

Needs Assessment for a Navigation System
to Serve Francophones and Acadians
in the St. John's, Newfoundland and Labrador,
Area

Report submitted to the
Réseau Santé en français de Terre-Neuve et du Labrador

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Acronyms

Community Health Centre	CHC
Francophone and Acadian Minority Communities	FAMC
Réseau santé en français de Terre-Neuve-et-Labrador	RSFTNL
Société Santé en français	SSF
Newfoundland and Labrador	NL

Summary

The *Réseau Santé en français de Terre-Neuve et du Labrador* is a network that promotes French-language health services. It is part of the association representing francophones in Newfoundland and Labrador the *Fédération des francophones de Terre-Neuve et du Labrador*. The *Réseau santé en français* wanted to gain a better understanding of the need for French-language health services in the area of St. John's Newfoundland and Labrador, by exploring the possibility to introduce a navigation system to help direct francophones and Acadians to French-language services in health facilities. For this purpose, the Sociopol firm was hired to conduct a study to explore the issues, to better understand the opportunities a navigation model in the health system could provide, and to make recommendations to improve the delivery of French-language health services in the St. John's area.

To draw a broad picture of the possibilities for improving French-language health services in the St. John's area, a mixed methodology was adopted, including the following: a review of the literature, a non-exhaustive inventory of navigation services in Canada, two case studies of a navigation and counselling service for francophones and Acadians in official language minority communities, public consultations, and an online survey of the francophone population in the St. John's area.

Our examination of the literature highlighted the increasing importance of navigation services in Canada. Generally, services to assist those navigating the health system are aimed at enabling patients and their families to be guided, accompanied, and supported as they seek to access resources, information, and people who will be able to help them improve their state of health and/or quality of life. The relatively holistic approach offered by a navigation service makes it possible to address several aspects of the patient's health by offering information on various subjects, helping the patient at appointments, supporting the patient and family to identify their goals, improving communication with health professionals, offering interpretation services, providing emotional support, etc.

The research also explains the relevance and value of navigation services for members of the public, both those who are dealing with specific health problems (cancer, mental illness, etc.) and those who share particular characteristics that have an impact on health determinants (individuals with low incomes, Indigenous people, etc.). An inventory of 18 navigation services located in different regions of Canada, included in Appendix A, shows the variety of existing models, target populations of clients, and settings/environments in which these navigation services have evolved.

In this respect, francophone and Acadian official language minority communities represent a population for whom a navigation service is extremely valuable, as is shown in the analysis of the way two of these services operate: the "Accompagnateurs" or Support Services of the *Réseau Santé en français de la Saskatchewan* and the French Language Health System Navigation services of CHIGAMIK Community Health Centre in Ontario.

The analysis of the survey and the consultations also confirm the value of this service model. Among the respondents, 98% said that offering a navigation service in the St. John's area was either important or very important. While the analysis of the data we gathered tended to show that many aspects of health services left room for improvement, we must remember that French-language health care services in the St. John's area remain limited in availability and visibility. A testimony to this reality is the Bilingual Services Office. Offering interpreters' services at all times to francophone residents of the St. John's area, it is one of the most important services for francophones and is sensitive to their needs. However, it is not well known to the population it serves.

Finally, the data analysis leads us to three major recommendations, each of which involves a series of actions and various actors in the public and community sectors.

A. Develop a French-Language navigation service for the health system

We recommend the creation of a navigation system which will, in its first phase, aid in: 1) identifying bilingual human resources in order to align their services with patients' needs; 2) providing patients with information in French on the health system; 3) helping patients make appointments and navigate through the health system; and 4) offering the services of interpreters when needed. In the second phase of the development of the navigation service, a professional approach to patient support is planned in order to offer customized assistance in patients' decision-making and health care plans.

B. Establish a bilingual interprofessional/interdisciplinary medical clinic affiliated with the navigation service

The development of a navigation service could be integrated with the establishment of a medical clinic with professionals working in different areas, in which the majority of staff members would be bilingual. As our examination of CHIGAMIK CHC suggests, the francophone dimension of the clinic would greatly benefit from being placed at the forefront of the organization, not only in the way its human resources are hired and managed, but also in the way its services are promoted, and the way its patients are received. Family physicians could be joined by other health professionals, in particular those working in the area of mental health. This medical clinic could gradually integrate initiatives in health promotion and disease prevention, taking responsibility for broader aspects of the protection of francophones and Acadians in the St. John's area and placing health care into the perspective of the vitality and well-being of the francophone and Acadian community.

C. Create a structured strategy for actively offering French-language services within Eastern Regional Health Authority in Newfoundland and Labrador

The issue of using active offer is at the centre of the efforts of *Société Santé en français*. Active offer refers to the practice of offering services in French at all times, in a proactive and visible manner. Thus, we recommend the development of a concerted strategy for active offer throughout the Eastern Health Authority of Newfoundland and Labrador. Eastern Health NL could, for example, extend its inventory of the linguistic competencies of its staff by recording all staff members' language abilities and inviting those who are able to speak French to wear a pin or another visual marker, allowing patients and visitors to identify them more easily.

Introduction

The *Réseau Santé en français de la Fédération des francophones de Terre-Neuve et du Labrador* (RSFTNL), a network to promote French-language health services which is part of the association representing francophones in the province of Newfoundland and Labrador (NL), wanted to gain a better understanding of the need for French-language health services experienced by francophones and Acadians in the area of St. John's NL, by exploring the possibility to introduce a navigation system to help direct them to French-language services in health facilities. For this purpose, the Sociopol firm was hired to conduct a study to explore the issues, to better understand the opportunities a navigation model in the health system could provide, and to make recommendations to improve the delivery of French-language health services in the St. John's area.

Funding for this project was provided by Health Canada through the *Société Santé en français* (SSF), a Canada-wide organization whose objective is to encourage the development of French-language health services. The project is part of the SSF's five-year strategy, which sets out five priorities. Sixteen French-language health networks in Canada undertake projects to accomplish objectives connected to these priorities. This study falls under the medium-term objective of developing "Accessible, adapted and actively offered French-language health services and programs in Canada" (<https://santefrancais.ca/parcours-sante/>). The health authority responsible for services in the St. John's area, Eastern Health NL, is a partner in this study.

The following pages present a summary of the methodology we adapted, and then explore the nature and the public value of navigation services in Canada. The detailed descriptions of two initiatives, a navigation service and a support-interpretation service, created to meet the needs of Francophone and Acadian minority communities (FAMCs), are then presented as examples to illustrate opportunities to apply the research to the francophone and Acadian population living in the province of NL. In the next section, the geographical examination focuses on the St. John's area and reveals the preoccupations and preferences of the population we consulted. The report concludes with our recommendations for public decision-makers responsible for health in the province of NL and for the RSFTNL.

Methodological Notes

The study was conducted between October 2018 and January 2019, using a mixed methodology combining literature, interviews, public consultations, and an online survey.

1. A review of scholarly research was aimed at creating a portrait of the evolution of navigation services in North America. The most important characteristics and advantages of these services

were also examined. The review of the literature also considered the specific characteristics of health services offered to official language minority communities.

2. An inventory of navigation services developed in Canada enabled us to better understand the approaches taken by service providers, traits of the target clients, and operational models used in this type of service.
3. Two public consultations were organized in the St. John's area on November 22, 2018, and a survey was posted online from December 12, 2018 to January 11, 2019. These two components of the study were designed to reach francophones and Acadians in the St. John's area and their families, for the purpose of increasing our understanding of: a) the issues and needs related to French-language health services; and b) the value of developing a navigation service. A total of 39 people responded to the online survey and six people participated in the public consultations. Given the size of the francophone community in this region, the difficulty reaching this population, and the variety of profiles among the participants, this level of participation is considered significant.
4. Visits to the support services of the Réseau santé en français de la Saskatchewan and the French-Language navigator service at CHIGAMIK CHC in Ontario were organized. These visits resulted in six interviews with people responsible for providing services: managers, a researcher, an "accompagnateur," a navigator, and a health promotor.

Context

Demographic profile of the francophone population

According to the 2016 Census of the population (Statistics Canada), the province of NL comprises 3,020 people with at least French as their mother tongue; this is the equivalent of 0.6% of the population of the province (515,680). If we look at francophones who speak at least French as their "first official language spoken",¹ the number is 2,605 people, or the equivalent of 0.5% of the province's population. The gap between the two figures reflects the fact that some people have French as their mother tongue but are not able to carry on a conversation in French. This phenomenon is an important reminder of the extent to which francophones are subject to linguistic assimilation.

Approximately half of NL francophones live in St. John's and the area around it. Of these residents, 1,330 (0.7%) list French as their mother tongue, and 1,210 (0.6%) list French as the first official

¹ Both people who list French only as their first official language spoken (FOLS) and those who list both French and English as their first official language spoken. The first official language spoken variable is calculated by Statistics Canada by considering knowledge of official languages first, mother tongue second, and the language spoken most often at home third.

language they spoke. Francophone immigration is an important factor to consider in the St. John's area, since the immigrant population in the area includes 310 people for whom French is the first official language spoken; this is 3.8% of the immigrant population in the area. NL is the province with the highest proportion of francophone immigrants within the total provincial immigration. However, it is also the province which has the smallest proportion of francophones in the total population. As a result, its considerable rate of francophone immigration is the most likely explanation for the fact that the ageing of the francophone population is not any more noticeable in this region than in the province as a whole. People who are 65 years and over who speak French as their first official language form 0.6% of the province's population of seniors.

Effects of linguistic barriers on francophone patients and their families

To date, francophones in the St. John's area do not have access to a well-structured set of French-language health services. Yet, the literature makes it clear that linguistic barriers have a negative impact on access to health care and on the health of people who have to deal with them.

More specifically, we know that linguistic barriers affect the satisfaction and the experience of patients who are confronted with these obstacles, and also affect their level of treatment follow-up and compliance (Bowen, 2015; Schwei et al., 2016). Patients who face obstacles based on language also experience a higher risk of medication errors, complications, and undesirable events (Bowen, 2015). The quality of services is yet another problem for patients and their families who do not speak the majority language well (Eneriz et al., 2014). Furthermore, francophones in minority language communities perceive that their health is not as good as that of the average Canadian (Bouchard and Desmeules, 2013).

This being the case, a significant proportion of the 3,020 francophones in NL also speak English. However, we also know that 15% of people with French as their mother tongue stated that they did not know English in the 2016 Census (Statistics Canada). It is fair to assume that a large number of people who state that they know English have limited skills in the language. It is mainly children, seniors, and newcomers who have limited skills in English. Since abilities in one's second language diminish as people age, especially if dementia adds to the challenges, we should note that ageing contributes to health risks and reduces access to health care among people who do not speak English as their first language and live outside Quebec (Bowen, 2015).

As is the case with many FAMCs, a very large majority of francophones in NL receive their health services in English. This reality is linked to the very limited availability of French-language health services in the province, but also to their reduced visibility. In this sense, francophones living in official language minority communities are accustomed to asking for services in English. In provinces and territories where FAMCs exist, this habit sometimes leads health care providers to reduce the number and range of services they offer in French, creating a vicious circle in which the low demand generates

a limited offer of services (Farmanova, Bonneville and Bouchard, 2017). Nonetheless, when they are asked about it, a large minority of people from FAMCs affirm that receiving health services in French is either important or very important (Corbeil and Lafrenière, 2010; de Moissac, 2016). Moreover, receiving health care and services in the language of the person's choice is also associated with a better quality and safer care (Roberts and Burton, 2013; Bouchard et al., 2012). Some health care situations require a significantly higher level of communication with patients, in particular when making a complex diagnosis or treating episodes of mental illness (Street, Makoul, Arora and Epstein, 2009, in Farmanova, Bonneville and Bouchard, 2017). For example, even when francophones are accustomed to speaking English in a professional context, it may be difficult, or even risky, for them to speak English when they are vulnerable because of their physical or emotional health.

