One Voice

Together

A Coalition serving English Speaking Seniors

CHSSN 20 ANS ENSEMBLE YEARS TOGETHER

# Understanding the Experience of English-Speaking Seniors in Quebec: Accessing and Interacting with Health and Social Services and the Effect on Health Outcomes

2021

Report prepared by

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# Section 1: Introduction

This report presents information gathered from community consultation launched by One Voice. The purpose of the consultation was to understand the **experience** of English-speaking seniors in **accessing and interacting with health and social services**, as well as the effect on **health care outcomes** so that One Voice can better **advocate for and support them**. The objective was to make the anecdotal stories that community workers were hearing consistently more concrete by defining the word “access”, sharing the biggest challenges seniors are facing when accessing health and social services, and describing the "ideal experience" when using health and social services using an appreciative inquiry approach.

Language and culturally appropriate health and social services are necessary for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for English-speaking seniors in Quebec. Access to health and social services is sometimes described as "the timely use of personal health services to achieve the best health outcomes" (Bowen, 2019) and requires gaining entry into the health and social service system, accessible locations where adequate health and social services are provided, and finding a health care or social service provider whom the patient trusts and can communicate with.

## 1.1 About One Voice

The One Voice Coalition is an association of community organizations that serve and advocate for the English-speaking senior population of the Greater Montreal Area. There are some 20 organizations associated with One Voice and each organization connects with between 250 to 2000 seniors in a year. The group meets regularly to share information and best practices and to advocate for improved access to healthcare and services for English-speaking seniors.

A list of all affiliated organizations may be found as Appendix D.

## 1.2 About the Consultation

In early 2021, One Voice Coalition asked Recreotherapy to develop and implement a community consultation with Montreal English-speaking seniors. The findings, conveyed in this report, will be used to help One Voice better support and advocate for English-speaking seniors and to develop the next steps in improving their access to health care and social services. The methodology included a literature review, a survey, and two focus groups (one with English-speaking seniors and the other one with community workers that serve them). Detailed methodology and findings are presented in Section 3 of this report.

# Section 2:
# Current Research

## 2.1 Access to Health and Social Services

Access to and regular use of health and social services influences the health of individuals and communities. Physical proximity, as well as the nature, quality, and appropriateness of services (such as timeliness, expertise, linguistic, and cultural sensitivity), are all required to ensure positive health outcomes related to accessing health and social services. Lack of information regarding health and social service offerings, low health literacy, obstacles to communication, lack of private insurance plans, and insufficient income to cover the costs increasingly associated with medical testing, drugs, and home-based care all tend to contribute to health inequalities within a population (Bowen, 2019).

## 2.2 Language Barriers

Numerous studies have confirmed that language barriers affect access and quality of care for linguistic minority communities. Obstacles to communication can:

- reduce access to preventative services
- increase consultation time including the number of tests and the possibility of diagnostic and treatment errors
- affect the quality of services requiring effective communication such as social services
- reduce the probability of treatment compliance and reduce users' satisfaction with the services received.

In the complex context of a medical situation where the communication between the care provider and the patient is a key factor in a positive health outcome, it is not surprising that the language spoken most often is considered the most effective. The treatment by health professionals of sensitive issues such as cancer, addiction, or depression, requires ease of communication as a feature of building trust and offering comfort to patients (Bowen, 2019).

Importantly, English-speaking seniors are less likely to be proficient in the French language compared to English speakers of the younger generation, and those who are bilingual tend to experience second language attrition associated with aging and a decline in health (Bowen, 2019).

Access to information is a prerequisite to use the health and social service system. Awareness of clinics and programs offered to Quebec citizens through the public health institutions in their region is a precondition of participation and subsequent positive health impact. Health literacy can be defined as the skills needed for individuals to access, understand, appraise, and use information and services to make decisions about health. Lower health literacy skills, especially when information is not available in a language of one's choise, can bring a greater risk of long-term, life-limiting, health conditions, more difficulty managing medications, and, in older people, earlier mortality (Bowen, 2019).

## 2.3 Health Outcomes

When services cannot be easily accessed, seniors and caregivers often make critical trade-offs which can have a negative impact on their independence, safety, and other important health outcomes. Additional consequences of not being able to access services include greater financial strain, social isolation, poor safety at home, lack of independence, and greater caregiver strain.
(Gill, A et al, 2017).

# Section 3: Consultation Methodology and Findings

# 3.1 Methodology

An Appreciative Inquiry Approach was chosen for the community consultation as a way to engage groups of people in self-determined change. This approach **focuses on what's working, rather than what's not working**, and leads to people co-designing their future. The steps of Appreciative Inquiry include:

- Define the desired outcome
- Discover strengths
- Dream of what would work well in the future
- Design what actions are needed to make it happen
- Deploy and take action

The scope of this community consultation focused on collecting data for steps 1-3, and then the advisory committee will decide where to go next for steps 4 and 5 (See Appendix A).  The specific methods used for this consultation included a survey and two focus groups.

The survey was created and launched in March 2021 and included both quantitative and qualitative questions for older adults, caregivers, and community workers (See Appendix B). This survey was sent to the staff at all of the organizations who are members of One Voice and the organizations were asked to send it to their networks, including older adults, caregivers, and community workers. The survey was created on SurveyMonkey and participants filled it out online, or had a family member or staff member fill it out on their behalf.

There were also two virtual focus groups held in March 2021 using the Zoom platform; one for seniors who are members of One Voice Organizations and one for community workers who serve seniors (See Appendix C). Organizations were each asked to identify several seniors that they thought would be interested, and who have the digital literacy required to participate.

# 3.2 Participant Profile

## 3.2.1 Survey

An online survey using SurveyMonkey was sent out to all of the One Voice organizations who shared it with their senior members, caregivers, and community workers. There were 407 replies to the survey, several of which were filled out by seniors who do not have access to the internet or a device, with the help from community workers. The graphs below show the demographics of the people who responded to the survey.

