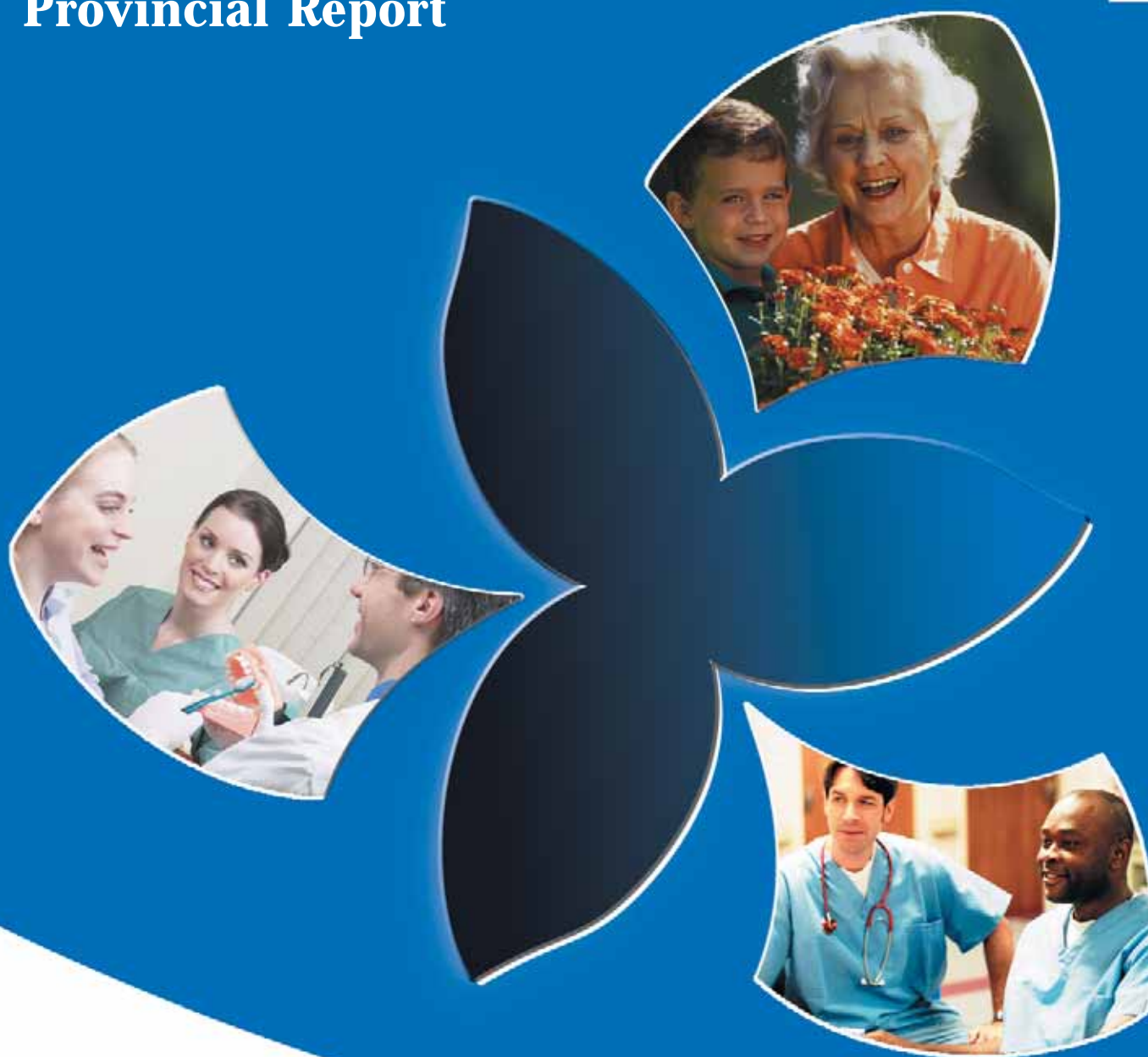


SETTING the STAGE

Primary Health Care in French in Ontario

2006

Provincial Report



Réseau francophone
de Santé du
Nord de l'Ontario



Réseau de santé en français
du Moyen-Nord de l'Ontario



Réseau franco-santé
du Sud de l'Ontario



Réseau des services
de santé en français
de l'Est de l'Ontario



TABLE OF CONTENTS

EXECUTIVE SUMMARY	5
1. Introduction	9
a) <i>Setting the Stage</i>	9
b) French language health networks	10
c) The <i>Setting the Stage</i> approach in Ontario	12
2. Overview of primary health care	13
a) International trends	13
World Health Organization	13
b) National trends	14
Primary health care in Canada	14
c) Provincial trends	16
Transforming the health care system	16
Models for primary health care delivery	19
3. French language health services in Ontario	20
a) Language, culture, access and quality	20
b) Legal framework	22
c) The health status of Ontario's Francophone population	24
4. Highlights of regional analyses	25
a) Réseau francophone de santé du Nord de l'Ontario	25
b) Réseau de santé en français du Moyen-Nord de l'Ontario	26
c) Réseau franco-santé du Sud de l'Ontario	27
d) Réseau des services de santé en français de l'Est de l'Ontario	29

5. A starting point for primary health care in French	31
Provincial findings: Strategic priorities	31
1) Access points	32
2) Human resources	33
3) Promotion and prevention	34
4) Service planning	34
Conclusion	35
Bibliography	36

List of abbreviations:

CHCs	Community Health Centres
CNFS	Consortium national de formation en santé
FHTs	Family Health Teams
LHINs	Local Health Integration Networks
MOHLTC	Ontario Ministry of Health and Long-Term Care
PHC	Primary health care
SSF	Société Santé en français
WHO	World Health Organization



EXECUTIVE SUMMARY

In 2001, the Consultative Committee for French-Speaking Minority Communities conducted an initial analysis of French language primary health care (PHC) in Canada and found that there were major problems in terms of access to services across the country.

To rectify this situation, five main action levers were proposed, one of which was the creation of seventeen networks in provinces and territories with French-speaking minorities. These networks are working on improving access to health services in French in their communities. Supported by the Société Santé en français (SSF) [Francophone health society], the networks bring together five groups of partners: health care professionals, government authorities, health institution administrators, training institutions and the community.

Setting the Stage (STS), a national initiative managed by each network individually, is intended to support the planning of primary health care in French across Canada so as to optimize access to services for Francophones. The goal of the STS initiative is to provide decision-makers in the health system with data and analyses that will guide the development of quality French language health services in the short, medium and long term.

In Ontario, four networks were created, representing Northern, Mid-Northern, Southern and Eastern Ontario.¹ In their analyses, these networks have focused on regional priorities and needs while also presenting an overview of the status of PHC province-wide.

It is this document, the *Provincial Report*, that provides the overview of primary health care for Ontario's Francophone population and also outlines trends common to all parts of Ontario. It proposes a basis for the renewal of French language services across the province. The regional reports describe the specific situation in each of the four regions.

The *Provincial Report* begins by summarizing the guiding principles of primary health care systems at the international, national and provincial

¹. Réseau francophone de santé du Nord de l'Ontario [Francophone health network for Northern Ontario]; Réseau de santé en français du Moyen-Nord de l'Ontario [French language health network for Mid-Northern Ontario]; Réseau franco-santé du Sud de l'Ontario [Franco Health Network of Southern Ontario]; and Réseau des services de santé en français de l'Est de l'Ontario [French Language Health Services Network of Eastern Ontario].

The goal of the STS initiative is to provide decision-makers in the health system with data and analyses that will guide the development of quality French language health services.

levels, showing that the key players and the users of these systems agree on the major principles. In Canada, the federal and Ontario governments have fundamentally the same vision of primary health care. It must be geographically accessible, available around the clock, culturally and linguistically appropriate, affordable and adapted to the capacities of users. It must be offered on a permanent, continuing basis, in a confidential and respectful manner. PHC must allow for relational continuity with clients and must encompass a wide range of services, be they preventive, diagnostic, curative, palliative, rehabilitative or supportive. Lastly, it must promote partnerships with other key institutions in the community.

Our report goes on to highlight the direct link between linguistic or cultural barriers and access to quality care. Our review of the literature and best practices showed that when health care institutions and practitioners lack the necessary cultural competence to serve a specific population, access to services is inadequate, quality of care tends to suffer, and ultimately, the health status of that population is compromised.

The Ontario Ministry of Health and Long-Term Care (MOHLTC) has begun transforming the way in which primary health care is managed and delivered. The transformation agenda has four main initiatives: Local Health Integration Networks (LHINs), Family Health Teams (FHTs), a Wait Times Strategy, and an Information Management System.

Through its recently adopted legislation, the *Local Health System Integration Act*, 2006, the Ontario government has realized the first component of this agenda, creation of the LHINs. The Act expressly recognizes the need to serve Ontario's French-speaking community, creates a French language health services advisory council to advise the Minister on health service delivery to Francophones, and stipulates that "French language health planning entities" must be engaged in the LHIN planning process.

