LE RÉSEAU DU MIEUX-ÊTRE
FRANCOPHONE
DU NORD DE L'ONTARIO

Recommendations Report
Réseau du mieux-être francophone du Nord de l'Ontario

(Advisory Report)

2012-2013

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LE RÉSEAU DU MIEUX-ÊTRE
FRANCOPHONE
DU NORD DE L'ONTARIO

February 8, 2013

Dear Board members of the North East and North West LHINs:

In a spirit of collaboration and respect, we are pleased to present you with the first recommendations report of the Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO), in accordance with Section 16 of the Local Health System Integration Act. The RMEFNO is proud to collaborate with the North East and the North West LHINs to become an important added value that will consolidate efforts to improve the health of the Francophone population in the North.

The recommendations in this report reflect the voice of the Francophone community, who participated through community engagements, *Carrefours santé* meetings, and hundreds of meetings between RMEFNO staff, Northern residents and health service providers.

We believe that this first recommendations report reflects priority concerns and needs of the Francophone population of Northern Ontario with regards to French-language health care.

This report is the result of a collective desire for the well-being of the Francophone population and we want to thank those who contributed in various ways to its production: all our partners, the community members and our colleagues.

Sincerely,

Kim Morris
Copresident
RMEFNO Board of Directors

Denis Bélanger
Copresident
RMEFNO Board of Directors

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Executive Summary

Improving health is an endeavour involving several players, and offering culturally and linguistically appropriate services requires the engagement of communities, individuals and service providers.

This engagement must be the fruit of collaborative work and solid working partnerships. We must look at engagement on a continuum and consequently target the highest level of participation from communities and individuals, so as to empower them to take charge of their health. The Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO) presents these recommendations to the North East and the North West LHINs. The RMEFNO will be there as a partner to support the LHINs in their efforts to improve the health of Francophones.

This document is based on data obtained from the RMEFNO's community engagement and from a literature review. It provides an overview of the current health context and addresses topics such as quality and safety of care, cultural and linguistic competences and active offer.

In this first report, the RMEFNO decided that it would be appropriate to present broader recommendations concerning areas where French-language health services can be improved.

These structural recommendations are as follows:

- **Access Points:** Create, maintain and support the development of French-language health care service access points that are linguistically and culturally appropriate for Ontario's Francophone population.
- **Human Resources:** Increase the availability and improve access to qualified French-speaking human resources where they are needed. This involves a training component and a human resources planning component.
- **Prevention and Promotion:** Support the development and implementation of linguistically and culturally appropriate health promotion programs focused

on determinants of health and designed to improve the health status of the Francophone population.

- **Community Engagement and Service Planning:** Ensure that Francophone communities have a more active role in French-language services planning and in self-management of their health.
- **Mental Health and Addictions:** Create and participate in a joint committee between the RMEFNO and the LHINs to assess the state of French-language mental health and addictions services, as well as the needs in this area and the possible solutions. This committee would examine, among others:
    - The importance of encouraging the Ministry of Health and Long-Term Care, funding agencies and Health Service Providers to increase the availability of culturally and linguistically appropriate promotion and prevention programs for Francophones.
    - The implementation of methods for collecting data on French-language mental health and addictions services.

This document also presents several specific recommendations pertaining to certain aspects of the structural recommendations. Some of these recommendations, for example the ones relating to cultural and linguistic competences, active offer and pertinent data, offer promising leads for collaborative work between the LHINs and the RMEFNO. The efforts made by the communities of Thunder Bay and Timmins, who have been working for several years on projects to improve the health of the Francophone population, are also presented here. By choosing common and attainable objectives, we can continue bringing about real improvements to French-language health services.

Introduction

The government of Ontario has been focusing on improving the health of Ontarians. It should be noted however that improving health is not the sole responsibility of provincial governments. Several players must be involved, for example, individuals, communities, service providers, health professionals, etc. and therefore this is why the the Local Health Integration Networks (LHINs) where created. In 2006, the government implemented a structure for regionalizing service delivery with the intention to improve overall service delivery. The LHINs represented a way to bridge the gap between citizens and decision-making mechanisms in order to foster integration and improve the relevance of services provided.

"The quality of partnerships has always been and continues to be instrumental in improving health."

From the start, the Francophone community stated its desire to take an active part in planning services geared towards improving the health of its members.[1] It sought to play an active and important role in the health services delivery structures, as intended by the changes to the health system.

In the Local Health System Integration Act, enacted in 2006, the Ministry of Health and Long-Term Care (MoHLTC) recognizes the place and the participation of Francophones. The Act also justifies the existence of a planning entity for Francophones. Through discussions and constant dialogue with the Francophone community, planning entities were finally created in 2010.

As a result, the Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO) was created to become the planning entity for Northern Ontario. Its assigned area includes the territory covered by the North East and the North West LHINs.

These two LHINs are considered to be the most effective because

[1] French Language Health Services Working Group. (2005). Health Care Services for Franco-Ontarians: A roadmap to better accessibility and accountability.

of their efforts to serve the Ontario Francophone community. The RMEFNO is proud to collaborate with them to become an important added value, while consolidating efforts to improve the health of the Francophone population in the North. In this spirit of collaboration, we propose this first advisory report, which provides recommendations on the effective delivery of French-Language services for Northern Ontario.

Community engagement in Chapleau.

The quality of partnerships has always been and continues to be instrumental in improving health. To that end, success relies heavily on quality exchanges as well as constant and productive dialogue between the LHINs and the RMEFNO. We are happy with the progress over the past year and believe that we will see improvements in our collaborative work over the next few years. Several of our recommendations are made to that effect. Our partnership must be built on our common vision, which is to improve the health of Ontarians, and must recognize the importance of developing mutual confidence in our skills and capacities.

Delivering French-language services is first and foremost a matter of quality of care. Ensuring quality and safety for clients means taking into account their language and culture, and also their real needs. These are essential conditions for ensuring service quality and efficiency. It is with this in mind, and in a spirit of respect and continuous dialogue, that we submit our first recommendation report.

Community engagement in Kapuskasing

Vision of Community Engagement

In order to understand the vision and ideas presented in this document, it is essential to clarify the vision of community engagement that was adopted by the Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO). It is our belief, that beyond the chosen definition, what matters most is the important role of community engagement in the planning of health services. The Ministry of Health and Long-Term Care recognizes that community engagement is inherently complex.

