

# Practice # 17: Horizon Health Network's Dialogue Sessions (New Brunswick)

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## ABOUT THE FACT SHEET

This fact sheet is part of the *Directory of Innovative Practices in Health and Social Services in Official Language Minority Contexts* (available at: [https://www.grefops.ca/directory\\_innovative\\_practices.html](https://www.grefops.ca/directory_innovative_practices.html))

The *Directory of Innovative Practices* (formerly the Handbook of Innovative Practices on the Integration of Official Language Minority Health and Social Services) is a complementary resource to the *Organizational and Community Resources Self-Assessment Tool for Active Offer and Social and Health Services Continuity*<sup>1</sup>. It presents initiatives that have been put in place, most often at the local level, that respond to a community need and are perceived as innovative by the various actors involved in their implementation. The practices were identified, analyzed and classified according to an evaluation framework developed by the Health Council of Canada. This framework allowed us to distinguish between emerging practices, promising practices and leading practices. Some of these practices were suggested by the *Société Santé en français* and the provincial, territorial and regional French-language health networks, or other partners.

The reader is referred to the [Introduction and Method](#) document for information about the authors and collaborators, background on the project, a description of the methodology used to create the fact sheets, definitions of the following concepts:

- Leading Practice, Promising Practice, Emerging Practice
- Quality of evidence, impact, applicability, transferability
- Service coordination, service integration, liaison
- Active offer

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[https://www.grefops.ca/directory\\_innovative\\_practices.html](https://www.grefops.ca/directory_innovative_practices.html).

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<sup>1</sup> The self-assessment Tool is available in English and French and can be accessed at the following Web address:  
[https://www.grefops.ca/selfassessment\\_tool.html](https://www.grefops.ca/selfassessment_tool.html) (English version)  
[https://www.grefops.ca/outil\\_autoevaluation.html](https://www.grefops.ca/outil_autoevaluation.html) (French version)

## Practice # 17: Horizon Health Network's dialogue sessions (New Brunswick)

### This practice contributes to improving:

- Your organization's values and principles: Innovation and service offer in the user's preferred official language;
- Active offer (welcome and visibility);
- Relations with service users.

### The organization implementing this practice: The Horizon Health Network, New Brunswick

The information contained in this fact sheet was obtained from a presentation by Lorna Mansfield, Official Languages Advisor at Horizon Health Network, and from an interview with this person (November 18, 2020). Ideas from the dialogue sessions regarding active offer will be mentioned here. If they were concretely implemented after the dialogue, they will be the subject of separate fact sheet.

### Background

In New Brunswick, health services are grouped under two Regional Health Authorities (RHAs): Vitalité Health Network and Horizon Health Network. Each RHA has a general mandate to provide health services in New Brunswick and is governed by a board of directors. Horizon Health Network is the largest Regional Health Authority in New Brunswick and the second largest in Atlantic Canada. It manages 12 hospitals and over 100 facilities, clinics and offices in central and southern New Brunswick. Horizon offers services ranging from acute and specialized care to community health services<sup>2</sup>. The language of work in the Horizon Health Network is generally English, but the services provided must be offered in both official languages, like all public services in New Brunswick<sup>3</sup>.

In the winter of 2017, as part of the Active Offer Every Day pilot project, a survey of staff, patients, and visitors on the quality of active offer of French-language services in Network facilities showed that some services were doing well, while others were experiencing challenges. The reasons ranged from lack of resources to lack of compliance. As a result, ways were sought to improve active offer practices within the Network.

### Objectives

As a result of the survey that revealed gaps in active offer practices, it was realized that the starting point for improvement would be to ensure that all staff and management were aware of and compliant with New Brunswick's Official Languages Act, and that they promoted best practices in both official languages to ensure patient and family-centered care.

The main objective of the dialogue sessions was then to create exchanges with Horizon's staff in order to obtain comments, opinions and recommendations that would promote adherence to active offer

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<sup>2</sup> Réseau de santé Horizon (2021.). *About US*. <https://en.horizonnb.ca/home/about-us.aspx>

<sup>3</sup> Legislative Assembly of New Brunswick (s.d.). *Official language ACT*. <https://www.gnb.ca/legis/bill/editform-e.asp?ID=134&legi=54&num=0&page>

practices and improve the quality of French-language services. Data from the sessions would be collected and used to initiate more concrete practices aimed at better equipping employees to offer services in both official languages.

## Features of the practice

The dialogue sessions were conceptualized by external consultants and were the first major step toward improving the active offer of services at Horizon Health Network. The sessions took place between spring 2018 and fall 2019, and were primarily aimed at Horizon Health Network frontline staff. As such, all individuals who frequently interact with the public were sent email invitations encouraging them to attend the sessions on a voluntary basis, contingent upon manager approval. It was hoped to have a minimum of 8 participants per session. However, due to various unforeseen circumstances, between 2 and 25 participants attended each session.

