Baseline Data Report 2015-2016

English-language Health and Social Services Access in Québec

prepared by the

CHSSN

Community Health and Social Services Network

based on data from the 2015 CHSSN/CROP Survey on Community Vitality

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The CHSSN Baseline Data Reports, 2003-2016

Year	Title	Data Source
2003-2004	Regional Profiles of English-speaking Communities	2001 Census
2004-2005	Profiles of English-speaking Communities In Selected CLSC Territories	2001 Census
2005-2006	English-Language Health and Social Services Access in Québec	2005 CHSSN-CROP Survey on Community Vitality
2006-2007	Community Network Building	Case studies (qualitative interviews)
2007-2008	Health and Social Survey Information on Quebec's English-speaking Communities	1998 Québec Health and Social Survey
2008-2009	Regional Profiles of Quebec's English-speaking Communities: Selected 1996-2006 Census Findings	1996 and 2006 Census
2009-2010	Demographic Profiles of Quebec's English-speaking Communities for Selected CSSS Territories	1996 and 2006 Census
2010-2011	English-Language Health and Social Services Access in Québec	2010 CHSSN-CROP Survey on Community Vitality
2010-2011	2010-2011 Companion Report – Comparison of French and English respondents to the 2010 CROP survey	2010 CHSSN-CROP Survey on Community Vitality
2011-2012	Socio-economic Profiles of English-speaking Visible Minority Population by Quebec Health Region	2006 Census of Canada
2012-2013	Quebec's English-speaking Community Networks and their Partners in Public Health and Social Services	Survey of NPI organizations and interviews
2013-2014	Demographic Profiles of Quebec's English-speaking Communities for Selected CSSS Territories	2011 Census of Canada; 2011 National Household Survey
2014-2015	Canadian Community Health Survey (2011-2012) / Findings related to the Mental and Emotional Health of Quebec's English-speaking Communities	Canadian Community Health Survey, 2011-2012
2015-2016	English-Language Health and Social Services Access in Québec	2015 CHSSN-CROP Survey on Community Vitality
2015-2016	2015 CHSSN-CROP Survey on Community Vitality / Findings on Community Vitality Across Key Sectors	2015 CHSSN-CROP Survey on Community Vitality

1 Introduction

1.1 The Community Health and Social Services Network (CHSSN)

The Community Health and Social Services Network was formed in 2000 to support English-speaking communities in the province of Quebec in their effort to redress health status inequalities and promote community vitality. The CHSSN aims to contribute to the vitality of Quebec's minority language communities by,

- building strategic relationships and partnerships within the health and social services system to improve access to services and
- developing the knowledge base that informs organizations serving English-speaking Quebec in key sectors.

Begun through the efforts of four founding organizations, the CHSSN now has 64 member organizations and is involved in over 40 projects and partnerships in the areas of primary health care, evidence-based community development and population health.

1.2 The Networking and Partnership Initiative (NPI)

The NPI is a funding program of the Community Health and Social Services Network (CHSSN) as a measure of "Canada's Roadmap for Linguistic Duality". The Baseline Data Reports (BDR) of 2015-2016 are the 14th and 15th volume of a series produced by the CHSSN through the Networking and Partnering Initiative (see table on following page). The series is intended to serve as a knowledge resource that will allow local communities to better understand the demographic factors and social determinants of health affecting them and to assist institutional partners and community leaders at all levels in developing strategies to improve the quality of life of their constituencies.

The Baseline Data Report 2015-2016 explores a single factor that is a key determinant of the health of English-speaking Quebec throughout its 16 health regions, namely, access to health and social services.

About this report

This 2015-2016 Baseline Data Report relays the health and social service findings of the 2015 CHSSN/CROP *Survey on Community Vitality*. The commonalities and distinct features of regional communities within the English-speaking provincial population are delineated as well as sub-groups defined by gender, age, household income, health status and level of bilingualism.

While this report is limited to the health and social service sector, the *Survey on Community Vitality* (2005, 2010, and 2015) also collects the opinions, perceptions and expectations of a representative sample of English-speaking Quebecers in most regions of Quebec with respect to issues in education, human resource development, justice, culture and communications. The 2015 study replicates

previous surveys conducted by CROP in 2000 for the Missisquoi Institute and again in 2005 and 2010 for the CHSSN.[1]

Methodology

RESEARCH TECHNIQUES:

Telephone Survey – For the 2015 English study, a total of 3,014 English-speaking Quebeckers aged 18 and over were randomly selected for interviews over the telephone between February 27th and April 15th, 2015. Data was weighted according to region, age and gender using data from the 2011 census.

Focus Groups – Four health regions resulted in a low response rate to the telephone interviews. This imbalance was addressed through focus groups that were conducted to gather responses from the English-speaking communities residing within these regions. The four regions are Chaudière-Appalaches, Côte-Nord (middle and upper parts), Abitibi-Témiscamingue and Bas-Saint-Laurent. The focus groups were held in September and October 2015. The methodology and findings from this data collection technique are presented in the final section of this Baseline Data Report.

Percentages – The majority of tables in this report present results in the form of percentages. Non-responses (no answer, did not know, etc.) have been excluded from the totals prior to calculation of percentages.

Geographic Regions – The regions in the report tables are the 16 health regions across Quebec. Due to small sample size the findings from the Bas Saint-Laurent, Saguenay-Lac-Saint-Jean, Chaudière-Appalaches and Nord-du-Québec regions are not generally included in tables which list regional level percentages. To reflect the important differences in the composition and experiences of the Montreal English-speaking population which accounts for 60% of the province's English speakers, the Montreal region has been divided into three sub-regions: Montreal (west), Montreal (centre) and Montreal (east), as in the tables below.

Tables – Numbers in tables may not always total 100% due to rounding values (sums are added before rounding numbers).

[1] A few modifications were made to the questionnaire to reflect the changing reality and concerns of English-speaking communities in Quebec, but the core of the study has remained unchanged.

Health region	Size of the English-Speaking Population			English Speakers as a Proportion of Regional Population		
	2001	2006	2011	2001	2006	2011
Bas-Saint-Laurent	820	1,295	1,135	0.4%	0.7%	0.6%
Saguenay – Lac-Saint-Jean	1,765	1,830	1,798	0.6%	0.6%	0.7%
Capitale-Nationale	11,065	11,840	13,350	1.8%	1.8%	1.9%
Mauricie et Centre-du-Québec	4,885	4,995	5,730	1.1%	1.1%	1.2%
Estrie	23,390	23,580	23,440	8.4%	8.0%	7.6%
Outaouais	53,945	58,720	66,643	17.2%	17.4%	18.2%
Abitibi-Témiscamingue	5,315	5,355	5,378	3.7%	3.8%	3.7%
Côte-Nord	5,740	5,630	5,335	5.9%	5.9%	5.7%
Nord-du-Québec*	14,385	16,945	20,645	37.4%	42.8%	48.6%
Gaspésie – Îles-de-la-Madeleine	9,740	9,505	9,950	10.2%	10.2%	10.7%
Chaudière-Appalaches	2,685	3,705	3,800	0.7%	1.0%	0.9%
Lanaudière	8,215	10,115	12,400	2.1%	2.4%	2.6%
Laurentides	30,565	33,175	36,055	6.7%	6.6%	6.5%
Montérégie	129,125	143,645	159,515	10.2%	10.7%	11.2%
Montreal	563,940	595,920	611,005	31.6%	32.7%	32.8%
Laval	53,385	68,640	82,078	15.7%	18.8%	20.6%
Québec (province)	918,955	994,720	1,058,250	12.9%	13.4%	13.5%

Source: Statistics Canada, 2001, 2006 and 2011 Census of Canada. The linguistic concept used is First Official Language Spoken with multiple responses proportionately distributed between the English and the French.
*Includes the First Nations population of the health region of Terres-Cries-de-la-Baie-James and the population of the health region of Nunavik.

Size and Proportion of English-speaking Population, by Health Region, 2001-2011

The accompanying table surveys the size and proportion of the English-speaking population comparing 2001, 2006 and 2011. The table indicates that there was a spurt in growth recorded between 2001-2006 and 2006-2011 which had not been experienced in about 40 years. It can be seen that not all regions benefitted from this growth and while some have gained in numbers their proportion of the regional population did not necessarily change due to growth in the majority population as well. The greater Montreal region (including Laval and Montérégie) experienced solid growth over the past 10 years as did Nord-du-Québec. Most other regions experienced either modest growth or may even have declined in numbers and percentage over this period.

Key Demographic Characteristics of Respondents to the 2015 CHSSN/CROP Survey, by Region																		
region	Total	gender		age group				household income				general state of health			bilingual status		Aboriginal or First Nation	
		male	female	18-24	25-44	45-64	65 plus	under $30k	$30-70k	$70-100k	$100k up	very good / excellent	good	average / bad	bilingual	unilingual English	yes	no
01 Bas-Saint-Laurent	11	4	7	2	1	3	5	3	2	1	2	7	3	1	9	2	0	10
02 Saguenay-Lac-Saint-Jean	11	3	8	0	1	6	4	2	5	0	3	5	3	2	11	0	0	11
03 Capitale-Nationale	70	28	42	2	8	39	21	5	22	11	26	47	15	7	70	0	2	68
04 Mauricie et Centre-du-Québec	48	24	24	0	4	22	22	15	14	7	5	22	15	10	41	7	2	45
05 Estrie	293	126	167	3	37	133	119	57	112	36	42	181	57	52	203	90	7	283
06.1 Montreal West	332	120	212	9	53	163	106	20	91	42	109	221	67	43	237	95	10	321
06.2 Montreal Centre	529	188	341	18	116	241	148	108	161	59	96	319	105	99	390	139	32	488
06.3 Montreal East	98	46	52	4	29	52	13	5	30	18	20	60	18	19	87	11	5	90
07 Outaouais	204	87	117	1	30	105	65	36	75	24	38	125	46	33	115	89	14	189
08 Abitibi-Témiscamingue	71	31	40	0	8	40	21	15	26	7	10	27	18	26	49	22	36	35
09 Côte-Nord	47	17	30	0	12	26	9	7	22	6	9	27	14	6	16	31	9	37
10 Nord-du-Québec	18	8	10	3	11	2	2	6	5	6	1	11	5	2	8	10	13	5
11 Gaspésie – Îles-de-la-Madeleine	200	87	113	2	30	99	66	52	78	29	18	112	43	44	124	76	24	174
12 Chaudière-Appalaches	16	2	14	0	2	9	5	2	5	4	1	5	7	4	15	1	0	16
13 Laval	270	93	177	13	68	140	43	22	72	37	84	159	58	50	221	49	10	259
14 Lanaudière	81	27	54	0	4	38	39	21	37	9	4	52	12	17	66	15	2	78
15 Laurentides	157	65	92	2	19	60	75	22	59	24	22	95	33	27	112	45	6	151
16 Montérégie	526	215	311	10	79	254	179	68	178	74	107	334	108	82	386	140	11	513
not identified	32	12	20	0	0	18	14	7	7	7	8	22	6	4	21	10	3	27
Total	3014	1183	1831	69	512	1450	956	473	1001	401	605	1831	633	528	2181	832	186	2800
Source: 2015 CHHSN/CROP Survey on Community Vitality																		

The table above displays the regional breakdown of survey respondents by key demographic characteristics. In the tables presenting findings, respondents are weighted by region, gender and age to correspond more closely with the actual population characteristics of English-speaking Quebecers.

1.3 Access to services as a Health Determinant

The Population Health Model,[2] supported by both federal and provincial health agencies, is an approach that aims to improve the health of an entire population by taking into account a broad range of individual and collective factors that have a strong influence on health.[3] Developing an understanding of what contributes to the good health and vitality of English-speaking communities requires an assessment of key health determinants. Mapping health determinants lays the groundwork for the development of health promotion strategies necessary to bring about the best possible health outcomes for these communities. A feature of this model is a commitment to making knowledge of health determinants relevant at the level of local communities who, with recent restructuring in the health sector, are increasingly called upon to "partner" with health agencies as the means to an optimal health status.

In this report our objective is to take a measure of access to health and social services as a key determinant for Quebec's official language minority communities. This includes taking into account the interaction of this health determinant with others such as household income, social support networks, gender and social environments. For example, the direct relationship between good health and the accessibility of services for treatment of illness, the prevention of disease, as well as promotion of health knowledge, has long been established. However, access not only concerns geographic location but also includes many elements one of which, in this case, is language as a key aspect for the delivery of health and social services.[4] Evidence suggests that the availability of accessible services, both geographically and linguistically, and the presence of strong social support networks which serve as the basis for the unpaid care so crucial to childhood development and healthy aging, go hand-in–hand.[5] These two important health determinants, in turn, are proven predictors of a more geographically stable population.

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2 For an explanation of the Population Health Approach see the Public Health Agency of Canada (PHAC) "What is Population Health? http://www.phac-aspc.gc.ca/ph-sp/approach-approche/index-eng.php#What (accessed March 17, 2016). Also see James Carter. A Community Guide to the Population Health Approach, CHSSN, March 2003, www.chssn.org

3 Health Canada lists some twelve health determinants that have been shown to have a strong influence on the health status of a population among which access to health services is included. For further discussion see Raphael, D. (Ed.) (2008). Social Determinants of Health: Canadian Perspectives. Toronto: Canadian Scholar's Press. See also, Mikkoven, J and Raphael, D. (2010) Social Determinants of Health: The Canadian Facts website, http://www.thecanadianfacts.org/ and WHO, Social Determinants of Health website, http://www.who.int/social_determinants/en/.

4 "There is compelling evidence that language barriers have an adverse effect on access to health services." Sarah Bowen, 2001. Language Barriers in Access to Health Care, Health Canada, p.v1. See also Jacobs, E., and A. Chen, L. Karliner, N. Agger-Gupta & S. Mutha. (2006). "The Need for More Research on Language Barriers in Health Care: A Proposed Research Agenda." The Millbank Quarterly, Vol. 84, No.1, pp.111-133.

5 Wooley elaborates on the way government supported services and informal care strategies reinforce rather than replace one another. Wooley, Frances. 2001. "The Voluntary Sector" in Isuma, Vol.3, No.2. Summer, pp.1-11

1.4 General State of Health

As noted in the previous section, research suggests that the mobility pattern, age structure and household income trends which characterize Quebec's language minority population, especially in its rural regions, serve as barriers to achieving the conditions typically associated with an optimal health status. In light of the demographic profile of contemporary English-speaking Quebec that has emerged from the latest research findings the question arises as to the general state of health of the population as well as general level of satisfaction with access to health and social services.

The CHSSN/CROP survey asked respondents to assess their general state of health as it compared to others of their own age. Their responses are considered in the accompanying tables according to region, gender, age, and household income.

Table 1 – General State of Health, by Region

General State of Health			
Region	very good or excellent	good	average or bad
03 Capitale-Nationale (n=70)	64.7%	19.1%	16.2%
04 Mauricie et Centre-du-Québec (n=48)	48.4%	33.9%	17.7%
05 Estrie (n=293)	70.0%	16.2%	13.8%
06.1 Montreal West (n=331)	66.0%	20.1%	13.9%
06.2 Montreal Centre (n=529)	60.8%	21.9%	17.3%
06.3 Montreal East (n=98)	59.6%	18.4%	22.1%
07 Outaouais (n=204)	58.9%	28.9%	12.2%
08 Abitibi-Témiscamingue (n=71)	41.2%	24.5%	34.3%
09 Côte-Nord (n=47)	59.8%	26.8%	13.4%
11 Gaspésie – Îles-de-la-Madeleine (n=200)	59.9%	19.7%	20.4%
13 Laval (n=270)	59.3%	18.3%	22.5%
14 Lanaudière (n=81)	66.9%	8.1%	25.0%
15 Laurentides (n=157)	70.3%	17.1%	12.6%
16 Montérégie (n=526)	65.1%	20.9%	14.1%
Total (n=3014)	62.4%	21.0%	16.7%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q26. How would you describe your general state of health at this time, compared to other people of your age?

- Among English-speaking respondents across Quebec, 62.4% assessed their general state of health as very good or excellent while 16.7% assessed their general state of health as average or bad.
- We observe that English speakers residing in the health regions of Laurentides (70.3%), Estrie (70%) and Lanaudière (66.9%) were the most likely to report very good or excellent health.
- When the regions are compared, the English speakers most likely to report average or bad health reside in the regions of Abitibi-Témiscamingue (34.3%), Lanaudière (25%) and Laval (22.5%).

Table 2 – General State of Health, by Population Characteristics

General State of Health				
Variable		**very good/ excellent**	**good**	**average/ bad**
gender	Male	64.6%	19.7%	15.8%
	Female	60.3%	22.2%	17.5%
	Total	62.4%	21.0%	16.7%
age	18-24 years	67.7%	17.5%	14.8%
	25-44 years	63.7%	20.8%	15.5%
	45-64 years	61.5%	21.9%	16.6%
	65 years and over	59.4%	21.0%	19.6%
	Total	62.6%	20.9%	16.6%
household income	Less than $30k	58.4%	18.6%	23.0%
	$30-70k	56.4%	24.7%	18.9%
	$70-100k	71.3%	16.7%	12.1%
	$100k and over	69.6%	19.6%	10.8%
	Total	63.0%	20.9%	16.1%
bilingual	Bilingual	65.1%	20.3%	14.6%
	English only	53.8%	23.0%	23.2%
	Total	62.4%	21.0%	16.7%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q26. How would you describe your general state of health at this time, compared to other people of your age?

- With respect to gender, English-speaking females (17.5%) displayed a somewhat higher tendency to rate their general state of health as average or bad compared to their male counterparts (15.8%).
- Among English speakers, the 65+ age-group displayed the highest tendency (19.6%) to rate their general state of health as average or bad while the 18-24 age cohort (14.8%) showed the lowest tendency.
- English speakers earning less than $30,000 displayed the highest tendency to rate their general state of health as average or bad (23%) while those earning between $100,000 and over displayed a much lower tendency (10.8%).

2 Use of Services and Unpaid Care

2.1 Use of Services

In order to evaluate the level of access to health and social services in English experienced by the English-speaking population, the CHSSN/CROP survey explores the type of services used, the frequency of use, where these services are located, for whom the services are used and what services one might anticipate using in the near future. The five types of services considered are:
(1) a doctor in a private office or clinic, (2) hospital emergency or out-patient clinic, (3) CLSC, (4) overnight hospital stay and (5) Info-Santé or health-info line. Patterns of use are examined according to region, household income, age, gender and level of bilingualism.

Table 3 – Use of Various Health and Social Services by English Speakers, by Region

Use of Various Health and Social Services by English speakers						
Region	doctor in a private office or clinic	CLSC, other than Info Santé	Info Santé	hospital emergency room or out-patient clinic	hospital for overnight stay	services from a public institution in another region
03 Capitale-Nationale (n=70)	86.8%	54.4%	29.4%	75.0%	41.2%	20.6%
04 Mauricie et Centre-du-Québec (n=48)	55.6%	33.3%	25.4%	66.7%	30.2%	14.3%
05 Estrie (n=293)	62.1%	57.9%	36.4%	64.5%	29.2%	9.7%
06.1 Montreal West (n=331)	72.7%	39.3%	21.1%	58.3%	23.1%	8.5%
06.2 Montreal Centre (n=529)	69.5%	49.7%	31.4%	54.6%	24.9%	6.2%
06.3 Montreal East (n=98)	56.7%	45.9%	30.2%	51.9%	17.9%	1.4%
07 Outaouais (n=204)	69.7%	54.3%	36.5%	64.9%	22.1%	43.6%
08 Abitibi-Témiscamingue (n=71)	59.8%	51.0%	23.5%	68.6%	32.4%	36.3%
09 Côte-Nord (n=47)	59.8%	61.3%	16.7%	42.7%	31.7%	31.7%
11 Gaspésie – Îles-de-la-Madeleine (n=200)	54.8%	51.8%	16.4%	56.2%	24.7%	25.1%
13 Laval (n=270)	64.6%	50.1%	28.3%	53.4%	27.7%	22.3%
14 Lanaudière (n=81)	47.3%	41.9%	16.2%	37.2%	19.6%	33.8%
15 Laurentides (n=157)	60.3%	40.7%	22.5%	44.2%	20.0%	36.4%
16 Montérégie (n=526)	69.6%	53.7%	27.0%	53.4%	23.5%	23.4%
Total (n=3014)	67.5%	48.7%	28.3%	55.0%	24.2%	14.0%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q16A. Within the last twelve months, in your region, have you used either for yourself or to help another person ...

- When six health situations are ranked from highest (1) to lowest (6) rate of use among English-speaking Quebecers in the last twelve months, we find: 1) a doctor in a private office or clinic, (2) hospital emergency room or out-patient clinic, (3) CLSC, (4) Info-santé, (5) hospital for an overnight stay and (6) services from a public institution in another region.

- English speaking respondents in the health regions of Capitale-Nationale (86.8%), Montreal West (72.7%) and Outaouais (69.7%) were the most likely to have seen a doctor in a private office or clinic.
- English speakers in the health regions of Côte-Nord (61.3%), Estrie (57.9%) and Capitale-Nationale (54.4%) were the most likely to have used the services of a CLSC, other than Info santé.
- English speakers in the health regions of Outaouais (36.5%), Estrie (36.4%) and Montreal Centre (31.4%) were the most likely to have used the services of Info-santé.
- English speakers in the health regions of Capitale-Nationale (75%), Abitibi-Témiscamingue (68.6%) and Mauricie et Centre-du-Québec (66.7%) were the most likely to have used the services of a hospital emergency room or out-patient clinic.
- English speakers in the health regions of Capitale-Nationale (41.2%), Abitibi-Témiscamingue (32.4%) and Côte-Nord (31.7%) were the most likely to have used the services of a hospital for overnight stay.
- English speakers in the health regions of Outaouais (43.6%), Laurentides (36.4%) and Abitibi-Témiscamingue (36.3%) were the most likely to have used services from a public institution in another region.

Table 4 – Use of Various Health and Social Services by English Speakers, by Demographics

Use of Various Health and Social Services by English speakers							
Variable		doctor in a private office or clinic	CLSC, other than Info Santé	Info Santé	hospital emergency room or out-patient clinic	hospital for overnight stay	services from a public institution in another region
gender	Male	65.9%	45.8%	27.2%	54.3%	22.9%	10.7%
	Female	69.1%	51.5%	29.4%	55.7%	25.4%	17.0%
	Total	67.5%	48.7%	28.3%	55.0%	24.2%	14.0%
age	18-24 years	52.8%	35.9%	20.2%	49.7%	13.2%	6.5%
	25-44 years	67.3%	49.0%	39.1%	54.9%	24.2%	13.0%
	45-64 years	69.1%	48.8%	23.3%	56.3%	25.1%	15.7%
	65 years and over	74.8%	55.0%	21.7%	55.6%	28.3%	15.9%
	Total	67.8%	48.7%	28.5%	55.1%	24.2%	13.9%
household income	Less than $30k	66.1%	47.9%	26.3%	54.0%	26.1%	11.0%
	$30-70k	65.6%	50.7%	31.0%	58.6%	25.0%	12.4%
	$70-100k	69.6%	47.8%	28.0%	50.6%	21.7%	13.9%
	$100k and over	70.1%	46.2%	29.5%	54.1%	22.6%	18.1%
	Total	67.6%	48.5%	29.3%	55.3%	24.0%	14.1%
health status	Excellent	63.9%	46.6%	25.0%	51.8%	18.3%	15.8%
	Very Good	67.4%	44.3%	27.2%	51.4%	23.3%	12.6%
	Good	68.9%	54.1%	32.0%	58.1%	27.5%	15.4%
	Average	70.0%	53.6%	30.7%	59.9%	27.0%	12.2%
	Bad	80.4%	59.3%	31.0%	82.8%	47.3%	16.4%
	Total	67.6%	48.6%	28.3%	54.9%	24.1%	14.0%
bilingual	Bilingual	67.8%	48.9%	29.9%	55.1%	24.4%	13.9%
	English only	66.6%	48.1%	23.2%	54.7%	23.8%	14.1%
	Total	67.5%	48.7%	28.3%	55.0%	24.2%	14.0%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q16A. Within the last twelve months, in your region, have you used either for yourself or to help another person …

- Table 4 tells us that the greatest difference between English-speaking females and males was in their use of services from public institutions in another region (17% compared to 10.7%).
- The greatest use of out-of-region services was by those 45-64 years (15.7%) and 65+ (15.9%) and those with higher income ($100k and over) (18.1%).
- Among English-speaking respondents, the 45-64 age cohort displayed the highest tendency (56.3%) to have used the services of a hospital emergency room or out-patient clinic while the 18-24 age cohort showed the lowest tendency (49.7%).
- English speakers earning between $30,000 and $50,000 displayed the highest tendency to have used the services of a hospital emergency room or out-patient clinic (58.6%) while those earning between $50,000 and $70,000 showed the lowest (50.6%).

