Evaluation of the Local Health Integration Network-French Language Health Planning Entity Model

REPORT

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Prepared for:

Ministry of Health and Long-Term Care
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Appendix A – Evaluation matrix
Executive summary

This document constitutes the final report of the evaluation of the Local Health Integration Network-French Language Health Planning Entity Model (hereafter the model), whose primary purpose is to support the efficient planning of French language health services in Ontario. The evaluation focussed on the relevance, design, implementation, and effectiveness of the model.

Description of the model

There are currently 14 Local Health Integration Networks (LHINs) in Ontario, whose mandate is to plan, fund, and integrate the local health system. In addition, there are six French Language Health Planning Entities (entities). Each of them is assigned to a geographic area served by two or three of the 14 LHINs. Through a set of formal and informal interactions, both the LHINs and the entities collaborate in order to appropriately plan for the delivery of health care services in accordance with the legislative and regulatory requirements related to French language services in Ontario. This collaboration is expected to lead to the following results:

- The needs and priorities of francophones are incorporated and reflected in the planning documents produced by the LHINs.
- The health service providers are aware of the needs and priorities of francophone clients.
- Health service providers effectively plan and deliver French language health services.

Ultimately, the model is expected to support the policy objectives of the provincial government as they relate to the provision of French language health services.

Methodology

The methodology used for this evaluation included a document review, group and individual key informant interviews, and focus groups.

- **Document review**: A systematic review of relevant information related to the model was conducted. The list of documents consulted includes relevant legislation and regulation, agreements between the Ministry of Health and Long-Term Care (MOHLTC), the LHINs and the entities, annual reports, planning documents, and other relevant information provided by key stakeholders.

- **Key informant interviews**: Through individual and group interviews, a total of 99 individuals were consulted as part of this evaluation. The interview process included group interviews with LHIN representatives, group interviews with entity representatives, individual interviews with health service providers, interviews with community representatives, and an interview with the French Language Services Commissioner. Notes from all interviews were analyzed based on the evaluation framework to identify overall trends and explore differences as applicable.

- **Focus groups**: As a final step in the data collection process, two focus groups were conducted, the first one involving representatives from the entities and the second one involving representatives from the LHINs. The purpose of these focus groups was to
further explore some of the initial trends that emerged from both the document review and the interviews.

Evaluation findings and recommendations

Relevance

Alignment of the model with the legislative framework

Evaluation findings confirm that there is a strong rationale for the establishment and continued operation of the collaborative model between the LHINs and the entities. The French Language Services Act provides assurances that health services in Ontario will be available in French when offered in a designated region or when delivered by a designated provider, regardless of its location. In light of the complexity of the health care system and the range of services offered, it is neither required nor feasible to have all service providers in a designated area offer their services in both English and French. Rather, the LHINs, on behalf of the Ministry of Health and Long-Term Care, must plan the overall delivery of health services in such a way as to ensure that francophones will have access to health services in French.

Clearly identifying the services to be offered in French and the providers that can deliver such services requires careful planning and monitoring. In accordance with the legislative framework established by the Local Health System Integration Act, the responsibility for achieving an appropriate level of planning in relation to French language health services is distributed between the LHINs and the entities. They are both expected to provide input in that planning process, based on their expertise, with the final decision resting with the LHINs.

Alignment with provincial and regional priorities

Recommendation 1: The MOHLTC should consider the development of provincial priorities related to the provision of French language health services. These could be overall provincial priorities, or priorities associated with specific health care initiatives.

The evaluation assessed the relevance of the model based on the extent to which it is adequately aligned with provincial and regional priorities related to French language health services. At the time of the evaluation, provincial priorities relating to the provision of these services remained vague, and not sufficiently articulated to allow for such an assessment to be made. Apart from a general reference to the goals of the French Language Services Act, the accountability agreements between the Ministry and the LHINs include no specific priorities in relation to French language health services, nor do the provincial strategic plans. Providing some guidance as to what the Ministry considers provincial priorities related to the provision of French language health services would further support the efficiency of the model. Such guidance would assist both the LHINs and the entities as they fulfill their planning responsibilities.

As for regional priorities, the model offers a number of processes and tools that allow for regional priorities to be articulated. In that sense, the model offers sufficient flexibility to allow for the identification and monitoring of regional priorities, based on the socio-economic profile of each region.
Design and implementation

Distribution of roles and responsibilities

Recommendation 2: The LHINs and the entities should explore the possibility of clarifying the nature and scope of their interactions with service providers, community organizations, and other relevant stakeholders.

The establishment of six new entities that were added to the overall planning structure of health services initially triggered some confusion. In particular, it took some time for service providers to understand the distribution of roles and responsibilities between the LHINs (in particular, the French Language Services Coordinator positions) and the entities as related to the planning of French language health services. At the time of the evaluation, significant progress had been achieved in clarifying this issue. There was a greater acknowledgement that efficiently planning French language health services involves multiple tasks and phases, and that both the entities and the LHINs are expected to contribute to this process.

In order for the entities to adequately discharge their responsibilities, they are expected to engage with community stakeholders and service providers. In the absence of such interactions, it is doubtful that they would be in a position to meet the expectations set within the regulatory framework related to French language health services. Yet, the entities are expected to advise their assigned LHINs and, ideally, engage directly with these LHINs, which may include a systemic involvement in some of the internal committees and processes of the LHINs. In this context, it is particularly important that clear parameters be established to ensure that both the entities and LHINs have a common understanding of the nature and scope of interactions that both parties are expected to have with service providers, community organizations, and other stakeholders.

Recommendation 3: The MOHLTC and the Office of Francophone Affairs should clarify how they intend to manage designation requests related to the provision of French language health services, in order to facilitate the planning activities undertaken by the LHINs and the entities.

The designation of service providers under the French Language Services Act represents an important tool to enhance the availability of French language health services and, by extension, achieve the goals set by the Act. Both the entities and the LHINs play a critical role in supporting what is typically a complex and lengthy designation process. The evaluation indicates that, for some service providers engaged in this process, the exact distribution of roles and responsibilities between the LHINs and the entities has remained somewhat unclear. This has not significantly affected the ability of both parties to provide efficient support.

The Ministry also plays a significant role in ensuring that the designation process is completed and executed without undue delays. Evaluation findings indicate that a number of designations have been awaiting final approval by the Ministry for several months. These delays may ultimately affect the ability of the model to operate as efficiently as it could.
Monitoring and reporting

The current framework for monitoring and reporting activities related to the planning of French language health services provides an appropriate level of accountability. Through a number of processes and tools, including (but not limited to) joint action plans, recommendations reports, annual reports, and annual community engagement plans, both the LHINs and the entities have adequately documented their activities.

Regional variations

The evaluation has clearly demonstrated that the model operates differently in the various regions of the province due to the differences in the socio-economic profile of each francophone community, the nature of the collaboration between the LHIN and the entity, the number of LHINs assigned to each entity, and their respective organizational capacity. The model has proven to be sufficiently flexible to accommodate these variations.

Effectiveness and impact

Relationship between the LHINs and the entities

Recommendation 4: The MOHLTC should explore mechanisms requiring the senior leadership of the LHINs and the entities to systematically collaborate through regular joint planning meetings, to address relevant issues, including the most efficient strategies to promote access to French language health services within their respective geographic boundaries.

Over time, the LHINs and the entities have established several processes, both formal and informal, that ensure ongoing interactions. These include joint initiatives, liaison committees, and recurring planning and reporting activities. The LHINs and the entities have also established their own provincial tables, but these two have yet to collaborate directly, which would provide an opportunity to share information and address broader issues.

One of the most significant interactions occurring on a yearly basis is the tabling of recommendations on the part of the entities, for considerations by the LHINs. Achieving a common understanding on the nature and scope of these recommendations has proven to be challenging in some regions of the province. The evaluation indicates that progress has been achieved in that regard, and that the model allows for the appropriate interactions between the two parties to support this progress.