Organization and delivery of health services in francophone and Acadian minority communities

Because the literature confirms that challenges exist in the area of health and access to health services for francophone patients and their families, the manner in which health care and services are structured, or could be structured, merits special attention. In terms of the organization of health care and service delivery to francophones, the main challenges lie in the following factors (Kubina et al., 2018, Bouchard et al., 2014; de Moissac et al., 2012; de Moissac, 2016):

- difficulties in recruiting (or shortages of) bilingual health professionals;
- limited availability of interpreters' services;
- lack of visibility of French-language services;
- greater distances from services;
- unsystematic identification of bilingual professionals;
- lack of co-operation when French-language services are offered;
- exhaustion of bilingual health professionals; and
- longer wait times.

Furthermore, in Ontario and Manitoba the clear lack of continuity in French-language services creates a situation in which bilingual professionals come to act as navigators, based on the connections they develop with other bilingual professionals (Drolet et al., 2014; de Moissac et al., 2012). The capacity of bilingual professionals to create collaborative connections which are solid, sustainable, and beneficial to francophone patients represents an advantage worth developing (Savard et al., 2013), but which, in reality, is still difficult to build, most often because of the lack of resources and structures.

Solutions used to meet the challenge of health service provision in official language minority communities vary greatly across Canada, for many reasons including the following contexts:

- political context: what provincial or municipal regulations could empower francophone communities to act?
- social health context: how is the health system organized?
- community context: how much advocacy and mobilization exists in the francophone community?
- demographic context: is ageing a more significant factor? What is the proportion of the immigrant population? Are groups or families of francophones geographically dispersed?

While decision-makers in bilingual or francophone institutional environments often find an increased offer of direct services in French is most beneficial, in other types of institutional environments it is equally appropriate to opt for the services of French interpreters (de Moissac, 2016). In general terms, organizing French-language health services requires: close co-operation and linkages among all professionals and staff who are able to offer services in French; the active offer² of French-language health services; multidisciplinary teams; communication tools which are written in French or translated into French and shared; and the use of directories of bilingual professionals and services (Kubina et al., 2018).

The model of navigation services in the health system

Navigation services that guide users through the health system are recognized as a service model which reduces health inequalities, especially for vulnerable client groups. Target populations face specific health determinants and conditions, and thus require health care services that are sensitive to their needs. Navigation services are aimed at allowing patients and their families to be guided and accompanied through the health system and linking them to resources, information, and people best suited to help them improve their health and quality of life.

This is the perspective in which the RSFTNL wished to explore the possibility of introducing this type of service model for francophones in St. John's and the surrounding area.

Characteristics and impact of health care system navigation services in Canada and in the literature

Although the model of navigation services was first developed in the United States, Canada occupies the predominant position in experimenting with this type of health services, next to the United

² “The active offer of French-language health services is a range of services regularly and permanently available to francophones and Acadians living in minority contexts. These services respect the principle of equity; strive to offer services comparable to those offered in English; are linguistically and culturally sensitive so they can respond to the needs and priorities of francophone and Acadian communities, and are part of a holistic approach to person-centred care; active offer is intrinsic to the quality of health services provided to people and is an important factor that contributes to their safety” (Société Santé en français, 2017).

Kingdom and Australia. Given the variety of health care system navigation models and a certain ambiguity in the way they are categorized, it would be impossible to determine the exact scale of the model of navigation services in Canada to date. However, the literature indicates that the number of navigation services is increasing. Appendix A shows 18 examples of navigation services in different provinces and territories. This service inventory allows us to see the variety of models that exist, the client groups for which they are intended, and the environments within which the navigation services have been developed.

Some navigation services strive to meet a local need, while others are fully integrated into provincial and territorial health strategies. For example, Ontario adopted the model of Community Health Links in 2012,³ an “integrated patient-centered approach to care that focuses on enhancing and coordinating the care for patients living with multiple chronic conditions and complex needs” (Health Quality Ontario, n.d.). Today, more than 80 Health Links have been established in the province. In Prince Edward Island, British Columbia, and the Northwest Territories,⁴ health care system navigation services are offered by provincial/territorial governments throughout the province and for the entire population. In these cases, telephone services seem to be the preferred method of delivering French-language services. Patients may receive services which are less personalized, but at the same time, the services extend to a larger population.

Health navigators are also very active in the planning of cancer care; one of the recommendations of the Canadian Partnership Against Cancer, for example, is to establish navigation services in order to ensure that patient-centred care is available for all (2012).

In most cases, this type of service is developed to meet the following objectives: a) to improve the range of social and health care services offered; b) to respond more effectively to particular health issues or specific populations; and c) to improve the quality of life and well-being of patients (Valaitis et al., 2017). In this sense, the dimensions of a navigation service are designed to respond, on one hand, to the complexity of the health system, and on the other, to the complexity of the needs of each patient (Fillion et al., 2012; Desveaux et al., 2019). Overall, the model of system navigation draws from a co-operative, holistic, inclusive model of “patient-centred care wherein patients receive timely, seamless, culturally appropriate guidance and support” (McMurray and Cooper, 2017).

Navigation services include different components of patient support, in particular the following (Desveaux et al., 2019):

- offering information;
- interpreting;

³ The Community Health Links model is described in a presentation by the Ministry of Health and Long-Term Care of Ontario: <http://www.health.gov.on.ca/en/pro/programs/transformation/community.aspx>

⁴ Navigation services in these provinces are described in listings 4, 15, and 16 in Appendix A.

- helping to make appointments and following up after appointments;
- accompanying the patient to appointments;
- facilitating referrals to specialized services;
- improving communication with health professionals;
- offering information to health professionals regarding patients;
- supporting each patient’s care and care plans;
- offering emotional and social support;
- assisting patients to identify their goals; and
- putting the patient in contact with community resources, bilingual staff, financial services, and insurance representatives.

Each component of the navigator’s role may be more or less significant and extensive, depending on funding sources, target populations, employer, and the training and expertise of the navigator.

Target groups

A study of 145 health system navigators working in urban settings revealed that the typical individual who benefited from navigation services had the following characteristics: had a mental health or addiction problem; had a disability; was dealing with a specific illness or health problem; had a history of abuse or trauma; did not have a fixed address or was from an ethnic or visible minority, was a refugee, or was an Indigenous person; belonged to the lesbian, gay, bisexual, or transgender community; and did not speak English as a first language (Carter et al., 2017).

This being said, it was in the area of health care for **people suffering from cancer**⁵ that navigation services were first created in the United States, at the beginning of the 1990s (Valaitis, T. et al., 2017). At that time, a connection was first made between disparities in the health and access to health care (diagnosis, treatments, and end-of-life care) and a complex combination of economic, social, and cultural factors (Freeman, 2011). The first studies and reports on this topic advocated for navigation services, pointing out the numerous barriers faced by **low-income people** who had cancer:

The key findings of the hearings were as follows: 1) Poor people face substantial barriers in seeking screening, diagnosis, and treatment of cancer. 2) Poor people experience more pain, suffering, and death due to cancer because of late diagnosis and treatment. 3) Poor people make sacrifices in order to obtain care and often do not seek care because they cannot afford it. 4) Poor people often indicate that the educational system related to health care is frequently insensitive and even irrelevant to them. 5) Poor people often become fatalistic and give up hope when in need of health care (Freeman, 2006, p. 139).

⁵ See listings 2, 8, 10, and 13 in Appendix A.

In Canada, there are a large number of initiatives in navigation services for cancer patients; most provinces and territories provide a formal program to ensure that navigators are available when care plans are being developed for people with cancer. For example, navigators are a core element of Alberta's strategy for the care of patients with cancer.⁶ The Ontario agency responsible for health care for cancer patients, Cancer Care Ontario, also provides for a navigation approach, in this case more specifically to address the needs of Indigenous patients. Often, in the case of cancer care, navigators are health professionals who are able to accompany patients through the decisions they need to make and to help coordinate care effectively, which is not a standard service when addressing diverse client groups.

This service model was then developed and adapted to deal with other health problems, in particular in the area of **mental health**. Among the services listed in the inventory, four⁷ are directed specifically towards clients dealing with mental health or addiction issues, and sometimes towards a very clearly defined group. For example, in Manitoba, a program administered by the Mood Disorders Association of Manitoba organization⁸ is directed towards families and strives to guide them through the process of identifying treatments, but also provides them with education and emotional support. Services for people suffering from **chronic illness** are based on the realization that these individuals have complex health problems and require the presence of a navigator to guide and accompany them through different aspects of their care, ranging from community services to hospital care and to specialized services (Barcelo et al., 2012, p. 21). People presenting with a **developmental disability** are addressed by one of the services listed, a navigation service specifically for youth aged 16 to 24 years with a developmental disability who are transitioning into adulthood, as well as their families. Another one deals with a particular client group: people in the **post-surgical** period whose needs are multiple or complex. Although this client group benefits less often from a specific program, the type of needs they have is similar to those of other client groups listed above, in that they are directed to multiple health professionals and employees, some in the community and others in the private sector or in hospitals.

More recently, navigation services have been put in place to help reduce the health disparities for vulnerable populations, such as **Indigenous people**. While some of the navigation services address the entire Indigenous population of an area, such as the one in NL, other services are provided for specific problems, as they are in Ontario where there is a program to accompany Indigenous people living with cancer.⁹ **Immigrants and refugees** benefit from some programs, although navigation

⁶ See listing 13 in Appendix A, and the website of Alberta Health Services regarding its provincial program: <https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1025354>

⁷ See listings 1, 6, 9, and 11 in Appendix A.

⁸ See listing 11 in Appendix A.

⁹ See listings 3 and 8 in Appendix A.

approaches for them are more often located outside the health system (for instance, as part of settlement services). The service offered by the Ottawa Newcomer Health Centre¹⁰ is an exception; its mandate is specifically to meet the health needs of this population.

The inventory shows that three initiatives are specifically addressed to **francophones** in minority communities, although other initiatives also appear to offer a bilingual environment that was “francophone-friendly.” Besides the two initiatives studied in detail in Section 6, the inventory lists a navigation program in the area of mental health and addiction specifically for francophones in southwestern Ontario.¹¹ This program is offered by Addiction Services of Thames Valley, a community service agency which works with eight community health centres.

The role of the health system navigator

The person working as a health system navigator plays a central role in the success of this type of service. While the title “patient navigator” predominates in English, several terms are used for this role in French; they translate as “health system navigator” (used here), “patient service navigator,” “pivot,” etc. Other titles may refer to a less holistic scope, such as “case manager,” “health accompagnateur,” “clinical coordinator,” “nurse-navigator,” etc. (Fillion et al., 2012).

The competencies required to work as a health system navigator differ among facilities; however, a number of common skills and qualities can be identified: the ability to educate or provide information to patients or other health providers; communication skills; and professionalism. Based on the type of navigation service, more specific knowledge about an area of health (cancer, mental health) or a population (Indigenous people, francophones) may be required (Wells et al., 2017).

In many cases, the person in this position has an education in health care, often in nursing or social work (Fillion et al., 2012). A review of the literature on working conditions of health system navigators suggests that the navigator’s educational background greatly influences the scope of the role: “Significant differences in frequency with which navigators provided clinical trials and peer support services were observed by education, with those who completed a bachelor’s degree or some graduate education providing these services more frequently than those with some college or trade school education. Those with more education provided treatment support and made arrangements and referrals more frequently (Wells et al., 2017, p.287).” While various types of education and training are associated with navigation services, we do not know which are the most effective (Wells et al., 2017).

¹⁰ See listing 7 in Appendix A.

¹¹ See listing 6 in Appendix A.

