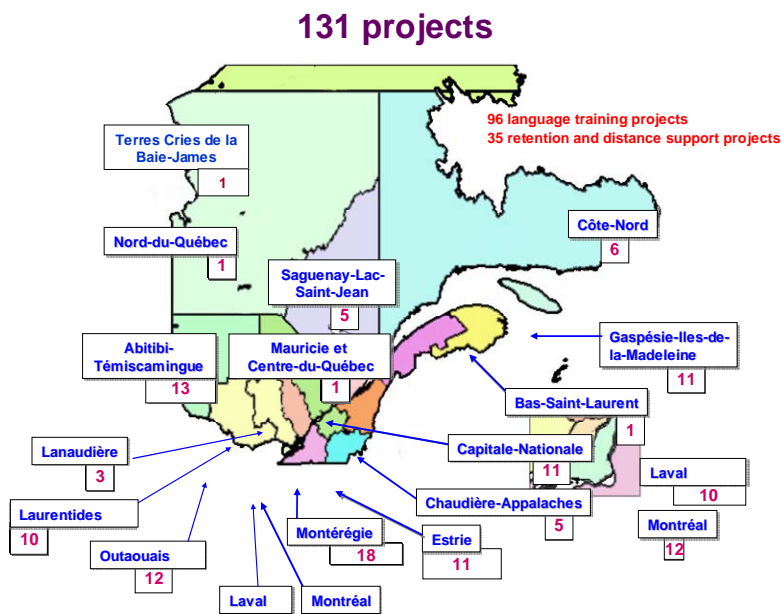


CONTRIBUTION PROGRAM TO IMPROVE ACCESS TO HEALTH SERVICES
FOR OFFICIAL LANGUAGE MINORITY COMMUNITIES



Training and Human Resources Development Project



Annual Report
2006-2007

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A Executive Summary

McGill University's Training and Human Resources Development Project seeks to help ensure that English-speaking Quebecers have access, in their own language, to the full range of health and social services available to the general population. It is in accordance with Health Canada's program to support Quebec initiatives for improving access to health and social services for English speakers.

The Project is sponsored by the McGill Faculty of Arts and administered by the English and French Language Centre, which has primary responsibility for its management in collaboration with the School of Social Work.

The Project has two objectives: (1) to ensure that English speakers can communicate effectively, in their own language, with the health and social service professionals whose job is to serve their needs, and (2) to increase the number of English-speaking professionals within Quebec's health and social services system. We intend to achieve these objectives through four measures, i.e. the Language Training Program for French- and English-speaking health and social service personnel; The Retention and Distance Professional and Community Support Program for English-speaking health and social service personnel and Anglophone communities in remote regions; Transfer of Knowledge initiatives involving the organization of seminars and conferences; and a fourth measure, an Innovation Fund to foster local and regional retention initiatives.

A global budget of \$11.5 million has been committed for developing, implementing, monitoring and evaluating the four measures over three and a half years. The portion allocated for 2006-2007 totalled \$4 million.

Measure 1. Language Training Program

The objectives set out in the work plan were achieved. Seventeen health and social services regions in Quebec submitted projects which provided training for some 2,000 people from 96 institutions. This represents a 40-percent increase over the previous reporting period and the initial target. Two more regions joined the Language Training Program this year: Mauricie-Centre-du-Québec and Terres-Cries-de-la-Baie-James.

Furthermore, most of the regions, which were already taking part in the Program in 2005-2006, saw considerably more people taking the English-language courses in 2006-2007. The regions posting noteworthy improvement in participation rates include Saguenay-Lac-Saint-Jean (from 13 to 36), Abitibi-Témiscamingue (18 to 121), Laval (32 to 140) and Chaudière-Appalaches (59 to 132). The regions of Montérégie (419), Estrie (297) and Capitale-Nationale (223) excelled for the large numbers of professionals taking the courses. In addition, several agencies reported very high participant satisfaction rates. Twenty-eight language training providers were involved.

In addition to the English as a second language courses, activities involved in implementing Measure 1 included a review of the tools for evaluating regional projects and of the standard contract between health and social service agencies and McGill. A recommendation regarding lexicons, that will be useful for learners, was proposed. Almost 200 resources (e.g. instructional material, forms, teaching methods and exercises) were posted on the Project website for the benefit of trainers and learners. These resources include a manual to help receptionists who have completed courses retain the skills they have learned. That manual was developed by a McGill Project team.

Measure 2. Retention and Distance Professional and Community Support Program

Measure 2 is designed to promote retention and support for English-speaking health and social service professionals working in the regions and to provide for increased English-language health and social services there.

Component 1 – Retention. In 2006-2007, the McGill Project funded 25 retention projects for the creation of internships for English-speaking or bilingual students in professional health and social service disciplines. Those initiatives originated in 11 different health and social services regions and were sponsored by health and social service institutions (10), educational institutions (9) or Anglophone community groups (6). Ten internships for Anglophone or bilingual students took place in four Quebec regions. Several factors, notably the complexity of scheduling internships, contributed to the deferment of a number of internships to 2007-2008.

