



WRHA French Language Services – Research Bits and Pieces

There is extensive research and literature on the topics of Language and Health, Challenges of the Active Offer, Patient Centered Approach and Cultural Competence, and Leadership Qualities of Managers who Manage Bilingual Staff. The following document presents excerpts of some of the most important and relevant information within these four key areas as it relates to the delivery of services in French at the Winnipeg Health Region.

LANGUAGE AND HEALTH

The question of health is also one of language because safe and optimal quality health care depends on the ability to understand and be understood in a healthcare situation.

The conditions in which individuals are born, grow, live, work, and age have an undeniable influence on people's health. For linguistic minority communities, several factors, including language, can interact and must be taken into account during health interventions. Since, without a doubt, all health care professionals have the ultimate goal of delivering quality health care, they must take steps to understand and be understood by the patient. Language is also a key factor to the safety of patients. Several studies have indeed demonstrated the numerous risks that could result in not taking into account the language and linguistic barriers in a health care context.

Did you know?

“(…) there is a stronger correlation between primary language and health care levels than between income and health care levels. (Bowen, 2001)

LANGUAGE AND THE SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are the conditions in which people are born, grow, live, work and age (WHO). They are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environment (Public Health Agency of Canada, 2007).

The 12 key determinants of health as presented by the Public Health Agency of Canada (2007)

1. Income and Social Status
2. Social Support Networks
3. Education and Literacy
4. Employment and Working Conditions
5. Social Environments

The array of values and norms of a society will influence in varying ways the health and wellbeing of individuals and populations. In addition, social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health.

6. Physical Environments
7. Personal Health Practices and Coping Skills
8. Healthy Child Development
9. Biology and Genetic Endowment
10. Health Services
11. Gender
12. Culture

Some persons or groups may face additional health risks due to dominant cultural values that contribute to the perpetuation of conditions, such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services.

Source: Public Health Agency of Canada, 2007

Two of above mentioned determinants are particularly relevant to the French-speaking minority communities. Firstly, culture, which includes language as a health determinant. Language and cultural barriers, as well as lower literacy, are correlated not only with decreased participation in preventive programs, but also with lack of awareness of risks, lifestyle interventions, warning signs, and benefits of screening (Bowen, 2000).

Secondly, social environments are a key factor, which include the recognition of diversity, values of inclusion, and the sense of security. Some persons or groups may face additional

health risks due to a socio-economic environment, which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services (see <http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php>).

QUALITY: THE ULTIMATE GOAL IN HEALTH CARE

Quality affects various aspects of healthcare, including safety, timeliness, effectiveness, efficiency, equity and patient centeredness (Institute of Medicine, 2001, quoted by Baker et al., 2010). Furthermore, we have to take into account that health care is not only technical and biomedical, but also relational and psychosocial. Consequently, the ability to understand and be understood becomes essential to an efficient relationship between the health care professional and the patient. So at the center of quality health care is the health care professional's ability to help, provide advice to, refer, and educate patients (FCFA, 2001).

Access to health services in a person's language is in itself much more than the mere respect of that user's culture. The primary focus of quality health care is to ensure that patients can easily communicate with health professionals and understand what is happening to them (Languages Commissioner of the Northwest Territories, 2008). It is an indispensable part of health conditions improvement and health empowerment by the population (FCFA, 2001).

In an American study quoted by the PEI French Language Health Services Network (2007), Hu and Covell (1986) found that the percentage of patients describing their care as more than adequate was almost twice as high for English-speaking than non-English-speaking patients.

LANGUAGE: A QUALITY FACTOR

A review of the literature demonstrates that providing services in a client's first language has the following benefits:

- improves the accuracy of health assessment;
- improves access to health services, particularly health promotion and disease prevention activities;
- treatment received enables interpersonal interaction, thus enhancing the therapeutic relationship leading to more positive clinical outcomes;
- the client has a better understanding of the treatment plan and is more likely to adhere to it;
- client satisfaction improves;
- quality of care provided improves; and,
- risk management issues in service delivery are reduced.

“Language has been described as medicine’s most essential technology – its principle instrument for conducting its work. (...) Without language, the work of a physician and veterinarian would be nearly identical.”

