Réseau Santé – Nouvelle-Écosse

2009 Community Consultations

May 2009

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Pyra Management Consulting Services Inc.

Executive Summary

Background

In December 2004, the French-language Services Act was proclaimed, confirming Nova Scotia's commitment towards promoting the development of its Acadian and francophone community and maintaining the French language for future generations. The French-language Services Regulations came into effect December 31, 2006. They clarify the responsibilities of each designated department, office, and agency (designated public institutions) in regards to the Act and have as objective to ensure that there are substantive and measurable improvements to the French language services offered by the Government of Nova Scotia. The regulations require that provincial government departments and agencies like District Health Authorities (DHAs) must develop and publish a French-language Services Plan to show how they intend to increase or improve their French language services. One of the corporate objectives of the plan is to consult the Acadian and francophone community to become more aware of the community's needs and to be better able to establish and prioritize French language services delivery.

In 2009, Réseau Santé submitted a project proposal to the Government of Nova Scotia to conduct community consultations across the province to identify the health and wellness needs and priorities of the Acadian and francophone community.

Consultations

In March and April of 2009, over 100 community members, primary health care providers and other health care stakeholders from ten communities across the province were consulted to:

- Identify what improvements have been made to access and quality of services in the past five years;
- Identify the health care and wellness needs of the Acadian and francophone population; and to
- Identify what gaps remain (needs and priorities) in providing health care services to the francophone and Acadian population.

In December 2009 a separate consultation was held with youth representatives from across the province to discuss the same issues.

Community Stakeholders were asked about their thoughts in the areas of:

- Early Childhood
- Youth
- Adolescents
- Women
- Seniors
- Mental health
- Promotion and Prevention
- Continuing/long term care
- Home care
- Training of health professionals

Consultations: What Did People Say?
Participants in the consultations made the following points – based on their perceptions and experiences.

About seniors:
Older people often revert to their mother tongue and there is a general lack of nursing homes and nursing home staff that can provide French language services. The language barrier itself can contribute to isolation, lack of social contact and in general, deterioration of seniors' health. There is also a need for French language services outside of nursing homes and hospitals such as among home support/home care support groups and respite services as well as services to help the transition to nursing homes.

About Youth and Adolescents:
The need for French youth health centres and French education and services related to mental health, stress, sexuality, sexual health and addictions were all identified. Youth need places to feel safe, where they can contribute to planning, development and their own health management. Programs for youth need to be coordinated across school, community and health services.

About mental health:
Existing French mental health programs and services need to be made better known, and access to mental health services must be improved for all age groups.

About the health system:
Although much progress has been made, people feel that French language services must be addressed more consistently through a more coordinated approach across all health system planning, implementations, service delivery and evaluations.

The "Bonjour!" program, which helps to identify French speaking staff and throughout the province must be strengthened in terms of communication among providers, participants and the public, increasing its visibility and raising awareness, ensuring consistency across regions and services and broadening the scope of the program to include a wider range of health services.

Recommendations
The following specific recommendations stem from the consultations with the community:

1. Explore opportunities to raise the profile of the Acadian and francophone population both inside and outside of the healthcare system. Work with community-based organizations to use awareness raising, signage and promotional material to help reinforce, normalize and recognize the French cultural identity present in Nova Scotia.
2. Review how health care settings may enhance opportunities for people to be able to ask for services in French. Health care providers, site managers and decision makers involved in making French language services available should participate in the review.

3. Conduct a broad and detailed assessment and analysis of the health status and needs of Acadian and francophone communities and the French health services available to them to form the basis of planning.
4. Work with decision makers and stakeholders to establish formal structures and processes at the local, district and provincial levels to ensure a coordinated approach to planning for French health care services.
5. Collaborate with educational institutions to ensure that French training programs continue and are developed where they will have an effective impact.
6. Develop and implement recruitment and retention programs to attract Acadian and francophone Nova Scotians to Nova Scotia's French language health care programs, using existing French speaking health care providers as part of the recruitment efforts.
7. Develop attractive incentives and return of service agreements for Nova Scotian Acadian and francophone students who study in French programs in other jurisdictions.
8. Provide linguistic and cultural competency training to staff at nursing homes and continuing care facilities in Acadian and francophone communities.
9. Increase opportunities for seniors in nursing homes and continuing care facilities to receive services in French.
10. Increase awareness among stakeholders, including community-based organizations, government departments, service providers, and DHAs, etc. about the importance of the delivery of services in French to Acadian and francophone seniors.
11. Create additional opportunities for social contact between nursing home residents and other French speaking members of the community, linking with local community service organizations, businesses, schools and community volunteers.
12. Work with community and health care stakeholders to create support for the development and implementation of youth health centres in the Acadian and francophone communities where they do not currently exist.
13. Ensure that the youth health centres can address the need for mental health services, sexual health education and addictions services for youth.
14. Strengthen existing Personal Development and Relationships course material to include additional content on sexuality, addictions, mental health, healthy nutrition and lifestyle choices and how to make wise, informed decisions.
15. Consider program offerings outside of traditional classroom and student counseling approaches to foster a safe environment for discussion of mental health issues.
16. Develop alternative ways to encourage physical activity other than traditional sports.

17. Coordinate program and service offerings so that school, community and health services all work together to help youth learn to cope with stress.
18. Make sure that youth health centres are able to encourage active participation by youth in program and service offer design including development of peer education programs.
19. Develop mechanisms to educate parents to better understand health risks and to better communicate with their children.
20. Work with local community health boards and District Health Authorities to identify and respond to the need for mental health services.
21. Undertake public education in the broad community and within schools to increase awareness about mental health issues and the negative consequences of the stigma associated with mental illness.
22. Develop and implement a social marketing campaign to remind/educate the public of the purpose of the "Bonjour!" program, the program's symbols and materials.
23. Develop and implement an awareness campaign targeted at health care providers and administrators to ensure that all staff know about the "Bonjour!" program, how to access program symbols and materials, the expectations and requirements of the program.
24. Establish a regular review process to ensure that health care facilities, programs and services appropriately use the "Bonjour!" program symbols or materials.
25. Evaluate the feasibility of expanding the "Bonjour!" program for instance to third party providers such as the VON, homecare, etc. in an effort to enhance visibility of French language services.
26. Expand the directory of French language health care providers on the Department of Health's web site to include all Government of Nova Scotia health promotion and prevention materials that are available in French, who publishes the French copy and contact information for obtaining the material.
27. Include health promotion and prevention related material in the French language from community-based organizations and not-for-profit groups in the directory of French language health care providers available through the Department of Health web site.
28. When developing health promotion and prevention information and materials, be sure to plan for the time and funding required to translate the materials so that English and French materials can be released simultaneously.
29. Make sure that English language materials that are also available in French, say so *in French* in the English version.
30. Ensure that the provincial HealthLink system will provide services in French.
31. Ensure that social marketing/public education campaigns regarding the provincial HealthLink system are available in French.

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- Nova Scotia Office of Acadian Affairs
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"When I'm sick, I'm sick in French…"

1. Introduction

In order to examine the broad health needs of the Acadian and francophone populations within Nova Scotia, the Fédération acadienne de la Nouvelle-Écosse (FANE) held consultations throughout the province in 2002. The results of these consultations were shared with government and local decision makers in the health care system. In 2003, FANE established Réseau Santé – Nouvelle-Écosse (RSNÉ) as a provincial organization to coordinate the development and enhancement of French language primary health care services. The main purpose of the RSNÉ is "Towards improved access to quality health care services in French". As one of 17 networks affiliated with the national Societé Santé en français, their mission is to promote access to quality French language services in the field of health and wellness in all Acadian and francophone regions throughout Nova Scotia. The mandate of the RSNÉ is to:

- collaborate with key partners to develop and enhance French language Health Services;
- consult the Acadian and francophone community to identify French-language Health Services priorities;
- collaborate with communities in the area of health promotion and protection initiatives and usage of French and usage of French language health care services and resources;
- support the planning, the development and the implementation of French-language Services plans;
- collaborate with partners in developing and implementing training, recruitment and retention strategies for French speaking health care professionals;
- maintain and promote, in partnership with the DoH, the Directory of French Health Care Professional; and
- act as lead spokesperson for Nova Scotia's Acadian and francophone population on health matters and issues.

In 2004, the RSNÉ launched the Setting the Stage project, which contributed to the effort to coordinate the development and enhancement of French language primary health care services in Nova Scotia. This project was supported by Health Canada's Primary Health Care Transition Fund (PHCTF). Other PHCTF supported projects undertaken by the RSNÉ include:

- directory of French Speaking Health Care Professional (a publicly searchable web-based directory maintained by the Nova Scotia Department of Health);
- Youth Health Centres at École NDA (Chéticamp), École Beau-Port (Arichat), École du Carrefour (Dartmouth);
- French Language Resources (with CDHA in partnership with Cape Breton District Health Authority (CBDHA), South West Nova District Health Authority (SWNDHA), Annapolis Valley District Health Authority (AVDHA), South Shore District Health Authority (SSDHA)); and
- participation in the development of the IWK health Centre web site.

These efforts have resulted in several advancements related to French language health services including the development of a directory of French speaking primary health care providers, which is available on the Nova Scotia Department of Health's web site, and regular collaborative forums where stakeholders work together to improve access to French language health services. French language signage and directories at health care facilities have also been introduced in some areas of the province.

In December 2004, the French-language Services Act was proclaimed, confirming Nova Scotia's commitment towards promoting the development of its Acadian and francophone community and maintaining the French language for future generations. The French-language Services Regulations came into effect December 31, 2006. They clarify the responsibilities of each designated department, office, and agency (designated public institutions) in regards to the Act and have as objective to ensure that there are substantive and measurable improvements to the French language services offered by the Government of Nova Scotia. The regulations require that provincial government departments and agencies like District Health Authorities (DHAs) must develop and publish a French-language Services Plan to show how they intend to improve their French language services. One of the corporate objectives of the plan is to consult the Acadian and francophone community to become more aware of the community's needs and to be better able to establish and prioritize French language services delivery.

