

Active Offer Strategic Planning and Implementation Guide

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A Guide for Health Service Providers

Developed by:



Funded by:



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Reflet Salvéo is one of six French language health planning entities named by the Ministry of Health and Long-Term Care to advise the 14 Ontario's Local Health Integration Networks (LHINs) on the following:

- methods of engaging the French-speaking community in the area;
- health needs and priorities of the French-speaking community in the area, including the needs and priorities of diverse groups within that community;
- health services available to the French-speaking community in the area;
- identification and designation of health service providers for the provision of French language health services in the area;
- strategies to improve access to, accessibility of and integration of French language health services in the local health system; and
- planning for and integration of health services in the area.

Reflet Salvéo's mandate is to advise the Toronto Central, Mississauga Halton, and Central-West LHINs.

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Purpose of Guide

In recent years, Reflet Salvéo and its partners have undertaken initiatives to ensure Health Service Providers (HSPs) are offering equitable services to French-speaking health service users. This means building greater French Language Service (FLS) capacity within their respective organizations and making sure FLS are offered proactively to meet the needs of Francophones.

Reflet Salvéo developed this *Active Offer Strategic Planning and Implementation Guide* as part of the Leadership Training in Active Offer to support Health Service Providers (HSPs) in adopting a unified and consistent approach to the delivery of French Language Services (FLS).

The Leadership Training in Active Offer and the *Active Offer Strategic Planning and Implementation Guide* were funded by the Toronto Central Local Health Integration Network.

Use of Guide

This guide is intended to support leaders of HSPs organizations in strategic planning methodology and implementation strategies related to the Active Offer of FLS. It provides resources and context on numerous subjects including the Active Offer, language barriers, language competencies, interpretation and cultural competence. It also includes tools and frameworks to help HSPs assess their internal FLS capacity and external opportunities; develop policies for FLS and human resources; and draft a communications plan that will support the implementation and delivery of the Active Offer of FLS.

INTRODUCTION

Why Offer French Language Services?

The Active Offer responds to both a legislative requirement and the population growth of Francophones. There is an increasing number of Francophones living in Ontario:

- ✚ There are over 611,000 Francophones in Ontario;
- ✚ It is the largest Francophone community outside of Quebec;
- ✚ Over 59,000 Francophones live in Toronto, and 120,000 in the GTA. These statistics reflect the Inclusive Definition of Francophone as “persons whose mother tongue is French, plus those whose mother tongue is neither French nor English but have a particular knowledge of French as an Official Language and use French at home”;
- ✚ Almost half are foreign-born and nearly 75 % were born outside of Ontario; many Francophone immigrants belong to a racial minority;
- ✚ The Francophone population is a minority difficult to identify because of its diversity and dispersion among the greater population.¹

GOVERNANCE

The Ministry of Health and Long-Term Care (MOHLTC) acknowledges that Franco-Ontarians struggle to access health care services in French and provides a broad guideline to confront language and cultural barriers. The ministry says "to meet their needs and improve their patient experience and health outcomes, we must ensure that the health care system is culturally sensitive and readily accessible in French". To reduce health disparities, the ministry expanded the role of the LHINs "to improve access to high-quality and consistent care for all Ontarians". Because LHINs are geographically defined, they are able to better understand the needs of their communities and to thus provide accessible and culturally appropriate health services.²

The *French Language Services Act (1990) (FLSA)* guarantees an individual's right to receive services in French from Government of Ontario ministries and health agencies in the 26 designated regions, including the following regions covered by the territory of the Toronto Central LHIN: Toronto and the Regional Municipality of Peel in Mississauga and Brampton.

80% of Ontario's Francophone population lives in the following designated areas³:

1. City of Toronto
2. City of Hamilton – as boundaries existed on Dec. 31, 2000
3. Cities of Port Colborne and Welland in the Regional Municipality of Niagara
4. City of Ottawa
5. Cities of Mississauga and Brampton – Regional Municipality of Peel
6. Sudbury – and the greater Sudbury area
7. Township of Winchester – Dundas County
8. Essex County:
 - City of Windsor
 - Towns of Belle River and Tecumseh
 - Townships of Anderdon, Colchester North, Maidstone, Sandwich South, Sandwich West, Tilbury North, Tilbury West and Rochester
9. Glengarry County
10. Kent County:
 - Town of Tilbury
 - Townships of Dover and Tilbury East
11. Prescott County
12. Renfrew County:
 - City of Pembroke
 - Townships of Stafford and Westmeath
13. Russell County
14. Simcoe County
 - Town of Penetanguishene
 - Townships of Tiny and Essa
15. Stormont County
16. District of Algoma
17. District of Cochrane
18. Township of Ignace in District of Kenora
19. District of Nipissing
20. District of Sudbury
21. District of Thunder Bay
 - Towns of Geraldton, Longlac and Marathon
 - Townships of Manitouwadge, Beardmore, Nakina and Terrace Bay
22. District of Timiskaming
23. City of London
24. Municipality of Callander in District of Parry Sound
25. City of Kingston
26. City of Markham (as of July 1, 2018) in Regional Municipality of York

Designated Health Service Providers in the GTA

There are currently only two fully Designated HSPs that deliver all programs and services in French in the Toronto Central LHIN's region. These two HSPs serve Francophones from the entire GTA, which puts many patients in a position to either travel the greater distance to access FLS or seek health services from their local HSP in English. When HSPs implement the Active Offer, barriers such as distance and accessibility will be reduced and high-quality patient-centered care will be provided to French-speaking patients on a consistent basis.

The two Designated HSPs in the GTA are:

Centre francophone de Toronto (CFT) ⁴

- The CFT offers primary health care services and mental health counselling to Francophones who live in and around Toronto such as: Health Clinic, Mental Health Counselling and Therapy Services, Children's Mental Health and Espace jeunesse.
- The CFT also offers health promotion services for the Francophone community such as Nutrition and Dietetics, Diabetes, Pregnancy and Nutrition, HIV-AIDS, Support for Families in Need.

Centres d'Accueil Héritage (CAH)⁵.

- CAH offers a wide range of community support services and home care services to Francophone and Francophile seniors in the GTA.
- Services include personal care, intervention and assistance services/case management and system navigation, adult day programs / elderly persons' centre, congregated dining program, and caregiver support or counseling.

Although not an HSP, Action positive VIH/sida is a non-profit health community organization that is fully designated.

- Offers education, prevention and support services to French-speakers affected by HIV/AIDS in Toronto

Identified HSPs

Toronto Central LHIN has several Identified HSPs, all of which have the responsibility of planning for and implementing services in French in the programs for which they have been identified.

HSPs identified for French language health services (as per January 2017) by the Former Toronto District Health Council include:

University Health Network

- Princess Margaret Hospital, all programs and services
- Toronto General Hospital

Mount Sinai Hospital

- Obstetrics, gynecology and neonatology (Women's and Infants' Health Program)

Sunnybrook Health Sciences

- Sunnybrook Centre for Independent Living
- Odette Cancer Centre (formerly Toronto Sunnybrook Regional Cancer Centre)

Centre for Addiction and Mental Health

- All programs and services

Holland Bloorview Kids Rehab

- All programs and services Hospital for Sick Children
- All programs and services

Women's College Hospital

- All programs and services

Toronto Central Community Care Access Centre

- CCACs fall directly under the French Language Services Act and therefore have a legislated obligation to provide service in French. Since January 1, 2013, Toronto Central CCAC has been designated for the provision of FLHS.
- All programs and services provided by all offices
- All contracted services provided by external providers

Canadian Mental Health Association, Ontario Division

- Passages program

Breakaway Youth and Family Services

Other agencies providing French language health services in the TC LHIN include:

Ontario Prevention Clearing House

Toronto Public Health

- Healthy Babies, Healthy Children
- Provincially mandated programs
- Programming in French language schools
- Toronto Preschool Speech and Language Services

There are no designated or identified long-term care homes in the Toronto Central LHIN for French Language Health Services. However, Bendale Acres in the Central East LHIN delivers programs and

services in French at the Pavillon Omer Deslauriers.

The Local Health System Integration Act (LHSIA) reinforces the requirements of the *French Languages Services Act*, underlining its commitment to equity in serving Ontario's French-speaking population. Under the LHSIA and through the Multi-Sector Service Accountability Agreement (2014-2017), the Toronto Central LHIN expects its health service providers to actively participate in French-Language service planning and delivery.⁶

All non-identified/non-designated HSPs in Toronto Central LHIN's territory are obligated to provide French-speaking clients with service in French through translation, interpretation or by facilitating access to a designated or identified for FLS. The Active Offer Strategy at a Glance chart provides steps for the delivery of FLS.

METHODOLOGY

Planning the Active Offer of FLS is a complex process and may occur gradually over the course of a few years. It involves collaboration with various internal and external stakeholders, an understanding of the Francophone community, and an awareness of the impact of language barriers on health services.

It builds on the understanding of language proficiency, regulations (e.g. *The French language services Act and The Local Health Systems Integration Act*) and on data and information about the Francophone community. There is extensive research on best strategies to plan for the Active Offer.

