



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

Recommendation Report

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

2015-2016

Table of Contents

Introduction	4
2015-2016 Recommendations	6
1. Implementation of a data monitoring process for French language health service planning	6
2. Implementation of a professional medical interpretation services model for Algoma and the North West Region	7
3. Evaluation of the palliative care sector for identification and designation purposes	7
4. Ensuring equitable access to French language home and community care services	7
5. Endorsement of the definition of active offer as proposed in the Joint Position Statement on the Active Offer of French Language Health Services in Ontario	8
6. Monitoring the utilization of OTN videoconferencing as a means to offer French language health services	8
7. Application of the Guiding Principles as a Francophone lens by the LHINs and HSPs	9
Planning Data - Identified Health Service Providers' Reports on French Language Services	10
North East	10
North West	12
Community Engagement and Planning	14
Northern Ontario	14
North East	15
North West	19
Follow-Up of the work completed in 2014-2015	21
Results of the LHIN-RMEFNO Collaboration for the Francophone Communities	21
Recommendations Results	23
Conclusion	35

Introduction

Last year's Recommendation Report provided a snapshot of Northern Ontario's Francophone population and an overview of French language health services. We identified the type of Health Service Providers (HSPs) in the various regions, as well as the number of providers that have been identified and designated to provide French language health services. This year, we go further and review the data gathered from the Reports on French Language Services (FLS) that identified HSPs must submit to the Local Health Integration Networks (LHINs) every year.

Since our recommendations are formulated as a result of a review of the needs and priorities identified through community engagement and an analysis of the information gathered in the context of our planning role; our recommendations will become even more specific and focused as the quantity and quality of available data increase.

Our collaborative approach with the LHINs is in constant evolution and the way we make recommendations is also likely to change. As mentioned in last year's Report, the preferred method would follow a model where recommendations are made throughout the year, as the need arises, rather than yearly when we submit our Recommendation Report. Although we have made specific recommendations again this year, some of our recommendations depend on access to data that becomes available only periodically. For instance, this year, the data from the HSPs' Reports on FLS was made available to us in more detail and in a more user-friendly format.

In our first Recommendation Report, we had already identified under "Community Engagement and Service Planning", the importance of implementing a means of collecting data about the Francophone population in order to be able to work more efficiently in the planning of services for this population.

This trend seems to be moving in the right direction and, in turn, this could greatly improve our potential to contribute positively to Francophones' health.

Since the first Recommendation Report, published in 2011-2012, the RMEFNO has made close to 30 recommendations under five major structural categories (Access Points, Human Resources, Prevention and Promotion, Community Engagement and Service Planning, and Mental Health and Addictions). The work resulting from many of these recommendations is currently underway and some goals have been achieved; however, a few of these recommendations are still marked as “Not Started”. On a positive note, the three recommendations that were identified as priorities by the North East LHIN (NE LHIN) in the 2015-2016 Joint Annual Action Plan are marked “Activity Completed” or “Started” this year. Although the North West LHIN (NW LHIN) has not identified any specific priorities this year, they have progressed towards the completion of several recommendations. It should be noted that, for some recommendations marked as “Not Started”, both LHINs have actions that are to be completed by the end of 2015-2016. The Annual Plans are structured in such a way that activities are focused on objectives to be completed during the year, while most of our recommendations have a long-term scope. In the absence of reliable planning data, we started by making recommendations to set structural objectives to improve access to French language health services. With the new data that has become available this year and in years to come, we will be able to provide more specific recommendations and to add shorter-term objectives to our structural recommendations. We continue to emphasize that every recommendation still included in this Report can help in improving access to French language health services. A better alignment of French language health services planning with the reality of Francophone communities will allow us to reach our goals.

The new recommendations contained in the following section demonstrate the RMEFNO’s desire to pursue its successful collaboration with the NE LHIN, the NW LHIN, and the Northern Ontario HSPs, with the common goal of improving French language health services and, consequently, the health of the Francophone population of Northern Ontario.

2015-2016 Recommendations

The 2015-2016 recommendations follow a logical progression from those in last year's report. Building on our ongoing collaboration with the LHINs and increased role in the designation process, our 2015-2016 recommendations are intended to ensure the improvement of the French language health services planning capacity. One of our recommendations focuses specifically on addressing the acute need for interpretation services in regions that are under-served in French. With respect to the development of palliative care services, the RMEFNO recommends measures to ensure that the Francophone population in Northern Ontario has access to these services in French. Finally, access to French language services in the home care sector has clearly been identified as a priority by the Francophones of Northern Ontario and warranted a recommendation.

1. Implementation of a data monitoring process for French language health service planning

Given that recommendations [4.2](#), [4.2.1](#), and [4.2.2](#), have not progressed as well as anticipated, we now recommend reformulating these recommendations using new wording and a different approach as elaborated in the following points:

- The RMEFNO recommends that a process be implemented in the North East to ensure the continued sharing and analysis of data from the FLS Reports at the RMEFNO-LHIN working committee. The objective here is to provide support to identified HSPs in their efforts towards designation. This year, by analyzing the data in the FLS Reports, we were able to identify several examples related to past recommendations where we could better target our activities and support HSPs in their efforts to improve access to French language services for Francophone communities.
- In the North West, the RMEFNO recommends that the NW LHIN shares with the RMEFNO the FLS plans and future Integrated District Networks' (IDNs) plans so as to monitor the progress of FLS planning at the LHIN-RMEFNO working group level.

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

4.2.1 - Present data on French language services on an interactive map.

