

COMMUNITY NETWORK BUILDING

Case studies on developing networks between English-speaking minority communities in Quebec and public partners to improve access to health and social services in English



Prepared by the

CHSSN

**Community Health
and Social Services Network**

for the Health and Social Services
Networking and Partnership Initiative

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**THE BASELINE
DATA REPORT
2006-2007**

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Table of Contents

| | | |
|----------|--|-----------|
| 1 | Introduction | 1 |
| 1.1 | Health and Social Services Networking and Partnership Initiative | 1 |
| 1.2 | About This Report..... | 2 |
| 2 | Learning from Community Narratives..... | 4 |
| 2.1 | Methodology | 4 |
| | Interviews | 5 |
| | Document Review | 5 |
| 2.2 | Why Community Narratives?..... | 6 |
| | A Networking Tool for HSSNPI..... | 6 |
| | Supplement to Formal Evaluation Procedure..... | 7 |
| | Culture as a Health Determinant | 8 |
| 3 | The Context of the English-speaking Minority Community in Quebec: Demographic and Health Determinant Characteristics..... | 10 |
| | Demographic Decline | 10 |
| | Aging Communities..... | 10 |
| | Low-income..... | 11 |
| | Low Educational Attainment..... | 11 |
| | Unemployment..... | 11 |
| | Social Support Networks..... | 12 |
| | Use of Health Services | 12 |
| | Access to Health and Social Services in English | 12 |
| | Under-representation of Personnel in the Health & Social Services System. | 13 |
| 4 | The Stories of the Eleven Partnership Networks | 14 |
| 4.1 | Critical Friends: <i>The Community Health and Social Services Network</i>..... | 15 |
| | The Genesis of the CHSSN Network..... | 15 |
| | Developing the Funding Base..... | 17 |
| | Supporting Learning Communities..... | 19 |

| | |
|---|-----------|
| Never Advocate Without an Actor | 21 |
| Growth While Remaining Grassroots | 23 |
| 4.2 On the Radar: <i>The Megantic English-speaking Community Development Corporation</i> | 25 |
| A Strong Foundation..... | 25 |
| The Challenge of Demographic Decline | 26 |
| From Planning to Implementation..... | 27 |
| One Partner at a Time | 27 |
| Partnerships are a Two-way Street | 28 |
| Awareness is Key..... | 29 |
| Future Considerations | 29 |
| 4.3 Switchboard Central: <i>Vision Gaspé-Percé Now</i>..... | 31 |
| A Strong Community Mandate | 31 |
| Seizing Opportunity..... | 32 |
| The Wonderful..... | 33 |
| ... and the Appalling..... | 34 |
| Community versus Bureaucratic Time..... | 35 |
| Building Trust | 37 |
| 4.4 A Clear Vision: <i>Regional Association of West Quebecers</i>..... | 38 |
| A Collective Vision..... | 38 |
| Building Cohesion | 39 |
| Time and Patience | 40 |
| Knowledge is Access..... | 42 |
| Strategic Flexibility | 43 |
| 4.5 Committed Engagement: <i>Townshippers' Association (Montréal)</i> | 45 |
| Invite Confidence and Community Spirit | 45 |
| Make Things Clear | 46 |
| Bridges to the Future..... | 47 |
| A Collective Project | 48 |

| | |
|--|-----------|
| 4.6 Humanizing Health Care: <i>Townshippers' Association (Estrie)</i> | 51 |
| Breaking New Ground..... | 51 |
| We're All in this Together | 53 |
| Giving Service a Human Face..... | 54 |
| Future Considerations | 56 |
| 4.7 Building Community Presence: <i>Council for Anglophone Magdalen Islanders</i> | 57 |
| Promoting a Health Profile | 57 |
| Organizing for Action..... | 58 |
| The Challenges of the Islands | 60 |
| Be a Constant Presence | 62 |
| 4.8 Community Lifelines: <i>The Coasters' Association</i> | 64 |
| Pulling Together for Health | 64 |
| Youth Mobilizing for Their Health | 65 |
| Retention of Professionals | 67 |
| Telehealth Project | 68 |
| Teaching the Skills of Community Development..... | 68 |
| 4.9 Building Good Will: <i>Catholic Community Services</i> | 70 |
| Programs Working Together | 70 |
| Seal it with a Signature | 71 |
| An Abundance of Good Will | 72 |
| Towards the Future | 73 |
| 4.10 Communities Taking Responsibility: <i>Fraser Recovery Program</i> | 75 |
| Identifying the Problem..... | 75 |
| Step-by-Step | 76 |
| The Challenge for Rural Minorities | 77 |
| A Long Term Commitment..... | 79 |
| 4.11 We Are Not Alone: <i>Committee for Anglophone Social Action</i> | 80 |
| A New Beginning | 80 |

| | |
|--|-----------|
| Understand the Past..... | 81 |
| Vital Connections | 82 |
| Future Considerations | 84 |
| 4.12 New Inroads in Health and Social Services: <i>The HSSNPI Volunteer Committee</i> | 86 |
| The View across the Years..... | 86 |
| Taking the Risk of Engagement..... | 87 |
| The Community Support Team..... | 88 |
| Selection and Evaluation Procedures | 89 |
| Towards the Future | 89 |
| 5 References | 91 |
| Appendix A - Interview Guide..... | 92 |
| Appendix B - The Population Health Model..... | 93 |
| Appendix C - Acronyms, Definitions and Translations..... | 95 |

1 Introduction

1.1 Health and Social Services Networking and Partnership Initiative

In 2002, the Community Health and Social Services Network (CHSSN) was a key Contributor to the report of the Consultative Committee for English-speaking Minority Communities to the Federal Minister of Health.¹ The Consultative Committee report proposed a five year Global Intervention Plan to support the English-speaking communities' efforts to improve access to health and social services in their language in Quebec. The Consultative Committee emphasized that improved access was intimately tied to the ability of English-speaking communities to develop local networks and effective partnerships with public sector agencies. It was proposed that by maintaining and improving English-language access to a full range of health and social services across diverse regional populations that these partnerships would help to promote better health outcomes and ensure the vitality of Quebec's English-speaking communities. The Committee underlined the need to pay special attention to the more isolated and demographically weak communities which face special challenges in providing health and social services in English to their respective populations.

In response to the Consultative Committee's report and its recommendations, Health Canada established its Contribution Program to Improve Access to Health and Social Services for Official Language Minority Communities. The Quebec Community Groups Network² became the trustee to manage the funding process to implement the Health and Social Services Networking and Partnership Initiative (HSSNPI) as a measure of this program. As the provincial network, the CHSSN became responsible for providing support to communities in the development of nine regional and local partnerships and one sector partnership the HSSNPI.

The HSSNPI aims to build provincial, regional, local and sector networks that will establish durable links and joint action between the English-speaking community, its

¹ Consultative Committee for English-speaking Minority Communities (CCESMC, 2002). *Report to the Federal Minister of Health*, Health Canada.

² Quebec Community Groups Network (QCGN) is a not-for-profit organization bringing together 24 English-language community organizations across Quebec for the purposes of supporting and assisting the development and enhancing the vitality of the English-language minority communities, as well as promoting and supporting the use of the English language in Quebec.

community resources, and the public health and social service system. The primary objectives of the networks are to:

- promote community participation in the public health and social services system;
- provide information on the community and its needs to health managers, policy makers, researchers as well as the community-at-large;
- foster volunteer training and development;
- help to support more effective and coordinated service delivery for English-speaking populations;
- act as liaison between federal and provincial government agencies and the community with respect to initiatives and programs aimed at English minority communities in Quebec.

1.2 About This Report

The Baseline Data Reports produced by the Community Health and Social Services Network are intended to serve as tools for the communities selected to participate in its Health and Social Services Networking and Partnership Initiative, as well as all communities and institutional partners interested in understanding the situation of English-speaking communities in Quebec. The reports are designed to contribute to a growing knowledge-base concerning the demographic factors and health determinants affecting Quebec's minority-language communities, and to assist community stakeholders and decision-makers at all levels in developing strategies for enhancing the vitality of these communities and improving the health of their members.

This Baseline Data Report (2007) is the fourth of a five volume series. The first report in 2004 consolidated existing knowledge and created a template for generating the first integrated regional portraits of Quebec's anglophone communities. The second report in 2005 was devoted to statistical profiles of the HSSNPI participants at the level of CLSC³ territories in order to provide an evidence base they could readily use to build effective local networks. The third report in 2006 focused on presenting the provincial and regional findings of the 2005 CHSSN-CROP *Survey on Community Vitality* as it pertains to English-language health and social service access in Quebec.⁴

³ CLSC is the French acronym for *Centre local des services communautaires* translated into English as *Local Community Services Centre*. A CLSC territory refers to smaller geographical unit than that of Quebec's administrative health regions.

⁴ The Baseline Data Reports (2004-2007) are available on the CHSSN website at www.chssn.org.

Baseline Data Report 2007 chronicles the development and implementation of each of what are now eleven networks (including the CHSSN) funded by the Networking and Partnership Initiative (NPI)⁵ with an emphasis on the perspective of the network participants themselves. This report records the narratives of individuals who have been among the 'front-line workers' engaged in establishing networks and public partnerships over the last four years. It captures their first-hand accounts of the challenges, best practices and overall impact of NPI activities upon English-language access to health and social services in their diverse regions.

⁵ NPI is the commonly-used abbreviation among program participants for *Health and Social Services Networking and Partnership Initiative (HSSNPI)*.

2 Learning from Community Narratives



2.1 Methodology

The evidence base for the narratives of this report is comprised of findings generated through both quantitative and qualitative methodologies, namely, semi-structured interviews, a document review, and statistical profiles.

The primary source of information is the findings gathered through semi-structured interviews conducted with individuals who play a leading role in the ten HSSNPI⁶ regional networks, on the Volunteer Committee, or with the CHSSN. A review of documents, including program documents and those produced by the networks themselves, was also conducted in order to explain the program framework within which the NPI⁷ initiative is implemented and to add detail to the description of various network activities. The regional and CLSC level statistical profiles of each of the communities served by a NPI network that is available from previous CHSSN Baseline Data Reports, as well as statistics assembled by the regional networks and associations themselves, were consulted

⁶ HSSNPI: *Health and Social Services Networking and Partnership Initiative*

⁷ NPI is the commonly-used abbreviation among program participants for the *Health and Social Services Networking and Partnership Initiative*.

to provide a socio-demographic context for the narratives that emerged from the interview process.

Once assembled all the narratives were validated by the interview participants, who often circulated the stories among fellow NPI participants in their region for further verification of the information conveyed.

Interviews

Twenty semi-structured telephone interviews, generally 1 to 1.5 hours in length, were conducted with individuals from all eleven networks. Network coordinators and the Executive Directors of the associated regional organizations were the natural choices for the interviews, given their level of knowledge and involvement over the past four years. Interviewees were provided with some general interview questions prior to the recorded telephone conversation (see Appendix A). These served to guide the direction of the interview while also giving the participants ample opportunity to introduce topics deemed relevant to their particular experience and perception. All the interviews were recorded with the consent of the interview participants and selectively transcribed.

Document Review

Documents Produced by the Regional Networks

Information was gathered from documents that have been produced by the NPI networks in consolidating their knowledge-base and promoting and building their networks and partnerships. These included documents such as:

- quarterly narrative reports generated by the NPI networks as a feature of monitoring and reporting required by Health Canada;
- information brochures, newsletters and web-based materials;
- PowerPoint presentations;
- needs assessments of their communities.

Documents Produced by the CHSSN Provincial Network

These documents were used largely to frame the particular demographic and health context of the HSSNPI networks. These included:

- Baseline Data Reports 2004-2007
- CHSSN Forum papers

Documents Produced by the QCGN

- ENAP, Preliminary Evaluation Report: *Health and Social Services Networking and Partnership Initiative*, November 2006

2.2 Why Community Narratives?

As case studies in the networking and partnership approach to improving the health status of minority communities (in the case of English-speaking Quebec, as well as that of national populations around the globe participating in the growing trend of third-sector development), the stories of the HSSNPI participants are valuable in many ways. These stories of those on the front-line implementing the program are intended to serve as a tool in advancing the development of the networks and partnerships already established, as well as providing impetus for new beginnings where access needs are as yet unanswered. These narratives also represent a unique contribution to the vitality of Quebec's official-language minority communities.

A Networking Tool for HSSNPI

In their accounts, the NPI participants describe the fact that the networking and partnership approach has represented something new, not only for themselves, but also for the community organizations and public institutions they have engaged within the health sector over the duration of the initiative. They also underline the importance of the CHSSN retreats and support team visits as an opportunity for exchange among fellow participants regarding their experiences, challenges and lessons learned while on the job. In chronicling their stories, this report may be used to further this same exchange and deepen the connections between networks through the sharing of experiences and best practices. Its dissemination invites exchange and bridging with communities who may be located outside of the Quebec regions presently involved in the HSSNPI, but who may also be looking to resolve health inequities arising as a result of barriers to access to health and social services.

Besides being an important source of *how-to*, the recorded stories of the regional networks also permit an occasion for each to take stock of what they have done, where they stand at present, and where they want to go in the future. The first years of their work, conducted with the use of earlier Baseline Data Reports, was about acquiring a statistical knowledge base and formulating a sense of their contemporary circumstance and characteristics as a linguistic minority community. The current 2007 report marks a turning point as it invites network

participants to reflect upon their concerted response to their collective situation, to view themselves as ‘actors’ who are playing a part, however small, in shaping the well-being of their communities rather than simply being ‘acted upon’ by a system in which they have no voice. It occasions reflection upon the nature of their *response-ability*, or first steps towards the ownership of their common health challenges.

Supplement to Formal Evaluation Procedure

The recording of community narratives by this report is intended to enhance the evaluation process by expanding the place within the feedback circle for the experience and perceptions of those participating on-the-ground.

The formal evaluation procedure undertaken by *École nationale d’administration publique* (ENAP) for the HSSNPI program as required by Health Canada, its funding agency, has taken a measure of the activities, outcomes, and impact of the initiative and attests to its success.⁸ This is supported by the formative evaluation conducted by Health Canada of its *Contribution Program to Improve Access to Health and Social Services for Official Language Minority Communities*. The CHSSN training of NPI participants has included the mastery of monitoring and reporting procedures required for government programs, and the stories recorded in this document include comments upon the value of the formal evaluation process. Still, the terms and categories of the evaluation are typically designed to serve the concerns of the funder and may be less effective in capturing the perspective of those who operate at the level of community implementation. The standard for accountability in the management of government funds may be met, but the lessons for community development, which depend upon the relevance of evaluation content to those individuals responding upfront to community needs, are less apparent.

One important aspect contributing to the development of the networks, is the CHSSN’s uniquely integrated approach which orients funding from various sources to the community level. From the point of view of the regional and local networks, the funding from the Primary Health Care Transition Fund⁹ and the McGill Training and Human Resources Development Project funding¹⁰ are

⁸ ENAP, Preliminary Evaluation Report: *Health and Social Services Networking and Partnership Initiative*, November 2006

⁹ The CHSSN uses the Health Canada Primary Health Care Transition Fund (PHCTF) to solicit and support projects to improve access to English language services in the areas of (1) Info-santé (2) front-line programs and long-term care provided by the new local health and social services networks.

¹⁰ The CHSSN is the community partner with McGill University in the McGill Training and Human Resources Development Project funded by Health Canada through the Federal Action Plan for Official Language

inseparable from their networking and partnership strategy to improve access to health and social services in English. The CHSSN is promoting a further step in the evaluation process which would look at the convergent effects of all the different investments brought together through actions of the various network partnerships.

Culture as a Health Determinant

The occasion for the telling and recording of community narratives is an important contribution to the cultural development of social collectivities and the health of their practitioners.

Health Canada includes culture among the factors it acknowledges as significantly affecting health (i.e. a *determinant* of health).¹¹ A group may face additional health risks where dominant cultural values contribute to their marginalization, loss or devaluation of language and culture, and lack of access to culturally-appropriate health care and services. The economic vulnerability, lack of recognition or sense of belonging, and lack of voice associated with social exclusion are linked to various health risk behaviors.¹² Culture is considered to be the glue that makes a social group *a group*, so its loss or devaluation strikes at the very heart of the capacity of a community to determine the quality of its membership in the larger society. Mobilization to achieve access to critical resources, and to address structural inequalities, rests first and foremost on the capacity of a community to recognize itself as such.

Besides being a vehicle for conveying information, stories serve to express the culture of the storytellers. Apart from the content of the message, the way it is conveyed – what and who are included, what is excluded, the sequence in which events are ordered, the meaning they are given, what is underlined as important, and what is deemed secondary – all serve to convey the membership of the narrator in a particular community. The cohesion of a group around shared visions, diverse histories, and common values – even the shared experience of unique geographical terrain – is nurtured in the reciprocal telling and re-telling of stories.

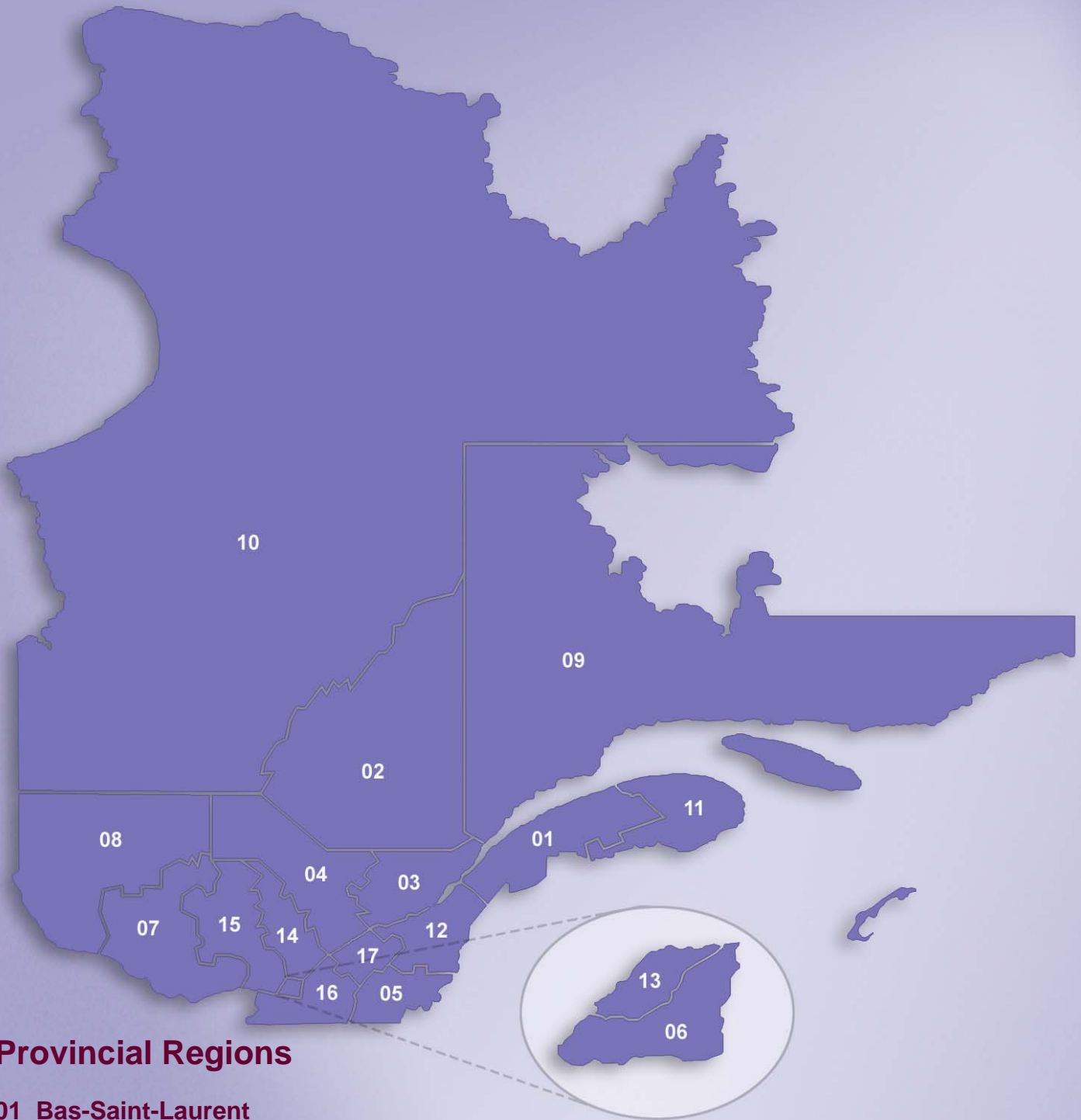
Communities. The project sponsors language-training, and recruitment and retention initiatives, for health care professionals.

¹¹ For discussion of the health determinants outlined by Health Canada see Dennis Raphael in “Introduction to the Social Determinants of Health”, pp.1-18, in Raphael, D. (ed.) *Social Determinants of Health: Canadian Perspectives*. Toronto: Canadian Scholar's Press Inc, 2002.

¹² Grace-Edward Galabuzi cites extensive research which demonstrates that groups experiencing some form of social exclusion tend to sustain higher health risks and lower health status in her article entitled “Social Exclusion”, pp.235-251, in Raphael, D.(ed.) *Social Determinants of Health: Canadian Perspectives*. Toronto: Canadian Scholar's Press Inc, 2002.

The opportunities for Quebec's English-speaking communities to see themselves and their culture reflected in the institutions, the laws, and the civic affairs of the society in which they live are curtailed. When they are featured in the prevailing narratives of the majority, it is often in a form that fails to capture their lived realities or self-understanding. So, too, the institutions designated by the Government of Quebec to provide services in English have been affected by the reorganization of the health and social services system.¹³ The reality is that English-speaking Quebecers must seek services from francophone institutions in most areas, including parts of Montreal. Not coincidentally, efforts to mobilize towards improved access to linguistic and culturally appropriate services face the formidable challenge posed by the growing cultural and geographic dispersion of regional (specifically, rural) populations. This report offers eleven stories which may serve to draw together those who would care to respond to the challenge.

