

Report of the
Advisory Committee on
Francophone Affairs
To the Government of Saskatchewan



July 2011

Health

Letter of Transmittal

It is my pleasure to present the sixth report of the Provincial Secretary's Advisory Committee on Francophone Affairs following our meeting which took place on February 11, 2011, in Regina.

Under the theme of Health, we met with senior officials from the Ministry of Health. Our Committee also met with representatives from Réseau santé en français de la Saskatchewan, the Conseil des écoles fransaskoises, and the Fédération provinciale des Fransaskoises.

Access to health services in French is a priority for the francophone community. It is important that patients be understood by health professionals to ensure correct diagnosis and appropriate treatment. Also, increased access to services in French would offer an additional dimension in which to live in French in Saskatchewan and support the vitality of the francophone community. We hope, for the good of everyone, that our recommendations will serve to cultivate better collaboration between the francophone community of the province, regional health authorities, and the Ministry of Health.

On behalf of members of our Committee, I am pleased to present to you our recommendations in support of access to health services in French in Saskatchewan.

Yours truly,



René Carpentier
Chair of the Advisory Committee

July 2011

Executive Summary

Access to health services in French in Saskatchewan is important, both to ensure good communication between francophone patients and health professionals and for supporting the vitality of the Fransaskois community. The Committee believes it is possible to develop strategic and responsible services in French by:

- Developing relationships between the Fransaskois community, the Ministry of Health and the regional health authorities;
- Using existing resources such as the translation services of the provincial government and by better identifying health professionals able to offer services in French; and,
- Targeting additional investments for the implementation of bilingual clinics in Saskatoon and in Regina.

Recommendations

1. That the Ministry of Health strengthen and formalize its relationship with the Réseau santé en français de la Saskatchewan (RSFS) in matters related to French-language services.
2. That the Ministry of Health ask the regional health authorities serving Fransaskois communities to ensure that Francophones are represented on their community advisory networks.
3. That the Ministry of Health continue and increase its efforts in the translation of documents, targeting especially those documents dealing with children, youth and seniors.
4. That the Ministry of Health encourage regional health authorities to better identify health professionals able to offer services in French.
5. That the Ministry of Health encourage the regional health authorities of Saskatoon and Regina to work with the RSFS for the establishment of bilingual community clinics in Saskatoon and Regina.



Committee Mandate

To advise the Provincial Secretary in her role as Minister responsible for Francophone Affairs by reviewing and analyzing programs and policies relating to the implementation of Saskatchewan's French-language Services Policy.

Meeting Objective

At the Committee's initial consultation in the summer of 2009, the subject of **health** was raised as a fundamental issue by almost all groups of the francophone community of the province.

The objective of the seventh meeting of the Committee was to find ways of increasing access to health care services in French in Saskatchewan.

Health Care in French

Current Situation

Saskatchewan's Francophones currently have very limited access to health services in French.¹ The province has no hospital or primary health care centres offering services in French. One of the rare primary health care services available in French is the *Health Line* which offers an interpretation service. Francophones cannot communicate directly with a nurse in French.

The great majority of Francophones of the province communicate solely in English with health professionals. Specifically, 95% of Fransaskois use English only in communicating with their family physician (see Table 1). Recourse to English in communication with health professionals is not unique to Saskatchewan. As shown in Table 1, most Francophones in the minority situation in Canada communicate solely in English with health professionals, especially in the West.

¹ Edmund A. Aunger, "Profil des institutions francophones", in Anne Gilbert (dir.), *Territoires francophones: Études géographiques sur la vitalité des communautés francophones du Canada*. Québec: Septentrion, 2010, p. 65.



