



NORTH SHORE COMMUNITY ASSOCIATION

2008-2009 COMMUNITY PUBLIC HEALTH STRATEGY REPORT

North Shore Region 09

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INFORMATION DOCUMENTS INCLUDED WITH THIS REPORT:

1. *Community and Educational Institution Questionnaires from the (NSCA) Researchers;*
2. *'Community Profiles' – Statistics Canada:*
 - a) *Baie-Comeau*
 - b) *Fermont*
 - c) *Port-Cartier*
 - d) *Sept-Îles*

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OBJECTIVE

The objective of this project is to gain a better understanding of the experiences of Anglophones living on the North Shore of Quebec in the public health care system, and find out what can be done to improve the situation for everyone.

METHODOLOGY

Following a project with the Coasters Association on the Lower North Shore, two questionnaire templates were created. These were modified to better represent the communities. One questionnaire was for English speaking community members and one for the English Educational institutions. Two researchers were hired for the 4 major areas of the North Shore; one for Baie-Comeau/Fermont area, and one for the Port-Cartier/Sept-Îles area. Lists of possible candidates were created from resources such as the NSCA membership list, school lists, word of mouth, etc. Interviews were set up for the answering of the questionnaires either by telephone, in person, one-on-ones, round table discussions, etc. Administrators at the English Educational Institutions were contacted and information was collected from them. The results were compiled and observations and recommendations have been made.

RESEARCH SUMMARY

A total of 88 individual community members questionnaires were compiled for this report and 5 English educational institutions questionnaire.

All research was done between November 20th, 2008 and January 30th, 2009.

Included in this report are summary overviews for both the Community and the Educational Institutions results.

In all cases, the respondents' identities for the individual questionnaires have been kept confidential. No names appear on the questionnaires.

The NSCA would like to thank all respondents who devoted valuable time to complete the questionnaires.

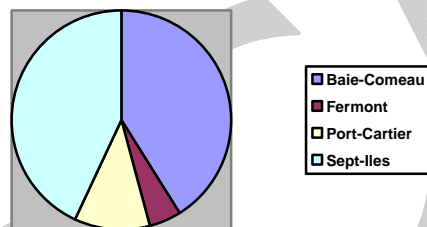
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DEMOGRAPHICS

The North Shore territory covered in this report includes the following municipalities:

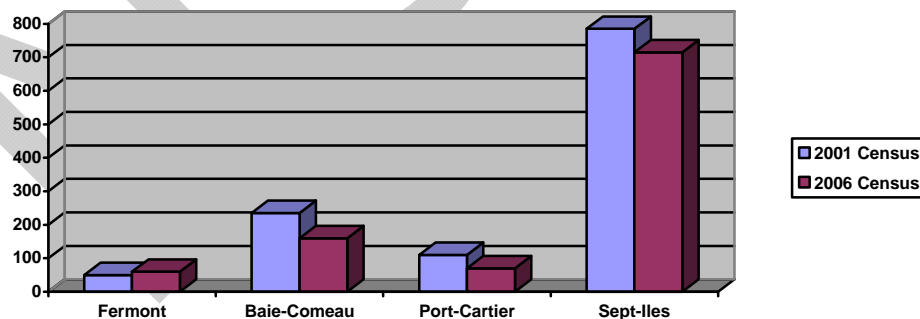
	<u>Population</u>	<u>English Mother Tongue</u>
• Fermont,	2,633	60
• Baie-Comeau,	22,550	160
• Port-Cartier,	6,197	70
• Sept-Îles,	23,661	715
Total	55,041	1,005

Less than 2% of the municipal populations covered in this report are English Mother Tongue and of that 2%, 16% cannot speak French.¹ This means that most Anglophones can speak French.



Population of the 4 communities 55,041

All four communities have experienced a decline in population since the 2001 census and with the exception of Fermont all have experienced a decline in the number of their English population. The English communities of these municipalities have lost 175 people since 2001. (Fermont has gained 10).



English Population change between 2001 and 2006

¹ Statistics Canada, 2006 census

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ENGLISH EDUCATIONAL INSTITUTIONS

The five schools represented in this report represent a total of 349 students. The schools belong to the Eastern Shores School Board, whose head office is situated in New Carlisle, Quebec. The school board's territory also encompasses the Magdalen Islands and the Gaspé Peninsula, as well as the four municipalities on the North Shore.

