

# PUBLIC HEALTH ACTION PLAN



for the English-Speaking Community in the Capitale-Nationale Region 2011-2015



HÔPITAL

Jeffery Hale-Saint Brigid's



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*Jeffery Hale : [www.jefferyhale.org](http://www.jefferyhale.org)*



**Jeffery Hale**  
Une communauté de soins  
A Community of Care

*The Public Health Action Plan for the English-Speaking Community in the Capitale-Nationale Region was created with the collaboration of the Jeffery Hale Community Partners and the Networking and Partnership Initiative (NPI) supported by the Health Canada Official Languages Health Contribution Program (OLHCP).*

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## List of acronyms

Definitions that appear in italics are English translations of French acronyms

AEO	<i>Intake, orientation, evaluation</i>
Agence	<i>Health and Social Services Agency of the CNR</i>
BMI	Body Mass Index
CHSLD	<i>Residential and Long-term Care Center</i>
CJQ-IU	<i>Quebec Youth Centre – University Institute (youth protection)</i>
CLC	Community Learning Center
CLSC	<i>Local Community Health Center</i>
CPS	Suicide Prevention Center
COSB	Central Québec School Board
CRUV	<i>Ubalde-Villeneuve Rehabilitation Centre</i>
CSSS	<i>Health and Social Service Centre</i>
DRSP	<i>Regional Public Health Directorate</i>
JHCS	Jeffery Hale Community Services
EA	English-language places of worship
FRP	Fraser Recovery Program
GEA	<i>Breastfeeding support group</i>
STBBI	Sexually transmitted and blood-borne infections
HC	Home care
HIV	Human immunodeficiency virus
IUSMQ	<i>Quebec's University Institute in Mental Health</i>
IPPAP	<i>Preventive interventions with people who have contracted an STI and their partners</i>
JHCP	Jeffery Hale Community Partners
MC	Morrin Center
MICC	<i>Ministry of Immigration and Cultural Communities</i>
MSSS	<i>Ministry of Health and Social Services</i>
OLO	<i>Egg-milk-oranges (Program for pregnant women)</i>
PAR	<i>Regional action plan</i>
PCP	Preventive clinical practices
PIPQ	<i>Quebec prostitution intervention project</i>
PIQ	<i>Quebec immunization protocol</i>
PPP	Promotion, prevention, protection
PSIPPE	<i>Integrated Perinatal and Early Childhood Services</i>
QCRC	Quebec City Reading Council
RSIPA	<i>Networks of Integrated Services for Seniors Losing their Autonomy</i>
SLC	Champlain - St. Lawrence College
VFS	Valcartier Family Services
VEQ	Voice of English-Speaking Quebec
WHO	World Health Organization

# Introduction

English-language organizations  
working together for the  
well-being of community  
members.

more  
than 20





Studies confirm that English-speaking minority communities face certain risks to their health status in Québec (Bouchard et al., 2009a, CHSSN, 2008, Pocock, 2006a; Trân et al., 2004). For instance, when compared to the Francophone majority, English speakers have been found to age more rapidly, experience a higher rate of unemployment and have a lower household income (CHSSN, 2008). In addition, the social and geographic isolation of this community is a significant determinant affecting the health and well-being of its members by increasing their level of vulnerability.

The English-language health and social services offered in the Capitale-Nationale Region (CNR) are based on a partnership and social and community development model. The community development intervention component refers to a strategy involving the mobilization and support of local communities (INSPQ, 2002). This type of intervention is recognized for its positive impact on a significant number of health determinants, thereby improving quality of life through a holistic approach that takes into account the economic, political, social, cultural and environmental factors experienced by members of a community. Since 1991, the promotion and prevention service offer delivered to the English-speaking community in the CNR has been developed within this framework. In line with this approach, our organization has been involved in a process aimed at consolidating our promotion and prevention services in order to establish a common set of priorities to improve the health and well-being of the community. The outcome was the creation of a public health action plan for the English-speaking community and a subsequent consultation process on this plan.

Saint Brigid's – Jeffery Hale Hospital's *Public Health Action Plan for the English-Speaking Community in the Capitale-Nationale Region* is in keeping with the *Plan d'action regional (PAR) en santé publique 2009-2012* (regional public health action plan) developed by the *Agence de la santé et des services sociaux de la Capitale-Nationale* (Agence). To ensure viable results for our efforts aimed at improving the health and well-being of the English-speaking community, we thought it relevant to begin by presenting an updated portrait of the English-speaking community in the CNR. This portrait allows us to identify the various needs of the community, as well as its health determinants

and indicators, and take stock of its ongoing evolution. This description is followed by a detailed presentation of Saint Brigid's – Jeffery Hale Hospital's prevention and health promotion *Service Offer*.

Upon reading this document, you will note that our plan for action in public health is organized along the same lines of intervention as the 2009-2012 PAR developed by the Agence. These lines are as follows: social development, adjustment and integration, lifestyle and chronic diseases, safety promotion and injury prevention, infectious diseases, environmental and workplace safety, health and service system and evaluation, and poverty, social and community development. Two other elements – promotion and support of preventive, clinical practices and the monitoring of public health and its determinants – are also featured. We define each of these areas, their purpose and goals in addition to the related activities we plan on implementing at Saint Brigid's – Jeffery Hale Hospital in cooperation with our partners.

Finally, please note that SBJH's *Public Health Action Plan* is an ongoing process to be followed by activity reports produced on a regular basis.

Pleasant reading!

## Saint Brigid's – Jeffery Hale Hospital at a glance

Combined years  
of service to the local  
English-speaking population.

300



Saint Brigid's – Jeffery Hale Hospital (SBJH) resulted from the merger of two institutions, which together have been offering services to English speakers of the Greater Quebec City region for the past 300 years. Rooted in the community, both establishments have always been actively supported by its members and have constantly strived to make the needs of this community a priority. On April 1, 2007, SBHJ integrated the Holland Centre into its fold, a community resource that had been providing primary CLSC-type services to the region's English-speaking population since 1991. Renamed Jeffery Hale Community Services, the program is now part of SBHJ's general services (see organizational chart in the appendix). Furthermore, SBHJ is currently recognized under article 508 of the *Law on Health and Social Services* and by the *Charte sur la langue française* as the designated institution responsible for ensuring access to English-language health and social services.

Today, SBHJ fulfils its mandate as a single entity, allowing it to continue to play a leading role in providing English speakers with accessible health care and services that meet their needs. For instance, when the Capitale-Nationale Region (CNR) was looking to organize services under the responsibility of an institution from the English-speaking community – in keeping with the *Programme régional d'organisation de services intégrés*<sup>1</sup> (PROSI) of 2005 – it entrusted the mandate to SBHJ, an organization it knew well and whose longstanding reputation for its dedication to the English-speaking community was well established. While SBHJ does not have a recognized legal responsibility per se to the English-speaking community in this respect, our partners of the Health and Social Service Centres (CSSS) acknowledge our moral responsibility towards this population.

## Our mission

The unique character of our institution is reflected in its special mandate. Saint Brigid's – Jeffery Hale is, in fact, the only establishment in Quebec, which, while not a CSSS, has a similar three-fold mission:

- > Acute care (Emergency and diagnostic services);
- > Residential and long-term care services (CHSLD);
- > CLSC-type services (for the English-speaking community only).

Services offered at both of our sites (Jeffery Hale and Saint Brigid's) are available in English and have two distinctive features: the residential and long-term care services at Saint Brigid's Home are offered only in English, and Jeffery Hale Community Services (CLSC-type services) are intended solely for the region's English-speaking community. Our other departments deliver services in both French and English.

To consolidate our promotion and prevention services, our proposal was drafted specifically to reflect the services delivered exclusively at Jeffery Hale Community Services. For the most part, these include primary services entrusted to SBHJ by virtue of the regional organization of services and based on available resources. According to this approach, the specific, complementary mandates of different establishments remain the same even when offered to the English-speaking community. For more information on access to Jeffery Hale Community Services, please consult the *Access Policy for Jeffery Hale Community Services* (2008).

1 Regional program of integrated services

## Our partners

First, given the special mandate of Saint Brigid's – Jeffery Hale Hospital with regard to the English-speaking population, it is worth noting that our service offer covers the CNR's four local territories. As is the case for other organizations, our establishment depends on a large network of partners from both the community and the public sector. All work collaboratively with us in order to provide an optimal prevention and health promotion service offer. To ensure the coordination of these partnerships, we make constant efforts to improve the organization of services in the integrated regional network and carry out concerted actions aimed at encouraging the ongoing development of the CNR's English-speaking community and promoting the overall health of its members.

