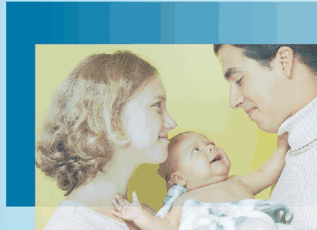
ACTION PLAN

Delivery of primary health care services in French



Prince Edward Island

PEI French-Language Health Services Network

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A production of the PEI French Language Health Services Network
March 2006

A MESSAGE FROM THE CO-CHAIRS OF THE PRINCE EDWARD ISLAND FRENCH LANGUAGE HEALTH SERVICES NETWORK

As Co-chairs of the *Prince Edward Island French Language Health Services Network*, we are extremely pleased to present the *Action Plan for the Delivery of Primary Health Care Services in French on Prince Edward Island*.

The *Plan* was developed within the framework of the *Setting the Stage* project, a major national initiative of the *Société Santé en français*. The purpose of the project was well in keeping with the mission of the *Network* which is to suggest solutions to government in order to increase access to French language health and social services.

The recommendations and other elements of the *Plan* were validated by the community and government partners. We want to take this opportunity to thank consultants Patsy MacLean, Shanna Doyle and Jean-Paul Arsenault of HRA as well as our project team for their collaboration and interest in the *Plan*.

We are pleased with the collaboration that has taken place throughout the *Setting the Stage* project between the different members of the Network, including the provincial government, the Acadian and Francophone community, health establishments and health professionals. We are confident that together we will be able to improve access to primary health care services in French on Prince Edward Island.

Government Co-Chair
Donald DesRoches

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EXECUTIVE SUMMARY AND RECOMMENDATIONS

Setting the Stage is a project to support French language primary health care services planning in all regions where the Department of Health and the Department of Social Services and Seniors need to improve access to these services for the Acadian and Francophone community. The project is an initiative of the Prince Edward Island French Language Health Services Network (FLHSN) established in 2002 as a joint government-community partnership. The FLHSN is part of a national effort by the *Société Santé en français* and sixteen similar networks to collect, analyze and bring forward relevant information and recommended actions.

This final report contains an overview of the current situation and needs of the Acadian and Francophone community of Prince Edward Island, as well as a comprehensive primary health care services delivery action plan to serve the target population. In terms of scope, the report focuses on services delivered through the provincial network of family health centres as well as other components of the primary care delivery system such as diabetes education, addiction services and public health nursing, with the centres acting as the key access point for French-speaking clients to the broader health care system.

Context and Gap Analysis

In adopting the *French Language Services Act* in 1999, the provincial government committed itself to improving services in French to the Acadian and Francophone community. Key sections of the *Act* pertaining to primary health care services have yet to be proclaimed despite the community's expressed desire that this be done. In its global development plan, *Le Plan vision*, the community has listed health and wellness as priorities and has identified the need for improvements in the delivery of government services in French, especially for those segments of the population at highest risk, namely, children from 0 to 6 years of age and seniors. With the encouragement and support of the FLHSN, the former Department of Health and Social Services began developing a five-year plan for improved French language services, but its progress was interrupted by the 2005 health care reform initiative, and the plan was never adopted.

In 2001, the national Consultative Committee for French-Speaking Minority Communities (CCFSMC) identified five levers of intervention which it believed, if applied effectively, would bring about marked improvements to French language primary health care services across Canada: networking, training, intake centres, technology and information. The five levers of intervention identified and elaborated by the CCFSMC provide a blueprint for an

integrated and sustainable strategy to respond to the needs of the Acadian and Francophone population with respect to access to primary health care services.

The assessment of the current level of service concludes that current French language services are inadequate, poorly planned and poorly distributed. In summary, the implementation of the *French Language Services Act* has been disappointing in the area of primary health care services. The Évangéline Family Health Centre is today the only point of access where there is an active offer of French language health services. Elsewhere, people wishing to access French language health services must ask and, given the few bilingual employees spread across the system, there is no guarantee that such a service will be provided. Only 0.9% of positions in the health and social services system are designated bilingual, while 3.1% of employees claimed some level of knowledge of French when last surveyed. This compares to 4.4% of the population which reported French as their first language in the 2001 Census and 12.1% of Islanders who claim to be "French speakers".

The Acadian and Francophone population is concentrated in six communities located across the province: West Prince, Évangéline, Summerside/Miscouche, Rustico, Charlottetown and Souris (Eastern Kings). A number of studies show that Francophones in communities across Canada are in poorer health and that socioeconomic conditions place them at risk from a health determinants perspective. It is known that the population here tends to be older, less educated and have lower incomes than the non-French population. However, on Prince Edward Island, no reliable data exists describing the health status – and consequent health care needs – of the Acadian and Francophone population.

This final report also describes the relative position of each of the six communities with respect to their phase of health service development using a national template proposed by the CCFSMC. Rustico and Souris (Eastern Kings) are considered to be in the least-developed *awareness* phase since they have virtually no service or infrastructure and there is no interested community group in place. Summerside/Miscouche and Charlottetown are considered to be in the *development* phase because, although they do not have a high level of French language service, they at least have facilities such as hospitals, manors and community health centres. West Prince is deemed to be at an earlier stage in development (between *awareness* and *development*) because it has fewer services and less infrastructure than the cities. The Évangéline community might have been deemed to be in the *consolidation* phase prior to health care reform. However, with the loss of the manager position at the Évangéline Family Health Centre and the lack of a formal structure for community input, it has clearly lost ground.

Keys to Success for Primary Health Care Service Delivery

The report identifies four areas where improvements are required before further progress can be made: governance, funding, program delivery and human resources. The governance area is analysed from four perspectives: legislation, accreditation, coordination at the provincial level, and administration at the institutional level. In support of the keys to success, the following recommendations are made:

Recommendation 1
French Language Services Act

That Sections 6 and 8 and remaining subsections of Section 7 of the French Language Services Act not be proclaimed until such time as the provincial government has approved an action plan for the provision of French language primary health care services which includes the necessary financial and human resources. Once these are in place, government can then decide if it wants to limit the scope of the sections to government institutions responsible for the delivery of health care.

Recommendation 2
Accreditation

That the PEI French Language Health Services Network encourage the Société Santé en français to consider using the existing Accreditation Framework of the Canadian Council on Health Services Accreditation as a way of encouraging health care organizations to improve the delivery of French language services. Such a strategy would be more likely to succeed if advanced at the national level, based on the argument that failure to provide adequate services in the client's language of choice would put non-compliant institutions at an unacceptable level of risk.

Recommendation 3
FLHSN

That the joint government-community partnership embodied in the PEI French Language Health Services Network be maintained in its present form given that it is more likely to result in a positive outcome in the implementation of the proposed *Setting the Stage* action plan for the delivery of French language services.

Recommendation 4
Government Representation

That government representation on the PEI French Language Health Services Network be restored to the planned complement as soon as possible, and that it includes a mix of knowledgeable administrative and front-line health care professionals with an adequate regional flavour. As for the identity of the government co-chair, the Director of the Acadian and Francophone Affairs Division is an appropriate choice to fill the role because the person in that position is less likely to be in a conflict of interest than would an employee of the Departments responsible for primary health care delivery.

RECOMMENDATION 5
Standardizing FLS Coordination

That the opportunity presented by the elimination of the regional health authorities and the Provincial Health Services Authority be used to recreate, centralize and standardize the function of French language services coordination. A new province-wide strategy should be introduced including an action plan to deliver French language services and to measure results in a more consistent manner than was possible under the old system while recognizing that, because there are now two Departments – Health, and Social Services and Seniors – each may need its own strategy and action plan for the delivery of French language services.

RECOMMENDATION 6
Coordination by Levers of Intervention

That the duties of the French language Services Coordinator for the Department of Health and the Department of Social Services and Seniors be structured around the five levers of intervention adopted by the French Language Health Services Network: networking, training, intake centres, technology and information.

RECOMMENDATION 7
Priority at an Institutional Level

That, in order to make French language primary health care a priority at the institutional level, three necessary conditions be met. First, Departmental strategic and operational plans must include the provision of French language primary health care services as a mandatory requirement. Second, performance evaluations for those responsible must include measures taken by the family health centres to improve the quality of service in the client's language of choice. Third, additional financial and human resources must be made available.

A New Model for the Delivery of Primary Health Care Services

The objective of improving service to Acadian and Francophone communities is to eventually move to a state where the level of service is well beyond the basic level and, preferably, has achieved the advanced level of service for each level of care provided. In developing delivery models for the six community family health centres, four principles were followed: establish multidisciplinary service delivery teams; build on successful, established services; ensure quality and continuity of care; and consider the challenges of recruiting bilingual staff, particularly in the smaller population centres. The models acknowledge the fact that health promotion and primary and community care services are found to be most effective when these are located close to target populations, and are organized with a focus on the given community's cultural

distinctiveness. Consideration is also given to incorporating the role of advanced practice nursing in French language primary health care services given government's stated intention to move in this direction.

RECOMMENDATION 8
Family Health Centres

That the Department of Health improve French language services in the areas of health promotion and primary care in each of the six Acadian and Francophone communities, beginning with established centres in Évangéline, Harbourside and Four Neighbourhoods, followed by existing centres in Central Queens and Souris, and the proposed family health centre in West Prince.

Estimating Financial and Human Resource Needs of the Family Health Centres

The report lists a number of assumptions leading to an estimate of financial and human resource needs and points out the requirement for a detailed plan for staffing existing and new bilingual positions once the decision is made by government to move forward. While community partners expressed the desire that specific positions be listed for each family health centre together with the level of effort to be devoted to each primary health care service, government partners maintain that the exact configuration of each family health centre team cannot be determined until the list of services required by the particular community is known, and until available bilingual health care professionals and support staff are in place. A list of potential services is included in the report and is believed to constitute the most acceptable compromise between the desirable and the practical.

Incremental salary costs shown in the report represent transitional funding required to allow positions to be filled in the short term. Whether new bilingual positions will be required for a longer term in addition to the existing complement will depend on the human resource plan for the family health centres. The annual incremental cost associated with the establishment of new positions for the six French language family health centres clinics is estimated to be $800,000.

Additional Resource Needs

Additional resource needs associated with establishing the French language primary health care services in the six family health centres are listed in the report. These include: system transitional and business planning, training and professional development, sponsorship and student recruitment, and information and communications. A number of required actions related to each area are identified, all of them leading to the following general recommendation.

RECOMMENDATION 9
Optimizing Financial Resources

That government and community partners optimize the use of existing financial resources, including the Canada-Prince Edward Island General Agreement on French Language Services and the Primary Health Care Transition Fund to accelerate implementation, more specifically, in the following areas: system transitional and business planning; training and professional development; sponsorship and student recruitment; and information and communications.

RECOMMENDATION 10
Adopting the Action Plan

That the French Language Health Services Network encourage the Department of Health and the Department of Social Services and Seniors to adopt the action plan for French language primary health care services contained in the final report of the *Setting the Stage* project.

Setting the Stage Action Plan

The report concludes with an action plan for French language health care services detailing five key result areas, objectives for each, and a series of actions including expected results, assigned responsibilities and completion dates. Finally, the implementation phase assumes that the province and the federal government will agree on a funding mechanism for improving French language health care services and that funds will be allocated for this purpose, beginning with the 2008-2009 fiscal year.

Introduction and Methodology

Setting the Stage is a project to support French primary health care services planning in all regions where the Department of Health and the Department of Social Services and Seniors need to improve access to these services for the Acadian and Francophone community. The project is an initiative of the PEI French Language Health Services Network (FLHSN) whose mission is:

> ***In support of the Health and Social Services System and for the benefit of the Acadian and Francophone community of PEI, the French Language Health Services Network will propose solutions to increase access to French language services thereby contributing to the full implementation of the French Language Services Act.***

The objectives of *Setting the Stage* are to:

- Promote joint collaboration between various partners of the FLHSN including health care institutions, health care professionals, community organizations, governments and training institutions;
- Improve cohesion among the various partners with the goal being to identify priorities and to develop an implementation plan; and
- Facilitate the commitment of the Department of Health and the Department of Social Services and Seniors to implement primary health care services in French.

Following a public request for proposals in January 2005, HRA, a Charlottetown-based Atlantic Canada human resources consulting firm was retained to:

- Prepare an overview of the needs of the Acadian and Francophone community of Prince Edward Island and the best ways to meet those needs;
- Develop a primary health care services delivery action plan which would serve the Acadian and Francophone community of Prince Edward Island;
- Produce the information and communication materials required to inform all partners about the progress of the report; and
- Present the results of the project to FLHSN partners and to primary health care service providers.

The work of HRA was supervised by the contracting authority, Julie Gilman, FLHSN Coordinator, and by a Steering Committee. The project was divided into five phases. Specific deliverables for each phase are listed in Appendix A. The evaluation framework is included as Appendix B.

SUMMARY OF PREVIOUS WORK ON ACCESSIBILITY OF FRENCH LANGUAGE HEALTH SERVICES IN PEI

French Language Services Act

The *French Language Services Act*, R.S.P.E.I. 1988, Cap. F-15.1 ("the *Act*") was given Royal Assent on April 21, 1999. The purpose of the *Act* as outlined in section 2 is to:

a) define the parameters of the use of French within the Legislative Assembly;

b) specify the extent of French language services to be provided by government institutions;

c) specify the extent of the use of French in the administration of justice; and

d) contribute to the development and enhancement of the Acadian and Francophone community.

For financial and staffing reasons the Provincial Government indicated that it would not enforce all the provisions of the Act at once. Government determined that it would consult with the Acadian and Francophone community to determine priorities for the implementation of the French Language Services Act. La Société Saint-Thomas-d'Aquin and the Acadian Communities Advisory Committee worked together with the Acadian and Francophone Community to provide Government with proposed priorities and measures for implementation. Public consultations were held in five Acadian areas of the province including West Prince, Évangéline, Summerside-Miscouche, Rustico and Charlottetown in June 1999[1]. The Acadian and Francophone population suggested priorities regarding the four objectives of the Act and expressed their needs as to the delivery of French language services in Prince Edward Island. An analysis of the consultations determined that there is a great priority for the implementation of the French Language Services Act in the areas of health, education and tourism development.

The community prioritized the objectives at subsections 2(b) and 2(d) for early implementation of the Act, yet encouraged the expeditious implementation of objectives 2(a) and 2(c). They further anticipated that the implementation process of the Act would be completed within three years. On April 1, 2000, eleven sections and six subsections of the Act came into effect, including 2(b) and 2(d). To date, a number of sections of the Act remain unproclaimed including subsections 2(a) and 2(c).

1 PEI French Language Services Act: Implementation Considerations. La Société Saint-Thomas-d'Aquin and the Acadian Communities Advisory Committee. 1999.

The area of health and social services was given the highest priority for implementation by the Island Acadian and Francophone Community. The community indicated that[2]:

> ***"There is still a lack of bilingual services in the area of acute care and extended care, public health, child and family services, violence against women, mental health, nutrition and services for seniors and youth. There is an ongoing need in the Island Acadian and Francophone community to increase French language resources in the areas of education, prevention, promotion and intervention in various health-related areas.***
>
> ***Social and community problems must be addressed. For example, the poverty rate is relatively high especially among single parent families, women, youth and seniors. Unfavorable economic situations often cause social problems such as alcohol and drug abuse as well as family violence. There is also a need to inform the general public of the advantages of sports and recreation as well as healthy living. The development of regional health resource centres could provide the population with French services and material in various health areas".***

Over the past few years, consultations have taken place and the community has expressed its needs and concerns many times to the provincial and federal government. Health is a priority for the community, as it is for the entire population of Prince Edward Island, but it is particularly so with respect to access to French language health services.

