

Centre de santé et de services sociaux  
Baie-des-Chaleurs



# **Santé, Yes!**

## **Report on health care forum**

**Held January 19, 2006  
Galgoasiet Community Hall, Gesgapegiag, Québec**



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### Participation:

Participation was excellent with between 130 and 140 people, 59 francophones and 65 anglophones. There were 45 members of the personnel and volunteers of the CSSS: 11 from Malauze, 16 from CHBC and 9 from Paspébiac; 65 members of the English-speaking community (e.g. the school board, Golden Age Club, Family Ties, churches, etc); and 14 representatives of non-profit support groups (e.g. women's shelters, mental health groups, CABs.)

### Presentations:

The **Director-General of the CSSS Baie-des-Chaleurs, Bernard Nadeau**, set the stage by indicating that this is another step in constructing a relationship between the CSSS and the English-speaking community in the area. We need better mutual understanding in order to make progress together. The goal of the forum is to find one or two concrete solutions that can be put into practice. The task is huge, but you eat an elephant one bite at a time.

The **President of the Committee for Anglophone Social Action, Donald Bourgouin**, pledged the organization's on-going support for such initiatives. He gave some background on the Access BDC project and its objectives. He then invited members of the English-speaking community and the staff of the CSSS to speak candidly to one another.

After an invigorating icebreaker, **animator Richard Walling, Director-General of the Holland Centre**, shared his view of the evolution of access to health care in English throughout the province. He made the point that there are different phases in a relationship between public services and the community. In Quebec City it took 15 years to bring the partners together to form the Holland Centre. He also emphasized that there is a huge difference between the situation of Anglophones in the Gaspé and other regions, and the provincial perception that tends to be based on Anglophones in Montreal.

## Presentation on research:

**Cynthia Dow, the Community Development and Liaison officer for the Access BDC project**, then gave a presentation of the major findings of the Steering Committee's needs assessment report. The statistics show a very vulnerable community on the socio-economic front, with the native community making up a large proportion of the English-speaking people. There are certain attitudes to overcome, such as a hesitancy to use public services and a certain level of stress when requesting service in English. A list of questions to consider throughout the day brought the presentation to a close.

## First plenary session:

The following points were raised during the first plenary session:

- Challenges go beyond language to the **cultural divide** between the different ethnic groups
- It was suggested to find out how many English-speaking people are now sitting **on health boards** in the area.
- The more organizations reach out to the English-speaking community, they more they are faced with a dilemma: **there is an increase in demand for services, but the resources – human and financial -- are not necessarily there** to meet the demand.
- The English **community has a role to play** in obtaining more resources.
- The CSSS BDC should **work with both the Rocher Percé and Côte de Gaspé CSSSs** to ensure that services are available in English from the Rimouski hospital.
- The **issue of confidentiality in providing mental health support** was raised as a significant barrier to sharing: e.g. in grief counselling, substance abuse, domestic abuse, etc.
- The goal to bring bilingual youth back to live here needs to be fostered before they leave the region, e.g. through **bursary programs**. Some young people need to experience life elsewhere before returning. Target those with families.
- **Make greater use of our retired people** in the community – they have many talents to share.
- The social economy projects may enable us to develop some **health care businesses**.
- The CLSC in Paspébiac often **refers clients to Family Ties** because they do not have the resources to help, but neither does Family Ties. These people have nowhere else to turn.
- Recommendations coming out of the forum should **aim high**, because they will be cut back in any case.

## Workshop discussions:

Three workshops were held during the forum. Below is a list of issues discussed and recommendations made during the workshops.

### Services for seniors:

- ❖ Isolation is a major factor for the elderly. There should be more effort made to **get volunteers involved in offering activities** at the long-term care facilities
- ❖ **Listuguj elders should be considered priorities for beds in Matapedia and Cross Point** rather than having to be transferred to Maria.
- ❖ The Golden Age Club could **put more pressure on for public services in English.**
- ❖ In a long-term care facility, **Anglophones should be assembled in the same general area** to make it easier to provide service, animation, etc.
- ❖ The English-speaking community needs to **set priorities and apply pressure.**
- ❖ For the PALS program, major concerns are **transportation, communication, and finding resources** to keep the initiative going.
- ❖ The recommendation relating to hiring bilingual auxiliaries should be changed to **bilingual staff** in general.
- ❖ A recommendation was added about providing a centre de jour in English. The CSSS should work with English organizations to offer **culturally appropriate stimulation and animation.**
- ❖ In the recommendation on transfers outside the region, the workshop wanted **Montreal area institutions** to be added.
- ❖ The first and third recommendations on transfers should be integrated.
- ❖ **Someone bilingual should accompany unilingual English patients** who are to be transferred outside the region to an institution incapable of ensuring access to service in English, and the costs should be covered by the government agencies.

