

Report on the 2004-05 Ontario Health Promotion Resource
System Provincial Needs Assessment:
A French Language Health Promotion Perspective

Summary Report

by
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Introduction and Background

The Ontario Health Promotion Resource System (OHPRS) is comprised of 22 organizations that provide services and supports to health promoters around the province. The Evaluation and Needs Assessment Committee (ENAC) of the OHPRS is charged with the responsibility to assess the extent to which the OHPRS network is achieving its collective goals. In 2004-5 ENAC supplemented its evaluation activities with a provincial needs assessment related to health promotion services and supports. Since many of the OHPRS organizations routinely engage in systematic needs assessment activity, the ENAC Committee sought to identify areas where a collaborative needs assessment project would bring the most significant “added value” to them individually.

In broad terms, the goal of the collaborative needs analysis was to collect information from health promoters in Ontario that would:

- Support the planning of individual OHPRS organizations by reaching a broader target group than would normally be surveyed by each organization;
- Through comparable questions and a shared approach to the data analysis identify potential areas of strategic collaboration across two or more Members which, in turn, may increase their impact on provincial health promotion capacity;
- Provide an opportunity to engage in inter-organizational collaboration and provide information to support the planning of system-level activities (e.g., communications, promotion).

The provincial needs assessment included several questions concerning the needs of Ontario’s health promoters with respect to information, services, training and other services and supports needed for their work with the Francophone community. The main survey report presented an overview of the results obtained from these questions and drew attention to the special needs of health promoters working with this community. However, the report, and an accompanying Summary Report, could only cover the highlights of these data given the many other important sub-topics covered in the needs assessment. The discussion of the findings, and the conclusions drawn from the data, could not place the results from this project in the full context of other needs surveys and capacity assessments related to French language health promotion in Ontario. This broader context includes:

- **OHPRS French Language Capacity Assessment**, which surveyed the OHPRS Resource Centres and Key Associates in 2002 in order to create an inventory of French language services and supports as well as to provide an analysis of current challenges, opportunities and supports available and further supports required;
- **OHPRS Health Promotion Capacity Baseline Assessment**, which surveyed, also in 2002, individuals from Ontario's community health centres (CHC's) and public health units/departments (PHU's) who had received significant services from members of the OHPRS in the previous two years and which included questions related to French languages needs of the populations served, individual and organizational capacity to deliver services and supports in French, and their suggestions for better support for French-language health promotion services;
- **OHPRS Qualitative Evaluation Component**, which involved, in 2003, Francophone health promoters outside the CHS's and PHUs in focus groups to explore their perspectives on health promotion, and the barriers and challenges faced in their work, and to assess familiarity with the OHPRS and the services and supports provided through its various member organizations.
- **Ontario Prevention Clearinghouse Resource Centre (OPCRC) Outreach and Assessment Initiative**, which undertook a key informant survey to better understand the issues, trends and barriers faced by a wide range of OPCRC stakeholders including issues faced in French language services, barriers to access and needs for French language health promotion support and resources.

Given this larger context of needs analysis with respect to French language health promotion in Ontario a separate report was prepared which focused on the following additional objectives:

1. to present the survey methodology, results and conclusions of the 2004 OHPRS provincial needs assessment in the French language so as to increase its usefulness for further development of French language health promotion services and supports;
2. to present supplementary analysis of the survey questions probing the needs of health promoters working with Ontario's Francophone community; and
3. to interpret the survey data in an integrated fashion with the results obtained in other related data gathering activities focused on French language health promotion in Ontario.

In this Summary Report of the FLS-related data we focus on integrating these supplementary analyses and additional needs assessment information.¹

¹ This summary report is available on the OHPRS website at www.ohprs.ca. The full French language needs assessment report and the survey questionnaire in either English or French are available by contacting the OHPRS Secretariat at ohprs@opc.on.ca.

Methodology

Survey Questionnaires: The core survey questions covered barriers to accessing information and technical support for health promotion work, including language and multicultural issues; familiarity and past use of the various organizations comprising the OHPRS; self-help/mutual aid strategies; and preferred approaches to meeting education and training needs. The core also included questions concerning French language services and supports and inquired about the sources and types of English or French resource material used for their work, the nature of their health promotion work with the Francophone community, challenges faced in this work, training and education needs, and interest in participating in specific networking opportunities with other health promoters working with Francophone communities in Ontario. These issues were seen as relevant to a wide cross-section of health promoters. The final section of the core questionnaire covered a range of characteristics of the respondent in order to support various sub-analyses of the data (e.g., years of working in health promotion, region, type of organization if applicable). There were also eight supplementary modules to the questionnaires that focused on various health promotion topics and speciality areas.

