

# **Consultation on the Renewal of the Official Languages Health Contribution Program 2013-2018**

## **REFERENCE DOCUMENT**

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## Introduction

Health Canada has developed its Official Languages Health Contribution Program to improve access to health services in the minority official language: English in Québec and French elsewhere. Support is provided to initiatives in each province and territory through funds to relevant organizations based upon activity proposals that are submitted to Health Canada.

The intent is not to intrude upon provincial jurisdiction in health care but rather to engage partnership initiatives with communities, institutions, health sector providers, and government organizations that are aligned with provincial, territorial and federal priorities.

The program is based on the support and advice of Canada's English and French minority communities. These minority communities are comprised of approximately one million English-speaking persons in the province of Quebec and approximately one million French-speaking persons in the other 12 provinces and territories.

The program operates in five-year cycles, the first of which was launched in 2003. The current program ends in March 2018.

## Purpose

The purpose of this document is to provide further information on the Official Languages Health Contribution Program with a focus on key issues that have been raised over the past years, and present some directions that have been suggested to Health Canada;

Members of the public and official language minority communities across Canada as well as the groups listed below are invited to share their views on the program by participating in the online survey from September 13 to November 4, 2016:

- federal and provincial partners,
- health care practitioners and administrators,
- relevant official languages organizations,
- academic institutions,
- organizations currently or previously supported by the Official Languages Health Contribution Program, and
- pan-Canadian health organizations.

## Overview and Issues

There are three broad overlapping activity areas funded under the Official Languages Health Contribution Program: labour market initiatives, health networks, and health services projects.

- 1) The **labour market initiatives** have focused extensively on post-secondary training activities as a result of being funded through universities and colleges. These initiatives are also known under the titles “training and retention of health professionals” and “integrating health professionals for official language minority communities.”

- 2) The **health networks** have focused on supporting engagement within official language communities in order to leverage improvements in their health circumstances. Other titles used include “Community network engagement” and “Strengthening local health networking capacity.”
- 3) The **health services project component** is intended to promote targeted activities for improving access to health services within the five-year cycle of the program. This component of the program is also known under the name “Health Services Access and Retention Projects.”

Health Canada has designated specific organizations for the delivery of the first two components of the program. Different organizations were identified for activities in English speaking communities of Québec and for activities elsewhere in Canada in the French linguistic minority communities. Because of this approach and the nature of the communities involved, the implementation of the program differs between the linguistic minority communities.

In order to solicit feedback on the future design of the Official Languages Health Contribution Program, specific ideas or issues that could influence the program have been highlighted below. This does not mean that Health Canada is actually supporting any particular changes to its program. However, the Department would like to get ideas to help stimulate discussion in order to reflect on future directions of the Program.

Following this open consultation process, the information collected will be compiled and shared for discussions with government officials, with funding recipients, and with community representatives in order to arrive at a realistic course of action for program renewal.

## 1) Labour market initiatives

### a) English-speaking communities in Québec

The objectives of the labour market initiatives in Quebec are to ensure that English-speaking persons receive effective communication in their language from health and social services professionals and to increase the number of English-speaking professionals working in the health and social services system. The primary focus of McGill University’s Training and Retention of Health Professionals Project includes a language training program, a retention program and a research development program. The language training program provides English courses that are customized for health service providers to improve their ability to meet the needs of English-speaking communities. A separate component of the language training program provides French courses to English-speaking personnel to help them integrate into the health and social services system. The retention program provides bursaries and internships for integrating health professionals in regions where there is significant need for English-language services. The retention program is delivered in partnership with educational institutions, health and social services institutions, and community networks. The McGill Project intends to provide language training to 5000 health personnel, as well as 300 internships, 160 bursaries, and 60 post-graduation job placements to English-speaking health students over the 2013-2018 period under the retention program.

***Health Canada is seeking your feedback /comments on the following key issues with respect to labour market initiatives under the program.***

### **Implementation of evaluation recommendations:**

The evaluation of the Official Languages Health Contribution Program in 2013 found that:

“The majority of training is currently taking place in areas where official language minority communities (OLMCs) are concentrated (i.e. Ontario, Quebec and New Brunswick) where the trained health service providers tend to remain, and where there already seems to be a sufficient base of minority language health professionals. Therefore, it is important to consider alternative ways to reach other official language minority populations. Given that training is a resource intensive approach, more cost effective methods that also focus on recruitment and retention in smaller OLMC population areas, should be examined.”

Health Canada responded with the following commitment:

“To complement (or support) the core training activities of the Official Languages Health Contribution Program, Health Canada will include activities for the labor market retention of health professionals in official language minority communities under the Official Languages Health Projects component of the renewed Program.”

Following from this recommendation, McGill University has continued to diversify its activities by providing training and retention incentives throughout the province of Quebec in partnership with health and social services agencies and with English-speaking community networks. Hence, the focus has not only been in the Montreal Region where most of the English-speaking population is concentrated.

### **Role of McGill University:**

The first Health Canada consultation with Quebec English-speaking communities in July 2002 recommended that professional and language training be promoted in partnership with CEGEPs, universities and others, and that labour market incentives be put in place. When the Official Languages Health Contribution Program was first launched in 2003, community representatives proposed that McGill University be responsible for managing activities under its School of Social Work and English and French Language Centre because “it is the only recognized institution that can administer and coordinate the activities for Quebec Anglophone communities.”

