

COMMUNITY MODELS FOR
HEALTH PROMOTION AND
PUBLIC PARTNER
ENGAGEMENT

Report

Community Network Forum

How are community-based health promotion initiatives effectively mobilizing communities and improving health outcomes? What does the public system gain from engagement in community-based health promotion? What do communities gain?

March 30, 2016



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Table of Contents

1. Introduction: Community Models for Health Promotion and Public Partner Engagement Remarks from Jim Carter and Anne Usher	3
2. Program	4
3. English-speaking Seniors in Quebec CHSSN	7
4. Community Model for Improving the Health and Well-being of English-speaking Seniors in Quebec CHSSN	17
5. Panel Discussion: Field reports from the Community, including: Virtual Learning presentation, Liaison pilot project presentation Ami QC, Cummings Centre, Radical Rest Homes, NDG Seniors, REISA	20
6. “Organize it, and they will come”: The Montérégie Health Fair and the Health Promotion Event in Verdun: Bringing out the Public System Assistance and Referral Centre, Anglo-Family Council	32
7. The Public Partner Perspective: What community-based health promotion programs mean for public partner engagement CHSSN, Batshaw Youth and Family Centres, CIUSSS du Nord-de-l’Île-de-Montréal, CIUSSS de l’Est-de-l’Île-de-Montréal, CIUSSS du Centre-Sud-de-l’Île-de-Montréal, CIUSSS de l’Ouest-de-l’Île-de-Montréal	37
8. Community Network Forum Photos	40
9. Participant Feedback	41
10. Participant List	42

Introduction: Community Models for Health Promotion and Public Partner Engagement

Comments from Jim Carter, Program and Policy Advisor, CHSSN and Anne Usher, Forum Facilitator

In the highly professionalized and complex environment of public health and social services, it is always challenging for communities to play their role as recognized partners in the system. Community-sponsored health promotion initiatives mobilize communities and empower them to address health promotion and disease prevention needs. For the public network, communities that “take charge” in this manner can complement in a significant way the system’s public health priorities. For community organizations, health promotion can serve as the “lever” to build real and valued partnerships in communities and with the public system.

At this year’s Community Network Forum, participants discussed how this development is demonstrating results for thousands of community members. In informed and lively exchanges, the best practices and experiences were shared and showed how community and public system collaboration can hold promise for improved health outcomes and better response of the public system to community needs.

We were particularly proud of the presentations of new initiatives in health promotion by our community partners . We look forward to hearing , next year, the results of these very creative projects.

It was a great day and very well organized. Many thanks to Fatiha, Robyn and the team of REISA. And everyone appreciated the chef!

Wishing you all a happy spring and a restful summertime.

Sincerely,
Jim and Anne

COMMUNITY NETWORK FORUM

COMMUNITY MODELS FOR HEALTH PROMOTION AND PUBLIC PARTNER ENGAGEMENT

How are community-based health promotion initiatives effectively mobilizing communities and improving health outcomes? What does the public system gain from engagement in community-based health promotion? What do communities gain?

Wednesday, March 30th 2016

8.00 am – 3:00 pm

Leonardo Da Vinci Centre
Galleria, Second Floor
8370 Lacordaire Boulevard
St Léonard



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<p>Program</p>	<ul style="list-style-type: none"> • <i>Health promotion is an activity that community organizations can adopt to enhance visibility and credibility in their communities.</i> • <i>Health promotion activities can respond to real needs of different groups and create opportunities to engage the public system with the community organization and the constituencies it serves.</i> • <i>For the public network, a community organization that has established a health promotion role has the potential to become a prime partner in helping an institution better serve its target population.</i> • <i>In recent years, community networks have developed health promotion programs that have reached thousands of community members and can now demonstrate positive results. The Forum will discuss how this development is resulting in promising and best practices, and inspiring a range of public and community interests to engage in health promotion for English-speaking communities.</i>
<p>8:00 – 8:45</p>	<p>Registration and Breakfast</p>
<p>8:45 – 9:00</p>	<p>Welcome and Introduction Anne Usher</p>
<p>9:00 – 9:30</p>	<p>Presentation of a new Community Model of Health Promotion for English-speaking Seniors</p> <p><i>The presentation will showcase the mobilization efforts undertaken within English-speaking communities in the past decade to take greater responsibility and care for their senior population.</i></p> <p>A portrait of English-speaking seniors of Quebec, Joanne Pocock</p> <p>An overview of “A Community Model for the Promotion of the Health, Wellbeing and Vitality of English-speaking Seniors in Quebec”, Russ Kueber</p>
<p>9:30 - 10:30</p>	<p>Panel Discussion: Field Reports from the Community Anne Usher</p> <p><i>A panel discussion will highlight the successes and challenges of promoting engagement of community and public partners in initiatives to develop and adapt services in order to improve the health outcomes of English-speaking seniors.</i></p> <p>Ella Amir, Fatiha Gatre-Guemiri, Erica Botner, Sherri McLeod, Janet Torge</p>

10:30 - 10:45	Break
10:45 – 11:45	<p>“Organize it, and they will come”: The Montérégie Health Fair and the health promotion event in Verdun: Bringing out the public system</p> <p><i>Two community events that created outreach opportunities for public partners and mobilized communities on health promotion themes.</i></p> <p>Presentation and Discussion Colin Coole and Katherine Quast David Lefneski</p>
11:45 - 12.30	<p>Share Fair: Community-based health promotion programs on display</p> <p><i>Community organizations will display and share information on their health promotion programs.</i></p>
12.30 – 1:30	Networking Lunch
1:30 – 2:45	<p>The Public Partner Perspective: What community-based health promotion programs mean for public partner engagement</p> <p><i>The health promotion story has become a shining example of the complementary role community organizations can play, and helped them gain respect and credibility as full partners in the health and social services system. Public partner representatives will present institutional perspectives on the role the community organizations are playing to support institutional mandates.</i></p> <p>Panel Discussion with CIUSSS representatives and Batshaw Youth and Family Centres</p>
2:45 – 3:00	<p>Round Table and Wrap-up on the Day Anne Usher</p>

Presentation of a new Community Model of Health Promotion for English-speaking Seniors