Policy achievements

Through the various processes supported by the model, francophone communities in all regions of the province have been engaged in the planning of French language health services. Not surprisingly, this engagement has essentially involved service providers, community organizations, and community leaders. Broader engagement of the francophone population has been limited. While a significant portion of this engagement has been led by the entities and the LHINs (either jointly or separately), it is worth noting that service providers have also initiated their own engagement activities, which is consistent with the expectations set in the Local Health
System Integration Act. Opinions as to the extent to which these activities have led to direct outcomes varies across the province, with some stakeholders satisfied with the progress to date, while others are of the opinion that current planning does not fully achieve the expected outcomes.

Recommendation 5: The funding and accountability agreements between the LHINs and the entities should systematically address the need, for both parties, to collect and share the appropriate information regarding the interactions of francophone clients with the health care system, including, but not limited to, the appropriate quantitative data, where available.

Recommendation 6: LHINs should maintain a public list of available French language health services.

Systematically documenting the health needs and priorities of the francophone community, along with the availability of health services in French, is a critical input to any planning process. The evaluation confirms that important initiatives have been undertaken throughout the province, but gaps do remain. There is still, to this day, very limited quantitative data on francophone clients and their interactions with the health care system. While the model in its current form does not preclude initiatives that would address these issues, it fails to recognize the strategic importance of this information.

**Overall impact**

The evaluation confirms that the needs and priorities of the francophone community are systematically reflected in the planning documents prepared by the LHINs. While acknowledging regional variations, it is also clear that the francophone community has been engaged in this planning process. In that sense, the collaborative model has made progress in achieving its intended goals. The model will continue to evolve, and this evaluation offers avenues that may strengthen its efficiency.
1.0 Introduction

This document constitutes the final report of the evaluation of the Local Health Integration Networks – French Language Health Planning Entities Model (hereafter the model). The Ministry of Health and Long-Term Care (MOHLTC) undertook this evaluation to assess the ongoing relevancy of the model, its effectiveness, and its impact on the availability of French language health services.

1.1 Context for the evaluation

The establishment of the Local Health Integration Networks (LHIN) in 2006 reflected a renewed vision of health care service delivery that focussed on community engagement. As stated in the preamble of the Local Health System Integration Act, Ontario created LHINs “to enable local communities to make decisions about their local health systems.”\(^1\) While many dimensions of community engagement ought to be considered, the Act specifically refers to the requirements of the French Language Services Act\(^2\) and creates a direct obligation on the part of the LHINs to engage the francophone community about the local health system “on an ongoing basis, including about the integrated health service plan and while setting priorities.”\(^3\) In order to adequately fulfill this obligation, all LHINs “shall engage the French language health planning entity for the geographic area of the network that is prescribed.”\(^4\)

The Ontario Regulation 519/09 specifically describes the characteristics and expertise that an organization must possess in order to be selected by the Minister of Health and Long-Term Care to act as one of the entities with whom the applicable LHIN will engage.\(^5\) On that basis, the Minister proceeded with the selection of two entities on June 30, 2010 and four additional entities on December 15, 2010.\(^6\) In accordance with regulatory requirements, the selection of these entities expires five years after it was made, at which time the Minister must proceed with a new selection by either selecting the same entities or selecting other organizations to act as entities in accordance with the regulation.\(^7\)

As the first five-year cycle related to the selection of the current six entities is coming to an end, this evaluation is expected to provide helpful insights on the experience of both the entities and the LHINs that have been operating under the current model of collaboration. It should be emphasized that this evaluation is not meant to assess the individual performance of either the entities or the LHINs in delivering French language health services. Rather, its purpose is to provide an opportunity to reflect on the experience to date and seek ways to improve the model, as applicable.

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\(^1\) Preamble of the Local Health System Integration Act, 2006, S.O. 2006, c. 4.
\(^2\) Ibid.
\(^3\) S. 16.(1) and (4)(b) of the Local Health System Integration Act, 2006, S.O. 2006, c. 4.
\(^4\) S. 16.(4)(b) of Local Health System Integration Act, 2006, S.O. 2006, c. 4.
\(^5\) S. 2.(2) of the Local Health System Integration Act – Ontario Regulation 515/09.
\(^7\) S. 2.(6) of the Local Health System Integration Act – Ontario Regulation 515/09.
1.2 Scope and objectives of the evaluation

The evaluation covers activities and results achieved under the model for the period between 2010 and 2015. More specifically, the evaluation explores the following four dimensions of the model:

- **Relevance of the model**: The evaluation explores the extent to which the model is aligned with the applicable legislative framework, as well as with regional and provincial priorities related to the provision of French language health services.

- **Design and implementation of the model**: The evaluation explores the extent to which the current design of the model adequately reflects roles and responsibilities related to the planning of French language health services. It also assesses the accountability process and the extent to which the model adapts to regional variations.

- **Effectiveness of the model**: The evaluation explores the extent to which the model has led to an effective relationship between LHINs and the entities, as well as to the achievement of the provincial government’s objectives related to the provision of French language health services.

- **Impact of the model**: Finally, the evaluation explores the extent to which the model has contributed to having the needs and priorities of francophones included into LHIN health planning documents, and the extent to which these needs and priorities are understood and considered by health service providers.

Appendix A offers a detailed evaluation matrix that includes all questions that the evaluation was expected to address, along with the indicators and data sources used to support this analysis.

1.3 Structure of the report

In addition to this introduction, the report includes four main sections. Sections 2.0 and 3.0 include contextual information, namely a description of the model, along with the methodology used to conduct the evaluation. The evaluation findings are included in section 4.0 of the report. The goal of this section is not to describe or reproduce the evidence that was collected for the purpose of the evaluation. Rather, it includes an analysis of the key messages that emerged from this data collection process, which are illustrated, as required, through a summary of the evidence gathered. Finally, section 5.0 includes the conclusions and recommendations of the evaluation, based on all the evidence gathered.

1.4 Acknowledgement

The contribution and collaboration of many individuals have made this evaluation possible. We wish to thank all of those who participated in data collection, provided information, and responded to inquiries.
2.0 Description of the model

This section includes a brief description of the model. It covers the key components of the model and its expected results. The purpose of this section is to provide sufficient contextual information to adequately appreciate the evaluation findings.

2.1 Overview of the model

For the purpose of this report, the “model” refers essentially to the set of interactions — both formal and informal — between the LHINs and the entities that occur within their respective mandate and the larger legislative and policy environments applicable to the provision of French language health services.

As illustrated in Figure 1, for the model to exist, there must be LHINs and entities in place, and there must be specific requirements applicable to the provision of French language health services. Once these fundamental pillars are established, it is through the interactions between the LHINs and the entities that the model fully emerges, and its path is bound to be influenced by a number of factors, including the health priorities of the provincial government and of specific regions.