- English-only respondents were less likely to use Info-santé than bilingual English-speakers (23.2% compared to 29.9%).

Table 5 – Satisfaction with Access to Regional Health and Social Services, by Region

Satisfaction with Access to Regional Health & Social Services			
Region	not satisfied	neither satisfied nor unsatisfied	satisfied
03 Capitale-Nationale (n=70)	34.2%	37.6%	28.2%
04 Mauricie et Centre-du-Québec (n=48)	44.1%	28.8%	27.1%
05 Estrie (n=293)	30.2%	30.5%	39.3%
06.1 Montreal West (n=331)	20.4%	19.6%	60.0%
06.2 Montreal Centre (n=529)	25.8%	26.9%	47.3%
06.3 Montreal East (n=98)	46.0%	25.7%	28.3%
07 Outaouais (n=204)	31.2%	24.4%	44.4%
08 Abitibi-Témiscamingue (n=71)	15.8%	35.8%	48.4%
09 Côte-Nord (n=47)	22.5%	25.0%	52.5%
11 Gaspésie – Îles-de-la-Madeleine (n=200)	28.6%	21.2%	50.2%
13 Laval (n=270)	50.4%	27.4%	22.2%
14 Lanaudière (n=81)	64.9%	15.5%	19.6%
15 Laurentides (n=157)	57.0%	16.0%	27.0%
16 Montérégie (n=526)	35.1%	29.3%	35.6%
Total (n=3014)	31.5%	26.0%	42.6%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q15k. How satisfied are you with the following services offered in your region in English? k) Health and social services

- With respect to access to health and social services in English, 31.5% of English-speaking respondents across Quebec responded that they were not satisfied and 42.6% responded that they were satisfied.
- In the English-speaking population, we observe that English speakers in the health regions of Lanaudière (64.9%), Laurentides (57%) and Laval (50.4%) were the most likely to be dissatisfied with access to regional health and social services.
- English speakers in the health regions of Montreal West (60%), Côte-Nord (52.5%) and Gaspésie – Îles-de-la-Madeleine (50.2%) were the most likely to be satisfied with access to regional health and social services.

Table 6 – Satisfaction with Access to Regional Health and Social Services, by Demographic Characteristics

Satisfaction with Access to Regional Health & Social Services				
Variable		**not satisfied**	**neither satisfied nor unsatisfied**	**satisfied**
gender	Male	30.2%	24.3%	45.5%
	Female	32.6%	27.5%	39.9%
	Total	31.5%	26.0%	42.6%
age	18-24 years	25.8%	16.6%	57.6%
	25-44 years	34.2%	29.3%	36.5%
	45-64 years	33.9%	25.9%	40.2%
	65 years and over	23.5%	24.4%	52.1%
	Total	31.5%	26.0%	42.5%
household income	Less than $30k	32.1%	22.4%	45.5%
	$30-70k	29.9%	28.7%	41.4%
	$70-100k	30.7%	28.9%	40.3%
	$100k and over	36.4%	23.8%	39.9%
	Total	32.3%	26.2%	41.5%
health status	Excellent	25.4%	25.5%	49.0%
	Very Good	31.5%	24.0%	44.4%
	Good	35.0%	30.1%	34.9%
	Average	32.8%	28.0%	39.2%
	Bad	48.9%	18.2%	32.9%
	Total	31.4%	26.1%	42.5%
bilingual	Bilingual	32.6%	25.7%	41.6%
	English only	27.7%	26.6%	45.7%
	Total	31.5%	26.0%	42.6%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q15k. How satisfied are you with the following services offered in your region in English? k) Health and social services

- English-speaking females (32.6%) displayed a somewhat higher tendency to be dissatisfied with access to health and social services in their region compared to their male counterparts (30.2%).
- Among English speakers, the 25-44 age-group (34.2%) displayed the highest tendency to be unsatisfied with access to health and social services while the 65+ age-group (23.5%) displayed the lowest tendency.
- English speakers earning between $70,000 and $100,000 displayed the highest tendency to be dissatisfied with access to health and social services (36.4%) while those earning between $30,000 and $50,000 were the least likely to be dissatisfied (29.9%).

2.2 Unpaid Care

Restructuring and financial cutbacks in the health sector in recent years have meant a shift of responsibilities from public health institutions to community organizations and unpaid family care. This shift is not necessarily experienced equally among all members of Quebec society. We learned from the CROP-Missisquoi survey conducted in 2000 that English speakers are more likely to turn to an informal network of family and friends in the event of illness than Francophones who are more likely to rely on public services. In light of this pattern, it is as important to understand patterns of behaviour in the arena of unpaid care as in government-supported services and private care. Fifteen years later, the CHSSN/CROP 2015 survey continues to monitor where English speakers are likely to turn to in the event of illness, their levels of unpaid care to vulnerable and dependent persons and their anticipated support needs.

2.2.1 Source of Support in the Case of Illness

Table 7 – Source of Support in Case of Illness, by Region

Source of Support in Case of Illness						
Region	relatives	friends	community resource	public social service institutions	nobody	other
03 Capitale-Nationale (n=70)	59.0%	20.5%	2.6%	8.5%	9.4%	-
04 Mauricie et Centre-du-Québec (n=48)	66.7%	19.6%	-	5.9%	3.9%	3.9%
05 Estrie (n=293)	66.7%	16.1%	2.3%	6.8%	4.4%	3.7%
06.1 Montreal West (n=331)	70.9%	14.4%	3.0%	8.2%	2.2%	1.4%
06.2 Montreal Centre (n=529)	67.0%	16.2%	1.8%	6.4%	5.7%	3.1%
06.3 Montreal East (n=98)	77.7%	4.0%	2.3%	11.3%	0.8%	3.9%
07 Outaouais (n=204)	77.3%	11.0%	0.6%	5.7%	0.9%	4.5%
08 Abitibi-Témiscamingue (n=71)	71.4%	8.8%	4.4%	4.4%	11.0%	-
09 Côte-Nord (n=47)	81.1%	5.4%	2.7%	5.4%	5.4%	-
11 Gaspésie – Îles-de-la-Madeleine (n=200)	71.4%	13.4%	4.9%	5.4%	2.7%	2.2%
13 Laval (n=270)	73.6%	6.0%	0.8%	8.4%	5.7%	5.5%
14 Lanaudière (n=81)	71.6%	6.9%	0.9%	5.2%	13.8%	1.7%
15 Laurentides (n=157)	78.2%	7.7%	0.9%	6.0%	4.2%	3.0%
16 Montérégie (n=526)	65.2%	18.5%	2.8%	7.7%	2.8%	3.0%
Total (n=3014)	69.6%	13.8%	2.1%	7.4%	4.0%	3.2%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q40. If you became ill, who other than your spouse would you likely turn to for support?

- Québec's English speakers responding to the survey were highly likely to turn to family and friends (83.4%) for support if they became ill and public health and social service institutions (7.4%). Among the regions, the tendency to turn to relatives and friends for support is highest in the Outaouais (88.3%).

- In the English-speaking population, we observe that English speakers in the health regions of Côte-Nord (81.1%), Laurentides (78.2%) and Montreal East (77.7%) were the most likely to have reported relatives as a source of support in case of illness.
- English speakers in the health regions of Capitale-Nationale (20.5%), Mauricie et Centre-du-Québec (19.6%) and Montérégie (18.5%) were the most likely to have reported friends as a source of support in case of illness.
- English speakers in the health regions of Gaspésie – Îles-de-la-Madeleine (4.9%), Abitibi-Témiscamingue (4.4%) and Montreal West (3%) were the most likely to have reported community resources as a source of support in case of illness.
- English speakers in the health regions of Montreal East (11.3%), Capitale-Nationale (8.5%) and Laval (8.4%) were the most likely to have reported public social service institutions as a source of support in case of illness.
- English speakers in the health regions of Lanaudière (13.8%), Abitibi-Témiscamingue (11%) and Capitale-Nationale (9.4%) were the most likely to have nobody to turn to as a source of support in case of illness.

Table 8 – Source of Support in the Case of Illness

Source of Support in Case of Illness							
Variable		**relatives**	**friends**	**community resource**	**public social service institutions**	**nobody**	**other**
gender	Male	67.7%	13.0%	1.8%	9.4%	5.4%	2.7%
	Female	71.2%	14.5%	2.2%	5.6%	2.8%	3.6%
	Total	69.6%	13.8%	2.1%	7.4%	4.0%	3.2%
age	18-24 years	20.2%	78.2%	-	-	-	1.6%
	25-44 years	75.7%	12.3%	1.2%	4.7%	4.7%	1.4%
	45-64 years	66.4%	14.0%	2.5%	9.2%	4.3%	3.6%
	65 years and over	68.0%	13.7%	2.5%	8.4%	2.6%	4.8%
	Total	69.7%	13.8%	2.0%	7.4%	4.1%	3.1%
household income	Less than $30k	58.1%	19.7%	2.2%	6.8%	6.8%	6.4%
	$30-70k	69.2%	12.8%	3.0%	8.1%	4.6%	2.2%
	$70-100k	76.8%	10.9%	2.8%	6.9%	0.4%	2.2%
	$100k and over	70.3%	14.8%	1.0%	6.7%	4.1%	3.1%
	Total	69.7%	13.9%	2.2%	7.3%	4.0%	3.0%
health status	Excellent	65.3%	17.0%	2.8%	6.8%	3.1%	5.0%
	Very Good	74.9%	12.2%	1.1%	7.3%	3.1%	1.4%
	Good	66.8%	16.6%	2.6%	6.7%	4.9%	2.4%
	Average	68.6%	10.1%	2.7%	9.2%	3.9%	5.4%
	Bad	53.5%	9.2%	1.0%	8.9%	21.9%	5.5%
	Total	69.6%	13.8%	2.1%	7.4%	4.0%	3.1%
bilingual	Bilingual	71.6%	12.4%	2.3%	7.2%	3.8%	2.7%
	English only	63.3%	18.0%	1.4%	8.0%	4.7%	4.7%
	Total	69.6%	13.8%	2.1%	7.4%	4.0%	3.2%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q40. If you became ill, who other than your spouse would you likely turn to for support?

- English-speaking males (5.4%) displayed a higher tendency than their female counterparts (2.8%) to report nobody as a source of support in the case of illness. Males were somewhat less likely to rely on family and friends and more likely to use public services.
- Among English speakers, the 18-24 age-group rely heavily on friends for support in the event of illness (78.2%). The 25-44 age-group displayed the highest tendency to report relatives as a source of support in case of illness (75.7%). English speakers over 45 years of age are the highest users of community resources and public institutions for support.
- English speakers earning less than $30,000 displayed the highest tendency to report having nobody as a source of support in case of illness (6.8%) while those earning between $50,000 and $70,000 were the least likely (0.4%).

2.2.2 Availability (Nearness) of Family and Friends

Table 9 – Availability of Family or Friends, by Region

Availability of Family or Friends		
Region	less than 30 minutes	30 minutes or more
03 Capitale-Nationale (n=70)	60.7%	39.3%
04 Mauricie et Centre-du-Québec (n=48)	81.0%	19.0%
05 Estrie (n=293)	74.8%	25.2%
06.1 Montreal West (n=331)	73.5%	26.5%
06.2 Montreal Centre (n=529)	68.9%	31.1%
06.3 Montreal East (n=98)	62.4%	37.6%
07 Outaouais (n=204)	61.2%	38.8%
08 Abitibi-Témiscamingue (n=71)	84.3%	15.7%
09 Côte-Nord (n=47)	75.6%	24.4%
11 Gaspésie – Îles-de-la-Madeleine (n=200)	84.4%	15.6%
13 Laval (n=270)	78.1%	21.9%
14 Lanaudière (n=81)	51.7%	48.3%
15 Laurentides (n=157)	64.0%	36.0%
16 Montérégie (n=526)	67.1%	32.9%
Total (n=3014)	69.6%	30.4%
Source: CHSSN/CROP Survey on Community Vitality, 2015. *Q40B. Using their normal means of transportation, approximately how much time would it take for relatives or friends to come to you? Is it … (READ RESPONSES)*		

Persons with Support in Close Proximity (less than 30 minutes away)

- English speakers in the health regions of Gaspésie – Îles-de-la-Madeleine (84.4%), Abitibi-Témiscamingue (84.3%) and Mauricie et Centre-du-Québec (81.0%) were the most likely to have reported that they lived less than 30 minutes from family or friends who could provide support.

Persons without Support in Close Proximity (30 minutes or more away)

- English speakers in the health regions of Lanaudière (48.3%), Capitale-Nationale (39.3%) and Outaouais (38.8%) were the most likely to have reported that they lived 30 minutes or more from family or friends who could provide support.

Table 10 – Availability of Family or Friends, by Population Characteristic

Availability of Family or Friends			
Variable		**less than 30 minutes**	**30 minutes or more**
gender	Male	66.2%	33.8%
	Female	72.8%	27.2%
	Total	69.6%	30.4%
age	18-24 years	64.5%	35.5%
	25-44 years	68.4%	31.6%
	45-64 years	70.4%	29.6%
	65 years and over	73.1%	26.9%
	Total	69.6%	30.4%
household income	Less than $30k	62.9%	37.1%
	$30-70k	68.0%	32.0%
	$70-100k	77.1%	22.9%
	$100k and over	71.7%	28.3%
	Total	69.8%	30.2%
health status	Excellent	73.6%	26.4%
	Very Good	71.1%	28.9%
	Good	66.3%	33.7%
	Average	66.8%	33.2%
	Bad	57.5%	42.5%
	Total	69.7%	30.3%
bilingual	Bilingual	70.4%	29.6%
	English only	67.2%	32.8%
	Total	69.6%	30.4%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q40B. Using their normal means of transportation, approximately how much time would it take for relatives or friends to come to you? Is it … (READ RESPONSES)

Persons with Support in Close Proximity (less than 30 minutes away)

- With respect to gender, English-speaking females (72.8%) were more likely to report that they lived less than 30 minutes away from family or friends able to support them when compared with English-speaking males (66.2%).
- Among English speakers, the 65+ age-group (73.1%) were the most likely to report that they lived less than 30 minutes away from family or friends able to support them while the 18-24 age-group (64.5%) were the least likely.
- English speakers earning between $70,000 and $100,000 were the most likely to report that they lived less than 30 minutes away from family or friends able to support them (77.1%) while those earning less than $30,000 were the least likely (62.9%).

Persons without Support in Close Proximity (30 minutes or more away)

- With respect to gender, English-speaking males (33.8%) were more likely to report that they lived 30 minutes or more away from family or friends able to support them compared to females (27.2%).
- Among English speakers, the 18-24 age-group (35.5%) were the most likely to report that they lived 30 minutes or more away from family or friends able to support them while the 65+ age cohort (26.9%) were the least likely.
- English speakers earning less than $30,000 were the most likely to report that they lived 30 minutes or more away from family or friends able to support them (37.1%) while those earning between $70,000 and $100,000 were the least likely (22.9%).

2.2.3 Unpaid Care Provided for Vulnerable or Dependent Persons

Table 11 – Unpaid Care for Vulnerable or Dependent Persons, by Region

Those Who Provide Unpaid Care for Vulnerable or Dependent Persons		
Region	yes	no
03 Capitale-Nationale (n=70)	25.6%	74.4%
04 Mauricie et Centre-du-Québec (n=48)	22.2%	77.8%
05 Estrie (n=293)	21.8%	75.1%
06.1 Montreal West (n=331)	18.3%	80.3%
06.2 Montreal Centre (n=529)	16.9%	82.4%
06.3 Montreal East (n=98)	19.4%	78.9%
07 Outaouais (n=204)	25.4%	74.6%
08 Abitibi-Témiscamingue (n=71)	21.6%	78.4%
09 Côte-Nord (n=47)	17.1%	80.5%
11 Gaspésie – Îles-de-la-Madeleine (n=200)	22.2%	77.8%
13 Laval (n=270)	27.3%	71.8%
14 Lanaudière (n=81)	9.5%	90.5%
15 Laurentides (n=157)	18.9%	81.1%
16 Montérégie (n=526)	21.8%	77.8%
Total (n=3014)	19.7%	79.3%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q41. Do you provide (unpaid) care for a vulnerable or dependent person?

- Among English-speaking respondents across Quebec, 19.7% reported that they provided unpaid care for vulnerable or dependent persons.
- In the English-speaking population, we observe that English speakers in the health regions of Laval (27.3%), Capitale-Nationale (25.6%) and Outaouais (25.4%) were the most likely to have provided unpaid care for vulnerable or dependent persons.

Table 12 – Unpaid Care for Vulnerable or Dependent Persons

Those Who Provide Unpaid Care for Vulnerable or Dependent Persons			
Variable		**yes**	**no**
gender	Male	14.5%	84.4%
	Female	24.7%	74.6%
	Total	19.7%	79.3%
age	18-24 years	16.7%	78.2%
	25-44 years	16.1%	83.6%
	45-64 years	23.6%	75.4%
	65 years and over	19.6%	79.8%
	Total	19.8%	79.4%
household income	Less than $30k	21.8%	77.4%
	$30-70k	20.9%	78.1%
	$70-100k	21.9%	77.1%
	$100k and over	17.7%	82.2%
	Total	20.2%	79.1%
health status	Excellent	17.3%	81.8%
	Very Good	16.5%	82.9%
	Good	23.7%	76.1%
	Average	27.0%	70.8%
	Bad	20.0%	77.4%
	Total	19.8%	79.3%
bilingual	Bilingual	19.8%	79.7%
	English only	19.4%	78.2%
	Total	19.7%	79.3%
Source: CHSSN/CROP Survey on Community Vitality, 2015. Q41. Do you provide (unpaid) care for a vulnerable or dependent person?			

- With respect to gender, English-speaking females (24.7%) displayed a much higher tendency to provide unpaid care for a vulnerable or dependent person when compared to English-speaking males (14.5%).
- Among English speakers, the 45-64 age-group (23.6%) displayed the highest tendency to provide unpaid care for a vulnerable or dependent person while the 18-24 (16.7%) and 25-44 age groups (16.1%) showed a lower tendency.
- Among English-speaking respondents, those with an income between $70,000 and $100,000 were the least likely (17.7%) to be providing unpaid care.

2.2.4 Source of Support Services

Table 13 – Source of Support Services, by Region

Source of Support Services					
Region	public health and social service institution	private services	community organization	family and friends close-by	I have no access to support services
03 Capitale-Nationale (n=70)	41.9%	-	-	58.1%	-
04 Mauricie et Centre-du-Québec (n=48)	71.4%	-	-	-	28.6%
05 Estrie (n=293)	20.4%	4.6%	5.6%	59.3%	10.2%
06.1 Montreal West (n=331)	35.4%	4.7%	18.3%	30.7%	10.8%
06.2 Montreal Centre (n=529)	40.6%	7.4%	5.1%	30.7%	16.1%
06.3 Montreal East (n=98)	28.7%	-	2.0%	41.9%	27.4%
07 Outaouais (n=204)	52.7%	6.4%	15.8%	13.5%	11.6%
08 Abitibi-Témiscamingue (n=71)	72.7%	-	4.5%	13.6%	9.1%
09 Côte-Nord (n=47)	50.0%	-	-	50.0%	-
11 Gaspésie – Îles-de-la-Madeleine (n=200)	42.4%	3.4%	10.2%	30.5%	13.6%
13 Laval (n=270)	30.9%	6.2%	1.2%	29.9%	31.7%
14 Lanaudière (n=81)	61.5%	-	-	23.1%	15.4%
15 Laurentides (n=157)	60.2%	8.3%	1.9%	24.1%	5.6%
16 Montérégie (n=526)	55.3%	0.6%	2.3%	30.9%	11.0%
Total (n=3014)	42.1%	4.9%	6.5%	30.2%	16.2%
Source: CHSSN/CROP Survey on Community Vitality, 2015.					
Q41B. Where do you turn for support services? (respite care, counselling, home care assistance)					

- Among English-speaking respondents across Quebec who care for vulnerable or dependent persons, 42.1% reported they would turn to public health and social service institutions as a source of support followed by 30.2% who would turn to family and friends close-by. This varies widely by region.
- Among English-speaking respondents who are caregivers, those residing in Estrie (20.4%), Montreal East (28.7%) and Laval (30.9%) showed the lowest tendency to turn to the public health system for support.
- Among English-speaking respondents who are caregivers, those residing in the health regions of Montreal West (18.3%), Outaouais (15.8%) and Gaspésie-Iles-de-la-Madeleine (10.2%) were the most likely to turn to a community organization for support services.
- Among English speakers who are caring for a vulnerable or dependent person, 16.2% reported they have no access to support services. English speakers in the health regions of Laval (31.7%), Mauricie et Centre-du-Québec (28.6%) and Montreal East (27.4%) were most likely to have reported they had no access to support services.

Table 14 – Source of Support Services, by Population Characteristics

Source of Support Services						
Variable		public health and social service institution	private services	community organization	family and friends close-by	I have no access to support services
gender	Male	46.8%	4.5%	2.8%	24.4%	21.5%
	Female	39.5%	5.2%	8.6%	33.3%	13.4%
	Total	42.1%	4.9%	6.5%	30.2%	16.2%
age	18-24 years	-	-	-	-	-
	25-44 years	32.5%	7.3%	3.5%	36.9%	19.8%
	45-64 years	48.6%	3.7%	5.5%	27.9%	14.3%
	65 years and over	46.5%	4.4%	2.5%	28.0%	18.6%
	Total	42.0%	4.7%	6.6%	30.5%	16.1%
household income	Less than $30k	34.2%	1.0%	12.9%	22.5%	29.4%
	$30-70k	42.9%	2.6%	2.8%	35.3%	16.4%
	$70-100k	47.8%	7.4%	5.3%	31.4%	8.1%
	$100k and over	42.0%	6.1%	10.1%	24.9%	16.8%
	Total	42.0%	4.2%	7.1%	29.4%	17.4%
health status	Excellent	50.6%	10.9%	3.9%	22.0%	12.6%
	Very Good	40.1%	3.6%	6.8%	35.2%	14.4%
	Good	47.9%	2.3%	5.6%	32.9%	11.4%
	Average	30.9%	3.3%	10.6%	30.1%	25.1%
	Bad	40.7%	11.4%	0.8%	8.9%	38.2%
	Total	42.1%	4.9%	6.5%	30.3%	16.3%
bilingual	Bilingual	41.0%	5.5%	5.0%	33.7%	14.8%
	English only	45.0%	3.1%	11.2%	20.0%	20.7%
	Total	42.1%	4.9%	6.5%	30.2%	16.2%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q41B. Where do you turn for support services? (respite care, counselling, home care assistance)

- With respect to gender, English-speaking males caring for a vulnerable or dependent person displayed a higher tendency (21.5%) to report being without access to support services than their female counterparts (13.4%).
- Among English speakers who are caregivers, the 45-64 (48.6%) and 65 years and over (46.5%) age groups are the greatest users of support services provided by public health and social service institutions.
- Among English speaking caregivers, those earning less than $30,000 displayed a much higher tendency (29.4%) than those in other income brackets to report being without access to support services.
- English speak respondents who care for a vulnerable or dependent person and who have average (25.1%) or bad (38.2%) health were much more likely than those with a higher health status to have no access to support services.

