

A plea to the Senate concerning health and social services to Canadian Francophone minority communities by the *Groupe de recherche sur la formation et les pratiques en santé et service social en contexte francophone minoritaire (GReFoPS)*

Honourable members of the Standing Senate Committee on Official Languages,

The members of the University of Ottawa's *Groupe de recherche sur la formation et les pratiques en santé et service social en contexte francophone minoritaire* (GReFoPS) are grateful for your attention to the evidence-based research concerning health and social services to Canadian francophone minority communities (FMCs).

The seven main points we want to bring to your attention are as follows:

- 1) Active offer of health and social services in official languages, including French, increases the **quality** and **security** of health and social services for Canadians, including those in FMCs. Active offer is “an invitation (...) to express oneself in the official language of one's choice. The offer to speak in the official language of one's choice must precede the request for service”, while ensuring continuity of services in the preferred official language (translation of Bouchard et al., 2021).
 - a. Indeed, active offer contributes to quality of care by improving communication, client trust in providers, client participation in decision-making, adherence to care plans, and client and provider satisfaction (Timony et al., 2022; Sauvé-Schenk et al., 2024).
 - b. Active offer is necessary because the offer of French-language health and social services to French-speaking minorities remains suboptimal (Gagnon-Arpin, 2011; Bouchard and Desmeules, 2011; Charbonneau, 2011; Jutras et al., 2020), even though the majority of FMC members place importance on obtaining services in French (Gagnon-Arpin et al., 2014; Léger, 2020). The active offer by healthcare professionals providing care to French-speaking minorities is generating an increase in demand for services in French (Statistics Canada, 2017; Deveau et al., 2010; Bélanger et al., 2018; Forgues et al., 2011, Sauvé-Schenk et al., 2024). Even bilingual individuals report being more comfortable communicating in French, particularly in situations of high emotional load, when communication is central to diagnosis, etc. (van Kemenade and Forest, 2019; de Moissac and Bowen, 2019; Garcia et al., 2014).
 - c. The lack of active offer contributes to reducing not only the quality but also the safety of health and social services, since it can lead to communication difficulties and breakdowns, wrongful assessment of needs, misdiagnosis, disputes and conflicts, medical errors, inability to provide informed consent, complications of health status, etc. (Bowen, 2001; 2015; Bouchard and Desmeules, 2011; 2013; de Moissac and Bowen, 2019).
- 2) Canadians in FMCs need active offer to exercise their **right to access** health and social services in the official language of their choice (Bouchard et al., 2012), since research evidence shows that despite their needs, individuals in FMCs do not tend to request services in French for a number of reasons (including embarrassment, language insecurity, fear of appearing demanding, fear of having to wait longer, fear that services are not of good quality, anxiety, etc.) (Drolet et al, 2014, 2017; Landry et al. 2006, 2008; Lortie and Lalonde, 2012; Health Canada, 2020; Bouchard et al., 2010; Forgues et al., 2014; Jutras et al., 2020; Léger, 2020; de Moissac and Bowen, 2017; de Moissac et al., 2015; Drolet et al., 2015; Savard et al., 2020).
 - a. It is therefore essential to inform them of their rights with the active offer, and this is particularly true for people who are already vulnerable, such as the elderly, children, immigrants, people with mental health problems, Canadians in rural and remote areas,

people in critical condition or at the end of life, pregnant women, etc. (Cardinal et al, 2023; Cardinal et al., 2018; de Moissac et al., 2020; de Moissac et al., 2016; Jutras et al., 2020; Lacaze-Masmonteil et al., 2013; Ngwakongnwi et al., 2012; Éthier et al., 2012).