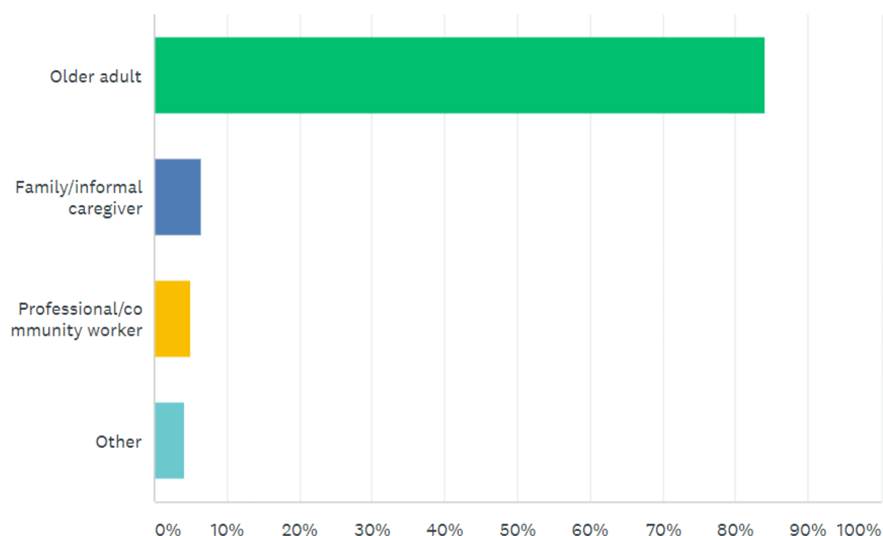



*Figure 1*

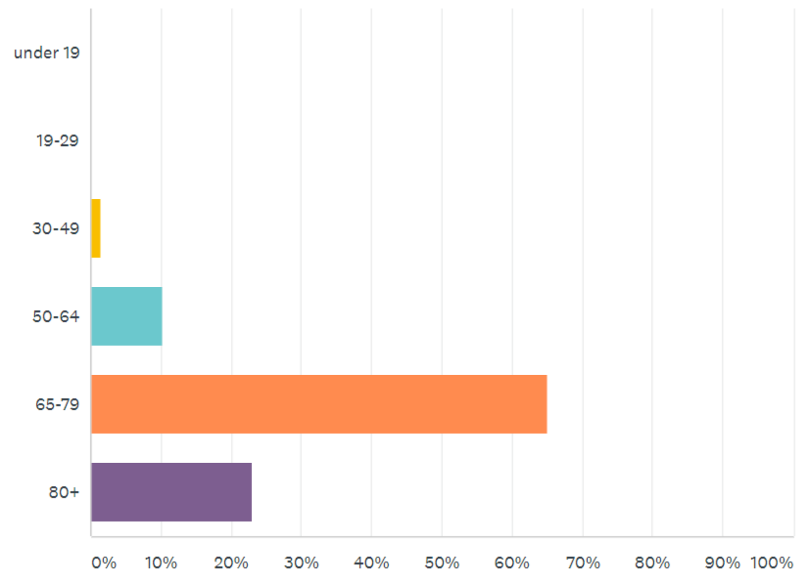



*Figure 2*

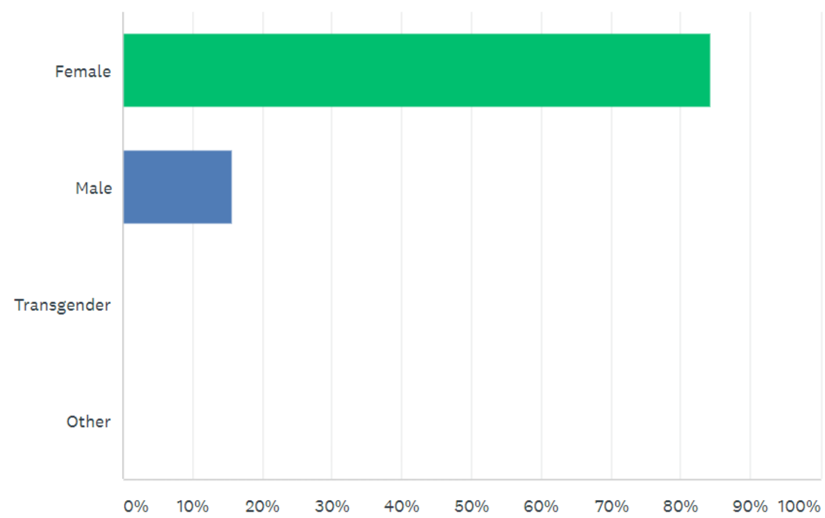



*Figure 3*

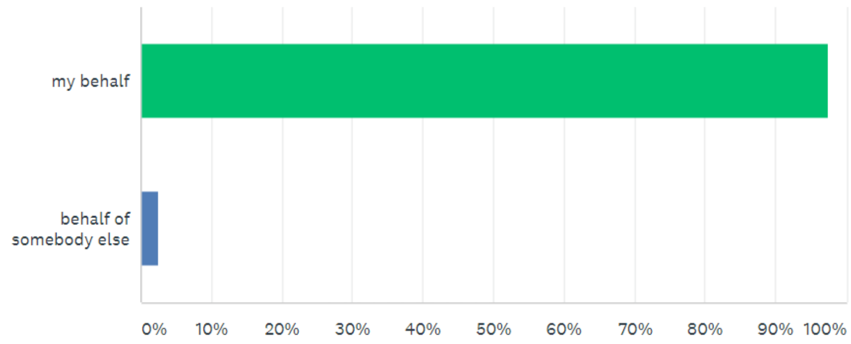



*Figure 4*

### 3.2.2 Focus groups

The One Voice organizations were asked to identify potential participants for the focus groups. Focus group 1 consisted of 16 community workers and 3 facilitators. Focus group 2 consisted of 21 older adults and 4 facilitators. It should be noted that generally, the seniors in attendance of the focus groups represented a tech-savvy group with strong communication skills.

