



Baseline Data Report 2018-2019 Part 2 (Focus Groups)

English-language Health and Social Services Access in Québec



prepared for the

CHSSN

Community Health
and Social Services Network

based on data from Focus Groups held between
March 21, 2019 and June 16, 2019

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1 Focus Group Findings

Introduction

The 2019 CHSSN-CROP Community Health and Social Survey was implemented primarily through telephone interviews conducted by CROP with English-speaking residents of Quebec between March 21st and June 16th in 2019. A total of 3,133 randomly selected English speakers aged 18 and over answered the questionnaire regarding their experience and opinions with respect to their health and social service access and other related health concerns. For the 2019 majority study, a total of 1,000 French-speaking Quebecers aged 18 and over responded to telephone interviews between April 9th and May 26th.

In addition, the survey questions related to access to health and social services were explored in more depth by the Community Health and Social Services Network (CHSSN) through focus groups and an online survey with the English-speaking communities living in six Quebec regions: Chaudière-Appalaches (Thetford Mines), Saguenay-Lac-St-Jean (Bagotville), Côte-Nord (Baie Comeau, Sept-Îles and St-Paul's River), Abitibi-Témiscamingue (Rouyn-Noranda), Bas-Saint-Laurent (Métis-sur-Mer, Rimouski) and Gaspésie-Les Iles (Magdalen Islands). Aside from the depth added by the focus group technique and online survey, they were also a means by which the relatively small response rate to the telephone interview process was addressed in the six selected regions. The focus groups were held in March and April 2019 and the online survey carried out in May and June 2019.

This section of the report describes the process and relays the findings of the *CHSSN-CROP Community Health and Social Survey* focus groups and online survey.

Focus Group Implementation

The CHSSN focus groups were designed as face-to-face group discussions with a lead moderator. As the accompanying table indicates, nine focus groups were held across six regions with a total attendance of 116 English speakers (18+). The recruitment process entailed a public announcement by the host organizations located in each region: Neighbours Regional Association of Rouyn-Noranda (NRARN), English Community Organization in Saguenay-Lac-St-Jean (ECO-02), North Shore Community Association (NSCA), Coasters Association (Coasters), Megantic Community Development Corporation (MCDC), and the Centre for Access to Services in English (CASE). The host organizations in each region also assumed responsibility for arranging a time, finding a location, providing refreshments and technical assistance.

Survey Implementation

The CHSSN online survey was distributed electronically using the same questions as scripted for the focus groups. As the accompanying table indicates, nine focus groups were held across six regions with a total attendance of 39 English speakers (18+) responding to surveys sent out by the Coasters Association (Coasters), the Megantic Community Development Corporation (MCDC), Heritage Lower St. Lawrence (HSL) and the Council for Anglophone Magdalen Islanders (CAMI).

| CHSSN Focus Groups, Spring 2019 | | | | |
|---------------------------------|-------------------|-----------------------|----------|------------|
| date | location | region | host | attendance |
| 2019-03-18 | Baie-Comeau | Côte-Nord | NSCA | 14 |
| 2019-03-20 | Sept-Îles | Côte-Nord | NSCA | 28 |
| 2019-03-21 | Lower North Shore | Côte-Nord (LNS) | Coasters | 15 |
| 2019-04-01 | Bagotville | Saguenay-Lac-St-Jean | ECO-02 | 9 |
| 2019-04-03 | South Durham | Centre-du-Québec | CASE | 24 |
| 2019-04-04 | Thetford Mines | Chaudière-Appalaches | MCDC | 8 |
| 2019-04-15 | Rouyn-Noranda 1 | Abitibi-Témiscamingue | NRARN | 9 |
| 2019-04-15 | Rouyn-Noranda 2 | Abitibi-Témiscamingue | NRARN | 9 |
| 2019-04-17 | Trois-Rivières | Mauricie | CASE | 11 |
| 2019-05-31 | Survey only | Magdalen Islands | CAMI | 6 |
| 2019-05-31 | Survey only | Bas St-Laurent | HSL | 22 |
| Total participants = 155 | | | | |
| | | | | |



The Session

The duration of the focus group session generally ranged from 1.5 to 2 hours. Consent forms and demographic sheets were completed by the participants (see appendices). Sessions typically included the CHSSN researcher as lead moderator with assistance in moderating and note-taking by representatives of the regional host organization. As indicated by the focus group script (see appendices), the session began by collecting written responses to a number of questions selected from the CROP telephone survey followed by guided open group discussion.

Reporting

Questionnaire responses and session notes were the basis for reporting. Responses to the CROP telephone questionnaire are provided for the total regional group and discussion insights are reported for each of the nine focus groups.

Demographics

The demographic profile of the English speakers who participated in the CHSSN focus groups is presented in the accompanying table. The distribution of participants in terms of age met expectations but it should be noted that there were no youth 18-25 years of age. With respect to gender, female participants greatly outweighed males and the language of preference among participants was almost all English (one French).

| Demographics of Focus Group Participants | |
|---|-----|
| by Age Group | |
| under 50 | 35 |
| 51-60 | 29 |
| 61-70 | 53 |
| 71-80 | 33 |
| 81 and over | 5 |
| total | 155 |
| by Gender | |
| female | 118 |
| male | 37 |
| total | 155 |
| by Preferred Language | |
| English | 154 |
| French | 1 |
| other or no response | 0 |
| total | 155 |

Note: Not all respondents completed the demographic questions.

2 Focus Groups Results

Saguenay-Lac-St-Jean

Discussion findings for the Bagotville Focus group – April 1, 2019

Note: most of the participants in this focus group were families from which one or both parents worked at the Armed Forces base. While military personnel, as federal employees located from other regions of Canada, had access to English-language services on the Bagotville military base, their spouse and children did not. Therefore, as unilingual English speakers, the spouses and children faced a particular set of challenges when seeking English language health and social services in the region. Military families are assigned to the base for up to 6 years, and non-military members of the family receive no language assistance.

Satisfaction with Service in English

Access to health and social services in English in your region

Focus group participants were asked about their satisfaction with health and social services in general in their region and specifically when it comes to being able to communicate in English.

Area of most satisfaction

- *Most participants commented that they are satisfied with communication with their doctor in his office, and usually in the hospital as well.*

Area of least satisfaction

General

- *Apart from the doctor in his office, service in the region is primarily in French only.*
- *Focus group participants described emergency and hospital care services as very unsatisfactory. One person said they spent 13 hours in ER for their child's cut hand (in 2 sessions) mainly due to poor communication. "It's hard to understand what is being asked."*
- *Most participants felt that the outpatient facilities in the Saguenay penalize military families due to the lack of services in English (soldiers get to go to the military doctor, but families must go to the regular system).*
- *Several focus group participants commented on the difficulty of getting assistance in English as well as receiving rude comments from staff. One person related dropping off a form at the CLSC in Chicoutimi and being laughed at: "They didn't even listen to me."*
- *The required forms and paperwork for tests, hospital admission and surgery are not available at the hospital in English. Many expressed difficulties in finding their way around hospitals.*

Assistance with Communication

Focus group participants were asked if they needed assistance in order to communicate with health and social service workers and, if so, who is likely to assist them.

- *Many participants mentioned that they try their best to understand but said they could use someone with them every time, “even when they do research to look up the medical terms in French”. One person said she uses her son’s psychiatrist as a liaison, and most said it’s easier to go into make appointments rather than call. “I have friends call for me,” said one participant. They said it is easier to show up in person to make the appointments and seek help.” They cannot hang up the phone when you are there in person. Being persistent is necessary to get what you want and to be understood.”*
- *Another participant noted that they need health personnel to take the time to listen and understand her ‘Fringlish’. “Our English accent when speaking French is not understood.”*

Access to information in English

Focus group participants were asked, “Where are you most likely to turn when you need information on health and social services in English? How do you get information from health institutions?”

- *Many focus group participants reported turning to their neighbours and friends for information on health and social services in English.*
- *Participants rely on family and friends for help with translation.*
- *The military provides a booklet which is sometimes useful, and there are some bilingual specialists. “A speech therapist wrote out a list of references for our family.”*
- *Websites and Facebook are a source of information for health conditions but hospital and CLSC websites are all in French.*

Impact on health and well-being

Focus group discussion included an exploration of whether participants felt that their need for services in English had an impact on their health and well-being or the health of a family member or friend.

- *Participants commented that the need for service in English created delays in treatment and added strain to their engagement of health and social service institutions. “I just need someone to take a moment to understand my Frenglish.” “We need a bank of volunteers who can accompany patients.”*
- *One participant reported waiting weeks in between appointments for a therapist (who could speak English) which definitely had an impact on her health. Another placed their autistic child in the French school so the child could learn French otherwise no English services would be available. “That’s been tough on the kid.”*
- *Another participant reported being sworn at by an ambulance technician when she couldn’t speak French during a car accident. “When in a stressful situation, you lose your ability to communicate in the second language. You are already experiencing extreme stress with the added stress to communicate in an unfamiliar language.”*

Change in the system

Focus group participants were asked if they had the power to change the situation around health and social services in English in their region, what would they like to see change?

- *Participants suggested that everyone should be bilingual or at least those on the front line of service, and more doctors. There were several mentions of wanting more respect for anglophones and not to be treated with ridicule or always facing a poor attitude. "They give you heck for not speaking French, but it's frustrating because if you try . . ." they laugh at you. "Respect from any healthcare personnel when you come into contact with them with regards to your ability to communicate when you try, or you cannot speak French. The laughter and snickers that are seen are insulting and make you feel like you are a second-class citizen where you live."*
- *Other participants said that health personnel need to slow down when they speak in French. "They are rushed to say what they must say instead of taking the time to ensure that it is understood the first time and not have to go back and re-ask. Their accents are hard to understand."*
- *Some noted improvements since cruise ships started to appear (tourists) and the arrival of Netflix (more exposure to English). "Bilingual staff should have "E" on their name tag."*
- *Another suggestion was to have a translation service from volunteers that could be called at any time, even an app that can translate when with a healthcare professional or secretary.*

Selected summary comments

- *Focus group participants generally agreed that when individuals are ill, even if they are bilingual, they need to have access to service in English.*

Abitibi-Témiscamingue

Discussion findings for the Rouyn-Noranda Focus groups – April 15, 2019, at 1:30p.m.

Satisfaction with Service in English

Access to health and social services in English in your region

Focus group participants were asked about their satisfaction with health and social services in general in their region and specifically when it comes to being able to communicate in English.

Area of most satisfaction

- *All participants agreed that services are good overall, despite particular problems (see below). Doctors and nurses, especially ER, treat patients well in English.*
- *Several participants commented that services had improved in recent years with the arrival of*

PDG Yves Desjardins and expressed concerns about continuing improvement to English-language services with his impending departure. Desjardins was “a major force in implementing our English Health Service Agent office at the hospital and getting English language signs approved and mounted indicating that such services were available in our hospital.”

Area of least satisfaction

General

- *Some participants wondered why personnel don't offer to speak in English even though they know the patient is English-speaking, they don't seem to appreciate that when you're sick it's not easy to communicate (in another language).*
- *Some felt that if a person's French is not very good, they will find that health care services may not be satisfactory.*
- *Staff should give English forms and documents to English-speaking patients.*

Assistance with Communication

Focus group participants were asked if they needed assistance in order to communicate with health and social service workers and, if so, who is likely to assist them.

- *Rouyn-Noranda participants reported that they frequently need assistance in order to communicate with health workers and that family and friends are the ones they turn to most frequently. One person reported bringing her daughter with her to appointments to see specialists as she experienced that they often have the least amount of or no English. “People bring their children or friends when they go to the specialist otherwise, they sometimes feel ignored.”*
- *Neighbours Association was also cited as providing assistance, especially via the English Health Services Agent. “The liaison person has been a big help; the nurses go and get her.”*
- *Participants noted that the health care/social services workers generally work very hard and well, but they found that they get ignored a bit as native English speakers. “If you speak French as a second language (or not at all) staff and assistants have a tendency to ignore you what you say.”*

Access to information in English

Focus group participants were asked, “Where are you most likely to turn when you need information on health and social services in English? How do you get information from health institutions?”

- *Rouyn-Noranda participants reported high levels of satisfaction with their access to information about public health and social services in English through Neighbours, their local English-language community organization, as well as through Info Santé. “The experience has been good; it seems they can always get someone to speak in English.”*
- *There was a minority opinion expressed that Info Santé has a tendency to speak to English*

clientèle in French even after it has been established or requested that they wish to receive services in English.

- *Friends and family are another information resource that participants frequently use.*
- *There are no English forms, however, and participants said they had to rely on Neighbours association for help.*

Impact on health and well-being

Focus group discussion included an exploration of whether participants felt that their need for services in English had an impact on their health and well-being or the health of a family member or friend.

- *Rouyn-Noranda participants commented that the impact of lacking health and social services in English was that they delayed using the system or received no treatment at all.*
- *It was noted that people give up on trying to receive services in English if they have encountered problems in the past. Some even fail to seek help because of such instances.*
- *“People are nervous at the health services anyway, so language makes it even worse for seniors. Knowing what's going on provides peace of mind, which is difficult with English communication, especially about results.”*
- *It was noted that medical terms are hard to understand even if the patient has good command of French. “People would be more likely to go for health and social services if it was in English. Even figuring out the numbers when they call out the next patient is difficult.”*

Change in the system

Focus group participants were asked if they had the power to change the situation around health and social services in English in their region, what would they like to see change?