The methodology explored in this guide includes:

1. Establishing the objectives and a timeframe

- Will the mission, values and vision be revised and alignments affirmed?
- Will a FLS committee be established to include senior staff, FLS coordinators, and stakeholders?
- How will the environmental factors be analyzed and results used to inform strategic planning?
- How will the delivery of FLS take place? (through a series of small steps or a large organizational shift?)
- What are the long-term and the short-term goals in respect to the timeframe?
- What are the desired outcomes?
- What are the indicators of success?

2. Developing a strategy for attaining the objectives

- Develop a FLS Policy
- Develop a Human Resources Policy
- Develop a Communications Plan

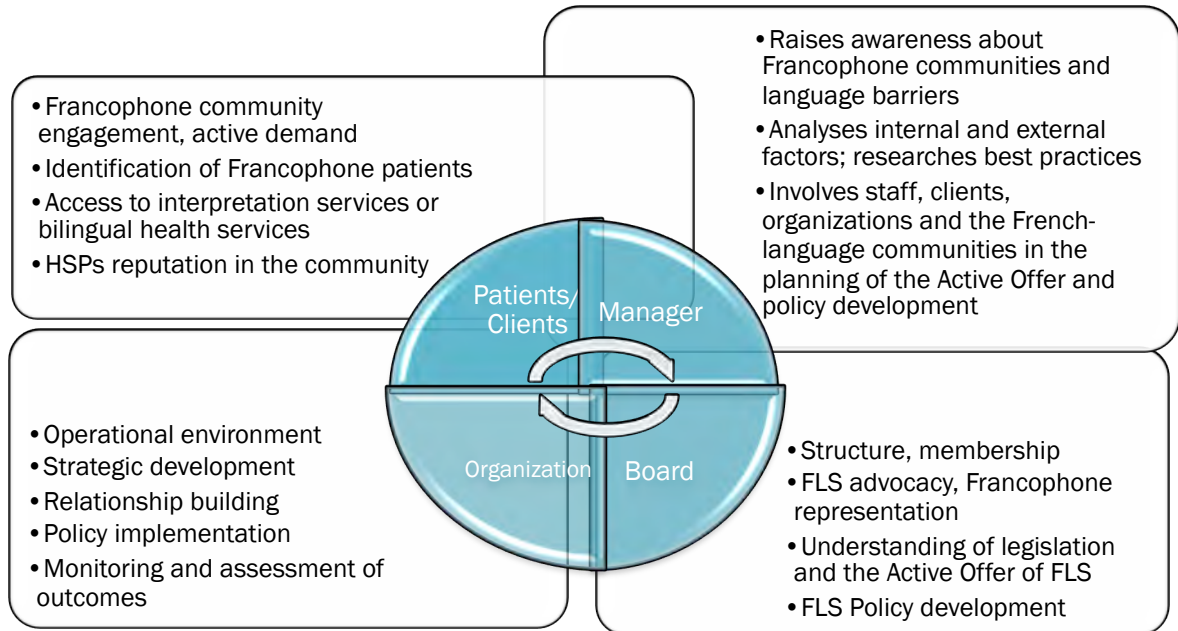
3. Implementing the strategy

- How will the actions be carried out?

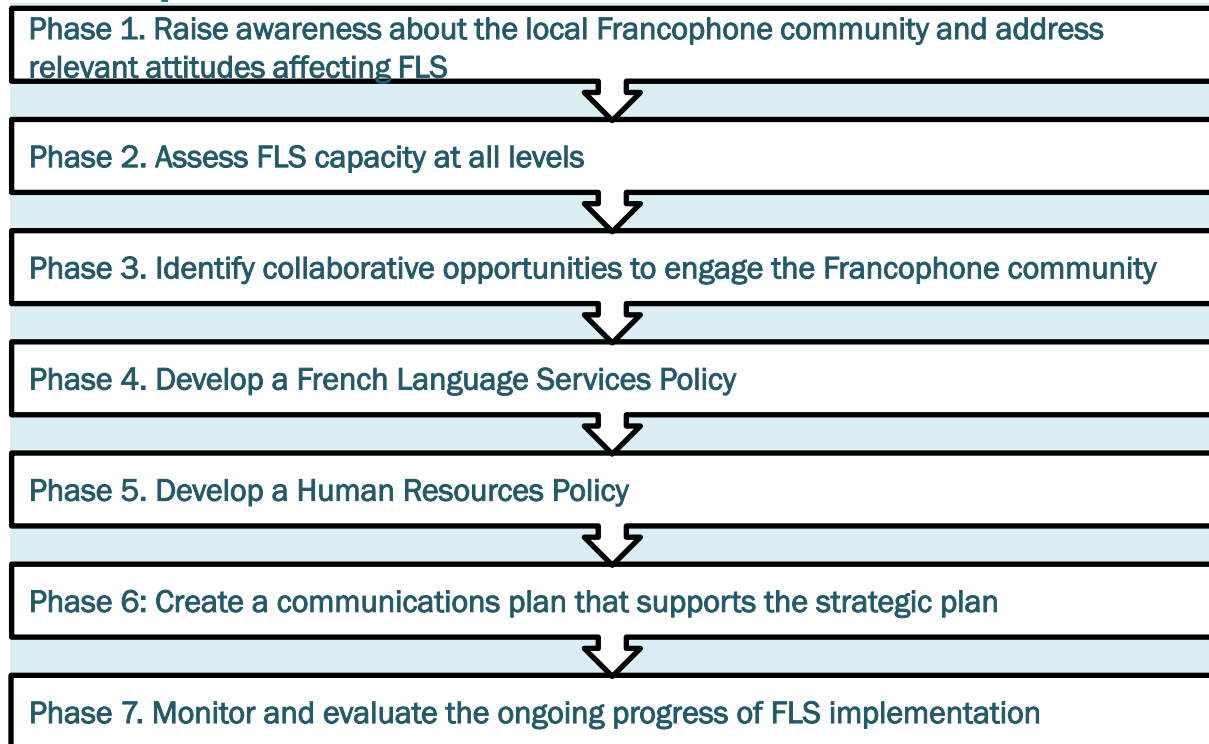
4. Monitoring and evaluating

- What is the baseline data on which progress is being monitored?
- How will the impact of the Active Offer be analyzed?
- What quantitative and qualitative data will be used?

Active Offer Governance Framework



Implementation Phases for the Active Offer



PHASE 1: RAISING AWARENESS

To build awareness among staff and Board members about the organization's strategic planning for the active offer, the following strategies inspired by Canadian Heritage ⁷ may be helpful:

- Respect the culture and values of your organization while implementing active offer.
- Explain that certain positions will be designated, not the individual members and employees.
- Emphasize that the transition will take place gradually and that it will be flexible and adapted to your organization's needs.
- Present the advantages of delivering FLS to the patients and to the organization.

What is the Active Offer of FLS?



The active offer of health services is a proactive acknowledgement that FLS are available at the first point of contact with the patient in order to communicate clearly to the clients that they have the option to be served in either English or French. This also provides an opportunity for the HSP to identify Francophone patients (Consult the Active Offer at a Glance chart on the next page).

"More specifically, it means that we enable patients to express themselves and to be served in the official language they feel most comfortable. In healthcare, the active offer not only allows patients to communicate more easily, but it also helps healthcare professionals provide quality services that are safe, ethical and fair, especially for linguistic-minority communities."⁸ The planning of the Active Offer involves all levels of management, board of directors, staff (bilingual or unilingual) and patients.

The Active Offer of French-language health services:

- Is the regular and permanent offer of services to the Francophone population living in a minority context
- Respects the principle of equity by supporting the delivery of culturally competent and equitable care that places the patient at the centre of the health care system.
- Aims to provide service quality and patient safety comparable to that provided in English.
- Is linguistically and culturally appropriate to the needs and priorities of Francophones, and builds on a holistic approach of patient-centred services.⁹

The Active Offer reinforces the Ontario government's pledge to strengthen French-language services. Although FLS services offered will vary depending on the designation and the current bilingual capacity of the organization, the Active Offer means that French-speaking health service users should be greeted in French and then referred to an appropriate health care agency where FLS are available.¹⁰

Welcome/Bienvenue! We offer services in both English and French.

Nos services sont offerts en français et en anglais

ACTIVE OFFER AT A GLANCE ¹¹

<p>Inform the public that the service is available in French</p> <p>Signage and communications at the reception are provided in both languages</p> <p>Remove the public's need to ask if services are available in French</p>
<p>Offer services in French and in English on a consistent basis</p> <p>Greeting at the reception and on the telephone is bilingual providing the choice of using either language of service</p>
<p>Ensure that the service is provided in a culturally appropriate way respecting the culture and diversity of the Francophone patient</p> <p>Does the patient have a complete understanding of the services being offered in French?</p>
<p>Ensure the service being offered is of the same quality to that of the one offered in English</p> <p>Use trained translators or teleservices to ensure accurate communication between the health service provider and the Francophone patient</p>
<p>Establish protocols for referral with FLS agencies to facilitate access to French language services if the patient prefers face-to-face French-language health services</p> <p>With the consent and participation of the client, contact FLS agency in the area to ensure access to FLS and respond to the patient's needs</p>
<p>Identify French-speaking patients/clients and promote community engagement</p> <p>Ask patients to identify their official language or the language in which they are most comfortable (English or French)</p> <p>Engage French-speaking patients in activities (e.g., planning and education) in order to obtain their perspectives, and to promote and assess the Active Offer of FLS</p>

Impact of Language Barriers on French-Speaking Patients and Clients

Living in a minority context, the Francophone community encounters language and cultural barriers that prevent them from accessing French language health services. Many Francophone patients do not know there are French health services offered in their community. Others may not seek health services due to communication barriers.

