
Improving Access to Primary Care in the City of Kingston

Report presented to the South East Local Health Integration Network by the French Language Health Services Network of Eastern Ontario

July 2020



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EXECUTIVE SUMMARY

Introduction: Primary care is usually the first level of access to health care. Since access to primary care in French is a factor in quality and safety for the Francophone population, we conducted a study of the primary care offered in the Kingston area.

Background – Primary care in Kingston: assessment of current status: A high-level review of primary care agencies currently in place in the city of Kingston is provided; it includes their designation status under the *French Language Services Act (FLSA)*.

Methodology: A review of the literature and an impact analysis of potential solutions was carried out as a basis for making recommendations relevant to the area.

Results: Data are limited and there are very few accessible professional health resources (including family physicians able to provide French language services) in the Kingston area.

Analysis: Five solutions with varying impacts were examined. Two were found to be doable.

Recommendations: The two recommendations identified are:

1. That the South East LHIN identify the Kingston Community Health Centres (KCHC) as "comprehensive primary care service points" for the Francophone community.
2. That KCHC officially initiate the process for designation under the *French Language Services Act* in collaboration with the *Réseau* and the South East LHIN.

Conclusion: It is realistic to think that implementation of the two recommendations proposed remains achievable and would make it possible to improve access to primary care for Francophones in the Kingston area.

INTRODUCTION

In health care, communication is essential to the pursuit of health and wellbeing when illness strikes¹. More specifically, the importance of access to French language services (FLS) across the health care continuum has been clearly established and the benefits of FLS have been reported in many studies^{2,3}. These benefits are all the more important in the primary care sector as it is usually the first level of access to health care for the population.

According to the Ontario government, “[p]atients should be able to seek care from their primary care provider. Measuring primary care access reflects a patient’s ability to get timely health care services in the community, preventing them having to use the hospital for non-urgent care needs”⁴.

For these reasons, it is necessary to examine whether current primary care delivery adequately serves Kingston’s Francophone population when it comes to this level of care.

Since the French Language Health Services Network of Eastern Ontario (the Réseau) is responsible for supporting the South East Local Health Integration Network’s (LHIN’s) mandate with respect to French language health services, this report has its relevance. It is our desire to collaborate to ensure effective delivery of French language health services at the local level⁵ and it is in this context that this recommendations report on access to primary care was prepared. The

¹ WAHOUSH, E. *Toucher des populations difficiles à atteindre telles que les demandeurs d’asile et les réfugiés réinstallés au Canada*. Consulted on January 8, 2020 at <http://www10.who.int/bulletin/volumes/87/8/08-061085/fr/>. (*Reaching a hard-to-reach population such as asylum seekers and resettled refugees in Canada*. Available at <https://www.who.int/bulletin/volumes/87/8/08-061085.pdf?ua=1>.)

² DE MOISSAC, D. and S. Bowen (2018). “Impact of Language Barriers on Quality of Care and Patient Safety for Official Language Minority Francophones in Canada”. *Journal of Patient Experience*, volume 6, number 1.

³ BOWEN, S. (2015). *Impact des barrières linguistiques sur la sécurité des patients et la qualité des soins*. (*The Impact of Language Barriers on Patient Safety and Quality of Care*). Report prepared for the Société Santé en français.

⁴ Conseil du premier ministre pour l’amélioration des soins de santé et l’élimination de la médecine de couloir (2019). *Pour un Ontario en santé : Création d’un système de soins de santé durable - 2e rapport*. Rapport rédigé pour le compte du Gouvernement de l’Ontario. Consulted on January 8, 2020 at <https://files.ontario.ca/moh-pour-un-ontario-en-sante-2019-06-25.pdf>. (Premier’s Council on Improving Healthcare and Ending Hallway Medicine (2019). *A Healthy Ontario: Building a Sustainable Health Care System. 2nd Report*. Report prepared for the Government of Ontario. Available at <https://files.ontario.ca/moh-healthy-ontario-building-sustainable-health-care-en-2019-06-25.pdf>).

