

**Brief Submitted to the  
Standing Senate Committee on Official Languages As Part of the  
Finalization of Its Study on Minority-Language Health Services**



Senate of Canada, Ottawa

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## Executive summary

In 2023 the Standing Senate Committee on Official Languages launched a study on minority-language health services, recognizing the salient issues limiting access to health services for these communities and the resulting consequences. As a national leader that promotes equitable access to quality French-language health programs and services for francophone and Acadian minority communities, the Société Santé en français intends, by submitting this brief, to:

- outline the challenges, issues and inconsistencies characterizing Canada's French-language health environment;
- make recommendations to address these challenges and improve the availability of and access to quality services; and
- reaffirm its strong commitment and that of its member networks to service improvement as actors in ongoing and future changes.

There is growing demand in minority communities for French-language health services, and it will continue to grow over the next few years, against the backdrop of an increasingly weak supply of care services presenting significant labour shortages and limited access to services. Moreover, the francophone minority population faces particular challenges when viewing its profile through the perspective of determinants of health.

The glaring lack of data that would help better understand these challenges and optimally organize services is a significant issue, as is the lack of constraints and accountability mechanisms associated with several federal health initiatives, policies or mechanisms. Ongoing reforms in several jurisdictions and the upcoming round of bilateral agreement negotiations, among others, present significant opportunities to address many of these issues.

With this in mind, the Société Santé en français presents a set of recommendations based on eight major themes:

1. Strengthening the collection of language needs and capacity data;
2. Enhancing recognition of foreign health care credentials;
3. Enhancing federal programs for the health care workforce;
4. Better incorporating French-language health services into federal health transfers;
5. Using bilateral agreements for targeted initiatives and setting francophone targets;
6. Expanding the Public Health Agency of Canada's minority-language health promotion programming;
7. Focusing on new technologies to meet French-language health service needs; and
8. Promoting the *Access to Health and Social Services in Official Languages* standard.

The Société Santé en français believes that each recommendation supported in this document will address one or more of the issues raised. Collectively, their implementation will contribute to improving the whole health system for francophones in minority communities, from the training of future health professionals to the contribution of immigration to the francophone health workforce, the health of francophone communities as a whole and their development.

## Part 1 – Introduction

In March 2023, the Standing Senate Committee on Official Languages adopted a motion for reviewing minority-language health services that focused on the following issues: an aging population, access to care, shortages of health professionals, post-secondary education, new technologies and research and data needs.

The Société Santé en français is the ideal organization to clearly understand French-language health issues as a national leader that, through its collaborative leadership, facilitates equitable access to quality French-language health programs and services for francophone and Acadian minority communities. The Société Santé en français, in close collaboration with its 16 regional, provincial and territorial member networks, serves as an effective bridge between communities and governments. The work of the organization and its networks relies on the cooperation of partners such as health professionals, governments, health care facility managers, educational institutions and community organizations.

The mission and rationale of the Société Santé en français are set against a backdrop of numerous studies showing that minority language communities – anglophones in Quebec and francophones elsewhere in the country – are disadvantaged compared to the majority when comparing various socio-economic and health factors.<sup>1</sup> Social determinants of health are public health issues: factors or characteristics of a population determining its probable health. While the relationship between these factors, or characteristics, and health is not direct or systematic, determinants serve as health indicators and are widely used in public health.<sup>2</sup>

Language also has a significant role to play in health. Recent studies have shown that, in minority communities, language discordance between a patient and their health professional can negatively impact the quality of care and the safety of the services provided, resulting in poorer clinical outcomes.<sup>3</sup> For example, language concordance in long-term care would reduce the likelihood of a vulnerable francophone person dying in a hospital by 25%.<sup>4</sup>

The importance of language concordance is not surprising, given that when it comes to an individual's health and interaction with the system, the ability to communicate in one's language and to make oneself understood is paramount.

Language barriers in health reduce the quality of services, increase risks for the user and complicate continuity of care.<sup>5</sup> Good communication is even more essential when considering individuals who are somewhat vulnerable because of their health, age, sex or gender, or immigrants.

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<sup>1</sup> See, among others, Bouchard, L. and M. Desmeules, "Linguistic Minorities in Canada and Health," *Health Science Policy*, vol. 9, 2013.

<sup>2</sup> To learn more about the social determinants of health, visit this page from the Public Health Agency of Canada: [Social determinants of health and health inequalities - Canada.ca](https://www.canada.ca/en/public-health/services/social-determinants-of-health-and-health-inequalities.html).