Source: (Sarah Bowen, 2001, quoted by the Réseau santé albertain, 2007)

LANGUAGE AND SAFETY IN A NUTSHELL

As a whole, the information available allows us to conclude the language barrier is linked to the following:

- ◆ decreased initial access to health care;
- ◆ tendency to delay care or to convince patients to avoid intermediate care;
- ◆ reduced use of preventive care;
- ◆ delay or lack of follow-up in treatments;
- ◆ misunderstanding of diagnosis or treatment;
- ◆ low level of patient compliance and adherence to treatments;
- ◆ increased number of useless and poorly targeted hospitalizations;
- ◆ increased number of diagnostic tests;
- ◆ increased number of diagnostic errors and treatments;
- ◆ inadequate management of chronic illnesses;
- ◆ increased costs;
- ◆ impact on the quality of care where good communication is essential;
- ◆ decreased ability of health care professionals to meet their ethical obligations;
- ◆ increased occurrence of critical incidents, namely after-effects and mortalities due to professional malpractice;
- ◆ frustrating experiences for the patient and the physician, and reduced satisfaction for both the health care professional and the patient.

Source: This list was compiled from the research of Bowen (2000 and 2001), the Comité consultatif des communautés francophones en situation minoritaire (2007), and Munoz (2007).

Some research indicates that there is a general pattern of lower use of many preventive and screening programs by those facing language barriers (FCFA, 2001).

Those barriers to initial access can likely delay treatment (Bowen, 2001) and lead to a lack of follow-up (Sarver and Baker, 2000, quoted by the PEI French Language Health Services Network, 2007). According to Jackson (1998), language barriers may present almost insurmountable problems for services such as speech therapy or assessment of developmental delay.

The study of Manson (1988) reveals that patients facing language barriers are more likely to miss office appointments. The same study also says that poor communication may result in poorer understanding of medication regimes. This increases the probability that less than optimal levels of medication will be maintained, resulting in poorer symptom control and higher risk of acute episodes. Furthermore, a lack of understanding when it comes to treatment instructions could lead to systematic and significant differences in treatment compliance.

According to a study lead by Lee and his team (1998), patients who did not speak the same language as their provider had a 70% greater chance of being admitted to hospital than patients who did. The authors proposed that a health provider, when treating patients with whom he could not communicate effectively, would be more likely to admit them to hospital as a precautionary measure.

Advantages of considering language

Health professionals play a very crucial role. By being more aware of the important role that language plays in patients' safety, they are more sensitive to offering services in the patient's preferred official language and ensure, at the same time, health care that is safer and of better quality.

A commitment to health care service delivery in the patient's preferred official language promotes safety through:

- ⇒ **improved access to health care services, particularly disease prevention and health promotion;**
- ⇒ **improved disease prevention;**
- ⇒ **decreased demand for health care and decreased waiting times;**
- ⇒ **better communication and improvement of the therapeutic relationship;**
- ⇒ **better assessment of health status;**
- ⇒ **quicker and more precise diagnoses by improving the efficiency of primary, secondary, and tertiary health care services;**
- ⇒ **better compliance to prescribed treatments;**
- ⇒ **more positive clinical outcomes;**
- ⇒ **increased understanding of and adherence to prescribed treatment;**
- ⇒ **greater patients' satisfaction;**
- ⇒ **better health care; and**
- ⇒ **reduced incidences of risk management issues of service delivery.**

Source: These advantages were compiled from the research of Bowen (2000 and 2001), the FCFA (2001) and the position paper submitted by the PEI French Language Health Services Network, The Impact of Communication Challenges on the Delivery of Quality Health Care to Minority Language Clients and Communities (2007).

Did you know?

“LeSon and Gershwin (1996) have found that patients with language barriers (defined as an inability to speak English) were more than 17 times more likely to be intubated than patients with the same characteristics who were fluent in English.”

Source: (LeSon and Gershwin, 1996, quoted by Bowen, 2000)

Communication problems have been associated with increased risk of hospital admission, increased risk of intubation for asthmatics, differences in prescribed medication, greater number of reported adverse drug reactions, and lower rates of optimal pain medication. There is also preliminary evidence that such barriers are related to less adequate management of chronic diseases such as asthma and diabetes (PEI French Language Health Services Network, 2007).

Hampers et al. (1999) have for their part discovered that in cases where a language barrier existed, patients were more likely to be given intravenous fluids. Chances are these situations have an impact on health-related costs.

