

English-speaking people 50 years and growing “Hear our Voice” CSSS de La Côte-de-Gaspé



The Difference in Your Community

WORKING TOGETHER FOR
COMMUNITY HEALTH AND VITALITY

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March 2008

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Introduction

The English-speaking community of the CSSS de La Côte-de-Gaspé has experienced enormous change over the past 20 years. Various factors have influenced this dramatic decline in population; employment opportunities, service provision available in English diminishing, families moving to English speaking provinces, and the high rate of ageing. The elements of the Gaspé territory that attract and keep people in the area are the beautiful natural surroundings, the positive environmental impact and the relaxed lifestyle that people here live. The exodus from the area relates specifically to the social and economic elements that affect the way people live, it may be possible to positively influence these elements.

The English-speaking community is relatively unknown within the structures of service provision, and therefore exists in relative isolation. Accurate statistical information on the English-speaking community is rare, as government departments do not currently include a linguistic breakdown within their statistical information. This situation reinforces the invisibility of the English-speaking community and results in service delivery that is inappropriate, failing to recognize the diversity of the population living within the CSSS de La Côte-de-Gaspé.

The purpose of this document is foremost to improve the quality of life for the English-speaking community. Quality of life is a difficult concept encompassing all aspects of the way we live. Therefore this document will focus on: community stability, community cohesion, community participation and interactions with others, access to services and facilities, and customs. To achieve this objective, the English-speaking community must become visible to service providers, by having statistical data as evidence of their current

situation, thereby providing an accurate portrait of the English-speaking community. Furthermore, English-speaking people should move towards inclusion in local policy making decisions, service provision planning, and representation on governing boards, providing them with a vital future and recognition of their past and potential contributions to the Gaspé community.

The CSSS de La Côte-de-Gaspé includes the entire MRC Côte-de-Gaspé and parts of the MRC Rocher Percé. An agreement has been negotiated by government and communities on the territory.

Methodology

A project plan was developed to identify the aims, objectives, outcomes and methods of gathering relevant information.

Project Aims:

To prepare a comprehensive profile of the English-speaking community, incorporating recent demographics, identifying current services and programs offered, and applying strategies to improve the quality of life for older people.

Project Objectives:

- To develop recommendations that will enhance access to, and usage of, services and programs.
- To highlight local issues of concern for English-speaking older people.
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- To strengthen relationships with relevant service providers and establish a presence for the English-speaking community on planning and decision making bodies.

Project Outcomes:

- The English-speaking community has appropriate and practical strategies to improve their quality of life.
- Service providers have a clear understanding of the English-speaking community, and means to adapt health services and programs as required.
- The English-speaking community is visible, vibrant, and empowered.

Methods of gathering information:

Various research and data has been collected on English-speaking older people over the past few years; senior projects funded by New Horizons and Canadian Heritage, Statistics Canada Census data, the Quebec Social and Health Survey of 1998, and various Community Health and Social Services Network (CHSSN) publications, including annual Baseline Data Reports from 2004 to 2007. This valuable and credible information has been brought together for the purposes of this document. In addition, relevant seniors' projects currently being undertaken in the community have been consulted in the scheme of compiling one paramount document.

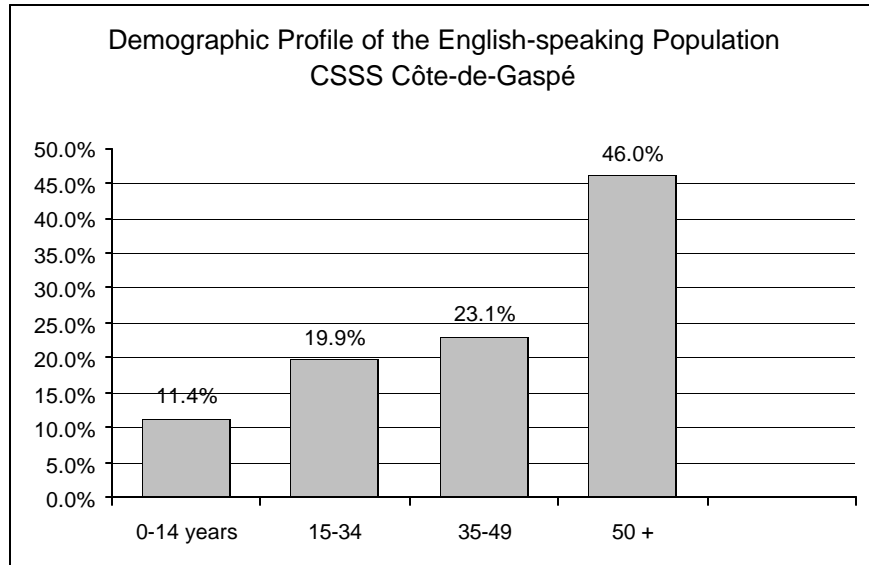
Demographics

A review was undertaken of demographic information from Statistics Canada, Census 2006, 2001 and 1996, and analyzed. Due to the limited information currently available on Census 2006, most of the demographic information is from Census 2001. As the Census population areas are not equivalent to the CSSS de La Côte-de-Gaspé area, differences may be noticed between total population numbers. The Census 2006 data focuses on the Ville de Gaspé and the 2001 Census data incorporates the CSSS de La Côte-de-Gaspé.

