OVERVIEW OF THE HOME AND COMMUNITY CARE SECTOR IN NORTHERN ONTARIO

JANUARY 2025

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

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INTRODUCTION

The home and community care sector has evolved significantly in recent years, and a number of issues have had a major impact on the offer of French-language services in this sector. Indeed, challenges such as an aging population and a shortage of French-speaking healthcare professionals create numerous difficulties for organizations in the sector. These organizations must take these issues into account when developing their strategic priorities and working on establishing short-, medium-, and long-term solutions that will enable them to effectively serve their Francophone clientele.

The team at the Réseau du mieux-être francophone du Nord de l'Ontario (Réseau) works closely with health service providers in the home and community care sector to support them in offering services in French. The Réseau's vision is to ensure the offer of health services in French for Francophones living in a minority context in Northern Ontario, obviously including the home and community care sector. Knowing that the issues mentioned above had a significant impact on the provision of health services in French, the Réseau's team identified a need to assess the current state of home and community care organizations to better understand their realities and thus be able to better guide and support them in their activities, always with the aim of improving the offer of health services in French in Northern Ontario.

To achieve this, the Réseau set the objective of evaluating the current state of French-language health service delivery in the home and community care sector in Northern Ontario. This review of the current state aims to identify the realities faced by Francophones and organizations within the home and community care sector across the various regions of Northern Ontario—namely, the four regions in the North East (Algoma, Cochrane, Nipissing-Temiskaming, and Sudbury-Manitoulin-Parry Sound) and the four regions in the North West (City of Thunder Bay, Kenora District, Rainy River District, and Thunder Bay District). This would enable the Réseau to identify potential actions and strategic priorities tailored to the needs of these regions, thereby allowing them to better support the

sector's organizations in setting their own priorities and strengthening their capacity to provide French-language services.

This report will be the subject of the data that has been collected and analyzed by the Réseau, also drawing some conclusions to better support organizations in the sector. First, a contextual overview will explain how the impact of the changing Francophone population and changes in the sector has impacted the availability of French-language health services. Next, the objective of the report will be defined, followed by a short explanation of the methodology used to collect the data.

Finally, the collected data will be briefly presented and analyzed, followed by conclusions and proposed recommendations.

CONTEXT

THE HOME AND COMMUNITY CARE SECTOR NORTHERN ONTARIO: AN AGING POPULATION

The most recent census in Canada, conducted in 2021, shows that Ontario's population is aging. This growth in the number of people aged 65 and over is mainly due to the fact that the majority of baby-boomers have reached the age of 65 and that the last cohorts of this generation will reach this age group in the coming years. In 2021, 18.54% of Ontario's population was aged 65 and over, compared to 16.74% in 2016, 11.01% in 1991, and 8.3% in 1971 (Statistics Canada, 2021), indicating a significant increase in the number of seniors. Similarly, the median age in the province stood at 41.6 years at the time of the 2021 census, compared to 33.6 years in 1991, which constitutes an increase of eight years at the level of the median age in the province. According to demographic projections, the rate of Ontario's population aged 65 and over will continue to increase in the coming years, reaching approximately 24% in 2036 (Northern Policy Institute, 2014).

Northern Ontario is even more affected by an aging population. In fact, approximately 22.44% of the population of Northern Ontario was aged 65 and over in 2021, or 3.9% more than this same rate for the Ontario population (Statistics Canada, 2021). Demographic projections predict that this rate will continue to increase and that the elderly will account for almost 30% of the population by 2036 (Northern Policy Institute, 2014). Additionally, according to the 2021 census, the median age of the population in 2021 was 46.8 years in Northeastern Ontario and 42.8 years for the North West, which is above the provincial median, which was 41.6 years (Statistics Canada, 2021).

But why address the issue of an aging population? What are the impacts of this phenomenon on communities, organizations and services in

Northern Ontario? The aging of the population brings many challenges in terms of housing, social services, hospitals, long-term care homes, the home and community care sector and more. However, first and foremost, the aging population places significant pressure on the healthcare system. Indeed, the healthcare system must adapt to the needs of an aging population and adapt its services to effectively serve the growing number of people aged 65 and over, who typically require more healthcare services than younger individuals, as they are more at risk of developing health problems and disabilities. In fact, in 2021, approximately 43.2% of health spending in Canada was spent on people aged 65 and older (Canadian Institute for Health Information, 2023). The elderly are therefore putting considerable pressure on the healthcare system. As this group continues to age, services must be implemented to better serve them.

PRESSURE ON HOME AND COMMUNITY CARE

Home and community care services are among the healthcare services most affected by the aging population. According to data from a report published by the Canadian Home Care Association in 2016, the majority of beneficiaries of home care services are elderly. Indeed, in 2013, approximately 70% of public home care services were provided to people aged 65 and over Canadian Home Care Association, 2016). It is therefore evident that an increase in the population aged 65 and over will greatly impact the home and community care sector. This sector will potentially face an increase in clients and need to put in place procedures to serve this growing population. As a result, home and community care services will continuously need to adapt in order to keep meeting the needs of an aging population.

The following pages of this document will define more precisely what home and community care services consist of while addressing the structure of the sector as well as its transformation in recent years.

Definition : Home and Community Care

According to Ontario's Ministry of Health (2024), home and community care is defined as services that provide assistance to people of all ages who require care at home, at school or within their communities. These services allow clients with complex needs, such as the elderly, to access the necessary support to continue their daily activities in the comfort of their homes, whenever possible.

Home and community care services are currently coordinated by Ontario Health atHome covering the regions listed below:

- Central
- Central West
- Erie St. Clair
- Mississauga Halton
- North East
- South East
- Toronto Central
- Central East
- Champlain
- Hamilton Niagara Haldimand Brant
- North Simcoe Muskoka
- North West
- Waterloo Wellington

Ontario Health atHome has several responsibilities that aim to optimize clients' health and well-being while enabling them to continue living in their own homes. Examples of these responsibilities include, but are not limited to:

- Assessing clients' healthcare needs;
- Providing home and community-based care services to optimize clients' health and well-being;
- Referring clients to other community support services that meet their needs;
- Providing clients with information about other health and social service providers;
- Managing the placement process for Ontario's long-term care homes.

The types of home and community care services available to individuals with complex needs are diverse. For instance, various healthcare professionals can provide personal care, family support services, self-managed care, or end-of-life care. Additionally, community-based services such as day programs, transportation services, meal services, community palliative care and hospices are also offered within the scope of home and community care services.

Fall prevention workshops and support services are other examples of services provided by home and community care organizations. It is important to note that clients can also choose to access home and community care services through private companies; however, these services will not be covered in this report.

On July 1, 2024, the 14 Home and Community Care Support Services organizations were amalgamated to form a single new service organization named Ontario Health atHome. According to a provincial press release, Ontario Health Teams will act as a one stop shop and will have the responsibility for referring people to home care services. Ontario Health atHome Care Coordinators will work within Ontario Health Teams and other front-line healthcare facilities. They will also collaborate with care providers such as physicians and nurses, as well as directly with clients while they are hospitalized or in other healthcare settings, so as to ensure seamless transitions between hospital or primary care and home care services (source). According to an announcement made in 2019, "*Ontario Health Teams are groups of providers and organizations that are clinically and fiscally responsible for providing a full, coordinated continuum of care to a specified geographic population.*" (source, p. 7) The Ontario Health Teams model encourages healthcare providers to improve the health of an entire population, including reducing disparities between various segments of the population as well as coordinating services and care for a geographic region.

Transformation of the home and community care sector

The home and community care sector has evolved significantly over the past decade. The following list outlines the key transformations of the sector over the past fifteen years:

2009 The Ministry of Health and Long-Term Care creates Community Care Access Centres (CCACs).

2017 The Community Care Access Centres were integrated into the Local Health Integration Networks (LHINs). Previously, the LHINs were solely responsible for planning and funding the healthcare system.

2019 Ontario Health is created by the Government of Ontario. Its goal is to interconnect, coordinate and modernize the province's health care system.

2021 The LHIN health system planning and funding functions are transferred to Ontario Health. The LHINs are now known under a new name, "Home and Community Care Support Services". Client-focused care functions, including home care services, long-term care placement services, and the facilitation of access to community services, remain unchanged.

