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**Report**

**Consultation of French-Speaking  
Minority Communities:  
2013-2018**



**Santé  
Canada** **Health  
Canada**

**July 10, 2011**



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## BACKGROUND, GOAL AND CONDUCT OF THE MEETING

On March 22-23, 2011, a national consultation was held in Ottawa to review the initiatives that have been carried out under the Official Languages Health Contribution Program since its renewal in 2008.

Given that funding for the Program will end in March 2013, this meeting represented the first step in a broader process of identifying needs and priorities for the 2013-2018 period, in consultation with Francophone minority communities.

The meeting, which was organized by Health Canada's Official Language Community Development Bureau (OLCDB), brought together a range of participants selected for their expertise in the field of Francophone minority health in different parts of Canada. A list of participants is provided in Appendix 1. The Consortium national de formation en santé (CNFS), the Société Santé en français (SSF), and the Fédération des communautés Francophones et acadienne du Canada (FCFA) helped organize the meeting and identify participants.

A two-stage approach was used. In the first stage, Roger Farley, Executive Director of the OLCDB, reviewed the Official Languages Health Contribution Program, while Claudine Côté, Executive Director of the SSF, and Jocelyne Lalonde, Executive Director of the CNFS, each reviewed specific aspects of the Program and answered participants' questions. The purpose of these presentations was to ensure that every participant had the same information on the Program and could thus participate in the discussions on an equal footing. During most of the following day, participants were broken up into three discussion groups to examine the Program and its components.

It is important to note that the consultation took the form of dialogue and discussions between participants, potentially leading to further deliberations.

Plenary session discussions were facilitated by Benoît Hubert of PGF Consultants, who also produced the present report.

This record of proceedings summarizes participants' comments and groups them into four sections. The first section deals with the Official Languages Health Contribution Program as a whole, and the other sections examine the Program's three main components (human resource training; networking; and projects/initiatives and the organization of services) as they relate to Francophone minority communities.

Each section includes a brief presentation on the component of interest, followed by a summary of participants' comments on various aspects of the Program and its components.

## RECORD OF PROCEEDINGS

### 1. OFFICIAL LANGUAGES HEALTH CONTRIBUTION PROGRAM

In June 2008, the Government of Canada launched its Roadmap for Canada's Linguistic Duality 2008-2013: Acting for the Future, an initiative that represents a \$1.1 billion investment in official languages, divided among 13 federal government departments and agencies.

Health Canada will receive \$170 million of that funding during this period to address the needs of official language minority communities (OLMCs). These funds will be allocated specifically to the Official Languages Health Contribution Program, the goal of which is to:

- improve health access for OLMCs and promote the use of both official languages in the delivery of health services.

To achieve this goal, the Program has three intervention components, each of which is being funded separately over the 2008-2013 period:

- Training and Retention of Health Professionals (\$86.5 million) / Language Training and Cultural Adaptation, which ensures that more health professionals will be available to serve OLMCs, either through the recruitment of new professionals into the system or the provision of language and cultural awareness training for bilingual professionals already in place (\$5 million);
- Health Networking, which promotes cooperation between health stakeholders (\$13.5 million); and
- Official Languages Health Projects are initiatives that: promote better integration and improved access to health services; increase awareness of available health services in both official languages; and encourage OLMC to take responsibility for their own health. In order to address immediate community-health needs and priorities, projects are developed at the community level and focus on vulnerable populations such as children, youth and seniors (\$215 million).

In light of the achievements of the Official Languages Health Contribution Program, participants were asked to identify what they saw as the most important health needs of Francophone communities in the upcoming 2013-2018 period and to specify which strategies they saw as essential in terms of improving access to health services.

The following is a summary of participants' comments in this regard.

#### 1.1. KEY HEALTH NEEDS OF FRANCOPHONE COMMUNITIES AS IDENTIFIED BY PARTICIPANTS

- improve the delivery of health services (by developing continuums of care and by actively offering services in French, for example, reception/intake services, posters and notices, bracelets that identify patients as Francophones);
- tailor services to the environment (flexible models that respect the needs of small, remote, or rural communities);
- promote community ownership (information on the determinants of health, prevention, governance); and
- address specific challenges (gerontology, mental health, other).

