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Minister of Health | Ministre de la Santé

Ottawa, Canada K1A 0K9

July 8, 2026

Ms. Shaila Anwar
Clerk of the Senate
and Clerk of the Parliaments
The Senate of Canada
2 Rideau Street, Room A408
Ottawa, Ontario K1A 0A4

Dear Ms. Anwar:

I have the honour to present the Response of the Government of Canada to the First Report of the Standing Senate Committee on Official Languages, entitled "Breaking Down Language Barriers in Health Care: For Equitable, Safe and Quality Health Care and Health Services."

You will find enclosed for tabling in the Senate, pursuant to rule 12-23(4) of the Rules of the Senate of Canada, two copies, in both official languages, of the Report.

Please accept my best wishes.

Yours sincerely,

The Honourable Marjorie Michel, P.C., M.P.

Enclosures

Canada

Letter of introduction

The Honourable Allister W. Surette
Chair, Standing Senate Committee on Official Languages
Ottawa, Ontario, July 23, 2026

Mr. Chairman, Members of the Committee,

On behalf of the Government of Canada, I would like to thank the Standing Senate Committee on Official Languages for the report **Breaking down language barriers in health: For Equitable, Safe and Quality Health Care and Health Services**, tabled on February 12, 2026. This report is a rigorous and timely contribution to the collective reflection on equitable access to health services in the official language of choice for Canadians, particularly in official language minority communities (OLMCs).

The Government recognizes that language is an essential element of the quality, safety and efficiency of health care. Language barriers can compromise clinical communication, impede continuity of care, affect compliance to treatments, and increase risks for patient safety. In this regard, the Committee's findings and recommendations are directly aligned with the Government's priorities in terms of health, equity and respect for language rights.

This government response is part of a context of ongoing transformation of Canada's health care systems, marked by persistent structural pressures, significant human resources challenges, the rapid evolution of digital technologies, and the modernization of the *Official Languages Act* in June 2023, which resulted in numerous changes, including new or enhanced duties and responsibilities for federal institutions, as well as Government of Canada commitments under Part VII.

In this context, the Government of Canada reaffirms its commitment to enhancing the vitality of OLMCs and supporting access to quality, safe and equitable health services in the official language of choice, while respecting provincial and territorial jurisdictions.

As federal Minister of Health, I coordinated the development of this government response with input from institutions under my direction in the Health Portfolio, as well as from other relevant federal departments, agencies, and partners. This whole-of-government approach reflects the cross-cutting nature of the issues raised by the Committee, including governance, legislation and accountability; labour, education and community capacity; integrated service delivery, standards and digital transformation; and the importance of consultations, data, research and evidence-based decision-making.

The Government also recognizes the decisive contribution of federal initiatives in the area of health and official languages, including Health Canada's Official Languages Health Program and the

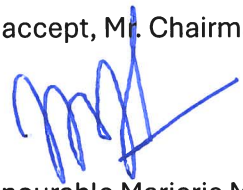
Public Health Agency of Canada' Healthy Early Years program. These initiatives have led to concrete progress, while highlighting the need to continually adapt approaches in order to remain aligned with the evolving realities of health systems and communities.

The recommendations made in the report are ambitious and the Government welcomes them seriously and openly. This response is organized according to the themes underlying the Committee's recommendations and is intended to acknowledge the progress made, while clarifying ongoing actions to strengthen the impact of federal actions in support of the *Official Languages Act* and the Government's *Action Plan for Official Languages 2023-2028: Protection–Promotion-Collaboration*. It also highlights the Government's commitment to continue to work collaboratively with the provinces and territories, training institutions, community organizations, health professionals and communities to sustainably advance access to health services in the official language of choice.

This Government response is part of an ongoing dialogue with Parliament, partners and communities. The Government remains committed to ensuring rigorous follow-up to the Committee's recommendations, to tailoring its interventions based on consultations and evidence, and to continuing its efforts to ensure that the principles of linguistic equity, of safety and quality are integrated throughout the continuum of health care and services in Canada.

Finally, I would like to thank the members of the Committee for the quality of their work and their sustained contribution to the advancement of official languages in Canada. The Government of Canada is committed to working with the provinces and territories to improve access to health services and remains committed to working with all partners to break down the remaining language barriers and effectively meet the needs of all Canadians, including members of OLMCs.

Please accept, Mr. Chairman, members of the Committee, my best regards.