The following subsections briefly describe each key component of the model.
2.2 The Local Health Integration Networks

There are currently 14 LHINs in Ontario. Each one operates as an agency of the Crown\(^8\) and is governed by a Board of Directors.\(^9\) Its work is executed by a chief executive officer supported by an appropriate team of employees.\(^10\) The fundamental mandate of each LHIN is to “plan, fund, and integrate the local health system,” in order to achieve a number of legislated purposes, which include but are not limited to the following:

- promote the integration of the local health system to provide appropriate, co-ordinated, effective, and efficient health services
- identify and plan for the health service needs of the local health system in accordance with provincial plans and priorities, and to make recommendations to the Minister about that system
- engage the community of persons and entities involved with the local health system in planning and setting priorities for that system, including establishing formal channels for community input and consultation\(^11\)

Based on the provincial strategic plan for the health system that the Minister of Health and Long-Term Care must develop,\(^12\) each LHIN is expected to produce an integrated health service plan that includes “a vision, priorities, and strategic directions for the local health system” under its authority.\(^13\)

As previously noted in subsection 1.1, the obligation for LHINs to engage the community in the development of their respective integrated health service plans and the setting of priorities include requirements that are specific to the provision of French language health services. This results from the fact that the MOHLTC\(^14\) and the LHINs\(^15\) are covered by the requirements of the French Language Services Act, which states the following:

“A person has the right in accordance with this Act to communicate in French with, and to receive available services in French from, any head or central office of a government agency or institution of the Legislature, and has the same right in respect of any other office of such agency or institution that is located in or serves an area designated.”\(^16\)

It should be noted that these obligations extend to any public service agency designated under the French Language Services Act\(^17\) and to any third party that provides services to the public on behalf of the MOHLTC or an LHIN in a designated area.\(^18\)

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\(^8\) S. 4.(1) of Local Health System Integration Act, 2006, S.O. 2006, c. 4.
\(^9\) S. 7.(1) of Local Health System Integration Act, 2006, S.O. 2006, c. 4.
\(^10\) Ss. 10.(1) and 11.(1) of Local Health System Integration Act, 2006, S.O. 2006, c. 4.
\(^12\) S. 14.(1) of Local Health System Integration Act, 2006, S.O. 2006, c. 4.
\(^13\) S. 15 of Local Health System Integration Act, 2006, S.O. 2006, c. 4.
\(^14\) S. 1.(a) of the French Language Services Act, R.S.O., 1990, c. F32.
\(^15\) S. 1.b) of the French Language Services Act, R.S.O., 1990, c. F32.
\(^16\) S. 5.(1) of the French Language Services Act, R.S.O., 1990, c. F32.
\(^17\) The list of designated public service agencies is included in Ontario Regulation 398/93.
2.3 The planning entities

There are currently six French language health planning entities in Ontario. Each is assigned to a geographic area served by two or three of the 14 LHINs. Table 1 includes the list of entities and the geographic area they cover in accordance with the LHINs to which they are assigned.

<table>
<thead>
<tr>
<th>Entities</th>
<th>LHINs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entité 1: Entité de planification des services de santé en français Érié St. Clair/Sud-Ouest</td>
<td>Erie St. Clair  South-West</td>
</tr>
<tr>
<td>Entité 2 : Entité de planification pour les services en français dans les régions de Waterloo, Wellington, Hamilton, Niagara</td>
<td>Waterloo-Wellington  Hamilton-Niagara-Haldimand-Brant</td>
</tr>
<tr>
<td>Entité 3 : Reflet Salvéo</td>
<td>Central-West  Mississauga-Halton  Toronto-Central</td>
</tr>
<tr>
<td>Entité 4 : Entité de planification pour les services de santé en français du Centre Sud-Ouest</td>
<td>Central  Central-East  North Simcoe-Muskoka</td>
</tr>
<tr>
<td>Entité 5 : Réseau des services de santé en français de l'Est de l'Ontario</td>
<td>South-East  Champlain</td>
</tr>
<tr>
<td>Entité 6 : Réseau du mieux-être francophone du Nord de l'Ontario</td>
<td>North-East  North-West</td>
</tr>
</tbody>
</table>

The Minister of Health and Long-Term Care has a legislative obligation to establish French language health planning entities. While they must consult with the appropriate LHINs, the Minister applies their discretionary authority in selecting organizations to act as planning entities, so long as these organizations meet a number of criteria including, but not limited to, the following:

- having a relationship with the francophone community in the area served
- having experience with or knowledge of the local health system and the health needs of the francophone community
- having an awareness of or involvement in the planning or delivery of health services
- having the ability to provide timely advice that is consistent with the planning cycles of the LHINs to which the entity has been assigned

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18 S. 2.(1) of Ontario Regulation 284/11.
20 In accordance with s. 2.(3) of Ontario Regulation 515/09, an entity can be assigned to a geographic area served by more than one LHIN.
21 S. 16.(4)(b) of the Local Health System Integration Act, 2006, S.O., c. 4.
22 S. 2.(4) of Ontario Regulation 515/09.
agreeing to work collaboratively with the LHINs, including the signing of an agreement on the roles and responsibilities of both the entities and the LHINs in fulfilling their respective obligations relating to the provision of French language health services. As previously noted, the selection of an organization to act as planning entity expires five years after it is made, at which time the Minister may renew the mandate of the assigned organization or select another organization in accordance with the regulatory requirements.

The role assigned to planning entities is of an advisory nature and covers a number of dimensions:

- From a procedural perspective, planning entities must advise their respective LHINs on the appropriate methods to engage francophones when developing an integrated health service plan and setting priorities.
- From a planning perspective, entities must advise their respective LHINs on the health needs and priorities of the francophone community they serve, and on the actual availability of French language health services.
- As it relates more specifically to the designation of health service providers for the purpose of the *French Language Services Act*, planning entities must advise their respective LHINs on the designation process to be implemented for this purpose.

### 2.4 The relationship between the LHINs and the entities

The relationship between the LHINs and the entities is expressed through a number of formal and informal processes, whose range varies among regions, based on a number of considerations. For the purpose of this description, it is worth emphasizing some of the key legislative and regulatory requirements that shape a number of interactions between the LHINs and the entities.

As illustrated in Figure 2 (next page), the Minister of Health and Long-Term Care must produce a *provincial strategic plan* “that includes a vision, priorities, and strategic directions for the health system.” On that basis, the MOHLTC signs *accountability agreements* with each LHIN, which set specific goals, objectives, standards, and targets related to the funding provided by the Ministry, in addition to establishing reporting requirements for the LHINs. As it relates specifically to French language health services, these accountability agreements include one reference to the effect that each LHIN “will carry out MOH LTC-required initiatives that may include (...) French Language Health Services, French Language Health Planning Entities.”

In turn, each LHIN signs a *funding and accountability agreement* with the planning entities it has been assigned to. Each agreement provides a detailed description of the expected collaboration

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23 The complete list of applicable criteria is included in s. 2.2 of *Ontario Regulation 515/09*.
24 S. 2.(6) of the *Ontario Regulation 515/09*.
25 S. 3.(1) (a) of the *Ontario Regulation 515/09*.
26 S. 3.(1) (b), (c), and (f) of the *Ontario Regulation 515/09*.
27 S. 3.(1) (d) of the *Ontario Regulation 515/09*.
between the parties (two or three LHINs and the assigned entity), including the funding to be provided by the LHINs to the entity, the applicable accountability mechanisms, as well as the set of responsibilities to be assumed by each party, individually and collectively. Among other things, each funding and accountability agreement requires the establishment of a Liaison Committee and the drafting of joint annual action plans.

![Agreement structure relating to FLS](image)

**Figure 2**

It should be noted that the processes and mechanisms included in the funding and accountability agreements largely determine how LHINs are expected to satisfy their legislative obligation to engage the francophone community when developing their respective integrated health service plan. In addition to the liaison committees and joint annual action plans, the LHINs are expected to act on the entities’ advice and recommendations, and to report annually on their activities engaging the francophone communities.\(^{30}\) In turn, the entities are expected to provide timely advice on all matters included in their mandate, as well as any other matter that they consider appropriate, to act in concert with other entities to resolve common issues, and to comply with all reporting requirements.\(^{31}\)

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30 See s. 5.2 (ii) and (iv) of the *Funding and Accountability Agreement.*
31 See s. 5.3 (i), (ii), (iv), and (v) of the *Funding and Accountability Agreement.*
Finally, it is important to note that health service providers are also expected to engage the community when developing plans and setting priorities for the delivery of health services, which logically extends to the francophone community as applicable and required.

### 2.5 Expected results

The effective implementation of the model is expected to lead to the following results:

- The needs and priorities of francophones are incorporated and reflected in the planning documents produced by the LHINs.
- The health service providers are aware of the needs and priorities of francophone clients.
- Health service providers effectively plan and deliver French language health services.

