



ALLIANCE DES FEMMES DE LA
FRANCOPHONIE CANADIENNE

**Brief by the Alliance des femmes de la francophonie
canadienne (AFFC) as Part of the Study on Minority-
Language Health Services**

**Submitted to the Standing Senate Committee on
Official Languages**

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Alliance des femmes de la francophonie canadienne (AFFC)

Founded in 1918, Alliance des femmes de la francophonie canadienne (AFFC) is a feminist non-profit organization dedicated to raising awareness and promoting the role and contribution of francophone and Acadian women in official language minority communities. AFFC is the pan-Canadian voice for francophone and Acadian women from coast to coast to coast. Through its 14 member organizations in eight provinces and one territory, AFFC stands up for the rights of over 1.5 million francophone and Acadian women so that they can live and fully thrive in French. AFFC draws on the strength of its network to voice their shared concerns. As an inclusive organization, AFFC recognizes the full diversity of women who are part of Canada's Francophonie and who live in a minority community. AFFC is pleased to present its recommendations to the Standing Senate Committee on Official Languages for its study on minority-language health services.

Health: A priority for francophone and Acadian women in minority communities

In September 2020, AFFC released its [Canada-wide survey report on the priorities of Canada's francophone and Acadian women](#) [available in French only], whose aim was to outline the priorities of francophone and Acadian women in various provinces and territories. Of the priorities listed, the delivery of French-language health services topped the list for francophone women in Alberta, Saskatchewan, Yukon, Nunavut, Newfoundland and Labrador, and Prince Edward Island. This was also a major concern for women outside of these provinces and territories, with the majority of respondents stating that they were not very or not at all satisfied with health services in French.

A number of studies have shown the importance of providing health care services in French to support the vitality and development of official language minority communities.¹ When it comes to expressing feelings, describing symptoms and providing clarification, being able to use the correct terms in a language you are more comfortable with is crucial. Not being able to do so could

¹ Louise Bouchard, Marielle Beaulieu and Martin Desmeules, "L'offre active de services de santé en français en Ontario : une mesure d'équité," *Reflets* Vol. 18, No. 2 (2012), <https://doi.org/10.7202/1013173ar>; and Marie Drolet, Pier Bouchard and Jacinthe Savard (Eds.), *Accessibility and Active Offer: Health Care and Social Services in Linguistic Minority Communities* (Ottawa: University of Ottawa Press, 2017), p. 2 ff.

lead to a misdiagnosis.² Access to equal services—in other words, the same conditions of access, the same services and the same quality of services—helps reduce social inequality.³ Because of their minority status, Canada’s francophone and Acadian communities are faced with unique needs and circumstances that do not affect the majority groups.⁴ This is also true for francophone and Acadian women who may be experiencing double- or triple-minority status due not only to the fact that the medical research field shows little interest in women, but also to intersectionality.

Francophone and Acadian women have unique health care needs. Mental health, sexual and reproductive health, and gender-based violence are just a few examples. AFFC’s [study on the specific needs of francophone immigrant women in minority communities](#) [available in French only], which was published in 2021, shed light on the huge mental burden that francophone immigrant women carry. Acknowledging this reality means that special needs are taken into account, particularly in relation to mental health. Equal access to mental health services for all francophone and Acadian women in minority communities is crucial to fostering women’s empowerment and contribution in both their homes and communities. When it comes to sexual and reproductive health, francophone and Acadian women are often overlooked. For example, the Regroupement féministe du Nouveau-Brunswick advocates for reproductive justice in the province. Despite the availability of reproductive health services in New Brunswick, these services remain inaccessible to certain women due to numerous financial, language or geographic barriers.⁵ Lastly, services addressing gender-based violence are virtually non-existent for francophone and Acadian women in Canada. While Ontario has a large concentration of francophone shelters and community organizations, the rest of the provinces and territories are underserved. Francophone and Acadian women who are looking to flee a violent situation must be able to communicate effectively and use the correct terms, especially in a crisis situation. The lack of francophone services complicates or limits their options. For instance, the only French-language hotline in British Columbia and Yukon, which is operated by Inform’Elles, has only one employee available Monday to Friday, from 10 a.m. to 6 p.m. Beyond these

² Linda Cardinal et al., “L’offre active de services de santé mentale en français en Ontario : données et enjeux,” *Linguistic Minorities and Society*, No. 9, (2018): p. 79, <https://doi.org/10.7202/1043497ar>.