The partnerships that SBJH has built with various organizations are essential to the continued growth and smooth operation of Jeffery Hale Community Services. In fact, they have allowed our institution to continue forging close relationships with the community and asserting our role as a leading provider of primary services in English.

Please find a table of our main community partners on the next page.

In addition to its community partnerships, SBJH is very fortunate to have the ongoing support of the Agence. As a result of this close collaboration, the SBJH is, in fact, able to maintain and develop its services to the English-speaking community in the CNR. SBJH also enjoys special partnerships with establishments of the network through formal agreements with the Vieille-Capitale CSSS and the CJQ-IU (youth protection). It also relies on the valuable assistance of its dedicated

volunteers, without whom the services delivered to the English-speaking population would not be the same and would certainly not have the same impact. Last but not least, we are proud to count on the support of other organizations, such as La Maison Anglaise bookstore and the *Quebec Chronicle-Telegraph* newspaper, who, through their donations and sponsorships, help us continue providing specific activities.

## Our qualified regional team

Jeffery Hale Community Services relies on a bilingual, multidisciplinary staff of dedicated and experienced professionals. Its team includes, among others, social workers, clinical nurses and occupational therapists, all with credentials recognized by their respective professional orders. They take to heart their role of delivering caring and innovative health and social services in response to the needs of the community they serve. Moreover, our psychosocial team has become experts in the region in the area of crisis intervention for the English-speaking population.

## Main Community Partners

### Jeffery Hale Community Partners

The member organizations of JHCP are Saint Brigid’s – Jeffery Hale Hospital, Citadel Foundation, Jeffery Hale Foundation, the Church Society of the Diocese of Quebec, the Congregation of the Catholics of Quebec Speaking the English Language, and Saint Brigid’s Home Foundation. Jeffery Hale Community Partners (JHCP) is the leader in bringing together its member organizations and other partners to develop and maintain an overall strategic plan for health and social services in English. JHCP’s vision is as follows:

*Under community governance, the English-speaking community of the Greater Quebec City region has access to a wide range of quality health and social services adapted to its needs, values and wants through a combined, coordinated approach involving the community, public, and private sectors. This interdependent multi-sectoral relationship is an essential cornerstone of the region’s vibrant and vital English-speaking minority community.*

JHCP and Saint Brigid’s – Jeffery Hale Hospital work closely together to bring this vision to life. JHCP also provides a number of direct services, such as support to community organizations, and works with its partners to develop new services.

### Cegep Champlain – St. Lawrence

The CEGEP Champlain – St. Lawrence strives to offer its students the best English-language college education. Recognized for its personalized learning environment, this small institution boasts a vibrant social and culture life and a tradition of excellence in sports. St. Lawrence has built its reputation on expertise and the dedication of its faculty and staff.

### Central Québec School Board (CQSB)

The mission of the Central Québec School Board is to support vibrant learning communities in its schools and centres that empower all students to receive the best possible education, to foster their social development and to prepare them to achieve their fullest potential and become contributing members of our ever-changing society.

<p><b>Community Learning Centre (CLC)</b></p>	<p>The Quebec High School Community Learning Centre is part of a province-wide partnership that provide a range of services and activities generally outside regular school hours to help meet the needs of students, families and the community at large. Their aim is to support the overall development of English-speaking citizens and communities.</p>
<p><b>Fraser Recovery Program</b></p>	<p>The Fraser Recovery Program is a not-for-profit organization whose goal is to help young people with drug and/or alcohol problems recognize and put an end to their addiction. The program is offered free of charge.</p>
<p><b>Morrin Centre</b></p>	<p>The Morrin Centre has the mandate of supporting Anglophone culture in Quebec City, sharing it with the wider community in the area and encouraging cultural exchanges among all English- and French-speaking communities. It offers a wide range of public activities.</p>
<p><b>Places of worship</b></p>	<p>Cathedral of the Holy Trinity, Chalmers-Wesley United Church, Quebec Baptist Church, St. Michael's &amp; St. Matthew's Churches, St. Patrick's church and CWL, St. Stephen's/St. Vincent's Chapel, Trinity Church, St Andrew's Presbyterian Church.</p>
<p><b>Quebec City Reading Council (QCRC)</b></p>	<p>The Quebec City Reading Council is a not-for-profit, volunteer-based organization. It promotes and supports lifelong learning through a range of free, confidential literacy services, which are offered to English-speaking adults (16 years old and +) living in the Greater Quebec City area.</p>
<p><b>Voice of English-Speaking Quebec (VEQ)</b></p>	<p>VEQ is a not-for-profit organization that currently has over 1300 members. It has played a vital part in the preservation and development of community life for the English-speaking community for over 25 years. It also helps individuals participate in community life in the Quebec City region, in both French and English.</p>

## Portrait of the English-Speaking Community in the Capitale-Nationale Region

English-speaking persons  
who could benefit from  
health and social services  
in their language.

11845





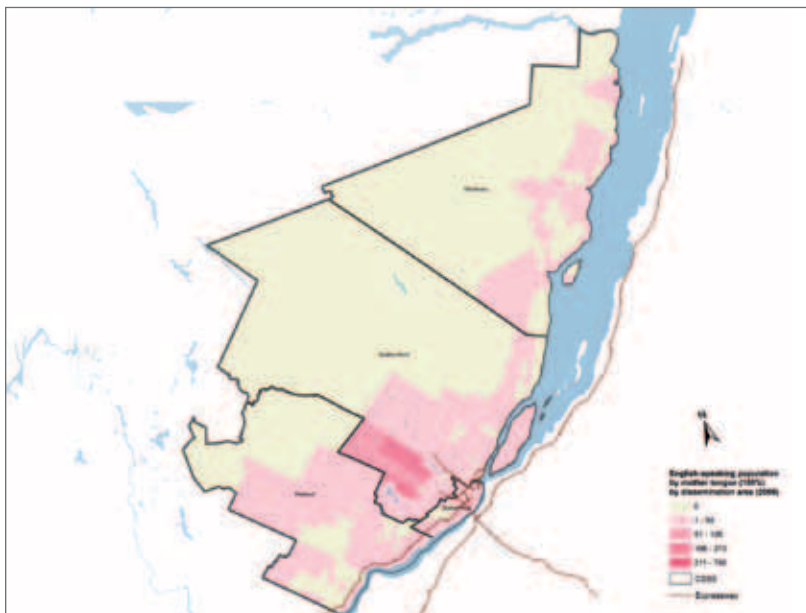
Recent studies on the English-speaking community living in the Capitale-Nationale Region (CNR) (Region 3) are scarce. The health profile presented here is therefore drawn from the most recent Canadian, Quebec and regional literature available. As such, the statistical data used make reference to the 2006 – and at times even the 2001 – Census. A lack of information regarding certain target groups, such as disadvantaged youth and persons with mental or physical disabilities and pervasive development disorders, was also noted. Finally, comparing data on the French-speaking majority and the English-speaking minority was often difficult, sometimes impossible, due to the differences in the way the information was presented. For example, data for the Capitale-Nationale Region at times refer to the Quebec City Urban Community and at others to the Quebec City administrative region or the regions combined.

It is also worth noting that some of the studies are based on mother tongue (MT), while others refer to the first official language spoken (FOLS). For English speakers in the CNR, mother tongue has been deemed more reliable given the dispersion of the population surveyed.

In conclusion, readers should keep in mind the limitations described above when considering the portrait of the English-speaking community presented here. However, through a review of the data, we were able to establish a profile of the English-speaking population which, to the extent possible, is representative of the current situation.

The data used to compose the portrait of the English-speaking population in the CNR were described using the World Health Organisation (WHO) determinants of health.

**Map 1** Distribution of the English-speaking population in Health and Social Service Centres (CSSS) (03), 2006 (Source: Warnke, 2009)



## SOCIAL ISOLATION RELATED TO GEOGRAPHIC DIMENSION

Saint Brigid’s – Jeffery Hale Hospital serves a vast territory that extends from the Portneuf region to the west and Charlevoix to the east. It delivers services to English speakers living in the CSSS territories of Portneuf, Québec-Nord, Vieille-Capitale and Charlevoix. The population served is widely dispersed across the region, leading to the isolation of individuals in terms of language, culture and social life, a consequence of a limited or altogether absent network in proximity. The opposite map presents this reality.

As can be seen, the region’s English-speaking population forms low-density zones and is primarily concentrated in the CSSS areas of Vieille-Capitale (53.9 percent) and Québec-Nord (39.7 percent), more specifically in the municipalities of Valcartier and Shannon.

Its presence is marginal in the areas of Portneuf (4.75 percent) and Charlevoix (1.64 percent) (CHSSN, 2009).