	Baie Comeau High School	Fermont School	Riverview School	Flemming School	Queen Elizabeth High School
Municipality	Baie-Comeau	Fermont	Port-Cartier	Sept-Îles	Sept-Îles
Level of Education offered	Pre-K, K, Primary, Sec. I-V	K, Primary	Pre-K, K, Primary, Sec. I-III	K - Primary	Sec. I-V
Number of Students	80	18	22	120	109

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COMMUNITY QUESTIONNAIRES

SUMMARY OF RESPONSES

1. General Information		Number	Percentage
Age	16 – 20	9	10.2%
	21 – 30	9	10.2%
	31 – 40	13	14.8%
	41 – 50	23	26.1%
	51 – 65	19	21.6%
	65+	15	17.1%
	Total	88	100%
Gender	Male	28	31.8%
	Female	60	68.2%
	Total	88	100%
Language (maternal)	English	72	81.8%
	French	5	5.7%
	Both	9	10.2%
	Other	2	2.3%
	Total	88	100%

2. Health Care Services Accessed		Number	Percentage
Have you accessed Health Care services in the last year?	Yes	68	77.3%
	No	20	22.7%
	Total	88	100%
Institutions Accessed (some respondents accessed more than one institutions)	Centre de Médecine Familiale – Lionel-Charest	4	4.8%
	CLSC – Baie-Comeau	2	2.4%
	CHRB	13	15.4%
	Centre Médical Boul. Lasalle	1	1.2%
	GMF Boréal	2	2.4%
	Montreal Heart Institute	1	1.2%
	CSSS de l'Hématite	2	2.4%
	CSSS Sept-Îles	28	33.3%
	CLSC Sept-Îles	2	2.4%
	Polyclinic de L'Anse	2	2.4%
	CSSS Outaouai	1	1.2%
	CSSS Port-Cartier	17	20.2%
	None listed	9	10.7%
	Total	84	100%

3. Health Care Services		Number	Percentage
In preparing you for your treatment/test, did you receive oral instruction or documentation about the treatment/test in English?	Yes	20	29.4%
	No	44	64.7%
	N/A	4	5.9%
	Total	68	100%
If you were transferred to another hospital, did you receive oral instruction or documentation in English?	Yes	3	4.4%
	No	28	41.2%
	N/A	37	54.4%
	Total	68	100%
During the transfer (transportation), did you receive oral instruction or documentation in English?	Yes	1	1.5%
	No	22	32.3%
	N/A	45	66.2%
	Total	68	100%

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4. At Admissions		Number	Percentage
Did you receive oral instruction or documentation in English?	Yes	10	14.7%
	No	36	52.9%
	N/A	22	32.4%
	Total	68	100%
Did you receive oral instruction or documentation about the consent form in English?	Yes	7	10.3%
	No	36	52.9%
	N/A	25	36.8%
	Total	68	100%
Did you receive oral instructions or documentation in English about any risks or consequences related to the test/treatment?	Yes	11	16.2%
	No	32	47.1%
	N/A	25	36.7%
	Total	68	100%

5. During in-patient care		Number	Percentage
Was nursing care available in English?	Yes	11	16.2%
	No	35	51.5%
	N/A	22	32.3%
	Total	68	100%
Were Doctors able to communicate in English?	Yes	29	42.6%
	No	14	20.6%
	N/A	25	36.8%
	Total	68	100%
Were consultations with other medical professionals (Radiology Technicians) done in English?	Yes	13	19.1%
	No	29	42.7%
	N/A	26	38.2%
	Total	68	100%
Was English documentation made available?	Yes	10	14.7%
	No	34	50%
	N/A	24	35.3%
	Total	68	100%

6. Before discharge		Number	Percentage
Were after-care procedures and issues discussed with you in English?	Yes	13	19.1%
	No	32	47.1%
	N/A	23	33.8%
	Total	68	100%
Was documentation available in English on how to care for yourself after your treatment/test?	Yes	11	16.2%
	No	32	47%
	N/A	25	36.8%
	Total	68	100%
Did you receive oral instruction or documentation in English about prescriptions and/or medical needs?	Yes	19	27.9%
	No	28	41.2%
	N/A	21	30.9%
	Total	68	100%

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7. How could this process be improved to increase your access to Anglophone services?