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 RMEFNO recommends that a process be implemented for the evaluation and review of the designation plans of designated HSPs. The evaluations should ensure conformity with designation criteria and support the HSPs in the provision and improvement of their French language services.
-

2. Implementation of a professional medical interpretation services model for Algoma and the North West Region

- Further to last year's recommendation, we recommend that the LHINs support the implementation of a model of permanent professional medical interpretation services that would be offered through OTN (Ontario Telemedicine Network), as per the model of services offered by *l'Accueil francophone de Thunder Bay*. This model was created as a pilot project funded by Health Canada through *Société Santé en français*. Although we have identified an acute need for these services in the North West Region and in Algoma specifically in the North East, these services should be available across the regions of both LHINs.
 - The RMEFNO recommends that the LHINs encourage HSPs to implement medical interpretation training for their non-medical bilingual staff, in order to support their Francophone clientele when there are no bilingual professionals available. The pilot project developed by *l'Accueil francophone* could be used as a model, as *l'Accueil* has become a national leader in this area.
-

3. Evaluation of the palliative care sector for identification and designation purposes

- As a follow-up to last year's recommendation related to the long-term care sector, the RMEFNO recommends that a process be put in place to evaluate the need to identify or designate services in all new hospices and palliative care centres, upon their opening, in order to ensure access to the Francophone community.
-

4. Ensuring equitable access to French language home and community care services

- The Francophone population across all of Northern Ontario has identified home and community care services as a priority in terms of access to French language services; subsequently, the RMEFNO recommends that LHINs prioritize working with

the HSPs in this sector, through identification and designation, as a means to ensure the equitable and active offer of French language services to the Francophones of Northern Ontario.

5. Endorsement of the definition of active offer as proposed in the Joint Position Statement on the Active Offer of French Language Health Services in Ontario

- In order to ensure a common understanding of the term “active offer”, we recommend that the LHINs endorse the Joint Position Statement on the Active Offer of French Language Health Services in Ontario and its definition of “active offer”.
- The RMEFNO recommends that the LHINs use the Joint Position Statement to raise HSPs’ awareness, as per our Recommendation 1.2 in the 2014-2015 Report.

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

6. Monitoring the utilization of OTN videoconferencing as a means to offer French language health services

- Given that HSPs have access to OTN videoconferencing through the resources provided by the LHINs according to recommendation 2.3, we now recommend monitoring the utilization of OTN to offer health services, as well as promotion and prevention workshops in French. This data will allow for better planning of the utilization of OTN for the provision of French language services.

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.

7. Application of the Guiding Principles as a Francophone lens by the LHINs and HSPs

Given that the LHINs have recently adopted the guiding principles that were jointly developed with the RMEFNO, we recommend that the application of these principles replace the contents of Recommendations [4.3](#), [4.3.1](#), [4.3.2](#), and [4.3.3](#). Therefore, the RMEFNO recommends that the LHINs apply the above-mentioned guiding principles (See Appendix):

- As a Francophone lens to ensure that the Francophone perspective be integrated from the beginning and throughout the development of the LHINs' policies, programs, engagement and funding activities;
- That the LHINs present the guiding principles to the HSPs in order to serve as a Francophone lens in the development of their policies, programs, and engagement activities.

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).

Planning Data - Identified Health Service Providers' Reports on French Language Services

The analysis of planning data and the information obtained through the engagement of Northern Ontario's Francophones are instrumental in the development of our recommendations to the LHINs. The following information and observations are compiled from the self-reported data provided in the Reports on FLS submitted by the NE LHIN's identified HSPs. This information is presented as a baseline for the Recommendation Report. The planning data, and specifically its progress from year to year, will allow us to monitor the evolution of the status of French language health services as reflected in these reports.

Approximately half of the healthcare providers in the North East have been designated to provide French language services. Designated providers will now complete an evaluation of their designation plan every three years. Monitoring this data will also be crucial, which is why we have included it in this year's recommendations, even though the evaluation process itself has not yet started.

The RMEFNO has access to some of the information related to the NW LHIN from the Reports on French Language Services completed by the 17 identified HSPs. We have included the efforts and best practices that the LHIN has identified in our overview of French language health services in Northern Ontario. After reviewing the data for the NE LHIN, and with limited information on the North West data, we anticipate that the priorities will most likely be similar in both regions.

North East

In reviewing the information provided by the identified HSPs in the North East, we note that the majority indicate having put in place a formal process to identify their French-speaking clients. Of these, we note that some have started using the questions recommended in the Joint Position Statement on the Linguistic Variable of the *Regroupement des Entités de planification des services de santé en français de l'Ontario*. However, the majority still use the question on language preference, even though research indicates that this question is not reliable as a means to identify Francophones for planning purposes. This data confirms that our [recommendation 4.6.2](#) is still very relevant, and that we must continue our efforts to ensure that reliable and comparable data is available for Northern Ontario.

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.

In a similar vein, it is clear that many organizations do not collect linguistic data about Francophones or do not use data for planning or provision of French language services. Needless to say, in order to provide optimum services to Francophones, it is essential to know who they are and what services they require.

1. Implementation of a data monitoring process for French language health service planning.

The new recommendation regarding the implementation of professional medical interpretation services is supported by community engagement and the clear message conveyed by the communities in many regions about this specific need. The data in the Reports on FLS corroborates this need, as evidenced by the frequent occurrences of reliance by HSPs on a family member or a non-professional French-speaking employee, to provide services in French.

2. Implementation of a professional medical interpretation services model for Algoma and the North West Region.

Identified providers should work towards designation and, consequently, should make all reasonable efforts to meet the criteria of designation. Designation criteria include, among other things, the existence of an FLS committee, a mechanism to measure the quality of the services offered in French, as well as a policy on French language services. Most of the identified HSPs have yet to implement such committees and policies. The potential for progress in this area is significant as these are important steps in improving the organizations' offer of French language services and allowing them to profit from the work and best practices already implemented by other organizations. These results also confirm that last year's recommendation is still valid, namely in allowing the RMEFNO to act as a resource to support HSPs in their efforts to improve their French language services. Providers can benefit from our experience in many ways; for instance, we can provide them with examples of existing policies on French language services, support them in the development of their own policies, and assist them in the creation of their FLS committee. We can also help providers to better engage with Francophones in their service planning, which will result in the provision of better services.

