

Réso Santé

COLOMBIE - BRITANNIQUE



Setting the Stage in British Columbia

 EXECUTIVE SUMMARY





Setting the Stage, EXECUTIVE SUMMARY

Setting the Stage is a national initiative aimed at supporting provincial and territorial health ministries and health authorities who wish to improve access to health services for their francophone population. The project received financial support from the official languages component of Health Canada's Primary Health Care Transition Fund and was lead in BC by RésoSanté Colombie-Britannique, one of 17 francophone health networks working in minority situation under the national leadership of "La Société santé en français". Cooperation at many levels contributed to the project's success in this province including official support from the health ministry and help from the Provincial Health Services Authority and some regional health authorities. But the partnership with the University of British Columbia Department of Family Practice was most crucial in that it provided valuable support for the research components of the project and facilitated access to both students, residents and family medicine practitioners.

The stated aim of the project was to better identify priority needs of BC Francophones in regards to health, to propose access measures and strategies to address those needs and to facilitate cooperation between all parties in planning actions to follow. RésoSanté therefore started by conducting an assessment of the existing practices and policies regarding access was done. This was followed by three province-wide consultations. The first one targeted the francophone population to collect more information about their health needs and the barriers they face in accessing services. Family practitioners were then consulted as they represent the first line of access to health service for most people. As future family doctors, the students and residents were the third group consulted. We were particularly interested in their existing and potential capacity to

deliver services to the francophone population as well as their interest in helping to improve access to health services. The information collected provided us with a unique perspective from which to propose solutions. Following the consultation process, interested parties from the health system and from the community were brought together at a provincial forum to discuss strategies and to identify priority areas for action in order to improve access to primary health care. An action was developed from this collaborative work.



The current situation

Health care in French : A clearly stated need for Francophones and a necessity for the disadvantaged population
Many studies and research initiatives preceded the “Setting the Stage” initiative in BC.

The “Fédération des francophones” (BC Francophone Federation) conducted a province-wide research¹ on health needs and access barriers in 2002. RésoSanté collaborated with the “La Boussole” community centre to study the specific needs of disadvantaged Francophones in the Greater Vancouver area in 2004². Both studies showed that access to health services in French is a priority for more than 60% of the francophone population. Our consultations here confirmed these results.

Core findings of Setting the Stage

The population sample for this research was mostly upper middle class and well educated. The 406 respondents showed the same level of cultural and ethnic diversity as the general francophone population of BC. Most respondents can function in English in a social setting. Despite this, half of them consider access to health care in French as very important. Of those that attempted to find a doctor speaking their language, 73% had difficulty and 52% were unsuccessful. A multivariate model showed that individuals that were less competent in English, that could not rely on a trusted person to translate or that had been living in BC for less than a year were respectively 10, 2.8 and 6 times more likely to consider as important the access to a French-speaking physician.

40% of respondents and even more of the disadvantaged among them had difficulty and negative consequences when they were forced to consult physicians that did not speak French. Some of the problems mentioned included: “...not understanding a diagnosis (31%), fail-

ing to be understood by the physician (35%), difficulties in the interaction with the physician (25%), unsatisfied with the quality of care (22%), need to change physician (12%), delaying consultation (10%) and worsening of health condition (4%). The people suffering the most negative consequences were those without a trusted person to translate, those with less competency in English or with a lower income, a chronic disease or those more recently established in BC or living outside the Lower mainland area of BC.

• *Focus groups with francophone immigrants recently arrived and with seniors with a good social network showed that they can navigate the health system fairly well.*

French-language health service would be appreciated, especially for recent immigrants and for those suffering from a more serious condition or that can't count on a trusted person to translate but these services also need to be accessible regionally. For immigrants, they are stretched between their efforts to integrate the English-speaking mainstream society while maintaining links with their own community.

The focus groups also showed that they have a poor knowledge of existing access measures. Of the ones mentioned in the questions, the following were recommended by participants: a web site with good links to other online French-language health information, a list of French-speaking health professionals working in health care facilities, a directory of those in private practice and a lexicon of French-English medical terminology. Interpretation services were not well known either and they were not identified as a priority.