In 2009, Réseau Santé submitted a project proposal to the Government of Nova Scotia to conduct community consultations across the province to identify the health and wellness needs and priorities of the Acadian and francophone community.

These identified needs and priorities will contribute and support French language services development, planning and delivery in priority areas for many designated public institutions.

As a result, RSNÉ contracted Pyra Management Consulting Services Inc. (PMCS) to carry out the community consultations.

2. Purpose

In March and April of 2009, community members, primary health care providers and other health care stakeholders from ten communities across the province were consulted to:

- Identify what improvements have been made to access and quality of services in the past five years;
- Identify the health care and wellness needs of the Acadian and francophone population; and to
- Identify what gaps remain (needs and priorities) in providing health care services to the francophone and Acadian population.

This report outlines the results of the consultations and provides recommendations for the future intended to be used by designated departments, offices, agencies of Governments, Crown corporations and public institutions to plan ongoing efforts to improve the delivery of French health care services throughout Nova Scotia. Many recommendations could make use of existing vehicles for further discussion with stakeholders, such as the Collaborative Forum organized by the RSNÉ.

3. Methodology

PMCS worked with the RSNÉ to plan the consultations and subsequently developed the consultation questions, facilitator's guide, and participant materials and then conducted thirteen consultations in French across the province between 26 March 2009 and 22 April 2009. Subsequently, in December 2009, a separate consultation was held with youth from across the province. Two types of consultations were conducted: community focus group consultations and larger open discussions at three mini-colloques (conferences) that were concurrently being organized by the RSNÉ across the province. Community consultations involved members of the community/general public who were invited by means of stakeholder mailing lists maintained by the RSNÉ and in some cases were contacted through local community-based organizations to solicit participation. Generally, these sessions had small numbers of attendees and worked well as facilitated focus group discussions.

Community consultation proceedings were digitally recorded, except when technical difficulties arose at which times the facilitator made notes of the proceedings. Recordings were used to produce transcripts in French, which were then reviewed by the facilitator for completeness and accuracy within the constraints of the process (see Limitations below). The transcripts and facilitator's notes were analyzed for patterns of consistent themes or recurring ideas in order to prepare this report. Each session was approximately 90 minutes long. The locations and number of attendees at each can be found in Table 1.

Mini-colloques organized by the RSNÉ engaged health care providers and representatives of health care organizations such as DHAs in addition to other interested stakeholders and community members. In general, attendance at these sessions was higher than the community consultations and as such, the discussions were facilitated using small group discussions – sometimes regionally focused, based on the specific participants – supplemented by whole group discussion if appropriate. The mini-colloques were not recorded. However, notes of the sessions were made by the facilitator and subsequently analyzed for patterns of consistent themes or recurring ideas like the results of the community consultations. Each mini-colloque based discussion was approximately 90 minutes long, using the same questions as were used in the

community consultations. The locations and number of attendees at each can be found in Table 1.

The facilitator's guide used in the consultations (in English only) and the background information and questions provided to participants (in English and French) can be found in Appendices 1 and 2 respectively.

Table 1 Attendance at Community Consultations and Mini-Colloques			
Community Consultations			
Community	**Attendance**	**Community**	**Attendance**
Argyle	8	Pomquet	4
Chéticamp	7	Rive-Sud	6
Clare	5	Sydney	7
Halifax (HRM)	4	Truro	2
Isle Madame	7	Valley	4
Total attendance at Community Consultations			**54**
Mini-colloques			
Community			**Attendance**
Halifax (HRM)			15
Chéticamp/Petit-de-Grat			11
Yarmouth			21
Total attendance at mini-colloques			**47**
Total attendance			**101**

Analysis of the results led to the identification of commonly raised issues, and in cases where the issues were raised consistently - these constitute "themes" - explored further in the Analysis section of this report (section 5 starting on page 35).

3.1 Limitations

Although RSNÉ issued a press release announcing the consultations, participants were largely solicited either from RSNÉ's own mailing lists or by their contact with community-based organizations. Thus participants were largely drawn from a purposive sample. Similarly, the participants at the mini-colloques were generally people either professionally or personally involved or interested in the healthcare system. The small number of participants at most sessions suggested that the findings should be considered carefully and not necessarily considered to represent a community consensus.

Audio quality of focus group recordings was sometimes poor due to less than ideal conditions in the meeting rooms, people talking simultaneously and background noise. This made it difficult for transcriptionists to produce a completely accurate text record of the proceeding of focus groups. Native French speaking transcriptionists from outside of Nova Scotia were used due to a lack of such resources within the province so it is possible that their lack of familiarity with local accents, dialects and slang could have impacted the accuracy of their transcription. The facilitator, however, reviewed the transcripts to ensure that they were satisfactory for subsequent analysis.

Primary analysis of the French language materials was carried out by experienced qualitative data analysts who are not members of the Acadian community. The analysts worked closely with the facilitator to validate the findings and reduce the impact of this limitation.

Most of the groups, particularly at community consultations were small and although the facilitator consistently told participants that no names would be used in the report, there was little or no anonymity among participants, which may have limited their willingness to discuss certain issues, particularly if health providers or decision makers participated. The RSNÉ suggested that Board of Directors and RSNÉ staff not participate in community focus groups to reduce the impact of this limitation. The facilitator also observed that familiarity among participants served to put people at ease and may have therefore encouraged greater participation.

4. Consultations: What Did People Say?

This section presents a summary of comments from community participants based on their own perceptions, awareness, and understanding of services and issues within their area. There were some natural geographic and demographic similarities among the communities that participated in the ten community consultations. To facilitate the presentation in this report, information will be presented in these groupings:

- Pomquet, Argyle and Isle Madame (Petit-de-Grat);
- Chéticamp and Clare;
- Truro and Rive-Sud; and
- Halifax and Sydney.

The Valley does not share strong geographic or demographic characteristics with the other communities, and as such, it is presented on its own. The results of the youth consultation are summarized separately. The mini-colloques are presented in their own section after the regional information.

In each section, corresponding to the questions used in the consultations, information is presented regarding the participants' comments on the following general topics:

- Availability and quality of services;
- Health status;
- Health promotion and protection;
- Early childhood;
- Youth;
- Teenagers;
- Women;
- Seniors;
- Training;
- Looking five years into the future; and
- Other.

4.1 Pomquet, Argyle, Isle Madame and Petit-de-Grat

Availability and Quality of Services

These areas represent locations with relatively few French language health services despite the population. Participants at the Pomquet consultation identified a lack of French services in the area, which is especially difficult for seniors. Specifically, there is no French speaking dentist and many people do not have a physician let alone a French speaking physician. They noted that there are a number of nurses at the hospital who speak French but this is not widely known. Locally, there are four staff within Addiction Services, a social worker within a local women's centre, a local acupuncturist and a massage therapist who speak French. Other services in the community that are offered in French include the services of the RCMP and local fire services. The need for French speaking receptionists was also identified.

In Isle Madame there are some French dental services and a French speaking acupuncturist. However, overall, a lack of French services was identified including a lack of French nurses, physicians, youth services, mental health and pharmacy services. Services are often obtained in Moncton, New Brunswick and any services that are available in French in the area are because a provider happens to speak French, not because a French service was planned.
Participants from Argyle identified a general lack of French speaking physicians, support staff, lab technicians and receptionists in their community and that the delivery of French programs and services is not planned but is available if staff or health care providers happen to speak French.

Participants did not comment specifically on the quality of the French language services that are available in their communities.

Health Status

Pomquet participants feel that many people in their community are healthy; cycling and hiking were examples of physical fitness activities. There is also a gym in the community and in general it was felt that life is "slower" and less stressful in the Pomquet area. In Argyle, stress, lack of physical activity, high blood pressure, heart disease and healthy eating are impacting on the health status of the communities' residents. They also identified mental health, the unhealthy

lifestyle of children and youth (especially girls who smoke) and the availability of drugs (such as hash and ecstasy) as health issues. Health issues of concern within Isle Madame include the need for mental health services (especially for youth), gynecology, homecare, physical activity and nutrition information and services, services for families, parents and women, falls prevention for seniors, and occupational health and safety for seasonal workers.

Health Promotion and Prevention

Participants in the Argyle session noted that French resources and health promotion information for women and girls are available. The Isle Madame participants indicated that while the availability of French materials has improved, it still takes months after the release of English material for the French material to be available, during which time the delivery of English services continues, increasing a sense of disparity. They suggested that there seems to be no appreciation for the amount of time it takes to translate such material. Argyle participants also indicated that there is no consistency in the availability of French resources and there is a reliance on "reinventing the wheel" to make the French information available. It was suggested that there should be a better directory of services within the existing directory of French speaking health care providers.

Early Childhood

In Pomquet, early intervention services and a CSAP school exist. However, French activities for mothers and children are needed. Other areas had no significant comments about early childhood.

Youth

Pomquet participants indicated that much of the activities of youth are currently undertaken in French. Other areas provided little information about youth.

Teenagers

Mental health and drug addiction are issues for teenagers in Pomquet. Participants also identified the need for French sexuality/sexual health education, information on bullying, family

services counselling, and a youth health centre. Other areas did not provide many comments about teenagers.

Women

In Pomquet, women need French services for mental health, gynecology, family services and a French transition home. It was noted that the women's centre has one French speaking social worker. There was little input from other areas about women.

Seniors

The people who participated in the Pomquet consultation are concerned about the seniors in their community, noting that with age, and in some cases Alzheimer's disease, many revert to speaking French, even if they can speak English. Furthermore, services for seniors are not available in French. They are also concerned about the lack of social contact that seniors have, which is worsened by the language barrier. It was noted that there used to be a women's club that visited seniors in nursing homes but this no longer happens. Pomquet participants also noted that services in French need to be available from Meals on Wheels and the VON and that organized social activities and interpreters at the hospital are required for seniors. Argyle participants are concerned about the cost of health care for seniors and the general lack of long term care services available to seniors. In the Isle Madame consultation, participants felt that staff in homes needs to be sensitized to the needs of elderly French people. Keeping seniors close to their community when in long term care is also an issue for participants from Isle Madame.