Table 1
Percentage of francophone adults communicating solely in English with their health professionals²

	Family physicians	Nurses	Other professionals
Saskatchewan	95	90	89
Manitoba	80	75	81
Alberta	95	90	95
British Columbia	96	99	95
Canada without Québec	69	54	60

The matter of access by Francophones to health care in their language raises two issues. One, that of communication: the use of a second language makes communication with health professionals more difficult for certain patients. It is not so much a question of knowledge of English but rather one of mastery of English. There are very few Fransaskois who don't speak English, but that doesn't mean they have mastered this language, especially when they are experiencing difficult situations related to their health or the health of their loved ones.³ In these situations the use of a second language can make communication more difficult between patients and health care professionals, all of which can complicate diagnosis and treatment.⁴

There is also the issue of community vitality. Increased access to services in French would offer another way to live in French in Saskatchewan and would support the vitality of the francophone community. The more a community offers to its members those institutions and services which meet their needs, the more it can develop. Recent studies by Edmund Auger show, moreover, that there is a positive correlation between the existence of French-language services in a municipality and the vitality of the French fact in that municipality. More Francophones are using French in the workplace and at home in those communities where health services in French exist.⁵

² Jean-Pierre Corbeil, Claude Grenier and Sylvie Lafrenière, *Minorities Speak Up: Results of the Survey on the Vitality of Official-Language Minorities 2006*. Ottawa: Statistics Canada, 2007, pp. 118, 128, 133.

³ According to the 2006 census, 480 Francophones in Saskatchewan did not know English, almost half of whom were children under the age of ten years: Statistics Canada, Population Census of 2006, Table number 97-555-XCB2006016 in the Statistics Canada Catalogue.

⁴ Sarah Bowen, *Language Barriers in Access to Health Care*. Ottawa: Health Canada, 2001.

⁵ Edmund A. Auger, *op. cit.* Auger's analysis dwells on the following institutions: Francophone health establishments, schools, parishes and credit unions.



Organization of Health Care in Saskatchewan

The Ministry of Health and the regional health authorities are the principal public stakeholders in the organization of health care in Saskatchewan. The Ministry of Health offers very few health services directly to the population and its role is mainly that of defining the major guidelines of the health system, of funding the regional health authorities and of supervising their operations.

Most services are delivered through the province's regional health authorities (health regions), their affiliated organizations, and the Saskatchewan Cancer Agency. There are 12 of these authorities in Saskatchewan. Included in their responsibilities are hospitals, emergency services (including ambulances), long term care, home care, mental health and public health programs.

In recent years the Ministry of Health has engaged in a new patient centred approach to health care. The unique characteristic of this approach is the placing of the needs and the interests of patients at the heart of the health care organization. In other words, decisions affecting health priorities, policies and the allocation of resources should be made in terms of patient needs and interests.⁶

The Patient First Review Commissioner, Tony Dagnone, recognized that there was a cultural dimension involved in patient needs.

Patients who shared their stories and perspectives want their needs, values, culture and spirituality respected. They want support during times of illness and trauma, and effective, compassionate communication that can help to relieve fear and anxiety.⁷

With this in mind, it is possible to allow for the language needs of patients as an important variable to be considered in the organization of health care. The development of health services in French would thus fall under a patient need-centred approach.⁸

Building a Relationship

The issues of mastery of the English language, the vitality of the francophone community and the language needs of patients that we have raised here must be considered within the demographic context of Saskatchewan where English is the principal language of communication and where health services in French are almost inexistent. None of the community representatives we met with

⁶ Tony Dagnone, *For Patients' Sake: Patient First Review Commissioner's Report to the Saskatchewan Minister of Health*. Regina: Ministry of Health, 2009, p. 6.

⁷ *Ibid*, p. 11.

⁸ Léonard Aucoin, *Compétences linguistiques et culturelles des organisations de santé*. Ottawa: Société Santé en français, 2008, pp. 10-14.



expressed unrealistic expectations in respect to the development of health services in French in Saskatchewan.

An essential element for the implementation of health services in French is the development of a working relationship between the Ministry of Health and the Fransaskois community. Representatives of this community as well as those of the Ministry of Health that we met with have all indicated their desire to build such a relationship. This would allow the Ministry to better understand the needs and interests of Francophones in the area of health. It would also enable the community to better understand the work of the Ministry. Last, it would allow both parties to better target their actions for the development of health care in French.

The Committee therefore recommends the development of a formal relationship between the Réseau santé en français de la Saskatchewan (RSFS) and the Ministry of Health. The RSFS is especially well positioned to play this role since it brings together the main Fransaskois community stakeholders concerned with health matters. There already exists a relationship between RSFS and the Ministry of Health; however, the Committee recommends that this relationship be formalized and extended, that is to say, that it include representatives of the various administrative units of the Ministry, for example: primary health, community health, public health, etc.