1. « Besoins et priorités en matière d'accès aux services de santé en français en Colombie-Britannique : Qu'en pensent les francophones? » FFCB, 2002.

2. « Les francophones démunis de Vancouver et les services de santé à leur disposition » RésoSanté & La Boussole, octobre 2004.



Services and programs offered in French:

Offer of French-language services is still limited and there is no policy or even any mention in service plans to support measures addressing linguistic access. In fact, the Foyer Maillard, a residence for seniors, is the only facility mandated to offer services in French in the whole province. There are currently almost 200 health care providers in private practice offering services in French through the Directory published annually by RésoSanté.

The most important progress in terms of improving this offer of services in French over the last 2 years has been made with the support of special projects funded through Health Canada’s Primary Health Care Transition Fund or PHCTF. These include the development of the French components of the BC HealthGuide program, now which are now an integral of the health ministry’s service delivery. The Provincial Health Services Authority or PHSA and the Vancouver Coastal Health regional authority are currently following-up on work started through PHCTF francophone projects and are still developing and disseminating health education material, including material related to mental health and addictions. The PHSA, through the Provincial Language Service, is continuing to expand the francophone capacity of its interpretation services province-wide and has greatly helped families and educators dealing with special needs francophone children to access specialized resources.

Consultations with physicians and medical students provided information in regards to their capacity and interest to deliver more services in French.

Most of the students and residents (85%) stated that access to health services in their desired language was very or extremely important for members of a linguistic minority. They acknowledge the importance of good communication between patient and physician and are uncomfortable delivering services to people that cannot function well in English.

Many already speak French (40%) and half of them want to offer services in that language. 66% are interested in receiving additional training to help them do so and this desire is even stronger for those who have had some experience treating francophone patients.

⋮ *Students and residents are also largely unaware of existing access measures and French-language resources but are interested in learning about them.*

Of the strategies suggested in the questionnaires, the following were considered more important: French-speaking service providers’ directory, a list of existing information related to French-language health care and a lexicon of French-English medical terminology.

Physician participation was limited but those that responded provided similar answers regardless of their own capacity to offer adequate health services in French. Even though they speak some French, respondents cited their poor knowledge of medical terms in that language as a barrier to service delivery. Interest in French-language training is high as is their interest in getting more information regarding existing resources. The majority of them consider very important the ability to access health services in the language of their choice for the minority francophone population.

About half of them want to offer more services in French but French-speaking patients currently represent only 10% or less of their clients. They do not know where to refer patients seeking French-speaking specialists but would appreciate help for this. They are not familiar with the Provincial Language Service or its interpretation services but are curious about the costs involved and the procedure to access them. Interest in supervising French-speaking medical students doing internships is low.



The preferred measures of physicians to improve access include: training, especially in regards to French medical terminology, a list of French-speaking health professionals, training and information regarding existing resources and organisations currently providing help to Francophones, a lexicon of French-English medical terminology and a list of information sources regarding French-language health care.

The Francophone Health Network and the PHCTF projects, important tools to improve access:

Setting the Stage was made easier because “RésoSanté Colombie-Britannique” had already been in place for 2 years and able to recruit partners from the community and the health system. The network had also played an integral part in the development of the PHCTF projects and had already sponsored some research work on access to health care for Francophones.

This project is considered to have facilitated an increased cooperation between all the targeted partners and to have helped focus attention through a better understanding of the current needs. In this sense, it literally “set the stage” for further work to come. It also highlighted how important health care is for Francophones in BC suggesting that the involvement of community partners will greatly help all future efforts to improve access. The project could not have succeeded without cooperation from the government and the health authorities. Cooperation during the project can be seen as an indicator of a real willingness on the part of the health system to continue to improve access for Francophones.

The numbers challenge:

Improving access in rural areas remains a challenge since the francophone population is spread even more thinly in those regions. BC residents that have French as a first language make up less than 2% of the population of the province and like the general population is mostly

concentrated in urban areas becoming almost invisible to government authorities delivering services over very large geographical areas in rural settings. This is in fact the case for all minority populations in BC except maybe for the native population in Northern BC.

