

Community Mobilization Model



For improving the
health and well-being
of English-speaking
communities
in Quebec

Towards
a healthier future

2023 EDITION

CHSSN

The Community Mobilization Model for improving the health and well-being of English-speaking communities in Quebec is produced by the Community Health and Social Services Network (CHSSN). The original model was developed in 2012 in collaboration with the Institut national de santé publique (INSPQ). It was revised in 2019 and 2023.

The CHSSN would like to thank the organizations participating in the CHSSN-NPI network for their participation in the original design of the model.

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Model produced by :



Community Health and Social Services Network

Jeffery Hale Pavilion
1270 Ch Ste-Foy Suite 2106
Québec QC G1S 2M4
info@chssn.org
Tel: 1 (418) 684 2289
Toll-free: 1 (855) 684 2289
Fax: 1 (418) 684 2290
www.chssn.org

In collaboration with:

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Health Canada Santé Canada





Introduction

The Community Mobilization Model for improving the health and well-being of English-speaking communities in Quebec is a **collective vision for change** undertaken by the CHSSN and the 23 community health and social service networks (NPIs) across the province (see map p.10). This model is rooted in a set of core values and strategies that help guide their work to support service providers increase access to services and improve the overall well-being of vulnerable English-speaking populations.

The 5 key mobilization strategies which have proven to be effective over the past two decades and have become a hallmark of the NPIs are:

- **Networking** to build relationships with health and social service providers;
- **Representation** on decision-making tables to ensure needs of the English-speaking community are communicated;
- Development of **Knowledge** to build a solid evidence-base on the needs and priorities;
- **Partnerships** with service providers aimed at improving access and awareness of services in the English-language; and finally,
- **Outreach** activities to vulnerable English-speaking populations and supporting them in their challenges and barriers in accessing services.



Members of the NPIs coming together to share information and knowledge

Origins of the model



The origins of the model began in Quebec City at the Holland Centre, known today as the Jeffery Hale Community Partners. It took steps to understand the unmet needs of English-speaking seniors in their region and mobilized partners to address them. In 1998, they received support from the J.W. McConnell Family Foundation to test this successful approach in other regions of Quebec. Their success was documented in a publication titled *The Holland Centre Experience, a community development model for minorities*¹. **Building a knowledge base and developing partnerships** were some of the important strategies identified that could be replicated within other regions and contexts.



Left to right: Jennifer Johnson, Richard Walling and Louis Hanrahan, authors of the Holland Centre Experience.



James Carter, author of the *Community Guide to the Population Health Approach* and a founding member of the CHSSN.

In 2001, this approach led to the creation of a provincial organization called the Community Health and Social Services Network (CHSSN). It continued the efforts of the Holland Centre by supporting the mobilization efforts of English-speaking communities in other regions. CHSSN enhanced this model by incorporating additional strategies related to population health promotion. They published a document referred to as the *Community Guide to Population Health*² which introduced an approach to **addressing health determinants** most affecting English-speaking communities across the province of Quebec.

Extending the model



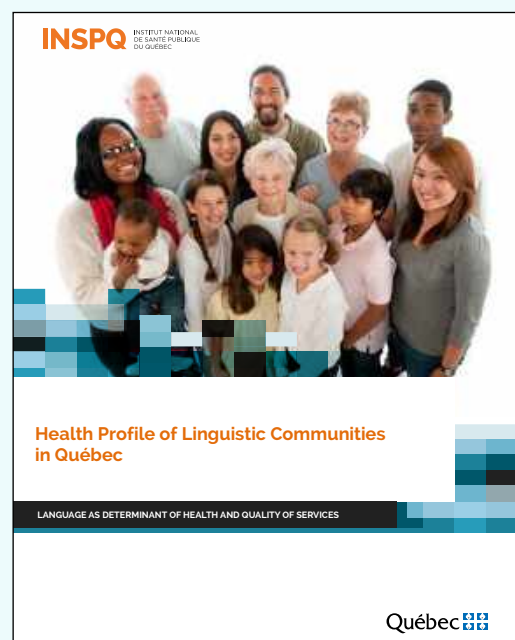
Since 2003, Health Canada has been instrumental in supporting CHSSN extend the model across the province to what is now, 23 community health and social services networks (NPIs). The Ministry of Health and Social Services (MSSS) has been an important partner along the way as they have endorsed this community mobilization approach taken by English-speaking communities.

