

**French Health Care Services
in Nova Scotia**

**Report on the Consultations
(Summary)**

**prepared by the
Fédération acadienne de la Nouvelle-Écosse (FANE)**

Fall 2002

This project was made possible with the financial assistance provided by the Population and Public Health Branch of Health Canada, and the Interdepartmental Partnership with the Official-Language Communities (IPOLC) Program of Canadian Heritage.



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****N.B. : Please note that only the Report's Summary is available in both Official Languages. The Report in its entirety is only available in French.***

The Fédération acadienne de la Nouvelle-Écosse (FANE) represents local and provincial Francophone organizations working for the development and the promotion of the Nova Scotia Acadian community.

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French Health Care Services in Nova Scotia

Report Summary

CONTEXT

Access to health care services in French in Canada

In a study done by the Fédération des communautés francophones et acadienne du Canada (FCFA) published in June 2001, the state of health care services for Francophones living in minority situations in Canada is described as follows:

- In 71 communities studied, access to health care services in English are from 3 to 7 times higher than access to services in the French language.
- Between 50 and 55 percent of the Francophones living in minority situations have little or no access to health care services in their language (this situation deteriorates further when excluding the Moncton and Ottawa regions, where the availability of services in French increases).
- Too often, the lack of health care services in French further complicates an individual's health situation.

(Source: "Key Highlights" from the Forum Santé en français (FCFA), Moncton, New Brunswick, November 3-4, 2001)

The Acadians and Francophones of Nova Scotia

Nova Scotia's Acadian and francophone community was home to 37, 600 persons in 1996, whose first or maternal language is French, thus representing 4% of the province's total population. Found in the rural regional Acadian municipalities of Clare and Argyle in the South West, at Pomquet near Antigonish, and in the Île-Madame and Chéticamp areas of Cape Breton, concentrations of Acadians and Francophones are also present in urban Halifax/Dartmouth and Sydney, Cape Breton, with a lesser number in every other region of the province. Acadians account for more than 15% of the population in four of Nova Scotia's 18 counties.

Since 1951, the French first-language workforce population has been stable, but a gradual decline is noted. The population is largely adult, and renewal at the grassroots is therefore problematic. However, the community relies on a greater proportion of persons of working age. The regions have developed institutions and industries, over and above the fishing and fish processing industries, which drive the active cultural, economic and community life.

(Source: taken from the Profil de la communauté acadienne de la Nouvelle-Écosse, FCFA du Canada, April 2001)

THE PROVINCIAL CONSULTATION PROJECT

The Fédération acadienne de la Nouvelle-Écosse (FANE) and Health Issues

Authorized by its member organizations to make health care services a priority, and following recommendations issued by a group of provincial Francophone community leaders brought together by the Population and Public Health Branch of Health Canada, the FANE launched the Provincial Community Consultation Project on access to health care services in French in Nova Scotia.

From March to September 2002, the project's first objective was to hold public consultations in every Acadian and francophone region of the province to allow community members to meet and discuss the major issues at stake: health care services in the French language, health promotion and intervention needs, and directions on possible solutions to influence policy on the provision of health care services in French. Secondly, the FANE assembled Acadian and francophone community representatives, along with contributors involved in the administration and delivery of health care services, at a provincial forum in June 2002. The goal was to set out key directions to pursue in terms of health care services available in French in Nova Scotia.

The regional consultations

Comments from the regional consultations held in May 2002 in the eight Acadian regions, like the data collected for the study coordinated by the FCFA in which Nova Scotia took part, showed that Nova Scotia has very few services available in French. More than 130 individuals participated in the consultations. In a concerted effort with health care stakeholders and professionals forming a united front, community representatives met and discussed the main issues about health and health promotion.

With each region describing its situation as it presently exists, and by making the most of the health care professionals' expertise, the participants identified the issues, problems, concerns, existing initiatives, intervention needs and strategies that could impact on the policies connected to access to health care services in French. A list of key areas, as singled out by community contributors and those in the health care field at the pre-consultation stage, follows:

- Human resources
- Information and prevention
- Specific needs of the population
- Available and essential services
- Reception or waiting areas

By painting a broad picture of the situation in each of the regions, it is clear that the province offers very few services in French, due to an almost total absence of policies and laws on health care services in French. Only Nova Scotia's South West region has a few

positions that are designated as bilingual. In any case, existing and basic services are in place thanks to the persistence of individuals and community organizations. The community fears losing already established services in health care delivery in French, which were very often put in place by chance.

The available services can mostly be found in institutions like hospitals and medical clinics; care establishments, such as long-term care centres for those afflicted by physical and mental disorders, for those affected by family violence, addictions, or mental health issues; community health centres, seniors' residences and home care for the elderly; and a few community organizations offering services to youth, women, families and seniors.

We all recognize the challenges that governments face, such as the recruitment, training and retention of health care professionals, the financial conditions and the demographic aspects of this province. In any case, there is support for the initiatives centered on health care's determining factors, and a desire is expressed to take part in the decision-making process in implementing strategies and solution mechanisms for accessing health care in French.