## 1.2. KEY MEANS AND STRATEGIES PROPOSED TO IMPROVE ACCESS TO HEALTH SERVICES

- improve the organization of the French-language health care movement as a whole, including networking between its various elements (aim for concrete results, establish measures of progress, consolidate the movement's governance);
- define priorities at the next meeting (avoid duplication of effort);
- share resources (centralization, expertise sharing);
- promote services (social marketing);
- train and retain health human resources (front-line workers, managers, system navigators<sup>1</sup>);
- develop innovative delivery models (distance models, models using advanced technology, models based on best practices); and
- develop partnerships with service providers such as professional associations.

## 1.3. KEY EXPECTATIONS VIS-À-VIS PROVINCIAL AND TERRITORIAL GOVERNMENTS

- the involvement of territorial and provincial governments in the organization of services and networks is essential if access is to be improved;
- the adoption of shared community/government priorities is also essential (promote the sustainability of initiatives);
- funding agreements (comparison with the education field); and
- a legislative framework (recognition of official languages' obligations).

## 2. HUMAN RESOURCE TRAINING

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One of the objectives of the Official Languages Health Contribution Program is to ensure that more professionals are able to work in French and are available to serve OLMCs.

To achieve this objective, the Program has put in place a component called Training and Retention of Health Professionals, the administration of which has been entrusted to the CNFS, and which also includes a Language Training and Cultural Adaptation sub-component, administered by both the SSF and the CNFS.

The CNFS is composed of one national secretariat and 11 postsecondary institutions that offer training in the health field (for example, the University of Ottawa, Université Ste-Anne, etc.), as well as six community partners in different parts of the country. Its objectives include:

- training Francophone health professionals to meet the needs of OLMCs;
- promoting the recruitment of students into French-language postsecondary programs in health; and

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<sup>1</sup> A system navigator is a service – offered by an individual or a public/private organization – which provides patients with complete medical information and enables them to navigate and find their way through Canada's complex health system



- promoting research and knowledge-sharing on approaches that can facilitate access to care for OLMCs.

Anticipated outcomes of these initiatives include:

- a greater number of health professionals who are able to meet the health service needs of OLMCs; and
- increased coordination and integration of health services for OLMCs within institutions and communities.

The main challenges encountered by the CNFS can be summarized as follows:

- a shortage of clinical training settings;
- a limited and shrinking pool of potential students;
- a complex regulatory environment;
- the accelerating changes in the health care community;
- the recruitment and retention of professors;
- improving access to training in under-serviced regions.

Participants put forward a number of suggestions as to how this component of the Official Languages Health Contribution Program could be adapted for the 2013-2018 period. These suggestions are summarized below.

## **2.1. KEY FUTURE HUMAN RESOURCE TRAINING NEEDS**

- make up shortages in the following professional categories: physicians, nurses, nurse practitioners, prevention/health promotion specialists, speech therapists/audiologists, psychologists/social workers, laboratory technicians, nuclear medicine technicians, pharmacists, physiotherapists/occupational therapists, home care workers, midwives;
- improve the language and cultural skills of professionals and improve their ability to actively offer services in French;
- increase the availability of physical access points and the accessibility of programs, through the recognition of foreign credentials and other measures;
- improve the availability of continuing education and mentoring opportunities for active professionals.

## **2.2. KEY EXTERNAL TRENDS THAT INFLUENCE FUTURE NEEDS**

- demographic factors (aging clientele);
- social factors (more-educated population; national orientations);
- technological factors (distance training, Internet);
- economic and political factors (general provincial/national framework to ensure comprehensive health service planning);
- changes taking place within professions (feminization, professional mobility, aging, entry requirements, shortages);
- new diseases;
- formal agreements with school boards in areas with a large Francophone clientele, given the outreach of these organizations.

### 2.3. KEY MEASURES IDENTIFIED TO ENSURE ACCESS TO TRAINING

- use of modern information and communication technologies (distance training, Internet);
- information and promotion (adapted to Francophone environments, focus on excellence, promote programs in schools, fairness of training costs, particularly travel costs);
- flexible training methods (targeted and continuous training, clinical practicums in communities, mini-programs, mentoring);
- sharing of expertise and resources (avoid duplication, evaluate programs, provide training outside Ontario and New Brunswick (where there are already more opportunities for French training));
- collaboration between institutions and between provinces (recognition of prior learning and credentials, provincial and national plans, interprovincial agreements).

## 3. NETWORKING

The Networking initiative is led by the SSF, a national organization composed of 17 provincial and territorial French-language health networks. The goal of the SSF is to improve access to high-quality programs and services in French and thereby improve the health status of all Francophone and Acadian minority communities.