- 3) The active offer of health and social services in the official languages is a **competency**, so learning it must include the acquisition of knowledge (“savoirs”), the development of practical skills (“savoir-être”, “savoir-faire”, “savoir agir”) and the progressive application of judgment in its application.
 - a. Our work has identified 21 competency indicators essential to the active offer of health and social services in French to support learning and enable formative assessment of future professionals in simulated learning activities (Vincent et al., 2021, 2023; Savard et al., 2017; Dubouloz et al., 2017).
 - b. Even if they are educated in French, new graduates of health and social services programs feel ill-equipped to recognize issues related to the active offer of services in French (Bouchard and Vézina, 2009).
 - c. Active offer of services in French is a complex competency that must be taught, practiced and assessed from the very first years of training for future health and social services professionals, so that they can gradually learn to demonstrate various active offer behaviors in order to increase their level of confidence in their ability to do so (Vincent et al., 2021).
- 4) In our view, **experiential training** in active offer competency with an interprofessional collaborative approach is effective in increasing the competency of Francophone, Anglophone and Allophone providers, including future and current professionals, with an inclusive approach to all health and social service providers (Giroux et al., 2023, 2024a, b, c; Savard, Benoît et al., 2024).
 - a. Enhancing the active offer training of future and current professionals in education and practice settings will have a snowball effect, increasing equity of access to safe, quality care for FMC members.
- 5) The **shortage of bilingual health and social service professionals** could be addressed by increased support for French-language minority education programs for future professionals who have so few resources to support quality training (including experiential training) for their FMC students.
 - a. Education programs offered in minority settings have an increased workload and fewer resources are available to support them, resulting in teacher overload, so they have little time and resources to recruit for their programs to attract future professionals.
 - b. FMC students often have to do internships in remote areas and/or travel for their program of study, leading to increased costs.
- 6) Since language is an important determinant of Canadians health, a proactive approach that provides education and practice settings with the **resources** they need to implement active offer and effective strategies to increase the performance of healthcare systems with respect to FMCs will increase equity of access to safe, quality care for Canadians while reducing the cost of these services. This includes
 - a. the implementation of progressive experiential training in the active offer in initial education programs and in the continuing education of health and social service providers, as well as the evaluation of its impact;
 - b. integrating this essential competency for Canadians into the mandatory education curricula of health and social service disciplines governed by health and social service professional regulatory bodies, as well as national accreditation standards for health and social service professional training programs;

- c. federal government funding, through earmarked envelopes, of initiatives aimed at the implementation of effective strategies by health and social service managers to support active offer, such as training in active offer and evaluation of its impact on providers and clients, the compilation of languages spoken by providers, the pairing of clients with providers who can speak the official language of their choice, increased access to medical translation services by registered medical professional translators-interpreters, etc. (Savard, Sauv -Schenk et al, 2024; Savard et al., 2015; Farmanova et al., 2017). Health and social services establishments will always prioritize services that meet the needs experienced by the greatest number. As such, FMCs are at a disadvantage. Earmarked envelopes would encourage organizations to better meet the needs of FMCs without having to defend themselves that they are doing so to the detriment of the majority;
 - d. increased access to French-language health and social services through teleconsultation (Dorion, 2024), as well as coordination of services, including primary health care (Jutras et al., 2020), for FMCs (Sauv -Schenk et al, 2024;  thier et al., 2012; Farmanova et al., 2017).
- 7) Support for **multi-year research on active offer** for the benefit of FMCs, with more resources, is needed to enable evaluation of the implementation of experiential training in active offer competency and the impact on clients of future and current professionals education in universities and colleges, and in health and social services practice settings, as well as for the collaboration and national sharing of best practices in active offer training and the evaluation of training outcomes (for both anglophones and allophones as well as francophones), enabling a more concerted and effective approach (Savard, Savard et al. , 2024).
- a. Consideration should also be given to the fact that there are 20% more words in French than in English, so funding agencies should not only give enough grants for research into FMCs, but also allow for the inclusion of 20% more space for funding applications submitted in French, not to mention support for peer reviews that understand the reality of FMCs. Among other things, this would enable FMC health and social service researchers to submit their funding applications in French.

In short, these seven elements demonstrate the need for more support and resources for health and social services to FMC members in Canada. We hope that this evidence will serve as recommendations to the federal government on measures to enhance the quantity, quality and safety of French-language health and social services for Canadian FMCs.

Please let us know if you would like more information on these and other aspects of the situation and needs of FMCs.