Table 15 – Satisfaction with Local Caregiver Support Services, by Region

Satisfaction with Local Caregiver Support Services Offered in English			
Region	unsatisfied	neither	satisfied
03 Capitale-Nationale (n=70)	61.1%	5.6%	33.3%
04 Mauricie et Centre-du-Québec (n=48)	61.5%	-	38.5%
05 Estrie (n=293)	18.1%	52.4%	29.5%
06.1 Montreal West (n=331)	15.9%	29.2%	54.9%
06.2 Montreal Centre (n=529)	31.1%	30.6%	38.3%
06.3 Montreal East (n=98)	43.1%	38.5%	18.3%
07 Outaouais (n=204)	23.8%	54.6%	21.6%
08 Abitibi-Témiscamingue (n=71)	35.0%	15.0%	50.0%
09 Côte-Nord (n=47)	28.6%	14.3%	57.1%
11 Gaspésie – Îles-de-la-Madeleine (n=200)	29.6%	25.9%	44.4%
13 Laval (n=270)	69.6%	20.8%	9.6%
14 Lanaudière (n=81)	38.5%	30.8%	30.8%
15 Laurentides (n=157)	33.1%	33.9%	33.1%
16 Montérégie (n=526)	31.7%	38.7%	29.6%
Total (n=3014)	34.2%	32.6%	33.2%
Source: CHSSN/CROP Survey on Community Vitality, 2015. *Q41C. How satisfied are you with the caregiver support services offered in your region in English?*			

- Among English-speaking respondents, we observe that English speakers in the health regions of Laval (69.6%), Mauricie et Centre-du-Québec (61.5%) and Capitale-Nationale (61.1%) were the most likely to have reported they were not satisfied with local caregiver support services offered in English.
- English speakers in the health regions of Côte-Nord (57.1%), Montreal West (54.9%) and Abitibi-Témiscamingue (50.0%) were most likely to have reported they were satisfied with local caregiver support services offered in English.

Table 16 – Satisfaction with Local Caregiver Support Services, by Population Characteristics

Satisfaction with Local Caregiver Support Services Offered in English				
Variable		**unsatisfied**	**neither**	**satisfied**
gender	Male	28.5%	33.7%	37.8%
	Female	37.6%	31.9%	30.5%
	Total	34.2%	32.6%	33.2%
age	18-24 years	36.3%	17.8%	45.9%
	25-44 years	53.0%	32.5%	14.5%
	45-64 years	30.1%	31.2%	38.7%
	65 years and over	16.0%	38.3%	45.8%
	Total	34.2%	32.3%	33.5%
household income	Less than $30k	28.4%	41.6%	30.0%
	$30-70k	29.6%	36.6%	33.8%
	$70-100k	39.9%	29.8%	30.3%
	$100k and over	42.6%	23.5%	33.8%
	Total	34.9%	32.6%	32.5%
health status	Excellent	31.0%	41.3%	27.8%
	Very Good	25.4%	40.4%	34.3%
	Good	45.4%	21.9%	32.8%
	Average	36.5%	26.0%	37.5%
	Bad	36.4%	20.0%	43.6%
	Total	34.0%	32.7%	33.3%
bilingual	Bilingual	36.0%	33.4%	30.5%
	English only	28.7%	30.0%	41.3%
	Total	34.2%	32.6%	33.2%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q41C. How satisfied are you with the caregiver support services offered in your region in English?

- With respect to gender, English-speaking females (37.6%) displayed a higher tendency to report they were not satisfied with caregiver support services offered in English compared to their male counterparts (28.5%).
- Among English speakers, the 25-44 age-group (53.0%) displayed the highest tendency to report they were not satisfied with caregiver support services offered in English while the 65+ age-group (16.0%) was the least likely.
- English speakers earning $100,000 and over displayed the highest tendency to report they were not satisfied with caregiver support services offered in English (42.6%) while those earning less than $30,000 were least likely (28.4%).
- Among English speakers, the 18-24 age-group (45.9%) displayed the highest tendency to report they were satisfied with caregiver support services offered in English while the 25-44 age-group (14.5%) were least likely.

2.3 Anticipated Health & Social Service Needs – Long-term Care, Nursing Homes, Homecare Services in the next five years

Table 17 – Anticipated Health & Social Service Needs, by Region

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 ...*				

- Among the four service options listed in Table 17, English-speaking respondents were most likely to anticipate needing public homecare services (35.3%) in the next five years for themselves or a person they know.
- We observe that English speakers residing in the health regions of Estrie (41.2%), Abitibi-Témiscamingue (40.7%) and Capitale-Nationale (40%) were the most likely to expect that they or someone they knew would require the services of a public long term care institution within the next five years.
- English speakers residing in the health regions of Côte-Nord (50.7%), Estrie (46.8%) and Gaspésie – Îles-de-la-Madeleine (42.2%) were the most likely to expect that they or someone they knew would require the services of a public homecare program within the next five years.
- English speakers living in the health regions of Côte-Nord (37%), Montreal East (34.1%) and Laval (33.1%) were the most likely to expect that they or someone they knew would require the services of a private residence or private nursing home within the next five years.

- English speakers living in the health regions of Côte-Nord (45%), Laval (37%) and Gaspésie – Îles-de-la-Madeleine (34.9%) were the most likely to expect that they or someone they knew would require the services of a private nursing services at home within the next five years.

Table 18 – Anticipated Health & Social Service Needs

Anticipated Health & Social Service Needs, Long-term Care, Nursing Homes, Homecare Services					
Variable		public long term care institution	public homecare program	private residence or private nursing home	private nursing services at home
gender	Male	32.6%	33.3%	27.0%	26.5%
	Female	31.9%	37.2%	26.9%	29.9%
	Total	32.2%	35.3%	27.0%	28.3%
age	18-24 years	21.0%	19.6%	12.4%	6.1%
	25-44 years	23.9%	27.8%	22.6%	23.5%
	45-64 years	39.3%	42.1%	33.1%	35.8%
	65 years and over	43.2%	47.1%	32.3%	35.8%
	Total	32.3%	35.3%	27.0%	28.2%
household income	Less than $30k	34.8%	38.0%	25.8%	29.3%
	$30-70k	31.1%	37.5%	25.4%	26.7%
	$70-100k	33.8%	36.5%	29.3%	28.2%
	$100k and over	32.3%	33.8%	30.3%	30.9%
	Total	32.5%	36.3%	27.6%	28.6%
health status	Excellent	28.5%	30.9%	25.0%	26.2%
	Very Good	27.6%	28.9%	24.1%	24.2%
	Good	38.2%	41.5%	29.8%	32.3%
	Average	40.8%	49.3%	35.1%	35.6%
	Bad	45.8%	49.3%	24.6%	37.9%
	Total	32.2%	35.3%	27.0%	28.2%
bilingual	Bilingual	32.2%	35.5%	28.2%	28.8%
	English only	32.3%	34.5%	23.1%	26.5%
	Total	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 ...

- English-speaking respondents are more likely to anticipate the need for public care (67.5%) compared to private services (55.3%) in the next five years.
- When income brackets are compared, the greatest anticipated need for services is for public homecare programs among those earning less than $30k (38%).
- English-speaking females are more likely than males to expect they or a person they know will require a public homecare program (37.2%) or private nursing services at home (29.9%).

- Among English speakers, the 65+ age-group (47.1%) displayed a high tendency to expect the need for a public homecare program and public long term care institution (43.2%) in the next five years.

3 Language of Services

Besides the type and frequency of health and social services used by Quebec's English-speaking communities, the CHSSN/CROP survey explores the language in which service is conducted. Respondents were asked whether they were served in English. If they responded with "yes" they were then asked whether they received the offer of service in English, whether they had asked for service in English, whether they considered service in English important or found French to be acceptable. If they responded "no" they were then asked if they had asked for service in English and whether they felt service in English was important or found French to be acceptable. The five types of health situations considered were doctor in a private office or clinic, CLSC, Info-Santé, hospital emergency or out-patient clinic and hospital stay for at least one night. Language of service is examined according to region, age, household income and health status.

3.1 Language of Service from Doctor in Private Clinic or Office

Table 19 – Language of Service – Doctor in Private Clinic or Office, by Region

Language of Service - Doctor in Private Clinic or Office, by Region										
Region	served in English		offer of service in English or asked		important to have been served in English		served in French, requested English		served in French, English service important	
	yes	no	offered	asked	was very important	French was acceptable	yes	no	was very important	French was acceptable
03 Capitale-Nationale (n=70)	42.4%	57.6%	36.0%	64.0%	96.0%	4.0%	10.3%	89.7%	5.9%	94.1%
04 Mauricie et Centre-du-Québec (n=48)	38.2%	61.8%	84.6%	15.4%	92.3%	7.7%	19.0%	81.0%	9.1%	90.9%
05 Estrie (n=293)	73.0%	27.0%	89.9%	10.1%	82.5%	17.5%	31.2%	68.8%	42.1%	57.9%
06.1 Montreal West (n=331)	97.8%	2.2%	89.7%	10.3%	85.1%	14.9%	33.3%	66.7%	24.3%	75.7%
06.2 Montreal Centre (n=529)	87.7%	12.3%	86.2%	13.8%	80.7%	19.3%	21.0%	79.0%	26.7%	73.3%
06.3 Montreal East (n=98)	65.4%	34.6%	64.4%	35.6%	67.8%	32.2%	14.5%	85.5%	49.3%	50.7%
07 Outaouais (n=204)	81.6%	18.4%	83.5%	16.5%	77.4%	22.6%	32.4%	67.6%	45.3%	54.7%
08 Abitibi-Témiscamingue (n=71)	62.3%	37.7%	89.2%	10.8%	50.0%	50.0%	-	100.0%	26.1%	73.9%
09 Côte-Nord (n=47)	100.0%	-	91.7%	8.3%	93.8%	6.3%	-	-	100.0%	-
11 Gaspésie – Îles-de-la-Madeleine (n=200)	84.8%	15.2%	92.4%	7.6%	90.2%	9.8%	4.5%	95.5%	24.0%	76.0%
13 Laval (n=270)	63.6%	36.4%	79.4%	20.6%	87.8%	12.2%	20.5%	79.5%	42.2%	57.8%
14 Lanaudière (n=81)	62.9%	37.1%	83.3%	16.7%	88.6%	11.4%	57.7%	42.3%	19.2%	80.8%
15 Laurentides (n=157)	75.8%	24.2%	79.4%	20.6%	70.4%	29.6%	21.0%	79.0%	23.3%	76.7%
16 Montérégie (n=526)	74.2%	25.8%	86.7%	13.3%	86.2%	13.8%	21.8%	78.2%	23.2%	76.8%
Total (n=3014)	82.1%	17.9%	85.0%	15.0%	81.7%	18.3%	21.3%	78.7%	32.0%	68.0%

Source: CHSSN/CROP Survey on Community Vitality, 2015.

Q17A1. Were you served in English by the doctor you saw at a private office or clinic?

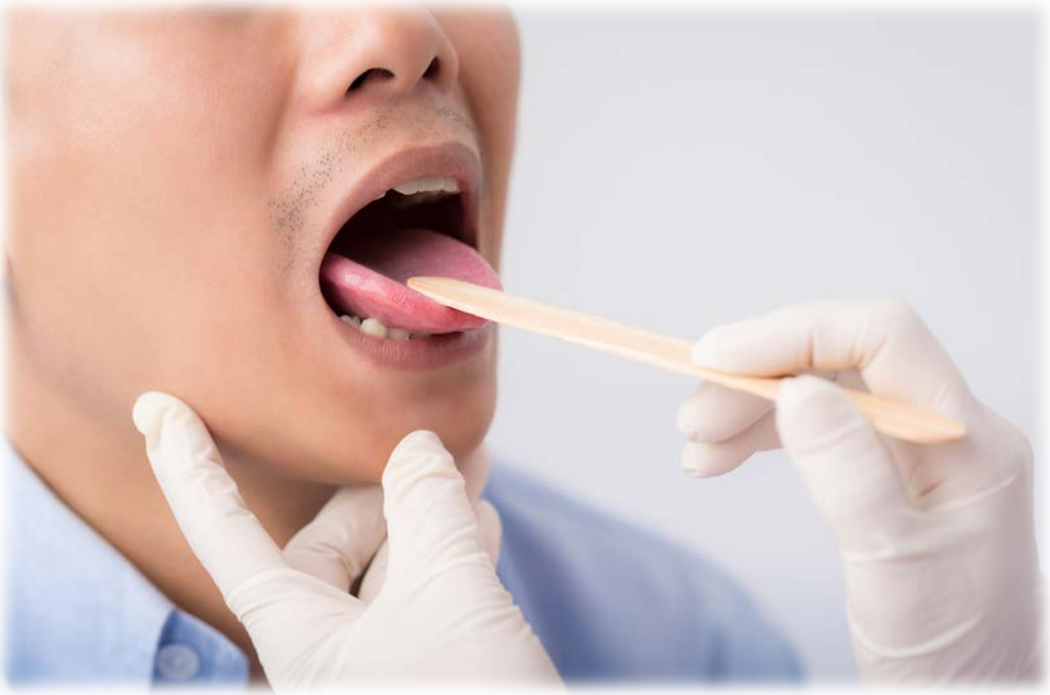
- Among English-speaking respondents, we observe that English speakers residing in the health regions of Mauricie et Centre-du-Québec (61.8%), Capitale-Nationale (57.6%) and Abitibi-Témiscamingue (37.7%) were the most likely to report they had not been served in English by a doctor in a private office or clinic.
- We observe that English speakers living in the health regions of Lanaudière (57.7%), Montreal West (33.3%) and Outaouais (32.4%) were the most likely to report they were served by a doctor in French despite requesting service in English.
- In the English-speaking population, we observe that English speakers in the health regions of Abitibi-Témiscamingue (50%), Montreal East (32.2%) and Laurentides (29.6%) were the most likely to report they felt being served by a doctor in French was acceptable.

Table 20 – Language of Service – Doctor in a Private Clinic or Office

Language of Service - Doctor in Private Clinic or Office, by Region											
Variable		served in English		offer or asked for English service		important to have been served in English		served in French, requested English		served in French, English service important	
		yes	no	offered	asked	was very important	French was acceptable	yes	no	was very important	French was acceptable
gender	Male	80.5%	19.5%	85.8%	14.2%	77.4%	22.6%	17.1%	82.9%	24.1%	75.9%
	Female	83.6%	16.4%	84.4%	15.6%	85.4%	14.6%	25.8%	74.2%	40.3%	59.7%
	Total	82.1%	17.9%	85.0%	15.0%	81.7%	18.3%	21.3%	78.7%	32.0%	68.0%
age	18-24 years	73.1%	26.9%	63.2%	36.8%	82.1%	17.9%	22.6%	77.4%	29.8%	70.2%
	25-44 years	77.4%	22.6%	82.9%	17.1%	78.9%	21.1%	23.4%	76.6%	36.2%	63.8%
	45-64 years	83.1%	16.9%	85.7%	14.3%	82.3%	17.7%	18.2%	81.8%	27.5%	72.5%
	65 years and over	92.7%	7.3%	94.9%	5.1%	85.3%	14.7%	23.1%	76.9%	28.2%	71.8%
	Total	82.1%	17.9%	85.2%	14.8%	81.7%	18.3%	21.4%	78.6%	31.8%	68.2%
household income	Less than $30k	81.4%	18.6%	82.2%	17.8%	89.4%	10.6%	35.2%	64.8%	56.0%	44.0%
	$30-70k	80.4%	19.6%	86.2%	13.8%	87.2%	12.8%	11.4%	88.6%	17.7%	82.3%
	$70-100k	77.1%	22.9%	81.1%	18.9%	77.2%	22.8%	23.5%	76.5%	27.4%	72.6%
	$100k and over	85.1%	14.9%	91.1%	8.9%	71.5%	28.5%	20.2%	79.8%	39.7%	60.3%
	Total	81.4%	18.6%	86.3%	13.7%	81.0%	19.0%	19.5%	80.5%	31.0%	69.0%
health status	Excellent	84.2%	15.8%	87.7%	12.3%	79.2%	20.8%	35.8%	64.2%	34.8%	65.2%
	Very Good	81.0%	19.0%	85.4%	14.6%	80.7%	19.3%	13.2%	86.8%	30.5%	69.5%
	Good	83.1%	16.9%	85.5%	14.5%	82.5%	17.5%	24.1%	75.9%	30.9%	69.1%
	Average	80.3%	19.7%	80.6%	19.4%	83.5%	16.5%	17.9%	82.1%	33.1%	66.9%
	Bad	80.4%	19.6%	77.3%	22.7%	99.2%	0.8%	31.6%	68.4%	34.3%	65.7%
	Total	82.1%	17.9%	85.0%	15.0%	81.6%	18.4%	21.3%	78.7%	32.0%	68.0%
bilingual	Bilingual	78.4%	21.6%	85.9%	14.1%	75.8%	24.2%	19.3%	80.7%	31.0%	69.0%
	English only	94.4%	5.6%	82.6%	17.4%	97.3%	2.7%	42.9%	57.1%	40.7%	59.3%
	Total	82.1%	17.9%	85.0%	15.0%	81.7%	18.3%	21.3%	78.7%	32.0%	68.0%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q17A1. Were you served in English by the doctor you saw at a private office or clinic?

- When English-speaking men and women are compared, women display a higher tendency to feel that being served in English by a doctor at a private office or clinic is very important (85.4% compared to 77.4%).
- Among English speakers, the 65+ age cohort (85.3%) displayed the highest tendency to feel that being served in English by a doctor at a private office or clinic was very important while the 25-44 age cohort (78.9%) showed the lowest tendency.
- Among English- speaking respondents, those earning less than $30,000 were the most likely to feel that being served in English by a doctor at a private office or clinic was very important (89.4%) while those earning between $70,000 and $100,000 were the least likely (71.5%).



3.2 Language of Service from CLSCs

Table 21 – Language of Service – CLSCs (other than Info-Santé), by Region

Language of Service - CLSC, other than Info Santé or Info Health line										
Region	served in English		offer of service in English or asked		important to have been served in English		served in French, requested English		served in French, English service	
	yes	no	offered	asked	was very important	French was acceptable	yes	no	was very important	French was acceptable
03 Capitale-Nationale (n=70)*	25.7%	74.3%	31.6%	68.4%	100.0%	-	36.4%	63.6%	41.8%	58.2%
04 Mauricie et Centre-du-Québec (n=48)	35.0%	65.0%	71.4%	28.6%	100.0%	-	23.1%	76.9%	50.0%	50.0%
05 Estrie (n=293)	60.6%	39.4%	64.6%	35.4%	75.9%	24.1%	8.3%	91.7%	24.4%	75.6%
06.1 Montreal West (n=331)	81.0%	19.0%	83.9%	16.1%	86.7%	13.3%	53.7%	46.3%	62.5%	37.5%
06.2 Montreal Centre (n=529)	65.2%	34.8%	68.9%	31.1%	81.9%	18.1%	30.5%	69.5%	54.2%	45.8%
06.3 Montreal East (n=98)	23.4%	76.6%	22.5%	77.5%	70.4%	29.6%	8.5%	91.5%	37.6%	62.4%
07 Outaouais (n=204)	60.3%	39.7%	80.0%	20.0%	84.9%	15.1%	8.9%	91.1%	54.6%	45.4%
08 Abitibi-Témiscamingue (n=71)	48.8%	51.2%	100.0%	-	80.0%	20.0%	14.3%	85.7%	19.4%	80.6%
09 Côte-Nord (n=47)	95.9%	4.1%	85.1%	14.9%	95.7%	4.3%	-	100.0%	100.0%	-
11 Gaspésie – Îles-de-la-Madeleine (n=200)	65.0%	35.0%	77.5%	22.5%	89.0%	11.0%	18.4%	81.6%	47.1%	52.9%
13 Laval (n=270)	24.8%	75.2%	59.8%	40.2%	90.2%	9.8%	26.3%	73.7%	49.1%	50.9%
14 Lanaudière (n=81)	31.1%	68.9%	56.3%	43.8%	73.7%	26.3%	4.9%	95.1%	30.2%	69.8%
15 Laurentides (n=157)	48.0%	52.0%	67.4%	32.6%	84.0%	16.0%	44.4%	55.6%	41.6%	58.4%
16 Montérégie (n=526)	57.2%	42.8%	68.4%	31.6%	76.6%	23.4%	23.9%	76.1%	43.2%	56.8%
Total (n=3014)	57.9%	42.1%	71.0%	29.0%	82.0%	18.0%	25.1%	74.9%	48.0%	52.0%

Source: CHSSN/CROP Survey on Community Vitality, 2015.

Q17B1. Were you served in English at the CLSC, other than Info Santé or Info Health line?

**In the Capital National region, respondents were not surveyed about English-language CLSC-type services provided by Jeffery Hale - Saint Brigid's.*

- Among English-speaking respondents, 82% felt it was very important to receive CLSC services in the English language.
- In the English-speaking population, we observe that English speakers living in the health regions of Montreal East (76.6%), Laval (75.2%) and Capitale-Nationale (74.3%) were the most likely to report they had not been served in English at a CLSC.
- Among English-speaking respondents, we observe that English speakers in the health regions of Montreal West (53.7%), Laurentides (44.4%) and Capitale-Nationale (36.4%) were the most likely to report they were served at a CLSC in French despite requesting service in English.
- We observe that English- speaking respondents residing in the health regions of Montreal East (29.6%), Lanaudière (26.3%) and Estrie (24.1%) were the most likely to report they felt being served at a CLSC in French was acceptable.

Table 22 – Language of Service – CLSCs other than Info-Santé

Language of Service - CLSC, other than Info Santé or Info Health line											
Variable		served in English		offer of service in English or asked for service		important to have been served in English		served in French, requested service in English		served in French, would English service have been important	
		yes	no	offered	asked	was very important	French was acceptable	yes	no	was very important	French was acceptable
gender	Male	60.5%	39.5%	71.0%	29.0%	78.1%	21.9%	22.0%	78.0%	43.7%	56.3%
	Female	55.6%	44.4%	71.0%	29.0%	85.6%	14.4%	27.5%	72.5%	51.1%	48.9%
	Total	57.9%	42.1%	71.0%	29.0%	82.0%	18.0%	25.1%	74.9%	48.0%	52.0%
age	18-24 years	74.5%	25.5%	72.2%	27.8%	66.9%	33.1%	21.6%	78.4%	34.3%	65.7%
	25-44 years	43.7%	56.3%	65.7%	34.3%	81.9%	18.1%	22.5%	77.5%	53.5%	46.5%
	45-64 years	57.8%	42.2%	71.5%	28.5%	82.0%	18.0%	25.1%	74.9%	40.6%	59.4%
	65 years and over	78.1%	21.9%	75.1%	24.9%	87.9%	12.1%	37.7%	62.3%	55.3%	44.7%
	Total	57.7%	42.3%	70.9%	29.1%	82.0%	18.0%	24.9%	75.1%	48.1%	51.9%
household income	Less than $30k	66.6%	33.4%	77.0%	23.0%	84.1%	15.9%	42.7%	57.3%	70.1%	29.9%
	$30-70k	61.7%	38.3%	60.6%	39.4%	87.7%	12.3%	23.2%	76.8%	46.0%	54.0%
	$70-100k	45.4%	54.6%	71.9%	28.1%	69.3%	30.7%	16.7%	83.3%	30.5%	69.5%
	$100k and over	46.8%	53.2%	80.5%	19.5%	68.6%	31.4%	21.1%	78.9%	46.3%	53.7%
	Total	55.7%	44.3%	69.7%	30.3%	80.2%	19.8%	23.6%	76.4%	46.0%	54.0%
health status	Excellent	57.7%	42.3%	72.3%	27.7%	65.1%	34.9%	24.7%	75.3%	50.6%	49.4%
	Very Good	55.4%	44.6%	64.3%	35.7%	85.4%	14.6%	20.4%	79.6%	42.9%	57.1%
	Good	58.0%	42.0%	75.5%	24.5%	88.4%	11.6%	22.8%	77.2%	47.9%	52.1%
	Average	64.2%	35.8%	76.9%	23.1%	87.5%	12.5%	43.8%	56.2%	61.2%	38.8%
bilingual	Bilingual	50.1%	49.9%	72.2%	27.8%	74.5%	25.5%	21.4%	78.6%	43.1%	56.9%
	English only	83.1%	16.9%	68.8%	31.2%	96.4%	3.6%	61.1%	38.9%	93.0%	7.0%
	Total	57.9%	42.1%	71.0%	29.0%	82.0%	18.0%	25.1%	74.9%	48.0%	52.0%

Source: CHSSN/CROP Survey on Community Vitality, 2015.

Q17B1. Were you served in English at the CLSC, other than Info Santé or Info Health line?

