

COMMUNITY NetLink

NEWS FOR THE COMMUNITY HEALTH AND SOCIAL SERVICES NETWORK

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"BUILD IT & THEY WILL COME!"

Photo credit: Christian Perreault

A personal account of the creation of Senior Wellness Centres

By **Russ Kueber**

It was a beautiful spring morning more than a decade ago and I was on a plane to the Gaspé coast. Beside me

Photo of one of the first CASA senior wellness centres in the Baie-des-Chaleurs.

was the head of seniors' services at Jeffery Hale in Quebec City, Jennifer Hobbs-Robert. At the request of the three NPIs in that region CASA, CAMI, and VISION, our task was to meet with their public sector health and social services partners to discuss the possibility of opening day centres for English-speaking seniors. Jennifer was the right person for the task — she had developed English language day centre services in the Quebec City region and knew all the ins and outs.

Cathy Brown, the Executive Director of CASA, had insisted we come down. Seniors in her region had no access to this kind of service in English and were uncomfortable attending the French centres that did exist.

CASA also struggled with the fact that the local French language day centre model imposed eligibility criteria which meant only the frail elderly had access. I remember clearly Cathy's exasperated words over the phone: "Russ, what do we

Senior Wellness Centres

continued...

do with the seniors in our community who are more autonomous and want to stay that way?"

After those local meetings, including brainstorming sessions with community leaders and sessions with health and social service partners in Gaspé, Baie-des-Chaleurs, and the Magdalen Islands, the idea of CASA creating its own version of a seniors' day centre was born. CAMI and VISION were also on board for the pilot project.

CASA's seniors wellness centre model was innovative, differing from existing local day centres in several ways. It was:

- Community-led with close support from health and social service professionals;
- Uniquely designed with the needs of English-speaking seniors in mind;
- Without any eligibility criteria for access;
- Based on health promotion to keep seniors living autonomously for as long as possible;
- Designed to encourage the involvement of volunteers to keep operating costs low.

The years that followed that trip east are a bit of a blur for me, but somehow CASA went from its first wellness centre in Cascapedia-St-Jules to a total of nine centres spread along the Gaspé coast. I do remember the very first day that the first

centre opened — the people at CASA were worried that their English-speaking seniors might hesitate and not come.

Well, there was nothing to worry about. From that nervous start, these centres have grown to serve more than 200 isolated seniors on a regular basis. From that experience, Cathy adopted the slogan, BUILD IT AND THEY WILL COME!

Soon, other NPIs began to take notice of the model and started implementing wellness centres throughout the province, growing to a total of 43 centres! I recall how exciting it was to see new wellness centres popping up, but I also worried about how we could sustain them. Initially, it was Health Canada funding that was used to support these NPI efforts, but this wasn't a long-term funding solution. Yikes!

But a little patience and the creation of the Secretariat for Relations with English-speaking Quebecers (SRQEA) resulted in a province-wide consultation on our communities' priorities. The community voice was strong — sustaining seniors'

wellness centres was at the top of the priority list!

With \$2.7 million dollars of new multi-year funding from the Secretariat, CHSSN will be able to support the sustainability of the 43 senior wellness centre sites as well as the planned creation of 32 new sites for a total of 75 by 2023.

For me, this success story is an amazing testament to the leadership, the innovation, and the community support that exists among NPIs. Those strengths have been enhanced greatly by Health Canada's openness and flexibility as we address emerging health priorities together. And the Secretariat's willingness to provide funding to sustain community-designed, cost-effective best practices to support seniors also needs to be recognized and praised.

Most importantly, these partnered efforts will result in critical support for thousands of isolated English-speaking seniors in years to come. I'm proud to have played a part in this wonderful story. [N](#)

\$2.7
MILLION

OF NEW MULTI-YEAR
FUNDING FROM
THE SECRETARIAT

75

TOTAL SENIOR
WELLNESS CENTRE
SITES BY 2023

WELCOMING ERICA BOTNER, CHSSN's Manager of Seniors

CHSSN is very pleased to introduce Erica Botner as the newest member of our staff team. Erica comes with vast experience in the seniors' sector including her recent work as program manager at the Cumming's Centre, well known for its innovation and excellence in seniors' programming. She takes on responsibility for managing the growing senior wellness centre initiative.

Welcome, Erica, to CHSSN!