Interpretation services

In places with a low-density population of francophones or Acadians, a range of services which include interpretation and navigation may be the most appropriate model. Interpretation services contribute to clear communication between health professionals and patients and have a positive influence on the quality and safety of care, the safety and satisfaction of patients, and the capacity to provide care to patients and communities (Sultrem, 2015). A health support and interpretation service may require different competencies of its staff; an employee may work as an interpreter, translator, and cultural mediator. While a navigation service may involve a higher level of responsibility for the health of the patient—for example, developing a care plan or helping with a decision about treatment—the supporter and interpreter’s mandate may be to provide advice, information, and emotional support to patients.

The services interpreters provide can take various forms. In addition, they may not be of the same quality in one setting as they are in another. On this point, the literature emphasizes the importance of establishing standards of practice including the following: 1) coordinated organizational policies and practices; 2) the exclusive use of trained interpreters; 3) screening and language evaluations of interpreters; 4) availability of information about interpretation services for patients and health providers; and 5) a method of data collection to evaluate the service (Bowen, 2004; Healthcare Interpretation Network, 2007; Winnipeg Regional Health Authority, 2013; quoted in de Moissac, 2016)

The matter of education and training for interpreters is an important one, as qualified interpreters are able to reduce the difficulties connected with terminology and have a better understanding of the issues and standards of confidentiality (Flores et al., 2012). In addition, the hiring of qualified interpreters reduces the workload of bilingual professionals on whom their colleagues rely to interpret or to translate documents, which can generate an excessive workload (Drolet et al., 2014).

Thus, using the services of interpreters can be considered a good way for francophones in official language minority communities to receive services in their language, as long as the education and training of the interpreters are of high quality and their work is combined with other initiatives, such as active offer and the designation of bilingual positions (Tremblay et Prata, 2011; de Moissac and Bowen, 2018). In reality, relying solely on interpreters in the workplace is often associated with greater difficulty in ensuring an active offer of services in French (Savard et al., 2018). If French-language services are limited to a single point of delivery (in this case, the services of interpreters), health professionals in the facility or region will be less familiar with the need for these services and less committed to them. The role of interpreters also has a limited scope in some health situations, in particular in the areas of mental health, end-of-life care, or health promotion and disease prevention activities (de Moissac and Bowen, 2018).

Positive effects and challenges of navigation services

Various studies testify to the satisfaction of patients, health professionals, and other stakeholders when health care system navigation services are in place. A study by McMurray et al. (2017) examining nurse navigators responsible for ensuring integrated care in Australia shows a high level of satisfaction on the part of patients and health professionals with the navigation services they received. An experiment in the USA on an initiative in a patient-centred program in a patient-centred medical home also shows that a larger proportion of patients who benefited from navigation services reported positive changes in their experience and the quality of care they received (Maeng et al., 2013).

Some studies also show a reduction in costs associated with health care, as navigation services reduce the number of hospital admissions and improve the general health of the patient (Maeng et al., 2013).

Knowing that navigators are health professionals who act as guides among various staff and professionals, patients, and families, it is easy to assume that the potential obstacles to the success of their initiatives will be considerable. Language barriers are mentioned as one of the main obstacles faced by health system navigators. Of the twenty obstacles mentioned in the literature, here are the seven at the top of the list (Desveaux et al., 2019):

- knowledge;
- social support;
- insurance coverage;
- how proactive the system is;
- putting appointments on the calendar;
- linguistic barriers; and
- communication with medical staff.

The workload of the navigators was also mentioned; it can quickly become heavy, and the fact that they must work within an interdisciplinary and interprofessional perspective may be a challenge in ensuring knowledge in different areas of health (McMurray, 2017).

Impact of the model on francophone and Acadian official language minority communities

The literature and case studies examined above allow us to better understand the opportunities, tendencies, advantages, and challenges related to navigation systems, including support and interpreters' services. A more detailed study of two initiatives which have taken shape in low-density francophone and Acadian communities will give us a better grasp of the particular opportunities for health services in the St. John's area.

The next few sections outline the main characteristics of the Health Accompagnateur Interpretation Services in French, a program organized by the Réseau Santé en français de la Saskatchewan, *Réseau Santé en français*, and the French Language System (FLS) Navigator in the North Simcoe Muskoka region in Ontario.

Case Study: Health Accompagnateur Interpretation Service of the *Réseau Santé en français* in Saskatchewan¹²

Demography. The profile of the francophone population of Saskatchewan is similar to that of francophones in NL, in the sense that the demographic proportion of people for whom French is the mother tongue is small both in Saskatchewan (1.6%) and in Newfoundland & Labrador (0.6%), according to the 2016 Census. The number of people who speak French as the first official language is, however, higher in Saskatchewan (17,740) than in NL (3,020).

History. This health support service was developed in 2015, and the first patients were accompanied in 2016. The program was the initiative of advocates in Saskatchewan’s *Réseau Santé en français* and a researcher from the University of Saskatchewan, with the help of a consultant and as a pilot project. At first, the province’s three regional health authorities (Regina, Prince Albert, and Saskatoon) were involved in the project, but only one health authority remains active. The health authorities are involved in approving the content of training and the framework for support, as well as promoting the service in their facilities.

Objective. The objective of the service is to help francophones who may find interpreters or support people valuable or very valuable in their health care. More specifically, this service strives to improve access to health care in French, and to improve patients’ treatment and care experiences and their understanding of the way the health system operates. The service is directed towards vulnerable groups such as newcomers, seniors, and families with young children, who have trouble expressing themselves effectively in English or who need help navigating the health system.

Patient Profile. Patients using the service are in every age group, but those between 45 and 65 years are more numerous and those between 36 and 45 years are less numerous. Nearly all patients are newcomers who arrived in the province less than two years ago. Some are from other countries and others are from other Canadian provinces, especially Quebec. Many patients are unemployed or are students.

Operating Model. The program pairs a support person or “accompagnateur” with a francophone who has applied to the program through the *Réseau Santé en français*. A toll-free telephone line is

¹² The information contained in this section is taken from personal interviews, the web site of the Réseau Santé en français (http://www.rsfs.ca/service-d-accompagnement-sante_n2327_n2929.html), and a program evaluation (Leis, 2018).

available to all francophones in the province, and a coordinator, hired by the *Réseau Santé en français*, arranges the pairing of the patient and the support person.

The volunteer support person is responsible for meeting the client at the medical appointment, explaining the role, discussing the nature of the visit and the expectations of the patient, offering services as an interpreter during the medical appointment, and following up with the patient at the end of the visit. Transportation is not provided to the patient.

Support people are available in the cities of Saskatoon, Regina, and Prince Albert, although to date no request has been made for services in Prince Albert. The support people are volunteers who have received a one-day, classroom training session provided by the *Réseau Santé en français*. During the training, volunteers learn about different topics such as confidentiality, ethics, and specific aspects of interpreting (a professional interpreter is present). Role playing is included, simulating situations the support person may encounter. Future support people must sign an ethics code and a confidentiality agreement. The support person's language skills in English are not evaluated, but the role plays are performed in English, enabling the project leaders to make a summary evaluation of the future support person's ability to interpret.

Medical appointments generally last from 30 minutes to three hours. Some patients require multiple visits, and requests for support people can include several consecutive appointments. As often as possible, the patient is accompanied by the same support each time. Appointments are usually in medical clinics and private clinics. Only one visit took place in a hospital setting and one other one at home.

Evaluation. Since the support service is associated with a research project, the patients, professionals, and support people were asked to complete an evaluation form after each visit to provide feedback on the services.¹³ An initial analysis of these documents, completed during a period of 18 months, allowed us to confirm that patients were very satisfied (116) or satisfied (1) with all aspects of the services which were evaluated:

- they understood the explanations and diagnosis of the medical staff well;
- the support people explained what they were feeling to the medical staff;
- they understood the health professional's instructions about the health matter or treatment;
- they had a better understanding of how to navigate through the system;
- they received all the information they needed.

Health professionals also mentioned the relevance and value of the service, while support people felt that their presence was appreciated and that they did not face any particular challenges in dealing

¹³ The patient's version of this form is shown in Appendix C.

with health professionals. In some situations, the translation of more complex health terms apparently created problems.

Funding. Financial resources committed to the project are limited and uncertain. The *Réseau Santé en français de la Saskatchewan*, provides a portion of the work time of the person responsible for project support and administration to coordinate this project. The director of *Réseau Santé en français* also dedicates part of her time to the project, mainly for promotion. Funds for the coordination and management of the program are, therefore, taken from the budget of the *Réseau Santé en français*. A contribution of \$50 is given to support people for each visit; this amount reimburses them for their travel costs.

Improvements. The people responsible for the project noted that they have made improvements to the program since the project began. For example, the confidentiality clauses are now better explained to the future support people, and the ethical standards are set out and monitored more effectively. Support people are also encouraged to take advantage of various resources, such as courses in medical terminology or cultural competency. During the training, more experienced support people are invited to talk about their experiences. The possibility of starting a community of practice is being investigated.

Promotion. The people interviewed noted that the service is not promoted extensively. Given that there are limited resources to coordinate the project, they suggest it would not be a good idea to publicize the service more than is done. Some promotional tools (magnets, pill boxes, etc.) have been recently produced, however. The *Réseau Santé en français* is responsible for distributing this material when attending public events.

Case Study: French-Language System Navigator in the North Simcoe Muskoka region of Ontario

Demography. According to the 2016 Census, the population served by the North Simcoe Muskoka LHIN is approximately 540,249 people, of whom 3%, or 14,470, speak French as their first official language. When we met with the people responsible for the program at CHIGAMIK Community Health Centre (CHC), in fall 2018, 17% of the clients were francophone. This proportion had increased significantly in the past few years. The sole mandate of this regional CHC is to reach and serve francophones and Indigenous people, which explains the higher percentage of francophones among its clients.

Background. In 2013, Ontario's Ministry of Health and Long-Term Care introduced resources called "Health Links," in response to studies that revealed: "Five per cent of patients account for two-thirds of health care costs. These are most often patients with multiple, complex conditions" (n.d.). Thus, patients with complex needs were to be offered personalized and supported care. The model of French-language system navigation was launched in 2015, as a pilot project of CHIGAMIK CHC. It was

based on this model of Health Links. In 2016, a French-Language System (FLS) Navigator was hired at CHIGAMIK CHC, and an agreement was signed with the CHC of Barrie and the southern Georgian Bay area, also under the jurisdiction of the North Simcoe Muskoka Local Health Integration Network (LHIN). In this way, French-language services and the services of the FLS Navigator at CHIGAMIK CHC gradually enlarged their scope until they covered the entire region of North Simcoe Muskoka. Since February 2018, a francophone nurse practitioner has come to the CHC of Barrie one day a week to offer her services. At the same time, she promotes the French-language services offered by CHIGAMIK CHC. This regionalization makes it possible to reach more members of the francophone population, which is spread over a wide area, and to maximize the co-operation and sharing of resources for primary health care (Dupuis and Doyon, 2016, p. 9). In 2016, a position for a health promoter was created; permanent funding for the program is not guaranteed. The health promoter is a health care professional who works in close co-operation with the navigator in the areas of service delivery and French-language initiatives, as well as in promoting French-language services.

Objective. This program is intended to help residents of the North Simcoe Muskoka region to access services offered by community and health professionals in the area, and also throughout Ontario through the Ontario Telemedicine Network. French-language interpretation is not necessary, because the CHC have managed to hire the francophone health professionals it requires.

Operating Model. The services provided by the health system navigator, as well as other francophone service components, were developed within CHIGAMIK CHC and now extend to the entire region of North Simcoe Muskoka. The mission of CHIGAMIK CHC is “To provide culturally relevant holistic programs and services to equip our communities to achieve optimal health and well-being through awareness, health promotion and illness prevention” (n.d.), with programs designed particularly for Indigenous and francophone cultures. CHIGAMIK CHC is managed by a unique board of directors composed of an equal number of francophones, Indigenous people, and anglophones. The model was inspired by initiatives in New Zealand designed to integrate Maoris into the health system, following the principle of “Nothing about me, without me.”

The navigator, then, works in an environment where French is featured prominently and valued, and where structured efforts are made to hire francophone health professionals who, for example, promote French-language health services, and offer a program of activities in French.

