Acknowledgements

The Réseau franco-santé du Sud de l’Ontario [Franco Health Network of Southern Ontario] would like to thank all those who contributed to the successful completion of the Setting the Stage project and the writing of this report.

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The Réseau franco-santé du Sud de l’Ontario wishes to congratulate the STS team members for their excellent work and dedication. They rolled up their sleeves and met the challenge with aplomb.

The Réseau also wishes to thank the STS provincial team, made up of Denis Fortin and Marcel Pronovost, as well as the STS teams of the other three Ontario networks.

The Réseau would also like to point out the exceptional contribution made by the Regional French Language Health Services Consultants of Central and Southwestern Ontario to the successful completion of this project. Many thanks to Richard Beaudin, Aurèle Bénéteau, Jocelyne Blais-Breton, Manuella Giuliano, France Tolhurst, Ernest Vaillancourt and Micheline Wylde. Your help was invaluable.

The Réseau also wishes to thank the many community organizations that cooperated in the research process and helped organize the focus groups. Among them are the Centre communautaire de Chatham-Kent La Girouette; the Centre francophone communautaire de Cambridge; the Centre français de Hamilton; the Cercle de l’Amitié de Mississauga; the Clé d’la Baie en Huronie; the Centre francophone de Toronto and the Conseil des organismes francophones de la région de Durham.

Finally, the Réseau would like to express its most sincere appreciation to all those who agreed to be interviewed as key informants or who took part in the focus groups.

Without the contribution made by each and every one of you, the Réseau could not have prepared this report and brought this project to a successful conclusion. Thank you!


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Introduction

Setting the Stage is a French language health services planning project. It is a national initiative of the Société Santé en français (SSF) and is funded by Health Canada through the Primary Health Care Transition Fund (Official Language Minority Communities Envelope).

Over the past two years, Canada’s 17 French language health networks, including the Réseau franco-santé du Sud de l’Ontario [Franco Health Network of Southern Ontario], have been conducting a study involving both field work and documentary research. The goal of the study was to achieve a better understanding of the health needs, gaps and priorities of Francophone minority communities and to develop potential solutions. One of the project’s concrete deliverables has been all of the information and analyses now available that will facilitate decision making on the best ways of providing quality health care services to the Francophone population.

No guarantee

Access to French language health services in Ontario is by no means a new issue, having been of concern both to the community and the provincial government for some time. However, despite the progress that has been made since the adoption of the French Language Services Act (FLSA) in 1986, in Southern Ontario access to primary health care services in French is far from guaranteed.

At the heart of the problem are a number of factors—few or no recognized access points, a shortage of French-speaking human resources, poor utilization of the existing resources, programs poorly tailored to the needs of Southern Ontario’s diverse Francophone communities, and Francophones’ scant input into the planning and management of primary health care services.
Setting the Stage… in action

Main components of the STS process

The Réseau franco-santé du Sud de l’Ontario and the communities it serves

The Réseau franco-santé du Sud de l’Ontario is a not-for-profit agency with the mission of ensuring that all Francophones in Southern Ontario have access, in French, to quality health services. Founded in 2003 through a networking initiative of the SSF, it brings together health professionals, health facilities, Francophone community organizations, postsecondary educational institutions, members of the Francophone community, government authorities and other partners.

The Réseau serves a vast territory extending from Penetanguishene in the North to Welland in the South, and from Peterborough in the East to Windsor in the West.

Southern Ontario is a region of contrasts, marked by diversity and urbanization. A majority of the Francophones belonging to a racial minority are found in Southern Ontario’s major urban centres, along with a significant percentage of Francophones who were born outside the province. The region includes major urban centres such as Toronto, Mississauga, Hamilton, London and Windsor as well as rural areas like those of Simcoe and Essex counties and the municipalities of Niagara and Chatham-Kent.

The approximately 175,000 Francophones in Southern Ontario are spread over 27 census divisions and form part of a total regional population of over nine million. Although this Francophone population constitutes the second largest concentration of Francophones in the province, i.e. 31.9% of the provincial total, it makes up only 1.9% of the total population of Southern Ontario.

It is interesting to note that 43% of the Francophone population in the South lives in areas that are not designated under the FLSA.

Assimilation is a very important issue in the South, which has the lowest language retention rate and highest exogamy (mixed marriage) rate in the province.