³ Bouchard et al., “L’offre active de services de santé en français en Ontario : une mesure d’équité,” p. 43.

⁴ Bouchard et al., p. 43.

⁵ Regroupement féministe du Nouveau-Brunswick, “JUSTICE REPRODUCTIVE,” n.d., <https://rfnb.ca/revendiquer/enjeux-prioritaires/sante-reproductive>.

hours, francophone women in these areas do not have access to any services in French.

AFFC's recommendations in its white paper entitled "[Les aidantes francophones dans les communautés francophones et acadiennes du Canada](#)" [francophone caregivers in Canada's francophone and Acadian communities], which was published in 2021, include making resources and services accessible through a variety of communication channels. This measure helps consolidate all existing French-language information and resources in various official language minority communities. Cooperation with the community is key to ensuring equal access to health care in French. Collaboration and consultation with various community organizations, including francophone and Acadian women's organizations, are vital and help ensure intersectionality. Support from women's organizations is even more beneficial since these organizations are working on the ground and understand women's specific needs better than anyone. Through their well-established networks, community organizations have the tools to promote awareness of services available in French. This health continuum between the federal, provincial and territorial governments and the community is crucial for francophone and Acadian communities. For example, the Aline-Chrétien Health Hub in Ottawa supports cooperation between various stakeholders in the health sector to facilitate access to a range of services in French. The model it uses makes it possible not only to group several services under one roof, but also to group services in both official languages.

Gender-Based Analysis Plus (GBA+)

The programs and services put in place by the federal government must be extended to all Canadians. However, the impacts of these programs may be experienced differently based on each individual's identity factors. It is these disproportionate impacts that Gender-Based Analysis Plus (GBA+) attempts to address. Certain identity factors, such as language and gender, may present additional challenges in obtaining a service or resource. To be fully effective, GBA+ must be used from the early stages of a program's development, and continue through the planning, implementation and evaluation phases. Currently, GBA+ is not used consistently by all federal institutions. Some institutions apply it in the very last stages of the program evaluation process, while others integrate it from the start. The requirement for a comprehensive analysis allows for the right questions to be asked and the differential impacts to be described in concrete terms. These exhaustive analyses must do more than just answer closed questions; they must be presented as an opportunity to outline the real potential impacts of the measures. A comprehensive GBA+ requires careful consideration

and analysis of the various obstacles and potential solutions to overcome them. These analyses also require that statistical data be collected. Obtaining disaggregated data can help paint as complete a picture as possible and provide some nuance to facts that are otherwise overly general. The production of disaggregated health data is currently too general. Dividing statistical data by gender is not enough; other GBA+ factors must also be considered, such as ethnicity, place of residence or sexual orientation, to produce even more comprehensive data. Increasing funding for health research and the production of data disaggregated on an intersectional basis could help address this gap for Canada's francophone and Acadian communities. The use of a comprehensive analysis must also take language into consideration as an intersecting factor. In recent years, language has been overlooked with respect to GBA+.⁶ Yet it is the federal government's responsibility to promote official languages. In short, a comprehensive GBA+ will remove underlying inequalities from programs and ensure that they are truly accessible to the entire population. Furthermore, in the interest of transparency, the federal government must ensure that the content of these analyses be made available to the public. To make sure that the programs and services developed by the government adequately meet the needs of the entire population, it is vital to include a linguistic lens that takes into account francophone and Acadian women in minority communities.

Health affects everyone—men and women, people living in both rural and urban areas, Canadian citizens and immigrants. Health should be perceived in an intersectional manner, and knowledge sharing must be encouraged among different departments. Interactions between departments that involve health would allow for an analysis that is more sensitive to diversity and eliminates structural inequalities. There are many connections to be made between departments in the area of health, such as with the Department for Women and Gender Equality or with Immigration, Refugees and Citizenship Canada. Information sharing between these two departments would result in a fully intersectional analysis and would relate more appropriately to all our francophone and Acadian communities.