The four French language health networks in Ontario have conducted field studies to identify the most pressing PHC needs of their communities. All four networks report major inconsistencies in the availability of services in French, a shortage of bilingual health practitioners, difficulty recruiting and retaining bilingual practitioners, deficiencies in the service coordination and referral processes that prevent Francophones from using these services to their fullest, as well as insufficient follow-up. In all four regions, there is a marked shortage of health promotion and disease prevention services in French. As well, a common complaint across the province is the failure by government to engage the Francophone community in the planning of health care services.

Based on the results and analyses of the field studies conducted by the regions, we have identified four strategic priorities for the province:

- 1) Access points
- 2) Human resources
- 3) Promotion and prevention

4) Service planning

The first priority is to develop and maintain PHC **access points** that are sensitive to the needs of French-speaking clients. Most importantly, these access points must be governed and managed by Francophones, and must have the full support of their community. They must also provide patients with an entirely Francophone environment as they move through the health care continuum.

In addition, there is a need to resolve ongoing **human resource** issues. Efforts must be made to ensure the availability of competent French-speaking practitioners, while offering these practitioners the necessary professional training and support to retain them for a reasonable length of time. One solution is to establish complete college and university programs in French in health-related fields, so as to facilitate the recruitment and retention of young Francophones.

Another priority is to develop and implement health services that are linguistically and culturally appropriate, with a focus on the determinants of health. Any long-term health strategy must incorporate **promotion and prevention** programs in order to make a significant improvement in the health status of the Francophone population. These programs require adequate funding and must be built around a comprehensive vision of health.

Lastly, to optimize the integration and use of French language primary care resources, particular attention must be paid to **service planning**. Planning activities must be truly joint efforts, with health care professionals, health institutions, governments and the community working together in partnership. Measures must also be introduced to promote accountability and allow for access to pertinent data on the use of the health system.

The four strategic priorities outlined above provide a basis for effective and relevant long-term planning of French language primary health care in Ontario. It will be necessary to advance on all four fronts simultaneously, in cooperation with key players in the health system and its users. **Development of quality, relevant primary health care services in French is possible only with the participation and engagement of the Francophone community.**





1. Introduction

For the approximately 540,000 Francophones residing in minority communities in Ontario, obtaining quality health services in their own language is a constant challenge. In 2001, the Consultative Committee for French-Speaking Minority Communities conducted an initial analysis of French language primary health care and found that there were major problems in terms of access to services across Canada. This called for closer examination of the situation in each province and territory individually, as the realities faced by Francophones in New Brunswick, Nunavut and Ontario are hardly comparable. Studies had to be conducted in the field to get an accurate picture of the availability of French language services and identify best practices and deficiencies. It was also necessary to suggest potential solutions to the various levels of government, with a view to improving access to French language health services wherever services are deficient. This is the purpose of the *Setting the Stage* initiative.

a) *Setting the Stage*

Setting the Stage (STS) is a national initiative launched by the Société Santé en français (SSF) and funded by Health Canada under the Primary Health Care Transition Fund.² STS's main objective is to support the planning of primary health care in French across Canada so as to improve access to these services for French-speaking minority communities. Each of the French language health networks in Canada is responsible for carrying the project to fruition in its region, in partnership with its provincial or territorial government.

In Ontario, the four French language health networks are working together to ensure that the plans they develop are complementary and integrated. To coordinate their efforts, the four networks developed a common approach that allows each one to bring into focus the specific realities of its own region. The networks also work in cooperation with the Ministry of Health and Long-Term Care (MOHLTC), Ontario's health care delivery authority, in order to take into account provincial priorities.

². In 2003, the federal government allocated funding for Official Languages Minority Communities. It is from this envelope that Health Canada established the Primary Health Care Transition Fund.

Introduction

- a) *Setting the Stage*9
- b) Société Santé en français and Ontario's French language health networks10
- c) The *Setting the Stage* approach in Ontario ..12

The four networks developed a common approach that allows each one to bring into focus the specific realities of its own region.

A concrete outcome of the STS initiative is to provide decision-makers in the health system with a set of data and analyses that will enable them to make informed decisions on how best to deliver quality health services to the Francophone population, and guide the development of these services in the years to come.

b) Société Santé en français and Ontario's French language health networks

The Société Santé en français was created in December 2002 to promote development of health care services in French for Francophone and Acadian minority communities across Canada. The SSF supports networking activities, service integration and organization, and the development and appropriate use of advanced health care technologies.³

The SSF and its member networks operate in conjunction with five key partners: health care professionals, government authorities, health institution administrators, training institutions and community organizations.

The SSF also serves as a forum for the 17 regional, provincial and territorial networks in Canada to foster joint action by partners seeking to improve access to health care in French in all provinces and territories with French-speaking minority communities.

The principal mandate of these networks is to establish strategies for increased access to French language health services in their respective regions. This they achieve by securing the participation and coordinating the efforts of stakeholders, engaging their communities, identifying specific local needs, raising awareness of careers in health among Francophone youth, and promoting partnerships and networking among health care professionals.

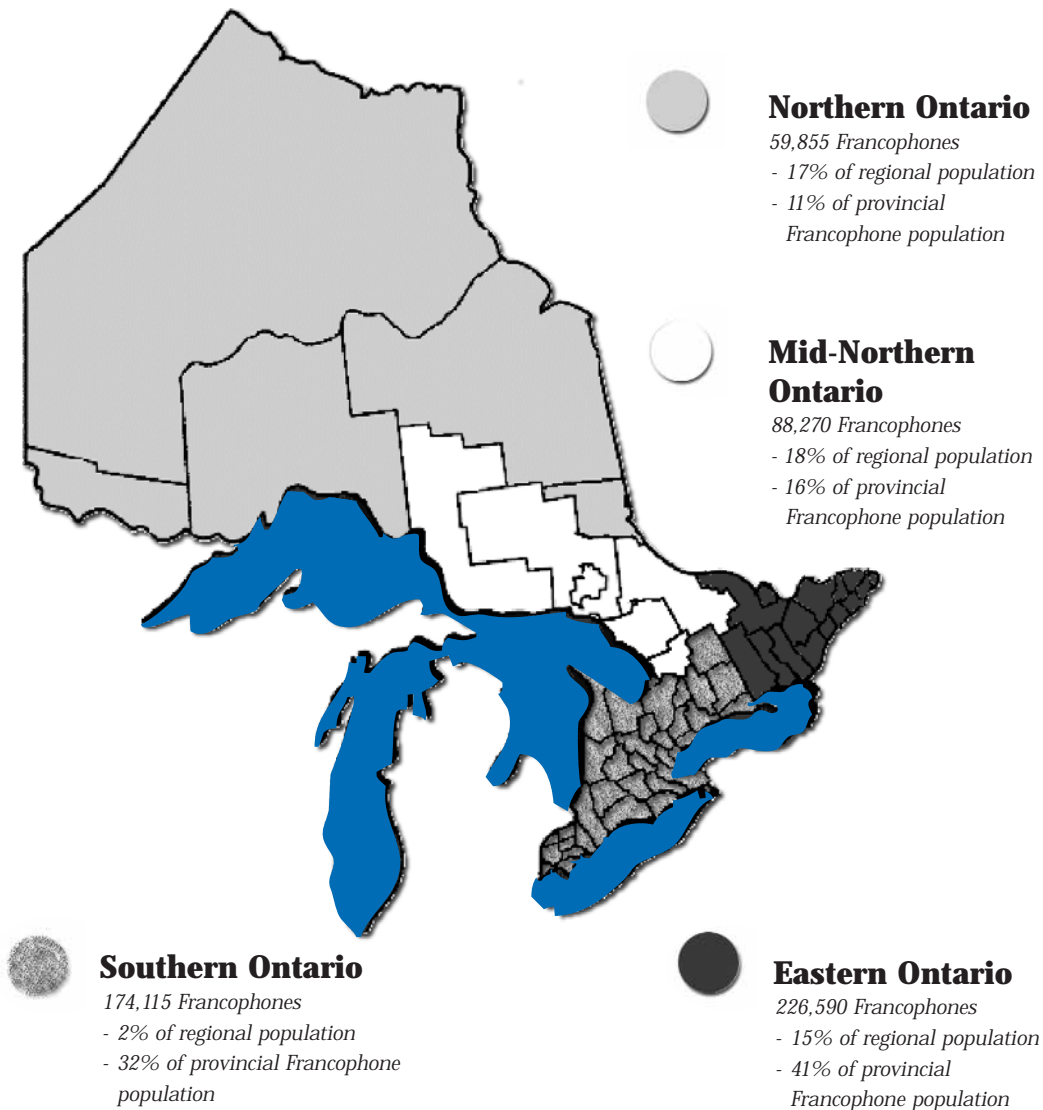
In Ontario, there are four SSF-affiliated networks mandated to implement the *Setting the Stage* initiative:

- Réseau francophone de santé du Nord de l'Ontario
- Réseau de santé en français du Moyen-Nord de l'Ontario
- Réseau franco-santé du Sud de l'Ontario
- Réseau des services de santé en français de l'Est de l'Ontario

³. SSF website at www.forumsante.ca.

The following map shows their respective coverage areas.