A general population decline has been evident from Census 1996 through to Census 2006, for the Ville de Gaspé. There was a 9.6% decrease in population from 1996 to 2001, and a minor decrease of 0.8% from 2001 to 2006. The decline from the CSSS de La Côte-de-Gaspé between 1996 and 2001 was 17.68%, this figure includes an exodus of 565 English-speaking people.

There are 2630 English-speaking people residing in the CSSS de La Côte-de-Gaspé, making up 13% of the total population (Census 2001). 1210 English-speaking people are aged over 50 years, accounting for 18.7% of the total older population, and 46% of the English-speaking population. The aging situation of the English-speaking community is clearly apparent. The Ageing community coincides with an exodus of young people, resulting in few adult aged community members available to support social services and volunteer community groups.

Table 1: Percentage of English-speakers by their total population, by age.

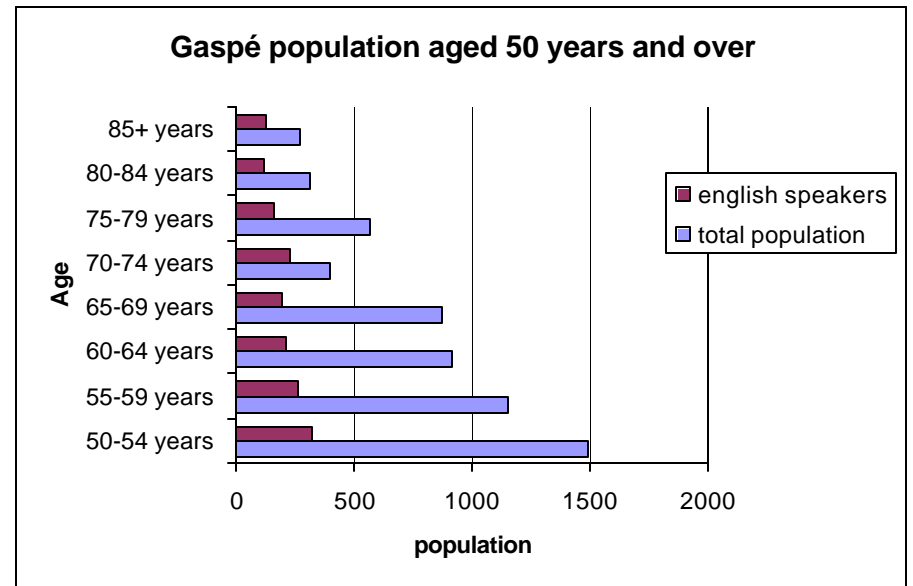


Community Health and Social Services Network (CHSSN), *Caractéristiques démographiques et sociales de la population Anglophone de la Région Sociosanitaire de la Gaspésie-Îles-de-la-Madeleine* 2006, page 13.

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In terms of health care it is important to note that the percentages for older people are significantly higher than the overall total population figures. 20% of the total population aged between 70 and 74 years are English-speaking, 19% of those aged 75 to 79 years are English-speaking, 23% of those aged 80 to 84 years are English-speaking and 26% of those aged 85 years or more are English-speaking. Across the Gaspésie-Îles-de-le-Madeleine Health Region (Region 11), the CSSS de La Côte-de-Gaspé has the greatest population of English-speakers aged 65 to 74 years by 39%.

Table 2: Percentage of English-speakers compared to the total population within the Cote-de-Gaspe, by age.



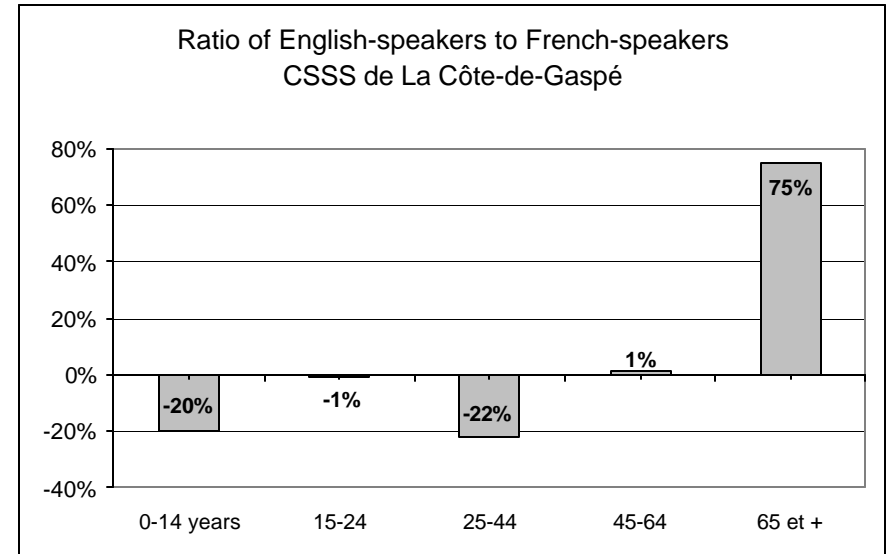
Within the Gaspésie-Iles-de-la-Madeleine, there are five CSSS territories. When comparing these territories, the CSSS de La Côte-de-Gaspé is home to a high proportion of English-speaking older people