Through one distance learning project, 32 health and social service professionals studied the first two modules of an introductory supervision course, which was produced by the University of Ottawa component of the *Consortium national de formation en santé*. The translation of these modules was financed by the McGill Project. A course in written French was provided for 28 McGill students enrolled in the professional health and social service disciplines addressed by the Project. Twenty-four students enrolled in a non-credit course in oral French; 20 of them completed that course.

Component 2.1 – Distance professional support. Distance professional support is intended to improve the retention rate for English-speaking professionals by offering them distance support and professional development activities.

The work plan had proposed formalizing our partnership with the McGill University Health Centre (MUHC). We will have to revisit that objective. The establishment of integrated university health networks (*réseaux universitaires intégrés de santé, RUIS*), which divide the province based on the four Quebec universities which train doctors, poses an additional challenge for the partnership initiative. Thanks, however, to the solid collaboration already established with the MUHC, we made headway with our provision of distance learning services to English-speaking health and social service professionals working in the regions.

Three videoconferences were provided for health and social service professionals working in the McGill *RUIS* territory, the first two dealing with Child Adolescent Psychiatry. There were 22 participating audio sites and 22 video sites. The other videoconference, Diabetes 101, reached 23 audio sites and 22 video sites. Unforeseen circumstances precluded the possibility of collecting data on the number of participants in those sessions. The situation has since been remedied.

Component 2.2 – Distance community support. The Community Health and Social Services Network (CHSSN) was contracted to begin distance community support activities. Outcomes for the current year are as follows: 11 sessions totalling 718 participants were held on topics requested by the communities. The number of participants per session ranged from 24 to 94. Attention Deficit Disorder and Learning Disabilities, Mental Health 101, Bullying, Alzheimer's Disease, and Diabetes were some of the many topics addressed.

All eight community organizations in the four pilot communities and four new communities were regular participants in the Telehealth sessions. The pilot communities were the Committee for Anglophone Social Action (CASA), the Council for Anglophone Magdalen Islanders (CAMI), the Coasters Association and the Megantic Community Development Corporation (MCDC). The new communities were Vision Gaspé Percé Now, the Townshippers' Association, the Outaouais Health and Social Service Network (OHSSN) and the Neighbours Association of Rouyn-Noranda. The Telehealth coordinators contributed immensely to the success of the Telehealth Program.

The Telehealth ToolKit was updated and finalized in consultation with the pilot sites, then uploaded to the Telehealth section of CHSSN's website at www.chssn.org/en/telehealth_program.html. Another valuable tool was developed in collaboration with the Montreal Children's Hospital: a portable poster describing the Telehealth Program.

Several of the communities developed new partnerships, which enabled them to set up more Telehealth locations in their areas. This proactive move stimulated awareness of a need, as well as a commitment to improve services and information in English. The availability of telephone conferencing was a new development for Telehealth. Two organizations – CAMI and MCDC – made use of this option, with favourable results.

Measure 3. Organization of Seminars and Conferences

Measure 3 seeks to transfer knowledge through the organization of seminars and conferences. A day-long information-sharing meeting on Retention Initiatives was held in June 2007 and drew 46 participants, mostly from the 25 projects funded through the McGill Project.

Measure 4. Innovation Support Fund

During this reporting period, the retention projects of Anglophone community groups were transferred to Measure 4, the Innovation Support Fund. This move was necessary to facilitate Project accountability vis-à-vis Health Canada. Information on the outcomes is reported under Measure 2.

Research and Evaluation

Two areas of research focus were undertaken to help carry out the Project and support its long-term evaluation.

The Health Care Access for Linguistic Minorities (H-CALM) research team, consisting of ten researchers from four Montreal universities, began work on four research projects addressing the first focus, different but complementary aspects of health care communication. Four grant proposals were prepared. Two were submitted to the Canadian Institutes for Health Research (CIHR) and the other two to the Social Sciences and Humanities Research Council of Canada (SSHRC). One of the proposals submitted to the SSHRC, *Talking About Pain: Health Care Communication in a Second Language*, was awarded a research grant.

In November 2006, the H-CALM team submitted a proposal to host a symposium at the 75th *Congrès de l'Association francophone pour le savoir (Acfas)* in May 2007. That proposal was accepted in early 2007. Two H-CALM researchers and their research assistant submitted a proposal to present a paper entitled *Identification of Quebec Nurse Speech Acts for Assessment* at the 29th Language Testing Research Colloquium in June 2007. That proposal, too, was accepted.

Concerning the second research focus mentioned in the work plan, the Steering Committee approved an exploratory study to identify and document language training practices tailored to the specific context of each of the 17 Quebec regions. It is expected that the BEST Project will prove instrumental in providing reference points, especially for reviewing performance indicators and best practices in language training and for the development of instructional materials.

The evaluation activities set out in the work plan were carried out. An evaluation advisor experienced in three Project-related fields was hired. An Evaluation Follow-up Committee was formed. Regularly scheduled meetings were held to review the evaluation tools and evaluation progress, and the Principal Investigator maintained contact with the ENAP evaluation team. A review of the interim evaluation report prepared by CREXE was submitted in March 2007 within Health Canada's prescribed timeframe.

Conclusion

The Training and Human Resources Development Project is well underway and progressing as planned. The proposed measures provide a full range of solutions for resolving problems of English-language access to health and social services for English-speaking Quebecers.