6.1 - 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.

4.5 - 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.

In relation to bilingual staff, we note that many providers have no formal process in place to assess their employees' linguistic capacity. This confirms the continued relevance of Recommendation 4.5 and that the need for reliable data on the organizations' capacity to offer services in French is still present.

In reviewing the question to determine how HSPs implement the principle of active offer, we note a certain level of confusion in the choice of response between the **components of an offer of French language services** and what constitutes an **active offer of French language health services**.

As a result, our new recommendation proposes using the definition approved by the *Regroupement des Entités de planification des services de santé en français de l'Ontario* and *l'Alliance des Réseaux ontariens de santé en français* in order to clarify what is considered to be an active offer.

5. Endorsement of the definition of active offer as proposed in the Joint Position Statement on the Active Offer of French Language Health Services in Ontario.

Collaboration among HSPs to offer French language services is another area that has a significant potential for improvement. The current data shows that the majority of providers have not worked in collaboration with others with regard to the offer of French language services. It would therefore be beneficial to look at increasing collaboration amongst identified and designated providers as a means to improve the provision of French language services.

5.1 - 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.

Recommendation 5.1 was made with the intent that French language services are maintained whenever integrations of services among health service providers occur. The data in the Reports on FLS shows that French language services were taken into consideration in most of the integrations that occurred this year. Although this data provides us with some measure of reassurance, the follow-up that takes place at the LHIN-RMEFNO working committee should continue, in order to ensure that the Francophone lens is applied in all integrations.

North West

The NW LHIN's Health Services Blueprint includes a stipulation that the Integrated District Networks (IDNs) collaborate in order to jointly develop plans for French Language Services. In the North West Region, for three of the five IDNs, the District of Thunder Bay, the District of Kenora, and the City of Thunder Bay, it is proposed that each IDN develop their own FLS plan, and providers within the IDN adopt the plan. The LHIN reports that all 17 identified HSPs in this Region have completed their FLS

plan this year, and that all these plans include some actions at varying levels of completion with regard to improving the offer of French language services. Although we do not have access to the Health Human Resources (HHR) data contained in the NW LHIN reports, after analyzing the situation in the North East, we anticipate completing the same analysis in the North West to assess the improvements in access to French language services.

The NW LHIN compiled a list of best practices implemented by identified providers with respect to the provision of French language services. Following are a few of the best practices that HSPs have developed in the North West that should serve as a model for others in the spirit of continuing improvement of their services for Francophones.

Staff

- The organization's policy on French language services is included in the orientation manual for new employees.

Customer Service

- Services available in French are indicated on the organization's Website. Brochures are available in French and distributed in the Francophone communities.

Organizations having submitted a Human Resources Plan

- Identification or designation of certain bilingual positions.

Board Members

- One Board member position is designated as a bilingual position.

Engagement of Francophones

- Invitation of Francophone community groups to participate in committee meetings six times a year.
- Francophone representation from various communities has been included in strategic planning.

Community Engagement and Planning

In last year's report, we presented a demographic overview of the Francophone populations and the geographic distribution of health service providers and healthcare programs across the NE and NW LHINs' respective regions. This year, we will contrast what we know about these French language services in relation to the needs and priorities identified by the Francophone communities featured in the previous report. The next section is a summary of the issues identified by the Francophone communities in Northern Ontario. The information has been compiled from several sources, such as engagement activities that took place in the Carrefours santé, other RMEFNO activities such as presentations and information booths at various events, and also from engagement activities held in the context of planning for the LHINs' next Integrated Health Services Plan (IHSP).

We have already made some recommendations to the LHINs regarding many of the needs and priorities identified during community engagement activities held this year. Some regional priorities have also been addressed in subsequent recommendations. This year's recommendations continue to be strongly correlated with the needs expressed by the Francophone communities. Increasing access to planning data allows us to continue to ensure a better alignment between the French language services offered by HSPs and the needs and priorities of Francophones in their communities.

Northern Ontario

4. Ensuring equitable access to French language home and community care services.

A few concerns and issues have been identified by Francophones across all of Northern Ontario. Access to French language home care services, specifically for seniors, is a major source of concern expressed consistently by the communities. It comes as no surprise that the need for an active offer of health services in French in every sector has been identified. This confirms that there is still a lot of work to be done before the active offer becomes an integral and systematic part of all HSPs' practices. Following a provincial update of the process and clarification of the designation criteria under the French Language Services Act, the communities would like the designation plans of all organizations designated under the Act to be reviewed and evaluated to ensure an ongoing provision of services as well as to ensure the quality of French language health services.

The priority issues that stand out in each region are those that were identified in our engagement activities throughout the year, however

5. Endorsement of the definition of active offer as proposed in the Joint Position Statement on the Active Offer of French Language Health Services in Ontario.

1. Implementation of a data monitoring process for French language health service planning.

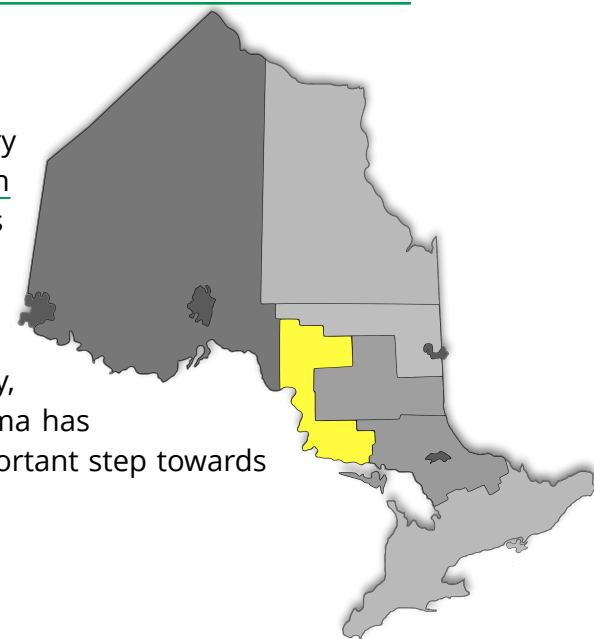
1.2 - Promote an active offer of French language health services, by raising awareness and by supporting organizations.

that does not necessarily mean that other priorities do not exist in these regions.

