

The NDG Community Health Forum

Improving community knowledge about access to local health and social services

Final report



Foreword

The NDG Community Health Forum was held on Saturday, October 21, 2017 at the Crowley Arts Centre in Notre-Dame-de-Grâce. Its objective was to provide NDG residents, in particular those living in vulnerable situations, an opportunity to obtain information about health and social services in their community and how to access these services. The Forum enabled participants to meet with a variety of health and community service providers, discuss access issues in the context of recent reforms in Québec, and participate in themed workshops on more focused health challenges. Close to thirty local health agencies from the public, private and non-profit sectors had kiosks at the Forum, with resource people to introduce the services they provide and pamphlets participants could take home with them. The Forum was designed to empower community members with knowledge about available services, and provide public and community sector organizations with an opportunity to learn more about community needs in order to improve their services.

The Health Forum was an initiative of the NDG Working Group on Health, a working group of the NDG Community Council whose membership includes residents of the neighbourhood as well as a number of not-for-profit organizations. Along with the Community Council, the NDG Senior Citizens' Council, Logis Action NDG, Bienvenue à NDG and the African-Canadian Development and Prevention Network (ACDPN) were most active in 2017 in the planning of the Forum. Other organizations contributed in an ad hoc manner according to an open membership model. The goal of the Working Group on Health is to improve community knowledge about how to access local health and social services. The group considers this initiative to be especially important following major health system reforms in 2015 that merged the governance of local health and social service establishments in Montreal into a single regional Integrated University Health and Social Services Centre of the Centre-Ouest of the Island of Montreal, better known by its French acronym: CIUSSS-CODIM.

This report provides an account of the Health Forum's plenary panel and question period. It describes the thematic workshops held in the second part of the Forum, as well as the mandate of organizations that had kiosks at the event. It concludes with some Forum outcomes and a look towards the future.

The plenary panel:

Finding our way in a new structure of health and social services

The Community Health Forum began with a plenary panel at which public sector speakers introduced the structures and goals of recent health and social services system reforms, and a community representative raised some of the challenges these reforms appeared to present in terms of access. The panel was followed by an extensive question and answer period that provided Forum participants and service representatives at the kiosks an opportunity to describe and discuss with panellists some of the challenges that were arising in their use of, and collaboration with, the public system. An innovative feature of the Forum was to have the kiosks set up in the plenary hall to facilitate their participation in this exchange. The panel was moderated by Jim Olwell, a member of the board of directors of the NDG Community Council.

The panelists

Alan Maislin, Chair of the Board, CIUSSS du Centre-Ouest de-l'Île-de-Montréal (CIUSSS-CODIM); previously Chair of the Board, CSSS Cavendish

Paula Yiannopoulos, Coordinator, info-santé, info-social and general services, CIUSSS-CODIM

Anne Usher, Honorary Member, Board of Directors, NDG Community Council; NDG resident

Dr. Mark Roper, Director, Queen Elizabeth Health Complex Super Clinic (arrived late)

Alan Maislin set an optimistic tone while acknowledging the upheaval caused by reforms in the system. He expressed admiration for community organizations in working to make society better. As Chair of the CIUSSS-CODIM, his main preoccupation has been to preserve the culture and mission of each of the nine establishments merged into the new structure and the quality and safety of the services they provide to people in the community.

He described some of the difficulties that have arisen in the new structure, not least of which is the movement of personnel, with many good people being moved to other CISSS and CIUSSS in the province. "I always feel we're a training ground for the other CIUSSS," he said. The merger of information systems in CIUSSS-CODIM establishments is just now in its final stages, and will make patient records available across service points. He acknowledged that Quebec is 25 years behind the times when it comes to health information technology.

Resolving access problems requires changing the attitude of people in the system, who often don't want to change, Maislin considered. Improving access requires ensuring capacity in front-line services and reserving tertiary and quaternary care hospitals for surgery and specialized medicine. "We have to make sure we're doing the things in the community that make people not have to go to hospitals," he said, and sees the current effort moving in that direction. Services such as blood tests and clinics are moving into the community setting. Major new investments are being made, particularly in home care, to enable the safe discharge of the 65 to 100 people in hospital every day that no longer have to be there but remain for lack of alternative places for them to go. He anticipates that the community organizations working with these people in vulnerable situations would soon see progress: "you will see improvements in the next two years in terms of health care."

Maislin raised the issue of physician accountability, stressing that Bill 130 was needed to force doctors to report on the services they provide and enable measurement and accountability for value. "No doctor answers to anyone," he said. He has no doubt about the Minister of Health and Social Services commitment to improving access. "I believe the Minister's objective is a better healthcare system. And he's going to make it happen in spite of his non popularity."

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Paula Yiannopoulos presented a similarly optimistic view of recent reforms: "All these changes might seem drastic, but the focus is to have a system that is more accessible for the patients." The improvement has to come from the foundation of front-line services, which is "where the population should be going and should be consuming services they need." She recognized the community organizations at the Health Forum as major actors in providing services, especially to the elderly population.

