

Entité²

French language health planning for the regions of
Waterloo · Wellington · Hamilton · Niagara · Haldimand · Brant

Report on Lessons Learned from French-Language Health System Navigators



January 2019

French Language Health Services...
Better Health Outcomes !

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Introduction

In an effort to support the Hamilton-Niagara-Haldimand-Brant Local Health Integration Network (HNHB LHIN) in their work on improving navigation of French language services within the local healthcare system, the French Language Health Planning Entity (Entité²) collaborated with DOYON + DUPUIS consulting firm to provide an overview of existing navigation models, gather information indicating promising practices and report on lessons learned.

Through a literature review on health system navigation and a collection of one-on-one interviews with French language health service navigators who acted as key informants, a great deal of material was gathered to accurately depict the portrayal of navigation of French-language services. By offering a synthesis of this material, the report will:

- Review existing definitions of health navigation;
- Explore navigation positions as a mechanism for improving access to social and health services to the francophone population in a minority setting;
- Identify the challenges that make navigation of the health care system more difficult for the French speaking population;
- Present a summary of existing practices and highlight similarities and variations in scope, impacts and issues;
- Compile lessons learned gained through the experiences of existing French language navigators and the literature;
- Identify practice guidelines and winning conditions for efficient navigation.

The report culminates with the identification of winning conditions, fundamental in establishing a navigation service to attend to the specific issues facing Francophones, whether it be to help support the upgrading of an existing service in expanding their scope or to develop future services to more effectively provide appropriate care to the French-speaking population of the HNHB LHIN.

Navigation of French language health care services

Definition of navigation

Given the range of approaches that characterize navigation programs, there is no commonly accepted definition of system or patient navigation. A literature review by Carter et al., analysed 34 pieces of literature on the matter in order to specify defining parameters that offer a general foundation.

Firstly, the literature review highlighted models that addressed both health and social service navigation, an important step in recognizing the intrinsic relationship between these two facets of care, especially when addressing the social determinants of health. Their research was based on the following navigation concepts:

- 1) “facilitating access to health-related programs and social services for patients/families and caregivers;
- 2) promoting and facilitating continuity of care;
- 3) identifying and removing barriers to care; and
- 4) effective and efficient use of the health care system for both patients/families, caregivers and practitioners¹.”

Barriers to care which navigators can help address can be systemic or individual in nature. Systemic barriers are those caused by the structure of the system, for example fragmented services, whereas individual barriers are specific to each person and may include transportation, lack of social support, mental health concerns, etc².

Navigation is at once focused on person-centered care by connecting people with services that are tailored to their needs and “may include activities such as assistance with appointment scheduling, transportation, accompaniment, referrals, health education and counselling³,” and on a system-level approach, with emphasis on connecting, linking and supporting clients in the overall health system rather than to focus on the clinical components and specific service policies⁴.

Other common features that shape such a position include but are not limited to: accompaniment⁵, advocacy, health education, case management⁵ and facilitating self management⁶.

As we compare titles, job descriptions, desired outcomes, etc., both within the literature and within the local context, we quickly realize that the essence of health navigation programs is similar. However, programming approaches or precise sets of activities undertaken by navigators will differ, as each program is intended to target “the specific needs of clients in the local context⁷.”

The role of a navigator itself proves to be a resource for the population for which they are intended, as they are knowledgeable of and sensitive to the needs and supports available to the specific population and act as a consistent contact and a personal guide to appropriate care. This person has access to, or has the means to gather, the information needed to identify possible routes for service and support for the people with whom they work and for whom they care⁸.

In this case, we speak to the needs and supports available to a specific subset of the population – the francophone community.

Why navigation?

French language health services

The Public Health Agency of Canada states that health services are a key determinant of health⁹ – both access to care and quality of care affect one’s health status¹⁰. Studies have revealed the limitations caused by language barriers for minority communities and we can infer the repercussions on both of these factors.

Within our provincial context, experts believe there are “social and health disparities that can be attributed to the minority issue [...] Language is the first line of communication between health care professionals and the population, and the impact of the language barrier on health is increasingly better documented¹¹.” Sarah Bowen’s research on the matter states that the impacts on quality of care are observed at all stages of the health continuum¹².

Language concordance between patients and service providers contributes to an array of positive outcomes and behaviours, including more frequent visits/interactions, higher rates of treatment compliance and higher physician and patient satisfaction. In cases of discordance, French speaking patients reported difficulties comprehending medical conditions and proper medication use, and physicians are less likely to provide health educations during these interactions¹³.

Linguistic barriers also affect patient experience. Patients’ experience with care, particularly communication with providers, correlate with adherence to medical advice and treatment plans, and those with better care experiences often have better health outcomes¹⁴.

The Change Foundation’s PANORAMA panel, made up of more 30 Ontario patients and caregivers, weighed in on their thoughts about navigators. In the resulting 2013 report, the panelists identified individuals who they thought would benefit the most from navigators. Among the list were “those with limited geographic access to services and those with communication barriers, language or otherwise¹⁵.” With French language services being so few and far between, both these characteristics could apply to some francophone communities. Navigation could be used to find ways to avoid travelling such distances to access service when it is not feasible for the client or can facilitate the connection for those who are interested and willing.

In health care and in social services, we often see care pathways, system maps and flowcharts streamlining the process of a patient’s journey through the system in order to connect them with appropriate services. We can safely assume that if a connection is made with a given agency, service will be provided in English. The same can not be said for French language services, and the limited

French language services available within the HNHB region would make it difficult to repeat similar exercises.

"Personally, if I could travel 50km to have a francophone [health professional] 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 community member, *One on one interviews, Consultation Report, Entité2, June 2018*

It has been clearly demonstrated that, similar to other significant factors such as age, gender or income, the “francophone-in-a-minority setting” variable is an essential consideration, having a direct impact on individuals and major implications on the efficiency and effectiveness of the Ontario health care system. To adopt patient-centred care and focus on the patient as the key concern of the health care system, and ensuring high quality services for all Ontarians, necessarily involves equitable access to quality care for the Franco-Ontarian community in all its diversity¹⁶.

The importance of navigation for Francophones

In Ontario, health and social services are numerous and complex. Clients are left to navigate the system, appointments, specialists, communications, etc., during moments of crisis, personal and family distress, illness and fear. In this context, and with a health system often under pressure, the patient faces a limited time with their doctor who can not take the time to explain the entire system, services and treatments. There is a gap at this level for services in general, but even more so when it comes to services in French, where barriers are more prevalent¹⁷.

