

Organizational and Community Resources Self-Assessment Tool for Active Offer and Continuity of French Language Healthcare and Social Services

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Organizational and Community Resources Self-Assessment Tool for Active Offer Continuity of Healthcare and Social Services

Who is this tool designed for?

This tool is designed to support health and social services system decision-makers, managers, and professionals who are providing services to senior citizens in official language minority communities (OLMCs) and want, or are required to provide these services in the official language of the users' choice.

What is the purpose of the tool?

The tool encourages reflection on professional practices that could be put in place to promote the integration of social and health services for seniors in minority language situations. It also allows the self-evaluation of the organization's existing resources and prioritization of objectives. This will help to identify levers for action and develop an action plan to implement concrete measures. These measures might involve improving internal and external coordination mechanisms (such as the recruitment and retention of minority official language or bilingual human resources); modifying organization reception practices for the senior population in linguistic minority communities; setting up satellite service points; implementing formal agreements between organizations; and any other endeavour for integration and/or continuity of services provided in official language minority situations.

What is services integration?

Canadian health care systems are moving toward an integrated model based on interprofessional teamwork within a community or inter-organization cooperation [1]. In this context, service integration is defined as a desire to harmonize the various dimensions of the health system with the other services required for the well-being of seniors in official language minority situations [2]. It creates opportunities for dialogue and consultation among all stakeholders to reduce service fragmentation [3]. Researchers have identified three integration models: a) connectivity, b) coordination, and c) full integration [4]. These models focus on "...either connecting seniors from one organization to another, coordinating health services, or fully integrating the services they require" [5]. Integration also contributes to results such as administrative simplification, economic efficiency, and improved individual health [6].

What form does the tool take?

This tool contains a series of brief statements or questions that managers and decision-makers can answer based on their degree of agreement or disagreement with the statement or according to numerical categories or Likert scales. Some questions are dichotomous, and respondents can only choose an affirmative or negative answer. Each component of the tool is supported by evidence and results of previous research [7]. A workbook containing examples will be developed to accompany the tool; it will include examples of best practices based on research as well as emerging or innovative initiatives taking place in participating organizations. These initiatives might inspire managers or engage their interest to seek more information and introduce changes in their own organizations.

How was this tool developed?

This tool is the combined result of collaboration among researchers from various Canadian universities with expertise in access to social and health services for official language populations in a minority context. It is based on a model that identifies the health and social services system as an organized system of actions in a concrete context at a given moment. Various groups of participants interact to achieve the system's objectives as well as their own [8]. These groups include political actors, managers, social and health services professionals/stakeholders, interest groups, users, and caregivers (including family caregivers). They interact within the social space delimited by a set of structures linked to values (symbolic structure), laws and regulations (political and regulatory structure), and the organization's resources (organizational structure). These structures support a service pathway in which two main groups of contributors meet: a) professionals/stakeholders, and b) users. When proactive users communicate their needs and express their requests to professionals whose practices, care processes and services, clinical tools, and inter-provider information systems facilitate a person-centered practice and service continuity, exchanges are generally more productive and lead to improved health and well-being [9]. The components of this model are potentiated by community resources, which may well promote community vitality and engaged communities.

The Self-Assessment Tool and the HSO Standard on Access to Health and Social Services in Official Languages

HSO's standard entitled Access to Health and Social Services in Official Languages aims to improve access to health and social services in the continuum of care for Canada's official language communities. It addresses key points on the care continuum where effective communication is crucial to safe, high-quality health and social services. The standard applies, on a voluntary basis, to health and social service organizations across Canada.

For organizations that wish to (or are required to) meet the requirements of the standard, the Self-Assessment Tool can be a relevant reflexive approach on the organization's existing resources and the measures that could be put in place to promote access to safe social and health services in the official language of choice of the user. Each section of the Tool indicates the numbers of the Standard that deal with a related element.

The standard is available at the following website: <https://healthstandards.org/standard/access-health-social-services-official-languages/>

Some information about yourself

The following information will help us to define the participants' profile. Please note that this information is anonymous and your answers are voluntary. Your input is greatly appreciated.

Enter the date today

Date

Date

Province

City

Your preferred language for ORAL COMMUNICATION

- English
- French
- No preference (either)

Comments

Your preferred language for WRITTEN COMMUNICATION

- English
- Français
- No preference (either)

Comments

Respondent category

- Researcher or knowledge broker in the field of social and health services
- Manager in the health and social services system
- Decision-maker in the health and social services system
- Other (Please specify)

SECTION 1 : Your Organization's Values and Principles

In recent years, we have seen changes in community values, which are consequently reflected in organizational management practices. These changes are directing the health and social services system to a more collaborative process between the individual, his or her caregivers, and social and health services providers [8].

What the evidence shows: Person- and patient-centered care [9], user satisfaction [10], and access to care for vulnerable people, and patient safety [11] are important values and principles in Canada's health and social services system. Efforts are also being made to provide culturally and linguistically appropriate care, which is a value of equal importance for some organizations [12].

HSO Standard: This section of the Tool touches on the following elements of the HSO Standard : 4.1, 4.1.2, 4.1.3, 4.3.2, 4.3.5, 4.5.2, 6.1.1, 6.1.5, 6.1.6, 7.1.6, 8.1

[8] Bodenheimer et al., 2002

[9] Canadian Medical Association (CMA) and Canadian Nurses Association (CNA) 2011; Lévesque et al., 2013

[10] Canadian Foundation for Healthcare Improvement (CFHI) 2012

[11] Canadian Patient Safety Institute (CPSI) 2016; World Health organization (WHO) 2009

[12] Canadian Nurses Association (CNA) 2010; Campinha-Bacote, 2002; Office of Minority Health, 2001

Indicate 3 values or principles that are the most important for your organization by ordering them from 1 to 3:

Q1. Evidence

Q2. Quality of services

Q3. User safety

Q4. Innovation

Q5. Integrity and respect

Q6. Cultural and linguistic diversity

Q7. Services provided in the user's language of choice

Q8. Person-centered care

Q9. Roles of users and caregivers in the organization

Q10. Accountability

Q11. Cooperation

Q12. Commitment

Q13. Caring

Q14. Continuity of services provided to seniors in the minority official language

Q15. Promotion of Francophone or Anglophone culture in a minority context

Other values and principles considered important by your organization (Specify):

For examples of innovative actions

For examples of how other organizations have used the values of innovation, user safety, cultural and linguistic diversity and services in the user's language of choice in favor of French-language services , see:

Practice 1 : [Implementation Guide for the Actionmarguerite Language Mandate](#)

Practice 2 : [A Francophone household at Summerset Manor \(Prince Edward Island\)](#)

Practice 3 : [The Pavillon Omer Deslauriers: A Francophone Unit at Bendale Acres \(Ontario\)](#)

Practice 8 : [A Nurse-Interpreter in a Halifax Hospital \(IWK Health Centre\) \(Nova Scotia\)](#)

Overview of SECTION 1. Your Organization's Values and Principles

In order to improve services for the official language minorities:

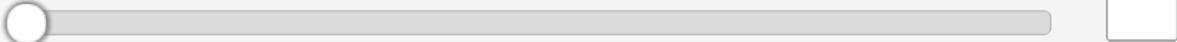
a) With respect to values, on which strengths can your organization build to improve its service offer to Francophones living in a minority situation?

b) What actions can you take related to your organization's values and principles to improve services for official language minorities?

To what extent do you consider values and principles to be a strength or weakness for your organization when delivering services for official language minorities?

(Move the cursor in the box below)

Weakness Strength



SECTION 2: Health acts, regulations, and policies

What the evidence shows: : The Constitution of Canada makes English and French the country's two official languages. The Official Languages Act, however, does not apply to provincial governments, municipal governments, or private companies. Although delivery of health services is under provincial jurisdiction, some provinces and territories—such as Ontario, Manitoba, and New Brunswick—have adopted policies and legislation to protect minority official languages. In Ontario, for example, the French Language Services Act (FLSA) grants users the right to obtain services in French from the Government of Ontario and its agencies in 26 designated areas of the province. In Manitoba, the new Manitoba Francophone Community Enhancement and Support Act encourages various government departments and agencies to actively provide French-language services and promotes the advancement of the Francophone community in Manitoba. These laws recognize the importance of language in delivering quality services [1].

HSO Standard: This section of the Tool touches on the following elements of the HSO Standard : 4.1.3

[1] Bouchard et al., 2012

Q16. a) Is your organization subject to provincial or federal language legislation or policies that govern the delivery of official language services in a minority context?

- Yes
- No

Q16. b) If yes, in what way? (please select the province of your organization to see the answer choices)

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Yukon

Please select the law, policy or type of designation your organization responds to (Manitoba)

- Designated bilingual institution:** in relation to a facility or program, means a facility or program in which services are provided in both English and French, and whose primary language of operation is English ([The Regional Health Authorities Act](#)).
- Designated Francophone Institution:** in relation to a facility or program, means a facility or program in which services are provided in both English and French, or in French only, and whose primary language of operation is French ([The Regional Health Authorities Act](#)).
- Other (please specify)

Please select the law, policy or type of designation your organization responds to (Ontario)

- Designated organization:** A designation under the FLSA is a recognition that an agency has met the government's designation criteria in providing French language services to its French-speaking clients and has demonstrated its ability to continue to do so ([Designation of Public Service Agencies](#)).
- Partially designated organization:** A partial designation is a regulation designating a public service agency which limits the designation to apply only to specific services provided by the agency or may specify services that are excluded from the designation ([Designation of Public Service Agencies](#)).
- Identified organization:** An identified organization is one which is starting the designation process; it has been identified as an organization that could offer services in French ([French Language Health Services Network of Eastern Ontario](#)).
- Non-identified organization that applies for designation:** An agency that has not been identified may apply for designation to become an official provider of French language services ([French Language Health Services Network of Eastern Ontario](#)).
- Other (please specify)

Please select the law, policy or type of designation your organization responds to (Quebec)

- Recognized institution:** A recognized institution is an establishment that provides services to persons who are predominantly of a language other than French and who have obtained recognition from the Office québécois de la langue française under section 29.1 of the Act. Charter of the French language ([Charter of the French Language](#)).
- Designated institution:** A designated institution is one that the government designates (by order in council) from among recognized institutions (under section 29.1 of the Charter of the French Language). It is an institution required to make the health and social services it offers accessible in the English language to English-speaking persons ([Act Respecting Health Services and Social Services](#)).
- Indicated institution:** An indicated institution is identified in an access program as being required to offer at least one service or one service program in the English language ([Act Respecting Health Services and Social Services](#)).
- Other (please specify)

Please select the law, policy or type of designation your organization responds to (New-Brunswick)

- Regional Health Authority A (Vitalité)** : shall operate in French and respect the language of daily operations of the facilities under its responsibility, and provide health services to members of the public in the official language of their choice through the regional health authority's network of health establishments, facilities and programs ([Regional Health Authorities Act](#)).
- Regional Health Authority B (Horizon)** : shall operate in English and respect the language of daily operations of the facilities under its responsibility, and provide health services to members of the public in the official language of their choice through the regional health authority's network of health establishments, facilities and programs ([Regional Health Authorities Act](#)).
- Other (please specify)

Please describe the law, policy or type of designation your organization responds to.

Q16. c) What is your organization's level of compliance with these laws and policies?

- Below legislative or policy requirements
- In accordance with legislative or policy requirements
- Above legislative or policy requirements

16. d) Do these laws and policies facilitate your service offering in the minority official language ?

- Yes
- No
- In part

How ?