> *Societal endeavours have tensions built into them. By a tension, we mean a tug between opposing views of how to do something for the sake of societal good. Community engagement is no exception.*[2]

These tensions are listed in "Section 4: T*ensions Within Community Engagement*" of a document for health planners. In spite of different opinions on this topic, all players share a common objective when it comes to community engagement, and that is improving the population's health. In light of this, the LHINs and the French-Language Health Planning Entities[3] must cooperate and consider their joint existence as an opportunity to collaborate more closely on the well-being of Ontario's Francophone population. The Ministry is very clear on this point, stating that:

> *Tensions can be seen as flaws in a societal endeavour. On the other hand , they can be seen as inevitable results of complex human processes and beliefs - results that, if untended, become dangerous, but if managed become sources of opportunity and ingenuity. And the art of*

[2] Ardal, S., Butlet, J. & Edwards, R. (2006). Module 5 - Community Engagement and Communication : The Health Planner's Toolkit.

[3] See Appendix 1 - *Planning entities*, for a brief overview of the RMEFNO's role.

managing tensions seldom lies in blowing away one side of the tension in favour of the other. It more often lies in recognizing that both poles have a degree of validity to them. This relationship sometimes involves finding a middle position that displaces the original positions, but often such middle positions are not feasible. The art then lies in finding ways to manage the relationship between the two positions.[4]

It is important that the LHINs and the Réseau du mieux-être francophone du Nord de l'Ontario jointly develop a common and collaborative vision of engagement. What follows presents the RMEFNO's point of view; it should enable the North East and North West LHINs to better understand the contents of this report.

a) Definition of Engagement

Citizen engagement, in the broad sense of the term, is generally understood as a form of citizen and community participation in a decision-making and implementation process that affects them.

A report by the Ontario Ombudsman clearly states the dangers of having a definition of engagement that is too broad. In his report "The LHIN Spin", André Marin explains that for a process to be considered truly engaging by all parties, it must respect basic rules.

Community engagement should not happen by surprise or ambush. Stakeholders should know that their views and comments are being sought as part of a community engagement process. They should be given sufficient information about the issue under consideration to allow them to take part in informed discussion.[5]

Ombudsman ONTARIO

Citizen engagement is a relatively vague expression and it can mean fairly different things depending on

[4] Ardal, S., Butlet, J. & Edwards, R. (2006). Module 5 - Community Engagement and Communication : The Health Planner's Toolkit.

[5] Marin, A. (2010). "The LHIN Spin". http://www.ombudsman.on.ca/ Ombudsman/files/07/07042d2d-32fa-457f-b7de-d4bf1332054f.pdf, consulted on January 30, 2013.

North Bay Seniors' Fair.

individual interpretation.

The engaged citizen is one who not only "is part of his community", but also one who "takes part" in activities in all spheres, such as health, education, sustainable development and economy. Consequently, the citizen is actively involved in developing the future, and not a passive bystander in events.[6]

The North West LHIN recently proposed a very encompassing definition of community engagement that can apply to many forms of engagement. This implies that the LHINs stress the need for community participation more than the need for a specific and rigid model.

> *Community engagement is defined as the methods by which LHINs and Health Service Providers (HSPs) interact, share and gather information from and with their stakeholders.*
>
> *The purpose of community engagement is to inform, educate, consult, involve, and empower stakeholders in both health care or health service planning and decision-making processes to improve the health care system.*
>
> *Community engagement activities can be ongoing or project specific, outbound or inbound.*[7]

The definition provided by the Ministry and the North West LHIN is relevant to us as it relates to community engagement for health in Northern Ontario, where distances and concentrations of Francophones vary considerably.

Vision of Community Engagement

In our opinion, three essential conditions must be met for participation to have a real effect on the health of the Francophone population. We believe that citizens who are engaged in French-

[6] Vézina, Sylvain (Ed) (2007). Gouvernance, santé et minorités francophones : Stratégies et nouvelles pratiques de gestion au Canada. Moncton, Éditions de la Francophonie.

[7] North West LHIN. (2011). LHIN Community Engagement Guidelines and Toolkit.

language health services planning must meet the following requirements:

Informed: Engaged citizens are conscious of their environment's situation, whether favourable or unfavourable; they are informed and this allows them to respond to changes and future challenges.

Responsible: Engaged citizens feel responsible for their health and they try, as much as possible, to be involved in decisions that affect their health. They make sure that their voices are heard and respected.

Networked: Engaged citizens are networked and use dialogue, consultation and participation tools at their disposal. They maintain reciprocal relations with their *Carrefour santé*, with the RMEFNO and with members of their community.

Engagement must be considered on a continuum. As a result of our research, we consider that, for engagement to be sufficient, it must reach the level of empowerment. (For the various levels of engagement and examples of their definition refer to Appendix 2 - *Levels of community engagement*.)

Community engagement in Thunder Bay.

The Method

Since its creation, the Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO) has been collecting and analyzing data that will allow it to become an added value in the health care system. This data is either collected directly in the field (primary data) or it comes from studies and analyses performed by third parties (secondary data). Developing information systems to provide convincing and reliable information in the long-term is imperative. Given that the RMEFNO was only recently created, these systems are presently in the development and implementation stages.