### **Should English-language competency be developed within French-language postsecondary health programs?**

Under the Official Languages Health Contribution Program, the current approach to training in Quebec is to provide health-specific language training to French-speaking health personnel, and to provide French-language training to students in English-language postsecondary health programs to help them practice and remain in the province. The approach does not address if and whether it would be beneficial to provide English-language training to students enrolled in French-language postsecondary health programs.

### **Role of linguistic health interpreters in improving access to health services:**

A significant body of research supports the notion that linguistic health interpreters provide an alternative to the installation of bilingual health professions in regions where English-speaking

persons reside. The notion stems from the fact that one health interpreter may be a cost effective alternative to ensuring the availability of multiple bilingual health professionals in regions where the English-speaking population is relatively low.

**Use of labour market and geographic information to assess performance:**

The English-speaking community organizations in Quebec have performed extensive research into the geographic distribution and mismatches between English-speaking persons and English-speaking health providers. However, there has been little or no assessment of the locations where postsecondary health system graduates practice following graduation in relation to their language competency. More work can be done to assess the flow of English-competent health graduates to the different regions of Quebec. Analysis by health-specific occupation would assist officials in targeting the placement of personnel where they are needed most.

**b) French-speaking minority communities outside Québec**

The intent of labour market initiatives under the Official Languages Health Contribution Program for French-speaking minority communities outside Québec is to increase the availability of bilingual health professionals in those communities. The primary focus is on support for 100 French-language postsecondary training programs that are implemented in 11 universities and colleges outside of Québec that are united under the Consortium national de formation en santé (CNFS). Many of these programs have been in existence for several years and together they produce over 600 bilingual health sector graduates each year in fields such as medicine and nursing. Each of the academic programs was implemented to address the most pressing needs of French-speaking patients in communities outside Québec. The institutions are located in the six provinces with the highest share of French-speaking population: Prince Edward Island, Nova Scotia, New Brunswick, Ontario, Manitoba, and Alberta.

***Health Canada is seeking your feedback /comments on the following key issues with respect to labour market initiatives under the program.***

**Implementation of evaluation recommendations:**

The evaluation of the Official Languages Health Contribution Program in 2013 found that:

“The majority of training is currently taking place in areas where OLMCs are concentrated (i.e. Ontario, Quebec and New Brunswick) where the trained health service providers tend to remain, and where there already seems to be a sufficient base of minority language health professionals. Therefore, it is important to consider alternative ways to reach other official language minority populations. Given that training is a resource intensive approach, more cost effective methods that also focus on recruitment and retention in smaller OLMC population areas, should be examined.”

Health Canada responded with the following commitment:

“To complement (or support) the core training activities of the Official Languages Health Contribution Program, Health Canada will include activities for the labor market retention of health professionals in official language minority communities under the Official Languages Health Projects component of the renewed Program.”

Following from these considerations, the CNFS has committed to provide additional training activities in provinces outside of New Brunswick and Ontario, including distance training and continuing education initiatives, and to develop additional regional training partnerships across the country.

### **Range of Initiatives:**

Another related issue is whether the current mix of training and other labour market initiatives is appropriate or whether an increase in one approach over another may be warranted. This issue stems from cost effectiveness analyses which reveal that training investments may range in cost from \$5,000 to \$50,000 or more per student per year of training<sup>a</sup> with no guarantee that multiple annual investments will ensure that a bilingual graduate will work within official language minority communities and not undertake some other career decision (e.g., further studies, work in another jurisdiction).

### **Role of linguistic health interpreters in improving access to health services:**

Another issue deals with a labour market initiative that has recently been explored by the program. A significant body of research supports the notion that linguistic health interpreters provide an alternative to the installation of bilingual health professions in regions where French linguistic minorities reside. The notion stems from the fact that one health interpreter may be a cost effective alternative to ensuring the availability of multiple bilingual health professionals in regions where the francophone population is relatively low.

### **Use of labour market and geographic information to assess performance:**

Another key issue that has been raised is the extent to which labour market incentives are assessed with respect to the availability of health personnel in the health system. The range of programs and number of training spaces within each program do not appear to be assessed or adjusted periodically based on current labour market conditions. As well, this assessment is not performed in different geographic regions of the country where graduates end up working. Health Canada has produced labour market information for different health occupations by language competency and by geographic region. The Commissioner of Official Languages for New Brunswick has identified a shortage of French-speaking paramedics in that province. The CNFS has in the past proposed introducing a French-language pharmacy program to meet a shortage of pharmacists in some regions. Such labour market information could be incorporated into a periodic rethinking of the occupational program mix that is funded by the program.

## **2) Health Networks**

### **c) English-speaking communities in Québec**

The intent of the health networks under the Official Languages Health Contribution Program is to support strategies for English-speaking communities in Québec to undertake improvements in their health circumstances. Support is provided to 20 community-based health and social service networks across the province. To improve access to health services, each network uses

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<sup>a</sup> Overview of the Cost of Training Health Professionals (Annex B), Health Canada, Official Language Community Development Bureau (2008).

partnership and cooperation initiatives within the public health system, develops and promotes information on needs and services adapted to English-speaking persons, and supports volunteer and community initiatives. The activities of the networks are organized, coordinated and funded through a province-wide network: Community Health and Social Services Network CHSSN).

The activities of these networks result in new partnerships between English-speaking communities and the health and social service system, the coordination and adaptation of health services for the communities, and the promotion and adoption of knowledge, strategies and practices to address the health concerns of English-speaking communities.