- *Participants suggested it would help to be asked if they would like to be served in English or French. “People should be served in either English or French right at the beginning, it calms everybody down.”*
- *More bilingual staff would be ideal, in addition to ready availability of English language forms. “The dentist has forms in English, why not the health services.”*
- *It was also noted that hospital menus are in French only, having more English language menus for longer term hospital stays would be an improvement.*

Selected summary comments

- *Rouyn-Noranda focus group participants agreed that receiving services in English is a personal and net social good; it gives the individual and the English-speaking community peace of mind knowing that English language service is available.*

Discussion findings for the Rouyn-Noranda Focus groups – April 15, 2019, at 7:00p.m.

Satisfaction with Service in English

Access to health and social services in English in your region

Focus group participants were asked about their satisfaction with health and social services in general in their region and specifically when it comes to being able to communicate in English.

Area of most satisfaction

- All participants agreed that services are good overall, despite particular problems (see below), and highlighted doctor's offices and the hospital as the best areas for receiving English services. "I will speak in English with the doctor, and the doctor will speak in French, and I'm satisfied when I'm asked if they can give documents in English."

Area of least satisfaction

- One participant said that she attends appointments when her children go to the doctor because her children do not speak French and doctor does not speak English.
- Generally, the least satisfactory area of services was noted as being the receptionist and receiving area. "Most doctors speak English, and the nurses on the floor are the least likely to speak English. Non-healthcare professionals as well, especially the receptionist, don't speak English."
- One participant said that she avoids calling in or making cold calls. She felt being judged in requesting English language health services. "People feel judged because they don't speak French, and documentation is available in English but only if you ask."
- "We have to beg for service, it is never offered."

Assistance with Communication

Focus group participants were asked if they needed assistance in order to communicate with health and social service workers and, if so, who is likely to assist them.

- Rouyn-Noranda participants reported that they frequently need assistance in order to communicate with health workers and that family and friends are the ones they turn to most frequently. Children often have to assist their parents especially if they are elderly. "Having someone with you as a liaison is very useful." "English-speaking patients should not be alone, there should always be two people present if an English-speaking patient needs translation assistance."
- Neighbours Association was also cited as providing assistance, especially via the English Health Services Agent. "Knowing that the English Health Service Agent is available to help in case people need her is reassuring."

Access to information in English

Focus group participants were asked, "Where are you most likely to turn when you need information

on health and social services in English? How do you get information from health institutions?"

- *Rouyn-Noranda participants reported high levels of satisfaction with their access to information about public health and social services in English through Neighbours, their local English-language community organization, as well as through Info Santé. "People turn to Neighbours, no one has had much experience with Info Santé as wait times are too long or can only be accessed online."*
- *Experience with Info Santé is that if you want service in English, you will be transferred to a call centre far from your location, for example in Sherbrooke.*
- *Several participants noted that there is never an "active offer" of services in English, and service in English for social services, specialized care is non-existent. "Parents with youth deal with St-Eustache and adults go MUHC (in Montreal)."*

Impact on health and well-being

Focus group discussion included an exploration of whether participants felt that their need for services in English had an impact on their health and well-being or the health of a family member or friend.

- *Rouyn-Noranda participants commented that the impact of lacking health and social services in English was less than it was delayed but that the quality of the care will suffer if requested in English. "It has not delayed treatment, however, when requesting services in English it has affected the services received." "Nurses or health care staff not speaking English is an issue. I'm afraid to seem stupid in front of health care staff because I don't understand French."*
- *Some participants had experienced delayed treatment because it was not immediately available in English. "If you ask for English service it will be of lesser quality, people are hesitant to ask." "I don't want to make a scene or be made to feel stupid." "You hesitate to call or go to the ER."*
- *Several participants noted that when English is your mother tongue, this is the language you want or need to be served in. "I could not communicate with health care staff or the doctor because they did not speak English." "Having to ask for service in English gets aggravating if you receive a voicemail and the message is in French, not English. Messages should be in English as with other services requested in English."*

Change in the system

Focus group participants were asked if they had the power to change the situation around health and social services in English in their region, what would they like to see change?

- *Participants suggested the just the act of approaching a patient in English would change or improve the situation (active offer). "A welcoming staff would not make the patient feel judged to speak or receive services in English. Staff should be more approachable and have better customer service skills in relation with English-speaking clientele."*
- *Bilingualism should be a must for health care personnel and staff, or at least there should always be somebody available who can speak and give services in English. "A more bilingual system, like 911 where you can always get someone on duty who speaks English." "They*

should offer higher pay for bilingual staff to encourage the active offer." "Bonjour-Hi' should be the welcome by staff with good service all around."

Selected summary comments

- *Rouyn-Noranda focus group participants agreed that a client service approach to health care service provision would go a long way to improving the active offer of English-language services.*

Côte-Nord

Discussion findings for Baie-Comeau Focus group – March 18, 2019

Satisfaction with Service in English – Baie-Comeau

Access to health and social services in English in your region

Focus group participants were asked about their satisfaction with health and social services in general in their region and specifically when it comes to being able to communicate in English.

Area of most satisfaction

- *Several Baie-Comeau focus group participants commented that they are generally satisfied with communication with their doctor in his office. "Doctors can generally speak in English."*
- *It was noted that having Sharon Tardif (liaison agent) in Sept-Îles was a help but that, as the only person covering the North Shore and acting in the capacity of a patient navigator, translator and transport person, there should be more service available in Baie Comeau.*

Area of least satisfaction

- *Baie-Comeau focus group participants agreed that outside of the doctors in their offices, service is in French only. Despite the fact that the majority of physicians understand and speak English, they mostly prefer to converse in French. "There's a shortage of hospital staff that speak English, there's no reception or greeter in English at the hospital or medical clinics."*
- *Participants also noted that not having English documentation in hospitals or in doctor's clinics, especially consent and procedural forms for tests, is a problem. Directional signage in hospital was also cited as lacking. "No signs, no translated documents. Cote Nord as has a different 'mentality' about speaking English."*
- *It was also noted that not having the ability for the patient to choose their preferred hospital for services means that they usually get referred to Quebec City, Rimouski, or Chicoutimi, with no referrals to Montreal (thus limiting access to English services).*
- *The closure of the no appointment medical clinic for everyone had reduced access to services.*

Assistance with Communication

Focus group participants were asked if they needed assistance in order to communicate with health and social service workers and, if so, who is likely to assist them.

- *Focus group participants reported that they generally require assistance to communicate with health care workers. Usually family or friends accompany them to their appointments to translate, and to help with either documents or processes and procedures. "It's difficult to completely comprehend the results of tests if they are relayed just in French. It's a total sense of stress."*
- *Not very often, health and social services personnel will not 'offer' (read provide) assistance in English. In such cases, it was noted that an adaptation program ready to become operational on April 1, 2019, for people wanting to have services in English where the health services agent will join by videoconference. This won't be as good as having the agent present or may not be available at any given time for a video conference but will be better than users having to travel to Sept-Îles.*
- *Some participants noted that calling Info Santé and asking for service in English means that they have to find an English-speaking person and call back with a turnaround time of usually 20 minutes.*

Access to information in English

Focus group participants were asked, "Where are you most likely to turn when you need information on health and social services in English? How do you get information from health institutions?"

- *Generally, participants agreed that access to information in English is uneven in the region. Most turn to friends, family or the NSCA. "Some go to an English website and hope the information they are reading is accurate."*
- *One person remarked that Info Santé "actually called back in English".*
- *Pamphlets are not in English, "None."*

Impact on health and well-being

Focus group discussion included exploring whether participants felt that their need for services in English had an impact on their health and well-being or the health of a family member or friend.

- *Participants in the Baie Comeau session were in consensus that there has been a negative impact on their health and well-being due to the stress it creates when not conversing or reading in English. It becomes especially stressful when they have to interpret a form in French when it comes to a process or procedure in a medical environment. "A sense of panic sets in. On the forms, if you have to fast or eat before an examination or blood work, it is not clear."*
- *It was noted that documents are not readily available in English, even most federal agencies do have English documents, but you have to request them, "...it is not 'offered' to you." "When you get called for the results of your exams, it is usually given in French and this creates a sense of unease and stress as you're not sure if you have heard correctly. Usually you have to ask a friend or member of family to come*

along with you or asked to be called back when you have someone with you who can speak French."

- *It was noted that with medical information even for French speakers they can misunderstand. "A serious diagnosis can have consequences when you are sick." "It is stressful in another language, especially for mental health issues." "When they wouldn't speak in English, I was in tears and wanted to leave."*

Selected summary comments

- *Participants felt they are being discriminated against in terms of having to wait longer than their French counterparts due to the language barrier.*

Change in the system

Focus group participants were asked if they had the power to change the situation around health and social services in English in their region, what would they like to see change?

- *Participants suggested that having medical pamphlets and documentation in English in the CISSS, hospital and clinics, along with consent forms in English. "We need documentation in English, especially instructions. People need to know where to go and they should have a protocol for these things in English."*
- *They also noted there is a need to educate English speakers about the Client Services unit at the hospital and the population of their right to access of services in English, as well as using the complaint system. "Use the complaint system more; it's not pleasant but . . . "*
- *There should be access to bilingual doctors from out of region. "You should be able to request and receive your preferred mode of service when having to travel outside the region for medical assistance and procedures."*
- *Front line services should be available in English, with 2-3 bilingual assistants who can move around rather than one person fixed in place. Participants suggested just the act of approaching a patient in English would change or improve the situation (active offer). "A welcoming staff would not make the patient feel judged to speak or receive services in English. Staff should be more approachable and have better customer services skills in relation with English-speaking clientele."*

Selected summary comments

- *Baie Comeau focus group participants agreed that there should be more active offer of English services and that when travelling out of region for services they have some choice related to where they are sent so that English services can be supplied.*

Discussion findings for Sept-Îles Focus group – March 20, 2019

Satisfaction with Service in English – Sept-Îles

Access to health and social services in English in your region

Focus group participants were asked about their satisfaction with health and social services in general in their region and specifically when it comes to being able to communicate in English.

Area of most satisfaction

- *There is a high level of satisfaction with the interpretation services at the hospital in Sept-Îles and focus group participants agreed that this service should be expanded.*

Area of least satisfaction

- *Focus group participants reported that apart from the doctors in their offices, service is generally in French only. “In the hospital, some staff persisted asking in French and not English.”*
- *Many participants of the Sept-Îles focus group commented that they are satisfied with communication with their doctor in his office but outside of the hospitals, in-home care personnel from the CLSC rarely speaks English but that generally you can sometimes be served in English at the CLSC.*
- *Participants said that in the hospitals, admission personnel do not make an effort to speak in English, and it is difficult to navigate in the hospital (due to the lack of English signs). “Not easy to get around the hospital without English signs or directions (even in French!)” “They rarely ask, you just feel lucky if you get someone who can speak in English.”*
- *Participants noted that consent forms and other publications are in French and difficult to understand. “After consultations with the doctor, forms and documents are in French. Telephone calls from the hospital are hard to understand for what we are being called in for. Correspondence is in French only.” “Admissions is always tough in English, but doctors are OK. Signing paperwork that is not in English is common and making telephone appointments in English is difficult.”*

Assistance with Communication

Focus group participants were asked if they needed assistance in order to communicate with health and social service workers and, if so, who is likely to assist them.

- *Sept-Îles focus group participants reported that they rely on family members and friends to help communicate within the system. “I go to my parents’ home when the CLSC nurses or personnel are visiting to help translate.” “I had to ask them to start speaking more slowly to my parents (who are well into their nineties) so they could understand what was going on.”*

- Participants also said they use the services when available by appointment for Sharon Tardif, the English Customer Agent for English Services.
- Others said that they go along with people from the Lower North Shore, who generally don't speak any French, to help with communications.

Selected summary comments

- “Yes, we need to be persistent in asking for English services.”

Access to information in English

Focus group participants were asked, “Where are you most likely to turn when you need information on health and social services in English? How do you get information from health institutions?”

- Participants said they are able to obtain some updated information from NSCA in English but not at the clinic or hospital. They also said that by telephone the information is usually only in French, so they feel they miss out important information sometimes. “I don't (get English information), I make do with the French I know.”
- Participants said that Info Santé will speak in English and that prescriptions are available in English, but you still have to ask for it and the pharmacist will explain in English. “The pharmacy is good in that it keeps an English file.”

Impact on health and well-being

Focus group discussion included an exploration of whether participants felt that their need for services in English had an impact on their health and well-being or the health of a family member or friend.

- Participants in the Sept-Îles session unanimously said that lack of English services did have an impact on their health and well-being. “Yes, and it's very stressful.”
- They stated that it is very important to receive health services in English as it can be very stressful for the individual when they do not know where to go and what is being said, especially when trying to understand a diagnosis.
- Participants noted that they have to rely on NSCA for English information as they can't get it elsewhere.

Change in the system

Focus group participants were asked if they had the power to change the situation around health and social services in English in their region, what would they like to see change?

- Participants suggested that front line service should be bilingual (reception at hospitals, for example as well as information systems and more emergency room nurses who speak English. “English services across the board.”)
- They also noted the value of having the services of Sharon Tardif (English liaison agent), but patients need to make appointments to schedule her and is not always available when needed. The suggestion was to have a second person available and /or 24hr service put in place.

- Another suggestion was to have pictograms on the signs in the hospital along with forms, pamphlets, and visual emergency information being in both languages. “We need documentation in English, especially instructions. People need to know where to go and they should have a protocol for these things in English.

