



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

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

2013-2014

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Context

The context for this recommendations report is quite different from that of the first report. The structural recommendations advanced last year will be used in future years to frame and position our recommendations and our work in collaboration with the Local Health Integration Networks (LHINs). In the short period of time that elapsed between submission of our report in March 2013 and this second report (about six months), our recommendations served to guide the work and endeavours of the LHINs with respect to French language health services. On the basis of our recommendations and of the priorities defined in their respective Integrated Health Services Plans, the LHINs developed work plans. The work required to respond to our previous recommendations is therefore still ongoing, and therefore the next Joint Annual Action Plan between the LHINs and the Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO) should incorporate all recommendations; which will in turn strengthen the collaborative work with the RMEFNO. The stronger role of the RMEFNO as a resource for health service providers may be one of the greatest success stories since the last recommendations. Our last report concluded by focusing on the importance of working closely together in order to develop collaborative working habits. This collaboration must continue at all levels and especially in the field where joint LHINs-RMEFNO visits to health service providers have made it possible to clearly define our respective roles in our relationship with providers. It also clearly demonstrates the LHINs' commitment to French language health services.

Follow-up of the 2012-2013 Recommendations

The following sections provide an overview of the recommendations in the last report and the work done to move them forward. They also draw attention to the work that remains to be done and reaffirm the priorities identified by the RMEFNO through its community engagement activities and its role as French language health planning entity. We would once again like to emphasize that for a number of these recommendations, because of the short time between the submission of the two reports, much of the work remains to be done and the actions proposed by the LHINs in their respective work plans are seen as evidence of their interest and their intention to work on improving the offer of French language services in Northern Ontario.

1. Access Points

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

The structural recommendation on access points stresses the importance of having service access points where there is an active offer of health services in French. The requirement to ensure safety and quality of care across the continuum of health services available to the people of Northern Ontario is all the more important because services are scattered across the territory. Francophones in our area often have to travel to obtain care, and having the opportunity to be treated in French outside their home community is all the more important when they find themselves far from their family and community support networks.

1.1 Develop a Joint Working Mechanism for Designation

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

Collaboration on agency designation has moved forward by leaps and bounds over the past year. The roles of the NE LHIN and the RMEFNO in the designation process were clarified and formalized. A series of 3 webinars was offered by the LHIN for the RMEFNO team to provide training on the Designation Plan template and strategies to support Health service providers through the process. Collaboration on agency identification as well as the support provided during the designation request process and the updating of designation plans must therefore be continued this year.

~ The NE LHIN's planned actions to answer this recommendation are in the process of being completed.

The NW LHIN has indicated that it will continue to work with its identified health service providers on their French language services plans. The LHIN is also preparing an annual situational analysis for the RMEFNO. In light of the RMEFNO's expanding role as a resource for health service providers, we recommend to the NW LHIN to introduce us as an ally in its endeavours in order to promote our integration into the process.

~ The NW LHIN's planned actions to answer this recommendation are in the process of being completed.

1.2 Promote an Active Offer

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

The NE LHIN has indicated that active offer is part of its expectations of providers who are preparing or updating their designation plans. The French Language Services Coordinator has also issued internal reminders of the importance of including the needs of Francophones in all planning activities.

~ The NE LHIN's planned actions to answer this recommendation are in the process of being completed.

The Northern Ontario School of Medicine (NOSM) organized a workshop on cultural and linguistic competencies in Sudbury and in Thunder Bay. The RMEFNO helped to publicize the workshop and the NW LHIN encouraged all health service providers to participate. Six providers in the North West took part in the workshop. The RMEFNO believes this kind of training is essential in the work of raising awareness on the issue and recommends to the two LHINs that they promote activities like this one and that they encourage all of the health service providers they fund to participate.

~ The NW LHIN's planned actions to answer this recommendation are in the process of being completed.

1.3 Support and Work With the Communities of Thunder Bay and Timmins

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

The LHINs responded to this recommendation by saying they wanted to work with these communities.

