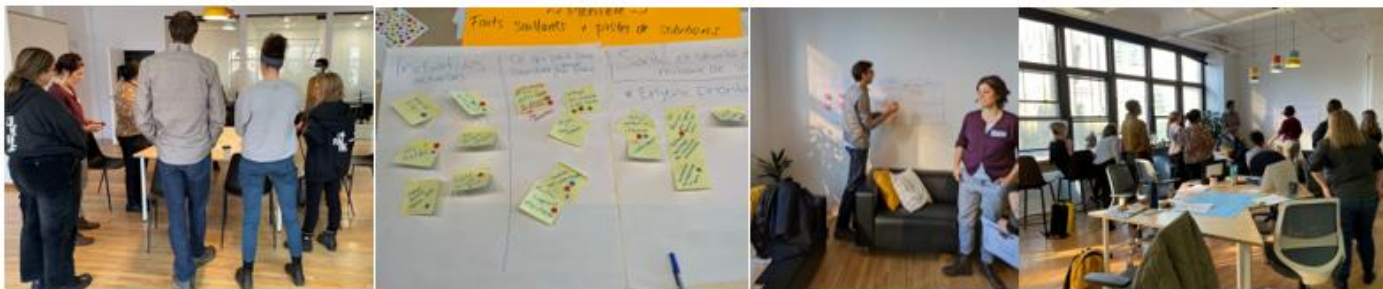Consultation with community partners regarding public health issues on CCOMTL territory

As part of post-Covid recovery and the updating of the Integrated Regional Public Health Action Plan (PARI) 2023-2025

CONSULTATION WITH COMMUNITY PARTNERS ON CCOMTL PUBLIC HEALTH ISSUES

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POST-COVID RECOVERY PROCESS AND UPDATE OF MONTREAL'S INTEGRATED REGIONAL PUBLIC HEALTH ACTION PLAN 2023-2025

Produced by public health and partnership coordination

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Photos taken by Anahi Zaldivar Silva and Irmine Ayihounton during the consultation with Peter McGill's community partners.

Notes

In this document, the use of the masculine gender refers to both men and women and is used for the sole purpose of lightening the text.

This document is available online on the public health page of the CIUSSS website : Community partnership

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Acronyms

APPR: Planning, Programming and Research Officer

BIPE: Parc-extension Information Office

CCOMTL: CIUSSS West-Central Montreal

CDN: Côte-des-neiges

CDN-NDG: Côte-des-neiges-Notre-dame-de-grâce

CIUSSS: integrated university center for health and social services

CLSC: local community service center

DRSP: Regional public health directorate

NDG: Notre-dame-de-grâce

OC: Community organizers

PARC-EX: Parc-Extension

PARI: Integrated Regional Public Health Action Plan

PMG: Peter-McGill

PRAIDA: Regional reception and integration program for asylum seekers

PSOC: Support program for community organizations

Background

Covid-19 made its appearance in Quebec in February 2020, and surged in March, making the city of Montreal the epicenter of the first wave in Canada[1]. Beyond the direct repercussions caused by the virus, i.e. mortality and morbidity, it has undeniably exacerbated and generated certain vulnerabilities. By way of illustration, with the exception of closed environments, people living in very disadvantaged neighborhoods contracted Covid-19 2.75 times (1st wave); 2.24 times (2nd wave) and 2.07 times (3rd wave) more than people living in high-income neighborhoods[2]. These differences can be explained by the fact that the living and working conditions associated with material deprivation meant that people living in very deprived areas were more exposed to Covid-19, and thus more at risk of being contaminated and subsequently transmitting it[3]. For example, jobs requiring greater social interaction, the use of public transport for travel and more precarious housing conditions are all living conditions that have had a greater impact on low-income households, creating inequalities in exposure to the Covid-19 virus. In concrete terms, Covid-19 has accentuated the social inequalities already prevalent in our communities, and created a new configuration of the social determinants of health.

Furthermore, in 2016, the Regional public health directorate (DRSP) developed the Integrated Regional Public Health Action Plan (PARI) focused on 30 priority health determinants. This action plan highlighted a set of personal, social, economic and environmental factors that determine the health and living conditions of Montreal people, which expired in 2021. To this end, the DRSP called on the 5 integrated university center for health and social services (CIUSSS) on the island of Montreal to contribute to its update. In the new version of the PARI, each CIUSSS has the opportunity to develop an PARI operational plan based on the priority issues in its territory.

As such, the CIUSSS West-Central Montreal (CCOMTL) has carried out a consultation process with community partners and residents of its territory to identify the main public health issues and to co-create with all stakeholders better living conditions for all than before the pandemic.

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[1] Statistique Canada. La COVID-19 au Canada : le point sur les répercussions sociales et économiques après un an [Internet]. 2021 [cité 12 juillet 2023]. Disponible sur: https://www150.statcan.gc.ca/n1/pub/11-631-x/11-631-x2021001-fra.htm

[2] Direction Régionale de Santé Publique de Montréal. INÉGAUX FACE À LA PANDÉMIE : DES ÉCARTS QUI PERSISTENT. 2021.

[3] Direction Régionale de Santé Publique de Montréal. INÉGAUX FACE À LA PANDÉMIE : DES ÉCARTS QUI PERSISTENT. 2021.

