

Entité²

de planification des services de santé en français pour les régions de
Waterloo· Wellington· Hamilton· Niagara· Haldimand· Brant

One-on-One Interviews



Consultation Report - June 2018

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INTRODUCTION

This document is one of three reports offering a comprehensive overview of the needs and priorities in terms of health care of the HNHB and WW francophone communities. Since February 2018, the French Language Health Planning Entity (Entité²) has gathered the comments from key informants and stakeholders in order to determine the most pressing needs of the community in terms of home and community care and mental health, as well as the barriers that exist for the French speaking community in accessing these services. This consultation exercise was complemented by a WW and HNHB LHIN wide community survey on needs and gaps in French language services. These findings were compiled in two reports on the subject matters listed above.

The present report covers the third phase of the study. In order to further understand the challenges faced by francophones in accessing French language services, we met with more than 30 members of the community (20 participants in HNHB, 11 participants in WW) who were willing to share their stories with us and conducted individual interviews. In doing so, we aimed to gather information on patient experiences pertaining to the main focus areas as per Entité²'s Action Plan, namely immigration and health equity, primary care, seniors and community care, and mental health. This report aims at summarizing the identified gaps and challenges per focus area, and at recommending solutions based on the results of the interview analysis.

These one on one interviews included questions on the participants' experiences with the health care system, specifically in regards to French language services, how they feel about receiving or not receiving services in their language of choice, how they would rate access to French language health services in their region, as well as questions regarding their ask of French language services, why these services are important to them in the context of healthcare, and how the system could help the francophone community in better accessing them.

In this report, we have identified common challenges, gaps, experiences, barriers, and issues that the francophone patients and families we interviewed have been faced with as they try to navigate the health system. To this day, some are still facing some serious challenges in accessing equitable services. In some instances, their journey through the health system has left them very insecure and anxious, because, as some of them put it, *if you don't know what you are told or what you are signing, how are you supposed to know what to do?*

Some of the challenges we heard were not new to us. Participants have confirmed over and over again that they do not ask for French language services because they don't think they are available within their community. This is consistent with our survey findings. In WW, both in 2016 and in 2017, most people have provided two main reasons they do not ask for services, namely that they can get by in English and that they don't think that the services would be available. Also, most participants have expressed frustration with the lack of information on available French language health services. In 2017, Entité² recommended that the dissemination of the information

be improved “... *by preparing and updating lists and directories (new and existing) and by making sure that workers who interact with the population, (...), are aware of these lists and directories and use them.*” Even if this is being addressed, the issue of improving dissemination of information cannot be solved quickly.

This report highlights, on the one hand the anxiety, the frustration and the insecurities that are associated with the lack of French language services. On the other hand, we want to propose some very practicable solutions to enhance patient safety and to improve health outcomes for the francophone population in need of linguistically appropriate services. We also want to celebrate the successes that have been brought to our attention in the course of conducting those patient interviews.

PRIMARY CARE AND RELATED HEALTH CARE

GAPS AND CHALLENGES

- Access to care
- Interpretation and patient safety
- Lack of active offer of services where available
- Lack of information on available services

1) ACCESS TO CARE

Many participants in HNHB, both in Welland and in Hamilton, receive French language primary care from the Centre de santé communautaire Hamilton / Niagara (CSC), and many have expressed gratitude that these services are available to them. This sentiment is especially prevalent with the senior population, as they have seen an increase in the offer over the course of the past 25 years, especially around the Welland area.

"We are very happy (about receiving services in French). We are bilingual, we are able to speak both languages. But for my mother, she speaks a little English, but it's much easier in her mother tongue."

"I'm lucky to have the CSC, and it's French there, so I do not have any problems, when I have to go elsewhere, I often bring someone who is bilingual to be certain that I understand correctly."

"Really, the CSC, I consider them a bit like my family."

However, while satisfied with the services they receive at the CSC, many participants have identified challenges in access to services related either to the hours of services, or to the limited emergency services provided at the CSC. Francophone clients would like to have access to FLS after hours and would like to see a health care provider relatively quickly when a situation arises. The CSC is able to meet some of the francophone population's needs, yet there remain significant gaps, especially when it comes to unexpected health issues that need to be addressed urgently.