Survey Sample: The survey was targeted at past users of the OHPRS organizations, as well as individuals who had not yet accessed these organizations. The following instructions were provided in terms of the intended target group for the survey.

Le questionnaire s'adresse aux « intervenants en promotion de la santé », un groupe très divers de femmes et d'hommes travaillant à titre professionnel ou bénévole dans certains secteurs comme la santé publique, l'enseignement, le développement communautaire et le renforcement des capacités, l'entraide et l'auto-assistance, les questions environnementales, et la prestation des services de santé. Le travail de ces personnes peut porter, en tout ou en partie, sur les déterminants globaux de la santé, à savoir l'éducation/alphabétisation, le revenu, les réseaux de soutien social, les conditions d'emploi ou de travail, les environnements sociaux et physiques, les pratiques d'hygiène personnelle et les habiletés d'adaptation, le développement de l'enfant en santé, le sexe et la culture. Ce travail peut être exercé bénévolement ou contre rémunération.

Each OHPRS organization was invited to submit a list of past clients/contacts who would receive an invitation to participate. A general guideline was also given to include clients who had received some services or supports *over the past two years*, although flexibility was allowed in this regard given variation in the nature of the organizations' contact databases. The total number of people initially identified for the survey included a list of 476 Francophone health promoters known to the OHPRS FLS committee. The survey reached a total 4277 OHPRS contacts. This number excludes those reached via notices sent out on the APOLnet listserv and to the Tobacco Media Network. Of the 476 people on the FLS Committee list we estimated that 414 received the survey material, 327 by email and 88 by regular post.

A supplementary process was implemented to solicit the participation of people who may not be familiar with, and who may not have used, the services and supports of an OHPRS organization. Overall, 51 organizations posted a notice and web link to the survey on the web site, listserv or newsletter.

Survey Administration: The survey was officially launched in the fall of 2004 via both email and postal distribution. A total of 875 respondents completed the majority of the items in the Core component (823 completed in English and 52 completed in French). It is this group of 875 respondents that were selected for analysis of the main survey data. Based on these 875 survey returns, and a denominator of 4277 who received the materials either by mail or email, we would estimate the "effective" return rate at 20.5%. The survey return rate for health promoters on the FLS Committee list is estimated somewhat lower between 12% and 17%.

Since many non-French speaking health promoters devote some of their time working with the Francophone community we explored the relationship between the language in which the survey participant responded and the percentage of their work with the Francophone community. As one would expect, those responding to the survey in French reported higher percentages of their work with the Francophone community. However, some English-language respondents reported working with the Francophone community as well, about half doing so at least some of the time, and a small percentage (18

respondents or about 2%) doing so more than 50% of their time. Given this finding, and in consultation with the FLS Committee, we developed three categories of respondents for many of the French language specific analyses in this report – those reporting not working at all working with the Francophone community (n = 413); those doing so more than 0% but up to 50% of their time (n = 378); and those working 50% or more of their time (n = 56), recognizing that in the latter group we have included a small number of respondents who responded to the survey in the English language.

Results

Characteristics of our Sample of Ontario's Health Promoters

Given the non-random process for selecting and inviting people to participate in the needs assessment survey the resulting survey sample cannot be considered a representative sample of all health promoters. However, we were successful in securing participation in the survey from a large and diverse cross-section of people either working or volunteering as health promoters across Ontario.

Almost half of our respondents did not work with the Francophone community, and almost 45% conducted up to 50% of their work with this community. Two percent worked exclusively with this population. Compared to health promoters who do not work at all with the Francophone community, those in our survey sample who are working with the Francophone community were:

- more likely to report working in the Northern and Eastern region of the province;
- more likely to work in urban than other settings;
- about the same in terms of geographic focus of the work (i.e., local, regional or provincial);
- about the same in terms of years of working in health promotion;
- less likely to work in a Public Health Unit/Department and more likely to work in a Community Health Centre or other organization;
- more likely to work in small (less than 50 employees) versus large organizations

The topic areas in which health promoters are engaged did not differ greatly across the three groups categorized according to the percentage of work with the Francophone community. Significant differences emerged only for work in the area of school-based health promotion, violence and, of course, French-language health promotion. In contrast

to the few differences across the topic areas, there were several differences across the three groups in terms of health promotion strategies and activities. This included: advocacy, coalition development/participation, healthy public policy; research/epidemiological studies, program/policy evaluation, environmental remediation, and inter-sectoral collaboration. Interestingly, many of the differences observed across the groups were such that the middle group “up to 50% of work with the Francophone community” was the group that stood out from the other two.