**In the Capital National region, respondents were not surveyed about English-language CLSC-type services provided by Jeffery Hale - Saint Brigid's.*

- English-speaking women (85.6%) were more likely to feel that being served in English at a CLSC was very important compared to their male counterparts (78.1%).
- Among English speakers, the 65+ age cohort (87.9%) displayed the highest tendency to feel that being served in English at a CLSC was very important while the 18-24 age cohort (66.9%) showed the lowest tendency.
- Among English speakers, those earning between $30,000 and $50,000 were the most likely to feel that being served in English at a CLSC was very important (87.7%) while those earning between $70,000 and $100,000 were the least likely (68.6%).

3.3 Language of Service from Info-Santé

Table 23 – Language of Service – Info-santé, by Region

Language of Service - Info Santé or Info Health line										
Region	served in English		offer of service in English or asked		important to have been served in English		served in French, requested English		served in French, English service important	
	yes	no	offered	asked	was very important	French was acceptable	yes	no	was very important	French was acceptable
03 Capitale-Nationale (n=70)	-	100.0%	-	-	-	-	10.3%	89.7%	35.7%	64.3%
04 Mauricie et Centre-du-Québec (n=48)	25.0%	75.0%	75.0%	25.0%	100.0%	-	-	100.0%	16.7%	83.3%
05 Estrie (n=293)	52.1%	47.9%	58.3%	41.7%	94.1%	5.9%	11.8%	88.2%	25.5%	74.5%
06.1 Montreal West (n=331)	85.1%	14.9%	81.7%	18.3%	94.2%	5.8%	57.5%	42.5%	75.8%	24.2%
06.2 Montreal Centre (n=529)	68.5%	31.5%	45.5%	54.5%	94.1%	5.9%	30.9%	69.1%	30.6%	69.4%
06.3 Montreal East (n=98)	43.3%	56.7%	73.3%	26.7%	92.8%	7.2%	24.2%	75.8%	26.5%	73.5%
07 Outaouais (n=204)	69.0%	31.0%	79.7%	20.3%	83.4%	16.6%	6.4%	93.6%	4.6%	95.4%
08 Abitibi-Témiscamingue (n=71)	54.2%	45.8%	53.8%	46.2%	92.3%	7.7%	-	100.0%	-	100.0%
09 Côte-Nord (n=47)	100.0%	-	45.5%	54.5%	100.0%	-	-	-	100.0%	-
11 Gaspésie – Îles-de-la-Madeleine (n=200)	61.9%	38.1%	65.4%	34.6%	92.3%	7.7%	18.8%	81.3%	37.5%	62.5%
13 Laval (n=270)	59.5%	40.5%	45.8%	54.2%	87.0%	13.0%	20.9%	79.1%	40.4%	59.6%
14 Lanaudière (n=81)	54.2%	45.8%	58.3%	41.7%	100.0%	-	18.2%	81.8%	18.2%	81.8%
15 Laurentides (n=157)	50.0%	50.0%	77.8%	22.2%	93.4%	6.6%	32.9%	67.1%	40.0%	60.0%
16 Montérégie (n=526)	62.5%	37.5%	57.3%	42.7%	82.6%	17.4%	20.1%	79.9%	28.2%	71.8%
Total (n=3014)	65.7%	34.3%	58.3%	41.7%	91.0%	9.0%	25.7%	74.3%	31.4%	68.6%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q17C1. Were you served in English by the person you spoke to at Info Santé or Info Health line?

- Among English-speaking respondents, 91% felt it was very important to receive service from Info-santé in English.
- In the English-speaking population, we observe that English speakers residing in the health regions of Mauricie et Centre-du-Québec (75%), Montreal East (56.7%) and Laurentides (50%) were the most likely to report they had not been served in English through Info-santé.
- We observe that English speakers in the health regions of Montreal West (57.5%), Laurentides (32.9%) and Montreal Centre (30.9%) were the most likely to report they were served through Info-santé in French despite requesting service in English.
- Among English-speaking respondents, we observe that English speakers living in the health regions of Montérégie (17.4%), Outaouais (16.6%) and Laval (13%) were the most likely to report they felt being served through Info- santé in French was acceptable.

Table 24 – Language of Service – Info-Santé

Language of Service - Info Santé or Info Health line											
Variable		served in English		offer of service in English or asked		important to have been served in English		served in French, requested service		served in French, would English service have	
		yes	no	offered	asked	was very important	French was acceptable	yes	no	was very important	French was acceptable
gender	Male	66.1%	33.9%	59.6%	40.4%	90.7%	9.3%	14.9%	85.1%	14.8%	85.2%
	Female	65.3%	34.7%	57.2%	42.8%	91.2%	8.8%	34.8%	65.2%	45.5%	54.5%
	Total	65.7%	34.3%	58.3%	41.7%	91.0%	9.0%	25.7%	74.3%	31.4%	68.6%
age	18-24 years	62.2%	37.8%	39.9%	60.1%	84.7%	15.3%	27.8%	72.2%	3.4%	96.6%
	25-44 years	63.5%	36.5%	54.9%	45.1%	91.4%	8.6%	24.8%	75.2%	28.9%	71.1%
	45-64 years	63.4%	36.6%	68.9%	31.1%	92.3%	7.7%	29.0%	71.0%	41.8%	58.2%
	65 years and over	82.2%	17.8%	57.0%	43.0%	91.3%	8.7%	16.2%	83.8%	32.4%	67.6%
	Total	65.7%	34.3%	58.3%	41.7%	91.2%	8.8%	25.8%	74.2%	31.5%	68.5%
household income	Less than $30k	82.1%	17.9%	49.0%	51.0%	91.7%	8.3%	21.5%	78.5%	36.7%	63.3%
	$30-70k	71.2%	28.8%	45.0%	55.0%	93.7%	6.3%	26.6%	73.4%	37.0%	63.0%
	$70-100k	47.4%	52.6%	76.6%	23.4%	88.3%	11.7%	24.4%	75.6%	19.0%	81.0%
	$100k and over	57.6%	42.4%	77.0%	23.0%	87.9%	12.1%	20.1%	79.9%	25.4%	74.6%
	Total	65.0%	35.0%	58.2%	41.8%	91.2%	8.8%	23.5%	76.5%	28.8%	71.2%
health status	Excellent	64.7%	35.3%	65.5%	34.5%	83.7%	16.3%	29.9%	70.1%	41.2%	58.8%
	Very Good	69.0%	31.0%	52.7%	47.3%	90.5%	9.5%	21.3%	78.7%	31.6%	68.4%
	Good	57.7%	42.3%	53.2%	46.8%	96.6%	3.4%	22.9%	77.1%	24.8%	75.2%
	Average	68.0%	32.0%	70.3%	29.7%	96.3%	3.7%	37.2%	62.8%	26.7%	73.3%
	Bad	76.8%	23.2%	48.2%	51.8%	100.0%	-	18.2%	81.8%	50.0%	50.0%
	Total	65.5%	34.5%	58.0%	42.0%	91.6%	8.4%	25.7%	74.3%	31.4%	68.6%
bilingual	Bilingual	59.0%	41.0%	60.9%	39.1%	87.5%	12.5%	22.4%	77.6%	28.4%	71.6%
	English only	92.6%	7.4%	51.2%	48.8%	100.0%	-	96.0%	4.0%	100.0%	-
	Total	65.7%	34.3%	58.3%	41.7%	91.0%	9.0%	25.7%	74.3%	31.4%	68.6%

Source: CHSSN/CROP Survey on Community Vitality, 2015.

Q17C1. Were you served in English by the person you spoke to at Info Santé or Info Health line?

- With respect to gender, English-speaking females (91.2%) and males (90.7%) were about equally likely to feel that being served in English through Info-santé or Info Health line was very important.
- English speakers aged 65 years or over were much more likely to have received service from Info-santé in English (82.2%) compared to other age groups.
- Among English speakers, the 45-64 age cohort (92.3%) displayed the highest tendency to feel that being served in English through Info-santé was very important while the 18-24 age cohort (84.7%) showed the lowest.
- Among English speakers, those earning between $30,000 and $50,000 displayed the highest tendency to feel that being served in English through Info-santé or Info Health line was very important (93.7%) while those earning between $70,000 and $100,000 showed the lowest tendency (87.9%).

3.4 Language of Service from Hospital Emergency Rooms or Out-patient Clinics

Table 25 – Language of Service – Hospital Emergency Room or Out-patient Clinic, by Region

Language of Service - hospital emergency room or out-patient clinic										
Region	served in English		offer of service in English or asked		important to have been served in English		served in French, requested English		served in French, English service important	
	yes	no	offered	asked	was very important	French was acceptable	yes	no	was very important	French was acceptable
03 Capitale-Nationale (n=70)	21.8%	78.2%	13.6%	86.4%	100.0%	-	8.9%	91.1%	29.4%	70.6%
04 Mauricie et Centre-du-Québec (n=48)	21.4%	78.6%	22.2%	77.8%	100.0%	-	21.2%	78.8%	27.3%	72.7%
05 Estrie (n=293)	48.5%	51.5%	70.1%	29.9%	87.8%	12.2%	26.7%	73.3%	44.7%	55.3%
06.1 Montreal West (n=331)	92.3%	7.7%	79.7%	20.3%	91.8%	8.2%	47.2%	52.8%	49.2%	50.8%
06.2 Montreal Centre (n=529)	83.4%	16.6%	80.3%	19.7%	87.0%	13.0%	30.7%	69.3%	37.1%	62.9%
06.3 Montreal East (n=98)	52.9%	47.1%	74.4%	25.6%	69.5%	30.5%	19.5%	80.5%	31.6%	68.4%
07 Outaouais (n=204)	77.0%	23.0%	81.5%	18.5%	83.1%	16.9%	28.2%	71.8%	46.5%	53.5%
08 Abitibi-Témiscamingue (n=71)	64.4%	35.6%	97.3%	2.7%	71.1%	28.9%	19.0%	81.0%	62.5%	37.5%
09 Côte-Nord (n=47)	84.8%	15.2%	100.0%	-	96.4%	3.6%	80.0%	20.0%	100.0%	-
11 Gaspésie – Îles-de-la-Madeleine (n=200)	58.8%	41.2%	77.5%	22.5%	92.1%	7.9%	9.5%	90.5%	59.4%	40.6%
13 Laval (n=270)	52.6%	47.4%	74.8%	25.2%	76.3%	23.7%	20.3%	79.7%	59.1%	40.9%
14 Lanaudière (n=81)	53.7%	46.3%	69.0%	31.0%	89.7%	10.3%	32.0%	68.0%	57.7%	42.3%
15 Laurentides (n=157)	61.5%	38.5%	78.4%	21.6%	93.4%	6.6%	21.6%	78.4%	42.4%	57.6%
16 Montérégie (n=526)	64.2%	35.8%	77.3%	22.7%	89.2%	10.8%	38.1%	61.9%	43.5%	56.5%
Total (n=3014)	74.0%	26.0%	78.8%	21.2%	86.7%	13.3%	27.8%	72.2%	43.7%	56.3%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q17D1. Were you served in English at the hospital emergency room or out-patient clinic?

- Among English-speaking survey respondents, 86.7% felt it was very important to have been served in English in a hospital emergency room or out-patient clinic.
- When regional communities are compared, we observe that English speakers residing in the health regions of Mauricie et Centre-du-Québec (78.6%), Capitale-Nationale (78.2%) and Estrie (51.5%) were the most likely to report they had not been served in English in an emergency room or out-patient clinic.
- In the English-speaking population, we observe that English speakers in the health regions of Côte-Nord (80%), Montreal West (47.2%) and Montérégie (38.1%) were the most likely to report they were served in an emergency room or out-patient clinic in French despite requesting service in English.
- We observe that English speakers in the health regions of Montreal East (30.5%), Abitibi-Témiscamingue (28.9%) and Laval (23.7%) were the most likely to report they felt being served in an emergency room or out-patient clinic in French was acceptable.

Table 26 – Language of Service – Hospital Emergency Room or Out-patient Clinics

Language of Service - hospital emergency room or out-patient clinic											
Variable		served in English		offer of service in English or asked		important to have been served in English		served in French, requested service		served in French, would English service have	
		yes	no	offered	asked	was very important	French was acceptable	yes	no	was very important	French was acceptable
gender	Male	73.8%	26.2%	81.4%	18.6%	83.6%	16.4%	23.3%	76.7%	33.6%	66.4%
	Female	74.1%	25.9%	76.4%	23.6%	89.6%	10.4%	31.9%	68.1%	52.9%	47.1%
	Total	74.0%	26.0%	78.8%	21.2%	86.7%	13.3%	27.8%	72.2%	43.7%	56.3%
age	18-24 years	68.2%	31.8%	74.6%	25.4%	94.4%	5.6%	23.7%	76.3%	29.6%	70.4%
	25-44 years	70.9%	29.1%	76.6%	23.4%	82.9%	17.1%	30.4%	69.6%	38.3%	61.7%
	45-64 years	73.3%	26.7%	78.5%	21.5%	87.1%	12.9%	25.6%	74.4%	50.4%	49.6%
	65 years and over	85.0%	15.0%	84.4%	15.6%	89.9%	10.1%	32.4%	67.6%	51.9%	48.1%
	Total	74.0%	26.0%	78.6%	21.4%	86.7%	13.3%	28.0%	72.0%	43.5%	56.5%
household income	Less than $30k	83.7%	16.3%	73.4%	26.6%	90.6%	9.4%	48.8%	51.2%	75.8%	24.2%
	$30-70k	73.9%	26.1%	79.6%	20.4%	90.9%	9.1%	26.0%	74.0%	37.6%	62.4%
	$70-100k	66.6%	33.4%	79.8%	20.2%	76.0%	24.0%	22.6%	77.4%	36.7%	63.3%
	$100k and over	68.6%	31.4%	81.1%	18.9%	80.9%	19.1%	21.2%	78.8%	46.0%	54.0%
	Total	72.8%	27.2%	78.9%	21.1%	86.2%	13.8%	25.9%	74.1%	44.0%	56.0%
health status	Excellent	71.5%	28.5%	81.2%	18.8%	80.7%	19.3%	28.5%	71.5%	39.2%	60.8%
	Very Good	72.1%	27.9%	80.5%	19.5%	86.2%	13.8%	25.0%	75.0%	44.2%	55.8%
	Good	73.5%	26.5%	78.3%	21.7%	89.8%	10.2%	24.1%	75.9%	38.7%	61.3%
	Average	82.8%	17.2%	73.4%	26.6%	91.0%	9.0%	36.8%	63.2%	61.3%	38.7%
	Bad	71.5%	28.5%	74.0%	26.0%	92.1%	7.9%	48.0%	52.0%	55.4%	44.6%
	Total	73.9%	26.1%	78.7%	21.3%	86.8%	13.2%	27.9%	72.1%	44.0%	56.0%
bilingual	Bilingual	69.8%	30.2%	79.4%	20.6%	82.5%	17.5%	21.8%	78.2%	39.9%	60.1%
	English only	86.9%	13.1%	77.3%	22.7%	97.4%	2.6%	70.9%	29.1%	70.0%	30.0%
	Total	74.0%	26.0%	78.8%	21.2%	86.7%	13.3%	27.8%	72.2%	43.7%	56.3%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q17D1. Were you served in English at the hospital emergency room or out-patient clinic?

- With respect to gender, English-speaking females (89.6%) displayed a higher tendency to feel that being served in English at a hospital emergency room or out-patient clinic was very important compared to their male counterparts (83.6%).
- Among English speakers, the 18-24 age-group (68.2%) was the least likely to report being served in English at a hospital emergency room or out-patient clinic and the 65 and over age-group (85%) was the most likely.
- English speakers earning between $30,000 and $50,000 displayed the highest tendency to feel that being served in English at a hospital emergency room or out-patient clinic was very important (90.9%) while those earning between $50,000 and $70,000 showed the lowest (76%).
- Bilingual English speakers were much less likely to have received service in English (69.8%) at a hospital emergency or out-patient clinic compared to respondents who speak English only (86.9%).

3.5 Language of Service during an Overnight Hospital Stay

Table 27 – Language of Service – Hospital Overnight Stay, by Region [6]

Language of Service - hospital for overnight stay										
Region	served in English		offer of service in English or asked for service		important to have been served in English		served in French, requested English		served in French, English service important	
	yes	no	offered	asked	was very important	French was acceptable	yes	no	was very important	French was acceptable
03 Capitale-Nationale (n=70)	21.2%	78.8%	-	100.0%	100.0%	-	-	100.0%	16.7%	83.3%
04 Mauricie et Centre-du-Québec (n=48)	31.6%	68.4%	83.3%	16.7%	83.3%	16.7%	-	100.0%	-	100.0%
05 Estrie (n=293)	48.4%	51.6%	80.8%	19.2%	82.2%	17.8%	32.1%	67.9%	41.4%	58.6%
06.1 Montreal West (n=331)	81.9%	18.1%	76.8%	23.2%	95.1%	4.9%	68.7%	31.3%	77.4%	22.6%
06.2 Montreal Centre (n=529)	82.2%	17.8%	73.6%	26.4%	91.3%	8.7%	53.5%	46.5%	56.8%	43.2%
06.3 Montreal East (n=98)	34.2%	65.8%	59.1%	40.9%	54.5%	45.5%	19.6%	80.4%	35.3%	64.7%
07 Outaouais (n=204)	70.2%	29.8%	65.9%	34.1%	97.1%	2.9%	5.7%	94.3%	38.3%	61.7%
08 Abitibi-Témiscamingue (n=71)	30.0%	70.0%	66.7%	33.3%	83.3%	16.7%	28.6%	71.4%	25.9%	74.1%
09 Côte-Nord (n=47)	100.0%	-	73.1%	26.9%	92.3%	7.7%	-	-	-	-
11 Gaspésie – Îles-de-la-Madeleine (n=200)	82.1%	17.9%	85.5%	14.5%	74.5%	25.5%	41.7%	58.3%	61.5%	38.5%
13 Laval (n=270)	64.3%	35.7%	68.0%	32.0%	76.5%	23.5%	23.5%	76.5%	68.2%	31.8%
14 Lanaudière (n=81)	44.8%	55.2%	76.9%	23.1%	61.5%	38.5%	18.8%	81.3%	18.8%	81.3%
15 Laurentides (n=157)	59.4%	40.6%	73.3%	26.7%	84.8%	15.2%	26.9%	73.1%	50.0%	50.0%
16 Montérégie (n=526)	74.7%	25.3%	76.0%	24.0%	91.5%	8.5%	54.9%	45.1%	76.7%	23.3%
Total (n=3014)	73.5%	26.5%	72.7%	27.3%	89.7%	10.3%	37.8%	62.2%	54.6%	45.4%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q17E1. Were you served in English at the hospital when you stayed overnight for at least one night?

[6] In this series of questions, the number of respondents diminishes with each question asked in the cascade.

- Overall, 73.5% of English speaking survey respondents used English while being served at the hospital for an overnight stay. Some 89.7% of English speaking survey respondents felt it was very important to be served in English at the hospital during an overnight stay.
- In the English-speaking population, we observe that English speakers living in the health regions of Montreal East (40.9%), Outaouais (34.1%) and Abitibi-Témiscamingue (33.3%) were the most likely to report they had not been served in English during an overnight stay at a hospital.
- We observe that English speakers in the health regions of Montreal West (68.7%), Montérégie (54.9%) and Montreal Centre (53.5%) were the most likely to report they were served in French during an overnight stay at a hospital despite requesting service in English.
- In the English-speaking population, we observe that English speakers in the health regions of Montreal East (45.5%), Lanaudière (38.5%) and Gaspésie – Îles-de-la-Madeleine (25.5%) were the most likely to report they felt being served in French during an overnight stay at a hospital was acceptable.

Table 28 – Language of Service – Overnight Hospital Stay

Language of Service - hospital for overnight stay											
Variable		served in English		offer of service in English or asked for		important to have been served in English		served in French, requested service		served in French, would English service have	
		yes	no	offered	asked	was very important	French was acceptable	yes	no	was very important	French was acceptable
gender	Male	74.9%	26.3%	73.7%	26.3%	84.7%	15.3%	44.9%	55.1%	52.0%	48.0%
	Female	72.2%	28.1%	71.9%	28.1%	94.1%	5.9%	32.4%	67.6%	56.7%	43.3%
	Total	73.5%	27.3%	72.7%	27.3%	89.7%	10.3%	37.8%	62.2%	54.6%	45.4%
age	18-24 years	56.6%	22.2%	77.8%	22.2%	100.0%	-	65.3%	34.7%	70.5%	29.5%
	25-44 years	72.4%	44.2%	55.8%	44.2%	88.7%	11.3%	46.8%	53.2%	54.1%	45.9%
	45-64 years	71.5%	15.6%	84.4%	15.6%	90.9%	9.1%	24.6%	75.4%	48.2%	51.8%
	65 years and over	82.9%	19.5%	80.5%	19.5%	89.1%	10.9%	37.7%	62.3%	66.5%	33.5%
	Total	73.3%	27.4%	72.6%	27.4%	90.1%	9.9%	38.1%	61.9%	54.7%	45.3%
household income	Less than $30k	79.2%	32.7%	67.3%	32.7%	93.9%	6.1%	50.0%	50.0%	87.9%	12.1%
	$30-70k	73.0%	24.3%	75.7%	24.3%	91.8%	8.2%	31.5%	68.5%	45.5%	54.5%
	$70-100k	63.6%	29.0%	71.0%	29.0%	75.1%	24.9%	45.5%	54.5%	49.8%	50.2%
	$100k and over	71.5%	24.6%	75.4%	24.6%	89.4%	10.6%	30.5%	69.5%	46.5%	53.5%
	Total	72.2%	26.6%	73.4%	26.6%	89.3%	10.7%	36.3%	63.7%	52.5%	47.5%
health status	Excellent	70.5%	19.1%	80.9%	19.1%	85.0%	15.0%	59.0%	41.0%	80.6%	19.4%
	Very Good	76.6%	31.4%	68.6%	31.4%	92.6%	7.4%	25.0%	75.0%	37.5%	62.5%
	Good	71.1%	31.0%	69.0%	31.0%	95.1%	4.9%	27.9%	72.1%	44.7%	55.3%
	Average	73.6%	29.8%	70.2%	29.8%	83.2%	16.8%	47.3%	52.7%	74.8%	25.2%
	Bad	67.8%	4.6%	95.4%	4.6%	86.1%	13.9%	51.1%	48.9%	68.5%	31.5%
	Total	73.2%	27.6%	72.4%	27.6%	90.0%	10.0%	37.8%	62.2%	54.9%	45.1%
bilingual	Bilingual	69.7%	22.8%	77.2%	22.8%	86.9%	13.1%	31.1%	68.9%	50.8%	49.2%
	English only	86.0%	39.8%	60.2%	39.8%	97.3%	2.7%	87.3%	12.7%	74.3%	25.7%
	Total	73.5%	27.3%	72.7%	27.3%	89.7%	10.3%	37.8%	62.2%	54.6%	45.4%

Source: CHSSN/CROP Survey on Community Vitality, 2015.

Q17E1. Were you served in English at the hospital when you stayed overnight for at least one night?

- With respect to gender, English-speaking females (5.9%) were much less likely than males (15.3%) to report that service in French was acceptable during an overnight stay at a hospital.
- When age groups are compared, the 65+ age-group (82.9%) were the most likely to have been served in English during an overnight stay at a hospital. Only 56.6% of respondents 18-24 were served in English despite 100% indicating that they felt being served in English was very important.
- Among English speakers, those earning less than $30,000 displayed the highest tendency to feel that being served in English during an overnight stay at a hospital was very important (93.9%) while those earning between $50,000 and $70,000 displayed the lowest tendency (75.1%).