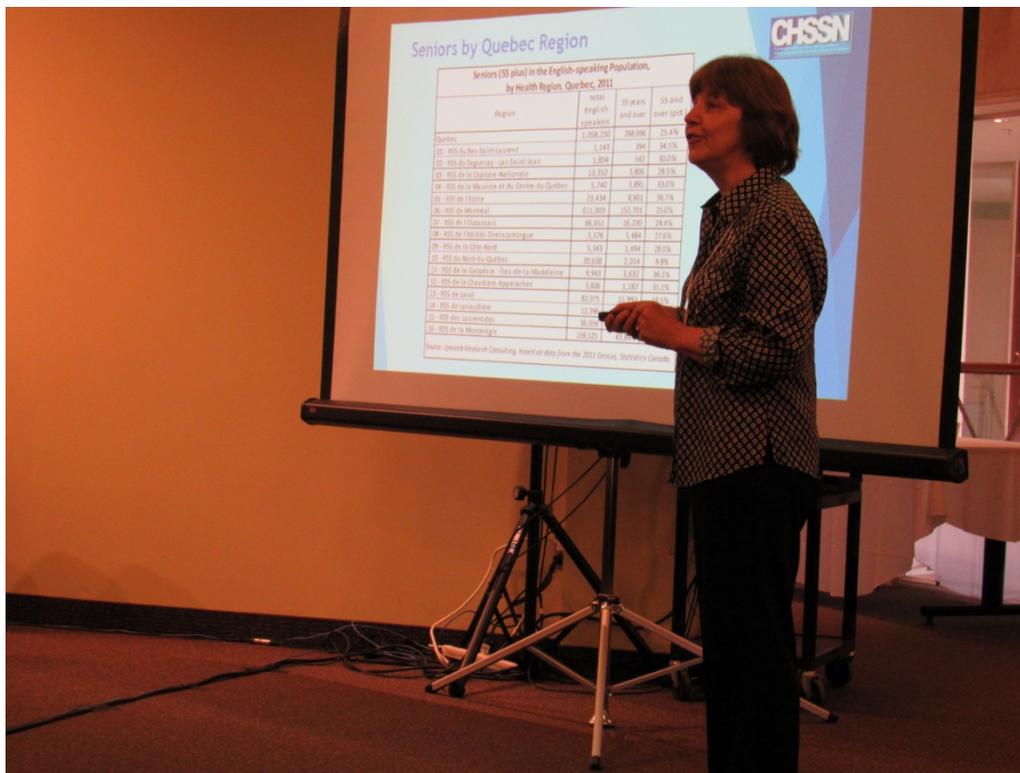
Facilitated by:

Joanne Pocock

Community Health and Social Services Network



The following presentation showcases the mobilization efforts undertaken within English-speaking communities in the past decade to take greater responsibility and care for their senior population.





English-speaking Seniors in Quebec

Community Network Forum
Dr. Joanne Pocock for CHSSN
March 30, 2016

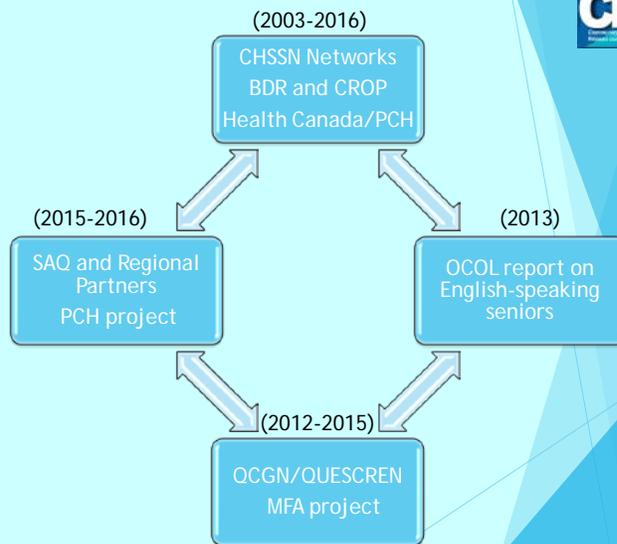


Today's Presentation

- **Progress for seniors through partnership and networking**
- **Socio-demographic context of English-speaking seniors**
- **Socio-demographic characteristics of seniors residing in Montreal, Laval and Montérégie Regions**
- **Challenges in mental health and social well-being**

Progress

- ✓ Improved evidence base
- ✓ Strengthened organizational links
- ✓ Awareness and mobilization
- ✓ Emerging consensus on priorities



Size and Proportion of Senior Group

- ▶ According to the 2011 census, there are 268,696 English-speaking individuals who are 55 years of age or older living in Quebec.
- ▶ This senior group represents 25.4% of Quebec's English-speaking population
- ▶ Quebec's English-speaking seniors form a numerically large group (larger than the population of Prince Edward Island) and are spread across a large geographic territory (three times the size of France).

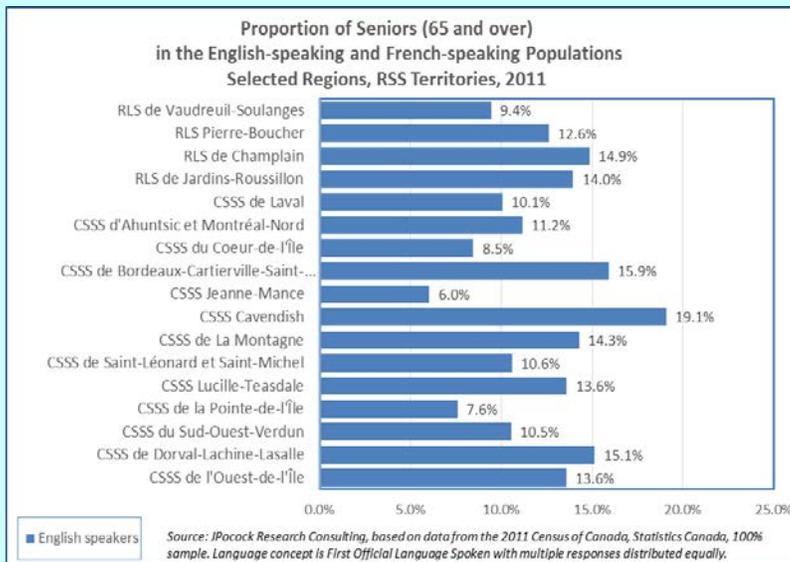
Seniors by Quebec Region



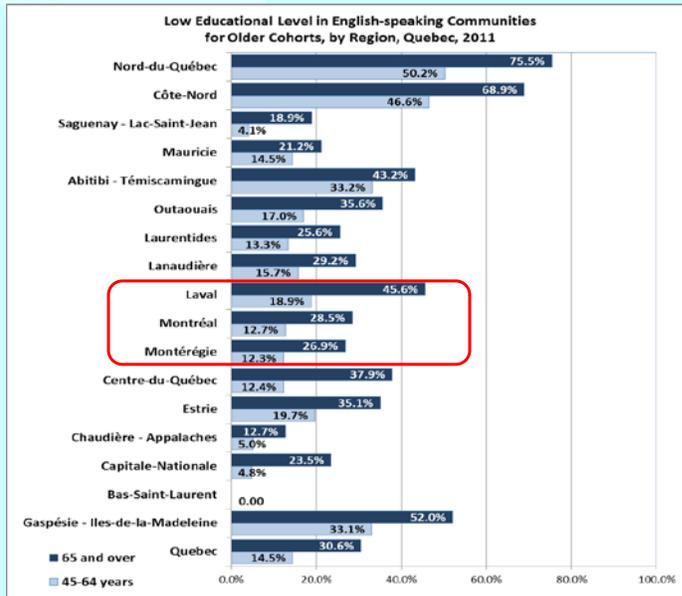
Seniors (55 plus) in the English-speaking Population, by Health Region, Quebec, 2011			
Region	total English speakers	55 years and over	55 and over (pct.)
Quebec	1,058,250	268,696	25.4%
01 - RSS du Bas-Saint-Laurent	1,143	394	34.5%
02 - RSS du Saguenay - Lac-Saint-Jean	1,804	542	30.0%
03 - RSS de la Capitale-Nationale	13,352	3,806	28.5%
04 - RSS de la Mauricie et du Centre-du-Québec	5,740	1,895	33.0%
05 - RSS de l'Estrie	23,434	8,601	36.7%
06 - RSS de Montréal	611,003	152,701	25.0%
07 - RSS de l'Outaouais	66,651	16,230	24.4%
08 - RSS de l'Abitibi-Témiscamingue	5,376	1,484	27.6%
09 - RSS de la Côte-Nord	5,343	1,494	28.0%
10 - RSS du Nord-du-Québec	20,638	2,014	9.8%
11 - RSS de la Gaspésie - Îles-de-la-Madeleine	9,943	3,632	36.5%
12 - RSS de la Chaudière-Appalaches	3,806	1,182	31.1%
13 - RSS de Laval	82,075	15,997	19.5%
14 - RSS de Lanaudière	12,396	3,456	27.9%
15 - RSS des Laurentides	36,059	11,529	32.0%
16 - RSS de la Montérégie	159,525	43,844	27.5%

