



Your Health
Is in Your Hands.

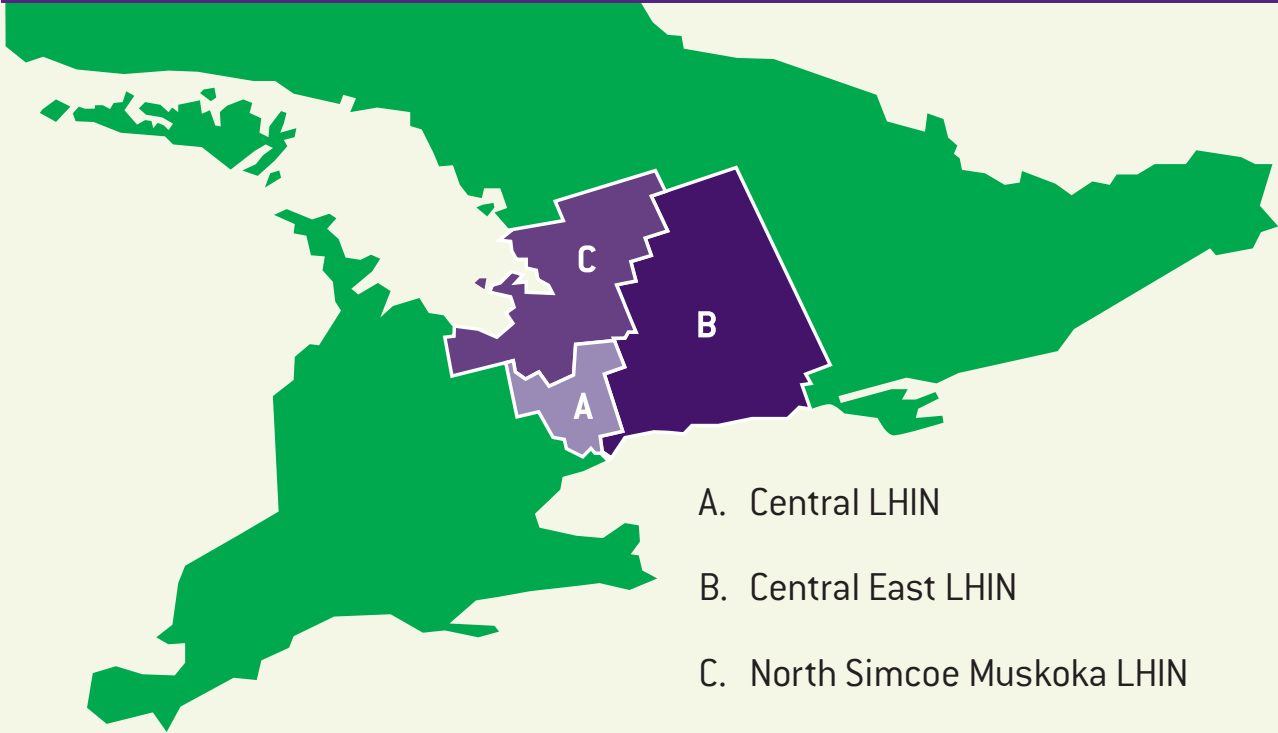
2011–2012 ANNUAL REPORT



Entité 4

Engager • Collaborer • Réaliser

ENTITÉ 4 CATCHMENT AREA



A. Central LHIN

B. Central East LHIN

C. North Simcoe Muskoka LHIN

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Entité 4 is financed by the Ministry of Health and Long-Term Care.

All views expressed are those of Entité 4 and do not necessarily reflect the views of the LHINs or the Government of Ontario.

MESSAGE FROM THE CHAIR & EXECUTIVE DIRECTOR

Laying the Foundation for Change

THE YEAR 2011-2012, MARKS ENTITÉ 4'S first full year of work on behalf of the Francophone communities of the Central, Central East and North Simcoe Muskoka LHINs. While much of our activities throughout the year were foundational, we believe that success is built on a strong foundation.

Continuing to build strong working relationships with the Francophone community and our partners, the Central, Central East and North Simcoe Muskoka LHINs and local health care providers remains Entité 4's top priority. This is the foundation upon which we will continue to build as we work towards improving access to quality health care services in French.