Discussion findings for St-Paul’s River – March 21, 2019

Survey findings for Lower North Shore – May 31, 2019

Satisfaction with Service in English – St. Paul’s River

Access to health and social services in English in your region

Focus group participants were asked about their satisfaction with health and social services in general in their region and specifically when it comes to being able to communicate in English.

Area of most satisfaction

- Many of the focus group participants in St-Paul’s River commented that service in English is satisfactory only when the go to Quebec City or Montreal. They also noted that nurses originally from the LNS really care about the patients here and provide thorough follow-up. “Nurses from here (LNS) go above and beyond.”
- Participants also noted that the CLSC’s (clinics) on the Lower North Shore and also the hospital in Blanc Sablon offer services in English.

Area of least satisfaction

- Communication in Sept-Îles was noted being the least satisfactory. Respondents feel that there is a negative attitude towards English patients there. “Health personnel don’t want to talk in English, you can sit there for 5 hours in Sept-Îles. Lakeshore and Quebec City are ok.” “When patients have to travel to Sept-Îles, especially seniors, their care and service at the hospital is predominately in French rather than English.”
- They also noted that there was a high turnover with agency nurses (fly-in, fly-out) and that some of these personnel seem to have more attitude (about language) and ruder than others. “There’s a poor attitude and agency nurses have bad English skills.”
- Others commented that there was a lack of forms in English. “Once they threw out the forms because they were in English, a complaint was made.” Another reported that their father had died from a heart attack while waiting in emergency.
- There was further mention that there is no access to mental health professionals in English in the region. “I will have to travel to Montreal with my child in order to have her seen by the proper psychologist that can meet her needs. Also, the wait time is 6-8 months minimum.

This is not acceptable for a child that was contemplating suicide."

- *Some participants also cited bad experiences with medivac services and mentioned that a mother in premature labour wouldn't go on the plane because no one could speak English. "The English (on the LNS) are double penalized as they are Anglos and need an escort (for plane transfer)."*

Assistance with Communication

Focus group participants were asked if they needed assistance in order to communicate with health and social service workers and, if so, who is likely to assist them.

- *Participants reported that they have problems providing assistance with communication because so few of the area's residents are bilingual. Participants also reported having to accompany parents off the coast because of the air travel and the unfamiliarity with the health system and the fact that they are less inclined to ask for help.*
- *The participants all had praise for the hospital liaison program (Patient Navigator) in Sept-Îles and Quebec City. "They love Steve in Quebec City." "Patient Navigator (Steve) is great, easier to navigate with him."*

Access to information in English

Focus group participants were asked, "Where are you most likely to turn when you need information on health and social services in English? How do you get information from health institutions?"

- *Focus group participants stated that information from family and friends is an important source of information, as is the local CLSC. "My mother is very active and knowledgeable for the services offered in English." "My local clinic serves me in English, the local nurses who know the region and know the people."*
- *Others reported that it was hard to find information, all the forms in waiting rooms are in French. "I look outside of Quebec (to another province) and use websites, especially in Ottawa, that are in English."*
- *Others adapt to the lack of paperwork in English: "I take a picture of the form and send it to my daughters for translation." Others reported taking the form to a nurse for translation.*

Impact on health and well-being

Focus group discussion included an exploration of whether participants felt that their need for services in English had an impact on their health and well-being or the health of a family member or friend.

- *Participants were unanimous in saying that not having access to English services can impact their health. "We absolutely need services in English to understand and receive explanations clearly. Some residents will not go for care because of the language barrier." "I get highly stressed when needing information and not knowing where to go or who to ask. I listen to friends who get excellent care from their doctors in French while I struggle to get a clear answer from mine let alone detailed information."*
- *Participants said that when they don't get proper information in English, they feel vulnerable*

and "things get lost in translation." They feel it's a deterrent to going to the clinic. "You can be late for an appointment due to the receptionist not informing me in English that I had to put my folder in a slot outside of her door."

- *Participants noted that generally wait times are longer when asking for English services. Often a translator must be found, and that person is not always available. "It is impacting my daughter's health and well-being because the English services required have too long of a wait time to see the necessary professionals."*
- *Participants also noted that the travel by air away from home adds another impediment to receiving health care. "Having to be sent out to Quebec City to receive any kind of treatment that isn't the most basic of service makes it hard to maneuver around the city and understand doctors or nurses that are asking about your condition. This makes me not even want to go. Therefore, I tend to neglect my health until it's absolutely necessary as 1) I have to travel and 2) I know I'll have difficulty travelling due to the language barrier."*

Change in the system

Focus group participants were asked if they had the power to change the situation around health and social services in English in their region, what would they like to see change?

- *Participants generally want some level of service to be available in English, but especially not to be looked down on because they don't speak French. They would like to feel welcomed as English speakers in the Sept-Îles Hospital. "One thing we would like is to feel welcome in Sept-Îles. The poor attitude is not systemic but cultural."*
- *Participants also suggested that at least all doctors and specialists should be bilingual and cited the example of the new nurse in Havre St-Pierre, "a Newfie", who is accompanied by an English-speaking doctor at the clinic there. There was also a suggestion that a patient's file should be marked English-speaking in order to facilitate service. "Regardless of your name, services/physicians will be respectful and provide you with the same care, treatment and information as a French-speaking patient will receive."*
- *Other suggestions were signage and information in both French and English; more availability of the Patient Navigator as there are long wait times for appointments and the service is also needed in Baie Comeau as well. "I would like things to be more accessible as I find myself often looking for the right place to go."*
- *Another area that participants would like addressed was wait times which they believe are unacceptably lengthened because they are English. "I believe that the wait times for certain services are longer in my province as a whole because my daughter and I require services in English, compared to those that require the services in French."*
- *Better access to specialists was another request for change. "Access to a psychologist and dentist can be a yearlong waiting process to receive an appointment. This is absolutely unacceptable as well as the fact that it is difficult to see a doctor that is actually specialized in mental health . . . and this must be someone English as proper communication with mental health is a necessity."*
- *Finally, it was suggested that instead of sending patients outside the region for a 10-*

minute appointment, that these could be done by video conference. "This adds an incredible cost to the health care system and to the patient. This needs to CHANGE!" "More consultations with doctors off the Lower North Shore should be done via video conference. Too much time and money are wasted sending patients off the coast for appointments that only require a consultation with a doctor and not necessarily tests."

Selected summary comments

- *Residents of the Lower North Shore face a double challenge in receiving adequate health care: they often have to travel away from home by air, and most amongst the English population speaks very little French. This is especially difficult for seniors who require accompaniment. The majority feel less comfortable in the hospital in Sept-Îles where those who only speak English do not feel welcomed. Access to information and forms in English is very much needed, as well as medical professionals that speak and understand English. The presence and assistance of a Patient Navigator was very much appreciated.*
- *"The Lower North Shore is predominately an English-speaking population and the actual patient-nurse/patient-doctor relationship on the Lower North Shore is good. The main issue is those people travelling (especially seniors) off-coast for appointments/treatments/tests, etc."*

Chaudière-Appalaches

Discussion & findings for Thetford Mines Focus group – April 4, 2019

Survey responses for Chaudière-Appalaches – May 31, 2019

Satisfaction with Service in English

Access to health and social services in English in your region

Focus group participants were asked about their satisfaction with health and social services in general in their region and specifically when it comes to being able to communicate in English.

Area of most satisfaction

- *Many of the focus group participants in Thetford Mines commented that they are able to communicate in English with their doctor in his office.*
- *Generally, services in English were viewed as good except in Lévis (nonexistent). It was also noted that the Jeffery Hale Hospital and the Jeffery Hale community services were good at providing English services. "My doctor speaks English and if I make an effort in French, she accommodates me."*
- *Participants noted that front line staff, especially doctors, are good in speaking English. "At the hospital, there is an increase in the number of staff wanting to speak English - they actually want to practise."*

- One participant related how she had surgery and the anesthesiologist and surgeon could speak English at Thetford Hospital. She got offered an English person to help her fill out the pre-surgery form. “I felt it very important to write and thank the staff for their professionalism and attempt to be served in English.”
- One participant noted that she was offered English services in the Thetford Hospital, and then added: “You wouldn’t get that at the Lévis Hospital.”
- Participants did note that the offer of English services is not consistent. “English is never offered to me. They assume that because I can speak French, that French will do.” “Often the doctors speak English but less so the nurses and health practitioners.”

Area of least satisfaction

- Some participants were less satisfied with the English service offered by front line staff, mostly at the CLSC and private doctor clinics, who cannot speak English. More staff in the hospital speak English than in outpatient services).
- Making phone calls (appts, etc.) are not good for English service so participants often will go into the CLSC rather than call.
- Participants noted that the consent forms and questionnaires at the hospital are all in French and therefore hard to understand. “You’re not sure what you’re consenting to. You’re told if you don’t sign they’ll be no operation. Difficult choice!” One person said they refused to sign the form because they didn’t really understand what they were signing and the nurse said, “No sign, no operation.” This situation also applies to pre-operation detailed instructions which are in French with no English translations.
- It was also noted that for psychiatry services the residents of the region have to use those services on the south shore (Lévis) where there is no English available. “We’re not allowed to cross the bridge to Quebec City where there is more English spoken in the hospitals.”

Assistance with Communication

Focus group participants were asked if they needed assistance in order to communicate with health and social service workers and, if so, who is likely to assist them.

- Focus group participants who are not comfortable speaking French in a medical situation rely primarily on family for help in communicating with health and social service workers. “It is stressful worrying about missing important medical information in a visit to a doctor/hospital. Ask someone to accompany you.” “I have a bilingual spouse who is very supportive.”
- Participants said they often bring forms to MCDC to get assistance to complete them. They take advantage of the MCDC accompaniment program and they assist others themselves as well. “MCDC will translate any/all forms.” “MCDC has a transportation & accompaniment program that helps people with health services and language problems.”
- A common occurrence that participants reported is that the telephone welcome message is in

English (press 9) but then the service is not. "I called the hospital; you're given a choice between French or English, so I pressed 2 for English. Instead they gave me another number to call and there was no one there. You get sent off into la-la land."

Access to information in English

Focus group participants were asked, "Where are you most likely to turn when you need information on health and social services in English? How do you get information from health institutions?"

- *Focus group participants stated that information from family and friends is an important source of information, as is help from MCDC and the Wellness Centre at Jeffery Hale.*
- *Participants referred to the MCDC website and noted that the CHUS website is bilingual. For Info Santé they are often told that there is no one on the shift that speaks English.*
- *"Since I am bilingual, I am able to get the information needed in French but would prefer to have it in English."*
- *Some participants mentioned that the Internet is a good source of information, particularly the Mayo Clinic which is a very good place to research different problems.*

Impact on health and well-being

Focus group discussion included an exploration of whether participants felt that their need for services in English had an impact on their health and well-being or the health of a family member or friend.

- *Generally, participants said that not having access to English services can impact their health. "Yes absolutely. I'm nervous about seeking help or info over the phone. I'll do without (if it's not in English)."*
- *It was noted that especially seniors are reluctant to go into the H&SS system as it is "Very difficult to ask for help." Having to ask makes people feel stupid, and not capable. "I know a senior bachelor in our community who will not seek medical attention for his loss of hearing because of not being able to communicate in French."*
- *The verbal communication systems (loudspeakers, telephone messages) are not clear and staff speak too fast to be understood even by those who do speak some French.*
- *"What's the point of calling Info Santé if no one can respond in English, the same with an ambulance crew."*

Change in the system

Focus group participants were asked if they had the power to change the situation around health and social services in English in their region, what would they like to see change?

- *Participants generally want some level of service to be available in English, especially at critical points in their journey through the H&SS system. References were made to particular positions such as receptionists, administration personnel, social workers being able to speak English, specialists for youth, i.e. speech specialists, autism, social workers, etc. "If at least one front line person would speak English." "When I can speak English, it takes my anxiety level down."*

- *Other suggestions were to have all the hospital forms available in English, teaching receptionists how to leave proper telephone messages, and how to recite a telephone number. There should be a list of bilingual staff members and they should offer salary incentives for bilingual personnel.*
- *Others suggested that asking for service in English shouldn't be viewed as not willing to speak or learn French, and more a recognition of the fact that language proficiency is on a continuum. The flu shot program was cited as being a good program for English services.*

Centre-du-Québec

Discussion findings for South Durham – April 3, 2019

Satisfaction with Service in English – South Durham

Access to health and social services in English in your region

Focus group participants were asked about their satisfaction with health and social services in general in their region and specifically when it comes to being able to communicate in English.

Area of most satisfaction

- *Generally, participants agreed that they were fortunate for the health care system as they get good services in Estrie.*
- *Several participants related examples of excellent care at the Victoriaville Hospital. Staff were very compassionate and there was general expression of satisfaction with the services in English, as well as in Sherbrooke. A couple of participants also expressed the view that "if respect and compassion is shown, language becomes less of an issue."*
- *It was remarked that the doctors speak English and the staff are courteous even if they can't always speak English. Staff will find someone to speak English if asked.*

Area of least satisfaction

- *There were no favourable comments about services in English from the Drummondville Hospital (in contrast to Victoriaville and Sherbrooke). Several participants said that they would refuse to return to Drummondville Hospital because of the poor attitude. "There is a lack of respect, they don't respect seniors and communicate among themselves in French."*
- *A number of participants noted that in-home care personnel through the CLSC rarely speak English.*
- *There was general consensus that no documents were available in English and that no signage was in English. "Material in English is not available and the lack of English signs in hospital make it difficult."*

Assistance with Communication

Focus group participants were asked if they needed assistance in order to communicate with health and social service workers and, if so, who is likely to assist them.