Source: Jpocock Research Consulting, based on data from the 2011 Census, Statistics Canada.

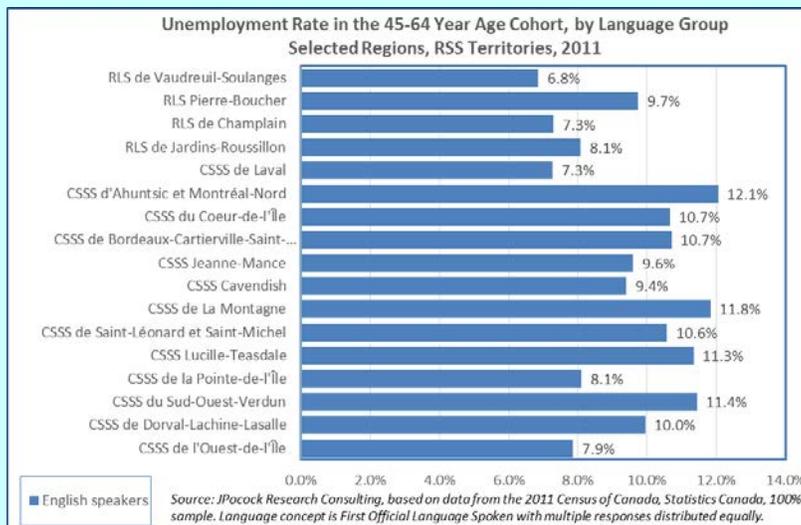
Seniors in CSSS Territories



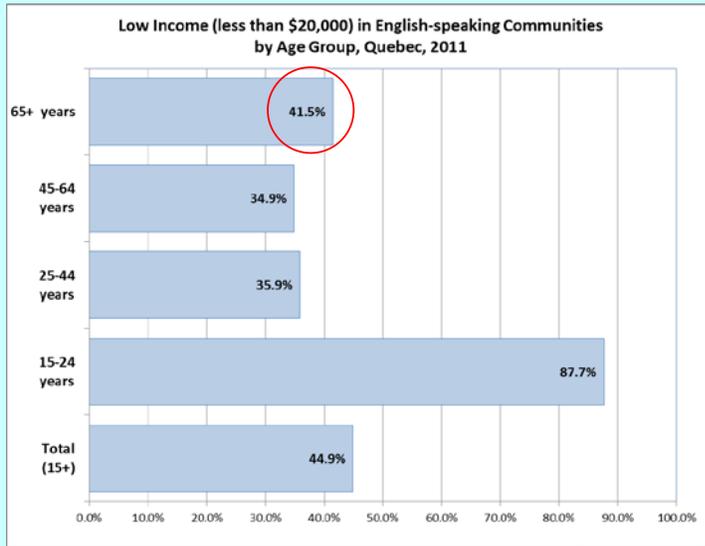
Low Education



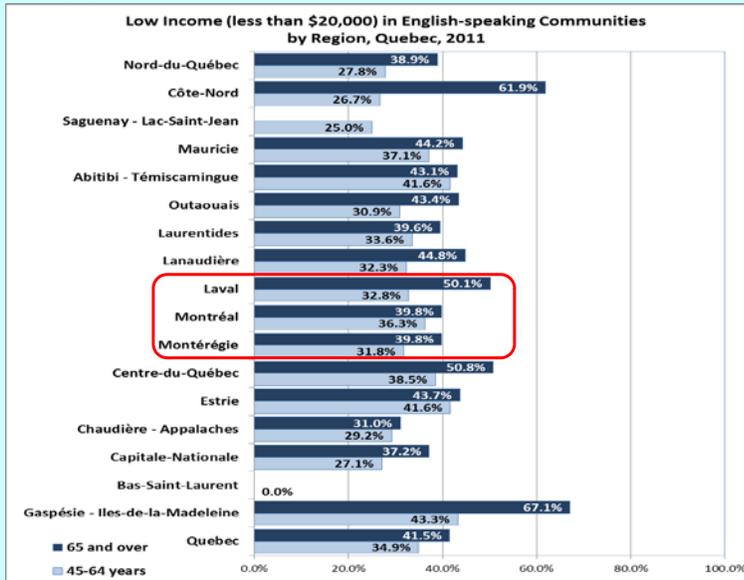
Unemployment Rate of Older English-speaking Adults (45-64) in CSSS Territories



