



# A GUIDE FOR PLANNING AND PROVIDING FRANCOPHONE LONG-TERM CARE SERVICES

LEARNING FROM PAVILLON OMER DESLAURIERS (POD) AT BENDALE ACRES AND OTHER FRENCH LANGUAGE HEALTH SERVICES FOR SENIORS IN CANADA

**FRENCH HEALTH NETWORK**  
OF CENTRAL SOUTHWESTERN ONTARIO



[www.francosantesud.ca](http://www.francosantesud.ca)





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## EXECUTIVE SUMMARY

**// Franco-Ontarians face challenges obtaining health services in French. 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. //**

*Ontario Minister of Health and Long-Term Care,  
Dr. Eric Hoskins <sup>1</sup>*

It is well established that patients/clients have better outcomes and experiences when healthcare services correspond with their language and cultural needs. People who face language barriers have lower adherence to treatment and follow-up instructions, and more adverse events such as hospitalizations, due to poor self-management of chronic conditions, and participate less in prevention programs such as screening. As a result of this reality and Canada's commitment to bilingualism, improving Francophones' access to services in French is a crucial national public policy goal. While Ontario and other provinces have made important progress in areas such as raising awareness and introducing policies and new services to support access to French Language Health Services (FLHS), there are persistent gaps and inequities in Francophones' health care. For example, only one-third of Francophones report speaking in French with their physician, while 69% speak in English. Several studies report higher rates of chronic conditions among Francophones.

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<sup>1</sup> [Patient First, discussion paper, December 17, 2015.](#)



With an aging and increasingly diverse Francophone population, demand for FLHS is rising in Ontario. As of 2011, Ontario was home to 611,445 Francophones, representing 4.8% of the province's population. Over 20% of Ontario's Francophone population or 126,723 people live in the Greater Toronto Area (GTA) Local Health Integration Networks (LHINs). Ontario's Francophone population is aging more quickly than the province overall. Many Francophone seniors, including 30% in Toronto, live alone and lack caregiver support. Nearly half of Toronto's Francophones were born outside of Canada and have diverse cultural needs.

Some 82% of Francophones in the central region of Ontario (including the GTA) have a partner or spouse whose primary language is English or another language. These couples and families require bilingual services as they age.

Stress, cognitive impairment and dementia can cause people to lose their ability to communicate in English or other second languages over time, a concern for all linguistic minorities. Given the increasingly complex medical needs and rising rates of dementia in the population, long-term care (LTC) will continue to be a needed option for many older Francophones.

Despite the fact that there are some Francophone residents in most of Ontario's 630 LTC homes, few of those LTC residents have access to services in French.

**With the high and growing number of older Francophones who will require LTC and other health services and supports, there is urgency and an opportunity to ensure FLHS are there for Francophone citizens when they need them most.**



One key strategy is learning from and adopting similar models that are already showing success in Canada and elsewhere. One such innovative model, close to home, is the Pavillon Omer Deslauriers (POD) at Bendale Acres LTC home in Toronto. This model for providing Francophone LTC services within a minority linguistic context has a number of distinguishing features:

- Francophones have priority access to LTC beds within a Francophone cluster, designed to meet the distinct language and cultural needs of Francophone residents.
- Francophones are prioritized by the Community Care Access Centre (CCAC) (which are now part of the LHINs) for the designated bilingual beds.
- Bilingual resources (e.g. staff, interpretation support, bilingual information) are actively pursued and used for POD residents.

With many Ontario LTC homes slated for redevelopment over the next few years, there is a unique opportunity to include a Francophone cluster in some of the redeveloped homes. In addition, some LTC homes, particularly within the City of Toronto, are opting to leave the LTC sector because of the high cost of redevelopment (e.g. land costs) in the city. There is an opportunity for other homes to purchase their bed licenses and use them to create a Francophone cluster. In partnership with Entité 4 and with funding from the federal Official Languages Health Contribution Program, the French Health Network of Central Southwestern Ontario sought to analyze the POD model and a few others from across Canada that have been effective in minority Francophone situations and to develop practical resources to support the adoption of similar models for seniors elsewhere.



*A Guide for Planning and Providing Francophone Long-Term Care Services* is intended for all those involved in planning, advocating for, and providing Francophone health services in Ontario and other provinces. The information and tools are also beneficial for other community and residential care providers serving Francophones as well as services for seniors from other language minority groups.

The Guide highlights that the **main factors for why Francophone seniors are not consistently receiving FLHS**, and French language LTC services more specifically, despite the unquestionable need for, and health and cost benefits of language-specific health care are:

- Families, the public and health professionals lack information about care options for Francophone seniors. The importance of LTC in French is often not well understood.
- There is a shortage of Francophone LTC beds in Toronto and the GTA.
- There is a need for clear and coordinated pathways to services for Francophone seniors.
- Because the Francophone population is geographically dispersed, Francophones often have no option but to travel or leave their communities to receive FLHS.
- Data on demand for French language LTC is not readily available and difficult to determine.
- Recruitment and retention of Francophone health human resources is challenging.
- LTC providers may feel unequipped to meet the needs of an increasingly diverse Francophone population.





## PLANNING AND PROVIDING FRANCOPHONE LTC SERVICES

Drawing from evidence, best practices in other jurisdictions, a review of the POD model at Bendale Acres and insights from experts, community members and partners, the following six attributes were identified for an optimal Francophone LTC model.



### LEADERSHIP AND PLANNING

Improving Francophones' access to services in French requires leadership, consistent planning at all levels and specific actions that demonstrate a commitment to FLHS, including endorsement by executives, management and the governing body. A language access plan is a key document outlining an organization's goals and priorities for improving linguistically accessible services.



## COMMUNITY ENGAGEMENT AND COLLABORATION

Residents, families and the Francophone community, including the French-Language Health Planning Entities, need to be continuously engaged in a variety of ways from shaping policies and planning services such as FLHS or seniors' services, to influencing an organization's strategy, values, policies, and programs, to involving patients/residents and families/caregivers care planning and self-management. Bendale Acres uses an Advisory Council with Francophone representation as a key mechanism to engage and collaborate with residents, their families and the communities they represent.

## COMMUNICATION AND PROMOTION

There is a great need for concerted and coordinated communications and awareness-raising efforts to increase the knowledge of linguistic minorities, providers and stakeholders about the relationship between language and health, the availability of FLHS, and Active Offer. More specifically, potential and existing LTC residents need to be informed about the availability of language assistance services and the Active Offer of services in French. The *Seniors' Wellness Symposium — Symposium du mieux-être des aînés* in the Greater Toronto Area — held at Bendale Acres in June 2015 is an example of how stakeholders can work together to increase community awareness about the importance of FLHS, how to access and request these services.

## ENVIRONMENT

A home's physical and social environment has significant impact on resident's health and quality of life. In addition to having the home environment adapted to meet the needs of the Francophone residents, it must also have a home-like look and feel.



## **BILINGUAL HUMAN RESOURCES**

Having proficient bilingual (French & English) staff in key clinical and non-clinical positions is viewed by some as the single most important factor for a well-functioning bilingual LTC home.

The availability of bilingual staff improves the timeliness of services in the residents own language, resulting in fewer errors, greater adherence to treatment, and higher participation in activities and care plans.

## **PERSON-CENTRED APPROACH**

Person-centred care requires that residents and/or families and care-givers have the opportunity to be meaningfully involved in their own personal care.

However, it is often challenging to accurately determine an individual's linguistic identity and to plan for future care needs in the event that they lose their ability to speak English. Health service providers must find ways to adopt Active Offer throughout their organizations and to work with others to streamline access to linguistic and culturally adapted services. One example of how organizations can remove barriers to person-centred care is the efforts of stakeholders in the GTA to create a priority LTC waitlist for Francophones. This was made possible through clause 173 of the [Ontario Regulation 79/10 made under Ontario's LTC Home Act, 2007](#), which allows prioritization of certain applicants to a unit or area within a LTC home (i.e. cluster) that primarily serves the interests of a particular religious, ethnic, or linguistic background.



## MOVING FORWARD

The Guide describes the 10 most important steps to create a Francophone cluster within a LTC home, and five things frontline staff can do to improve linguistic access. One of the most critical success factors is having an informed, supportive and mobilized Francophone community. Organizations and LTC homes that want to create a Francophone cluster or similar model for a minority Francophone population need to begin working with all parts of the Francophone community early on, including French schools, post-secondary institutions, churches, associations and cultural groups to build a broad-based network of support.

Bendale Acres POD, Actionmarguerite in Winnipeg, and Summerset Manor in Prince Edward Island (PEI) are all current Canadian examples of language-specific LTC services being delivered in an environment in which Francophones are a minority. Right now, we have proven models that could be adapted and expanded upon in order to improve the health outcomes and quality of care of Francophone seniors, while preventing costly and avoidable hospitalizations, ER visits and medical errors that inevitably occur when people are not able to receive health care in their own language.



## GLOSSARY OF TERMS

### ACTIVE OFFER

Active offer of health services in French is the regular and permanent offer of services to the Francophone population. It is the result of a rigorous and innovative process for planning and delivering services in French across the entire healthcare continuum. It depends on accountability at several levels and requires partners to exercise appropriate leadership with respect to health services in French. In concrete terms, it takes the form of a range of health services available in French and offered proactively, that is, services are clearly announced, visible and easily accessible at all times.<sup>2,3</sup> ([see Appendix A for more information.](#))

### CLUSTER

An area or unit within a residential care facility, such as a LTC home, where the rooms of residents of the same linguistic and/or cultural background are located near one another to create a sense of community and where staff speak and services are actively offered in French or another language.

### CULTURAL COMPETENCE

The ability to understand, appreciate, and interact with persons from cultures and/or who have belief systems other than one's own, based on various factors.

2 [Ontario's French Language Health Networks and French Language Health Planning Entities Joint Statement on Active Offer.](#)

3 Government of Ontario. The OPS Framework for Action: A Modern Ontario Public Service, 2006.



## DESIGNATION

Agencies that are partially funded by the province (such as hospitals, daycare centers, group homes, etc.) are not automatically subject to the [\*French Language Services Act \(FLSA\)\*](#), which obligates ministries or agencies of the Government of Ontario located in specified designated areas to make services available in French. These agencies may ask to be officially designated, in which case Cabinet will pass a regulation to designate them as official providers of services in French.<sup>4</sup>

To be designated, an agency must demonstrate that it meets the following conditions:

1. Offering quality French-language services on a permanent basis
2. Guaranteeing access to French-language services
3. Ensuring proportional Francophone representation on its board of directors and executive team
4. Developing a written policy on French language service that has been adopted by the board of directors and set out its responsibilities in the area of French Language services

Designation can be full or partial. Partial designation means that only some of an agency's services are available in French (e.g. some programs, unit within a facility, etc.). Alternatively, healthcare organizations can be an identified health service, which is a process used by the Ministry of Health and Long-Term Care (MOHLTC) or LHINs to appoint a service provider with the responsibility for providing French health services.

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<sup>4</sup> [Government of Ontario. French Language Services Act, R.S.O. 1990, c. F.32.](#)



## FRENCH-LANGUAGE HEALTH PLANNING ENTITIES (FLHPE OR “ENTITIES”)/ENTITÉS DE PLANIFICATION DES SERVICES DE SANTÉ EN FRANÇAIS DE L’ONTARIO

There are six FLHPEs in Ontario. Their geographic boundaries correspond with the 14 LHINs ([see Appendix B](#)). According to the [Local Health System Integration Act \(LHSIA\)](#) the LHINs are required to consult FLHPEs on the effective engagement of French-speaking communities on French language health services, the health needs and priorities of the French-speaking community, the health services available to the French-speaking community, the identification and designation of health services providers and strategies and planning to improve access to, accessibility of and integration of FLS in the local health system.<sup>5</sup>

## FRENCH-LANGUAGE HEALTH NETWORKS (FLHN)/LES RÉSEAUX SANTÉ EN FRANÇAIS

The FLHNs are federally-funded organizations that work in the areas of networking, implementing projects and applying research and best practices through knowledge mobilization to ensure better access to quality French-language health services that improves the health of all Francophone and Acadian minority communities. There are 16 provincial, territorial and regional Networks under the umbrella of the not-for-profit national organization *Société Santé en français*.

In Ontario, there are three Networks with boundaries that correspond with the six FLHPEs and the LHINs (one in the east, one in the north and four in central south-western Ontario — in the east and north, the Networks and FLHPEs are the same organizations — [see Appendix C](#) for boundary map and a description of the respective roles of the FLHPEs

<sup>5</sup> [Government of Ontario. Local Health System Integration Act, 2006. S.O. 2006, c. 4.](#)



and FLHNs.) Each Network works on issues that are relevant to the needs of their specific region and the priorities of their regional partners.

## **INCLUSIVE DEFINITION OF FRANCOPHONE**

The inclusive definition of Francophone (IDF) is a variable derived from Statistics Canada's census based on three questions: mother tongue, language spoken at home and knowledge of the official language.

The IDF broadens the estimate of the number of Francophones because it includes persons whose mother tongue is French, plus those people whose mother tongue is neither French nor English (allophones) but who speak French.

## **LANGUAGE ACCESS SERVICES OR LINGUISTICALLY ACCESSIBLE SERVICES**

This refers to systems and supports that allow persons to access, use and understand health and social services despite not speaking the dominant language.

## **LANGUAGE DISCORDANCE**

Language discordance occurs when two people lack proficiency in the same language(s). Language discordant clinical encounters can compromise quality of care and health outcomes.<sup>6</sup>

## **LOCAL HEALTH INTEGRATION NETWORKS**

Created by the Ontario government in 2006, Local Health Integration Networks (LHINs) are not-for-profit crown corporations that are mandated to plan, fund and integrate health services for their local communities. There are 14 LHINs in Ontario — they are responsible for

<sup>6</sup> [Sears, J. et al. \(2013\) Potential for patient-physician language discordance in Ontario. BMC Health Services Research. 13: 535.](#)





funding and overseeing the performance of health service providers including hospitals, LTC homes and a range of home and community-based health care services.

### **OFFICE FOR FRANCOPHONES AFFAIRS (ONTARIO)**

The Office for Francophones Affairs (Ontario) makes recommendations on improving the availability and quality of French language services, the designation of public service agencies and the addition of designated areas to the Schedule, among other functions.

### **OFFICE OF THE FRENCH LANGUAGE SERVICES COMMISSIONER (ONTARIO)**

The Office of the French Language Services Commissioner of Ontario conducts impartial investigations and monitors government's compliance with the FLSA.

