



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

Recommendation Report

**Réseau du mieux-être francophone
du Nord de l'Ontario**

2014-2015

| | |
|--|-----------|
| Introduction | 3 |
| 2014-2015 Recommendations | 4 |
| 1. Continue the collaborative work | 4 |
| 2. Set up a joint LHINs/RMEFNO Governance and Management Committee | 5 |
| 3. Increase the RMEFNO's role in the designation process | 5 |
| 4. Follow-up on the priority issues identified during the LHINs-Entities-MOHLTC Forum | 6 |
| The Francophones of Northern Ontario and an Overview of French Language Health Services | 7 |
| Follow-Up to the 2013-2014 Recommendations | 15 |
| Conclusion | 28 |
| Appendix A | 29 |

Introduction

The recommendations put forth by the Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO) every year are based on the planning and community engagement activities that have taken place throughout the entire Northern Ontario area. Attending engagement activities and *Carrefours santé* (Health Hubs) meetings helps us to determine the needs and priorities identified by the Francophone communities. The information collected throughout the year, in addition to our ongoing work with the Local Health Integration Networks (LHINs) and other community partners, enables us to propose new recommendations to improve French health services. This year, we are adding four new recommendations.

For the first time since the onset of our collaboration with the North East Local Health Integration Network and the North West Local Health Integration Network, we have developed a work plan that also includes the monitoring of our recommendations. This allows us to support the LHINs as we plan actions together to address the recommendations. This exercise has also allowed us to jointly develop indicators and activities related to all of our recommendations. The 2014-2015 Report includes recommendations to consolidate the RMEFNO's role as a French language health planning entity by:

- Acting in its full capacity as a Francophone lens and as a resource to Health Service Providers (HSPs);
- Suggesting increased collaboration with respect to governance of the RMEFNO and its two LHINs;
- Improving its role with respect to the identification of HSPs who could be potential candidates for designation to offer French language services; and
- Following up on the recommendations that were identified at the provincial LHIN-Entities-Ministry forum.

2014-2015 Recommendations

This year, our recommendations are intended to increase the scope of the planning efforts for French language health services in Northern Ontario and to ensure greater coordination with respect to provincial-level issues. The recommendations include short- and long-term objectives that should allow the LHINs and the RMEFNO to implement actions in order to proceed with the whole of the recommendations put forth since 2011-2012 in the first report. Following are the recommendations we are making to the North West LHIN and the North East LHIN for 2014-2015.

1. Continue the collaborative work

The RMEFNO recommends that the LHINs continue working in collaboration with the RMEFNO according to the model that was implemented in the past year:

- Combined work plan of the Joint Annual Action Plan (JAAP) Work Plan and the Recommendations Work Plan,
- Joint LHIN-RMEFNO working committees meetings on a regular basis,
- Quarterly updates on actions undertaken by the LHINs and the RMEFNO related to the joint work plan,
- Presence of the RMEFNO in LHIN committees with Health Service Providers,
- Including the RMEFNO in the designation process in the North East and in the work with identified providers in the North West,
- Participation of the RMEFNO in the LHINs' community engagement activities where appropriate,
- Support from the RMEFNO to Health Service Providers, with respect to designation plans, community engagement with Francophone communities, and as a resource to support their efforts to improve their French language services.

Working collaboratively with each LHIN on the Recommendations action plans has allowed for constant interactions and has led to recommendations that will best achieve the intended objectives. This collaborative work will also enable the RMEFNO to provide recommendations if and when required throughout the year. The collaborative work presented, as well as the recommendations put forth throughout the year, will allow for the work to progress without incurring undue reporting delays. Consequently, we are recommending that this work model be maintained in order to ensure ongoing monitoring. The table in Appendix A includes the recommendations put forth during the year and the results achieved. Although this table is not exhaustive, it provides some of the recommendations as examples.

2. Set up a joint LHINs/RMEFNO Governance and Management Committee

We recommend the creation of a joint LHINs-RMEFNO committee that will ensure a cascade of accountability and engage the agencies as a whole with respect to the provision of French language health services. Comprised of the Executive Directors and the Boards of Directors, this committee would be in a better position to address recommendations related to issues that are beyond the operational level and could make decisions requiring the commitment of the organization as a whole, as well as issues where other LHINs and other French Language Health Planning Entities must necessarily work together.

3. Increase the RMEFNO's role in the designation process

The joint working mechanism developed over the last year by the North East LHIN and the RMEFNO for the designation process is promising. The RMEFNO was able to play its full role of French language health planning entity by being involved in the identification of health service providers for designation within the North East LHIN and the North West LHIN, as well as supporting health service providers in the North East in the completion of their designation plans and the update of existing plans.

The RMEFNO recommends that the two LHINs look at a collaboration model where the RMEFNO jointly evaluates the new designation requests as well as the designation plans of health service providers requiring an evaluation every three years.

4. Follow-up on the priority issues identified during the LHINs-Entities-MOHLTC Forum

The LHINs and the entities identified five issues related to the priority given to French language services in Ontario during the provincial forum that was held with the LHINs, the planning entities and the Ministry of Health and Long-Term Care. The issues are as follows:

- The importance of the Francophone lens at the provincial level, to allow the planning entities to play their full role in all health service planning processes across the province.
- A cascade of accountability must be established and maintained to create a clear structure that will ensure accountability at all levels of the health system.
- Develop a shared understanding of the roles and responsibilities – at the corporate level.
- Develop a shared understanding of the roles and responsibilities among the LHINs' and Entities' staff, at every level.
- Province-wide collaboration will be an essential part of efficiently addressing the issues.

The RMEFNO recommends that the LHINs work actively with the RMEFNO in order to implement the opportunities for improvement that were identified during the forum, with a view to improve French language health services in Ontario.

The Francophones of Northern Ontario and an Overview of French Language Health Services

The RMEFNO covers the territories of both the North East and North West LHINs. Each region has its specific considerations in terms of French language health services, Francophone population, population density, and type of service providers. The challenges associated with the active offer of French language health services, hiring of bilingual staff, and size of areas served by single service providers can vary significantly from one region to another. Historically, French language services have been more available in some regions, while the level and reach of French language services is inconsistent in other regions.

There are sometimes more Francophones than Anglophones in certain regions, for instance, North Cochrane, while Francophones in the North West are scattered across many communities, isolated from one another. The dynamics of all these communities are therefore quite varied and they all have to face different challenges. The majority of the recommendations that have been made in the past or that may be made in the future are intended for both LHINs. Needless to say, the reality of the regions is such that they are not all at the same level in terms of services or capacity. For this reason, the expected results and the results achieved that we discuss in the next section for the North East and North West regions are not the same. In these two regions, we work with different health service providers and the structure of the system itself is