3.6 Comfortable Requesting Services in English

Table 29 – Comfortable Requesting Services in English

population characteristic	Comfortable with Requesting Services in English at a Public HSS Institution			Reason for lack of comfort requesting services in English at a Public Health and Social Services Institution							
	yes	no	not important	shy to ask	fear answer will be no	request imposes burden	delay may occur	staff is Franco.	staff attitude (racism)	better served in French	I am bilingual
male (225)	78.4%	19.0%	2.7%	20.3%	21.7%	35.8%	43.1%	6.8%	9.1%	5.0%	4.8%
female (265)	74.9%	21.1%	4.0%	21.7%	33.0%	41.2%	38.7%	7.2%	5.6%	4.3%	4.5%
Total (489)	76.6%	20.1%	3.4%	21.1%	27.9%	38.8%	40.7%	7.0%	7.2%	4.6%	4.6%
18-24 years (41)	82.4%	17.4%	0.2%	3.7%	56.1%	56.1%	51.2%	-	3.4%	-	-
25-44 years (186)	75.7%	21.0%	3.3%	22.4%	22.8%	34.6%	45.5%	6.4%	10.8%	10.8%	7.8%
45-64 years (207)	73.0%	23.3%	3.7%	21.2%	28.1%	41.4%	36.8%	9.4%	5.1%	1.0%	3.3%
65 years and over (50)	83.8%	12.2%	4.0%	33.0%	21.6%	29.7%	32.4%	6.8%	5.8%	1.2%	2.7%
Total (483)	76.7%	20.0%	3.3%	21.4%	27.8%	38.8%	41.0%	7.1%	7.2%	4.7%	4.7%
less than $30k (55)	81.2%	17.1%	1.7%	38.5%	39.4%	56.0%	53.5%	7.1%	1.6%	0.2%	4.0%
$30-70k (151)	75.7%	19.5%	4.8%	27.5%	26.2%	35.3%	35.0%	6.4%	12.1%	3.1%	6.6%
$70-100k (81)	70.6%	25.7%	3.8%	18.4%	28.8%	37.5%	37.5%	4.2%	4.4%	5.5%	2.5%
$100k and over (141)	73.9%	23.8%	2.3%	12.0%	25.3%	42.8%	47.3%	10.1%	6.9%	6.2%	5.5%
Total (428)	75.3%	21.3%	3.4%	22.0%	28.1%	41.0%	42.0%	7.3%	7.5%	4.2%	5.1%
very good / excellent (298)	77.2%	19.6%	3.2%	16.3%	29.3%	38.3%	40.0%	7.7%	8.1%	3.5%	5.4%
good (107)	74.4%	21.3%	4.3%	24.5%	22.3%	37.8%	42.1%	7.0%	7.5%	6.5%	2.6%
average / bad (84)	77.3%	20.5%	2.2%	34.5%	29.9%	41.9%	41.7%	4.6%	2.8%	6.4%	4.3%
Total (489)	76.6%	20.1%	3.3%	21.1%	27.9%	38.8%	40.7%	7.1%	7.1%	4.6%	4.6%
bilingual (411)	74.2%	22.2%	3.6%	16.8%	24.4%	38.4%	39.1%	7.8%	8.1%	5.3%	5.4%
unilingual English (78)	84.2%	13.3%	2.6%	45.9%	48.1%	40.1%	49.9%	2.9%	2.1%	0.8%	-
Total (489)	76.6%	20.1%	3.4%	21.1%	27.9%	38.8%	40.7%	7.0%	7.2%	4.6%	4.6%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q21. Now... When you require the service of a public health or social services institution, do you feel comfortable asking for the service in English?
Q22. When you are not comfortable asking for the service in English, is it because …
Note: The number in brackets indicates the count of respondents who answered no to question 21.

- Just over 1 in 5 (20.1%) of respondents stated that they were not comfortable asking for health and social services from a public institution in English.
- Across age groups, those in the 45-64 cohort were most likely to state that they were not comfortable.
- With respect to income groups, those in the $70-100k were most likely to feel comfortable.
- Bilingual persons were more likely than their unilingual counterparts to express discomfort.

In terms of reasons for their lack of comfort, the most common responses were:

Delay may occur (40.7%)

Request may impose burden (38.8%)

Fear answer will be no (27.9%)

Shy to ask (21.1%)

Staff attitude … racism (7.2%)

Staff is francophone (7%)

4 "Out of Region" Services

Table 30 – Use of "Out of Region" Services and Destination

Use and Destination for Out-of-Region Services							
region	used services outside health region of residence	outside Quebec, in another Canadian province or territory	outside Canada	Montreal (Ville)	Quebec (Ville)	Estrie	Bas-Saint-Laurent
03 Capitale-Nationale (n=70)	20.6%	57.1%	14.3%	-	28.6%	-	-
04 Mauricie et Centre-du-Québec (n=48)	14.3%	-	14.3%	14.3%	14.3%	28.6%	-
05 Estrie (n=293)	9.7%	11.8%	-	23.5%	5.9%	35.3%	-
06.1 Montreal West (n=331)	8.5%	13.8%	10.3%	55.2%	-	-	-
06.2 Montreal Centre (n=529)	6.2%	23.1%	7.7%	46.2%	-	-	-
06.3 Montreal East (n=98)	1.4%	-	-	-	-	-	-
07 Outaouais (n=204)	43.6%	77.6%	1.3%	7.9%	2.6%	1.3%	-
08 Abitibi-Témiscamingue (n=71)	36.3%	76.9%	3.8%	7.7%	-	-	-
09 Côte-Nord (n=47)	31.7%	7.7%	-	15.4%	15.4%	-	-
11 Gaspésie – Îles-de-la-Madeleine (n=200)	25.1%	35.4%	-	2.1%	20.8%	6.3%	20.8%
13 Laval (n=270)	22.3%	4.1%	1.4%	87.8%	2.7%	1.4%	-
14 Lanaudière (n=81)	33.8%	5.3%	-	89.5%	-	-	-
15 Laurentides (n=157)	36.4%	37.0%	-	53.7%	-	1.9%	-
16 Montérégie (n=526)	23.4%	36.7%	2.3%	50.0%	2.3%	3.1%	-
Total (n=3014)	14.0%	33.5%	2.4%	41.5%	4.5%	4.4%	1.9%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q16F. Within the last twelve months, have you used (either for yourself or to help another person), health and social services from a public institutions (CLSC, hospital, long-term care facility) in ANOTHER REGION?
q16h. Where did you go to receive those services?

- The city of Montreal is the most frequent destination among those using out- of- region services (41.5%) followed by services in another province or territory (33.5%).
- In terms of the type of service settings in which out-of-region services were provided, hospitals (141), emergency rooms (66) and GP/family doctor (44) were mentioned most often.
- Among specialized services that were mentioned by respondents, surgery (61), oncology (22), radiology (18), cardiology (9), pediatrics (7) and obstetrics (7) were mentioned most frequently.

Table 31 – Use of "Out of Region" Services and Destination, by Population Characteristic

Use and Destination for Out-of-Region Services								
population characteristic		**used services outside health region of residence**	**outside Quebec, in another Canadian province or territory**	**outside Canada**	**Montreal (Ville)**	**Quebec (Ville)**	**Estrie**	**Bas-Saint-Laurent**
gender	male	10.7%	37.9%	1.6%	35.3%	7.4%	4.7%	1.6%
	female	17.0%	31.3%	2.9%	44.6%	3.1%	4.2%	2.1%
	Total	14.0%	33.5%	2.4%	41.5%	4.5%	4.4%	1.9%
age	18-24 years	6.5%	-	-	-	-	-	-
	25-44 years	13.0%	35.4%	2.1%	43.8%	3.1%	2.1%	2.1%
	45-64 years	15.7%	32.1%	2.5%	43.9%	4.6%	2.9%	1.1%
	65 years and over	15.9%	33.3%	2.7%	38.2%	5.4%	7.5%	3.2%
	Total	13.9%	33.2%	2.5%	41.8%	4.6%	4.4%	1.9%
household income	Less than $30k	11.0%	32.9%	-	32.9%	7.1%	5.7%	2.9%
	$30-70k	12.4%	35.6%	2.8%	36.7%	5.6%	6.2%	2.8%
	$70-100k	13.9%	30.7%	3.4%	46.6%	3.4%	4.5%	1.1%
	$100k and over	18.1%	32.3%	3.8%	49.6%	2.3%	1.5%	0.8%
	Total	14.1%	33.3%	2.8%	41.7%	4.5%	4.5%	1.9%
health status	excellent	15.8%	37.0%	5.5%	41.7%	1.6%	4.7%	1.6%
	very good	12.6%	32.2%	2.5%	42.6%	3.5%	4.0%	2.0%
	good	15.4%	33.3%	0.7%	44.4%	5.2%	3.0%	-
	average	12.2%	28.9%	-	35.5%	10.5%	7.9%	5.3%
	bad	16.4%	40.6%	3.1%	37.5%	6.3%	-	3.1%
	Total	14.0%	33.6%	2.4%	41.6%	4.5%	4.2%	1.9%
bilingual	Bilingual	13.9%	29.9%	2.4%	46.6%	4.4%	4.1%	1.9%
	English only	14.1%	42.9%	2.5%	28.6%	5.0%	5.0%	1.9%
	Total	14.0%	33.5%	2.4%	41.5%	4.5%	4.4%	1.9%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q16F. Within the last twelve months, have you used (either for yourself or to help another person), health and social services from a public institutions (CLSC, hospital, long-term care facility) in ANOTHER REGION?
q16h. Where did you go to receive those services?

- English-speaking male respondents were more likely to go out of the province when using out of region serves (37.9%) compared to females (31.3%). English-speaking females were more likely to report Montreal as a destination for out- of -region services (44.6%) than males (35.3%).
- English speakers who use English only are much more likely to go outside the province when using out- of- region services (42.9%) than bilingual English speakers (29.9%). Bilingual English speakers are more likely to treat the city of Montreal as a destination for out-of-region services (46.6%) compared to unilingual English speakers (28.6%).
- With respect to health status, English-speaking respondents reporting bad health were the group most likely to go outside the province when using out-of-region services (40.6%).

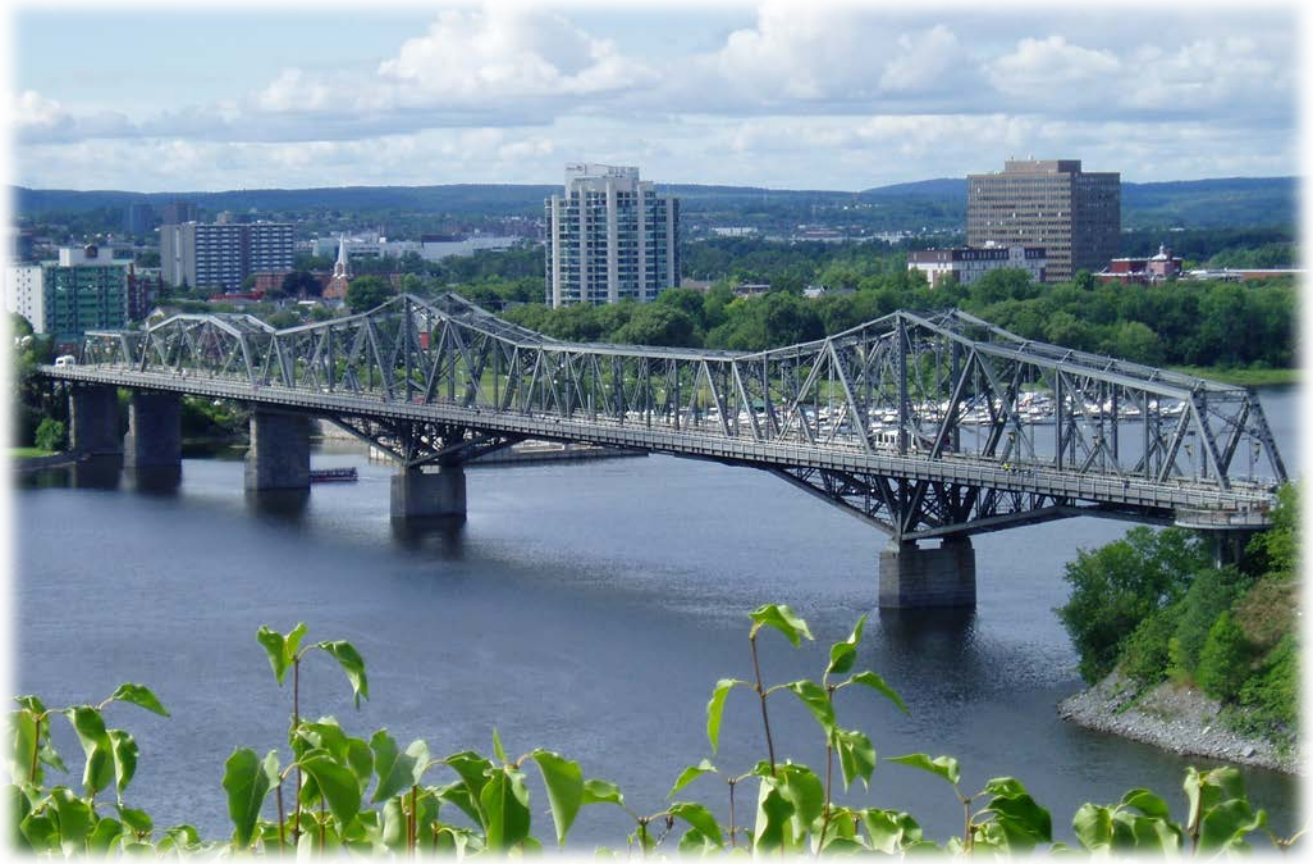


Table 32 – Reason for Using Out of Region Services

Motivation for Using Out-of-Region Services											
region	services do not exist in my region	medical referral	service unavailable in English in my region	I was in the area at the time travel / business	regular doctor is in the region	quality of services /better services	Specialized doctor in the region	Less waiting / Faster service	Availability / No doctor available in my area / No services	Location : Proximity / Close by	Emergency / Accident
06.2 Montreal Centre (n=33)	-	2.6%	15.8%	7.9%	5.3%	5.3%	-	13.2%	5.3%	15.8%	10.5%
07 Outaouais (n=89)	5.3%	6.7%	8.0%	2.7%	9.3%	12.0%	8.0%	10.7%	33.3%	4.0%	4.0%
11 Gaspésie – Îles-de-la-Madeleine (n=50)	17.4%	4.3%	4.3%	4.3%	6.5%	2.2%	8.7%	2.2%	32.6%	10.9%	6.5%
13 Laval (n=60)	1.4%	8.1%	33.8%	2.7%	14.9%	13.5%	4.1%	5.4%	6.8%	2.7%	2.7%
15 Laurentides (n=57)	5.7%	1.9%	11.3%	5.7%	26.4%	3.8%	9.4%	9.4%	18.9%	11.3%	7.5%
16 Montérégie (n=123)	4.6%	3.8%	16.2%	6.9%	7.7%	11.5%	6.9%	16.2%	11.5%	10.8%	6.2%
Total (n=421)	7.1%	5.5%	15.1%	5.7%	10.3%	8.5%	6.9%	9.8%	17.2%	8.7%	5.9%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
q16i. What were the most important factors that motivated you to use services in another region?

- The table above displays the most frequently reported factors that motivated an individual to use services in another region. These vary widely by region.

Table 33 – Reason for Using Out of Region Services, by Population Characteristic

Motivation for Using Out-of-Region Services												
variable		services do not exist in my region	medical referral	service unavailable in English in my region	I was in the area at the time travel / business	regular doctor is in the region	quality of services /better services	Specialized doctor in the region	Less waiting / Faster service	Availability / No doctor available in my area / No services	Location : Proximity / Close by	Emergency / Accident
gender	Male	6.5%	3.8%	12.4%	5.9%	12.4%	8.6%	3.8%	14.0%	15.6%	9.7%	4.8%
	Female	7.4%	6.4%	16.4%	5.6%	9.3%	8.5%	8.5%	7.7%	18.0%	8.2%	6.4%
	Total	7.1%	5.5%	15.1%	5.7%	10.3%	8.5%	6.9%	9.8%	17.2%	8.7%	5.9%
age	18-24 years	-	-	20.0%	40.0%	-	-	-	-	-	-	20.0%
	25-44 years	9.2%	6.1%	15.3%	7.1%	6.1%	12.2%	8.2%	11.2%	12.2%	4.1%	3.1%
	45-64 years	6.9%	4.0%	19.0%	4.0%	9.5%	8.8%	6.6%	9.1%	18.6%	9.9%	7.3%
	65 years and over	6.7%	7.8%	9.4%	6.7%	13.9%	6.7%	7.2%	10.6%	17.8%	9.4%	5.0%
	Total	7.2%	5.6%	15.3%	5.7%	10.2%	8.6%	7.0%	9.9%	17.1%	8.6%	5.9%
household income	Less than $30k	13.4%	10.4%	14.9%	3.0%	9.0%	1.5%	7.5%	6.0%	14.9%	14.9%	4.5%
	$30-70k	9.1%	2.8%	13.6%	4.5%	10.8%	11.4%	6.8%	7.4%	20.5%	7.4%	5.7%
	$70-100k	6.8%	6.8%	18.2%	3.4%	8.0%	9.1%	4.5%	14.8%	17.0%	3.4%	9.1%
	$100k and over	2.4%	3.9%	15.7%	11.0%	11.0%	10.2%	6.3%	12.6%	15.0%	7.9%	6.3%
	Total	7.4%	5.0%	15.3%	5.9%	10.0%	9.2%	6.3%	10.0%	17.5%	7.9%	6.3%
health status	Excellent	1.6%	4.8%	15.3%	8.9%	11.3%	12.1%	7.3%	13.7%	14.5%	8.1%	5.6%
	Very Good	6.1%	5.1%	13.7%	6.1%	12.7%	8.1%	5.1%	9.1%	19.3%	8.1%	6.6%
	Good	6.8%	6.8%	15.0%	3.8%	7.5%	6.8%	8.3%	9.8%	20.3%	9.8%	6.0%
	Average	17.1%	5.3%	13.2%	3.9%	9.2%	9.2%	6.6%	5.3%	11.8%	7.9%	5.3%
	Bad	9.4%	6.3%	28.1%	3.1%	6.3%	3.1%	12.5%	9.4%	15.6%	12.5%	3.1%
	Total	6.9%	5.5%	15.1%	5.7%	10.3%	8.5%	6.9%	9.8%	17.3%	8.7%	5.9%
bilingual	Bilingual	5.7%	5.4%	14.3%	5.7%	11.8%	9.1%	6.4%	10.6%	15.0%	7.6%	6.4%
	English only	10.8%	5.7%	17.2%	5.7%	6.4%	7.0%	8.3%	7.6%	22.9%	11.5%	4.5%
	Total	7.1%	5.5%	15.1%	5.7%	10.3%	8.5%	6.9%	9.8%	17.2%	8.7%	5.9%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
q16i. What were the most important factors that motivated you to use services in another region?

- English-speaking women were somewhat more likely than men to report using out-of-region services in order to have access to service in English (16.4% compared to 12.4%). English-speaking males were more likely than women to go out-of-region in order to reduce waiting time (14% compared to 7.7%)
- Among age groups, English speakers 45-64 years of age were the most likely group to report going out-of-region in order to receive services in English (19%).
- With respect to health status, English-speaking respondents with bad health were much more likely (28.1%) than those with higher health levels to report using out-of-region services in order to receive service in English.

5 Assistance in Communicating while Accessing Service from Public Institutions

5.1 Received Assistance in Communication with a Public Service Provider

Table 34 – Was Assisted in Communication with a Public Service Provider, by Region

Used Assistance to Communicate with a Service Provider		
Region	**Yes**	**No**
03 Capitale-Nationale (n=70)	14.5%	85.5%
04 Mauricie et Centre-du-Québec (n=48)	12.5%	87.5%
05 Estrie (n=293)	19.2%	80.8%
06.1 Montreal West (n=331)	10.0%	90.0%
06.2 Montreal Centre (n=529)	10.6%	89.4%
06.3 Montreal East (n=98)	10.2%	89.8%
07 Outaouais (n=204)	17.6%	82.4%
08 Abitibi-Témiscamingue (n=71)	21.1%	78.9%
09 Côte-Nord (n=47)	21.3%	78.7%
11 Gaspésie – Îles-de-la-Madeleine (n=200)	21.1%	78.9%
13 Laval (n=270)	13.1%	86.9%
14 Lanaudière (n=81)	23.5%	76.5%
15 Laurentides (n=157)	17.3%	82.7%
16 Montérégie (n=526)	17.0%	83.0%
Total (n=3014)	15.3%	84.7%
Source: CHSSN/CROP Survey on Community Vitality, 2015. *Q22A. In the last 2 years, did you use the assistance of another person in order to communicate with a service provider within a health and social service institution (hospitals, CLSCs, long-term care facilities)?*		

- Among English-speaking respondents in Quebec, 15.3% reported that they used the assistance of another person to communicate with a service provider.
- Across Quebec, we observe that English speakers in the health regions of Lanaudière (23.5%), Côte-Nord (21.3%), Abitibi-Témiscamingue (21.1%) and Gaspésie-Iles-de-la-Madeleine (21.1%) were the most likely to report that they used the assistance of another person to communicate with a service provider.

Table 35 – Was Assisted in Communication with a Public Service Provider

Used Assistance to Communicate with a Service Provider			
Variable		***Yes***	***No***
gender	Male	13.3%	86.7%
	Female	16.6%	83.4%
	Total	15.3%	84.7%
age	18-24 years	20.6%	79.4%
	25-44 years	16.2%	83.8%
	45-64 years	14.3%	85.7%
	65 years and over	16.3%	83.7%
	Total	15.4%	84.6%
household income	Less than $30k	20.5%	79.5%
	$30-70k	15.4%	84.6%
	$70-100k	14.5%	85.5%
	$100k and over	11.8%	88.2%
	Total	15.3%	84.7%
health status	Excellent	11.1%	88.9%
	Very Good	13.2%	86.8%
	Good	16.5%	83.5%
	Average	22.6%	77.4%
	Bad	28.9%	71.1%
	Total	15.3%	84.7%
bilingual	Bilingual	10.6%	89.4%
	English only	27.7%	72.3%
	Total	15.3%	84.7%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q22A. In the last 2 years, did you use the assistance of another person in order to communicate with a service provider within a health and social service institution (hospitals, CLSCs, long-term care facilities)?

- With respect to gender, English-speaking females (16.6%) showed a higher tendency to report using the assistance of another person to communicate with a service provider when compared to males (13.3%).
- Among English speakers, the 18-24 age-group (20.6%) were the most likely to report that they used the assistance of another person to communicate with a service provider while the 45-64 age-group (14.3%) were the least likely.
- English speakers earning less than $30,000 were the most likely to report that they used the assistance of another person to communicate with a service provider (20.5%) while those earning $100,000 and over were the least likely (11.8%).

- Bilingual English speakers were much less likely to use assistance to communicate with a service provider (10.6%) than those who use English-only (27.7%).

5.2 Source of Assistance in Communicating

Table 36 – Source of Communication Assistance, by Region

Source of Assistance to Communicate with a Service Provider						
Region	professional interpreter	friend	family member	employee of the institution	community volunteer	other
05 Estrie (n=56)	3.6%	19.6%	75.0%	7.1%	1.8%	-
06.1 Montreal West (n=33)	6.1%	21.2%	60.6%	12.1%	3.0%	6.1%
06.2 Montreal Centre (n=56)	7.1%	30.4%	48.2%	16.1%	5.4%	3.6%
07 Outaouais (n=36)	-	25.0%	47.2%	25.0%	2.8%	8.3%
11 Gaspésie – Îles-de-la-Madeleine (n=42)	7.1%	31.0%	47.6%	9.5%	7.1%	2.4%
13 Laval (n=35)	5.7%	14.3%	71.4%	14.3%	5.7%	2.9%
16 Montérégie (n=89)	6.7%	24.7%	57.3%	14.6%	4.5%	3.4%
Total (n=462)	5.4%	24.3%	58.3%	14.8%	4.1%	3.9%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
q22b. If yes, who provided the assistance you needed when you used the public health and social services?

- Overall, the majority of English-speaking respondents (58.3%) rely on family members for assistance in communicating with public health and social service providers.

Assistance from a Professional Interpreter

- Among English-speaking respondents in Quebec, 5.4% reported that they had received assistance from a professional interpreter when using public health and social services.
- Across Quebec, we observe that, of English speakers who had drawn on the assistance of a professional interpreter in accessing public health and social services, the highest rates were reported in the health regions of Laurentides (7.4%), and Montreal Centre (7.1%).

Assistance from a Friend

- Among English-speaking respondents in Quebec, 24.3% reported that they had received assistance from a friend when using public health and social services.
- Across Quebec, we observe that, of English speakers who had drawn on the assistance of a friend in accessing public health and social services, the highest rates were reported in the health regions of Côte-Nord (50%), Abitibi-Témiscamingue (33.3%) and Gaspésie – Îles-de-la-Madeleine (31%).

