

### New funding for four new initiatives

History has been made with the CHSSN's recent strategic and far-reaching agreements with Health Canada and the Quebec Ministry of Health and Social Services to improve access to services for English-speaking Quebecers. A federal grant of \$19.5 million will fund implementation of four major initiatives that bring together public health and social services providers and community organizations in common cause. The programs are to be carried out over four years.

This important new investment will be dispersed to launch nine new community networking partnerships and a series of health promotion projects. It will finance new knowledge on the health of English-speaking communities in Quebec and will fund development by regional Agencies of projects that will improve anglophones' access to the province's public health and social services system. (Details on pages 2 through 5.)

"The CHSSN's orientation and that of the community networks has always been to work closely with the Ministry at the provincial level, with the Agencies at the regional level, and with service providers at the community level," says **Jim Carter**, program and policy advisor. "The basic idea of promoting partnerships and networking among the different players in the health and social services field is not only to obtain access to essential services, but also to ensure the future vitality of our communities.

"All the elements of these new initiatives are designed to fit within the framework of the Ministry's own priorities to improve health and social services for all Quebecers," Carter affirms. "That the CHSSN has been able to bring in federal funding to assist the Ministry, and anglophone communities who play a role in achieving that goal, brings us much closer to achieving a more equitable provision of services." ■

### Provincial committee provides counsel

The provincial committee for the delivery of English-language health and social services played a pivotal role in determining which of the regional Agencies' projects were selected for funding. "It was at the direct request of the Minister that we reviewed and provided advisories on their proposals," explains **Marjorie Goodfellow**, committee president. "Our first criterion was that they would be of

direct benefit to local anglophone communities. And we were very watchful that the services they were adapting for anglophones' access be sustainable, and that they could be fully integrated into the system.

"We were very pleased to see that the agencies were so interested in this initiative and that they used the opportunity provided by this new funding," says Goodfellow. ■

#### New networks launched

Nine new community networks will help improve delivery of healthcare to English-speaking Quebecers:

- 4 Korners Family Resource Center
- African Canadian Development and Prevention Network
- Youth and Parents AGAPE Association Inc.
- CCS
- Heritage Lower St. Lawrence
- Jeff Hale Community Partners
- North Shore Community Association
- Neighbours Regional Association of Rouyn-Noranda
- To come: a network in Soulanges-Vaudreuil in the Montérégie

#### New poverty study in the works

The CHSSN is preparing a new, in-depth profile of the province's English-speaking communities. Past CHSSN poverty portraits were broadly based, compiled from regional data. The new report, zeroing in at the CSSS level, will be much more specific. "It will provide us with a much more accurate picture," explains **Jennifer Johnson**, executive director. The information will be released in March.

## Community health promotion projects under way

*One of the pillars of the CHSSN's latest initiative for improving access to services for English-speaking Quebecers is the development of health promotion projects specific to local needs. These projects will be led by 18 community networks across the province – nine*

*already existing and nine new ones (see pages 4,5). All projects are being designed to enhance the capacity of the networks to develop resources that complement the services provided by the public system, so that all fall within the parameters of public health priorities.*

*This new health promotion initiative will be carried out from 2009 to 2013. The plan is to eventually select a number of these projects that can serve as best practice models. Following are eight projects currently under way:*

**CAMI**, the Council for Anglophone Magdalen Islanders, is starting its project by updating its needs assessment for the most vulnerable of the 830 anglophones in its territory and to identify gaps in local health and social services. "We did our first studies five years ago on seniors and youth who become involved with substance abuse," says **Helena Burke**, executive director. "We need the latest information to proceed with development of actual service programs."

Public service providers and community organizations are already onboard. "We have 26 partners," says Burke, "and they are as excited as we are about starting this project."

**CASA**, the Committee for Anglophone Social Action, has targeted seniors and families with

young children for its project. "We know that anglophone families with children up to five years of age are not receiving the healthcare services they need," says **Maria Chatterton**, administrative officer. "We have to pinpoint who and where these families are and work on adapting and creating services for them. We're also exploring the possibilities of setting up a frozen meal program for isolated seniors."