As is clearly seen from a summary of the results achieved through these four measures, an impressive number of influential stakeholders in Quebec's health, social services, education and community organization sectors are actively involved in carrying out McGill University's Training and Human Resources Development Project.

We have addressed the key challenges, including the mobilization of all partners and the establishment of sustained collaboration between the health and social services, education and community sectors.

This project meets the needs of health and social service personnel, whose participation and enthusiasm attest to the soundness of the Project's objectives.

B 1.0 Introduction

Based on the first language spoken, Quebec's English-speaking population in 2001 was 918,955, accounting for 12.9% of the Quebec population. This community is dispersed over all regions, but the size of each community varies considerably from one region to the next. The aging of this population and its fairly low representation in certain regions are two factors that create barriers and disparities regarding access to services.

McGill University's Training and Human Resources Development Project seeks to ensure that English-speaking Quebecers have access, in their own language, to the full range of health and social services available to the general population. It is in accordance with Health Canada's program to support Quebec initiatives for improving access to health and social services for English speakers.

The Project has been provided with a management structure to fulfil its mandate. It is sponsored by the McGill Faculty of Arts and administered by the English and French Language Centre in collaboration with the School of Social Work.

Several committees have been established to help the Project managers plan, deliver, follow up and evaluate the programs and measures involved. This infrastructure allows for rigorous management. The first such body, the Steering Committee, coordinates all activities. It is comprised of the Assistant Dean, Research and Graduate Studies of the Faculty of Arts; the Principal Investigator from the Department of Anthropology; a Co-investigator from the English and French Language Centre; a Co-investigator from the School of Social Work; the Director, Faculty of Arts Office of Research Opportunities; the Director, Office of International Research; a representative of the Project's main partner, the Community Health and Social Services Network (CHSSN); and the Project Coordinator. This committee met 11 times in 2006-2007.

The second committee, the Advisory Committee, advises the Steering Committee on major Project policies and directions. It is comprised of representatives of the *Ministère de la Santé et des Services sociaux* (MSSS), health and social service centres, professional corporations, educational institutions, organizations originating in the Anglophone community, and the Consortium national de formation en santé (CNFS). This committee meets twice a year. This year, one of its recommendations was to increase Project visibility for all target groups.

The Evaluation Follow-up Committee advises the Steering Committee about evaluation procedures. It is made up of four Steering Committee members and an expert in the evaluation of health and social services. Lastly, there is the Planning and Operations Committee, comprised of the Anglophone community liaison consultant, the Retention Program Coordinator, the person in charge of liaison with regional and local partners, and the Project Coordinator.- Its role is to monitor the implementation of funded projects and formulate opinions for the Steering Committee regarding planning, policies and procedures.

The Project has two objectives: (1) to ensure that English speakers can communicate effectively, in their own language, with the health and social service professionals whose job is to serve their needs, and (2) to increase the number of English-speaking professionals within Quebec's health and social services system. We intend to achieve these objectives through four measures, i.e. the Language Training Program for French- and English-speaking health and social service personnel; the Retention and Distance Professional and Community Support Program for English-speaking health and social service personnel and Anglophone communities in remote regions; transfer of knowledge initiatives involving the organization of seminars and conferences; and a fourth measure, an Innovation Fund to foster local and regional retention initiatives. This fund promotes community leadership for the creation of field placement sites for Anglophone students in the regions in the health and social service disciplines.

2.0 Assessment of 2006-2007 Work Plan Outcomes

2.1 2006-2007 Work Plan

The Project Steering Committee drew up a work plan comprised of seven general objectives.

The first general objective addresses Project evaluation. In order to obtain advice and recommendations from diverse sources, as well as top-calibre consulting services, the Steering Committee planned to hire an evaluation advisor and set up an evaluation follow-up committee. Additionally, pursuant to the timeframe prescribed by Health Canada, an implementation evaluation report was to be submitted by March 31, 2007.

The second general objective is to develop and maintain a research program in support of Project delivery and evaluation. The prioritized research topics are the evaluation of communication barriers hindering access to health and social services, an exploratory study of the language training practices and models favoured by the various educational organizations, an analysis of the distance professional support program, and an evaluation of the health care needs of the English-speaking population as related to access to services.

The third general objective is to ensure effective communication with the target groups and the media. With this in mind, the Steering Committee intended to plan and implement methods of communication within McGill University and with Anglophone community groups, the health and social services network, educational institutions and professional associations. It further planned to maintain ongoing liaison with the above-mentioned partners.

The fourth general objective concerns Measure 1, the Language Training Program, which is designed to increase the number of French-speaking professionals who are able to serve English-speaking clients in English. In order to mobilize their partners around a common vision and shared orientations and to assume their responsibilities for funding, follow-up and accountability, the Project managers planned to review the Measure 1 implementation tools developed in 2005-2006: the prospectus describing the program and the respective responsibilities of the partners, and the project presentation grid, including training quality criteria and the resource allocation procedure. Lastly, a review of the standard contract and the execution of contracts with health and social service agencies responsible for implementing the Language Training Program in the individual regions was planned. The McGill Project also planned to develop a standard tool for assessing learner skills and creating an exchange and support network for training organizations and training providers. Pursuant to Annex A of the Contribution Agreement, instructional materials were to be produced for learners' independent use upon completion of their courses.