The Active Offer of FLS aims to reduce or eliminate language barriers to French-speaking patients. It provides FLS at the initial point of contact, thus proactively helping health professionals within the organization identify the need for a French-speaking health professional or by accessing interpretation services to ensure accurate communication between the French-speaking patient and the HSP.

Without access to FLS, Francophone patients are forced to communicate in English, regardless of their language proficiency. This language barrier often carries additional risks to patients who do not receive the service that responds to their needs. Sarah Bowen, a prolific researcher in the area of access and quality of care for underserved populations presents the negative impact of language barriers on patients:

“... language barriers have been associated with increased instances of misdiagnosis, poorer health outcomes, poorer patient adherence, and lower satisfaction of health services.” In addition, she highlights how the failure to effectively inform patients of their rights regarding consent and confidentiality due to language barriers increases organizational risk and liability. Language barriers also prevented patients from understanding diagnosis and the associated treatment, thus resulting in lower adherence to the prescribed treatment.¹²

1. Without the Active Offer of FLS at the initial point of contact (e.g. at the reception, on the phone), French-speaking patients are not aware of available services.
 - Consequently: they rely more on hospital and physicians for acute needs due to misunderstandings attributed to language comprehension
2. Due to the lack of access to French Language health promotion and prevention information (e.g. patient forms, health information), French-speaking patients have a decreased awareness of health risks and the associated preventative measures they can take to better manage their self care.
 - Consequently: they use fewer preventive services and screening programs thus there is an increase in preventable diseases and conditions

3. Without trained interpreters, minority language patients do not have the opportunity to provide informed consent:
 - Current practice of using ad hoc, untrained interpretation fails to protect patient confidentiality
 - Inadequate or inaccurate medical history assessment
 - Risk of greater misdiagnosis
 - Increased utilization of higher intensity services (increased cost to health care), hospital days and follow-up visits.
 - Consequently: there are increased costs and risks of liability to the HSPs¹³

4. The costs and risks of failing to address language barriers are important. Language and communication is essential to diagnosis, therefore it is important to view interpreter services as a diagnostic tool, and evaluate cost effectiveness in the same way as one would evaluate any other diagnostic aid.¹⁴

Appendix A: Identifying Broad Goals Related to the Active Offer of FLS
Appendix B: Assessing FLS Advocacy at the Governance Level

Impact of Language Barriers on the Elderly Francophone Patients

The elderly are among the groups hardest hit by language barriers in health services. As the population of Ontarians over 65 increases, this barrier increasingly needs to be addressed.

Being able to communicate in French becomes increasingly important as patients age. As patients are under stress and/or in the last chapter of their lives they often lose the ability to communicate in English altogether. 'There are many Francophones who find themselves in homes for the aged, but they are very poorly served because there are no French-language services.' The offer of services in French often falls to caregivers, particularly in the case of services for the elderly. When the caregiver is unavailable, potentially serious situations can arise. ¹⁵

In urgent or stressful situations, when Francophone patients are in shock or in a life-and-death situation, they will be unable to ask for any kind of service, let alone be able to articulate their need for service in French. People who are fully bilingual often lose their ability to speak in anything other than their mother tongue and may not be able to express their needs adequately.

Upon having a negative reaction to a medication, a patient was rushed to the hospital. In the emergency room, the patient, who was in mid-stroke, understood what the nurses were saying to her and couldn't understand why they didn't understand her. She was speaking French, yet, in her mind, she thought she was speaking English.

This patient happened to be a retired nurse from that same hospital, which didn't help her cause, because the nurse in the emergency room insisted that she speak English, going so far as to chastise her by saying, "I know you can speak in English; we speak in English here."

Before a French-speaking nurse was brought to help, the patient was transferred from the emergency room to the psychiatric ward and placed in a room under the watch of a security guard on the grounds that the patient was being non-compliant and difficult. Not surprisingly, the patient refuses to go back to that hospital.¹⁶

Just imagine for a minute what it must have been like, being strapped to a gurney in mid-stroke and arriving at the hospital emergency thinking that you were in good hands, only to be treated so poorly? Had the outcome been different, imagine the possible risks and liability to that HSP?

Video on the loss of the English language: *My health, my language, Ronald Bisson's testimony*, developed by Consortium national de formation en santé at <https://vimeo.com/156867035>

IMPACT OF NEGATIVE BEHAVIOUR TOWARDS THE FRENCH LANGUAGE COMMUNITY

The French-language community represents a marginalized and vulnerable population living in a minority context. Francophones often experience negative attitudes, such as intended or unintended discrimination in response to their request for FLS. Unfortunately the above case study is just one example of discrimination. As a result, individuals may internalize the myths or stereotypes related to French language communities. They stop asking or expecting FLS to be accessible. In response, organizations are often quick to conclude that French language speakers are bilingual enough and there is no need to provide FLS.

"When people from targeted groups internalize myths and face discrimination, it can cause them to feel (often unconsciously) that in some way they are inherently not as worthy, capable, intelligent, beautiful, good, etc. as people outside their group. They turn the experience of oppression or discrimination inward. They begin to feel that the stereotypes and misinformation that society communicates are true and they act as if they were true."¹⁷

There is commonly an attitude that language barriers are a time-limited problem – which will “go away” over time. This attitude, combined with the attitude that language barriers are a responsibility of the patient, have often resulted in little attention being paid to the negative impacts of impaired communication. These attitudes are most pronounced towards speakers of immigrant languages as, in Canada, language barriers are often perceived to be “newcomer” issues, and it is assumed that it is the responsibility of the patient to learn English. ¹⁸

Policies that provide a clear mandate on the Active Offer help the organization build trusting relationships with the Francophone community. Providing FLS enhances the ethical responsibilities of the health professional and the delivery of equitable health services in an inclusive climate that focuses on eliminating language barriers, stereotypes and discriminatory mindsets that may hinder the patient-centered care for Francophones.

PHASE 2: ASSESS FLS CAPACITY AT ALL LEVELS

In this planning phase of the Active Offer, HSPs collect data from both internal and external sources to gain information on its FLS capabilities at all levels, including the Board of Directors.

Data collection provides information that the HSP needs to consider when planning FLS. The information can be obtained through consultations (internal and external), surveys, and environmental scan tools.

Who are the Francophone patients/ clients?

Are there any tools already in place to help the HSP identify the Francophone patients?

- At the point of entry, are patients given an opportunity to identify as French-speaking?
- Does staff inform the patients of the organization's ability to provide FLS? Is the Francophone community consulted to gain a better understanding of their needs?

How does the organization currently interact with Francophone patients?

- What is the understanding of both the board and staff regarding FLS?
- What is the overall attitude demonstrated in the organizations towards FLS?
- What changes in mindset or understanding about the Active Offer must take place to promote the strategic planning related to the Active Offer?
- What supports are needed to improve the overall understanding of the Active Offer?

What French-language organizations and networks exist in the local area? (e.g. related to health services, education, community building)

- How can the organization collaborate with HSPs already providing FLS?
- How can partnerships or protocols be put in place to ensure access to health services in French?

Data Collection

The collection of data is an integral part of being able to properly assess and measure the capability of an organization against its strategic plans and objectives.

The following organizational documents should provide information on the internal factors that may impact the strategic planning of the Active Offer: ¹⁹

Mission-related documents

- Program descriptions / work plans
- Needs assessments
- Client satisfaction surveys
- Other data (such as reports for the LHINs, etc.)

Governance documents

- Board minutes
- Board member structure (is there Francophone or Francophile representation?)

Administrative capacity documents

- Mission, vision, value statements; strategic plan; annual plans
- Program descriptions / work plans
- Internal newsletters or other communication vehicles
- Human resources policies and performance appraisal forms
- Volunteer management plan
- Capacity-building / Professional Development plan

Financial-related documents

- Budget reports

SWOT Environmental Scan

The SWOT environmental scan is one of the tools that can be used to inform the strategic planning process. This is an important process, which provides data to create the baseline from which to monitor progress. A SWOT analysis helps identify the **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats to an organization, which will serve as a guide for the implementation of strategies, changes in mindsets and other internal and external factors.

Collecting data using the SWOT environmental scan, allows the HSPs to:

- Involve the board of directors, staff, external stakeholders such as bilingual or Francophone patients, partner organizations and agencies in a related field;
- Identifying French-speaking employees.
- Assessing structures and conditions in the HSP such as mission statement, culture, and leadership capabilities; and
- Seek opportunities to build on the strengths; identify the weaknesses and address barriers and risks that interfere with patient-centered services and equitable health services tailored to the needs of the Francophone population.

The SWOT analysis on internal factors will provide insights on:

- Capacity and strengths within the organization.
- Weaknesses and limitations in the organization.