Given that most respondents are bilingual and understand French well enough, English services are not asked for often. Respondents would prefer dealing with health issues in English however, and state that there is a definite need to increase access to Anglophone services.

More specifically respondents indicated:

- Hiring of bilingual personnel in key locations such as reception
- Increase visibility of clientele services at the hospitals
- To have bilingual pamphlets, instruction procedures, documentation and consent forms ready available for Anglophones
- Prescription information available in English
- Need for an English diabetic support group and more English documentation
- Offer ESL training skills to people providing medical or health related services-to have a minimum ability to communicate in English with vocabulary related to the field
- Encourage professionals and employees who speak English to use it
- Anglophones to ask for information in English more often
- Hiring of more doctors, specialists in the region and to reduce long waiting lists

8. Access Plans		Number	Percentage
Are you aware of the access plans available at the institutions throughout Quebec?	Yes	25	28.4%
	No	63	71.6%
	Total	88	100%
Would you like to receive information about the access plans of the institutions servicing the North Shore?	Yes	67	76.1%
	No	21	23.9%
	Total	88	100%

9. Additional comments

- Responses summarized in pages 11, 12 & 13

10. Public Health Programs Accessed	French	English
1. Quebec Breast Cancer Screening Program	17	8
2. Quebec Tobacco Cessation Plan (PQAT)	9	4
3. Immunization Program	33	11
4. Occupational Health & Safety	23	7
5. Dental Health	27	21
6. West Nile Virus: Prevent & protect yourself	4	-
7. Integrated perinatal and early childhood services for vulnerable families	2	-
8. Strategy and action plan for troubled youth and their families.	6	-
9. Pathological gambling	2	1
10. Services for the frail elderly	10	2
11. Intellectual disabilities	2	2
12. Physical disabilities	7	-
13. Drug addiction: Prevention & Detection	5	1
14. Breastfeeding	5	1
15. Info-Santé CLSC	20	9
16. Suicide Prevention	4	1
17. Attention-Deficit and Hyperactivity Disorder (ADHD)	7	3
18. Prevention Cardiac Diseases	7	4
19. Optimizing medication use in Quebec	5	10

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11. Additional comments or suggestions for improvement

- Responses summarized in pages 11, 12 & 13

12. Public Health Program priorities	1st Priority	2nd Priority	3rd Priority	4th Priority	5th Priority	Total Number of votes
Cancer support	23	13	23	4	9	72
Health Promotion services	27	14	8	12	8	69
Information and referral	14	11	15	8	7	55
Mental health services	5	11	5	21	13	55
Home care for seniors	9	9	7	11	12	48
Increased community services	3	5	8	6	14	36
Support to young families	3	10	4	6	11	34
Alternative medicine	8	9	7	6	2	32
Domestic violence prevention	2	6	7	7	4	26
Other: Transport for seniors	1					1
Other: Diabetes and Dietician	1					1
Other: Travel immunization	0	0	0	1	0	1
Other: Immunization Clinics	0	0	0	0	1	1

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EDUCATIONAL INSTITUTION QUESTIONNAIRES

SUMMARY OF RESPONSES

1. General Information		
Name of Educational Institution	a)	Baie-Comeau High School
	b)	Fermont Elementary School
	c)	Riverview School
	d)	Flemming Elementary School
	e)	Queen Elizabeth High School
	f)	CEGEP de Sept-Îles**