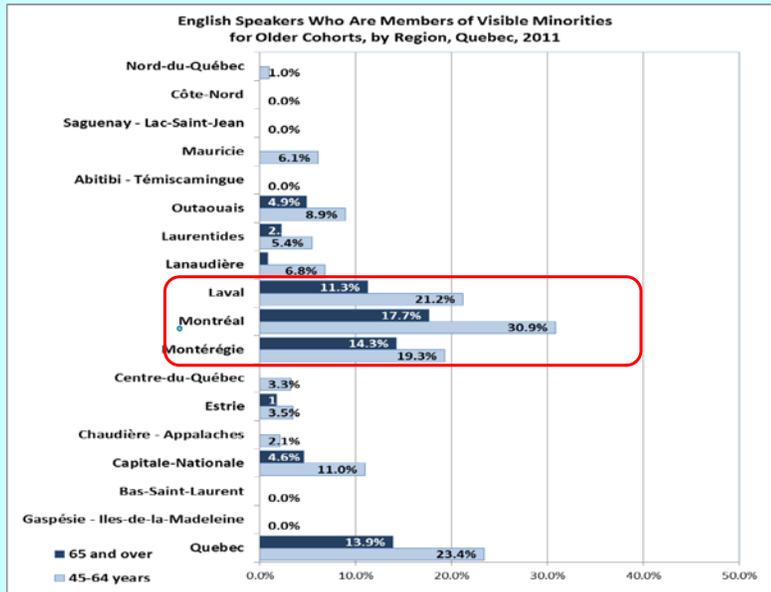
Low Income



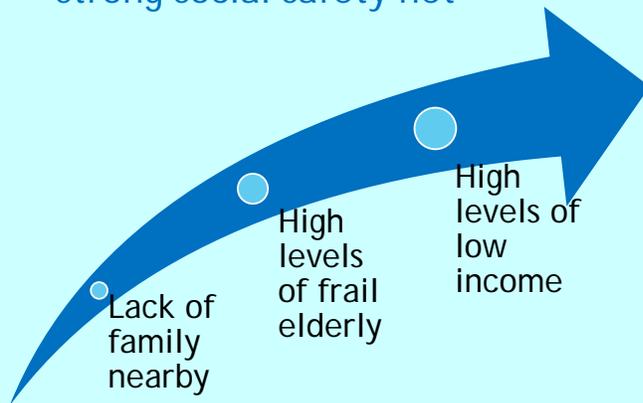
Low Income



Visible Minorities



Factors elevating need for strong social safety net



Factors contributing to weak institutional engagement

Socio-cultural diversity

Low levels of
bilingualism

Poor access to
information



2011-2012 *Canadian Community Health Survey*



Identity and contribution to community vitality

- ▶ **When age groups are compared, a strong sense of belonging.**
- ▶ **High levels of volunteering. Seniors (65+) most highly represented among those doing over 30 hrs per month.**
- ▶ **Volunteering mainly in English and through their local community organizations.**

Sense of exclusion

- ▶ Less likely than other age groups
 - ▶ to feel they have a trustworthy individual they can turn to for advice or someone to rely on in case of emergency.
 - ▶ to report close relationships that provide them with a sense of emotional security and well-being.
- ▶ Less likely than Francophone seniors to have a regular place to go when sick or in need of medical advice.

Anticipated Health & Social Service Needs, Long-term Care, Nursing Homes, Homecare Services

Region	public long term care institution	public homecare program	private residence or private nursing home	private nursing services at home
03 Capitale-Nationale (n=70)	40.0%	39.6%	26.7%	26.0%
04 Mauricie et Centre-du-Québec (n=48)	30.0%	28.6%	24.6%	27.9%
05 Estrie (n=293)	41.2%	46.8%	29.9%	23.6%
06.1 Montreal West (n=331)	33.3%	34.3%	30.1%	29.7%
06.2 Montreal Centre (n=529)	32.7%	35.1%	25.8%	28.3%
06.3 Montreal East (n=98)	32.0%	34.0%	34.1%	29.2%
07 Outaouais (n=204)	25.8%	35.3%	16.0%	24.3%
08 Abitibi-Témiscamingue (n=71)	40.7%	36.4%	28.6%	21.3%
09 Côte-Nord (n=47)	37.8%	50.7%	37.0%	45.0%
11 Gaspésie – Îles-de-la-Madeleine (n=200)	34.9%	42.2%	26.3%	34.9%
13 Laval (n=270)	33.8%	41.1%	33.1%	37.0%
14 Lanaudière (n=81)	24.1%	27.5%	16.9%	27.3%
15 Laurentides (n=157)	27.1%	28.9%	23.8%	30.1%
16 Montérégie (n=526)	28.3%	31.3%	22.1%	22.4%
Total (n=3014)	32.2%	35.3%	27.0%	28.3%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
 Q18A-D. Do you expect that within the next five years, you or a person you know or care for will require one or another of the following services ...

Thank-you!
www.chssn.org



Community Model for Improving the Health and Well-Being of English-speaking Seniors in Quebec

Facilitated by:

Russ Kueber

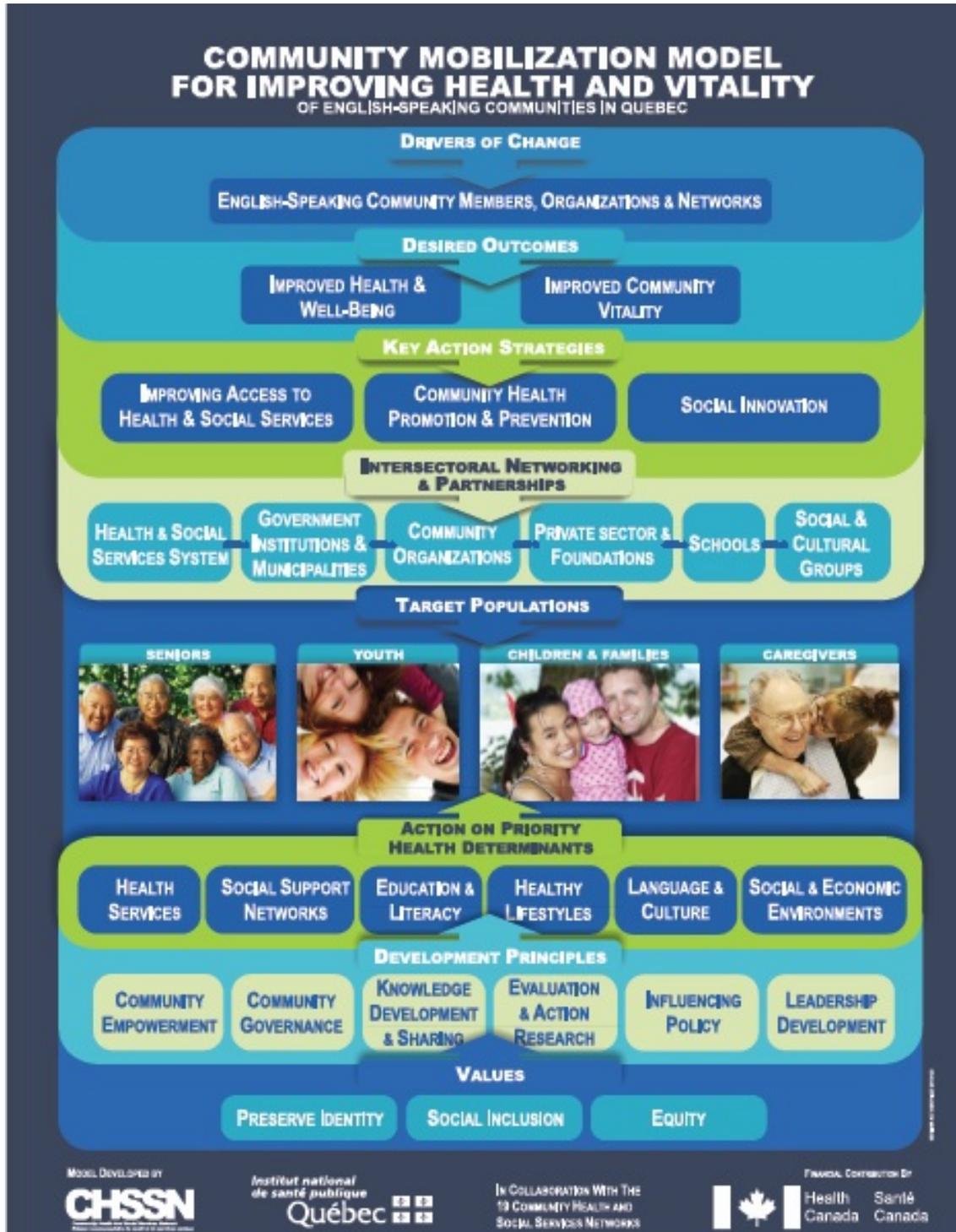
Community Health and Social Services Network



According to the CHSSN, the following community model promotes a holistic perspective of health and well-being and proposes a comprehensive strategy not limited to quality and access to health care, but inclusive of the social, cultural, economic and environmental conditions of English-speaking seniors.