When asked about the balance of their work with the Francophone community that was “proactive” versus “responsive”, we found that those working over 50% of the time with the Francophone community were more likely to be in a proactive mode (32.7%) than their counterparts working less than 50% of the time with Francophone community (18.3%).

Accessing information and supports for health promotion work

Perceived Difficulties and Challenges: When asked how easy it has been to get the information needed for their work, about 25% of the health promoters reported it to be difficult (24.4%), or very difficult (1.8%). Reported ease of access to information was related to the topic areas in which respondents were engaged. Those working in tobacco control, heart health and chronic disease prevention generally reported better access to information. The topic areas more likely to be difficult in terms of accessing information included French language health promotion, poverty/income/housing/employment;; community mobilization/capacity building; multicultural issues/topics; maternal and infant health; mental health; self-help/peer support and violence.

When we more closely examined responses to this question about ease of access to information, and according to the percentage of time working with the Francophone community, we observed that those working 50% or more of their time with the Francophone community were twice as likely to report access to information as “difficult” or “very difficult” (about 47% compared to about 26% for English-only

respondents, and 23% for those working up to 50% of their time with the Francophone community.

When asked about the challenges working with the Francophone community, a wide range of responses was endorsed. Most notable were the high percentages agreeing that limited financial resources were available to offer services in French, and the lack of appropriate documents in French. For those working over 50% time with the Francophone community, virtually all categories were seen as important barriers, with between 40% and 60% endorsing all but one of the categories. Just less than 40% of those respondents, and 23.3% of those working less than 50% of the time with the Francophone community, found their limited awareness of Francophone health promoters to be very challenging.

Multicultural Issues and Challenges: 51.3% of the total survey sample reported having experienced barriers accessing health promotion materials appropriate for the cultural groups worked with. Regional differences are evident and confirmed that the language and cultural barriers to health promotion in Ontario are an issue not only in Toronto and surrounding area. Questions further probing needs in this area found the most frequent expressions of need were for translated or otherwise culturally appropriate materials and needing to find people who speak the language or know the culture. This included the needs for French language materials.

Comments from those respondents answering in French reflected the many challenges and barriers related to engaging in their work with the Francophone as opposed to other communities. We also found that the higher the percentage of work with the Francophone community the higher the percentage of respondents citing barriers to accessing health promotion materials for the cultural group they work with.

Current Sources of Information and Support for Health Promotion: We were also interested in exploring the sources and types of health promotion services and supports

that were being accessed by health promoters in Ontario. In that regard we first asked which of several formal and informal sources had been accessed in the past two years.

The responses showed the important role played by informal contact with respondents, the Internet, as well as both conferences and training workshops. Expert consultation, as well as library reference material, were also important sources of information. With respect to the types of resource material used, the most frequently accessed materials were research articles and books. Best/better practice documents were accessed by between 10% and 15% of respondents.

There were, however, important differences in the survey findings across our sub-categorization by percentage of work with the Francophone community. For those working over 50% time with the Francophone community, and in terms of their accessing French language supports, the pattern of results across the categories of sources of support is the same as their “English-only” counterparts. However, the percentages accessing virtually all sources of support in the French language were marginally lower. This probably reflects the relative isolation of some Francophone health promoters from other health promoters working in their language, as well as difficulties accessing French-language materials. We also noted, among those working up to 50% of the time with the Francophone community, their limited access to French-language colleagues or any of the formal sources of information and support. Clearly this group is seeking support predominantly from English-speaking colleagues and other sources of material in the English language.

Familiarity and Use of the OHPRS Network: We compared the three groups we developed for the analysis on the basis of their work with the Francophone community on both the familiarity with the various OHPRS organizations and their past use of the OHPRS organizations. There were some notable differences in familiarity across the groups, with the general pattern being less familiarity for some organizations among those working 50% time or more with the Francophone community (e.g., Alcohol Policy Network, ARAPO, Best Start, CODA, Nutrition Resource Centre, Ophea Curriculum and

School-Based Health Resource Centre, Program Training and Consultation Centre and The Health Communication Unit. For this same group working 50% time or more with the Francophone community, the differences that emerged in terms of ever having accessed the organization tended to parallel the lower familiarity ratings for that same organization, that is, National Clearinghouse on Tobacco and Health, Ophea Curriculum and School-Based Health Resource Centre, Program Training and Consultation Centre and The Health Communication Unit.

Most reasons given for not accessing the services and supports of any of the OHPRS organizations reflected the respondents' not knowing what was available or what the organizations do. We also asked if the respondent had learned more about the OHPRS as a result of completing the survey and 81.4% replied that they had learned more. When asked if they might now consider accessing one or more of the organizations that they may not have used before, 89.2% of 790 respondents replied in the affirmative. About 90% agreed that their participation in the survey might result in them accessing one or more of the Resource Centres. These results did not differ markedly according to the percentage of work with the Francophone population.