French language health networks⁴ - Coverage areas and demographics



⁴. The Réseau francophone de santé du Nord de l'Ontario includes the districts of Cochrane, Rainy River, Kenora, Timiskaming and Thunder Bay. The Réseau de santé en français du Moyen-Nord de l'Ontario covers the five districts of Algoma, Parry Sound, Muskoka, Nipissing and Sudbury. The Réseau franco-santé du Sud de l'Ontario covers the area from Windsor to Peterborough and from Lake Erie to Georgian Bay. And the Réseau des services de santé en français de l'Est de l'Ontario includes the districts of Stormont, Dundas and Glengarry, the United Counties of Prescott and Russell, Renfrew County and Ottawa.



Introduction

- a) *Setting the Stage*9
- b) Société Santé en français and Ontario's French language health networks10
- c) The *Setting the Stage* approach in Ontario ..12

STS is
an exploratory
first step in the
ongoing reflection
on access to
French language
primary
health care in
Ontario.

c) The *Setting the Stage* approach in Ontario

In Ontario, *Setting the Stage* became a joint project of the four French language health networks. By pooling their efforts in all phases of the project, they could be sure of developing coherent, integrated plans. Each network's research and findings have been incorporated into a broader provincial plan for French language primary health care that nevertheless reflects specific regional realities.

For coherence, common definitions were used. A definition of primary health care was arrived at based on an analysis of the concept at the international, national and provincial levels.⁵ For our purposes, the expression "primary health care" refers to health services having one or more of the following attributes:

- they are universally accessible;
- they are often an individual's first level of contact with the health system;
- they include a comprehensive set of services, such as health promotion, disease prevention, and diagnostic, curative, palliative, rehabilitative and supportive services; and
- they address the needs of the community.

Given that our entire study centred on services for Francophones, we defined a Francophone as a person with French as his or her mother tongue (first language learned and still understood), or a person whose mother tongue is neither French nor English but whose first official language spoken is French.

The results of our research are presented in two separate reports: the *Provincial Report* and the respective regional reports.⁶ The *Provincial Report* is the same for each network and serves as the first part of each of the regional reports, being necessary for their full comprehension. The analyses and recommendations presented in the *Provincial Report* derive primarily from the field research conducted in each region.

STS is an exploratory first step in the ongoing reflection on access to French language primary health care in Ontario. This report provides a provincial perspective on the issues surrounding health care services in French. To accurately portray these issues as they apply to minority communities, the *Provincial Report* begins by outlining the concept of primary health care as it is perceived at the international, national and provincial levels. It goes on to describe the current status and availability of French language primary health care services in Ontario. A discussion follows of the links among language, culture, service quality and access. The report also examines the legal framework surrounding service delivery to Francophones in Ontario, and

5. This analysis is presented in the following section.

6. The regional reports consist of three main sections: an overview of health services, a discussion of options and models, and a regional action plan with recommendations.

gives an update on the health status of the Francophone population. Lastly, the report presents pertinent data from each of the province's regions and proposes strategic priorities intended to guide the future development of French language services in Ontario.

2. Overview of primary health care

a) International trends

World Health Organization

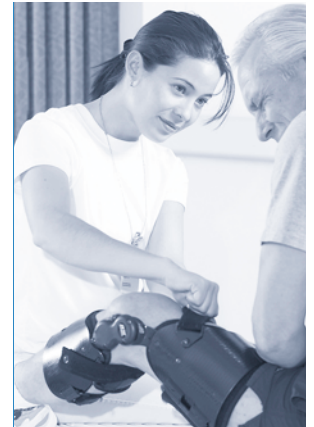
The concept of primary health care has existed for a long time but it was not until 1978, at a WHO conference in Alma-Ata, that the concept was defined and endorsed by the international community. Primary health care is a comprehensive approach to health that recognizes the influence of social, economic and environmental factors on the well-being of individuals. The WHO defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.”⁷ This definition underscores the multi-dimensional aspect of health and encompasses all of the factors that can affect it, be they physiological, psychological, social or cultural. Furthermore, primary health care is the first level of contact an individual has with the health system. The Declaration of Alma-Ata⁸ also affirms the importance of mobilizing communities to take responsibility for their own health:

Primary health care [...] requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate.

According to the WHO, primary health care (PHC) comprises five main components: health promotion, disease prevention, curative and palliative care, rehabilitative services and referral systems. The fundamental principles of primary health care include accessibility, public participation, health promotion, appropriate technologies, and interdisciplinary and intersectoral cooperation. Accessibility means making essential health services universally accessible to all individuals, regardless of where they live; in other words, ensuring that patients receive appropriate, timely care from caregivers. Accessibility can be more readily achieved by calling on communities to identify and manage their own health care requirements. Primary health care can be made to effectively meet the needs of specific patient groups, individuals, families, communities and populations.

⁷. WHO website at www.who.int/en.

⁸. www.who.int/hpr/NPH/docs/declaration_almaata.pdf.



Overview of primary health care

a) International trends	13
World Health Organization	13
b) National trends	14
Primary health care in Canada	14
c) Provincial trends	16
Transforming the health care system	16
Models for primary care delivery	19

The five principles of health care deemed to reflect Canadian values: universality, accessibility, portability, comprehensiveness and public administration.

For several years, the WHO has been monitoring common trends at the international level in the attainment of primary health care development objectives:

- proximity: PHC access points must be close to the population they serve;
- accessibility: PHC must be readily accessible not only geographically but also permanently (24/7), linguistically, culturally and financially;
- comprehensive approach: as defined by the WHO, health is dependent on many different factors;
- range of services: populations must have access to preventive, diagnostic, curative, palliative, rehabilitative and supportive services;
- front-line services must act as a “gateway” to the health system;
- PHC must offer relational continuity with service users;
- PHC must be appropriate, safe, and delivered in a respectful and confidential manner; and
- PHC must support partnerships with other community institutions, such as schools, workplaces, etc.

b) National trends

Primary health care in Canada

Like the international community, Canada views primary health care as a priority. The federal government has been seeking to effect health care change since the 1970s. Significant progress was made in September 2000, when the federal, provincial and territorial first ministers adopted an action plan committing government to health system renewal, beginning with primary health care reform. The first ministers also made a commitment to support the five principles of health care deemed to reflect Canadian values: universality, accessibility, portability, comprehensiveness and public administration. In response to the first ministers’ agreement, all governments introduced measures aimed at improving the quality, accessibility and sustainability of the health care system.

In addition, a number of commissions were established and their reports provided assessments of the health care system and/or options for renewal. Among the most significant of these were the Kirby report and the Canadian Health Coalition report at the national level; the Health Services Restructuring Commission’s Primary Health Care Strategy in Ontario; and the Clair Commission report in Quebec.

In April 2001, Roy Romanow was mandated to “review medicare, engage Canadians in a national dialogue on its future, and make recommendations to enhance the system’s quality and sustainability.”⁹ The Romanow

⁹. The Romanow Commission report can be accessed on the Health Canada website at www.hc-sc.gc.ca/english/care/romanow/hcc0086.html.

Commission's final report (2002) proposed that "Canadians should have access to an integrated continuum of care 24 hours a day 7 days a week, no matter where they live." Among the main problems and gaps identified by the Romanow Commission were excessively long wait lists and waiting times, a shortage of diagnostic technologies, insufficient investment in appropriate equipment and problems involved in training and retaining health professionals, particularly in rural and remote communities where they were most needed.

Many other recurrent themes were raised in public consultations and opinion polls conducted by the Romanow Commission. Canadians stressed the importance of health promotion and disease prevention, and expressed a desire for long-lasting and trusting relationships with providers. They also recognized the need for strong and accessible front-line services, supported by a comprehensive, effective primary health care system. Overall, the major concerns raised by Canadians had to do with continuity and coordination of health care and services, and the interrelationship between individual and population health. All of these concerns are directly related to primary health care.

The Romanow report also notes that improving access to PHC and expanding health promotion and disease prevention activities are more effective ways of maintaining and improving health than increasing the supply of doctors and nurses. If individuals are not knowledgeable about their own health, they cannot contribute to improving the general health of the population.

In February 2003, in the wake of the Romanow report, the federal and provincial first ministers signed an Accord on Health Care Renewal, setting out a health reform agenda for Canada. In September 2004, the ministers came together again in Ottawa to advance their renewal agenda by signing the Ten-Year Plan to Strengthen Health Care.¹⁰ The Plan identified three priorities: primary health care reform, home care and coverage of prescription pharmaceuticals.

The 2003 Accord represents a commitment by governments to enhance the transparency and accountability of the health care system while ensuring that health care remains affordable. The three main objectives of the Accord are:

- to ensure that Canadians have timely access to health services on the basis of need, regardless of where they live or move in Canada;
- to ensure that health care services available to Canadians are of high quality, effective, and patient-centred; and
- to ensure that the health care system is sustainable, affordable and will remain reliable in the future.