Minister Christian Dubé opened CHSSN's NPI networks online webinar in February 2021

Building Together: Showcasing the Benefits of Adaptation

One of CHSSN's longest running programs is its work in Adaptation. The Adaptation Program is built on two core principles of the organization — that local communities need a strong evidence-base of population health needs and that in Quebec, English-speaking community leaders should first work with public authorities to adapt and make accessible health and social services that already exist in French.

On February 24, 2021, CHSSN held an open, online webinar for CHSSN's NPI networks and their public sector partners with a particular focus on recent research exploring health indicators and innovative adaptation projects across the province.

Minister of Health and Social Services Christian Dubé opened the conference.

“We were really excited that the Minister agreed to be with us to start things off,” said CHSSN Executive Director Jennifer Johnson. “He was generous with his time and was extremely supportive of CHSSN's adaptation approach. We were also pleased to have present our good friend Christopher Skeete, MNA for Sainte-Rose and Parliamentary Assistant to the Premier for Relations with English-Speaking Quebecers. He's been a champion of our work to enhance access to services in English in the public health system.”

CHSSN launched its new “Time Series” of census and CROP poll data at the conference (see below) and featured presentations of research and adaptation projects from several regions including a timely evaluation of the impact of COVID-19 on accessibility by Dr. Mélissa Gagnéux, Medical Advisor, Estrie Public Health Department / INSPQ, Associate Professor, Université de Sherbrooke, and an inspiring history of the decade-long effort to serve English-speaking patients better in the Côte-Nord region called

“Overcoming Language Barriers in Health and Social Services” by Nancy Bilodeau, Corporate Affairs Advisor, Human Resources, Communications, and Legal Affairs Directorate, CISSS de la Côte-Nord.

“Reaction to these Adaptation events is always very positive,” said Johnson. “That's why we planned a series of six follow-up events aimed at our networks and their public sector partners, as training opportunities as well as showcases for best practices and innovative programming.”

Key presenters at these monthly online events include COMMUNAGIR on community mobilization, William Floch from the Secretariat for Relations with English-speaking Quebecers on the new database of English-speaking community access to Quebec government programming, and Cynthia Dow on mental health initiatives in the Gaspé. [N](#)



CHSSN'S EVIDENCE-BASED APPROACH

For CHSSN's "Building Together" online webinar held in February, Jim Carter, CHSSN Senior Policy Adviser, presented a bird's eye view of some broad results of CHSSN demographic and attitude survey results over the last fourteen years, a so-called "Time Series" of data. This rich body of knowledge and its regular renewal and interpretation are powerful contributions to any discussion about current and future initiatives to improve access to services in English in Quebec.

"People have been asking us for years for data over time," explained Jennifer Johnson, Executive Director of CHSSN. "The long duration of this data set — 14 years — and the consistency of our results really add to its validity for decision-making."

In his presentation, Carter flagged some notable results. For example, perceptions of access to service in English differ between unilingual and bilingual respondents, with unilingual English-speakers saying they experience a higher rate of service in English at CLSCs and hospitals compared to bilingual respondents.

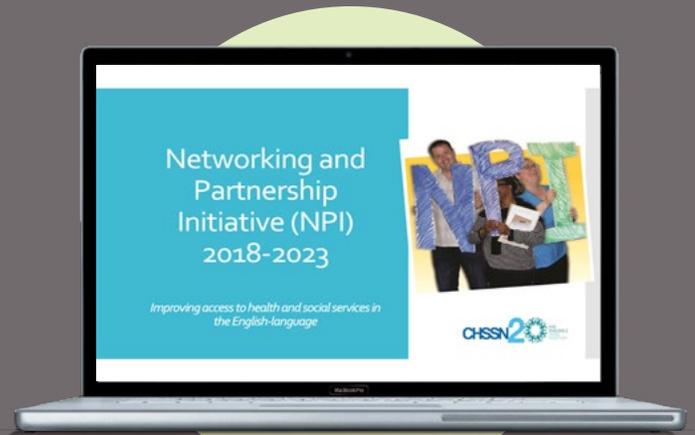
"There are many factors that might explain this difference", he said. "For example, the importance of services in English for a unilingual person may be more likely to trigger a system response as language is deemed a key aspect of intervention. And because of linguistic vulnerability, unilingual English-speakers are very likely to place high value on the importance of receiving their services in English."

Carter presented two macro-level trends that point to a certain confidence of the respondents in their comfort level of asking for services in English and their confidence in the future of their local English-speaking communities.

"We could say that the rate of comfort in asking for services in English has been relatively high and stable over fourteen years," he concluded. "We can also be encouraged by the upward trend expressed by respondents in the future of their local English-speaking community."