***Health Canada is seeking your feedback/comments on the following key issues with respect to health networks under the program.***

**Types or levels of service and engagement:**

In the current and previous cycle of the Official Languages Health Contribution Program, Health Canada has provided additional support to the CHSSN and its networks under its Health services projects component for activities that are typically associated with the operation of networks, such as health promotion and health systems knowledge dissemination. As these activities are described within the broader description of networking, it may be worth considering whether the networking component of the program should be broadened to ensure the ongoing inclusion of promotion and dissemination activities.

**Number of networks:**

With the funding provided by Health Canada, the CHSSN is faced with the challenge of supporting an appropriate number and mix of networks to achieve responsible and accountable initiatives within English-speaking communities across Québec. Should the number of networks be maintained at 20 or adjusted in response to greater or lesser concerns in some regions of the province? Are there specific requirements for community engagements that are not being addressed by the current mix or number of networks?

**Inclusion of English-speaking First Nations Network:**

The First Nations and Inuit population of Québec includes approximately 65,000 persons whose first official language is English. While they are included in the approximate one million English-speaking persons in the province, they are not included in the 20 English-speaking health networks. A study conducted for Health Canada reveals that the language and cultural barriers faced by these people in accessing health services are generally greater than for the non-indigenous English-speaking population and this is often due to distance and isolation of First Nations and Inuit communities, lack of information, and increased communications challenges. Should Health Canada or the CHSSN consider the creation of an English-speaking network to address the health concerns of this community?

### **Role of Community Health and Social Services Network:**

The CHSSN, with its 6 employees and its board of 11 directors, is responsible for:

- Initiating and promoting activities within each of its 20 member networks and each English-speaking community for improving their health circumstances.
- Initiating national and inter-jurisdictional activities for improving the health circumstances of English-speaking communities.
- Supporting and defending the health concerns of these communities as their recognized interlocutor through engagements with health sector organizations and government agencies.
- Funding, managing, coordinating and reporting on its activities and those of the 20 networks across the province.

A major challenge for such a relatively small organization with a broad range of responsibilities is the extent to which it can focus on each of these responsibilities and whether more resources are required.

### **Performance reporting:**

The measurement of network performance and outcomes has been an ongoing challenge for the Official Languages Health Contribution Program. In the current version of the program, networks are expected to report to Health Canada on their role in improving the availability of health system personnel and on the adoption of health systems knowledge and strategies. Under the previous five-year program, performance of networks was measured by their recognition in health systems documents, by their participation in health systems activities (number of activities and invitations), and by the number of documents they produced. These indicators do not fully capture program impacts.

Health Canada is seeking views on approaches for improving the measurement of networking activities. For instance, should we measure the number of Community-based health system recommendations that are presented to health authorities, that are received or accepted by health authorities for consideration, and are implemented or result in a change in health practices? We could also measure the number and type of health systems consultation activities undertaken with communities, the reports produced and disseminated following these consultations, and the impacts of consultation findings and recommendations.

#### **a) French-speaking minority communities outside Québec**

The intent of the health networks under the Official Languages Health Contribution Program is to support local strategies for French-speaking minority communities to work together to undertake improvements in their health circumstances. The networks serve as forums for co-operation to develop French-language health care services in partnership with provincial departments of health and regional health authorities. There are 16 French-speaking health networks located in the 12 provinces and territories outside of Québec. Three networks are based in Ontario and in New Brunswick with the remaining jurisdictions each having one network. Their activities are organized, coordinated and funded through a national network: Société Santé en français (SSF).

Each of the community-based health networks has developed tools and strategies to improve health and health system access for its members. Here are some of the things that provincial and territorial networks accomplished:

- Design strategies to improve French-language health services
- Promote community involvement
- Define local needs
- Establish links with provincial/territorial planning and service organization authorities
- Promote careers in the health sector
- Mobilize health professionals and provide them with opportunities for increased cooperation.

***Health Canada is seeking your feedback /comments on the following key issues with respect to health networks under the program.***

**Types or levels of service and engagement:**

Each network has a distinct approach to improving health care services within its provincial or territorial health system. Health Canada provides funding for basic support to each network and to the SSF National Secretariat. In the current and previous cycle of the Official Languages Health Contribution Program, Health Canada has provided additional support to the SSF and its networks under its Health services projects component for activities that are typically associated with the operation of networks, such as health promotion and health systems knowledge dissemination. As these activities are described within the broader description of networking, it may be worth considering whether the networking component of the program should be broadened to ensure the ongoing inclusion of promotion and dissemination activities.

**Number of networks:**

With the funding provided by Health Canada, SSF is faced with the challenge of supporting an appropriate number and mix of networks to achieve responsible and accountable initiatives within French linguistic minority communities across Canada. Should there be more networks in provinces with more francophones or should the number reflect some measure of need?

When the SSF was originally developed in 2003, the intent was to have at least one community-based network established within each province and territory. By 2005 there were 17 regional networks in existence under the SSF and this was reduced to 16 networks in 2010 with the merger of two networks in Ontario.

The implementation in New Brunswick under the Société Santé et Mieux-être en français du Nouveau-Brunswick (SSMEFNB) involves three specialized networks, each responsible for specific activities: organization of services, community engagement, and training and research. A fourth community-based networking organization in New Brunswick is funded by the Department of Canadian Heritage and is also responsible for community networking activities in health but is not part of the SSF: Mouvement Acadien des Communautés en Santé du Nouveau-Brunswick (MACS-NB).