** Due to time constraints, 'f)' CEGEP de Sept-Îles was unable to participate.

2. Public Health Programs		
Who is in charge of the health program(s) at your school?	a)	Community & Spiritual Animator, CLC Coordinator, and Physical Education Teacher;
	b)	Principal;
	c)	All the staff;
	d)	Principal
	e)	The principal and 2 teachers;
List the health and social service programs (French & English) available at your school (i.e. breakfast program, funding for health related activities, workshops, healthy schools, etc.)	a)	Wellness Oriented School, Nutritious Snack Program, Health Education, Iso Actif, Nutrition Week (CLC), Dental Hygienist (Dental Health Program);
	b)	Healthy Schools, Nutritionist and Dental Hygienist, Wellness Program including trips to Lab City, CLSC Public Health Nurse visits to the school, pamphlets in both French and English;
	c)	Wellness program (MELS), Acti-Gym (lunch and gym); Sport Étudiant (ex. Défi Basket); Moi j'croc; Kino-Quebec project (ex. Snowshoeing); CSST health and safety project (ex. No running in the halls); Cooking Club (to learn to use the kitchen safely – healthy cooking);
	d)	Coup de Pouce (breakfast program); Wellness Program (after school activity); CLSC health eating; Anti-smoking; Healthy lifestyle (physical and healthy eating);
	e)	QEHS holds 2 workshops for Healthy Schools. Some teachers have also attended workshops on Healthy Schools at conferences elsewhere in the province. Healthy snacks, funded by the Eastern Shores School Board 'snack budget', are provided to students. Teachers have access to anti-bullying workshops and these are presented to the students in the English language. A student sits on the provincial Anti-smoking committee. Various physical activities beyond the regular program that address the 'Healthy School Initiatives' are held annually;
Identify any public health activities currently being developed by your school (i.e. breakfast program, healthy snack, funding for health related activities, workshops, healthy schools approaches. Etc.	a)	Vaccination Programs for students, 'World Aids Day' presentation by CLSC Nurses;
	b)	Healthy Snack Program;
	c)	Kitchen safety. Acti-Gym. Ping-pong activity, hockey, and sleds available at recess for physical activity. Pedometers to walk and build awareness. Nurse caters to school needs (example: UV program for all);
	d)	Influenza pandemic program implementation. Homework Program with Healthy Snacks included. Tae Kwan Do Program (2 times a week until June);
	e)	The Healthy Schools initiatives are accessed and modified annually in order to develop different activities to fulfill the students' needs. In order to respect the ESSB and Ministry of Sports, Education and Leisure's Healthy School policies, healthy snacks are now offered at the canteen;
Identify any public health	a)	Sexual Education Workshop in English, bilingual School Nurse;

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activities you would like to see developed on the North Shore. (i.e. breakfast program, healthy snack, funding for health related activities, workshops, etc.	b)	A 'Breakfast Program' would benefit the kids;
	c)	Wilderness Safety (survival skills); swimming for all kids to learn; internet awareness and safety;
	d)	Swimming programs; programs for walking (benefits of walking to school); English information session for parents (workshop to teach parents how to read the labels on foods);
	e)	Coordinator for Healthy Schools Programs because it is too labour intensive to expect teachers to implement this program effectively with all the other things that are expected. Breakfast programs with funding to hire a coordinator. Workshops for parents on healthy lunches and the benefits of a healthy lifestyle;
Identify health and social service priorities for your school.	a)	Sexual Education in English, bilingual School Nurse;
	b)	Getting children accessed and evaluated; students with learning disabilities have access to a Speech Therapist only once a year;
	c)	Return of Nutrition Program (MELS); time to implement programs; would like the schools to be given the designation of Healthy School. More support from parents;
	d)	Inform parents to let the school know A.S.A.P. for contagious diseases. More information on the benefits of healthy eating and physical activities. List of physical activities and prices (low cost);
	e)	Having a school social worker and school nurse who can speak English;
Additional comments	a)	It would be ideal to have access to the services of a registered nurse and social worker who could communicate with students in English;
	b)	Nurse would make rounds frequently in the past, now that has been cut back to only a few times a year; more services for Sexual Education;
	c)	All programs are geared to elementary school; they should be brought to the high school level as well. Programs may be in French but presently are not an issue. Need Occupational Therapist now.
	d)	The Association needs to be more visible. Sponsor more events.
	e)	The efforts of the NSCA in its' initiative in helping schools with this program is greatly appreciated.