North East

Algoma Region

For the Algoma Region, a need that has been consistently expressed over the past years at every meeting with the Francophone communities is the acute need for professional interpretation services while accessing health services in this Region. This previously identified need was addressed in a recommendation last year **2.2** and we reiterate and further specify it this year. A need for coordination of accessible French language services for seniors has also been expressed by this group of Francophones who face serious challenges in navigating the healthcare system, specifically in finding where they can access services in their language. Finally, as demonstrated by the need for interpretation services, the Francophone population of Algoma has identified the recruitment of bilingual staff **2** who can provide services in French as an important step towards ensuring the quality and security of care and services that are being offered.



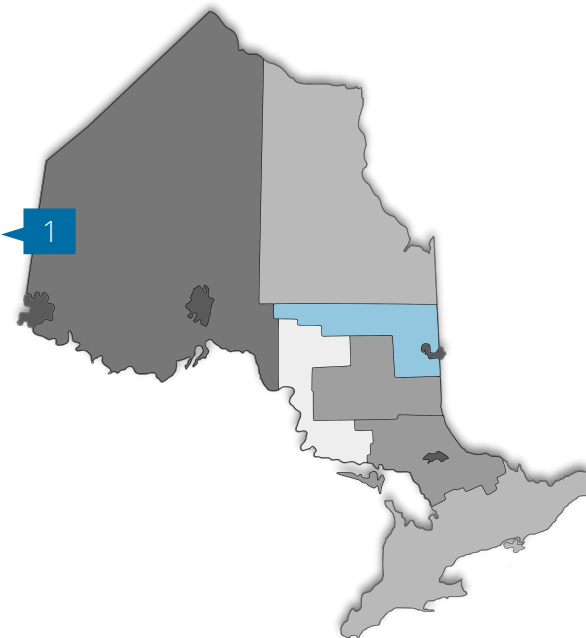
2 Implementation of a professional medical interpretation services model for Algoma and the North West Region.

2.2 The RMEFNO recommends to the NE LHIN that it look into the possibility of setting up a professional interpretation service. The use of OTN videoconferencing to provide this service to the population should also be considered.

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.

Cochrane North Region

In the Cochrane North Region, the communities have identified needs in terms of primary care in general and access to certain specialized regional services located in Timmins. Travelling and uncertain access to French language services remain an issue and again illustrate the importance of active offer. The need for home care services for seniors has also been identified by the Francophones in this region.



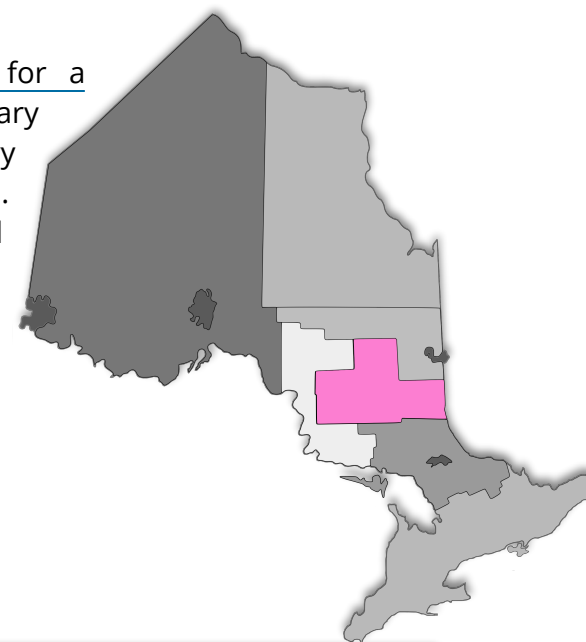
1.2

4

- 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.
- 1.2 Promote an active offer of French language health services, by raising awareness and by supporting organizations.
- 4 Ensuring equitable access to French language home and community care services.

Cochrane South/Temiskaming Region

1.3 Francophones in the Cochrane South/Temiskaming Region have identified the need for a Francophone community health centre in Timmins for the provision of French language primary health services for Timmins and surrounding areas. An assessment to determine the primary care needs of the Francophone community is currently being conducted by the NE LHIN. Remote communities in this region have also identified a need for medical transportation and palliative care training in French. As well, there is a need for promotion and prevention activities in this Region.



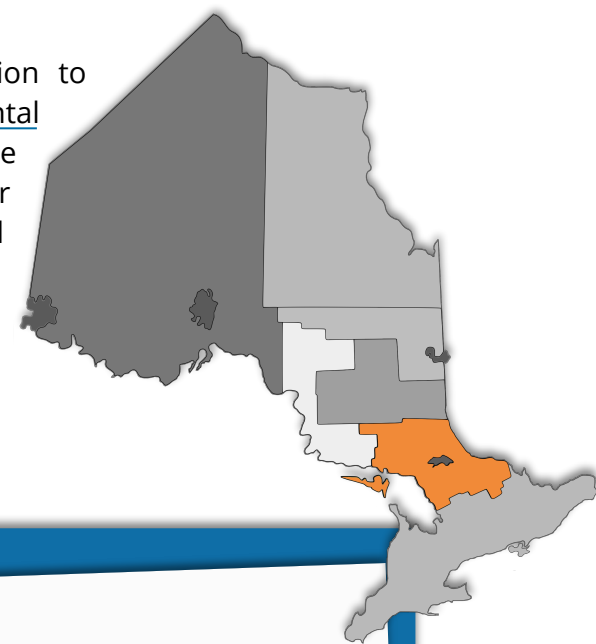
3.1.1

1.3 1.3 Support and Work with the communities of Thunder Bay and Timmins.

