

OVERCOMING BARRIERS BETWEEN RESEARCHERS, PRACTITIONERS AND COMMUNITIES

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Breaking down barriers between English-speaking communities and the research sector has been an important preoccupation for the CHSSN since it began working with the English-speaking community in the area of health and social services. There are so many influencing factors on both sides that create those barriers: funding program requirements, academic demands, community needs, etc. In this presentation I will identify several of the methods used by our organization over the past 15 year to address these barriers and develop a milieu that bridges those differences.

Train communities to practice Evidence Based Community Development

From the outset of our work we had identified that if English-speaking communities were to be successful in improving access to health and social services they themselves had to become the experts on the needs and profiles of their communities. As a result Evidence Based Community Development has been our approach. We put as one of the primary components of our community development strategy that every community had to gather the statistical evidence to support the needs and realities of their communities. The CHSSN took on the responsibility of accessing the statistical databases and training communities how to use this information. We also produced perceptions surveys and needs analysis at the regional and local levels to help gather the most accurate material and build their understanding of the community and transmit that knowledge to their partners. Today there is an important body of knowledge created by the community that provides unprecedented levels of information about the needs and realities of the English-speaking minority communities.

Dedicate Resources to Promote the Development of Research

There were three specific ways that the CHSSN invested in breaking down the barriers between researchers and the English-speaking community. First we developed an in-house Research Committee that dedicated itself to this topic. The committee developed a 5-year action plan to promote research and implemented that plan. It also produced an annual newsletter called NetLink that underscored all of the research that had been done on the English-speaking community in that year and highlighted those individuals doing research involving the English-speaking community and encouraged researchers and communities to connect with one another.

Second the CHSSN invested important resources in the exploration of language as a health determinant by the INSPQ (Institute national de santé publique). This relationship with the INSPQ opened up an important dialogue around language as a barrier to access health and social services at the INSPQ and the MSSS. Their research also added credibility to the community evidence base since it had many similar findings.

Third, the CHSSN realized that it had to try to always be involved in the conversation when research was being discussed. We dedicated important human resources to participating in the dialog around research and try to be present whenever possible.

Finally we have to underscore the success stories we have with regard to University/Community collaborations. There are a few examples where a community has successfully collaborated with a university on a research project and we have to ensure those examples are brought forward and modeled. Two examples of this collaboration are: the pilot project on telehealth monitoring of diabetes in 4 English-speaking communities done by McGill University which had an important long-term impact as the technology continues to be used to reduce pre-surgery travel for patients that live in remote communities and the Community Profile development in Laval using Concordia students.

How do we go further in breaking down the barriers?

Here are three ideas to promote that could help in breaking down these barriers even more.

First, Let the university sector know that there are many English-speaking communities in Quebec that have 10 years of experience of developing an evidence base, that are seeking partners to help enhance their understanding of their community's needs and how to respond to them. They are hungry for more information and are interested in working to develop it.

Second, we need to create more opportunities for community representatives and university researchers to share their interests, work and ideas by creating research symposiums that are designed to encourage networking and sharing.

Lastly, ensure that the funding for OLMC research in QUEBEC is secure in order to encourage researchers to go in this direction. Outside the province of Quebec there is an important body of researchers interested in the health and well-being of Francophones and there is research money dedicated to this and even academic departments. The same cannot yet be said of OLMC research in Quebec.

Some research ideas I have come across in the last few years

Here are three questions that English-speaking community members have identified to me over the past few years that they wish they had the answers to but require the resources of researchers.

Why is there an over representation of English-speaking youth within the Youth Protection Services in several regions of the Estrie region?

Why is there such a high rate of breast cancer in women living in small remote communities on the Lower North Shore?

How can telehealth improve the health outcomes of people living in remote communities that must travel long distances to receive services?