Forum on Public Health and English-speaking Communities

Community Health and Social Services Network

Sainte-Foy, Québec
March 27, 2008

Table of Contents

Opening Remarks 1

Keynote Address 1

Conference Objectives 1

Health-Related Problems for Québec Anglophones 2

Statistics 2

Social Circumstances 3

General health portrait 3

Vulnerability of the Anglophone Community 4

Discussion 6

Drug and Alcohol Use Prevention among Youth in the Magdalen Islands 7

Public Health in Québec 8

The National Public Health Program (2003–2012) 9

Responsibilities and Priorities 10

Regional public health 10

Local public health activities 10

Québec Public Health Institute (*l'Institut National de Santé Public du Québec*) 11

Discussion 12

Public Health Promotion in the Montérégie 13

Outlining Conditions: The Improvement of Public Health Outcomes for Québec Anglophones 13

Abitibi Region and Surrounding Areas 14

Gaspésie, Magdalen Islands, Bas-St.-Laurent 14

Montérégie, Eastern Townships, Laurentides 14

Québec City Region 14

Montreal, Laval, and Outaouais 15

Community Telehealth Pilot Project 15

Future Plans and Next Steps 16

Conclusion 19

Opening Remarks

Ron Creary
President
Community Health and Social Services Network (CHSSN)

Alain Poirier
National Public Health Director
Assistant Deputy Minister
Ministry of Health and Social Services (MHSS)

Jennifer Johnson
Executive Director
Community Health and Social Services Network (CHSSN)

Ron Creary said he hoped the forum would provide an opportunity for Québec's English-speaking communities to gain a better understanding of public health, and for public health professionals to achieve new insights into the needs and circumstances of these communities. "The goal today is to get a sense of our shared problems and develop a common willingness to act," he said.

Keynote Address

Language "can act as a barrier to public health, but does not explain everything," said Alain Poirier. In fact, Poirier said, socio-economic factors are more important determinants of a community's health than language. He cited a MHSS report that found a strong correlation between wealth status and physical and mental health across Québec communities.

Public health, Poirier said, is not only about securing universal access to health care, but about tailoring that access to specific communities' needs. It is important, therefore, to research the social determinants of health and the communities' situations, and to use the accrued knowledge to anticipate problems and design proactive solutions.

Impoverished communities, which tend to be the most at-risk populations, are not only delineated by "postal code, borough, or neighbourhood," but also by language. "So, it's important that we look after the one million English speakers in Québec," said Poirier.

Conference Objectives

Jennifer Johnson said she hoped this event would "create an opportunity for the two groups, the two solitudes, to learn more about each other." She said it would provide an opportunity for English speakers to learn about public sector programs designed for them, and for public health professionals to learn about the unique circumstances of English-speaking communities.

Health-Related Problems for Québec Anglophones

Jan Warnke
J.W. Comm. Inc.

Joanne Pocock
Research Consultant

Jennifer Johnson
Executive Director
CHSSN

Statistics

Jan Warnke said he wished to contextualize his data by "call[ing] attention to the notion of change." As the demographics of Québec's English-speaking population change, bringing about a shift in the community's needs, the geographic distribution of Québec's population is also changing. These trends must be considered when creating or trying to affect public health policies, said Warnke.

The CHSSN has created a data model designed to "acquire, store, manage, and develop" demographic information and provide "informational support" to public health policy makers.

The latest demographic surveys show that since 1991, Québec's anglophone youth population has decreased significantly, while the anglophone elderly population has risen sharply. There has been a particularly steep increase in the anglophone population over 80 years of age—"a very vulnerable demographic," said Warnke.

The data model includes an index that compares the demographics of Québec's English- and French-speaking communities. This allows analysts to "balance the competing [health] needs" of the two linguistic groups. Warnke said that Québec's English- and French-speaking communities have undergone a similar change in age structure since 1991. Both communities are aging—however, the francophone community remains considerably more middle-aged than its English counterpart. This can be an impediment to designing public health programs that serve everyone.

