

## **Standing Senate Committee on Official Languages**

*Speech by Dr. France Desrosiers*

*May 15, 2023*

### **Acknowledgement and recognition of the value of the Committee's work**

I would like to thank the Standing Senate Committee on Official Languages for the invitation to speak about Vitalité Health Network's perspective on issues related to minority language health services.

I would also like to congratulate the Committee on this initiative, which demonstrates its commitment to understanding these issues, studying them and making the best recommendations on language rights for minority communities.

I hope you have productive deliberations in the coming months.

As President and CEO of Vitalité Health Network, I am pleased to share our experience with you as a Francophone organization in a bilingual province where French is the minority language.

I will also share some recommendations with you for improving health care and services for our Francophone patients and communities.

### **Description of the Vitalité Health Network**

But first, let me introduce you to our organization.

Vitalité Health Network is a regional Francophone health authority covering all northern and southeastern New Brunswick (the only officially bilingual province in Canada), providing care and services in both official languages.

The Network has nearly 60 points of service, including 11 hospitals.

It has nearly 8,000 employees, 600 physicians, including 250 specialists, and some 800 volunteers.

In addition to being a pillar of the Francophone and Acadian community, the Network is a major employer, providing an environment where it is possible to work and grow professionally in French, in addition to contributing to the French-language training of health professionals.

## **Profile of clients served by Vitalité Health Network**

In New Brunswick, Francophones represent 32% of the total population, while Anglophones represent 68%.

The opposite is true for the population served by the Vitalité Health Network: Francophones represent 73% and Anglophones, 27%.

New Brunswick is among the provinces with the highest average age.

Among Francophones, the average age is even higher. This population also has a higher incidence of chronic disease and a greater need for health care and services.

In addition to demographic factors, the socio-economic profile of New Brunswick's Francophone population also shows gaps, with lower levels of education and literacy, a less advantageous economic situation than Anglophones and less access to services, given that Francophones live mostly in rural areas.

It is important to consider these factors when thinking about health care and services in the minority language.

## **Access to health care and services in the minority language**

Dr. Denis Prud'homme, physician, researcher and President of the Université de Moncton, is interested in the quality and safety of health services offered in minority language situations.

At a symposium held last March on French-language health care, he presented the results of his analyses showing that people who receive care in their mother tongue have better clinical outcomes than those who receive care in a language other than their mother tongue.

This data suggests that the quality and safety of care for individuals in a minority language community could be improved by providing care in a corresponding language context.

In New Brunswick, the bilingualism rate is 72% for Francophones and 15% for Anglophones (*Source: 2016 Census, Statistics Canada*).

From a provincial perspective, it is possible to conclude that Francophones are at a disadvantage in this regard, as they are less likely to receive care in their mother tongue outside Vitalité Health Network.

It is important for people to obtain health care, long-term care and home care in their own language, including language resources to support family caregivers, quality of life for seniors and disease prevention.

In this way, optimal health care and services are actively provided not only in the patients' native language, but also in settings that best meet their needs.

At Vitalité Health Network, over 30% of our hospital beds are occupied by patients receiving alternative level of care, i.e., awaiting placement. This demonstrates the current challenges in accessing home care or care homes for the population served by the Network.

As a result, people's access to services in their own language becomes an additional barrier that limits this access.

### **Telemedicine and use of new technologies in health care**

With respect to telemedicine and the use of new technologies in the health sector, Shirley MacLean, the Commissioner of Official Languages for New Brunswick, put it well before this press gallery two weeks ago:

"Francophones are told that they will get an appointment more quickly if they speak English."

As virtual clinics and new technologies are increasingly used, it is essential to ensure an active offer to clients who speak the minority language.

In addition, technology platforms supporting health are almost always developed in English. The features are translated into French at a later stage, and when they are, the quality of the French is not always good.

The level of literacy and digital literacy of Francophones also poses a problem for using these new technologies.

### **Shortage of health professionals, recruitment and training in minority language health care**

And what about the challenges related to the shortage of health care professionals, recruitment and training in minority language health care?

The health care system is facing significant challenges. Some even describe them as "the perfect storm."

We are facing an aging population in a society that relies heavily on public services to care for its seniors.

The active Francophone or bilingual workforce is not sufficient to meet senior care and health care needs.

This shortage compromises not only the quality of the system, but also the active offer in patients' and community members' preferred language.

As a result of this shortage situation, "linguistic" compromises must sometimes be made to ensure care, unfortunately.

At Vitalité Health Network, we rely mainly on New Brunswick community colleges and the Université de Moncton to train our health professionals.

Given the high proportion of bilingual students among Francophones, they have access to the best opportunities, be they in our network, in the English-language health network (Horizon), elsewhere in Canada or internationally.

On the other hand, very few students from English-language post-secondary institutions choose Vitalité because of their low level of bilingualism.

This situation is not necessarily reflected in the allocation of places in post-secondary education institutions.

Our ability to recruit students from Francophone institutions is consequently limited given their linguistic ability to work in a variety of settings, thereby limiting our recruitment pool. In addition, although we offer language training to employees who are not fully bilingual, since it is easier and more feasible for them to work in English, most choose the English-speaking sector right away.

### **Research needs**

To fully understand the specific needs of Francophone minority communities, particularly in the area of health, we need to better support Francophone researchers who work in these environments, especially in New Brunswick.