¹³ In October 2006, the Government of Quebec revised the list of designated institutions mandated to provide the full range of their services in English. Of the 42 institutions named, 29 are in Montreal (eight of which are long-term care centres or residences), one in Quebec City, three in Estrie (Eastern Townships), two in Outaouais (western Quebec), one in Côte-Nord (Lower North Shore), one in Laval, one in Lanaudière, one in Laurentides, and three in Montérégie.



Provincial Regions

- 01 Bas-Saint-Laurent
- 02 Saguenay – Lac-Saint-Jean
- 03 Québec – La Capitale Nationale
- 04 Mauricie
- 05 Estrie
- 06 Montréal
- 07 Outaouais
- 08 Abitibi-Témiscamingue
- 09 Côte-Nord
- 10 Nord-du-Québec
- 11 Gaspésie – Îles-de-la-Madeleine
- 12 Chaudière-Appalaches
- 13 Laval
- 14 Lanaudière
- 15 Laurentides
- 16 Montérégie
- 17 Centre-du-Québec

3 The Context of the English-speaking Minority Community in Quebec: Demographic and Health Determinant Characteristics

The challenges and successes recounted in the narratives gathered from the HSSNPI¹⁴ regional groups are best understood in the context of the socio-demographic and health determinant characteristics that shape their communities.¹⁵

Demographic Decline

Between 1996 and 2001, English-speaking communities experienced the largest decline in absolute numbers (6,873 persons) of any of the other official-language minority communities in Canada.¹⁶ Within Quebec, English-speaking communities declined in 14 of the 17 administrative regions.¹⁷ Dramatic declines occurred in five regions, where English-speaking communities dropped by a total of over 13% in a five-year period.¹⁸

Aging Communities

English-speaking communities are aging at a faster rate than the French-speaking majority in 13 of 17 administrative regions in Quebec.¹⁹ Some communities are presently undergoing a rate of aging that the general Canadian population is predicted to experience in about 20 years. In eleven regions, the proportion of seniors aged 65 and older relative to the whole English-speaking community was over 20% higher than that of francophone seniors in the majority communities. Along with a greater proportion of seniors compared to youth, selective out-migration of anglophones from Quebec has resulted in an age structure characterized by the absence of a middle-aged, middle-income group, often

¹⁴ HSSNPI is the acronym for *Health and Social Services Networking and Partnership Initiative*

¹⁵ For further elaboration of these characteristics within the Population Health Model see Appendix B.

¹⁶ CCESMC, *Building on Progress – Meeting New Challenges: Improving Health and Social Services in English*, Compendium of Demographic and Health Determinant Information on Quebec's English-speaking Communities, Health Canada, 2007. See Table, *Change in size, Official-Language Minorities Canada, 1996-2001*, p.15. This document will soon be available on the website of the Community Health and Social Services Network (CHSSN), www.chssn.org

¹⁷ Ibid., Table: *Change in size, Official-Language Minorities, Quebec, 1996-2001*, p.16

¹⁸ Ibid, Table: *Change in Proportion, Official-Language Minorities, Quebec, 1996-2001*, p.18

¹⁹ Ibid, Table: *Seniors in Official-Language Minorities (MMI), Quebec, 2001*, p.51

referred to as the 'caregiver generation'.²⁰ This has important ramifications for the social support networks which anglophones are noted as highly-dependent upon for quality care.²¹

Low-income

English-speaking Quebecers are 26% more likely than the francophone majority to have incomes below the Statistics Canada low-income cut off.²² The rate of low-income population in English-speaking communities is greater than in francophone communities in 15 of 17 of Quebec's administrative regions. The low-income gap between English and French-speaking communities is greater than 20% in 7 of 17 regions.

Low Educational Attainment

With respect to educational attainment, English-speaking communities in distant regions are much more likely to have higher proportions of community members without high-school diplomas than in more urban regions.²³ In six regions, the rate of non-completion of high school is greater than that in the majority francophone communities.²⁴

Unemployment

English-speaking minority communities are second in Canada after New Brunswick with respect to unemployment rates greater than the surrounding majority communities. English-speaking Quebecers are experiencing an unemployment rate that is significantly higher than in surrounding French-speaking communities in eight of Quebec's regions; a rate that is 30% or higher than the majority.²⁵

²⁰ Floch, W. (2005) *Quebec Anglophones Who Stayed...and Those Who Left: A Comparison of Key Characteristics, 1971-2001*, Journal of Eastern Townships Studies.

²¹ CCESMC, *Building on Progress-Meeting New Challenges: Improving health and Social Services in English*, Compendium of Demographic and Health Determinant Information on Quebec's English-speaking Communities, Table: *Source of Support in the Case of Illness, Quebec, 2005*, Health Canada, 2007, p.124. (This document will soon be available on the website of the Community Health and Social Services Network website, www.chssn.org.)

²² Ibid, Table: *Population with Incomes Below the Low-income Cut-off, Quebec, 2001*. Health Canada, 2007, p.73

²³ Ibid, Table: *No High School Diploma (RGI-Prov), Quebec, 2001*, Health Canada, 2007, p.60.

²⁴ Ibid, Table: *No High School Diploma (MMI), Quebec, 2001*, Health Canada, 2007, p.56.

²⁵ Ibid, Table: *Unemployment rate (MMI), Quebec, 2001*, Health Canada, 2007, p.65.

Social Support Networks

English-speaking Quebecers overwhelmingly turn to family and friends first in the case of illness (80%), as opposed to seeking the services of a public institution (10.7%).²⁶ English-speaking communities lead all other official-language communities in Canada by a wide margin with respect to the total of unpaid hours of assistance provided to seniors.²⁷ The rate of unpaid care in nine administrative regions is 50% or greater in English-speaking communities than in the majority communities.²⁸

Use of Health Services

With respect to use of the health system by English-speaking Quebecers, there is much to be learned from the *Canadian Community Health Survey* of 2005. A Health Canada study drawing from the findings of the survey compares Quebec English-speakers with the French-speaking majority in Quebec, French-speaking minorities outside of Quebec, and English-speaking Canadians outside of Quebec, with respect to their use of health services. Quebec English-speakers scored the lowest of the groups for questions related to having a regular doctor, satisfaction with the way health care was provided, quality of hospital services, quality of doctor's care, satisfaction with community-based care, difficulty getting a specialist, difficulty getting health information, and others.²⁹

Access to Health and Social Services in English

Access to the range of health and social services in English depends on the type of service offered, and varies greatly from region-to-region. Generally, a majority of English-speaking people receive services in English from a doctor in a private clinic or office. Less than 50% of English-speakers received doctor's services in English in four administrative regions. These are regions where the community forms a small proportion of the regional population.³⁰

²⁶ Ibid, Table: *Source of Support in the Case of Illness, Quebec, 2005*, Health Canada, 2007, p.126.

²⁷ Ibid., Table: *Unpaid Care to Seniors (MMI), Canada, 2001*, p.138.

²⁸ Ibid., Table: *Unpaid Care to Seniors (MMI), Quebec, 2001*, p.139.

²⁹ Elena Tipenko, Health Canada, *Canadian Community Health Survey*, Statistics Canada, 2005. (A series of tables presenting this information is included in the Compendium of Demographic and Health Determinant Information on Quebec's English-speaking Communities, pp.91-121.)

³⁰ CCESMC, *Building on Progress-Meeting New Challenges: Improving Health and Social Services in English*, Compendium of Demographic and Health Determinant Information on Quebec's English-speaking Communities, Table: *Language of Service –Private Doctor, Quebec, 2005*, Health Canada, 2007, p.125.

The rate of access to English-language declines for other public health and social services. Two-thirds were served in English in a local community service centre (CLSC), with the rate falling under 50% in 9 of 19 regions and sub-regions (includes Montreal East). For Info-Santé services (the health information phone line), the general rate drops to 63%, with 10 regions and sub-regions reporting under 50% access in English. Less than 50% of English-speakers received emergency room and out-patient clinic services in English in 10 regions and sub-regions. This was also the case in 8 of 19 regions and sub-regions for overnight stays in a hospital.³¹

Almost one in five English-speakers were uncomfortable asking for services in English in 13 of 19 regions and sub-regions (includes Montreal East).³² The reasons most-often cited were *concern the request would impose a burden on personnel* (24.7%) or *a delay in service might occur* (22.3%).

Under-representation of Personnel in the Health & Social Services System

As with most official-language communities in Canada, the proportion of English-speaking Quebecers with post-secondary qualifications in the health domain is much less than that of the majority community.³³ The rate of employment of English-speaking persons in Quebec's health and social services system falls significantly short of that of the French-speaking majority in every administrative region. Under-representation of English-speakers in personnel is considered linked with under-use of public services by English-speakers and weak participation of communities in the governance structures of public institutions in many regions.³⁴

³¹ Ibid. Tables: pp.126-130.

³² Ibid. Table *Comfort Level in Requesting Services in English, Quebec, 2005*, p.131.

³³ Ibid. Table: *Post-Secondary Qualifications in the Health Domain (MMI), Canada, 2001*, Health Canada, 2007, p.158.

³⁴ Ibid. Table: *Employed in Health Occupations (MMI), Quebec, 2001*, p.164.

4 The Stories of the Eleven Partnership Networks



4.1 Critical Friends: *The Community Health and Social Services Network*

CHSSN

Community Health and Social Services Network

The Community Health and Social Services Network (CHSSN) was established in September 2000 to create a network of community resources, associations, and public institutions dedicated to the development through partnership of health and social services for English-speaking communities in Quebec. Today the CHSSN has some sixty member organizations. Its objectives are to:

- foster projects and initiatives, through partnership and network-building, to promote access to English-language health and social services;
- create new knowledge provide information on the English-speaking community and its needs;
- promote, evaluate, and disseminate successful models of organization of services;
- promote informed public policy supporting the vitality of English-speaking communities;
- support conferences and other forms of consultation on health and social services for English-speaking communities.

The Genesis of the CHSSN Network

It is not surprising given the web-like quality of networks that they rarely originate from a single event unfolding into a predictable structure in a linear manner. When Jim Carter, Jennifer Johnson, and Russell Kueber (the CHSSN team), recall their beginnings, it is more a tale of intertwining strands, of seemingly disparate pieces finding a common connection, and of a chance encounter between essential elements.

In the spring of 2000, a somewhat serendipitous gathering of individuals took place at the Holland Centre³⁵ in Quebec City. Each had been touched, in one way or another, by the Holland Centre experience in minority-community

³⁵ The Holland Centre promotes the well-being of the English-speaking population of the Greater Quebec City Region.

development involving the English-speaking population living in the Thetford Mines area of the Chaudière-Appalaches region. As Carter recounts:

I was invited, as part of a panel, to be a reviewer of I Dream,³⁶ which tells the story of the Holland Centre experience. I came to a meeting at the Holland Centre in Quebec one day to go through the document with Richard Walling, Executive Director of the Centre, Louis Hanrahan, and Jennifer Johnson, who was part of the community development team. All were co-authors of The Holland Centre Experience, published the following year. While meeting we got a call from Hugh Maynard, president of the Quebec Community Groups Network³⁷ at the time, and also a reviewer of the document. He was passing through Quebec on his way back from the Gaspé and wanted to drop in and see us. Shortly after we got another cell-phone call, this time from a Canadian Heritage official,³⁸ Bill Floch, who was also a reviewer, and happened to be heading to the Gaspé also dropped in. We gathered in the afternoon, and in that discussion Hugh said the QCGN was very interested in developing a sector organization to address health, and Bill, at the time representing Canadian Heritage and its interest in promoting the QCGN, supported the idea. Out of that exchange I was asked to see if we couldn't put together some core organizations to build a provincial network that would operate on a partnership basis. I agreed to follow up and that is how the CHSSN was born.

The Holland Centre model, documented thanks to a grant from the J.W. McConnell Family Foundation,³⁹ inspired the creation of the CHSSN network and continues to be the source of the principles that shape its policy and programs now at work across the province. After an initial period of incubation by the Holland Centre (which included Carter living part-time out of Walling's Quebec City basement), the CHSSN quickly found its own feet and held its first meeting as a constituted network in Drummondville in the fall of 2000. In the first three

³⁶ Walling, Richard, Louis Hanrahan and Jennifer Johnson (2001). *The Holland Centre Experience: A Community Development Model for Minorities*. Holland Resources Development Corporation, Quebec. (The book is frequently referred to as *I Dream*, due to a visual design on its cover.)

³⁷ Quebec Community Groups Network (QCGN) is a not-for-profit organization bringing together 24 English-language community organizations across Quebec for the purposes of supporting and assisting the development and enhancing the vitality of the English-language minority communities, as well as promoting and supporting the use of the English language in Quebec.

³⁸ Canadian Heritage (PCH) is a federal department with the legislated responsibility to support the development and vitality of official-language minority communities (OLMCs) and coordinate the efforts of other federal departments and agencies.

³⁹ The J.W. McConnell Family Foundation funds projects in Canada that foster citizen engagement and build resilient communities, and have the potential for national scale or impact. See www.mccconnellfoundation.ca

years, modest funding supported the first partnership projects involving public partners and some of the communities. It was really the Networking and Partnership Initiative (NPI)⁴⁰ which was set in motion the final month of the 2003-04 fiscal year, that provided the CHSSN with the capacity to expand its initiatives.

Developing the Funding Base

The CHSSN network is both different from, and similar to, the ten regional, local, and sectoral networks it supports. It is different in its provincial scope and by virtue of the fact that its role is to support all the others in building networks and partnerships that achieve an impact on access to health and social services for English-speakers in their territory. It is similar, however, in the sense that it, too, is a network and to that end must do all the same work of establishing a knowledge-base, gathering network members, seeking out funding, and engaging public partners.

In the earliest period, this was all work that had to be done in the face of a challenging social and political climate. The situation in Quebec at the time of the CHSSN start up was not particularly conducive to action organized on behalf of Quebec's linguistic minority. As Carter recalls, "A *Parti-Québécois* government was ambivalent about extending access to services in English and the Federal Action Plan⁴¹ did not yet exist, and a provincial committee advising the Quebec government on access programs for health and social services in English had just resigned."⁴² The first step was not simply a matter of applying for funding, but a matter of mobilizing to recommend that there be an investment in the English-speaking community by the federal government.

The CHSSN team took the route of consolidating a knowledge-base substantiating the needs of the Quebec anglophone community with respect to English-language access to health and social services. This served as the basis for a request to Health Canada for a funding program. They became a central voice in the 2002 report by the Consultative Committee for English-speaking Minority Communities (CCESMC) to the Federal Minister of Health.⁴³ It was this benchmark document

⁴⁰ NPI is the commonly-used abbreviation of *Health and Social Services Networking and Partnership Initiative (HSSNPI)*.

⁴¹ The Canadian Federal Action Plan for Official Language Communities was released by Prime Minister Chrétien on March 12, 2003. See *The Next Act: New Momentum for Canada's Linguistic Duality: The Action Plan for Official Languages*. Government of Canada. ISBN O-662-33725-5. <http://www.pco-bcp.gc.ca>

⁴² Provincial Committee for Dispensing of Health and Social Services in the English Language (an advisory committee to the Health Minister).

⁴³ CCESMC (2002), *Report to the Federal Minister of Health*, Health Canada.

which provided the rationale and model for the Networking and Partnership Initiative which has, in turn, funded ten regional networks who are making an important contribution to their communities.



In developing the funding base in 2003, the CHSSN remained faithful to their community development principles by making an agreement with the federal government that the program be community operated. In Carter's words, "Although it was proposed that we actually be the funder, we worked with another organization on this – the QCGN⁴⁴ – to become the trustee to manage the funding process so we could maintain our focus on our community support role with the participating communities."

At the heart of the CHSSN strategy has been their consistent effort to integrate all the investments by government funders and direct them towards the community level. In this sense, the ten networks established through the NPI have benefited from the funding that the CHSSN has managed to access through other program components. For example, with the funding from the McGill project⁴⁵ which the CHSSN designed and brought to the university, as well as the \$13.4 million they received through the Primary Health Care program⁴⁶ as its promoter, they have engaged 37 public institutions and positioned all the communities they support to use these resources in realizing the objective of improved health and social service access. Carter explains, "We're positioned as a network to work with both the communities on one hand, and the federal and provincial partners on the other, to make these investments work. We can make sure the contribution of the decision-makers and government funders – and the results that they want to achieve – are going to fit with the defined priorities and objectives of the regional – and very diverse – communities."

⁴⁴ QCGN: Quebec Community Groups Network

⁴⁵ The CHSSN is the community partner with McGill University in the McGill *Training and Human Resources Development Project* funded by Health Canada through the Federal Action Plan for Official Language Communities. The project sponsors language-training, and recruitment and retention initiatives, for health care professionals.

⁴⁶ CHSSN uses the Health Canada *Primary Health Care Transition Fund* (PHCTF) to solicit and support projects to improve access to English-language services in the areas of (1) Info-santé (2) front-line programs and long-term care provided by the new local health and social services networks. The initiative has the support of the Quebec Ministry of Health and Social Services.

Supporting Learning Communities

Once the needs of the anglophone communities were identified through the development of an evidence base, and funding was procured for supporting community capacity-building, the community support team of the Networking and Partnership Initiative came into play.



The first step for the CHSSN was to develop the NPI funding program with Townshippers' Association who were the pilot regional network. This entailed preparing the funding program description, creating the application and activity reporting forms. The CHSSN coordinated a working group which proposed the program package to the QCGN, which was then implemented. One key measure was the creation of a Volunteer Committee at arms-length from the QCGN, made up of community representatives with recognized community development experience. The committee was mandated to oversee the program and work with a very experienced program manager, Kevin Saville, contracted by the QCGN. Johnson describes their first year:

One of our early steps as a community-support team was to produce profiles based on Statistics Canada data⁴⁷ so the NPI groups could develop an understanding of who they are as a community. This was information they would need when approaching their public partners. Every single one of the networks did a visioning exercise where they had to gather the communities in their territory together and sit down to sort out the needs with respect to access to health and social services. We spent a lot of our first year visiting the groups and there were many phone calls giving guidance with respect to visioning, data collection, and knowledge development. Each community was assigned to one person on the support team and then team members supported each other in meetings at the office. The visits to the regions were very important so we could be present to support the community mobilization. In some cases this meant helping facilitate the community meetings that they often were not comfortable with. It was crucial that they were able to make effective use of these meetings to define community priorities.

⁴⁷ Prepared by Jan Warnke (J W Comm Inc.) for the CHSSN.



When Russ Kueber joined the CHSSN team in 2004, he contributed his experience of community development in the health sector in Alberta where he had worked with marginalized communities. He, along with Carter and Johnson, underlines the key role of the team as ‘critical friends’ and their shared view of the NPI networks as part of a ‘learning community’. As the term critical friends suggests, their relation to each network is one of partnership rather than a hierarchical arrangement, and – importantly – they are partners with whom the NPI groups can feel comfortable with in weaknesses as well as strengths, and not be penalized for it. All three agree that knowledge-based community development is a matter of continuous learning for all involved. In Kueber’s words,

The important lesson to be drawn from the CHSSN experience in community development is that the community doesn’t have to simply wait for a funding program they need. They can build their evidence base, identify their needs, and then go out and build policy. A community volunteer can become an effective health promotion practitioner with the support and training that critical friends provide. People with no formal experience at all in health and social services are now sitting at the table with the Director General of the CSSS⁴⁸ of their region along with other health professionals and they are being heard. How did they get to that point? Well, there was a lot of support work behind the scenes.

Besides establishing a knowledge-base with respect to their own communities and being trained to facilitate meetings, the network groups had received training on how to gain access to funding programs, how to engage their public partners, and how to generally operate and evaluate projects using a results-based management approach. Aside from the site visits and conference calls to the various Quebec regions, there have been two 3-day retreats held annually and a public conference held in Montreal drawing all the networks together. The retreats have been intense training periods. For example, the support team all recall the mobilization stage of 2004-05 as a period when the coordinators of the developing networks were quite anxious with respect to establishing relations with their public partners. In Carter’s words, “We were trying to establish a model of community governance for the formal partnership with the public system. This is entirely different from simply sitting on the committee of some institution somewhere.

⁴⁸ CSSS is the French acronym for *Centre de santé et des services sociaux*. This is translated into English as *Health and Social Services Centre*.

We had really upped the ante.” During the training, the support team tackled the challenge with an afternoon of role play where participants had to act out a scenario with an imagined public partner. All will long remember Richard Walling as the unsympathetic Director General refusing to hear a word of English spoken in his meeting with an inexperienced NPI coordinator. The value of such training was revealed the following year when the team witnessed a clear turning point as one network after another successfully established a community presence in their region.

Never Advocate Without an Actor

The selective out-migration which characterizes Canada’s official-language minority-community in Quebec means the middle-aged professionals who have historically represented it in the public institutions of the province is notably reduced. The impact of this trend, combined with recent financial cutbacks and restructuring in the health sector, has entailed increased challenges for the minority-community, particularly in rural regions, in gaining access to health and social services in English. According to Johnson, their networking and partnership approach allows them to address this gap:

One of the main problems is the inability of the English-speaking communities to act because they are so impoverished with regard to their organization around health services. They often don’t have the resources and the ‘savoir-faire’ to engage. What we do with our network training is go in and break down the barrier of the unknown. We take these areas they are unfamiliar with and uncomfortable with and break it down into elements they can deal with. It isn’t just the individual who happens to be inexperienced – it is a matter of getting through structural barriers that have been facing the entire community for a long time. This can often mean having to work through resistances to change.