Warnke said the drastic regional variations in demographics are another obstacle to designing effective programs except at a very specific level. The data shows a strong correlation between low income and poor health. Warnke said poverty hinders access to health care, and emphasized that communities with a high instance of households below Statistics Canada's Low-Income Cut-Offs (LICO) need special public health programs that reflect this reality.

Warnke directed those seeking more information to the CHSSN website, www.chssn.org.

Social Circumstances

Joanne Pocock presented highlights from the 2008 CHSSN *Baseline Data Report* (BDR).

She said she hoped the forum would "help communities develop strategies to work with the public sector." The BDR could be used to "enable communities to link their regional socio-economic profile with an associated health and social services status."

Pocock explained that the report's numbers were culled from the 1998 Québec Health and Social Survey conducted by the *Institut de la statistique du Québec*. This survey had 20,000 respondents, 18,000 of whom listed French as their mother tongue and 1,000 of whom listed English as their mother tongue.

A higher proportion of English-speaking respondents were seniors. There was a significantly higher occurrence of poverty and extreme poverty (an annual salary below $15,000) among English-speaking respondents, although there was also a higher occurrence of high-income earners (more than $60,000 annually) among English-speaking respondents. Pocock said anglophones were more likely to report low levels of scholarity. The survey showed that Québec's English speakers were more likely to report dissatisfaction with the health services in their region.

General health portrait

Pocock said the health portrait provided by the survey was too detailed and vast to go into at length. Instead, she provided forum participants with a "General Health Portrait":

- A majority (64%) of respondents reported suffering from one or more health problems, with the elderly being more likely than younger respondents to report this circumstance.
- Women were more likely than male respondents to report suffering from one or more health problems.
- Anglophones were more likely than francophone respondents to report suffering from one or more health problems.
- There was a significantly higher occurrence of long-term health problems among the poor than among other sectors.

These health determinants are interconnected, said Pocock. She cited the statistic that anglophones are 26% more likely than francophones to fall below LICO. Anglophone poverty is prevalent throughout the province, but is particularly concentrated in certain areas, such as the Québec City region and la Mauricie.

This situation poses a serious health challenge for English-speaking Québecers, said Pocock. Poverty has been shown to correlate positively to food insecurity, obesity, suicidal thoughts, and weak social support and satisfaction. Low income is also linked to higher hospitalization

rates, an increase in medication consumption, and a decreased likelihood of private health coverage.

Pocock identified Québec's English-speaking female population as a particularly high-risk group. She said the survey data indicates that women between the ages of 15 and 24 are less likely to exercise than men of the same age. Female-headed single parent households were more likely to be poor and to report low levels of education and employment than their male-headed counterparts.

Pocock said mental health is a particular problem among Québec's anglophones. English-speaking respondents were 58% more likely to report problems with mental health.

Pocock noted the importance of social networks in public health and the variables that determine one's likelihood of having a strong social network. Specifically, a weak social environment correlates with a higher instance of long-term and mental health problems.

Middle-aged (24–64) and unemployed respondents were more likely to report a weak or non-existent social network. Anglophone respondents were more likely to rely on family and friends for post-hospital help at home.

English speakers face greater obstacles in acquiring access to public health services, said Pocock. They are more likely to need to travel long distances to seek care, less likely to be aware of the services available to them, and less likely to use these services even when aware of them.

Pocock said the BDR is a "huge, long, very fascinating catalogue of information." She said it should enable community health networks to "look at their regions and identify the specific health concerns that might be of issue."

Vulnerability of the Anglophone Community

Jennifer Johnson said she would present "a résumé of what [participants] have already heard" from Warnke and Pocock. She described the BDR as a "vulnerability profile of the community, bringing together the elements outlined earlier in more of a package."

Johnson said there are 918,000 anglophones in Québec, with significant regional variation in the proportion of English to French speakers.

As Warnke and Pocock pointed out, Québec's anglophone population is significantly older than its French-speaking counterpart, said Johnson. The English-speaking community has a 10% higher proportion of seniors. In addition, the English-speaking community continues to age overall, as demonstrated by a comparison of the 1996 and 2001 censuses.

