

# CHSSN

*Community Health  
And Social Services Network*  
Réseau communautaire de santé  
et de services sociaux

## *Quebec's English-speaking Community Network Development*

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# Population

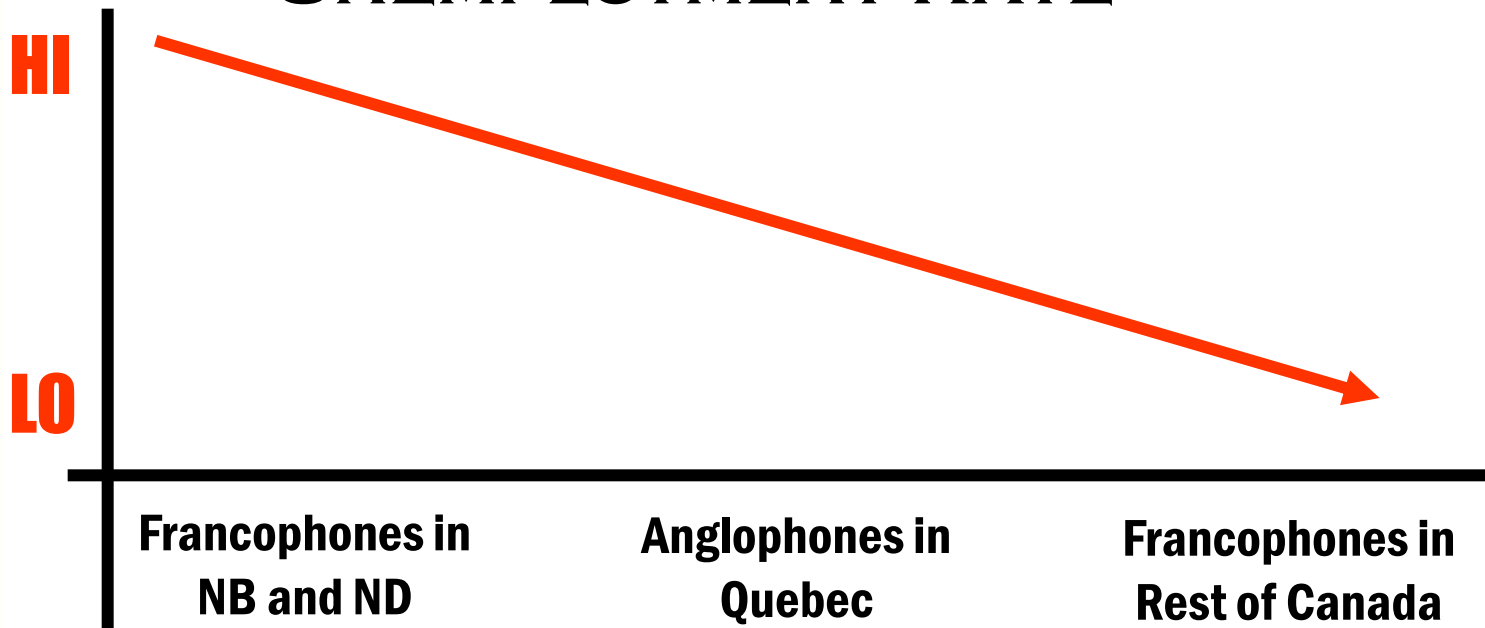
2006 Census of Canada -

- **994,720 English-speaking Quebecers (First Official Language Spoken - FOLS)**
  - significant variation from one region to another (from 0.6% to 32%)
  - profound demographic loss outside MTL
- High proportion of **seniors**:
  - 9 regions have 20% more seniors than the French-speaking majority
    - 64% Estrie,
    - 40% Lanaudière
    - 50% Laurentides
  - Missing Middle 45-65 (care givers)



**13.4% of QC  
Speaks English  
as FOLS**

## UNEMPLOYMENT RATE



- Unemployment rate **higher** than their French-speaking neighbours in every health region
  - 17% higher in Cote-Nord, 12 % higher in Gaspé
  - Only Francophones in New Brunswick and Newfoundland have a higher unemployment rate

## Low-income cut-off (LICO)

### L I C O LOW INCOME CUT-OFF

**22 %**

**ANGLOPHONES**

**16 %**

**FRANCOPHONES**

- English-speaking Quebecers: **38 %** more likely to have incomes below the LICO than Francophone neighbours
- **74 %** of the Anglophone population with incomes below LICO live on the Island of Montreal.

# Diminishing Support Network

Institutional loss, and loss of  
volunteering age groups



More likely to turn to  
family in case of  
illness, however  
less likely to have  
family nearby

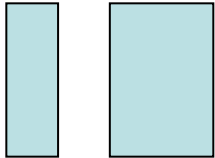
Access to health  
and social services  
in English difficult in  
many regions  
*(distant regions facing  
the most restraints)*

9 of 16 regions considered to have very  
low or low demographic vitality

**MISSION:** To strengthen networks  
at the local, regional and provincial level  
in order to address health determinants, influence public policy and develop services.



### POPULATION HEALTH APPROACH



20 YEAR HISTORY

### OLMC FUNDING



**The Holland Centre Experience:** A community development model for minorities. See our web for more info.

*10 years and counting*

# CHSSN

Community Health  
And Social Services Network

The CHSSN has spent the last 10 years working with English-speaking minority communities across Quebec to address health inequalities.

## *Networking and Partnership Initiative (NPI)*

The key innovative aspects of this approach are:

- vulnerable communities identify their own needs
- partner with the public sector

And together they

- build bridges and networks to address those needs



## Networking and Partnership Initiative

- Developing better access to services in English locally



## *Network Development: Critical Success Factors*

- Customized knowledge base of the ESC for the region
- Links between the ESC and the public sector
- Community's capacity to participate is revitalized
- Access to existing services in English is improved
- Parallel systems are avoided
- Need and priorities determine access to services



## *Network Development: How we get there...*

1. Community defines the geographic region
2. Community profile (health determinants) is developed and shared
3. Community engages in Visioning to identify priorities
4. Community allies with public partners
5. A network of key players (public, non-profit and community) address key community concerns
6. Moderate discussions to respond to the needs of the community
7. Actively involved in the solutions



English community church on the Lower North Shore

## POSITIVE OUTCOMES

- Knowledge Exchange
- Public partners and minority community dialogue
- Public partners commit to
  - sit at the table and
  - designate someone to work with community
- Community commits to deliver on a service
  - in a volunteer capacity as well as
  - an organizing capacity

**THE COMMUNITIES**

- Increased their knowledge exponentially
- Engaged in the future of access to health services

**THE PUBLIC PARTNERS**

- Increased awareness of minority community's needs
- Reorganized and created services to respond to those needs

**HEALTH DETERMINANT STATUS IMPROVED**

- Isolation of community reduced
- Access to health information improved
- Community knowledge of the health system should lead to better use of system

“Another important observed outcome reported by project participants was:

an increased understanding by public sector officials of the determinants of health and well-being for English-speaking individuals and their specific access needs and priorities; moreover,

many indications were observed that

**public sector’s awareness**

**of the English-speaking community’s needs**

**has never been so great.”**