

QUEBEC CITY'S ENGLISH LANGUAGE VOLUNTARY ASSOCIATIONS, THEIR CONTRIBUTION TO PUBLIC HEALTH, AND OPTIONS FOR FURTHER SUPPORT

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Introduction

A presentation was given by Duncan Sanderson and Richard Walling at the 79th conference organized by the Association francophone pour le savoir (ACFAS), in May 2011. It highlighted various observations from a study (Sanderson, 2011) into the current status of English¹ voluntary associations in the Quebec City region (organizations in which English is often the language of communication), and analyzed the contributions that these organizations may make to public health.

In Quebec, an emerging area within public health theory and practice is that of community and social development (Leroux, 2002). Jeffery Hale Community Partners (JHCP), a charitable organization focused on health and social services for the English-speaking community in the Quebec City region, considers community development to be an integral part of its health care and health services strategy. It works collaboratively with the voluntary sector and with Jeffery Hale Community Services (JHCS) (an organization which is mainly funded by the Ministry of Health and Social Services, and which offers health services to English speakers) and wishes to provide further support to both, while insuring that new projects, programs, or initiatives on its part complements the work of these organizations and can be sustained with its limited resources.

Managers and leaders within JHCP were concerned about the possible disappearance or general weakening of some English voluntary associations. JHCP wished to verify if this was the case, and wanted to assess the current situation of the voluntary associations. The general purpose of the study was to investigate the status of English voluntary associations in the Quebec City region, and to suggest possible options for further support of them. A specific objective was to identify and discuss the ways in which voluntary and community associations

could play a positive role in relation to public health objectives. In this report we will: 1) outline what these roles could be, 2) describe the study methodology, 3) present observations concerning the current status of English voluntary associations in the Quebec City region, and 4) outline some general strategies which could be pursued in order to strengthen the role of the voluntary associations in terms of their possible contribution to public health.

The Potential Role of Voluntary Associations in Relation to Public Health

As part of the backdrop to this study, it should be noted that the Institut national de santé publique du Québec (INSPQ) carried out a series of analyses in 2002 in relation to community development and public health. Leroux and Ninacs (2002) conducted a review for INSPQ, and provided definitions for concepts related to community development, such as social and community development, health and well-being, health promotion, and community empowerment. The general goal of the document was to identify the main mechanisms through which public health agencies could contribute to community development, community capacity, and community empowerment. However, there was very little discussion of voluntary associations in this document. Certain community development projects in the Quebec City region were also documented by Benazera (2005). Recently (2009), the Quebec City Region produced a more concrete "Plan d'action régional de la santé publique 2009–2012," (Regional Public Health Action Plan) of which the most pertinent chapter for the discussion here was entitled "Pauvreté, développement social et des communautés" (Poverty, Social and Community Development). However, in this document there was also little specific discussion of the potential contribution of voluntary associations to this objective.

Elsewhere, other researchers have explored the possible relationship between voluntary associations and health. For example, voluntary associations may play a direct public health role. Freudenberg (1995) provided an example of the use of voluntary associations to attempt to control the spread of tuberculosis and AIDS. Similarly, the Centers for Disease Control and Prevention had an HIV/AIDS Prevention Initiative that involved community organizations (Mayberry 2008). Barnidge et al. (2010) developed a set of tools to assess and orient the development of clinical and voluntary association partnerships in order to facilitate action against chronic disease. Bjärås (1991) reported on an effort to involve community organizations in accident prevention. Lupton, Fønnebo, and Søgaard (2003) described a project that involved community organizations in an intervention to change life-

style and reduce cardiovascular risk factors. Elliott, Jolin and Walker (2000) conducted a survey of community organizations in Ontario that were involved in the promotion of heart health. This set of research articles indicates that there has been interest in and documentation of the potential role of voluntary associations in public health activity, although this practice appears to be somewhat innovative.

In the presentation by Sanderson and Walling, it was proposed that there are several avenues through which voluntary associations may contribute to public health objectives. From the general perspective of health promotion, these constitute a rationale for interest in the status of the voluntary associations. A voluntary association may: 1) foster friendship and social ties between its members, which provides a basis for information, material, and emotional support, 2) help to decrease isolation and mitigate against potential mental health problems, 3) provide a convenient venue for the communication of health promotion information, 4) promote physical activity and good nutrition, which have traditionally been concerns of public health officials, and 5) play an indirect strategic role by helping with the development of other voluntary associations, including organizations that may make contributions to public health, as identified in items 1 through 4.