The **Coasters Association** is leading health promotion projects on both regional and provincial levels. "We've made major headway in forming seniors committees in each village that are represented on a regional seniors table," explains **Kimberley Buffitt**, NPI network coordinator. "We're working with that table and our CSSS to identify a site for a seniors day centre, as well

as exploring what are their needs for adapted transport."

On a provincial basis, **Coasters** is tackling the widespread problem of substance abuse. "There is a great disparity, and much duplication, among regions as to how drug and alcohol awareness and prevention is being handled," says Buffitt. "We'll be doing a province-wide inventory of existing programs and services, and will bring everyone together at a symposium to share information and to develop an action plan."

**ENRICH**, the English Network of Resources in Community Health, is preparing a promotional campaign for the new Papineau Health and Social Services Centre in the Outouais. "Now that we have the centre, people need to know about it," says **Danielle Lanyi**, regional

## Agencies adapting services to improve anglophone access

An important portion of the new federal investment in Quebec is funding a province-wide program to address the issue of equity in the delivery of services. To bring English-speaking Quebecers into the system. What is unique about this initiative is that it is the health and social services Agencies that are spearheading projects to improve anglophones' access to services.

"A number of projects have been submitted for funding this year," says **Jennifer Johnson**, CHSSN executive director. "These have been reviewed and approved by the CHSSN board. A key criterion for their acceptance was that these projects be developed in cooperation with the community networks and that they be linked to the regional access programs."

This initiative comes at a time of major transformation within the public system. Essentially it facilitates the adaptation of services already provided to the mainstream population so as to also serve English-speakers. Involvement of the local community networks further enhances their cooperation with public institutions at the grass roots level. ■

network manager. “Having such a hub for healthcare information is a major breakthrough for us.”

The new centre is in Hull. “We needed a central location close to where most anglophones live,” says Lanyi. “We have excellent relations with the school board – which gave us our space – and the CSSS. By strengthening those bridges we’ll be better able to help those in rural, smaller, communities better as well.”

The Montreal East English-language services network, **REISA**, is sponsoring a mental health program, **Friends for Life**, in two East End Montreal schools. AMI-Quebec, program partner, is training teachers to work with young children to alleviate their anxieties and to develop resiliency to mental health problems (see p.7). As well as focussing on mental health issues, the project will involve promotion and development of related services.

“We’re also developing a support program for immigrant families in Montreal North,” says **Fatiha Gatre Guemiri**, project coordinator. “Their children must attend French

schools, and when the parents are unable to help with their homework or interact with the school system, this causes a great deal of stress and anxiety and, often, depression.”

**MCDC**, the Megantic English-speaking Community Development Corporation, is marshalling its efforts to provide access to health support groups for English-speakers in its territory. “We’ve never looked at the need for such groups before,” says **Suzanne Aubré**, executive director. “But it is certainly there.”

“Because our population is so widely scattered, we don’t have the numbers to create English groups *per se*,” Aubré explains. “So we’re first drawing up an inventory of the French groups to see if any of their activities might be adaptable. Then we’ll meet with service providers to see what could be done. I’m sure that by putting our heads together we can come up with something that will make a difference.”

**Townshippers’ Association**, which covers two networks, is consolidating data already compiled on its community that it will share

with public and private partners. “We need to do this to make sure our access programs are on the right track,” explains **Shannon Keenan**, executive director.

**Townshippers** is also preparing a mental health needs assessment to develop a support program for anglophones. A resources guide and training sessions for caregivers are also in the works.

**Jeffrey Hale Community Partners**, a new network based in Quebec City, is working on a health promotion project for seniors. Its task is to organize a provincial symposium on health promotion and disease prevention for that age group. This March event will touch on all the other networks.

“There has been a tremendous amount of work among all the networks, and in the public system, to address the needs of our senior population,” says **Richard Walling**, executive director. “By pooling that experience and expertise, we hope to come up with strategies to better meet the healthcare needs of that population.” ■

## INSPQ agreement advances knowledge of anglophones

The CHSSN has signed its first agreement with a key organization in Quebec’s public health domain. The Institut national de Santé Publique de Québec (INSPQ) will partner with the Ministry of Health and Social Services and the CHSSN in examining the English-speaking communities in the province in much greater depth than was hitherto possible.