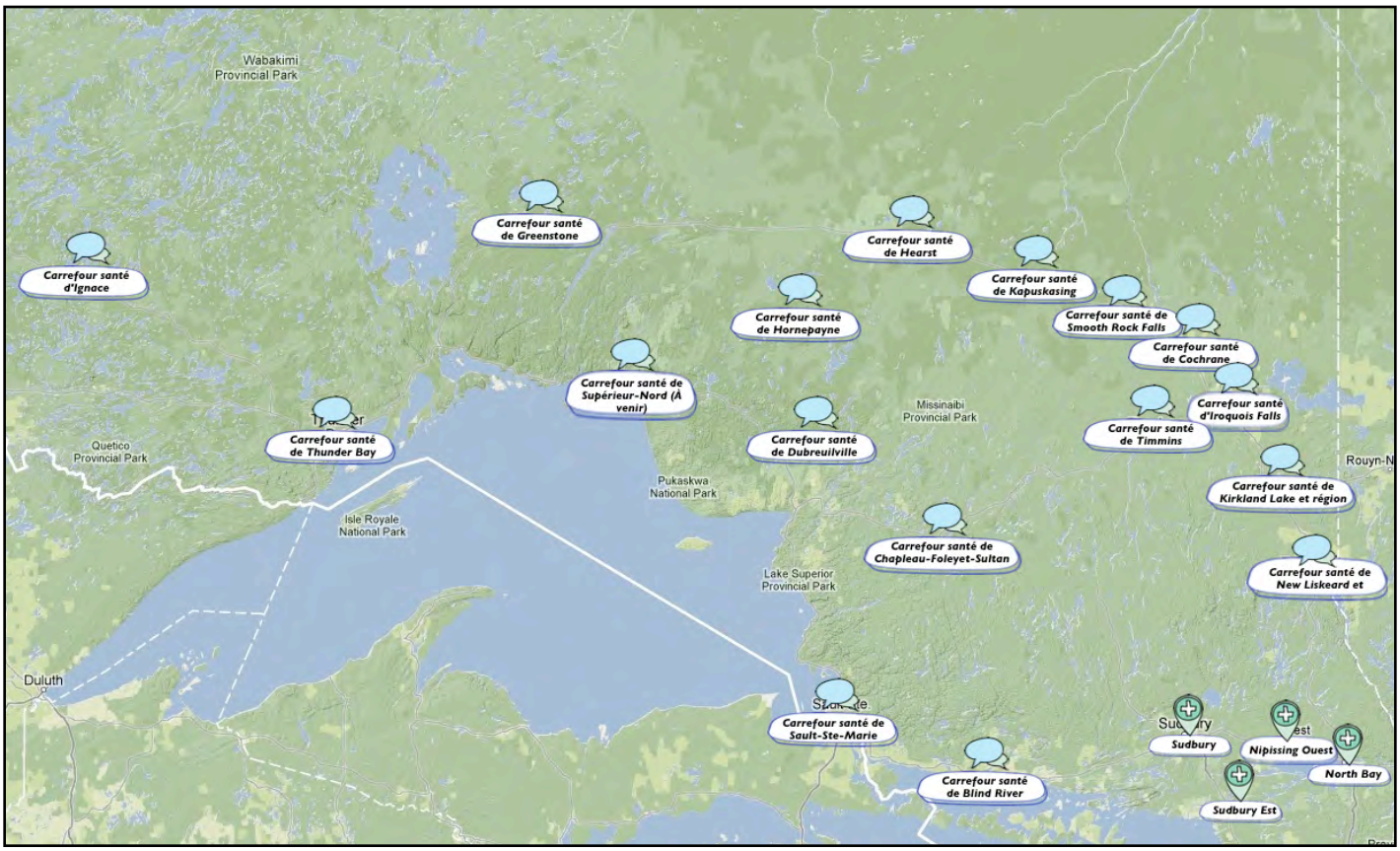
a) Primary Data

In this first report, primary data is drawn from data that was mainly collected by methods of community engagement. Through numerous meetings with communities and organizations providing French-language services, we were able to gather information reflecting the real needs of communities. Well over a thousand individual or group meetings have taken place during the 2011-2012 fiscal year.

Community engagement in Sault Ste. Marie.

It should be noted, however, that the *Carrefour santé* is one of the main methods of engagement used by RMEFNO. The *Carrefours santé* are innovative structures that use a bottom up approach to generate real and long term engagement. See Appendix 3 - *Carrefours santé*, for an explanation of this model.

Method



Map of existing Carrefours santé and their equivalent on RMEFNO territory.

b) Secondary Data

A complete literature review was performed in order to take into account the most recent health data available. This report starts by examining the provincial study "Setting the Stage" as well as the regional reports for the North and Mid-North regions.

Also reviewed was the Ministry's various studies and tools, namely the Health Equity Impact Assessment (HEIA), as well as various studies and documents published by the Société Santé en français (SSF) and the Consortium national de formation en santé (CNFS).

Other studies also mentioned in this document relate to cultural and linguistic competences and active offer. In Appendix 4 – *Demographics on Francophones*, the distribution of Francophones in the RMEFNO's territory is presented. Lastly, the literature review

examines health trends at the international, national and regional levels.

c) Guiding Principles

The Réseau du mieux-être francophone du Nord de l'Ontario adopted guiding principles in the summer of 2012 to provide guidance during interventions. These principles reflect the RMEFNO's desire to work for the best interests of the Francophone population. They were validated by the Franco-Ontarian community and represent the will of that community to work towards improving French-language health services and, by the same token, the health of Francophones. These principles can be found in Appendix 5 – *RMEFNO Guiding principles*.

Community engagement in Ignace.

Community engagement in Timmins.

Method

The Health Mosaic

The concept of health has greatly evolved over the last few decades. What began as a vision almost exclusively focused on disease has changed to become more inclusive and thus assigning a greater role to the individual and the communities. Given that most of the information presented in the report "Setting the Stage" is still current and relevant, we thought it was important to reprint parts of it in the following section and combine it with some new information.

"WHO defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease.'"

At the World Health Organization (WHO) International conference on Primary Health Care, in Alma-Ata in 1978, the primary health care approach was defined as a holistic approach to health. This approach 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 well-being and not merely the absence of disease."[8] This definition illustrates the multidimensional aspect of health and encompasses all factors – biological, psychological, social and cultural – that can affect it. Moreover, the Declaration of Alma-Ata stresses 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.*[9]

With this in mind, the RMEFNO recognizes that communities and

[8] World Health Organization. (2013). What is the WHO definition of health? http://www.who.int/suggestions/faq/en/index.html, consulted on January 30, 2013.

[9] World Health Organization. (1978). Declaration of Alma-Ata on primary health care. http://www.who.int/publications/almaata_decleration_en.pdf, consulted on January 30, 2013

individuals play a crucial role in the population's health. This means that institutions now take on a supporting role for communities and individuals, while the communities must assume the leadership role.

Many studies have examined the role that communities play when it comes to health, and this is especially important for chronic disease management. Evidence indicates that chronic diseases are mainly the result of lifestyle habits based on one's cultural and community surroundings. Trying to improve the health of communities without engaging them is an endeavour doomed for failure. Engagement must lead communities to use the means at their disposal.

It becomes essential, therefore, that care be provided by institutions that understand both the language and the culture of the communities.

