



BUILDING TOGETHER

SUCCESSFUL PARTNERSHIPS BETWEEN COMMUNITY AND THE HEALTH AND SOCIAL SERVICES SYSTEM

The Community Health and Social Services Network (CHSSN) coordinates a Quebec-wide health and social services “Adaptation Program” designed to enhance the vitality of English-speaking minority communities in Quebec by increasing access to existing health and social services for English-speaking Quebecers.

The program is supported by an investment from Health Canada and has been undertaken in partnership with the *ministère de la Santé et des Services sociaux* (MSSS). An implementation agreement between CHSSN and the MSSS was concluded to incorporate the projects into Quebec’s initiatives to improve access to health and social services in English through partnerships between local English-speaking communities and health and social services system.

WHAT’S BUILDING TOGETHER?

The *Building Together* conference gathered all of CHSSN’s partners in Quebec City, November 23 and 24, 2017, to review and discuss the results and lessons learned from these local initiatives.

The event highlighted several Adaptation projects that were carried out in 2013–2018, considered best practices and priorities for new projects in 2018–2023, and encouraged networking between all CHSSN community and system partners.

The two day session was co-chaired by Jennifer Johnson, Executive Director of CHSSN, and Iannick Martin, *Coordonnateur à l’accès*

aux services en langue anglaise, ministère de la Santé et des Services sociaux. They made it clear their involvement is personal, not just professional, in better access in English to existing services.

WHAT DIFFERENCE DO ADAPTATION PROJECTS MAKE FOR PATIENTS?

Coming to Quebec City from the United States in the 1990s, Johnson needed medical care during her pregnancy.

“I was alone,” she remembered to the conference “Even though I spoke French quite well and all of the health professionals that I met were kind, they never connected to me.” Her experience left her feeling isolated and vulnerable.

Johnson went on to say: “This is how I wish things had gone down: That the local CLSC or the multiple doctors’ offices I contacted had known that the Jeffery Hale served the English-speaking community and had sent me directly there. That I had received prenatal classes and information in English to lower the stress level for an already difficult pregnancy. That during my hospital stay I had at least one person on the team who was communicating with me in English.”

Martin shared his own perspective on of the importance of wider access in English through the experience of his wife, an anglophone Montrealer: “Even though she’s perfectly bilingual, even though she did her studies in French at the Université

de Montréal, even though she works almost exclusively in French for a lawyers’ firm in Laval, my wife goes out of her way to obtain these services in her mother tongue at the ‘Jewish’ Hospital.”

WHY IT’S IMPORTANT

Building Together created a better understanding of the issues facing English-speaking communities and how to address them through creative programming and adaptation of services. And it recognized how community-system partnerships have an impact.

“Every one of you are here to help make this happen in a different way, and from the bottom of my heart I want to thank you for all that you do,” said Johnson.



Iannick Martin, Jennifer Johnson
& CHSSN President Ron Creary

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Photographer: Jacques Boissinot

Pierre Lafleur

Dr. Gaétan Barrette & Tania Callendar



HEALTH MINISTER GAÉTAN BARRETTE & ADM PIERRE LAFLEUR ENCOURAGE

GREATER COLLABORATION

Both the Minister of Health and Social Services, Dr. Gaétan Barrette, and MSSS Assistant Deputy Minister Pierre Lafleur spoke at the Building Together conference, praising progress to date and encouraging wider and deeper partnerships.

“We are there for you,” said the Health Minister simply and directly in his remarks. “I feel it is an absolute necessity to be the minister for everyone.”
Dr. Barrette recognized the historic commitment of the English-speaking community to excellent health care institutions: “What you built in the past – your institutions, your foundations, your relationship with the health care network – is to be protected, maintained.”

He recognized that issues and challenges varied widely across regions but insisted, “*Ensemble nous sommes plus que séparés* – this is something on which we can build a better Quebec for everyone.”

Pierre Lafleur, *Sous-ministre adjoint – Direction générale de la coordination réseau et ministérielle, ministère de la Santé et des Services sociaux*, spoke in the same spirit but focused his remarks on the need for even greater collaboration and looked forward to increased partnering.