## 3.3 Defining and Rating Access

In the focus groups, older adults and community workers were asked how they would define access, as related to accessing health care and social services. The responses consistently showed that access is more than the physical aspect of it. It also includes removing barriers and obstacles that prevent someone from having a richer or fuller positive experience and ensuring people are aware of what is available and that information and services are available in the person's language and location of choice, in a timely fashion and without intimidation. As stated by one participant,

> "Barriers to access and information begins with the first phone call made to a CLSC, office, etc. in which there are a series of instructions or options relayed in French. If there are other complicating factors, hearing, cognitive, or mental health issues, the process becomes intimidating to the point that a kind of malaise sets in. Many staff members reported that their clients will just "give up" trying to follow up, make appointments, get treatment because the process is exhausting."

In the survey, participants were asked to rate (1) the ease of access to obtaining health care and social services in English in Québec; (2) access to information in English related to health and social services in Quebec; and (3) access to specific services in English in Quebec. As seen in Figure 5, more than 71% of the people who responded to the survey rated the ease of access to obtaining health care and social services in English in Quebec as moderate, difficult, or very difficult.

In general, how would you rate the ease of access to obtaining health care and social services in English in Quebec

Answered: 373   Skipped: 34

3.1★

average rating

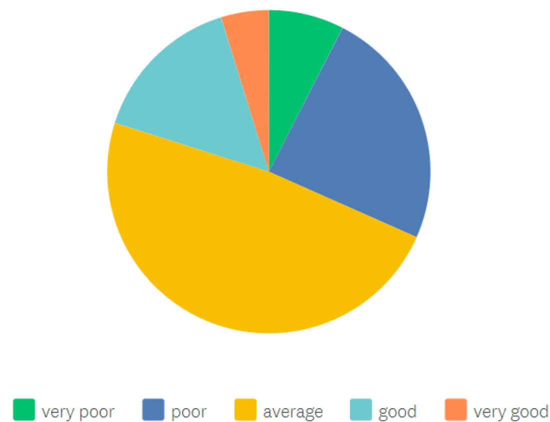
| | VERY DIFFICULT | DIFFICULT | MODERATE | EASY | VERY EASY | TOTAL | WEIGHTED AVERAGE |
|---|---|---|---|---|---|---|---|
| ☆ | 4.83%<br>18 | 16.09%<br>60 | 53.08%<br>198 | 20.64%<br>77 | 5.36%<br>20 | 373 | 3.06 |

*Figure 5*

Moreover, more than 75% of people who responded to the survey rated access to information in English about health care and social services in Quebec as average or below.

How would you rate access to information in English about health care and social services in Quebec

Answered: 398   Skipped: 9



very poor   poor   average   good   very good

*Figure 6*

Figure 7 shows how the people who responded to the survey rated access to specific services, with access to family doctors and online services rated the most difficult, and access to pharmacists and 911 the easiest.
Several people who reported access as “very easy” or “very good” in these questions clarified in the comments that they were bilingual and often resorted to speaking French when accessing health care and social services.

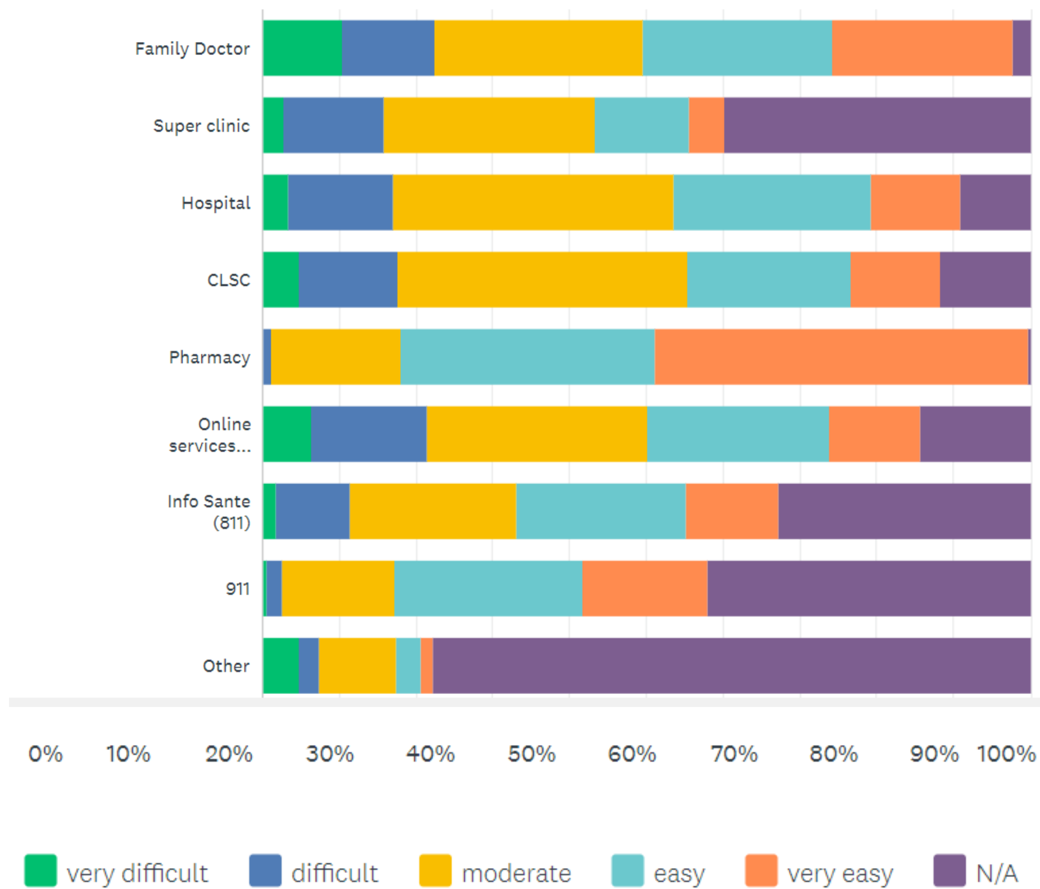



*Figure 7*

## 3.4 Challenges to Access

Participants were asked what were the biggest challenges to access to health and social services that they faced. Traditional challenges such as wait times, transportation, parking, lack of staffing, lack of age-friendly services, technology, and lack of funding were mentioned. Most notable was how these challenges were more pronounced for English-speaking seniors. While fewer challenges were experienced by participants in certain areas of Montreal, the further away from the city seniors live, the more challenges they face getting timely access to programs and services in English close to where they live.