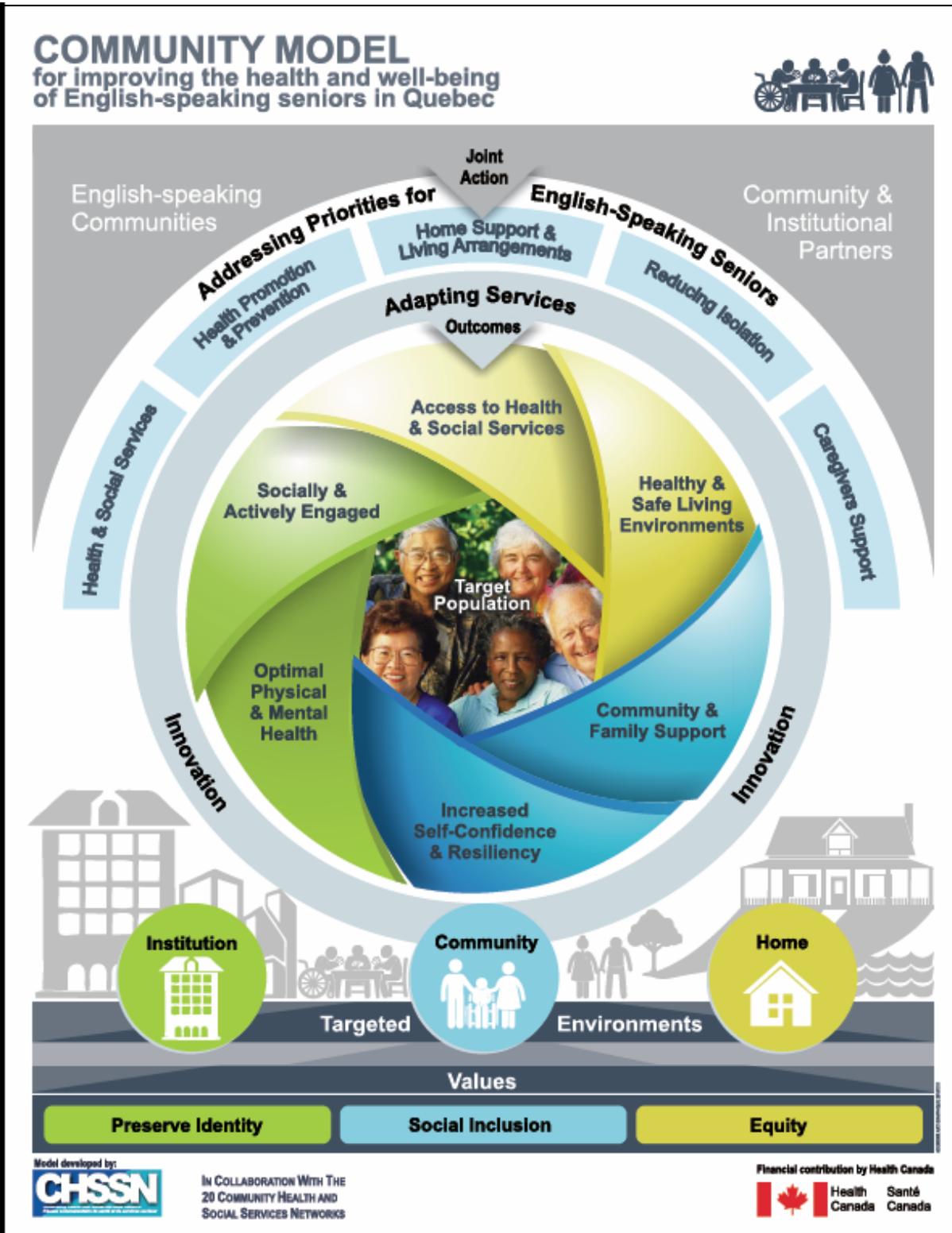


Appendix 1:



Appendix 2:

You can download the full community model from the Community Health and Social Services Network website: www.chssn.org/pdf/Community-Booklet-Seniors-2016-En.pdf



Panel Discussion: Field Reports from the Community

Panel:

Ella Amir, AMI-Québec
Erica Botner, Cummings Centre
Sherri McLeod, NDG Senior Citizens Council
Janet Torge, Radical Rest Homes
Fatiha Gatre Guemiri, REISA



A panel discussion that highlighted successes and challenges of promoting engagement of community and public partners in initiatives to develop and adapt services in order to improve the health outcomes of English-speaking seniors.



Appendix 1



VIRTUAL LEARNING CHALLENGES AND SUCCESSES

ERICA BOTNER

WHO WE ARE



WHO WE ARE

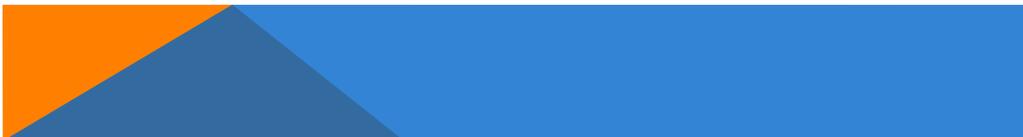
Today the Cummings Centre is a complex organization serving all of Montreal's 50+ community, from the well to the frail, irrespective of background, religion

- Program Department
- Social Services
- Volunteer Department



WHO WE ARE

- >500 people pass through our building daily
- >3500 members
- >900 volunteers
- >300 classes and programs offered each season
- 3300 active social service clients



HEALTH CANADA GRANT

3 year 'Resiliency' grant (until April 2017)

- Shared by Ami Quebec, YES Montreal and Cummings Center

Resiliency building programs for homebound older adults and caregivers

- **Deliver a virtual learning program**
- Deliver an in-home exercise program for individuals with stroke (and caregivers)



OBJECTIVES

Increase resilience of seniors and caregivers

Reduce social isolation and risk for depression/anxiety associated with chronic illness and caregiving

Competency in using online technology



ELIGIBILITY CRITERIA

Member of the Cummings Centre or CHSSN NPI organization

Has a computer or iPad, speakers, and internet

Getting to the Cummings Centre requires a considerable and taxing effort

- Illness or injury (temporary or chronic, physical or emotional)
- Need the aid of assistive devices for mobility
- Requires special transportation or assistance of another person to leave home
- Condition such that leaving home is medically contraindicated
- Caregiving responsibilities
- Distance from Cummings Centre with no transportation



INPUTS AND LOGISTICS

Referral process

Registration process

Technical support

Live webcasts with opportunity for interaction

Video library on demand

Webcast technician and software

Appropriate programs and lectures

Consent forms for speakers

How to manuals and checklists



OUTPUTS

**40+ programs have been delivered online (available live and on demand)
with over 320 total views**

- Lectures, concerts, exercise classes, brain training workshops, etc
- Discussion groups

5 Volunteers have been trained as tech assistants

- Home visits
- Telephone support
- Webcasting support

75+ older adult participants

- Men/women (51 women, 24 men)
- Average age = 76 (ranging from 51 to 92)
- Quebec-wide



SEE FOR YOURSELF!

