COMMUNITY MOBILIZATION MODEL

for Improving the Health and Vitality of English-Speaking Communities in Quebec

2019 Edition

TOWARDS A HEALTHIER FUTURE

AUTHORS

Russell Kueber, MCE. Community Health and Social Services Network
Mary Richardson, Ph.D. Institut national de santé publique du Québec

DESIGN TEAM

Suzanne Aubre, Megantic English-speaking Community Development Corporation
Cathy Brown, Committee for Anglophone Social Action
Kimberley Buffitt, Coasters Association
Fatiha Gatre Guemiri, East Island Network for English-Language Services
Leith Hamilton, African Canadian Development and Prevention Network
Rola Helou, 4 Korners Family Resource Centre
Jody Lessard, North Shore Community Association
Sharleen Sullivan, Neighbours Regional Association of Rouyn-Noranda
Richard Walling, Jeffery Hale Community Partners

GRAPHIC DESIGN

Helene Mathews, graphic artist for La bonne note Concept

SPECIAL THANKS TO THE ORGANIZATIONS PARTICIPATING IN THE CHSSN/NPI NETWORK (SEE MAP).

Ce document est disponible en français sur le site web du CHSSN www.chssn.org

Revised document 2019.

CHSSN
Community Health And Social Services Network
Réseau communautaire de santé et de services sociaux

Institut national de santé publique Québec

This initiative is funded by Health Canada as part of the Action Plan for Official Languages - 2018-2023: *Investing in our future*. The views expressed herein do not necessarily represent the views of Health Canada.

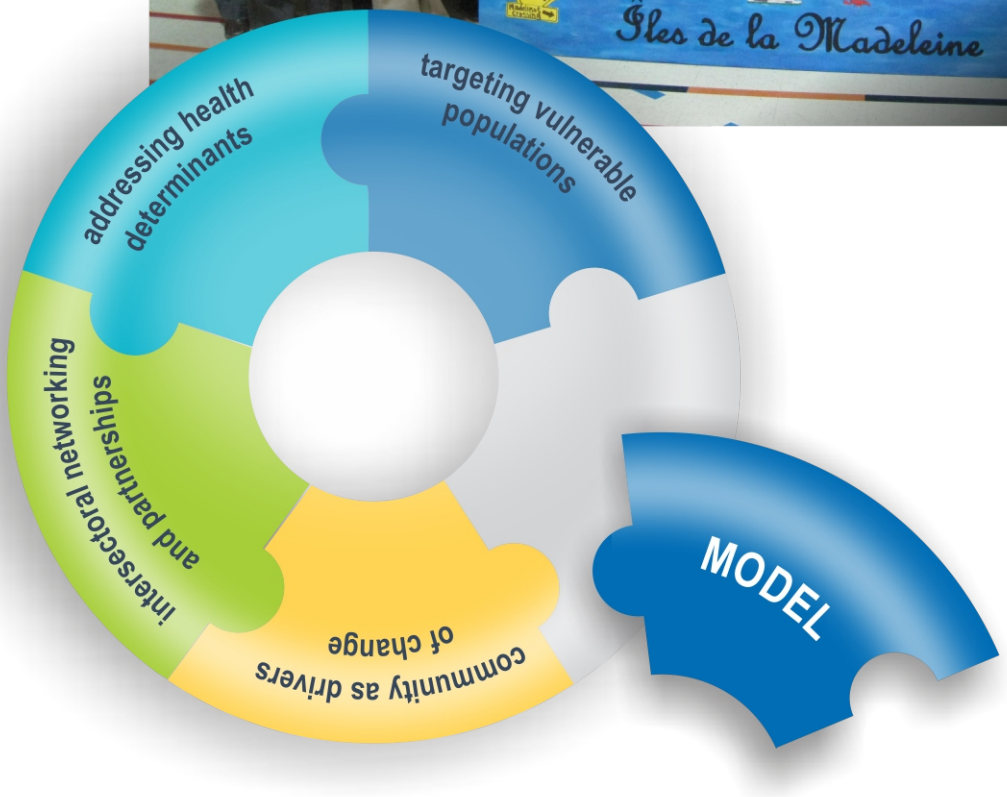
Health Canada Santé Canada

INTRODUCTION

This brief description of a "Community Mobilization Model for Improving the Health and Vitality of English-speaking Communities in Quebec" includes a condensed background of English-speaking communities. It also includes a short description of some key concepts used in the model. The model is designed to communicate the approach taken by community health and social services networks, which positions them as drivers of change in mobilizing English-speaking communities.