Introduction

In the fall of 2021, after the first waves of Covid-19, the CCOMTL public health and partnership team began to reflect on the possible need for a post-Covid-19 recovery process. To this end, after several months of containment, the public health team launched a consultation process to take the pulse of community partners and reflect together on how to adapt to the potential changes brought about by the pandemic. With the evolution of the situation and the arrival of the IRAP update, the process was reoriented to merge the two approaches.

What is "recovery" from the pandemic crisis?

The idea of "recovery" comes from the field of civil protection, and refers to the phase following a disaster that aims to restore the social, economic, physical and environmental conditions that existed before. In this case, the aim of recovery is to act on the collateral impacts of Covid-19, but also to improve problems already present before the pandemic.

What is PARI?

The DRSP periodically drafts the PARI for the entire island of Montreal. This strategic document is the very first single public health action plan in Montreal, drawn up in consultation with the five CIUSSS and partners from all sectors, in order to jointly identify priorities and coordinate actions, while respecting their respective missions. This global plan of priorities is structured around four major axes and defines the interventions to be implemented over the next five years to prevent avoidable health problems by acting on 30 major priority determinants for the health of Montreal people. PARI 2016-2021 has come to an end, and work is underway to update it. As part of the development of the updated version, the DRSP is showing openness to allow greater flexibility in the operationalization of priorities for the different territories on the island, and suggests that each CIUSSS proceed with the identification of public health issues present in its territory.

The consultation was adapted to the entire CCOMTL territory, by district (Côte-Des-Neiges - Notre-Dame-de-Grâce - Outremont - Parc Extension - Peter McGill), to take into account the realities and specificities of each district. This approach was aimed specifically at community organizations and residents.

The main objectives of this consultation process can be summed up in 3 points.

- Identify and better understand the main public health issues in the area
- Ensure that local voices are heard in the IRAP update and in the post-Covid recovery process
- Nourish reflection on needs exacerbated by the pandemic

Project governance

The Public Health and Partnership team was entrusted with the task of consulting community partners on post-Covid recovery and updating the PARI in the CCOMTL territory. To this end, the APPR and community organizers worked together with the support of the boroughs, local consultations and community organizations.

To provide a framework for this approach at the territorial level, the reference framework "post-Covid resilient communities: towards a community recovery plan" was made available by the DRSP.

Territorial Approach

The consultation approach adopted varied from one district to another, and was organized from fall 2021 to fall 2022. Several data collection techniques were used to adapt to the realities of each area.

Territory	Pre-survey	Using Kobo survey results	Virtual surveys		Discussion workshop	Community talk	Focus group with seniors
			Resident	Organization			
CDN	x	x			x		
NDG	x	x			xx (2)		xx (2)
Peter McGill			x	x	x		
Parc Ex			x	x		x	
Outremont			x	x			

Data collection

- **Côtes des Neiges (CDN)**

Consultation at CDN took place in autumn 2021 with some 40 community organizations. The process was coordinated by OC and APPR with support from the CDN-NDG borough, Multicaf's coordinator and CDN's community development corporation. Initially, an optional pre-survey was conducted among community partners to assess their perception of a post-Covid recovery process and their willingness to join the process. A discussion workshop was then held on the main public health issues in the neighborhood and possible solutions. In addition, we used data from the Kobo survey conducted by the Covid CDN-NDG action plan committee.

- **Notre-Dame-de-Grâce (NDG)**

The approach in NDG is similar to that in CDN, with the difference that two focus groups with seniors were held, as well as a meeting to discuss the results of the consultation in winter 2023. The NDG Community Council played a major role in this process, sitting on the planning committee alongside the CDN-NDG borough and the Public Health and Partnership team.

- **Peter-McGill (PMG)**

At PMG, the consultation was organized with the support of the neighborhood table in summer 2022. It reached out not only to community partners, but also to residents through a survey of the neighborhood's main public health issues and ideas for solutions. A discussion meeting was then organized in the fall of 2022 to present the results of the consultation and identify, in connection with the PARI update, the main issues facing the neighborhood and possible courses of action for the coming years.

- **Parc-Extension**

Given the cultural diversity of Parc-Ex and the language barrier, we combined the virtual surveys of community organizations and residents with a community chat to facilitate the participation of allophone residents in the consultation. In addition, a discussion meeting was organized with advisors from the Parc-extension Information Office (BIPE). The entire

consultation process at Parc-Ex was thought through in conjunction with the Parc-Ex neighborhood table, in order to reach as many people as possible, especially specific groups.

- **Outremont**

The Outremont consultation took place in autumn 2022, at a time when the neighbourhood table was not yet up and running. The approach was therefore defined by the public health and partnership team, with contributions from some key neighborhood members. Outremont residents and community organizations were contacted via an online survey.

Data processing and analysis

All the data collected is qualitative: interviews, talks, questionnaires with open-ended questions. Interviews were transcribed and proofread to ensure accuracy. Interventions and surveys in English were translated into French using the Deepl application and edited by the team's bilingual staff. As for the Punjabi language used by some participants at the Parc-Ex community talk, we benefited from instantaneous translation during the meeting and proofreading of the meeting report by BIPE consultants.