<http://virtual.cummingscentre.org/>

<http://virtual.cummingscentre.org/admin\>

(Insert clip from discussion group)



OUTCOMES

Participants in the virtual learning program have reported
(through surveys, focus groups and informally)

- Enjoyment of the program, topics, and speakers
- Simplicity of technology
- Learning new computer skills
- Appreciation of volunteer support
- Reduced isolation
- Increased engagement/connection with the Cummings Centre
- Desire for more interaction



BUILDING A VIRTUAL COMMUNITY

Discussion Groups

- Book Club *
- Current Events *
- Personal Development and wellness
- Caregiver Support
- Navigating the health care system
- Sing-a-long

Platforms

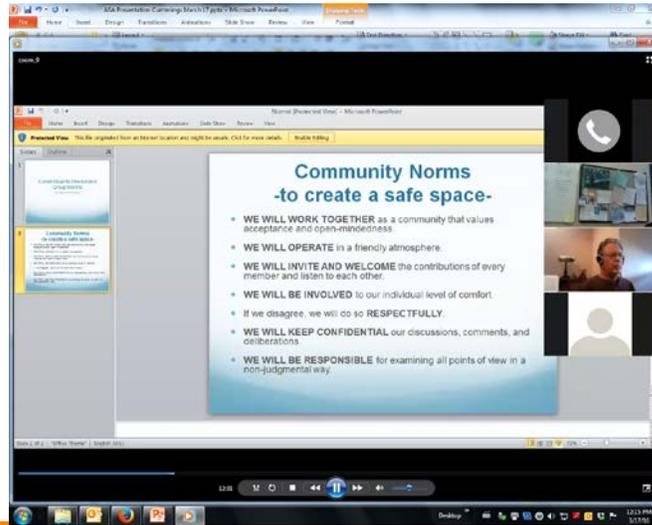
- Skype
- Zoom videoconferencing

Facilitators

- Participant volunteers (peer-to peer learning)



VIRTUAL LEARNING DISCUSSION GROUPS



VIRTUAL LEARNING CONSIDERATIONS

- Sustainability – human resources, budget
- Fee structure for individuals and organizations
- Willing and able volunteer / paid facilitators
- Marketing inside and outside Montreal
- Development of online communities based on interest
- Technical support
- Truly isolated have no access to technology
- Focus on priorities areas identified in Seniors Action Quebec Research
 - Access to English information on navigating the health care system
- Building resiliency and breaking isolation



Centre intégré
universitaire de santé
et de services sociaux
de l'Est-de-
l'Île-de-Montréal
Québec

Adaptation – Projet pilote de liaison



Partenariat entre le CIUSSS de l'Est-de-l'Île-de-Montréal et le REISA

Objectifs principaux du projet

- Rehausser l'accessibilité linguistique aux services de santé de première ligne aux aînés d'expression anglaise de l'Est de Montréal
- Fournir un appui au CLSC Mercier-Est–Anjou dans l'identification et la mise en œuvre de modalités d'accessibilité linguistique adaptées aux besoins des aînés sur leur territoire dans le cadre du programme régional d'accès aux services de santé et services sociaux en langue anglaise
- Favoriser la consolidation du réseautage entre le CLSC Mercier-Est–Anjou, el REISA, et le Centre Almage et ses groupes satellites au bénéfice des aînés d'expression anglaise dans l'Est de Montréal

Objectifs principaux du projet



- Offrir un soutien au CLSC Mercier-Est–Anjou pour l'amélioration des services de réception et d'accueil pour la clientèle d'expression anglaise en fonction des besoins identifiés
- Assurer la disponibilité d'une documentation informationnelle pertinente en langue anglaise
- Favoriser la connaissance des mécanismes d'accès aux services de santé et des services sociaux de première ligne et aux services de soutien communautaire disponibles pour les aînés d'expression anglaise dans l'Est de Montréal

Le processus



- Deux principaux processus ont été effectués dans ce projet.
- Le premier impliquait les rencontres autour de la démarche LEAN
- Le deuxième était pour l'exécution du plan de travail issu des pistes d'amélioration.

Les défis et succès du projet



Défis

- Une réorganisation importante du réseau des services de santé et des services sociaux a été en cours pendant que ce projet se déroulait. Les partenaires originaux du projet n'occupaient plus les mêmes postes et les interlocuteurs qui les remplaçaient n'étaient pas connus
- Bien que les participants aient collaboré à identifier des pistes d'amélioration lors de la journée LEAN, certaines pistes ont dû être reformulées afin d'être conformes à la Charte de la langue française du Québec et aux exigences de l'Office québécois de la langue française sur l'usage du français dans les services de santé et les services sociaux.

Les défis et succès du projet



Succès

- Des échanges informatifs entre les organismes communautaires et le CIUSSS
- La sensibilisation du personnel SAPA concernant les besoins et les défis d'accès auxquels sont confrontés les aînés d'expression anglaise dans leur territoire
- Le renforcement des procédures en soutien à l'accès linguistique en langue anglaise
- La disponibilité de la documentation en langue anglaise
- L'identification explicite des employés bilingues

Les défis et succès du projet



- **L'accès à la formation en langue anglaise au sein du CIUSSS**
- **Des partenariats renoués entre les organismes communautaires et le CIUSSS**
- **De nouveaux partenariats entre différents organismes communautaires au bénéfice des aînés d'expression anglaise**



Merci

"Organize it, and they will come": The Montérégie Health Fair

Facilitated by:

Colin Coole and Katherine Quast
Assistance & Referral Centre



Assistance & Referral Center (ARC) promotes and improves access to health and social services for the English-speaking population of Montérégie-South Shore.

In its second year, the Montérégie Health Promotion Fair took place on November 7th, 2015 in Chateauguay. This fair provided an opportunity for their community and public institutions to meet. The health fair included kiosks, workshops, activities and information for attendees.

A highlight of this event was the keynote speaker, Suzy Goodleaf, M.Ed., a Mohawk psychologist from the Kahnawake Mohawk Nation who specializes in the treatment of trauma and was part of a team of clinical advisors to Canada's Truth and Reconciliation Commission.



