



Strategic Plan
2003 - 2006

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President's Message

Universal access to health services is a dearly held value for all Canadian citizens, from sea to sea. It is even more important for francophones in a minority situation, such as those in British Columbia. Over 60,000 British Columbians identify themselves as francophones, and over one-quarter million speak French. In the spirit of what defines us as a nation (the only nation that is at once a member of the G-8 group of most industrialized countries, the Commonwealth and the French-speaking world), we have a duty to serve this population.

However, we must do so in a realistic fashion, taking into account the local political as well as social context. In doing so, we set aside the notion of developing an independent health system and favour a system that is integrated within the Health Authorities currently in place. Thus, a francophone requesting health services can be referred immediately to a professional who can provide services in French. We believe that the work that we will accomplish in implementing a "virtual network" will improve the quality of services in a general way by making them more accessible in response to individual needs. Moreover, the work that we will accomplish can serve as a model for the development of similar systems designed to serve other linguistic communities in our province.

These are the guidelines that have driven RésoSanté in the process of developing the strategic plan contained in this document.



President.

I – Introduction

In April and May 2003, RésoSanté undertook a systematic process to determine where it is going, how it is going to get there and how it will know if it got there or not. The strategic planning process was undertaken to help RésoSanté make fundamental decisions and take actions that will shape and guide what it does, and why it does it.

The process used by RésoSanté was designed to involve all members and ensure they are ‘on the same script’ and have a common base that allows them to assess and adjust the organization's direction in response to changing environmental factors. The process was carried out over three working sessions that included a majority of the members, the coordinator, and an invited guest who is an active, knowledgeable supporter of the organization and its work.

In the first session, members clarified the results they expected from the planning process. Members stated they were seeking agreement on a global vision and strategic priorities that will guide the organization in the next three to five year. In particular, they sought agreement on key messages and communication strategies, an evaluation plan and indicators of success. They explored the major issues that the strategic plan would be designed to address – the strategic questions:

- How to obtain and secure financing?
- How to involve and maintain the participation of governments and health authorities?
- How to sensitize, inform, and involve the public as well as the health professionals?
- What are the French-language health services needed in BC?

During this session, RésoSanté's mission was developed. It specified the organization's fundamental values, its overall purpose and primary services or activities. External and Internal visions were also developed to describe what success would look like.

An environmental scan – an analysis of the major influences that affect RésoSanté – was the focus of the second session. From this exercise, members explored how RésoSanté's resources could be used to take advantage of strengths and opportunities and overcome weaknesses or threats.

Based on the analysis conducted previously, the final session determined the areas of convergence among goals, objectives, and activities developed for the short and long term, and ensured these are in alignment with the overall mission, strategic questions, and defined areas of responsibility. The next step will be to specify time lines for implementation of various goals and objectives, assign responsibilities and identify expected results.

This strategic plan document will be distributed to all of RésoSanté's partners and funders at the national and provincial levels, will be posted on RésoSanté's website, and will be available to the public on request.

II – Historical Context

In recent years, following the example of other French-speaking minority communities, the British Columbia francophone community has identified the accessibility of health services in French as one of its top priorities. Guided by the work carried out by the *Fédération des communautés francophones et acadienne du Canada* (FCFA), and in accordance with the programming adopted by its members, the *Fédération des francophones de la Colombie-Britannique* (FFCB) undertook a series of initiatives to develop and improve access to health care in French.

In order to better define its activities in such a broad area as health care, the FFCB initiated discussions with Health Canada, in 1999, with the goal of obtaining support from this Department for a project involving consultation of the francophone population. In 2000, Health Canada gave its approval for a project designed to identify the needs and priorities of francophones in British Columbia, prepare an initial listing of French-speaking health services workers, and hold a symposium on health in French¹.

To ensure adequate follow-up to initiatives in this area, the francophone community gave a mandate to the FFCB, in November 2001, to establish a Sectoral Table on French-Language Health Services. The Table would serve to some extent as the network for French-language health services in British Columbia. This mandate came at a time when representatives of Canada's francophone communities went to Ottawa to encourage the federal government to implement proposals submitted by the Consultative Committee for French-speaking Minority Communities in its report to the Federal Minister of Health.

In addition, the FFCB's work on this matter was carried out in the same context as that undertaken by the FCFA of Canada and was inspired by the publication of the report « Improving Access to French-language Health Services », published by the FCFA on behalf of the Consultative Committee for French-Speaking Minority Communities.

