

Community Health and Social Services Network (CHSSN)

***We Can Act***

*A Community Health Promotion  
Strategy for Minority English-speaking Communities*

**Year End Report on Results 2009-2010**



For

Population Health Fund - Public Health Agency of Canada



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## I. Brief Summary

### Historical Context:

The We Can Act (WCA) project is *a community health promotion strategy for English-speaking communities* built on an initiative launched in 2003: “A Community Guide to the Population Health Approach”. The purpose of this guide was to introduce community organizations to the population health approach towards defining needs, priorities and actions to improve the health determinants affecting minority English-speaking communities in the Province of Quebec, Canada. Since 2005, the WCA project has enabled the CHSSN, its affiliated community organizations and their health and social service partners, to apply and share population health strategies, models and approaches enunciated in the guide.

### Current Context:

The 2009-2010 activities were established according to an evolution of strategies identified since 2005, and from the recommendations identified in the 2008-2009 WCA evaluation report. These strategies are *knowledge development and transfer, community capacity building and strategic information*. A full listing of activities accomplished can be seen in illustration I.

The *knowledge development and transfer strategy* has resulted in **acquiring knowledge** in the area of health determinants and public health. This has helped solidify the role of the community sector as a credible partner in the adaptation and delivery of public health programs in the minority English-language environment.

The *community capacity building strategy* resulted in supporting twelve non-profit organizations and fourteen schools in **building partnerships** with public health professionals for the piloting of adapted public health programs and services for the minority English-speaking community. Among other outcomes, this strategy has helped strengthen the role of the non-profit and community sector in public health by **improving the public health system’s capacity** to offer public health promotion campaigns to the minority English-speaking community. Through training and networking, community members have **gained new skills and interest** to participate in efforts in addressing health inequities facing them and their community.

The *strategic information strategy* resulted in the production of a statistical analysis identifying levels of low income in English-speaking communities across the province of Quebec. Further, the dissemination of this statistical information at a research conference has stimulated researchers, services providers and community members to **analyse further the causes of poverty** in selected English-speaking regions, and **move them to action** in addressing possible solutions.

*A long-term population health strategy in addressing health inequities in minority English-speaking communities is producing health outcomes at the community and individual level.*

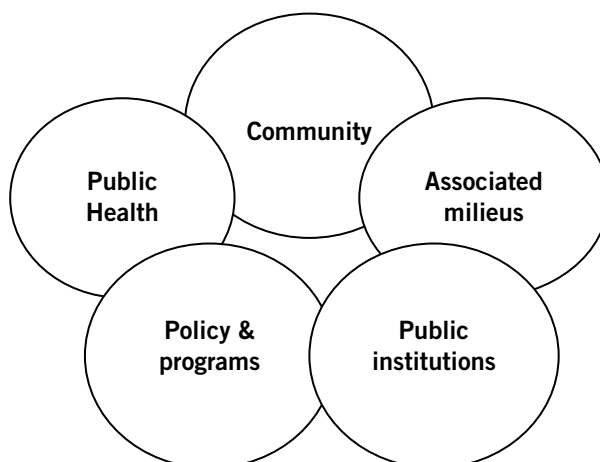
*Cathy Brown, Executive Director, CASA*

## II. Background 2009-2010

As a result of the success of the WCA project, the CHSSN has strengthened its commitment to population health by creating a new strategic plan and prospectus (2009) which includes 4 Action Targets: These targets are:

- **Promote health information and better health outcomes;**  
Improve the capacity of community resources to promote better health outcomes and complement the health promotion mandate of the public system.
- **Increase our knowledge base on the health of English-speaking communities;**  
Encourage, sponsor, and disseminate research that advances knowledge on the health status of English-speaking Quebecers among all stakeholders in the health and social services system.
- **Expand and increase support to community networks;**  
Community networks are formally recognized as valuable partners by local service networks but currently exist for only about a quarter of Quebec's English-speaking communities.
- **Adapt more public health and social services;**  
More services in Quebec's eight intervention programs to improve health outcomes need to be adapted for English-speaking people.

To achieve these targets, a revised CHSSN partnership model has been developed. This model includes a strong commitment to public health. It can be seen in the illustration below and at [www.chssn.org/Document/Download/Prospectus\\_Eng.pdf](http://www.chssn.org/Document/Download/Prospectus_Eng.pdf)



*Demographic and health determinant characteristics of English-speaking communities*

In 2009, new demographic information on the levels of income in English-speaking communities in the province of Quebec has been acquired. The full report is available on the CHSSN website.