ACTIVE OFFER

The active offer of health services in the patient's preferred official language is essential if we want to provide secure, ethical, and good quality health care services to our official language communities. These services must be easily accessible, visible, timely, and of equal quality for both linguistic groups. This can be quite challenging at times, especially within Francophone minority communities where the historical lack of French-language health services gives the impression that such delivery is impossible. Everyone, from the decision-makers to health care professionals, must proactively offer services in the patient's preferred official language.

WHAT DOES "ACTIVE OFFER" MEAN?

The active offer is a set of measures taken to ensure that services in the patient's preferred official language are readily available, easily accessible, publicized, and of comparable quality (RIFSSSO, 2012).

“Services in French are actively offered when they are proactively offered.

In other words,

**IT IS NOT THE PATIENT'S RESPONSIBILITY TO
REQUEST HEALTH SERVICES IN FRENCH.”**

Source: (Office of Francophone Affairs, 2008, quoted by Forgues, Bahi, and Michaud, 2011)

Consequently, there is an active offer when an organization demonstrates and communicates in all possible ways to the community and the clients coming to its facility that it has the capacity to offer them quality services in their preferred language (Bouchard et al, 2011). The whole organization must collaborate to promote the active offer. Managers have a particularly important role to play in reaching this goal. A survey of health care professionals (Forgues, Bahi, and Michaud, 2011) revealed that to promote the active offer of services in both languages, the commitment of management is an essential element and a determining factor.

THE ACTIVE OFFER, AN ENRICHING EXPERIENCE

ALTHOUGH IT MIGHT BE CHALLENGING TO OFFER HEALTH CARE SERVICES IN THE PATIENT'S PREFERRED LANGUAGE, IT CAN ALSO PROVIDE NUMEROUS INTERESTING OPPORTUNITIES TO HEALTH CARE PROFESSIONALS. IN FACT, A PROVIDER'S BILINGUAL STATUS CAN BE AN ADDED VALUE TO THE TEAM, WHICH IS AN IMPORTANT FACT TO RECOGNIZE. IT CAN BE VERY REWARDING FOR A PERSON TO KNOW THAT HE HAS AN IMPACT ON HEALTH CARE QUALITY, AND IN A BROADER SENSE, ON THE DEVELOPMENT OF THE COMMUNITY. ALSO, A HEALTH CARE PROFESSIONAL WHO OFFERS SERVICES IN THE PATIENT'S PREFERRED LANGUAGE HAS THE FEELING THAT HE CAN MAKE A DIFFERENCE. THIS GIVES MEANING TO HIS WORK (LORTIE, 2012).

Health professionals who incorporate ACTIVE OFFER in their practices:

1. establish with their patients quality relationships that are genuine and compassionate, and based on mutual respect and transparency;
2. seek to understand the impact that cultural differences may have on the quality of health care and services;
3. convey, through their actions, their respect for equitable access to French-language care and services;
4. understand the ethical consequences of their actions and behaviours toward their patients;
5. determine at the first point of contact their patients' language preference (taking their patients' linguistic pulse... a vital sign);
6. ensure that their patients are comfortable using the official language of their choice;
7. guarantee equal use of both official languages in all aspects of care or services (oral and written communications);
8. seek concrete opportunities to promote active offer; and
9. play a leadership role to ensure steady improvement of their environment to make it more conducive to active offer.

Source: Lortie, Lalonde, and Bouchard, 2012

A FEW MEASURES FOR AN ACTIVE OFFER OF SERVICES IN THE PATIENT'S PREFERRED OFFICIAL LANGUAGE.

- ⇒ **A bilingual greeting in person and on the phone;**
- ⇒ **The publication of documents in a bilingual format and the transmittal of correspondence in the official language preferred by the client;**
- ⇒ **Bilingual web sites;**
- ⇒ **A posting of bilingual signs;**
- ⇒ **Bilingual employees are identified by wearing a Hello Bonjour badge or pin;**
- ⇒ **A note of the preferred language in the patient's file; and,**
- ⇒ **Valorization and legitimization of cultural and linguistic skills (celebration, open-mindedness).**

Source: Forges, Bahi and Michaud, 2011; Partenariat communauté en santé, 2008.