“So, what do we do during the night, if I have a child, we are francophone, he is sick, who do I address? What do I do if I do not understand what I am told? So, there is a problem... I think we should make sure that they (CSC) have an extended schedule.”

“The only thing that bothers me about the CSC is that if there is an emergency, often you can not see him (the doctor) right away, you have to make an appointment with your doctor 3 weeks ahead. I'm sick right now.”

Some have also proposed to increase the service offer at the CSC in order to fill that gap in FLS.

“There is the CSC which is a health center, which is not a hospital. It's a center, which means the services are reduced. ”

“There are no emergency services at the CSC as far as I know. But the CSC should put in place something like that”

In both regions, certain participants expressed to what extent the access to French language services are important to them, including their willingness to travel out of area.

“Personally, if I could travel 50km to have someone francophone I would, because health is paramount and after a while, especially when we address things that are very specific and rather serious, it's important to be able to use the precise words. ” - HNHB

“ (...) he was supposed to operate ... I was going there for that ... when that happened (not being well received by the doctor for not having brought an interpreter) I told myself I'll keep it like this for now, I'll go to Quebec and have surgery in Quebec.” - HNHB

“... I really would have preferred to have a French speaking specialist with whom I could speak. There was none in the greater Toronto area I do not have the time to travel even further than Toronto to receive services.”

- HNHB

“When I arrived here...even if I wanted to have a doctor in French, there were none available, so I got referred to the Francophone Centre in Toronto and was able to access services in French. I looked at my options in Hamilton, there was no available doctor at the time I inquired. Later when another doctor was available, I decided to stay with the francophone doctor in Toronto...the distance is still huge, but I accept the responsibility... - WW

In Waterloo Wellington, when asked what could be done in order to better serve the Francophones in the region, a French speaking family physician was cited as being the first step,

since a large part of concerns are communicated to and through the primary care provider. Specialists report back to the primary care provider, meaning they can follow up and provide suitable explanations to the patient in French if need be.

"I would start with primary care and then the rest would follow." - WW

"I think if you could find a family doctor who speaks French, you've already made a big step. 60-70% of things that come up, you will talk to your doctor. The rest, all the better if they manage to find another professional who can do a better follow-up, like a specialist, because there are surely some. But a family doctor who speaks French who is interested in speaking it, it is already a big step forward." - WW

PRELIMINARY RECOMMENDATIONS

HNHB:

- **Explore the possibility of increased medical personnel at both CSC sites in order to schedule services after hours and to provide a level of walk-in services.**
- **Increase knowledge of existing French language capacity throughout the system in order to create a network of care that can support the needs of the francophone community around the clock.**

WW:

- **Explore the possibility of recruiting bilingual physicians in Community Health Centres located near francophone hubs (i.e.: see the recent development of FLS at the Rexdale Community Health Centre in Etobicoke)**

2) INTERPRETATION SERVICES AND PATIENT SAFETY

More than two thirds of the interview participants either mentioned the need for interpretation services, especially in hospital and emergency visit settings, or the patient safety issues arising from the lack of such services. Some have suggested that interpretation could be provided by French speaking personnel on duty, at the hospital or at the doctor's office.

"If I had someone who could understand me (...) even if it's not a nurse, just someone who could translate for me. Even if the person is not a doctor, just an interpreter. Someone who can really explain, because once I tried to explain the doctor, but I did not really find the word. When I said something like "I have itchy" I did [scratching my arms] to explain. Because maybe with my accent, I'm not saying it well, I'm trying to explain with pictures (...). It was very frustrating." HNHB

"...in the large ER, why is there not at least someone who speaks French to whom we can be referred and who could translate, because in case of an emergency, there is no time to ask someone to come with you". - HNHB

"Would it be possible for English (speaking) doctors to have a French (speaking) secretary or a French person working in their offices, and if someone can not manage in English, that person could interpret? She's a pure stranger, she does not know you, she can (respect confidentiality)" -HNHB

There is blatant confusion when it comes to the responsibility for arranging and providing interpretation services. In one case, a patient decided to postpone an intervention he needed because the doctor who was going to perform the operation seemed outraged that the patient did not come to his appointment with somebody who could provide interpretation.