Although most of the navigator’s activities take place during the day on weekdays, especially those connected directly with navigation, other activities are also held in the evening and on weekends. For example, the navigator’s services may be promoted during a festival on the weekend, or a course in French may be given in the evening. The navigator may meet clients in her office at CHIGAMIK CHC but may also meet them in their homes or in other health facilities.

The support offered by the system navigator is geared mainly to primary health care, specialized medical services, community and social services, and mental health services.

Collaborative Networks. A community of practice for French-language services was launched in 2014. Its purpose is to “create a collaborative structure to share resources, exchange strategies for offering services in French in the region of Simcoe Nord Muskoka and to support organizations in order to improve or develop its services” (Dupuis and Doyon, 2016, p. 9). Membership consists of representatives of health service providers who have been meeting regularly since 2017. This network contributes to raising the awareness of managers about the experience of francophones, both staff and patients.

Communities of practice for Health Links and for health system navigators in the Barrie region have also been formed, enabling the navigator to benefit from opportunities for varied exchanges and learning. At the same time, these networks enable common strategies and approaches to be developed, in particular with municipal leaders of the City of Barrie.

Role of the Navigator. The navigator is responsible for the following personalized services:

- consultation to respond to a range of health, emotional, linguistic, and cultural needs of clients and their families in the area of health;
- development of an individualized care plan;
- links to appropriate health care or other support services; and
- follow-up services to ensure continuity of care and support.

The navigator is also involved in many other activities at CHIGAMIK CHC, such as the promotion of services and health promotions, suggestions for the development of French-language programming, facilitating activities, etc.

Funding. Base funding for CHIGAMIK CHC and the navigator’s services is provided by the North Simcoe Muskoka LHIN, from Ontario’s Ministry of Health and Long-Term Care. The first application for funding was for a pilot project as part of the framework for creating Health Links. Since 2016, the three CHC covered by the LHIN have signed an agreement allowing CHIGAMIK CHC to coordinate the delivery of services in French for the region covered by the LHIN.

Challenges. Hiring francophone health professionals remains a challenge that requires perseverance. Since the navigator has a role in promotion and establishing trusting relationships, leaders realized that it was important for this person to know the area well and to maintain close ties with people in the community. Since people have to register with the CHC to receive services from the navigator, it has sometimes been the case in the past that the navigator at CHIGAMIK CHC was working at full capacity and clients who wanted to see her had to be turned away.

Promotion. Processes to promote and raise awareness of health and of navigation services benefit from being approached in a co-operative manner in this initiative. Since 2016, one person works full-time on health promotion in French at CHIGAMIK CHC. This person is also responsible for programming French-language activities and for promoting activities and services offered in French.

When promotion was exclusively the job of the navigator, it had a much smaller impact. The health promoter is important in the sense that she relieves the navigator of some of her workload. At the same time, she increases the visibility and legitimacy of French-language services. The promotional component is important in understanding the success of CHIGAMIK CHC for francophones. Promotion and awareness building are done through social media, and even more often through local events, especially those in the francophone community. Several original dimensions of promotion are used. For example, secondary school students with volunteer hours to complete were invited to make promotional videos. These young people became more aware of the health services available in French at CHIGAMIK CHC.

The trust and confidence of the francophone community was particularly difficult to gain. Services were promoted through two main channels: participation in community activities and an active offer of health services in French. Hiring a francophone navigator who already knew the community well was a decisive factor in the success of the process in recent years. The navigator participates in community activities to promote the French-language activities at the CHC, as well as trying to identify the needs of the francophone community more precisely. During the first few years of the project, service promotion within the community was more intensive than it is now. The municipalities are partners in promoting health care and services in French. Active offer is ensured by the translation of all documents, the hiring of francophone staff, and the organization of activities in both official languages. In the past few years, CHIGAMIK CHC has also had to demonstrate, actively and publicly, that more than 35% of its employees are francophones and that 70% of the employees can offer services in French.

Improvements. Moreover, the administration of CHIGAMIK CHC has realized that, if room was not made specifically for francophones and Indigenous people (activities, spaces, employees), the default would be that anglophones would take up all the room. Thus, in the last few years, decision-makers have tried to hire exclusively francophone and Indigenous staff. This is an important factor in explaining why the number of participants from these groups has increased in a more evident way. CHIGAMIK CHC and its partners are now working on a study to evaluate the possibility of developing a primary health care centre for francophones in the city of Barrie.

French health care in St. John's, Newfoundland & Labrador, and the surrounding area

Portrait of French-language health services available in the St. John's area

A limited number and range of French-language health services are available in NL and in the St. John's area. The Bilingual Services Office is the main initiative of Eastern Health NL to address the needs of francophones. The RSFTNL has helped identify bilingual health professionals and contributed

to various initiatives of the health authority (Eastern Health NL) to develop the active offer of health services in French. The most important health facilities in the region are the following: Health Science Centre (General Hospital and Janeway Children’s Health and Rehabilitation Centre), St. Clare’s Mercy Hospital, and Waterford Hospital.

Identification of bilingual professionals

To date, it is impossible to systematically identify the language spoken by every health professional working in the health facilities managed by Eastern Health NL or in the field of primary health care in the region. Nonetheless, in 2017 the RSFTNL began a directory of health services. The directory lists the main health facilities in NL, as well as the health services they offer, and provides an inventory of French-speaking professionals.¹⁴ The inventory lists 46 employees working in health services in the St. John’s area who say they are able to provide services in French. Registration in this inventory is done on a voluntary basis, and it is promoted by RSFTNL, the Federation of Francophones of NL, and their members. The fields in which each person listed is employed are specified in the Table below. Nearly half (19/46) of the employees listed work for Eastern Health NL. The others work in the private sector, mainly in primary health settings.

Health care staff able to provide service in French in the St. John’s area

Administration	1	Optometrist	7
Chiropractor	3	Orthodontist	2
Dental Hygienist	1	Orthotist	1
Dentist	2	Paramedic	1
Dietitian/Nutritionist	1	Pastoral and Ethical Care	1
EEG Technician	1	Pharmacist	1
Genetic Counsellor	2	Physician	1
Massage Therapist	3	Psychologist	2
Nurse	3	Physiotherapist	2
Nuclear Medicine Technologist	1	Radiology Technologist	2
Occupational Therapist	3	Rehabilitation Technologist	1
Optician	1	Speech Language Pathologist	2

¹⁴ This inventory can be found through the “Portail des francophones de Terre-Neuve-et-Labrador” website at: <https://www.francotnl.ca/fr/services/sante/repertoire-des-professionnels-de-sante-francophones/>.

The Bilingual Services Office

For the past twenty years or so, Eastern Health NL has had a Bilingual Services Office.¹⁵ Its main mandate is to offer interpretation services to residents of the St. John's area and of St.-Pierre-et-Miquelon Island when they have medical appointments with professionals working in Eastern Health NL. An agreement with the province of NL covers a number of health services for the residents of St.-Pierre-et-Miquelon, an overseas territory of France. Interpreters can accompany residents of the St. John's area to their appointments any time (24 hours a day, seven days a week), while the residents of St.-Pierre-et-Miquelon can use interpreters' services during regular working hours.¹⁶ People who wish to obtain the services of an interpreter can call the Bilingual Services Office during regular working hours and make an appointment. The Bilingual Services Office consists of a nurse who coordinates the service, an administrative assistant, and three interpreters. The interpreters do not have any specific training in interpreting or in health care. The coordinator's main job is to streamline appointments for residents of St.-Pierre-et-Miquelon who have to travel to the St. John's area for their appointments and need the help of interpreters. This nurse also translates documents such as pamphlets which Eastern Health NL distributes to its patients. At the time of writing, the receptionist was a unilingual anglophone, because Eastern Health NL had not been able to find a bilingual person to fill the position.

The Bilingual Services Office does not do any particular promotion of its services. This aspect was mentioned during our consultations; participants noted that they did not know (or not know much) about the Office's services.

Active offer

For the moment, even though initiatives such as a poster in the emergency department indicating that services can be provided in French are a step in the right direction, it is impossible to say there is a true active offer—that is, a regular offer of services that is proactive and visible in French—in Eastern Health NL.

The RSFTNL has broadened its awareness activities in recent years, which may lead managers to plan French-language services differently in Eastern Health NL. For example, 390 copies of the Health Passport (Passeport santé)¹⁷ were distributed in four health organizations in 2018:

¹⁵ The website of the Bilingual Services Office is bilingual; the English site can be consulted at <http://www.easternhealth.ca/OurServices.aspx?d=2&id=1736&p=202>

¹⁶ At this time, two other interpreters have been hired to fill the evening, night, and weekend shifts for the residents of St.-Pierre-et-Miquelon. Very recently, the association representing francophones in NL (*Fédération des francophones de Terre-Neuve et du Labrador*) took over the responsibility for hiring interpreters and managing this program.

¹⁷ The Health Passport (Passeport Santé) is a resource designed to facilitate communication between francophone patients and anglophone health professionals, and to provide the community with a list of resources. There are two

Children's and Women's Health, Health Science Center ER/St. Clare's Emergency, Health Information Services and Informatics, and Switchboard Health Science Centre. Recently, pins which can be worn by health professionals to show that they can speak French, and a Hello-Bonjour kit containing an informational flyer about the inventory of bilingual professionals and the importance of active offer, have also been given to some managers and health professionals who have met with the RSFTNL.

Portrait of needs for the development of French-language health services

The online survey and consultations were designed to identify the needs of respondents, in terms of French-language health services which remain to be developed or should be expanded. In particular, it examined the need for a French-language system navigation service to be developed. Appendix B allows the reader to view the graphics and tables presenting the results of the survey. The analysis which follows outlines the major tendencies we observed.

Profile of respondents

Of the 41 individuals who took part in the online service, a little more than half (54%) were women. The respondents were more often aged between 30 and 49 years (49%) than 50 years and older (39%) or between 18 and 29 (12%). Although 83% of the respondents said French was their mother tongue, one-third of them stated that they were equally comfortable in English and in French. In total, 56% of respondents said they were more comfortable in French, 42% were equally comfortable in French and English, and one person (2%) was more comfortable in English.

Availability and importance of services in French

The fact that 39% of respondents said they had received health services in French in the province of NL is a reminder that health professionals are able to provide services in French, although few formal mechanisms make it easy for patients to identify them. In the survey and consultations, respondents said they had found a family doctor or dentist who was a francophone by word-of-mouth when talking with other francophones, by chance, or by looking in the inventory of francophone health professionals in NL. Some said they had come across a bilingual health professional by chance during a hospital visit.

Receiving services in French is important or very important for 70% of respondents, but this proportion drops to 64% for their families or support people. Our consultations clarified the fact that francophones in the area, who often have family members or friends who are anglophones or work in English, end up being comfortable enough in English that they do not feel the need to request

versions, French to English for francophone patients and English to French for anglophone health professionals. The Health Passport includes a glossary of medical terms and resources to facilitate patient/health professional dialogue.

health services in French. Some respondents noted, however, that despite having very good skills in English, they feel much more comfortable talking about their physical and mental health in French.

Developing health services in French

For the majority of respondents (73%), it would be preferable to develop health services in French intended for all **age groups**, although adults aged 26 to 65 were also mentioned (20%), as were children (5%). It should be noted that despite the ageing of the population in the province and the fact that 39% of the respondents said they were 50 years and over, this age group was only mentioned by one respondent.

In terms of the **population groups** other than age groups to receive services, once again, the majority of respondents (66%) opted to develop health services directed to all groups. In this case, families (20%) were another group mentioned, although less often, as were immigrants and refugees (12%). People under 50 years of age who were bilingual were more likely to mention these categories. During our consultations, two people mentioned that they knew francophone immigrants who, despite the fact that they had been living in NL for several years, could not speak English yet.