These networks implement three key action strategies: improving access to health and social services, increasing the availability of health promotion and disease prevention programs, and fostering social innovation. They engage a broad range of local partners in an intersectoral networking and partnership approach to take action on priority health determinants, focussing on specific populations. This work is rooted in a number of principles and values that guide the development of the networks, with the ultimate aim of improving the health and well-being of English-speaking communities in Quebec and enhancing community vitality.

Original members of one of the first community health and social services networks located on the Magdalen Islands.



PART 1
ENGLISH-SPEAKING COMMUNITIES IN QUEBEC

DEMOGRAPHICS OF THE ENGLISH-SPEAKING POPULATION

The origins of English-speaking communities in Quebec are diverse, including people who descend from Great Britain and continental Europe, South Asia, Africa, China, the Middle East, and many other regions of the world. As a result, the English-speaking population of Quebec is culturally and ethnically diverse and reflects many religious beliefs. Its multicultural and multiracial character is particularly pronounced in the greater Montreal area, while communities in other regions are more likely to have been founded by people of British origin. This diversity is both an asset and a challenge, particularly when it comes to mobilizing communities to take collective action, since realities vary greatly from one community or region to another.

Who are the English speakers? For some, English is their mother tongue, while for others, English is the first of Canada's official languages that they speak (1,103,475)[1]. This applies to some of Quebec's Allophones, whose mother tongue is a language other than English or French, but who speak English as a preferred language of communication. The proportion of the population that speaks English varies greatly from one region to another, from less than 1% to more than 40% of the total regional population. Overall, about 13% of Quebecers speak English as their first official language, and about 8% speak English as their mother tongue. The share of Quebec's population that is English-speaking has fallen over the past forty years or so, largely due to out migration of mother tongue English speakers. However, the situation is changing and some regions are witnessing growth in their English-speaking populations.

OUTMIGRATION AND SOCIAL SUPPORT NETWORKS FOR SENIORS

Since the proportion of Quebec's mother tongue English population has declined over the years, and because those who left were mostly young and middle-aged, the English-speaking population has a large proportion of seniors[2]. For example, from 1996-2016 the population over 40 years of age increased by an average of 36% and among those aged 75 or over, the increase was 37%[3]. This situation can have a significant impact on the health of both the seniors and those who care for them, as caregivers may find themselves overburdened with multiple responsibilities. Community development efforts may also be hindered by an age structure where the active population is under-represented.

English-speaking seniors participating in wellness centre activities in the Baie-des-Chaleurs.

THE CHALLENGE OF SOCIO-ECONOMIC INEQUALITIES

A challenge facing English-speaking communities in Quebec is the existence of significant socio-economic inequalities. Although on average English-speaking Quebecers have good incomes and are likely to have a university degree, a significant proportion live below the low income cut-off and are unemployed. This indicates a polarization at both ends of the socio-economic spectrum, pointing to striking disparities between social classes. Social cohesion is more difficult to achieve when large disparities exist between groups, making community mobilization a challenge. In addition, socio-economic indicators are less favourable for English speakers than for French speakers outside the metropolitan areas (that is, in rural areas and small towns)[4]. For example, in some regions English speakers are more likely to have low incomes and less likely to have completed high school or to have pursued post-secondary education[5]. Since income is considered the most important social determinant of health, this is cause for concern. People with lower socio-economic status experience lower life expectancy and higher rates of hospitalization. They are more vulnerable with respect to employment security, social exclusion and mental distress[6]. The effects can therefore be felt collectively and at an individual level.