A key success factor supporting the extension of this mobilization approach, has been the concluding of an agreement between the CHSSN and the MSSS which fully respects provincial jurisdiction in health.



Valérie Fontaine, Directrice des affaires intergouvernementales et internationales au Ministère de la Santé et des Services sociaux, Ron Creary, President of CHSSN, Jennifer Johnson, Executive Director of CHSSN and Daniel Desharnais, Sous-ministre associé à la Direction générale de la coordination réseau et ministérielle et des affaires institutionnelles.

In 2012, the Institut national de santé publique (INSPQ) collaborated with CHSSN to publish the original version of the model. This partnership continues today as the INSPQ conducts research and supports CHSSN and the public health and social services system in Quebec gain knowledge on the issues and needs specific to English-speaking populations. INSPQ research has highlighted that **language is an important determinant of health³** and is a key aspect of the community mobilization model.



Identifying socio-demographic inequalities

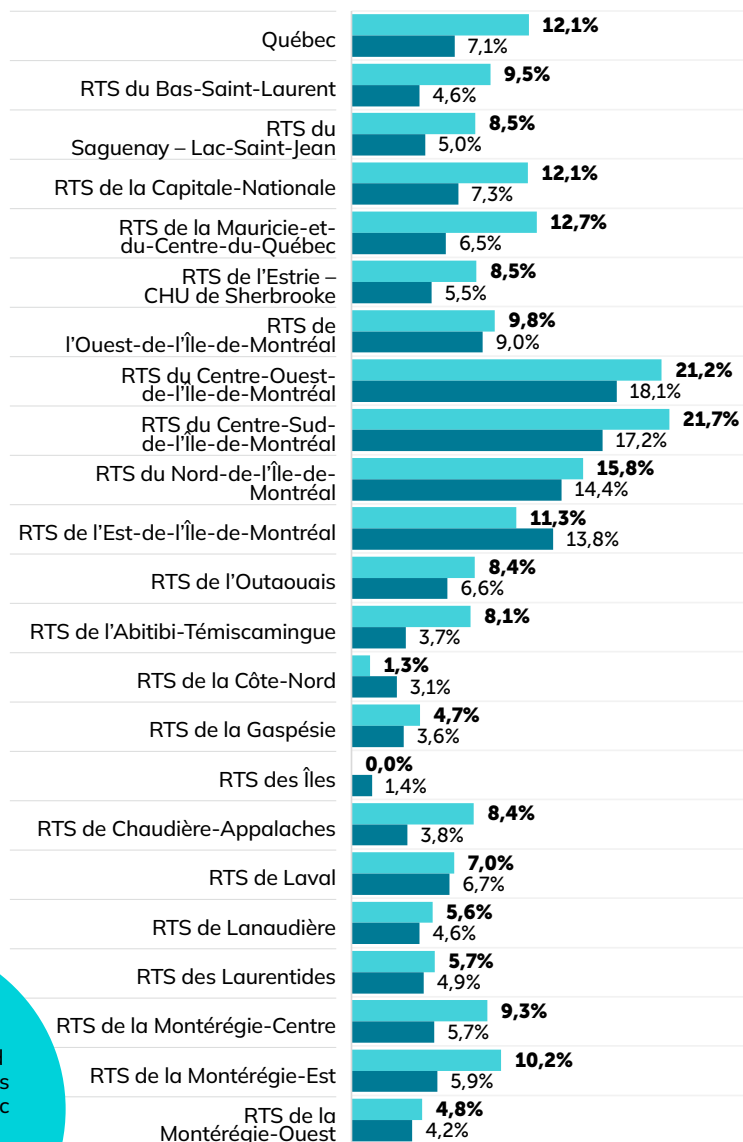


An important component of the community mobilization model is becoming experts on your community and responding to an evidence-base on the unique health and social service needs facing English-speaking communities. The diagram on the right is an example of an important socio-demographic inequality that exists (low-income) between the English-speaking and majority community. NPIs share evidence like this with their health and social services partners as a way to build their knowledge on certain realities affecting the health and well-being of their communities⁴.



Dr. Johanne Pocock is a long-standing CHSSN researcher and equips CHSSN and NPIs with socio-demographic information on English-speaking communities to share with their public partners.

Living Below the Low-Income Cut-Off Québec and its RTS Territories, 2021



ENGLISH SPEAKERS FRENCH SPEAKERS

Source: JPocock Research Consulting, 2021 Census, Statistics Canada. Population in private households - 25% sample. *LICO-BT shown. Portions of the population do not meet eligibility criteria to be included in LICO figures.