PATIENT CENTERED-APPROACH AND CULTURAL COMPETENCE

The patient must be at the centre of any health intervention. To fully meet the needs of the patients and those of their families, health care professionals must display behaviors and attitudes that go beyond symptoms and take into account the thoughts, feelings and expectations of patients as well as cultural background.

A patient-centered approach is one that considers the patient from all angles. It not only takes into account the patient's signs and symptoms, but also the patient's feelings, expectations and preferences, values and beliefs, and cultural background. To take charge of his own health, the patient must be an active partner in the development of a health plan. Such a relationship requires that he feels valued and is able to speak in his own language. Cultural competence forms part of the patient-centered approach and is indispensable to the development of a therapeutic relationship of trust and respect while ensuring safe and better quality care.

Did you know?

By focusing on the patient and his context, rather than on the illness only, the patient-centered approach represents one of the most efficient and effective methods of solving issues and improving the quality of health care offered to minority populations. (Working Group on Certification Process, 2010).

“While the patient-centered approach to communication is a valuable way to improve relationships and interactions with all populations that an organization serves, it is particularly useful for communicating with populations that may be at risk for experiencing communication gaps. Communicating effectively about health care relies on understanding three factors—the audience’s culture, language, and health literacy skills. Therefore, populations whose members have limited or no English proficiency, a culture that is not well understood by personnel in the organization and/or limited health literacy skills are referred to as ‘communication-vulnerable’ populations.”

(American Medical Association, 2006, p. 25)

“With the gift of listening comes the gift of healing.”

Source: Catherine De Hueck Doherty (Nova Scotia
Department of Health and Wellness:
Primary Health Care, 2011)

**CLEAR COMMUNICATION IS ALWAYS IMPORTANT, IF NOT INDISPENSABLE,
TO ALMOST ALL ASPECTS OF HEALTH CARE.**

As it applies to communication, the patient-centered approach requires skills to obtain information from individuals about their specific preferences, needs and values. It has been shown that using these communication skills during health care encounters improves satisfaction, compliance and adherence to treatment regimes, provision of preventive services, and clinical outcomes. The command of a language that both the patient and the health professional share is essential to patient centeredness. It is not hard to understand that individuals with limited proficiency in the official language used by the health care professional are less likely to understand the information they receive. They are also less likely to receive preventive care and understand instructions related to treatment and medication.

Consequently, for the American Medical Association (AMA), a patient-centered communication, i.e. respectful of the patient’s language, culture, and social environment, is essential to the protection of the patient’s autonomy, quality of care, and equity in health care delivery for populations in minority communities.

What is cultural competence?

The Canadian society is a pluralistic society. Everyone communicates in his own way and holds singular values according to the community to which he belongs. As stated by the Consortium national de formation en santé, in its portal of linguistic training and cultural adaptation in health (CNFS, 2012), our accents vary, and our vocabulary and beliefs are influenced by our origins, our history and our ways.

Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables the system or professionals to effectively meet the needs of patients and their families by taking into account the cultural, linguistic, and socio-economical situations of each (Aucoin, 2008). Therefore, cultural competence is more than just a concept, an approach to problem solving, a communication technique or a goal. It is a continuous process that requires a fundamental change in our way of thinking, understanding, and interacting with those around us (Nova Scotia Department of Health, 2010).

Attitudes and behaviors for culturally adapted optimum care

1. The health care professional must look at the patient as a unique individual and must be aware of the cultural issues that each person faces. While he is listening to the patient, he must be open to differences and hold no prejudices. He must look for ways to accept the patient's choice while minimizing risks or eliminating obstacles. In the scope of patient centeredness, the health care professional recognizes the patient as an active participant in health care delivery and involves him in the decision-making process.

2. The health care professional optimizes health care outcomes by adopting an approach that takes into account the patient's language and culture without violating practice standards. He does all he can to identify the patient's cultural preferences without compromising the patient's safety. Through this approach, the health care professional will try to integrate the preferences of the patient in the health care plan, without necessarily agreeing with them, if they are essential to the patient's physical, emotional or spiritual health.

3. The health care professional identifies the needs, the pre-existing attitudes, the language abilities and any other information that could have an impact on the patient's health and medical history. He asks the right questions during the examination in order to encourage patients to communicate their perceptions and beliefs, and to obtain required information to better serve them.