François Boileau, Ontario's French Language Services Commissioner giving a presentation to the Kapuskasing community.

a) Quality and Safety of Care

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 access to health care is significant. 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.*[10]

This conclusion is corroborated by the overall literature and reflects

[10] Bowen, S. (2001). Language Barriers in Access to Health Care, Health Canada. http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2001-lang-acces/2001-lang-acces-eng.pdf, consulted on January 30, 2013.

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 report 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.[11] The results of the "Setting the Stage" 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:[12]

- **higher utilization of specialist services;**
- **increased risk of hospitalization;**
- **less adequate management of chronic diseases such as asthma and diabetes;**
- **a greater number of adverse drug reactions;**

[11] Beaulieu, M. & Lalonde, J. (2003). Le choix d'une carrière en santé : Éléments de motivation, de discussion et d'influence des élèves du secondaire francophone de l'Est de l'Ontario. Réseau des services de santé en français de l'Ontario.

[12] Bowen, S. (2001). Language Barriers in Access to Health Care, Health Canada. http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2001-lang-acces/2001-lang-acces-eng.pdf, consulted on January 30, 2013.

- **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.

b) Cultural and Linguistic Competences

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 care 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. Access to culturally and linguistically sensitive services is thus a systemic issue.

Cultural and linguistic competences is a recent preoccupation, according to Léonard Aucoin. He notes however the rise in scientific articles published on this topic since 2000.[13] This preoccupation surfaced in the United States after health inequalities among populations were linked to cultural and linguistic factors.

[13] Aucoin, L. (2008). Compétences linguistiques et culturelles des organisations de santé.

Consequently, developing cultural and linguistic competences arises from a desire to better serve the populations and ensure equity.

In his report, Aucoin discusses the first set of provincial guidelines in Canada, that were established in Nova Scotia. This province later developed a tool[14] allowing cultural competences to be assessed and implemented in health organizations in three stages: at the beginning of the process, during content development and when assessing the effects.

The following is a commonly used definition of cultural and linguistic competences:

> *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.*[15]

This definition highlights the importance of integrating this "congruent set" within a system. The delivery of appropriate French-language health care requires the involvement of the system and all its players. Cultural competence needs to extend beyond health professionals, and become an integral part of the health care system and health care organizations.

As identified in Aucoin's report, cultural competence is more than a whim; it is associated with quality and safety of care.

Cultural competence is also en essential component of patient-centered care. As indicated in a 2006 Commonwealth Fund report:

> *Pioneers of cultural competence recognized that disparities in health care quality may result not only from cultural and other barriers between patients and health care providers but also*

14. Nova Scotia Department of Health and Wellness, (2011). Cultural Competence Assessment Tool for Clinical Guideline Development.

15 Aucoin, L. (2008). Compétences linguistiques et culturelles des organisations de santé.

> *between entire communities and health care systems. Hence, there was a need not only to train culturally competent providers, but also to design culturally competent health care systems.*[16]

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.

c) Setting the Stage

The most thorough research done on French-language health services in our region remains "Setting the Stage" (STS). During the consultations, interviews and surveys conducted as part of the STS 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.

[16] The Commonwealth Fund. (2006). The Role and Relationship of Cultural Competence and Patient-Centeredness in Health Care Quality.

This research mainly confirms important gaps in access to quality French-language health services where these are necessary. Access points for health services in French were clearly insufficient to meet community needs, particularly in Northwestern 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 gaps were most evident in family medicine, mental health and addictions, speech therapy, nutrition counseling and health care services for children. Service availability was found particularly poor in remote and small communities.

The following factors were considered to be 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 the ability to access French-language services (FLS).[17]

With regards to human resources, the specific challenges to be addressed as mentioned in the STS report were 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 were recommended 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.

[17] The need for a directory of services in the Algoma and Sudbury regions was a recurring topic during community engagements with the *Carrefours santé*, individual meetings and services providers.

Also noted during the report, was the virtual absence of a vision of promotion and prevention in community and institutional planning activities. It was recommended that a comprehensive vision be developed with full community participation. In addition, efforts were also deemed to be required in order to raise community awareness of the value of cultural differences, which should be perceived as an asset with the potential to improve population health.

Lastly, the STS report noted that service planning is adversely affected by the absence of a service continuum, the lack of participation by Francophones in the management of existing services and accountability issues. It was recommended, that in order to optimize planning, it would be necessary to allocate the required financial resources, implement accountability practices, promote cooperation and partnerships and introduce interpretation services etc. to facilitate proactive health care delivery in French.

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. Many participants during the community engagements raised the issue of a 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, in particular the shortage of French-speaking health professionals.

The following table presents the main observations related to French-language health services in Northern Ontario. It includes items that are relevant to the North West LHIN and the North East LHIN.

Main observations: needs and gaps	
Gaps	**Underlying Gaps**
Health services delivery is not continuous throughout the entire territory.	Lack of Francophone or bilingual staff.
French-language health services delivery varies by organization.	Lack of coordination and inadequate use of available human resources.
The quality of services provided is sometimes compromised.	Lack of understanding or sensitivity, by institutions that are predominantly anglophone,with regards to the importance of Francophones receiving services in their first language.
It is harder to access French-language services in certain services.	Not enough Francophones in management positions or on the board of directors of health agencies or institutions.
Some user categories are more vulnerable when faced with a lack of French-language services.	Lack of information on available French-language services.

Towards an Equitable System: Recommendations

As this is our first advisory report, we believe it is essential to provide structural recommendations that have a greater systemic impact on the necessary changes for improving the health of our communities. These recommendations are the pillars of more specific and concrete recommendations. Thus, in addition to the structural recommendations, we are putting forth a series of more specific recommendations which we believe can be implemented fairly quickly.

These recommendations, inspired by "Setting the Stage", rest on four key pillars: access points, human resources, health promotion and disease prevention, and community participation in service planning. These pillars are the foundations that make it possible to improve the health of the Francophone population in the long-term. It goes without saying that consolidating these pillars will take constant and gradual work. But it is also important to pursue some avenues that simultaneously target provincial governance, institutions delivering services, and communities and individuals, who are ultimately the ones for whom this governance and these institutions exist.

The last recommendation put foward in this report relates to mental health and addictions. This has been a priority identified by the francophone community and the recommendation aims to foster cooperation with the LHINs in order to improve access to French-language mental health and addictions services. A summary of these recommendations can be found in Appendix 6 — *Summary of recommendations*.