Addressing challenges in accessing health and social services

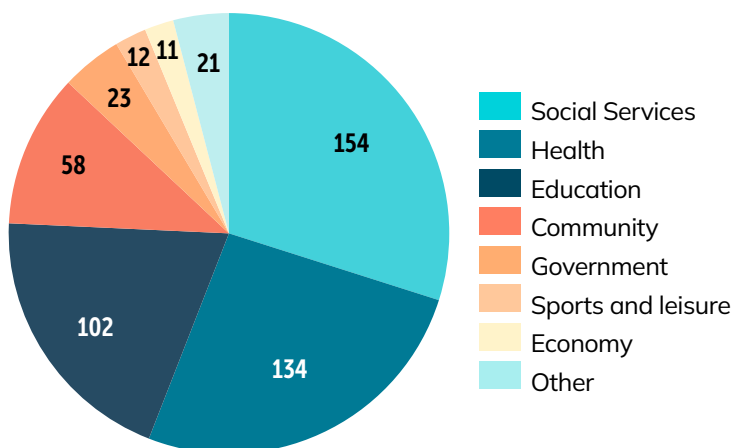


Linguistic and cultural barriers in accessing health and social services are well cited in evidence⁵ and is a key issue facing English-speakers in Quebec. The model encourages NPIs and their public and community partners to work together to remove these barriers so that English-speakers gain increased confidence to access services available to them.

RESPONDING BY DEVELOPING PARTNERSHIPS

In this model, NPIs focus on developing partnerships with community and public partners in order to address the challenges mentioned above. Developing partnerships and pilot projects help in the **innovation and adaptation of services** to better serve an English-speaking clientele⁶. The image below illustrates the number of type of partnerships achieved by NPIs back in 2014. Since then, the number of partnerships have over doubled.

CHSSN NPI Partnerships Overview, By Partner's Sector, 2014-15



Source : JPocock Research Consulting, 2016, based on data collected from the NPI Groups.

In a 2023 survey of over **4000 English-speaking Quebecers**.

33% of respondents indicate not being served in English at a CLSC.

27% of these respondents asked for services in English but were denied.

66% of respondents report having a negative experience with regards to medical procedures at a hospital.

91% of the English-speakers who had been served in their language when they dealt with a mental health professional thought that it was very important to have obtained the service in English.



CHSSN-CROP, 2023. Survey on English-language Health and Social Services Access in Québec.

Building community capacity

Communities of practice for supporting health systems change is cited in literature⁷ and is an important strategy in the community mobilization model. The CHSSN brings together the 23 NPIs to **participate in a community of practice (CoP)**. Through this approach, each region is able to share and pass along their experiences and practices to benefit one another. Below is an image that illustrates this very important approach to collective mobilization.