The SWOT scan related to external factors will provide

information on:

- Opportunities outside of the organization.
- Threats, challenges, risks and barriers to progress arising from external factors.



Interconnecting the internal strengths and weaknesses of the organization requires building on strengths and opportunities to reduce risks or threats. HSPs can develop strategies that take into account the SWOT profile to plan for the Active Offer.

Appendix C: SWOT Analysis Template
Appendix D: Self-assessment of French language proficiency

PHASE 3: IDENTIFYING AND ENGAGING FRANCOPHONE STAKEHOLDERS

This topic is explored in more details in chapter 7 on the communications plan.

The French Language Health Services Office, MOHLTC, and the 14 Local Health Integration Networks (LHIN) FLS Coordinators can support HSPs identify key Francophone stakeholders when designing their community engagement or consultation strategies.²⁰

Furthermore, six French Language Health Planning Entities (FLHPE) were created under Ontario Regulation 515/09 *Engagement of the Francophone Community* under Section 16 of the ACT. Reflet Salvéo is one of six FLHPEs named by the Ministry of Health and Long-Term Care to advise the LHINs on the following:

- methods of engaging the French-speaking community in the area;
- health needs and priorities of the French-speaking community in the area, including the needs and priorities of diverse groups within that community;
- health services available to the French-speaking community in the area;
- identification and designation of health service providers for the provision of French language health services in the area;
- strategies to improve access to, accessibility of and integration of French language health services in the local health system; and
- planning for and integration of health services in the area.

When HSPs involve the Francophone community in the planning and communication of FLS, they gain perspective and insights that will inform their strategic objectives related to FLS. HSPs may also create an advisory committee for FLS to seek information during the planning and the delivery of the Active Offer. This inclusive approach to community engagement also helps build patient awareness and engagement in HSPs health services by being able to establish direct relationships with the Francophone community. This in turn may also result in better outreach outcomes, such as recruiting qualified bilingual talent or communicating.

Appendix E: Community Engagement Tool
Appendix F: Internal Stakeholder Engagement
Appendix G: External Stakeholder Engagement

PHASE 4: FRENCH LANGUAGE SERVICES POLICY

During the strategic planning and the implementation process of FLS, inherent alignments occur between the HSP's Mission, Vision and Values related to Equity and Patient-Centered Care, the Human Resource Policy related to bilingual positions and the Communications Plan which sets strategies to help engage the Francophone community, identify bilingual documents and signage, and foster collaborative relationships with Francophone stakeholders and organizations.

The FLS Policy establishes expectations and implementation objectives that can be effectively operationalized by senior and middle management once approved by the board of directors. It is elaborated with the contribution and engagement of staff and Francophone stakeholders and communicated with the local Francophone community and organizations. This section provides the components of the FLS policy supported by examples.

Key Components of the FLS Policy

1. Description of the French Language Services Policy

This section outlines the purpose of the FLS policy for HSPs located within the Toronto Central LHIN's territory.

- Above and beyond being a question of equity, HSPs in designated regions are legislated to provide French language services. Developing a FLS policy is the first step towards meeting this obligation.

2. Purpose / Goals and Organizational Context

The FLS policy defines the intents related to the Active Offer and provides clear alignments with the organization's vision and mission statements.

- It is based on the data collected through the environmental scans.
- It is intended to inform the systemic requirements needed to enhance or respond to the Francophone community's needs and to reduce risks and barriers to client safety by improving access to French language health services.

The following framework provides an overview of the key components that will inform decisions on strategic goals. It also provides a format to collect the baseline data from which to measure progress and outcomes.

3. Background information

Background information is communicated to inform both the internal and external stakeholders about the purpose and benefits to the organization by implementing the Active Offer.

Information that could be considered for this background section:

The French Language Services Act (FLSA) guarantees French speakers the right to receive services in French from Ontario government ministries and organizations located in 26 designated regions including the following regions covered by the territory of the Toronto Central LHIN: Toronto and the Regional Municipality of Peel in Mississauga and Brampton.

The **Ministry of Health and Long-Term Care (MOHLTC)** acknowledges that Franco-Ontarians struggle to access health care services in French and provides a broad guideline to confront language and cultural barriers. The ministry says "to meet their needs and improve their patient experience and health outcomes, we must ensure that the health care system is culturally sensitive and readily accessible in French". The MOHLTC developed the **Health Equity Impact Assessment (HEIA)** as a tool to help HSPs embed equity principles in their processes as a means to provide high-quality patient-centered care.

Under Regulation 284/11, every government agency is required to ensure that any service provided to the public on its behalf by a third party pursuant to an agreement between the government agency and the third party is provided in accordance with the Act.²¹

LHINs also have a legislative requirement to engage the Francophone populations they serve. **The Toronto Central LHIN** has engaged the Health Service Providers' organizations in strategies to promote equity and reflects the community's diversity. The goal is to expand "the reach into the "diverse health care provider, patient/client and resident communities, including Aboriginal, Francophone, ethno-cultural neighbourhoods and marginalized groups."²²

The Local Health System Integration Act (LHSIA) reinforces the requirements of the *French Languages Services Act*, underlining its commitment to equity in serving Ontario's French-speaking population. Under s. 16 of LHSIA, LHINs are required to engage the Francophone community by involving the local **French Language Health Planning Entity (FLHPE)**, such as Reflet Salvéo in the GTA. The FLHPE advise the LHINS on various elements including methods of engaging the Francophone community and strategies to improve access to French language health services.

The Office of Francophone Affairs work with the provincial ministries regarding the application of the FLSA, providing advice relating to the access and delivery of FLS.

The Office of the French Language Services Commissioner's primary mandate is to ensure compliance with the FLSA and conducts investigations regarding the delivery of FLS. The Commissioner reports directly to the Ontario legislature.

4. Policy Statement

A detailed statement provides the HSP's obligations under both *The French Language Services Act* and *The Local Health System Integration Act* and relating to the Active Offer of FLS that is also aligned with the mission and objectives of the organization in relation to equity, quality and patient-centered care.

5. Objectives and Procedures

The HSP recognizes that access to French language services is an integral component of the delivery of quality patient-centered care health services. Strategies that the HSP will undertake to develop the delivery of the Active Offer of FLS include the following actions:

- Identify the level of integration of French language services needed in the organization (in relation to designated, identified or non-identified /non-designated HSP) such as:
 - The designation of bilingual positions e.g. manager, frontline staff and health professionals
- Include long-term and short-term goals to integrate FLS such as:
 - Bilingual telephone services; voice messages
 - Interior bilingual signage, bilingual staff will be identified, e.g. by wearing badges that invite the patient to speak in French or in English "Bonjour/Hello; Je parle français"
 - Bilingual documents, e.g., admissions forms, client satisfaction surveys
 - Self-identification forms for Francophone clients
 - Bilingual website information
 - Use of interpretation services (refer to the next section on discouraging the use of family members, children, friends, and untrained volunteers as interpreters)
 - Establish partnerships or protocols with FL HSP in order to refer/or help the Francophone patient in accessing French language health services if a bilingual health professional is not available
- Set objectives and steps for carrying out an effective Human Resource policy and Communications plan to implement the FLS policy:
 - Designate bilingual positions, plan for replacement and back-up staff (e.g., frontline staff, health professionals)

- Establish effective French language competency testing
- Plan effective recruitment strategies
- Plan for building bilingual staff capacity
- Promote and expand recruitment opportunities
- Set strategies to enhance the bilingual capacity at the Governance level with representation of the Francophone or Francophile community on the board of directors, on the senior management team
 - An advisory committee for FLS may also be created to inform FLS planning and delivery
- Include information on roles, responsibilities and accountability
 - Designate senior management team to assume the delivery or implementation of FLS
 - Identify success metrics
 - Maintain records on users of French language services in order to ensure continuity of care

6. Continuous Quality Control and Complaints

- Collect data on demographics and French-speaking patients
- In addition to the HSP's established complaints process, provide details that include information on the mandate of the French Language Services Commissioner as per the process provided at <http://csfontario.ca/en/plaintes>.
 - The French Language Services Commissioner of Ontario has a mandate to conduct independent investigations under the French Language Services Act (FLSA), either in response to complaints or on his own initiative, to prepare reports on his investigations, and to monitor the progress made by government *agencies in the delivery of French-language services in Ontario*.

Appendix H: Strategic Planning and Implementation Framework

Appendix I: What FLS are we targeting?

Appendix J: Strategic Goals Implementation Framework

PHASE 5: HUMAN RESOURCES PLANNING

The Office of the French Language Services Commissioner states that, a human resource (HR) plan for FLS goes beyond the issue of staffing, designating or de-designating bilingual positions.

A human resources plan identifies both the capacity and the need to deliver FLS across departments (including at the management and Board level). It determines what positions should be designated to ensure ongoing staffing resources and outlines an action plan for managing short-term and long-term staff shortages."²³

This section provides information on the following topics:

1. Components in the Human Resources Policy
2. Linguistic profile and French language assessment
3. Interpretation services
4. Translation Tools for Bilingual Health Professionals

Components in the Human Resources Policy

The Human Resources Policy sets the objectives related to the designation of bilingual positions, the recruitment and retention of bilingual staff and opportunities for enhancing the bilingual capacity of staff. It should be considered in parallel with the FLS Policy and the Communications plan (described in the next section). Numerous resources related to Human Resources are also available on-line, some of which are included in the sample resources section of this guide.