⁵ Ministère de la Santé et des Soins de longue durée. *Guide des exigences et obligations concernant les services de santé en français*. Consulted on October 17, 2019 at http://www.health.gov.on.ca/fr/public/programs/flhs/docs/Guide_concernant_les_SSEF_FINAL.pdf. (Ministry of Health and Long-Term Care. *Guide to Requirements and Obligations Relating to French Language Health Services*. Available at http://www.health.gov.on.ca/en/public/programs/flhs/docs/Guide_to_FLHS_FINAL.pdf)

work focused on the city of Kingston, which is the largest of the cities and towns in South East region. Kingston is also a designated area under Ontario's *French Language Services Act (FLSA)*. This recommendations report also aligns with the Ontario government's efforts to manage access pressures within the health care system⁶.

⁶ Conseil du premier ministre pour l'amélioration des soins de santé et l'élimination de la médecine de couloir (2019). *Pour un Ontario en santé : Création d'un système de soins de santé durable - 2e rapport*. Rapport rédigé pour le compte du Gouvernement de l'Ontario. Consulted on January 8, 2020 at <https://files.ontario.ca/moh-pour-un-ontario-en-sante-2019-06-25.pdf>. (Premier's Council on Improving Healthcare and Ending Hallway Medicine (2019). *A Healthy Ontario: Building a Sustainable Health Care System. 2nd Report*. Report prepared for the Government of Ontario. Available at <https://files.ontario.ca/moh-healthy-ontario-building-sustainable-health-care-en-2019-06-25.pdf>).

BACKGROUND – PRIMARY CARE IN KINGSTON: CURRENT STATUS

The South East LHIN has a total of 73 health service providers in the region. Among them, of the 15 service providers funded in the Kingston designated area, nine are identified under the *FLSA*:

- Addiction and Mental Health Services – Kingston, Frontenac, Lennox and Addington
- Canadian Hearing Society
- Kingston Health Sciences Centre
- Peer Support South East Ontario (Kingston Peer Support Centre)
- Providence Care Hospital (including Providence Manor)
- Salvation Army –Harbour Light Centre
- Alzheimer Society KFL&A
- Victorian Order of Nurses Canada
- Vision Loss Rehabilitation Ontario

Crown agencies like the South East LHIN are subject to the *FLSA*. Note that services governed by municipalities, like long-term care homes and paramedic services, do not fall under the *FLSA*. They may however have FLS capacity (human resources capable of offering FLS) of which we are unaware.

In addition, six non-identified agencies funded by the South East LHIN also offer services in the Kingston area:

- Carveth Care Centre
- Extendicare Kingston
- Helen Henderson Care Centre
- Kingston Community Health Centres (KCHC)
- Rideaucrest Home
- Sienna Senior Living - Trillium Retirement and Care Community

Of these health service providers, only KCHC has a primary care mandate.

Family health teams (FHTs) also have a mandate to provide primary care in the communities they serve. FHTs are funded directly by the Ministry of Health. They are not subject to any accountability agreements with the LHINs and are not required to comply with any aspect of the *FLSA*. FHTs may have physicians and other staff with French language skills within their organization but this is not necessarily known to the health system. We found three FHTs operating at 13 sites in Kingston.

Although it is not identified, KCHC has substantial FLHS capacity documented in the OZi provincial data base for 2018-19. More specifically, 45 staff members reported they had the capacity to communicate in French. This number includes all three KCHC sites, namely, its main site, the Street Health Centre and the Napanee location.

For the purposes of our analysis, we considered only the data for the 29 employees working at KCHC's main site. Of this number, 17 employees were in positions related to clinical services and had direct contact with clients while the other 12 held administrative positions. Six levels of language skills were found: "Basic", "Intermediate", "Advanced Minus", "Advanced", "Advanced Plus" and "Superior".