COMMENTS AND OBSERVATIONS

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Following is a list of comments and observations:

1. The average interview took between 10 and 15 minutes to complete, and usually was preceded or followed by a discussion of 10 to 15 minutes.
2. Most people were more than happy to fill in the questionnaire, but some skepticism was apparent as to the possibility of an improvement of English services.
3. It was noticed, in the search for possible candidates for the interviews, that Baie-Comeau, Fermont, and Port-Cartier have very few unilingual Anglophones. Most respondents were capable of speaking French to some degree. Sept-Îles have a larger English population. (The health care institutions in Sept-Îles service clientele from the lower North Shore who are unilingual Anglophones.)
4. During the interviews, it was also noticed that a lot of 'bilingual' Anglophones said that services in English were not received simply because they weren't requested, mainly because most speak French well enough. Some regrettably admitted that services should have been requested in English.
5. Many respondents indicated that pamphlets and documentation should be made available in English at all the health care facilities. (Especially when dealing with consent forms.) Most feel more comfortable dealing with health issues in their mother tongue, but were reluctant to admit it to the different health care professionals.
6. In conclusion most Anglophones have been assimilated into the culture and now are bilingual, (resulting in the impression by a lot of the professionals that there is not a great need for English services ~ this is very unfortunate for those few unilingual Anglophones out there or even those whose command of the French language is not perfect!)
7. Most believed that the doctors could speak English....even if their conversations took place in French, but believed that there was a definite lack of spoken English with support services, (nurses, technicians, dieticians, receptionists, etc.) as well as the lack of English documentation and forms.
8. Some individuals believe that Anglophones are the ones always making the attempt to speak in French and find that there should be some sort of effort from the health care professionals to speak English when it is noticed that the client is Anglophone. (when possible)
9. The majority of the people never heard of the Access Plans, and questions arose as to whether or not the various health care providers themselves were aware of them.
10. Comments made on how to improve the health care system also included such things as, lack of doctors, specialists, waiting times for appointments, etc.....concerns of not just Anglophones, but for everyone living on the North Shore.
11. There seems to be a need for a Diabetic Support Group and more documentation in English.
12. The English Educational Institutions have difficulty finding Public Health Nurses capable of delivering the Public Health Programs in English. Sometimes documentation was available in English, but not always.
13. All schools seemed very involved in nutrition and the programs out there involving this aspect of the student's lives. All have prioritized certain specific needs, one being the time/resources to implement the various programs.

CONCLUSIONS AND RECOMMENDATIONS

There are subtle differences in the four communities covered in this report. A lot of the experiences are the same.

The majority of the Anglophones living on the North Shore can communicate in French to some degree, giving the perception to the Health Care System that there is little or no demand for services in English. When it comes to medical experiences, however, most of the Anglophones who speak French will prefer documentation in English and where possible verbal communications too. Admittedly, it was stated that because the French language could be spoken, it was not known that English services could be requested. Health care services in English could be a positive point in attracting commerce and individuals to the regions. As far as tourism, it definitely would be an asset if visiting Anglophones could be assured that services be delivered in English if the need arises.

The majority of the population is unaware of the Access Plan, available services and locations in which services in English are delivered are not known. Transmitting this information is imperative, not only to the Anglophones, but also to the individuals and institutions dealing with the reception and referral of Anglophones.

As far as the Public Health Programs are concerned, documentation and pamphlets already exist. Acquiring a few copies in English for the various health care institutions requires little effort. Here again, the hiring of a few bilingual personnel can make all the difference in delivering Public Health Programs locally and making them available to English educational institutions.

Lack of doctors, lack of specialists, huge waiting times, and the necessity to travel outside the region for tests is a problem affecting not only the Anglophones on the North Shore, but everyone.

Recommendations:

1. Hire bilingual personnel, especially on the front lines of health care such as reception and referral.
2. Make sure there is at least one bilingual personnel available for translation in each health care institutions;
3. Produce bilingual consent forms;
4. Set up English courses for health care professionals in order to help increase bilingualism;
5. Make Public Health Pamphlets available in English and French (bilingual) at all health care institutions; (These already exist, just required making a few of them available.)
6. Produce and distribute a bilingual pamphlet on Access Plans, as well as educate all participating health care institutions and individuals responsible for such plans.
7. Monitor and evaluate the Access Plans on a regular basis;
8. Encourage health care personnel to use English skills.
9. Organize a community support group to aid unilingual Anglophones through the health care system, and make French courses available to all who would like to learn;

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10. Hire bilingual Public Health Nurses in order to deliver English Public Health Programs in the educational institutions. (English pamphlets/information documentation.)
11. Help fund coordinators to implement the various programs (for Healthy Lifestyles) in the Educational Institutions so teachers will not have to take time from already busy schedules.

NSCA