Yours sincerely,

Isabelle Giroux, S bastien Savard and Jos e Beno t, for GReFoPS

Reference list

B langer, R., Mayer-Crittenden, C., Mainguy, J. et Coutu, A. (2018). Enqu te sur l'offre active pour les services auxiliaires de sant  du Nord-Est de l'Ontario. *Reflets*, 24(2), 212-247.
<https://doi.org/10.7202/1053869ar>

Bouchard, L., Beaulieu, M. & Desmeules, M. (2012). L'offre active de services de santé en français en Ontario : une mesure d'équité. *Reflets : Revue d'intervention sociale et communautaire*, 18, 38-65.

Bouchard, L., Chomienne, M.-H., Benoit, M., Boudreau, F., Lemonde, M. et Dufour, S. (2010). Impact de la situation linguistique minoritaire sur les soins de santé pour des personnes âgées francophones de l'Ontario souffrant de maladies chroniques : une étude qualitative exploratoire. Consortium national de formation en santé.

Bouchard, L. et Desmeules, M. (2011). Minorités de langue officielle du Canada : Égales devant la santé ? Presses de l'Université du Québec.

Bouchard, L., et Desmeules, M. (2013). Les minorités linguistiques du Canada et la santé [Linguistic minorities in Canada and health]. *Healthcare policy = Politiques de santé*, 9 (Special Issue), 38–47. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4750144/#>

Bouchard, P. & Vézina, S. (2009). *L'outillage des étudiants et des nouveaux professionnels : un levier essentiel à l'amélioration des services de santé en français*. Consortium national de formation en santé (CNFS).

Bowen, S. (2001). Barrières linguistiques dans l'accès aux soins de santé (publication n° : H39-578/2001F). Santé Canada. https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2001-lang-acces/2001-lang-acces-eng.pdf

Bowen, S. (2015). Impact des barrières linguistiques sur la sécurité des patients et la qualité des soins. Rapport final pour le compte de la Société Santé en français. Société Santé en français. <https://reseausantene.ca/wp-content/uploads/2018/05/impacts-barrieres-linguistiques.pdf>

Cardinal, L., de Moissac, D. et Deschênes-Thériault, G. (2023). L'offre active de services de santé mentale en français: le rôle clé des outils. *Can Public Admin.* 1–25. DOI: 10.1111/capa.12533

Cardinal, L., Normand, M., Gauthier, A. P., Laforest, R., Huot, S., Prud'homme, D., Castonguay, M., Eddie, M.-H., Savard, J. & Yaya, S. (2018). L'offre active de services en français dans le domaine de la santé mentale en Ontario. *Minorités linguistiques et sociétés* 9(9): 74–99.

Charbonneau, F. (2011). Dans la langue officielle de son choix : la loi canadienne sur les langues officielles et la notion de « choix » en matière de services publics. *Lien social et Politiques*, 66, 39-63. <https://doi.org/10.7202/1008872ar>

de Moissac, D. & Bowen, S. (2017). Impact of Language Barriers on Access to Healthcare for Official Language Minority Francophones in Canada. *Healthcare Management Forum*, 30(4): 207-212. <https://doi.org/10.1177/0840470417706378>

de Moissac, D. et Bowen, S. (2019). Impact of Language Barriers on Quality of Care and Patient Safety for Official Language Minority Francophones in Canada. *Journal of Patient Experience*, 6(1), 24-32. <https://doi.org/10.1177/2374373518769008>

de Moissac, D., Giasson, F. et Roch-Gagné, M. (2015). Accès aux services sociaux et de santé en français: l'expérience des Franco-Manitobains, *Minorités linguistiques et société*, Numéro 6, pages 42-65.

de Moissac, D., Roch-Gagné, M., Ba, H., Gueye, N. R., & Ethier, S. (2016). Health status of minority Francophone seniors in Manitoba and access to services in French: Potential for social isolation. *Human Development, Disability, and Social Change*, 22(1), 57-73.
<https://www.erudit.org/fr/revues/devhumain/2016-v22-n1-devhumain06766/1086381ar/>

de Moissac, D., Savard, J., Savard, S., Giasson, F. & Kubina, L.-A. (2020). Management Strategies to Improve French Language Service Coordination and Continuity for Official Language Francophone Seniors in Canada. *Healthcare Management Forum* 33(33): 271–6.
<https://doi.org/10.1177/0840470420931115>