While the health reform agenda does address funding and cost concerns, it also recognizes the value of a health care approach geared to health promotion and disease prevention, and demonstrates that health is



Overview of primary health care

a) International trends . . .	13
World Health Organization . . .	13
b) National trends	14
Primary health care	14
in Canada	14
c) Provincial trends	16
Transforming the	16
health care system	16
Models for primary	19
care delivery	19

¹⁰. Health Canada website at www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2004-fmm-rpm/index_e.html.

Health is dependent on many interrelated factors that must be addressed in different ways.

dependent on many interrelated factors that must be addressed in different ways.

Another issue addressed was improved access to health care for linguistic minorities, and an explicit commitment was made with respect to the training, recruitment and retention of health professionals in French-speaking minority communities. This commitment was reaffirmed at the October 2004 annual conference of federal-provincial-territorial ministers in Vancouver.

The National Primary Health Care Strategy, which flowed from the 2003 Accord, supports provincial and territorial PHC initiatives by coordinating a national awareness campaign, providing tools adapted to provincial needs, and proposing four key pillars of primary health care:

- **teams** of health providers to reduce duplication, with patients being considered team members;
- improved **information sharing** among health providers and better access to information for Canadians using the health system or seeking medical advice;
- **access** is imperative, providing Canadians with the right care at the right time in the right place.
- **healthy living** focuses on prevention, chronic disease management, and support for self-care.¹¹

c) Provincial trends

Transforming the health care system

Since the concept of primary health care encompasses all of the factors that can influence health (physiological, psychological, social and cultural), there are many different players involved in the delivery of PHC services, including health institutions, community agencies, social service organizations and various levels of government. At the provincial level, PHC quite naturally falls within the purview of several different ministries. The Ministry of the Environment and the Ministry of Community and Social Services both play a major role in ensuring the well-being of Ontarians, as does the new Ministry of Health Promotion. Without wishing to downplay the importance of all these government agencies, we have focused our analysis on the Ontario Ministry of Health and Long-Term Care, which is the leading direct health care authority.

MOHLTC considers the imperatives of primary health care to be the following:¹²

- **accessibility:** Services must be offered as close to the patient's home as possible. To maximize accessibility, services must also be culturally appropriate and affordable;

¹¹. Health Canada website at www.primaryhealthcare.ca.

¹². MOHLTC website at www.health.gov.on.ca/renouvellement.

- **round-the-clock coverage:** Patients must be able, at any time, to navigate freely through the front-line care continuum to obtain the services they need. This requires proper distribution of service outlets and access to services 24 hours a day 7 days a week; and
- **mix of services:** Small, interdisciplinary and intradisciplinary teams are best equipped to deliver quality front-line services. Primary health care providers must be able to offer a full range of services that meet the imperatives of primary health care.

In 2005, MOHLTC began radically transforming the Ontario health care system and the way it operates. The province's transformation agenda has three main objectives:

- reducing wait times for certain essential services;
- ensuring that more Ontarians have full access to primary health care; and
- building a sustainable and cost-efficient health system.

The following initiatives are designed to attain these objectives:

- **Local Health Integration Networks (LHINs)** plan, coordinate and fund the delivery of health care services in direct response to specific local health care needs.
- **Family Health Teams (FHTs)** are local primary health care delivery units composed of family physicians, nurse practitioners, nurses and other health providers working together to offer a fully accessible continuum of care. FHTs transform the way patients navigate their way through the health care system to receive the services they need. These community-based teams will also focus on chronic disease management and health promotion and disease prevention needs, such as health education and counselling.
- The **Wait Times Reduction Strategy** is intended to ensure timely and appropriate access to key services, including selected cancer services, hip and knee joint replacements, selected cardiac procedures, cataract surgery, as well as MRI and CT procedures.
- An **Information Management System** designed to inform and support planning, performance measurement and evidence-based decisions in a transformed health system.

Two of these initiatives have a direct impact on primary health care. Family Health Teams fit the second objective of the province's transformation agenda by providing solid linkages among health care providers in different disciplines. And the creation of regional decision-making bodies (LHINs) decentralizes the power structure, enabling French-speaking communities to have more say in the planning and provision of local PHC services.

As part of its LHIN initiative, MOHLTC appointed a French Language Health Services Working Group to determine how best to protect the rights of



Overview of primary health care

a) International trends	13
World Health Organization	13
b) National trends	14
Primary health care in Canada	14
c) Provincial trends	16
Transforming the health care system	16
Models for primary care delivery	19

the Francophone minority and ensure that decisions regarding services in French were made by representatives of the Franco-Ontarian community. The task force's report recommended expanding the role of the existing French language health networks to give them the status of Francophone LHINs, with full decision-making authority as regards the development and maintenance of health services in French.¹³ The report also recommended a restructuring of MOHLTC, including the creation of a position of assistant deputy minister responsible for French language health services.

Furthermore, the recently adopted *Local Health System Integration Act*, 2006 expressly recognizes the need to accommodate Ontario's French-speaking community when creating and implementing LHINs. To this end, the Act provides for the creation of a French language health services advisory council to advise the Minister of Health, as well as the active participation of "French language health planning entities" in the LHIN planning process.

The Act provides for the active participation of "French language health planning entities" in the LHIN planning process.

¹³. *Report of the French Language Health Services Working Group*, available on the MOHLTC website at www.health.gov.on.ca/english/public/pub/ministry_reports/flhs_06/flhs_ob.html.

Models for primary health care delivery

Ontario uses several primary health care delivery models, to varying degrees and with varying success. Some of the older models are gradually losing currency: Family Health Networks (FHN), Primary Care Networks (PCN), Rural and Northern Group Physician Agreements (RNPGA), as well as Community Sponsored Contract Models (CSCM), health service organizations (HSO) and Group Health Centres. All of these models were designed to deliver primary health care in different environments to local populations.¹⁴

While several of these models still exist in the Ontario system, MOHLTC is now shifting its focus to two other models: Family Health Teams (FHTs), described above, and Community Health Centres (CHCs). CHCs are non-profit organizations that offer integrated health and social services. They provide primary health care to individuals, families and communities, working with them to help them assume more responsibility for their own health and well-being. A community health centre is established and governed by a community-elected board of directors. The physicians are salaried employees and their numbers within a CHC vary (with three being the average). Multidisciplinary teams of doctors work closely with other health professionals, such as nurse practitioners, dietitians and educators. There are currently six Francophone CHCs in Ontario.

In 2005-2006, MOHLTC invited applications for and recently approved several new CHCs and FHTs, some of which will offer services in French. Other more sector-based organizations also offer primary health care in French, and in many cases, they are the only outlets for French language services in their region (for example, hospital emergency units, integrated mental health services, etc.).



Overview of primary health care

a) International trends	13
World Health Organization	13
b) National trends	14
Primary health care in Canada	14
c) Provincial trends	16
Transforming the health care system	16
Models for primary care delivery	19

¹⁴. See presentation by Léonard Aucoin to the Société Santé en français, Soins de santé primaires et minorités, Synthèses des tendances, Ottawa, December 2005.

Cultural competence is considered a valuable and essential asset in the delivery of quality service, which in turn leads to improved population health.

3. French language health services in Ontario

a) Language, culture, access and quality

To fully appreciate the importance of language in accessing health care, and more generally the impact of language barriers on a population's health, it is necessary to understand the factors involved and the consequences when patient and provider do not share the same language. According to the literature, the link between language barriers and health care access is real and material. In a study prepared for Health Canada in 2001, Sarah Bowen examined current research from a Canadian perspective, and came to the following conclusion:

There is compelling evidence that language barriers have an adverse effect on initial access to health services. These barriers are not limited to encounters with physician and hospital care. Patients face significant barriers to health promotion/prevention programs [...].¹⁵

This conclusion is corroborated by the literature and reflects what the Francophone minority population encounters on a daily basis. If patients are not clearly understood by providers and are not comfortable with the provider-patient relationship, they will tend to make less use of available services.

There have been few studies to determine how much access Francophone minorities in Canada and Ontario actually have to health care in French. However, in 2001, the Consultative Committee for French-Speaking Minority Communities estimated that over 50% of Canada's Francophone minority population had little or no access to health services in French. Furthermore, the Beaulieu/Lalonde report¹⁶ confirmed that, although Ontario does offer a number of services in French, it is not equipped to deliver all of the French language health services required by its Francophone minority. The results of the STS studies point to the same conclusion.

Language barriers can seriously compromise the health status of a linguistic minority population. Failure to use health services when they are necessary is particularly detrimental. In addition to the effects of language barriers on patient access, Bowen notes that the very quality of the provider-patient relationship may suffer because of the lack of a shared language. Even when patients do use health services, the fact that they cannot communicate in their mother tongue has significant ramifications. Bowen suggests that language barriers contribute to:

- higher utilization of specialist services;
- increased risk of hospitalization;
- less adequate management of chronic diseases such as asthma and diabetes;

¹⁵. Language Barriers in Access to Health Care. See *Bibliography*.

¹⁶. Les réseaux de services de santé en français dans le Sud et le Nord de l'Ontario, 2003. See *Bibliography*.

- a greater number of adverse drug reactions;
- reduced adherence to treatment plans; and
- failure to protect patient confidentiality or to obtain informed consent.