For an example of innovative action

For an example of a policy that facilitates the offer of services in the user's official language of choice, see:

Practice 4 : [Integration of the linguistic variable into data collection \(Prince Edward Island\)](#)

Q17. a) Has your organization adopted administrative practices or protocols to help provide services in the official language in a minority context (e.g. hiring policies, scheduling of bilingual workers, signage, etc.)?

- Yes
- No

Q17. b) Are these acts, protocols, etc., applied in your organization?

- Completely
- Mostly
- A little
- Very little

Q18. a) Has your organization adopted policies that foster continuity of services among diverse organizations?

- Yes
- No

Which ones?

Q18. b) Are these policies applied in your organization?

- Completely
- Mostly
- A little
- Very little

Overview of SECTION 2: Health Acts, Regulations, and Policies

In order to improve services for the official language minorities:

a) With respect to laws and regulations, on which strengths can your organization build to improve its service offer to Francophones living in a minority situation?

b) What actions can your organization take related to health acts, regulations, and policies to improve services for official language minorities?

To what extent do you consider laws and policies to be a strength or weakness for your organization when delivering services for official language minorities?

(Move the cursor in the box below)

Weakness Strength

SECTION 3 : Your organization's resources and tools

This section will highlight resources and tools your organization uses to harmonize social and health services in an integrated model. The two sub-sections offer examples of internal and external coordination mechanisms that support this new model.

What the evidence shows about active offer and the continuum of services:

Providing social and health services in the user's preferred language is increasingly associated with quality and safety of care [1]. Various studies have shown that language and culture are determinants of health and that gaps in the delivery of linguistically appropriate services can be detrimental for the official language minorities. Research identifies impacts such as diagnostic errors in users who have been unable to access services in their language of choice [3]. Knowing that communication is at the core of treatment [4], the practice of an active offer (AO) facilitates the access to social and health services for linguistic minorities [5]. An active offer depends in part on the possibility of recruiting and retaining bilingual professionals [6]. An active offer should ideally be ensured throughout the continuum of services. Integration of social and health services for Canadian seniors can help achieve results such as administrative simplicity, economic efficiency, improved health outcomes, and satisfaction and safety of users and their family caregivers [7] [8]. Recent studies have shown that when seniors with diabetes and depression receive integrated care, their symptoms improve remarkably, even more than in control groups. These individuals received integrated and collaborative care, including a case manager and a personalized plan of care that comprised the support of a mental health professional, a diabetes expert, and a lifestyle consultant, among others [9].

SUBSECTION 3.1. ACTIVE OFFER AND COORDINATION TOOLS IN YOUR ORGANIZATION

This subsection deals with the resources, tools, and mechanisms that contribute to integrating social and health services and implementing an active offer. The resources and mechanisms that social and health services providers already use, or could use, are presented under four main themes: 1) welcome and visibility, 2) hiring, retention, and training of human resources, 3) continuity of services in the official language minority situation among the various sectors or departments of the organization, and 4) evaluation of the active offer.

HSO Standard: This section of the Tool touches on the following elements of the HSO Standard : 4.3.1, 4.3.5, 4.4, 4.4.1, 4.4.2, 6.1.4, 6.1.5, 7.1, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.5

[1] Bouchard et Demeules, 2013, Roberts et Burton, 2013, CNFS, 2015

[2] Bowen, 2001; Bowen et al., 2010; Bowen, 2015, Roberts et Burton, 2013; Woodcock, 2011; Eriksson-Backa, 2010

[3] Bowen, 2001

[4] Drolet et al., 2014

[5] Savard et al., 2014

[6] Savard et al., 2016

[7] Éthier et Belzile, 2012

[8] Couturier et al., 2016

[9] Atlantis, Fahey et Foster, 2014

1. Welcome and visibility

Q19. Are users welcomed in both official languages?

- Never
- Rarely
- Often
- Always

Q20. a) Is the user's mother tongue noted to file (registration form or other)?

- Never
- Rarely
- Often
- Always

Q20. b) Is the official language spoken by a user noted to file (registration form or other)?

- Never
- Rarely
- Often
- Always

Q20. c) Is a user's preferred language noted to file (registration form or other).

- Never
- Rarely
- Often
- Always

Q21. a) Does your organization try to provide services in both official languages.

- Yes, all services
- Yes, some services
- No, none

Q21. b) If you answered "No", what prevents you from doing so?

Q22. If you answered "Yes," how is this bilingualism visible (visual identification, "Hello, Bonjour" pins)?

Q23. Are signs and notices posted in both official languages?

- Never
- Rarely
- Often
- Always

Q24. Is printed information available in both official languages?

- Never
- Rarely
- Often
- Always

Q25. Are official language minority clients offered printed information in the language of their choice?

- Never
- Rarely
- Often
- Always

For examples of innovative actions

To see how other organizations have improved the reception and visibility of services in the official language in a minority situation, see:

Practice 2: [A Francophone household at Summerset Manor \(Prince Edward Island\)](#)

Practice 3: [The Pavillon Omer Deslauriers: A Francophone Unit at Bendale Acres \(Ontario\)](#)

Practice 4: [Integration of the linguistic variable into data collection \(Prince Edward Island\)](#)

2. Hiring, retention, and training of human resources

Q26. Does your organization have a bilingual recruitment and retention policy?

- Yes
- No

Q27. Is this policy applied?

- Never
- Rarely
- Often
- Always

Q28. a) Are there workers in your organization who are bilingual or able to express themselves in the official language of the minority?

- None
- Not many
- Some
- Many

Q28. b) Is there a mechanism for identifying bilingual personnel?

- Yes
- No

Q29. Are there bilingual managers who can supervise personnel in the language of their choice?

- None
- Not many
- Some
- Many

Q30. Do employees receive bonuses for bilingualism?

- Yes
- No

Q31. Bilingual employees make up what percentage of your organization's total employees?

Q32. Does your organization offer language training to employees who want to maintain or improve their language skills?