Towards an equitable system

Pillars for improving health

a) Access Points

Structural Recommendation: Access Points

Create, maintain and support the development of French-language health care service access points that are linguistically and culturally appropriate for Ontario's Francophone population.

Improving and increasing access points is obviously at the heart of the strategy for improving Francophone health. As highlighted in the section on cultural competence, it is imperative to implement the creation of institutions that are capable of offering services in French and that possess a high level of cultural competence.

The need for such institutions is found over the entire territory. Every community consulted by the Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO) has indicated a lack of available French-language services. As expected, these gaps vary in terms of the level and type of service provided.

Moreover, we are noticing too many anecdotal French-language services, meaning that the services are offered if there is a

Francophone health professional who happens to be present, instead of as a result of a clear and institutional will to provide services in French. To ensure long-term service delivery, it is important to foster a systemic delivery of French-language services.

Specific Recommendation: Develop a Joint Working Mechanism for Designation

Develop a joint working mechanism with the LHINs for the designation of institutions, as set forth in Regulation 515/09 of the Act, 2006.

There is a mechanism, based on the French Language Services Act, that was created with the intention of fostering the capacity to offer French-language services. We are referring to identification and, more specifically, to designation. Even if designation does not ensure service delivery, it represents a step in the right direction. All identified institutions should definitely be encouraged to request designation. Consequently, we suggest creating a joint working committee immediately, with a mandate to simplify and improve identification and designation opportunities to increase services to the francophone community. In the past year, the RMEFNO has reviewed and thoroughly analyzed all of the designation plans in the North East region. The work of the RMEFNO in this project contributed to the designation of seven organizations. The RMEFNO would like to emphasize the importance of continuing this work with the North East LHIN, as well as confirm its commitment to the identification and designation process, which serves to improve the accessibility of French language health services. Given that there are no designated agencies in the North West LHIN region, joint efforts need to be pursued in order to identify ways to increase the offer of French language health services within the identified agencies in the region, as well as in areas where needs are present.

Specific Recommendation: Promote an Active Offer

Promote an active offer of French-language health services, by raising awareness and by supporting organizations.

In some cases, French-language services are available, but in most cases, Francophones are either not aware of their availability, or are not comfortable requesting them. François Boileau, French Language Services Commissioner of Ontario, alludes to this fact in his special report on health:

> *Active offer is one part of the solution. It has been shown, time and time again, that active offer has a considerable impact on the demand for services. The more actively a service is offered, the more demand there is for it. This is as true for health as for any other sector.*[18]

Specific Recommendation: Support and Work With the Communities of Thunder Bay and Timmins

Given that gaps were identified in French-language services in Thunder Bay and Timmins, and given that these communities have clearly shown their commitment to find solutions for these gaps, we recommend that both LHINs work with their respective communities to find a solution for providing equitable access to French-language health services that address the communities' specific needs.

As gaps in health services offered to Francophone communities were identified, two regions appeared to stand out not only because of the severity of the gaps but also because of the communities' efforts to find solutions. In Timmins and Thunder Bay, gaps in French-language services are putting the health of the Francophone population at risk. More importantly, the communities seem ready to make all necessary efforts to find solutions for these

[18] Office of the French Language Services Commissioner. (2009). Special Report on French Language Health Services Planning in Ontario. Toronto, Ontario.

gaps.

Timmins' Francophone community has indicated that setting up a Francophone community health centre is a priority. A partnership of local organizations prepared a business plan[19] in 2011, and the Timmins and District Hospital supported this project in a letter to the Health Minister.[20]

Thunder Bay's Francophone community has been working for years to implement a Francophone multiservice centre with a health care component.[21] This centre would offer primary health care services, as well as promotion and prevention services.[22] The importance of this project was brought up several times during the Carrefour santé meetings in Northwestern Ontario.[23] The feasibility and planning phases of this project have received and continue to receive federal funding.

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[19] A community health centre in Timmins. Business plan. (April 2011). Document available through the Alliance de la francophonie de Timmins.

[20] Letter of support for the Francophone Community Health Centre in Timmins sent to Deborah Matthews, Minister of Health and Long-Term Care, in July 2012. Document available through the Alliance de la francophonie de Timmins.

[21] The needs of Francophones with regards to primary care and promotion and prevention were identified in a study published in 2007: “Ma santé, en français SVP!”

[22] Business plans for the multiservice centre and for a housing cooperative inside the centre were done in 2009 and 2011.

[23] RMEFNO Planning Officers note that leaders in the Francophone community highlighted the importance of the project on two occasions during Carrefour santé meetings.

b) Human resources

Structural Recommendation: Human Resources

Increase the availability and improve access to qualified French-speaking human resources where they are needed. This involves a training component and a human resources planning component.

It is impossible to offer French-language services in the absence of French-speaking professionals or support staff. How many times have organizations told us that they have a very hard time recruiting Francophones? The simple task of recruiting can be particularly problematic and complex. It is clear, however, that solutions and best practices do exist, and these must be identified and shared. Culturally and linguistically competent staff are essential to ensure quality of care. Thus, all efforts must be made to develop and foster the presence of Francophone staff in areas where there is a glaring need.

Specific Recommendation: Offer Training on Cultural and Linguistic Competences

Develop and implement an approach to continuous training adapted for Northern Ontario with a view to improve cultural and linguistic competences in all organizations providing services to Francophones.

The link between organizations' cultural and linguistic competences is a determining factor in the quality of care offered in minority communities. This is why we believe that efforts will have to be made to increase this type of competence over the entire territory of both LHINs.

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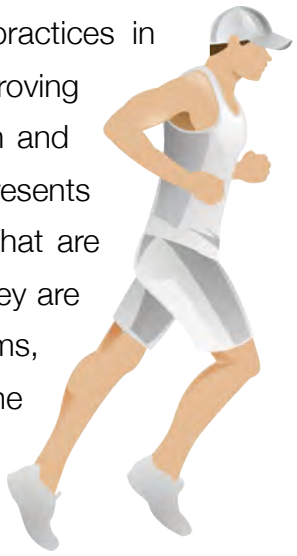
c) Prevention and Promotion

Structural Recommendation: Promotion and Prevention

Support the development and implementation of linguistically and culturally appropriate health promotion programs focused on determinants of health and designed to improve the health status of the Francophone population.



