



# **THE INTERRELATIONSHIPS BETWEEN THE HEALTH AND ECONOMIC SECTORS IN OFFICIAL LANGUAGE MINORITY COMMUNITIES**

*A brief submitted by the Réseau de développement économique et d'employabilité du Canada (RDÉE Canada) to the Standing Senate Committee on Official Languages*

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## **Executive summary**

This brief, presented to the Standing Senate Committee on Official Languages, aims to provide an overview of the state of knowledge on the interrelationships between the health sector and the economy of the country's official language minority communities (OLMCs), specifically from a francophone perspective. In particular, the document highlights the importance of the health sector to the national economic fabric, offers some evidence and highlights, discusses the various issues affecting our communities, and makes recommendations to address various dynamics. Specifically, these dynamics include labour shortages in several professions and subsectors, issues related to public funding for civil society organizations working to encourage the active offering of French-language health services, the promotion of entrepreneurship in French-language health services, and much more.

## **Message from the CEO**

On behalf of RDÉE Canada, we applaud the Government of Canada and the Senate for their interest in the link between health and the economy in OLMCs. Indeed, we believe that this is an important issue and one that has not been raised much in the news, except in extraordinary cases such as the Hôpital Montfort crisis in the late 1990s, and which, of course, deserves special attention.

As you know, we are living in challenging economic times, with an increasing number of interconnected dynamics. For example, there are challenges in terms of labour shortages in several professions and trades, difficulties related to staff retention, inflation and the increased cost of living, public funding difficulties for support organizations in French-speaking minority communities, the significant catch-up required in the availability of French-language programs in minority communities in the health field, and much more. All these factors are not isolated but instead are interconnected and feed into each other.

We hope that this brief will help to better understand the needs felt by our communities, shed light on an economic analysis of the situation, and allow policy makers to make the appropriate decisions to ensure the health and prosperity of francophone and Acadian communities across the country. This document not only brings together our own observations, but also includes the findings of our members in the field.

Whether it is to create, grow, sell or buy a business in the health or other sectors, to promote the creation of job opportunities, to develop new markets, to expand existing markets, or to invest in the development of new products and services as well as research and development, Canada's francophone and Acadian communities provide entrepreneurs, project holders and investors with a range of opportunities to build the future. This future inevitably depends on healthy communities. RDÉE Canada, along with national and provincial organizations specializing in public health issues, wants to play a leading role in ensuring that we have a strong economy in the sector that is focused on both the present and the future.

Yan Plante  
CEO, RDÉE Canada

## **RDÉE Canada**

Recognized for its expertise in entrepreneurship, community economic development and employability, the Réseau de développement économique et d'employabilité du Canada (RDÉE Canada) is a non-profit organization with over 27 years of experience fostering the economic development of minority francophone and Acadian communities by supporting the collective actions of its members and providing national leadership based on collaboration and partnerships.

RDÉE Canada is active across the country thanks to its national network of twelve members located in every province and territory, except for Quebec. This network is committed to creating the conditions for a strong and sustainable national economy.

Website: <https://rdee.ca/en/>

## Introductory remarks

The integration of the health sector into the economic fabric of official language minority communities (OLMCs), particularly among francophone and Acadian communities, is an issue that has often attracted little media, social or political interest. However, this important issue deserves special attention. After all, the health of a community informs its economy, and vice versa.

Recently, various measures have been adopted to address several specific dynamics affecting the health economy. For example, in the labour sector, the adoption of good practices from pilot projects is slowly making waves. The Ontario government recently made changes to the Ontario Immigrant Nominee Program (OINP) to expand the health care workforce, increase the occupations eligible for the In-Demand Skills stream and protect newcomers from immigration fraud. These changes help address ongoing labour shortages in key sectors such as health care. In particular, Ontario's economic immigration program will now exempt nurses who are registered with the College of Nurses of Ontario in designated classes from having to provide a bachelor's degree in order to qualify for the Priorities stream. This will create additional pathways for internationally educated nurses, to receive a nomination through the program, helping Ontario better expand the health care workforce to meet the needs of Ontarians. The OINP is also increasing the number of occupations eligible for the Employer Job Offer: In-Demand Skills stream from 22 to 56.<sup>1</sup>

In New Brunswick, nursing labour shortages have forced the hand of the provincial government, which has temporarily allowed students to take the Quebec nursing exam. In recent years, the province has switched to the NCLX exam, which directly disadvantages francophone professionals; a dramatic drop in the success rate of francophone students has led to fewer francophone nurses in the province.