The Human Resources Policy should include:

1. **Designation of bilingual positions for the bilingual services that were identified in the FLS policy**
 - Identify if this is a new bilingual position or if current staff with limited French may be able to apply and participate in language programs to reach the competency required
 - Sample: Hotel Dieu Hospital, FLS Implementation Plan ²⁴

Program / Service	Position Title	Total Employees in service and position	Number of employees required to provide FLS (Fulltime / part time)	Linguistic Profile to identify language proficiency (oral / written)	Number of employees who match the linguistic profile

2. Language proficiency standards for each of the bilingual designated position and mechanisms for assessing the French language proficiency

- Determine the language proficiency in view of the service and circumstances
 - Proficiency must be at the advanced or superior level in designated bilingual positions (where language errors may have an adverse impact on the patient's health)
- Determine methods of assessment
 - Informal assessments may be conducted for non-designated position where bilingual language skills are posted as an asset
- Formal assessment is required for designated positions and conducted by professional language evaluation services (Details in next section)

3. Strategies to identify the internal HR capacity

- Identify the current capacity of bilingual staff (e.g. using self-assessment tools based on the competency levels determined by the Ontario Government Standards (Details are provided in the language skills and services)
- Offer language training to enhance staff's competencies

4. Recruitment strategy for designated positions

- Job postings are bilingual
- Language proficiency criteria is clearly outlined
- Extend application deadlines to allow for a wider pool of qualified candidates
- Advertise position (in both languages)

5. Strategies to increase bilingual capacity and retain qualified bilingual staff

- For non-designated job postings, consider stating that proficiency in French is an asset for the position
- Consult with the MOHLTC French Language Services department regarding reimbursement provisions for language training:
 - French language courses for staff to learn or to help enhance French language skills, e.g., the *Consortium national de formation en santé* and Collège Boréal's French language programs for health professionals (face-to-face or online); French immersion courses at various post-secondary institutions;
 - English language courses for Francophone staff to help enhance their skills in English
- Provide French Language resources to facilitate the work of bilingual staff who may have limited French language competencies or lack confidence in French:

- Language resources and tools
- Provide professional translation/interpretation tools and services to bilingual staff
- Ensure ongoing coverage for bilingual staff in the event of absences (Train other staff members to cover for bilingual staff)

6. Information packages and orientation sessions on the Active Offer of FLS for new staff members

- Include components of the FLS strategic plan, French-language capacity building opportunities and clear guidelines and expectations related to bilingual welcoming and interactions with the Francophone patient

Linguistic Profile and Language Proficiency Assessment

HSPs must plan for bilingual designated positions in their FLS and Human Resources Policies:

- The linguistic profile must be clearly stated in the job posting for the designated bilingual position (e.g., Advanced or superior proficiency in French is required).
- HSPs must have mechanisms in place to assess the language proficiency requirements for each designated bilingual position. Language proficiency assessments may be formal or informal.
- There are four levels of proficiency (novice, intermediate, advance and superior). Designated positions require an advanced or superior level of proficiency.
- The following information from *The Manager's guide to Staffing in the Ontario Public Service (OPS)*²⁵ provides a description of the advanced and superior level language competency levels required to be functional in a designated bilingual position.

Verbal Proficiency

Advanced level: At this level, one has the ability to participate in conversations and satisfy many work requirements. One can discuss work-related matters with some ease and facility, expressing opinions and offering views. However, one still needs help with handling complicated issues or situations. One is generally good in either grammar or vocabulary but not in both.

Superior level: At this level, one has the ability to speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations on practical, social and professional topics. One is able to use idioms and specific vocabulary relevant to a variety of contexts and to give verbal presentations in both formal and informal settings.

Written Proficiency

Advanced level: At this level, one is able to use a variety of sentence types to express general ideas and opinions on non-specialized topics. One can write simple letters and reports required of the position. One experiences few problems with either grammar or spelling.

Superior level: At this level, one is able to express oneself effectively in most formal and informal writing tasks/assignments on practical, social and professional topics. One is able to recognize poorly structured sentences and paragraphs. Errors in grammar and spelling are minor and infrequent.²⁶

Informal French Language Proficiency Assessment

Informal evaluations may be used to assess novice or intermediate level language competencies. During the interview, the HSP might have the bilingual manager ask a question in French or seek support from the French Language Health Planning Entities or a French language HSP to sit on the interview panel. The hiring process includes a written test to demonstrate the ability to clearly convey an idea.

Formal French Language Proficiency Assessment

The language proficiency level must be advanced or superior to be considered functional in positions where language errors may have an adverse impact on the patient's health. HSPs use standardized evaluation tools or designated language competency evaluation services to identify if the French language competencies are at the intermediate, advanced, or superior level.

The **Ministry of Government and Consumer Services** provides the following list of qualified vendors of French language evaluation and training services in Ontario ²⁷:

- A.B. Bilingual Services Inc.
- Alliance Française de Toronto
- Berlitz Canada
- Collège Boréal
- La Cité Collégiale
- Excelsior Canada
- French Evaluation Services Inc.
- Graybridge International Consulting Inc.
- New Avenues Linguistic Services Inc.
- The Language Studio Inc.

Risks Related to Untrained Interpretation

Beyond the bilingual greeting and signage at the entry point, HSPs must ensure that communication with French-speaking patients is as accurate as the communication that regularly takes place between staff and English-speaking patients. Untrained interpretation provided by family, volunteers or staff may be appropriate in certain instances such as during daily care in-hospital stays. However, unless the health professional is able to communicate proficiently in French, HSPs must access **trained** interpreters to deliver FLS.

"The error rate attributed to the use of untrained interpreters (including the use of family and friends) contributes to putting the patients' health in **more peril** than having no interpreter at all. This is because it lends a **false sense of security** to both the healthcare provider and the patient that accurate communication is taking place. Family and friends also try to interpret the patient's pain and discomfort, and as a result often **supply answers instead of letting the patient speak**. The use of a child or minor as an interpreter is inappropriate in any situation and should never take place." ²⁸

The practice of using ad hoc, untrained interpretation fails to protect patient confidentiality and fails to provide an accurate medical history assessment. There is consequently a greater risk of misdiagnosis, poorer patient adherence, lower satisfaction of health services and ultimately poorer health outcomes to the patients. Additionally, French-speaking patients require on average more hospital days and follow-up visits which increases health services costs. ²⁹

"Language is essential to diagnosis, therefore it is important to view interpreter services as a diagnostic tool, and evaluate cost effectiveness in the same way as one would evaluate any other diagnostic aid." ³⁰

Qualified Interpretation Services for Quality of Care in French

The Toronto Central LHIN identified language as a systematic and avoidable barrier to the equitable provision of health care services in Toronto with the use of trained interpretation services. ³¹ In 2008, the Healthcare Interpretation Network (HIN) launched the National Standard Guide for Community Interpreting Services. It specifies the requirements for the provision of interpreting services that ensure quality and consistency in services, as well as the reduction of interpretation errors used in healthcare settings such as hospitals, clinics, community healthcare centres, emergency rooms, mental health facilities, and long term care facilities.³² The most frequently used trained interpretation services take place over the phone (teleservice).

The Language Services Toronto (LST) ³³ program is the over-the- phone interpretation service that is presently used by hospitals and community agencies. It is managed by the Access Alliance Language Services and serviced by the Remote Interpretation Ontario Network and provides immediate over-the-phone interpretation using trained and qualified interpreters in more than 170 languages, 24/7 days.³⁴

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To ensure affordable over-the- phone interpretation services for hospitals and community agencies within its network, the Toronto Central LHIN subsidized a significant portion of the LST, for services that reflect the requirements for quality established by HIN (October 2012).³⁶

Medical interpreters play an essential role in the medical team, providing qualified linguistic and cultural services to reduce length of stay and readmissions. ³⁷

The translation of essential documents, such as consent forms, patient educational information, pre and post procedure instructions and other information for patients, is of the utmost importance for language minority patients to be able to have meaningful communication.³⁸

The following hospitals and agencies collaborated to bulk-purchase professional phone interpretation services, thus lowering costs: ³⁹

Hospitals:

- Baycrest
- Bridgepoint Health
- Centre for Mental Health and Addictions
- Guelph General Hospital
- Holland Bloorview Kids Rehabilitation Hospital
- Hospital for Sick Children
- Humber River Regional Hospital
- Lakeridge Health Care
- Mount Sinai Hospital
- North York General Hospital
- Providence Healthcare
- Rouge Valley health System
- St. Joseph Health Centre

- Sunnybrook Health Science Centre
- Toronto East General Hospital
- University Health Network
- West Park Healthcare Centre
- William Osler Health System
- Women's College Hospital

Community:

- Alzheimer Society of Toronto
- Access Alliance Multicultural health and Community Services
- Canadian Mental Health Association – Toronto Branch
- Four Villages Community Health Centre
- Humber Community Seniors Services Inc.
- Jean Tweed Centre
- Parkdale Community Health Centre
- St. Stephen's Community House
- Stonegate Community Health Centre
- Storefront Humber Inc.
- Toronto Central Community Care Access Centre
- Taddle Creek Family Health Team
- Unison Health and Community Services
- Women's Health in Women's Hands
- Woodgreen Community Services

In addition to teleservices, interpretation services may also be utilized in face-to-face situations, home visits or group interpretations. **Access Alliance Language Services** provide the following details:

- Face-to-face interpretation: interpreters go onsite to interpret for staff, clients and their families.
- Home visit interpretation: interpreters meet staff at a client's home
- Group interpretation: an interpreter assists by interpreting encounters that involve a number of people, for example at a case conference including one or more service providers, the client and the clients' family. Interpreters may also work in facilitated groups such as a diabetes education class or a town hall meeting.⁴⁰

HSPs already embrace Ontario's diverse communities and recognize the importance for staff to consider patients' diverse style of communication, cultural references and perspectives in order to deliver patient-centered care and quality health services. This diversity also exists within the Francophone community. Statistics Canada shows that in Toronto alone, almost half of the Francophones were born outside of Canada. Consequently, HSPs must also adapt FLS in order to respond to the needs of the diverse Francophone communities.