- Yes
- No

Q33. Does your organization periodically assesses bilingual employees' language skills?

- Yes
- No

Q34. a) Does your organization include positions that are designated bilingual?

- Yes
- No

Q34. b) If "Yes," what proficiency level of the minority official language do most of your employees holding designated bilingual positions have?

- Beginner
- Intermediate
- Advanced

Q35. Does your organization offer professional development training to employees in their field of competence in their preferred language?

- Never
- Rarely
- Often
- Always

Q36. Is the use of the minority official language by employees valued within your organization?

- Never
- Rarely
- Often
- Always

If "Yes" (Often and Always) how?

For examples of innovative actions

To see how other organizations have developed practices that facilitate the retention and hiring of bilingual staff, see:

Practice 2: [A Francophone household at Summerset Manor \(Prince Edward Island\)](#)

Practice 3: [The Pavillon Omer Deslauriers: A Francophone Unit at Bendale Acres \(Ontario\)](#)

Practice 5: [The Framework for Recruitment and Retention of Bilingual Human Resources in the Health Sector and the Health Human Resources Strategy \(Pan-Canadian\)](#)

Practice 6: [The Café de Paris \(New Brunswick\)](#)

Practice 7: [The Tour of Francophone Institutions \(Manitoba\)](#)

Practice 16: [French-Language Placements to Prepare for Serving a Francophone Minority Community's Francophone Clientele \(Ontario\)](#)

3. Continuity of services among the various sectors or departments of the organization in an official language minority situation

The following questions address the mechanisms for integrating services into your organization:

Q37. Do you have mechanisms to ensure that users receive all the organization's services they need in the official language of their choice? (Continuum of services)

Yes

No

Does your organization have a resource person who ensures the continuity of services in an official language minority situation? For example:

Q38. a) Liaison nurse

Yes

No

Q38. b) Case manager

Yes

No

Q38. c) Other

Q39. Does your internal referral form specify the official language of the senior person?

Yes

No

Q40. Does your staff have access to an internal directory that identifies which services are available in the official language of the minority and who can provide services in that context?

Yes

No

Does your organization:

Q41. a) Use an initial assessment of the user's needs or situation that is jointly shared, used, and coordinated by all services and can be completed in the user's official language of choice?

Yes

No

Q41. b) Share information among departments with the user's consent (communication by voice, telephone, fax, etc.)?

- Never
- Rarely
- Often
- Always

Q41. c) Have linguistically adapted clinical tools (e.g. Montreal Cognitive Assessment [MoCA] adapted and translated, compared to the Cognitive Competency Test [CCT], which is not adapted or translated)?

- Never
- Rarely
- Often
- Always

Q41. d) Apply procedures that consider the availability of tools in both official languages for selecting evaluation tools used by all stakeholders?

- Never
- Rarely
- Often
- Always

Q42. Does your organization use mechanisms to assess the active offer of services in the official language in a minority context?

- Never
- Rarely
- Often
- Always

Q43. Does your organization have the support of the Board of Directors and senior management to facilitate an active offer and service coordination mechanisms?

- Never
- Rarely
- Often
- Always

For examples of innovative actions

To see how other organizations have put in place activities to facilitate service continuity, see:

Practice 4: [Integration of the linguistic variable into data collection \(Prince Edward Island\)](#)

Practice 9: [Primary Care Outreach to Seniors \(Ontario\)](#)

Practice 12: [Lunch and Chats at the Vanier Community Service Centre \(Ottawa\)](#)

Practice 13: [A Public Health Nurse Working in a Community Service Centre Who Ensures the Referral of Seniors to Appropriate Resources \(Ontario\)](#)

Overview of SUBSECTION 3.1. Your Organization's Resources and Tools: ACTIVE OFFER AND SERVICE INTEGRATION

In order to improve services for the official language minorities:

a) With respect to active offer and service integration, on which strengths can your organization build to improve its service offer to Francophones living in a minority situation?

b) What actions can your organization take related to active offer and service integration to improve services for official language minorities?

To what extent do you consider your organization's active offer and coordination tools to be a strength or weakness in supporting the delivery of services for official language minorities? (Move the cursor in the box below)

Weakness Strength

SUBSECTION 3.2 INTER-AGENCY COORDINATION, CONNECTIVITY, AND INTEGRATION MECHANISMS

MECHANISMS This sub-section focuses on resources, tools, and mechanisms that help integrate social and health services while facilitating inter-institutional coordination. These mechanisms may include coordinating committees, formal agreements, satellite service points, etc. to reduce service fragmentation [3]. Researchers have identified three integration models: a) connectivity, b) coordination, and c) full integration [4].

[3] Somme and al., 2014

[4] Couturier and al., 2013

Q44. Has your organization established connections with other organizations offering services in the official language of the minority?

- Informal connections
- Formal connections
- No connections

The following questions focus on mechanisms ensuring the continuity of services between your organization and other community organizations, particularly service continuity in the users' official language.

Q45. a) Is there a case manager who is the senior's point of contact in the health and social services system?

- Yes, he or she ensures that the user continues to receive services.
- Yes, he or she ensures that service continuity takes into account the user's language.
- No

Q45. b) Is there a service navigator who helps seniors find services?

- Yes
- No

--

- Takes language into account.
- Does not take language into account.

Q45. c) Is there a centralized window (one-stop service) where all the senior's needs are assessed, then the person is referred to the appropriate services?

- Yes
- No

--

- Takes language into account.
- Does not take language into account.

Q45. d) Other mechanisms (satellite service points, other)?

- Yes
- No

--

- Takes language into account.
- Does not take language into account.

What are they?

Q46. Do you have a directory of external agencies serving your territory that offer social and health services in an official language minority context?

- Yes
 No

Q47. Is this list available to users?

- Yes
 No

Q48. Does your inter-agency referral form specify the senior person's official language of choice?