The English-speaking community has a higher proportion of poor members than the French-speaking community. English-speaking Québecers are 26% more likely to have incomes below

LICO. Johnson noted that this proportion was significantly higher in certain regions. Among Canadian linguistic groups, English-speaking Québecers have a disproportionately high unemployment rate, second only to francophones in New Brunswick.

Québec's anglophone communities face another challenge with the weakening of their social environments. Communities are aging, their size and proportions vary significantly, and there is less institutional support available. Anglophones have a tendency to seek the help of family when sick, despite the fact that their families are less likely to be nearby. Johnson said that 60% of Québec's English speakers believe their regional anglophone community is under threat.

English-speaking Québecers are less likely to utilize health services, to have easy access to services, to receive quality care by a doctor, and to be satisfied with the care provided by community services. In particular, Johnson said, "Those who consider their health status to be fragile are more likely to express low levels of satisfaction."

According to a CHSSN-CROP survey, English-speaking Québecers are less likely than their French counterparts to utilize the services available to them. The majority are not aware of the existence of these services, such as those provided by the local community service centres (CLSC). Of those who are aware of the services, 70% are unaware that they are offered in English.

Part of the problem, Johnson suggested, is that anglophones are not receiving English information from public health organizations about their services. Of those surveyed by CHSSN-CROP, 73% reported seeing no English information from public health and social service institutions in the two years leading up to the study. In some regions, the rate was closer to 90%.

Johnson offered the following general conclusions:

- "Serious demographic challenges and varied access to the public health and social services network create inequalities regarding the health status of English-speaking communities in a number of regions."
- Poverty, poor health, and low satisfaction with public health services appear to be interrelated in anglophone communities.
- Anglophones in rural and isolated regions are especially limited in their access to certain services, such as Info-Santé, and these services are particularly underutilized in these communities.
- Many anglophones are reluctant to request services in English, primarily because they feel they are a burden to the system or will experience delays as a result.

Discussion

A participant suggested that francophones are less likely than anglophones to report their health problems in surveys, and this could skew the data. He asked if any of the speakers had looked at diagnoses as a complementary source of information.

Warnke said he was aware of this problem but that researchers do not always have access to health records. "That's why we have to rely on surveys, which are better than nothing," he said.

Another participant asked whether the discrepancies between communities regarding access to health services correlated to the health status of those communities. He suggested research be done on that relationship.

A Lower North Shore participant discussed the work being done in her community to study family trees and genetic predispositions to particular diseases as a means of mapping out what services are needed and where.

A Montreal participant suggested that the term "anglophone" excludes English speakers whose first language is not English, but who communicate more easily in that language than in French. She suggested that future research should include all of Québec's "English speakers."

A participant asked whether comparisons had been done between Canadian-born anglophones and foreign-born English speakers.

Warnke and Pocock responded that the data available to them does not always specify the mother tongue of the respondent but merely indicates which of the official languages he or she learned first.

A participant asked if anglophone Aboriginal people were included in the data and suggested that their inclusion might distort the results, as many live in impoverished Aboriginal communities.

Warnke reiterated that much of the information does not specify the respondent's ethnicity but only the first official language spoken, and there was no reliable way of determining which respondents were Aboriginal.

Drug and Alcohol Use Prevention among Youth in the Magdalen Islands

Helena Burke
Council for Anglophone Magdalen Islanders (CAMI)

Maxine Matthews
CAMI

Helena Burke said that the Magdalen Islands' Network for Anglophones (MINA) had consulted with the CHSSN, the regional public health department, the school board, and other organizations to address the growing problem of substance abuse among Magdalen Islands' youth.

As a result of these meetings, Maxine Matthews drafted a proposal to the *Agence de santé et de services sociaux de la Gaspésie—Îles-de-la-Madeleine* requesting funds for an outreach worker for the Islands' English-speaking youth. In the proposal, Matthews noted that a 2006 health study identified drug and alcohol dependence as the top health priority for the community, yet the nearest addiction outreach centre was in Québec City.