Ultimately, the model is expected to support the policy objectives of the provincial government as they relate to the provision of French language health services.

This evaluation explores the extent to which these results have been achieved and the factors that have supported or hindered their achievement.

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3.0 Methodology

This section provides a brief description of the methodology used to evaluate the model.

3.1 Evaluation approach

As noted in subsection 1.2, the evaluation focussed largely on the relevance of the model, its design and implementation, its effectiveness, and ultimately, its impact on the provision of French language health services. The evaluation did not assess the individual performance of the LHINs or the entities, nor did it assess the performance of individual health services providers. This approach reflected the anticipated use of the evaluation, which is to inform MOHLTC’s policy decisions in accordance with the requirements of the *Local Health System Integration Act* and the *French Language Services Act*.

The research methods selected for the purpose of the evaluation, and which are described in the next subsection, provided a comprehensive perspective on the model. All existing information documenting the experience of stakeholders with the model was considered. However, it was also recognized that many dimensions of the model had not been systematically documented, which triggered the need for direct consultations with a variety of program stakeholders.

All research activities undertaken as part of this evaluation were administered in accordance with the normal practices in the field of program evaluation, including the guidelines provided in the *Code of Ethics* and the *Evaluation Standards* of the Canadian Evaluation Society.33

3.2 Research methods

In order to address the questions included in the evaluation matrix (see Appendix A), the evaluation included a document review, key informant interviews, and focus groups.

**Document review**

A systematic review of relevant information related to the model was conducted. The goal was to support a thorough understanding of the model, in addition to addressing a number of evaluation questions, particularly those related to its relevance, as well as its design and implementation.

The list of documents consulted includes relevant legislation and regulation, agreements between the MOHLTC, the LHINs and the entities, annual reports, planning documents, and other relevant information provided by key stakeholders.

**Group and individual key informant interviews**

Through individual and group interviews, a total of 99 individuals were consulted as part of this evaluation. In all cases, interviewees received the list of questions to be addressed in advance of the interviews, which were conducted over the phone. With the permission of the interviewees, interviews were audio recorded, in order to prepare detailed notes.

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The interview process included the following components:

- **Group interviews with LHIN representatives**: Group interviews were held with all 14 LHINs. Between two and four representatives of each LHIN participated in these group interviews. In total, 37 individuals were consulted.

- **Group interviews with entity representatives**: Group interviews were held with all six entities. Either two or three representatives of each entity participated in these group interviews. In total, 17 individuals were consulted.

- **Individual interviews with health service providers**: A total of 28 representatives of health service providers participated in an interview. The range of providers consulted included (but was not limited to) community health centres, mental health services, addiction services, senior homes, assistance living, and hospitals.

- **Interviews with community representatives**: A total of 16 representatives of community organizations participated in an interview. The range of organizations consulted included (but was not limited to) francophone associations, community centres, educational institutions, and women’s centres.

- **Interview with the French Language Services Commissioner**: An individual interview was conducted with the French Language Services Commissioner, in light of his overall responsibilities and the special study his office published on the issue of access to French language health services.\(^{34}\)

Notes from all interviews were analyzed based on the evaluation framework to identify overall trends and explore differences as applicable. The software NVivo was used to structure this process.

**Focus groups**

As a final step in the data collection process, two focus groups were conducted, the first one involving representatives from the entities and the second one involving representatives from the LHINs. The purpose of these focus groups was to further explore some of the initial trends that emerged from both the document review and the interviews. The initial findings from these two data sources were used to develop the moderator’s guide, which was shared with participants. These focus groups were conducted via conference call. A total of six representatives from the LHINs and six representatives from the entities participated in these focus groups.

4.0 Evaluation findings

This section of the report describes the evaluation findings related to the model. More specifically, it explores its relevance, its design and implementation, and its effectiveness and impact.

It is worth emphasizing that the information contained in this section of the report is based on findings that emerged from all data collection activities. Therefore, when opinions are expressed, these are opinions of the stakeholders consulted, not those of the evaluators.

4.1 The relevance of the model

For the purpose of this evaluation, the relevance of the model is largely determined by the extent to which it is adequately aligned with the legislative framework relating to the provision of French language health services. Its alignment with provincial and regional priorities relating to the provision of French language health services is also considered.

Alignment of the model with the legislative framework

Since the model operates in a rather complex legislative and regulatory framework, it may be helpful to consider the provision of French language health services from a citizen’s perspective. Put simply, citizens of Ontario who access publicly funded health services should be in a position to access these services in French when they reside in one of the areas designated by the French Language Services Act, or when the service is provided by a designated entity, regardless of its location.

This perspective reflects the overall goal of the French Language Services Act, which is to ensure that government agencies and institutions provide services in French when certain conditions are met. In the specific case of health services, the Ministry of Health and Long-Term Care Act assigns to the Minister the overall responsibility for “the development, co-ordination, and maintenance of comprehensive health services.” In order to assist the Minister in fulfilling their obligations, the Local Health System Integration Act allowed for the establishment of LHINs, whose fundamental purpose is to “plan, fund, and integrate the local health system” in order to pursue a number of specific health care related goals. No service provider covered by the Local Health System Integration Act may offer publicly funded health services unless it is authorized to do so under the conditions set forth in the agreement it signed with its assigned LHIN.

In this context, in order for the French Language Services Act to achieve its purpose, each LHIN must plan and fund health care services in such a way as to ensure that proper health services will be provided in French. It is important to note that not all health service providers located in a designated area are required to offer their services in both English and French. Rather, the overall structure of the health system must ensure that sufficient access to the range of services covered by the health care system will be achieved so that French-speaking Ontarians will be in a position to receive the health services they are entitled to in French.

37 See s.5.(2) of the French Language Services Act, R.S.O., 1990, c. F32.
The current regulatory framework related to the *French Language Services Act* provides significant means by which the appropriate delivery of French language health services may be achieved. In particular, *Ontario Regulation 284/11* specifies that government agencies such as LHINs “shall ensure that all services that a third party provides to the public on its behalf under an agreement between the agency and the third party are provided in accordance with the Act”.\(^{38}\) From a practical perspective, this means that once an LHIN has established its overall strategy related to the adequate provision of French language health services in order to achieve the goals of the *French Language Services Act*, it may use the regulatory authority provided by *Ontario Regulation 284/11* to engage those service providers that are expected to offer services in French.

Within this overall legislative and regulatory framework, it becomes evident that there is a significant need for a detailed and thorough planning of French language health services. The specific region covered by each LHIN has its own geographic, social, and economic reality. Some of these regions are entirely designated under the *French Language Services Act*, while others are only partially designated. Some cover vast territories, while others are particularly population-dense. No planning done for one region could be readily applied to another region.

Under these conditions, evaluation findings indicate that the current model is adequately aligned with the legislative framework related to the delivery of French language health services. First, the model does recognize that the ultimate decisions on the planning of health services — whether these services are offered in English or French — rests with each LHIN. But the model also recognizes that planning for the provision of French language health services requires an adequate understanding of the processes by which the francophone community can be engaged, and of the needs and priorities of that community. As currently structured, there is no systematic process within each LHIN that would ensure that these considerations are fully addressed. Rather, the logic upon which the *Local Health System Integration Act* rests is acknowledging that these goals are best achieved through the involvement of planning entities that, by definition, must demonstrate their capacity to meet these requirements.\(^{39}\)

An alternative approach to the current model would be to systematically enhance the capacity of LHINs to engage and assess the needs of francophone communities. This could be achieved, for instance, by having an internal team within each LHIN that would assume the advisory role currently assigned to the entities. While some of the discussions during the interviews and the focus groups addressed the advantages and disadvantages of such an alternative, pursuing it would ultimately require a legislative amendment and, for this reason, it falls beyond the scope of the current evaluation.

**Alignment with provincial and regional priorities**

The extent to which the model is adequately aligned with provincial and regional priorities related to French language health services requires that such priorities be sufficiently articulated. Evaluation findings point to a number of gaps in that regard.