LANGUAGE AS A DETERMINANT OF HEALTH STATUS AND SERVICE QUALITY

Access to health and social services can be affected by language barriers between service providers and clients. This can result in inequalities in health status because problems in communication and understanding reduce the use of preventative services, increase the amount of time spent in consultations and diagnostic tests, and influence the quality of services where language is an essential tool—such as mental health services, social services, physiotherapy and occupational therapy. Language barriers also reduce the probability of compliance with treatment and diminish the level of satisfaction with the care and services received[7]. Among English-speaking Quebecers, access to health and social services remains a challenge for many, in spite of the fact that rates of bilingualism in this group are on the rise, and English speakers are more likely than other language groups to be able to converse in both English and French[8]. There is also a wide variation in accessibility and quality of health and social services in English across the province[9]. This includes institutional documents in English such as consent forms, treatment follow up information and website access.

A customer service agent at the Hôpital de Sept-Îles, Centre intégré de santé et de services sociaux de la Côte-Nord, dedicated to helping the English-speaking community navigate the health system in that region.

SENSE OF BELONGING AND CIVIC ENGAGEMENT

English-speaking Quebecers, in particular youth, have expressed a declining sense of belonging and some do not see a future for themselves in Quebec. For example, in 2003, Statistics Canada did a survey on social engagement in Canada and found that Quebec Anglophones showed the lowest sense of belonging to their province among the six groups considered, as well as a lower overall sense of belonging than the Canadian population as a whole[10].

The high rates of unemployment and households living below the low income cut-off are clearly a risk not only for health but also for the social fabric of communities. This is having an impact on youth engagement in civic activities that aim to strengthen the social and economic conditions of their communities. Although levels of volunteering and community service have historically been high among English speakers, a diminishing portion of the population in the middle-income and middle-age groups is having the effect of decreasing these levels of community involvement. Communities with less social cohesion and weak volunteer and community resources are likely to lack the capacity to fully engage the health and social services system in responding to the needs of community members.

PART 2
THE MODEL

ORIGINS OF THE MODEL

This model is a result of twenty years of experience in community development among English-speaking Quebecers and responds to the demographic challenges and realities presented above. It began with the efforts of the Holland Centre (now known as Jeffery Hale Community Partners) to improve quality of life for vulnerable seniors in the Quebec City area, which progressed to include other vulnerable groups and helped increase access to a greater range of health and social services in the English language in the region.

The dissemination of this approach to other communities began in 1998 with support from the J.W. McConnell Family Foundation, which led to the creation of the Community Health and Social Services Network (CHSSN). In 2003, the CHSSN elaborated on the community development experience of the Holland Centre and created a Community Guide to the Population Health Approach which for the first time assisted English-speaking organizations in mapping health determinants affecting their communities. Later, funding from Health Canada made it possible for the CHSSN to implement a program called the Networking and Partnership Initiative (NPI) which has involved the creation of community health and social services networks throughout the province[11] (see map). Through this initiative, these networks have been implementing strategies rooted in population health as an approach to reduce health inequities and improve access to health and social services in the English-language.

Their efforts have resulted in the creation of hundreds of partnerships involving health and social service centres delivering primary care, other public institutions in Quebec, as well as a wide variety of community organizations[12].

Left to right: Jennifer Johnson, Richard Walling and Louis Hanrahan, authors of the Holland Centre Experience from Quebec City.

This current model for community mobilization in English-speaking communities in Quebec was inspired by the past results and experiences of the community health and social service networks, and sets forward a renewed vision and approach for improving the health, well-being and vitality of English-speaking Quebecers in their regions. A number of English-speaking leaders participated on a model design team as a way to advance certain aspects of the model and provide guidance to ensure it reflects this rich development history, and serves as a practical guide for continued community mobilization efforts in years to come.

In January 2013, a consultation was held with the nineteen networks to identify their development priorities for 2013-2018[13]. This model further aims to support these networks and their public partners in addressing the priorities identified, such as increased adaptation of local services to local needs, availability of health and social services information in English, ongoing involvement of community in representation and community leadership.

COLLABORATION WITH QUEBEC'S MINISTRY OF HEALTH AND SOCIAL SERVICES (MSSS)

Another important key to the success of the NPIs in improving access to health and social services has been the concluding of an implementation agreement between the MSSS and the CHSSN. This agreement fully respects provincial jurisdiction in health care and social services and supports the approach in which community networks collaborate with local health and social service providers.