CHSSN Community of Practice

- We are a network of community leaders who share common concerns and passions for what we do.
- We explore together in finding creative and innovative ways to meet the needs of our English-speaking population.
- We value our peer relationships as they provide support during challenging times and are great sources of information and inspiration.
- We reflect on how things are going and seek feedback from others as a way to improve and make positive change in our communities.
- We are resourceful and share resources and best practices.
- We come together to address common issues.

Problem Solving	Can I run a few things by you? I'm stuck and need someone who can relate and listen.
Requests for Information	Does anyone know where I can get information on that funding program?
Seeking Experience	Has anyone dealt with this similar situation? What did you do?
Sharing Resources	We created a health resource directory. I can send it to you and you can easily tweak it for your region.
Coordination and Synergy	Maybe we should apply jointly to this grant opportunity and coordinate our efforts.
Discussing Developments	What does this change mean to how we work in the future?
Informal Mentoring	Sure, I don't mind helping them out a bit while they are getting started.
Training	I need to improve my skills, who might have expertise in this area?
Recognition	Wow, I am so happy for what they just accomplished. I will phone to congratulate them.
Relationships & Fun	Let's meet up for supper and have a few laughs.
Celebrating success	We need to celebrate this success with our colleagues.



NPIs participate in a training event hosted by the CHSSN.

Acting on our values



Identity

Strengthening and promoting a minority community unique characteristics is an important aspect to ensuring its future vitality. English-speaking communities have rich and diverse cultures, customs, rituals and values that contribute to the overall social fabric of Quebec society. Efforts to should be made to promote this diversity so that it is seen as an asset with benefits for all Quebecers.

Equity

Equity is an acknowledgment of differences between social, cultural and linguistic groups and that we do not all start from the same place in life. The English-speaking population does not always have the same access to programs and services and adjustments should be made to support them. They should also have an unhindered ability to fully participate in advancing the social, economic and civic conditions in Quebec.

Diversity

Diversity is the recognition that people come from a range of different social, ethnic and linguistic backgrounds including genders and sexual orientations. English-speaking communities in Quebec are very diverse and known for their openness in accepting and celebrating one's uniqueness as an important strength in Quebec society.

Inclusion

Inclusion is a process to ensure fair and equal opportunities for everyone, regardless of their background, so they can achieve their full potential in life. A sense of inclusion and belonging is fragile within certain English-speaking communities of Quebec. Efforts need to be made to support them in feeling welcome and valued.



Conclusion

Rooted in a core set of values and key action strategies, English-speaking communities in the province of Quebec are mobilized and taking positive steps in increasing access to health and social services and improving overall health and well-being. With strong engagement and support from government, regional and local health and health and social service providers, this approach/model should continue to have a significant impact in creating the necessary change and conditions as English-speaking communities build **towards a healthier future.**

It has been a pleasure to work alongside the NPIs over the past two decades and witness their progression and resilience in improving lives of English-speakers in their regions.

Jennifer Johnson
Executive Director, CHSSN.

- 1• Hanrahan, L., Johnson, J., & Walling R. (2001). *The Holland Centre Experience, A Community Development Model for Minorities.*
- 2• Carter, J. (2003). *The Community Guide to the Population Health Approach.*
- 3• Institut national de santé publique (2011). *Knowledge and Use of the English Language by Healthcare and Social Services Professionals in Québec.*
- 4• Pocock, J. (2023). *Demographic Profiles of Quebec's English-speaking Communities.*
- 5• Bowen, S. (2015). *The Impact of Language Barriers On Patient Safety and Quality of Care.*
- 6• Pocock, J. (2021). *Quebec's English-Speaking Community and the Partnership Approach of Its Networks in Health.* *Linguistic Minorities and Society*, (15-16), 264–283.
- 7• Kothari, A., Boyko, J.A., Conklin, J. et al. (2015). *Communities of practice for supporting health systems change: a missed opportunity.* *Health Res Policy Sys* 13, 33.