Deveau K., Landry, K. et Allard, R. (2010). Utilisation des services gouvernementaux en français : une étude auprès des Acadiens et francophones de la Nouvelle-Écosse sur les facteurs associés à l'utilisation des services gouvernementaux en français [rapport de recherche]. Institut canadien de recherche sur les minorités linguistiques. https://icrml.ca/images/stories/documents/fr/sommaire_deveau_services_gouv.pdf

Dorion, M. (2024). Développement et validation de questionnaires de satisfaction quant à l'utilisation de la téléconsultation auprès des patients et professionnels de la santé en contexte francophone minoritaire. Thèse doctorale, Université d'Ottawa. 398 pages. <https://doi.org/10.20381/ruor-30307>

Drolet, M., Arcand, I., Benoît, J., Savard, J., Savard, S., et Lagacé, J. (2015). « Agir pour avoir accès à des services sociaux et de santé en français : Des Francophones en situation minoritaire nous enseignent quoi faire! ». *Revue canadienne de service social*, 32(1-2), 5-26.

Drolet, M., Bouchard, P., Savard, J. & Laforge, M-J. (2017). Problématique générale : Enjeux de l'accessibilité et de l'offre active de services sociaux et de santé au sein de la francophonie canadienne en situation minoritaire. Dans : Marie Drolet, Pier Bouchard et Jacinthe Savard (Dir.). *Accessibilité et offre active : Santé et services sociaux en contexte linguistique minoritaire*. Presses de l'Université d'Ottawa.

Drolet, M., Savard, J., Savard, S., Benoît, J., Arcand, I., Lagacé, J., Lauzon, S. et Dubouloz, C. (2014). Health services for linguistic minorities in a bilingual setting: Challenges for bilingual professionals. *Qualitative Health Research*, 24(3), 295-305. <https://doi.org/10.1177/1049732314523503>

Dubouloz, C-J., Benoît J., Savard, J., Guitard, P. et Bigney, K. (2017). Enjeux de l'enseignement de l'offre active : proposition d'un cadre éducationnel pour les professeurs (Chapitre 11). Dans : Marie Drolet, Pier Bouchard et Jacinthe Savard (Dir.). *Accessibilité et offre active : Santé et services sociaux en contexte linguistique minoritaire*. Presses de l'Université d'Ottawa.

Éthier, S., Ba, H., Belzile, L., Gagné, M. et Roch-Gagné, M. (2012). Améliorer l'accès des personnes âgées de Saint-Boniface et de Saint-Vital aux services de santé en français. Objectif 5 – Description des expériences de trajectoires individuelles de soins de santé en français pour les aînés | Improving St. Boniface and St. Vital seniors' access to French-language health services. Objective 5 – Description of experiences of seniors' individual trajectories in French-language health care. Conseil

communauté en santé du Manitoba et Université de Saint-Boniface.

Farmanova E, Bouchard L, Bonneville L. (2017). Success strategies for linguistically competent health care: the magic bullets and cautionary tales of the active offer of French-Language health services in Ontario. *Healthcare Q*. 20(4):24-30.

Forgues, É., Bahi, B., Michaud, J., Deveau, K., Boudreau, J. et St-Onge, S. (2011). L'offre de services de santé en français en contexte francophone minoritaire. ICRML, Institut canadien de recherche sur les minorités linguistiques.

Forgues, É., Couturier, Y., et Deroche, F. (2014). Les conditions favorables à l'établissement de services de santé pour les aînés francophones. Institut canadien de recherche sur les minorités linguistiques et Société Santé en français.

Gagnon-Alpin, I. (2011). Access to health care services and self-perceived health of Canada's official-language minorities, [thèse de maîtrise en épidémiologie, Université d'Ottawa]. Recherche uO. https://ruor.uottawa.ca/bitstream/10393/20077/4/Gagnon-Arpin_Isabelle_2011_thesis.pdf

Gagnon-Arpin, I., Bouchard, L., Leis, A. et Bélanger, M. (2014). Accès et utilisation des services de santé en langue minoritaire. Dans R. Landry (dir.), *La vie dans une langue officielle minoritaire au Canada* (chap. 5, p. 195-221). Presses de l'Université Laval.