The community networking model in Ontario is regionally based, with three community health networks that are part of the SSF in three regions of the province: North, East, and South.

Ontario also has in place a provincially funded network of French-language stakeholders with a mission to support French-speaking health professionals in the province: Regroupement des intervenants francophones en santé et en services sociaux de l'Ontario (Rifssso).

In 2010 a new regulation came into effect in Ontario under the *Local Health System Integration Act* to support coordinated engagement of Francophone communities on French Language Health Services issues. The result was the creation of six regional French Language Health Planning Entities recognized by the province. Two of these are also networks under the SSF – the Northern Ontario and Eastern Ontario networks. As a result, there are a total of eight community-based health networks in Ontario, including three SSF networks, four planning entities that are not part of SSF, and one network for French-speaking health professionals.

### **Role of national network:**

The SSF, with its 9 employees and its board of directors, is responsible for:

- Initiating and promoting activities within each of its 16 member networks and each French-speaking minority community for improving their health circumstances.
- Initiating national and inter-jurisdictional activities for improving the health circumstances of French-speaking minority communities.
- Supporting and defending the health concerns of these communities as their recognized interlocutor through engagements with health sector organizations and government agencies.
- Funding, managing, coordinating and reporting on its activities and those of the 16 regional health networks in 12 provinces and territories.

A major challenge for such a relatively small organization with a broad range of responsibilities is the extent to which it can focus on each of these responsibilities and whether more resources are required.

### **Performance reporting:**

The measurement of network performance and outcomes has been an ongoing challenge for the Official Languages Health Contribution Program. In the current version of the program, networks are expected to report to Health Canada on their role in improving the availability of health system personnel and on the adoption of health systems knowledge and strategies. Under the previous five-year program, performance of networks was measured by their recognition in health systems documents, by their participation in health systems activities (number of activities and invitations), and by the number of documents they produced. These indicators do not fully capture program impacts.

Health Canada is seeking views on approaches for improving the measurement of networking activities. For instance, should we measure the number of community-based health system recommendations that are presented to health authorities, that are received or accepted by health authorities for consideration, and are implemented or result in a change in health practices? We could also measure the number and type of health systems consultation activities undertaken with communities, the reports produced and disseminated following these consultations, and the impacts of consultation findings and recommendations.

### 3) Health services projects

In addition to labour market initiatives and community network engagement, the Official Languages Health Contribution Program supports project activities across a range of stakeholder organizations in order to stimulate and promote health services in specific areas such as health promotion, access to information, labour market interventions, or in specific geographic locations.

The approach used is based on proposals submitted by the organizations supported through the Labour market initiatives and Community network engagement components of the program as well as public calls for proposals from other health sector stakeholder organizations. Some of the projects are important extensions of activities supported by networks and academic institutions such as health promotion, developing knowledge and information tools for communities, and integrating health personnel within official language minorities.

Annex A provides a summary of 27 health services projects funded by Health Canada during 2013-2018.

***Health Canada is seeking your feedback/comments on the following key issues with respect to health services projects under the program.***

#### **First year funding:**

One of the challenges with the health services projects component is that, unlike ongoing labour market initiatives and community network engagement activities, the projects that will receive funding are not known at the time of program renewal. Once funding is approved under the new program cycle, Health Canada must issue calls for proposals from either designated funding organizations or by launching public calls over the Internet. This process requires several months before projects can be funded and launched.

In order to account for delays in launching new projects, Health Canada is considering funding these projects from the second to the fifth year of the next program cycle. This means that projects could commence as early as April 1, 2019 and end as late as March 31, 2023, but there would be no projects funded between the first year of April 2018 to March 2019.

#### **Nature and scope of projects:**

When launching Health services projects under the next Official Languages Health Contribution Program, Health Canada will continue to ensure that projects are aligned with its mandate under federal legislation, with priorities of the Government and with considerations from its consultations with Canadians.

The Government's current health care priorities include improvements in home care services, mental health services, collaboration on health innovation, improved access to prescription medications, and increased access to health services for Indigenous Peoples. These priorities will be implemented collaboratively with provinces and territories. Health services projects may be considered to help ensure that federal, provincial and territorial health care initiatives reach out to English and French linguistic minority communities.

The following are areas currently being considered for project funding categories:

- Labour market initiatives
- Health systems promotion
- Health systems knowledge and tools
- Health systems adaptation and innovation
- Mental health services
- Home and community care services ( including palliative)
- Services for seniors
- Children and youth
- Removing specific language barriers

**Public calls for proposals:**

In December 2013, Health Canada launched its first public call for proposals under the Official Languages Health Contribution Program. Close to 100 proposals were received over a two-month period and were reviewed for their relevance to the programs objectives. The process resulted in the successful implementation of seven stand-alone initiatives as well as several other initiatives listed in Annex A which were funded through existing labour market and networking program recipients either as their own proposals or as proposals that were assigned to them by Health Canada.

For the 2018-2023 program cycle, Health Canada must determine the extent to which it will make use of public calls for proposals versus targeted requests for proposals from its designated funding recipients. Should there be one or more public calls for proposals during the five-year period? How can we time the public calls so as to achieve project completions within a five-year period? What project categories would be subject to public calls?