We present their distribution below according to the four levels of language skills recognized by the Ontario government for FLS provision – "Advanced Minus" to "Superior":

- 7 employees have self-reported language skills at the "Advanced" or "Advanced Minus" level (clinical duties = 5 and administrative duties = 2)

(1 physician, 1 registered nurse, 1 occupational therapist, 1 family support worker and 1 registered early childhood educator)

- 6 have self-reported language skills at the "Superior" level (clinical duties = 5 and administrative duties = 1)

(1 physician, 1 registered practical nurse, 1 dietitian, 1 settlement worker and 1 registered early childhood educator)

Several employees reported language skills below provincial standards, that is, at a "Basic" or "Intermediate" level. However, they represent potential capacity that should not be ignored as

some of them might want to improve their level of language skills if it was suggested to them or if they saw an opportunity to provide services in both official languages:

- 11 had self-reported language skills at the “Intermediate” level (clinical duties = 5 and administrative duties = 6)

(2 physicians, 1 registered nurse, 1 registered practical nurse, 1 social worker)

- 5 had self-reported language skills at the “Basic” level (clinical duties = 2 and administrative duties = 3)

(2 community facilitators)

METHODOLOGY

To develop recommendations relevant to the Kingston area, we first conducted a review of the literature. We looked at a number of local data sources. Some data were found using the Google search engine and others through the existing partnership between the South East LHIN and the Réseau.

We then carried out an impact analysis of potential solutions for the Kingston area. Optimization of existing resources and ways of making the system more efficient while providing more adequate services to Francophone patients were considered in this exercise.

The recommendations developed took elements of the literature review into account along with the lived experience of the local Francophone community.

RESULTS

The results of the literature review are presented in the form of a table. Table 1 summarizes the relevant information.

Table 1. Synthesis of literature review

Source	Date	Type of documentation/ Initiative	Subject	Methodology	Results/Conclusions
South East LHIN ⁷	October 2018	Report	<i>South East LHIN Self-Registered Unmatched Patients in Health Care Connect</i>	Quantitative	3,214 Kingston residents have no family doctor and 8,741 residents of South East region have no family doctor – data by language not available.
South East LHIN ⁸	December 2018	Report	<i>Quarterly Data Report</i>	Quantitative	Language Data not available.
South East LHIN ⁹	March 2019	Presentation	<i>COPD in the South East LHIN</i>	Quantitative	Language Data not available.
South East LHIN ¹⁰	March 2019	Report	<i>French-Language Health Services Capacity Report – South East LHIN</i>	Quantitative	In 2017, the Ministry of Health and Long-Term Care (MOHLTC) ¹¹ formally defined the obligations of the various actors involved regarding delivery of French language health services in Ontario. Health service providers (HSPs) must submit an annual report to the LHIN describing how they meet the needs of the local Francophone

⁷ South East LHIN (2018). South East LHIN Self-Registered Unmatched Patients in Health Care Connect.

⁸ South East LHIN (2018). *Quarterly Data Report*.

⁹ South East LHIN (2019). *COPD in the South-East LHIN*.

¹⁰ Ozi (2019). *French-Language Health Services Capacity Report – South East LHIN*. Report prepared for the Ministry of Health and Long-Term Care.

¹¹ In June 2019, the Ministry of Health and Long-Term Care was split in two: Ministry of Health and Ministry of Long-Term Care. In this report, the acronym MOHLTC refers to the two ministries combined.

Source	Date	Type of documentation/ Initiative	Subject	Methodology	Results/Conclusions
					<p>population, in compliance with the accountability agreements between HSPs and the LHIN¹².</p> <p>Since 2018, these reports have been submitted through the OZi portal, which collects data submitted by 1,428 LHIN-funded HSPs across Ontario. The 2018 data collection exercise was led by the Réseau and carried out in collaboration with MOHLTC, the 14 LHINs and the 6 planning entities across the province. More specifically, the data shown below were collected by OZi. The data captured through the OZi portal includes information on the French language capacity of the human resources in place. In this report, the term “capacity” refers to the capacity to provide French language health services. Capacity can be examined from different angles for an HSP, to see whether it has an adequate number of human resources capable of providing FLHS, by local area, by care sector or within a region¹³.</p> <p>South East LHIN funds 73 HSPs in five care sectors. A provider may be designated, identified or non-identified for FLS provision. An agency</p>