Networking is the collaborative approach that the SSF and the French-language networks have adopted in order to reduce the isolation of partners and stakeholders and to work toward common goals. By promoting closer cooperation between political decision-makers, health professionals, communities, managers and training institutions, networking fosters engagement, sustainable partnerships and, ultimately, greater access to health services in French. The SSF defines networking as follows:

*“Networking leads to the creation of concrete, sustainable links between health stakeholders whose common goal is to improve the health status of minority Francophones. It also fosters greater community ownership by linking individuals, facilities and institutions and enabling them to jointly plan, develop, strengthen and maintain initiatives that promote better access to French-language health services and ultimately help improve the health status of Francophones. In short, this initiative provides a means of: countering the dispersal of Francophone communities and the isolation of Francophone workers; making better use of existing resources; and facilitating coordination and case follow-up, all of which will have a beneficial ripple effect on French-language health services.”*

The key outcomes expected from the Networking initiative in 2009-2010 include:

- the production of communication tools for internal and external audiences;
- the creation and maintenance of national partnerships dedicated to improving health services for Francophone minority populations;
- important community forums, including the fifth *Rendez-vous Santé en français*;
- greater provincial and territorial government participation in efforts to improve the health of Francophone minority communities.

The following question was put to participants in order to initiate a discussion on possible future networking initiatives: How can Francophone and Acadian minority communities contribute to the development of health services in French? Below we review participants' answers to this question.

### **3.1. KEY SUGGESTIONS CONCERNING THE POTENTIAL CONTRIBUTION OF NETWORKS TOWARD IMPROVING THE SUPPLY OF AND DEMAND FOR FRENCH-LANGUAGE HEALTH SERVICES**

- exercise leadership at the community level;
- promote networking (through a spirit of cooperation, the commitment of members, more clearly defined roles);
- support the commitment of managers at various levels (identify the decision-makers who are most open to French-language services);
- act as a health spokesperson (to consult, demonstrate needs, increase awareness, promote closer ties with governments, represent the Francophone and Acadian reality);
- promote joint action (common vision, sharing, commitment);
- inform and promote services (by developing lists of professionals, emphasizing marketing and active offer, identifying champions); organize services (produce tangible results, act as entrepreneurs, ensure the long-term survival of services, offer service options, models and best practices, promote integration).

### **3.2. KEY MEANS THAT NETWORKS HAVE AT THEIR DISPOSAL TO FOSTER PARTNERS' COMMITMENT TOWARD HEALTH SERVICES IN FRENCH**

- develop service delivery models that generate economically viable results and are tailored to regional realities;
- ensure that networks are present and visible (celebrate successes, disseminate best practices);
- make networks more inclusive (through issue tables and governance approaches);
- intensify cooperation between partners (closer ties, including leaders and champions);
- promote the delivery of services that are adapted to needs and issues;
- build capacity by sharing internal expertise with all French-language health stakeholders;
- build capacity within networks and at the national office, by sharing expertise and enhancing skills in the areas of priority-setting and management.

## **4. OFFICIAL LANGUAGE MINORITY COMMUNITY HEALTH PROJECTS AND ORGANIZATION OF SERVICES**

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The third component of the Official Languages Health Contribution Program, which focuses on projects for the health of OLMCs, has made possible the development of projects that promote better health services integration and increase access to health services. Emphasis is placed on vulnerable populations, such as children, youth and seniors.

Accordingly, in the past year, the networks issued a call for proposals to identify initiatives for developing an active offer of health services in French in Francophone minority communities.

Here are some of the outcomes these projects are expected to produce:

- increased access to health services for OLMCs;
- increased use of French in the delivery of health services;
- identification of needs in the areas of promotion, prevention and specialized primary care;
- consolidation or development of service models and access points to primary and specialized care, as well as to prevention and promotion programs;
- empowerment of Francophone communities in the area of health and well-being.