The Direction of front-line services at the CIUSSS is working to improve access to family physicians. "A family physician can take care of your general health needs, and your need for front-line services that are made accessible through the family doctor," she said. "The family doctor will be able to evaluate your needs and refer you to second-line or tertiary care depending on your needs." Patients who don't yet have a family doctor can go to super clinics that offer Walk-in consultations, which Yiannopoulos described as upgraded Network Clinics (that existed prior to the reform) as an alternative to hospital emergency rooms. Centralized waiting lists (GAMF) managed by the CIUSSS-CODIM have increased the portion of the population registered with a family doctor from 56% in 2015 to 67% today.

Yiannopoulos stated that the services previously available in community settings are still there, and have been augmented by services that were previously provided in the hospital setting, such as blood work. A sleep apnea clinic has recently been moved into the community. “These are examples where before people would go into tertiary care centres and now they are accessing them through the front line.” She also considers that investments are needed in home care and mental health, and should be aligned with the needs of patients in order to keep people at home

She described the intake process for family doctor assignments (GAMF) and other CIUSSS services. Intake of requests for referrals is centralized in a Centre de reference de demande de services for access to specialists.

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Anne Usher discussed the role of community organizations in working towards a broad view of medical and social wellbeing that addresses the determinants of health alongside health and social services. She pointed to the wealth of community organizations in NDG dedicated to supporting residents and meeting their various needs, from youth services and employment at Head & Hands and Carrefour Jeunesse-Emploi, to the NDG Food Depot that offers friendship and participation along with assistance, to the New Hope Centre and Senior Citizens’ Council that helps with everything from respite to meals to taxes. “The social determinants of health framework recognizes that the community you live in will have a big influence on how you weather a health problem or strain on yourself or a member of your family,” said Usher.

She looked at the evolution of health and social services system structures, from CLSCs to CSSS to CIUSSS, Family Medicine Groups (GMF) and Super Clinics, and discussed the impact of these changes on relationships between the public system and community groups that have “soldiered on” in addressing determinants of health at the local level. Relationships between the public sector and community partners have been disrupted: two years into the latest reform, the NDG community has questions that remain inadequately answered: What are the entry points into a support network for seniors of diminishing autonomy? Where are the contact points for crisis intervention and ongoing support for people experiencing mental distress? Answers need to become clearer if community organizations are to work productively with the public system.

Public accountability has also been disrupted. Within the CIUSSS there remains an accountability element through the board of directors, quality departments, annual reports and public information meetings – each facility also has an Ombudsman’s office and user committees. The complementary piece of the system comprising the GMFs and Super Clinics appears, at the moment, to be completely independent of both the public and community sectors. There is no obvious mechanism of accountability attached to these structures. For example,

it is difficult, if not impossible, to change doctors once registered, and there is no body to which a patient can address concerns or complaints.

As well, many of the professionals most important to linking with community organizations are now being placed under these independent physician-led structures. The Minister of Health has arranged for nurses and social workers, formerly with CLSC/CSSS programs, to be assigned by the CIUSSS (which remains their employer), to work in GMFs and Super Clinics. This is being done with no analysis of the impact of the transfer of nurses or social workers on the mission of CIUSSS front line services. “With regard to the doctors’ network,” said Usher, “the one thing this reform has clarified is how completely separate the doctors are from the CIUSSS or any other acronym we use to organize our health and social services.”

She noted what appears as a step backwards in Quebec, with a diminished role and independence of CLSCs, which provided front line services and were well connected, through key people, to community organizations. “Let’s hope that all those wonderful people we’ve worked with in our public sector can come back,” she said. Usher stressed the need for community and public sector organizations to work together on these issues, “pick up the buzz in the community”, and find the doctors that care about community development to work with us. She invited other organizations to join the efforts of the Working Group on Health.

Usher stated the following as community expectations:

- To be known; who we are, where we are, what we do.
- To have community organizations respected as part of the health care community.
- To be consulted about reorganization and new developments in delivery models.
- To be well informed of the sources of primary care — GMFs, Super Clinics, CLSCs – where providers are accessible, and what range of services is available and when.
- To count on the primary care providers — including physicians — to join with community actors in advocating for better health outcomes for all.

Question period

Following the panellists’ presentations, Jim Olwell moderated a question period.

Question 1: How can we help people access family doctors? Who is responsible for access?

Panellist responses:

Yiannopoulos: About a year and a half ago, the government put in place the Guichet d’accès au médecins de famille (GAMF). Type in GAMF on the Internet,

and it will lead you to the website of the Régie d'assurance maladie du Québec (RAMQ) site, where you'll be able to register to obtain a family doctor. It's very simple. You enter your medicare card information and answer two or three simple questions about medical conditions you have, and according to that, you are assigned a priority level. Once registered, your name is put on the waiting list to be assigned a family doctor at a GMF or other clinic.

Maislin: The Ministry is measuring everything today: how many people are on a wait list in the GAMF, how many people are in the ER for more than 24 hours. The system is moving to accountability and measurability, and our professionals are measured daily on almost every goal and objective. That's the way you start getting improvement.