«The system has always been complicated, in my opinion. The patient will sometimes want to seek help from their doctor, but they have limited time and can not explain the system to the patient. Their secretary can not follow up with the specialists. There was a gap, especially with the aging of the population. »

– Julie Lanteigne, Executive director of the French Health Network of Central Southwestern Ontario

"Before, everything revolved around the family doctor. The system has gotten to be very complex. It has exploded in recent years, we could make it much simpler. Currently, Francophones think that by asking for services in French, they will have to wait longer. The navigator will allow francophones to better navigate the system (...) and make optimal use of services in French », explains France Gélinas, opposition critic for the health portfolio in Ontario, and former opposition critic for Francophone affairs, in response to the creation of a navigator position at Chigamik Community Health Centre in 2015¹⁸.

In his 2009 report on French language health system planning, the French Language Services Commissioner stated "In some regions, there are French-speaking health professionals but they are tucked away, like well guarded secrets. Interaction amongst these professionals has not materialized. In many cases, they do not broadcast their ability to speak French for fear of being swamped with patients. For example, a Francophone nurse will identify herself as an Anglophone to avoid being overwhelmed with patients. The health system relies too heavily on Francophones to identify themselves as Francophones within the system, and this is affecting the system's ability to retain those professionals who do report that they speak French¹⁹."

To this point, the directory of French language services within the HNHB is often not a fair reflection of current services being provided nor of the French language capacity within the healthcare system. Few communities have an inventory of all available services and/or French-language resources available, particularly because:

1. Active offer of French language services by providers is sparse;
 - According to the information collected through OZi, a data collection tool capturing the offer of French language health services within LHIN-funded agencies province wide, many HSPs claim that identification of Francophones is based on the self-identification of clients.

2. Few French-speaking health service providers actively identify themselves as such;
 - In April 2018, OZi identified close to 300 employees within the HNHB LHIN's 33 identified and designated French language service providers alone– this does not translate to the amount of services provided within these regions.
 - Entité2 consultations highlighted that French-speaking community members may come across health professionals who speak French but are reluctant for fear of being attributed additional tasks, more responsibilities, etc. Frontline workers whose positions do not include the mandate of serving Francophones have agreed with these anecdotal findings.
3. Positions held by French-speaking frontline workers are often not designated French language services;
 - Practically, this means that a service is currently available in both English and French due to a bilingual staff member, will most likely become unilingual with employee turnover and attrition.
 - Point-in-time data collection exercises do not account for these staff changes, making the maintenance of an updated and pertinent directory of services and resources a difficult feat.

It is therefore difficult to create a reliable mapping of services and care pathways for the francophone community. This lack of information is often brought forward as source of frustration by community members.

“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...and let people know, yes you can have services in French or who offers services in French and then where to find them...often people are just not aware of what is out there.”

– Francophone community member from WW, Entité2 one-on one consultation report, June 2018

“There is no database, for all things that are outside the Centre de santé communautaire Hamilton/ Niagara, 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.”

– Francophone community member from HNHB, Entité2 one-on one consultation report, June 2018

Following the 2006 census, the Survey on the Vitality of Official-Language Minorities (SVOLM) took place from October 2006 to January 2007, in hopes of shedding some light on the situation of individuals living in an official language minority in Canada (Francophones living outside of Quebec and Anglophones living in Quebec). The survey showed that in municipalities in which Francophones make up less than 10% of the population (such as the large majority of the HNHB catchment areas), 66% of Francophones stated that it would be difficult or very difficult for them to obtain services in French²⁰. This percentage suggests that Francophones are not knowing where or how to obtain French language health services, indicative of a lack of access and/or of information²¹.

The lack of an accurate directory and a formal and identifiable navigation services leaves the community looking for answers and potential solutions through other means such as informal networks (francophone associations, families and friends, religious circles, schools). Though some connections may be made that way, it is also a real possibility that many needs are also not being met.

As identified in the following case study, the unmistakable need for information and service navigation from the minority francophone population was made obvious in a local context where a mental health position quickly adapted to become the quintessential definition of navigation.

Case Study – “Marguerite”

During our collection of information, we had the pleasure of interviewing several navigators. “Marguerite’s” story was particularly noteworthy because it describes the evolution of a navigation service and how it met a need for clients from a small fragmented francophone community. (To protect the privacy the individual, their name has been changed and identifying details have been omitted.)

Marguerite had worked in the mental health field, more specifically in the field of psychiatry, with the aim of improving Francophones’ access to the services they needed. The role of navigation came naturally to her, although the associated tasks were not listed in her initial job description. As a trained nurse with a master’s degree in public health, she had previously worked in community development and was naturally well connected with the Francophone and refugee communities, assets that meant that had existing connections with local community organizations and other stakeholders.

A trusting relationship, with both community members and health professionals, had to be established, strengthened and maintained. With time, people came to know her, an important factor as her role as a navigator, according to Marguerite. Community members would reach out to her, not only for mental health care, but for the navigation of any other French-language service (legal, social, health, etc.). Local doctors and other practitioners also referred her patients.

In order for her to successfully navigate the local services, it was important to be knowledgeable on the subject matter as a health professional, but also for her to be able to communicate in both English and French. Initially, she had conducted an environmental scan (people, organizations, committees, associations, statistics, volunteers, etc.) in order to gather a basis of information and better refer clients to the appropriate services. The community itself was a source of knowledge in better understanding the linguistic minority and cultural context to better do her job.

« ... if I did not find a francophone professional, I went with the client to help them navigate services, understand interactions and access services. We must be flexible in a minority context. »

– “Marguerite”

She then developed protocols, collaborative agreements and project evaluations with schools, boards/councils and agencies, a step, she emphasized, that made her task easier and enhanced the legitimacy of her role. She also developed an advisory committee that included Francophones and local organizations to ensure networking and strong links between pertinent stakeholders.

Marguerite felt supported by upper management and her agency, despite being the only one doing the kind of work she did. They provided her with resources at their disposal, as well as the freedom to create the tools or connections she needed to better perform at her job. She also felt comfortable discussing with management when challenges arose in order to find viable solutions.

That said, the success of this position was largely the result of personal initiative. The network she created, the relationships of trust and the practices developed during her time as a navigator were not systematized. Consequently, they are not all easily transferable to someone else, despite her desire to document. When she left the position, her employer did not see to recruit someone else before she left to ensure a transition / succession, thus no knowledge transfer was able to occur.