The fifth target of the work plan – The Retention Program – is to increase the number of Anglophone or bilingual students in health and social service disciplines who will intern in the regions and then to return to work in those areas. The initial emphasis was on student awareness-building and information and on connecting with institutions to encourage them to develop field placement opportunities. The procedures for approving funding applications, signing contracts and transferring allocated funds were required to guarantee effective accountability. Plans called for providing an introductory supervision course for prospective field supervisors and for providing access to professional French courses for McGill students in the professional health and social service disciplines. The creation of a network of supervisors was contemplated, as was the provision of summer internships for McGill Faculty of Arts students.

The anticipated outcomes for the sixth objective translated into the determination to increase access to health and social services by improving the delivery of Telehealth sessions to English-speaking communities in remote regions. The Community Health and Social Services Network, mandated to carry out this objective, planned to ensure communities of increased support for assessing their needs and for developing and following up health promotion activities via Telehealth.

The seventh and final objective calls for improving the retention of English-speaking professionals in the regions through distance professional support and development activities. The Steering Committee intended to achieve this objective by formalizing our partnership with the McGill University Health Centre.

2.2 Outcomes of Work Plan Objectives

First objective: Evaluate the Project in light of Health Canada policies and procedures

All activities envisaged in the work plan were carried out. An evaluation advisor experienced in three Project-related fields (health and social services, community participation and research) was hired in May 2006. That advisor was instrumental in liaison between CREXE, the partners and the McGill Project throughout the evaluation process. Her mandate is to support the McGill team and its partners so that the evaluation is effective in achieving the Project objectives.

An eight-member internal Evaluation Follow-up Committee was set up in June 2006. Four of the members are from the Project Steering Committee and the others are from CREXE and a health and social services agency. The Evaluation Advisor is the coordinator of this committee. Regularly scheduled meetings were held to review the evaluation tools and evaluation progress. The Principal Investigator maintained contact with the ENAP evaluation team. A review of the interim evaluation report prepared by CREXE was submitted in March 2007 within Health Canada's prescribed timeframe.

In addition to these activities included in the 2006-2007 work plan, the Evaluation Advisor established an external advisory committee of representatives from the Project's partner organizations. That committee is mandated to ensure that the concerns of the agencies and their partners are considered in the evaluation process and with facilitating the evaluation process in the partners' home regions.

Second objective: Define and implement a research program to assist and support implementation and evaluation of Project measures

The research focus on communication barriers hindering access to services was prioritized in 2006-2007. The H-CALM research team, consisting of ten researchers from four Montreal universities, formulated its short and long term research goals and began work on four research projects focused on four different but complementary aspects of health care communication. The team hired a full-time research coordinator in April 2006. Eight casual research assistants were hired over the course of the year, and eight team meetings were held.

The first four research assistants compiled bibliographies of the literature relevant to each project. One research assistant and the Research Coordinator helped prepare four grant proposals: two of those proposals were submitted to the Canadian Institutes for Health Research (CIHR) and the other two to the Social Sciences and Humanities Research Council of Canada (SSHRC). One of the proposals were submitted to SSHRC, *Talking About Pain: Health Care Communication in a Second Language*, was awarded a research grant. A fifth application for a nation-wide SSHRC Strategic Knowledge Cluster grant was submitted, with H-CALM members cited as co-applicants. The application was recommended, but was not funded.

With the bibliographies completed in the fall of 2006, four more research assistants were hired in the last two quarters to begin work on the actual research projects.

In November 2006, the H-CALM team submitted a proposal to host a symposium at the 75th *Congrès de l'Association francophone pour le savoir* (Acfas), held at the Université du Québec à

Trois-Rivières in May 2007. That proposal was approved in early 2007. The event was designed for information sharing among H-CALM researchers, other researchers and the Project team. In March 2007, the H-CALM Principal Investigator was asked to organize a research symposium at the 2nd *Forum national de recherche sur la santé des communautés francophones en situation minoritaire*, to be hosted by the *Consortium national de formation en santé* in November 2007. Two H-CALM researchers and their research assistant submitted a proposal to present a paper entitled *Identification of Quebec Nurse Speech Acts for Assessment* at the 29th Language Testing Research Colloquium in June 2007. That proposal was accepted. Co-authorship of a manuscript reviewing the complex nature of technology-mediated interpersonal communication between patients and nurses was undertaken by two research assistants and an H-CALM researcher. Three H-CALM researchers and their research assistant continued with the development of a prototype interactive learning tool, including a literature review on the use of automatic speech recognition (ASR) technology in language teaching.

As regards the second research focus included in the work plan, the Steering Committee approved an exploratory study to identify and document language training practices tailored to the specific context of each of the 17 Quebec regions. The BEST project, begun late in the fourth quarter, will prove instrumental in reviewing the Language Training Program with a view to renewing the Training and Human Resources Development Project. That exploratory study will provide reference points, especially for reviewing performance indicators, best practices in language training, the criteria for excellence for choosing training organizations, and the development of instructional materials.

