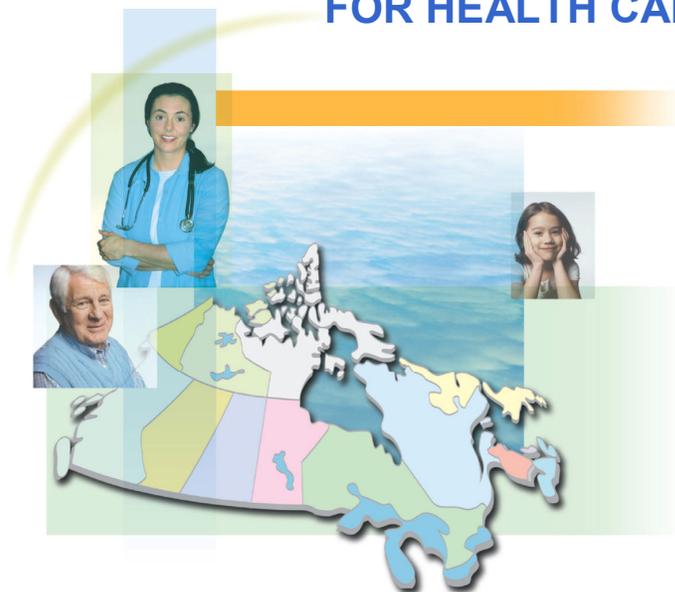


# SETTING THE STAGE

FOR HEALTH CARE SERVICES IN FRENCH



EXECUTIVE SUMMARY 2004-2006



Partenariat  
communauté  
en santé (PCS)

## ***Setting the Stage, Executive Summary***

Over the course of the past two years, all 17 Francophone health networks in the country initiated and carried out planning projects to ensure health care services in French throughout Canada for their own province and territory. This planning was made possible with the financial support of the Primary Health Care Transition Fund (PHCTF) and more specifically by the special envelope for the Official Language Minority Communities (OLMC).

The projects benefited from the leadership of the national network, Société Santé en français (SSF), who developed the project with its affiliate members and ensured the local planning went well.

Each network has put the expertise and the know-how of their local partners to elaborate a common vision of health care services in French in their province or territory. This vision and planning allowed to break trail in order to make health care services in French more accessible to the Francophones of this country. This also allowed to contact and to mobilize partners in concrete terms with respect to each other's roles and responsibilities regarding health care services offered to the public.

In this sense, *Setting the Stage* has established a better understanding of the needs, the health status and the expectations regarding health for the Francophone and Acadian populations of Canada. It also helped to elaborate concrete scenarios to answer their concerns.

The project includes 3 different steps:

- 1) A Report of the Situation:
  - Identifying the health care needs of the Francophone communities
  - Identifying priorities for primary health care
  - Identifying existing health care services in French
- 2) Considering the Options:
  - Exploring the models for primary health care services delivery in Canada
  - Identifying a delivery model adapted to the local context
- 3) The Implementation Plan Model and the final report's recommendations for the STS project

The steps were made possible thanks to the participation of the PCS Steering Committee. This Committee is composed of representatives from the 5 key sectors which are: Educational institutions, health care facilities managers, governments representatives, Francophone organizations and health professionals. This model was put together by the World Health Organization (WHO) and was adopted by the Société Santé en français (SSF) at the moment of its creation. The model was also adopted by its affiliate members when they were created.

All the data relative to this project were presented publicly during the PCS Annual Health Forum in November 2005. They were briefly outlined during a consultation on health "Project Vision" put together in the winter 2006 by the Economic development sector of the Association franco-yukonnaise. The summary of the project was published on a full page in *L'Aurore boréale*, the Yukon's Francophone newspaper, in March 2006. In addition, bilingual summaries were printed and distributed to our partners and to the general population.

## The situation

### *An evolving territory: Taking the next step in the right direction*

Many studies, as well as planning and brainstorming exercises helped identify the health care needs of the Yukon Francophones and the priorities for intervention. Here are the main points<sup>1</sup>:

#### *Profile of the Yukon Francophone population*

- According to the data from the 2001 census from Statistics Canada, there are approximately 975 Francophones in the Yukon, or 3.91% of the entire Yukon population.
- The Yukon Francophone population is essentially composed of young adults aged between 20 and 49 years old with a very low representation from children under 15 years old (15.2%) and from seniors (5%). The average age of Francophones is 42. However, following the 2003 needs analysis (MBAULIEU: 2003), the Francophone community has experienced a record number of births, which leads to a new demand for health care services in French in the early childhood area.
- The Yukon francophonie is characterized by a high level of citizen migration. Close to 30% of respondents in the 2001 census lived in a different town in the previous census and for the majority, a different province. We see that 8 Francophones out of 10 were born outside the territory. The francophonie is also composed of approximately 130 Francophone immigrants from Europe.
- The majority of Francophones are in the Whitehorse area, the capital, where the majority of services in French are offered (ex. school, daycare). However, there are some smaller cores of Francophones in communities like Dawson, located 600 km north of the capital. In order to represent the challenges for Francophones in the communities, a representative from the village of Mayo is on the PCS board and there is also a representative for communities on the board of the Association franco-yukonnaise (AFY), the voice of the Francophones in the Yukon.
- The Francophones in the Yukon have one of the highest rates of post-secondary (university) diploma within the Francophone and Acadian communities in the country. This explains in part the interest towards activities focusing on self-care (MBAULIEU: 2003). However, there are also Francophones who are faced with challenges in literacy, so the network is working closely with the Alpha Yukon project from the Service d'orientation et de formation des adultes (SOFA)<sup>2</sup> for the distribution of a new parent kit offering resources in health and literacy issues. Both organizations are promoting the use of Clear language in their communications, which allows reaching a broader population.
- The income level is very different for the francophonie, a little below average for the territory. We estimate that one Francophone out of four has an income under \$10,000 and that a little more than a quarter of the Francophones are earning more than \$40,000. The average annual income in the territory is \$31,917.