The mantra of the CHSSN team is, “Always add *actor* to advocate.” In other words, recognize what the needs of the community are, but also propose a solution within which a network can play an active role. Not only is this more likely to have a positive reception from public partners, it also means securing a place for the network to be an active player in the solution – a solution which may well be a starting point to more partnering opportunities in the future.

ACTIVITIES

- Development of funding base for CHSSN programs
- Regional profiles of Quebec anglophone communities using Statistics Canada data
- Development of learning communities
- Provincial Forum
- Consultative Committee Report to the Federal Minister of Health

In order to make sure their regional networks can indeed practice what is being preached, the CHSSN have worked hard at creating opportunities for the networks to grow and have levers that work with the public system. The projects with McGill around Training and Human Resource Development and the Primary Health Care are two such cases. Carter explains,

McGill invested in us to establish their initiative in our community. What we did through language training was to promote a model where the institutions and regional agencies had to involve the English-speaking communities in identifying priorities. With McGill, we developed partnerships to try and retain English-speaking professionals and students in the communities, so we have at least six of our networks involved with partnerships with public institutions and professional degree programs. The McGill project is supporting the continuation of our partnership with the McGill University Health Centre in the area of Telehealth.⁴⁹ The important thing is that all the work we did with the McGill Training and Human Resources Development Project came back to providing opportunities for our networks which are now working with public partners with more resources to engage them. This is the same case with the Primary Health Care projects. As the promoting organization, the CHSSN made it the condition of funding that the public institutions partner with the English-speaking community as part of their project requirement.

The CHSSN has also linked the ten regional networks to funding from the Public Health Agency of Canada by positioning them as recipients of training for improving their capacity to examine and use health determinants to establish the sustainability of their networks and health and social service access.⁵⁰ Now the Population Health Model is being applied in those communities and its impact is

⁴⁹ The CHSSN Telehealth program is a measure supported by the McGill Training and Human Resources Development Project, and is intended to provide distance community support.

⁵⁰ A report on social support networks in Quebec's English-speaking communities, a key health determinant recognized in the Population Health Model, was made possible through funding from the Public Health Agency of Canada and used in CHSSN training: [Social Support Networks in Quebec's English-speaking Communities](#)

empowering, as it anchors their activity in a widely accepted model that is recognized by Quebec's public system, Health Canada, other national governments, and the World Health Organization. This strengthens the CHSSN's position in seeking alliances as well as seeking health promotion funding on their own.

Growth While Remaining Grassroots

When asked to consider how their network has changed in the period from late 2003 to early 2007, the CHSSN staff reply that they have grown, but also stayed the same. They have evolved as an organization, yet remain a local network support initiative. They've increased the capacity of several of its member organizations but remain a small team of three core people. They bring in consultants to help meet their objectives and maintain a very, very light infrastructure. They have not developed a separate team to do policy or research, but work with others through partnerships and collaboration to influence public policy and promote research. Nor do they have an office with lots of staff and administrative overhead. At present, they have office space by virtue of their partnership with the Jeffery Hale Hospital in Quebec City. The CHSSN spends much less time concerned with the development of its own structures. Its flexible approach to using resources to pursue strategic objectives allows it to focus energy on the delivery, management, and evaluation of projects as well as the promotion of effective public policy knowledge development. Carter and Johnson concur,

People come to us looking for guidance, dependable information and expertise in the area of health today, whereas in 2003 we were not recognized as an authoritative body of any kind. We've developed our skills and one of our key strengths, which is our ability to see the connecting elements and a bridge between a community and the government. We are viewed as a successful model and sometimes this can present challenges. People may hold out expectations which we may not feel we can, or should, meet. The challenge is to remain true to our original principle that we will only grow and develop to the extent that we can demonstrate the purpose of our network. Our network works with our member organizations as partners, so it is our keen interest to support development of their capacity, which in turn strengthens the whole network. Our own measure of success lies in the success our partners have increasing their own capacity.

Despite the small staff complement, the CHSSN wants to continue to reach out to the English-speaking communities in the regions where they have not yet developed networks. The results of NPI funding are now showing up in some of

the regional access programs of health and social services in English. The CHSSN wants to work to ensure that these positive results are gained in other regions as well.

LESSONS LEARNED

- Aim funding at the community level
- Support network and partnership building through learning communities
- Rely on an evidence-based approach
- Never advocate without becoming an actor, too
- Keep infrastructure light

What is the secret to their success as a community development team? As the term ‘team’ suggests there is no hierarchy to their working relationship, but they do have well-defined roles and are all clearly dedicated to their project. As Carter, Johnson, and Kueber sum up, “We are critical friends for each other, not only our

communities. We keep each other honest; we support each other and we share an enormous amount of mutual respect.”



**On the Radar:
*The Megantic English-speaking
Community Development Corporation***



4.2 On the Radar: *The Megantic English-speaking Community Development Corporation*



The *Megantic English-speaking Community Development Corporation* (MCDC) promotes the well-being of the English-speaking population of the Chaudière-Appalaches and L'Érable regions (more specifically the Amiante, Lotbinière and L'Érable areas) by providing access to social activities, volunteer services, and youth and health services, as well as information and referral. MCDC was created in November 2000, thanks to the efforts of a small but

determined group of community members and the expertise and support of the Holland Centre of Quebec City.

A Strong Foundation

In the words of Suzanne Aubre, Executive Director, their organization is blessed with the strong foundation laid for MCDC and its activities as much as ten years ago by community members. “They have been active a long time and now it is paying off. This is harvesting time. There are still challenges to be met in carrying their early efforts forward, but we are an example of the way success can breed success.”

Community members lead the way through the 1990's, working closely with Richard Walling of the Holland Centre whose mandate included the Chaudière-Appalaches region. In light of the needs of the community revealed through an assessment conducted in 1994, it was decided that an itinerant seniors' drop-in would be created as well as an information and referral service to foster better use of existing services.⁵¹ In 1998, community members were invited to get involved in a larger community-wide development strategy and Peter Whitcomb, now Health Coordinator, was hired along with Rodney Clark to do a survey of community needs and priorities. The seniors were still a concern, but the organization wanted to include other vulnerable groups. The partnership with Holland Centre had proved successful and now there was an interest in extending

⁵¹ Walling, Richard, Louis Hanrahan and Jennifer Johnson (2001). *The Holland Centre Experience: A Community Development Model for Minorities*. Holland Resources Development Corporation, Quebec.

the approach to include others. In 2000, the Megantic English-speaking Community Development Corporation (MCDC) was formed.

When the funding for the Networking and Partnership Initiative (NPI)⁵² became available in 2004, the focus broadened to health and social services. Aubre mentions that:

In the first year we needed to identify the needs of the English-speaking community with respect to health and social services specifically. We hired an external consultant for this purpose, and with their findings we sat down with the Steering Committee for the health initiative, and then with our potential partners, to map out our priorities.

The Challenge of Demographic Decline

While they were not starting from scratch, Aubre points out that “...some members of the French-speaking community of Thetford didn’t know there was an English-speaking community there.” The English-speaking population in the area is very small, representing some 1% of the total regional population, and has been in a state of decline since the withdrawal of the prominent local asbestos industry. For the 1996-2001 period, the anglophone population of the region dropped by 673 individuals, representing a decline of 20%, which was the most serious decline among anglophone communities at the administrative region level across the province.⁵³ The decline and changing age structure of the community, combined with its geographic isolation, results in an ongoing struggle with the perception that the community may simply disappear.

The principal challenge for the network since its inception in 2004 has been to “raise the profile” of the English-speaking community in the region. The change in numbers has had its impact on the English-language institutions which have served the function of maintaining a sense of community identity and cohesion. Whitcomb points out that the attendance at the churches is small and that there are more French students speaking French in the schools than English. These changes called for a new strategy for the community to re-connect with its priorities and mobilize to address them.

⁵² NPI is the commonly-used abbreviation of *Health and Social Services Networking and Partnership Initiative (HSSNPI)*.

⁵³ Pocock, J. (2005) [Baseline Data Report, 2004-05: Profiles of English-speaking Communities in Selected CLSC Territories](#). p.232, Community Health and Social Services Network (CHSSN)

From Planning to Implementation

In working with their partners, the NPI network has taken the strategy of making sure they reach both the planners and the individuals who, at the end of the day, are responsible for making something happen. In the chain of command from policy and planning in the organization to those responsible for implementation, things can happen, so a follow-through by the coordinator is key.

In this sense, the criteria for a successful network may be different on the ground than for government agencies evaluating from a distance. A network may have achieved a certain ideal representation of individuals from all levels of the health

ACTIVITIES

- Assessment of access needs and priorities
- Community forum
- Document translation
- Information booklet and news bulletin
- Volunteer workshops

system at their meetings or forums, but they may not necessarily be the key 'do-ers'. When you are on the ground with the objective of having an impact on the situation what becomes important is who, irregardless of status, will *act*. According to the MCDC team, it takes time to figure out who these

individuals are, and when you find them you then have the opportunity to increase your capacity for change. While it is true some positions in the system carry more weight in terms of implementing sustainable changes in planning and service delivery, Aubre and Whitcomb can cite instances when relationships "...began with lots of good intentions but never went anywhere." Action, in many ways, speaks louder than words. It provides the results that will shape the reputation of the group and potentially set the pace for the way things are done whether with the CSSS,⁵⁴ at the hospital, or in the *Centre de santé*.

One Partner at a Time

With respect to building partnerships, Aubre and Whitcomb explain that they have continuously faced the challenge of breaking the ice. An important asset in their approach to partnerships has been the fact that their Executive Director is a francophone. "This means not only knowledge of the language but of the culture. She can espouse the cause in terms the partners can relate to." In reaching out to broaden their network, they made a point of working with one partner at a time.

We took our time and developed a good understanding of the system. We started with Centre de Santé Thetford with whom we had already partnered

⁵⁴ CSSS is the French acronym for *Centre de santé et des services sociaux*. Its translation in English is 'Health and Social Services Centre'.

and then were approached by the regional Hôtel Dieu de Lévis hospital. From there we went to the Centre Jeunesse in Thetford Mines and began to build bridges to Centre de santé d’Athabaska-Érable. The Centre de santé du Grand Littoral has someone who occupies the position of community organizer. This partnership worked really well. They know the local resources. They are in tune with what is on the ground. This partnership really helped us create bridges between the community and the system. Early in the process, the individual for customer service and planning at the hospital picked up the ball and ran with it. Each step gave us important credibility.

Partnerships are a Two-way Street

Besides working closely with each new partner, Aubre underlines the fact that working successfully with partners means approaching them with a win-win proposition.

We offered to make their lives easier. We wanted services and they wanted access to the community to fulfill their mandate. They didn’t know how to reach out. We were offering resources and this way we were not a burden. You cannot ask for more than the majority is getting. Partnering means both sides bring something to the relationship. Both sides need to feel the partnership is rewarding. We helped our partners get funding to train their people in English. The NPI representatives worked with them by actually helping them to apply to FASSP.⁵⁵ In many ways, we are here to help our partners help us.

An important feature of building the network has been the intersection of Primary Health Care (FASSP) projects and the McGill program⁵⁶ for the training, recruitment and retention of health care professionals. The *Agence*⁵⁷ of the Chaudière-Appalaches took it upon themselves to apply to McGill, and as a result health-care professionals living in the Beauce are now joining English classes.

⁵⁵ FASSP is the French acronym for *Fonds pour l’adaptation des soins de santé primaires* and a term that has become part of the vernacular of the HSSNPI participants. The equivalent in English is the *Primary Health Care Transition Fund* (PHCTF). The CHSSN uses Health Canada’s PHCTF to solicit and support projects to improve access to English-language services in the areas of (1) Info-santé, and (2) front-line programs and long-term care provided by the new local health and social services networks. The initiative has the support of the Quebec Ministry of Health and Social Services.

⁵⁶ The CHSSN is the community partner with McGill University in the McGill Training and Human Resources Development Project funded by Health Canada through the Federal Action Plan for Official Language Communities. The project sponsors language-training, and recruitment and retention initiatives, for health care professionals.

⁵⁷ *Agence* is an abbreviation of *L’Agence de santé et des services sociaux*, which translates into English as *Health and Social Services Agency*.

These programs have complemented the network initiative and enabled the group to offer a coherent package to their network members and public partners.

Generally, the partnership approach has been successful and the MCDC team has had doors open for them. One challenge posed by the approach is that the partnerships boil down to individuals, and when you have someone in a key position with no understanding of your needs, or is 'anti-anglo', you can face a real barrier. This can be frustrating for all involved and difficult to resolve.

Awareness is Key

For both the community and the individuals in the system, the networking approach means moving out of their comfort-zone. "It is not easy for the anglo-phone group to reach out to francophones for help. They don't make the call that needs to be made. They fear the language barrier. Now we can say: call the MCDC and we will make the arrangements. We have come to act as liaison between the community and the system."

LESSONS LEARNED

- One partner at a time
- Win-win approach to partnering
- Community awareness is key
- Evidence-base is starting point
- Action breeds credibility and trust

A crucial achievement for this NPI group is awareness and this is evidenced in the emerging recognition and reliance on their mediating role. This is an area where the Aubre and Whitcomb see much potential for the future: "Awareness is key. Awareness of needs and importantly awareness of existing services. As a small example, consider the anti-flu vaccine campaign. Without our request, the press release was sent to us to translate for our members. *They are developing the reflex of not forgetting the English community.*" Progress on the ground since 2004 is evident in gestures like these, which indicate the group has moved from being invisible to being on the radar.

Future Considerations

Whitcomb underlines that sustainability is also at stake in dealing with the discomfort that English-speakers have in asking for services in English. "They are not comfortable asking and fear an issue will be made, but they really have to request an active offer of service. The request has to be there or supply will disappear. If nobody asks for English, why would they continue providing the translation we've managed to arrange?"

Partners in Health is a committee who meet three to four times a year regarding health and social service concerns and they will continue to do so after the funding period. In the words of the team: “We have a history now to sustain changes beyond the good will of present personnel.”



The MCDC team feels that meeting with the other regional NPI networks once or twice a year has been inspiring. Good ideas are shared, and there is a sense of sustained support even though they do not work closely together. The team at CHSSN has been a wonderful support. “You know you can pick up the phone whenever you need to.” The MCDC representatives themselves have enjoyed stability as a group, which is a plus given the difficulty in recruiting for what will be even less than a five-year period. Aubre emphasizes humor as an important asset of the team along with good knowledge of the community and the right skills for the workplace. As she says, “At the last retreat we told the story of the network as a fairy tale. We wanted to acknowledge our good fortune in inheriting the work of former members from then community. Still, there has been a lot of hard work to sustain and improve upon earlier success. It has taken much more than good luck to reach the point we have today with our partners in health and social services.”

For further reference on the population health of this region, see the CHSSN’s [Baseline Data Report, 2004-05](#)



Switchboard Central: *Vision Gaspé-Percé Now*



4.3 Switchboard Central: *Vision Gaspé-Percé Now*



Vision Gaspé-Percé Now was founded in 2003 and chartered in 2004 to work with and for the approximately 2,400 English-speakers who live between Cap-Gaspé and Cap-d'Espoir on the eastern tip of the Gaspé Peninsula. Vision Gaspé is committed to advancing community development through cooperation with their French-speaking and Aboriginal friends, families, and neighbors.

A Strong Community Mandate

Vision Gaspé-Percé Now (Vision Gaspé) is a very new organization with no permanent employees and a completely volunteer board. Cynthia Paterson was hired late in October 2004 to coordinate the Networking and Partnership Initiative (NPI)⁵⁸ for Vision Gaspé, and she feels that she began with a strong mandate from the community. Using funding from the Department of Canadian Heritage, the organization had conducted a community survey (2002-03), culminating in a visioning process which was very well attended. "This gave us a clear sense of community priorities. Six of the ten priorities listed by the participants in the needs assessment were directly related to health and social services and two indirectly." The report confirmed the community's understanding of itself and its predicament and became the starting point for action.

We knew our situation was becoming critical. We knew the needs of an aging community. We could see the younger generation was not achieving the level of education of previous generations. You tend to assume education levels are higher now, but not so. We knew this instinctively, we learned this from the 2003 report and, crucially, it was validated later through the Baseline Data Reports produced by the CHSSN.

⁵⁸ NPI is the commonly-used abbreviation of *Health and Social Services Networking and Partnership Initiative (HSSNPI)*.

Vision Gaspé is situated in the Gaspésie-Îles-de-la-Madeleine region which is one of the regions of Quebec where the English-speaking population experiences the highest rate of unemployment. This rate is more than three times higher than that of the anglophone provincial average. Anglophones in this region are also more than twice as likely to have no high-school leaving than anglophones in general across the province. When the 15-24 age group is compared with their francophone counterpart in the region, they are 25% more likely to have no high-school leaving.⁵⁹

Seizing Opportunity

Besides some awareness of the predicament of English-speakers in the church community, due largely to the fact that Vision Gaspé rents office space in the building, links with other organizations were really in a nascent state. As Paterson says, “We had just started and we had everything to do.”

When Paterson was hired she learned the deadline for an application to the FASSP⁶⁰ program was only a week away. This was a critical moment for the team.

I approached the director of the hospital who really had no interest and informed us they were too busy with the “fusion”. I asked for half an hour. I went with my president to meet him, and despite pointing out this was an opportunity for funding, and the fact of a minority community to service, he was still reluctant to get involved. I then asked him to give me someone to work with, and I was introduced to the head of human resources. We were joined by the Agence⁶¹ employee then assigned to the Access Committee. We went to work the next morning. The three of us sat in a room for three days. A partnership began. None of us knew each other. We wrote the whole thing together, drawing always on the recommendations presented by Vision Gaspé which had come out of hasty but in-depth interviews with users, families and volunteers at the long-term care facility. By Friday, it was ready for the Director General of the Agence to approve. We applied for \$249,000 and we got it! Without the Networking and Partnership Initiative

⁵⁹ Pocock, J. (2005) [Baseline Data Report, 2004-05: Profiles of English-speaking Communities in Selected CLSC Territories](#). p.209, Community Health and Social Services Network (CHSSN)

⁶⁰ FASSP is the French acronym for *Fonds pour l'adaptation des soins de santé primaires* and a term that has become part of the vernacular of the HSSNPI participants. The equivalent in English is the *Primary Health Care Transition Fund* (PHCTF). The CHSSN uses Health Canada's PHCTF to solicit and support projects to improve access to English-language services in the areas of (1) Info-santé, and (2) front-line programs and long-term care provided by the new local health and social services networks. The initiative has the support of the Quebec Ministry of Health and Social Services.

⁶¹ Agence is an abbreviation for *L'Agence de santé et des services sociaux* which translates into English as *Health and Social Service Agency*.

we would not have had that money coming into the community. Our relationship with the hospital was previously nonexistent, and now this was a success we could build upon.

The Wonderful...

In Paterson's words, the first year was both wonderful and appalling. First, the wonderful. The Fraser Recovery Program,⁶² which deals with the drug and alcohol addiction of youth, had designated the Vision Gaspé network as one of its two regional pilot projects. Hugh Fraser of Fraser Recovery and Paterson started working together within the first few weeks of getting the NPI network underway. One of the priorities that had emerged from the community visioning process was the situation of the youth, and the first meeting was extremely well attended. Fraser was available every couple of months from Quebec City, and this project determined the first stage of networking:

It was a great first meeting. It brought key people together. We heard from someone from the CLSC⁶³ that she very much cared about the addiction issue, she wanted to help, but wasn't trained. Someone was there from L'Escale – perfectly bilingual, from the New Brunswick English-speaking community. He had been in the community for three or four years and had no idea of the size and extent of the English community. The community, on their side, did not know he existed! I told both of them we were putting together a network and I wanted them to be part of it, but as an official part of their work mandate. I asked for the names of their supervisors and had them at the table in their official positions by the end of November.



Many new pieces of information emerged at the meeting like the fact the school board had no drug and alcohol policy. Paterson followed up by calling everyone who put their name on the sign-up sheet and the monthly network meetings began soon after. They started

⁶² The mission of the *Fraser Recovery Program (FRP)* is to help young anglophone Quebecers with problems of drug and alcohol addiction. They are discussed later in this report as one of the NPI networks.

⁶³ CLSC is the acronym for *Centre local des services communautaires* translated into English as *Local Community Services Centre*.

working with the high school then went to the CEGEP⁶⁴ and elementary schools. Next came support from the municipality followed by training for teachers. Things have been steadily progressing from these first steps to the point where the francophone community now sees a model taking shape that they would like to replicate in their schools and community.

ACTIVITIES

- DAMIT / Drug and Alcohol Multidisciplinary Intervention Team
- Coordination of local network clusters
- ‘Mellow-yellow’ language badges
- Changes to Access Plan
- Volunteer development

From this experience the team learned that working together is the key. Things grow from shared tasks. “Yes, we are evidence-based and we won’t do things without evidence of the need to do them, but most importantly we always work together and that keeps the network together. We

haven’t sat around theorizing about what we will do – we have actually done it. We set up tasks. We jumped in. And we have accomplished so much.”

... and the Appalling

Along with the wonderful came what Paterson describes as the appalling. Early in the program the ‘fusion’ was implemented and the new Director General (DG) arrived. In the first meeting with this new person, the network representatives were hoping to build on earlier progress. For them, job postings and sitting on each other’s hiring committees were on the agenda. What they learned, however, was that he knew nothing about the program and had other plans for the money.