This agreement has also supported the development of a partnership between the CHSSN and the Institut national de santé publique du Québec (INSPQ), in which NPIs gained experience in community development as it relates to building knowledge and mobilizing communities. The INSPQ's support in the development of this community mobilization model fell within this partnership and further enhanced the capacity of these networks to understand and apply community development principles.

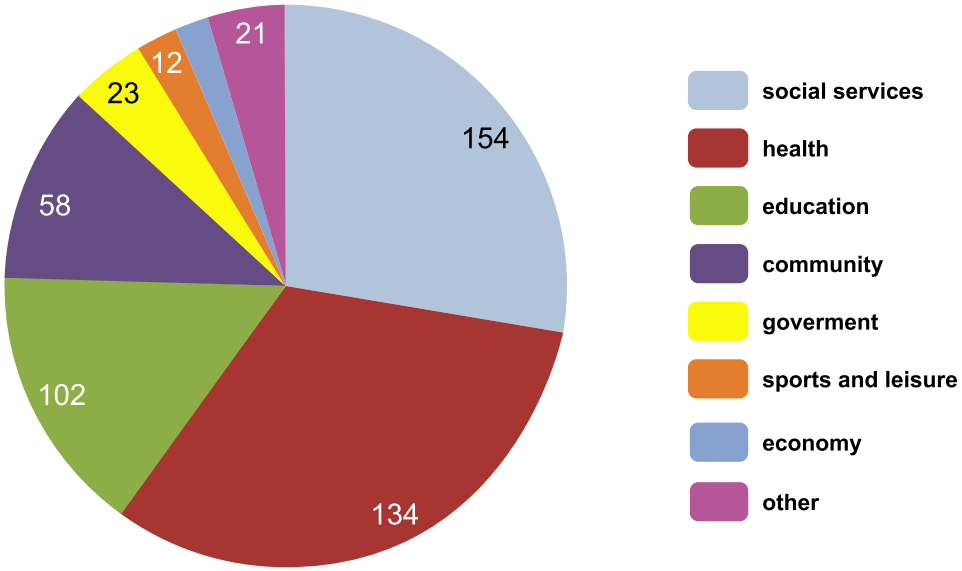
Jennifer Johnson from the CHSSN and Iannick Martin from the MSSS co-animating a provincial conference in 2018 titled Building Together.

THE NETWORKING AND PARTNERSHIP APPROACH

These networks adopt a population health approach, which places community as important stakeholders and drivers of change in improving the health and well-being of the population. Community leadership in driving change is achieved notably through community development, which is part of Quebec's public health plan and is seen as a strategy for acting on health determinants and decreasing social and health inequalities. This approach is based on the idea that in order for communities to become mobilized to take action on improving their health, they must first see themselves as leaders and be able to lead change. This means that local residents and organizations are empowered to work intersectorally with organizations in shared planning and action on issues pertinent to their health and well-being. This approach adopted by the NPIs forms the foundational framework for the model.

This image illustrates the number and type of partnerships achieved by NPIs in 2014-15.

Overview of NPI Partnerships 2014-2015



Source: J. Pocock research Consulting, 2016, based on data collected from the NPI Groups.

DEFINING TARGET POPULATIONS AND PRIORITY HEALTH DETERMINANTS

The NPIs have identified vulnerable populations which are at greater risk of poor health and face increased barriers in accessing health and social services. Four primary target groups are identified: seniors, youth, children and families and caregivers. However, each target group can include vulnerable subpopulations for example, adults suffering from mental illness or children with special needs. English-speaking community experiences vast socio-demographic differences and their needs may vary from one region to another. The health determinants presented in the model intend to address these needs and differences, and guide actions where they can have the greatest impact on the health and well-being of English-speaking Quebecers.

DEVELOPMENT PRINCIPLES

There are six development principles in this model. First, **community empowerment** is an important principle that is applied at each step in the development process. Second, **community governance** implies that the minority community is responsible and accountable for its long-term sustainability and therefore plays an active role in developing and controlling its resources and in strengthening networks within and among communities. The principles of **knowledge development and sharing**, as well as **evaluation and action research** reflect a commitment to evidence-based action and on-going evaluation, for example by identifying best practices. Being an active participant in developing public policies that are supportive of health is the purpose behind the principle of **influencing policy**, which can be done at various levels with diverse institutions. Finally, **leadership development** is an essential principle in community mobilization, as it helps empower individuals, groups and organizations to take action on issues of concern. Each one of these principles requires careful and timely application with input from partners to ensure the adoption of an innovative and sustainable approach to development.