Global Development Plan 2004-2009: PEI Acadian and Francophone Community

In the summer of 2003 the Island's Acadian and Francophone community embarked on a global strategic planning process, The Projet Vision: Ensemble éclairons notre avenir![3] The strategic plan would provide the Island's Acadians and Francophones with a common vision of community development in relation to the community's priorities. The process promoted by the Société Saint-Thomas-d'Aquin (SSTA) and its regional committees and guided by an advisory committee made up of representatives of the SSTA, the Réseau de développement économique et d'employabilité (RDÉE) de l'Île-du-Prince-Édouard, the federal government (Canadian Heritage) and the provincial government (Acadian and Francophone Affairs) led to the creation of a five-year plan (one provincial plan and one plan for each of the six Acadian regions) from 2004-2009. This would serve as a framework for community development actions and projects. Consultations were held with the community and the federal and provincial governments.

The plan covers all sectors of community development: economic activity, culture and heritage, education and training, community services such as health and well-being in the home and at work, spirituality, governance

[2] Ibid. p. 9.

[3] Plan de développement global 2004-2009: Communauté acadienne et francophone de l'Île-du-Prince-Édouard. La Société Saint-Thomas-d'Aquin. 2004.

structures, communication and technology, and recreation and leisure. Strategic orientations were selected by the Acadian and Francophone community during its planning process. Under the strategic orientation, Social and Economic Wellness, the community identified the need for healthy communities made up of healthy people and families. It was recognized that the creation of a healthy environment will promote the emergence of a healthy economy and sustainable development. The following needs were identified during the consultation process:

- Ensure a more inclusive approach in terms of promotion and accessibility of services and programs related to wellness and health;
- Develop infrastructures and implement recreational activity programs; and
- Ensure the delivery of French services, especially for those segments of the population at highest risk: children from 0 to 6 years of age and seniors.

From the strategic objective to improve the quality of life of the Acadian and Francophone population flowed an Action Plan. The Action Plan identified tasks to be carried out:

- Hold activities (workshops) to promote good nutrition to the Island Acadian and Francophone population, especially young people;
- Hold awareness-raising activities to promote the positive aspects of a healthy environment;
- Implement special support measures in the health and social services sector centred particularly on increased accessibility to French language services in intake centres, training in French of health professionals, telehealth initiatives and the establishment of effective partnerships and networks; and
- Set up various recreation and leisure programs accessible to the entire PEI Acadian and Francophone population.

Joint Government-Community Initiatives

In November 2003 the French Language Health Services Network of Prince Edward Island established an inventory of services and programs offered by the Department of Health and Social Services, and particularly those offered in French. A list of services and programs offered directly to residents of PEI, the number of employees in each of the services along with the title and type of position, and the number of positions that are designated as bilingual were identified. The inventory reflected information obtained during the months of August and September 2003. The Directory of French Language Health Services on PEI was published in February 2004 to facilitate and improve access to French services offered by either government or the private sector[4].

In 2004, the Department of Health and Social Services began work on the development of a five year strategic plan for French language health services. This followed a planning day between the community and the Department

[4] French Language Health Services Directory. Prince Edward Island French Language Health Services Network. 2004.

during which community representatives identified needs and provided input into the strategic planning process. The progress of the draft strategic plan for French language health services was interrupted by the 2005 health care reform initiative and the plan was never adopted.

Also in 2004, the Kings Health Region completed a French Language Health Services Needs Assessment to determine the demand for French language health services and to determine the viability of an exemption for the Kings Health Region under clause 1(g) of the French Language Services Act[5].

Managers, staff and the Acadian and Francophone community identified the need for bilingual staff and signage within the Kings Region. Registered nurses, licensed practical nurses and public health nurses were identified as the most important professionals to offer French language health services. *L'École La-Belle-Cloche* identified services offered by a public health nurse, speech language pathologist, psychologist and dietitian as important French health services for students. Members of the Acadian and Francophone community surveyed indicated that they would be more likely to access French language health services if they were offered. Funding was identified as the greatest barrier to the implementation of French language health services in the Kings Health Region. The Region indicated that the offering of French language health services should be viewed as "increasing the quality of service" rather than as an "added cost" or "additional work".

Recommendations included:

- that the Kings Health Region should enter into discussions with the Division of Acadian and Francophone Affairs concerning the possibility of a three year partial exemption from compliance with the French Language Services Act;
- that a French Language Services Coordinator be hired;
- that accurate and up-to-date records be maintained to ascertain the number of Francophone clients that access services at each service site;
- that all clients be asked their language of preference; and
- that designated bilingual positions in acute care nursing and public health nursing be created to ensure that a bilingual staff member is regularly available in these service areas.

5 French Language Health Services Needs Assessment. Kings Health Region, Montague, PEI. 2004.

EVOLUTION OF FRENCH LANGUAGE HEALTH SERVICES NETWORKS AT THE NATIONAL LEVEL

In the Spring of 2000, then Federal Health Minister Alan Rock announced the creation of a Consultative Committee for French-Speaking Minority Communities (CCFSMC)[6]. Under section 41 of the Official Languages Act, the Government of Canada has an obligation to enhance the vitality of English and French linguistic minority communities in Canada and foster the full recognition and use of both English and French in Canadian Society. The mandate of the Committee was to advise the federal Minister of Health on ways to support and assist each of the linguistic minorities in the field of health in accordance with section 41 of the Official Languages Act. Minister Rock stated:

> ***"One of the priorities for official language minority communities is access to health services. We must find new and creative ways to influence provincial and territorial partners to encourage them in supporting official language minority communities."***

In its final report in September 2001, the CCFSMC recommended to the federal Minister of Health that five levers of intervention be implemented to improve the accessibility of French language health care services[7]:

- ***Networking*** - to facilitate and promote community involvement and to facilitate access to Francophone professionals;
- ***Training*** - to ensure that bilingual professionals are available in the short, medium and long term;
- ***Intake centres*** - to bring together professionals and direct French speakers to facilities where their language is spoken, facilities where there is a physical, visible and tangible manifestation of active offer of services in French;
- ***Technology*** - to strengthen the relationship between the patient and the professional through telemedicine and call centres, to facilitate consultations among professionals and to ensure maximum use of computerized data on the patient's health; and

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6 News Release. Consultative Committee for French-Speaking Minority Communities. Health Canada. http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2000/2000_33_e.html. April 2000.

7 Report to the Federal Minister of Health. Report prepared by the Official Language Community Development Bureau on behalf of the Consultative Committee for French-Speaking Minority Communities. Ottawa. September 2001. p. 18.

- ***Information*** - to assist stakeholders in establishing priorities in the area of French language services, as well as to direct users to the available French language resources and to facilitate management of their health.

Under the networking component of the strategy the Committee recommended that Health Canada implement a networking initiative involving the creation of provincial and territorial networks and a national secretariat. As a result of this recommendation the *Société Santé en français*, an incorporated agency, was established as a major stakeholder on the issue of health care in French outside of Québec. *Sociéte Santé en français* is composed of delegates representing the five main partners in the health world: health institutions, community organizations devoted to health services, health professionals, training institutions, and federal and provincial representatives. The seventeen networks representing all the provinces and territories where Francophones live in the minority are represented in the *Société Santé en français*, a national network. The structure of networks varies from region to region.

Establishment of the PEI French Language Health Services Network

In June 2002, community and provincial government representatives met to explore the feasibility of a joint approach to improving the state of French language health services. It was agreed that the most appropriate means to prepare for the full proclamation of the French Language Services Act was to create a joint community-government network dedicated to the task of proposing practical solutions for the delivery of French language health and social services. In November 2002, the PEI French Language Health Services Network was established by the community, the Minister responsible for Acadian and Francophone Affairs, and the Minister of Health and Social Services. The FLHSN brings together key provincial government players as well as leaders from the Acadian and Francophone community. The FLHSN is directed by two co-chairs, one chosen among the government representatives and the other among the community representation, and reports to the Acadian Communities Advisory Committee which advises the Minister responsible for Acadian and Francophone Affairs.

Accessibility and Levers of Intervention

Real accessibility to French language health services for the Acadian and Francophone population requires that services be available and that there is an active offer of health services in French. To date, the implementation of initiatives to enhance accessibility to French language health services has often been fragmented, somewhat ad hoc, and generally not directed toward the stated priority needs of the Acadian and Francophone population. While every initiative to improve the accessibility of French language services has its merits, an effective strategy will require that all initiatives overlap and that they be implemented simultaneously in a way that reflects local realities and the demographic characteristics of the communities. The five levers of intervention recommended by the CCFSM provide a blueprint for an integrated and sustainable strategy to respond to the needs

of the Acadian and Francophone population in Prince Edward Island with respect to access to primary health care services. Together, the five levers of intervention can create an effect strong enough to produce the desired change.

Networking

The formation of the FLHSN in 2002 is a key step in the strategy toward improving French language health services. The partnership approach between the community and government creates a cooperative forum with joint responsibility for the planning, development, strengthening and maintaining of initiatives directed at the access of French language health services. It is very difficult to significantly improve the situation of Acadian and Francophone communities if parties work in isolation. With Acadian and Francophone communities, Francophone health professionals, the health institutions, professional associations and educational institutions able to network with one another, there is an opportunity for greater cooperation and a more effective use of human resources to better meet the communities' needs. In addition, it becomes possible for Acadian and Francophone communities and professionals to influence the decision-making processes of the health institutions which could lead to better access to services in French.

Training

In Canada there is currently a serious shortage of professionals able to serve French-speaking minority communities in French. The number of enrollments in health sector training programs is too low to meet Acadian and Francophone communities' needs. The rural nature of Prince Edward Island and the lack of French post-secondary institutions accentuate the difficulties in recruiting, retaining and providing continuing education for Francophone professionals. It is important to find solutions that will address the shortage of French-speaking health professionals, increase training capacity in order to better meet the needs, and ensure that Francophone health professionals can work in their own language and in their communities of origin. The ways and means to recruit and retain such French-speaking professionals on Prince Edward Island must be explored.

Studies from the World Health Organization, and the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA) and the experience of the Acadie-Université de Sherbrooke Partnership have shown that there are two success criteria for recruiting and retaining health professionals: the candidates' home region and their exposure to their home region as early and as often as possible during their training. It is important to strengthen training for French-speaking students as near as possible to their home communities, in order that they may subsequently practice their profession in their own communities and in French[8].

The Consortium national de formation en santé (CNFS) was established to implement a network of francophone post-secondary institutions that offer or could offer training in the health sector. Under the Action Plan for Official Languages, the CNFS obtained $63 million over five years (2003-2008). Because Prince Edward Island does not have an

[8] Ibid. p. 26.

accredited Francophone post-secondary institution, Université Sainte-Anne in Nova Scotia was given initial responsibility for addressing the province's post-secondary education needs. Recently, the FLHSN approached the CNFS to inquire into the feasibility of offering distance education, possibly through La Société éducative de l'Île-du-Prince-Édouard, to allow students to remain in their communities and to return to their home province to take required clinical training.

Intake Facilities

Since Acadian and Francophone communities rarely have access to health services in their own language, members of these communities tend to under-use health promotion and disease prevention services. In its report, the CCFSMC chose to emphasize primary care to improve access to French health services[9]. Generally, primary care is the first level of contact with the health system and where solutions to many health problems are provided. The primary care continuum can range from a single service delivery to the delivery of services by multidisciplinary teams. In order to make primary care more accessible it would be appropriate to identify the service delivery model that would best suit the communities' needs.

For intake centres to be accessible, there would need to be a bringing together of health professionals with French-speaking people through facilities where there is a physical, visible and tangible manifestation of an active offer of services in French . The Évangéline Community Health Centre was identified in the CCFSMC Report as "a good illustration of the fact that language minority communities can be provided with health services even when the number of Francophones is small"[10]. Improving accessibility to French language primary health services through the use of community health centres requires serious consideration.

Technology

New technologies hold considerable promise in the development of strategies to improve access to French language health services. Technology has the potential to strengthen the relationship between health professionals and their francophone patients through telehealth, telemedicine and call centres. Such telecommunications could facilitate consultations among health professionals.

Information

The collection and management of health services information would assist policy makers and stakeholders in establishing priorities in the delivery of French language health services. The sharing of health information through the development of French language resources would enable the Acadian and Francophone population to better manage their health through improved health promotion and chronic disease management practices. There are many applications for information and communication technologies in the delivery of French language services. It is important to capitalize on these new technologies, in order to overcome linguistic and geographic barriers so that health services and educational and information services may be provided over long and short distances.

9 Ibid. pp0. 27, 28.

10 Ibid. p. 29

To be sustainable, a provincial action plan for the delivery of French language primary health services for Prince Edward Island's Acadian and Francophone population must integrate the five levers discussed above. A comprehensive approach to health which strengthens the communities' ability to prevent and treat health problems is critical. Emphasis on the determinants of health and on the effects of the living environment of individuals, families and communities is key.

DEFINING PRIMARY HEALTH CARE SERVICES

Fundamental to the development of a sustainable provincial action plan for the delivery of French language primary heath care services for Prince Edward Island's Acadian and Francophone population is a common understanding of the definition of "primary health care services".

The World Health Organization (WHO) developed the following definition for "primary health care" at Alma Ata in 1978[11]:

> ***"Essential health care (promotive, preventative, curative, rehabilitative, and supportive) based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at every stage of their development in the spirit of self-determination. It forms an integral part both of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process."***

According to the WHO, primary health care is both a philosophy and an approach to health care based on the principles of accessibility, public participation, health promotion, illness prevention, appropriate technology and intersectoral collaboration. The definitions of the terms "primary care" and "primary health care" are used inconsistently by various organizations across Canada and elsewhere. It is important to distinguish between the two terms.

"Primary Care" has been defined by the Department of Health and Social Services in the 2003 Prince Edward Island Primary Health Care Redesign document as:

> ***"...an access point for initial client contact with the health care system for the purpose of assessment, diagnosis and treatment of acute episodic and chronic illness or injury (Handrahan, Way, Houser & Applin, 2001) as well as, health promotion and chronic disease prevention. Primary Care providers may include family physicians, registered nurses, pharmacists, mental health therapists, dietitians, occupational therapists, physiotherapists, social workers and others. Providers may work alone or in groups to provide a health service or program. The health service provided through a physician***

11 Primary Health Care. Taken from "Health for All". Series No.1. World Health Organization. 1978.

practice is sometimes referred to as 'primary medical care'[12]."

With the approval of the *Setting the Stage* project Steering Committee, HRA moved forward with the development of a governance and delivery model (Phase II of the project) based on the broader WHO definition. However, the provincial government's 2005 health care reform initiative later made it clear that the Department of Health and the Department of Social Services and Seniors would retain the narrower 2003 definition. The Acadian and Francophone community clearly prefers the broader WHO definition, making this an area where consensus does not appear possible, at least in the short to medium term. Nevertheless, the Departments and the community agree that primary care is one component of the broader concept of primary health care.

[12] Prince Edward Island Primary Health Care Redesign. Department of Health and Social Services. 2003. p. 5.