The **areas of health care** mentioned by respondents as being the most important types of services to offer in French were the following: 1) a medical clinic able to offer services in French; 2) the active offer of services in French in hospitals; and 3) services in French to respond to mental health and addiction. In terms of active offer, the people we interviewed noted the fact that French-language resources were not very visible or familiar to users in Eastern Health NL. For example, people who had recently gone to Emergency had not seen a poster stating that services were available in French. In addition, a majority of them did not seem to know that the Bilingual Services Office also offered services to residents of the St. John’s area.

A health care system navigation service, telehealth/telemedicine services, and interpreters were also considered very important, although to a lower number of respondents. Overall, it is the navigation service that received the most responses, as 98% of respondents felt it would be important or very important to develop this type of service. When the data were analyzed by controlling for specific variables, we found that for women, people 50 years of age and over, people aged 18 to 29, and bilingual individuals, a navigation service seems more important than for others. In fact, these groups listed a navigation service among their three highest priorities.

Generally, health promotion, a bilingual or francophone community health centre, and long-term care or home care in French were mentioned as being less of a priority than other options suggested in this question.

Tell us the areas of French-language health care and services you think should be developed, as a priority:	Very important	Important	Not very important	Not important	Do not know
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French interpretation and translation services during medical appointments	53%	40%	8%	0%	0%
A medical clinic which offers services in French	66%	22%	5%	5%	2%
A bilingual or francophone community health centre	37%	51%	5%	5%	2%
Telehealth services to expand access to French-speaking professionals	54%	37%	5%	2%	2%
A health care system navigation service or navigator to facilitate access to French-language health services	54%	44%	2%	0%	0%
Active offer (accessibility and visibility) of services in French in hospital settings	61%	34%	0%	2%	2%
Long-term care and home care in French	39%	39%	17%	2%	2%
French-language services for mental health and addiction issues	61%	32%	5%	0%	2%

Developing navigation services

In line with the fact that navigation services were considered important or very important by 98% of respondents, nearly all respondents (90%) also indicated that it would be very helpful to establish a “a one-stop access to enable them to navigate the health system and to easily find resources they need” when they were asked specifically about this type of service. Four respondents (10%) said that this option would be moderately useful, and no respondents said it would be not very useful or not useful.

Asked about the types of health services a navigation service should direct them towards, a majority of respondents said the highest priority was hospital services, the second highest was primary care services, and the third highest was community resources.

As far as priority characteristics for a navigation service are concerned, respondents said it should: 1) increase access to francophone health professionals; 2) make interpreters’ services available; 3) provide information on resources and services in the health care system; and 4) be available 24/7. Those for whom receiving service in French was very important and those under 50 years of age felt that distance was a less important factor than other characteristics. For people under 50, especially, the development of a personalized care plan and culturally-sensitive care were considered of low importance.

If a one-stop access point offered navigation services through the health system in French, what importance would you place on it having the following characteristics?

Very important	Important	Not very important	Not important	Do not know
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Gives access a French-language case manager to ensure a close follow-up and continuity of services	54%	27%	12%	0%	7%
Facilitates the development of a personalized care plan	44%	32%	22%	0%	2%
Offers interpretation and translation services at medical appointments with anglophone professionals	68%	27%	5%	0%	0%
Integrates family and support team into care	34%	46%	12%	2%	5%
Offers a flexible schedule, for example evenings and weekends	46%	32%	20%	0%	2%
Offers a telephone service at all times (24/7)	56%	34%	10%	0%	0%
Is located near my home	15%	41%	29%	12%	2%
Provides information on resources and the range of services in the health care system	56%	41%	2%	0%	0%
Increases access to professionals who can provide health services in French	71%	27%	2%	0%	0%
Lists health services and community resources online, regardless of the language of service	34%	46%	17%	0%	2%
Lists health services and community resources online, with priority given to French-language services	54%	34%	7%	5%	0%
Organizes health promotion activities	32%	49%	15%	5%	0%
Offers culturally-sensitive services to the francophone community	44%	29%	24%	2%	0%

Discussion and recommendations

Data gathered from the consultations and the survey clearly emphasized the difficulties francophones in the St. John’s area have obtaining health services in French. The analysis also indicates how important it is to develop French-language services for francophones. This importance is sometimes interpreted as being a “preference,” but it is also related to challenges in accessing services, obtaining quality services, and ensuring patient safety, as the literature explained.

This being the case, the limited number of francophones in the St. John’s area means that it would not be possible to put an extensive range of French-language health services in place. Over the past fifteen years, research by the *Société Santé en français* (see www.santefrancais.ca) and its networks

does, however, point out that several models of service can be adapted for FAMCs. A health care system navigation service is a good example of these models.

This study illustrates the benefit of making improvements to various aspects of the French-language health services offered in the St. John's area. In general, the data we collected indicated that francophones and Acadians want to have access to services that: 1) are equitable, by having access to health professionals, especially in mental health, who are able to offer their services, including information, in French; 2) are structured, expanded, and visible, through an active offer of French-language health care services; and 3) include the services of interpreters when French-language services are not available. Below, we propose three specific recommendations, allowing us to make the above-mentioned principles more concrete. These recommendations would benefit from being formulated as part of a concerted strategy to expand health services provided in French and involving Eastern Health NL, the RSFTNL, and their partners.

A. Develop a French-Language navigation service for the health system

As the literature suggests, supporting patients—especially the most vulnerable among them, such as those suffering from mental health challenges, low-income persons, Indigenous people, etc.—has a positive impact on patient safety and increases their access to health care. In this regard, the literature recognizes the importance of considering social and health determinants when organizing health care services. We need to remember that francophones and Acadians in the St. John's region form a potentially vulnerable population, if individuals are not fluent in English and/or if they present with complex health issues, if they are newcomers, if they are dealing with a mental health problem, or a combination of these. Similar to Indigenous people in the St. John's region, francophones and Acadians would benefit greatly from a health care system navigation service.

A navigation system could, first of all, have a dual mandate of coordinating customized health care, especially medical care, and of promoting and structuring French-language health services. Thus, access to navigators could be associated with a better coordination of care, establishing closer links with health care providers and medical staff, patients, their families, and with the francophone and Acadian community. Last but not least, this type of navigation service would strive to 1) identify bilingual human resources and match them with patients; 2) provide information about the health care system; 3) support and guide patients who are making appointments and navigating through the health care system; and 4) provide interpreters when needed. There is an advantage in having a navigator-interpreter, who can be responsible for interpreting or translating information, for different components of a successful active offer of services in French, and for a successful patient-centred approach. The cultural sensitivity of navigators and their ability to offer emotional support also represent valuable benefits, because these competencies can potentially contribute to increase a patient's commitment to health and a sense of linguistic security.

Considering the small number of health professionals capable of offering services in French in the St. John's area, it would be difficult at this point to imagine a service able to support francophones in a hospital setting without relying on the services of interpreters. Although the area around CHIGAMIK CHC boasts a large number of bilingual professionals, the province of NL could not simply identify bilingual human resources and hope to match them with patients. Therefore, navigators must also be able to interpret and translate for patients – or count on other human resources that could do it. Eastern Health NL would benefit from expanding its existing bilingual services to ensure that they are part of a larger strategy, in which the interpreters who are hired would be trained to serve as health care system navigators.

Second, once professional and organizational resources in French have been more clearly identified, the navigator-interpreter should focus on tasks more closely associated with support for treatment, such as discussing medical results, supporting the patient's decision-making, or providing specific information about particular medical approaches. This is the role of several navigation services designed for patients being treated for cancer or facing mental health challenges. This emphasis would make it possible to reach more francophones and Acadians in vulnerable situations.

Third and last, a navigation service for francophones would be most beneficial if it could establish close ties with Eastern Health NL's navigation service for Indigenous people and mental health. This would foster a wider sharing of expertise in navigation and patient support, as well as in developing linguistically-sensitive and culturally-sensitive care practices.

B. Establish a bilingual interprofessional/interdisciplinary medical clinic affiliated with the navigation service

The development of a navigation service could be integrated with the establishment of an interprofessional or interdisciplinary medical clinic in which the majority of staff members are bilingual. As CHIGAMIK CHC shows, francophone services in the clinic merit priority consideration, not only in the way human resources are organized, but also in the way services are promoted and patients are greeted. Family physicians could be joined by other health professionals, especially people in the field of mental health. Once again, close co-operation with services to Indigenous people would help ensure that the medical clinic remains culturally and linguistically sensitive.

Unlike conventional medical clinics, community health centres generally have a mandate to contribute to disease prevention and health promotion, as well as organizing programs to address health determinants. Community health centres may also offer a wider range of professionals working in primary health care. An interprofessional medical clinic could gradually integrate other components of health care, taking responsibility for health promotion, disease promotion, broader aspects of the safety of francophones and Acadian in the St. John's area. CHCs have the advantage of working more closely with the communities they serve. Their impact on the community and on the

health determinants of their members means that these centres would contribute not only to health care but to the vitality and growth of the francophone and Acadian community in the St. John's area.

C. Create a structured strategy for actively offering French-language services within Eastern Regional Health Authority in Newfoundland and Labrador

In concrete terms, “active offer translates into a range of services available in French and offered proactively, that is, they are clearly posted, visible, and easily accessible at all times, and do not put the responsibility for asking for services on the user” (Société Santé en français, 2017). In this sense, a solid strategy of active offer must involve public decision-makers, managers in the health care system, health professionals, training and educational institutions, and communities.

A basic step in promoting the active offer of French-language health services is the ability to identify health professionals who can communicate professionally in French. In this area, the initiative of the RSFTNL to create a directory of French-speaking health professionals, and that of the *Réseau de santé de l'Est* to record the language abilities of its new employees, are important measures towards that goal. Indeed, in order for the person who receives or greets francophone patients to be able to offer services in French, that person must be able to identify and locate the human resources able to offer the services needed, and to do so quickly and systematically.

Among its other efforts to advance active offer, Eastern Health NL could, for instance, extend its commitment to recording the language abilities of health professionals by including the abilities of its staff members to offer services in French, and by inviting those who are able to speak French to wear a visible marker, so patients and visitors can identify them easily.

Conclusion

Overall, the research conducted as part of this study enabled us to specify the various forms and advantages of navigation services. It also confirmed the interest of francophones and Acadians in the St. John's area in having a navigation service, as well as a systematic improvement and expansion of French-language health services.

The navigation service model shows potential that has not been developed extensively within FAMCs. Small, dispersed groups or communities, like those in NL, would benefit from adopting health service models with structures that are more holistic, since these services will have to meet the needs of client groups that are diverse in terms of their sociodemographic, health needs, and geographical location. In this regard, it would be wise to pursue this type of investigation to compare and to better understand the outcomes of navigation services and their potential within different FAMCs. It would

also be valuable to specify the practices involved and to find the best method to integrate this type of service into a global strategy to improve the health and vitality of FAMCs.