"He (the doctor) was almost insulted because I did not have a translator. It was at the hospital, they were supposed to send a translator for the day of my appointment and I did not have any. When I arrived there, he was not in a good mood. When I left (without getting care) I tore up his business card". -HNHB

Even when patients are made aware of the availability of interpretation services, the confusion as to who should arrange for the service provision remains a barrier. The hospital provided one participant with a handwritten phone number on the back of a business card. He was told that this was the number the personnel had to call in order to get interpretation services over the phone. While the action was likely well intended, it left the patient with the onus of explaining to the staff, a practice that he might not have grasped that well himself. Whether he ultimately gets the service or not hinges on his ability to explain the process and on the good will of the employee he will be dealing with.

"If I go to see a doctor who is English, do I have to call ahead so that they call this number, because I was told that I can't call myself, THEY have to make the call. If I ever have an appointment with a doctor in English, do I have to tell him before on the phone that he has to call this person?" HNHB

Another participant recounted the experience she had at a Hamilton-area hospital as she sought French language services for a family member requiring care. She received conflicting answers as she unsuccessfully requested French language services. In the midst of experiencing a very stressful situation, this participant was dismayed and confused at the contradictory information she was receiving from the personnel.

"...and that person (at the information desk) told me "yes we have (support and interpretation services for French language services), but you have to pay for it". Then on the floor where (my relative) was ... I asked the question at the nurses' station ... and then "no, sorry, there is no one here who speaks French." - HNHB

Unfortunately, such situations are not as uncommon as we would like. The story of a man who was tied to his bed because he was deemed agitated by hospital personnel is particularly harrowing. He was in fact trying to express that he was nauseated by telling them his "heart hurt" (*avoir mal au coeur* in French).

"...one of my colleagues told me that her father had really big problems in the hospital. He kept saying "my heart hurts" but that's not exactly what he meant. In French it means "I am nauseated" in the sense that he wanted to vomit. They did all sorts of cardiac tests and he said again "no, my heart hurts" (...) to such an extent that they found him too agitated and tied him to his bed. My colleague got there, her father tied to his bed, then her father says "I do not know what's going on, I want you to get me out of here, they do not know what they're doing, they are doing tests on my heart, I have no problem with my heart, my heart just hurts (j'ai mal au coeur = I am nauseated)." HNHB

In Waterloo Wellington, a patient shared a positive experience she had as she accompanied a friend to an appointment in the Hamilton region.

"What struck me, something that we do not have here (in Waterloo Wellington) and could be interesting, when I met the doctor with my friend, the social worker made a request in order to provide me with an interpreter who spoke French with the doctor. I was able to meet the social worker who explained to me a little about what she (my friend) had with the interpreter, and then when I met the doctor, the interpreter was there to translate what the doctor could say to my friend. The first time I did not have it (the interpretation service), but I wanted to know ... her (friend's) family was in Montreal and I wanted to know exactly the diagnosis ... So that's a service

that could be added for hospitals. We should have the interpreter come in to help ... Because it's like an essential service. The doctor will be better off, the patient will be better off and then the people in the family will be better off. " - WW

Misinterpretations that were not serious due to the nature of the issue, but that could have been exacerbated in cases where the health issue would have been more pressing and was not well understood, or if certain instructions were not communicated efficiently (for example, before a test or surgery, in terms of taking medication, etc.) This could easily become a question of patient safety.

"They were three stressful situations, then it was as if my brain... I could not find the words, because at one point my arm was all swollen, instead of saying" swelling" I said "swallowing" . Just to show how I was no longer there."- WW

"I thought to myself, if it was something serious. If it was something, even to save my life, or avoid a complication. It would be really serious. " - HNHB (following the event of being referred for a pap test, when she had had a hysterectomy back home, but her primary care practitioner could not read her medical file which was in French.)

"... were you prescribed the right medication, did you explain with enough precision, did the doctor understand how you feel, what is the pain you're feeling? An error is not to be taken lightly, instead of giving this, they give that, there can be a lot of harm done. In terms of health, one has to be careful I would say." - HNHB (if there is uncertainty surrounding the ability to clearly express concerns or symptoms, how are patients to feel comfortable that their doctors understood and prescribed the appropriate medication?)