(50 yrs and over), and low proportion of young people (34 yrs and under). The Agence de la sante et des services sociaux de la Gaspésie-Iles-de-la-Madeleine predicts the total population the Region to continue to decline however, the percentage of older people aged 65 years and over will continue to increase. The Agence states that autonomy for older people becomes less viable after age 75. This appears to be the age when health related factors tend to influence a person's ability to care for themselves and remaining independent becomes multifaceted.

Year	65 years and older	
	%	Number
2005	17.3	16 554
2010	20.4	18 632
2026	36.3	29 269

The percentage of English-speaking older people, 65 years and over is 22% higher than in the French-speaking population. For those aged 70 years and over, English-speaker's account for 40% of the total population, in this age bracket. An elderly English-speaking person is 50% less likely to have a caregiver nearby than their French-speaking counterpart on the CSSS de La Côte-de-Gaspé. When we compare English-speakers from the CSSS de La Côte-de-Gaspé with English-speaking people on the Gaspésie and the province of Québec they are 40% less likely to have a natural caregiver. Unpaid care for older people by the caregiver generation is absent due to out migration from 1976 – 1986, in Gaspe. The Agence predicts that the number of people aged 35 – 54 years will continue to decrease over the coming years resulting in a decline of 6.33% by the year 2014.

Table 3: Proportion of English-speakers compared with French-speakers, by age.



Community Health and Social Services Network, *Profiles of Selected English-speaking Communities* by CLSC, baseline data report 2004-2005, page 219.

The average income of the English-speaking community in 2001 was \$20 356 per year. This income level is 11% lower than the French-speaking average, and more significantly 33% lower than the provincial average for English-speaking people. 545 persons or 23% of the English-speaking community live below the low income cut off, 1330 (53%) persons live on incomes less than \$20 000. The proportion of English-speaking people in the CSSS de La Côte-de-Gaspé with incomes less than the low income cut off is 32% higher than their French-speaking counterparts, 25.4% of low-income families served by CSSS de La Côte-de-Gaspé are English-speakers. The rate of dependence on government transfers for English-speaking people is 2.5 times greater than that of their peers across the province. In 2001,

41.9% of the English-speaking community were in paid work, with an unemployment rate 88% higher than the French-speaking population. English-speaking people are 37% less likely to be part of the working population than their French-speaking fellow residents.

The English-speaking community have a higher tendency to live in single-parent households (26%), the majority of single parents are females. The English-speaking community also has a greater tendency to live alone (29%) when compared to the French-speaking community. Furthermore, English-speakers are 38% more likely to be living with relatives and 56% more likely to be living in collective housing. When compared to English-speakers across the province those in the CSSS de La Côte-de-Gaspé are 30% more likely to living with relatives.

The education levels of the English-speaking community are noticeably lower than in the French-speaking community; 34% more English-speakers do not possess a high school certificate, 65% more are without a college diploma and 71% more do not hold any University qualifications. Women are 40% more likely than men to be without a high school certificate.

There are specific localities within the CSSS de La Côte-de-Gaspé where low social economic realities are more prevalent. The area between Prevel and Coin-du-Banc, incorporating Barachois falls into the highest percentile across the Province, in terms of economic and social disadvantage. This area has a marked presence of English-speaking people.

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Community Services and Programs

An inventory and description of existing community services, programs and facilities was compiled.

Service providers:

Service	Function	Contact	Comments
Accueil 'Blanche Goulet'	Shelter for unisex and the homeless, food bank and soup kitchen with 24- hour bilingual service.	368-4700	
Agence de la santé et de services sociaux Gaspésie-Îles-de-la-Madeleine The Agence (Health and Social Services Agency)	Regional planning of all health and social services, resource management and budget allocation to health and social service establishments.	368-2349	
Association de Défense des Droits de Personnes Handicapées de Gaspé	The association offers leisure activities and respite services to families, as well as working to break isolation, support integration and promote and defend the rights and interests of handicapped people.	368-6585	
CALACS	CALACS assists women who have been, or are currently subject to, sexual aggression. Services include phone support, consultation, referrals, individual visits, support groups, hospital, police and court accompaniment and documentation.	368-6686	
Centre d'assistance et d'accompagnement aux plaints (Complaints Assistance Centre)	The CAAP is a regional community organization mandated by the Quebec Minister of Health and Social Services to assist and accompany individuals filing a complaint to a public institution, the regional board or the Health and Social Services	368-7433 1-877-767-2227	Web site will be available in English soon. www.caapgim.qc.ca