Should HSPs want staff to develop cultural competency to work with Francophone communities, they may access services from various organizations for onsite sessions or for credited courses on linguistic and cultural adaptations such as the one offered at Collège Boréal.

What does "cultural interpretation" look like?

The *Centre for Addiction and Mental Health, Toronto*, provides an interpretation toolkit and promising practices case study for service providers⁴¹ working with immigrants in Ontario that is accessible online (Link available in endnotes). The toolkit, financed by Citizenship and Immigration Canada, addresses language interpretation, cultural broker and cultural interpretation, and includes a three-staged approach to interpretation.

The Canadian Pediatrics Society (CPS), in *Caring for Kids New to Canada*, also addresses the need for cultural interpreters that can provide cultural adaptations when interpreting between the health professional and the patient. The CPS explains the benefits of "cultural interpreters" during clinician-patient interaction⁴².

Cultural interpreters:

- Help ensure that everyone understands the words and their meaning
- Provide a clear and precise interpretation of the care provider's questions and the family's answers, while being open to additional questions about what the patients' (or practitioner) responses might mean.
- Assist the communication process without leading it.
- Understand the family's situation and specific issues, and be able to supply some cultural background for the clinician (e.g., why a particular family is responding a certain way during an interaction).
- Steer the clinician away from actions or words that might be culturally inappropriate and help to prevent or clarify misunderstandings on either side.
- Explain the role of the clinician to the family and encourage them to ask questions.
- Respect the confidentiality and integrity of everyone involved. An experienced interpreter will often start an office visit with introductions, explain their own role, and provide assurance that everything to be discussed will be kept private and confidential.

Translation Tools for Bilingual Health Professionals

Bilingual health professionals, who completed their studies in English and work predominantly in English language environments, may occasionally need help to translate or interpret certain medical terms in French.

To respond to this need, and consequently support accurate French language and quality of services, the *Interpretation Guide for Health Care Professionals* was developed by Accueil francophone de Thunder Bay. It is divided into sections specific to hospital departments and services and includes English questions, phrases, medical terms and words, with their French equivalents.



To account for the cultural adaptation required during translation and interpretation, l'Accueil francophone de Thunder Bay says: "We have also taken into consideration the fact that some French-speaking patients may have difficulty understanding the linguistically correct French terms, due to factors such as illiteracy, assimilation or other reasons. To alleviate this problem, we have provided, in some cases, a "familiar" equivalent that some patients may find easier to understand. These appear in italics and in brackets, following the correct terms."⁴³

Examples of translated terms:

Admission: We need to see your health card please. / Votre carte d'assurance-santé s'il vous plaît.

Symptoms: Chronic cough / une toux chronique

The *Med Interpret on-line resource/App*⁴⁴ was also consequently developed by l'Accueil francophone de Thunder Bay to provide quick access to medical terms and phrases commonly used in relation to admissions, general questions, symptoms, and diagnostics. It is also available to physicians, nurses, diagnostics technicians, physiotherapists, dentists, pharmacists and other health care professionals. An audio clip also allows medical professionals to listen or play the proper pronunciation.⁴⁵



These initiatives were financed by the Government of Canada: Department of Canadian Heritage and Canada-Ontario Agreement on French-Language Services and by the Ontario Ministry of Health and Long Term Care Office, French Language Services in support for the Active Offer of FLS.

In addition to this interpretation guide of medical terminology, HSPs can support bilingual staff by providing access to language reference tools that can be used to enhance their French oral or written capacity (e.g., Antidote).

Appendix K: Human Resources Action Plan Template
 Appendix L: Case Studies related to ad hoc interpretation
 Appendix M: Utilization of Interpretation Services

PHASE 6: COMMUNICATIONS PLAN

The communications plan should include strategic objectives, timelines, targets, and success metrics related to:

1. Methods of communication (tactics)
2. Short-term and long-term communication goals
3. Purpose of the communication (e.g. broadcast public consultation, staff training)
4. Specific audience (e.g., Francophone organizations, Education Institutions)
5. Roll-out (launch) of the strategic plan

Internal and External Communications Framework

Internal Audience / Staff

The communications plan sets the framework for all staff to follow during the planning and the implementation of FLS. It is important to include senior management, middle management, operational management, frontline staff and health professionals. Staff should participate and be engaged throughout the process to ensure the successful implementation of the Active Offer.

External Audience / Stakeholders

The external audience may include clients, media, community organizations, educational institutions, Francophone or bilingual associations, FLS HSPs, and supporting community groups. It is important to identify all the relevant stakeholders before implementing the plan.

Clearly establish the purpose of the communications plan. Examples include:

1. Explaining the Active Offer (why it is important to the agency);
2. Promoting the availability of the Active Offer to Francophone clients (include information of the complaints process);
3. Educating - FLS and the government's health quality equity initiatives (patient centered care);
4. Recruiting bilingual staff and volunteers;
5. Consulting the Francophone community; and
6. Distributing bilingual material (e.g.. documents, website, and signage).

Local Francophone Community Outreach

The Toronto Central Local Health Integration Network and Reflet Salvéo can provide data on the Francophone community. This collaboration, paired with the Multi-Sector Service Accountability Agreement, is meant to provide HSP's with essential information, such as:

- How to collect Data on the Francophone community regionally and locally
- Gain an understanding of the cultural background of the Francophone community
- Identify the health needs within the community:
 - Immigrants
 - Youth
 - Seniors
 - People with Chronic diseases

Partnerships with French Language Service Organizations

Reflet Salvéo and Nexus Health have extensive information on the both the Francophone population and the French-language community services organizations that serve it. Their websites provide a wide range of information such as:

- The Francophone community in general
- Programs for the elderly
- The Francophone LGBTQA community
- Resources for health professionals
- Community and social services such as support for newcomers, women and children, job search advice, legal services and more

Reflet Salvéo developed several online tools to help HSPs' access French language health services available directly from the Reflet Salvéo website:⁴⁶

- Cliquez santé. ca/
 - this is an online search portal that helps Francophones find various health service professionals that can serve them in French across Ontario
- lamsick. ca/
 - this is a national online search portal that helps Canadians find health service providers across the country and is offered in five languages (English, French, Spanish, Chinese and Arabic)
- The College of Physicians and Surgeons of Ontario
 - the College regulates Ontario medical doctors

- This site is not available in French, but some of their documents are available in French
- Établissement.org
 - this is a site that provides support to all French speaking newcomers to Ontario and provides a wealth of government information to make their transition easier
- List-detail-plus
 - Research site for French language health professionals
- Forum des Pvtistes (working holiday-visa forum)
 - This is a forum for young French or Belgian expatriates, and has an impressive list of French-speaking doctors.

Posting Bilingual Positions or Events

There are many options available for diffusing bilingual postings to Toronto's Francophone population. Some of these include the following:

- Toronto has two weekly French language newspapers: L'Express, and Le Métropolitain
- CHOQ-FM is Toronto's Francophone community radio station that also publishes a weekly enewsletter that promotes Francophone events: Grandtoronto.ca
- The Centre francophone de Toronto has an extensive online directory that covers Francophone groups, organisations, and associations.
- ACFO-Toronto is a not for profit community based Francophone networking group
- The following postsecondary institutions all have various co-op placements and provide job seeking services to their students:
 - Collège Boréal (collegeboreal.ca)
 - La Cité Collégiale (collegelacite.ca)
 - Glendon College (glendon.yorku.ca)

Appendix N : Communications Plan Framework

PHASE 7: MONITORING AND ASSESSING PROGRESS OF THE ACTIVE OFFER

Organizations already monitor and assess the progress and outcomes of change initiatives. It is, however, particularly important for leaders to evaluate the implementation of the Active Offer because it is a new initiative that is not widely known. The successful implementation of the Active Offer will positively impact the health of the Francophone community by providing quality patient-centred services that are linguistically and culturally adapted to their needs.