The last two foci – evaluation of the distance training programs and practices and assessment of the population's health care needs as related to access to services – had to be postponed.

Third objective: Ensure appropriate communication with target groups and media

The first issue of *Dialogue* was published and distributed in June 2006. Distribution of the second issue was postponed until early May 2007 since gathering and validating information was more time-consuming than expected.

Two newsletters, one for the McGill academic community and another for educational institutions and professional corporations, were cancelled since those groups could be reached through the website and the *Dialogue* newsletter.

Liaison with representatives of Anglophone communities in each region was handled by the Liaison Consultant, who reported to the Steering Committee. The Liaison Consultant established ongoing liaison with the Provincial Committee on the dispensing of health and social services in the English language and with Health Canada's Consultative Committee.

The Principal Investigator, two Co-investigators and the Project Coordinator participated in a consultative process which the Provincial Committee held in September to integrate federal measures into Quebec's health and social services system.

As planned, the Project Secretariat maintained permanent liaison with the partners directly involved, i.e. English-language health and social service agencies, health and social service centres and other institutions, training organizations, educational institutions specialized in the training of health and social service professionals, professional orders and Anglophone community groups. It used e-mail or telephone to provide continuing assistance and rapid, courteous responses to the many queries from local and regional project officers. Additionally, under the purview of the Language Training Program (Measure 1), six videoconferences were held with agencies and training organizations in all regions of Quebec. Three telephone conferences in connection with the Retention and Distance Community and Professional Support Program (Measures 2 and 4) provided opportunities to answer requests for clarification from project officers, review the progress of the projects and share common experiences.

Fourth objective: Increase the number of French-speaking professionals capable of serving English-speaking clients in English

In early 2006-2007, McGill and its partners collaborated on reviewing the allocation method established in 2005-2006 and updating the prospectus and the training quality criteria. The contract, patterned on the one from the previous reporting period, gave rise to intense discussions that led to an amended standard agreement meeting the expectations and needs of all Program stakeholders, i.e. agencies, training organizations and the McGill Project.

The Presentation Grid for Project proposals was simplified and forwarded to agencies and partners in mid-May. Seventeen regional project proposals were submitted, 15 of which were approved by the Steering Committee by the end of the second quarter. The first payments were issued to 15 regional agencies by the beginning of November 2006. Two more projects were presented, approved and funded in the fourth quarter.

Close to 2,000 students from 17 regions and 96 institutions took the English language courses. This is a 40-percent improvement over the previous reporting period and the initial target. Two more regions came on board this year: Mauricie–Centre-du-Québec and Terres-Cries-de-la-Baie-James. The detailed data, by region, appear in the following table.

Region		Number of workers trained 2005-2006	Number of workers trained 2006-2007
01	Bas-Saint-Laurent	30	23
02	Saguenay-Lac-Saint-Jean	13	36
03	Capitale-Nationale	255	223
04	Mauricie et Centre-du-Québec *	N/A	N/A
05	Estrie	309	297
06	Montréal	97	124
07	Outaouais	111	141
08	Abitibi-Témiscamingue	18	121
09	Côte-Nord	8	15
10	Nord-du-Québec	4	6
11	Gaspésie-Îles-de-la-Madeleine	88	99
12	Chaudière-Appalaches	59	132
13	Laval	32	140
14	Lanaudière	35	43
15	Laurentides	100	156
16	Montérégie	268	419
18	Terres-Cries-de-la-Baie-James **	0	19
TOTAL		1,427	1,993

* The 2006-2007 allocation to the Mauricie–Centre-du-Québec region was to be used for the preparation of a training project to create a bank of interpreters in 2007-2008.

** No allocation to Terres-Cries-de-la-Baie-James in 2005-2006.

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

Moreover, most of the regions, which were already taking part in the Program in 2005-2006, saw considerably more people taking the English-language courses in 2006-2007. The regions posting noteworthy improvement in participation rates include Saguenay-Lac-Saint-Jean (from 13 to 36), Abitibi-Témiscamingue (18 to 121), Laval (32 to 140) and Chaudière-Appalaches (59 to 132). The regions of Montérégie (419), Estrie (297) and Capitale-Nationale (223) excelled for the large numbers of professionals taking the courses. In addition, several agencies reported very high participant satisfaction rates. Twenty-eight different language training providers were involved.

As regards liaison and coordination, six videoconferences were held with MSSS and regional agency representatives and language training providers. Discussion during the first quarter was concerned chiefly with contract terms and conditions. In the second quarter, discussion centred on issues relating to the planning of language training activities for fall and winter. A work group was set up in July to develop evaluation criteria and make recommendations on lexicons. A report was produced in September, and training providers now have access to a list of lexicons evaluated by an expert team under McGill's coordination.

Throughout the year, relevant materials and documents for trainers and learners were organized and made ready for the website. The results are impressive: 103 resources for language teachers, including links to ready-made materials and forms (48); articles on ESL teaching methodologies (52); and Project presentations (3). For learners, our website provides 80 links, including sites related to grammar (23), listening skills (13), speaking and pronunciation (19) and writing skills vocabulary (25). In addition, there are 55 health links, including listening, reading and vocabulary, as well as general health resources. These resources can be consulted at <http://www.mcgill.ca/hssaccess/trainers/>.