“INSPQ has resources that we would never have been able to access,” explains **Jennifer Johnson**, CHSSN executive director. “They’ll tap geographic, demographic and socio-economic data to create new, highly detailed health and vitality profiles of our communities.”

Anglophone patterns of access to services will also be studied. This

information can determine how well access programs are actually being implemented. A parallel study of community development will bring CHSSN community networks into focus. The goal is to create tools for more effective programs.

“This is a very exciting venture,” says Johnson. “It’s fantastic that we’re now a ‘community of interest’.” ■

## New networks get ready to launch

*The CHSSN has successfully nurtured the development of nine partnership networks linking Quebec's English-speaking communities with their service providers. That mission has expanded with the launch of nine new networking initiatives.*

**4 Korner's Family Resource Center**, based in Deux-Montagnes, is the first and only organization in the Laurentians with the mandate to promote access to health and social services in English. Since it was established, in 2007, 4 Korner's has established partnerships in both its own district and also farther afield through creation of the Laurentian English Services Advisory Network and the Laurentian Youth Network. The strategy now is to establish a number of mini-networks or "cells" to mobilize anglophones to action and pinpoint their precise needs.

"The greatest challenge for us," says **Shane Corrigan**, executive director, "is that anglophones here are so isolated from each other that they don't perceive themselves as part of a common community. Then there is the great socioeconomic diversity among different pockets of the English-speaking population. We want to create a dialogue between communities to identify individual and common needs."

Key to overcoming many of these obstacles is the establishment of efficient communication links. Already in place is the 4 Korner's interactive website. Partnering with local Community Learning Centres will provide the opportunity to use teleconferencing for public sessions as well as for meetings of the cells.

Quebec City-based **Jeff Hale Community Partners (JHCP)** has been involved with a number of needs assessments and studies of the English-speaking population of the Capital region. Most, however, are now outdated and no longer reflect the actual situation. Understanding social capital of the region is another element to be explored.

JHCP is to formalize its present partnerships to create a new regional network that will pursue the task of updating the demographic profile and health determinants of the English-speaking community in the region. The new data will be presented at a Community Health Forum to anglophone organizations and public health and social services providers. With the most current information, the network can promote creation and/or adaptation of more healthcare programs and services to those who need it most.

The **Youth and Parents AGAPE Association** in Laval faces a unique challenge. It is in the fastest growing region, with the fastest growing English-speaking community, in Quebec. And the anglophone population is young: only 10 percent are seniors. There is an extraordinary lack of healthcare services in English in the region, which makes a community network a pressing priority.

"The anglophones here are so disconnected from the system," explains **Luigi Morabito**, network coordinator. "The CSSS website is totally in French and they don't know who or where to call for services. The problem is that no one

complains – they go to Montreal for their health care. We really need to change that."

AGAPE has been active in the territory for many years, but recent surveys of the community have triggered the push for a network. "We're busy prioritizing needs and priming partners," says Morabito. "We're setting up strategic alliances and we'll eventually be doing a lot of communicating to our community."

The **African Canadian Development and Prevention Network (ACDPN)** in Montreal has already drawn five Black community organizations together into a coalition to work for the healthy development of Black families and their neighbourhoods. Its goal now is a permanent network that will play a proactive role in ensuring access to culturally appropriate social services. It would ensure that the community fully participates in defining and delivery of resources particular to its needs.

The needs are longstanding. Because of their socioeconomic situation, many Black families are at risk. Black children are over-represented in the province's youth protection system. Black families receive less support for keeping their children at home.

The ACDPN has had major success with its family support program in anglophone Black communities. The job now is to broaden its base to include the francophone Black community and public partners from the mainstream health and social services system.

CCS (Catholic Community Services) is assembling health and social services organizations to create a new network in southwest Montreal. The population served by the CSSS Dorval, Lachine, LaSalle is over 40 percent English-speaking, but services in English are sparse. CCS aims to rally both anglophones and francophones to work together to improve healthcare services.