**COVID-19**

Focus group participants expressed added challenges with COVID-19, especially at the beginning of the pandemic, noting a delay in getting information in English leads to inequality and difficulty making an appointment for testing or vaccines and traveling to the site. They also expressed that the inability to see a clinician in person can make the communication and language barriers even more pronounced, and that even if in person, the mask makes it difficult to see body language and read lips.

**Support systems**

The reality of many English-speaking seniors is that their adult children have moved away from the province, and they lack a support system and an advocate.

**Navigating the System**

A barrier to access is the multiple agencies and departments involved in health care and social services (GP, specialist, CLSC, pharmacy, hospitals), which is often uncoordinated. According to one participant, many services are hidden and seniors need to know what to ask and whom to ask without any clue that a service exists (for example, the cheque employment service where the CLSC pay for respite hours for a caregiver). This puts undue pressure upon the older adults to "manage" their healthcare. Even within a hospital, it is difficult to navigate, get around and find appointments. Of course, when a senior speaks only English, and they do not have an advocate or navigator, it becomes even more challenging to negotiate all of this in French.

**Technology**
While more seniors are embracing technology, there are still some groups that do not have the digital skills or the access to devices to use it. A system that is becoming increasingly dependent on the internet is a significant barrier for seniors in accessing important information. This is especially true, especially for those without a network of family, friends, and community organizations, and even more so when the information is not available in English. Many seniors reported challenges with going online to find information, a resource, or a telephone number as well as difficulty in using Clic Santé.

**Language and Cultural Sensitivity**
Participants in the focus groups expressed that they believed that services in the English language were being diminished over the years. They shared stories of professionals refusing to or being unable to speak English and the challenges that arose in not being able to give a comprehensive history or understanding their diagnosis. Many CLSC services are only available in French and this seems to be a more pervasive issue the further away from Montreal one lives. Even for older adults who do speak some French, as they age and experience memory loss, many revert to their native language.

The participants reported refusal of being served in English in the following situations:

- when receiving COVID vaccine (x 2)
- when making phone calls (some hospitals and CLSC's – even if there is a choice in the phone menu) (x 5)
- getting RAMQ renewed
- medical appointment information card
- policies and complaints system
- home care
- websites
- worse in certain areas of Montreal and outside of the city

According to one participant, "barriers to access and information begins with the first phone call made to a CLSC, office, etc. in which there are a series of instructions or options relayed only in French". Navigating the front-end of the information chain in French can be frustrating and time-consuming and can

cause problems with information flow and access to information.

Even worse, when attempting to receive services in English, many seniors expressed being met with intimidation and a lack of respect (leading to fear), and focus group participants called for the people who design health and social services to show more respect and kindness to frail seniors, especially English-speakers, and to put themselves in their shoes. Equal access to programs and services is necessary and it is not acceptable to feel like a 2nd class citizen as an English speaker.

## 3.5 Stigma

Participants were asked if they (or a family member or client) ever felt stigmatized when seeking or receiving health care and/or socials services in Quebec, with the different levels of barriers to access (seniors, English-speaking, other minority or marginalized group). While more than half of the respondents indicated that they have never felt discriminated against, 142 people indicated they felt discriminated against based on their language, 51 based on their age, 18 based on their ethnicity, 12 based on their chronic/long-term condition, and a handful based on physical or intellectual disability, mental health status, income/social status, religion, and sexual orientation).

I (or my family member or my client) felt stigmatized when seeking or receiving health care and/or social services in Quebec because of which of the following (check all that apply)

| | | |
|---|---|---|
| my age | 13.39% | 51 |
| my language | 37.27% | 142 |
| my physical disability | 1.31% | 5 |
| my intellectual disability | 0.79% | 3 |
| my mental health status | 2.10% | 8 |
| my chronic/long term condition | 3.15% | 12 |
| my ethnicity | 4.72% | 18 |
| my income/social status | 1.57% | 6 |
| my religion | 2.10% | 8 |
| my sexual orientation | 0.52% | 2 |
| I have never felt stigmatized | 56.69% | 216 |
| other | 1.31% | 5 |
| **Total Respondents: 381** | | |

*Figure 8*

The type of stigma experience ranged (in order from most reported to least reported) included attitude of health care worker, delays in access, inappropriate language, refusal to provide information, not being involved in decision making, lack of quality care, denial of rights, and lack of health care facilities. Again, more than half of the respondents reported not experiencing any type of stigma or discrimination. However, they also reported being bilingual and able to communicate in French when seeking health care and social services.