### **III. What did you intend to do in this project?**

Three major strategies and outcomes were desired for the 2009-2010 project.

#### **1. Knowledge Development and Transfer Strategy:**

Facilitate the process of the community sector learning about population health and sharing of information between minority community health networks.

✓ *Intended Outcome:*

*Knowledge acquired in the area of public health has reinforced the role of the community sector as a credible partner in the adaptation and delivery of public health programs in the English-language.*

#### **2. Community Capacity Building Strategy:**

Extend support to communities in their efforts to engage public health professionals in the piloting of adapted public health programs.

✓ *Intended Outcome:*

*Adapted public health programs in selected English-speaking regions have been piloted and the community/volunteer sector has strengthened their role in public health.*

#### **3. Strategic Information Strategy:**

Continue to support community and public health professionals in applying health determinant information as means to identify levels of poverty.

✓ *Intended Outcome:*

*Community profiles identify the level of vulnerability of communities and assist in the development of a response to address any inequalities that may exist between the majority community and the minority English-speaking community.*

### **Illustration I: Portrait of primary activities achieved**

	<b>Activities Achieved</b>
<b>Knowledge Development and Transfer Strategy</b>	<ul style="list-style-type: none"> <li>✓ Organized an information exchange event with the Soci�t� Sant� en Francais as a means to develop knowledge of the minority French Language Health networks across Canada.</li> <li>✓ Participated in the provincial public health conference and disseminated pertinent resources and information to the 18 community health networks across the province of Quebec.</li> <li>✓ Selected community health networks attended a research conference on poverty in the minority English-speaking communities.</li> </ul>
<b>Community Capacity Building Strategy</b>	<ul style="list-style-type: none"> <li>✓ Supported community organizations and their public health professionals in the piloting of adapted public health programs in the English-language, including involvement of English-speaking schools.</li> <li>✓ Supported provincial CBC radio station in the development of a community health talk show promoting resources to minority English-speaking community.</li> <li>✓ Further adapted and made accessible a provincial health campaign 5/30 Health Challenge to the English-speaking community.</li> <li>✓ Held train-the trainer workshops for the delivery of senior's health education to a vulnerable English-speaking senior population.</li> <li>✓ Hosted a workshop to share population health strategies, models and resources.</li> <li>✓ Supported the delivery and partnership development of a Community Public Health Education Program.</li> </ul>
<b>Strategic Information Strategy</b>	<ul style="list-style-type: none"> <li>✓ Created a web based statistical analysis of levels of low income in the minority English-speaking communities in Quebec.</li> <li>✓ Supported the hosting of a research conference on poverty in the minority English-speaking communities in the Province of Quebec.</li> </ul>

*Describing unintended activities and difficulties encountered.*

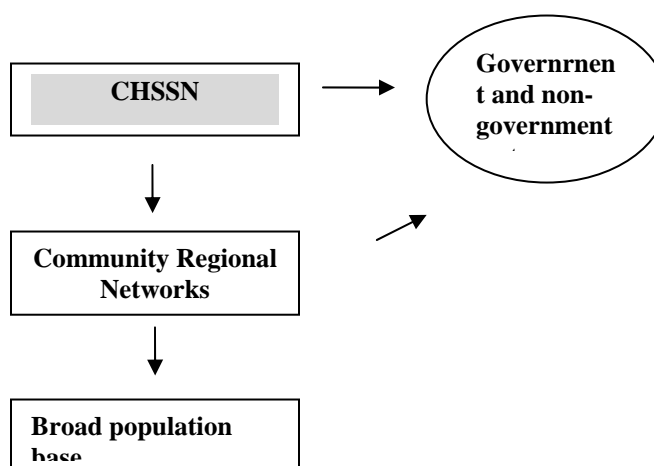
Scheduling conflicts did not allow for a face to face exchange with minority French-speaking health networks. As a result, minority English-speaking networks had an exchange with representatives from the Soci t  Sant  en Francais.

Additional resources were transferred to the hosting a provincial conference on poverty facing the minority English-speaking communities in Quebec.

#### **IV. Participation of the Population Group**

As a continuation from 2008-2009, the CHSSN employs a community network model for community engagement and participation. These networks consist of paid staff and volunteers, and are a representative body and voice for the community. Government and non-government organizations participate as network members acting as the link between community and the coordination and delivery of services to community. This network model serves as the process through which the population group (community) is consulted and solicited to participate in project activities. Illustration II below highlights the CHSSN network model for community engagement and participation.