Three issues were put forward for participants to discuss:

#### 4.1 KEY PRIORITIES IDENTIFIED IN THE AREA OF SERVICE ORGANIZATION INVESTMENTS

- consolidate the capacity to deliver services through a competent and diverse workforce;
- recruit human resource managers who have the skills needed to perform certain tasks: job descriptions, prioritization of services, labour relations, etc.;
- ensure that access to health services is generalized and fair for all Francophones (specify the linguistic and cultural standards that should govern access to services for Francophones);
- acquire the means needed to navigate within the Francophone system (“patient-navigator” guides<sup>2</sup>);
- identify bilingual professionals with the assistance of associations and unions;
- ensure that projects will be sustainable (transform them into permanent programs) by securing the involvement of the provinces;
- promote projects that have the capacity to inspire (provide models, recognize success);
- respect local and regional specificities (while working to create synergy at the pan-Canadian level, for example, national umbrella; take existing resources and future trends into consideration);
- obtain credible evidence (to effectively target initiatives and investments, to go beyond basic services).

#### 4.2 KEY ARGUMENTS PROPOSED TO CONVINCE PROVINCIAL AND TERRITORIAL PARTNERS TO PRIORITIZE HEALTH IN FRENCH

- expose the costs associated with poor French-language services (based on relevant studies and data);
- demonstrate the economic benefits of appropriate health care services (use transposable scientific studies and well-documented real life stories);
- ensure language is recognized as a determinant of health;
- offer services that are centered on population needs (using credible evidence);
- ensure that projects reflect the interests of provinces and communities (link Francophone health projects to the values of Canadian society, promote the well-being of society as a whole, speak the language of government priorities, create a geometrically variable, interfaceable structure).

#### 4.3 KEY STRATEGIES IDENTIFIED TO SUPPORT THE RECRUITMENT AND RETENTION OF FRANCOPHONE HEALTH PROFESSIONALS

- emphasize the community intake and support role (to nurture professional, personal and family life);
- create networking opportunities for professionals (multidisciplinary teams, source of professional enrichment, recognition of status);
- identify and minimize barriers (professional translation and interpretation program; incentives, identification of common interests);
- organize regional issue tables (to disseminate best practices, identify programs);
- review directories of active professionals who work in French or can speak the language (in partnership with unions and associations);
- bridge the gap between training and the organization of services (train human resource managers, create navigator positions, perform necessary analyses).

Participants frequently mentioned the importance of having initiatives that are respectful of local and regional specificities, adding that a credible evidence base and attention to the needs of local populations will result in initiatives that are both more productive and more relevant.

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<sup>2</sup> See note 1 above.

## MEETING POST-MORTEM AND NEXT STEPS

Participants first expressed their satisfaction with the discussions and the meeting as a whole. They also indicated that they would like to see a similar meeting held in fall 2011, given that both the SSF and the CNFS have studies under way and are in the process of assessing their future directions; sharing the outcome of these exercises could be beneficial to the meeting participants.

Department of Canadian Heritage representatives at the meeting also stated that a future meeting would provide them with an opportunity to share potential strategies they have identified, particularly with respect to the component on federal initiatives to support improved access to health services in French.

There was also talk of expanding the circle of participants in a future consultation by increasing the number of provincial and territorial representatives, among others, given that health service delivery is a matter of provincial jurisdiction. All current participants would be reinvited to this future meeting. In terms of follow up, it was agreed that Health Canada would provide participants with updated financial tables.

In bringing the meeting to a close, Laurette Burch, Director General, Manitoba Region and Official Languages Champion for Part VII of the Official Languages Act at Health Canada, reemphasized the importance of having concrete proposals to put forward at the appropriate time, in order to facilitate any future discussions on the renewal of the Roadmap. Ms. Burch thanked the participants for their dynamic contribution to the discussions, as well as the representatives of the three consultation partners: the CNFS, the SSF and the FCFA du Canada.

**APPENDIX 1: LIST OF MEETING PARTICIPANTS**

Participants at the Consultation on the renewal of the Official Languages Health Contribution Program, March 22-23, 2011.