The Study Methodology

The study methodology included: an initial literature search in relation to the possible link between participation in voluntary associations and health, as well as public health initiatives of this type; key informant interviews with leaders in a sample of English voluntary associations; and two simultaneous focus groups. The key dimensions that were investigated in order to better understand the status of the voluntary associations were: the ongoing existence (or disappearance) of the organizations, the number of volunteers or participants and any trend, and access to resources. The geographic area consisted of the catchment area for JHCP, which includes Quebec City, towns to the north of the city such as Shannon and Valcartier, as well as communities west of Quebec City in the Portneuf region, and to the south in Lévis. Voluntary associations were identified in a 2007 booklet *Community Connection* (Voice of English-speaking Québec, 2007), and organizations mentioned on the 2010 website of the Voice of English-speaking Québec (www.veq.ca) (there was a high degree of overlap). Parent committees associated with schools could be considered to be voluntary associations, although they were not included in the analysis since we were unable to conduct interviews with a few selected representatives in spite of attempts to do so. A few organizations in the *Community Connection* were excluded, such as one that had a

province-wide mandate (Quebec Community Groups Network), the English Second Language Teachers' Network (which appeared to be a professional group oriented to a particular group of teachers), and a Toastmasters Club (which seemed to be oriented to Francophones wishing to practice English oral presentations). For the authors, the term "voluntary association" is a short-hand expression that also includes community organizations and faith-based groups, even if the organization has paid staff. One common feature across these organizations is that volunteers are usually involved in many of the organization's activities.

Observations Concerning the Current Status of English Voluntary Associations in Quebec City

For a community of about 11,500 (the English speaking population in the region), it would seem that there is a reasonable and perhaps even a high number and variety of organizations (about forty-seven, including sixteen faith-based groups²). Although we did not find any comparative data from other communities, in or outside of Quebec, it is possible that this represents a relatively high per capita ratio. Two new organizations have appeared recently, the Community Learning Centre (CLC) and the Community Economic Development and Employability Corporation (CEDEC), and these are positive additions to the set of English community organizations. Voice of English-speaking Québec (VEQ) has also stated that it wishes to increase its support to voluntary associations, has applied for federal funds to do so, and this is another positive development.

Within the inventory of organizations were examples of craft, cultural, and artistic organizations (Betty's Quilters, Quebec Art Company, the Literary and Historical Society of Quebec). There were several groups which emphasize social gatherings (Fifty-Plus Club, Québec City Women's Club). One, Saint Brigid's Guild, was dedicated to serving an English health institution, Saint Brigid's Home (a long-term care institution). Most, if not all schools have a parents committee. Quebec High School was awarded three year financing to set up a Community Learning Centre, and, as part of its activities, this organization seeks to have its high school students become more aware of local community organizations and have them participate in them. Three organizations have a general interest in the vitality of the English community at large (VEQ, JHCP, the CEDEC).

At least one organization can be considered to be a social services organization, as it is oriented to drug addiction recovery (the Fraser Recovery Program). Another provides support and helps sick people who travel to Quebec City to receive health services, to travel to their

appointments (Quebec City Pastoral Care to the Sick). Although no longer in existence, Overeaters Anonymous clearly provided support for mental and physical health issues. There is also an after school social and weekend program for the intellectually handicapped, sponsored by JHCP, Quebec High School, and a provincial ministry. The first two are prime examples of voluntary associations that are directly active in health care and social services (the third is a program created by other associations).

It should be recognized that even "social or recreational" organizations play an occasional role in the health field. The leader of a Fifty-Plus club in Tewkesbury noted that she "gathered up the participants for the visit by a nurse from the Jeffery Hale Community Services for the annual flu shot." At her monthly visits to this group, the nurse also carried out "blood work," and once in a while would give a health related presentation. However, a few years ago, the number of members was thirty or more, but this number has now declined to about thirteen, and all are over seventy years old.

There are few social organizations centred on English youth, outside of the schools and the CEGEP. Previous Brownie and Scout groups have almost completely disappeared. A previous long-standing Scoutmaster in Valcartier offered as an explanation that the boys now were more interested in video games. However, a leader with the St. Vincent Scouts indicated that, although the organization had ceased activities in the previous year, it had started again. This group manages to attract some boys that live near the Valcartier military base.

There are also very few physical activity or sports organizations for English speakers listed in the *Community Connection*. One exception is a group in Valcartier called Friday Night Traditional Dances. The high schools and CEGEP have sports teams, but participation in these is likely limited to those who are in school.

There are an important number and variety of faith-based groups (we found sixteen). There are a synagogue, several churches for Protestants, a Baha'i Centre, and a few Catholic churches in different parts of the region. The information we obtained was mainly in relation to the churches. For example, although the number of churches is stable, some of the active members reported that membership is decreasing and that there are fewer younger members. This would appear to be similar to the situation for Francophone Catholic churches. The impact of the decrease in membership may be that there is an increase in requests to active members for help, since the work cannot be distributed as before. One church leader stated that he had identified eighteen different roles for volunteers in his church, ranging from writing a newsletter to participating in a committee for refugees.

