2011-2014 HEALTH AND SOCIAL SERVICES ACCESS PROGRAM

FOR ABITIBI-TÉMISCAMINGUE'S ENGLISH-SPEAKING POPULATION

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Québec

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ABBREVIATIONS AND ACRONYMS

CCHSA:	Canadian Council on Health Services Accreditation
CHSSN:	Community Health and Social Services Network
CHSLD:	Centre d'hébergement et de soins de longue durée (residential and long-term care centre)
CJAT:	Centre jeunesse de l'Abitibi-Témiscamingue
CR:	Centre de réadaptation (rehabilitation centre)
CRDIAT:	Centre de réadaptation en déficience intellectuelle de l'Abitibi-Témiscamingue
CSSS:	Centre de santé et de services sociaux (health and social services centre)
AHTF:	Aboriginal Health Transition Fund
LSSS:	Loi sur les services de santé et les services sociaux (Act Respecting Health Services and Social Services)
MRC:	Municipalité régionale de comté (regional county municipality)
MSSS:	Ministère de la Santé et des Services sociaux
RAC:	Ressource à assistance continue (ongoing assistance resource)
CHSSN:	Community Health and Social Services Network
FTR:	Family-Type Resource
IR:	Intermediate Resource
PDD:	Pervasive Developmental Disorder
RUIS:	Réseau universitaire intégré
UNO:	Unorganized Area
IFRU:	Intensive Functional Rehabilitation Unit

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INTRODUCTION

Ensuring accessible, continuous and quality services and helping maintain the health and well-being of people and communities (while respecting issues relating to culture, language, age, sex, regions, approaches, socio-economic aspects and demographic characteristics) is the vision of the Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue.

Abitibi-Témiscamingue is a region where a range of cultural communities are born, live and develop and whose members do not all share the same language. While most of the regional population's official language is French, data collected by Statistics Canada in 2006 show that the mother tongue of some 5,100 people is English (i.e. 3.6 percent of the surveyed region's population).

The notion of programs to give English-speaking people access to services in their own language was integrated into the Loi sur les services de santé et les services sociaux / LSSS (Act Respecting Health Services and Social Services) during the health and social services reform of the early 1990s. Under the Act's general principles, institutions in Quebec's health and social services network are invited to acquire mechanisms to help their region's English-Speaking communities obtain access to the same services as French-speaking communities.

Since 1990, a number of access programs have been developed in partnership with English-speaking community representatives. On January 31, 2007, following the reform of the health and social services system and the adoption of Bill 25, the Agency submitted its new Health and Social Services Access Program for Abitibi-Témiscamingue's English-speaking population to the Minister of Health and Social Services. The program was developed in partnership with the region's 10 Health and Social Services institutions. The document compiled as accurate and realistic a profile as possible of English-language services available to English-speaking clients. This profile helped identify and prioritize avenues for improvement, and determine ways to achieve established objectives. The program was approved by order in council number 919-2006 on December 19, 2007.

Under the terms of the LSSSS, access programs must be reviewed every three years. The time had therefore come for the region to start reviewing the access program, in order to conduct an assessment and make the necessary adjustments.

In Part 1 of this document, we will present the legal context of the review as well as the basic principles that have guided the thinking of the Agency and its partners.

In Part 2 we will compile a general profile of the region, its population, and the organization of its health and social service institutions.

Part 3 will address the process for reviewing programs conducted with network institutions and the regional committee.

In Part 4 we will present an updated profile of English-language services available in regional institutions and each Health and Social Services Centre (CSSS), citing demographic data for each. We will specify the mechanisms developed by institutions, as well as measures established in the last three years to improve access to services for English-speaking people and achieve the goals of the 2007 access program. We will also see their proposed action plans for the next period.

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Lastly, in Part 5 we will take stock of achievements as well as regional measures taken to fulfill the goals of the 2007 access program. We will also explore the perception of English-speaking clients regarding access to English-language health and social services in our region. We will then present the action plan chosen by the Agency, institutions and regional advisory committee members to continue the efforts of our region's institutions in the next three years to ensure English-speaking people have access to English-language health and social services in Abitibi-Témiscamingue. To this end we will outline the means identified to achieve these goals, with due regard to the institutions' organizational structure and their human, material and financial resources.

While the Agency is responsible for reviewing the access program, this document is the result of a collective effort involving network institutions and anglophone communities that worked seamlessly together with the shared goal of improving access to services for English-speaking people in our region. We received excellent collaboration from all of our partners on this issue.

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Part 1 Legal Context

1.1 Access Program Objectives

The principle of access to health and social services is based on the desire to offer quality services. These depend in part on the worker's ability to communicate with the users and understand their request, in order to make a diagnosis or take the course of action that is safest and most effective for their health. This is all the more crucial for vulnerable people in an emergency or crisis, or experiencing a loss of autonomy.

> *"In the health and social services field, a user's language is recognized as a vital tool in ensuring the success of the clinical intervention. To receive adequate service, an English-speaking person, like anyone else, needs someone with good listening and communication skills. When one own's health is at issue, speaking English may become a need or an urgent necessity. The recognition of this need, and the tailoring of an adapted and personalized response define the success of a clinical intervention[1]".*

In this spirit, and based on the Frame of Reference, the access program target is to ensure English-speaking people have access to the fullest possible range of health and social services in their own language at institutions either in their locality, region, or another region as the case may be.

To this end, the challenge consists in accommodating both the right of English-speaking people to receive services in the English-language and the right of caregivers to work and practice their activities in French[2].

1.2 Definitions

English-Speaking Person

English-speaking persons are those who, in their relations with an institution providing Health or Social Services, feel more comfortable expressing their needs in the English-language and receiving services in that language[3].

Service accessible in English

A *service* is *accessible in English* when the user can expression in English and can receive an adequate response in that same language[4].

Recognised Institution

A *recognised institution* is one which provides services to a majority of persons whose language is other than French and which has obtained recognition from the *Office québécois de la langue française* in accordance with Section 29.1 of the *Charter of the French Language*[5].

1. MSSS, *Cadre de référence pour l'élaboration des programmes d'accès aux services de santé et aux services sociaux en langue anglaise pour les personnes d'expression anglaise* (Reference Framework for Developing Programs to Ensure Access to English-Language Health and Social Services for English-Speaking People), Quebec City, 2006.
2. Ibid., page 7.
3. Ibid., page 27.
4. Loc. cit.
5. Loc. cit.

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Indicated Institution

An *indicated institution* is one which is identified in an access program as being required to offer at least one service or one service program in the English-language[6].

Designated Institution

A *designated institution* is one which the Government designates among the recognised institutions. It refers to an institution required to make the Health and Social services accessible in the English-language to English-speaking persons[7].

1.3 Legal Context

As in the past, when reviewing this program the Agency sought to balance the expectations of the English-speaking community with existing Quebec laws.

1.3.1 Ministerial Frame of Reference

The Frame of Reference provides guidelines for the implementation of the Access Program and its content. The Frame of Reference defines the program's nature, objective and components. It specifies the preferred orientations and describes the steps for the review, approval and follow-up process.

The framework also emphasises the importance of involving the Regional Committee made up of local English-speaking communities' representatives, in the Access Program review and development process, and determines the terms and conditions for their participation.

1.3.2 Act Respecting Health Services and Social Services

Section 15:

"English-speaking persons are entitled to receive health services and social services in the English language, in keeping with the organizational structure and human, material and financial resources of the institutions providing such services and to the extent provided by an access program referred to in Section 348."

Section 348:

"*Each agency, in collaboration with institutions, must develop a program of access to health services and social services in the English language for the English-speaking population of its area in the centres operated by the institutions of its region that it indicates or, as the case may be, develop jointly, with other agencies, such a program in centres operated by the institutions of another region. This program must be approved by the Government and reviewed at least every three years.*"

6. Loc. cit.
7. Loc. cit.

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Section 510:

"*The Government shall, by regulation, provide for the formation of regional committees entrusted with:*

- *Advising the Agency on the access programs developed by that Agency in accordance with Section 348;*
- *Evaluating the access programs and suggesting amendments to them where expedient.*"

The *Act* also states that regional and local authorities bear a responsibility towards people's health on their territory, particularly in regard to services access and interventions' efficiency. Thus, the Agency must implement a network of integrated health and social services, assist in its development and support it in the elaboration of clinical projects and any other innovative projects, while taking the area's regional and demographic realities into account.

Let us review the responsibilities entrusted to the CSSS, which are the common thread throughout the development process of this Access Program:

- To provide public health services and interventions adapted to the whole population and to their more vulnerable clients;
- To offer a balanced range of general and specialized services, adapted to special clients' needs, based on regional consensus and government policies;
- To receive and refer people and their relations to relevant services in accordance with the recognized ethical, quality and access standards.

1.3.3 Charter of the French Language (Bill 101)

- Art. 1: French is the official language of Quebec.
- Art. 4: Workers have a right to carry on their activities in French.
- Art. 15: The civil administration shall draw up and publish its texts and documents in the official language.
- Art. 19: The notices of meeting, agendas and minutes of all deliberative assemblies in the civil administration shall be drawn up in the official language.
- Art. 22: The civil administration shall use only French in signs and posters, except where reasons of health or public safety require the use of another language as well.
- Art. 27: In the health services and the social services, the documents filed in the clinical records shall be drafted in French or in English, as the person drafting them sees fit. However, each health service or social service may require such documents to be drafted in French alone. Summaries of clinical records must be furnished in French on demand to any person authorized to obtain them.

1.3.4 Réseaux universitaires intégrés de santé (Integrated University Health Networks)

The reform of health and social services led to the creation of four Réseaux universitaires intégrés en santé / RUIS (Integrated University Health Networks), each being served by one of Quebec's four faculties of medicine (McGill University, Université de Montréal, Université de Sherbrooke, Laval University). These networks offer third-line clinical services and well as teaching and research services, coordinated by the faculty of medicine as well as by its affiliated teaching hospitals. They aim at facilitating relations between

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these hospitals and regional health and social service authorities and their CSSSs. Abitibi-Témiscamingue is affiliated with the McGill University RUIS.

1.3.5 Clinical and Organizational Projects

Bill 83 entrusts CSSS with the responsibility of reviewing the whole service supply, with a view to improving public health and welfare, bring services closer to the people being served, facilitate their mobility throughout the network, and ensure a better case management.

Clinical and organizational projects therefore constitute a process requiring the participation and contribution of many partners to ensure as comprehensive a service supply as possible for all clients in the region.

The access program review process is part of the clinical and organizational project activities as it seeks to improve services access and quality, among others. In the last three years a number of CSSS in our region have developed clinical projects including the English-speaking clients in their concerns, under various modalities which we will explore later. While some institutions have not yet completed their projects, all are aware of the need to take language concerns into account.

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Part 2 Regional Profile

2.1 Abitibi-Témiscamingue – General Information

With a land area of some 65,000 km^2, Abitibi-Témiscamingue is Quebec's fourth-largest region. It is bounded on the west by the Quebec-Ontario border, in the north by the 49th parallel, and in the south and east by the regional county municipalities (MRCs) of Pontiac, Vallée-de-la-Gatineau and Haut-Saint-Maurice.

A total of 65 municipalities share the territory, not including the eleven unorganized areas (UNOs). In addition, the territory includes the four Algonquin reserves of Eagle Village First Nation (Kipawa), Timiskaming First Nation (Notre-Dame-du-Nord), Abitibiwinni (Pikogan) and Lac-Simon, as well as the three Algonquin institutions of Hunter's Point, Long Point First Nation (Winneway) and Kitcisakik.

Based on the latest Statistics Canada estimates[8], some 144,886 people live in this region, throughout five MRCs (Vallée-de-l'Or, Abitibi, Abitibi-Ouest, Témiscamingue and Rouyn-Noranda). Moreover, the region is divided into six local service network territories. The most populated of these are Vallée-de-l'Or and Rouyn-Noranda, which respectively account for 30 and 28 percent of the region's population. The CSSS regions of Les Eskers de l'Abitibi and Aurores-Boréales are home to some 17 percent of Abitibi-Témiscamingue residents. The areas of Lac-Témiscamingue and Témiscaming-et-de-Kipawa are the least populated, respectively accounting for some 9 and 2 percent of the region's inhabitants.

The Abitibi-Témiscamingue region accounts for 1.9 percent of Quebec's population. It is a relatively young region, with slightly fewer women than the rest of Quebec. It is also home to a growing aboriginal population (which totalled just over 6,500 people in 2009[9], representing some 4.5 percent of Abitibi-Témiscamingue residents). While some of its population is still in exodus, in recent years the region has regained significant potential. Overall, Abitibi-Témiscamingue has seen a slight demographic growth in recent years. Lastly, like all of Quebec, it is also faced with an aging population.

Socio-economically, Abitibi-Témiscamingue has been through significant problems in industries like forestry and agriculture, but the region also sees major developments in industries like gold mining and construction. It faces a shortage of qualified manpower in several sectors, and continues to have lower education levels than elsewhere in Quebec. Manpower recruitment and training are therefore major challenges in the region.

The overall health of regional residents has continued to improve in the last two decades, as seen in the continual rise in life expectancy. But the population has seen numerous social and health problems, requiring action by all players in the health and social services network.

2.2 Health and Social Services Agency and Institutions In Abitibi-Témiscamingue

Following the health and social services reform, the *Régie régionale de la santé et des services sociaux de l'Abitibi-Témiscamingue* became the *Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue* (Abitibi-Témiscamingue Health and Social Services Agency) in January 2006. Direct services are supplied by six CSSSs and four regional rehabilitation centres (CRs) throughout the region's five MRCs. The following table lists the services offered by each of these institutions.

[8] Estimates produced in 2010 for the yearr 2009.
[9] Source: Department of Indian Affairs and Northern Development. Indian Register as of December 31, 2009.

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Table 1: Health and Social Services offered in Abitibi-Témiscamingue per institution

Institutions	Mandate / Operation				
	CH	CLSC	CHSLD	CJ	CR
CSSS de la Vallée-de-l'Or	✓	✓	✓		
CSSS de Rouyn-Noranda	✓	✓	✓		
CSSS de Témiscaming-et-de-Kipawa	✓	✓	✓		
CSSS des Aurores-Boréales	✓	✓	✓		
CSSS du Lac-Témiscamingue	✓	✓	✓		
CSSS Les Eskers de l'Abitibi	✓	✓	✓		
Regional Institutions					
Centre jeunesse de l'Abitibi-Témiscamingue				✓	✓
Centre Normand					✓
CRDI de l'Abitibi-Témiscamingue Clair Foyer					✓
CR La Maison					✓

Besides, although they do not belong to Quebec's health network, there are also health centres on the region's Algonquin lands: *Centre de santé Abitibiwinni* (Pikogan), *Centre de santé du Lac Simon* (Lac Simon), *Centre de santé de Kitcisakik* (Kitcisakik), Eagle Village First Nation Health Centre (Kipawa), Long Point First Nation Health Centre (Winneway), and Timiskaming First Nation Health Centre (Notre-Dame-du-Nord).

2.3 Target Population

2.3.1 English-Speaking Resident Population

The English-speaking community has been present in Abitibi-Témiscamingue since the early days of colonisation. It is composed of Anglo-Saxons, but also of Native people and immigrants who came to work primarily in the mines and chose to speak English, which was then the language of business.

As stated in the introduction, at the time of the 2006 Census some 5,100 (or 3.6 percent) of the region's residents claimed English as their mother tongue.

In contrast, this percentage rises to 8.6 percent for the whole Quebec. When compared to data from the 2001 Census, we note that the number of Abitibi-Témiscamingue residents whose mother tongue is English fell from 5,265 to 5,100 (a 3 percent decrease).

The data used to develop the access program are taken from the document prepared by the Agency[10] based on 2006 Census data. The full document is attached. Statistics Canada uses a number of variables to define the English-speaking population. For the purposes of this profile, three variables were selected:

- The population for whom English is the mother tongue (i.e. people for whom English is the first language learned at home in childhood and still understood at the time of the Census[11]);
- The population for whom English is the first spoken official language (i.e. people who can converse only in English, as well as those for whom English and at least one non-official language is the mother tongue[12]);
- The population knowing just one of the two official languages, namely English (people who can converse only in English[13]).

10 English-Speaking Population in Abitibi-Témiscamingue, September 2010.
11 Ibid, p. 70.
12 Ibid., p. 73.

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Table 2: Number and percentage of the English-Speaking Population according to the definition criteria used, in Abitibi-Témiscamingue, 2006

Definition criteria of the English-Speaking Population	Number of people	% of total population
English mother tongue	5,100	3.6
English, 1st official language spoken	5,075	3.6
English, home language	4,980	3.5
Knowledge of only one of the two official languages: English	1,680	1.2

Source : Statistics Canada, 2006 Census.

a) Population whose mother tongue is English

In defining the English-speaking population as that for which English is the mother tongue, some 5,100 people in Abitibi-Témiscamingue were enumerated, that is 3.6 percent of the region's residents.

The highest number was concentrated in the *CSSS de la Vallée-de-l'Or* region (Table 2). However, the total number of people whose English is the mother tongue was lower than in the 2001 Census, which had enumerated some 5,265 people for the region.

Table 3: Distribution of the population whose mother tongue is English per CSSS territory, Abitibi-Témiscamingue

CSSS territories	Number	%
Vallée-de-l'Or	1,325	26.0
Témiscaming-et-de-Kipawa	1,280	25.1
Rouyn-Noranda	995	19.5
Lac-Témiscamingue	990	19.4
Les Eskers de l'Abitibi	370	7.3
Aurores-Boréales	165	3.2
Abitibi-Témiscamingue Region	**5,100**	**100**

Source : Statistics Canada, 2006 Census

Aside from the drop in the total number of people for whom English is the mother tongue, a comparison of 2001 and 2006 data reveals a change in geographic breakdown for people in this group, with some CSSS regions showing an increase and others showing a decrease:

- CSSS Les Eskers de l'Abitibi: + 80
- CSSS de Témiscaming-et-de-Kipawa: + 35
- CSSS des Aurores-Boréales: + 25
- CSSS du Lac-Témiscamingue: - 40
- CSSS de la Vallée-de-l'Or: - 80
- CSSS de Rouyn-Noranda: - 160

13 Statistics Canada. 2001 Census Dictionary. Department of Industry, 2002, p. 68.

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Table 4: Distribution of the population whose mother tongue is English, based on gender and age group, Abitibi-Témiscamingue, 2006

Age group	Both genders		Men		Women	
	%	Estimated Number	%	Estimated Number	%	Estimated Number
0-14	16	840	17	450	16	390
15-24	13	647	12	317	12	297
25-44	27	1,378	26	687	28	703
45-64	29	1,487	30	780	28	707
65 +	14	727	14	358	15	366
Total	**100**	**5,100**	**100**	**2,604**	**100**	**2,508**

Source : Statistics Canada, 2006 Census.

Table 4 indicates that more than half the people whose English is the mother tongue are adults (25 to 64 years old), while the other age groups have nearly identical percentages (0-14: 16 percent; 15-24: 13 percent; 65 +: 14 percent).

A comparison of these data to the rest of the population (i.e. people with a mother tongue other than English) shows few differences, since discrepancies are minimal in each category (see Figure 2, page 8 of the attached document).

b) Population for whom English is the first official language spoken

The 2006 Census enumerated **5,075 Abitibi-Témiscamingue residents** for whom English was the first official language spoken, representing **3.5 percent** of the total population.

Table 5: Distribution of the population whose first official language is English, per CSSS territory, Abitibi-Témiscamingue, 2006

CSSS territories	Number	%
Témiscaming-et-de-Kipawa	1,315	25.9
Vallée-de-l'Or	1,240	24.4
Lac-Témiscamingue	1,070	21.1
Rouyn-Noranda	905	17.8
Les Eskers de l'Abitibi	395	7.8
Aurores-Boréales	150	3.0
Abitibi-Témiscamingue Region	**5,075**	**100**

Source : Statistics Canada, 2006 Census.

The Table 5 data show that the numbers are comparable to those of 2001, but with a change in distribution by territory (as with the criterion of mother tongue). The *CSSS de Témiscaming-et-de-Kipawa* region now has the highest recorded number of people for whom English is the first official language spoken (1,315, representing nearly 26 percent of the region's residents).

A more detailed analysis helps shed light on the change of distribution, across six CSSS territories in the space of five years, in the population for whom English is the first official language spoken:

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- CSSS Les Eskers de l'Abitibi : + 140
- CSSS des Aurores-Boréales : + 80
- CSSS de Témiscaming-et-de-Kipawa : + 45
- CSSS du Lac-Témiscamingue : + 5
- CSSS de la Vallée-de-l'Or : - 125
- CSSS de Rouyn-Noranda : - 145

c) Population for whom English is the sole official language

As indicated in Table 6 below, the population for whom English is the sole official language represents slightly fewer than 1,700 Abitibi-Témiscamingue residents (i.e. 1.2 percent of the region's population in the 2006 Census).

These people are concentrated mainly in the *CSSS de Témiscaming-et-de-Kipawa* and *CSSS du Lac-Témiscamingue* regions. Roughly 1 person in 6 lives in the *CSSS de la Vallée-de-l'Or* region, and 1 in 10 lives in *CSSS de Rouyn-Noranda* region. The number of people for whom the sole official language is English is quite marginal in the *CSSS Les Eskers de l'Abitibi* and *CSSS des Aurores-Boréales* regions.

Table 6: Distribution of the population who knows English as sole official language, per CSSS territory, Abitibi-Témiscamingue, 2006

CSSS territories	Number	%
Témiscaming-et-de-Kipawa	755	44.9
Lac-Témiscamingue	495	29.5
Vallée-de-l'Or	185	11.0
Rouyn-Noranda	175	10.4
Les Eskers de l'Abitibi	50	0.9
Aurores-Boréales	15	0.9
Région Abitibi-Témiscamingue	**1,680**	**100**

Source : Statistics Canada, 2006 Census.

A comparison of these data to those collected in 2001 shows an eight percent drop in the total number of people for whom English is the sole official language. However, this is not consistent throughout the area and, conversely, some CSSS territories may see a rise in the number of people for whom English is the sole official language:

- CSSS Témiscaming-et-de-Kipawa : + 45
- CSSS Les Eskers de l'Abitibi : + 20
- CSSS des Aurores-Boréales : + 5
- CSSS de Rouyn-Noranda : - 15
- CSSS du Lac-Témiscamingue : - 70
- CSSS de la Vallée-de-l'Or : - 110

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2.3.2 English-Speaking Serviced Population

It is important to note that in addition to the resident population, the Health and Social Institutions in Abitibi-Témiscamingue are also requested to offer services to clients living outside the region. This is especially true for the *CSSS de la Vallée-de-l'Or*, the *CSSS Les Eskers de l'Abitibi* and regional institutions, which serve Cree clients from the Nord-du-Québec region as well as, in some cases, members of the Inuit community. We will cover this in greater detail in the section containing the demographic profile by region.

Moreover, given its proximity to Ontario, *CSSS de Témiscaming-et-de-Kipawa* also serves, on a daily basis, Ontario clients from the towns of Thorne and Eldee near the provincial border.

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Part 3 Review Process

3.1 Presenting the Review Process

The 2007 access program relied on demographic data from the 2001 Census. For English-language services available in institutions, the commitments made by institutions under the 2007 access program probably changed (and even improved) the list. Therefore, the program review required the Agency to proceed in several stages:

- Have as recent a profile as possible of Abitibi-Témiscamingue's English-speaking population;
- Update data on English-language services in institutions as of December 15, 2010, to prepare a report on achievements and on measures implemented to attain 2007 access program objectives;
- Share data provided by institutions with regional committee members, and obtain their views;
- Learn the views of English-speaking clients about access to English-language health and social services in the region;
- Identify changes or improvements, where applicable, to continue improving access to English-language services;
- Set priorities.