At the end of this long process, 4 strategic intervention areas stand out:

Health information; Service planning and delivery; the Development of French-speaking human resources in the health sector and Cooperation with health authorities and other partners.





Action Plan

After all the consultations and analysis a provincial forum was held that brought together health professionals and representatives from government, health authorities, training institutions and the francophone community. The result of this collaborative effort is a provincial action plan including more than 30 proposed actions to improve access grouped around 13 distinct strategies. This summary presents a sample of these actions.

First intervention area Health information

1

Strategy # 1: To provide information to the francophone population regarding the health system, the programs and services available in French and the importance of language when dealing with health issues

This work should include the continuing development of the French-speaking health professional's directory as well as targeted and regular dissemination in the French media and online.

Strategy # 2: To inform service providers, management and government regarding initiatives and existing resources aimed at improving access

Newsletters and trade publications should be targeted as well as RésoSanté, health authorities and professional association websites. In person information sessions should also be part of the mix.

Strategy # 3: To inform service providers, management and government regarding specific needs and access barriers to health services for Francophones

A concerted effort around a provincial information campaign is recommended. Up to date research data and statistics regarding the French-speaking population must be shared with all the sectors of the health system.

Second intervention area Service planning and delivery

2

Strategy # 4: To integrate access measures in service planning

Setting the Stage results must be shared with planners and health authority management. An effort to improve francophone participation in various committees and working groups involved in service planning is also recommended. A more in-dept analysis of the relation between access barriers and health outcomes should further inform the planning process.

Strategy # 5: To facilitate the creation of dedicated access points for the delivery of French-language health services

Setting up designated French-language services will help to concentrate demand from a francophone population that is dispersed and fairly small in numbers. In the Greater Vancouver area this can be done through Community Health Centres for example. Best practices in place at Foyer Maillard, a residence for seniors, must be shared. Facilities with a provincial mandate, such as the BC Children's Hospital and BC Women's Hospital and Health Centre should also be targeted for access measures since they must provide services to all BC Francophones.

Strategy # 6: Maintain and develop complementary access measures for Francophones

It is recommended that the work to identify French-speaking health professionals, both in private practice in health institutions and to improve the matching of patients to service providers speaking their language must continue. Nurses, as front-line health workers, and all support staff must be part of this work. The use of specially trained health interpreters must be expanded. Schools of the provincial Francophone school board need better support, particularly in terms of mental health.



Strategy # 7: Provide tools and resources to Francophones to help them better understand and manage their health

Promotion and dissemination of the French components of the BC HealthGuide program should continue. The Guide-santé should also be considered as a reliable source of health information from which teaching modules can be developed for High School level students of the Francophone school board. The “Baby’s Best Chance” manual should also be offered to new francophone parents. Public health services in French school need improvement to match the level offered in English schools. A provincial health promotion forum will help to develop a concerted action throughout the province taking advantage of best practices already in place.

Third intervention area

Development of French-speaking human resources in the health sector including support to bilingual service providers already in place

3

Strategy # 8: Facilitate access to training programs and continuing education activities to improve service providers’ capacity to deliver services and programs in French

Existing French-language programs training health professionals must be well promoted and new programs need to be developed to respond to service needs. English institutions training health professionals can also be part of the solution through the identification of bilingual partners already connected to their programs. Training must include elements related to linguistic and cultural barriers to health. Service providers already committed to improve their capacity to deliver services in French list flexible continuing education programs to improve their French language skills as an important part of the support they need.

Strategy # 9: Support cooperation between health professionals and the delivery of services to Francophones by networking French-speaking service providers

French-speaking health professionals and health sciences students need more opportunities to meet where they work and study to discuss language issues as they relate to their work. The creation of Francophone student clubs should be supported. Closer ties with professional associations must also be developed.

Fourth intervention area

Cooperation with health authorities and other partners

4

Strategy # 10: Maintain and support the development of the francophone health network in BC

Résosanté Colombie-Britannique, the provincial francophone health network is now ready to incorporate as an independent not-for-profit organization. This will bring opportunities to develop new partnerships and extend action to more regions of the province, particularly in rural areas.