¹² Ministère de la Santé et des Soins de longue durée. *Guide des exigences et obligations concernant les services de santé en français*. Consulted on October 17, 2019 at http://www.health.gov.on.ca/fr/public/programs/flhs/docs/Guide_concernant_les_SSEF_FINAL.pdf. (Ministry of Health and Long-Term Care. *Guide to Requirements and Obligations Relating to French Language Health Services*. Available at http://www.health.gov.on.ca/en/public/programs/flhs/docs/Guide_to_FLHS_FINAL.pdf).

¹³ OZi (2019). *French-Language Health Services Capacity Report – South East LHIN*. Report prepared for the Ministry of Health and Long-Term Care.

Source	Date	Type of documentation/ Initiative	Subject	Methodology	Results/Conclusions
					<p>designated under the <i>FLSA</i> has met all the requirements set by the Ministry of Francophone Affairs. Designation is a legal and administrative procedure with 34 requirements. This legislative and regulatory framework allows HSPs to demonstrate that they have the capacity to provide FLS on a permanent basis while meeting the specific needs of the Francophone population they serve. Identified health service providers have an obligation to work towards designation under the <i>FLSA</i>. Once identified, they are expected to eventually (within a reasonable timeframe, normally three years) submit a designation plan. The identification process itself is not detailed in the <i>FLSA</i>. However, health service planning authorities, after analyzing local capacity and on the recommendation of stakeholders working in French language health services, use agency identification to improve access to FLS. Finally, non-identified agencies have no obligation to provide FLS. But like identified agencies, they may still have some FLS capacity.¹⁴</p> <p>In South East region, the distribution of HSPs by sector is the following: (Note: an HSP may be counted more than once if it operates in more than one care sector.)</p>

¹⁴ Ibid.

Source	Date	Type of documentation/ Initiative	Subject	Methodology	Results/Conclusions																								
					<table><tr><th>Sector</th><th>Designated</th><th>Identified</th><th>Non-Identified</th></tr><tr><td>Hospitals</td><td>0</td><td>2</td><td>4</td></tr><tr><td>Mental health and addictions</td><td>0</td><td>4</td><td>6</td></tr><tr><td>Long-term care</td><td>0</td><td>1</td><td>33</td></tr><tr><td>Community support services</td><td>0</td><td>5</td><td>18</td></tr><tr><td>Community health centres</td><td>0</td><td>0</td><td>5</td></tr></table> <p>Note that these data cover only HSPs funded by the Ontario government through the LHINs. The primary care sector is not funded directly by the LHINs except for community health centres. Primary care administration and planning falls directly under MOHLTC. Given this, the total French language primary care capacity is unknown.</p>	Sector	Designated	Identified	Non-Identified	Hospitals	0	2	4	Mental health and addictions	0	4	6	Long-term care	0	1	33	Community support services	0	5	18	Community health centres	0	0	5
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Source	Date	Type of documentation/ Initiative	Subject	Methodology	Results/Conclusions
					<p>In HSPs funded by South East LHIN, there is very limited capacity in terms of bilingual human resources able to ensure active offer of quality French language health services across the care continuum in the Kingston area.</p> <p>To be precise, KCHC delivers services from three satellite sites. It is the only primary care agency located in the designated area of the City of Kingston. Two of the agency's three locations are in the designated area (Weller Avenue and Barrack Street). Both locations have bilingual staff in several job categories, including positions delivering direct patient/client services. So, there is some capacity to provide French language health services. The local population is not aware of this capacity as KCHC has no obligation to provide FLS under the <i>FLSA</i>.</p>
Radio-Canada ¹⁵	July 2019	Media article	Francophones more severely impacted by lack of doctors	Quantitative	<p>Information obtained from the South East LHIN on demand for services: 4,073 residents¹⁶ seeking a family physician in the Kingston area are on a waiting list (data by language not available.)</p> <p>Information on supply of services: in the Kingston area only, there are 46 French-speaking physicians licensed to practise family medicine</p>