- Yes
 No

For examples of innovative actions

To see how other organizations have put in place case coordination mechanisms that encompass the services of more than one organization, see:

Practice 8: [A Nurse-Interpreter in a Halifax Hospital \(IWK Health Centre\) \(Nova Scotia\)](#)

Practice 9: [Primary Care Outreach to Seniors \(Ontario\)](#)

Practice 10: [Satellite Service Points \(Ontario\)](#)

Practice 12: [Lunch and Chats at the Vanier Community Service Centre \(Ottawa\)](#)

Exchange of information among organizations

Are the following information-sharing tools used in your network of organizations?

Q49. a) User files harmonized among all integrated services and accessible to all services, with the user's consent?

- Yes, completely
 Yes, partially
 No

Q49. b) Other common tools facilitating information sharing (e.g. standardized assessment tools that are multipurpose to fit all partners, common tool for individualized care plans, others)?

- Yes, completely
 Yes, partially
 No

Which ones?

Q49. c) Cooperation between the services of your organization and community workers for an integrated response plan, including direct and rapid communication with family physicians?

- Yes, completely
- Yes, partially
- No

Q50. a) Is your organization involved in coordinating committees?

- Yes
- No

Q50. b) Do these committees discuss the language of service delivery?

- Yes
- No

Q51. Do the mechanisms identified in this section seem sustainable to you?

- Yes
- No

For an example of innovative action

To see how other organizations have put in place ways of exchanging information between different organizations, see:

Practice 13: [A Public Health Nurse Working in a Community Service Centre Who Ensures the Referral of Seniors to Appropriate Resources \(Ontario\)](#)

Overview of SUBSECTION 3.2 Your Organization's Resources and Tools: INTER-ORGANIZATION COORDINATION, CONNECTIVITY, AND INTEGRATION MECHANISMS

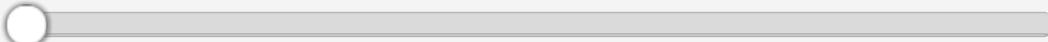
In order to improve official language minority services:

a) With respect to coordination mechanisms with other organizations, on which strengths can your organization build to improve its service offer to Francophones living in a minority situation?

b) What actions can your organization take related to inter-organization coordination, connectivity, and integration mechanisms to improve services for official language minorities?

To what extent do you consider inter-organization coordination, connectivity, and integration mechanisms to be a strength or weakness for your organization when delivering for official language minorities? (Move the cursor in the box below)

Weakness Strength



SECTION 4: Users and professionals

Users and professionals are the main participants in the continuum of services. As the Canadian population ages, caregivers are also becoming key players in the health and social services system [1]. What the evidence shows: Positive interaction among all stakeholders, along with patient-centered care, generates significant improvements in user's health and well-being [2].

[1] Silverman, 2013.

[2] Bouchard, P. and al., 2017

SUBSECTION 4.1. USERS

HSO Standard: This section of the Tool touches on the following elements of the HSO Standard : 4.1.2, 7.1.5, 8.1.1

Before requesting services, your organization's users are people who know about:

Q52. a) Their language rights?

- Never
- Rarely
- Often
- Always

Q52. b) The importance of communication for quality and safety of care?

- Never
- Rarely
- Often
- Always

Q52. c) The opportunity to receive services in the official language of their choice?

- Never
- Rarely
- Often
- Always

Q53. Do users or their caregivers request services in the official language in a minority context?

- Never
- Rarely
- Often
- Always

Q54. a) Are caregivers involved in care and services?

- Never
- Rarely
- Often
- Always

Q54. b) Are the social and health services you provide based on available sociodemographic and health data on linguistic communities in a minority context (e.g. distribution of the population by official language, distribution of the linguistic minority by age, health problems, etc.)?

- Never
- Rarely
- Often
- Always

Q55. a) Do you have a user committee to keep your organization informed of users' requirements and problems?

- Yes
- No

Q55. b) Does this committee include users of the official language minority?

- Never
- Rarely
- Often
- Always

Q56. Does your organization conduct customer satisfaction assessments that include the language aspect?

- Never
- Rarely
- Often
- Always

For examples of innovative actions

To see how other organizations have informed users of access to services in the official language of their choice, see:

Practice 8: [A Nurse-Interpreter in a Halifax Hospital \(IWK Health Centre\) \(Nova Scotia\)](#)

Practice 11: [The Information and Support Guide for Caregivers \(Quebec\)](#)

Overview of SUBSECTION 4.1 USERS

In order to improve services for the official language minorities:

a) With respect to service users and caregivers, on which strengths can your organization build to improve its service offer to Francophones living in a minority situation?

b) What actions can your organization take related to user services to improve services for official language minorities?

To what extent do you consider users to be a strength or weakness for your organization when delivering services for official language minorities? (Move the cursor in the box below)

Weakness Strength

SUBSECTION 4.2 PROFESSIONALS

Professionals and staff working in your organization:

Q57. a) Are made aware of the needs of users who are members of official language minority communities and take action to support active offer?

- Never
- Rarely
- Often
- Always

Q57. b) Are aware of the positive effects of integrating social and health services into the official language in a minority context?

- Never
- Rarely
- Often
- Always

Q57. c) Try to ensure a continuum of services in a minority official language context?

- Never
- Rarely
- Often
- Always

For an example of innovative action

To see how professionals are made aware of the active offer of services in the minority language, see:

Practice 16: [French-Language Placements to Prepare for Serving a Francophone Minority Community's Francophone Clientele \(Ontario\)](#)

Overview of SUBSECTION 4.2 PROFESSIONALS

In order to improve services for the official language minorities:

a) With respect to professionals, on which strengths can your organization build to improve its service offer to Francophones living in a minority situation?

b) What actions can your organization take related to professionals to improve services for official language minorities?