In Prince Edward Island, the PEI French Health Network collaborated with its partners to explore the possibility of encouraging the mobility of francophone health workers between Quebec and the Island. Quebec has agreements with France, for example, for credential recognition. Ultimately, the issue of credential recognition remains unresolved outside Quebec. Before being able to start the refresher training required for obtaining recognition of foreign diplomas, candidates must take English-language exams. This barrier to entry discourages many francophone immigrants with health care professional experience. English-language skills should instead be assessed at the end of the training and developed as a professional skill, and not as an admission requirement.

Notable advances have been made in recent years, such as the fact that health care is now explicitly recognized as an essential sector of FMC vitality in the modernized *Official Languages Act* (OLA) of June 2023. However, there is still a long way to go.

On another note, with regard to the tax issue, as part of the latest Action Plan for Official Languages 2023–2028, the Government of Canada indexed funding for the Official

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<sup>1</sup> Government of Ontario, Newsroom: <https://news.ontario.ca/en/release/1004804/ontario-expanding-pathways-for-newcomers-working-in-health-care>.

Languages Health Program, which is now at \$8 million over five years in increased core funding for organizations working with OLMCs. This indexing enables these communities to carry out activities essential to giving them improved access to health services in the official language of their choice.<sup>2</sup>

The adoption of these kinds of measures, good practices, policies and opportunities for public funding is unfortunately not standardized across the country, and different provinces have economic and social realities with varying geography. The needs of francophone minority communities are thus addressed in a variety of contexts. Issues related to health spending, realities on the ground, the legislative framework and many other factors contribute to making this subject of study a complex and constantly evolving issue. How can we put things in perspective and understand the bigger picture?

This brief aims to explore the interactions between the health and economic sectors of OLMCs, specifically by identifying the main issues, exploring some evidence, and proposing possible solutions through official recommendations based on our organization's field observations. By the end of this document, we hope to provide the Standing Senate Committee on Official Languages with a better appreciation of the subtleties surrounding the interrelationships between the two objects of study, and propose solutions that are practical and sustainable in the long term, and that act first and foremost for the well-being of our francophone and Acadian communities across the country.

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<sup>2</sup> Government of Canada, Action Plan for Official Languages 2023–2028: Protection-Promotion-Collaboration: <https://www.canada.ca/en/canadian-heritage/services/official-languages-bilingualism/official-languages-action-plan/2023-2028.html#a12j>.



## The main issues related to the health economy

In a survey commissioned by RDÉE Canada and administered by Pollara during the spring-summer of 2024, we were able to quantify various concerns shared by all francophone and Acadian minority communities across the country.<sup>3</sup> Among the issues raised are the following:

- When asked about the protection of francophone minority community (FMC) gains, 41% of respondents said they felt little or not at all protected.
- When asked about how they view the future of francophone and Acadian communities in Canada, more than 61% of respondents said they were neither optimistic nor pessimistic, rather pessimistic, or very pessimistic.
- A plurality of minority francophones(41%) are in a precarious financial situation.
- This financial precariousness affects 67% of those over 75 years old, 56% of those aged 55 to 75, and 45% of women.
- Only 31% believe that things will improve in the next 12 months and 35% think that things will get worse.
- The high cost of living is at the top of the list of concerns for this group (67%).
- A high number of respondents (41%) would like the federal government to do more to support their community's economic development.
- **A significant number of minority francophones report having trouble accessing health and social services (40%).**
- A very large majority (82%) believe that it is essential to have francophone businesses to ensure the survival of the French language in their regions.
- **Two-thirds of respondents (64%) believe that there is a francophone labour shortage in their community, particularly in the health sector (56%).**

These data identify certain basic dynamics related to the accessibility of French-language services and concerns related to the social determinants of health (including income, access to employment, etc.) and the future of our communities. These data also reflect a number of observations shared by other sources of information and by other organizations in the Canadian Francophonie.