CONTEXT AND GAP ANALYSIS

Based upon the broad definition of primary health care services provided by the former Department of Health and Social Services, HRA reviewed services that are available in English and French. For the purposes of the gap analysis, the focus was on the human resources available to deliver French language services. (Refer to Appendix C for detail and note that the breakdown reflects the health care system structure prior to the 2005 reform, more recent data not being available.)
In summary, the implementation of the French Language Services Act has been disappointing in the area of primary health care services. While the former Department of Health and Social Services and the Health Authorities took some steps toward enhancing their ability to deliver French language health services, progress has been slow and often ad hoc. Provincial health care agencies have been challenged by fiscal pressures, competing priorities for finite resources, and staffing restrictions.

The gap analysis was conducted through a review of previous work in this area and information obtained from individual meetings with *Setting the Stage* Steering Committee members and two FLHSN members, Susan MacKenzie, Director of Corporate Services (former member) and Johanne Irwin, Manager of Physician Services, former Department of Health and Social Services. A meeting was also held with Rosemary White, formerly Manager of Four Neighbourhoods Community Health Centre. Documents reviewed included:

- Department of Health and Social Services, Program Profiles 2003-2004;
- Inventory of services and programs offered by the Department of Health and Social Services, including those offered in French compiled in 2003;
- French Language Health Services Directory, February 2004;
- Provincial Health Services Authority Directory of Bilingual Employees, 2004.

The data show that, out of approximately 4,000 employees in the health and social services system, only 35 positions (0.9%) have been designated bilingual. Since 1987, the Canada-PEI General Agreement on French Language Services has funded approximately 25 designated health care positions. One hundred and twenty-four (124) employees (3.1%) within the system have been identified as bilingual employees or as having some bilingual capacity. Because there is no independent process to verify an employee's ability, HRA was unable to ascertain the level to which these one hundred and twenty-four employees are able to provide French language services.

While the 2005 health care reform initiative brought about a major restructuring of health care administrations, it has had little effect on front-line positions existing at the time the

Context and Gap Analysis was completed by HRA. The tables in Appendix C identify the programs and services delivered by the former Department of Health and Social Services through the former Provincial Health Services Authority and the four Regional Health Authorities. They show the location of employees with bilingual capacity as well as the designated bilingual positions.

Meetings with community members of the Steering Committee indicated that the Department of Health and the Department of Social Services and Seniors must consider the needs of the Acadian and Francophone population they serve and recognize that, while the communities share common needs regarding the delivery of French language health services, their diversity must be kept in mind when considering approaches to service delivery. Members reflected on the approach that has been taken to date in building French language health services capacity within the health and social services system. There was agreement that the approach to date – the use of designated positions to deliver French language health services – is not comprehensive and has had limited success. Designated positions have entered the system either because of federal funding provided by the Department of Canadian Heritage through the Canada-PEI General Agreement on French Language Services or as a result of pressure placed upon politicians by the Acadian and Francophone community. This approach is fragmented, often unrelated to the priority needs of the community, and generally unsustainable. An analogy was made that this approach is “like throwing darts to meet service demands”.

Despite the fact that the Acadian and Francophone community has indicated that priority areas are children ages zero to six and seniors, HRA found that the majority of designated bilingual positions and bilingual employees are identified in other areas. Access to wellness promotion initiatives was identified as another area of priority. With the exception of the East Prince Region through the services provided at the Évangéline Community Health Centre, few French language health services are provided in the area of health education, health promotion and chronic disease prevention. French language services to seniors in the area of long-term care, such as community care facilities and manors, is virtually unavailable. For these reasons, HRA has concluded that the deployment of designated bilingual positions has not met the needs of the community.

In conclusion, HRA found that the Évangéline Family Health Centre remains the only point of access for health services for the Acadian and Francophone population where there is an active offer of French language health services and also the guarantee of receiving services in the client’s language of choice. Elsewhere, people wishing to access French language health services must ask for the service and, given the few bilingual employees spread across the system, there is no guarantee that such a service will be provided at the point of access to the system.

COMMUNITY PROFILE

Geographical Distribution of the Acadian and Francophone Population

The table on the next page presents a picture of the distribution and progression of the Island's French-first-language population over the period covered by the three most recent Census. Overall, the population has increased. Regionally, Charlottetown and Rustico have shown increases, Évangéline and Summerside/Miscouche have declined while West Prince has remained relatively stable. The 2001 Census was the first to report a French-first-language population in Souris[13].

All six regions now have their own French school administered by the *Commission scolaire de langue française*, and all have stable or growing student populations. Combine this with the fact that Prince Edward Island has 16,000 French-speakers according to the 2001 Census and the second-highest percentage of bilingual citizens among Canadian provinces and the status of the French language looks secure.

Health Status of the Acadian and Francophone Population

Health Canada regards health as the complex interplay between social, economic, and environmental determinants and states...

> ***"...a variety of factors affect health including gender, age, genetics, personal health practices, coping skills, social support, working conditions, the physical environment and early childhood experiences. Perhaps the most powerful influence on health, however, is socioeconomic status which is measured...by income and education levels[14]."***

Poverty is recognized as one of the most reliable predictors of poor health and chronic disease, more so than factors such as high cholesterol, high blood pressure and smoking.

13 Rapport du volet A: Analyse de la situation. Projet Vision. Institut de Leadership. Université de Moncton. Mars 2004. p. 16.

14 The Tides of Change: Addressing Inequity and Chronic Disease in Atlantic Canada - A Discussion Paper. Population Public Health Branch Atlantic Region, Health Canada. 2003.

Figure 1

Comparative Census Data - 1991, 1996 and 2001

	1991 Census			1996 Census			2001 Census		
	FFL	EFL	% FFL	FFL	EFL	% FFL	FFL	EFL	% FFL
Charlottetown	843	37 485	2.2	905	38 770	2.2	950	38 755	2.3
Évangéline	1 755	1 515	53.6	1 925	1 435	57.4	1 543	1 768	46.3
West Prince	1 047	7 868	11.7	945	7 995	10.6	1 003	7 848	11.3
Summerside/ Miscouche	1 320	14 890	8.1	1 210	16 485	6.8	1 203	16 558	6.7
Rustico	165	2540	5.9	200	2 640	6.9	268	2 698	8.9
Souris	ND	ND	ND	ND	ND	ND	125	12 528	1
Total PEI	**5 750**	**120 570**	**4.9**	**5 715**	**124 970**	**4.3**	**5 890**	**125 388**	**4.4**

FFL - French First Language ***EFL - English First Language***

No matter which measures of health and cause of death are used, low-income Canadians are generally more likely to have poorer health and to die earlier than other Canadians. In fact, adverse economic and social conditions are associated with the higher prevalence of almost all types of chronic disease, including both communicable and non communicable disease and mental health problems.

The Atlantic Regional Office of Health Canada's Population and Public Health Branch (PPHB) held consultations with Acadians and Francophones in the four Atlantic provinces in March 2001 to support the development of an action plan for addressing the health issues of Acadians and Francophones in Atlantic Canada[15]. It was noted that there is little reliable information about the health status of Acadian and Francophone communities. However, the 1996 census does provide information about the demographics of the population which reflects the determinants of health.

In the 1996 census, 5,715 people listed French as their mother tongue, making up just over 4% of the total population of Prince Edward Island. The population tends to be older, less well-educated and have lower incomes than the non-French population. More than half have not completed high school. Francophones tend to work in goods-producing industries (fishing, agriculture, hunting) and the processing sector. Over one-quarter rely on government transfers for their income. By 2001, persons who listed French as their mother tongue had increased to 5,890, representing 4.4% of the total population. The 2001 Census reveals a higher level of education from the 1996 census although still lower than that of Anglophones; a persistently high unemployment rate that is slightly higher than the total average for the Island; an average income comparable to the provincial average, but with a significant disparity between the

15 Action Plan for Addressing Health Issues of Acadians and Francophones in Atlantic Canada. Population Public Health Branch Atlantic Region, Health Canada. 2001.

different regional communities; and an aging population[16].

Between 50 and 55% of French-speaking minority communities in Atlantic Canada have little or no access to health services in their mother tongue. Between 40 to 45% of Francophones have partial access or total access to French language health services. Wide disparities exist among provinces and within provinces. Significant variations occur by type of service[17].

Studies of certain French-speaking minority communities have shown that Francophones are in poorer health than their Anglophone counterparts. In Ontario, for example, a study revealed that a smaller proportion of Francophones than anglophones described their state of health as "excellent". Another Ontario study on the prevalence of diseases revealed that the rates of certain diseases (respiratory disease, hypertension, musculoskeletal problems) for Francophones were higher than those recorded at the provincial level.

A study conducted in New Brunswick found that, once geographical factors were taken into account, the variable of language was a discriminating factor in the heath status of the province's populations. Francophones in northern New Brunswick had the highest rates of institutionalization and hospitalization in the province[18].

These studies show that Francophones are in poorer health and that socioeconomic conditions place them at risk from a health determinants perspective. Clearly, the accessibility of health services is of great importance to the Acadian and Francophone population. Access to services in the user's language has benefits that extend far beyond respect for the user's culture. It is indispensable for improving the health status of individuals and for community empowerment in matters of health.

On Prince Edward Island, no reliable data exist describing the health status of the Acadian and Francophone population. We are therefore required to extrapolate from province-wide data, knowing that socio-economic indicators for this particular segment are less favorable than those for the population as a whole. The most recent report on health indicators showed the following results compared to the national average[19]:

- Obesity rate is higher
- Smoking rate is higher
- Heavy drinking rate is higher
- Physical activity rate is lower
- Fruit and vegetable consumption is lower
- Violent crime is lower
- Patient satisfaction is higher
- Preventable hospitalizations are higher

16 Rapport du volet A: Analyse de la situation. Projet Vision. Institut de Leadership. Université de Moncton. Mars 2004.

17 Improving Access to French Language Health Services. Study Coordinated by the *Fédération des communautés francophones et acadienne du Canada* for the Consultative Committee for French-Speaking Minority Communities. Ottawa. June 2001. pp. 21 to 30.

18 Ibid. p. 5.

19 Prince Edward Island Health Indicators - Provincial and Regional. PEI Department of Health and Social Services. December 2004.

In a paper presented to the federal Minister of Health, the Association des femmes acadiennes et francophones de l'Île-du-Prince-Édouard listed a number of adverse impacts of this lower socio-economic status based on its survey of women in the Acadian and Francophone population[20]:

- Inferior employment and working conditions
- Lower employment revenue
- Poorer access to post-secondary education in French
- Poorer access to government services in French
- Poorer lifestyle and individual coping strategies
- Lesser role of women in society
- Inferior language and literacy skills

A number of studies show that Francophones in communities across Canada are in poorer health and that socioeconomic conditions place them at risk from a health determinants perspective. This being said, the Société Santé en français recognizes that population health status is an area requiring further study and that the Canadian Institutes for Health Research (CIHR) may be able to help fill important gaps in information which will be critical to program and service delivery design. In its October 2003 report to the House of Commons, the Standing Committee on Official Languages felt stongly enough about the lack of information that it recommended that the Social Sciences and Humanities Research Council of Canada (SSHRC) "...pay particular attention ... to research projects on health issues specific to the official language minority communities."[21]

Barriers to Access

A survey of the behaviour of health care system clients who are members of minority language communities across Canada found that language barriers have a direct impact on the quality of care received. Specifically, they[22]:

- Reduced the use of preventive services;
- Increased the amount of time spent on the consultation, the number of diagnostic tests ordered, and the probability of confusion in the diagnostic and treatment process;
- Affected service quality in situations where effective communication is crucial;
- Decreased the probability of compliance with treatment; and
- Reduced satisfaction with the care and service received by the user.

If nothing else, this analysis points out the glaring lack of efficiency which results when service is delivered in a language other than the one preferred by the user.

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20 Présentation à l'honorable Anne McLellan lors d'une rencontre spéciale d'intervenantes et d'intervenants qui oeuvrent dans le domaine de la prévention du crime par le développement social à l'Île-du-Prince-Édouard. Mai 2005.

21 Access to Health Care for the Official Language Minority Communities: Legal Bases, Current Initiatives and Future Prospects. Report of the Standing Committee on Official Languages. Ottawa. October 2003. pp. 18,19.

22 Report to the Federal Minister of Health. Consultative Committee for French-Speaking Minority Communities. September 2001. p. 12.

In profiling the current state of primary health care services to French-speaking minority communities, a report by the *Fédération des communautés francophones et acadienne du Canada* posed the following questions[23]:

- Why do minority Francophones not have better access to French language health services?
- Why are there significant disparities between Acadian and Francophone communities which are comparable in other ways?
- Why is the gap between Anglophones and Francophones so great?

The study found that there are in fact numerous barriers to access. Some are governmental or institutional in nature, while others find their source in the communities themselves. Some barriers are linked to the supply of services, others to demand.

Supply Obstacles

Since health care is primarily a government responsibility, the establishment of French language health care services requires political will and, in this case, the will to take affirmative action on behalf of a minority community. Deficiencies related to institutionalization explain the disparities on Prince Edward Island just as they do in virtually all of Canada's minority linguistic communities. Poorly organized services and the general lack of visible Francophone health care professionals only make the situation worse. HRA has identified three primary supply obstacles which affect delivery here:

- A weak legislative framework
- Poor organization of existing services
- A shortage of French-speaking health care professionals

Demand Obstacles

There exist particular difficulties on Prince Edward Island – as in other provincial and territorial jurisdictions – associated with the size, distribution and population density of Acadian and Francophone communities. Lack of critical mass is an issue in five communities here (West Prince, Summerside/Miscouche, Rustico, Charlottetown and Souris) where the percentage of the minority language population is near or below 10%. In Évangéline, where the French-speaking population is 46% of the total the situation is better because the community has achieved a critical mass and has chosen to create its own primary health care delivery structures, sometimes with government support and sometimes not. HRA has identified three primary demand obstacles which affect delivery here:

- Reticence to request services in French
- Dispersal, isolation and lack of critical mass
- Lack of organization in certain communities

23 French Language Health Care: Improving Access to French language Health Services. Fédération des communautés francophones et acadienne du Canada for the Consultative Committee for French-Speaking Minority Communities. June 2001. p. 32.

Relative Position of Communities with Respect to Phase of Health Service Development

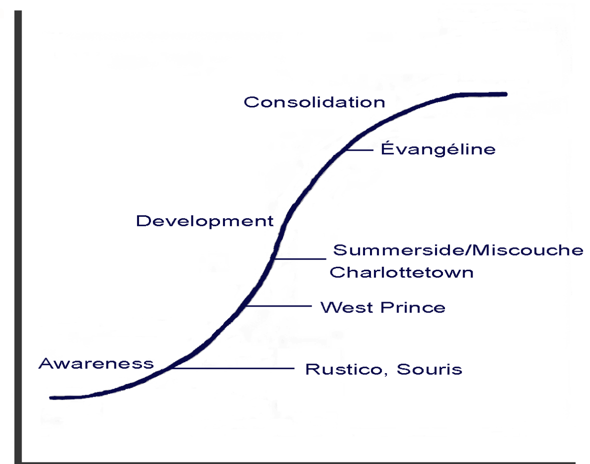
It is generally accepted that different regions have different needs in terms of primary health care services. Similarly, regions are at different stages in their capability to meet these needs. This statement is true in Canada both at the provincial and national levels. It follows that needed improvements vary by region of the province since individual communities face different barriers, and not all are starting from the same point. In terms of level of organization, three phases are generally recognized[24]:

- The ***awareness phase*** associated with a limited level of French language services;
- The ***development phase*** in which French language services undergo a period of sustained development and services become better organized; and
- The ***consolidation phase*** in which measures are taken to protect and maintain what is in place.