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<sup>1</sup> See bibliography (appendix)

<sup>2</sup> Adult training and career planning services (in French)

### **Health care services in French in the Yukon**

Health care services in French in the Yukon are minimal both at the Whitehorse General Hospital (part-time French health care services coordinator) and the Whitehorse Health Centre (part-time nurse). Regarding social services, there is a management position for Francophone cases (part-time social worker), a family liaison officer through the Healthy Families Program (part-time) and a 0.25 shared between two social workers from Child Protection Services.

So this briefly outlines the health care services offered through bilingual positions within the department. It should be noted that in the Yukon, apart from the private and community sectors (health care projects), it is the Department of Health and Social Services who is the regional authority responsible for the delivery of health care services in the territory.

Some bilingual health care professionals work in English and are not identified or don't want to be identified as a contact person to offer services in French. In 2003, the consultant firm hired for the needs assessment study estimated this number to approximately 125. Some can effectively be identified by the general Francophone population. In the case of new bilingual professionals, considering the shortage of trained medical professionals in the Yukon, it is very rare that their practice allows them to take in new patients. Even if there is potential in announcing the arrival of a new professional to the Francophone population, nothing guarantees that this person will be able to offer its services to the community. They often must take someone else's patients and can't offer their services to Francophones who would request it. This represents a huge challenge for any new Francophone resident. As we know, the Yukon is characterized by a high rate of migration within the general and the Francophone populations.

The private sector has some bilingual therapists who attract a good number of the Yukon Francophone population, be it by therapeutic choice or by linguistic necessity (obtaining services in French).

The Yukon is experiencing a shortage of quality physicians who are able to offer complete medical follow-ups to the territory's population. Very few clinics are taking new patients. Even more problematic is that none of the clinics still taking new patients offer services in French.

More than 35 Francophone households gave their contact info to the PCS to be referred to a French speaking family doctor. Of that number, more than a quarter can't access health care services without translation or interpretation services. Because those services are limited to the hospital (8:30-12:00 every day of the week) and other designated bilingual positions (3 part-time), the access to health care services for these people is very limited, and in some cases non-existent. In addition, because some of the new physicians are in the Yukon on a temporary basis, they can't take patients who require long term medical follow-ups (eg. pregnancy). This situation is very critical for Francophones newly arrived in the Yukon, who often know little, if any, English.

The Francophone community continues to press for the delivery of health care services in French in the Yukon and also for the approval and financing of the *Plan quinquennal en Santé*.<sup>3</sup> Since 2003, the community and the Government of Yukon are working together towards this objective.

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<sup>3</sup> Plan elaborated jointly between the PCS, AFY and the Government of Yukon (Health & Social Services and the Bureau of French Language Services). This plan is for getting a minimum threshold of bilingual services at the Whitehorse General Hospital and in the programs transferred from the federal to the territory (1993 and 1997). It also takes into account the recommendations targeting the organization of some services under a "one stop shop" model as suggested in the Beaulieu report (2003).

## Highlights

In the Yukon, it is the Partenariat communauté en santé who managed the *STS* project from 2004 to 2006. The network was created in the spring of 2003 under the Yukon Francophone women's advocacy group Les EssentiElles. The group had received the mandate from the Francophone community to take the lead in the file for better health care services in French in the Yukon. It seemed natural for them to establish a new affiliate member of the SSF.

### *Government Participation*

The *STS* project was approved by Yukon Health & Social Services. The department is part of the PCS Steering Committee (an extension of the *STS* project). At first, their participation was on a trial basis (no commitment to recognize or implement the elaborated plan), the *STS* project allowed to move forward with the commitment from the department towards the Francophone community and to allow more important plans than what was initially planned. Therefore, as part of the *STS*, a letter of agreement between the government and the PCS was written, recognizing the significant role of the PCS as a voice for health care services in French. The project also allowed to draft a services agreement with Health & Social Services regarding both the **existing** and **possible** health care services in French.

### **Step 1 - Report of the situation**

Given the fact that the needs assessment study had been done prior to the *STS* project by a consulting firm in 2003, this step was done pretty quickly in the Yukon. It simply became an update of the data done by the PCS team. The data collected in 2003 was then enriched by some key documents like the Network Strategic Planning 2005-2008 and by the work accomplished by the Community-Territorial Government Working Group to elaborate a five year plan for health care services in French. Since it is currently under negotiations, this last document cannot be made public. However, it was used as a reference by the consultant hired by the PCS in 2005 for Step 2 regarding exploring the options; this topic will be covered later.

The main document used for this step was created in 2003 by the firm MBeaulieu Développement organisationnel et formation Inc, in collaboration with Anne Gilbert and Sandra St-Laurent. The purpose of this study was to identify the needs for health care services for the Yukon Francophone population and to propose a model. This study was commissioned by the Association franco-yukonnaise and was managed by Les EssentiElles.<sup>4</sup> The document was then validated during a public presentation of the results. It was then distributed to the members of the PCS and to other affiliate members. It is a fundamental document for the work of the PCS.