## DEMOGRAPHIC DIMENSION

### Our target population

Members of the English-speaking community can be defined as those who, when seeking care and services from a health or social services institution, feel more comfortable expressing their needs in English and receiving services in that language. The services offered are therefore accessible to all persons (families, youth, seniors) who are part of this target population (Saint Brigid's – Jeffery Hale Hospital, 2010).

According to mother tongue data, English speakers in the CNR represent 12,000 people – or 1.8 percent of the overall population (Statistics Canada, 2006). Furthermore, the English-speaking population in Region 3 is proportionally older than members of the Francophone community (Eckler, 2006).

Children and youth between the ages of 0 and 24 represent 22.5 percent of the overall English-speaking population in the CNR, with this group being evenly distributed across the CSSS areas of Vieille-Capitale and Québec-Nord (Warnke, 2009). As for the 25-to-44 cohort, it represents 26.8 percent of the population. Finally, 20.5 percent of English speakers are 65 years of age and over, a higher average compared to Francophones. According to the 2006 Census, the majority of people in this age group live in the CSSS area of Vieille-Capitale.

### Migrants and immigrants

Any portrait of the English-speaking population would be incomplete if it were to exclude migrant

and immigrant persons, who are an integral part of this community. In 2001, approximately 28 percent of English speakers living in the CNR were migrants (defined as having lived in another Canadian city in the past five years), compared to only 17 percent among Francophones (Warnke, 2006; Magnan, 2005). Moreover, English speakers from other regions of Quebec, in particular from Eastern Quebec, come to the CNR to receive specialized care and services (Agence, 2006).

As for immigrants with English as their mother tongue, in 2001, they represented 13.7 percent of the English-speaking community in the CNR (Magnan, 2005; CLO, 2004). In addition, in 2006, nearly one in ten immigrants reported English as their first official language (CLO, 2008). However, these data are not representative since they exclude the presence of Allophone immigrants whose mother tongue is neither French nor English. There is reason to believe that some immigrants using the health system for the first time will interact with care providers in English, at least until they have completed their period of Francization (VEQ, 2008; Agence, 2006).

It is also worth noting that the immigration process itself is not without its challenges. These can be due to financial issues related to employment problems, to the lack of a social and support network or to the stress and major changes caused by the move to a new environment (Ng *et al.*, 2005). These challenges can obviously have negative repercussions on the well-being of a previously healthy person. At one point or another, newcomers will likely need to use the health and social services system for the first time. This first contact may be difficult regardless of language, especially in cases where they are experiencing a deterioration of their health status.

### Mobility and stability of the English-speaking population

Interprovincial migration is another factor that has an impact on the English-speaking community in the CNR. From 2001 to 2006, 7.9 percent of English speakers moved to another province (VEQ, 2009). In addition, since the exodus of Anglophones in the 1980s, the number of people in the 40-to-65 age group has decreased – both Anglophone immigrants and non-immigrants (Pocock, 2006; CLO, 2002). In fact, it is estimated that during that period, Quebec lost to other provinces nearly one-quarter of its migrants who spoke only English when they arrived (CLO, 2002). When surveyed on their reasons for migrating to another province or city, migrants reported moving for education or employment opportunities, while non-immigrant English speakers were more likely to mention political considerations (CLO, 2002).

The CNR is also affected by the exodus of its young people, who leave the area to study at an English-language university and never return after securing employment in their adopted

region (Pocock, 2006; VEQ, 2005). The loss created by this population movement has a major impact on the rate of healthcare workers, natural caregivers and volunteers, who make up a greater part of the support network of English-speaking seniors (Pocock, 2006). These changes therefore have tangible repercussions on the English-speaking community given its direct impact on its need for services.

Finally, as for distribution by age group of the English-speaking community in Region 3, it has experienced a decline overall. However, it remains stable over time, as can be seen in table 2.

### SOCIO-ECONOMIC DIMENSION

#### Income and unemployment rate

As illustrated by the table on page 20, the gap between the proportion of people with an income below \$10,000 and those with a high income (\$50,000+) sets apart English speakers in the CNR and their Francophone counterparts.

In 2001, the unemployment rate for those 15 and over reached 8 percent among English speakers in the Quebec City area versus close to 5 percent for the Francophone majority (Warnke, 2006). It is worthy of note that unemployment and low income are associated with a greater likelihood of developing health problems over the long term (Pocock, 2008).

#### People living alone and single-parent households

According to the 2006 Census, just over 15 percent of English speakers in the CNR were found to live alone and 10 percent were made up of single-parent households (CHSSN, 2010). These rates are similar to those found among the Francophone majority. As for the 2001 Census, it

**Table 2** Distribution (2001, 2006) and projection (2011, 2016) of the Region 3 Anglophone population based on adjusted mother tongue (Eckler Associés Ltée, 2006)

Age Group	2001	2006*	2011**	2016**
0-4 years old	415	360	445	432
5-24 years old	2,345	2,330	1,889	1,673
25-44 years old	3,565	3,185	2,599	2,379
45-64 years old	3,395	3,660	4,025	3,733
65-84 years old	2,050	2,055	2,162	2,455
85 years old +	265	375	378	373
<b>Total</b>	<b>12,035</b>	<b>11,870</b>	<b>11,498</b>	<b>11,045</b>

\* Statistics Canada, 2006

\*\* Projections based on 2001 data from Statistics Canada

**Table 3** Income of population 15+ years old by CSSS area in Region 3, based on 2006 Census data (CHSSN, 2010)

Population 15 + by income	Capitale-Nationale Region (03)		CSSS Portneuf		CSSS Vieille-Capitale		CSSS Québec-Nord		CSSS Charlevoix	
	English	French	English	French	English	French	English	French	English*	French
<b>Under \$10 000</b>	24.9 %	21.4 %	30.0 %	23.8 %	26.0 %	21.6 %	22.9 %	20.6 %	n/a	24.1 %
<b>\$10 000 to \$29 999</b>	32.4 %	36.3 %	43.8 %	39.7 %	32.5 %	36.5 %	31.0 %	34.6 %	n/a	43.5 %
<b>\$30 000 to \$49 999</b>	20.7 %	24.3 %	8.8 %	23.2 %	19.1 %	22.7 %	24.3 %	26.5 %	n/a	21.2 %
<b>\$50 000 +</b>	22.0 %	18.0 %	17.5 %	13.3 %	22.3 %	19.2 %	21.5 %	18.3 %	n/a	11.1 %

\* Data not available due to insufficient sample.

revealed that the proportion of English speakers living alone below the low-income cut-off reached 41.9 percent versus 43.9 percent among their French-speaking counterparts (Pocock, 2006a). Again in 2001, the rate of single-family households living below the low-income cut-off in Region 3 stood at 42 percent among Anglophones, which is 10 percent greater than Francophones (Pocock, 2006a).

## Education

When compared to other regions of Quebec, the CNR boasts an English-speaking community with a slightly higher level of education (Warnke, 2006). In fact, 33 percent of this population have a certificate or university degree, a rate that is greater than the regional average. However, approximately 18 percent of those 25 and over have less than a high school diploma, a proportion higher than the Francophone majority in the CNR.

## LANGUAGE BARRIER

When seeking services for health or mental health problems, language is recognized as the key factor for receiving an appropriate response. Individuals who can express themselves in their

spoken language are able to clearly formulate their requests when interacting with health professionals. This, in turn, enables health workers to make accurate diagnoses and direct patients to the right departments so they may receive the care they require. Communication problems due to a language barrier can therefore have a major impact on the health and wellbeing of people living in a minority community (Pocock, 2006; Trân et al., 2004). In fact, language barriers are thought to have a negative impact on the use of preventive services and patient follow-up, particularly when it comes to communication-based health services (mental health, rehabilitation, social services) and are believed to contribute to the increased use of emergency services and recourse to additional testing (Bouchard et al., 2009a).

#### **HEALTH PROFILE OF ANGLOPHONE MINORITY COMMUNITIES IN QUEBEC (BOUCHARD ET AL., 2009)**

The indicators identified in this section were drawn from a secondary analysis of data from the Canadian Community Health Survey (CCHS) 2001-2003-2005 and were collated by the *Réseau de recherche interdisciplinaire sur la santé des francophones en contexte minoritaire au Canada* (Bouchard et al., 2009). The data were obtained from a survey of 42,996 respondents – 4,240 Anglophones and 38,756 Francophones – aged 12 and over across Canada. The sample of English-speaking respondents is exclusively from Quebec. To facilitate the interpretation of the data, several regions were combined. As such, data from the Capitale-Nationale and Centre-du-Québec regions were pooled together, allowing for a sample of 20,540 English-speaking individuals living in a minority situation. Despite these efforts, lack of data due to inadequate sample size remained an issue for certain questions.