One exception to the probable decline in church membership is the Evangel Pentecostal Church, which holds its services in English at Quebec High School. A participant in the church indicated that it had about twenty members three years ago but was now up to about fifty. This person estimated that about half of its members were Allophones (neither English nor French is their mother tongue).

The Disappearance of English Voluntary Associations in the Region?

An attempt was made to determine if the number of organizations has decreased or not over the past decade. A comparison was made between the list of organizations (the *Community Connection*) produced by VEQ in 2007 and an earlier one written in 1997. A strict comparison is difficult as it is possible that an organization existed in 1997 but was not included in that year's booklet. At least four organizations were mentioned in 1997 but not 2007 (Parents and Tots Cooperative Playgroup, St. Vincent Early Childhood Program, Adult Children of Alcoholics, Freemasons). This was also the case for St. Alban's Chapel, although a telephone call to the Canadian Forces Base Valcartier indicated that it still exists. A specific telephone number was given for Girl Guides in 1997 but not 2007, and a previous leader in the group indicated that the group had ceased activities. Still other groups appeared in the recent guide (2007) but not the 1997 one, although verification would be required to determine if they were actually created after 1997 (for example the Catholic Women's League in Shannon has been in existence for many decades). At least one organization in the health services area (Quebec City Pastoral Care to the Sick) was created after 1997 (confirmed by a leader). Another group was identified only in 2007 (Baha'i Centre, rue d'Auteuil), but the year of its creation is not known. It would seem that a comparison of community directories at two different points in time, without follow-up interviews for all entries, is not a sure means of identifying groups that have disappeared or been created, although the information that was obtained indicates that both have occurred. An analysis with a longer time frame (say 1970 to 2010) could be an alternate approach to the identification of a possible historical trend in the number of voluntary associations with English speakers, although such an analysis was not feasible for this study.

Still, it is clear that some organizations have ceased activities in the past few years. Overeaters Anonymous, a small group to begin with, dwindled in number and the two remaining members decided to end the organization. The Fifty-Plus Club, which met in St. Michael's Hall, also disbanded around 2007. One of the activities of the group was

to play cards. A past member indicated that membership had been declining, some members had died, others went into Saint Brigid's Home, and the organization was also having difficulty paying for the space it used once a week. No mention was made of any attempt to find another meeting place. As well, the group seemed to have trouble filling executive roles. The person who was interviewed mentioned that some of the members had started going to a Friday afternoon cards activity at the JHCS, although it was not clear whether this activity existed before the end of the club and if this was a factor. The membership in the group was still around twenty-five when the group disbanded. As mentioned previously, a Scout group in Valcartier had ceased activities, and the St. Vincent Scout group had stopped activity but started up again.

A fifth organization, the Hospital auxiliary club (Jeffery Hale Hospital), ceased activity around 2000. There were still about a dozen members at that time. Prior to that, this women's group had operated a coffee shop and sold flowers for patients, especially for women who had given birth. The money that was gathered was donated to the hospital to buy equipment for the hospital, for decorations, or to furnish the coffee shop. When the hospital changed vocation (it became primarily a CHSLD (*Centre d'hébergement et de soins de longue durée*, or long-term care hospital), the maternity ward was abolished. This had a direct impact on the sale of flowers, which decreased significantly. The coffee shop continued for a while, but with the decline in income, and with a perception on the part of at least one member that the activity had "become boring," the members ended the activity. The person interviewed thought that the members did not generally become members of a similar organization.

Aside from several churches, another group reported a decline in membership. The Quebec City Women's club, originally the Quebec City chapter of the University Women's Club, had about 50–70 members in the late 1980s. Today, there are about 25–30 members.

These observations can be considered in the light of an underlying, somewhat hidden demographic force which is at play. A 2006 study (Eckler, 2006) projected a slow decrease in the number of English-speakers in the Quebec City region. As well, over time, a greater proportion of this population will gradually fall into the older age categories. Still, these two tendencies may be somewhat mitigated by the regular influx of English newcomers to the region. If the English community hopes to reverse the projected decline, it will have to persuade some of these newcomers to remain in the region. It will also need to encourage English-speaking youth who go elsewhere for university studies to return.