“We have a lot of work to do in sensitizing the community,” affirms **Diane Doonan**, co-coordinator of the new network. “A recent public consultation on revitalizing the area was done entirely in French. The anglophones feel left out and the francophones aren’t aware of their needs or concerns.”

As part of its strategy to improve this situation, CCS is setting up a new seniors’ centre in LaSalle where, as well as English activities, it will offer French classes. “There’s a huge language barrier there,” says Doonan, “particularly for the area’s 8,000 anglophone seniors. The centre will also give us a forum for reaching out to the community and be a site of information on accessing health and social services.”

**Heritage Lower St. Lawrence**, an informal network of anglophones for nearly 10 years, has only recently become concerned about healthcare issues. “We discovered real gaps in services when we surveyed our community,” says **Kathy Dodson**, executive director. “There is a lot of good will among our CSSS people, but they don’t have the resources to meet our needs. Nor, for that matter, the francophones’ needs.

“We’re looking at a permanent regional network that will benefit both language groups,” Dodson explains. “We certainly want more services in English, but if we can attract more professional services to the region, that will also improve the situation for our francophone neighbours. And we hope that such a network will create a stronger sense of community among English-speakers as well.”

The **North Shore Community Association** began looking at health and social services as an issue two years ago and eventually came to the conclusion that a formal and permanent community network was essential. It would serve the 1600 anglophones living in six CSSS territories in a huge area covering 650 km.

“We decided to concentrate on Sept-Isles first,” says **Jody Lessard**, network coordinator. “That’s where there is the largest number – 1,000 – of English-speakers. And where, according to access programs, 95 percent of the CSSS services should be offered in English but mostly they’re not. It’s a question of a lack of resources, but there is also lack of communication among the service providers.”

The first step was to hire a liaison person based in Sept-Isles (Lessard lives three hours away) to identify community resources and make institutional contacts, and to involve the resident anglophone population. “We’re mobilizing the community first,” says Lessard. “Then we’ll officially invite the service providers in the public sector to join us.”

The **Neighbours Regional Association of Rouyn-Noranda** has been developing contacts within the health and social services system for the past five years. “We’re very well positioned now to make that networking official,” says **Sharleen Sullivan**, executive director. “We want to see the English-speaking community have real influence and input in the healthcare system.”

There are only 1200 anglophones in the territory, 17 percent of whom are unilingual. They make up only four percent of the total population, so although access programs are in place, the numbers don’t warrant major investment in English services by the public system. The area is notable for having a much higher proportion of young people, mostly male, than do other English-speaking communities.

“We’re receiving some services,” Sullivan affirms, “but not officially. We get by on the good graces of the health workers here. And we do piggyback on the English services provided to the First Nations communities next door. But that’s not good enough; there are too many people being left out.

“I’m very optimistic and excited about where this project is going,” says Sullivan. “I can see that with a permanent and sustainable network, we’ll going to be able to make a real difference.”

*A ninth community network is also being planned, for the Montérégie region. CSSS Vaudreuil-Soulanges is being proposed as sponsor of this new partnership.* ■

## AMI addresses kid's anxiety

Researchers now affirm that anxiety is the most prevalent mental health disorder among children and youth. A recent study in this province discovered that over 15 percent of preschool youngsters in Quebec suffer from high levels of anxiety and depression. AMI-Quebec is preparing to tackle that issue by training teachers and school workers on how to better cope with this serious situation.

“We’re introducing them to a very effective childhood anxiety prevention and intervention program called FRIENDS for life,” says **Ella Amir**, executive director. “It was developed in Australia, and has been successfully used around the world for over 12 years. And it is endorsed by the World Health Organization.

“The beauty of FRIENDS is that it’s a ready-to-use program, and it’s

highly adjustable,” Amir affirms. “In the classroom it serves as a universal prevention tool that is applied to everybody. But it is also effective with small groups or as a clinical intervention for individual kids flagged as having problems.”

And it is effective. According to FRIENDS assessments, up to 80 percent of children showing signs of an anxiety disorder no longer display them for up to six years after completing the program.