In addition to the data contained in the survey, RDÉE Canada has identified the main issues inherent to the health sector, which are omnipresent in the economic reality of francophone communities across the country.

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<sup>3</sup> RDÉE Canada and Pollara, 2024 [IN FRENCH]: [https://rdee.ca/wp-content/uploads/Sondage\\_RDEE\\_Pollara\\_Juin2024.VP\\_.pptx.pdf](https://rdee.ca/wp-content/uploads/Sondage_RDEE_Pollara_Juin2024.VP_.pptx.pdf).

## **1. Availability of public funding**

It is a priority for the development and strengthening of official language minority communities to properly invest in health care infrastructure, including institutes, laboratories and research facilities in hospitals and long-term care facilities, in order to improve capacity for patient-centred care and address overcrowding, build surge capacity and improve quality of care. Moreover, it is absolutely critical to ensure that civil society organizations that oversee the work of health care facilities, and particularly minority francophone organizations, are properly funded. Most of the time, they suffer from a lack of adequate resources to meet the various emerging needs of communities, as evidenced by the report by the Fédération des communautés francophones et acadiennes du Canada (FCFA) on the health of organizations across the country.

## **2. Demographic dynamics and increased pressure on the national health system**

The most recent population projections released by Statistics Canada show a substantial population increase over the next few decades. According to the various projection scenarios, the Canadian population, estimated at 40.1 million in 2023, will continue to grow over the coming decades to reach between 47.1 million and 87.2 million in 2073. Under the medium-growth scenario (M1), Canada's population would reach 62.8 million in 2073.<sup>4</sup> This population increase will certainly put additional pressure on health care delivery. It is therefore crucial to take into account the active offer of French-language services in this context of continued population growth and to ensure the continuity of services.

## **3. Lack of data and lack of understanding on specific issues related to OLMCs**

There is currently a considerable lack of in-depth understanding of the health situation of OLMCs across the country, as well as the socio-economic determinants associated with it. This observation was shared by the Société santé en français. Sustained efforts should be made to catalogue, analyze and publish data on the health of Canada's francophone and Acadian communities in order to allow researchers to make recommendations adapted to the various contexts across geographic areas. This point can be segmented into two subsets:

### **a) Data on the identification of individuals requiring service in French in the various provinces and territories**

A few pilot initiatives have been conducted in recent years to improve access to health services for FMCs. Below is an interesting example:

**Pilot project in Prince Edward Island:** The PEI French Health Network conducted a study to identify regions where active recruitment is taking place and to better prepare for the full economic and social integration of newcomers to these regions, even before

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<sup>4</sup> Statistics Canada, The Daily, Population projections: Canada, provinces and territories, 2023 to 2073, June 24, 2024: <https://www150.statcan.gc.ca/n1/daily-quotidien/240624/dq240624b-eng.htm>.

their arrival. This study is essentially built around identifying the obstacles potentially encountered by new arrivals when looking for a job. Identifying obstacles will then help develop a pilot project to upgrade nursing care that meets the requirements of the professional orders. After the pilot project is assessed, the plan is to create a comprehensive program that can be replicated. In addition, a final assessment will take place in the final year. This project is currently underway and will be completed in 2025.

However, although this type of project has had a certain rate of success, these measures have not been adopted systematically across the various provinces and territories. It is therefore necessary to consider the shortcomings in terms of service offerings.

#### **b) Data on the availability and distribution of services in FMCs**

At present, there is still uncertainty about the accuracy of the data on the availability and distribution of French-language services offered in the health care sector, whether in hospitals, private clinics, in general medical services or any related services. The availability of French-language services is uneven across Canada and is due to many different factors, including the non-standardization of specific language offerings in several provinces and territories, the availability of qualified staff in institutions, the recruitment and retention of a bilingual workforce and the adoption of proactive measures in this regard, as well as underfunding. Access to data is even more complicated. No comprehensive review has been conducted on the active offer of French-language services at the national level. It would therefore be important in the medium term to be able to undertake this important work. The addition of a francophone lens to all research and analysis work, and to the development of programs and initiatives, would also be an important avenue to explore.