Data processing and analysis enabled us to identify key issues and prioritize topics requiring particular attention. To do this, we followed a multi-stage methodology. We carried out a rigorous thematic analysis of the data collected to saturation point, in order to identify the major issues raised by respondents. At this stage, we were able to identify the various dimensions of the issues mentioned, and then categorize them according to their relevance, potential impact on public health and feasibility in terms of intervention. Verbatims were extracted and added to several themes to justify their importance.

We then organized neighborhood discussion workshops with key stakeholders to validate the relevance and importance of the issues identified. These discussions enabled us to refine our analysis and obtain informed opinions on the main issues. The results of this process were compiled in a prioritization report presenting the issues identified, along with recommendations. In addition, these reports fed not only into the work of updating the PARI at regional level, but also into the PARI operational plan for the CIUSSS West-Central territory.

Named issues linked to PARI determinants

In the table below, we link the PARI determinants to the issues identified during the consultations. These issues are preliminary data that need to be linked with Statistics Canada's 2021 census data to establish the territory's population diagnosis.

Reminder: PARI 2023-2025 is divided into 4 Axes:

- **Axis 1**: Comprehensive development of children and young people
- **Axis 2**: Adoption of lifestyles and creation of healthy and safe environments
- **Axis 3**: Prevention and control of infectious diseases
- **Axis 4**: Management of health risks and threats, and emergency preparedness.

Named issues	PARI axes and determinants concerned
Access to community services	Axis 1 - Family environment
Access to health care and services (accessibility, promotion of services, effective management, family doctor)	Axis 1 - Preventive perinatal and early childhood services; Axis 1 - Family environment
Access to day-care centers and schools	Axis 1- Quality educational childcare services
Adaptation to health measures	Axis 4 - Preparedness and response to major emergencies
Land use planning and green spaces	Axis 2 - Urban planning and mobility
Community cohabitation	Axis 2 - Racism, discrimination and migratory pathways
Collaboration and synergy	Axis 2 - Community empowerment
Communicating with communities	Axis 2 - Community empowerment
Mutilingual communication and the digital challenge	Axis 2 - Racism, discrimination and migratory pathways
Deconditioning and social fabric	Axis 2 - Community empowerment
Employability	No determinant
Empowerment of organizations	Axis 2 - Community empowerment
Digital divide	No determinant

Homelessness	Axis 2 - Housing; Axis 3 - Drug-related harm reduction services
Clinical link with the population	No determinant
Housing	Axis 2 - Housing
Mobility and transportation	Axis 2 - Urban planning and mobility
Migration (language barriers, financial insecurity, access to employment, food aid, stress, medical services)	Axis 2 - Racism, discrimination and migratory pathways
Civic participation	Axis 2- Community empowerment
Support in mobilizing financial, human and material resources for community organizations	No determinant
Mental health	Axis 2 - Individual resilience
Food security	Axis 2 – Lifestyle habits
Safety/violence	No determinant
Support for young people	Axis 1 - Specific preventive services for young people; Axis 2 – Individual resilience
Aging	Axis 2- Adaptation to aging

Description of key issues

This section highlights seven public health issues that emerged predominantly during the consultation. These issues represent the convergent voices of community partners who are familiar with the needs of the population. We will therefore present these issues in detail, addressing their scope, complexity and implications for the community.

Access to healthcare and community services

Access to healthcare is complicated for the CCOMTL population, both publicly and privately. Respondents from community organizations told us during the consultation tour that, when in need of health care, many if not most of their users report difficulty in obtaining the required services. With the advent of the Covid-19 pandemic, this difficulty was accentuated,

particularly during the first year, due to the mobilization of health teams to care for Covid patients. But long before the pandemic, the problem was already present. On our territory, this problem of access to healthcare is reflected in:

- Difficulty obtaining an appointment (cancellations, postponements, delays)
- Difficulty accessing a family doctor or specialist
- Long waiting times
- High cost of care and services
- Lack of means to go to a private clinic for some people
- Undeveloped and inaccessible points of service for seniors
- Unwelcoming reception at the CLSC
- Containment measures during the pandemic (difficult transportation, non-assistance to seniors, etc.)
- Lack of drug insurance coverage, particularly for immigrants

This lack of access to health care has a negative impact on people's lives, which, according to respondents' experiences, translates into mental health problems such as worry about a precarious and unexpected situation or about the future, psychological distress, isolation, anxiety and stress.

In addition, the mental health of the population is a crucial issue that has been identified throughout the territory, and its impact is felt above all by children (socialization difficulties), young people (growing insecurity) and the elderly (adaptation to aging). In fact, according to information provided by community organizations and residents, and with reference to existing data, mental health problems have always been present in the territory, but the pandemic was one of the main reasons for the deterioration in the population's mental health. Prolonged confinement, the closure of schools and day-care services, and the loss of employment for some adults have led to a deterioration in living conditions, particularly for people in vulnerable situations, which has had a considerable impact on their mental health in a context where access to health care and services remains complex.

Faced with this challenge of accessibility, community organizations are actively working to offer a number of services to the population through a variety of community resources. However, the pattern is almost identical for community resources. Many residents mentioned during consultations that they had little knowledge of existing community resources in their neighborhood, and even less of the services they offer. Efforts are made on a daily basis

to reach out to the population at large, particularly to specific groups that are not well integrated into social development. Sometimes, demand does not keep pace with supply, as community organizations are faced with a lack of resources at several levels, limiting their service offering.