As already discussed, the *French Language Services Act* sets the overarching goal of ensuring that francophones in Ontario are provided with an adequate access to health services in French.

\(^{38}\) S. 2.(1) of *Ontario Regulation 284/11*.

\(^{39}\) S. 2.(2) of *Ontario Regulation 515/09*. 
However, it appears that the Ministry of Health and Long-Term Care has not elaborated more specific goals in that regard. Both the 2012 and the 2015 provincial strategic plans set a number of goals and priorities for the Ontario health care system as a whole, but they do not cover any dimensions specific to French language health services. As already noted in subsection 2.4, the accountability agreements signed between the Ministry and each LHIN offer little additional guidance. They simply state that LHINs will carry out initiatives required by the Ministry, which may include French language health services.

Both interviews and focus groups conducted as part of this evaluation indicate that the absence of clearly articulated provincial goals related to French language health services has proven to be somewhat challenging. Stakeholders recognize that provincial plans provide a high level direction for the health care system and that, as such, they cannot be expected to include detailed goals and priorities for the provision of French services. However, even when more specific initiatives are undertaken by the Ministry — on chronic diseases or health promotion, for instance — there is typically no ministerial expectation set when it comes to French language services. The extent to which these initiatives ought to be tailored to francophone communities, and the appropriate strategy to fund any such tailored approaches, have typically triggered ambiguities for LHINs and entities.

By their very nature, regional priorities are expected to reflect the realities within which each LHIN and entity operates. Evaluation findings indicate that the model includes a number of tools that support the establishment of regional priorities, including most notably the local integrated health services plans, the annual community engagement plans, and the annual business plans. The document review conducted as part of this evaluation points to a range of approaches in articulating French language health service priorities through these various processes and reports. Some offer detailed commitments and goals, while others remain rather vague. In essentially all cases, the list of regional priorities set to date has focussed on better understanding francophone communities and their specific health challenges and needs, based on their respective socio-demographic profiles. Interviews and focus groups conducted as part of this evaluation also indicate that the goal of better understanding francophones communities, from a health care perspective, remains an important priority.

4.2 The design and implementation of the model

While the previous subsection considered the relevance of the model, this subsection turns to its design and implementation. The goal is to better understand the extent to which roles and responsibilities between the LHINs and the entities have been clearly defined, whether there are efficient monitoring and reporting processes in place, and the extent to which the model varies from a regional perspective.

Distribution of roles and responsibilities

Clearly delineating the roles and responsibilities of the LHINs and the entities has proven to be challenging. While progress has been achieved over time, a number of issues remain in achieving...
a shared understanding among all stakeholders, including services providers. This covers a number of areas, including the process required for designating a service provider under the French Language Services Act. The following paragraphs further elaborate on these findings.

The early experience

Evaluation findings confirm that a fair amount of ambiguity initially surrounded the division of roles and responsibilities between the LHINs and the entities. At the time the entities were established, LHINs had been in operation for some years, during which they were expected to serve francophone communities in accordance with the legislative framework established in the French Language Services Act. The addition of these separate entities required a different understanding of roles and responsibilities with regard to planning French language health services.

Interviews conducted as part of this evaluation indicate that service providers have been particularly affected by this challenge. It was repeatedly noted during interviews with this group that, among other things, understanding the difference between the role of the French Language Services Coordinator within the LHINs and the staff of the entities has proven to be difficult. There were also a number of perspectives circulating among service providers as to the scope of the mandate assigned to the newly formed entities. As previously noted, the title “Planning Entities” appears to have contributed to this uncertainty. Were the new entities in charge of planning French language health services? Were they “limited” to an advisory role? These are some of the questions that emerged among service providers.

Achieving a shared understanding

Interviews and focus groups conducted as part of this evaluation indicate that a fair amount of progress has been made in gaining a shared understanding of roles and responsibilities between the LHINs and the entities. Despite this progress, there are some challenges that remain.

Interaction with service providers

The regulatory framework within which the entities operate confirms that their role is advisory in nature. As noted in subsection 2.1, each entity has a direct relationship with its assigned LHINs and must advise them on a number of areas covered by the regulation. Where some ambiguity remains is the extent to which entities are expected to interact with other stakeholders. Put differently, does a direct advisory relationship between the entities and LHINs preclude these entities from interacting directly with other stakeholders, such as community organizations and service providers? Interviews and focus groups conducted as part of this evaluation indicate that varying perspectives remain on this point:

- On the one hand, it was noted that LHINs sign agreements with service providers and must therefore be the ones addressing any issues or areas of concerns, including those related to the provision of French language health services. Also, while entities are expected to advise the LHINs on the “methods of engaging the francophone community,” it is arguably the role of the LHINs to undertake this engagement.

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41 S. 3.(1) (a) of Ontario Regulation 515/09.
On the other hand, it was noted that, in order for entities to adequately fulfill their advisory role, they must maintain ongoing communications with community organizations and service providers. Arguably, only by maintaining these relationships will they be in a position to effectively support the planning responsibilities of the LHINs. It was also noted that, in order to be selected as one of the entities, an organization must (among other things) have “a demonstrated relationship with the francophone community in the area,” as well as “experience with or knowledge of the local health system and the health needs the francophone community in the area.”

These different perspectives have had practical impacts. For instance, some entities have ensured that their Board of Directors includes representatives from community organizations or service providers in order to maintain and enhance their understanding of and their ability to engage the francophone communities they are expected to advise on. But having entities directly aligned with or governed by representatives of community organizations has raised concerns on the part of some LHINs, since these may well be the same community organizations that advocate on certain health related issues. As a result, the extent to which entity representatives participate in the ongoing operations of LHINs (through internal committees, for instance) varies among regions.

Promotion of services

Another challenge relates to the role of entities when it comes to promoting French language health services. One perspective that emerged from interviews and focus groups is that entities should focus on ensuring that francophones are informed about the health services that are currently offered in French, but should refrain from engaging in any process that would be publicly advocating for the establishment of new services. As such, entities are expected to remain publicly neutral in determining what LHINs should or should not do when it comes to French language health services.

Again, this perspective was not shared by all those who were consulted. Being an independent entity, with its own Board of Directors and a mandate defined by regulations, there were some expectations among community organizations and service providers that entities would actively engage in identifying gaps in services and exploring avenues to be pursued to address these gaps.

Roles related to the designation of health service providers

A final point on the distribution of roles and responsibilities that has attracted a fair level of attention relates to the designation process for the purpose of the French Language Services Act. These are typically lengthy procedures that mobilize considerable resources. As noted during interviews, service providers that undertake a designation process will normally complete it once and, as such, will typically have no experience when they first engage in it.

To address this challenge, both the LHINs and the entities are expected to provide a significant level of support to a service provider seeking the designation. More specifically, both the regulatory framework and the funding and accountability agreements signed by LHINs and

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42 S. 2. (2) of Ontario Regulation 515/09.
43 In accordance with section 1 of the French Language Services Act, organizations can be added to the list of designated entities included in Ontario Regulation 398/93.
entities indicate that the latter will advise their respective LHINs on “the identification and designation of health service providers for the provision of French language services in the area.”

Interviews and focus groups confirm that the distribution of roles and responsibilities in relation to the designation process has varied over time and among regions. To this day, service providers remain somewhat unclear on what they should be expecting from both their LHIN (in particular, the French Language Services Coordinator) and their entity as part of this process. Added to this is the fact that, in a number of cases noted during interviews, the entities have not limited themselves to advising the LHIN on the designation process. Rather, they have directly engaged with the service provider to offer support throughout the process. This has typically been done in collaboration with the French Language Services Coordinator of the appropriate LHIN.

It was also noted during interviews and focus groups that the experience and organizational capacity among all those involved in this process are bound to shape the distribution of responsibilities. This flexibility may well be required to address the various contexts in which these designations are being undertaken.