### **QUALITY**

Health Quality Ontario has six dimensions for a high quality health care system: safe, effective, patient-centred, timely, efficient, and equitable.<sup>7</sup>

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<sup>7</sup> [Health Quality Ontario. Quality Matters: Realizing Excellent Care for All. 2017.](#)



## INTRODUCTION

A growing body of evidence demonstrates that health services and approaches that respond to individuals' language and cultural needs result in improved patient and client experiences, quality of care and health outcomes. As a result of this reality and Canada's commitment to bilingualism, improving Francophones' access to services in French is a crucial national public policy goal.

**// Franco-Ontarians face challenges obtaining health services in French. 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. //**

*Minister of Health and Long-Term Care,  
Dr. Eric Hoskins<sup>8</sup>*

While Ontario and other provinces have made important progress in areas such as raising awareness and introducing policies and innovative services to support access to French Language Health Services (FLHS), there are persistent gaps and inequities in Francophones' health care. For example, only one-third of Francophones report speaking in French with their physician, while 69% speak in English. Just 20% of Ontario's Francophone adults report that they use French when seeking services in a location other than their family physician's office.<sup>9</sup> Francophone immigrants face additional barriers accessing health care and tend to have poorer health outcomes.

<sup>8</sup> [Patients First Discussion Paper December 17, 2015.](#)

<sup>9</sup> [Corbeil, Jean-Pierre, Claude Grenier and Sylvie Lafrenière \(2007\). Minorities Speak Up: Results of the Survey on the Vitality of Official-Language Minorities, Statistics Canada Catalogue no. 91-548-X.](#)



## INTRODUCTION

Demand for health services in French is growing as a result of an aging and increasingly diverse Francophone population and greater awareness of the availability of French health services.

The dramatic demographic shifts underway in Canada and globally are challenging organizations and professionals to consider different strategies to meet the needs of a seniors population comprised of a growing number of cultural and linguistic minorities. One key strategy is learning from and adopting models that are showing success in Canada and elsewhere.

One such innovative model, close to home, is the **Pavillon Omer Deslauriers (POD) at Bendale Acres long-term care (LTC)** home in Toronto which is owned and operated by the City of Toronto. This model for Francophone LTC services in a minority situation has a number of distinguishing features:

- Francophones have priority access to LTC beds within a 37-bed Francophone unit designed to meet the distinct language and cultural needs of Francophone residents.
- Francophones are prioritized by the CCAC (which are now part of the LHINs) for the designated French language services beds, and bilingual resources (e.g. staff, activities, interpretation support).
- Bilingual information) are actively pursued and used for POD residents.



## INTRODUCTION

Recognizing that the Francophone population is aging, growing and changing in the Greater Toronto Area (GTA) and other communities across Ontario, a group of French Language Services stakeholders together with Bendale Acres recognized an opportunity to strengthen the POD model for current and future Francophone residents. At the same time, these stakeholders recognize that this model or key aspects of it could be replicated in other regions in order to meet the needs of Francophone seniors.

With many Ontario LTC homes slated for redevelopment over the next few years, this is an opportune time to include a Francophone cluster in some of the redeveloped homes. In addition, some LTC homes, particularly in the GTA, are opting to leave the LTC sector because of the high cost of redevelopment (e.g. land costs) in the area. There is an opportunity for other homes to purchase their bed licenses and use them to create a Francophone cluster.<sup>10</sup>

In partnership with Entité 4 and with funding from the federal [\*Official Languages Health Contribution Program\*](#), the French Health Network of Central Southwestern Ontario sought to analyze the Pavillon Omer Deslauriers model using best practice criteria, and to develop resources to support the adoption of similar models for seniors elsewhere in Ontario and Canada.

This guide provides practical advice and tools for how to plan, develop and deliver LTC services for Francophones in the GTA and across Ontario and Canada. The guide is intended for all those involved in planning, advocating for, and providing Francophone health services in

<sup>10</sup> [Ontario Ministry of Health and Long-term Care. Long-term Care Home Development: Enhanced Long-term Care Home Renewal Strategy. Accessed on March 22, 2017.](#)



Ontario, particularly the LHINs, FLHPEs, FLHNs, health service providers, particularly LTC home administrators and boards, all staff of LTC homes, and Francophone community leaders.

Although the guide is geared toward designing and delivering LTC services in French, the information and tools would be beneficial for other community and residential care models for Francophones as well as services for seniors from other language minority groups.



Partnerships between City of Toronto, Ministry of Health & Long-Term Care and Local Health Integration Networks ensure the health service needs of the community are being met.



## METHODOLOGY

A mix of methods was used to understand the needs and unmet needs of the Francophone population who could benefit from POD and other similar models; to assess the POD model and its strengths, limitations, barriers and opportunities for improvement; to assess relevant best practices and evidence for Francophone seniors' health care and high-quality LTC; to identify the success factors and attributes for an optimal LTC model for the GTA and other regions across Canada; and to create a practical guide for developing and delivering an optimal model for LTC services for Francophone seniors. This model reflects the attributes of POD and "best practice" bilingual or Francophone LTC homes and seniors' services from other provinces.

Methods included:

- Literature review
- Key informant interviews with residents, frontline staff, LTC home administrators, care coordinators, health system planners and researchers
- Focus group with community supporters that included volunteers, advocates, francophone health service providers, FLHPEs and FLHNs
- Tour of Bendale Acres POD
- Jurisdictional scan of the literature and comparable models of bilingual or Francophone LTC homes in a linguistic minority context: Actionmarguerite in Winnipeg and Summerset Manor in PEI
- LTC model development and validation using criteria adapted from the literature review, best practice scan and interviews
- Implementation guide development



## OF NOTE

- While this guide was written primarily for the not-for-profit LTC home sector, the approaches are relevant to all LTC models as well as other congregate living models such as retirement homes and supportive housing/assisted living, and for other providers of seniors' health services. The guide reflects the fact that, while LTC is the most appropriate place and level of care for many individuals, it is part of a continuum of health care and housing options for people as they age. It is important for Francophones to have the opportunity to access health care in French throughout their lives and in all settings from primary care to mental health care to home care to long-term care and palliative care.
- Ontario LTC home residents are primarily seniors, but an estimated 15% of LTC residents are adults under the age of 65.
- This guide is designed for LTC homes or clusters within these organizations that provide all services in French to Francophones but also accommodates the fact that many Francophone residents have spouses and other caregivers whose primary language is English (or another language) and, therefore, require bilingual services in the same facility.





## WHY FRANCOPHONE LTC AND SENIORS' SERVICES ARE NEEDED

**//** Francophone clients are socially more isolated if living in community — families are not here and neighbours don't speak French. This means they have higher service utilization. More often they have higher use of private French-speaking caregivers to do what CCAC doesn't — shopping, cooking, cleaning, house work. **//**

*Toronto Central CCAC Care Coordinator*

### DEMOGRAPHIC AND ETHNO-CULTURAL CHARACTERISTICS OF FRANCOPHONE SENIORS

As of 2011, Ontario was home to 611,445 Francophones, representing 4.8% of the provincial population. Over 20% of Ontario's Francophone population or 126,723 people live within the five GTA LHINs. After Champlain, North East and Hamilton Niagara Haldimand Brant LHINs, the GTA LHINs have the highest number of Francophones.





## WHY FRANCOPHONE LTC AND SENIORS' SERVICES ARE NEEDED

## INCLUSIVE DEFINITION OF FRANCOPHONE (IDF) ESTIMATES/COUNTS AND FRENCH MOTHER TONGUE COUNTS BY LOCAL HEALTH INTEGRATION NETWORK, 2011 CENSUS

### INCLUSIVE DEFINITION OF FRANCOPHONE (IDF)

| LHIN                                | COUNT OR*<br>ESTIMATE | TOTAL<br>POPULATION<br>LANGUAGE | IDF TOTAL<br>FRANCOPHONE | % OF<br>POPULATION<br>FRANCOPHONE |
|-------------------------------------|-----------------------|---------------------------------|--------------------------|-----------------------------------|
| ERIE ST. CLAIR LHIN                 | COUNT                 | 612,555                         | 21,900                   | 3.6%                              |
| SOUTH WEST LHIN                     | ESTIMATE              | 911,114                         | 13,261                   | 1.5%                              |
| WATERLOO<br>WELLINGTON LHIN         | ESTIMATE              | 716,482                         | 12,005                   | 1.7%                              |
| HAMILTON NIAGARA<br>HALDIMAND BRANT | ESTIMATE              | 1,334,099                       | 32,330                   | 2.4%                              |
| CENTRAL WEST LHIN                   | ESTIMATE              | 835,443                         | 14,021                   | 1.7%                              |
| MISSISSAUGA<br>HALTON LHIN          | ESTIMATE              | 1,103,643                       | 24,751                   | 2.2%                              |
| TORONTO<br>CENTRAL LHIN             | ESTIMATE              | 1,138,570                       | 26,005                   | 2.3%                              |
| CENTRAL LHIN                        | ESTIMATE              | 1,690,464                       | 31,725                   | 1.9%                              |
| CENTRAL EAST LHIN                   | ESTIMATE              | 1,484,996                       | 30,221                   | 2.0%                              |
| SOUTH EAST LHIN                     | COUNT                 | 466,865                         | 14,205                   | 3.0%                              |
| CHAMPLAIN LHIN                      | COUNT                 | 1,214,790                       | 243,905                  | 20.1%                             |
| NORTH SIMCOE<br>MUSKOKA LHIN        | ESTIMATE              | 433,239                         | 12,247                   | 2.8%                              |
| NORTH EAST LHIN                     | COUNT                 | 546,170                         | 127,275                  | 23.3%                             |
| NORTH WEST LHIN                     | COUNT                 | 217,910                         | 7,595                    | 3.5%                              |
| <b>ONTARIO</b>                      | <b>COUNT</b>          | <b>12,706,340</b>               | <b>611,445</b>           | <b>4.8%</b>                       |

\* IDF data were available by Census Subdivision (CSD). For LHINs that are wholly composed of CSDs, IDF total are true counts. For LHINs where CSDs are split by LHIN boundaries, IDF CSD data were proportionally allocated by the percentage of a CSD's population within each LHIN. In these cases, the IDF values are estimates only.

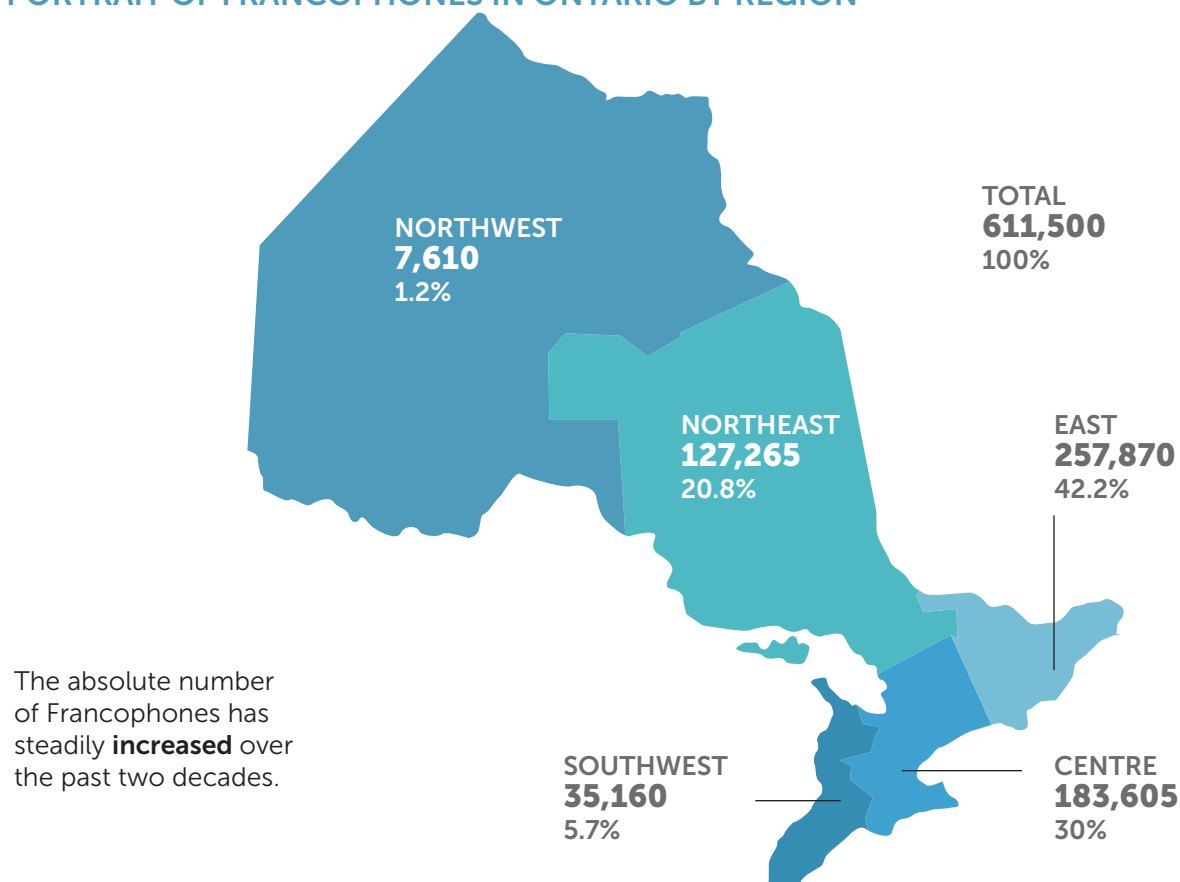
^ Differences in % population (IDF versus French Mother tongue).

Data Source: 2011 Census of Canada. 2011 Census IDF by Census Subdivision (Office of Francophone Affairs)

Source: Health Analytics Branch, MOHLTC.



## PORTRAIT OF FRANCOPHONES IN ONTARIO BY REGION



Source: Office of the French Language Services Commissioner of Ontario, 2014

Ontario's Francophone population is aging more quickly than the province overall.<sup>11</sup> This trend is reflected in all areas of the GTA with the exception of the City of Toronto. There are proportionally fewer Francophone seniors (12.6%) in Toronto than seniors in the population as a whole (13.6%), a reflection of the fact that young Francophones, many of whom are immigrants, live and work in Toronto.<sup>12</sup>

<sup>11</sup> Ontario Trillium Foundation and Office of Francophone Affairs, Profile of Ontario's Francophone Community, 2009.

<sup>12</sup> City of Toronto. Changes in the Toronto and Francophone Community Demographics.