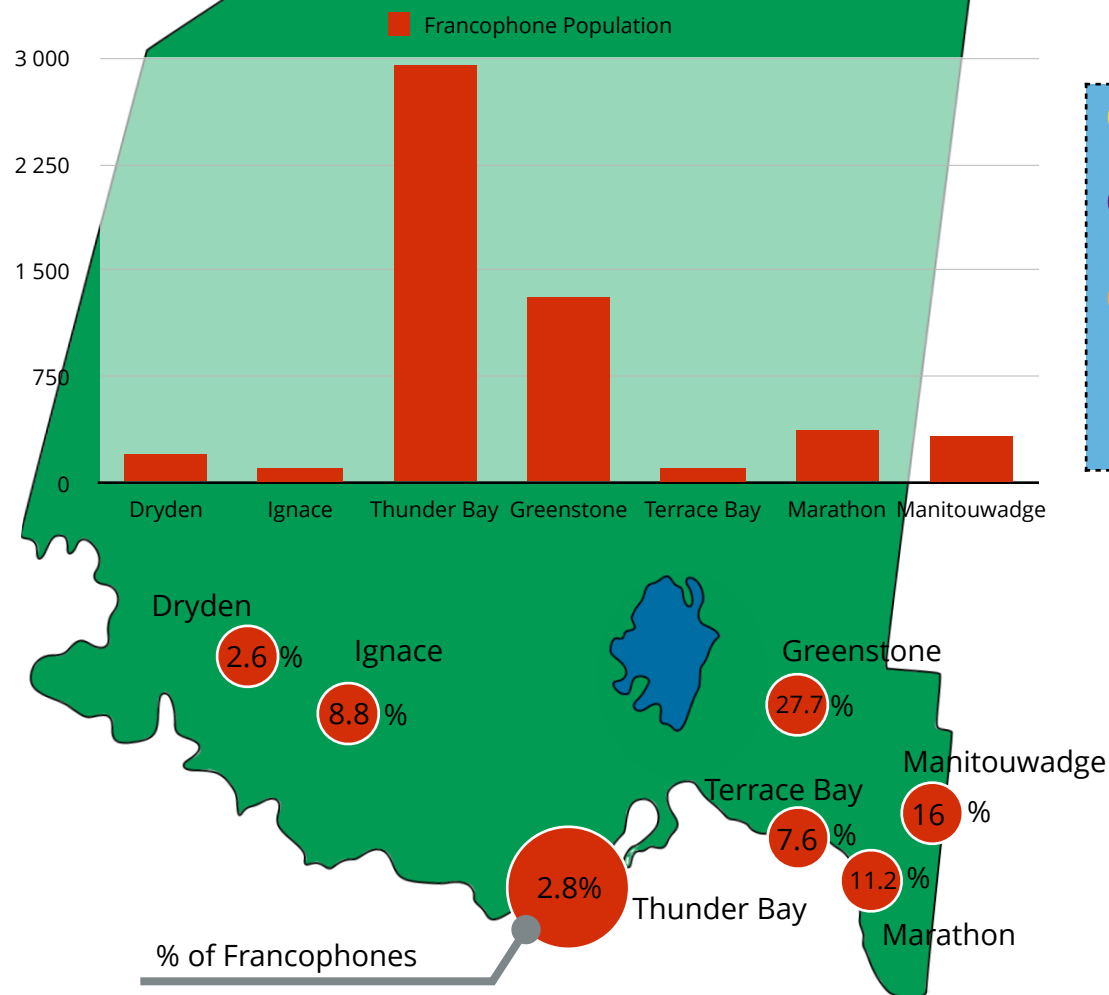


different. The North West has developed its Health Services Blueprint for the next ten years, which includes the creation of Integrated District Networks (IDN) that will encourage all health services providers in a given region to work collaboratively. In the North East, there are issues specific to each region; however, regional committees are looking at these issues for the whole of the North East LHIN's territory. The Health Links model is currently being implemented in many regions in the North East, and its implementation in the North West is different due to their work with IDNs.

While the expectations with respect to the implementation of our recommendations cannot be identical in both regions, the expectations in terms of access to equitable French language health services are, however, the same. The following overview of our regions in terms of population, service providers and challenges identified in each region, will be helpful in understanding, in their proper context, the follow-up of our 2013-2014 recommendations which is included in the next section of this report.

North West Region

The Francophone population in the North West is concentrated in Thunder Bay and in small communities of less than 10,000 people. Although distance is a challenge in terms of the organization of these communities, they remain vibrant nonetheless. Northwestern Ontario's total population is 231,120 people, 3.4% of whom are Francophone.



129 programs offered
by 96 providers

17 identified providers

Health Services Programs per Sector

- 2 Community Health Centres
- 14 Long-Term Care Homes
- 1 Community Care Access Centre (CCAC)
- 13 Hospitals
- 36 Mental Health & Addictions programs
- 63 Community Support Services
- + 14 Family Health Teams and 2 Public Health Units (not funded by the North West LHIN)

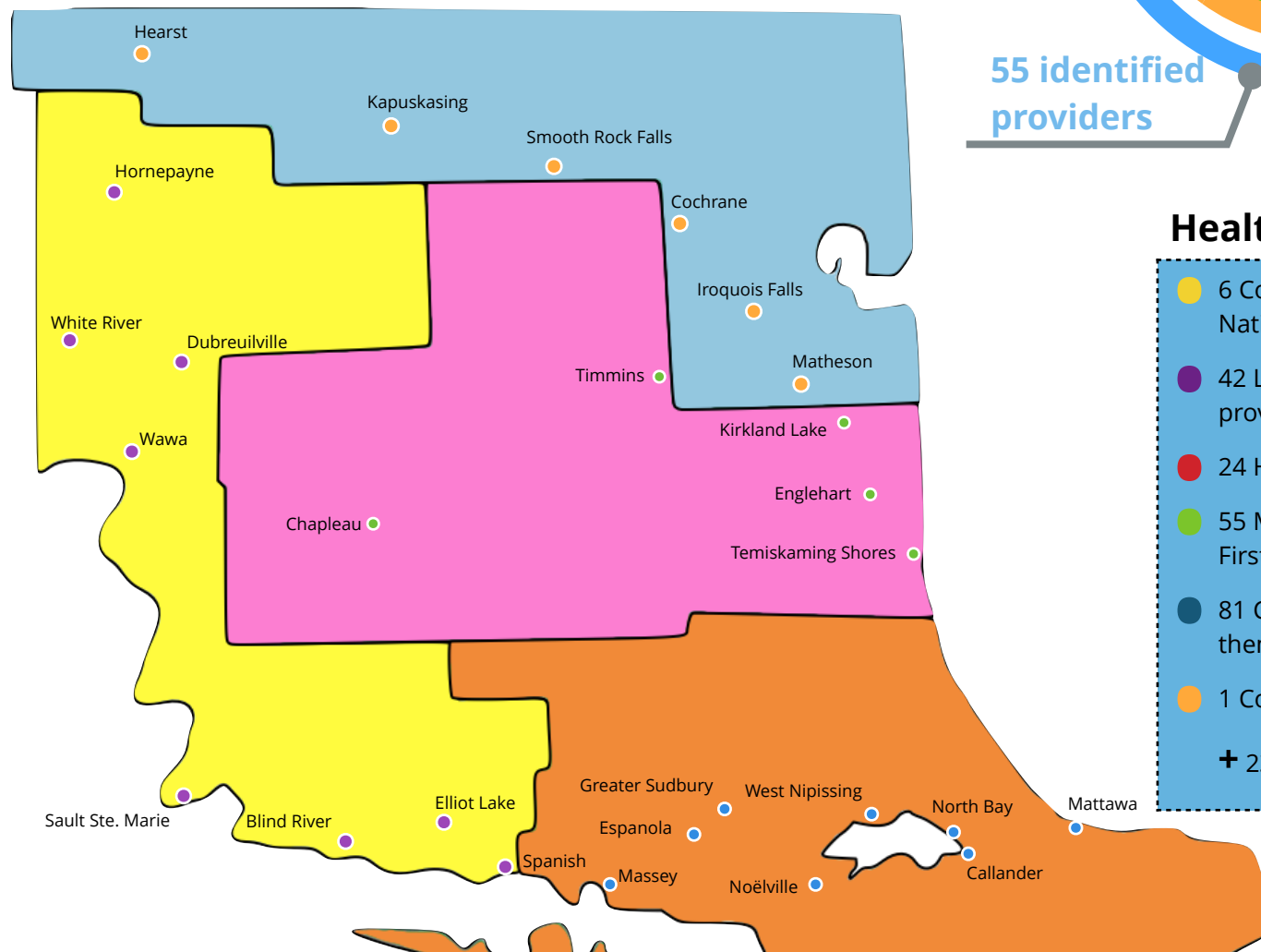
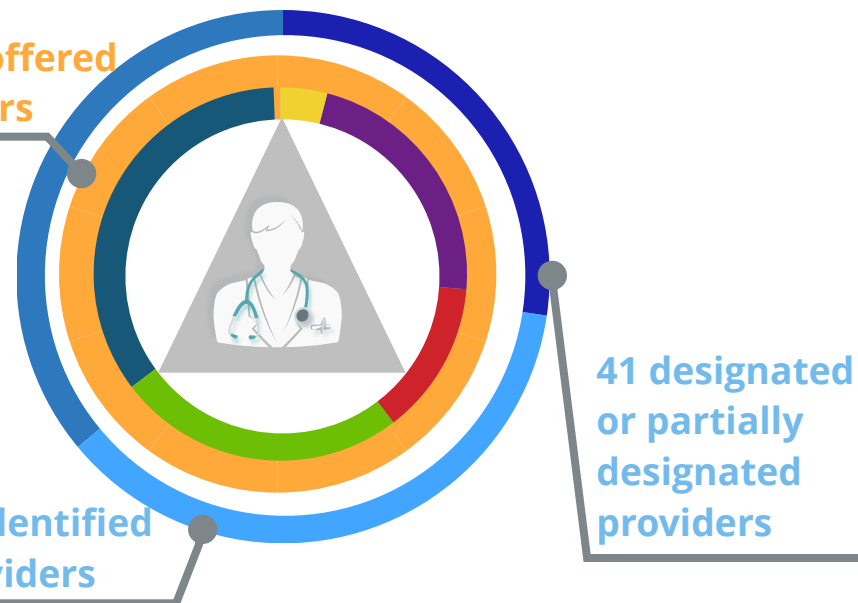
Challenges in this region