Strategy # 11: Advise the ministry and health authorities to help them address accessibility issues in their planning and policy development and develop new access measures.

RésoSanté must promote the inclusion of francophone participants on ministry and health authority committees and working groups and bring a francophone perspective to consultations that inform the evaluation and planning of programs and services. Collaboration with other linguistic minority groups also working to improve access will also help.

Strategy # 12: Facilitate cooperation between the francophone volunteer sector and the health system

RésoSanté is well positioned to help the health system identify francophone community partners. In reverse, francophone community organisations also need help to link with appropriate institutional partners in the health system. Ensuring participation of representa-



tives of the health system at francophone community meetings and events will help both parties to better understand each other and to improve cooperation.

Strategy # 13: Facilitate interprovincial cooperation

BC representatives must continue to participate in the national activities of « La Société Santé en français » and the « Consortium national de formation en santé » to bring a BC perspective to the national efforts to improve access. This participation should go beyond so-called official delegations and include people from the BC research community and experts to do presentations on BC expertise and best practices in regards to access and health.

Conclusion

Over the last two years, many health authorities worked specifically to improve access for Francophones and this should help facilitate the future development of French-language health care in our province. But existing services and access measures are still limited and are not well known. Setting the Stage has raised awareness and helped to consolidate existing partnerships et to create new ones. The network is therefore well positioned to act on many recommended strategies.

• For each intervention areas, Résosanté will be able to support implementation by facilitating the coordination and sharing of information between partners. It can also play an increased role as a clearing house of everything related to French-language health care in BC.

Already, existing partnerships are fostering the development of new initiatives such as the implementation of designated French-language primary health care services at a Vancouver Community Health Centre. The francophone health network must continue to grow but

it should do so while maintaining its current strategic approach. Working in partnership (with health authorities and the ministry, health professionals, training institutions and the francophone community) to develop French-language health services in an integrated manner, within the existing health system.

It seems that many of the proposed actions need to be addressed in the fairly short term. Résosanté and its partners must therefore take advantage of the energy and goodwill coming out of the “Setting the Stage” project, especially in regards to the mobilization of physicians and medical students attached to UBC. This project allowed Résosanté to support the delivery of some continuing education related to French medical terminology and quickly realized that there was a strong demand for such training. Acting soon on this demand, in collaboration with our training institution partners, would help connect more health professionals to the network while further increasing the capacity of the participants to help the francophone population

Many of the actions recommended will also be implemented through a new initiative called “Primary Health Care in Action” which is meant as a follow-up to Setting the Stage. Again, working the partnerships developed through the PHCTF projects and with new “champions” identified during this project we’ll be able to engage new people within the system that may not yet be aware of the ongoing work and best practises already demonstrated to improve access to primary health for Francophones throughout BC.



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 - Mr Yves Trudel –RésoSanté Coordinator
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RésoSanté Colombie-Britannique is a Health Network that brings together health professionals and representatives from health care facilities, health authorities, governments, training institutions and the Francophone community.

Based on beliefs of respect, diversity, equity, and accessibility and in a spirit of partnership and dialogue, *RésoSanté* supports the development, integration, and sustainability of French-language health services throughout BC. Our network 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; and proposes and facilitates research on French-language health services in BC.

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RésoSanté Colombie-Britannique est un réseau provincial de la santé en français qui rassemble des professionnels de la santé et des représentants issus des établissements et régies de santé, des gouvernements provincial et fédéral, des institutions de formation et de la communauté francophone.

Inspiré des valeurs de respect, diversité, équité, et accessibilité, et dans un esprit de partenariat et de dialogue, RésoSanté supporte le développement, l'accès intégré et la pérennité des services de santé en français à travers la Colombie-Britannique. Notre réseau propose, élabore et appuie la mise en œuvre de stratégies; fait la promotion des services de santé en français; assure un partage d'information; sensibilise et implique la population francophone; et propose et facilite la recherche dans le domaine de la santé en français en Colombie-Britannique.

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