The 2011-2012 Joint Action Plan, established in collaboration with the LHINs, set out a series of short-term objectives that will deliver concrete results for the Francophone community. Thanks to the hard work of Entité 4, local health care service providers and the LHINs we are close to delivering tangible results for the Francophone community. In the fall of 2012, chronic disease self-management programs will be available, for the first time, in our LHINs in French.

We would like to thank the community for their support this past year and we look forward to your continued support. Your collaboration and involvement is crucial in building the momentum to bring about change.

Entité 4 has been able to establish an ongoing dialogue about local health system needs with the Francophone community through public consultations, an open house and the establishment of working groups on key local issues. Entité 4 will continue to build on this model moving beyond discussion towards action and results.

We recognize that our efforts have only just begun. Many challenges lie ahead. However, we are committed to working together to create a better future. Change doesn't happen overnight, but together we have embarked on the road to success.



Dominique Auger, M.O.A., D.S.A.
Executive Director



Manon Lemonde, I.A.
President

BOARD OF DIRECTORS

ENTITÉ 4 OPERATES as a not-for-profit organization governed by an elected board of directors.

To ensure equal representation for the three LHINs serviced by Entité 4, the nine member, volunteer board is comprised of three directors appointed from the catchment area of each LHIN.

Central RLISS

| | | |
|-------------------|---------------------------------|--------|
| Monique Patenaude | Réjean Sirois Vice-President | Vacant |
|-------------------|---------------------------------|--------|

Central East RLISS

| | | |
|----------------------------|----------------------------|----------------------------|
| Manon Lemonde President | François Nono Treasurer | Cindy Zamiska Secretary |
|----------------------------|----------------------------|----------------------------|

North Simcoe Muskoka RLISS

| | | |
|--------------------|--------|--------|
| Frédéric Boulanger | Vacant | Vacant |
|--------------------|--------|--------|

POPULATION PROFILE

USING THE INCLUSIVE DEFINITION of Ontario's Francophones, adopted in 2009, more than 100,000 Francophones live within Entité 4's catchment area; including approximately 56,000 within the Central LHIN, 33,000 within the Central East LHIN and 12,000 within the North Simcoe Muskoka LHIN.

A growing and diverse population

The areas serviced by Entité 4 represent a mix of urban and rural geography and include some of the fastest growing geographic regions in the province. The Francophone communities within the three LHINs serviced by Entité 4 boast a rich diversity of values, ethnicity and socio-demographic characteristics. Nearly 70 per cent of Francophone immigrants choose to make Ontario their home including many from the Caribbean, the Middle East and Africa;¹ many of these immigrants choose to settle in Ontario's large urban centres. According to Census data, almost 15,000 Francophones settled in Toronto between 2001 and 2006, resulting in a 5.9 per cent increase in population.

¹ Francophone Community Profile of Ontario, 2009. *Fédération des communautés francophones et acadienne du Canada*.

A population with unique health care needs

Currently, very little data exists on the impact of language on health status and health care system utilization by Ontario's francophone population. A 2000 *Ontario Public Health Research, Education, and Development Program Survey of Franco-Ontarian Health* noted that, when compared to English speakers, Ontario's francophone population was:

60 per cent more likely to suffer from bronchitis and emphysema;

- 28 per cent more likely to suffer from a heart condition;
- 29 per cent more likely to suffer from asthma;
- 30 per cent more likely to have musculoskeletal disorders; and
- 11 per cent more likely to suffer from hypertension.

Further, the growing number of francophone immigrants brings a unique set of health challenges; including increased risk of diabetes among Caribbean populations² as well as increased prevalence of serious preeclampsia in Caribbean and Sub-Saharan African populations.³

² Creatore, Maria Isabella *et al.* Age- and sex-related prevalence of diabetes mellitus among immigrants to Ontario, Canada. *Canadian Medical Association Journal*, 2010: 182(8).

³ Urquia, ML. *et al.* Serious preeclampsia among different immigrant groups. *Journal of Obstetrics and Gynaecology Canada*, 2012: 34(4).