He noted that these trends can serve as an important community backdrop to the range of initiatives currently being undertaken to improve access to health and social services in English. [N](#)

The full study with regional breakdowns of data is available in the Document Center at chssn.org as *Time Series Report: CHSSN/CROP Surveys 2005–2019*.



CHSSN HOSTS VIRTUAL NPI RETREAT

Because of the pandemic, CHSSN held its bi-annual NPI retreat virtually this past winter. Approximately 60 participants were in attendance and executive directors, along with their NPI staff, were able to share best practices.

The NPI (Networking and Partnership Initiative) is inspired by CHSSN's Community Mobilization Model which encourages English-speaking communities to adopt an intersectoral networking and partnership approach to take action on key health determinants having an impact on the health and well-being of English-speaking communities throughout the province. NPI groups often focus on improving access to health and social services in the English-language, especially services that already exist in French in local communities.

CHSSN presented some impressive mid-term statistics from the 2018–2023 NPI program that is currently supported by Health Canada, reflecting outstanding work by the 23 NPIs across the province:

14 new satellite office initiatives	88% of local health professionals in a representative survey felt supported by NPIs	95% of partners surveyed appreciated support by local NPIs	580+ partnerships developed by NPIs	120+ knowledge products in English developed by NPIs
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The Mental Health & COVID-19 Montreal Community Forum

At the end of March, CHSSN and the four Montreal NPI's (ACDPN, REISA, CCS and NDGSCC) organised the first online Montreal Community Forum dedicated to exploring the impact of COVID-19 on the mental health of the English-speaking population of Montreal.

This two-morning Zoom gathering let over 100 representatives from the provincial government, the health and research sectors, the community, and other leaders from across the island of Montreal explore the effects of COVID-19 on mental health, celebrate successes, and co-generate solutions.

Speakers from a wide range of populations shared their research and lived experiences. The Forum fostered cross-sectoral and intersectional exchanges, creating a space for learning, discovery, consciousness-raising, resource-sharing, networking, and collaborating.

Day One

Day One of the forum featured 12 thought-provoking speakers in 6 breakout rooms and an informative key note panel including:

- **Dr. Joanne Pocock**, a CHSSN consultant, shared quantitative and qualitative findings from research on the mental health issues faced by Quebec's English-speakers in the context of the pandemic, exploring

mental health as a multidimensional problem which exacerbates existing inequalities and requires multisectoral, collaborative, and local responses to address rising anxiety, depression, and suicidal ideation.

- **Dr. Gustavo Turecki**, Chair of the Department of Psychiatry at McGill University and Tier 1 Canada Research Chair in Major Depressive Disorder and Suicide, presented on different phases of the COVID-19 pandemic and the stress responses and coping mechanisms that could be observed in the population.
- **Tania Callender** from ACDPN shared how mental health issues rose to the top of the list of priorities for the community with which she works during the pandemic.
- **Thierry Lindor**, tech entrepreneur and G20 YEA & UN Delegate introduced the "Colors of COVID" Project, a not-for-profit equity-tech space partnered with community organizations that have the trust of their communities, collecting race-based data about the experiences of Black, brown, and white people regarding COVID in Côtés-des-Neiges and beyond.

Day Two

Day Two focused on individual and team well-being for community and healthcare workers. It included opportunities to 'taste test' workshops and activities that can support the mental health and self-care literacy of staff and leaders working in community and healthcare, and featured a compelling keynote by Amanda Keller and a holistic interactive presentation by Crystal Baran.

The Mental Health and COVID-19 Montreal Community Forum created a dynamic, generative, and supportive space, successfully engaging individuals working in healthcare and the community sector who serve a diverse range of populations and communities. [N](#)



CHSSN's Quiet Authority



▲
Dr. Joanne Pocock,
Sociologist

For almost 15 years, CHSSN has worked with sociologist Dr. Joanne Pocock to build an evidence base for its planning and programming. Pocock's expertise and insight have allowed CHSSN and its NPI network to identify and address critical issues about the health and well-being of English-speaking communities across the province and assured an impressive knowledge base whenever local or provincial and federal public health authorities are approached to partner to address needs. NetLink sat down with Dr. Pocock to talk about her work.

Q This represents many years of work — did you imagine at first that the investigation would extend as far and as deep as it has?