Timmins

The NE LHIN indicated they would present the Health Links model to the Carrefour santé de Timmins and ensure the inclusion of French Language services planning in the implementation of the Timmins Health Link. Last year's recommendation is still valid and the RMEFNO recommends that the Francophone community of Timmins be included in the health service planning process in order to ensure they have better access to health services in French.

~ The NE LHIN's planned actions to answer this recommendation have not started.

Thunder Bay

In response to this recommendation, the NW LHIN is working with its staff and with health service providers to find solutions for equitable access to French language health services by focusing on its Integrated Health Services Plan priority areas: enhancing access to primary care; reducing wait times; reducing percentage of alternate level of care (ALC) days; improving access to specialty care and diagnostic services; and improving access to mental health and addictions services. The LHIN will also work with the RMEFNO to identify service needs that fall within the access to care priority area. The RMEFNO recommends that the Francophone community of Thunder Bay be included in the health service planning process in order to ensure they have better access to health services in French.

~ The NW LHIN's planned actions to answer this recommendation have not started.

2. Human Resources

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

2.1 Offer Training on Cultural and Linguistic Competences

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

The NE LHIN's response to this recommendation was to focus on community engagement activities and the healthcare stories of Francophone patients. These stories can be used to raise health service providers' awareness regarding the real impact of active offer of French language services on patients navigating the healthcare system.

~ The NE LHIN's planned actions to answer this recommendation have not started.

A study on future health human resources needs was completed in the North West. The NW LHIN and the RMEFNO took part in this project and a joint analysis of the results was undertaken in order to identify the needs of Francophones in the region. Through collaboration with several health service providers, it was possible to raise their awareness of the importance of active offer and of French language services in general for the Francophone population. Work on this must continue in order to support providers' efforts to recruit bilingual staff and to set up French language services committees and implement mechanisms that promote the training and awareness of staff with regard to cultural and linguistic competencies.

~ The NW LHIN's planned actions to answer this recommendation are in the process of being completed.

3. Prevention and Promotion

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

3.1 Use Technologies for Promotion and Prevention

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

The possibility of increasing the use of videoconferencing and the Ontario Telemedecine Network (OTN) to provide workshops and services to Francophones was discussed. Each of the LHINs has indicated that it is taking steps to move this forward, however this recommendation has not yet produced any concrete results. The RMEFNO remains convinced that best practices in this field and lived experience in the North and elsewhere in the province support the viability and effectiveness of this approach.

The NE LHIN indicated that it would bring this recommendation to the Primary Care Advisory Council.

~ The NE LHIN's planned actions to answer this recommendation have not started.

The NW LHIN has indicated that it wants to identify providers offering courses on Chronic disease management and self-management and to work with them to make these courses available in French.

~ The NW LHIN's planned actions to answer this recommendation have not started.

4. Community Engagement and Service Planning

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

4.1 Ensure the Collection of Pertinent Data

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

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

The NE LHIN is planning to consult the its eHealth team to examine opportunities for collecting information on French language services.

~ The NE LHIN's planned actions to answer this recommendation have not started.

The NW LHIN is discussing with the internal Project Management office team the possibility of collecting data through the Meditech system.

~ The NW LHIN's planned actions to answer this recommendation have not started.

4.2 Use New Approaches for the Collection of Pertinent Data

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

The NE LHIN has suggested that it will share the data of its community profiles with the RMEFNO once they have been completed.

~ The NE LHIN's planned actions to answer this recommendation have not started.

Similarly, the NW LHIN is proposing to share information on geographic information systems with the RMEFNO. It has shared the percentages of Francophones by Integrated District Network (IDN) with the RMEFNO.

~ The NW LHIN's planned actions to answer this recommendation are in the process of being completed.

4.3 Use a Francophone Lens

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

The NE LHIN has indicated that it will share information on the Health Equity Impact Assessment (HEIA) tool with the Health Links. French language services should also always be included in the LHIN's internal assessment tools.

~ The NE LHIN's planned actions to answer this recommendation are in the process of being completed.

The NW LHIN is using the Health Equity Impact Assessment tool (HEIA) when preparing its planning projects and has proposed that this be added as a step in the project charter development.

~ The NW LHIN's planned actions to answer this recommendation have not started.