- *Having a medical advocate who speaks English was considered important by participants, otherwise they have to go with their spouse, be accompanied by a friend or find a volunteer. "It's important to have a friend or colleague with you as they will get something that you might miss."*
- *"I go to my parents' home when the CLSC nurses or personnel are visiting to help translate. I had to ask them to start speaking more slowly to my parents (who are well into their nineties) so they could understand what was going on."*

Access to information in English

Focus group participants were asked, "Where are you most likely to turn when you need information on health and social services in English? How do you get information from health institutions?"

- *Long waits for English service reported for Info Santé. The participants generally turn to the CASE liaison agent as they are overwhelmed by the system and not sure where to go. No forms are available in English but supposedly available upon request.*
- *"I called Info Santé and asked for English, then hung up as the wait was too long."*
- *Others visit websites and some get information from the pharmacists,*
- *It was suggested that Quebec needs a health system organigram, so people know where to go and get information.*
- *Several said that they don't get help from anyone. "I don't, I make do with the French I know."*

Impact on health and well-being

Focus group discussion included an exploration of whether participants felt that their need for services in English had an impact on their health and well-being or the health of a family member or friend.

- *Participants were unanimous in saying that not having access to English services can impact their health. "Not getting services in English has an impact. Some services are available, others not."*
- *Receiving service in English is important, according to the participants, as people need to know what is being said. "It is difficult when the patient doesn't understand and the companion has to interrupt, explain in English, and then resume the dialogue."*

Change in the system

Focus group participants were asked if they had the power to change the situation around health and social services in English in their region, what would they like to see change?

- *The consensus of participants was that there should be English services "across the board." Another suggestion was to have more professionals that speak English, especially mental health.*
- *Participants asked that even if the personnel can't speak English that they at least be treated with respect.*

- All agreed that there should be access to a CLSC closer to home as some said they had been refused service in English in Richmond and in Drummondville. They suggested that for simple procedures such as blood tests and vaccinations, “They should be able to cross lines” (between CLSC territories).
- More documents should be available in English.

Selected summary comments

The English-speaking community the Mauricie/Centre-du-Québec is a very small (1%) and not a lot of services are available in English. What makes a big difference is when people are made to feel welcomed even though the services are offered mainly in French only.

Discussion findings for Trois-Rivières – April 17, 2019

Satisfaction with Service in English – Trois-Rivières

Access to health and social services in English in your region

Focus group participants were asked about their satisfaction with health and social services in general in their region and specifically when it comes to being able to communicate in English.

Area of most satisfaction

- Generally, there was more dissatisfaction with English services in the Trois-Rivières area of Centre-du-Québec. It was noted that the services involving kids with the CLSC is good, and that making appointments for vaccination works well.
- The doctors speak English but experience with health care generally has been difficult. The staff are sometimes callous.
- There were both positive and negative responses to 811. Some said that if the option for English is pressed, the response is excellent and in English. However, the wait times can be longer.

Area of least satisfaction

- Participants noted that services are generally provided in French only, and it is difficult to get someone to speak English on the phone, in person is easier.
- “If you say anything in English you get the ‘look’. There is a negative reaction from the staff. You definitely get the impression that you should be speaking French.”
- “Front-line services are where a person is the most vulnerable and that’s where the tone is set as to how the experience will go. Front-line staff are usually not bilingual.”
- Participants also noted that documentation is often not available in English and personnel don’t know that they have access to information in English. Hospitals have volunteers to

assist patients, but they do not speak English. "They react negatively if you ask for services in English."

- *Participants related that there is not a lot of understanding from front-line staff when you are distressed. One reported that a paramedic told a patient that "Here we speak French".*
- *"There's not a lot of empathy and you are made to feel like a foreigner. Even when speaking French staff don't have a lot of empathy. Generally poor service."*
- *"When in a life and death situation you're in panic mode and it's even more difficult when you can't get service in English."*

Assistance with Communication

Focus group participants were asked if they needed assistance in order to communicate with health and social service workers and, if so, who is likely to assist them.

- *Participants related a mixed response to the question; some will contact bilingual people in the health care service that they know and wait until they're available. Others will contact friends or their spouse for help. Others stated that it was too much effort, so they avoid engaging someone to help.*
- *"If you ask to speak to someone in English most people will try and accommodate but documentation is rarely given in English. If you do ask for it, sometimes it takes a long time to receive it."*
- *Others commented that documentation is available, but you need to ask for it. (i.e. the friendly user complaint form recently created). "The English community rarely complains."*
- *"If I can't get help in English, I just avoid the system. There's no empathy from the front line, I feel like a foreigner."*

Access to information in English

Focus group participants were asked, "Where are you most likely to turn when you need information on health and social services in English? How do you get information from health institutions?"

- *Participants related that most things about health information are only available in French. "The website info is in French. Even when we press for English information, the staff will depend on google translate documents. Published info (English) is not available."*
- *One participant commented that an English website for local health information is underway and noted that they used to get the runaround from the CIUSSS but that "there is more openness now and things are being done."*
- *Others commented that documentation is available, but you need to ask for it. (i.e. Friendly user complaint form). "The English community needs to speak up more."*
- *Another participant noted that service is out there if you ask but people don't know what is available and added that the Regional Access Committee is working on the Access Program for English services and CASE does have a Liaison Agent. Annie Lavigne, the Repondante for CIUSSSMCQ is a reference point for service in English. CIUSSSMCQ is more committed to*

improving services. They are now providing English language classes for staff.

- *One person commented that a liaison person is better than nothing but there are limits to what one person can do.*
- *A final comment was about a booklet for new mothers in English now available.*

Impact on health and well-being

Focus group discussion included an exploration of whether participants felt that their need for services in English had an impact on their health and well-being or the health of a family member or friend.

- *Participants generally agreed that not having access to English services can impact their health.*
- *"Yes, because you're less likely to ask, usually just wait it out because it's too much effort."*
- *Others said that they don't feel welcomed in the system and so try to avoid it. "CIUSSS is not service oriented and staff can be very callous."*
- *Participants commented that you are less likely to receive care if you insist on English. "Sometimes you just wait it out" (as in a sick child).*
- *"Not getting services in English has an impact. Some services are available, others not."*

Change in the system

Focus group participants were asked if they had the power to change the situation around health and social services in English in their region, what would they like to see change?

- *A number of suggestions were made about the attitude of personnel in the health system and how that has to change. "We should be accepted when speaking English."*
- *"It would be nice to be acknowledged in English. Greeted with Hello/Bonjour."*
- *"Maybe not bilingual greeting but at least more sensitivity. An increase in the level of respect for strangers."*
- *Some participants said that more front-line workers should be bilingual. "There should be bilingual greeters and offer incentives to be bilingual."*
- *There should also be a system of 'check the box' indicating language of preference.*
- *Participants said more information in English, either as documentation or information sessions, would be appreciated. "I would like to see a meeting on focus groups happen more often so the information would be more up to date."*
- *Discussion followed on the role of community organizations to support English services. It was noted that a lot of official groups are no longer present anymore and there are fewer and fewer informal gatherings. It was noted that CASE is a new community organization to fulfill this role, but people should also know their rights. "The community needs to volunteer. It must mobilize and try and do things for themselves." "A liaison person would be good, someone to knock on doors and help get things done."*

- *The representative from the high school said the school wants to become more community oriented and wants to start connecting to the community more and more so it would be open to becoming a meeting point.*

Selected summary comments

ECS Mauricie region is 1.2% of the population with very little services available in English. However, there appears to be an openness from the interim director general to improve accessibility. Several people mentioned being confronted with negative attitudes from francophone frontline workers in health and social services, specifically referring to getting "the look" when they addressed the person in English. "We want to be acknowledged, greeted, more sensitivity, less resistance."

Survey findings for Magdalen Islands – May 31, 2019

Îles-de-la-Madeleine

Satisfaction with Service in English

Access to health and social services in English in your region

Survey respondents were asked about their satisfaction with health and social services in general in their region and specifically when it comes to being able to communicate in English.

Area of most satisfaction

- *Respondents said that most of the doctors will speak to their patients in English. "Most doctors speak English. Except my family doctor who would not. Then she left the island. I no longer have a doctor."*
- *One respondent said that the ER seems to always be good in being able to talk to in English, except a few nurses, and comments were generally favourable about the CLSC providing service in English.*

Area of least satisfaction

- *One commented that secretaries for doctors and specialists "do not speak English unless they are English."*

Assistance with Communication

Survey respondents were asked if they needed assistance in order to communicate with health and social service workers and, if so, who is likely to assist them.

- *Respondents generally said they seek out some form of support for communicating in English in the health system. "I speak enough to make appointments. I look up words or ask bilingual family members to assist me." "I don't assist others, but I can't make appointments for myself, so I usually get one of my friends (bilingual) to call for me or go into my appointments with me."*

- *A couple replied that they do not need assistance to communicate.*

Access to information in English

Survey respondents were asked, “Where are you most likely to turn when you need information on health and social services in English? How do you get information from health institutions?”

- *There were comments recorded.*

Impact on health and well-being

Survey respondents provided comments about whether they felt that their need for services in English had an impact on their health and well-being or the health of a family member or friend.

- *Respondents generally said that receiving English service was important to their health or well-being. “911 will transfer you to an English-speaking person when you call.”*
- *“Because due to the lack of English at my doctor’s office I couldn’t get an appointment or wasn’t being taken seriously for 6 months about a lung condition I now have.”*
- *“I chose to give birth in PEI for my first child as I was not confident in the hospital staff’s ability to communicate with me in English.”*

Change in the system

Survey respondents were asked if they had the power to change the situation around health and social services in English in their region, what would they like to see change?

- *The main change suggested was to have access to English services from elsewhere in Quebec (where English is more available) or even the ability to be referred to specialists in PEI when English service is not available on the Magdalen Islands.*
- *Another suggestion as that all personnel in health care be bilingual.*

Survey findings for Bas St-Laurent – May 31, 2019

Bas Saint-Laurent

Satisfaction with Service in English

Access to health and social services in English in your region

Survey respondents were asked about their satisfaction with health and social services in general in their region and specifically when it comes to being able to communicate in English.

Area of most satisfaction

- *Generally, respondents said that most medical professionals (doctors and specialists) speak English. It was also noted that vaccination programs, nurses, junior and younger people also*

are in or speak English.

Area of least satisfaction

- *The most common dissatisfaction with English services was with the initial point of contact, be it administration or front desk. This included phone services, receptionists and nurses at clinics. “Mostly we have to ask for English to be spoken. It is VERY rare someone comes in speaking it to us.”*
- *Another area of dissatisfaction was mental health professionals. “Finding a social worker who spoke English and was available was difficult.”*
- *Other comments related to the lack of forms available in English.*
- *“The only English-speaking health professional I’ve encountered in Rimouski was a surgeon, and it felt like he unwillingly agreed to understand, though not speak English, because of the sensitivity of the issue in question. I would argue that communication with regard to health should be a top priority, especially in the two federal languages, regardless of which province you live in.”*
- *“Understanding medical/technical terminology; understanding clearly what steps I have to take after seeing the medical practitioner (either steps I have to take on my own at home, or steps I have to take to access other follow-up health services)”*

Assistance with Communication

Survey respondents were asked if they needed assistance in order to communicate with health and social service workers and, if so, who is likely to assist them.

- *Respondents said they generally rely on their spouse (when they are bilingual) or the staff find someone in the building to translate.*
- *“Sometimes I have been able to get blood tests, etc., done without assistance. For my first appointment at an outpatient clinic, my wife who speaks French fairly fluently was with me, as previously noted. On my next appointment later this summer, I expect to manage alone.”*

Access to information in English

Survey respondents were asked, “Where are you most likely to turn when you need information on health and social services in English? How do you get information from health institutions?”

- *A number of respondents noted that Heritage Lower St. Lawrence provides support for information services.*
- *Others rely on websites or phone or walk over to talk to the reception.*
- *One person said, “I have pretty much given up hope.”*
- *“Mostly I rely on a small network of experienced acquaintances. I did successfully phone CLSC once and received a call back from an English-speaking nurse, but on two subsequent occasions got no response at all.”*

Impact on health and well-being

Survey respondents provided comments about whether they felt that their need for services in English had an impact on their health and well-being or the health of a family member or friend.

- *Respondents commented that the biggest obstacle to getting service in English is to discover what is needed. They also said that it is stressful from the fear of not being understood.*
- *"Yes. I cannot get respite care for my mother in English. The person in charge of such services cannot speak English!"*
- *"I am hesitant to seek help because it is difficult to get English services and will only go if I really need it. Also, the only psychologist who speaks English, his office is over an hour away, so it makes attending regular appointments difficult."*
- *"Honestly, I am less concerned about the language health services are offered in than I am about the evident scarcity of such services at all. In most Ontario cities of any size, "walk-in" clinics are available for non-emergency cases for persons without a family doctor. Here nothing similar exists, and, of course, I am still on the "orphaned patient" list."*

Change in the system

Survey respondents were asked if they had the power to change the situation around health and social services in English in their region, what would they like to see change?

