

# Summary Report: Consultation on the Renewal of the Official Languages Health Contribution Program

## Background

In September 2016, Health Canada launched a consultation on the renewal of the Official Languages Health Contribution Program (OLHCP) which provided an opportunity for reviewing the approach used to improve access to health services for English and French minority communities in Canada.

Official language minority communities (OLMCs) comprise approximately one million Quebecers for whom English is the first official language spoken, plus one million Canadians in other provinces and territories for whom French is the first official language.

The OLHCP was established in 2003 to help reduce language and cultural barriers to health services for English and French linguistic minority communities in Canada. The Program operates in five-year cycles, with the current cycle ending in March 2018. Support is provided through contribution funds to stakeholder organizations in each province and territory and across Quebec's health administrative regions. These funds are directed to the following three categories of health service improvement: integrating health personnel in OLMCs, strengthening local health networking capacity, and health services access and retention projects.

The Program is aligned with Health Canada's mandate to help Canadians maintain and improve their health. It also contributes to the Department's duty to ensure that positive measures are taken to enhance the vitality of the English and French linguistic minority communities in Canada and to support and assist in their development, as committed by the Government of Canada in Part VII of the *Official Languages Act*.

## Engaging Canadians

An online consultation was held from September 13 to November 4, 2016, which targeted OLMCs, academic researchers, federal, provincial, and territorial officials, and the Canadian public as a whole.

A reference document accompanied the online consultation to provide further information to respondents on the Program's objectives and structure.



Health Canada received comments from 128 survey respondents, which came from various backgrounds. The types of backgrounds are shown in the following table:

<b>Number of survey respondents by background type:</b>	
Type:	Respondents
● Program Recipients	42
● Postsecondary Institutions	19
● Health Personnel	13
● Official Languages Organizations	12
● Provincial / Territorial Governments	4
● Other Canadians	38
Total	128

The following sections present a summary of what we heard during the consultation and will be considered in determining potential changes to the program.

## **Feedback on Integrating Health Personnel in OLMCs**

To improve access to health services in OLMCs, it is essential to have health personnel who are competent in the official minority language and who can effectively understand and respond to the specific needs of patients and clients.

Numerous respondents indicated that French-language postsecondary training outside Quebec is essential to maintaining and increasing the offer of health services where they are needed most.

- In some cases, respondents noted that more training programs are needed, either because they do not currently exist in French outside Quebec (e.g., pharmacists) or because there are no French-language training programs available in a specific province (e.g., Saskatchewan).
- Several respondents emphasized the need for postsecondary programs to include a training element on the active offer of services in French to health patients and clients.

Respondents in both official language communities noted that Health Canada support for the development of French-language internship opportunities is an important means for improving French-language services outside of Quebec, integrating English-speaking students within Quebec, and for creating linkages that lead to the recruitment of bilingual graduates at the internship locations.

Numerous respondents in Quebec were supportive of McGill University's Training and Retention of Health Professionals Program.

- Bursaries under the McGill program are effective at attracting English-speaking health personnel to remote regions (e.g., Bas Saint-Laurent, Côte-Nord, Mauricie, Saguenay). These should be maintained and expanded in regions where bilingual personnel are scarce.
- French language training for English-speaking health sector students and health professionals is essential for ensuring their integration within regions of Quebec.

## Feedback on Health Networks

The presence of qualified health personnel who are competent in the minority official language must be complemented by the development of health initiatives or strategies by communities working in partnership with health authorities. The networks located in English and French linguistic minority communities are positioned to engage local and regional health planning authorities to help ensure that they are responsive to the needs of OLMCs, and are integrating bilingual health professionals.

Each community-based health network unites the English or French linguistic minority community of a region in order to engage and leverage health institutions, facilities and service providers and to address the health needs of the community.

- There are 20 English-speaking health networks across Quebec. Their activities are coordinated through a province-wide network, the Community Health and Social Services Network (CHSSN).
- There are 16 French-speaking health networks across all the other provinces and territories of Canada. Ontario and New Brunswick each have three networks, with the remaining 10 jurisdictions each having one network. Their activities are coordinated through a national network, the Société Santé en français (SSF).

Comments received from over 80% of respondents were supportive of the health networks and their activities.

### English-Speaking Communities

For the English-speaking communities, respondents highlighted the extent to which the networks engage community members to get involved in maintaining and improving their health and their access to health services, and the extent to which the networks have been successful in leveraging provincial health system capacities for their members through their involvement in the regional access programs and through the funding provided to regional health authorities through health services adaptation projects under the OLMCP.

- Information and referral services provided by the networks are very successful in helping English-speaking people become aware of the health and social services available to them in English and should continue to be funded.
- The networks are essential in enabling communities and their representatives to communicate effectively with health institutions and represent the needs of the English speaking communities. They should be expanded to regions and areas that are not currently covered.

### French-Speaking Communities

Respondents who supported the SSF and its 16 networks across Canada added the following:

- “The work and the effects of health networks are tangible. Whether through the introduction of new points of service or different studies of health needs, the bilingual designation of health facilities through Accreditation Canada, or efforts to improve patient language identifiers for analysis, mental health, disease prevention and health promotion, the human resources framework, all 16 SSF networks are working in partnership with provincial and territorial partners.”
- “Partnerships have been created to increase health care in French in Francophone minority communities. Health networks are well positioned to coordinate and provide support to

organizations that promote the accessibility and quality of services and programs for French-speaking minority communities.”