4.4 Include French Language Services in Agreements with Providers

Where relevant, include, in agreements with providers, the duty to offer French language services and assess these services.

The NE LHIN has indicated that it discusses French language services at its quarterly meetings with health service providers. French language service indicators are also included in the Hospital Service Accountability Agreement (H-SAA), the Multi-Sector Service Accountability Agreement (M-SAA) and the Long-Term Care Service Accountability Agreement (L-SAA).

~ The NE LHIN's planned actions to answer this recommendation are in the process of being completed.

The NW LHIN has included an indicator in the M-SAA for providers to complete the French language health service implementation plans and the French language services annual report.

~ The NW LHIN's planned actions to answer this recommendation are in the process of being completed.

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.**

As actions in response to this recommendation, the NE LHIN has proposed that the RMEFNO participate in mental health and addictions planning tables and that the Executive Director take part in the Mental Health and Addiction Network of Care. It is also planning to review access to mental health and addiction services in addition to improving coordination and integration of services in this sector.

~ The NE LHIN's planned actions to answer this recommendation are in the process of being completed.

The NW LHIN indicated that it will work with the RMEFNO to identify needs for services in French that fall under the access to care priority.

~ The NW LHIN's planned actions to answer this recommendation have not started.

The RMEFNO would like to caution the LHINs about the danger of loss of services during service integrations or transfers. It is important that when services are transferred to a location with fewer Francophones, the same level of service availability in French be maintained if the same population continues to be served from a centralized or integrated location within another organization.

Follow-up Tables of the 2012-2013 Recommendations Report

The following tables refer only to actions undertaken since the last report. It is clear that a number of the recommendations in the 2012-2013 report will require ongoing work over the next few years. Subsequent work plans must indicate how the LHINs intend to continue this work in order to meet the objectives set in earlier recommendations that have not yet been achieved. Because of the complexity of several of the structural recommendations, it goes without saying that the objectives set in past reports are still as important for the improvement of access to French language health services.

NE LHIN

Recommendations for 2012-2013	Planned Outcomes and Objectives	Follow-up and Results	Status (c = completed I = in process of being completed n =not started)
1. Access Points Create, maintain and support the development of French language health care service access points that are linguistically and culturally appropriate for Ontario's Francophone population.			i
1.1 Develop a Joint Working Mechanism for Designation Develop a joint working mechanism with the LHINs for the designation of institutions, as set forth in Regulation 515/09 of the Act, 2006.	<ul style="list-style-type: none"> • Identify potential candidates for designation. • Obtain mandate from providers to proceed with development of designation plan. • Support health service providers in development of designation plan. • Evaluate designation requests. • Review designation plans. 	<ul style="list-style-type: none"> • The partnership between the LHIN and the RMEFNO has ensured a more important role for the RMEFNO in the designation process. • Planning meetings between LHIN and RMEFNO resulted in the identification of 14 health service providers as potential candidates for designation. • Letters from NE LHIN to potential designation candidates to go out with follow-up by LHIN Officer. • NE LHIN French Language Services (French Language services) Coordinator provided training on development of a designation plan to RMEFNO Officers through 3 webinars (Sept. 10 & 26 and Oct 3). • French Language services Coordinator shared report on French Language services capacity of designated health service providers. Draft process to review designated health service providers to be discussed at the RMEFNO/NE LHIN working group. 	i
1.2 Promote an Active Offer Promote an active offer of French language health services, by raising awareness and by supporting organizations.	<ul style="list-style-type: none"> • Active Offer Guidelines to be shared with health service providers. • Distribution to health service providers of the RMEFNO Active Offer video after its release. • Partner with the RMEFNO for the planning of health forums, workshops and events. 	<ul style="list-style-type: none"> • Active offer guidelines are part of the expectations when developing a designation plan. • NE LHIN French Language services Coordinator met with internal planning team to remind them of the importance of Francophone needs in all planning activities. 	i