A study published in June 2021, jointly conducted by the Canadian Institute for Research on Linguistic Minorities at the Université de Moncton and the Canada Research Chair in the Transformations of Scholarly Communication at the Université de Montréal, in

collaboration with ACFAS, clearly demonstrates that the research ecosystem in Canada is rather hostile for Francophone researchers working in a minority context. Francophone New Brunswick is no exception.

In general, French is declining in the Canadian research system: only 5% to 10% of applications to granting agencies in the health sciences are written in French.

In addition, French-speaking researchers who submit applications in French to Canada's health research institutes are at a disadvantage. These applications have a 30% success rate compared to 37% for those submitted in English.

Publications in the health sciences are almost exclusively in English, and approximately 90% of new scientific journals launched in Canada since 2005 have been in English, leaving very little room for bilingual journals and even less for French-language journals.

The Network includes about 10 researchers, about 20 research collaborators and about 50 research professionals. The vast majority of their research and grant applications are in English.

### **Community engagement**

Given the challenges in the health sector, such as the aging population and the labour shortage and their impact on minority language health services, partner and community engagement is essential.

Vitalité Health Network conducts a cyclical assessment of community health needs. Beyond this assessment, we would like to support communities in implementing initiatives that will respond to identified needs.

The learning communities approach allows municipalities to engage in a formal process, with the support of Vitalité, to implement population health initiatives while respecting communities' linguistic and cultural needs and characteristics.

While the Vitalité Health Network is a key player in safeguarding French in our province, so are partners and communities. We need to recognize that.

### **Governance of regional health authorities**

Although health authority governance falls under provincial jurisdiction, I would like to emphasize the importance of maintaining two distinct health authorities, one French and one English, to preserve French in New Brunswick.

A few days ago, the Government of New Brunswick announced the new governance structure for regional health authorities, after nearly a year of trusteeship.

The new structure includes maintaining separate governance for each authority, but we must applaud this decision and ensure that it lasts to respect the rights of Francophone and Acadian communities.

## **Conclusion**

Experience shows that in so-called bilingual environments, English ends up becoming the language of administration, operations and services.

That said, the Health Network and the entire population would benefit from increased bilingualism in the province, both in terms of available human resources and in terms of business relations with other health partners in New Brunswick so that everyone can express themselves and operate in their preferred official language.

Although language is not a determinant of health, care in a patient's mother tongue has a direct influence on their health, as seen in Dr. Prud'homme's research.

By virtue of living in a minority language situation in New Brunswick, the Francophone population has always made many compromises.

Increased investment in minority language health care and services would contribute not only to the vitality of the Francophone minority population, but also to their improved health.

In closing, I would like to thank you for this opportunity to share my thoughts with you. We also made some recommendations that will be shared with you, along with my speaking notes.

*Dr. France Desrosiers*  
President and CEO  
Vitalité Health Network

## **Recommendations**

### **Including language clauses in federal health transfers**

- *For all the reasons mentioned above regarding health challenges in minority language settings, we recommend that language clauses be included in federal health transfers so that the provinces and territories are obliged to invest more in the delivery of care and services to linguistic minorities.*
- *In addition to the language clauses, we recommend that bilingual status be considered in the funding provided to New Brunswick, given that:*
  - *The Official Languages Act requires us to provide services in the patient's preferred language.*
  - *Providing services in both official languages is more expensive in terms of communication, administration and operations, in addition to human resource challenges.*
- *We also recommend that the socio-economic and demographic profile of the population served in the minority language be factored into funding formulas.*
  - *The populations served by Vitalité Health Network live mainly in rural areas; they are less educated and less affluent. These populations are disadvantaged with regard to these determinants of health, which costs the system more.*

### **Access to health care and services in the minority language**

- *We recommend that efforts be made to improve bilingualism among health care workers across Canada.*

### **Telemedicine and use of new technologies in health care**

- *We recommend more investment in research and deployment of technologies that provide alternative solutions for the delivery of care and services to minority populations, particularly those living in rural areas.*

## **Shortage of health professionals, recruitment and training in minority language health care**

- *In light of Vitalité Health Network's issues recruiting experienced French-speaking health professionals, we recommend that targeted investments be made to support recruitment efforts, to promote health professions to French-speaking groups, to support collaboration between the health sector and the post-secondary education sector, and to provide language training to staff to improve their communication in the minority language.*
- *We also recommend that minority language recruitment challenges be factored into federal transfers.*
- *This would take into consideration the fact that the minority provides the majority of bilingual employees to health care employers, due to the high rate of bilingualism among Francophones in New Brunswick.*
  - o *We recommend measures to encourage immigration to minority settings to decrease average age, to increase critical mass to deliver services and to recruit staff.*

## **Research needs**

- *Given that French is at a disadvantage in research in Canada, particularly with respect to grants, we recommend that national strategies be put in place to promote equity in the evaluation of applications and to enhance the value of health research in French, particularly in minority language settings.*

## **Community engagement**

- *Given the significance of partners' and communities' contribution to promoting and improving health care and services, we recommend that support for official languages in minority situations be extended to partners and communities.*

## **Governance of regional health authorities**

- *Given that the population has the right to receive care in the official language of their choice and that services offered in their language contribute to their health and safety, we recommend enhancing the governance structure that allows health authorities to manage and offer health services that respect the social, cultural and linguistic characteristics of the population they serve.*



## **Level of provincial bilingualism**

- *Given the predominance of English in collaboration with partners and in the workplace, including in the health sector, which has put French in decline, we recommend that efforts be made to foster the development of official language minority communities, to stimulate learning and appreciating both official languages, and to promote and protect French across Canada.*