CAMI undertook several actions to raise awareness about the problem in the community. In October 2007, CAMI held a Telehealth videoconference on anger management, self-esteem, and addiction, drawing a record 24 participants. Anti-drug walks were organized to call attention to the need to reopen the RCMP office that had closed a year previously. A pamphlet on a "date rape drug" was translated into English after it was discovered that the drug had appeared on the Islands.

CAMI partnered with the Islands' English high school, church groups, and the *centre de santé et de services sociaux* (CSSS) on various events and programs to raise awareness about the problem and provide alternative activities for youth.

Matthews said the Islands' youth are increasingly dependent on drugs and alcohol and are turning to outside resources for help. She said that a frontline worker in the community would be "a valuable asset to enhance existing services."

Public Health in Québec

Alain Poirier
National Public Health Director
Assistant Deputy Minister
MHSS

Réal Lacombe
Regional Director of Public Health
L'Agence de la Santé et des Services Sociaux de l'Abitibi-Témiscamingue

Mario Morand
Director General
Health and Social Services Centre (HSSC) la MRC des Sources

Pierre Joubert
Director
Research, Training and Development Branch
Institut National de Santé Public du Québec (INSPQ)

Poirier described his dual role as National Public Health Director and Assistant Deputy Minister as a "schizophrenic" position unlike any other in Canada. As director, he advises the government on public health policies based on his professional expertise, while as assistant deputy minister he manages and coordinates actions.

He said that he hoped to clear up some of the confusion surrounding the definition of public health: "It's certainly not as complicated as the nine definitions of 'anglophone' we heard earlier today."

Poirier described the 2001 *Public Health Act*'s definition of public health as innovative, and listed the four functions of public health:

- To promote good health
- To prevent health problems
- To protect the population
- To monitor the health of the population and tailor services accordingly

He listed the three levels of prevention and gave examples of each:

- **Primary**: anti-smoking campaigns or legislation
- **Secondary**: targeted cancer testing
- **Tertiary**: "If we found out one of you here had tuberculosis, we'd track the rest of you down tomorrow"

Québec has developed a "joint monitoring plan" that allows for better acquisition and easier sharing of health information, said Poirier.

A new "resource mobilization plan" outlines the public health directorate's "powers to act," Poirier explained. "We're not the Ministry of Transport, we're not the police, but we can work with these bodies as advisor and consultant to develop policies that are beneficial to public health."

The *Public Health Act*'s definition of public health includes "the ongoing monitoring of health determinants," such as poverty, gender inequality, and other social factors not traditionally associated with health. This requires consultations with other government sectors and private enterprises in various fields, said Poirier.

The National Public Health Program (2003–2012)

Poirier said the Québec government has developed a national public health program, which established a "provincial/ regional/ local" structure for the delivery of public health services. This is accompanied by the provision of information and advice from the independent scientific agency *l'Institut National de Santé du Québec* (INSQ) and other advisory bodies to the MHSS.

Poirier said the goals of public health are:

- To acquire and share knowledge on population health
- To orient public health services toward an ethos of public responsibility
- To collaborate with other sectors to take action on health determinants outside the traditional scope of public health

The current public health approach is "populational," said Poirier. "We're not just interested in those who seek consultation, but the whole population. We have to work upstream, not wait for people to show up in the emergency rooms." This necessitates integrating and sharing information between the various levels of public health—provincial, regional, and local—and treating problems at their roots by addressing health determinants.

The Québec National Public Health Program (2003–2012) outlines several tools to facilitate this approach, Poirier said. This includes "an action-oriented approach for intervention based on convincing data" and a "planned approach to ensure consistency in actions and organization."

No single program will work to create change, said Poirier. A combination of programs is necessary—"You need several ingredients in the sauce if you want to get results," he said.

Responsibilities and Priorities

Regional public health

Réal Lacombe said the anglophone population is dwindling in his community, as in many other Québec regions. The population is down to just 4,500, many of whom are Aboriginal. "Ours is a very specific population," he said, "as are all the others."