Garcia, L. J., McCLeary, L., Emerson, V., Léopoldoff, H., Dalziel, W., Drummond, N., Cohen, C., Koehn, S., & Silvius, J. (2014). The pathway to diagnosis of dementia for Francophones living in a minority situation. *The Gerontologist*, 54(6), 964-975. <https://doi.org/10.1093/geront/gnt121>

Giroux, I., Dorion, M., Muray, M., Sehabi, Y., Kengneson, C-C., Laroche-Nantel, R., Vincent, C., Benoît, J., Savard, J. (2023). *Comment former les futurs professionnels à l'offre active en utilisant la simulation ?* Colloque 2023 – Santé des CLOSM, en virtuel. Présentation par affiche le 6 juin 2023.

Giroux, I., Kengneson, C.C., Desgreniers, V., Tyerman, J., Savard, J., Benoit, J., Bodnaruc, A. (2024a). *Évaluation des apprentissages liés à un module interprofessionnel de simulation virtuelle asynchrone sur l'offre active de services en français*. Présentation orale le 12 avril au congrès national des Journées Montfort. 11-12 avril 2024. Ottawa, Ontario, Canada. Cette présentation orale a reçu le premier prix de présentation orale des Journées Montfort.

Giroux, I., Tyerman, J., Kengneson, C.C., Savard, S., Benoit, J., Savard, J. (2024b). *Évaluation d'un module d'apprentissage interprofessionnel simulé asynchrone pour apprendre la compétence de l'offre active des services en français*. Présentation orale le 14 mai au congrès international de l'ACFAS. Ottawa, Ontario, Canada.

Giroux, I., Tyerman, J., Kengneson, C.C., Savard, S., Savard, J. (2024c). *Interprofessional virtual simulation module to learn the active offer competency*. Présentation par affiche au International Congress of Dietetics. June 12-14, Toronto, Ontario, Canada.

Jutras, C., Gauthier, A.P., Timony, P.E., Côté, D. & Kpazai, G. (2020). Expérience de francophones en

Ontario chez leur médecin de famille : concordance et discordance linguistique. *Diversity of Research in Health Journal*. 3, 12-33. <https://doi.org/10.28984/drhj.v3i0.310>

Lacaze-Masmonteil, T., Leis, A., Lauriol, E., Normandeau, J., Moreau, D., Bouchard, L. et Vaillancourt, C. (2013). Perception du contexte linguistique et culturel minoritaire sur le vécu de la grossesse. *Revue canadienne de santé publique*, 104(6), 65-70. <https://doi.org/10.17269/cjph.104.3515>

Landry, R., Deveau, K. et Allard, R. (2006). Vitalité ethnolinguistique et construction identitaire : le cas de l'identité bilingue. *Éducation et francophonie*, 34(1), 54-81. <https://doi.org/10.7202/1079034ar>

Landry, R., Allard, R. et Deveau, K. (2008). Un modèle macroscopique du développement psycholinguistique en contexte intergroupe minoritaire. *Diversité urbaine*, hors série, 45-68. <https://doi.org/10.7202/019561ar>

Léger consultant. (2020). Perceptions des communautés de langue officielle en situation minoritaire : accès aux services de santé dans la langue officielle de son choix. Rapport préparé pour Santé Canada. <https://publications.gc.ca/site/fra/9.886122/publication.html>

Lortie, L., et Lalonde, A. J. (2012). Cadre de référence pour la formation à l'offre active des services de santé en français. *Les Sentiers du Leadership*, Consortium national de formation en santé. http://www.entitesante2.ca/fls-cop/wp-content/uploads/2020/09/5-OFFRE-ACTIVE-CNFS_pour_formation_offre_active_SSEF.pdf

Ngwakongnwi, E., Hemmelgarn, B. R., Musto, R., Quan, H., & King-Shier, K. M. (2012). Experiences of French speaking immigrants and non-immigrants accessing health care services in a large Canadian city. *International Journal of Environmental Research and Public Health*, 9(10), 3755-3768. <https://doi.org/10.3390/ijerph9103755>

Santé Canada. (2020). Perceptions des communautés de langue officielle en situation minoritaire : accès aux services de santé dans la langue officielle de son choix [rapport final]. <https://publications.gc.ca/site/fra/9.886122/publication.html>