The needs assessment study of 2003 involved different methods of collecting data: telephone survey (80 questionnaires filled out), target focus group meetings (7: youth, women, men, families x2, seniors and health care professionals) and by strategic interviews with partners in person or by phone (8 people in total). At the end, more than 139 Francophones participated in the study for health care needs during this period. On the quantitative side, the statistic data from the 2001 census were also used. They were taken from the document produced by the Fédération des communautés Francophones et acadiennes du Canada (FCFA) in 2004, "Profil de la communauté Francophone du Yukon".

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<sup>4</sup> PCS/ Francophone Health Network was not created at that time. Les EssentiElles is the parent organization for the network.

### ***Needs of Francophones in the Yukon<sup>5</sup>***

- More than 65% of the Francophones interviewed in 2003 said it is “important” to “very important” to have access to health care services in French. More than a quarter of respondents said they had problems accessing services in French.
- More than 78% of respondents said that it was “important” to “very important” to have an intake and information service for health.
- The health promotion and illness prevention activities are considered “very important” by the Francophone population.
- The need to identify bilingual health care professionals was considered a concern for the Yukon Francophones.
- Although health care services in French are important, they must also be of equal quality than what is offered to the majority.
- Complementary medicine (or alternative) is very popular in the Yukon and within the Francophone community. A number of Francophone therapists are offering health care services in French in this sector (private). All the models proposed must include this sector in the services organization.
- The needs for services in French identified in the study are mainly for : family support, services to children from early childhood to school and post-secondary age, youth support, women support, gynecology, pediatrics and mental health.
- The specific professions mainly identified by respondents in the 2003 study were: family doctor (more than 40%), nurse (close to 20%), dentist, psychologist, social worker, speech-language pathologist and behavioural specialist.

### ***Responding to the health concerns of Francophones is possible by...***

- Developing a front line and reference structure.
- Offering resources and reference material.
- Offering a support service (ex. offering support to health care professionals, encouraging recruitment, training and retaining bilingual professionals in the Yukon, working jointly with Francophone support groups, fostering the coordination of the *Table Solidarité-Pauvreté*, etc.).
- Presenting activities related to primary health care (PHC) including illness prevention and health promotion programs.
- Allowing the financing of the *Plan quinquennal en santé pour l'amélioration de l'accès des Francophones aux services de santé en français au Yukon*.

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<sup>5</sup> Extracts from the *Étude des besoins en santé des Francophones du Yukon* report, MBEAULIEU 2003, commissioned by the Association franco-yukonnaise and also from notes taken during public consultations held between 2003-2006 in the francophonie.

**Step 2- Exploring the Options**  
**Step 3- Model Implementation Plan**

An consulting firm with expertise in primary health care, Consultation Nicolas, was hired to go through the steps of exploring the options and implementing the plan for the model that was developed.

In the first part of her work, the consultant studied the literature given by the PCS regarding the project. Emails and phone calls were regularly exchanged to help the project move along. Furthermore, the consultant came to the territory three times between 2005 and 2006 for working meetings with the PCS and its Steering Committee and also to have strategic meetings with the partners. The Steering Committee ensured the efficient conduct of the project. The department actively participated at the same level as other members in terms of the model development and the recommendations.

In addition to consulting the reference documents, the consultant proposed to review the model developed in 2003 by MBeaulieu and to integrate it in the *Plan quinquennal pour la Santé en français* (submitted but not financed) in the light of a publication on the organization of health care services named "*Choices for Change: The Path for Restructuring Primary Healthcare Services in Canada*".

The study performed by the Canadian Health Services Research Foundation (CHSRF) allowed to compare the work done in the Yukon with 28 different models of primary health care models in the country. The consultant is also referring to the "Winnipeg Integrated Services Initiative", the "Taber Project" in Alberta, and to the preparatory notes for an aboriginal health care centre presented by the Council of Yukon First Nations.<sup>6</sup>

The criteria selected to study the models allowed to regroup initiatives under four main predominant models and then develop four scenarios for the Yukon. Each scenario presented in details the expectations of the community's involvement. At the end of the review and negotiations process, a model for a bilingual integrated primary health care centre with a Francophone intake was accepted by the working group. This model was presented during the annual PCS Health Forum in the fall of 2005. It was also discussed during a public consultation on health organized by *Project Vision* (AFY) in January 2006.

The implementation plan including the recommendations was developed and accepted by the PCS's Steering Committee. The plan was also presented and accepted by the board of Les EssentiElles, the parent organization of the PCS. One of the first recommendations was the independence of the network. At their Annual General Meeting, Les EssentiElles reiterated their support to the PCS for this stage of their development.

The summary of the STS project, including the model developed and its recommendations was featured on a full page in *L'Aurore boréale* in March 2006. A bilingual brochure was also produced for public distribution and for the partners.<sup>7</sup>

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<sup>6</sup> Aboriginal Health Blueprint: Action Agenda Submission. Final Draft, 2006

<sup>7</sup> There is a copy of the booklet in the Appendix.

## ***The Major findings***

### **Knowing how to talk to each other: building the foundations of dialogue**

Right from the start, it seemed essential for us to ensure the active participation of Yukon Health & Social Services. In fact, over the course of our discussions, it appeared that the model developed during the 2003 study was not recognized by the department. However, the first part of the study that talked about the health related needs of the Francophones had a unanimous support. The way to respond to those needs, via a Francophone single service window by Francophones and for Francophones, wasn't accepted by health authorities. We had to identify dissensions in order to work jointly between partners to adopt a model that all would agree to.