Training

The Pomquet participants identified the recruitment of French speaking health professionals as a big problem. They suggested that French courses be offered to Anglophones who are not at ease speaking French. People in Isle Madame suggested that there is a need for return of service agreements with people who are in training in French programs.

Five Years into the Future

Pomquet participants would like to see French services at the hospital and a system of on-call interpreters. Isle Madame participants want to see bilingual recruiting policies that require recruiters and candidates to be bilingual.

Other

Pomquet participants identified the issue that the community is not equipped to deal with uni-lingual French speaking tourists, which are common during the tourist season. Argyle participants feel that there is too much reliance on goodwill and that a commitment needs to be made and a structure put in place so that change will occur and French services will be offered. They noted that Community Health Boards need a stronger voice. Isle Madame participants pointed out that the culture and dialect of immigrants who speak French may be different from locals and that there is an inconsistency in encouraging French in schools but not providing health services in French. They suggested that posting positions as "bilingual preferred" rather than being designated bilingual, does not demonstrate commitment to increasing French services. Both Pomquet and Isle Madame participants indicated that people need to be encouraged to ask for services in French. Pomquet and Argyle participants identified concerns about the "Bonjour!" program, which are further discussed later in this report. (See section 5.2)

4.2 Chéticamp and Clare

Availability and Quality of Services

Chéticamp and Clare are communities that have relatively more French language health care resources than most of the other communities consulted. Participants in the Chéticamp consultation identified that there are currently four doctors, three mental health nurses and one social worker in the community who speak French. An estimated 80% of services at the hospital are delivered in French and French pharmacy services are available in the community. Clare participants indicated that the community is served by French speaking general practitioners in a health centre and that other services are also available. In home care, some providers speak French and others do not. In the nursing home, there are French speaking nurses, physiotherapy assistants and dieticians. French services also appear to be available in the areas of pharmacy,

optometry and speech therapy. Participants did not comment specifically on the quality of the French language services that are available in their communities.

Health Status

Participants reported that the health status of people in Chéticamp is impacted by cancer, heart disease, lifestyle, weight, diabetes, and smoking. The sexual health of youth is also a concern in Chéticamp. In Clare, the health issues causing the biggest concern are the presence of drugs in the community and stress. High cholesterol, diabetes, high blood pressure, weight and menopause were also identified as health status issues. It was noted that many people are worried about both their parents and their children (the sandwich generation) and that among young people, money and nutrition are a concern.

Health Promotion and Prevention

In Clare there is a need for more health promotion and prevention, especially in the areas of nutrition, obesity and physical activity for youth. It was felt that a lot of French health promotion and prevention information exists but that people don't know where to find it. There is a need to make these resources known to people. Changes in the local school's cafeteria were identified as positive changes in the area of prevention and promotion. In Chéticamp, there was a part-time nurse who used to work with seniors and youth, including starting the youth health centre. However, she is now on maternity leave and has not been replaced.

Early Childhood

Participants in the community consultations indicated that there are several French services available in early childhood in Clare. These include the CPRPS (Centre provincial de resources préscolaires), the Pirouette (childcare/daycare service), first aid, early intervention, evenings for mothers, gift bags of books for new parents, early tracking and speech therapy. The issue of supporting single parents/families in poverty, supporting children with special needs and isolation were also identified as issues related to early childhood in Clare. Participants in the Chéticamp session did not comment specifically on early childhood resources and/or services.

Youth

In Chéticamp, there are currently three French speaking public health nurses and one social worker in the area. However, mental health is an area of need among youth in Chéticamp. Youth in Chéticamp also need education on sexual health, sexuality and sexual development. Participants in the Chéticamp consultation felt that a youth health centre, a place that provides someone other than parents to confide in and where youth can be anonymous, is needed. In Clare, gender stereotypes, social pressure and the impact of the Internet are seen as issues facing youth.

Teenagers

In Clare, teens need counselling, drug education and services, a youth health centre and a place to meet for social activities according to participants. Chéticamp participants did not provide much information regarding teenagers.

Women

Chéticamp participants indicated there is a need for a French speaking female physician to conduct Pap tests. Other needs for services for women in Chéticamp include menopause, mental health and addictions services. In Clare, there are few French services and information available for women. There is also a need for French psychological services for women in Clare.

Seniors

Seniors in Chéticamp are faced with the issue of waiting for nursing home beds and lack of transportation. In Clare seniors' need for support groups (for instance for Alzheimer's disease) and mental health are seen as a key issues facing seniors. Clare participants identified that there is a great need to increase services in the areas of long term and continuing care, home care and respite services. Participants from both the Chéticamp and Clare consultations recognize and identified the need for more hospital/nursing home beds to meet the needs of today's seniors and for baby boomers in years to come.

Mental Health

The need for additional French mental health services and the need to make mental health problems and available resources known to the community were recognized by Clare participants. Chéticamp participants identified the stigma associated with mental health as an issue in their community.

Training

Participants in the Clare consultation noted that they are beginning to see the results of the French training programs and emphasized the importance of continuing these programs for doctors, speech therapists, nurses, LPNs, early childhood education and home support workers. They also recommended that Université Sainte-Anne begin to offer a Baccalaureate in Nursing program. Participants in the Chéticamp consultation did not comment on the training of health professionals.

Other

Other issues that were identified in the Clare consultation included the pressure to provide French language services, human resources and the recruitment and retention of French speaking health care providers, and the rural economy. No other issues were raised in Chéticamp.

Five Years in the Future

In the next five years, participants in the Chéticamp consultation would like their community to obtain a hearing specialist, dentist, foot care provider, and youth health centre. They would also like to maintain the current level of physicians, but as retirements take place, replace one with a French speaking female physician. Five-year priorities for the Clare participants include meeting the needs of seniors, mental health services, better coordination and planning for French services and the creation of partnerships.

4.3 Truro and Rive-Sud

Availability and Quality of Services

These communities represent small city environments. Both communities reported that there are French speaking physicians and dentists in their communities. However, participants in the

Truro consultation indicated that there is a need for additional French speaking physicians. Truro also has a French speaking dietician and gynecologist and noted that one French speaking psychologist is not enough for the community. Consultation participants in both communities indicated that physicians don't advertise that they speak French and that if a person finds a French speaking health professional, either in the hospital or the community, it is by chance or word-of-mouth. It was also noted that even if French speaking physicians exist in the community, often they are not taking new patients. Participants did not comment specifically on the quality of the French-language services that are available in their communities.

Health Status

Participants of the Truro consultation did not comment on the health status of their community. In Rive-Sud however, the feeling was that in general people are beginning to take better care of themselves; paying more attention to their diets and levels of physical activity. It was noted, however, that people are purchasing and eating a lot of prepared food/meals, kids are not eating well and that healthy food is expensive.

Health Promotion and Prevention

In Rive-Sud there are some health promotion and prevention activities taking place in the schools. Public Health Services has information (i.e. pamphlets) available in French. However, no Public Health Services staff speaks French. Participants in the Truro session did not identify any health promotion and prevention activities taking place in their community.

Early Childhood

Participants in the Rive-Sud consultation indicated that there are no French nurseries and no French early intervention services in the area. Mental health and speech therapy services are also needed for early childhood care. In Truro, the community benefits from the services provided by Maggie's Place, a resource centre for families. However, these services are not available in French. Services, such as programs, workshops and support groups, are needed for mothers and children. Mental health services and parenting courses for parents are also not available in French in Truro. It was also noted that the local library offers many services and activities for early childhood but not in French.

Youth

Participants from Rive-Sud indicated that there are no French services for youth in the community and that despite good relationships with teachers, youth need information sources other than school teachers from whom to get certain information and support. Rive-Sud does not have a youth health centre. Truro participants identified the need for an activity centre for their youth along with the need for prevention and promotion activities and training opportunities in French.

Teenagers

Truro participants reported that teenagers require French services, information related to contraception and sexuality/sexual health and access to mental health services.

Women

Truro participants indicated that a transition house for women exists in the community and that the North Nova Women's centre offers workshops on self-esteem to women of a low socio-economic level.

Seniors

Participants of the Truro session noted that there is a need for all services for seniors to be delivered in French. None of the local homes for seniors provide services in French. These seniors homes, the VON and organizations like Meals on Wheels need bilingual staff.

Training

Participants in the Rive-Sud session suggested that the health professions need to be promoted to youth and that French speaking training courses for health professionals need to be made available.

Other

Truro participants indicated that they need more visible French services in general, including physicians, and especially health promotion and prevention and services for seniors. They also noted that they need to be able to access assistance in French from the 911 service and indicated

that the new provincial HealthLink system needs to provide services in French. The need to establish partnerships and make better use of technology was also identified by Truro participants. Issues related to the "Bonjour!" program were identified as well and are discussed later in section 5.2 of the report on page 38.

Participants in the Rive-Sud community consultation noted that they do not have the population to support the services they require. They suggested recruiting French speaking health professionals from outside the area/country and recognizing their credentials so that they can practice. Being able to access a French dental hygienist without having to go to a dentist was also suggested. They would also like to see a requirement for people who work in health care to be bilingual, more French health related videos being made available and workshops such as the mini-colloques being made available in communities throughout the province. Public transportation and new management of the health care system were also identified as issues for this community.

4.4 Halifax and Sydney

Availability and Quality of Services

Halifax and Sydney are the two more densely populated "urban" communities in which consultations were conducted. Participants in the Halifax community consultation indicated that there are French speaking physicians, specialists, dentists, therapists and chiropractors in the area but that this is not well promoted. A French speaking midwife and nurse practitioner also exist within the community. If a person finds a French speaking health care provider, it is by word of mouth or by chance. Despite the French speaking health care providers, it was noted that patient charts/records are kept in English. Participants suggested that there should be more signage within the community letting people know that there is a francophone community here, systematic organization of French health care services, and consistent and planned distribution of and access to French language health documents. It was noted that when a French version of an English document is available, this should be written in *French* on the English document, *not in English*. The availability of French mental health services is also an issue in Halifax.