Several respondents added that the networking initiative should continue to be funded and even enhanced to address the rising cost of living since 2008.

## **Feedback on Health Services Access and Retention Projects**

The OLHCP supports health access projects undertaken by organizations such as networks, health institutions, governmental and non-governmental entities to enable the organization and adaptation of needed health services for OLMCs. Funding is provided for new activities aimed at encouraging bilingual health professionals to practice in OLMCs; engaging front-line health service providers (such as pharmacies, doctors' offices and clinics) in providing services in the second official language; and supporting health human resource retention strategies in OLMCs. Projects addressing health needs that are specific to the demographics of OLMCs (e.g. interaction of seniors with the health system, mental health conditions where language poses a significant barrier, inclusion of the official language of the patients in health records and decision support systems) are also funded.

- Some of the projects are important extensions of activities supported by networks and training institutions such as developing knowledge and information tools for communities, integrating health personnel within OLMCs, and improving access to health services.
- Other projects are designed to extend the reach of networks and academic institutions and to engage new health sector partnerships in support of bilingual health services.

Respondents in both minority official language communities expressed a need to further integrate bilingual postsecondary health students who are studying in the majority official language of their province.

- Among French linguistic minorities, respondents highlighted that identification and support of French-speaking health students in English faculties, such as the Franco Doc project, provides a basis for expanding the retention of bilingual health personnel in communities through targeted training, internship and recruitment initiatives.

### **English-Speaking Communities**

Several respondents from Quebec communities were supportive of community outreach initiatives which were piloted in the current cycle of the OLHCP:

- “Results of Health Canada-funded pilot projects demonstrate that outreach activities sponsored by community health networks are successful and cost-effective in reaching isolated and vulnerable English-speaking clientele. These are joint initiatives of community health networks and the public system. The outreach model links this clientele to appropriate health and social service professionals. It also supports professionals in efforts to better adapt services to an English-speaking clientele.”

Respondents also spoke highly of the Community Health Education Program (CHEP) which provides videoconferences to community network gatherings on a monthly basis, covering a wide range of information on health-related topics that are broadcast to networks across the province. At each network site, sessions are organized in a “lunch and learn” or “snack and chat” format and are generally accompanied by a local expert on the topic of discussion (e.g., caregivers, anxiety, seniors concerns, and healthcare issues).

### **French-Speaking Communities**

For French-speaking communities, there were three key themes.

The first key theme was about support for strengthening the active offer of French-language health services within community settings.

- Several respondents suggested that health professional colleges and professional associations should seek to promote practices of active offer among their membership.
- An active offer training tool entitled *Coup d’œil sur la santé en français*, which was developed by the Nova Scotia network in partnership with the province and Université Sante-Anne was highlighted as a success to be further deployed through the support of provincial government officials.

The second key theme was about the need for bilingual health human resources. Several respondents referred to the “Welcoming Community” initiative developed by two of the SSF networks to enable a better distribution of newly-trained Francophone and bilingual health human resources among providers to effectively meet the needs of communities. The Welcoming Community initiative's strategy involves:

- Identifying Francophone and bilingual students;
- Developing placement and community engagement opportunities with Francophone community assistance;
- Offering services and support to college and university students looking to practice in French.
- Providing recruitment, integration and retention services to the bilingual health professionals established in minority settings.

The third key theme that came across strongly was for implementing practices of collecting patient language preferences as part of provincial and territorial health systems and for improving the collection of language identifiers in health surveys. Several initiatives were proposed, including the following:

- Pan-canadian analysis of francophone health profiles: “Health Canada should support initiatives to improve our understanding of the distribution of Francophones and their health needs across Canada.” A data portal on francophones across Canada: “Health Canada should establish a data portal on francophones across the country, their health needs, and French-language health resources that are available.”
- The inclusion of personal language identifiers in health system data: “The federal government should ensure that the provinces include a question on each citizen's preferred language at the renewal of his or her health card. Funding could be provided to help implement this change.”

## Did you know?

In addition to providing core funding in support of 16 French-language health networks across 12 provinces and territories plus 20 English-speaking networks across the health and social services regions of Quebec, Health Canada provided support to 66 distinct health services projects during the 2013-2018 period. Many of these projects are initiatives in communities across the country. Some are generating research and developing knowledge for improving health services now and in the future. For example:

- The Franco Doc project launched by the Association of Faculties of Medicine of Canada in January 2015 has identified 734 Francophone and Francophile medical students in 14 English-language faculties of medicine in 8 provinces outside Quebec. The intent is to support these and future students in their academic and career paths so that they are prepared to provide both English and French services to communities across Canada.
- Health PEI launched its new bilingual health card in 2016-2017 which identifies the language of service preference for French-speaking PEI residents, thereby promoting the offer of service in the preferred language and helping achieve better health outcomes.
- Support was also provided for the launch of a new bilingual health services clinic in the Calgary region.

## What's Next?

This consultation process will support the renewal of the OLHCP in April 2018 and its ongoing improvement thereafter.

Health Canada continues to work within a partnership of federal departments to support English and French minority communities in Canada and to foster the use of both English and French in Canadian society. The OLHCP operates within this partnership to support health and health care initiatives that unite with activities from other departments to ensure comprehensive supports to communities.

Health Canada would like to hear more from Canadians and from English and French linguistic minority communities. We plan to further engage and consult to ensure that our actions are informed by the requirements of these communities and how they can contribute to improving health services for all Canadians.