### Support to young families:

- ❖ There are **significant barriers** to be overcome in serving young families:
  - Distance and transportation
  - Cultural differences in approach
  - Fear of labelling if one participates, e.g. in parenting courses
  - Fear of the institutions and not understanding the support role
  - Lack of information
  - Lack of financial resources to get to services
  - Lack of education is a barrier to access
  - Lack of human resources to serve this demographic

- ❖ The CSSS should develop a **marketing plan** to target people who could use the services in the different program areas, in conjunction with the community groups.
- ❖ Establish **priorities for services** for young families
- ❖ Ensure **Anglophone representation** in planning and decision-making: get Anglophones in on the thought processes.
- ❖ **Municipalities should be more present** on this file: there is \$50,000 available for towns to create their own family policies.
- ❖ **Mobilize the population** by getting the community involved and encouraging them to use the services.
- ❖ How can **senior volunteers** be more effectively used?

### **Mental health:**

- ❖ **Cultural differences** are a significant factor in providing mental health services, but what exactly are these differences? They need to be precisely identified.
- ❖ To feel secure about confidentiality, it might be preferable to have **someone from outside the community** in a professional capacity, rather than a community member
- ❖ It is important to know the name and the face of mental health caregivers – **put a human face on the services**, have a human touch
- ❖ **Poverty and food insecurity** have a negative impact on mental health
- ❖ Programs and services currently available are **not well known** by the English-speaking community.
- ❖ Workshop participants were happy to hear about the **LIFE Association** and about the **PALS project**.
- ❖ The community should be made aware of **Rosella Boudreau's liaison role at the hospital**
- ❖ Community groups would like to increase English services, but have **resources too limited** even to serve francophones, recruitment is difficult at the salary level they offer
- ❖ More information is needed about **drug and alcohol abuse**
- ❖ More information is needed about **Attention Deficit Disorder**
- ❖ Services for the **intellectually handicapped** are too limited
- ❖ It's important for the English-speaking community to **express its needs**
- ❖ A **coalition should be formed** bringing together the schools, CSSS and community organizations
- ❖ There must be **on-going cooperation with the native communities**

## **Concluding statement from Bernard Nadeau:**

There are three major aspects of service in English that have been touched upon at the forum:

1. **Development of services:** Some services are inexistent in English and require development, either through additional resources or recycling of resources.
2. **Human resources:** The CSSS needs to look at the issue of positions requiring English. We will be working on recruitment and retention with CASA, including attracting students to the region for training programs (stages).
3. **Written agreements with partners:** The CSSS will work to sign agreements with other institutions such as the Rimouski hospital and other partners stipulating the need for services in English.

This work is not for the CSSS alone, we must **strengthen our partnership with the English-speaking community**, as we did when Family Ties was founded. We also need the municipalities to be onside. We need to integrate the community strengths with the professional and institutional services in the region.

The CSSS board of directors will be up for election in June and **the Anglophone community will be invited to put a name forward**. This should be done at other levels as well, including the board of the regional health agency.

Community leaders must **bring forward their priorities and clarify needs**. This is an invitation to work together. It's not an end, it's a beginning.

The CSSS will ensure that this report and its recommendations will be distributed to all partners, to the Agence, and it will be presented to the CSSS board of directors. **The voices of the participants here today will be heard.**

## **Results of participant evaluations:**

The evaluation sheets (73) were unanimous about the success of the day. The response varied according to language group:

### **Francophones:**

- Didn't feel comfortable in plenary sessions, regretted that they were not bilingual enough to participate (despite simultaneous translation services)
- Appreciated being better informed about the community
- Loved the icebreaker!

- A few did not find the presentation on the provincial situation useful
- Expressed the need for more resources, financial and human, to meet anglophone needs

### **Anglophones:**

- This kind of event needs to be held more often
- Will feel more comfortable asking for service in English in the future because they saw all the good will there is amongst CSSS personnel
- Some indicated that English speakers must be more outspoken and put more pressure for services in their language
- Some did not appreciate the simultaneous translation services.

Participants universally liked the agenda and the timing and people were pleased that the schedule was closely followed.

### **Conclusion:**

The following objectives were met:

- Enabling the community members and personnel of the health system to get to know one another, **break down barriers**.
- **Familiarizing health care workers with the English-speaking community**, its demography, its challenges and its strengths.
- **Informing the English-speaking community** of some of the barriers to providing service in English.
- **Testing the viability** of some of the recommendations.

Weaknesses:

- Providing **simultaneous interpretation did not remove all the language barriers**.
- The participation of an **outsider as MC was questionable** for some CSSS personnel.
- There were **too many people to run truly effective workshops**, but not enough room to expand into more groups.
- **The workshops should have had a tighter focus** on specific issues, particularly given the large size of the groups.