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.

Sudbury/Nipissing Region

The needs identified by the Francophones in the Sudbury/Nipissing Region are in relation to promotion and prevention services and the utilization of telemedicine. **2.3** Access to mental health services in French has also been raised as a concern in this Region. French language services for seniors are a priority in this region, in which several communities depend on larger urban centres for many of their services. Recruitment of bilingual staff **2** is therefore identified as an important step towards ensuring that Francophones are served in their own language.



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.

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.

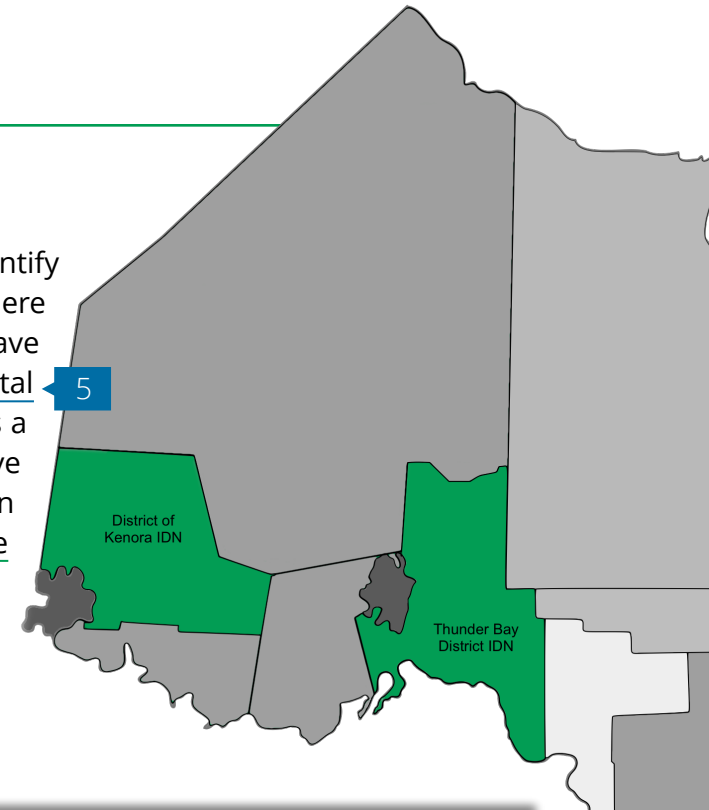
2

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.

North West

Thunder Bay District and Kenora District IDN

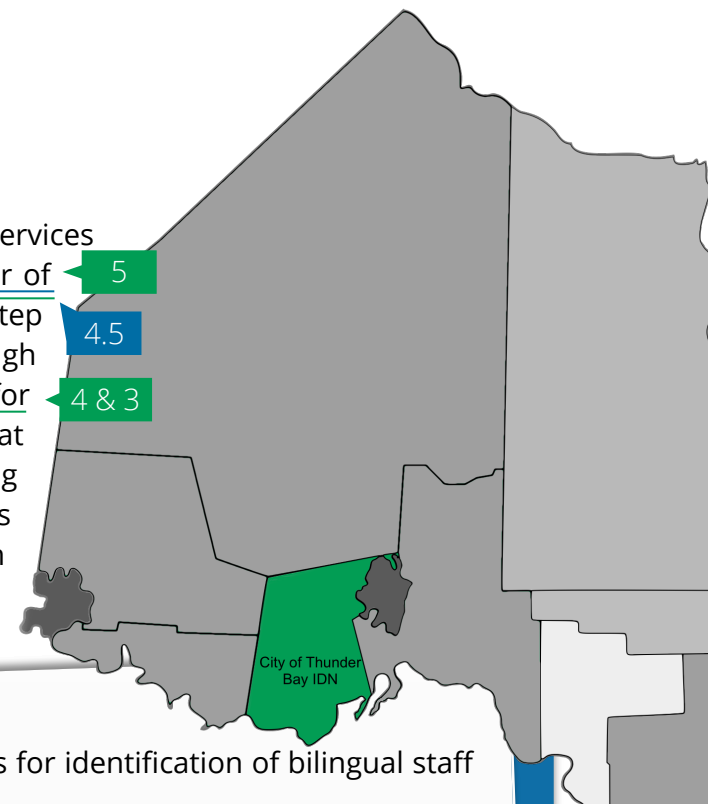
The communities within the IDNs in the Districts of Thunder Bay and Kenora clearly identify the need for interpretation services **2** while accessing healthcare services when there are no French language services available to them. Francophones in these regions have often expressed a need for access to French language mental health services. Mental health services are, more than any other service, dependent on oral communication as a means to provide care to patients. For this reason, the Francophones of these IDNs have clearly identified the need for access to these services in French. In addition, as seen in other Northern Regions, communities have identified the need for FLS services in home and community care as a priority. **4**



- 2** Implementation of a professional medical interpretation services model for Algoma and the North West Region.
- 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.
- 4** Ensuring equitable access to French language home and community care services.

City of Thunder Bay IDN

In the City of Thunder Bay IDN, the urban center in which the majority of healthcare services are located, the focus is on identification of bilingual staff, 1.2 and on an active offer of services in French. This community considers that these elements are an essential step towards providing better services to the Francophone population. Due to the high proportion of seniors within the Francophone population, French language services for seniors are also identified as a priority in the City of Thunder Bay IDN. Given that Thunder Bay provides services to Francophones across the region, the French-speaking population of the city has expressed a desire to see better utilization of telemedicine as a means to provide professional medical interpretation services to people who live in surrounding communities.



4.5

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.

1.2

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

5

Endorsement of the definition of active offer as proposed in the Joint Position Statement on the Active Offer of French Language Health Services in Ontario.