- *Respondents generally asked for easier and more access to English services including staff, all paperwork readily available in English, more English-speaking professionals available in the region and signage in English.*
- *"Front desk workers should be able to at least address me in English and point me in the right direction without panicking.*
- *"Leaflets should be available in English. I have been told by staff that the CLSC / hospital does not order forms because they have to order in lots of 100 and that 100 (in English) is excessive."*
- *"I do not think I am sufficiently experienced to be able to suggest anything here. But again, I would prefer quicker access to a Francophone doctor to protracted wait times for one who speaks English."*

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3 Focus Group Figures and Appendices

Services of a Doctor in a Private Office or Clinic

Used Services

| Location | Used Services Doctor at a Private Office or Clinic | | | |
|------------------------|---|---------------------------|---|-------|
| | 1 yes, for myself | 2 yes, for another person | 3 yes, for both myself and another person | 4 no |
| Bagotville (n=7) | 57,1% | 42,9% | 0,0% | 0,0% |
| Baie Comeau (n=11) | 54,5% | 9,1% | 9,1% | 27,3% |
| Bas St-Laurent (n=22) | 54,5% | 9,1% | 18,2% | 18,2% |
| Magdalen Islands (n=6) | 50,0% | 0,0% | 50,0% | 0,0% |
| Rouyn-Noranda (n=16) | 56,3% | 12,5% | 25,0% | 6,3% |
| Sept-Îles (n=26) | 30,8% | 11,5% | 23,1% | 34,6% |
| South Durham (n=13) | 38,5% | 0,0% | 30,8% | 30,8% |
| St-Paul's River (n=14) | 35,7% | 7,1% | 21,4% | 35,7% |
| Thetford Mines (n=8) | 62,5% | 12,5% | 25,0% | 0,0% |
| Trois-Rivières (n=13) | 30,8% | 15,4% | 7,7% | 46,2% |
| Total (n=136) | 44,9% | 11,0% | 20,6% | 23,5% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
Q1. Within the last twelve months, in your region, have you used either for yourself or to help another person a) the services of a doctor in a private office or clinic?2*



Served in English

| Served in English Doctor at a Private Office or Clinic | | |
|---|--------|-------|
| Location | 1 yes | 2 no |
| Bagotville (n=7) | 71,4% | 28,6% |
| Baie Comeau (n=9) | 44,4% | 55,6% |
| Bas St-Laurent (n=16) | 50,0% | 50,0% |
| Magdalen Islands (n=6) | 100,0% | 0,0% |
| Rouyn-Noranda (n=15) | 53,3% | 46,7% |
| Sept-Îles (n=25) | 92,0% | 8,0% |
| South Durham (n=10) | 80,0% | 20,0% |
| St-Paul's River (n=9) | 100,0% | 0,0% |
| Thetford Mines (n=8) | 50,0% | 50,0% |
| Trois-Rivières (n=8) | 12,5% | 87,5% |
| Total général (n=113) | 67,3% | 32,7% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q1a. Were you served in English by the doctor you saw at a private office or clinic?*

Offer of Service in English

| Offer of Service in English Doctor at a Private Office or Clinic | | | |
|---|-----------|---------|-------------------|
| Location | 1 offered | 2 asked | 3 cannot remember |
| Bagotville (n=5) | 40,0% | 60,0% | 0,0% |
| Baie Comeau (n=4) | 25,0% | 75,0% | 0,0% |
| Bas St-Laurent (n=9) | 33,3% | 66,7% | 0,0% |
| Magdalen Islands (n=6) | 50,0% | 33,3% | 16,7% |
| Rouyn-Noranda (n=10) | 50,0% | 50,0% | 0,0% |
| Sept-Îles (n=21) | 71,4% | 19,0% | 9,5% |
| South Durham (n=8) | 75,0% | 25,0% | 0,0% |
| St-Paul's River (n=8) | 87,5% | 12,5% | 0,0% |
| Thetford Mines (n=5) | 60,0% | 40,0% | 0,0% |
| Trois-Rivières (n=2) | 100,0% | 0,0% | 0,0% |
| Total général (n=78) | 60,3% | 35,9% | 3,8% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q1b. Were you served directly in English or did you or the person you helped have to ask for service in English when you saw the doctor in a private office or clinic?*

Importance of Service in English

| Importance of Service in English Doctor at a Private Office or Clinic | | |
|--|--|------------------------------------|
| Location | 1 was very important to receive the service in English | 2 service in French was acceptable |
| Bagotville (n=7) | 57,1% | 42,9% |
| Baie Comeau (n=10) | 30,0% | 70,0% |
| Bas St-Laurent (n=20) | 55,0% | 45,0% |
| Magdalen Islands (n=6) | 100,0% | 0,0% |
| Rouyn-Noranda (n=15) | 73,3% | 26,7% |
| Sept-Îles (n=23) | 91,3% | 8,7% |
| South Durham (n=9) | 88,9% | 11,1% |
| St-Paul's River (n=13) | 84,6% | 15,4% |
| Thetford Mines (n=8) | 75,0% | 25,0% |
| Trois-Rivières (n=9) | 11,1% | 88,9% |
| Total général (n=120) | 68,3% | 31,7% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q1c. Considering the situation, do you feel it was VERY IMPORTANT to receive the service in English or would it have been acceptable to receive the service in French?*

CLSC, other than Info Santé or Info Health Line

Used Service

| Location | Used Services CLSC, other than Info Santé or Info Health Line | | | |
|------------------------|--|---------------------------|---|-------|
| | 1 yes, for myself | 2 yes, for another person | 3 yes, for both myself and another person | 4 no |
| Bagotville (n=7) | 0,0% | 42,9% | 0,0% | 57,1% |
| Baie Comeau (n=11) | 18,2% | 0,0% | 9,1% | 72,7% |
| Bas St-Laurent (n=22) | 36,4% | 22,7% | 9,1% | 31,8% |
| Magdalen Islands (n=6) | 50,0% | 50,0% | 0,0% | 0,0% |
| Rouyn-Noranda (n=16) | 37,5% | 18,8% | 18,8% | 25,0% |
| Sept-Îles (n=20) | 20,0% | 5,0% | 15,0% | 60,0% |
| South Durham (n=13) | 38,5% | 0,0% | 30,8% | 30,8% |
| St-Paul's River (n=15) | 40,0% | 6,7% | 40,0% | 13,3% |
| Thetford Mines (n=8) | 25,0% | 0,0% | 12,5% | 62,5% |
| Trois-Rivières (n=13) | 7,7% | 15,4% | 30,8% | 46,2% |
| Total (n=131) | 28,2% | 13,7% | 18,3% | 39,7% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
Q2. Within the last twelve months, in your region, have you used either for yourself or to help another person the services of a CLSC, other than Info Santé or Info Health line?*



Served in English

| Served in English CLSC, other than Info Santé or Info Health Line | | |
|--|--------|-------|
| Location | 1 yes | 2 no |
| Bagotville (n=3) | 33,3% | 66,7% |
| Baie Comeau (n=4) | 25,0% | 75,0% |
| Bas St-Laurent (n=15) | 26,7% | 73,3% |
| Magdalen Islands (n=6) | 66,7% | 33,3% |
| Rouyn-Noranda (n=11) | 36,4% | 63,6% |
| Sept-Îles (n=12) | 66,7% | 33,3% |
| South Durham (n=9) | 55,6% | 44,4% |
| St-Paul's River (n=13) | 100,0% | 0,0% |
| Thetford Mines (n=3) | 66,7% | 33,3% |
| Trois-Rivières (n=7) | 28,6% | 71,4% |
| Total général (n=83) | 53,0% | 47,0% |
| <i>Source: 2019 Community Health and Social Survey, CHSSN Focus Groups. q2a. Were you served in English when you used the services of a CLSC (other than Info Santé or Info Health line)?</i> | | |

Offer of Service in English

| Offer of Service in English CLSC, other than Info Santé or Info Health Line | | | |
|--|-----------|---------|-------------------|
| Location | 1 offered | 2 asked | 3 cannot remember |
| Bagotville (n=2) | 50,0% | 50,0% | 0,0% |
| Baie Comeau (n=2) | 50,0% | 50,0% | 0,0% |
| Bas St-Laurent (n=10) | 50,0% | 50,0% | 0,0% |
| Magdalen Islands (n=5) | 80,0% | 20,0% | 0,0% |
| Rouyn-Noranda (n=10) | 40,0% | 60,0% | 0,0% |
| Sept-Îles (n=7) | 71,4% | 28,6% | 0,0% |
| South Durham (n=6) | 33,3% | 50,0% | 16,7% |
| St-Paul's River (n=12) | 100,0% | 0,0% | 0,0% |
| Thetford Mines (n=3) | 33,3% | 66,7% | 0,0% |
| Trois-Rivières (n=3) | 0,0% | 100,0% | 0,0% |
| Total général (n=60) | 58,3% | 40,0% | 1,7% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q2b. Were you served directly in English or did you or the person you helped have to ask for service in English when you used the services of a CLSC (other than Info Santé or Info Health line)?*

Importance of Service in English

| Importance of Service in English CLSC, other than Info Santé or Info Health Line | | |
|---|--|------------------------------------|
| Location | 1 was very important to receive the service in English | 2 service in French was acceptable |
| Bagotville (n=4) | 50,0% | 50,0% |
| Baie Comeau (n=6) | 33,3% | 66,7% |
| Bas St-Laurent (n=18) | 50,0% | 50,0% |
| Magdalen Islands (n=6) | 83,3% | 16,7% |
| Rouyn-Noranda (n=11) | 81,8% | 18,2% |
| Sept-Îles (n=13) | 84,6% | 15,4% |
| South Durham (n=9) | 77,8% | 22,2% |
| St-Paul's River (n=14) | 85,7% | 14,3% |
| Thetford Mines (n=4) | 75,0% | 25,0% |
| Trois-Rivières (n=9) | 55,6% | 44,4% |
| Total général (n=94) | 69,1% | 30,9% |
| <p><i>Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.</i></p> <p><i>q2c. Considering the situation, do you feel it was VERY IMPORTANT to receive the service in English or would it have been acceptable to receive the service in French?</i></p> | | |

Use of English by Receptionist

| Use of English by Receptionist CLSC, other than Info Santé or Info Health Line | | |
|--|-------|--------|
| Location | 1 yes | 2 no |
| Bagotville (n=2) | 0,0% | 100,0% |
| Baie Comeau (n=7) | 14,3% | 85,7% |
| Bas St-Laurent (n=15) | 6,7% | 93,3% |
| Magdalen Islands (n=6) | 50,0% | 50,0% |
| Rouyn-Noranda (n=11) | 27,3% | 72,7% |
| Sept-Îles (n=9) | 55,6% | 44,4% |
| South Durham (n=9) | 44,4% | 55,6% |
| St-Paul's River (n=13) | 92,3% | 7,7% |
| Thetford Mines (n=4) | 0,0% | 100,0% |
| Trois-Rivières (n=8) | 0,0% | 100,0% |
| Total général (n=84) | 34,5% | 65,5% |
| <i>Source: 2019 Community Health and Social Survey, CHSSN Focus Groups. q2d. During your experience at the CLSC, did the receptionist speak to you in English?</i> | | |

Documentation in English

| Documentation in English CLSC, other than Info Santé or Info Health Line | | |
|---|-------|--------|
| Location | 1 yes | 2 no |
| Bagotville (n=2) | 0,0% | 100,0% |
| Baie Comeau (n=5) | 0,0% | 100,0% |
| Bas St-Laurent (n=16) | 18,8% | 81,3% |
| Magdalen Islands (n=5) | 20,0% | 80,0% |
| Rouyn-Noranda (n=9) | 22,2% | 77,8% |
| Sept-Îles (n=9) | 77,8% | 22,2% |
| South Durham (n=8) | 0,0% | 100,0% |
| St-Paul's River (n=12) | 75,0% | 25,0% |
| Thetford Mines (n=4) | 0,0% | 100,0% |
| Trois-Rivières (n=8) | 0,0% | 100,0% |
| Total général (n=78) | 28,2% | 71,8% |
| <i>Source: 2019 Community Health and Social Survey, CHSSN Focus Groups. q2e. During your experience at the CLSC, were information forms, or forms requiring you to provide information on your health status, in English?</i> | | |

Use of English by a Professional

| Use of English by a Professional CLSC, other than Info Santé or Info Health Line | | |
|--|--------|-------|
| Location | 1 yes | 2 no |
| Bagotville (n=3) | 100,0% | 0,0% |
| Baie Comeau (n=5) | 40,0% | 60,0% |
| Bas St-Laurent (n=13) | 53,8% | 46,2% |
| Magdalen Islands (n=6) | 66,7% | 33,3% |
| Rouyn-Noranda (n=12) | 8,3% | 91,7% |
| Sept-Îles (n=8) | 87,5% | 12,5% |
| South Durham (n=9) | 77,8% | 22,2% |
| St-Paul's River (n=13) | 92,3% | 7,7% |
| Thetford Mines (n=4) | 50,0% | 50,0% |
| Trois-Rivières (n=8) | 12,5% | 87,5% |
| Total général (n=81) | 56,8% | 43,2% |
| <i>Source: 2019 Community Health and Social Survey, CHSSN Focus Groups. q2f. During your experience at the CLSC, did the health or social services professional you consulted speak to you in English during your appointment?</i> | | |