3.2 Profile of Abitibi-Témiscamingue's English-Speaking Population – Update

Coupled with the report on achievements, the new access program's review and development required the Agency to have up-to-date data on our area's English-speaking population and its distribution per CSSS territory. Since demographic data for the 2007 access program were taken from the 2001 Census, the Agency set out to compile a demographic profile of Abitibi-Témiscamingue's English-speaking population based on Statistics Canada's 2006 Census. The full profile, which is attached to this document, is an integral part of the 2011-2014 access program.

3.3 Updating data on English-Language Services Available in Institutions as of December 15, 2010

When developing the 2006-2007 access program, the Agency invited each institution to appoint someone in charge of the file to represent it throughout the process. The same people have since remained in charge of the English-language file[14], thus greatly facilitating this review process.

In view of the large workload of English-language respondents in institutions, the distances to travel for meetings, and the context of budget cuts, the Agency has opted in favour of meetings and discussions by telephone conference and Intranet, based on the availability of all participants.

After being informed of the access program review process, each institution was invited to update the data collected in the 2007 Access program. Institutions were also asked to indicate measures taken in the last three years to achieve the goals of the 2007 program and, where applicable, to describe obstacles encountered.

[14] Except for respondents from Centre jeunesse de l'Abitibi-Témiscamingue and CSSS de la Vallée-de-l'Or, who changed shortly before the start of the review process (through this had no impact on the work).

Each institution was then asked to outline the action plan it would implement in the next three years to improve access to its services for English-speaking users. All institutions worked closely together throughout the process. The exercise also helped make a generally positive diagnosis about the achievement of the goals set in 2007, as we will see later in more detail.

3.4 Sharing Institution-Provided data with Regional Committee Members

The Agency informed regional committee members of the access program review process in spring 2010. In view of this, the number of meetings and discussions with committee members has increased in recent months.

The Agency's profile of the English-speaking population was sent to regional committee members on a priority basis, once it was translated into English and before it was distributed to the Agency's other partners. Committee members also took part in all development phases of the satisfaction survey for English-language users from Abitibi-Témiscamingue, and were active and valuable partners in distributing the survey and collecting responses.

The data updated by institutions were sent to regional committee members, to determine their views and solicit their feedback and expectations. Committee members were also invited to directly contact those in charge of the English-language file in institutions, when they deem it necessary, to ask questions or seek clarification. To ensure transparency, a list of those in charge of the English-language file for each institution was distributed to regional committee members. Institutions also have a list of committee members.

3.5 Perception of English-Speaking Clients regarding Access to English-Language Health and Social Services in the Region

To offer health and social services network users the quality services to which they are entitled without discriminating on the basis of culture or language, the Agency has striven, in the access program review process, not just to update data but to obtain the views and suggestions of English-speaking clients on the accessibility of its English-language services.

While some data were easy to collect and record, others were less so. Despite regular discussions with regional advisory committee members and the English-language file managers of each institution, it was hard to determine precise satisfaction levels of English-speaking clients with the accessibility of English-language services. That is why we conducted a survey with the English-speaking clients. The document was submitted to regional committee members for amendments and improvements, and then sent to certain people outside the health system as a pre-test before its wider distribution. The final survey (Access to Health and Social Services in the English Language for the English-Speaking Population) is attached.

The goal was to reach as many English-speaking people throughout the region as possible, and obtain a sample with a 95 percent confidence level (which brought the desired number of responses to 357). To achieve this goal we strategically distributed 660 surveys, in prepaid envelopes, in proportion to the English-speaking population in each territory. Regional committee members and the English-language file managers of each institution were major partners in distributing the document. Committee members organized its distribution through their network, while English-language respondents strove to reach employees or key players in most points of service. Each partner made an effort to deliver the document by hand and explain its objective verbally, though this is also clearly indicated on Page 1 of the survey.

The Agency coordinated the whole process. Unfortunately, despite our efforts we received just 152 responses.

3.6 Determining Priorities to Continue the Process of Improving Access to English-Language Services

The last phase involved determining priorities for the region and mechanisms to hone or develop in the institutions, while taking into account the legal guidelines that institutions had to follow for postings, signage, written and oral communication, etc. This part of the work was completed thanks to the collaboration of institutions and regional committee members. We also relied on feedback obtained through the survey

In the process of collecting and compiling information, regional committee members received one draft program per CSSS territory to ensure their approval regarding the information collected from institutions. They were then invited to present their desired changes or recommendations to the Agency and the potentially affected institution. This step-by-step approach helped determine priorities for the next three years.

3.7 Approval of Access Program by the Regional Committee and by the institutions

Once the program was finalized, regional committee members were invited to comment on its content to ensure the guidelines met their expectations. They were also asked to make any recommendations they felt necessary to ensure the English-speaking population had access to health and social services in our region's institutions in the years to come. Lastly, institutions had the access program approved by their boards of directors.

Part 4 Services available in English

In this section we will review the profile of the English-speaking population, as well as available English-language services in Abitibi-Témiscamingue's health and social services institutions for each CSSS territory. We will also examine arrangements made and measures taken by each institution to meet the 2007 program objectives. Lastly, we will look at the priorities set by each to continue improving access to services for English-speaking clients in the next three years.

As before, the demographic information in this section comes from Statistics Canada's 2006 Census data. For each territory we will state the number and proportion of the English-speaking population according to the criteria used, and then the number of people for whom English is the mother tongue, by gender and age group.

During the review, the Agency sought to know how many English-speaking people per CSSS are given health and social services each year. As in the past, data collected from institutions are approximate and not based on sufficiently reliable compilation methods to be used, since no institution keeps a specific record of the spoken language of its clients.

4.1 CSSS de Rouyn-Noranda

The CSSS de Rouyn-Noranda serves the population around the city of Rouyn-Noranda, which is scattered throughout an area of more than 6,000 square kilometres[2].

4.1.1 English-Speaking Population

Based on Statistics Canada's annual demographic estimates for 2009, the total population of this region was 40,772. For the English-speaking population, Statistics Canada's 2006 Census data indicate that:

- **995 people** (i.e. 2.5 percent of the Census population) have English as their mother tongue;
- **About 175 people** (i.e. less than 0.5 percent of the Census population) have English as their sole official language;
- **905 people** (i.e. 2.3 percent of the Census population) have English as their first official language spoken.

In Part 2 of this document, a comparison of data between 2001 and 2006 shows a decrease of 145 people for whom English is the sole official language and a decrease of 160 people for whom English is the mother tongue.

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Table 7 : Distribution of the population whom mother tongue is English based on gender and age group, *CSSS de Rouyn-Noranda* territory, 2006

Age group	Both genders		Men		Women	
	%	Estimated Number	%	Estimated Number	%	Estimated Number
0-14	10	95	9	48	11	51
15-24	11	106	11	55	9	44
25-44	25	253	23	117	30	143
45-64	34	338	37	191	31	147
65 +	20	202	20	103	21	99
Total	**100**	**995**	**100**	**518**	**100**	**481**

Source : Statistics Canada, 2006 Census.

If we compare the repartition of the population whom mother tongue is English with that of the territory's other residents (Figure 5 of the profile in Annex 7), we see a lower proportion of children under 15 (10 percent compared to 18 percent) and young people from 15 to 24 (11 percent vs. 14 percent) among the population for whom English is the mother tongue. Among adults from 25 to 44, the proportion is fairly similar.

There are proportionally more older people among the population for whom English is the mother tongue (i.e. 34 percent vs. 30 percent for those aged 45 to 64, and 20 percent vs. 13 percent for those aged 65 and over). Since clients in this age group are more vulnerable in terms of health, they require more attention and consume more services.

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Table A – Services Available in English at *CSSS de Rouyn-Noranda*

CSSS de Rouyn-Noranda	Points of services	Services Available in English	Schedule	Mechanisms	Written communication
Hospital	Rouyn-Noranda	Reception, routine services, operating rooms, medicine, surgery,paediatrics, gynaecology, obstetrics, day care, emergency, intensive care, dialysis, oncology,diagnostic radiology, laboratory,perinatal medicine, psychiatry, respirology **Regional Specialities:** ophthalmology, urology, neurology, paediatric oncology, otorhinolaryngology, breast screening (designated Regional Investigation Centre)	Day, evening, night	English-language services are available on request for all sectors. List of contact people who can speak English and other languages. When necessary, staff members refer client to a colleague who can speak English. English-language telephone message during vaccination periods	A number of English language documents are available: - admission and consent forms - protocols and procedures - certain prescriptions and postoperative information - news releases concerning public health problems, etc.
CLSC	Beaudry – Cloutier Bellecombe Cadillac Cléricy - Mont-Brun Destor Montbeillard – Rollet Rouyn-Noranda	Reception, school social and nursig services, home care, psychosocial services	Day and evening		
Long-Term Care Centre	Rouyn-Noranda	Reception, nursing, rehabilitation, personal care, day care centre	Day, evening, night (except the day care centre),		

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4.1.2 Observations and Achievements

In the last four years, despite the small and dwindling English-language population in its territory, *CSSS de Rouyn-Noranda* has acquired a number of mechanisms to improve access to English-language services and achieve the goals of the 2007 access program.

Front-Line Services

During this period the institution provided front-line care to the English-language population, including students of the anglophone Noranda School, an average of 1,065 times through 18 different services such as prevention, information, vaccination, examination, consultation, etc.

The *Formulaire d'inscription à la liste du personnel pouvant s'exprimer en langue anglaise et autres langues* (Registration Form for the List of Staff able to Communicate in English and other Languages) was created in January 2007. This form, completed when new employees are hired, keeps an inventory of staff members who can deal with and serve anglophone clients. The list is updated regularly by the person in charge of English-language services, and available on the in-house computer network for staff to consult.

Clinical and Organizational Project

In April 2009 the CSSS board of directors adopted the English-language component of the clinical and organizational project, including a 2009-2013 action plan. This component of the clinical project serves as a lever for the English-language health and social services access program, and adds an additional perspective to help fulfill their obligations to English-speaking people.

Collaborating with Representatives of the territory's Anglophone Population

Central to the efforts of *CSSS de Rouyn-Noranda* regarding English-language services is its close collaboration with the Neighbours Regional Association, an organization serving the anglophone community. The association has been invited to numerous meetings and consultations organized by the institution, such as:

- round tables for all clinical and organizational project components, including the English-language component;
- the *Table d'action intersectorielle Personnes âgées* (Cross-Sectoral Action Table on Seniors) which has developed, among other things, a *service de proximité et d'écoute* (streetworker) for seniors and workshops for people with Alzheimer's Disease or related conditions (Space Time).

The CSSS also supports the Neighbours Regional Association in a range of projects concerning the health sector, most notably by supporting its efforts to obtain grants. The CSSS recently offered support as part of the health promotion project. Two *CSSS de Rouyn-Noranda* staff members also sit on the English Health Partnership Network.

English-Language Training

Under the McGill project, English-language training has been offered to staff members for a number of years. Some 217 people have taken part in the training since 2007, most on their own time and without compensation.

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Translation of Documents and Dissemination of Public Health Information

With regard to written communication, 42 documents have been translated in the last three years with the help of the Agency and the Neighbours Regional Association. These documents are in addition to existing ones, and include (among other things) a code of ethics, a hospital patients' guide, forms, form letters, health care information leaflets, postoperative instructions, etc. During an outbreak (i.e. gastroenteritis) or pandemic (i.e. influenza A (H1N1)), instructions to visitors are posted in English.

The person in charge of anglophone services also distributes public health information to this population, in particular by systematically mailing out all translated news releases from the Agency.

Accreditation Canada

A client satisfaction survey was conducted as part of Accreditation Canada's fall 2008 accreditation process. For the question of whether the institution takes language into account when offering services, the satisfaction rate was more than 93 percent. Some 870 people were surveyed.

Agreements with other Institutions or Partners

To ensure continuity of service, *CSSS de Rouyn-Noranda* works in partnership with the region's other institutions. For example, there is an agreement on the hospitalization of Témiscamingue residents in *CSSS de Rouyn-Noranda*'s psychiatric unit. If an English-speaking client is referred to *CSSS de Rouyn-Noranda*, the usual mechanism for English-language services kicks into gear.

Like all the region's institutions, *CSSS de Rouyn-Noranda* is part of the RUIS with McGill University.

Lastly, *CSSS de Rouyn-Noranda* has a written procedure to ensure a logistical follow-up for Cree community members who belong to the Cree Board of Health and Social Services of James Bay and obtain their leave after a hospitalization. However, this procedure has not been used in recent years, since Cree clients have been rarer at *CSSS de Rouyn-Noranda*.

Recommendation of the English-Speaking Community

The English-speaking community would like *CSSS de Rouyn-Noranda* to continue its efforts regarding availability of documents and quality of reception for English-speaking people. English-language signage and displays in buildings remains the top priority for Rouyn-Noranda's anglophone community.

The English-speaking community also wants a mechanism established to collect and assess the views and experiences of CSSS staff and users regarding the efficacy of the current access program.

4.1.3 Action Plan 2011-2014

In the next three years, *CSSS de Rouyn-Noranda* plans to continue its efforts to improve access to services for English-language clients. This will involve:

→ Continuing to pursue the goals set out in the English-language component of the clinical and organizational project;
→ Continuing to collaborate with the Neighbours Regional Association (networking project, etc.);
→ Continuing to provide English-language training for staff.

4.2 CSSS de la Vallée-de-l'Or

4.2.1 English-Speakig Population

Based on Statistics Canada's annual demographic estimates, the territory's total population for 2009 was 42,783. For the English-speaking population, Statistics Canada's 2006 Census data indicate that:

- **1 325 people** (i.e. **3.2 percent** of the Census population) have English as their mother tongue;
- **Nearly 185 people** (i.e less than **0.4 percent** of the Census population) have English as their sole official language;
- **1 240 people** (i.e. 3 percent of the Census population) have English as their first spoken official language.

As we pointed out in Part 2 of the document, a comparison of Statistics Canada's 2001 and 2006 data shows a decrease in the region of 125 people for whom English is the first spoken official language and a decrease of 80 people for whom English is the mother tongue.

Table 8: Distribution of the population whose mother tongue is English, based on gender and age group, *CSSS de la Vallée-de-l'Or* territory, 2006

Age group	Both genders		Men		Women	
	%	Estimated Number	%	Estimated Number	%	Estimated Number
0-14	15	200	15	103	14	89
15-24	12	162	12	79	12	79
25-44	25	334	27	182	24	155
45-64	33	434	33	224	34	217
65 +	15	196	14	93	16	103
Total	**100**	**1,325**	**100**	**685**	**100**	**640**

Source : Statistics Canada, 2006 Census

If we compare the repartition of the population whose English is the mother tongue with that of the territory's other residents (Figure 8 of the profile in Annex 7), we see a lower proportion of children aged 15 or under (15 percent vs. 19 percent). The proportion is fairly similar for young people aged 15 to 24 and adults aged 25 to 44, fluctuating around 12 percent for the former and 26 percent for the latter.

Conversely, the percentage of people whose English is the mother tongue is higher for the 45 to 64 age group (33 percent vs. 30 percent) and for those aged 65 and up (15 percent vs. 12 percent). Since clients in this age group are more vulnerable in terms of health, they require greater attention and consume more services. The CSSS is aware of this problem, and English-language services are available days, evenings and nights in the Malartic, Senneterre et Val-d'Or residential centres (as indicated in the following table).

Table B – Services Available in English at *CSSS de la Vallée-de-l'Or*

CSSS de la Vallée-de-l'Or	Points of services	Services Available in English	Shedule	Mechanisms	Written communication
Hospital	Val-d'Or	Reception, Val-d'Or and Malartic hospital pharmacy, anticoagulant therapy, kidney dialysis	Day, evening	Reception and English-language services available on request. When necessary, staff refer clients to a colleague who can speak English. English-language telephone message during vaccination periods.	A number of English-language documents are available: - general information - forms - legal documents - reception guide - leaflets - prescriptions - news releases concerning public health problems, etc. Information is sometimes posted in four languages.
		Mental health, outpatient services and psychiatry, archives, cytology, anatomical pathology, specimen centre, laboratories, audiology, speech therapy, surgery, family planning, day surgery, operating rooms, oncology, medical social services, gynaecology, ultrasonography, mammography, CT imaging, MRI, medical imaging support	Day		
		Respiratory therapy, biochemistry, respiratory physiology, asthma clinic, polysomnography, ambulatory polysomnography, electrophysiology, physiotherapy, emergency overflow unit, diagnostic radiology	Day, evening, night		
		Regional Specialities: Cytology and blood bank, nuclear medicine, respirology, gastro-enterology, ophthalmology, urology, dermatology, microbiology, cardiology, psychiatric rehabilitation, forensic psychiatry	Day		

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CSSS de la Vallée-de-l'Or	Points of services	Services Available in English	Shedule	Mechanisms	Written communication
CLSC	Malartic Senneterre Val-d'Or	Reception, home care, preventive and curative services, psychosocial services, nursing services and school social services	Day (day, evenig and night for certain services)		
Long-Term Care Centre	Malartic Senneterre Val-d'Or	Reception, nursing, rehabilitation personal care	Day, evening, night		
Psychiatric Hospital	Malartic	Reception, evaluation, orientation, electrophysiology, nursing branch, reception, telecommunication, archives, specimen centre, pharmacy, medical clinic, mental health outpatient clinic	Day		

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4.2.2 Observations and Achievements

As mentioned earlier, the number of English-speaking people decreased slightly between 2001 and 2006 (from 1,400 to 1,325 people whose English is the mother tongue). However, this has not changed the commitment of *CSSS de la Vallée-de-l'Or*, which plans to continue efforts to improve access to services for English-speaking clients.

Front-Line Services

In addition to English-language services in CSSS facilities, the CLSC offers English-language home care and home assistance. In 2009-2010, *CSSS de la Vallée-de-l'Or* thus provided front-line services to some 1,928 English-speaking clients. These included services at Val-d'Or's anglophone Golden Valley School, attended by 307 children and adolescents from 5 to 16 years old (among them a growing number of new aboriginal students, including Cree and Inuit). The services in question included prevention, vaccination, examinations, consultations and information for students and parents alike. The nurse in charge can communicate easily in English to ensure quality interventions.

The Malartic psychiatric hospital is a designated centre offering legal assessment services for the regions of Abitibi-Témiscamingue and Nord-du-Québec (Region 10). A number of people monitored or assessed by the institution's health practitioners and workers are English-speaking. As indicated in the previous table, the hospital offers English-language services on request.

Agreement with the Conseil cri de la santé et des services sociaux de la Baie-James (Cree Board of Health and Social Services of James Bay)

While the region's anglophone population has decreased in recent years, *CSSS de la Vallée-de-l'Or*'s clients include a growing number of people from northern Quebec's Cree communities who come to Val-d'Or temporarily for various reasons (studies, health care, shopping, sporting events, etc.). To assist members of these communities, the Cree Board of Health and Social Services of James Bay signed an agreement with the CSSS and rents premises in the institution to offer services to Cree patients. In addition to Cree-English interpretation services, people employed by this unit monitor and assist women through pregnancy and childbirth (i.e. setting appointments, visiting sites, providing assistance during hospitalization, etc.).

English-Language Training

To better serve its English-speaking clients, *CSSS de la Vallée-de-l'Or* continues to offer English-language training to staff as part of the McGill project. Since 2007, nearly 60 people have taken part in the training.

Translation of Documents

In the area of written communication, a number of documents are available in English (forms, reception guides, leaflets, legal documents, educational materials, pre- and post-operative information, news releases issued by the CSSS or the Agency, etc.). Since 2007, the Agency has translated more than 30 user documents for *CSSS de la Vallée-de-l'Or*. The institution also has recourse to a translation service when necessary. Information is posted in several languages, including English.

Accreditation Canada

For the renewal of accreditation, the findings of a May 2010 survey of CSSS clients showed that 94 percent agreed that the institution took language into account when offering services. The CSSS also noted an improvement in the satisfaction of anglophone clients regarding access to English-language services. Not a single complaint was received in the last year. A mediation mechanism is also still in place which, where applicable, helps resolve disputes before they lead to a complaint.

Agreements with Other Institutions or Partners

CSSS de la Vallée-de-l'Or has an agreement (renewed in November 2010) with Montreal's *Hôpital Sacré-Coeur* and *Hôpital Ste-Justine* for specialized traumatology services. In the event that English-speaking clients are transferred to these hospitals, they are able to provide English-language services.

Like all the region's other institutions, *CSSS de la Vallée-de-l'Or* is part of the RUIS with McGill University.

Relationship with Regional Advisory Committee

In recent years, representatives of Val-d'Or's anglophone community have left the regional committee due to lack of availability. There has thus been little direct contact between *CSSS de la Vallée-de-l'Or* and representatives of the region's English-speaking community. However, the Agency liaises with the institution when necessary, or at the request of committee members. The fact that two new people have recently agreed to sit on the committee should, in the short term, help re-establish direct collaboration with the person in charge of the institution's English-language file.

4.2.3 Action Plan 2011-2014

In the next three years, CSSS de la Vallée-de-l'Or plans to continue its efforts to improve access to services for English-speaking clients. This will involve:

- → Including the English-language component in clinical and organizational projects;
- → Keeping the list of bilingual people up to date, and distributing it within the services;
- → Targeting the services most frequently used by English-speaking clients, to encourage staff of the sectors in question to enrol in training;
- → Translating documents, and ensuring they are distributed to English-speaking clients;
- → Developing relationship with representatives of the region's anglophone community who sit on the regional advisory committee.

4.3 CSSS des Aurores-Boréales

The territory's population is spread throughout 21 municipalities and two unorganized areas (UNOs) covering a land area of 3,367 square kilometres. In addition to this is a service area of three municipalities belonging to James Bay, with a total of 927 inhabitants.

4.3.1 English-Speaking Population

Based on Statistics Canada's annual demographic estimates for 2009, the total population of this territory was 21,007. For the English-speaking population, Statistics Canada's 2006 Census data indicate that:

- **165 people** (i.e. **less than 1 percent** of the Census population) have English as their mother tongue;
- **Some 15 people** (i.e. **less than 0.1 percent** of the Census population) have English as their sole official language;
- **150 people** (i.e. less than 1 percent of the Census population) have English as their first spoken official language.

In Part 2 of the document, a comparison of Statistics Canada data between 2001 and 2006 shows an increase of 80 people for whom English is the first spoken official language and an increase of 25 people for whom English is the mother tongue.

Table 9: Distribution of the population whose mother tongue is English, based on gender and age group, *CSSS des Aurores-Boréales* territory, 2006

Age group	Both genders		Men		Women	
	%	Estimated Number	%	Estimated Number	%	Estimated Number
0-14	5	8	4	4	10	8
15-24	10	16	13	12	10	8
25-44	21	35	22	20	30	24
45-64	36	59	30	28	20	16
65 +	17	28	13	12	15	12
Total	**100**	**165**	**100**	**90**	**100**	**79**

Source : Statistics Canada, 2006 Census.

If we compare the repartition of the population for whom English is the mother tongue with that of the territory's other residents (Figure 6 of the profile in Annex 7), we see a clearly lower proportion of children under 5 years old (5 percent vs. 17 percent). The same is true for young people aged 15 to 24 (10 percent vs. 12 percent) and adults aged 25 to 44 (21 percent vs. 24 percent).