The development of materials to help learners retain language skills acquired during their course was begun. Three professional groups were targeted: receptionists, triage nurses and social workers. The time needed for this task had been underestimated, and it proved impossible to complete that material this year. However, the receptionist manual, the first in the series, was far enough along to be presented at the March 2007 videoconference for agency and training organization representatives. The participants were highly appreciative and the comments very positive. The manual is posted online; paper copies will be distributed to students early in the next year.

The first phases of research for developing a skills assessment tool were completed. However, given the complexity of this undertaking, that tool will not be finalized by the end of this Contribution Agreement.

Fifth objective: Increase the number of health care and social work students taking up field placement opportunities to serve English-speaking communities in the regions of Quebec and who will work in the regions after interning there

During the first quarter of 2006-2007, the Steering Committee approved almost all 25 retention proposals from health and social service institutions (10), educational institutions (9) and Anglophone community groups (6). Table 2 below lists the origin of the projects by region (11) and type of organization (3).

Region		Health and social service institution	Educational institution	Anglophone community group*	Total
03	Capitale-Nationale	1	1	0	2
05	Estrie	1	0	0	1
06	Montréal	3	6	0	9
07	Outaouais	0	0	1	1
08	Abitibi-Témiscamingue	0	2	0	2
09	Côte-Nord	1	0	1	2
11	Gaspésie-Îles-de-la-Madeleine	1	0	2	3
12	Chaudière-Appalaches	0	0	1	1
13	Laval	1	0	0	1
15	Laurentides	2	0	0	2
16	Montérégie	0	0	1	1
TOTAL		10	9	6	25

* During this reporting period, the retention initiatives of Anglophone community groups were switched over to Measure 4, the Innovation Fund. That move was necessary to facilitate Project accountability vis-à-vis Health Canada.

During the year, health and social service institutions offered 178 potential field placement opportunities for health and social service students.). Ten internships for Anglophone or bilingual students took place in four Quebec regions. Several factors, notably the complexity of scheduling internships, contributed to the deferment of a number of internships to 2007-2008.

	Social Services	Nursing	Speech Pathology	TOTAL
Estrie	1		1	2
Montréal	5			5
Montréal			2	2
Nunavik		1		1
TOTAL	6	1	3	10

A presentation was made to all Social Work classes and a Nursing class to make McGill students more aware of placement opportunities in the regions. According to plan, a WebVista site for all professional schools was prepared at the start of the school year.

As planned, an introductory supervision course was provided to train potential field supervisors. We entered into a partnership with the University of Ottawa component of the *Consortium national de formation en santé* in order to use their supervision course. An English translation of the course material was completed by September 30. Sixteen students were registered for Module 1 (of 5) of that Web-based course. Their fields of study were: Social Work, Physical Therapy, Occupational Therapy and Nursing. Fifteen professionals completed the first module. Module 2 was piloted (8 students), and Module 1 was repeated with eight students. New professional disciplines came on board, and the first two modules were revised in light of an evaluation report conducted by the Faculty involved with the web-based course. Three conference proposals were submitted: Supervision conference (Buffalo); Association of Social Work Practice with Groups, New Jersey; and Canadian Association of Schools of Social Work (CASSW) (Saskatchewan). All were accepted, but only one (CASSW in Saskatchewan) was delivered, due to cost and other factors. A Research Grant proposal was submitted, but not recommended. We were asked to provide additional material and to resubmit.

In July and August 2006, students registered in professional disciplines related to health and social services were mailed a card publicizing the French courses (Social Work (150), Physical Therapy (5), Occupational Therapy (50) and Nursing (50)). A credit course in written French began on September 6 and was successfully completed in December by 14 students from the following disciplines: Social Work (11), Occupational Therapy (1), Physical Therapy (1) and Pre-Medicine (1). As well, an oral French course, involving approximately 14 students, took place between September and December. Recruitment and testing for the January-April courses took place between September and December 2006. A three-credit course in written French was delivered from January to April (14 students), with nine Social Work students in attendance. Two non-credit oral French courses were given from January to April 2007, with 24 Social Work and Nursing students in attendance. Twenty of those students completed the course.

English-speaking professionals in the regions were offered French courses through the Language Training Program. Twenty professionals in the Outaouais region and 18 in the Montréal region registered for these courses.

Meetings were held with field placement coordinators from professional programs at McGill and Vanier Nursing to create a network of potential supervisors in the regions. A mini website targeting professional corporations was completed in March 2007: http://www.mcgill.ca/hssaccess/two/get_involved/.

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

Sixth objective: Offer distance services in order to provide more health and social services for the English-speaking population in the regions

Table 4 summarizes the Telehealth statistics for the reporting period. Eleven Telehealth sessions were held on community-requested topics, for a total of 718 participants. The number of participants ranged from 24 to 94.