Numerous studies have demonstrated that being a member of a linguistic minority negatively impacts health and patient satisfaction. In fact, receiving health-care services in a language other than your mother tongue leads to:

- longer consultation times;
- increased probability of the use of diagnostic tests;
- increased probability of an error in diagnosis and treatment;
- diminished use of preventive health services; and
- reduced probability of compliance with treatment.⁴

A 1990 Ontario Health Survey found that Francophone women were significantly less likely to receive breast exams or mammography.

Central LHIN

The Central LHIN covers York region, the southern portion of Simcoe region and the northern part of the City of Toronto, namely North York. According to the inclusive definition of Ontario's Francophones, the number of Francophones varies between 1 % and 3.2 % of the global population, which is estimated at 1.7 million inhabitants.⁵ The data in the table below is derived from the 2006 Census.⁶

| | Total | Men | Women |
|------------------|-----------|---------|---------|
| Total population | 1,522,760 | 739,470 | 783,290 |
| Anglophones | 755,060 | 370,720 | 384,335 |
| Francophones | 13,920 | 6,295 | 7,620 |

The data contained in the tables below is based on the francophone community profile by the *Réseau de recherche appliquée sur la santé des francophones de l'Ontario (RRASFO)*.

• FRANCOPHONE POPULATION BY AGE RANGE

| Age range (in years) | York region & Toronto |
|----------------------|-----------------------|
| <14 | 10.9% |
| 15 – 29 | 16.8% |
| 30 – 44 | 29.2% |
| 45 – 64 | 29.5% |
| 65+ | 13.6% |

⁴ June 2001 Study coordinated by the *Fédération des communautés francophones et acadienne du Canada* for the Consultative Committee for French Speaking Minority Communities.

⁵ <http://www.centralhin.on.ca/aboutourhin.aspx>

⁶ <http://www12.statcan.gc.ca/census-recensement/2006/dp-pd/prof/92-591/details/page.cfm?Lang=E&Geo1=HR&Code1=3508&Geo2=PR&Code2=35&Data=Count&SearchText=central&SearchType=Begins&SearchPR=35&B1=Language&Custom=>

• SOCIOECONOMIC PROFILE

| | Toronto | York region |
|--------------------------|---------|-------------|
| Annual income < \$30 000 | 46.7% | 46.7% |
| Unemployed | 34.5% | 31.4% |
| Immigrants | 34.1% | 35% |

• EDUCATION

| | York region | Toronto |
|--------------------------|-------------|---------|
| Without diploma | 12% | 12.7% |
| High school diploma | 23.3% | 17.9% |
| Post secondary education | 64.8% | 69.4% |

• LIFESTYLE

| | York region & Toronto |
|----------------------------------|---|
| Tobacco usage | 16.7% smoke regularly |
| Alcohol consumption | 50% drink regularly |
| Physical activity | 50% are inactive |
| Fruits and vegetable consumption | 60% consume less than 5 serving per day |
| Body Mass Index (BMI) | 50% have a BMI of 25 kg/m ² or greater |

Central East LHIN

The Central East LHIN covers Durham region, Peterborough, the Kawarthas, the Haliburton Highlands and Northumberland Havelock. According to the 2006 Census, the Central East LHIN is home to more than 1.4 million people, or 11% of the Ontario population.⁷

| | Total | Men | Women |
|------------------|-----------|---------|---------|
| Total population | 1,419,745 | 689,495 | 730,255 |
| Anglophones | 1,003,760 | 488,810 | 514,950 |
| Francophones | 17,290 | 8,130 | 9,160 |

The data contained in the tables below is based on the francophone community profile by the *Réseau de recherche appliquée sur la santé des francophones de l'Ontario (RRASFO)*.