Initially, the idea was to have two facilitators per session. Thirty facilitators were trained and they were expected to facilitate a minimum of ten sessions. However, several facilitators withdrew because of the heavy workload, roles and responsibilities of their other commitments. For these reasons, one of the facilitators who had demonstrated strong facilitation skills and interest in the task was assigned the role of full-time facilitator. This person was responsible for guiding the rest of the project and facilitated the rest of the sessions throughout Horizon.

The dialogue sessions were structured as focus groups in which the purpose of the active offer and the pilot project was highlighted, case studies were presented, and small group exercises were offered (e.g., creating six-word stories, sharing perspectives and ideas for possible solutions). The sessions aimed to create a respectful, courteous and welcoming environment that allowed staff members (both Francophone and Anglophone) to express their opinions and ideas, both positive and negative, regarding the improvement of the active offer of services in French. The goal was to identify their feelings and to learn about actions that could be taken by the Horizon Health Network to improve these situations. In addition, the facilitators followed a discussion guide to fuel the conversations.

By mid-Spring 2019, facilitators had conducted 256 dialogue sessions across all sites within the Horizon Health Network. In total, 3413 employees participated, and 90% of whom provided written comments at the end of the sessions. More than 1,400 comments were provided, and more than 3600 ideas and suggestions for the future were submitted by participants. Moreover, 1166 six-word stories were shared. The facilitator took notes during the discussions. All this information was analyzed and systematically categorized by Horizon's official languages advisors in order to deduce and implement practices that could better equip staff to offer services in both official languages.

Data emanating from the dialogue led to the implementation of various initiatives to improve the offer of services in French by the employees of the Horizon Health Network.

- 1) Employees expressed the need to optimize and create contingency plans. These plans allow employees to become acquainted with the bilingual staff who work at the same time as them. These employees will be considered as resource persons during these shifts (See Practice 18).
- 2) Feedback from the dialogue sessions fuelled the desire to develop a system that would allow for the identification of a patient's language of choice, and ensure that this information is shared among the various stakeholders, both internal and external. This would allow staff to plan and mobilize French language services and resources when they are notified that the patient prefers to speak French. With this information in hand well in advance of the patient's meeting, staff members can prepare and use their contingency plan to serve the patient in the language of

their choice. By the Fall of 2020, this project had begun in 2 of the 4 zones of the Horizon Health Network.

- 3) The dialogue sessions revealed a lack of bilingual resources for staff to facilitate the provision of quality services in both official languages. The promotion of the "Interpretation guide for medical professionals" was enhanced. This guide is a resource available to managers and staff, provided by the *Accueil francophone de Thunder Bay* at a cost of \$7. This document is presented in the form of an English-French dictionary of terms frequently used by health professionals. An application of the guide can be used to hear the pronunciation of words and phrases in French. Many people were impressed and happy to receive this resource, as no other tool of this sort was available before. Staff were encouraged to make lists of phrases or expressions used in their speciality, and send to Horizon translation, so they could make their service-specific reference cards.
- 4) During the dialogue sessions, employees recognized the importance of attending French language training in order to improve the quality of the second language. Although employees already had access to courses in French, participants suggested ways to encourage participation in these courses. Examples included "providing opportunities to attend" these courses, "promoting them to front-line staff," and "providing budgetary support for staff to attend". In fact, the French language training program is coordinated by the Learning Services Department, but is promoted by the Official Language Advisors, on the Network's internal webpage and listed in the available learning programs offered by Learning Services. The training is now being delivered online, making it more accessible to staff members.
- 5) The dialogue sessions provided an opportunity to review and restructure the second language evaluation process. The telephone assessments previously in place generated feelings of discomfort that were very often responsible for the failures on these tests. A project group including representatives from Human Resources and Official Languages, as well as an external vendor has developed a pilot project to facilitate the implementation of a new form of assessment in which assessors and employees can meet by videoconference. The oral component is assessed by the New Brunswick Community College, while the reading, comprehension and writing components are assessed by the provincial Treasury Board.
- 6) The identification of bilingual employees within the Horizon Health Network has been improved. FRENCH/ENGLISH icons, Hello/Bonjour pins, or pins with the words "*J'apprends le français! Parlez-moi*" have been made available. The resource person mentions that this is still a big challenge as the icons are very small and nearly impossible to see. Other ideas have been shared but are not financially or operationally feasible at this time.
- 7) A variety of reminder tools have been created to raise public awareness of the use of "Hello/Bonjour" and to remind employees of the importance of offering services in both official languages. Examples of tools include a bilingual calendar, a bookmark explaining the meaning of "Hello, Bonjour", bilingual videos explaining "Hello, Bonjour", "Hello, Bonjour" posters, a "Hello, Bonjour" sticker pocket for cell phones, "Hello, Bonjour" pins for the employee card, expandable cell phone holder with the words "Hello, Bonjour," and displays in the style of a two-sided flip menu, containing the "Hello, Bonjour" greeting on the user's side, and resources for staff (contingency plan, interpretation phone line, contact information for the official languages team, key phrases in both official languages) on the other side (see Practice 19).

