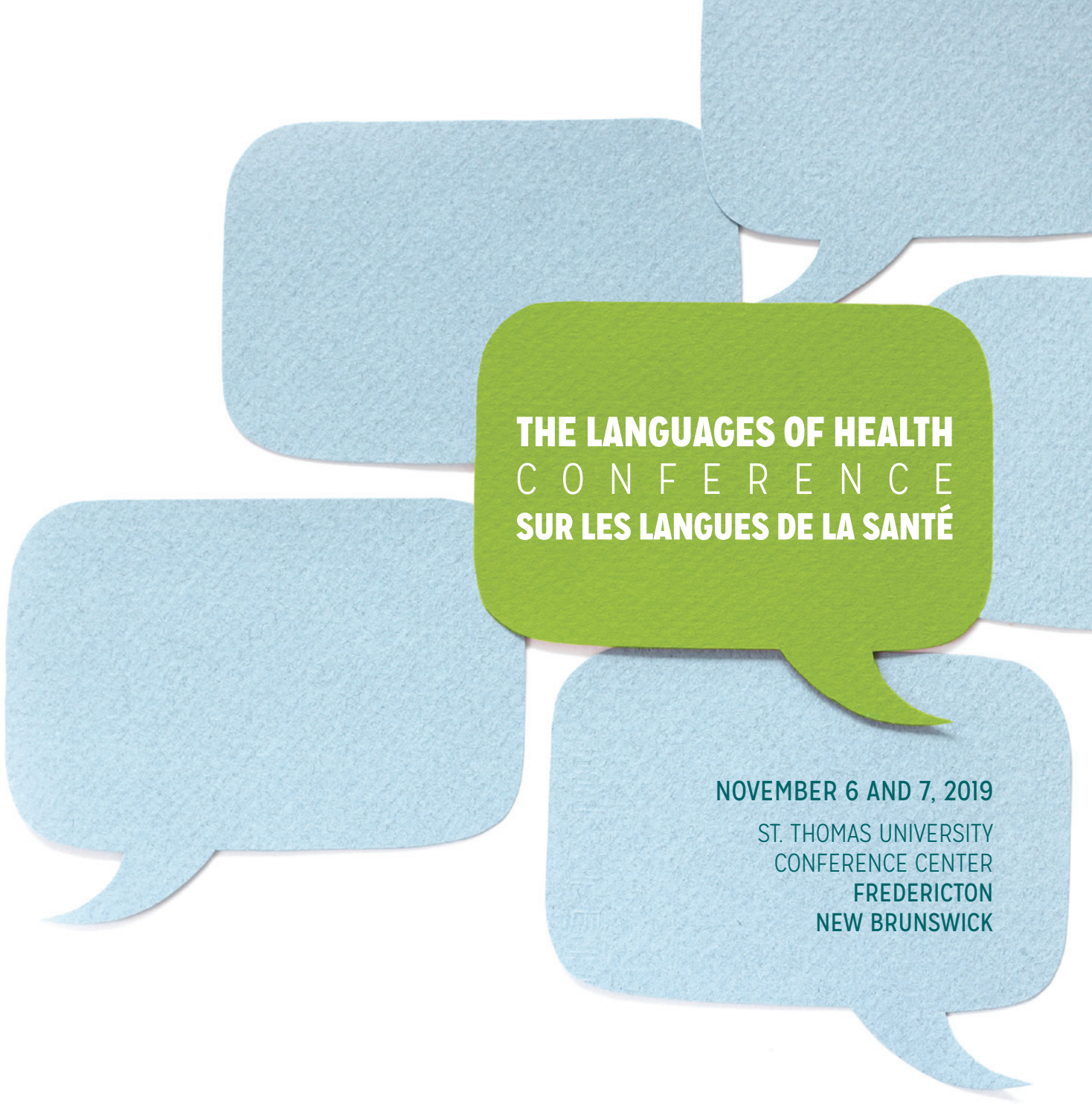
SUMMARY REPORT

Société
Santé et Mieux-être en français
du Nouveau-Brunswick



THE LANGUAGES OF HEALTH
CONFERENCE
SUR LES LANGUES DE LA SANTÉ

NOVEMBER 6 AND 7, 2019

ST. THOMAS UNIVERSITY
CONFERENCE CENTER
FREDERICTON
NEW BRUNSWICK

ACKNOWLEDGMENTS

The Languages of Health Conference's Advisory Committee and Program Committee would like to thank all their collaborators for their participation and commitment.

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1 EXECUTIVE SUMMARY

The Languages of Health Conference (hereafter referred to as the Conference) took place on November 6 and 7, 2019, in Fredericton, New Brunswick. It was the second edition of a conference on the active offer, the first having been organized by the Université de Moncton in 2015.

An impressive array of participants from a variety of backgrounds gathered for the Conference. In fact, eighty (80) people representing all five health and wellness partners were present, more specifically researchers and instructors, health and wellness managers, policy makers, health care professionals, and community representatives.

The discussions held during the Conference and work sessions offered the opportunity to exchange views on the current state of services and knowledge regarding French-language health care service offerings in New Brunswick and other Canadian provinces.

The discussions highlighted several issues and challenges as well as a lack of understanding of language issues within health care services. The public and those employed by regional health authorities often misunderstand language requirements. This misunderstanding, combined with the misunderstanding of language issues, makes it difficult to measure and implement an active offer and deliver health and wellness services. Furthermore, political leaders and service managers sometimes exhibit little openness toward improving services in both official languages.

The discussions also highlighted that the organizational culture is not very focused on an active offer, since several services offered within health care facilities and outside of them do not provide an active offer of French-language health and wellness services. There is a well-established belief that all Francophones are bilingual and that it is not, therefore, justifiable to spend resources to implement an active offer and deliver services in French. This situation impacts the quality of services and care as well as the safety of individuals. And these impacts are felt even more due to demographic changes.

The participants noted that policy makers must get involved and offer their leadership in order to give rise to change in the organizational culture of large institutions. Several recommendations were brought up during the Conference, for example, providing managers and policy makers at different governmental levels with better tools so that they may base their decisions on facts and best practices.

Another vital subject involves raising awareness and talking about the importance of being able to choose the language in which one receives health and wellness services. In order to address the lack of understanding in this regard and reduce its impact, the focus is being placed, among other things, on better communication channels for issues related to the official languages and for the real consequences of not having an active offer of services in the official language of one's choice.