• FRANCOPHONE POPULATION BY AGE RANGE

| Age range (in years) | Durham region | Peterborough region |
|----------------------|---------------|---------------------|
| <14 | 11.5% | 6.2% |
| 15 – 29 | 14.1% | 15.6% |
| 30 – 44 | 27.7% | 19.9% |
| 45 – 64 | 34.7% | 35.5% |
| 65+ | 12.3% | 22.5% |

⁷ <http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/Details/page.cfm?Lang=E&Geo1=HR&Code1=3509&Geo2=PR&Code2=35&Data=Count&SearchText=Central%20East%20Health%20Integration%20Network&SearchType=Begins&SearchPR=01&B1=All&Custom=>

• SOCIOECONOMIC PROFILE

| | Durham region | Peterborough region |
|--------------------------|---------------|---------------------|
| Annual income < \$30 000 | 41.9% | 54.6% |
| Unemployed | 33.8% | 41.9% |
| Immigrants | 8.3% | 10.5% |

• EDUCATION

| | Durham region | Peterborough region |
|--------------------------|---------------|---------------------|
| Without diploma | 22% | 15% |
| High school diploma | 21.2% | 20% |
| Post secondary education | 56.8% | 65.2% |

• LIFESTYLE

| | Durham & Peterborough region |
|----------------------------------|---|
| Tobacco usage | 16.7% smoke regularly |
| Alcohol consumption | 50% drink regularly |
| Physical activity | 50% are inactive |
| Fruits and vegetable consumption | 60% consume less than 5 serving per day |
| Body Mass Index (BMI) | 50% have a BMI of 25 kg/m ² or greater |

North Simcoe Muskoka LHIN

The North Simcoe Muskoka LHIN is made up of the Northern portion of Simcoe County, Muskoka and a portion of Grey County. According to 2006 Census data, the North Simcoe Muskoka LHIN is home to 473,270 people. The Francophone population in this LHIN dates back more than 400 years. North Simcoe Muskoka has the fifth highest percentage of Francophones among Ontario's LHINs.

| | Total | Men | Women |
|------------------|---------|---------|---------|
| Total population | 473,270 | 233,105 | 240,160 |
| Anglophones | 419,040 | 206,715 | 212,325 |
| Francophones | 11,575 | 5,845 | 6,090 |

The data contained in the tables below is based on the francophone community profile by the *Réseau de recherche appliquée sur la santé des francophones de l'Ontario (RRASFO)*.

- **FRANCOPHONE POPULATION BY AGE RANGE**

| Age range (in years) | Simcoe region |
|----------------------|---------------|
| < 14 | 10.4% |
| 15 – 29 | 13.5% |
| 30 – 44 | 25.5% |
| 45 – 64 | 33.9% |
| 65+ | 16.5% |

- **SOCIOECONOMIC PROFILE**

| | Simcoe region | Muskoka region |
|--------------------------|---------------|----------------|
| Annual income < \$30 000 | 50.5% | 62.8% |
| Unemployed | 35.6% | 38% |
| Immigrants | 3.6% | 4.3% |

- **LIFESTYLE**

| | Simcoe & Muskoka regions |
|----------------------------------|---|
| Tobacco usage | 16.7% smoke regularly |
| Alcohol consumption | 50% drink regularly |
| Physical activity | 50% are inactive |
| Fruits and vegetable consumption | 60% consume less than 5 serving per day |
| Body Mass Index (BMI) | 50% have a BMI of 25 kg/m ² or greater |

The Francophone population in the North Simcoe Muskoka LHIN dates back more than 400 years. North Simcoe Muskoka has the fifth highest percentage of Francophones among Ontario's LHINs.

DESIGNATED AND IDENTIFIED AREAS AND AGENCIES

ENTITÉ 4'S CATCHMENT AREA includes five areas designated under the French Language Services Act (1986).

| | |
|-----------------------------------|---|
| Central RLISS | North York (City of Toronto) |
| Central East RLISS | Scarborough (City of Toronto) |
| North Simcoe Muskoka RLISS | Township of Essa Township of Tiny Town of Penetanguishene |

Designated Agencies

Simcoe North Muskoka LHIN

- Beechwood Private Hospital
- Georgian Bay General Hospital – Penetanguishene site (partial designation)

Identified Agencies

Central LHIN

- North York General Hospital
- St. John's Rehab Hospital
- Southlake Regional Health Centre

Central East LHIN

- Bendale Acres, Pavillon Omer Deslauriers

North Simcoe Muskoka LHIN

- Georgian Bay General Hospital – Midland site
- Georgian Manor
- Mental Health & Addiction Services of Simcoe County
- Royal Victoria Regional Health Centre
- Royal Victoria Regional Health Centre (Mental Health and Addictions Program)
- Soldiers' Memorial Hospital (dialysis and specialized pediatrics)
- Waypoint Centre for Mental Health
- Wendat – Community Psychiatric Support Program

Community Care Access Centres (CCAC)

Central LHIN

- Central CCAC

Central East LHIN

- Central East CCAC

North Simcoe Muskoka LHIN

- North Simcoe Muskoka CCAC

Although CCACs cannot be designated under the *French Language Services Act*, they are able to plan and provide quality services in French.