As for the healthcare network, respondents mention that the gateways to CIUSSS programs and services are not well known, and that waiting lists are very long, particularly for family doctors and mental health care, leading to a reluctance to use the network. What's more, they feel that certain services (e.g. CLSC, point of service) are geographically inaccessible, as is access to home support for seniors.

Furthermore, the cultural diversity that exists in the area seems to be poorly taken into account in the service offering. Respondents cite the need and importance of culturally adapting the services offered in order to reach as many people as possible, as well as the need for multilingual, caring and empathetic staff who understand the realities of all populations, but even more so of immigrants/new arrivals.

Housing accessibility, affordability and healthiness

Housing remains a crucial issue for the CIUSSS West-Central territory. This issue mainly concerns healthiness, affordability and accessibility.

The territory's residents are faced with a shortage of affordable housing. In recent years, housing costs have skyrocketed, making it difficult for many residents to access decent housing, particularly low-income families, large families, single-parent families, people experiencing homelessness, new arrivals and young adults. This situation is due not only to inflation, but also to gentrification. The arrival of certain businesses, and the improvement and creation of new infrastructures in certain areas of the territory have attracted new residents with high incomes, resulting in higher rents and property prices. As a result, low-income residents, who have often lived in these neighborhoods for a long time, are facing difficulties in maintaining their housing due to rising costs. Beyond the difficulty of finding housing, gentrification is also likely to have consequences for the social fabric of the neighborhoods concerned, with changes in cultural composition and the disappearance of certain shops and services that were previously accessible to low-income residents. To alleviate the problem of high housing costs, some residents, particularly those from immigrant backgrounds, are opting to share with family members. However, cohabitation is sometimes difficult, and conflicts can

arise to the point of cancelling the (non-formal) roommate contract under difficult conditions, leaving them homeless.

On the health front, some apartments are old and poorly maintained, leading to problems such as mold, insect and rodent infestations, and precarious living conditions for the occupants. In search of affordable housing, some residents are tempted to accept insalubrious dwellings that are relatively cheaper, but still represent a health hazard. In their service offer, community organizations mention that they receive many requests from users seeking help to cope with unhealthy situations in their dwellings, or to take action against their landlords who remain insensitive to unhealthy problems and fail to respond to tenants' requests. These problems particularly affect low-income residents and vulnerable populations.

As for accessibility, some homes are not adapted to the specific needs of people with reduced mobility, the elderly, parents with young children or people with special health needs, which can create barriers to accessing suitable housing. In some neighborhoods, residents told us that people of immigrant background are sometimes discriminated against when looking to rent housing, sometimes even when they are already settled. Some participants mentioned the presence of a culture shock that limits access to housing. For example, some cultures are more tolerant of children shouting during playtime.

To better support the population on these issues, community organizations make people aware of their housing rights and offer them support based on their specific needs and available resources. They often call on the City of Montreal and the CIUSSS to better respond to requests, and sit on specific committees to plead the cause of the population they serve. As for homelessness, community organizations praise the efforts of the City of Montreal in creating resources (emergency shelters) to help people experiencing homelessness, particularly in winter, and the support of CIUSSS through the distribution of equipment. However, they suggest using a concerted approach involving all stakeholders to develop sustainable housing solutions on the territory and to promote the improvement of living conditions in homeless situations.

Adapting to aging

Adapting to aging in the Central West region is an essential issue for ensuring the well-being and quality of life of seniors. However, the people we consulted identified a number of challenges that require attention and solutions tailored to meet the changing needs of seniors. In their service offering, community organizations encounter seniors facing chronic or acute health problems that require more frequent and specialized medical care. During the Covid-19 pandemic, many seniors found themselves socially isolated, especially those who live alone and have difficulty getting around, which had a negative impact on their mental and emotional well-being and state of health (seniors were more vulnerable to Covid-19). In addition, the pandemic put a strain on health and social services systems, which may have led to delays and difficulties in accessing medical care for seniors, and in maintaining home support services. Seniors, especially those living alone, required more support for daily tasks such as shopping, medical appointments or medication management due to pandemic-related restrictions. Community organizations have not been able to do much due to the shortage of manpower, and services have also been slowed down.

Respondents also mentioned that seniors in the area don't have a very active lifestyle. More specifically, the problems cited include the following:

- Land-use planning that offers few housing units adapted to the specific needs of seniors, especially those with mobility problems or requiring special accommodations;
- The lack of safe pedestrian crossings for the elderly (less time spent in the light) and inaccessible public transport;
- Insufficient green spaces, parks, community gardens and recreational areas to encourage physical activity, emotional well-being and social interaction;
- Remote or inaccessible health care services in terms of facilities (e.g. Outremont point of service).

As for seniors from immigrant families, the situation is even more delicate. Some of them find themselves in a precarious situation due to factors such as the lack of immigration documents required to receive adequate care in the healthcare network, which leads to additional stress; language barriers that limit their accessibility to community resources; and lack of financial means, which results, for example, in the need for food aid.

