

The SSF and access to healthcare in French and Acadian language communities

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CONTEXT

- The Société and its networks
- Francophone demographics
- Language barriers
- Our network strengths & challenges
- Our ongoing initiatives





Société Santé en français

- The Société Santé en français, a meeting point for the 17 Networks, and mobilizes its partners to improve Francophone community membersquess to health services.
- National Organisation created in 2002 from the recommendations of the CCFCMS to put in place levers of strategic networking and service organization.
- Leadership within a national mouvement to enhance the health of Francophones and Acadians living in minority situation in Canada through access to care in the language of ones choice
- A partnership in action: A governing board that reflects the essence of our partnership model

Health Networks across the country







A vision of partnership





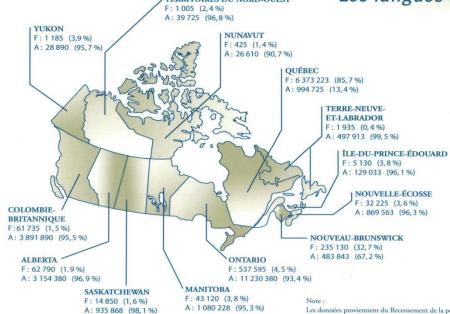


Role of the Société

- National spokesperson for the networks
- Strategic orientations of the Mouvement+
- Development of national initiatives and funder to the networks
- Professional and technical support to the networks and partners
- Sharing, dissemination and transfer of knowledge and best practices
- Interface between the BACLO, the networks and health projects promoters

Francophone demographics, OLC





Population de langue française (F) 7 370 350 (23,6 %)
Population de langue anglaise (A) 23 363 053 (74,8 %)

Population totale	
Terre-Neuve-et-Labrador	500 610
Île-du-Prince-Édouard	134 205
Nouvelle-Écosse	903 090
Nouveau-Brunswick	719 650
Québec	7 435 900
Ontario	12 028 895
Manitoba	1 133 515
Saskatchewan	953 850
Alberta	3 256 355
Colombie-Britannique	4 074 385
Yukon	30 195
Territoires du Nord-Ouest	41 055
Nunavut	29 325
Canada	31 241 030

STATISTIQUE CANADA. 2007. Première langue officielle parlée (7), langue maternelle (10), groupes d'âge (17A) et sexe (3) pour la population, pour le Canada, les provinces, les territoires, les divisions de recensement et les subdivisions de recensement de 2006 - Données-échantillon (20 %), produit n° 97-555-XCB200630 au catalogue de Satistique Canada.

Les données proviennent du Recensement de la population de 2006 effectué par Statistique Canada. Il s'agit de la première langue officielle parlée des Canadiens, une variable obtenue à partir des réponses aux questions du recensement qui touchent la connaissance des deux langues officielles, la langue maternelle et la langue parlée à la maison. Nous avons réparti également, dans les groupes de langue française et anglaise, les personnes qui parlent l'anglais et le français et qui ont indiqué les deux langues officielles comme langues maternelles et langues parlées à la maison. La somme des populations de langue française et de langue anglaise ne correspond pas à la population totale, puisque

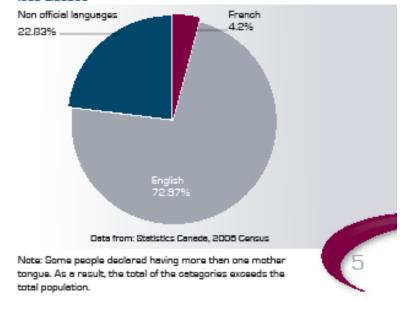
certaines personnes n'ont ni le français ni l'anglais comme première langue officielle.



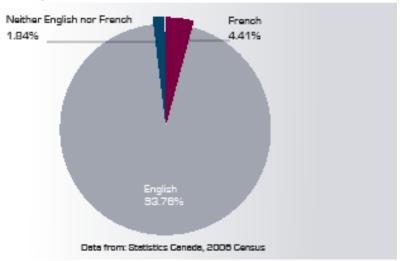


Profil des communautés, FCFA

Population by Mother Tongue, 2006, Canada less Quebec



Population by First Official Language Spoken, 2006, Canada less Quebec



Note: Some people declared having more than one mother tongue. As a result, the total of the categories exceeds the total population.





Language barriers ando access to care

Whe quality of health services that people receive depends a great deal on their ability to communicate in their own language. Understanding and being understood is a critical component of the relationship between a health care provider and an individual, especially when it involves changing behaviours, developing new habits, providing an accurate diagnosis, offering efficient services or reading instructions. Communication is and will always be one of the key factors in the health of both individuals and their communities+(extracted from the SSF Plan directeur, 2007)





A setting heavy with expectations 2013

MAXIMIZE OUR CAPACITY TO DELIVER AND MANAGE EXPECTATIONS

- Deal with different and sometimes conflicting work/health priorities between the federal and provincial/territorial health authorities
- Compensate for the glaring absence of funding in the HHR file for projects affecting attraction, recruitment and retention of HHR in minority Francophone and Acadian settings



Increased access how?

- integration with the priorities of the provinces and territories;
- solutions for small communities;
- synergy between the various initiatives;
- simpler and faster budgetary and approval processes;
- development of guidelines to measure accessibility, promotion and prevention;
- better use of technology to offer more services;
- What is measured is fundedo so measure and measure well
- And, increase in the number of service access points.



EXPECTED RESULTS OF 67 ONGOING PROJECTS BY 2013

- Greater access to healthcare services for Francophones and Acadians in the official language of their choice;
- Given particular attention to more vulnerable groups such as young children, youth and the elderly;
- Increased the use of two official languages et the delivery of health care;
- Better defined the needs in matters of health promotion and prevention and of specialized primary care services;
- Developed and implemented service delivery models as well as primary, specialized and health promotion service access points;
- Reenforced community capacities in decision making in matters of health and well being in French; and
- More SSF health networks are recognized by health authorities as incontrovertibles in matters of Francophone health services planning.



Above all, by 2013 we want to be able to affirm beyond a shadow of a doubt that we have made significant progress in facilitating access to quality French health services for individuals in their communities, and as a result, have improved their level of population health.





QUESTIONS ET DISCUSSION