Among the challenges, this primary health care model had to:

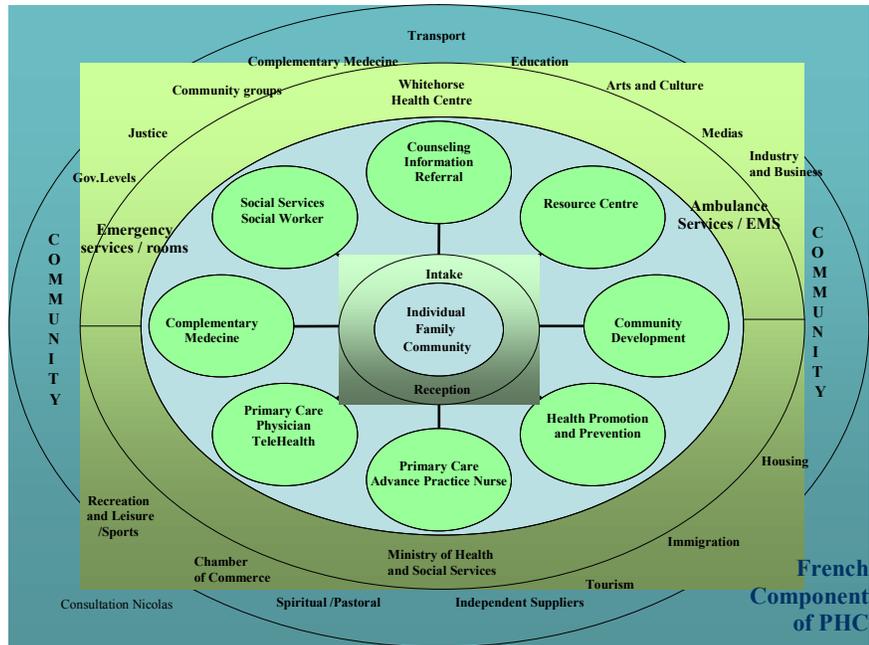
- Respect the uniqueness of the Yukon;
- Respond to the concerns (needs) of the Francophones identified in the 2003 study;
- Be included in the Health & Social Services action plan;
- Foster a higher participation of the Francophone community;
- Ensure a better access to the services;
- Improve the quality of health care services;
- Improve the efficiency of the delivery of services;
- Be a results-oriented management model.

A model was then developed according to the characteristics of the Yukon context and to integrate the needs and the priorities identified in 2003. Based on the fact that the health care system only contributes to 25% of the health status of a population, the PCS developed a bilingual and integrated primary health care services model regrouping several stakeholders and services in private, community and governmental areas offered in the community. The preferred model is a bilingual primary health care centre with services in French for the intake and referral services, grouping strategic bilingual and French health care positions.

This model follows the four pillars for primary health care:

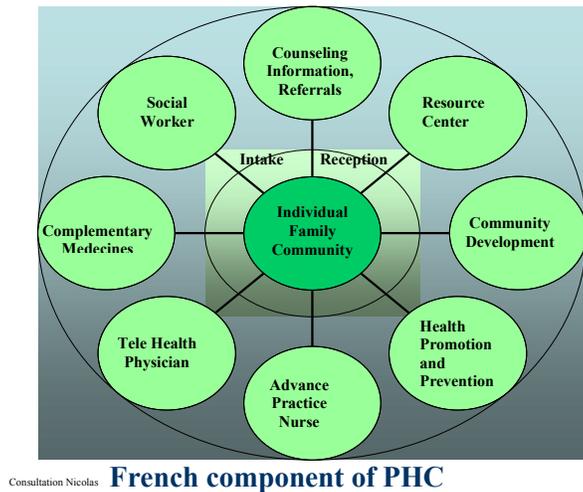
- 1) Access to the right care at the right time;
- 2) Information is shared between health care providers to improve quality, access and coordination of health services;
- 3) A team of health care providers works together to improve care and reduce duplication; and
- 4) Promotion of healthy living.

## Model for a Primary Health Care Centre for the City of Whitehorse



### Details of the Francophone component

Details of the Francophone component



This model allows to:

- put into context the areas of responsibility of each partner in an integrated services perspective;
- target the creation of an intake and referral service considered a 'winning strategy' for ensuring health care services to Francophones and for the social and economic advancement of the Yukon Francophone community (NICOLAS : 23);
- build on existing achievements in the community (designated bilingual positions, community programs, private Francophone therapists);
- centralize services on the Association franco-yukonnaise model (ex. SOFA, Immigration services) for the visibility, accessibility, referral possibility, confidentiality, timely interventions and referrals, satisfaction of the population;
- be part of the primary health care services in the country;
- foster the exchange of information between stakeholders and various sectors (private, community, public) in a common working language (French);

The Francophone component is based on actual designated bilingual positions within Health & Social Services, Francophone community programs currently offered, Francophone therapists interested to practice under the same roof and some potential positions created directly from the adoption of the five year agreement for health care services and other community programs. For the French Health Resource Centre is an existing project of the Partenariat communauté en santé and a component of the model. **The Individual, the Family and the Community are** at the heart of this model and act as the three engines guiding the primary health care interventions. The detailed diagram of the community involvement associated to this model can be found in the appendix.