NPI leadership development training back in the early days!


Building our NPI learning community.

VALUES

Three core values have been identified by the members of these health and social services networks. The values reflect important perceptions, attitudes and actions required on behalf of minority and majority community leaders and decision makers, in order for the desired outcomes to be fully realized.

Preserving identity

Strengthening and promoting a minority community's unique characteristics and assets is an important aspect to ensuring its future vitality. The English-speaking community is rich in culture, language and history, and contributes to the overall social, cultural and economic fabric of Quebec society. Efforts to preserve this identity should be focused on valuing its members and mobilizing them to take leadership in improving the conditions for a healthier future for all.

Social inclusion

Social inclusion reflects an approach to social well-being that aims to close physical, social and economic distances separating people. This can be supported by recognizing people's differences, nurturing their capacities, involving and engaging them in decision making and ensuring adequate living conditions[15]. For example, a sense of belonging is fragile for many English-speaking Quebecers, and efforts to strengthen their attachment to Quebec society would be a significant step towards social inclusion.

Equity

Equity is also an important value for minority communities as they seek to gain a fair share of resources and opportunity. Governments and institutions can play an important role in becoming aware of minority community needs and developing policies and programs that specifically aim to address them. Minority communities must play a proactive role as well. For example, English-speaking community leaders should be active in representation, awareness and advocacy efforts as a way to support their partners in becoming more aware of their community's needs and offering solutions to reduce them.

CONCLUSION

Rooted in these values and deploying a number of development principles, English-speaking communities in Quebec are taking action to address priority health determinants in order to reduce health inequities. It is expected that these efforts will result in improved health and well-being and enhanced community vitality for English-speaking communities in Quebec as they move **towards a healthier future.**

1. Statistics Canada, 2016 census, 100% sample (CHSSN data model).
2. Institut national de la recherche scientifique, 2008. Socio-economic Portrait of the English-speaking Community in Québec and its Regions, Québec, 260 p.
3. Warnke, Jan, 2013. "The Challenge of Change. The Québec English, Youth and Elderly by Health Region and CSSS Territory, 1996 – 2011" presentation made at the CHSSN Exchange Session, Québec, February 12-13, 2013. (on behalf of CHSSN)
4. Institut national de santé publique du Québec, 2012. The Socio-Economic Status of Anglophones in Québec, INSPQ.
5. Community Health and Social Services Network, 2010. Socio-Economic Profiles of Quebec's English-Speaking Communities.
6. Institut national de santé publique du Québec, 2012. The Socio-Economic Status of Anglophones in Québec, INSPQ. See also Community Health and Social Services Network, 2010. Socio-Economic Profiles of Quebec's English-Speaking Communities.
7. Institut national de santé publique du Québec, forthcoming. Adaptation linguistique des soins et des services de santé : enjeux et stratégies.
8. These findings are for those who speak English as their mother tongue. In 2001, over 67% of English speakers reported that they were bilingual in French and English, as compared to 51% of speakers of other languages and 37% of French-speakers (INRS, 2008).
9. Community Health and Social Services Network, Investment Priorities 2009-2013.
10. Community Health and Social Services Network, 2006. Social Support Networks in Quebec's English-speaking Communities.
11. The NPI program is managed by the Community Health and Social Services Network (CHSSN). The CHSSN is a provincial network dedicated to support English-speaking communities in the province of Quebec in their efforts to redress health status inequalities and promote community vitality.
12. Community Health and Social Services Network, 2013. Baseline Data Report, Quebec's English-speaking Community Networks and their Partners in Public Health and Social Services.
13. Community Health and Social Services Network, 2013. Improving Access to Health and Social Services for Quebec's English-Speaking Population, Development Priorities 2013-2018.
14. Community Health and Social Services Network, 2012. Baseline Data Report, Quebec's English-speaking Community Networks and their Partners in Public Health and Social Services. Page 21-22.
15. The Laidlaw Foundation, 2002. Perspectives on Social Inclusion.