All of these detrimental effects stem from poor provider-patient communication. How can providers offer professional, informed care when they are not fluent in the patient's language? Yet language fluency is not in itself a guarantee of effective communication. In communication, meaning is drawn partly from context. The context in question here is the Francophone culture in all its diversity. Properly understanding patients means first understanding their language, but there must also be a knowledge and understanding of their culture in order to accurately interpret what they say.

Health researchers in the United States have developed a concept that aptly describes this reality, called cultural competence. Cultural competence is defined as a set of congruent behaviours, attitudes and policies that coalesce within a system or agency or among professionals and enable that system or agency or those professionals to work effectively in cross-cultural situations. The word "culture" is used because it implies an integrated pattern of thought, communication, actions, customs, beliefs, values and institutions shared by an ethnic, linguistic, social or religious group. Cultural competence is considered a valuable and essential asset in the delivery of quality service, which in turn leads to improved population health.

In the interests of delivering quality services to US minorities, the Office of Minority Health of the US Department of Health and Human Services has developed national standards called Culturally and Linguistically Appropriate Services. These 14 standards are designed to ensure and evaluate the quality of services offered to minorities. US studies on the effectiveness of these standards show that service quality has improved and that the communities served are taking better care of their health.

The language barrier problem extends far beyond encounters with providers; it is a systemic problem. Just as providers must have cultural competence, so too must all workers in health institutions and the health care system. The consequences can be severe when a receptionist or an orderly serving meals is unable to speak a patient's language. Often, a patient's decision not to use the service is made upon contact with a receptionist. Similarly, if health care planners and managers lack the necessary cultural competence to serve a given population, service delivery to that population will suffer. This is particularly true in the case of primary care, where the first contact is paramount. Language access is thus a systemic issue.

According to Health Canada, several determinants of health are social and cultural in nature, including income and socio-economic level, the social support network, education, social environment, culture, employment and working conditions. Clearly, language and culture have an impact on:



French language health services in Ontario

- a) Language, culture, access and quality ...20
- b) Legal framework22
- c) The health status of Ontario's Francophone population24

- the health status of individuals and populations, the healing process and values relating to wellness;
- patients' and providers' perceptions of health and illness and the determinants or causes thereof;
- the behaviours of individuals in assuming responsibility for their own health and in dealings with their providers; and
- the base of information individuals have regarding available health services and other resources.

Primary care services are the most readily adaptable to the characteristics, expectations and preferences of minorities. They can be brought closer to the community, be made more flexible, and can adopt a comprehensive approach to the individual, the community and the population. They represent over 80% of requests for services and can play a key role in coordinating the health care continuum.

b) Legal framework

The language rights of French-speaking Ontarians were originally entrenched in the *1867 Constitution Act* establishing Canada as a country. The governments of Canada and Ontario also have constitutional obligations to the French linguistic community under the *Canadian Charter of Rights and Freedoms* and the constitutional principle of respect for and protection of minorities.

The federal *Official Languages Act* (OLA), enacted in 1969, further protects minority rights. First, it confers equal status on the two official languages, for example, regarding their use in Parliament and the institutions of Parliament. It also commits the Government of Canada to fostering the full recognition and use of English and French in Canadian society and enhancing the vitality of the English and French minority communities and assisting in their development.¹⁷

In Ontario, the *French Language Services Act* was adopted in 1986 and came into effect in 1989. Using a process of designation based on the French-speaking population in a given area, this Act guarantees Francophones the right to receive services in French.¹⁸ There are currently 25 designated areas in Ontario where Francophone residents are entitled to receive services in French, including provincially funded health services. Nevertheless, the Act has limited effect. For example, municipal agencies (including municipal long-term care facilities) are exempt, as are family physicians in private practice as well as public health units. Only agencies designated under the Act are obligated to offer services in French. Furthermore, the Act makes no provision for recourse in the event of failure by a designated agency to fulfil its obligation to offer services in French.

¹⁷. Office of the Commissioner of Official Languages website at www.ocol-clo.gc.ca.

¹⁸. Office of Francophone Affairs website at www.ofa.gov.on.ca.

The courts have helped clarify legislation respecting Francophone rights. Certain decisions have shed light on the obligation to implement health services for Francophone minority communities. In 1999, the Supreme Court of Canada's ruling in *Beaulac* established new rules of interpretation for language rights. Since *Beaulac*, the courts are tending to apply a broader and more liberal interpretation of language rights, in the interests of the preservation and enhancement of official language minority communities.

More recently, the *Montfort* decision has had a major impact on the right of Ontario Francophones to receive health care in their own language. Rendered by the Ontario Court of Appeal on December 7, 2001, the *Montfort* decision gave considerable weight to the spirit and letter of the *French Language Services Act*,¹⁹ finding that the Act had "quasi-constitutional" status.²⁰ The effect of this Appeal Court judgment has been to give the *French Language Services Act* precedence over any other legislation adopted by the Legislative Assembly.

In practice, the Ontario government and any agency or group mandated to advise the government or implement its policies must take into account the legal and constitutional rights of Francophones, and must respect these rights in designing and implementing all policies and programs.



¹⁹. Courts of Justice of Ontario website at

<http://www.ontariocourts.on.ca/decisions/2001/december/lalondeC33807.htm>.

²⁰. See *La voie à suivre – Document préliminaire pour le groupe de travail franco-ontarien sur la transformation du système de santé de l'Ontario* by Gérald Savoie (2005), Ottawa.

French language health services in Ontario

- a) Language, culture, access and quality ... 20
- b) Legal framework 22
- c) The health status of Ontario's Francophone population 24

*Francophones
generally do not
perceive their
own health in
a very
positive light.*

c) The health status of Ontario's Francophone population

Determining the health status of a population is not an easy task. It is all the more difficult in the case of a minority population, particularly because pertinent data is often unavailable. Certain recent studies have begun compiling such data in Ontario.

Published in 2005, the *Second Report on the Health of Francophones in Ontario* provides an in-depth picture of the health status of Francophones, using a determinants of health approach based largely on the 2001-2002 *Canadian Community Health Survey*. According to the data in the second report, Francophones generally do not perceive their own health in a very positive light. On the other hand, more than 50% of Francophones reported having "done something" to improve their health, usually exercise, sports or some other form of physical activity. Among Francophones, the rates of chronic disease (emphysema, chronic bronchitis, asthma, high blood pressure, diabetes or heart disease) and serious injuries generally increase with age and decrease as income increases.

Since the first Francophone health report was published in 2000, Francophones have consulted health professionals more frequently and the rates of depression and work-related stress have increased. Results also indicate that Francophone women's health is not as good as men's; they consult professionals more often, have a higher rate of depression and report higher stress levels in the workplace.

While the second report provides a good update on the health status of the Francophone population at the start of the millennium, much work remains to be done. All partners in the health system must acknowledge the need to take into account population health status when planning health policy and services. Without this information, the services developed are unlikely to achieve the optimal outcome of improved health for the Francophone population.

4. Highlights of regional analyses

During the consultations, interviews and surveys conducted as part of the *Setting the Stage* project, the four regional networks met with a broad sampling of key players in French language health care, including organizations offering services in French, Francophone patients, communities, government bodies, providers and experts. Highlights from the information gathered are summarized by region below.

a) Réseau francophone de santé du Nord de l'Ontario

Studies conducted in the Northern Ontario region revealed major gaps in the availability of French language health services. The data indicate that availability is proportional to the size of the Francophone population and the degree of management by Francophones.

Factors seen to have a positive effect on French language service availability include stepped-up efforts to recruit bilingual staff, increased hiring of bilingual staff and more extensive management by Francophones.

Access points for health services in French were clearly insufficient to meet community needs, particularly in North-Western Ontario. Three specific problem areas were identified: the absence of a care continuum and inefficient referral processes; the shortage of services overall and the lack of certain specific services; and the scarcity of partnerships and networking. The following factors are considered essential to rectify these problems: proactive service delivery; increased public and institutional awareness through improved promotional activities and communications; a directory of services, partnerships and cooperative agreements; and a significant increase in level of service.

As regards **human resources**, the specific challenges to be addressed are the shortage of bilingual professionals, the lack of training adapted to local requirements and the need to engage youth in the health sector. Proposed solutions are as follows: develop an effective recruitment and incentive strategy for bilingual professionals, supported by active community participation; implement a campaign to retain bilingual workers; increase the number of Francophones in postsecondary health-related programs through promotional activities and incentives; offer more language training courses locally; and raise awareness among young Francophones of careers in the health sector and the contribution they could make to improving our society.

Particularly disturbing was the virtual absence of a vision of **promotion and prevention** in current community and institutional planning activities. A comprehensive vision must be developed with full community participation. Efforts are also required to raise community awareness of the value of cultural differences, which should be perceived as an asset with the potential to improve population health.