Marguerite had no specific training in navigation. She learned through working with mentors in the field to find models and solutions tailored to the needs of her clients. She mentions having instinctively accompanied her clients to appointments. She would also meet them wherever they were, in community, in schools or at the offices of community organizations. All this to better know and understand their needs and challenges. As she pointed out, she was doing everything except driving them back in her car. By necessity, she admits that this position has become her vocation. Marguerite is convinced of the profound value that navigation brings to patients, particularly those who need access to services in French.

The benefits of navigation for Francophones

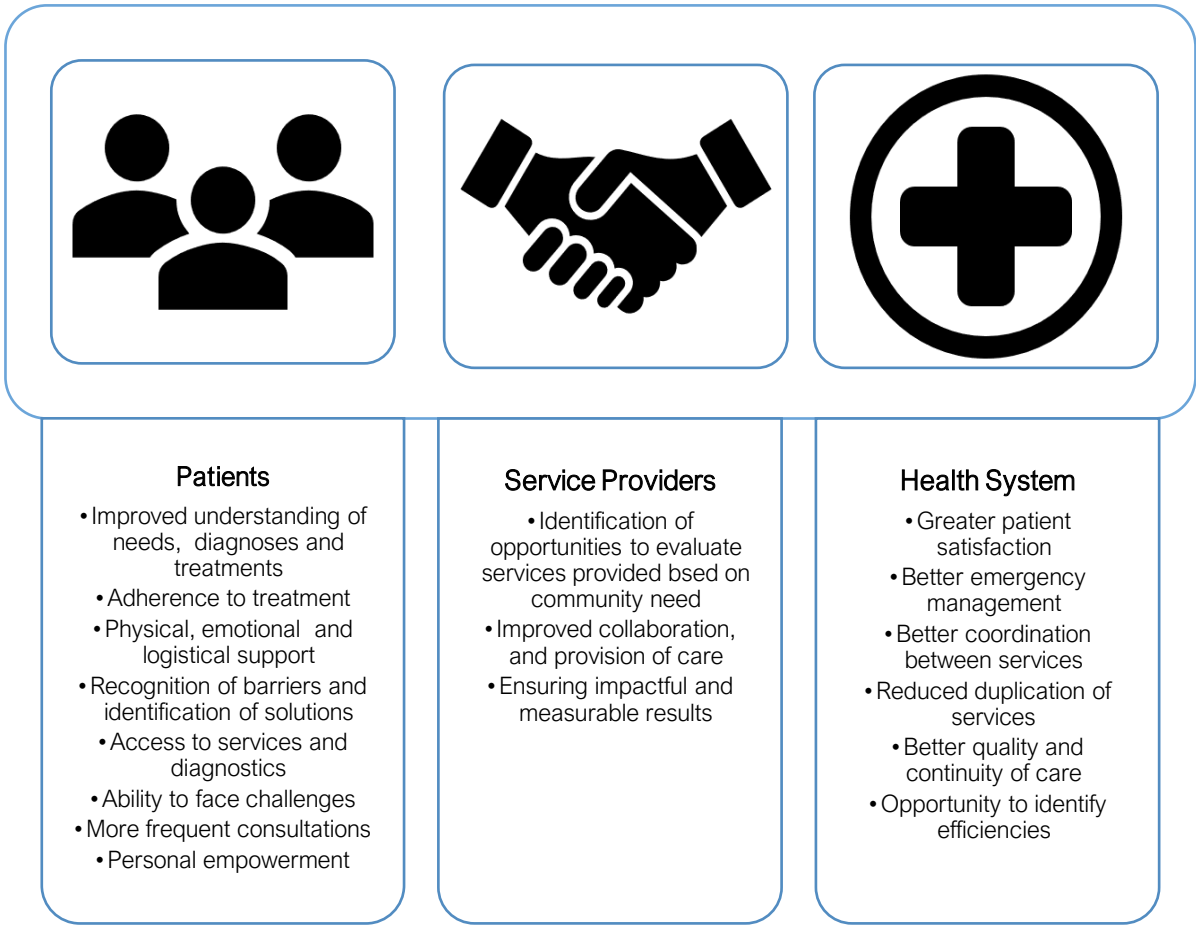
A survey conducted in 2017 on health care in French language minority communities across Canada found that many respondents described feeling that healthcare professionals had a general lack of understanding of challenges minority Francophones face, and a quarter of respondents reported having had interactions with staff who had negative attitudes regarding their linguistic needs. Participants also felt that all responsibility for accessing French language services was placed on the patient²². By having a navigator buffer these factors and prioritize interactions with providers that are linguistically and culturally appropriate, we are mitigating these negative experiences, which as we've pointed out, can negatively affect health-seeking behaviours and ultimately health outcomes.

Navigators provide a measure of familiarity and security for patients²³, a persistent and unchanging access point to report back to. « Patient navigators can not only facilitate improved health care access and quality for underserved populations through advocacy and care coordination, but they can also address deep-rooted issues related to distrust in providers and the health system that often lead to

avoidance of health problems and non-compliance with treatment recommendations. By addressing many of the disparities associated with language and cultural differences and barriers, patient navigators can foster trust and empowerment within the communities they serve²⁴. »

Through their role, a navigator helps to overcome the system's existing gaps with respects to a continuum of services and may reduce the burden of having feelings of embarrassment, guilt or reluctance that may be associated with asking for services in French.

OVERVIEW OF NAVIGATION BENEFITS



Navigation Service Delivery Models

Comparative table of existing models

Having researched existing French language health service navigation positions within Ontario, a summary of information has been compiled into a table that compares existing navigation positions.