<sup>3</sup> Réaume, M., Batista, R., Prud'homme, D., and P. Tanuseputro, "Qualité et sécurité des services de santé offerts en situation linguistique minoritaire en Ontario: enquêtes des données administratives de santé," *Linguistic Minorities and Society*, No. 22, 2024.

<sup>4</sup> Seale, E., Réaume, M., Batista, R., *et al.* "Patient-Physician Language Concordance and Quality and Safety Outcomes among Frail Home Care Recipients Admitted to Hospital in Ontario, Canada," *CMAJ*, Jul 11, 2022.

<sup>5</sup> Bowen, Sarah, *The Impact of Language Barriers on Patient Safety and Quality of Care*, report prepared for the Société Santé en français, 2015.

The inability to communicate in one's language may become a factor affecting the path to health itself, for example, by leading to a non-attendance of services and all the consequences this could have on the health condition and the use of the system. Therefore, there is a cost to the individual and the health system.

This brings us to another determinant of health: access to care. The discordance and the communication challenge it poses directly and significantly impact access. Inadequate referral of patients to health professionals who speak their language contributes significantly to this discordance. We know that access to care in French is a major problem for francophones living in minority language communities in Canada, as evidenced by the many efforts made by many organizations to find solutions.

As governments and health organizations focus on an approach that puts the patient at the centre of care, language becomes essential to ensuring that care is safe and of good quality. It is all the more important at a time when more of an effort is being put into reducing health inequities for underrepresented groups, minority francophones being one of them.

Another contextual factor requiring consideration is that francophone minority communities are changing. While there was significant discussion on aging communities and unfavourable socio-economic profiles a few years ago, increasingly more immigrants are integrating into these mainly large urban centre communities, significantly changing their profile.

However, this change does not solve the challenges but adds a layer of complexity. Indeed, immigrant populations have a relationship to health that differs greatly from those who have lived in Canada their entire lives and do not always adhere to care in the same way, requiring an adapted approach. There can be cultural barriers and they may somewhat distrust the system. Moreover, the "dual minority" status of these immigrants should not be overlooked.

Although the federal, provincial or territorial governments and many organizations are examining and acting on ways to better meet the health services needs of francophones, the lack of evidence remains a major issue. Nevertheless, there has been progress over the past two decades regarding this, including developing a whole body of research on the subject and adding the language variable to some data collection mechanisms. However, much remains to be done.

Faced with such a complex environment and such great challenges, by submitting this brief, the Société en français wishes to supplement the information presented on 24 April 2023 to the members of the Committee and share their perspectives on issues and solutions that may address them. Therefore, this brief aims to:

- outline the challenges, issues and inconsistencies characterizing Canada's French-language health environment and that must be addressed to see lasting solutions emerge regarding equity of health services for francophones nationwide and quality of care;
- make recommendations or provide "solutions" to address these challenges and improve the availability of and access to quality services; and
- reaffirm Société Santé's strong commitment and that of its member networks to service improvements as actors in ongoing and future changes.

## Part 2 – Health in French

Great strides have been made since the early 2000s following the first action plan for official languages and targeted federal investments in health for francophones in minority communities through the Consortium national de formation en santé and the Société Santé en français, among other organizations. Federal investments have successfully supported the engagement of various French-language health stakeholders, which has become a priority for several organizations, including the research community and groups of knowledge users who have worked to expand knowledge. That said, significant work is still needed given the major issues that characterize the health sector nationwide and impact the ability to meet the demand for French-language care and services. In addition, there are other political, organizational and legal issues to address.

While it is appropriate to take collective action on these issues for the well-being of francophones, we feel it is important to share with you some assumptions that have emerged from the research conducted in this area for some 20 years that could provide valuable information on some orientations to take:

... belonging to an FMC [francophone minority community] is a determinant of health; language concordance between service providers and recipients is a determinant of the quality and safety of care; linguistic insecurity and the fear of not receiving services in a timely manner impact the demand for services in the minority official language; and the active offer of minority official language services is an equity policy.<sup>6</sup>

In the following pages, we will outline the significant challenges and issues requiring attention to provide better French-language health services in minority communities. We will first examine the factors that influence the demand for French-language health services and then consider those related to the supply of French-language services to meet that demand. This will lead to considerations on various other issues that may impact French-language health services beyond demand.

### *What is demand?*

#### **Evolving and ever-increasing needs for French-language services**

Concerning demand, there is clear evidence that the demand for French-language services is increasing significantly, and this trend should continue over the next few years, not to mention its evolution will follow that of the changing communities.