Appendix

Healthy People Healthy Community!

*Join us for workshops, activities
& information at the
2nd Annual*

Des individus en santé pour une Communauté en santé!

*Venez profiter de nos ateliers, conférences,
kiosques d'information et activités de la
deuxième édition annuelle du*

Free
Admission &
Parking

Admission et
stationnement
gratuits

Refreshments
On Site
Transportation
Available

Refreshments
sur place
Transport disponible

Saturday, November 7, 2015 Samedi, 7 novembre 2015
Pavillon Saint-Bernard, 480 Boulevard D'Youville
Châteauguay, QC J6J 5T9

KEYNOTE SPEAKER - CONFÉRENCIÈRE INVITÉE
SUZY GOODLEAF

*Clinical Psychologist,
Professional Contributor to the Truth &
Reconciliation Commission,
Kahnawake - Mohawk Nation*

*Psychologue clinicienne,
contributeur professionnelle auprès
de la Commission de vérité et réconciliation du
Canada, Nation Mohawk de Kahnawake*

Organized by the Assistance and Referral Centre (ARC) and the English-Speaking Regional Partnership Table Health and Social Services - Moncton. For more information call ARC at 514-917-9307 or visit www.arc-bus.ca

Réalisation conjointe de l'organisme ARC (Centre d'assistance et de référence) et de la Table régionale des partenaires en santé et services sociaux d'expression anglaise - Moncton. Pour plus d'information, communiquer avec ARC au 514-917-9307 ou visiter le site www.arc-bus.ca

ASSISTANCE AND REFERRAL CENTRE
HEALTH AND SOCIAL SERVICES

Health Canada Santé Canada

CHSSN

This event is made possible thanks to funding from Health Canada
 Le présent projet doit sa réalisation à la contribution financière de Santé Canada

Health Day in Verdun: Bringing out the Public System

Facilitated by:
David Lefneski
Anglo Family Council



The Anglo Family Council (AFC) aims to strengthen individuals and families in the English-speaking community through networking among organizations, institutions and groups that serve or could serve our community; to represent and advocate for a healthy community (individuals, families and organizations); to inform citizens of services that exist for the English-speaking community; to promote the development of new services or new service delivery; to encourage partnerships between organizations and to better serve the English-speaking community.

Several organizations and institutions participated in Verdun's very first Health and Wellness Day on December 10th, 2015, which included food, gift giveaways, raffles, nutritional specialists, health care professionals, health information kiosks and fitness experts.



Appendix

Free Entry!

Health and Wellness Day

Holiday Gift Draw

Thursday, December 10th
from 4 P.M. to 7 P.M.

Dawson Community Center
666 Woodland Avenue, Verdun, Quebec

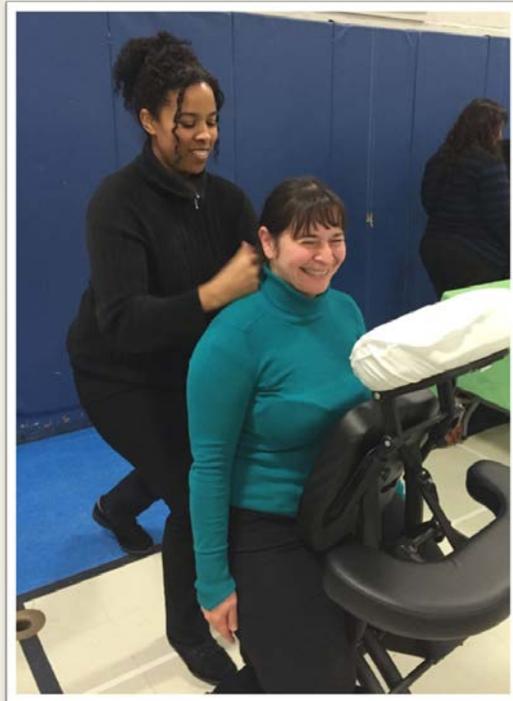
- * Free Food * Gift Giveaways *
- * Nutritional Specialists *
- * Health Care Professionals * Raffle *
- * Health Information Kiosks *
- * Fitness Experts *

Presented by Anglo Family Council
in collaboration with Collective Community Services

This event is made possible
thanks to funding from
Health Canada

Health Canada Santé Canada CHESN

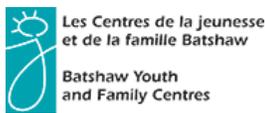




The Public Partner Perspective: What Community-based Health Promotion Programs Mean for Public Partner Engagement

Panel:

Batshaw Youth and Family Centres
CIUSSS du Centre-Sud-de-l'Île-de-Montréal
CIUSSS de l'Est-de-l'Île-de-Montréal
CIUSSS du Nord-de-l'Île-de-Montréal
CIUSSS de l'Ouest-de-l'Île-de-Montréal
Community Health and Social Services Network



The health promotion story has become a shining example of the complementary role community organizations can play, and helped them gain respect and credibility as full partners in the health and social services system. Public partner representatives presented institutional perspectives on the role the community organizations are playing to support institutional mandates.



Question 1: Is there a line into the CIUSSS that connects a CIUSSS coordinator to the community?

Answer: The challenge that the CIUSSS encounters is ensuring proper representation and identifying workers that are comfortable with the English-speaking community. The CIUSSS has a responsibility to provide services in French and in English and need to respond to issues at local level.

Question 2: Creating a functional line between the community and the establishment, is this a model that you see installing in the rest of the CIUSSS?

Answer: The biggest word: mobilization. Yes, it is something that should be shared. What happens on the frontline with community at the macro level: there are problems identified in an institute and these problems are being brought into the system with inappropriate discipline. A collaborative approach needs to be taken with the community. We would like to go beyond funding and see the human value of participants at this level. There is human value of being validated by an institute, to be validated as a parent and not as a number.

Question 3: Do you see how this kind of change can be sustained in terms of professionals and communities with the element of trust?

Answer: It comes down to the collaborative approach. Communication about what it needed at the community level. At the agency level, workers should be educated in Cultural sensitivity.

Support the placement of the pivot. The repertoire of access to the CSSS' is being reworked. It is difficult to navigate since the new structure of the CIUSSS. In the CIUSSS du Nord there is 6 CLSC and 11 CHSLD and a presence that is interested in working with the community. The reality of each population is very different, poverty, for example. It would be good to explore community partnerships in the future, especially in prevention for children. Community organizations are invited to participate.

Question 4: This is a territory with less mobilization for Anglophones, we must identify an initiative to pursue the identification of Anglophones in the area. Is there a formal way to do this?

Answer: An exchange for possibilities show the interest of better serving the community. REISA can engage in exploring Bordeaux-Cartierville.

In the CIUSSS de l'Ouest-de-l'île, there is a protection factor as it is a bilingual institution. There is a sense of community and when people are engaged, they are healthy.

Question 5: Can you identify elements that you consider essential between community organizations and the CIUSSS?

Answer: Ease of access to services for youth, active participation in the *tables de concertations*.

