Committee.

With support for its current Access Program from the MSSS Minister, the CNR Agency has started to produce a regional action plan for 2007–2010. The objectives will be defined according to targets identified for the clinical projects already operating and those to be developed in 2007. These goals will be accomplished through an action plan that uses measurement indicators and a timeline for implementation. The action plan will identify the person in charge of each measure as well as the partners associated with it. Those in charge and their partners will come from the CNR Agency, health and social service institutions, the community itself, and the English-speaking population— something that will consolidate existing partnerships.

By developing an action plan, the CNR Agency hopes to support better continuity of services offered to English-speaking people, when it comes to both access and meeting client needs. Without a firm commitment from the organizations involved, this action plan will not have a real impact on the health and well-being of English speakers in the CNR.

Given that much effort will be needed to ensure that the action plan is implemented, the CNR Agency is proposing to set up a follow-up committee. It will be composed of representatives from the health and social services and English-speaking communities in the CNR. Our hope is that the committee will be able to meet the expectations of different service providers to achieve the action plan's goals during the years 2007-2010.

The committee will meet at least twice a year and its mandate will be:

- to ensure that guidelines of both the Access Program and the action plan are respected;
- to oversee each service provider's commitment to the goals outlined in the action plan;
- to issue an annual report on the achievement of goals;
- to propose changes, as needed, to the Access Program 2006-2009 based on possible changes to the organizational structures.

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Appendix 1 - Offer of Services from Hospitals and Rehabilitation Establishments in the Capitale-Nationale Region

Hospitals		
Centre hospitalier *affilié* universitaire de Québec	Hôpital du Saint-Sacrement	Regional centre designated for the diagnosis and treatment of breast disease – University centre for ophthalmology – URFI (intensive functional rehabilitation unit)
		Medical, nursing and psychosocial services in medicine, surgery, mental health, physiotherapy and emergency - Perinatal medical, nursing and psychological services
Centre hospitalier *affilié* universitaire de Québec	Hôpital de l'Enfant-Jésus	Medical services, nursing and other professional services in traumatology, neurosurgery, neurology, haematology, major burns, mental health and treatment of musculoskeletal system disorders (orthopedics, physical medicine, anesthesiology, etc.)
Centre hospitalier universitaire de Québec	Centre hospitalier de l'Université Laval	Medical nursing and psychosocial services in pediatrics – Mother-child centre)
		Medical services, nursing care and other professional services in neonatology, pediatric cardiology, pediatric orthopedics, pediatric neurology and child psychiatry
Centre hospitalier universitaire de Québec	Hôpital Saint-François d'Assise	Medical and nursing services (vascular disease)
Centre hospitalier universitaire de Québec	Hôtel-Dieu de Québec	Medical services, nursing care and other professional services in oncology, radiation oncology, nephrology, diagnostic and therapeutic cardiology
Hôpital Laval		Medical services, nursing care and other professional services in cardiology and respirology. Massive obesity
Centre Hospitalier Robert Giffard		Tertiary and medico-legal psychiatry
Rehabilitation Centres		
Centre de réadaptation Ubald-Villeneuve		Intake and assessment, problem gambling, outpatient rehabilitation services for youth, integration and social re-integration service. Intensive rehabilitation program for adults, research and archive services and professional services. Outpatient rehabilitation services for adults, methadone maintenance program, driver assessment program, and financial, material and information resource services.
Centre de réadaptation en déficience intellectuelle de Québec		Adaptation, infant stimulation, educational support, support program for the individual and the family, residential program, socio-professional program, CSSS (CLSC) home support, OBSL (non-profit housing) and CR (community residence) , FTR (Family-Type Resource) living environment, intermediate resources and CR, FTR substitute living environment and intermediate resources, and CR.
Institut de réadaptation en déficience physique de Québec		Specialized services: motor disability, visual impairment, hearing impairment and cochlear implant, speech and language disorders. Superspecialized services for eastern Québec: Centre of expertise for people with spinal cord injuries, Centre of expertise for serious burn victims for eastern Québec and Consortium for traumatic brain injury victims.
Centre jeunesse de Québec		Intake, assessment and orientation services (AEO), family crisis hotline (Urgence sociale), psychosocial services, young offenders and youth protection.