2023 The Bill 135, *Convenient Care at Home Act*, 2023 is introduced, which will make Ontario Health Teams responsible for referring the population to home care services starting in 2025. An organization named Ontario Health atHome is also established, tasked with coordinating all home care services across the province.

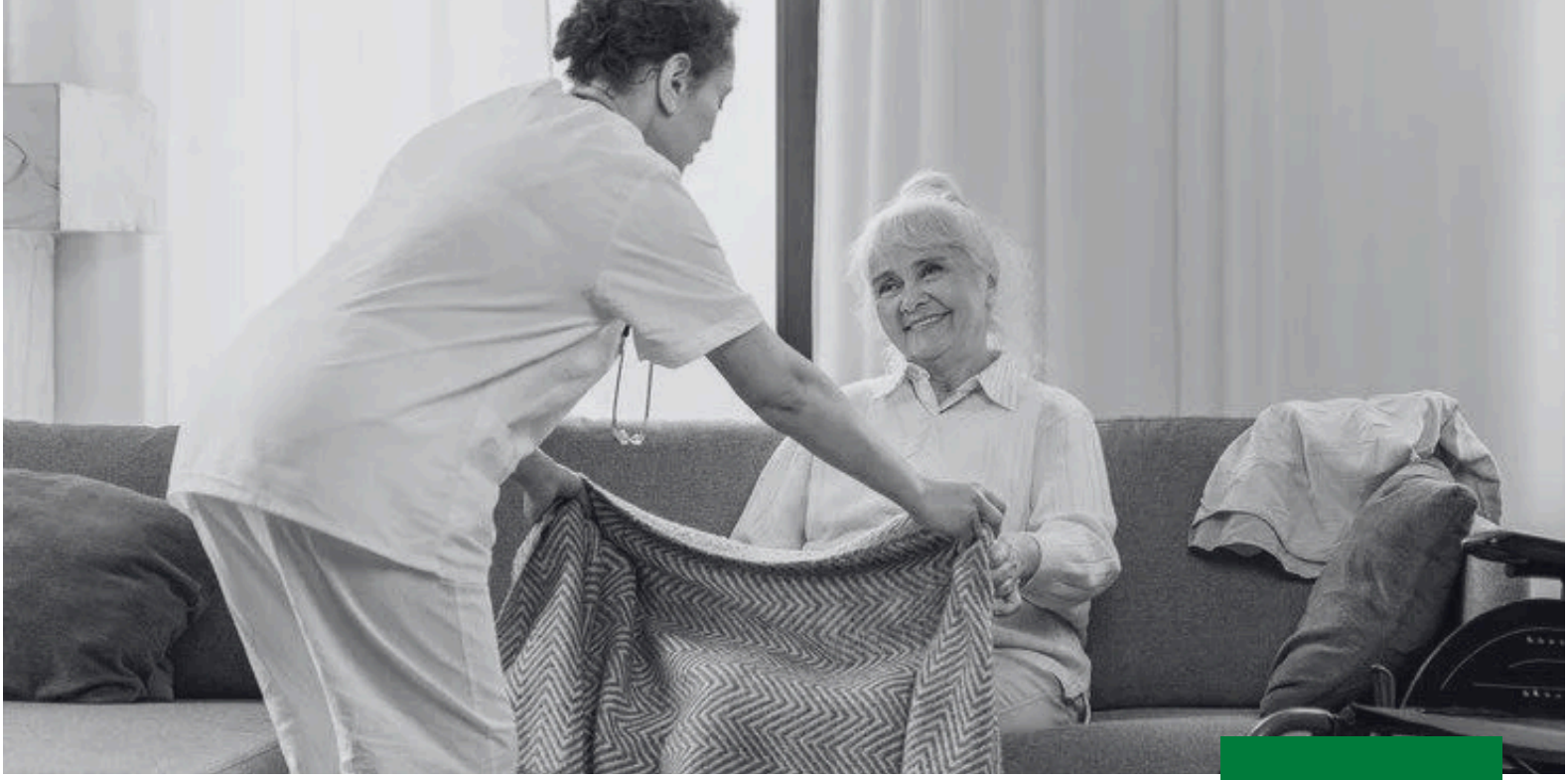
Currently, Ontario Health atHome is a provincial health service provider with a mandate to offer services in French. However, with the changes expected in 2025 under the Convenient Care at Home Act, 2023, some responsibilities will shift to Ontario Health Teams. This raises uncertainty about how the mandate to provide services in French will be upheld, as Ontario Health Teams are not subject to the French Language Services Act.

THE IMPORTANCE OF COMMUNICATION IN THE HOME AND COMMUNITY CARE SECTOR

In the home and community care sector, communication is an essential tool that healthcare professionals must use to their advantage to fully understand their clients. Indeed, clients must communicate their needs, symptoms and emotions to healthcare professionals. It is therefore crucial that clients and health professionals are able to understand each other well to ensure effective prevention, adequate assessment of needs and appropriate treatment of clients' illnesses and other health problems.

Health professionals who provide home and community support services are an integral part of clients' daily lives. In fact, they provide healthcare services directly to clients, entering their daily lives and their family environment, which creates physical and emotional proximity between them. Ineffective communication can create numerous barriers and pose significant risks to the client. For instance, a language mismatch between the healthcare professional and the patient can hinder communication, compromise diagnosis and treatment, and affect the ability to obtain informed consent. Additionally, for clients, receiving services in a language other than their own can be a significant source of stress and may also deprive them of opportunities to overcome isolation, as they may struggle to communicate with the healthcare professional, limiting meaningful conversations between them.

Many studies have emphasized the importance of providing healthcare services to clients in their mother tongue. For instance, a study conducted by 11 researchers and published in the Canadian Medical Association Journal (2022), titled Patient–physician language concordance and quality and safety outcomes among frail home care recipients admitted to hospital in Ontario, Canada, showed that Ontario patients who were treated by physicians speaking their language achieved better hospital outcomes compared to those treated by physicians who did not. This linguistic disparity negatively impacts clients' health, increasing the risks for Francophone clients and reducing the quality of their hospital outcomes. The best solution to address this disparity would be to provide care in clients' mother tongue, specifically offering healthcare services in French to Francophone clients. However, this solution poses several challenges, particularly for remote communities in Northern Ontario. Organizations must therefore focus on recruiting bilingual healthcare professionals and finding ways to retain this workforce within Northern communities.



PURPOSE OF THIS REPORT

The Réseau has undertaken the task of assessing the current capacities of the home and community care sector in Northern Ontario in order to better support health service providers and strengthen the sector. This study will allow the Réseau to understand the current capacity of French-speaking healthcare professionals in Northern Ontario and identify the areas and regions where disparities are most significant. This report will be used to inventory the services currently offered, in order to better guide the Réseau's work with various provincial stakeholders and health service providers. Additionally, this report may serve as a guide for establishing priorities and regional strategies for French-language services in the home and community care sector.

This report will therefore analyze the data collected as part of this study on the current capacities of the home and community care sector, and its main objectives will be as follows:

- Identify the capacity of French-language service provision in the home and community care sector;
- Identify services in order to better support the Réseau in sharing information with various decision-makers and stakeholders within the healthcare system;
- Guide the establishment of regional priorities and strategies for French-language services in the home and community care sector;
- Use the information collected and the results of the analysis to make recommendations to the relevant stakeholders within the healthcare system.

METHODOLOGY

To analyze the current capacities of the healthcare system in Northern Ontario, the Réseau used five themes that were studied for the eight regions of Northern Ontario. The Réseau made sure to collect the same information relating to the offer of home and community care for each region, so that they could be properly compared.

