

November 1, 2024

Hon. Senator René Cormier
Chair, Standing Senate Committee on Official Languages
the Senate of Canada
Ottawa, Ontario K1A 0A4
Rene.Cormier@sen.parl.gc.ca

Re: Study relating to minority-language health services

Dear Honourable Senator René Cormier:

On behalf of the Canadian Medical Association (CMA), I want to express our sincere gratitude for your leadership in advancing the study of minority-language health services. Language accessibility is essential to ensuring equitable health care outcomes. Health equity means everyone has the same opportunity to be healthy, regardless of age, income, gender, ethnic background, or any other social or economic factor. Unfortunately, equity is compromised when avoidable, systemic barriers – such as language – limit people’s access to care.

Under the Official Languages Act, Canadians are entitled to access federal services, including health care, in either English or French. Several provinces have also introduced legislation to support minority language communities. However, many Canadians still struggle to effectively communicate with their health providers in the language of their choice.

There is a commitment to change. In 2023, governments across Canada reached bilateral agreements to improve health care for all Canadians, which includes an embedded principle of equity – ensuring equitable access to care for groups facing systemic barriers, including official language minority communities. Canadians need to be confident that governments will actively monitor progress and deliver the results they’ve long been waiting for. The CMA recommends that federal, provincial, and territorial governments include specific indicators in future bilateral agreements to track progress on improving health care access for equity-seeking groups, including language minority communities.

Research shows that when patients face language barriers, they receive less health education during consultations, which can directly affect the quality of care. According to the latest report from the Canadian Institute for Health Information “[Improving patient safety and quality of care: Applying an equity lens to hospital harm](#)” – patients who do not speak English or French are 30% more likely to experience harmful events in health care settings compared to those who do, equating to an additional 1.5 incidents of harm per 100 hospitalizations. Similar trends are observed in home care, where communication challenges can lead to misunderstandings, improper medication use, and errors in tests and procedures.

Indigenous communities in Canada also face significant barriers in accessing health services in their own languages or their preferred official language. The 2024 federal budget pledged \$225 million over five years, in support of the Indigenous Languages Act. It is essential that we streamline processes and reduce barriers to ensure this funding reaches the programs that support Indigenous language revitalization and improve access to culturally appropriate health care services.

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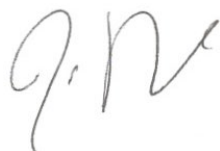
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We believe that the technology of virtual care combined with national physician licensure can also be part of the solution in cases where patients do not have access to a physician who can speak their language in their community or where Indigenous patients do not have access to an Indigenous physician who can speak their language. Virtual care has the potential to open the pool of providers from coast to coast to coast. There is currently a barrier in that, in most jurisdictions, a physician providing virtual care to the residents of a province or territory must be licensed in that jurisdiction. The CMA is encouraged by the introduction of the Atlantic Registry in 2023 and is advocating for it to be replicated across Canada.

Ensuring access to minority-language health services is essential to achieving equitable care across Canada. While legal frameworks exist, expanding bilingual or multilingual training, increasing interpreter services, and fostering cultural competence within the health system are critical steps to closing these gaps and improving care for all Canadians.

The CMA remains committed to working with you to advance this important work, and we appreciate your continued focus on this critical issue.

Sincerely,



Joss Reimer, MD, FRCPC, MPH
President, Canadian Medical Association

Cc: Senate Committee Members