2011–2012 INITIATIVES

ENTITÉ 4 HELD ITS INAUGURAL GENERAL MEETING April 12, 2011. The event marked the completion of Entité 4's installation process, overseen by an Interim Board of Directors, and the establishment of the current Board of Directors.

Setting Priorities

For the 2011-2012 fiscal year, all parties agreed that the establishment of a strong partnership between Entité 4 and the Central, Central East and North Simcoe Muskoka LHINs was their overarching objective. The parties also set out five specific objectives:

- Implement Entité 4
- Clarify roles, responsibilities and the working relationship between Entité 4 and the LHINs, including the French Language Service Coordinators
- Engage the Francophone community on actions taken by each LHIN to achieve Integrated Health Services Plan (IHSP) strategic priorities
- Make information on French Service Providers easily accessible on the websites of each LHIN and Entité 4
- Identify long-term goals for improving access to French Language Services in each LHIN

1. Operational Startup

Ontario Regulation 515/09 under the Local Health System Integration Act, 2006 allowed for the creation of at least five French Language Health Planning Entities (FLHPEs). Regulation 515/09 was published in January 2010. In December 2010, Minister of Health and Long-Term Care, Deb Matthews, established four FLHPEs for Southern Ontario; these were in addition to two FLHPEs named in June of 2010.

In March of 2011, Entité 4 signed a Funding and Accountability Agreement with the Central, Central East and North Simcoe Muskoka LHINs. The Funding and Accountability sets out the key activities for which each party is responsible and set out the reporting requirements and templates.

Entité 4's offices were fully functional by July 31, 2011 and a full staff complement, consisting of an Executive Director, Administrative Assistant, two Planning Officers and a Communication and Community Liaison Officer, was reached December 21, 2011.

The Board of Directors is responsible for developing governance policies and procedures in accordance with the Funding and Accountability Agreement. In January 2012 the Board underwent governance training to further empower them to meet their responsibilities.

The Boards meets monthly to fulfill its oversight role and has begun the process of developing a three-year strategic plan for Entité 4.

2. Setting roles and responsibilities

While all parties are working together to achieve the same goal, ensuring patients receive quality health care services within a patient-centered, efficient and cost effective health care system, clear mandates must be established to guard against duplication of efforts.

The Liaison Committee meets regularly and provides the opportunity for senior leadership to exchange information on progress made by each of the parties towards the goals set out in the Joint Action Plan.

A subcommittee of the Liaison Committee has also been established to develop formalized guidelines on specific and shared responsibilities, and to establish collaboration mechanisms for shared responsibilities.

3. Engaging the Francophone Community and improving access to care

While all parties share the responsibility of engaging the Francophone community, Entité 4 is specifically mandated to provide advice on methods of engaging the Francophone Communities in each of the LHIN territories.

As the LHINs work towards setting and achieving Integrated Health Service Plan (IHSP) strategic priorities, feedback on the needs and priorities of the local community, including the Francophone population, is crucial. Entité 4 and the LHINs are working together to engage the Francophone community on:

- diverting patients from Emergency Departments to more appropriate, community-based health service providers;
- improving patient access to the right care, at the right time, in the right place by decreasing the numbers of Alternate Level Care (ALC)⁸ days patients spend in hospital; and
- improving patient access to care through increased patient capacity for the self-management of chronic diseases.

The right care, at the right time, in the right place

Given the pivotal role played by primary health care providers within the Ontario health care system, LHINs have long been committed to engaging and working collaboratively with these providers. As the Ministry of Health and Long-Term Care and the LHINs work to further integrate the health care system, LHINs will be called upon to expand on their work with community-based health care providers as family health care planning is incorporated into their mandate.