## Annex A: List of Health services projects funded in 2013-2018

In addition to labour market initiatives and community network engagement, the Official Languages Health Contribution Program supports project activities across a range of stakeholder organizations in order to stimulate and promote health services in specific areas such as health promotion, access to information, labour market interventions, or in specific geographic locations.

The approach used is based on proposals submitted by the organizations supported through the Labour market initiatives and Community network engagement components of the program as well as public calls for proposals from other health sector stakeholder organizations. Some of these projects are important extensions of activities supported by networks and academic institutions such as health promotion, developing knowledge and information tools for communities, and integrating health personnel within official language minorities.

### Labour market initiatives

#### English-speaking communities in Québec

- 3) **Interpreters:** The use of health interpreters in Quebec is not well documented. The project aims to conduct an in-depth analysis of the use of interpreters in the health system in Quebec and provide the Ministère de la Santé et des Services sociaux (MSSS) with recommendations to improve current health system procedures in that regard.

#### French-speaking minority communities outside Québec

- 1) **Language training and cultural adaptation:** Health Canada is funding the following three project activities for improving the integration of French-language health personnel into French linguistic minority communities across Canada.
  - a) The 11 postsecondary institutions of the CNFS and its secretariat are implementing training activities and related resources to help integrate French-speaking health personnel within French linguistic minority communities. The training available in workshops and through Internet-based resources helps to integrate personnel, both culturally and linguistically, within communities with low density French speaking populations that are distant from the postsecondary institutions.
  - b) The SSF and its 16 provincial and territorial networks are undertaking activities to attract and integrate French-speaking health personnel within French linguistic minority communities across Canada. The intent is to welcome and integrate French-speaking personnel and French language practices into the communities and includes measures aimed at French-speaking personnel who were trained in English to improve their ability to provide services in French.
  - c) A project with the Association of Faculties of Medicine of Canada is integrating French-speaking medical graduates from Canada's English-language universities and Québec universities into French linguistic minority communities through training, internships and supports. In 2015-2016, the project had identified over 550 Francophone and Francophile learners across 13 faculties of medicine, 16 students received internship placements in French linguistic minority communities (11 different facilities in 8 cities), and 332 students participated in training sessions.
- 2) **French-speaking health system interpreters and navigators:** There are three separate project components for French-speaking minority communities as well as one project under English-speaking communities.
  - a) The SSF, in partnership with four of its networks and three other organizations, is testing pilot projects in different regions of the country to assess the use of bilingual health systems

interpreters and navigators by French-speaking persons to improve their access to health services. The approach recognizes that while the availability of bilingual health professionals remains the preferred approach for addressing the needs of French-speaking minority communities, the use of formal interpreters and navigators is the next best alternative when it is not possible to have bilingual providers in place for all health services.

- b) The CNFS is analysing the availability and use of French language health interpreter training programs in Canada. The purpose of the project is to complete a scholarly literature review as well as an inventory of existing health interpretation programs in Canada, conduct an interpreter and personal attendant work environment scan, and establish the conditions required to develop and implement training programs for French medical interpreters within the health system.
- c) The Ottawa Regional Cancer Foundation is implementing a French-language prototype of its Cancer Coaching health system navigator program. The intent is to empower French-speaking cancer patients in Eastern Ontario to understand their diagnosis and treatment options.
- 4) **Strategies for hosting, recruiting and retaining bilingual health professionals:** The SSF and its networks have undertaken to recruit and retain French-speaking health personnel within the French-speaking minority communities of Saskatchewan, Alberta and the three territories. At the national level, the SSF is developing tools and strategies for recruitment and retention that can be adapted to each region.
- 5) **Active offer of service in French:** The CNFS is implementing training strategies for promoting and improving the active offer of health services as part of the postsecondary health programs offered by the 11 members institutions of the Consortium. Tools and forums for promoting the active offer of health services in French are also being developed by the member institutions for use by practicing health care professionals and managers of health care facilities.
- 6) **Clinical Training:** This initiative by the CNFS is designed to promote internships for students enrolled in the Consortium's postsecondary health programs. The initiative applies to internships in remote and rural areas, and in areas where few health services in French are available. Support is provided to attract students to these internship opportunities and for developing new and existing internship settings in remote areas.
- 7) **"Revivre" Project:** Partnership between the University of Ottawa, the Élisabeth Bruyère Residence and the Foundation 'Eldercare' Ottawa to develop a formal volunteer program to work with seniors. The project will educate students who want to pursue a career in healthcare about the importance of language and culture in the care of adults in long term care (LTC) facilities, provide support to LTC staff to improve the quality of life of OLMCs in LTC facilities, increase the number of students interested to pursue a career in this field, and replicate the program in other francophone communities outside of Quebec and in English-speaking communities in Quebec.
- 8) **Student Placement Project:** Develop a clinical training model for Francophone or bilingual students studying in English in order for them to be able to offer services to Francophone minority communities. The model will be implemented through a pilot project and evaluated. Results will be disseminated for possible implementation in other areas to allow Francophone minority communities in remote areas, dispersed or in low concentration to recruit and retain future healthcare professionals able to provide services in French. Internships are a proven vehicle to increasing the number of professionals able to offer safe and quality health services. In 2014-2015, the ACUFC was able to create 305 new training placement opportunities, in collaboration of member institutions of the ACUFC and regional partners.