### **Our Action Plan**

The Action Plan for the *STS* project can be summarized by the following major recommendations:

- Incorporate the PCS;
- Define and formalize the role of the PCS as a primary stakeholder and negotiator;
- Develop an agreement (written commitment) between the PCS and the Yukon Department of Health & Social Services about existing and potential services;
- Establish operational guidelines for the implementation of the services.
- Review existing work processes.
- Support infrastructure (human resources, information technology, and real estate).
- Develop a change-management process.
- Identify training needs (support for health care professionals).

Following up on these recommendations, a draft letter of agreement and a draft agreement were developed. This step shows the success of the *STS* project beyond the expectations of the participants. Thanks to the *STS* project, the network benefited from outside expertise in primary health care. It also was able to build on a long experience of networking and collaboration between the community and the Government of Yukon.

## Conclusion

When it comes to the project's assessment on how things went, we can say that *STS* was well received by the participants and the partners. The need to improve health care services in French in the Yukon is still of current interest in the territory. It is a battle that has been going on for more than 20 years and it was originally led by the organization representing the Francophones, the Association franco-yukonnaise (AFY), in order to seek redress from historical wrongs regarding health care services in French.

The creation of this network allowed to open a dialogue between community and government partners that eventually led to a common planning around the *STS* project. We hope that this new collaboration method brings positive outcomes for health care services offered to Yukon Francophones. The *Setting the Stage* project allowed to bring forward new partnerships, to be recognized by the Société Santé en français and to plan primary health care services that would be culturally and linguistically adequate for all Francophones in the Yukon.

It is essential that we keep this momentum and this spirit of mutual understanding for the next steps. Now only an agreement in principle, the Yukon also needs to gather the necessary financial support for the implementation of the elaborated project at both the community level and the public sector (Government of Yukon).

Health Canada's commitment towards Francophone communities in the country was partly demonstrated by the financing of the *Setting the Stage* project as presented by the Société Santé en français. This opportunity allowed the network to achieve important milestones for the future of health care services in French and to sit as a partner with other local governmental authorities to discuss a common vision for primary health care services in the Yukon. In this sense, the *STS* project allowed us to be innovative and to develop a plan that would meet the needs of Yukon Francophones and capitalize on resources currently available in the Yukon.

It goes without saying that the *Plan quinquennal en Santé* submitted in the fall of 2003 would give substance to the actual plan, based on some three designated bilingual positions for health care and social services in the Yukon. This would enable a minimum threshold for health care services in French in the Yukon. This funding would also allow to respect the criteria for equal services offered to the majority, one of the values identified as a priority for the Yukon Francophones.

Among the positive outcomes of the *STS* project in the Yukon is the fact that this agreement between the community and the territorial government was conditional to the approval of the first component of the « Au cœur de la vie : la Santé!<sup>8</sup> » project. Yukon Health & Social Services gave the green light to the Yukon's PHCTF project. It also enabled to create a partnership between the PCS and Yukon Health & Social Services for the preparation of a project for health care services in French through the Northern Strategy.

Overall, the *STS* project gave an opportunity to the Francophone community to reiterate the importance they give to health. As a result from the interest towards this project in the last few years, the expectation level of the Yukon Francophone communities is getting higher and higher. The population is now confident that the partners have what it takes to ensure the creation of services, the consolidation of existing services and the quality assurance for the health care services offered to Francophones.

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<sup>8</sup> Project from the federal Primary Health Care Transition Fund (PHCTF) for the Yukon and managed by the PCS. This project was made possible by the leadership of the Société Santé en français and by the envelope set aside for official language minority communities (OLMC)

In that sense, the *STS* project also allows to lay the groundwork for the continuity of the primary health care services renewing process, which will become real with the creation of the primary Health in Action project. This national project submitted to Health Canada will allow the implementation of the action plan developed during *Setting the Stage*. In that sense, it is like a Phase II of the actual project (*STS*). The PCS hopes to obtain the support from Yukon Health & Social Services for the continuation of the project. This support will show the effort level demonstrated during *STS* and will enable us to reiterate our willingness to work jointly with the network's partners.

It is in that spirit that the PCS indicates its desire to continue to work to improve health care services in French in partnership with both levels of government and that, in a near future.

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### *List of major acronyms used*

AFY	Association franco-yukonnaise
OLMC	Official language minority communities
PHCTF	Primary Health Care Transition Fund
FCFA	Fédération des communautés Francophones et acadiennes du Canada
SOFA	Service d'orientation et de formation des adultes
PCS	Partenariat communauté en santé
STS	Setting the Stage
SSF	Société Santé en français
PHC	Primary health care

Setting the Stage is a joint initiative of Société Santé en français and its 17 networks. This initiative receives financial support from the Health Transition Fund for Primary Care. The opinions expressed in this document do not necessarily reflect those of Health Canada.