In Sydney, there are few general practitioners who speak French. In the past, there were several French speaking specialists in the community but they are no longer there. There are no French speaking health care providers working in the hospitals' emergency department. Despite requesting the services of a French speaking specialist, some people have been referred to English speaking specialists in Halifax who work in the same practice as a French speaking specialist. There is also an interpreter's course available in Sydney; the course is free. Participants noted that approximately ten years ago a list of people who volunteered to interpret at the regional hospital was compiled, but few people were ever called to interpret. It was also noted that the provincial government offers French courses to government employees. Participants did not comment specifically on the quality of the French language services that are available in their communities.

Health Status

Participants from both the Halifax and Sydney consultations identified mental health and smoking as issues of health status in their communities. Other issues affecting the Sydney population include Alzheimer's disease, diet, pulmonary problems, drug and alcohol abuse, and the aging population. In Halifax, participants reported that the population's health status is also affected by video-poker machines, lack of exercise, poverty and the consumption of energy drinks. Expensive fruits and vegetables were also identified as an issue in Halifax.

Health Promotion and Prevention

Participants in the Halifax consultation commented that there is no organized or planned approach to disseminating French health promotion and prevention material and services. Many of the documents are aimed at young people who would receive them through the youth health centres at French schools such as École du Carrefour. They also noted that the waiting and examining rooms of English-speaking doctors need to make more information available to French speaking patients. The Halifax participants suggested that an index of available health promotion and prevention material and services is needed and that the French youth health centre is important. There is a guide/booklet for girls distributed by the Nova Scotia Advisory Council on the Status of Women, some of which is about health and there is a new resource book for moms and babies about taking care of a family. These are available in French.

Sydney participants indicated that they require more French health promotion and prevention materials, such as posters to encourage people to increase their level of physical activity, stop smoking and eat well. It was noted, however, that a French hand-washing poster was seen in the hospital. There was a French senior's conference/festival in Sydney, with exhibitors and displays that was successful.

Early Childhood

In Halifax, French early childhood services that are available include early tracking and Le Petit Voilier childcare centre. The lack of French language preschools/nurseries was identified as an issue. Lack of intergenerational support in situations where a family is not from Halifax and has no family nearby was also identified as an issue. There is also a French language daycare in Sydney.

Youth

Participants in the Halifax consultation indicated that French speech therapy services for youth are required. They also noted that there are French schools in the area for the youth.

Teenagers

Participants in the Halifax consultation indicated that they require French language services for drug addiction, mental health, peer-pressure, healthy relations, and anxiety and stress. They noted there is a French social worker in the area. Some French services are available for youth and adolescents who are hospitalized**.** However, according to participants, the IWK Health Centre does not provide French mental health services for youth and adolescents and it is felt that youth and adolescence is an important time in a child's life to receive these services in French. After the consultations, the IWK reported that interpretive services are available, however access to French speaking service providers depends upon which provider is available at the time of request. There is a youth health centre in the community, which has a nurse who speaks French. While this is seen as an excellent service, teens need a place to meet. Participants in the Sydney consultation indicated that there is a health clinic for students of the Sydney Academy. Sydney participants also noted that their community requires services related to teen pregnancy.

Women

Halifax participants indicated that women in the community require French prenatal services, mental health services, support groups (for violence, problems with children for example) and transition services/houses. French health information, for instance regarding healthy diet/food, is also needed. According to participants, services for women at the IWK Health Centre are not available in French. After the consultations, the IWK reported that interpretive services are available, however access to French speaking service providers depends upon which provider is available at the time of request. However, participants noted that women get quick access to services there. It was also suggested that tracking of and research on women's health is needed. Sydney participants indicated that women in their community require gynecology services.

Seniors

Participants from both the Halifax and Sydney communities identified issues related to the seniors. In Sydney, there are seniors occupying hospital beds as they wait for placement in nursing homes, yet there are no French speaking nursing homes. They are concerned that their seniors have to go far away from their homes to get a nursing home bed and when one is transferred, the language issue is often forgotten about in the nursing home. In addition, communication is even more difficult for those French speaking seniors who have Alzheimer's disease. Sydney participants suggested that a person's first language needs to be considered as part of their admission criteria to a nursing home. It was noted that not using their language actually contributes to the deterioration of that senior's health. Furthermore, when a francophone resident does not understand the language that is being spoken all around them this can contribute to the feeling of a lack of trust toward staff and health care providers.

Participants in the Halifax consultation have similar concerns about seniors. The feeling was that even though there may be several French speaking residents in a home, there are no nursing homes in Halifax that specifically provide residence for French speaking seniors. They also noted that seniors in homes are often isolated from their French community. They suggested that seniors in the community need service clubs and support in their homes such as cooking and transportation. Alzheimer's disease was also identified by the Halifax group as adding to the challenges facing francophone seniors.

Mental Health

Participants in the Halifax consultation noted that there are difficulties accessing French mental health services and there is a need for French speaking psychiatrists and French psychometric testing services. Participants from Sydney noted that it can be difficult for a person with a mental health condition (such as depression) to make a connection with a health care provider when they are required to communicate in their second language.

Continuing and Long Term Care, Home Care

Participants from the Halifax consultation indicated that there is a need for more French services in nursing homes and more French services to help look after themselves in their own homes.

Training

Halifax participants suggested that more French language training is required and should be made available to health professionals. They also recommended using new French speaking graduates of the various health professions to promote to others the French training that they received. It was noted that 100% of graduates of French programs find placements before they graduate and this could be used as a positive recruitment message. Participants from Sydney thought very highly of the French speaking paramedic program and suggested that enrollments in French training programs such as nursing should increase. Others suggested recruiting young people from Quebec, promoting the local/Nova Scotian way of life as a recruiting message, noting that people are returning from western Canada because of the way of life in the east. One participant who is a French speaking health care provider indicated that he/she would retire if a replacement could be found.

Other

Participants in the Halifax session identified a number of barriers to receiving health services in their community. It was noted that at the emergency department, there are no providers who speak French and translation is not offered. This requires that a French speaking person presenting themselves at the emergency department must bring their own friend or family member to translate. Participants suggested there should be a list available at the hospital of all the providers who speak French. Sydney participants noted that the lack of French speaking

providers at the hospital is a problem during the tourist season when French speaking tourists require services and go to the hospital. The "Bonjour!" program was also identified as an issue during the Sydney consultation. This issue is discussed later in the report.

Five Years in the Future

Halifax participants would like to see a telephone information line that provides health information in French. They would also like to see additional mental health resources, a centre for women's health resources, a French health centre, and a strategy for disseminating French information and resources. Halifax participants also want a list of French speaking professionals and the services they provide, suggesting that the existing directory is not up to date and that people are not aware that it exists. They would also like to see it broadened beyond doctors and nurses to reflect a broad perspective on health care.

Sydney participants would like to see a similar list or directory and they also noted that a link needs to be made between the list of providers who speak French and the need for certain services in French. They would also like to see a nursing home wing dedicated to French speaking people. Sydney participants identified the need for French services for people who are handicapped or disabled, for all signs in the hospital to be in English and French, for a French health centre and a review, including exit interviews, of why French speaking physicians leave the community. They would also like to see more French publicity (in the form of radio advertisements and posters), which would make people feel comfortable and safe, and an organization like FANE put in place at all government levels to encourage bilingualism. Sydney participants noted that because the government changes frequently, government is not willing to make a five- year commitment to anything.

4.5 Valley

Availability and Quality of Services

With respect to the services in their community, participants in the Valley's community consultation indicated that there are no physicians, social workers, community nurses, or mental health workers who can provide services in French. In the past there have been French speaking nurses in a doctor's office, but this is no longer the case. The services of a gynecologist who

speaks French are available in the community and there is a French speaking health care provider who works in the local emergency department from time to time. Participants noted that while mental health issues aren't talked about much, there is a need for mental health services including emergency mental health care such as crisis/grief counselling. They also noted that it is very stressful for people when they are sick to be unable to communicate with health care providers. Participants did not comment specifically on the quality of the French language services that are available in their communities.

Health Status

Participants in the Valley community consultation indicated that the general health status of the local population is characterized by obesity, pulmonary problems, stroke, a lack of physical activity, smoking and poor diet/nutrition. The population in the Valley is generally older, with the exception of the military, which is younger and has access to French health services through the Department of National Defence. The group noted that there is talk about the creation of a private clinic for spouses and families of military members. However, this would not be available to the general public. The retired population in the area is very active, organizing social events and community dances at the community centre.

Health Promotion and Prevention

Participants noted that there are no French health promotion and prevention services in the area and that there is no French speaking dental hygienist available to teach dental hygiene to the school children. It was noted that adults and children need more French information about vaccines; posters should be up and web sites should be available in the schools and community. Newspapers, flyers and television are also alternatives that could be used to share this information.

Early Childhood

It appears that there is currently French breastfeeding support and early tracking available in the community. However, it was noted that there are no prenatal courses available in French.

Youth

Mental health was identified as an important issue for youth that requires French services. A speech therapist currently comes to the community once every six weeks, but it was noted that this is not frequent enough. Hearing tests are currently available and there is an Optometrist in the area who speaks French. An educational psychologist comes to the area once every two or three weeks, but participants suggested that this service is required more frequently. The services of French speaking community nurses, psychiatrists, drug addiction prevention, sexual health educators, nutritionists and physical activity workers are needed to support youth in the area. The need for a French youth health centre was also noted.

Women

Women in the area require transportation and services such as a mobile breast screening clinic, menopause services and other women's clinics to be available in French.