<p>1.3 Support and Work With the Communities of Thunder Bay and Timmins Given that gaps were identified in French language services in Thunder Bay and Timmins, and given that these communities have clearly shown their commitment to find solutions for these gaps, we recommend that both LHINs work with their respective communities to find a solution for providing equitable access to French language health services that address the communities' specific needs.</p>	<ul style="list-style-type: none"> • Offer a presentation on Health Links to the Carrefour santé in Timmins. • Inclusion of French Language services planning in implementation of Timmins Health Link. 		n
<p>2. Human Resources Increase the availability and improve access to qualified French-speaking human resources where they are needed. This involves a training component and a human resources planning component.</p>			i
<p>2.1 Offer Training on Cultural and Linguistic Competences Develop and implement an approach to continuous training adapted for Northern Ontario with a view to improve cultural and linguistic competences in all organizations providing services to Francophones.</p>	<ul style="list-style-type: none"> • Collection of health care stories through the Carrefours santé and the RMEFNO Website. 		n
<p>3. Prevention and Promotion Support the development and implementation of linguistically and culturally appropriate health promotion programs focused on determinants of health and designed to improve the health status of the Francophone population.</p>			i
<p>3.1 Use Technologies for Promotion and Prevention Increase use of videoconferencing and Web tools to improve access to training and workshops on promotion and prevention. This approach would also make it possible to serve areas with a small number of Francophones.</p>	<ul style="list-style-type: none"> • Collaborate with OTN to develop partnerships that would result in increased access to French language services. • Bring this recommendation to Primary Care Advisory Council. • Assess current state of OTN access with health service providers. 		n
<p>4. Community Engagement and Service Planning Ensure that Francophone communities have a more active role in French language services planning and in self-management of their health.</p>			i

<p>4.1 Ensure the Collection of Pertinent Data Implement or adapt the information systems as soon as possible to enable data collection on Francophones in the following areas:</p> <ul style="list-style-type: none"> • service utilization; • health status of the population; • development and presence of Francophone human resources. 	<ul style="list-style-type: none"> • Link with the NE LHIN e-health team and the decision support team to share needs with regard to information on French language services. • Explore future use of the Health Human Resources survey. 		n
<p>4.2 Use New Approaches for the Collection of Pertinent Data Increase the planning capacity through new approaches such as geographic information systems.</p>	<ul style="list-style-type: none"> • Sharing of community profiles by the NE LHIN with RMEFNO. 		n
<p>4.3 Use a Francophone Lens 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.</p>	<ul style="list-style-type: none"> • French language services to be included in all NE LHIN internal evaluation tools. • Share the HEIA tool with Health Links. 		n
<p>4.4 Include French Language Services in Agreements with Providers Include, where relevant, in agreements with providers, the duty to offer French language services and assess these services.</p>	<ul style="list-style-type: none"> • NE LHIN Officers include a discussion on French language services in quarterly meetings with identified and designated health service providers. • Share information about the role of the RMEFNO with health service providers. 	<ul style="list-style-type: none"> • A French language services indicator is included in the current Hospital Service Accountability Agreements, the Multi-Sector Service Accountability Agreements and the Long-Term Care Service Accountability Agreements. • An RMEFNO Community Engagement and Planning Officer accompanied a LHIN Officer on visits to health service providers in Espanola and Manitoulin Island. 	i

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.

- Increase the coordination and integration of mental health and addictions services in French.
- Review the availability of French language services in the mental health and addictions sector.
- Participation of the Executive Director of the RMEFNO on the Mental Health and Addiction Network of Care Committee.
- Participation of the RMEFNO on local Mental Health and Addictions Planning Tables.

- An RMEFNO Community Engagement and Planning Officer sits on the Cochrane District Mental Health and Addiction Committee and on the Timmins/Chapleau Mental Health and Addictions Cluster.
- An RMEFNO Community Engagement and Planning Officer sits on the Algoma Mental Health and Addiction Integrated Anchor Agency (agency dissolved in September 2013).