The regional director of public health's mandate is to inform the regional population about their health conditions, main risk factors, and the most effective services available. Several tools are used to achieve this mandate, including health portraits and epidemiological studies.

By studying health determinants in the region, the regional director must identify situations that could endanger the population. He or she is then responsible for protecting the community from these risks through the use of such tools as vaccinations and workplace health programs.

Prevention is central to regional public health, Lacombe said, along with the promotion of health expertise in regional institutions such as schools. He said the regional director's role should include working with other sectors to address the social problems that affect population health, such as social inequity and weakening communities.

Lacombe said he has helped his region develop a strategy to improve public health that focuses on encouraging communities to get involved in the promotion of healthier practices. He also emphasized the importance of strong communication between regions and communities. "It's important to talk to those on the front lines of community health care," he said. "It's extremely important that we improve services and access to services in rural areas, but in order to do that we must not only come close to communities, but face to face with their realities, their specific socio-economic conditions, and adapt our services accordingly."

Local public health activities

According to the *Public Health Act*, said Mario Morand, the HSSC's role is to coordinate the public health sector's actions with those of local businesses and organizations, such as pharmacies and schools. In addition, the HSSC is charged with prioritizing provincial government programs based on specific community needs.

The MRC des Sources' local action plan includes supporting provincial health promotion campaigns and, having identified the community's particular health priorities, integrating the most relevant strategies from the national public health program and well as the regional action plan.

Morand said the national level is responsible for the definition of public health goals and protocol development; the regional level is responsible for monitoring the application of

protocols, designing training programs, and acquiring supplies; and the local level must focus on training delivery and increasing vaccination rates.

Increasing the rate of infant vaccinations has been a particular challenge in the MRC des Sources, said Morand. He described the difficulty of reaching parents who will not bring in their children for vaccinations. “This requires creativity and proactivity,” he said. “We are only vaccinating 73% of the community’s infants but we’re working to make that better; we’re working to combat the problem of negligence among parents.”

Morand said community development is a crucial tool for public health promotion and can be characterized in three ways:

- As an *approach* whereby citizens are encouraged to take responsibility for their own health by fostering community actions that address socio-economic determinants of health
- As a *service* that brings together professionals in various areas to support public health organizations in monitoring changing community needs
- As an *intervention objective and location* that reaches people in their living environments and targets at-risk groups

Morand recounted MRC des Sources’ experience in dealing with the effects of the community’s economic crisis on health over the last 10 years. Having perceived a public health need in the community, the HSSC carefully studied and documented it. They used this information to develop a “legitimized … and concerted course of action” that involved the community taking the lead in implementing “a rigorous decentralized process” for promoting public health. The community developed a funding proposal based on this documented information, carefully developed a plan, and were given significant funding as a result.

Morand said the HSSC used the funds to promote “a living environment conducive to development” and, ultimately, better health, by working across sectors to encourage the pursuit of education, the development of skilled labour, and the attainment of “demographic balance and growth.”

Québec Public Health Institute (*l’Institut National de Santé Public du Québec*)

Pierre Joubert said he wanted to help participants understand his organization. “The INSPQ is not the Ministry of Health and Social Services, but works with the ministry; it’s not the directorate of public health, but works with it,” he explained. The INSPQ, which has its own staff and structure, is a scientific organization established in 1998 to support the ministry.

The idea behind the INSPQ’s establishment was to reorient some of the public health expertise that was concentrated in universities toward public service.

Joubert listed the INSPQ's mandates:

- Produce information on the population's health status and its determinants.
- Develop and stay abreast of new approaches in health promotion, prevention, and protection.
- Conduct and promote research in cooperation with other research bodies and funding organizations.
- Inform the minister about the impact of health policies on Québecers' health.
- Keep the population informed on the state of its health, potential problems and their causes and solutions, and effective means of prevention.
- Partner with universities to develop training programs for public health professionals.
- Promote knowledge sharing at the national and international levels.
- Meet the responsibilities entrusted to the provincial public health program by the minister."