The FFCB closely monitored developments on this issue and participated in efforts to call the attention of governments to the issue of access to health services in French. Today, the francophone community is well-positioned to make further progress on this matter. We have in hand a study that sets out the priorities of the francophone population regarding French-language health services and, furthermore, provincial government authorities are receptive. This receptiveness is enabling a dialogue that we hope will be constructive. Thus, the signing of the Canada-British Columbia General Agreement on the Promotion of Official Languages has enabled us to have representatives dealing specifically with matters concerning French-language services in facilities that are under the jurisdiction of the provincial government. In addition, the action plan developed after the signing of this Agreement includes, among its priorities for intervention, increasing accessibility of services in French in the priority sector of health care.

The culmination in Canada of the work achieved to this day is the creation of *Société Santé en français* (SSF), a national health cooperation network that encourages concerted efforts to improve French-language health services in our country. The culmination in British Columbia is the creation of *RésoSanté Colombie-Britannique*, a network dedicated to action on issues of French-language health services in our province. RésoSanté brings together around common

¹ The report "Needs and Priorities Regarding Access to Health Services in French in British Columbia : What Do Francophones Think ?" and the directory of health professionals *Répertoire des intervenants* were unveiled at the Symposium on Health in French, March 9, 2002.

objectives the major players in the health field in BC representing different areas, for example community, institutional, health professional, provincial and federal governments, and training institutions. It was officially launched July 3, 2003.

III – Profile of the Francophone Community

According to the 2001 Census, the francophone community of BC numbers 63,630 people. This makes it the fourth largest francophone community outside of Quebec, after Ontario, New Brunswick and Alberta. In addition, it is important to note that more than 270,000 people say that they can speak French. An interesting statistics is that almost 1,300 people who indicated in the 1996 Census that they work in a health profession stated that French is their mother tongue. This figure does not include workers who have a different mother tongue than French, but who speak this language.

The francophones of British Columbia live in most of the province's administrative regions. Nevertheless, over 50% of francophones live in two main regions: Greater Vancouver and the Capital Region (Victoria). It is also worth noting that francophones belong to community centres and/or local associations in fourteen communities located throughout the province.

The francophone community of British Columbia can rely on a broad network of community organizations working in various sectors of human activity. Thus, in addition to local organizations that are found in most regions where there is a francophone community, there are organizations with responsibilities in sectors such as economic development, youth, education, culture, women, justice, and disadvantaged people. Furthermore, the francophone community can depend on a Francophone School Board that is responsible for a network of francophone schools.

Taken as a whole, this vast network of associations contributes to the dynamic energy within the community that constitutes one of its main strengths.

IV – Mission

The 'problem', as members see it, can be stated as follows: *Francophones living in British Columbia have reported difficulties in either accessing health services or receiving quality health services because of language barriers. A recent study showed, for example, needs in the following areas of health care: medicine, psychology, psychiatry, counselling, and surgery.*

The 'solution' can be stated as follows: *Providing French-language health services will improve the health and the quality of life of francophones living in a minority situation, and will allow a better utilization of resources by the government.*

The mission of RésoSanté is to address the stated problem by working towards its solution. The following mission statement specifies the organization's fundamental values and beliefs, its overall purpose and primary services or activities it has chosen to work towards the achievement of its purpose.

MISSION STATEMENT

Based on beliefs of respect, diversity, equity, and accessibility, in a spirit of partnership and dialogue, RésoSanté BC (the Sectoral Table for French-language Health Services in BC) supports the development, integration, and sustainability of French-language health services throughout British Columbia.

RésoSanté proposes, develops, and supports the implementation of strategies; promotes French-language health services; ensures the sharing of information; promotes awareness and involvement of the francophone population; proposes and facilitates research on health services in French.

V – External and Internal Visions

The **external vision** is a guiding image of success when the organization has achieved its goal. RésoSanté's external vision is that

French-speaking British Columbians will have access to quality health services in French that respond to their needs and are fully integrated into the health system in BC.

The **internal vision** describes what the organisation will look like when it is operating effectively and efficiently. Following is RésoSanté's internal vision:

RésoSanté will be an incorporated organization, with the human, physical and financial resources to meet its mandate. RésoSanté will be results-oriented, with a clear consultation and accountability process. All seats will be occupied by people who are fully engaged, committed to RésoSanté's Mission and Vision, and knowledgeable about the health care system in BC.