Recommendation 1

That the Ministry of Health strengthen and formalize its relationship with the Réseau santé en français de la Saskatchewan (RSFS) in matters related to French-language services.

As described earlier, regional health authorities play a role of first importance in the delivery of health services to the population. It seems important therefore to the Committee to develop a relationship between the francophone community and the regional health authorities.

Ministry of Health officials have proposed an interesting option, that of community advisory networks. These networks would allow regional authorities to consult with the clientele they serve on their priorities in matters of health. The participation of Francophones in these networks would enable regional health authorities serving Fransaskois communities (see Table 2) to better understand and respond to the needs of their francophone population.



Table 2
Main Fransaskois Communities by Regional Health Authority

Regional Authority	Population of French Mother Tongue ⁹	Communities
Cypress	840	Ponteix
Five Hills	1660	Gravelbourg, Moose Jaw, Willow Bunch
Kelsey Trail	695	Zenon Park
Prairie North	1175	North Battleford
Prince Albert Parkland	2685	Prince Albert, Debden
Regina Qu'Appelle	3375	Regina
Saskatoon	4945	Bellevue, Saskatoon, Trinité
Sun Country	1095	Bellegarde

Given that the community advisory networks remain little known by the population, the Committee believes that a pro-active approach by the regional authorities is necessary to ensure that francophone citizens sit on these networks. The authorities should actively solicit francophone nominations. Indeed the Ministry of Health could support this recommendation because paragraph 28(2) of the Regional Health Services Act allows the Minister of Health to provide directions to regional health authorities with respect to the establishment and composition of community advisory networks.

Recommendation 2

That the Ministry of Health ask the regional health authorities serving Fransaskois communities to ensure that Francophones are represented on their community advisory networks.

Make Better Use of Existing Resources

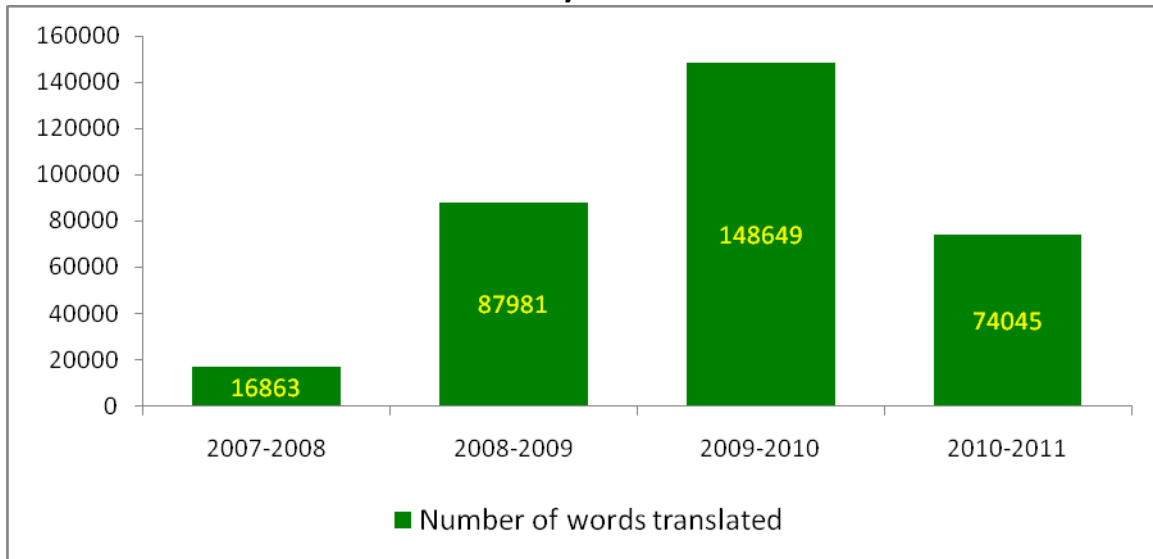
The Committee believes that it is possible to develop health services in French in Saskatchewan in making better use of existing resources. The translation service of the Francophone Affairs Branch is one of these resources. As shown in graph n° 1, the Ministry of Health already uses this service. While there was a steady increase in the number of words translated between 2007 and 2010, this number diminished in 2010-2011. The Committee therefore is of the opinion that it is possible for the Ministry to have more documents translated into French.