⁸ Provincial ALC Definition: When a patient is occupying a bed in a hospital and does not require the intensity of resources/services provided in this care setting, the patient must be designated Alternate Level of Care (ALC) at that time by the physician or her/his delegate. The ALC wait period starts at the time of designation and ends at the time of discharge/transfer to a discharge destination (or when the patient's needs or condition changes and the designation of ALC no longer applies).

Access to timely, community-based, primary care services is critical in keeping patients out of hospital emergency departments. While numerous studies have demonstrated an increased tendency for people without a family physician make greater use of emergency departments, a 2012 Canadian Medical Association study found that this trend was particularly prevalent among those less than 65 years of age.⁹

According to Health Quality Ontario's 2011 Report on Ontario's Health System, currently, 6.5 per cent of Ontario adults do not have access to a family doctor. Access to primary care services in French has been identified as a key priority among the Francophone communities living in the Central-East LHIN.

Entité 4 is working with local community groups in the Central East LHIN in support of the creation of a family health team, based in Durham, which would offer French language primary health care services.

Identification of French Long-Term Care and Home Care Needs

Entité 4 was invited to participate in the development and implementation of the *I Choose Home First* initiative put in place by the North Simcoe Muskoka LHIN. This initiative seeks to improve access to home care services, thus enabling more seniors to maintain their independence and remain in a setting that is familiar to them. Increasing access to home care services has been shown to reduce the number of ALC days a patient spends in hospital.

⁹ Jane McCusker MD DrPH, et al (2012). Factors predicting patient use of the emergency department: a retrospective cohort study. *Canadian Medical Association Journal*, 184 (6).

Numerous studies have documented the decline in second language comprehension among aging individuals. In their 2011 Report on Ontario's Health System, Health Quality Ontario noted that the behaviour of 14 per cent of Long Term Care residents had recently worsened. The inability of a patient to understand his or her caregivers and to make themselves understood leads to increased behavioural problems.¹⁰ Consequently, it is crucial that the linguistic needs of the patient are taken into consideration when dealing with behavioural problems among seniors.

Chronic disease management

In collaboration with the LHIN French Language Services Coordinators and health care service providers, Entité 4 is working to establish French language, chronic disease training modules. These modules follow the Stanford model, which forms the basis of all regional self-management programs.

Beginning in the spring of 2012, two French language training modules will be offered by the Central East Community Care Access Centre, Southlake Regional Health Centre and CHIGAMIK Community Health Centre; namely peer leader training and self-management workshops.

¹⁰ Cohen-Mansfield, Werner P (1995), Environmental influences on agitation: An integrative summary of an observational study. *American Journal of Alzheimer's Disease & Other Dementias*. 10: 32-39.

Peer leader training is offered to people affected by chronic disease, be it patients, family members, caregivers and educators. Peer Leaders receive training in workshop facilitation and with the ongoing support of program facilitators. They are asked to share their experiences with chronic disease to help others positively manage their condition.

The self-management workshops are designed for patients at risk of developing a chronic disease as well as those who have been previously diagnosed. Over a six-week period, participants will gain self-confidence in their ability to control their symptoms and benefit from the experiences of others in managing chronic disease.

Mental Health Services

Language barriers pose a unique challenge in the provision of mental health services as much of the treatment, thus recovery, is directly linked to language and communication. Patients that struggle to express themselves clearly often underuse mental health services or delay seeking treatment until they reach an acute stage of illness. Language barriers also impact the quality of services received by linguistic minority populations.

In June 2011 the Ontario government announced a comprehensive mental health and addictions strategy, Open Minds, Healthy Minds.

The focus of the first three years of the Open Minds, Healthy Minds is children and youth.

According to Children's Mental Health Ontario, nearly one in five children and youth under the age of 19 has a mental health or behavioural problem. In fact, suicide is one of the leading causes of death in Canadians 15 to 24 years of age. Because mental health and behavioural problems appear early in life and can have devastating results, early identification and treatment is critical.

The early identification of students in need of mental health and/or addictions treatment is a priority for all Ontario school boards, including the French language school boards. The *Mental Health and Addictions Nurses in District School Boards Program* is an important component of Ontario's plan to improve services and support for children and youth with mental health and addiction needs. Entité 4, in collaboration with the three other Southern Ontario Entities, will be working together closely with the French language school boards on the implementation and program measurement to ensure that the unique needs of Francophone students are met.