Important that the Professional Used English

| Important that the Professional Used English CLSC, other than Info Santé or Info Health Line | | |
|---|--------|-------|
| Location | 1 yes | 2 no |
| Bagotville (n=3) | 66,7% | 33,3% |
| Baie Comeau (n=4) | 50,0% | 50,0% |
| Bas St-Laurent (n=13) | 84,6% | 15,4% |
| Magdalen Islands (n=6) | 83,3% | 16,7% |
| Rouyn-Noranda (n=9) | 66,7% | 33,3% |
| Sept-Îles (n=10) | 80,0% | 20,0% |
| South Durham (n=9) | 77,8% | 22,2% |
| St-Paul's River (n=13) | 92,3% | 7,7% |
| Thetford Mines (n=4) | 100,0% | 0,0% |
| Trois-Rivières (n=8) | 50,0% | 50,0% |
| Total général (n=79) | 77,2% | 22,8% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q2g. During your experience at the CLSC, was having your health and social services professional speak to you in English during your appointment important?*

Info Santé or Info Social

Use of Services

| Use of Services Info Santé or Info Social | | | | |
|--|-------------------|---------------------------|---|--------|
| Location | 1 yes, for myself | 2 yes, for another person | 3 yes, for both myself and another person | 4 no |
| Bagotville (n=7) | 0,0% | 0,0% | 0,0% | 100,0% |
| Baie Comeau (n=8) | 37,5% | 0,0% | 0,0% | 62,5% |
| Bas St-Laurent (n=22) | 9,1% | 27,3% | 4,5% | 59,1% |
| Magdalen Islands (n=6) | 0,0% | 0,0% | 0,0% | 100,0% |
| Rouyn-Noranda (n=16) | 25,0% | 6,3% | 0,0% | 68,8% |
| Sept-Îles (n=16) | 12,5% | 12,5% | 6,3% | 68,8% |
| South Durham (n=13) | 23,1% | 0,0% | 7,7% | 69,2% |
| St-Paul's River (n=13) | 0,0% | 7,7% | 7,7% | 84,6% |
| Thetford Mines (n=8) | 25,0% | 0,0% | 0,0% | 75,0% |
| Trois-Rivières (n=13) | 15,4% | 15,4% | 15,4% | 53,8% |
| Total (n=122) | 14,8% | 9,8% | 4,9% | 70,5% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
Q3. Within the last twelve months, in your region, have you used either for yourself or to help another person the services of Info Santé or Info Social?*



Served in English

| Served in English Info Santé or Info Social | | |
|--|-------|--------|
| Location | 1 yes | 2 no |
| Bagotville (n=1) | 0,0% | 100,0% |
| Baie Comeau (n=6) | 16,7% | 83,3% |
| Bas St-Laurent (n=9) | 33,3% | 66,7% |
| Rouyn-Noranda (n=5) | 40,0% | 60,0% |
| Sept-Îles (n=10) | 40,0% | 60,0% |
| South Durham (n=5) | 20,0% | 80,0% |
| St-Paul's River (n=2) | 50,0% | 50,0% |
| Thetford Mines (n=2) | 50,0% | 50,0% |
| Trois-Rivières (n=7) | 71,4% | 28,6% |
| Total général (n=47) | 38,3% | 61,7% |

Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q3a. Were you served in English by the person you spoke to at Info Santé or Info Social?

Active Offer of Service in English

| Active Offer of Service in English Info Santé or Info Social | | | |
|---|-----------|---------|-------------------|
| Location | 1 offered | 2 asked | 3 cannot remember |
| Baie Comeau (n=2) | 50,0% | 50,0% | 0,0% |
| Bas St-Laurent (n=6) | 16,7% | 50,0% | 33,3% |
| Rouyn-Noranda (n=3) | 66,7% | 33,3% | 0,0% |
| Sept-Îles (n=7) | 57,1% | 28,6% | 14,3% |
| South Durham (n=3) | 0,0% | 100,0% | 0,0% |
| St-Paul's River (n=3) | 66,7% | 33,3% | 0,0% |
| Thetford Mines (n=2) | 50,0% | 50,0% | 0,0% |
| Trois-Rivières (n=6) | 50,0% | 50,0% | 0,0% |
| Total général (n=32) | 43,8% | 46,9% | 9,4% |

Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q3b. Were you served directly in English or did you or the person you helped have to ask for service in English when you spoke to the person at Info Santé or Info Social?

Importance of Service in English

| Importance of Service in English Info Santé or Info Social | | |
|--|--|------------------------------------|
| Location | 1 was very important to receive the service in English | 2 service in French was acceptable |
| Bagotville (n=1) | 0,0% | 100,0% |
| Baie Comeau (n=7) | 57,1% | 42,9% |
| Bas St-Laurent (n=11) | 63,6% | 36,4% |
| Magdalen Islands (n=1) | 100,0% | 0,0% |
| Rouyn-Noranda (n=5) | 60,0% | 40,0% |
| Sept-Îles (n=13) | 84,6% | 15,4% |
| South Durham (n=5) | 80,0% | 20,0% |
| St-Paul's River (n=3) | 66,7% | 33,3% |
| Thetford Mines (n=5) | 60,0% | 40,0% |
| Trois-Rivières (n=5) | 80,0% | 20,0% |
| Total général (n=56) | 69,6% | 30,4% |
| <p><i>Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.</i></p> <p><i>q3c. Considering the situation, do you feel that it was VERY IMPORTANT to receive the service in English or was it acceptable to receive the service in French?</i></p> | | |

Hospital Emergency Room or Out-patient Clinic 1

Used Services

| Location | Used Services | | | |
|------------------------|-------------------|---------------------------|---|-------|
| | 1 yes, for myself | 2 yes, for another person | 3 yes, for both myself and another person | 4 no |
| Bagotville (n=7) | 28,6% | 14,3% | 0,0% | 57,1% |
| Baie Comeau (n=10) | 20,0% | 10,0% | 0,0% | 70,0% |
| Bas St-Laurent (n=21) | 42,9% | 14,3% | 14,3% | 28,6% |
| Magdalen Islands (n=5) | 40,0% | 20,0% | 40,0% | 0,0% |
| Rouyn-Noranda (n=16) | 37,5% | 25,0% | 12,5% | 25,0% |
| Sept-Îles (n=22) | 22,7% | 27,3% | 4,5% | 45,5% |
| South Durham (n=12) | 16,7% | 16,7% | 16,7% | 50,0% |
| St-Paul's River (n=13) | 7,7% | 23,1% | 46,2% | 23,1% |
| Thetford Mines (n=8) | 37,5% | 50,0% | 12,5% | 0,0% |
| Trois-Rivières (n=12) | 25,0% | 16,7% | 8,3% | 50,0% |
| Total (n=126) | 27,8% | 21,4% | 14,3% | 36,5% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
Q4. Within the last twelve months, in your region, have you used either for yourself or to help another person the services of a hospital emergency room or out-patient clinic?*



Served in English

| Served in English Hospital Emergency Room or Out-patient Clinic | | |
|---|-------|-------|
| Location | 1 yes | 2 no |
| Bagotville (n=3) | 66,7% | 33,3% |
| Baie Comeau (n=7) | 14,3% | 85,7% |
| Bas St-Laurent (n=16) | 31,3% | 68,8% |
| Magdalen Islands (n=5) | 80,0% | 20,0% |
| Rouyn-Noranda (n=12) | 33,3% | 66,7% |
| Sept-Îles (n=19) | 63,2% | 36,8% |
| South Durham (n=6) | 33,3% | 66,7% |
| St-Paul's River (n=10) | 80,0% | 20,0% |
| Thetford Mines (n=8) | 37,5% | 62,5% |
| Trois-Rivières (n=5) | 20,0% | 80,0% |
| Total général (n=91) | 46,2% | 53,8% |
| <i>Source: 2019 Community Health and Social Survey, CHSSN Focus Groups. q4a. Were you served in English at the hospital emergency room or out-patient clinic?</i> | | |

Active Offer of Service in English

| Active Offer of Service in English Hospital Emergency Room or Out-patient Clinic | | | |
|---|-----------|---------|-------------------|
| Location | 1 offered | 2 asked | 3 cannot remember |
| Bagotville (n=2) | 50,0% | 50,0% | 0,0% |
| Baie Comeau (n=4) | 0,0% | 75,0% | 25,0% |
| Bas St-Laurent (n=11) | 27,3% | 54,5% | 18,2% |
| Magdalen Islands (n=5) | 40,0% | 40,0% | 20,0% |
| Rouyn-Noranda (n=6) | 50,0% | 50,0% | 0,0% |
| Sept-Îles (n=14) | 42,9% | 42,9% | 14,3% |
| South Durham (n=5) | 0,0% | 80,0% | 20,0% |
| St-Paul's River (n=10) | 50,0% | 50,0% | 0,0% |
| Thetford Mines (n=6) | 50,0% | 50,0% | 0,0% |
| Trois-Rivières (n=4) | 50,0% | 50,0% | 0,0% |
| Total général (n=67) | 37,3% | 52,2% | 10,4% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q4b. Were you served directly in English or did you or the person you helped have to ask for service in English at the hospital emergency room or out-patient clinic?*

Importance of Service in English

| Importance of Service in English Hospital Emergency Room or Out-patient Clinic | | |
|--|--|---------------------------------------|
| Location | 1 was very important to receive the service in English | 2 service in French was acceptable |
| Bagotville (n=3) | 33,3% | 66,7% |
| Baie Comeau (n=7) | 57,1% | 42,9% |
| Bas St-Laurent (n=18) | 66,7% | 33,3% |
| Magdalen Islands (n=5) | 100,0% | 0,0% |
| Rouyn-Noranda (n=12) | 83,3% | 16,7% |
| Sept-Îles (n=18) | 88,9% | 11,1% |
| South Durham (n=6) | 83,3% | 16,7% |
| St-Paul's River (n=12) | 91,7% | 8,3% |
| Thetford Mines (n=8) | 87,5% | 12,5% |
| Trois-Rivières (n=7) | 57,1% | 42,9% |
| Total général (n=96) | 78,1% | 21,9% |
| <p><i>Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.</i></p> <p><i>q4c. Considering the situation, do you feel that it was VERY IMPORTANT to receive the service in English or was it acceptable to receive the service in French?</i></p> | | |

Hospital Emergency Room or Out-patient Clinic 2

Use of English by Admission Personnel

| Use of English by Admission Personnel Hospital Emergency Room or Out-patient Clinic | | |
|---|-------|--------|
| Location | 1 yes | 2 no |
| Bagotville (n=4) | 0,0% | 100,0% |
| Baie Comeau (n=8) | 12,5% | 87,5% |
| Bas St-Laurent (n=17) | 17,6% | 82,4% |
| Magdalen Islands (n=5) | 60,0% | 40,0% |
| Rouyn-Noranda (n=15) | 26,7% | 73,3% |
| Sept-Îles (n=22) | 59,1% | 40,9% |
| South Durham (n=8) | 37,5% | 62,5% |
| St-Paul's River (n=9) | 55,6% | 44,4% |
| Thetford Mines (n=8) | 0,0% | 100,0% |
| Trois-Rivières (n=7) | 0,0% | 100,0% |
| Total (n=103) | 31,1% | 68,9% |
| <p><i>Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.</i> <i>Q5. During your experience at the ER or out-patient clinic, did admission personnel speak to you in English?</i></p> | | |

Documentation in English

| Documentation in English Hospital Emergency Room or Out-patient Clinic | | |
|---|-------|--------|
| Location | 1 yes | 2 no |
| Bagotville (n=4) | 0,0% | 100,0% |
| Baie Comeau (n=8) | 12,5% | 87,5% |
| Bas St-Laurent (n=14) | 7,1% | 92,9% |
| Magdalen Islands (n=4) | 75,0% | 25,0% |
| Rouyn-Noranda (n=9) | 11,1% | 88,9% |
| Sept-Îles (n=19) | 47,4% | 52,6% |
| South Durham (n=7) | 0,0% | 100,0% |
| St-Paul's River (n=8) | 50,0% | 50,0% |
| Thetford Mines (n=8) | 25,0% | 75,0% |
| Trois-Rivières (n=7) | 0,0% | 100,0% |
| Total général (n=88) | 23,9% | 76,1% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q5a. During your experience at the ER or out-patient clinic, were any forms you were required to fill out, or other information forms given to you, provided in English?*

Ability to Navigate Easily

| Ability to Navigate Easily Hospital Emergency Room or Out-patient Clinic | | |
|--|--------|-------|
| Location | 1 yes | 2 no |
| Bagotville (n=5) | 100,0% | 0,0% |
| Baie Comeau (n=7) | 100,0% | 0,0% |
| Bas St-Laurent (n=16) | 68,8% | 31,3% |
| Magdalen Islands (n=4) | 100,0% | 0,0% |
| Rouyn-Noranda (n=14) | 85,7% | 14,3% |
| Sept-Îles (n=20) | 65,0% | 35,0% |
| South Durham (n=8) | 62,5% | 37,5% |
| St-Paul's River (n=9) | 77,8% | 22,2% |
| Thetford Mines (n=8) | 100,0% | 0,0% |
| Trois-Rivières (n=8) | 50,0% | 50,0% |
| Total général (n=99) | 76,8% | 23,2% |
| <i>Source: 2019 Community Health and Social Survey, CHSSN Focus Groups. q5b. During your experience at the ER or out-patient clinic, were you able to navigate around the ER or out-patient clinic easily?</i> | | |