He was fluently bilingual, coming from the Lower North Shore he was aware of the anglophone minority and its needs, but he also inherited debts from his predecessor which he wanted to clear up. The former DG had told him nothing about FASSP. He didn’t know the whole impetus came from us, was not aware of our service contract and did not, initially, want to honor it. The former DG who had signed the FASSP application (which had included a service contract with Vision Gaspé) was also present, but was silent on the matter in the meeting. It was a horrible meeting. I drove away that day in tears. The next time I brought my president with me. I said I was offended about what had happened at the previous meeting. The DG said he was offended that I was offended! For the next few meetings, I

⁶⁴ CEGEP is a French acronym for *Collège d’enseignement général et professionnel*, or in English, *College of General and Professional Education*. CEGEPs are a post-secondary educational institution exclusive to the province of Quebec in Canada. Students enter CEGEP after completing six years of elementary school and five years of secondary school. A particular feature of CEGEPs is the co-existence of pre-university programs and technical career programs which prepares students for the job market.

always had a sick stomach beforehand. I had to fight for everything – we really had to hold our ground. While I didn't want to, I eventually had to call upon the Agence. Things eventually got better, and we now have, in my view, an excellent relationship, but I had never been treated as badly as in that first meeting.

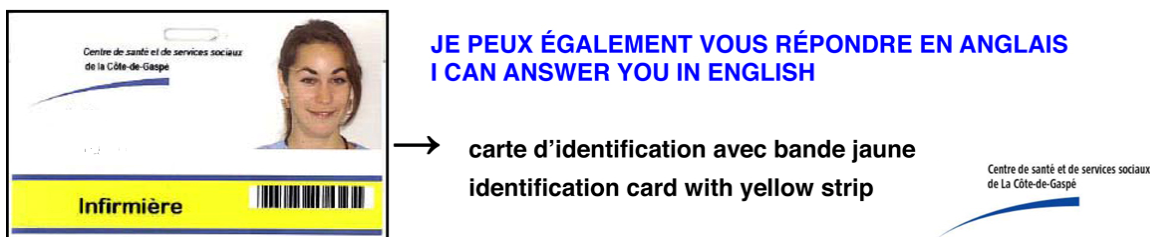
Lessons learned? Community groups are extremely vulnerable to changes in administration. The NPI network began in an atmosphere where people were losing jobs and management and bargaining units were changing. This has meant a challenging context. It was “like walking on eggshells in a mine field,” to use Paterson’s terms. “Also, the networking approach means individuals who are not earning huge amounts, who may or may not have special qualifications, are expected to sit down with DGs (Director-Generals) and negotiate tough stuff. Our quality of health as a minority is depending on this. The question arises as to whether what is expected of the NPI workers is in line with the salary and conditions of work. And the off-loading of health-care responsibility to the community, especially to women, appears likely to accelerate in the near future.” Fortunately for Vision Gaspé, Paterson brings valuable experience and skills to the table, otherwise much progress and opportunity would have been lost simply with the change in administrators. Paterson’s solution is to try to get everything on paper so they do not need to ‘re-invent the wheel’.

Community versus Bureaucratic Time

Community time-frames and public partner time-frames differ. The community is expected to do a great deal in a short period of time (12 months and quarterly reporting) but public partners are located in bureaucracies which work far more slowly. This can create frustration and put pressure on partnerships.

Partnerships are essentially personal, says Paterson. “You start on a personal level and then you build in structural commitments to see you through changing personnel. This all takes time. Depending on a volunteer core also means people coming and going and you cannot ask for too much time or the result is burnout.” Vision Gaspé has tried to respond to the issue of time through a particular network structure called *clusters*. Regular meetings are a must, but not everyone involved will find every aspect of a long meeting relevant to their area of concern. Network clusters have formed around community priorities: youth addiction, volunteerism, seniors, and healthy schools. Each cluster is composed of community stakeholders and public partners. The clusters operate on their own and then the entire network gets together periodically.

Every cluster has enjoyed success in the short life of the NPI. One such success is the establishment of solid links with the CSSS de la Côte-de-Gaspé⁶⁵ through work on several partnered initiatives: FASSP 1 and 2, the McGill Language Training and Recruitment and Retention Programs,⁶⁶ the RECEPPP⁶⁷ and joint writing of the new Access Plan. Among the concrete results: a comfortable common room for residents and their families at the long-term facility; recruitment, training, and placement of English-speaking volunteers; improved access to all CSSS installations through bilingual signage, translation of documents and information pamphlets and the new ‘mellow-yellow’⁶⁸ identification badges indicating staff members who are willing and able to provide services in English.



Right now, Paterson is busy trying to find homes for all the clusters. Vision Gaspé does not have a core program, so structures must be found where programs may be inserted and hopefully achieve network sustainability. Patterson says, “I feel like one of those old-time switchboard operators, plugging things in, making sure everyone stays connected. We’ve made inroads into planning and decision-making. We’ve brought our public partners closer together too. You can’t assume that they are one big cozy group. McGill training and recruitment, FASSP, the NPI, Telehealth⁶⁹ – they all dovetail and reinforce, but not without some coordination and facilitation.” She believes the new

⁶⁵ CSSS is the French acronym for *Centre de santé et des services sociaux*. This translates into English as *Health and Social Service Centre*.

⁶⁶ The CHSSN is the community partner with McGill University in the *McGill Training and Human Resources Development Project* funded by Health Canada through the Federal Action Plan for Official Language Communities. The project sponsors language-training as well as recruitment and retention initiatives for health care professionals.

⁶⁷ RECEPPP stands for Resources for Enhancing Community Engagement and Participation with Public Partners, a program designed to support community involvement in the planning of primary level health and social services.

⁶⁸ The name comes from the white badge having an added yellow stripe.

⁶⁹ Telehealth is a measure of the McGill project with CHSSN as its implementer. Video-conferencing technology is used for long-distance professional and community support.

Community Learning Centre (CLC) project in which Vision Gaspé and the NPI will partner with three local English schools holds promise for advancing gains already made.

Building Trust

While Vision Gaspé-Percé Now is new and without an executive director, the NPI representatives have tried to turn what could be a weakness into a strength. Some organizations have been in place a long time and can administer something like the McGill projects themselves. The Vision Gaspé NPI tells the public partners that they will do the work with them, but not the administration. They have discovered that if the public partners are required to administer the project, they then become very involved in the work. They know the project at all levels and welcome regular meetings. Most important, the arrangement builds trust.

LESSONS LEARNED

- Grow relationships from shared tasks
- Keep priorities clear
- Establish structural commitments with public partners
- Rely on knowledge-base for planning and partnering

While the group does not work closely with the other regional networks, network retreats have been helpful and the support from CHSSN has been invaluable. Paterson underlines that the knowledge-base provided by CHSSN has been essential in setting priorities and planning, enhancing credibility with public partners and

nurturing overall awareness of the access needs of the local English-speaking community. Vision Gaspé has made sure the information is disseminated through their PowerPoint presentations and the media and in both languages.

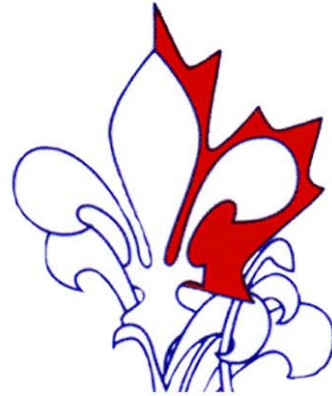
From their evaluation of their network they have learned that their greatest impact has been in raising general awareness of existing services and making everyone feel more supported in addressing the gaps. Building trust means feeling that there is somewhere to turn, and that there are people who are willing to work together towards solutions.

For further reference on the population health of this region, see the CHSSN's [Baseline Data Report, 2004-05](#)



Outaouais Health and Social Services Network
for the English-speaking Population

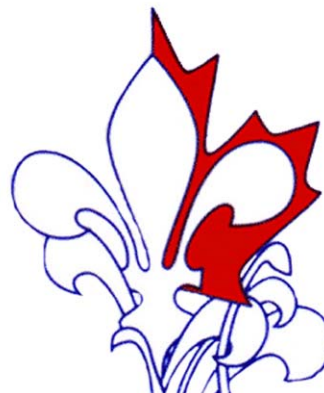
Réseau de services sociaux et de santé pour
les anglophones de l'Outaouais



A Clear Vision: *Regional Association of West Quebecers*



4.4 A Clear Vision: *Regional Association of West Quebecers*



Among the aims and objectives of the Regional Association of West Quebecers (RAWQ) is to identify the common concerns and interests of the English-speaking residents of West Quebec, to unite their resources, and to speak on behalf of the goals of the English-speaking community. In 2003, RAWQ received funding from the Health and Social Services Networking and Partnership Initiative (HSSNPI) program to carry out their mandate in the health and social services sector. As a result, the Outaouais Health and Social Services Network (OHSSN) for the English-speaking population was created in December 2004. At that time, a Steering Committee was set up to oversee and govern the OHSSN.

A Collective Vision

When Danielle Lanyi, Coordinator of the NPI network⁷⁰ located in the Outaouais region, and Brian Gibb, Executive Director of RAWQ, began the project they experienced what they refer to as 'the fog factor'. Lanyi describes the first couple of months as a period when they felt like they were in a really thick, dense, fog trying to sort out what they were supposed to be doing. Then, the fog began to lift and a picture started emerging. From there the picture became clearer and clearer until today, when they are pleased to say they have achieved a very clear vision of what they want to accomplish, with both their community and public partners, for the English-speaking community in their region. One of the things they are working towards is a regional community health centre to be created with

⁷⁰ NPI is the acronym for *Networking and Partnership Initiative* and a commonly-used abbreviation of HSSNPI *Health and Social Services Networking and Partnership Initiative*.

funding and support from their public partners: “We want to build on the foundation that the NPI funding has allowed us to establish. It would be a physical location for the provision of health information in English, translation services, advocacy, referral services and health promotion and prevention programs and a time-saving ‘one-stop’ access point for both the community and our public partners. It would be our best case scenario for a long-term sustainability strategy.” At this point the centre is still a dream, but importantly, a dream which is itself the end result of extensive consultation with the English-speaking communities of the region by what has now emerged as the Outaouais Health and Social Service Network.

Building Cohesion

The network’s collective vision has resulted from a consistent focus on linking the scattered and diverse English-speaking communities of the region together. Lanyi notes that when she started there were many informal and small community groups existing in the region but no regional network tying everything together. As well, the connections between the English-speaking community and their public partners were really few and far between.

While anglophones in the region comprise a significant 17.2% of the total population of 312,835, the differences in the characteristics of the rural and urban Outaouais communities spread across a large territory make consensus a challenge. So, too, the polarities in income and education add to the challenge of bringing the community together. While the anglophone population enjoys its fair share of high-income households, the overall unemployment rate of this group is 32% higher than that of the French-speaking Outaouais community. On the one hand, anglophones 65 and over in the Outaouais are 50% more likely to have some form of post-secondary qualifications than francophones in the region. On the other, the younger generation of anglophones is less likely to have such qualifications when compared to francophones of the same age. In general, Outaouais anglophones are 16% more likely than their anglophone peers across the province to have no high-school leaving certificate or additional training.⁷¹ Put differently, they are significantly less likely to be high school graduates.

Our first year was really about building our knowledge-base and for this I drew on research that had already been done. For example, (former Executive Director) Lisa Bishop had done a needs assessment back in 1999 where health and social services was identified as a priority for the English-speaking

⁷¹ Pocock, J. (2004) [Baseline Data Report, 2003-04](#): *Regional Profiles of English-speaking Communities*. p.26, Community Health and Social Services Network (CHSSN).

residents of the Outaouais. I also used the data from the CHSSN Baseline Data Report. From there I went out – with help – to do a series of fourteen focus groups and combined their results with the other studies. We needed to consolidate the information out there but also find out from the different communities first-hand what their health and social service needs were. We actually produced a report in the first year. It has been welcomed and well used by our partners in reviewing their access plan. The report was followed by our first public forum where participants from the focus groups, community organizations as well as public partners all came together This was a hugely successful event as it provided the opportunity to showcase initiatives from the English-speaking community and the five Primary Health Care Projects ⁷² in the region. It also helped us to inform the community and the public partners about the network and its activities.

Lanyi states that the report not only helped them gain a better understanding of their communities, the process animated the communities to get involved. The anglophone population is divided into five CSSS⁷³ sectors and it became very apparent that while the access needs in many respects were similar across the sectors, the communities are all very different in their characteristics. Lanyi learned each territory would have to be dealt with on an individual basis, and even within a single territory differences are sufficiently great as to require setting up two Local Action Committees (LACs) as opposed to one. For example, in territories like Vallée-de-la Gatineau you have an aboriginal population located in Maniwaki, which makes it quite different from other parts of the territory. These local realities, often buried in regional level profiles, must be taken into account for the networking approach to work.

Time and Patience

Lanyi points out that the networking approach is a new way of doing things. This means sometimes there is resistance, not to the community, but to the new approach itself. It represents a learning curve:

It is a matter of patiently educating people and that takes time. This has not been an easy concept to sell and often it is perceived as being more work than it actually is. At other times, you may have developed a good working

⁷² This refers to projects made possible through the *Primary Health Care Transition Fund* (PHCTF). The CHSSN uses the Health Canada PHCTF to solicit and support projects to improve access to English-language services in the areas of (1) Info-santé and (2) front-line programs and long-term care provided by the new local health and social services networks. The initiative has the support of the Quebec Ministry of Health and Social Services.

⁷³ CSSS is a French acronym for *Centre de santé et des services sociaux*. It is translated into English as *Health and Social Services Centre*.

relationship with a partner only to have to start all over again due to staff changes. For example, the CSSS Gatineau is the second largest CSSS in the province. It has gone through some significant changes and is facing challenging times. That makes it difficult to establish partnerships. However, one of the cornerstones in the health reform has been to consolidate and integrate services more effectively through increased partnerships within the health system, and with the community as well. It is important to remember that we all share the same objective, which is to provide quality services in a timely manner.

ACTIVITIES

- Focus groups
- Public forums
- Local action groups
- Translation and referral
- Newsletter and website
- Telehealth videoconferences
- Information campaign

According to Lanyi, the key is to understand the partnership from both sides. The community on their side is struggling to be heard and to have their (sometimes urgent) health needs met. The partners, on their side, are going through changes and have their priorities and administrative hurdles to contend with. Her experience as a Commissioner on the Western Quebec School Board as well as a member on the board of the *Agence de la*

*santé et des services sociaux de l'Outaouais*⁷⁴ has helped Lanyi find the middle ground. Recruiting anglophone volunteers to sit on health boards is important. It is not only the matter of influencing public policy and the planning of services, but also, of better understanding of the system that the partners in health and social services are coping with.

The Primary Health Care Projects, the McGill Language Training and Retention project, and the Telehealth videoconferences⁷⁵ are prime examples of how the English-speaking community has contributed resources to the health care system and increased their capacity to establish partnerships. The potential to retain more bilingual nursing graduates from Heritage College will help to alleviate the shortage of nurses and increase access to services in English. There were five Primary Health Care Projects in the region when the NPI started out and they were strategically very useful to the team in establishing contact with potential

⁷⁴ English: *Health and Social Service Agency of the Outaouais*.

⁷⁵ The CHSSN is the community partner with McGill University in the McGill Training and Human Resources Development Project funded by Health Canada through the Federal Action Plan for Official Language Communities. The project sponsors language-training, and recruitment and retention initiatives, for health-care professionals. The CHSSN Telehealth program is a measure supported by this McGill project, and is intended to provide distance community support.

partners. Lanyi recalls that the Buckingham CLSC,⁷⁶ for example, was happy to see the OHSSN come in because they had to conduct a needs assessment and they had no idea where or how to reach the English-speaking community. Together, they both worked toward gaining a better understanding of the community and, importantly, started working towards some concrete objectives. The primary health care projects were basically one year long, but the OHSSN has been able to sustain some of their benefits and keep things moving forward. Their most recent Telehealth videoconference also attracted francophone participants, illustrating the way this technology can pave the way to integrated community efforts and shared benefits.

Knowledge is Access



The knowledge-base that the OHSSN has developed through their own activities combined with that disseminated by the CHSSN has given them important bargaining power. And it has increased their capacity to have significant input in the regional Access Program. This promises to lead to improved access to health and social services in English. Their information campaign is going to be the next big step.

For the OHSSN, the level of knowledge available to the community is a key issue. Without information there is no access:

Thanks to funding from the Primary Health Care Projects – Phase 2, we are revamping our website and posting more information on all existing regional services. Our key partners are the Agence⁷⁷ and the Quebec Learners' Network.⁷⁸ Promotional materials are being developed that will publicize the OHSSN website. These materials will be available in all health institutions, pharmacies, and English schools. We have also developed a newsletter over the past year that provides information on a broad range of information on health and social services. As a result, the number of hits on our website has

⁷⁶ CLSC is the French acronym for *Centre local des services communautaires*. It is translated into English as *Local Community Services Centre*.

⁷⁷ *Agence* is an abbreviation of *L'Agence de santé et des services sociaux* (Health and Social Service Agency).

⁷⁸ The *Quebec Learners' Network* is a community-based not-for-profit organization that supports lifelong learning and population health development in the English-speaking communities of Quebec.

increased dramatically as well as the number of calls and e-mails requesting information regarding services. This is a direct result of improving information access. Our newsletter goes out to all of the English schools, to various groups, and to individuals. It is also translated into French for our public partners. I now get phone calls from front-line workers looking for specific services for a client. I am a referral for them, as well as for the community. For example, the francophone community organization for parents of children with learning disabilities has the mandate and the resources to provide services to anglophones and francophones. However, anglophone parents are not aware of this service, and I know there are many parents who could use it. So we need to make the links.

LESSONS LEARNED

- Listen to the community
- Respect sub-regional differences
- Remember that partnerships are two-sided
- Think things through

Lanyi points out that the shift in the health sector has been to place more and more responsibility for information on the patient / client of the health institutions. The assumption is that the web has enabled the average citizen by facilitating information access. She, however, has spent many hours and days searching these sites and is skeptical as to whether the web has really lived up to its promise as a health

tool. “The web is far from the solution to everything. Websites are not maintained regularly. Some have really good information, others have nothing. There is no consistency. There are bits and pieces all over the place, so just looking for services is really time consuming.” While they intend their own website to go a long way in consolidating information relevant to the Outaouais region, it cannot replace the importance of person-to-person exchange when it comes to health concerns. Lanyi would contend that virtual space does not replace a real physical centre as a bridge to improved access.

Strategic Flexibility

Her experience in the Networking and Partnership Initiative has taught Lanyi that it is crucial to really think things through:

There are certain periods of time when you feel like you are not really doing anything. I call these “periods of reflection.” You are meeting with different people, considering strategies, and then suddenly things will move ahead. It is not that nothing is happening. Strategic visioning and reflection are really important. Equally important is being able to modify your plan as you go along. Things change – it is always a learning curve. For example, we do a

program proposal every year. You can see the evolution of the network in each of these applications. It is not an easy process, but at the end of the day it gives you a perspective on what you've done and where you are going. This is a valuable exercise.

Teamwork helps all involved keep an open mind and flexible approach. The Outaouais network is now working on connections with other regional networks across the country. While attending a two day conference hosted by La Société Santé en Français (SSF),⁷⁹ the francophone counterpart to Quebec's NPI located throughout Canada's other provinces and territories, it became clear these linguistic-minority communities have much to learn from each other. One of the directors of the 17 networks outside of Quebec recently presented at a conference hosted by the OHSSN for their public partners. "We are both in minority situations. We face the same challenges." They anticipate that joining forces at the national level and exchanging best practices will open their eyes to opportunities for their local and regional networks that might otherwise go unexplored. While on holiday this summer, Lanyi will take the opportunity to visit a newly established francophone community health centre in Edmonton.

Now that they have a clear vision, the Outaouais Health and Social Service Network is ready and willing to explore every possible avenue that might show them how to make the creation of a Regional Community Health and Social Services Centre less of a dream and more of a reality.

For further reference on the population health of this region, see the CHSSN's [Baseline Data Report, 2004-05](#)

⁷⁹ *La Société Santé en français* is a national health organization serving francophone and Acadian Canadians in a minority situation outside of Quebec.



Committed Engagement: *Townshippers' Association (Montréal)*



4.5 Committed Engagement: *Townshippers' Association (Montréal)*



The mandate of Townshippers' Association is to promote the interests of the English-speaking community in the historical Eastern Townships, to strengthen the cultural identity of this community, and to encourage the full participation of the English-speaking population in the community at large. It is committed to maintaining an accurate knowledge-base about the English-speaking community in the Montréal

and Estrie regions, supporting and showcasing its heritage and culture, and addressing the rate of out-migration of English-speaking youth.

In this context, Townshippers' Association created two networks as part of the Networking and Partnership Initiative (NPI),⁸⁰ known as the Eastern Townships Partners for Health and Social Services. The network in the Montréal part of the Eastern Townships focused on the Brome-Missisquoi and Haute-Yamaska MRCs.⁸¹

Invite Confidence and Community Spirit

When George Courville was hired in October of 2004 as coordinator of the NPI, he knew he would be working in a situation rich with possibilities. There was a history of good relations between francophones and anglophones in the Brome-Missisquoi and Haute-Yamaska MRCs and Townshippers' Association was in good standing as a community organization. It had a record of leadership in the health and social service sector from the recent past. The efforts of Marion Standish (retired director of Nursing at the Granby Hospital), Doctor Robert Pincott and others created a climate of cooperation and contribution instead of a climate of apathy and complaining. Even the familiar Courville name invited

⁸⁰ NPI is the commonly-used abbreviation of Health and Social Services Networking and Partnership Initiative (HSSNPI)

⁸¹ MRC is the French acronym for *Municipalité régionale de comité* which translates into English as *Regional County Municipalities*.

confidence, given the family's 75 years of service devoted to the health of the English-speaking community in the region.