SOURCE OF DATA

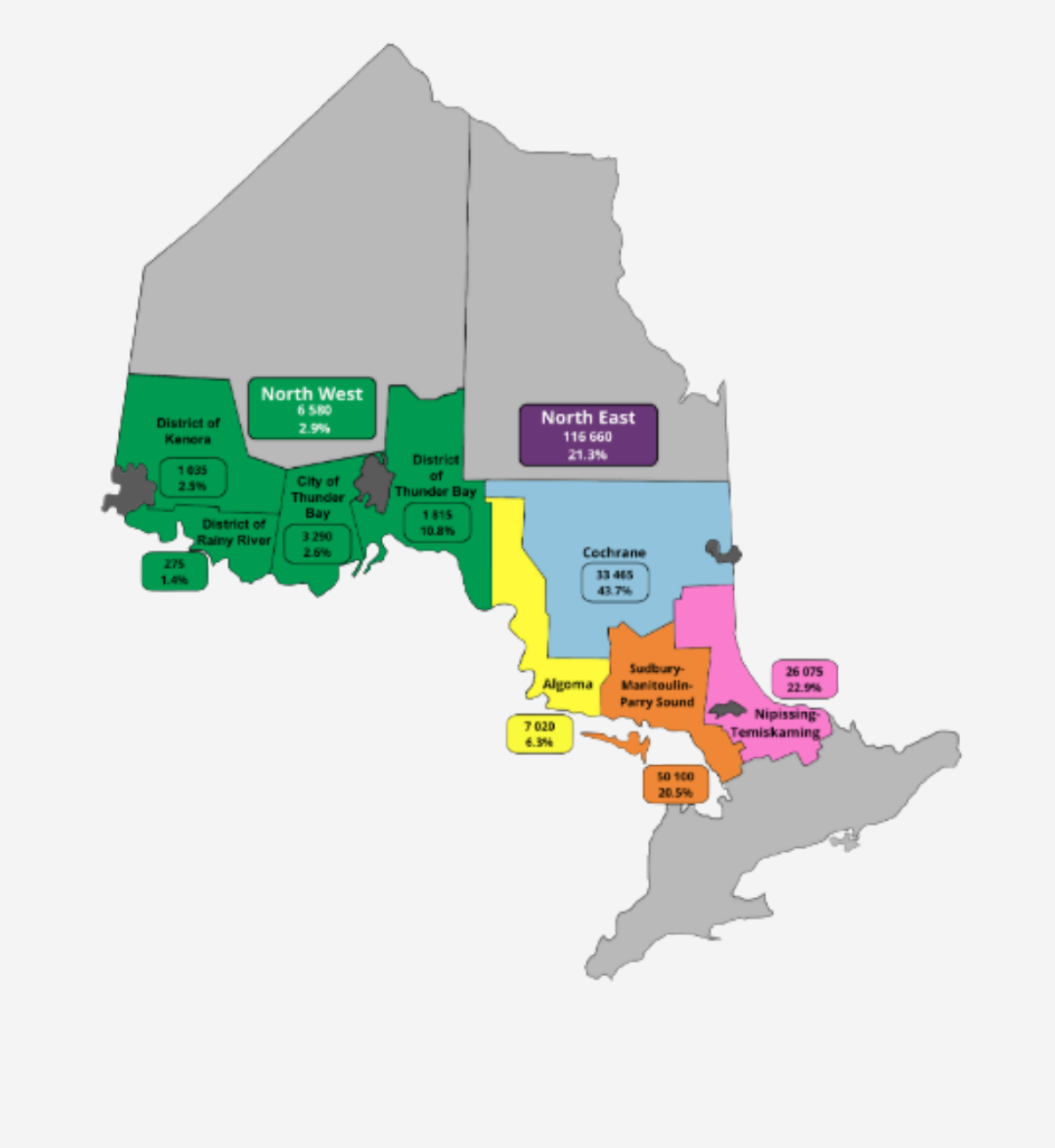
The majority of the data used for the preparation of this report was taken from the 2022-2023 annual French Language Services (FLS) reports submitted to the Ontario Ministry of Health and Ontario Health, a report that is completed annually by all health service providers (HSPs) who have an accountability agreement with Ontario Health North. However, health service providers for Indigenous populations are excluded from this study.

Important notes

- As part of this study, a comprehensive overview of all services in this sector was created based on the available data. The data collected therefore represents all staff across all sectors. However, it should be noted that while many small hospitals in rural areas have accountability agreements with Ontario Health North to provide home and community care services, they do not necessarily submit reports on French-language services based on the different accountability agreements.
- The information used in this study provides a snapshot of the situation at a specific point in time. It is therefore subject to change as the sector evolves and as changes occur with health service providers.

AREAS OF NORTHERN ONTARIO BEING STUDIED

The regions studied in this report are in Northern Ontario. Northern Ontario can be divided into two major regions, the North East and the North West. Each of these large regions can then be divided again into four regions, namely the regions of Algoma, Cochrane, Temiskaming-Nipissing and Sudbury-Manitoulin-Parry Sound for the North East and the City of Thunder Bay, the District of Kenora, the District of Rainy River and the District of Thunder Bay for the North West. This report will assess the situation for each of these eight regions, in order to identify the pressing needs of each of them and develop recommendations tailored to these needs. The Réseau seeks to reflect the reality of Francophones and the portrait of French-language health services in the different regions, which are not the same throughout Northern Ontario. The map below shows the different regions of Northern Ontario that will be explored in this report.



Categories of health service providers

Each of the regions shown on the previous page includes various health service providers offering services to the population of that region. These health service providers can be divided into three categories: designated health service providers, identified health service providers, and non-identified health service providers. Each category of provider is briefly defined below (Réseau, 2024).

Health service providers designated under the *French Language Services Act* (FLSA)

The designation under the *French Language Services Act* is the legal recognition, by the Ontario government, of the ability of an organization to offer services in French. A designated health service provider must ensure that quality services in French are available on a permanent and continuous basis, guarantee access to services, follow the principle of active offer and put in place governance and accountability mechanisms for services in French.

Some health service providers are partially designated under the *French Language Services Act* (FLSA). For partially designated providers, certain programs and services are designated under the French Language Services Act and are required to offer services in French.

Compliance with the designation under the *French Language Services Act* is evaluated every three years to ensure they meet all the requirements of the designation. These providers are recognized by Ontario Health North and the Réseau as being in compliance with all the requirements of the designation.

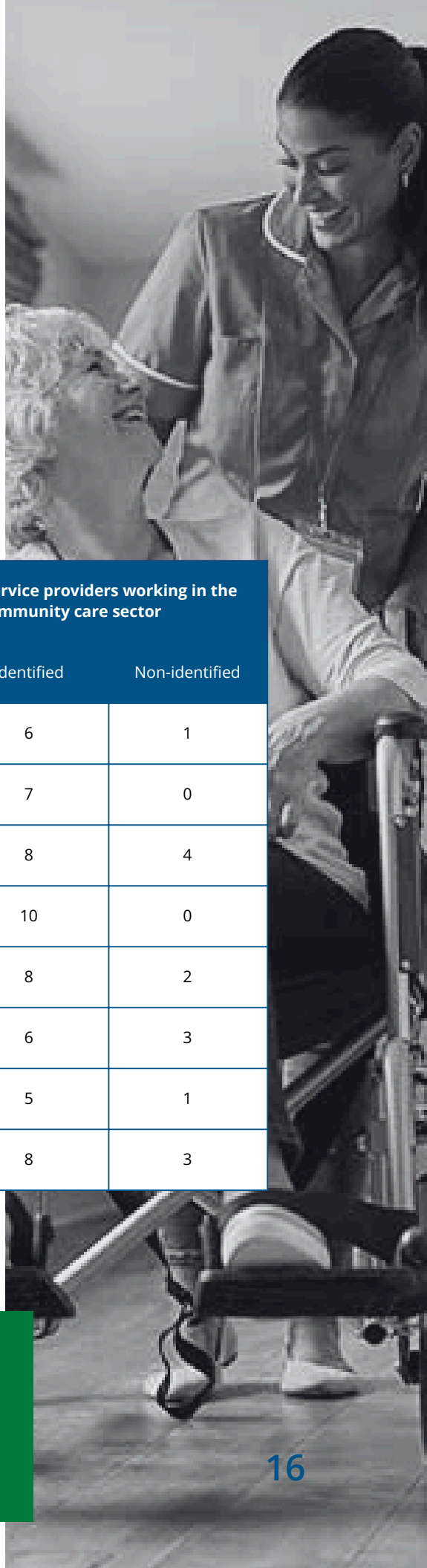
Health service providers identified to offer services in French

Identification is the term used to distinguish health service providers that have been selected by Ontario Health to plan the offer of French-language services in preparation for designation. Identification is not a legal recognition in the same way as designation.

Health service providers not identified to offer services in French

Non-identified health service providers are not required to offer services in French. However, they must have a way to meet the needs of Francophones if they do not have the capacity to offer them, for example by redirecting them to other providers who offer health services in French.