#### *Increase in the number of francophones*

In absolute terms, the number of francophones in Canada is increasing. It grew by 1.6% between 2016 and 2021. This increase is expected to continue over the next few years, given the ambitious targets recently issued for the admission of French-speaking immigrants in minority communities. These targets are in response to a decline in the relative weight of francophones in minority communities since 1971 and the importance of immigration in restoring this demographic weight as recognized in the revised *Official Languages Act* and the Action Plan for Official Languages. These targets are clearly set out in the new Policy on Francophone Immigration, released in 2024.

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<sup>6</sup> Bouchard, L., Savard, J. and M. Dumond, “Health in Canada’s Francophone Minority Context: Twenty Years of Research: Introduction,” *Linguistic Minorities and Society*, No. 22, p. 2, 2024.

### *The aging population and the increasing complexity of care*

Although population aging and increasing complexity of care are not unique issues for francophones in minority communities, they are particularly affected since they are older than the anglophone majority in general, especially outside major centres. However, an older population often requires more care and increasingly more complex care. Moreover, an aging population often relies more heavily on home or long-term care.

### *Francophonie and determinants of health*

Beyond the fact that francophones are older than the anglophone majority, they also have a socio-demographic and unhealthier profile.<sup>7</sup> The diversification of the Francophonie because of the significant influx of French-speaking immigrants tends to change this profile, but this generally only affects large urban centres. The next section will also discuss access to care, another determinant of health where francophones are at a disadvantage compared to the majority.

### *Increased mental health needs*

Mental health needs in Canada have grown significantly for many segments of the population in recent years due in part to social and economic factors exacerbated by the COVID-19 pandemic. Mental health issues are especially significant among youth with the advent of social media and peer pressure. Addictions are another aggravating factor.

If we consider all these factors in terms of the francophone minority community, a study by Bouchard, Colman and Batista<sup>8</sup> shows that a higher proportion of francophones in minority communities suffer from mental disorders and substance use than the general population, 38% versus 34%. However, what distinguishes this francophone population specifically is the difficulty in obtaining health and social services in their language. Research shows that “the user’s language of communication is of greater importance when it comes to mental health services, compared to other areas of health. This is explained by the relational and psychosocial rather than technical and biomedical nature of the service provided. [Translation]”<sup>9</sup>

### *Growing immigrant population with different health needs*

Francophone minority communities nationwide are diversifying, mainly in large centres, with the arrival of many immigrants. They arrive with their own health experiences and have a different relationship with health, particularly regarding attending services or adherence to care. This aspect should not be overlooked since some francophone communities are composed of more than 50% immigrants, especially since these immigrants find themselves as francophones in a dual minority situation. Moreover, they may face particular mental health challenges, for example, because of the change in life they chose by settling in Canada.

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<sup>7</sup> See, among others, Bouchard, L. and M. Desmeules, “Linguistic Minorities in Canada and Health,” *Health Science Policy*, vol. 9, 2013.

<sup>8</sup> Bouchard, L. Colman, I and R. Batista, “Mental health among francophones in minority language situations,” *Reflét*, vol. 24, No. 2, 2018.

<sup>9</sup> van Kemenade, S., Bouchard, L., Savard, J., Savard, S., Oukouomi, G., & J.N. Michel, *Pratiques novatrices en santé mentale pour les communautés francophones en situation minoritaire à Terre-Neuve-et-Labrador et dans les Territoires du Nord-Ouest* [French only], research report from the University of Ottawa/Institut du Savoir Montfort Joint Chair on the Health of Francophones in Ontario and of the Groupe de recherche sur la formation et les pratiques en santé et service social en contexte francophone minoritaire (GReFoPS), University of Ottawa, 2021.

## What about supply?

Regarding the supply of French-language health services to meet a growing and evolving demand, there are a number of challenges, such as labour shortages, difficulty accessing care or post-secondary French-language programs that do not always meet the demand.

### Significant labour market shortages

Closely related to access challenges, the shortage of staff able to provide care in French in a minority community or the challenges in identifying it are real and impact the way francophones use health care. Generally speaking, the Canadian population is aging, as are health workers. While health professions were heavily stretched during the pandemic, impacting the well-being of these staff, this may also have affected interest in health professions. The labour shortage continues to be felt today, regardless of language. In the second quarter of 2024, Statistics Canada estimated 88,600 unfilled health care jobs.<sup>10</sup>

The need for a francophone or bilingual workforce in minority communities is significant, not only in the health sector but also in other sectors such as education, public service or the private sector. According to a 2024 Employment and Social Development Canada report<sup>11</sup> on the demand for unfilled labour for bilingual workers in minority communities, approximately 15,000 positions were still vacant in the last quarter of 2023. The same report states the health sector has by far the largest job vacancy increase between the last quarters of 2022 and 2023.