#### **4. The social and economic determinants of health in francophone minority communities**

Beyond the simple issue of community health, there is a whole set of determinants that various levels of government, organizations and civil society must consider, namely the social and economic determinants of health. These determinants are also used by the Public Health Agency of Canada. We want to focus on four of the 12 determinants:

- Employment and working conditions
- Education and literacy (including access to health literacy and financial literacy)
- Childhood experiences (including through federal support programs for funding the early childhood sector)
- Access to health services (including issues related to the funding of health infrastructure, transport and mobility, as well as access in rural and remote areas)

The activities of RDÉE Canada and its national network address three of these determinants in particular. Through our early childhood programs, employability services and specialized entrepreneurship programs, we offer francophone and Acadian communities opportunities to optimize these determinants. Whether through our participation in Destination Canada: Mobility, portals such as Employer Link, Passeport entrepreneurial, or through our research

and consultation activities, RDÉE Canada's activities tackle some facets of this equation. However, there is still a long way to go because of inadequate resources. It is imperative to take into consideration all of these determinants when examining the health and economic situation of FMCs.

## **Exploring evidence on health economics in official language minority communities**

The following data, collected from a variety of sources, provides a better understanding of specific aspects related to the health of communities across the country and identifies gaps that need to be filled:

### National portrait

- Number of minority francophone speakers: 2.8 million
- Total value of national health spending (2023): \$344 billion<sup>5</sup>
- Total value of the Canadian dental care economy (private portion) (2023): \$18.4 billion<sup>6</sup>
- Total federal contribution to dental care: \$13 billion over 5 years
- Number of hospitals in Canada offering services in French:

### Health and workforce

- Total number of unfilled health care positions according to Statistics Canada (first quarter of 2024): 93,700
- Exact number of job openings in health care in OLMCs<sup>7</sup>: Unknown
- Language potential to be filled in the health sector in FMCs: 54%<sup>8</sup>
- Number of FMCs members who can conduct a conversation in French and who work in health care: 120,650<sup>9</sup>
- Total number of workers (all languages) working in health care in FMCs: 1,027,170<sup>10</sup>
- Percentage of total health care workers in FMCs who can conduct a conversation in French: 12%

Main occupations of francophone FMC workers in the health services sector by NAICS code<sup>11</sup>:

- 3012 Registered nurses and registered psychiatric nurses
- 3413 Nurse aides, orderlies and patient service associates

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<sup>5</sup> Canadian Institute for Health Information: <https://www.cihi.ca/en/national-health-expenditure-trends>.

<sup>6</sup> Statista: <https://www.statista.com/statistics/436574/private-sector-health-spending-canada-on-professionals-by-type/>.

<sup>7</sup> Initiative de recherche au sein des communautés francophones en situation minoritaire pour une main-d'œuvre qualifiée dans les différents secteurs de l'économie canadienne [IN FRENCH]: [https://rdee.ca/wp-content/uploads/Projet-IMT-CFSM-2022-Rapport-final-Volume-I\\_20mai2022.pdf](https://rdee.ca/wp-content/uploads/Projet-IMT-CFSM-2022-Rapport-final-Volume-I_20mai2022.pdf).

<sup>8</sup> Ibid, Table 24, page 47.

<sup>9</sup> Ibid, Table 24, page 47.

<sup>10</sup> Ibid, pages 45 and 47.

<sup>11</sup> Ibid, page 46.