“When we’re at the Ministère de la Santé, we’re often very far away and being in contact with an organization (such as the CHSSN) that works directly on the ground is invaluable to us.”

“This special relationship we have with the CHSSN is extremely important to me,” he continued. “We developed our partnership with quite pivotal and important projects. The planets are aligned for a very big 2018.”



Robyn Graham & partners from the Montérégie

A REGIONAL APPROACH WITH BIG RESULTS

One of the biggest teams to take the stage at Building Together came from the Montérégie.

Their presentation, “Partnerships Promoting Access to Services for English-speaking Clients,” was an impressive account of how deeply and effectively community-based groups can work with the health and social services system to improve health and social services care for English-speaking people.

“Our goal is to increase access to health and social services based on the needs of the community, increase availability of health and social service information in English and be the leaders of change in our community,” said Pauline Wiedow, Executive Director of Montérégie West Community Network, one of the NPIs partnered with the three Montérégie CISSSs in the effort.

“We are really excited to showcase the strength and the collaboration in Montérégie,” added Robyn Graham, Project Coordinator, Assistance and Referral Centre.

WHAT’S AN NPI?

The Networking and Partnership Initiative (NPI) is a CHSSN program designed to support Quebec’s minority English-speaking communities in improving and maintaining access in English to the full range of health and social services. This initiative is funded under Health Canada’s OLMC program offering and CHSSN is the designated recipient of the funding in Quebec.

The program supports the capacity of Quebec’s English-speaking communities to ensure their vitality through cooperation and partnership with the health and social services system.

To achieve this, the program currently funds 20 community health and social service networks (NPIs).

These networks sensitize local and regional authorities to the challenges and realities facing their community members and have built hundreds of partnerships to improve access to health and social services in English. They are key players in helping local health authorities and programs connect with English-speaking communities.

Myriam Tessier, *Agente de liaison pour l’accès en langue anglaise*, CISSS de la Montérégie-Ouest, explained their region’s success this way: “*Le secret dans nos CISSSs, c’est savoir à qui parler.*”

WHO FUNDS THESE PROJECTS?

Since 2003 the Federal Government has supported the vitality of Official-Language Minority Communities in Canada through a series of five-year funding programs. Health has been identified as one of the key determinants of strong, vital communities and Health Canada invested over \$120 million in French-speaking communities outside of Quebec and more than \$40 million in English-speaking communities in Quebec over the past five years.

That investment includes support for the 20 NPI community-based health networks across the province as well as adaptation partnerships like the one in Montérégie. Central to the success of NPIs is our program implementation agreement with the Quebec Ministry of Health and Social Services. NPIs fully respect provincial jurisdiction in health and social services.

HEALTH CANADA INVESTS IN OFFICIAL LANGUAGE MINORITY COMMUNITY HEALTH & VITALITY

“I truly am inspired by the great work that is being done by the NPI network in partnership with the health and social services system,” said Sally Scott, Director of Health Care Programs within the Strategic Policy Branch at Health Canada in her remarks to the conference.

“I’ve had the chance to speak with many of you at this conference, to learn more about your networks and the services that you provide and the important things you are doing to support the anglophone community in Quebec.”

CHSSN’s Adaptation projects are funded by Health Canada with approval by the MSSS according to a protocol that respects fully Quebec’s jurisdiction in health and social services.

“I look forward to our ongoing collaboration and the opportunity to continue ‘building together,’” concluded Scott.



Sally Scott

SPOTLIGHT ON OFFICIAL LANGUAGE MINORITY COMMUNITY ACCESS TO SERVICES IN PEI

The Government of Prince Edward Island adopted a new French Language Services Act in 2013. Health and social service were an immediate priority but the government needed to create a framework for planning and delivering services and programs that would include both user and provider information.

Elise Arsenault, French Language Analyst for PEI Health, was at the conference and gave a talk entitled, “Improving French Services in the Prince Edward Island Health Care System.”