The Honourable Marjorie Michel
Minister of Health

Government Response to the Report of the Standing Senate Committee on Official Languages

This government response reacts to the Committee's recommendations and consolidates inputs from: Health Canada; Treasury Board Secretariat (TBS); Canadian Heritage (PCH); Employment and Social Development Canada (ESDC); Immigration, Refugees and Citizenship Canada (IRCC); Statistics Canada; the Public Health Agency of Canada (PHAC); the Canadian Institutes of Health Research (CIHR), the Canadian Institute for Health Information (CIHI); Innovation, Science and Economic Development Canada (ISED); the Social Sciences and Humanities Research Council (SSHRC); and the Natural Sciences and Engineering Research Council (NSERC).

The Government of Canada (the Government) recognizes that there are still gaps in access to health services in the official language of choice for official language minority communities (OLMCs). However, the government would also like to highlight the concrete measures it has taken to improve access to health services in the minority official language, as well as to support the vitality of OLMCs. This set of initiatives, programs and policies already in place demonstrate how the government is responding, in whole or in part, to the Committee's recommendations.

THEME 1 – Governance, Legislative and Accountability Frameworks

(Response to Recommendations 1, 2, 3 and 14)

The Government recognizes the fundamental importance for OLMCs to have access to health services and programs in the official language of their choice. The modernization of the *Official Languages Act* (OLA) in June 2023 (a few months after the unveiling of the Action Plan for Official Languages 2023–2028: Protection-Promotion-Collaboration), as well as the draft Part VII Regulations, provide a renewed framework to better guide federal action in support of the vitality of OLMCs, particularly in the health sector, now recognized as a key sector in this regard.

The government also recognizes the role that language clauses in federal-provincial-territorial (FPT) health agreements can play in supporting equitable, safe and quality care. It remains committed to strengthening the consideration of the needs of OLMCs in its investments, through a gradual and pragmatic evolution of existing frameworks, based on collaboration, transparency and the use of evidence, while respecting the constitutional framework and the partnership nature of bilateral agreements with the provinces and territories.

Review the Canada Health Act (Recommendation 1): The *Canada Health Act* (CHA) sets out the general requirements for insured hospital and physician services that provinces and territories must meet in order to receive the full federal cash contribution under the Canada Health

Transfer. These requirements are worded in a way that does not infringe on provincial and territorial responsibilities for the direct delivery of care.

The provinces and territories remain responsible for the organization and delivery of insured health services to meet the needs of their respective populations, including language of service. In practice, language support mechanisms, such as translation or interpretation services, vary from jurisdiction to jurisdiction in terms of their scope, target groups and level of funding.

Health care delivery issues, including language of service and interpretation services, are outside the scope of the CHA. However, the modernized OLA identifies health as a sector essential to OLMC vitality, and Part VII obligations apply to federal institutions in the exercise of their mandates. In the health context, this includes taking positive measures and, where agreements with provinces and territories may contribute to the implementation of OLA section 41 commitments, taking the necessary measures to promote the inclusion of appropriate official languages provisions.

The Government notes the Committee's recommendation to review the CHA. However, the scope of the CHA does not include any oversight or regulation of the standard or quality of health care delivery. Any consideration of potential amendments to this Act must be approached with caution, taking into account the constitutional division of powers.

Nevertheless, the **Official Languages Health Program** (OLHP), administered by Health Canada, is an existing mechanism under the Government Action Plan for Official Languages 2023-2028 that aims to improve access to health services for OLMCs through targeted measures to train, retain and integrate bilingual health professionals, strengthen community networks and support innovative projects.

Further, in order to ensure rigorous implementation of Part VII of the OLA, Health Canada adopted in January 2026, a Policy on the Implementation of Part VII and a set of related tools that allow:

- the systematic and mandatory analysis of the linguistic impacts of any new or renewed initiative;
- planning, implementation and evaluation of consultation and dialogue activities with OLMCs and relevant stakeholders;
- monitoring, evaluating and documenting the positive measures implemented to ensure their effectiveness and, if necessary, to make adjustments.

Definition and framework for language clauses (Recommendation 2): The Government recognizes the importance for OLMCs of having access to health services and programs in their official language, as well as the role that language clauses play in FPT agreements in supporting equitable, safe and quality health care. In accordance with the modernized OLA, federal institutions must promote the inclusion of official languages provisions when negotiating

agreements with the provinces and territories when they can contribute to the implementation of the commitments set out in section 41.