Figure 2 depicts the current situation of the six Acadian and Francophone communities on Prince Edward Island based on two variables – coverage rate, and time or critical mass. It is a somewhat subjective analysis based on HRA's observations and discussions with community partners in the field of primary health care. It is also interesting to note that a similar analysis done at the national level shows Prince Edward Island in the middle of the pack, close to Alberta, below Ontario, Manitoba and New Brunswick, and between the awareness and development phases.

Figure 2

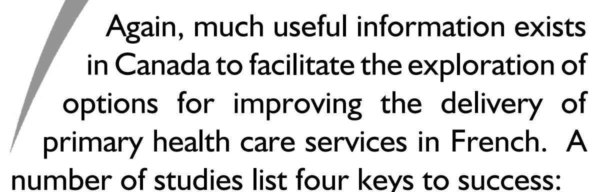
Relative Position of the Six Communities



The Évangéline community might have been deemed to be in the consolidation phase prior to the recent government program renewal exercise. However, while its existence does not appear to be in doubt, the future management structure of the Évangéline Family Health Centre remains unclear. Summerside/Miscouche and Charlottetown are shown to be in the development phase because, although they do not have a high level of French language service, they at least have facilities such as hospitals, manors and community health centres. West Prince is deemed to be at an earlier stage in

24 French Language Health Care: Improving Access to French language Health Services. Fédération des communautés francophones et acadienne du Canada for the Consultative Committee for French-Speaking Minority Communities. June 2001. p. 32.

development (between awareness and development) because it has fewer services and less infrastructure than the cities. Rustico and Souris (Eastern Kings) are considered to be in the awareness phase since they have virtually no service or infrastructure and there is no interested community group. In summary, significant differences exist between regions.



KEYS TO SUCCESS FOR PRIMARY HEALTH CARE SERVICE DELIVERY

Again, much useful information exists in Canada to facilitate the exploration of options for improving the delivery of primary health care services in French. A number of studies list four keys to success:

- Governance;
- Funding;
- Program delivery; and
- Human resources.

Certainly, the five levers of intervention adopted by the Société Santé en français and which have been endorsed by the federal government and the seventeen French language health services networks across Canada are fundamental to moving forward. The next two sections of the report will focus on two of the keys to success, governance and program delivery. Later sections will analyze options for funding and human resources.

Governance

Effective governance is generally recognized as the most important feature of a successful primary health care delivery structure. Governance, in the Prince Edward Island health care context, consists of four components:

- Legislation
- Accreditation
- Coordination at the provincial level
- Leadership at the institutional level

While recognizing that they may hold the key to rights-based arguments to access French language health services, HRA has not researched the issue of whether the Charter of Rights and Freedoms, the Official Languages Act, the Canada Health Act or federal or provincial human rights legislation might bolster the community's case for improved service delivery. We leave this challenge to the Société Santé en français and have chosen rather to focus on the situation here on Prince Edward Island and the existing legislative framework in the general area of health and social services and, more specifically, primary health care services.

Corporate governance is a key factor in improving accessibility of primary health care services to the Francophone and Acadian population. To date there has been limited integration of French language services into organizational planning, policies and programs, and French language services have not been integrated in a meaningful way into the strategic goals and objectives of the health and social services system. Rather, program marginalization has occurred as a result of minimal recognition and acceptance by the system that access to French language health services must be incorporated into planning and policy development at all levels of the organization.

Legislation

The French Language Services Act expresses the provincial government's commitment to expand access to all government services in French. While Section 6 of the Act has not been proclaimed, it is the one which would oblige government institutions to provide access to French language health care services:

> ***"Every member of the public has the right to communicate in French with, and to receive French services of a comparable quality to those services offered in English from, any government institution of the Government of Prince Edward Island where, in the opinion of the Departmental Minister responsible for the services, two or more of the following conditions exist:***
>
> ***(a) there is a demand for communications with and services from the office in French;***
>
> ***(b) miscommunication may compromise the health, safety or security of members of the public; or***
>
> ***(c) because the office serves an Acadian and Francophone population, it is reasonable that communications with and services from that office be available in French."***

Certainly, even if condition (a) was judged not to apply in a particular case, the combination of (b) and (c) would provide sufficient impetus for French language health care service delivery.

Section 8, also not proclaimed, would require certain third parties delivering primary health care services to do so in French as well:

> ***"Every government institution has the duty to ensure that, where services are provided or made available by a third party on its behalf, that the service in question be provided in conformity with this Act where practicable."***

It should also be mentioned that four subsections of Section 7 of the *Act* remain unproclaimed. These describe government institutions' obligation to provide written materials and signage in both languages and to promote the fact that French services are accessible and available. Some progress has been made in the form of bilingual forms, signage and written materials but the "active offer of service" contemplated by the *Act* is significantly absent. This then begs the question: "When should Sections 6 and 8 and remaining subsections of Section 7 of the *French Language Services Act* be proclaimed?"

RECOMMENDATION 1
French Language Services Act

That Sections 6 and 8 and remaining subsections of Section 7 of the French Language Services Act not be proclaimed until such time as the provincial government has approved an action plan for the provision of French language primary health care services which includes the necessary financial and human resources. Once these are in place, government can then decide if it wants to limit the scope of the sections to government institutions responsible for the delivery of health care.

Accreditation

The former Regional Health Authorities in Prince Edward Island have participated in the Canadian Council on Health Services Accreditation (CCHSA's) Accreditation Program. Organizations participating in CCHSA's accreditation program are eligible for recognition levels. The recognition levels are: Accreditation; Accreditation with Condition: Report; Accreditation with Condition: Focused Visit; Accreditation with Condition; Report and Focused Visit; and Non Accreditation. Factors used in determining the most appropriate recognition level include "quality" and "risk". Achieving accreditation by the CCHSA is critical for health care organizations to enable them to demonstrate to the public that their organization provides quality health care services. Equally as important is that accredited organizations attract high quality health professionals to deliver the health care services provided.

Accreditation standards are used to assess the quality of services provided by an organization and are constructed around the dimensions of quality. The dimensions of quality are responsiveness, system competency, client/community focus and work life. CCHSA believes that if an organization's services meet the standards, they meet the requirements of quality. Quality improvement is a key principle of the CCHSA's Accreditation Program. Quality improvement is defined as "an organizational philosophy that seeks to meet client's needs and expectations by using a structured process that selectively identifies and improves all aspects of service." Quality improvement principles are incorporated throughout the standards.

The Oxford Dictionary defines risk as "the chance or possibility of danger, loss or injury." One element of this definition relates to the nature of an adverse event. For health service organizations "danger, loss or injury" may include adverse events related to the health and well-being of clients. Another element in the definition relates to the likelihood of an adverse event occurring. The likelihood may increase if the organization does not recognize the potential for an event to occur and does not put preventative measures in place to manage the risk.

Assessing the impact of language barriers within the CCHSA Accreditation Standards framework highlights specific associated risks. Language barriers that limit access to health services have significant quality and risk management implications. The Winnipeg Regional Health Authority developed a framework to identify and manage the risks associated with language barriers encountered during the provision of health care services within the Winnipeg Region. Using the CCHSA accreditation standards, the Authority developed a risk assessment and control evaluation matrix to identify potential risks within their organization relating to language barriers and to establish strategies that would address the barriers encountered. Thirty-five high level risks were identified as relating to language barriers and twenty-two of the risks identified related to the quality of patient care and patient safety. Those risks considered by HRA to be most pertinent to the local situation are outlined in Appendix D.

The literature demonstrates that providing services in a client's first language has the following benefits:

- Improves access to health services, particularly health promotion and disease prevention activities;
- Improves the accuracy of health assessment;
- The treatment received enables interpersonal interaction thus enhancing the therapeutic relationship which leads to more positive clinical outcomes;
- The client has a better understanding of the treatment plan and is more likely to adhere to it;
- Client satisfaction improves;
- Utilization of the service increases;
- The quality of the care provided improves; and
- Risk management issues in service delivery are reduced.

The integration of French language health services into the corporate framework of the health and social services system and the development of strategies to enable appropriate access to such services is critical to insuring that the health and social services system is meeting the quality of care expected within CCHSA accredited organizations. Health care organizations tend to narrowly view access to health services in a person's first language as a "rights issue" and overlook the inherent risks associated with the failure to address language barriers encountered during the provision of health care services. However, failure to address the barriers to access to French language health services for the Acadian and Francophone population places these clients, our healthcare organizations and ultimately our health and social services system at risk. The Accreditation Standards framework is an existing mechanism within the governance structure of the health and social services system which can be used to improve access to French language health services to the Acadian and Francophone population and reduce risks within the system.

HRA believes the delivery of French language health services should not be viewed by the health system as an add-on. Rather, government has a corporate responsibility to ensure the integration of French language health services. This responsibility can be founded upon the principles of good governance; including quality of care, patient safety and risk management. Language barriers to clients directly impact on the quality of care received in that such barriers are associated with errors in diagnosis, poor adherence to prescribed treatment and lower satisfaction in service delivery. Language barriers directly impact on issues of informed consent and confidentiality of health information, both of which have legislative requirements. Failure to develop strategies to address language barriers for Acadian and Francophone clients accessing the health and social services system diminishes the quality of care provided by the organizations and places the clients and the health system at risk.

RECOMMENDATION 2
Accreditation

That the Prince Edward Island French Language Health Services Network encourage the Société Santé en français to consider using the existing Accreditation Framework of the Canadian Council on Health Services Accreditation as a way of encouraging health care organizations to improve the delivery of French language services. Such a strategy would be more likely to succeed if advanced at the national level, based on the argument that failure to provide adequate services in the client's language of choice would put non-compliant institutions at an unacceptable level of risk.

Coordination at the Provincial Level

By "coordination", HRA defines the centralized planning and administration of the primary health care delivery system by government-community partnerships such as the FLHSN. At the government department level, it means the French language Services Coordinators. Hopefully, those key staff chosen to plan and administer this area of responsibility will take note of the observations contained in this report before finalizing the structure around coordination of French language services.

Regarding the FLHSN, HRA has reviewed its terms of reference and would make the following observations:

- The joint government-community partnership may not be unique in Canada, but it is certainly unusual in that it brings together two sides who are – in most other jurisdictions, to some degree – in conflict over the provision of services;
- The community groups represented include not only those with a direct interest in health, but also the political voice of the community, the Société Saint-Thomas d'Aquin;
- All community members of the FLHSN are elected except for two who are appointed as representatives of their respective organizations; and
- The FLHSN reports to government through the Minister responsible for Acadian and Francophone Affairs, in the present case, the Minister of Community and Cultural Affairs. At present, the government co-chair of the FLHSN is the Director of the Acadian and Francophone Affairs Division.

A couple of questions come to mind when examining the structure and function of the FLHSN. First, is the joint government-community partnership a good working model and is it more likely to lead to better, more timely French language health care services than the uncoordinated approach more common in other Canadian jurisdictions?

RECOMMENDATION 3
FLHSN

That the joint government-community partnership embodied in the French Language Health Services Network be maintained in its present form since it is more likely to result in a positive outcome in the implementation of the proposed *Setting the Stage* action plan for the delivery of French language services.

In HRA's view, however, if the FLHSN does not produce tangible results, the coalition will crumble under pressure for action from the Acadian and Francophone community.

The second question revolves around the FLHSN's makeup and direction. Specifically, is the government representation adequate and is the role of co-chair an appropriate one for the Director of Acadian and Francophone Affairs?

RECOMMENDATION 4
Government Representation

That government representation on the French Language Health Services Network be restored to the planned complement as soon as possible, and that it include a mix of knowledgeable administrative and front-line health care professionals with an adequate regional flavour. As for the identity of the government co-chair, the Director of the Acadian and Francophone Affairs Division is an appropriate choice to fill the role because the person in that position is less likely to be in a conflict of interest than would an employee of the Departments responsible for primary health care delivery.

Finally, French Language Services Coordinators have been identified within the new Departments as carrying the primary responsibility for such services, rather than those whose role it should be to assist in providing expert advice and coordination to build capacity within the system for such services. With program renewal and health care system restructuring it is unclear what, if any, structure will replace the network consisting of a provincial coordinator and full or part-time coordinators in each of the former regions and the former Provincial Health Services Authority (PHSA).

As part of Phase II of *Setting the Stage*, HRA was asked to critically examine the roles, functions and responsibilities of the French language coordinators as well as potential synergies with the Acadian and Francophone Affairs Division. In doing this, we surveyed a number of provincial and territorial jurisdictions to see how they have approached the challenge of coordination. Since New Brunswick is officially bilingual, each health region is responsible for providing its own French language services. Coordination of French language health care services is centralized in the departments responsible for primary health care in Nova Scotia, Ontario and Manitoba. Interestingly, in the case of Ontario, health care restructuring currently underway may see the role decentralized to regional health authorities, the exact opposite of what is happening here. In Newfoundland, Saskatchewan, Northwest Territories, Yukon and Alberta, no resources exist at the department level nor in the health regions. A more detailed description of jurisdictions surveyed is found in Appendix E.

As to whether the presence of coordinators has had a positive impact on the delivery of French language primary health care services here, HRA believes it has, primarily at the institutional and community levels. As to whether their presence over the past ten years or so has had an impact at the Department level, statistics presented in an earlier section of this report show that the level of service provided to the Acadian and Francophone population is far from adequate.

A number of possible reasons explain the lack of progress:

- The former Department of Health and Social Services did not acknowledge the need to provide French language services in any of its planning and operational documents and the new Departments have no plan to track service in the language of choice as an indicator of quality of service provided;
- The regional health authorities and the PHSA, as they formerly existed, made their own decisions on how to deliver primary health care services, and this probably affected the level of consistency across institutions;
- The relevant sections of the French Language Services Act which would give the coordinators a stronger mandate have not been proclaimed; and

There has been a very high rate of turnover in the coordinator positions at all levels.

In addition, throughout the consultation process, the community has expressed its profound concern that health care restructuring will have a negative impact on the coordination of French language primary health care services.

RECOMMENDATION 5
Standardizing FLS Coordinator

That the opportunity presented by the elimination of the regional health authorities and the Provincial Health Services Authority be used to recreate, centralize and standardize the function of French language services coordination. A new province-wide strategy should be introduced including an action plan to deliver French language services and to measure results in a more consistent manner than was possible under the old system while recognizing that, because there are now two Departments – Health, and Social Services and Seniors – each may need its own strategy and action plan for the delivery of French language services.

By extending the theme of French language services coordination in the general areas of health, social services and seniors programming, are there possible synergies with the Acadian and Francophone Affairs Division? HRA believes there is potential, once again related to the higher degree of centralized control. In other words, the removal of the regional health authorities and the PHSA eliminates a whole level of bureaucracy and the complications this can create. HRA also believes there is a better way to organize the coordination of French language services.

RECOMMENDATION 6
Coordination by Levels of Intervention

That the duties of the French Language Services Coordinator for the Department of Health and the Department of Social Services and Seniors be structured around the five levers of intervention adopted by the French Language Health Services Network: networking, training, intake centres, technology and information.

As a final comment on the issue of provincial coordination of primary health care services certainly, although government has stated its intention to develop an action plan for French language primary health care services through its participation in the FLHSN, recent decisions provide little evidence that the message has been "institutionalized" at the provincial level.