The World Health Organization is looking into best practices in health. Like most organizations, it is finding that improving health means considerably increasing health promotion and disease prevention services. For Francophones, this presents both a priority and a challenge. Too often, programs that are available are simply not offered in French, or worse, they are basically a carbon copy of the Anglophone programs, thereby not respecting cultural differences. To ensure the success of various strategies, programs must be culturally and linguistically appropriate. Although promotion and prevention do not fall within the LHINs mandate, several organizations they fund offer promotion and prevention services. In this regard, promotion and prevention services should be more integrated within the service continuum.

Specific Recommendation: Use Technologies for Promotion and Prevention

Increase the use of videoconferencing and Web tools to improve access to training and workshops on promotion and prevention. This approach would also make it possible to serve areas with a small number of Francophones.

One of the main challenges in Northern Ontario continues to be its geographic size and the remoteness of Francophone communities.

This often leads to increased isolation and makes access to promotion and prevention programs more difficult. It is therefore imperative to use technological tools to reduce this isolation, such as videoconferencing, webinars and e-learning platforms.

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d) Community Engagement and Service Planning

Structural Recommendation: Engagement and Planning

Ensure that Francophone communities have a more active role in the planning of French-language services and in self-management of their health.

It is impossible to improve the health of a population that is not fully engaged. Taking charge of one's health is crucial to improving it in the long term.

As a result, we must constantly ensure that citizens can truly participate in the process and be engaged. An individuals' health is considerably more influenced by their engagement then by the services offered to them. This is why client-centered practices and placing individuals at the heart of the institutions' reason for existence is so important. Too often, the opposite seems to be true. If we truly want to improve the health of Ontarians, we must empower them so they take a significant place in all aspects of their health, including the planning of service delivery.

Specific Recommendation: Ensure the Collection of Pertinent Data

Implement or adapt the information systems as soon as possible to enable data collection on Francophones in the following areas:

- service utilization;
- health status of the population;
- development and presence of Francophone human resources.

To enable Francophone communities to take charge of their health and improve the quality of decision-making, it is absolutely essential to provide ongoing and reliable data on Francophone health. There is currently very little reliable data on this subject. It is imperative that existing information systems start collecting data as soon as possible and be able to determine the clients' mother tongue. Otherwise, it will always be more difficult for stakeholders, especially communities, to be effectively involved.

Specific Recommendations: Use New Approaches for the Collection of Pertinent Data

Increase the planning capacity through new approaches such as geographic information systems.

Geographic information systems are leading-edge health services planning tools. With pertinent data and information on communities, it is important to start implementing these types of tools in order to visualize and analyze the real needs of our communities.

Specific Recommendation: Use a Francophone Lens

Recommend (require if possible) the use of the Health Equity Impact Assessment (HEIA) tool in all LHIN and health service organizations' initiatives, to serve as a Francophone lens.

Too often, and without ill intention, we develop programs, projects or services without having first reflected on the reality experienced by the Francophone communities. It is always more difficult to make adjustments after implementation. This also results in the community appearing as needy, as it requests for inclusion. If Francophone concerns were included in the design and development of services or projects, this would make our actions considerably more effective. This is why we believe that a Francophone lens would add an important value to the system. The Ministry has already developed such a tool. The Health Equity Impact Assessment (HEIA) features an extensive section on Francophones and could be used initially as the Francophone lens.[24] In addition, the Ministry highly recommends the use of this tool.

Specific Recommendation: Include French-Langage Services in Agreements with Providers

Include, where relevant, in agreements with providers, the duty to offer French-language services **and assess these services**.

Providers offering services to Francophones should be accountable to the LHINs and the communities for the quality and the relevance of services provided. Accountability agreements between the LHINs and the providers should clearly state obligations relating to French-

[24] Ontario Government - Ontario Ministry of Health and Long-Term Care. (2012). Health Equity Impact Assessment. http://www.health.gov.on.ca/en/pro/programs/heia/, consulted consulted on January 30, 2013

language services delivery where applicable.

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e) Mental Health and Addictions

Special Recommendation: Mental Health and Addictions

Create and participate in a joint committee between the RMEFNO and the LHINs to assess the state of French-language mental health and addictions services, as well as the needs in this area and the possible solutions. This committee would examine, among others:

- **The importance of encouraging the Ministry of Health and Long-Term Care, funding agencies and Health Service Providers to increase the availability of culturally and linguistically appropriate promotion and prevention programs for Francophones.**
- **The implementation of methods for collecting data on French-language mental health and addictions services.**

Throughout the activities for community engagement performed by the RMEFNO over the past two years, it has become obvious that we need to urgently look into mental health and addictions services for the Francophone community. Preoccupations and concerns, which are often of an urgent nature, have been brought to our attention on multiple occasions. The LHINs and the RMEFNO need to work together to better understand the existing gaps and find solutions to ensure access to linguistically and culturally appropriate services in this crucial area.

Some types of services require an excellent understanding of the language and culture, and among these services, mental health and addictions services are probably the most sensitive. How is it possible to understand mental health problems without understanding the context surrounding the person?

And Tomorrow

As we move forward, the LHINs and the RMEFNO will need to continue to work closely together in order to develop collaborative working habits. We must base our partnership on respect and a joint vision of the improvements we want to make for the health of our communities.

We are optimistic. We are lucky to be working with two LHINs who are very keen on listening to the needs of Francophones in this province. The efforts you have made have produced constant and undeniable results however, there is still much work to be done.

The RMEFNO, as the planning entity for the North, must work on consolidating its mechanisms of engagement as well as improve its planning tools. Finally, we must also work to better integrate our objectives with the LHINs' objectives in order to ensure the efficacy and congruence of our activities.

With this continued collaboration, we will be able to ensure that the work that is done by the LHINs and the RMEFNO has a positive impact on the health and well-being of the Francophone population.

Appendices

Appendix 1 - Planning Entities

French-language health planning entities were created for Northern Ontario pursuant to the Act that created the Local Health Integration Networks. The Act highlighted the need for the LHINs to engage a "French-language health planning entity" within its own engagement activities, as stated in section 4:

> *Local Health System Integration Act, 2006*
>
> *(4) In carrying out community engagement under subsection (1), the local health integration network shall engage,*
>
> *(a) the Aboriginal and First Nations health planning entity for the geographic area of the network that is prescribed; and*
>
> *(b) the French language health planning entity for the geographic area of the network that is prescribed. 2006, c. 4, s. 16 (4).*[1]

The government then developed a regulation that defined and created these entities. It specified their individual mandates, with engagement of Francophone communities in the French-language health services planning process being a major key element of that mandate.

