

Mississauga Halton Local Health Integration Network (LHIN)

Francophone Community Consultation - May 9, 2009

The LHIN invited representatives of the francophone community in the LHIN area to discuss the proposed strategic and integration priorities and enabling strategies to be included in the LHIN's Integrated Health Service Plan for 2010–2013. This session was one of a number of focused consultations planned with groups of stakeholders over in April and May. Staff and members of the Board of Directors of the LHIN have been attending these sessions and listening closely to the feedback. The stakeholders' perspectives will also be an important part of the discussion with participants in the Citizens' Reference panel this June.

Mississauga Halton LHIN Health System Update

The LHIN presented an overview of the role of the LHIN and its place in Ontario's health care system, demographic and health data on the Mississauga Halton LHIN's population, and the progress on reducing wait times for emergency services. The presentation also focused on information about the francophone community in the LHIN:

- The LHIN has approximately 17,000 people that are recognized as part of the francophone community and whose first language is French. This represents 1.7% of the population within our LHIN, which is a lower percentage than in Ontario as a whole.
- The number of francophone's in the LHIN increased between 2001 and 2006 but, due to a greater influx of differing cultural dynamics, the francophone's as a percentage of the general population decreased in that period.
- Francophone's live in most communities in the LHIN with the highest concentration in the City of Mississauga.
- At least 29% of francophone's are also members of racial minorities in the Regional Municipality of Peel.
- Throughout the LHIN, 178 physicians speak French¹.
- There are 84 francophone general practitioners in the LHIN, of whom 10 were accepting new patients as of March 2009².
- Limited information is available on the specific health needs of the francophone population.

¹ College of Physicians and Surgeons of Ontario website: <http://www.cpsso.on.ca/docsearch/>. Accessed on May 1, 2009.

² College of Physicians and Surgeons of Ontario website: <http://www.cpsso.on.ca/docsearch/>. Accessed on May 1, 2009.

- The Ontario French Language Services Act confers the right to services in French in designated areas. The LHIN includes such designated areas (the City of Toronto, the City of Mississauga, the Regional Municipality of Peel), but there is no official body responsible for French-language health services within the LHIN. Currently, there is no such designated health service provider agencies in the Mississauga Halton LHIN.

The participants in this session considered the proposed priorities for the Integrated Health Service Plan refresh:

- Improving access, quality and sustainability of the health system
- Enhancing seniors' health, wellness and quality of life
- Integrating mental health and addictions services
- Prevention and management of chronic conditions

They also discussed the three broad categories of enabling strategies:

- Primary health care
- eHealth strategy
- Health human resources

The following is a summary of their comments and ideas, grouped by the proposed priorities and strategies, further grouped by major themes emerging from the discussion. *Some of the issues raised do not fall within the work of the LHIN, but they are recorded here to fully capture the participants' views.*

General comments

- Prevention and wellness and health services for children and youth should be added to the list of priorities. Promoting good health is integral to a sustainable health system and children and youth are not receiving the health services they need.
- The LHIN has not had a clear directive from the Ministry of Health on making services available in French although recent policy changes have aimed to rectify this. The LHIN should have a plan to communicate the details of any related agreement between the LHIN and the Ministry of Health to the francophone community and give the community an opportunity to comment.
- The respective roles, activities, and responsibilities of the LHIN and the Ministry of Health should be made clearer to the community.
- The LHIN and the francophone community could work together to improve health service in French but the francophone community needs to have more communication from the LHIN to ensure their concerns are understood. Submissions and recommendations on services in French to the Ministry of Health and the LHIN need to be considered on a merit basis and acted on when appropriate. Consultation with the francophone community can be effective if they are actively engaged and consulted for their input.
- The refreshed IHSP should include a process for evaluating and monitoring the results of initiatives under the priorities.
- The IHSP refresh is said to be building on a “solid base.” Francophone services were not mentioned in the first IHSP, and the francophone community therefore cannot consider it a solid base. The IHSP should explicitly mention services in French.
- LHINs throughout Ontario should cooperate to respond to the needs of the francophone community, including exploring the possibility of sharing the cost of francophone resources for French-language services. If initiatives are found to work in the Mississauga Halton LHIN, then this information could be communicated to other LHINs for inclusion, and vice versa.
- The LHIN Board should have francophone representation. The LHIN should also appoint a staff member, at a senior, decision-making level, to spearhead the implementation of improved health services for the francophone community.