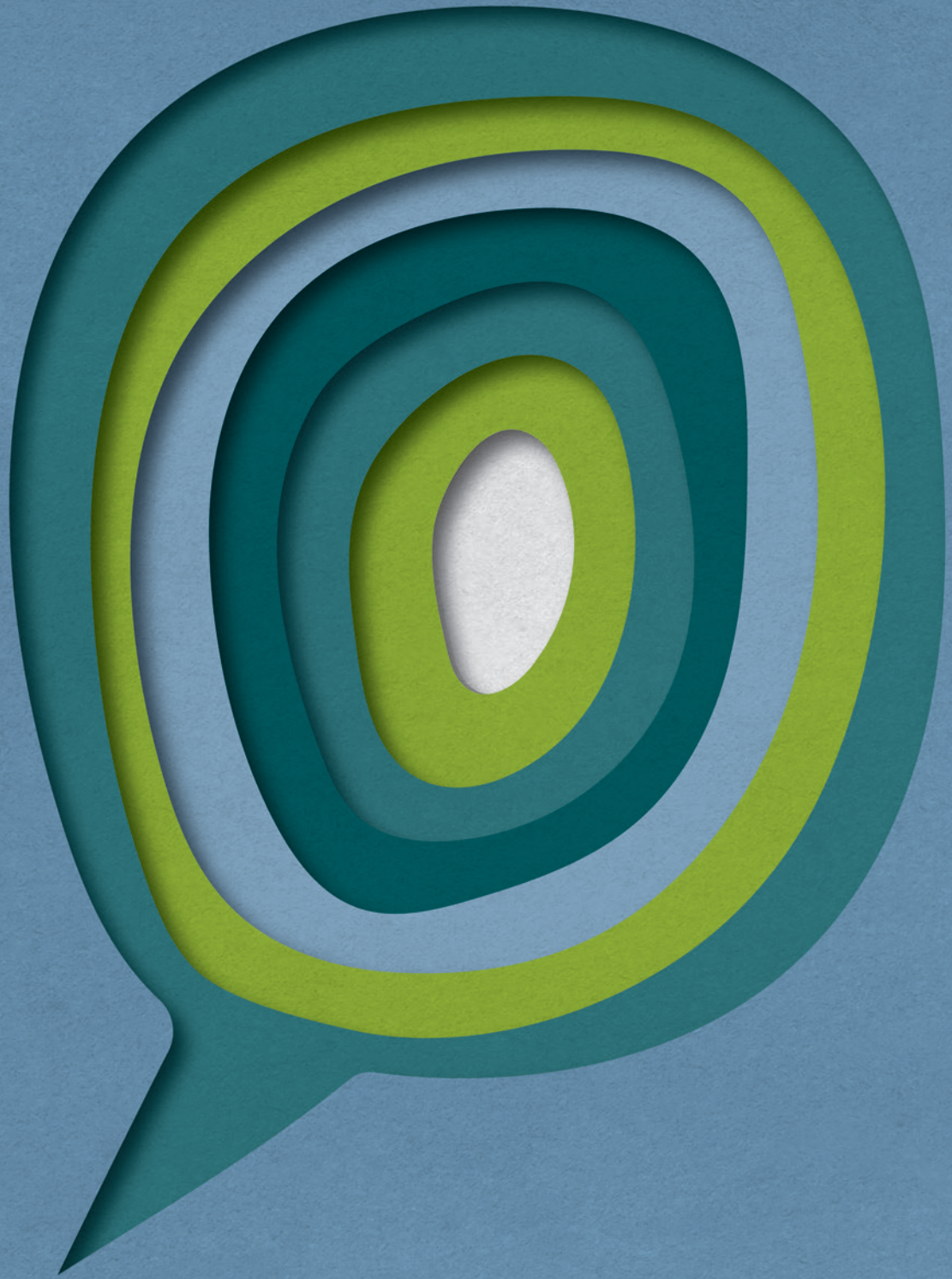
An active offer of health and wellness services in both official languages is:

- a global approach to planning and delivering health and wellness services to a community in a minority setting;
- an organizational leadership practice and an ethical professional act;
- a set of well-advertised, visible, and easily accessible services offered at all times, without having to request them.

More specifically, it's :

- the act of offering, proactively and from the very first contact, health and wellness services available in the official language of one's choice;
- a regular and permanent service offering to those in a minority situation through an approach that focuses on each person individually;
- a matter of quality of service and people's safety.

Reference : Société Santé et Mieux-Être en français du Nouveau Brunswick (2017). Don't wait for them to ask, provide an active offer!



Communities participate in improving health care services by sharing their opinion on the quality of services received, raising awareness of emerging needs and helping to plan services.*

Health and wellness managers encourage an internal culture favourable toward an active offer and hire professionally and linguistically competent employees. They are continually assessing and improving their ability to offer quality French-language health and wellness services.*

> IT WAS HIGHLIGHTED THAT ALL STAKEHOLDERS PLAY A CRUCIAL ROLE IN IMPLEMENTING AN ACTIVE OFFER AND DELIVERING HEALTH AND WELLNESS SERVICES IN THE LANGUAGE OF ONE'S CHOICE.

Policy makers have the power to put policies in motion that would offer health and wellness services in both official languages, all while considering the safety of individuals and the quality of the services – without involving political biases.

Educational centres, for their part, have a role to play in education and research. Universities and colleges mold future managers and employees. These institutions, researchers and research centres must take advantage of any research opportunity that comes their way to better understand the impact of language barriers on health care service offerings in both official languages.

Health care professionals are important stakeholders who are responsible for the public's care, the services offered, and for implementing all initiatives. They are often the ones who form relationships with service users and beneficiaries.

* Société Santé en français (2019). Active Offer of French-Language Health Services for Francophone and Acadian Minority Communities in Canada: Joint Position Statement between the Société Santé en français and the French-Language Health Networks of Canada.

FINALLY, THE CONFERENCE HIGHLIGHTED INNOVATIVE PRACTICES AS WELL AS INTERESTING POSSIBLE SOLUTIONS.

THE FOLLOWING IS A SUMMARY OF THE **BIG ISSUES** ON WHICH THE POSSIBLE SOLUTIONS WERE BASED:

1. **It is difficult to measure the active offer of health and wellness services in the language of one's choice.**

2. **The lack of understanding concerning the active offer and language issues within New Brunswick's health care system is an obstacle to improving service offerings in both official languages.**

3. **The shortage of bilingual workers impedes progress in implementing an active offer in both of New Brunswick's official languages.**

4. **The organizational culture is not very focused on offering health and wellness services in both official languages.**

5. **Having access to services in one's preferred language affects the quality of those services and one's safety.**

6. **The lack of knowledge and tools to serve indigenous populations across the province.**

7. **Health care workers are not adequately equipped to offer proper health and wellness services to newcomers.**

POSSIBLE SOLUTIONS WERE SUGGESTED TO IMPROVE SERVICE OFFERINGS IN THE OFFICIAL LANGUAGE OF ONE'S CHOICE.

HERE IS A SUMMARY OF THE **POSSIBLE SOLUTIONS** SUGGESTED:

1. **Include the language variable on New Brunswick health cards.**
2. **Improve databases to better target health and wellness service offerings.**
3. **Develop strategies involving political influence.**
4. **Implement a set of methods to provide personnel with the necessary tools to improve service offerings in the language of one's choice.**
5. **Take administrative action to encourage change within the organizational culture in order to improve health care services in both official languages.**
6. **Focus on an approach based on individual satisfaction, quality of service, and the community's safety.**
7. **Offer training adapted to indigenous culture and values.**

2 CONTEXT

The Société Santé et Mieux-être en français du Nouveau-Brunswick (hereafter referred to as the SSMEFNB) was the Conference's main champion. It had the support of health and wellness partners serving Francophone, Anglophone, indigenous, and multicultural communities in New Brunswick and of federal partners.