Based on this, the role of the RMEFNO is to collaborate with the North East and North West LHINs to identify and meet the needs of Francophone communities for French-language health services. The RMEFNO is responsible for finding ways of engaging the Francophone community over the entire territory and, to meet this objective, it has defined and developed a structure aimed at fostering a high level of citizen engagement for the planning of French-language health services.

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[1] In the Local Health System Integration Act, 2006, the Ministry recognizes the importance of engaging the Francophone community. http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_06l04_e.htm#s16s4, consulted on January 2013

The structure for engagement must have various mechanisms allowing Francophone citizens to take charge of improving French-language health care and services in their region or community.

The RMEFNO exists to ensure that Northern Ontario Francophones have access to a set of quality French-language health programs and services that meet their needs. Thus the Francophone citizen is the client and the RMEFNO becomes part of the system, as an organization allowing Francophones to take part in French-language health services planning at a more local and personal level than the LHINs, whose mandate is more regional in nature.

Appendix 2 - Levels of Community Engagement

The Réseau du mieux-être francophone du Nord de l'Ontario believes it is important to think of engagement on a continuum. Several authors and organizations have already proposed typologies ranking engagement in categories according to the degree of influence and participation in decision-making for which it allows. For example, Sylvain Vézina, from the *Université de Moncton*, proposed a three-level typology: inform, consult, engage. Sherry Arnstein proposed an eight-level scale for citizen participation, ranging from manipulation to citizen control. The Réseau du mieux-être francophone du Nord de l'Ontario based itself on the typology developed by Health Canada.

Inform	Consult	Engage	Collaborate	Empower
Lower	Degree of influence and participation in decision-making			Higher
				
Information received, information shared.	I listen and I speak. You listen and you speak.	We listen and we understand each other.	We decide.	We are responsible and accountable.

This typology is simple, and it allows to differentiate between real levels of citizen participation.

The following paragraphs briefly explain our categorization of engagement. The symbols accompanying the categories represent the type of interactions between the players. A more thorough analysis, examining implementation activities, is presented in the document **"L'engagement des communautés francophones,"** which is available, in French only, on the RMEFNO's website on the *Carrefour santé* page.

The first level, **"Inform"**, represents the lowest level of participation. This level is the least complex, as the participants' degree of influence is minimal. At this level, information must

be disseminated to the population, but the population does not have influence or a say in the decisions. This level of engagement can be used effectively in education and awareness-raising programs. For example, public health programs (tobacco control, alcohol control, etc.) often use this strategy. However, this level of engagement cannot be considered sufficient for the engagement sought by the Ministry and the LHINs. Already, in 2006, the Ministry had clarified the notion of community engagement to include elements that involved higher levels of citizen engagement and participation. At this level of engagement, the organization seems somewhat sincere, since it takes the time to educate the population, even if this is often done after the decisions have been made.

The second level, **"Consult"**, gives the population a voice. Activities are still specific; they generally address one subject only and are targeted to the general public. At this level, the decision-makers need more information to make their decisions, and they obtain this information from the communities. They are fully responsible for the decision and the communities' role is limited to contributing information necessary for decision-making. At this stage, there is no need for dialogue and the decision-makers do not need to justify their decision. We must note, however, that from the communities' point of view, this stage often generates expectations that are frequently not met. The objective at this level is not to involve the communities in decision-making, but to gather more information. It is therefore important to clarify participants' expectations in relation to the information that is collected. The notion of engagement often stops at this level, meaning that organizations consider that by consulting, they are engaging, and that this is sufficient to meet their community engagement responsibilities. In our opinion, it is obvious that this level does not yet reach true engagement and that we need to go further if we want to benefit from the contributions our communities can make.

The third level, **"Engage"**, is where we can truly see the engagement of the citizen. From this point on, there is a dialogue between both parties and decisions can be influenced. Thus organizations have to set up decision-making processes where they agree to integrate communities as decision-makers. Obviously, the degree of decision-making capacity granted to the community can vary and must be limited based on the context. The relationship's complexity is increased, since there is now bilateral communication and each party has something to be gained from discussion. To our knowledge, very few organizations other than communities make it to this level.

The fourth level, **"Collaborate"**, distinguishes itself by the fact that participants can mutually influence each other. At this level, citizens are able to modify policies and decisions which affect them. They discuss among themselves and are involved in finding solutions that will be implemented. This level also marks the transition to ongoing activities, since specific activities were mostly associated with previous levels. In the two last levels, partnerships are created.

The fifth and final level is **"Empowerment"** where managerial powers are transferred to citizens. The latter accept part of the responsibilities in exchange for their engagement in the process. At this level, the degree of influence and the degree of complexity are very high, since management is shared. Engagement at this level is hard to reach, but it is definitely exemplary, since citizens are very involved in the process and motivated because they see the potential for change.

Appendix 3 - *Carrefours Santé*

The *Carrefours santé* are committees of Francophone citizens that gather to talk about the health care needs of the local Francophone community and how to respond to them. *Carrefours* are not decision-making bodies. They simply act as a meeting place. Ideally, each *Carrefour* is representative of the makeup of the local Francophone community. If this is not the case, the *Carrefour* must take into consideration the members who are under-represented when planning activities for engagement.

Mandate/Role
✓ Encourage community engagement within the Francophone community.
✓ Act as a community leader to discuss improvements to French language health care services with the RMEFNO. Its purpose is to look at ways of improving the overall health of the local Francophone community.

Objectives	
✓ Represent all Francophone citizens in their community.	✓ Act as a spokesperson between the community and the LHIN through the RMEFNO.
✓ Analyze and understand information received from the RMEFNO.	✓ Foster public awareness.
✓ Consult and engage: encourage community engagement through forums, workshops, chats, etc. ✓ Find and propose innovative solutions.	✓ Collect data and identify Francophone community needs with regards to French language health care services. ✓ Establish community synergy by identifying and creating partnership opportunities with various Francophone community organizations, whether they are active or not in the health care field.