Assistance from a family member

- Among English-speaking respondents in Quebec, 58.3% reported that they had received assistance from a family member when using public health and social services.
- Across Quebec, we observe that, of English speakers who had drawn on the assistance of a family member in accessing public health and social services, the highest rates were reported in the health regions of Capitale-Nationale (90%), Mauricie et Centre-du-Québec (83.3%) and Estrie (75%).

Assistance from an employee of the institution

- Among English-speaking respondents in Quebec, 14.8% reported that they had received assistance from an employee of the institution when using public health and social services.
- Across Quebec, we observe that, of English speakers who had drawn on the assistance of an employee of the institution in accessing public health and social services, the highest rates were reported in the health regions of Côte-Nord (40%), Abitibi-Témiscamingue (26.7%) and Outaouais (25%).

Assistance from a community volunteer

- Among English-speaking respondents in Quebec, 4.1% reported that they had received assistance from a community volunteer when using public health and social services.
- Across Quebec, we observe that, of English speakers who had drawn on the assistance of a community volunteer in accessing public health and social services, the highest rates were reported in the health regions of Côte-Nord (10%), Montreal East (10%) and Gaspésie – Îles-de-la-Madeleine (7.1%).

Table 37 – Source of Communication Assistance

Source of Assistance to Communicate with a Service Provider							
Variable		***professional interpreter***	***friend***	***family member***	***employee of the institution***	***community volunteer***	***other***
gender	Male	5.1%	19.1%	62.4%	12.1%	6.4%	3.8%
	Female	5.6%	27.1%	56.1%	16.2%	3.0%	4.0%
	Total	5.4%	24.3%	58.3%	14.8%	4.1%	3.9%
age	18-24 years	7.1%	57.1%	35.7%	14.3%	7.1%	0.0%
	25-44 years	2.4%	25.3%	53.0%	12.0%	3.6%	7.2%
	45-64 years	5.8%	21.7%	59.9%	16.9%	2.9%	3.4%
	65 years and over	6.5%	24.5%	60.6%	13.5%	5.8%	3.2%
	Total	5.4%	24.4%	58.2%	14.8%	4.1%	3.9%
household income	Less than $30k	7.3%	29.2%	60.4%	13.5%	5.2%	4.2%
	$30-70k	3.9%	27.9%	50.0%	22.7%	1.9%	2.6%
	$70-100k	3.4%	15.5%	75.9%	1.7%	3.4%	3.4%
	$100k and over	4.2%	18.3%	60.6%	12.7%	4.2%	2.8%
	Total	4.7%	24.5%	58.6%	15.3%	3.4%	3.2%
health status	Excellent	5.3%	22.4%	61.8%	13.2%	1.3%	6.6%
	Very Good	5.3%	23.3%	58.0%	14.7%	2.7%	2.7%
	Good	5.8%	33.7%	59.6%	12.5%	9.6%	1.9%
	Average	5.4%	19.4%	52.7%	20.4%	3.2%	5.4%
	Bad	3.0%	21.2%	63.6%	12.1%	3.0%	3.0%
	Total	5.3%	24.6%	58.3%	14.9%	4.2%	3.7%
bilingual	Bilingual	6.9%	16.9%	61.9%	11.7%	3.9%	5.2%
	English only	3.9%	31.9%	54.6%	17.9%	4.4%	2.6%
	Total	5.4%	24.3%	58.3%	14.8%	4.1%	3.9%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
q22b. If yes, who provided the assistance you needed when you used the public health and social services?

Assistance from a professional interpreter

- With respect to gender, English-speaking females (5.6%) were more likely to report that they used the assistance of a professional interpreter to communicate with a service provider than their male counterparts (5.1%).
- The 18-24 age-group (7.1%) were the most likely to report that they used the assistance of a professional interpreter to communicate with a service provider while the 25-44 age cohort (2.4%) were the least likely.
- Among English speakers, those earning less than $30,000 were the most likely to report that they used the assistance of a professional interpreter to communicate with a service provider (7.3%) while those earning between $70,000 and $100,000 were the least likely (3.4%).

Assistance from a friend

- With respect to gender, English-speaking females (27.1%) displayed a higher tendency to report that they used the assistance of a friend to communicate with a service provider than English-speaking males (19.1%).
- The 18-24 age-group (57.1%) were the most likely to report that they used the assistance of a friend to communicate with a service provider while the 45-64 age-group (21.7%) were the least likely.
- Among English speakers, those earning less than $30,000 were the most likely to report that they used the assistance of a friend to communicate with a service provider (29.2%) while those earning between $70,000 and $100,000 were the least likely (15.5%).

Assistance from a family member

- With respect to gender, English-speaking males (62.4%) displayed a higher tendency to report that they used the assistance of a family member to communicate with a service provider than English-speaking females (56.1%).
- Among English speakers, the 65+ age-group (60.6%) were the most likely to report that they used the assistance of a family member to communicate with a service provider while the 18-24 age-group (35.7%) were the least likely.
- Those earning between $70,000 and $100,000 were the most likely to report that they used the assistance of a family member to communicate with a service provider (75.9%) while those earning between $30,000 and $70,000 were the least likely (50%).

Assisted by an employee of the institution

- With respect to gender, English-speaking females (16.2%) were more likely to report that they used the assistance of an employee of the institution to communicate with a service provider than their male counterparts (12.1%).
- Among English speakers, the 45-64 age-group (16.9%) were the most likely to report that they used the assistance of an employee of the institution to communicate with a service provider while the 25-44 age cohort (12%) were the least likely.
- Among English speakers, those earning between $30,000 and $70,000 were the most likely to report that they used the assistance of an employee of the institution to communicate with a service provider (22.7%) while those earning between $70,000 and $100,000 were the least likely (1.7%).

Assisted by a community volunteer

- English-speaking males (6.4%) were more likely to report that they used the assistance of a community volunteer to communicate with a service provider than their female counterparts (3%).

- Among English speakers, the 18-24 age-group (7.1%) were the most likely to report that they used the assistance of a community volunteer to communicate with a service provider while the 45-64 age cohort (2.9%) were the least likely.
- English speakers earning less than $30,000 were the most likely to report that they used the assistance of a community volunteer to communicate with a service provider (5.2%) while those earning between $30,000 and $70,000 were the least likely (1.9%).

5.3 Unmet Need for Assistance in Communicating

Table 38 – Unmet Need for Communication Assistance, by Region

Unmet Need for Assistance with Communication		
Region	**Yes**	**No**
03 Capitale-Nationale (n=70)	30.4%	69.6%
04 Mauricie et Centre-du-Québec (n=48)	28.3%	71.7%
05 Estrie (n=293)	38.0%	62.0%
06.1 Montreal West (n=331)	19.3%	80.7%
06.2 Montreal Centre (n=529)	25.4%	74.6%
06.3 Montreal East (n=98)	26.5%	73.5%
07 Outaouais (n=204)	26.1%	73.9%
08 Abitibi-Témiscamingue (n=71)	33.3%	66.7%
09 Côte-Nord (n=47)	54.3%	45.7%
11 Gaspésie – Îles-de-la-Madeleine (n=200)	43.8%	56.2%
13 Laval (n=270)	30.3%	69.7%
14 Lanaudière (n=81)	49.4%	50.6%
15 Laurentides (n=157)	38.3%	61.7%
16 Montérégie (n=526)	29.0%	71.0%
Total (n=3014)	30.5%	69.5%
Source: CHSSN/CROP Survey on Community Vitality, 2015. *Q22C. In the last 2 years, could you have benefited from communication assistance in your use of services from public sector health and social services providers (doctor's office, hospitals, CLSCs, long-term care facilities)?*		

- Among English-speaking respondents in Quebec, 30.5% reported that they could have benefitted from communication assistance in their use of services from public health and social service providers.
- Across Quebec, English speakers in the health regions of Côte-Nord (54.3%), Lanaudière (49.4%) and Gaspésie – Îles-de-la-Madeleine (43.8%) were the most likely to report that they could have benefitted from communication assistance in their use of services from public health and social service providers.

Table 39 – Unmet Need for Communication Assistance

Unmet Need for Assistance with Communication			
gender	Male	28.8%	71.2%
	Female	31.7%	68.3%
	Total	30.5%	69.5%
age	18-24 years	32.4%	67.6%
	25-44 years	32.5%	67.5%
	45-64 years	29.6%	70.4%
	65 years and over	31.4%	68.6%
	Total	30.7%	69.3%
household income	Less than $30k	38.2%	61.8%
	$30-70k	31.4%	68.6%
	$70-100k	27.5%	72.5%
	$100k and over	26.2%	73.8%
	Total	30.8%	69.2%
health status	Excellent	26.0%	74.0%
	Very Good	27.6%	72.4%
	Good	34.1%	65.9%
	Average	37.2%	62.8%
	Bad	45.5%	54.5%
	Total	30.6%	69.4%
bilingual	Bilingual	26.1%	73.9%
	English only	42.4%	57.6%
	Total	30.5%	69.5%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q22C. In the last 2 years, could you have benefited from communication assistance in your use of services from public sector health and social services providers (doctor's office, hospitals, CLSCs, long-term care facilities)?

- With respect to gender, English-speaking females (31.7%) were somewhat more likely to report that they could have benefitted from communication assistance in their use of services from public health and social service providers than English-speaking males (28.8%).
- Among English speakers, the 25-44 age-group (32.5%) were the most likely to report that they could have benefitted from communication assistance in their use of services from public health and social service providers while the 45-64 age cohort (29.6%) were the least likely.
- English speakers earning less than $30,000 were the most likely to report that they could have benefitted from communication assistance in their use of services from public health and social service providers (38.2%) while those earning $100,000 and over were least likely (26.2%).
- English speakers reporting bad health were highly likely to report (45.5%) that they could have benefitted from communication assistance in their use of public health and social services Those in excellent (26%) and very good health (27.6%) report comparatively lower levels of need.

6 Information on Services and Health Promotion

Access to health and social services in English depends upon the availability of information regarding these services. Use of services in English implies knowing what programs are offered and through what health agencies. The CHSSN/CROP survey asked respondents if, in the last two years, they had received information about services in English that are provided by the public health and social service institutions in their region. Further, they were asked who provided the information (public health services, a community organization, newspaper, or "other") and how the information was conveyed (telephone or a visit, information meeting, through flyers, a website, or "other").

6.1 Information on Services

Table 40 – Information about Services in English Provided in Region, by Public Health & Social Services Institutions

Information About Services in English Provided by Public Health and Social Service Institutions									
Region	Received Information in past 2 years		Source of Information			Means of Delivery of Information about Health & Social Services			
	yes	no	public health and social services institution	community organization	newspaper	telephone or visit	information meeting	flyers in public location	website
03 Capitale-Nationale (n=70)	34.6%	65.4%	18.6%	27.9%	39.5%	22.2%	11.1%	33.3%	44.4%
04 Mauricie et Centre-du-Québec (n=48)	14.8%	85.2%	42.9%	42.9%	57.1%	25.0%	25.0%	50.0%	25.0%
05 Estrie (n=293)	23.9%	76.1%	43.5%	50.4%	39.1%	24.4%	12.2%	52.2%	6.7%
06.1 Montreal West (n=331)	36.3%	63.7%	61.4%	20.6%	44.1%	21.2%	16.3%	33.6%	29.1%
06.2 Montreal Centre (n=529)	27.6%	72.4%	60.3%	31.6%	25.7%	28.2%	14.0%	52.6%	37.7%
06.3 Montreal East (n=98)	21.6%	78.4%	33.3%	23.4%	67.0%	30.9%	28.1%	68.3%	51.1%
07 Outaouais (n=204)	24.8%	75.2%	61.4%	44.2%	42.6%	7.9%	26.4%	54.7%	25.6%
08 Abitibi-Témiscamingue (n=71)	43.3%	56.7%	53.7%	48.8%	34.1%	50.0%	3.6%	50.0%	14.3%
09 Côte-Nord (n=47)	63.5%	36.5%	80.9%	44.7%	17.0%	14.3%	31.0%	64.3%	16.7%
11 Gaspésie – Îles-de-la-Madeleine (n=200)	38.7%	61.3%	37.6%	52.9%	24.7%	41.7%	31.3%	58.3%	18.8%
13 Laval (n=270)	14.5%	85.5%	66.3%	37.7%	50.7%	38.9%	6.7%	52.2%	35.6%
14 Lanaudière (n=81)	12.9%	87.1%	47.1%	47.1%	11.8%	38.5%	61.5%	30.8%	-
15 Laurentides (n=157)	31.7%	68.3%	43.1%	41.4%	23.6%	22.5%	18.8%	58.0%	13.8%
16 Montérégie (n=526)	16.2%	83.8%	48.7%	28.7%	56.5%	39.4%	15.1%	53.9%	13.0%
Total (n=3014)	25.9%	74.1%	56.8%	31.2%	37.3%	27.5%	16.3%	49.4%	30.7%

Source: CHSSN/CROP Survey on Community Vitality, 2015.

Q19A. In the last two years, have you received information about services in English that are provided by the public health and social services institutions in your region?

- Among English-speaking respondents across Quebec, 74.1% reported they had not received information about services in English in the past 2 years.
- In the English-speaking population, we observe that English speakers in the health regions of Côte-Nord (80.9%), Laval (66.3%) and Montreal West (61.4%) were the most likely to report they had received information regarding English services from public health and social services institutions.
- English speakers residing in the health regions of Gaspésie – Îles-de-la-Madeleine (52.9%), Estrie (50.4%) and Abitibi-Témiscamingue (48.8%) were the most likely to report they had received information regarding English services from community organizations.
- Survey respondents living in the health regions of Montreal East (67%), Mauricie et Centre-du-Québec (57.1%) and Montérégie (56.5%) were the most likely to report they had received information regarding English services from newspapers.

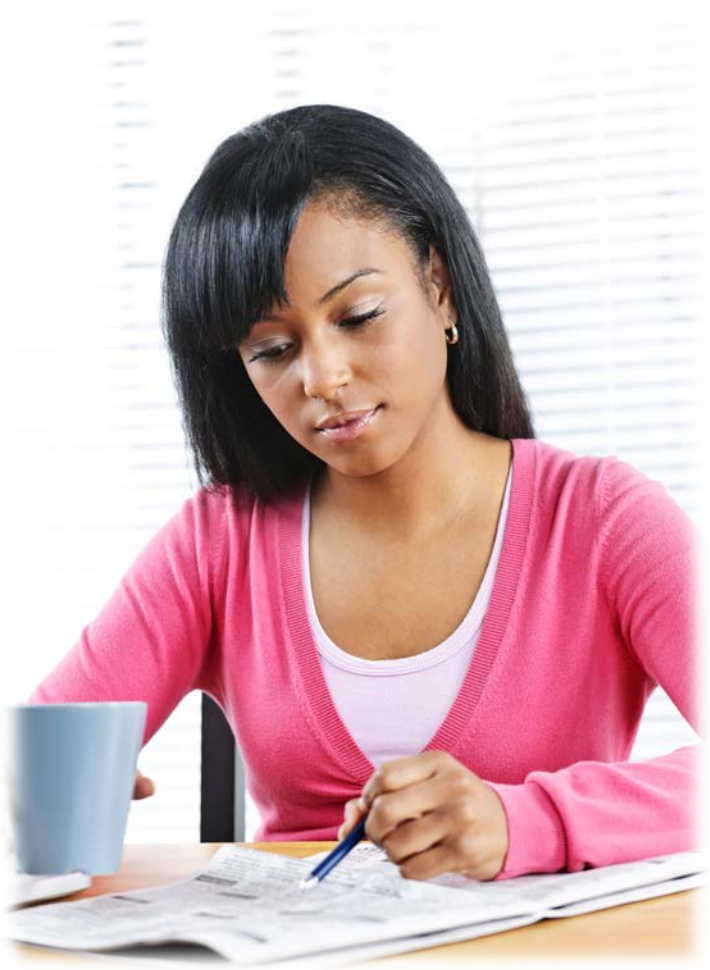


Table 41 – Information in English about Public Health & Social Services

Information About Services in English Provided by Public Health and Social Service Institutions										
Variable		Received Information in past 2 years		Source of Information			Means of Delivery of Information about Health & Social Services			
		yes	no	public health and social service institution	community organization	newspaper	telephone or visit	information meeting	flyers in public location	website
gender	Male	28.0%	72.0%	53.1%	30.7%	40.6%	28.3%	16.2%	51.4%	37.3%
	Female	23.9%	76.1%	60.9%	31.8%	33.6%	26.7%	16.4%	47.2%	24.0%
	Total	25.9%	74.1%	56.8%	31.2%	37.3%	27.5%	16.3%	49.4%	30.7%
age	18-24 years	26.7%	73.3%	53.6%	10.1%	44.1%	20.7%	23.3%	25.7%	33.5%
	25-44 years	21.1%	78.9%	61.2%	40.8%	32.9%	26.6%	14.9%	41.6%	50.0%
	45-64 years	24.4%	75.6%	55.5%	31.3%	36.6%	28.8%	14.0%	61.6%	24.7%
	65 years and over	37.4%	62.6%	55.9%	28.5%	39.2%	32.1%	18.7%	50.3%	12.8%
	Total	25.7%	74.3%	57.0%	31.0%	37.0%	28.0%	16.3%	48.8%	31.2%
household income	Less than $30k	34.9%	65.1%	55.5%	26.1%	28.2%	29.6%	12.9%	41.7%	22.2%
	$30-70k	26.6%	73.4%	55.1%	39.1%	38.5%	29.3%	26.1%	51.4%	33.7%
	$70-100k	20.9%	79.1%	58.4%	18.5%	34.6%	21.2%	9.7%	56.7%	16.0%
	$100k and over	19.9%	80.1%	58.4%	31.3%	46.9%	25.3%	7.6%	44.9%	47.6%
	Total	25.1%	74.9%	56.4%	31.9%	37.9%	27.5%	16.9%	48.3%	32.6%
health status	Excellent	24.4%	75.6%	63.1%	26.4%	27.0%	20.3%	7.0%	40.8%	29.5%
	Very Good	27.1%	72.9%	53.3%	29.5%	40.5%	22.2%	15.0%	58.0%	30.2%
	Good	25.9%	74.1%	54.6%	43.7%	38.0%	33.1%	28.1%	48.4%	26.2%
	Average	25.3%	74.7%	59.7%	25.8%	43.4%	40.0%	18.4%	46.2%	46.9%
	Bad	19.8%	80.2%	64.1%	23.9%	42.7%	62.8%	7.7%	26.9%	7.7%
	Total	25.7%	74.3%	56.9%	31.3%	37.1%	27.3%	16.2%	49.4%	30.8%
bilingual	Bilingual	24.2%	75.8%	56.0%	28.4%	40.9%	24.9%	18.4%	51.4%	29.9%
	English only	31.2%	68.8%	58.9%	38.4%	28.1%	33.6%	11.5%	44.8%	32.6%
	Total	25.9%	74.1%	56.8%	31.2%	37.3%	27.5%	16.3%	49.4%	30.7%

Source: CHSSN/CROP Survey on Community Vitality, 2015.

Q19A. In the last two years, have you received information about services in English that are provided by the public health and social services institutions in your region?

- With respect to gender, a higher proportion of English-speaking females (31.6%) had received information about a public health promotion or prevention program in English from a community organization than their male counterparts (26.5%).
- Among English speakers, the 18-24 age-group displayed the highest proportion (33%) of those who had received information about a public health promotion or prevention program in English from a community organization while the 45-64 age cohort (27.5%) displayed the lowest.
- English speakers earning less than $30,000 were the most likely to have received information about a public health promotion or prevention program in English from a community organization (32.9%) while those earning between $30,000 and $50,000 were the least likely (28.3%).

6.2 Public health promotion or prevention programs

Table 42- Source of Information in English about Public Health Promotion or Prevention Programs

Source of Information about Public Health Promotion or Prevention Program in the Past Two Years			
Region	Public Health System	Community organization	School
03 Capitale-Nationale (n=70)	13.7%	30.6%	32.4%
04 Mauricie et Centre-du-Québec (n=48)	4.8%	8.1%	22.2%
05 Estrie (n=293)	12.6%	37.8%	44.8%
06.1 Montreal West (n=331)	25.7%	36.2%	31.8%
06.2 Montreal Centre (n=529)	23.0%	28.8%	30.1%
06.3 Montreal East (n=98)	4.7%	16.4%	35.2%
07 Outaouais (n=204)	19.6%	34.7%	22.9%
08 Abitibi-Témiscamingue (n=71)	26.0%	49.5%	22.0%
09 Côte-Nord (n=47)	48.7%	57.0%	46.8%
11 Gaspésie – Îles-de-la-Madeleine (n=200)	24.7%	45.0%	36.4%
13 Laval (n=270)	12.5%	17.9%	35.9%
14 Lanaudière (n=81)	4.9%	22.9%	12.3%
15 Laurentides (n=157)	17.4%	33.0%	39.9%
16 Montérégie (n=526)	13.0%	29.2%	31.0%
Total (n=3014)	19.2%	29.1%	31.8%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q20A1. In the last two years, have you received information on a public health promotion or prevention program in English from one or more of the following.

- Across Quebec, the most frequent source of information regarding public health promotion or prevention programs in English among English-speaking respondents was schools (31.8%), followed by community organizations (29.1%) and the public health system (19.3%) in their region.

- English speakers residing in the health regions of Côte-Nord (48.7%), Abitibi-Témiscamingue (26%) and Montreal West (25.7%) were the most likely to report they had received information regarding public health promotions or prevention programs in English from public health and social services institutions.
- English speakers in the health regions of Côte-Nord (57%), Abitibi-Témiscamingue (49.5%) and Gaspésie – Îles-de-la-Madeleine (45%) were the most likely to report they had received information regarding public health promotions or prevention programs in English from community organizations.
- We observe that English speakers living in the health regions of Côte-Nord (46.8%), Estrie (44.8%) and Laurentides (39.9%) were the most likely to report they had received information regarding public health promotions or prevention programs in English from schools.