To what extent do you consider professionals to be a strength or weakness for your organization when delivering services for official language minorities?(Move the cursor in the box below)

Weakness Strength

SECTION 5 : Community Resources

What the evidence shows:

The vitality of a community helps build the demand for services in the minority official language, which in turn has a positive influence on the active offer of these services. Community vitality is defined as "a community's ability to take charge of its development based on several types of resources (demographic, political, legal, [...] social, economic and cultural), that are transformed for the benefit of the community through dynamic leadership" [1]. Other studies show that strong community vitality may be associated with better self-rated health [2] and that community organizations such as educational centres play a very positive role in the physical and psychological health of minority Francophones [3].

HSO Standard: This section of the Tool touches on the following elements of the HSO Standard : 4.5.3

[1] Office of the Commissioner of Official Languages (OCOL), 2007

[2] Alimezelli and al., 2013

[3] Harrison and al., 2009

Q58. Are there organizations in your region that ensure the vitality of the minority community (e.g. school boards, community organizations, etc.)?

- Yes
- No
- Don't know

Q59. Are events organized in your region to celebrate the language and culture of the official linguistic minority?

- Never
- Rarely
- Often
- Always
- Don't know

Q60. Has your organization received, or does it receive, requests regarding services in the minority official language from associations representing the official language minority community?

- Never
- Rarely
- Often
- Always
- Don't know

Q61. Does your organization outreach to local organizations to raise awareness of seniors who would require services in the minority official language (active identification)?

- Never
- Rarely
- Often
- Always

Q62. How would you describe your organization's cooperation with key players of the official language minority community?

- Non-existent
- Strained
- Good
- Excellent
- No answer

Q63. a) Is there pressure in your community from groups that oppose bilingualism?

- Never
- Rarely
- Often
- Always

Q63. b) How can you present official language services in a minority setting in a way that raises awareness in these groups and encourages its acceptance?

For examples of innovative actions

To see how health and social service organizations work with community organizations, see:

Practice 2: [A Francophone household at Summerset Manor \(Prince Edward Island\)](#)

Practice 8: [A Nurse-Interpreter in a Halifax Hospital \(IWK Health Centre\) \(Nova Scotia\)](#)

Practice 11: [The Information and Support Guide for Caregivers \(Quebec\)](#)

Practice 14: [The Fédération des aînés et desretraités francophones de l'Ontario \(FARFO\)'sInformation Fairs \(Ontario\)](#)

Practice 15: [The Health and Social Services Component of the Townshippers' Association \(Quebec\)](#)

Overview of SECTION 5. Community Resources

In order to improve services for the official language minorities:

a) With respect to the community's resources, on which strengths can your organization build to improve its service offer to Francophones living in a minority situation?

b) What actions can your organization take related to community resources to improve services for official language minorities?

To what extent do you consider the community to be a strength or weakness for your organization when delivering services for official language minorities?(Move the cursor in the box below)

Weakness Strength

FULL OVERVIEW SECTIONS 1 TO 5

Based on the results of each of the previous sections, what would be your organization's top three priorities for improving the active offer of integrated social and health services for seniors of the official language minority?

Priority #1

Priority #2

Priority #3

Tool evaluation

Q64. This tool has helped you to better identify and evaluate your organizational and community resources.

- Not agree at all
- Disagree
- Neither disagree nor agree
- Agree
- Totally agree

Q65. The tool has helped you to better understand your strengths and weaknesses and to think about the actions you could implement in your organization to improve services for senior citizens of official language in minority settings.

- Not agree at all
- Disagree
- Neither disagree nor agree
- Agree
- Totally agree

Q66. You would recommend this tool to other managers

- Not agree at all
- Disagree
- Neither disagree nor agree
- Agree
- Totally agree

Q67. If you would like to receive a copy of your responses, please provide your email address

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Answers to the questions:

Some information about yourself

Date: {{ Q1 }}

Province: {{ Q2 }}

City: {{ Q3 }}

Your preferred language for ORAL COMMUNICATION: {{ Q4 }}

Comments: {{ Q5 }}

Your preferred language for WRITTEN COMMUNICATION: {{ Q6 }}

Comments: {{ Q7 }}

Respondent category: {{ Q8 }}

Section 1

Indicate 3 values or principles that are the most important for your organization by ordering them from 1 to 3::

Q1. Evidence: {{ Q9.R1 }}

Q2. Quality of services: {{ Q9.R2 }}

Q3. User safety: {{ Q9.R3 }}

Q4. Innovation: {{ Q9.R4 }}

Q5. Integrity and respect: {{ Q9.R5 }}

Q6. Cultural and linguistic diversity: {{ Q9.R6 }}

Q7. Services provided in the user's language of choice: {{ Q9.R7 }}

Q8. Person-centered care: {{ Q9.R8 }}

Q9. Roles of users and caregivers in the organization: {{ Q9.R9 }}

Q10. Accountability: {{ Q9.R10 }}

Q11. Cooperation: {{ Q9.R11 }}

Q12. Commitment: {{ Q9.R12 }}

Q13. Caring: {{ Q9.R13 }}

Q14. Continuity of services provided to seniors in the minority official language: {{ Q9.R14 }}

Q15. Promotion of Francophone or Anglophone culture in a minority context: {{ Q9.R15 }}

Other values and principles considered important by your organization (Specify): : {{ Q10 }}

Overview of section 1

In order to improve services for the official language minorities:

a) What strengths can your organization count on to support values and principles?: {{ Q11 }}

b) What actions can you take related to your organization's values and principles to improve services for official language minorities?: {{ Q12 }}

To what extent do you consider values and principles to be a strength or weakness for your organization when delivering services for official language minorities? : {{ Q13 }}

Section 2

Q16. a) Is your organization subject to provincial or federal language legislation or policies that govern the delivery of official language services in a minority context? : {{ Q14 }}

Q16. b) If yes, in what way? (please select the province of your organization to see the answer choices) : {{ Q15 }}