OUTLINE OF NAVIGATION MODELS FOR FRENCH LANGUAGE HEALTH SERVICES

	FRANCOPHONE LANGUAGES HEALTH SERVICES NAVIGATOR²⁵	FRENCH MENTAL HEALTH AND ADDICTIONS SYSTEM NAVIGATOR²⁶	FRENCH / MULTICULTURAL MENTAL HEALTH COORDINATOR²⁷	FRENCH LANGUAGE SYSTEM NAVIGATOR²⁸	FIRST LINK CARE NAVIGATOR²⁹
Host agency	Black Creek Community Health Centre – North York ON	Addiction Services of Thames Valley – London ON	Canadian Mental Health Association (CMHA) Waterloo Wellington	Chigamik Community Health Centre, Midland ON	Alzheimer Society of Waterloo Wellington
Job description and responsibilities	<ul style="list-style-type: none"> Assist Francophones in determining their needs and improve access to primary health care providers, chronic disease management, mental health and addiction services, health promotion programs and social services; Create effective links between health and social services resources; Help clients proactively engage with the community, family and system to improve their access 	<p>Position aimed at francophone individuals and families who have concerns about mental health problems or addictions.</p> <ul style="list-style-type: none"> Provide a wide range of mental health and addictions screening, assessment and treatment planning services; Develop personalized care plans and provide case management; Improve access to services provided by mental health and addictions professionals, including psychiatric consultations, as needed; 	<p>Offers access to various mental health support services in French:</p> <ul style="list-style-type: none"> Psychiatric services provided through the Ontario Telemedicine Network (OTN); Counseling / psychosocial services; Mental health promotion workshops; Follow-ups and communication with relevant services; Navigation within the mental health system. 	<ul style="list-style-type: none"> Consult with individuals and their families to support their health needs, accounting for cultural and linguistic preferences Consider cultural and linguistic needs in the development of an individualized care plan; Establish linkages to appropriate healthcare and other support services; Address needs in nutrition, finance, education, living conditions, coping skills, mental health care, addictions, social services and recreation, health 	<ul style="list-style-type: none"> Integrate supports and services around the person with dementia and the care partner; Support self-management goals where appropriate; Strengthen the linkages between providers and across sectors along the continuum of care; Form effective and collaborative interdisciplinary and cross-sector relationships to support client outcomes; Facilitate and advocate for linkages, communication, information exchange

	<p>to primary care;</p> <ul style="list-style-type: none"> ▪ Work with primary care providers to improve the quality of life of clients; ▪ Focus on client-centered care; ▪ Meet with clients at the community health centre, at home, or in any other location where the client feels comfortable; ▪ Accompany clients to appointments. 	<ul style="list-style-type: none"> ▪ Connect with professionals who speak French by using the services of the Ontario Telemedicine Network when French-speaking services are not available locally; ▪ Collaborate with various local health organizations and professionals to establish a support network to meet the needs of each client. 		<p>and social services, employment, etc.</p> <ul style="list-style-type: none"> ▪ Provide ongoing care and support; ▪ Establish connections with French speaking professionals and collaborate with local health care organizations and professionals to build a support network; ▪ Help Francophones access the services offered by community and health professionals within the LHIN territory and provincially through the Ontario Telemedicine Network when French-speaking services are not available locally; ▪ Make home visits and, occasionally, accompany clients to appointments. 	<p>and coordination between clients and service providers;</p> <ul style="list-style-type: none"> ▪ Establish appropriate intervention plans to meet bio/psycho/social needs using a person/family-centred approach; ▪ Demonstrate enhanced care planning skills to ensure effective and efficient care planning; ▪ Demonstrate enhanced navigation and care coordination skills according to best practice leading to client self-management skills, improved client experience and positive outcomes; ▪ Improve client and health experience for people with dementia and their families.
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Other navigation models

Beyond its role in helping Francophones in official language minority settings across the province, navigation has proven its significance and importance in many sectors of the health care system.

Cancer Care

The first model of navigation was developed in New York City in 1990 at Harlem Hospital with the intention of:

- assisting and guiding women with breast cancer;
- referring these patients to physicians / specialists to ensure they have access to available resources and therapies;
- ensuring the continuity of services, tests and appointments;
- provide a sense of comfort, security and familiarity to patients; and of,
- finding funding to cover transportation costs for patients who need to travel for their treatment³⁰.

In 2011, the province established/piloted 14 provincially funded patient navigator positions. The navigators were based at hospitals in the Regional Cancer Programs across Ontario³¹ and had a mandate to “support care coordination, patient education and the psychosocial needs of patients. Navigators ensure patients are well prepared for their appointments, and through their comprehensive assessments, they promote greater system efficiency. Navigators play an instrumental role in the [...] patient experience³².”

- Helps parents navigate the many resources that exist beyond the medical care required by their child;
- Build on family strengths;
- Provide social and emotional support.

The Cancer Care Ontario website also states that there are Aboriginal navigators who are part of a larger Aboriginal Cancer Control Unit and strategy which strives to reduce inequities in care and access to cancer services to ultimately improve cancer outcomes. These navigators represent patients from First Nations, Inuit, Métis communities and their families, and work at:

- Simplifying and coordinating access to cancer services for palliative and supportive care;
- Respond to cultural and spiritual needs;
- Build relationships with Aboriginal and non-Aboriginal partners so that the patient care journey is culturally appropriate³³.

Thanks to the success of the navigation role in the field of oncology, the navigator role has been replicated in other areas of the health care system.

Services for children

The Children's Hospital of Eastern Ontario (CHEO) offers a navigation program that supports parents caring for a child with a complex medical condition. The program focuses on the non-medical supports families require in order to thrive³⁴. The program has three components or pillars:

1. System navigators:

- Helps parents navigate the many resources that exist beyond the medical care required by their child;
- Build on family strengths;
- Provide social and emotional support.

2. Parent navigators, who themselves have had caregiving experience for children with complex medical conditions, provide peer support to other parents.

3. Knowledge Navigation:

- Gathering information to develop more effective tools and strategies to support parents;
- Identify existing gaps in services;
- Find solutions to common challenges faced by families;
- Increase access to information, training and education.

This program has already allowed for strengthened partnerships and creating and/or formalizing new processes, as well as the creation of a community of practice for social workers and parents who are already working to support the family profile targeted by the program³⁵.

Mental Health

It is estimated that children with a parent who has a severe mental health disorder or psychiatric illness, are 15 to 20 times more likely to develop a similar nature as their parent as an adult³⁶. The HoPE program, offered by the Integrated University Center for Health and Social Services (CIUSSS) of the National Capital in Quebec, provide support to these affected families in order to ensure long term monitoring and follow-up in hopes to provide early intervention at the first signs of illness. Nurse navigators evaluate the family's physical and mental condition as well as environmental risk factors (such as lifestyle habits and the socio-economic context). They

also act as a resource and a main contact for the family to alleviate the burden of what can easily be an overwhelming job, the navigation of services. Another key component to the program is the supported transition from the child and youth mental health system into the adult system.

Two of the positions summarized in the table on page 10 are mental health and addiction specific, suggesting that this is an area of concern for the francophone community, as it is for the general population.

Social Services

We are seeing an increase in navigation services developing within the realm of social services. Hamilton Police Services has a social navigation program, which receives referrals for individuals with high police interaction or ambulance transports that are likely a result of underlying issues such as mental health, addiction, lack of stable finances and housing. The navigator will then work with a variety of local social and healthcare agencies to help provide the appropriate care to best serve the client's needs³⁷. This wrap-around social service solution responds to the complexities of issues in people's lives. It's a new approach to breaking the cycle of repeat offenders that is improving outcomes and optimizing resources.