Seniors

The need for people who can speak French to take care of seniors in their homes and nursing homes and the need for additional hospital/nursing home beds were identified as issues. The group felt that long term and continuing care services should be available in French in areas where there is a critical mass of Acadian people. Alzheimer's disease was identified as having an impact on French speaking seniors as well.

Training

The lack of French health professional training programs was identified. The closure of Université Sainte-Anne's paramedic program was identified as a loss to the French speaking community. It was suggested that the number of positions at the Québec-Acadie medical program that are allocated to French speaking Nova Scotians should be increased to ten.

Other

Suggestions included a recruitment program for French speaking physicians and dentists, contracting with the military for French-language health services and establishing a private clinic. Participants noted that it is difficult to keep the inventory of French speaking health professionals up to date. Physician recruitment and retention was also identified as an issue.

Concerns about the "Bonjour!" program were also identified, which are further discussed later in the report. (See section 5.2)

4.6 Youth Consultations

The Nova Scotia Government has strategies in place to improve health for youth and is looking for their input. On December 5th 2009, 20 youth from 8 Acadian regions met in Halifax to discuss their perceptions of the health system as part of the meetings organized by the Conseil jeunesse provincial (CJP). The CJP has a mandate to create opportunities that develop the leadership skills and maximize the cultural and linguistic identities of Acadian and francophone youth of Nova Scotia. It was an opportunity for youth to have a voice and be heard by those who are making the decisions about the future of the health system for youth. Out of the 20 youth, 11 were male and 9 were female. They ranged between the ages of 14 to 18.

During the conversations held on the 5th of December the youth identified five concerns that they had regarding the health of themselves, and of their peers (in no particular order of importance):

1. addictions: alcohol and drugs;
2. mental health;
3. nutrition/physical well being;
4. sexuality; and
5. stress.

For this group, these were the major health concerns facing youth in their schools.

Within the five groups the youth explored possible causes, risks involved with each category and evaluated the services that were available to them. This summary will touch on all five of these health concerns in the context of six major conversations that were explored on that day in which youth identified their concerns, needs and understanding of available services and support.

First conversation: *"We are all growing up too fast…"*

For this group there was one certainty: youth today are growing up too fast. With ever-changing technology, cell phones and constant information, they feel they are forced to become adults far too early. Even those that choose to "slow down" when it comes to sex and drugs are "speeding

up" when it comes to work loads and stress. Youth health, according to the group, is greatly affected by the need to speed up their growth. They believe that all five categories that they identified as health concerns are, for the most part, rooted in the need for youth to grow up before their time. They feel that youth are experimenting with sex and drugs at younger ages; mental health issues and depression are becoming more apparent in their schools; youth's physical health is becoming compromised and that youth also understand what it means to be stressed. They see it as a problem because they feel as though they are taking an important test without studying properly. Although they want to be taken seriously and want to play an active role in society, they feel that they (and their peers) are lacking important tools that will help them to make wise health decisions.

Second conversation: *"Teach us…"*

<u>…about sexuality and addictions</u>

According to the group, youth are engaging in sexual intercourse at a younger age. It was reported that girls as young as 12 were getting drunk at parties and having sexual intercourse with older boys. According to one of the participants: "...it isn't rape, but it isn't far from it. I feel as though they are stealing their souls." The participants all confessed that they don't know what to do when they see one of their peers take advantage of a younger girl – should they step in? Is it their responsibility to make sure that the young girl gets home alright?

The group stated that homosexuality is becoming more and more common and accepted within the youth community. It is a very safe environment in most schools (although participants from Pomquet admitted that they didn't feel that their school was a "gay friendly" environment). Most of the participants were concerned however that being "gay" was now becoming a fad and that they perceived that most of the youth that were coming out, were actually just trying to be part of the "in thing". It concerns them because they feel as though it is a "cry for help" and they also feel as though it is insulting to those who are actually homosexual.

Because sexuality is not spoken about openly in school, participants felt that most youth are having unprotected sex. In addition, participants said:

- the majority of teenagers are drinking at young ages;

- cigarette smoking is becoming more and more popular;
- fast food addictions are very common amongst youth; and
- more youth are experimenting with drugs – such as marijuana and ecstasy.

The participants stated that youth want to be taught about sexuality and addictions. They feel as though the Personal Development and Relationships (PDR) course that is available to them is not at the level that it should be. They understand that it is uncomfortable for their teachers to discuss these issues with them, but they feel that it is important that youth are well informed about sex so that they can make the right decisions for themselves. As much as they want to take care of themselves, they also want to learn how to take care of others – how to ensure that everybody is safe. They are specifically interested in learning about: STDs, pregnancy, rape, condom use and safe sexual practices. They are also interested in talking openly and honestly about sexuality in order to figure out if they are in fact ready to engage in a sexual relationship with somebody else. In brief, they feel that if youth were truly educated, they would think twice about losing their virginity. The group also indicated that they would like more education regarding sexuality and sexual preferences –specifically, homosexuality. In conclusion, youth appreciate the books and references currently available but they are looking for personal "real contact" with somebody who will listen to them and "tell them the truth".

Much like sexuality, the youth feel that talking about addictions is not as common in schools as they would like. They said that, similarly to sexuality, the less the youth know the more irresponsible they may be with their choices. They want to be taught at a younger age about drugs and alcohol. They feel as though it is an addiction because some youth feel that they cannot enjoy themselves unless they are under the influence of a drug or a drink.

…about Mental Health

More and more the youth are noticing peers that are suffering from depression. Three participants admitted to feeling depressed in their lives and have contemplated suicide. One participant was diagnosed with clinical depression and perceives that others see him as being "crazy". Also, they reported that "cutting" is still very common within the youth community.

Participants said that mental health is a touchy subject for adults and the youth feel that this stigma is even more evident among their peers. Most of them believe depression and anxiety is common within the youth community because they are overwhelmed with emotions and do not have any coping mechanisms to help them deal with the overload of thoughts and feelings. According to the members of the group, they are in need of learning how to be comfortable verbalizing how they feel. They rarely feel that they have a safe space where they will not be judged, because mental illnesses (or just general teenage blues) are seen as taboo subjects to breach within their social environment.

One youth admitted that once he was diagnosed with clinical depression, a teacher made a comment about it in class, mocking him in front of his peers. The perception of the youth is that even the adult community is insensitive to mental illness – making it that much harder for him to express himself. The participants suggested that there should be more groups where they can get to know themselves better and understand the realities of mental illness. They know that some groups may exist, but they don't know where to go find them. They feel that the province should invest more in social programs that allow younger people to learn about themselves and to accept that a mental illness is, above all, an illness and not a handicap.

…about nutrition/healthy lifestyle

With respect to nutrition/healthy lifestyle, participants made the following observations:

- Most youth feel that the new system in the cafeterias (healthy eating) is much too strict. In consequence, most youth don't eat in the cafeterias;
- youth are, in majority, skipping breakfast;
- youth don't drink enough water;
- youth are not making healthy life choices – they do not eat healthy and are not physically active;
- eating disorders/body image is still a issue within the communities;
- pop culture reinforces the idea that in order to be happy, young women must be skinny; and
- a majority of youth are becoming sedentary – that is, they are spending more time in front of technology instead of engaging in physical activity.

The group indicated that they are looking for more information regarding nutrition and physical health in their schools. Although they feel that the "healthy choice" action that the province has taken was an interesting initiative, they feel as though it is not necessarily teaching them anything. In fact, they feel that the cafeteria selection is actually an extreme method to teach youth about nutrition. Instead, they want to be taught to make a choice, taught to make balanced meals and understand the importance of making wise decisions. An example of this would be to offer other alternatives in the cafeteria - something between the extremes of being "super healthy" and unhealthy. The youth offered the example of Subway, which they perceive to be a healthy alternative to fast food.

The group also felt that it is important to create community sports that are non-traditional in order to create a space for the "non jock" (as they put it) to participate in activities. Not all youth are coordinated and competitive enough to play sports, so recreation activities need to continue in communities in order to demonstrate the importance of staying active and healthy.

…about stress

Youth experience stress in their lives just like many adults. The youth participants indicated that the difference between adult stress and youth stress is that youth have little to no coping mechanisms to help them get through the daily stresses in their lives. Youth want to be taught time management and also ways to express their stress. The participants consider stress to be a primary contribution to most of the youth health issues as well as being an important health risk on its own. They feel that it is important that schools, communities and health workers help them to deal with their stresses – including stresses at school, stresses in relationships and even more serious stresses such as abuse and neglect.

Third conversation: *"Teach our parents…"*

The youth feel as though they need to be taught about health issues, and they are very grateful that the province is listening to their concerns and looking for ways to intervene in the process. However, most of the participants indicated that parents also need to be instructed about certain youth health issues. They would like the province to invest in their communities by creating programs for their parents to follow so that they can learn to understand the signs of certain

health risks as well as ways to communicate with their children. They believe that education starts at home, and that it is important that parents (and teachers) are well equipped to deal with the realities of youth health.

Fourth conversation: ***"Make us feel safe."***

Although the participants were asked to speak of the "health system", the conversations usually led to their schools. When asked about this, the youth indicated that, although it can sometimes be a bizarre place to develop, their schools are their societies. That being said, they are looking to be taken care of by their schools. On one level, they feel very safe there – that is probably why they speak of it so often when addressing programs and services. They expect that their school will take care of them and help them to grow and develop into healthy adults.

However, it is important to note that the youth sometimes do not feel safe in their schools – especially when it comes to their guidance counsellors. Most of the participants indicated that they are not comfortable going to speak with their guidance counsellors because they do not trust them. They would like the health system, in collaboration with the school boards, to help train their counsellors in confidentiality. Many of the youth feel that their "secrets" are not respected by their counsellors – one example was that a youth told his counsellor something that was very confidential, expecting this person to be very discrete about the situation. He was very hurt when he found out that the counsellor had spoken to the principal about the issue without consulting him first. He valued that it was probably important to discuss with the principal, but wished that the counsellor would have approached him and suggested that they go see the principal together. On another note, the participants felt that sometimes their feelings are not validated by their counsellors and so students may be reluctant to approach these agents for help and guidance.