¹⁵ Radio-Canada (2019). *Les francophones plus durement touchés par le manque de médecins*. (Francophones more severely impacted by lack of doctors) Consulted on January 13, 2020 at <https://ici.radio-canada.ca/nouvelle/1235050/les-francophones-plus-durement-touches-par-le-manque-de-medecins>.

¹⁶ South East LHIN (2018). South East LHIN Self-Registered Unmatched Patients in Health Care Connect.

Source	Date	Type of documentation/ Initiative	Subject	Methodology	Results/Conclusions
					but only 10 of them serve the general population (not linked to the military base). These 10 physicians are no longer accepting new patients.
South East LHIN ¹⁷	June 1 to March 31, 2019	Pilot project	Francophone local health system navigator	Qualitative	<p>31 people asked for help finding FLS. 16 of them did not have a family physician while 7 had found one but were continuing their search to find a French-speaking doctor. The need for FLS was reported in different fields, including pediatrics, psychology, speech therapy, physiotherapy, primary care and specialists.</p> <p>Findings:</p> <ul style="list-style-type: none"> • There is a lack of bilingual health human resources locally. • Data on languages spoken by physicians listed on the College of Physicians and Surgeons of Ontario website are sometimes inaccurate. • Few physicians speak French and none of them can take on new patients.
Laurence Simard-Gagnon, Ph. D. (c) ¹⁸	November 2017	Report on doctoral thesis	<i>Francophone mother's experiences of health care services in</i>	Qualitative	<i>Excerpt:</i> "Although participants want to understand information provided by health care professionals, they are mostly concerned about whether health care professionals will understand them. Many participants consider that their skills

¹⁷ South East LHIN (2019). Email from Florence Péretié, Planner and French Language Services Coordinator, to Arlynn Bélizaire, Director of Planning and Community Engagement at the Réseau.

¹⁸ SIMARD-GAGNON, L. (2017). Francophone mother's experiences of health care services in Kingston, Ontario; Partial and preliminary findings. PhD Candidate; Department of Geography, Queen's University.

Source	Date	Type of documentation/ Initiative	Subject	Methodology	Results/Conclusions
			<i>Kingston, Ontario; Partial and preliminary findings</i>		in English are insufficient to express states of physical and/or mental ill health to health care professionals. Participant are particularly concerned about misunderstanding/misusing medical terms in English. When encountering special circumstances and needs, many participants felt that they were faced with a choice between French and accessing services"
Kingston Health Link Administrative Leads Committee ¹⁹	May 2019	Consultation meeting	Issues in access to primary care in South East region	Qualitative	There are initiatives that could help improve access to primary care for Francophone patients.

As we know, data are limited. Similarly, the general population has access to very few professional health resources (including family physicians capable of providing FLS). As part of this exercise, we found eight data results. Despite the lack of data, there are some simple feasible initiatives that can be carried out to improve access to primary care in French. In the next section, some potential solutions will be suggested.

¹⁹ Kingston Health Link Administrative Leads Committee (2019). *Enjeux touchant l'accès aux soins primaires dans la région du Sud-Est (Issues in access to primary care in South East region.)*

ANALYSIS

To explore potential solutions, we conducted an impact analysis. The following table groups relevant information from the analysis using a risk/benefit approach.