- The City of Thunder Bay is not designated to provide French language services
- There are no designated health service providers
- The lack of French-speaking human resources
- The distance between the small communities and Thunder Bay, the centre where the majority of services are provided.

North East Region

In the North East Region, the Francophones are found in urban centres such as the Greater Sudbury, North Bay, and Timmins, as well as in smaller communities which are fairly distant from the urban centres, such as Dubreuilville, Chapleau and Mattawa. The 544,675 Francophones in the North East Region represent 23.4% of its total population.

**209 programs offered
by 150 providers**



Health Services Programs per Sector

- 6 Community Health Centres (1 of them a First Nations provider)
- 42 Long-Term Care Homes (1 of them a First Nations provider)
- 24 Hospitals
- 55 Mental Health & Addictions programs (6 of them First Nations providers)
- 81 Community Support Services programs (25 of them First Nations providers)
- 1 Community Care Access Centre (CCAC)
- + 23 Other (not funded by the North East LHIN)

Health Services Programs per Sector

- 1 Community Health Centre
- 5 Long-Term Care Homes
- 6 Hospitals
- 7 Mental Health & Addictions programs
- 4 Community Support Services programs (3 of them First Nations providers)
- ✚ 3 Family Health Teams (not funded by the North East LHIN)

% of Francophones

Hearst

88.5 %

Kapuskasing

70.4 %

Smooth Rock Falls

71.3 %

Cochrane

40.6 %

Iroquois Falls

44.4 %

Matheson

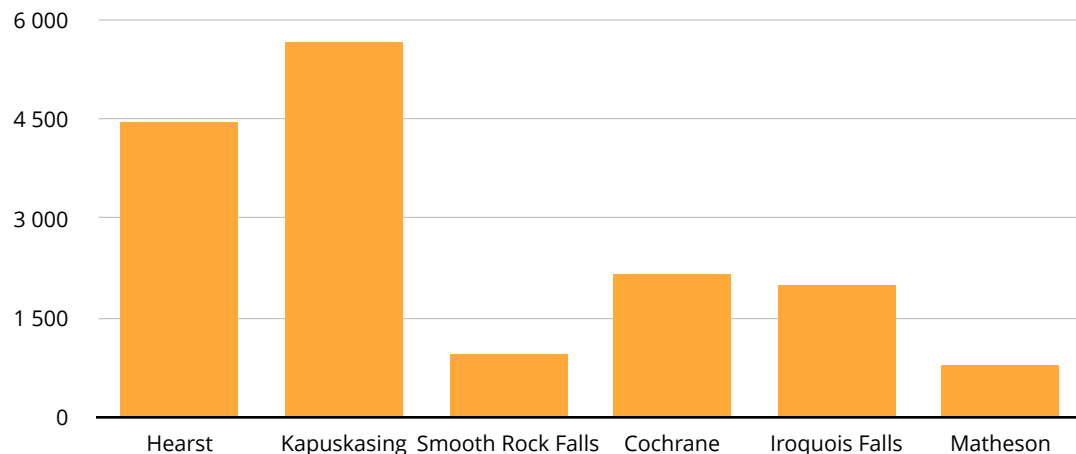
33.2 %

23 programs offered by 19 providers

4 identified providers

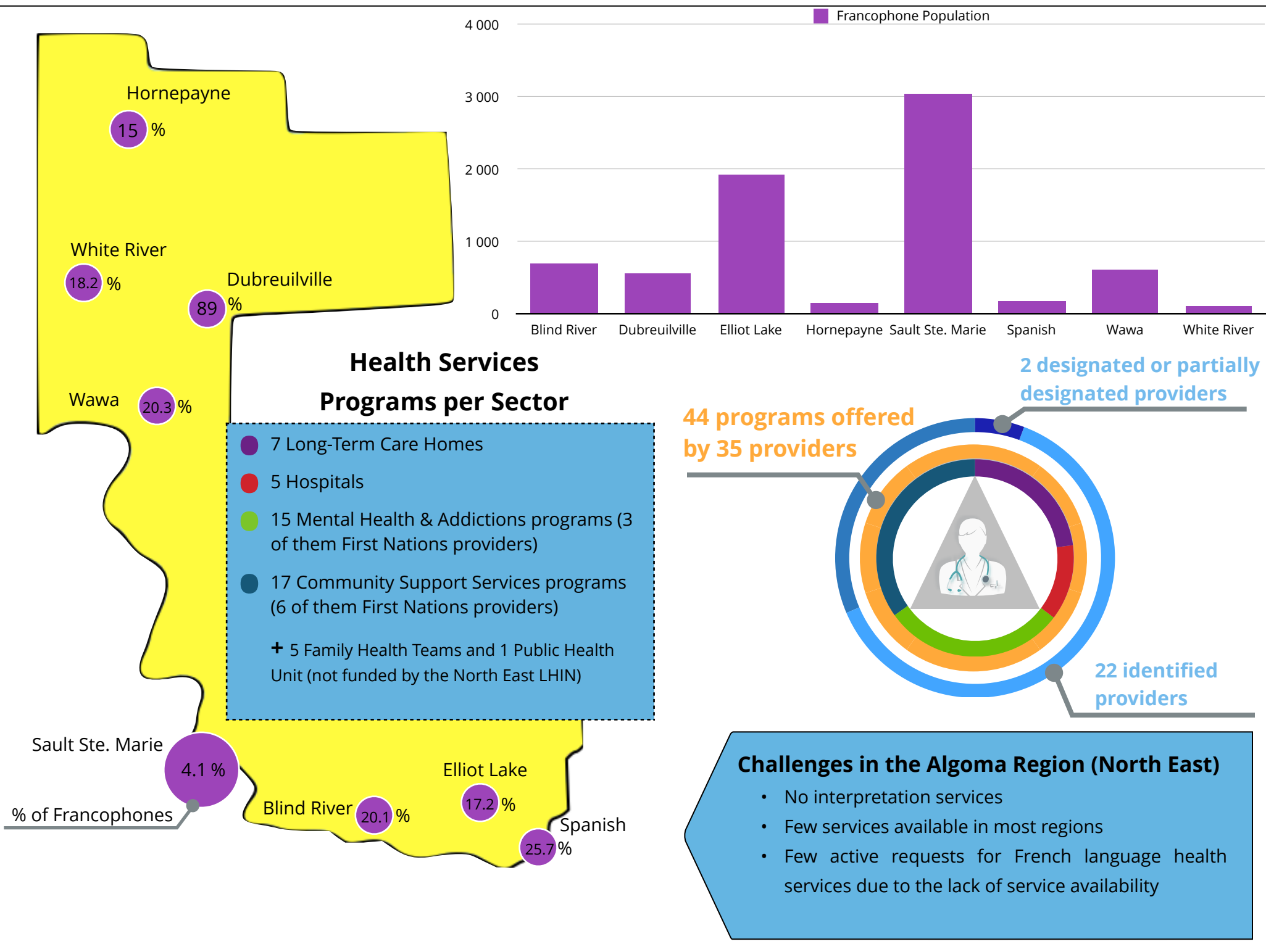
12 designated or partially designated providers