Faced with this situation, community partners play an essential role in contributing to the challenge of adapting to aging in the west center area. Their active involvement and collaboration with the healthcare network are proving to be fundamental pillars in ensuring the well-being of seniors on the territory. First and foremost, community partners bring expertise and in-depth knowledge of the specific needs of seniors in their respective neighborhoods. They are in direct contact with seniors, enabling them to better understand their realities, concerns and aspirations as they age. This proximity enables them to put in place programs and services that are adapted and personalized to meet the diverse situations of seniors. In addition, community partners provide complementary services that reinforce the care and services offered by CIUSSS. They offer a variety of recreational activities, educational workshops, volunteer programs and other initiatives such as BIPE aimed at providing seniors with adequate information, directing them to appropriate services and helping them to thrive in the community. Access to resources and services is also facilitated by the presence of community partners and collaboration with CIUSSS through community organizers.

However, according to respondents, there is a need for better support for seniors from immigrant backgrounds, more social activities to encourage seniors to remain socially engaged, and participation in community activities to combat social isolation and deconditioning.

Collaboration and synergy between CIUSSS and the community sector

This issue came up very often during the discussions, and is situated at several levels: between organizations, with CIUSSS and with the public.

Community organizations don't often work in consortia. Each organization has its own agenda and action plan, which it implements according to its own resources, with the support, where necessary, of a few organizations working in the same field. However, community organizations do meet periodically through sector and neighborhood tables to discuss specific issues.

During the Covid-19 pandemic, the importance of community organizations working together was highlighted. By combining their efforts around Covid-19 plans, community organizations helped to better meet the needs of vulnerable populations. Organization members realized that collaboration between organizations enabled them to share essential information, exchange resources and better coordinate efforts to meet the urgent needs of people affected

by the pandemic. By working together, they were able to complement CIUSSS and contribute to access to care and social services. What's more, this collaboration has enabled them to adapt their services to meet the specific challenges of the pandemic and ensure equitable distribution of aid. Above all, they realized during this period that complementarity of services is an opportunity to contribute effectively to improving people's living conditions. This collaboration reinforces the recognition of the importance of working in synergy to deal with crisis and emergency situations. However, he notes that this collaboration can also present challenges such as coordinating efforts, managing potential conflicts, managing limited resources and reconciling the different visions of partner organizations.

As for CIUSSS, respondents cite community organization coaching as a key element in the collaboration between the two bodies. The presence and support of the CIUSSS community organization team is greatly appreciated by community partners, who would like to continue to benefit from this service. However, they feel it is important for CIUSSS to give the community a greater role in their collaboration, through open communication and a co-construction approach at various levels (issue identification, project development, implementation, evaluation). They hope that the community's involvement will not be limited to consultation when necessary, but will be based on mutual listening and effective consideration of their expertise and skills. In this way, CIUSSS and community organizations can meet the needs of the populations they serve, exchange best practices and maximize the impact of their social and health interventions.

Migration path

The proportion of immigrants is very high in the CIUSSS Centre Ouest territory. During the consultation tour, it was in the Parc-Extension and Côte-des-Neiges areas that the issue of immigration was most frequently mentioned. Many immigrants, especially new arrivals, choose the Centre Ouest area as their new home. In their process of integration and search for well-being, immigrants are often faced with numerous challenges. These include:

- Lack of adequate and affordable housing for large families and seniors;
- Cultural and situational clashes between immigrants and natives;
- Difficulty in finding employment due to the lack of immediate recognition of external diplomas and the language barrier;

- Difficulty for immigrant children to attend school due to parents' lack of knowledge of how the school system works;
- Stress linked to the migration process, which has an impact on physical and mental health;
- Difficult access to daycare due to a lack of subsidized daycare facilities.
- Stereotypes, racism and systemic discrimination

The experience of the territory's residents has shown that immigrants spend a lot of money in the immigration process, which weakens their financial resources even before arriving in Quebec. As a result, they find themselves with a low financial capacity and difficulties in meeting their new expenses once here.

Faced with the challenges of migration, respondents mention the daily work done by community partners to provide these people with a modicum of support. However, despite their willingness to help, the offer often remains insufficient in the face of demand, with issues such as language barriers to exchanging with users and a lack of resources to satisfy all their requests. Efforts to mobilize resources bear little fruit, and community organizations are forced to make do with existing means. As a result, some new arrivals are sometimes left to fend for themselves during their integration period.

In addition, CIUSSS offers a number of services to the immigrant population through specific programs, including PRAIDA. Participants acknowledge the existence of these programs, but speak of difficult access to services (language, unknown entry point, etc.), difficulty in finding out about the specific services offered, and the fact that some immigrants are not taken into account (lack of brown paper). In short, services are not aimed at all immigrants, and the absence of brown paper for some asylum seekers limits access to many services.

Support for the mobilization of financial, human and material resources for community organizations

Community organizations in the West Island of Montreal face a persistent challenge: the lack of human, financial and material resources. Unanimously across the territory, the community organizations taking part in the consultation affirm that this reality hinders their ability to fully meet the needs of the local population, complementing the services offered by

the healthcare network. Despite their strong commitment to the community, they are often forced to work with limited budgets, small teams and insufficient equipment.

This has a significant impact on the services they can offer. For example, during the Covid-19 pandemic, several organizations were forced to suspend certain essential programs due to a shortage of manpower, a lack of equipment and capacity to develop an online service offering, and a lack of funds to meet the increase in demand, all of which directly affected the people who depended on their support. In addition, recruiting and retaining qualified volunteers has become a major challenge since the advent of Covid, as these organizations struggle to offer adequate incentives or compensation.

