

**CONTRIBUTION PROGRAM TO IMPROVE ACCESS
TO HEALTH SERVICES FOR
OFFICIAL LANGUAGE MINORITY COMMUNITIES**



**Faculty of Arts
Training and Human Resources
Development Project**

**Final Report
2004-2008**

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The views expressed herein do not necessarily reflect the official views of Health Canada or McGill University.



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Executive Summary

McGill University's 2004-2008 Training and Human Resources Development Project sought to contribute to improving English-speaking Quebecers' access in their own language to the range of health and social services offered to the general population. The 2004-2008 Project was funded through Health Canada's program to support Quebec initiatives for improving access to health care and social services for English speakers. It was sponsored by McGill University's Faculty of Arts and administered by its English and French Language Center in conjunction with its School of Social Work. The budget allocated for the 2004-2008 period was \$ 11,757,828.

The project had two objectives: to ensure effective communication between English-speakers and the health and social services workers serving them and to increase the participation of English-speaking professionals in the Quebec health and social services network. Four measures were proposed to meet these objectives.

Measure 1 was the Language Training Program for English- and French-speaking network personnel. It was designed to support French-speaking professionals wishing to become more proficient at communicating with their English-speaking clients and to improve English-speaking professionals' capacity to work within the Quebec health and social services network where French is the language of work. Measure 2 aimed to increase the number of English-speaking professionals working within the Quebec network. It had two components: (a) the Retention Program, an initiative to better equip health and social services institutions in the regions to host English-speaking interns, thereby promoting the integration and retention of those students in the regions once they have completed their internship and (b) the Distance Support Program for English-speaking professionals and communities in remote areas carried out by the Community Health and Social Services Network (CHSSN). Measure 3 was the Knowledge Mobilization Program for organizing seminars and conferences. Measure 4, which complements the Retention Program, involved projects for regional internships sponsored by English-speaking community groups.

The infrastructure required to support the four measures consisted of a management team and a series of stakeholder committees to advise and support them. The committees were: the Steering Committee, the Advisory Committee, the Evaluation Follow-up Committee and the Program Committee which was established in the third year of the Project. As well, a research team was formed to conduct basic research on the nature of linguistic barriers that must be overcome by linguistic minorities to access health services. An invaluable partnership was established with representatives of English-speaking communities in the regions of Quebec through the CHSSN, Health Canada's Consultative Committee for English-Speaking Minority Communities, and the Provincial Committee for the Delivery of Health and Social Services in English. From the outset, the management team established liaisons with the partners associated directly with the Project, health and social services agencies, health and social services institutions, training organizations, teaching institutions specializing in the training of health and social services professionals, professional orders and English-speaking community groups as well as the research world. With the collaboration of these numerous stakeholders and contributors, the Project achieved a wide measure of success.

Measure 1, the Language Training Program, was carried out in accordance with parameters set out in a collaboratively developed prospectus published in 2005. A call for language training proposals from regional health and social services agencies resulted in an overwhelming response in the initial year that continued through the remainder of Phase 1. From April 2005 to March 2008 a total of 5,349 workers from 96 different institutions and organization in 17 regions of Quebec registered for second language training. Twenty-eight different public and private language training organizations participated in the Program. The production of a series of self-study workbooks for use by French-speaking receptionists, triage nurses and psychosocial workers was undertaken with the module for receptionists being

distributed in 2007. Links to a wide range of resources for second language teachers and learners was provided on the McGill Project Website.

Measure 2, the Retention and Distance Support Program, complemented by initiatives from community groups (Measure 4), also met with considerable success. The Retention component was implemented in accordance with a prospectus outlining the program's parameters. From 2005 to 2008, the Retention Program ran internship projects in 11 of the regions of Quebec involving 13 different institutions or organizations. In all, 152 internships occurred between April 2006 and March 2008 in the following professional fields: dietetics and nutrition, occupational therapy, speech therapy, physical therapy, nursing, practical nursing and social work. Thirty-two of these student interns participated in French second-language courses adapted to the workplace to help them integrate into the host institutions. Eleven interns received financial support from the project to offset the additional expenses of interning in the regions. Through partnership with the Consortium national de formation en santé/University of Ottawa, an intern supervision course, *The Art of Supervision*, was offered to 73 health and social service professionals interested in internship supervision.

The Distance Community Support component of Measure 2, contracted out to the CHSSN, delivered telehealth sessions on 21 different health prevention and promotion topics to 714 participants in remote communities across Quebec. This successful program was accomplished through partnership with the Telehealth Department of the McGill University Health Centre (MUHC).

The Distance Professional Support component of Measure 2 offered distance support and professional development activities to English-speaking health and social services professionals in the regions. These activities included, among other things, the translation into English of a CD ROM-based introduction to telehealth and 12 video and audio conferences attended by a total of 215 professionals in 18 different regions of Quebec.

Through Measure 3, the Knowledge Mobilization Program, the Project was able to promote information sharing amongst the various stakeholders. Over the course of the 2004-2008 Project, more than 400 people involved in various components of the Project at the institutional, regional, provincial and national levels participated in conferences, and information and exchange days, as well as regularly scheduled videoconferencing. Communications quickly became an important component of the Project. A newsletter entitled *Dialogue*, with a circulation of 3,400, and the Project website, also bearing the name *Dialogue*, became the Project's principal communication tools.

In the final two years, with the support of our firmly established partnerships, the various programs were consolidated. As required by Health Canada, an independent firm was contracted to evaluate the Project. The first report, an exploratory study, was submitted in March 2007 and a final evaluation report was submitted in October 2007. The interuniversity research team, Health Care Access for Linguistic Minorities (H-CALM) set up in the fall of 2005, announced its short- and long-range research objectives centered on four complementary facets of healthcare communication in 2006-2007. By March 2008, ten research assistants had been hired to work on a total of 5 projects: *Identification and verification of the language requirements for healthcare services in Quebec's English-speaking communities*; *A study on verbal expression of pain in English and French*; *A study on measures of language processing fluency in professional health communication situations*; *Analysis of communication between patients with chronic obstructive pulmonary disease (COPD) and nurses in a telehomecare, second language context*; and *Development of a speech recognition-based ESL training tool for healthcare providers serving Quebec's English-speaking communities*. The BEST Project, an exploratory survey to identify and document practices in language training for special purposes in each of the 17 regions of Quebec, was initiated. Its results are expected to inform future phases of the Project.

Conclusion

Phase 1 of the Training and Human Resources Development Project achieved its objectives. The infrastructure was put in place and each of the programs was given a solid foundation on which to grow. These four years confirmed the pertinence of the proposed programs, the ramifications of which are already being felt in each of the sociosanitary regions of Quebec. They provided the opportunity to experiment with innovative approaches and, as a result of the evaluations, to adapt them to expressed needs. Numerous tools were created and are now available for use by participants. Efforts at communication and liaison throughout this first phase have been fruitful: networks have been created and invaluable partnerships have been established. The Project generated extensive positive feedback and enthusiasm, and considerable expectations which McGill University is ready to meet with the support and commitment of its partners. The University hopes to use the expertise gained over the past four years to pursue its contribution to the improvement of access to health and social services in their own language for the English-speaking communities of Quebec.

B 1.0 Introduction

1.1 BACKGROUND

Based on Statistics Canada's Census data for 2006, 13.4% of Quebecers declare English to be their first official language spoken. These 994,720 individuals make up the official language minority community in Quebec. They are spread among the 18 administrative regions, with their representation ranging from 0.07% in the Bas-Saint-Laurent region to 32% in Greater Montreal. Aging within the English-speaking population and very low percentage representation in certain regions, as well as the exodus of young people and a weakened social support network, are among the factors giving rise to obstacles and disparities in matters of access to services for English-speaking communities in Quebec.