Question 6: Is there a desire and intent to arrange communities with a common community approach to what each of you has offered? We would like to try to encourage exchanges where we can talk about the role of community organizations that have experience in mobilizing the community and public system. Are their strategies that are effective within the CIUSSS and what are they?

Answer: Program Alliance - a program for child negligence across Montreal. In Laval, the program is called PILE. This program will redefine the language so everyone is on the same page.

Question 7: In terms of internships, how will you integrate bilingual interns in the institutions?

Answer: The "Direction de l'enseignement" is now in the CIUSSS'. A link will be made between the CIUSSS de l'est de l'île and REISA for internships.

Community responses:

Interface between community organizations and public institutions. Community organizations can bring solutions. Significant exercise of conformity and centralization on a level never seen before.

Will public institutions be driven towards community organizations because of shrinking funds? Go to and adapt to the communities. Grassroot organizations are essential and must work together.

Conclusion: It's very significant that we had representation from the public system at the Community Network Forum. Following the reorganization in Montreal, it's been difficult to navigate the system. Mobilization and collaboration with community organizations is seen as a plus for the institutions. We have decided to create a comfort-zone with institutional partners and the fact that they came is a credit to the community. Our community leaders saw many positive opportunities to develop relationships in the midst of reorganization and even with challenges, in one year, we are already seeing positive changes in relationships between the institutions and the community. The institutions see value in community organizations and appreciate the fact that we have the statistics and the evidence base. The target priority areas were identified as being children and cultural sensitivity. We can act as the connection to the community so everyone is on the same page.

Photos from the Community Network Forum



Community Network Forum: March 30th, 2016

Participant Feedback

1. What did you like most about the forum?

- ✚ Networking with community groups and health institutions
- ✚ Interest in access to English-language services
- ✚ Information on innovative health promotion initiatives and successes of Montreal community partners
- ✚ Sharing of best-practices on community models
- ✚ Learning about models of partnership with health institutions
- ✚ Information from institutional partners and their positive attitude and desire to collaborate with the community
- ✚ Impressed by the CIUSSS representatives who attended and participated
- ✚ Evidence-based presentations and diversity of organizations present
- ✚ Panel discussions were great and productive, as there was excellent sharing from other community organizations and very interesting questions
- ✚ Open-dialogue exchange panel concretized the will to work together
- ✚ Acquired a lot of knowledge in a few short hours and met interesting and devoted people
- ✚ Resource tables and conversations
- ✚ Event well-organized, great location and great food

2. How could this event be improved?

- ✚ More time for discussion
- ✚ No, it was perfect
- ✚ More tips and information about holding a health fair
- ✚ Hold it after March 31st
- ✚ Invite participants to introduce themselves at the beginning of the conference and an ice-breaker activity would have been nice, as there were many unfamiliar faces
- ✚ More discussion around what we encounter in schools
- ✚ Wrap-up group discussion would help to integrate what was said at the forum
- ✚ Would be interesting to hear about the East Indian, Italian and Chinese communities
- ✚ A full day is difficult, would suggest a half-day divided into interest groups to use time wisely

3. Would you like to participate in other forums like this? If so, how often?

- ✚ I would love to attend more forums
- ✚ Yes, at least once a year
- ✚ Bi-annually
- ✚ Definitely - and the CIUSSS should always be represented

Community Network Forum
Community Organization Participant List
March 30, 2016

	Name	Organization
1.	Abergel, Frederic	CIUSSS du Nord-de-l'île-de-Montreal
2.	Amir, Ella	AMI-Québec
3.	Bailey, David	Batshaw Youth and Family Centres
4.	Botner, Erica	Cummings Centre for Seniors
5.	Boushel, Lyna	Seniors Action Québec
6.	Bozzo, Pietro	Dawson Community Centre
7.	Callendar, Tiffany	Cote-des-neiges Black Community Association
8.	Callender, Tania	African Canadian Development Prevention Network
9.	Carter, Jim	Community Health and Social Services Network
10.	Colasurdo, Giovanna	Almage Seniors Center
11.	Coole, Colin	Assistance and Referral Centre-ARC
12.	Edwards, Brenda	Community Health and Social Services Network
13.	El Krarraz, Djahida	REISA
14.	Gabriel, Alysia	African Canadian Development Prevention Network
15.	Gagnon, David Roger	English-Montreal School Board
16.	Gale, Star	L'Abri en ville
17.	Gatre Guemiri, Fatiha	REISA
18.	George, Kevin	CIUSSS du Centre-Sud-de-l'île-de-Montreal
19.	Goodhand, Lori	CIUSSS du Centre-Ouest-de-l'Île-de-Montréal
20.	Goulet, Charles	CIUSSS de l'est-de-l'île-de-Montreal
21.	Graham Johnson, Robyn	REISA
22.	Howarth, Kelly	CHEP - Community Health and Social Services Network
23.	Jacques, Beverly	DOD Basketball
24.	Jansen, Fred	Collective Community Services

25.	Kueber, Russ	Community Health and Social Services Network
26.	Kyte, Diane	English Community Organization of Lanaudière ECOL
27.	Lefneski, David	Verdun Anglo Family Council
28.	Lofeodo, Frank	English-Montreal School Board
29.	MacAuley, Debbie	Dawson Community Centre
30.	Mainville, Jeanick	Réseaux Emploi Entrepreneurship
31.	Maiolo, Maria	Italian-Canadian Community Services of Quebec
32.	McLeod, Kevin	Agape Association
33.	McLeod, Sherri	NDG Senior Citizens Council
34.	Medeiros, Cynthia	Community Health and Social Services Network
35.	Menard, Gloria	GM & A Communication
36.	Mirtaheri, Mina	Italian-Canadian Community Services of Quebec
37.	Mongodin, Adam	CIUSSS de l'est-de-l'île-de-Montreal
38.	Nadler, Howard	REISA Board member
39.	Paiement, Jean	CIUSSS de l'ouest-de-l'île-de-Montreal
40.	Pocock, Joanne	Community Health and Social Services Network
41.	Primiani, Josephine	East Foundation, Centre of Dreams and Hopes
42.	Pulcini, Domenica	Italian-Canadian Community Services of Quebec
43.	Quast, Katherine	Assistance and Referral Centre-ARC
44.	Sabourin, Stephane	CIUSSS du Nord-de-l'île-de-Montreal
45.	Smith, Fiona	Contactivity Centre
46.	Sorrentino, Frank	Leonardo DaVinci Center
47.	Spagnuola, Lina	CIUSSS de l'est-de-l'île-de-Montreal
48.	Taker, Charles	Office of the Commissioner of Official Languages
49.	Tedstone, Gail	Volunteer NDG
50.	Torge, Janet	Radical Rest Homes
51.	Udy, Michael	Seniors Action Quebec
52.	Usher, Anne	Forum Facilitator

53.	Williams, Dorothy	Collective Community Services
54.	Williams, Ian	Agape Association
55.	Zappitelli, Juliana	REISA