"The Société Santé et Mieux-être en français du Nouveau-Brunswick is a provincial collaborative body whose goal is to promote and improve the health and wellness of New Brunswick's Acadian and Francophone community."

The SSMEFNB bases its operations on a concerted action model created by the World Health Organization (WHO), which was reflected in the Conference's activities.

The model to the left illustrates all possible links between health and wellness partners. It highlights the value of a network of relationships where each partner brings its own experience and the reality of its environment to the table. The five health and wellness partners support the optimizing of health and wellness services and programs through dialogue, commitment and collaboration and by centering their decisions on the population's needs.

The partners for action are divided into categories based on the SSMEFNB's "Five Health and Wellness Partners' Concerted Action Model".

COMMUNITY

Representatives of regional or provincial organizations, whether they be users, service beneficiaries, or contacts, are considered important partners in improving health and wellness. When they raise and spread awareness of health issues, community members and organizations are inspired to take part in the decision-making process.

ACADEMIC INSTITUTIONS

Seeing as academic institutions work in education and research, they understand and document the challenges that the health and wellness industry faces. Since they offer systemic solutions, they can create collaborations between different partners.

POLICY MAKERS

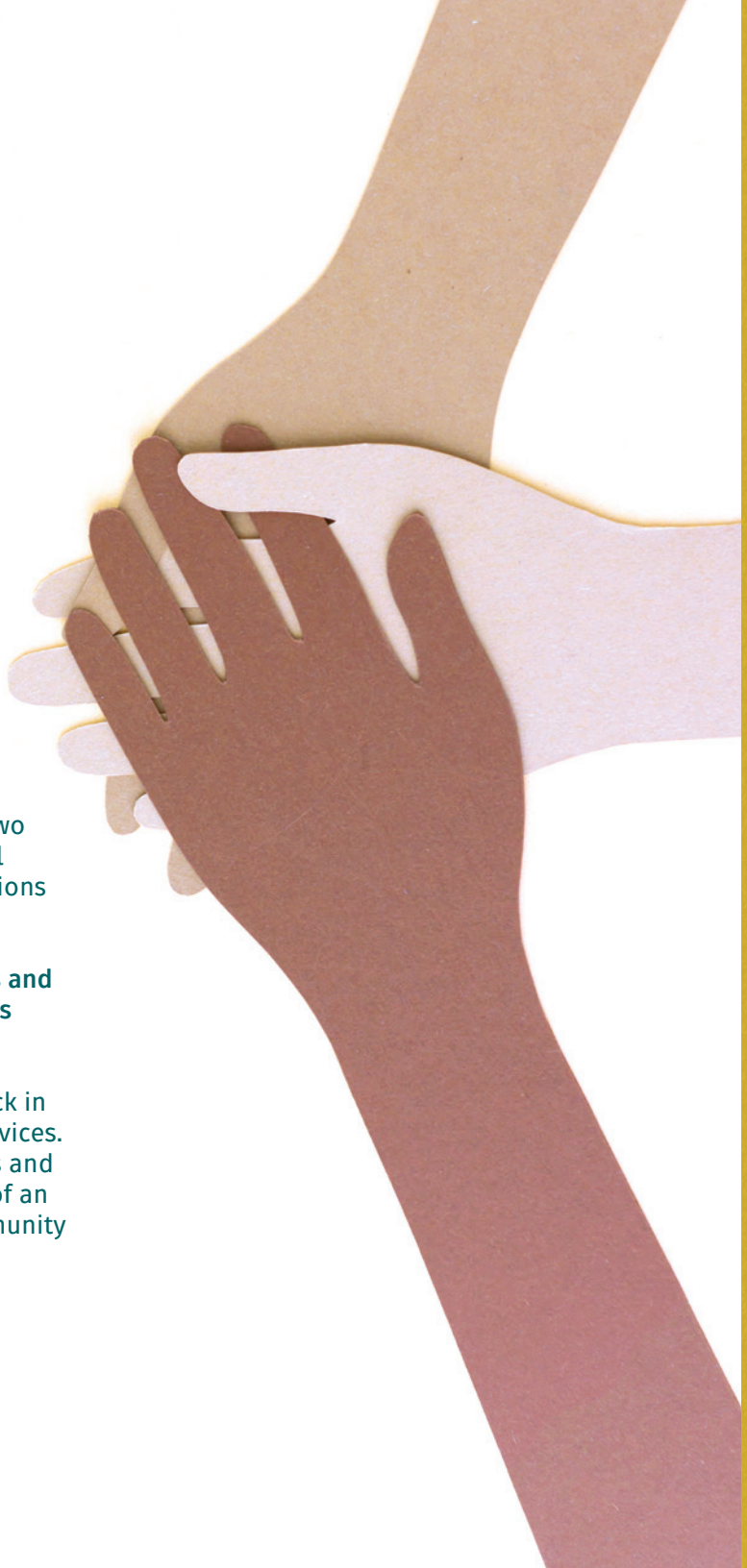
Through partnerships, policy makers can define and put in place policies able to redirect health and wellness service offerings toward a lasting, coherent and unified approach.

HEALTH AND WELLNESS PROFESSIONALS

These professionals are responsible for implementing all health and wellness programs. It is, therefore, crucial to seek out their creative contribution when putting all initiatives in place.

HEALTH INSTITUTION MANAGERS

Health institution managers are in charge of achieving their institution's mandate. They are responsible for organizing and managing health and wellness services.



Having access to French-language health and wellness services is a determining factor in the health of the Francophone population living in a minority setting, as well as a recognized right in New Brunswick. New Brunswick, the only officially bilingual province in Canada, has two regional health authorities. Although both authorities offer health care services in the official language of one's choice, the Horizon Health Network serves predominantly Anglophone regions while the Vitalité Health Network serves predominantly Francophone regions.

The Conference's organizers would like to reach all the health and wellness sector's partners and stakeholders to promote dialogue between the province's linguistic and cultural communities and bring them together.

Ultimately, the goal of the Conference was to emphasize the issues that exist in New Brunswick in order to improve and strengthen the active offer of French-language health and wellness services. The Advisory Committee and the Program Committee's main goals were to discuss challenges and share ideas about best practices, tools, and resources, to raise awareness of the importance of an active offer and the impacts of language barriers on accessing services, and to create a community of practice in order to develop an action plan for an active offer in New Brunswick.

MORE SPECIFICALLY, HERE ARE THE MAIN GOALS:

Bring the two linguistic communities closer together.

Develop a common understanding of what an active offer is.

Raise awareness among health care stakeholders of the importance of an active offer and the impacts of language barriers when it comes to accessing services.

Strengthen the active offer of health and wellness services in both of New Brunswick's official languages.

Create a community of practice to guarantee a follow-up on the active offer.

Discuss best practices, tools and resources.

Provide stakeholders with the opportunity to network.