In the 45 to 64 age group, the percentage of people for whom English is the mother tongue is higher (36 percent vs. 31 percent). The proportion is fairly similar for those aged 65 and over (17 percent vs. 15 percent).

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Table C – Services Availables in English at CSSS des Aurores-Boréales

CSSS des Aurores-Boréales	Points of Services	Services Availables In English	Schedules	Mechanisms	Written Communication
Hospital	La Sarre	Reception, archives, physiotherapy, occupational therapy, cardio-respiratory rehabilitation, respiratory therapy, reception, single window and all administrative and support services, medicine, surgery, active and ambulatory geriatrics, intensive care, mental health inpatient clinic, maternity, paediatrics, mental health outpatient consultation services, haemodialysis, onco-hematology, laboratory, medical imaging, cancer screening, emergency, mental health outpatient consultation services and day centre, support services, and all services provided within the service offer	7/7 24/24	List of staff members with sufficient English-language skills (existing referral procedure). When necessary, staff members refer client to a colleague who can speak English.	Uses English-language forms and documentation available on MSSS site.
		Regional Specialities: Dermatology, physical medicine and rheumatology			
	Macamic	**Regional Specialities:** Intensive Functional Rehabilitation Unit (IFRU) in physical impairment and psychogeriatrics			

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CSSS des Aurores-Boréales	Points of Services	Services Available In English	Schedules	Mechanisms	Written Communication
CLSC	Beaucanton Duparquet Dupuy Gallichan La Sarre Macamic Normétal Palmarolle Taschereau	Front-line services: home care, integrated palliative care, nutrition, rehabilitation, respiratory therapy, routine services, reception-assessment-orientation, school services, integrated programs for youth, adults and aging people experiencing a loss of autonomy, various chronic disease management clinics, preventive health, dependency, emergency preparedness, family support, and all services provided within the service offer	Day (day, evening, night for certain services)	List of staff members with sufficient English-language skills (existing referral procedure). When necessary, staff members refer client to a colleague who can speak English.	
Long-Term Care Centre	La Sarre Macamic Palmarolle	Psychogeriatrics residential and long-term care services, temporary accommodation, intensive functional rehabilitation, day centre, intermediate resource support, support services (activities programming, food services, housekeeping, special needs, etc.), and all services provided within the service offer	Day, evening, night	List of staff members with sufficient English-language skills (existing referral procedure). When necessary, staff members refer client to a colleague who can speak English.	Uses English-language forms and documentation available on MSSS site.

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4.3.2 Observations and Achievements

It is interesting to note that unlike the two previously studied territories, *CSSS des Aurores-Boréales* has seen its English-speaking population increase. However, regardless of the defining criteria used, the proportion of this population group remains below 1 percent of the total population.

However, since *CSSS des Aurores-Boréales* has a regional mandate for services in physical impairment (IFRU), psychogeriatrics, dermatology, physical medicine and rheumatology, it is called on to receive and serve not just its own population but clients from the region's other MRCs.

That is why, despite the small English-speaking population in *MRC d'Abitibi-Ouest*, the institution has adopted a range of measures in recent years to improve its ability to serve English-speaking clients.

Front-Line Services

The institution gives staff members a referral list of employees who speak languages other than French, specifying the employees' main areas of intervention. The list, maintained and updated by HR services, is made available to evening and night activity coordinators and managers. Clients also have the option of receiving telephone information in English.

Specialized Services

Most medical specialists for services in physical impairment (IFRU), psychogeriatrics, dermatology, physical medicine and rheumatology are bilingual. For very specific service requests for which the institution has only a few professionals (i.e. speech therapy, etc.), the CSSS has recourse to outside or regional resources when the professionals in question cannot speak English (we should note that there has been no such request in the last four years).

Translation of Documents

The Agency has translated written communication tools into English to support its interventions (i.e. cardio-respiratory rehabilitation program leaflet, etc.). These tools are also available from the region's other institutions. The CSSS relies on the Agency or other translation services for any document deemed essential to the delivery of English-language services. It also uses the forms and documents available on the MSSS site.

Accreditation Canada

In January 2011, the institution received the results of a client satisfaction survey. Of the 553 users who completed the survey, some 94 percent agreed that "the institution takes my language into account when offering services".

Relationship with Regional Committee

No English-speaking representative from this area sits on the regional committee, and the Agency liaises with the institution when necessary or at the request of committee members.

Agreements with Other Institutions or Partners

Like all the region's other institutions, *CSSS des Aurores-Boréales* is part of the RUIS with McGill University.

As part of an agreement with *CR La Maison*, the institution has intensive functional rehabilitation beds.

4.3.3 Action Plan 2011-2014

In the next three years, *CSSS des Aurores-Boréales* plans to continue its efforts to improve access to services for English-language clients. This will involve:

→ Updating the procedure for keeping a list of staff who can intervene with and serve English-speaking clients;
→ Continuing to use staff resources with sufficient English-language skills (as indicated in the policy);
→ Translating documents (in conjunction with the Agency, and using the regional translation service when necessary) to meet client needs.

4.4 CSSS Les Eskers de l'Abitibi

4.4.1 English-Speaking Population

Based on Statistics Canada's annual demographic estimates for 2009, the total population of this territory was 24,746. For the English-speaking population, Statistics Canada's 2006 Census data indicate that:

- **370 people** (i.e. **1.5 percent** of the Census population) have English as their mother tongue;
- **Some 50 people** (i.e. less than 0.2 percent of the Census population) have English as their sole official language;
- **395 people** (i.e. **1.7 percent** of the Census population) have English as their first spoken official language.

In Part 2 of the document, a comparison of Statistics Canada data between 2001 and 2006 for the *CSSS Les Eskers de l'Abitibi* region shows an increase of 140 people for whom English is the first spoken official language and an increase 80 people for whom English is the mother tongue.

Table 10: Distribution of the population whose mother tongue is English, by gender and age group, *CSSS Les Eskers de l'Abitibi* territory, 2006

Age group	Both genders		Men		Women	
	%	Estimated Number	%	Estimated Number	%	Estimated Number
0-14	16	60	17	33	15	27
15-24	16	60	14	27	9	16
25-44	29	109	34	65	26	49
45-64	28	103	31	60	29	54
65 +	12	44	14	27	9	16
Total	**100**	**370**	**100**	**190**	**100**	**185**

Source : Statistics Canada, 2006 Census.

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If we compare the distribution of the population whose mother tongue is English with that of the territory's other residents (Figure 7 of the profile in Annex 7), we see slight differences in most age groups. Children under 15 for whom English is the mother tongue represent 16 percent vs. 18 percent for the rest of the population. For young people from 15 to 24 and adults from 25 to 44, this proportion is slightly higher (16 vs. 13 percent and 29 vs. 26 percent respectively).

Conversely, the proportion of people for whom English is the mother tongue is lower in the 45 to 64 age group (28 percent vs. 30 percent), while for those aged 65 and up it is similar (roughly 12 percent).

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Table D – Services Available in English at *CSSS Les Eskers de l'Abitibi*

CSSS Les Eskers de l'Abitibi	Points of services	Services Available in English	Schedule	Mechanisms	Written Communication
Hospital	Amos	Reception, routine services, emergency, operating rooms, medicine, surgery, paediatrics (maternity unit), intensive care, otorhinolaryngology, neurology and oncology, inpatient psychiatry, radiology / specimen centre	Day, evening, night	English-language services available on request List of available bilingual staff in all departments When necessary, staff members refer client to a colleague who can speak English	A number of English language documents are available: - forms - reception guides - pre and post-operative procedures - new releases concerning public health problems, etc.
		Admissions, occupational therapy/physiotherapy, nutrition, orthotics/prosthetics (*Orthocentre plus*)	Day		
		Regional Specialities: Orthopedics, thoracic and vascular surgery, plastic surgery, oral and maxillofacial surgery	Day, evening, night		
CLSC	Amos	Reception, school social services, home care, psychosocial services	Day (day, evening, night for certain services)		
Long-Term Care Centre	Amos	Reception, nursing, rehabilitation, personal care, home care	Day, evening, night		

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4.4.2 Observations and Achievements

The English-speaking population in the territory of the of the *CSSS Les Eskers de l'Abitibi* increased slightly since 2007 and represents about 1.5%. The *CSSS Les Eskers de l'Abitibi* is not ignoring this growth trend which should continue in future years because there is talk of the possible establishment of a Cree, and hence English-speaking, community in the Amos area.

This CSSS is a regional establishment specialized in orthopaedics, thoracic and vascular surgery, plastic surgery as well as oral and maxillofacial surgery. It is also a regional multi-organ removal centre. It serves not only the population of its territory but also that of the entire Abitibi-Témiscamingue region, as well as many Cree from the MRC de la Baie-James.

This is why several mechanisms were set up at the CSSS in recent years in order to improve access to its services in English.

Front-Line Services

The institution has issued a directory of English-speaking employees with their specialties and work schedules. This directory is available in all the departments and updated regularly. As soon as a worker notices that a person is speaking in English, they speak to them in English or find a worker that can. When an English-speaking person requires home services, the CSSS Les Eskers de l'Abitibi does its best to send them an English-speaking person. Moreover, bilingualism is a requirement for all physical as well as phone reception positions.

Specialized Services

In addition to basic specialties and sub-specialties (ORL, neurology, and oncology), the institution is a secondary traumatology centre offering various regional specialties. The physicians working in these specialties all speak English fluently and are therefore able to attend English-speaking patients.

English-Language Training

In order to develop the proficiency of its personnel in communicating in English with the English-speaking public, the CSSS Les Eskers de l'Abitibi participates each year in the McGill project training program. Since 2007, 79 reception, health and social services workers followed English-language training courses. These courses will be given to about fifty other employees in the next three years.

In addition, McGill University and Douglas Hospital are offering visiotrainings on various topics for CSSS employees. These training programs are available in French and English. Management of the *CSSS Les Eskers de l'Abitibi* has noted that several employees chose to follow their training in English, in order to practice or improve their proficiency in English.

Translation of Documents

The CSSS already has several written documents in English (forms, pre- and post-operation information sheets, brochures, etc.). The number of translation requests made to the Agence has increased noticeably. The CLSC is automatically translating and posting public health announcements. However, one of the CSSS's objectives for 2011-2014 is to systematically post announcements in English in its other two institutions, i.e. the hospital and the residential centre.

Agreements with Other Institutions or Parteners

Like all the other institutions of the region, the CSSS Les Eskers de l'Abitibi is part of the McGill RUIS.

4.4.3 Action Plan 2011-2014

In the next three years, the CSSS Les Eskers de l'Abitibi plans to continue its efforts to improve access to services for English-language clients. This will involve:

→ Continuing English language training of about fifty other employee, through the McGil project;
→ Improving postings in English at the hospital and residential centre;
→ Encouraging videoconferences in English to help its newly trained and interested employees and professionals;
→ Updating the directory of employees who are fluent in English and their place within the organization;
→ Ensuring the English proficiency of the physical and phone reception;
→ Ensuring the English translation and availability of the most important forms, in particular the forms related to regional specialties.

4.5 CSSS du Lac-Témiscamingue

4.5.1 English-Speaking Population

According to Statistics Canada's annual demographic estimates for 2009, the territory of the *CSSS du Lac-Témiscamingue* had a total population of 13,328 persons. The 2006 census data of Statistics Canada on the English-speaking population show that:

- **990 people** (i.e. **7.5 percent** of the total surveyed population) have English as their mother tongue;
- **495 people** (representing **3.7 percent** of the surveyed population) have English as their only official language known;
- **1,070 people** (i.e. **7.8 percent** of the surveyed population) have English as their first spoken official language.

The comparison of Statistics Canada 2001 and 2006 data for the territory of the *CSSS du Lac-Témiscamingue* shows an increase of five persons whose first spoken official language is English and a decrease of 40 persons whose mother tongue is English.

Table 11: Distribution of the population whose mother tongue is English by gender and age group, *CSSS du Lac-Témiscamingue* territory, 2006

Age group	Both genders		Men		Women	
	%	Estimated Number	%	Estimated Number	%	Estimated Number
0-14	23	227	30	143	20	102
15-24	16	157	13	65	19	97
25-44	34	333	29	139	34	171
45-64	19	190	23	111	21	106
65 +	7	69	9	42	8	42
Total	**100**	**990**	**100**	**486**	**100**	**509**

Source : Statistics Canada, 2006 Census.

A comparison of the distribution of the population whose mother tongue is English with that of the territory's other residents (Appendix 7, Figure 4) shows important variations in all age groups. There is a larger proportion of children under 15 years of age whose mother tongue is English, i.e. 23% compared with 18% for the rest of the population. This also applies to youth 15 to 24 years old and adults 25 to 44 years old, who respectively represent 16% compared with 12% and 34% compared with 24%.

Conversely, the percentage of the population whose mother tongue is English is far smaller in the 45 to 64 years age group (19% compared with 30%) and in the over 65 years age group (7% compared with 16%).

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Table E – Services Available in English at *CSSS du Lac-Témiscamingue*

CSSS du Lac-Témiscamingue	Points of services	Services Availables in English	Schedule	Mecanisms	Written communication
Hospital	Ville-Marie	Reception, archives, physiotherapy, occupational therapy, emergency, laboratory, radiology, hospitalization unit, surgery, out-patient clinics, respiratory therapy, dietetics for hospitalized patients, local specialties, appointment office for specialists	7/7 24/24	CSSS bilingual referral agent available for English-speaking clients four days a week for reception, referral and interpretation Directory of staff with sufficient English-language skills Staff members ask a colleague who is fluent in English, if necessary The CLSC has new bilingualism requirements for: reception, assessment, referral, public health, mental health, youth facing difficulties, addictions	A number of documents are available in English: - information pamphlets - admission, consent and complaint forms - surgery and post-surgery procedures - press releases on public health issues, etc. The hospital has a display reserved for information in English
CLSC	Ville-Marie Anglier Belleterre Laforce Latulipe Moffet Nédelec Notre-Dame-du-Nord Rémigny	Reception, assessment, referral, home support services, public health, mental health, youth facing difficulties, general services, chronic diseases, addictions, psychosocial services	Day		
		Info-Santé (Info-Health)	Day, evening, night	Bilingualism is required when applying for this position	
Long-Term Care Centre	Ville-Marie	Nursing and support, animation*, psychosocial service and other professional services (physiotherapy, occupational therapy, nutrition, etc.)	Day, evening, night Day, (Monday to Friday)	List of staff members with sufficient English-languages skills * As december 2010, only one of the 68	

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4.5.2 Observations and Achievements

According to the last Statistics Canada census (2006), the number of persons in the territory of the *CSSS du Lac-Témiscamingue* whose mother tongue is English has slightly decreased. However, an interesting observation is that, contrary to other territories in the region, the percentage of persons whose mother tongue is English is higher in the 0-to-44 age group which means a relatively young clientele.

For several years, the CSSS has taken or reinforced various creative measures in order to improve the availability of services in English.

Access to services

- A binlingual referral agent provides a reception and interpretation service at the CSSS four days a week. Her workstation is located near the reception service and the emergency in the Pavillon Sainte-Famille of the *CSSS du Lac-Témiscamingue*.
- The word 'bilingual" has been added on the ID cards of the short-term care unit's medical staff to encourage English-speaking users to feel free to address them in English.
- Bilingualism is a requirement for the Info-Santé positions and certain CLSC positions; in addition, the involvement of bilingual volunteers is encouraged.
- In May 2008, the board of directors of the *CSSS du Lac-Témiscamingue* adopted the "Local Program of Access to Health and Social Services for the English-Speaking Population." This program presents a short overview of the English-speaking population in the territory, the range of services available in English, the action plan to improve the availability of services in English and the list of pamphlets and forms available in English. It also indicates the staff's language skills as well as the English-language training it has received. This local program was updated in March 2011.

Translation of Documents

Many documents are available in English at reception as well as in the obstetrics and physiotherapy services, in the emergencies and the nutrition clinic, etc. Information pamphlets on provided services, admission, consent and complaint forms, as well as surgery and post-surgery procedures are also available in English. Whenever necessary, the CSSS asks resource persons or the Agence to translate pamphlets, forms, post-surgery procedures and other documents. In addition, the mission, vision and values statement of the CSSS, as well as the infectious disease prevention measures, are posted in English. When necessary, French/English guides and glossaries are made available to staff in the institution's different services.

English-Language Training

For several years, the institution has been participating in the English-language training project initiated by McGill University. Twelve persons followed this training in 2008-2009 and fifteen in 2009-2010. A project has already been presented to continue this training until 2013.

Web site

The institution web site is being translated from French to English and will be on line in spring 2011.

Info-Santé

The *CSSS du Lac-Témiscamingue* provides the Info-Santé (Info-Health) service from a central office located in Ville-Marie. The centre's phone intervention protocols are also available in English in order to facilitate communications when English-speaking persons using the Info-Santé helpline.

Agreements with Other Institutions or Partners

Like all the other institutions in the region, the *CSSS du Lac-Témiscamingue* is part of the RUIS McGill.

Characteristic of the territory: proximity of Algonquin reserves and territories

- The majority of Algonquin people living near the CSSS, in the communities of Timiskaming First Nation (Notre-Dame-du-Nord) and Long Point First Nation (Winneway) or off-reserve, use English as an official language. In order to monitor the availability of services and make any corrections or improvements, as required and according to available resources, liaison meetings are held regularly between the CSSS and these communities.

- The aboriginal population uses the services of the CSSS and the bilingual worker is available four days a week to provide reception, referral and interpretation services to the English-speaking clients upon request. She also regularly provides a direct presence in the Native communities (one day per month) and makes sure that health and social services information is sent to these communities. This information is then broadcast to the general population by the local radio station, posted in the health centres and distributed in the communities' newsletters.

- The Long Point First Nation Health Centre in Winneway and Timiskaming First Nation Health Centre in Notre-Dame-du-Nord provide healthcare and social services in English. The Winneway health Centre is open 24 hours a day and provides basic CLSC services and first responder services in emergency situations. The Timiskaming First Nation Health Centre is open from 8:00 a.m. to 4:00 p.m., Monday to Friday and provides only CLSC services (e.g. homecare services, vaccination, prenatal and postnatal monitoring, etc.). The *CSSS du Lac-Témiscamingue* works closely with these two centres. It is worth noting that for some time now, the members of these two communities have been using more frequently the services of the nearby CSSS's point of service. This is in part due to the improved English-language skills of *CSSS du Lac-Témis*camingue workers.

- Since 1998, the Anishnabe Long Term Care Centre, a private long-term residential centre not under an agreement created by the Band Council of the Timiskaming First Nation, is located in Notre-Dame-du-Nord. This institution allows persons with decreasing independence to stay in or come back to their community. All of the health care services provided by this institution are available in English.

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Adequacy of services with respect to the needs of the English-Speaking Community

From the collected information, we find that the institution has been able to set up mechanisms that allow it to ensure the availability of health and social services to the territory's English-speaking population. Moreover, the members of the regional committee representing this territory have confirmed their satisfaction regarding the adequacy of services, during committee meetings.

4.5.3 Action Plan 2011-2014

In the next three years, the *CSSS du Lac-Témiscamingue* plans to continue its efforts to improve access to services for English-language clients. This will involve:

→ Installing signs in English for the internal services of the Pavillon Sainte-Famille;
→ Updating every year the services and pamphlets available in English as well as the staff's English language skills;
→ Continuing the staff training program and develop measures to maintain English-language assets;
→ Reviewing the psychiatric services agreement with the *CSSS de Rouyn-Noranda* in order to ensure access to English-language services;
→ Signing a service agreement to ensure speech therapy services in English;
→ Translating and circulating press releases of the *CSSS du Lac-Témiscamingue*;
→ Translating into English all pamphlets produced by the *CSSS du Lac-Témiscamingue*;
→ Taking into account the needs of the English-speaking clients when preparing different parts of the clinical project;
→ Consolidating the access to frontline services, in particular for youth, vulnerable persons and the elderly, by developing public health services in English;
→ Ensure the satisfaction of the English-speaking clients.

4.6 CSSS de Témiscaming-et-de-Kipawa

4.6.1 English-Speaking Population

Based on Statistics Canada's annual demographic estimates for 2009, the territory of this CSSS had a total population of 3,250 persons. The 2006 census data of Statistics Canada on the English-speaking population show that:

- **1,280 people** (i.e. **37.5 percent** of the total population surveyed), have English as their mother tongue;
- **750 people** i.e. **21.5 percent** of the surveyed population) have English as their only official language known;
- **1,315 people** in this territory, i.e. **37.5 percent**, have English as their first spoken official language of.

As indicated in part 2 of the document, the comparison of 2001 and 2005 Statistics Canada data shows an increase of 45 persons whose first official spoken language is English and 35 persons whose mother tongue is English in the territory of the CSSS de Témiscaming-et-de-Kipawa.

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Table 12: Distribution of the population whose mother tongue is English, based on gender and age group, CSSS de Témiscaming-et-de-Kipawa territory, 2006

Age group	Both genders		Men		Women	
	%	Estimated Number	%	Estimated Number	%	Estimated Number
0-14	21	270	25	163	19	121
15-24	12	154	13	84	13	79
25-44	31	391	28	182	31	191
45-64	25	326	24	158	26	163
65 +	10	130	10	65	10	65
Total	**100**	**1,280**	**100**	**652**	**100**	**624**

Source : Statistics Canada, 2006 Census.

A comparison of the distribution of the population whose mother tongue is English with that of the territory's other residents (Figure 3 of the Appendix) shows slight variations in some age groups. The percentage of children under 15 years of age whose mother tongue is English, 21%, is the same as that of the population whose mother tongue is not English, whereas it is slightly higher in the 15-24 age group (12% compared with 10%) and the 25-44 age group (31% compared with 30%). Finally, the percentages of persons aged 45-64 and 65 and over whose mother tongue is English are lower than those whose mother tongue is not English, i.e. 26% and 27% respectively for the 45-64 age group, and 10% and 13% for the 65 and over age group.

Table F – Services Available in English at *CSSS de Témiscaming-et-de-Kipawa*

CSSS de Témiscaming-et-de-Kipawa	Point of services	Services available in English	Schedule	Mecanisms	Written communication
Hospital	Témiscaming	Reception, consultations, out-patient and emergency clinic, pharmacy, laboratory, radiology, ultrasound, short-term hospitalization, physical rehabilitation and physiotherapy	Day, evening, night	97% of the staff has the required language skills to attend in English. If needed, the staff can ask a colleague who can speak English.	A number of documents are available in English: - annual mangement report - reception guide, code of ethics, mission, vision, values - forms, protocols, prescriptions - complaintfollow-up - invitations meetings, press releases on public health issues, etc.
CLSC	Témiscaming	Front-Line services : integrated perinatal and early childhood services, child health, 5-18 year-old youth health, dental health, speech therapy, travel health, dental health (at school), infectious diseases, diabetes clinics, public health for adults and seniors, anticoagulation therapy, nutrition, psychosocial assistance, emergency psychosocial custody on weekends and legal holidays, mental health, occupational health, home support, support services for disabled persons, social services for independent seniors and seniors in residential centres	Day (day, evening, night for some services)		
Long-Term Care Centre	Témiscaming	Long-term residential facility, respite and emergency aid, volunteer service, intermediate resource beds	Day, evening, night		

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4.6.2 Observations and Achievements

English is the mother tongue and the first official language spoken of a little more than a third of the population living in the territory of the CSSS de Témiscaming-et-de-Kipawa. In addition to Témiscaming and Kipawa, the CSSS also serves the municipality of Tee-Lake as well as a number of English-speaking residents of the Ontario villages of Thorne and Eldee. Although the CSSS automatically serves its English-speaking clients in English, it has also created several mechanisms in order to ensure the availability of its services in English.