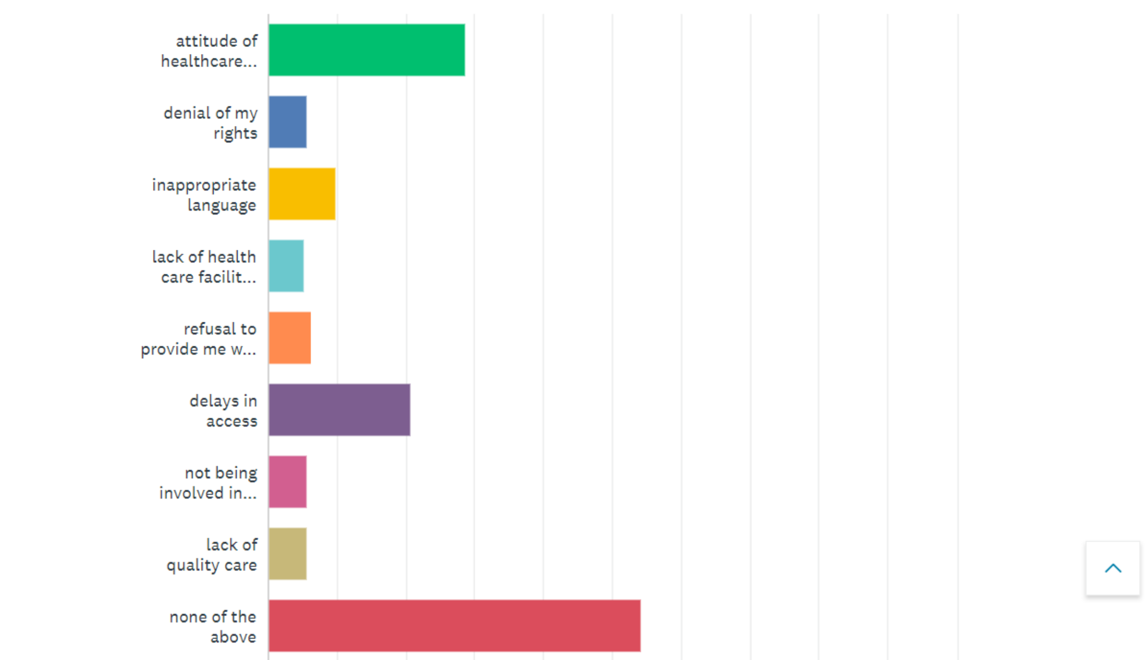



*Figure 9*

In the focus groups, the participants were able to go deeper in discussing stigma and discrimination. There was a call for health care and social services to "serve everybody equally regardless of sex, age, language, color, and ethnicity" and that it is imperative to "consider strategies to decrease stigma especially associated age, language, and other minority status[es]". Below are some specific comments related to stigma and discrimination around different areas of diversity.

**Gender**

- "I wish that people in healthcare would not treat women in general and older women in particular, with such disdain when treating us. I know myself and would appreciate answers to questions I have and input into the care I need."

**Cultural**

- Multicultural/visible minorities who speak third languages are marginalized even more
- City and other government authorities should address issues of racism

**Ageism**

- The daughter of an elderly parent reported that she was spoken down to and as a result, felt embarrassment, fear, and shame. Assumptions were made about capacity. The intersection of ageism, racism, and language is a mixture that leads to feelings of shame.
- Aging people are seen with a critical lens.
- When doctors refuse to see a person who is suffering due to age, something is very wrong with the system.

**Language**

- Humiliating and shaming for the lack of French skills
  - Often feel like a 2nd class citizen as an English-speaker; a stated desire for equal access to services which participant felt was not the case for English-speakers
  - Seniors who have basic French skills - lack of patience in workers who aren't able to communicate slowly – seniors feel humiliated or belittled and dismiss them
  - Experience on the ambulance: "Why don't you speak French? You've been here long enough" to someone who is dying - asking to go to a hospital where speak English and didn't – very difficult for the family. Tried to speak English but was limited. Care was very good though – didn't affect the quality of care.
- Feelings of frustration related to language
  - In this day and age, there is no excuse for medical staff not to be able to speak some English. How the heck did they ever get their training? I

    believe that attitude may be the problem and I fear that it may not get any better.

- I am bilingual and often when I switch to French I am met with a completely different attitude, offering help and information when previously it was unavailable or the service did not exist.
    - Getting services is like a random pull – not sure about the services you will receive. When you have an Anglophone name or Jewish name you lost a lot of the power you had going in.
- Staff’s refusal to speak in English
    - Many times, I've run into people who just, adamantly, refuse to speak English to me, saying they don't, and they say it in a pretty nasty manner. I'm always polite and kind, but they're not. This has happened repeatedly to me in Quebec
    - I encountered staff in a hospital that spoke English without an accent but refused to speak English as French was their first language.

### Socio-economic

- Income level affects fianciale ability to receive certain private services e.g. physiotherapy, mental health services

## 3.6 Impact on Quality of Care and Health Outcomes

Not surprisingly, the participants in the focus groups clearly stated the impact that a lack of access to health and social services has on quality of care and health outcomes. Most notably, many participants reported "giving up" after having a negative experience and not trying to follow up, make appointments, or get treatment because the process of trying to express their needs is exhausting and embarrassing. Other commends included:

- It contributes to mental health issues
- Many people give up and stop trying to receive services
- Feel like they can't express their needs or are afraid of expressing their needs
- Not understanding what they are being told by staff (when spoken to in French)
- Forego getting help because is afraid of the help not being available in English
- It's like you don't count, it's worst and leads to anxiety and stress
- For individuals with hearing, cognitive or mental health issues, the process becomes intimidating to the point that a kind of malaise sets in

*Figure 10*

## 3.7 What is Working Well

Despite identifying many challenges and experiences of stigma and discrimination when accessing health care and social services, participants identified many strengths as well.

**COVID**

Some participants noted that the situation has improved since COVID-19 with easier communication with professionals, consultations by phone, and prompt replies via email. Many seniors reported that they have, "never received so much attention" with community organizations proactively making regular phone calls, improving trust and bonds. Many older adults became competent in using new technologies through digital literacy programs provided by community organizations.

Participants appreciated that the COVID-19 vaccination website and process were simple for English speaking population in some places. For example, the Decarie Square Vaccination Centre was extremely efficient and well run, with many staff on hand.

Finally, when dealing with a family member in the hospital with COVID-19, health care professionals treated the whole family with respect, providing information and listening. Language was not an issue and family was given then time to say goodbye.