Faced with these financial constraints, community organizations are doing their best to maximize the funds available to them and mobilize alternative resources. They are also striving to forge strong partnerships with other local/regional players (City of Montreal, Centraide, foundation...) in order to pool their efforts and find creative solutions to overcome these shortcomings. Community organizations mention the Support program for community organizations (PSOC) --- the only program that funds an organization's overall mission --- as one of the best alternatives to alleviate the financial problem, but not all organizations have the opportunity to benefit from it, and there are very long waiting periods to come into possession of these funds. They believe that the majority of funds dedicated to the community should be allocated to an organization's overall mission, not to a specific project. In fact, organizations seeking financial resources sometimes find themselves obliged to focus on a specific area to the detriment of their overall mission, not only to meet a need in the community, but also to benefit from additional funding.

Despite these obstacles, organizations continue to make commendable efforts to support the CCOMTL population and improve residents' quality of life. However, it is essential that the Ministry of health and social services realize the importance of financially and materially supporting these essential players in society, so that they can continue to make their invaluable contribution to the population of the island of Montreal.

In addition, the organizations mention the need to strengthen the capacities of their teams and increase their knowledge of CIUSSS. They suggest that CIUSSS should organize itself to offer capacity-building support to community organization staff on subjects such as communication, the different entry points to CIUSSS, etc. This would improve community organizations' knowledge of the healthcare network and equip them with the tools they need.

Supporting youth development

Youth health, safety and social service issues were raised by all respondents, who spoke of the need to implement more effective prevention and intervention strategies to protect the well-being of young people, reduce violence and foster a safe and healthy environment for the entire territory.

Several respondents report that young people in the territory are facing mental health problems such as anxiety, depression and suicidal behavior, which are becoming increasingly prevalent. Social, academic and family pressures, the difficulty of integration and the transition from adolescence to youth can all contribute to these problems. In the course of their work, community workers also encounter young people with substance abuse and dependency problems, which can have serious consequences for their physical and mental health. In addition, the practice and exposure to violence among young people has increased in recent years, leading to growing insecurity for the general population. Residents report fear in their living environment, anxiety about frequenting public spaces, a breakdown in social ties and persistent criminality among some young people.

To better support young people, numerous programs and services have been developed by both the healthcare network and the community. However, there is a low level of use of health services by young people in the area. This may be due to a lack of awareness of the services available to them in the health network, and sometimes to long waiting lists for help. Financial factors (the cost of medication and treatment), medical factors (the need for a diagnosis to get help, difficulty accessing a family doctor), geographical factors (location of health services) or social factors (lack of family support, peer pressure) were all cited by respondents as obstacles.

Lack of awareness of services extends beyond healthcare. Some young people are unaware of, or unable to access, the community resources available in their neighborhoods. Others perceive seeking social assistance as stigmatizing or shameful, which discourages them from using these services, even in times of need. In addition, logistical barriers such as incompatible opening hours, geographical distances and language barriers sometimes prevent the use of community resources.

According to them, support for young people would take the form of promotion-prevention activities to raise awareness and destigmatize help-seeking, increase young people's

confidence and sense of belonging, and make services more accessible and adapted to young people's needs. At the same time, the creation of play areas, easy access to outdoor infrastructures, educational support and the dissemination of specific and useful information for young people, particularly those in vulnerable situations, are solutions proposed by the participants.

Possible solutions

During the consultation tour, a number of possible solutions were put forward to address the above-mentioned issues. These solutions are multi-layered, reflecting the complexity of public health issues. It is crucial to note that resolving these issues does not rely exclusively on public health initiatives, but also requires the collaboration or leadership of other key players such as municipal, school, daycare and employment partners... In this section, we explore the various proposals and partnerships needed to create a lasting impact on the health of our community.

Possible solutions	Associated actors (not exhaustive)
Promoting housing affordability and health and defending tenants' rights	• Municipal partners - for regulations and land use planning. • Community partners - to defend tenants' rights. • Public health - for collaboration with various stakeholders to promote affordable, quality living environments.
Advocating land-use planning and access to active transportation	• Municipal partners - for urban planning and transportation infrastructure • Schools - to promote active travel • Public health - to create communities conducive to an active lifestyle and promote physical and mental health
Facilitating social cohabitation/ socialization	• Community partners - to set up and run community initiatives to encourage interaction between residents. • Municipal partners - to create common areas for socialization • Daycare/schools - to promote the social integration of children and young people

Create new services/improve existing services in the healthcare network in line with current user needs	• Public health - to better identify the needs of the population with the support of community partners
Increase cooperation between community organizations and CIUSSS	• All CIUSSS partners and all CIUSSS departments - for optimal collaboration
Facilitating access to employment for immigrants and asylum seekers	• Community partners - for job search support • Local employers - for job integration opportunities
Promoting food safety	• Public health - for the implementation of strategies and initiatives aimed at guaranteeing access to healthy, sufficient and nutritious food for all. • Municipal partners - for local food policies and funding for food bank projects • Community partners - for food banks and public promotion
Carry out information/communication activities to facilitate access to the health network and community services	• Public health - for health education • Community/municipal partners - to promote community resources
Better prepared for health emergencies	• Public health - to assess key public health issues and act upstream and in crisis situations • Community partners - to provide crisis support and liaise with the public • Municipal partners - to support emergency measures
Better support for community action (financial, technical, etc.)	• Public health - to provide technical support to community partners and promote community action within the healthcare network • Municipal partners – to provide funding
Offering more support to people in vulnerable situations	• Community partners - for guidance and support • Municipal partners - for the creation of adapted and specialized infrastructures and their inclusion in social projects • Public health - for specialized services and specific access procedures to CIUSSS services
Strengthening services for children, adolescents and young people	• Schools - for educational and social programs • Municipal partners - for the creation of play and entertainment areas