4

Ensuring equitable access to French language home and community care services.

3

Evaluation of the palliative care sector for identification and designation purposes.

2

Implementation of a professional medical interpretation services model for Algoma and the North West Region.

Follow-Up of the work completed in 2014-2015

Results of the LHIN-RMEFNO Collaboration for the Francophone Communities








The importance of a collaborative RMEFNO-LHIN approach was included in one of last year's recommendations to the LHINs. The RMEFNO-LHIN collaboration has assisted in addressing the recommendations and in obtaining results for Francophone health services and communities. The following section highlights a few of the recommendation results stemming from the RMEFNO-LHIN collaboration in the past year. It is important to note that the following list is not a list of all the results attained, but is intended instead to give a few examples that span across many different categories of recommendations.

- Guiding principles in applying a Francophone lens were jointly drafted and approved by the two LHINs and the RMEFNO. These guiding principles will now be used to ensure the implementation of a Francophone lens in planning activities.
- The RMEFNO assisted the NW LHIN in identifying Francophone priorities for the planning of French language health services with identified and non-identified HSPs in the three IDNs targeted for French language services.
- The NE LHIN and the RMEFNO worked in collaboration to identify HSPs that have sufficient Francophone human resource capacity to pursue the designation process in order to encourage them to submit a request for designation.
- The RMEFNO participates as a Francophone resource on the committee responsible for the review of primary care services for Francophones in Timmins. The NE LHIN will conduct a primary care analysis of the needs of the Francophone population in this region.
- Both LHINs and the RMEFNO are collaborating on the development of an information toolkit on French language services.
- In the context of the celebrations of 400 years of Francophone presence in Ontario, the RMEFNO collaborated with the NE LHIN to organize an activity where designated organizations were recognized for their contribution to French language services.
- Francophone IHSP consultations for both LHINs were done in collaboration with the RMEFNO, the Carrefours santé and health planning tables and Francophone community organizations. The consultations served as a means to capture the needs and priorities of Francophones.

- The NW LHIN and the North West Community Care Access Centre (CCAC) collaborated on the provision of training workshops in French on the Healthy Change Program. The RMEFNO assisted in identifying volunteers to participate in these sessions.
- The RMEFNO collaborated with the NE LHIN and health service providers of the community support services sector on the inclusion of the linguistic variable in the mandate of the Community Support Services Regional Committee, as well as in the joint referral form for the community support services and the mental health and addictions sectors.
- The NW LHIN worked with the Hamilton-Niagara Community Health Centre to ensure the offer of educational sessions in French on diabetes. The RMEFNO assisted with the promotion of the sessions. Six sessions were held by OTN, allowing five Francophones from the North West to receive training in French.

Recommendations Results

Legend - Follow-Up Table to the 2014-2015 Recommendations

Actions of the North East LHIN	
Actions of the North West LHIN	
Progress status of this year's activities to address the recommendations	<ul style="list-style-type: none">  not started  started  activity completed  this is an ongoing recommendation
Recommendation identified as a priority in the North East LHIN's Work Plan	

The following table combines the follow-up to the recommendations that are still active since the beginning of the RMEFNO's mandate as a French Language Health Planning Entity. Certain timely recommendations that have been completed do not appear in this year's table, however the majority of our recommendations require annual actions. The ratings for each activity undertaken by the LHINs serve to measure the progress achieved with regard to every recommendation. It is to be noted that, in accordance with the LHIN-Entity collaboration structure, the RMEFNO is responsible for many of the actions related to the recommendations. In this instance, our role is determined in the context of the joint work plan developed with each LHIN. However, the actions that fall under our responsibility are not included in the scope of this report.

Expected Outcomes and Achieved Results for the 2014-2015 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 Local Health System Integration Act, 2006.

In cooperation with the RMEFNO, the LHIN has implemented a joint work process in order to identify new organizations for designation, prepare designation plans, raise providers' awareness as to the importance of pursuing designation, and evaluate designated providers:

9 providers were targeted for designation in 2014-2015:

- 1 designation is awaiting approval from the Ministry of Health and Long Term Care
- 1 request for designation is currently being reviewed by the provider, further to suggestions by the evaluation committee
- 4 organizations are continuing to work towards completing their designation plan
- 2 providers do not wish to request designation

1 provider is considering making a request for designation and is awaiting instructions from its Provincial Directorate in this regard

5 new providers have been targeted for designation in 2015-2016

Report on FLS:

- The LHIN has requested that the 47 identified providers complete the Report on FLS - 40/47 reports have been received

Evaluation Process:

The LHIN has sent a letter to 41 providers regarding the evaluation of their designation plan – 12 providers are targeted for an evaluation in 2015-2016, 12 providers in 2016-2017, 11 providers in 2017-2018 and 5 providers are exempt from the evaluation process as they offer services in French only



The LHIN continues its work with the IDNs with respect to access to French language services provided by identified providers, as well as with non-identified providers:

Identified and non-identified HSPs, in the three IDNs identified for FLS, were invited to a meeting with the LHIN and the RMEFNO, in order to discuss French language service planning. 18 organizations participated in this event.

Report on FLS:

- 17 providers have completed the Report on FLS. The LHIN has conducted its annual review of the results from the Reports. A summary of best practices was shared with the RMEFNO.



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

Collaboration between the NE LHIN and the RMEFNO to develop an information toolkit on French language services.



Collaboration between the NE LHIN and the RMEFNO to develop an information toolkit on French language services.



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.

In the context of the celebration of the 400 years of Francophone presence in Ontario, the LHIN cooperated with the RMEFNO to organize an activity where designated organizations were recognized. In the course of the celebrations, four testimonials were presented, emphasizing the importance of offering French language services.



The NW LHIN included a patient story provided by the RMEFNO in its Regional Diabetes Plan.