“As an indicator of the demographic health of the community, French first language education is experiencing a lot of growth in PEI in part because of increased immigration,” explained Arsenault. “In health and social services, addressing language barriers reduces the risk for the users and the service providers, it enhances the quality of the care and patient safety, and also helps the government plan French language service delivery in a more evidence-based fashion.”

WHY PRINCE EDWARD ISLAND?

The francophone community in PEI, like English-speaking Quebec, is an Official Language Minority Community. The community receives support for knowledge development and adaptation-type programs and health and social services efforts through Health Canada. Quebec’s health and social services system and its English-speaking communities can learn from what other jurisdictions are doing, such as PEI’s efforts in capturing the language variable and their focus on the language of the user/patient in offering patient-centered care.

WHAT’S THE PROJECT THERE?

- To improve access to better, more accurate information on Acadian and francophone health system information use;
- To identify health care providers’ linguistic capacity leading to more effective use of available resources and to safer, higher quality care for Islanders.



Elise Arsenault



Dr. Mélissa Généreux

PUBLIC HEALTH FOR AN UNDERSERVED MINORITY IN ESTRIE

Dr. Mélissa Généreux, *Directrice de santé publique de l’Estrie*, presented an outstanding example of how a partnership between community and health system players can have a positive impact on people in need.

Regional health authorities became concerned about worrying results in the 2012 Québec Survey of Child Development, especially for children in kindergarten. Significant gaps in the general development of English and French-speaking children were identified.

WHO TOOK THE LEAD?

There is a long tradition of community-health system partnerships in the Estrie so, in collaboration with English-speaking community partners including the Townshippers’ Association, Phelps Helps, and the Eastern Townships School Board, Dr. Généreux’s team took the lead and started to investigate.

“We took the initiative because we were wondering why such differences exist?” said Généreux. “Was it due to language or cultural barriers? Was it due to socio-economic vulnerability? One thing is certain – we felt that such inequalities were unacceptable so we needed to better understand them in order to take appropriate action.”

WHAT’S THE IMPACT?

- A comprehensive report that describes the health status and well-being of the English-speaking people in the Estrie region;
- 16 recommendations addressed to the Direction de santé publique, the CIUSSS de l’Estrie – CHUS and to other partners;
 - A community-focused Regional Committee chaired by the CIUSSS de l’Estrie – CHUS;
 - A first set of priority needs identified.

28
ADDITIONAL
HOURS PER WEEK
OF SERVICE

RESPONDING TO ASD NEEDS IN LAVAL

THE CHALLENGE

As in other regions in Quebec, an increase in the number of people diagnosed with Autism Spectrum Disorder (ASD) has been apparent in Laval. Despite best efforts by CISSS de Laval to reduce the wait time for access to services for all in need, English-speaking children with ASD (6–18 years old) were waiting longer to receive their first services in comparison to the same French-speaking age group.

THE COMMUNITY-SUPPORTED RESPONSE

Working with the local English-speaking NPI, AGAPE, the CISSS developed a response that began in 2015 and cut those waiting times to the same level as those experienced by francophone families.

Catherine Parent, *Éducatrice spécialisée* with the CISSS de Laval, and Évelyne Delma, *Chef de service réadaptation*, CISSS de Laval, presented the results of the project: “Promoting Social Skills Development Among English-Speaking Youth Aged 6 to 18 with Autism Spectrum Disorders or Intellectual Disabilities.”

With Adaptation funding, the CISSS de Laval was able to add an additional educator who provided 28 additional hours per week of service with a specific mandate to provide services for English-speaking children and youth. Since then, all English-speaking children and youth on the waiting list have received services within the mandated delay.

The project also piloted the use of innovative teaching materials to encourage clients’ social skills in group settings.



BUILDING
TOGETHER
BÂTIR
ENSEMBLE



Annie Vienney

INNOVATIVE “ENGLISH-SPEAKING AGENT” IN ABITIBI

“Provision of Services by English-Speaking Agent” is a joint project of the Rouyn-Noranda English-speaking community group Neighbours and the CISSS de l’Abitibi-Témiscamingue. It’s one of several innovative regional approaches that were discussed at the conference.