1.2 MISSION

The McGill Training and Human Resources Project supports Quebec's efforts to remove those barriers and give English-speaking Quebecers access to the full range of health and social services in their language. During the period 2004-2008 (Phase 1), the McGill Project received \$11,757,828 through Health Canada's program to support Quebec initiatives for improving access to health care and social services for English speakers. This budget was allocated to measures designed to increase and retain health and social services personnel able to provide services in English.

1.3 MANAGEMENT STRUCTURE

The Project, which has a separate administrative structure, is sponsored by the McGill University's Faculty of Arts and its English and French Language Centre (EFLC) in conjunction with its School of Social Work. Several committees were put in place to assist the Project managers with planning, delivering, following up and evaluating the four key Project measures and providing a solid administrative infrastructure.

The Steering Committee coordinated activities as a whole. The 2004-2008 Committee was composed of McGill's Interim Vice-Principal of Public Affairs; the Associate Dean (Research and Graduate Studies) of the Faculty of Arts; the Project's Principal Investigator, a faculty member from the Department of Anthropology; the two Project co-investigators, faculty members from the English and French Language Centre and the School of Social Work; a faculty member from the School of Nursing; a faculty member from the Anthropology Department; a representative of the Project's official partner, the Community Health and Social Services Network (CHSSN); and the Project Coordinator. The Steering Committee met an average of nine times a year in between 2004 and 2008.

The Advisory Committee provided guidance to the Steering Committee on Project policies and directions. It consisted of representatives from the *Ministère de la Santé et des Services sociaux* (MSSS), health and social services centres, professional corporations, teaching institutions, organizations from the English-speaking community, and the *Consortium national de formation en santé* (CNFS). The Advisory Committee met seven times in the 2004-2008 period.

The Evaluation Follow-up Committee advised the Steering Committee about evaluation procedures. It consisted of four Steering Committee members and a consultant specializing in the evaluation of healthcare programs and social services programs.

The Programming Committee was comprised of the Retention Program Coordinator, the consultant on liaisons with English-speaking communities, the partner liaison officer and the Project Coordinator. This committee monitored the implementation of the institutional and community retention projects and formulated opinions on planning, policies and procedures for the Steering Committee. It met 16 times between 2004 and 2008.

1.4 THE TWO KEY OBJECTIVES

The Project had two primary objectives: (1) to ensure effective communication in English between English speaking clients and the health and social service care providers and (2) to increase the participation of English-speaking professionals in Quebec's health and social services network. Four measures were developed to achieve these objectives.

1.5 THE FOUR MEASURES

Measure 1 was the Language Training Program for English- and French-speaking network personnel. It was designed to support French-speaking professionals wishing to become more proficient at communicating with their English-speaking clients and to improve English-speaking professionals' capacity to work within the Quebec health and social services network where French is the language of work. Measure 2 aimed to increase the number of English-speaking professionals working within the Quebec network. It had two components: (a) the Retention Program, an initiative to better equip health and social services institutions in the regions to host English-speaking interns, thereby promoting the integration and retention of those students in the regions once they have completed their internship and (b) the Distance Support Program for English-speaking professionals and communities in remote areas carried out by the Community Health and Social Services Network (CHSSN). Measure 3 was the Knowledge Mobilization Program for organizing seminars and conferences. Measure 4, which complements the Retention Program, involved projects for regional internships sponsored by English-speaking community groups.

2.0 Results of the 2004-2008 Work Plan

2.1 The 2004-2008 Work Plan

The objective of the Project during the first two years, 2004-2005 and 2005-2006, was to build the infrastructure needed to implement its activities. Year one of the work plan also saw the initiation of the Language Training Program. By 2005-2006, the action plan included the first activities of the Retention and Distance Professional and Community Support Program.

In 2006-2007, the Steering Committee approved a work plan that set out seven broad objectives to be achieved by the end of Phase One of the Project. First objective: to establish a continuing evaluation strategy. Second objective: to design and carry out a research program supporting delivery and evaluation of the four measures. Third objective: to ensure appropriate communication with the target groups and the media. Fourth objective: to increase the number of French-speaking professionals capable of serving English-speaking clients in English. Fifth objective: to increase the number of health and social services students interning in the regions to serve English-speaking clients and later returning there to work. Sixth objective: to provide more health and social services (prevention and promotion) to the English-speaking communities in the regions using telehealth technology. Seventh objective: to boost the retention rate for English-speaking professionals in the regions by offering them distance support and professional development activities. Following are detailed descriptions of these seven broad objectives.

2.2 Outcomes for the individual work plan objectives

FIRST OBJECTIVE – EVALUATION

To establish a continuing evaluation strategy

EVALUATE THE PROJECT

In March 2006, the Centre de recherche et d'expertise en évaluation (CREXE) of the École nationale d'administration publique (ENAP) was contracted to evaluate the Project.

In May 2006, an evaluation consultant knowledgeable in the three Project-related fields (health and social services, community participation, and research) was hired to liaise between CREXE, the partners and the McGill Project. The consultant's job was to support and assist the McGill team and its partners so that the evaluations could make the best possible contribution to achieving the Project's objectives. An internal evaluation follow-up committee was struck in June 2006 composed of nine members: four from the Project Steering Committee and the rest from CREXE and a health and social services agency. The consultant also put together an external committee of agency representatives to ensure that agency concerns were integrated into the evaluation process and to facilitate evaluation processes in the various regions.

An initial implementation review was completed in 2006-2007. This was followed by an exploratory study report which was submitted in March 2007 in accordance with the timeline drawn up by Health Canada. The final report was submitted in early October 2007. During the same period, an evaluation consultant audited and analyzed the secondary data generated by the Project and submitted a report to the Project Steering Committee. Both reports were released to the Project partners and stakeholders. Their responses and the reports are available online at <http://www.mcgill.ca/hssaccess/eval/>. Briefly, the evaluation revealed a positive response to the measures carried out through the Project. Recommendations for improvement were taken into account in future planning.

SECOND OBJECTIVE - RESEARCH

To design and carry out a research program supporting delivery and evaluation of the four key Project measures

The year 2004-2005 marked the first phase of the research program. A research committee was set up and meetings were held with researchers from McGill and Concordia Universities. The Health Care Access for Linguistic Minorities (H-CALM) research team was set up in fall 2005, principally for basic research into the nature of the language barriers that linguistic minorities must overcome to access healthcare services. Its main goal was to make original and innovative scientific contributions to this emerging field of study. The H-CALM team thus became an additional resource for the Project Steering Committee and Advisory Council. The team consisted of specialists from Montreal's four universities and a research coordinator. The members of this interdisciplinary group are experts in a broad range of fields: psychology, nursing, education, occupational therapy, language testing and evaluation, linguistics and sociology.

In 2006-2007, the H-CALM research team announced its short- and long-range research objectives centred on four complementary facets of healthcare communication. Four research assistants were hired to compile bibliographies for in-depth study of each of these four areas. Concurrently, four funding applications were prepared. Since its inception, the team has also called on the services of undergraduate, master's and doctoral students from the four universities as well as recent graduates. By 2007-2008, the services of ten research assistants were required.

The following is a point-form report on the research team's work and achievements:

Project 1: Identification and verification of the language requirements for healthcare services in Quebec's English-speaking communities

- Held group discussions with nurses from a regional hospital.
- Developed the questionnaire in two formats: English/French print and electronic formats.
- Searched for questionnaire respondents and gathered data from them.
- Reported on research developments at the ACFAS conference, the CNFS research forum and a language testing research colloquium.