Representatives of the six French Language Health Planning Entities also sit on two Ministry of Health and Long-Term Care committees established under the Open Minds, Healthy Minds strategy:

- Reference Group for the Mental Health and Addictions Nurses in District School Boards Program; and
- Advisory Committee on the implementation of mental health collaboratives.

In the North Simcoe Muskoka region, Entité sits on two committees aimed at improving mental health among students; the Student Support Leadership Initiative (SSLI) and COMPASS (Community Partners with Schools) francophone.

The SSLI establishes partnerships between local school boards and community agencies that strengthen student supports by:

- improving understanding of each cluster members' services;
- fostering leadership (within and across school boards and child and youth mental health agencies);
- enhancing local partnerships and joint decision-making processes; and
- improving access to existing services and supports for students and families.

The SSLI program is overseen by the Ontario Ministries of Education, Children and Youth Services, and Health and Long-Term Care.

The COMPASS francophone team works to help francophone schools across Simcoe County facilitates the development of collaborative relationships that address the needs of students and their families across a range of services, including:

- parenting programs;
- child and youth mental health;
- counselling;
- child protection;
- youth justice; and
- recreation.

To better understand the continuum of mental health and addiction services available in French, Entité 4 is also part of the *Comité du réseau des services de toxicomanie et de santé mentale en français de Toronto*. The committee brings together representatives from CAMH, Francophone service providers, the LHINs located in the Greater Toronto area and the Entities to:

- promote access to services in French to a diverse and multicultural community;
- identify the need and availability of services to the French-speaking community in the Greater Toronto Area and make the necessary recommendations for the provision of these services;
- identify the agencies providing services in French that had agreed to participate in the activities of the committee;
- facilitate collaboration among agencies that provides

- build on existing services to enhance a continuum of Mental Health and Addiction Services for the French-speaking population;
- continue to promote and facilitate the implementation of French Language Mental Health and Addiction Services; and
- produce a report on a timely basis summarizing the activities of the committee and progress made on the development of new Addiction and Mental Health Services for the French-speaking communities.

The Comité will be hosting a bilingual forum bringing together patients, mental health care providers, health care professionals as well as provincial and federal partners to discuss mental health challenges among Francophone teens and explore means to improve access to mental health services and support in French.

4. Establishing a Repository of Information on French Language Services

Entité 4 is working closely with the three LHINs to establish a comprehensive list of health care services that are currently available in French throughout their services areas, including those services provided by agencies that are neither designated nor identified as French language service providers.

The information compiled will be made readily available on Entité's 4 website www.entite4.ca, set to launch in May 2012, and on the LHIN websites.

Entité 4 is also working with the *Regroupement des intervenantes et intervenants francophones en santé et en services sociaux de l'Ontario (Rifssso)* to include information about where to find Francophone health care practitioners, including dentists, optometrists and chiropractors.

5. Building a Vision for the Future

Improving access to French language health care services will require the support not only of the three LHINs, but also the support of health care providers, Entité 4 and the Francophone community.

Over the coming year, Entité 4 will continue to build its relationships within the health care and Francophone communities. Entité 4 will be working closely with a variety of community groups to establish the specific short-term and long-term needs and priorities of the Francophone population.

Establishing Community Links and Partnerships

Entité 4 held its Grand Opening in September 20, 2011. The open house drew more than 40 participants from local Francophone organizations, community groups and our health care partners. The event allowed Entité 4 to present the community with our mandate and introduce them to our role within the health care system.

In advance of the adoption of the 2012-2013 Joint Action Plan, Entité 4 held a series of three Public Consultations throughout its service region to obtain community feedback on their needs and priorities. Entité 4 has also made a conscious effort to take part in community activities throughout its catchment area and develop ties

with Francophone service providers. Each formal and informal community encounter allows Entité 4 to gain a greater understanding of the Francophone communities it serves.

On March 31, 2011, Entité 4 participated in the first ever health fair as part of the *Assemblée des communautés francophones de l'Ontario (ACFO)* Toronto's annual Anouanze dinner. The annual dinner, now in its third year, draws close to 300 celebrants from diverse Francophone communities.