Usher: Yes, you can fill out a form, on line or at the front desk at the Benny Farm CLSC. But there's no choice in the gender of the doctor, and I don't know how doctor's location factors into assignment. If you're sent to the doctor and you just don't communicate well with him or her, there's no recourse. I don't think that having people assigned doctors in this way solves all our access problems. I'd like to know what evaluation there has been of patient satisfaction with this system.

Maislin: Bill 130 brings accountability. Even before it was passed, the CIUSSS-CODIM asked doctors to sign a contract, in which they agreed to report to CIUSSS leadership on key performance indicators: how many people they're seeing, what type of service they're providing, why they're providing it, does the patient come back to the ER after they've seen their doctor. These contracts will now have teeth with the new law.

Question 2: Access to specialists is difficult for non-emergency situations, where it's a matter of major quality of life issues such as chronic pain etc. You send in your referral and are told someone will get back to you in 6 months to tell you when the specialist can see you. The wait is a year to 18 months, which is egregious in mental health, but a problem in practically all specialties. What's being done to improve access the specialists?

Panellist responses:

Yiannopoulos: There are significant difficulties with access to specialists. This is being tackled by the Centre de références des demandes de services (CRDS). Family doctors have access to this centralized system where they send a request for a specialist appointment. The system has expanded, starting with ophthalmology and gastroenterology, with another six or seven specialties being added now. The Centre de référence covers practically the whole area of Montreal, and finds appointments for clients to consult a specialist. This should facilitate access. Family doctors still refer to specialist colleagues they know, but in the long term, access is meant to be centralized through the Centre de référence.

Question 3: We are seeing seniors in our community discharged from hospital in fragile condition with waits of almost two weeks before they receive home care through the CLSC. You mention linking databases between institutions and home care providers, but this doesn't appear to work all of the time. The lack of follow-up also imposes a burden on elderly family members.

Panellist responses:

Maislin encouraged community organizations and community residents to call the CIUSSS Ombudsman when the system fails to assure adequate care and follow-up. "We have to get feedback," said Maislin. "We know we have problems, but when you identify it, it gives us an opportunity to investigate it, report it and fix it. The Ombudsman reports directly to the Chairman of the Board, which is me."

Usher: In preparing for this afternoon's workshop, I had the opportunity to talk with the Ombudsman at one facility and was quite struck by the openness, and the fact that they're now staffed. We used to think you had to have a complaint to go to an Ombudsman, but it seems we might also now work through them on ongoing monitoring of whether the system works.

Question 4: As someone with pre-diabetes, I've found non-medical programs such as mindfulness and physical fitness training to be very helpful in preventing the disease from progressing. However, there are problems assuring that trainers are consistently available at our local centres. What is the CIUSSS doing to make preventive programs more accessible?

Panellist responses:

Yiannopoulos: There are programs available now where a patient can consult a nurse, a nutritionist and a kinesiologist, and we have different preventive programs, but also curative programs for people who need counselling and activities. We have to change the way we give services in the health system; we put a lot of emphasis on the medical aspects and medication, but that's just one component: more prevention is needed.

Question 5: I work in breast cancer prevention, and was disappointed when the reform was tabled a few years ago, that almost all discussion of prevention was removed. We face problems like food deserts in some areas. What does the picture of prevention look like in the CIUSSS model?

Panellist responses:

Yiannopoulos: The Direction de la Santé Publique is responsible for all the prevention programs. The CIUSSS-CODIM has a local representative of the public health component and existing prevention programs. The CIUSSS nurse in prevention, Marilyn Mahone, is well known by doctors and pharmacists on the

territory and works with these professionals to put the emphasis on prevention programs.

"We have to be sure that when a community organization calls a public sector organization for help, be it for advice or to signal a situation that needs further intervention, that they're immediately recognized as bona fide. They have experience. They know what they're talking about. "

Question 6: In our community centres, we see young people with mental health problems, and yet the waiting lists for psychiatric consultations are very long. Our counsellors do what they can for these kids while they wait, but they're not mental health professionals. What is being done to improve mental health services for youth?

Panellist responses:

Yiannopoulos: There have been improvements in mental health care over the past three or four years, but we still have significant access problems, especially for young people. On the adult side, mental health teams have been developed, first under the CLSCs and now with the CIUSSS, providing better bridges to the second line for psychiatric consultation and diagnosis. There are youth mental health teams in the CIUSSS, though they may not be as well known as they should be within the community. These are interdisciplinary teams that can work with youth and families, provide resources and direct them toward more specialized services. There is work to do in schools, and social workers at the CIUSSS work with the school boards to identify and screen this clientele, as well as link them to services at the CLSCs. However, I agree that there should be greater collaboration between front-line providers, community organizations, schools and CLSC services. I can put you in touch with the key people at the CIUSSS-CODIM, because sometimes the contacts that were there before the merger get lost.