A I would say “yes”. Even with our earliest provincial survey we imagined that we were taking the first steps in building a knowledge base that would be a powerful resource for stakeholders ranging from government policy and program managers to local community organizations working to adapt initiatives for English speakers. From its early beginnings, CHSSN has been committed to the notion that the efforts of its network to improve access to health and social services for English speakers would be guided by a scientifically organized and user-friendly knowledge base. It was designed from the outset to be both methodologically rigorous and “evergreen”.

Q What's the importance and usefulness of long-term data like this?

A Every implementation of the CHSSN-CROP survey and the presentation of findings as a *CHSSN Baseline Data Report* gives us a snapshot of the situation in health and social service access for English speaking communities at a given moment in time. Only in comparing these snapshots do we have an opportunity to consider trends or patterns as they emerge across successive time periods. The long-term data offers solid insight into areas where improvement has been made, where new concerns arise, and how the situation differs from region to region. It allows reflection on the policy and strategies that got us to this point and in what way they continue to best serve the needs of the English-speaking population going forward.

Q Where does CHSSN go next in terms of data gathering, analysis, and use?

A Soon the results of a new Canadian census will be available. This will allow CHSSN to update its regional profiles of the socio-demographic characteristics of English-speaking communities. This will refresh and deepen our knowledge considerably. [N](#)



Responding to COVID-19 & Mental Health

CHSSN has taken steps this year to better equip NPIs and English-speaking community organizations to respond to increased mental health needs because of the COVID-19 pandemic.

“Mental health has moved to the top of the list of concerns for many English-speaking community organizations,” observed Jennifer Johnson, CHSSN Executive Director. “Special programming and resources have become a priority for us as a result.”

The CHSSN’s partnered response includes a 3-year funding partnership with the *Secrétariat à la jeunesse* that will support NPIs and selected provincial partners as they develop resources, communication tools, and activities to increase access to mental health services for English-speaking youth aged 15–29.

CHSSN has also signed an agreement with the Secretariat for Relations with English-speaking Quebecers (SRQEA) to offer COVID-19 and mental health relief funding to organizations serving an English-speaking clientele. This relief funding will extend the reach and scope of mental health services in order to serve a greater number of English-speakers negatively impacted by the pandemic.

CHSSN recently met with Lionel Carmant, *Ministre délégué à la Santé et aux Services sociaux*, to brief him on these exciting developments and to discuss concerns and challenges facing the English-speaking community particularly in the area of mental health. ▣



◀ Jennifer Johnson,
CHSSN Executive Director

Turning a Project into a Program

CONTINUITY, TRUST, & HARD WORK

“Our secret,” confided Jody Lessard, Executive Director of the North Shore Community Association, “is the long-term relationship. Working well together for a decade means there’s understanding and trust that doesn’t come overnight.”

Lessard was explaining how English-speakers along Quebec’s North Shore in towns like Baie-Comeau and Sept-Îles convinced their local CISSS to make a community-based project to provide enhanced access and translation in English in hospitals and social service agencies along the entire North Shore and Lower North Shore into an official program of the public health system.

“We were also very fortunate to have someone like Nancy Bilodeau, the *répondante* responsible for the English language access program at the CISSS, partnering with us from the beginning,” said Lessard. “She fully understands our communities here on the North Shore and on the Lower North Shore too. Together, we were able to show the board of directors of the CISSS that this was a much needed and effective approach to serving English-speaking residents better.”

At a recent CHSSN Adaptation conference, Bilodeau spoke about the “achievements of which we (at CISSS Côte-Nord) are proud” including establishing a permanent regional interpreter position; hiring two translators, establishing a list of bilingual employees, offering language training, and supporting collaboration between the CISSS and Coasters and the North Shore Community Association.

Lessard also credits the success of the effort to Sharon Tardif-Shecanapish who has staffed the project since its inception.

“Sharon is the perfect person for this role,” Lessard said. “We’re very happy that she will be integrated into the permanent CISSS staff. Now our challenge is to keep making the service widely known to the professionals in the health system.”

Lessard explained that in a big operation like the CISSS on the North Shore and Lower North Shore with more than 4,000 employees and lots of turnover of front-line staff and managers, keeping people aware of the availability of the English-speaking patient liaison service is a constant challenge.

“And then, we have to keep informing and reminding our own community about the service,” laughed Lessard. “Like they say — if you don’t use it, you lose it!”

A NEXT CHAPTER for ERCC

CHSSN is pleased to announce that after nearly four years of successful start-up programming, responsibility for the Enhancing Regional Community Capacity initiative (ERCC) has been transferred to the Regional Development Network (RDN), based in Quebec City.