**Nearly half of Toronto's Francophones were born outside of Canada.**

This stands in sharp contrast to Ontario overall, where 13.7% of Francophones were born outside of Canada. Increasingly, immigrants come from countries in Africa, Asia and the Middle East, from countries that speak different French dialects.<sup>13</sup> For many newcomers, French is the official language for their country of origin but their mother tongue is a different local language.

**Some 81% of Francophones in the central region of Ontario (including the GTA) are in an "exogamous relationship",** which, for the purpose of this guide, means that only one partner or spouse speaks French as their mother tongue while the other has English or another language as their mother tongue.<sup>14</sup> This has particular implications for LTC and other residential care settings where providers strive to offer information and services that are understandable to both partners, their families and caregivers.

Francophone seniors who live alone often have a greater need for language-specific services and supports. **In Toronto alone, 30% of Francophone seniors live by themselves, many of whom lack family and caregiver support with translation and communications as their health declines.**<sup>15</sup> Francophone seniors can often be isolated because they do not speak the same language as their neighbours and their own families live far away.

13 Ontario Trillium Foundation and Office of Francophone Affairs, *Profile of Ontario's Francophone Community, 2009*.

14 [Ontario Office of Francophone Affairs and Statistics Canada. Les Francophones en Ontario. Based on the 2011 Census. Accessed on March 13, 2017.](#)

15 City of Toronto. *Changes in the Toronto and Francophone Community Demographics*.



## FRANCOPHONE SENIORS' HEALTH STATUS AND HEALTH CARE UTILIZATION

// Patients are not going to insist on being heard, understood or cared for in French when they are at their most vulnerable and legitimately preoccupied with their health. //

*Office of the French Language Services Commissioner*<sup>16</sup>

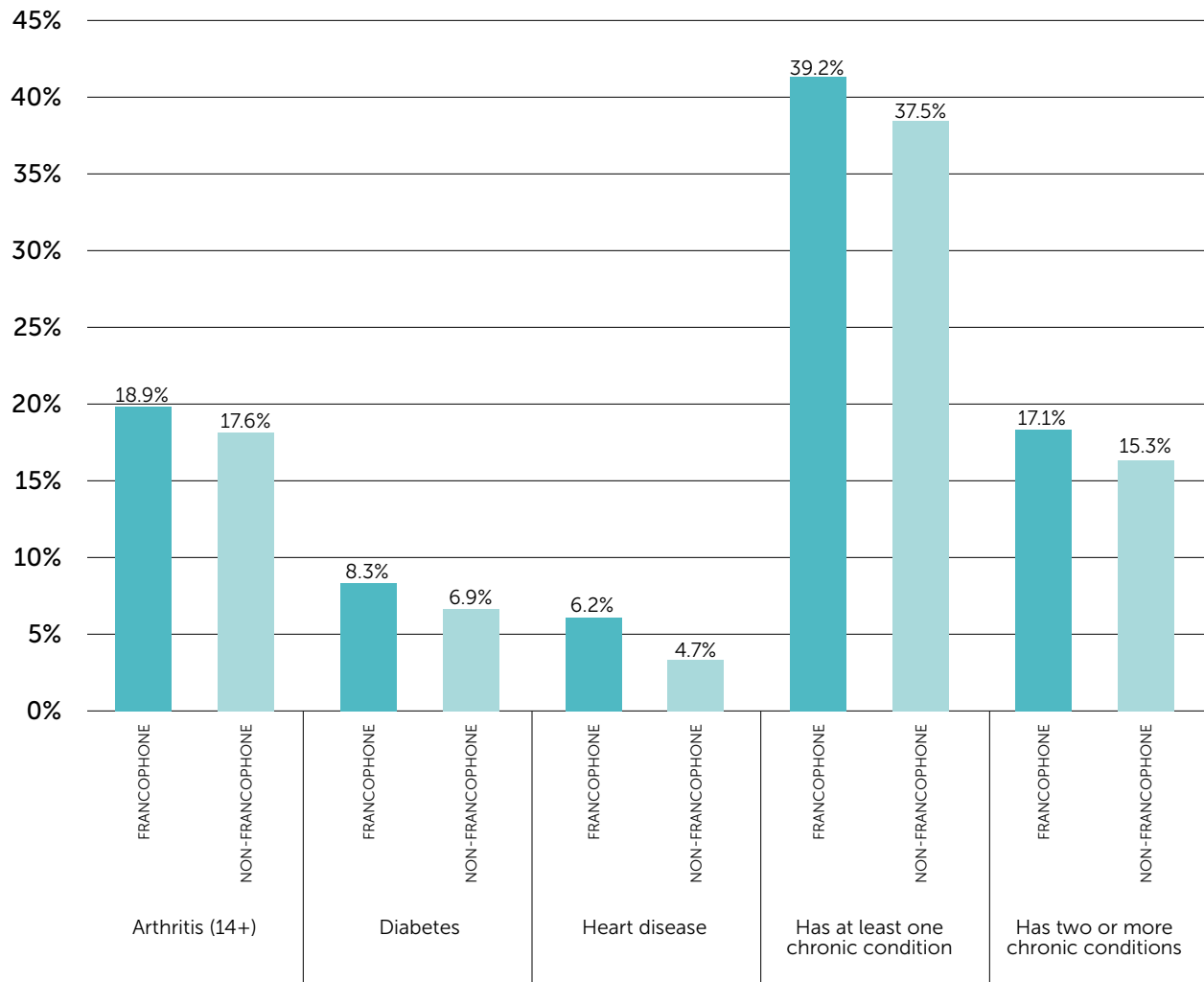
**Studies show Francophones' self-perceived health status is generally the same as that of English-speaking Ontarians and, in some cases, lower.** Moreover, several studies report **higher rates of chronic conditions among Francophones.**<sup>17</sup> The following graph illustrates that Francophones have higher rates of arthritis, diabetes, and heart disease than non-Francophones, and higher rates in single or multiple chronic diseases. This is thought to be partly due to limited access to primary care in French.

<sup>16</sup> [Office of the French Language Services Commissioner. \*Special Report on French Language Health Services Planning in Ontario, 2009.\*](#)

<sup>17</sup> Bouchard, L. et al. (2012) Do chronically ill, elderly Francophone patients believe they are adequately served by Ontario's health care system? Exploratory study of the effect of minority-language communities. *Canadian Family Physician*. 58 (12): 686-687.



### COMPARISON OF RATES OF CHRONIC DISEASE BETWEEN FRANCOPHONES AND NON-FRANCOPHONES IN ONTARIO, 2013-2014.



Data Source: Health Analytics Branch, MOHLTC — Canadian Community Health Survey, 2013-2014. Age 12+ years included.



**People who face language barriers tend to participate less in health promotion and disease prevention** such as cancer screening and vaccination, and have less access to basic health information and education including through advertising and other media. Limited English proficiency is strongly associated with lower knowledge about the signs and symptoms of heart attacks, strokes and cancer.<sup>18</sup>

There is a clear gap between people's preference to receive services in French — and the proven benefits of receiving care in one's primary language — and the ability to access French language health services. In a 2006-2007 survey, while 3 out of 4 Francophone people in Ontario found it important to receive services in French, **only 31% reported having spoken to their family physicians in French in the past 12 months.**<sup>19</sup>

The trend is similar for specialized mental health services where diagnosis and treatment is heavily dependent on effective communications and cultural competence. Studies indicate that non-English speaking people are less likely to receive mental health care.<sup>20</sup> **In one Ontario-based study, French-speaking people were about one-third as likely to have daily contact with a psychiatrist compared to English-speaking patients.**<sup>21</sup>

18 [Bowen. S. \(2015\) \*The impact of language barriers on patient safety and quality of care\*. Société Santé en français.](#)

19 Corbeil, Jean-Pierre, Claude Grenier and Sylvie Lafrenière (2007). *Minorities Speak Up: Results of the Survey on the Vitality of Official-Language Minorities*, Statistics Canada Catalogue no. 91-548-X.

20 [Bowen. S. \(2015\) \*The impact of language barriers on patient safety and quality of care\*. Société Santé en français.](#)

21 [Tempier, R. et al. \(2015\) \*Access to psychiatrists by French-speaking patients in Ontario hospitals: 2005 to 2013\*. Healthcare Management Forum. 28\(4\): 167-71.](#)



There is strong evidence that having care in one's mother tongue is crucial as people age, but few people have care plans that recognize this. **Stress, cognitive impairment and dementia can cause people to lose their ability to communicate in English or other second languages over time.** With rising rates of dementia in Canada, this has implications for all linguistic minorities.

**Communication is the root cause of 59% of serious adverse events and less English-proficient patients are more likely to experience safety events caused by communication errors.**<sup>22</sup> Patients with language barriers participate less in decision-making about their health and have less understanding of their diagnosis and treatment options. **Language discordance is associated with lower adherence to treatment and follow-up instructions, and more adverse events such as hospitalizations due to poor self-management of chronic conditions.**<sup>23</sup>

Even standardized clinical assessment tools that are not adapted to patients' linguistic or cultural background can lead to misdiagnoses. For example, some cognitive screening tests have inaccurately diagnosed non-English speaking people with higher levels of cognitive impairment. **The evidence demonstrates that language barriers lower provider diagnostic confidence and lead to misdiagnoses and an overreliance on unnecessary tests: "Providers are less likely to refer patients for a follow-up visit if there are language barriers, less likely to follow-up on an abnormal test and less likely to recommend that these patients participate in a clinical trial."**<sup>24</sup>

22 Wasserman, M. et al. (2014) Identifying and preventing medical errors in patients with limited English proficiency: Key findings and tools from the field. *Journal of Healthcare Quality*. 36(3): 5-16.

23 [Bowen, S. \(2015\) \*The impact of language barriers on patient safety and quality of care\*. Société Santé en français.](#)

24 *Ibid.*



A 2015 University of Texas Health Science Centre study found that residents with language barriers experienced a **difficult transition to long-term care**, and experienced poor communications, discrimination, isolation, misdiagnosis and misleading assessment, nutrition problems and a decrease in quality of life. Many of these issues were resolved when residents were placed in a home suited to their ethnic or cultural needs.<sup>25</sup>

## GAPS AND CHALLENGES FOR FRANCOPHONE SENIORS

There are a variety of interrelated reasons why Francophone seniors in Ontario and elsewhere in Canada are not receiving healthcare services in their own language.

- **The public lacks information about care options for Francophone seniors**, which contributes to low demand for Francophone health services. Awareness about the availability of French language health services has not been sustained over time. Like other minority groups, some Francophones are accustomed to receiving services in English, even if they might have a better experience and outcomes with French or bilingual services. In Ontario, the Entities and Central East LHIN recommended more initiatives to educate the French-speaking community about POD and other Francophone health service providers. Since then, occupancy rates from Francophones at POD have quickly risen but the unit is still below full occupancy, reinforcing the continuing need for Active Offer.
- A related issue is that Francophone seniors generally have fewer appropriate care options. An Ontario study found that one-quarter of people on a LTC home waitlist could be cared for in the community

25 [Wohlberg, Y.L. \(2015\) The quality of life matters: The benefits of Ethnic Nursing Homes – A systematic review. Accessed March 13, 2017.](#)





with proper supports (e.g. home care, supportive housing, assisted living, and retirement homes).<sup>26</sup>

- **There is a need for clear and coordinated entry points and pathways to services for Francophone seniors.** General pathways can be less effective for Francophones and other minority groups who would benefit from linguistic or culturally specific services. Aside from the Central East Community Care Access Centre (CCAC – the entity that is now part of the LHINs that coordinates LTC home placement in Ontario), which maintains a separate waitlist for Francophones seeking LTC from POD, other GTA CCACs have largely inconsistent practices for referring Francophones to bilingual or Francophone homes. It is challenging for physicians, care coordinators and discharge planners to keep track of which providers deliver services in French.
- **There is a shortage of Francophone LTC beds in the GTA and parts of Toronto.** Currently, there are only 37 beds for the 126,723 Francophones in the GTA, far short of the provincial average of 581 beds per 100,000 people.<sup>27</sup> At the same time, the demand for LTC is rising – the Conference Board of Canada projects demand for LTC in Ontario will double by 2035 and the number of individuals on the waitlist will climb to 48,000 in 2021.<sup>28</sup>, <sup>29</sup> LTC homes are generally at full occupancy in Ontario. In this context, beds in the POD cluster cannot remain empty until a Francophone resident is available.

26 Williams, A.P., D. Challis, R. Deber, J. Watkins, K. Kuluski, J.M. Lum et al. (2009) Balancing Institutional and Community-Based Care: Why Some Older Persons Can Age Successfully at Home While Others Require Residential Long-Term Care. *Healthcare Quarterly* 12(2): 95–105.

27 Steering Committee for the Pavillon Omer Deslauriers at Bendale Acres. (2012) *Recommendation to the Central East LHIN concerning Pavillon Omer Deslauriers project at Bendale Acres*.

28 [The Conference Board of Canada. \(2011\) Elements of an Effective Innovation Strategy for Long Term Care in Ontario. The Ontario Long Term Care Association.](#)

29 [Ontario Association of Non-Profit Homes and Services for Seniors. Meeting the Needs of Seniors Today. 2014 Ontario Election Position Statement.](#)

**WHY FRANCOPHONE LTC AND SENIORS' SERVICES ARE NEEDED**

- **Geographic dispersion of the Francophone community results in services often delivered far from home.** Families tend to choose LTC homes that are in close proximity to their own home (typically under 25 km), even if a home does not meet their loved ones language needs. Located in Scarborough, a suburb of Toronto, POD is the only Francophone LTC unit in the GTA. It is difficult and time-consuming for some families to regularly travel to POD to visit their loved one, especially if family members live downtown, in the west of the GTA or outside the region.
- **Data on the demand for LTC among Francophone seniors is unavailable and difficult to determine for several reasons:**
  - The Government of Ontario adopted the Inclusive Definition of Francophones (IDF), which more accurately identifies Francophones but this definition is not used consistently.
  - There is no consistency on how to identify Francophones in health care administrative databases for the planning and delivery of health services, which has resulted in an under-estimation of Francophones (and especially Francophone immigrants whose mother tongue is not French)<sup>30</sup>.
  - Comprehensive population health data on Francophone seniors is 3 to 5 years out of date because it is based on the census, which is administered every 5 years.
  - There are low numbers of Francophones in some regions, which impedes statistical analyses because of low sample size.
  - Data on Francophone status is generally underreported.