Service	Function	Contact	Comments
	Ombudsman. Its role is not to treat complaints but to assist users in lodging a complaint.		
Centre de Santé et de services sociaux de La Côte-de-Gaspé (CSSS)	Hotel Dieu Monseigneur Ross Barachois CLSC Gaspé CLSC Grand-Vallee CLSC Murdochville CLSC Riviere-au-Renard CLSC Family Medicine Unit	368 3301 368 2291 269 2572 368 1616 393 2001 784 2561 269 3391 368-6663	
Centre L'Escale	Offers programs in English to assist any person who may face problems associated with alcohol, drug, medication or gambling addictions.	368-2572	Located within the Gaspé CLSC, Level 2.
Centre d'Action Bénévole (Centre for Volunteer Action)	The goals of volunteer centers are to improve the quality of life in the area it serves. The centre organizes different services relevant to surrounding communities such as "Meals on Wheels, friendly calls for seniors, accompaniment and day care. Hospitals within the region require volunteers as well, you can contact your local hospital for further information.	368-6634	
Centre de Réadaptation de la Gaspésie (Rehabilitation Centre)	These centres work to rehabilitate individuals with disabilities. The centres offer evaluation, family support and reintegration into society.	368-2308	Office located in Pavillon Monseigneur Ross
Info Santé	A free bilingual medical information service available 24 hours, 7 days a week serving the entire Gaspé Peninsula.	310-2572	
Les Perliers	A community mental health association which offers a day centre, support, referrals and information to persons coping with stress, violence and mental health issues. Workshops are available for interested groups.	368-1655	

Service	Function	Contact	Comments
<u>Libraries:</u> Gaspé L'Anse-au-Griffon L'Anse-à-Valleau Rivière-au-Renard St. Majorique Cap-aux-Os Douglstown Barachois Community Learning Centre		368-5080 892-5185 269-3889 269-5066 368-6285 892-5381	Gaspé operating hours: Mon: 2 – 5pm Wed: 6.30 – 8pm Fri: 6.30 – 8pm Sat: 11am – 1pm Located in Douglas Community Ctr Located in Barachois Recreation Ctr Located at Polyvalent – Wednesday evenings 5 -9pm
Mi-Chemin	Mi-Chemin works to prevent drug and alcohol abuse.	368-6676	
Multi-Service Côte-de-Gaspé	Domestic household chores available to those residing in the MRC of Côte-de- Gaspé.	393-3310	
Regroupement des Femmes	The centre holds coffee meetings, themed lunches, workshops and courses on subjects that are of interest to women. The centre also participates in the World March of Women, and other special events throughout the calendar that pertain to women's interests.	368-1929	
Transport adapté (Adapted Transportation)	Transportation services for the disabled. Users must meet a certain criteria.	368-6324	
Residences for older people			
La Maison des Aînés de Grande-Vallée		393-2713	
Manoir St. Augustin Gaspé		368-2215	
Belle Vue Anse-au-Griffon		368-6644	
Foyer Notre Dame Gaspé		368-2125	
Pavillon d'Amours		368-6644	

Service	Function	Contact	Comments
St-Maurice			
Villa Laccalmie Grande-Vallée		393-3005	
Villa du Bassin Gaspé,		368-6644	
Cap-aux-Os		368-6644	
Cap-des-Rosiers		892-5261	
Senior's Residence Forillon		368-6644	
Villa de la Mer Rivière-au-Renard		269-5469	
Résidence St-Martin Rivière-au-Renard		368-6644	
Residence St. Pierre de Barachois		645-2690	

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Current community projects and programs:

Project/Program	Function	Operation	Comments
<u>Alzheimers Support group</u> Vision Gaspé-Perce Now Centre D'Action Benevole	Providing English support services to families dealing with Alzheimer's Disease, parents, spouse or a friend caring for someone. We hope the English community will come together and share and comfort each other trying to cope with this disease.	We will meet once a month, for 2 hours.	This project is for one year. (April 2008 – March 2009)
<u>Community Learning Centre</u> Gaspé Polyvalent	Schools as places to deliver community programs. After school activities, community library, and Video Conferencing Network (VCN) available.		3 year funded project through the Eastern Shores School Board (2006 – 2009)