It is now common to hear about labour shortages in the health sector, including physicians, psychologists, pharmacists and nurses. For example, in the specific case of nurses, the current shortage will worsen in the coming years across languages and provinces as graduates and immigrants cannot fill the workforce replacement needs and expand the sector.<sup>12</sup> Francophone minority communities could suffer from this shortage, even though the shortage of bilingual workers is significant, and even more so in rural or remote regions.

### Challenges in accessing care

Although the health labour shortage affects the entire population, francophones are particularly hard hit because of their demographic and socio-economic profile, which is often unfavourable to health. In addition to this factor is the access to care challenge, one of the social determinants of health significantly affecting francophones who want services in their language. The supply does not meet the demand, which impacts these francophones, such as difficulty making themselves understood by health care staff, fully understanding them or the treatment plan or simply leading them to avoid attending the health system.

This lack of access could be explained by shortages in several health professions or the country's geography. However, francophones are often concentrated in small communities spread over a large area and far from large centres. The difficulty could also arise from care that is often not organized around the French-language supply, meaning that bilingual health professionals are not where they should be because there are no mechanisms to identify them.

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<sup>10</sup> [The Daily — Job vacancies, second quarter 2024](#)

<sup>11</sup> Employment and Social Development Canada *Exploring Canada's Unmet Labour Demand for Bilingual Workers in Official Language Minority Communities (OLMCs) Outside of Quebec – Second Annual Report*, 2024.

<sup>12</sup> Diaz Pinsent Mercier Research Inc., *Le marché du travail des CFMS – Volume II*, report prepared for the Association des collèges et universités de la francophonie canadienne, the Fédération des communautés francophones et acadienne and the Réseau de développement économique et d'employabilité du Canada, 2022.



### *The importance of francophones having access to French-language health services*

A 2020 report<sup>13</sup> by Léger on behalf of Health Canada on perceptions regarding access to health services in the official language of choice revealed that 73% of respondents in minority communities considered it important to receive French-language health services, whereas only 39% requested it. The reasons for not requesting French-language services were lack of service availability, fear of waiting longer, lack of information on where services are available and fear of receiving poorer services. Therefore, the negative perception of French-language services is reflected in a decrease in the number of people using the services despite the importance that the francophone population places on them.

When asked about access to French-language health services in the past year, 33% of respondents indicated they did not have access to any French-speaking staff, 32% to a few members, and 34% to all staff. It is important to note that there is a great deal of variability in this data: access to francophone staff in the Atlantic provinces was much greater for respondents (65% stating that all staff spoke French) compared to the Western provinces (4%); Ontario is halfway (30%).

According to the same report, health professionals most likely to provide services entirely in French when available were psychologists (48%), followed closely by family physicians (47%), social workers (45%), and nurses and dental staff (42%). Pharmacists and paramedics scored the worst, with only 28% of services provided in French. This is cause for concern considering the pharmacist's growing role as an integral part of primary care, particularly with an expanded scope of practice.

### *The importance of language concordance in health services*

In recent years, several studies have examined the importance of language concordance in health services and, conversely, the negative effects of language discordance. Recent studies have shown that the linguistic discordance between a patient and their health professional in a minority community can negatively impact the quality and safety of services provided, resulting in poorer clinical outcomes.<sup>14</sup>

The results of a large study on the francophone or bilingual workforce in Canada's francophone minority communities were released in 2022.<sup>15</sup> The study uses census data and refers to the "language potential" in the health sector, linking the ability of health professionals to speak French with the language used at work. It shows that 54% of health professionals in minority communities who can speak French do not use that language at work. This shows that "language potential" is far from being optimized.

One way the targeted language match could be much better achieved would be to make use of the workforce already in the health system. That said, the biggest challenge in achieving this is the lack of data collection mechanisms to, first, identify the francophone patient and, second, identify the health care professional who can speak French. As discussed below, the lack of data is a major

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<sup>13</sup> Léger, *Perceptions from official language minority communities: access to health services in the official language of choice*, report prepared for Health Canada, 2020.

<sup>14</sup> Réaume, M., Batista, R., Prud'homme, D., and P. Tanuseputro, "Qualité et sécurité des services de santé offerts en situation linguistique minoritaire en Ontario: enquêtes des données administratives de santé," *Linguistic Minorities and Society*, No. 22, 2024.

<sup>15</sup> Diaz Pinsent Mercier Research Inc., *Le marché du travail des CFMS – Volume I*, report prepared for the Association des collèges et universités de la francophonie canadienne, the Fédération des communautés francophones et acadienne and the Réseau de développement économique et d'employabilité du Canada, 2022.



challenge that, when overcome, could lead to a better organization of services for the benefit of the entire population, including francophones.