Appendix A: Examples of Navigation Services in Canada

Newfoundland & Labrador

1) Mental Health and Addictions Systems Navigator	
Geography	The province
Client Group	People dealing with mental health or addiction issues, their families, and health professionals
Model	The service is offered by phone and a single number is used throughout the province.
Services	<p>The following services are available:</p> <ul style="list-style-type: none"> ● Problem solve to figure out next steps ● Consider options and find the right mental health or addiction service ● Get help in making connexions
Governance	The service is directly associated with NL's Department of Health and Community Services.
Language and other	The web page listing the services of navigators and links to mental health and addictions services has been translated into French, however there is no information about whether French-language services are available.
Website	https://www.health.gov.nl.ca/health/mentalhealth/helplines_and_navigator.html

2) Cancer Patient Navigation	
Geography	The province
Client Group	People suffering from cancer, their families, and health professionals
Model	<p>A centralized service is offered by phone, with a central number covering the entire province. Services may also be available in person. Seven navigators are available in the following regions: St. John's, Clarenville, Central, Western, St. Anthony, Happy Valley-Goose Bay, Labrador City.</p> <p>Those employed as navigators are members of the nursing staff trained in oncology.</p>
Services	Available services are intended to:

	<ul style="list-style-type: none"> ● provide information that will help make decisions about treatments; ● provide information regarding possible side effects of the cancer treatments; ● offer ongoing support to go through the many tests, treatments and stages of the cancer experience; ● help understand cancer by providing education, reading materials, videos, internet sites and cancer information; ● give advice on how to talk to children about cancer; ● link with other community health care professionals, support groups and programs, such as home care services; ● find help when having language barriers; ● provide information on places to stay while getting care at the cancer centres; ● connect to resources that may be able to help with expenses for medications, travel and income; and ● educate about preventive measures, such as good health practices and cancer screening programs.
Governance	Associated with the Eastern Health Authority of Newfoundland & Labrador and the Department of Health and Community Services
Language and other	The program's website has not been translated and no information is given as to whether French-language services are available. When patients are diagnosed with cancer, physicians refer them to this service.
Website	http://cancercare.easternhealth.ca/

3) The Aboriginal Patient Navigator Program

Geography	St. John's area
Client Group	Aboriginal people—and their families—who are referred to St. John's for medical treatment.
Model	<p>This service is a bridge between Aboriginal communities and their culture and their respective health professionals. More specifically, the program's goal is to provide a better understanding of diagnoses, care plans, and treatment options.</p> <p>Aboriginal patient navigators are also patient advocates, assisting and guiding the organization and other health providers to incorporate Aboriginal cultural aspects into health-care services.</p>
Services	Available services are intended to:

	<ul style="list-style-type: none"> ● provide referral, advocacy and support to help access the most appropriate health care and community services; ● arrange for translation services in Innu-Aimun and Inuktitut if required, to ensure patients and families understand the care provided; ● escort patients to medical appointments; and ● make recommendations for, and assist with, accommodations, discharge planning and access to medical supplies.
Governance	This service is associated with Eastern Health NL and located at the Health Sciences Centre in the General Hospital.
Language and other	The program's website has not been translated and no information is given as to whether French-language services are available.
Website	http://www.easternhealth.ca/OurServices.aspx?d=1&id=2426&p=74

Prince Edward Island

4) Patient Navigator Service

Geography	The province
Client Group	Anyone with a question or a concern on how to navigate Health services, particularly those who are alone, overwhelmed or in pain.
Model	<p>Services are offered by telephone, by email and in person.</p> <p>The patient navigator works directly with patients, their family / caregivers, health care providers and other individuals or organizations that provide patient services and supports both in PEI and out of province.</p>
Services	<p>The Patient Navigator can:</p> <ul style="list-style-type: none"> ● work with health care providers and programs; ● help find and access community resources; ● help coordinate health care services required; and ● answer questions about the health care system.
Governance	This program is a provincial government service and is located in a government office
Language and other	Services are offered both in English and French
Website	https://www.princeedwardisland.ca/fr/information/sante-i-p-e/intervenante-pivot

Ontario

5) French Language System Navigator Services

Geography	North Simcoe Muskoka region
Client Group	Francophones in the North Simcoe Muskoka region
Model	The CHIGAMIK CHC French Language System (FLS) Navigator will help you access the services of French-speaking health and community professionals offered in North Simcoe Muskoka and throughout Ontario using the Ontario Telemedicine Network.
Services	<p>The French Language System Navigator’s services include:</p> <ul style="list-style-type: none"> • Consultations to support patients and /or their family’s health needs, taking into account their cultural and linguistic preferences • The development of an individualized plan of care • Linkages to appropriate healthcare and other support services • Follow-up services to ensure ongoing care and support
Governance	CHIGAMIK CHC is governed by its own board of directors, the membership of which is divided equally between francophones, Indigenous individuals, and anglophones.
Language and other	The FLS Navigator works exclusively with francophones. Her work is part of the larger mandate of CHIGAMIK CHC to expand services and activities for francophones.
Website	http://www.chigamik.ca/fr/your-health/french-language-system-navigator/

6) System Navigation

Geography	Pinecrest-Queensway and South Nepean Areas
Client Group	<p>For the Children and Family System Navigator: Children and their families</p> <p>For the Community Health System Navigator: Residents of the Pinecrest-Queensway and South Nepean areas</p> <p>For the Health System Navigator: Clients of the medical clinic with many or complex issues.</p>
Model	Pinecrest-Queensway CHC offers programs to help clients navigate through the health and social service system. There are navigators for each of the following: Children and Family System, Community Health System Services, and Health

	System. The role of the Health System Navigator is to assist clients with complex needs to engage pro-actively with the community in order to increase their self-efficacy and autonomy.
Services	The following services are offered: <ul style="list-style-type: none"> ● assessing and determining client needs; ● care mapping and coaching; ● assessment and referral to appropriate health and social services; ● advocacy and public education.
Governance	This service is offered by the Pinecrest-Queensway Community Health Centre that offer 40 different programs and services and have 50 service locations.
Language and other	The service is available in both official languages and interpretation for other languages may also be arranged. A single referral form and a single telephone number is used to direct clients to one of the three navigators.
Website	http://www.pgchc.com/fr/services-de-sante-mentale/navigation-du-systeme/

7) French Mental Health & Addiction System Navigation Program

Geography	South Western Ontario, including London–Middlesex, Grey–Bruce, Huron–Perth, Oxford, Elgin, Norfolk
Client Group	Francophones having issues related to mental health or addictions concerns
Model	The System Navigator will help access the services of mental health and addiction professionals including psychiatrist consultations. The service helps linking with French-speaking professionals using the services of the Ontario Telemedicine Network.
Services	The following services are offered: <ul style="list-style-type: none"> ● comprehensive mental health and addiction screening, assessment and treatment planning; ● develop an individualized plan of care; ● case management services; ● link to appropriate healthcare and other support services.
Governance	This program is offered by Addiction Services of Thames Valley, which is a community-based service. This agency operates in co-operation with local

	addiction, mental health and health care providers, through the Thames Valley region of the Southwest Local Health Integration Network.
Language and other	This service is exclusively offered to Francophones. Individuals are asked to complete a client referral form
Website	http://adstv.on.ca/fr/santementale/

8) Multicultural Health Navigator Program

Geography	Ottawa area
Client Group	Refugees and immigrants
Model	Services are offered by phone, in person, at home or during medical appointment. The multicultural health navigators work in different languages to provide short term advice and guidance related to health services.
Services	<p>Navigators provide short-term advice and guidance to refugees and immigrants to the Ottawa area by:</p> <ul style="list-style-type: none"> • Visiting people at home to discuss their health needs and, if necessary, supporting you during your first medical appointment. • Helping them apply for the Ontario Health Insurance Plan (OHIP). • Making them aware of all the different health services that are covered under the Interim Federal Health Program (IFHP) and what they should expect from the providers of those services. • Working on their behalf and in their best interest to find the services that fit their needs. • Connecting them with doctors, nurses and other health-care workers who are sensitive to their cultural and health needs. • Referring them to other health, social and settlement services in the city. • Giving them the information they need to make health choices that are right for them
Governance	This program is offered by the Ottawa Newcomer Health Centre.
Language and other	The health navigators speak a variety of languages, including Arabic, Dari, Farsi, French, Nepali, Pashto, Spanish, Somali, Swahili A referral form must be completed; forms are available in English and in French.

Website	https://onhc.ca/health-navigator/
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9) Aboriginal Patient Navigator Program – Cancer Care Ontario

Geography	Each of the 10 Aboriginal Navigators covers a different geographical area in Ontario: North West, North East, Erie St. Clair, South West, North Simcoe Muskoka, Central East, South East, Champlain, Hamilton Niagara Haldimand Brant, Toronto Central
Client Group	First Nations, Inuit, and Métis patients and their families
Model	Support and advocacy for First Nations, Metis, and Inuit patients to make the cancer journey a culturally-safe experience.
Services	<p>Aboriginal Navigators:</p> <ul style="list-style-type: none"> • facilitate and coordinate access to cancer services for palliative and supportive care; • address cultural and spiritual needs; • network with Aboriginal and non-Aboriginal partners to make the cancer journey a culturally safe experience
Governance	<p>The Aboriginal Patient Navigator Program is one of the programs of Cancer Care Ontario. Cancer Care Ontario lists nine programs on their website: Breast Screening Locations, Mobile Screening, etc.</p> <p>Cancer Care Ontario is the Ontario government’s principal advisor on cancer and is governed by the <i>Cancer Act</i>. It provides evidence-based knowledge and tools to help prevent cancer and deliver high-quality care.</p>
Language and other	Cancer Care Ontario have developed specific programs directed to First Nations, Inuit, and Métis individuals. The program’s website has not been translated into French and no information is given as to whether French-language services are available.
Website	https://www.cancercareontario.ca/en/find-cancer-services/aboriginal-navigators

10) Family Navigation Project at Sunnybrook

Geography	Greater Toronto Area (Durham, Halton, Peel and York)
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Client Group	Youth aged 13-26 and their families who are struggling with complex mental health and/or addictions problems.
Model	This program uses a combination of clinical and lived experience, that collaborate with families and their youth with mental health and/or addiction issues to understand their needs and match them with supports and services to enhance their health and family functioning.
Services	The navigator will: <ul style="list-style-type: none"> ● assess needs; ● explore the options of treatment service offerings to provide information about service matches that are appropriate and as efficient as possible; ● create an individualized path to care together; ● help to connect with the most appropriate treatment resources available; ● stay involved to track progress, run interference if needed, and help to make course corrections if necessary; ● will encourage to connect with other families to build a peer network; ● work with and support the whole family.
Governance	The Family Navigation Project is a non-profit program of the Sunnybrook Health Science Centre. This Health Science Centre is a hospital which receives 1.2 million patient visits each year.
Language and other	The program's website has not been translated and no information is given as to whether French-language services are available. The family navigator is a clinically trained health professional. The team includes: 12 Family navigators, a parent with lived experience (who complements the work of the navigators and offers knowledge and peer support for families), an Executive Director, a Medical Director, Researchers, an Intake Coordinator. Families are engaged at all levels of operation and governance.
Website	https://sunnybrook.ca/content/?page=family-navigation-project

Manitoba

11) Cancer Navigation Services

Geography	The following areas of Manitoba: Interlake Eastern, Northern, Prairie Mountain, Southern, and Winnipeg
Client Group	Cancer patients and their families

Model	<p>CancerCare Manitoba has established Cancer Navigation Services, a free resource of health professionals available to assist people living in five regional health authorities. Each navigation team includes Family Physicians in oncology (FPO), Surgical Lead in Oncology, Nurse Navigators, Oncology Social Worker/Psychosocial Oncology Clinicians and Registered Dietitian.</p> <p>Clients can self-refer or be referred by a family member or health professional.</p>
Services	<ul style="list-style-type: none"> ● Facilitate timely and appropriate access to the cancer care system; ● Guide and support cancer patients and their families through the entire cancer journey; ● Work closely with the entire health care team to coordinate care and help patient’s access referrals, resources, and other helpful supports; ● Support patients to make informed decisions.
Governance	<p>CancerCare Manitoba (CCMB) is the provincially-mandated cancer agency and is responsible for setting strategic priorities and long-term planning for cancer and blood disorders. Each regional cancer program “hub” has a Navigation team that include a Nurse Navigator, located in the same building.</p>
Language and other	<p>The program’s website has not been translated. Nurse Navigators are Registered Nurses with specialized training in cancer care. No information is given as to whether any Nurse Navigators speak French or if French-language services are available for cancer support.</p>
Website	<p>https://ext-opencms.cancercare.mb.ca/Patient-Family/support-services/cancer-navigation-services/</p>

12) Family Navigation program

Geography	The province
Client Group	Families struggling with mental illness
Model	Employees and volunteers look for the best options for each individual family and provide them with the tools to make independent and informed choices.
Services	<p>The following services are offered:</p> <ul style="list-style-type: none"> ● Support over the phone; ● In-person, one-on-one support sessions; ● Help finding medical/professional support;

	<ul style="list-style-type: none"> • Education, assistance and advocacy on behalf of families; • help families find the appropriate professional support/service.
Governance	The Family Navigation program is one of eleven programs offered by Mood Disorders Association of Manitoba, which is a not-for-profit organization.
Language and other	The program’s website has not been translated and no information is given as to whether French-language services are available.
Website	http://www.mooodisordersmanitoba.ca/services/family-navigation/

Saskatchewan

13) Health Accompagnateur Interpretation Services in French

Geography	Cities of Saskatoon, Regina, and Prince Albert
Client Group	Francophones who need support and interpretation services
Model	Volunteer health “Accompagnateurs” assist patients by guiding them through the health system and interpreting during appointments with various health care providers: physicians, pharmacists, laboratory technicians, nurses, therapists, etc.
Services	Interpretation and support services are both offered at appointments.
Governance	The program is coordinated by the employees of the Réseau Santé en français de la Saskatchewan. The health “Accompagnateurs” are volunteers.
Language and other	The services of interpreters are the core program component. Volunteers are not permitted to provide counselling or advice or to influence the decisions or care plans of the patients they work with.
Website	http://www.rsfs.ca/service-d-accompagnement-sante_n2327_n2929.html

14) Cypress Health Region’s Client Navigator

Geography	Cypress Health Region
Client Group	Persons who have had surgery, are going to have surgery in the near future, or are planning to go home soon from a healthcare facility.
Model	The Client Navigator works with home care service providers to ensure optimal recovery after surgery. The Client Navigator can help clients obtain community-based health information before or after care and surgery.