The territory served by the Réseau franco-santé du Sud de l’Ontario can easily be divided into two regions, namely the central and southwest regions, and these differ substantially.
Highlights of the central region

- Home to 138,000 Francophones, primarily concentrated in Greater Toronto, with smaller population centres in the Hamilton, Simcoe and Niagara regions
- A destination for newcomers
  * More than one out of five Francophones is of multicultural origin
  * Three out of five Francophones were born outside the province
- The percentage of Francophones with postsecondary training is higher than in the general population
  * 19% of Francophones hold an undergraduate degree
- Francophones have a lower unemployment rate than the general population
- Francophones have higher average and total employment incomes than the general population and than Francophones in other regions

Highlights of the southwest region

- Home to approximately 35,000 Francophones, primarily concentrated in Essex and Middlesex counties and the municipality of Chatham-Kent
- A small demographic component
  * Less than 3% of the total regional population
  * 6.3% of the province’s total Francophone population
- An aging Francophone population
  * Nearly a quarter of Francophones are aged 65 years and over, compared to 14% of the general population
  * Nearly a third are aged 45 to 64 years, compared to 23% of the general population
- A low labour market participation rate

The STS project

Ontario’s four French language health networks joined forces for this project to ensure their plans were complementary. They adopted a two-part approach involving a common component and a component specific to each network. As a result, each network is submitting a two-volume report. The first volume, the Provincial Report, paints an overall portrait of the situation in Ontario. The Regional Reports contain the findings for each region, or, in this case, those for Southern Ontario.

Developing the methodological approach to be used was a major step forward. The Réseau du Sud devised a work plan and established an advisory committee to guide the research team through all phases of the project. The team also worked closely with Southern Ontario’s seven regional French language health services consultants.
Primary components of the work plan:

- Concerted action by the four Ontario networks
- Collaboration with government authorities
- Collaboration with other provincial agencies
- Development of common definitions for “primary health care” and “Francophone”
- Identification of the territory to be studied—12 census divisions containing 90% of the region’s Francophones: Essex, Chatham-Kent, Middlesex, Waterloo, Niagara, Hamilton, Halton, Peel, Toronto, Simcoe, York and Durham
- Documentary and statistical analyses
- An inventory of family physicians and pediatricians able to speak French (according to data from the College of Physicians and Surgeons of Ontario website), community health centres, family health teams, public health services (clinical care, services delivered in schools, and the Healthy Babies, Healthy Children program), community care access centres (home care, including palliative care), mental health and addiction services, and Telehealth Ontario
- 108 interviews with key informants such as physicians, nurses, local health integration network (LHIN) representatives, leaders of Francophone community organizations, etc.
- Nine focus groups held in both designated and non-designated areas (Pain Court, London, Cambridge, Thorold, Hamilton, Penetanguishene, Mississauga, Toronto and Oshawa)
- Development of an overview of the situation, including the needs, gaps, priorities and potential solutions
- Diagnosis of the situation
- Development of preliminary recommendations
- Validation of the recommendations by the Advisory Committee
- Approval of the recommendations by the Board of Directors

In French please!

It comes as no surprise that the two main conclusions of STS are that Southern Ontario is almost completely lacking in French language health services and that Francophones in the South wish to be served in their own language.

A lack of availability and accessibility of primary health care services in French was noted throughout Southern Ontario. Here are a few of the observations to emerge from the consultations.

Gaps:

- Nine of the twelve census divisions studied are underserviced areas
- Difficulties accessing health services are widespread and even more acute for services in French and in rural areas
• There is a lack of knowledge of the system and of the resources available in French
• The resources available in French are poorly integrated and coordinated
• It is difficult to obtain referrals to French language services and resources
• Health professionals, especially family physicians, nurse practitioners, nurses, speech-language pathologists and social workers are in short supply
• There is poor knowledge and poor utilization of existing resources
• Little core professional training and professional development is delivered in French
• There are difficulties recruiting and retaining French-speaking health professionals
• Young people are leaving the region
• There is a lack of culturally appropriate promotion and prevention resources in French
• There is a lack of French language health services in French language schools
• There is a lack of specific data on Francophones and the services they use

Priority sectors:
• Family medicine
• Mental health and addiction
• Services to children
• Services to seniors