What conclusions were drawn from this? The participants reflected on the idea that maybe guidance counsellors were not meant to help them with their health issues or personal problems. That being said, they feel that it is important that their schools provide safe spaces where youth can go consult a trustworthy adult that will lead them in the right direction. The participants emphasized the importance of youth health centers in their schools and/or their communities.

They feel that they need a space that is designed especially for their needs in order to feel safe and secure. With youth health centers they feel that they could help design projects, programs and services that will directly benefit the youth and contribute to the overall health of the community. The participants would ideally like to have a health professional there who is sensitive to youth issues with whom they can express themselves freely and openly.

Fifth conversation: *"Help us, help ourselves"*

The most interesting point that was brought forward by the participants was the idea that youth should be directly involved in youth health issues. The participants feel that it is their responsibility to address these issues and take an active role in helping their peers. They suggested that "Youth Peer" programs should be implemented in their schools and/or youth health centers. They believe that most of their peers will take messages more seriously when they are transmitted by another youth. They are looking to start youth education programs where they can gain the knowledge to ensure that they, and their peers, are equipped to make healthy decisions.

The participants also mostly felt as though they were already acting as "therapists" to their friends. They are looking to find ways for the "listeners" to be "listened to". They believe that in order to help their friends, they need to remain healthy and happy.

Sixth conversation: *"French services?"*

When asked if they would ask for health services in French, 100 % of the participants said yes. However, they feel that they've been conditioned to expect services in English, especially in the health field. Participants from regions, which are strong Acadian centres offering many community services in French, like Chéticamp and Clare expressed that they do consult their doctors in French, while all the other regions said that they are used to receiving services in English. The youth from Par-en-Bas expressed that they feel ashamed to ask for services in French, especially in Yarmouth, because they feel a strong resistance from the community.

Most of the youth confessed that they sometimes do not have the confidence to speak in French when it comes to health issues. They have learned all of the terms in English all their life, so

they are scared of not expressing themselves properly. Most of the participants said that although they would prefer their services in French, when it came to health services they would chose quality over language. It is for this reason that the youth feel that they need youth health centers in their schools/communities. They feel that it could train a new generation of Acadians to expect to receive health services in French.

Conclusion

The participants of this consultation were in agreement that youth health issues are a very important subject to discuss and to improve in the province of Nova Scotia. The general consensus of the group was that they hope that the leaders will take their opinions and thoughts seriously when taking decisions regarding the future of health in our province.

4.7 Mini-colloques

Attendance at the three mini-colloque sessions represented almost half of the 101 total participants in RSNÉ's 2009 consultations. Attendees included health care providers and representatives of health care organizations such as DHAs as well as other interested stakeholders and community members. The three mini-colloques were held in Halifax, Chéticamp and Yarmouth.

General

The comments and concerns of the attendees at the community consultations more often identified the need for French language services, while participants of the mini-colloques identified the need for increased visibility of the services that exist. Mini-colloque participants also suggested increased visibility could be achieved through more active offers of services in French and through other means such as increased signage.

Health Status, Health Promotion and Prevention

The mini-colloques reinforced the need for health promotion material to be made available in French and the problem of the time delay between the release of English and French health promotion materials. They also noted that healthy eating and physical activity efforts are

underway in the schools. There was less discussion of health status of the population in the mini-colloques as compared to the community consultations.

Early Childhood, Youth, Adolescents, Seniors and Women

Participants in the mini-colloques often identified the same issues described in the previous sections from the communities related to the health care needs of each of the particular age/gender groups. However, the mini-colloque sessions also noted a lack of services for families with children who have autism. With respect to seniors, the need for facilities and services to support the transition from apartments to nursing home care was noted and that facilities for senior couples are required.

Human Resources, Training

Similar to the community consultations, mini-colloque participants identified the need for additional French speaking human resources, a desire to see some positions for health care providers indicated as bilingual and continued French training at Université Sainte-Anne. It was noted that training in French in the areas of mental health services and pharmacy is not available in Nova Scotia, but is available in Quebec. It was noted that communities cannot require that providers only speak Acadian French. There are differences in the dialects of Nova Scotia, New Brunswick, Quebec, France, Belgium and other cultures. It was also identified in a mini-colloque that the dialects of some of the French speaking health care providers can be challenging.

Planning and Funding

Similar to the community consultations, participants in the mini-colloque sessions identified that there is a general lack of planning with respect to French language services. Two of the mini-colloques also identified funding as an obstacle to increasing French language health care services.

5. Analysis

An analysis of the transcripts of the community consultations and mini-colloques lead to the categorization of findings into common issues when a topic was raised repeatedly by multiple participants within a session, themes when the same issue was discussed across multiple sessions, and other issues, some of which are systemic in nature. This section of the report presents the results of this analysis.

5.1 Common Issues and Themes

Several of the issues that were identified in the community consultations and mini-colloques were common across all or most of the communities. These issues include the broad categories of need of seniors, youth and mental health services.

Seniors

Concerns about and issues related to seniors were identified in seven out of the ten community consultations and all three mini-colloques. There are several aspects to the issue. First, there is a general lack of nursing homes and nursing home staff that can provide French services to French speaking residents. Often, older French speaking people revert to their mother tongue. When there are no or few staff within a nursing home who speak French, this results in increased isolation and lack of social or other contact for the senior. The language barrier itself can contribute to feelings of lack of trust on the part of the senior. Isolation and lack of social contact are felt to contribute to the deterioration of seniors' health. Alzheimer's disease was mentioned several times as being an issue for seniors and adds a dimension of complexity to the already challenging issues related to the language barrier for seniors. In general, it was felt that a lack of nursing home beds leads to French speaking seniors waiting in hospital beds where there are again often few (if any) French services and staff.

The issues facing French speaking seniors (lack of nursing home beds, waiting for placement from a hospital bed, possible placement in a nursing home bed away from their home community, Alzheimer's disease, etc.) are not dissimilar to those facing English speaking seniors. However, the fact that French speaking seniors often do not receive services in French

is an added problem that makes this issue a priority for the French speaking population. Further, the issue is not limited to hospital, nursing home and home care services. French speaking seniors also need other community-based services such as Meals on Wheels, VON, home support/home care, support groups and respite services to be delivered in French.

In addition to the above issues, all three mini-colloques identified the need for services and/or facilities to transition seniors between apartments and nursing homes, and the need for facilities for senior couples.

Youth and Adolescents

Youth and adolescents, with an emphasis on adolescents, were identified as priority areas in seven of the ten community consultations and youth needs were identified in all three mini-colloques. Of the communities consulted, some reported that there are no services available for youth and adolescents, some reported they need more than what is currently available and others suggested that only minor improvements to services for youth and adolescents are required. The need for mental health services was the most commonly identified issue for youth and adolescents. The need for French youth health centres and French education and services related to sexual health, sexuality and contraception were also commonly identified. Information and services for drug addiction and the need for meeting places for youth and teens were also identified. The need for speech therapy services for youth was also recognized by some communities. The mini-colloques identified the same issues as an area of importance.

The youth consultation also raised concerns from youth themselves about the need for more information and services regarding mental health, coping with stress, sexuality, and addictions. Strong youth health centres that make youth feel safe and coordination of programs across school, community and health services were also mentioned.

Mental Health

While not as many specific details were provided about it, mental health was identified as a significant health issue in nine of the ten community consultations. Lack of access to French mental health services is seen as a concern or need for several age groups and populations including early childhood, youth, adolescents, women and seniors. Youth and teens need support related to peer pressure, anxiety and stress and more psychological services are needed for women. Where French mental health services are available, this needs to be made better known in that community. The stigma associated with mental health issues was also recognized in the consultations. The need for French mental health services across the life span was also identified by the three mini-colloques.

5.2 Systemic Issues

Although this report is not an evaluation of the system, two issues that were identified by several of the community consultations and mini-colloques are systemic in nature. These are issues that have arisen due to the structures and processes, or lack thereof, that are embedded within the current health care system. The issues raised were:

- a lack of coordinated planning, implementation, delivery and evaluation of French language services, that is "structure" within the system; and
- the "Bonjour!" program.

Lack of Structure within the System

Many of the community consultations identified a lack of and need for organized and coordinated planning related to the identification and delivery of French health care services. In several cases, this issue was identified by recognizing that if a person receives French services, it is by chance or word of mouth that a person learns of and/or obtains the services rather than there being a formal structure through which planning for French services can take place. Program and service planning does not include consideration of French services – rather French services happen only if the staff providing the service are also able to offer it in French.

Lack of commitment in relation to planning was identified as an issue among the communities and some of the mini-colloques as well. It was suggested that vacant positions posted as "bilingual preferred" does not demonstrate a commitment to the provision of French language services and it was noted that since governments change every few years, there is a lack of long term government planning, which is needed. It was suggested that there is currently too much reliance on the goodwill of individuals rather than formal commitment to French services.

The "Bonjour!" Program

The "Bonjour!" program identifies French speaking health care services and providers throughout the province by having signage or buttons that say "Bonjour!". "Bonjour!" is a well recognized greeting, which, as a symbol – on a pin or on a desktop sign – serves to let the public know that French language services are available. Public servants who choose to display the "Bonjour!" symbol are proudly displaying the fact that they can communicate and provide services in French and in English. It is intended to help you find a French speaking person more quickly when you use government services. Look for the blue "Bonjour!" desktop sign or lapel pins when you visit provincial government offices, such as Services Nova Scotia Access Centres, and in hospitals across the province, and so forth.

"Bonjour!" is a trademark belonging to the Province of Nova Scotia. French speaking government employees who choose to participate in the program by either wearing the pins or posting the signs are public servants who are volunteering to deliver services in French to the clients they serve. Some provincial departments may have additional policy and/or criteria for participating in the "Bonjour!" program.