Use of Services and Supports Outside the OHPRS: There was a relationship between the percentage of work with the Francophone community and having used health promotion resources outside the OHPRS. 63.1 % of “English-only” health promoters reported using outside resources compared to 73.4% of the “up to 50% Francophone” group and 78.3% of the “more than 50% Francophone” group.

Needs and Related Issues Concerning Training and Education

Past Experiences and Current Preferences: Most respondents had attended conferences/other events (85.1%) and one-day face-to-face workshops (75.3%). The three next highest categories were all Internet-based alternatives and included “self-directed learning through Internet” (75.3%); “listserv or virtual community” (55.7%); and “email expert consultation” (49.7%). Respondents working 50% or more time with the Francophone community reported more use of videoconferences, on-line courses and

conferences, CD-Rom based courses and *less* use of listservs, self-directed learning and email consultation with an expert.

The more intensive of the training activities received higher ratings in terms of meeting the person's needs. For example, formal coaching or mentoring was rated highest, followed by expert consultation, workshops conferences/events and peer-based learning. For the group working 50% or more time with the Francophone community the trends in the data suggested that they experienced *more* satisfaction with peer-based learning, CD-Rom courses, chat rooms and email consultation with an expert and *less* satisfaction with on-line courses. However, small sample sizes for these comparisons limit firm conclusions.

Using a unique question format that asked the respondent to divide up a hypothetical 100 points among five optional formats showed a preference for workshops closely followed by conferences/events. Although there was a lot of variation in the preferred formats, a trend emerged for the group working over 50% time with the Francophone community to allocate fewer points to web-based distance education and correspondingly more points to conferences/events. We also asked about preferences for group versus individual formats and the results clearly favoured the group format, with 70% endorsing this option. The group working more than 50% time with the Francophone community were also more likely to prefer group formats for training and education (74.5%), compared to the group working less frequently with the Francophone community (62%) and the English-only group (70%). We also inquired about preferences for *local* versus *regional* versus *provincial* learning opportunities. The least preferred option for all sub-groups of respondents was the provincial format.

Using a similar question format as described above for different training and education approaches we also asked respondents to divide up 100 hypothetical points to reflect their preference for getting information via the Internet/email or by receiving paper copies. There was a clear preference for the Internet/email option. Here too, however, the variability in the preferred methods suggested that, although the results favour the

electronic options at present, they would not meet the needs of all people concerned. The group working over 50% time with the Francophone community expressed a stronger preference for downloading full-length documents from the Internet or emails as a means of accessing/retrieving information.

Almost all respondents had some access to a computer, and most also had high speed Internet access. However, less than half the respondents reported that appropriate software and training and support on computer and Internet use were “very accessible”. There were also no significant differences or major trends in the accessibility of computer and other IT resources across our three groups based on work with the Francophone community.

Interests and Expressed Needs Regarding Various Topic Areas: We assessed how the percentage of respondents reporting “very high” interest in different training and education topics varied across our three groups of respondents in terms of their work with the Francophone community. Although few statistically significant differences emerged in the analysis of the trends across the groups, the health promoters working over 50% time with the Francophone community tended to express higher interest in several areas, notably, developing and implementing a funding strategy, managing projects, health communication and being a better partner/collaborator. This same group expressed significantly *lower* interest in training on how to incorporate best/better practices into their work.

Respondents also rated their training and information needs specifically for working with the Francophone community and, as one might expect, the perceived level of need was higher for those working over 50% of the time with this community. In that sub-group, almost 50% rated their needs as “moderate” and 35.7% rated their needs as “very high”. In terms of the detailed types of needs being experienced, we again noted the higher level of needs for the group working over 50% of time with the Francophone community, with between 60% and 75% of this group endorsing all items as high priority (e.g., resource material created in French (74.5%); timely low cost translation services (68.8%);

workshops and training events in French (68.8%). However, even among those working less often with the Francophone community, about one third of respondents also endorsed all the items as high priority.

Needs and Suggestions Regarding Conferences/Events and other Networking Opportunities: There was a high interest in, and reported attendance at, various conferences and events. There were no significant differences across the three FLS-related groups on any conferences/events listed. Not surprisingly, among all sub-groups, a higher percentage of respondents considered going to health promotion related events than are actually able to attend. When asked directly if they experienced barriers or challenges in making their optimum selection for a conference/event to attend, 75.2% said they did experience such barriers and challenges. Barriers endorsed included financial concerns about the cost of the conference registration (56%), travel costs (50.2%), not having enough time to attend the conferences (40.5%) and not having managerial support (20.3%).