In addition to language barriers impacting access to health care services, the diversity of the Francophone population requires increased understanding of the need to provide culturally sensitive health care programs and communications. To enhance Entité 4's understanding of the challenges facing Francophone immigrants, staff took part in an intensive one-day training program offered by La Passerelle-I.D.É. La Passerelle-I.D.É. was founded in 1993 to help young, Francophone immigrants better understand and integrate into the culture of their chosen home.

Building an Identity

As Entité 4 continues to work closely with the Francophone community, health care providers and the LHINs, the Board of Directors believed that it was important to develop a strong brand. Entité 4 worked with a consultant to establish a robust visual identity that was both recognizable and appealing.

Entité 4 launched its new visual identity in March 2012.



2011–2012 FINANCIAL STATEMENTS

Opinion

In our opinion, the financial statements present fairly, in all materials respects, the financial position of Entité de Planification des Services de Santé en Français #4 Centre Sud-Ouest as at March 31, 2012, and te results of its operations and its cash flows of year then ended in accordance with Canadian generally accepted accounting principles.



Chartered Accountants, Licensed Public Accountants

Ottawa (Ontario)

June 4, 2012

Bilan**March 31****2012****2011****Assets****Current**

| | | |
|---------------------|-----------|------------|
| Cash | \$ 65,340 | \$ 201,557 |
| Accounts receivable | 25,239 | 8,142 |
| Prepaid expenses | 4,613 | 1,700 |

| | | |
|--|---------------|---------|
| | 95,192 | 211,399 |
|--|---------------|---------|

Property and equipment

| | | |
|--|---------------|--------|
| | 98,197 | 46,211 |
|--|---------------|--------|

| | | |
|--|-------------------|------------|
| | \$ 193,389 | \$ 257,620 |
|--|-------------------|------------|

Liabilities and Net Assets**Current**

| | | |
|--|-----------|------------|
| Accounts payable and accrued liabilities | \$ 31,324 | \$ 131,625 |
| Payable to LHIN | \$ 63,868 | \$ 79,774 |

| | | |
|--|---------------|---------|
| | 95,192 | 211,299 |
|--|---------------|---------|

Deferred contributions related to property and equipment

| | | |
|--|---------------|--------|
| | 98,197 | 46,221 |
|--|---------------|--------|

Unrestricted net assets

| | | |
|--|---|---|
| | - | - |
|--|---|---|

| | | |
|--|-------------------|------------|
| | \$ 192,742 | \$ 257,620 |
|--|-------------------|------------|

On behalf of the board:

 Director

 Director

Statement of Operations

For the year ended March 31

2012

2011

Revenues

| | | |
|--|----------------|---------------|
| LHIN contributions | \$ 602,140 | \$ 121,783 |
| Deferred contributions related to property and equipment | (82,821) | (55,192) |
| Amortization of deferred contributions | 30,845 | 8,971 |
| Other revenues | 1 | — |
| | 550,165 | 75,562 |

Expenses

| | | |
|--|----------------|---------------|
| Amortization of property and equipment | 30,845 | 8,971 |
| Assurance | 2,518 | 79 |
| Office | 17,566 | 4,054 |
| Training | 35,637 | — |
| Office supplies | 7,234 | — |
| Travel | 29,627 | 286 |
| Professional fees | 62,805 | 54,135 |
| Interest and bank charges | 405 | — |
| Rent | 21,043 | — |
| Advertising and promotion | 11,734 | 4,548 |
| Salaries and benefits | 275,835 | — |
| Computer | 6,691 | 3,326 |
| Communications | 36,827 | 163 |
| HST non-recoverable | 11,398 | — |
| | 550,165 | 75,562 |

Excess of revenues over expenses

\$ — \$ —



PLANIFICATION DES SERVICES DE SANTÉ EN FRANÇAIS

14 845 Yonge Street, suite 310
Aurora ON L4G 6H8
PHONE: 905.726.8882
TOLL FREE: 1.855.726.8882
FAX: 905.841.9698
EMAIL: info@entite4.ca
www.entite4.ca

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