AMI is introducing FRIENDS in partnership with the Montreal English School Board and the East End network for English language services. It starts in January, with 165 kindergarten and grade one children in two East End schools. “It’s a pilot program at this stage,” says Amir. “But I’m very optimistic that it will be continued and include other schools.” ■

## QCGN creates seniors services database

The Quebec Community Groups Network (QCGN) has launched a new database on services available in English for Quebec seniors. The information was compiled through surveying regional organizations and institutions that do provide such services. A volunteer committee of seniors from across the province is providing guidance and strategic direction in development of an action plan for the future.

“We reached 55 organizations,” says **Nina Kim**, project manager. “It’s a good start, but we want to include all the others, both English and French, that provide services in

English and haven’t been contacted. It’s an opportunity for them to promote what they offer. We’ll be conducting a media campaign to spread the word. They can apply online at [www.quebecseniors.info](http://www.quebecseniors.info).

One of our goals,” explains Kim, “was to identify English-speaking seniors’ key priorities. The final report isn’t out yet, but some common issues did emerge from the survey, such as the need for day centres, respite for caregivers, and transportation in the regions. One recommendation that will surely be in the final report is that a provincial seniors network be created.” ■

## Theatre convinces anglos to access and act

The Townshippers’ Association has just wound up its innovative – and successful – project aimed at encouraging English-speakers to participate in their local health and social services system. For three years each summer, a professional theatre troupe has been performing a musical play that delivers a participatory message to anglophone audiences. While the actors wrote the final script, it was based on the input and participation of community organizations and CSSS service providers.

“The performances were funny but factual,” explains **Kate Murray**, coordinator for the Montérégie East Health and Social Services Network. “They really engaged the audience and, as we confirmed with post-performance surveys, they got the message across.”

There was a different theme each year. The first described services and programs that were already available in English. The second year focused on coaching anglophones on how to assume responsibility for their own health care and how to interact and build relationships with service providers. With the third play, anglophones were encouraged to become more involved in the community, particularly through volunteering. Snacks and health information were offered after each performance.

“It was a nice social occasion as well as an information gathering opportunity for the communities that were visited,” says Murray. “Feedback was uniformly positive; I think we can say it was a success.” ■

## Batshaw's new approach to follow foster children

Batshaw Youth and Family Centres has introduced a new childcare monitoring program into its foster family network. Studied in a five-year research project here, Looking after Children is based on a system introduced in Britain in 1987. Batshaw was one of five youth centres invited by Quebec to participate in the research project.

"Initial results are really good," says **Hedy Taylor**, program manager. "We conducted our research with 250 kids and their foster families. They, and the social workers, responded so positively that there was no question of not implementing the program. Now all of our child care workers have been trained in the method so that it can be applied to the rest of our foster children in long-term placement."

The system is very thorough. It relies on an assessment procedure that provides a comprehensive profile of the child's growth and development and highlights where additional support might be needed. It is a procedure that Batshaw intends to continue when the children return to their family.

"We're developing another tool than can be used in their own home," Taylor says. "Being released from our care shouldn't mean that those children stop benefitting from this type of monitoring program. Their needs and attributes have already been identified. It just makes sense that we continue to help them find the resources they need to continue their development. And by contributing to good parenting, it will help the whole family." ■

## Lethbridge a leader in pain project

There's new hope for Quebecers suffering from chronic pain. Each of the province's integrated university health networks (RUIS) has been asked by the Ministry to develop a Centre of Excellence for diagnosis and treatment of this debilitating syndrome. The McGill RUIS, the MUHC and the Constance Lethbridge Rehabilitation Centre have formed a consortium to address the issue.

"Lethbridge and the Montreal General's chronic pain clinic have been collaborating on improvement of services for some time," says **Ghislaine Prata**, executive director of Lethbridge and co-chair of the consortium's planning committee. "We've now brought onboard institutions involved in primary and secondary care as well as a patient representative. We've tabled a three-year plan with the Ministry, but we've already started on it."