Question 7: I work with families and kids in crime prevention at Tandem CDN-NDG. Many years ago, we started to go door to door to give safety information and would discover seniors living in conditions where they were very isolated, maybe early stages of dementia. Years ago, there were staff at the CLSC who recognized that these people were not going to go to the clinic to fill out forms needed to obtain services, and they were willing to do some outreach in places we, as community workers, knew there were people in distress. Has there been any talk of this kind of investment at the CIUSSS? Community groups would be ready to help in alerting public sector professionals when we see an emergency situation.

Panellist responses:

Usher: Part of the challenge is to reinforce the credibility of the community organizations and the work they do vis-à-vis the public sector. That includes the doctors as well as the CIUSSS. It's really important that the outreach worker, the crossing guard, the bartender, the people who are in touch with people on a regular basis, know the next step, know who to call to look at a situation that needs a little bit of intervention. Tandem does that, the police do it quite nicely in NDG. We have to be sure that when a community organization calls a public sector organization for help, be it for advice or to signal a situation that needs further intervention, that they're immediately recognized as bona fide. They have experience. They know what they're talking about. The public sector needs to recognize that for collaboration to work. (APPLAUSE)

Maislin encouraged community organizations to send ideas and information on initiatives to the CIUSSS board of directors. "There's such a void between us in the public sector who are mandated by law to take care of everybody, and then all the volunteer groups," he said.

Yiannopoulos seconded the call for community organizations to contact the CIUSSS with initiatives they could work on together on. She also stressed that the CIUSSS-CODIM was a leader among the other CIUSSS in focusing on the community; "other CIUSSSs call us for help."

Panel conclusion:

The role of the Working Group on Health

The panel discussion highlighted a potential role for the Working Group on Health to create and sustain network links between the community and CIUSSS that would identify needs, gaps and promote collaboration between public and community sectors. As the CIUSSS settles into its role, there are opportunities to establish or re-establish contact with key personnel and open up lines of communication. The discussion also pointed to opportunities for the community to mobilize around issues and use the accountability structures of the public sector, notably the board of directors and Ombudsman's office, to highlight gaps and push for solutions. It was unfortunate that the physician panellist was not present to explore how the GMFs and super clinics could fit into the equation.

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Thematic workshops

Two sessions of hour-long workshops were held in the afternoon, with participants choosing from among concurrent thematic sessions: accessing seniors' services, youth services, navigating the system, mindfulness, the role of the pharmacist, mental health, sustainable lifestyles, cancer prevention and action, and services for new arrivals.

Workshop selection

Working Group on Health members drew on their own experience meeting community needs as well as issues raised at different community events to select workshop themes and identify potential workshop leads. At a Quality of Life Conference held in 2017 in NDG, people expressed concern with difficulties accessing health services, a lack of consistency of service, and inadequate services for seniors, youth and mental health. Consideration was also given to upcoming events: a Mental Health Fair scheduled for November 9 would focus mainly on mental health workers while a fair focused on youth services at the Benny Farm CLSC was postponed until Spring 2018. These discussions helped ensure complementarity and reduce overlap between events.

Workshop: Accessing Seniors' Services

Moderator: **Riley Dalys-Fine**, Community Organizer with the NDG Community Council

Workshop lead: **Stéphanie Dupont**, SAPA (soutien à l'autonomie des personnes âgées) Community Organizer, CLSC René-Cassin, CIUSSS-CODIM

Stéphanie Dupont described the SAPA program and explained to participants how access to the services was organized and what services it could make available. The SAPA program works in collaboration with multiple services of the CIUSSS and the community — CLSCs, hospitals, long-term care centres, day centres, community organizations — to offer seniors support so they may remain at home as long as possible. The SAPA program provides interdisciplinary services for older people with reduced mobility, physical handicaps or cognitive losses, as well as post-hospitalization, caregiver support and palliative care. SAPA professionals also provide services to seniors in private long-term care residences.

People who require assistance to remain at home can contact the CLSC directly, as all requests for services are centralized. This centralization permits a triage, responding quickly to people who most urgently need services. Dupont stressed the need for people to tell their story effectively when they first contact the CLSC intake office. The story will highlight the person's needs and is helpful in establishing priority.

Referrals to the CLSC for services can be made by the individual him or herself, or by a health agency (hospital, doctor, clinic) family member, neighbour or community group, however the person must consent to the referral.

For home care, the evaluation team may include a social worker, nurse, physician or occupational therapist, who will conduct a global evaluation in the home, with or without (depending on the client's wishes) family members present. The evaluation assesses the person's state of health, along with their physical environment, and psychosocial and economic situation. The evaluation will then lead to a professional intervention plan developed with the person, and their family if the client so wishes. It may involve assistance with activities of daily living, equipment or devices to maximize autonomy, and can include support for the family caregiver. A SAPA case manager becomes the point person responsible for ongoing planning and re-evaluation of service needs, and provides a link to other organizations involved in a person's care.

Participants at the workshop highlighted difficulties in accessing home care services in particular, and long wait times after a referral or request. One participant described how a family member passed away while still waiting to receive support. This is clearly a pertinent issue in the NDG community. Participants did not seem to be very satisfied with the responses they received from service programs and saw important gaps between the need for support services and the support received.