30 [Regroupement des entités de planification des services de santé en français de l'Ontario. Joint Position Statement on the Linguistic Variable. May 2013.](#)



- **Recruitment and retention of Francophone health human resources is challenging due to a number of factors:**
  - French-speaking physicians and nurses are inequitably distributed across Ontario and there is a shortage of other key clinical and non-clinical staff who speak French such as personal support workers (PSWs), orderlies, receptionists, social workers, recreationists and managers.<sup>31</sup>
  - Job applications lack standard questions on language proficiency and prospective employees who are unaware of the availability of services in French do not identify themselves as French-speaking.
  - In some places, French-speaking applicants must pass advanced level standards on language proficiency tests, which may not be the level required for their role.
  - Seniority often takes precedence over French language ability, resulting in staff who are non-French-speaking or have a low level of French proficiency working in Francophone areas within a facility.
  - Francophone staff turnover is high. One of the factors is that French-speaking staff feel that they lack support to be able to offer services in French.
  - Compensation levels do not generally consider the ability to speak other languages.
- **Ability to meet linguistic and ethno-cultural needs.**
  - Providers feel unequipped to meet the needs of an increasingly diverse LTC population – particularly having the capacity to create a “home-like” environment and foster a community that is inclusive of all cultures.

31 [Lepage, Jean-François, and Émilie Lavoie \(2017\). Health care professionals and official-language minorities in Canada, 2001 and 2011, Statistics Canada Catalogue no. 89-657-X.](#)



## HOW TO START THINKING ABOUT LINGUISTICALLY AND CULTURALLY ADAPTED HEALTH SERVICES

- Providers indicate capacity challenges related to staff knowledge, attitudes and skills regarding language-specific care and cultural competency; training, recruiting and retaining human resources with the requisite linguistic skills and knowledge, as well as funding to deliver culturally inclusive services.



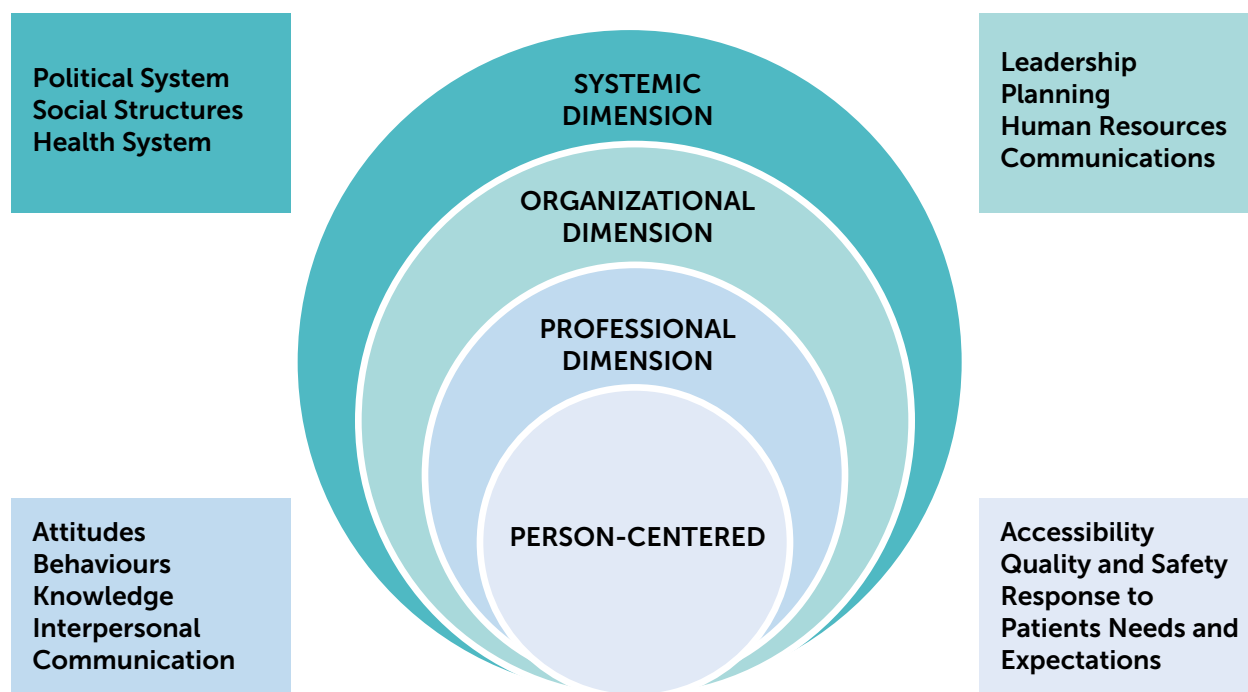
Continuous learning ensures staff and service providers have the necessary tools to provide excellent care to residents and clients.



## HOW TO START THINKING ABOUT LINGUISTICALLY AND CULTURALLY ADAPTED HEALTH SERVICES

# HOW TO START THINKING ABOUT LINGUISTICALLY AND CULTURALLY ADAPTED HEALTH SERVICES

In order to achieve and sustain linguistic and culturally adapted services, there needs to be commitment and action at different levels: the **system at large** (e.g. health system and public policy); **the organization** (e.g. leadership commitment to these programs); **professional groups and individual professionals** (e.g. attitudes and behaviours); and at the level of the individual patient or caregiver — **person-centred** — actions (e.g. responding to people's needs and expectations). The diagram below illustrates the interrelationship among the different levels or dimensions.



Source: *Study on linguistically and culturally adopted health services: a Pan-Canadian portrait*, Tremblay, S, Prata, G, 2012.





A combination of strategies contributes to the successful provision of FLHS. This includes, but is not limited to:

- Active Offer
- Designation
- Provincial coordination and planning mechanisms
- Provincial or regional linguistic accessibility services (e.g. interpretation)
- Other means of ensuring organizations are accountable for the provision of services in French (e.g. LHIN accountability agreements with Health Service Providers)
- Cultural competency training for staff
- Ongoing involvement of residents, families and the community in FLHS planning.



Promotion of linguistic and cultural services is a key strategy to ensure awareness of available community services.



## A FRAMEWORK FOR AN OPTIMAL MODEL OF LTC FOR FRANCOPHONES

To understand the characteristics of a high-quality Francophone LTC service for the GTA that could be replicated across Canada and for other language minorities and contexts, it is instructive to look to established frameworks for how to plan, set up and sustain these types of health care models.

The ideal model of LTC for Francophones and all people who require LTC is one that provides the highest quality of care – it is equitable, safe, and accessible and offers an excellent experience and the best possible outcomes for residents and their families.

Ontario has established mechanisms to advance quality in the health system (e.g. Health Quality Ontario, LHINs, accreditation bodies), all of which need to work in concert to enable French language-specific services.

Drawing from literature and evidence, best practices and experiences in other jurisdictions, a review of the POD model at Bendale Acres and insights from experts and community members and partners, **six attributes need to be in place for an optimal Francophone LTC model.**

The following chart describes how each of these attributes can be achieved in practice and the different roles involved including administrators, funding and planning bodies, staff, boards and community members and volunteers.



## LEADERSHIP AND PLANNING

### DEFINITION AND RATIONALE

Increasing Francophones' access to services in French requires leadership, consistent planning at all levels and specific actions that demonstrate a commitment to French Language Health Services (FLHS).

#### LEADERSHIP AND GOVERNANCE COMMITMENT

Creating a linguistically accessible atmosphere throughout an organization requires a visible commitment and endorsement by executives, management and the governing body. The governing body and funders should be regularly updated about progress on plan objectives. Reporting to the community through annual reports,





presentations and other channels demonstrates the organization's commitment to accountability and builds the necessary trust that is required to increase demand for and the provision of FLHS.

## ORGANIZATIONAL POLICIES

Language access policies set the rules and expectations for how linguistically accessible services are made available and used, and should reflect on and incorporate laws, standards (e.g. Ontario designation requirements, accreditation standards, etc.) and best practices on linguistically and culturally accessible services and patient-centredness.

Policies are required for the following areas:

- Human resources, communications, information management, accountability (including monitoring/evaluation and complaints process), and community engagement. Policies incorporate staff education and training.

## PROCEDURES

Procedures and protocols ensure the consistent application of the policies in practice. They describe the steps to take in different situations — for example, responding to telephone calls from linguistic minorities; how and when to request and track language preference information; when and how to inform clients about language assistance services; when and how to access formal interpreters or language assistance technology.

## LANGUAGE ACCESS PLAN

A language access plan outlines an organization's goals and priorities for improving linguistically accessible services. It also sets out targets, who is accountable, and how performance will be monitored and reported. Language access plans utilize data on the health needs of and the



barriers experienced by linguistic minority populations (gained through demographic data, research and input from experts and key communities) and evaluate current gaps in services (e.g. by comparing the current state to standards and best practices). An organizational self-awareness assessment is an effective component of performance evaluation.

In Canada, we do not have explicit national or provincial standards for linguistic and culturally adapted services similar to the Culturally and Linguistically Appropriate Services (CLAS) in the US. However, accreditation agencies and the French Language Services Act offer some standards such as Active Offer and Designation criteria in Ontario.

## EXAMPLES

### — HOW TO PUT LEADERSHIP AND PLANNING IN ACTION

- See [Appendix D](#) for an overview of Ontario's requirements to receive FLS designation.
- See references under Leadership and Planning for self-awareness exercises.
- Indicate in your mission statement that the home offers a Francophone living environment. At a minimum, policies should include a language access statement (see the following Actionmarguerite example), guidelines on the use of formal and informal interpreters, and mechanisms to ensure complaints procedures are accessible to linguistic minorities and complaints related to patient safety are investigated to determine the potential role of language barriers.
  - Strict, evidence-informed guidelines are followed regarding the use of professional, medically trained interpreters, as well as informal interpreters (e.g. volunteers, family members) (See Appendix E — Tip #9: Suggested Guidelines for using Interpreters



from *Diversity in Action: A toolkit for residential settings for seniors* and [Access Alliance Language Services and Remote Interpretation Ontario Network](#).

- Complaints procedures are available in the languages used by the community served and forms are easily available in common areas like the lobby. A systematic follow-up is conducted for all complaints and patient safety incidents during service provision to linguistic minorities to assess whether language played a part.

**SEE REFERENCE SECTION FOR ADDITIONAL RESOURCES.**

**// It takes flexibility, creativity, the ability to capture opportunities when they present themselves, and a strong desire to create community partnerships. //**  
*Margaret Aerola, Administrator, Bendale Acres*

### **Actionmarguerite's Language Access Statement**

Actionmarguerite is a bilingual (French/English) health service provider in Manitoba that provides a continuum of residential services for seniors and adults with complex conditions from complex continuing care to LTC. Actionmarguerite language access statement is as follows:

- Actionmarguerite actively offers services to its clientele in both official languages. Clients can thus express themselves in their own language and feel completely at home at the facility.
- Staff, physicians, volunteers and administration shall communicate with each client in her/his own official language in accordance with the principles of active offer.



- Active offer of services in French requires that services in French be evident, available, accessible, and of comparable quality to the services offered in English.
- The provision of services in the official language of their choice is an essential part of the residents' quality of life and safety.
- The French Language Services (FLS) Policy of the Government of Manitoba recognizes the fact that the French-speaking population of Manitoba is a constituent of one of the fundamental characteristics of Canada.
- The purpose of the FLS Policy is to allow the French-speaking community and the institutions serving it to access comparable services in French and in English.



## COMMUNITY ENGAGEMENT AND COLLABORATION

### DEFINITION AND RATIONALE

Community engagement and collaboration are means of working with individuals (including residents and families), community groups, healthcare providers and other stakeholders to ensure services are designed and delivered in ways that are relevant and responsive to the cultural and linguistic needs of the individuals and communities served. Collaboration with communities and stakeholders can foster a sense of ownership in a program's success.

Community engagement and collaboration need to happen at different levels from shaping policies and planning for the health system or particular services such as FLHS or seniors' services, to influencing



organizational strategy, values, policies, and programs, to involving patients/clients/residents and families/caregivers in care planning and self-management.

Some regional health authorities including the LHINs have a legislative requirement to engage diverse communities in planning and decision-making and have specific obligations to engage Francophones. As part of these obligations, LHINs are required to receive advice from the French Language Health Planning Entities (FLHPEs) on how to engage the French-speaking community.

LHIN-funded health service providers are also obligated to engage the communities they serve about the design, delivery and evaluation of programs and services. These providers report on activities to improve the availability of services in French as part of their accountability agreement with the LHINs.

## EXAMPLES

For LTC homes and other providers:

- Administrators need to first establish their organization's openness to input from communities, the priority issues and purpose for engaging communities and how they will use the information received. The Canadian Foundation for Healthcare Improvement in BC led the development of a workbook: [\*Patient Engagement – Heard and Valued\*](#) – that contains information and exercises for meaningful engagement of patients who have not traditionally been heard in healthcare planning, including what information populations need and appropriate and culturally responsive engagement methods. There are a variety of tools and approaches specifically for engaging cultural and linguistic minorities.



- Ontario has a wealth of expertise and resources in Francophone community engagement that organizations can tap into, namely the FLHPEs, FLHNs and LHIN FLS staff. Consult these groups to understand the needs and priorities of Francophones in your region and to gather best practices and resources. Work closely with French language groups and community partners to help ensure that language-related plans and policies address the needs of Francophone residents and clients.
- The [LHINs community engagement guidelines](#) outline several ways to seek community input and participation ranging from informing, consulting, involving, collaborating and empowering. An organization or group should select the approach that will best meet the purpose and goals of engagement. Surveys, focus groups, board representation, representation on advisory committees and opportunities to provide feedback on service quality and performance are examples of engagement methods for health care planning and service design. The Change Foundation produced a comprehensive report on best practices for patient and family advisory councils in Ontario, [Enhancing Care, Enhancing Life](#), which summarizes actions that patient and family advisory councils are taking within LTC.
- Francophone community representation on governing bodies and advisory committees can be an effective way to involve Francophones in shaping organizational priorities and policies (see the following example from Bendale Acres).
- Explore collaboration and resource sharing with other Francophone providers and community groups. This includes partnering to enhance cultural activities for Francophone residents, offering space and other resources to community groups (e.g. Bendale Acres hosted Black History Month for the Francophone community).
- Creating a Francophone volunteer program is an effective way to help residents remain connected with their community and culture and to support LTC staff.



- Partnering with French high schools for student participation in volunteer activities.
- Transparency is key. Publicly report on the performance and quality of FLS services.