One provincial example is in the field of dementia and cognitive disorders, as the Ministry of Senior Affairs has invested \$8.15 million over three years in the Alzheimer Society of Ontario's First Link program. This funding will allow for recruitment of new staff who will work with individuals living with dementia and their families, "helping them to navigate and connect to the support, services, education and resources they need³⁸."

Social workers have been identified as a potential source of effective navigators due to their particular skill set. They are proficient in psychosocial assessments of needs, community coordination, communication and collaborative work. They are well versed in the social determinants of health, and are sensitive to the marginalization, compromised independence and other disadvantages some clients can be facing and how these factors affect access to care.³⁹.

«The role is not necessarily occupied by nurses, sometimes they are social workers, preferably with experience in the field of dementia. They receive two weeks of orientation, including doing the cognitive tests and assessments by following an experienced navigator. You get to know the health system and your role over time.»

– *First Link Navigator*

The broad range of models presented serves to illustrate the similarities and common threads that are transferable in all navigation initiatives. Regardless of the organization or the targeted population, navigators assist clients in the most difficult and vulnerable times. Beyond the necessary knowledge about health and social services offered, relationships with service providers and clients, a patient-centered approach, equipping clients with resources have all been shown to be crucial in providing a successful and effective navigation program.

In some cases, although the navigation provides great outcomes, access to the service can be troublesome. For a client who is rostered with a family physician or health team for example, there may be restrictions as to the type of service they can be referred to through the navigator. Additionally, if an individual is not already connected with an agency providing navigation, they may not know that service exists, or the agency may have eligibility criteria that excludes some from receiving the service (e.g. CMHA coordinator can only provide navigation to those who have mental health concerns and are receiving service through them). By removing barriers and adopting a collaborative approach to navigation services, there are opportunities of creating navigation models that are far-reaching and successfully addressing needs of the francophone community.

One example we have identified was the navigation model used at Chigamik Community Health Centre in Midland.

Case study - Chigamik

The French Language System Navigation at Chigamik Community Health Centre (CHC) started as a pilot project in 2015 as a result of a collaboration between Entité 4, the French Health Network of Central Southwestern Ontario (RFSSO), and Chigamik CHC with the involvement of North Simcoe Muskoka Local Health Integration Network (NSM LHIN). Following the success of the five-month pilot project, the NSM LHIN funded a permanent Francophone navigator position.

The navigator's role was defined so as to help facilitate and coordinate Francophone clients' access to French language health services that are linguistically and culturally adapted to meet their needs⁴⁰. The position is housed at Chigamik CHC but the program is intended for all Francophones within the LHIN catchment area. Collaborations have since occurred with two other community health centers, Barrie CHC and South Georgian Bay CHC which has allowed for the creation of satellite offices and increased presence in 3 of the 5 sub-regions of the LHIN territory, making it more accessible for more Francophones.

The breadth of supports with which the navigator can assist the community is widespread and include the areas of health, food, finances, housing, education, employment, mental health and more. She can also connect Francophones with others who speak French in social contexts.

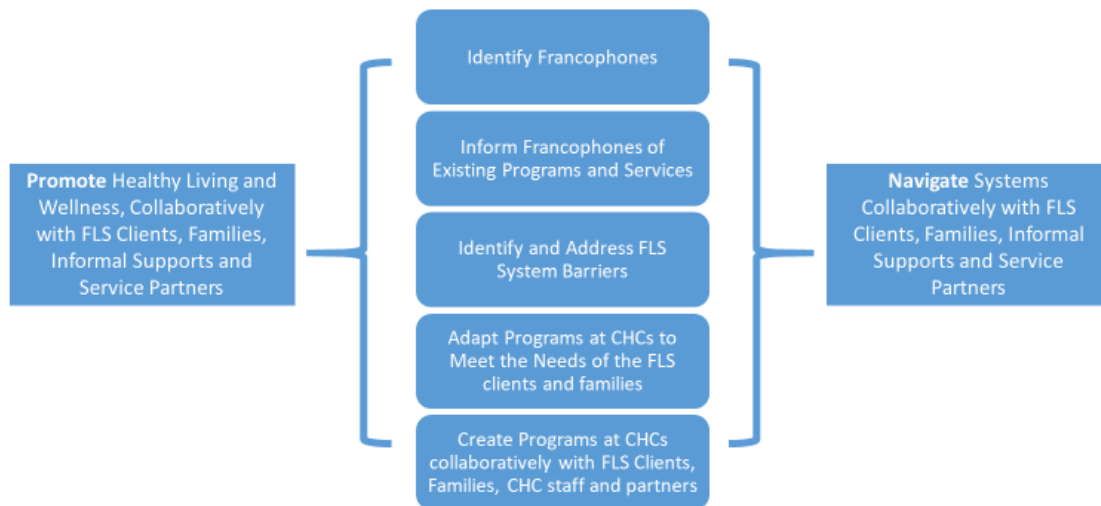
Service delivery is monitored by the NSM LHIN and uses the following indicators as a way to measure and track the success of the position:

- # of unique individuals served
- # of visits
- # of service care plans developed
- # of referrals "out" to linguistically and culturally appropriate services
- # of encounters in the community
- # of formal community partnerships
- # of informal community partnerships
- Time of referral sent, and time of service accessed
- Pre and post test measuring subjective health and well being

Referral form for the French Language System Navigator can be found in Appendix 1

The navigator also works in collaboration with a French speaking health promoter from Chigamik CHC. This individual works in large part with groups, promoting health and wellness programs and resources, coordinating self management programs and engage the francophone community. Together, the navigator and the health promoter work on a model that supports Francophones' health and wellbeing. The model has five components, acting as a feedback loop to better inform the process.

The French Language System Navigator and Francophone Health Promoter Model will be implemented in stages.



1. **Identify Francophones** within the community, through the CHC, French language partners, churches, groups, committees, self-referrals
2. **Informing Francophones** of existing programs and services that exist at CHCs starting with Chigamik and the other CHCs as capacity improves
3. **Navigating** collaboratively and connecting registered and non-registered Francophone clients with appropriate linguistic, cultural, health and community programs or services as desired by a person and their formal or informal supports
4. **Identifying** French language system needs, gaps and strengths
5. **Addressing** French language system needs, gaps and strengths
 - a. **Adapting** programs to the meet health and wellness needs
 - b. **Creating** specific programs to meet the needs of community members

The model acts as more than a simple provision of service as it also acts as a feedback loop to inform the programs and services throughout the territory in order to better address the needs of the francophone community.