**Services**

Participants shared positive things about the following services and their availability in English:

- Clic Santé
- Hertzl at the JGH
- Community organizations collaborating to connect seniors is a positive experience for the seniors
- Lasalle Hospital – staff make every effort to explain and inform in English without hostility or hesitation, or to find someone who can
- The Jewish General Hospital is making efforts to serve in not only French and English but in other languages as well (up to 18 other languages).

- The Glen/Royal Victoria.
- Downtown – hospitals and service centers better and giving services in English OR maybe so used to the barriers that they don't report them.
- CIUSS Centre Ouest
- CLSC Metro
- Professionals in the West Island and English speaking
- Local Community Groups, i.e. N.D.G. Senior Citizens Council
- Montreal Access Committee –hard work that everyone is putting into trying to resolve these access issues
- Family doctors who listen and take concerns seriously

**Bilingual Privilege**
Thirty-one individuals stated that they had no issues with accessing health/social services because they are lucky enough to speak both English and French.

## 3.8 Dreams for the Future

When it comes to improving access to health and social services for English-speaking seniors, many dreams for the future were shared. One participant summarized it by sharing that for her, it would be **"receiving health care and information in a timely fashion, in the language of one's choice and the place of one's choice."**

**Language**
"Services in English and French are very important because everyone in our society benefits when we all attempt to learn both languages and we are all treated as equal citizens respecting our human rights and minority rights."

The most significant dream was to have access to more English information and services so that people can have access to health and social services in the language of their choice. 106 participants stated that they would like to see more bilingual or English pamphlets, signage, phone menus, and websites. Fourty eight participants stated that would like more bilingual or English-speaking staff.

People should be allowed to use their own language with access to health

care professionals who listen, are attentive, and try to understand the patient or ask for help regarding language from another professional, a family member, or a friend. Language is an indispensable component of the effectiveness and quality of services.

### Individuals

- I think it is up to the English-speaking community to DEMAND services in English and NOT to accept services in French. If the English-speaking community continues to accept services in French our rights will erode even faster than they are doing at present.
- To be able to communicate in many different languages to serve the public. Not isolate them.
- Show respect for all languages
- Continue to speak up on the absolute need for English availability in all healthcare matters.

### Community Organizations

Community organizations are like a second home for many seniors. More support, advocacy, and funding for community organizations are needed as they offer outreach to isolated seniors, offer accompaniment services, resource referrals, and translation/dissemination of information very quickly. Some specific suggestions included:

- Smaller community-based clinics
- Relying more on community organizations and municipalities to provide support and navigate the system
- Have onsite nurses at different community sites, or churches, etc. – so seniors do not always have to rely on the hospital to do minor things

### Healthcare and Social Work Institutions

- When calling for Health Care and Social Services they must speak your language to communicate and when a Health Care worker comes to your home they must speak your language so you can communicate with them to help you.
- Ensure that there is the ability to speak to someone in English in the rural areas. Also ask people what language they prefer for forms and then provide them

- Making signs in English larger (2 people)
- Being open-minded to equality of service and further training in sensitization to avoid the negative impact their actions could have

**Support/Advocacy**

- Accompaniment/patient care navigators/advocacy – including for those that have no family living in the province
- Knowing the law and hoops to jump through and how to advocate for oneself
- Digital literacy and offline materials (in English) for older adults who are less tech-savvy
- Better access to the digital world – 59% of Lasalle seniors connected to D&D do not have internet access because they cannot afford the monthly bill.
- A designated phone line for seniors so that they do not have to wait unnecessarily
- Health care workers treat the patient first with no hostility.
- Ensuring a safe place for reporting complaints and discrimination so follow-up actions can be taken and disciplinary measures are taken and to inform the patient/client of the results.

**Mental Health**

- Mental health care for seniors – many undiagnosed people, not being managed at all.
- Adequate health and social services for people having mental health problems and to all vulnerable and/or isolated populations.

**Training/Education**

- Age-friendly and dementia-friendly training
- English language training (especially in less populated areas outside of Montreal)
- Doctors should have to pass French tests and English tests before they can practice
- Mandatory training in empathy, diversity, and multiculturalism (specifically minority rights and language issues). Learning how to deal with difficult and vulnerable patients so that they don't feel dehumanized.
- Empathy, respect, and acceptance of others' differences.

- Client satisfaction monitoring
- Infantilizing is unacceptable

**Staffing**

- Less turnover with CLSC social workers and case managers – establish a trusting relationship
- Better patient/staff ratio
- Have health and social service professionals that work for the city or municipality (TMR)
- Make policy changes to encourage more medical students to enter into family practice, to increase accessibility to GPs and preventive care for more of the population.
- Instill more responsible supervision of staff

**Respect**

- Treat with respect (empathy, dignity, kindness, patience, and equality) was mentioned 8 times by individuals
- Consider whole-person care.
- Be more understanding of the problem and make a point of trying to help.
- The need to be always civil and non-judgmental

**Accessibility of services**

- Outreach to seniors
- Better communication via the media and the pharmacies, local clinics and CLSC
- Government should acknowledge that most elderly are not computer savvy and policies and resources for the elderly should be structured/organized knowing this.
- Make it easier to find and access a family doctor
- Improve access to health care overall not just English services
- Centralized highly publicized phone number/web site that groups together All services/devices/professional intervention, i.e. "I need to be more mobile, what are my options?" Answer: "Well Madame I can direct you to THESE websites and phone numbers..." Easy Peasy for the individual, caregiver family member, etc.
- That everybody can be on a level playing field when it comes to access and health care,

- That the state of home care and support of home care was better so that people did not need to be in the CHSLD's.
- Concern for those in the regions – perhaps a development of telemedicine so that they would have access to English health care.
- Making sure there are stronger holistic options
- More affordable residence for seniors
- Active information to cognitive disabilities
- Allow private services. This would alleviate numbers in the public system
- Access to CLSC other than just blood tests for the very elderly living alone when doctors are not accessible in person during the pandemic
- Get rid of all wait times give your cell number and let them call you instead of waiting in the waiting room. Doctors, stop overbooking
- Better physical access to public spaces, particularly in winter ("winter is like Covid). Transport Adapté is not open to all seniors, only those with mobility issues, and even then the forms are long and complicated. Issues around waiting outside, booking, arriving early or late make it less than ideal for many.