For staff and clinicians:

- Staff and clinicians will need support to engage residents in care planning that meets their individual needs, including language. This includes providing training and resources to LTC staff (nurses, PSWs, etc.) in how to work with others to develop a collaborative care plan for Francophone residents (see Person-centred approach for more information). Homes may also look at “experience-based co-design” as a proven approach to enable staff, residents and families to design services and/or care pathways, together in partnership. The King’s Fund in the UK created a [toolkit](#) with videos and case studies on the methods used to improve individuals’ experience of health services.

**SEE REFERENCE SECTION FOR ADDITIONAL RESOURCES.**

### **Bendale Acres — Residents’ and Family Councils and Home Advisory Committee**

Bendale Acres collaborates with residents, their families and the communities they represent on care and service planning and delivery improvements using an advisory council model of engagement. At Bendale Acres, there are four distinct Councils:

- A Residents’ Council and a Family Council, both of which are mandated in the Long-Term Care Homes Act, 2007
- A Home Advisory Committee that involves members of the community that are represented by residents of the home and



aims to foster community engagement and collaboration in order to improve the quality of life and care of residents.

- An Advisory Committee on Long-Term Care Homes & Services that considers issues relevant to all LTC services operated by the City of Toronto.

All councils work by sharing information, resolving problems and disputes, and providing feedback on operations, service quality, activities and events.

The Home Advisory Committee has broad representation from the community groups that reflect the make-up of the residents and caregivers of the home. There is representation from the Residents' Council, the Family Council, the Volunteer Committee, the City of Toronto Advisory Committee on Long-Term Care Homes & Services, and the general community. A Francophone representative brings the voices of Francophones served to the Committee. The Administrator of Bendale Acres attends these meetings as well as a staff member who records the minutes.

As a result of its community engagement activities, Bendale Acres is becoming a research and training site for Francophone and culturally and linguistically-adapted services in the City of Toronto. Through its connections with Glendon College, a bilingual campus of York University, Bendale Acres has become an applied research site for psychology and health studies with an emphasis on culturally and linguistically-adapted approaches. This partnership has enabled the home to access clinical innovations such as language-specific screening tools for the early diagnosis of cognitive impairment.





In addition, through its connections with the French Health Network of Central Southwestern Ontario, Bendale Acres has now become a clinical training facility for bilingual University of Toronto medical students and a research site into methods to overcome language barriers between providers, residents and caregivers.

The Home Advisory Committee's effectiveness is attributed to the diversity of its membership, its strategic connections as well as the leadership of the home's administration. **Specifically, the home's Administrator plays an invaluable role by supporting the Committee's ideas, contributing staff, financial resources, space and equipment, and by removing obstacles hindering implementation.** Effective project management is another important success factor.

Bendale Acres and Centre d'Accueil Héritage (CAH) — a Francophone supportive housing provider in downtown Toronto — partner to support Francophone seniors as their health care needs increase along a language-specific continuum of care. The partnership grew out of recognition that many of CAH's Francophone residents may eventually need LTC services in French. CAH and POD organize joint programming to give residents at CAH opportunities to visit POD. Residents visit old friends from CAH and get a feel for the home and learn about the services at POD. Residents from CAH express more ease with transitioning to POD and come more prepared because they are familiar with the home, its residents, staff, the services and activities. Through this partnership, a greater sense of a community is also fostered amongst Francophones.



## COMMUNICATION AND PROMOTION

### DEFINITION AND RATIONALE

Many people, including health care providers, underestimate the influence of effective communication between patients and providers on quality of care. Even if they are aware, people do not always know which providers offer language access services, and do not seek these services or tell their providers about their language preference because they are so accustomed to receiving services from Anglophone providers.

Greater coordinated communications and educational efforts are required to increase the knowledge of linguistic minorities, providers and stakeholders about the relationship between language and health, the availability of FLHS, and Active Offer. LTC home residents also need to be informed about the availability of language assistance services and actively offered services in French.

Organizations should incorporate education and outreach activities into their overall communications plan and protocols (e.g. what information is translated, what communication vehicles to use, etc.). The plan should include identifying the needs, objectives and specific strategies for each stakeholder group. Collaboration with partners in the community and health system will yield the greatest impact. Communications activities should be routinely monitored and reported to the governing body.



## EXAMPLES

- Inform clients of the home's language assistance services (e.g. bilingual staff, interpretation services) during orientation, and inform residents of the standards for linguistic services they should expect including providing the home's linguistic access policies and procedures in the resident's handbook.
- Routinely evaluate client and caregiver satisfaction regarding access to bilingual services through surveys and other mechanisms. Consider quality improvement initiatives to address the concerns raised.
- Use audio and visual cues to promote language access services (e.g. verbal greetings including voicemail, interior and exterior signage in different languages, promotional materials in waiting areas and public spaces, pins or badges to identify bilingual staff) and, especially, at first points of contact (e.g. telephone, web, phone, reception, lobby).
- Use the [Communications in French guidelines](#) document for guidance on what printed, electronic, oral, and audio/visual materials to translate and into what language.
- Promote the availability of services in Francophone and Anglophone media, online, in directories (e.g. 211.ca — a growing national information source for government, health and social services) and through other channels (see references for Francophone media contacts).
- Invite linguistic, cultural, and faith groups to tour bilingual facilities, participate in activities at the facility, and discuss their language and cultural needs.
- Ensure communications target family members, especially children of prospective residents, as they can heavily influence the choice of LTC home. Consider the role family involvement has in different cultures. Also, target awareness-raising at healthcare providers with a gatekeeping role in LTC such as LTC placement coordinators (see



references for where to access [language assistance services](#) in Toronto Central LHIN). Ensure documents and materials, such as LTC home checklists, clearly explain the importance of language access.

- Increase visibility at healthcare conferences and planning meetings. As an example, Bendale Acres hosted a session on the importance of language-specific and culturally competent services as part of a Seniors' Wellness Symposium. The event was successful because of strong partnership among sponsors, suppliers and planning partners and attendance by Francophone community members and physicians. A federal grant supported simultaneous translation. (see more information about this event below)

## SEE REFERENCE SECTION FOR ADDITIONAL RESOURCES.

The City of Toronto Long-Term Care Homes & Services, in partnership with the Central East Local Health Integration Network, Entité 4, Reflet Salvéo, Fédération des aînés et retraités francophone de l'Ontario and the French Health Network of Central Southwestern Ontario, organized the first-ever bilingual Seniors' Wellness Symposium — Symposium du mieux-être des aînés in the Greater Toronto Area — at Bendale Acres Long-Term Care Home on June 16 and 17, 2015.

The symposium had three objectives: 1. Raise awareness of POD with providers and the community as a bilingual service available to the public, 2. Educate providers and individuals on the importance of language to one's health, and 3. Demonstrate how to deliver linguistically and culturally-adapted services by following established standards in speeches, workshops, print materials and signage in English and French.



The first day of the symposium was an educational conference for health service providers, managers and individuals involved in seniors care on the topic of wellness and person-centred care. The conference had an emphasis on Language & Cultural Competency in Health Care settings and the keynote speaker was Dr. Samir Sinha, the Government of Ontario's expert lead of Ontario's Seniors Strategy at the time. More than 50 health care professionals were in attendance.

The second day of the Symposium was a free Senior's Wellness Fair and seminars that provided education and information in English and French on resources available to seniors, to their families and their caregivers. Over 40 organizations showcased their services and more than 300 members of the public came to visit the exhibits and attend seminars and workshops. The event achieved its aims including generating significant media coverage.

See the full symposium agenda and schedule in [Appendix F](#).

Media coverage in l'Express: <http://l-express.ca/mieux-vieillir-en-francais-au-pavillon-omer-deslauriers/>



## ENVIRONMENT

### DEFINITION AND RATIONALE

A home's environment has a significant impact on residents' health and quality of life. The physical and social environment of an LTC home includes the home's space and layout, the décor and aesthetics, the events and activities, and the food. Specifically, a home's environment affects residents' outcomes including improved sleep, better orientation and way-finding, reduced aggression and disruptive behaviour, increased social interaction, and increased satisfaction and well-being.

While health care providers are striving to create home-like environments, efforts often focus on meeting the needs of residents from the dominant linguistic or cultural group and fail to adequately meet the needs of language and cultural minorities. Residents and caregivers across all groups need to be engaged to ensure living spaces are design to meet different cultural, spiritual and other needs.

### EXAMPLES

- Bring together residents with similar linguistic and cultural backgrounds to foster a sense of community and to start the process of establishing a Francophone cluster.
- Ensure public spaces like the lobby, reception and common rooms are open and inclusive spaces and decorated with pictures and symbols of various cultures represented in the home.
- Have reception welcome residents and visitors in the different languages spoken in the home, ask residents and visitors what language they prefer to converse in and make arrangements for language access services, if requested.



- Add Francophone cultural décor, reading material and music to common spaces.
- Organize and deliver cultural and religious events and activities in the languages spoken at the home.
- Offer culturally sensitive cuisine given the preferences of current residents. Meals should reflect the increasingly diverse cultural needs and dietary restrictions of the residents. ([see Ontario Seniors' Secretariat – Diversity in Action Toolkit Part 3: Resources, Section 5: Diverse and Delicious Recipes & Food Resources](#)).
- Organize dining spaces that are flexible and accommodate residents' social and cultural preferences.

SEE REFERENCE SECTION FOR ADDITIONAL RESOURCES.

5

## BILINGUAL HUMAN RESOURCES

### DEFINITION AND RATIONALE

**Maintaining proficient bilingual staff in key clinical and non-clinical positions is probably the single most important factor for the optimal functioning of a bilingual LTC home or cluster.**

The availability of bilingual staff improves the timeliness of services in the residents' preferred language, resulting in fewer misunderstandings and errors, greater adherence to treatment, and greater participation in activities and care plans. However, healthcare providers have found it very difficult to recruit and retain bilingual staff, often resulting in bilingual positions remaining vacant or eventually filled with non-bilingual staff. Recruitment is particularly challenging in regions with low concentrations of health professionals who speak a specific language.



Some stakeholders believe that French language proficiency requirements are too onerous and unnecessarily difficult for many French-speaking people, resulting in the disqualification of ideal bilingual candidates. Further, these stakeholders point out that bilingual staff often lack the tools, training and management support to fulfill their duties and are rarely compensated for providing interpretation services.

It is not realistic to employ bilingual staff for every possible language and for every specialty service. External interpretation services and volunteer interpreters can fill this gap. Appropriate technology and training are required to deploy these resources when needed. At the same time, not all resident-staff interactions require high language proficiency. Language proficiency levels should vary according to the type of interaction and risk level.

All staff, however, should be trained on Active Offer, be offered language training, and be knowledgeable about working with culturally diverse populations and using residents' linguistic identity data.

Given shortages of French-speaking staff, it is imperative that providers and system planners work together to share resources and to maximize the capacity of bilingual health professionals and services.





## EXAMPLES

- Collaborate with health system partners and FLHS groups to pursue provincial and regional solutions that increase capacity to facilitate practitioners practicing in French. In 2016, the Government of Ontario sponsored a Summit on the Future of Francophone Human Resource in Healthcare in Ontario where several stakeholders recommended priority areas for provincial and regional action to increase the capacity for practitioners to deliver services in French (see the [full report](#) by Prud'homme, D., et al.).
- Identify key resident-facing roles that should have bilingual staff, update job descriptions to reflect these needs, and determine the language proficiency levels. Key roles include medical staff, nurses, with personal support workers, social workers, reception and housekeeping staff. Proficiency levels should correlate with the level of risk associated with errors or miscommunications. For example, in clinical and legal discussions regarding consent and assessment of cognitive capacity there is a need for absolute clarity in French language proficiency, whereas conversational French is sufficient for casual conversations.
- Develop a bilingual Health Human Resource (HHR) plan that sets out the numbers and types of positions that should be designated bilingual (see details on designated positions in the references). Review the plan and update as needed over time. Assess bilingual staff language proficiency using a validated test during the hiring process and re-evaluate routinely.
- Offer incentives (bonus, extra vacations, gift, etc.) for staff members who speak French to provide interpretation services and provide appropriate recognition/compensation for the additional job requirements associated with bilingual services.
- Use targeted recruitment approaches. Consider outreach to Francophone communities and staff referrals. Partner with teaching



institutions on internships and placements opportunities for student clinicians seeking bilingual educational experiences.

- Endeavour to promote qualified candidates from linguistic and cultural minority groups into leadership positions to strengthen bilingual culture and services for minority populations.
- Train all staff, especially medical teams, during orientation and on an ongoing basis on Active Offer. Check with funders for cultural competency training opportunities aimed to improve care for Francophones and other linguistic minority groups.
- Train all staff on how to appropriately and accurately record residents' key languages spoken. Routinely audit data for completeness and accuracy and address barriers to high quality linguistic data. Use residents' linguistic identity data to identify and inform quality improvement initiatives.
- Hold meetings and training in French because it is challenging to learn a skill in one language and then translate it into another language. Encourage the use of standard terminology, particularly for technical terms. Consider using applications like [Med Interpret](#) and [LexiGo Santé](#) for standard definitions and terminology.
- Facilitate French language courses and determine if your region offers such support for your staff. For example, several LHINs offer to reimburse tuition fees of eligible participants who take French language courses. Similarly, the Office of French Language Services will reimburse employees of designated or identified LHIN-funded HSPs that participate in French language training programs.
- Design services (e.g. flexible work assignments and ensuring staff are aware of bilingual staff on duty) to maximize access to linguistically services.
- Routinely monitor staff satisfaction and the quality of bilingual services and take action to resolve issues.



- Evaluate staff awareness of language barriers, safety and quality, and adherence to policies related to translation, communications, working with interpreters, language assistance, and programs and services provided in French and other languages.

**SEE REFERENCE SECTION FOR ADDITIONAL RESOURCES.**



## PERSON-CENTRED APPROACH

### DEFINITION AND RATIONALE

Residents and caregivers provide invaluable insights into how to deliver individualized and high-quality care for each resident; insights that cannot be gleaned from data and other types of analysis.

However, it is challenging to accurately determine an individual's linguistic identity and to plan for future care needs in the event that one loses their ability to speak English. Bilingual speakers often do not identify that they have a non-English mother tongue because they have functioned at a high level of English proficiency throughout their lives, are accustomed to speaking in English in the health system, and have not contemplated the possibility of losing their ability to communicate in English as they age.

Providers are also often unaware that people can lose their ability to speak a second language as they age and many underestimate the safety risks of resident-provider language discordance. Providers lack training and protocols to systematically identify linguistic identity and they think that arranging for language access services will delay diagnosis and treatment.