We sent a letter to our partners in the CSSS⁸² and informed them of the rules of engagement right at the start. I highlighted the involvement of Health Canada wherever I could and the fact that this is an initiative including the French-speaking minority across Canada. It was important not to be perceived as a threat and to let our partners know that we had something to bring to any shared undertakings. Joining the regional Tables de Concertation, comprised mainly of specialist organizations, gave me a chance to pass on our knowledge-base and this was appreciated. Our statistical evidence was not simply a basis for making demands – we were empowering our partners with the tools to address the needs of the community. If you're going to ask for something you have to show you are committed to helping.

The proposal submitted by Townshippers gave the NPI network a broad mandate in health and social services. Through focus groups held throughout the area this was narrowed to three areas of concern which emerged as priorities for the English-speaking communities: access to services for the seniors' population, youth and young families, and mental health services. Once their mandate was in hand, the strategy was to hold an event to bring people together, to create credibility, and – importantly – to have fun! The first 50+ Picnic in the Park was so successful that it has been followed up each year, by request, in two different locations. About 400 people and 27 organizations (francophone and anglophone) attended these events in 2006 engaged in bridge-building while free from the pressures of the boardroom. "At a *Picnic in the Park* we're no longer talking about something called 'anglophone Quebec', we're talking about how good it is to see 'our English buddies'."

Make Things Clear

In Courville's words, "The magic of putting things down on paper is that they become real." Putting words on paper not only ensures clarity, but also keeps momentum going between public events. It is an ongoing form of contact and offers an occasion to acknowledge partners. The strategy of this NPI network has been to send out letters of invitation to their partners announcing events like Mental-Health Wellness Day and drawing their attention to the display at the hospital. They distribute a newsletter along with other partners from the Townshippers and make sure the newspapers are regularly informed of their

⁸² CSSS is an acronym for *Centre de santé et des services sociaux* translated into English as *Health and Social Services Centre*.

activities. They have held six press conferences with both the English and French-language media.

As a result of the visibility of the NPI, they have come to be seen as experts on the English-speaking community by the health sector, and they have observed an increased awareness of the access needs and characteristics of the community. They are called upon for translation and referral services, and Courville is now invited to do presentations on the English-speaking community when it comes to planning and applications for funding by their public partners.

EXAMPLES OF ACTIVITIES

- Focus groups
- Picnics in the Park
- Youth Forum
- Newsletter, translation, referral
- Volunteer youth home

Developing an awareness among English-speakers about who they are, as a collectivity, has been key to the networking approach. While a fair portion of the area's population is anglophone, mobilizing the community has been a challenge. Courville points out that anglophones in the area are "an aging

population, there are fewer individuals in the middle-aged 'care-giver' group than can normally be expected and there is typically an ethic of self-reliance. This group is more comfortable turning to their family and friends, or looking for volunteer support, than going to the public system to request care services." However, circulating knowledge verifying (for example) the declining levels of employment and educational achievement, and promoting public discussion helps them to begin to feel their requests for help are legitimate. They realize the group they have counted on to volunteer and advocate on their behalf in the past may simply not be there, so they are moved to get involved. The difficulty is that members of working households increasingly do not have any time to give as community volunteers.

Bridges to the Future

The statistics made public by Townshippers' Association in 2006 speak for themselves. In the two CSSS territories (Brome-Mississquoi and Haute-Yamaska) where the NPI has concentrated its efforts, there are more anglophones whose household income is under \$20k compared to francophones, and the proportion of anglophones without income is significantly greater – as much as 48% greater – than their francophone neighbors. The likelihood of English-speakers having a high-school leaving certificate in these territories is much lower than the Quebec English-speaking population at large. The Centre Jeunesse de la Montérégie (CJM) reports a high percentage (52%) of English-speaking youth among its caseload in these CSSS territories and the Centre's workers have observed a

higher rate of social and health problems among this group than among its francophone counterpart.⁸³

One of the priorities of the community is the greater access of English-speaking youth to health and social services and improving their prospects in general. In response to this priority a youth forum was organized bringing together everyone who works with youth from the regional School Board to the Centre Jeunesse, the Foster Pavilion in Montreal, through to the local CSSS. A direct result was the promise of social services being returned to the elementary schools, along with six other concrete recommendations.



Courville has most recently joined with partners to plan the building and operating of a volunteer youth home. If all goes well, it will be the first bilingual volunteer youth home in the province of Quebec. He points out that the indisputable need of English-speaking youth for access to services in their language, and the fact that the social problems that stem from the marginalization of minority youth are in the end everybody's problem, makes it easy to promote their case. A response of \$40,000 in seed money was immediate. The heart of the community has been touched when it comes to the plight of these young people and their families. The success of the home will depend on the community, and community members are coming forward to volunteer, whether it will be to help with meals, to offer mentoring, to run theatre workshops, or to organize a horse riding camp.

A Collective Project

Courville contends that joint-projects like the bilingual group-home will not only be good for the youth but are a rallying point for the community, both francophone and anglophone, with their public partners. The NPI has also teamed up with the Primary Health Care⁸⁴ projects in the region and the McGill

⁸³ Townshippers' Association. (2006) PowerPoint Presentation: English-speaking Youth in MRC Haute-Yamaska and MRC Brome-Missisquoi.

⁸⁴ This refers to projects made possible through the *Primary Health Care Transition Fund* (PHCTF). The CHSSN uses Health Canada's PHCFT to solicit and support projects to improve access to English-language services in the areas of (1) Info-santé (2) front-line programs and long term care provided by the new health and social services networks. The initiative has the support of the Quebec Ministry of Health and Social Services.

Training and Human Resources Development program⁸⁵ which has brought anglophone internships into the area.

One of the strengths upon which the NPI network has been able to build is the size of the English-speaking population in the territory where they have concentrated their efforts. The English-speaking population in MRC Brome-Missisquoi is 11,133, which represents 23% of the total population, and in MRC Haute-Yamaska there are 3,438 English-speakers forming 4.3% of its total population. As Courville remarks, "This gives us some political weight." Despite the short life of the NPI, its impact on access to health and social services in English is evident. English-speakers are present at the table when plans for services are being made and, importantly, the community is now aware of the services that exist for them. Besides working closely with their public partners, they can now say they share the mutual goal of offering bilingual services.



For further reference on the population health of this region see the Townshippers' Association's 2006 PowerPoint Presentation, *English-speaking Youth in MRC Haute-Yamaska and MRC Brome-Missisquoi*.

⁸⁵ The CHSSN is the community partner with McGill University in the McGill Training and Human Resources Development Project funded by Health Canada through the Federal Action Plan for Official Language Communities. The project sponsors language-training, and recruitment and retention initiatives, for health care professionals.

COURVILLE'S NETWORKING AND PARTNERSHIP CHECKLIST

- Invite confidence, be confident, leave your ego at the door.
- Think strategically: What do we want to accomplish in the end, and how can we do it most effectively?
- Understand the existing climate and culture.
- Present the *Rules of Engagement* principles, values, and vision at every opportunity to establish trust, respect and direction.
- Validate and promote your knowledge-base.
- Contact major stakeholders for support.
- Establish clear priorities.
- Find the gaps, don't reinvent the rules. Join in on the 'concertation tables' that reflect the needs of your local population.
- Listen carefully and you will find that there are champions of your cause already out there.
- Find ways of supporting or facilitating the efforts of your partners. To receive, you have to give. The more you give, the more you get.
- Start partnerships as soon as possible and start small.
- Get things on paper.
- Create delivery models that will respond to the needs and priorities in the most efficient manner
- Execute - build credibility.
- Keep a positive attitude and persevere.
- Always acknowledge and recognize the efforts of others.
- Repeatedly use local media, posters, events, mailings and word of mouth to inform, promote, and change perceptions that hinder your cause.
- Momentum and passion are forces to be reckoned with.
- With credibility, momentum and passion it is much easier to mobilize the community and to begin looking at sustainability.
- Evaluate.
- Have fun, it's healthy too.
- Repeat.



Humanizing Health Care: *Townshippers' Association (Estrie)*



4.6 Humanizing Health Care: *Townshippers' Association (Estrie)*



The mandate of Townshippers' Association is to promote the interest of the English-speaking community in the historical Eastern Townships, to strengthen the cultural identity of this community, and to encourage the full participation of the English-speaking population in the community at large. It is committed to maintaining an accurate knowledge-base about the English-speaking community in the Montérégie

and Estrie regions, supporting and showcasing its heritage and culture, and addressing the rate of out-migration of English-speaking youth. In this context, Townshippers' Association created two networks as part of the Networking and Partnership Initiative (NPI),⁸⁶ known as the *Eastern Townships Partners of Health and Social Services*. One network is in the Montérégie region with a focus on Brome-Missisquoi and Haute-Yamaska MRCs, the other is in the Estrie region.

Breaking New Ground

In the Estrie region, Townshippers' Association has historically had a Health and Social Services Committee that would advocate for improved services in English and generally keep an eye on issues as they arose for the local anglophone community. However, Rachel Garber, executive director, points out that the lack of resources to do this consistently usually resulted in a "...once-a-year visit to the Director General of the hospital, or what is now the Agence,⁸⁷ to say 'don't forget us'. Building working relationships and being actively involved in joint projects with partners was not happening." Besides lack of resources, Garber attributes the former lack of activity in the health sector to events that occurred in the Estrie region in the late 1990's.

⁸⁶ NPI is the commonly-used abbreviation of HSSNPI: *Health and Social Services Networking and Partnership Initiative*.

⁸⁷ Agence is an abbreviation of *L'Agence de santé et des services sociaux*, which translates into English as *Health and Social Services Agency*.

I think what bothered many people in the English-speaking community was the closure of the Sherbrooke Hospital in the late 1990's. The hospital had been perceived as the "English" hospital where services could be obtained in their own language. It was transformed into a geriatric institute and the only regional hospital then became the CHUS.⁸⁸ The CHUS rose to the challenge by trying to provide services in English, and tried to make English-speaking people feel that it was "their" hospital in the way they had felt about the Sherbrooke Hospital. But there are constraints on such efforts because of the provincial language laws concerning signage and so on. It appears that at some point, someone from outside the Townships visited the CHUS and lodged a complaint with the Office de la Langue Française.⁸⁹ The bilingual signs which had been in place had to be removed and replaced with unilingual French signs. As a result of all of this, perhaps, many members of the English-speaking community seemed to feel marginalized and afraid to ask for services in English. Some may have felt they didn't have the right or, as some said, they may have felt that 'making waves' would result in less likelihood of getting services at all. As a result, I think the level of complaints was very low.

A few years later, Townshippers' was invited by CHSSN to develop certain aspects of what is now known as the Health and Social Services Networking and Partnership Initiative (HSSNPI). They wrote the first application that was used as a model to help some other groups with their application process. They received funding for the Estrie region network late in 2003-04, which meant they were faced with the challenge of getting the network up and running with only about a month before the fiscal year ended.

Shannon Keenan, coordinator of the Estrie NPI network (*Eastern Townships Partners for Health & Social Services – Estrie Network*), describes feeling a little 'in-the-dark' during the start-up phase largely due to being the first group to embark on the partnership approach. In the midst of setting up workspace for a new team of people, a facilitator was hired to accelerate the process, and meetings began with the Health and Social Services Committee, public partners and community organizations. In Keenan's words,

We got the Estrie network up on its legs, as well as the Healthy Active Living 50+ offering information sessions for seniors, a volunteer bank, and

⁸⁸ CHUS is the acronym for *Centre hospitalier universitaire de Sherbrooke*. It is translated into English as *Sherbrooke University Hospital Centre*.

⁸⁹ The *Office Québécois de la langue française*, or *Quebec Office of the French Language*, is a provincial bureau with the mandate to define and apply Quebec's policy pertaining to linguistic officialization, terminology, and francization of public administration and businesses.

an information and referral service for health services, added to a general service Townshippers' had in operation. This all started the first month. In the early period, we invited people to come and be part of the Committee. Their presence brought in more information about changes and problems because of their direct connection with the institutions. I think this helped us to eventually become a more action-oriented group than in the past.

We're All in this Together

Both Keenan and Garber recall the major challenges in the first year being due largely to a rushed start-up phase and the dispersed nature of the English-speaking population in the Estrie region. "Also, the start-up of the Estrie Network coincided with the beginning of the many changes that the new Liberal government brought to the health and social services system in Quebec. This added to the confusion. They even used the same term we were using for our project - *network*." Keenan adds,

We met a lot of resistance and resentment at first from some groups. I think part of it was that we needed to take more time to do the groundwork initially. We needed to meet more with people to explain the project. Now people understand that we're not trying to expand our territory or interfere. One community organization, for example, felt that our program would interfere with their mandate even though this particular group was not a regional association, but rather a local one covering a much smaller geographical area.

How did they meet the challenge? One thing they did was to have a series of workshops dealing with opposition. The workshop leader made many good suggestions, but to the networking team the most important one was to communicate that, "We're all in this together and we could all be winners if we work together for the good of the community." Garber points out that, "The situation can always change. We've seen a lot of changes here. People who were negative at the start have come around because they're seeing positive results."

Another response was to focus on information and awareness. Garber recalls, "After that first month we regrouped and did the groundwork at a slower pace." The first thing the Townshippers' NPI did was establish their knowledge-base. They contracted a consultant group to carry out a needs assessment that entailed a series of focus groups with members of the English-speaking community throughout the Estrie region. They consolidated this information with the CHSSN Baseline Data Reports and other research. Then, a series of sectoral meetings were held for those working with youth, for example, and another with seniors. Over

the course of the consultation process, four priority areas emerged: mental health services, youth, seniors, and transportation issues.

Five community forums were organized to disseminate information, promote the network and foster partnerships. They have been very well attended. Other information sessions have been held at various venues such as Senior's Day in Magog or a Townships Alive session at *Townshippers' Day*.⁹⁰ A noted landmark in the efforts of the NPI to improve information on services was the decision of CSSS Val St. François to be the first CSSS⁹¹ in the region to have their website translated completely into English.

ACTIVITIES

- Community forums
- Healthy Active Living / HAL 50+
- Tools for Life
- Big Picture Project

Another challenge has been the fact that the Estrie region is so geographically large and the anglophone population is widespread. "There are 20,000 people (about 6% of the population) but they are spread out over a large area unlike, for example, the Townships part of

Montréal where the same number are concentrated into two MRCs.⁹² We have seven CSSS areas with seven different structures to develop relationships with. Coordinating events can be difficult. A centralized information session, for example, will inevitably pose transportation problems for some members of the community." The response to this has been to think in terms of 'phases' and to start out by concentrating efforts on three MRCs (Memphremagog, Haut St-François and Val St-François) with the intention of slowly reaching out to others.

Giving Service a Human Face

One of the projects that has been very successful in the Estrie region is their Healthy Active Living 50+ group, consisting of a team of volunteer coordinators, at first in different parts of the Estrie, and then in other parts of the Eastern Townships. They set up



⁹⁰ *Townshippers' Day* is an annual cultural celebration hosted in September by a local community. The location changes from year-to-year.

⁹¹ CSSS is the French acronym for *Centre de santé et des services sociaux*. This is translated into English as *Health and Social Services Centre*.

⁹² MRC is the French-language acronym for *Municipalité régionale de comté*, which translates into English as *Regional County Municipalities*.

information sessions with different groups of individuals 50 years of age and over who wished to learn about services available at the local CLSC⁹³ or explore a topic such as arthritis or diabetes. Topics were suggested by group members themselves. The coordinators invited a speaker from the CLSC or some other health organization, or a private health-care specialist, and they came and talked with the group. Garber elaborates,

These sessions were extremely successful and received positively on all sides. Some professionals said they knew the English speakers were there, but they had not known how to reach them!. The other positive aspect of these information sessions was that (they) provided an opportunity to break down stereotypes on both sides. It was a chance for people to speak face-to-face 'without walls' (real or imagined) between the two language groups. Some of the francophones may have begun to see that the stereotype of the rich anglophone who went to Montreal for health services was generally wrong. For the anglophones, it was a chance to meet service providers who were ready and willing to exchange in English. Now, when people call the CLSC, they know someone is there they can talk to without having to worry about whether the person can speak to them in their language or what the reaction will be to an English-speaking voice. The sessions have helped to reduce the fear factor considerably. The personal contact and the possibility of some sort of long-term relationship with an individual in the health services was invaluable.

Another project the Estrie Network is partnering with is Tools for Life, a program for women who didn't finish high school and who have children. It is designed to

LESSONS LEARNED

- Work with the opposition
- Lay the groundwork
- Think regionally, act MRC by MRC
- Encourage personal contact

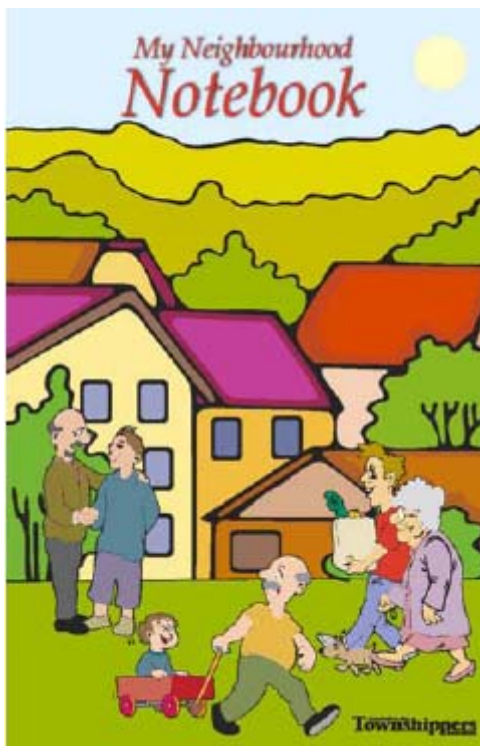
give them opportunities to finish high school as well as acquire job and parenting skills. A similar program – the Big Picture Project, oriented more to youth who have not completed high school – has been launched in Richmond. The Lennoxville & District Women's Centre, Job Links, and the

Richmond Regional High School are partnering with the NPI on this.

Townshippers' also organized a wellness and career day in collaboration with Alexander Galt Regional High School called Fuel for Life, which included an

⁹³ CLSC is the acronym for *Centre local des services communautaires* translated as *Local Community Services Centre*.

extensive list of participants such as CSSS representatives, Mental Health Estrie, Emploi-Quebec, Katimavik and McGill and Bishop's universities.



Telehealth⁹⁴ sessions organized around the region have been positively received and well-attended.

Thanks to the network identifying transportation as a priority, it has become involved in a process designed to get English-speakers involved in shared transportation systems. Improving access to transportation is seen as crucial not only to access health and social services, but for jobs and schools as well.

Future Considerations

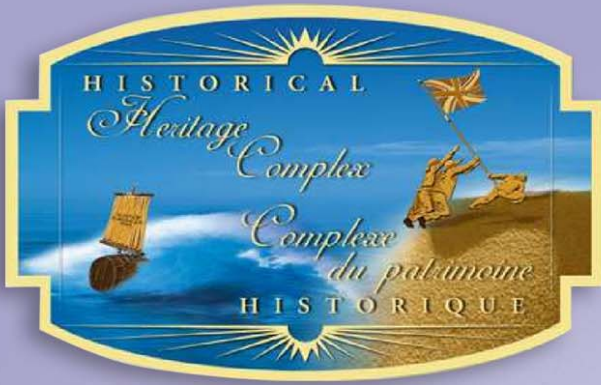
One step Keenan took as coordinator was to arrange for the several social service community groups that make their home in the same building to meet every six weeks.

This is now called the Margareurite Knapp

Community Organizations Table. It is hoped that measures like these will sustain the networking and partnership approach into the future.

The funding for Healthy Active Living 50+ through the NPI ended in March 2007, and the Townshippers are working to secure alternate funding. As Garber underlines, "The partnerships that have come about through the NPI network have been the starting point for a number of things to develop." The key impact of the network has been to, "...reduce the fear factor. The health and social service system is better known and communication has improved.

⁹⁴ The CHSSN Telehealth program is a measure supported by the McGill Training and Human Resources Development Project, and is intended to provide distance community support.



Building Community Presence: Community Association of the Magdalen Islands



4.7 Building Community Presence: *Council for Anglophone Magdalen Islanders*



The mandate of the Council for Anglophone Magdalen Islanders (CAMI) is to promote and protect the rights of anglophone Magdalen Islanders and to encourage them to defend those rights in the areas of language, health, social services, education, legal services, arts, and the preservation of culture and heritage. The objectives of CAMI with regards to health and social services are:

- to support English-speaking community organizations in their attempts to find resources and services;
- to improve access to English-language health material;
- to increase communication between CAMI and other English-language minority communities across Quebec.

In 2004, CAMI received funding from the Health and Social Service Networking and Partnership Initiative (HSSNPI) to improve access to health and social services for the anglophone population of the Magdalen Islands. As a result, the Magdalen Islands Network for Anglophones (MINA) was formed.

Promoting a Health Profile

Lisa Craig, coordinator of the Networking and Partnership Initiative (NPI)⁹⁵ in the Magdalen Islands, and Samantha Goodwin, former director of CAMI, both agree

⁹⁵ NPI is the commonly-used abbreviation of *Health and Social Services Networking and Partnership Initiative* (HSSNPI).

that the English-speaking community presence in their territory has generally been enhanced in recent years and especially in the health sector. They attribute the increased awareness of both francophones and anglophones with respect to the situation of the Magdalen Islands anglophone community to the activities of MINA. In the words of Goodwin,

CAMI was established in 1987, but few have really been aware of the broad scope of our mandate. Up until recently the anglophone population considered our work to be mainly in the area of museums, heritage and culture, while the francophones had even less of an idea of what we were about. Health and social services was always a part of the mandate of CAMI, but we did not have the resources to address the needs as fully as we would have liked. Our network with the wide array of health and social service organizations was not as strong as we wanted; we had no contact with the CSSS⁹⁶ and very little contact with other organizations island-wide. We had some data on health and the situation in our community, but very little compared to what we have now, largely as a result of our NPI program. MINA has twenty-two members, which means more public partnerships and more connections with francophone community organizations.