Santé  
Canada Health  
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## APPENDIX

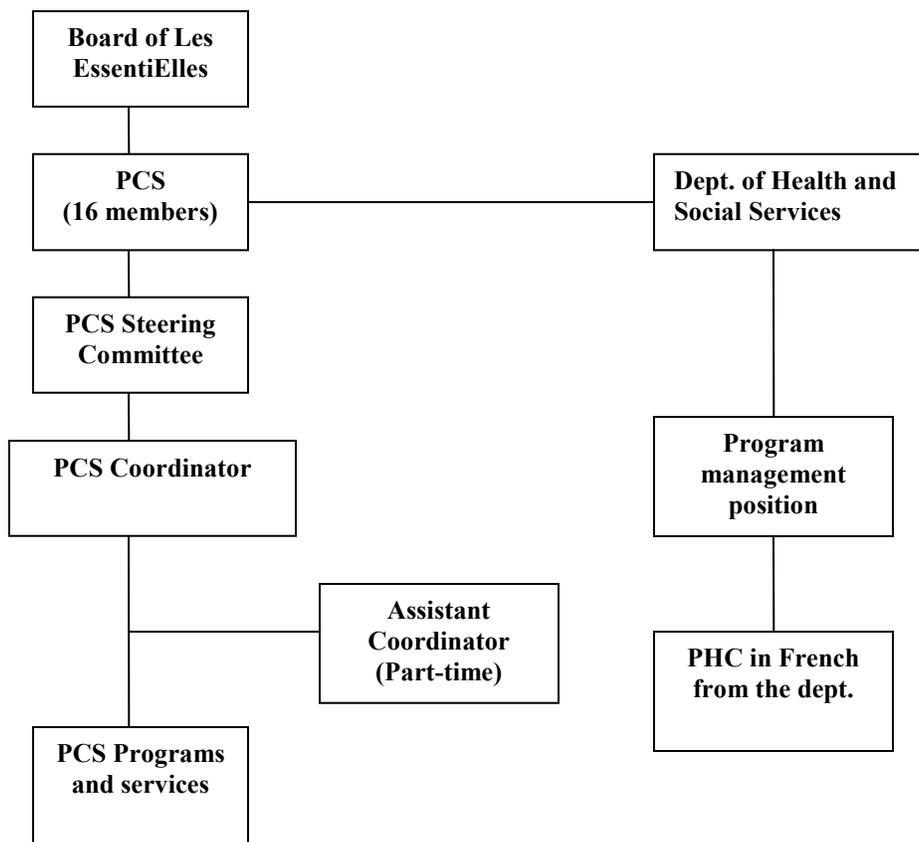
### **Scenario 1: The PCS is the primary stakeholder and negotiator in the Yukon for health care and social services in French.**

This first scenario reflects the actual situation, except the role of “primary stakeholder” which is clearly defined and formalized in an agreement with Health & Social Services. In addition, an Assistant Coordinator position is created in the PCS.

Elements from Scenario 1 are:

- The PCS maintains all the elements of its mandate;
- The role of “primary stakeholder” for health care services in French is clearly defined and formalized in an agreement. The PCS now has a direct relation with Yukon Health & Social Services.
- The PCS hires an Assistant Coordinator to manage the five year plan.

### **Diagram 3: Primary stakeholder and negotiator**



With regard to the PCS and the relationship with its Steering Committee, it stays the same. The Steering Committee works with the PCS Coordinator in order to implement the action plan, coordinate the work, ensure its primary stakeholder role and do the follow-ups on the five year plan.

The PCS Coordinator has to manage the activities and the programs and services offered by the PCS as specified in her job description (Appendix C). The job description will have to be reviewed to include the role and responsibilities of the Assistant Coordinator. A job description also has to be written for the position of Assistant Coordinator.

**Advantages of Scenario 1:**

The Francophone community via the PCS:

- Actively participates in the federal and territorial discussions and negotiations regarding the right to access health care services in French;
- Actively participates in the planning and decision making regarding the health care services delivery;
- Has an employee who participates in the planning, the implementation and the monitoring of the five year plan;
- Ensures an active offer in the delivery of services;
- Does not take part in the management of human resources, finances and equipment;
- Has smaller expectations for volunteering from the Francophone community

**Disadvantages of Scenario 1:**

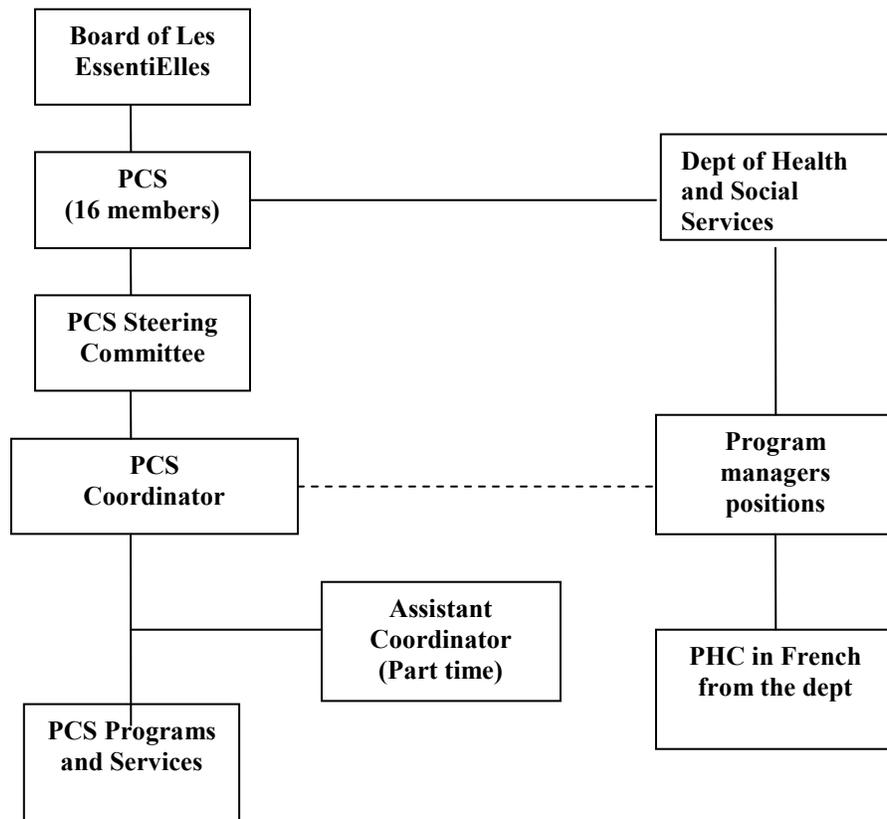
- The community has no control over the operationalization of decisions;
- The community values are not reflected in the management of human resources, finances and equipment:
  - At the transparency and accountability level;
  - At the community's knowledge and skills level;
  - At the level of progress and innovation that the community can bring;
  - At the community's collective action level.