**Political/Funding**

- Make sure the public sector is also well funded and continues to do its job – support is there through funding
- To put the health care budget in a right place. To recognized health care workers for the tasks they are doing in a home setting care and compensate them by increasing the salary they deserve.
- Stronger Ministry for Seniors
- Political action – lobby for services and facilities for English-speakers
- Ensure that access to health and social services and education continue to be protected in English not only in Montreal but also in areas where the English population is dwindling outside of Montreal.
- Fund English-speaking organizations properly so that they can help to level that playing field.
- Have dedicated services in English as 811 does
- Have either paid persons or volunteers who help unilingual people have access to hospitals or any appointment there is important medical info given.
- Ensuring that health care personnel and online information is available in our language. It is not difficult to ensure web-based info is translated in a

timely fashion and staffing in CLSCs and hospitals adjusted to ensure we can be served in our language.

- The government policy needs to recognize and respect the needs of the English-speaking communities in all areas where English communities exist!!!!
- Create a committee that is strongly interested in the English language.
- Very important for the health minister to be reminded that many other government ministers are reminded that English is a constitutional right in dealing with the governmental offices
- Ensure the forthcoming modifications to the language laws do not further infringe on anglophone rights of access - and increase such access

**Other**

- Employ modern technology
- Surveys like this to look for blind spots or loopholes

# Section 4: Summary and Recommendations

Given the unique needs and challenges of English-speaking seniors in Quebec, it is not surprising that those who do not speak French have described difficulties in accessing health care and social services in this consultation. Their difficulties were attributed to language barriers, lack of information and instrumental support, as well as discrimination and stigma. In addition to continuing to demand services and information about services be made available in English, several concrete ideas arose that warrant further investigation.

## Limitations

As with any survey and consultation, there are limitations. It is important to acknowledge that the participants in the survey and the focus group represent mostly seniors who:

- live in Montreal, where access to health and social services is easier than surrounding areas
- are Anglophone and do not account for other multicultural minority groups who face additional barriers because they do not speak English or French
- have ditigal literacy skills

## Phase 1 Recommendations

### Knoweldge Translation

Create an executive summary and infographic and disseminate the results and stories to politicians, media, university professors and researchers, and other community groups and tables.

## Phase 2 Recommendations

### Apply for funding for English-speaking Organizations for Bridge People

In an article by Liu et al. (2017), the authors describe using bilingual bridge people (family and friends, public sector workers, and staff from community-based Chinese organizations) to help facilitate access to services and act as a bridge between the service and the user. The support is free and the relationship requires trust. Bridge people should be recognized and identified by health, social care, and housing services to promote engagement and use of services and can help with navigating the system.

### Offer training for health and social service professionals

Creative sensitation (play, video) around the following topics

- English and French language (and others?)
- Inclusion, diversity, equity, respect, empathy
- Age and dementia-friendly practices
- Mental health

### Centralized List of Resources

Create a clearinghouse of all available services in English – highly accessible by phone, online, and in print.

# References

Bowen, S. (2019). The Impact of Language Barriers on Patient Safety and Quality of Care. Société Santé en Francais. Retreived from: http://www.santefrancais.ca/wp-content/uploads/2018/11/SSF-Bowen-S.-Language-Barriers-Study-1.pdf

Bowen, S. (2019). Language Barriers in Access to Health Care. Health Canada. Retreived from:https://Multiculturalmentalhealth.ca/Wp-Content/Uploads/2019/07/Language_barriers_access_health_care_canada.Pdf

Chouinard, S., Normand, M. (2020). Talk COVID to Me: Language Rights and Canadian Government Responses to the Pandemic. Canadian Journal of Political Science. doi: 10.1017/S0008423920000359

Gill, A et al 2017 Functional Limitations Experienced by Older Adults with Complex Care Needs and Its Impact on Access to Community Based Health and Social Care. International Journal of Integrated Care, 17(5): A266, pp. 1-8, doi: dx.doi.org/10.5334/ijic.3577

Healthy People (2020). Access to Health Services. Retrieved from: https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

Liu, X., Cook, G., Cattan, M. (2016). Support Networks for Chinese Older Immigrants Accessing English Health and Social Care Services: the Concept of Bridge People. doi: https://doi.org/10.1111/hsc.12357

Nyqvist, F., Hakkinen, E., Renaud, A., Bouchard, L., Prys, C. (2021). Social Exclusion Among Official Language Minority Older Adults: A Rapid Review of the Literature in Canada, Finland and Wales. Journal of Cross-Cultural Geronotology. doi: https://doi.org/10.1007/s10823-021-09433-z

# References

Rockville MD. (2016). Access and Disparities in Access to Health Care. Agency for Healthcare Research and Quality. Retrieved from http://www.ahrq.gov/research/findings/nhqrdr/nhqdr15/access.html

Sanderson, D. (2020). Language Related Difficulties Experienced by Caregivers of English-Speaking Seniors in Quebec. Sage. doi: https://doi.org/10.1177/2158244020951261

# Appendix A: Appreciative Inquiry Steps

| Challenges (step 1) | Discovery (step 1) | Dream (step 1) | Design (future) | Destiny (future) |
|---|---|---|---|---|
| | Best of what exists | What is possible/what could be | Work together to develop realistic plans of action | Create future through innovative action |
| In the survey, list the challenges in accessing services that have been identified in the literature and have responders check off the ones that apply (with other options) | Questions:<br><br>What does a positive experience accessing health and social services look like to you?<br><br>Share one example of a great moment from when you gave, received, or witnessed an ideal experience accessing health and social services | Questions:<br><br>What are 3 wishes/dreams you have for improving the experience of accessing info, programs, and services for English-speaking seniors? | Next steps –<br><br>Based on the info gathered in the first step, determine what is next…often this consists of a working group… | Next steps<br><br>-<br><br>whose missing from the conversation – bring decision-makers to the table - policy level |