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NW LHIN

Recommendations for 2012-2013	Planned Outcomes and Objectives	Follow-up and Results	Status (c = completed I = in process of being completed n =not started)
1. Access Points Create, maintain and support the development of French language health care service access points that are linguistically and culturally appropriate for Ontario's Francophone population.			i
1.1 Develop a Joint Working Mechanism for Designation Develop a joint working mechanism with the LHINs for the designation of institutions, as set forth in Regulation 515/09 of the Act, 2006.	<ul style="list-style-type: none"> • Continue to work with the identified health service providers on their French Language services plans. • Monitor French Language services Annual Reports. Prepare an analysis of annual findings and provide to RMEFNO. 	<ul style="list-style-type: none"> • Work with the NW LHIN to review the providers' plans currently in development. This collaborative work will continue and the recommendations in the community engagement and service planning category now focuses on the work that remains to be done to ensure active offer of French language health services by designated and identified providers. 	i
1.2 Promote an Active Offer Promote an active offer of French language health services, by raising awareness and by supporting organizations.	<ul style="list-style-type: none"> • Create awareness with health service providers of the the need for French Language services and culturally appropriate services. 	<ul style="list-style-type: none"> • A session was hosted in Thunder Bay on May 23, 2013 by the Northern Ontario School of Medicine (NOSM). The RMEFNO helped NOSM with the distribution of the information regarding this workshop. The NW LHIN encouraged all identified agencies to attend. Six identified health service providers attended this Cultural and Linguistic Competence in Healthcare workshop. 	i

<p>1.3 Support and Work With the Communities of Thunder Bay and Timmins Given that gaps were identified in French language services in Thunder Bay and Timmins, and given that these communities have clearly shown their commitment to find solutions for these gaps, we recommend that both LHINs work with their respective communities to find a solution for providing equitable access to French language health services that address the communities' specific needs.</p>	<ul style="list-style-type: none"> • The NW LHIN will work with its staff and health service providers to find a solution for providing equitable access to French language health services to address the communities' specific needs at the LHIN/IDN/regional levels with a focus on improving access to: <ul style="list-style-type: none"> - Primary Care - Reducing Wait times - Reducing Alternate Level of Care - Specialty and Diagnostic Services • Mental Health and Addictions (community engagement, initiative identification and execution, stakeholders consultation and research). • Meet with LHIN staff to provide information on French Language Services regarding RMEFNO community engagement findings. 		n
<p>2. Human Resources Increase the availability and improve access to qualified French-speaking human resources where they are needed. This involves a training component and a human resources planning component.</p>			i
	<ul style="list-style-type: none"> • The NW LHIN will work with the RMEFNO in order to identify the data as it relates to Francophones in the Health Human Resources study that was done in partnership with the North Superior Workforce Planning Board. 	<ul style="list-style-type: none"> • This study was completed in March 2013. A webinar was held by the LHIN on June 11, 2013 with the health service providers to discuss the results. • The NW LHIN, in collaboration with the RMEFNO, reviewed the study on Health Human Resources in order to identify the obstacles and important elements for Francophones in the North West. 	i
<p>2.1 Offer Training on Cultural and Linguistic Competences Develop and implement an approach to continuous training adapted for Northern Ontario with a view to improve cultural and linguistic competences in all organizations providing services to Francophones.</p>		<ul style="list-style-type: none"> • As noted in point 1.2: A session was hosted in Thunder Bay on May 23, 2013 by the Northern Ontario School of Medicine (NOSM). The RMEFNO helped NOSM with the distribution of the information regarding this workshop. The NW LHIN encouraged all identified agencies to attend. Six identified health service providers attended this Cultural and Linguistic Competence in Healthcare workshop. 	i
<p>3. Prevention and Promotion Support the development and implementation of linguistically and culturally appropriate health promotion programs focused on determinants of health and designed to improve the health status of the Francophone population.</p>			i