## Health systems adaptation and innovation

### English-speaking communities in Québec

#### 9) **Adaptation of health and social services initiative 2014-2018:**

This initiative is being undertaken by the CHSSN in partnership with the MSSS and regional health and social services agencies. Partnership projects have been launched in each of 16 regions of the province to adapt regional services in response to the needs of Quebec's English-speaking communities.

The projects, which are listed on the [CHSSN website](#), were each selected according to their relevance and impact on the local English-speaking communities.

### French-speaking minority communities outside Québec

- 10) **Adaptation of services:** A project with SSF and its provincial and territorial networks for implementing health service strategies/models to address the health needs of French linguistic minority communities in partnership with health sector stakeholders.

## Health systems promotion

### English-speaking communities in Québec

- 11) **Community Health Promotion Projects :** A series of 20 regional health promotion partnership projects between the CHSSN and each of its networks to promote healthy lifestyles and practices in their communities. Activities include the following:
- Each year, several Community Health Education Program (CHEP) videoconferencing sessions are deployed simultaneously to community group meetings in participating networks to enable community-based learning, information exchange and discussion on specific health issues. Local professionals, caregivers, and sector volunteers are encouraged to learn alongside community participants in the videoconferencing sessions and offer additional support.
  - Conferences and information sessions and are organized within each network to provide information exchange in areas such as parenting, sexual health for teens, children facing stressful family situations, abused mothers/women, health promotion fairs, suicide prevention; presentations by local health service providers;
  - Regular activity groups are implemented, including child/parent playgroups, and seniors health clubs;
  - Production and distribution of customized health information kits for new English-speaking arrivals in the community and for parents of children commencing English school.
  - Explore the use of web-based health information tools to improve communication between English-speaking patients and their service providers.

### French-speaking minority communities outside Québec

- 12) **Health Promotion:** Project with SSF and its provincial and territorial networks to improve the health of French linguistic minority communities through a range of health promotion activities that target health determinants and community engagement. Support the development and implementation of strategic initiatives such as Communities and Healthy Schools.

## Health systems knowledge and tools

### English-speaking communities in Québec

- 13) **Knowledge:** Through a tripartite partnership between CHSSN, the Institut national de santé publique du Québec, and the MSSS, conduct studies, analyses and research to gain a better understanding of the health status of English-speaking Quebecers, the programs and services offered to and used by them, service access and vitality issues. The project also aims to define best intervention approaches to better engage these communities in effective population and public health strategies.

14) **CHSSN/CROP Survey on Community Vitality**

In May 2016, the Community Health and Social Services Network released the findings from its 2015 Survey on Community Vitality as two separate reports on their website. The Baseline Data Report 2015-2016: English-language Health and Social Services Access in Québec provides an analysis of the health and social services perceptions of Quebec's English-speaking population.

The Baseline Data Report 2015-2016: 2015 CHSSN-CROP Survey on Community Vitality provides additional information and analysis of the demographics of Quebec's English-speaking population as well as their views on arts and culture, media and information technology, education, legal services, and social participation.

A total of 3,014 English-speaking Quebecers aged 18 and over were randomly selected for telephone interviews between February 27th and April 15th, 2015. Data were weighted according to region, age and gender based on Census 2011. The reporting regions include 16 of the 18 health and social services administrative regions recognized by the Québec MSSS (the two excluded regions are the Cree Territory of James Bay and Nunavik).

Focus group meetings were held in four regions in September and October 2015 in order to address under-reporting of the survey in these regions: Chaudière-Appalaches, Côte-Nord (middle and upper parts), Abitibi-Témiscamingue and Bas-Saint-Laurent. The findings from these focus groups are reflected in the above reports.

### French-speaking minority communities outside Québec

- 15) **Knowledge Transfer and Dissemination:** Project with SSF and its provincial and territorial networks for developing knowledge, tools and promising practices for improving the health of French linguistic minorities.

## Mental health services

### English-speaking communities in Québec

- 16) **Addressing Mental Health Needs of Vulnerable English-Speaking Populations: Introducing Best-Practice Models of Resiliency:** A project with AMI-Québec to provide coping strategies for English-speaking vulnerable populations in the Montreal region – youth, seniors, and family caregivers – when faced with psychological distress, loss of mobility and social isolation.

### French-speaking minority communities outside Québec

- 17) **Mental Health:** A partnership project between SSF and the Mental Health Commission of Canada to adapt the Mental Health First Aid trainers program to address concerns of French linguistic minority communities as well as a partnership project with SSF and Tél-Aide Outaouais to expand the availability of a mental health crisis help line for French-speaking persons beyond the current Eastern Ontario model.

### **18) Improved mental health services for youth and seniors in Fredericton, New Brunswick:**

The Centre communautaire Sainte-Anne is improving French-language mental health services in the Greater Fredericton Region of New Brunswick through initiatives targeting youth and seniors:

Youth initiatives include:

- mental health services training for personnel in schools and youth centres,
- a mental health referral service for youth,
- a mental health support and accompaniment service for youth,
- a school-to-home mediation service;
- a directory of mental health services available for youth in French;
- a report on mental health services gaps for francophone youth;
- the creation of an online mental health services reference tool;
- mental health training and preventive activities targeted to youth and their formal caregivers;
- the organization of an interactive youth mental health day; and
- promotional materials to improve access to mental health services available from the regional health authority.