Project/Program	Function	Operation	Comments
<u>Diabetes program</u> Vision Gaspé-Perce Now	Raise community awareness around prevention, risk factors, management, healthy living, meal planning and exercise.	Community information sessions.	Public health short-term project, ends March 31 st , 2008
<u>ESL Language programs</u> McGill University	Improve basic English language skills of frontline CSSS personnel.		
<u>Pilot internship positions</u> McGill University	Retention program designed to attract bilingual students to the area to complete a stagier within the CSSS, and then return to a permanent position after graduating	3 positions in Gaspé for Summer 2008.	
<u>Senior's link: connecting our community through volunteerism, mentoring and advocacy.</u> Vision Gaspé-Perce Now	Greater social involvement of seniors in our community by volunteering, mentoring, bridging the generation gap. We hope that seniors in our community will become involved in the schools, hospitals, and long term residences.	Training and motivating our seniors to get out in the community. Also holding information sessions on topics generated by the seniors in our community.	This project is for one year funded by New Horizons, ends December 2008.
<u>Social Capital Project</u> Vision Gaspé-Perce Now	Sustain and strengthen volunteerism through promotion and training. Improved coordination of community organisations activities, renewing leadership and working in partnership.		Short-term project funded by Canadian Heritage, ends March 31 st , 2008.
<u>Telehealth</u> Vision Gaspé-Perce Now	Deliver information sessions on current health topics, through Video Conferencing Network (VCN)	Annual sessions from September to June	Sessions held at Gaspé Polyvalent, registration required.

Community Facilities:

Facility	Function	Operation	Comments
Barachois Recreation Centre	The centre provides an outdoor skating rink, a large room with kitchen facilities which can be rented for parties and events, an ornithological centre and a community library which is part of the municipal library network.	645-2317 Library hours: Cary depending on volunteer availability	
CHSLD - Pavillon Mgr. Ross	Provides accommodation for elderly people who are no longer autonomous	368-2291	
Douglas Community Centre	Services include a hostel, cafeteria, internet centre, municipal library, game room and year round activities. The center's mission is to promote community, social, economic and cultural development.	368-0288 Library hours:	
Fort Haldimand Camp	Available for rent – family events and activities. Provides Youth camps over the Summer.	368 1820	
Residence St. Pierre de Barachois	Provide room, board and care for elderly people who are no longer autonomous. In addition to this, there are residences with supervised rooms and apartments for more autonomous people. Homecare services are available through local CLSC's which evaluate individual needs and refer them to the most adequate service available in the community.	645-2690	
Rosebridge Hall	Available for hire	368 5996	
Royal Canadian Legion Branch 261 Barachois Branch 59 Gaspé	Founded to advance the cause of veterans, the Legion provides community services, comradship, sports and social activities.	645-3700 368-2772	

Community Organisations and Groups:

Organisation	Function	Contact	Comments
CASA Committee for Anglophone Social Action	Established in 1975, CASA is a non-profit community organization dedicated to serving the English-speaking population of the Gaspé Coast by representing the community's interests and designing and delivering programs that respond to its needs.	752-5995 752-2127 1-877-752-5995	
Gaspé Cancer Foundation	Provides financial aid to individuals afflicted with cancer and to act as a bilingual information centre from Anse-à-Valleau to Coin-du-Banc.	Office open Fridays between 1 – 3pm	Located within Gaspé CLSC, Gaspé_foundation_cancer@yahoo.ca
Gaspésie Literacy Council Douglastown	The Literacy Council's main goal is to combat illiteracy through educational workshops for individuals 18 years and over.	368 4184	
Live and Learn	Dedicated to cultivating and promoting the importance of training and qualification in the region.	368-8103	
Pouvoir des mots	A francophone literacy group which provides some French language workshops and training for English-speakers.	368-7500	
Women's Institute Barachois Douglastown	Sponsors activities and training that help rural women acquire knowledge necessary for life in the 21st century.	645 2690 368 3816	
Vision Gaspé-Percé Now	The mission of VGPN is to foster understanding and cooperation among Anglophones who reside in the Gaspé Bay area.	645 2715	
Barachois Wetlands	To provide information on the ecosystem of the Barachois, activities for all age groups, relating to ornithology and the wetland environment; presentations to groups, acquisitions of lands by purchase or	645 2317	

Organisation	Function	Contact	Comments
	donation, or negotiated right-of-access.		
Dartmouth WI		368 4827	
Douglastown Church Community		368 0645	
Douglastown Hall Community		368 7584	
Douglastown Library Community		368 3455	
Douglastown Rink Community		368 0239	
Douglastown School Community		368 3942	
Douglastown WI		368 6817	
Friendly Golden Age St. Georges de Malbaie		645 2154	
Friends of St Paul's		368 3624	
Gaspé Golden Age Club		368-1696	
Haldimand ACW		368 4286	
Malbaie ACW		645 3859	
Masonic Lodge		368 2610	
Mountain View Golden Age Club - Barachois		645 3773	
Pioneer Days		368 1820	
Shamrock Senior Citizen Club		368 6817	
St John's Church Hall		368 3142	
St Mathew's ACW		368 2610	
St Paul's ACW		368 1950	
York Alter Guild		368 5190	
United Church Guild		368 3831	
Wakeham ACW		368 2997	
Wakeham WI		368 2997	
York River Senior Citizen Club		368-3790	

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Analysis/Discussion

This discussion includes what is happening in the community at this point in time, the outside influences and how the English-speaking community can work with service providers to improve their access to health related services, thereby also improving quality of life.