#### **LIFESTYLE**

The body mass index (BMI) is a measure used to evaluate a person's healthy weight. In the Centre-du-Québec region, 25.32 percent of English-speaking adults had a BMI above 30 KG/m<sup>2</sup>, compared to 13.43 percent of Francophones living in the same area (Bouchard et al., 2009). This is noteworthy since a BMI above 30 is associated with elevated or extremely elevated health risks.

Generally speaking, the smoking rate was also found to be higher among Quebec Anglophones. However, in the Centre-du-Québec region, the proportion of regular smokers was 19.80 percent compared to 20.99 percent among French speakers. Furthermore, this same area has the smallest percent of English-speaking people who reported being regular smokers (Bouchard et al., 2009).

#### **HEALTH**

When asked to assess their health, 17.87 percent of English-speaking respondents reported being in poor to fair health, compared to 11.53 percent for the majority French-speaking population.

Despite the somewhat disturbing result of the above self-evaluation, 58.43 percent of English-speaking respondents in the Centre-du-Québec area mentioned having an average to high stress level compared to 61.97 percent among their Francophone counterparts. This rate is below the provincial average for both groups. It is also worthy of note that when compared to the Francophone majority (51.58 percent), fewer English speakers (27 percent) mentioned having a low to very low sense of belonging. With this rate, the English-speaking community in Centre-du-Québec ranks second among the regions for its strong sense of belonging.

By way of concluding this section on the portrait of the English-speaking community, the Saint Brigid's – Jeffery Hale Hospital remains convinced that it must continue to update the profile of the English-speaking community it has been mandated to serve. Doing so will aid our understanding of the health determinants and health and well-being indicators at play in this minority group.

Whether among the English-speaking minority or the Francophone majority, there is no denying that single parenthood, unemployment and lower income tend to lead to food insecurity (Pocock, 2008). Moreover, data from the latest Census (2006) suggest that the aging of the population, high unemployment rates and a growing gap between rich and poor are increasingly associated with the English-speaking community in Quebec. The data therefore indicates that this community's health and quality of life are at risk for deterioration and, for that reason, the situation warrants special attention (Pocock, 2006).

Finally, according to the research by Professor Louise Bouchard and her team at the Institute of Population Health at the University of Ottawa, living in a linguistic minority situation can be considered a key determinant of health, on a par with age, gender and income. The minority/majority divide within a community would appear to translate into social inequality and unequal access to resources, which under the influence of other social determinants of health (socio-economic status, education, literacy, immigration) contribute to disparities in health (Bouchard et al., 2009a).

## Promotion and Prevention Service Offer of the Saint Brigid's – Jeffery Hale Hospital

Innovative prevention and  
health promotion programs and  
activities in English

more  
than

40



The service offer in Saint Brigid's – Jeffery Hale Hospital's *Public Health Action Plan* was organized on the basis of the intervention areas described in the *Plan d'action regional de santé publique (PAR)* 2009-2012 produced by the Agence. These areas are as follows:

- > Development, adjustment and social integration
- > Lifestyle and chronic diseases
- > Safety promotion and injury prevention
- > Poverty, social and community development
- > Health and services system and evaluation
- > Infectious diseases
- > Promotion and support of preventive clinical practices (PCP)
- > Monitoring of public health and its determinants

Each area of intervention is divided into subsections and includes a description of the activities developed in each case. A table presenting a brief presentation of each activity and its target client group is also featured. The list of abbreviations and acronyms used can be found in the appendix. Finally, the following symbols were developed to indicate the status of a given activity:

- √ Maintain: The activity is currently offered and will be maintained.
- Consolidate: The activity is offered, but needs to be improved or its development pursued.
- ^ Develop: The activity does not yet or barely exists, but there is a need for it in the community.

SBJH's prevention and health promotion service offer confirms its solid commitment to pursuing its leadership role among the English-speaking population and furthering its involvement in the promotion of the health and well-being of this community.

## 1. Development, adjustment and social integration

This area of intervention offers services to children, youth, young adults, adults and seniors affected by a range of problems including physical and mental health issues, development and social adjustment problems, abuse, neglect, violence, drug, alcohol and gambling addictions and suicide.

The activities to be maintained, developed or consolidated are aimed at several client groups broken down as follows:

- 1.1. Perinatal care and early childhood
- 1.2 Youth
- 1.3 Adults
- 1.4 Seniors

### 1.1 PERINATAL CARE AND EARLY CHILDHOOD

The work of the perinatal care and early childhood team is to build on the strengths of their clients to increase their level of skill, while promoting the healthy development of children and families and ensuring their well-being. As noted previously, single parenthood and low income are prevalent among the English-speaking community (CHSSN, 2008). Since these are key factors to consider when evaluating the impacts of social inequalities, it goes without saying that English-speaking families are especially vulnerable in this respect.



**Goal**

To promote the health and wellness of children under 6 years of age and that of their families in order to facilitate healthy child development and prevent health and academic adjustment problems.

**Objectives**

- > Increase the initiation rate for breastfeeding and its continuity totally and exclusively.
- > Strengthen parenting skills among new parents.
- > Reduce the number of children subjected to neglect or physical, sexual and mental abuse.
- > Limit children's exposure to conjugal violence and reduce the negative impact of this exposure.
- > Reduce the proportion of children with behavioural and developmental problems.

Client Group	Activity	√ : Maintain	○ : Consolidate	^ : Develop	Partners
Future parents and Children 0 to 5	OLO program for pregnant women		○		CSSS
	Protection, support and promotion of breastfeeding – <i>Baby Friendly</i>		○		
	Motherhood, alcohol and drug addiction project		○		
	Meetings with future moms program – <i>Prenatal classes</i>	√			GEA
	Follow-up meetings with pregnant women to identify their needs – <i>Prenatal clinics</i>	√			
	Promotion and support of paternal involvement – <i>Letters to Daddy</i>	√			CSSS
	Joint implementation of the clinical project <i>Parenthood and mental health</i>		○		IUSMQ CSSSVC
	Parenting skills support through group activities <i>Toddler Time, What Makes your Toddler Tick, Baby Chat Café, Take a Break Drop In</i>		√		QCRC MC VFS
	Prevention and socialization activities <i>Baby Chat Café, Take a Break Drop In, Park Play Dates, Moms' Nite-Out</i>	√			
	Tools and support activities for new and soon-to-be parents <i>Baby Purée Workshop, Baby Massage Workshop, Toddler Talk Online</i>	√			
	Observation of newborn behaviour and interventions based on the needs of families <i>Integrated Services for Perinatal and Early Childhood (SIPPE) for at-risk families</i>	√			
	Reading awareness and literacy program <i>Baby Book Bag</i>		○		MC QCRC
	Adults	Systematic screening for postpartum depression	√		

## 1.2 YOUTH

The services to youth at-risk are aimed at children, adolescents and their families. The majority of these young people (close to 3,000) attend one of the seven elementary schools or one of the three high schools of the Central Québec School Board in the Québec City region.

**Goal**  
To promote the health and wellness of children and youth between the ages of 6 and 25 and their families and prevent problems associated with their development, adjustment and social integration.

### Objectives

- > Participate in the implementation of the Healthy Schools approach.
- > Reduce the rate of suicide and suicide attempts among adolescents and young adults.
- > Reduce the pregnancy rate among teens and young women.
- > Reduce the number of young people subjected to physical abuse, mental abuse, sexual assault and neglect.
- > Reduce the number of adolescents and young adults with alcohol, drug and gambling addiction problems.

Client Group	Activity	√ : Maintain   ○ : Consolidate   ^ : Develop	Partners
6 to 11 years old	Sex education on the changes during puberty – <i>Puberty</i>	√	CQSB
	Activities on the prevention of sexual assault and abuse – <i>Sexual Abuse</i>	√	JHCP
12 to 17 years old	Activities against homophobia	√	CQSB
	Concerted actions aimed at preventing teen pregnancy	√	
	Activities to prevent violence in relationships	√	CQSB
	Joint activities with the PIPQ to prevention prostitution	√	CQSB
	Collective prescription for oral contraceptives	○	
	Suicide prevention network ( <i>Sentinel</i> )	√	CQSB CPS
	Clinique Jeunesse	√	CQSB
12 to 17 years old	Use of screening grids 'DEP-ADO' as an intervention tool	√	CRUV
	Activities for youth with special needs <i>SNACS program</i>	√	JHCP CLC CQSB

Client Group	Activity	√ : Maintain   ○ : Consolidate   ^ : Develop	Partners
6 to 17 years old	Healthy Schools program	√	MSSS
	Awareness campaigns on healthy development and personal and social skills of children and teens (drugs, alcohol, gambling, STIs, pregnancy, etc.) <i>Tobacco Prevention, Lice Prevention, Suicide Prevention, Contraception, “Healthy Mind, Healthy Body” program, Sexually transmitted infections (STIs)</i>	√	CQSB
	Promoting access to summer camp <i>Camp Keno</i>	√	JHCP
	School-based prevention activities by nurses	√	

### 1.3 ADULTS

When it comes to disease prevention and health and wellness promotion, adults with diagnosed or potential mental health problems warrant special attention. We have, in fact, noted that among our clients, many young adults, families and newcomers are experiencing high levels of stress and, at times, are even in crisis. The stress of arriving in a new city, the absence of one parent or loved one on a military assignment or the difficulty of adapting to new challenges, such as employment problems or family conflict, are just a few examples of events that can compromise an adult’s mental health.