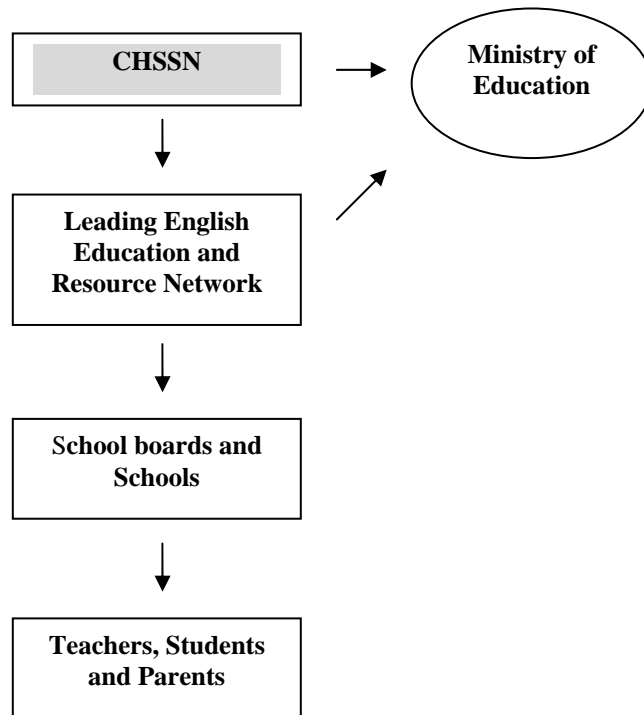
Illustration II: CHSSN Community network model for community engagement and participation



#### ***Adaptation to the model in 2008-2009:***

In 2008-2009, an adaptation to the model was required to accommodate a provincial partnership with the Ministry of Education in the advancement of a school-based health promotion program *Healthy Schools*. This model was continued in the 2009 and 2010 and is described in illustration III.

Illustration III: CHSSN school-based network model for community engagement and participation



## V. Partnership and Intersectoral Collaboration

Describe below is a list of the partners involved in the 2009 2010 WCA project including their involvement and contribution.

Illustration V: Participation of population group/partners

Strategy	Population Group/Partners Involved	Contribution
Knowledge and Transfer Strategy	Societé Santé en Francais  Minority English-language Community Health Networks	Human resources and expertise in transfer of knowledge to minority English-language community health networks.  Participation in JASP and dissemination of their knowledge to other networks.
Community Capacity Building Strategy	Townshippers' Association East Island Network for English Language Services Outaouais Health and Social Services Network Neighbours Regional Association Lower North Shore Coalition for Health North Shore Community Association Magdalen Island Network for Anglophones Vision Percé-Gaspé Now Committee for Anglophone Social Action MCDC 4 Korner LEARN AGAPE QCGN Montreal Children's Hospital	These organizations provided in-kind human resource time in the design and piloting of adapted public health programs.
Strategic Information Strategy	QUESCREN and affiliated universities (McGill, Concordia)	Hosted research conference on poverty.

## VI. Results

*Describe what you see as the major accomplishments or achievements of the project and what difference this project made in the community.*

- ✓ As a result of the WCA project, the CHSSN has formally adopted a long-term orientation and strategy in public health and population health with the minority English-speaking communities in the Province of Quebec. This strategy includes formal agreements with both the Ministry of Health and Social Services and the National Public Health Institute of Quebec. A five year agreement and commitment to community public health has been confirmed with the federal government illustrating long-term commitment and support. This is currently resulting in 18 regional and locally-based community public health projects underway with regional health networks and public health authorities.
- ✓ The engagement and interest of university researchers and research consortiums such as QUESCRAN suggests a renewed interest to research and analyse the roots causes of health inequities in the minority English-speaking communities. Further, a 3 year agreement by the CHSSN and INSPQ to analyze various health determinants in selected English-speaking communities suggests another level of formal commitment in addressing the health inequities that prevail in this minority language community.
- ✓ Innovations in communications in public health delivery have immerged and shared by and between networks. This suggests an evolution in the capacity of community to address their own health determinants. An example includes the development and diffusion of the first ever minority English radio health talk show, and contracting the community sector by a public establishment for the delivery of pertinent health and social services information targeting vulnerable clientele.
- ✓ A provincial partnership with LEARN and the ministry of Education has allowed for the development and testing of innovated community health education partnership models. These innovations have engaged approximately 24 minority language schools in the design and delivery of health education and community health projects.
- ✓ A relationship has been established with minority French-language health networks outside the province of Quebec. This relationship should continue and allow for greater transfer of knowledge, networking, and sharing of best practises and innovations between minority language networks across Canada.