Promote tools.

Encourage discussions to not only address issues in New Brunswick but to also see what is being done elsewhere.

An Advisory Committee and a Program Committee were tasked with deciding on the Conference's direction and content.

The following is a list of organizations that collaborated in bringing the Conference to fruition:

- Association régionale de la communauté francophone de Saint-Jean
- CNFS - Volet Centre de formation Médicale du Nouveau-Brunswick
- CNFS - Collège communautaire du Nouveau-Brunswick
- CNFS - Université de Moncton
- Department of Canadian Heritage
- Government of New Brunswick
- Groupe de recherche et d'innovation sur l'organisation des services de santé
- Health Canada
- Horizon Health Network
- Medavie Health Services
- Réseau-action Communautaire
- Réseau-action Formation et recherche
- Réseau-action Organisation des services
- Société Santé en français
- Société Santé et Mieux-être en français du Nouveau-Brunswick
- The Université de Moncton's École des Hautes études publiques
- Vitalité Health Network

THE CONFERENCE'S PROGRAM

The Languages of Health Conference's program boasted an array of experts on subjects such as access to health and wellness services in both of New Brunswick's official languages, Canada's official languages outside of New Brunswick, leadership in a changing organizational culture, the official languages within the health care system, the language variable, and initiatives for an active offer and the delivery of health and wellness services in the official language of one's choice.

Different activities took place over two exciting days. The subjects and the invited speakers provided an environment where the 80 participants were able to discuss and share inspiring ideas. These discussions were very fruitful and led to recommendations being brought up based on the experience and knowledge of that community of stakeholders and experts.

3 DISCUSSION OF **IDEAS WORKSHOP**

Through discussions that took place during work sessions as well as the answers to the individual questionnaires, New Brunswick's main issues surrounding the official languages in the health and wellness sector were highlighted. A summary of the discussions and thoughts was prepared based on the following elements:

- The highlighted **issues**.
- **Thoughts and observations** regarding the issues.
- Suggested **possible solutions**.

3.1 • ISSUES RELATING TO LANGUAGE IN NEW BRUNSWICK'S HEALTH SECTOR

The following presents issues that were brought up over two days of reflection and discussions between participants and experts.

1. It is difficult to measure the active offer of health and wellness services in the language of one's choice.
2. The lack of understanding concerning the active offer and language issues within New Brunswick's health care system is an obstacle to improving service offerings in both official languages.
3. The shortage of bilingual workers impedes progress in implementing an active offer in both of New Brunswick's official languages.
4. The organizational culture is not very focused on providing an active offer of health and wellness services in both official languages.
5. Having access to services in one's preferred language affects the quality of those services and one's safety.
6. The lack of knowledge and tools to serve indigenous populations across the province.
7. Health care workers are not adequately equipped to offer proper health and wellness services to newcomers.

The following is a summary of thoughts and observations regarding the issues listed above.

1

It is difficult to measure the active offer of health and wellness services in the language of one's choice.

THOUGHTS AND OBSERVATIONS

- The health care system does not have a lot of data or analyses that take the language variable into account in order to suggest recommendations for better serving the population in the language of one's choice across New Brunswick.

- It is important to study the trajectory of French-language services to know whether service is received in the language of one's choice.

- Individuals are not regularly asked what their preferred official language is, which would allow the Province to match service offerings to demand. To that effect, language data would be collected by indicating the official language of one's choice on New Brunswick health cards.

- There is a need to promote research led by universities and research centres while making it easier to implement better data collection methods.

- More research is required to better understand the impacts of language barriers on health and wellness service offerings in one of the official languages, for example:
  - The Francophone population's language profile and its needs regarding health and wellness services (the services accessed by that population, where individuals go to receive those services and the availability of services offered in French).
  - The efficiency of the active offer (the effects of the active offer on the targeted population).
  - The lived experience of Francophones in New Brunswick living in regions where they are in a double minority situation.
  - For years, the difficulty of measuring the active offer has been a barrier to its implementation and to assessing its efficiency.

- By implementing Prince Edward Island's model of indicating the language variable on health cards, it would allow:
  - to coordinate services according to the health care system's trajectory;
  - to target an active offer and to assign bilingual human resources where there is a need for them;
  - to make data collection easier in order to meet the needs of different regions across the province.

1

It is difficult to measure the active offer of health and wellness services in the language of one's choice.

POSSIBLE SOLUTIONS

- One recommendation is to make it easier to implement better data collection methods. Following Ontario's example and the study on the trajectories of services offered in French, implement a strategy to assess if individuals receive services in the language of their choice at every step of the process (continuity).

- To ensure that services are offered in the official language of one's choice, implement a system or a process that allows that language to be identified along the continuum.

- Promote research led by universities and research centres to better understand the impacts of language barriers on health and wellness service offerings in one of the official languages.

- Continue taking steps toward indicating the language variable on health cards and include at least two pieces of information to better target the active offer: one's first language and one's preferred language.

2

The lack of understanding concerning the active offer and language issues within New Brunswick's health care system is an obstacle to improving service offerings in both official languages.

- In some regions, the lack of understanding regarding language issues makes it difficult to implement an active offer and to deliver services. A better understanding of the historical context of language rights in Canada and New Brunswick is necessary. Academic curriculums in New Brunswick's Francophone schools include the history of Acadia, but the same cannot be said for Anglophone schools.

- The public and the employees of New Brunswick's health networks seem to misunderstand the two regional health authorities' language requirements.

- Certain groups spread myths about the language situation in New Brunswick's health care facilities, and bilingualism is sometimes viewed as a threat, which prompts linguistic tension. It is difficult to change thoughts and opinions based on myths that have been spreading for years. The unknown, misinformation and a lack of knowledge often turn into the fear of losing assets, for example, one's job.

- Certain political leaders do not seem open to improving services in both official languages. To solve the lack of understanding regarding language issues, policy makers and administrators, such as the province's health networks and private companies (including Ambulance New Brunswick), must exhibit more involvement and leadership.

- There is a well-established belief that all Francophones are bilingual. Francophones who can get by in English often believe that wait times for service in French are longer and that it would be more complicated to have to ask, repeatedly, for service in that language.

- To address the deficiencies of New Brunswick's service offerings in both official languages and move toward achieving language rights, the focus must be on involving both linguistic communities and on the regional health networks. The negative tendency must be reversed, and strategies must be put in motion alongside policy makers to paint bilingualism in a positive light. Leaders must implement communication channels to tackle issues regarding the official languages and the real consequences that clients face when obligations stated in the Official Languages Act are not respected.

- There are important gaps to fill in terms of service delivery to seniors in both official languages – not only health and wellness services, but also long-term care facilities and home care services.

- Support all measures so that an active offer in both official languages may be put in place in the health and wellness system, in all facilities – including those in the private sector. Include obligations relating to the private sector in legislation.

2

The lack of understanding concerning the active offer and language issues within New Brunswick's health care system is an obstacle to improving service offerings in both official languages.

POSSIBLE SOLUTIONS

- Debunk the myths concerning an active offer in both official languages and take action to remedy the lack of understanding regarding language issues within the health care system and among the general public.