Projects 2 and 3: *Studies on verbal expression of pain in English and French, and measures of language processing fluency in professional health communication situations*

- Processed the ethics approval application forms of the Jewish Rehabilitation Hospital and Concordia University for research funded by the Social Sciences and Humanities Research Council of Canada (SSHRC).
- Completed the materials and computer tasks for use in hospital-based research.
- Developed computer programs for laboratory research.

Project 4: *Analysis of communication between patients with chronic obstructive pulmonary disease (COPD) and nurses in a telehomecare, second-language context*

- Revised a feasibility study protocol to include French- and English-speaking patients in the sampling.
- Recruited three patients from the Montreal Chest Hospital.
- Trained telenurses in use of the telehomecare system and COPD self-management.
- Gathered social and demographic data, including language issues.
- Chose a recording device for analyzing verbal interaction between nurses and patients.
- Recorded telecare activities and prepared data for analysis.

Project 5: *Development of a speech recognition-based ESL training tool for healthcare providers serving Quebec's English-speaking communities*

- Designed and programmed the Virtual Language Training module, a prototype speech recognition-based tool simulating information gathering during a medical interview.
- Presented an article about the VLT module features at the March 2008 International Technology, Education and Development (INTED) Conference held in Spain; the article was published in the conference proceedings.
- Produced two digital databases.
- Prepared and wrote several sections of an article on speech recognition-based, general-purpose training tools and their possible application for special-purpose language training.

OTHER AREAS OF RESEARCH

THE BEST PROJECT: An exploratory survey to identify and document language training for special purposes practices in each of the 17 regions of Quebec

The Steering Committee approved the exploratory survey which began late in the final quarter of 2006-2007. The BEST Project will make a contribution to the review of the Language Training Program as part of renewing the Training and Human Resources Development Program. The survey will provide benchmarks, especially for reviewing success indicators, training strategies to be favoured and criteria of excellence for the selection of training organizations and instructional materials.

A research assistant was hired for the BEST Project in the first quarter of 2007-2008. In the second quarter, research targets were identified, the literature was reviewed and data collection tools were produced. The data collection planned for the third quarter had to be postponed until the next quarter. Although the McGill Ethics Office approved the BEST Project, health and social services agency representatives requested clarification of the ethics approval process within network institutions. The opinion of ethics specialists from the MSSS was received in December.

Another area, the evaluation of the distance training programs and practices for health and social services professionals was dropped from the research program. The person charged with this initiative advised the Steering Committee that it was not feasible owing to insufficient funding. Cancellation of this evaluation component was offset in the following two years by including ongoing evaluation in the regular telehealth activities of the CHSSN.

OTHER ACTIVITIES OF THE H-CALM TEAM

In November 2006, the H-CALM team submitted a proposal for presenting a seminar at the 75th *Congrès de l'Association francophone pour le savoir* (ACFAS), to be held in May 2007 at the Université du Québec à Trois-Rivières. The proposal was accepted in early 2007. The event was designed as an information exchange for team investigators, other McGill investigators, and researchers from Statistics Canada and elsewhere.

In March 2007, H-CALM's principal investigator was asked to organize a seminar on research as part of the 2nd *Forum national de recherche sur la santé des communautés francophones en situation minoritaire*, hosted by the CNFS in November 2007.

In June 2007, two H-CALM scientists and their research assistant presented their research findings at the 29th *Language Testing Research Colloquium* in Barcelona. Their research was entitled *Identification of Quebec Nurse Speech Acts for Assessment*.

Additionally in 2006-2007, two research assistants and an H-CALM investigator produced a manuscript describing the complex nature of technology-assisted interpersonal communication between patients and nurses. That same year, three H-CALM team members and their research assistant developed an interactive learning prototype, including a review of the literature on using automatic speech recognition (ASR) in language teaching.

In 2007-2008, the research coordinator made a presentation at the 1st *Congrès mondial sur la langue et les services de santé*, held in Spain.

THIRD OBJECTIVE – COMMUNICATION

To ensure appropriate communication with target groups and the media

DIALOGUE

Dialogue was the name given to the various communication vehicles developed for the Project. The bilingual newsletter, *Dialogue*, was the main communication tool for the McGill Project. In its second year, the Project made it a priority to keep English-speaking users of health and social services abreast of the extensive efforts being made to broaden access to services in their language. *Dialogue* was also meant to keep the training network and health and social services organizations informed about the many concrete measures being taken to reach this goal.

The first issue of *Dialogue* was published and distributed in June 2006. The second issue was published in May 2007 and had a circulation of almost 3,400. It included an insert on the Retention Program to interest English-speaking health and social services students, professionals and institutions, as well as teaching institutions, English-speaking community healthcare and social services organizations and professional corporations in the creation of internships in the regions. The insert was also posted on the Project's website.

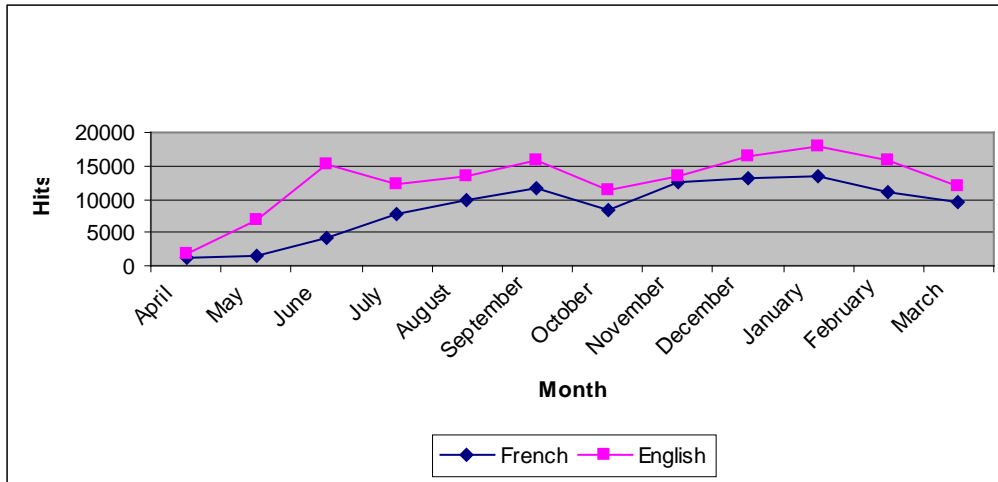
WEBSITE

The Project's website, available in both French and English, was inaugurated in May 2007. There were 155,359 hits for the English-language version and 104,764 hits for the French-language version. Graph 1 plots the number of visits to the site in 2007-2008. According to these figures, the pages visited most often, irrespective of language, were the home page and the one dedicated to the mobilization of resources for the creation of internships in the regions. Other than these pages, visitors to the French site were most interested in the pages for teachers, the Project evaluation and the summaries of the regional

project proposals. The pages that received the most hits on the English site were those on the research team, Measure 2 project summaries and teacher resources.

GRAPH 1

Number of web page hits, by month, 2007-2008



RELATIONS WITH ENGLISH-SPEAKING COMMUNITIES

From its inception, the Project maintained close relations with organizations representing the English-speaking community in each region of Quebec. This contact was through the CHSSN, Health Canada's Consultative Committee for English-Speaking Minority Communities and the Provincial Committee for the Delivery of Health and Social Services in the English Language. Permanent liaison was handled for the most part by the liaison consultant reporting to the Steering Committee.

In 2007-2008, the Project distributed information to the English-speaking communities about the 130 projects in progress. Liaison with those communities was also provided by various members of the Project management team. Examples include: (1) the continuing contact of our community partner, the CHSSN, with English-language community groups in the regions; and (2) a telephone conference with the six English-language community groups funded by the Innovation Fund.