We found that health promoters working more than 50% time with the Francophone community were more likely to report barriers associated with making the optimum selection for conference participation. However, when asked to identify several specific challenges to conference participation, the three groups did not differ significantly on challenges such as financial support, lack of time, managerial support, criteria for attendance or other barriers.

We also enquired about respondents' interest in specific networking opportunities with other health promoters working with Francophone communities. In the sub-group working 50% of the time or more with the Francophone community, 100% said they would be interested in such networking opportunities. The percentage expressing an interest in networking opportunities among those working less than 50% of the time with the Francophone community was 35.1%.

Of those health promoters expressing an interest in networking opportunities the most frequently endorsed option was for conferences/events and workshops. About 50% were also “very interested” in establishing more informal networks.

Summary profile of the group working over 50% with Francophone community

People that spent more than 50% time working with the Francophone community:

- Worked mainly in Eastern and Northern Ontario. They worked as much in urban as in rural areas and over 75% have worked less than 10 years in the field of health promotion. About half worked in organizations other than Public Health Units/Departments or CHC’s. Over one-half worked in organizations with less than 100 employees
- Reported their top five health promotion topics areas to be: French language health promotion, school-based health promotion, community mobilization/capacity building, nutrition/food security and physical activity;
- Reported their top five health promotion strategies to be: health information dissemination, prevention, developing personal skills, evidence-based best/better practices and coalition development/community participation;

Compared to all other respondents, people that spent more than 50% time working with the Francophone community:

- Were more likely than all other respondents to rate their access to information for their health promotion work as “very difficult” or “difficult”;
- Reported less use of the OHPRS organizations;
- Were more likely to access services and supports outside of the OHPRS network;
- Were more likely to prefer group versus individual-based training events;
- Were more likely to say they needed advanced health promotion training and technical support;
- Reported a higher percentage as being “very interested” in five of the 10 special topics presented to respondents for training ideas:
 - How to develop and implement a funding strategy;
 - How to partner effectively;
 - How to network with others;

- How to manage projects;
- How to develop/implement a health communication strategy;
- Were more likely to experience barriers or challenges making an optimum selection of conferences/events to attend

Compared to survey respondents working less than 50% with the Francophone community, those working more than 50% time:

- Had less years experience working in health promotion;
- Provided more proactive outreach to the community;
- More frequently endorsed a broad range of barriers to their work such as lack of documents in French, information on the Francophone population;
- Were more likely to cite their need for training and information as “very high”;
- More frequently endorsed a broad range of needs such as resource material created in French or adapted to the francophone culture; recruitment and training of French-speaking health promoters; workshops and training events in French; and networking opportunities;
- Were more interested in networking opportunities such as conferences/events, workshops, and electronic-based options such as listservs, chat rooms and teleconferences.

Exploring sub-group differences among those working over 50% of the time with the Francophone community we found:

- Those working on a full-time versus a part-time basis:
 - Reported being more proactive than reactive in their work with the Francophone community;
 - Rated several aspects of French language health promotion as more challenging – lack of appropriate documents in French; lack of information on needs of Francophone population, lack of resources for translation; limited awareness of other Francophones working in health promotion;
 - Gave higher priority ratings for adapted material for francophone communities; lists, inventories and catalogues of resources; better promotion of French-language materials and programs; networking opportunities; and timely and low cost translation;
- Those working in the Northern and Eastern regions compared to other parts of Ontario were more similar than dissimilar. The few notable differences suggested that those working in the Northern and Eastern regions:

- Were more proactive than reactive in their work with the Francophone community;
 - Cited limited financial resources to offer services in French, and limited awareness of other Francophones working in health promotion, as *less* challenging²;
- Those working up to five years in health promotion compared to six or more years were also more similar than dissimilar. The few notable differences suggested that those with six or more years experience:
 - Reported some aspects of their work more challenging such as the lack of appropriate documents in French and the lack of training opportunities in French;
 - Gave higher priority ratings for timely low cost translation and expressed higher interest in various networking opportunities including informal opportunities, teleconferences, listserv and virtual communities, and chat room;
- Those working in rural, remote or combined urban/rural areas compared to those working in small or large urban settings:
 - Were more proactive than reactive in their work with the Francophone community;
 - Reported several aspects of the work more challenging including lack of appropriate documents in French, lack of training opportunities in French, limited resources for translation, limited financial resources to offer services in French;
 - Gave higher ratings to their training needs working with the Francophone community;
- Those working in organizations with over 50 employees, compared to those working in smaller organizations:
 - Were more proactive than reactive in their work with the Francophone community;
 - Reported the lack of appropriate documents in French, and the lack of training opportunities in French, as particularly challenging;
 - Gave somewhat lower priority to networking opportunities such as teleconferencing.