Potential solutions:
• Creation of virtual or physical access points that build on existing resources, in partnership with organizations already working in this field. These access points must:
  * be based on comprehensive knowledge of the services and resources available in French;
  * be integrated into the health care system and other structures (education, social services, early childhood education)
  * be tailored to local needs;
  * facilitate navigation of the health care system;
  * be based on a holistic approach to health and on multidisciplinarity.
• Improved planning of human resources—
  * Facilitate the integration of French-speaking professionals trained outside Ontario;
  * Deliver core professional training and professional development in French;
  * Develop provincial and local recruitment strategies;
  * Improve the working conditions of French-speaking professionals.
• Improved planning of health services—
  * Develop policies and programs.
• Participation by Francophones in decision making.
Recommendations

The recommendations of the Réseau franco-santé du Sud de l’Ontario address the four strategic priorities identified at the provincial level, namely access points, human resources, promotion and prevention, and the planning and management of services. These priorities are keys to the development and implementation in Ontario of quality primary health care in French.

1. That the government develop the policies and mechanisms needed to implement the recommendations set out below and that the government see to their implementation in all health structures.

Access points

2. That support be provided for an integrated and inter-sectoral approach to French language health services and the networking of services.

3. That the creation, expansion and maintenance of access or entry points to French language primary health care services that are tailored to the needs and capacities in each region be supported and that some priority be given to the establishment of Francophone governance structures.

4. That ongoing awareness campaigns be instituted to: increase the visibility of the French language services available in the health care system; inform Francophones about their rights, convince them of the added value of French, and encourage them to request services; and make Anglophone agencies as well as Anglophone and Francophone professionals aware of Francophone culture in all its diversity and of the importance to Francophones of being served in their own language.

5. That support be provided for the establishment of adequately funded cultural interpretation and medical accompaniment services.

Human resources

6. That a permanent inventory of services and of health and social service professionals able to provide quality services in French be compiled and maintained.

7. That support be provided for the development of recruitment and retention strategies for professionals able to provide quality French language services, so as to meet regional priorities and needs.

8. That support be provided for the integration of French-speaking health professionals from abroad.

9. That stakeholders work together to assess needs in the area of core training and professional development programs delivered in
French in Southern Ontario, and that support be provided for the establishment of training programs to meet those needs.

10. That networking among health and social service professionals, by region and profession, be supported through the provision of virtual and physical meeting places.

11. That efforts by the Regroupement des intervenant(e)s francophones en santé et en services sociaux de l’Ontario (RIFSSSO), the Consortium national de formation en santé (CNFS) and the French Language Health Services (FLHS) Office of the Ministry of Health and Long-Term Care to raise young people’s awareness of careers in health and social services continue to be supported.

12. That young Francophones be made aware of the financial support available to students in health and social service programs and that Francophone communities be mobilized to create new programs and strategies encouraging young Francophones to return to their home regions following their studies.

**Promotion and prevention**

13. That health promotion and disease prevention form the cornerstones of Francophones’ efforts to take responsibility for their health, and that these approaches be based on a holistic vision of health and an emphasis on health determinants, while also taking vulnerable groups into account.

14. That necessary measures be taken to ensure that public health units plan and deliver their programs in French, after tailoring them to Francophone communities.

**Planning and management**

15. That programs be established which are designed to encourage Francophones to volunteer for positions on the boards of directors and working committees of health agencies, professional colleges and associations, and decision-making bodies such as LHINs.

16. That integrated French language health service plans be developed that identify clear priorities, propose concrete action, and define accountability measures.

17. That support be provided for research designed to produce a detailed profile of the Francophone communities in Southern Ontario by LHIN based on objective data.
Conclusion

A starting point for French language primary health care

Setting the Stage has drawn a fairly detailed portrait of the current state of the primary health care services available in French in Southern Ontario. However, this is only the starting point on the road to improved access to services.

The Réseau franco-santé du Sud de l’Ontario has already started taking steps to implement some of the recommendations in this report. For instance, it has developed a new project, “Santé primaire en action” [primary health care in action], which, if funded, will create conditions favourable to increasing the accessibility of primary health care and services and improving Francophones’ health status.

The Réseau will pursue its work with government authorities so that, together, we may find ways of implementing some of these recommendations. The Réseau will also continue working with its partners to improve our knowledge of the health status of Francophones in minority communities. Success will hinge on people’s willingness to work together to improve the health of Francophones in Southern Ontario.

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