**Goal**  
To prevent problems associated with the development, adjustment and social integration of adults.

#### Objectives

- > Prevent social isolation and exclusion.
- > Improve knowledge and recognition of the signs and symptoms of depression and anxiety disorders.
- > Reduce the number of people who present at-risk drinking behaviour and gambling problems.

Client Group	Activity	√ : Maintain   ○ : Consolidate   ^ : Develop	Partners
Adults	Activities to reduce social isolation and recognize signs and symptoms of depression and anxiety disorders – <i>Winds of Change</i>	√	VEQ
	Use of screening grids “DEBA-Alcohol,” “DEBA-Drugs” and DEBA-Gambling” as intervention tools	√	CRUV
	Creative expression activities for people with mental health problems <i>Creative Expression Art Program</i>	√	JHCP

**Goal**  
To prevent problems associated with the development, adjustment and social integration of seniors.

### 1.4 SENIORS

The purpose of our home care services is to help seniors remain in their homes and support their desire to continue living independently. We work closely with our partners on achieving these ends. It is also important to remember that “seniors whose physical or mental health may be vulnerable [...] are likely to use only English when they interact with the health and social services system.” (Agence, 2006).

#### Objectives

- > Prevent elder abuse.
- > Adjust the regional services and infrastructures to improve the quality of life of seniors.
- > Promote access to social housing for low-income seniors.
- > Support caregivers likely to be at risk of experiencing psychological distress.

Client Group	Activity	√: Maintain    ○: Consolidate    ^: Develop	Partners
<b>Seniors</b>	Activities for caregivers to seniors <i>Caregivers Support Group</i>	○	JHCP
	Activities to promote access to social housing for low-income seniors – <i>Housing Project</i>	○	JHCP
	Creative expression activities for seniors <i>Creative Expression Art Program</i>	√	JHCP
	Implementation of actions aimed at preventing elder abuse	○	
	Activities to reduce social isolation <i>Telephone Check In, In-Home Stimulation, Walking Club, Transportation, Friendly Visits</i>	√	

## 2. Lifestyle and chronic diseases

Intervention in the area of lifestyle and chronic diseases deals with many of the health issues influenced by lifestyle choices, such as exercise, diet, smoking and oral hygiene. It targets all age groups. The activities proposed for this area can be found under the section: 2.1 Lifestyle.

### 2.1 LIFESTYLE

#### Objectives

- > Increase the proportion of people who reach the daily recommended level of exercise (30 minutes per day for adults and 60 minutes for children).
- > Increase the number of people who eat at least five servings of fruit and vegetables every day.
- > Reduce the prevalence of oral diseases at various stages of life.

#### Goal

To increase the number of people who adopt a healthy lifestyle and reduce the incidence, mortality and morbidity of certain chronic diseases.

Client Group	Activity	√ : Maintain   ○ : Consolidate   ^ : Develop	Partners
All groups	0.5.30 (0 smoking, 5 fruit and vegetables, 30 minutes of exercise)	^	
	Activities on the importance of serving healthy foods and promoting a positive body image intended for decision makers in academic and health institutions – <i>Breakfast, Healthy Snacks, Food Guide, Frozen meals</i>	○	
6 to 17 years old	Cavity prevention measures for school-age children <i>Oral Hygiene</i>	√	
	Implementation of a policy framework on instituting healthy schools	^	
Seniors	Health and healthy lifestyle awareness and promotion activities – <i>Wellness Clinic</i>	√	

**Goal**

To promote safe environments and behaviour in addition to preventing accidental injuries, violence and suicide in various living settings.

### 3. Safety promotion and prevention of injuries and falls

This area of intervention includes activities aimed at maintaining and improving the safety of the population. They are divided into two themes: the prevention of falls among seniors and the prevention of injuries in children. For the English-speaking community, action focused on three environments: the Day Centre, schools of the Central Québec School Board in the region and the homes of our clients. The activities planned are grouped under a single theme: safe environments – fall prevention.

#### 3.1 SAFE ENVIRONMENTS – FALL PREVENTION

##### Objectives

- > Reduce the morbidity and mortality due to falls and injuries at home.
- > Reduce the morbidity and mortality due to recreational or sports-related injuries.

Client Group	Activity	√: Maintain	○: Consolidate	^: Develop	Partners
0 to 5 years old	Integration of injury and accident prevention activities at home in the <i>Integrated Services for Perinatal and Early Childhood (SIPPE)</i> for at-risk families			√	
Adults	Injury prevention education activities <i>First Aid for parents</i>			√	
6 to 11 years old	Promotion of safety standards for playgrounds and equipment in elementary schools			^	CQSB
Seniors	Application of the <i>WALK</i> program on preventing falls in the home			√	
	Application of the <i>Stand Up!</i> program on preventing falls among Day Centre participants			○	

## 4. Poverty, social and community development

The poverty, social and community development area of intervention aims at increasing access to information on the state of health of communities through projects initiated by these communities for the purpose of improving the health and well-being of their members. This is achieved through intersectoral action and activities that aim to reduce inequalities in the area of health and well-being. The activities in this section have been grouped under a single category, which applies to all English-speaking client groups.

**Goal**  
Reduce social, territorial and intraterritorial inequalities in health in the Capitale-Nationale Region.

### 4.1 COMMUNITY DEVELOPMENT

#### Objectives

- > Reduce social inequalities in health due to socio-economic status among the population.
- > Reduce social inequalities in health due to socio-economic status by limiting exposure to living conditions that have negative effects on health and by promoting access to basic material resources.
- > Reduce social inequalities in health by ensuring equal access to health services and public health programs.

Client Group	Activity	√ : Maintain   ○ : Consolidate   ^ : Develop	Partners
6 to 17 years old	Activity to reduce inequalities due to socio-economic status – <i>Hot lunch</i>	√	Citadel Foundation
All groups	Activity to reduce inequalities due to socio-economic status – <i>Christmas Hampers, Income tax service</i>	√	FRP, MC, EA, CQSB, VEQ, SLC, CLC
	Awareness-raising among health decision makers on the presence of social inequalities in health through an update of the portrait of the English-speaking community	○	JHCP



Client Group	Activity	√ : Maintain   ○ : Consolidate   ^ : Develop	Partners
All groups	Participation in a discussion on the vitality of the English-speaking community in the CNR. <i>Jeffery Hale Networking Table</i>	○	JHCP, CSSSVC, CSSSQN, CJQ-IU, CQSB, CLC, SLC, DRSP
	Efforts to rally the community around projects aimed at reducing social inequalities in health	○	JHCP

## 5. Health and services system and evaluation

The health and services system evaluation area addresses the organization of health and social services, as well as access to these services, a factor recognized as a key determinant of health. As such, organizational structures that promote the accessibility, continuity, coordination and quality of services and involve a prevention component contribute to the improvement of public health. We will begin by presenting the goals and activities under this category and subsequently address the issue of access to English-language services at Jeffery Hale.

**Goal**

To improve the response of the health care system to the needs of the population, facilitate a promotion-prevention-protection approach throughout the system and reduce health inequalities linked to the service offer.

### Objectives

- > Support changes to the organization of primary services, especially those involving a promotion-prevention approach, in response to the needs of the population.
- > Support the integration of services for people experiencing complex health issues requiring many levels of services and interventions by various health workers.