Leadership at the Institutional Level

By "leadership", HRA defines management at the institutional level in family health centres. Under the new health care structure, family health centres come under the authority of the Director of Primary Care and the two Primary Care Coordinators, one East and one West. At present, the level of care and attention to the needs of the Acadian and Francophone population is inconsistent. In our discussions with managers and our research into the extent and quality of bilingual services offered, we found that French language services are not generally a priority. No one seems opposed to the idea, but until it becomes mandatory to provide the service, it will be delivered only to the best of the institution's existing capability and on a case-by-case basis. Once again, the active offer of service is largely absent, and one is left to ask: What is the best way to make French language primary health care service delivery a priority at the institutional level?

RECOMMENDATION 7
Priority at an Institutional Level

That, in order to make French language primary health care a priority at the institutional level, three necessary conditions be met. First, Departmental strategic and operational plans must include the provision of French language primary health care services as a mandatory requirement. Second, performance evaluations for those responsible must include measures taken by the family health centre to improve the quality of service in the client's language of choice. Third, additional financial and human resources must be made available.

A NEW MODEL FOR THE DELIVERY OF PRIMARY HEALTH CARE SERVICES

In assessing the challenges associated with improving the level of primary health care services for the Acadian and Francophone population, HRA has adopted a two-dimensional approach: by region and by level of service. We have also kept in mind the delivery model framework developed and adopted by the *Société Santé en français*[25].

The six regions are:

- West Prince
- Évangéline
- Summerside/Miscouche
- Rustico
- Charlottetown
- Souris (Eastern Kings)

The three levels of service are:

- Minimal
- Basic
- Advanced

In the sections which follow, HRA will propose a delivery model which we believe can be provided from a single access point in each of the six Acadian and Francophone regions.

Proposed Delivery Model for Six Family Health Centres

The objective of improving service to Acadian and Francophone communities is to eventually move to a state where the level of service is well beyond the **basic** level and, preferably, has achieved the **advanced** level of service for each level of care provided by the public health system. Although the human resource needs associated with each of the six community access points are identified in the sections which follow, it is important to recognize that not all positions would be new, nor would they be necessarily in addition to present staffing levels. As well, each proposed delivery model has been assigned a model number (shown in brackets) based on the service delivery hierarchy developed and adopted by the *Société Santé en français* (refer to Appendix F - Inventory of Primary Health Care Service Delivery Models).

In developing these delivery models, HRA has been guided by four principles:

- Establish multidisciplinary service delivery teams;
- Build on successful, established services, like the family health centres;
- Ensure quality and continuity of care; and
- Consider the challenges of recruiting bilingual staff, particularly in the smaller population centres.

[25] Modéles pour la livraison des services de santé en français. Presented at a meeting organized by the *Société Santé en français*. Toronto, Ontario. June 2005

The exact configuration of each family health centre team will be determined by the Department of Health's Primary Care Coordinators (East and West) based on available bilingual health care professionals and support staff, and the list of services required by the particular community. While community partners expressed the desire that, for the purposes of this report, specific positions be listed for each family health centre together with the level of effort to be devoted to each primary health care service, the following list of potential services is believed by HRA to constitute the most acceptable compromise between the desirable and the practical.

- Reception
- Physician services
- Advanced practice nursing
- Nursing and Public health nursing
- Social work services
- Mental health and Addictions counselling
- Occupational therapy
- Psychologist services
- Speech language pathology
- Dietician services

West Prince (Model 4)

Based on our consultations with government and community partners, HRA recommends that French language primary health care be delivered to the significant Acadian and Francophone population of West Prince through a family health centre and one-day-a-week clinic located centrally within the coverage area of the Tignish and Palmer Road parishes. The objective is to improve the level of service from **minimal** to **basic**. In arriving at this proposal, we considered three other possibilities:

- A family health centre associated with the planned school and community centre in Deblois as advocated by the Acadian and Francophone community in the *Projet Vision*. We understand this option has been abandoned due to lack of available funding.
- A family health centre located in Tignish, Alberton or another location. This option was rejected by HRA because such a centre already exists in Tignish; it is operated by a cooperative, is physician-controlled and is not part of the public health care system.
- A family health centre located in O'Leary. This option was rejected because it is HRA's understanding that the majority of clients seeking French language services would not tend to go to O'Leary.

The centre would be staffed on a full-time basis by a bilingual receptionist, a bilingual advanced practice nurse (who would act as the clinic coordinator) and a bilingual social worker, all three of whom would provide services to Anglophone clients also. On a designated day each week, the centre would be expanded to a full-service French language clinic, including a bilingual physician and other specialized service providers, primarily for Acadian and Francophone clients.

Government announced in the fall 2005 sitting of the Legislative Assembly that it would invest $300,000 in a feasibility study for a new regional hospital in West Prince. What effect this may have on the future of existing primary and acute care facilities in the region is not likely to be known for some time. HRA stands by its conclusion that the Acadian and Francophone population of West Prince can be served best through a new family health

centre, strategically located and adequately staffed to provide the full range of primary health care services on a one-day-per-week basis initially.

Évangéline (Model 5b)

The Évangéline Community Health Centre is well established and highly regarded as a model for delivering primary health care services. HRA believes the Évangéline Community Health Centre should continue to operate as a bilingual service outlet where clients are guaranteed an advanced level of service in French at all times

In keeping with a decision by government that all family health centres will be administered under a new management structure which came into place through the health system reorganization, the Évangéline Community Health Centre will be administered by the Primary Care Coordinator West. The *Centre* will enjoy the same level of autonomy as the Harbourside and Four Neighbourhoods family health centres and its role will evolve from a community development to a clinical service delivery approach. Throughout the validation process leading to this final report, the community has expressed its concern and disappointment at what it perceives to be a reduction in status of the Évangéline Community Health Centre and the impact this is having – and will have – on the quality of service to the community and the quality of the working environment for staff. Given the attention given to Évangéline in a number of national reports highlighting successful models of government-community partnerships in health promotion and primary health care, this is hardly surprising.

The local community relinquished control of the *Centre's* operations a number of years ago, but the *Coopérative le Chez-Nous ltée.* continues to own the building and rents space to the *Centre*. Although this would be strongly recommended, given government's stated policy on delivery of primary health care services, it does not appear possible to elevate the *Centre* to a Model 7, defined by the *Société Santé en français* as "Any one or a combination of delivery models for French language services directed by a recognized community group", and thereby provide a higher level of community involvement in planning and operations.

While there have been many efforts over the years to attract a resident doctor to the community, this has proven impossible and the last one, Dr. Raymond Reid, closed his practice in Wellington some thirty years ago. HRA's consultations with community partners indicate that residents and most community organizations are resigned to this fact. The prospect of travelling to Summerside to see a doctor is seen as acceptable provided the Évangéline Community Health Centre continues to provide the range of services it does now, with an acceptable level of community input and control. However, the community continues to demand the services of a bilingual physician in Wellington and is prepared to consider how an advanced practice nurse might fit into the clinical service model of primary health care. The impending arrival of a new bilingual general practitioner who will work out of the Harbourside Family Health Centre provides new hope that bilingual physician services may one day return to Wellington, bringing it to the level of Model 6a. The Department has indicated its willingness to consider this and has agreed to discuss the possibility with the new physician upon her arrival.

Summerside/Miscouche and Charlottetown (Model 6b)

The Acadian and Francophone populations of Summerside/Miscouche and Charlottetown benefit from being located in larger population centres and close to the two largest hospitals. Each community boasts an existing family health centre – Harbourside in the case of Summerside and Four Neighbourhoods in the case of Charlottetown. While plans exist for providing a **basic** level of bilingual service through the Harbourside Centre, there is no such plan in place for Four Neighbourhoods. HRA believes both centres should operate as bilingual service outlets where clients are guaranteed an **advanced** level of service in French at all times.

Rustico and Souris Eastern Kings (Model 4)

The population of Acadian and Francophone clients in Rustico (268) and Souris (125) is such that these communities should, in HRA's view, expect to receive, at the least, a **basic** level of service. What is proposed would result in a vast improvement over the present situation where not even a **minimal** coordinated service exists. It is helpful in terms of designing a delivery model that these two communities already have access facilities, in the case of Rustico, the Central Queens Family Health Centre located in Hunter River and, in the case of Souris, its own hospital with an integrated family health centre. While it is recognized that a certain level of demand exists for French language primary health care in the Southern Kings area serviced by the Montague Hospital, HRA does not believe it would be practical to establish access points in two locations in Kings County. We chose the Souris Family Health Centre as the preferred location also because it serves the significant tourist population traveling to and from the Magdalen Islands. What is proposed is a similar level of bilingual service to that recommended for West Prince.

A number of Canadian studies have shown that health promotion and primary and community care services are most effective when they are located close to target populations. As well, they should be organized with a focus on the given community's cultural distinctiveness[26]. It is with these findings in mind that we have proposed the above six regional delivery models.

Defining the Role of the Advanced Practice Nurse

In making up the family health centre teams proposed for West Prince, Rustico and Souris as well as possibly Évangéline, HRA suggests that consideration be given to including a bilingual advanced practice nurse. Advanced nursing practice (ANP) is an umbrella term. According to the Canadian Nurses Association, the term describes an advanced level of nursing practice that maximizes the use of in-depth nursing knowledge and skill in meeting the health needs of clients – individuals, families, groups, populations or entire communities. In this way, ANP extends the boundaries of nursing's scope of practice and contributes to nursing knowledge as well as the development and advancement of the profession. As defined by the Canadian Nurses Association, advanced practice nursing:

[26] Study Examining the Organizational Models of French Health Services in Eastern Ontario. PRAXIS Management Consultants. Ottawa, Ontario. 2003. pp. 63-64.

- Is expert and specialized practice grounded in knowledge that comes from nursing theory and other theoretical foundations, experience and research;
- Involves the deliberate, purposeful and integrated use of in-depth nursing knowledge, research and clinical expertise, as well as the integration of knowledge from other disciplines into the practice of nursing;
- Requires a depth and breadth of knowledge that enables the nurse to provide an ever-increasing range of strategies to meet the complex needs of clients;
- Includes the ability to explain the theoretical, empirical, ethical and experiential foundations of nursing practice;
- Contributes to the understanding and development of evidence-based nursing knowledge through involvement in research and the evaluation and utilization of relevant research findings;
- Influences the practice of nursing by facilitating the integration of research-based knowledge into practice;
- Involves planning, coordinating, implementing and evaluating programs to meet client needs through partnerships and intersectoral collaboration;
- Involves the ability to critically analyze and influence health policy; and
- Reflects substantial autonomy and independence, with a high level of accountability.

The practice of nursing continues to evolve to meet the changing health needs of clients. Changes in the delivery of health care are providing opportunities for nurses to create new roles and expand current roles. New roles in nursing are developing in ways that promote excellence in client-centred care and that are in the public's best interests. As nurses move along the continuum of experience and education, they acquire additional competencies that are incorporated into their practice. This is enabling nurses to contribute to the health care system in new ways. ANP streams are increasingly being offered in graduate nursing programs to prepare nurses for new roles such as the specialty nurse practitioner[27].

Recently, the former Minister of Health and Social Services announced the end of the Collaborative Practice Demonstration Project at Beechwood Family Health Centre in O'Leary, explaining that the project had ended because the two physicians involved had moved to other areas of the province. The Minister went on to explain that the project was developed to demonstrate a collaborative team approach between physicians and nurse practitioners, and that the provincial government remains committed to enabling nurse practitioners to practice on Prince Edward Island[28]. Premier Pat Binns repeated government's determination to expand the role of the advanced practice nurse in a televised interview broadcast on CBC's Canada Now newscast on December 29, 2005.

27 Position Statement. Canadian Nurses Association. June 2002.

28 Government of Prince Edward Island News Release. Department of Health and Social Services. September 8, 2005.

RECOMMENDATION 8
Family Health Centres

That the Department of Health improve French language services in the areas of health promotion and primary care in each of the six Acadian and Francophone communities, beginning with established centres in Évangéline, Harbourside and Four Neighbourhoods, followed by existing centres in Central Queens and Souris, and the proposed family health centre in West Prince.

FINANCIAL AND HUMAN RESOURCE NEEDS - FAMILY HEALTH CENTRES

In estimating financial and human resource needs, a number of assumptions were made:

- Given the scope of the *Setting the Stage* project and its focus on primary care, cost estimates are needed for improving French language services in two of the four levels of care identified by the Department of Health: health promotion, and primary and community care[29].
- These cost estimates will be submitted as part of Prince Edward Island's action plan to improve French language primary health care services with the expectation that the provincial government will meet its obligation for basic services and the federal government will participate financially in the form of guaranteed long-term funding for enhancement or acceleration of French language services.
- The preferred delivery model for health promotion and primary and community care is the family health centre (FHC) as recently defined by the Department of Health and Social Services[30,31,32].
- The Acadian and Francophone community will accept the proposed delivery model as the best way to meet the needs of clients in the priority areas – children ages zero to six and seniors – and in the context of the community's global strategic plan.
- In order to determine which, if any, new bilingual positions will be required in the long term in addition to the existing complement, a more detailed analysis is required. The possible requirement for long term funding for new positions cannot be completely discounted until a workable human resource transitional plan is in place for the family health centres. The plan would include processes for position creation and

29 Program Profiles - Profil des programmes 2003-2004. Department of Health and Social Services. March 2004.

30 A Critical Analysis of the Prince Edward Island Family Health Centres. Department of Health and Social Services. Roseanne McQuaid. May 2004.

31 Operational and System Management Recommendations for Family Health Centres in Prince Edward Island. Department of Health and Social Services. Practice Solutions. January 2005.

32 Response from Primary Care Redesign Implementation Committee to report on Operational and System Management Recommendations for Family Health Centres in Prince Edward Island. Department of Health and Social Services. April 2005.

classification, staff transition measures, including professional development, transitional funding measures, and health human resource recruitment.

- The physical layout and equipment in five of the six family health centres (Évangéline, Harbourside, Central Queens, Four Neighbourhoods and Souris) are considered adequate in their present form. It is important to note however that this assumption presumes layout and equipment within the existing family health centres are sufficient to meet the requirements of a new service delivery model. More detailed review of space and equipment requirements for French language services may determine otherwise. A capital cost estimate is included for the proposed new family health centre to serve the Acadian and Francophone population of West Prince. It is based on the cost of renovating existing space, not new construction.
- In terms of non-salary-related operating costs for the family health centres, with the exception of start-up costs for signage and translation, it will not be more expensive to serve the Acadian and Francophone population than the general client population.
- While training is considered to be part of the human resource cost associated with improving the quality of French language primary health care services, training will be provided for professional development only, not language training.
- To meet future anticipated needs and for those positions which cannot be staffed in the short term, a new approach is required for sponsorship and student recruitment activities, including bursaries, student loan forgiveness, employment guarantees and clinical placements.

Estimating Human Resource Needs of the Six Family Health Centres

Using the list of employees with known bilingual capacity and the service delivery models identified for each of the six communities, HRA was able to estimate human resource needs for the family health centres and the function of provincial French language coordination. In developing this summary, a number of assumptions were made by HRA around the assignment of available staff. The validity of these assumptions will be tested in further discussions between the Department of Health and the Department of Social Services and Seniors and the community, leading to the development of a workable human resource transitional plan for the family health centres. The assumptions are as follows:

- The West Prince, Évangéline and Harbourside Family Health Centres will be managed by the Primary Care Coordinator West.
- The Central Queens, Four Neighbourhoods and Souris Family Health Centres will be managed by the Primary Care Coordinator East.
- The West Prince, Central Queens and Souris French language FHC teams will consist of a mixture of on-site personnel and personnel located at Évangéline, Harbourside and Four Neighbourhoods FHCs.
- A bilingual physician has been recruited for the Harbourside FHC and will be on staff in 2006.