# Appendix B: Survey

**Demographic and health questions**

1. Are you:
    a. an older adult
    b. family/informal caregiver
    c. professional
    d. other

2. Are you filling out this questionnaire
    a. on your behalf
    b. on behalf of somebody else

3. Age
    a. 50-64
    b. 65-79
    c. 80+

4. Gender
    a. male
    b. female
    c. intersex
    d. transgender
    e. prefer not to say

5. How would you rate the ease of access to obtaining health care and social services you need in English in Quebec healthcare, pharmacy, GP, specialist, hospital, CLSC, social services, programs)?
    - very difficult
    - difficult
    - moderate
    - easy
    - very easy

# Appendix B: Survey

6. How would you rate access to information in English on available healthcare and social services from the following sources or channels ( · CLSC · The doctor's practice · Hospitals · Pharmacies · Internet websites · Social media · TV · Patient organizations · Public health authorities · Insurance companies)?

   a. Very poor
   b. Poor
   c. Average
   d. Good
   e. Very good
   f. Not applicable to me

7. Have you ever felt stigmatized when seeking or receiving healthcare because of (mark all that apply):

   - Your age
   - Your language
   - Your physical disabilities
   - Your intellectual disabilities
   - Your mental health status
   - Your chronic/long term condition
   - Your ethnicity
   - Your gender
   - Your income/social status
   - Your religion
   - Your sexual orientation
   - No
   - Other (please specify)

8. What type of stigma or discrimination did you experience? Mark all that apply.

   - Attitude of healthcare staff
   - Denial of my rights
   - Inappropriate language
   - Lack of healthcare facility in my community
   - Refusal to provide me with information or treatment

- delays in access
- I’m involved in decisions regarding my care by my healthcare providers
- Lack of quality care
- Other (please specify)

14. What is the impact on health care outcomes (critical trade-offs?)

15. What do you think is the most important action policymakers could take to improve access to healthcare and social services in English?

16. Do you have any other comments regarding any aspects of access to healthcare and social services in English

# Appendix C: Focus group run sheet

| Time | Lead | Activity | Materials & Notes |
|---|---|---|---|
| 10 am | Erica<br>Anna | Log in and get zoom set up | Make Erica Host<br>Create groups<br>Tech check (sound, video) |
| 10:25 am | Erica<br>Anna | Open zoom | Play music as everyone is joining |
| 10:30 am | Erica | Introductions<br><br>To understand the experience of English-speaking seniors in accessing and interacting with health and social services and the effect on health care outcomes so that One Voice can better advocate for and support them.<br><br>*Accessibility is being able to get in the building<br>*Diversity is getting invited to the table<br>*Inclusion is having a voice at the table<br>*Belonging is having your voice heard at the table | Recording! And explain!<br>Tech instructions and etiquette<br>Introduce committee (spotlight)<br>Share context, purpose, and agenda<br>-defining access<br>-defining H+SS<br>-AI approach (what do we want more of)<br>-recommendation document (exploratory) |
| 10:40 am | Erica | Ice Breaker/introductions (something yellow) | |
| 10:50 am | | Small Groups Session 1 “best of what exists”<br><br>Q1. defining access | Questions on handouts, facilitator (committee member or student to take notes) |

# Appendix C: Focus group run sheet

| | | | |
|---|---|---|---|
| | | Q2. "What challenges have you faced in accessing health and social services" | Facilitator and note-takers:<br>Syeda<br>Johanna<br>Anna<br>Judy |
| 11:10 am | Erica | Sharing (2 minutes per group challenge) | |
| 11:20 am | | Small Groups Session 2 "what is possible"<br><br>Q3. "Share a positive experience you had accessing health and social services or one example of a great moment from when you gave, received, or witnessed an ideal experience accessing health and social services"<br><br>Q4. "What are 3 wishes/dreams you have for improving the experience of accessing info, programs, and services for English-speaking seniors" | Questions on handouts, facilitator (committee member or student to take notes)<br><br>Facilitator and note-takers<br>Syeda<br>Johanna<br>Anna<br>Judy<br>Joy |
| 11:40 am | Erica | Sharing (1 minute per group challenge) | |
| 11:50 am | Erica | Summary /Conclusion | Thank you and next steps |
| Noon | Erica | Close Zoom | Outro music<br>Survey |
| 12:05pm | Committee | Quick Debrief | What went well? What needs improvement? |

# Appendix D: List of One Voice Affiliated Organisations

- ARC Assistance and Referral Centre
- Arthritis South Shore
- Catholic Action Montreal
- CHSSN
- Collective Community Services
- Contactivity Centre
- Cummings Centre
- engAGE, Concordia's Centre for Research on Aging
- English Speaking Catholic Council
- Equijustice YMCA du Québec
- Extra Miles senior visiting program
- Father Dowd Foundation
- Gay & Gray
- LaSalle D&D 50+ Centre
- Maison Saint Columba House
- McGill Life-Long Learning
- NDG Senior Citizens Council
- New Hope Senior Citizens' Centre
- QCGN (Quebec Community Groups Network)
- REISA
- Saint-Antoine 50+ Community Centre
- SASMAD/Pastoral Home Care
- Seniors Action Quebec
- SSCPN/Montérégie Respite Centre
- St.Mary's Research Center
- The Suspicious Fish Program
- The Yellow Door
- (TIP-OA) Telehealth Intervention Program for Older Adults
- WIN- West-end Intergenerational Network
- Wisdom & Life Apostolic Church