Highlights of regional analyses

- a) Réseau francophone de santé du Nord de l'Ontario25
- b) Réseau de santé en français du Moyen-Nord de l'Ontario26
- c) Réseau franco-santé du Sud de l'Ontario ..27
- d) Réseau des services de santé en français de l'Est de l'Ontario ..29

*Long wait lists
are a barrier
to access to
French language
health services.*

Lastly, **service planning** is adversely affected by the absence of a service continuum, the lack of participation by Francophones in the management of existing services, inadequate funding and accountability issues. To optimize planning, it will be necessary to allocate the required financial resources, implement accountability practices, promote cooperation and partnerships and introduce interpretation services to facilitate proactive health care delivery.

b) Réseau de santé en français du Moyen-Nord de l'Ontario

Throughout Mid-Northern Ontario, many gaps were identified in the availability of primary health care services in French (with some being non-existent or almost non-existent), and of access points to support them. The gaps were most evident in family medicine, mental health and addiction, speech therapy, nutrition counselling and child health. Service availability is particularly poor in remote and small communities.

There were also problems in terms of access to French language health services (where services in French are offered but are insufficient to meet demand). For example, in some health organizations, there are not enough French-speaking health professionals to serve the Francophone community. In other cases, users seeking services in French have to wait longer to get them because the Francophone providers are busy with other patients. Long wait lists are a barrier to access to French language health services.

The complexity of the health care system and the overlapping mandates of institutional providers can sometimes make access to health services more difficult, in particular services in French. Insufficient coordination and integration were identified as factors that impede access. And many participants in the public consultations raised the lack of partnerships and cooperation among organizations offering similar or complementary services. Often, problems with access to French language primary health care can be traced to **human resource** issues, the main one being the shortage of French-speaking health professionals. Findings showed that there are not enough providers to meet community needs, with family physicians and speech-language pathologists being in particularly short supply.

The lack of coordination and uneven distribution of French-speaking human resources are challenges that could be addressed by concentrating services. These problems are aggravated by the lack of data on French-speaking providers, their specialties and their distribution across the region. Another issue raised repeatedly was the difficulty in recruiting and retaining French-speaking health professionals.

Gaps were also found with respect to the basic training available in French (for example, inadequate knowledge of needs and cancellation of key programs) and professional development (for example, knowledge of needs and lack of information on available programs). Furthermore, health **promotion** and disease **prevention** programs are not given the prominence

they merit in the health system. Such programs are often lacking, especially for Francophones, and access to them is more limited in remote communities than in larger urban centres. Greater access to culturally and linguistically appropriate promotion and prevention programs is essential for certain vulnerable segments of the population, such as children and seniors.

Lastly, many deficiencies in **service planning** were reported. The lack of consistent quantitative data on Francophone users and services (such as utilization and availability) as well as on French-speaking health professionals (how many, their specialties, their function and their location), severely hinders planning efforts for services in French.

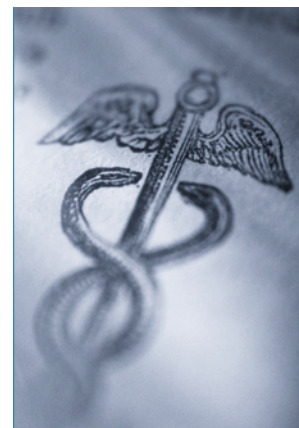
c) Réseau franco-santé du Sud de l'Ontario

The 175,000 Francophones residing in Southern Ontario are spread over 27 census divisions and account for just a handful of the region's total population of more than 9 million. For the STS project, the Réseau franco-santé du Sud de l'Ontario focused on 12 census divisions that are home to 90% of the region's Francophones, including major urban centres like Toronto, Mississauga, Hamilton, London and Windsor, and relatively rural regions like parts of the municipalities of Niagara and Chatham-Kent and Simcoe and Essex counties. Only 57% of Southern Ontario's Francophone population resides in areas designated under the *French Language Services Act*.

Another distinctive characteristic of this region's population is its great diversity. The majority of Francophones belonging to racial minorities live in Southern Ontario's major urban centres, as do a large proportion of Francophones born outside the province.

Gaps in the availability and accessibility of French language primary health care services were reported in all parts of Southern Ontario. Nine of the 12 census divisions surveyed are identified as underserved areas. Service access is thus a region-wide problem, but it is more acute for French language services and rural areas. The most pressing needs are in family medicine, mental health and addiction, and services for children and seniors. As in other regions, long wait lists and inadequate mechanisms for referral to other French language services were common complaints. These findings reflect not only service deficiencies, but also a lack of knowledge of the health system and of the resources available in French, as well as insufficient integration and coordination of these resources.

Among the recommended solutions is the creation of **access points**, virtual or real, building on existing resources and partnerships, and equipped with a good base of information on all available French language services and resources regardless of where they are located. These access points must be fully integrated into the health system and other systems (education, social services, early childhood education), responsive to local needs, and able to deliver primary care to their clients and help them navigate through a highly



Highlights of regional analyses

- a) Réseau francophone de santé du Nord de l'Ontario25
- b) Réseau de santé en français du Moyen-Nord de l'Ontario26
- c) Réseau franco-santé du Sud de l'Ontario ..27
- d) Réseau des services de santé en français de l'Est de l'Ontario ...29

The lack of an information base on existing French-speaking providers means their services are not used to the fullest.

complex health system. They must also be multidisciplinary and adopt a holistic approach to health.

Human resources are a key ingredient in improved access to French language health services. All parts of Southern Ontario reported shortages of health care providers, with family physicians, nurse practitioners, speech-language pathologists and social workers being in particularly short supply. Compounding this problem is the lack of an information base on existing French-speaking providers, which means their services are not used to the fullest. French-speaking professionals are not well inventoried and there are no formal mechanisms for coordination, referrals or matching.

Other problems identified related to basic training and professional development in French, and the recruitment and retention of French-speaking professionals. In Southern Ontario, Francophones have access to only one basic training program in French and very few professional development programs. Too often, young people who leave the region to pursue higher education in French never return. The lack of training opportunities in French also affects new Francophone immigrants with degrees or diplomas in health sciences. They find it almost impossible to integrate into the Ontario health system because programs to facilitate their integration are not available in French. Obviously, much work remains to be done to develop provincial and local recruitment strategies and offer improved working conditions and better remuneration to French-speaking health professionals.

Also, French language resources for **promotion and prevention** activities are generally lacking, especially resources adapted to the diverse needs of Southern Ontario's Francophone communities. Specific issues included services available in French language schools and services for new mothers, young families and seniors outside certain urban centres. This situation must be addressed, given that health promotion and disease prevention are cornerstones of primary health care.

Effective **planning** is another crucial element in improved access to primary care in French. For example, a preferred solution to the shortage of French-speaking human resources is effective medium- and long-term planning of human resource requirements and the creation of appropriate programs to meet those requirements. Another essential element in improving access is Francophone participation in decision-making at all levels—as managers of health institutions, on the boards of these institutions or LHINs, and on health-related task forces. According to many people, the Réseau franco-santé du Sud de l'Ontario should take on a key role in this arena, supporting its community, inspiring and rallying community leaders, and playing an integral part in the LHIN planning process. In short, the network should be an essential partner in all matters relating to French language health services.

Good planning requires a thorough knowledge of the communities to be served, their needs and available resources, as well as best practices and promising models. Relevant, accurate quantitative and qualitative data are another important element. In Southern Ontario, there is a lack of quantitative data on the Francophone population and French language health services, service utilization, French-speaking professionals, and the health status and behaviours of the Francophone population.

d) Réseau des services de santé en français de l'Est de l'Ontario

There are 227,000 Francophones living in the Eastern Ontario region, which includes the region of Kingston–Thousand Islands (recently added to the network's coverage area). For eight years, the Eastern Ontario network has been actively engaged in developing and supporting key Francophone stakeholders seeking to develop health services and primary care in French. The results of our STS research clearly show that cooperation among Francophone partners is increasing and becoming more visible, that care models are becoming more responsive to user needs, and that leadership has been demonstrated in the systemic integration of French language services.

First, we strongly recommend the creation of **access points** (offices, phone lines, etc.) with which Francophones can identify and to which they feel a sense of belonging. There is also a need to centralize reception and referral services for Francophones, increase partnerships and cooperation at access points, create an information base of existing resources for Francophones and coordinate a campaign to make people aware of available access points and services. In creating access points for Francophones, consideration must also be given to service organization and coordination/navigation through the French language care continuum.

In terms of **human resources**, all areas report shortages of health professionals, in particular specialists. The region has difficulty recruiting and retaining providers and lacks financial incentives to attract them. Certainly, maintaining close ties with the Consortium national de formation en santé (CNFS)²¹ and key local health organizations can help, as can promoting careers in health. Remedying the shortage of French-speaking human resources will require maximizing the use of the system's existing resources, which again involves service organization.

Participants in our studies made many recommendations on how to facilitate and standardize coordination of and navigation through the various levels of service in French. To encourage inter-agency cooperation and coordination, better integration mechanisms must be introduced, for example, by establishing a shared evaluation system for Francophone users, creating



Highlights of regional analyses

a) Réseau francophone de santé du Nord de l'Ontario	25
b) Réseau de santé en français du Moyen-Nord de l'Ontario	26
c) Réseau franco-santé du Sud de l'Ontario ..	27
d) Réseau des services de santé en français de l'Est de l'Ontario ...	29

²¹. The Consortium national de formation en santé is an umbrella organization of ten university and college teaching institutions across Canada that offer French language programs in various health disciplines. See the CNFS website at www.cnfs.ca/.

simpler and faster access corridors for Francophone users, formalizing inter-agency agreements and adopting a multidisciplinary approach to ensure comprehensive care delivery linked with other community sectors (education, associations, etc.).