	• Community partners - for enriching activities
Encouraging/reinforcing community mobilization	• Public health - to support community organizations in identifying better mobilization strategies • Community partners - to encourage citizen participation • Municipal partners to facilitate local initiatives

Comparison of national, regional and local priorities

This table comparing national, regional and territorial public health priorities offers a synthetic and structured view of the objectives guiding health promotion efforts at different levels. This visualization highlights the points of convergence and divergence between the global orientations defined at national level and their adaptation to the specific realities of the Montreal region and its territories. By examining this table, we can better understand how general strategies are translated into concrete actions, while taking into account local particularities. This analysis reinforces our understanding of how collaboration between levels of governance can lead to a holistic and balanced approach to public health, responding to the varied needs of each community.

It's important to note that the identification of territorial priorities below is based solely on qualitative data from the consultations. This configuration may therefore change once this data is coupled with quantitative data from Statistics Canada's 2021 census.

National	Regional	Territorial
Strengthen the mental health of the population, particularly among primary and secondary school students	Mental health for young people	Access to healthcare and social services, including mental health
Create conditions conducive to healthy aging	Healthy aging	Living conditions related to housing and food security
Reduce the vulnerability of young children	Children's development	Child and youth development
Reduce the effects of climate change on health	Climate-resilient neighborhoods and residents	Migration and problems accessing related services
Strengthen public health capacity to cope with future pandemics or similar threats	Opioid crisis	Drug use and problems associated with violence, safety and homelessness

Note: Achieving the above-mentioned territorial priorities requires the use of several means adapted to our realities. It is therefore essential, as suggested by community partners during consultations, to:

- Strengthen collaboration and synergy between CIUSSS and the community sector
- Provide more support for the mobilization of financial, human and material resources for community organizations.

Taking these two aspects into account remains essential in our process of improving the living and health conditions of the population of the Central West Island of Montreal.

Conclusion

Following consultation with community organizations and residents, we gathered essential information for the IRAP update. These exchanges have enabled us to learn more about the issues facing the CCOMTL territory and the assets and strengths of each neighborhood. Thanks to these valuable contributions, we are able to identify the public health issues present in our territory. The results, coupled with an in-depth analysis of Statistics Canada's 2021 census data, will help to establish a diagnosis of the population's state of health and support the CCOMTL in identifying priorities for action in the years ahead.

We are delighted to have been able to establish an enriching and constructive dialogue with key players in the area. Their commitment and active participation were essential to our understanding of the specific issues facing the West Island. Their involvement demonstrates their deep commitment to the well-being of our fellow citizens, and confirms the importance of working collaboratively to meet public health challenges.

During this consultation process, we were able to exchange a multitude of perspectives, innovative ideas and practical suggestions for tackling the challenges together.

This diversity of opinion has enabled us to feed the various PARI determinant sheets with a community perspective.

We are convinced that the results of this consultation will serve as a solid foundation for the PARI 2023-2025 - CCOMTL operational plan and other strategic documents such as the community development policy and other community initiatives.

This consultation process doesn't stop here. We look forward to implementing the recommendations so that together we can build a healthier, more promising future for all residents of the Central West region.

Appendices

Appendice 1: online questionnaire - community organizations

Background

The Public Health and Partnership team of the "Centre Intégré Universitaire de Santé et Services Sociaux du Centre-Ouest-de-l'Île-de-Montréal (CCOMTL) invites you to share with us your findings concerning the main issues for residents ..., as well as the issues currently facing your organization.

Your answers will be useful to us as part of the recovery process linked to the Covid-19 health crisis and the updating of the "Plan d'action régional intégré de santé publique de Montréal" (PARI-SP) 2016-2021.

What is the PARI ?

The regional action plan is the mechanism provided for in the Public Health Act to define, in each region, the supply of public health program-services. This strategic document is a unique action plan for public health in Montreal, drawn up in consultation with the five CIUSSS and partners from all sectors, in order to jointly identify priorities and coordinate actions, while respecting their respective missions.

This global plan of priorities is structured around four major axes, and defines the interventions to be implemented over the next five years to prevent avoidable health problems by acting on 30 major priority determinants for the health of Montreal people.

What is Covid-19 health crisis recovery?

The identification of a recovery phase has its origins in the field of civil security, and refers to the phase following a disaster that aims to restore the social, economic, physical and environmental conditions prior to the disaster. In the present case, it aims to act on the collateral impacts of the Covid-19 pandemic, but also to seize this opportunity to improve issues already present before the pandemic.

One of the main objectives of this survey is therefore to identify the main public health issues, and to ensure that local voices are heard when the PARI is updated.

Questions (tailored to each district)

Identification des principaux enjeux

Identification of key issues

1. In your opinion, what needs/challenges have emerged or been exacerbated among the population since the start of COVID-19?