- 3112 General practitioners and family physicians
- 3111 Specialist physicians
- 1414 Receptionists
- 1243 Medical administrative assistants
- 3233 Licensed practical nurses
- 1411 General office support workers
- 4212 Social and community service workers
- 3142 Physiotherapists

### Health entrepreneurship

- Federal investments in entrepreneurship support programs: Approximately \$750 million<sup>12</sup>
- Total value of the pharmaceutical sector in Canada: 8th largest pharmaceutical market in the world<sup>13</sup>
- Canadian medical device market: Estimated at \$9.47 billion in 2022, representing approximately 2.3% of the global market<sup>14</sup>
- Total value of distribution of private health companies in Canada: 29% of total health spending across the country
- Total investments in health R&D: 1.5% of the total health budget<sup>15</sup>
- Number of minority francophones who own a business in the health sector: Unknown

### Other notable facts

- In February 2023, the federal government signed a new agreement with the provinces and territories that provides an additional \$196.1 billion in health funding over 10 years. The last time a health care agreement was reached, in the 2000s, the annual growth rate of health care spending was over 6%.
- Canada has a ratio of health spending to GDP of 12.3%.<sup>16</sup>
- Health care spending increased by more than \$9 billion in the past year.<sup>17</sup>

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<sup>12</sup> Federal Budget 2024: <https://budget.canada.ca/2024/home-accueil-en.html> (includes, but is not limited to, spending related to the Futurpreneur program, regional economic development agencies, Innovation, Science and Economic Development Canada, the Canadian Entrepreneur Incentive, and various other measures).

<sup>13</sup> Innovation, Science and Economic Development Canada, Pharmaceutical Industry Profile: <https://ised-isde.canada.ca/site/canadian-life-science-industries/en/biopharmaceuticals-and-pharmaceuticals/pharmaceutical-industry-profile>.

<sup>14</sup> Innovation, Science and Economic Development Canada, Medical Devices: Industry Profile, <https://ised-isde.canada.ca/site/canadian-life-science-industries/en/medical-devices/industry-profile>.

<sup>15</sup> Research Canada: <https://rc-rc.ca/get-the-facts-research-in-trouble/>.

<sup>16</sup> Canadian Institute for Health Information: <https://www.cihi.ca/en/national-health-expenditure-trends-2023-snapshot>.

<sup>17</sup> Ibid.

### Current information gaps

Although we have data on a set of variables at the national and OLMC levels on a variety of topics, some gaps were noted. Among others, the following information has been left unanswered in recent years:

- Exact number of French-speaking and bilingual private companies operating in the minority healthcare field
- Total value of direct health contributions in OLMCs for all provinces and territories
- The total value of direct contributions to community health support structures in OLMCs
- The exact number of positions to be filled in FMCs, by province and territory, and by type of occupation or trade (NAICS classification)
- Calculation of language potential by province and territory, and by type of occupation or trade (NAICS classification) for health professionals

Therefore, there is still a long way to go. Support is needed for community structures operating in the health field, research institutes, and higher education programs in the field of health economics in order to obtain possible answers to these questions. The Canadian government has a major role to play, by providing a better understanding of the issues and by seeking out missing data. Adequate funding for organizations representing the French-language health sector across the country and for French-language research organizations would make it possible to better equip the sector and to seek out missing data.

## Official recommendations

Based on the observations shared during the above analyses, the following courses of action can officially be recommended:

### **1. Address labour shortages in regulated health professions by introducing a simplified competency assessment mechanism.**

One of the major challenges faced by newcomers in particular is the varied, complex and non-standardized mechanisms for assessing their skills. This is a problem documented in 2006 as part of a study conducted by the Consortium national de formation en santé, which is still applicable in 2024.<sup>18</sup> Solutions in this regard therefore inevitably involve a variety of stakeholders, including in particular federal and provincial/territorial governments, professional associations and trade associations, higher education institutions, employers, immigrant-serving organizations, and sectoral organizations representing francophone communities.

Pilot initiatives have made it possible in recent years to further expand access to certain professions and trades, in particular by lifting restrictions and simplifying certain administrative procedures. Ontario has been innovative in this regard. This would require assessing the possibility of replicating these practices in other provinces and territories in order to have a more homogenized overall picture, allowing for greater integration of francophone workers into the labour market.