Participants also recommended that French language services be organized in such a way as to maximize the use of best practice models (for example, designate beds for Francophones in long-term care facilities, establish Francophone environments and “cultural comfort zones” within institutions, and create entirely French-speaking health care teams). We suggest conducting a study to explore the possibility of creating integrated service outlets to foster French language service continuity in a Francophone environment.

As regards community **prevention, promotion** and screening activities, the biggest challenge in Eastern Ontario is the lack of concrete, sustained strategies for reaching Francophone consumers and engaging the Francophone community (including other sectors such as education, social services, associations, etc.). There were complaints that programs are often developed for Anglophones, then translated into French with no attempt to take into account the Francophone community’s needs. Also, insufficient integration and coordination of French language prevention and promotion activities results in duplication and poor utilization of available resources. As a solution, we propose the creation of a prevention and promotion network, incorporating chronic disease management, to ensure that prevention is visible and effective at all stages as patients move through the health system. Proposed initiatives include mapping/charting acquired knowledge and best practices in French in the region, and identifying successful models and measures. This will mean identifying Francophone “champions” who can influence and effect the necessary change.

The key issues in French language **service planning** are closely linked to the sustained development and evaluation of French language health care. Planning priorities include maintaining and developing a full range of services in French, ongoing identification of French language service availability in the care continuum, ongoing involvement in local French language service planning initiatives, developing services that respond to the specific needs of Francophone patients (for example, complex care patients, seniors, Francophone user profile), inclusion of Francophone patient groups in the planning process, coordination of specialized services and transparency among Francophone partners, local LHINs and MOHLTC. Appropriate funding to meet French language service requirements is needed to support planning and development efforts. Lastly, planning must incorporate an accountability framework.

To address these issues adequately, a formal planning and allocation structure for French language health resources is essential, and it must include a governance system for services in French. Governance by Francophones is seen as a means of rectifying the fragmentation of French language services in the health system, and improving service efficiency and effectiveness by adopting best practices for integration throughout a French language care continuum.

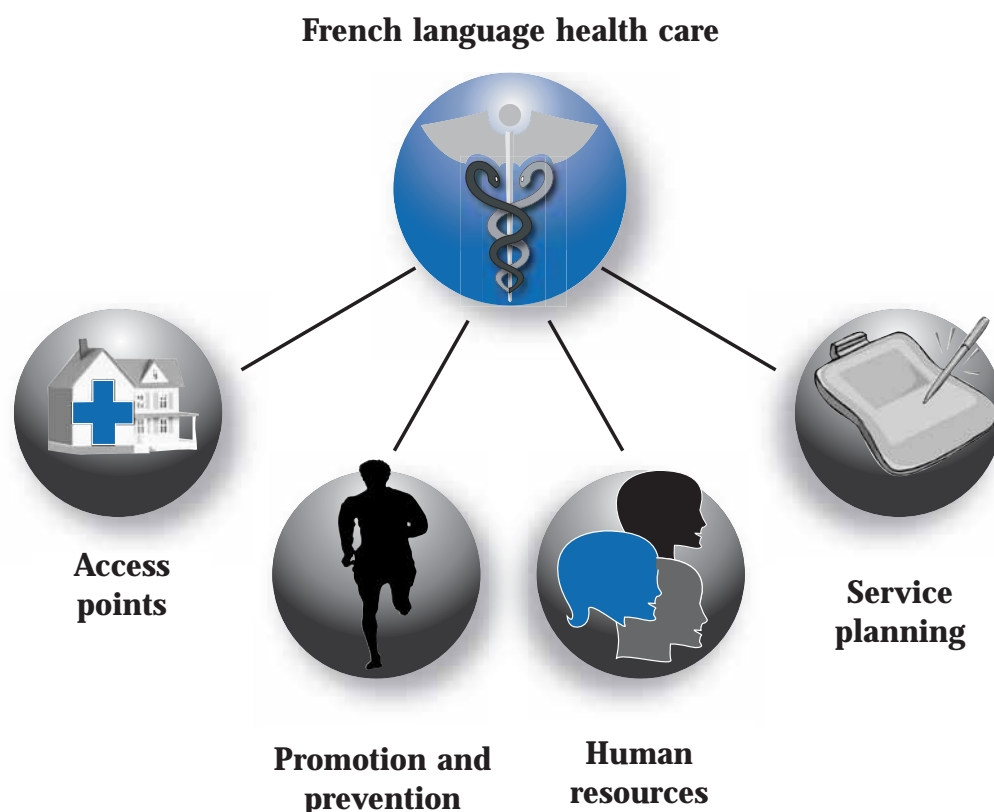
*A formal
planning and
allocation
structure for French
language health
resources is
essential.*

5. A starting point for primary health care French

As its name suggests, *Setting the Stage* is the starting point for a process of reflecting on the issue of quality French language services in Ontario and seeking potential solutions that will improve access to these services. The following pages outline the results of our reflection to date. We propose that the development of French language services be aligned with the following priorities.

Provincial findings: Strategic priorities

The four French language health networks in Ontario have identified four strategic priorities as key components in the development and implementation of quality primary health care in French throughout the province: **access points, human resources, promotion and prevention, and service planning.**



A starting point for primary health care in French

Provincial findings:	31
1) Access points	32
2) Human resources	33
3) Promotion and prevention	34
4) Service planning	34

The shortage of French-speaking human resources is a major problem.

1) Access points

By access points, we mean any place where health care services are delivered. The findings of our field research clearly showed that, whatever form it takes, the availability of French language health services falls far short of meeting the Francophone population's needs. The studies also showed that the access points that provide quality services in French are, to varying degrees, governed by Francophones and/or managed by a primarily Francophone team. It was also evident that the active participation of the Francophone community is a guarantee of greater success. Access points are the cornerstones of any primary health care delivery strategy. Organizational models may vary from region to region—a model that meets the needs of a Northern Ontario community may be unsuited to circumstances in the South. What is important is that an access point meet certain conditions that are essential to its success.

1st recommendation

Create, maintain and develop primary health care service access points that are linguistically and culturally appropriate for Ontario's Francophone population.

These access points must be designed to:

- create an entirely Francophone environment as the patient progresses through all phases of the care continuum;
- promote a multidisciplinary and interdisciplinary approach;
- fully integrate leading-edge technologies into both service delivery and information management;
- deliver primary care services that truly factor in geographic realities;
- take a comprehensive approach to health, which integrates promotion and prevention with curative services; and
- take a population approach that specifically targets Francophones.

For this recommendation to achieve the desired results, including those proposed in the regional reports, the following conditions for success must be met.

Conditions for success

These access points must be:

- governed by Francophones;
- managed by Francophones; and
- supported by strong community engagement.

2) Human resources

Access points obviously require physical infrastructure. However, qualified human resources are an even more important component, and the research findings identified a shortage of French-speaking human resources as a major problem. The chronic lack of French-speaking professionals and the related recruitment and retention problems are emblematic of the major challenges facing the Francophone community. This shortage is also evident at all levels of health care management and administration. Proposed solutions include expanded postsecondary and continuing education opportunities, combined with improved organization and medium-term planning of health human resources.

Among the other factors that affect health human resource planning are: lack of French language treatment and evaluation tools; lack of formal and informal training in French; an aging population; the strain on providers due to overwork; inadequate long-term planning of French-speaking human resources; and disparities between professionals working in rural and urban areas. In addition, the shift to ambulatory care has reduced institutionalization and shifted the burden on to families. Lastly, there is a pressing need for more networking and sharing of information, expertise and experience among French-speaking health professionals.

2nd recommendation

Ensure the availability of qualified French-speaking human resources where they are needed. This involves a training component and a human resources planning component.

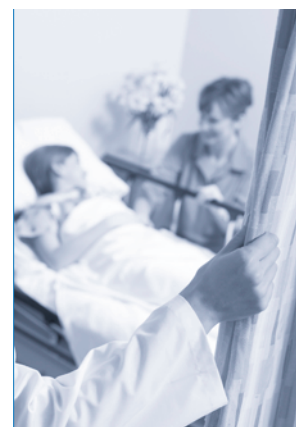
Conditions for success

Human resources training must:

- include a full range of health-related college and university programs in French, to train both professionals and managers in response to needs;
- include French language professional development for targeted provider groups;
- involve cooperation with the CNFS;
- be supported by a coordinated approach to delivery of continuing education programs in French for targeted provider groups;
- be supported by ongoing assessment of basic training and professional development needs for Francophones;
- include cultural competence training for health human resources; and
- provide for a new generation of caregivers by delivering programs to promote careers in health among Francophone youth.