Expected outcomes
Increased and ongoing community engagement whereby the Franco-Ontarian community can influence the French-language health services planning in the North:
✓ To ensure access to quality services and care in line with the realities of the North.
✓ To improve the health of the Francophone population.

The presence of a *Carrefours santé* should enable all members of a community to have an active role in the self-management of their health by becoming a key player in their own well-being.

Appendix 4 - Demographics on Francophones

At the time of the 2011 Census, according to the Inclusive Definition of Francophone (IDF), there were approximately 135,000 Francophones on the RMEFNO territory. The tables that follow show a breakdown of these Francophones across the different districts of the North West and North East.

	Total Population:	*Francophone Population:*	*% of Francophones in Total Population:*
North East	544 675	127 260	23,4 %
Algoma	114 345	8 115	7,1 %
Cochrane	80 220	37 185	46,4 %
Greater Sudbury	158 805	45 735	28,8 %
Manitoulin	12 835	395	3,1 %
Nipissing	83 515	20 915	25,0 %
Parry Sound	41 760	1 300	3,1 %
District of Sudbury	21 090	5 625	26,7 %
Timiskaming	32 105	7 990	24,9 %

	Total Population:	*Francophone Population:*	*% of Francophones in Total Population:*
North West	221 540	7 605	3,4 %
Kenora	57 110	1 355	2,4 %
Thunder Bay	144 285	5 875	4,1 %
Rainy River	20 145	375	1,9 %

	Total Population:	*Francophone Population:*	*% of Francophones in Total Population:*
North West	221 540	7 605	3,4 %
Nord East	544 675	127 260	23,4 %
Total of RMEFNO's territory	766 215	134 865	17,6 %

Appendix 5 - RMEFNO Guiding Principles

LE RÉSEAU DU MIEUX-ÊTRE
FRANCOPHONE
DU NORD DE L'ONTARIO

Recognize the essential role of the Franco-Ontarian community (FOC) in Northern Ontario and encourage its members to take the measures and make the efforts needed to preserve their language and their culture.

Recognize that any management, which is entirely or partially Francophone, must have financial and decisional authority to plan and implement programs and services that meet the specific needs of the FOC.

Maintain any and all existing Francophone governance within institutions offering French-language health services. Without having experienced the reality of being a member of the minority, it is impossible to understand the impact and relevance of various administrative decisions on Francophone language and culture. Any reduction in governance by and for the FOC will increase the rate of assimilation.

Recognize that the LHIN has an obligation to engage the RMEFNO in any endeavour or decision that could impact the FOC according to the mandate given to the RMEFNO by the provincial government, to act as a planner of French-language health services.

Raise awareness among health service providers in non-designated areas about the importance of recognizing the needs as well as the cultural and linguistic differences of the Francophone community and encourage them to note the importance of developing quality services that are relevant for Francophones.

Enable all members of the FOC to have access to French-language health services that respect their linguistic and cultural needs.

Recognize that the administrative structure of any institution offering French-language health services must be able to ensure equitable and fair French-language services.

Recognize that members of the linguistic minority can have certain health care needs that differ from those of the majority. This reality needs to be taken into account by fostering the development of French-language health services: institutional sectors (i.e. hospitals and long-term care); primary and community care (e.g. health centres and home care); and mental health (including addictions).

Set up a structure allowing Francophones to govern French-language services in any institution that offers French-language health services and does not have Francophone governance.

Preserve any environment where French is the working language and encourage members of the French-Ontarian community to work in French in any environment where they are. It is imperative to foster the linguistic and cultural growth of Francophone professionals and other employees offering French-language health services and care.

Appendix 6 - Summary of Recommendations from the 2012-2013 Advisory Report

Category	Type	Recommendation
Access Points	Structural	1. Create, maintain and support the development of French-language health care service access points that are linguistically and culturally appropriate for Ontario's Francophone population.
Access Points	Specific	1.1 Develop a joint working mechanism with the LHINs for the designation of institutions, as set forth in Regulation 515/09 of the Act, 2006.
Access Points	Specific	1.2 Promote an active offer of French-language health services, by raising awareness and by supporting organizations.
Access Points	Specific	1.3 Given that gaps were identified in French-language services in Thunder Bay and Timmins, and given that these communities have clearly shown their commitment to find solutions for these gaps, we recommend that both LHINs work with their respective communities to find a solution for providing equitable access to French-language health services that address the communities' specific needs.
Human Resources	Structural	2. Increase the availability and improve access to qualified French-speaking human resources where they are needed. This involves a training component and a human resources planning component.
Human Resources	Specific	2.1 Develop and implement an approach to continuous training adapted for Northern Ontario with a view to improve cultural and linguistic competences in all organizations providing services to Francophones.
Prevention and promotion	Structural	3. Support the development and implementation of linguistically and culturally appropriate health promotion programs focused on determinants of health and designed to improve the health status of the Francophone population.
Prevention and promotion	Specific	3.1 Increase use of videoconferencing and Web tools to improve access to training and workshops on promotion and prevention. This approach would also make it possible to serve areas with a small number of Francophones.

Category	Type	Recommendation
Engagement and Service Planning	Structural	4. Ensure that Francophone communities have a more active role in French-language services planning and in self-management of their health.
Engagement and Service Planning	Specific	4.1 Implement or adapt the information systems as soon as possible to enable data collection on Francophones in the following areas: • service utilization • health status of the population • development and presence of Francophone human resources
Engagement and Service Planning	Specific	4.2 Increase the planning capacity through new approaches such as geographic information systems.
Engagement and Service Planning	Specific	4.3 Recommend (require if possible) the use of the Health Equity Impact Assessment (HEIA) tool in all LHIN and health service organizations' initiatives, to serve as a Francophone lens.
Engagement and Service Planning	Specific	4.4 Include, where relevant, in agreements with providers, the duty to offer French-language services **and assess these services**.
Mental Health and Addictions	Structural	5. Create and participate in a joint committee between the RMEFNO and the LHINs to assess the state of French-language mental health and addictions services, as well as the needs in this area and the possible solutions. This committee would examine, among others: • The importance of encouraging the Ministry of Health and Long-Term Care, funding agencies and Health Service Providers in order to increase culturally and linguistically appropriate promotion and prevention programs for Francophones. • The implementation of methods for collecting data on French-language mental health and addictions services.

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