Support for francophone and Acadian caregivers

The [white paper on francophone caregivers in Canada's francophone and Acadian communities](#) [available in French only] sheds light on the realities of caregivers and the resources available to them. Their work is essential at every

⁶ Chantal Maillé, "Chronique d'une disparition : La langue dans l'Analyse comparative entre les sexes plus (ACS+) du gouvernement du Canada," in *La Francophonie Dans Les Politiques Publiques Au Canada: Un Principe Au Second Rang*, Eds. Isabelle Caron, Jean-Marc Fournier and Graham Fraser (Quebec: Presses de l'Université du Québec, 2022), p. 39.

stage of life, and the type of care they provide varies enormously. Despite this, women represented the majority of caregivers at approximately 54%.⁷ Caregivers face a unique reality: maintaining one's mental and physical health becomes especially important and respite services are in constant demand. While the needs of caregivers changed during the pandemic, one aspect remained unchanged, namely the vital need for access to resources and services in French. COVID-19 significantly increased feelings of isolation among those giving care and those receiving care, and made it difficult to access respite services. Despite all this, the [Canada-wide survey report on the priorities of Canada's francophone and Acadian women](#) [available in French only] noted that the Canada caregiver tax credit (\$6,986 at the time) was inadequate to support francophone and Acadian women economically as caregivers since they carried out this work on a daily basis.

Increasing awareness of the work performed by caregivers is a major challenge and it deserves to be socially recognized. The care and services provided by caregivers have both economic and social costs. The majority of caregivers are women, but they are also "more likely than men to devote more hours per week to providing care" [translation].⁸ According to statistics, a 60% majority of caregivers were working at a paid job in addition to working as caregivers.⁹ The work of caregivers should not be taken lightly. To replace the unpaid labour provided by caregivers, 1.9 million full-time workers would need to be hired in Canada.¹⁰

⁷ Alliance des femmes de la francophonie canadienne, *Livre blanc : Les aidantes francophones dans les communautés francophones et acadiennes du Canada* (Ottawa: AFFC, 2021), p. 10.

⁸ Alliance des femmes de la francophonie canadienne, *Rapport de l'enquête pancanadienne sur les priorités des femmes francophones et acadiennes du Canada* (Ottawa: AFFC, 2020), p. 25.

⁹ Maire Sinha, *Portrait of caregivers, 2012*. (Ottawa: Statistics Canada, 2013), <https://www150.statcan.gc.ca/n1/en/pub/89-652-x/89-652-x2013001-eng.pdf?st=MXRI7Mny>.

¹⁰ Andrew Magnaye et al., *Employed Caregivers in Canada, Infographic series based on analyses of Statistics Canada's General Social Survey on Caregiving and Care Receiving*. (Edmonton: University of Alberta, 2023), p. 15, https://rapp.ualberta.ca/wp-content/uploads/sites/49/2023/05/Employed-Caregivers-in-Canada-Infographic-Series-Compilation_2023-05-15.pdf

Recommendations

The Alliance des femmes de la francophonie canadienne (AFFC) recommends the following to the Standing Senate Committee on Official Languages:

1. That the federal government develop a national health strategy for francophone and Acadian women covering primary health care, mental health, long-term care, sexual and reproductive health, and health prevention;
2. That the federal government provide and facilitate access to equal services and existing health resources for francophone and Acadian women by promoting these services and resources through various communication channels;
3. That the federal government require a comprehensive Gender-Based Analysis Plus (GBA+) and ensure that the results are accessible to the entire population;
4. That the federal government increase research funding and collect disaggregated data that takes the intersectionality of the population into account;
5. That the federal government increase the tax credit allocated to caregivers to recognize their work and support them economically; and
6. That the federal government ensure interdepartmental cooperation on health issues, with an overall vision in mind of the social determinants of health.

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