The focus is on four key areas: the most advanced level of care and treatment, research on improving treatment methods, teaching and transferring knowledge into the field for medical practitioners, and the evaluation of technology.

"We're placing a huge emphasis on prevention," says Prata. "Right now at least 50 percent of patients coming for care develop a chronic condition. Services are going to be reorganized and improved so that there is a continuum of care. We want to ensure strong support at the primary level especially because better management of pain at the outset can make a major difference."

"Chronic pain can have a devastating effect on patient and family," says Prata, "And society suffers from the serious loss of productivity. We aim to get patients functioning as soon as possible." ■

## Cummings adapts activities to needs

The Cummings Jewish Centre for Seniors in Montreal has developed special new programs for clients suffering from two tragic age-related diseases, Alzheimer's and Parkinson's. Both are designed to help people in the early stages of affliction to extend their flexibility and sense of well being. Both include physical exercise in the Centre's wellness area to minimize their sense of isolation.

"In our program for Alzheimer's clients each has an individual service plan adapted to their needs," says **Harriet Tobman**, director of the Programs Department. "They're all

involved in group discussions, cognitive inter-activity and the learning of coping mechanisms. We've introduced drama and music as well: drumming has an amazing impact. We're also preparing a program to help their caregivers."

"We try to help our Parkinson's clients to maintain their physical well being for as long as possible through adapted exercises," explains **Elaine Shapiro**, director of Support Services. "Boxing is very popular as a way to vent their frustration. It makes a difference that they are in a social setting, and can interact with others, rather in a medical locale." ■

## Buckingham boasts first anglo collective kitchen

There is a new local health and social services network in the Outouais that aims to serve the English-speaking community in Buckingham. Its first venture is a collective kitchen for anglophones. Thanks to the cooperation of an existing French collective kitchen, English speakers are being helped with their planning and preparing of nutritious meals.

“They’ve offered us space – and their teacher,” says **Danielle Lanyi**, regional network coordinator. “It’s a very good start to opening doors between our two communities.” ■

## CHSSN supports anti-smoking campaign

The CHSSN has once again lent its support to the province’s annual anti-smoking campaign. Working with the health promotion arm of the Institut de Cardiologie de Montréal, ACTI-Menu, the CHSSN was able to ensure that promotional materials were available in English for the anglophone organizations to use in their regions. To further bolster the cause, the CHSSN disseminated this information to all of its members. ■

### AMI gets Canada Post grant

AMI-Quebec has been awarded one of the first grants made by the Canada Post Foundation for Mental Health. The Foundation gave over \$1 million to support organizations that provide direct support to people affected by mental illness. AMI is using its \$61,400 to deliver this year’s teleworkshops program.

## Radiothon raises money - and anglo profile

Sherbrooke’s hospital is close to \$60,000 richer and the English-speaking community in the Eastern Townships that much more visible, thanks to a fund-raiser organized by **Marjorie Goodfellow** (see below), long-time board member of the hospital’s foundation. A radiothon to benefit the hospital was held on CBC Radio on October 30. Called Make this hospital yours, it was the second such event.

“I felt that this would be a good way to spotlight the hospital as well as our community’s generosity,” says Goodfellow. “We had a mix of our people on air to stoke contributions, someone from the hospital describing the services available and an English-speaking employee telling how pleasant a place it was to work. That was topped by a Human Resources employee inviting anglophones to apply for jobs with this, the largest employer in the Townships.” ■

### Goodfellow wins award

Renowned community volunteer **Marjorie Goodfellow** was named one of the first recipients of the Sheila and Victor Goldbloom Distinguished Service Award in September. It is the latest of several awards she has received for outstanding community service.

Long known in the Townships as a community leader, Goodfellow chairs the provincial access advisory committee, and has served on many institutional boards. She is noted for her unflagging efforts to build bridges between the anglophone and francophone communities.

## The CHSSN

The Community Health and Social Services Network (CHSSN) is a network of community resources, associations and public institutions dedicated to the development of health and social services for English-speaking communities in Quebec.

The CHSSN’s objectives are to:

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

Any organization interested in becoming a member of the CHSSN may contact us at:

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