<p>3.1 Use Technologies for Promotion and Prevention Increase use of videoconferencing and Web tools to improve access to training and workshops on promotion and prevention. This approach would also make it possible to serve areas with a small number of Francophones.</p>	<ul style="list-style-type: none"> • Work with the Ontario Telemedecine Network (OTN) to see if there are possibilities of increasing use of videoconferencing and Web tools. • Work with the health service providers to encourage the use of videoconferencing and Web tools for French resources. • Investigate use of videoconferencing availability in areas with a small number of Francophones. • The LHIN supports the expansion of the OTN technology with regard to mental health and addictions services. • Work with LHIN staff to identify health service providers who provide self-management and chronic diseases courses to the community. • Work with health service providers to see if there is a possibility of providing self-management and chronic diseases courses in French. • Work with LHIN staff and health service providers to provide information on French language services gathered during RMEFNO community engagement sessions. 		n
<p>4. Community Engagement and Service Planning Ensure that Francophone communities have a more active role in French language services planning and in self-management of their health.</p>			i
<p>4.1 Ensure the Collection of Pertinent Data Implement or adapt the information systems as soon as possible to enable data collection on Francophones in the following areas:</p> <ul style="list-style-type: none"> • service utilization; • health status of the population; • development and presence of Francophone human resources. 	<ul style="list-style-type: none"> • Meet with the LHIN eHealth department to discuss possibilities of enabling data collection with Meditech. • Encourage use of videoconferencing in areas with a small number of Francophones. 		n
<p>4.2 Use New Approaches for the Collection of Pertinent Data Increase the planning capacity through new approaches such as geographic information systems.</p>	<ul style="list-style-type: none"> • Share information on geographic information systems. 	<ul style="list-style-type: none"> • Information on percentages of Francophones per IDN was shared with RMEFNO. 	i

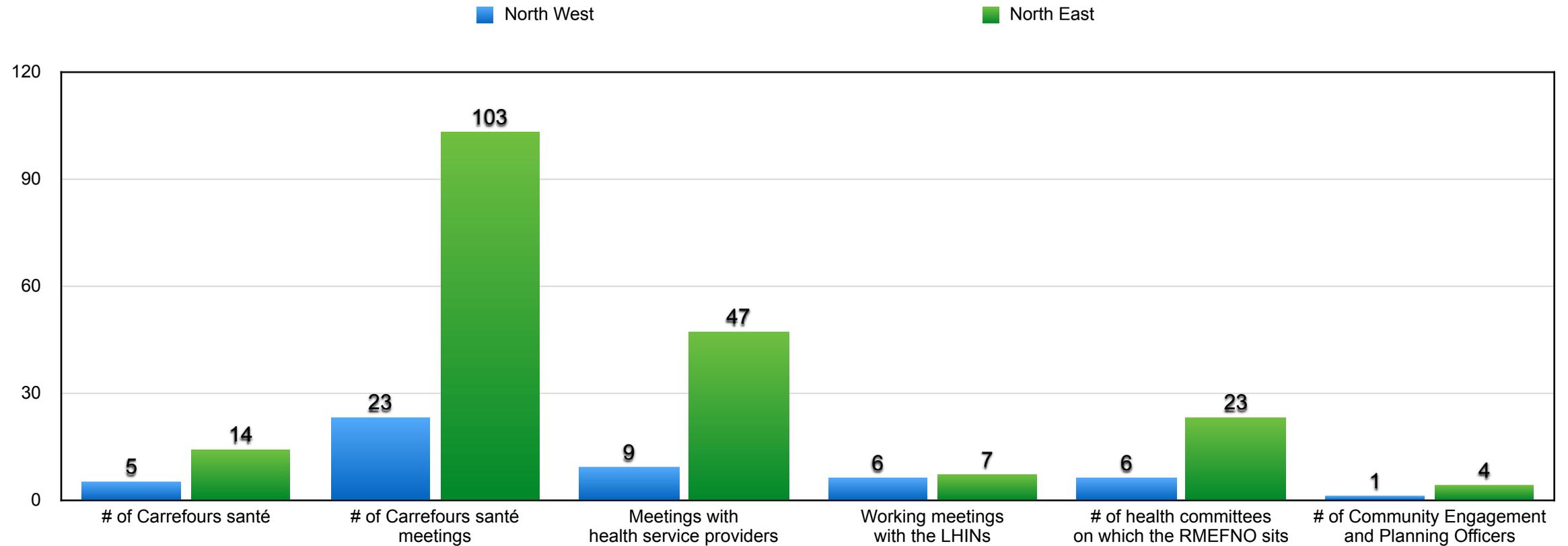
<p>4.3 Use a Francophone Lens Recommend (require if possible) the use of the Health Equity Impact Assessment (HEIA) tool in all LHINs and health services organizations' initiatives, to serve as a Francophone lens.</p>	<ul style="list-style-type: none"> • Addition of the use of the HEIA tool as a step in the development of project charters. • Use of the HEIA tool within the LHIN planning projects. 		n
<p>4.4 Include French Language Services in Agreements with Providers Include, where relevant, in agreements with providers, the duty to offer French language services and assess these services.</p>	<ul style="list-style-type: none"> • A French language services indicator has been included in the Service Accountability Agreements. • The NW LHIN will work with its Performance Contracts and Allocations team to monitor the progress of the French Language Services indicator in the Service Accountability Agreements (SAA). 	<ul style="list-style-type: none"> • The NW LHIN included in the Hospital Service Accountability Agreement (H-SAA) and in the Multi-sector Service Accountability Agreement a French language services indicator to be completed in the designation plans and in the French language services Annual Report. 	i
<p>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:</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Work with the RMEFNO to identify needs for services in French that fall under access to care. 		n