The table below provides an overview of the health service providers working in the home and community care sector across the eight regions of Northern Ontario. A more detailed list of the various healthcare services offered can be found in *Appendix 1* of this document. However, it is important to note that some regional providers offer services in more than one region. As a result, they are counted more than once in the table.



		Categories of health service providers working in the home and community care sector		
	Region	Designated	Identified	Non-identified
North East	Algoma	1	6	1
	Cochrane	2	7	0
	Sudbury-Manitoulin-Parry Sound	5	8	4
	Nipissing-Temiskaming	3	10	0
North West	City of Thunder Bay	0	8	2
	Kenora District	0	6	3
	Rainy River District	0	5	1
	Thunder Bay District	0	8	3

THEMES EXPLORED

In order to analyze the current capacities of the healthcare system in Northern Ontario, the Réseau chose to explore five themes for each of the regions of Northern Ontario. These five themes are: French-speaking human resources capacity, active offer, capturing the linguistic identity, documentation and communications, as well as the use of third parties. Exploring these themes will help identify the strengths within the home and community care sector and the areas that require more attention. These themes were inspired by the 20 requirements for designation, as outlined by the Ontario Ministry of Francophone Affairs. Each of these themes will be defined in the following paragraphs.

French-speaking human resources capacity

French-speaking human resources capacity is reviewed based on the health service provider's human resources plan for the 2022-2023 period. Health service providers are required to report on their French-speaking human resources capacity in their human resources plan.

Active offer

The active offer of services in French is the action of proactively offering quality services that are available at all times, clearly announced, visible, easily accessible and of equivalent quality to those offered in English, from the very first contact. Services in French must also be offered by health service providers at all points of contact.

Capture of the linguistic identity

The use of the linguistic variable is the means by which organizations identify Francophones. The linguistic variable consists of asking two questions in order to identify the Francophone clientele, all in compliance with the spirit of the Inclusive Definition of Francophones (IDF). These questions are:

1. *Q:* What is your mother tongue?
   A: French, English, other

2. *Q:* If your mother tongue is neither French nor English, in which of Canada's official languages are you most comfortable?
   A: French, English

The second question allows for the inclusion of newcomers whose mother tongue is not French, but who know and understand French as an official language, as proposed by the IDF. The linguistic variable was chosen by the *Regroupement des entités de planification des services de santé en français de l'Ontario* in 2013 and its adoption was then recommended in 2018 by the former Office of the French Language Services Commissioner of Ontario. It is now the standard to be used for identifying Francophones. This information should be collected when a person registers with a health service provider. One of the first steps of registration involves completing a form that contains various types of information about the client, usually including information about the person's mother tongue or first official language spoken.

Documentation and communications

Health service providers offering services in French must ensure that the offer of services in French is indicated in all their communications, regardless of the medium used (documents for clients, signs, posters, notices, websites, press releases, brochures, content shared on social media, or others), and that all communications intended for clients, caregivers, and the general public are in French, thus following the principle of active offer.

Use of third parties

Contracts signed with third parties offering direct client care on behalf of a health service provider must contain clauses setting out their obligations to ensure an active offer of quality services in French. In the context of home and community care, this requirement is important because many services offered by Ontario Health atHome are contracted out to community support services providers.

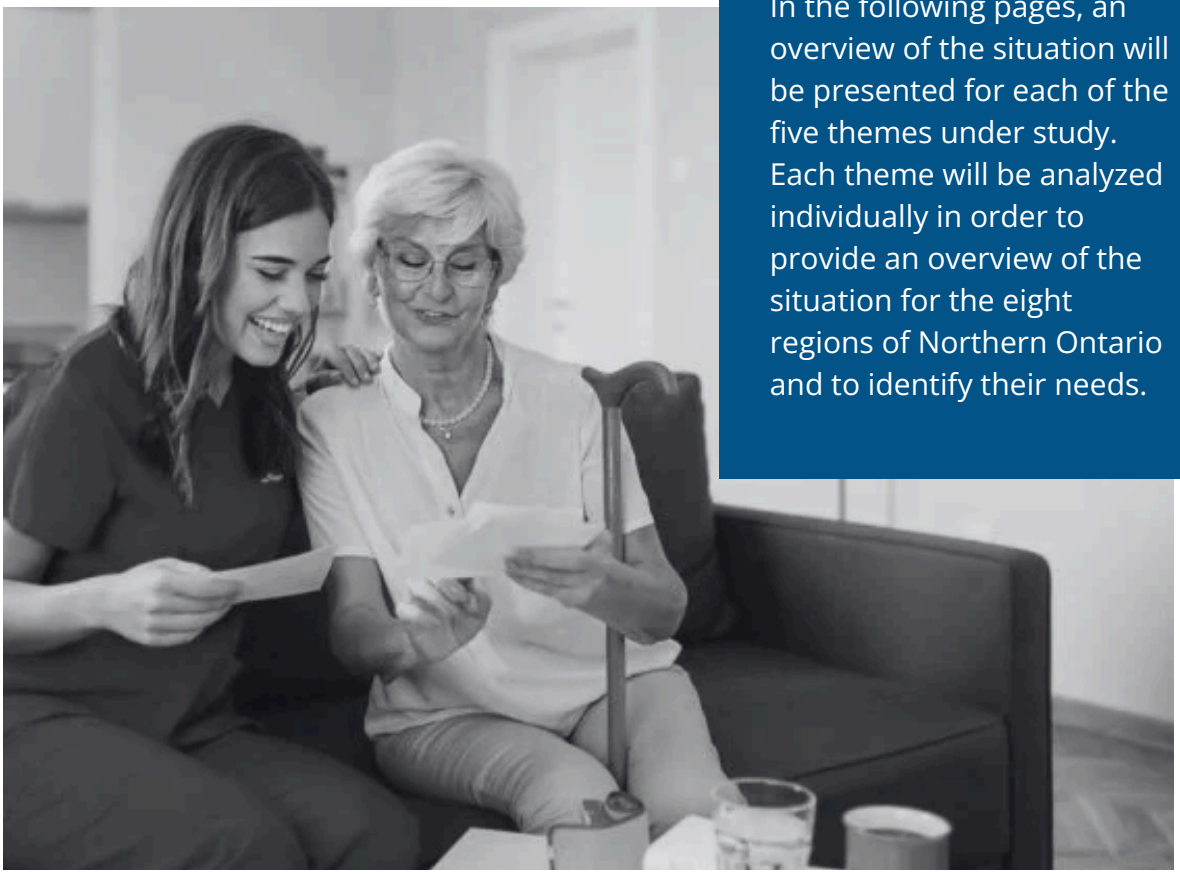
DATA LIMITATIONS

It is important to consider some limitations related to the data used in this report.

- Several elements linked to the year 2022-2023 mean that the data and resulting analyses are to be taken with caution:
  - The transfer to a new platform for the annual French-language services (FLS) reports posed a number of technical and time-related challenges.
  - The pandemic caused numerous challenges, including a growing labour shortage, which placed greater pressure on health service providers.
- The information used in this study represents an overview of the situation at a specific point in time. They are therefore likely to change depending on transformations in the sector and changes in health service providers.

ANALYSIS

In the following pages, an overview of the situation will be presented for each of the five themes under study. Each theme will be analyzed individually in order to provide an overview of the situation for the eight regions of Northern Ontario and to identify their needs.



FRENCH-SPEAKING HUMAN RESOURCES CAPACITY

French-speaking human resources capacity refers to the number of French-speaking employees compared to the total number of employees within home and community care service providers across the eight regions for the 2022-2023 period. Identified and designated health service providers are required to report on their French-speaking human resources capacity in the human resources plan they complete annually.

The table on the following page presents the number of French-speaking employees working in the home and community care sector in each of the regions studied. It is important to note that this data does not include the number of French-speaking employees of non-identified organizations (4 in the North East and 6 in the North West), as these organizations are not formally required to report annually on their capacity in terms of French-speaking human resources.