- Offer awareness sessions on language issues and the public's health and safety to those working in health care facilities, long-term care programs and home care services, and to students in the health and wellness field.

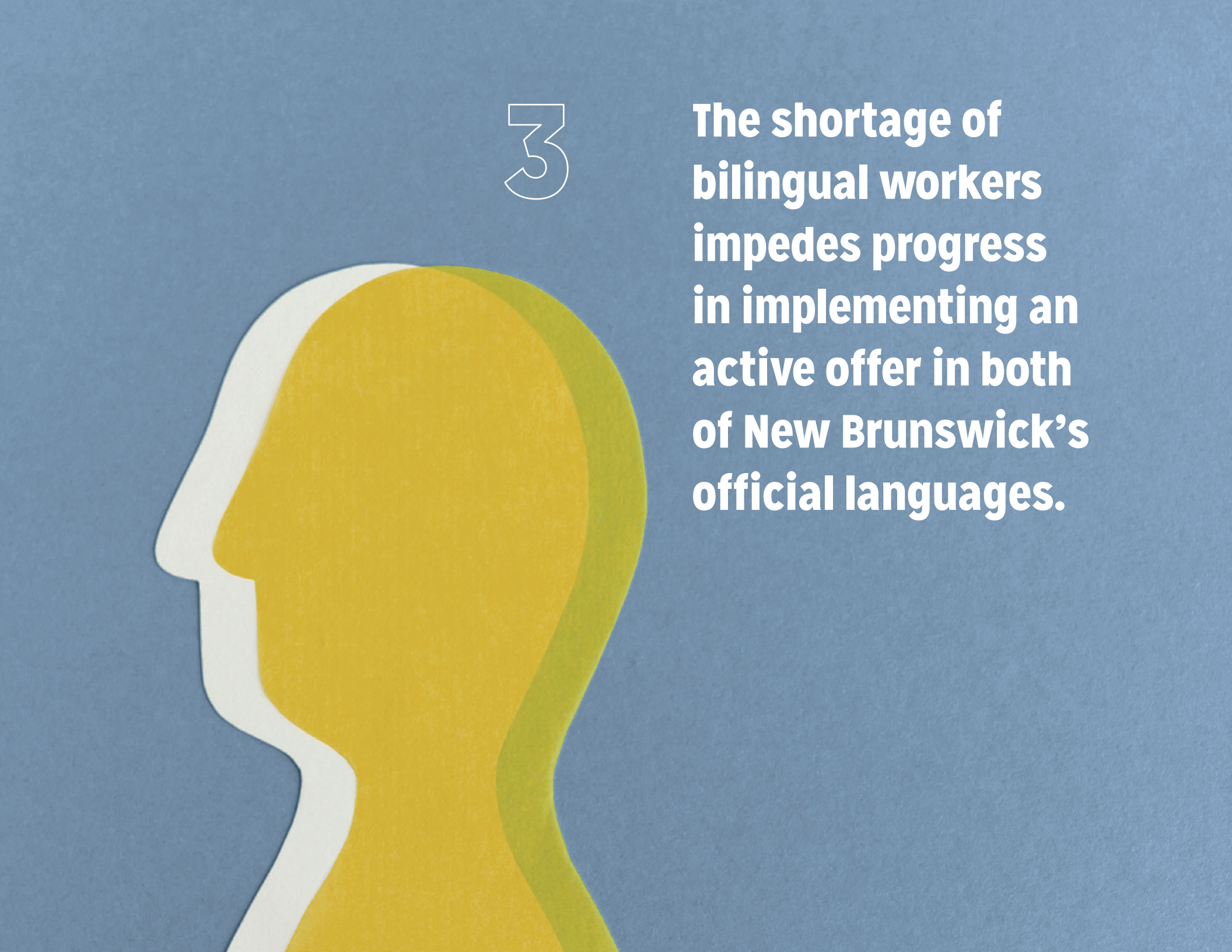
- Rally networks within the community and create partnerships with health and wellness facilities to support community-driven action alongside different ministers and decision-makers, through methods such as conversation and sharing information free of political biases.

- Raise awareness among the public through social media and available communication spaces in facilities and different communities. Offer awareness sessions and create partnerships with stakeholders who can contribute to collective solutions.

- Adopt a strategic plan to fill the gaps in service offerings in both official languages with the goal of delivering health and wellness services in French to seniors, all while ensuring that these French-language services continue to be offered during transitions to hospitals, seniors' homes and home care.

- Create a French-language health and wellness services analyst position within the Government of New Brunswick. Such a resource could help equip leaders from different levels of government with the necessary tools to make decisions based on facts and evidence regarding health and wellness services and needs.

- Explore ways that would ensure policy makers take a clear and positive position regarding bilingualism within the health care system. Explore the possibility of certain elements in the Quebec model being adapted to New Brunswick's reality to meet needs regarding French-language services and the language rights of New Brunswick's Francophone population.



3

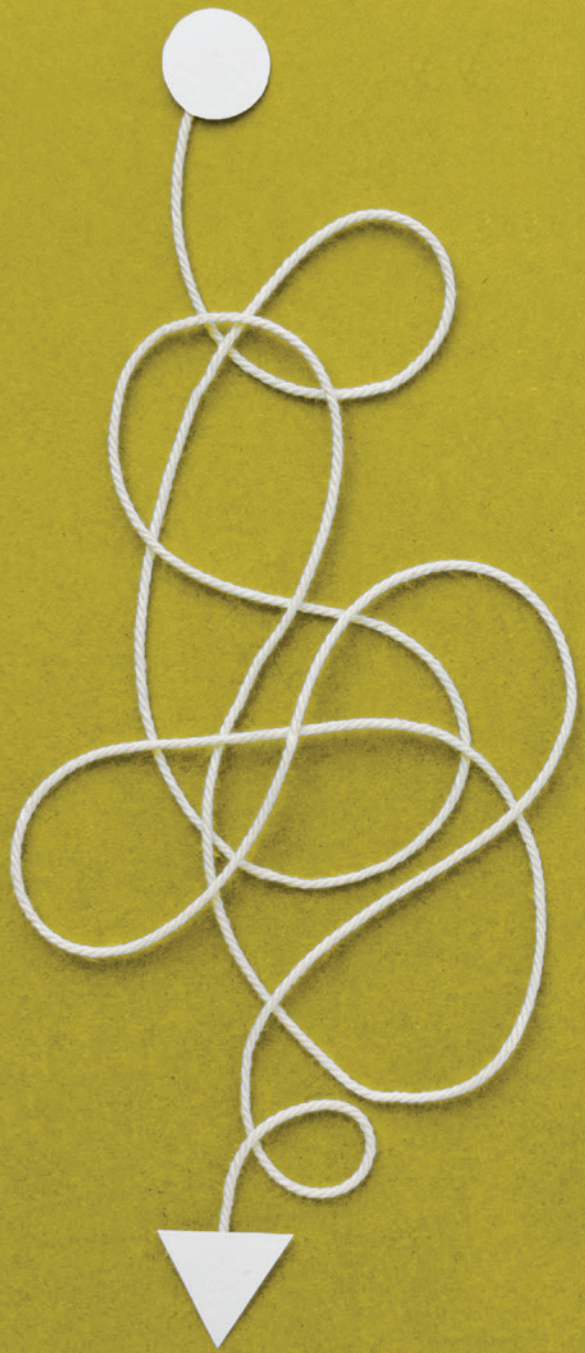
The shortage of bilingual workers impedes progress in implementing an active offer in both of New Brunswick's official languages.