Services	<p>Client Navigators:</p> <ul style="list-style-type: none"> ● plan with the patient or family to identify the appropriate services; ● provide information on community resources; ● provide support while planning discharge from another hospital after surgery; ● provide a single-entry point of contact to home care or other services.
Governance	In 2017, the Saskatchewan Health Authority is launched, transitioning 12 former Regional Health Authorities to a single provincial health authority.
Language and other	The Client Navigator is a nursing professional.
Website	https://cypresshealth.ca/fr/programs-services/hospital-acute-care/client-navigator/

Alberta

15) Cancer Patient Navigation and Tumor Triage Coordination	
Geography	Sixteen points of service located in various areas of the province
Client Group	Cancer patients and their families
Model	The Cancer Patient Navigation service meets with patients and their families to offer support, explain treatments and guide patients through their options, improve the continuity of care, and prepare for medical visits.
Services	<p>This service supports clients and their families by:</p> <ul style="list-style-type: none"> ● providing accurate information for patients so they can make informed decisions about their next steps; ● helping patients prepare for tests and cancer treatments by explaining test results and treatment choices or by referring patients to other resources or services; ● improving coordination of care by working with other healthcare providers; ● helping patients prepare for medical visits by explaining ahead of time what to expect; ● helping patients access financial resources and community supports.
Governance	This program is administered by Alberta Health Services. In each of the sixteen areas, a navigation program is available at the Community Cancer Centre. In each

	area, the program is located in a different type of facility. For example, in Grande Prairie, it is located in the Queen Elizabeth II Hospital.
Language and other	The program’s website is in English only. Information indicates that the services of interpreters are offered.
Website	https://www.albertahealthservices.ca/findhealth/service.aspx?id=1025354&facilityId=1052510

British Columbia

16) Transition Planning for Youth & Young Adults	
Geography	Navigators are available in 116 communities throughout the province
Client Group	<ul style="list-style-type: none"> ● young people (between 16 and 24 years old) with a developmental disability transitioning into adulthood; or ● parents, guardians, or caregivers of a young person with a developmental disability transitioning into adulthood.
Model	Navigators meet with youth and/or their families to discuss their goals, hopes, and dreams for the future. The Navigator then connects young people to the supports and services to help them reach those goals.
Services	<p>Navigators help young people with developmental disabilities:</p> <ul style="list-style-type: none"> ● identify their future goals; ● decide whether to continue school or find a job; ● plan where they want to live; ● discuss hobbies and activities; ● bring together any supports they might already have; ● find government and community services; ● share their story with other people who can help.
Governance	Services to Adults with Developmental Disabilities (STADD) is a partnership among: Ministry of Social Development and Poverty Reduction (SDPR), Schools and school districts, Ministry of Children and Family Development (MCFD), Delegated Aboriginal Agencies (DAAs), Community Living BC (CLBC), WorkBC Employment Service Centres, Ministry of Advanced Education, Skills and Training (AEST), Health Authorities, Client Group Guardian and Trustee and various other community organizations.
Language and other	The program’s website is in English only. Information indicates that the services of interpreters are offered.

Website	https://www2.gov.bc.ca/gov/content/family-social-supports/services-for-people-with-disabilities/transition-planning-for-youth-young-adults
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17) Navigation Services at HealthLink BC

Geography	The province
Client Group	All residents of British Columbia
Model	HealthLink BC’s health service navigators provide clients with health information, help them navigate the health care system and find health services across the province, and connect them with a registered nurse, registered dietitian, qualified exercise professional, or pharmacist.
Services	<p>Clients can contact navigators to:</p> <ul style="list-style-type: none"> ● ask about health questions; ● find health services; ● get assistance navigating the website.
Governance	The navigators are part of a government service available by telephone only.
Language and other	<p>Translation services are available in over 130 languages.</p> <p>The navigators are available at any time of the day or night.</p>
Website	https://www.healthlinkbc.ca/navigation-services

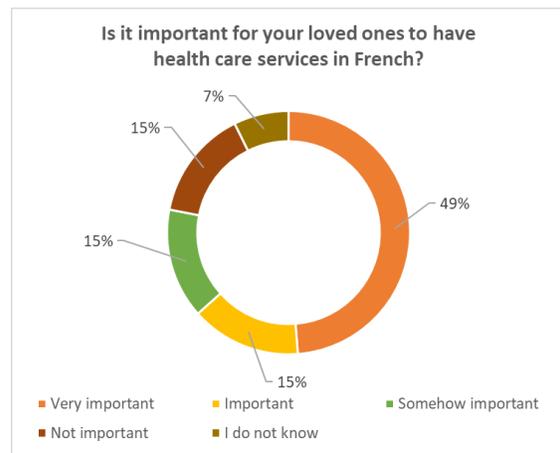
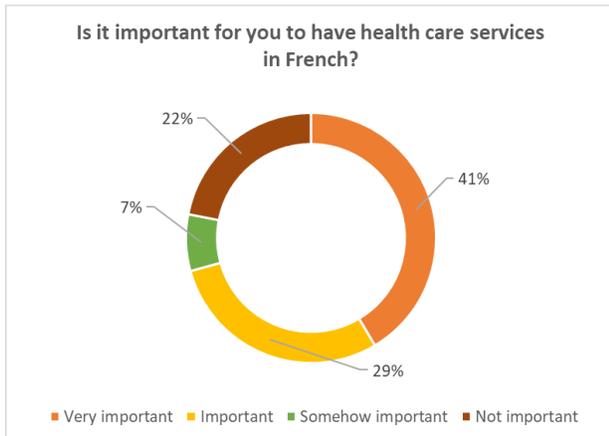
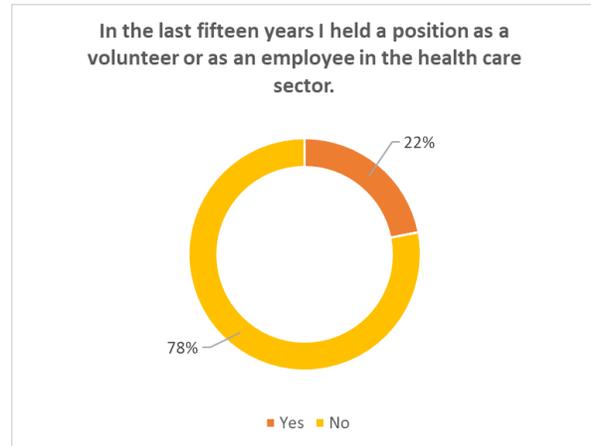
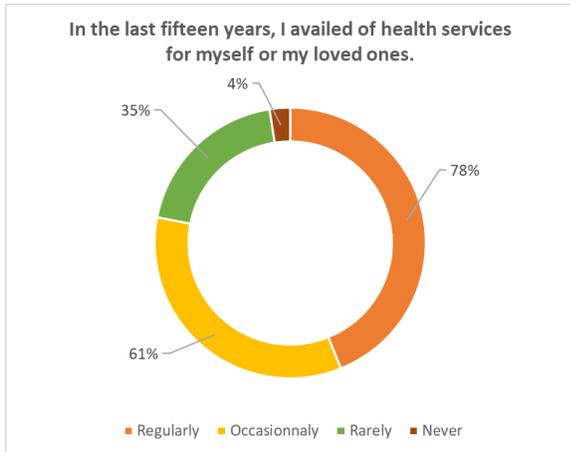
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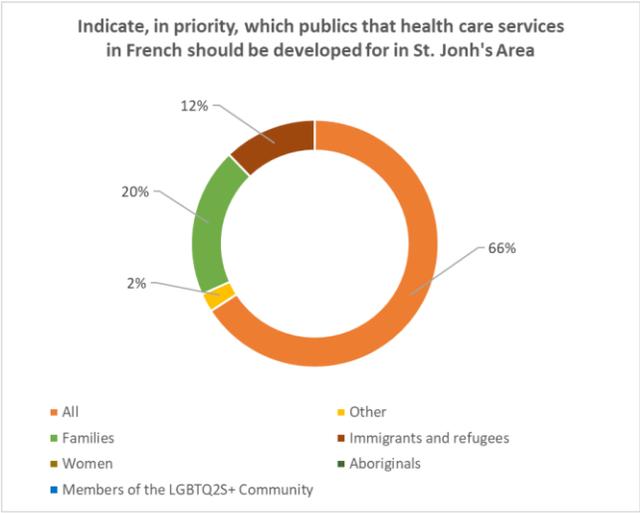
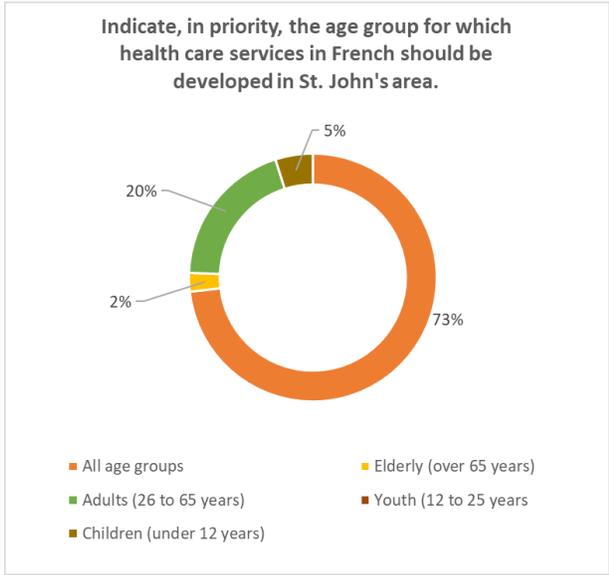
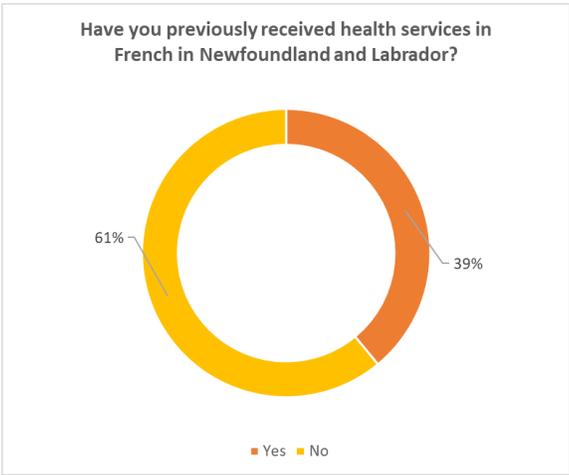
18) The Health and Social Services System Navigator

Geography	Throughout the Northwest Territories
Client Group	The services of the Health and Social Services (HSS) System Navigator is available to all residents throughout the Northwest Territories. However, the website specifies that people should contact a local health or social services provider first, and then the Health and Social Services Authority Patient Representative. Thus, the HSS System Navigator’s office is intended to help people who still have concerns or complaints after these initial procedures.