Workshop: Youth Services

Moderators: **Tanya Callendar** and **Noémi Dibayula** from ACDPN

Workshop lead: **Stephen Hennessy**, Westhaven Community Centre

The people of all ages participating in this workshop were asked to describe what they did to preserve mental wellbeing, described by Hennessy as “things that make you want to get up in the morning.” The exchange of personal experience and views was enriching and appreciated. There was little discussion of how to access resources.

Workshop: Navigating the System

Workshop leads: **Anne Usher**, Honorary Member of the Board of Directors, NDG Community Council, and **Noémi Dibayula**, ACDPN

Participants shared stories that highlighted the failure of existing protections and recourse mechanisms to always resolve issues. Usher mentioned what seemed like a strengthening of the Ombudsman's office and suggested this might be worth exploring as a recourse people should use more quickly when their concerns are not being addressed. There are questions around the chain of command in dealing with complaints and the community should be better informed about who they should contact. A talk from an Ombudsman would be well received.

The workshop leads distributed a sheet to participants with four general tips on negotiating the system effectively:

1. Take ownership of your health: know your health history, prepare questions ahead of appointments and document your symptoms.
2. Have a trusted friend or family member accompany you to consultations: to remind you of questions you have, act as advocate, take notes and help you follow up.
3. If you have an unpleasant experience or have a complaint, contact the Ombudsman at the institution.
4. Be proactive and get involved in your community, on a patient committee, or as a volunteer, and help hold the system accountable.

Workshop: Mindfulness

Moderator: **Gail Tedstone**, NDG resident

Workshop lead: **Neeti Sasi** and **Dr. Ching Yu**

There were many participants at this workshop. Dr. Yu provided a lecture on cognitive impairments in the elderly that offered useful information, though little time for discussion. This was followed by a short meditation exercise.

Workshop: The Role of the Pharmacist

Moderator: **Anne Usher**, Honorary Member of the Board of Directors, NDG Community Council

Workshop lead: **Jona Destin **, community pharmacist

At this workshop, Destin  introduced the new services pharmacists can provide under changes in Quebec law. Many of these can help to avoid need for a doctors' visit: renewing prescriptions, adjusting prescriptions or dosages for certain conditions; substituting medications in some circumstances; prescribing medication for a specific list of illnesses; prescribing lab tests; demonstrating how to administer medications (inhaled, injected).

Destin  also informed participants that pharmacists have direct lines to reach your doctors and discuss medication side effects and dosing; the pharmacist can work out a solution for you without you needing to see the doctor. Blood tests can be done in the pharmacy for certain problems, especially if these are related to adjusting medication dosages. These cost \$20. Pharmacist services are covered by the drug insurance plans (public or private) and not the RAMQ. The deductibles applicable in an individual's drug plan will apply, meaning that a portion of the cost (up to an annual cap) may need to be paid directly by the client. The cost of pharmacist services is established by government and is the same across Qu bec.

The Association des pharmaciens propri taires du Qu bec has an excellent bilingual pamphlet (see <http://nouveauxservices.ca/en>)

Website: monpharmacien.ca; meandmypharmacist.ca

Participants were highly appreciative of this information, of which none were previously aware. They were interested in future opportunities to meet with community pharmacists and in promoting the pharmacist's role to community members.

Workshop: Mental Health

Moderator: **Riley Dalys-Fine**

Workshop lead: **Dr. Myrna Lashley**, Assistant Professor, Department of Psychiatry, McGill University, and researcher at the Culture and Mental Health Research Unit

Dr. Lashley stressed that mental health was not the same as the absence of mental illness. She cited the definition of mental illness used by the National Institutes of Mental Health: "*Serious mental illness is a mental, behavioral or emotional disorder (excluding developmental and substance use disorders) resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.*" These include generalized anxiety disorder, clinical depression, bi-polar disorder, schizophrenia, psychosis and others. Mental illness is recognized by significant changes in thinking, emotions and/or behaviour, and is accompanied by distress and/or problems functioning in social, work or family activities. Mental illness is both common, affecting almost one in five adults, and treatable. Stigma is one of the main barriers to recognizing and treating mental illness. Lashley pointed to services available through the CIUSSS for adults and for children and youth, which are generally provided through multidisciplinary teams. Ami Québec and other support groups are available, and crisis centres can be found on the website:

<https://www.santemontreal.qc.ca/en/public/support-and-services/crisis-centres/>

Mental health, on the other hand, involves effective functioning in daily life, enabling productive activities, healthy relationships and the ability to adapt to change and cope with adversity. Lashley encouraged workshop participants to think about strategies they used to increase good mental health. These include being kind to yourself and looking after your need, controlling bad stress, setting realistic goals, being moderate in use of alcohol and other drugs, eating, sleeping and exercising, breaking up routines and avoiding boredom. They might also include participating in support groups and, as necessary, seeking professional help.