## OPTION CHOSEN DURING THE STS PROJECT

**Scenario 2:** The PCS is the primary stakeholder and negotiator for the Yukon in terms of health care and social services in French AND has an agreement with the Department of Health & Social Services for the delivery of PHC in French.

Added to the second scenario is a services agreement ensuring a greater participation from the Yukon Francophone community. This agreement defines the terms for the participation, planning and delivery of services in French but the PCS does not govern nor manage the delivery of those services. This is left in the hands of the department.

**Diagram 4: Primary stakeholder and negotiator and Services Agreement**



The elements from scenario 2 are:

- The PCS maintains all the elements from his mandate;
- The PCS's role of primary stakeholder and negotiator for health care services in French is clearly defined and formalized in an agreement. The PCS has now a direct relation with Yukon Health & Social Services;
- The PCS also has a services agreement with the Yukon Department of Health & Social Services for the planning and the delivery of PHC services in French for the Yukon Francophones. The agreement defines clearly:
  - The roles and responsibilities of the partners;
  - The participation in the operationalization of the five year plan;
  - The circumstances in which the PHC's services in French are delivered:

- The environment in which the services will be provided;
    - A centered approach for the coordination of services based on an integrated approach;
    - The recognition of the importance of setting up a one stop access to services for the Yukon Francophone population, which won't be exclusive;
    - The access for anglophones;
    - etc.
  - The relationship between the PCS and the department, as well as the working relations between the management positions of both organizations;
- The hiring of an Assistant Coordinator to manage the services agreement, including the implementation, the monitoring and the ongoing planning of the five year plan.

With regard to the PCS and the relationship with its Steering Committee, it should be modified to include the new responsibilities. The Steering Committee will maintain its working relationship with the PCS Coordinator in order to implement the action plan, coordinate the work, and ensure its primary stakeholder role.

The PCS Coordinator has to manage the activities and the programs and services offered by the PCS as specified in her job description (Appendix C). The job description will have to be reviewed to include the role of primary stakeholder and the role and responsibilities of the Assistant Coordinator. A job description also has to be written for the position of Assistant Coordinator.

**Advantages of Scenario 2:**

- All the advantages of Scenario 1 plus the following:
  - The parameters for the participation, planning and delivery of services in French are clearly defined in a purchase-of-service agreement;
  - A better control over the operationalization of decisions;
  - A shared and formalized vision for the PHC in French.

**Disadvantages of Scenario 2:**

- The community values are not reflected in the management of human resources, finances and equipment:
  - At the transparency and accountability level;
  - At the community's knowledge and skills level;
  - At the level of progress and innovation that the community can bring;
  - At the community's collective action level.

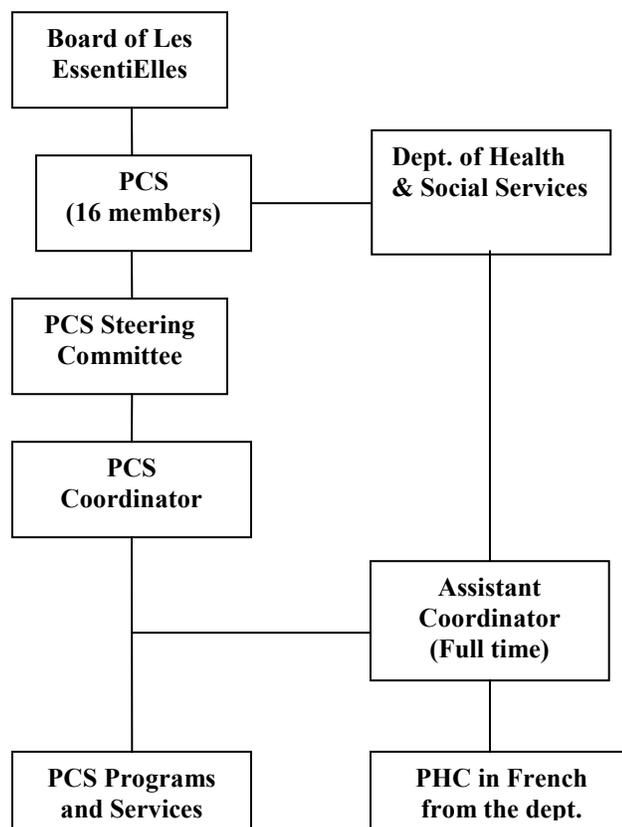
**Scenario 3: The PCS is the primary stakeholder and negotiator for the Yukon in terms of health care and social services in French AND a co-management model in established between the PCS and Health & Social Services.**

In the third scenario, the PCS remains the primary stakeholder but a co-management model is introduced. In this model, PHC in French are managed by the PCS and Health & Social Services.