Research already undertaken on the English-speaking community has yielded the following conclusions. The English-speaking community on the CSSS de La Côte-de-Gaspé are significantly older, less educated, rely on government financial assistance, use employment insurance at a higher level, and have less care givers than the French-speaking community. They also possess the following characteristics; a preference to deal with community networks rather than institutions, take it for granted that health and social personnel do not speak English, only seek medical attention as a last resort, are afraid to lose services if they ask for them in English, are afraid to lose their house and be institutionalized if they ask for help, are afraid to be not understood, do not want to be a hindrance by admitting that they have not understood instructions, and do not understand the mechanism used for complaint assistance.

It is evident that the English-speaking community is vulnerable. The social and economic elements that combine to influence well-being and lifestyle are impacting the English-speaking community in a negative way. Fortunately, the English-speaking community operates as an informal network and depends on each other for support. However, as the community is clearly aging and young people continue to leave the region; this informal network of support will become incapable of sufficiently supporting the English-speaking community, resulting in people being forced to use services they otherwise may have avoided. Health and social services must be

responsive to their community, especially those who are most vulnerable.

Access to Health Services

The CROP/CHSSN Survey on Anglophone Community Vitality, 2005, looked at why English-speakers, particularly older people, are often reluctant to request service in English, as 30% of respondents said they were uncomfortable to request service in English. Some reasons offered by this 30% during that survey to explain the occurrence were; 28% feel this request will impose a burden on personnel, 24% expect a delay to occur, 20% are too shy or embarrassed and 9% feel they may be refused service. (These percentages are based on multiple responses). The CSSS de La Côte-de-Gaspé continues to address these barriers to service and have implemented several strategies to improve access to English-speaking people. CSSS staff who are able to speak English are clearly identified on their Identification badges, bilingual signage has been installed across CSSS services, and the Access Program continues to be implemented. These efforts are vital for the English-speaking community as “There is compelling evidence that language barriers have an adverse effect on access to health services” (Sarah, Bowen, Language Barriers in Access to Health Care, Health Canada, 2001).

The demographics for the English-speaking community demonstrate the vulnerability of this community. People with limited French language skills are more isolated and find it more difficult to participate in the community. Currently, government services limit public information through the lack of material and information that is translated, further discouraging participation in social and cultural life, as well as confining access to existing services and sources of

assistance. Likewise, the scarceness of professional services, including specific medical and psychological care, available in English reinforces the social insecurity felt by this community. This may hinder people from consulting effectively and consequently, impact negatively on their health and well-being.

Home support

Homecare services are delivered to the community by the CSSS de La Côte-de-Gaspé. The CSSS de La Côte-de-Gaspé outlook for the upcoming year (2007-2008) includes a request for increased homecare service with their internal partners. They would like to establish a one-stop service for Homecare services thereby, improving information to clinicians and community organizations in relation to services offered. This certainly aims to make the process of obtaining information and assessment for Homecare services easier than the current process. Nevertheless, unless resources for Homecare services increase, only minimal service to the community is able to be provided, as the demand for these services is already high and will continue to grow.

“Meals on Wheels” is a foodservice provided by the Centre D’action de Bénévole. The service is offered 1 day per week to people who are over 65 years and living alone. There is no financial assessment connected with this service, it is available regardless of income level. Many clients who receive “meals on wheels” are war veterans, people released from hospital, and people referred directly by the CLSC and Homecare services. Of particular interest, is the significant number of English-speaking people receiving “meals on wheels”, as compared to the French-speaking community. 27 persons from a total of 42 are English-speaking, representing 64% of all clients. This quantity reinforces the reality that the English-speaking community remains isolated with few available caregivers to provide regular support to older community members. A related factor associated with Meals on Wheels is the human contact this service also provides. Recipients of

the service receive a weekly phone call in addition to a brief personal visit by volunteers who deliver the meal. In effect, this is extremely beneficial to recipients, providing them with regular human contact, thereby reducing their feelings of isolation.

Multi-services is another specialized service to assist older people in maintaining their autonomy and remaining in their homes for as long as possible. They provide domestic assistance on a regular basis to people living within the CSSS de La Côte-de-Gaspé. Although no statistical information is available in relation to language spoken by clients, Multi-services estimates that around 10% of all clients they service are English-speaking only.

Care Giving

Family and friends are relied on in the English-speaking community to provide post-hospital aid at home more often than in the French-speaking community. With the small number of natural caregivers currently available and the prediction that people in the care giving age bracket will continue to decline, the reality for older people is that care givers will become increasingly difficult to obtain. The impact of this result is that health care and social services will be called upon to provide homecare and must be prepared for this crucial increase in service demand.