In the 2017-2018 fiscal year, the project helped 74 francophone individuals navigate the system to address their needs⁴¹, and the number of French language health promotion sessions has increased 5-fold in the last three years.

“We want to improve the health and well-being of our Francophone clients by steering them towards services that will take their language and culture into consideration,”

- David Jeffery, Executive Director, CSC CHIGAMIK CHC

Summary of interviews

In order to complement the information found in the literature and to identify good practices, issues, challenges and opportunities, interviews were conducted with four individuals currently holding a navigation position in Ontario with the mandate of serving the francophone population. Contributors were able to offer some insight on the services they provide to the community.

What is your professional background?
<ul style="list-style-type: none"> • Registered nurse with a teaching certificate, worked in family counseling • Two respondents were nurses • Mental health worker
What is your job description / role?
<ul style="list-style-type: none"> • Although everyone we spoke to had specific job descriptions, they all mentioned that the navigation role of French-language services went beyond the prescribed descriptions; • Support clients with dementia and their families to navigate the health system from A to Z; • Work with the organization's team to coordinate care for LHIN clients, complete assessment, fill out forms and navigate needed services; • Work with the Francophone population to support them in the navigation of physical and mental health care services; • Provide support and representation to Francophone clients and families who participate in programs and make the most of primary care services; • Support clients during appointments with providers, either at the coordination of appointments, transportation, interpretation or understanding of treatment and follow-up plans.
Do you have the necessary resources / supports?
<ul style="list-style-type: none"> • Since French resources are not formally indexed and change regularly, they must build their own contacts and lists of services and establish and maintain relationships with HSPs. It is very important to maintain links with the community (activities, fairs, presentations, meetings) and stay up to date with the research and literature in order to be able to gather the necessary information and tools to guide clients to Francophone services.
What is the link with the professionals on your team?
<ul style="list-style-type: none"> • Works in isolation, but always in contact with stakeholders throughout the health field to refer clients; • Establishes good communications with the organization's professionals, maintains a peer support network; • Feel a sense of support from their agency and management, despite being alone in doing this kind of work on the team. • Expresses that the links with the teams are particular because of a physical distance with them and a misunderstanding of the role.

Do you receive training?
<ul style="list-style-type: none"> • Those with a nursing background mentioned the importance this training has brought to their role as a navigator; • Training to support their work is available; • Orientation sessions are offered; • Some navigators work closely with mentors for a few weeks; • Navigators must decipher their own resources and develop their own knowledge of the community, professionals and community service providers. This knowledge often remains with the navigator as long as they remain in office. A new navigator must proceed to re-establish these connections with community and service providers.
Do you have protocols / policies and procedures that govern the role?
<ul style="list-style-type: none"> • Agreement protocols exist for some navigators with LHIN-funded providers, but informal links are still important; • The navigator must create informal links with French-speaking community-based providers in order to become familiar with the services available to Francophones (job changes, available resources, new features, etc.). • Some positions require forms and formal assessments. These are prescribed and must be followed to the letter to properly diagnose the needs of the customers and the necessary services. That said, resources are not always adapted to the needs of Francophones.
What are the challenges of this position?
<ul style="list-style-type: none"> • Start and build trust with clients, professionals and service providers in the community; • Work in isolation; • The lack of structure for the role; • Find Francophones who need support or services or make the services known; • The limited services available to Francophones (e.g. French language home care, specialists, etc.) • Go beyond the prescribed mandate to support the needs of Francophones.
Can you target best practices?
<ul style="list-style-type: none"> • Effective communication is important and must be valued to ensure an understanding of treatments, processes and care plans. • Empathy and understanding are important factors in the delivery of French-language navigation services, especially for the most vulnerable populations. • Making the French-language navigation services known to the francophone community (visibility and promotion of service) and making access to this service simple are essential. • Individual navigation services (1 to 1) for Francophones are important for building trust, especially in crisis or vulnerability situations. • Francophones will still need more Francophone services, but navigators facilitate accurate referrals to French-speaking providers in the region.

Lessons Learned

From the data collected, both through literature and individual interviews, we have compiled lessons learned which include challenges and promising practices and have summarized them to identify concrete components of the position that should be kept front of mind for implementation and success of positions in navigation.

	CHALLENGES/LESSONS LEARNED	PROMISING PRACTICES (FROM PRESENTED MODELS OR LITERATURE)
JOB DESCRIPTION AND SCOPE OF THE POSITION	<ul style="list-style-type: none"> • The French language navigator role goes beyond the prescribed job description which is both a benefit and a challenge; • Serving Francophones in a predominantly Anglophone community is becoming a vocation –the navigation role for Francophones encompasses an array of skills, challenges and a level of commitment that is not formalized or structured; • The success of the navigation position is largely the result of personal initiative; • It is very important to maintain contact with the community (activities, fairs, presentations, meetings,) in order to be able to gather the necessary information and tools to guide clients to French language services; • Works in isolation, but always in contact with stakeholders; • The limited ability of navigators to influence cooperation within care teams and of decision-making authority; 	<ul style="list-style-type: none"> > Clearly define the role of the navigator <i>Supporting data: “Very important navigation concept: to open the case and to define when your navigation begins and to close the case and define when your navigation ends^{A2}.” A key requirement for a navigator program to be effective is that the employee’s role be clearly defined^{A3}.</i> > Ensure an appropriate proficiency in both English and French <i>Supporting data: The benefits of language concordance were discussed in “French Language health services”</i> > Ensure recruitment of an individual who understands and connects to the needs of the francophone community and feels strongly about supporting its access to health > Establish and maintain relationships with both regional and provincial Francophone health care providers and other pertinent service partners – includes liaison with the Ontario Telemedicine Network (OTN) <i>Supporting data: “Relationships underpin effective inter-boundary working and are skills people in navigation roles need to develop. The ability to engage and sustain key working relationships is fundamental to work with patients, their family and with multidisciplinary team members^{A4}.”</i>