Community Mobilization Model for Improving Health and Well-being of English-speaking Communities in Quebec



AGENTS OF CHANGE

English-speaking Communities

DESIRED OUTCOMES

Increased Access to Services | Improved Health & Well-being

KEY STRATEGIES

Networking | Representation | Knowledge | Partnerships | Outreach

IN COLLABORATION WITH

Health &
Social Services
System

Gouvernement,
Institutions &
Municipalities

Community
Organizations

Private
Sector &
Foundations

Education
Sector

Social &
Cultural
Groups

SUPPORTING VULNERABLE POPULATIONS



PRIORITY HEALTH DETERMINANTS

Accessing Health
& Social Services

Social Supports
& Coping Skills

Healthy Behaviours

Language
& Culture

BUILDING COMMUNITY CAPACITY

VALUES

Identity

Equity

Diversity

Inclusion

Model developed by

CHSSN

COMMUNITY HEALTH &
SOCIAL SERVICES NETWORK

In collaboration with

Institut national
de santé publique

Québec



Financial contribution by



Health
Canada

Santé
Canada



COMMUNITY HEALTH & SOCIAL SERVICES NETWORK

RÉSEAU COMMUNAUTAIRE DE SANTÉ ET DE SERVICES SOCIAUX

Networking and Partnership Initiative Initiative de réseautage et de partenariat (NPI)

Quebec's English-Speaking Communities
Les communautés d'expression anglaise du Québec