### **2. Promote health entrepreneurship in French.**

For entrepreneurs looking to start a business, a variety of tools and resources exist in the current ecosystem. The Futurpreneur program is a great example of this, providing capital financing, coaching resources and mentorship. However, no particular branch specifically finances emerging companies that specialize in the health field directly. We propose creating a funding stream for public organizations related to innovation and entrepreneurship dedicated to the health sector for underrepresented groups, including francophone minority communities. This corridor could bring together key players, including Health Canada, Innovation, Science and Economic Development Canada, and the BDC, to encourage interesting business opportunities for communities across the country.

### **3. Encourage increased funding for civil organizations actively working to provide French-language health services.**

The indexation of \$8 million contained in the Action Plan 2023–2028 is a good start, but not enough to meet the various demands and needs of the communities. Organizations working in health, social services, entrepreneurship and the

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<sup>18</sup> Consortium national de formation en santé and CIRLM, 2006: <https://icrml.ca/fr/recherches-et-publications/publications-de-l-icrml/download/126/8398/47?method=view> [IN FRENCH].

representation of francophone and Acadian communities in Canada need to be strengthened in order to fully fulfil their missions.

**4. Encourage the creation of specialized health training programs in French minority communities.**

In some specialized professions, such as pharmaceuticals, future professionals are often stuck in an impossible choice: take professional training in English in an English-speaking higher education institution, or study in Quebec. The development of training programs in certain French-language professions in minority settings would remedy the situation by offering programs adapted to the needs of communities across the country. These programs may be carried out in collaboration with recognized French-speaking institutions at the university and technical level.

**5. Encourage health research and development (R&D) in French minority communities.**

Total health care investments, at 1.5% as mentioned earlier in this brief, are among the lowest in the G7. As such, additional efforts should be made, particularly with the Canadian Institutes of Health Research. The creation of a funded program for research on the health of official language minority communities, particularly FMCs, would be more than ideal.

**6. Support infrastructure for investment in minority francophone economic development.**

One of the most optimal ways to address some of the social determinants of health is to support entrepreneurship and job creation among minority groups, including francophone communities. The opportunity to create one's own job, to start a business and to become financially independent is a sign of improved socio-economic conditions for the individuals concerned. Thus, support for investment structures in francophone economic development helps tackle this fundamental issue. We therefore recommend increased support for programs, initiatives and projects aimed at strengthening the support structures in the various federal departments and agencies for the economic development of FMCs.

**7. Increase support for the social determinants of health.**

The Canadian government should pay close attention to the social determinants of health, including access to employment, the economic and social context of citizens, and much more. The issue of labour, and particularly the recognition of foreign skills, is a pervasive issue in FMCs, which, if resolved more substantially than at present, could help improve the economic situation of many Canadians.



**8. Enhance the Action Plan for Official Languages 2023–2028 through measures to better support the health of francophone and Acadian communities, particularly in rural and remote areas.**

As illustrated in Table 2, in the appendix to this brief, the measures contained in the Action Plan 2023–2028 specifically targeting the health of francophone and Acadian communities represent a small percentage of total expenditures. An improvement in current programs would help tackle the gaps observed in the field. Particular attention could be paid to various measures to promote the health economy in OLMCs, such as:

- strategic investments to serve rural and remote areas;
- investments to encourage the creation of new French-speaking health care companies; and
- an enhancement of the programs provided by the economic development agencies for the regions in order to create envelopes for companies operating in the health sector, and much more.

These measures could be part of the Support Strategy for OLMC Entrepreneurs, which was officially announced in December 2021, but has yet to be put forward by the government.

## Conclusion

At a time when the political, economic and social context surrounding official languages in Canada is rapidly evolving, as the country has begun its economic recovery following the COVID-19 pandemic, and after narrowly avoiding a technical recession, RDÉE Canada would like to see greater growth in terms of economic prosperity and capacity building for francophone and Acadian communities across the country. This growth on several levels inevitably involves the health economy.