Workshop: Cancer Prevention and Action

Moderator: **Miranda Potts**, outreach worker, Prévention Côte-des-Neiges-NDG

Workshop lead: **Nancy Guberman**, Breast Cancer Action

Workshop: Sustainable Lifestyles

Moderator: Miranda Potts, Prévention CDN-NDG

Workshop lead: Lyle Robinson

Workshop: Services for New Arrivals

The workshop on services for new arrivals was cancelled due to lack of participants.

Kiosks:

An information fair

A main objective of the Community Health Forum was to exchange information about services with community residents and among organizations from the community and public sector. The NDG Working Group on Health developed a list of organizations and emailed invitations for them to have a table at the Forum. The intention was to include public sector organization (CIUSSS, police), not-for-profit organizations, walk-in medical clinics, telephone services, community pharmacy, and alternative health services, that meet needs in the areas of: seniors, mental health, prevention and youth, as well as healthcare more generally. Members of the Working Group on Health identified over 70 organizations, and invitations were sent to 40. One category that was conspicuously absent was doctors/family medicine clinics. Some were approached but did not respond or were not able to participate.

A total of 26 organizations participated, with each provided a table to display information about their services. Time periods were reserved before the morning session and during morning and lunch breaks for participants to walk around and talk to representatives of each group and find out what they had to offer. Plenary sessions were held in the same room as the information booths, enabling representatives from these organizations to participate in discussion.

The organizations came equipped with printed materials, business cards and were each staffed by at least two people to discuss the services offered, how they could be accessed, as well as find out more about the needs of community residents. The many kiosks around the room attest to this commitment of local citizens to address the various factors that influence health outcomes of their neighbours.

Kiosks also provided opportunities to connect with many new partners-some of which are not necessarily located in NDG but serve an NDG clientele. Maintaining these links should be a priority for the Health Working Group going forward.

Organizations with kiosks at the Community Health Forum

1.African Canadian Development and Prevention Network

Mission: Develop a network of organizations that can contribute to a thriving Black community, facilitate organizational capacity-building, joint planning and resource development, promote healthy practices and best practice prevention models, advocate for improved access to services for the Black community and promote and support the strengthening of Black families.
514-737-3213; www.acdpn.org

2. Alzheimer Group (AGI)

Mission: AGI provides a comprehensive range of services to those directly and indirectly affected by Alzheimer's and increases awareness and understanding of the disease.

514-485-7233; www.agiteam.org

3. Centre de crise Tracom

Mission: Offer psychosocial crisis intervention services to adults and people close to them. Confidential, free of charge services: phone support; short-term housing; community follow-up

514-483-3033; www.tracom.ca

4. Centre Perform

Mission: The Perform Centre integrates and accelerates the discovery, validation and sharing of the best ways of managing healthy lifestyles by collaborating between different fields of science and learning, delivering comprehensive solutions in research and education and continuously exchanging knowledge and innovation with a community of research participants, students, health professionals and the public at large.

514-848-4544; www.concordia.ca/research/perform

5. CIUSSS du Centre-Ouest de l'île-de-Montréal (CIUSSS-CODIM): Services intégrés en première ligne

Mission: To provide the highest quality continuum of health care and social services throughout their network of local institutions, to provide compassionate care and services that are centred on the user and create an exceptional user experience, to develop and promote leadership and excellence in health and social sciences education and to advance health and social sciences knowledge and practices through excellence in research and innovation.

514-484-7878; www.ciusss-centreouestmtl.gouv.qc.ca

6. Comité Jeunesse NDG: Centre St-Raymond

Mission: Offer, in priority to sports, community and cultural groups in NDG and Côte-des-Neiges, a space for meetings and special events of all kinds addressed to a family-oriented or adult public.

514-872-6055; www.cjndg.org

7. Communicaid for Hearing Impaired Persons (CHIP)

Mission: Provide continuing programs, services and support for people affected by hearing loss.
514-488-5552 extension 4500; www.hearhear.org

8. Conseil Communautaire de Notre-Dame-de-Grâce

Mission: The NDG Community Council is an organization created by the NDG community that listens, mobilizes, facilitates and acts. They foster partnerships between residents, community partners and key players to identify and address needs and emerging issues in order to cultivate strategies and solutions.
514-484-1471; www.ndg.ca

9. Conseil des Aînés et des Aînées de Notre-Dame-de-Grâce

Mission: The NDG Senior Citizens' Council is a non-profit organization dedicated to improving the quality of life of low-income adults (50+) by encouraging mutual aid and civic engagement.
514-487-1311; www.ndgsc.ca

10. Contactivity Centre for Seniors

Mission: Non-profit, registered charity; community centre for active seniors to meet new friends: interest groups, excursions, community lunches, home support through daily check-in calls, help with grocery shopping, trips to medical appointments and friendly visits.
4695 de Maisonneuve; 514-932-2326; www.contactivitycentre.org

11. Coup de Balai/Clean Sweepers

Mission: Help at home: housekeeping, meals, personal hygiene, accompaniment to medical appointments, grocery shopping, respite, etc.
5465 Queen Mary; 514-484-4266 ext 229; www.coupdebalai.com