Front-Line Services

Most of the institution's staff is fully capable of speaking English. In fact, the CSSS hires bilingual staff whenever it can. This is how the institution can provide all of its frontline services in English. In addition, it maintains close ties with the English-speaking community, in collaboration with a dozen community organizations and associations based in the territory.

Communication

All press releases, articles, and health notices are systematically translated into English before their release. Information documents, forms, protocols, prescriptions, invitations to general meetings, etc. are also provided in both languages. Whenever necessary, the CSSS has the documents translated by internal resource-persons or a translation company.

In addition to now having its website in both official languages, the CSSS circulates its information mostly through the local media, i.e. the local paper and the community television station. This circulation is always done in both languages. When there are important events, the institution also uses the North Bay English radio station, which has a wide audience in the general population.

A summary of the annual management report is available in French and English at the reception. A presentation of the code of ethics, mission, vision and values of the CSSS is also available. Finally, the decisions made by the board of directors in its meeting are also published in the local paper, also in both official languages.

Postings within the institution are often done in French and English, in compliance with existing laws and rights in effect in Québec.

English-Language Training

Through an assessment, the institution observed that approximately 10% of the current staff, including 1% of the administrative and managerial staff, needs refresher or advanced training in English. To address this need, the CSSS is participating in the English-language training project launched by McGill University and is offering personalized voluntary English courses to its staff.

Clinical and Organizational Projects

Meetings organized by the institution with the local community in the context of the clinical projects continue to take place in both languages, whenever it is necessary. Mechanisms (bilingual invitations, press releases and posters, and bilingual staff) have been set up to ensure that all participants fully participate and understand.

Agreements with Other Institutions or Partners

Relations with the Algonquin community of Eagle Village First Nation, in Kipawa: in the last two years, the institution has worked closely with the Eagle Village First Nation Health Centre within the Aboriginal Health Transition Fund (AHTF) funded by the federal government. Most of the members of this community are English-speaking. All the meetings between the staff of both institutions have taken place in both languages, i.e. French and English.

Agreement with the North Bay General Hospital, Ontario: one-off agreements are made between the CSSS de Témiscaming-et-de-Kipawa and the North Bay General Hospital, regarding the inter-institution transfer of English-speaking patients requiring emergency medical care.

Agreement with the McGill RUIS: like all the other institutions in the region, the CSSS de Témiscaming-et-de-Kipawa is part of the McGill RUIS.

Accreditation Canada

When asked by the Canadian Council on Health Services Accreditation (CCHSA) during its visit of the CSSS de Témiscaming-et-de-Kipawa, the CSSS' community partners stated that the availability of services in English was one of the institution's strengths.

4.6.3 Action Plan 2011-2014

The different mechanisms in place in this CSSS ensure that the English-speaking clientele has access to health and social services in English on all work shifts. The CSSS de Témiscaming-et-de-Kipawa is determined to pursue its efforts to this effect. This will involve:

- → Maintain its expertise and provide training to staff members who need to improve their proficiency in spoken English;
- → Encourage the hiring of bilingual staff;
- → Improve its capacity to translate possible medical reports (French into English) and certain regulations such as the complaints processing procedure.

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4.7 Centre de réadaptation La Maison

The *Centre de réadaptatin (CR) La Maison*: provides specialized and personalized adjustment and rehabilitation services to persons with a physical disability and pervasive development disorders (PDD). Despite having several points of service (Rouyn-Noranda, Val-d'Or, Ville-Marie, Amos and La Sarre), the CR La Maison serves very few English-speaking persons. However, as can be seen in the following table, the institution has developed various mechanisms in recent years to improve the availability of its services in English:

Table G – Services Available in English at CR La Maison

Point of services	Services Available In English	Schedule	Mechanisms	Written commucation
Rouyn-Noranda Val-d'Or Ville-Marie Amos La Sarre Témiscaming (from the Ville-Marie point of service)	Reception, specialized adjustment and rehabilitation services - Physical disability (motor, visual, hearing, language) - PDD	Day	Interpreter service when required Bilingual speech therapist and educator, on request	A number of documents are available in English: - pamphlets on craniocerebral trauma (CCT) - pamphlets on hearing and visual deficiencies - Users committee, etc.

4.7.1 Observations and Achievements

Speech therapy assessments services

There is an agreement between the CR La Maison and the Western Québec School Board de l'Outaouais. Although this agreement exists particularly because of the shortage in this profession, it is a bilingual speech therapist that travels to the Abitibi-Témiscamingue region according to the number of requests.

Written Communication

In order to better meet the demand for services in English, the CR La Maison has several documents that have been translated either by its own services or with the help of the Agence. It recently produced pamphlets on hearing and visual deficiencies. The institution also uses the documents available in the MSSS website and calls on its partners from other regions.

English-Language Training

In 2008 and 2009, all of the Val-d'Or point of service workers, where the need for services in English is likely to be the greatest, after Ville-Marie, received English-language training.

Interinstitutional Agreements

At the regional level, there is a formal agreement between the CR La Maison and the CSSS des Aurores-Boréales for the *Unité de réadaptation fonctionnelle intensive régionale* (URFI, Regional Functional and Intensive Rehabilitation Unit). This agreement applies to the French-speaking as well as the English-speaking clientele and the institution can call on interpretation services whenever necessary.

At the interregional level, the CR La Maison has several agreements with Montreal institutions including one with the CR Constance Lethbridge on specialized services in car driving and vehicle adjustment, one with the Sacré-Coeur Hospital, the Institut Gingras-Lindsay de Montréal and the CR Marie-Enfant on adult and child traumatology, another with the Institut Raymond-Dewar for substitute services in hearing deficiencies and the service of technical hearing aids.

Moreover, like the region's other institutions, the CR La Maison is part of the McGill RUIS. Together with the CR Constance-Lethbridge, the CR La Ressourse in the Outaouais and the CR MAB-Mackay, it is a member of the rehabilitation sub-committee of this RUIS. The services of these three other institutions are available in English.

4.7.2 Action Plan 2011-2014

In the next three years, the *CR La Maison* plans to continue its efforts to improve access to services for English-language clients. This will involve:

- → Develop the reception staff's ability to greet and inform the English-speaking users in English;
- → Develop new agreements with partners, such as the existing agreement with the Western School Board, to provide services in English.

4.8 Centre jeunesse de l'Abitibi-Témiscamingue

The mandate of the Centre jeunesse de l'Abitibi-Témiscamingue (CJAT) is to work with minors who are in situations that threaten their security or development, as well as with their parents and friends to help them overcome these difficulties. It also helps young mothers adapt to their new situation, persons seeking their biological relatives, and adoptive parents.

The CJAT has a regional mission and its reception staff and professionals are required to work with both French-speaking and English-speaking youth. In addition to the Abitibi-Témiscamingue administration, the CJAT serves two municipalities that are part of Region 10, i.e. Matagami and Lebel-sur-Quévillon.

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Table H – Services Available in English at *Centre jeunesse de l'Abitibi-Témiscamingue*

Point of services	Services available in English	Schedule	Mecanisms	Written communication
Amos Kipawa Kitcisakik La Sarre Lac Simon Lebel-sur-Quévillon Matagami Notre-Dame-du-Nord Pikogan Rouyn-Noranda Senneterre Témiscaming Val-d'Or Ville-Marie Winneway	Social emergency (phone line)	Night and weekend	Services in English available over 80% of the time.	A number of documents are available in English: - mission and code of ethics of the institution - information pamphlets - code of conduct in the residential homes - follow-up of complaints, etc.
	Reception, assessment and orientation, implementation of measures, adoption, renewal of family ties, day teachers, psychosocial expertise, recruiting, training, supervision of foster families Placement with foster family and follow-up	Day service 7/7 24/24	Staff and social workers have the required English language skills. Messaging with access in English.	
Val-d'Or	Regional residence	Day, evening, and night	Staff and social workers have the required English language skills.	
Amos	Reception and treatment of case reports	Day and night	Staff and social workers have the required English language skills.	

4.8.1 Observations and Achievements
Reception and Treatment of Reports

The regional report reception and treatment centre is based in Amos and over 80% of services are now available in English, a 20% improvement over the preceding access program. One employee received training to develop his ability to respond to requests in English.

External Services and Foster Care

To fulfill the mandates it has been given, the CJAT has resource persons with the required proficiency in English in all of its points of service and rehabilitation centre units. The CJAT also has a regional residence located in Val-d'Or where services are available in English at all times (day, evening and night). In the Témiscamingue sub-region, every staff member working in the Algonquin First Nation communities can provide services in English. Finally, all family-type resources (FTR) in this sub-region are bilingual or English-speaking. The phone messaging services of all of the institution's points of service are available in English.

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Documents created for users, such as information, mission and code of ethics pamphlets, the code of conduct in residence, information for intermediate resources (IRs) and FRTs, etc., are translated into English. In addition, an information kit is sent by mail to all new clients in their preferred official language.

4.8.2 Action Plan 2011-2014

In order to continue improving the availability of its services in English in the next few years, the CJAT intends to:

→ Improve its system to identify FRTs who are fluent in English;
→ Organize evening information meetings for all English-speaking FRT candidates in order to encourage their recruiting;
→ Develop an access mechanism with the complaints commissioner in order to better respond to complaints made in English.

4.9 Centre Normand

The Centre Normanda provides rehabilitation and social integration services to persons with an alcohol, illegal drug, medication or even gambling addiction. It also provides psychosocial support services to people who are close to persons with a substance or gambling addiction.

As indicated in the table below, the Centre Normand has at least one point of service in each of the CSSS territories. Several Centre Normand social workers have the required skills to provide services in English.

Table I – Services Available in English at *Centre Normand*

Point of services	Services available in English	Schedule	Mecanisms	Written communication
Amos La Sarre Rouyn-Noranda Témiscaming Val-d'Or Ville-Marie Senneterre	Reception, assessment, orientation, rehabilitation and social integration of persons with an alcohol, drug, medication or gambling addiction, as well as services for their families and relations	Reception and external day services, from Monday to Friday	Several social workers have the required English-language skills Bilingual social workers travel to the other service points. English-speaking clients that need to be placed are referred outside the region.	A number of documents are available in English: - form complaint follow-up - specialized interventions tools

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4.9.1 Observations and Achievements

Translation of Documents

All documents, such as forms, complaint follow-ups and the reception guide, are available in English. The reception guide is also distributed in the region's three English high schools. All the specialized intervention tools are also translated. The translation of its new opioid dependence replacement therapy program's intervention tools is expected to be completed in winter 2011.

Inter-Institutional Agreements

In the case of its in-house rehabilitation service, the Centre refers its English-speaking clients outside the region. This is why:

- The "adult" English-speaking clientele is referred to the Foster Pavilion in Montreal;
- The "young" English-speaking clientele is referred to the Centre Le Portage West Island in Montréal;
- The English-speaking clientele of the Témiscaming-et-de-Kipawa area is referred to the Nipissing Detox Center in North Bay (Ontario) since this area is very close to that province.

4.9.2 Action Plan 2011-2014

In the next few years, the *Centre Normand* plans to continue its efforts to improve access to services for English-language clients. This will involve:

→ Improve the visibility of the La Sarre point of service external services by installing posters in English and offering required documents in English.

→ Revise general documents in English on the services it provides and develop the Centre Normand's English image regarding youth, adult, gambling and opioid dependency treatment services.

→ Revise the English-language youth services description pamphlet currently available in the region's three English high-schools.

→ Provide English-language training to a social worker from the CSSS de Rouyn-Noranda territory and one from the CSSS de la Vallée-de-l'Or territory through the McGill project.

4.10 Centre de réadaptation en déficience intellectuelle de l'Abitibi-Témiscamingue Clair Foyer

The Centre de réadaptation en déficience intellectuelle de l'Abitibi-Témiscamingue (CRDIAT) Clair Foyer is a regional centre whose mission is to provide adjustment or rehabilitation and social integration services to persons who, due to a mental disability, require such services, as well as personal assistance and support services for these persons' families and relations in the Abitibi-Témiscamingue region. Furthermore, this institution has a regional mandate to manage family-type resources (FTRs) for persons that are mentally disabled or physically disabled or have PDD, as well as for adult and senior clienteles with functional limitations. This mandate is carried out in collaboration and complementarity with the other institutions.

Although the need for services in English is occasional (2 to 3 times a year by sector), the CRDIAT Clair Foyer was already able to meet these needs in each of its service points when the preceding access program was prepared. Since 2007, the institution has continued to make efforts to improve its services in English.

Table J – Services Available in English at Centre de réadaptation en déficience intellectuelle de l'Abitibi-Témiscamingue Clair Foyer

Point of services	Services available in English	Schedule	Mecanisms	Written communications
Amos La Sarre Rouyn-Noranda Val-d'Or Ville-Marie	Reception, assessment and referral, specialized services, rehabilitation services, psychosocial services, home support, social adjustment and integration services for the mentally disabled, and support services for their families and relations	Day (except for emergency situations 24/24)	Several internal resources and workers have the necessary English language skills and are called on whenever necessary.	A number of documents are available in English: - pamphlet on services provided - pamphlet and calendar on user's rights - institution's code of ethics - admission and consent forms - complaint forms, etc.
Amos Macamic	In-house services (residential) Continuous support resources (CSR)	24/24 7/7		
	Reception in family-type resources	Day (except in emergency situations 24/24)	Availability of English-speaking or English-proficient foster families for English-speaking clients.	

4.10.1 Observations and Achievements

Reception

Bilingual respondents are identified in each sector, in case a staff member couldn't spontaneously and fully meet the needs of an English-speaking client.

Documents in English

The institution's main documents, such as information on the services it provides and the promotion of users' rights, are available in English in each point of service. Occasionally, the institution uses translation services for direct client services, or to translate forms or assessment tools.

Training

From 2007 to 2010, 32 workers followed a basic or intermediate English course in the sectors of Ville-Marie, Val-d'Or and Amos. According to the needs and opportunities, other English-language training courses will be given. In fact, training is already ongoing within the framework of the McGill project and in partnership with the participating CSSSs.

Conseil québécois d'agrément

In January 2010, in the context of the institution's accreditation renewal process, the results of a survey of client families and relations showed that 97.5% of respondents agreed that "*in the institution, my language is taken into account when services are provided to me.*"

4.10.2 Action Plan 2011-2014

In the next few years, the CRDIAT Clair Foyer plans to continue its efforts to improve access to services for English-language clients. This will involve:

- → Continue English-language training, mainly for the Ville-Marie, Val-d'Or and Amos sectors;
- → Maintain the availability of and update forms, protocols and other information documents in English, to the extent authorized by regulations;
- → Ensure in each sector the availability of a person who can receive and refer English-speaking users whenever they arrive;
- → Work together with the Agence in developing and implementing projects to adjust services for the English-speaking clientele.

Part 5 Assessment of Achievements and Objectives for 2011-2014

5.1 Assessment of Achievements and measures taken to meet the 2007 Access Program's Objectives

Our detailed assessment of the measures taken by the institutions over the last four years is based on the objectives defined in the preceding access program and the mechanisms chosen by the institutions.

5.1.1 Objectives of the 2007 Programme Access

Objective 1

Develop the Abitibi-Témiscamingue institutions' capacity to receive clients who cannot express themselves in French and offer them frontline health care and services in English

Adopted mechanism

Contitue English training sessions for network personnel.

Objective 2

Develop the capacity of institutions with a regional mandate to receive clients who cannot express themselves in French and offer them health care in English when required.

Adopted mechanism

Contiue English training sessions for the institutions' personnel.

Objective 3

Promote continued dissemination of information regarding public health and social services in the English language to English-speaking communities.

Adopted mechanisms

- Develop relationships between the institutions and the English-speaking communities of their territory;
- Ensure access to updated forms, protocols and all other information documents in their language for the institutions' English-speaking clientele, within authorized regulations;
- Identify, within each institution, a person who will act as liaison with the communities and will keep them informed on all public health issues.

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5.1.2 Achievements

Englis-Language Training of the Staff

We note that it was important for the institutions to provide English-language training to their staff in order to meet objectives 1 and 2 of the 2007 access program. Thus, from 2006 to 2010, about 400 staff members of the Abitibi-Témiscamingue health and social services network were able to follow English-language training, including 357 of them through measure 1 of the McGill language training project funded by Health Canada and managed by the Agence. The target of this training program was mainly nurses and psychosocial workers as well as the frontline staff members who deal directly with the population (reception, admission, etc.).

Participants in the English-language training within the McGill Project:

Year	Participants
2006-2007	66
2007-2008	102
2008-2009	116
2009-2010	73

Translation of Documents

One of the measures quoted in the access program's 3rd objective was to ensure access to updated forms, protocols and all other information documents in their language for the institutions' English-speaking clientele. To meet these objectives and help its institutions do the same, the Agence had numerous documents translated into English, including public health press releases as well as documents published by the Agence or the region's institutions.

This is how, in 2007-2008, the Agence translated into English:

- 26 press releases and 14 documents published by the Agence's departments
- 18 CSSS de Rouyn-Noranda documents
- 22 CSSS de la Vallée-de-l'Or documents
- 8 CJAT documents
- 1 CSSS Les Eskers de l'Abitibi document
- 1 CSSS des Aurores-Boréales document
- 1 CSSS de Témiscaming-et-de-Kipawa document

In 2008-2009, the Agence translated into English:

- 35 press releases and 14 documents published by the Agence's departments
- 6 CSSS de Rouyn-Noranda documents
- 4 CSSS de la Vallée-de-l'Or documents
- 9 CSSS des Aurores-Boréales documents
- 2 CSSS de Témiscaming-et-de-Kipawa documents
- 1 CR La Maison document

In 2009-2010, the Agence translated into English:

- 33 press releases and 10 documents published by the Agence's departments
- 8 CSSS de Rouyn-Noranda documents
- 17 CSSS de la Vallée-de-l'Or documents
- 1 CSSS du Lac-Témiscamingue document
- 2 CJAT documents
- 2 CR La Maison documents
- 1 CRDIAT Clair Foyer document

From April 1st to December 31, 2010, the Agence translated into English:

- 15 press releases and 25 documents published by the Agence's departments
- 10 CSSS de Rouyn-Noranda documents
- 7 CSSS de la Vallée-de-l'Or documents
- 1 CSSS Les Eskers de l'Abitibi document
- 1 CSSS du Lac-Témiscamingue document

Furthermore, the English version of the Agence's press releases and other publications on public health is available on its website (www.sante-abitibi-temiscamingue.gouv.qc.ca).

We note that some institutions, such as the CSSS de Témiscaming-et-de-Kipawa, systematically translate on their own the documents they produce.

Finally, the right of users to be served in English is stated in the annual calendar prepared by the users' regional committee. This calendar is available in French and English with the Agence doing the English translation.

Front-Line Services provided to English-speaking users

The institutions continued their efforts to provide frontline services in English to the English-speaking community (including psychosocial services and services provided in the education community). For example, in 2009-2010, the CSSS de la Vallée-de-l'Or made 1,923 interventions in English, the the CSSS de la Vallée-de-l'Or, 1,298, and the CSSS de Témiscaming-et-de-Kipawa, 1,587.

English directory of Health and Social Services

In 2008, in order to ensure that the English-speaking population be informed about the existing health and social services in Abitibi-Témiscamingue, the Agence produced and distributed a fully English directory of health and social services. This document clearly presents each institution, the territory it serves, its address and points of service, the contact information of each branch as well as all the services provided. The preparation of this directory was made possible by the financial support of the Community Health and Social Services Network (CHSSN) and the cooperation of the regional committee members.

Training for Anglophones workers

At the beginning of 2011, training sessions entitled "A new outlook on homosexuality," prepared in accordance with the different orientations put forth by the national and regional public health programs, were given in English to 21 English-speaking workers from Témiscamingue, through an agreement between the Agence and the Algonquin Nation Programs and Services Secretariat.

Simultaneous translation service

In addition to the translation of documents, the Agence provided simultaneous translation services during the "Santé mentale et dépendances" seminar that was held on April 29, 2008. On that occasion, all the preliminary documents as well as the written presentations were translated into English. However, there is no simultaneous translation service in the region and we had to call on a translation company from another region, which increased the cost considerably, making it difficult, if not impossible, to systematically provide simultaneous translation during meetings or seminars.

Meetings with the regional committee

The regional committee is an active committee that has met regularly over the last four years at a frequency of two to four times a year depending on the ongoing issues it addressed. Since several committee seats were vacant, new members have joined the group while maintaining an adequate representation of the diversity of our territory's English-speaking community. A list of the committee's members can be found in Appendix 1.

During the meetings of the regional committee, the Agence informed its members about the different measures taken by the institutions, such as training courses, the translation of documents, etc. In addition, the members are consulted whenever calls for project proposals are initiated by the MSSS, Health Canada, McGill University or the CHSSN.

In order to encourage direct exchanges between the institutions and the regional committee, the Agence organized in 2009 a meeting between the persons in charge of the English language file and the committee members. This meeting allowed both groups to clarify certain issues and to consider developing greater cooperation between them.

5.1.3 Specialized and superspecialized services

Regarding regional second-line specialized services, in general, the involved institutions are equipped to receive English-speaking users and provide them with the required health care services or interventions. When an institution is unable to do this, the client is referred to another specialized centre that has been identified in advance, as is the case of the Centre Normand.

As for specialized or superspecialized third-line services, the region does not provide such services in its territory. When there is a need, the institutions refer their users to supra-regional institutions following written, tacit or occasional agreements between physicians. Whenever this happens, the physicians take into account the language of use of their client and do their best to transfer them to an institution that offers services in English if the person is English-speaking.,

It should be recalled that all of the institutions in the Abitibi-Témiscamingue region are part of the McGill RUIS for third- and fourth-line services and call on it whenever necessary. All of the provided services are then fully available in English.

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5.1.4 Perception of the English-speaking clientele regarding the availability of services in English

As we indicated in Part 3, out of the 660 questionnaires handed to the region's English-speaking population from November 2010, to January 31, 2011, only 152 questionnaires were returned.

Here is a breakdown of the responses received by CSSS territory:

CSSS de la Vallée-de-l'Or	19
CSSS de Rouyn-Noranda	35
CSSS du Lac-Témiscamingue	20
CSSS de Témiscaming-et-de-Kipawa	46
CSSS Les Eskers de l'Abitibi	0
CSSS des Aurores-Boréales	0
Clients residing in regions 10 ou 18	21
Place of residence not indicated	11

Regarding the interpretation and use of the responses that were received, the number of respondents is too low for the results to be considered representative of the general English-speaking population of Abitibi-Témiscamingue and insufficient to produce an analysis and develop sound hypothesis about this clientele's level of satisfaction about the availability of health and social services in English. It is therefore important to be very prudent when reading and interpreting the results and keep in mind that their calculation was based on a very small number of respondents.

Thus, of the 152 English-speaking persons who answered the questionnaire, two thirds stated that they received sufficient information on the services offered by the CLSC, and over half of them were satisfied or very satisfied of the services they received in English when they called a health and social services institution. Likewise, a large part of the users who ask to be served in English when they show up in an institution are satisfied or very satisfied of how their request is received. Most of the respondents who don't ask to be served in English stated that they were bilingual.

However, it should be stressed that the responses vary considerably from one territory to another and reveal differences in the awareness of the availability of services in English as well as the means available or used to access information in English or even the degree to which services are available in English in the institutions. The percentage of responses received is too low to estimate the accessibility of services in English in any of the institutions.

On the other hand, some of the responses could make us raise questions about the tools to access information on the availability of services, information and documents in English. Thus, over half the respondents stated that they were not aware of the existence of the resource directory, issued specifically in English for English-speaking users and distributed in 2007. They also claimed that they had never read or seen a public health press release in English during the previous year. This issue will need to be examined in the upcoming months with the members of the regional committee and the institutions.

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5.2 Objectives 2011-2014

Given its mission, the Agence is responsible for organizing and planning services provided to its territory's population and ensuring that everyone has access to a full range of services. In light of the above assessment, it can be noted that despite the low density of the English-speaking population in some of the region's territories, the Abitibi-Témiscamingue health and social services network takes into account the presence of this clientele and has taken concrete measures in recent years to improve access to its services in English.

The institutions and the Agence wish to continue in this way. This is why our general objective for the next three years is to carry on the efforts made by all of our region's health and social services institutions to:

Objective 1: Keep on developing the Abitibi-Témiscamingue institutions' capacity to receive clients who cannot express themselves in French and offer them frontline health care and services in English.

Objective 2: Keep on developing the capacity of institutions with a regional mandate to receive clients who cannot express themselves in French and offer them health care in English when required.

Objective 3: Improve the methods used to communicate and disseminate information on public health and social services to the English-speaking population.

In order to meet these objectives, the institutions have agreed on the importance of:

- Continuing English-language training to develop the ability of the staff to express themselves and communicate in English with English-speaking users;
- Ensuring that forms, protocols and other information documents related to the health of users are available in English, to the extent authorized by regulations;
- Developing cooperation between institutions and their territory's English-speaking communities.

In other respects, each institution has also identified specific mechanisms and action plans according to their local situation, as indicated in part 4 of this document.

Finally, it should be noted that, in order to guarantee access to health and social services for English-speaking persons at the regional level, certain institutions are indicated to make their services available in English. The list of these institutions, based on the demographic importance of English speakers in their territory, or their regional mission, is appended to this document and has been adopted by each of these institutions' board of directors.

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5.3 Follow-up and evaluation

The above-mentioned objectives and mechanisms are provided for the next three years and evaluation tools will be developed in the upcoming months, together with the regional committee, in order to monitor the program's implementation on a regular basis and make any adjustments deemed necessary during this period.

As indicated in Part 5, the number of responses to the questionnaire distributed to the English-speaking population from November 2010 to January 2011 was too low for its results to be used to fully assess the availability of services in English in our region's institutions. However, we will carry out as detailed as possible analysis of the answers received, together with the members of the regional committee and the institutions' respondents, in order to better identify the needs of the English-speaking clientele in each territory, to the extent of available resources.

This study could be repeated over time in the hope that the response rate be higher and therefore more representative of the English-speaking population, in order to confirm several hypotheses and define measures tailored to the needs of this population group.

The Agence will continue to coordinate the follow-up and support the institutions in the processes they will implement to reach the objectives of their action plans.

Moreover, it will continue its collaboration with the regional committee in order to stay in touch with the needs of the region's English-speaking communities. For their part, the members of the regional committee are invited to contact the Agence or the institution and request a meeting to discuss a specific issue or assess the availability of services to community members whenever they consider it necessary.

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CONCLUSION

As indicated by the data from the Statistics Canada 2006 census, the population of Abitibi- Témiscamingue remains overwhelmingly French-speaking. While the notion of access to services is the same throughout the province of Quebec, differences between regions exist that hinge on the presence or not of a critical mass of English speakers.

In Abitibi-Témiscamingue, we can see that in the past decade, the region's institutions have created mechanisms that help them gradually improve their response to the needs of the English-speaking population. Indeed, mutual understanding between the network's staff and its clientele is a major component contribution towards the success of their interventions. This is why the network's institutions focused on the English-language training of their staff members, in order to improve their communications skills and their ability to serve in English whenever it is necessary.

The quality of the access to health and social services in English also depends on the availability of ***information*** on existing services: resorting to services in English entails that the English-speaking clientele needs to know which programs and services are available and also which institutions provide these services. The Agence and the region's institutions have understood this concern and have integrated it in their priorities for the next three years.

In order to ensure that the new program of access to health and social services for the English-speaking population is realistic and achievable, the partners did their best to maintain the regional vision they had when they developed the preceding program in 2007, i.e. by starting with existing service offer and needs as well as the local and regional characteristics. This approach can change gradually and adjustments will continue to be made in upcoming years, according to needs but also to the human, material and financial resources available to the institutions.

It is important to remind English-speaking clients that **it is up to them to request** that they be served in English or receive information in English. The staff of the health and social services network of Abitibi-Témiscamingue will then see to it that they meet this request within a reasonable time and according to the available means.

Nevertheless, certain requests or solutions put forward by the members of the regional committee or representatives of the English-speaking population might not be accepted should they go against Bill 101 provisions.

Appendix

Appendix 1

List of Regional Committee Members

List of Regional Committee members

	Name	Organization
Rouyn-Noranda	Elsie Sullivan	Association Neighbours
	Diane Pollock	Representative of the English community of Rouyn-Noranda
	Sharleen Sullivan	Association Neighbours
Vallée-de-l'Or	Debbie Pitts	Representative of the English community de Val-d'Or
	Rebecca Moore	Centre d'entraide et d'amitié autochtone de Senneterre
Témiscamingue	Donna McBride	Algonquin Nation Programs and Services Secretariat – Tribal Council
	Norma Heath	Anishnabe Long Term Center
	Josette McCann	Comité des usagers de Témiscaming
	Sherril Bentley	Horizon Palliative Cares
Agemce	Madeleine Paquin	Board of Directors of the Agence
	Annie Vienney	Agence

Appendix 2

Services available in English per mission in Abitibi-Témiscamingue

Services available in English per mission in Abitibi-Témiscamingue [15]

CLSC Mission

	Health and Social Services Centres					
Reception	Rouyn-Noranda	Vallée-de-l'Or	Aurores - Boréales	Les Eskers de l'Abitibi	Lac-Témiscamingue	Témiscaming-et-de-Kipawa
School based social services	Rouyn-Noranda	Vallée-de-l'Or	Aurores-Boréales	Les Eskers de l'Abitibi	Lac-Témiscamingue	Témiscaming-et-de-Kipawa
Home support	Rouyn-Noranda	Vallée-de-l'Or	Aurores-Boréales	Les Eskers de l'Abitibi	Lac-Témiscamingue	Témiscaming-et-de-Kipawa
Psychosocial services	Rouyn-Noranda	Vallée-de-l'Or	Aurores-Boréales	Les Eskers de l'Abitibi	Lac-Témiscamingue	Témiscaming-et-de-Kipawa
Info-Santé (Info-Health)					Lac-Témiscamingue	

Long-Term Residential Centre Mission

Services Points	Services	Schedule
Rouyn-Noranda	Reception, nursing, rehabilitation services, custodial care	Day, evening, night
Val-d'Or, Senneterre, Malartic	Reception, nursing, rehabilitation services, custodial care	Day, evening, night
La Sarre, Macamic, Palmarolle	Reception, nursing, temporary accommodation, day centre, mental disability program, psychogeriatrics, intensive functional rehabilitation, support to intermediate resources	On request
Amos	Reception, nursing, rehabilitation services, custodial care	Day, evening, night
Ville-Marie	Reception, nursing, custodial care	On request
Témiscaming	Reception, nursing, rehabilitation services, custodial care	Day, evening, night

[15] Ces services sont accessibles en langue anglaise sur demande.

Mission centre hospitalier

Points de services	Services	Plages horaires
Rouyn-Noranda	Reception, general services, emergency and all services provided by the hospital	Day, evening, night (on request)
	Regional specialized services	
Val-d'Or	Reception, general services, emergency and all services provided by the hospital	According to opening hurs of these services
	Regional specialized services	Day
Malartic Psychiatric	Reception, electrophysiology, nursing, telecommunication, archives, radiology, sampling centre, pharmacy	Day
La Sarre	Reception, general services, emergency and all services provided by the hospital	Day, evening, night (on request)
	Regional specialized services	Day, evening, night (on request)
Amos	Reception, general services, emergency and all services provided by the hospital	Day, evening, night (on request)
	Regional specialized services	Day, evening, night (on request)
Ville-Marie	Reception, general services, emergency and all services provided by the hospital	Day, evening, night (on request)
Témiscaming	Reception, general services, emergency and all services provided by the hospital	Day, evening, night

Appendix 3

List of institutions indicated for service delivery in English

List of institutions indicated for service delivery in English

Indicated Institution	Guaranteed Sevices
CSSS de Rouyn-Noranda	
Hospital	General services
CLSC	Reception Home support Psychosocial services Social services in schools
Residential centre	Reception Nursing care Assistance care Rehabilitation services
CSSS de la Vallée-de-l'Or	
Val-d'Or Hospital	General services
Malartic Hospital	Psychiatric services, service corridor
CLSC Senneterre Malartic Val-d'Or	Reception Home support Psychosocial services Social services in schools Health services in schools
CSSS du Lac-Témiscamingue	
Hospital	General services
CLSC	Reception Home support Standard social services Social services in schools
Info-Santé	Info-Santé (Info-health line) 24/7

List of institutions indicated for service delivery in English (continued)

CSSS de Témiscaming-et-de-Kipawa	
Hospital	Reception, consultations, out-patient/emergency clinic, and all of the services provided by the hospital.
CLSC	Frontline services: integrated perinatal and early childhood services, child health, youth 5-18 years-old, dental health, speech therapy, travel health, infectious diseases, diabetes clinics, adult and senior public health, anticoagulation therapy clinic, nutrition, psychosocial assistance, psychosocial care during week-ends and legal holidays, mental health, occupational health, home support, support services for the disabled, social services for seniors living independently and seniors in residential centres.
Long-term residential centre	Long-term residential care, respite and emergency assistance, volunteer service, intermediate resource beds.
CSSS Les Eskers de l'Abitibi	
Hospital	Regional specialized services
CLSC	Reception Home support Social services Social services in schools
Long-term residential centre	General services
Établissements à vocation régionale	
CRDIAT Clair Foyer	General services – service corridor
CJAT, Val-d'Or and Rouyn-Noranda service points	Psychosocial services provided under the Youth Protection Act and Young Offenders Act – Service corridor
CR La Maison	General services

Appendix 4

Resolutions of the Institutions' Boards of Directors

Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue
Centre de santé et de services sociaux de Rouyn-Noranda
Centre de santé et de services sociaux de la Vallée-de-l'Or
Centre de santé et de services sociaux des Aurores-Boréales
Centre de santé et de services sociaux Les Eskers de l'Abitibi
Centre de santé et de services sociaux de Témiscaming-et-de-Kipawa
Centre de santé et de services sociaux du Lac-Témiscamingue
Centre de réadaptation La Maison
Centre Normand
Clair Foyer Inc.
Centre Jeunesse de l'Abitibi-Témiscamingue

EXTRAIT DU PROCÈS-VERBAL de l'assemblée ordinaire du **CONSEIL D'ADMINISTRATION** de l'Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue tenue le 23 mars 2011 à La Sarre

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RESOLUTION

CA-2011-16 **Approbation du Programme d'accès 2011-2014 aux services de santé et aux services sociaux pour la population d'expression anglaise en Abitibi-Témiscamingue**

Attendu que le Programme d'accès aux services de santé et aux services sociaux pour la population d'expression anglaise en Abitibi-Témiscamingue doit faire l'objet d'une révision aux trois ans;

Attendu que la révision a été réalisée en respectant le processus attendu par le ministère de la Santé et des Services sociaux (MSSS);

Attendu la lettre de recommandation du Comité régional en langue anglaise.

Sur PROPOSITION dûment appuyée, il est unanimement résolu **d'approuver** le Programme d'accès 2011-2014 aux services de santé et aux services sociaux pour la population d'expression anglaise en Abitibi-Témiscamingue.

Adoptée

Daté et **signé,** à Rouyn-Noranda, ce vingt-huitième jour du mois de mars deux mille onze.

La secrétaire,

LISE ST-AMOUR

Extrait conforme certifié
28-03-2011

Centre de santé et de services sociaux
de Rouyn-Noranda

EXTRAIT DU PROCÈS-VERBAL D'UNE SÉANCE RÉGULIÈRE DU CONSEIL D'ADMINISTRATION DU CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE ROUYN-NORANDA TENUE AU SIÈGE SOCIAL LE 23 FÉVRIER 2011

Résolution CA-2011-14

PROGRAMME D'ACCESSIBILITÉ EN LANGUE ANGLAISE

Considérant que l'article 15 de la Loi sur les services de santé et les services sociaux établit le droit de toute personne d'expression anglaise de recevoir en langue anglaise des services de santé et des services sociaux, en tenant compte de l'organisation et des ressources humaines, matérielles et financières des établissements qui dispensent ces services et dans la mesure où le prévoit un programme d'accès aux services en langue anglaise, visé à l'article 348;

Considérant que l'article 348 de cette même Loi oblige l'Agence de la santé et des services sociaux à élaborer un programme d'accès aux services en langue anglaise en collaboration avec les établissements concernés en tenant compte de leurs ressources humaines, matérielles et financières;

Considérant que le cadre de référence 2006 du MSSS concernant le programme d'accès aux services de santé et aux services sociaux exige qu'une résolution du conseil d'administration de chaque établissement acceptant d'être indiqué au programme d'accès accompagne le programme d'accès lors de sa soumission au Ministère;

Considérant que le défi consiste à concilier le droit des personnes d'expression anglaise de recevoir des services en langue anglaise et le droit des intervenants de travailler et d'exercer leurs activités en français;

Sur une **PROPOSITION** dûment faite et appuyée, il est résolu que le conseil d'administration adopte le « *Programme d'accessibilité aux services de santé et aux services sociaux pour les personnes d'expression anglaise en Abitibi-Témiscamingue* ».

LA SECRÉTAIRE

Huguette Lemay

COPIE CERTIFIÉE CONFORME
Rouyn-Noranda, ce 23e jour de février 2011

Centre de santé et de services sociaux
de la Vallée-de-l'Or

EXTRAIT DU PROCÈS-VERBAL d'une rencontre régulière du CONSEIL D'ADMINISTRATION du Centre de santé et de services sociaux de la Vallée-de-l'Or tenue le 15 février 2011, à 19 h 30 à la Salle Alizée du CLSC de Senneterre

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RÉSOLUTION
CA-11-02-764 PROGRAMME D'ACCESSIBILITÉ EN LANGUE ANGLAISE

ATTENDU que l'article 15 de la Loi sur les services de santé et les services sociaux établit le droit de toute personne d'expression anglaise de recevoir en langue anglaise des services de santé et des services sociaux, compte tenu de l'organisation et des ressources humaines, matérielles et financières des établissements qui dispensent ces services et dans la mesure où le prévoit un programme d'accès aux services en langue anglaise visé à l'article 48;

ATTENDU que selon l'article 348 de cette même Loi oblige l'Agence de la santé et des services sociaux à élaborer un programme d'accès aux services en langue anglaise en collaboration avec les établissements concernés en tenant compte de leurs ressources humaines, matérielles et financières;

ATTENDU que le Cadre de référence 2006 du ministère de la Santé et des Services sociaux (MSSS) concernant le programme d'accès aux services de santé et aux services sociaux exige qu'une résolution du conseil d'administration de chaque établissement acceptant d'être indiqué au programme d'accès accompagne le programme d'accès lors de sa soumission au Ministère.

Sur PROPOSITION de Mme Marie-Paule Ferron appuyée par M. David Garceau-Gosselin

IL EST RÉSOLU

D'ADOPTER le programme d'accessibilité aux services de santé et aux services sociaux pour les personnes d'expression anglaise produit par l'Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue, pour la période 2011-2014.

ADOPTÉE À L'UNANIMITÉ

DATÉ ET SIGNÉ, à Val-d'Or, le 15 février 2011

Jérôme Lamont
Directeur général et
Secrétaire du conseil d'administration

EXTRAIT CONFORME CERTIFIÉ
Le 18 février 2011

Centre de santé et de services sociaux
des Aurores-Boréales

Extrait du procès-verbal de la réunion du comité administratif tenue le 28 mars 2011, à 9 heures au bureau du directeur général du CSCD de La Sarre.

PROGRAMME D'ACCESSIBILITÉ AUX SERVICES DE SANTÉ ET DE SERVICES SOCIAUX POUR LES PERSONNES D'EXPRESSION ANGLAISE

RÉSOLUTION ADM-2011-01-01

ATTENDU que l'article 15 de la Loi sur les services de santé et les services sociaux établit le droit de toute personne d'expression anglaise de recevoir en langue anglaise des services de santé et des services sociaux, en tenant compte de l'organisation et des ressources humaines, matérielles et financières des établissements qui dispensent ces services et dans la mesure où le prévoit un programme d'accès aux services en langue anglaise visé à l'article 348;

ATTENDU que selon l'article 348, cette même Loi oblige l'Agence de la santé et des services sociaux à élaborer un programme d'accès aux services en langue anglaise en collaboration avec les établissements concernés en tenant compte de leurs ressources humaines, matérielles et financières;

ATTENDU que le Cadre de référence du ministère de la Santé et des Services sociaux (MSSS) concernant le programme d'accès aux services de santé et aux services sociaux exige qu'une résolution du conseil d'administration de chaque établissement acceptant d'être indiqué, s'il y a lieu, au programme d'accès accompagne le programme d'accès lors de sa soumission au Ministère;

ATTENDU que le CSSSAB n'est pas sur la liste des établissements indiqués pour assurer des services en langue anglaise (Programme d'accessibilité des services de santé et de services sociaux pour les personnes d'expression anglaise, Agence de santé et de services sociaux de l'Abitibi-Témiscamingue). Un établissement indiqué est celui qui est identifié dans un programme d'accès comme devant offrir au moins un service ou un programme-service en langue anglaise[1];

ATTENDU que le défi consiste à concilier le droit des personnes d'expression anglaise de recevoir des services en langue anglaise et le droit des intervenants de travailler et d'exercer leurs activités en français[2];

ATTENDU que la population d'expression anglaise est faiblement représentée sur le territoire du CSSS des Aurores-Boréales (moins de 1 %) comme le montrent les données de Statistique Canada 2006, et la demande de services en langue anglaise est très faible;

SUR PROPOSITION de madame Laurencia Méthot, appuyée de monsieur Alain Michaud, il est recommandé que le Programme d'accessibilité aux services de santé et de services sociaux pour les personnes d'expression anglaise produit par l'Agence de santé et de services sociaux de l'Abitibi-Témiscamingue 2011-2014 soit adopté.

ADOPTÉ À L'UNANIMITÉ

Daté et signé à La Sarre, ce 28ème jour de mars 2011.

Le secrétaire

Paul Fortin

Paul Fortin
Extrait conforme certifié le 28 mars 2011

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1. Cadre de référence du MSSS 2006, p. 27
2. Ibid, page 18.

CA-2011-170-860

Extrait de procès-verbal de la cinquante-cinquième assemblée ordinaire du conseil d'administration du Centre de santé et de services sociaux Les Eskers de l'Abitibi, mardi le 22 février 2011, à 16 h30, à la salle Raymond Godard (Chapelle), située au 612, 5e Avenue Ouest, Amos.

.....

RÉSOLUTION

CA-2011-170-860 **Acceptation de l'adhésion du CSSS Les Eskers de l'Abitibi au programme d'accès aux services en langue anglaise.**

Bien que nous ayons à peine 1.5% de notre population dont la langue maternelle est l'anglais, nous offrons cependant des services régionaux et nous devons faire les efforts pour offrir à notre population un programme d'accès au service en langue anglaise.

Attendu que l'article 15 de la Loi sur les services de santé et les services sociaux établit le droit de toute personne d'expression anglaise de recevoir en langue anglaise des services de santé et des services sociaux, compte tenu de l'organisation et des ressources humaines, matérielles et financières des établissements qui dispensent ces services et dans la mesure où le prévoit un programme d'accès aux services en langue anglaise visé à l'article 348;

Attendu que selon l'article 348 de cette même Loi oblige l'Agence de la santé et des services sociaux à élaborer un programme d'accès aux services en langue anglaise en collaboration avec les établissements concernés en tenant compte de leurs ressources humaines, matérielles et financières;

Attendu que le Cadre de référence 2006 du ministère de la Santé et des Services sociaux (MSSS) concernant le programme d'accès aux services de santé et aux services sociaux exige qu'une résolution du conseil d'administration de chaque établissement acceptant d'être indiqué au programme d'accès accompagne le programme d'accès lors de sa soumission au Ministère.

Il est proposé par Monsieur Lionel Pelchat et appuyé par Monsieur Hans Carignan, que le Centre de santé et de services sociaux Les Eskers de l'Abitibi appuie le programme d'accessibilité aux services de santé et aux services sociaux pour les personnes d'expression anglaise produit par l'Agence de la

santé et des services sociaux de l'Abitibi-Témiscamingue, pour la période 2011-2014; que le Centre de santé et de services sociaux Les Eskers de l'Abitibi accepte d'être indiqué au niveau de ce programme pour les installations et les services identifiés dans notre document

ADOPTÉE À L'UNANIMITÉ

Extrait certifié conforme
Ce 24e jour du mois de février 2011

Michel Michaud, secrétaire

MM/ga

Centre de santé et de services sociaux
de Témiscaming-et-de-Kipawa

Résolution
CA-2011-03-29

PROGRAMME D'ACCÈS EN LANGUE ANGLAISE

ATTENDU QUE l'article 15 de la Loi sur les services de santé et les services sociaux établit le droit de toute personne d'expression anglaise de recevoir en langue anglaise des services de santé et des services sociaux, compte tenu de l'organisation et des ressources humaines, matérielles et financières des établissements qui dispensent ces services et dans les mesures où le prévoit un programme d'accès aux services en langue anglaise;

ATTENDU QUE selon l'article 348 de cette même Loi oblige l'Agence de la santé et des services sociaux à élaborer un programme d'accès aux services en langue anglaise en collaboration avec les établissements concernés en tenant compte de leurs ressources humaines, matérielles et financières;

ATTENDU QUE le cadre de référence 2006 du Ministère de la santé et des services sociaux (MSSS) concernant le programme d'accès aux services de santé et aux services sociaux exige qu'une résolution du conseil d'administration de chaque établissement acceptant d'être indiqué au programme d'accès accompagne le programme d'accès lors de sa soumission au Ministère.

Il est résolu : que le CSSS de Témiscaming-et-de-Kipawa accepte d'être indiqué au niveau du Programme d'accès aux services en langue anglaise de la région pour tous les services apparaissant en annexe à ladite résolution.

DATÉ ET SIGNÉ CE 29ÈME JOUR DU MOIS DE MARS 2011.

Claude Sanesac, fondé de pouvoir

Annexe 1 – Services en langue anglaise

SERVICES DE PREMIÈRE LIGNE (C.L.S.C.)

- ✓ périnatalité
- ✓ naître égaux – grandir en santé
- ✓ santé infantile
- ✓ jeunesse 5 à 18 ans (santé et social)
- ✓ santé dentaire
- ✓ orthophonie pour clientèle anglophone
- ✓ maladies infectieuses
- ✓ cliniques diabétiques
- ✓ santé publique pour adultes et personnes âgées (maladies cardio-vasculaires, tabagisme, cancer, dépistage)
- ✓ nutrition
- ✓ accueil psychosocial
- ✓ santé mentale (consultations, répit/dépannage, gestion du stress)
- ✓ soutien à domicile (soins infirmiers, aide à domicile, répit-dépannage services médicaux, inhalothérapie, ergothérapie, service social)
- ✓ services de soutien aux personnes handicapées
- ✓ services sociaux aux personnes âgées/ hébergées.

SERVICES MÉDICAUX GÉNÉRAUX (C.H.)

- ✓ service de consultations (rendez-vous, clinique externe/urgence)
- ✓ service de pharmacie
- ✓ service de laboratoire, de radiologie et d'échographie
- ✓ hospitalisation (6 lits de courte durée)
- ✓ réadaptation physique

SERVICES DE LONGUE DURÉE (C.H.S.L.D.)

- ✓ hébergement (13 lits de longue durée)
- ✓ répit/dépannage (1 lit)
- ✓ service de bénévolat
- ✓ 3 lits en ressources intermédiaires (Pavillon Latourelle)
- ✓ 6 lits en ressources de type familial (Clair Foyer)

Centre de santé et de services sociaux
du Lac-Témiscamingue

EXTRAIT DU PROCÈS-VERBAL D'UNE RÉUNION ORDINAIRE DU CONSEIL D'ADMINISTRATION DU CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DU LAC-TÉMISCAMINGUE, TENUE 23 FÉVRIER 2011 À 18 H 30, DANS LA SALLE DU CONSEIL DU PAVILLON SAINTE-FAMILLE

Attendu que l'article 15 de la Loi sur les services de santé et les services sociaux établit le droit de toute personne d'expression anglaise de recevoir en langue anglaise des services de santé et de services sociaux, compte tenu de l'organisation et des ressources humaines, matérielles et financières des établissements qui dispensent ces services et dans la mesure où le prévoit un programme d'accès aux services en langue anglaise visé à l'article 348;

Attendu que selon l'article 348 de cette même Loi qui oblige l'Agence de la santé et des services sociaux; à effectuer la mise à jour du programme d'accès aux services en langue anglaise (2007-2010) en collaboration avec les établissements concernés en tenant compte de leurs ressources humaines, matérielles et financières;

Attendu que le Cadre de référence 2006 du ministère de la Santé et des Services sociaux (MSSS), concernant le programme d'accès aux services de santé et aux services sociaux, exige qu'une résolution du conseil d'administration de chaque établissement acceptant d'être indiqué au programme d'accès, accompagne le programme d'accès lors de sa soumission au Ministère;

sur une proposition dûment faite et appuyée, il est unanimement résolu que le Centre de santé et de services sociaux du Lac-Témiscamingue accepte d'être indiqué au niveau du Programme d'accès aux services en langue anglaise de la région pour les installations et les services suivants:

Nom de l'installation	*Liste des services indiqués par installation*
• *Pavillon Sainte-Famille*	*Centre hospitalier* *Centre local de services communautaires* *Info-Santé*
• *Pavillon Duhamel* • *Points de services*	*Hébergement*

Je soussignée, Jacynthe Bérubé, secrétaire de la corporation, certifie par les présentes sous le sceau corporatif que ce qui précède est une copie conforme et exacte d'un extrait de procès-verbal d'une réunion ordinaire du Conseil d'administration du Centre de santé et de services sociaux du Lac-Témiscamingue tenue le 23 février 2011 à laquelle assemblée un quorum était présent en tout temps.

DATÉ ET SIGNÉ À VILLE-MARIE, CE 30 MARS 2011

LA SECRÉTAIRE

J. Bérubé

JACYNTHE BÉRUBÉ

RÉSOLUTION NO: 110223-15

Extrait du procès-verbal de la réunion ordinaire du conseil d'administration du Centre jeunesse de l'Abitibi-Témiscamingue, tenue le 16 février 2011 à Val-d'Or et à laquelle il y avait quorum.

CACJ-131-09 SERVICES DE LANGUE ANGLAISE

Madame Nancy Burrows, chef de service à la direction des services à la clientèle au point de service de Val-d'Or, présente les mécanismes mis en place par le Centre jeunesse pour atteindre les objectifs suivants :

- Accueillir et offrir les soins et services de première ligne en langue anglaise pour la clientèle ne pouvant pas s'exprimer en langue française, notamment les communautés autochtones de l'Ouest.

- En tant qu'organisme à vocation régionale, assurer l'accueil et les soins en langue anglaise chaque fois que cela sera requis pour la clientèle ne pouvant pas s'exprimer en langue française.

- Favoriser la diffusion régulière d'informations relatives au domaine de la santé publique et des services sociaux en langue anglaise auprès des communautés d'expression anglaise.

Résolution CA11-01-1091
Adoption du programme d'accessibilité aux services de langue anglaise

Sur proposition de monsieur Lucien Pelletier, appuyé par monsieur Stéphane Grenier, il est résolu d'adopter le programme d'accessibilité aux services de santé et aux services sociaux en langue anglaise. Adoptée à l'unanimité.

Copie conforme

Régean Bergeron, directeur général et secrétaire

CENTRE DE RÉADAPTATION
LA MAISON

une affaire de coeur et de compétence

EXTRAIT

PROCÈS-VERBAL DE LA SÉANCE ORDINAIRE DU CONSEIL D'ADMINISTRATION DU CENTRE DE RÉADAPTATION LA MAISON TENUE LE 15 MARS 2011 À 16 H DANS LES LOCAUX DU 100 CHEMIN DOCTEUR-LEMAY À ROUYN-NORANDA.

Le quorum a été constaté.

CA-03-15/017 Adoption du plan d'accès aux services de langue anglaise

ATTENDU que l'article 15 de la Loi sur les services de santé et les services sociaux établit le droit de toute personne d'expression anglaise de recevoir en langue anglaise des services de santé et des services sociaux, compte tenu de l'organisation et des ressources humaines, matérielles et financières des établissements qui dispensent ces services et dans la mesure où le prévoit un programme d'accès aux services en langue anglaise visé à l'article 348.

ATTENDU que l'article 348 de cette même Loi oblige l'Agence de la santé et des services sociaux à élaborer un programme d'accès aux services en langue anglaise en collaboration avec les établissements concernés en tenant compte de leurs ressources humaines, matérielles et financières.

ATTENDU que le Cadre de référence 2006 du ministère de la Santé et des Services sociaux (MSSS) concernant le programme d'accès aux services de santé et aux services sociaux exige qu'une résolution du conseil d'administration de chaque établissement acceptant d'être indiqué au programme d'accès accompagne le programme d'accès lors de sa soumission au Ministère.

Il est dûment proposé et unanimement résolu que le Centre de réadaptation La Maison accepte d'être indiqué au niveau du Programme d'accès aux services en langue anglaise de la région pour ses installations et ses services.
Adopté.

Copie certifiée conforme.
Faite et signée à Rouyn-Noranda ce vingt-deuxième jour de mars deux mille onze.

Line St-Amour,
secrétaire
LT/

CENTRE
NORMAND
CHOISIR SA LIBERTÉ

Extrait du procès-verbal d'une assemblée régulière du
conseil d'administration du Centre Normand,
tenue à l'Hôtel Forestel de Val-d'Or
le 8 mars 2011

Programme d'accessibilité aux services de santé et de services sociaux pour les personnes d'expression anglaise

11-38 **ATTENDU** que l'article 15 de la Loi sur les services de santé et les services sociaux établit le droit de toute personne d'expression anglaise de recevoir en langue anglaise des services de santé et des services sociaux, en tenant compte de l'organisation et des ressources humaines, matérielles et financières des établissements qui dispensent ces services et dans la mesure où le prévoit un programme d'accès aux services en langue anglaise visé à l'article 348.

ATTENDU que selon l'article 348 de cette même Loi oblige l'Agence de la santé et des services sociaux à élaborer un programme d'accès aux services en langue anglaise en collaboration avec les établissements concernés en tenant compte de leurs ressources humaines, matérielles et financières.

ATTENDU que le Cadre de référence 2006 du ministère de la Santé et des Services sociaux (MSSS) concernant le programme d'accès aux services de santé et aux services sociaux exige qu'une résolution du conseil d'administration de chaque établissement acceptant d'être indiqué, s'il y a lieu, au programme d'accès accompagne le programme d'accès lors de sa soumission au Ministère.

ATTENDU que le Centre Normand n'est pas sur la liste des établissements indiqués pour assurer des services en langue anglaise (Programme d'accessibilité des services de santé et de services sociaux pour les personnes d'expression anglaise, Agence de santé et de services sociaux de l'Abitibi-Témiscamingue). Un établissement *indiqué* est celui qui est identifié dans un programme d'accès comme devant offrir au moins un service ou un programme-service en langue anglaise.

ATTENDU que le défi consiste à concilier *le droit des personnes d'expression anglaise de recevoir des services en langue anglaise et le droit des intervenants de travailler et d'exercer leurs activités en français.*

Clair Foyer

EXTRAIT DU PROCÈS-VERBAL D'UNE ASSEMBLÉE RÉGULIÈRE DU CONSEIL D'ADMINISTRATION DE CLAIR FOYER INC. TENUE À AMOS AU SIÈGE SOCIAL LE 15 MARS 2011

SERVICES ACCESSIBLES EN LANGUE ANGLAISE

ATTENDU QUE l'article 15 de la Loi sur les services de santé et les services sociaux établit le droit de toute personne d'expression anglaise de recevoir en langue anglaise des services de santé et des services sociaux, compte tenu de l'organisation et des ressources humaines, matérielles et financières des établissements qui dispensent ces services et dans la mesure où le prévoit un programme d'accès aux services en langue anglaise visé à l'article 348;

ATTENDU QUE selon l'article 348 de cette même Loi oblige l'Agence de la santé et des services sociaux à élaborer un programme d'accès aux services en langue anglaise en collaboration avec les établissements concernés en tenant compte de leurs ressources humaines, matérielles et financières;

ATTENDU QUE le Cadre de référence 2006 du MSSS concernant ce programme exige une résolution du conseil d'administration de chaque établissement acceptant d'être indiqué au Programme d'accès aux services de santé et aux services sociaux en langue anglaise;

18-2011 **IL EST PROPOSÉ, DÛMENT APPUYÉ ET UNANIMEMENT RÉSOLU** que le CRDIAT Clair Foyer accepte d'être indiqué au niveau du Programme d'accès aux services de santé et aux services sociaux en langue anglaise pour la région de l'Abitibi-Témiscamingue.

Denis Plourde
Secrétaire

Copie certifiée conforme

Amos, le 16 mars 2011

Appendix 5

Resolution of the English language Regional Committee

Regional Advisory Committee on Access Programs to English-Speaking Population

Members of the Committee

Temiscamingue

Norma Heath
Donna McBride
Josette McCann
Sherril Bentley

Vallee-de-l'Or

Debbie Pitts
Rebecca Moore

Rouyn-Noranda

Elsie Sullivan
Diane Pollock
Sharleen Sullivan

ASSS

Annie Vienney
Madeline Paquin

February 24, 2011

Mrs. Lise St-Amour, Director General
Agence de santé et services sociaux
d'Abitibi-Témiscamingue
1, 9 e Rue,
Rouyn-Noranda, Québec
J9X 2A9

Mrs. St-Amour,

We; the Regional Advisory Committee on Access Programs to English-Speaking Population, fully recommend the new three-year Access Program Proposal for the region of Abitibi-Témiscamingue.

It is important to note that all of the members on our committee were given the opportunity to make recommendations and bring forth their concerns and ideas for the improvement of English services that are now part of the new Access Program Proposal. We believe that the new three-year proposal is in keeping with principles of the framework of the programs of access to health and social services in the English language for the English-speaking population.

The members would like to thank Ms. Annie Vienney of the Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue for her dedication to the access programs. Our committee looks forward to continuing the work to improve services for the English-speaking citizens in our region.

Sincerely,

Donna McBride

For/The Regional Advisory Committee

Appendix 6

Questionnaire on the access to health and social services of the English-speaking population in Abitibi-Témiscamingue

Access to Health and Social Services in the English language for the English-speaking population

SURVEY TO EVALUATE THE DEGREE OF SATISFACTION REGARDING THE LINGUISTIC ACCESS TO HEALTH AND SOCIAL SERVICES IN ABITIBI-TÉMISCAMINGUE FOR THE ENGLISH-SPEAKING POPULATION

Québec

This questionnaire is sent out as part of the Adaptation program for Health Promotion and Prevention for the English-speaking population of Abitibi-Témiscamingue. The purpose of the questionnaire is to support the endeavours undertaken by the *Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue* (The Health and Social Services Agency) to update the Accessibility Program to Health and Social Services for the English-speaking persons in the region.

The goal of the questionnaire is to collect information or comments from English-speaking clients, or users, with regards to accessibility to services in English. The answers will allow us, in collaboration with the establishments and the English Advisory Board (who represents the English-speaking community to the Agency) to identify those areas where there is room for improvement.

The content of this questionnaire remains strictly confidential and is restricted to use by the English Advisory Board. The respondent is free to answer all or stop answering at any time. It is, however, noteworthy to mention that the information collected is of crucial importance in order to improve services you access when you deal with your Health and Social Services departments; we do ask that you answer each question as completely as possible, there are no right or wrong answers.

Produced by:
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Writing:
Josée Roberge
Direction de l'organisation des services sociaux et ententes de gestion

In collaboration with:
The English Advisory Board for the English-Speaking population

SURVEY

PREPAID ENVELOPE - PLEASE RETURN BEFORE **JANUARY 14, 2011**

❒ 1 Mrs
❒ 2 Mr

1. How long have you been living in Abitibi-Témiscamingue?

❒ 1 Less than 2 years
❒ 2 Between 2 and 4 years
❒ 3 Between 5 and 9 years
❒ 4 10 years or more

2. In which town/city/community do you actually live?

_____

3. What is your first language (mother tongue)?

❒ 1 English
❒ 2 French
❒ 3 Other

4. Which language do you mostly speak at home?

❒ 1 English
❒ 2 French
❒ 3 Other

5. In your opinion, what is your degree of understanding French?

❒ 1 Very good
❒ 2 Good
❒ 3 Average
❒ 4 Poor

6. In your opinion, how well do you speak French?

- ❒ 1 Very good
- ❒ 2 Good
- ❒ 3 Average
- ❒ 4 Poor

7. Which services did you already use in a "CLSC", or you know a "CLSC" is offering?

- ❒ 1 Flu vaccinations
- ❒ 1 Diabetes clinic
- ❒ 1 Traveler's health clinic
- ❒ 1 Dietetic services
- ❒ 1 Cholesterol clinics
- ❒ 1 Curative and preventive services
- ❒ 1 Stop smoking program
- ❒ 1 Home care support services
- ❒ 1 Family-child-youth services
- ❒ 1 Prenatal-early childhood services
- ❒ 1 Other

8. Do you think you are receiving enough information on all services offered in your "CLSC"?

- ❒ 1 Yes →*Go to question 10 page 5*
- ❒ 2 No

9. <u>If you answered no to the previous question</u>, why is it that you believe you are not receiving enough information?

_____

_____

_____

10. What media do you consult most?

	French	English
Television	❒ 1	❒ 1
Newspapers	❒ 1	❒ 1
Internet	❒ 1	❒ 1
CBC Radio/Radio-Canada	❒ 1	❒ 1
Community radio	❒ 1	❒ 1
Community bulletins	❒ 1	❒ 1

Other (please specify): _____

11. When you are seeking information on Health and Social Services offered in your region, where do you get this information? Is it through your kids, friends, neighbourhood, etc.?

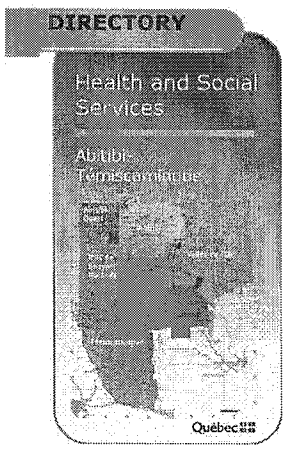
_____

_____

_____

12. Are you aware of the "Directory – Health and Social Services in Abitibi-Témiscamingue" produced in 2007 by the *Agence de la santé et des services sociaux* for the English-speaking population?

❒ 1 Yes
❒ 2 No



13. Can you recall, in the past year, having read or seen a public health notice in English?

❒ 1 Yes
❒ 2 No

14. Do you have any suggestions on possible ways to reach and inform the English-speaking population on all the Health and Social Services available in Abitibi-Témiscamingue?

_____

_____

_____

15. Have you ever used Info-Santé / 811 (health line)?

❒ 1 Yes
❒ 2 No →*Go to question 17*

16. <u>If you answered yes to the previous question</u>, how long, approximately, was the waiting period before being served in English?

❒ 1 0-5 minutes
❒ 2 6-10 minutes
❒ 3 11-15 minutes
❒ 4 16 minutes and over

17. Generally, when you call a Health and Social Services establishment, how satisfied are you of the service in English?

❒ 1 Very satisfied
❒ 2 Satisfied
❒ 3 Not very satisfied
❒ 4 Dissatisfied

18. Generally, when you come to a Health and Social Services establishment, do you ask to be served in English?

❒ 1 Yes
❒ 2 No

<u>If no</u>, can you please explain why?

_____

_____

_____

19. <u>If you answered yes to the previous question</u>, how satisfied are you with the way your request was received?

- ❒ 1 Very satisfied
- ❒ 2 Satisfied
- ❒ 3 Not very satisfied
- ❒ 4 Dissatisfied

20. Have you used the Health and Social Services in the past year?

- ❒ 1 Yes
- ❒ 2 No →*Go to question 37 page 12*

21. <u>If yes</u>, where?

- ❒ 1 CLSC
- ❒ 1 Hospital
- ❒ 1 Rehabilitation Centre
- ❒ 1 Emergency

Other (please specify): _____

22. In each Health and Social Services establishment, was it easy to find your way to the different services?

- ❒ 1 Very easy
- ❒ 2 Easy
- ❒ 3 Difficult
- ❒ 4 Very difficult

23. When you go to a Health and Social Services establishment, does the staff make you feel comfortable expressing yourself in English?

❒ 1 Yes
❒ 2 No

<u>If no</u>, can you please explain why?

_____

_____

_____

24. At the reception area, have you asked for any general information, pamphlets or leaflet in English?

❒ 1 Yes
❒ 2 No →*Go to question 27 page 9*

25. <u>If you answered yes to the previous question</u>, were you provided with the information you requested?

❒ 1 Yes
❒ 2 No

<u>If no</u>, can you please explain why?

_____

_____

_____

26. <u>If you answered yes to the previous question</u>, was the information helpful?

❒ 1 Yes
❒ 2 No

<u>If no</u>, do you have any suggestions on how the information could be improved?

_____

_____

_____

27. At the reception area, was the staff able to serve you in English?

❒ 1 Yes →*Go to question 29*
❒ 2 No

<u>If no</u>, can you please explain why?

_____

_____

_____

28. <u>If you answered no to the previous question</u>, did he or she refer you to a colleague who could serve you in English?

❒ 1 Yes
❒ 2 No

<u>If no</u>, can you please explain why?

_____

_____

_____

29. In the event where the reception staff called on a colleague to serve you in English, how reasonable was the delay?

❒ 1 Very reasonable
❒ 2 Reasonable
❒ 3 Not very reasonable
❒ 4 Unreasonable

→*Next section page 10*

THIS SECTION APPLIES TO ANYONE WHO HAS BEEN ADMITTED, IN THE PAST YEAR, TO AN ABITIBI-TÉMISCAMINGUE HOSPITAL FOR A FEW HOURS OR FOR A LONGER STAY.

→ *Go to question 37 page 12* ***if you have not been admitted to an Abitibi-Témiscamingue hospital in the past year***.

30. In order to target the specific needs of the English-speaking population in Abitibi-Témiscamingue and improve access to our services in English, please indicate the reason for your admission to a Health and Social Services establishment (*optional question*):

- ❒ 1 Flu
- ❒ 1 Accident
- ❒ 1 Annual visit
- ❒ 1 Blood test
- ❒ 1 Surgery
- ❒ 1 Digestive problem

Other (please specify): _____

31. Before your admission to a hospital, did the staff offer you all the information in English concerning your stay?

- ❒ 1 Yes
- ❒ 2 No

If no, can you please explain why?

_____

_____

_____

32. Before your admission to a hospital, did the staff give you written documentation in English?

❒ 1 Yes
❒ 2 No

If no, can you please explain why?

_____

_____

_____

33. While being admitted in a hospital or after your stay, did you receive or fill out your forms (admission, consent, prescriptions and follow-up treatments, administrative formalities, etc.) in English?

❒ 1 Yes
❒ 2 No

If no, can you please explain why?

_____

_____

_____

34. During your stay, was the staff able to communicate in English, or did they call on a colleague who could speak English?

❒ 1 Yes
❒ 2 No

If no, can you please explain why?

_____

_____

_____

35. How satisfied were you with your doctor's ability in communicating with you in English?

- ❒ 1 Very satisfied
- ❒ 2 Satisfied
- ❒ 3 Not very satisfied
- ❒ 4 Dissatisfied

36. Still regarding the language, how satisfied were you with the staff's ability to understand your needs and concerns?

- ❒ 1 Very satisfied
- ❒ 2 Satisfied
- ❒ 3 Not very satisfied
- ❒ 4 Dissatisfied

37. Age:

- ❒ 1 Between 14 and 24
- ❒ 2 Between 25 and 44
- ❒ 3 Between 45 and 64
- ❒ 4 65 and over

38. Level of education:

- ❒ 1 Less than high school
- ❒ 2 High school
- ❒ 3 College
- ❒ 4 University
- ❒ 5 Vocational training

Other (please specify): _____

Comments and suggestions:

_____

_____

_____

We thank you for your precious collaboration. ☺
November 2010

Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue
Québec

Appendix 7

The English-speaking population in Abitibi-Témiscamingue and in each CSSS territory

The English-speaking population of Abitibi-Témiscamingue

November 2010

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Québec

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This fascicle aims at improving our knowledge of the English-speaking population living in Abitibi-Témiscamingue, in particular its geographic distribution and demographic features. It should be noted that this is an update of a document published in autumn 2006[1].

Defining the population group

The data used to describe the English-speaking population comes from the 2006 census carried out by Statistics Canada. In fact, several language variables are included in the census and can be used to define the English-speaking population, such as the mother tongue, the language used at work, the knowledge of the two official languages and the home language.

Given the data available to the Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue and the work of several experts from Statistics Canada[2] and the Institut national de santé publique du Québec[3], four variables were analysed in this portrait. They describe somewhat different realities and therefore the resulting portraits differ. Choosing one or the other of these variables depends on the intentions and objectives of the researcher who uses them. These variables are:

[1] Sylvie BELLOT. *La population d'expression anglaise en Abitibi-Témiscamingue et dans chacun des territoires des CSSS*. Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue, October 2006, 38 p.

[2] In a document dated May, 2010, and titled *Portrait of Official Language Minorities in Canada: Francophones in Ontario*, the authors, Jean-Pierre Corbeil and Sylvie Lafrenière, of Statistics Canada, use two criteria to make the statistical portrait of Francophones : the mother tongue and the first official language. They argue that the first criteria can be used to make historical comparisons and that the use of the second is becoming widespread in defining linguistic groups in studies on official language minorities.

[3] The Institut national de santé publique du Québec presented in the fall of 2009 a research project entitled *Projets pour la santé des communautés de langue officielle en situation minoritaire* in which two criteria are used to define the English population: the mother tongue and the home language. It seems that these two criteria are those that match the best the cultural and ethnic identity of persons and their ancestors.

Population whose mother tongue is English

These are persons whose first language learned at home in childhood is English and that still understood it at the time of the census. This group includes persons whose mother tongue is:

- English only,
- English and French,
- English and a non-official language,
- English, French and a non-official language.

This information is taken from the short census form addressed to the entire population[4]. This is the only variable for which we have access to cross-tabulated data according to gender and age.

Population whose home language is English

Included in this category are persons whose language spoken most often at home is English. If several languages are spoken at home and they are all spoken equally often, all of them are reported. Therefore, this category also includes persons who speak equally often :

- English and French at home;
- English and a non official language at home;
- English, French and a non official language at home.

The data was generated with the long census form sent to only 20% of households[6].

Population whose first official language spoken is English

This is a variable created by Statistics Canada for the application of the *Official Languages Act*. It derives from three variables taken directly in the census:

- knowledge of the two official languages,
- mother tongue, and
- home language.

With this variable, it is possible to identify in this study the persons that can carry on a conversation in English only and whose first official language spoken is English. It also includes persons whose mother tongue is English only or English and at least one non-official language[5]. This variable includes sampled data since it is derived from two variables of the long census form filled out by only 20% of households.

Population who knows only one of the two official languages, English

Included in this category are persons who can carry on a conversation in English only. This data was generated with the long census form sent to only 20% of households[7].

---

[4] Statistique Canada. *Census Dictionary*. Minister of Industry. January 2010, p. 83
[5] Ibid., p.78.
[6] Ibid., p. 79.
[7] Ibid., p.81.

Limitation of this picture

Given that the data presented in this fascicle comes from the census, certain points should be mentioned[8].

Although Statistics Canada has taken considerable effort to ensure the quality of the census data, errors can occur at every stage of the process and the **quality of the estimates is not always be high. In particular,** this is the case when the data refers to **small groups,** as is the case of the English-speaking population of Abitibi-Témiscamingue. Users are therefore advised to be cautious when using these data.

Most of the data on languages comes from the long census form given to a sample of 20% of the population. But, as indicated by Statistics Canada, **the potential error introduced by sampling** will tend to be **greater when the population feature that is examined is scarce.** Since this is in fact the case with the data used here in this fascicle, caution is advised when using them.

Furthermore, Statistics Canada systematically applies **random rounding of the data to the** (nearest higher or lower) **multiple of "5" or, in some cases, "10"** in order to preserve confidentiality. This measure is not in itself a problem in the case of large figures but when the figures are small, as is often the case here, it can produce **important distortions** (for example, the datum can go to 0 or 10) and this can entail a **loss of accuracy.** When a datum is the sum of several categories, it is obvious that the distortions will be amplified since each of the categories is a rounded value. Finally, because of the random rounding procedure, in general, **the total is not equal to the sum of the parts and the sum of the percentages is not always equal to 100%.**

In the **specific case of data on mother tongues,** cross tabulated according to gender and different age groups, the **observed distortions** are so **large** (the sum of the parts can be 50% higher than the total), that it was decided to not present the data as is. To overcome this problem, the **values** were instead **estimated** using the proportions noted according to age and gender to the original total number.

Altogether, what should be remembered from the various warnings above is that **the data presented here is not very accurate and should in fact be considered estimates.**

[8] Statistics Canada. Appendix B. Data quality, sampling and weighting, confidentiality and random rounding. Web site accessed on October 4, 2010: http://www12.statcan.gc.ca/census-recensement/2006/ref/dict/app-ann002-eng.cfm

The situation in Abitibi-Témiscamingue

Population whose mother tongue is English

In 2006, the region of Abitibi-Témiscamingue had approximately 5,100 inhabitants whose mother tongue is English, then representing 3.6% of the entire population. As an indication, for the province of Quebec, this percentage was 8.6%. Compared with 2001, the region's population whose mother tongue is English has decreased by about 3%, going from 5,265 to 5,100 persons.

These persons are not distributed equally in the different territories of the region's health and social service centers (CSSS) (Table 1 and Figure 1). It is in the territory of the CSSS de La Vallée-de l'Or that has the largest number of persons whose mother tongue is English, with a little more than 1,300 persons. This CSSS is closely followed by the CSSS of Témiscaming-et-de-Kipawa with a little less than 1,300. Then follow the CSSSs of Rouyn-Noranda and Lac-Témiscamingue, with about 1,000 persons each. The CSSS Les Eskers de l'Abitibi ranks 5th, with 370 persons whose mother tongue is English. Finally, the CSSS des Aurores-Boréales is in last place with the smallest number of persons whose mother tongue is English, with about 165.

Table 1

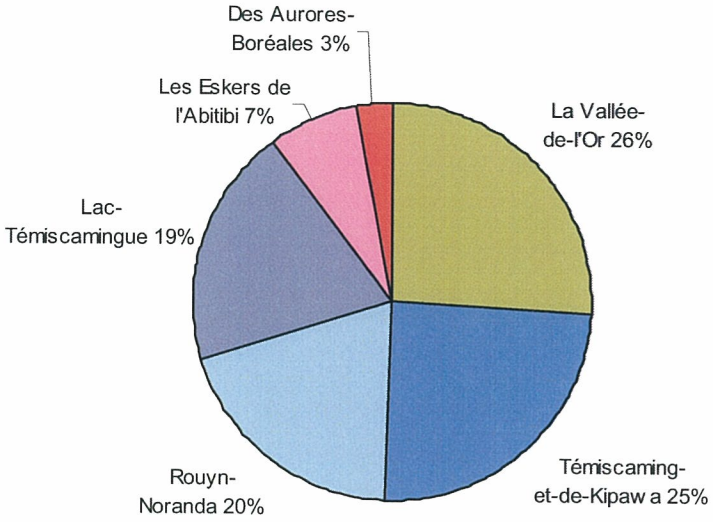
Distribution of the population whose mother tongue is English by CSSS territory, Abitibi-Témiscamingue Region, 2006

CSSS Territory	N	%
La Vallée-de-l'Or	1,325	26.0
Témiscaming-et-de-Kipawa	1,280	25.1
Rouyn-Noranda	995	19.5
Lac-Témiscamingue	990	19.4
Les Eskers de l'Abitibi	370	7.3
Des Aurores-Boréales	165	3.2
Abitibi-Témiscamingue Region	5,100	100.0

Source : Statistics Canada, 2006 Census, Geocoded Data, Table 2006DATAB2020_CO-1121-PSP_P1.

Distribution of population whose mother tongue is English by CSSS territory, Abitibi-Témiscamingue Region, 2006

Figure 1



Source : Statistics Canada, 2006 Census, Geocoded Data, Table 2006DATAB2020_CO-1121-PSP_P1.

The distribution by age group of the Abitibi-Témiscamingue population whose mother tongue is English (Table 2) shows that persons under 15 represent 16% of the group, those between 15 and 24, 13%, adults between 25 and 44, a little over a fourth (27%), adults between 45 and 64, 29%, and the elderly 65 years and older, 14%. The results are relatively similar for the male and female populations whose mother tongue is English.

Table 2

Distribution of the population whose mother tongue is English by gender and age group, Abitibi-Témiscamingue Region, 2006

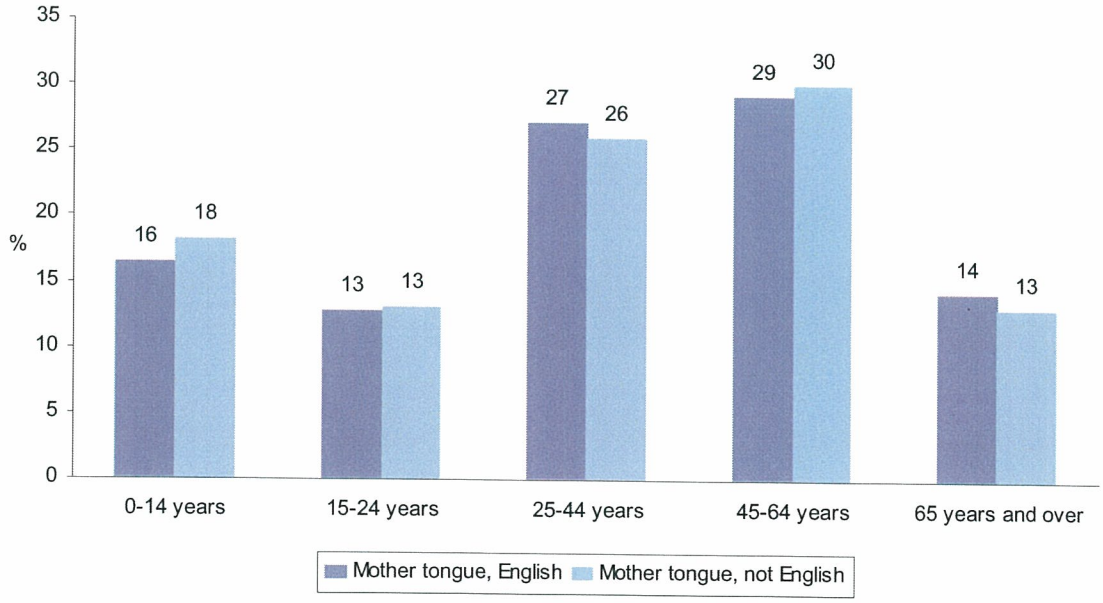
Age Group	Both Genders		Men		Women	
	%	Estimated N	%	Estimated N	%	Estimated N
0-14 years	16	840	17	450	16	390
15-24 years	13	647	12	317	12	297
25-44 years	27	1,378	26	687	28	703
45-64 years	29	1,487	30	780	28	707
65 years +	14	727	14	358	15	366
Total	100	5,100	100	2,604	100	2,508

Source : Statistics Canada, 2006 Census, Table 97-555-XCB2006017 and geocoded data, Table 2006DATAB2020_CO-1121-PSP_P1.

When these figures are compared to the distribution of the rest of the population (Figure 2), i.e. persons whose mother tongue is not English, few differences stand out. Indeed, the differences are minimal in each of the categories, fluctuating between 1% and 2%.

Figure 2

Distribution of the population whose mother tongue is English or not by age group, Abitibi-Témiscamingue Region, 2006



Source : Statistics Canada, 2006 Census, Table 97-555-XCB2006017.

Population whose 1st official language spoken is English

In 2006, Abitibi-Témiscamingue had a little less than 5,100 persons whose 1st official language spoken is English, representing 3.6% of the entire population of the region. For the reader's information, in Québec, this percentage is 11.9%. The situation in the region is comparable to what it was in 2001.

The distribution of this population in the different CSSS territories (Table 3) shows that the CSSS de Témiscaming-et-de-Kipawa has the largest number, a little over 1,300 persons, or one fourth of the region's total population whose 1st official language is English. The territory of the CSSS La Vallée-de-l'Or is a close second with almost a fourth of the region's total English-speaking population, approximately 1,240 persons. The territory of the CSSS du Lac-Témiscamingue is 3rd with a little under 1,100 persons, followed by that of Rouyn-Noranda with about 900 persons. The territory of the CSSS Les Eskers de l'Abitibi is next to last with almost 400 persons and, finally, CSSS des Aurores-Boréales is last with a very small number of persons whose 1st official language spoken is English only, with 150 persons.

Table 3

Distribution of the population whose 1st official language spoken is English by CSSS territory, Abitibi-Témiscamingue Region, 2006

CSSS Territory	N	%
Témiscaming-et-de Kipawa	1,315	25.9
La Vallée-de-l'Or	1,240	24.4
Lac-Témiscamingue	1,070	21.1
Rouyn-Noranda	905	17.8
Les Eskers de l'Abitibi	395	7.8
Des Aurores-Boréales	150	3.0
Région Abitibi-Témiscamingue	5,075	100,0

Source : Statistics Canada, 2006 Census, Geocoded Data, Table 2006DATAB2020_CO-1121-PSP_P1.

Population whose home language is English

The Abitibi-Témiscamingue region has almost 5,000 persons whose language most often spoken at home is English; this group represents 3.5% of the region's total population compared with 11.2% for all of Quebec.

The largest number, almost 1,500, is located in the CSSS de Témiscaming-et-de-Kipawa; they represent 30% of the region's population whose language spoken most often at home is English. The CSSSs de la Vallée-de-l'Or and du Lac-Témiscamingue are tied in second and third each with close to 1,100 persons. The territory of the CSSS de Rouyn-Noranda is in fourth position with close to 1,000 persons. Finally, trailing behind, follow the CSSSs Les Eskers de l'Abitibi and des Aurores-Boréales with less than 300 and around 150 persons respectively whose language most often spoken at home is English.

Table 4

Distribution of the population whose home language is English, by CSSS territory, Abitibi-Témiscamingue Region, 2006

CSSS Territory	N	%
Témiscaming-et-de Kipawa	1,450	29.1
La Vallée-de-l'Or	1,085	21.8
Lac-Témiscamingue	1,085	21.8
Rouyn-Noranda	945	19.0
Les Eskers de l'Abitibi	270	5.4
Des Aurores-Boréales	140	2.8
Abitibi-Témiscamingue Region	4,980	100.0

Source : Statistics Canada, 2006 Census, Geocoded Data, Table 2006DATAB2020_CO-1121-PSP_P1.

Population who knows only one of the two official languages, English

The criterion "knowledge of only one of the two official languages, English" is far more restrictive than the preceding criteria to define the English speaking population. Indeed, according to it, in 2006, the Abitibi-Témiscamingue region has a little less than 1,700 persons who know only one official language, English; this represents 1.2% of the region's total population. In Quebec, this percentage is about 4.5%. The number of persons in the region who know only one of the two official languages, English, has dropped by 8% since 2001, when there were approximately 1,830 persons in this situation.

As shown in Table 5, this population is concentrated mainly in two of the region's CSSS territories: that of Témiscaming-et-de-Kipawa (45%) and Lac-Témiscamingue (30%). About one person out of 10 in this category lives in the territories of the CSSS La Vallée-de-l'Or or CSSS de Rouyn-Noranda. Finally, a small percentage (3%) lives in the territory of the CSSS Les Eskers de l'Abitibi and less than 1% in that of the CSSS des Aurores-Boréales.

Table 5

Distribution of the population that knows only one of the two official languages, English, by CSSS territory, Abitibi-Témiscamingue Region, 2006

CSSS Territory	N	%
Témiscaming-et-de Kipawa	755	44.9
Lac-Témiscamingue	495	29.5
La Vallée-de-l'Or	185	11.0
Rouyn-Noranda	175	10.4
Les Eskers de l'Abitibi	50	0.9
Des Aurores-Boréales	15	0.9
Abitibi-Témiscamingue Region	1,680	100.0

Source : Statistics Canada, 2006 Census, Geocoded Data, Table 2006DATAB2020_CO-1121-PSP_P1.

The following table summarizes the situation of the English-speaking population of Abitibi-Témiscamingue according to the criteria used:

Number and percentage of the English-speaking population according to the definition criteria used, in the territory of the CSSS Les Eskers de l'Abitibi, 2006

Table 6

Definition criteria of the English population	Number of persons	% of total population
Mother tongue, English	5,100	3.6
English, 1st official language spoken	5,075	3.6
English, home language	4,980	3.5
Knowledge of only one of the two official languages, English	1,680	1.2

Source : Statistics Canada, 2006 Census, Geocoded Data, Table 2006DATAB2020_CO-1121-PSP_P1.

The Situation in each CSSS

CSSS de Témiscaming-et-de-Kipawa

As can be seen in Table 7, depending on the criteria, the English-speaking population in the territory of the CSSS de Témiscaming-et-de Kipawa varies between 755 and 1,450 persons, a variation of almost 100%. The lower figure relates to persons who know only one official language, English; this represents 22% of the population, or a little less than a fourth. The highest figure is that of persons who speak English the most often at home; it represents 41% of all of the territory's residents.

Table 7

Number and percentage of the English-speaking population according to the definition criteria used, in the territory of the CSSS de Témiscaming-et-de-Kipawa, 2006

Definition criteria of the English population	Number of persons	% of total population
Mother tongue, English	1,280	36.5
English, 1st official language spoken	1,315	37.5
English, home language	1,450	41.3
Knowledge of only one of the two official languages, English	755	21.5

Source : Statistics Canada, 2006 Census, Geocoded Data, Table 2006DATAB2020_CO-1121-PSP_P1.

There are 1,300 persons whose mother tongue is English among which 21% are children under 15 years of age; 12%, youth 15 to 24 years old; 31%, adults 25 to 44 years old; one fourth, adults 45 to 64 years old; and a tenth, persons 65 years old and over (Table 8).

Table 8

Distribution of the population whose mother tongue is English by gender and age group, Territory of the CSSS de Témiscaming-et-de-Kipawa, 2006

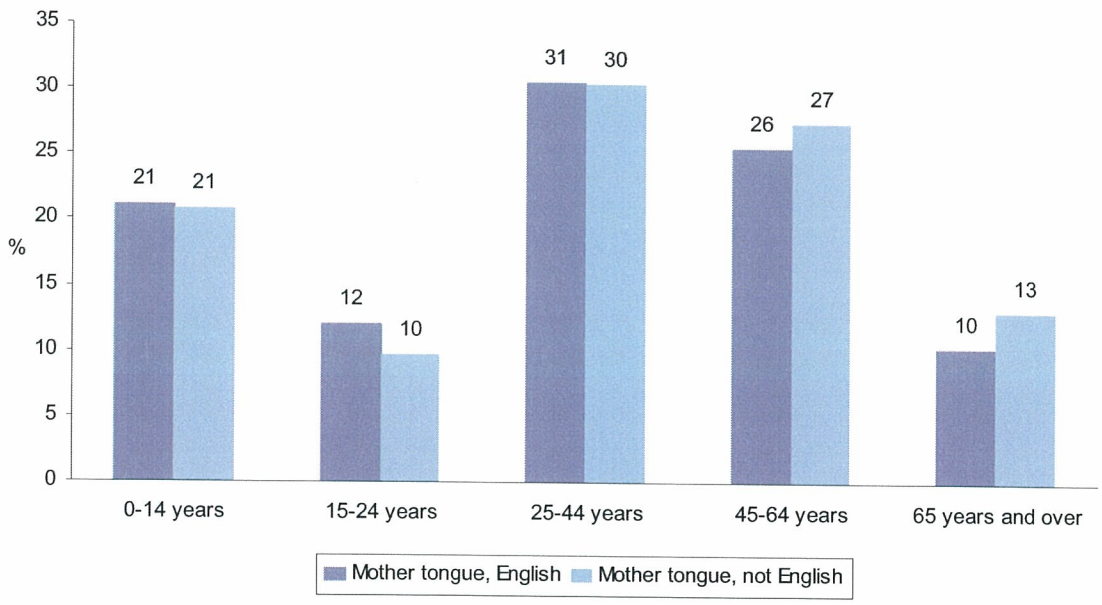
Age Group	Both Genders		Men		Women	
	%	Estimated N	%	Estimated N	%	Estimated N
0-14 years	21	270	25	163	19	121
15-24 years	12	154	13	84	13	79
25-44 years	31	391	28	182	31	191
45-64 years	25	326	24	158	26	163
65 years +	10	130	10	65	10	65
Total	100	1,280	100	652	100	624

Source : Statistics Canada, 2006 Census, Table 97-555-XCB2006017 and geocoded data, Table 2006DATAB2020_CO-1121-PSP_P1.

The comparison of the distribution of the population whose mother tongue is English with that of the territory's other residents (Figure 3) shows slight differences in certain age groups. Thus, the percentage of youth 15 to 24 years old seems a little higher in the English mother-tongue group, 12%, compared with 10 % for the others. In the 65 and older age group, the percentage of persons whose mother tongue is English is lower than that of persons whose mother tongue is not English, 10% compared with 13%. Finally, among adults 45 to 64 years old, there is a slightly smaller fraction of persons whose mother tongue is English compared with persons whose mother tongue is not English, 26% compared with 27 %.

Figure 3

Distribution of the population whose mother tongue is English or not by age group, Territory of the CSSS de Témiscaming-et-de-Kipawa, 2006



Source : Statistics Canada, 2006 Census, Table 97-555-XCB2006017.

CSSS du Lac-Témiscamingue

As can be seen in Table 9, depending on the criteria, the English-speaking population in the territory of the CSSS du Lac-Témiscamingue varies between 495 and 1,085 persons, a variation of over 100%. The lowest figure is that of persons who know only one official language, English; this represents 4% of the population. The highest figure is that of persons that speak English the most often at home; it represents 8% of all of the territory's residents.

Table 9

Number and percentage of the English-speaking population according to the definition criteria used, in the territory of the CSSS du Lac-Témiscamingue, 2006

Definition criteria of the English population	Number of persons	% of total population
Mother tongue, English	990	7.5
English, 1st official language spoken	1,070	8.1
English, home language	1,085	8.2
Knowledge of only one of the two official languages, English	495	3.7

Source : Statistics Canada, 2006 Census, Geocoded Data, Table 2006DATAB2020_CO-1121-PSP_P1.

There are about 1,000 persons whose mother tongue is English among which 23% are children under 15 years of age; 16%, youth 15 to 24 years old; a third, adults 25 to 44 years old; 19%, adults 45 to 64 years old; and finally 7 %, persons 65 years old and over (Table 10).

Table 10

Distribution of the population whose mother tongue is English by gender and age group, Territory of the CSSS du Lac-Témiscamingue, 2006

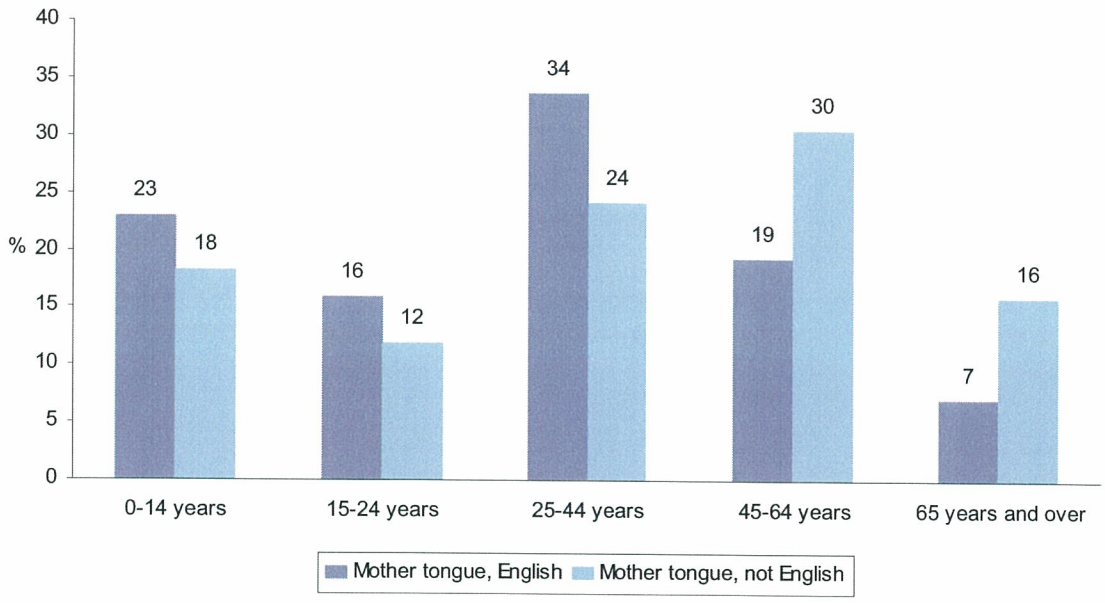
Age Group	Both Genders		Men		Women	
	%	Estimated N	%	Estimated N	%	Estimated N
0-14 years	23	227	30	143	20	102
15-24 years	16	157	13	65	19	97
25-44 years	34	333	29	139	34	171
45-64 years	19	190	23	111	21	106
65 years +	7	69	9	42	8	42
Total	100	1,280	100	486	100	509

Source : Statistics Canada, 2006 Census, Table 97-555-XCB2006017 and geocoded data, Table 2006DATAB2020_CO-1121-PSP_P1.

The comparison of the distribution of the population whose mother tongue is English with that of the territory's other residents (Figure 4) shows large differences in all age groups. Thus, the English mother-tongue group has a higher percentage of children under 15 (23% compared with 18%), youth 15 to 24 years old (16% compared with 12%) and adults 25 to 44 years old (34% compared with 24%). In the older age groups, the percentages of persons whose mother tongue is English are lower than those of persons whose mother tongue is not English: 19% compared with 30% in the 45 to 64 age group and 7% compared with 16% in the 65 and older age group.

Figure 4

Distribution of the population whose mother tongue is English or not by age group, Territory of the CSSS du Lac-Témiscamingue, 2006



Source : Statistics Canada, 2006 Census, Table 97-555-XCB2006017.

CSSS de Rouyn-Noranda

As can be seen in Table 11, depending on the criteria, the English-speaking population in the territory of the CSSS de Rouyn-Noranda varies between 175 and 995 persons, a huge variation since the second figure is over five times larger than the first. The lower figure, 175, relates to persons who know only one official language, English; this represents 0.4% of the population. The highest figure, 995, is that of persons whose mother tongue is English; it represents 2.5% of all of the territory's residents.

Table 11

Number and percentage of the English-speaking population according to the definition criteria used, in the territory of the CSSS de Rouyn-Noranda, 2006

Definition criteria of the English population	Number of persons	% of total population
Mother tongue, English	995	2.5
English, 1st official language spoken	905	2.3
English, home language	945	2.4
Knowledge of only one of the two official languages, English	175	0.4

Source : Statistics Canada, 2006 Census, Geocoded Data, Table 2006DATAB2020_CO-1121-PSP_P1.

There are about 1,000 persons whose mother tongue is English among which 10% are children under 15 years of age; 11%, youth 15 to 24 years old; a fourth, adults 25 to 44 years old; a third, adults 45 to 64 years old; and finally a fifth, persons 65 years old and over (Table 12).

Table 12

Distribution of the population whose mother tongue is English by gender and age group, Territory of the CSSS de Rouyn-Noranda, 2006

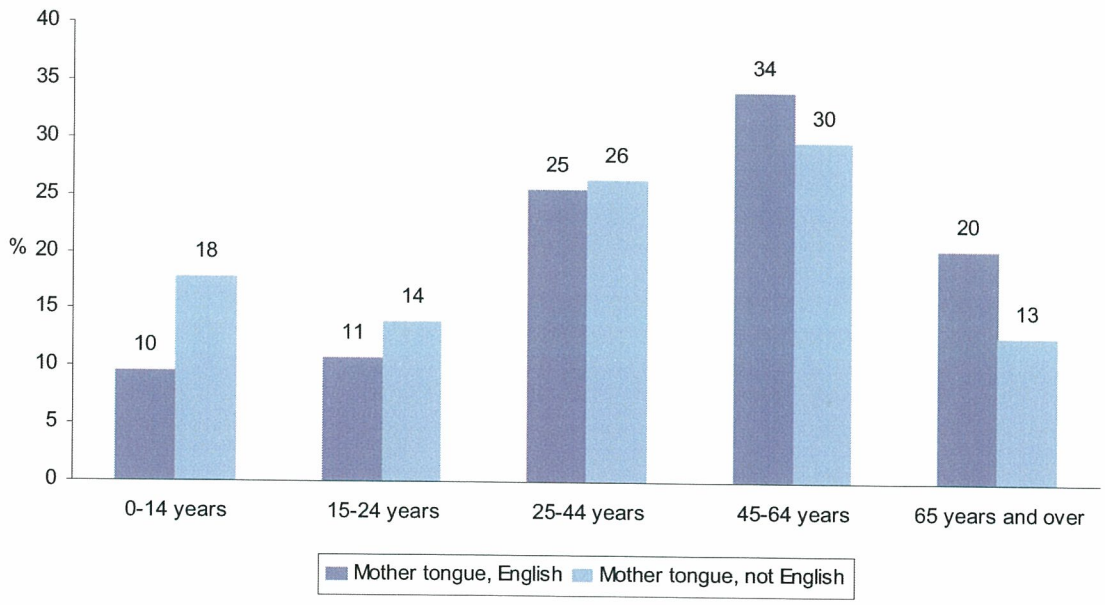
Age Group	Both Genders		Men		Women	
	%	Estimated N	%	Estimated N	%	Estimated N
0-14 years	10	95	9	48	11	51
15-24 years	11	106	11	55	9	44
25-44 years	25	253	23	117	30	143
45-64 years	34	338	37	191	31	147
65 years +	20	202	20	103	21	99
Total	100	995	100	518	100	481

Source : Statistics Canada, 2006 Census, Table 97-555-XCB2006017 and geocoded data, Table 2006DATAB2020_CO-1121-PSP_P1.

The comparison of the distribution of the population whose mother tongue is English with that of the territory's other residents (Figure 5) shows differences in several age groups. Thus, the English mother-tongue group has a lower percentage of children under 15 (10% compared with 18%), youth 15 to 24 years old (11% compared with 14%). The percentages are quite similar in the 25 to 44 year age group with about a fourth in each population group. In the older age groups, the percentages of persons whose mother tongue is English are higher. Thus, a third of the persons whose mother tongue is English are part of the 45 to 64 age group (compared with 30%) and a fifth of them are part of the 65 and over group (compared with 30% and 13%, respectively).

Figure 5

Distribution of the population whose mother tongue is English or not by age group, Territory of the CSSS de Rouyn-Noranda, 2006



Source : Statistics Canada, 2006 Census, Table 97-555-XCB2006017.

CSSS des Aurores-Boréales

As can be seen in Table 13, depending on the criteria, the English-speaking population in the territory of the CSSS des Aurores-Boréales varies between 15 and 165 persons, a huge variation since the second figure is eleven times larger than the first. The lower figure, 15, relates to persons who know only one of the two official languages, English; this represents 0.1% of the population. The highest figure is that of persons whose mother tongue is English; it represents 0.8% of all of the territory's residents.

Table 13

Number and percentage of the English-speaking population according to the definition criteria used, in the territory of the CSSS des Aurores-Boréales, 2006

Definition criteria of the English population	Number of persons	% of total population
Mother tongue, English	165	0,8
English, 1st official language spoken	150	0,7
English, home language	140	0,7
Knowledge of only one of the two official languages, English	15	0,1

Source : Statistics Canada, 2006 Census, Geocoded Data, Table 2006DATAB2020_CO-1121-PSP_P1

There are about 165 persons whose mother tongue is English among which about 5% are children under 15 years of age; 10%, youth 15 to 24 years old; 21%, adults 25 to 44 years old; a little over a third, adults 45 to 64 years old; and finally 17%, persons 65 years old and over (Table 14).

Table 14

Distribution of the population whose mother tongue is English by gender and age group, Territory of the CSSS des Aurores-Boréales, 2006

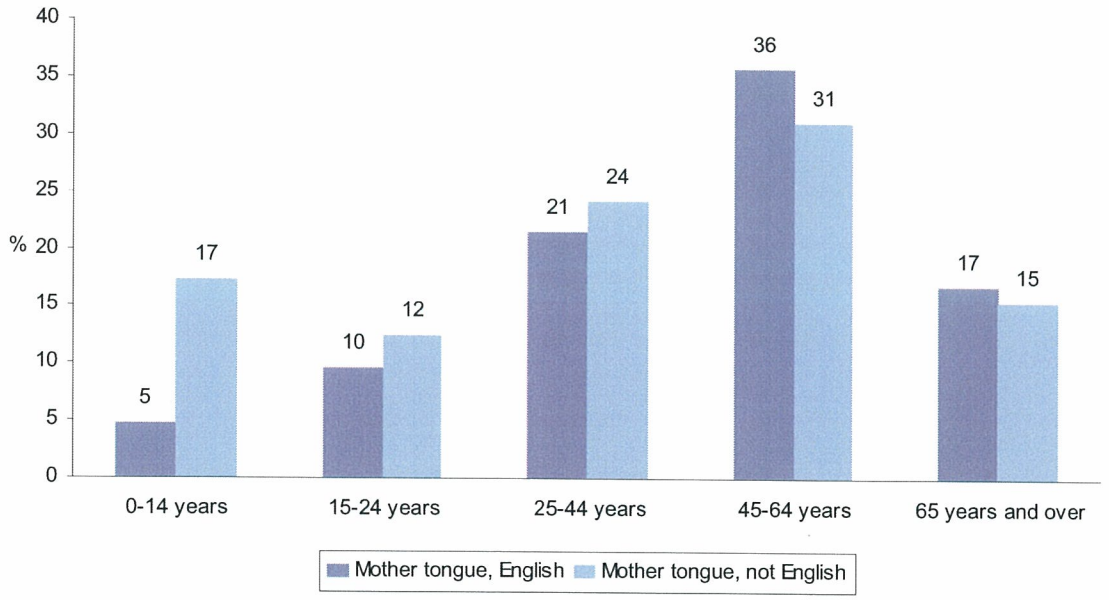
Age Group	Both Genders		Men		Women	
	%	Estimated	%	Estimated	%	Estimated
0-14 years	5	8	4	4	10	8
15-24 years	10	16	13	12	10	8
25-44 years	21	35	22	20	30	24
45-64 years	36	59	30	28	20	16
65 years +	17	28	13	12	15	12
Total	100	165	100	90	100	79

Source : Statistics Canada, 2006 Census, Table 97-555-XCB2006017 and geocoded data, Table 2006DATAB2020_CO-1121-PSP_P1.

The comparison of the distribution of the population whose mother tongue is English with that of the territory's other residents (Figure 6) shows differences in several age groups. Thus, the English mother-tongue group seems to have a clearly* lower percentage of children under 15 (5% compared with 17%). The English mother-tongue group also has lower percentages of 15 to 24 and 25 to 44 year-olds*, respectively 10% and 21%, than those of the group whose mother tongue is not English, 12% and 24%, respectively. In the case of the 25 to 44 year age group, the percentage of people whose mother tongue is English is higher than that of the territory's residents whose mother tongue is not English, 36% compared with 31%. As for the 65 and over age group, the percentages are quite similar since the difference is 2% between the two population groups. Nevertheless, in this case, one should be cautious regarding these observations given that the small number of persons involved.

Figure 6

Distribution of the population whose mother tongue is English or not by age group, Territory of the CSSS de Rouyn-Noranda, 2006



Source : Statistics Canada, 2006 Census, Table 97-555-XCB2006017.

CSSS Les Eskers de l'Abitibi

As can be seen in Table 15, depending on the criteria, the English-speaking population in the territory of the CSSS Les Eskers de l'Abitibi varies from 50 to 395 persons, a huge variation since the second figure is almost eight times larger than the first. The lower figure, 50, relates to persons who know only one of the two official languages, English; this represents 0.2% of the territory's population. The highest figure is that of persons whose 1st official language spoken is English; it represents 1.7% of all of the residents.

Table 15

Number and percentage of the English-speaking population according to the definition criteria used, in the territory of the CSSS Les Eskers de l'Abitibi, 2006

Definition criteria of the English population	Number of persons	% of total population
Mother tongue, English	370	1,5
English, 1st official language spoken	395	1,7
English, home language	270	1,1
Knowledge of only one of the two official languages, English	50	0,2

Source : Statistics Canada, 2006 Census, Geocoded Data, Table 2006DATAB2020_CO-1121-PSP_P1.

There are about 370 persons whose mother tongue is English of which about 16% are children under 15 years of age; 16%, youth 15 to 24 years old; 29%, adults 25 to 44 years old; a little 28%, adults 45 to 64 years old; and finally 12%, persons 65 years old and over (Table 16).

Table 16

Distribution of the population whose mother tongue is English by gender and age group, Territory of the CSSS Les Eskers de l'Abitibi, 2006

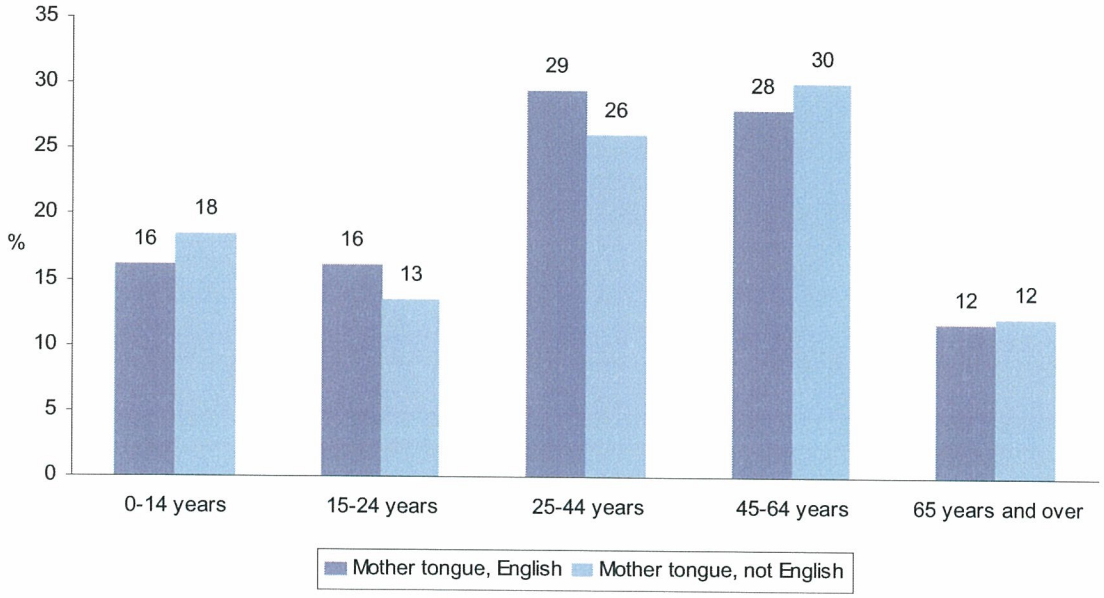
Age Group	Both Genders		Men		Women	
	%	Estimated N	%	Estimated N	%	Estimated N
0-14 years	16	60	17	33	15	27
15-24 years	16	60	14	27	9	16
25-44 years	29	109	34	65	26	49
45-64 years	28	103	31	60	29	54
65 years +	12	44	14	27	9	16
Total	100	370	100	190	100	185

Source : Statistics Canada, 2006 Census, Table 97-555-XCB2006017 and geocoded data, Table 2006DATAB2020_CO-1121-PSP_P1.

The comparison of the distribution of the population whose mother tongue is English with that of the territory's other residents (Figure 7) shows slight differences in most age groups. Thus, the English mother-tongue group seems to have a slightly lower percentage of children under 15, 16% compared with 18%. However, it has somewhat higher percentages in the 15 to 24 and 25 to 44 age groups, respectively 16% and 29%, compared with those of the group whose mother tongue is not English, 13% and 26%, respectively. In the 45 to 64 age group, it is approximately 2% higher, 28% compared with 30%. Finally, the percentages of persons 65 and over are the same in the two groups: 12%.

Figure 7

Distribution of the population whose mother tongue is English or not by age group, Territory of the CSSS Les Eskers de l'Abitibi, 2006



Source : Statistics Canada, 2006 Census, Table 97-555-XCB2006017.

CSSS de la Vallée-de-l'Or

As can be seen in Table 17, depending on the criteria used, the English-speaking population in the territory of the CSSS de la Vallée-de-l'Or varies from 185 to 1,325 persons. This is a huge variation since the second figure is seven times larger than the first. The lower figure, 185, relates to persons who know only one of the two official languages, English; this represents 0.4% of the territory's population. The highest figure, 1,325, is that of persons whose mother tongue is English; it represents 3.2% of all of the residents.

Table 17

Number and percentage of the English-speaking population according to the definition criteria used, in the territory of the CSSS de la Vallée-de-l'Or, 2006

Definition criteria of the English population	Number of persons	% of total population
Mother tongue, English	1,325	3.2
English, 1st official language spoken	1,240	3.0
English, home language	1,085	2.6
Knowledge of only one of the two official languages, English	185	0.4

Source : Statistics Canada, 2006 Census, Geocoded Data, Table 2006DATAB2020_CO-1121-PSP_P1.

There are about 1,325 persons whose mother tongue is English of which 15% are children under 15 years of age; 12%, youth 15 to 24 years old; a fourth, adults 25 to 44 years old; close to a third, adults 45 to 64 years old; and finally 15%, persons 65 years old and over (Table 18).

Table 18

Distribution of the population whose mother tongue is English by gender and age group, Territory of the CSSS de la Vallée-de-l'Or, 2006

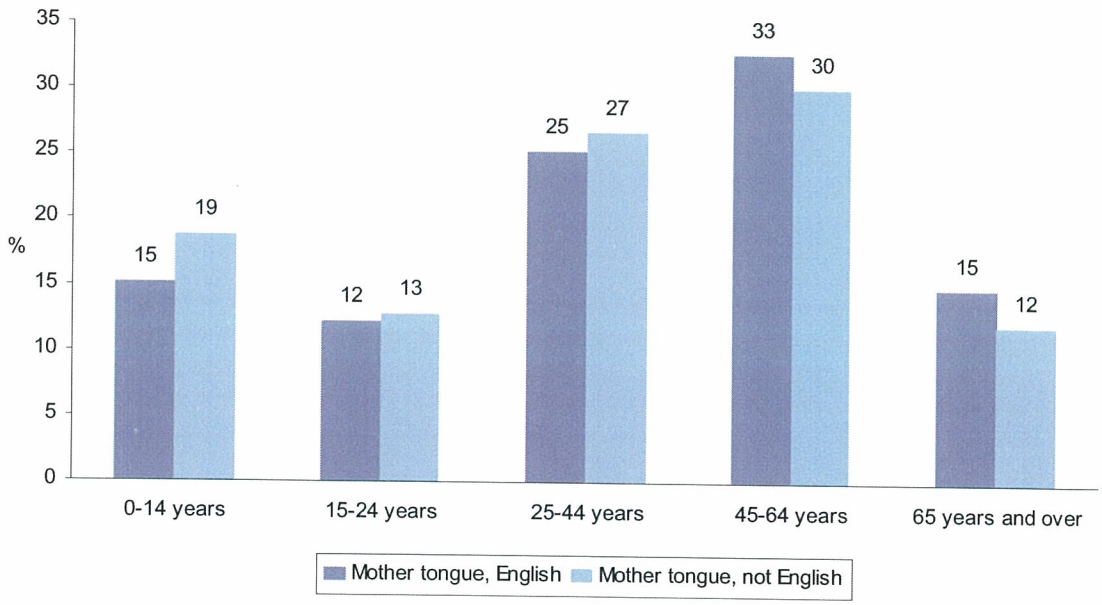
Age Group	Both Genders		Men		Women	
	%	Estimated N	%	Estimated N	%	Estimated N
0-14 years	15	200	15	103	14	89
15-24 years	12	162	12	79	12	79
25-44 years	25	334	27	182	24	155
45-64 years	33	434	33	224	34	217
65 years +	15	196	14	93	16	193
Total	100	1,325	100	685	100	640

Source : Statistics Canada, 2006 Census, Table 97-555-XCB2006017 and geocoded data, Table 2006DATAB2020_CO-1121-PSP_P1.

The comparison of the distribution of the population whose mother tongue is English with that of the territory's other residents (Figure 8) shows differences in some of the age groups. Thus, the English mother-tongue group seems to have a slightly lower percentage of children under 15, 15% compared with 19%. However, the English mother-tongue group has higher percentages in the 45 to 64 age group (33% compared with 30%) and in the 65 and over age group (15% compared with 12). As for the 15 to 24 and 25 to 44 age groups, the percentages are quite similar: near 12 % in the former group and around 26% in the latter.

Figure 8

Distribution of the population whose mother tongue is English or not by age group, Territory of the CSSS de la Vallée-de-l'Or, 2006



Source : Statistics Canada, 2006 Census, Table 97-555-XCB2006017.

Conclusion

Although at first glance, counting the number of English-speaking persons residing in Abitibi-Témiscamingue seems to be a straightforward exercise, the data presented in this fascicle show that it is more difficult than expected. Indeed, depending on the criteria used to define the English-speaking population, the results can vary considerably.

Four different criteria were used in the document:

- population whose mother tongue is English,
- population whose sole 1st official language spoken is English,
- population whose language most often spoken at home is English, and
- population that knows only one of the two official languages, English.

Overall, the first three criteria, that is the population whose mother tongue is English, the population whose sole 1st official language spoken is English, and the population whose language most often spoken at home is English, have generally produced the highest figures for the English-speaking population. Of course, the data vary according to the criteria used but the differences are generally between 3% and 10% except in the territories of the CSSS Les Eskers de l'Abitibi and La Vallée-de-l'Or, in which differences of 18% and 30% where obtained.

The last criterion - population that knows only one of the two official languages, English - is more restrictive than the others. In fact, when it is used to define the English-speaking population, this group's size is always far smaller than when any of the other criteria is used. The largest difference was obtained in the territory of the CSSS des Aurores-Boréales where the population size obtained with this criterion is eleven times smaller than that defined with the mother tongue criterion. The choice of criteria is therefore an important factor in determining the size of the English-speaking population.

The results show that, depending on the criteria used, the English-speaking population in Abitibi-Témiscamingue fluctuates between approximately 1,700 and 5,000 persons. The geographic distribution of this population varies somewhat according to the criteria used. Nevertheless, in general, it is clear that the majority of the English-speaking population is concentrated in the territories of the CSSS de Témiscaming-et-de-Kipawa and de La Vallée-de-l'Or. The territories of the CSSS de Rouyn-Noranda and du Lac-Témiscamingue follow with about 40% of the region's English-speaking population. Finally, the territories of the CSSS Les Eskers de l'Abitibi and des Aurores-Boréales have the smallest number of English-speaking persons in the region.

Regarding the distribution of the English-speaking population by gender and age group, the only data available was that pertaining to the population whose mother tongue is English. This data shows that at the regional level, the English-speaking population is similar to that of the rest of the region's population. However, some differences were observed within the CSSS territories:

- The population whose mother tongue is English has a somewhat lower proportion of children under 15 in the territories of the CSSS de Rouyn-Noranda, La Vallée-de-l'Or and Les Eskers de l'Abitibi and, on the other hand, a slightly higher proportion in the territory of the CSSS du Lac-Témiscamingue.

- As for the English-speaking youth aged 15 to 24, their relative proportion is slightly higher in the territories of the CSSS du Lac-Témiscamingue, de Témiscaming-et-de-Kipawa and Les Eskers de l'Abitibi. But their relative proportion is lower in the CSSS de Rouyn-Noranda.

- The English-speaking population has a slightly higher percentage of young adults aged 25 to 44 in the territories of the CSSS du Lac-Témiscamingue and Les Eskers de l'Abitibi.

- The percentage of English-speaking adults aged 45 to 64 is relatively lower in the CSSS du Lac-Témiscamingue, de Témiscaming-et-de-Kipawa and Les Eskers de l'Abitibi. It is the opposite in the CSSS de Rouyn-Noranda and de la Vallée-de-l'Or.

- In the 65 and over age group, the English-speaking population is proportionally smaller in the CSSS de Témiscaming-et-de-Kipawa and Lac-Témiscamingue but greater in the CSSS de Rouyn-Noranda and de La Vallée-de-l'Or.

Despite the methodological limitations involved, this data represents estimates that will be useful to the planners and decision-makers of the Abitibi-Témiscamingue health and social services network.