Annie Vienney, *Répondante langue anglaise* for the CISSS, Sharleen Sullivan, Executive Director, Neighbours and Claudiane Dufour, the English Health Services Agent with Neighbours, presented the project.

WHAT’S THE SITUATION IN ABITIBI-TÉMISCAMINGUE?

- A high proportion of anglophones from Abitibi region are unilingual;
- Few CISSS personnel are able to express themselves in English;
- English-speaking clients, especially older ones, have trouble expressing themselves in French;
- English-speaking clients hesitate and wait before trying to access services.

WHAT’S THE SOLUTION?

A community-CISSS partnership has put in place a “Health Services Agent.” The agent helps users navigate the healthcare system, accompanies English-speaking persons to their appointments at the hospital or other healthcare establishments, facilitates communication between English-speaking clientele and healthcare professionals, and informs English-speaking users about their rights and the benefits of asking for services in English.

WHAT ARE THE RESULTS?

- The English Health Service Agent has made it possible to reach English-speaking users who were reluctant to access services;
- Earlier intervention or care;
- Healthcare professionals say they’re happy to receive the Agent’s support;
- Undeniable benefits for English-speaking clients.

EVIDENCE-BASED RESPONSES TO PUBLIC HEALTH CHALLENGES

Adaptation projects are built on a firm evidence base of research on determinants of health in English-speaking communities across Quebec. This research effort has been done in close collaboration with the MSSS, various universities, and the *Institut national de santé publique du Québec* (INSPQ).

Some of the latest 2016 census-based analysis was shared at the conference by Joanne Pocock and Bill Floch from JPocock Research Consulting, and Mai Tu Thanh from the INSPQ. Their presentations are available on the CHSSN website at chssn.org.

POWERFUL NEW DATA MODELS TO UNDERSTAND NEEDS

Floch also presented a new graphical model that consolidates a number of public-health-determining factors that has been used to develop profiles of English-speaking communities across Quebec.

Called “Composite Indicators of Community Vitality,” these graphs integrate a variety of geo-spatial, demographic, and socio-economic data to provide a visual overview of regional communities in comparison to the majority community in the same area. It created a lot of interest among participants.

HOW IT HELPS DECISION-MAKERS

“This way of presenting data can tell a story very quickly,” Floch said. “It blends more than 150 data points and gives you a very powerful understanding of the situation in communities.”

For community and health and social services system decision-makers, these Composite Indicator graphs can help identify rapidly what is most important to a community and what efforts or investments should be prioritized.

TAKING SOME OF THE PAIN OUT OF INTERREGIONAL HEALTH CARE

THE INTERREGIONAL CHALLENGE

Many patients have to travel for specialized hospital services, especially in areas east and northeast of Quebec City. Traveling, often great distance to unfamiliar cities and institutions can be a very stressful experience for patients and their families, stress that’s often compounded by language challenges.

English-speaking community groups from the Gaspé and Magdalen Islands came together in 2015 to do a survey of 847 inter-regional transfer patients. They found that:

- 75% were not proficient enough in French to understand medical terms;
- 40% speak only English.

THE EVIDENCE OF STRESS IS CLEAR

The polling determined that language barriers do exist between patients and health care staff.

“The survey underlines that we have to always take into consideration that the population of Gaspésie-Îles-de-la-Madeleine is extremely vulnerable,” said Jessica Synnott, Executive Director, Vision, to conference delegates.

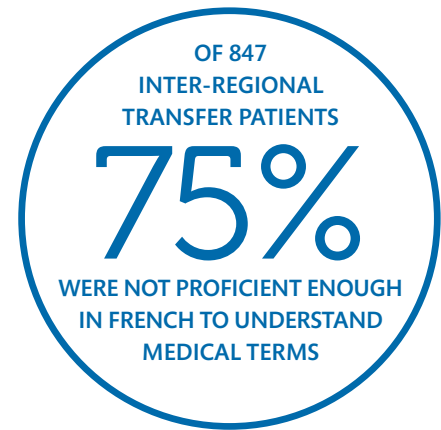
Leaders of the Gaspésie-Îles-de-la-Madeleine English community associations CASA, Vision, and CAMI along with representatives of the CHSSN and the CISSS de la Gaspésie showcased their solutions to the problems faced by English-speaking patients facing an interregional health care transfer.