THOUGHTS AND OBSERVATIONS

- There is a serious shortage of human resources in the health and wellness sector. It is also difficult to recruit bilingual employees for the Horizon Health Network due to the challenges posed by rural areas, as shown by the rural-urban and North-South exoduses.
- The shortage of personnel capable of working in both official languages limits the active offer of health and wellness services in French. The small number of bilingual employees makes it even more important to better understand Francophones' needs in order to properly allocate competent resources.
- In theory, training in French as an additional language is offered by the regional health authorities. The question, however, is whether people are open to learning an additional language and whether this training is adapted to each health sector.

POSSIBLE SOLUTIONS

- Postsecondary institutions could add learning an additional language to their health and wellness training programs so that students may learn basic terminology and concepts as well as practice an active offer of services in the second official language.
- Focus on a recruitment strategy to ensure adequate representation of bilingual personnel in predominantly Anglophone regions. Target more bilingual positions to increase the number of bilingual managers and professionals within both regional health authorities.
- Following Prince Edward Island's example, consider the possibility of having "designated bilingual positions" in long-term care facilities to ensure quality care and the residents' safety. Among other ideas, emulate Summerside's model for increasing the number of bilingual positions.
- Create a database of Francophone or bilingual students studying in health fields to help with recruiting.
- Develop exams similar to those administered by the Public Service Commission to assess the language skills of health and wellness professionals.
- Create an inventory of the profiles and language skills of health and wellness professionals to make the continuity and the planning of care easier.
- Show bilingual employees that they are valued and give them visibility within their facilities through methods such as pins, all while encouraging them to display their bilingualism.
- Promote networking within work groups regarding service delivery and encourage verbal communication in French at the workplace.
- Put a French-language champion recognition program in place for Francophones hailing from different communities across New Brunswick. Emulate Prince Edward Island's campaign Étoile Santé.
- Focus on designating centres to allow for better use of human resources.



4

The organizational culture is not very focused on providing an active offer of health and wellness services in both official languages.

THOUGHTS AND OBSERVATIONS

- The organizational culture in health and wellness settings is not very focused on an active offer. Several services offered within health care facilities and outside of them do not respect the active offer requirements in one of the official languages.
- The active offer often starts and ends with “Hello/Bonjour”, which gives the impression that these services are bilingual when, in reality, the continuity of the service offering is broken in one of the official languages, particularly French.
- There is a lack of leadership when it comes to giving value to both official languages in the workplace and showing that respecting language obligations in the health and wellness sector is a recipe for success.
- Managers sometimes don’t recognize the importance of offering health and wellness services in both official languages. Some of them are not open to the needs of Francophones.
- The LEADS in a Caring Environment framework has already been implemented in some health care settings in New Brunswick with the goal of collaboratively and efficiently solving some of the main issues.
- The LEADS approach helps more people develop leadership skills and increases personal responsibility. It offers possible solutions to managers or team leaders intending to encourage and support initiatives set forth by employees with the goal of highlighting the language issue and patient-focused services, among other things. Creating multidisciplinary teams is also encouraged.
- The LEADS approach also promotes networking to create partnerships between the province’s regional health authorities so that they may work together to find a better approach to reducing language barriers.
- Several people suggest using the LEADS approach to find solutions to better frame the active offer. The LEADS framework for action:
  - encourages bringing different parties together;
  - increases leadership skills and accountability;
  - makes teamwork easier;
  - better targets partnerships to have a clear vision of attainable strategies and goals.

POSSIBLE SOLUTIONS

- Use the LEADS in a Caring Environment framework to encourage change within the organizational culture, frame language issues and reduce language barriers.
- Implement a communication mode that will help both regional health authorities discuss good practices with each other (thus saving time and resources).

5

Having access to services in one's preferred language affects the quality of those services and one's safety.

THOUGHTS AND OBSERVATIONS

- The lack of access to services in the official language of one's choice impacts one's safety as well as the quality of the services received. Among other things:
  - It is easier to express one's needs when a language barrier is not a factor.
  - There is a lack of understanding regarding the ability of seniors to retain an additional language.
  - It is necessary to keep regional realities in mind when performing a language assessment.
  - It is very important to ensure the continuum of services in the language of one's choice, particularly in delivering mental health services.
- Little importance is attributed to the continuity of health and wellness service offerings in French. The lack of access to French-language services, not only in terms of an active offer but also in terms of the continuity of service offerings, becomes even more important when considering the aging population and long-term care.
- Language becomes a factor that makes seniors vulnerable. It is important to ensure the continuity of service delivery in French between hospitals, seniors' homes, home care centres, supervised residences and home care.
- Mental health services make the lack of access to French-language health and wellness services and the gaps in the active offer and the delivery of health and wellness services even more important.
- The fact that Francophones must repeatedly ask for services in the language of their choice when visiting a health care facility is a constant challenge that becomes degrading and discouraging over time.
- Prince Edward Island has focused on a strategy involving designated bilingual positions in long-term care facilities.
- Certain provinces (Quebec, Ontario, Prince Edward Island, Nova Scotia) have "designated" facilities that must offer health and wellness services in French, particularly long-term care facilities.

5

Having access to services in one's preferred language affects the quality of those services and one's safety.

POSSIBLE SOLUTIONS

- Elaborate a strategic plan to ensure the health and wellness service delivery continuum in the official language of one's choice between hospitals, seniors' homes, home care centres, supervised residences and home care.

- Following the example of Quebec, Ontario, Prince Edward Island and Nova Scotia, assess the possibility of having "designated facilities" that are obligated to offer health and wellness services in French, particularly long-term care facilities.

- Put different measures in place to ensure equitable and safe service offerings in the language of one's choice, for example:
  - Have a contingency plan.
  - Create a floating team of bilingual nurses or key employees.
  - Have a "service navigator" to direct people toward a place where they may receive service in the official language of their choice.
  - Support unilingual employees.
  - Offer bonuses or benefits to those who are bilingual.
  - Acknowledge when services are offered in the language of one's choice.
  - Indicate each person's first language and preferred language on all documents and forms or have a colour code to that effect.

6

The lack of knowledge and tools to serve indigenous populations across the province.

While the native community is not part of one of New Brunswick's official language communities, it is nevertheless very culturally important. The SSMEFNB would like to consult with the native community and further reflect on the issue at hand since the members of that community are "experts" at expressing their health care needs and interests. Keep in mind that the active offer refers to the province's two official languages, those being English and French.