RésoSanté will be known as a dynamic group, open to new ideas

VI – Environmental Scan

An environmental scan – an analysis of the major internal and external influences that affect RésoSanté – was conducted. Members identified the following opportunities:

- Funding is available from the Primary Health Care (PHC) Transition Fund, Official Languages Minority Communities, to assist in transitioning to stable, permanent health services in French. Funds are to be dispensed through Société Santé en français and will be available only to 2006.
- The action plan for official languages presented by Minister Dion ² creates momentum and provides significant resources for supporting official languages minority communities in their development.

² In Spring 2003, Stéphane Dion, the Minister of Intergovernmental Affairs, unveiled the Government of Canada's policy statement and action plan for official languages titled "The Next Act: New Momentum for Canada's Linguistic Duality".

- Inter and intra-provincial contacts developed over the last few years of focus on the health mandate are encouraging.

On the other hand, several challenges were identified:

- The Société Santé en français (SSF), the parent organization for health networks like RésoSanté, was recently established and is under-resourced to cope with the growing pains associated with the development of a pan-canadian network.
- With respect to some of our health service partners, e.g. the BC Ministry of Health and the Health Authorities, we note that RésoSanté has not succeeded in finding an area of confluence satisfactory to both parties with regards to the importance of French-language health services in BC.
- RésoSanté has obtained a commitment from some Health Authorities but continues to seek the commitment of the others to participate actively its work.

The major weakness of RésoSanté was seen as the limited involvement to date of partners and members. Areas of strength can be summarized as follows:

- RésoSanté has assured funding from Société Santé en français
- There is good provincial representation on the Board of Directors of RésoSanté
- There is good administrative support for RésoSanté's work
- There is some information available on the health needs of BC's francophones.

The table below gives an overview of the most important factors having an actual or potential impact on the organization and the possible responses to these factors. The table outlines as well the strengths and opportunities that are evident and weaknesses or threats to overcome.

	OPPORTUNITIES	CHALLENGES
	<ul style="list-style-type: none"> ❖ <i>PHC Transition Fund</i> ❖ <i>Action plan for official languages</i> ❖ <i>Contacts</i> 	<ul style="list-style-type: none"> ❖ <i>Relationship with SSF</i> ❖ <i>Partner realization of importance of French-language health services</i> ❖ <i>Involvement of all Health Authorities</i>
AREAS OF STRENGTH	<ul style="list-style-type: none"> ❖ <i>Réso funding</i> ❖ <i>Good representation on Board of Directors</i> ❖ <i>Good administrative support</i> ❖ <i>Some health needs known</i> 	<ul style="list-style-type: none"> ▪ Develop good relationship and communication with SSF ▪ Sensitize all partners to (a) the existence of RésoSanté and (b) the importance of French-language health services
WEAKNESSES	<ul style="list-style-type: none"> ▪ Energize and involve our members, Ministry of Health and Health Authorities 	

In the context of the environmental forces – how they influence the ability of the organization to actualize the mission and how to respond to these forces – the analysis of issues to address set the stage for RésoSanté members to identify goals, objectives, and activities for the short term (1 year) or longer term (3 years).

VII – Goals, Objectives, and Activities

Goals, objectives and activities are presented within an Area of Responsibility and are linked to the relevant strategic issue. Activities are identified as short term (S) or longer term (L).

<u>Area of Responsibility:</u> Administration		
<u>Issue:</u> How to obtain and secure financing?	<u>Goal:</u> Ensure the long-term existence of RésoSanté Colombie-Britannique .	
<u>Objectives</u>	<u>Activities:</u>	<u>Term</u>
1. Set up an effective and collegial mechanism for working with Société Santé en français (SSF).	1.1 Identify a person responsible to ensure regular communication with SSF	S
	1.2 Produce reports that are required to respond to expectations of SSF	S
	1.3 Participate in meetings organized by the SSF	S
	1.4 Ensure representation of RésoSanté Colombie-Britannique at the decision-making levels of SSF	S
2. Ensure financial support required for the adequate operation of RésoSanté Colombie-Britannique.	2.1 Submit a request for financing	S
	2.2 Respond to calls for proposals	S
	2.3 Set up measures for financial control and reporting	S
3. Set up procedures and human, financial and administrative resources required to support the operation of RésoSanté Colombie-Britannique .	3.1 Develop policies and procedures required to set up and manage human, financial and administrative resources	S
	3.2 Staff positions	S
	3.3 Produce financial reports	S
	3.4 Set up a recruitment mechanism for members of RésoSanté C-B in order to ensure adequate representation of all sectors	S
	3.5 Set up an administrative agreement with the Fédération des Francophones de la Colombie-Britannique in order to ensure financial and administrative support	S
4. Set up required planning and evaluation mechanisms.	4.1 Develop an administrative cycle (e.g. strategies, planning, management)	S
	4.2 Prepare and review strategic plan	S
	4.3 Prepare and review action plan	S
	4.4 Prepare reports required to respond to expectations of	S