Once they received funding the first step of this NPI team was to start building relationships. They needed to create a health profile for themselves – amongst anglophones and francophones alike – to prepare the way for bringing people on board. They talked to people, compiled a list of potential partners, sent out letters, and started to arrange one-on-one meetings with individuals. Once the ‘ice was broken’ and the links were made, they turned their focus toward developing their knowledge-base.

Organizing for Action

Early in the program, MINA conducted an island-wide survey of anglophones and combined the findings with information from the CHSSN reports, as well as from the local regional hospital. Craig points out that four top health priorities emerged from the survey: English services for drug and alcohol abuse, senior services, cancer awareness, and overall health promotion for the Magdalen Islands. A subcommittee was created for each of these as well as one for an action plan, Craig explains:

Once we had defined our priorities, we started setting up the subcommittees and creating the action plan. There are four to six people per committee –

⁹⁶ CSSS is the French acronym for *Centre de santé et des services sociaux*. This is translated into English as *Health and Social Services Centre*.

some would be community members and others are health professionals. For example, for the cancer awareness subcommittee, we have two nurses (a home-care visit nurse from the CLSC⁹⁷ and an oncology nurse from the hospital), plus two people who have survived cancer. When the drug and alcohol awareness committee began, there was no professional who spoke English. We had a part-time professional who came in from Gaspé, but it meant waiting lists of two or three years for some children. Now we have someone who can speak English visiting the schools and available at the CLSC. She joined the subcommittee. The subcommittees meet regularly among themselves, and then we try to meet at least twice a year as a whole network.

ACTIVITIES

- Survey of access needs and public forum
- Guide to services
- Forum on cancer awareness and prevention
- Pamphlets in English
- Quarterly newsletter and mass-mailings
- Career sessions with students

Once the subcommittees had been created, and each had decided upon the issues to be targeted, the task became one of “trying to keep people on board and involved.” A general public forum was held with their francophone partners to inform the regional community at-large what their mandate was and how their organization worked.

One effective way MINA has found for keeping people informed is mass-mailings. “Anything we get in, we send to every household and know we’re getting through to everyone about upcoming events or available services.” For health promotion, they have established a quarterly newsletter that goes out from CAMI and MINA, and the CSSS⁹⁸ is also working on a website which they are hoping will support promotion and publicity as well.

A particular health challenge for the population residing in the Magdalen Islands region is a high incidence of cancer due to various lifestyle factors, such as diet, smoking, and occupations which entail sun exposure. To meet this health challenge, MINA applied for a special project through phase two of Primary Health Care.⁹⁹ With the funding they received, they created a pamphlet in English

⁹⁷ CLSC is the acronym for *Centre local de services communautaires* translated as *Local Community Services Centre*.

⁹⁸ CSSS is the French acronym for *Centre de santé et des services sociaux*. This is translated into English as *Health and Social Services Centre*.

⁹⁹ The CHSSN uses the Health Canada Primary Health Care Transition Fund (PHCTF) to solicit and support projects to improve access to English-language services in the areas of (1) Info-santé and (2) front-line programs and long-term care provided by the new local health and social services networks. The initiative has the support of the Quebec Ministry of Health and Social Services.

with new cancer information to be distributed at the hospital, and also a medical journal for cancer patients with all the resources available on the Island. They then held a forum on cancer awareness and prevention for the two Island communities.

Aside from the specific results of each subcommittee, Goodwin points out that increased access to decision-making bodies have grown from their network activities.

We didn't have a representative on the regional health and social services committee for access to services in English but after our NPI committees got off the ground, so did theirs. We also got an anglophone member appointed to the Board of Directors of the CSSS. We became more aware of the access needs of the community; we made the francophone community more aware of the needs, and we find that it is becoming automatic now for the francophone community to think of the anglophone population when they make decisions about services. This is an important breakthrough.

The Challenges of the Islands

Îles-de-la-Madeleine consists of a series of tiny islands situated in the Gulf of the St. Lawrence. The anglophone population, a small collective comprising about 7% of the total population of 12,750, is mainly concentrated at the northern end of the archipelago. The majority of English-speakers living in this territory are seasonally-employed in agriculture, forestry, fishing, and hunting.¹⁰⁰ The focus of MINA has been mainly on the largest concentrations of the English-speaking population located in two communities, Grosse-Ile (4-5% of the total population) and Entry Island (another 1-2%).



The geographical location of the anglophone Islanders and the small size of their community pose challenges when it comes to improving their access to English-language services. They frequently have to travel to Montreal or Quebec City for specialized services where the hardship of being without the support of family and friends is complicated by language barriers. At home, their small size as a population on the Islands means the demand for English services is easily overlooked. A longstanding issue

¹⁰⁰ Pocock, J. (2004) [Baseline Data Report, 2003-04](#): Regional Profiles of English-speaking Communities. p.224, Community Health and Social Services Network (CHSSN).

is the difficulty they face in retaining professionals in their isolated region, and this is exacerbated by their status as a minority-language community. In Goodwin's words,

We have a fairly large portion of seniors in our population, and what is also often referred to as a 'brain drain', because many of the better educated youth do not return to the area to practice their professions once they graduate from college or university. The youth exodus is a problem for us, as it is for many rural or isolated communities. They can attend high school here in Grosse-Ile, but they tend to go to Prince Edward Island or Montreal for post-secondary education. Since 93% of the population here is French-speaking, the language of work is French and it is difficult to compete for jobs unless you are perfectly bilingual. It is a challenge to retain English-speaking health professionals and as a result many of the hospital service providers are not generally bilingual. We know of three trained nurses who come from our English-speaking community, but are practicing their profession in another part of the country.

The CHSSN's Telehealth program¹⁰¹ and McGill's Language Training and Retention¹⁰² project have both been a resource that CAMI and MINA have used to meet these challenges. "Without the NPI," Goodwin explains, "we would not have gotten a partnership arrangement with the CSSS so that we could be part of the McGill project. As a result of that, the CSSS offered English-language courses to some of its employees." Craig adds, "Now we're in the process of developing a pamphlet to bring the youth back to the Islands and to promote the Islands in general. We know, for example, that there is going to be a shortage of trained nurses in the coming years so we're encouraging our youth to consider a future in the medical field and the opportunities here in the region." Thanks to partnerships which include the schools, MINA has distributed health information to students and held sessions to advise them of health and social service career opportunities that might be available in the near future.

Even on the Islands themselves, transportation between dispersed groups can pose an obstacle to service access. Telehealth sessions, for example, are not always well-attended, as attendance can represent quite a challenge, especially in the winter. If individuals from Entry Island want to attend a session at the hospital

¹⁰¹ The CHSSN Telehealth program is a measure supported by the McGill Training and Human Resources Development Project, and is intended to provide distance community support.

¹⁰² The CHSSN is the community partner with McGill University in the McGill Training and Human Resources Development Project funded by Health Canada through the Federal Action Plan for Official Language Communities. The project sponsors language-training and recruitment and retention initiatives for health care professionals.



they have to come the night before and stay overnight. The challenge is being addressed through the NPI network, however, by making the English-speaking community more aware of services available to them and encouraging them to make more use of francophone organizations such as the *Centre d'Action Benevole*¹⁰³ for things like transportation of seniors to needed services.

Be a Constant Presence

How has MINA made the networking and partnership approach work? Craig underlines the importance of taking one step at a time and being a constant presence.

There is constant change here at the CLSC and the hospital so we need to keep our contacts there. Keeping your contacts everywhere is important because you really need this. We often meet informally with our contacts to bring them up to date, to check out what is taking place, and to verify that we are proceeding as we should.

Goodwin recalls that forming relationships with public partners was not always easy at first. “We sort of got lost being shuffled around among various administrative people at the CSSS at the start. Fortunately, that situation has

¹⁰³ The English translation for this name is *Centre for Volunteer Action*.

improved. They had had little contact with the community and suddenly we showed up asking for a number of things. It wasn't a question of them not wanting to help but more a matter of time constraints. The CLSC in Grosse-Ile was the opposite; they came on board readily and their community animator was very supportive."

For Goodwin the secret to partnership success is in the approach:

Build strong personal relationships with the people you work with. Get to know people and – particularly when approaching the French institutions – try to be non-threatening and non-critical. Try to work together to see what can be done to expand services in English. We try to make our meetings as bilingual as possible. Since we want them to cooperate with us, we try to be as accommodating as possible.

LESSONS LEARNED

- Rely on your knowledge-base
- Take one step at a time
- Be a constant presence
- Build strong personal relationships

The result has been going, in one case, from francophone partners, who a couple of years ago provided no services in English, to today where they have as many as two bilingual professionals working with the NPI network. Now MINA often

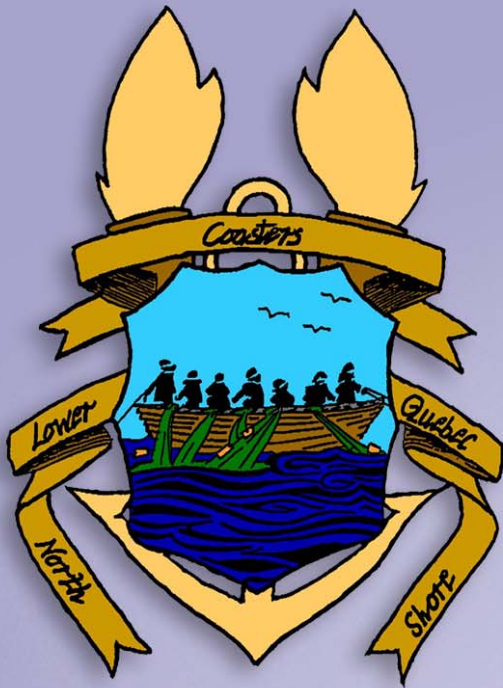
receives documents to translate, as they are increasingly recognized as a liaison between the English-speaking community and public institutions and organizations. Craig points out the important gains that have been achieved at the hospital: "Telehealth services are offered on the third floor, we have flyers up in the nurses' station to entice them to come to our sessions, and we place English documentation in waiting rooms."

To ensure they continue to build on this important progress MINA is working on an application to the *Agence*¹⁰⁴ for health and social service funding. CAMI has co-applied for funding with francophone groups such as a *Nouvelles Horizons*¹⁰⁵ seniors' project, and a diabetes project as well. They envision a future where the English-speaking community, however small, continues to be a vital presence in the planning of the health and social services of the Magdalen Islands region.

For further reference on the population health of this region see the CHSSN's [Baseline Data Report, 2004-05](#)

¹⁰⁴ *Agence* is an abbreviation of *L'Agence de santé et des services sociaux*, which translates into English as *Health and Social Services Agency*.

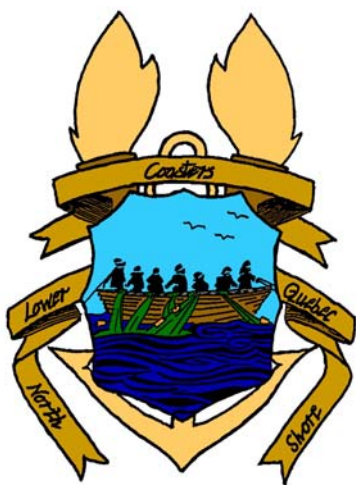
¹⁰⁵ The English translation for this name is *New Horizons*



Community Lifelines: *The Coasters' Association*



4.8 Community Lifelines: *The Coasters' Association*



The mandate of the Coasters' Association is to promote and represent the interest of the citizens of the Lower North Shore of Quebec. Their aims are:

- to be a link in the network of similar groups throughout Quebec and Canada;
- to encourage involvement with Coasters' Association and help to direct and focus that involvement;
- to facilitate and encourage interaction among all groups of the Lower North Shore.

Pulling Together for Health

Kimberly Buffitt, coordinator of the Networking and Partnership Initiative (NPI)¹⁰⁶ serving the Lower North Shore region, attributes the solid start of their initiative to the twenty-some years of Coasters' experience. The Coasters helped develop the Lower North Shore Coalition for Health which enabled them to form a partnership with other health organizations along the Lower North Shore. These organizations were invited to sit at a Table to oversee the Networking and Partnership Initiative and they established five priority areas for improving access to English services based on the findings of focus groups and a survey conducted across the region.

There are five municipalities on the Lower North Shore. Each municipality was given a focus-group topic to discuss. From the focus-group findings, the priorities of the five municipalities were set, with each one tending to operate as a sub-group focusing on one priority area. From the priorities established, 'sub-networks' (committees) were developed in the following areas: KIDS Summer Camp, School Health Committees, Community Against Drugs, Pregnancy Committee, Lower North Shore Table for Seniors, and Domestic Aid Cooperative.

Buffitt provides support to the sub-groups and the result is that, "They are much more effective in getting projects done, because the people who can make

¹⁰⁶ NPI is the commonly-used abbreviation of *Health and Social Services Networking and Partnership Initiative (HSSNPI)*.

decisions are all sitting together on the same board. For example, we have a project in the works to establish a home for disabled people. This is progressing well because the Council of Mayors have a place on the board. Health Canada picked up the second phase of the financing for this, but the Council of Mayors provided the start-up money.”

Anglophones are in a majority in the Lower North Shore region but their geographic isolation means they are very dependent on health and social services that are outside their region and where they encounter language barriers. The network which supports them in surmounting the geographic and linguistic barriers they face is very aptly called “a community lifeline.” The Extra-Regional Services Project was developed in partnership with CASA, Vision Gaspé-Percé Now, Council for Anglophone Magdalen Islanders, Heritage Lower Saint Lawrence, the North Shore Community Association, and the Coasters’ Association. The purpose was to assess the number of anglophones using extra-regional services and the nature and quality of the services. In Buffitt’s words,

Services provided by the provincial government are a challenge for the community. For example, disabled children who are sent away for care may eventually not be able to communicate with their parents in English, because they learn French instead. Some people who have to go outside for medical care, for example cancer treatments, have never left the Lower North Shore and find even things like escalators difficult to negotiate. People are given drugs like Atavan to calm them for the flight to the hospital in Quebec City which means they must negotiate a strange place and another language in a disoriented state. It is particularly difficult for older people, who among other things may be illiterate, (or) who sometimes simply do not make the trip for health care until it is too late to help them.

Youth Mobilizing for Their Health

One of the priority areas that the network decided to tackle is youth and children. During a focus group session held in the Municipality of St. Augustine a representative of the local Native reserves attended brought forth the concept of community health-planning and school health-planning that was being developed on reserves across Canada. Research was completed to learn how they had created their community health planning service and whether it could be adapted to the Lower North Shore. Along the way, Ms. Buffitt discovered *Voices and Choices*, an assessment and evaluation tool made available by Health Canada. She took the program to the local high schools where the students learned to evaluate their personal health status. One of the main problems found in the schools was drug and alcohol abuse. Once the findings were gathered, the

students were taught to develop plans and set objectives for effective solutions to health challenges, including how to go about fundraising for their projects. The campaign for improving the health of youth was put in the hands of the youth themselves and supported by the network. Not only are they taking responsibility for their health, they are also learning early to become leaders in their community. As Buffitt elaborates:

If the youth do it themselves, rather than have it imposed from the outside, they are more likely to put out the effort to get the project done. For example, the students found the anti-drug programs put together by the adults boring and were much more interested when they had input into the final product. They created their own anti-drug projects and they turned out to be very successful. The anti-drug program has had a real impact in the schools.

The young people (14 to 17 years of age) who are the leaders of the St. Paul's Health Committee were sent to a retreat organized by the Anglican Church in Gaspé and attended by two other network units, where they were encouraged to share strategies.

In the first year, grants from the Council of Mayors of the Lower North Shore enabled them to put a fitness centre in St. Paul's school, and a music centre. How are these solutions to substance abuse?

If you ask the kids, they would say that they are bored and there is nothing to do. The arts and music program and the availability of athletic equipment, plus ... the provision of funds so they can travel to compete in games, make a big difference. This year was the first time that 60% of funding for competition in four calendar sports seasons was available. The fitness centre is also open to the community in the evening so everyone is benefiting. This was all possible through the NPI.

A survey has been conducted in three of the five high schools, one of which has had the health program fully-implemented. The others are in the planning stages. Lunch policies were instituted in certain schools where obesity appeared to be a problem. Classes in nutrition and nutritious cooking were offered to students who had to cook their own meals. They have also managed to find funding to provide tutoring services at both the high school and elementary level. Some classes like gym are now taught in French in order to improve second-language skills. The local *Centre de santé*¹⁰⁷ has agreed to have a school nurse and a social

¹⁰⁷ *Centre de santé* is the abbreviated form for *Centre de santé et des services sociaux* translated into English as *Health and Social Services Centre*.

worker on the school premises three days a week, so that the students now have improved access to medical and counseling services.

ACTIVITIES

- Survey and focus groups
- Youth health program
- Professional retention strategy
- Quarterly newsletter
- Seniors' Initiative

While Buffitt points out there is more work to be done, "The improvement in grade levels and decrease in failure rates and drop-out rates have been a real reward for us. Teachers and parents alike are excited by the changes." Improvement with respect to this key health determinant is crucial for the North Shore region

where anglophones are 40% more likely not to have graduated from high school compared to francophones sharing the same territory. They are more than twice as likely not to possess a high-school leaving certificate when compared with anglophones across the province, and 63% less likely to have post-secondary qualifications.¹⁰⁸

In Buffitt's opinion, the most positive tool in raising the level of academic performance and lowering delinquency rates among the youth is their reward program. The students themselves decided that eligibility for rewards is based on improved performance in these areas. The rewards have included tickets to a hockey game in Montreal and to a Simple Plan concert, along with many other generous donations like laptop computers, or lodging when students are on a reward trip. Not surprisingly, the teachers fight over who gets to accompany the students for a reward trip!

Retention of Professionals

The geographic isolation of the English-speaking communities on the Lower North Shore means they have difficulty getting health-care professionals to come into the region and stay. For example, access to psychological services is a problem and while the *Centre de santé* has funds to hire someone to provide these services, they cannot find anyone willing to come to the region. Generally, professionals are flown into Blanc Sablon to treat people and a large number of tests, like mammograms, are done *en bloc*. "Many of the nurses who are here are originally from the area, having gone away for training, and have come back. The *Centre de santé* requires that you have a year of training and experience in another

¹⁰⁸ Pocock, J. (2004) [Baseline Data Report, 2003-04](#): Regional Profiles of English-speaking Communities. p.96, Community Health and Social Services Network (CHSSN).

institution because you have to deal with any level of emergency. Now, we have integrated McGill's Recruitment and Retention project to help with this situation."

Telehealth Project

The Telehealth Project¹⁰⁹ provides health and social services information via videoconferencing to remote English-language communities across the province of Quebec. These sessions also aim at empowering individuals and their communities to take action on their own health and, through greater awareness of the available English-language resources, build strong health-care partnerships within their communities. In these free two-hour community events, an interactive information session is held by qualified health care professionals, via videoconference from the Montreal Children's Hospital. To date we have held sessions on various topics such as: Cancer, Learning Disabilities, Bullying, Alzheimer's Disease, Grief and Loss, Diabetes, and Bone Health.



Teaching the Skills of Community Development

The Networking and Partnership model has required a period of informal education for the community. Buffitt explains the success of their team has been in "...taking the time to explain things clearly either to individuals

or groups, so that objectives are clear." The training and skills that were taught at the NPI retreats by the CHSSN team, as well as problem-solving techniques learned from other regional networks, were brought home and passed on to groups all along the North Shore. The know-how of funding applications, writing strategic action plans, and designing a communication strategy is essential to empowering the community to take charge of their own development and ultimately, their health.

¹⁰⁹ The CHSSN is the community partner with McGill University in the McGill Training and Human Resources Development Project funded by Health Canada through the Federal Action Plan for Official Language Communities. The project sponsors language-training and recruitment and retention initiatives for health-care professionals. The CHSSN Telehealth program is a measure supported by this McGill project, and is intended to provide distance community support.

LESSONS LEARNED

- Inform the community
- Community ownership of the process
- Fundraising must be taught
- Joint projects

Budget cuts have forced institutions to become creative in seeking funds and fundraising is a priority for English-speaking communities on the Lower North Shore because they face such formidable transportation costs. Still, the skills are not part of

everyone's job description and community groups must be made comfortable in dealing with applications and organizations when seeking both public and private funding. "They need to be made aware of what is available and how to apply. We have encouraged people to do their fundraising more on the basis of long-term annual goals rather than fundraising for immediate projects." Buffitt cites the example of contributions from the Caisse Populaire:

The Caisse Populaire has agreed to contribute \$8,000 every year for three years to help carry out the school health plan. This is an example of the way the private sector is helping local schools to continue their projects, and the school didn't know that the money was available until they were encouraged to file an application. The principal was skeptical but wrote the letter requesting the funding at my insistence. Two weeks later, she had a cheque for \$8,000!

Communication is also of key importance and Buffitt has found that their quarterly newsletter, radio promotion, and village meetings have served them well in informing community members about their activities and getting them involved:

It's amazing what we have done and the impact is far-reaching. We've done things in all our priority areas, but in many ways we've just started. The partners are very excited about the direction we've taken and the schools have certainly embraced the structures we've set up. Still, the future in many ways depends on the existence of the coordinator. Without this position there is nobody to pull things together. The NPI has done a lot for us, and it would be a great disappointment not to complete what we have started.