## Challenges

Some situations created challenges in conducting the dialogue sessions. First, managers did not always have the budget to replace the employees who would participate in the sessions. In addition, obtaining the support of managers could sometimes be difficult. Second, some misconceptions about the provision of French services among some English-speaking staff fuelled for difficult conversations during the dialogue sessions. The facilitators had the necessary skills to ensure the entire session was not dominated but an individual wanting to vent, while respecting all opinions. Third, one of the greatest challenges, according to the resource person, was the availability of staff. In fact, the Horizon Health Network institutions' daily barometer of activity greatly impacted attendance. When the facilities are in high capacity/acuity situations, staff members are very busy and not always available to participate in activities outside of their regular duties, particularly in the nursing units.

Word-of-mouth appears to have been a positive step in increasing staff participation. The first sessions were successful in breaking down the preconceptions of some employees who subsequently encouraged their colleagues to participate in the dialogue sessions. As a result, they promoted it throughout their institution. Facilitators from the Café de Paris (see Practice # 6) also promoted the dialogue sessions. It should also be noted that the lead facilitator was a trusted individual who had been an employee of the Horizon Health Network for 36 years. Her mastery of communication channels, the organizational culture and issues of the Network and her established relationships within member organizations facilitated the promotion of the dialogue sessions.

## Analysis<sup>4</sup>

### Why is this practice considered innovative?

Consideration of organizational culture is important when it comes to organizational change. But in the rush to implement certain improvements, this step is sometimes overlooked. Horizon Health Network's dialogues provide a good example of how to take into account the organizational culture in the improvement of services offered in French.

The Horizon Health Network and stakeholders dedicated to the access of services in both official languages saw that certain services needed to be improved. However, there was a fear on the part of staff, particularly non-bilingual staff, that this improvement would be to the detriment of other aspects of quality of care or to the detriment of their opportunity for advancement and job security within the organization. Some Anglophones had the preconception that this advancement would facilitate access to positions for those who spoke French. From this perspective, the dialogue sessions were able to make staff and employees aware of the real objectives of practices promoting active offer. They enabled them to become aware of the importance of including the French language in the offer of services in the Horizon Health Network and to implement practices that could better equip staff to offer services in both official languages.

The contact person and the people involved in this project see this practice as innovative. The contact person explains that the employees who participated in the discussions also felt that this practice seemed new and innovative.

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<sup>4</sup> This analysis is based on criteria established in the *Innovative Practices Evaluation Framework* designed by the Health Council of Canada, Retrieved from : [https://healthcouncilcanada.ca/files/IP\\_Framework\\_Eng\\_final\\_1.pdf](https://healthcouncilcanada.ca/files/IP_Framework_Eng_final_1.pdf) and also outlined in the Introduction and method document.

## Emerging, promising or leading: An emerging practice

**Quality of evidence:** The practice was evaluated internally by its sponsors: All participants were asked to complete an evaluation of the session they attended and statistics were kept. Participant feedback and informal observations were also collected and a comprehensive report based on the analysis of staff feedback was produced. The practice received positive feedback and led to the implementation of actions such as those described in Practices 18 and 19.

**Impact:** According to the resource person, employees at the Horizon Health Network have a better understanding of the importance of cultural awareness to better serve French-speaking users and of the active offer of services in both official languages. Moreover, we hear a lot more "Hello/Bonjour" in Horizon's healthcare facilities, as employees are getting into the habit of saying it. It should also be noted that some of the comments from the dialogue sessions have been transformed into action. In fact, the projects that have been developed and those that are being developed using the data from the dialogue sessions are other positive effects of this practice. Examples include patient language identification systems, contingency plans and reminder tools.

More than 4,000 employees participated in the dialogue sessions through the Horizon Health Network. Horizon has approximately 14,000 employees who are directly affected by the practice. The practices put in place following the dialogue sessions have enabled the staff to be better equipped to offer services in both official languages, which in turn improves services and care to users.

**Applicability:** The practice was created specifically for the Horizon Health Network and was carried out in all of its institutions and programs. Participation was encouraged, although it was not identified as mandatory. Participation often depended on the decision of managers.

**Transferability:** We are not aware of any organization other than the Horizon Health Network that has undertaken an exhaustive dialogue with all of its staff on the subject of active offer. However, the results lead us to believe that the practice could be carried out in other health care institutions that would like to foster dialogue with staff in order to improve services in the official language of the minority.