	Topic	No. communities	No. sites	No. participants
Quarter 1 April-June	<i>Attention Deficit Disorder and Learning Disabilities</i>	5	10	75
Quarter 2 July-September	N/A			
Quarter 3 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 Disabilities – Part 2</i>	5	11	71
	<i>Drugs and Alcohol</i>	5	6	94
Quarter 4 January-March	<i>Grief and Loss – Part 2</i>	7	9	57
	<i>Cancer – Part 2</i>	5	5	44
	<i>Dyslexia</i>	4	7	55
	<i>Diabetes Type 1: Children and Adolescents</i>	5	5	24
	<i>Diabetes Type 2: Adults</i>	7	10	69

All eight community organizations from the four pilot communities and four new communities were regular participants in the Telehealth sessions. The new communities were Vision Gaspé Percé Now, the Townshippers' Association, the Outaouais Health and Social Service Network (OHSSN) and the Neighbours Association of Rouyn-Noranda. A new community, the Innuulitsivik Health Centre, has expressed interest for the upcoming funding year.

The nine Telehealth coordinators contributed immensely to the success of the Telehealth Program. Communities attended six out of 11 sessions on average, and evaluations have been carried out. Attendance sheets and consent forms have been signed, allowing for dissemination of the session DVDs. Despite staff changes, new coordinators have quickly stepped into their roles.

In consultation with the pilot sites, the Telehealth ToolKit was updated, finalized and uploaded to the Telehealth Section of the CHSSN website at www.chssn.org/en/telehealth_program.html. It is now available for communities and their staff interested in Telehealth programming.

Another valuable tool was developed in collaboration with the Montreal Children's Hospital: a portable poster describing the Telehealth Program. It was initially presented at a national conference and is now available for community open houses, information sessions and other events.

Given the growing popularity of videoconferencing, it became increasingly difficult for some community organizations to book a site, a situation that limited their chance to participate. Several communities developed new partnerships, which enabled them to increase the number of Telehealth locations in their areas, including:

- Townshippers' Association's Montérégie area created a new partnership with Massey Vanier High School
- Townshippers' Association's Estrie area created a new partnership with Champlain College
- Neighbours Association of Rouyn-Noranda created a new partnership with the local CSSS
- CAMI created a new partnership with the high school
- CASA created a new partnership with two high schools
- Vision Gaspé had access to several new sites in the area, although technical support was lacking

This proactive move on the part of the Anglophone population created awareness of a need, as well as a commitment to improve services and information English.

A new development for Telehealth was the availability of telephone conferencing, instead of videoconferencing, in the event of inclement weather or being bumped from the site. Two organizations – CAMI and MCDC – made use of this option, with favourable results.

Seventh objective: Increase the retention rate for English-speaking professionals in the regions by offering distance support and professional development activities

Our work plan had proposed formalizing our partnership with the McGill University Health Centre (MUHC). We will have to revisit that objective. Indeed, the establishment of integrated university health networks (*réseaux universitaires intégrés de santé, RUIS*), which divide the province based on the four Quebec universities which train doctors, poses an additional challenge for the partnership initiative. Thanks, however, to the solid collaboration already established with the MUHC, we made headway with our provision of distance learning services to English-speaking health and social service professionals working in the regions.

In December, a senior advisor at the MUHC was given responsibility for this project. In January and February, this advisor contacted partners and prioritized the identification of learning needs, the preparation of learning activities and evaluation activities. A Program Coordinator was hired in late February. Three videoconferences were offered to health and social service professionals. Results are summarized in the following table:

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

Unforeseen circumstances precluded the possibility of collecting data on the number of participants in those sessions. The situation has since been remedied.

Unforeseen Achievements

Three objectives produced outcomes that were not anticipated in the 2006-21007 work plan.

Fourth objective – Language training. A call for proposals for special projects involving language training and retention of acquired skills was made to the agencies in November 2006 in anticipation of a possible under-utilization of allocated funds. Three of the agencies availed themselves of that opportunity: Abitibi-Témiscamingue, Gaspésie-Îles-de-la-Madeleine and Chaudière-Appalaches. Through these special projects, English language courses were provided for 40 professionals, and more than 20 people participated in acquired skills activities. Other unplanned outcomes of the Language Training Program include the delivery of immersion English language sessions in a few regions. This approach created a great deal of interest among the participants.

Fifth objective – Retention. The phase preceding the implementation of internships in the regions uncovered obstacles to the project, obstacles which had to be addressed quickly. A budget was earmarked for student financial aid, if needed. Criteria, policies and procedures were developed. Additionally, a special project presented by Jeffery Hale-Saint Brigid's Hospital was carried out. That project, developed in collaboration with CEFRIO, consists of an exploratory study on the mechanisms for network collaboration for professionals and managers involved in providing services to Anglophone seniors and young people in some Quebec regions and on setting up internships within the network.

Sixth objective – Distance community support. A special project entitled *Community Radio* was funded. Its purpose was to test the effectiveness of local English-speaking community radio broadcasting in one English-speaking region as a distance community support activity. It was further intended to verify test results in one other region that uses community radio broadcasting so as to validate the model as suitable for distance community support. Evaluation results showed that Community radio could serve as an effective delivery of health information.

Finally, the work plan proposed for 2006-2007 made no mention of the ways and means of implementing Measure 3: the transfer of knowledge. One activity was carried out. A day-long information sharing meeting on the Retention Program was held in June 2007, with 46 persons from the 25 projects funded through the McGill Project in attendance.

3.0 Other Activities and Outcomes

3.1 Official Languages

Not applicable.