INSPQ is charged with delivering specialized advice during crises and emergencies, and on the impact of public policies and the efficacy of specific programs, such as the Healthy Schools program, said Joubert.

INSPQ has several specialized laboratories geared toward research in areas of interest to the public health field, such as obesity and inactivity, and the delivery of services, such as a mobile breast cancer screening lab.

Joubert said the INSPQ works closely with non-governmental organizations (NGOs), international non-governmental agencies (INGOs) and the World Health Organization (WHO).

Discussion

A participant asked how the presenters would recommend improving the relationship between English-speaking communities and the public health field.

Morand said public health solutions can come from within communities. "We must mobilize citizens because the solutions are there," he said. He gave the example of volunteer community members who make daily calls to check up on at-risk elderly people.

A participant asked whether the INSPQ ever advises the government on the likely health outcomes of fiscal policies. Joubert said taking a political stance is not within INSPQ's mandate. INSPQ's primary focus is on health and social services policies, but the Institute would provide advice on how fiscal policies might affect public health if asked. "We will look at any policy so long as we have a mandate to do it," he said.

Public Health Promotion in the Montérégie

George Courville
Townshippers' Association
Grâce au théâtre social
Projet de la Montérégie

George Courville said that the Townshippers' Association has developed a theatre program to raise awareness about public health issues facing the Montérégie and Eastern Townships. He said a play meets the community's needs and takes advantage of its resources, given that the area has the highest per capita population of artists in the province.

Courville said illiteracy, poverty, and a lack of mobility are some of the principal public health challenges facing the Montérégie. A travelling show that can communicate messages in a non-written manner is ideally suited to the community's particular needs.

The show is entertaining, said Courville, and has received more exposure than a public health program normally would. This success inspires more volunteers and attracts larger audiences.

The group has mounted three performances so far, to a combined audience of 270 people. One community organizer with the project said that the local CSSS serves a community of about 50,000 people spread across five municipalities. One-fifth of the population speaks English.

Another community organizer said the CSSS collaborated with the actors in the show to write the play. Their goal was to clearly communicate to the English-speaking community that "we're there to deliver services."

Four actors performed several abbreviated scenes from the play, each describing a different CLSC service. One of the actors said that the "future of the CLSC is up to all of us …. Everyone should take advantage of [the programs] and work together to make them more effective."

Outlining Conditions: The Improvement of Public Health Outcomes for Québec Anglophones

Participants broke into five discussion groups to discuss the following question: "What are the conditions that must be respected in order to ensure the best public health outcomes for English-speaking Québecers?"

A representative from each group reported back on the discussions.

Abitibi Region and Surrounding Areas

The representative emphasized the importance of being open to new ideas and concepts because "the different cultures that can be found in the area are very diverse." She suggested that the English-speaking community should invite French partners to help bridge the gap between the French- and English-speaking communities in her area. She said it is imperative that the communities within her group's regions improve intercommunications about their needs. "We can pool money together for translation funding, for example, and make sure there's no overlap. We should only translate something once."

Gaspésie, Magdalen Islands, Bas-St.-Laurent

The representative said anglophone community organizations "should come to the table with solutions, not just problems," when dealing with the public health field. She said anglophone groups must recognize the diversity of Québec's English-speaking communities and should support their requests with more specific data on these communities.

She said these groups should better understand the public health field structure and target their requests to the relevant people. English-speaking community organizations must communicate their needs clearly and should focus on success stories in their lobbying efforts, she said.

The group recommended an initiative to combat false perceptions about how anglophones will be received in the Québec health system. "It's the responsibility of our community to clean up that problem—it's not true that there will always be delays when we ask for services in English."

Montérégie, Eastern Townships, Laurentides

The representative said the CLSC should be more aggressive in advertising the fact that they offer services in English. Doctors should be encouraged to steer their anglophone patients toward English CLSC services, particularly in areas like mental health.