For further reference on the population health of this region see the CHSSN's [Baseline Data Report, 2003-04](#)



**Building Good Will:
*Catholic Community Services***



4.9 Building Good Will: *Catholic Community Services*



Catholic Community Services (CCS) is a not-for-profit community organization, which develops and provides a continuum of support services primarily in English, for families and individuals of diverse ages, culture, and religions in the Greater Montreal Area. They are committed to working in partnership with the community at large and other community organizations and funding partners.

Programs Working Together

The Networking and Partnership Initiative (NPI),¹¹⁰ designed to bring together communities and their institutional partners in health and social services to improve access to English services in the east end of Montreal, is called *Cultivating Roots*. The group began with a survey of all the community organizations in the east end offering services in English, Fatiha Gatre-Guemiri, NPI coordinator, explains that, “It was quite a shock to discover there were very few and that they were extremely isolated from one another.” Given the high concentration of English-speakers in the Montreal region, the prevalent assumption is that the anglophone population enjoys the advantage of a fairly robust institutional network serving their health and social service needs. This is not necessarily the case. The study conducted by *Cultivating Roots* is supported by the CHSSN-CROP Survey of Community Vitality (2005) which reveals a significant variance among the sub-regions of Montreal. To cite one instance for the sake of illustration, 80.5% of English-speaking respondents to the survey located in Montreal west reported receiving CLSC¹¹¹ services in English compared to 38.6% of respondents located in eastern part of the Montreal region.¹¹²

A consultation took place with the community organizations (summer, 2005), followed by focus groups organized with the managers of the FASSP¹¹³ projects

¹¹⁰ NPI is the commonly-used abbreviation of HSSNPI: *Health and Social Services Networking and Partnership Initiative* (HSSNPI).

¹¹¹ CLSC is the French acronym for *Centre local services communautaires* translated into English as Local Community Services Centre.

¹¹² Pocock, J. (2006) [Social Support Networks in Quebec's English-speaking Communities](#), p.62, Community Health and Social Services Network (CHSSN).

¹¹³ FASSP is the French acronym for *Fonds pour l'adaptation des soins de santé primaires* and a term that has become part of the vernacular of the HSSNPI participants. The equivalent in English is the *Primary Health Care Transition Fund* (PHCTF). The CHSSN uses Health Canada's PHCTF to solicit and support projects to improve access to English-language services in the areas of (1) Info-santé (2) front-line programs and long

from the CSSS¹¹⁴ in the territory (fall, 2005), to assess the access needs of the English-speaking community. The findings regarding access needs permitted the identification of four major priority areas in the health sector, namely, services to youth, to seniors, mental health services, and services for the intellectually disabled. This first phase, according to Gatre-Guemiri, was major in that the access priorities were established for the community in the east end and key working partnerships with the CSSS fell into place. “From there everything just took off. It has been important to have several programs working together. Since then we have been progressing nonstop with many things happening in parallel.” Today, only two years later, the network has surpassed expectations in growth with the principle partners of the network being four CSSS, 12 CLSCs and a number of other centres that are located within the territory of *Cultivating Roots*.

Seal it with a Signature

More members joined the monthly meetings of the network as the group became more visible through strategies like articles in the *Montreal Gazette*. Partnerships extend to long-standing English organizations in the west end of Montreal who now share their expertise with their neighbors in the east. Gatre-Guemiri explains that they focused on trying to bring the services in to sign an *entente*.¹¹⁵ “These things take time, we got them interested, we tried working together, then the time comes to write it down and seal it with a signature.”

ACTIVITIES

- Survey and Consultation
- Mental Health Services
- Touring Community Centre
- Mentoring
- Pamphlet

The first major agreement among many that have followed was with the Foster Pavilion which offers English services in the west end for addictions. An *entente* was signed between Foster, a CSSS in the east end, and the English Montreal School Board and they now have a specialist offering the service three days a week.

Previously, there was nothing available in the east end, and youth who were dealing with drug addiction were required to take an hour long subway and bus ride to Foster in NDG. This had been enough of a barrier to deter them from pursuing medical help. Now the situation for these young people is more hopeful.

term care provided by the new local health and social services networks. The initiative has the support of the Quebec Ministry of Health and Social Services.

¹¹⁴ CSSS is an acronym for *Centre de santé et des services sociaux* translated into English as *Health and Social Services Centre*.

¹¹⁵ The English translation of *entente* is ‘agreement’.



The situation was similar in the area of mental health and services to the intellectually disabled. Findings from a FASSP survey of 1,800 English-speakers of different ages revealed that there was absolutely nothing offered in English, and of course these are areas where the language of communication is crucial.

Cultivating Roots is tackling this gap, along with general services offered in English by front-line workers, by having their CSSS partners specialize in certain priority areas. Each of the four collaborates with the community regarding a specific need whether addiction, or mental health, or services for seniors, and this has proven to be an effective strategy in furthering the work of the partnerships.

One of the outcomes of this collaboration is the development of a touring community centre for seniors. One of the major barriers to services in English for this group is lack of transportation. From the east end it takes most of them two hours to get to the Montreal General Hospital where they can receive service in English. The anticipation of language difficulties at the CLSC deters them from seeking medical assistance closer by. The touring centre will travel to wherever the 'clusters' of anglophones are located on a regular basis to offer services in their language.

An Abundance of Good Will

Gatre-Guemiri underlines the fact that wherever they have sought partnerships, the *Cultivating Roots* team has encountered lots of good will. For example, they have been impressed with how willing the francophone employees of the CSSS are to improve their service in English. All four CSSS have participated in the McGill language training program,¹¹⁶ and about 90 workers have completed their training. There is yet another cohort presently enrolled in English-language training and when they are finished the English community organizations – Gatre-Guemiri personally and members of the network – are volunteering to have lunches with them to give them an opportunity to practice their new language skills. A key ingredient of the success of this NPI network is their careful recognition and reciprocation of the willingness that they have been shown.

¹¹⁶ The CHSSN is the community partner with McGill University in the McGill Training and Human Resources Development Project funded by Health Canada through the Federal Action Plan for Official Language Communities. The project sponsors language-training, and recruitment and retention initiatives, for health care professionals.

Approach is everything. How you engage your partners is a very sensitive matter. Of course, you find the odd person who is anti-Anglo, or the English-speaker who simply demands service, but this is very rare. The key is to be non-confrontational. We come and offer partnership. We show we are willing to contribute in any way. We are bilingual and we keep very flexible. At meetings you use the language you are comfortable in. Out of courtesy my communication with CSSS francophone partners is in French. The language issue stays in the background. We also made partners with the Office de la langue française.¹¹⁷ We met with them and asked about the rules for advertising in English and distributing our pamphlets in English at the CLSCs. We found ways to advertise the work we do in English. There should not be any arrogance there, and we are pleased this has not been a problem for us in our partnerships with the CSSS.

Her experience as a scientist, diplomat, and mediator is evident in the way Gatre-Guemiri has shaped the role of liaison between minority community members and their public partners in Quebec's health system. She feels, "We now have a wonderful model and a model for all minorities. It is politically the best way."

Another key ingredient has been the excellent support of the CHSSN. Every single project *Cultivating Roots* has applied for has been through the direction of the CHSSN.

Every time CHSSN got the message of funding being made available for certain services they would pass the word to me. This would go to the network meeting, we would do a feasibility study and then consider which of our community groups would be eligible to apply. We would get letters of support from the CSSS. So far we have received almost every grant we have applied for and some half million dollars. We wouldn't be what we are today without them.

Towards the Future

Cultivating Roots is now organizing a forum entitled *Partnerships Beyond 2008*. The time has come to tackle the question of future directions and how the network will continue to exist beyond the Networking and Partnership Initiative. The community groups enjoy working in the present framework and the four directors from the CSSS have shown great willingness. They are involved in many projects at present that extend beyond the Networking and Partnership Initiative.

¹¹⁷ The Office québécois de la langue française, or Quebec Office of the French language, is a provincial bureau with the mandate to define and apply Quebec's policy pertaining to linguistic officialization, terminology, and francization of public administration and businesses.

For example, they collaborate with the English Montreal School Board in the east end. Together the network applied for the Community Learning *Centres* (CLC) program and the Laurier MacDonald High school, a member of the network, has been granted a CLC. “We’ve just created the program for the CLC and it is taking off. We are creating a “hub” there now and from there we can apply for further funding.” Another example is the second phase of FASSP obtained by the CSSS. Eight community groups of the network received funding for projects that are presently being carried out.

LESSONS LEARNED

- Inter-relate programs
- Get a signature
- Build good will
- Clarify roles

Gatre-Guemiri points out that without the network much of the recent funding for services would not have been brought into the community of east end Montreal. “And that is only the beginning. So far we have a working network and we have a strong

partnership. We are looking forward to formalizing our future plan.” They want to continue to focus on their priority areas and address some gaps that remain to be filled. Religious organizations, for example, are active in offering counseling services of various types. *Cultivating Roots* would like to bring them on board and get a better understanding of the needs they have for serving in the English-speaking community.

Where have they had an impact on access to health and social services in English in their area? “Our partnership with the four CSSS has probably been our greatest contribution. They are now very supportive of our work and aware of the needs of the English-speaking community. We are definitely getting more willingness to speak English on the front line. Also, the addition of mental health services has been enormously important. There are services available in English that simply did not exist before.”

For further reference on the population health of this region, see the CHSSN’s [Baseline Data Report, 2005-06](#)



Communities Taking Responsibility: *Fraser Recovery Program*



4.10 Communities Taking Responsibility: *Fraser Recovery Program*



The mission of the Fraser Recovery Program is to help young anglophone Quebecers with problems of drug and alcohol addiction to cease their abuse and arrest their disease through a program of prevention, awareness and recovery. In 1996, after several years of informal operations, notably by Hugh Fraser, the Fraser Recovery Program (FRP) was formally registered as a charitable organization headquartered in Quebec City. Since its official registration more than 350 teenagers in difficulty due to problems

with drugs and alcohol have participated in the program.

Identifying the Problem

Although Hugh Fraser and Chantale Lafrenière of the Fraser Recovery Program are based in Quebec City, they joined the Health and Social Services Networking and Partnership Initiative (HSSNPI) in 2004 to work with the anglophone communities on the Magdalen Islands (CAMI) and the Gaspé Coast (Vision Gaspé-Perce Now). Some of their activities with these populations have also extended to reach youth on the Lower North Shore (Coasters). As a result of early assessments conducted in these regions with respect to the needs of the English-speaking communities, the health of their youth and solving the problem of substance abuse, was ranked a high priority. While this diagnosis was an important starting point, Fraser explains that the communities had much to learn about the problem:

The biggest challenge we had was to sensitize the community at large to the situation. The addiction of youth was manifesting itself in social problems such as theft, poor performance in school, family problems, lack of motivation and poor relationships with peers. This was typical of the youth in both regions. The question for the community was “How do we address the problem?” It is crucial for the community to take ownership of the problem and this means, first of all, identifying those things which are allowing the addiction to occur and continue over time. How, for example, is it possible for youth under 18 to be drinking at the rate they are and to be addicted to illegal drugs? What about the law? Well, one thing we soon realized is that the community, for the most part, saw underage drinking as normal. The

culture was one of acceptance towards youth and alcohol which meant the law, which prohibits their access, was often circumvented.

It was clear to Fraser and Lafrenière early in the program that the community had to take responsibility for the problem and that meant engaging youth, but also their parents, the schools and CEGEPs,¹¹⁸ the churches, health and social service professionals, municipal council, and officers of the law. The network approach facilitated them in bringing together community members and public partners from various sectors so that they could establish a shared understanding and begin to work toward some common objectives.

Step-by-Step

The first step for the Fraser Recovery team was to begin working with the schools. They discovered the schools did not have a drug and alcohol policy which meant the principals hands were tied with respect to intervention. They met with the Commissioners of the school board serving both communities to underscore the problem and the need for a policy. They were very receptive and, about two weeks later, Fraser recalls a Commissioner coming to the public meeting in Gaspé and announcing the policy was now in place. This was an important first breakthrough for Fraser Recovery.

ACTIVITIES

- Public forums
- DAMIT / Drugs and Alcohol Multidisciplinary Intervention Team
- ADAPT / Alcohol Drug Addiction Prevention Team
- Youth exchange
- Pamphlets

On the Gaspé Coast they created a program called DAMIT (Drugs and Alcohol Multidisciplinary Intervention Team). When youth are discovered using drugs or alcohol underage, they have to meet with people in the community in a form of intervention. This program originated in Quebec City schools

and was used with success, but there the team consists of psychologists, social workers, and experts in addiction. Fraser learned that the same professionals with English-language skills are not available on the Gaspé, but there are a lot of experienced people willing to help. The lack of professionals proved to be an even

¹¹⁸ CEGEP is a French acronym for *College d'enseignement general et professionnel*, or in English, *College of General and Professional Education*. CEGEPs are a post-secondary educational institution exclusive to the province of Quebec in Canada. Students enter CEGEP after completing six years of elementary school and five years of secondary school. A particular feature of CEGEPs is the co-existence of pre-university programs and technical career programs which prepare students for the job market.

greater barrier on the Magdalen Islands. There, an Alcohol Drug Addiction Prevention Team (ADAPT) has been established, but without the same capacity for professional intervention.

Fraser's public forums have been well attended – one night attracted over 80 participants – and these led the way to working with the parents. There is now closer scrutiny of the sale of alcohol and drugs to minors, and the community has been proactive in trying to find alternative ways for the youth to spend their time. In the Magdalen Islands, for example, they pulled together to make a public skating rink. In the first year, Fraser was told at his meetings that there were no resources for intervention. Now there are three regular meetings of the Alcoholics Anonymous Association. Parents are now coming to the NPI/Fraser Recovery



team¹¹⁹ for assistance and the youth themselves are coming forward to ask for help. Information pamphlets are being produced so that parents have some guidance and a group of young people will be attending Fraser's recovery camp in Quebec City with the intention of bringing inspiration and knowledge home with them. The networks of the three regions prepared the ground for a very successful youth forum sponsored by the Anglican Church in the Gaspé region, where local youth as well as those from

the Magdalen Islands and the Lower North Shore attended. Some young people who have succeeded in the Fraser Recovery Program in Quebec City also attended the forum to lend hope and to motivate those starting out.

The Challenge for Rural Minorities

The single most difficult challenge for Fraser Recovery in their efforts to establish an intervention and prevention program for youth in the Gaspé and Magdalen Island territories has been the lack of professional social service workers.

Francophone and anglophone youth in these more isolated areas have common issues, but it is difficult to buddy up because of the language. When it comes to problems like these, language is more important than ever. Counseling is needed – sometimes family counseling – and ongoing prevention strategies. No matter how bilingual you may be, when it comes to emotional issues you need

¹¹⁹ NPI is the acronym for *Networking and Partnership Initiative*.

to feel comfortable communicating. You need to know you are understood, and trust is of utmost importance. There are simply no professionals here with the appropriate expertise who can speak English. On the Islands, the school only recently got a psychologist and she is only there half a day a week. There is no active intervention. We are dealing with full-fledged and chronic drug and alcohol addicts. Youth are dying. They are stealing. Dropping-out. And all they have available to them is Portage in Montreal.

Going out of the region for services, or bringing services in from Quebec City or Montreal, is costly. Plus, the situation is a delicate one under any conditions because addiction, unlike some health problems, is a problem for which people are easily stigmatized. In Fraser's words, "If your son or daughter broke a leg you'd tell everyone about it. If they had a heart condition you would announce it to the community. A drug addiction? You wouldn't say a word." In these more isolated regions you are dealing with small communities where becoming identified as an addict can affect an individual in every aspect of his or her life. Fraser notes that he has gained the trust of members of the community because he is an outsider, which grants them a certain amount of anonymity. The community cannot do it alone. Fraser feels they've made a great deal of headway through the regional networks but sustainability depends on establishing professionals with whom they can partner.

Telehealth¹²⁰ has been an important resource permitting youth from Quebec City to link with kids in these outlying regions but shared virtual space may not be an entirely good thing. "The young people here are big on computers and that is actually (part of) the problem. They are not always monitored. They are increasingly socially isolated and the question is whether they get the face-to-face contact they may need. They need to know they have somewhere to turn other than the Internet."

LESSONS LEARNED

- First awareness, then prevention
- Community must own the problem
- Expertise is essential
- Step-by-step

In many ways, small, close-knit communities offer optimal conditions for solving a problem like substance abuse. The holistic approach of networking calls for bringing the entire community on board, and this can mean consistent support and

¹²⁰ The CHSSN Telehealth program is a measure supported by the McGill Training and Human Resources Development Project, and is intended to provide distance community support.

preventative measures for youth in every aspect of their lives. It takes time, however, to reach this point as it can represent a not-always-welcome change to longstanding habits and ways of thinking. Fraser recounts a difficult time when the Principal of the school in one of the regions decided to promote an alcohol-free graduation ceremony. Both parents and children were opposed but the Principal stood her ground. Unfortunately, a hall outside school jurisdiction was made available for alcohol consumption during the evening of the event, but at least the first step was firmly taken.



A Long Term Commitment

In Fraser's words, "The problem is huge." Change doesn't happen overnight, and it is important not to get discouraged. Through the Networking and Partnership Initiative they have planted the seeds and they are hoping the awareness they have brought to the Gaspé and the Magdalen Islands will continue to grow. Fraser speaks proudly of the young people he has watched overcome tremendous barriers

over the years and the inspiration they have been to their peers. "They improve at school, they renew their relationships with their family, and they reclaim their lives." His regret is that the lack of social services available to English-language youth in the area of mental health, counseling, and addiction across the province will result in more and more young people at risk. The price to be paid for the lack of prevention is far too high.



**We Are Not Alone:
*Committee for Anglophone Social Action***



4.11 We Are Not Alone: *Committee for Anglophone Social Action*



The *Committee for Anglophone Social Action (CASA)*, established in 1975, is a non-profit organization dedicated to serving the English-speaking population of the Gaspé Coast by representing the community's interests and designing and delivering programs that respond to its needs. CASA's objectives include assuring that

the English-speaking population receives adequate services and communications of all kinds throughout the Gaspé and to serve as a resource centre for citizens and organizations interested in helping improve the social, cultural, and economic life of anglophones living in the area.

A New Beginning

Cynthia Dow, coordinator of the Networking and Partnership Initiative (NPI),¹²¹ serving the Chandler Region, started out working on a FASSP¹²² project involving the French, English and Mi'gmaq population in Baie-des-Chaleurs. She came over to the Rocher-Percé MRC¹²³ to replace Stephane Lacroix, the former coordinator, in November 2006. In her new position, Dow started out by organizing a forum to bring together CASA's NPI network including the community, local non-profit organizations, and the public partners in health and social services in the Rocher-Percé MRC. A small working group was formed, and in February the one-day forum was held to reveal the results of a community survey and needs assessment

¹²¹ NPI is the commonly-used abbreviation of Health and Social Services Networking and Partnership Initiative (HSSNPI)

¹²² FASSP is the French acronym for *Fonds pour l'adaptation des soins de santé primaires* and a term that has become part of the vernacular of the HSSNPI participants. The equivalent in English is the *Primary Health Care Transition Fund* (PHCTF). The CHSSN uses Health Canada's PHCTF to solicit and support projects to improve access to English-language services in the areas of (1) Info-santé (2) First line programs and long-term care provided by the new local health and social services networks. The initiative has the support of the Quebec Ministry of health and Social Services.

¹²³ MRC is the French-language acronym for *Municipalité régionale de comté* which translates into English as *Regional County Municipalities*.

conducted the previous year and to initiate discussion of partnership strategies for improving access to health and social services in English. The forum was a huge success and the attending manager of the CSSS,¹²⁴ who had arrived anticipating a ‘complaint-fest’, walked away from the discussion ‘on cloud nine’. A working group was established to ensure their Project Clinique (or clinical project) would respond adequately to the concerns and needs of anglophones and the commitment was made to develop a regular exchange.

According to Dow, the forum played an important role in laying new grounds for relations with their francophone partners. Dow attributes the breakthrough, in part, to careful attention to details like the fact that “everything was conducted in both languages and starting the day with a made-to-measure Bingo game as an ice-breaker set a great tone. People started the day with laughter.” The atmosphere of raising awareness and seeking mutual benefit nurtured by the partnership approach resulted in a gathering where the manager representing the *Centre de santé*¹²⁵ could walk away ‘ecstatic’ and minority community members could say, “We are not alone.”

Understand the Past

Like all relationships, the partnerships between English-speaking minority community members and their organizations with health-care managers and professionals in the public system occur in a historical context. Early in her experience as coordinator, Dow learned the important lesson of understanding the past.

I had not been there from the beginning, so I had no idea the attitude at the Centre de santé would be one of reservation and apprehension. This blindsided me at first. It contrasted significantly with the attitude I had met in the Baie-des-Chaleurs. Here, their contact with anglophones had not been overly-positive in the past and they reacted quite strongly against the proposed forum. Years ago, the anglophones had come to be associated with an advocacy approach which had sometimes led to a hostile-sounding community voice. This made it difficult for the partners to imagine a positive and productive working relationship. Our knowledge-base helped us – the Baseline Data Reports – by helping them to understand our challenges. It changed the basis of our discussion. No studies had been done of the needs of the English-speaking community in the area of health so we were offering a

¹²⁴ CSSS is the French acronym for *Centre de santé et des services sociaux*. This is translated into English as *Health and Social Services Centre*.

¹²⁵ *Centre de santé* is an abbreviation for *Centre de santé et des services sociaux* or in English, *Health and Social Services Centre*.

resource they didn't have. Acting on our behalf was made easier for them with some clear evidence of our access needs. There is a place for advocacy but things weren't moving quickly enough with the Centre de santé. In the last two years, it has been repeatedly proven that a partnership approach is much more effective in creating change than an advocacy approach.