Furthermore, there does not seem to be a consistent or reliable way of recording people who are more comfortable speaking in languages other than English. Health information systems (like RAI MDS) capture languages spoken and preferred language of service, however, often this data is inaccurate or incomplete. Language proficiency is rarely captured in information systems.

Health service providers must find ways to adopt Active Offer throughout their organization and to work with partners to streamline access to linguistic and other culturally adapted services.

## EXAMPLES

- Understand the history of Francophones in Ontario, legislative frameworks that foster inclusion of Francophones and socio-linguistic issues and challenges faced by Francophones. The [Healthy Communities Consortium guide](#) contains background information and facts and figures about Francophones in Ontario, the rights and laws for providing services in French, and the challenges Francophones face accessing health care. The [Northern Ontario School of Medicine](#) developed a competency checklist for medical students to evaluate their attitudes toward and knowledge of Francophone health and culture.
- Train staff on Active Offer. The more actively a service is offered in French, the more Francophones will demand it. This approach has shown to improve access. When principles of Active Offer are implemented at the governance, leadership and service-levels, the impact is even greater. At a minimum, service providers can offer to speak in French, or wear a badge that says 'Hello/Bonjour' or 'Je parle français'. <http://francosantesud.ca/en/tools-and-resources/je-parle-francais-2/#bilingual-professionals-identify-yourself-as-such>



- Foster effective communication practices and train staff on communicating effectively with culturally diverse persons using exercises and role-playing. The state of New South Wales in Australia produced a workbook called [\*Communicating Effectively with Culturally Diverse Persons\*](#) that contains information and exercises for staff to build competencies and learn techniques on overcoming linguistic and cultural barriers. Similarly, Alberta Health Service produced a tip sheet called [\*Compassionate Communication\*](#) that contains questions to help cultivate mutual respect and convey empathy.
- Actively involve residents and caregivers in care planning in the residents' language preference.
- Urgent hospital transfers or other transfers out of the LTC home should have plans for linguistic supports while reducing the needs for non-urgent transfers by provide more in-house services. Encourage families to be present during transfers to provide support and information to the resident or provider, especially in the event of language barriers (this is commonly referred to as a "warm handoff").
- Investigate incidents where transferred residents were not adequately supported with language access services when needed and address the root cause through quality improvement initiatives. (see example of Francophone LTC priority waitlist that follows)
- Systematically record and provide information about residents' cultural identity and languages to all providers involved in an individual's care. Work with the resident and their caregivers soon after they move into the home to document details about their life including their personal history, interests and pleasures, cultural values, daily routine and what they need to feel supported. Consider adapting Alzheimer Society's [\*All About Me\*](#) booklet or [\*Les moments de ma vie\*](#) (The Times of My Life) document created by Summerset Manor that is available in French (more information following). Create an [\*"I" Care Plan\*](#) to identify the



residents most important health issues and goals and the supports they need (see the following call out box on Summerset Manor's iCare plans).

- Bring attention to the need for improved data quality on linguistic identity in client records and information technology systems. Communicate the importance of this information particularly for seniors at risk for dementia and cognitive impairment. Perform a root cause analysis to identify the sources for poor quality information on linguistic identity, and work with data managers to develop a data quality protocol to elicit this information from current and prospective residents. Provide data quality training to all staff involved in gathering and using data and routinely assess data quality.
- Build relationships with providers along care pathways to facilitate information exchange and build capacity on linguistic-sensitivity and Active Offer (see example of partnership between Bendale Acres and Centre d'Accueil Héritage – CAH that follows). Work with regional health planning authorities to facilitate partnerships and participate in planning tables and initiatives related to seniors' care and FLS (e.g. FLHS Entity tables and the Ontario Hospital Association (OHA) Leadership Council for FLS in Ontario).
- When available, use communication technology and tools such as Ontario Telemedicine Network to access remotely some medical services in French.

**SEE REFERENCE SECTION FOR ADDITIONAL RESOURCES.**



**Maison d'Amis** is a Francophone residence at Summerset Manor, a LTC home in Prince Edward Island (PEI). Upon arrival, new residents and their caregivers are led through a six-week orientation by a bilingual coordinator who helps the resident and caregivers settle into the facility and learn about the building, the menu, daily activities and schedules. The coordinator also spends time learning about the residents' family and friends, stories from the past, interests and pleasures, cultural values, daily routine and what they need to feel supported, including linguistic supports. This information is recorded in a document called *Les moments de ma vie* (Time of My Life), and is similar to the Alzheimer's Society's booklet *All About Me*, which is written more from the perspective of residents with dementia.

During orientation, providers work with residents and caregivers to develop the resident's personal care plan based on the "I" Care Plan format. "I" Care Plans are used to describe residents' health problems and goals from their own perspective using statements that start with "I". The statements describe residents' most concerning health issues, how these have impacted their life, their health improvement goals and how they would like to be supported towards reaching their health goals, and these open ended conversations allow providers to better understand and integrate residents' cultural and linguistic needs and preferences into their care plan.





**The Pavillon Omer Deslauriers** (POD) is comprised of the French language services cluster within the City of Toronto's Bendale Acres, a 302-bed long-term care home. POD is composed of 37 beds clustered within Bendale Acres.

The cluster was established during redevelopment in the mid-1990s, at the request of members of the Toronto Francophone community, led by Les Centres d'Accueil Héritage, a Francophone community support services and supportive housing agency in downtown Toronto.

Over the years, despite constant needs, very few of the available beds were being occupied by Francophones. In 2013, only 2 of the 37 beds were occupied by Francophone residents. This is because Bendale Acres only had a single waitlist managed by the CCAC for the entire home. When a bed became available within POD, the next person on the waitlist was offered the bed, regardless of their ability to speak French. The challenge was how to make these beds available to members of the Francophone population who needed them.

The underutilization of POD by Francophones was brought to the attention of the French Health Planning Entity, Entité 4, in 2011 by the Hélène Tremblay Lavoie Foundation, and in 2012, Entité 4 recommended to the Central and Central East LHINs that a steering committee be set up to examine the issue and propose solutions to maximize the number of French-speaking residents at POD. The steering committee was made up of representatives from Bendale Acres, the Foundation and from the LHINs, the CCACs and the Entities from across the GTA.





An analysis of demographic data, health system resources and case studies clearly demonstrated an undersupply of LTC beds for Francophones in the GTA. The data showed that, while, in general, there were 581 LTC beds per 100,000 people in Ontario, there were only 37 beds for the 127,000 Francophones residing in the GTA. However, this demand was not evident to the CCAC and others, despite standardized protocols to assess language status and provide comprehensive information to prospective residents about the availability of linguistically, culturally or religion-specific LTC homes upon request.

Convinced of the need for LTC within the French-speaking community and that POD was equipped to provide this needed service, the Steering Committee identified focus areas for action to increase Francophone seniors' access to POD. The first was to create a priority waitlist for Francophones applying to POD. The priority waitlist was made possible through clause 173 of the [Ontario Regulation 79/10 made under Ontario's LTC Homes Act, 2007](#), which allows prioritization of certain applicants to a LTC home or areas within a home that primarily serves the interests of a particular religious, ethnic, or linguistic background. In 2013, the priority waitlist for Francophones was initiated by Central East CCAC for Bendale Acres on behalf of all CCACs using the 3A/3B classification for Francophones applying to Bendale Acres.

This clause is not unique to Francophones nor is it unique in Ontario — a similar policy exists for Francophones in PEI and for several different religious and linguistic groups in Ontario. The priority waitlist has had an enormous impact and uptake of POD LTC beds by Francophones. By the end of 2016, there were more than



20 Francophone residents in POD and this number has gradually increased since then as vacant beds gradually become available in POD.

It continues to be challenging to achieve full occupancy for Francophones in POD. Applicants are only asked language-related questions that are a part of the standard assessment protocol administered by CCAC/LHIN care coordinators (in Ontario, the RAI tool is used) so it seems only some aspects of Active Offer are consistently practiced. This makes it challenging for care coordinators to identify bilingual applicants whose mother tongue is French, especially if they are highly proficient in English at the time of the application. In addition, prospective residents must specifically request a bed in POD to be placed on the priority waitlist and, therefore, must first be aware that POD exists and also that language is critically important to one's health. However, as previously noted, language requirements tend to be low on the list of factors when it comes to selecting a LTC home. Furthermore, it is understood that if a POD bed becomes available and there are no Francophones on the waitlist, the bed cannot remain vacant and must be offered to the next person on the Bendale Acres' waitlist regardless of what language they speak.

The Steering Committee recommended rolling out an awareness campaign targeting the Francophone community and health service providers, and training CCAC/LHIN care coordinators on Active Offer. The CCACs/LHINs have internal listings of the different linguistic and culturally adapted LTC homes in the province, and a virtual tour of each home is now available online. Moving forward, the sub-regions within the LHINs will play a



greater role in raising awareness of the availability and benefits of FLS and gathering information on the demand within these regions to support health system planning efforts that improves access for different linguistic and cultural groups.

### **ONTARIO REGULATION 79/10**

made under the

#### **LONG-TERM CARE HOMES ACT, 2007**

Made: March 10, 2010

Filed: March 29, 2010

Published on e-Laws: March 31, 2010

Printed in The Ontario Gazette: April 17, 2010

### **Religious, ethnic or linguistic origin**

**173.** (1) An applicant shall be placed in category 3A or 3B on the waiting list for a long-term care home or for a unit or area within a home if,

(a) the applicant does not meet the requirements for placement in category 1 or 2;

(b) the home or a unit or area within the home is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin; and

(c) the applicant or the applicant's spouse or partner is of the religion, ethnic origin or linguistic origin primarily served by the home or a unit or area within the home and the applicant is seeking to be admitted to that unit or area.



## TEN STEPS TO IMPLEMENT A FRANCOPHONE CLUSTER WITHIN LTC

These ten steps were identified in discussions with administrators of LTC homes with a Francophone cluster. The sequence of steps are simply recommendations; LTC homes may be at different starting points and likely have different management and planning processes.

1. **Explore creating a Francophone cluster** within the home by conducting an internal audit to determine the demand for Francophone services among residents and the existing capacity to deliver care in French by staff. Engage residents and caregivers in developing the cluster.
2. **Compile information** on the demographic, health and health care utilization trends of Francophones in the region to evaluate demand. Involve and seek the support of the local French Language Health Planning Entities and/or French Language Health Network in the process.
3. **Seek approval from the home's governing body** to expand access to Francophones. Continue to inform the governing body on progress and begin to report to funders on work that improves access to French-language services. Allocate funds for interpretation services and work towards having a bilingual staff person available at all times.
4. **Engage** FLHPEs/FLHNs, health system planning and funding bodies, health service providers, Francophone cultural, seniors, faith and other community groups, academic institutions and training centres, and research groups with Francophone-specific knowledge and resources that can be leveraged to implement a Francophone cluster.



Create mechanisms to engage Francophone communities in creating and sustaining a Francophone LTC cluster.

5. **Create an open and inclusive environment** within the home that is responsive to Francophone and residents, families and caregivers of all backgrounds. This includes developing cultural competency throughout the organization.
6. **Work with the legislated body** responsible for processing admissions to LTC (e.g. LHIN) to create a separate waitlist for Francophones and to identify French-speaking residents and other linguistic minority groups during intake.
7. **Develop language policies and procedures** for Francophone services in areas such as human resources, communications, information management, accountability (e.g. complaints process), and community engagement.
8. **Train staff and implement policies and procedures** to support the consistent and widespread use of Active Offer. Monitor adherence to policies through resident surveys and other feedback approaches. Facilitate French language classes for staff.
9. **Develop a communications plan** with tailored strategies for communities, providers and other stakeholders related to the Francophone LTC cluster.
10. **Create a linguistic access plan** to guide future improvements in your organization. Document the changes undertaken to improve linguistic access, list improvements that are in progress or planned and identify targets, timelines, accountabilities and a schedule for reporting to the board, advisory councils, residents and families.



## FIVE THINGS FRONTLINE STAFF CAN DO TO IMPROVE LINGUISTIC ACCESS

Adapted from Tools in [A Cultural Competency Guide for Primary Health Care Professionals in Nova Scotia](#) (2005), the Ontario Healthy Communities Coalition and the French Health Network of Central Southwestern Ontario.

### 1. Practice Active Offer

Let residents, families and others know you provide services in French by wearing badges or buttons that say '*Je parle français*'. It is an easy and effective way to reach out to your clients who speak French.

Badges can be ordered from <http://francosantesud.ca/en/tools-and-resources/je-parle-francais-2/#bilingual-professionals-identify-yourself-as-such>

### 2. Recognize that bilingual residents and caregivers who have limited English proficiency may have the ability to communicate effectively in their mother tongue.

Always keep in mind that limitations in English proficiency does not necessarily reflect a resident's mental ability or interest and desire to communicate. Speak clearly; avoid slang, colloquial expressions and large, complex words. Attempt to learn and use key words in the resident's mother tongue to support activities of daily living, and bring in bilingual trained staff or trained interpreters for conversations related to assessment, treatment and other interventions.

**CONCLUSION****3. Create a welcoming environment that reflects the diverse communities you serve.**

Display pictures, posters, artwork and other décor that reflect the cultures and ethnic backgrounds of individuals or families served. Ensure that brochures, magazines and other printed materials in reception areas are of interest to and reflect the diversity of the communities represented in the home. Similarly, try to use brochures, posters, videos, or other resources for health education, treatment or other interventions, that reflect the ethnocultural background of residents.

**4. Establish trust with residents and caregivers by interacting with openness, understanding and empathy.**

Listen not just to the words, but to the feelings behind the words; acknowledge and validate powerful emotions when expressed; ask questions to clarify and understand information; dig deeper to find reasons for behaviours or attitudes; show a willingness to learn; do not judge or interpret actions or speech; verify your understanding; curb the impulse to defend your point of view or opinion; and “agree to disagree” on differences in values.

**5. Familiarize yourself with the core cultural elements of the communities you serve, and how they name and understand disease and treatment.**

Ask residents how they define, name and understand their ailments. Read literature to understand how cultures differ in their perception of time, space and physical contact, styles and patterns of communication, physical and social expectations, social structures and gender roles. Evaluate your cultural-competency using tools such as LIAASE: a general cultural-competency tool. (see [Section IV](#) for examples of cultural competency tools for healthcare professionals)



## CONCLUSION

**//** Equity speaks to the need to create a system that is effective for all Ontarians. Ontario is a very diverse province in which French-language services, and the rights of Indigenous people, are recognized and supported by legal frameworks. Access to culturally safe, appropriate services should be the norm, not the exception. **//**

*Susan Pigott, Chair, Mental Health and Addictions Leadership Council*

Canadians who face language barriers have less access to health care and poorer outcomes than those who receive health services in their primary language. This challenge will become more pressing as our increasingly diverse population ages and more people lose their ability to communicate in English and other second languages as a result of dementia and other age-related conditions.