■ Francophone Population



Challenges in the North Cochrane Region (North East)

- Consistency of French language services despite designation
- Lack of active offer, even in majority Francophone communities
- Varying population density and availability of French-speaking human resources

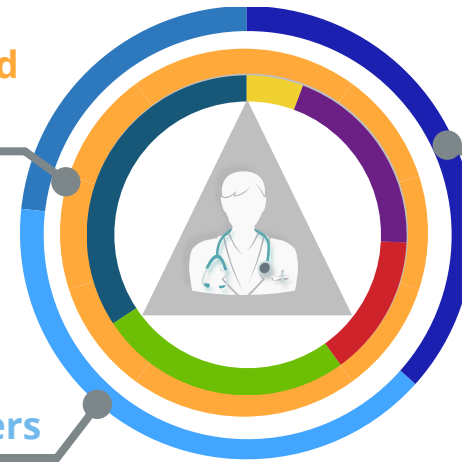


Health Services Programs per Sector

- 2 Community Health Centres (1 of them a First Nations provider)
- 7 Long-Term Care Homes
- 5 Hospitals
- 10 Mental Health & Addictions programs
- 16 Community Support Services programs (3 of them First Nations providers)
- + 7 Family Health Teams and 2 Public Health Units, one covering the Cochrane district and Hornepayne (not funded by the North East LHIN)