Seniors initiatives include:

- mental health first aid training for community members who work with seniors,
- a mental health referral service for seniors,
- a mental health support and accompaniment service for seniors;
- a directory of mental health services available for seniors in French;.
- A report on mental health services gaps for francophone seniors;
- the creation of a mental health services reference kit for seniors;
- mental health training and preventive activities targeted to seniors and their formal and informal caregivers; and
- promotional materials to improve access to mental health services available from the regional health authority.

## **Services for seniors**

### **French-speaking minority communities outside Québec**

- 19) **Seniors:** A partnership between SSF, the Fédération des aînées et aînés francophones du Canada (FAAFC), the Canadian Nurses Association, and the SSF provincial and territorial networks to improve access to French-language health services for seniors in the following areas: primary health care, hospital care, home care, long-term care.

20) **Formal volunteer program for French-speaking students in long-term care homes:**

A partnership between the University of Ottawa, the Élisabeth Bruyère Residence and the Foyer Richelieu Welland will develop a formal volunteer program in the Ottawa and Niagara regions to engage secondary and postsecondary French-speaking students to provide assistance to French-speaking residents of long-term care homes. Students are required to volunteer with residents for 3 hours at a time, twice per week during an 18-month period. The results of the project will be analyzed and a final protocol and training module will be prepared based on the lessons learned. The intent is to ensure the sustainability of the program over time and to expand it to other official language minority communities across Canada.

The objectives of the project are to (1) Educate students wanting to pursue a career in health care about the importance of language and culture in the care of adults in long term care (LTC), (2) provide support to LTC staff in order to improve quality of life of official minority language older adults

in LTC, and (3) increase the number of students interested in pursuing a health care career working with adults in an official minority language.

## Children and youth

### French-speaking minority communities outside Québec

- 21) **Enfance:** Project to improve the offer of health promotion and prevention programs and activities for specific childhood and youth problems, with an emphasis on healthy eating, physical activity and mental health. Improve the offer of preventive, diagnostic, treatment and support services in French for children and youth at risk or having health or social problems, including language problems.
- 22) **La Fédération des parents du Manitoba** is targeting health care providers in the Southern Manitoba and Winnipeg Regional Health Authorities to promote family-based health programs and services for French-speaking parents from pregnancy to age 6 of their children. The organization is producing tools in English and French to inform health systems managers about family health programs and services that are available in French, including French language child care centres. The intent is to increase the number and diversity of children who use these centres. Information about this project is available on the Internet at the following link: <http://www.lafpm.com/>

## Removing specific language barriers

### English and French-speaking minority communities

- 23) **Standards:** There is ample evidence, supported by research that demonstrates the negative impact of language barriers for patients/clients in accessing health services. The project is a partnership between SSF, Accreditation Canada, CHSSN and the MSSS to develop a measurement tool for language competency in the accreditation of health and social services facilities across Canada. Through implementation of service standards, health care providers are encouraged to adopt best practices to address issues related to linguistic barriers.
- 24) **Accreditation:** In partnership with Accreditation Canada, the Conseil québécois d'agrément, and SSF, development of standards (new or adapted) for effective communication and linguistic access to healthcare services in Quebec and their implementation in institutions and health programs in Quebec.

### French-speaking minority communities outside Québec

- 25) **Variable linguistique:** A partnership project between SSF and the Canadian Institute for Health Information to promote the collection of patient health information according to their official language preference in order to measure consistency in health outcomes and health systems access for francophone linguistic minority communities in Canada. In addition, another project was launched with the Réseau des services de santé en français de l'Est de l'Ontario and the Champlain and South East provincial Local Health Integration Networks, linking the language of the user to the provincial health card to facilitate monitoring of the use of services by the Francophone minority communities and to identify service providers with the ability to offer services in French in order to better plan service delivery models based on evidence.
- 26) **Improve Access to French Services in the Prince Edward Island Health Care System:** A project with Health PEI to include French language preferences of patients with the provincial health insurance card and to identify health services providers having French language competency.

- 27) **Offre active de santé primaires – Développement d’une clinique communautaire et des stratégies de recrutement des professionnels de la santé en vue d’une offre active de la santé en français à la communauté francophone en situation minoritaire de Calgary et environs** : A project with the Association canadienne française de l’Alberta, régionale de Calgary to establish a French-language primary health care service centre in the Calgary region.

## Annex B: Legal Context

### Introduction

English and French linguistic minority communities in Canada are regularly faced with language barriers, including in the health care sector. The language used when services are provided is generally the majority language of the province or territory. Except in the officially bilingual province of New Brunswick, there is no guarantee that these services will be available in the minority language.

Under federal legislation, these minority communities are comprised of approximately one million English-speaking persons in the province of Quebec and approximately one million French-speaking persons in the other 12 provinces and territories. The language barrier for these communities can be particularly severe when they are faced with difficult health care decisions and are unable to converse in the same language as their health care providers.

While this challenge is by no means limited to English and French speaking communities, the federal government has an important role under its *Official Languages Act* to foster the use of English and French across Canada.

### Health Care and the Division of Powers

In Canada, health care governance, organization and service delivery are primarily the responsibility of provincial and territorial governments (Marchildon, 2013). There is no constitutional or federal legislative guarantee regarding access to health services in the minority official language, although the *Canada Health Act* states the following in its preamble:

The primary objective of Canadian health care policy is to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers. (R.S.C., 1985, ch. C-6).