	<ul style="list-style-type: none"> • A lack of policies and procedures to ensure clear guidelines and to facilitate collaboration between actors; • Linkages with the teams are particular because of a physical distance (not in the same work space) and a misunderstanding of the role; • A need to better know and value navigation within the organization chart of the agency; • The lack of clarity of the role and its integration within the team; • The difficulty of identifying or finding health care providers offering services in French; 	<ul style="list-style-type: none"> > Build trusting relationships with community members > Establish protocols and collaboration agreements > Make the navigators known (the person and the role) to other health professionals internally within the agency and in the community <p><i>Supporting data: A key requirement for a navigator program to be effective is that the employee be integrated into the healthcare team⁴⁵.</i></p>
AVAILABLE RESOURCES	<ul style="list-style-type: none"> • French language resources and services are not formally catalogued and the information changes regularly -navigators must create a network, list services themselves; • Navigators must decipher their own resources and develop their own knowledge of the community, professionals and providers in the community; • The knowledge of community contacts and resources remain with the person in office. Often a new navigator must start again the establishment of the bonds of trust with the 	<ul style="list-style-type: none"> > Conduct an environmental scan or similar exercise (people, organizations, committees, associations, statistics, volunteers, etc.) in order to gather a basis of information and better refer clients to the appropriate services. > Ensure a succession plan to help knowledge transfer and avoid losing valuable resources for the francophone community and to promote the continuity of care despite staff changes > Benefit from mentoring opportunities for new navigators to spend time with more seasoned

	<p>French-speaking community;</p> <ul style="list-style-type: none"> • Lack of resources in French (forms, database, services, providers, etc.); • English language resources are not always adapted to the needs of Francophones; • Navigation services are not always accessible to all Francophones depending on when navigators are available and where they are on the territory. 	<p>professionals to get insight on the network and the resources available to them</p> <ul style="list-style-type: none"> > Provide freedom to create the tools or connections needed to better perform at the job > Explore collaboration opportunities in order to cast a wider net and reach a larger number of Francophones. <p><i>Practice that was implemented in Chigamik CHC's model</i></p>
PROFESSIONAL TRAINING	<ul style="list-style-type: none"> • Based on interviews with local navigators, nurse and mental health workers currently occupy navigator positions in the local context. • The importance of peer support, continuous search for new pertinent contacts/relationships • Lack of training and resources adapted to the roles of navigation; 	<p><i>Data mentions the position is often filled by nurses or social workers though there is a significant amount of data that mention lay people are also known to provide navigation⁴⁶. In the case of cancer care, "patient outcomes are optimal when a social worker, nurse, and lay navigator function as a multidisciplinary team"⁴⁷.</i></p> <ul style="list-style-type: none"> > Utilize communities of practice, peer support, networking and advisory committees <p><i>Supporting data: A key requirement for a navigator program to be effective is that the employee receive good training⁴⁸, which needs to cover the wide range of factors navigation entails, including where to find resources for specific medical conditions, logistics of transportation, cultural sensitivity and awareness, etc⁴⁹.</i></p>

		<p><i>Supporting data: Individuals care navigation roles learn significantly through experience and working within local contexts. The opportunity to reflect on practice is of importance for both the navigator personally, as well as for service development⁴⁹.</i></p> <p>> Connect with educational institutions Training opportunities exist for system navigation in French through Collège Boréal and other post-secondary institutions.</p>
OTHER	<ul style="list-style-type: none"> • Addressing the social determinants of health are crucial to the role of a navigator; • Navigators assist clients in the most difficult and vulnerable times; • Make home visits and, occasionally, accompany clients to appointments – flexibility to meet where the client feels most comfortable; • The possible "burnout" and compassion fatigue of those occupying these positions; • Lack of promotion of navigation services; • Poor identification of Francophones within the health system can impede on the connection being made to linguistically and culturally appropriate health care; 	<p>> Provide wrap-around service, including navigation of non-medical factors (health system and social services)</p> <p>> Build on individual strengths, foster empowerment in clients by encouraging them to take an increasingly active role in their care options.</p> <p><i>Supporting data: The empowerment approach has greater long-term payback compared to having the navigator simply doing⁵⁰ (doing with vs. doing for the client).</i></p> <p>> Effective communication is important and must be valued to ensure an understanding of treatments, processes and care plans</p> <p><i>Supporting data: "Excellent communication underpins person-centered care and helps build lasting, trusting relationships. Care navigation requires people to be able to communicate effectively, in verbal and written form, with a wide range of people from different cultural and organisational backgrounds, including health, social and voluntary sectors⁵¹. »</i></p>

- > **Provide ongoing care and support;** being a constant source of support for the client
- > **Minimize barriers** for clients when possible
- > **Counter the silos** and boundaries of care providers

Supporting data: One of the key elements of health navigation is that navigators cross the threshold of clinical and community-based services, although they could be based in either setting.²

- > **Make the French-language navigation services known** to the francophone community (visibility and promotion of service) and making access to this service simple
- > **Implement an evaluation strategy** to measure the impact of navigation of care on the health and well-being of Francophone clients.

Winning conditions

This exercise allowed us to take a step back and identify winning conditions to consider in the development of navigation services. We believe that regardless of the role, the organization or the community where the navigator is located, these conditions are essential to the delivery of a navigation service that meets the needs of Francophones.



1. Thorough service planning

The role of navigation requires a frame of reference to establish the parameters of its activities, its role and its responsibilities. Despite common threads that have been brought forward in this report, there is no “one size fits all” model and the navigation service will always have to be individualized to be relevant to the context. Francophones’ needs vary, and the model will have to lend to local variables such as the size of the territory, the French language capacity in the system, the participating stakeholders, etc.

Avenues for further reflection for the purpose of optimal service planning:

- How will the navigator’s roles and responsibilities be defined?
 - Within a team? With clients? In the community?
- How will the service be promoted, what are the optics?

- Who are the initial stakeholders/community partners that we should be identifying and at what stage should they be involved?
 - Planning? Implementation?
- How do we plan for a service that meets the need of the intended population (Francophones)?
- How do we ensure that the capacity is not lost with staff changes?
- How will we evaluate the service? What are the performance indicators? How do we measure impact on clients?
- How will the identified gaps in the system and needs of the community inform program development, system-level change, etc. – for who will this information be pertinent?

A navigation service should be designed to be accessible to all Francophones, not only to the clients of an organization or other limiting criteria.

2. Appropriate staff recruitment to favour success

Historically, the job descriptions for navigation services within health care have mostly required the role to be performed by nurses. As the use of navigators expands and, as presented, social workers have been identified as a potential source of effective navigators due to their particular skill set and the growing interest for navigation to include the social contributors to health and the services that address them. Data suggests lay people can also provide navigation services. The need of a more clinical component to provide more structured assessments can be addressed by those implementing the navigation program depending on the scope of the role envisioned.