- While the exact role of the advanced practice nurse has yet to be defined by the Department of Health it is expected that, in the case of those offering services in the French language FHCs, the roles will be both clinical and coordinating.

- The exact configuration of each FHC team will be determined by the Primary Care Coordinators based on available bilingual health care professionals and support staff and the list of services required by the community:

  - Reception
  - Physician services
  - Advanced practice nursing
  - Nursing and Public health nursing
  - Social work services
  - Mental health and Addictions counselling
  - Occupational therapy
  - Psychologist services
  - Speech language pathology
  - Dietician services.

Estimating the Cost of Additional Human Resources

The table below shows the number of required and available bilingual staff for positions identified in the proposed service delivery model for health promotion, primary and community care, and provincial coordination. Once again, assumptions have been made by HRA on the number of required positions, the validity of which will be tested in further discussions between the Department of Health and the Department of Social Services and Seniors and the community, leading to the development of a workable human resource transitional plan for the family health centres. The assumptions are as follows:

- For salary costing purposes, classification assumptions are as follows:

  - Receptionist/Clerk V
  - Physician/Class III Family Physician
  - Advanced Practice Nurse/RN III
  - Registered Nurse/RN II
  - Public Health Nurse/RN II
  - Social Worker/level 16
  - Mental Health & Addictions Counsellor/level 14
  - Occupational Therapist/level 12
  - Psychologist/level 20B
  - Speech Language Pathologist/level 18B
  - Dietician/level 17.

Levels noted are as per the Prince Edward Island Public Service classification system.

- All salaries are current to April 1, 2006 based on the latest applicable collective agreement. Otherwise, they are the latest available, and they include a 20% markup to cover the cost of statutory deductions and pension and benefit costs. Where there is a salary range, a step in the middle of the range has been selected. Incremental salary cost does not include staff replacement cost for vacations and other leave. Incremental annual salary cost is rounded to the nearest $100.

- Numbers of available personnel are based on the list of employees with bilingual capability provided by the Department and included in the Phase I report, with the addition of a bilingual physician at the Harbourside FHC, and 0.5 FTE which have been added to the existing complement for the Occupational Therapist, Psychologist and Seech Language Pathologist.

- Numbers of required personnel are based on FHC models outlined in the Phase II report, with the exception of the Manager positions which have been removed.
- It will be necessary to provide the degree of structural flexibility required in order to facilitate the formation of multidisciplinary teams. Since family health centres are by definition multidisciplinary, this objective should be readily achieved.
- Incremental salary costs shown in the table below represent transitional funding required to allow positions to be filled in the short term. Whether new bilingual positions will be required longer term in addition to the existing complement will depend on the human resource plan for the family health centres.

Summary of Required and Available Bilingual Staff for the Six Family Health Centres

Position	Number Required	Number Available	Incremental Annual Salary Cost ($)
Receptionist	6	1	209700
Physician	2	2	0
Advanced Practice Nurse	1.4	1	26900
Registered Nurse	2	0	125800
Public Health Nurse	3.6	2.2	88100
Social Worker	3.9	0	223700
Mental Health & Addictions Counsellor	2.1	0	108000
Occupational Therapist	1	1	0
Psychologist	1	1	0
Speech Language Pathologist	2.6	2.4	14300
Dietician	2.1	1.9	12100
Total	**27.7**	**12.5**	**$808,600**

Capital Cost Estimate for Proposed West Prince French Language Clinic

Based on a space and cost projection provided by the Department of Transportation and Public Works, the cost of renovating space in an existing facility to establish a family health centre would be approximately $250,000, broken down as follows:

- Construction $105,000
- Design $15,000
- Contingency $30,000
- Asbestos removal $50,000
- Equipment $50,000

ADDITIONAL RESOURCE NEEDS

In addition to human resource, financial and capital requirements associated with the six family health centres, it is important that government and community partners recognize a number of non-service-related resource needs as outlined below. It will be important also for partners to look to existing sources of funds such as the Canada/PEI Agreement on the Promotion of Official Languages and the Primary Health Care Transition Fund as a way of meeting these needs either on an interim or a long-term basis.

System Transitional and Business Planning

A number of references were made earlier in this report to the need for transitional measures to insure the establishment of French-language primary health care services proceeds as smoothly as possible. The Department of Health and the Department of Social Services and Seniors have expressed general support for this *Setting the Stage* action plan but, in so doing, they have acknowledged that much more needs to be done because, in this case, *the devil really is in the details*. There is concurrence regarding the phased-in approach but a detailed plan is required, the components of which would likely include:

- Defining the service delivery model in terms of specific locations, approaches to delivery, services offered and individual staffing models for the six family health centres;
- A human resource transition plan including detailed analysis of current and proposed staffing requirements; budgets to cover transitional and longer term funding needs; position classification decisions; consideration of mandated competitive processes; and recruitment and retention strategies, taking into account regional and national supply and demand; and
- Capital and equipment requirements for the six family health centres, including information technology, and the possible application of teleconferencing and online services.

Training and Professional Development

Training and professional development will become important components of the human resource implementation plan. While there are qualified people in the system now, they do not necessarily occupy positions that can contribute in a meaningful way to improving French-language health care services. Also, there is the question of the level of competency in French of those employees (124 at last count) who self-identified as having some bilingual capability. The action plan for French-language primary health care services details a process for matching existing staff to bilingual positions in the family health centres (see Key Result Area #4 - Human Resources - Objective 1) and for providing training opportunities where required.

Certain guiding principles should be taken into consideration in designing the training and professional development plan for staff of the family health centres as well as for staff of other Department programs if French-language services are later extended beyond the family health centres:

- Training resources should be devoted to improving technical competency, not basic language skills. A recognized language competency test should be given to employees who self-identify as bilingual and show interest in working in a bilingual position. Those who meet the standard would then be considered eligible for required technical training;
- All Department staff should receive basic awareness training when government announces the French-language primary health care services action plan;
- A budget for required training and professional development should be included in any request for federal cost-sharing once needs have been costed; and
- Other innovative ways should be developed to attract and retain staff in bilingual positions, in consultation with employees and managers and, through the auspices of the *Société Santé en français*, with other provinces and territories.

Sponsorship and Student Recruitment

There is no question that a number of positions identified in the new French-language service delivery model will be difficult to fill. In fact, there is a shortage currently of trained people in several specialized occupations, and this is the case for both bilingual and English-only positions. In its report to the federal Minister of Health in 2001, the Consultative Committee for French-Speaking Minority Communities recommended that five 'levers' of intervention be adopted to improve the quality of French-language primary health care services. One of these is training, the objective of which is to ensure that bilingual professionals are available in the short, medium and long term.

Nationally and locally, the number of enrollments in health sector training programs is too low to meet the needs of French-speaking communities. The approach recommended in the action plan for French-language primary health care services consists of a number of steps intended to increase the supply of qualified people:

- Once existing and forecast skills shortages have been quantified, these opportunities should be made known to the Acadian and Francophone community and, in particular, to French first language and French Immersion high school students;
- Immigration efforts should target individuals with the necessary skills and language profile;
- A budget for sponsorship and student recruitment should be included in all requests for federal cost-sharing;
- The provincial government should encourage the development of post-secondary training programs on Prince Edward Island, both at UPEI and at the campus of *La Société éducative de l'Île-du-Prince-Édouard* in Wellington; and

- The *Consortium national de formation en santé* has indicated an interest in establishing partnerships with educational institutions in order to expand the choices offered to Island students, ideally to include *la Société éducative de l'Île-du-Prince-Édouard* in addition to *l'Université Sainte-Anne*.

Information and Communications

Under the general heading of information and communications, (see Key Result Area #1 - Objective 4), a number of actions are required:

- The community needs to know what services will be provided, how and where they may be accessed, and when they will be available;
- Primary health care delivery staff need to be made aware of French language services policies when these are eventually adopted by their respective Departments, and they need to understand how these will affect their relationship with the Acadian and Francophone community:
- Job opportunities in the primary health care sector must be communicated to students and, as well, to personnel within the system; and
- A budget for information and communications should be included in all requests for federal cost-sharing;

Under the general heading of information, one of the five levers of intervention, capacity must be developed within the health services information system to capture and analyze data specific to the Acadian and Francophone population (see Key Result Area #5 - Objectives 1 and 2). The *Société Santé en français* is ideally positioned to play a role in standardizing data collection protocols so that all jurisdictions adopt the same approach.

RECOMMENDATION 9
Optimizing Financial Resources

That government and community partners optimize the use of existing financial resources, including the Canada-Prince Edward Island Agreement on French Language Services and the Primary Health Care Transition Fund to accelerate implementation, more specifically, in the following areas: system transitional and business planning; training and professional development; sponsorship and student recruitment; and information and communications.

DEVELOPING THE ACTION PLAN FOR FRENCH LANGUAGE PRIMARY HEALTH CARE SERVICES

The proposed action plan for developing and implementing an improved French language service delivery model is outlined beginning on page 57. The action plan consists of **five key results areas**, each with its own set of objectives which are listed below:

Objectives for Governance – Networking, Planning and Control

- Integrate French language services into primary health care planning, policies and programs of the Department of Health and the Department of Social Services and Seniors.
- Strengthen the government-community partnership through the French Language Health Services Network.
- Expand capacity within the primary health care services system through better utilization of the French Language Services coordination function.
- Improve awareness in the Acadian and Francophone community by informing people about primary health care services, career opportunities, results, and other components of this action plan.

Objectives for Service Delivery

- Improve French language services in the areas of health promotion and primary and community care in each of the six Acadian and Francophone communities**,** beginning with established centres in Évangéline, Harbourside and Four Neighbourhoods, followed by existing centres in Central Queens and Souris, and the proposed centre in West Prince.
- Manage patient wait lists so that francophone patients are given the option of transferring to a new bilingual doctor if that is their desire prior to filling the bilingual doctor's workload with anglophone patients.
- Integrate the advanced practice nurse into the health promotion and primary care service delivery model for West Prince, Central Queens and Souris.

Objectives for Financial Resources

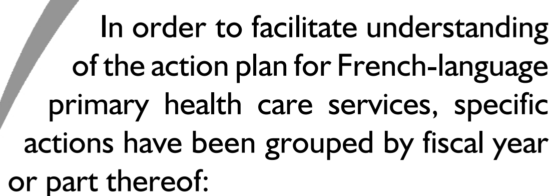
- Optimize the use of existing financial resources, including the Canada-Prince Edward Island Agreement on French Language Services and Health Canada's Primary Health Care Transition Fund, to enable the provincial government to improve primary health care services to the Acadian and Francophone population.
- Obtain additional financial resources through a federal-provincial agreement to enable the provincial government to improve primary health care services to the Acadian and Francophone population.

Objectives for Human Resources

- Optimize the use of existing human resources to enable the provincial government to improve primary health care services to the Acadian and Francophone population.
- Increase the supply of bilingual primary health care professionals to the Acadian and Francophone population.

Objectives for Research and Evaluation

- Improve the level of knowledge regarding the health status of the Acadian and Francophone population.
- Implement a results-based management and accountability framework for the delivery of French language primary health care services to the Acadian and Francophone population which focuses on establishing primary health care indicators and measuring outcomes.



ACTIONS SORTED BY FISCAL YEAR

In order to facilitate understanding of the action plan for French-language primary health care services, specific actions have been grouped by fiscal year or part thereof:

April 1, 2006 to March 31, 2007 - Planning and Development

During the first year of the action plan, efforts will focus on analysis, planning, internal restructuring of existing resources, validation and communication and, more specifically:

- Adjusting strategic plans and operating policies to incorporate objectives relating to the improvement of French language primary health care services;
- Developing a comprehensive transitional business plan for the delivery of bilingual primary health care services;
- Redefining the French language services coordination function such that responsibility areas are in line with the SSF's levers of intervention and the maintenance of partnerships;
- Communicating the proposed French language primary health care services action plan to the Acadian and Francophone community, including plans for establishing six family health centres;
- Improving French language primary health care services in the established family health centres: Évangéline, Harbourside and Four Neighbourhoods beginning with the introduction of bilingual family physicians and, possibly, bilingual advanced practice nurses and receptionists;
- Introducing a modified patient wait list management procedure for salaried bilingual physicians working out of the family health centres;
- Validating the proposed role and function of the advanced practice nurse with decision-making bodies and communicating the role of the advanced practice nurse to community partners;
- Reviewing current programs to identify opportunities for matching existing resources to needed improvements, and to identify the gap between available and required financial and human resources;
- Deploying existing bilingual staff to priority areas for French language services, giving priority to the six family health centres;
- Collaborating with the *Société Santé en français* to standardize data collection on the health status of Acadians and Francophones; and
- Developing a results-based logic model that shows the sequence of activities, outputs and outcomes for French language primary health care services.

April 1, 2007 to September 30, 2007 - Estimating Financial Requirements

Assuming the *Société Santé en français* and Health Canada have made progress in

establishing a framework for improving French language health care services, efforts during the first half of fiscal 2007-2008 will focus on assembling information and, more specifically:

- Estimating the incremental cost of providing the agreed-upon level of French language primary health care services; and
- Estimating the cost of non-service-related initiatives such as training, communications and student support.

October 1, 2007 to March 31, 2008 - Negotiations with Government of Canada

Efforts during the second half of fiscal year 2007-2008 will focus on developing a detailed implementation plan in preparation for bilateral negotiations with Health Canada and, more specifically:

- Negotiating a cost-shared, targeted funding agreement with the federal government;
- Improving French language primary health care services in the West Prince (proposed), Central Queens and Souris Family Health Centres; and
- Establishing data capture and analysis mechanisms to update information generated locally.

April 1, 2008 and Ongoing - Implementation

The implementation phase assumes that the province and the federal government will agree on a funding mechanism for improving French language health care services and that funds will be allocated for this purpose, beginning with the 2008-2009 fiscal year. The provincial government may wish to signal its long-term commitment to French language services by proclaiming relevant sections of the *French Language Services Act*, and by communicating this action plan and associated results to the community. Efforts will focus on:

- Solidifying the French Language Health Services Network and maintaining strong community and national linkages;
- Assisting program and service delivery managers to overcome practical obstacles around implementation of the action plan for French language primary health care services;
- Communicating the French language primary health care services action plan to the Acadian and Francophone community;
- Offering a full range of primary health care services to the Acadian and Francophone population through the network of six family health centres;
- Advertising current and anticipated opportunities to French and French Immersion high school students, assisting students to obtain scholarships and bursaries, and encouraging career development opportunities for bilingual staff;
- Analyzing and modifying primary health care programs and sevices where required using the results-based management and accountibility framework; and
- Reporting regularly to the community on progress in service and health outcomes.

RECOMMENDATION 10
Adopting the Action Plan

That the French Language Health Services Network encourage the Department of Health and the Department of Social Services and Seniors to adopt the action plan for French-language primary health care services contained in the final report of the *Setting the Stage* project.

CONCLUSION

Generally, primary care is the first level of contact with the health system and where solutions to many health problems are provided. The primary care continuum can range from a single service delivery to the delivery of services by multidisciplinary teams. In order to make primary care more accessible it is appropriate to identify the service delivery model that best suits communities' needs. A number of Canadian studies have shown that health promotion and primary and community care services are most effective when they are located close to target populations.

The PEI experience has shown that the use of designated bilingual positions to deliver French language health services to Acadian and Franchophone communities has had limited success. Designated positions have entered the system either because of federal funding provided by the Department of Canadian Heritage through the Canada-PEI Agreement on French Language Services or as the result of pressure placed upon politicians by the Acadian and Francophone community. This approach is fragmented, often unrelated to the priority needs of the community, and generally unsustainable.