**Monitoring and reporting**

Evaluation findings indicate that the current monitoring and reporting process associated with the model ensures an appropriate level of accountability.

The funding and accountability agreements signed between LHINs and entities provide the overall framework for the reporting expected by both parties, which includes but is not limited to the following:

- **Joint action plans**: Both the entities and the LHINs participate in the development of the joint action plans, which are updated annually. They provide a description of the key activities that will be initiated in relation to French language health services.

- **Recommendations reports**: Entities prepare a recommendations report, which is presented annually to their assigned LHIN. These reports facilitate the ongoing monitoring of the recommendations provided by the entities and the follow-up done by the LHINs.

- **Annual reports**: Each entity prepares an annual report, which provides an overview of the activities undertaken and the results achieved.

- **Annual community engagement plans**: Each LHIN prepares an annual community engagement plan, which describes how it intends to adequately fulfill its responsibilities related to the engagement of key stakeholders, including the francophone communities, but also other stakeholders, such as Aboriginal communities.

The review of documents conducted as part of this evaluation indicates that both the entities and the LHINs are fulfilling their reporting responsibilities. The review has also illustrated the fact that a wide range of other reports and tools have been developed over the years to support the planning of French language health services. Strategic plans, consultation tools, guidance,

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44 S. 3.(1) (d) of the *Ontario Regulation 515/09*. 
promotional information, tool kits, and other resources have been added to address specific needs. It is worth noting that the vast majority of these documents are also made available through the websites of the LHINs and entities.

The document review has also indicated that the scope and depth of information provided through these reporting mechanisms vary considerably among regions. While some of these documents offer detailed descriptions of activities undertaken or planned for the upcoming years, others provide minimal information.

**Regional variation of the model**

As currently implemented, the model differs, sometimes quite significantly, among regions of the province and such flexibility is largely considered an asset, rather than a shortcoming.

Evaluation findings point to the following factors that have contributed to these regional variations:

- **The socio-demographic profile of the francophone community**: Regions that include large concentrations of francophone communities are bound to face challenges that are radically different than those regions where francophones are more scattered.

- **The nature of the collaboration that has been established between each entity and their assigned LHINs**: As noted during interviews and focus groups, building trust among those involved in the planning of French language health services requires time and may be challenging to maintain when the entity or the LHIN is facing employee turnover.

- **The organizational capacity of either the LHIN or the entity in planning French language health services**: This may be affected by their capacity to identify and hire individuals who combine a strong knowledge of health care planning and of francophone communities. Hiring and retaining such individuals has proven to be difficult in some regions.

- **The number of LHINs assigned to each entity**: This is also an important consideration, as some entities are assigned to two LHINs, while others are assigned to three LHINs.

These various factors will always remain and, by extension, the regional variations in the model should not be systematically perceived as being problematic. On the contrary, evaluation findings indicate that the model has proven to be flexible enough to accommodate these variations.

### 4.3 The model's effectiveness and impact

This last subsection of the report focusses on the model’s results. It explores the extent to which it has contributed to building effective relationships between LHINs and the entities, to achieving policy objectives related to French language health services, to a better understanding of the needs and priorities of francophone communities, and the overall capacity of service providers to plan and deliver French language health services.
As stated in the introduction, the purpose of this report is not to assess the individual performance of an entity, an LHIN, or a service provider. As a result, this subsection focusses on the overall effectiveness of the model in achieving these objectives and whether there are systemic barriers within the model that could impede these achievements.

**The relationship between LHINs and entities**

The various mechanisms that both the LHINs and the entities have established to support the ongoing planning and monitoring of French language health services have largely succeeded in ensuring systemic interactions between these two groups. The document review, as well as the interviews and focus groups, have provided ample evidence that the LHINs and the entities interact on an ongoing basis. Whether it is through formal and informal meetings between the Executive Director of an entity and their assigned LHINs’ Chief Executive Officers (CEO), formal and informal meetings between staff members of both parties, liaison committees, as well as all planning and reporting activities already described, the model has ensured that interactions occur and are sustained over time.

Beyond the interactions occurring between each entity and their assigned LHINs, each of the two groups also meet at the provincial level. All CEOs of the LHINs meet regularly, and all Directors of the entities also meet regularly. What the evaluation indicates, however, is that the two tables have yet to collaborate directly, which would arguably represent a meaningful opportunity to share best practices and address broader issues.

While the LHINs and the entities interact at a number of levels, the tabling of recommendations by the entities and the response to these recommendations provided by the LHINs is one of the most significant aspects of that relationship. Interviews and focus groups, as well as the document review, indicate that some regions have required a period of adjustment in order to achieve a common understanding of what should be expected at that level. Some LHINs have struggled to fully understand the rationale behind some of the recommendations made by their assigned entity, and to provide an adequate response. At the other end, some entities have found that the responses provided by the LHINs to their recommendations were rather vague and did not lead to operational changes. One challenge in that regard is linked to the nature of the recommendations being tabled by the entities. One perspective argues that recommendations made by entities should be directly linked to the current programming being offered by the LHINs (through the agreements it signs with service providers). Another perspective argues that entities may address service needs that have yet to be addressed by their respective LHINs, which logically requires responses of a different nature. While achieving a common understanding around the nature and scope of recommendations that could be addressed by the LHINs is bound to be an evolving process, evaluation findings indicate that LHINs and entities are working collaboratively and that the model is providing structures and processes that support this progress.

**Policy achievements**

The model has made some progress in achieving policy objectives related to the engagement of francophone communities, the appropriate documentation of health needs, the distribution of information on available services, and the designation of service providers.
Engagement of francophone communities

Community leaders in various francophone communities are engaged in the planning of French language health services. What evaluation findings are indicating, however, is that the nature and structure of this engagement varies considerably across the province. Arguably, the model has proven helpful in some circumstances, while in other contexts, the engagement appears to have been achieved outside the scope of the model.

It is helpful to specify that engaging the francophone “community” means, in practical terms, engaging community organizations and leaders, as well as some French language service providers. The evaluation has found no evidence of systematic engagement of large segments of the francophone population, with the exception of some studies that have included, for instance, surveys or community meetings.

The evaluation has found significant variations in the strategies adopted throughout the province to engage community organizations and leaders. In some cases, the entities have largely driven that process, whereas in other communities, the LHINs (through their French Language Services Coordinator) have led this process. In a number of cases, entities and LHINs have worked together in order to engage the community.

What interviews with service providers have also indicated is that a number of them have initiated their own engagement process, without systematically involving the entity or the LHIN. They have established internal processes or mechanisms that allow them to reach out to the francophone community and directly engage it in the planning of their French language services delivery, something that is consistent with their responsibility under the Local Health System Integration Act.\(^{45}\)

Not surprisingly, the wide variety of approaches in engaging the francophone community has led to just as wide a variety of opinions on the outcomes achieved to date. Some regions appear successful in achieving a constructive level of engagement, while frustrations are emerging from other regions where perceptions are that the engagement to date has failed to lead to significant outcomes. Beyond these differences, one finding that was repeatedly noted is that, in some communities, community leaders are feeling somewhat “over-engaged” by all the demands placed on them.

Health needs and priorities documented

All the evidence gathered as part of this evaluation confirms that, since the implementation of the model, there has been progress in documenting the health needs and priorities of the francophone communities. The same evidence confirms, however, that there are still significant information gaps that have yet to be addressed.

Along the same lines as what was reported on the engagement of the francophone community, the sources of information on the needs and priorities of the francophone clientele vary across the province. Typically, the entities have produced some studies, data, or other forms of information that describe the needs of the francophone community. In some regions, LHINs and

\(^{45}\) See s. 16.(6) of the Local Health System Integration Act, 2006, S.O. 2006, c. 4.
service providers have also gathered relevant information, but this information is not always shared with the entities.