3.2 Fundraising

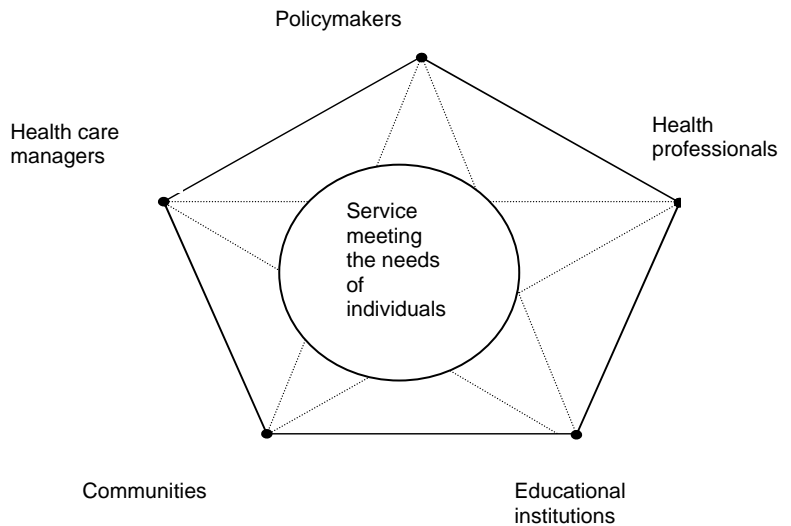
No fundraising activities were undertaken in 2006-2007.

3.3 Participation of English-speaking Population

The English-speaking population was associated in planning, implementing and evaluating the four Project measures. A liaison consultant informs the English-speaking communities and ensures that the views of its members on all aspects of the Project are obtained.

3.4 Partnership and Intersectoral Collaboration

The challenge of setting up a complex project such as the McGill Project calls for active input from several partners. The five prongs of the partnership, inspired by the work of Dr. Charles Boelen, shows strong potential for linking the main partners in a common cause: meeting the needs of English-speaking people. Who are our partners?



Policymakers. The Quebec and Canadian governments clearly indicated their commitment and provided financial assistance.

Health care and social work managers. The Project managers are in constant communication 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 service agencies are given the important role of implementing the Language Training Program. Videoconferences are held on a regular basis with the managers of that program, who assume a creative leadership role in their own region. The managers of the health and social service centres are involved in choosing training priorities for their personnel and deciding whether or not to join in the Retention Program. The McGill University Health Centre is another partner in the Project, with its Telehealth Service taking on responsibilities for distance professional and community support.

Health care and social work professionals. These are catalysts for the health and social services system, in that they determine the success of the measures taken to meet the needs of the English-speaking population. Our Project calls on their willingness and commitment to better serve their English-speaking clients. Over 2,000 health care professionals have responded.

Educational institutions. Language training is offered by 28 training organizations in 17 regions. About ten colleges and universities participate in field placement programs in the regions. Montreal's four universities share in the research program for the Project. A partnership was also established with the *Consortium national de formation en santé*, University of Ottawa component, for the English translation of an introductory course on the supervision of field placement students.

Communities. The Community Health and Social Services Network, the main partner in our Project, is an active contributor, ensuring that the English-speaking communities share in all stages of the Project. Specific partnerships have been established with 11 of those communities.

3.5 Performance Measurement and Project Evaluation

Project activities were evaluated in conformance with the work plan. The Evaluation Follow-up Committee acted in an advisory capacity and monitored the evaluation mandate entrusted to CREXE. The Evaluation Advisor played a vital role of liaison between CREXE, the McGill Project and our partners. These actions, together with the leadership provided by the Principal Investigator for the Project, contributed to compliance with Health Canada's timeframe for submitting the evaluation report in March 2007.

4.0 Conclusion

This marks the completion of the third year of McGill University's Training and Human Resources Development Project. In 2006-2007, 131 projects were implemented in 17 health and social services regions. The number varies with the criteria used, including the size of the English-speaking population. The Bas-Saint-Laurent, Nord du Québec, Terres-Cries-de-la-Baie-James and Mauricie–Centre-du-Québec regions piloted one project each; the Montérégie region set up 18 projects, the Abitibi-Témiscamingue region 13, the Outaouais region 12, and so on.

The language training projects involved some 2,000 health and social service professionals interested in improving their English language skills in order to communicate better with English-speaking clients. Materials are currently being developed to help them retain the language skills acquired through the courses.

Twenty-five projects are being carried out to facilitate the creation of field placement sites in the regions for English-speaking or bilingual students. During the year, health and social service institutions offered 178 potential field placement opportunities for students enrolled in professional programs. Only ten placements actually took place in 2006-2007. Owing to complex placement schedules and the challenges involved in creating those sites, the others were postponed until the next year. Lastly, 11 videoconferences on health prevention and promotion services were provided for 718 English speakers in remote regions.

Project activities are well underway and indeed exceed our expectations. Still, new objectives essential for the Project's continuation must be promoted: the objectives of seeking out productive and lasting partnerships, documenting our actions more effectively and establishing permanent, ongoing evaluation for all our projects.

APPENDIX 1

2007-2008 ACTION PLAN