Public Health

Diabetes

Between 1987 and 1998 the greatest increase in prevalence of Diabetes was for the over 65 year age group. Awareness and prevention in the area of diabetes has advanced within the English-speaking community with the result of a partnership between three seniors’ groups, one church women’s group, one seniors’ residence and numerous individuals, whose interest lies in holding “kitchen meetings” for their neighbours. Additional programs will continue in reference to

Diabetes prevention and treatment through the Public Health Education and Communication Strategies.

Falls Prevention

Research surrounding falls and the ensuing impact this has on the autonomy of seniors is revealing. After having a fall, an older person is likely to experience more health concerns and less independence, resulting in increased medical visits and a greater need for assistance in the home. The CSSS de La Côte-de-Gaspé Users' Committee identifies "Fall Prevention" as one of its two priorities for 2008. There is an undertaking from the Comité de services intégrés de personnes âgées, to have the community follow a program by autumn 2008.

Women's Health

Information from the Quebec Social and Health Survey of 1998 reveals that women with low schooling levels and income, report lower levels of preventive health screening measures such as: mammograms, PAP tests and oral contraceptive use. More English-speaking women also reported being in or entering menopause, than French-speakers.

Mental health

An association exists between a person's perception of their mental health and their level of satisfaction with their social life. Between 1987 and 1998 women report higher levels of distress than men and English-speakers are twice as likely as French-speakers to consider their mental health as poor. Yet again it is evident that low levels of schooling and income relate to higher levels of stress, thereby also affecting mental health status. A further ramification of this low socio-economic level combined with high stress is the presence of suicidal ideas.

Perceived health status appears to have a strong connection with low schooling and income levels. People living beneath the low income cut-off, report lower levels of general health and are more likely to report at least one health problem. English-speaking people are more likely to report one long-term health condition and are less likely to report having no health problems. From a list of 30 health problems generated in the Quebec Social and Health Survey of 1998, English-speakers were represented as a higher proportion than the French-speakers on 17 of the listed conditions.

Housing

The CSSS de La Côte-de-Gaspé is planning construction for a long term care facility in Rivière-au-Renard (32 beds). This initiative is necessary in planning for an aging population however; this facility will probably not benefit the English-speaking community, simply due to the location. Older English-speaking people have made it clear they prefer to remain in their homes as long as possible. Government policy also supports proposal nevertheless, without sufficient Homecare support and personnel to assist this enterprise; the option becomes idealistic as opposed to practical.

The CSSS de La Côte-de-Gaspé is currently working towards establishing inter-medial care options. This residential service for older people would provide less nursing care than long-term residential facilities, and in reality open places within long-term care facilities. The CSSS de La Côte-de-Gaspé will be closing 27 long-term residential care places by 2010, and is aware of the support systems that must be put in place to permit these closures.

Lifestyle

Several key determinates that assess social well-being through a population health approach include; income and social status, social support networks, education, employment and working conditions,

social environments, personal health practices, and health services. The English-speaking community rate poorly on many of these measures, as demonstrated in the demographic information and available research.

Accueil Blanche Goulét de Gaspé Inc. estimate that close to 20% of their recipients are from the English-speaking community. This service provides shelter and food for those in need; they offer bilingual service, 24 hours and have one staff person who speaks English.

English-speaking people were more likely to report poor eating habits than French-speaking people in the Québec Social and Health Survey of 1998. The health outcomes connected with poor diet are numerous; fatigue, sleep problems, stress, depression, respiratory and heart disease. Yet again a link can be found between low schooling and

income levels and the existence of a healthy diet and knowledge of high-quality nutrition.

The principle elements that influence health and lifestyle do not evolve solely from health care systems. There is interconnectedness across all facets of life, and it is all of these facets that should be addressed in improving health and lifestyle for the population. Based on the research into health outcomes, it is becoming increasingly evident that income, social situation and support networks, level of learning, employment and work conditions, life habits, physical environment, childhood development, genetic heritage, sex and culture, as well as health services all play a crucial function in health determinants. The challenge in improving health must be undertaken not only by the health system, but moreover by community organizations, educational facilities, employment services, municipal government and community members to ensure positive health outcomes can be achieved.

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Strategies

A range of recommendations was developed and focuses on what the community and organisations can realistically do, to improve service delivery and alleviate social conditions where possible.