Region		Total number of employee	Employees with French-language skills	% of employees with French-language skills	% of the population whose mother tongue is French	% of the number of visits by Francophones	% of the number of unique Francophone clients
North East	Algoma	1 263	378	29.93 %	6.3 %	14.36 %	12.27 %
	Cochrane	1 322	439	33.21 %	43.7 %	14.38 %	12.76 %
	Sudbury-Manitoulin-Parry Sound	1 618	497	30.72 %	20.5 %	12.03 %	11.80 %
	Nipissing-Temiskaming	1 761	479	27.20 %	22.9 %	14.16 %	11.92 %
North West	City of Thunder Bay	683	25	3.66 %	2.6 %	1.09 %	1.24 %
	Kenora District	483	21	4.35 %	2.5 %	1.13 %	1.35 %
	Rainy River District	308	21	6.82 %	1.4 %	1.30 %	1.35 %
	Thunder Bay District	683	25	3.66 %	10.8 %	1.17 %	1.50 %

Data presented in the previous table can be compared to draw conclusions. However, the majority of the health service providers shown in the table are regional organizations serving communities in more than one of the eight regions. That being said, the data for a single organization, such as the Canadian Red Cross, appears in four regions because it cannot be broken down by the services provided in each region. In fact, in the annual FLS reports, health service providers are not required to indicate how many employees work in each region, but rather how many employees they have in total.

The following conclusions that can be drawn from the table:

- Since comparing the percentages in the columns “Percentage of Employees with French-Language Skills” and “Percentage of the Population whose mother tongue is French” does not necessarily yield valid results due to the regional nature of the organizations, a “ranking” type comparison is more appropriate. Specifically, by comparing the rank of each region in these two columns, a few elements stand out. First, the Nipissing-Temiskaming region ranks second among the four regions in the North East in terms of the percentage of the population whose mother tongue is French, but only ranks fourth and last in terms of the percentage of employees with French-language skills. Second, the Thunder Bay District and the City of Thunder Bay regions rank first and second among the four regions in the North West for the percentage of the population whose mother tongue is French, but only rank third and last in terms of the percentage of employees with French-language skills.

- In the four North West regions, the percentage of employees with French language skills exceeds the percentage of the population whose mother tongue is French, which seems positive. However, the percentage of employees with French-language skills remains considerably low (between 3.66% and 6.82%), which is far from guaranteeing French-language services to the Francophone clientele.

- The percentages in the last two columns (“Percentage of visits by Francophones” and “Percentage of unique Francophone clients”) do not show significant discrepancies. In fact, since these are relatively low percentages, the bias effect related to the presence of many regional organizations in the data is amplified.

The next table presents the number of French-speaking employees working in the home and community care sector in each of the regions studied as well as the number of employees required to offer services in French (it is important to point out that this number is determined by the health service providers; it is therefore possible that it does not necessarily represent the actual number required). Note that this data does not include non-identified organizations (4 in the North East and 6 in the North West), which are not formally required to report annually on their capacity in terms of French-speaking human resources.

	Region	Employees with French language skills	Employees required to provide services in French	Variance	% of employees with French-language skills compared to employees required for FLS
North East	Algoma	378	282	+96	134 %
	Cochrane	439	307	+132	143 %
	Sudbury-Manitoulin-Parry Sound	497	396	+101	126 %
	Nipissing-Temiskaming	479	382	+97	125 %
North West	City of Thunder Bay	25	66	-41	38 %
	Kenora District	21	59	-38	36 %
	Rainy River District	21	45	-24	47 %
	Thunder Bay District	25	66	-41	38 %

The following observations that can be drawn from the table:

- After subtracting the number of employees required to provide services in French from the number of employees with French- language skills for each region, it is possible to that positive variances are considerable for each of the regions in the North East, while negative variances are considerable for each of the regions in the North West.

- As was the case in the previous table, the Nipissing-Temiskaming region ranks second among the four regions in the North East in terms of its Francophone population, but only ranks fourth and last among the four regions in the North East in terms of the ratio between the number of employees with French-language skills and the number of employees required to provide services in French.

- As was the case in the previous table, the Rainy River District ranks fourth and last among the four regions in the North West in terms of its Francophone population, but ranks first among the four regions in the North West in terms of the ratio between the number of employees with French-language skills and the number of employees required to provide services in French.

ACTIVE OFFER

As part of this analysis, active offer represents an organization's ability to provide services in French both by phone and in person (at reception and services in general). In fact, health service providers must inform their clientele from the very first point of contact that they offer services in French. These French-language services must be of equivalent quality to those offered in English.
In the annual FLS reports that health service providers must complete, each identified or designated organization must indicate, for each designation requirement, whether the requirement is completed, in progress, not started, or not applicable.

Two of these requirements pertain to the active offer, that is telephone services and services provided at reception. In particular, the designation requirements for the year 2023-2024 are as follows (note that these requirements have slightly changed since 2022-2023, but they remain essentially very similar):

- Telephone services: All telephone services, including voicemail messages and interactive response systems, are actively offered in French.

- Reception and services: French-language services are actively provided by the organization at all points of contact. Clients who choose to be served in French are identified from the very first interaction with the organization, and continue to receive services in this language at each step, without having to request them.

The next tables show the status of these two designation requirements in 2022-2023 for organizations providing home and community care services in each of the regions included in this report.

Telephone services							
	Region	Number of identified or designated HSPs	Number of non-identified HSPs	Completed	In progress	Not started	% completed
North East	Algoma	7	1	4	3	0	57.14 %
	Cochrane	9	0	7	2	0	77.78 %
	Sudbury-Manitoulin-Parry Sound	13	4	8	5	0	61.54 %
	Nipissing-Temiskaming	13	0	9	2	2	69.23 %
North West	City of Thunder Bay	8	2	7	1	0	87.5 %
	Kenora District	6	3	6	0	0	100 %
	Rainy River District	5	1	5	0	0	100 %
	Thunder Bay District	8	3	7	1	0	87.5 %

Reception and services							
	Region	Number of identified or designated HSPs	Number of non-identified HSPs	Completed	In progress	Not started	% completed
North East	Algoma	7	1	4	3	0	57.14 %
	Cochrane	9	0	7	2	0	77.78 %
	Sudbury-Manitoulin-Parry Sound	13	4	9	4	0	69.23 %
	Nipissing-Temiskaming	13	0	9	2	2	69.23 %
North West	City of Thunder Bay	8	2	6	2	0	75.00 %
	Kenora District	6	3	4	2	0	66.67 %
	Rainy River District	5	1	3	2	0	60.00 %
	Thunder Bay District	8	3	6	2	0	75.00 %

The analysis of the two previous tables can generate certain observations:

- The Algoma region has the lowest percentage of health service providers having completed both designation requirements, with a rate of 57.14% in both cases. Note that this also includes the North West region.
- The Sudbury-Manitoulin-Parry Sound region is the only region in the North East to show a difference between the two tables, with an additional organization having completed the requirement related to reception and services.
- All regions of the North West show better results in terms of active offer by telephone than via reception and services.

CAPTURE OF THE LINGUISTIC IDENTITY

The use of the linguistic variable allows health service providers to identify Francophones, which then enables them to offer services in their language. Most of the time, the person's language is captured from the very first point of contact or at the time of registration with the health service provider. However, home and community care organizations do not always use the same method of capturing the client's language; the question sometimes seeks to identify "mother tongue," "preferred language," "official language spoken," etc.

When completing the annual FLS reports, health service providers must answer the question, "How do you identify your Francophone clients?" by choosing the option or options they use from a list of eight choices. The table on the following page summarizes how health service providers in the home and community care sector responded to this question regarding the linguistic identity of their clientele for each of the eight regions.

Capture of the linguistic identity								
	Region	Number of HSPs	Mother tongue	Official language spoken	Official language in which most comfortable	Preferred language	Language spoken at home	We do not identify Francophone clientele
North East	Algoma	**8**	4	5	5	6	3	1
	Cochrane	**9**	6	8	8	6	4	0
	Sudbury-Manitoulin-Parry Sound	**17**	8	10	9	11	6	1
	Nipissing-Temiskaming	**13**	7	8	8	10	5	0
North West	City of Thunder Bay	**10**	7	5	6	4	0	1
	Kenora District	**9**	6	3	4	3	0	0
	Rainy River District	**6**	4	2	3	3	0	0
	Thunder Bay District	**11**	9	4	6	3	0	0

As can be observed in the table above, health service providers use different methods of capturing the linguistic identity of their clientele. The following conclusions can be drawn:

- Very few health service providers claim they do not identify Francophone clients. These providers are non-identified.