12. Dépôt Community Food Centre

Mission: To work collaboratively with other community partners to address issues of food security in NDG and its surrounding areas.
514-483-4680; www.depotndg.org

13. Éducaloi

Mission: To inform Quebecers about their legal rights and responsibilities in language that makes the law easy to understand. Receives support from Quebec and Canada Justice Ministries. Education. Directory to legal services (some free).
www.educaloi.qc.ca

14. Head & Hands

Mission: Provide programs and services for youth aged 12 to 25

Health services (doctor, with or without medicare card), health and social counselling, legal services, community programs, outreach.
514-481-0277; info@headandhands.ca; www.headandhands.ca

15. International Social Services Canada-Services Sociaux International Canada

Mission: Mobilize international and domestic networks of professionals to effectively connect individuals, children and families separated by international borders to access the services and supports they need.
613-733-9938; www.issc-ssic.ca

16. Jewish General Hospital : Geriatric Psychiatry & Mind Body Research Team

Mission: Part of CIUSSS-CODIM, the mission of the Jewish General Hospital is to provide patient care of the highest quality in a humane and caring manner, with an emphasis on specialized and ultra-specialized care, to develop and promote an environment for leadership and excellence in health sciences education, to encourage and support research in order to advance the knowledge of the prevention, cause and treatment of illness and the promotion of health and to actively participate in and lead the development and evaluation of new technologies in order to enhance patient care.
514-340-8222; www.jgh.ca

17. Jona Destin e & Markinson St-Martin Pharmaciens Inc.

Mission: (see Workshop description above)
6530 Somerled; 514-303-1471; www.monpharmacienindependant.ca

18. Logis Action NDG

Mission: To provide information and support services to tenants in NDG and the surrounding area.
514-484-1471; www.ndg.ca/en/logis-action-notre-dame-de-grace

19. M decins du Monde

Mission: Medical clinic for uninsured migrants. Free and confidential. Walk-in clinic Thursday 1-4; 560 Cr mazie est; 514-281-8998;
www.medecinsdumonde.ca

20. Narcotics Anonymous

Mission: Narcotics Anonymous is a worldwide fellowship of recovering addicts whose primary purpose is to help addicts stop using drugs by utilizing a 12-step approach.
1-855-LIGNENA; www.naquebec.org

21. New Hope Senior Citizens' Centre

Mission: respite for carers, prevention, communal meals, meals on wheels, income security through tax returns
514-484-0425; www.newhopenndg.com

22. Prévention Côte-des-Neiges-Notre-Dame-de-Grâce

Mission: To provide citizens residing in the Côte-des-Neiges and Notre-Dame-de-Grâce neighbourhoods with the expertise and tools necessary to improve their quality of life with respect to urban security, the environment and other social issues.

514-736-2732; www.preventioncdnndg.org

23. Queen Elizabeth Health Complex

Mission: Houses a wide variety of health services, most RAMQ covered, some not. Many specialist offices, imaging, blood tests. The directory of services is available at 514-485-5013; www.qehc.org

24. Société Alzheimer de Montréal

Mission: The Alzheimer Society of Montreal is committed to alleviating the social and personal consequences of Alzheimer's disease and related disorders, as well as promoting research into their causes and cure.

514-369-0800; www.alzheimer.ca

25. Le Service de Police de la Ville de Montréal (SPVM)

Mission: The SPVM exists to protect the lives and property of citizens, maintain peace and public safety, prevent and combat crime and enforce the laws and regulations in effect. Socio-community agents serve as resource-persons, community liaisons and youth interventionists on the ground.

514-280-0111; www.spvm.qc.ca/pdq11

26. Y des Femmes de Montréal

Mission: To provide services to women, girls and their families so they can participate in, and contribute to society to the best of their abilities, as well as to work with community stakeholders in order to focus attention on issues of exclusion, social inequality and gender as well as all forms of violence against women and girls, and thereby improve overall practice.

514-866-9941; www.ydesfemmesmtl.org

27. Centre Évasion: Respite for seniors

Mission: Support seniors to maintain an independent life while contributing to caregivers' respite and improving their quality of life.

Services include respite day centre with stimulation activities; stimulation-respite in home; group stimulation activities in seniors' residences. Offers physical

coordination and cognitive stimulation activities. Flexible schedules, transportation, multilingual, professionals and volunteers.
5701 boul Décarie; Tel: 514-738-5151; centre-evasion@videotron.ca;
centreevasion.com

28. Bienvenue à Notre-Dame-de-Grâce

Mission: Bienvenue à Notre-Dame-de-Grâce is a non-profit organization dedicated to facilitating the integration of immigrants (newly arrived or other) in the community of Notre-Dame-De-Grâce and the host society as well as promoting intercultural relations.

514-561-5850; www.bienvenuendg.org

29. Compeer Montreal (Entre-Amis)

Mission: Offers people who need help in their struggle for good mental health the opportunity to be linked to a friendly volunteer. For people over 18 with a mental illness who are followed by a therapist. Volunteers are trained. Workshops, home visits, outings, help with daily living.