Churches in particular apparently have declining membership (we did not obtain information on the situation for the Baha'i centre or synagogue). It appears to be fairly clear that, for a certain number of churches, the responsibilities of maintaining a building are being distributed among fewer members, and, as they age, they may have less energy to fulfill these responsibilities. On the positive side, one church has been increasing its membership. Given that faith-based groups have traditionally provided material support activities to the needy and encouraged social ties (as part of their activities), these contributions to public health may be declining among the English population, although this would need verification.

Conclusion

In terms of possible future actions that could help support the voluntary associations, several suggestions were made by participants at the focus groups. Several of these were in the area of training of staff associated with volunteer activities. It would seem that there is a good potential for training activity in this area. VEQ indicated that they had submitted a funding request related to this. It is not known whether the CLC would be a part of this, although this could be a useful development.

There were a few dominant impressions derived from the focus groups and interviews: general awareness of what other organizations were doing, an interest in creating an event for direct communication about the challenges and effective use of volunteers, and an increase in the participation of Francophones as volunteers. Most organizations that we contacted appeared to have an ongoing program of activities, and several have future projects that they wish to accomplish. Such future projects are an important indicator of the vitality of the organizations. The volunteer coordinators for both JHCS and Saint Brigid's Home are active, and the supply of volunteers generally appears to be satisfactory, although the coordinator at Saint Brigid's Home would appreciate a few more. These are all positive signs in relation to the status of English voluntary associations in the region.

The English health institutions also have a clear orientation of partnering with voluntary associations (see for example, Walling et al. 2001). There appears to be an accurate perception of the activities of the voluntary associations and a genuine willingness to help them when possible. This approach likely reflects and is consistent with a general orientation to work with others on the part of English voluntary associations in the region (a mutual help orientation).

The presenters were of the opinion that the contribution of voluntary associations to public health objectives could be reinforced

further, and that this opportunity should be addressed more directly in the next version of the local public health action plan (Jeffery Hale Community Services, 2011). Two general avenues for consolidating this type of action were identified: 1) a higher level of interaction with and support for organizations which provide a direct public health function, and 2) a modest level of support for voluntary associations and volunteer activity, given the potential for social interaction and strengthening of social ties facilitated by these organizations. Both of these types of action should be extended. This does not mean that other avenues for realizing public health objectives should cease, but rather that a more concerted use of volunteer associations to attain these objectives is possible. Also, it could be useful for the regional public health department to consider more directly the contributions of voluntary associations and to elaborate policies that would provide further support to them and to health promotion activities realized through the collaboration of these organizations. The authors noted that the support provided by public bodies (regional health authorities, municipal government; see for example, Agence de la santé et des services sociaux de Laval, 2007) to voluntary associations appears to vary considerably from region to region in the province of Quebec, and this may have an impact on these associations. In the case of JHCS, given that there are no full time dedicated Public Health personnel at JHCS at the current time, the presenters suggested that it will be difficult for JHCS to achieve the full potential of this type of action.

Future Research

Future research could investigate the efficiency and effectiveness of communication of health information to English speakers through voluntary associations. There is an associated research question, which is: how is health information currently transmitted in the English community? It could be useful to have a better understanding of the current means through which health information is communicated to the community, and the relative effectiveness of these means.

Another useful study would be to investigate the nature and potential means of providing better support to informal caring networks within the English-speaking community (for some background statistical information, see Pocock, 2006). A couple of different approaches could be used. One could be to use social network methodology to describe these networks and to identify key actors within them. It may be possible to encourage these key actors to increase their communication of selected public health messages. Another approach could be to follow a sample of patients that have been in a hospital and through ethnographic analysis and perhaps comparisons with the

Francophone population, to document the particular support that their network may provide to these patients, as well as the needs of the caregivers.

Finally, the presenters did not come across any scientific literature that evaluated the relative impact or efficiency of partnering with voluntary associations for public health purposes compared to other possible actions, although there have been several research articles that document the results of such an approach. Such a meta-evaluation of scientific literature would be a useful research project, and could be considered by the INSPQ.

Acknowledgments

The presenters would like to sincerely thank the participants in the interviews and focus groups for their thoughts and observations. Ms. Shirley Jobson also helped to identify key participants for the interviews and helped with the planning and conduct of the focus groups. Jeffery Hale Community Partners provided financial support for the study; Health Prevention and Promotion Funds were obtained through the support of the Community Health and Social Services Network (CHSSN). Finally, Mr. Louis Hanrahan contributed useful suggestions concerning the orientation of the study and provided many insights.

ENDNOTES

1. We will use the shorter expression of English voluntary associations in order to designate associations where English is often used as the language of communication. Allophones and Francophones may be members of these associations; the members are not necessarily descendants of people from England.
2. Most of these are churches, but there was also a Baha'i centre and synagogue. We had little information about the latter two groups, and so mainly provide observations for the churches.

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