Client Group	Activity	√ : Maintain   ○ : Consolidate   ^ : Develop	Partners
All groups	Maintain and improve the offer of health and social services to the English-speaking community. <i>Projet Première ligne-Front line</i>	^	Agence
	Implement bilingual access point for general services (Pilot Project) <i>Jeffery Hale Access Point</i>	^	Agence
	Development and implementation of a resource guide on health and social services available in English in the CNR for health and social service workers. – <i>Projet Première ligne-Front line</i>	^	Agence

## 6. Infectious diseases

The infectious diseases area includes all interventions targeting diseases caused by biological agents. Activities target the prevention of three major categories of infectious diseases as follows:

- 6.1 Nosocomial infections
- 6.2 Vaccine-preventable diseases
- 6.3 Sexually transmitted and blood-borne infections (STBBI)

### 6.1 NOSOCOMIAL INFECTIONS

#### Objectives

- > Lower the rate of *Clostridium difficile* – associated diarrhea (CDAD).
- > Reduce the nosocomial spread of methicillin-resistant *Staphylococcus aureus* (MRSA).
- > Limit outbreaks of MRSA and vancomycin-resistant enterococcus (VRE).
- > Prevent disease outbreaks in the community.
- > Prevent the spread of new multi-drug resistant bacteria.

**Goal**  
To reduce the overall frequency of nosocomial infections in health and social services establishments in the CNR.

Client Group	Activity	√: Maintain	○: Consolidate	^: Develop	Partners
All groups	Ongoing surveillance and monitoring for the prevention of nosocomial infections			√	

## 6.2 VACCINE-PREVENTABLE DISEASES

### Objectives

- > Increase vaccination coverage of children and adolescents.
- > Maintain or reduce the incidence of vaccine-preventable diseases among members of the English-speaking community.
- > Increase vaccination coverage in vulnerable groups identified in the PIQ.
- > Participate in increasing regional rates of vaccination coverage in children and adolescents.

### Goal

To reduce the incidence and complications of vaccine-preventable diseases.

Client Group	Activity	√ : Maintain   ○ : Consolidate   ^ : Develop	Partners
6 to 17 years old	School-based vaccination of children <i>Annual campaigns in grade 4 and secondary 3</i>	√	
Seniors	Vaccination of vulnerable seniors	√	
All groups	Surveillance and monitoring of vaccine-preventable diseases (VPD) in relation to diseases and unusual clinical manifestations following vaccination	√	
	Participation in the development of a regional immunization promotion plan, including strategies for ensuring compliance with the vaccination schedule	√	

**Goal**

To promote health and prevent sexually transmitted and blood-borne infections, including HIV-AIDS, hepatitis C and other sexually transmitted infections (STI).

**6.3 SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS (STBBI)**

**Objectives**

- > Reduce the incidence of gonococcal infection in women 12 to 24 years of age.
- > Reduce the incidence of *Chlamydia trachomatis* infections in women 12 to 24 years of age.

Client Group	Activity	√ : Maintain	○ : Consolidate	^ : Develop	Partners
12 to 24 years old	Activities to promote health and the prevention of sexually transmitted infections among English-speaking high school students			√	
	Information and awareness activities on contraception among English-speaking high school students			√	CQSB
	Counselling, screening, vaccination, preventive interventions with people who have contracted an STI and their partners (IPPAP), access to treatment and condoms <i>Clinique jeunesse – Youth Clinic</i>			^	CQSB
All groups	Public awareness campaign material made available to our clients in English			√	

## 7. Promotion and support of preventive clinical practices (PCP)

Preventive Clinical Practices (PCP) refers to a series of interventions carried out by health professionals among their patients. They aim at promoting good health and preventing diseases, injuries and psychosocial problems. PCP are recognized for the important role they play in improving population health..

**Goal**  
To facilitate and support preventive clinical practices in order to promote good health and prevent diseases, injuries and psychosocial problems.

### Objectives

- > Increase and optimize promotion, prevention and protection in clinical settings.

Client Group	Activity	√ : Maintain    ○ : Consolidate    ^ : Develop	Partners
All groups	Participate in the development of a collaborative model with PPP involvement in the clinical setting	^	
0 to 5 years old	Counselling (nurses and social workers) for pregnant women	√	
12 to 17 years old	Counselling (nurses and social workers) for students attending English-language schools	√	
12 to 24 years old	Counselling offered by the Youth Clinic ( <i>Clinique jeunesse</i> )	○	
Adults	Counselling (social workers) for adults	√	
Seniors	Counselling (nurses and social workers) for English-speaking seniors living at home	√	
	Multidisciplinary assessment of fall risk factors in at-risk seniors living at home	○	

**Goal**

To inform the population of its health status and health determinants and support our sectoral and intersectoral partners in their decisions to adopt programs and action plans that promote good health.

## 8. Monitoring of public health and its determinants

The unique interdisciplinary team at Saint Brigid's – Jeffery Hale Hospital works on promoting and offering innovative programs and quality services based on a compassionate, community approach that encourages empowerment and contributes to the vitality of the English-speaking community in the region. To do so, we must understand the needs of Anglophones and have the necessary resources to play a leading role in the development of services that meet their needs. It serves the English-speaking community by delivering services directly to the public and by forging alliances with partner institutions. By participating in the various activities described below, we are able to further our leadership role and continue to defend the interests of the English-speaking community.

### Objectives

- > Provide ongoing monitoring of public health and its determinants

Client Group	Activity	√ : Maintain   ○ : Consolidate   ^ : Develop	Partners
All groups	Consultation on the needs of the community and subsequent changes to its service offer, if necessary <i>Table de concertation Jeffery Hale / Jeffery Hale Networking Table</i>	○	JHCP
	Participation in the Québec Health Survey of High School Students (QSHSS) to obtain the health portrait specific to English-speaking students	○	JHCP DRSP CQSB
	Development of a health and wellness portrait specific to English speakers in keeping with the Access Plan <i>Projet Première ligne-Front line</i>	○	Agence

# Conclusion and acknowledgments





The *Public Health Action Plan for the English-Speaking Community in the Capitale-Nationale Region* was based on the regional action plan yet focuses on activities specific to the English-speaking population.

It was created by a small team composed of members from Jeffery Hale Community Services and Jeffery Hale Community Partners. It identifies its programs and activities as well as names the partners involved. It further assesses the need to 'develop', 'maintain' or 'consolidate' those activities based on specific areas of intervention.

The creation of this Plan also involved a consultation process where members of the establishment and public and community partners worked together in their common vision to create a document that reflected the reality of services available to the English-speaking population and identify challenges and areas to develop in the future based on those realities.

We would therefore like to thank all of our partners who participated in the consultation process. Their collaboration has allowed communication about partnerships and exchanges to remain open and fluent, and has improved the quality of this document.

As a result of this consultation and based on the updated demographic profile of the English-speaking community, our objectives for 2011-2015 will be to work on promotion and health prevention for at-risk members of the community. Whether they are seniors, single parents or people with mental health issues, data shows that the English-speaking population faces a particular risk of isolation that can bring on numerous physical and mental health issues. The creation of new partnerships and programs will,

therefore, focus on expanding, maintaining and strengthening this clientele's existing networks and expanding them to help improve overall quality of life.

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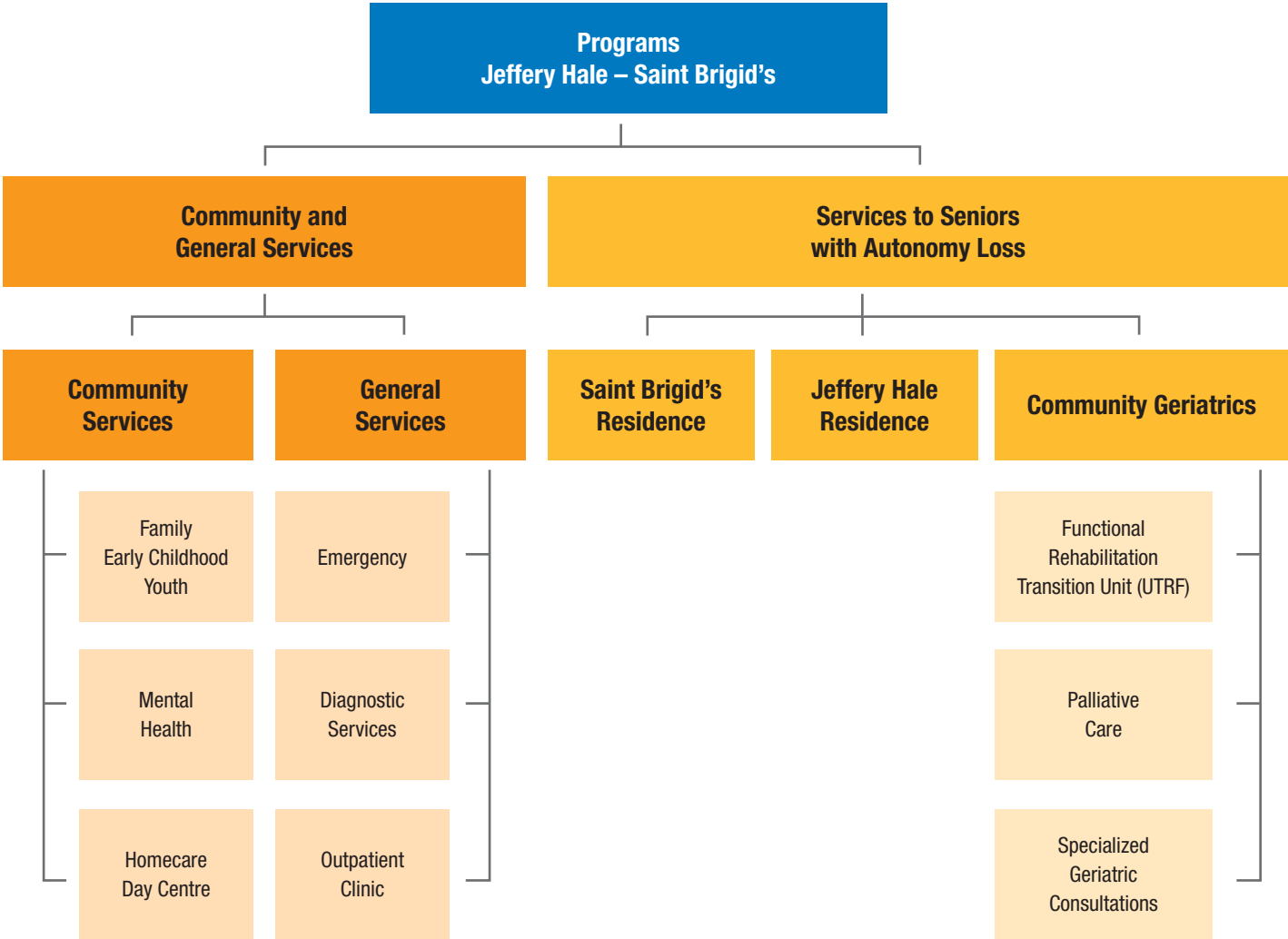
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## Appendices