Recommendation	Action	Responsibility	Funding Sources	Timeframe	Outcome
Ensure public health programs specifically those relevant to older people.	Programs and information is being translated and delivered to the English-speaking community.	Département de Santé Publique CLSC	Canadian Public Health Agency	Ongoing	A minimum of 3 programs per year is delivered to the ESC. Eg: Fall prevention, Diabetes, and other healthy lifestyle programs
Assist health and social services to be responsive to the high proportion of English-speaking older people	<ol style="list-style-type: none"> Promote the socio-economic reality of the ESC to health and social services Encourage ES people to request service in the language they are most comfortable with 	Community organizations Vision Gaspé-Percé Now CSSS	N/a	Ongoing	Health services are aware of the demographic differences between the French and English-speaking populations and able to provide quality service to all individuals
Recognise the impact of socio-economic levels on health outcomes and accept the ESC as a vulnerable group within the population	Educate health and social services on the connection between lifestyle, access to services and health outcomes	Agence		Ongoing	Health efforts target the vulnerable populations
Empower the ESC to request service in English	Inform the ESC that health and social services are trying to accommodate their language requirements by providing individual focussed patient care	Community organizations Vision Community leaders Schools Cégep	Canadian Heritage New Horizons	Ongoing	The English-speaking community plays a valuable role in planning for their own future

Recommendation	Action	Responsibility	Funding Sources	Timeframe	Outcome
Promote leadership, volunteerism and community participation as ways to improve health outcomes	Demonstrate the positive health benefits of volunteering and participating in community life	CSSS Department de Santé Publique Vision	Canadian Heritage New Horizons	Ongoing	Preventative lifestyle measures are initiated
Revitalize the ESC through community organisations and activities	Promote community events and celebrate the positive impact they have on the community and recognize the achievements of community groups	Vision Community Groups	Canadian Heritage New Horizons	Ongoing	Annual community awards event
Explore options and identify potential partners to develop aged housing choices	<ol style="list-style-type: none"> 1. Investigate local directions and planning towards aged housing options 2. Ensure representation throughout investigations 	Ville de Gaspé Local members CASA Vision Residential facilities CSSS		Ongoing	A plan of continuing action is developed
Begin to explore the possibility of establishing an English-speaking health and social services access point/facility	Investigate local resources and identify potential partners in this endeavour	Vision Ville de Gaspé CASA Local members CSSS		Ongoing	A plan of continuing action is developed

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Bibliography

Annual Report 2006 – 2007. Centre de sante et de services sociaux de la Cote-de-Gaspe.

Bowen, Sarah. *Language Barriers in Access to Health Care*, (Ottawa: Health Canada, 2001)

CCESMC. *Building on the Foundations – Working Toward Better Health Outcomes and Improved Vitality of Quebec’s English Speaking Communities*. Report to the Federal Minister of Health. August 2007.

CÔTÉ, Jocelyne, 2007. *Poverty and food insecurity on the Gaspé Peninsula and Magdalen Islands. An analysis of life stories*. Direction de santé publique Gaspésie—Îles-de-la-Madeleine.

Leotta, T. (2006). *Seniors Needs Assessment for the English Speaking Population*. Vision Gaspé-Perce Now.

L’Etat de Sante et de Bien-Etre de la population de La Cote-de-Gaspe. Agence de la sante et des services sociaux de la Gaspésie-Iles-de-la-Madeleine. 2007.

Plan D’action Régional (2005-2010). *Personnes En Perte D’autonomie Liée Au Vieillissement*. Agence de developpement de reseaux locaux de services de sante et de services sociaux.

Plan D'action Régional De Santé Publique (2004-2007) *Pour La Gaspésie Et Les Îles-De-La-Madeleine*. Agence de developpement de reseaux locaux de services de sante et de services sociaux

Pocock, J. (2008). Baseline Data Report, 2007-2008. *Quebec’s Social and Health Survey Information*. Community Health and Social Services Network (CHSSN)

Pocock, J. (2007). Baseline Data Report, 2006-2007. *Community Network Building*. Community Health and Social Services Network (CHSSN)

Pocock, J. (2006). Baseline Data Report, 2005-2006. *English Language Health and Social Services Access in Quebec*. Community Health and Social Services Network (CHSSN)

draft

Pocock, J. (2005). Baseline Data Report, 2004-2005. *Profiles of English-speaking Communities in Selected CLSC Territories*. Community Health and Social Services Network (CHSSN)

Pocock, J. (2004). Baseline Data Report, 2003-2004. *Regional Profile of Gaspésie - Îles-de-la-Madeleine*. Community Health and Social Services Network (CHSSN)

Statistics Canada. (Census 2006, 2001, 1996) *Community Profiles*.

<http://www12.statcan.ca/english/profil01/CP01/Details/Page.cfm?Lang=E&Geo1=CSD&Code1=2403005&Geo2=PR&Code2=24&Data=Content&SearchText=gaspe&SearchType=Begins&SearchPR=01&B1=All&Custom=>

Vision Gaspe-Perce Now. *Portrait of the Anglophone Population on the CSSS Territory*. September 2006.

Warnke, Jan. *Caractéristiques démographiques et sociales de la population Anglophone de la Région Sociosanitaire de la Gaspésie-Îles-de-la-Madeleine* (RCSSS), CHSSN, September 2006.

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