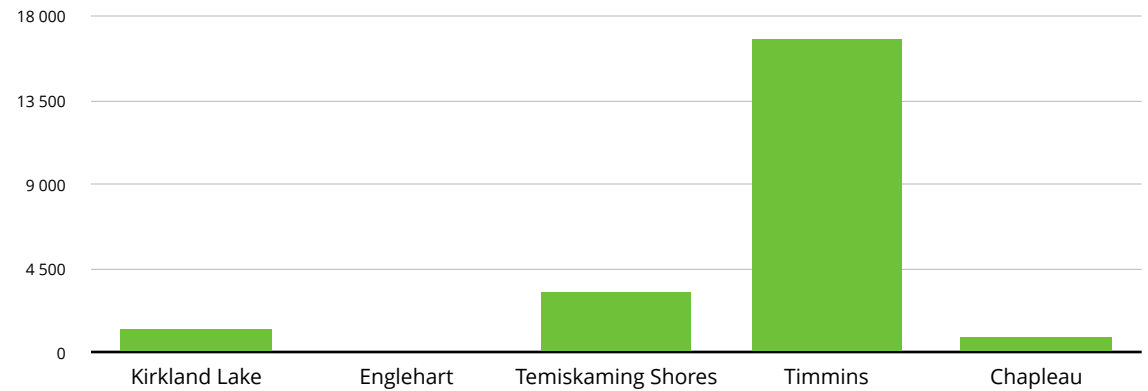
40 programs offered
by 30 providers

11 designated or
partially designated
providers



12 identified providers

■ Francophone population



% of Francophones

Timmins 39.5 %

Kirkland Lake 16.1 %

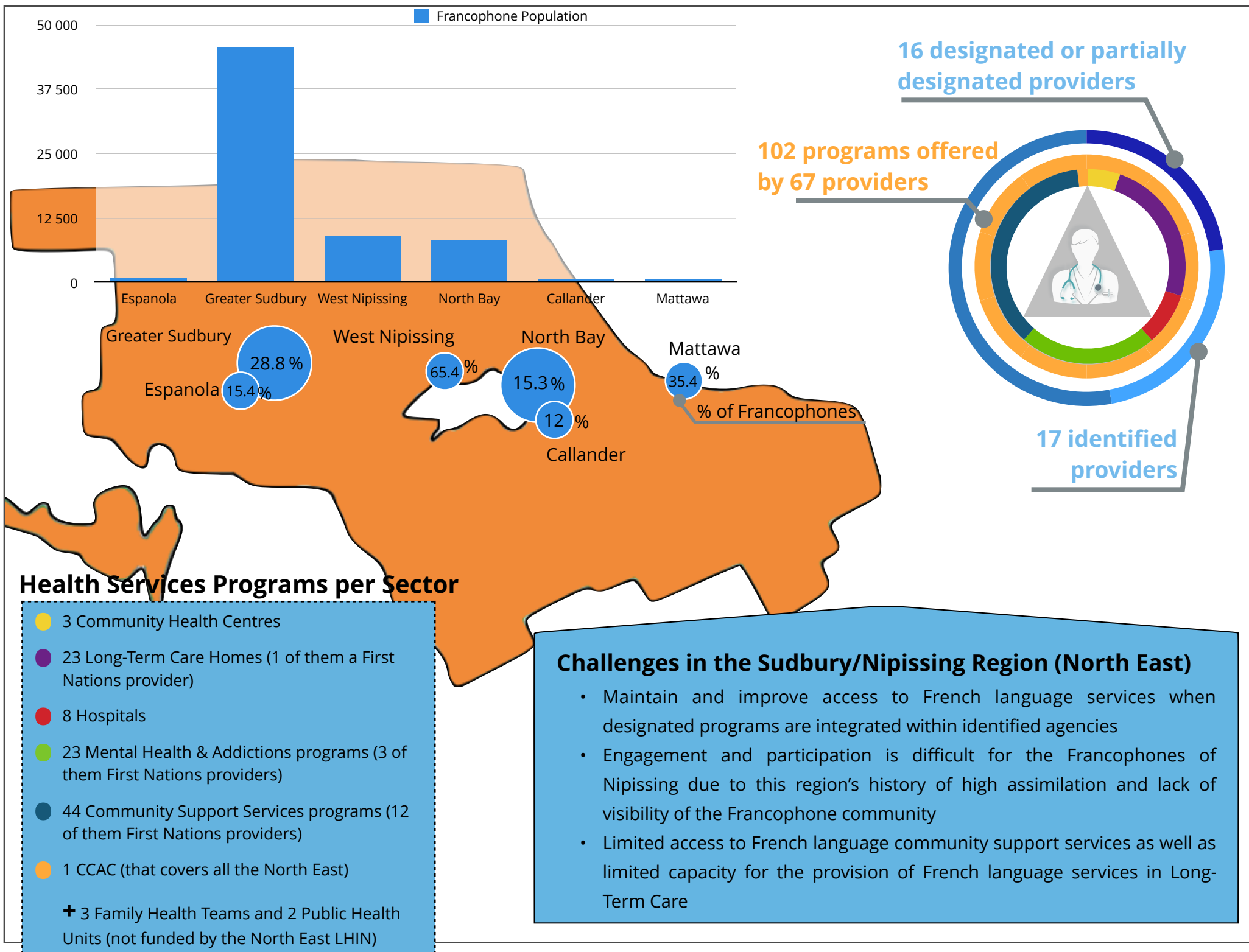
Englehart 5.5 %

Temiskaming Shores 32.3 %

Chapleau 40.6 %

Challenges in the South Cochrane/ Temiskaming Region (North East)




- Lack of active offer of French language health services from health services providers
- Limited number of French language services committees amongst health services providers
- Limited French-speaking human resources and problems related to recruitment, identification of bilingual staff, and evaluation of language skills



Follow-Up to the 2013-2014 Recommendations

The progress that has been accomplished during 2013-2014, as presented below, reflects the commitment of both LHINs with respect to improving access to equitable French language health services. The increasing cooperation between the LHINs and the RMEFNO allows for a better involvement in the planning of services and more focused recommendations throughout the year. The extent of the work still required to ensure that the populations in the North East and North West regions of Ontario have access to equitable French language health services remains significant, as can be seen from the status of our recommendations. Many of our initial recommendations related to structural issues have a long-term focus. Ongoing work will be required over a period of several years before the changes needed to achieve compliance with these recommendations can be implemented. The current work plan, which covers the period of April 2014 to March 2015, was developed to address the 2013-2014 Recommendations Report. It must be noted that, at the time this report is being written, we are eight months into the start of the work plan that was developed to follow up on the previous Recommendations Report. Some activities have not yet taken place given that they have been planned later in the year. We expect the work to continue and to see the completion of more activities by March 2015. Some of the 2013-2014 recommendations have been prioritized in the North East LHIN's work plan as they were consistent with their own priorities.

Legend – Follow-Up Table to the 2013-2014 Recommendations

| | |
|--|---|
| Actions of the North East LHIN |  |
| Actions of the North West LHIN |  |
| Progress Status of this year's activities to address the recommendation | N = not started S = started C = activity completed O = this is an ongoing recommendation |
| Recommendation identified as a priority in the North East LHIN's Work Plan |  |

Expected Outcomes and Achieved Results for the 2013-2014 Recommendations

1. Access Points

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.

A joint working mechanism was developed and implemented which allowed the RMEFNO to support 8 health service providers (HSPs) identified as potential candidates for designation. The RMEFNO provided support to 5 HSPs in the completion of their designation plan. The LHIN and the RMEFNO are developing a joint process for the evaluation of designated HSPs. The HSPs must provide a yearly report on their French Language Services (FLS) and the global results are shared with the RMEFNO. This mechanism provides support to the HSPs and ensures a better monitoring of the designation plans. The anticipated outcomes are an increase in the number of completed requests for designation as well as improvement in the provision of FLS by identified and designated HSPs.

S
★

A joint working mechanism has been implemented and the RMEFNO works with the LHIN to identify gaps in services as well as HSPs that could be potential candidates for identification as well as who should provide FLS. The annual evaluation of the HSPs' FLS Reports allows the RMEFNO to provide support to identified HSPs in increasing their capacity in terms of French-speaking human resources and active offer of FLS. The RMEFNO and the LHIN have also discussed regional strategies related to Integrated District Networks (IDNs) for FLS to be provided by identified HSPs.

S

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

The activities related to this recommendation are ongoing, and include the promotion of the active offer resource kit developed by the RMEFNO and distributed to 150 HSPs in the North East. The RMEFNO and the LHIN jointly launched the promotional video on active offer and the LHIN also promotes this video on its website.

C/O
★

The activities related to this recommendation are still ongoing. The LHIN was involved in and hosted the launch of the promotional video on active offer. Approximately 25 people were present for this event. The LHIN also promotes the active offer video and resource kit and will follow up with the HSPs. The LHIN also sent an email to the identified HSPs highlighting the importance of active offer of FLS.

C/O

1.2.1 Given their remarkable effectiveness as an educational tool, the RMEFNO recommends that the LHINs use the healthcare stories of Francophone patients provided by the RMEFNO as a best practice to raise health service providers' awareness of the importance of French language services.

| | |
|---|--------|
| The LHIN invited the RMEFNO to make presentations on active offer at two Patient Engagement sessions organized by the Change Foundation in North Bay and Sault Ste. Marie respectively. In response to the LHIN's request, the RMEFNO solicited the assistance of two Francophone patients who presented their stories to illustrate the importance of active offer of FLS. The LHIN and the RMEFNO also issued a joint press release highlighting access to FLS. These collaborative activities served to demonstrate the effectiveness of using concrete examples during specific activities to raise awareness and educate people on a given issue. The objective is to continue with this type of approach whenever it is appropriate to do so. | C/O |
| The LHIN invited the RMEFNO to a Patient Engagement forum organized with the Change Foundation. The RMEFNO made a presentation on the importance of active offer of FLS and solicited the assistance of a Francophone patient in sharing her story about her care experience. | C/O |
| 1.3 Support and Work with the communities of Thunder Bay and Timmins. | |
| Discussions and meetings took place with the community of Timmins and the LHIN. The LHIN initiated discussions regarding a work plan to meet the needs with respect to French language health services in Timmins. The work between the LHIN and the community needs to continue. | S |
| The activities outlined in the work plan allowed for the identification of the gaps in the availability of French language health services as well as the means to address these challenges. These discussions led to a meeting with the LHIN and the community in September 2014, where the participants had the opportunity to discuss the needs of Francophones with respect to Long-Term Care (LTC) and possible options for meeting those needs. | S |
| 1.4 In light of the particular vulnerability of the elderly Francophone population, the RMEFNO recommends to the LHINs that they work with health service providers delivering long-term care to review the process for allocating places in long-term care facilities. We recommend that patients' language be considered in the allocation of places in facilities offering services in French or in identified facilities. | |
| The LHIN will review the Long-Term Care (LTC) sector and explore the process for cultural designation of homes with the MOHLTC. LTC homes were asked to provide their FLS reports by September 15, 2014. | N ★ |
| The LHIN will examine the feasibility of promoting cultural services in LTC homes. A meeting with the LHIN, the Francophone community and the RMEFNO took place in September 2014 to discuss the possibilities and opportunities of providing FLS to the aging Francophone population. | S |