² These comparisons place the results in relative terms, that is, contrasting one sub-group against another. In the Northern and Eastern region over 75% of the group still reported that limited access to financial services was “very” or “somewhat” challenging. This compared with over 90% working in the other regions.

Discussion

The main report of this comprehensive needs assessment project highlighted several key issues for further discussion and prioritization within the network of OHPRS organizations. The main report and supplementary analyses have also been turned over to the individual OHPRS organizations for determination of the specific implications for their work. In this closing section we focus our attention on a summary of the needs regarding French-Language health promotion in Ontario, and with due regard to complementary information available from other relevant sources and studies. To that end we also reviewed reports and recommendations emanating from several sources including the OHPRS French Language Capacity Assessment (a 2002 survey that covered 14 of 22 OHPRS organizations); the OHPRS Health Promotion Capacity Baseline Assessment (a 2002 survey of health promoters working in the PHU's and CHC's); the OHPRS Qualitative Evaluation Component, (a round of focus groups held in 2003 with French language health promoters working outside the PHU's and CHC's); and Ontario Prevention Clearinghouse Resource Centre (OPCRC) Outreach and Assessment Initiative, a key informant survey, also in 2003, of English and French-speaking OPCRC stakeholders of the OPCRC.

Two of the key areas in which our survey extends these other data gathering activities are the scope of the sample as well as the resulting opportunity to compare health promoters that vary significantly in terms of their level of involvement with the Francophone community. Previous projects, such as the OHPRS baseline capacity survey and the follow-up focus groups outside the PHU and CHC sectors, suggest considerable variability in the level of involvement. The 2002 capacity survey, for example, reported that between one quarter and one third of health promoters surveyed offered health promotion services to French-speaking community members, and about a third have a mandate to work in this area. This project, and the focus groups held in 2003, also suggested that many health promoters working with the Francophone community are trained in English, may be most comfortable in English, and indeed may not speak French at all. In our project, while we found that almost 50% of the survey sample reported engaging in some work with the Francophone community, only about 10% felt

they were sufficiently engaged to endorse “French language health promotion” as a topic area of their work. Thus, it was important for us to divide our large group of health promoters into three groups based on level of involvement, and having done so we then noted the many important ways in which group designation impacted the results. Although it may be overstating the case, one might well describe what could be called the “Francophone specialists” and the “Francophone generalists”; the former being significantly engaged in working with Francophone communities, and on a more proactive than reactive basis, and the latter who work with the Francophone community on a much less frequent basis and typically in a reactive rather than proactive manner. Although the needs of the latter group are important, and not in any way to be discounted, the expressed needs for services and support are significantly greater for the “Francophone specialists”.

Our ability in the survey results to draw comparable quantitative comparisons between the “English-only” group and those working with the Francophone community some or most of the time, also afforded the opportunity to compare the nature of the work, job roles and responsibilities, organizational characteristics and many other important features of health promotion related work. Like their “English-only” counterparts those working with the Francophone community are a diverse group, working on many topic areas and engaged in many different health promotion strategies and topic areas. In this respect there were more similarities than dissimilarities across the “English-only” and the two Francophone-related groups. There was a tendency for those involved with the Francophone community to be working in the Northern or Eastern regions of the province, a finding no doubt consistent with the distribution of the Francophone population across Ontario. About 50% work locally in non-urban areas and are somewhat more likely to be working in small organizations with less than 50 employees. On the one hand, this may reflect a sampling issue in the survey since we seemed to have few represented in the survey from Ontario’s health units, and these organizations tend to be larger. On the other hand there may well be a lack of Francophone health promoters in larger organizations, including the health units/departments. The OHPRS focus groups had noted that Francophone health promoters working in larger organizations may have

access to more resources and to have better reach outside of Ontario for professional support and other resources, even though these resources may not always be appropriate to the Ontario situation. Although we noted some differences by organization size (e.g., those working in larger organizations being more challenged in terms of access to French language documents and French language training), our findings would suggest overall that organization size is not a major factor impacting needs and challenges with respect to French-language health promotion. We would suggest that the urban/rural distinction is likely to be more important, especially as it may relate to such issues as high speed Internet access for downloading documents and accessing web sites efficiently; access to financial resources for French language services and resources; availability of translation services and the resources to do so; and training and networking opportunities in French. It is also noteworthy that the OPC stakeholder consultation suggested that health promoters working in rural communities need to be particularly creative, to build effective partnerships and, in general, address the challenges of getting information and service to small pockets of people in small communities. We may draw a connection here to the higher expressed needs among our health promoters working with the Francophone community for training in the area of collaboration, networking, engaging the community, etc., and suggest that these training needs may be particularly salient for those working in rural or remote areas of Ontario.