In-Year Recommendations for 2012-2013

In-Year Recommendations for 2012-2013	Actions and Follow-up by the NW LHIN in 2012-2013	Actions and Follow-up by the NE LHIN in 2012-2013
The RMEFNO's guiding principles were officially presented to the LHIN Boards of Directors.	<ul style="list-style-type: none"> The NW LHIN was to consult its legal counsel and follow up regarding their response to the guiding principles. Follow-up from the board of Directors is expected. 	<ul style="list-style-type: none"> The LHIN Board of Directors has acknowledged receipt of the RMEFNO's guiding principles.
The RMEFNO was consulted during development of the NW LHIN's Integrated Health Service Plan (IHSP) III (2013-16). The Executive Director presented recommendations on inclusion of Francophones in the IHSP III (2013-16).	<ul style="list-style-type: none"> One table was changed to include the percentage of Francophones in each Integrated District Network (IDN). Other wording changes and recommendations were not incorporated into the IHSP text, however the LHIN indicated planning initiatives would include the francophone perspective. 	
An RMEFNO Community Engagement and Planning Officer helped organize the Mental Health Forum organized by the NE LHIN in Sudbury. She asked that the speakers retained be bilingual.		<ul style="list-style-type: none"> All of the speakers retained were bilingual.
Prior to the NW LHIN's Consultation Forum, the RMEFNO asked that all of the documentation be made available in French.	<ul style="list-style-type: none"> All of the documentation was available in French for the event and the LHIN received a number of positive comments on the quality of the documents, which were much appreciated. 	
The RMEFNO pointed out to the NE LHIN that its Request for Proposals (RFP) for exercise and falls prevention classes was in English only.		<ul style="list-style-type: none"> The LHIN delayed the RFP until all of the documents were available in both languages.
The RMEFNO worked on preparations for the Francophone community consultation on mental health organized by the Ministry of Health and Long-Term Care (MOHLTC).		<ul style="list-style-type: none"> The LHIN supported the RMEFNO with the planning, provided the OTN videoconference room and took the notes.

Community Engagement and Service Planning for the 2013-2014 Recommendations Period

Throughout our community engagement and service planning activities, we have evaluated and catalogued the needs and gaps with respect to French language health services. These new recommendations are therefore derived from our analysis of communities' needs and our service planning work. The following charts presents the RMEFNO's community engagement and service planning data.



Number of NW LHIN 2013-16 IHSP* Priorities Raised during Community Engagement Activities	
Priority 1: Building an Integrated Health Care System	13
Priority 2: Building an Integrated eHealth Framework	12
Priority 3: Improving Access to Care	24
• 3.1 Enhancing Access to Primary Care	19
• 3.2 Reducing Wait Times	6
• 3.3 Reducing Percentage of Alternate Level of Care (ALC) Days	7
• 3.4 Improving Access to Specialty Care and Diagnostic Services	10
• 3.5 Improving Access to Mental Health and Addictions Services	17
Priority 4: Enhancing Chronic Disease Prevention and Management	15
* Integrated Health Services Plan 2013-2016.	