# Structure of Client Programs



## Glossary of main programs

<b>0. 5. 30 Combinaison prévention</b>	The <i>0. 5. 30 Combinaison prévention</i> program promotes a healthy lifestyle by focusing on three recommendations: 0 smoking, five servings of fruit and vegetables per day and 30 minutes of daily exercise. The program also includes several intervention strategies, such as individual education initiatives, interventions in living environments and communication activities.
<b>Baby Book Bag</b>	In collaboration with the Quebec City Reading Council and the Morrin Centre, the Baby Book Bag program aims at strengthening the parent-child bond through reading. Bags containing a book, membership to the Morrin Centre library and information brochures are given to parents by perinatal nurses. The program is aimed at children ages newborn to 12 months and their parents.
<b>Baby Chat Café</b>	This program gives moms an opportunity to get together, make friends and take part in informal discussions and various workshops given by guest speakers. The two-hour activities for expecting parents, parents and infants under one year of age are offered twice a month from October to June.
<b>Baby Friendly</b>	The Baby Friendly program was developed to offer mothers and expectant mothers the support and information they need to breastfeed their babies. It promotes exclusive breastfeeding and encourages continued breastfeeding even after the introduction of solid food.
<b>Baby Massage*</b>	This workshop aims at promoting relaxation and stress reduction in babies and parents, while helping babies sleep better. The program also teaches parents to read their baby's non-verbal communication cues and fosters their feelings of competence and confidence. It is intended for parents with babies aged newborn to nine months and features three 90-minute workshops offered during the day or evening, twice a year.
<b>Baby Purée Workshops*</b>	This workshop is held twice a year and consists of three workshops, each lasting three hours. It teaches parents the nutritional value of purées and provides them with basic information on nutrition and child development. Parents therefore have the opportunity to meet other parents and share their experiences, which helps to reduce the social isolation of English-speaking families in the region.
<b>Caregivers Group</b>	The goal of this program is to provide information and support for caregivers to seniors. Hosted by a Day Centre health worker, the group meets once a month to discuss a variety of topics and gives members the opportunity for mutual support.
<b>Christmas Hampers</b>	This grassroots annual campaign allows 200 households to receive a hamper or vouchers during the holiday season. Members of the community help by donating non-perishable food items and money, sorting food, assembling and delivering hampers, etc.
<b>Creative Expression Art</b>	Developed by the Jeffery Hale Friends' Foundation, these workshops take participants of all ages on a journey of selfdiscovery, allowing them to unearth their artistic talent. The class is supervised and helps participants improve their self-confidence and reduce their isolation.

<b>Families in Motion</b>	The program involves four meetings hosted in grade four classes. They are aimed at helping students be better prepared for various life situations through communication and the management of emotions, as well as discussions on the various types of families.
<b>First Aid Course for Parents*</b>	The goal of this workshop is to teach parents first aid and CPR for children and babies newborn to 8 years of age. The full-day session is offered twice a year by a Saint John's Ambulance instructor.
<b>Friendly Visits</b>	Friendly visits are conducted by volunteers to help ease the loneliness of seniors living alone who welcome an occasion to socialize in their own home. Visits may also occasionally include assistance with shopping, packing to move, sorting household items to downsize or other tasks of daily living. Visits may occur weekly, biweekly or monthly based on the client's need and volunteer availability. The community organizer and social workers work together to coordinate and monitor these visits.
<b>Front Line Project</b>	The CHSSN's initiative to adapt health and social services is supported by an investment from Health Canada, through the Roadmap for Canada's Linguistic Duality. This initiative is being undertaken in partnership with the Ministère de la Santé et des Services sociaux. An implementation agreement between the CHSSN and the MSSS was signed in order to incorporate the projects into Quebec's initiatives to improve access to health and social services in English. SBJH's role and objectives are to: <ul style="list-style-type: none"> <li>- Update information regarding the services offered in English in cooperation with all of the institutions in the Capitale-Nationale health and social services network.</li> <li>- Establish a bilingual access point for general services as a pilot project, and evaluate the results.</li> <li>- Produce a resource directory for health care workers in the network so that they are well informed of the health and social services available for English-speaking people in our region. Producing and making this directory available will also supply the Agence's portal with information for English-speaking clients.</li> </ul>
<b>Frozen Meals*</b>	This program was created to prevent malnutrition among seniors who live at home and have difficulty cooking healthy meals. The frozen meals are prepared at the Saint Brigid's cafeteria and are affordable, nutritious and delicious. Orders are placed every week.
<b>Healthy Schools Program</b>	The Healthy Schools program is a Quebec-wide initiative featuring a comprehensive and concerted approach to health promotion and disease prevention in schools. It involves a series of activities launched in a systematic manner by the various stakeholders concerned about the success, health and well-being of young people.
<b>Hot Lunch</b>	In collaboration with the Citadel Foundation, this program provides assistance to English-speaking families in the region by offering free hot lunches to students from low-income families, thus improving their ability to concentrate during class.
<b>Income Tax</b>	This program is established in collaboration with Revenue Canada and Revenue Québec and is offered free of charge to members of the English-speaking community with low income. Tax returns are prepared by trained volunteers who are given free access to an income tax software.



<b>In Home Stimulation</b>	The In-Home Stimulation program is designed to help English-speaking seniors who rarely go out and who have physical or cognitive impairments. Volunteers visit them at home in order to help reduce their isolation, as well as to providing respite for caregivers.
<b>Jeffery Hale Access Point</b>	The Jeffery Hale Access Point manages intake and evaluation, as well as requests for services from within the organization as well as from elsewhere. It includes brief psychosocial intervention and liaison nursing services. The access point improves access to primary services and assures an orientation to appropriate services within a short delay
<b>Jeffery Hale Networking Table</b>	The Table is an intersectoral and interdisciplinary group of key organizations working with Jeffery Hale Community Partners and / or with SBJH. This consultation is about developing and achieving common objectives surrounding the vitality of English-speaking population of the Greater Quebec City region. The Table has a prevention and promotion approach to addressing the community's needs and well-being.
<b>Keno Camp</b>	This program is offered to students of the CQSB in the Quebec City region who come from low-income or troubled families. Students have the opportunity to attend summer camp for one week. Kids can enjoy activities, while parents can take advantage of some respite.
<b>Letters to Daddy</b>	Fathers receive a letter every month after their child is born, up until two years of age. The purpose of these letters is to give information about child development and strengthen the father-child bond.
<b>Living Room</b>	This program is intended for seniors with moderate-to-severe cognitive and/or physical impairment who can no longer attend the Day Centre. The group is offered every year based on the needs of clients and aims at maintaining capacities and providing caregiver respite.
<b>MARCHE and STAND UP! Programs</b>	Falls prevention among seniors living at home is part of a continuum of services that takes into account the various levels of risk based on a person's autonomy profile. Non-personalized multifactorial intervention (STAND UP!) and personalized multifactorial intervention (MARCHE) are two components of these fall prevention services.
<b>Moms' Nite-Out</b>	Moms' Nite-Out is a program to help mothers reduce their feeling of isolation by allowing them to develop a support network in the community. The activities, which are varied and organized by participating mothers, all stress the importance of taking time out for oneself. The program is for mothers with children aged newborn to four years. Activities run twice a month from September to July.
<b>Motherhood, Alcohol and Drug Addiction</b>	Prevention of problems related to drug or alcohol consumption for pregnant and new mothers through screening, counselling or referral to specialized services
<b>OLO Project</b>	The OLO Project provides socially and economically disadvantaged pregnant women with one egg, a litre of milk, a glass of orange juice and a vitamin and mineral supplement every day to ensure the health of their babies.