   Choice of answers: Access to housing; Food security; Safe living environments; Access to healthcare and community services; Mental and psychological health; Access

to stable employment; Support for new arrivals; Healthy environments and green spaces; Access to transportation.

2. Within your organization, what needs and challenges have emerged or been exacerbated since the start of the pandemic?

   Choice of answers: Safe working conditions; Availability of financial, material and technical resources; Recruitment and retention of staff; Professional support for community workers; Maintaining contact with the population; Collaboration between organizations; Collaboration with institutions; Offering adapted services in real time; Ending the work overload linked to the pandemic; I don't know.

3. On a scale of 1 to 5, how would you rate the effect of Covid-19 on your organization's mission accomplishment today (1= NO EFFECT ON MISSION and 5: MAJOR EFFECT ON MISSION)?
4. Since the beginning of Covid-19, what has been the most difficult for organizations?
5. In the context of recovery from the Covid-19 health crisis, what do you think are the public health priorities in the borough/neighborhood?

   Community resilience

1- What are the assets and strengths of Outremont that community organizations have been able to rely on since the start of the pandemic?

   Answer choices: Collaboration and mutual aid between organizations; Volunteering, citizen participation; Positive mental health; Flexibility of partners; Proximity to the population; Support from all levels of government; Adaptability; Communities of practice; CIUSSS services; I don't know.

2- How could community organizations and residents make better use of the neighborhood's assets and strengths?
3- Referring to the experiences of your clientele, do you think that CIUSSS services are used by the population? If not, tell us about your concerns.
4- What has your organization done to reduce the impact of the pandemic?

   Choice of answers: Development of new projects; Search for new funding; Reinforcement of support for populations; Recruitment of personnel; Reorientation of mission; Working in synergy with other organizations; I don't know.

5- Do you receive support for your community initiatives from any of the CIUSSS programs (for example, Child and Family, SAPA, Mental Health, Pathfinders network, Public Health team, community organizer, etc.)? If so, please name them.

   Ideas for collective action

6- What did you learn during the pandemic that could help you when faced with another undesirable situation?

7- What types of services or support would community organizations need to better recover from the changes brought about by the pandemic?

Answer choices: Creation of communities of practice; Increased support from CIUSSS Community Organizers; Reinforcement of staff skills; Easier access to CIUSSS services.

8- What do you think CIUSSS West center could do better to collaborate with community partners on public health issues?

Appendice 2: online questionnaire – residents

Background

The public health and partnership team of the "Centre Intégré de Santé et de Services Sociaux du Centre-Ouest-de-l'Île-de-Montréal" CCOMTL is undertaking a consultation process on the borough's priority issues. The CCOMTL includes the CLSCs, the Jewish General Hospital and the FMGs, and is the main organization responsible for providing services to improve the health and well-being of people living on our territory.

This is part of the recovery from the Covid-19 health crisis and the "Plan d'action régional intégré de santé publique de Montréal" (PARI-SP) 2016-2021.

The PARI is the 5-year public health action plan for the island of Montreal. As for the recovery linked to the Covid-19 health crisis, it aims to act on the impacts of the Covid-19 pandemic, but also to seize this opportunity to improve issues already present before the pandemic.

The three objectives of this survey are to :

- Identify the impact of the Covid-19 health crisis on Outremont residents;
- Better understand the health and well-being issues that you consider to be priorities for the borough of Outremont;
- Identify the available resources and strengths of the Outremont borough.

Questions (tailored to each district)

Identification of key issues

1- In your opinion, what needs/challenges have emerged or been exacerbated among the population since the start of COVID-19?

   Choice of answers: Access to housing; Food security; Safety of living environments; Access to healthcare and community services; Mental and psychological health; Access to stable employment; Support for new arrivals; Healthy environments and green spaces; Access to transportation.

2- Since the start of the Covid-19 pandemic, what do you think has been the most difficult?
3- On a scale of 1 to 5, how would you rate the effect of Covid-19 on the well-being of the population as a whole today? (1= NO EFFECT and 5: MAJOR EFFECT)
4- In the context of recovery from the Covid-19 health crisis, what do you think are the public health priorities in your neighborhood?

Community resilience

5- What are the assets and strengths of your neighborhood that the population has been able to count on since the start of the pandemic?

   Answer choices: Mutual support between residents, community resources, sense of belonging to the community, positive mental health, resilience, maintaining contact with organizations and institutions, adaptability, CIUSSS services, I don't know.

6- How can residents make better use of their neighborhood's assets and strengths?

Ideas for collective action

7- What type of services or support would the population need most to continue recovering from the pandemic?

   Choice of answers: Creation of exchange communities, Food bank, Entertainment spaces, Financing of community projects, Facilitating access to health care and social services, Affordable housing adapted to needs, Access to stable employment, I don't know.

8- Do you have any clarifications, suggestions or comments to share?
9- Would you be interested in taking part in a one-hour workshop this fall to discuss the information gathered in this survey?
10- Please indicate here the e-mail address to invite you to a discussion group. Please note that your answers will remain confidential and that your e-mail address will not be used for any other purpose.
11- If you would like to receive the results of the survey, please enter your e-mail address here. Please note that your answers will remain confidential and that your e-mail address will not be used for any other purpose.