Human resource organization must be supported by:

- a thorough assessment of human resource needs, including identification of French-speaking health professionals;
- effective medium- and long-term human resource planning; and
- strategies for recruiting and retaining French-speaking professionals in agencies and communities.



A starting point for primary health care in French

Provincial findings:	31
1) Access points	32
2) Human resources	33
3) Promotion and prevention	34
4) Service planning	34

Planners must have a full grasp of Francophone reality.

3) Promotion and prevention

All players agree that a long-term strategy for improving population health must incorporate health promotion and disease prevention initiatives. But it is evident that, to be effective, these initiatives must be developed and delivered by professionals with the necessary cultural competences. Too often, promotion and prevention programs for the French-speaking population are simply translations of programs developed by and for Anglophones. Finally, there must be a form of coordination among all such programs to ensure their effectiveness.

3rd recommendation

Develop and implement linguistically and culturally appropriate health promotion programs focused on determinants of health and designed to improve the health status of the Francophone population.

Conditions for success

Health promotion and disease prevention programs must:

- be based on a comprehensive vision of health;
- be developed and delivered in partnership with communities and key players;
- be developed and delivered with improved coordination among key players;
- be developed for Francophone minority populations; and
- be adequately resourced.

4) Service planning

French language services, where they exist, are often isolated, and there is often little or no coordination among the agencies delivering them. Effective service planning makes it possible to optimize resource utilization and integrate and coordinate providers and their services, as long as the planners have a full grasp of Francophone reality. Studies have shown that when a population assumes responsibility for its own health and health care, the system is more effective. In fact, one of the guiding principles of Ontario's health care transformation agenda is to shift decision-making power to the regions, ultimately empowering communities. This principle is particularly significant for minority communities, which often have fewer resources at their disposal to attain the same outcomes as majority communities.

Government policies and strategies must take into account the specific realities facing Ontario's Francophone population. This requires strong, sustained support from the Francophone community. The main goal of the following recommendation is to foster community engagement.

4th recommendation

Ensure effective planning and coordination of French language resources and services by creating a structure governed and managed by Francophones, taking into account individual and community needs as well as resource availability.

Conditions for success

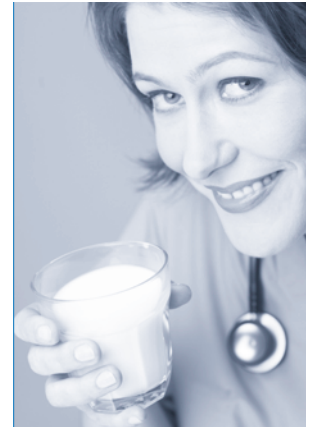
Planning of French language health services must:

- be based on government policies and regulations that take into account Francophone reality;
- be supported by access to pertinent data on health status and service utilization;
- be built on a partnership among governments, providers and the community;
- derive from a comprehensive provincial French language services plan that accommodates regional circumstances and needs;
- incorporate accountability measures for agencies required to provide services in French; and
- be carried out in partnership with other planning agencies in the province.

Conclusion

The four strategic priorities outlined above are essential building blocks for a long-term vision of the development of primary health care services in French. These priorities cannot be addressed in isolation; rather, advances must be made on all four fronts simultaneously, with due regard to the conditions for success, in order to provide Francophones with better access to health care.

There is no denying that Ontario's Francophone community needs better access to quality primary health care. This goal can be attained only with the participation of all the players involved. The federal and provincial governments, health care agencies, teaching institutions and communities all have a role to play. The success of this endeavour will depend on the willingness of all partners to work together to attain the ultimate outcome of improved health for Ontario's Francophones and for all Ontarians.



Conclusion

Bibliography

Adler, N.E., Boyce, W.T., Chesney, M.A., Folkman, S. and Syme, S.L. (1993). "Socioeconomic inequalities in health: No easy solution." *Journal of the American Medical Association* 269 (24).

Alliance des réseaux ontariens de santé en français. (2005). *Principes directeurs des réseaux de santé de l'Ontario*. Ottawa.

Armstrong, P. et al. (2001). *Primary Health Care – A Discussion Paper*. Ottawa: Canadian Health Coalition.

Beaulieu, M. and Lalonde, J. (2003). *Les réseaux de services de santé en français dans le Sud et le Nord de l'Ontario*. Final report to the Table de concertation en santé de l'Ontario. Ottawa.

Bowen, Sarah. (2001). *Language Barriers in Access to Health Care*. Ottawa: Health Canada.

Clair, Michel et al. (2000). *Report and Recommendations: Emerging Solutions*. Québec, Québec: Commission d'étude sur les soins de santé et les services sociaux, Ministère de la santé et des services sociaux.

Consultative Committee for French-Speaking Minority Communities. (2001). Report to the Federal Minister of Health. Ottawa: Health Canada.

Baker, D., Hayes, R. and Puebla-Fortier, J. (1998). *Interpreter Use and Satisfaction with Interpersonal Aspects of Care for Spanish-speaking Patients*. Department of Medicine, Case-Western Reserve University School of Medicine, MetroHealth Medical Center, Cleveland.

Crane, J.A. (1997). *Patient Comprehension of Doctor-Patient Communication on Discharge from the Emergency Department*. Department of Emergency Medicine, Kern Medical Center, Bakersfield.

Fédération des communautés francophones et acadienne [FCFA]. (2001). *Pour un meilleur accès à des services de santé en français*. Study for the Consultative Committee for French-Speaking Minority Communities. Ottawa: FCFA.

Government of Canada. (2003). *First Ministers' Accord on Health Care Renewal*. Ottawa: Health Canada.

Health Services Restructuring Commission. (1999). *Primary Health Care Strategy, Advice and Recommendations to the Honourable Elizabeth Witmer, Minister of Health*, Toronto: Government of Ontario.

Kirby, M. (2002), *The Health of Canadians – The Federal Role*. Ottawa: Government of Canada.

Leblanc, P. (2003). *Construire la santé des francophones : accessibilité, formes appropriées et viabilité culturo-linguistique, étude sur les formes d'organisation des services de santé en français dans l'Est de l'Ontario*. Ottawa.

Manson, A. (1988). *Language concordance as a determinant of patient compliance and emergency room use in patients with asthma*. Division of General Medicine, Presbyterian Hospital, New York.

Ministry of Health and Long-Term Care. (2004). *Nouvelles orientations des soins de santé primaires en Ontario*. Toronto: Government of Ontario.

Office of Francophone Affairs. (2005). *Francophones in Ontario – Statistical Profile: General Profile*. Toronto: Government of Ontario.

Picard, L. and Allaire, G. (2005). *Second Report on the Health of Francophones in Ontario*. Sudbury: Laurentian University.

Réseau franco-santé du Sud de l'Ontario. (2005). *Fiche de renseignements*. Hamilton.

Réseau des services de santé en français de l'Est de l'Ontario. (2002). *Vivre en français jusqu'au bout de son âge – Étude sur la disponibilité des services en français dans les établissements de soins de longue durée et dans les maisons de retraite privées*. Ottawa.

Réseau de santé en français du Moyen-Nord. (2005). *Fiche de renseignements*. Sudbury.

Romanow, Roy J. (2002). *Building on Values: The Future of Health Care in Canada*, Final report of the Commission on the Future of Health Care in Canada. Ottawa: Government of Canada.

Tomblin Murphy, G. and L. O'Brien-Pallas. (2002). *How Do Health Human Resources Policies and Practices Inhibit Change? A Plan for the Future*. In Romanow, Roy J. *Building on Values: The Future of Health Care in Canada*, Final report of the Commission on the Future of Health Care in Canada. Ottawa: Government of Canada.

Woloshin, S., Schwartz, L.M., Katz, S.J. and Welch, H.G. (1997). "Is language a barrier to the use of preventive medicine?" *Journal of General Internal Medicine*, Vol. 12, pp. 472-477.



For further information, or to obtain additional copies of this report, please contact one of the regional networks:

Réseau francophone de santé du Nord de l'Ontario

29 Byng Street
Kapuskasing, Ontario P5N 1W6
Toll free: 1-866-489-7484
reseau@santenordontario.ca

Réseau de santé en français du Moyen-Nord de l'Ontario

435 Notre Dame Avenue
Sudbury, Ontario P3C 5K6
Telephone: 705-674-9381
Fax: 705-675-5601
malarouche@rsfmno.ca

Réseau franco-santé du Sud de l'Ontario

379 Dundas Street, Suite 120
London, Ontario N6B 1V5
Telephone: 519-438-5937
Fax: 519-438-7349
Toll Free: 1-888-549-5775
jboisvenue@francosantesud.ca

Réseau des services de santé en français de l'Est de l'Ontario

1173 Cyrville Road, Suite 300
Ottawa, Ontario K1J 7S6
Telephone: 613-747-7431
Fax: 613-747-2907
Toll free: 1-877-528-7565
nbeland@rssfe.on.ca



Santé
Canada

Health
Canada

Canada

Setting the Stage is a joint initiative of Société Santé en français and its seventeen French language Health Networks.

This project receives financial support from Health Canada's Primary Health Care Transition Fund.

The opinions expressed in this document are not necessarily those of Health Canada.