The nature of the information collected on the needs of the francophone community has raised some concerns. The document review and interviews have indicated that, in the vast majority of cases, the information is qualitative in nature and has been gathered through both formal and informal processes. While some statistical profiles have also been produced (based on census data in particular), these are typically not addressing the actual health needs of the francophone community, and are limited to providing some high level information that may, at best, address some health indicators.

In light of this, gathering more systematic and quantitative data on the francophone clients would go a long way in supporting a more rigorous and thorough planning of French language health services. While, in its current form, the model does not preclude stakeholders from collecting such data, it is also worth noting that nothing systematically facilitates this data gathering, or even acknowledges its strategic importance.46

**Information available on services offered**

Along much of the same lines, many regions have initiated processes to document the various health services that are available in French, in their region. Again, some of these initiatives have been initiated by the entities, others by the LHINs, and others have been jointly conducted.

The document review, as well as interviews and focus groups, all confirm that maintaining the accuracy of such information is proving to be just as challenging as creating it in the first place. In that regard, some regions are now falling behind, and are unable to systematically update this information. This is another case where the model may fall short of acknowledging the strategic importance of this information and of ensuring that this is systematically addressed throughout the province. To be more precise, the model appears sufficiently flexible to allow for this information to be gathered in the manner that best suits a particular region, but it does not include any trigger that would ensure that gaps in that area are systematically addressed.

**Identification and designations**

There is ample evidence that the model has succeeded in providing support to service providers that are either identified or that are seeking the designation under the *French Language Services Act*. Typically, both the applicable entity and LHIN have collaborated to provide the required support, but as already noted in subsection 4.2, the actual roles and responsibilities that each party assumes varies among regions.

As noted during interviews and focus groups, the role of the entities and LHINs exceeds the initial support provided in order to obtain a designation. Once the designation has been obtained, it is critical to ensure that the francophone community is aware of the availability of services and

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46 It should be noted that a pilot project to gather some quantitative data on francophone clients was underway at the time of the evaluation. This project was led by the Réseau des services de santé en français de l'Est de l'Ontario. This issue was also addressed in a common statement issued by the entities. See: Regroupement des entités de planification des services de santé en français de l’Ontario. (2013). *Énoncé de position commune sur la variable linguistique.*
that the designated service providers maintain their capacity to deliver services in French. It has been acknowledged that, in some regions, more work is required to ensure the proper monitoring of French services availability.

While this may extend somewhat beyond the scope of this evaluation, it is worth noting that a number of service providers have initiated the process to obtain a designation (and are therefore considered to be an identified service provider), but have been awaiting ministerial approval for several months. As a result, during interviews, some of the service provider representatives were not in a position to confirm whether their organization had received its actual designation. This contextual factor is bound to affect the capacity of the model to reach its goals related to the designation of service providers.

**Overall impact**

As a result of the legislative and regulatory framework that governs the model, including the various reporting and operational requirements, along with the experience gained to date by both entities and LHINs, there is little doubt that the needs and priorities of the francophone community are largely reflected in planning documents that are prepared by the LHINs. There is also ample evidence that community organizations and leaders within the francophone community have been engaged at some level in the planning of French language health services. While challenges remain, interviews and focus groups indicate that the model has contributed to this overall outcome.

In closing, it must be acknowledged that individuals consulted as part of this evaluation have often commented on the actual access that their community has to French language health services and, as applicable, on the gaps in services that remain. In this context, it is important to emphasize again that the purpose of this evaluation was to determine the extent to which the model has succeeded in achieving its expected result, which is to support the entities in their advisory role related to the planning of French language health services. The extent to which francophones do access these services in all applicable regions of the province is an important question, but it is one that falls beyond the scope of this evaluation.
5.0 Conclusions and recommendations

This section of the report provides the conclusions of the evaluators on each of the key issues addressed in this report. When appropriate, recommendations are included.

5.1 Relevance

Alignment of the model with the legislative framework

Evaluation findings confirm that there is a strong rationale for the establishment and continued operation of the collaboration model between the LHINs and the entities. The French Language Services Act provides assurances that health services in Ontario will be available in French when offered in a designated region or when delivered by a designated provider, regardless of its location. In light of the complexity of the health care system and the range of services offered, it is neither required nor feasible to have all service providers in a designated area offer their services in both English and French. Rather, the LHINs, on behalf of the Ministry of Health and Long-Term Care, must plan the overall delivery of health services in such a way as to ensure that francophones will have access to health services in French.

Clearly identifying the services to be offered in French and the providers that can deliver such services requires careful planning and monitoring. In accordance with the legislative framework established in the Local Health System Integration Act, the responsibility for achieving an adequate level of planning in relation to French language health services is distributed between the LHINs and the entities. They are both expected to provide input in that planning process, based on their expertise, with the final decision resting with the LHINs.

Alignment with provincial and regional priorities

Recommendation 1: The Ministry of Health and Long-Term Care should consider the development of provincial priorities related to the provision of French language health services. These could be overall provincial priorities, or priorities associated with specific health care initiatives.

The evaluation was expected to assess the relevance of the model based on the extent to which it is adequately aligned with provincial and regional priorities related to French language health services. At the time of the evaluation, provincial priorities relating to the provision of these services remained vague, and not sufficiently articulated to allow for such an assessment to be made. Apart from a general reference to the goals of the French Language Services Act, the accountability agreements between the Ministry and the LHINs include no specific priorities in relation to French language health services, nor do the provincial strategic plans. Providing some guidance, in relation to what the Ministry considers provincial priorities related to the provision of French language health services, would further support the efficiency of the model. Such guidance would assist both the LHINs and the entities, as they fulfill their planning responsibilities.

As for regional priorities, the model offers a number of processes and tools that allow for regional priorities to be articulated. In that sense, the model offers sufficient flexibility to allow
for the identification and monitoring of regional priorities, based on the socio-economic profile of each region.

5.2 Design and implementation

Distribution of roles and responsibilities

Recommendation 2: The LHINs and the entities should explore the possibility of clarifying the nature and scope of their interactions with service providers, community organizations, and other relevant stakeholders.

The establishment of six new entities that were added to the overall planning structure of health services initially triggered some confusion. In particular, it took some time for service providers to understand the distribution of roles and responsibilities between the LHINs (in particular, the French Language Services Coordinator) and the entities as it relates specifically to the planning of French language health services. At the time of the evaluation, significant progress had been achieved in clarifying this issue. There was a greater acknowledgement that efficiently planning French language health services involves multiple tasks and phases, and that both the entities and the LHINs are expected to contribute to it.

In order for the entities to adequately discharge their responsibilities, they are expected to engage with community stakeholders and service providers. In the absence of such interactions, it is doubtful that they would be in a position to meet the expectations, set within the regulatory framework, related to French language health services. Yet, the entities are expected to advise their assigned LHINs and, ideally, engage directly with these LHINs, which may include a systemic involvement in some of the internal committees and processes of the LHINs. In this context, it is particularly important that clear parameters be established to ensure that both the entities and LHINs have a common understanding of the nature and scope of interactions that both parties are expected to have with service providers, community organizations, and other stakeholders.

Recommendation 3: The MOHLTC and the Office of Francophone Affairs should clarify how they intend to manage designation requests related to the provision of French language health services, in order to facilitate the planning activities undertaken by the LHINs and the entities.

The designation of service providers under the French Language Services Act represents an important tool in order to enhance the availability of French language health services and, by extension, achieve the goals set by the Act. Both the entities and the LHINs play a critical role in supporting what is typically a complex and lengthy designation process. The evaluation indicates that, for some service providers engaged in this process, the exact distribution of roles and responsibilities between the LHINs and the entities has remained somewhat unclear, but this has not significantly affected the ability of both parties to provide efficient support.