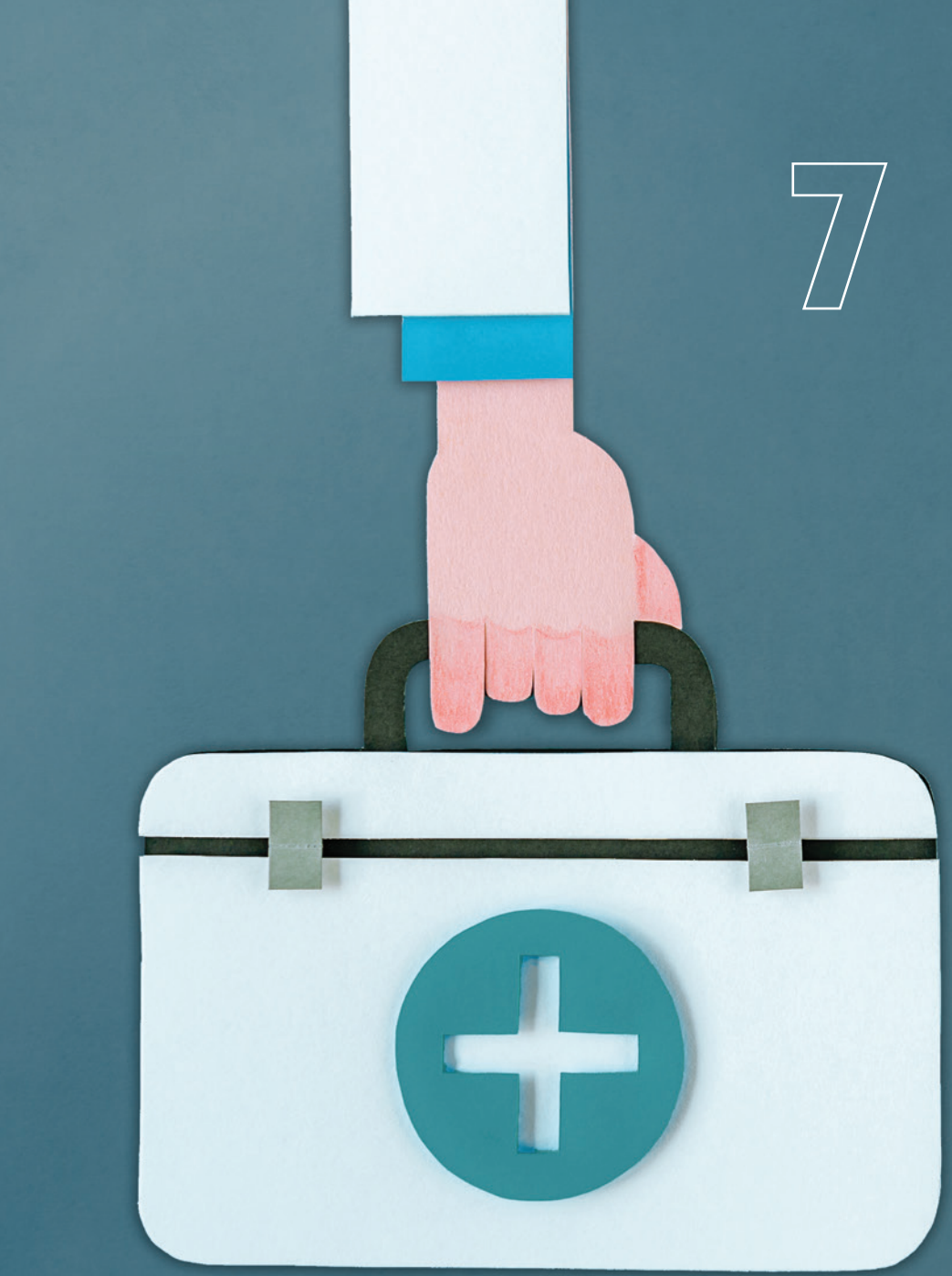
Please note that due to reasons outside of the organizing committees' control, the native perspective could not be presented during the Conference. In the spirit of inclusion, thoughts and recommendations were brought up, but the native community must be consulted in its own right.

THOUGHTS AND OBSERVATIONS

- There is a great need for health personnel to receive cultural training in order to work with New Brunswick's indigenous populations.
- New Brunswick's system has trouble adapting to the values, customs and rituals that represent an integral part of the native population's path to healing.

POSSIBLE SOLUTIONS

- Consult with native communities to support them in the process of having their health and wellness needs and interests met.
- In partnership with native communities, offer training and awareness sessions to health and wellness professionals and students studying in health and wellness programs to teach them about the values and customs involved in the path to healing of New Brunswick's native nations.
- Have members of native communities contribute as advisors or mentors to equip health personnel with the tools they need.



7

Health care workers are not adequately equipped to offer proper health and wellness services to newcomers.

THOUGHTS AND OBSERVATIONS

- The arrival of newcomers represents a challenge for health care professionals, particularly in terms of intercultural skills and communication.
- There is a need for improved advising or counseling services for newcomers to help them better navigate the health care system. The SSMEFNB's Réseau-action Organisation des services (RAOS) has created guides such as the Health guide for new arrivals to New-Brunswick to help meet that need. It would be interesting to create online modules to help guide newcomers.
- All newcomers have the right to receive health and wellness services in one of the official languages, however, there is a need for offering interpretation and support services for allophone newcomers.

POSSIBLE SOLUTIONS

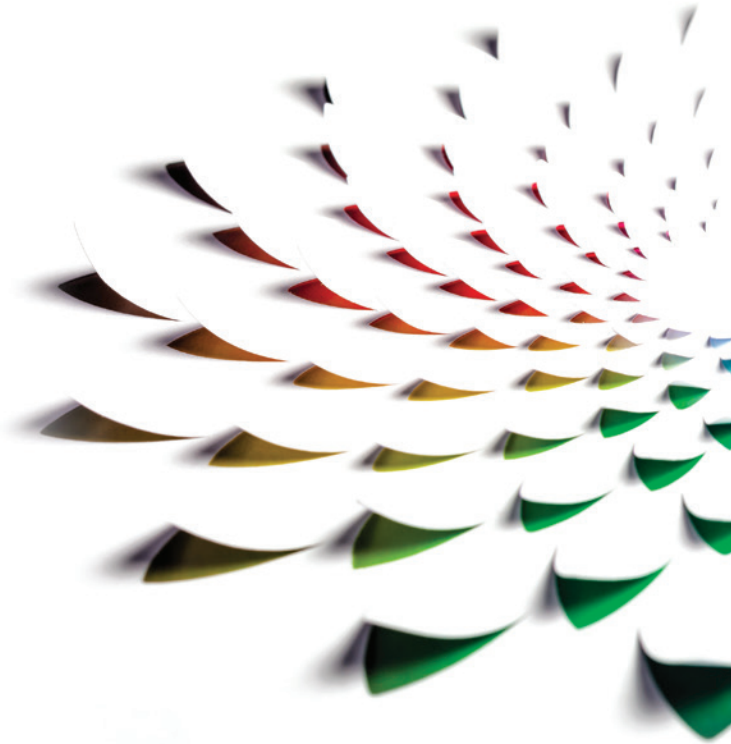
- Offer health-focused training sessions on intercultural skills and communications to health and wellness professionals and students studying in health and wellness programs to raise their awareness of the province's new demographic realities and the needs of newcomers.
- Implement a support or mentoring service to help newcomers navigate the health care system. Explore the option of online modules or booklets.
- Get newcomers involved in support or mentorship roles.