COMMUNITY MOBILIZATION MODEL FOR IMPROVING HEALTH AND VITALITY

OF ENGLISH-SPEAKING COMMUNITIES IN QUEBEC

Drivers of Change

English-Speaking Community Members, Organizations & Networks

Desired Outcomes

- Improved Health & Well-Being
- Improved Community Vitality

Key Action Strategies

- Improving Access to Health & Social Services
- Community Health Promotion & Prevention
- Social Innovation

Intersectoral Networking & Partnerships

- Health & Social Services System
- Government Institutions & Municipalities
- Community Organizations
- Private sector & Foundations
- Schools
- Social & Cultural Groups

Target Populations

- Seniors

- Youth

- Children & Families

- Caregivers

Action on Priority Health Determinants

- Health Services
- Social Support Networks
- Education & Literacy
- Healthy Lifestyles
- Language & Culture
- Social & Economic Environments

Development Principles

- Community Empowerment
- Community Governance
- Knowledge Development & Sharing
- Evaluation & Action Research
- Influencing Policy
- Leadership Development

Values

- Preserve Identity
- Social Inclusion
- Equity

Model Developed by CHSSN Community Health And Social Services Network / Réseau communautaire de santé et de services sociaux

Institut national de santé publique Québec

In Collaboration With The 25 Community Health and Social Services Networks

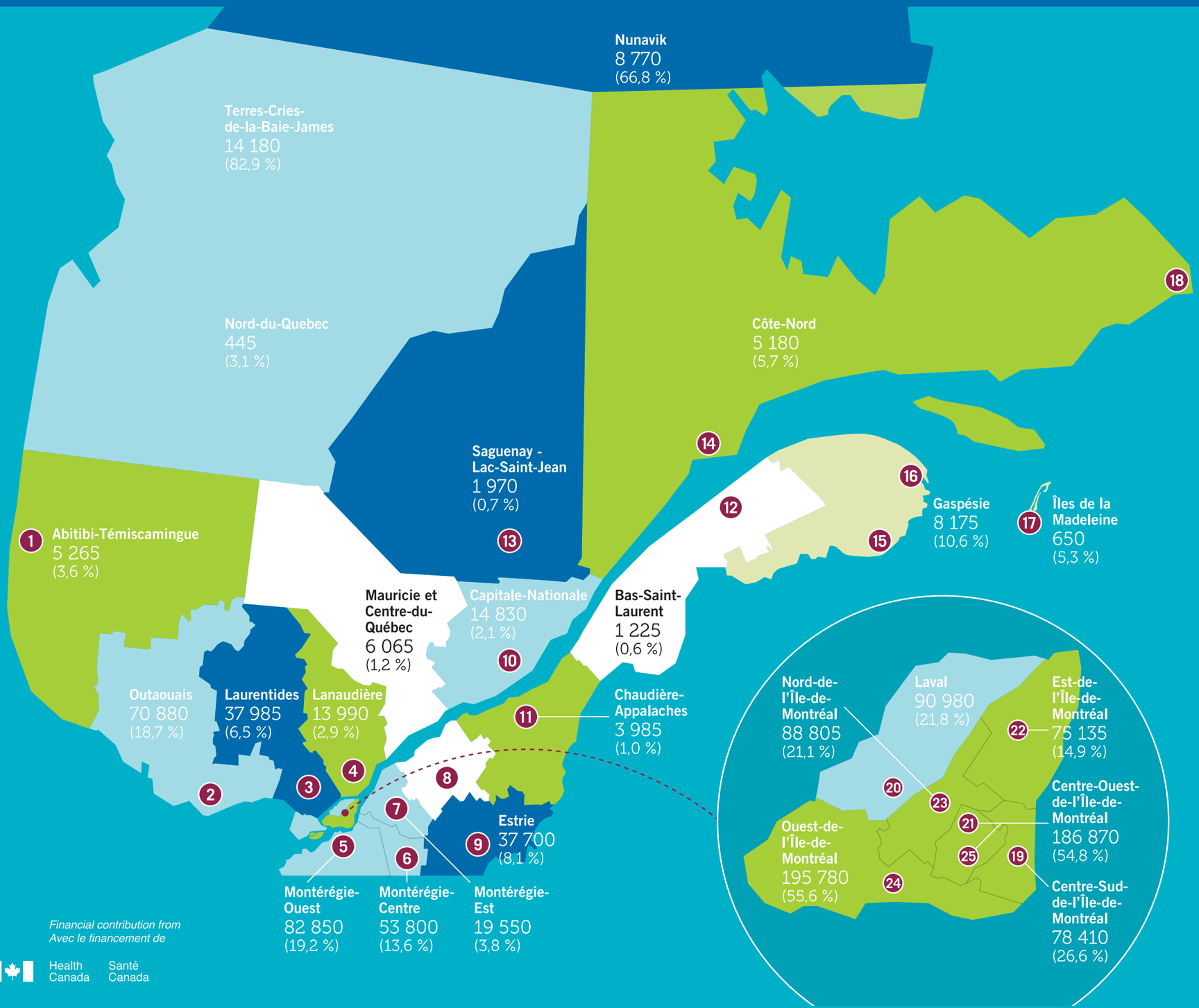
Financial Contribution By Health Canada / Santé Canada