Beyond the educational background of the navigator, there are certain characteristics and skills that are critical to the success of the service. Effective communication skills, for one, is imperative, and has been identified as a domain of competency for care navigation⁵². Within this context, the communication must be effective both in English and in French. Although interactions with clients and families will mostly be in French, English will undoubtedly be required to collaborate with community agencies, fill out English forms, etc. A bilingual staff member is thus a non-negotiable.

Criteria such as empathy, professionalism, understanding of patients, their challenges and their health needs a focus on person-centered care – these elements are just as important and essential to the delivery of the navigation service.

3. Allocation of resources

This position requires a significant investment in time and energy. Navigators often have to spend countless hours on their clients' cases to ensure necessary follow-ups, coordination of services, research, etc. In some cases, navigators attend appointments with clients to ensure understanding and appropriate follow-up.

As mentioned, the role of French language navigators often goes beyond the job description. As important as it is to define the role and set boundaries, some flexibility should be granted when

possible in order to ensure that needs are being met and that we are not creating more barriers. In the same vein, all involved parties should be willing to collaborate on such an initiative in order to make the navigation as fluid as possible – that may require some concessions at an agency level in order to address a need within the community.

Resources are not as readily available in French and sometimes when they are, they are not relevant to the local context (e.g. documentation from Quebec or France may not be useful in Ontario if it involves information about a care pathway, as our systems do not function in the same capacity.) This may require additional efforts to create resources for patients.

Networking, meetings, are an important component of a navigator position and should be considered of value and as part of their mandate. Appropriate time should be allocated for these to happen.

Some new navigators have found it helpful to work closely with mentors for a few weeks as a way to connect with existing navigators and a larger network of French speaking professionals, of tools, resources, connections, etc. that are vital to the success of the service. The quicker the navigator can start to build this network, the more efficient they will be for the clients they are assisting.

4. Promotion and visibility

Data we have brought forward has demonstrated that Francophones are less prone to access care for a variety of reasons. In order to provide an effective service and reach as many Francophones in need as possible, it is important to properly promote the service.

Establishments and care providers who hold a navigation position must ensure that the service is known not only to the francophone community at large but also to other providers. This helps to create the necessary links in order to mobilize the capacity of networks, as well as to act on the bonds of trust between the stakeholders.

A strategic communication plan and specific actions are essential. Focus groups could be put in place in order to ensure that the messaging associated with the promotion of the service resonates with all demographics within the population.

Future questions worth exploring:

- What provider would be best equipped to house a French language navigator? – all French language navigators presented are employees of English-speaking agencies with the exception of one identified Community Health Centre.
- A navigation position would still not address the question of active offer from service providers – how do we make agencies accountable to this in order to encourage the uptake of navigation?

Conclusion

"Health equity implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential⁵³".

Navigators have helped countless people navigate a system that was recognized to be causing less than favorable outcomes for some fractions of the population. We have identified throughout the report that those who experience linguistic barriers are one of these populations.

Winning conditions to remember in the development of a navigation service

- ① Thorough service planning
- ② Appropriate staff recruitment to favour success
- ③ Allocation of resources
- ④ Promotion and visibility

Although notable progress has been accomplished in identifying French speaking providers, gathering baseline data and establishing ambitious future goals, it is important to recognize the state of French language health services within the HNHB region as it stands today – access to care for Francophones is difficult. By being mindful of practice guidelines and winning conditions for efficient navigation, we are confident that there are solutions that are available to tend to this gap.

There will still require continued effort to identify French language staff and services within the territory, but a navigator can help facilitate meaningful connections, and help provide accessible and appropriate services within the healthcare system and a better experience for those who use it.

Cultural and linguistic needs are social determinants of health. The French Language System (FLS) Navigator is a care provider who serves North Simcoe Muskoka. The Navigator helps Francophone and French speaking people identify their health and wellness needs and goals. Together, they design a care plan with referrals to access appropriate services. The FLS Navigator is also available for professional and resource consultation.

Referral Guidelines

1. Complete this form and return it to celeste.lalonde@chigamik.ca or by fax 705.526.2870
2. For more information, call Céleste at 705.527.4154 ext. 258 or visit www.chigamik.ca

Client Information (Please complete if this is a self-referral or an agency referral)			
Client name:			What is your maternal language: <input type="radio"/> French <input type="radio"/> English <input type="radio"/> Other
		Which of the official languages are you most comfortable using: English French Both	
E-mail address:			
Telephone number:		Is it safe to call? Y / N	Is it safe to leave a message? Y/N
Reason for referral:			

(Check all that may apply below)

Reasons for referral (either for the individual or the family)			
<input type="radio"/>	Finding a family Doctor or Nurse Practitioner	<input type="radio"/>	Traditional Healing
<input type="radio"/>	Mental Health (coping skills, psychological assessments)	<input type="radio"/>	Personal Health
<input type="radio"/>	Income and Social Status (new immigrant, pensions, etc.)	<input type="radio"/>	Transportation
<input type="radio"/>	Addictions and Substance abuse counselling	<input type="radio"/>	Social Support Networks
<input type="radio"/>	Food Security and Nutrition Education	<input type="radio"/>	Education and Literacy
<input type="radio"/>	Housing (living arrangements, physical environments, etc.)	<input type="radio"/>	Employment
<input type="radio"/>	Healthy Child Development (parenting skills, etc.)	<input type="radio"/>	Justice or Legal
<input type="radio"/>	Social Environments (family, isolation, supports, violence against gender)	<input type="radio"/>	Services via OTN (videoconference, specialists, etc.)
<input type="radio"/>	Gender Identity/Diversity/Sexual Health	<input type="radio"/>	Other:

Referring Agency (Please do not complete if this is a self-referral)	
Consent to refer obtained by the client: Y / N	Community:
Referring Agency:	Date:
Contact name:	Department/Program:
Telephone Number:	E-mail Address:
Will you continue to communicate with this person? Y / N	Other care providers involved:
To be completed by the French Language System Navigator	
Date/time referral received:	Date/time client contacted:
Follow up with referring Agency:	Date client assessed and using service:

This form contains personal health information that is subject to the provisions of the *Personal Health Information Protection Act*. The information is collected for the purpose of referring patients to health and community services that may be of benefit. Chigamik will use the information to assess the client's eligibility and arrange services as required and needed.

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Report on Lessons Learned from French-Language Health System Navigators

Entité²



**French language health planning for the regions of
Waterloo • Wellington • Hamilton • Niagara • Haldimand • Brant**