<b>Parent Park Playdates</b>	This activity takes place over the summer and provides parents of children aged newborn to four years with a way to continue their social networking during that period. Meetings in different public parks are organized by volunteers who also take part in the program.
<b>Parenthood and Mental Health</b>	This program provides a support mechanism (coaching) for professionals working with parents who are living with mental illness. It is a collaborative effort of Jeffery Hale Community Services, CSSS, CJQ-IU and the Institut Universitaire en Santé Mentale.
<b>Post-Partum Depression Screening</b>	Through this quiz of 10 short questions, our perinatal nurse can make sure that everything is going well for new mothers and, if need be, offer specialized help during follow up visits.
<b>Prenatal Clinic</b>	An opportunity for new mothers to meet with a perinatal nurse to discuss their needs, as well as, any concerns they may have with respect to their pregnancy, the birth, breastfeeding and the return home after birth. Appointments are scheduled during the 14th and 28th week of pregnancy and require a prescription from the doctor or midwife.
<b>PSIPPE</b>	The <i>PSIPPE</i> program provides integrated perinatal and early childhood services. It supports at-risk families (under-educated and low-income) by offering them intensive and comprehensive services.
<b>Sentinel Suicide Prevention</b>	The purpose of the Sentinel program is to strengthen the safety net around teens at risk of suicide to decrease the number of suicides, reduce suicidal behaviour, increase suicide awareness of suicide in the community and provide tools to better support those having suicidal thoughts.
<b>Sexual Education Program</b>	This program features includes a variety of activities, such as <i>Puberty, Sexual Abuse, STIs and Contraception</i> . Activities are offered to students of various grades attending English-language schools in the region. Topics are covered in an order that is appropriate to each group's developmental stage.
<b>Special Needs Activities and Community Services (SNACS)</b>	SNACS is offered to teenagers with special needs and their families. It is made available during the school year and involves two activities. The <i>After School</i> component features homework assistance and aims at helping parents balance work and family by providing their teens with stimulating and educational activities. The <i>Social Activities</i> portion takes place two Fridays a month and targets the development of social skills and social relations of teenagers, while giving families respite.
<b>Take-a-break Drop in</b>	This program helps reduce the social isolation of English-speaking families living in the region by giving them the opportunity to meet other parents and create a social network in which they can share information in an informal setting. Volunteers are available to take care of children, providing parents with respite. Activities are held twice a month between November and June and are open to parents and their children aged newborn to four years.
<b>Telephone Check-in</b>	The Telephone Check-in is a brief, cheerful telephone call made by our volunteers to seniors living at home. If the person fails to answer, our team looks into the situation, helping to ensure the safety of seniors.

<p><b>Toddler Talk Online</b></p>	<p>Toddler Talk Online is an electronic newsletter that allows the early childhood team to connect with over 200 families on a regular basis. Parents enrolled in the centre’s prenatal classes are encouraged to sign up for the newsletter prior to the birth of their child. The newsletter is offered free-of-charge to any English-speaking parent with children four years of age or under living in the Quebec City region. The newsletter contains e-links to a variety of English community organizations and resources and a number of health and social services programs are highlighted on a regular basis (e.g. Health Canada, Service Quebec, Family Resource Program, etc.)</p>
<p><b>Travellin’ Toddler Time</b></p>	<p>Travellin’ Toddler Time is an intergenerational activity that is offered through a partnership of several English-speaking community groups. The activity helps to build bonds between young children, their parents and seniors while promoting literacy. In addition, this activity provides a social networking opportunity for families.</p>
<p><b>Walking Club</b></p>	<p>The club is open to whoever wants to enjoy regular exercise, however, it is mostly older adults who participate. The club meets weekly at the local mall or at a park depending on the weather. The activity reduces health risks due to aging and encourages healthy living habits.</p>
<p><b>Wellness clinics</b></p>	<p>Offered once a month to the English-speaking community of Stoneham, Wellness Clinics deliver health promotion activities and monitoring services by a nurse. The Clinics also provide health information through presentations and brochures.</p>
<p><b>What Makes your Toddler Tick?*</b></p>	<p>The purpose of this program is to help parents better understand the various stages of child development, allowing them to better manage difficult behaviour and gain more confidence in their parenting role. Offered twice a year, the program involves four two-hour workshops.</p>
<p><b>Winds of change</b></p>	<p>Given in collaboration with Voice of English Quebec, Winds of Change is a workshop for English speakers who have moved to the Quebec City region in recent years. It addresses the difficulties of adjusting to a new culture by providing information and tools to help participants better face the changes they are experiencing.</p>
<p><b>Youth Clinic</b></p>	<p>The youth clinic is open one day per month and offers nursing, psychosocial and medical services to youth attending high schools in the Central Québec School Board.</p>

\* These programs entail certain fees.

## Highlights of the consultation

The creation of this document is a first for our services and has proven to be very fruitful. Consulting with our partners has reinforced the solidity of these partnerships and our common vision for the English-speaking community of Quebec. Moreover, it has further motivated our moral responsibility to serving this population.

This process has helped us better identify our priorities for action and change. We therefore plan to continue working closely with our public and community partners to improve our services based on their comments and identified challenges. As always, it is our objective to maintain and improve the health of English speakers.

### Steps

To create this *Public Health Action Plan for the English-speaking population of Quebec*, we first turned to the regional action plan as a model. Secondly, we gathered recent demographic data to get an accurate portrait of the English-speaking population within a primarily French-speaking environment. Thirdly, we classified all programs and activities as either to be *developed*, *maintained* or *consolidated* based on community needs and the regional action plan. The Plan also identifies all partners involved.

The Plan was then made available for consultation by the public health and community partners. Their input and comments were necessary for its elaboration. A dynamic of sharing and partnership was therefore encouraged throughout the process.

### The Questionnaire

All public health and community partners received a questionnaire along with the Plan in PDF form via email. They were asked to:

- 1) evaluate the Plan's clarity and coherence.

- 2) comment on its content and whether the activities reflected the needs of the English-speaking community. Eight specific sections of intervention were outlined, similar to the regional action plan.

We sent out eleven questionnaires to our community partners (Fraser Recovery Program, Central Quebec School Board, Valcartier Family Center, Community Learning Center, Municipality of Shannon, Quebec City Reading Council, Morrin Center, Champlain-St. Lawrence College, Voice of English-speaking Quebec, and Jeffery Hale Community Partners) and three questionnaires were sent to public partners (CSSS Vieille Capitale, CSSS Quebec-Nord, Agence de Santé et Services Sociaux).

### One-on-one Interviews

We also held one-on-one interviews with some partners. This allowed more open discussion about the status of our relationship and whether our activities and programs were meeting the community's needs, as well as about the quality of the Plan.

### Results of the Consultation

We conducted a total of 11 consultations which proved to be a valuable and worthwhile endeavour. Apart from validating the document, the process seemed to renew a sense of involvement and engagement among our partners. We view this consultation process as essential because our partners are an essential part of our organization. Their comments have been shared with our management team.

### General Comments from the Public Sector

Generally, those consulted were satisfied with

the document and validated the proposed Plan. Comments were mainly about the contents of the document as well as suggestions for potential areas for development.

### **General Comments from the Community Sector**

Some comments reflected the satisfaction with the structure and content of the document itself. Since the consultation process also provided a forum for learning, other comments came forth about the activities and programs, and a renewed interest in developing closer partnerships was expressed. Because the English-speaking population is small and dispersed throughout the 03 region, everyone agreed that the sharing of information between organizations is vital to maintaining quality services.

### **Challenges**

As mentioned above, the large territory over which the English-speaking population and its services are dispersed creates a real communications challenge. We believe, however, that the development of the Jeffery Hale Networking Table and the Networking and Partnership Initiative will facilitate regular contact and, in turn, improve access to health and social services for the English-speaking population.

Several of our partners also raised a concern about the availability of medical services in English. This point has opened a dialogue with our public partners about a potential sharing of resources.