- The language describing the priorities is vague, and gives the impression of plans for further study rather than plans for action. The IHSP should include solid commitments to implementing programs under the priorities. Also, the LHIN should use clear, plain language in the upcoming IHSP and other documents. This includes avoiding the use of acronyms where possible.
- It may be useful for the LHIN to conduct a consultation session with health care providers and citizens at the same discussion tables.
- The LHIN should explore an integration strategy that would connect members of the community from various disciplines with the common goal of improving health care in the LHIN. Patients often have multiple, interrelated problems, and communication between health services, legal services, and community agencies would help to address the issues holistically.

Proposed Priorities: Improving access, quality and sustainability of the health system

- Francophone's have the same concerns about access, quality, and sustainability in the health system as other LHIN residents do. However, these issues are complicated by the lack of health services in French.
- The French Language Services Act confers the right to services in French in designated areas of Ontario. The issue of availability of health care services in French is closely tied to the lack of an enforcement mechanism for these statutory language rights. Government and service providers concentrate on accommodating the most prevalent foreign languages. This is important, but they often fail to provide services in one of the province's official languages.
- The francophone community in Ontario is relatively small and is spread throughout the province. Under the French Language Services Act, the numbers in the designated areas are irrelevant, yet they influence the allocation of resources. For example, the City of Toronto is a designated area, but patients asking for service in French in Toronto hospitals are often told that the service is not available because the demand does not justify the cost. LHINs should have more communication with the Ministry of Health to find ways to remove the financial barriers to providing services in French.
- Anglophones tend to be under the mistaken impression that francophone's in Ontario are bilingual although many communicate only in French. Moreover, the number of francophone's may be considerably higher than the Census indicates since French-speaking immigrants are often included in racial minority categories without reference to their language.

- The published availability of services in French does not match reality. Frequently, the wait for service in French is so lengthy that the individual abandons the attempt and opts for service in English. This artificially lowers the perceived demand for French language services and can lead to the removal of services. Francophone's should be made aware of their language rights and encouraged to ask for services in French to highlight demand.
- Many people in the francophone community are not aware of where to access services in French.
- Francophone's need a number to call for health information where they can reach a person, not a recording. For example, they may need to verify that they have correctly understood the direction on a prescription label.
- Ideally, all health services would have francophone professionals on staff.
- Strategies for improving services in French should make a distinction between services in French and the availability of bilingual personnel. An ability to speak basic French is not enough to provide high-quality health care.
- Reliable data should be gathered on the health needs of the francophone community, including data on state of health and the relative prevalence of certain conditions. Without this information, it is difficult to properly consider the issues affecting the community.
- Collaboration among service providers could improve access to health services in French. For example, agencies could share the services of professional interpreters. Finding creative solutions requires communication, however, which is currently lacking.
- Francophone associations and groups should also seek more opportunities to collaborate in the community interest. The francophone community should build a strong network to facilitate the sharing of information, such as where French language services are available.
- All health services should be able to share patient records. Health records of francophone patients should be maintained in French so that patients have access to them. This would help patients manage their health and avoid miscommunication about their treatment and medications.

Proposed Priorities: Enhancing seniors' health, wellness and quality of life

- Access to home care services should be explicitly set out in the IHSP with a focus on francophone seniors having French-speaking (ideally, francophone) home care workers.
- Outreach to identify seniors at risk of losing their independence should be a high priority.
- Community Care Access Centres should have French-speaking staff available to listen to francophone seniors' needs and provide information.
- The LHIN should seek more opportunities for community partnerships to support seniors. For example, Community Care Access Centres could appoint a staff person to liaise and work with the francophone community.
- Internet access to health information may not be the best solution for seniors. Even if computer access is available, many seniors find it difficult to read from the computer screen.
- The francophone community made a 2 year submission on the Aging at Home Strategy that did not receive funding, but should be considered in formulating the updated IHSP.

Proposed Priorities: Integrating mental health and addictions services

- Integration of mental health and addictions services makes sense because the two conditions are often interrelated. Integration initiatives should provide for a control person to ensure that patients do not fall through the cracks.
- Mental health should be considered part of physical health and integrated with the overall health system. This calls for a full-spectrum approach, beginning with education and prevention. Treatment of mental illness and addictions should be multidisciplinary, with the coordinated involvement of doctors, nurses, pharmacists, and community supports.
- The stigma of mental illness has been reduced in recent years, but there is still a need for public education to remove barriers to seeking treatment.