Name and Title	Organization
<b>Facilitator</b>	
Benoît Hubert	PGF Consultants Inc.
<b>Community Participants</b>	
Roxanne Valade	Fédération franco-ténoise (FFT) P.O. Box 1325 Yellowknife, NT X1A 2N9
Michel Potvin	Government of Nunavut P.O. Box 1000, Station 200 Iqaluit, NU X0A 0H0
Gabrielle Lepage-Lavoie Early Childhood Officer	Association des parents fransaskois 910-5th Street East Saskatoon, SK S7N 2C6
Dr. Germain Bukassa-Kazadi	Public Health Agency of Canada 2045 Broad Street, 1st Floor Regina, SK S4P 3T7
Raymonde Gagné Rector	Collège universitaire de Saint-Boniface 200 Cathedral Avenue Winnipeg, MB R2H 0H7
Susan Stratford Executive Director	Centre de santé de Saint-Boniface 409 Taché Avenue, Room D-1048 Saint-Boniface, MB R2H 2A6
Nicole Lafrenière-Davis	Champlain Local Health Integration Network 1900 City Park Drive, Suite 304 Ottawa, ON K1J 1A3
Monique Patenaude	Health Services Management Consultant 617 Lyman Boulevard Newmarket, ON L3X 1V9
Marcel Castonguay Executive Director	Centre de santé communautaire Hamilton/Niagara 1 Vanier Drive Welland, ON L3B 1A1
Mai Savoie Regional Coordinator	Université de Moncton 243 Pavillon Léopold-Taillon, Room 233 Moncton, NB E1A 3E9
Stéphane Robichaud Chair and Executive Director	Conseil de la santé du N.-B. Pavillon J.-Raymond-Frenette 100 des Aboiteaux, Suite 2200 Moncton, NB E1A 7R1

Janelle Comeau Child and Youth Strategy Specialist	Western Region Nova Scotia Department of Community Services 291 Peter Dugas Road Metegahan, NS B0W 2J0
Paul d'Entremont Executive Director	Réseau Santé – Nouvelle-Écosse P.O. Box 86 - 705 Route 335 West Pubnico, NS B0W 3S0
Dr. Louise Cloutier	Woodlawn Medical Clinic 110 Woodlawn Road Dartmouth, NS B2W 2S8
Julie Gilman Recruitment and Planning Officer	Recruitment and Retention Secretariat Department of Health, PEI 11 Kent Street, 5th Floor Charlottetown, PEI C1A 7N8
Colette Aucoin	Collège Acadie Î.-P.É. 48 Mill Road P.O. Box 159 Wellington, PEI C0B 2E0
Jean-Luc Racine Executive Director	Fédération des aînées et aînés francophones du Canada 450 Rideau Street, Suite 300 Ottawa, ON K1N 5Z4
Manon Beaulieu Executive Director	Alliance des femmes francophones 450 Rideau Street, Suite 302 Ottawa, ON K1N 5Z4
Tanniar Leba Executive Director	La Boussole 612 Broadway East Vancouver, BC V5T 1X6
Denis Tardif Executive Director	Secrétariat francophone de l'Alberta 10055-106th Street Edmonton, AB T5J 1G3
Marie-Andrée Chassé Practice Consultant	College and Association of Registered Nurses of Alberta 11620 -168 Street NW Edmonton, AB T5M 4A6
Anne Leis Professor	Dr. Louis Schulman Chair in Cancer Research College of Medicine, University of Saskatchewan
Rachel Arseneau-Ferguson Director of the Campbellton Campus	Collège communautaire du Nouveau-Brunswick

Name and Title	Organization
<b>Community Partners</b>	
Jocelyne Lalonde Executive Director	Consortium national de formation en santé
Claudine Côté Executive Director	Société Santé en français
Suzanne Bossé Executive Director	Fédération des communautés francophones et acadienne du Canada
<b>Senior Management – Health Canada</b>	
Debbie Beresford-Green Senior Director General	Programs Directorate, Regions and Programs Branch
Laurette Burch Regional Director General	Manitoba Region and Official Languages Champion for Part VII of the <i>Official Languages Act</i>
<b>Official Language Community Development Bureau (OLCDB) – Health Canada</b>	
Roger Farley, Executive Director	
Roger Guillemette, Assistant Director	
Liette Pellerin, Program Manager	
Marc-Olivier Houle, Senior Policy Analyst	
François Rivest, Senior Policy Analyst	
Dani Khanafer, Junior Policy Analyst	
Khaddouj Souaid, Senior Advisor	
<b>Observers (Other Departments)</b>	
Hubert Lussier Director General	Official Languages Support Program Canadian Heritage (Manager, Interdepartmental Coordination Directorate, Canadian Heritage)
Denise Fournier Analyst	Interdepartmental Coordination Directorate Canadian Heritage
Jean-Pierre Gauthier Senior Manager	Official Languages Secretariat Canadian Heritage
Ginette Saucier Senior Policy Analyst	Official Languages Secretariat Canadian Heritage
Terry Campbell Director	Institute Affairs and Initiatives Canadian Institutes of Health Research
Éric Cormier	Human Resources and Skills Development Canada