### *The importance of French language training programs*

Through funding allocated to the Consortium national de formation en santé for just over 20 years, the federal government supports establishing and maintaining post-secondary French-language health training programs in institutions outside Quebec. However, this funding has been stagnant for several years. As a result, the envelope is shared among increasingly more university and college institutions as new training programs are added, reducing the share allocated to each.

The lack of French-language programs offered in certain health disciplines – pharmacy being one example – means that many francophones have to enrol in English-language programs nationwide, acquiring anglophone terminology in their discipline, which, in the long run, hinders their ability to provide care entirely in French. Moreover, studying in these programs could distance francophones from being fully aware of the importance of French-language health services for francophones in minority communities and the benefits of active supply, something programs offered in French do systematically.

Concerning medical education, federal funding supports only part of a student's path by limiting it to the undergraduate medical program. However, the path to medical practice must include residency, which varies between two and five years, depending on the specialty. Thus, it would be appropriate for the federal government to consider deploying means to support the entire path to medicine to encourage students to practise in minority communities afterwards. This is all the more important when the physician is considered the health professional playing the most important role in obtaining services in their language.<sup>16</sup>

Some past initiatives, such as the Franco Doc project led by the Association of Faculties of Medicine of Canada, aimed at identifying and engaging francophone students in English-language medical programs to prepare and equip them to provide care in French. Such initiatives, like similar ones led by the Société Santé en français, should receive more regular funding from the federal government to prevent these scarce francophone human resources from being lost forever.

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<sup>16</sup> Leger, *Perceptions from official language minority communities: access to health services in the official language of choice*, report prepared for Health Canada, 2020.

## Issues beyond supply and demand

### A significant lack of data

A recent article in *FrancoPresse* entitled *Les francophones en milieu minoritaire, orphelins de données*<sup>17</sup> mentions the lack of data on francophones in minority communities, which has “negative consequences for the communities [Translation].” This is particularly true in health when better data would help improve understanding of the specific challenges faced by francophones, including the lack of access to care in their language, and could provide better planning and organization of care for the benefit of francophone communities.

There is data where the francophone perspective is considered, but this data is limited and sometimes difficult to access or comes from surveys that are too small to be useful. Similarly, there is a lack of longitudinal data that would provide a long-term picture. Therefore, we often end up using anecdotal evidence to describe the challenges and needs of francophones, which does not meet the needs of agencies and individuals representing governments or health agencies and is certainly not the best source for supply planning.

The addition of the language variable to the health card, as Prince Edward Island has done, and more systematic data collection on the language abilities of health professionals could completely change the situation, which explains the effort that the Société Santé en français and its networks, among others, are investing into this. Such data could, at first, organize care to increase language concordance and pave the way for more equitable access to care for francophones while improving the patient experience.

The language variable should be incorporated more systematically elsewhere, such as in the databases of organizations responsible for measuring the health system’s performance and quality and those for population health data, public health agencies and professional regulatory colleges and agencies. The Canadian Institute for Health Information is another organization that should consider adding the language variable.

Broadening the knowledge generated by more and better data would significantly benefit all health system actors and improve the system’s performance, benefiting the general population by better meeting its needs.

### Health system reforms in progress

Increasing demand for and citizen expectations of health services, the complexity of care, labour shortages to meet demand, lack of access to services and the growing role of the private sector, exacerbated by the COVID-19 pandemic and its aftermath, are just a few examples prompting provinces and territories to undertake crucial reforms to their health systems. In the wake of these reforms, and considering significant resource shortages, the needs of francophones in minority communities are not always considered properly.

Although different from one province or territory to another, these reforms provide for changes, including the establishment of new administrative and management structures, the decentralization or, in some cases, centralization of certain services, the redesign of community and home care, expansion of the scope of expertise of certain health professionals, infrastructure modernization,

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<sup>17</sup> Ernoult, Marine, “Les francophones en milieu minoritaire, orphelins de données,” *FrancoPresse*, article published September 26, 2024. [French only]

including computer infrastructure, and a focus on telemedicine and virtual care. All these changes are being made to improve efficiency and provide better access to care at the right time and place.

Implementing such changes presents significant opportunities for improving French health services nationwide. The focus on digital transformation, for example, must consider that incorporating the language variable can result in a powerful tool for managing and planning patient-centred care. The governance structures of organizations must protect francophone rights by ensuring their presence and by implementing decision-making mechanisms, promoting and protecting their access to care consistent with the relevant accreditations or designations in the various jurisdictions. Decentralizing structures and redesigning service approaches, such as home care, must consider the needs of francophones.