WEB BASED SOLUTIONS AND A HUMAN TOUCH AS WELL

The community-based organizations with CHSSN and CISSS support launched several innovative products including the Traveling for Health Toolkits, the Travel4Health.ca website, and the Health and Harmony staff recognition program as well as the Cancer Gaspésie website, cancergaspésie.com.

“We’ve been fortunate to have sustained support for the project,” noted Cathy Brown, Executive Director of CASA.

In addition, because so many transfers are to Quebec City, CHSSN developed a project to implement a new Health Navigator, an on-the-ground person who



will assist users in accessing specialized health and social services in Quebec City.

The response to the demonstrated need is impressive, but the partners see the need for sustained attention.

“In the work that has been done so far and the work that remains to be done, we opted for the long-term,” said Jean-François Cassivi, Senior Advisor with the DRHCAJ, CISSS de la Gaspésie.



OTHER WORKSHOPS OFFERED AT BUILDING TOGETHER 2017

HELPING STANSTEAD AREA YOUTH SINCE 2012

Katie Lowry, Executive Director, Phelps Aide/Phelps Helps
Jayme Marrotte, Project Co-ordinator, Phelps Aide/Phelps Helps

IMPROVING THE SPECTRUM OF SERVICES OFFERED TO ENGLISH-SPEAKING SENIORS

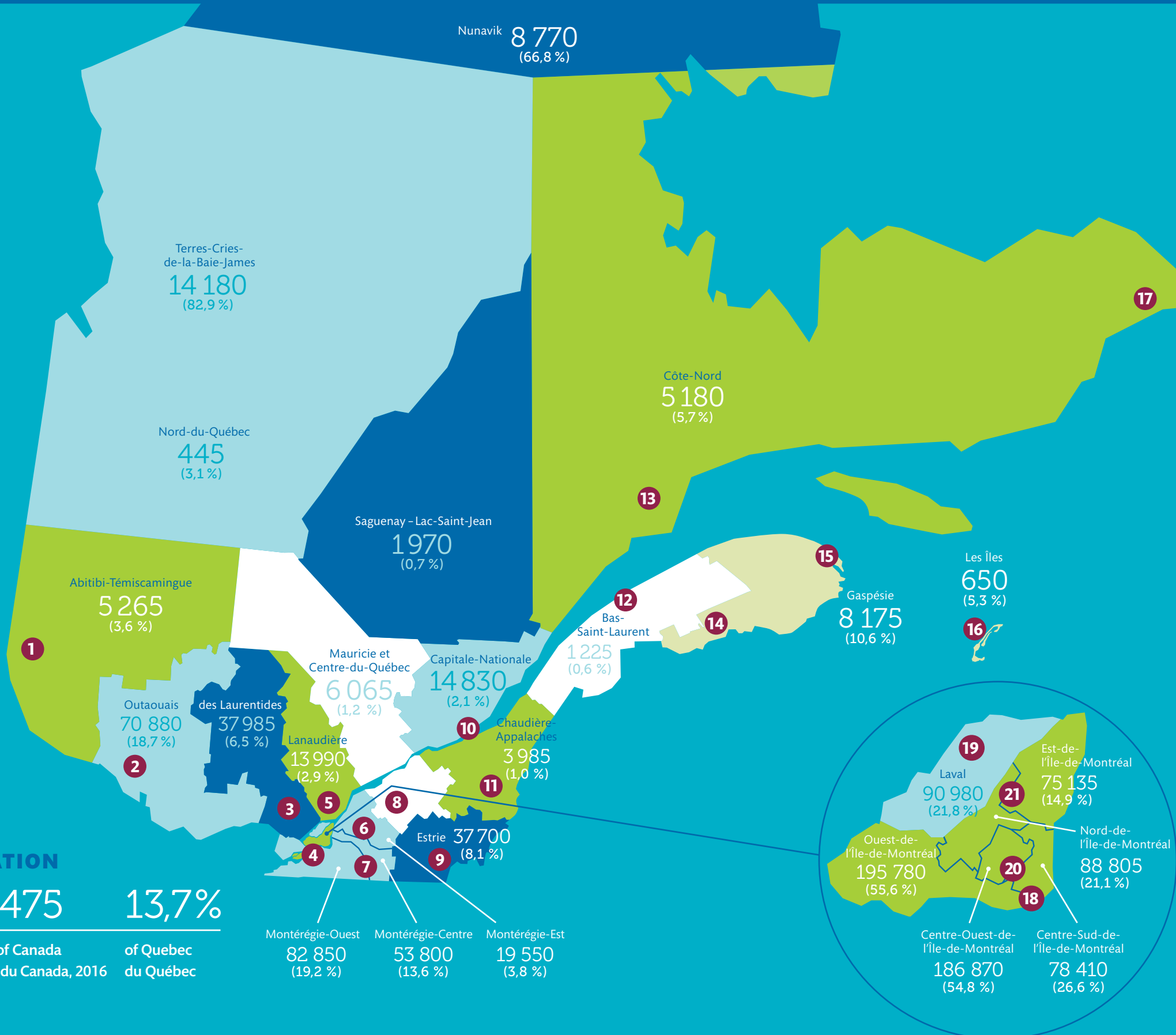
Brigitte Paquette, adjointe au PDGA, CIUSSS de la Capitale-Nationale