It is crucial that the francophone minority economy, and particularly the health sector economy, participate even more actively in the creation of national wealth. RDÉE Canada proposes clear recommendations and commitments and reaffirms its desire to be the government's partner of choice in its responsibilities toward francophone and Acadian communities. In addition, RDÉE Canada encourages the business community and the private sector to become more involved in French-language business development across Canada. These communities hold significant business potential, and networking between the private sector and communities would certainly create win-win situations. Whether in pharmaceuticals, biotechnology, research and development centres, hospital care, laboratories, the higher education sector in health care, medical clinics, organizations promoting French-language care or professional associations in the field, there are a variety of ways to contribute to strengthening support structures for the health economy. It is crucial to ensure that French has a role to play within these various structures.

RDÉE Canada, with its strong presence in each of the provinces and territories through the national network, is able to play a role in ensuring the successful development of our communities. Our organization has already worked extensively to raise awareness in the business community of the economic benefits of bilingualism, to form strategic and timely alliances across the country, and to seize development opportunities with the various levels of government.

With these actions and strategies, we will be able to forge the future of our communities. We hope that the Senate of Canada, the Government of Canada as a whole, civil society, the health sector and the business community will be part of this journey.

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## Appendices

**Table 1: List of health measures and associated budgetary envelopes contained in the Action Plan 2023–2028**

<b>Measure</b>	<b>Budgetary amount (over 5 years)</b>	<b>Representative percentage of total Action Plan 2023–2028 expenditures</b>
Official Languages Health Program	\$192.2 million (including an indexation of \$8 million compared to the previous Action Plan)	13.84%
Increased support for training bilingual health human resources to better serve official language minority communities	\$6.5 million	0.47%
Enhanced early childhood health promotion programming	\$10.9 million	0.78%
Core funding for community organizations	\$62.5 million	4.49%
Support for the creation and dissemination of scientific information in French	\$8.5 million	0.61%

**Table 2: Main occupations of persons aged 15 years and older who can conduct a conversation in French, have worked in the health services sector since January 1, 2015, and live in a francophone minority community, by province or territory**

**Table 25: Main occupations of persons aged 15 years and older who can conduct a conversation in French, have worked in the health services sector since January 1, 2015, and live in an FMC, by province or territory**

	NL	PE	NS	NB	ON	MB	SK	AB	BC	Terr.	Total
3012 Registered nurses and registered psychiatric nurses	90	45	720	3,560	8,505	865	335	2,250	1,955	85	18,410
3413 Nurse aides, orderlies and patient service associates	45	65	445	2,995	4,990	710	170	1,015	595	25	11,055
3112 General practitioners and family physicians	65	-	265	470	3,970	290	85	810	950	55	6,960
3111 Specialist physicians	70	25	265	410	3,675	250	120	825	1,055	5 to 10	6,705
1414 Receptionists	5 to 10	5 to 10	105	430	2,135	135	55	435	455	5 to 10	3,780
1243 Medical administrative assistants	-	5 to 10	140	1,195	1,820	115	30	235	200	5 to 10	3,755
1411 General office support workers	-	5 to 10	105	485	1,790	125	20	295	285	-	3,115
3233 Licensed practical nurses	-	-	175	1,040	1,340	35	40	295	180	-	3,105
4212 Social and community service workers	-	25	105	340	1,515	185	55	405	330	10 to 15	2,970
3142 Physiotherapists	25	-	100	245	1,405	160	35	345	370	-	2,685

Source: Custom data request submitted to Statistics Canada (2021)

Notes: The analysis uses the population aged 15 years and older who worked at some point between January 1, 2015, and the census date. Shaded cells indicate the provinces and territories where this occupation is not on the list of top ten occupations.

**Source:** Association des collèges et universités de la francophonie canadienne (ACUFC), Fédération des communautés francophones et acadienne (FCFA) du Canada and Réseau de développement économique et d'employabilité du Canada (RDÉE Canada), Initiative de recherche au sein des communautés francophones en situation minoritaire pour une main-d'œuvre qualifiée dans les différents secteurs de l'économie canadienne : Le marché du travail des CFMS — Volumes I DPM Research, 2022, page 48, electronic documents [IN FRENCH]: <https://rdee.ca/publications-du-rdee/recherche-et-analyse/>