CHSSN
Community Health And Social Services Network
Réseau communautaire de santé et de services sociaux

QUEBEC'S ENGLISH-SPEAKING COMMUNITIES | LES COMMUNAUTÉS D'EXPRESSION ANGLAISE DU QUÉBEC

POPULATION

1 103 475 — 2016 Census of Canada
13,7% — of Quebec
Recensement du Canada, 2016 du Québec



The CHSSN NPI* Network | Le réseau NPI* du CHSSN

1. **Abitibi-Témiscamingue** — Neighbours Regional Association
2. **Outaouais** — Connexions Resource Centre
3. **Laurentides** — 4 Korners Family Resource Center
4. **Lanaudière** — English Community Organization of Lanaudière (ECOL)
5. **Montérégie-Ouest** — Montérégie West Community Network (MWCN)
6. **Montérégie-Centre** — Assistance and Referral Centre (ARC)
7. * **Montérégie-Est** — Monteregie East Partnership for the English-Speaking Community (MEPEC)
8. **Mauricie et Centre-du-Québec** — Centre for Access to Services in English (CASE)
9. **Estrie** — Townshippers' Association - Eastern Townships Partners for Health and Social Services - Estrie and Lac-Brome
10. **Capitale-Nationale** — Jeffery Hale Community Partners
11. **Chaudière-Appalaches** — Megantic English-speaking Community Development Corp. (MCDC)
12. **Bas-Saint-Laurent** — Heritage Lower Saint Lawrence
13. * **Saguenay-Lac Saint-Jean** — English Community Organization of Saguenay-Lac Saint-Jean
14. **Côte-Nord** — North Shore Community Association (NSCA)
15. **Gaspésie** — Committee for Anglophone Social Action (CASA)
16. **Gaspésie** — Vision Gaspé-Percé Now (VGPN)
17. **Îles de la Madeleine** — Council for Anglophone Magdalen Islanders (CAMI)
18. **Côte-Nord** — Coasters Association (LNSCH)
19. **Centre-Sud-de-l'Île-de-Montréal** — Collective Community Services (CCS)
20. **Laval** — AGAPE – The Youth & Parents AGAPE Association Inc.
21. **Centre-Ouest-de-l'Île-de-Montréal** — African Canadian Development & Prevention Network (ACDPN)
22. **Est-de-l'Île-de-Montréal** — East Island Network for English-language Services (REISA)
23. * **Nord-de-l'Île-de-Montréal** — East Island Network for English-language Services (REISA)
24. * **Ouest-de-l'Île-de-Montréal** — African Canadian Development & Prevention Network (ACDPN)
25. * **Centre-Ouest-de-l'Île-Montréal** — NDG Senior Citizens' Council (NDGSCC)

*Network in development.

Financial contribution from
Avec le financement de
Health Canada | Santé Canada

INFORMATION: CHSSN.ORG