1.3 Support and Work with the communities of Thunder Bay and Timmins.

The LHIN's work with the community of Timmins is ongoing:

- A committee in charge of reviewing the primary care services for Francophones in Timmins has been created.
- A consulting firm has been hired by the NE LHIN to conduct an analysis of the needs of the Francophone population in Timmins in terms of primary care. This analysis should be completed by the end of March 2016.



The LHIN had not proceeded with any actions to address this 2014-2015 recommendation at the time of this report.



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. The review shall be completed in February 2016.



The LHIN is currently examining the feasibility of LTC settings to promote access to cultural services.



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.

The LHIN recognized the designated organizations' work in the context of the activities to the 400 years of Francophone presence in Ontario . Plaques were awarded in recognition of their years of designation.



The LHIN prepared a compilation of best practices as identified by the providers in their Report on FLS, and shared it with the RMEFNO.



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.

Health Links:

- The LHIN invited the RMEFNO to become a member of the Health Links Regional Committee.
- There are 2 « Early Adopters » Health Links - Timmins and Temiskaming. The RMEFNO has been invited to participate in the Temiskaming Health Link Committee .
- 5 Health Links are currently being developed - Algoma (Sault Ste. Marie), East Algoma (Blind River) Nipissing/East Parry Sound, Sudbury and Cochrane North. The LHIN has asked the RMEFNO to review the plans using the Francophone lens. The LHIN has also requested the RMEFNO's involvement in the implementation of these Health Links.



The LHIN continues its collaborative work with the RMEFNO to determine the best way to ensure a Francophone lens in the process of implementing Health Links and IDNs in the North West.



As a first step, the LHIN made a presentation on the IDN /Health Link model. The LHIN also shared the Provincial Coordinated Care plan with the RMEFNO used by Health Links and noted it includes the linguistic variable.

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 continues to promote training activities offered to providers by other organizations and community groups.



The LHIN continues to promote training activities offered to providers by other organizations and community groups.



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 NE LHIN that it look into the possibility of setting up a professional interpretation service. The use of OTN videoconferencing to provide this service to the population should also be considered.

As per to the joint work plan, the LHIN has requested the RMEFNO to compile a list of interpretation services offered by some providers in the Algoma Region.



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 continues to promote the utilization of OTN for training purposes and for consultations between Francophone patients/clients and bilingual professionals. OTN is now available and utilized by the majority of providers funded by the LHIN.



The LHIN continues to promote the utilization of OTN for training purposes and for consultations between Francophone patients/clients and bilingual professionals. OTN is now available and utilized by the majority of providers funded by the LHIN.



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.

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 had not proceeded with any actions to address this 2014-2015 recommendation at the time of this report.



The NW LHIN worked with the NW CCAC to offer training workshops in French on the "Healthy Change Program". The RMEFNO assisted in identifying volunteers to participate in the sessions.



The LHIN worked with the Hamilton-Niagara Community Health Centre to ensure the offer of educational sessions in French regarding diabetes. Six sessions took place by OTN in the past year. Five Francophones from the North West Region were able to benefit from training in French.

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 is committed to provide support, at the local and regional levels, in order to facilitate data collection related to the providers' capacity to offer French language services:

- inclusion of the linguistic variable in the mandate of the Community Support Services Regional Committee
- inclusion of the linguistic variable in the joint referral form for the community support services and the mental health and addictions sectors



At the provincial level, the LHINs have agreed to support the pilot project on the linguistic variable that is currently underway in the East (Champlain). Awaiting results.

At the provincial level, the LHINs have agreed to support the pilot project on the linguistic variable that is currently underway in the East (Champlain). Awaiting results.



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

The LHIN has not proceeded with any actions to address this 2014-2015 recommendation.



The LHIN has not proceeded with any actions to address this 2014-2015 recommendation.



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.

The LHIN supports the NE CCAC in the implementation of the North East Health Line Directory. The LHIN has funded the translation of the information related to the Health Line. However, this information is not available on an interactive map.



The LHIN is not able to present data on French language services on an interactive map at this time.



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 is not able to present data on community profiles on an interactive map at this time.



The LHIN is not able to present data on community profiles on an interactive map at this time.



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).

Guiding principles to assist the LHINs in their work have been drafted jointly with the RMEFNO, have been approved by all parties, and will now be implemented to ensure a Francophone lens in the development of programs and any new request for funding.



Guiding principles to assist the LHINs in their work have been drafted jointly with the RMEFNO, have been approved by all parties, and will now be implemented to ensure a Francophone lens in the development of programs and any new request for funding.



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.



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 2014-2015. The LHIN's FLS Coordinator has provided a summary of best practices that some providers have implemented with respect to the provision of FLS.



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 on an ongoing basis, as part of their planning work. These reports include some information related to French-speaking human resources, that the RMEFNO can use to determine how it can provide support to HSPs, to ensure that they address the needs of the Francophone communities.



The LHIN is currently exploring opportunities to improve the capture of HHR data.



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 agrees to include the questions related to the linguistic variable in the mandate of its committees, as well as in the joint referral form for community support services and mental health and addictions. Questions regarding the use of the linguistic variable are also a part of the FLS Report that must be submitted by identified providers.



The NW LHIN is waiting for the results of the Champlain LHIN's pilot project before any work is undertaken with the providers.

Questions on the use of the linguistic variable are included in the Report on FLS which must be submitted by all identified providers.



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 NE LHIN is waiting for the results of this project to determine how to move forward with the Joint Position Statement on the Linguistic Variable.



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 NW LHIN is waiting for the results of this project to determine how to move forward with the Position Statement at the provincial level.



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 guiding principles developed and approved by both LHINs and the RMEFNO serve as a reference in the planning processes.



In addition, updates on the integration plans are discussed at the LHIN-RMEFNO working committee meetings.

Planning for French language mental health services is discussed during meetings of the three IDNs.