The Acadian and Francophone community has indicated that priority areas are children ages zero to six and seniors. Access to wellness promotion initiatives was identified as another area of priority for the community. HRA found that the majority of designated bilingual positions and bilingual employees are identified in other areas. With the exception of the former East Prince Region through the services provided at the Évangéline Community Health Centre, few French language health services are provided in the area of health education, health promotion and chronic disease prevention. French language services to seniors in the area of long-term care such as community care facilities and manors, is virtually unavailable.

Lack of critical mass is also an issue in the five Acadian and Francophone communities – West Prince, Summerside/Miscouche, Rustico, Charlottetown and Souris – where the percentage of the minority language population is near or below 10%. Further, there has been limited integration of French language services into organizational planning, policies and programs, and French language services have not been integrated in a meaningful way into the strategic goals and objectives of the health and social services system.

It is with these findings in mind that HRA has developed an action plan consisting of six regional delivery models in the form of family health centres. For the delivery of French language primary health care services to be accessible to the Acadian and Francophone community and sustainable into the future, it is critical that French-speaking health professionals be brought together with French-speaking people through specific facilities (family health centres) located within their communities where there is a physical,

visible and tangible manifestation of an active offer of services in French. It is envisioned that French language primary health care services delivered from these health centres can be successfully integrated with other components of the primary care service delivery model located throughout the province such as diabetes education, addiction services and public health nursing; with the family health centre acting as a key access and entry point for French-speaking clients to the broader primary health care system.

ACTION PLAN FOR THE DELIVERY OF FRENCH LANGUAGE PRIMARY HEALTH CARE SERVICES

Key Results Area # 1
Governance - Networking, Planning and Control

OBJECTIVE 1: **Integrate French Language services into primary health care planning, policies and programs of the Department of Health and the Department of Social Services and Seniors**			
Actions	**Expected Results**	**Responsibility**	**Completion Date**
Update departmental strategic plans to incorporate objectives and outcomes relating to the improvement of French language primary health care services	- Clearer definition of objectives and outcomes - Better understanding by Minister(s) and senior Department officials	Deputy Ministers	March 31, 2007
Develop comprehensive policies for French language primary health care service delivery in both Departments	- Better understanding by those responsible for service delivery - Public acknowledgement of commitment	Deputy Ministers	March 31, 2007
Develop a comprehensive transitional business plan for the delivery of bilingual primary health care services	- Better definition of costs associated with new service delivery model - Better HR transitional plan - More accurate estimate of capital, equipment and IT requirements	- Manager Corporate Relations and Evaluation - French Language Services Coordinator	March 31, 2007

Key Results Area # 1
Governance - Networking, Planning and Control

OBJECTIVE 2: Strengthen the government-community partnership through the French Language Health Services Network			
Actions	**Expected Results**	**Responsibility**	**Completion**
Ensure adequate representation from health care agencies responsible for service delivery	- More effective representation, input and decision-making	Deputy Ministers	Ongoing
Ensure adequate community representation through the current process managed by the *Société Saint-Thomas d'Aquin*	- More effective representation, input and decision-making	Société Saint-Thomas d'Aquin	Ongoing
Ensure national linkages are maintained between the FLHSN and the *Société Santé en français*	- Ability to compare and contrast approaches with other jurisdictions - Insight into national initiatives - Access to information	French Language Health Services Network	Ongoing

Key Results Area # 1
Governance - Networking, Planning and Control

OBJECTIVE 3: **Expand capacity within the primary health care services system through better utilization of the French Language Services coordination function**			
Actions	**Expected Results**	**Responsibility**	**Completion**
Redefine the French language services coordination function such that responsibility areas are in line with the SSF's levers of intervention and the identified needs of the community in terms of promoting partnerships	Three positions within the combined Departments: - one having responsibility for provincial coordination and implementation of service delivery initiatives; - a second responsible for information, partnerships and networking; and - a third responsible for human resource development and technology initiatives	Deputy Ministers	March 31, 2007
Assist program and service delivery managers to overcome practical obstacles around implementation of this action plan	- Better understanding of the French language service policy - Improved client service and health outcomes - Greater community satisfaction	French Language Services Coordinator	Ongoing
Assist the FLHSN to monitor progress in the delivery of French language primary health care services	- Better feedback to primary health care agencies and the community - Better information for evaluation purpose	French Language Services Coordinator	Ongoing
Assist community organizations involved in primary health care to define their needs on an ongoing basis	- Stronger connection between needs and service delivery - Direct feedback to the community through changes to service delivery	French Language Services Coordinator	Ongoing

Key Results Area # 1
Governance - Networking, Planning and Control

OBJECTIVE 4: Improve awareness in the Acadian and Francophone community by informing people about primary health care services, career opportunities, results, and other components of this action plan			
Actions	**Expected Results**	**Responsibility**	**Completion**
Communicate the proposed French language primary health care services action plan to the Acadian and Francophone community	- Better understanding on the part of the community - Increased demand for services from the Acadian and Francophone population	French Language Services Coordinator	Ongoing
Communicate potential job opportunities in the primary health care sector to the community through job fairs, presentations to high schools etc.	- More positive view of the primary health care sector as a viable career opportunity - Increased supply of qualified bilingual health care professionals	French Language Services Coordinator	Ongoing
Report results to the community through the FLHSN and the *Société Saint-Thomas d'Aquin*	- Stronger connection between needs and service delivery - Direct feedback to the community through changes to service delivery	French Language Services Coordinator	Ongoing

Key Results Area # 2
Service Delivery

OBJECTIVE 1: Improve French language services in the areas of health promotion and primary care in each of the six Acadian and Francophone communities, beginning with established centres in Évangéline, Harbourside and Four Neighbourhoods, followed by existing centres in Central Queens and Souris, and the proposed centre in West Prince

Actions	Expected Results	Responsibility	Completion Date
Implement the recommended service delivery model at the Évangéline Community Health Centre	- Improved health care outcomes - More efficient utilization of primary health care resources	Director of Primary Care	Ongoing
Implement the recommended service delivery model in Summerside/Miscouche, consisting of the Harbourside Community Health Centre offering fully bilingual primary health care services	- Improved health care outcomes - More efficient utilization of primary health care resources - Increased level of patient satisfaction	Director of Primary Care	Ongoing
Implement the recommended service delivery model in Charlottetown, consisting of the Four Neighbourhoods Community Health Centre offering fully bilingual primary health care services	- Improved health care outcomes - More efficient utilization of primary health care resources - Increased level of patient satisfaction	Director of Primary Care	Ongoing
Implement the recommended service delivery model in West Prince, consisting of a Family Health Centre clinic offering French language service on a one-day-per-week basis	- Improved health care outcomes - More efficient utilization of primary health care resources - Increased level of patient satisfaction	Director of Primary Care	Ongoing
Implement the recommended service delivery model for Rustico, consisting of a clinic offering French language service on a one-day-per-week basis, at the Central Queens Community Health Centre	- Improved health care outcomes - More efficient utilization of primary health care resources - Increased level of patient satisfaction	Director of Primary Care	Ongoing

Key Results Area # 2
Service Delivery

OBJECTIVE 1: Improve French language services in the areas of health promotion and primary care in each of the six Acadian and Francophone communities, beginning with established centres in Évangéline, Harbourside and Four Neighbourhoods, followed by existing centres in Central Queens and Souris, and the proposed centre in West Prince			
Actions	**Expected Results**	**Responsibility**	**Completion Date**
Implement the recommended service delivery model in Souris, consisting of a clinic offering French language service on a one-day-per-week basis	- Improved health care outcomes - More efficient utilization of primary health care resources - Increased level of patient satisfaction	- Director of Primary Care	Ongoing

Key Results Area # 2
Service Delivery

OBJECTIVE 2: Manage patient wait lists so that francophone patients are given the option of transferring to a new bilingual doctor if that is their desire prior to filling the bilingual doctor's workload with anglophone patients			
Actions	**Expected Results**	**Responsibility**	**Completion Date**
Introduce a modified patient wait list management procedure for salaried bilingual physicians working out of family health centres	- Improved access to French language physicians for the target population - More efficient utilization of bilingual salaried physicians - Improved health care outcomes - Increased level of patient satisfaction	- Director of Primary Care - Director of Medical Services	April 1, 2006

Key Results Area # 2
Service Delivery

OBJECTIVE 3: Integrate the advanced practice nurse into the health promotion and primary care service delivery model for West Prince, Central Queens and Souris

Actions	Expected Results	Responsibility	Completion Date
Validate the proposed role and function of the advanced practice nurse with decision-making bodies	- Increased level of understanding by all stakeholders - Support for the collaborative practice model from the Association of Nurses and the Medical Society	- Director of Primary Care	March 31, 2007
Communicate the role of the advanced practice nurse to community partners	- Better understanding of the expected level of service by clients and the community	- Director of Primary Care - French Language	March 31, 2007
Recruit a full-time bilingual advanced practice nurse for the West Prince Family Health Centre	- Improved health care outcomes through the collaborative practice model	- Primary Care Coordinator West	September 30, 2007
Recruit a bilingual advanced practice nurse at the Four Neighbourhoods Community Health Centre for the French health clinics in Central Queens and Souris	- Improved health care outcomes through the collaborative practice model - More efficient utilization of staff - Increased level of patient satisfaction	- Primary Care Coordinator East	March 31, 2007

Key Results Area # 3
Financial Resources

***OBJECTIVE 1*: Optimize the use of existing financial resources, including the Canada-Prince Edward Island Agreement on French language Services and the Primary Health Care Transition Fund, to enable the provincial government to improve primary health care services to the Acadian and Francophone population**

Actions	Expected Results	Responsibility	Completion
Review current programs and identify opportunities for matching existing resources to needed improvements	- Improved efficiency in the delivery of French language health care services and related initiatives	- Primary Care Coordinators - French Language Services	September 30, 2006
Explore possibilities for redirecting existing funding or accessing new funding under the Canada-Prince Edward Island Agreement on French language Services	- Better utilization of existing funding sources - Quicker access to identified primary health care services	- Director Acadian and Francophone Affairs - Director Primary Care	September 30, 2006
Identify the gap between available and required financial resources	- Improved ability to quantify future financial requirements for service delivery and related initiatives	- Primary Care Coordinators - French Language Services Coordinator	September 30, 2006
Estimate the incremental cost of providing the agreed-upon level of French language primary health care services	- Improved ability to quantify future financial requirements for service delivery	- Primary Care Coordinators - French Language Services Coordinator	September 30, 2007
Estimate the cost of non-service-related intiatives such as training, communications and student support	- Improved ability to quantify future financial requirements for related initiatives	- Primary Care Coordinators - French Language Services Coordinator	September 30, 2007

Key Results Area # 3
Financial Resources

OBJECTIVE 2: Obtain additional financial resources from the federal government to enable the provincial government to improve primary health care services to the Acadian and Francophone population

Actions	Expected Results	Responsibility	Completion Date
Identify areas with potential for federal cost-sharing based on the gap between available and required financial resources	- Improved ability to quantify future financial requirements for service delivery and related initiatives	- Manager Corporate Relations & Evaluation - French Language Services Coordinator	December 31, 2007
Validate results with the Société Santé en français to solidify the argument for cost-sharing	- Common approach among provincial and territorial jurisdictions - Support from the Société Santé en français	- Manager Corporate Relations & Evaluation - French Language Services Coordinator	December 31, 2007
Negotiate a cost-shared, targeted funding agreement with the federal government	- Reduced financial pressure on provincial government	- Deputy Ministers	April 1, 2008
Implement the federal-provincial agreement	- Additional financial resources for service delivery and related initiatives - Improved health care outcomes - Increased level of patient satisfaction - Greater community satisfaction	- Deputy Ministers	Ongoing

Key Results Area # 4
Human Resources

OBJECTIVE 1: Optimize the use of existing human resources to enable the provincial government to improve primary health care services to the Acadian and Francophone population

Actions	Expected Results	Responsibity	Completion Date
Assess language capability of current staff who have identified themselves as 'bilingual'	- More accurate information on existing staff resources	French Language Services Coordinator	September 30, 2006
Provide training opportunities to bilingual staff, where required	- Enhanced employee satisfaction - More efficient use of bilingual staff resources	Primary Care Coordinator	Ongoing
Identify ways to attract more bilingual staff through improvements to compensation	- Enhanced employee satisfaction - More efficient use of bilingual staff resources	French Language Services Coordinator	Ongoing
Deploy bilingual staff to priority areas for French language services, including family health centres	- More efficient use of bilingual staff resources in family health centres	Primary Care Coordinators	Ongoing

Key Results Area # 4
Human Resources

OBJECTIVE 2: Increase the supply of bilingual primary health care professionals to the Acadian and Francophone population

Actions	Expected Results	Responsibity	Completion Date
Identify bilingual positions with the most severe current and anticipated shortages	- Improved ability to quantify future human resource requirements for service delivery	French Language Services Coordinator	March 31, 2007
Advertise current and anticipated opportunities to French and French Immersion high school students	- Enhanced ability to recruit for targeted positions - Enhanced local career opportunities for Prince Edward Island students	French Language Services Coordinator	Ongoing
Assist students to obtain scholarships and bursaries	- Enhanced ability to recruit for targeted positions - Expanded pool of potential students	French Language Services Coordinator	Ongoing
Encourage career development opportunities for bilingual staff	- Enhanced employee satisfaction - More efficient use of bilingual staff resources	French Language Services Coordinator	Ongoing

Key Results # 5
Research and Evaluation

OBJECTIVE 1: Improve the level of knowledge regarding the health status of the Acadian and Francophone population			
Actions	**Expected Results**	**Responsibility**	**Completion Date**
Collaborate with the *Société Santé en français* to standardize data collection on the health status of Acadians and Francophones	- Standardized, national data collection and analysis protocol - Access to data from other provinces and territories	- Director of Informatics - Manager Corporate Relations & Evaluation	March 31, 2007
Establish data capture and analysis mechanisms to update information generated locally	- More accurate information on the health status and the particular needs of this segment of the population	- Director of Informatics	March 31, 2007
Use analysis to modify primary health care programs and services	- Improved health care outcomes - Increased level of patient satisfaction - Greater community satisfaction - More efficient use of financial and human resources	- Director of Informatics - Manager Corporate Relations and Evaluation	Ongoing after April 1, 2008

Key Results # 5
Research and Evaluation

OBJECTIVE 2: Implement a results-based management and accountability framework for the delivery of French language primary health care services to the Acadian and Francophone population which focuses on establishing primary health care indicators and measuring outcomes

Actions	Expected Results	Responsibility	Completion Date
Develop a results-based logic model that shows the sequence of activities, outputs and outcomes for French language primary health care services	- Participation by and engagement of key departmental decision makers - Ability to report results using a nationally-recognized accountability framework	- Manager Corporate Relations & Evaluation - French Language Services Coordinator	March 31, 2007
Determine appropriate performance measures and establish a measurement system that allows managers to track progress and make adjustments	- Enhanced ability to measure outcomes	- Manager Corporate Relations & Evaluation - French Language Services Coordinator	March 31, 2007
Establish a process for regular, comprehensive program evaluation	- Ability to schedule program evaluation	- Manager Corporate Relations & Evaluation - French Language Services Coordinator	March 31, 2007
Report results to the Acadian and Francophone community through the FLHSN and the *Société Saint-Thomas d'Aquin*	- Participation by and engagement of key community decision makers - Ability to solicit community feedback and make required changes to programs and services	- French Language Services Coordinator	Ongoing after April 1, 2008

APPENDIX A - LIST OF DELIVERABLES FOR EACH OF THE FIVE PROJECT PHASES

Deliverables for Phase I:

- Approve and sign the Statement of Work;
- Meet with the Steering Committee to obtain relevant documents and finalize the schedule of all tasks identified in the work plan;
- Develop and seek approval of Steering Committee for project evaluation framework;
- Prepare an analysis of the general context in which the FLHSN evolves;
- Identify the primary health care needs of Acadians and Francophones; determine the main priority needs and confirm priorities among all partners;
- Identify primary health care services available in French offered by health authorities (HA) and Department of Health and Social Services (HSS);
- Produce a gap analysis, a report on the results of the research and an updated inventory of primary health care services available in French; ensure validation by partners (HA, HSS and FLHSN); and
- Present initial project status report to the Steering Committee.