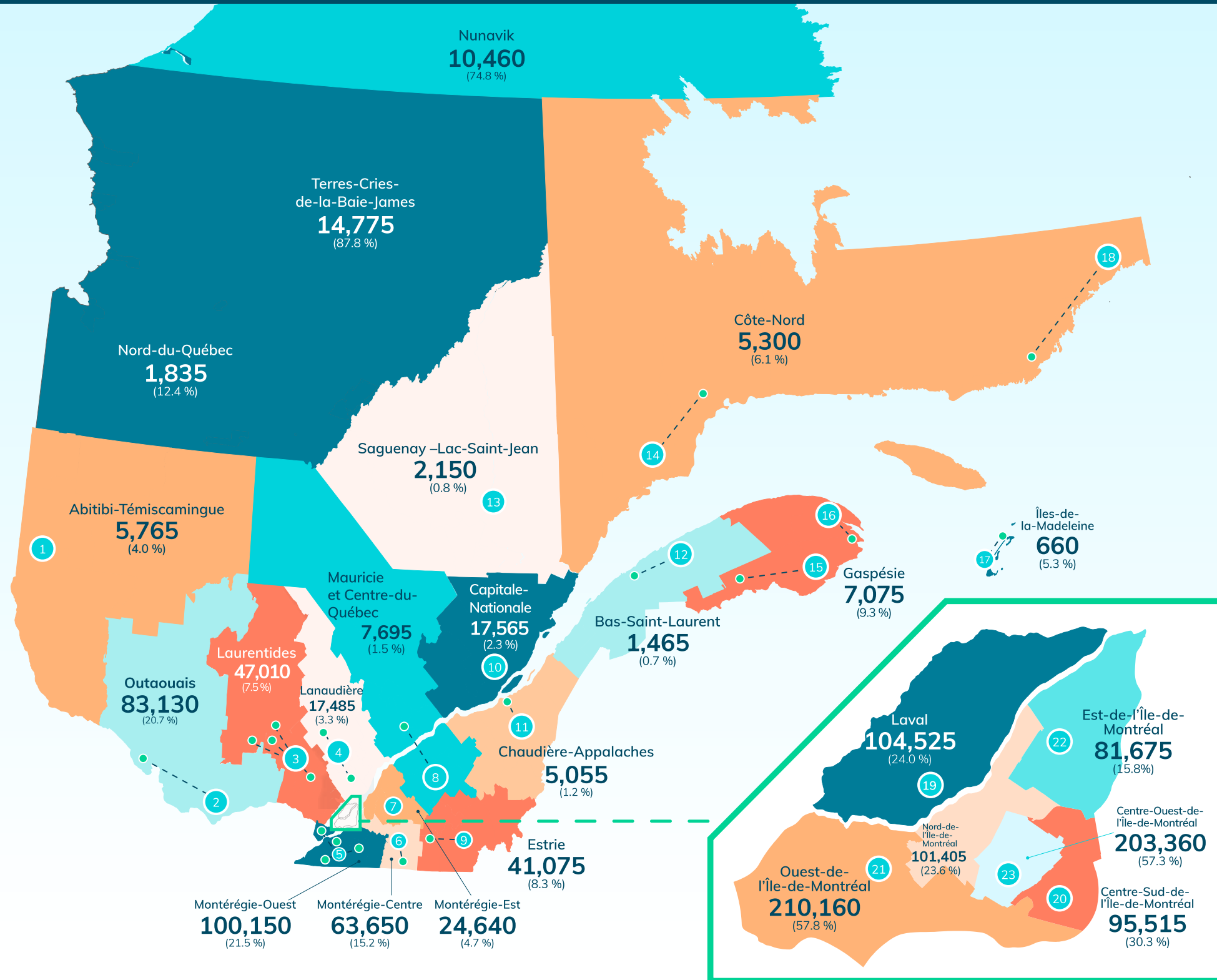
English-Speaking population in Quebec

1,253,580

14.9%
of Quebec
du Québec

Population d'expression anglaise du Québec

2021 Census of Canada
Recensement du Canada, 2021



The CHSSN NPI Network Le réseau NPI du CHSSN

● Head Office
● Satellite

- | | |
|---|---|
| 1 Abitibi-Témiscamingue
Neighbours Regional Association | 13 Saguenay-Lac-Saint-Jean
English Community Organization of Saguenay – Lac-Saint-Jean (ECO-02) |
| 2 Outaouais
Connexions Resource Centre | 14 Côte-Nord
North Shore Community Association (NSCA) |
| 3 Laurentides
4Korners | 15 Gaspésie
Committee for Anglophone Social Action (CASA) |
| 4 Lanaudière
English Community Organization of Lanaudière (ECOL) | 16 Gaspésie
Vision Gaspé-Percé Now (VGPN) |
| 5 Montérégie-Ouest
Montérégie West Community Network (MWCN) | 17 Îles-de-la-Madeleine
Council for Anglophone Magdalen Islanders (CAMI) |
| 6 Montérégie-Centre
Assistance and Referral Centre (ARC) | 18 Côte-Nord
Coasters Association |
| 7 Montérégie-Est
Monteregie East Partnership for the English-Speaking Community (MEPEC) | 19 Laval
AGAPE – The Youth & Parents AGAPE Association Inc. |
| 8 Mauricie et Centre-du-Québec
Centre for Access to Services in English (CASE) | 20 Centre-Sud-de-l'Île-de-Montréal
BGC Dawson - Anglo Family Council (AFC) |
| 9 Estrie
Townshippers' Association | 21 Ouest-de-l'Île-de-Montréal
African Canadian Development & Prevention Network (ACDPN) |
| 10 Capitale-Nationale
Jeffery Hale Community Partners (JH Partners) | 22 Est-de-l'Île-de-Montréal
East Island Network for English-Language Services (REISA) |
| 11 Chaudière-Appalaches
Megantic English-speaking Community Development Corp. (MCDC) | 23 Centre-Ouest-de-l'Île-de-Montréal
Eva Marsden Centre for Social Justice and Aging |
| 12 Bas-Saint-Laurent
Heritage Lower Saint Lawrence | |

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