| | |
|--|---|
| 1.5 The RMEFNO recommends to the LHINs that they identify health service providers who demonstrate best practices in the active offer of French language services and encourage them to share these practices and success stories with other providers. | |
| In order to address this recommendation, the LHIN plans to identify HSPs who have demonstrated best practices in the active offer of FLS, and to promote the use of active offer best practices through the RMEFNO's active offer resource kit. | N |
| The LHIN has identified four HSPs that have demonstrated best practices in the active offer of FLS. Through its collaboration with the RMEFNO, the LHIN has fostered the sharing of best practices and has held two meetings with HSPs in order to share best practices related to active offer. | S |
| 1.6 The RMEFNO recommends that it be a stakeholder in the Health Links from the start of their planning and implementation so that it can act as the Francophone lens. We also recommend to the LHINs that they present us as an ally to health service providers in order to promote our integration into the process. | |
| The LHIN is very open to the idea of the Francophone lens. With their support, the RMEFNO is now involved with the Temiskaming and North Cochrane Health Links, and the LHIN is currently following up with the other Health Links in the region in order for the RMEFNO to be included as soon as possible. For instance, a request was forwarded for the RMEFNO to sit on the Algoma, Nipissing and Sudbury-Manitoulin Health Links as soon as they become operational. The LHIN asked the RMEFNO to give a presentation on active offer to the Health Links' steering committee and we have also been invited to provide a Francophone lens at the LHIN/Health Links meetings. With respect to the Timmins Health Link, in which the RMEFNO has not been involved, the LHIN is developing a communication plan which will include Francophone and Anglophone patient testimonials. | S |
| In order to address this recommendation, the LHIN has planned information sessions about the Health Links with the RMEFNO and will support its inclusion in all the working groups. In addition, the LHIN has made a commitment to work with the RMEFNO in order to facilitate its presence at community engagement activities related to the implementation of its Health Services Blueprint. The LHIN's Health Services Blueprint precedes the implementation of Health Links and focuses on the cooperation of HSPs at the local health hub, integrated district and regional level in order to serve the population of the region as a whole rather than the high system users as is the case for the Health Links. The RMEFNO was involved in the first meetings with the HSPs in the Integrated District Networks (IDNs) committees. The RMEFNO continues its work with the LHIN in order to determine the most appropriate way of ensuring a Francophone lens throughout the implementation process of the Health Links and IDNs in the North West. | S |
| | |

2. Human Resources

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.

2.1.1 Recognizing the important role of training on cultural and linguistic competencies in raising awareness of the importance of the active offer of French language services, we recommend that the LHINs work with those who organize such training or workshops, that they promote them and that they encourage health service providers to participate.

The LHIN reported that a number of activities are planned to address this recommendation, namely encouraging HSPs to attend and to promote training activities related to cultural and linguistic competencies whenever they are available. At the LHIN's invitation, the RMEFNO provided an information session to the LHIN's internal committees (North East Regional Hospice Palliative Care Steering Committee, Regional Community Support Services Network Committee, Cochrane Community Support Services Network Committee, Nipissing, East Parry Sound, Temiskaming Community Support Services Network Committee, Algoma Community Support Services Network Committee, Sudbury/Manitoulin Community Support Services Network Committee, North East LHIN/Health Links Regional Community of Practice) along with the HSPs about the importance of active offer and cultural and linguistic competencies.

S

The LHIN promoted the training session titled "My Client Speaks French and I Don't" and encouraged the identified HSPs to attend. The LHIN's FLS Coordinator gave an information session about the French Language Services Act to 10 first-year students of the Northern Ontario School of Medicine.

S

2.2 In view of the gaps identified in the availability of French language health services in the Algoma region and until such time as better solutions can be put in place, the RMEFNO recommends to the North East LHIN that it look into the possibility of setting up a professional interpretation service. The use of videoconferencing (OTN) to provide this service to the population should also be considered.

The joint LHIN/RMEFNO work plans include the need to clarify the gaps in the availability of French language health services in the Algoma region. The RMEFNO is currently reviewing existing models of interpretation services. The LHIN will then need to determine the next steps, which may include a feasibility study on the needs of the community regarding interpretation services.

N

2.3 The RMEFNO also recommends that the benefits of OTN be promoted to healthcare professionals and patients. We recommend using OTN to increase the offer of French language services for patients living in communities where there is no access to the services of bilingual professionals or specialty services. This approach would make it possible to reduce costs by avoiding travel while increasing the rate of consultation with the appropriate services, reducing visits to the emergency room and fostering compliance with doctors' orders by patients who would receive services in French.

The LHIN will meet with the Ontario Telemedicine Network (OTN) to discuss the possibility of expanding the OTN psychiatric model into other specialty areas. A pilot project with HSPs will also be developed. The completion date for these activities has been set for March 2015.

N



The LHIN held a meeting with OTN in Thunder Bay in March 2014 for the purpose of discussing possibilities of accessing FLS via OTN. The LHIN is currently working towards the development of a strategy to encourage utilization of technology to provide access to FLS at the local health hub, integrated district network and regional program level.

S

3. Prevention and Promotion

3.1 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.

The LHIN proposes to address this recommendation by connecting with Francophone Community Health Centres to identify how they can use technology to service other areas.

N



The LHIN is currently working with the North West CCAC and the RMEFNO to promote a workshop on diabetes that will be offered in French by the Hamilton Niagara Community Health Centre via OTN.

S

3.1.1 Given the importance of people's active participation in the management of their health and chronic diseases, the RMEFNO recommends to the LHINs that they stress to health service providers the importance of offering programs in French in the areas of promotion and prevention and self-management of chronic diseases.

The LHIN will work with its staff to identify HSPs who provide self-management courses to the communities. It will also work with those HSPs to promote the development of FLS courses. With respect to the Chronic Disease Self-Management Program, the LHIN organized a Peer Leader training in the Fall of 2014 and French patient sessions were provided in 9 communities.

S



| | |
|---|---|
| The LHIN met with the CCAC and the RMEFNO in June 2014 to examine the possibility of offering self-management courses in French. Discussions are ongoing. | S |
|---|---|

4. Community Engagement and Service Planning

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 French-speaking human resources.

The LHIN will support the development of local, regional and provincial initiatives to collect linguistic data on the utilization of health care services by Francophones. The SRI (Self Reporting Initiative) reports used by the LHINs across the province to collect data on the FLS provided by their HSPs, asks them whether they have a mechanism in place to identify Francophone clients as well as the specific question asked to gather this information. The report, which is completed every year by all HSPs whether they have been identified or not, also collects information related to human resources. These questions are already included in the designated agencies' designation plans and annual reports. Having access to the SRI reports provides us with additional information on non-designated agencies.

S
★

The LHIN has met with eHealth in order to discuss means of collecting data related to patients' language in the Meditech Information System. The SRI report will also be used in the North West as of April 2015.

N

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

The LHIN will support the North East CCAC in the full implementation of the North East Health Line. It will also work with the North East CCAC to ensure that the North East Health Line is available in French. The LHIN and the RMEFNO have discussed the costs associated with translating the information.

N
★

The LHIN intends to promote the North West CCAC's Health Line. A North West Health Alliance has been established and this group is exploring the possibility of utilizing the Geographic Information System (GIS) to provide pertinent data.

N

4.2.1 Present data on French language services on an interactive map so as to enable the Francophone population to better navigate through the healthcare system and find services offered in their language.