The importance of receiving services in one's own language

At the heart of the discussion on the delivery of and access to health care services is the importance of obtaining services in one's language. The Acadian and francophone community of Nova Scotia does not differ from other Acadian and francophone communities in minority situations in Canada. Quality service delivery is closely tied to the ability of health care contributors to care, assist, inform, counsel, orient and educate the service users. The ability to understand and be understood is essential to form an effective relationship between a health care professional and a service user. As well as showing respect for the service user's culture, language is narrowly linked to improving health conditions, either in health promotion or in population health. Language enhances a community's capability to appropriate mechanisms and structures for accessing health care services in French.

Regional concerns

The following concerns were expressed during the regional consultation process:

- The gaps in accessing health care services in French in all the Acadian and francophone regions of the province.
- The fear of losing existing benefits or services, and as such, the need for a policy that designates bilingual positions for delivering services in French.
- The community must increase its awareness of existing services and of the importance of access to these services in French.
- Administrators and political decision-makers lack awareness on the importance of delivering services in French.
- There is a need to mobilize the community and its organizations to get involved in the decision-making process to improve access to services in French.

- The problems linked to recruitment, training and retention of health care professionals.
- Gaps exist in French-language information and resources pertaining to health, in order to further health promotion.
- Community centres, or multi-service centres, for delivering health care services in French are not established in all of Nova Scotia's Acadian and francophone regions.
- Posters, signage or displays on the services available in French, and assistance in specialized services' reception or waiting areas, is non-existent.
- Technology is not always the most efficient way to access information, but it is the preferred method in training and for disseminating information on the delivery of such services as "telemedicine", "telecare", and "telehealth".

The provincial forum

Following the regional consultations, 44 representatives from the Acadian and francophone communities of Nova Scotia participated in a provincial forum held on June 14 and 15, 2002. Ranging in age from their early twenties to senior citizens, these men and women were all chosen and appointed by the regional consultation participants. Nova Scotia's Department of Health, Health Canada, Canadian Heritage, Office of Acadian Affairs (Nova Scotia), Nova Scotia's francophone training institutions (college and university-level), the FCFA and the FANE were also represented.

At the time of the forum, initiatives were stated for political decision-makers to act upon to improve the level of access to health care services in French.

The key initiatives proposed

The approach preferred by the community and the health care administrators and professionals present at both the consultations and the provincial forum is to reinforce the community's capability in the prevention and treatment of health problems. The proposed initiatives, such as intervention needs and solutions, must aim for a better integration of all elements of health care services such as: front line services, prevention, screening, health information, specialized services, treatment and long-term care. The initiatives will particularly focus on the determining factors and will include community involvement in the decision-making structure. Political leaders can act on these initiatives and improve the level of access to health care services in French.

The initiatives proposed for the political decision-makers to act upon are as follows :

- Raising the awareness of the public, the authorities and political leaders on the importance of access to health care services in French.
- Community involvement in the development of strategies and mechanisms for improving access to health care services in French.

- Recruitment, training and retention of health care professionals must be supported. The community and its training institutions must be involved in the development of strategies and mechanisms which favor training and establishing Acadian and francophone professionals in the Acadian regions.
- Optimal use of technology in training and in prevention programs and the delivery of services.
- Access to relevant information and resources promoting health for all ages will benefit everyone. A well-informed public is less at risk.
- Special attention to early childhood and seniors' needs in consciousness-raising initiatives, and in the development of strategies and mechanisms for improving access to health care services in French.
- The creation of multi-service centres for the delivery of health care services in French, in all Acadian regions of the province.
- Signage or posters in French promoting the availability of services or offers of assistance in French in waiting areas, health centres, hospital centres and specialized care centres.
- The establishment of a sector-based committee (FANE) responsible for coordinating the development and supervision of a provincial plan for health care service delivery in French. The following partners will be involved: health care professionals, administrators, political leaders, training institutions, and the community.
- A financing formula used by provincial and federal governments for health care services, based on the population's demographic needs.

President's remarks

The Fédération acadienne de la Nouvelle-Écosse wishes to thank the partners of this project, which was made possible with the financial assistance of Health Canada and Canadian Heritage.

This initiative is not specific only to Nova Scotia, but mirrors similar initiatives in other Canadian provinces and territories. We are grateful to the Fédération des communautés francophones et acadiennes du Canada (Canadian Federation of Francophone and Acadian Communities) for its direction and collaboration on these many initiatives. We have also benefited from the support of Health Canada's Consultative Committee for French-Language Minority Communities.

In organizing the public consultations and the provincial forum, our Federation was also assisted by an executive committee composed of representatives from post-secondary teaching institutions, various provincial community organisations and Health Canada. The

Federation is also deeply indebted to its regional member organizations for the wonderful support they provided at the time of the public consultations in each of the eight regions.

The Acadian community of Nova Scotia has demonstrated great leadership on the issue of health care services. The Acadian Federation is proud to have led a project of this scope and also wishes to ensure proper follow-up. Consequently, steps are currently being taken to create a sector-based standing committee on health.

Stan Surette, President
Fédération acadienne de la Nouvelle-Écosse