Supported financially by the Secretariat for Relations with English-speaking Quebecers, the ERCC was created to extend the coverage of the English community organizations throughout Quebec, to strengthen the capacity of local and regional community organizations to act in their communities, and to respond better to the needs and priorities of English-speaking communities in collaboration with government and regional stakeholders.

“We’re proud that the CHSSN Mobilization Model was so successful with ERCC,” said Jennifer Johnson of CHSSN, “but we’re excited to see how our colleague Cathy Brown and her board and staff at RDN will carry this forward to even greater success.”



A Long-term Need Gets a Preventive Response

Danille Lanyi smiled when asked when her western Quebec community-based organization Connexions Resource Centre first got involved with speech development resources for young children in her region.



(L to R) Danille Lanyi & Sarah Plourde

We launched Phase 1 of a community preventive program designed to inform parents about how to identify language development issues early and then help them help their kids as they wait for professional support.”

Sarah Plourde is Connexions’ Regional Co-ordinator for Youth and Families. She described the six open information sessions that were held in late 2020 and early 2021 as well as a series of hands-on workshops for families waiting for access to a speech and language pathologist.

“Our information sessions on bilingualism were the most popular,” said Plourde. “There were lots of questions from parents about how learning two languages in early childhood affects language development. We were happy to reassure people that the experts say kids can handle two languages just as easily as one.”

Asked what’s next, Lanyi said Phase 2 is already planned but questions of resources remain, especially because other regions have many English-speaking families struggling to get help for children with language development needs.

“We’re hopeful about next steps,” she said. “The support we received from local health and education partners and the experience we gained will be great assets moving forward.”

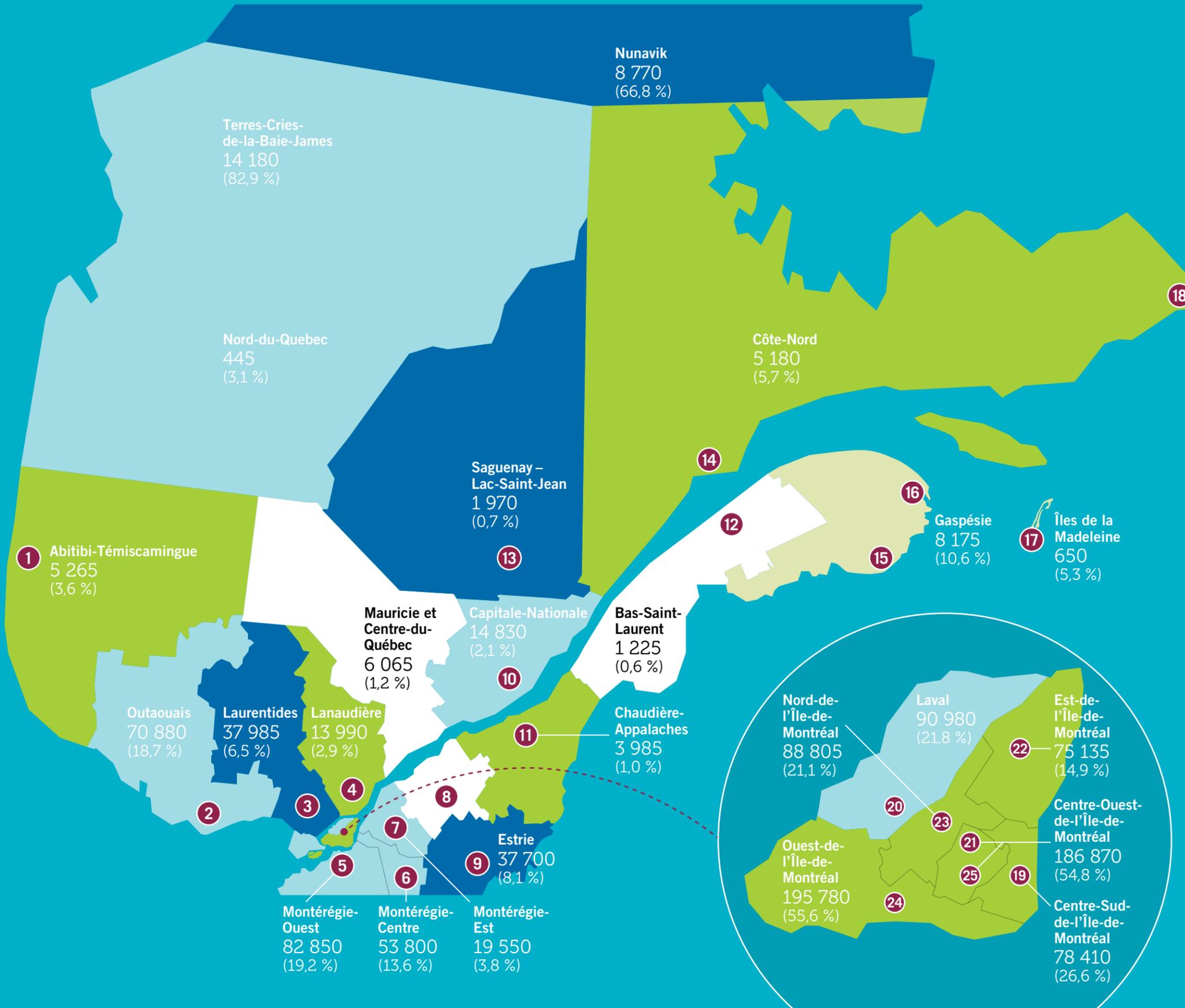
“Since our earliest days,” she said with a bit of a sigh. “Our community identified access to speech and language pathologists in English as a problem right from the start. Families who get on a waiting list have to wait for months — in one case we know of, for two years — to get their children the help they need.”