Six of the ten community consultations identified issues related to the "Bonjour!" program. The "Bonjour!" program was also identified in one of the mini-colloques as an issue. Issues raised about the "Bonjour!" program involve:

- dissemination and communication,
- mechanisms to maintain visibility,
- capacity to fulfill the "Bonjour!" mandate, and

- scope of the program.

Dissemination to and communication with health care providers

Some French speaking health care providers in the communities who participated in the consultations had never heard of the "Bonjour!" program. Therefore, they don't have or wear a button identifying them as French speaking. Furthermore, staff members who work off-site do not know who in their organization to ask to obtain a button. It was noted that Managers and Directors should know which of their staff speak French, and should therefore be able to provide the relevant information and materials to the appropriate staff.

Communication with the general public

Some health care providers noted that even though they wear a "Bonjour!" button they have never been approached or asked by a patient to speak French. This suggests that the public do not recognize the program, or know of or understand its purpose. In addition, the general public is not inclined to ask someone without a button if there is anyone available who can speak French.

Mechanisms to maintain visibility

Some of the consultation participants suggested that additional tools and mechanisms are required to increase the visibility of the program. It was also mentioned that it is very difficult to obtain a replacement button or additional "Bonjour!" buttons when they are required.

Inability to fulfill the "Bonjour!" mandate

Some participants noted that they have entered a facility with a "Bonjour!" poster but no one there could speak French.

Scope of the "Bonjour!" program

While the value of the "Bonjour!" program within health care was acknowledged, it was suggested by some participants that the program should not be limited to health care and government employees, but that it should be used more broadly in the community.

5.3 Other Issues

Other common issues that were identified across many of the consultations and mini-colloques, which are not systemic in nature, are related to health promotion materials and the provincial HealthLink system.

Health Promotion Materials

Some communities identified the lack of availability or the lack of consistent availability of French health promotion materials. As well, some consultations indicated that French health promotion information is available but that no one knows that it is available or where and how to access it. In some cases, it is known that national organizations have French brochures available but the local pharmacy does not carry the French version.

The lack of French health promotion material and/or the lack of knowing what is available has led to various independent efforts to translate some health promotion materials. In cases where the French material is already available but is not known about, this amounts to duplication of effort and a waste of resources. It was also noted that often on English material, the message indicating that the materials are available in French is written in English. In this case, a unilingual French speaking person would not know that the material could be obtained in French. Another issue related to French health promotion materials is that when French translations are completed it is usually months (or more) after the distribution of the English material and education or promotion efforts in English are well underway. The Acadian/francophone population perceives this as a lack of respect for this population, therefore putting the French speaking population at a disadvantage.

The mini-colloques also identified the issue of lack of access to French health promotion material, lack of knowledge about what material is available in French, and the time lag between the availability of English and French health promotion materials.

HealthLink System (811)

Three community consultations identified the need for a health information line or service. In most cases the discussion went only as far as identifying the need for such a service and pointing out that the proposed provincial HealthLink system needs to provide bilingual services. HealthLink services were not identified in the mini-colloques as issues related to French language health care services.

6. Recommendations

Even though Nova Scotia is not an officially bilingual province, expectations for additional services among the French speaking population continue to increase. In December of 2004 the French-language Services Act was proclaimed, giving the Office of Acadian Affairs official status in the Public Service Act and confirming Nova Scotia's commitment towards promoting the development of its Acadian and francophone community and maintaining the French language for future generations. Regulations further outlining departmental responsibilities with regards to the act came into effect on December 31, 2006.

With ongoing commitment of provincial departments, offices, and agencies, the Office of Acadian Affairs hopes to facilitate partnerships and offer support so that together we may create a Nova Scotia where government services that are important to the economic, social, and cultural well-being of Acadians and francophones will be available to them in French.

The French-language Services Act and Regulations clearly demonstrate the Government of Nova Scotia's commitment to increasing services in French to the Acadians and francophones of Nova Scotia. The Nova Scotia Departments of Health and Health Promotion and Protection have also developed and maintain French-language Services Plans, which outline the Departments' plan to increase services available in French in Nova Scotia.

Several clear themes emerged among the many issues and concerns that were identified by the participants in the ten community consultations and three mini-colloques. Many of these are similar to the issues and concerns facing the anglophone population. They include real and/or perceived lack of health care providers and health care services, challenges related to recruiting and retaining health care professionals in small and rural communities, concerns regarding the health status of certain population groups, shortages of nursing home beds, long waits for nursing home beds in hospital beds intended for acute care patients, and short-lived governments who do not commit to long term plans. Specifically, the francophone community is concerned about its

seniors, its youth and adolescents and mental health across the life span. Within the francophone community, however, language further complicates each of these issues.

The francophone population needs health care providers who can not only deliver health care services, but deliver them in French. However, there are limited French language training programs in Nova Scotia and the Maritimes leaving Nova Scotia to compete for French speaking health care providers from Quebec and other jurisdictions. If such professionals are recruited, they may subsequently leave Nova Scotia to return to their more francophone home jurisdictions.

The "Bonjour!" program that was designed to increase the visibility of those health care providers who do speak French, appears not to have been made known to all health care providers and is not well understood by those it is meant to serve.

The French speaking population sees the availability of French services as ad hoc, unplanned and, at best, "by chance". Whereas currently, there are district and provincial structures and processes in place throughout the province to ensure that planning for health care services, which are mostly English services, takes place.

Health promotion materials are always available first in English, which lends to further education based on the material in English versus French. It is a challenge knowing what materials have been translated to French and where to obtain them.

The following recommendations are based on the findings of the consultations and are intended to be used by designated departments, offices, agencies of Governments, Crown corporations and public institutions to plan ongoing efforts to increase and improve the delivery of French health care services throughout Nova Scotia. Many recommendations could make use of existing vehicles for further discussion with stakeholders, such as the Collaborative Forum organized by the RSNÉ. The recommendations are grouped by broad area of interest rather than in any attempt to identify them in order of priority.

6.1 Visibility

Recommendation 1

Explore opportunities to raise the profile of the Acadian and francophone population both inside and outside of the healthcare system. Work with community-based organizations to use awareness raising, signage and promotional material to help reinforce, normalize and recognize the French cultural identity present in Nova Scotia.

Recommendation 2

Review how health care settings may enhance opportunities for people to be able to ask for services in French. Health care providers, site managers and decision makers involved in making French language services available should participate in the review.

6.2 Health Services and Human Resources Planning

Recommendation 3

Conduct a broad and detailed assessment and analysis of the health status and needs of Acadian and francophone communities and the French health services available to them to form the basis of planning.

Recommendation 4

Work with decision makers and stakeholders to establish formal structures and processes at the local, district and provincial levels to ensure a coordinated approach to planning for French health care services.

Recommendation 5

Collaborate with educational institutions to ensure that French training programs continue and are developed where they will have an effective impact.

Recommendation 6

Develop and implement recruitment and retention programs to attract Acadian and francophone Nova Scotians to Nova Scotia's French language health care programs, using existing French speaking health care providers as part of the recruitment efforts.

Recommendation 7

Develop attractive incentives and return of service agreements for Nova Scotian Acadian and francophone students who study in French programs in other jurisdictions.

6.3 Seniors

Recommendation 8

Provide linguistic and cultural competency training to staff at nursing homes and continuing care facilities in Acadian and francophone communities.

Recommendation 9

Increase opportunities for seniors in nursing homes and continuing care facilities to receive services in French.

Recommendation 10

Increase awareness among stakeholders, including community-based organizations, government departments, service providers, and DHAs, etc. about the importance of the delivery of services in French to Acadian and francophone seniors.

Recommendation 11

Create additional opportunities for social contact between nursing home residents and other French speaking members of the community, linking with local community service organizations, businesses, schools and community volunteers.

6.4(a) Community at Large - Youth and Adolescents

Recommendation 12

Work with community and health care stakeholders to create support for the development and implementation of youth health centres in the Acadian and francophone communities where they do not currently exist.

Recommendation 13

Ensure that the youth health centres can address the need for mental health services, sexual health education and addictions services for youth.

6.4(b) Youth Consultations

Recommendation 14

Strengthen existing Personal Development and Relationships course material to include additional content on sexuality, addictions, mental health, healthy nutrition and lifestyle choices and how to make wise, informed decisions.

Recommendation 15

Consider program offerings outside of traditional classroom and student counseling approaches to foster a safe environment for discussion of mental health issues.

Recommendation 16

Develop alternative ways to encourage physical activity other than traditional sports.

Recommendation 17

Coordinate program and service offerings so that school, community and health services all work together to help youth learn to cope with stress.

Recommendation 18

Make sure that youth health centres are able to encourage active participation by youth in program and service offer design including development of peer education programs.

Recommendation 19

Develop mechanisms to educate parents to better understand health risks and to better communicate with their children.

6.5 Mental Health

Recommendation 20

Work with local community health boards and District Health Authorities to identify and respond to the need for mental health services.

Recommendation 21

Undertake public education in the broad community and within schools to increase awareness about mental health issues and the negative consequences of the stigma associated with mental illness.

6.6 The "Bonjour!" Program

Recommendation 22

Develop and implement a social marketing campaign to remind/educate the public of the purpose of the "Bonjour!" program, the program's symbols and materials.

Recommendation 23

Develop and implement an awareness campaign targeted at health care providers and administrators to ensure that all staff know about the "Bonjour!" program, how to access program symbols and materials, the expectations and requirements of the program.

Recommendation 24

Establish a regular review process to ensure that health care facilities, programs and services appropriately use the "Bonjour!" program symbols or materials.

Recommendation 25

Evaluate the feasibility of expanding the “Bonjour!” program for instance to third party providers such as the VON, homecare, etc. in an effort to enhance visibility of French language services.

6.7 Availability of French Health Promotion Material

Recommendation 26

Expand the directory of French language health care providers on the Department of Health’s web site to include all Government of Nova Scotia health promotion and prevention materials that are available in French, who publishes the French copy and contact information for obtaining the material.