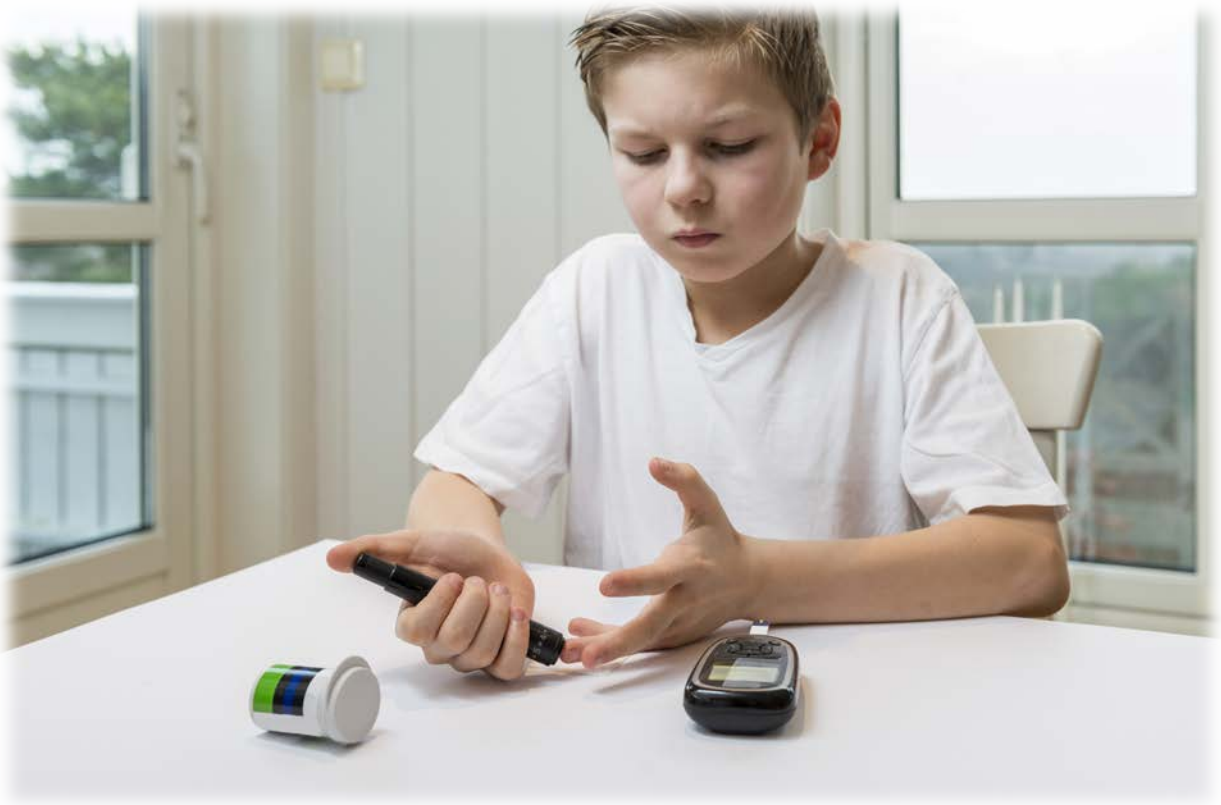


Table 43 – Source of Information in English about Public Health Promotion or Prevention Programs

Source of Information about Public Health Promotion or Prevention Program in the Past Two Years				
Variable		**Public Health System**	**Community organization**	**School**
gender	Male	18.7%	26.5%	29.9%
	Female	19.8%	31.6%	33.7%
	Total	19.2%	29.1%	31.8%
age	18-24 years	14.5%	33.0%	45.8%
	25-44 years	15.5%	28.3%	40.7%
	45-64 years	20.2%	27.5%	28.0%
	65 years and over	28.3%	32.3%	13.1%
	Total	19.3%	29.1%	31.9%
household income	Less than $30k	20.8%	32.9%	29.0%
	$30-70k	16.9%	28.3%	26.5%
	$70-100k	21.5%	32.6%	34.9%
	$100k and over	20.1%	28.6%	39.0%
	Total	19.2%	29.8%	31.9%
health status	Excellent	18.3%	24.3%	28.1%
	Very Good	19.6%	31.6%	34.5%
	Good	16.8%	31.9%	30.2%
	Average	21.1%	25.5%	36.0%
	Bad	27.2%	33.7%	18.7%
	Total	19.1%	29.1%	31.9%
bilingual	Bilingual	17.8%	28.6%	34.1%
	English only	23.8%	30.8%	24.7%
	Total	19.2%	29.1%	31.8%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q20A1. In the last two years, have you received information on a public health promotion or prevention program in English from one or more of the following.

- With respect to gender, English-speaking females (31.6%) were more likely to have received information about a public health promotion or prevention program in English from a community organization than their male counterparts (26.5%).
- Generally, the 18-24 and 25-44 age groups are the most likely to use schools as their source of information on public health promotion or prevention programs. The 45-64 and 65+ age groups are the least likely to rely on schools as a source of health information.
- Among English speakers, the 18-24 age-group (33%) and those 65+ (32.3%) were somewhat more likely to have received information about a public health promotion or prevention program in English from a community organization compared to other age groups.
- English speakers earning less than $30,000 displayed the highest proportion of those who had received information about a public health promotion or prevention program in English from a community organization (32.9%) while those earning between $30,000 and $50,000 displayed the lowest (28.3%).

7 Impact of Restructuring on Access to Services in English

Table 44 – Impact of Restructuring on Access to Health Services in English, by Region

Re-structuring of the Health and Social Service System Threatens Access to English-language Services		
Region	agree (totally agree and somewhat agree)	disagree (somewhat disagree and totally disagree)
03 Capitale-Nationale (n=70)	67.2%	32.8%
04 Mauricie et Centre-du-Québec (n=48)	78.9%	21.1%
05 Estrie (n=293)	73.0%	27.0%
06.1 Montreal West (n=331)	80.3%	19.7%
06.2 Montreal Centre (n=529)	79.9%	20.1%
06.3 Montreal East (n=98)	68.4%	31.6%
07 Outaouais (n=204)	77.0%	23.0%
08 Abitibi-Témiscamingue (n=71)	84.6%	15.4%
09 Côte-Nord (n=47)	92.5%	7.5%
11 Gaspésie – Îles-de-la-Madeleine (n=200)	74.8%	25.2%
13 Laval (n=270)	83.2%	16.8%
14 Lanaudière (n=81)	71.6%	28.4%
15 Laurentides (n=157)	75.8%	24.2%
16 Montérégie (n=526)	76.4%	23.6%
Total (n=3014)	77.4%	22.6%
Source: CHSSN/CROP Survey on Community Vitality, 2015. *Q44. Do you totally agree, somewhat agree, somewhat disagree or totally disagree with : / F) The re-structuring of the Quebec health and social services system under Bill 10 threatens access to English-language health and social services.*		

- Among English-speaking respondents in Quebec, 77.4% agreed that the restructuring of the health and social service system threatens access to English-language services.
- Across Quebec, we observe that English speakers in the health regions of Côte-Nord (92.5%), Abitibi-Témiscamingue (84.6%) and Laval (83.2%) were most likely to agree that the restructuring of the health and social service system threatens access to English-language services.

Table 45 – Impact of Restructuring on Access to Health Services in English

Re-structuring of the Health and Social Service System Threatens Access to English-language Services			
Variable		**agree (totally agree and somewhat agree)**	**disagree (somewhat disagree and totally disagree)**
gender	Male	71.2%	28.8%
	Female	81.3%	18.7%
	Total	77.4%	22.6%
age	18-24 years	78.9%	21.1%
	25-44 years	80.8%	19.2%
	45-64 years	76.7%	23.3%
	65 years and over	76.5%	23.5%
	Total	77.4%	22.6%
household income	Less than $30k	77.6%	22.4%
	$30-70k	78.1%	21.9%
	$70-100k	77.3%	22.7%
	$100k and over	77.1%	22.9%
	Total	77.6%	22.4%
health status	Excellent	76.5%	23.5%
	Very Good	76.5%	23.5%
	Good	81.6%	18.4%
	Average	77.0%	23.0%
	Bad	75.0%	25.0%
	Total	77.6%	22.4%
bilingual	Bilingual	76.8%	23.2%
	English only	79.1%	20.9%
	Total	77.4%	22.6%

Source: CHSSN/CROP Survey on Community Vitality, 2015.
Q44. Do you totally agree, somewhat agree, somewhat disagree or totally disagree with : / F) The re-structuring of the Quebec health and social services system under Bill 10 threatens access to English-language health and social services.

- With respect to gender, English-speaking females (81.3%) were more likely to agree that the re-structuring of the Quebec health and social services system threatens access to services in English than their male counterparts (71.2%).
- Among English speakers, the 25-44 age-group (80.8%) displayed the highest likelihood to agree that the re-structuring of the Quebec health and social services system threatens access to services in English while the 65+ age-group (76.5%) were least likely.
- English speakers earning between $30,000 and $70,000 displayed the highest likelihood to agree that the re-structuring of the Quebec health and social services system threatens access to services in English (78.1%) while those earning $100,000 and over were least likely (77.1%).

8 CHSSN *Survey on Community Vitality* Focus Group Findings 2015

Introduction

The 2015-2016 CHSSN/CROP *Survey on Community Vitality* was implemented primarily through telephone interviews conducted by CROP with English-speaking residents of Quebec between February 27th and April 15th in 2015. A total of 3,014 randomly selected English speakers aged 18 and over answered the questionnaire regarding their experience and opinions with respect to matters extending across various areas of their life.

In addition, the survey questions related to access to health and social services were explored in more depth by the Community Health and Social Services Network (CHSSN) through focus groups with the English-speaking communities living in four Quebec regions: Chaudière-Appalaches, Côte-Nord (middle and upper parts), Abitibi-Témiscamingue, and Bas-Saint-Laurent. Aside from the depth added by the focus group technique, it also is a response intended to address the relatively small response rate of the four selected regions to the telephone interview process. The focus groups were held in September and October of 2015.

This section of the report describes the process and relays the findings of the CHSSN *Survey on Community Vitality* focus groups.

Focus Group Implementation

The CHSSN focus groups were designed as face-to-face group discussions with a lead moderator. As the accompanying table indicates, six focus groups were held across four regions with a total attendance of 115 English speakers (18+). The recruitment process entailed a public announcement by the host organizations located in each region: Neighbors Regional Association of Rouyn-Noranda (NRARN), North Shore Community Association (NSCA), Megantic Community Development Corporation (MCDC) and Heritage Lower Saint-Lawrence (HLSL). The host organizations in each region also assumed responsibility for arranging a time, finding a location, providing refreshments and technical assistance.

CHSSN Focus Groups, Fall 2015				
date	**location**	**region**	**host**	**attendance**
2015-09-28	Rouyn-Noranda	Abitibi-Témiscamingue	NRARN	28
2015-10-06	Baie-Comeau/Port-Cartier	Côte-Nord	NSCA	15
2015-10-07	Sept-Îles	Côte-Nord	NSCA	16
2015-10-21	Thetford Mines	Chaudière-Appalaches	MCDC	26
2015-10-23	Métis-sur-Mer	Bas Saint-Laurent	HLSL	20
2015-10-24	Rimouski	Bas Saint-Laurent	HLSL	10
			Total participants = 115	

The Session

The duration of the focus group session generally ranged from 1.5 to 2 hours. Consent forms and demographic sheets were completed by the participants (see appendices). Sessions typically included the CHSSN researcher as lead moderator with assistance in moderating and note-taking by representatives of the regional host organization. All sessions were recorded. As indicated by the focus group script (see appendices), the session began by collecting written responses to a few questions selected from the CROP telephone survey followed by guided open group discussion.

Reporting

Questionnaire responses, taped recordings of the sessions, and session notes were the basis for reporting. Responses to the CROP telephone questionnaire are provided for the total regional group and discussion insights are reported for each of the six focus groups.

Demographics

The demographic profile of the English speakers who participated in the CHSSN focus groups is presented in the accompanying table. The distribution of participants in terms of age met expectations but it should be noted that there were few youth 18-25 years of age. With respect to gender, female participants greatly outweighed males and the language of preference among participants was pre-dominantly English.

Demographics of Focus Group Participants	
by Age Group	
under 50	26
51-60	16
61-70	26
71-80	27
81 and over	13
total	108
by Gender	
female	80
male	28
total	108
by Preferred Language	
English	104
French	1
other or no response	4
total	109
Note: Not all respondents completed the demographic questions.	

8.1 Focus Group Results – Bas-Saint-Laurent

Questionnaire Responses for Bas-Saint-Laurent Region

8.1.1 Use of services and Language of Service

Focus group participants answered a questionnaire which queried them on their use of services and language of service in five different medical situations: services of a Doctor in a private office or clinic, CLSC services, Info-santé (health line), emergency room or out-patient clinic and services during an overnight hospital stay.

- *The services most frequently used by focus group participants residing in the Bas-Saint-Laurent region were from a doctor in a private office or clinic, followed by emergency or out-patient services and then CLSC services.*
- *A small number of Bas-Saint-Laurent participants had used hospital services for an overnight stay and of these the majority had not received service in English.*
- *Very few participants reported using Info-santé and of these most reported service in English.*
- *Focus group participants were most likely to be served directly in English (without request) when using the services of a doctor in a private office or clinic.*
- *Participants frequently needed to ask for service in English, either for themselves or someone they were assisting, at an emergency room or a CLSC.*

8.1.2 Sources of health and Social Services Information

Focus group participants were asked if they obtained information regarding access to services in English that are provided by the public health and social services institutions in their region from any of the following: a) a public health and social services institution, the health and social service board or public health agency, b) a community organization, c) a weekly or daily newspaper, or d) some other source.

- *A substantial majority of focus group participants residing in the Bas-Saint-Laurent region reported obtaining public health and social service information from b) a community organization.*
- *Participants from the Bas-Saint-Laurent region also reported using c) a weekly or daily newspaper for obtaining public health and social services information.*

Discussion findings for the Métis-sur-Mer Focus group – October 23, 2015

8.1.3 Satisfaction with Service in English

Access to health and social services in English in your region

Focus group participants were asked about their satisfaction with health and social services in general in their region and specifically when it comes to being able to communicate in English.

Area of most satisfaction

- *Several participants commented that they are satisfied with communication with their doctor in his office.*
- *In the Métis-sur-Mer area, some paramedics are able to respond in English.*
- *Health professionals working at the hospital in Rimouski provide some service in English.*

Area of least satisfaction

General

- *Apart from the doctor in his office, service in the region is primarily in French only. "It is very rare for any support staff, nurses or technicians to speak any English which makes things very difficult, confusing and stressful." "It is very hard to find a doctor in emergency who speaks English…especially at night."*
- *Focus group participants describe hospital/palliative care services as very unsatisfactory. "I had to tell my cousin that she was dying because the doctor didn't speak English and I had to translate. It was certainly not my place to have to do that." "When my father was admitted to the hospital the last time I was the one who had to tell him that he was going into palliative care because no one present, doctors or nurses, spoke enough English to do so. A child shouldn't be the one who has to tell their parent that they are dying."*
- *Several Métis focus group participants reported that CLSC in-home care personnel rarely speak English. Also, there are no support services or support groups offered in English.*
- *Several focus group participants commented on the difficulty of getting assistance in English using the telephone. "At the CLSC main switchboard, you press the number for English services and you still have to speak with someone that only speaks French."*
- *The required forms and paperwork for tests, hospital admission and surgery are not available at the hospital in English. A participant commented that she has never been offered forms in English and that the last time she had a scan she didn't complete the form as she didn't understand it and nobody could help her.*
- *Mental health and social services in English are not satisfactory in the region. In the words of one participant, "Improved health and social services are being delivered at the English school, but they are all in French. Speech therapists, psychiatrists, nurses and social workers*

do not speak English. Most of the students are bilingual, but not all of them. To bring in an English-speaking specialist is very expensive and there no funding in our budget for that."

8.1.4 Assistance with Communication

Focus group participants were asked if they needed assistance in order to communicate with health and social service workers and, if so, who is likely to assist them.

- *Many participants mentioned that they "try their best to understand", "ask them to speak more slowly" and often ask the health professionals and staff to repeat and "re-phrase" in French until they understand.*
- *Métis participants commented on relying on their spouse or family member for assistance and also giving assistance to others in their communication with health workers." I go to my parents' home when the CLSC nurses are visiting to help translate. I had to ask them to speak more slowly to my parents so they could understand what is going on."*
- *A participant reported receiving assistance with communication with doctors from other hospital workers. "Most of the doctors I have dealt with speak at least a little English and when they don't they have found someone to help me."*

8.1.5 Access to information in English

Focus group participants were asked "Where are you most likely to turn when you need information on health and social services in English? How do you get information from health institutions?"

- *Many focus group participants from the Métis-sur-Mer area reported turning to their community organizations for information on health and social services in English. "Staff from Heritage translated the French instructions for my colonoscopy as I did not completely understand. Within 2 weeks, these forms were available at the hospital in English. Heritage contacted the health agency and translated the paper work for them." "Heritage provides health information from the system and also a large selection of books on different health topics."*
- *Participants rely on family and friends for help with translation. "My children help me if I have problems but we try to get by with the French that we know." "Take a friend not only to help translate but to keep you company in the emergency department waiting room…very long wait times."*
- *Websites are a source of information for health conditions but hospital and CLSC websites are all in French.*

8.1.6 Impact on health and well-being

Focus group discussion included an exploration of whether participants felt that their need for services in English had an impact on their health and well-being or the health of a family member or friend.

- *Métis participants commented that the need for service in English created delays in treatment and added strain to their engagement of health and social service institutions.*

"When my sister was taken to the hospital by ambulance she was in so much pain she couldn't speak. I was translating but even I got confused and misunderstood due to the stress of the moment. It would have been easier on everyone if at least one paramedic had spoken English." "When Mom was dying from a brain tumor and had an emergency situation they would by-pass Mont-Jolie hospital and continue on to Rimouski because it was more likely someone would be able to speak English."

- *The lack of speech therapists, psychiatrists and social workers in English for English-speaking students in the Métis area means they do not get the treatment they need when they need it. It can result in a problem that not only affects their academic performance in school but also affects other aspects of their life and the lives of other family members.*

8.1.7 Selected summary comments

- *Focus group participants generally agreed that when individuals are ill, even if they are bilingual, they need to have access to service in English.*

Discussion findings for the Rimouski Focus group – October 24, 2015

8.1.8 Satisfaction with Service in English

Access to health and social services in English in your region

Focus group participants were asked about their satisfaction with health and social services in general in their region and specifically when it comes to being able to communicate in English.

Area of most satisfaction

- *Many Rimouski focus group participants commented that they are satisfied with communication with their doctor in his office although not always in English.*
- *In the Rimouski area, some pharmacists are able to provide service in English.*
- *Several participants expressed overall satisfaction with services due to their willingness to communicate in French.*

Area of least satisfaction

General

- *Participants of the Rimouski focus group commented that they may speak English with their doctor but other health professional and staff, "from secretary to x-ray technician," work in French.*
- *There is a very low level of satisfaction with mental health and social services in English. One focus group participant described her experience with her autistic child who functions better in English. All the services needed including diagnostic tests (speech driven) are in French only. Professionals such as speech therapists, psychiatrists and social workers are not able to*

provide their services in English. To add to the challenge, she cannot put her child in the English school system and benefit from their services because she is an immigrant.

- *Rimouski participants commented there is a lack of English services in the emergency department of the hospital. They underlined the understanding that when people are really sick or seriously injured, in the event of a medical crisis, they need to use their mother tongue.*
- *Dissatisfaction was expressed by participants with in-home support services and support groups in English for individuals with disabilities such as multiple sclerosis.*

8.1.9 Assistance with Communication

Focus group participants were asked if they needed assistance in order to communicate with health and social service workers and, if so, who is likely to assist them.

- *Rimouski participants reported that when they have communication problems they really have no choice but to make do with the French that they know. Sometimes English-speaking health workers can be located in the hospital to help.*
- *In the area of social services, participants feel there is no choice but to speak French.*
- *Participants commented that they always speak in French because they feel that asking for service in English could compromise their health care. "It is just easier and safer to speak French." "Even though I am more comfortable speaking in English, I just speak French."*

8.1.10 Access to information in English

Focus group participants were asked "Where are you most likely to turn when you need information on health and social services in English? How do you get information from health institutions?"

- *Rimouski participants reported using websites for information on health and social services but primarily in French. In their experience, these sites do not typically offer English translation.*
- *Info-Santé (Tele-santé) offers information in English but the wait time is very long and it is faster to speak French.*
- *Only a few participants even considered seeking information in English as an option available to them.*

8.1.11 Impact on health and well-being

Focus group discussion included an exploration of whether participants felt that their need for services in English had an impact on their health and well-being or the health of a family member or friend.

- *Rimouski participants commented that the need for service in English created delays in treatment and unnecessary confusion that added risk in an emergency situation.*
- *One participant described the lack of services in English for her special needs child as "huge". Her son has not benefited from treatment as services are in French only. Not only has his well-*

being been impacted and his potential curtailed – it has required his family to take on tasks that really should be assumed by experts and financed by the system.

- *Several participants mentioned that they would have benefited from English support services and support groups. The lack of support in English resulted in a lack of information and a sense of isolation. "I believe my health has been impacted in the sense that I had no idea that there were organizations (like Heritage) that could help me access health services…especially when it comes to my disease which is MS."*
- *One participant commented on the importance of having access to information in English on preventative measures when it comes to health. "Early diagnosis rather than delayed treatment can make all the difference. The impact could be avoidance of disease, a longer life and less cost to the system. I am very fortunate to be in such good health at 82 years of age. My father died suddenly at the age of 45 when I was just 22 years old. I received an early diagnosis of prostate cancer and after treatment I have been cancer free for 10 years."*

8.1.12 Selected summary comments

- *Rimouski participants appreciated learning about a community organization like Heritage and indicated that they would be turning to them for information in English and assistance to navigate the health system more in the future.*

8.2 Focus Group Results – Abitibi-Témiscamingue

Questionnaire Responses for the Abitibi-Témiscamingue Region

8.2.1 Use of services and Language of Service

Focus group participants answered a questionnaire which queried them on their use of services and language of service in five different medical situations: services of a Doctor in a private office or clinic, CLSC services, Info-santé (health line), emergency room or out-patient clinic and services during an overnight hospital stay.

- *The services most frequently used by focus group participants residing in the Abitibi-Témiscamingue region were from a doctor in a private office or clinic, followed by hospital emergency or out-patient services.*
- *A much smaller number of participants had used CLSC and hospital services for an overnight stay and less than half of these had received service in English.*
- *Only two participants reported using Info-santé and one of these reported service in English.*
- *Focus group participants were most likely to be served directly in English (without request) when using the services of a doctor in a private office or clinic followed by hospital emergency services.*
- *Participants frequently needed to ask for service in English, either for themselves or someone they were assisting, at a CLSC or during an overnight hospital stay.*

8.2.2 Sources of health and Social Services Information

Focus group participants were asked if they obtained information regarding access to services in English that are provided by the public health and social services institutions in their region from any of the following: a) a public health and social services institution, the health and social service board or public health agency, b) a community organization, c) a weekly or daily newspaper, or d) some other source.

- *A substantial majority of focus group participants residing in the Rouyn-Noranda area reported obtaining public health and social service information from b) a community organization.*
- *A smaller portion of participants reported using a) a public health and social services institution to obtain health information.*

Discussion findings for the Rouyn-Noranda Focus groups – October 28-29, 2015

8.2.3 Satisfaction with Service in English

Access to health and social services in English in your region

Focus group participants were asked about their satisfaction with health and social services in general in their region and specifically when it comes to being able to communicate in English.

Area of most satisfaction

- *Some focus group participants expressed satisfaction with service in English at the emergency room of the Rouyn-Noranda hospital.*
- *Participants commented that they are satisfied with communication in English with health professionals at the hospital in Ville-Marie. They have an interpreter to assist patients and health care workers. Pharmacy services are also available in English in Ville-Marie.*
- *In the Rouyn-Noranda area, some dentists are able to provide service in English.*

Area of least satisfaction

General

- *Participants of the Rouyn-Noranda focus groups commented that they are not satisfied with communication in English with their doctor. "The worst situation is when I go to see the doctor. It's completely in French and I try to get her to repeat herself but she gets frustrated and I leave not knowing what my diagnosis was". "The doctors speak less English than the nurses or receptionists."*
- *Aside from communication in English, several participants reported having difficulty accessing a regular doctor." Doctors come and go here. In the last 17-18 years, I had one die, then I had*

one move and then another who left due to pregnancy. For 4 years, I didn't have a doctor." "Some of my friends have not had a doctor for over ten years."

- *There is a very low level of satisfaction with mental health and social services in English. Professionals such as speech therapists, psychiatrists and social workers are not able to provide their services in English. One participant recounted her experience with a suicidal friend and the difficulty of getting help as there is no support in English at the suicide prevention center. Also, "When I had my stroke, my speech therapist did not speak English. The girls were very nice, but they spoke French."*
- *Rouyn-Noranda participants noted that ambulance services are not offered in English. "When the ambulance arrived, nobody spoke English so they had to ask all the questions about the patient in French. We didn't know if he had diabetes or anything. On the phone it was all in French too."*
- *Long wait times are a source of dissatisfaction. "Wait time is way too long. Most of the time you wait a minimum of 14 hours at the emergency." "Many children miss days of school because they are exhausted due to the wait time medical attention."*

8.2.4 Assistance with Communication

Focus group participants were asked if they needed assistance in order to communicate with health and social service workers and, if so, who is likely to assist them.

- *Rouyn-Noranda participants reported that they frequently need assistance in order to communicate with health workers and that family and friends are the ones they turn to most frequently. "I call my neighbor and she translates for me and my friend's daughter-in-law comes with me to the doctor." "I go to the doctor with my mother and I translate for her but they tell me she should be learning French and she should be speaking French. They always talk to me about what is wrong with her instead of addressing her directly."*
- *Participants drew attention to the situation of English speakers in long-term care facilities. In this situation, they do not have access to the assistance of friends and neighbors in communicating with health workers. "Long -term facilities need to have more English-speaking workers to reduce the level of depression that the English residents feel."*

8.2.5 Access to information in English

Focus group participants were asked "Where are you most likely to turn when you need information on health and social services in English? How do you get information from health institutions?"