When such cases occur, it is understandable that the lack of FLS and/or of interpretation services generates fear and anxiety amongst many of the people we encountered.

"...I have a lot of anxiety about my English in the sense that I understand everything I am told, but I have anxiety towards speaking English. I have a mental block and it is true that it is very difficult to be understood and to be well understood. " - HNHB

"... it causes, not anxiety, but frustration, and maybe it's a bit of anxiety too, that if something happened to me here (in HNHB), there are very few health professionals who would be able to explain to my family what really happened, since my family does not speak English. If something ever happened to me and my family came here, and they had to do something on my behalf if I was not able to express myself, that would be just impossible. "- HNHB

“It's always worrisome to ask yourself did I understand correctly? Or I didn't understand, and I would have liked to have it better explained to me.” - WW

“We do not have the choice but to trust, even if we do not understand 100% because we have no other options” - WW

We also know that in times of high stress, traumatic incidents, states of shock, people who can otherwise get by in another language will return to their maternal French language. In a time where they most require care, they lose the ability to efficiently get their point across and communicate in English.

“When you are really sick, you lose your English a bit, because you are very emotional, and suddenly it is your mother tongue that comes back to you. - WW

“That's what I find is not right, especially for those who start to have dementia and Alzheimer's, it's their mother tongue that comes back, even if they knew a little English and they could get by. It's not right to force them to try to get by.” - HNHB

PRELIMINARY RECOMMENDATIONS

- **Promote the availability of interpretation services amongst Health Service Providers and educate the community and the health care personnel on the process to access those existing services.**
- **Encourage self identification of personnel with French language proficiency through active offer training, incentives. Promote participation in the existing Active Offer online training as developed by the Réseau du Mieux-Être Francophone du Nord de l'Ontario (www.activeoffertraining.ca) that is free of charge for people working in the health sector.**

3) ACTIVE OFFER OF SERVICES

When asked what would incite the interviewees to request FLS when seeking health care, more than half answered that if the services were actively offered, if they were posted, if the French speaking personnel would wear identification badges (stating “I speak French” for example), if there was signage indicating the availability of FLS, participants would not hesitate to ask for them.

"I will attempt (to request FLS) when I see at the counter that it's written "French / English". It tells me that the person is supposed to speak French and English. Otherwise I will not ask "do you speak French?" - HNHB

"I think they're not identified (FLS) because they do not exist. If they existed, I imagine they would identify them. You'd be surprised though, because the number of times, I'm thinking at the hospital for example, nurses at the hospital who speak in English, but realize you speak French because they hear your French accent, and switch to French, but they do not offer (FLS actively). "- HNHB

"If, however, there are signs, as they sometimes put in both languages, that would tell you that maybe we can have services in French. We can not know it directly but, for example, if I go somewhere and I see there are little notes, notices in both languages, I say to myself there may be someone who speaks French here" -HNHB

"Just wearing a nice badge that says "BONJOUR", especially in the hospital setting. Let everyone know, if there is someone who approaches them who speaks French and who asks for services in French, that they know who to refer that person to. That's all I would like to have. Just that, I would not be here talking about the rage I felt about services for my parents." HNHB

"... I know we do not have any (French language services). It's hard to ask them. "-WW

"If it (French language services) were announced, it would encourage me to ask" - WW

PRELIMINARY RECOMMENDATIONS

- **Support identified HSPs in the implementation of active offer strategies in order to improve access to available FLS to the francophone community.**
- **Promote the participation of HSPs in the existing Active Offer online training as developed by the Réseau du Mieux-Être Francophone du Nord de l'Ontario (www.activeoffertraining.ca) and that is free of charge.**

4) DISSEMINATION OF INFORMATION

Close to half of the participants have identified the lack of information on available services as a challenge and as a barrier to access. Different formats have been suggested to bridge the information gap, such as lists, websites, databases, etc.