One of the most consistent findings in this large scale needs assessment project and the smaller scale, more qualitative, focus groups was the emerging theme concerning the low (or at least lower) level of familiarity and utilization of the OHPRS resource centres by those working with the Francophone community. This was also a major theme in the parallel English-language focus groups. This lack of familiarity and lower utilization was particularly evident for those working over 50% of the time with the Francophone community. For example, the familiarity rating was significantly lower for 9 of the 22 OHPRS organizations, and in the same direction for another 7 of the 22. The proportion “ever using” each of the Centres was significantly lower for 4 of the 22 Centres and in that same direction for another 13 of the 22. This group working over 50% of the time with the Francophone community also reported fewer Centres being used in total, as well

as more frequent use of resources outside of the OHPRS network. The health promoters working with Francophone communities, like their “English-only” counterparts, stated overwhelmingly that they had learned more about the OHPRS as a result of the survey, and that it may prompt them to call one of the resource centres for assistance. That the OHPRS could be more proactive in promoting itself as a network, or minimally help promote each of its member organizations, is clearly suggested by the OHPRS French language capacity assessment. For example, many of the OHPRS organizations have English-only content in their web sites, English-only names, and do not produce any French language material to either promote themselves or for providing health information. Several suggestions for improving upon this were made in the report on the OHPRS French language capacity assessment and to which we will return at the end of this section of our report.

The overall survey results confirmed in an unequivocal fashion the many barriers and challenges faced by health promoters across Ontario in engaging in their work. Barriers such as lack of human and financial resources, access to information and supports such as evidence-based practice recommendations, local needs assessment data and training, limited support for health promotion by managers as well as policy makers, and the many multi-cultural challenges generally experienced in Ontario, are only a few of the many challenges faced on a daily basis. Our findings, and virtually all of the other studies upon which we have drawn in helping interpret our French language related data, confirm what could well be called the “double duty” of engaging in this work within a minority language community. We confirmed the significant issues related to access to information in French. We highlighted, for example, that for our overall group of health promoters, access to information was more challenging for anyone engaged in French-language health promotion. We noted further that those working more than 50% of their time with the Francophone community were twice as likely to rate their access to information as difficult or very difficult, and also that they reported lower access to virtually all sources of health promotion information, formal or informal. Such access may also be particularly challenging for those working less than 50% of the time with the

Francophone community as they may be more isolated from French speaking colleagues for even informal information sharing and networking.

Also consistent with virtually all the other Ontario-based studies of needs concerning French language health promotion we found that access to information in French is but one type of support needed for working effectively with the Francophone community. A wide range of other supports are needed and were found to be particularly challenging. Even the availability of translated documents is seen as only one step in the right direction since translations are not always of high quality and the need remains for cultural adaptation that goes beyond translation *per se*. For those working with the Francophone community in some capacity, and particularly those who work over 50% time with this community, many issues are particularly challenging such as limited availability of culturally adapted resources; limited access to other Francophones doing similar work; limited financial resources; workforce instability and lack of trained Francophone health promoters; lack of information on needs of the Francophone community; lack of Francophone professionals for training purposes; and lack of training opportunities in French. Some of these issues are also particularly important for certain sub-groups such as those working full-time versus part-time, in rural/remote areas and in the Northern or Eastern regions.

It is important to recognize that many of these need areas (e.g., training and consultation, networking and communication, resource development and dissemination, support with needs assessment and evaluation tools) fall within the mandate of the OHPRS as a provincial network of services and support to Ontario's health promoters. That said, the OHPRS French language capacity survey noted that only 25% of the staff in the OHPRS organizations surveyed are bilingual, and only half are able to offer French language training. It was estimated that 20% of clients request materials in French but only 10% of available resource materials are available in French. Of a combined total of 150 French language resources that were documented in that project, fully two-thirds are available from three Centres. Thus, the French language capacity in the OHPRS network is highly variable and, in many aspects, modest at best. The survey was also said to be painting an

overly generous picture of French language capacity due to the nature of the survey participation rate.