### **Federal transfers and bilateral agreements**

The two main federal mechanisms that support provincial and territorial health care include federal transfers and bilateral agreements. Federal transfers fund health systems generally and, by extension, the reforms associated with them, but in a non-binding manner and with very few oversight mechanisms. These transfers do not contain requirements regarding access to services in one's official language of choice. It would be appropriate to include official language conditions in the transfers to ensure they do not contribute to existing health care inequities for francophone and Acadian minority communities.

Since 2023, bilateral agreements have strengthened support for targeted initiatives based on shared federal, provincial and territorial priorities, notably for digital transformation and improved care for vulnerable populations, including home, community and mental health care. The agreements include principles of application, including "equal access to health services for equity-seeking groups and individuals, including those in official language minority communities."<sup>18</sup> Provinces and territories must develop action plans as part of these agreements to explain how federal funds will be used, establish and measure targets, and report annually on their progress. That said, the Société Santé en français concludes that these agreements result in few clear measures and funds intended for minority francophone issues and a lack of engagement by the communities in this regard.

### **Review of the *Official Languages Act* and the impact on health equity**

On May 15, 2023, Bill C-13 to modernize the *Official Languages Act* was passed, reflecting Canada's sociolinguistic context and the challenges regarding protecting and promoting both languages. Although this revised Act gives provinces and territories a greater role in implementing and supporting the official language of the minority, health is only marginally represented. Rather, this predominant importance affects the education, immigration and public services sectors. It also provides more rigorous mechanisms to ensure provinces use federal funds allocated for official languages effectively.

Regarding health, the new version of the Act is not binding on the provinces and territories. It is based on a combination of financial and political incentives, voluntary incentives and collaborations, which, in the end, could pave the way for equitable access to health services in both languages at the discretion of provincial and territorial authorities, but not more. It remains to

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<sup>18</sup> [Working together to improve health care in Canada: Working Together bilateral agreements - Canada.ca](#)

be seen whether the requirement for federal institutions to consult communities more systematically to consider their needs could lead to better-adapted policies and programs.

### **Francophonie in the principles of equity, diversity and inclusion**

Francophones in minority communities are being increasingly integrated into the principles of equity, diversity and inclusion. The Canadian Francophonie has a nuanced and critical view of this. Whereas equity, diversity and inclusion principles generally address race, the “visible” nature of minorities (e.g., First Nations, Black), gender or persons with disabilities, francophones in minority communities are trying to have French recognized as a central part of their cultural and historical identity. Thus, francophones generally feel less involved when federal departments, institutions or other organizations conflate these groups and level the playing field regarding their challenges and needs.

However, francophone communities are characterized as well by diversity of gender, race or other “visible” characteristics, and these multiple facets or intersectionality must be recognized. Organizations working in the Canadian Francophonie strive for equity by ensuring their status is equal to the majority, protecting and promoting their language or, in the case of health, ensuring equitable access to services in their language.

Canadian francophone stakeholders consider their inclusion in equity, diversity and inclusion discussions significant to ensure their survival and vitality, particularly in predominantly anglophone contexts. In contrast, they call for broader consideration of linguistic diversity in equity, diversity and inclusion strategies while seeking to strengthen solidarity with other minority groups. Inclusion means recognizing language rights as a central element of Canadian diversity.

## Part 3 – Recommendations

There is growing demand in minority communities for French-language health services, and it will continue to grow over the next few years, against the backdrop of an increasingly weak supply of care services presenting significant labour shortages and limited access to services. Moreover, the francophone minority population faces particular challenges when viewing its profile through the perspective of determinants of health.

The glaring lack of data that would help better understand these challenges and optimally organize care is a significant issue, as is the lack of constraints and accountability mechanisms associated with some federal health initiatives or policies, including health funding programs or mechanisms. Ongoing reforms in several jurisdictions and the upcoming round of bilateral agreement negotiations could provide real opportunities to address many of these issues, in addition to other concrete measures that we will outline as recommendations in the next few pages.

The Société Santé en français believes that each of these recommendations will address one or more of the issues outlined in this document. Their joint implementation will contribute to improving the system generally, from training future health professionals to immigration's contribution to the francophone health workforce, the health of francophone communities as a whole and their development.

### **1. Strengthening the collection of language needs and capacity data**

The lack of data to fully understand francophone needs, their ability to access French-language health services, and the consequences of not attending those services, if that is the case, is problematic. Simultaneously, we know there is untapped bilingualism among health care professionals because there are no mechanisms to collect and leverage this data to benefit francophones by reducing linguistic discordance.