Table 2 : Impact analysis for primary care in the Kingston area

Solution	Risks	Benefits	Expected Impact	Quantified expected impact (1 is low and 5 is high)	Feasibility (short, medium or long term)
Creation of a bilingual health system navigator position for primary care	<ul style="list-style-type: none"> - No additional clinical resources capable of providing FLS. - Collaboration may be difficult if the navigator is not integrated at a site providing primary care. - Adds an intermediary between patient and service. 	<ul style="list-style-type: none"> - Facilitates communication between Francophone patient and health system and referrals to health professionals. 	Francophone population will be informed and referred to accessible, local bilingual professional resources.	2	Short term
Creation of bilingual nurse practitioner position integrated at a primary care provider	<ul style="list-style-type: none"> - Limitations of profession. - Funding limitations. 	<ul style="list-style-type: none"> - Increases number of resources capable of providing FLS. - Acts as filter for patient/client needs for physician. - Provides care to Francophone patients 	Reduces language barrier between health professional and patient/client.	3	Short term

Solution	Risks	Benefits	Expected Impact	Quantified expected impact (1 is low and 5 is high)	Feasibility (short, medium or long term)
		with no family physician.			
Creation of bilingual family physician position integrated at a primary care provider	- Funding limitations.	- Increases number of resources capable of providing FLS. - Provides care to Francophone patients with no family physician.	Reduces language barrier between health professional and patient/client.	4	Medium term
Identification of Kingston Community Health Centres under <i>FLSA</i>	- Time needed to put in place the necessary structures to meet designation requirements.	- Facilitates access to a variety of clinical care for Francophone population. - Enables immediate delivery of some FLS because of existing capacity (human resources with French language skills). - Optimizes actual capacity of existing FLS (identification of positions designated bilingual).	Proposes a designated service point for primary care in French and reduces the language barrier between health professional and patient/client.	4	Medium term
Creation of a Francophone	- Funding limitations. - Time needed to put centre in place.	- Increases number of resources capable of providing FLS.	Proposes a permanent designated service point for many primary		

Solution	Risks	Benefits	Expected Impact	Quantified expected impact (1 is low and 5 is high)	Feasibility (short, medium or long term)
multiservice health centre		<ul style="list-style-type: none"> - Provides care to Francophone patients with no family physician. - Groups many primary care services together in a single location. - Culturally adapted to Francophone population's needs. - Makes retention of bilingual health care professionals easier. 	care services in French and reduces the language barrier between health professional and patient/client (management by and for Francophones).	5	Long term

Five solutions with different impacts have been presented. Upon examination of the risks, benefits and feasibility, two solutions appeared achievable. They are detailed below as formal recommendations.

RECOMMENDATIONS

In the Kingston area there is a significant gap with respect to primary care in French. Only minimal resources are available to provide FLS since there are no primary care HSPs designated under the *FLSA*.

For these reasons to and provide primary care services to Francophones in the Kingston designated area, the Réseau is making the following two recommendations to the South East LHIN:

1. That the South East LHIN identify Kingston Community Health Centres (KCHC) as "comprehensive primary care" service points for the Francophone community.
2. That KCHC officially initiate the process for designation under the *French Language Services Act*, in collaboration with the Réseau and the South East LHIN.

Further to these two recommendations, the Réseau undertakes to accompany and support KCHC in its FLS designation process.

The Réseau acknowledges the difficulties inherent in the recruitment of bilingual health care practitioners in the Kingston area. It could take part in a working group to discuss this issue. If the South East LHIN or another local body is interested in finding solutions, the Réseau could also suggest alternative approaches.

CONCLUSION

The recommendations made above are based on a literature review and an impact analysis. However, it should be borne in mind that the data that would allow resource planning for this part of Ontario are limited. It should also be remembered that the literature review was conducted in part using a search engine, which leads to sources that have not necessarily been peer-reviewed. Finally, the impact analysis was carried out on the basis of expected outcomes, which remain variable

Despite these limitations, both recommendations have the objective of filling the gaps in primary care in French in the Kingston designated area. It is realistic to believe that implementation of these

recommendations is achievable and that they would improve access to primary care for Francophones in the area.

For any questions or additional information about this report, please contact Jeannine Proulx, planning and community engagement agent at the French Language Health Services Network of Eastern Ontario, at 613-747-7431 extension 214, or by email (jproulx@rssfe.on.ca).

PARTNERS

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