Given the significant challenges faced working with the Francophone community it is not surprising that we also found the expressed needs for training and education to be of high priority. Not only was the expressed need for more advanced training and technical support higher for those working over 50% of the time with the Francophone community, training needs in the areas of partnership building, networking, health communication, involving the community were also given a higher priority. In addition, this group expressed higher interest in project management and funding strategies. Of particular interest here is the connection between many of these topic areas and features of health promotion programs deemed by the focus group participants to be critical for achieving good outcomes. This validates the expressed needs of our survey participants, and also lends a sense of urgency to the fact these needs remain particularly salient in this group of health promoters working proactively with the Francophone community. Another point of cross-validation in terms of these training needs comes from the finding in the OHPRS baseline capacity assessment of Ontario's health promoters that several capacity indicators related to program planning and implementation were lower for French language health promotion. Finally, it is worthwhile to note that the focus groups with Francophone health promoters suggested particularly important training needs related to presentation skills and the ability to communicate simply, yet effectively, due in part to the lower levels of literacy in the Francophone population. Going beyond our Francophone specific analysis this was an important need for training expressed by many health promoters in our survey.

In terms of needs and preferences for specific training and education formats or approaches, it is difficult to discern a pattern in the data that sets those working with the Francophone community apart from their other health promotion colleagues. On the one hand, there is some suggestion in the data that those working more often with the Francophone community prefer face-to-face training situations (e.g., have somewhat higher past use of face-to-face workshops, conferences and expert consultation).

Although this is consistent with observations drawn out of the focus groups, and a high endorsement given there for “personal attendance”, the differences we observed in the survey population were small and perhaps not that meaningful in practical terms. We also note in our data, as well as the focus group data, that many other strategies are used and deemed helpful in meeting needs and extending the reach of training beyond face-to-face contact. This includes CD-based courses, on-line course or conferences, chat-rooms and email correspondence with experts. This may suggest that, although face-to-face opportunities are preferred, a lack of time and financial resources may require that these other options must be pursued accordingly. Interestingly, compared to other health promoters, those working over 50% time with the Francophone community were *less* likely to have used self-directed learning and *less* likely to report this option as having met their needs. This may be an unfortunate reflection of the lack of materials in French on which to base self-directed learning.

Lastly with respect to barriers or challenges attending health promotion-related conferences, we found that those working most closely with the Francophone community were more likely to state that they experienced barriers making their optimal choice of conferences or events to attend. When presented with a list of specific barriers to accessing conferences and events, they endorsed virtually all at a high level (e.g., lack of time and other work or family commitments, financial constraints, management policies) but in this regard did not stand out from other health promoters. One important issue that was consistent with some of our survey respondents and the focus group participants, as well as the OPC key informants, concerned the relative lack of experienced and well qualified French speaking professionals who are called upon to give training in French. There was a perception that the quality of health promotion training in the French language could be substantially improved, and improved upon at least in part by having a broader roster of Ontario-based Francophone trainers to call upon.

To sum up, it is clear that the 2004 needs assessment data have confirmed a great deal of information and interpretations that have been gleaned from various studies of French language health promotion for the last few years. In complementing this previous work

there may well be “power in our numbers”, especially given our ability here to clearly contrast health promoters spending a large portion of their time and energy working with the Francophone community with other health promoters who are less engaged. That said, for those on the project team who have been closely involved in French-language health promotion for some years, the overall conclusion was that the needs assessment results are more consistent and confirmatory than they are revealing of highly provocative and new findings. This observation, in turn, begs the next obvious question as to “now what?” since it is unlikely that additional information gathering would add substantively to our picture, with the notable exception that the OHPRS French language capacity assessment should be extended to all OHPRS organizations and not just the 14 previous participants. Clearly the data are calling for action rather than more replication.

Rather than start anew with a set of recommendations drawn specifically from the present study and our synthesis of findings across studies, we conclude by reiterating the most salient recommendation from the previous work, namely **the need for a concerted strategic planning effort, led by OHPRS, to pull together and prioritize various courses of action to improve the accessibility, effectiveness and efficiency of French language health promotion in Ontario**. The previous reports are rife with excellent and quite practical suggestions that should now be blended into an overall strategic plan and implementation plan. Examples of such suggestions for French language capacity development cross multiple levels and include:

- *Ministry-led undertakings*, such as increasing funding, developing standards and criteria for quality of materials and training;
- *OHPRS contributions*, such as coordinating member efforts and resources, most notably in the areas of information and consultation, as well as improved promotion of the network to health promoters working with the Francophone community, and facilitating access to resources. OHPRS could also take on a larger central role in the implementation of services such as providing translation and adaptation services, compiling and communicating availability of resource material and training opportunities, and creating workshops and materials for central distribution; and

- *Individual Centre-level activities* such as hiring of French-speaking health promoters, and otherwise developing their capacity for product development in French and offering a continuum of services and supports to health promoters working with the francophone community.

The concrete next step, however, would be the development of a provincial strategy, led by OHPRS, for supporting French language health promotion in Ontario.