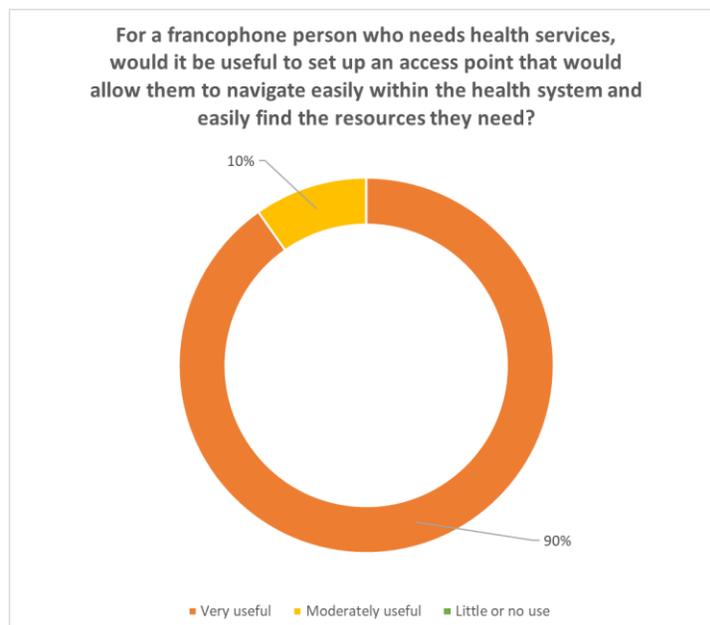
Model	The HSS System Navigator is a program of the Department of Health and Social Services of the Northwest Territories
Services	<p>The Health and Social Services System Navigator can help clients by:</p> <ul style="list-style-type: none"> ● Resolving concerns; ● Providing information on all health and social services available in the NWT; ● Connecting them with health and social services provider to address issues or concerns; ● Helping them find commonly used forms such as a health card application or an application for marriage license.
Governance	The HSS System Navigator’s office is located in the Department of Health and Social Services.
Language and other	The HSS System Navigator’s web page has been translated into French.
Website	https://www.hss.gov.nt.ca/en/services/patient-client-relations/system-navigator

Appendix B: Charts and Tables from the Online Survey (41 respondents)





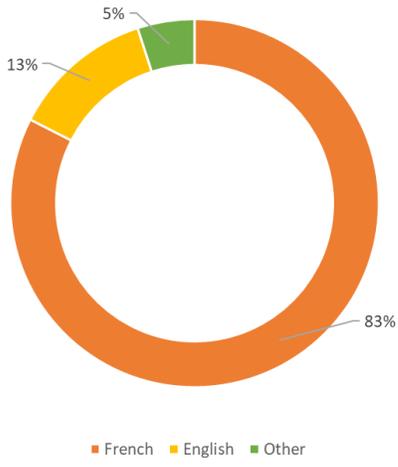
Please indicate the health care sectors and health care services in French that should be developed in priority:	Very important	Important	Somehow Important	Not important	I do not know
Interpretation and translation services in French during medical appointment	53%	40%	8%	0%	0%
A medical clinic that offers services in French	66%	22%	5%	5%	2%
A francophone community health centre	37%	51%	5%	5%	2%
Telehealth services to broaden access to French speaking professionals	54%	37%	5%	2%	2%
A health navigation service where a navigator facilitates access to health services in French	54%	44%	2%	0%	0%
An active offer (accessibility and visibility) in French in hospital environments	61%	34%	0%	2%	2%
Long-term and home treatment offered in French	39%	39%	17%	2%	2%
Services in French that respond to mental health and addiction issues	61%	32%	5%	0%	2%



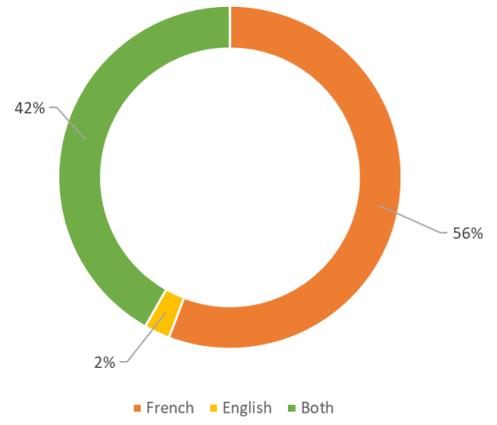
Please classify what should a patient navigator service for francophones consider as a priority:	High priority	Medium priority	Low priority
Prioritize health services setting	68%	30%	3%
Prioritize primary care (family doctor, physiotherapist, dentist, etc.)	63%	33%	5%
Prioritize community services (support group, health promotion activity, etc.)	40%	38%	23%

If an access point offered a patient navigator service for francophones, what importance would you give to the following characteristics?	Very important	Important	Somehow Important	Not important	I do not know
Provide access to a French-speaking case manager who ensures close follow-up throughout the continuum of services	54%	27%	12%	0%	7%
Facilitate the development of a personalized health care plan	44%	32%	22%	0%	2%
Provide interpretation and translation services in French during medical appointment	68%	27%	5%	0%	0%
Integrate relatives or family into the service offer	34%	46%	12%	2%	5%
Offer a flexible schedule, for example in the evening or on weekends	46%	32%	20%	0%	2%
Provide 24-hour telephone access	56%	34%	10%	0%	0%
Be located near my home	15%	41%	29%	12%	2%
Provide a better understanding of the resources and range of services available within the health system	56%	41%	2%	0%	0%
Expand access to health professionals who can provide health services in French	71%	27%	2%	0%	0%
Refer to any relevant form of health services or community resources, regardless of the language of service	34%	46%	17%	0%	2%
Link with other health services or community resources, with a focus on those offered in French	54%	34%	7%	5%	0%
Implement health-promoting activities	32%	49%	15%	5%	0%
Provide a culturally appropriate service to the Francophone community	44%	29%	24%	2%	0%

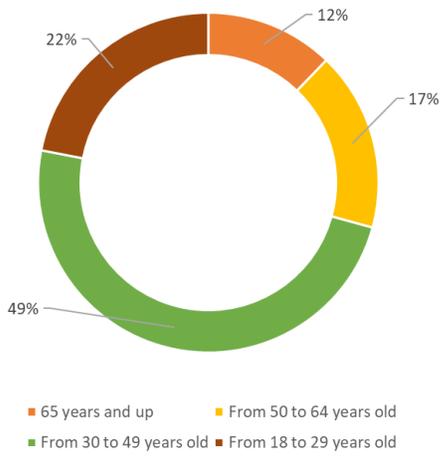
What is your first language?



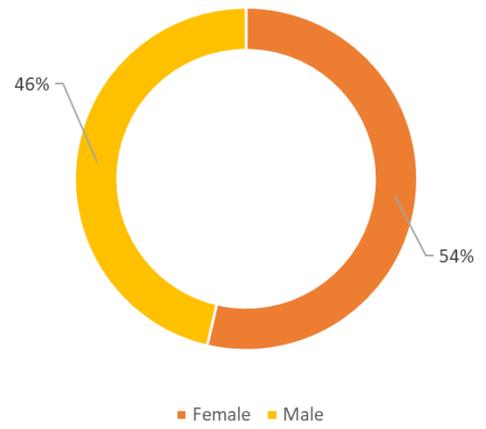
In which official language are you the most comfortable?



In which age group are you in?



What is your gender identity?



Appendix C: Patient feedback form



Nous vous remercions de votre rétroaction sur les services d'accompagnement que vous avez reçus. Nous vous assurons que les données recueillies resteront confidentielles. Elles permettront d'améliorer la qualité des services d'accompagnement et de formuler des recommandations pour l'accès aux soins de santé en français. Ce projet est réalisé sous la supervision des autorisés de santé et avec l'approbation du comité d'éthique de l'Université de la Saskatchewan.

I. Expérience avec l'Accompagnateur/trice

Nom de la personne qui vous a accompagné/e: Date:

Durée : Ville : Saskatoon Regina Prince Albert

- Si vous avez le choix, souhaitez-vous être accompagné par la même personne la prochaine fois?
Oui Non

- L'Accompagnateur/trice vous a-t-il/elle expliqué son rôle? Oui Non
- L'Accompagnateur/trice était-il/elle à l'heure? Oui Non
- Avez-vous expliqué votre situation à l'Accompagnateur/trice avant de rencontrer le personnel médical?
Oui Non
- Avez-vous le sentiment que l'Accompagnateur/trice a bien compris votre situation ? Oui Non
- Selon vous, l'Accompagnateur/trice était:
Attentif/ve Facile à comprendre Patient/e Respectueux/se
S'est tenu/e dans son rôle Poli/e et courtois/e Utile Réconfortant/e
- Vous avez trouvé ses explications: Confuses Plus ou moins claires Claires Très claires

- Sur une échelle de 1 (peu satisfaisant) à 4 (très satisfaisant), vous diriez que grâce à l'accompagnement, vous avez pu :
 - Bien comprendre les explications et le diagnostic du personnel médical ① ② ③ ④
 - Expliquer ce que vous ressentiez au personnel médical ① ② ③ ④
 - Comprendre les instructions du professionnel de la santé ou le traitement (médecin, pharmacien, thérapeute,...) ① ② ③ ④

- Mieux comprendre comment naviguer à travers le système

① ② ③ ④

- Recevoir toutes les informations nécessaires

① ② ③ ④

II. Informations générales et commentaires

● Avez-vous eu accès à des documents en français au sein des établissements sanitaires?

Oui Non Précisez (affiches, dépliants, formulaire de consentement, etc.)

.....

● Sur une échelle de 1 (peu satisfaisant) à 4 (très satisfaisant), comment évalueriez-vous votre expérience d'accompagnement général?

① ② ③ ④

● Qu'est-ce qui, selon vous, pourrait être fait pour améliorer votre expérience ?

.....

.....

.....

III. Profil personnel

Vous êtes : Un homme Une femme

Vous êtes : Célibataire en Union libre Marié/e Divorcé/e Veuf/ve

Vous êtes né/e : au Canada hors du Canada

Vous avez : 15-18 ans 18-25 ans 26-35 36-45 46-55 56-65 + de 65 ans

Si vous êtes mineur, un parent ou tuteur vous a-t-il accompagné? **Oui** **Non**

Vous vivez en Saskatchewan depuis quand?

Combien d'enfants avez-vous? Vous vivez seul/e : **Oui** **Non**

Plus haut niveau d'études atteint

Vous êtes étudiant à la recherche d'un emploi avez un emploi à la retraite sans emploi

Revenus annuels du foyer (\$) : Moins de 10,000 10,000-24,000 25,000-49,000 50,000 et plus

Merci beaucoup d'avoir fourni cette rétroaction. Nous vous en sommes très reconnaissants.

Par ailleurs, seriez-vous disposé à participer à une entrevue afin d’approfondir certains points de votre rétroaction? Si oui, nous vous prions de noter ci-dessous un numéro de téléphone grâce auquel nous pourrions vous joindre.

Nom: Tél: **MERCI ENCORE!**

Merci de retourner à : Dr Anne Leis, Department of Community Health & Epidemiology, Health Science Building, E Wing, University of Saskatchewan, 107 Wiggins Road, Saskatoon, SK, S7N 5E5, dans l’enveloppe préaffranchie ci-jointe.

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