Qualitative and Quantitative Data

In order to properly assess the implementation of the Active Offer, both quantitative and qualitative data needs to be collected and reviewed. Quantitative data can be based on the number of clients accessing bilingual forms, the number of patients who self-identify as Francophone, or the number of specific requests for receiving services in French. Qualitative data can be collected through various observational mechanisms such as regular evaluations and survey with Francophone clients. The data is intended to help the HSP assess the quality of the service delivery from the feedback provided by external stakeholders as well as the internal staff who may have valuable observational information to contribute.

Monitoring and Assessing Key Components of the Strategy

1. What is the monitoring schedule?
2. What is the baseline data on which to monitor progress?
3. How will the impact of the Active Offer be analyzed?
4. What is the quantitative and qualitative data being used?
 - Quantitative data may include the number of:
 - Clients who have self-identified as French-speaking
 - Patients using the bilingual forms
 - Times translation or interpretation services have been used
 - Qualitative data may include:
 - Client survey responses on FLS quality
 - Client focus groups
 - Evaluation forms (with each visit) to assess quality of language
5. What tools will be used to measure the outcomes of FLS? (e.g, questionnaires, focus groups, client satisfaction surveys)

Appendix O: FLS Systemic Implementation Assessment

RESOURCES

Numerous toolkits on the Active Offer have been developed to provide support to HSPs. The following are some of the many resources available to HSPs as they begin working towards implementation of the Active Offer. These resources include practical strategies related to methods for engaging the Francophone community, developing an organizational culture that embraces bilingualism, recruiting and retaining bilingual staff, and promoting French language services.

	<p>Reflet Salvéo: Health Provider Workbook, serving the Francophone Population: Everyone's Business at http://files.ctctcdn.com/ab4dfe24201/e480f384-f87e-4da9-a1d7-5dbf6fbdf31c.pdf</p>
	<p>Nexus Health: Menu- Moving Toward a Bilingual Organization Kit at http://en.healthnexus.ca/sites/en.healthnexus.ca/files/resources/Toolkit_bilingual_org_culture2.pdf</p>
	<p>Le Regroupement des intervenants francophones en santé et en services sociaux de l'Ontario: RIFSSSO's HR Support Kit: Pathway to Bilingual Services at http://www.rifssso.ca/ressources/publications/ressources-docs/trousse-d'appui-rh-vers-un-service-bilingue/ ; info@rifssso.ca</p>
	<p>French Language Services Toolkit, developed by Marthe Dumont , French Language Services Coordinator, Erie St.Clair LHIN and Suzy Doucet-Simard, French Language Coordinator, South West LHIN, July 2013 at http://www.southwestlhin.on.ca/goalsandachievements/Programs/FLS.aspx</p>
	<p>The French Health Network of Central Southwestern Ontario, Framework for Recruitment & Retention of Bilingual Human Resources in the Health Sector, March 2015 at http://francosantesud.ca/en/tools-and-resources/public-awareness-campaign/</p>
	<p>Healthy Communities Consortium, Work Together With Francophones In Ontario: Understanding The Context and Using Promising Practices at http://hclinkontario.ca/images/Uploaded_files/2011/francophones_guide_English.pdf</p>
	<p>The Consortium national de formation en santé (CNFS), Active Offer Toolbox at http://www.offreactive.com/home/. CNFS is a pan-Canadian group of 11 colleges and universities, six regional partners and a National Secretariat. Member institutions offer French-language education in various healthcare disciplines.</p>
	<p>The North West and North East Local Health Integration Networks (LHINs) worked in collaboration with the Réseau du mieux-être francophone du Nord de l'Ontario to create a French language services tool kit for health service providers to help with planning for services in French, March 2017 at http://www.nelhin.on.ca/flstoolkit.aspx?sc_Lang=en</p>

Appendix A: Identifying Broad Goals Related to the Active Offer of FLS

Identifying Gaps related to Understanding the Active Offer of FLS

1. What is our organizational understanding of the Active Offer of French language services?
2. What do we know about the French-language patient target audience? How will they benefit from the Active Offer?
3. What is our Human Resources capacity in French?
4. Who speaks French in the organization?
5. What changes are required in our Human Resources policies to build bilingual capacity in our work force?
6. How will we communicate the Active Offer initiatives internally and externally?
7. How will we measure our success?
 - a. What tools do we currently use to assess the implementation of our strategic plans?
 - b. How will we formulate the indicators that will inform success or progress of the Active Offer?
 - c. Who will participate in the evaluation process (e.g., stakeholders, staff, patients)

Appendix B: Assessing FLS Advocacy at the Governance Level

Assessing FLS Advocacy at the Governance Level	
How is the organization measuring against the mission?	
1.	Is there an alignment between the organization's mission and the Active Offer? (e.g., with health equity)
2.	How is the board ensuring that the organization fulfills its mission?
<p>Reflect on the board's strengths and effectiveness in view of its key mandate:</p> <ul style="list-style-type: none"> a) Establishing the organization's mission and values and the goals that will inform the strategic plan b) Endorsing policies (e.g. Human Resources and French language services policies) c) Supporting leadership practices to implement policy d) Ensuring resource allocation decisions e) Monitoring accountability 	
3.	How can these strengths leverage towards the planning and implementation of the Active Offer?
4.	Are there any existing policies related to FLS capacity building at the governance level?
5.	Is there a FLS champion on the board or at senior management level?
6.	Does the current composition of the board reflect any representation from the Francophone or Francophile communities?
a)	If there is currently no representation, what steps may be taken to ensure there is support at the governance-level for French language services?
7.	What role will the governing board have as it relates to the development and implementation of the Human Resources policy?

Appendix C: SWOT Analysis

This is an important part of the strategic planning process. Analyze the environmental factors that are internal to the HSP -such as the strengths (S) or weaknesses (W) and the external factors such as opportunities (O) and threats (T).

To plan for the Active Offer, develop strategies that take into account the SWOT profile to find strategies to match the HSP's strengths to the opportunities; to pursue opportunities by addressing and overcoming weaknesses; identify ways to use strengths to reduce the impact of the external threats; and to establish a plan to ensure that HSP's weaknesses do not impede FLS implementation.

Internal factors	
Strengths	Weaknesses
External factors	
Opportunities	Threats

Appendix D: Self-Assessment of Language Proficiency

This tool was taken from the *French Language Services Toolkit* developed by Marthe Dumont, French Language Services Coordinator, Erie St.Clair LHIN and Suzy Doucet-Simard, French Language Services Coordinator, South West LHIN, July 2013, Section 4, p. 142.

Staff Survey – French Language Skills

To be completed by all employees.

(Name of agency) is required by the *French Language Services Act* to provide services in French to the Francophone population.

Please help us assess our current capacity by completing the survey below and returning to your Departmental Manager by (date).

The information will be used to plan the delivery of services in French. It will remain confidential. We also ask that you keep the HR Department informed of any training that you might take in the future to upgrade your skills.

Based on the definitions provided, please indicate your linguistic abilities. Check one box under “Oral Skills” and one box under “Written Skills”.

Thank you.

Name:	Enter name	Date:	Enter date of completion
Position:	Enter title of position	Status:	Choose F/T or P/T
Department:	Enter name of department		
Profession:	Enter professional title, if different than above		

Answer	Level	Description
ORAL SKILLS		
●	No proficiency	<ul style="list-style-type: none"> No ability to communicate in French.
●	Elementary	<ul style="list-style-type: none"> Has limited ability to speak - some memorized material on familiar topics related to work. Able to verbalize isolated words and two or three word expressions (e.g. greetings, expressions of courtesy). Can express simple, unconnected sentences. Limited vocabulary, frequent errors and slow delivery inhibit communication.
●	Intermediate	<ul style="list-style-type: none"> Has some ability to work in French. Shows some spontaneity in language production, but fluency is uneven and speech is halting. Able to participate in simple conversations on one-to-one basis. Limited vocabulary – simple, non-technical daily conversational usage. Able to make/answer requests for information or directions and to give simple instructions.
●	Advanced	<ul style="list-style-type: none"> Able to participate with some ease in conversations on work-related matters and to express opinions. Can participate in meetings and discussion groups. May still need some assistance with complicated or difficult conversations.
●	Superior	<ul style="list-style-type: none"> Can speak with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations on all topics. Able to give verbal presentations in both formal and informal settings.
WRITTEN SKILLS		
●	No proficiency	<ul style="list-style-type: none"> No ability to write in French.
●	Elementary	<ul style="list-style-type: none"> Able to write a few words, perhaps sentences on work-related topics, maybe with the help of a dictionary. Can complete forms, giving general information (e.g. time and location of meetings) using a standard format. Vocabulary is limited to daily use. Has no practical communicative writing skills.
●	Intermediate	<ul style="list-style-type: none"> Able to write words and simple sentences. Can make/answer simple requests for information. Vocabulary is limited to daily use. Often experiences problems with grammar and spelling. Able to meet some practical elementary writing needs.
●	Advanced	<ul style="list-style-type: none"> Able to use a variety of sentence types to express general ideas and opinions on non-specialized topics. Can write simple letters and reports, with little grammar and spelling errors. Able to write with some sense of organization and stylistics.
●	Superior	<ul style="list-style-type: none"> Able to express oneself effectively in most formal and informal writing on all topics. Errors in grammar and spelling are minor and infrequent.