*Describe your experiences and knowledge gained by applying a population health approach (including which determinants of health were affected or influenced and how they were influenced).*

**The following six insights were gained in the project:**

1. Exchanges to sensitize health planners and related public health professionals need to, and have led to, formal written commitments (ie. collaboration agreement with INSPQ). These formal commitments are essential benchmarks for the immobilization of partners and resources necessary in addressing determinants of health and ultimately health inequalities of a population.
2. Experiences in exchanges with other minority language health and social service networks across Canada reveal an abundance of untapped knowledge and resources. Efforts must be made to better capitalise on the experiences of minority-language health and social service networks in addressing determinants of health in their various communities.
3. Community capacity building techniques such as empowerment, acquisition of new skills, information, resources, knowledge and leadership aids the population group take action on their health. The integration of these techniques within the WCA project has led to an increase in leadership and community involvement in planning and delivering population health initiatives.
4. Emphasis in addressing social environments as a key determinant of health aids in the strengthening of social networks, and enhances participation (building of attachments) between institutions, organizations and the populations at large.
5. The network and partnership model adopted by the CHSSN continues to be effective in the delivery and sustainability of population health initiatives. It further provides an administrative and planning framework for the implementation for the adaptation of public health programming.
6. Commitment universities and researchers to research important health determinants such as low-income, unemployment and underemployment in minority language settings, is critical in addressing health inequities that persist.

***If any activities will continue beyond the project-funding period, describe them and indicate how they will continue.***

The adoption of an action plan which includes public health and health promotion as a major objective will ensure a long-term commitment and investment in addressing health determinants in the minority English-speaking community. For example, the INSPQ and CHSSN have a 3 year written agreement to support the community in continuing to build its capacity in order to better address various health determinants such as low income.

The CHSSN community support team has integrated population health as part of its mandate in offering support to communities. This will ensure continued training and knowledge development and sharing among linguistic minority health networks within Quebec and with other provinces.

As a result of the success of the Community Public Health Strategy and a renewed action plan for official minority language communities in Canada, the CHSSN has designed with Health Canada, a Community Health Promotion Program until 2013. This assures the continuity and builds on the results of the Community Public Health Strategy created and piloted as a result of the WCA project.

Governments, researchers and universities have been engaged and express ongoing interest in developing strategic information on the minority English-speaking community. Further, under the current federal action plan, the CHSSN has obtained investments for the development and implementation of a strategic information strategy. The WCA project provided the framework and demonstrated the need for a long-term commitment in this area.

## VII. Evaluation

*Describe the evaluation process carried out during each activity or phase of your project.*

Illustration V: CHSSN WCA Evaluation Process

Steps	Actions
1. Defining the project work	Validation of work plan and proposed activities with regional networks according to their needs assessments and priorities developed.  Solicitation and input from identified partners.

	<p>Identification of contracted partners, resources and skills required.</p> <p>Confirmation of project administration team and delivery of participatory evaluation training and dissemination of information.</p>
2. Developing success indicators and their measures	Revised evaluation/indicators grid for CPHS projects. Modified column for indicators on CPHS project submission template.
3. Collecting the evaluation data	<p>Designed and delivered participatory evaluation focus groups with regional networks and affiliated partners.</p> <p>Administered large group feedback session proceeding community retreat and training.</p>
4. Analysing and interpreting the data	<p>As evaluation data was collected, it was disseminated to the implicated population group and partners for key learning's to be identified.</p> <p>Responses to interviews were themed and compiled according to the participatory evaluation framework template. Templates were reviewed by evaluator and CHSSN team in preparing final reports and the mandatory final report for PHAC.</p>
5. Using the results	Results and learning's identified by individual health networks were shared with other networks. Many tools and best practises were shared.

### **VIII. Recommendations**

- ✓ Official language minority communities in Canada face a variety of unique disparities and health inequities. A long-term investment in population health in addressing key health determinants is critical to the health and vitality of these communities. The WCA project has been instrumental in supporting communities advance and act on a variety of key health determinants facing them.
- ✓ An organization like the CHSSN is well place to build and support the necessary foundations for sustainability and innovations in addressing health inequities. Programs and models such as the CHSSN community support team and the CHSSN community partnership model, have been key elements in ensuring sustainable results.

- ✓ Strategic information on minority language communities has identified vulnerabilities, inequities and higher risk factors in a variety of areas such as isolation, low-income and mental health.
- ✓ Continued investment in developing innovation, learning, knowledge translation and dissemination in population health interventions for minority English-language communities is critical to improving the health status of these populations.