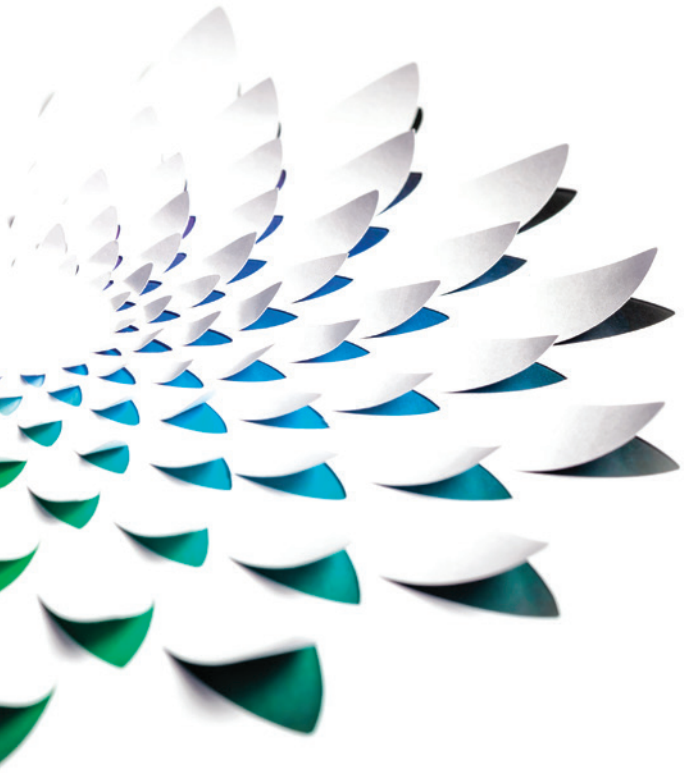
4 CONCLUSION

The expert presentations allowed participants to gain knowledge of recent innovations regarding the active offer across Canada. The discussions, observations, lessons learned and good practices shared made it possible to identify important possible solutions for improving the active offer and delivery of services for both official language communities.

Several strong consensuses were reached, particularly regarding the addition of the language variable on New Brunswick health cards. The participants believed that adding this variable would allow health services to be coordinated according to one's trajectory in the health care system and to better target an active offer and delivery of services in the official language of one's choice.

Participants also mentioned the need for equipping professionals with the necessary tools and offering them training so that they may understand what an active offer of services in the official language of one's choice really means. Important principles were brought up regarding service offerings: user satisfaction, people's safety, the quality of care and a focus on the continuum of services, particularly for vulnerable clients.





Participants highlighted that it must become easier to implement better data collection methods with the help of universities and research centres so that the impacts of language barriers and of offering health and wellness services in both official languages are better understood.

Putting support strategies in place for an active offer is a big challenge. All the possible solutions proposed will be brought to the attention of the five health and wellness partners, those being health and wellness facility managers, health professionals, academic institutions, policy makers and community representatives.

4 APPENDIX 1

MEMBERS OF THE ORGANIZING COMMITTEES

Two committees were tasked with creating the program and advising the event's organizers: the Program Committee and the Advisory Committee. Four members made up the Program Committee, while the Advisory Committee was compromised of six members.

PROGRAM COMMITTEE

Estelle Lanteigne — Director, Réseau-action Organisation des services (SSMEFNB)

Brigitte Lepage — Coordinator, Consortium national de formation en santé – Collège communautaire du Nouveau-Brunswick (CNFS-CCNB)

Gaétane Lévesque-Dupont — Former Languages Coordinator, Horizon Health Network

Michel Tassé — Director of Research and Development, Médisanté Saint-Jean

ADVISORY COMMITTEE

Pauline Babineau — Director of Official Languages, Horizon Health Network

Danny Cormier — Coordinator, Consortium national de formation en santé – Centre de formation médicale du Nouveau-Brunswick (CNFS-CFMNB)

Manon Cormier — Research Officer, Groupe de recherche et d'innovation sur l'organisation des services de santé – Consortium national de formation en santé (GRIOSS-CNFS)

Alexandre Couture — Official Languages Advisor, Vitalité Health Network

Nathalie Haché — Team Leader, Human Resources, and Language Advisor, Medavie Health Services New Brunswick

Line Pinet — Director, Canadian Francophonie and Official Languages, Intergovernmental Affairs Secretariat, Government of New Brunswick (GNB)

4 APPENDIX 2

THE LANGUAGES OF HEALTH

CONFÉRENCE

SUR LES LANGUES DE LA SANTÉ

LES 6 ET 7 NOVEMBRE 2019 • NOVEMBER 6 & 7, 2019

St. Thomas University Conference Center,
368 Forest Hill, Fredericton, NB

Coût : 125 $ • Cost: $125

LE 6 NOVEMBRE	NOVEMBER 6
9 h - Accueil et mots de bienvenue	9:00 am - Reception and greetings
9 h 20 - Les langues officielles dans notre système de santé	9:20 am - Official languages in our health system
10 h 25 - Les langues officielles à l'extérieur du Nouveau-Brunswick	10:25 am - Official languages outside of New Brunswick
13 h - Table ronde sur l'accès aux services de santé dans les deux langues officielles	1:00 pm - Roundtable on the access to health services in both official languages
15 h 10 - L'approche LEADS et son utilisation en santé	3:10 pm - LEADS approach and how it is used in healthcare

LE 7 NOVEMBRE	NOVEMBER 7
9 h - Le leadership en changement de culture organisationnelle	9:00 am - Leadership in organizational culture change
11 h - La norme linguistique	11:00 am - Linguistic standard
13 h 10 - Session de travail en groupe sur les enjeux entourant les langues officielles en santé	1:10 pm - Group workshop on issues related to official languages in healthcare
15 h - Mot de la fin	3:00 pm - Conclusion

Bloc de chambres
au Hilton Garden Inn
(620, rue Queen, Fredericton, N.-B. E3B 1C2, 506-999-1551).
Bloc de chambres disponible jusqu'au 3 octobre 2019.

Bloc of rooms
at Hilton Garden Inn
(620 Queen St, Fredericton, NB E3B 1C2, 506-999-1551).
Bloc of rooms available until October 3rd, 2019.

Inscrivez-vous dès maintenant au lien suivant : https://bit.ly/2k7IZsT

Register now at: https://bit.ly/2k7IZsT

Pour plus d'information, communiquer avec Emilie Boucher au 506-389-3355 ou rafr@nb.aibn.com.

For more information, please contact Emilie Boucher at 506-389-3355 or rafr@nb.aibn.com.

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