	funders	
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<u>Area of Responsibility: Services</u>		
<u>Issue:</u> What are the French-language health services needed in British Columbia?	<u>Goal:</u> Ensure the availability of basic health care in French.	
<u>Objectives</u>	<u>Activities:</u>	<u>Term</u>
1. Know/identify health service needs.	1.1 Develop a long-term collaborative mechanism among Health Authorities and local francophone communities to articulate the needs of the francophone community in each region 1.2 Improve known statistics regarding needed French-language health services 1.3 Develop a concrete Transition Fund project in collaboration with partners 1.4 Harmonize with priorities of each Health Authorities	L L S L L
2. Identify francophone health professionals.	2.1 Document known bilingual health professionals 2.2 Identify the capacity of the health system to provide French-language health services 2.3 Continue to develop and distribute Directory of Health Professionals 2.4 Encourage health professionals to participate in this endeavour.	L L S S
3. Support the development of a bilingual BC Health Guide Program.	3.1 Ensure a distribution mechanism for the translated BC Health Guide 3.2 Decide on the development either of a Nurse Line for Western Canada or of a francophone service integrated into the BC NurseLine 3.3 Develop and make available other health information in French	S L S
4. Develop service teams aligned with priorities of Health Authorities and francophone communities	4.1 Identify partners prepared to support and submit Transition Fund proposal to SSF 4.2 Work with Health Authorities, Conseil scolaire francophone, Réseau-Femmes, Société Foyer Maillard, la Boussole and others to identify health service priorities. 4.3 Develop provincial and regional health service teams.	L L

<u>Area of Responsibility:</u> Communication		
<u>Issues:</u> How to involve and maintain the participation of governments and Health Authorities? How to sensitize, inform, and involve the French-speaking and anglophone communities, as well as the health professionals?	<u>Goal:</u> Sensitize and involve all partners (governments, Health Authorities, professionals, francophone and anglophone communities) to the importance of French-language health services in British Columbia.	
<u>Objectives</u>	<u>Activities:</u>	<u>Term</u>
1. Federal Government: Maintain the commitment of the government.	1.1 Ensure the ongoing presence of an observer representing the federal government on the Board of Directors of RésoSanté 1.2 Support two-way communication to be acquainted with the goals and objectives of Health Canada.	S L
2. Provincial government: Obtain continued support.	2.1 Ensure the ongoing presence of an observer representing the provincial government on the Board of Directors of RésoSanté 2.2 Know the priorities of the government and directions to Health Authorities 2.3 Study government structure/objectives/communication 2.4 Encourage regular meetings between RésoSanté and the Ministry of Health Services	S L L S S
3. Health Authorities: Develop a collaborative relationship.	3.1 Ensure the ongoing presence of an observer representing each Health Authority on the Board of Directors of RésoSanté 3.2 Know their priorities and needs 3.3 Develop business plans that respond to their requirements	L L S
4. Francophone and anglophone communities: Ask for and support French-language health services.	4.1 Publicize the existence of French-language health services 4.2 Develop a website 4.3 Launch a promotional campaign 4.4 Distribute reports to the community in the form of newsletters 4.5 Ensure the directory of health professionals is updated	S L S L
5. Health professionals: Encourage health professionals to offer health services in French.	5.1 Launch a promotional campaign on the importance of French-language health services 5.2 Continue to identify francophone health professionals 5.3 Encourage the development of a network of francophone health professionals 5.4 Explore the possibility of creating local health service communities	L S L L

		<u>Term</u>
6. Inter- et intra-provincial: Continue to develop our relationships.	6.1 Develop a communication plan and strategies	S
	6.2 Host the 2nd Institut de formation en santé communautaire	L
7. Education System: support recruitment and training of health professionals.	7.1 Continue to liaise with Simon Fraser University and Éducentre.	S
	7.2 Establish a link to Health Consortium to inform them of our needs	L
	7.3 Establish a link with the UBC School of Medicine.	L