PARTNER RELATIONS

The Project Office maintained close contact with the partners directly involved: health and social services agencies, health and social services centres and other institutions, as well as training organizations, teaching institutions that train health and social services professionals, professional orders, and English-speaking community-based groups. Whether by electronic mail or by telephone, the Project Office staff provided ongoing assistance and rapid, courteous responses to the many queries from local and regional Project officers.

In 2006-2007, six videoconferences on the Language Training Program (Measure 1) were held with agencies and training organizations from the various regions of Quebec. With regard to the Retention and Distance Community and Professional Support Program (Measures 2 and 4), three telephone conferences were held to answer project officers' requests for clarification, assess the advancement of the projects and share common experiences.

In 2007-2008, the Project team increased relations with all its partners to continue dialogue and open new avenues of opportunity. Besides regular contact with Health Canada, two meetings were held with them, one to invite the Project to request additional funding for a special project and the other to clarify some reporting issues. As for communication with the MSSS, the collaboration of the *Secrétariat à l'accès aux services en langue anglaise* was instrumental in obtaining two formal opinions, one from the *Secrétariat aux affaires intergouvernementales* on protocol for Quebec's relations with federal government services and the other from the ethics specialists from the MSSS regarding two research projects. Relations with health and social services agencies and institutions included four videoconferences about Measure 1 and two telephone conferences about Measure 2 to promote information sharing between the Project and its partners.

RELATIONS WITH PROFESSIONAL ORDERS

In 2007-2008, meetings with the professional orders of nurses and social workers (*Ordre des infirmières et infirmiers du Québec* and *Ordre des travailleurs sociaux professionnels du Québec*) resulted in partnerships for distance professional support for their English-speaking members and in scientific validation of materials developed through the Project.

RELATIONS WITH RESEARCH COMMUNITIES

In 2007-2008, the Project's principal investigator continued to promote the research potential of the Project among investigators interested in access to health and social services for English-language minority communities in Quebec. Productive meetings were held with key MSSS research personnel and researchers within Montreal's university network. One special project in 2007-2008 included the rollout of a communication strategy to reach McGill's scientific community and its partners. The activities included: (1) augmenting the Project Steering Committee with members from the McGill Office of Public Affairs and the fields of anthropology and nursing to increase disciplinary diversity; and (2) publishing an article about the Project in *Arts Insights*, the McGill Faculty of Arts newsletter.

FOURTH OBJECTIVE – LANGUAGE TRAINING

To increase the number of French-speaking professionals capable of serving English-speaking clients in English

The Language Training Program was established in 2004-2005 after consultation with the MSSS *Secrétariat de l'accès aux services en langue anglaise*, representatives of the 16 regional agencies and education specialists. The parties consulted reacted favourably to the prospectus describing the Program components. The Program had 5,349 participants over the course of the three years inventoried.

As of the first year of the Program (2005-2006), 15 of Quebec's 16 health and social services regions responded to the call for proposals and submitted language training projects aimed at health and social services workers interested in improving and retaining their professional second-language proficiency so as to better communicate with their English-speaking clients (Table 1). Some 3,398 workers registered for the training. The Program accommodated 42% of these registrants in its first year. Training was provided to 1,427 workers from 81 institutions (including 29 CSSS's, 14 rehabilitation centres, 8 hospitals, 6 child and youth protection centres and 6 nursing homes). The participants were mostly intake personnel; 24% were from social services and 20% were healthcare providers.

In 2006-2007, close to 2,000 participants from 17 regions and 96 institutions took English second language courses for an increase of 40% over the previous year and the initial forecasts. Two regions were added that year: Mauricie–Centre-du-Québec and Terres-Cries-de-la-Baie-James (Table 1). Most regions that had participated in the Program in 2005-2006 saw considerably larger numbers of participants in the English courses. Twenty-eight language training organizations took part in the Program. Special projects, made possible by the underutilization of the allocations in some regions, provided English

courses for 40 additional workers and learning retention activities for another 20. Among the other unexpected outcomes of the 2006-2007 Language Training Program were the immersion English courses offered in several regions.

In 2007-2008, 1,928 students from 17 regions took and completed English second language courses (Table 1). More than 400 others enrolled, but did not finish their course. While the total number of providers trained did not change much from the previous year, regional changes were observed. As for participation by area of activity, the health sector ranked first (857 workers, or 46%), followed by social services (422 workers, or 22%) and then intake (229 workers, or 12%). Almost 45% of the trainees were at the intermediate level; less than 30% were at the advanced level; nearly 20% were beginners. The Language training was offered to 317 different groups by 28 training organizations (universities, CEGEPs, school boards and private companies).

That same year, seven health and social services agencies received financial support for special projects, which provided training for nearly 100 more workers in four regions. In Montreal, this opportunity was used to improve access to interpretation services for deaf English speakers. Learning retention activities were offered by the Capitale-Nationale and Gaspésie-Îles-de-la-Madeleine agencies. The latter of those two regional agencies put together a special project to twin providers who had taken an English course in 2006-2007 with English speakers recruited by grass-roots organizations. This initiative far exceeded expectations by building bridges between the English-speaking communities involved and 18 health and social services workers who serve their needs.

THE LANGUAGE TRAINING PROGRAM IN FIGURES

Tables 1 and 2 give participant distribution in the language training courses.

TABLE 1

Second-language training

Number of workers trained, by region, 2005-2006, 2006-2007, 2007-2008

Region		Number of workers trained 2005-2006	Number of workers trained 2006-2007 ¹	Number of workers trained 2007-2008	TOTAL
01	Bas-Saint-Laurent	30	23	22	75
02	Saguenay-Lac-Saint-Jean	13	36	100	149
03	Capitale-Nationale	255	223	288	766
04	Mauricie et Centre-du-Québec ²	N/A	N/A	50	50
05	Estrie	309	297	182	788
06	Montréal	97	124	137	358
07	Outaouais	111	141	147	399
08	Abitibi-Témiscamingue	18	121	94	233
09	Côte-Nord	8	15	10	33
10	Nord-du-Québec	4	6	6	16
11	Gaspésie-Îles-de-la-Madeleine	88	99	119	306
12	Chaudière-Appalaches	59	132	97	288
13	Laval	32	140	173	345
14	Lanaudière	35	43	51	129
15	Laurentides	100	156	85	341
16	Montérégie	268	419	364	1051
18	Terres-Cries-de-la-Baie-James ³	0	19	3	22
Total		1,427	1,994	1,928	5,349

¹The 2006-2007 figures for regions 14 and 18 are taken from the proposals submitted.

²The 2007-2008 allocation to the Agence de santé et des services sociaux Mauricie et Centre-du-Québec was used to set up a regional interpretation service.

³There was no allocation to Terres-Cries-de-la-Baie-James in 2005-2006. The bulk of the 2007-2008 allocation was used to prepare materials adapted to the Cree population and care personnel in a northern region.

TABLE 2
Second-language training
Distribution of participants¹ by area of activity, 2007-2008²

Level	Intake	Health	Social	Multisector	Other	Total
Beginner	125	302	96	87	19	629
Intermediate	87	441	179	63	7	777
Advanced	16	94	132	63	0	305
Mixed	3	12	4	131	0	150
Total	231	849	411	344	26	1861
Percentage	12%	46%	22%	18%	1%	100%

¹Participants having completed the course.

²This participant total differs from the 2007-2008 total in Table 1, showing a slight difference of 17 participants. Corrective measures have been taken for the next annual report.

PARTICIPANT SATISFACTION

Based on information gathered in 2007-2008 for the CREXE evaluation, which yielded a positive response rate of 83.5%, health and social services providers were very satisfied with the training they received. More specifically, 78.4% felt that the training content was adapted to the social and economic realities of English speakers in their region. Seventy-six per cent said that the courses reflected their professional situation, and 78.5% found that the knowledge provided helped them in their work. Participants also felt that the training improved the way they informed English-speaking users (72.6%) and conversed with them (69%). In their opinion, the training facilitated contact with English-speaking clients (67.5%) and better equipped workers to manage the stress factors that arise during conversations in English (67.8%).