Number of NE LHIN 2013-16 IHSP* Priorities Raised during Community Engagement Activities	
Priority 1: Increase Primary Care Coordination	141
Priority 2: Enhance Care Coordination and Transitions to Improve the Patient Experience	112
Priority 3: Make Mental Health and Substance Abuse Treatment Services More Accessible	94
Priority 4: Target the Needs of Culturally Diverse Population Groups	319
* Integrated Health Services Plan 2013-2016.	

New Recommendations for 2013-2014

The structural recommendations presented in our first recommendations report (2012-2013) are repeated in this table to serve as the main categories for the new recommendations. The specific recommendations in the first report are shown in pale gray to provide context for the new recommendations, which are often linked to them. Our work in the field and our collaboration with the LHINs in the planning of French language health services have enabled us, since the last report, to refine or add to the recommendations in the first report. As we indicated in the background at the beginning of this document, the limited period of time between submission of the first and second recommendations reports has not allowed the LHINs to show results for all of our recommendations. Our first report was designed to lay the foundations for the work to come in the next few years and the focus was on presenting the context and the challenges for French language health services in Northern Ontario. We will continue to work with the LHINs to support them in their efforts to implement the recommendations from the first report. Moreover, as indicated above, each LHIN quickly developed a work plan with proposed activities and objectives in response to the 2012-2013 recommendations.

2013-2014 Recommendations

1. Access Points

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

1.1 Develop a Joint Working Mechanism for Designation

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

1.2 Promote an Active Offer

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

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.

1.3 Support and Work with the Communities of Thunder Bay and Timmins

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

1.3.1 Last year's recommendation is still valid and we recommend that the Francophone community be included in this process and that work be done on filling the identified gaps in French language health services.

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.

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.

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.

2. Human Resources

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

2.1 Offer Training on Cultural and Linguistic Competence

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.

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 videoconferencing (OTN) to provide this service to the population should also be considered.

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.

3. Prevention and Promotion

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

3.1 Use Technologies for Promotion and Prevention

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

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 the self-management of chronic diseases.

4. Community Engagement and Service Planning

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

4.1 Ensure the Collection of Pertinent Data

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

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

4.2 Use New Approaches for the Collection of Pertinent Data

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 so as to enable the Francophone population to better navigate through the healthcare system and find services offered in their language.

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.

4.3 Use a Francophone Lens

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).

4.4 Include French Language Services in Agreements with Providers

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

4.5 Given the difficulty of obtaining reliable data on Francophone 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.

4.6 Given the lack of evidence on the health of the Francophone population of our region, the RMEFNO recommends that the LHINs support the research: A Regional Health Needs Assessment of the Francophone Population in Ontario, submitted to the Partnerships for Health System Improvement program of the Canadian Institutes for Health Research by a team from the University of Ottawa in collaboration with the RMEFNO for Northern Ontario. If the project is funded, the RMEFNO recommends to the LHINs that they participate and help with this research.

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.

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.

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.

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.

6. Other

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

Next Steps

The next step in implementing these recommendations will be the development of the Joint Annual Action Plan to ensure that the work plans of the LHIN-RMEFNO working committees can provide solutions to move forward on these recommendations. These plans will enable us to map out the planning work that will need to be done until the next report period. Throughout the year, formal working committee meetings will be used to update the action plans and discuss better ways of collaborating to meet the objectives. In the field, collaboration between RMEFNO Community Engagement and Planning Officers and LHIN Liaison Officers during visits to health service providers, on the committees to which they belong and in the organization of activities will solidify the commitment to French language services. The participation of the LHINs and health service providers as guest speakers in Carrefours santé meetings is another effective way for Francophones to express their needs and for providers to present their services and provide useful information for navigating the healthcare system. The RMEFNO will continue to play an important role as support and resource for the LHINs and health service providers with regard to community engagement and French language services.

The progress made thus far and the will and ability to work together will enable us to move forward on priority issues to improve the planning and offer of French language health services for the population of Northern Ontario.