Deliverables for Phase II:

- Critically examine the roles, functions and accomplishments of the French language Services Coordinators employed by the Department and the Regional Health Authorities, as well as potential synergies and alignments with the Acadian and Francophone Affairs Division;
- Identify which health care priorities to recommend for implementation through the use of a consultation framework. A list of consultations shall be approved by the Steering Committee;
- Identify service delivery models best suited to the needs of the community (considering the Island context and the established health system):
    - Draw up a list of various primary health care models, according to priorities (keep abreast of what is being done elsewhere in the country);
    - Analyze the benefits and drawbacks of these models;
    - Select the service models best suited to address the needs of the community and the health regions and conduct a cost analysis of the selected models;
- Present a project status report to the Steering Committee;
- Ensure validation of the report by partners.

Deliverables for Phase III:

- Draft provincial action plan for the coming years, including health care services to be implemented, implementation measures, costs, time lines and responsibilities; and
- Have the partners approve the plan before it is presented to government and community agencies.

Deliverables for Phase IV:

- Present the action plan to various government stakeholders;
- Revisit commitments of the Department of Health and the Department of Social Services and Seniors on the implementation of primary health care services;
- Identify the potential financial contribution of the Departments and potential funding partners; and
- Participate in Société Santé en français discussions on establishing a national collaboration mechanism.

Deliverables for Phase V:

- Establish Action Plan evaluation framework approved by partners;
- Conduct bilingual debriefing sessions for government and community stakeholders as identified by the Steering Committee;
- Submit an evaluation report of the project;
- Prepare and present a draft final report to Steering Committee and partners; and
- Present final report to the Steering Committee and partners.

APPENDIX B - PROPOSED EVALUATION FRAMEWORK FOR *SETTING THE STAGE*

During the first meeting of the Steering Committee, HRA presented the following general outline of a proposed evaluation framework. It is taken from the *Guide to Project Evaluation*, Population Health Directorate, Health Canada and has also been proposed by the *Société santé en français* for use in the evaluation of all *Setting the Stage* projects. HRA has modified it to suit this particular project and presents the following framework for approval by the Steering Committee.

Did HRA do what they said they would do?

- Quantity
- Timeliness
- Accuracy
- Relevance and practicality
- Overall quality

What did the FLHSN learn about about what worked and what didn't?

- How helpful was HRA in suggesting adjustments to the project?
- How well did HRA adjust to changing FLHSN needs?
- Did HRA demonstrate a sufficient understanding of alternative delivery models?
- Did HRA provide an accurate assessment of what is happening in other jurisdictions?

What difference did it make that this work was done?

- How has the community reacted to the proposed workplan?
- How have the health care agencies reacted to the proposed workplan?
- Was there a clear demonstration of innovation in the models proposed?
- Were practical approaches to alternative funding identified?
- What distinguishes the results of this project from past efforts?

What could the FLHSN and HRA have done differently?

- What were the strengths and weaknesses of the original workplan?
- Was the distribution of effort between research, analysis and consultation the right one?
- Were the necessary adjustments made in the course of the project?

How can the FLHSN use these evaluation findings for continuous learning?

- What has the FLHSN learned from this project about matching the needs of the community with available resources in the primary health care system?
- What has the FLHSN learned about ways to promote and encourage partnerships?

APPENDIX C - PROGRAMS AND SERVICES AND BILINGUAL CAPACITY

Summary of Health & Social Services Program 2003-2004		
Program / Service	**Human Resources (FTE)**	**Financial Resources**
Acute Care	1807	$127,232,000.00
Adoption Services	9.5	$6,322,000.00
Ambulance Services - Air	0	$609,000.00
Ambulance Services - Ground	0.7	$3,650,000.00
Child Protection	60	$8,432,200.00
Community Care Facilities	no FTE data provided	Funded under Social Assistance
Dental Public Health Services	24.1	$2,627,127.00
Diabetes Program	8.5	$2,477,000.00
Disability Support Program	18	$6,123,300.00
Drug Cost Assistance Program	11.7	$17,868,500.00
Early Childhood Services	6	$4,873,400.00
Environmental Health Services	8	$446,000.00
Family Housing Program	9.85	$2,849,200.00
Foster Care Services	24	Funded under Child Protection
Health Information Resource Centre	2	Funded under Strategic Planning
Home Care and Support	no FTE data provided	$7,648,966.00
Job Creation / Employment Enhancement	13	$1,600,000.00
Long Term Care		$43,528,300.00
Medical Education / Physician Recruitment	2.9	$1,325,677.00
Mental Health Services	277.5	$14,365,900.00
Nursing Recruitment and Retention Strategy	no FTE data provided	no data provided
Out-of-Province Hospital Services	6	$18,216,000.00
Out-of-Province Physician Services	4.5	$4,587,000.00
Physician Payment Services	8.4	$49,869,000.00
Public Health Nursing	35	$3,599,200.00
Senior Citizens' Housing	14.7	$6,833,500.00
Seniors Emergency Home Repair	0.15	$200,000.00
Social Assistance	51.75	$25,700,000.00
Vital Statistics	5	$274,000.00

List of employees with bilingual capacity

West Prince Regional Health Authority		
Programs/Services	**Number of bilingual employees**	**Designated Bilingual Positions**
Acute Care Services		
Service Worker	2	
Licensed Practical Nurse	3	1
Radiology	2	
Nurse Practitioner	1	
Registered Nurse	2	
Administration	3	
Addiction Services		
Mental Health Nurse	1	
Counsellor	1	
Child Protection		
Social Service Worker	2	1
Home Care and Support		
Home Support Worker	1	1
Long Term Care		
Resident Care Worker	1	
Registered Nurse	1	
Management		
Community Development Coordinator	1	
Public Health Nursing		
Speech Language Pathologist	1	
TOTAL	**22**	**3**

East Prince Regional Health Authority		
Programs/Services	**Number of bilingual employees**	**Designated Bilingual Positions**
Administration		
Coordinator, Community Health Centre	1	1
Administrative Support	2	1
Long Term Care		
Resident Care Worker	2	2
Dental Public Health Services		
Dental Hygenist	1	
Home Care and Support		
Home Support Worker	1	1
Income Support		
Receptionist Disability Support Worker	1 1	1 1
Occupational Therapy		
Occupational Therapist	1	1
Psychology		
Psychologist	1	1
Public Health Nursing		
Registered Nurse	2	1
Speech Therapy		
Speech Therapist	1	1
TOTAL	**14**	**11**

Provincial Health Services Authority		
Programs/Services	**Number of bilingual employees**	**Designated Bilingual Positions**
ACUTE CARE		
Administration	2	
Admission	4	1
Cancer Treatment		
Medical Physicist Radiotherapist	1 3	
Cardio Respiratory		
Respiratory Therapist	1	1
Diagnostic Imaging		
Radiation Technologist	1	
Nutrition Services		
Dietician	1	
Foundation		
Administrative Assistant	1	
Human Resources		
Bilingual Learning Consultant	1	
Medical Laboratory		
Medical LabTechnician	1	
Medical Records		
Clerk / Secretary	2	
Nurses		
Emergency (QEH)) Intensive Care (QEH) Unit 1 (QEH) Unit 2 (QEH) Unit 3 (QEH) Unit 4 (QEH) Unit 8 (QEH) Unit 9 (QEH) Surgery (PCH) Emergency (PCH) Float Nurses (PCH)	2 1 2 1 1 2 1 1 2 1 4	 1 1 2

Provincial Health Services Authority		
Programs/Services	**Number of bilingual employees**	**Designated Bilingual Positions**
ACUTE CARE		
Nurses		
Unit 1 (PCH)	1	1
Obstetrics (PCH)	2	2
Operating Room (PCH)	2	
Medical (PCH)	1	
Intensive Care (PCH)	1	1
Other (PCH)	2	
Restorative Care (PCH)	1	
Occupational Therapy		
Occupational Therapist	1	
Assistant	1	
Pharmacy		
Pharmacist	1	
Doctor		
Family Physician	2	
Anestheologist	1	
ENT Specialist	1	
Obstetrician	1	
Pediatricians	2	
Physical Medecine	1	
Emergency	2	
QEH	1	
Physiotherapy		
Rehabilitation Assistant	1	
Psychiatry		
Medical Secretary	1	
Purchasing		
Administrative Assistant	1	
Social Work		
Social Worker	2	1
TOTAL	**65**	**11**

Provincial Health Services Authority		
Programs/Services	**Number of bilingual employees**	**Designated Bilingual Positions**
Mental Health, Addictions and Gambling		
Administration		
Ward Clerk	1	
Counselling		
Social Service Worker - Gambling	1	1
Social Service Worker - Women's Programs	2	2
Addiction Worker - Men's Programs	1	
Nursing		
Licensed Practical Nurse	2	
Rehabilitation		
Social Service Worker	2	
TOTAL	**9**	**3**

Queens Regional Health Authority		
Programs/Services	**Number of bilingual employees**	**Designated Bilingual Positions**
Administration		
French Language Services Coordinator	1	1
Child and Family Services		
Mental Health Therapist	1	1
Medical Services		
Physician	1	
Public Health Nurse		
Public Health Nurse	1	1
Speech Language		
Speech Language Pathologist	1	1
Social Assistance		
Financial Services Evaluator	2	1
Receptionist	1	1
TOTAL	**8**	**6**

Kings Regional health Authority		
Programs/Services	**Number of bilingual employees**	**Designated Bilingual Positions**
Nutrition Services		
Dietician	1	
Acute Care Services		
Licensed Practical Nurse	1	
Pharmacy		
Pharmacist	1	
TOTAL	**3**	**0**

Department of Health & Social Services		
Programs/Services	**Number of bilingual employees**	**Designated Bilingual Positions**
Administration		
Administrative Support	1	
French Language Services Coordinator	1	1
Medical Services	1	
TOTAL	**3**	**1**

APPENDIX D - WINNIPEG REGIONAL HEALTH AUTHORITY RISK ASSESSMENT - ACCREDITATION STANDARDS

Some of the risks identified within the Winnipeg Regional Health Authority regarding clients experiencing language barriers included:

***Risk 1*- ** Health care services do not meet the needs of the population it serves.
Impact
Opportunities to improve upon and achieve best possible outcomes may be missed.

***Risk 2*- ** Lack of corporate guidance provided to healthcare staff that deliver healthcare services.
Impact
Service may not be provided equitably or safely.
Clients' rights to confidentiality and informed consent may not be respected.

***Risk 3* -** Standards of care are not implemented or monitored.
Impact
Clients may not receive an acceptable standard of care.

***Risk 4* -** Occurrence of adverse events are not being reported, investigated, compiled and /or analyzed.
Impact
Clients and their families may not be made aware of adverse events.
Systemic problems may not be identified.
Correction measures may not be implemented on a timely basis resulting in the continuance of unsafe care/service.

***Risk 5* -** Lack of awareness by population of healthy living and early detection of health problems.
Impact
Increased likelihood of health problems.

***Risk 6* -** The service needs of clients are not appropriately determined upon contact.
Impact
Clients may not access necessary services resulting in poor outcomes.

***Risk 7* -** Clients are not accurately or appropriately assessed.
Impact
Clients may not receive appropriate services on a timely basis.
All clients do not receive equitable treatment.

Risk 8 - Complete accurate and timely information about healthcare services is not provided to clients and families.
Impact
Family/client may not be aware or fully understand:
How and when services will be provided
Opportunities to participate in service or make choices
Possible side effects/risks of treatment provided
How to reach service providers in emergency/crisis

Risk 9 - Informed consent is not obtained prior to starting any service intervention or treatment.
Impact
Clients and family may not be aware of the risks associated with treatment.
Non-compliance with legal rights of the client/family and possible litigation.

Risk 10 - Client and family complaints are not appropriately addressed.
Impact
May adversely impact on quality of care and client/family relations.
Systemic problems may not be identified and addressed on a timely basis.

Risk 11 - An integrated plan is not developed for each client.
Impact
Clients' healthcare needs and preferences may not be planned or implemented in an efficient and effective manner.

Risk 12 - Clients do not take the prescribed medications in an appropriate manner.
Impact
Clients suffer significant morbidity or death.

Risk 13 - Clients and families are not provided with appropriate information and education regarding their responsibility to care for themselves.
Impact
Client outcome may be adversely affected.

Risk 14 - Clients and families are unprepared for transition, end of service and follow up care.
Impact
Continuity of services may not be maintained.
Client ongoing care needs may not be met.

Appendix E - Coordination of French Language Health Services in Selected Canadian Jurisdictions

Jurisdiction	Responsibility
Nova Scotia	Office of Acadian Affairs + French Language Services Coordinators in all government departments including Department of Health
New Brunswick	Official Language Coordinators in each government department and each health region
Newfoundland and Labrador	Office of French Services – no resources in Department of Health and Community Services
Ontario	Office of Francophone Affairs + Office of French Language Services within the Department of Health and Long Term Care
Manitoba	French Language Services Secretariat + French Language Services Coordinators in all government departments including Department of Health
Saskatchewan	Office of French Language Coordination – no resources in Department of Health
Northwest Territories	Office of Official Languages – no resources in Department of Health and Social Services
Yukon	Office of French Services – no resources in Department of Health and Social Services
Alberta	French Language Secretariat – no resources in Department of Health and Wellness

APPENDIX F - INVENTORY OF PRIMARY HEALTH CARE SERVICE DELIVERY MODELS

Model 1 - Solo or group providers
French - speaking general practitioners and other health professionals in private practice, alone or in groups.

Model 2 - Multi-disciplinary network
Virtual group of French-speaking general practitioners and other health professionals in private practice, alone or in groups.

Model 3 - Call centres
Advice and general information on health provided by qualified personnel
Can also function as a triage and referral service

Model 4 - Clinic for a target group
Develop and implement an action plan for a segment of the population having shared problems and needs.

Model 5a - Formal multi-disciplinary group - extramural
Mobile team of French-speaking health professionals (other than doctors) who visit target groups to provide specific forms of care and services.

Model 5b - Formal multi-disciplinary group - intramural
Team of French-speaking health professional (other than doctors) who provide specific forms of care and services form a designated location.

Model 6a - Formal multi-disciplinary group - basic level
Team of 1 or 2 French-speaking general practitioners and health professionals who provide specific forms of care and services from a designated location.

Model 6b - Formal multi-disciplinary group - advanced level
Team of several French-speaking general practitioners and health professionals who provide specific forms of care from a designated location.

Model 7 - Community control
Any one or a combination of delivery models for French language health services directed by a recognized community group.