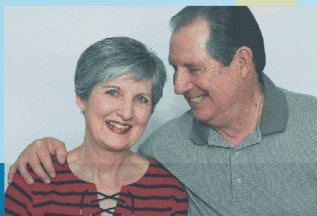
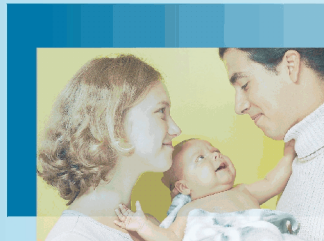


ACTION PLAN *Summary*

*Delivery of primary
health care services
in French*



Prince Edward Island



*PEI French-Language
Health Services Network*



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.