The Ministry also plays a significant role in ensuring that the designation process is completed and executed without undue delays. Evaluation findings indicate that a number of designations have been awaiting final approval by the Ministry for several months. These delays may ultimately affect the ability of the model to operate as efficiently as it could.
Monitoring and reporting

The current framework on the monitoring and reporting of activities related to the planning of French language health services provides an appropriate level of accountability. Through a number of processes and tools, including (but not limited to) joint action plans, recommendations reports, annual reports, and annual community engagement plans, both the LHINs and the entities have adequately documented their activities.

Regional variations

The evaluation has clearly demonstrated that the model is bound to operate differently in the various regions of the province, due to the differences in the socio-economic profile of each francophone community, the nature of the collaboration that has been established between the LHIN and the entity, the number of LHINs assigned to each entity, and their respective organizational capacity. The model has proven to be sufficiently flexible to accommodate these variations.

5.3 Effectiveness and impact

Relationship between the LHINs and the entities

Recommendation 4: The MOHLTC should explore mechanisms requiring the senior leadership of the LHINs and the entities to systematically collaborate through regular joint planning meetings, to address relevant issues, including the most efficient strategies to promote access to French language health services within their respective geographic boundaries.

Over time, the LHINs and the entities have established several processes, both formal and informal, that ensure ongoing interactions. These include joint initiatives, liaison committees, and recurring planning and reporting activities. The LHINs and the entities have also established their own provincial tables, but these two have yet to collaborate directly, which would provide an opportunity to share information and address broader issues.

One of the most significant interactions occurring on a yearly basis is the tabling of recommendations on the part of the entities, for considerations by the LHINs. Achieving a common understanding on the nature and scope of these recommendations has proven to be challenging in some regions of the province. The evaluation indicates that progress has been achieved in that regard, and that the model allows for the appropriate interactions between the two parties to support this progress.

Policy achievements

Through the various processes supported by the model, francophone communities in all regions of the province have been engaged in the planning of French language health services. Not surprisingly, this engagement has essentially involved service providers, community organizations, and community leaders. Broader engagement of the francophone population has been limited. While a significant portion of this engagement has been led by the entities and the
LHINs (either jointly or separately), it is worth noting that service providers have also initiated their own engagement activities, which is consistent with the expectations set in the *Local Health System Integration Act*. Opinions as to the extent to which these activities have led to direct outcomes varies across the province, with some stakeholders satisfied with the progress to date, while others are of the opinion that current planning does not fully achieve the expected outcomes.

**Recommendation 5:** The funding and accountability agreements between the LHINs and the entities should systematically address the need, for both parties, to collect and share the appropriate information regarding the interactions of francophone clients with the health care system, including, but not limited to, the appropriate quantitative data, where available.

**Recommendation 6:** LHINs should maintain a public list of available French language health services.

Systematically documenting the health needs and priorities of the francophone community, along with the availability of health services in French is a critical input to any planning process. The evaluation confirms that important initiatives have been undertaken throughout the province, but gaps do remain. There is still, to this day, very limited quantitative data on francophone clients and their interactions with the health care system. While the model in its current form does not preclude initiatives that would address these issues, it fails to recognize the strategic importance of this information.

**Overall impact**

The evaluation confirms that the needs and priorities of the francophone community are systematically reflected in the planning documents prepared by the LHINs. While acknowledging regional variations, it is also clear that the francophone community has been engaged in this planning process. In that sense, the collaboration model has made progress in achieving its intended goals. The model will continue to evolve, and this evaluation offers avenues that may strengthen its efficiency.
Appendix A – Evaluation matrix
<table>
<thead>
<tr>
<th>Evaluation issues and questions</th>
<th>Data indicators</th>
<th>Data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relevance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Is the current LHIN – French Language Planning Entity Model well aligned with the legislative framework relating to the delivery of French language health services in Ontario?</td>
<td>Legislative and regulatory requirements relating to French language health services Key characteristics of the Model, including regional variations or adaptations</td>
<td>Document review Group interviews with LHIN Group interviews with Entities</td>
</tr>
<tr>
<td>2. Is the Model supporting the current provincial and regional priorities relating to the planning and delivery of French language health services?</td>
<td>MOHLTC’s current priorities relating to French language health services LHINs’ current priorities relating to French language health services</td>
<td>Document review Group interviews with LHIN Group interviews with Entities Focus groups with LHIN-Entities</td>
</tr>
<tr>
<td><strong>Design &amp; Implementation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Is the Model consistent with the current distribution of roles and responsibilities in French language health services planning?</td>
<td>LHINs’ role and responsibilities in relation to French language health service planning Entities’ role and responsibilities in relation to the French language health service planning Health service providers’ role and responsibilities in relation to the delivery of French language health services</td>
<td>Document review Group interviews with LHIN Group interviews with Entities Online Forums Interviews with Health Service Providers (HSPs) Focus groups with LHIN-Entities</td>
</tr>
<tr>
<td>4. Are the current monitoring and reporting requirements associated with the Model ensuring proper accountability?</td>
<td>Nature and extent of reporting requirements. Extent to which requirements are met.</td>
<td>Document review Group interviews with LHIN Group interviews with Entities Online Forums Focus groups with LHIN-Entities</td>
</tr>
<tr>
<td>5. What impacts have regional variations had on the Model?</td>
<td>Evidence of common themes/observations across the province Evidence of differential themes/observations</td>
<td>Document review Group interviews with LHIN Group interviews with Entities Online Forums Focus groups with LHIN-Entities</td>
</tr>
<tr>
<td>Evaluation issues and questions</td>
<td>Data indicators</td>
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</tbody>
</table>
| 6. To what extent has the Model contributed to the relationship between LHINs and Entities? | ▶ Number and types (executive, director, operational) of interactions  
▶ Existence of joint standing committees and their mandates  
▶ Types of recommendations and advice provided to LHINs by Entities  
▶ LHINs’ uptake of Entities’ recommendations and advice  
▶ Quality of joint action plans, annual reports and other special reports  
▶ Nature and outcomes of joint initiatives  
▶ Opinions of LHINs and Entities | ▶ Document review  
▶ Group interviews with LHIN  
▶ Group interviews with Entities  
▶ Online Forums  
▶ Focus groups with LHIN-Entities                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                       |
| 7. To what extent has the Model achieved the policy objectives of the provincial government in relation to French language health services? | ▶ Evidence of engagement of the Francophone community in each area  
▶ Evidence of documented health needs and priorities of the Francophone community in each area  
▶ Evidence of updated information on available French health services in each area  
▶ Evidence of health service providers having been identified or designated for the provision of French language health services in each area  
▶ Evidence of strategies that support access to, accessibility of and integration of French language health services in each area | ▶ Document review  
▶ Group interviews with LHIN  
▶ Group interviews with Entities  
▶ Online Forums  
▶ Interviews with HSPs  
▶ Focus groups with LHIN-Entities                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                       |
| **Impact**                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                       |
| 8. To what extent are the needs and priorities of Francophones incorporated into LHIN health planning documents? | ▶ Degree to which needs and priorities of Francophones, as identified through planning activities/community outreach, are reflected in LHIN planning documents | ▶ Document review  
▶ Group interviews with LHIN  
▶ Group interviews with Entities  
▶ Online Forums  
▶ Focus groups with LHIN-Entities                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                       |
| 9. Is there an understanding among health service providers of the needs and priorities of Francophone clients? | ▶ Evidence of consultations on behalf of HSPs | ▶ Document review  
▶ Group interviews with LHIN  
▶ Group interviews with Entities  
▶ Online Forums  
▶ Interviews with HSPs  
▶ Focus groups with LHIN-Entities                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                       |
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</table>
| 10. Is there ability among health service providers to plan and deliver French language health services? | ▶ Change in number of identified or designated French HSPs  
▶ Evidence of French services planned and delivered by HSPs | ▶ Document review  
▶ Group interviews with LHIN  
▶ Group interviews with Entities  
▶ Online Forums  
▶ Interviews with HSPs  
▶ Focus groups with LHIN-Entities |