4. The health care professional guarantees to individuals with limited knowledge of the majority's language and those with low literacy levels or who are illiterate, equal access to quality and safe health care. He communicates efficiently and easily conveys information that is understood by various clienteles. He must learn to avoid using medical and technical jargon. However, it is important that plain language should not be used in a way that makes the patient feel he is considered less intelligent. He must accept that it might be necessary at times, if he wants to communicate adequately, to call upon professional interpreters with the patient's consent.

LEADERSHIP AND CHARACTERISTICS OF WORKING IN MINORITY SETTINGS

It is important to identify the specific characteristics and challenges of working in a minority setting. People who hesitate to ask for services in their preferred language, potential tensions between peers and the organization, and the presence or absence of implemented measures promoting and facilitating the offer of health services in the patient's preferred language are a few examples experienced in the field. By being aware of these particularities, the health professional will be better equipped to face them.

WHAT IS AN “OFFICIAL-LANGUAGE MINORITY COMMUNITY”?

An official-language minority community lives in a context where the majority of the population belongs to the other official language group. This is generally the case of Francophones outside Quebec and Anglophones in Quebec. A community living in a minority setting will often have limited access to services, in particular in the field of health care, depending on the number of people and geographic concentration of the community. It is therefore important to ensure that both official language communities, i.e. French- and English-speaking patients, have access to comparable health care services in terms of quality and safety.

CHALLENGES AND PARTICULARITIES OF WORKING IN A MINORITY SETTING.

- *Some French speaking patients have a complex about their language. Worried about not getting a quality service within a reasonable time-frame, they will prefer asking to receive English-language services even if they are not completely fluent in that language.*
- *For this reason Francophones very rarely tend to ask for French-language services.*
- *The low demand for French-language services can have a negative impact on recognizing the need to offer more.*
- *Unilingual Anglophones – and sometimes Francophones themselves – are very seldom aware of importance of the active offer of health services in both official languages.*
- *Measures implemented by health facilities to better support their bilingual staff depend for the most part on the willingness of managers.*
- *Professionals working in a minority setting often feel lonely and isolated.*

Source: Bouchard and Vézina (2009); Bouchard, Vézina, and Savoie (2010)

Impact of the context

The two following situations illustrate the differences between the experiences of the two official-language groups. The Anglophone who goes to a facility that is designated bilingual but where the French language and culture are predominant will have an experience that is very different from a Francophone who goes to a facility that is designated as a bilingual facility but where the English language and culture are predominant. The Anglophone, in his position of majority, and who is often unilingual, will expect to receive services in his language.

It is safe to say that he will not have to ask to be served in his language. We can also say that it is very unlikely that this experience will have a negative impact on his cultural and linguistic identity or that it would be detrimental to the development of his first language. In fact, the contact or even the process of learning a second language would be beneficial to him and not be a threat in any way.

On the other hand, a Francophone who goes to a bilingual facility of English language and culture will quickly realize that the language being used is predominantly English. If he is bilingual, or at least able to manage in English, which is often the case of Francophones living in a minority community, he will tend – either as a reflex or a habit – to use English to quickly obtain services. These repetitive experiences can have a perverse impact on the upkeep of the French language and culture. Very few Francophones will insist on being served in their own language, for many reasons. The use of English by Francophones plays a role in reducing the sense of belonging, promotes assimilation, and impacts the vitality of the Francophone community as a whole.

Let's apply this pattern nationally. The more Francophones will experience situations where French is not recognized or even valued the greater the Anglicization phenomenon and assimilation rates will be. Furthermore, if we take into account the undeniable impact of language on the quality and safety of health care, the delivery of French-language health services becomes a winning strategy at all levels for our Francophones living in a minority community.

Source: Inspired by Bernard, 2000

From awareness to leadership.

How to become a leader?

Leadership is a crucial component of the active offer of health care services in the patient's preferred official language. In their working environment, health professionals will encounter colleagues who may not be aware of the rights, realities and living conditions of official language communities. To ensure sustainable improvement of the active offer of health services in the patient's preferred official language, health professionals must become catalysts for change and innovation in their work environments. To achieve this, they must demonstrate personal and ethical leadership toward their patients by actively offering health services in both official languages. At the same time, they must exert a positive influence on their workplaces and on their communities (Lortie, Lalonde and Bouchard, 2012).