See 4.2

N

| | |
|---|--------|
| The LHIN is considering the feasibility of presenting data on an interactive map and discussions are still underway with their team. | N |
| 4.2.2 Present the information in the community profiles on an interactive map to show the distribution of Francophones across the territories of both LHINs. | |
| The LHIN intends to work with its decision support team to identify the best method of displaying information on the health of the Francophone population. The LHIN is working towards updating the North East interactive community profiles. | N ★ |
| The LHIN is planning to address this recommendation by working with its epidemiologist to identify the most appropriate method of presenting data on the health of Francophones. The community profiles should be completed by March 31 st , 2015. | N |
| 4.3 Recommend (require if possible) the use of the Health Equity Impact Assessment (HEIA) tool in all LHINs and health services organizations' initiatives, to serve as a Francophone lens. | |
| 4.3.1 The RMEFNO recommends that the LHINs ensure that the Francophone perspective is integrated from the start and throughout the development of policies, programs, activities and consultations by instituting a policy or internal best practices. | |
| 4.3.2 We recommend that this policy be presented to health service providers and that the LHINs promote it so that it serves as the Francophone lens in the development of health service providers' policies, programs, activities and consultations. | |
| 4.3.3 The RMEFNO recommends that this policy be used by the LHINs to determine the eligibility of health service providers' project funding requests such as with Business cases and Health System Improvement Pre-Proposals (H-SIP). | |
| The LHIN needs to identify a mechanism to serve as a Francophone lens and will review its existing FLS policy to incorporate the Francophone lens. The LHIN will then share its updated policy with its HSPs. Guiding principles regarding FLS have been drafted jointly with both LHINs and the RMEFNO and are currently awaiting final approval. | S ★ |
| The LHIN uses the Health Equity Impact Assessment (HEIA) tool for the purpose of planning and determining its priorities. The LHIN has shared this tool and provided advice to the HSPs. The LHIN is also planning on working with the RMEFNO to develop a strategy to engage all HSPs with respect to FLS requirements. Guiding principles regarding FLS have been drafted jointly with both LHINs and the RMEFNO and are currently awaiting final approval. | S |
| 4.4 Include, where relevant, in agreements with providers, the duty to offer French language services and assess these services. | |

| | |
|--|-----|
| The actions identified by the LHIN in the past year to address this recommendation have been completed as the LHIN now includes in its Service Accountability Agreements (M-SAA, L-SAA, H-SAA) with HSPs, a paragraph requesting that all HSPs provide a yearly report outlining how they meet the needs of their Francophone clients. As a result of a process developed by the Office of Francophone Affairs, designated HSPs are now required to review their designation plan every three years, which helps to ensure accountability with respect to FLS. The LHIN shares a summary of these reports with the RMEFNO, who works with the designated HSPs in order to monitor their designation plans and to ensure improvement in the provision of FLS. | C/O |
| The actions identified by the LHIN in the past year to address this recommendation have been completed. The Service Accountability Agreements do require HSPs to provide a yearly report on progress with their FLS plans. The FLS reports have been submitted by all of their 17 identified HSPs in 2013-2014. The LHIN's FLS Coordinator has provided a high level overview of key themes. This process ensures monitoring of FLS offered by the HSPs. | C/O |
| 4.5 Given the difficulty of obtaining reliable data on French-speaking human resources from designated and identified providers, the RMEFNO recommends to the LHINs that they work with the RMEFNO to make it possible to obtain this data, which is essential for the planning of French language health services. We recommend that this work be continued in order to improve the process for identification of bilingual staff and standardized evaluation of their level of linguistic competence. | |
| The LHIN shares the results of the HSPs' FLS reports with the RMEFNO to assist in their planning work. These reports include some information related to French-speaking human resources. | S |
| The LHIN is willing to support the project proposal and the LHIN's FLS Coordinator and epidemiologist are available to provide support should the research project receive funding. Unfortunately, the project did not receive the anticipated funding. | N |
| 4.6 Given the lack of evidence on the health of the Francophone population of our region, the RMEFNO recommends that the LHINs support the research: A Regional Health Needs Assessment of the Francophone Population in Ontario, submitted to the Partnerships for Health System Improvement program of the Canadian Institutes for Health Research by a team from the University of Ottawa in collaboration with the RMEFNO for Northern Ontario. If the project is funded, the RMEFNO recommends to the LHINs that they participate and help with this research. | |
| The LHIN supported the project as recommended and confirmed its commitment to work in cooperation with the research team and the RMEFNO in the completion of the study, should the project receive funding. Unfortunately, the project did not receive the anticipated funding. | C |
| The LHIN is willing to support the project proposal and the LHIN's FLS Coordinator and epidemiologist are available to provide support should the research project receive funding. Unfortunately, the project did not receive the anticipated funding. | C |

4.6.1 The RMEFNO recommends to the LHINs that they endorse the Joint Position Statement on the Linguistic Variable of the *Regroupement des Entités de planification des services de santé en français de l'Ontario* and adopt the questions it proposes as a means of identifying Francophones.

4.6.2 We recommend that the LHINs support the health service providers they fund in the implementation of these questions in order to identify Francophone patients.

The LHIN plans on working with the agencies that manage the HSPs' information systems (such as NEON, CHRIS, OCAN and CCIM) to help identify means of collecting linguistic data with regards to the utilization of health care services by Francophones. The LHIN intends to include the North East e-health team in the planning process and will identify the next steps regarding implementation with HSPs.

N

The LHIN is assessing whether there are opportunities to use CHRIS, OCAN, Meditech and CCIM as a means of collecting linguistic data regarding the utilization of health care services by Francophones. The LHIN intends to include e-Health in the planning process and will identify the next steps regarding implementation with HSPs. Preliminary discussions with the e-Health team have taken place.

N

4.7 With the objective of facilitating the identification of Francophone patients, we recommend to the LHINs that they work with the RMEFNO to move forward on the Joint Position Statement on the Linguistic Variable of the *Regroupement des Entités de planification des services de santé en français de l'Ontario* as a means of identifying Francophone patients at the provincial level.

Given that the *Réseau des services de santé en français de l'Est de l'Ontario*, in collaboration with the Champlain and South East LHINs, has undertaken a pilot project consisting of collecting linguistic data, the North East LHIN is waiting for the results of this project to determine how to move forward with the Joint Position Statement on the Linguistic Variable.

N

The CEO and Senior Director will hold discussions with their provincial LHIN colleagues to determine how to move forward with the Joint Position Statement on the Linguistic Variable at the provincial level. Given that the *Réseau des services de santé en français de l'Est de l'Ontario*, in collaboration with the Champlain and South East LHINs, has undertaken a pilot project consisting of collecting linguistic data, the North West LHIN is waiting for the results of this project to determine how to move forward with the Position Statement at the provincial level.

N

5. 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.

5.1 Given the identified gaps in the accessibility of mental health services in French and the integration mandate of the LHINs, the RMEFNO recommends that an analysis of services offered in French be made before service integrations to maintain the same level and the same quality French language services and active offer of these services.

The joint LHIN/RMEFNO working committee meets on a regular basis to discuss FLS and assess the level of access to services and programs during integration. The LHIN has developed an integration process that includes an analysis of the services offered in French to ensure they will be maintained when the integration occurs. The LHIN has also developed an FLS guide to integration as part of its integration tool kit. The RMEFNO will conduct an evaluation of this tool. The agencies affected by integration will be part of the first cohort that will be required to review their designation plan this year. This review will allow the LHIN and the RMEFNO to ensure the ongoing provision and increase of FLS. The RMEFNO also sits on the Mental Health and Addictions Network of Care regional committee with the HSPs.

C/O

The LHIN uses the Health Equity Impact Assessment (HEIA) tool as part of its planning framework. The LHIN will be advancing a project that focusses on creating an integrated Mental Health and Addictions system and will include the Francophone lens in this planning activity.

S

5.2 Given the critical nature of crisis lines and the gaps identified in the accessibility of mental health services in French, the RMEFNO recommends to the LHINs that they work with providers who deliver these services to ensure an active offer of French language services for all crisis line services.