- The public also needs education to recognize the symptoms of mental illness and addiction. Education should begin in schools, since mental health is becoming a serious issue among adolescents.
- The public, especially adolescents, should have information on recognizing the symptoms of depression in themselves and others. In addition to well-publicized mental health information, hotlines and web information should be designed specifically for youth. These should be available in French, because young people in the LHIN currently have no access to mental health services in French.
- Families of mental health and addictions patients need more information on how to deal with a family member in trouble.
- Specially trained personal support workers should be available to provide much-needed support to mental health patients and their families.
- The caregivers of mental health patients also need respite opportunities and other supports. For example, seniors often become the caregivers for their adult children. This can be especially stressful because adults cannot be compelled to receive treatment or take the medication prescribed for them. Health professionals making home visits should be alert to the needs of caregivers as well as patients.
- Patients who are prescribed medications should have follow-up care with regular monitoring of the effect of the medication.

Proposed Priorities: Prevention and management of chronic conditions

- Hypertension is more prevalent in the LHIN than kidney disease is and should be specifically mentioned under this priority.
- Patients with a chronic disease should receive high-quality training from health professionals on managing their condition immediately upon diagnosis. This should be combined with in-person follow-ups, at specific intervals, to make sure that patients are managing their health effectively. Monitoring should be mandatory, even if the patient does not report any problems, in order to prevent complications.
- On-line tutorials and management tools could supplement one-on-one instruction and monitoring. This information would also be useful for the patients' families.
- Patients rarely receive information on health promotion and prevention measures such as nutrition from their doctors. There should be programs conducted in French on improving health and healthy lifestyles, including diet, exercise, and preventing illness.

- Secondary schools already have a health education program but this should begin earlier in the curriculum. Primary schools should also be encouraged to include health education.
- To address the needs of the francophone community, the five LHINs in the Greater Toronto Area could cooperate to conduct information and health education sessions in French. This approach could be incorporated into the LHIN's diabetes management strategy.

Enabling Strategies

Primary health care

- The francophone community has made primary care proposals to the LHIN regarding family medicine teams and a primary care facility. These proposals should be considered for the upcoming IHSP.
- The only francophone community health centre in this part of Ontario is the Centre Francophone de Toronto and the Centre de santé communautaire de Hamilton. Distance and lack of transportation are significant barriers to accessing this service from much of the LHIN area especially for patients who would have to make frequent visits.
- A multi-purpose francophone community health centre in the LHIN would be the ideal way to provide primary care for the francophone community. Sited in a central location in the LHIN, the centre would address multiple needs for the francophone community. It would provide access to francophone health professionals, act as a hub for education and for sharing information and resources, and serve as the access point for community supports and online services. Locating these services in one place would also reduce the cost.

eHealth Strategy

- An up-to-date database of health professionals, health-related community services, and volunteer groups offering services in French should be compiled. The directory should be available to the public and also to service providers who make referrals. Hospitals could also post information on health care providers who provide service in French.
- The eHealth strategy for diabetes management should be set out in more detail and communicated to the public.
- The text on websites that provide health information in French tends to be translated from the English and the translation is often of poor quality. French content should be written by francophones. Discussion forums and information presented in a question-and-answer format would make web information more useful and accessible.

Health human resources

- Health-care services should have professional interpreters available to accompany francophone patients when French-speaking health professionals are not available. This service should be widely available throughout the LHIN, and well-publicized so that patients are aware of it.
- Many French-speaking health practitioners have credentials not yet recognized in Ontario. The LHIN could encourage the government to accelerate the accreditation process to increase the number of francophone health professionals. While awaiting accreditation, foreign-trained francophone practitioners could be an important resource for the health system for example by serving as interpreters.
- The lack of health care services in French discourages francophone youth from pursuing a health career. Education institutions should liaise with French schools to encourage students to consider a career in health care.
- Health services in French are particularly lacking in specialized areas. For example there is a lack of speech pathologists and psychologists in French schools and few French-speaking psychiatric nurses to follow up with patients and make home visits.

Participants at this session also received an update from Clarice Steers, Vice-President of the Centre de services de santé – Peel et Halton Inc. which is a non-profit community organization that promotes access to French language health services in Peel and Halton.

LHINs are the only public sector organizations in Ontario with a specific requirement under the Local Health System Integration Act, 2006, c.4, s.16, to ensure community engagement for the purpose of creating an Integrated Health Service Plan. Listening to citizens helps the LHIN to do its work of improving health care delivery. The Board of Directors and staff of Mississauga Halton LHIN are grateful to each of the participants for taking the time to share their views, concerns, and ideas.

The Mississauga Halton LHIN would also like to thank Guylaine Jaeger who is the Project Officer – Notre Sante, Notre Priorite and the support from the Centre de Services de Sante de Peel et Halton with the planning and execution of this successful event!