Lanyi explained that it wasn’t a lack of good faith on the part of the local CISSS or of the school system that caused these long delays but more often a simple lack of availability of English-speaking professionals.

In 2019, Connexions decided to do a deep dive into the situation of 0-5 year-old children from English-speaking families in their region. Using census and EQDEM (*Enquête Québécoise sur le développement des enfants de la maternelle*) data along with polling of local parents, Lanyi and her team developed a compelling presentation for the CISSS-de-l’Outaouais and for local education authorities. Speech and language development services were identified as one of the top priorities.

“The response was very positive,” recalled Lanyi. “When CHSSN secured more resources for issues related to early childhood through the Bright Beginnings program, the stars kind of lined up.”





Population
1 103 475
2016 Census of Canada
Recensement du Canada, 2016

13,7 %
of Quebec
du Québec

**The CHSSN
NPI* Network** | **Le réseau
NPI* du CHSSN**

- 1 Abitibi-Témiscamingue**
Neighbours Regional Association
 - 2 Outaouais**
Connexions Resource Centre
 - 3 Laurentides**
4 Korners Family Resource Center
 - 4 Lanaudière**
English Community Organization of Lanaudière (ECOL)
 - 5 Montérégie-Ouest**
Montérégie West Community Network (MWCN)
 - 6 Montérégie-Centre**
Assistance and Referral Centre (ARC)
 - * 7 Montérégie-Est**
Monteregie East Partnership for the English-Speaking Community (MEPEC)
 - 8 Mauricie et Centre-du-Québec**
Centre for Access to Services in English (CASE)
 - 9 Estrie**
Townshippers' – Eastern Townships Partner for Health and Social Sevices – Estrie and ME
 - 10 Capitale-Nationale**
Jeffery Hale Community Partners
 - 11 Chaudière-Appalaches**
Megantic English-speaking Community Development Corp. (MCDC)
 - 12 Bas-Saint-Laurent**
Heritage Lower Saint Lawrence
 - * 13 Saguenay – Lac-Saint-Jean**
English Community Organization of Saguenay – Lac-Saint-Jean
 - 14 Côte-Nord**
North Shore Community Association (NSCA)
 - 15 Gaspésie**
Committee for Anglophone Social Action (CASA)
 - 16 Gaspésie**
Vision Gaspé-Percé Now (VGPN)
 - 17 Îles de la Madeleine**
Council for Anglophone Magdalen Islanders (CAMI)
 - 18 Côte-Nord**
Coasters Association (LNSCH)
 - 19 Centre-Sud-de-l'Île-de-Montréal**
Collective Community Services (CCS)
 - 20 Laval**
AGAPE – The Youth & Parents AGAPE Association Inc.
 - 21 Centre-Ouest-de-l'Île-de-Montréal**
African Canadian Development & Prevention Network (ACDPN)
 - 22 Est-de-l'Île-de-Montréal**
East Island Network for English-language Services (REISA)
 - * 23 Nord-de-l'Île-de-Montréal**
East Island Network for English-language Services (REISA)
 - * 24 Ouest-de-l'Île-de-Montréal**
African Canadian Development & Prevention Network (ACDPN)
 - * 25 Centre-Ouest-de-l'Île-Montréal**
NDG Senior Citizens' Council (NDGSCC)
- * Network in development.**