The LHIN will ask the Canadian Mental Health Association of Sudbury to complete a designation evaluation plan to ensure compliance with the new process required by the Office of Francophone Affairs. A follow-up will be done with the HSP to ensure access to FLS for the crisis line services.

N

As described in 5.1:

The LHIN will also engage mental health and addictions HSPs to create an inventory of mental health and addictions service providers offering FLS. Chronic illnesses and mental health were both jointly prioritized by the LHIN and the RMEFNO as presenting significant needs in terms of FLS.

S

6. Other

6.1 Recognizing the essential role of the 911 emergency service in the health service continuum, even if it does not come under the jurisdiction of the LHINS, we recommend to the LHINS that they work with the RMEFNO to identify potential solutions to remedy these gaps.

Both LHINs replied that the 911 emergency services do not fall under their mandate. The RMEFNO will continue to work on this issue independently of the LHINs.

C

Conclusion

The next steps in the implementation of the recommendations as outlined in this report are dependent on the ongoing collaborative efforts of the North West and North East LHINs and the RMEFNO working together. Cooperation is also required at the governance level in order for some of the major issues to move forward. Setting up a joint committee to look at those issues therefore becomes a priority. In order to achieve the objectives related to our recommendations, the RMEFNO will have to play a greater role in the planning of French language health services, and specifically, in identifying health services providers that should request designation. Finally, a significant level of provincial collaboration will need to be achieved with other LHINs and other Entities in order to develop strategies to address the challenges that were identified at the LHIN-Entities-MOHLTC Forum:

- the Francophone lens,
- the cascade of accountability,
- shared understanding of roles and responsibilities – at the individual level,
- shared understanding of roles and responsibilities – at the corporate level,
- provincial collaboration.

The RMEFNO will continue to share its expertise with the LHINs and health service providers with respect to the needs of the Francophone population. The progress made to date, as well as the willingness and capacity to work together, will allow us to move forward with the priority issues related to the improvement of planning for and provision of French language health services for the population of Northern Ontario.

Appendix A

Recommendations put forth during the year

| Recommendations of the RMEFNO | Actions and follow-up by the North West LHIN in 2013-2014 | Actions and follow-up by the NE LHIN in 2013-2014 |
|--|--|---|
| The RMEFNO has continued to recommend that the LHINs provide a formal response to the RMEFNO's guiding principles. The guiding principles were officially presented to the LHINs in September 2012 and included in the Recommendation Report of that year. | Principles were developed jointly for the purpose of guiding the work of both LHINs in the application of a Francophone lens. The RMEFNO's guiding principles provided the foundation for the principles that were developed. These are currently awaiting final approval. | |
| The RMEFNO recommended the utilization of Web tools to update the work plan for the implementation of the recommendations. | A Google Doc document has been developed and is updated on a regular basis by the LHIN and the RMEFNO. | The LHIN has created a Sharepoint portal to give the RMEFNO access to the working committee documents and to allow it to update the workplan. |
| Discussions with the NE LHIN regarding the shortcomings of the CCAC's Health Line and recommendations to make the search for FLS easier, as well as translation of the Health Line information. | | The LHIN has planned a meeting with the CCAC and the RMEFNO to explore possible solutions. |
| The RMEFNO recommended that the LHIN follow up with a number of health service providers during the integration process due to the uncertainty surrounding the continuity of designated programs. | | The LHIN will follow up with designated health service providers involved in integration, or whose programs were modified, and who will be part of the first cohort in the designation plan evaluation process. |

| Recommendations of the RMEFNO | Actions and follow-up by the North West LHIN in 2013-2014 | Actions and follow-up by the North East LHIN in 2013-2014 |
|---|--|---|
| <p>Through the course of a pilot project on the evaluation of healthcare needs in the North of Algoma, the RMEFNO identified gaps in the availability and adaptation of the French language survey. The RMEFNO recommended that documents translated into French in this project be reviewed prior to their distribution to the population.</p> | | <p>The LHIN and the pilot project steering committee supported the RMEFNO in its efforts, and the RMEFNO acted as a Francophone lens in the project to ensure that information was collected from the Francophone population.</p> |
| <p>The RMEFNO recommended that the North West LHIN review the population needs surveys prior to their publication to ensure that the Francophone lens was included.</p> | <p>The LHIN agreed to have the RMEFNO review this type of document and act as a Francophone lens.</p> | |
| <p>The RMEFNO recommended to the North West LHIN that the sharing of information with respect to priority issues in the North West, would enable a better focus for the recommendations regarding the improvement of French language health services.</p> | <p>The LHIN organized information sharing sessions with the staff responsible for priority issues within the LHIN. This created an opening and increased awareness with respect to the RMEFNO's role in providing the Francophone lens. The RMEFNO was subsequently invited to sit at various tables to act as a Francophone lens. When there were no replies from Francophones to a Senior's survey that was distributed to the population of the North West, the LHIN requested assistance from the RMEFNO and the survey was distributed through the <i>Carrefours santé</i>. As a result of this collaboration, a Francophone perspective will now be part of the results of the survey.</p> | |

| Recommendations of the RMEFNO | Actions and follow-up by the North West LHIN in 2013-2014 | Actions and follow-up by the North East LHIN in 2013-2014 |
|---|---|---|
| The RMEFNO recommended that the LHINs promote the video on active offer and issue joint press releases. | The LHIN sent an email to the identified health services providers to promote the video on active offer and to provide information about the RMEFNO's role. | The LHIN issued press releases with the RMEFNO when joint events took place. |
| The RMEFNO made a recommendation to the North West LHIN regarding the sharing of information with respect to priority issues in the North East. | | The Regional Palliative Care Coordinator gave a first presentation on palliative care during a meeting of the working committee. The Coordinator also agreed to visit the <i>Carrefour santé</i> in Kirkland Lake and region to talk about French language palliative care. |

| Recommendations of the RMEFNO | Actions and follow-up by the North West LHIN in 2013-2014 | Actions and follow-up by the North East LHIN in 2013-2014 |
|---|---|--|
| <p>The RMEFNO recommended that the LHINs present the RMEFNO as an ally as well as a resource to take into account the Francophone lens.</p> | <p>The RMEFNO was invited to attend and is now sitting on the following committees in the North West:</p> <ul style="list-style-type: none"> • Health Planning Stakeholder Engagement for the District of Thunder Bay • Information sharing sessions with the LHIN. | <p>The RMEFNO was invited to attend and is now sitting on the following committees in the North East:</p> <ul style="list-style-type: none"> • Mental Health and Addiction Network of Care Committee • North East Regional Hospice Palliative Care Steering Committee • Regional Community Support Services Network Committee • Cochrane Community Support Services Network Committee • Nipissing, East Parry Sound, Temiskaming Community Support Services Network Committee • Algoma Community Support Services Network Committee • Sudbury/Manitoulin Community Support Services Network Committee • NE LHIN/Health Links Regional Community of Practice • Regional Community Support Services Network • North Algoma Health Needs Assessment Committee • Temiskaming Health Link • Hearst, Kapuskasing, Smooth Rock Falls Health Link. |
| <p>The RMEFNO recommended that the LHINs support its efforts in highlighting the importance of an active offer of FLS.</p> | <p>The LHIN sent an email to health service providers to support the role of the RMEFNO and to provide information about resources available to them.</p> | <p>The LHIN supports the RMEFNO in its efforts as a resource to health service providers with respect to an active offer of FLS. The LHIN also encourages providers to contact the RMEFNO for presentations and other resources related to FLS.</p> |