Appendix E: Community Engagement Tool

McMaster University, 2015. *Public and Patient Engagement Evaluation Tool (PPEET)* at <https://fhs.mcmaster.ca/publicandpatientengagement/ppeet.html>

The PPEET is comprised of three questionnaires, each aimed at different end users: i) those who participate in PPE activities; ii) those who plan and execute PPE activities within organizations; and, iii) those who create the vision and build capacity for PPE within their organization.

Health Communication Capacity Collaborative. *Community Engagement* at <https://healthcommcapacity.org/hc3resources/community-engagment/>

Government of Ontario, 2006. *The Health Planner's Toolkit, Module 5, Sections 3 and 5. Community Engagement and Communication* at <http://www.epicontario.ca/List.aspx?annotation=21>

Community Engagement Resources on HC Link's website at <http://www.hclinkontario.ca/index.php/resources/resources.html?id=40:resources-community-engagement&catid=3:resources>

Appendix F: Internal Stakeholder Engagement

Internal Stakeholders' Engagement		
Internal Stakeholders	What information can they provide? What do you need to understand from them?	What process will be used to engage staff? (e.g., activities on active offer, surveys, retreats)
Identify the department and/or programs you are targeting		
Identify the staff you want to engage: <ul style="list-style-type: none"> • All of the staff • Management team • Some staff (specific) 		
Board of directors		
Specific individuals to be interviewed (such as human resources and finance directors)		

External Stakeholders' Engagement

Stakeholders

- Francophone Clients
- Francophone Community Organizations
- Foundations, corporations, government agencies (e.g. LHINs and Entities)
- Partnering Organizations
- Education Institutions
- Others

How will we communicate with them?

What do we want to communicate?

What information are we seeking from them?

How will we promote their support of the Active Offer?

Appendix H: Strategic Planning and Implementation Framework

The following tools provide a framework to help identify the objectives; strategies and indicators of success that your strategic plan will cover. ⁴⁷

STRATEGIC PLANNING TEMPLATE		
SMART Goal: (i.e. Building bilingual staff capacity)		
Purpose (Gaps to fill): (i.e. ensure consistent bilingual greeting on the phone at reception)		
Action Description:		
Person/team responsible:		
Resources required:		
Steps	Timeline for implementation and to monitor progress	Indicators and Outcomes

Appendix I: What FLS are we targeting?

Based on our Francophone clients' needs assessment, what services are we targeting?	
Primary care	
Mental Health	
Chronic disease management	
Referral services	
Services included in the service agreement	
Other	
How should the service be offered?	
• Inpatients only	
• Outpatients only or both?	
• Home services	
• Teleservices	
What are the long-term strategic objectives?	
Will this be a short-term or long-term service?	
What are the short-term operational objectives related to these services?	
Will these services be offered on-site or on several sites or in partnership with other organizations?	
What is the internal bilingual capacity at senior management, mid-management and operational management?	
What are the human resources needs and policies related to the hiring process?	

Appendix J: Strategic Goals Implementation Framework

HSPs may consider planning for the implementation of the FLS policy with a strategic plan and guidelines based on SMART goals: **S**pecific, **M**easurable, **A**ctionable, **R**esults-oriented identify where accountability lies), and are **T**ime-bound. Examples include:

- Building the bilingual capacity of frontline staff who are able to clearly communicate the Active Offer of FLS by greeting patients/clients in French and in English upon their arrival
- Establishing strategies to recruit bilingual Board members

The following framework provides a guideline to help HSPs collect the essential information to support the change initiative.

Strategic Action / Implementation Template
What is our goal? Example: To implement the Active Offer in triage and reception. What do we want to achieve?
Analysis of the Organization's Capacity in relations to the Systemic Action
Describe the current situation.
What are the challenges or opportunities linked to this situation/action?
What are the clients' / stakeholders' concerns?
Parameters for Systemic Action Implementation
What are our expectations and outcomes? (Example: provide consistent delivery of the Active Offer)
What risks should we consider?
Cost and estimated efforts?

Human Resources Action Plan	Resources
What current internal human resources are available to support FLS?	
What positions are currently designated bilingual?	
Is there a training plan to enhance bilingual staff's French language capabilities?	
What is the plan for recruiting bilingual staff for designated bilingual positions?	
What language competencies are required for the position?	
How will language competency be evaluated?	
Are information packages and orientation sessions on the Active Offer provided to new staff members?	
How are bilingual volunteers solicited?	

The following American study provides pertinent findings related to language barriers and the use of untrained interpreters to provide health services to Spanish-speaking Latino patients with limited English proficiency.⁴⁸

In this research, the accuracy of medical interpretation during 32 primary care visits with Spanish-speaking Latino patients at a public hospital clinic was assessed.

The analysis focused on differences in error rates for visits with professional interpreters, either in-person or via videoconference; or with untrained "ad hoc" interpreters, usually a member of the patient's family.

Visits were audiotaped and transcribed, and analyzed to determine the rate of errors in medical interpretation – including errors likely to have a "clinically significant" impact on patient care. Rates of clinically significant errors were also compared between groups.

Findings: Errors from Ad Hoc Unqualified Interpreters

- Errors of omission and answering for the patient or health care professional incorrectly were the most common types of interpreter errors.
- Errors were about twice as common in visits with ad hoc interpreters: 54 percent, compared to 25 percent with trained interpreters.
- About seven percent of errors were rated clinically significant: for example, an incorrect drug dosage or inaccurately describing the patient's symptoms. On average, there were one or two "moderately or highly clinically significant errors" during visits with ad hoc interpreters.

Findings: Quality of Care with Qualified Interpreters

The clinical errors were about 75 percent lower in visits that used trained in-person interpreters compared to ad hoc interpreters. The researchers noted that professional video conferencing interpretation was well accepted by patients and "was a cost-effective method for expanding access to professional interpretation services to meet quality of care".⁴⁹

The research by Flores, Glenn. Et al. demonstrated that the most common interpretation error type was omission, followed by false fluency, substitution, editorialization, and addition. Sixty-three percent of all errors had potential clinical consequences such as omitting questions about drug allergies. Errors committed by ad hoc interpreters were significantly more likely to be errors of potential clinical consequence than those committed by hospital interpreters (77% vs 53%).

Appendix M: Utilization of Interpretation Services

The following template was developed by Sarah Bowen in *Language Barriers within the Winnipeg Regional Health Authority, Evidence and Implications*.⁵⁰

Utilization of Interpretation Services	Yes	No
1. There is a clear policy, and associated standards on language access for the organization		
– Interpreter services are provided free of charge to the patient		
– Interpreter services are provided at all key points of contact		
– Interpreter services are available at all hours of operation		
– Training is required		
2. Providers are required to obtain interpreter in cases where there is evidence of language barriers		
– Clear instructions for determining need are provided, along with procedures for contacting approved interpretation services		
3. Providers are provided with training in working with interpreters		
4. There are written guidelines for communicating via an interpreter		
5. Only trained interpreters are used		
– Family members or friends are used only at request of patient		
– Bilingual staff members (other than interpreters employed by the institution) are used for interpretation only		
– If they have received training in interpretation		
– In clearly identified situations, or emergencies		
6. Patients are provided with information on their rights to interpretation assistance		
– There is signage in languages of the community		
– Information on rights and services is available in languages of the community		
7. Language access services report directly to senior management		
8. There are coordinated records kept on		
– Language of patients		
– # of interactions where an interpreter is needed		
– # of interactions where an interpreter is used		
– Type of interpreter used (e.g. hospital employed, family member, community worker)		
– Name of interpreter		
– Cases where problems occurred due to language barriers		
– Cases where interpreter not available		
9. Position descriptions for interpreters are in place		
– The position description recognizes the complexity of the interpreters role		
10. An evaluation process for interpreters is in place.		

Appendix N: Communications Plan Framework

Inspired by *The Community Tool Box, Work Group for Community Health and Development* at the University of Kansas ⁵¹

Questions on components of the communications strategy	Desired Outcomes	How will you get there? (e.g., mailing lists, current issues, promotions brochures.)
What is the purpose of the communication?		
Who is the audience?		
What do we want the target audience to do?		
What is the message?		
What are our resources?		
What are the obstacles?		
How will we spread the message? Who will we connect with? (e.g., media, FL organizations, partners)		
What is the action plan? How often will we communicate to target audiences and for what purpose? How will we assess impact?		

Appendix O: FLS Systemic Implementation Assessment

Assessment Framework	
<p>What are we assessing?</p> <p>⇒ whole strategic plan</p> <p>⇒ specific objectives</p> <p>⇒ specific strategy</p>	
Accomplishments attained	i.e. a 3% increase in requests for translation services
Not yet attained and reasons	e.g. need to build capacity of staff in FL competencies
Impact of the strategy on the internal environment	e.g. how has it impacted staff morale?
Impact of the strategy in relations to Francophone client satisfaction	
Impact of the strategy on the relationships with external stakeholders	
Organizational Diagnosis: what are the new strengths, weaknesses, opportunities and risks?	e.g. more supports required for bilingual staff
<p>What adjustments do we need to make to the current goals and strategies?</p> <p>Why?</p>	
Do the related policies such as the Human Resources Policy need to be revised to meet identified gaps?	
What milestones should be celebrated?	

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