The elements from Scenario 3 are:

- The PCS maintains all the elements from his mandate;
- The PCS's role of primary stakeholder and negotiator for health care services in French is defined and formalized in an agreement. The PCS has now a direct relation with Yukon Health & Social Services;
- The PCS also has a co-management agreement with the Yukon Department of Health & Social Services. This agreement regroups all the elements of the services agreement plus the management of human resources, finances and equipment and defines the role of the partners;
- The hiring of an Assistant Coordinator at the PCS to co-manage the PHC in French

**Diagram 5: Primary stakeholder and negotiator and co-management model**



With regard to the PCS and the relationship with its Steering Committee, it should be modified to include the new responsibilities. The Steering Committee will maintain its working relationship with the PCS Coordinator in order to implement the action plan, coordinate the work, and ensure its primary stakeholder role. In addition, the Steering Committee will have to ensure to reach a co-management agreement with the department.

The PCS Coordinator has to manage the activities and the programs and services offered by the PCS as specified in her job description (Appendix C). The job description will have to be reviewed to include the role of primary stakeholder and the role and responsibilities of the Assistant Coordinator. A job description also has to be written for the position of Assistant Coordinator.

**Advantages of Scenario 3:**

- All the advantages of Scenario 2 plus the following:
  - The community values are reflected in the management of human resources, finances and equipment:
    - At the transparency and accountability level;
    - At the community's knowledge and skills level;
    - At the level of progress and innovation that the community can bring;
    - At the community's collective action level.
- The community will have some control over the operationalization of decisions.

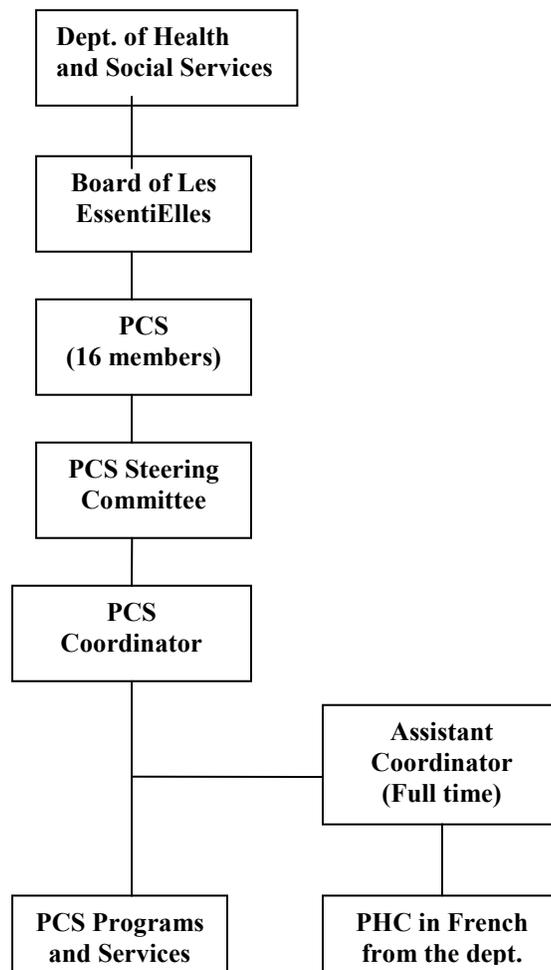
**Disadvantages of Scenario 3:**

- Shared management can sometimes lead to confusion and conflicts;
- Ensuring an efficient management of human resources, finances and equipment;
- Knowledge and skills in the health care sector required;
- Puts higher expectations for volunteers in the Francophone community.
- Responsibility to be accountable to the community (Francophone and Anglophone) and to Health & Social Services.

**Scenario 4:** The PCS is the primary stakeholder and negotiator for the Yukon in terms of health care and social services in French AND the PCS takes on the governance and management of PHC in French in the Yukon

The greatest difference with this scenario is that the PCS is liable for the governance and management of PHC in French for the Yukon Francophone community. In Scenario 4, either the Board of Les EssentiElles takes on the governance of the PHC Centre in French or the PCS gets incorporated and takes on the governance and management of PHC in French. The PCS answers directly to Health & Social Services and gets also funded by the department to ensure the delivery of PHC in French.

**Diagram 6: Governance model for PHC in French**



In this scenario, Health & Social Services would have a purchase-of-service agreement with the PCS for the planning and the delivery of PHC in French for the Yukon Francophones.

With regard to the mandate of the PCS's Steering Committee, it will have to be changed based on the governance and the management responsibility of the PCH and its staff. The duties and responsibilities of the PCS Coordinator will have to be reviewed based on this new model of service delivery. A job description also has to be written for the position of Assistant Coordinator.

**Advantages of Scenario 4:**

- All the advantages of Scenario 2 plus the following:
  - The Francophone community has the power to play its role and to take decisions regarding the mission and the vision for PHC in French in the Yukon;
  - The community has the responsibility to plan and to manage a Francophone PHC Centre and to ensure the delivery of PHC to the Yukon local Francophones and anglophones;
  - The interests of the Francophone community are protected;
  - The access to services in French is ensured;
  - The accountability mechanisms towards the community are in place and transparent;
  - The knowledge, skills and community values are highlighted;

**Disadvantages of Scenario 4:**

- Implement and ensure an efficient model for governance;
- Responsibility to be accountable to the community (Francophone and Anglophone) and to Health & Social Services;
- Planning, management and delivery of PHC;
- Knowledge and skills in the health care sector required;
- Puts a higher expectation for volunteers in the Francophone community.