5461 Décarie; 514-489-1007; info@compeermontreal.ca

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Health Forum

Funding, promotion, participation, outcomes

Funding

The Forum was funded in part by the Senior Citizens Council and served to hire a contract organizer (Miranda Potts), and pay for the space (\$1400 + tax at community group rate), table banners, refreshments and advertising. Total cost of the Community Health Forum was approximately \$9000.00.

Promotion

In promotional materials for the Community Health Forum, the Working Group included logos of the NDG Community Council, Senior Citizens' Council, ACDPN, Bienvenue à NDG and Logis Action to increase the sense of inclusiveness of the event.

Four main strategies were used in promotion:

1. The event was promoted on social media via a Facebook event, which reached 6712 people and was shared over 40 times.
2. A poster and flyer were produced and distributed in print and electronically to the lists of organizations associated with the Working Group. These materials were also sent to each of the organizations with kiosks at the Forum.
3. Letters of invitation were sent to elected officials (with the exception of school commissioners) and board members of Working Group member organizations, as well as the executive directors of a number of local community organizations.
4. Advertisements were placed in The Suburban and The Senior Times. Just one article, in The Suburban on October 11 by Joel Ceausu, announced the event in detail. It described the event as a first such forum in NDG, citing Dalys-Fine "This is really a unique event, about not only promoting health but access to care and services for the residents of NDG".

Participation

Registration was free of charge and was managed by the NDG Community Council. Daycare services were provided and self-serve light refreshments were available throughout the day. Parking was difficult at the venue, though it was easily reached by public transport.

Some 90 community residents attended the Health Forum, on top of committee members, workshop presenters and panellists. A number of candidates for Municipal office attended (the event was held 3 weeks before elections). Candidates expressed interest in knowing more about health issues in the community and how local governments can play an active role in promoting/supporting access to health services in the neighbourhood. There were no sign-up sheets for the workshops. Attendance varied between 6 and 15 in each.

Evaluation sheets were distributed prior to the closing plenary, however only 14 were completed (many participants left after the second workshop). In general, participants considered the Forum excellent and well organized. The panel discussion was greatly appreciated. A longer question period was suggested.

Health Forum outcomes

The Forum demonstrated the benefits of and perceived need for opportunities to exchange in the community, among community organizations, between community and public sector organizations, and between residents and the full range of service providers. Participants expressed significant interest in future events of this nature, with organizers often being asked if they would be hosting the forum on an annual basis.

Highly productive contacts were made with key individuals at the CIUSSS-CODIM that pave the way for increased collaboration and information exchange. Alan Maislin is a huge asset and seems willing to take messages to the Board level. It would be beneficial to pursue a few questions with him to clarify how to make best use of this connection: To what extent can you introduce issues arising in the community into Board meetings? What can be/is being done about these issues in that arena? Is there a way to 'package' them to increase the chance of getting them on the agenda?

The Forum appeared to link directly into Paula Yiannopoulos' responsibilities at the CIUSSS. The event opened a valuable channel of communication that should be pursued. She also offered to put community organizations in touch with valuable resource people in their domain at the CIUSSS. The central intake department at the CIUSSS might be a key target for relationship building with community actors.

The two CIUSSS panel speakers, as well as background research conducted for the "Navigating the system" workshop, highlighted public system governance mechanisms that could be 1. Promoted among community residents, and 2. Involved in bridging efforts between public and community sectors. These include the Board of Directors of the CIUSSS-CODIM, the Ombudsman's office at the McGill University Health Centre, and User Committees at both facility and CIUSSS level.

The Forum underlined the difficulties and importance of building relationships with physicians in the community. Dr. Mark Roper had been confirmed as a panellist but did not make it in time to participate. Dr. Roper is a key actor in the local community, and further efforts are needed with him and other GMF or clinic physicians to open up communication.

The future: Key lessons

1. Key partners should be involved earlier on in the process of planning the Forum to ensure participation of their members and residents who use their services. The lack of participants at the New Arrivals workshop signals a need for better strategies to inform and attract these members of the community. The Working Group member from Bienvenue à NDG suggested that advertising works best through personal contact, and directly through people working with new arrivals. As well, the Saturday morning scheduling conflicts with activities such as children's language classes; Friday afternoon/evening may be a more convenient time.
2. While the informality of the event helped to create a welcoming feeling for participants, it would be useful to the organizers to have a better record of who attends.
3. Note taking should be better organized to ensure that key themes and ideas are recorded.
4. The Forum would have been enriched by a session where representatives at each of the kiosks presented what they offered and how to access their services. Also, a number of kiosk representatives said they would have liked to participate in the workshops.

Potential challenges in repeating this type of event include a general lack of space in the community and restricted resources. The event happened largely thanks to non-recurrent funding obtained through the Senior Citizens' Council, which paid both for the venue and a dedicated organizer.

Ongoing awareness, participation and coordination with other community events is essential to create synergies and avoid duplication or scheduling conflicts. These include, notably, the CIUSSS-CODIM Mental Health Resource Fair, hosted by the CIUSSS-CODIM Roundtable on Mental Health.

This publication is available at www.ndg.ca