Sauvé-Schenk, K., Savard, J., Miljours, J.-C., Bouchard, L. (2024). L'expérience des francophones des soins et des services en contexte linguistique minoritaire : bilan et perspectives. *Minorités linguistiques et Société*, 22. <https://doi.org/10.7202/1110633ar>

Savard, J., Benoit, J., Cormier, M., Muray, M., Dorion, M, Vincent C, Giroux, I. (2024) La formation à l'offre active : design pédagogique, défis et avenues pour le futur. *Minorités linguistiques et société / Linguistic Minorities and Society. Numéro thématique : La santé des francophones en contexte linguistique minoritaire : 20 ans de recherche. Numéro 22*, pp. 1-19. <https://doi.org/10.7202/1110632ar>

Savard, J., Bigney, K., Kubina, L.-A., Savard, S., & Drolet, M. (2020). Structural facilitators and barriers to access to and continuity of French-language healthcare and social services in Ontario's Champlain region. *Healthcare Policy*, 16(1), 78-94. <https://doi.org/10.12927/hcpol.2020.26289>

Savard, J., Casimiro, L. Bouchard, P., Benoît, J., Drolet, M. et Dubouloz, C. (2015). Conception d'outils de mesure de l'offre active de services sociaux et de santé en français en contexte minoritaire. *Minorités linguistiques et société*, (6), 131-156. <https://doi.org/10.7202/1033193ar>

Savard, J., Casimiro, L., Bouchard, P., Benoît, J. (2017). Les comportements favorables à l'offre active, leur mesure et leurs déterminants (Chapitre 12). Dans : Drolet, M., Bouchard, P., Savard, J. (Dir.). *Accessibilité et offre active : Santé et services sociaux en contexte linguistique minoritaire*. Presses de l'Université d'Ottawa.

Savard, S., Savard, J., Benoît, J., Sauvé-Schenk, K., de Moissac, D., Durand, F., Dupuis-Blanchard, S. (2024). *Implementation of Innovative Strategies to Increase French Language Services in Three Canadian Health and Social Services Organizations*. Research report, Groupe de recherche sur la formation et les pratiques en santé et service social en contexte francophone minoritaire.

Savard S, Sauvé-Schenk, K., Savard, J., van Kemenade, S., Benoît, J. (2024). L'accès aux services en français, de la connaissance des défis à l'accompagnement des organisations vers le changement. *Minorités linguistiques et Société*, 22. <https://doi.org/10.7202/1110626ar>

Statistique Canada (2017). Professionnels de la santé et minorités de langue officielle au Canada, 2001 et 2011 (publication n° 89-657-X 2017002). <https://www150.statcan.gc.ca/n1/pub/89-657-x/89-657-x2017002-fra.pdf>

Timony, P.E., Gauthier, A.P., Wenghofer, E.F. & Hien, A. (2022a). The Impact of Linguistic Concordance and the Active Offer of French Language Services on Patient Satisfaction. *Diversity of Research in Health Journal*, 5(2), DOI: <https://doi.org/10.28984/drhj.v5i2.359>

van Kemenade, S. et Forest, M-E. (2019). Services de santé mentale et de dépendances à Terre-Neuve-et-Labrador: Les besoins des francophones et des Acadiens dans cinq communautés de la province. Réseau Santé en français de Terre-Neuve-et-Labrador. <https://sante-closm.ca/wpcontent/uploads/2022/08/van-Kemenade-S.-et-Forest-M.-2019-Sommaire.pdf>

Vincent, C., Bodnaruc, A.M., Kengneson, C.-C., Savard, J., Giroux, I. (2021). Création et validation d'une grille d'observation pour simulations sur l'offre active de services de santé en français. *Reflets : Revue d'intervention sociale et communautaire*, 27(2), pp. 150-164. <https://doi.org/10.7202/1093102a>

Vincent, C., Bodnaruc, A.M., Savard, J., Kengneson, C., Benoît, J., Giroux, I. (2023). Évaluation de la fidélité interjuges d'une grille d'observation des comportements d'offre active de services en français dans le cadre d'activités d'apprentissage par simulation. *Minorité linguistique et société/Linguistic Minority and Society*. 21, pp.1-25. <https://doi.org/10.7202/1097641ar>