Additionally, section 41 of the *Official Languages Act* commits the federal government to:

Enhancing the vitality of the English and French linguistic minority communities in Canada and supporting and assisting their development, and fostering the full recognition and use of English and French in Canadian society.

Every federal institution has the duty to ensure that positive measures are taken for the implementation of the commitments under subsection (1). For greater certainty, this implementation shall be carried out while respecting the jurisdiction and powers of the provinces (R.S.C., ch. 31, 4th suppl.).

Relying on the general principles in the *Canada Health Act*, the federal government acts to reduce barriers to health services in the minority language particularly with regard to its responsibilities under section 41 of the *Official Languages Act*.

Since Canada is a federation and the ten provinces are sovereign in their field of jurisdiction, the laws on services in English and French vary from one jurisdiction to another. Some provinces have legislation that grants health care rights to minority language communities.

For example, New Brunswick is officially bilingual and health services must be offered in English and French. Approximately one quarter of Canada's French-speaking minorities live in New Brunswick, where their population represents one third of the total population.



In Quebec, even though French is the only official language recognized by the provincial government, under the *Act respecting health services and social services*, all English-speaking persons have the right to receive health and social services in English in institutions designated as English-speaking under the Charter of the French Language, inasmuch as resources allow.

Half of Canada's Francophone minority lives in Ontario, where many health facilities must provide services in French under the *French Language Services Act*. Some institutions are bilingual while others offer services mainly in French. The regions close to Quebec and in the north of the province, where the Francophone minority population represents a higher percentage compared to the general population, have a greater number of bilingual or Francophone institutions. In 2010, the Ontario government adopted a regulation to ensure that French language health planning entities advise each regional health authority in order to encourage the participation of the Francophone community and the integration of services in the minority language.

Several of the remaining 10 provinces and territories have official language legislation and Francophone affairs offices. Together, these jurisdictions contain less than one quarter of the French linguistic minority population. This population is often dispersed over large areas with limited access to French language health care services.

## Annex C: Organizations supported by the Official Languages Health Contribution Program

### **Community Health and Social Services Network (CHSSN)**

- 1) 4 Korner's Family Resource Centre
- 2) African Canadian Development and Prevention Network (ACDPN)
- 3) AGAPE – The Youth & Parents AGAPE Association Inc.
- 4) Assistance and Referral Centre (ARC)
- 5) Council for Anglophone Magdalen Islanders (CAMI)
- 6) Collective Community Services Montreal (CCS)
- 7) Coasters Association (LNSCH)
- 8) Committee for Anglophone Social Action (CASA)
- 9) English Network of Resources in Community Health (ENRICH)
- 10) English Community Organization of Lanaudière (ECOL)
- 11) Heritage Lower Saint-Lawrence
- 12) Jeffery Hale Community Partners (JHCP)
- 13) Megantic English-Speaking Community Development Corp. (MCDC)
- 14) Neighbours Regional Association of Rouyn-Noranda
- 15) North Shore Community Association (NSCA)
- 16) Réseaux Emploi Entrepreneurship (REE)
- 17) The East Island Network for English Language Services (REISA)
- 18) Townshippers' Association – Estrie
- 19) Townshippers' Association – Montérégie East
- 20) Vision Gaspé-Percé Now (VGPN)

### **Société Santé en français (SSF)**

- 1) Réseau de santé en français de Terre-Neuve-et-Labrador (RSFTNL)
- 2) Réseau Santé en français Î.-P.-É
- 3) Réseau Santé - Nouvelle-Écosse
- 4) Société Santé et Mieux-être en français du Nouveau-Brunswick (SSMEFNB) : Réseau-action Communautaire (RAC)
- 5) Société Santé et Mieux-être en français du Nouveau-Brunswick (SSMEFNB) : Réseau-action Formation et recherche (RAFR)
- 6) Société Santé et Mieux-être en français du Nouveau-Brunswick (SSMEFNB) : Réseau-action Organisation des services (RAOS)
- 7) Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO)
- 8) Réseau franco-santé du Sud de l'Ontario
- 9) Réseau des services de santé en français de l'Est de l'Ontario
- 10) Conseil communauté en santé du Manitoba (CCS)
- 11) Réseau Santé en français de la Saskatchewan (RSFS)
- 12) Réseau santé Albertain (RSA)
- 13) RésoSanté Colombie-Britannique (RSCB)
- 14) Partenariat communauté en santé (PCS) [Yukon]
- 15) Réseau TNO Santé en français
- 16) Réseau de santé en français au Nunavut (Résefan)

### **Consortium national de formation en santé (CNFS), Secrétariat national**

- 1) Collège Acadie - Île-du-Prince-Édouard
- 2) Université Sainte-Anne
- 3) Université de Moncton
- 4) Centre de formation médicale du Nouveau-Brunswick
- 5) Collège communautaire du Nouveau-Brunswick
- 6) Université Laurentienne
- 7) Collège Boréal
- 8) Université d'Ottawa
- 9) Collège la Cité
- 10) Université de Saint-Boniface
- 11) Campus Saint-Jean, University of Alberta

### **McGill University Training and Retention of Health Professionals Project**

#### **Health Services Projects**

- 1) Ami-Québec
- 2) Fédération des parents du Manitoba
- 3) Health PEI
- 4) The Association of Faculties of Medicine of Canada (AFMC)
- 5) Ottawa Regional Cancer Foundation
- 6) ACFA Régionale de Calgary
- 7) Centre communautaire Sainte-Anne