If the public partners were apprehensive given their past experience, the community was skeptical as they felt the *Centre de santé* had never taken their mandate to offer services in English seriously. Understanding the sensitivity of both parties has been important in moving the relationship forward.

The Networking and Partnership Initiative allowed CASA to consolidate information about the anglophone community of Rocher-Percé. The community in the Rocher-Percé region is a population of about 1,000 scattered individuals which, since the closure of the pulp and paper mill in Chandler in 1999, has been rapidly aging. There is no real community infrastructure which would have facilitated generating and maintaining community knowledge. "Today, every English-speaking church is closed, there are no Women's Institutes or similar organizations, no formal links with food banks or cancer support groups and only one English elementary and secondary school."

The fact that the *Centre de santé* has designated a member of their management team to represent the health institution within the partnership represents huge headway for a community facing such serious demographic, and therefore institutional, decline. Their voice, however threatened, is still heard.

Vital Connections

Besides communicating information through the forum, research findings relevant to the English-speaking community were distributed to selected key individuals. For example, a formal presentation made to the Director General and the members of the CSSS management team enabled CASA to get across how pressing the access needs are for the community and the outcome of the discussion was very positive. The impact on the access plan developed later that month was tangible.



The NPI network has also made it a priority to keep the English-speaking community well-informed of developments. Volunteers from the community helped organize and run the forum, and a regular newsletter is going out with details of the project, upcoming activities, and information of general interest. A senior's group has been established and two meetings have been held to date, with plans for regular monthly events. A major point made to the members of the anglophone community is that the CSSS does not receive additional funding to provide services in English. Therefore, anglophones have to keep their expectations reasonable, given the limited financial resources available, the complexities of managing the health-care system, and the size and dispersion of the English-speaking people throughout the Rocher-Percé MRC. Preoccupied as the CSSS is with the current amalgamation of institutions under Quebec's recent health sector restructuring, delays in implementing recommendations are inevitable. The strategy is to keep information flowing between the public partners and the community and consistently demonstrate that the NPI network and CASA can be a support in the goal of providing English services.

ACTIVITIES

- Access needs assessment
- Health Forum
- First seniors' meeting
- Newsletter
- Volunteer network

Among the areas of priority indicated in the NPI survey were mental health services, home care for seniors, support services for cancer patients, and volunteer training. Activities around each of these are slowly taking shape. Dow underlines that they do not want to rush things and need to adjust to

the rhythm of their partners. The needs of the English-speaking community are so vast and, in some cases, so pressing that one can be tempted to ride off in all directions at once. It is important to take the time to identify clear priorities and deal with the easier issues first to create a sense of momentum and a feeling of success. "The first steps taken to improve service in English must be realistic and easily implemented to ensure those involved don't get discouraged. I have much respect for Kim Harrison – the Executive Director of CASA – in the way she sticks to objectives and works toward them slowly but surely. She recognizes that some issues have to wait until we have the time and resources to tackle them appropriately. The success of our team efforts have been in setting clear objectives. We all know our role."

Another key individual for the English-speaking community has been Donna Jones, a nurse in Chandler, who has helped to build the bridge between CASA and the *Centre de santé*. "Their health professionals and social workers are not

very bilingual, (so) Jones is often called upon to interpret for them, and she has helped us push for language training.” In the first year that the McGill language training program¹²⁶ became available, Jones approached the CSSS management but was told this was not a priority. In the second year, with Jones controlling the application, they did apply and now have some dozen individuals attending English classes. The case of a health professional, like Jones, offering translation services and assisting the health sector partners with program applications, illustrates the importance of increasing the number of anglophones hired in the system. With only 50% of the anglophone population in the area able to claim they are fluently bilingual, and 45% who say they are uncomfortable speaking English publicly, it would appear that overcoming language barriers could lead to significant improvements in health status and health prevention practices.

Future Considerations

CASA is committed to moving forward, even if it is with just volunteers in the future. The connection between CASA and the local community is still developing and there are resources yet to be explored. CASA being the newest in the Networking and Partnership Initiative, Dow and Harrison see great potential that simply cannot



be rushed. For example, in March, a gathering was held to follow-up the workshop for seniors held at the health forum, and it was observed that the volunteer spirit for which Quebec anglophones are so well known is alive and well in the Chandler region. It is hoped that local seniors will take on the task of organizing events in the future to reduce the sense of isolation many of them now feel. CASA has worked with two other networks – CAMI and the Coasters – on inter-regional projects and they intend to continue to partner with their fellow associations to explore health issues of concern throughout Eastern Quebec.

¹²⁶ This refers to the *McGill Training and Human Resources Development Project*. The CHSSN is the community partner with McGill University in the McGill Training and Human Resources Development project funded by Health Canada through the Federal Action Plan for Official Language Communities. The project sponsors language-training as well as recruitment and retention initiatives for health care professionals.

LESSONS LEARNED

- Understand the historical context
- Rely on evidence base
- Recognize key people
- Slowly but surely

As Dow points out, their beginning was difficult. On one hand, the Rocher-Percé *Centre de santé* has a history of administrative challenges and many internal issues only made more complicated by the recent health sector reforms. On the other, the minority-language community in the region is

struggling to stay vital. Now, with the support of the team at the CHSSN, things have improved. The Health and Social Services Networking and Partnership Initiative and McGill projects have brought renewed hope and community members are feeling more supported.

Dow, herself a long-standing community member, admits, “I thought it was over. The disappearance of community infrastructure – for example, 30 churches had closed in the past 20 years – was depressing. The young people were leaving. Now we can say, ‘We’re not gone yet.’ We are not alone. We are at the table. There is new life in the community.”

4.12 New Inroads in Health and Social Services: *The HSSNPI Volunteer Committee*

The HSSNPI Volunteer Committee's mandate is to:

- govern the HSSNPI as per the Quebec Community Groups Network¹²⁷ mandate and operating procedures;
- assess and approve funding applications;
- determine funding levels;
- oversee monitoring, compliance and reporting;
- participate in the evaluating progress and success.

The HSSNPI Volunteer Committee reports regularly to the QCGN Board of Directors through the QCGN President.

The View across the Years

Anne Usher is a member of the Volunteer Committee of the Health and Social Services Network and Partnership Initiative (HSSNPI) with many years of experience in community development in Quebec, and in health and social service issues specifically.

My involvement in community development has been as an activist in my local community of NDG, which is a middle to lower-middle income part of Montreal with some pockets of real low-income. I was involved in the early days of the development of the CLSCs,¹²⁸ which goes back into the 1970's. I am a nurse by profession, and had gone back to university at the end of the 1960's when a number of health services reports came out. That has always been an interest of mine. I was involved in the Regional Council for Health and Social Services (now called the Agence).¹²⁹ I was a community representative on the Commission dealing with community services and that

¹²⁷ Quebec Community Groups Network (QCGN) is a not-for-profit organization bringing together 24 English-language community organizations across Quebec for the purposes of supporting and assisting the development and enhancing the vitality of the English-language minority communities, as well as promoting and supporting the use of the English language in Quebec.

¹²⁸ CLSC is the French acronym for *Centre local des services communautaires* translated into English as *Local Community Services Centre*. A CLSC territory refers to smaller geographical unit than that of Quebec's administrative health regions.

¹²⁹ 'Agence' is an abbreviation of *L'Agence de santé et des services sociaux*, which translates into English as *Health and Social Services Agency*.

brought me into regional planning in the 70's and 80's, defining what was possible at that level. I continued to work as a nurse in varying capacities at that time and at various levels and was involved in developing home care in my local community.

I was also very active with Alliance Quebec¹³⁰ as its secretary. I did a lot of traveling around the province developing chapters and integrating regional organizations and trying to orient Anglophones to how things were organized in Quebec, how to participate to ensure that their voices were heard, so it was natural for me to be involved with the QCGN in the Networking and Partnership Initiative.

During the mid-70's and early 80's I was a member of the Quebec Council on the Status of Women. I was the only Anglophone, and I was all over the province. My work brought me into contact with women's groups in the English-speaking communities which were very important at the time. The women really keep those communities alive. I've always had this orientation towards health promotion and these things have all prepared me for what I do now.

Usher's long-standing participation in community development over the years grants her a unique historical perspective on the most recent efforts in health and social services using networking and partnerships strategies. Speaking frankly, Usher admits feeling somewhat skeptical in the beginning, "We'd had almost 20 years of time and money invested in regional associations, which all had health and social services programs. I wasn't sure anything new could happen. Fortunately, I've been proven wrong and I can see some of the things that have made a difference."

Taking the Risk of Engagement

Usher saw early on that the main challenge of the NPI would be to move beyond the health and social service programs already established in the existing associations. She describes the established programs as

...more passive than dynamic. They were very good at information dissemination and autonomous self-help but there did not seem to be much engagement with francophone public institutions. There has been an enormous amount of risk-taking involved for the NPI groups who were

¹³⁰ Alliance Quebec (AQ) was a group formed in 1982 to lobby on behalf of speakers of the English language in the province of Quebec. It began as an umbrella group of most English-speaking organizations and institutions in the province, with approximately 15,000 members. At its height in the late 1980s, the group registered 40,000 members and had a network of affiliated anglophone groups throughout the province. The group ceased activity in 2005.

trying to get meetings set up and encouraging people to participate or understand what the whole purpose was. I have since seen the development of a real partnership where the public sector has been penetrated so that there has been a response to Anglophone needs.

Another element that Usher notes as new and “absolutely crucial” to the networking and partnership approach is the use of an evidence base. “Not only was it important to have data available, but people were also trained in how to use it strategically.” The consultation process involved in the assessment of community needs and defining the issues has contributed to what Usher refers to as “raising the participation level.”

The dynamic use of data is very new when you compare it to the health and social services programs of 20 or 25 years ago. There has been a lot of emphasis on defining the issues, listening to people within the system, and also listening to their own populations to try and find common ground between themselves and potential partners like hospitals and school boards, and then moving forward with that. Involving significant numbers of people to help build a power base, through focus groups, for example, has been important and it raised the participation level.

For Usher, an important measure of the initiative would be to look at sponsoring organizations to see if they have grown or become stronger. “What you want to see is a transfer of that ground level participation to groups like CASA, Townshippers, and others. I would hope there would be a strengthening of them by new people who are brought in and by a new feeling of confidence from achieving something and being recognized by the institutions of the majority community. An anticipated outcome should be a stronger local leadership in these community-based organizations.”

The Community Support Team

From Usher’s perspective, the CHSSN community support team has been essential to setting up the networks and making them work. There is an ongoing need for the communities to understand who they are and what is needed to be done, and they now have the tools to do this. In Usher’s opinion, bringing the coordinators and volunteers together to learn from each other in face-to-face encounters gives them a way to improve what they are doing. Usher points out that this is something different from the community development of former times.

Alliance Quebec had a community development program in its early days, but it was expensive to run, so Alliance Quebec did it perhaps twice a year for something like five or six years. In the early days of community development we put on sessions for volunteers and staff of regional organizations, but participation was often on a 'if we feel like it' basis. The present program makes participation part of the deal and there's a guarantee to the sponsors and central people that resources are going to be available.

Usher emphasizes the fact that the manager of the program has been a crucial resource as well. "I am impressed that the Volunteer Committee has been able to stay at arm's length from the QCGN's political structure – there has not been any interference by the QCGN Executive in any decisions we've made." For Usher, maintaining the independence of the community support team from the funding process has contributed to the success of their training and support of the participating networks.

Selection and Evaluation Procedures

The Volunteer Committee has had the responsibility of overseeing the applications for funding, selecting program participants and monitoring the evaluation process. According to Usher,

I think our selection process worked well. We looked at everything that came in, even those that didn't meet the criteria, and that was a challenging process. There were a few groups we wished we had been able to have more money for, but the criteria were designed for the really demographically vulnerable. I think we need to understand the way 'vulnerability' can vary, and develop criteria to reflect that, but we're not there yet.

I think the evaluation was clear, although the expectation of the local groups may have been ambitious. The first time around there was a lot of discomfort about time-frames and duplication, but we did what we had to do. I just had a conference call with some of the coordinators and the general feeling at this point is that the second round of evaluation is do-able.

Usher mentions that these procedures have represented new lessons for all involved and suggests that it takes three to five years for a program like the HSSNPI to really develop properly.

Towards the Future

The Volunteer Committee has respected the need to pay special attention to the more isolated and demographically weak communities who face special challenges in providing health and social services in English to their respective

populations. This has resulted in learning a great deal about the challenges of transportation costs.

We must have face-to-face encounters with our groups. This means needing to remember to build in the cost of getting people together for these meetings, as well as the cost of training sessions. Transportation represents a large expenditure for local groups, both when they come together locally in their own regions, and when they come together with other groups on a province-wide basis. People tend to think in terms of urban or suburban populations, but that is not what we are dealing with.

Besides becoming more sensitive to the special needs of their local groups, Usher feels they have learned the necessity of making sure that the actions underlying the successes of the initiative are embedded in a policy framework.

It has been a great benefit to some of our projects to have individuals on the inside of the health and social services establishments who have a mandate to work with the English-speaking population. This person isn't a decision-maker, or a person in power, but more of a gatekeeper and we are still learning the extent to which they did or did not help to make things happen. If these positions are time-limited, we need to consider the need for a policy framework. There was a policy framework that helped in the last year and a half because the CSSS¹³¹ offices had to come up with a clinical plan, and within that clinical plan they were required to describe how the English-speaking people in their territory were going to be served, and that is different from simply being able to communicate with English-speaking clientele. They had to actively go out and identify what the population was and what its needs were. This was helpful to our groups and to the success of the initiative. There is work to be done in other areas to ensure the policy framework is maintained which compels them to really think about the Anglophone population and feature us in their plans.

¹³¹ CSSS is the French acronym for *Centre de santé et des services sociaux*. This translates into English as *Health and Social Service Centre*.

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Appendix A - Interview Guide

- 1) What was the situation of your group when you started?
For example:
What were your links with other community organizations in other regions?
What was your understanding of yourselves as a community and your general predicament in the area of access to services in English?
What were your relations with public partners?
- 2) Walk me through the steps of your first year.
- 3) How did things progress from there?
- 4) How would you describe your network now?
- 5) How did your relations with public partners develop?
- 6) Has the situation of your network changed? How?
- 7) What were the challenges/victories/outstanding events? Lessons learned from your experience with the HSSNPI?
- 8) What are your plans for the future? Where will your networking group go from here?

Appendix B - The Population Health Model

The Baseline Data Reports have been designed to facilitate the NPI networks in the application of the Population Health Model in their community consultations, strategic planning and implementation of activities.

Population health is an approach that aims to improve the health of an entire population by taking into account a broad range of factors that have a strong influence on health. The population approach recognizes health as a resource that enables individuals and communities to achieve social well being and quality of life; it also strives to reduce inequalities to health access between population groups. It is an approach which supports the development of new sources of evidence on the determinants of health, as well as innovative strategies to promote informed action which addresses the full range of social, economic, and environmental factors. Besides encouraging joint actions between health and other sectors it promotes the empowerment of communities as key partners in the decisions affecting health outcomes.¹³²

Key Health Determinants – The population health approach considers that a broad range of individual and collective factors and other conditions are connected to health status. These influences rarely exist in isolation and it is usually the nature of their configuration, which explains why some social groups enjoy a better health situation than others. The Baseline Data Reports provide data that is limited primarily to the eight social determinants listed below. The reports make no claim to represent a total range of factors.

Income and Social Status – There is strong evidence that higher social and economic status is associated with better health. Higher incomes promote optimal living conditions, which include safe housing and good food. The degree of control people have over life circumstances and the ability to adapt to stressful situations are key influences. These two factors are considered to be the most important determinants of health.

Social Support Networks – Support networks of family, friends, and neighbors are important in helping people solve problems and deal with adversity. They contribute to an individual's sense of control over life circumstances and act as a buffer against health problems.

¹³² For further discussion of the Population Health Model see J. Carter, *A Community Guide to the Population Health Approach*, Community Health & Social Services Network (CHSSN), March 2003

Education – Education is closely tied to income and social status and provides knowledge and skills for problem solving. It helps provide a sense of control and mastery over life circumstances. It increases opportunities for job and income security, and for job satisfaction.

Employment and Working Conditions – Employment has a significant effect on a person's physical, mental and social health. Paid work provides not only money, but also a sense of identity and purpose, social contacts, and opportunities for personal growth. Unemployed people have a reduced life expectancy and suffer significantly more health problems than people who have a job.

Social Environments – Civic vitality is reflected in the institutions, organizations and informal giving practices that people create to share resources and build attachments with others. In addition, social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health.

Health Services – Health services, particularly those designed to maintain and promote health, to prevent disease and to restore health, contribute to population health. The health services continuum of care includes treatment and secondary prevention.

Gender – Gender refers to the array of socially determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. Many health issues are a function of gender-based social status or roles.

Culture – Some persons or groups may face additional health risks due to a socio-economic environment which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services.

Appendix C - Acronyms, Definitions and Translations

ADAPT: the acronym for Alcohol and Drug Addiction Prevention Team

Agence: is an abbreviation of *L'Agence de santé et des services sociaux* which translates into English as Health and Social Services Agency

Anglophone: an individual whose main or first official-language spoken is English.

BDR: Baseline Data Report(s)

CAMI: Council for Anglophone Magdalen Islanders

Canadian Heritage (PCH): the federal department with the legislated responsibility to support the development and vitality of official-language minority communities (OLMCs) and coordinate efforts of other federal departments and agencies in this regard.

CASA: Committee for Anglophone Social Action

CCESMC: Consultative Committee for English-speaking Minority Communities

CCS: Catholic Community Services

CEGEP: is a French acronym for *Collège d'enseignement général et professionnel*, or in English, College of General and Professional Education. CEGEPs are a post-secondary educational institution exclusive to the province of Quebec in Canada.

CHUS: is the acronym for *Centre hospitalier universitaire de Sherbrooke*. It is translated into English as Sherbrooke University Hospital.

CHSSN: the Community Health and Social Services Network (CHSSN) was established in September, 2000 to create a network of community resources, associations and public institutions dedicated to the development through partnership of health and social services for English-speaking communities in Quebec. The CHSSN is an incorporated non-profit body that acts in accordance with the orientation by its Board of Directors and its members and exclusively in the health and social services sector.

CLC: Community Learning Centre(s)

CLSC: is the acronym for *Centre local des services communautaires* translated into English as Local Community Services Centre.

CSSS: is the French acronym for *Centre de santé et des services sociaux*. This is translated into English as Health and Social Services Centre

DAMIT: the acronym for Drugs and Alcohol Multidisciplinary Intervention Team.

ENAP: *École nationale d'administration publique* translated into English as National School for Public Administration.

FRP: Fraser Recovery Program

FASSP: *Fonds pour l'adaptation des soins de santé primaires*, the French title of the Primary Health Care Transition Fund (see PHCTF below).

Francophone: an individual whose main or first official language spoken is French.

HSSNPI: is the acronym for Health and Social Services Networking and Partnership Initiative (often abbreviated to Networking and Partnership Initiative, or NPI). The CHSSN is a partner in the Networking and Partnership Initiative, a funding program of the Quebec Community Groups Network (QCGN). The program aims to build durable links between English-speaking communities and the health and social services system. It is a measure supported by Health Canada through the Federal Action Plan for Official Language Communities.

LAC: Local Action Committee

MCDC: Megantic English-speaking Community Development Corporation

McGill Project: is an abbreviation for McGill Training and Human Resources Development Project: The CHSSN is the community partner with McGill University in the McGill Training and Human Resources Development Project funded by Health Canada through the Federal Action Plan for Official Language Communities. The project sponsors English second language training for francophone health professionals in each region, and French second-language training for English-speaking professionals working in a francophone institutional milieu. Recruitment and retention initiatives are developed to encourage professionals to move or stay in the regions. The McGill University Health Centre and McGill School of Social Work participate in long-distance professional and community support programs.

MINA: Magdalen Islands Network for Anglophones

MRC: Municipal Regional Council designates an administrative territory in Quebec

NPI: is the commonly-used abbreviation for Health and Social Services Networking and Partnership Initiative (HSSNPI).

OHSSN: Outaouais Health and Social Services Network

OLMC: Official Language Minority Community

PHCTF: is the acronym for the Primary Health Care Transition Fund. The CHSSN uses the Health Canada PHCTF to solicit and support projects to improve access to English language services in the areas of (1) Info-Santé (2) front-line programs and long-term care provided by the new local health and social services networks. The initiative has the support of the Quebec Ministry of Health and Social Services.

QCGN: is an acronym for the Quebec Community Groups Network. The Quebec Community Groups Network is a non-profit organization bringing together English-language community organizations across Quebec. The organization supports the long-term and sustained development of Official Language Minority Communities in Quebec by helping members and other community leaders, architects and partners to work together to respond effectively to the priorities of the English-speaking communities of the province of Quebec.

QLN: the Quebec Learners' Network is a community-based not-for-profit organization that supports lifelong learning and population health development in the English-speaking communities of Quebec.

Quebec Office of the French Language: translated as *Office québécois de la langue française*, it is a provincial bureau with the mandate to define and apply Quebec's policy pertaining to linguistic officialization, terminology, and francization of public administration and business.

RAWQ: Regional Association of West Quebecers

RECEPP: Resources for Enhancing Community Engagement and Participation with Public Partners

SSF: *Société Santé en français* is a national health organization serving francophones and Acadian-Canadians in a minority situation outside of Quebec.

Telehealth: the Telehealth program is a measure of the McGill Project with CHSSN as its implementer, and is intended to provide distance community support.