"Yes, I am aware that services can not be equal everywhere, but there should be efforts to identify and disseminate information for Francophones in the different regions of Ontario because there are health professionals who are able to serve in French, they are just poorly identified and not known by the French-speaking clientele." - HNHB

"Of course, if we had a list of francophone doctors in the region, I would be tempted to go see that person." - WW

"There is no database that would allow me to, for all things that are outside the CSC, that allows me to know where I can find a French practitioner. So even if I wanted to take it upon myself to have all my health services in French, this data is not available." - HNHB

"There is no communication online even on the websites (...). At least if there would be sites where people could search, like websites or social media, that way they could communicate and let people know, yes you can have services in French or who offers services in French and then where to find them, I think it would be simple and then it would be possible to share that with community health centers, even social workers and those who offer services in long term care homes, because I find that often people are just not aware of what is out there." WW

To make matters worse, being identified as a French speaking healthcare worker is oftentimes perceived as a burden and patients are sometimes aware of this concern. This sentiment was also brought up in the context of consultations with stakeholders and frontline workers. Within the system, French speaking individuals have shied away from identifying themselves as such, due to the increased workload and added responsibilities.

"I know that there are nurses who speak French but do not want to say that they speak French because of their shifts. I experienced that myself, and so did my husband, they think "if I'm going to do the work (of providing FLS or interpretation), no one's going to do my job, (...) the person might be able to help, to communicate to help the patient, but her job, when she returns to the floor or elsewhere, will not be done by another person, (...), she will have to finish her day (...). There should be some help for that person, because if they are helping the patient. If nobody does the person's job, and she still needs to deal with her workload, it is not beneficial (for a health worker) to self identify (as French speaking)." - WW

"... the (FS) support worker who was there said "no, that (the fact that they are French speaking) can't be shared, we don't want to be asked to work on weekends to serve as interpreters" that's the story. (...) If Francophones would receive salary incentives because they are also working as interpreters, they could actually serve as interpreters. That has not been negotiated (...) those things should be negotiated." WW

"I learned not long ago that there are people who do not like to identify as French speaking and that really shocked me. For me, it's a shock, but for them it's maybe their choice, because it depends what they have known in life, it depends on the reasons why they do it ... Because I'm so proud to have the language so I don't know why I would not mention it if it can help someone else. But I think it's common in healthcare services. " WW

PRELIMINARY RECOMMENDATIONS

- **Improve dissemination of information on available French language services by ensuring that the information is readily available to the community, as well as to the health and community care professionals, and in appropriate formats. This includes the mapping of existing services available in French, as well as the ongoing update of lists and directories (new and existing).**
- **Encourage self identification of personnel with French language proficiency through active offer training, incentives. Promote participation in the existing Active Offer online training as developed by the Réseau du Mieux-Être Francophone du Nord de l'Ontario (www.activeoffertraining.ca) that is free of charge for people working in the health sector.**

IMMIGRATION AND HEALTH EQUITY

GAPS AND CHALLENGES

- Lack of knowledge of French language services upon arrival (mainly through settlement services)

All of the challenges identified as part of the Primary care focus area relate equally to the immigrant population we have interviewed. Some of the patient safety issues were exacerbated by the fact that the patient's medical history had started in a different country.

While the immigrant participants have expressed the same needs for access to French language services, interpretation, information on available services and active offer of French language services, they are also facing an additional challenge, because their initial access to services in Canada, be it health services, education, government services, etc. is skewed by the settlement services they receive upon arrival. Even though this is not directly a health-related issue, it does represent a significant barrier to services for the francophone newcomer and refugee population.

"... when you arrive for the first time, you usually do not know everything. So the people you work with are anglophones, they do not know either, and it's easier for them too to work with anglophones because they do not speak French. I remember, I had to fill out a form, there was the form in French, I filled it out in French, so the guy said "if you want me to help you, I do not know French so it's easier for me to be in English. " I have to find someone to translate for me, but then, if we could find someone who spoke French it would be easier. "- HNHB

"...when you arrive (as a newcomer), they do not mention that this is a possibility (receiving your services in French) as an immigrant. When you arrive, they do not tell you, for example, the YMCA, because you get tested (...) in language proficiency when you arrive in the area, they do it all in English. So, you do not have access to French ..." WW

PRELIMINARY RECOMMENDATION

- **That the LHIN, in collaboration with the Entity, continue to engage with settlement agencies and other organizations that support the immigrant population, to ensure that the francophone newcomers are aware of existing FLS and have access to those services in a culturally appropriate manner.**

SENIORS AND COMMUNITY CARE

GAPS AND CHALLENGES

- Access to French language home and community care

While the aforementioned challenges relating access to services, lack of interpretation services, lack of information on available services and patient safety apply to the seniors' community, both in HNHB and in WW, some challenges remain specific to that population, namely the access to home and community care in French.