- A large number of health service providers selected the option "clients self-identify as Francophone." However, the interpretation of this question in the annual FLS reports may vary from one health service provider to another. In fact, 20 organizations in the North East indicated that clients self-identify as Francophones. However, 15 of them also selected another option, suggesting that they were asking clients to identify their language in some way. For these 20 organizations, it is not only the clients who self-identify. Of the 7 health service providers in the North West who chose the option that clients self-identify as Francophones, 5 of them also selected another method for capturing the linguistic identity.

- In the North East, "preferred language" seems to be the most popular option, followed by the official language spoken. In the North West, it is primarily "mother tongue."

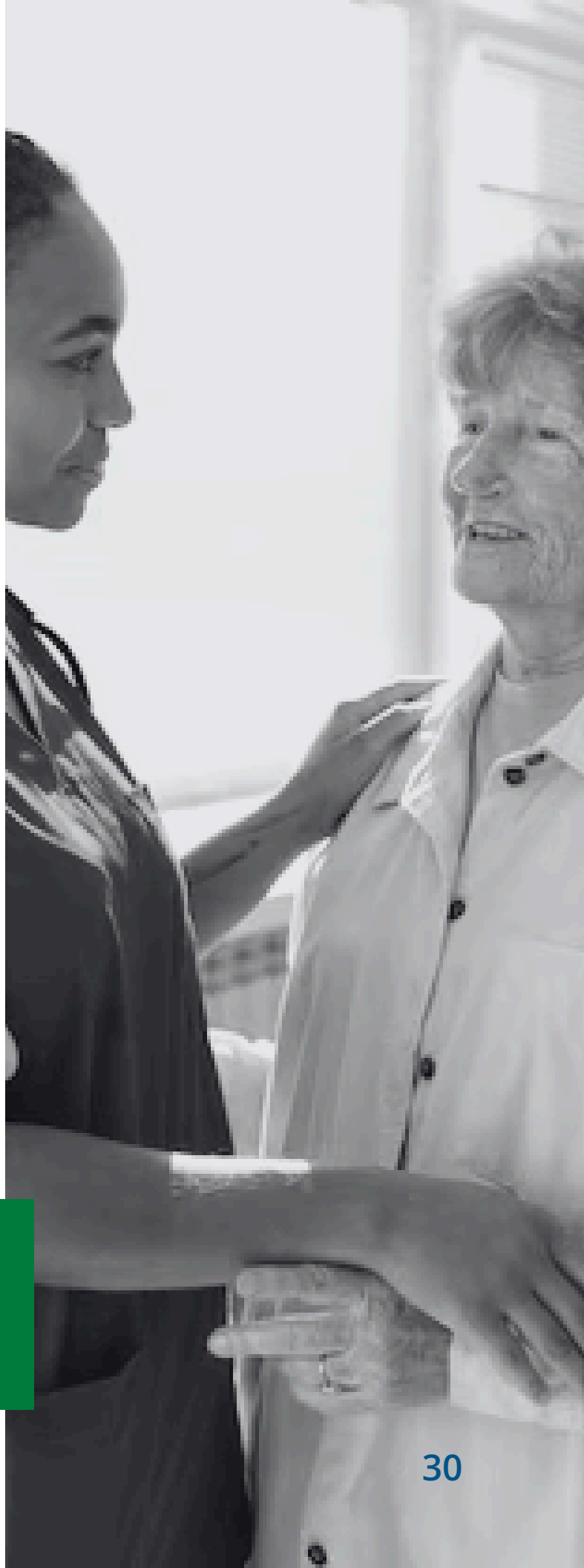
- Several health service providers do not use the questions recommended by the Joint Position Statement on the Linguistic Variable, instead asking their clients their preferred language. Since the preferred language can change from one context to another without the clientele having the chance to mention it to staff members, it is important to use the linguistic variable questions, as a person's mother tongue simply does not change.

DOCUMENTATION AND COMMUNICATIONS

In order to properly serve the Francophone population, designated organizations must ensure that the offer of services in French is indicated in all communications and documentation, including documents intended for clients, signs, posters, notices, website, press releases, brochures as well as social media content. Two of the designation requirements newly revised in 2023-2024 are as follows:

- Documents intended for clients: Admission forms and other documents intended for clients are available in French or in a bilingual format and are actively offered to Francophone clients. The English version of these documents must include a message in French to indicate that they are available in French.
- Communications and publications for the public: Communications and publications intended for the public regarding services covered by the designation (e.g. brochures, public notices, press releases) are available simultaneously in English and French. The English version of these documents must include a message in French to indicate that they are also available in French.

The following tables indicate the status of each of these two requirements for the year 2022-2023 for home and community care service providers in the eight regions.



Documents intended for clients							
Region		Number of identified or designated HSPs	Number of non-identified HSPs	Completed	In progress	Not started	% complete
North East	Algoma	**7**	1	5	2	0	71.43 %
	Cochrane	**9**	0	7	2	0	77.78 %
	Sudbury-Manitoulin-Parry Sound	**13**	4	9	3	1	69.23 %
	Nipissing-Temiskaming	**13**	0	10	2	1	76.92 %
North West	City of Thunder Bay	**8**	2	8	0	0	100 %
	Kenora District	**6**	3	6	0	0	100 %
	Rainy River District	**5**	1	5	0	0	100 %
	Thunder Bay District	**8**	3	8	0	0	100 %

Communications and publications for the public							
Region		Number of identified or designated HSPs	Number of non-identified HSPs	Completed	In progress	Not started	% complete
North East	Algoma	**7**	1	4	3	0	57.14 %
	Cochrane	**9**	0	7	2	0	77.78 %
	Sudbury-Manitoulin-Parry Sound	**13**	4	8	5	0	61.54 %
	Nipissing-Temiskaming	**13**	0	10	2	1	76.92 %
North West	City of Thunder Bay	**8**	2	8	0	0	100 %
	Kenora District	**6**	3	6	0	0	100 %
	Rainy River District	**5**	1	5	0	0	100 %
	Thunder Bay District	**8**	3	8	0	0	100 %

Analysis of the two previous tables leads to the following observations:

- In the North East, the Cochrane region has the highest number of health service providers that chose the option “complete” for both documentation and communications/publications, followed by the Nipissing-Temiskaming region. The Sudbury-Manitoulin-Parry Sound region ranks last in terms of documentation, and the Algoma region ranks last in terms of communications and publications. It should be noted that only designated or identified organizations are included in the percentage shown in the “% complete” column.

- In the North West, all designated or identified organizations selected the “completed” option for both documentation and communications/publications.

USE OF THIRD PARTIES

The use of third parties allows home and community care organizations to offer services to their clientele that they would otherwise not provide. However, for designated organizations, contracts signed with third parties must include clauses ensuring the provision of French-language health services equivalent to the services offered in English. For non-designated organizations, this is still a best practice to ensure quality French-language services are provided to their clients. The table below shows the status of third-party contracts for organizations providing home and community care services in each of the regions covered by this study.

Contracts with third parties								
Region		Number of identified or designated HSPs	Number of non-identified HSPs	Completed	In progress	Not started	Not applicable	% completed (not including N/A)
North East	Algoma	**7**	1	1	3	0	3	25.00 %
	Cochrane	**9**	0	1	2	0	6	33.33 %
	Sudbury-Manitoulin-Parry Sound	**13**	4	2	2	0	9	50.00 %
	Nipissing-Temiskaming	**13**	0	4	2	1	6	57.14 %
North West	City of Thunder Bay	**8**	2	1	0	0	7	100 %
	Kenora District	**6**	3	1	0	0	5	100 %
	Rainy River District	**5**	1	1	0	0	4	100 %
	Thunder Bay District	**8**	3	1	0	0	7	100 %

Data in the previous table show the following:

- The only health service provider in the North West to choose an option other than "Not Applicable" is the North West Home and Community Support Services, (now known as Ontario Health atHome), which reported that this designation requirement has been completed. It is important to note that, as this organization had a regional mandate at the time of this report, the data from the four North West regions show a perfect 100% in the last column.