LIAISON AND COORDINATION

On November 24, 2005, an information sharing day on implementing the Language Training Program was held in Quebec City. Thirty participants involved in setting up the program attended.

In early 2006-2007, McGill and its partners reviewed the allocation method used in 2005-2006 and updated the training prospectus and the training quality criteria. The new contract, patterned after that of the previous year, gave rise to intense discussion and resulted in a revised standard agreement to meet the expectations and needs of all Program stakeholders, i.e., agencies, training organizations and the McGill Project. The Project proposal submission form was simplified and sent to the agencies and their partners in mid-May.

There were six videoconferences that year, bringing together representatives of the MSSS, the regional agencies and training organizations. Discussions in the first quarter of the year focused on contract terms and conditions. In the second quarter, fall and winter activities were planned. A Lexicon Evaluation Committee was formed in July to work out evaluation criteria and make recommendations regarding lexicons. A report was submitted to the Project in September.

In 2007-2008, four more videoconferences were held. Discussions were concerned principally with CREXE's evaluation procedure, the self-study workbooks produced by the Project to promote learning retention, the BEST Project and the annual statistical report.

MATERIALS AND RESOURCES

SELF-STUDY WORKBOOKS – In 2006-2007, the Project began producing a series of self-study workbooks to help learners retain the language skills acquired through the courses. The workbooks came with a DVD

illustrating interaction in the workplace. Three professional groups were targeted: receptionists, triage nurses and social workers. A videoconference was held in March 2007 to introduce the receptionist workbook to agency and training organization representatives where it garnered much enthusiasm and praise. It was distributed to 435 participants in early 2007-2008.

The second and third self-study workbooks, for triage nurses and social workers respectively, were scientifically validated by the professional orders of nurses and social workers. Concurrently, pedagogical validation of the second workbook was provided by three top experts, one in linguistics and language teaching, another in computer-assisted language teaching, and a third in phonetics and pronunciation. Their comments were encouraging and instructive, and suggested effective ways to improve the material.

LEXICONS – Since 2006-2007, a list of lexicons evaluated by a McGill-led team of experts has been available for training organizations.

RESOURCE DOCUMENTS – In 2006-2007, materials and documents for teachers and learners were compiled and posted on the Project website. The site provides 103 resources for language teachers, including hyperlinks to ready-to-use materials and forms (48), articles on ESL teaching methodologies (52) and presentations relating to the Project (3). It also includes 80 hyperlinks for learners, including sites on grammar (23), listening skills (13), elocution and pronunciation (19), and writing and vocabulary (25). There are 55 other hyperlinks to sites about health, with emphasis on listening, reading and vocabulary. These resources are found at <http://www.mcgill.ca/hssaccess/trainers/>.

TRAINING FOLLOW-UP – THE BEST PROJECT

The BEST Project is designed to survey Language Training Program partners regarding their successes and the problems experienced with setting up and evaluating their regional program, as well as the means taken to overcome those problems and deliver a successful program. The information gathered will be used to develop a better understanding of local training in terms of course and lessons plans, teaching strategies and evaluation methods.

In 2007-2008, the BEST Project resolved the start-up problems described earlier (see Second Objective – Research). The Outaouais agency agreed to be the regional pilot, and contacts were made with the training organizations, health and social services institutions and workers targeted by the Project.

FIFTH OBJECTIVE – RETENTION (INTERNSHIPS AND FRENCH COURSES)

To increase the number of health and social services students interning in the regions to serve English-speaking clients and later returning there to work

The first draft of the Retention and Distance Support Program was produced in 2004-2005.

THE RETENTION PROGRAM IN FIGURES

In 2005-2006, McGill University issued a request for proposals aimed at funding the production of partnership projects to create or maintain regional internships for English-speaking students. Twenty retention projects were subsequently funded in ten health and social services regions in Quebec. Ten of those projects were sponsored by health and social services institutions, four by teaching institutions and six by community-based groups. The target disciplines were nursing, social services, occupational therapy, speech pathology, physiotherapy and dietetics. The projects submitted suggested a bright future for the Program.

In 2006-2007, the Steering Committee approved all 25 retention projects submitted by health and social services institutions (10), teaching institutions (9) and community groups (6). See Table 3. Those projects were divided among 11 health and social services regions in Quebec.

TABLE 3

Retention projects, by region and type of organization, 2005-2006, 2006-2007

Region		Health and social services institutions		Educational institutions		English-language community groups*		Total	
		2005-2006	2006-2007	2005-2006	2006-2007	2005-2006	2006-2007	2005-2006	2006-2007
03	Capitale-Nationale	0	1	1	1	0	0	1	2
05	Estrie	1	1	0	0	0	0	1	1
06	Montréal	3	3	1	6	0	0	4	9
07	Outaouais	0	0	0	0	1	1	1	1
08	Abitibi-Témiscamingue	0	0	1	2	0	0	1	2
09	Côte-Nord	1	1	0	0	1	1	2	2
11	Gaspésie-Îles-de-la-Madeleine	1	1	0	0	2	2	3	3
12	Chaudière-Appalaches	0	0	0	0	1	1	1	1
13	Laval	1	1	0	0	0	0	1	1
15	Laurentides	2	2	0	0	0	0	2	2
16	Montréal	0	0	0	0	1	1	1	1
TOTAL		9	10	3	9	6	6	18	25

*In budget year 2006-2007, the retention projects of English-speaking community groups were transferred to Measure 4 – Innovation Support Fund to simplify project reporting to Health Canada.

That year, institutions within the network offered 178 internship opportunities to students enrolled in health and social services programs of study. The McGill Project provided 10 internships for English-speaking or bilingual students in four Quebec regions (Table 4). The complexity of internship scheduling was among the factors that deferred the start of several internships to 2007-2008.

TABLE 4

Internships in health and social services institutions and other institutions, by discipline and region, 2006-2007

		Social work	Nursing	Speech therapy	TOTAL
05	Estrie	1		1	2
06	Montréal	5			5
16	Montréal			2	2
	Nunavik		1		1
TOTAL		6	1	3	10

The 25 retention projects begun that year continued in 2007-2008. Through those initiatives, spearheaded by health and social services institutions, teaching institutions or community groups, 142 health and social services students were able to intern in the regions. Tables 5, 6 and 7 give the 2007-2008 distribution of placements by type of institution, discipline and teaching institution.

TABLE 5

Internships in health and social services institutions and other organizations, by project and institutional category, 2007-2008

Project		CSSS	CR	CJ	CHSLD	CH	School board	Community org. or other	TOTAL
05	CHUS	4	3		4			1	12
06	CSSS de la Pointe-de-l'Île ¹	8						3	11
06	West Montreal Readaptation Centre		20						20
06	Grace Dart Extended Care Centre				68				68
07	Regional Association of West Quebecers	11				0			11
09	Centre de protection et de réadaptation de la Côte-Nord			1					1
12	MCDC ²	4							4
13	CSSS de Laval	1							1
15	CSSS d'Argenteuil	1							1
15	CSSS des Sommets	7							7
16	Townshippers' Association	3	1				1	1	6
TOTAL		39	24	1	72	0	1	5	142

¹In addition, 106 nursing students participated in an introductory mini-course.

²Plus 3 McGill medical students.