⁹ This includes respondents declaring themselves to have only French or French and English as mother tongue. Statistics Canada, 2006 Community Profiles, catalogue n° 92-591-XWF.



Graph 1

Number of Words Translated – Ministry of Health¹⁰



Information presented in the Ministry Web-site covers a large range of subjects and clientele. Use of the Internet appears to be a good way to reach the dispersed francophone population of the province. We believe it is possible for the Ministry to target certain clientele in the translation of documents into French. In our report on education and early childhood we recommended sending to all concerned ministries a clear directive stating that all public information campaigns respecting health and safety for schools and early childhood centres be offered simultaneously in French. Seniors make up another target clientele, especially given their demographic importance in the francophone population (31% of Fransaskois are 65 years of age and older¹¹) and their greater use of health services.

Recommendation 3

That the Ministry of Health continue and increase its efforts in the translation of documents, targeting especially those documents dealing with children, youth and seniors.

The development of health services in French should not, however, be limited to the translation of documents. It is first and foremost in person that people access health services, whether by appointment with a health professional or through a

¹⁰ Source: Francophone Affairs Branch.

¹¹ Data calculated from Statistics Canada, Census of 2006 Product n° 97-555-XCB2006021 in Statistics Canada Catalogue.



hospital visit. Access to health services in French depends essentially on access to health professionals capable of offering quality services in French to their patients.

In our opinion, it is possible to do more with existing human resources. We do not have data on the language capabilities of health professionals in Saskatchewan. This problem is not unique to Saskatchewan but is Canada wide.¹² We do, however, have some general data on language used in the workplace and on mother tongue. This data from the census leads us to believe that existing language capabilities are under used. For example, the 2006 census indicates that 485 people of French mother tongue work in the Saskatchewan health sector. Of this number, 335, or almost 70%, state that they work only in English.¹³ Also, it is clear that persons of French mother tongue are not the only ones capable of offering services in French. Two thirds of the 48,000 persons in Saskatchewan declaring that they know French are not of French mother tongue.¹⁴ One could assume that a similar situation exists in the field of health and that a majority of professionals capable of offering services in French are not of French mother tongue.

A first step to allow for better use of existing language capabilities would be to identify health professionals able to offer services in French. The RSFS has begun this work by publishing a list of health professionals in Saskatchewan who speak French. It is possible to go further in identifying these professionals when they are in contact with the public. The Committee recommends an active offer approach which publishes and promotes accessibility to services in French where these are available. Regional health authorities could suggest to professionals who can speak French that they make this known, perhaps by way of a pin or a pictogram indicating that they can offer a service in French.

Recommendation 4

That the Ministry of Health encourage regional health authorities to better identify health professionals able to offer services in French.

¹² Consortium national de formation en santé (CNFS) and Société Santé en français (SSF), *The Health of Francophones in Minority Communities: An Urgent Need for More Information to Provide Better Services*. Ottawa: CNSF and SFF, 2010.

¹³ Data in this paragraph include respondents having declared only French or French and English as mother tongue. Statistics Canada, Population Census of 2006, Product number 97-555-XCB2006034 in the Statistics Canada Catalogue.

¹⁴ Statistics Canada, Population Census of 2006, Product number 97-555-XCB2006016 in the Statistics Canada Catalogue.



Targeting Change

We pointed out earlier that the development of health services in French in Saskatchewan should take into account the demographic and financial context of the province. In this respect, there are two places in particular where additional health services in French could be and should be developed: Saskatoon and Regina. In both of these centres there is a relatively large francophone population (3,750 and 2,905 Francophones respectively, or more than one third of Fransaskois¹⁵) concentrated within a relatively restricted area, which would facilitate the implementation of health services in French.

The Committee believes that the bilingual community clinics project developed by the FSFS offers an innovative means for development of health services in French. These clinics would include at least one doctor, some nurses and other health professionals in the same team. These professionals would offer primary health care and public health care and the clinics would therefore be more than a doctor's office. By bringing together professionals in the two clinics (one in Saskatoon and one in Regina) and by offering services in both French and English, the project would allow for better service to Francophones in these two municipalities while at the same time making health services available to all the population.