Cultural differences between the French- and English-speaking communities should be taken into consideration when translating documents from one language to the other, the representative said. The two linguistic communities should consult with one another and collaborate whenever possible to develop shared goals and determine the best means of reaching those in the communities.

Québec City Region

Québec's English-speaking community groups must continue to address the shortcomings of methods for monitoring the population's health, said the representative. There are "still

indicators of health that need to be developed for English-speakers" to create meaningful portraits of the anglophone communities, she said.

Broadening the discussion about English-speaking communities to include foreign-born English speakers would be a first step in developing these indicators. "Québec City's English-speaking community contains more and more immigrants and is becoming increasingly diversified," the representative said.

Montreal, Laval, and Outaouais

The representative said local groups should understand and be in accord with local and regional public health plans before seeking help from the federal public health sector.

English-speaking communities should collaborate with their French counterparts to identify areas of overlapping need and the community's priority should be to address these areas, he said. This will require rigorous mapping and the collection of hard data that does not yet exist.

"We have to pick our battles, our challenges. We should start with pilot projects in areas of specific needs, rather than make a scattershot effort to reach all elements of the region at once," he said.

Community Telehealth Pilot Project

Kelly Howarth
CHSSN

JoAnn Jones
CHSSN

JoAnn Jones reiterated some of the unique public health challenges faced by Québec's anglophone communities as described by Jennifer Johnson earlier in the day, focusing on the problems of geographical and linguistic isolation.

The Patient and Community Support Network (PCSN) Project 2001–2002 was developed in conjunction with McGill University and several anglophone community groups to respond to the discrepancies in the quality of public health care received by different communities, said Jones.

This project allowed for the implementation of Telehealth services in four isolated English communities to encourage better communication between these isolated communities and public health institutions.

The project demonstrated that these Telehealth services are particularly effective as a replacement for face-to-face tutorials for health professionals. The services could also be used as

a substitute for counselling but were found to be less effective in this area. "It was particularly liked by men," she said. "They liked the distance and they liked having something to click."

CHSSN used these lessons to develop the Distance Community Support Program 2005–2008, aimed at increasing the capacity of other isolated communities to host and sustain Telehealth programs.

Howarth presented video and audio examples of how Telehealth can be used. Tools include videoconferences, teleconferences, instructional DVDs, a website, and a community radio show.

Jones said she agreed with Dr. Poirier's endorsement of a proactive approach to public health. "These new media provide a great opportunity to continue to reach out in new and innovative ways," she said.

Future Plans and Next Steps

Jim Carter
Senior Consultant
CHSSN

Marc-André Maranda
Director
Programme de santé publique
MHSS

Building on a recent $30 million investment from the federal government, the CHSSN has developed its Initiative 2008–2013, said Jim Carter. "Improving the health of the population and the quality of health services is a major priority for the government," he said.

Québec's minority language communities are part of an international movement to develop ways to improve the public health services available to those whose access to care is limited by language. "We still have a long way to go," he said, "and this new CHSSN initiative is geared toward having anglophones treated as everyone else within the public health system."

The initiative's ultimate aim is to improve the health and well-being of English-speaking Québecers, said Carter. This can be done through increasing the vitality of these communities and improving their access to health care and social services.

He listed six strategies to achieve these objectives:

- Provide support to community networks.
- Adapt health and social services to the needs of English-speaking Québecers.
- Promote health and prevent disease.
- Train and retain health professionals.

- Develop better uses for technology.
- Increase the communities' knowledge through research.

The initiative was developed with reference to the 12 primary determinants of health identified by the WHO. Carter said the CHSSN's five-year model would not address all 12 determinants in their entirety, but does indirectly target most of them. "You can't solve poverty in five years," he said, "but you can begin to deal with its causes, such as inequality."

English speakers continue to have limited access to health services provided by public institutions, but the CHSSN has seen improvements from "communities successfully applying health promotion strategies."

The goal of the CHSSN's Action Strategy 2008–2013 is to allow English-speaking Québecers "to take full advantage of the province's public health programs and strategies." This will involve the development of means to promote health and prevent disease, the creation of English information materials, and consultations such as this one. Achieving this goal will also require careful monitoring of Québec's English-speaking communities' health and researching their demographics and health status.