“For example, (name of third party provider), the services they give, help you with your shower or your bath, there are none in French (...) They did not have any (FLS). But they did not want me to take a shower alone. So, to begin with, they gave me 3 days a week ... they offered me the service (in English). As long as I had the service I said yes, but I was disappointed I couldn't get FLS. But the girls on the floor below, there are some who work here in French, I know them, but they do not work for the same company. I do not know what the other company is ... There is one in the dining room that speaks French. There are some who do the housework, there are not many ...” HNHB

One of the participants we interviewed was providing round the clock care to his wife, who suffered from the later stages of dementia. While he could communicate in English with the service providers, he noted that his wife was reacting very well to hearing her mother tongue.

“Well, we are happy to have the CSC, the center provides a lot of (FL) services when we go through them, the rest is dribs and drabs, there is one here, there is one there, you can not rely on it.” HNHB

PRELIMINARY RECOMMENDATION

- **That home and community care services identified as priorities by the French speaking community be addressed and planned for in collaboration with the Entity, in order for Francophones to receive French Language services when needed.**

MENTAL HEALTH

HNHB GAPS AND CHALLENGES

- Rarity of French speaking psychologists and / or psychiatrists in the area and/or lack of knowledge of where the specialists are within the territory

Francophones feel obligated to seek services outside of the LHIN to access a French speaking mental health practitioner due to the scarcity of French language specialists in the area. Especially with such a sensitive topic and proper care relying so heavily on what is expressed verbally, there is great importance placed on wanting to be comfortable in the exchanges occurring with the practitioner. This was often mentioned as being a barrier to care. One participant shared having to drive to Oakville often in order to obtain French language services. Another mentioned that she is willing to make her way from Hamilton to Toronto if it means she can get her services in French but had not yet been successful in finding a psychologist.

"What I find difficult, is when we talk about a health service where communication plays an important part. If it's a surgeon, do not worry, you'll be asleep, he'll do his surgery. But if when it comes to psychology, it's 98% of the communication with the person. Speech therapy, for francophone children who go to a French-language school, you need a French-speaking speech therapist." HNHB

"Not only because I feel that I can better understand my condition, and in the language, but also out of respect. And in addition, there are domains, despite the fact that I am bilingual, I really prefer to speak French." WW

"...if you take someone who is 88 years old, who is unilingual French, and at some point must see a psychologist, or a psychiatrist...something more personal, there is a problem ... If we are bilingual it is fine, but if you are unilingual, wow."- HNHB

Correspondingly, when a participant was asked how they felt about being able to receive mental health services in French, the response was unsurprisingly positive.

"It's nice, it's reassuring. My family doctor had already offered me workshops of the same kind in English and I said to myself, how do you want me to go meditate and learn to relax, when it is not relaxing at all when you have to try and force yourself to understand what they are going to say because you are not sure you understand everything 100%. So just receiving the service in French, it is already more comforting, the fact that you understand everything they say. It's very appreciated." - WW

In HNHB, many appreciate the mental health services received from the CSC, namely in the case of coping with grief, managing panic attacks, youth mental health services, groups, etc., though most participants who are clients of the CSC are also conscious of the limitations on the services they provide. Psychologists and psychiatrists are not available through the CSC and it has been identified that this would be an asset for the francophone community. It has however been noted, that patients believe that if a psychologist was readily accessible, they would surely be overwhelmed with cases.

“But it must be said that even if there was a francophone psychologist, she would be burned out after three weeks.” - HNHB

PRELIMINARY RECOMMENDATION:

- **Improve French language mental health and addiction service navigation by compiling and analyzing lessons learned in other mental health and addiction navigator projects across the province, update the directory of LHIN funded French language services and promote existing services based on the mental health and addiction needs identified by the Francophone community.**

One-on-One Interviews

Consultation Report - June 2018

Entité²



de planification des services de santé en français pour les régions de
Waterloo· Wellington· Hamilton· Niagara· Haldimand· Brant