- Among the identified organizations in the North West, almost all health service providers (89.9%) marked "Not Applicable" for the designation requirement regarding third parties. In the North East, the percentage of identified or designated providers is only 59.1%, with many more health service providers choosing the answers "Completed," "In Progress," or "Not Started." This means that in the North East, half of home and community care service providers do not have contracts with third parties offering services on their behalf, compared to the North West, where 89.9% of health service providers do not have agreements with third parties.
    - Among all health service providers with third-party contracts in the North East, only one provider reported not working on adding a clause in their contracts with third parties regarding their obligation to provide services in French when they offer services as a third party. Since the majority of health service providers with third-party contracts already have a clause regarding the provision of French-language health services, it is important to ensure that health service providers who have started this work but have not completed it finalize this clause and include it in their future third-party contracts. It is also essential that health service providers with such clauses already in place in their contracts communicate the importance of active offer to the chosen third parties, so that the latter are more inclined to ensure the active offer of French-language health services when providing services and ensuring it is promoted to their staff.

- The North East region where the progress related to this designation requirement seems the most advanced is the Nipissing-Temiskaming region, followed by Sudbury-Manitoulin-Parry Sound, Cochrane, and Algoma.

CONCLUSION AND RECOMMENDATIONS

Analysis of the data collected as part of this study makes it possible to draw conclusions and put forward some recommendations. Some of these observations have been addressed earlier in the report, but will still be revisited in this section to better consolidate the recommendations. It is important to note that these recommendations will be used to guide the work of the Réseau through its interactions with government authorities, namely the Ontario Ministry of Health, Ontario Health, Ontario Health North, its partners as well as health service providers.

RECOMMENDATIONS TO SHARE WITH GOVERNMENT AUTHORITIES

Require Ontario Health Teams serving designated regions to be subject to the *French Language Services Act (FLSA).*	The proposed change in the home and community care sector which will begin in 2025 raises some important questions relating to access to French-language health services. The fact that Ontario Health Teams become responsible for referring the population to home and community care services does not guarantee Francophones equitable access to services in French. Not knowing whether Ontario Health Teams will be subject to the *French Language Services Act*, it is uncertain how the mandate to provide services in French will be upheld. It is therefore necessary to implement measures to ensure that the Francophone population continues to have access to services in their own language, including requiring Ontario Health Teams serving designated areas be subject to the *French Language Services Act*.
Include regional data collection as part of the annual French-language services report for organizations covering more than one region to ensure better planning of French-language health service delivery.	Data analyzed in this study allows for some conclusions to be drawn regarding French-language health services in each region. However, many of the health service providers included in the study are regional organizations that serve more than one region, often responsible for four regions. The annual FLS reports do not capture individual data by region, making it more difficult to compare regions, draw conclusions, and propose specific recommendations. A modification to the annual FLS reports, allowing for data to be collected for each region, would enable us to better understand the gaps in French-language health services and better plan for the provision of French language services. This change would allow us to divide the data for the regional organizations and better identify the gaps in the different regions.

Ensure all health service providers in the home and community care sector use the linguistic variable to capture the linguistic identity of their clientele and integrate this information into the CHRIS system. The CHRIS system is a provincial online platform used to support the delivery of home and community care services as well as the placement of patients in long-term care facilities in Ontario. The CHRIS platform includes several digital applications that health service providers can use to coordinate and plan care for patients.

As outlined in the section on capturing the linguistic identity, health service providers do not necessarily use the linguistic variable to identify their clients' linguistic identity. Many health service providers only ask for their clients' preferred language, which does not guarantee French-language services for Francophone clients. Since language preference can change from one context to another without clients having the opportunity to inform staff, it is important to use the linguistic variable questions. These questions are more precise, capture the linguistic identity of clients, and the responses remain consistent regardless of time or context. This is particularly relevant for newcomers whose mother tongue is neither French nor English. Capturing the official language they wish to use is crucial. Using the linguistic variable to capture clients' linguistic identity also enables better planning of French-language health services based on accurate data.

The CHRIS system currently uses the following three questions to identify the language of the client:

1. Mother tongue;
2. Preferred official language;
3. Preferred language of service.

Unfortunately, the CHRIS system has not adopted the questions recommended by the Joint Position Statement on the Linguistic Variable.

Implement strategies to promote the recruitment of French-speaking healthcare professionals internationally to strengthen French-speaking human resources in the home and community care sector.

The shortage of French-speaking personnel in this sector poses a significant challenge, particularly when it comes to ensuring equitable access to French-language health services. This shortage further exacerbates the difficulty of providing French-language services, especially in rural areas. While Ontario Health and the Ministry of Health have introduced initiatives to support internationally trained healthcare professionals—such as allowing internationally educated nurses to register in a temporary category and begin working while completing the full registration process—additional efforts and support are required. Health service providers need stronger incentives to prioritize the recruitment of French-speaking professionals.

Enhance language capacity by expanding access to the Ministry of Health's language training reimbursement program to include healthcare professionals with a basic level of French.	Providing equitable services to diverse populations is a core principle of the Ministry of Health. In Northern regions, efforts to enhance French-language knowledge, training, and skills are critical to addressing inequities and overcoming barriers to care for Francophones. Offering French-language courses aimed at fostering bilingualism among staff will significantly enhance the capacity to serve Francophone populations. Supporting training for health service providers staff will also help build a more robust health workforce. Intensive basic French courses and medical terminology training for healthcare professionals are vital tools to improve the quality of medical communication and to foster a more inclusive organizational culture. Currently, only healthcare professionals who have reached an intermediate level of French and who work directly with patients or clients are eligible for the reimbursement program for French-language training.
Analyze the health of Francophone populations and the healthcare system through a Francophone lens.	Currently, there is limited information available on the health status of Francophones in minority situations or their use of healthcare services, including digital health services. As a result, it is difficult to determine how many Francophones have access to a family doctor or whether certain illnesses are more prevalent within Francophone communities. This lack of comprehensive data presents a significant challenge, as it limits the ability to assess the health needs of Francophone individuals and communities. It also hinders effective planning for healthcare services that address the unique needs of this population. Collaboration with the Ministry of Health, Ontario Health, Ontario Health Teams, public health units, post-secondary institutions, and other stakeholders is crucial to collect and analyze data on French-language services. This data is essential to support French-language health systems planning by generating evidence, creating technical reports, and developing infographics that highlight key findings.

Implement a bilingual navigator model (French/English) in hospitals and community health centers serving significant French-speaking populations to improve a better transition from hospital to home.

The healthcare system can be complex, fragmented, and challenging to navigate, especially for French-speaking individuals who may face linguistic and cultural barriers. Introducing bilingual care navigators would address this need by supporting patients and their families during the transition from hospital to home. These navigators could:

- Facilitate access to care by ensuring patients understand and access appropriate health services tailored to their linguistic and cultural needs.
- Reduce language barriers by providing French-language support, minimizing misunderstandings, and improving communication between patients and providers.
- Enhance care coordination by connecting various healthcare system stakeholders (e.g., hospitals, community services, home care) to deliver seamless and efficient care.
- Empower patients by providing them with the knowledge and resources needed to manage their long-term health effectively.

RECOMMENDATIONS ON WHICH THE RÉSEAU CAN ACT

Facilitate the sharing of best practices among health service providers to enhance the delivery of French-language health services.	Many health service providers have developed effective strategies for offering services in French, whether through contracts with third parties, documentation and communications, or active offer initiatives. For instance, some health service providers mandate active offer training for all of their employees, which is an excellent strategy in terms of active offer. By promoting the exchange of such best practices, health service providers can adopt innovative methods to improve their services and better meet the needs of Francophone clients. This collaboration would foster a stronger, more consistent approach to delivering high-quality French-language health services across the sector.
Increase the availability of services in French (active offer, training, retention, referrals) through the six actions of the Winning Strategies to promote a more effective and accessible active offer of French-language health services for Francophones.	The Winning strategies initiative for serving Francophone clients offers health service providers the opportunity to implement six simple actions aimed at improving access to French-language services and promoting an active offer of accessible French-language services in line with the requirements of the annual FLS reports.
Develop strategies to ensure that clients' linguistic identity is consistently communicated when referring to other health service providers (e.g., long-term care facilities, community services).	The linguistic identity information collected about clients is not always systematically shared when a client is referred to another health service provider. This lack of communication complicates care coordination and navigation for Francophone clients, increasing the risk that they may not receive services in their language. As a result, this can compromise the quality and safety of care.