Please select the law, policy or type of designation your organization responds to (Manitoba) : {{ Q16 }}

Please select the law, policy or type of designation your organization responds to (Ontario) : {{ Q17 }}

Please select the law, policy or type of designation your organization responds to (Quebec) : {{ Q18 }}

Please select the law, policy or type of designation your organization responds to (New-Brunswick) : {{ Q19 }}

Please describe the law, policy or type of designation your organization responds to. : {{ Q20 }}

Q16. c) What is your organization's level of compliance with these laws and policies? : {{ Q21 }}

Q16. d) Do these laws and policies facilitate your service offering in the official language minority? : {{ Q22 }}

Q17. a) Has your organization adopted administrative practices or protocols to help provide services in the official language in a minority context (e.g. hiring policies, scheduling of bilingual workers, signage, etc.)? : {{ Q23 }}

Q17. b) Are these acts, protocols, etc., applied in your organization? : {{ Q24 }}

Q18. a) Has your organization adopted policies that foster continuity of services among diverse organizations? : {{ Q25 }}

Which ones? : {{ Q26 }}

Q18. b) Are these policies applied in your organization? : {{ Q27 }}

Overview of section 2

In order to improve services for the official language minorities:

a) What strengths can your organization count on to support laws and regulations? : {{ Q28 }}

b) What actions can your organization take related to health acts, regulations, and policies to improve services for official language minorities? : {{ Q29 }}

To what extent do you consider laws and policies to be a strength or weakness for your organization when delivering services for official language minorities? : {{ Q30 }}

Section 3

SUBSECTION 3.1

1. Welcome and visibility

- Q19. Are users welcomed in both official languages?: {{ Q31 }}
- Q20. a) Is the user's mother tongue noted to file (registration form or other)?: {{ Q32 }}
- Q20. b) Is the official language spoken by a user noted to file (registration form or other)?: {{ Q33 }}
- Q20. c) Is a user's preferred language noted to file (registration form or other) : {{ Q34 }}
- Q21. a) Does your organization try to provide services in both official languages.: {{ Q35 }}
- Q21. b) b) If you answered "No", what prevents you from doing so?: {{ Q36 }}
- Q22. If you answered "Yes," how is this bilingualism visible (visual identification, "Hello, Bonjour" pins)?: {{ Q37 }}
- Q23. Are signs and notices posted in both official languages?: {{ Q38 }}
- Q24. Is printed information available in both official languages?: {{ Q39 }}
- Q25. Are official language minority clients offered printed information in the language of their choice?: {{ Q40 }}

2. Hiring, retention, and training of human resources

- Q26. Does your organization have a bilingual recruitment and retention policy?: {{ Q41 }}
- Q27. Is this policy applied?: {{ Q42 }}
- Q28. a) Are there workers in your organization who are bilingual or able to express themselves in the official language of the minority?: {{ Q43 }}
- Q28. b) Is there a mechanism for identifying bilingual personnel?: {{ Q44 }}
- Q29. Are there bilingual managers who can supervise personnel in the language of their choice?: {{ Q45 }}
- Q30. Do employees receive bonuses for bilingualism?: {{ Q46 }}
- Q31. Bilingual employees make up what percentage of your organization's total employees? : {{ Q47 }}
- Q32. Does your organization offer language training to employees who want to maintain or improve their language skills?: {{ Q48 }}
- Q33. Does your organization periodically assesses bilingual employees' language skills?: {{ Q49 }}
- Q34. a) Does your organization include positions that are designated bilingual?: {{ Q50 }}
- Q34. b). If "Yes," what proficiency level of the minority official language do most of your employees holding designated bilingual positions have? : {{ Q51 }}
- Q35. Does your organization offer professional development training to employees in their field of competence in their preferred language?: {{ Q52 }}
- Q36. Is the use of the minority official language by employees valued within your organization?: {{ Q53 }}
- If "Yes" (Often and Always) how?: {{ Q54 }}

3. Continuity of services among the various sectors or departments of the organization in an official language minority situation

- Q37. Do you have mechanisms to ensure that users receive all the organization's services they need in the official language of their choice? (Continuum of services): {{ Q55 }}
- Does your organization have a resource person who ensures the continuity of services in an official language minority situation? For example :
- Q38. a) Liaison nurse: {{ Q56 }}
- Q38. b) Case manager: {{ Q57 }}
- Q38. c) Other: {{ Q58 }}
- Q39. Does your internal referral form specify the official language of the senior person?: {{ Q59 }}

Q40. Does your staff have access to an internal directory that identifies which services are available in the official language of the minority and who can provide services in that context?: {{ Q60 }}

Does your organization:

Q41. a) Use an initial assessment of the user's needs or situation that is jointly shared, used, and coordinated by all services and can be completed in the user's official language of choice?: {{ Q61 }}

Q41. b) Share information among departments with the user's consent (communication by voice, telephone, fax, etc.)?: {{ Q62 }}

Q41. c) Have linguistically adapted clinical tools (e.g. Montreal Cognitive Assessment [MoCA] adapted and translated, compared to the Cognitive Competency Test [CCT], which is not adapted or translated)?: {{ Q63 }}

Q41. d) Apply procedures that consider the availability of tools in both official languages for selecting evaluation tools used by all stakeholders?: {{ Q64 }}

Q42. Does your organization use mechanisms to assess the active offer of services in the official language in a minority context?: {{ Q65 }}

Q43. Does your organization have the support of the Board of Directors and senior management to facilitate an active offer and service coordination mechanisms?: {{ Q66 }}

Overview of SUBSECTION 3.1

In order to improve services for the official language minorities :

a) What strengths can your organization count on to support an active offer and service integration?: {{ Q67 }}

b) What actions can your organization take related to active offer and service integration to improve services for official language minorities?: {{ Q68 }}

To what extent do you consider your organization's active offer and coordination tools to be a strength or weakness in supporting the delivery of services for official language minorities?: {{ Q69 }}