“Better” data is not about collecting it at a point in time but ensuring the establishment of mechanisms to collect it systematically and over the long term. Access to better data would mean better tools for organizing care and optimizing resources that have become so limited. Only with such an approach will our health system adapt to the realities of groups seeking equity, as is the case for francophones, for their benefit and that of the community.

Therefore, we propose:

- That the federal government implement awareness activities to support the importance of using data, including the language variable, for organizing care by demonstrating the benefits from the perspective of optimization of limited resources and patient well-being.
- That the federal government support and facilitate the establishment of mechanisms to collect language data in health or the incorporation of the language variable into existing mechanisms in the provinces and territories while ensuring that these mechanisms develop on a comparative basis for optimal utility.
- That the federal government incorporate language-based data collection requirements in the development of bilateral health agreements and associated action plans.
- That national organizations, such as Statistics Canada and the Canadian Institute for Health Information, incorporate the language variable more systematically into their various databases.

## **2. Enhancing recognition of foreign health care credentials**

Canada has welcomed many immigrants in recent years, including some from francophone countries that have settled in francophone minority communities nationwide. Many of these immigrants were trained in disciplines in their country that are in high demand in Canada, including health. However, the path to recognition is not easy and even less so in regulated professions, such as health.

The country, institution and study language in which the immigrant received training may be factors preventing credential recognition, with francophone Africa being an example. Recognition is even more complex when the immigrant comes from certain parts of the world where standards and expectations may differ from those of Canada or when the person has studied in French and is trying to have credentials recognized in a predominantly anglophone province. Although there are government and community initiatives to support the process, much remains to be done.

Credential recognition processes need to be improved and accelerated since labour shortages cause significant needs in the health system, including the need for workers able to speak French in a minority community and work with the same immigrant clients.

Some initiatives for foreign credential recognition have emerged among provinces and territories. However, collaboration could suffer since health is a provincial jurisdiction, and each province and territory faces staff shortages. Furthermore, the fact that regulatory and professional bodies in health are attached to a province or territory further complicates the task.

Therefore, we propose:

- That a national framework for foreign credential recognition be developed to foster a collaborative approach among stakeholders at the provincial, territorial and federal levels.
- That the inter-provincial/territorial health credential recognition standards and processes be better aligned to eliminate inconsistencies and barriers and make the process fairer and more transparent.
- That a joint interdepartmental and intergovernmental body or mechanism be established to ensure this alignment of recognition standards.
- That competency assessment mechanisms be improved, including by developing partnerships with foreign educational institutions to better understand the nature of programs and diplomas.
- That the federal government and regulatory and professional bodies work together and collaborate on issues and possible solutions.
- That Canadian health standards and practices upgrading programs in both official languages be more accessible, which could also include practical training, thus promoting a better integration of immigrants into the labour market.
- That incentives be established to attract and retain health professionals from minority immigration, including through upgrading in their field and support for language learning and integration to remove the language barrier.

### **3. Enhancing federal programs for the health care workforce**

The freeze of funding provided to post-secondary institutions through the Consortium national de formation en santé for several years limits the ability of these institutions to maintain their program offerings and hinders their expansion. Moreover, the envelope remains unchanged for new programs funded through the same mechanism, which results in reduced shares for each program. In addition, Health Canada does not fund some programs or program sections. As a result, many francophone learners find themselves in English programs, limiting their ability to take full action in providing French-language services once they graduate.

Therefore, we propose:

- That federal funding for French-language post-secondary health programs be increased to ensure a catch-up that considers inflation in recent years and the recent addition of new programs.
- That moving forward, this same funding be indexed to the cost of living annually and should new programs or initiatives be added, this expansion not be at the expense of funding existing programs.
- That an in-depth analysis be conducted to determine whether funding for French-language post-secondary health education covers all workforce needs.
- That formal mechanisms be established for francophone and francophile students in health programs offered in English nationwide to encourage them to participate in internships in francophone minority communities, raise their awareness and train them to actively offer French-language health services.

### **4. Better incorporating French-language health services into federal health transfers**

Federal health transfers are not binding on the provinces and territories and have few oversight mechanisms, not to mention the fact that no language clause would increase access to health services for official language minorities. We believe it appropriate to use the important leverage these transfers represent to enhance the linguistic element and by extension, the benefits for the country's minority communities.

Therefore, we propose:

- That language clauses be included in federal health transfers and that these clauses be accompanied by oversight mechanisms to ensure positive benefits and tangible impacts for official language minority communities;
- That health promotion clauses be expanded to include other minority language groups, such as seniors and immigrants.