Ensure that health service providers continue to include a clause regarding the active offer of services in French in their contracts with third parties and emphasize the importance of this active offer to those third parties.

Since the majority of health service providers with third-party contracts already incorporate a clause on providing services in French, it is essential to ensure that those who have begun this process but have not yet completed it finalize this clause and include it in their future contracts. Additionally, it is important that health service providers who already have such clauses in place continue to include them in future contracts and emphasize the importance of active offer to third-parties with whom they have contracts. This will encourage third parties to actively guarantee the provision of French-language health services when providing care.

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APPENDIX 1

North East Health Service Providers		
Region	Health service provider (HSP)	Designation status
Cochrane	Access Better Living	Identified
Nipissing-Temiskaming and Sudbury-Manitoulin-Parry Sound	Alzheimer Society Sudbury-Manitoulin North Bay & Districts / Société Alzheimer Sudbury-Manitoulin North Bay et districts	Fully designated
Sudbury-Manitoulin-Parry Sound	Board of Management for the District of Parry Sound West (Board of Management for the District of Parry Sound West)	Non-identified
Algoma, Cochrane, Nipissing-Temiskaming and Sudbury-Manitoulin-Parry Sound	Canadian Hearing Services (NE) / Services canadiennes de l'ouïe (NE)	Identified
Algoma, Cochrane, Nipissing-Temiskaming and Sudbury-Manitoulin-Parry Sound	Canadian Red Cross (NE) / Croix-Rouge canadienne (NE)	Identified
Nipissing-Temiskaming	Cassellholme CSS	Identified

Sudbury-Manitoulin-Parry Sound	Elliot Lake Palliative Care Program	Identified
Algoma, Cochrane, Nipissing-Temiskaming and Sudbury-Manitoulin-Parry Sound	Home and Community Support Services North East / Services de soutien à domicile et en milieu communautaire Nord-Est	Fully designated
Sudbury-Manitoulin-Parry Sound	Huron Lodge Community Service Board Inc.	Identified
Sudbury-Manitoulin-Parry Sound	ICAN - Independence Centre and Network / CERD - Centre et réseau d'indépendance	Fully designated
Sudbury-Manitoulin-Parry Sound	Maison McCulloch Hospice	Fully designated
Nipissing-Temiskaming	Nipissing Serenity House	Identified
Algoma, Cochrane, Nipissing-Temiskaming and Sudbury-Manitoulin-Parry Sound	March of Dimes Canada (North East Region) / La marche des dix sous du Canada (Région du Nord-Est)	Identified
Sudbury-Manitoulin-Parry Sound	Meals On Wheels (Sudbury)	Identified
Nipissing-Temiskaming	Near North Palliative Care Network / Réseau de soins palliatifs du Moyen-Nord	Identified

Nipissing-Temiskaming	Physically Handicapped Adults' Rehabilitation Association -Nipissing-Parry Sound, now known as PHARA Community Services	Fully designated
Cochrane and Nipissing-Temiskaming	Société Alzheimer - Cochrane-Temiskaming Alzheimer Society	Identified
Algoma	Alzheimer Society of Sault Ste. Marie and District of Algoma / Alzheimer Society of Sault Ste. Marie and Algoma	Identified
Cochrane	Horizon-Timmins Palliative Care Inc. / Soins palliatifs Horizon-Timmins Inc.	Fully designated
Sudbury-Manitoulin-Parry Sound	Sudbury East Seniors Support Inc. / Aide aux Séniors de Sudbury Est	Fully designated
Sudbury-Manitoulin-Parry Sound	Sudbury Finnish Rest Home Society Inc.	Non-identified
Sudbury-Manitoulin-Parry Sound	The Friends...Supporting those with Long Term Health Care Needs	Non-identified
Nipissing-Temiskaming	Timiskaming Home Support - Soutien à domicile Timiskaming	Identified
Algoma	Trefy (Dr.) Centre	Non-identified

Sudbury-Manitoulin-Parry Sound	Ukrainian Seniors' Centre	Non-identified
Algoma, Cochrane, Nipissing-Temiskaming and Sudbury-Manitoulin-Parry Sound	Victorian Order Of Nurses for Canada - Nord East	Identified
Algoma, Cochrane, Nipissing-Temiskaming and Sudbury-Manitoulin-Parry Sound	Vision Loss Rehabilitation Canada - North East / Réadaptation en déficience visuelle Canada - Nord-Est	Identified

North West Health Service Providers		
Region	Health service provider (HSP)	Designation status
District of Kenora and District of Rainy River	Alzheimer Society of Kenora/Rainy River Districts	Identified
District of Thunder Bay and City of Thunder Bay	Alzheimer Society of Thunder Bay	Identified
District of Kenora, District of Rainy River, District of Thunder Bay and City of Thunder Bay	Canadian Hearing Services (North West) / Services canadiennes de l'ouïe (Nord Ouest)	Identified
District of Kenora, District of Rainy River, District of Thunder Bay and City of Thunder Bay	Canadian Red Cross Society - Ontario Zone (Thunder Bay and Dryden) / Croix-Rouge canadienne - zone Ontario (Thunder Bay et Dryden)	Non-identified
City of Thunder Bay	City of Thunder Bay (CSS Program)	Non-identified
District of Kenora, District of Thunder Bay and City of Thunder Bay	Community Services for Independence North West (CSINW) - formerly NILS & HAGI CSI	Identified
Thunder Bay District	Corporation of the Municipality of Greenstone	Non-identified

District of Thunder Bay and City of Thunder Bay	Hospice Northwest	Identified
Kenora District	Municipality of Machin	Non-identified
Kenora District	Patricia Region Senior Services	Non-identified
District of Kenora, District of Rainy River, District of Thunder Bay and City of Thunder Bay	Home and Community Support Services North West / Services de soutien à domicile et en milieu communautaire Nord-Ouest	Identified
Thunder Bay District	Upsala Volunteer Home Support Association	Non-identified
District of Kenora, District of Rainy River, District of Thunder Bay and City of Thunder Bay	Victorian Order of Nurses - North West	Identified
District of Kenora, District of Rainy River, District of Thunder Bay and City of Thunder Bay	Vision Loss Rehabilitation Canada - North West / / Réadaptation en déficience visuelle Canada - Nord-Ouest	Identified
District of Thunder Bay and City of Thunder Bay	Wesway	Identified

APPENDIX 2

Ontario Health Teams in the North	
Name of the OHT	Community served
North East	
ESO bien-être du Nipissing Wellness OHT	Promote continuity of care between providers in Nipissing and East Parry Sound.
ESO Algoma OHT	Promote continuity of care between providers in the Algoma District.
ESO District of Cochrane OHT	Promote continuity of care between providers in Chapleau, Cochrane, Matheson, Iroquois Falls, Hearst, Hornepayne and Missinabie, Kapuskasing, Smooth Rock Falls, and Timmins.
ESO des régions du Timiskaming Area OHT	Promote continuity of care between providers in the Timiskaming district and surrounding areas
ESO Sudbury Espanola Manitoulin Elliot Lake OHT	Promote continuity of care between providers in Greater Sudbury and Sudbury East, as well as in Espanola, Manitoulin, Elliot Lake, and surrounding areas.
Maamwesying OHT	Supporting a continuum of care within the communities of Atikameksheng Anishnawbek, Sagamok Anishnawbek, Serpent River First Nation, Mississauga First Nation, Thessalon First Nation, Garden River First Nation, Batchewana First Nation, Michipicoten First Nation, Chapleau Cree First Nation, Brunswick House, and Chapleau Ojibway, as well as the Urban Indigenous population in Sault Ste. Marie.

West Parry Sound OHT	Supporting a continuum of care with providers across the eastern shore of Georgian Bay from the northwest corner of Muskoka, to the French River, and inland along the Highway 11 corridor.
North West	
Kiwetinoong Healing Waters OHT	Promote continuity of care between healthcare providers in Dryden, Red Lake and Sioux Lookout.
Noojmawing Sookatagaing OHT	Promote continuity of care between healthcare providers in the City and District of Thunder Bay.
Rainy River District OHT	Promote continuity of care between providers in the Rainy River District.
All Nations Health Partners OHT	Supporting a continuum of care with providers in Kenora and Sioux-Narrows-Nestor Falls.