SKILLS AND BEHAVIORS REQUIRED TO ASSERT LEADERSHIP

To demonstrate leadership in the active offer of health care services in the patient's preferred official language and to fully respect linguistic rights, health professionals must assert their personal leadership by developing their skills and adopting concrete behaviors. Here are some of the numerous ways they can do it:

GENERAL SKILLS	BEHAVIORS
VALUES AND ETHICS	<p>By being aware of the <u>direct relationship between the active offer of health care services in the patient’s official language and the quality of these services for patients.</u></p> <p>By promoting rights and obligations pertaining to official languages in the work environment.</p> <p>By affirming their feelings of belonging, of pride and of being citizens of Canada.</p> <p>By understanding the ethical consequences of their actions and behaviours toward their patients.</p> <p>By conveying, through their actions, their respect for equitable access to care and services in both official languages.</p> <p>By guaranteeing equal use of both official languages in all aspects of care or services (oral and written communications).</p> <p>By providing equitable and fair care to their patients, regardless of their linguistic affiliation or choice.</p>
STRATEGIC THINKING	<p>By being highly determined to bring official languages issues at the forefront of their facility’s concerns.</p> <p>By being able to reflect and be favourable to ongoing evaluation of offered services in a minority community.</p> <p>By demonstrating critical thinking on the active offer of health care services in both official languages.</p> <p>By continually striving to improve the work environment’s capacity for active offer.</p> <p>By clearly understanding their own responsibilities in the implementation of the active offer vision of health care services in the patient’s preferred official language and discussing this issue with colleagues.</p>

<p>STRATEGIC THINKING</p>	<p>By listening to the suggestions offered for dealing with challenges, respecting linguistic rights, and promoting the use of both official languages.</p>
<p>COMMITMENT</p>	<p>By continually affirming and demonstrating commitment to the active offer of services in the official language preferred by the patient.</p> <p>By exerting a positive influence on their workplaces and communities.</p> <p>By seeking concrete opportunities to promote active offer.</p> <p>By communicating with colleagues their responsibilities in terms of the language of service.</p> <p>By ensuring that the linguistic needs of their patients have been met and that communications respect the preferred language of each patient.</p> <p>By ensuring that good practices are implemented and applied.</p> <p>By not hesitating to make difficult decisions to address situations when a patient's language rights are not respected.</p> <p>By demonstrating courage, creativity and initiative in their efforts to improve active offer.</p> <p>By recognizing that change can be slow and continuing their efforts without being discouraged.</p> <p>By being sensitive in dealing with the issue of the language of service.</p>

Source: Table based on the articles of Lortie, Lalonde, and Bouchard (2012) and of the Office of the Commissioner of Official Languages (2011)

DID YOU KNOW?

To ensure sustainable improvement of the active offer of health services in both official languages, minority communities must be able to rely on the leadership of health professionals.

CONTRIBUTION OF THE ORGANIZATION AND MANAGERS

Health professionals must not be the only ones bearing the responsibilities of the active offer of services in the patient's preferred official language. They must be able to rely on adequate organizational support, particularly the managers. **WHETHER THEY ARE BILINGUAL OR UNILINGUAL, THE MANAGERS MUST BE THE CHAMPIONS OF OFFICIAL LANGUAGES** and be guided by values of linguistic duality and respect. Furthermore, they must be willing to favour the use of both official languages at work and model behaviours that show their commitment to linguistic duality within their organization.

Source: (Office of the Commissioner of Official Languages, 2011)

“Walk the talk. To be a good leader, you have to do more than just give instructions; you have to practice what you preach in all situations.”

Source: (Office of the Commissioner of Official Languages, 2011)

ORGANIZATIONAL LEADERSHIP

With regards to an active offer in both official languages, organizational leadership operates at several levels.

At the level of the board, the following actions are highly encouraged:

- ♦ Approving policies and identifying priorities in the organization's strategic plan that takes into consideration the needs of the minority group.
- ♦ Formulating service policies to ensure an active offer of services in both official languages and developing a plan to communicate these policies to the employees and including them in the orientation of new employees and board members.
- ♦ Planning and allocating human resources to serve the French - and English-speaking communities.
- ♦ Recruiting Francophones and Anglophones for the board and the management team.
- ♦ Integrating the evaluation of services offered in both official languages in the assessment of the facility and accountability plan (based on RIFSSSO, 2012).

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