Use of English by Doctor or Health Professional

| Use of English by Doctor or Health Professional Hospital Emergency Room or Out-patient Clinic | | |
|--|--------|-------|
| Location | 1 yes | 2 no |
| Bagotville (n=4) | 25,0% | 75,0% |
| Baie Comeau (n=8) | 62,5% | 37,5% |
| Bas St-Laurent (n=16) | 50,0% | 50,0% |
| Magdalen Islands (n=5) | 100,0% | 0,0% |
| Rouyn-Noranda (n=14) | 64,3% | 35,7% |
| Sept-Îles (n=20) | 90,0% | 10,0% |
| South Durham (n=9) | 66,7% | 33,3% |
| St-Paul's River (n=9) | 88,9% | 11,1% |
| Thetford Mines (n=8) | 62,5% | 37,5% |
| Trois-Rivières (n=6) | 50,0% | 50,0% |
| Total général (n=99) | 68,7% | 31,3% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q5d. During your experience at the ER or out-patient clinic, did your doctor or health professional speak to you in English?*

Important that Doctor or Health Professional used English

| Important that Doctor or Health Professional used English Hospital Emergency Room or Out-patient Clinic | | |
|--|--------|-------|
| Location | 1 yes | 2 no |
| Bagotville (n=2) | 100,0% | 0,0% |
| Baie Comeau (n=9) | 55,6% | 44,4% |
| Bas St-Laurent (n=16) | 81,3% | 18,8% |
| Magdalen Islands (n=5) | 100,0% | 0,0% |
| Rouyn-Noranda (n=12) | 83,3% | 16,7% |
| Sept-Îles (n=21) | 95,2% | 4,8% |
| South Durham (n=10) | 70,0% | 30,0% |
| St-Paul's River (n=9) | 100,0% | 0,0% |
| Thetford Mines (n=8) | 87,5% | 12,5% |
| Trois-Rivières (n=7) | 71,4% | 28,6% |
| Total général (n=99) | 83,8% | 16,2% |
| <i>Source: 2019 Community Health and Social Survey, CHSSN Focus Groups. q5e. Was having a health professional speak to you in English during your consultation at the ER or out-patient clinic important for your understanding?</i> | | |

Hospital Overnight Stay

Used Service

| Used Service Hospital Overnight Stay | | | | |
|---|-------------------|---------------------------|---|--------|
| Location | 1 yes, for myself | 2 yes, for another person | 3 yes, for both myself and another person | 4 no |
| Bagotville (n=7) | 0,0% | 0,0% | 0,0% | 100,0% |
| Baie Comeau (n=9) | 0,0% | 11,1% | 0,0% | 88,9% |
| Bas St-Laurent (n=19) | 15,8% | 21,1% | 0,0% | 63,2% |
| Magdalen Islands (n=6) | 33,3% | 33,3% | 0,0% | 33,3% |
| Rouyn-Noranda (n=16) | 6,3% | 25,0% | 0,0% | 68,8% |
| Sept-Îles (n=21) | 23,8% | 28,6% | 9,5% | 38,1% |
| South Durham (n=12) | 8,3% | 16,7% | 8,3% | 66,7% |
| St-Paul's River (n=11) | 0,0% | 36,4% | 9,1% | 54,5% |
| Thetford Mines (n=8) | 0,0% | 12,5% | 0,0% | 87,5% |
| Trois-Rivières (n=12) | 25,0% | 16,7% | 0,0% | 58,3% |
| Total général (n=121) | 12,4% | 21,5% | 3,3% | 62,8% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
Q6. Within the last twelve months, in your region, have you used either for yourself or to help another person a hospital service requiring at least one overnight stay?*



Served in English

| Served in English Hospital Overnight Stay | | |
|---|--------|--------|
| Location | 1 yes | 2 no |
| Baie Comeau (n=2) | 0,0% | 100,0% |
| Bas St-Laurent (n=8) | 25,0% | 75,0% |
| Magdalen Islands (n=3) | 100,0% | 0,0% |
| Rouyn-Noranda (n=5) | 40,0% | 60,0% |
| Sept-Îles (n=16) | 75,0% | 25,0% |
| South Durham (n=5) | 60,0% | 40,0% |
| St-Paul's River (n=5) | 60,0% | 40,0% |
| Thetford Mines (n=1) | 0,0% | 100,0% |
| Trois-Rivières (n=5) | 20,0% | 80,0% |
| Total général (n=50) | 52,0% | 48,0% |
| | | |
| <i>Source: 2019 Community Health and Social Survey, CHSSN Focus Groups. q6b. Were you served in English at the hospital when you stayed overnight for at least one night?</i> | | |

Active Offer of Service in English

| Active Offer of Service in English Hospital Overnight Stay | | | |
|--|-----------|---------|-------------------|
| Location | 1 offered | 2 asked | 3 cannot remember |
| Bas St-Laurent (n=7) | 28,6% | 71,4% | 0,0% |
| Magdalen Islands (n=4) | 50,0% | 50,0% | 0,0% |
| Rouyn-Noranda (n=3) | 66,7% | 33,3% | 0,0% |
| Sept-Îles (n=16) | 50,0% | 18,8% | 31,3% |
| South Durham (n=4) | 25,0% | 75,0% | 0,0% |
| St-Paul's River (n=5) | 60,0% | 40,0% | 0,0% |
| Trois-Rivières (n=3) | 0,0% | 66,7% | 33,3% |
| Total général (n=42) | 42,9% | 42,9% | 14,3% |
| <p>Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.</p> <p>Q6c. Were you served directly in English or did you or the person you helped have to ask for service in English at the hospital when you stayed overnight for at least one night?</p> | | | |

Importance of Service in English

| Importance of Service in English Hospital Overnight Stay | | | |
|--|--|------------------------------------|--------|
| Location | 1 was very important to receive the service in English | 2 service in French was acceptable | Total |
| Baie Comeau (n=4) | 50,0% | 50,0% | 100,0% |
| Bas St-Laurent (n=12) | 58,3% | 41,7% | 100,0% |
| Magdalen Islands (n=4) | 100,0% | 0,0% | 100,0% |
| Rouyn-Noranda (n=6) | 83,3% | 16,7% | 100,0% |
| Sept-Îles (n=18) | 94,4% | 5,6% | 100,0% |
| South Durham (n=4) | 100,0% | 0,0% | 100,0% |
| St-Paul's River (n=7) | 85,7% | 14,3% | 100,0% |
| Thetford Mines (n=2) | 50,0% | 50,0% | 100,0% |
| Trois-Rivières (n=5) | 60,0% | 40,0% | 100,0% |
| Total général (n=62) | 79,0% | 21,0% | 100,0% |
| <p>Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.</p> <p>Q6d. Considering the situation, do you feel that it was VERY IMPORTANT to receive the service in English or was it acceptable to receive the service in French?</p> | | | |

Use of English by Hospital Admission Staff

| Use of English by Hospital Admission Staff Hospital Overnight Stay | | |
|--|-------|--------|
| Location | 1 yes | 2 no |
| Bagotville (n=1) | 0,0% | 100,0% |
| Baie Comeau (n=4) | 0,0% | 100,0% |
| Bas St-Laurent (n=6) | 0,0% | 100,0% |
| Magdalen Islands (n=4) | 50,0% | 50,0% |
| Rouyn-Noranda (n=5) | 40,0% | 60,0% |
| Sept-Îles (n=19) | 57,9% | 42,1% |
| South Durham (n=7) | 28,6% | 71,4% |
| St-Paul's River (n=8) | 62,5% | 37,5% |
| Thetford Mines (n=1) | 0,0% | 100,0% |
| Trois-Rivières (n=5) | 0,0% | 100,0% |
| Total général (n=60) | 36,7% | 63,3% |
| <i>Source: 2019 Community Health and Social Survey, CHSSN Focus Groups. Q7. During your stay at the hospital, did admission personnel speak to you in English?</i> | | |

Admission Forms in English

| Admission Forms in English Hospital Overnight Stay | | |
|---|-------|--------|
| Location | 1 yes | 2 no |
| Bagotville (n=2) | 0,0% | 100,0% |
| Baie Comeau (n=5) | 0,0% | 100,0% |
| Bas St-Laurent (n=8) | 37,5% | 62,5% |
| Magdalen Islands (n=4) | 50,0% | 50,0% |
| Rouyn-Noranda (n=5) | 20,0% | 80,0% |
| Sept-Îles (n=15) | 33,3% | 66,7% |
| South Durham (n=7) | 0,0% | 100,0% |
| St-Paul's River (n=8) | 50,0% | 50,0% |
| Trois-Rivières (n=5) | 0,0% | 100,0% |
| Total général (n=59) | 25,4% | 74,6% |
| <i>Source: 2019 Community Health and Social Survey, CHSSN Focus Groups. q7a. During your stay at the hospital, were your admission forms provided in English?</i> | | |

Ability to Navigate Easily

| Ability to Navigate Easily Hospital Overnight Stay | | |
|---|--------|-------|
| Location | 1 yes | 2 no |
| Bagotville (n=2) | 100,0% | 0,0% |
| Baie Comeau (n=4) | 75,0% | 25,0% |
| Bas St-Laurent (n=8) | 87,5% | 12,5% |
| Magdalen Islands (n=4) | 75,0% | 25,0% |
| Rouyn-Noranda (n=5) | 80,0% | 20,0% |
| Sept-Îles (n=18) | 77,8% | 22,2% |
| South Durham (n=8) | 75,0% | 25,0% |
| St-Paul's River (n=9) | 66,7% | 33,3% |
| Trois-Rivières (n=5) | 80,0% | 20,0% |
| Total général (n=63) | 77,8% | 22,2% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q7b. During your stay at the hospital, were you able to navigate around the hospital easily?*

Consent Forms in English

| Consent Forms in English Hospital Overnight Stay | | |
|---|-------|--------|
| Location | 1 yes | 2 no |
| Bagotville (n=3) | 0,0% | 100,0% |
| Baie Comeau (n=5) | 0,0% | 100,0% |
| Bas St-Laurent (n=7) | 28,6% | 71,4% |
| Magdalen Islands (n=4) | 50,0% | 50,0% |
| Rouyn-Noranda (n=5) | 0,0% | 100,0% |
| Sept-Îles (n=17) | 41,2% | 58,8% |
| South Durham (n=8) | 0,0% | 100,0% |
| St-Paul's River (n=8) | 50,0% | 50,0% |
| Trois-Rivières (n=5) | 0,0% | 100,0% |
| Total général (n=62) | 24,2% | 75,8% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q7d. During your stay at the hospital, did you receive consent forms in English?*

Documentation in English (Other than Consent Forms)

| Documentation in English (Other than Consent Forms) Hospital Overnight Stay | | |
|--|-------|--------|
| Location | 1 yes | 2 no |
| Bagotville (n=3) | 0,0% | 100,0% |
| Baie Comeau (n=5) | 0,0% | 100,0% |
| Bas St-Laurent (n=8) | 12,5% | 87,5% |
| Magdalen Islands (n=4) | 25,0% | 75,0% |
| Rouyn-Noranda (n=5) | 40,0% | 60,0% |
| Sept-Îles (n=15) | 33,3% | 66,7% |
| South Durham (n=8) | 12,5% | 87,5% |
| St-Paul's River (n=7) | 57,1% | 42,9% |
| Trois-Rivières (n=6) | 0,0% | 100,0% |
| Total général (n=61) | 23,0% | 77,0% |

Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q7e. Other than consent forms, was any other written information provided to you in English?

Use of English by Nursing Staff

| Use of English by Nursing Staff Hospital Overnight Stay | | |
|---|-------|--------|
| Location | 1 yes | 2 no |
| Bagotville (n=3) | 0,0% | 100,0% |
| Baie Comeau (n=5) | 0,0% | 100,0% |
| Bas St-Laurent (n=8) | 12,5% | 87,5% |
| Magdalen Islands (n=4) | 75,0% | 25,0% |
| Rouyn-Noranda (n=6) | 33,3% | 66,7% |
| Sept-Îles (n=16) | 81,3% | 18,8% |
| South Durham (n=8) | 25,0% | 75,0% |
| St-Paul's River (n=8) | 50,0% | 50,0% |
| Trois-Rivières (n=5) | 20,0% | 80,0% |
| Total général (n=63) | 41,3% | 58,7% |
| <i>Source: 2019 Community Health and Social Survey, CHSSN Focus Groups. q7f. During your stay at the hospital, did the nursing staff providing care to you speak to you in English?</i> | | |

Use of English by Doctors

| Use of English by Doctors Hospital Overnight Stay | | |
|--|--------|-------|
| Location | 1 yes | 2 no |
| Bagotville (n=3) | 33,3% | 66,7% |
| Baie Comeau (n=5) | 20,0% | 80,0% |
| Bas St-Laurent (n=8) | 37,5% | 62,5% |
| Magdalen Islands (n=4) | 100,0% | 0,0% |
| Rouyn-Noranda (n=6) | 66,7% | 33,3% |
| Sept-Îles (n=18) | 94,4% | 5,6% |
| South Durham (n=9) | 55,6% | 44,4% |
| St-Paul's River (n=8) | 87,5% | 12,5% |
| Trois-Rivières (n=6) | 16,7% | 83,3% |
| Total général (n=67) | 64,2% | 35,8% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q7g. During your stay at the hospital, did doctors speak to you in English?*

Use of English by Medical Technicians

| Use of English by Medical Technicians Hospital Overnight Stay | | |
|--|-------|--------|
| Location | 1 yes | 2 no |
| Bagotville (n=3) | 33,3% | 66,7% |
| Baie Comeau (n=4) | 0,0% | 100,0% |
| Bas St-Laurent (n=7) | 14,3% | 85,7% |
| Magdalen Islands (n=4) | 75,0% | 25,0% |
| Rouyn-Noranda (n=5) | 80,0% | 20,0% |
| Sept-Îles (n=18) | 77,8% | 22,2% |
| South Durham (n=7) | 28,6% | 71,4% |
| St-Paul's River (n=8) | 62,5% | 37,5% |
| Trois-Rivières (n=6) | 16,7% | 83,3% |
| Total général (n=62) | 50,0% | 50,0% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q7h. During your stay at the hospital, did your medical technicians speak to you in English?*