The guiding principles developed and approved by both LHINs and the RMEFNO serve as a reference in the planning processes.



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 supports the RMEFNO in its work with *Tel-Aide Outaouais* and NISA (Sudbury) to assess the need to add a French help line. The proposed model would be a service agreement between the French service provider, *Tel-Aide Outaouais* and the crisis line service (Warm Line) offered by NISA (Sudbury).



The LHIN had not proceeded with any actions to address this 2014-2015 recommendation at the time of this report.



6. LHIN-Entity Collaboration

6.1 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) and the Recommendations Work Plan,
- Joint LHIN-RMEFNO working committee 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.

<p>There has been ongoing progress with regard to the LHIN-RMEFNO collaborative activities over the past year. A joint work plan, linked to the Joint Annual Action Plan (JAAP), has been developed to address the recommendations; the LHIN has ensured quarterly monitoring of their actions; has included the RMEFNO as a resource within its committees, and supported the RMEFNO in its capacity as consultant and resource to providers and communities in terms of French language services; has ensured the RMEFNO's involvement in the designation process; and has cooperated on an ongoing basis with the RMEFNO in the organization of community engagement sessions.</p>	
<p>There has been ongoing progress with regard to the LHIN-RMEFNO collaborative activities over the past year. A joint work plan, linked to the Joint Annual Action Plan (JAAP), has been developed to address the recommendations; the LHIN has ensured quarterly monitoring of their actions; has included the RMEFNO as a resource within its planning process, and supported the RMEFNO in its capacity as consultant and resource to providers and communities in terms of French language services; has included the RMEFNO's involvement in its work with identified providers, where appropriate; and has continued its ongoing cooperation with the RMEFNO in the organization of community engagement sessions.</p>	
<p>6.2 Set up a joint LHINs/RMEFNO Governance and Management Committee.</p>	
<p>The LHIN/RMEFNO Governance committee met to discuss the results of the evaluation of the LHIN/Entity model that was conducted this year.</p>	
<p>Although there has been no joint governance and management committee put in place, the CEO provides reports and updates the LHIN Board of Directors on activities related to the LHIN/Entity Liaison Committee.</p>	
<p>6.3 Increase the RMEFNO's role in the designation process.</p>	
<p>In collaboration with the RMEFNO, the LHIN is developing a process by which the RMEFNO's Board of Directors would be included in the approval process for new designation plans.</p>	
<p>There have been no requests for designation from providers in the North West. Should such a request be received, discussions will take place between the LHIN and the RMEFNO to clarify each party's role.</p>	
<p>6.4 Follow-up on the priority issues identified during the LHINs-Entities-MOHLTC Forum.</p>	
<p>Awaiting the Report from the Ministry of Health and Long Term Care.</p>	
<p>Awaiting the Report from the Ministry of Health and Long Term Care.</p>	

Conclusion

The new planning data that has recently become available to us allows for a better understanding of the situation, as it relates to a portion of French language services in Northern Ontario, namely with respect to the identified healthcare service providers. The additional data from designated providers, once their designation plans have been reviewed, will give us a more complete picture. The ongoing engagement with the Francophone community serves to reveal any other weaknesses or gaps in planning, and provides avenues that we can explore for further improvement.

As mentioned at the beginning of this report, some recommendations are still waiting to be actioned. For this reason, the RMEFNO has developed some new recommendations in order to help move forward the objectives that have not yet been met.

It should still be mentioned that positive outcomes have resulted from the collaborative LHIN-RMEFNO work, for instance, through joint work plans, sharing of best practices, and the development of a French language services information toolkit. We have already highlighted several accomplishments, as well as the increasing presence of the Francophone lens. Our work, as it relates to designation and identification, will enable us to provide concrete support to identified health service providers, to providers working towards their designation, and those who are already designated. Key areas for the coming years remain the identification of bilingual staff, the utilization of the linguistic variable by health services providers as a means to identify Francophone patients, and the active offer of French language health services. Although there is still a considerable amount of work to be done, we note the positive impact that the engagement of Francophones from across the North has had in terms of raising the awareness of health service providers, and the health system, with regard to the concepts of linguistic barriers and active offer. Their ongoing involvement is instrumental in ensuring that our recommendations will continue to focus on priorities in those regions where critical needs have been identified.

Appendix – Guiding Principles in Applying a Francophone Lens

The Réseau du mieux-être francophone du Nord de l'Ontario - North East LHIN - North West LHIN

Guiding Principles in Applying a Francophone Lens

These guiding principles have been developed in recognition that the health system is to be guided by a commitment to equity and respect for diversity in communities and that language and culture play an essential role in the provision of health care services. Our goal is to advance the opportunity for the Francophone population to achieve health and wellness through equitable access to quality health services in French.

1. Recognize the essential role of the Franco-Ontarian community in Northern Ontario and encourage the francophone population to take measures and make the necessary efforts to preserve their language and their culture.
2. Increase awareness, across health service providers, of the importance of recognizing the needs as well as the cultural and linguistic differences of the Francophone community they serve. One of the methods to accomplish this is through the capture of the linguistic variable for Francophone clients/patients.
3. Ensure that the opportunity to access French language services is clearly communicated, visible, available at all times, easily accessible and equivalent to the quality of services offered in English.
4. Ensure that within the broader health system planning, the process includes an evaluation of the FLS status of health services providers, including the Francophone culture and working environment of some HSPs, in order to preserve or enhance the provision of FLS and to mitigate any unintended negative consequences of system change.
5. Recognize that members of the linguistic minority may have health literacy needs that are different than those of the majority. We must take this reality into account by fostering the development of French-language health services that are culturally sensitive across all health care sectors.

6. Promote the linguistic and cultural vitality of professionals and other Francophone employees offering French-language care and/or health services.

7. Encourage the collaboration between stakeholders in the health care system and Francophone community partners in order to identify the health needs of the francophone population and establish planning priorities.