TABLE 6

Internships in health and social services institutions and other organizations, by project and professional program of study, 2007-2008

Project		Dietetics and nutrition	Occup. therapy	Speech therapy	Phys. therapy	Nursing	Pract. nurs.	Social work	Other	TOTAL
05	CHUS	5	1		5			1		12
06	CSSS de la Pointe-de-l'Île	3				8				11
06	West Montreal Readaptation Centre							20		20
06	Grace Dart Extended Care Centre	2				1	50	1	14	68
07	Regional Association of West Quebecers					11				11
09	Centre de protection et de réadaptation de la Côte-Nord							1		1
12	MCDC	1							3	4
13	CSSS de Laval		1							1
15	CSSS d'Argenteuil							1		1
15	CSSS des Sommets	1				6				7
16	Townshippers' Association		1	3		1		1		6
TOTAL		12	3	3	5	27	50	25	17	142

TABLE 7

Internships in health and social services institutions and related organizations, by project and teaching institution, 2007-2008

Project		McGill University	Other universities	CEGEPs/ Colleges	High schools	TOTAL
05	CHUS	12				12
06	CSSS de la Pointe-de-l'Île	11				11
06	West Montreal Readaptation Centre	19	1			20
06	Grace Dart Extended Care Centre	1	2	23	42	68
07	Regional Association of West Quebecers			11		11
09	Centre de protection et de réadaptation de la Côte-Nord	1				1
12	MCDC	4				4
13	CSSS de Laval	1				1
15	CSSS d'Argenteuil	1				1
15	CSSS des Sommets	1		6		
16	Townshippers' Association	5		1		6
TOTAL		56	3	41	42	142

PROMOTING INTERNSHIPS IN THE REGIONS

Throughout Phase 1, the Project expended much effort organizing activities to promote internships in the regions. These activities were focused especially on heightening student awareness of the internship opportunities in the regions, disseminating information about the Retention Program and supporting the regions' promotion and recruitment initiatives.

In 2006-2007, a presentation was made to all social work classes and one nursing class at McGill to better inform McGill students about the possibilities for interning in the regions.

In 2007-2008, promotional material was provided for students in McGill's professional schools of health and social services via the university's websites and electronic distribution lists. Presentations were also again made in the classrooms. To interest health and social services institutions and their professionals in our internship projects, a promotional insert was included in the *Dialogue* newsletter distributed to 3,400 readers in May 2007. In 2007-2008, a mini-website created from that material logged more than 7,000 visitors. Internship coordinators from McGill's professional programs of study covered by the Program informed their students about that website.

In addition, the Project provided extensive support to the regions for their promotional and recruitment efforts. In 2007-2008, the regional partners of the Retention Program sent the Project Office a list of the promotional materials they had produced. The Project also encouraged and facilitated the participation of six partners in career days.

INTERN SUPERVISION COURSE

The McGill Project partnered with the Consortium national de formation en santé/University of Ottawa component to use the CNFS intern supervision course and translate it into English as *The Art of Supervision*. Sixteen supervisors from the social work, physical therapy, occupational therapy and nursing programs of study enrolled in the first online course in fall 2006. In addition, about 15 professionals completed the first module, *The Basics of Supervision*. Module 2, *Building Trust*, was delivered as a pilot course (eight students), and Module 1 was repeated with eight students. The course was opened up to additional professional disciplines. The first two modules were revised in light of ongoing evaluations from the professional team facilitating the online course.

In 2007-2008, the McGill Project continued to translate subsequent modules into English and to put additional course modules online. In September 2007, the first three modules were available on McGill's *My Courses* website. The first module, *The Basics of Supervision*, was delivered to 40 students in two sessions. The second module, *Building Trust*, was delivered to 27 students in three sessions; six students registered for the third module, *Learning Styles*. Forty-four of the 73 students enrolled in the six sessions completed the course.

TABLE 8

Distribution of participants¹ in *The Art of Supervision* course, by discipline and module, 2007-2008

Modules	Occup. therapy	Speech therapy	Phys. therapy	Nursing	Social work	Other ²	TOTAL
1. <i>The Basics of Supervision</i>	4	5	5	1	9	2	26
2. <i>Building Trust</i>	2	1	3	5	2		13
3. <i>Learning Styles</i>	1	3		1			5
TOTAL	7	9	8	7	11	2	44

¹Participants having completed the course.

²Other professional discipline: community group facilitator.

Translation of Module 4, *Performance Evaluation*, was completed in February 2008. An English/French brochure promoting the *Art of Supervision Course* was published in 2007-2008. The team of online workshop instructors came from five professional programs of study at McGill: occupational therapy, speech therapy, physical therapy, nursing and social work. The McGill Ethics Office approved a formal course evaluation for 2008-2009.

FRENCH COURSES FOR STUDENTS

Seeking to support English-speaking students interested in regional internships, the McGill English and French Language Centre provided French second language courses adapted to health and social services workplaces. In July and August 2006, advertising cards were mailed to students enrolled in professional programs relating to health and social services. From September to December, 14 students (11 enrolled in social services, one in occupational therapy, one in physical therapy and one in pre-medicine) took and passed a credit course in written French. At the same time, 14 students took a non-credit course in spoken French. From January to April, 2007, 14 students took a three-credit course in written French. Also from January to April 2007, 24 social services and nursing students took two non-credit courses in spoken French; 20 of them finished the courses.

Four courses were offered in fall and winter 2007-2008: spoken French (two groups), and written French 1 and 2. Of 36 students enrolled, 32 finished the course. Vanier College and Heritage College also offered courses in French for Special Purposes (FSP) to their students in the health field.

TABLE 9

Distribution of students¹ in French second language courses at the McGill English and French Language Centre, by professional program of study, 2007-2008

Level	Dietetics	Occup. therapy	Physical therapy	Nursing	Social work	Other ²	Total
Spoken French/fall		5		3			8
Spoken French/winter		1	4	2	2	1	10
Written French 1	1				3	3	7
Written French 2			1	2	1	3	7
TOTAL	1	6	5	7	6	7	32

¹Students having completed the course.

²Other: occupational health (3), pre-medicine sciences (3), yoga pre-therapy (1).

Additionally in 2007-2008, funding was provided for a directory to help English-speaking students find health and social services training programs delivered in English including FSP courses. This directory of

educational resources and courses is available online at <http://www.mcgill.ca/hssaccess/two/programs/>. It includes the health and social work programs delivered by English-language vocational training centres, CEGEPs and McGill, as well as the French second language courses taught in those institutions.

FRENCH COURSES FOR PROFESSIONALS

French courses were provided for English-speaking professionals in the regions through the Language Training Program. Twenty professionals from the Outaouais region and 26 from the Montérégie region enrolled in these courses.

LIAISON AND COORDINATION

In 2006-2007, meetings were held with the internship coordinators for McGill's professional programs and the nursing program at Vanier College for the purpose of creating a network of potential supervisors in the regions. A mini website for the professional corporations went on stream in March 2007 at http://www.mcgill.ca/hssaccess/two/get_involved/.

From November 2006 to March 2007, links were established with the McGill Faculty of Arts Internship Program to promote our own internships. We received offers for 13 internships from our regional partners.

An information sharing day on the Retention Program was held in June 2007 and attracted 46 participants, mostly from the 25 projects funded by the McGill Project.

In September 2007, the Project held a conference to share information about best practices; build ties between students, supervisors and project officers; and to develop knowledge based on real-life experiences. Fifty-five people attended that conference. According to the evaluation forms, they were very satisfied with the event.

Also in 2007-2008, a special project was begun to create an online directory of internships requirements as part of professional programs of study at ten institutions (McGill University, Université du Québec en Abitibi-Témiscamingue, Vanier College, Champlain-College St. Lawrence, Champlain Regional College, Centre d'études collégiales de Chibougamau, Cégep de la Gaspésie et des Îles, Heritage College, Dawson College and John Abbott College). The directory identifies and describes the placements and gives their eligibility criteria, required language skills and supervision arrangements. It covers the programs of nursing, social work, speech therapy, special care counselling, criminology, childhood education, pre-hospital emergency care, physical therapy, occupational therapy, dietetics/human nutrition, recreation, special education, psychology, laboratory work, respiratory therapy and pharmacy. The directory will be available in brochure form and on the McGill Project website. Both versions were almost ready at the close of the reporting period.

TOOLS AND RESOURCES: FINANCIAL SUPPORT

In the phase preceding start-up of internships in the regions, obstacles were discovered and finding solutions became a priority. In 2006-2007, a budget was earmarked as financial support for students as needed. Criteria, policies and procedures were established. A special project submitted by the Jeffery Hale-Saint Brigid's Hospital was carried out. Developed in collaboration with CEFRIQ, it consisted of an exploratory study on: (a) networking mechanisms for workers and managers involved in delivering services to elderly and young English-speaking people in certain regions of Quebec; and (b) establishing an internship network.

In 2007-2008, 11 McGill interns, including seven dietetics students, received financial support to offset the additional expense of interning in the regions. Each intern received \$1,436 on average. That budget was

administered by the Project Office. Other students received financial support from McGill's professional schools or other partners, all funded by the McGill Project.

SIXTH OBJECTIVE: SUPPORT FOR REMOTE COMMUNITIES (TELEHEALTH)

To provide more health and social services (prevention and promotion) to English-speaking communities in the regions through telehealth technology

In 2005-2006, the CHSSN was contracted to implement distance community support activities. Results for Year 1: five telehealth programs developed (cancer 101, parent-teen communication, palliative care 101, drugs and alcohol, grief); courses at 28 sites; 361 participants from seven community groups.

In 2006-2007, the growing popularity of videoconferencing made it increasingly difficult for some community organizations to reserve the necessary facilities. Several communities developed new partnerships to gain more sites for telehealth activities in their region.

Partnership with the McGill University Health Centre (MUHC) Telehealth Department was instrumental in the success of the program. Thanks to its willingness to facilitate planning and support for the activities, it was possible to make many telecommunication links, including telephone conferencing and recording the sessions on DVD for communities unable to attend.

In 2007-2008, the Telehealth Program sought out national partners through an initiative that brought in three new partners: the Arthritis Society, the Canadian Cancer Society (Quebec Division) and the Quebec Heart and Stroke Foundation. These invaluable relationships provided the Telehealth Program with human resources and existing English-language print materials. They also provided the latest information concerning certain health issues. This resulted in heightened awareness, greater access and stronger community support. The telehealth sessions increase access to information and resources. Access improves all the more when the communities define their needs and develop their capacity to move beyond the first telehealth session into follow-up activities.

The success of the CHSSN-run Community Telehealth Program can be attributed in large part to the regional telehealth coordinators. The topics were chosen in response to requests from the communities and a survey of their needs. Each community took on one topic. This proactive approach by the English-speaking population brought to light their needs, as well as their determination to improve services and communication in English.

DISTANCE COMMUNITY SUPPORT IN FIGURES

Tables 10 and 11 give the participation numbers for the telehealth sessions offered in the communities in 2006-2007 and 2007-2008.

TABLE 10

Community Telehealth Program topics and number of communities, sites and participants, 2006-2007

Session	Topic	Communities No.	Sites No.	Participants No.
1st quarter April-June	<i>Attention deficit and learning disorders</i>	5	10	75
2nd quarter July-September	N/A			
3rd quarter October-December	<i>Mental health 101</i>	4	4	49
	<i>Bullying</i>	5	9	91
	<i>Alzheimer's disease</i>	5	9	56
	<i>Learning disorders – Part 2</i>	5	11	71
	<i>Drugs and alcohol</i>	5	6	94
	<i>Bereavement and loss – Part 2</i>	7	9	57
4th quarter January-March	<i>Cancer – Part 2</i>	5	5	44
	<i>Dyslexia</i>	4	7	55
	<i>Type 1 diabetes: children and teens</i>	5	5	24
	<i>Type 2 diabetes: adults</i>	7	10	69
TOTAL		57	85	685

TABLE 11

Community Telehealth Program topics and number of communities, sites and participants, 2007-2008

Session	Topic	Communities No.	Sites No.	Participants No.
1st quarter April-June	<i>Bone health</i>	7	10	110
	<i>Mental health</i>	5	6	33
2nd quarter July-September	<i>Arthritis</i>	9	9	97
3rd quarter October-December	<i>Cancer awareness</i>	9	13	91
	<i>Self-esteem: anger, dependency and communication</i>	9	11	88
	<i>Loss</i>	7	8	64
4th quarter January-March	<i>Violence</i>	3	6	57
	<i>Menopause: a hot topic</i>	8	12	56
	<i>Heart health</i>	6	7	90
	<i>Obesity, nutrition and exercise</i>	2	4	28
<i>Average number</i>		7	9	71
TOTAL		66	86	714

TOOLS AND RESOURCES: TELEPHONE CONFERENCING, COMMUNITY RADIO AND THE WEB

In 2006-2007, the Telehealth Program promoted access via telephone conferencing instead of videoconferencing in case of inclement weather or lack of a site. A special community radio project was funded that same year. The evaluation showed community radio to be an effective means of disseminating health information. The pre-recorded programs were broadcast on English radio stations or on French radio stations during time slots reserved for English-language content. In 2007-2008, listeners could tune in to all eight sessions produced thus far: osteoporosis, teens and sexuality, nutrition and obesity, heart health, communication and self-esteem in adolescents, violence, and colon cancer.

The Web resource, complete with a DVD version, was introduced at the provincial CHSSN Public Health Conference held March 27, 2008, in Quebec City on the theme "Public Health and English-speaking Communities." This Web resource includes information and hyperlinks to resources in 19 health fields. It is available at http://www.chssn.org/En/Health_Education_Program/index.html,

FOLLOW-UP STRATEGIES

The Program also emphasized support for English-speaking communities organizing follow-up activities, such as disseminating public health education and information beyond what was included in the telehealth sessions. In 2007-2008, increased funding enabled six of the eight participating organizations to plan sustainable activities by taking on new partners and resources.

SEVENTH OBJECTIVE: DISTANCE PROFESSIONAL SUPPORT (TELETRAINING)

To boost the retention rate for English-speaking professionals in the regions by offering them distance support and professional development activities

In 2005-2006, a collaboration agreement was signed with CNFS/University of Ottawa for the English translation of *The Art of Supervision* course, designed by that university for internship supervisors.

To help English-speaking professionals further improve their written French, the McGill English and French Language Centre designed a course focused on performing administrative tasks in French (filling out forms, making notes in patient files, writing up medical histories and treatment plans, etc.).

A CD ROM-based introduction to telehealth, designed by the McGill University Health Centre (MUHC), was translated into English to help familiarize network personnel and potential users with this means of distance education.

The MUHC Telehealth Department was approached for a possible partnership to develop continuing teleinformation and telehealth activities. The goal was to meet the need of English-speaking health and social service providers for distance professional support and development.

The 2006-2007 work plan had called for formal partnership with the MUHC. That goal had to be reviewed when the intention to partner with the MUHC was further challenged by the advent of integrated university health networks (*Réseaux universitaires intégrés de santé* – RUIS). These networks divide the regions amongst Quebec's four universities with medical faculties. The established connections with the MUHC, however, enabled the Project to move ahead with the offer of teleinformation services for English-speaking professionals.

A program coordinator was hired in late February 2007. The three videoconferences held for health and social services professionals drew 47 participants: 24 at video sites and 23 at audio sites. Table 12 summarizes the attendance.

TABLE 12

Distance Professional Support Program videoconferences, by topic and number of sites, 2006-2007

Topic	Number of sites		
	Audio	Video	Total
Child and adolescent psychiatry (2)	22	22	44
Diabetes 101	1	2	3
TOTAL	23	24	47

In 2007-2008, solid collaboration with the McGill University Health Centre enabled us to offer more teleinformation sessions for English-speaking professionals of the health and social services networks. The following topics were added: child evaluation, child development, handling teen aggression, bronchiolitis, diabetes, grief, the family and chronic illness, dog bites and obesity. According to figures

from the MUHC Telehealth Department, those sessions, offered in both languages, drew 168 participants at 50 video sites and 32 audio sites in 13 health and social services regions, including six outside RUIS McGill. Despite the encouraging results, it proved more difficult than expected to identify and reach the English-speaking workers spread throughout the network in 18 health and social services regions and four RUIS service corridors. Discussions were begun with the MUHC for integrating the Distance Professional Support Program into the RUIS corridors.

Relations with the *Ordre des infirmières et infirmiers du Québec* (OIIQ) for developing the self-study workbook facilitated development of a formal partnership with the nurses' corporation. Concurrent with the production of the triage nurse workbook, discussions were begun on the most effective ways to get in touch with nurses and offer them professional support. The OIIQ's realization of the need to offer professional support will have long-term benefits, one of which is the provision of alternative channels to the *Réseaux universitaires intégrés de santé* (RUIS).

A similar initiative with the *Ordre professionnel des travailleurs sociaux du Québec* allowed for the exploration of possibilities for collaboration and planning an e-circular about the supervision course.

TRAINING MARKETPLACE FOR HEALTH AND SOCIAL SERVICES PROFESSIONALS

As part of a special project, the first phase of a three-year plan to develop a professional support network was completed in 2007-2008. That stage involved conducting targeted consultations in two regions (Gaspésie and Chaudière-Appalaches) to ascertain whether professionals serving English-speaking clients felt a need to network. Obtaining the desired collaboration meant making contacts at all levels, which delayed the development phase of the pilot networking project. Discussions about research ethics compounded the delay. Ultimately, it was decided that Université Laval researchers subcontracted by the *Centre francophone d'informatisation des organisations* (CEFRIO) would not need to obtain project approval from the university's ethics review board.

Ultimately, the Project timeframes were too demanding given the need to inform health and social services providers about how language barriers adversely affect patients (e.g., the risk of increased morbidity resulting from inadequate or untimely service), professionals (e.g., the red tape involved in creating a client file) and the overall system (work overload). Such awareness building is likely to have long-term benefits, but requires reworking the Project timeframes in the short term.

3.0 Other activities and outcomes

3.1 Official languages

Not applicable.

3.2 Fundraising

There were no fundraising activities in 2004-2008.

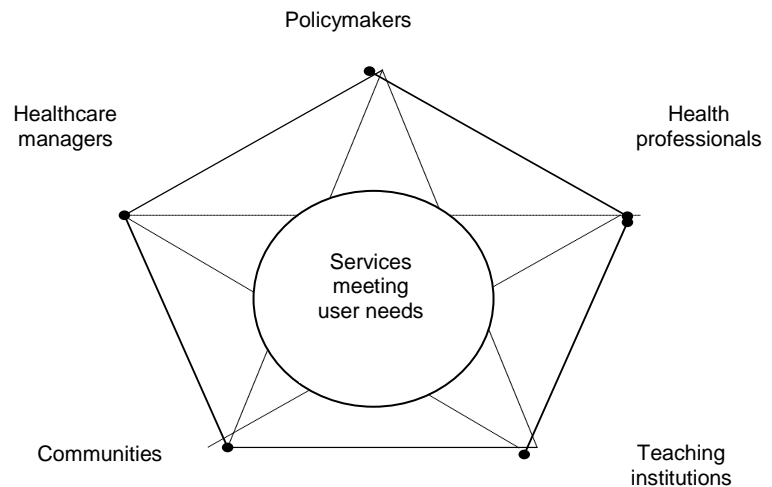
3.3 Participation of English-speaking population

The English-speaking population has a key role in the McGill Training and Human Resources Development Project at the provincial, regional and local levels. It is represented on the Project Steering Committee by the Community Health and Social Services Network, a body of 60 member groups seeking to improve access to health and social services in English.

Regional and local English-speaking community-based organizations have shared in planning and implementing the activities of the Language Training and Retention programs.

3.4 Partnership and intersectoral collaboration

The challenge of setting up a multifaceted initiative such as the McGill Project requires the active involvement of many partners. The five prongs of this partnership pentagon, inspired by the work of Charles Boelen, show the wealth of possible relationships between key partners pursuing a common cause, which, in the case of the McGill Project, involves meeting the needs of English speakers.



Who are our partners?

POLICYMAKERS. The Quebec and Canadian governments have clearly indicated their commitment to the English-speaking community in matters of access to health and social services. The federal government has granted funding towards implementing measures to support the Quebec government initiatives for improving access.

HEALTH AND SOCIAL SERVICES MANAGERS. The McGill Project managers are in constant contact with the *Ministère de la Santé et des Services sociaux* (MSSS) through the Director of the *Secrétariat à l'accès aux services en langue anglaise* to ensure that our policies and activities are consistent with MSSS priorities. The health and social services agencies play an important role, being tasked with implementing the Language Training Program. Videoconferences are held on a regular basis with the Program managers, who fulfil a creative leadership role in their respective regions. The managers of the health and social services centres are involved in choosing training priorities for their personnel and in deciding to participate in the Retention Program. The McGill University Health Centre is another partner in the Project, with its Telehealth Department taking on responsibilities for distance professional support.

HEALTH AND SOCIAL SERVICES PROFESSIONALS. These are the catalysts of the health and social services system, for they determine the success of the measures provided to meet the needs of the English-speaking population. The Project depends upon their willingness and commitment to better serve their English-speaking clients. More than 2,000 professionals have been involved in the Project.

TEACHING INSTITUTIONS. Language training is offered by 28 training organizations in 17 regions. Nearly ten colleges and universities participate in the regional internship program. Montreal's four universities contribute to the research program for the Project. A partnership was established with the *Consortium national de formation en santé*/University of Ottawa component for translation of *The Art of Supervision* course.

COMMUNITIES. The Community Health and Social Services Network, the main partner in the Project, is an active contributor ensuring that the English-speaking communities share in all stages of Project delivery. Specific partnerships were established with some of those communities.

3.5 Performance measurement and project evaluation

Project activities were evaluated in light of the work plan. The Evaluation Follow-up Committee acted in an advisory capacity and monitored the evaluation mandate entrusted to CREXE. An evaluation consultant had a key role in liaison between CREXE, the McGill Project and all Project partners. Those activities, together with the leadership provided by the principal investigator for the Project, were instrumental in meeting Health Canada's October 2007 delivery date for the final evaluation report.

4.0 Conclusion

Phase 1 of the Training and Human Resources Development Project achieved its objectives. The infrastructure was put in place and each of the programs was given a solid foundation on which to grow. These four years have confirmed the pertinence of the proposed programs, the ramifications of which are already being felt in each of the sociosanitary regions of Quebec. They provided the opportunity to experiment with innovative approaches and, as a result of ongoing evaluations, to adapt them to expressed needs. Numerous tools were created and are now available for use by participants. Efforts at communication and liaison throughout this first phase have been fruitful: networks have been created and invaluable partnerships have been established. The Project generated extensive positive feedback and enthusiasm, and considerable expectations which McGill University is ready to meet with the support and commitment of its partners. The University hopes to use the expertise gained over the past four years to pursue its contribution to the improvement of access to health and social services in their own language for the English-speaking communities of Quebec.