Pre-intervention or Post-Intervention Instructions in English

| Pre-intervention or Post-Intervention Instructions in English Hospital Overnight Stay | | |
|--|-------|--------|
| Location | 1 yes | 2 no |
| Bagotville (n=3) | 0,0% | 100,0% |
| Baie Comeau (n=5) | 0,0% | 100,0% |
| Bas St-Laurent (n=8) | 37,5% | 62,5% |
| Magdalen Islands (n=4) | 50,0% | 50,0% |
| Rouyn-Noranda (n=5) | 0,0% | 100,0% |
| Sept-Îles (n=14) | 78,6% | 21,4% |
| South Durham (n=6) | 16,7% | 83,3% |
| St-Paul's River (n=6) | 66,7% | 33,3% |
| Trois-Rivières (n=5) | 0,0% | 100,0% |
| Total général (n=56) | 37,5% | 62,5% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q7i. During your stay at the hospital, did you receive written Pre-intervention or Post-intervention instructions in English?*

Offer of Translation Services

| Offer of Translation Services Hospital Overnight Stay | | |
|--|-------|--------|
| Location | 1 yes | 2 no |
| Bagotville (n=2) | 0,0% | 100,0% |
| Baie Comeau (n=4) | 0,0% | 100,0% |
| Bas St-Laurent (n=9) | 44,4% | 55,6% |
| Magdalen Islands (n=4) | 50,0% | 50,0% |
| Rouyn-Noranda (n=4) | 0,0% | 100,0% |
| Sept-Îles (n=17) | 17,6% | 82,4% |
| South Durham (n=6) | 16,7% | 83,3% |
| St-Paul's River (n=7) | 0,0% | 100,0% |
| Trois-Rivières (n=5) | 0,0% | 100,0% |
| Total général (n=58) | 17,2% | 82,8% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q7j. During your stay at the hospital, were translation services ever offered?*

Discharge Instructions in English

| Discharge Instructions in English Hospital Overnight Stay | | |
|--|--------|--------|
| Location | 1 yes | 2 no |
| Bagotville (n=2) | 50,0% | 50,0% |
| Baie Comeau (n=4) | 0,0% | 100,0% |
| Bas St-Laurent (n=8) | 37,5% | 62,5% |
| Magdalen Islands (n=3) | 100,0% | 0,0% |
| Rouyn-Noranda (n=5) | 20,0% | 80,0% |
| Sept-Îles (n=15) | 66,7% | 33,3% |
| South Durham (n=7) | 28,6% | 71,4% |
| St-Paul's River (n=6) | 50,0% | 50,0% |
| Trois-Rivières (n=5) | 0,0% | 100,0% |
| Total général (n=55) | 41,8% | 58,2% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q7k. When you were discharged from the hospital, did you receive instructions in English?*

Mental Health Services

Used Services

| Used Services Mental Health Services | | |
|---|-------|--------|
| Location | 1 yes | 2 no |
| Bagotville (n=7) | 57,1% | 42,9% |
| Baie Comeau (n=10) | 0,0% | 100,0% |
| Bas St-Laurent (n=20) | 30,0% | 70,0% |
| Magdalen Islands (n=5) | 20,0% | 80,0% |
| Rouyn-Noranda (n=14) | 35,7% | 64,3% |
| Sept-Îles (n=18) | 11,1% | 88,9% |
| South Durham (n=10) | 10,0% | 90,0% |
| St-Paul's River (n=10) | 40,0% | 60,0% |
| Thetford Mines (n=8) | 37,5% | 62,5% |
| Trois-Rivières (n=12) | 41,7% | 58,3% |
| Total général (n=114) | 27,2% | 72,8% |

*Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
Q8. Within the last twelve months, in your region, have you used either for yourself or to help another person the services of a health or social services professional concerning a mental health problem?*



Service Provider

| Service Provider Mental Health Services | | | | | | |
|--|-------------------|-------------------|---------------------------------------|--------------------|---------|---------|
| Location | 1 psychologist | 2 psychiatrist | 3 general practitioner (doctor) | 4 social worker | 5 nurse | 6 other |
| Bagotville (n=4) | 25,0% | 0,0% | 0,0% | 50,0% | 25,0% | 0,0% |
| Baie Comeau (n=2) | 0,0% | 0,0% | 50,0% | 0,0% | 0,0% | 50,0% |
| Bas St-Laurent (n=6) | 0,0% | 16,7% | 16,7% | 50,0% | 16,7% | 0,0% |
| Magdalen Islands (n=1) | 100,0% | 0,0% | 0,0% | 0,0% | 0,0% | 0,0% |
| Rouyn-Noranda (n=6) | 0,0% | 0,0% | 16,7% | 66,7% | 0,0% | 16,7% |
| Sept-Îles (n=5) | 0,0% | 20,0% | 40,0% | 0,0% | 0,0% | 40,0% |
| South Durham (n=2) | 0,0% | 0,0% | 100,0% | 0,0% | 0,0% | 0,0% |
| St-Paul's River (n=5) | 20,0% | 0,0% | 20,0% | 60,0% | 0,0% | 0,0% |
| Thetford Mines (n=3) | 33,3% | 0,0% | 33,3% | 0,0% | 33,3% | 0,0% |
| Trois-Rivières (n=5) | 40,0% | 20,0% | 0,0% | 40,0% | 0,0% | 0,0% |
| Total général (n=39) | 15,4% | 7,7% | 23,1% | 35,9% | 7,7% | 10,3% |

Source: 2019 Community Health and Social Survey, CHSSN Focus Groups.
q8a. If "Yes", what type of health professional did you consult (select only one) for yourself or to help another person?

CHSSN Focus Group Script

Welcome: *Thank you for coming...*

Introduction: *The CHSSN has conducted a province-wide survey on health and social services....*

Questionnaire

1. Responses in writing to selected 2019 survey questions on use of health and social services, language of service and offer of service.

| Cascade of Questions Regarding Access in English to Health and Social Services in Various Situations | |
|--|--|
| Situation | Questions |
| Services of Doctor in Private office or clinic | <p>Q1. Within the last twelve months, in your region, have you used either for yourself or to help another person a) the services of a doctor in a private office or clinic?</p> <p>q1a. Were you served in English by the doctor you saw at a private office or clinic?</p> <p>q1b. Were you served directly in English or did you or the person you helped have to ask for service in English when you saw the doctor in a private office or clinic?</p> <p>q1c. Considering the situation, do you feel it was VERY IMPORTANT to receive the service in English or would it have been acceptable to receive the service in French?</p> |

| | |
|--|--|
| Services of a CLSC (other than Info Santé or Info Health line) | <p>Q2. Within the last twelve months, in your region, have you used either for yourself or to help another person the services of a CLSC, other than Info Santé or Info Health line?</p> <p>q2a. Were you served in English when you used the services of a CLSC (other than Info Santé or Info Health line)?</p> <p>q2b. Were you served directly in English or did you or the person you helped have to ask for service in English when you used the services of a CLSC (other than Info Santé or Info Health line)?</p> <p>q2c. Considering the situation, do you feel it was VERY IMPORTANT to receive the service in English or would it have been acceptable to receive the service in French?</p> <p>q2d. During your experience at the CLSC, did the receptionist speak to you in English?</p> <p>q2e. During your experience at the CLSC, were information forms, or forms requiring you to provide information on your health status, in English?</p> <p>q2f. During your experience at the CLSC, did the health or social services professional you consulted speak to you in English during your appointment?</p> <p>q2g. During your experience at the CLSC, was having your health and social services professional speak to you in English during your appointment important?</p> |
| Services of Info Santé or Info Health line | <p>Q3. Within the last twelve months, in your region, have you used either for yourself or to help another person the services of Info Santé or Info Social?</p> <p>q3a. Were you served in English by the person you spoke to at Info Santé or Info Social?</p> <p>q3b. Were you served directly in English or did you or the person you helped have to ask for service in English when you spoke to the person at Info Santé or Info Social?</p> <p>q3c. Considering the situation, do you feel that it was VERY IMPORTANT to receive the service in English or was it acceptable to receive the service in French?</p> |

| | |
|--|---|
| Services of an hospital emergency room or out-patient clinic | <p>Q4. Within the last twelve months, in your region, have you used either for yourself or to help another person the services of an hospital emergency room or outpatient clinic?</p> <p>q4a. Were you served in English at the hospital emergency room or outpatient clinic?</p> <p>q4b. Were you served directly in English or did you or the person you helped have to ask for service in English at the hospital emergency room or outpatient clinic?</p> <p>q4c. Considering the situation, do you feel that it was VERY IMPORTANT to receive the service in English or was it acceptable to receive the service in French?</p> |
| Services of an hospital emergency room or out-patient clinic | <p>Q5. During your experience at the ER or outpatient clinic, did admission personnel speak to you in English?</p> <p>q5a. During your experience at the ER or outpatient clinic, were any forms you were required to fill out, or other information forms given to you, provided in English?</p> <p>q5b. During your experience at the ER or outpatient clinic, were you able to navigate around the ER or outpatient clinic easily?</p> <p>q5c. During your experience at the ER or outpatient clinic, what would have made it easier to navigate within the ER or outpatient clinic?</p> <p>q5d. During your experience at the ER or outpatient clinic, did your doctor or health professional speak to you in English?</p> <p>q5e. Was having a health professional speak to you in English during your consultation at the ER or outpatient clinic important for your understanding?</p> |
| Hospital service requiring at least one overnight stay | <p>Q6. Within the last twelve months, in your region, have you used either for yourself or to help another person a hospital service requiring at least one overnight stay?</p> <p>q6b. Were you served in English at the hospital when you stayed overnight for at least one night?</p> <p>q6c. Were you served directly in English or did you or the person you helped have to ask for service in English at the hospital when you stayed overnight for at least one night?</p> <p>Q6d. Considering the situation, do you feel that it was VERY IMPORTANT to receive the service in English or was it acceptable to receive the service in French?</p> |

| | |
|--|---|
| Services of a health or social services professional concerning a mental health problem? | <p>Q7. During your stay at the hospital, did admission personnel speak to you in English?</p> <p>q7a. During your stay at the hospital, were your admission forms provided in English?</p> <p>q7b. During your stay at the hospital, were you able to navigate around the hospital easily?</p> <p>q7c. During your stay at the hospital, what would have made it easier to navigate within the hospital?</p> <p>q7d. During your stay at the hospital, did you receive consent forms in English?</p> <p>q7e. Other than consent forms, was any other written information provided to you in English?</p> <p>q7f. During your stay at the hospital, did the nursing staff providing care to you speak to you in English?</p> <p>q7g. During your stay at the hospital, did doctors speak to you in English?</p> <p>q7h. During your stay at the hospital, did your medical technicians speak to you in English?</p> <p>q7i. During your stay at the hospital, did you receive written Pre-intervention or Post-intervention instructions in English?</p> |
| Services of a health or social services professional concerning a mental health problem? | <p>Q8. Within the last twelve months, in your region, have you used either for yourself or to help another person the services of a health or social services professional concerning a mental health problem?</p> <p>q8a. If "Yes", what type of health professional did you consult (select only one) for yourself or to help another person?</p> |
| Source: CHSSN/CROP Community Health and Social Survey, 2019 | |

Moderated Group Discussion

1. What area of service is least satisfactory...what is most satisfactory when it comes to being able to communicate in English?
2. Do you need assistance to communicate with the health care workers when you use the health and social services of your region? If so, who assists you? How does this work? Do you assist others?
3. Where are you most likely to turn when you need information on health and social services in English? How do you get information...a network of family and friends? website? Phone?
4. Do you feel needing services in English has had an impact on your health and well-being? Example?
5. If you had the power to change the situation around health and social services in English in your region, what would like to see changed? How satisfied are you with your access to health and social services in your region? (not at all, satisfied, very satisfied)
6. Summary comments.

CHSSN Focus Group Consent Form

Focus Group Consent Form

You have been asked to participate in a focus group hosted by the Community Health and Social Services Network (CHSSN) and funded by Health Canada. The main purpose of the group is to learn about the experience of the English-speaking community in your region when it comes to accessing health and social services. The knowledge gathered through the focus group will be used to identify issues and inform action plans.

Your participation in the focus group is voluntary and you may stop at any time. Although the focus group will be tape-recorded, your responses will remain anonymous and no names will be mentioned in the report.

There are no right or wrong answers to the focus group questions. We want to hear many different viewpoints and would like to hear from everyone. We hope you can be honest even when your responses may not be in agreement with the rest of the group. In respect for each other, we ask that responses made by all participants be kept confidential.

I understand this information and agree to participate fully under the conditions.

Signed: _____ Date: _____

Would you agree to participating in a panel of English speakers who will be telephoned periodically by CHSSN to share their experience in accessing health and social services in their region? If yes, please provide your telephone number and/or email address below.

Telephone: _____ Email: _____

Thank you!

CHSSN Focus Group Participant Demographics Form

Date:

Session:

Location:

NPI host group:

Participant #:

City/town of residence

Duration of residence in region

Age:

Gender:

Preferred language: