The English-speaking Population of des Collines-de-l'Outaouais: a community portrait

Poltimore

Notre-Dame-de-la-Salette

East Aldfield

Farrellton

VAL-DES-MONTS

Lac-des-Loups

LA PÊCHE

Alcove

Lac-McGregor

Wakefield

Lac-La-Pêche

Gatineau

PONTIAC

Perkins

CANTLEY

Luskville

Meech Lake

Quyon

CHELSEA

Centre de ressources

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Community Portrait – des Collines de l'Outaouais

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INTRODUCTION

This portrait has been completed by Connexions and the Community Health and Social Services Network (CHSSN), in collaboration with the *Centre intégré de santé et de services sociaux des Collines de l'Outaouais* (CISSSO). Connexions (the Connexions Resource Centre) is a not-for-profit community organization whose mission is to serve and promote the health, well-being and vitality of the English-speaking population of the Outaouais. It is committed to strengthening networks within the English and French speaking population as well as encouraging community development initiatives.

The main objective of this portrait is to contribute to a more in-depth understanding of the English-speaking communities of the des Collines area. These communities are located in Chelsea, Cantley, La Pêche, and Val-des-Monts. To do so, different sources of information have been gathered from:

1. reports and other documents
2. some key statistics from the 2011 census data
3. community perspectives, as expressed during community conversations held in these communities in the fall of 2015 and through an on-line survey (completed by 225 respondents)

The on-line survey was developed to gather the perspectives of a broader range of community members than was possible at the community gatherings, which were attended by relatively small numbers of people. While such a survey has limitations (particularly in terms of engaging participants in a collective dialogue and in gathering detailed, nuanced qualitative information), it helped to ensure that a larger number of community members were able to share their perspectives on the topics being explored. We will draw on all these sources of information throughout this document.

Community development

Community development has been defined as "a voluntary cooperative process of mutual assistance and of building social ties between local residents and institutions, with the goal being to improve physical, social, and economic living conditions."

Institut national de santé publique du Québec (2002).
La santé des communautés : perspective pour la contribution de la santé publique au développement social et au développement des communautés. Québec : INSPQ, 46 p. www.inspq.qc.ca

The central idea and purpose of community development is for community members to take action collectively and to generate solutions to shared problems by planning the development of all aspects of community well-being. The goal is to improve people's quality of life and to reduce social inequalities.

There are many different approaches to community development and many different groups that are engaged in it. In Quebec, community development has been identified as one of the main intervention strategies in public health. Many regional health boards and health centres are actively engaged in community development.

Community development strategies

- ❖ Community engagement
- ❖ Empowerment (of individuals and communities)
- ❖ Intersectoral collaboration and partnership
- ❖ Political commitment leading to healthy public policy
- ❖ Reducing social and health inequalities

The underlying principle is that individuals and communities need to be empowered to take greater control over their health and future, with a view to reducing inequality among community members.

Introduction – Community Portrait – des Collines de l'Outaouais

Building healthy communities

In keeping with Connexions' and the CHSSN's commitment to a population health approach that takes into account the range of health determinants, this project adopts a holistic view of health. This means examining ways to improve people's health, and the health of the community more broadly, through a socio-environmental approach, which considers health as a product of social and environmental determinants that interact to influence our health status.

The many different factors that contribute to health are referred to as health determinants. Health determinants are defined as the individual, social, economic and environmental factors that can be associated with specific health problems or with overall health status. Although there are many health determinants—income and social status, social support networks, education, employment and working conditions, physical environments, biology and genetics, health services, and more—research shows that socio-economic environments ("your life") are the main determinants of health: factors such as your income, education, social safety net, employment and housing.

WHAT MAKES CANADIANS SICK?

50% YOUR LIFE — INCOME, EARLY CHILDHOOD DEVELOPMENT, DISABILITY, EDUCATION, SOCIAL EXCLUSION, SOCIAL SAFETY NET, GENDER, EMPLOYMENT/WORKING CONDITIONS, RACE, ABORIGINAL STATUS, SAFE AND NUTRITIOUS FOOD, HOUSING/HOMELESSNESS, COMMUNITY BELONGING

25% YOUR HEALTH CARE — ACCESS TO HEALTH CARE, HEALTH CARE SYSTEM, WAIT TIMES

15% YOUR BIOLOGY — BIOLOGY, GENETICS

10% YOUR ENVIRONMENT — AIR QUALITY, CIVIC INFRASTRUCTURE

THESE ARE CANADA'S SOCIAL DETERMINANTS OF HEALTH #SDOH

Even within the same region, there are major differences between communities in terms of health, well-being, and quality of life, and some of these differences are related to varying social and economic conditions. This means that communities can have an impact on the health and well-being of their residents by working to reduce inequalities among people, and by creating a "healthy community."

A significant number of health determinants are beyond individual control and only the community can have an impact on them. Therefore, just as individual empowerment is important for health and well-being, so too is community empowerment. This means building the community capacity to structure itself in ways that help to improve the quality of life of its members. Beyond such traditional indicators as the economy and demographics, we must take into account factors such as democratic life, community dynamics and social capital, all of which testify to the health of a community as a living entity.
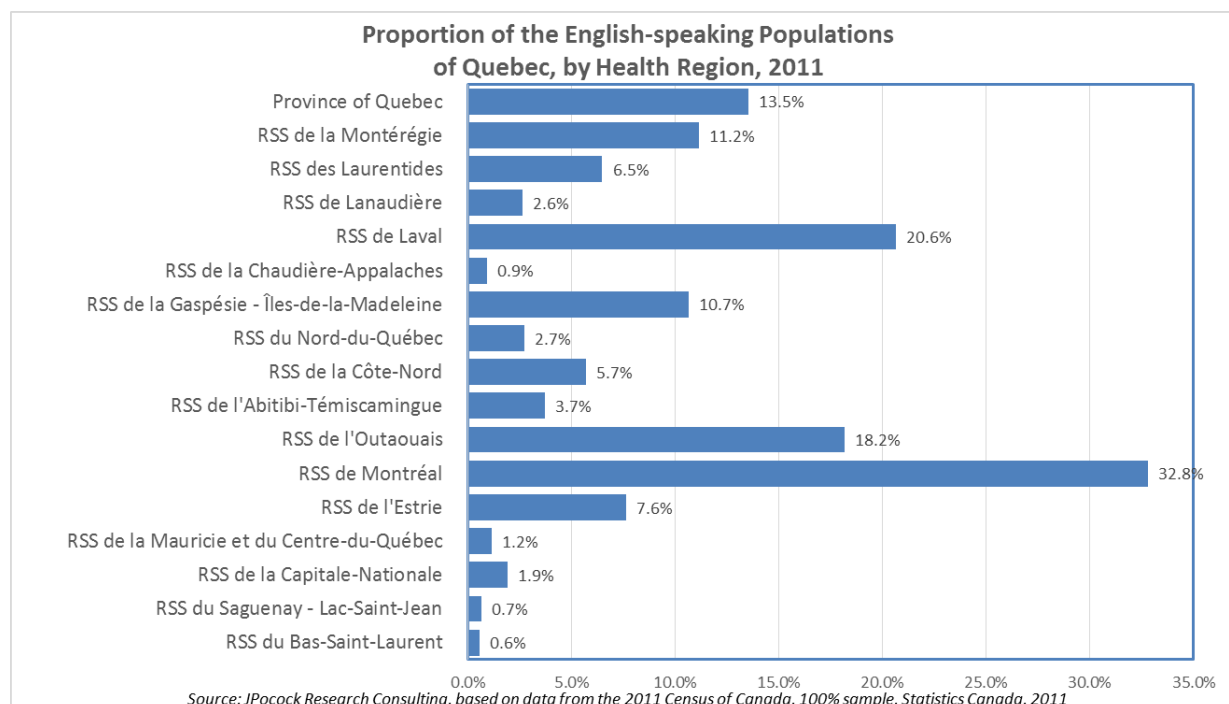
Community mobilization in English-speaking communities in Quebec

A network of English-speaking communities in Quebec is working towards this goal of community empowerment and improved health and well-being. The provincial network is composed of nineteen community health and social services networks, which act as drivers of change in mobilizing English-speaking communities. These community health and social services networks implement three key action strategies: improving access to health and social services, increasing the availability of health promotion and disease prevention programs, and fostering social innovation. They engage a broad range of local partners in an intersectoral networking and partnership approach to take action on priority health determinants, focusing on specific populations. This work is rooted in a number of principles and values that guide the development of the networks, with the ultimate aim of improving the health and well-being of English-speaking communities in Quebec and enhancing community vitality (see model in appendix). This approach to community mobilization and intersectoral partnership has fostered hundreds of partnerships with health and social service centres delivering primary level care, other public institutions in Quebec, as well as a wide variety of community organizations. A partnership between the CHSSN and the Institut national de santé publique du Québec (INSPQ) has supported these networks in gaining knowledge and experience in community development. This community portrait is part of that support.
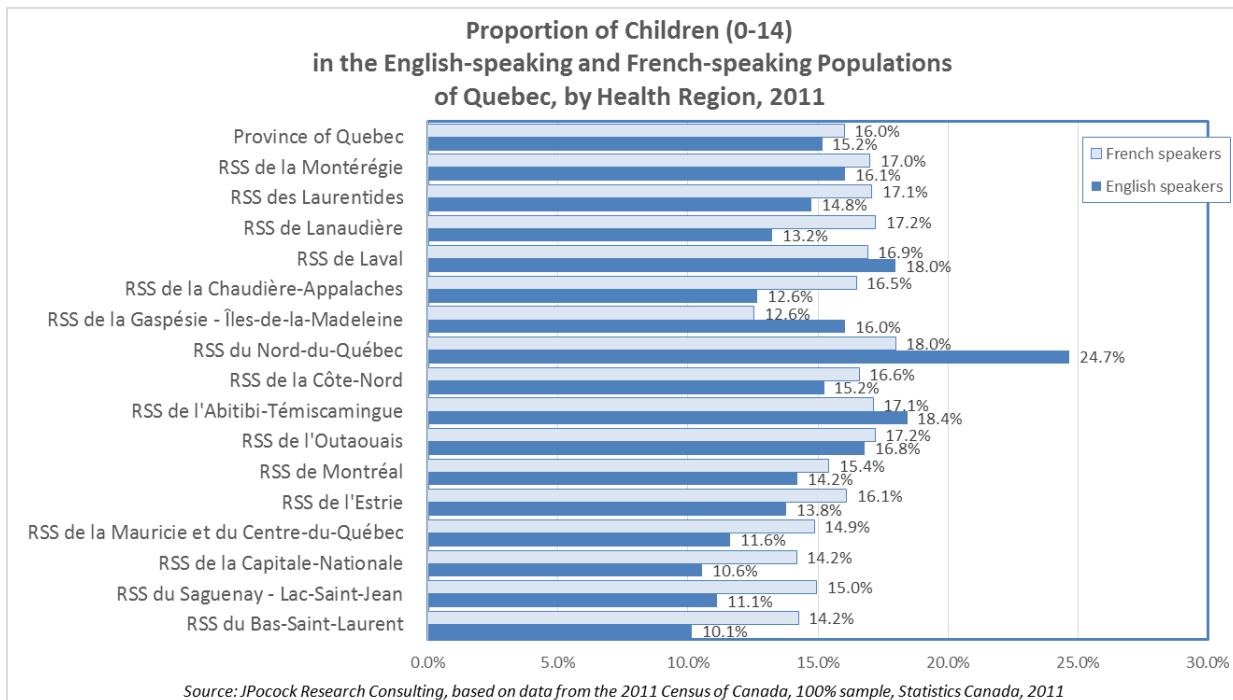
ENGLISH-SPEAKING POPULATIONS

Quebec and the Outaouais region

There are about one million (1,058,248) individuals living in Quebec whose first official language is English. Quebec's English-speaking communities comprise 13.5% of the Quebec population.

Proportion of the English-speaking Populations of Quebec, by Health Region, 2011

Health Region	Percentage
Province of Quebec	13.5%
RSS de la Montérégie	11.2%
RSS des Laurentides	6.5%
RSS de Lanaudière	2.6%
RSS de Laval	20.6%
RSS de la Chaudière-Appalaches	0.9%
RSS de la Gaspésie - Îles-de-la-Madeleine	10.7%
RSS du Nord-du-Québec	2.7%
RSS de la Côte-Nord	5.7%
RSS de l'Abitibi-Témiscamingue	3.7%
RSS de l'Outaouais	18.2%
RSS de Montréal	32.8%
RSS de l'Estrie	7.6%
RSS de la Mauricie et du Centre-du-Québec	1.2%
RSS de la Capitale-Nationale	1.9%
RSS du Saguenay - Lac-Saint-Jean	0.7%
RSS du Bas-Saint-Laurent	0.6%

Source: JPocock Research Consulting, based on data from the 2011 Census of Canada, 100% sample, Statistics Canada, 2011
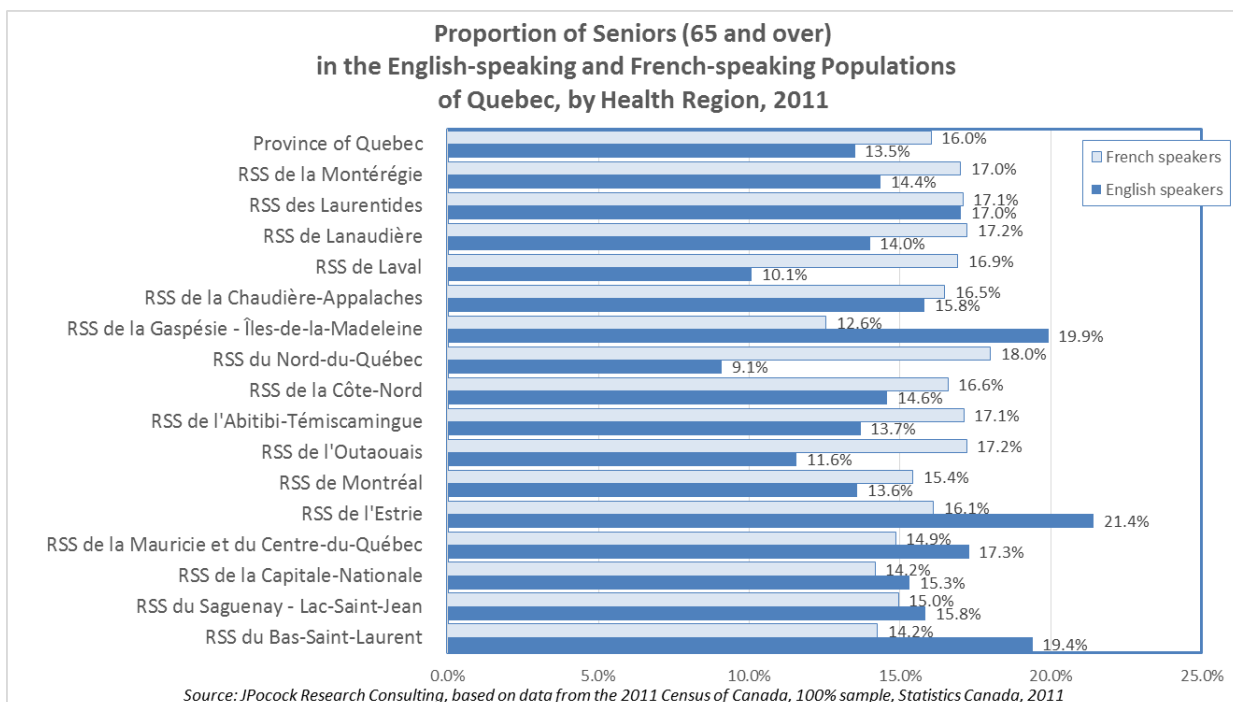
In the Outaouais, the English-speaking population accounts for 18.2% of that region's total population, making it one of the regions with the highest proportion of English speakers. The English-speaking community of RSS de l'Outaouais (administrative health region) is comprised of 66,650 individuals and accounts for 6.3% of the English-speaking population across Quebec.

The age structure is different among French speakers than English speakers in some regions. On the whole, when provincial averages are compared, English-speaking and French-speaking populations are similar in their proportion of youth 0-14 years of age. Regionally, the proportion of children ranges from a low of 10.1% in Bas-Saint-Laurent and 11.6% in Mauricie et Centre-du-Québec to a high of 18.4% in Abitibi-Témiscamingue and 18% in Laval. In the administrative health region RSS de l'Outaouais, children represent 16.8% of the population (17.2% among Francophones).

Proportion of Children (0-14)
in the English-speaking and French-speaking Populations
of Quebec, by Health Region, 2011

Region	English speakers	French speakers
Province of Quebec	16.0%	15.2%
RSS de la Montérégie	17.0%	16.1%
RSS des Laurentides	17.1%	14.8%
RSS de Lanaudière	17.2%	13.2%
RSS de Laval	16.9%	18.0%
RSS de la Chaudière-Appalaches	16.5%	12.6%
RSS de la Gaspésie - Îles-de-la-Madeleine	12.6%	16.0%
RSS du Nord-du-Québec	18.0%	24.7%
RSS de la Côte-Nord	16.6%	15.2%
RSS de l'Abitibi-Témiscamingue	17.1%	18.4%
RSS de l'Outaouais	17.2%	16.8%
RSS de Montréal	15.4%	14.2%
RSS de l'Estrie	16.1%	13.8%
RSS de la Mauricie et du Centre-du-Québec	14.9%	11.6%
RSS de la Capitale-Nationale	14.2%	10.6%
RSS du Saguenay - Lac-Saint-Jean	15.0%	11.1%
RSS du Bas-Saint-Laurent	14.2%	10.1%

Source: JPocock Research Consulting, based on data from the 2011 Census of Canada, 100% sample, Statistics Canada, 2011

Provincially, in 2011 there was a greater proportion of individuals 65 years and over within Quebec's majority language population. The proportion of seniors outweighs the provincial average for English speakers in 14 regions. The highest proportions of English-speaking seniors are in Estrie, Gaspésie-Îles-de-La-Madeleine, and Bas-Saint-Laurent. In RSS de l'Outaouais, seniors represent 11.6% of the English-speaking population compared to 17.2% among Francophones.

Proportion of Seniors (65 and over)
in the English-speaking and French-speaking Populations
of Quebec, by Health Region, 2011

Region	English speakers	French speakers
Province of Quebec	16.0%	13.5%
RSS de la Montérégie	17.0%	14.4%
RSS des Laurentides	17.1%	17.0%
RSS de Lanaudière	17.2%	14.0%
RSS de Laval	16.9%	10.1%
RSS de la Chaudière-Appalaches	16.5%	15.8%
RSS de la Gaspésie - Îles-de-la-Madeleine	19.9%	12.6%
RSS du Nord-du-Québec	18.0%	9.1%
RSS de la Côte-Nord	16.6%	14.6%
RSS de l'Abitibi-Témiscamingue	17.1%	13.7%
RSS de l'Outaouais	17.2%	11.6%
RSS de Montréal	15.4%	13.6%
RSS de l'Estrie	16.1%	21.4%
RSS de la Mauricie et du Centre-du-Québec	17.3%	14.9%
RSS de la Capitale-Nationale	15.3%	14.2%
RSS du Saguenay - Lac-Saint-Jean	15.8%	15.0%
RSS du Bas-Saint-Laurent	19.4%	14.2%

Source: JPocock Research Consulting, based on data from the 2011 Census of Canada, 100% sample, Statistics Canada, 2011

English-speaking Populations – Community Portrait – des Collines de l'Outaouais
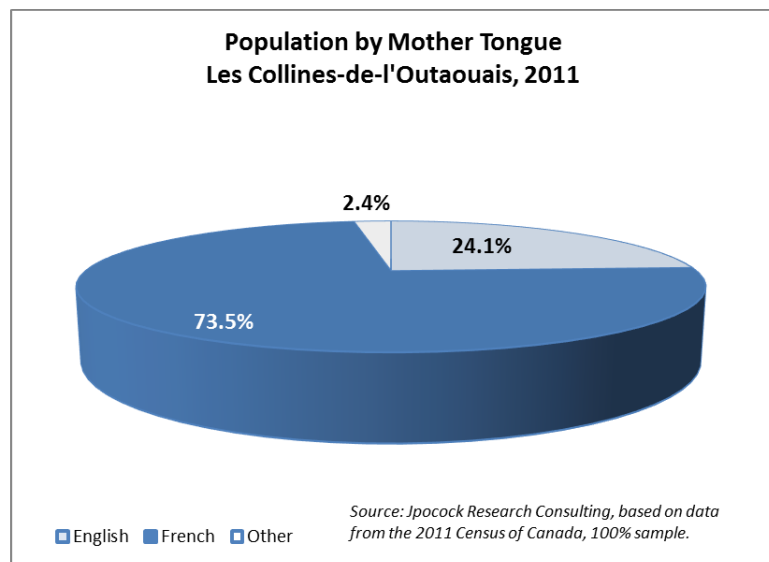
Territory of des Collines

The MRC des Collines de l'Outaouais is located to the north of the city of Gatineau in an area characterized by villages and farmland amid growing suburban development, in settings of rolling hills, rivers, and forests.
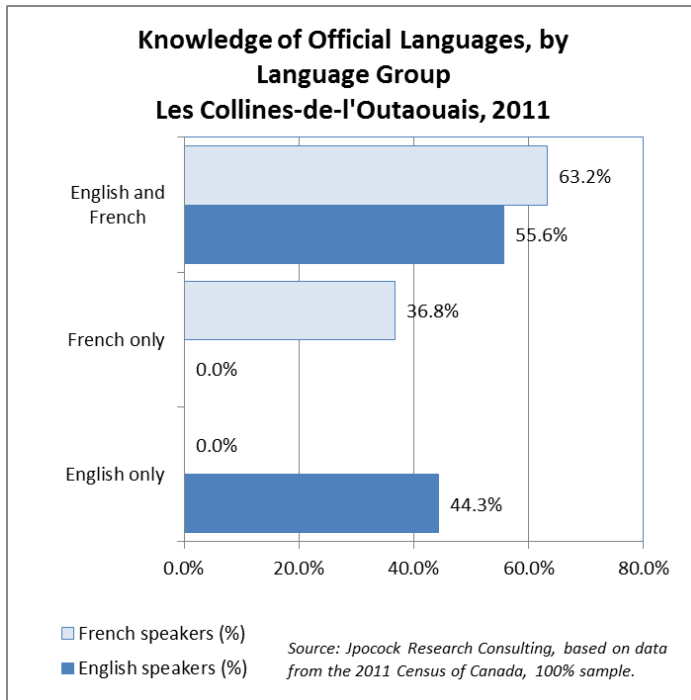

The total population of the MRC territory was 34,295 according to the 2011 Census of Canada. In 2011, the four municipalities covered in this portrait had populations ranging from about 6,000 to 10,000:
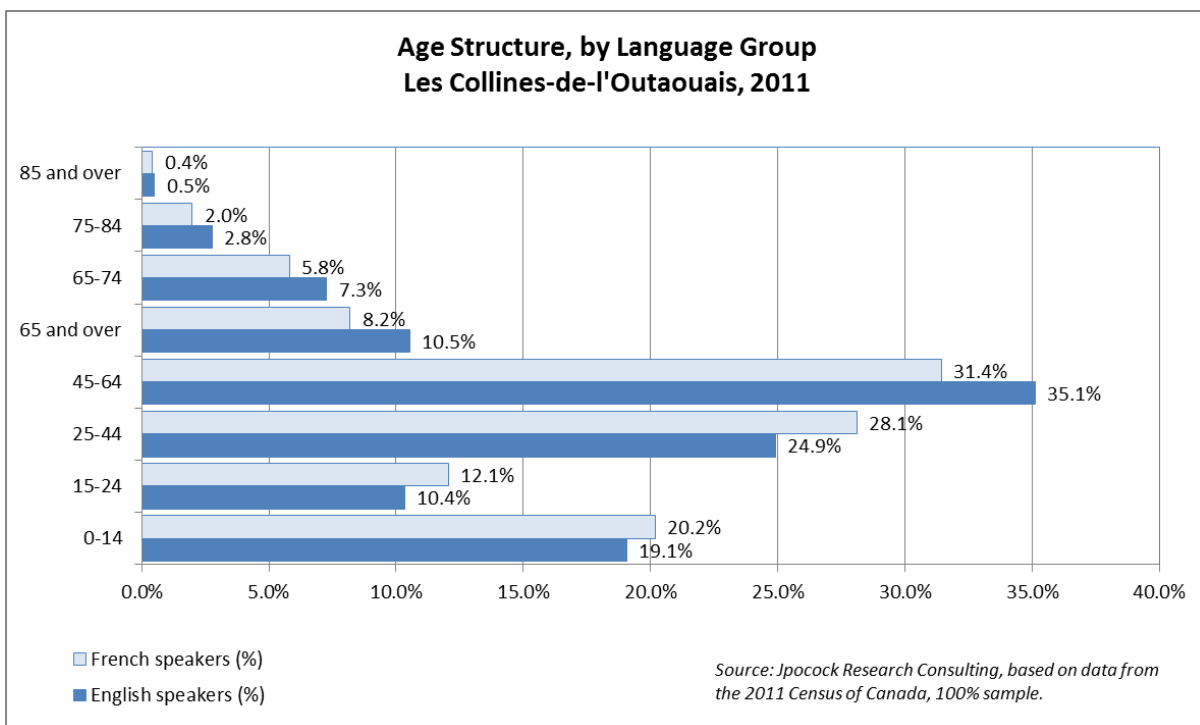
- Chelsea: 6,977
- La Pêche: 7,619
- Cantley: 9,888
- Val-des-Monts: 10,420

Almost one quarter of the population speaks English as a mother tongue, with 2.4% having a mother tongue that is neither English nor French.

**Population by Mother Tongue
Les Collines-de-l'Outaouais, 2011**

2.4%
24.1%
73.5%

☐ English ■ French ☐ Other

Source: Jpocock Research Consulting, based on data from the 2011 Census of Canada, 100% sample.

English-speaking Populations – Community Portrait – des Collines de l'Outaouais

**Knowledge of Official Languages, by Language Group
Les Collines-de-l'Outaouais, 2011**

English and French — French speakers 63.2%, English speakers 55.6%

French only — French speakers 36.8%, English speakers 0.0%

English only — French speakers 0.0%, English speakers 44.3%

(x-axis: 0.0%, 20.0%, 40.0%, 60.0%, 80.0%)

☐ French speakers (%)
■ English speakers (%)

Source: Jpocock Research Consulting, based on data from the 2011 Census of Canada, 100% sample.

A large percentage of the population speaks both official languages: 63.2% of French speakers and 55.6% of English speakers speak the other language. The age structure varies somewhat by language group. The proportion of young people is lower among English speakers, while the proportion of people 45 and over, including seniors (65+) is higher than among French speakers. This makes for an older population of English speakers, which can have an effect on the need for services, the availability of volunteers and other community realities.

**Age Structure, by Language Group
Les Collines-de-l'Outaouais, 2011**

85 and over — French speakers 0.4%, English speakers 0.5%

75-84 — French speakers 2.0%, English speakers 2.8%

65-74 — French speakers 5.8%, English speakers 7.3%

65 and over — French speakers 8.2%, English speakers 10.5%

45-64 — French speakers 31.4%, English speakers 35.1%

25-44 — French speakers 28.1%, English speakers 24.9%

15-24 — French speakers 12.1%, English speakers 10.4%

0-14 — French speakers 20.2%, English speakers 19.1%

(x-axis: 0.0%, 5.0%, 10.0%, 15.0%, 20.0%, 25.0%, 30.0%, 35.0%, 40.0%)

☐ French speakers (%)
■ English speakers (%)

Source: Jpocock Research Consulting, based on data from the 2011 Census of Canada, 100% sample.

COMMUNITY PERSPECTIVES

In the sections below, we will discuss community perspectives on health and well-being, and on community vitality. These perspectives were expressed through two processes: one was a series of community consultations (one in each of the four communities) held in the fall of 2015, and the second was an on-line survey distributed to English-speakers in those same communities in December 2015. In each case, we will highlight the communities' strengths and challenges, and some perspectives for the future. This overview can be used to inform decision-making and to stimulate community engagement.

Methods used

Consultations and an on-line survey

The consultations were held in each of the four communities in the MRC des Collines. Between 4-8 residents attended in each case. Because of the small number of participants, Connexions made the decision to conduct an on-line survey to gather a more representative overview of the perspectives of community members.

A total of 225 people completed the survey. The rates of response, however, vary by question, as some people skipped questions. Almost half of respondents were from Chelsea, with 21% coming from La Pêche/Wakefield, 16% from Val-de-Monts and 4% from Cantley; 11% indicated they were from another community (Low, Aylmer, Kazabazua, and more).

Respondents were mostly in the older age groups, with 42% age 60 or over, 31% between 50 and 59, and the other 27% under 50, as shown below. About 68% of respondents were women and 32% were men. The issues raised no doubt reflect the age and gender characteristics of respondents, and planning may require gathering complementary information.

Response rate by community

- Other 11%
- Cantley 4%
- Chelsea 48%
- Val-des-Monts 16%
- La Pêche 21%

Age of respondents

- 18-20 1%
- 21-29 2%
- 30-39 8%
- 40-49 16%
- 50-59 31%
- 17 or younger 0%
- 60 or older 42%
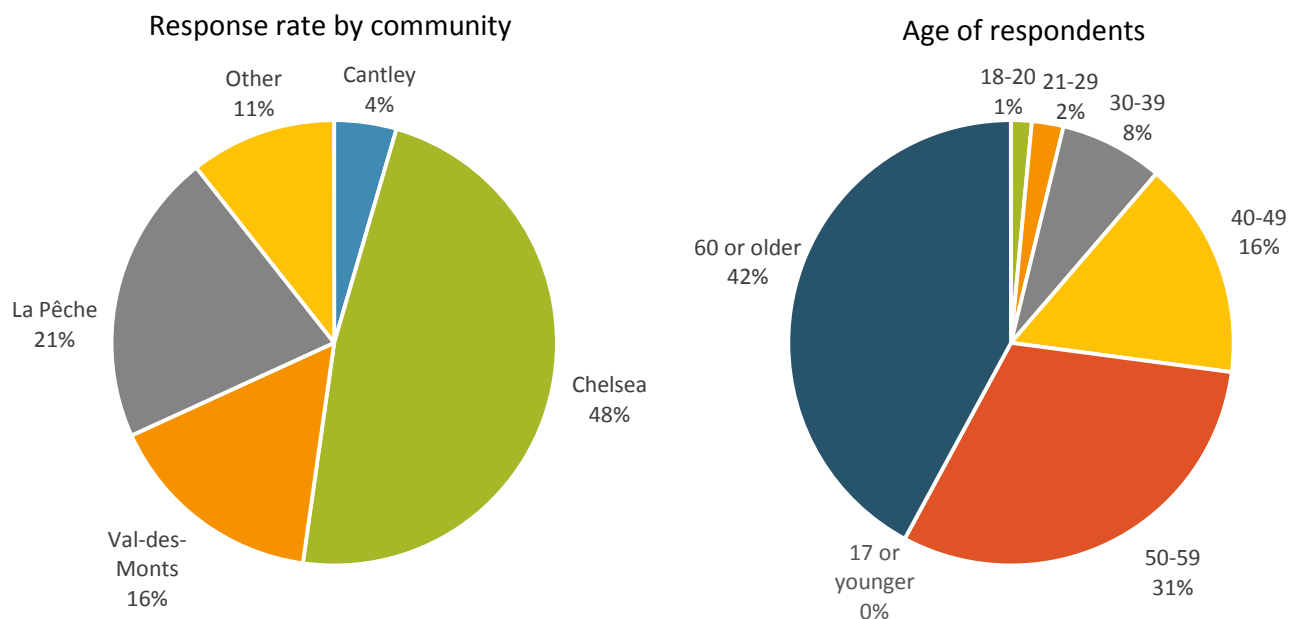
The survey contained questions about health and social services, followed by questions about community vitality. These questions focused on sense of community, participation, what people like most and least about their community, as well as their perspectives on the assets and challenges in five areas: social and community life, education, health and well-being, economic conditions and the environment. The same themes were discussed at the community consultations; it is all these responses and perspectives that will be summarized below.

Analysis of qualitative data

The notes from the community consultations and the comments (qualitative data) from the on-line survey were compiled together by theme, grouping together comments made on: the assets, the challenges and the ideas for community actions. The content of the comments gave rise to sub-themes through an inductive process; thus these sub-themes (presented below) are a function of what respondents chose to comment on within the more general themes.

Survey responses related to "what I like most about my community" were grouped into the the assets section of the related theme, while responses related to "what I like least about my community" were grouped into the the challenges section of the related theme. Survey responses that related to "what would most improve the community" were included in the ideas for future actions.

In many cases, the information presented below is a summary of several people's comments; sometimes just one or two people mentioned a given point, so we cannot

presume that all residents of the territory share all the perspectives mentioned below. Still, a large number of the comments point in the same direction, which we summarize in the conclusion.

The objective here is not to interpret the information according to a given theoretical framework, but rather to present it in an organized way so that it can stimulate dialogue and inform future actions. We encourage any and all groups in the communities concerned to use whatever information is useful in building a healthy community and taking collective action.

Different sources of quantitative data

The on-line survey made it possible to gather a certain amount of quantitative data on access to health and social services as well as language use, which is presented below.

Another source of quantitative data is provided by analyses carried out with the Census of Canada and the National Household Survey (2011) for the territory of the CSSS des Collines, by language group. These analyses are part of a Baseline Data Report produced for the Community Health and Social Services Network (CHSSN) with funding from Health Canada. It provides some context for the comments made by respondents concerning the themes of education, economic conditions and demographics.
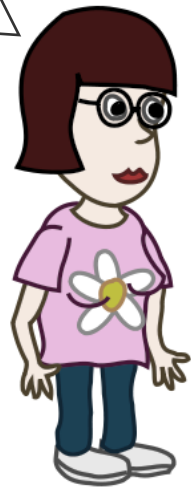
Overall, what do we value most in our community?

Community Perspectives – Community Portrait – des Collines de l'Outaouais

Health and well-being

Language use in health care encounters

Results from the on-line survey show that when receiving health services, the vast majority of respondents are most comfortable in English (89%), with 6% being comfortable in both French and English.

Language ability when receiving health services
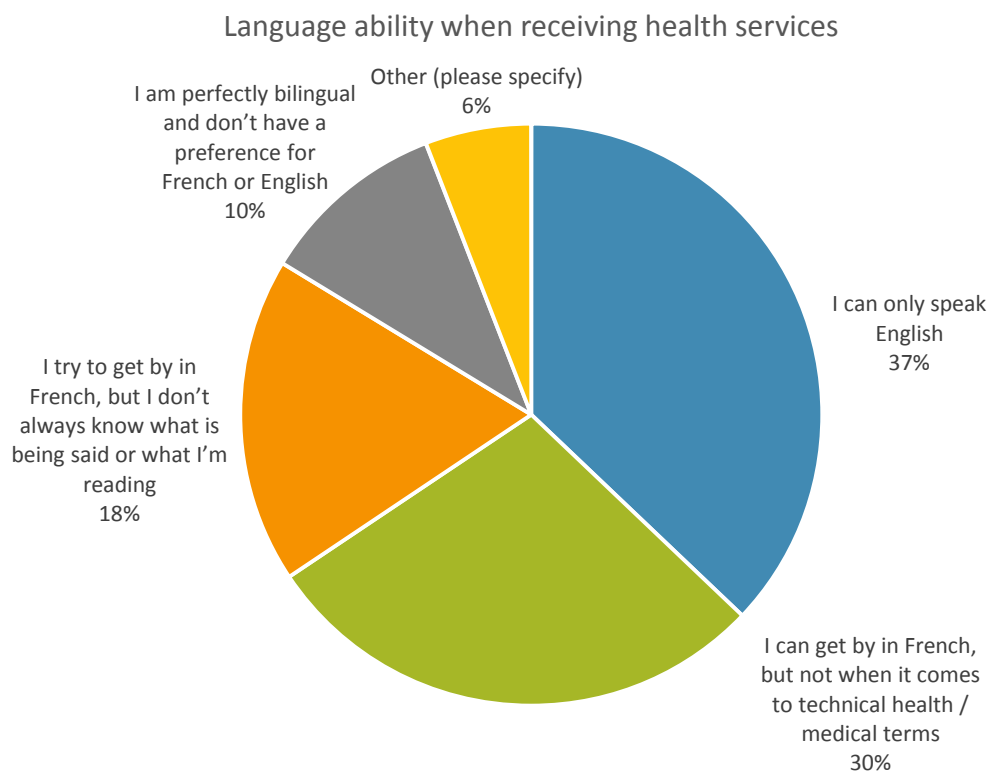
However, when receiving health services, in reality, these respondents use French and English to differing degrees (see pie chart above). They may try to get by in French, but not always know what is being said or what they are reading (18%); some (28%) can get by in French but not when it comes to technical and medical terms; and many (37%) said they can only speak English; about 10% stated that they are perfectly bilingual and do not have a preference.

About 64% said that they ask to be served in English, and about 24% said they do not. The almost 12% who answered "other" have different situations: sometimes I ask; we mix French and English; the service providers often switch to French; depends on the attitude of the health care provider; if possible (I want to be polite); and more.

Among those who **do not ask** to be served in English, the reasons given are presented in the graph below. Various explanations were provided when answering "other" and appear in the bubbles below.

Reasons for not asking for services in English

Reason	Percentage
Other (please specify)	29.9%
I do not believe they can help me in English so I don't ask	7.8%
I did not know I could ask to be served in English	15.6%
I always bring a bilingual person along with me to serve as interpreter	2.6%
I am afraid I will end up at the bottom of the waiting list	6.5%
I do not want to be seen as a nuisance	15.6%
I am fluent in French	22.1%

Sometimes I do, sometimes I do not

I try and understand but the provider inevitably sees my difficulty and speaks English

The health provider and I use a mixture of both languages

Will speak both and usually find that works. Health providers have always been accommodating

Only to be given specific medical language in English

If possible. Want to be polite and not offend or perceived as a nuisance. I also don't want to end up at the bottom of the waiting list.

I'm hopeful that with my broken French and hopefully the broken English of the provider we will get by

Experience communicating with service providers and staff

When asked about their experience with the health and social services they have used, responses indicate that the family doctor's office is the place where they are most likely to receive services entirely in English, while hospitals were most likely to provide services and documents in French. The chart below shows the responses:

Experience interacting with health and social services

Legend:
- ■ I didn't ask for service in English because I am comfortable in French
- ■ All the information received, (written & spoken) was in English
- ■ I spoke in English, but the written information (forms / documents) were in French
- ■ I didn't ask for service in English, but made do with the French I know
- ■ I asked for service in English, but received it in French
- ■ I have not used this service

When asked about their experience communicating with health care staff, again the family doctor was most likely to communicate fully in English, followed by specialists. Nurses and receptionists seem to use both French and English to communicate, to varying degrees.

Experience communicating with health care staff

Legend:
- ■ Other
- ■ They spoke to me fully in French, because I am comfortable speaking French
- ■ They spoke to me fully in English
- ■ They spoke to me in part in English, while using some French
- ■ They seemed to understand what I was saying in English, but replied only in French
- ■ They did not understand my English; I made do with the French I know

Community Perspectives – Community Portrait – des Collines de l'Outaouais

Written information

For written information about their health, 45% of respondents said that it is essential for them to receive such information in English; 32% said it is preferable because they are not fluent in French and another 8% answered preferable because a family member is not fluent; 5% said it is unimportant since they are fluent in French.

Importance of receiving written information about health in English

Preferable. I am fluent in French but my family is not
8%

Other
9%

Unimportant. I am fluent in French
6%

Essential. I only understand English
45%

Preferable. I am not fluent in French
32%
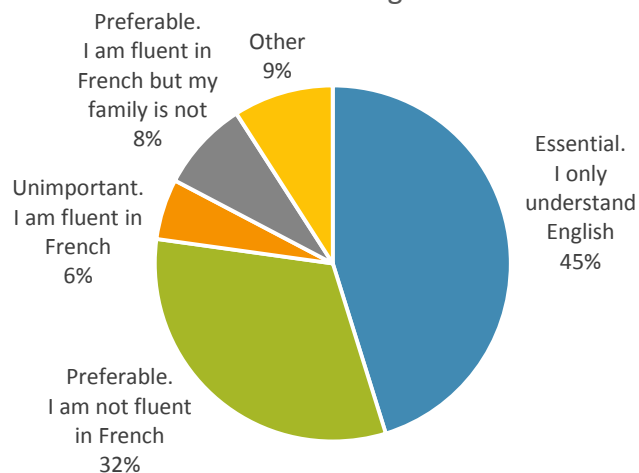
However, only 9.4% of respondents answered that all written documents were available in English, with 16% saying that none were.

Brochures and pamphlets available in the waiting room

Other
14.8%

None are available in English
16.1%

All are available in both English and French
9.4%

About half are available in English
14.1%

The odd one is available in English
45.6%
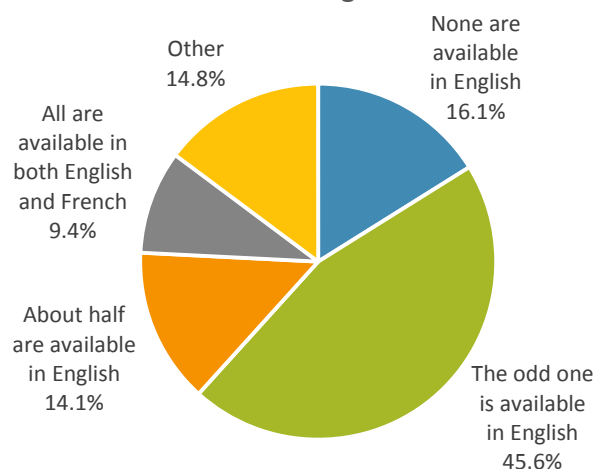
Health services in des Collines

The table below summarizes the comments made—both in the on-line survey and in community consultations—regarding health services in the territory of des Collines. This provides an overview of the community's assets, the challenges it faces and some ideas put forward to improve the situation.

Health services

We have… ☺	However… ☹	What if we… 😐
Hospital - The Wakefield Hospital is good, fast to answer the phone and appointments are relatively fast - Some people mention that they feel well served in English there (others do not)	**There is a shortage of doctors** - This was emphasized for the region in general - Some believe that the gap in salaries between Quebec and Ontario accounts for some of the shortage - There are not enough incentives for doctors to come and stay in the region - The absence of a family doctor is a major health risk, since they ensure preventative health care and testing, so diseases may be detected late and costs for the system increase **Hospital** - There is constant pressure on Wakefield Hospital budgets, and it is underfunded - There is a need for equipment - The wait time in the emergency is too long **Transactions are paper based** and not electronic, slowing down the process **Older Anglophones are less bilingual** - Language barriers in accessing health care services **Certain health services are insufficient** - Access to palliative care is very limited - Home care should be improved	**Hire more medical practitioners, including doctors** - Pay doctors at par with other Canadian provinces **Send papers electronically**

(continued on next page)

We have… ☺	However… ☹	What if we… 😐
CLSC - Having a CLSC is an asset - It takes the strain off the doctors at the Wakefield Clinic. - The CLSC has some wonderful services available for home care, social services, etc. - CLSC can do follow-ups when you have treatments at the hospital	**Services at the local CLSC have been reduced** - CLSCs are under-staffed - They have very limited openings - There is a lack of physicians to provide services - CLSC nurses have been cut, with an impact on services, especially in rural areas **Lack of information about CLSC** - Not everyone knows what they do **Reports are in French** - This can be problematic when the family physician is in Ottawa and does not speak French **Issues with territory** - People do not feel they are free to consult a CLSC outside their territory - There are no services at the Chelsea CLSC	**CLSCs should be present and well-staffed in every community** - More access to complete health services in the requested official language - Adequate health care for an aging population, enough space for long term care patients, enough space for palliative care patients, supports available for aging people to be able to stay in their homes for as long as possible
Mental health - There is one psychologist at the CLSC	**Access to mental health services not available at all, or only in French** - The one psychologist is only part-time - Some Anglophones do not speak French, making it hard to access service - This is especially noted for teens	**More mental health professionals** - e.g. mental health professionals are needed at hospital triage, emergencies and CLSCs
Other health services - There are many holistic healers and alternative health choices in the area	**We lack a center for alternative therapy**	

Travelling outside the area for health services

Almost half of respondents to the on-line survey (47%) stated that they have gone outside their area (des Collines) for health and social services specifically so that they can be served in English. The vast majority have gone to Ottawa (Ontario).

Locations where services are accessed
outside the territory

Other 9%

Gatineau/Hull
7%

Montreal
5%

Ottawa
79%
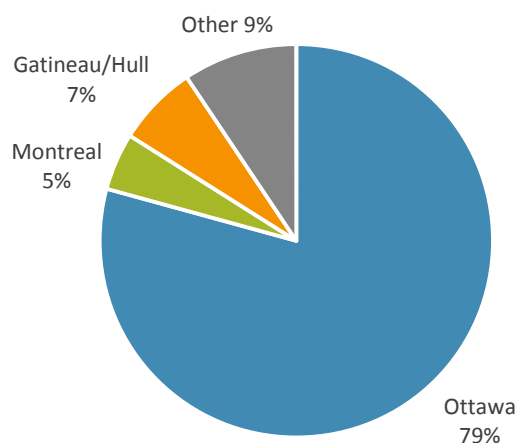
Those who replied "other" provided various explanations, for example, the wait times are too long locally, or "I would like to but the health card would not cover it." Some indicated that they went because of language, while others stated that it was not because of language.

Details provided on the topic of travel outside the area for health services—whether in writing or during community conversations—highlight the assets, challenges and ideas for the future.

Community Perspectives – Community Portrait – des Collines de l'Outaouais

Accessing services outside the territory

We have… 😊	However… ☹	What if we… 😐
Availability of services locally - Family clinic and hospital in Wakefield	**We need to travel outside the community for medical services** - Anglophones go to Ottawa for health care - People sometimes have to go in Montreal	*(no comments)*
Possibility of going to Ontario for services	**There are issues accessing specialists in Ontario** - When people need a specialist, there is no one in Ottawa to see them because it is not available for Quebec residents - Doctors in Ottawa ask patients from Quebec to find their own specialists (they do not seem to know Quebec specialists) - People have to be very proactive to stay in the process, advocate for themselves **Coordination between provinces is an issue** - Accessing medical records, what you have to pay for, how to file for reimbursement from RAMQ - Quebec government does not reimburse all the fees incurred in Ontario **In Ottawa, Quebec residents have to pay up front** - Access is harder for people with lower incomes **Some people do not have confidence in the quality of service received in Gatineau** - They go to Montfort or Ottawa General	**Full reimbursement for costs** - If healthcare cannot be provided adequately in West Quebec, some feel they should be reimbursed In full for what they pay to access care in another province

Helpful health-related services or activities

In the on-line survey, respondents were also asked what activities or services they would like to have in English. The greatest number of answers concerned information regarding tests and treatments, with public health programs a close second (see below).

Possible services or activities to have in English

- 12.9% — Other (please specify)
- 7.7% — None, I do not need any
- 65.8% — Public health programs (vaccinations, cancer screening, breastfeeding, fall prevention, etc.)
- 48.4% — Information sessions in English on health-related matters
- 74.8% — Information regarding tests and treatments
- 34.8% — Support groups or respite for caregivers

Community Perspectives – Community Portrait – des Collines de l'Outaouais

Healthy lifestyles

The territory of des Collines has many assets that promote healthy lifestyles, such as physical activity and healthy eating habits. Both in the on-line survey and during community conversations, many of the services, infrastructures, activities and favourable environments were mentioned, as well as some challenges and ideas for the future.

Healthy lifestyles

We have… ☺	However… ☹	What if we… 😐
Access to outdoor activities - Gatineau park - Good walking trails - Bike paths - Snow shoe trails - Ski trails - Safe areas for our children to walk or bike - Skate board parks - Outdoor skating rinks	**There could be more**	**Increase and improve trails and paths** - Including safe paths along the road to walk and cycle - Keep the weeds cut during the summer along the train tracks to make it easier to walk along
Infrastructure and organizations for physical activities - Community centers - Meredith Centre - Soccer fields and club - Fitness facilities - Cross-country, field hockey, rugby, baseball, paddling, etc. **A physically active population** - Walking groups for all levels	**There could be more** - There are not enough sports fields; population in Chelsea will grow rapidly and make these problems much worse	**Increase and improve facilities** - A swimming pool (year-round) - Outdoor exercise spots, in local parks - More sports fields - A gym to exercise in **Have funding for healthy lifestyle meetings** **Provide more education on healthy living**

Community vitality

The notion of community vitality brings together dimensions related to demographics, the economy, education, arts and culture and other factors that affect the vitality of a community and its ability to create the conditions for a good quality of life for its citizens.

In this section we present the main points raised by participants in the on-line survey and community conversations concerning social and community life, education, economic conditions and the environment.

Social and community life

We have divided the comments made regarding social and community life into three themes: social cohesion and relations between individuals and groups; social activities and community organizations; and municipal affairs.

Social cohesion

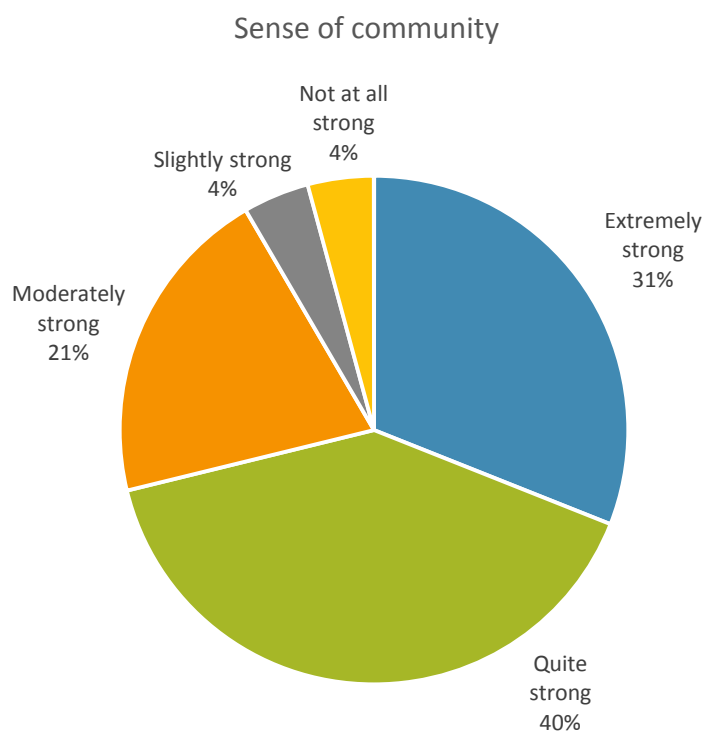| We have… 😊	However… 🙁	What if we… 😐
Natural, rural environment **Sense of community** - People will work together - Open mindedness - Informal Networks **Population growth**	**Preserving rural character is a challenge** - Urban sprawl is creating a community that is too spread out for social and community life - Lack of respect for rural lifestyle and values - Isolation (potential) - You need a car to get around **Ensuring social cohesion can be a challenge with population growth** - Many residents view the community as a bedroom not a home - There can be a tendency to insulate oneself and to avoid 'being involved' - Split desires: lifetime residents who want the community to remain quiet, undisturbed and beautiful vs new residents who want more community resources - Coping with growth, especially new developments and anticipated newcomers - Some consider the community not diverse enough ("too White") and find there is discrimination toward those who are different	**Stop trying to make Wakefield into La Pêche** - Let Wakefield be Wakefield, and then La Pêche will benefit more **Find ways to attract more visible minorities** **Support for community events** that bring neighbours together - e.g. musical Tuesdays, Chelsea days, Farm Point activities **Better signage** so travellers can find us **More community activities** - e.g. carnivals, picnics, recreational activities just for pure enjoyment **Better access for persons with disabilities**
French-English relations - Bilingualism - Nice blending of French and English languages and cultures	**French-English relations have challenges too** - There can be a divide between Anglophones and Francophones - Some people are resistant to learning French - The English-speaking community does not see itself as a community	**French and English groups need to work more together** - Encourage communities to engage bilingually in a positive manner

Local services and organizations

We have… 😊	However… 🙁	What if we… 😐
Many organizations/activities - QUAIL home for the intellectually challenged - Libraries - Wakefield Emergency Fund - Seniors Groups and Golden Age clubs - Wakefield Walkers - Volunteer groups - Cascades club - Interfaith activities - FB Folks sites - Churches - Community centres - Musical Tuesdays - Farm Point - Nearly New - Rupert Hall - Gatherings - Knights of Columbus - *Maison des jeunes* in Cantley	**Providing services over a large territory** **Decreasing community activities** (in some areas) **Local organizations dwindling, very little volunteer help** **Volunteer fatigue** - This is a worry as most services are delivered this way **Churches struggle financially** **There is no central leadership in the English community**	**Have more community organizations** - Because there is affluence in Chelsea there seems to be a perception that we don't need food banks and other resources for those in need - Encourage more community associations for streets and small neighbourhoods **Engage a new generation** - and more fully embrace the growing bilingualism of our community - Match volunteers to needs of community **A centralized place to access information** on services for the English-speaking community
Services and activities for seniors - Elders are active mostly in churches - Centre Meredith is the main activity center in Chelsea - Senior physical education activities - Seniors have strong social networks - Seniors' lunch once a month (Chelsea) - Seniors' club in Cantley - Lions Club in Cantley - Wakefield Golden Age Club	**Older Anglophones are less bilingual** **Housing is expensive for elders** - We need to provide help for those who want to stay at home as long as possible - When that becomes impossible, we need a seniors' residence. **Seniors tend to rely on their own network** **Some may be isolated** if they are not mobile **It is hard for seniors** whose taxes keep going up and who have lost their rural community	**Provide housing opportunities for the elderly** - such as retirement residences, nursing homes and palliative care facilities - adapted, low-cost accommodation **More support to keep seniors at home**

Municipal affairs

| We have… ☺	However… ☹	What if we… 😐
Municipal governance - At city hall, service and pamphlets available in English - Municipality does a lot of planning and consulting, it is good at reaching out but people criticise anyway	**Administrative centralization** - The change from local to more centralized management may seem cost efficient, but removes decision-making and funds from the community level where the needs have been identified - This can result in redundancies or neglect - High taxes - Some feel that their taxes are too high for the services received and ability to pay - Some feel left out of municipal planning processes	**Engage citizens in local government** - Greater transparency - Get rid of councillors who are overly negative and critical - More pubic consultation - More information from City Hall on controversial issues **Improve bilingual communications** between various levels of government and local residents - Lower taxes - The municipality could either reduce taxes to attract investment or spend the money more wisely

Sense of community

Not at all strong
4%

Slightly strong
4%

Moderately strong
21%

Extremely strong
31%

Quite strong
40%

In the on-line survey, respondents were asked about the sense of community in their area. Over 70% rated it as extremely or quite strong.

Participation in community-based associations and organizations

Not very much (low)
6%

Sometimes (moderate)
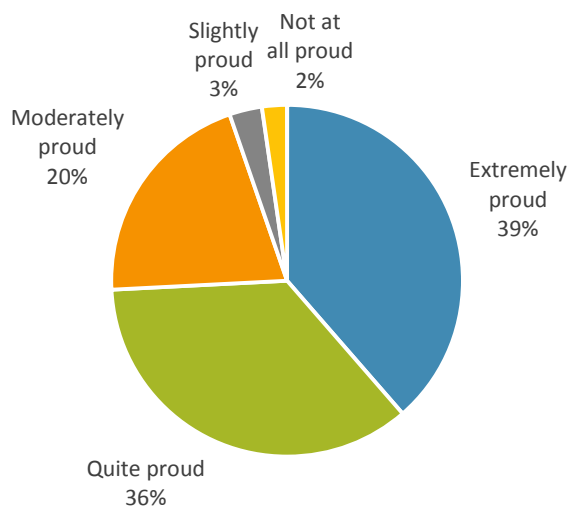29%

A lot
(very high levels of participation)
65%
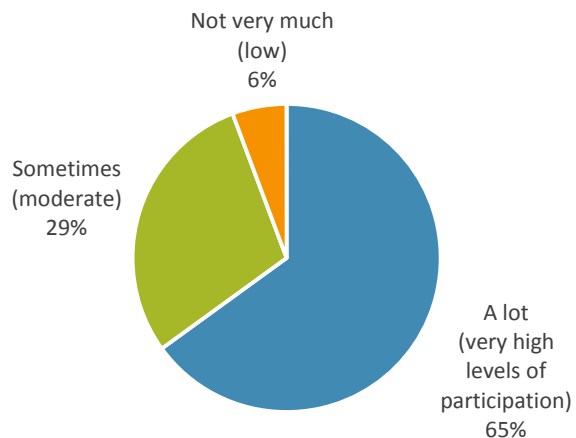
They were also asked about participation and sense of pride, two other indicators of people's sense of engagement in and belonging to their community.

Participation was rated to be very high by 65% of respondents.

Three-quarters of respondents said they were extremely or quite proud to live in their community.
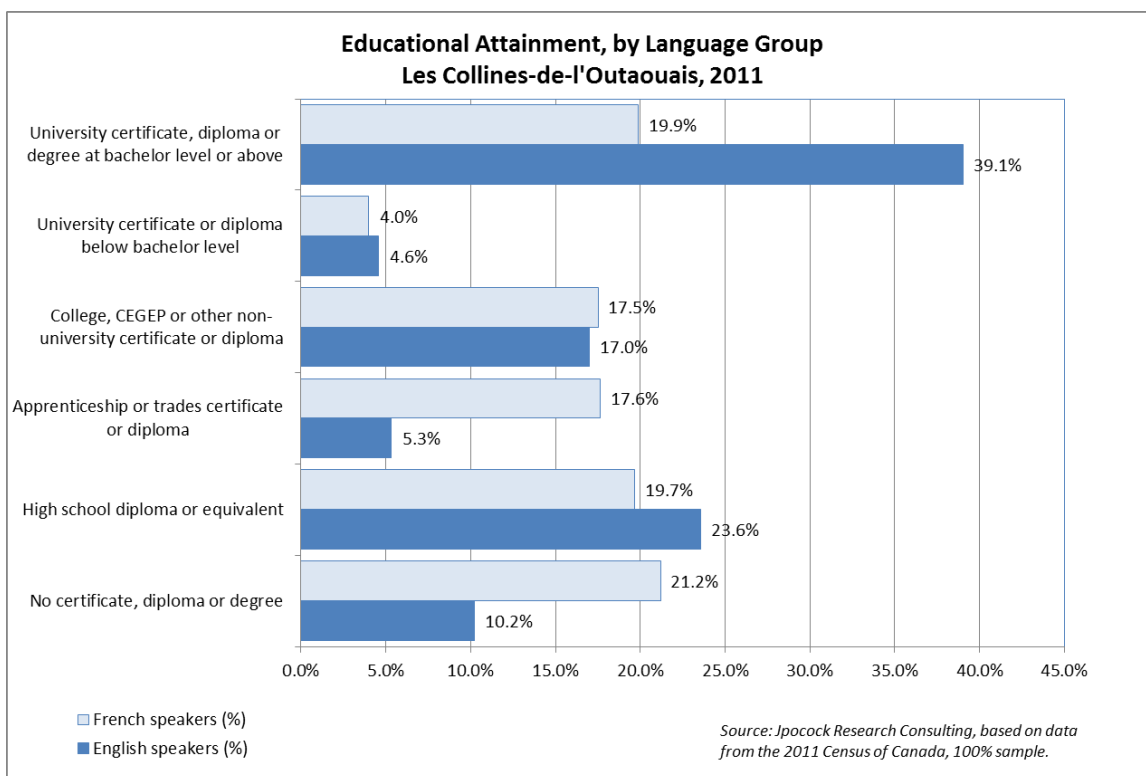
How proud are you to live in this community?

Slightly proud
3%

Not at all proud
2%

Moderately proud
20%

Extremely proud
39%

Quite proud
36%

Education

Comments concerning education focused mainly on schools.

We have… 😊	However… 😞	What if we… 😐
Good public schools - Our schools do a good job with limited funds - We have been able to keep the high school in Low - Daycares - Lots of dedicated teachers - A new school in Wakefield - A variety of schools	**Lack of resources and funding** - Low school enrollments, lack of resources and funding Limited choice for local English vocational diplomas Some communities do not have a school, or not one in English **Special education is needed** for supporting kids with learning disabilities Schools are hard to access by bike **Homeschooling** does not receive sufficient support French and English schools remain separate	**Work towards bilingualism among children** - More interaction between Francophone & Anglophone schools - More programs/camps for kids focused on access to second language education - People should have the choice of which language their children can be educated in **More training opportunities** - Training for people who want to keep up with high-tech innovations Innovative approaches to education

If we look at the situation in the territory, English speakers are much more likely than French speakers to have a university education; they are equally likely to have a Cégep diploma; they are more likely to have a high school diploma; and they are less likely to have no educational certificate. Overall they tend to have higher levels of educational attainment than Francophones.

Community Perspectives – Community Portrait – des Collines de l'Outaouais

**Educational Attainment, by Language Group
Les Collines-de-l'Outaouais, 2011**

Category	French speakers (%)	English speakers (%)
University certificate, diploma or degree at bachelor level or above	19.9%	39.1%
University certificate or diploma below bachelor level	4.0%	4.6%
College, CEGEP or other non-university certificate or diploma	17.5%	17.0%
Apprenticeship or trades certificate or diploma	17.6%	5.3%
High school diploma or equivalent	19.7%	23.6%
No certificate, diploma or degree	21.2%	10.2%

☐ French speakers (%)
■ English speakers (%)

Source: Jpocock Research Consulting, based on data from the 2011 Census of Canada, 100% sample.

English speakers in the area of CSSS des Collines also tend to have higher levels of educational attainment than Anglophones in the Outaouais in general, and in the province as a whole.

**Population With University B.A. or Higher
by Language Group in the Province of Quebec,
RSS de l'Outaouais and CSSS des Collines, 2011**

Language Group	Region	%
French speakers	Province of Quebec	17.3%
French speakers	RSS de l'Outaouais	19.3%
French speakers	CSSS des Collines	19.9%
English speakers	Province of Quebec	27.4%
English speakers	RSS de l'Outaouais	24.5%
English speakers	CSSS des Collines	39.1%

Source: JPocock Research Consulting, based on data from the 2011 National Household Survey, Statistics Canada, 2011

On the other hand, English speakers are less likely to have low levels of educational attainment than Francophones in the province as a whole, in the Outaouais region and especially in the territory of CSSS des Collines.

Economic conditions

Comments concerning economic conditions covered topics such as business, employment, incomes, transportation and infrastructures.
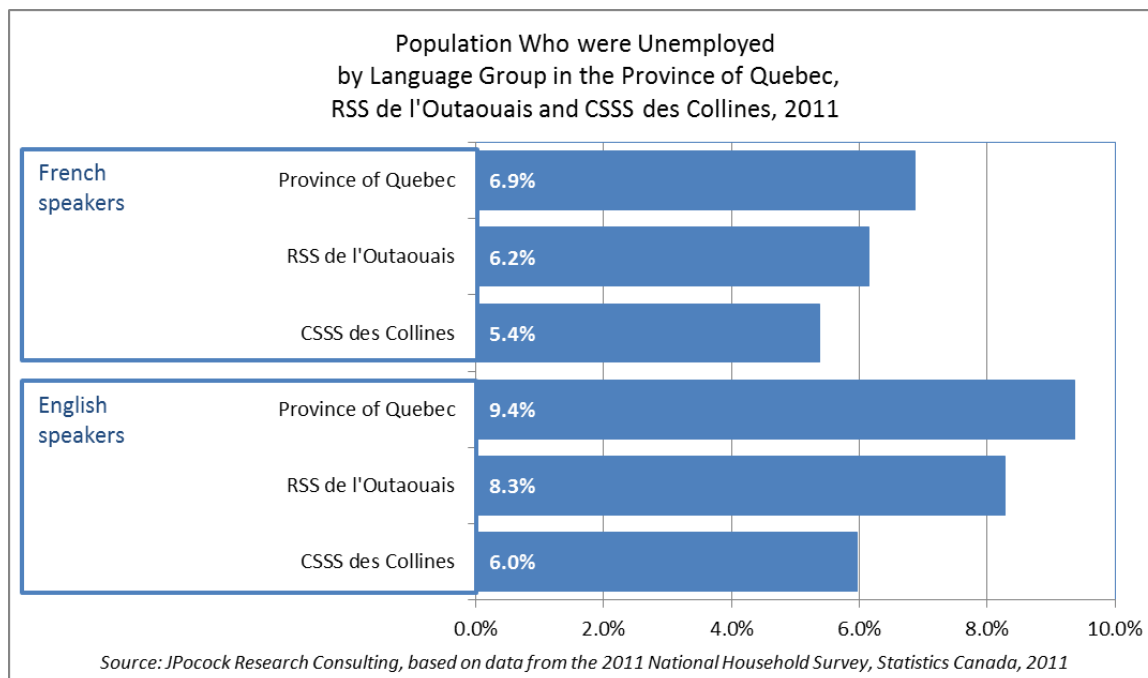
We have… ☺	However… ☹	What if we… 😐
Local businesses - More businesses opening - Diversity of businesses - Great restaurants - Supportive community for micro-businesses, alternative enterprises - Home-based businesses	**Local businesses need support** - Tourism and hospitality industries seem to be only options for growth - Residents make purchases in Gatineau or Ottawa Balancing business growth with rural life-style expectations is a challenge	**A broader base of economic activity, increased population and well managed development** Support local businesses - Municipality could be more supportive of local business - Offer services in both languages. Soften the language laws so that businesses are not harassed for using English. **A business strategy for economic development**
Employment - Close to major centres of employment (Ottawa) - High rates of civil service, NGO and other employment - Diversification and development of an economic base - Potential for more tourism and local entrepreneurship	**Local employment opportunities are limited** - Few local jobs - Many jobs are seasonal due to tourist industry - Our economy relies on the strength of the economy of the National Capital Region - Some employers don't make an effort to hire locally	**Help to create more local employment** - An industry or manufacturing plant that would boost our economy and provide local jobs - More jobs for local people instead of bringing workers up from Gatineau
Good incomes - Good standard of living	**Cost of living is expensive for people with low incomes** - People on reduced incomes can't continue to live in the community because it becomes too expensive - Housing is very expensive for families **Large inequalities between communities,** with some wealthy and others quite poor	**Have more affordable housing subsidies**

We have… ☺	However… ☹	What if we… 😐
Transportation - Roadway maintenance is good - The new, albeit limited, public transportation services - Transcollines with morning and afternoon services	**Public transit could be improved** - Most jobs involve a commute - Limited public transit **Roads and traffic could be improved** - Traffic load is very high and has increased recently - Cars go fast	**Improve road network to sustain growth** - Improve road conditions - Make it safe to drive past the schools, possibly have markings on the road and a flashing light to draw attention to the 30 mph limit - Police observation of speed limits **Improve public transit** - Have more buses - From the hills into the village - Rail link into Ottawa to encourage people to park and commute by train **Active transportation** - Convert train tracks into bike paths - Trails along main roads - Active transportation plan and implementation of green routes for people to walk safely to school
Communications infrastructure	**Communications infrastructure has its challenges** - Poor rural internet access - Bad cell reception - No high speed Internet	**Improve communications infrastructure** - Better service so cell phones work in our area (need cell towers)

Community Perspectives – Community Portrait – des Collines de l'Outaouais
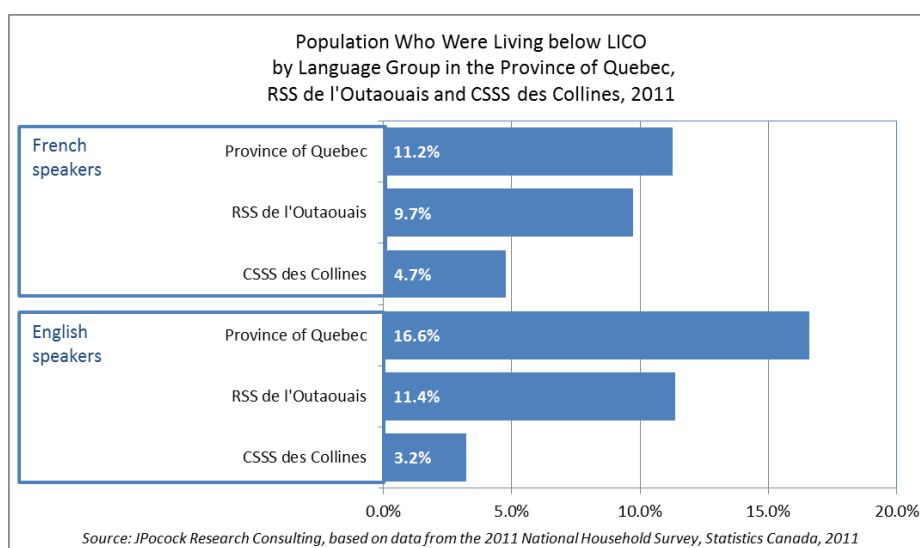
Employment

Statistics show that in the Province of Quebec, the tendency to be unemployed in 2011 was much higher among English speakers (9.4%) compared to French speakers (6.9%). In the administrative health region of l'Outaouais, the levels of unemployment are much higher among English speakers compared to their French-speaking neighbours. This remains true in the territory of CSSS des Collines, where levels of unemployment are also higher among English speakers compared to their French-speaking neighbours.
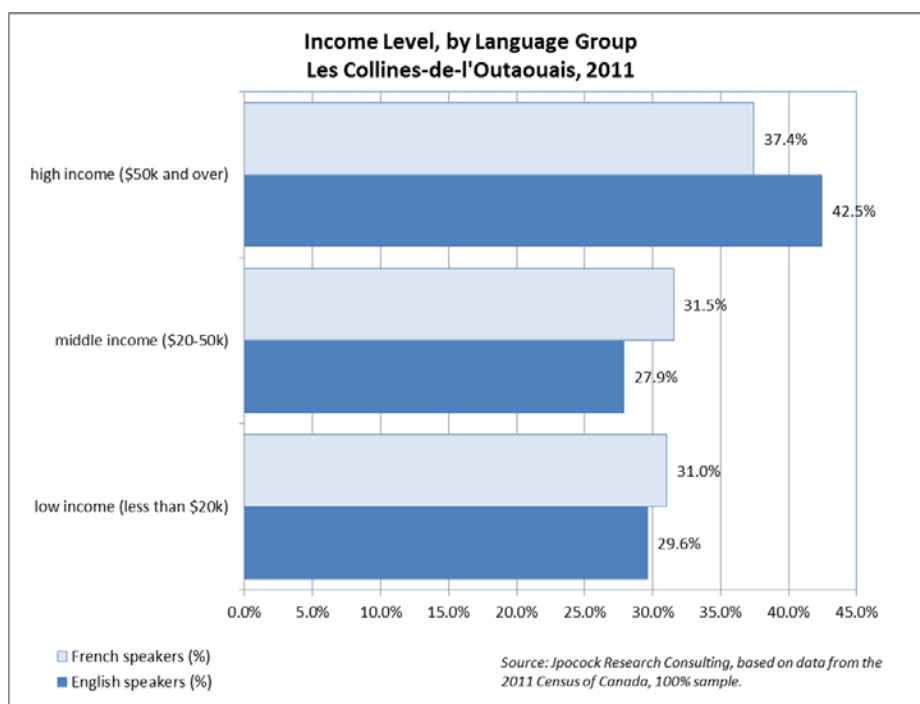

Population Who were Unemployed by Language Group in the Province of Quebec, RSS de l'Outaouais and CSSS des Collines, 2011

French speakers	Province of Quebec	6.9%
	RSS de l'Outaouais	6.2%
	CSSS des Collines	5.4%
English speakers	Province of Quebec	9.4%
	RSS de l'Outaouais	8.3%
	CSSS des Collines	6.0%

Source: JPocock Research Consulting, based on data from the 2011 National Household Survey, Statistics Canada, 2011

Community Perspectives – Community Portrait – des Collines de l'Outaouais

Income

In the Province of Quebec, the tendency to be living below the low-income cut-off (LICO) was much higher for English speakers (16.6%) than for French speakers (11.2%). This was also true in RSS de l'Outaouais. However, in CSSS des Collines, English speakers have a much lower tendency to be living below LICO compared to French speakers living in the same territory. This suggests that unemployment is not related to low incomes.

Population Who Were Living below LICO by Language Group in the Province of Quebec, RSS de l'Outaouais and CSSS des Collines, 2011

Source: JPocock Research Consulting, based on data from the 2011 National Household Survey, Statistics Canada, 2011

The graph below shows that in Les Collines-de-l'Outaouais, English speakers are more likely to have a high income than French speakers and less likely to have middle or low incomes.

Income Level, by Language Group Les Collines-de-l'Outaouais, 2011

Source: Jpocock Research Consulting, based on data from the 2011 Census of Canada, 100% sample.

Environment

Participants in community conversations and survey respondents had much to say about the environment, which appears to be an important (if somewhat controversial) topic locally. While residents identify many environmental assets in their communities, they also appear very concerned about the challenges facing them. Several ideas for actions to be taken in the future were also provided.

We have… ☺	However… ☹	What if we… 😐
Beautiful natural environment	**Keeping the land & river healthy is a challenge**	**Support environmental initiatives**
- Gatineau Park with its hiking trails	- Maintenance of trails (too much garbage left behind)	- Teach environmentally friendly practices at all levels
- River	- Little regard for polluting businesses	- Protect the beauty and nature around us
- Outdoor life	- Securing transparent, ethical and informed action from local government	- Tourism and hospitality are key, and depend on preservation of high quality outdoor environment
- Lots of organic farms	Tourism and development places more pressure on the park	- Provide funding for public spaces, proper insulation in new buildings, etc.
Recycling and composting program	- Challenge of bringing more people to the area to use Gatineau Park yet keeping control of what they do	- Encourage composting with low price composters
- Volunteer-based		- Put funds into sustainable development
		- Incentives to move over to renewable energy
		- Create standards for light and noise pollution
		- Tax breaks for donation of land for environmental protection
		- Develop a municipal environmental plan with the funding to implement it and the power to enforce compliance

We have… 😊	However… 😞	What if we… 😐
Population growth and development	**Development is changing the living environment** - Residential development brings a risk of urban sprawl, loss of green spaces and "suburban"-type environment - Proposed tourism development on the west & south sides of Mt. Cascades - Very divisive issue, with contending interests	**Limit development** - Avoid rapid development - Protect wooded land from being developed - Moratorium on more housing development outside village centres Affordable and smaller housing - Housing options of 500-1000 square feet apartments
Water resources Community involvement in environmental issues - Very active lake associations who monitor water quality - Green community, supportive of environmental initiatives - Concerned citizens as watch-dogs to safeguard natural environment and responsible development Municipality is involved - Municipality has will to attend to environmental concerns - Works with landowners along shorelines - Putting in a sewage/water system	**Water resources are threatened** - Preserving shared geographical areas such as the river is a challenge - Growth and construction boom places stress on ground water quality and quantity - Major damage to the lakes because of unrestricted seasonal access by large quantity of boats - Problem with blue-green algae Public access to water is limited - Lack of public access to swimming	**Protect water resources** - Protect the water treatment for waste disposal so that the river is not affected - Protect Gatineau river - Protect the Wakefield Spring - Impose speed limits on water transportation - Regulate boat use on the river Create public access to the river - Swimming spots for residents and visitors, ramps, platforms

Conclusion

The English-speaking population of the Outaouais region accounts for 18.2% of the total population, making it one of the regions of the province with the highest proportion of English speakers. In the territory of des Collines, the proportion of English speakers is even higher, since almost one quarter of the population speaks English as a mother tongue. Yet a fairly high percentage of the population is able to speak both official languages (a half to two-thirds). The English-speaking population is proportionately older than among Francophones and, conversely, the proportion of young people is lower in the English-speaking population.

In socio-economic terms, statistics reveal some apparent "contradictions." English-speaking residents of des Collines tend to have high levels of educational attainment: higher than among Francophones, than among Anglophones in the Outaouais in general, and higher than English speakers in the province as a whole (as might be expected, they are also less likely to have low levels of educational attainment). English speakers in des Collines also have a much lower tendency to be living below the low-income cut-off compared to French speakers living in the same territory. And on the whole, they are more likely to have a high income and less likely to have middle or low incomes than their French-speaking neighbours. On the other hand, levels of unemployment are higher among English speakers compared to their French-speaking neighbours (both in the Outaouais and in the des Collines territory). It would appear that higher levels of unemployment are not related to low incomes.

Despite the relatively high levels of bilingualism, most survey respondents said they are most comfortable in English (89%) when receiving health care services, including written information, which the vast majority prefer to have in English. Still, only about 64% said that they ask to be served in English, and about 24% said they do not. Many respondents expressed concern for the health services in the territory, particularly the availability of a sufficient number of family physicians and challenges faced by the CLSC and the Wakefield Hospital in terms of staffing, budgets, equipment, and wait times at the hospital's emergency room. They also expressed concern about access to palliative care and home care, as well as to mental health services. It was noted that many residents of the area travel elsewhere to access services, most often to Ottawa, which presents issues for finding specialists, accessing medical records, paying for care and obtaining reimbursements. Almost half of respondents to the on-line survey (47%) stated that they have gone outside their area (des Collines) for health and social services.

The question of community vitality seems to pivot mainly around the question of development, with the issues it raises and challenges it poses for example to social cohesion and the sense of community. As the geographic area covered by housing expands, they

worry that social and community life will be undermined, and that the rural lifestyle and values will decline. For example, as the population grows—presumably with new residents who do not have roots in the community and commute elsewhere for work—respondents observe that many new residents view the community as a bedroom rather than a home, and may have a tendency not to become involved in community life. Some therefore suggest that new residents and older ones do not have the same expectations, needs or desires.

Local services and community organizations are challenged by the shifting needs as newcomers arrive and the resources to meet them are stretched. In particular, seniors may be more vulnerable in this context as housing prices and municipal taxes rise, and the sense of community and rural lifestyle grow weaker. In general, the cost of living is considered expensive for people with low incomes, and they may find they have to move elsewhere. Limited public transit may exacerbate the situation. Development, as well as global social and technical changes, shift people's expectations of what they need; some respondents mentioned that internet access, cell phone reception and high-speed internet are poor in the area and they would like to see them improved. Nonetheless, people generally seem to feel that there is a strong sense of community; they observe that residents participate a lot in community-based associations, and they are proud to live in their community. This may vary somewhat from one community to another.

Development and the challenges it poses are evident in the high level of concern for the environment expressed both in the survey responses and in community conversations. Residents are concerned about the risk of urban sprawl, the loss of green spaces and the creation of a more "suburban" environment. They also express concern about the Gatineau Park and how it will fare with increasing numbers of visitors. In particular, water resources elicited many comments, as respondents perceive them to be threatened by population growth and construction, as well as by unrestricted access by boats, which leads to problems with algae. Still, the environment is seen largely as an asset for quality of life, healthy active lifestyles and municipal and citizen action around environmental initiatives.

Vision for the future

Taken together, the ideas for action provide an overall vision for the future of the des Collines territory. Some ideas may apply only to one or two municipalities, while others may be applicable to the whole area. Although many of these ideas were put forth by a few people, and would therefore need to be debated and refined, the main points envision:

A community that has complete health services in both official languages

* adequate health care personnel (including family physicians and mental health professionals)
* adequate health care for an aging population (including long term and palliative care)
* an alternative care centre
* reimbursement for costs incurred outside the province

A community that supports healthy active lifestyles

* improved walking and cycling paths
* fitness facilities (such as a year-round swimming pool, a gym, enough sports fields, and more)
* education on healthy living

A supportive social environment

* community events and activities that bring neighbours together
* better access for persons with disabilities
* collaborative relations between French and English groups
* adequate community organizations for those in need
* engaged, bilingual volunteers of all generations
* a central point for information on services in English
* adapted affordable housing options for seniors
* support for seniors living at home

Good municipal governance and citizen engagement

* transparency, positive and constructive dialogue, public consultation and information in both languages, and wise use of tax revenues

High quality education opportunities

* conditions that ensure children become bilingual (at school, through camps and other programs)
* training opportunities and life-long learning
* innovative approaches to education

Economically dynamic communities

　✳ support for local businesses
　✳ local employment creation
　✳ affordable housing (and/or subsidies for creating it)
　✳ better communications infrastructure

A well-developed set of transportation options

　✳ improved road network, with an attention to safety
　✳ improved and expanded public transit
　✳ improved and expanded active transportation networks (bike paths, trails along the main roads, safe walking paths, etc.)

An environmentally-aware and innovative community

　✳ support for environmental initiatives (environmental protection, composting, energy efficiency, renewable energy, standards for noise and light pollution, and municipal policy development)
　✳ limit housing developments, particularly outside village centres and on woodlands
　✳ protect water resources (Gatineau River, Wakefield Spring) by ensuring adequate waste water treatment, by imposing limits on water transportation and boat use, and by providing public access to the river

These points can serve as a basis for planning, but also for individual, community-based and public-sector initiatives at all scales. Community development and the on-going efforts to create healthy communities can only be enhanced by actions at all levels and a sense of empowerment fostered by such initiatives. As the community mobilization model in the appendix shows, intersectoral networking and partnership can contribute to action on the various health determinants, with a long-term effect on community well-being and vitality. The values of social inclusion, equity, and preserving identity are what inform the process, and this is what residents of des Collines also seem to value.

Appendix