ENGLISH LANGUAGE SERVICES: THE MONTREAL EXPERIENCE

Florente Démosthène, *Conseillère-cadre au partenariat et diversité*,
Direction adjointe / Bureau du président-directeur général adjoint –
Partenariat et soutien à l’offre de service,
CIUSS du Centre-Sud-de-l’Île-de-Montréal

CLINICAL PLACEMENTS TO FACILITATE WORKING WITHIN OFFICIAL LANGUAGE MINORITY COMMUNITIES (OLMC)

Jacinthe Savard, Assistant Professor and Director, Occupational
Therapy Program, University of Ottawa



POPULATION
1 103 475 **13,7%**

2016 Census of Canada
Recensement du Canada, 2016

of Quebec
du Québec

**THE CHSSN
NPI* NETWORK | LE RÉSEAU
NPI* DU CHSSN**

- 1 Rouyn-Noranda**
Neighbours Regional Association of Rouyn-Noranda
- 2 Gatineau**
Connexions Resource Centre
- 3 Deux-Montagnes**
4 Korners Family Resource Center
- 4 Châteauguay**
Montréal West Community Network (MWCN)
- 5 Rawdon**
English Community Organization of Lanaudière (ECOL)
- 6 Brossard**
Assistance and Referral Centre Health & Social Services (ARC)
- 7 Lac-Brome**
Townshippers' Association
- 8 Drummondville**
Centre for Access to Services in English (CASE)
- 9 Sherbrooke**
Townshippers' Association
- 10 Quebec City**
Jeffery Hale Community Partners
- 11 Thetford Mines**
Megantic English-speaking Community Development Corp. (MCDC)
- 12 Métis-sur-Mer**
Heritage Lower Saint Lawrence
- 13 Baie-Comeau**
North Shore Community Association (NSCA)
- 14 New Carlisle**
Committee for Anglophone Social Action (CASA)
- 15 Gaspé**
Vision Gaspé-Percé Now (VGPN)
- 16 Grosse-Île**
Council for Anglophone Magdalen Islanders (CAMI)
- 17 St. Paul's River**
Coasters Association (LNSCH)
- 18 Verdun**
Collective Community Services (CCS)
- 19 Laval**
AGAPE - The Youth & Parents AGAPE Association Inc.
- 20 Côte-des-Neiges**
African Canadian Development & Prevention Network (ACDPN)
- 21 Saint-Léonard**
East Island Network for English-language Services (REISA)

* Networking and Partnership Initiative

INFORMATION: CHSSN.ORG