Governments, healthcare organizations and Francophone communities have an opportunity — and an obligation — to plan ahead so that **French Language Health Services are there for Francophone seniors when they need them most.**



There are a growing number of examples of culturally and linguistically adapted LTC services in Canada that could be leveraged and replicated. Bendale Acres' Pavillon Omer Deslauriers, for example, is a successful example of how Francophone LTC services are being delivered in an environment in which Francophones are a minority. As Francophone and other minority populations become more aware of these models and services, public demand will continue to rise.

By providing information, guidance and resources, the French Health Network of Central Southwestern Ontario and their partners hope to help mobilize and assist stakeholders on their journey to offer high-quality French-language LTC to all Francophone seniors who need it.



Multi-disciplinary teams work collaboratively to ensure a culturally and linguistically sensitive long-term care home.



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[Long-Term Care Homes Act, 2007, S.O. 2007, c. 8](#)

Government of Ontario



[Local Health System Integration Act, 2006 and Regulation 515/09](#)

Government of Ontario (includes designated areas)



[French Language Services Act, R.S.O. 1990, c. F.32](#)

Office of Francophone Affairs:



[Regulation 284/11, Provision of French Language Services on behalf of Government Agencies](#)

### ACTIVE OFFER

The Regroupement des Entités de planification des services de santé en français de l'Ontario and the Alliance des Réseaux ontariens de santé en français:



[Joint Position Statement on the Active Offer of French Language Health Services in Ontario](#)

Office of the French Language Services Commissioner:



[Position Statement on the Active Offer of French Language Health Services](#)

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<http://www.southwestlhinc.on.ca/~media/sites/sw/PDF/FLS/FLTToolkit-S2-A3.pdf?la=en>

Réseau du mieux-être francophone du Nord de l'Ontario:



[Active Offer Information Toolkit](#)

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A set of practical cultural-competence assessment tools and resources to help integrate diversity into workplaces.

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Rifssso — List of websites that host bilingual job postings ([see file](#))

Le Regroupement des intervenants francophones en santé et en services sociaux de l'Ontario (Rifssso) is a not-for-profit umbrella organization of French-speaking professionals working in the fields of health and social services.

 [www.rifssso.ca](http://www.rifssso.ca)

Cliquez Santé is a website where you can quickly find a professional or a service in the field of health and social services in French in Ontario. Provides access to applications and job offers.

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Agency for Healthcare Research and Quality. *The SHARE Approach*.

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## FRANCOPHONE SUPPORT NETWORKS AND ORGANIZATIONS

Fédération des aînés et des retraités francophones de l'Ontario

 [www.farfo.ca](http://www.farfo.ca)

Regroupement des intervenantes et intervenants francophones en santé et en services sociaux de l'Ontario

 [www.rifssso.ca](http://www.rifssso.ca)

French Health Network of Central Southwestern Ontario — Réseau franco-santé du Sud de l'Ontario

 [www.francosantesud.ca](http://www.francosantesud.ca)

Réseau du mieux-être francophone du Nord de l'Ontario

 [www.reseaudumieuxetre.ca](http://www.reseaudumieuxetre.ca)

Réseau des services de santé en français de l'Est de l'Ontario

 [www.rssfes.on.ca](http://www.rssfes.on.ca)

Local Health Integration Network (LHIN)

 [www.lhins.on.ca](http://www.lhins.on.ca)

Société Santé en français

 [www.santefrancais.ca](http://www.santefrancais.ca)

Health Nexus Santé

 [www.healthnexus.ca](http://www.healthnexus.ca)

CNFS Consortium national de formation en santé

 [www.cnfs.net](http://www.cnfs.net)

Hélène Tremblay Lavoie Foundation

 <http://fondationlavoie.ca/en/>

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## FRENCH-LANGUAGE UNIVERSITIES AND COLLEGES IN ONTARIO

La Cité collégiale

 [www.collegelacite.ca](http://www.collegelacite.ca)

Collège Boréal

 [www.collegeboreal.ca/programmes-cours/cnfs/](http://www.collegeboreal.ca/programmes-cours/cnfs/)

Université Laurentienne

 [www.cfnslaurentienne.ca](http://www.cfnslaurentienne.ca)

Université d'Ottawa

 [www.cnfs.ca/uottawa](http://www.cnfs.ca/uottawa)

Collège Glendon de l'Université York

 [www.glendon.yorku.ca/francais/index.html](http://www.glendon.yorku.ca/francais/index.html)

Université de Hearst

 [www.uhearst.ca/](http://www.uhearst.ca/)

Université St-Paul

 [www.ustpaul.ca/](http://www.ustpaul.ca/)

École de médecine du Nord de l'Ontario (Affaires francophones)

 [www.nosm.ca/communities/francophone\\_affairs/general.aspx?id=3844](http://www.nosm.ca/communities/francophone_affairs/general.aspx?id=3844)

## BILINGUAL LONG-TERM CARE HOMES IN A OFFICIAL LANGUAGE MINORITY SETTING

Pavillon Omer Deslauriers at Bendale Acres

2920 Lawrence Ave E

Toronto, ON M1P 2T8

Telephone: Telephone: 416 397-7000

[lrc-ba@toronto.ca](mailto:lrc-ba@toronto.ca)

 <https://www.toronto.ca/community-people/housing-shelter/long-term-care-homes/bendale-acres/>

Bendale Acres is a not-for-profit municipal LTC home run by the City of Toronto. It is home to a 37-bed French language services cluster called Pavillon Omer Deslauriers. Staff are bilingual in English and French, and are able to provide care for residents in their own language. One of the home's short-stay beds is located in the Pavillon Omer Deslauriers to provide additional support for the French language community. Residents can enjoy recreational activities, special events, spiritual and religious care, as well as music, art and complimentary care in a language-specific environment. The Central East CCAC (which is now part of the LHIN) will identify French-speaking clients seeking admission at Bendale Acres (category 3A/B) so they may have priority access to the beds in Pavillon Omer Deslauriers. Bendale Acres partners with French Language Health Planning Entities/Network, and Francophone health service providers in Toronto to improve the quality and access to services for Francophone residents across the continuum of care.





## REFERENCES

Bendale Acres is also home to an Ismaili cluster (approximately 17 beds). Residents are supported by volunteers from the Ismaili community, allowing them to continue their connections with their cultural community. Residents also have culturally-appropriate menu choices at meal time.

**Actionmarguerite – Taché**

185 Despins Street

Winnipeg, MB R2H 2B3

Telephone: (204) 233-3692

Fax: (204) 233-6803



[www.actionmarguerite.ca](http://www.actionmarguerite.ca)

Actionmarguerite offers a number of personal care home programs for people who can no longer manage in their own homes with family and/or community support. Included among its programs are facilities that offer supportive housing, complex continuing care (for individuals less than 60 years of age) and long-term care with specialized dementia care units. Taché is made of two towers, one of which contains 120 beds in private and shared double rooms in a Francophone setting. Actionmarguerite residents have access to specialized health professionals and services without having to leave the home. Housekeeping, nutritional, recreational and spiritual services are also provided on-site. French-speaking applicants are placed on a separate waitlist and are given priority access to beds in its bilingual facility. Actionmarguerite has a strong presence in the City of Winnipeg and among Francophones — it is regional provider of specialized health services and has many connections with Francophone communities and networks in the City of Winnipeg.

**Maison d'Amis and Villa Familiale at Summerset Manor**

15 Frank Mellish Street

Summerside, PE C1N 0H3

Telephone: (902) 888-8310



<http://www.healthpei.ca/summersetmanor>

Summerset Manor is an 82-bed long-term care facility located in Summerside, Prince Edward Island. It is operated by Health PEI and accredited by Accreditation Canada.

Summerset Manor's redevelopment was completed in 2012. Currently the facility is made up of six households, each with 13 or 14 residents. Every household has a kitchen, dining room and living room with a fireplace. Each resident has his or her own private room and washroom. There are also two respite beds that are available.

Two of the six households — Maison d'Amis and Villa Familiale — are designated as Francophone and bilingual (French/English). The households are decorated with an Acadian 'touch' and Acadian residents' rooms are identified with a BONJOUR sticker and an Acadian flag sticker on their memory box. Admissions to the bilingual households are prioritized by French language-status — French-speaking applicants are given priority to bilingual beds.

Summerset Manor's services include recreational activities, spiritual care, special events and pet therapy, that are individualized to meet residents' personal interests and cultural backgrounds. Summerset Manor also partners with Francophone community groups to create a sense of community. Partners include students and teachers from *École sur mer* (a French school in area), *Le Centre Belle Alliance* (an Acadian cultural centre and French-speaking volunteers).



## APPENDICES

### APPENDIX A

#### ADDITIONAL INFORMATION ON ACTIVE OFFER

#### CHARACTERISTICS OF THE ACTIVE OFFER OF HEALTH CARE SERVICES IN FRENCH

Source: French Language Services Commissioner, April 2016

| ACTIVE OFFER OF SERVICES IN FRENCH   | CONCRETE MEASURES  | CONCRETE ACTIONS TO BE COMPLETED TO PROVIDE AN ACTIVE OFFER   |
|--|--|---|
| The offer precedes the request: the person is informed that services are available in French.                                    | <ul style="list-style-type: none"><li>• Communication Plan</li><li>• Signage and reception in both languages</li><li>• The person is initially greeted in French.</li></ul>  | <ul style="list-style-type: none"><li>• Visual information (welcome sign) at front desk is bilingual</li><li>• Reception in person is bilingual</li><li>• Interior and exterior signage in public areas is bilingual</li><li>• Phone system/answering machine is bilingual</li><li>• FS Professionals identify themselves in a bilingual manner</li><li>• Bilingual staff wears identification badge with French identified</li><li>• Bilingual staff have bilingual business cards</li><li>• Documentation, forms and information for patients/clients, families, public is available in French</li><li>• Website is available in French</li></ul> |
| The quality of their services is equal in French and English. Waiting time is the same for a service offered in either language. | <ul style="list-style-type: none"><li>• Measures put in place to have staff who are available to communicate or offer services in French.</li></ul>  | <ul style="list-style-type: none"><li>• Identification of FS clients is integrated at intake/admission and throughout the continuum of care</li><li>• FS staff to be assigned to FS clients</li><li>• HSP is actively building FLS capacity</li></ul>   |
| The person feels that they can use French, and is comfortable doing so and choosing to use their language.                       | <ul style="list-style-type: none"><li>• The use of both languages is reflected in the work environment and organizational culture.</li><li>• Using French does not prompt negative reactions and is not a source of tension or discomfort.</li></ul> | <ul style="list-style-type: none"><li>• Education sessions for staff on FLS and active offer of FLS</li><li>• Policy in place on active offer</li><li>• Experience of francophone patients is captured</li><li>• FLS policies are communicated as part of orientation of new employees and Board members</li><li>• A senior manager is responsible for FLS</li></ul>  |



## APPENDIX B

### ONTARIO'S FRENCH LANGUAGE HEALTH PLANNING ENTITY AND THEIR CORRESPONDING LHINS SERVED

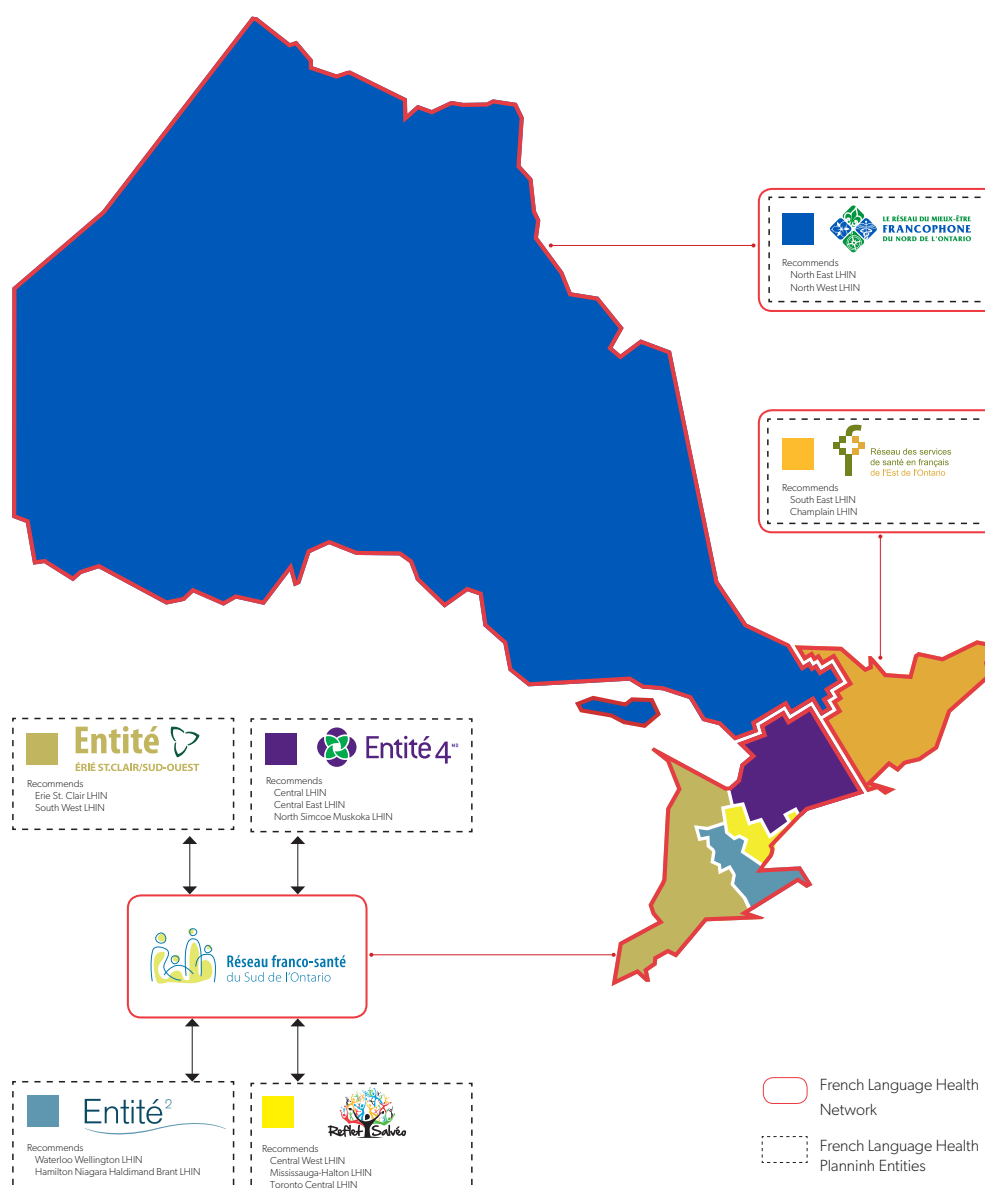
| FRENCH LANGUAGE HEALTH PLANNING ENTITY  | LHIN SERVED  |
|---|--|
| 1. Entité de planification des services de santé en français<br>Érie St. Clair/Sud-Ouest                    | Erie St. Clair,<br>South West                                  |
| 2. Entité de planification pour les services en français dans les<br>régions de Waterloo, Hamilton, Niagara | Waterloo Wellington,<br>Hamilton, Niagara,<br>Haldimand, Bruce |
| 3. Reflet Salvéo  | Central West,<br>Mississauga<br>Halton, Toronto Central        |
| 4. Entité de planification des services de santé en français #4<br>Centre Sud-Ouest                         | Central,<br>Central East,<br>North Simcoe,<br>Muskoka          |
| 5. Réseau des services de santé en français de l'Est de<br>l'Ontario  | South East,<br>Champlain                                       |
| 6. Réseau du mieux-être francophone du Nord de l'Ontario  | North East,<br>North West                                      |