Recommendation 27

Include health promotion and prevention related material in the French language from community-based organizations and not-for-profit groups in the directory of French language health care providers available through the Department of Health web site.

Recommendation 28

When developing health promotion and prevention information and materials, be sure to plan for the time and funding required to translate the materials so that English and French materials can be released simultaneously.

Recommendation 29

Make sure that English language materials that are also available in French, say so *in French* in the English version.

6.8 Provincial HealthLink System (811)

Recommendation 30

Ensure that the provincial HealthLink system will provide services in French.

Recommendation 31

Ensure that social marketing/public education campaigns regarding the provincial HealthLink system are available in French.

Appendices

Appendix 1 – Community Consultation Focus Group Guide

Community Consultations

Focus Group Guide

February 2009

Name of Focus Group Moderator:____

Date:____

Purpose and Objectives of the Focus Groups

Focus groups are being held with French language minority groups across Nova Scotia. The purpose of the focus groups is to assess progress and outstanding gaps in improving the access and availability of health care services for francophone and Acadian Nova Scotians. Specifically the objectives of the focus group are to:

- Identify what improvements have been made to access and quality of services in the past five years; and to
- Identify the health care needs of the Acadian/francophone population;
- Identify what gaps remain (needs and priorities) in providing health care services to the francophone and Acadian population.

Purpose of the Guide

This document will be used by the moderator of the focus groups to guide the focus group discussion. The total length of time for the focus group is 110 minutes.

Instructions for the Moderator

Instructions for the moderator are printed in normal text below. Script for the moderator is printed in italics.

Prior to the Meeting

- The moderator will ensure the room is set up so that participants can easily dialogue with one another. Audio equipment is set up to ensure that all participants' voices can be heard on the recording.
- As participants arrive for the focus group, the moderator will welcome them individually, and provide them with a copy of a handout about primary health care in both English and French. The handout is appended to this focus group guide.

Welcome, Introductions and Background (10 minutes)

- The moderator will introduce herself and ask participants to introduce themselves. Explain that participants should feel comfortable to communicate in either French or English at any time throughout the focus group.

- The moderator will explain the purpose of the focus group as follows:
  - *This is one of several focus groups being held throughout Nova Scotia to identify the current health care needs of people who speak French in Nova Scotia, as well as to look at what has improved in the past five years and what still needs to be done.*
  - *We want to hear your ideas for continuing to improve access to health care services and the quality of those services. As well as your view of needs and priorities*
  - *The focus groups will provide information to decision-makers in the health system to help them plan the next round of changes and improvements to deliver high quality health care services to the Francophone and Acadian communities that they serve.*
  - *If you look near the bottom of the handout now, you will see a list of health care areas that we will use to guide our discussion tonight.* Read list to the group.
  - *Does anyone have any questions about tonight's discussion?* Answer questions. If someone wants to add something to the list, allow this to happen without spending too much time on it.
  - *Some of you may recall a series of focus groups that were held in 2002 about health care services in French. Just so you know, that work was undertaken by the Fédération acadienne de la Nouvelle Ēcosse to examine the broad health needs of the Acadian and Francophone populations. Then in 2004, the Setting the Stage project, which was specifically focused on primary health care, grew out of that work and built upon it. Now we want to see how far we have come and how far we still need to go, five years later.*

Overview of the Process (5 minutes)

- *Now I would like to give you a quick overview of how the focus group will work.*
- *The focus group is really just a guided discussion. I have a series of questions that I would like us to consider during our time here together.* Review questions that will be asked. *It's OK if we don't talk about the questions in the order that they are listed, as long as we cover them all.*
- *During the discussion, all ideas are welcome. We don't necessarily need to agree on every point – we are more interested in hearing the range of ideas that come forward. My role is to keep the discussion moving and ensure that everyone has an opportunity to talk, so from time to time, I may need to jump in and ask the group to move along to the next question or ask for participation from someone that we may not have heard from yet.*
- *Your participation in the focus group is totally voluntary. You should feel free to not answer a particular question by saying "pass," or to leave the group at any time.*
- *When we have finished all of our focus groups, we will analyze the results of all the groups together, looking for common themes and ideas. In order to do this, we need to record the focus group discussion. The only person who will hear the recording will be me and the person who types the notes from the recording, and no individual people will be identified by name. The results of the focus group*

analysis will be summarized in a report, and although we may use quotes to illustrate points in the report, there will be no names associated with any quote.
- *Does anyone have any questions before we begin?* Answer questions.

Focus Group Discussion (95 minutes))
Moderator will begin the focus group discussion, using the scripts, questions and timing outlined below. Items below printed in italics are scripts for the moderator.

We will now move into the focus group discussion. As I mentioned before, because of our limited time together, I may need to move the discussion along on occasion, just to ensure that we have time to cover all of the questions.

I would like to start by asking you to tell me a bit about the current situation in your community.

1. To what extent can the Francophone and Acadian people in your community access health care services in French? Have you seen, or heard about any interesting or encouraging experiences, programs or services dealing with access to health care services in French in your community?(10 minutes)

   Probe questions to move discussion forward if required:
   a. Are any French language services available?
   b. What are they (e.g. public health, doctors, pharmacists, nurse practitioners, addiction services, mental health services, health services in schools for youth)?
   c. How far do people have to travel to access French primary health care services?

2. We are interested in your perceptions and experience with the quality of French language health services. Can you describe how well French language services are provided? (10 minutes)

   Probe questions to move discussion forward if required:
   a. Can you give me any examples that illustrate good quality care or the lack of quality in care that has been received?

3. We are interested in your perceptions and opinions about the general health status of people in your community. Can you describe the top three health care concerns you face or feel that the community faces?(10 minutes)

4. We are interested in your experience with health promotion and prevention services in your community. These are services that typically provide information to help promote better health and prevent people from getting sick or injured. Can you describe any health promotion or prevention activities or information that is available for the French population in your community(10 minutes)

I would now like to turn our discussion to the most important health care services for French speaking people in your community. We are looking for very concrete, practical ideas that you think could be implemented in your communities that would make a difference both in the short term and the long term. We are also looking for realistic ideas that can be implemented in the context of a limited health budget.

5. Considering the list at the bottom of the handout, in your opinion, what are the essential or most important services required in each of the areas of (30 minutes):
   - Early Childhood
   - Youth
   - Adolescents
   - Women
   - Seniors
   - Mental health
   - Promotion and Prevention
   - Continuing/long term care
   - Home care
   - Training of health professionals

6. Are there any other areas that we did not touch on? Think about them as well as what the obstacles are to improving things in the areas that we just discussed. What are the main impediments to improvement? (10 minutes)

7. What would you like to see happen in the next five years in terms of improving the situation in your community? (10 minutes)

That is the end of the discussion questions. Before we end the meeting, is there anything else that anyone would like to add to the discussion? (5 minutes)

Thank you very much for your participation in the focus group. As I mentioned when we started, this information will help decision-makers make future decisions about French language health care services. Your input has been very valuable to this process.

Adjourn

Appendix 2 – Background for the Community Consultations 2009

Your opinion about the health care needs of French speaking communities is very important to us.

Background to Today's Consultation
In 2002 the Fédération acadienne de la Nouvelle Ēcosse held consultations similar to these to examine the broad health needs of the Acadian and Francophone populations. Then in 2004, the Setting the Stage project, which was specifically focused on primary health care, grew out of that work and built upon it. Now we want to see how far we have come and how far we still need to go, five years later.

Has there been any progress since the 2002 consultations?
Since 2002, a number of things have happened:

- The results of consultations were shared with government and local decision makers in the health care system;
- Nova Scotia introduced the French-language Services Act and Regulations, requiring that provincial government departments and agencies (like District Health Authorities) plan and implement ways of providing services in French;
- The regulations also state that government departments, DHAs and third party agencies must consult French communities when carrying out their planning;
- Some new services such as French language signage, identifying buttons for staff and directories at health care facilities have been introduced in some areas; and
- There is a Directory of French-Language Health Care Providers on the Internet.

So what now?
Now we want your help to identify where you have seen progress, what are the priorities, what remain areas of need and what are the impediments to improving your access to French language health care and the quality of such services.

What kind of Health Care Services are you talking about?
All kinds! We are interested in your ideas about improving the quality and access of French language health care services in areas like:

- Early Childhood
- Youth
- Adolescents
- Women
- Seniors
- Mental health
- Promotion and Prevention
- Continuing/long term care
- Home care
- Training of health professionals

Purpose and Objectives of the Focus Groups

The purpose of the focus groups is to assess progress and outstanding gaps in improving the access and availability of health care services for francophone and Acadian Nova Scotians. Specifically the objectives of the focus group are to:

- Identify what improvements have been made to access and quality of services in the past five years; and to
- Identify the health care needs of the Acadian/francophone population;
- Identify what gaps remain (needs and priorities) in providing health care services to the francophone and Acadian population.

Questions to Consider

1. To what extent can the Francophone and Acadian people in your community access health care services in French? Have you seen, or heard about any interesting or encouraging experiences, programs or services dealing with access to health care services in French in your community?

2. We are interested in your perceptions and experience with the quality of French language health services. Can you describe how well French language services are provided?

3. We are interested in your perceptions and opinions about the general health status of people in your community. Can you describe the top three health care concerns you face or feel that the community faces?

4. We are interested in your experience with health promotion and prevention services in your community. These are services that typically provide information to help promote better health and prevent people from getting sick or injured. Can you describe any health promotion or prevention activities or information that is available for the French population in your community?

5. Considering the list at the bottom of the handout, in your opinion, what are the essential or most important services required in each of the areas of:

- Early Childhood
- Youth
- Adolescents
- Women
- Seniors
- Mental health
- Promotion and Prevention
- Continuing/long term care
- Home care
- Training of health professionals

6. Are there any other areas that we did not touch on? Think about them as well as what the obstacles are to improving things in the areas that we just discussed. What are the main impediments to improvement?

7. What would you like to see happen in the next five years in terms of improving the situation in your community?

Thank you.