To this end, said Carter, the CHSSN has requested $9 million from the federal government over the next five years.

Carter said that there is no tension between the public health needs of French- and English-speaking communities. All of the funds go to "allowing health care professionals to provide the best service they can provide. It should be made clear that it is to the benefit of the system as a whole," he said.

Carter said he and his colleagues would be meeting with the federal health minister in the days to come and asked participants to "wish me luck."

The CHSSN Initiative 2008–2013 is "an important step toward creating conditions for improved health and enhanced vitality in our minority-language communities," he said.

Marc-André Maranda said the forum provided a good opportunity for Québec's predominately French public health field to meet and consult with the province's English-speaking communities. Québec's population is aging as a whole, he said. Soon one in four Québecers will be 65 and over. This is due to a declining birth rate coupled with a longer average life expectancy, and it means that more Québecers will be living with health problems.

While this is a real phenomenon, he said, it will not necessarily have a catastrophic impact on the public health field. "It will be a problem if we don't change the way we work," he explained. "We must shift our focus to prevention."

He said participants had already heard a lot of good information on the social inequalities that must be addressed for the good of public health. Addressing these inequalities is an essential form of prevention.

In 2004, one in 10 people in Québec lived under the poverty threshold, while 21% of single parents fell into that category. Many of these people struggle to acquire food, and will suffer health problems to a much higher degree than the general population. It is necessary to develop social policies that will ensure these people's protection, Maranda said. "We can't make their lives comfortable, but we can stop the growth of poverty."

The evolution of mental health problems is another trend that poses a challenge to Québec's health care field, said Maranda. "We don't understand much about this, but we need to know more if we're going to intervene in a more structured way."

Many Québecers, especially women, are affected by psychological distress, as shown by the fact that Québec has the highest rate of suicide among female populations in the industrialized world.

Maranda said it is important to note that people with similar lifestyles can expect similar life expectancies. Therefore programs that encourage healthier living can have a profound impact.

Maranda noted that alcohol consumption and smoking have decreased among Québec teenagers, although more people are starting to smoke later in life. "There's an overall trend toward healthier lifestyles," he said. "Smoking has declined, youth are more aware of the importance of safe food." He attributed this trend to better education and innovative prevention programs.

"So should we be optimistic or pessimistic about the future of the health of our population? Should we be concerned?" he asked. Maranda offered his "very personal opinion" that Canada should depart from its current approach to social policies, which are largely in line with those of American-inspired, merit-based model and instead align itself with the more progressive European countries.

"We are creating a lot of wealth," he said, "but we're not effectively sharing that wealth. There is a lot of damage being done to the health of the population and we must be realistic in our social policies."

Maranda said collaboration across sectors is one step toward this goal. He encouraged partnerships between various fields and both public and private organizations. "We see that the barriers that were being built between various sectors do not need to exist."

He said the primary obstacle between Québec and good public health is the province's inadequate investment in prevention. "We are not up to par," he said. "How long can we keep this up?"

Maranda encouraged participants to remain hopeful. "We need a better quality of life and better access to health and social services," and community development is an essential strategy for achieving this goal, he said. "I wish everyone in this room luck in the realization of your projects."

Conclusion

Ron Creary
President
CHSSN

Creary reviewed the day's events, putting the topics in perspective.

CHSSN's role is to implement different means of bringing health and social services organizations together with communities for a free exchange of ideas, he said. Consultations such as this one do help improve the situation for Québec's English-speaking communities, as the last several years have shown, said Creary.

He said that he hoped the day's interchange would allow Québec's public health field to better understand the concerns and realities of the province's anglophone communities. In particular, he said he hoped attention had been called to the importance of studying health determinants as a means of developing policy that will improve the quality of service to the English-speaking population over the long term.

Creary thanked the participants, in particular Marc-André Maranda, whose presentation he described as "very precise," and Dr. Alain Poirier, and thanked the organizing committee for making the day possible.