SUBSECTION 3.2

Q44. Has your organization established connections with other organizations offering services in the official language of the minority?: {{ Q70 }}

Q45. a) Is there a case manager who is the senior's point of contact in the health and social services system?: {{ Q71 }}

Q45. b) Is there a service navigator who helps seniors find services?: {{ Q72 }}

-- : {{ Q73 }}

Q45. c) Is there a centralized window (one-stop service) where all the senior's needs are assessed, then the person is referred to the appropriate services?: {{ Q74 }}

-- : {{ Q75 }}

Q45. d) Other mechanisms (satellite service points, other)?: {{ Q76 }}

-- : {{ Q77 }}

What are they?: {{ Q78 }}

Q46. Do you have a directory of external agencies serving your territory that offer social and health services in an official language minority context? : {{ Q79 }}

Q47. Is this list available to users?: {{ Q80 }}

Q48. Does your inter-agency referral form specify the senior person's official language of choice?: {{ Q81 }}

Exchange of information among organizations

Q49. a) User files harmonized among all integrated services and accessible to all services, with the user's consent?: {{ Q82 }}

Q49. b) Other common tools facilitating information sharing (e.g. standardized assessment tools that are multipurpose to fit all partners, common tool for individualized care plans, others)?: {{ Q83 }}

Which ones?: {{ Q84 }}

Q49. c) Cooperation between the services of your organization and community workers for an integrated response plan, including direct and rapid communication with family physicians?: {{ Q85 }}

Q50. a) Is your organization involved in coordinating committees?: {{ Q86 }}

Q50. b) Do these committees discuss the language of service delivery? : {{ Q87 }}

Q51. Do the mechanisms identified in this section seem sustainable to you?: {{ Q88 }}

Overview of SUBSECTION 3.2

In order to improve official language minority services :

a) What strengths can your organization count on to support coordination mechanisms with other organizations?: {{ Q89 }}

b) What actions can your organization take related to inter-organization coordination, connectivity, and integration mechanisms to improve services for official language minorities?: {{ Q90 }}

To what extent do you consider inter-organization coordination, connectivity, and integration mechanisms to be a strength or weakness for your organization when delivering for official language minorities?: {{ Q91 }}

Section 4

SUBSECTION 4.1

Before requesting services, your organization's users are people who know about:

Q52. a) Their language rights?: {{ Q92 }}

Q52. b) The importance of communication for quality and safety of care?: {{ Q93 }}

Q52. c) The opportunity to receive services in the official language of their choice?: {{ Q94 }}

Q53. Do users or their caregivers request services in the official language in a minority context?: {{ Q95 }}

Q54. a) Are caregivers involved in care and services?: {{ Q96 }}

Q54. b) Are the social and health services you provide based on available sociodemographic and health data on linguistic communities in a minority context (e.g. distribution of the population by official language, distribution of the linguistic minority by age, health problems, etc.)?: {{ Q97 }}

Q55. a) Do you have a user committee to keep your organization informed of users' requirements and problems?: {{ Q98 }}

Q55. b) Does this committee include users of the official language minority?: {{ Q99 }}

Q56. Does your organization conduct customer satisfaction assessments that include the language aspect?: {{ Q100 }}

Overview of SUBSECTION 4.1

In order to improve services for the official language minorities :

a) What strengths can your organization count on to support users and family caregivers?: {{ Q101 }}

b) What actions can your organization take related to user services to improve services for official language minorities?: {{ Q102 }}

To what extent do you consider users to be a strength or weakness for your organization when delivering services for official language minorities? : {{ Q103 }}

SUBSECTION 4.2

Professionals and staff working in your organization :

Q57. a) Are made aware of the needs of users who are members of official language minority communities and take action to support active offer?: {{ Q104 }}

Q57. b) Are aware of the positive effects of integrating social and health services into the official language in a minority context?: {{ Q105 }}

Q57. c) Try to ensure a continuum of services in a minority official language context?: {{ Q106 }}

Overview of SUBSECTION 4.2

In order to improve services for the official language minorities :

a) What strengths can your organization count on to support professionals?: {{ Q107 }}

b) What actions can your organization take related to professionals to improve services for official language minorities?: {{ Q108 }}

To what extent do you consider professionals to be a strength or weakness for your organization when delivering services for official language minorities? : {{ Q109 }}

Section 5

Q58. Are there organizations in your region that ensure the vitality of the minority community (e.g. school boards, community organizations, etc.)?: {{ Q110 }}

Q59. Are events organized in your region to celebrate the language and culture of the official linguistic minority?: {{ Q111 }}

Q60. Has your organization received, or does it receive, requests regarding services in the minority official language from associations representing the official language minority community?: {{ Q112 }}

Q61. Does your organization outreach to local organizations to raise awareness of seniors who would require services in the minority official language (active identification)?: {{ Q113 }}

Q62. How would you describe your organization's cooperation with key players of the official language minority community?: {{ Q114 }}

Q63. a) Is there pressure in your community from groups that oppose bilingualism?: {{ Q115 }}

Q63. b) How can you present official language services in a minority setting in a way that raises awareness in these groups and encourages its acceptance?: {{ Q116 }}

Overview of SECTION 5

In order to improve services for the official language minorities :

a) What strengths can your organization count on to support community resources?: {{ Q117 }}

b) What actions can your organization take related to community resources to improve services for official language minorities?: {{ Q118 }}

To what extent do you consider the community to be a strength or weakness for your organization when delivering services for official language minorities?: {{ Q119 }}

BILAN INTÉGRAL SECTIONS 1 À 5

Based on the results of each of the previous sections, what would be your organization's top three priorities for improving the active offer of integrated social and health services for seniors of the official language minority?

Priority #1 : {{ Q120.R1 }}

Priority #2 : {{ Q120.R2 }}

Priority #3 : {{ Q120.R3 }}