Establishment of bilingual clinics in Saskatoon and Regina will call for additional financial and human resources. We believe this investment is both justified and reasonable. It is justified because of the importance of health care in French to ensure the vitality of the francophone community. It is reasonable because these clinics would be established in communities where the number of Francophones is high and because these clinics would also offer care to all of the population of Saskatoon and Regina.

The Committee is aware that the majority of the Fransaskois population would not be served by these clinics. Elsewhere in the province, the regional authorities should be encouraged to hire bilingual health professionals, especially for health facilities serving Fransaskois communities.

Conclusion

Access to health care in French is important both to ensure good communication between francophone patients and health professionals and for supporting the vitality of the Fransaskois community. The Committee believes it is possible to develop services in French in a strategic and responsible manner by:

¹⁵ This includes respondents declaring themselves to have only French or French and English as mother tongue for the metropolitan census regions of Saskatoon and Regina. Statistics Canada, 2006 Community Profiles, catalogue n° 92-591-XWF.



- Developing a relationship between the Fransaskois community, on one hand and the Ministry of Health and the regional health authorities, on the other.
- Using existing resources, such as translation service of the provincial government and by better identifying health professionals capable of offering services in French.
- Targeting additional investment for the establishment of bilingual clinics in Saskatoon and Regina.



Next meetings

Members of the Committee will meet three times a year until the spring of 2013 when a review of the mandate of the Committee will take place. The next meeting will be held in September 2011.

It is the Committee's intent to produce a similar report following each theme meeting with recommendations for the Provincial Secretary.



**OFFICE OF THE PROVINCIAL SECRETARY
ADVISORY COMMITTEE ON FRANCOPHONE AFFAIRS
LIST OF MEMBERS**

René Carpentier, Chair

Mr. Carpentier, an entrepreneur, is executive partner of a Saskatchewan consulting and projects management group in Regina. For many years he has worked within Francophone regional and provincial organisations including the *Conseil de la coopération de la Saskatchewan*. Mr. Carpentier assumes the role of Chair of the Advisory Committee for the first term.

Paul Heppelle, ex-officio

A native of Ontario, and settled in Saskatchewan for a good number of years, Mr. Heppelle has made a career in education both as a teacher and administrator, as well as in the civil service. Now retired, he has launched a company specializing in the organization of events. He was elected community representative for the Regina region in 1999 and is currently president of the *Assemblée communautaire fransaskoise*.

Laurette Lefol

Ms. Lefol, born and raised in Saskatchewan and active in her community of Saskatoon. Holding a Certified Management Accountant designation, Ms. Lefol has also developed human resources and leadership skills and is well known in the non-profit organisations sector.

David Lawlor

Musician, composer and master in sound arrangements and the use of multimedia. Mr. David Lawlor is well known on the cultural scene, provincially, nationally and even internationally. Mr. Lawlor is an instructor of French as a Second-Language at the University of Regina and is especially interested in the development and teaching of courses by Internet.

Jean Nepo Murwanashyaka

Mr. Jean Nepo Murwanashyaka has lived in several countries and regions of Canada before settling in Saskatoon. Working with a firm of engineers in the mining sector, he has developed knowledge and expertise in project management, process engineering and problem analysis. Mr. Murwanashyaka is also very active among the French-speaking African population of Saskatoon.

André Nogue

Mr. Nogue, with roots in rural Saskatchewan, made his career in the federal civil service which has allowed him to develop a solid expertise in management of official languages programs. He is very familiar with the Fransaskois community, its needs and its challenges. Presently retired, Mr. Nogue lives in Regina.



Claudia Poirier

Ms. Claudia Poirier, who comes from south-east Saskatchewan, operates, together with her husband, a farming operation. As a mother concerned for the education of her children, she very early became involved in school governance, first on the local school board and later on the *Conseil scolaire fransaskois de Bellegarde* and the *Conseil scolaire provincial*. In 2006 she was awarded the Saskatchewan Centennial Medal.