- *Rouyn-Noranda participants reported high levels of satisfaction with their access to information about public health and social services in English through Neighbors, their local English language community organization. "There is no newspaper in English here so we get our information from Neighbors and the internet." "Neighbors translates the information that is sent in the mail or available at the public institutions." "We get information from the Neighbors' newsletter."*

- *Participants access information in English through friends and neighbors, periodically from their church, the pharmacy and from using google among those with computer access and skills.*

- *Focus group participants would like to access support groups in English as well as prevention programs or information sessions to learn about their health condition but these are typically only offered in French by the public institutions.*

8.2.6 Impact on health and well-being

Focus group discussion included an exploration of whether participants felt that their need for services in English had an impact on their health and well-being or the health of a family member or friend.

- *Rouyn-Noranda participants commented that the impact of lacking health and social services in English was that they delayed using the system or received no treatment at all. "I would make more doctor's appointments if I could understand what they were saying." "I am not going to a psychologist for help because they are not available in English." "I am not seeing a nutritionist because there are none available who speak English."*

- *Participants felt that language barriers hindered the quality of their exchange, both in terms of information and in feeling confident in the presence of compassion, with their doctors. "If the doctor doesn't speak English, you miss out on a lot of information he gives you – you're not understanding it all." "I often don't really know what my doctor has diagnosed me with…I walk away feeling like what he said is different than what I interpreted."" Once the doctor was giving me a lecture on why I didn't speak French instead of treating me for why I was there, so I ended up leaving without being treated."*

- *Several participants mentioned that they felt their health, their lives, had been put at risk because institutional documents and forms are not available in English. "Sometimes the documents aren't well translated. I had a document and I knew the information wasn't correct and when I checked the French version the dosage wasn't correct. It was something that could have seriously injured someone." "In Ville-Marie, I needed directions to prepare for a colonoscopy but the paper was all in French. I had to find the information in English."*

- *Participants commented that mental health is an important issue and that the children and youth are impacted by the lack of services in English. Challenges like stuttering or speech impediments can be cured when they are young but when treatment is not available or is delayed they must suffer for life. "A family left the area because they didn't get the help they needed but not everyone can pick up their family and leave."*

- *One participant commented on the importance of having access to information in English on preventative measures when it comes to health. Early diagnosis rather than delayed treatment can make all the difference. The impact could be avoidance of disease, a longer life and less cost to the system. "I am very fortunate to be in such good health at 82 years of age. My father died suddenly at the age of 45 when I was just 22 years old. I received an early diagnosis of prostate cancer and after treatment I have been cancer free for 10 years."*

8.2.7 Selected summary comments

- *Rouyn-Noranda focus group participants agreed that "the services of the health care system should be a priority and not a language test."*

8.3 Focus Group Results – Côte-Nord

Questionnaire Responses for Côte-Nord Region

8.3.1 Use of services and Language of Service

Focus group participants answered a questionnaire which queried them on their use of services and language of service in five different medical situations: services of a Doctor in a private office or clinic, CLSC services, Info-santé (health line), emergency room or out-patient clinic and services during an overnight hospital stay.

- *The services most frequently used by focus group participants residing in the Côte-Nord region were from a doctor in a private office or clinic, followed by emergency or out-patient services and then CLSC services.*
- *A small number of Côte-Nord participants had used hospital services for an overnight stay and of these the majority had not received service in English.*
- *Very few participants reported using Info-santé and of these about half reported service in English.*
- *Côte-Nord participants were most likely to be served directly in English (without request) when using the services of a doctor in a private office or clinic and when using emergency or out-patient services. Participants frequently needed to ask for service in English, either for themselves or someone they were assisting, at a CLSC or during services requiring an overnight hospital stay.*

8.3.2 Sources of health and Social Services Information

Focus group participants were asked if they obtained information regarding access to services in English that are provided by the public health and social services institutions in their region from any of the following: a) a public health and social services institution, the health and social service board or public health agency, b) a community organization, c) a weekly or daily newspaper, or d) some other source.

- *A substantial majority of focus group participants residing in the Côte-Nord region reported obtaining public health and social service information from b) a community organization.*
- *Participants from Côte-Nord region were less likely than focus group participants in other regions to report other sources of information such as c) a weekly or daily newspaper.*

Discussion findings for Baie-Comeau/Port Cartier Focus group – October 6, 2015

8.3.3 Satisfaction with Service in English

Access to health and social services in English in your region

Focus group participants were asked about their satisfaction with health and social services in general in their region and specifically when it comes to being able to communicate in English.

Area of most satisfaction

- *Several Baie-Comeau/ Port Cartier focus group participants commented that they are satisfied with communication with their doctor in his office.*
- *In Port-Cartier, ambulance staff are able to respond well in English as well as dentists and 911 responders.*

Area of least satisfaction

General

- *Baie-Comeau/Port Cartier focus group participants agreed that outside of the doctor in his office, service is in French only. This includes reception at the CLSC and hospital as well as results from blood tests. Individuals must leave the area and go to Sept-Îles to have service in English.*
- *Focus group participants mentioned that the required forms and paperwork for surgery are not available at the hospital in English. A participant recounted being in the hospital and needing immediate surgery and no forms were available in English. Her choice was to either sign French language forms or postpone surgery.*
- *Port-Cartier participants commented that service in English is not available at the emergency room of the hospital. Forms are all in French. A Baie-Comeau participant recounted a stressful experience taking her son to emergency due to anaphylactic shock and being unable to receive service in English from the doctor.*
- *Participants agreed that even individuals who are bilingual have difficulty with medical terms or simply prefer English when they are ill and need communication to be easy.*

Medical and health specialists in and out of the region

- *Only seven of the fifteen participants have a family doctor and this hampers their referral to any specialists. The lack of family doctor causes a sense of fear and stress among those on the waiting list. Also, their experience tells them that the new doctors coming in to the area are less bilingual than the retirees.*
- *One participant reported having finally gotten a family doctor recently after his doctor retired two years ago. Unfortunately, his doctor is in another region due to the unavailability of doctors in the Baie-Comeau area.*

- *Many individuals are travelling to other areas of Quebec to see specialists and they do not necessarily provide services in English.*

Social services

- *A Port-Cartier participant commented on the long waiting lists for access to the limited services that exist for mental health. Her son was diagnosed with schizophrenia and is currently living in Sept-Îles as there are no monitored living situations available to him in the area of his home.*

Students with disabilities in the schools

- *Focus group participants reported that there is a need for specialized services in English for students with learning disabilities. Students at the English language school can be on the waiting list for a year or two to have access to a speech therapist or psychologist.*

8.3.4 Assistance with Communication

Focus group participants were asked if they needed assistance in order to communicate with health and social service workers and, if so, who is likely to assist them.

- *Focus group participants reported that they rely on family and friends for help in booking and attending appointments. It was pointed out that this can become a problem regarding privacy and confidentiality among family members and in such a small community.*
- *One Baie-Comeau/Port Cartier focus group participant accompanied her father to Quebec City for medical treatment. She had to translate between her father and doctor and found this very stressful. She was nervous about relaying the wrong information and having to deliver sensitive news to a loved one.*
- *It was stated that needing someone to help with communication at appointments and during hospitalization was a problem because you have to organize around their schedule and it is uncomfortable to feel like an inconvenience to people. It adds to the stress of having health problems.*
- *A participant reported needing translation assistance at the local CLSC. Medical staff were approached first but could not help. Eventually, they located a janitor who could speak English.*

8.3.5 Access to information in English

Focus group participants were asked "Where are you most likely to turn when you need information on health and social services in English? How do you get information from health institutions?"

- *Generally, participants agreed that access to information in English is uneven across the Côte-Nord region. It's "hit or miss".*
- *Focus group participants commented that there is no information in English provided by the CLSC. You have to be located in areas where translation services are being offered otherwise you don't hear about it, i.e. clinic for flu vaccine.*

- *Baie-Comeau/Port Cartier focus group participants reported that the North Shore Community Association (NSCA) provides English pamphlets and literature about public health and social service programs. For example, information about the fall program for seniors has been translated. Many participants comment that their English-language community organization – NSCA – is where they are most likely to turn for information in English.*
- *Many participants use the internet to search for health-related information (Google) but there are drawbacks to this. The information is not always accurate or easily adjusted to suit the individual situation. It also does not help when it comes to navigating their local health system.*

8.3.6 Impact on health and well-being

Focus group discussion included exploring whether participants felt that their need for services in English had an impact on their health and well-being or the health of a family member or friend.

- *One participant commented that a doctor had refused to become her regular or family doctor on the basis of her language. She feels that this type of discouragement from medical professionals leads to less contact with health services in general. In her case, she is more likely to live with chronic hip pain than seek treatment.*
- *Focus group participants agreed that the reliance on family members and friends to provide translation has the effect of increasing anxiety and stress. "You don't feel confident that the information passed is clearly understood."*
- *The impact of needing services in English can lead to delay in treatment or not receiving treatment at all. One participant spoke of her father who had suffered from depression for several years. He has not had access to services in English, does not receive treatment and continues to suffer.*

8.3.7 Selected summary comments

- *Several focus group participants agreed it would be great to be able to call ahead to a network of interpretation providers to make an appointment for their help before meeting with a specialist.*
- *In the words of one participant, "The interpretation service offered at the regional hospital in Sept-Îles is a good model. I would like to see similar services for English speakers in Baie-Comeau and Port-Cartier area."*
- *The need to request services in English was underlined. "English speakers must request these services or there is no awareness of the need. The English-speaking community on the Côte-Nord needs to speak out".*

Discussion findings for Sept-Îles Focus group – October 7, 2015

8.3.8 Satisfaction with Service in English

Access to health and social services in English in your region

Focus group participants were asked about their satisfaction with health and social services in general in their region and specifically when it comes to being able to communicate in English.

Area of most satisfaction

- *Many participants of the Sept-Îles focus group commented that they are satisfied with communication with their doctor in his office.*
- *There is a high level of satisfaction with the interpretation services at the hospital and focus group participants agreed that this service should be expanded.*

Area of least satisfaction

General

- *Focus group participants reported that apart from the doctor in his office, service is generally in French only. Some participants have received service in English upon request and with advance notice (generally 12-hour notice) but it is not always immediately available.*
- *According to Sept-Îles participants, younger nurses and medical professionals as well as reception staff are reportedly less likely to provide service in English.*
- *Among participants, CLSC services ranked the lowest in terms of satisfaction with access to service in English. One participant recounted assisting an English-speaking woman who needed help filling out medical forms and having to return to the CLSC with her 4-6 times because none of the employees could help them in English.*
- *The emergency and out-patient clinic of the hospital in Sept-Îles was underlined as an area of concern. In the words of one participant," Many stand confused in the hallway not knowing where to go…in the salle de triage, there needs to be a bilingual nurse. When you are feeling lousy and going in for care, you lose a lot of the French that you have."*

Medical and health specialists

- *Focus group participants in Sept-Îles commented that there are no speech therapists who speak English and this is a barrier to timely assessment and treatment.*
- *There is a long waiting list for psychiatrists/psychologists who speak English - up to a year. The lack of timeliness is a barrier to effective treatment.*
- *Participants expressed dissatisfaction with the lack of addictions counselors who can speak English.*

Long-term care and home care services

- *Participants expressed concern that there is no English spoken among the medical staff who work in long-term care.*
- *The participants drew attention to the fact that English-speaking seniors tend to be more unilingual. It was observed that when seniors from other areas, like Blanc-Sablon and St. Augustine, start to have health issues they move from their small communities to Sept-Îles. They feel the need for services like home care for these community members will grow in the near future.*
- *Participants suggested that there needs to be several English speakers available for home care and volunteers should be screened for home visits.*

8.3.9 Assistance with Communication

Focus group participants were asked if they needed assistance in order to communicate with health and social service workers and, if so, who is likely to assist them.

- *Sept-Îles focus group participants reported that they rely primarily on family and friends for help in booking and attending appointments.*
- *It was stated that needing someone to help with communication at appointments and during hospitalization was a problem because this requires organizing around their schedule and "it is uncomfortable to feel like an inconvenience to people. It adds to the stress of having health problems."*
- *A participant recounted their experience when needing translation assistance at the local CLSC. "Medical staff were approached first but could not help. Eventually, they located a janitor who could speak English."*

8.3.10 Access to information in English

Focus group participants were asked "Where are you most likely to turn when you need information on health and social services in English? How do you get information from health institutions?"

- *Participants strongly agreed that their community organization, North Shore Community Association (NSCA), is excellent in providing English language health information. Special mention was made of videoconferencing sessions on a health topic and information sessions with a health professional all in English.*
- *There is no information in English provided by the CLSC. There is a sense that English speakers are not aware of services being offered in their area (from Centre* Bénévole, *for example) and that there needs to be more document translation.*
- *Participants use the internet to search for general health-related information. Google and the Government of Canada websites are accessible but provincial websites do not provide information in English.*

8.3.11 Impact on health and well-being

Focus group discussion included an exploration of whether participants felt that their need for services in English had an impact on their health and well-being or the health of a family member or friend.

- *One participant explained he volunteers to accompany people to the hospital and his observation is that an overnight or two at the hospital without someone to speak to in English can be very stressful and tiring. "Even if the nurse tries to speak English it is very broken and can interfere with the sense of comfort needed to heal". Those who come to the regional hospital from out of town are already stressed by the trip and can be far from loved ones.*
- *Participants feel that the health professional may not spend as much time with an English-speaking patient and information may not be as complete. "How do you know if you're following all the recommendations?" One participant recalled being in situation of translating…. his wife's doctor spoke to him in French and then he spoke in English to his wife. He felt this limited the conversation and discouraged her from asking questions.*

8.3.12 Selected summary comments

- *Focus participants would like to see more interpretation services but several mentioned they would prefer that it was not simply done by volunteers. There is the question of privacy in a small community and the need for patients to have confidence that the interpreter is a knowledgeable as well as neutral presence. Training via workshops for volunteer interpreters and possibly certification would make the option of using volunteers for assistance in communication more attractive.*

8.4 Focus Group Results by Chaudière-Appalaches

Questionnaire Responses for the Thetford Mines area of the Chaudière-Appalaches Region

8.4.1 Use of services and Language of Service

Focus group participants answered a questionnaire which queried them on their use of services and language of service in five different medical situations: services of a Doctor in a private office or clinic, CLSC services, Info-santé (health line), hospital emergency room or out-patient clinic and services during an overnight hospital stay.

- *The services most frequently used by focus group participants residing in the Chaudière-Appalaches region were from a doctor in a private office or clinic, followed by emergency or out-patient services and CLSC services.*
- *A small number of Thetford Mines participants had used hospital services for an overnight stay and of these about half had received service in English.*
- *Very few participants reported using Info-santé and of these about half reported service in English.*

- *Generally, focus group participants were not served directly in English but had to ask for service in the English language either for themselves or for someone they were assisting.*
- *Among the five situations, the offer of service in English without patient request occurred most often when using the services of doctor in a private office or clinic. The offer of service in English without request occurred least often at the CLSC and hospital emergency or out-patient.*

8.4.2 Sources of health and Social Services Information

Focus group participants were asked if they obtained information regarding access to services in English that are provided by the public health and social services institutions in their region from any of the following: a) a public health and social services institution, the health and social service board or public health agency, b) a community organization, c) a weekly or daily newspaper, or d) some other source.

- *A substantial majority of focus group participants residing in the Thetford Mines area reported obtaining public health and social service information from a community organization.*
- *Participants from the Chaudière-Appalaches region were more likely than focus group participants in other regions to report getting information from "d) some other source".*

Discussion findings for Thetford Mines Focus group – October 21, 2015

8.4.3 Satisfaction with Service in English

Access to health and social services in English in your region

Focus group participants were asked about their satisfaction with health and social services in general in their region and specifically when it comes to being able to communicate in English.

Area of most satisfaction

- *Many of the focus group participants in Thetford Mines commented that they are able to communicate in English with their doctor in his office.*
- *There is a high level of satisfaction with the use of yellow badges to identify English-speaking personnel in the CLSC reception area. Unfortunately, signage explaining the badges cannot be posted in English.*
- *Ambulance services in Thetford Mines and area provide some care in English.*

Area of least satisfaction

General

- *Among participants from the Thetford Mines area, CLSC services ranked low in terms of satisfaction with access to service in English. "I have never received service in English at the CLSC". "They are confused at reception as to how to handle English folks." "Frontline services are the biggest problem".*
- *Focus group participants reported that it is very difficult to make appointments by phone at the hospital or the CLSC. The receptionists do not speak English at either location. "Phones make communication more difficult and medical terminology, or trying to describe my health problem, is a challenge."*
- *Participants commented that health professionals at the hospital emergency do not always speak English. "My mother is a retired nurse, she worked at Sherbrooke hospital for many years, and she understands medical terms but in a situation like a hospital emergency she understands English better. She relies on me to assist with communication… I was very frustrated with the doctor because he was rude, arrogant and very unprofessional in his attitude towards my mother."*
- *Specialists, especially out-of-region, are very difficult to access in English. "My husband has been waiting for cataract surgery for four months now. He has to phone the doctor in Sherbrooke and every single time it is a run-around to try to communicate in English…he never feels his questions are answered."*
- *Participants expressed concern that the administrative paperwork of the public institutions, like consent forms for surgery, are not available in English.*

8.4.4 Assistance with Communication

Focus group participants were asked if they needed assistance in order to communicate with health and social service workers and, if so, who is likely to assist them.

- *Focus group participants who are not comfortable speaking French in a medical situation rely primarily on family for help in communicating with health and social service workers.*
- *English speakers in the Thetford Mines area rely on their community organization, MCDC, for assistance and their staff and volunteers are described as "excellent help". "After Everett's surgery, we called MCDC and Chris came to the rescue".*
- *One participant described using the Mayo clinic website to help her understand communication with her husband's doctor and nurse. "They weren't able to help me understand the medical terms they were using so I asked them to write it down. When I got home, I googled the Mayo clinic and learned what I could about my husband's diagnosis."*

8.4.5 Access to information in English

Focus group participants were asked "Where are you most likely to turn when you need information on health and social services in English? How do you get information from health institutions?"

- *Focus group participants stated that information from family and friends is an important source of information. "Anything to avoid the run-around of being transferred many times or having to dial various telephone numbers in order to get to the right place".*
- *Participants from the Thetford Mines area agreed that their community organization, Megantic Community Development Corporation (MCDC), "shines" in providing English language health information. Special mention was made of the importance of this service for English-speaking seniors.*
- *Participants use the internet to search for health-related information but the hospital website is all in French. There is no internet-based information in English for local agencies. The MCDC website is a source of health information in English as well as their newsletter, booklets and flyers and information sessions.*

8.4.6 Impact on health and well-being

Focus group discussion included an exploration of whether participants felt that their need for services in English had an impact on their health and well-being or the health of a family member or friend.

- *One impact of needing services in English is that it can prolong the length of time a patient must wait for medical attention and this can lead to medical complications. A Thetford Mines participant offered an account of her experience accompanying a friend to the emergency at the hospital. They spoke English when they arrived because her friend is English-speaking. "Eventually the pain became so severe I knew we had to move quicker so I switched over to French and then she was seen right away. She would have suffered longer by waiting for someone who could speak English".*
- *Several participants expressed the opinion that language barriers added to the strain of engaging health professionals when they are ill and already anxious about the medical procedures they are undergoing. "I am fairly bilingual but when I am ill it is an added strain to listen and try to understand what the doctor is saying."*

8.4.7 Selected summary comments

- *Focus group participants wished to underline the importance of attitude from both sides of the medical encounter. "My husband was in the hospital and he doesn't speak French at all but I could see the nurses make an effort and that meant a lot." "I understand how the doctor might be shy to use English…he is trying to be an authority in the situation…just the effort helps to reduce the tension." "We can't always just complain...we need to complement too."*

8.5 Focus Group Appendices

8.5.1 CHSSN Focus Group Script

Welcome: *Thank-you for coming…*

Introduction: *The CHSSN has conducted a province-wide survey on community vitality….*

Ice-breaker: *Please complete the following sentence: The English-speaking community of __ is ___.*

Questionnaire

1. Responses in writing to selected 2015 survey questions on use of health and social services, language of service and offer of service.

Cascade of Questions Regarding Access in English to Health and Social Services in Various Situations			
Situation	**used service**	**served in English**	**had to ask for service in English**
Services of Doctor in Private office or clinic	16a	17a1	17a2
Services of a CLSC (other than Info Santé or Info Health line)	16b	17b1	17b2
Services of Info Santé or Info Health line	16c	17c1	17c2
Services of an hospital emergency room or out-patient clinic	16d	17d1	17d2
Hospital service requiring at least one overnight stay	16e	17e1	17e2
Source: CHSSN/CROP Survey on Community Vitality, 2015			

2. Responses in writing to 2015 survey questions on access to health services information.
19a. In the last two years, have you received information about services in English that are provided by the public health and social service institutions in your region? yes/no
19b. Did you obtain your information regarding access to services in English that are provided by the public health and social services institutions from any of the following: public health and social services institution, the health and social service board or public agency, from a community organization, from a weekly or daily newspaper or other?

Moderated Group Discussion

3. How satisfied are you with your access to health and social services in your region? *(not at all, satisfied, very satisfied)*
4. What area of service is the least satisfactory and what area is the most satisfactory when it comes to being able to communicate in English?

5. Do you need assistance in order to communicate with the health care workers when you use the health and social service of your region? If so, who assists you? How does this typically work? Do you assist others?
6. Where are you most likely to turn when you need information on health and social services in English? Do you get information from health institutions? Websites? Family and friends? Do you have phone number you dial? Community organizations?
7. Do you feel your need for services in English has had an impact on your health and well-being (or health of a family member or friend)? Example?
8. Summary comments.

8.5.2 CHSSN Focus Group Consent Form

Focus Group Consent Form

You have been asked to participate in a focus group hosted by the Community Health and Social Services Network (CHSSN) and funded by Health Canada. The main purpose of the group is to learn about the experience of the English-speaking community in your region when it comes to accessing health and social services. The knowledge gathered through the focus group will be used to identify issues and inform action plans.

You participation in the focus group is voluntary and you may stop at any time. Although the focus group will be tape recorded, your responses will remain anonymous and no names will be mentioned in the report.

There are no right or wrong answers to the focus group questions. We want to hear many different viewpoints and would like to hear from everyone. We hope you can be honest even when your responses may not be in agreement with the rest of the group. In respect for each other, we ask that responses made by all participants be kept confidential.

I understand this information and agree to participate fully under the conditions.

Signed:_____ Date:_____

8.5.3 CHSSN Focus Group Participant Demographics Form

Date:

Time:

Place:

Where do you live? _____

How long have you lived in the region? _____

Your age:

under 50

51-60

61-70

71-80

81 and over

Your gender:

Male

Female

Preferred language:

English

French

Other (specify)

9 List of Tables

10 Bibliography

Bowen, S. (2001). Language Barriers in Access to Health Care. Ottawa: Health Canada.

Carter, J. (2003). *A Community Guide to the Population Health Approach.* Community Health and Social Services Network (CHSSN), www.chssn.org

Consultative Committee for English-speaking Minority Communities: Report to the Minister of Health. Ottawa: Health Canada

Public Health Agency of Canada (PHAC). "What is Population Health?" http://www.phac-aspc.gc.ca/ph-sp/approach-approche/index-eng.php#What (accessed March 17, 2016).

Jacobs, E. and A. Chen, L. Karliner, N. Agger-Gupta & S. Mutha. (2006). "The Need for More Research on Language Barriers in Health Care: A Proposed Research Agenda". The Millbank Quarterly, Vol. 84, No.1, pp.111-133.

Mikkoven, J. and Raphael, D. (2010) *Social Determinants of Health: The Canadian Facts.* http://www.thecanadianfacts.org/. Pocock, J. (2004). *Baseline Data Report 2003-2004 Profiles of English-speaking Communities in the Regions.* CHSSN: www.chssn.org

Raphael, D. (Ed.) (2008) *Social Determinants of Health: Canadian Perspectives.* Toronto: Canadian Scholar's Press Inc,

Statistics Canada. (2007). *1996, 2001 and 2006 Census of Canada*. Ottawa. Series of tables delivered to the Community Health and Social Services Network.

Wooley, Frances. (2001). *The Voluntary Sector.* Isuma, Vol.3, No.2., Summer, pp.1-11.

World Health Organization, Social Determinants of Health website, http://www.who.int/social_determinants/en/