### **5. Using bilateral agreements for targeted initiatives and setting francophone targets**

The next round of bilateral agreements represents a major opportunity to ensure that these agreements include francophone minority community recognition of access issues, concrete measures to increase community access and engagement in policy and decision-making. The action plans developed under these agreements should include a breakdown of data by language and closer monitoring be included to ensure better application of the principles. These agreements



can also be an excellent opportunity to respond to specific issues affecting francophone minority communities.

Therefore, we propose:

- That bilateral agreements include the principle of equity and equal access to health services for all.
- That bilateral agreements include themes, initiatives or programs targeted to francophones based on their needs, such as home care or long-term care for seniors, community initiatives in French and mental health.
- That the provinces and territories require clear commitments to the Francophonie minority, including the need to have access to data for this segment of the population, based on the principles of equity and equality of access.
- That tighter oversight mechanisms be implemented to track, assess and adjust the effectiveness of programs and initiatives better while ensuring that the population's needs are satisfactorily met.

## **6. Expanding the Public Health Agency of Canada's minority-language health promotion programming**

The Public Health Agency of Canada is responsible for the Healthy Early Years program promotion, specifically for the minority language. This initiative, which stems from the Action Plan for Official Languages 2023–2028, responds to a very real need: the lack of strategies and campaigns in French to promote a healthy lifestyle. We believe that other groups in the francophone minority community could benefit from increased health promotion and a healthy lifestyle.

Therefore, we propose:

- That the Public Health Agency of Canada expand its minority-language health promotion programs to target underrepresented Francophonie groups, including seniors, people living with mental health and addictions, youth, women and immigrants.

## **7. Focusing on new technologies to meet French-language health service needs**

It might be interesting to make up for the lack of resources to meet the needs of French-language health services for francophones through new technologies. This is already done to some extent through telemedicine, for example. Faced with unprecedented developments over the past two years, particularly with the advent of artificial intelligence, which will continue at an unbridled pace, governments, health agencies and health care providers will see these new technologies as opportunities to better address unmet needs. That said, we believe everything should be done with careful attention to measuring the impacts and benefits.

Therefore, we propose:

- That governments, health agencies and health care providers remain aware of the importance of the human factor for quality care and that the use of these new technologies be judicious and measured.
- That the use of new technologies, such as telemedicine, consider the limitations and challenges of vulnerable populations, such as seniors.

- That the eventual introduction of automated simultaneous translation not be seen as a solution to all equity challenges regarding access to care for minority populations nationwide.
- That mechanisms to measure the impact of new technology on care recipients not be overlooked by involving academic researchers and users.

## **8. Promoting the *Access to Health and Social Services in Official Languages* standard**

Société Santé en français, in partnership with Health Canada, worked with the Health Standards Organization (HSO) and Accreditation Canada to develop an access to health and social services standard in both official languages and to implement the Official Languages Recognition Program.

The HSO issued the CAN/HSO 11012:2018 (R2022):2022 - Access to Health and Social Services in Official Languages in 2018, which was confirmed in 2022 by Accreditation Canada. It aims to ensure equitable access to health and social services in English and French. This standard defines the practices, processes and policies that institutions must adopt to ensure patients and social services recipients receive services in the official language of their choice. The standard specifies requirements for health and social services organizations to promote safe access to services in the language of the recipient's choice. The standard provides:

- health and social service organizations with guidance on how to ensure quality and safety within their unique organizational and language contexts;
- policymakers with a blueprint for the requirements to recognize health and social service organizations that offer quality health and social service to the official language communities in their jurisdictions; and
- external assessment bodies with measurable requirements to include in assessment programs of health and social service organizations that offer services to Canada's official language communities.

The following items are discussed:

- institutional commitment to bilingualism;
- language needs assessment of beneficiaries;
- language skills of staff;
- bilingual communication and signage; and
- monitoring and feedback process.

Accreditation Canada's Official Languages Recognition Program supports and certifies organizations committed to improving access to health and social services in both official languages based on HSO-developed standards. To date, program levels 1 (Discovery) and 2 (Foundational) are open. Levels 3 (Committed), 4 (Improved), and 5 (Sustained) all aim for quality improvement and are under development.

The Société Santé en français firmly believes that this standard and the associated Recognition Program can play a key role in improving French-language health services in minority communities. Such an initiative requires little funding and must be recognized and promoted by governments and health care providers.

Therefore, we propose:

- That the federal government promote the Standard on *Access to Health and Social Services in Official Languages* and the associated training program as a cost-effective initiative to improve health services in the minority language.

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