Source: Ministry of Health and Long-Term Care <http://www.health.gov.on.ca/fr/public/programs/flhs/planning.aspx>

### APPENDIX C

## FRENCH LANGUAGE HEALTH NETWORKS (FLHN) AND FRENCH LANGUAGE HEALTH PLANNING ENTITIES (FLHPE)

**Geographic distribution of Networks and Entities**



## APPENDIX C

### FRENCH LANGUAGE HEALTH NETWORKS (FLHN) AND FRENCH LANGUAGE HEALTH PLANNING ENTITIES (FLHPE)

#### Who are we?

##### French Language Health Networks of Ontario

The three *French Language Health Networks of Ontario* are supported by Health Canada through the Société Santé en français (SSF). SSF is a national movement which, strives to improve the health of Francophones in a minority situation across Canada; while collaborating closely with the provincial and territorial Networks.

##### French Language Health Planning Entities

The six *French Language Health Planning Entities*, appointed by the *Ontario Ministry of Health and Long-Term Care* (MOHLTC) in 2010, make recommendations to the 14 *Local Health Integration Networks* (LHINs) on the planning and delivery of health services in French.

The *Réseau du mieux-être francophone du Nord de l'Ontario* and the *Réseau des services de santé en français de l'Ontario* have a dual role as a Network and an Entity.

|                          | NETWORKS   | ENTITIES  |
|--------------------------|--|---|
| <b>FUNDING</b>           | Federal  | Provincial  |
| <b>MISSION</b>           | Contribute to networking with partners according to the Société Santé en français (SSF) model in order to improve health of all francophone communities. | Engage the francophone community and health care stakeholders in order to provide advice to the LHINs on local health system planning and on improving access to French-language services.            |
| <b>AREAS OF ACTIVITY</b> | <ul style="list-style-type: none"> <li>Networking with groups of partners</li> <li>Supporting projects to improve health of Francophones</li> </ul>      | <ul style="list-style-type: none"> <li>Engaging the francophone community</li> <li>Participating in the planning of French-language health care services</li> <li>Recommendations to LHINs</li> </ul> |
| <b>ACCOUNTABILITY</b>    | Société Santé en français (SSF)  | Local Health Integration Networks (LHINs)   |

#### Close and Strategic Collaboration

Although the Entities and Networks differ in their spheres of activity, accountability and funding, they have a common *raison d'être* which creates unique partnership opportunities and has a synergetic effect on our communities.

The Entities and Networks decided to work together to maximize their impact on provincial issues common to both groups and to enhance efficiency.

#### Common Objectives

1. Increase awareness of provincial decision makers as to the importance of identifying francophone clients in health service providers' databases.
2. Develop integrated health service delivery models offering high quality services and which are adapted to the needs of Ontario's Francophones.
3. Encourage and influence research projects to support planning of quality French-language health services.
4. Develop and reinforce productive strategic relationships in order to achieve our common objectives.

#### To contact us

santefrancophoneontario@gmail.com



## APPENDIX D

### MOHLTC CRITERIA FOR DESIGNATION

#### PERMANENCE AND QUALITY OF FLS

(A) The agency/program must ensure that when a service is offered in French, it is offered on a permanent basis. This is generally achieved through the mission statement, by-laws and policies. HR and staffing policies must support the ongoing access to FLS.

(B) According to the FLS Act the designated agency must be able to identify its Francophone clientele to be able to provide services in French that are comparable to those provided to the Anglophone population. This requires a mechanism to provide quality assurance and assess FLS and a process to facilitate making and responding to complaints as required.

#### ACCESS TO FLS

The Francophone population has the right to receive services that are similar or comparable to those received by the Anglophone population. This is generally achieved through telephone and reception services, staff proficient in French in positions in identified areas, i.e., admission, emergency, etc., and written data available in both languages for the general public and clients.

#### REPRESENTATION AND RESPONSIBILITY FOR FLS

An agency providing services in a designated region must have representatives from the francophone community on its Board and at Senior Management. This is generally achieved by specifying number required on the Board, HR positions are identified or designated to provide FLS.

#### ACCOUNTABILITY FOR FLS

Through its mission statement, by-laws, policies and service delivery, an agency must take responsibility for providing FLS. An FLS implementation plan must be adopted and monitored.

Source: [www.nelhin.on.ca/Page.aspx?id=7290](http://www.nelhin.on.ca/Page.aspx?id=7290)

### ADDITIONAL INFORMATION

MOHLTC FLS Designation Plan — South West LHIN FLS online toolkit

 [www.southwestlhin.on.ca/~media/sites/sw/PDF/FLS/FLToolkit-S3.pdf?la=en](http://www.southwestlhin.on.ca/~media/sites/sw/PDF/FLS/FLToolkit-S3.pdf?la=en)

French Language Health Services Network of Eastern Ontario, Designation Guide: to support implementation of quality French-language health services.

 [http://rssfe.on.ca/upload-ck/designation\\_guide-2013.pdf](http://rssfe.on.ca/upload-ck/designation_guide-2013.pdf)

## APPENDIX E

### TIP #9: SUGGESTED GUIDELINES FOR USING INTERPRETERS — DIVERSITY IN ACTION



Diversity In Action: Part 3 – Resources – Section 1 – Tools, Tips & Samples



#### Tip #9

### Suggested Guidelines for Using Interpreters

#### Guidelines for using professional interpreters

##### *Selecting an interpreter*

- Select an interpreter whose cultural background is similar to the resident's whenever possible, and one who understands seniors.
- Use the same interpreter with the resident whenever possible to maintain consistency.

##### *Preparing for the visit/meeting*

- Meet with the interpreter prior to the encounter to brief him/her on the goal of the visit.
- Allow extra time for the interpreter to meet the resident.
- Arrange seating in a triangle so that the resident and caregiver are facing each other directly and the interpreter can see both.
- As the caregiver, address the resident directly when asking questions — not the interpreter.

##### *During the visit/meeting*

- Ask only one question at a time.
- Avoid complex sentences and jargon when offering explanations or answering questions.
- Request that everything anyone says be interpreted.
- Be aware that some concepts in English may not be part of the resident's culture, and the interpreter must paint a picture; this will take longer than your original speech.
- Ask the interpreter for a literal translation of what the resident says to ensure the interpreter does not add, delete or coach the resident on how to respond.
- Encourage the interpreter to ask questions and alert you about potential cultural misunderstandings.
- Respect an interpreter's judgement that a particular question is culturally inappropriate and either rephrase it or ask the interpreter's help in eliciting the information in a more appropriate way.

##### *Following-up the visit or meeting*

- Debrief with the interpreter at the end of the visit to ensure that no gaps in communication remain.

## APPENDICES

## APPENDIX F

SENIORS' WELLNESS SYMPOSIUM/SYMPOSIUM DU MIEUX-ÊTRE  
DES ÂÎNÉS HOSTED AT BENDALE ACRES
**SENIORS' WELLNESS  
SYMPOSIUM**  
DU MIEUX-ÊTRE DES ÂÎNÉS

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2920 LAWRENCE AVE. EAST, (BRIMLEY/LAWRENCE)

TORONTO, ON M1P 2T8

[www.toronto.ca/ltcsymposium](http://www.toronto.ca/ltcsymposium)



The Seniors' Wellness Symposium – Symposium du mieux-être des aînés is produced by Toronto Long-Term Care Homes & Services in partnership with:  
Le Seniors' Wellness Symposium – Symposium du mieux-être des aînés est produit par la division Long-Term Care Homes & Services de la Ville de Toronto en partenariat avec :







## APPENDICES

### APPENDIX F

## SENIORS' WELLNESS SYMPOSIUM/SYMPOSIUM DU MIEUX-ÊTRE DES ÂÎNÉS HOSTED AT BENDALE ACRES

### SENIORS' WELLNESS SYMPOSIUM CONFERENCE PROGRAM — JUNE 16, 2015

| TIME       | EVENT  |
|------------|--|
| 8:00 a.m.  | <b>Registration and Networking</b><br><i>Coffee and continental breakfast</i>  |
| 9:00 a.m.  | <b>Welcome to the Seniors' Wellness Symposium</b><br>— Margaret Aerola, Administrator, Bendale Acres<br>— Brian Laundry, Senior Director, Central East Local Health Integration Network (Central East LHIN)  |
| 9:10 a.m.  | <b>What is Required in Order to Offer Care Centred on a Senior's Needs — Panel Discussion</b><br><i>Panel Facilitator: Gisèle Quenneville, Host/Producer, TFO</i><br>— Margaret Aerola, Administrator, Bendale Acres<br>— Dr. Sandra Black, Brill Professor of Medicine (Neurology), Sunnybrook Health Sciences Centre, University of Toronto<br>— Brian Laundry, Senior Director, Central East LHIN<br>— Sylvie Lavoie, President and Chair, Fondation-Hélène-Tremblay-Lavoie<br>— Lisa Mizzi, Program Director, Client Services, Community Collaboration, Central East Community Care Access Centre (CCAC)<br><br><i>Through testimonials and interactions, panelists from all levels of the health care system will share their experience and perspectives on key concepts for person-centred care for seniors, as well as present different initiatives to address these needs.</i> |
| 10:30 a.m. | <b>Refreshment Break and Networking</b>  |
| 10:45 a.m. | <b>The Journey to Culturally and Linguistically-Competent Care for Francophone Seniors</b><br>— Bendale Acres, Toronto Long-Term Care Homes & Services<br>· Margaret Aerola, Administrator · Nicole McGouran, Manager, Resident Services<br>· Ranjit Calay, Director of Nursing · Dr. Adel Girgis, Attending Physician<br>· Wei Wang, Nurse Manager<br>— Mark De Benedictis, Senior HR Consultant, City of Toronto<br><br><i>Possibilities exist for better person-centred care for seniors that take into account an individual's culture and language. Follow the journey of Bendale Acres, a long-term care home operated by the City of Toronto, through discussion on how the home planned and now operates the Foyer Pavillon Omer Deslauriers, a 37-bed French language services unit, and examine the various impacts on the organisation, its staff and residents.</i>          |
| 11:45 a.m. | <b>Lunch and Networking</b>  |
| 12:30 p.m. | <b>Person-Centred Care for Seniors</b><br>— Dr. Samir Sinha, Provincial Lead, Ontario's Seniors Strategy<br><br><i>Dr. Sinha will examine the concept of person-centred care and the way it is integrated at the strategic and policy level of the health care system in Ontario and how this translates to individuals at the person and provider levels in terms of seniors' care.</i>   |
| 1:30 p.m.  | <b>Refreshment Break and Networking</b>  |
| 1:45 p.m.  | <b>Workshop — Language in Person-Centred Care</b><br>— Entité 4<br><br><i>The workshop provides simple tips and tools to address the role of French language in person-centred care. It opens a dialogue, explores perceptions and builds awareness of the impact of language barriers on personal safety.</i>   |
| 2:50 p.m.  | <b>Final remarks and closing</b><br>— Shanaz Meghji, Chair, Bendale Acres Home Advisory Committee<br>— Jean Roy, Francophone Community Member, Bendale Acres Home Advisory Committee   |

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SENIORS' WELLNESS SYMPOSIUM/SYMPOSIUM DU MIEUX-ÊTRE  
DES ÂÎNÉS HOSTED AT BENDALE ACRES**OFFICIAL PROGRAM**  
WEDNESDAY, JUNE 17, 2015

| ACTIVITY   |   |
|--|---|
| <b>Opening Ceremony</b>  | 10:30 a.m.                                    |
| <b>Memory Clinic</b><br>— Dr. Guy Proulx, The Glendon Centre for Cognitive Health  | French<br>11:00 a.m.<br>English<br>12:00 p.m. |
| <b>iPod Program for Dementia</b><br>— Nicole McGouran, Bendale Acres, Toronto Long-Term Care Homes & Services  | French<br>12:00 p.m.<br>English<br>11:00 a.m. |
| <b>Senior Abuse and Fraud</b><br>— Manon Thompson, <i>Maltraitance des personnes âgées Ontario</i>   | French<br>1:00 p.m.<br>English<br>2:00 p.m.   |
| <b>Medical Interpreters: where to access them and why?</b><br>— Grace Eagan, Access Alliance   | French and<br>English<br>1:00 p.m.            |
| <b>Lesbian, gay, bisexual, transgender (LGBT) Access to Long-Term Care</b><br>— Laura Gibbon and Chrystelle Thibault, <i>The 519</i><br>— Carlos Herrera, <i>Toronto Long-Term Care Homes &amp; Services</i> | French<br>2:00 p.m.<br>English<br>1:00 p.m.   |



Fédération des aînés  
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This report is the result of a collaborative effort between the following organizations:



**FRENCH HEALTH NETWORK**  
OF CENTRAL SOUTHWESTERN ONTARIO

*Better Communication  
for Better Health*

With financial support from:



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