The President of the Treasury Board, in consultation with the Minister of Canadian Heritage, is responsible for developing regulations to specify how government institutions can meet their obligations in this regard. In December 2025, the draft Part VII Regulations were tabled in Parliament. In particular, they specify:

- the expected measures to be taken to promote the inclusion of language clauses in FPT agreements;
- the need to base the content of these clauses on analyses and, if applicable, on evaluations and observed results;
- the requirement for evaluation and monitoring mechanisms; and
- the obligation to inform the President of the Treasury Board of the publication of agreements containing language provisions.

The draft regulations are currently under review by the relevant parliamentary committees. TBS is analyzing the comments and the recommendations received from stakeholders and parliamentarians, as it works towards the next version of the regulatory text.

Integration of language clauses in bilateral agreements (Recommendation 3): The Government also notes the recommendation to include language clauses in future bilateral health agreements. In accordance with the modernized OLA, the Government promotes the inclusion of provisions promoting official languages and the vitality of OLMCs during the complex negotiations of these agreements, which must also reflect shared priorities, regional realities and the respective responsibilities of governments.

Recent bilateral agreements, including the **Working Together** and **Aging with Dignity** agreements, signed in 2023-2024, reflect the Government of Canada's commitment to promoting equitable access for underserved or disadvantaged populations, including OLMCs. In these agreements, provinces and territories committed to:

- implementing measures to meet the needs of underserved populations, including OLMCs; and
- participating in an FPT process led by CIHI to develop common indicators, which includes improving the availability of disaggregated data for underserved populations, such as OLMCs.

The bilateral agreements provide a flexible framework that recognizes provincial and territorial responsibility for health care delivery, while allowing several jurisdictions to incorporate initiatives supporting OLMCs into their initial action plans (2023-2024 to 2025-2026). The initiatives below are examples of provincial actions supported by federal funding via Working Together agreements:

- Alberta has made new investments in health services for Francophones;

- Ontario has used funding to support community-based mental health and addictions programs in French; and
- Manitoba and New Brunswick have made efforts to recruit new bilingual or Francophone health professionals.

The Government is currently working with provinces and territories to renew the Working Together agreements for the remaining years of funding for 2026-2027 to 2032-2033. The principles and commitments related to the needs of OLMCs will continue to remain central to these discussions. The government will also continue to encourage jurisdictions to develop initiatives adapted to OLMCs as part of their action plans, while respecting their responsibilities for the delivery and management of care.

In addition, Health Canada already implements several mechanisms to address the Committee's concerns in the areas of consultation, data collection, transparency and accountability, including through targeted programs and agreements. In this regard:

- The OLHP supports ongoing dialogue with national and regional community networks, and contribution agreements include clear performance monitoring and reporting requirements;
- Health Canada provides the secretariat for the Federal Health Portfolio Consultative Committee for OLMCs, a mechanism established in 2017 for a structured dialogue between the Health Portfolio (Health Canada, PHAC, CIHR) and organizations representing OLMCs in the health sector (**Société Santé en français** (SSF), the **Association des collèges et universités de la francophonie canadienne-Consortium national de formation en santé** (ACUFC-CNFS), the **Community Health and Social Services Network** (CHSSN) and **Dialogue McGill**) on the needs and priorities of OLMCs in health.

To this end, the Minister of Health will continue to work with the President of the Treasury Board and federal partners to examine lessons learned from existing agreements; explore flexible approaches to better reflect the needs of OLMCs and strengthen the use of relevant evidence and indicators where possible and appropriate.

Standards for Private Enterprises Providing Services on Behalf of Public Institutions (Recommendation 14): The Government recognizes the language issues associated with the evolution of health service delivery methods, including the increased use of private providers. The federal legislative framework, including the OLA, establishes clear principles for the substantive equality of official languages and for taking into account the needs of OLMCs.

The Government of Canada must ensure that third-party persons or organizations acting on behalf of a Federal institution provide communications and services to the public in either official language as if they were provided by the federal institution and according to Part IV requirements of the OLA. This applies when a federal institution exercises sufficient control over the third-party

person or organization or when the third-party person or organization implements a program or legislation for which the federal institution is responsible.

In addition, in accordance with Part VII of the OLA, Health Canada includes explicit provisions in contribution agreements with Pan-Canadian Health Organizations (PCHO) (e.g. Canada Health Infoway) to ensure that services, communications and public documents are available in both official languages, while mobilizing provinces and territories, industry and other stakeholders in the development and implementation of standards and/or best practices that take into account the needs of OLMCs and promote linguistic duality.

THEME 2 – Workforce, education and community capacity

(Response to Recommendations 4, 5 and 6)

The government recognizes the central role of community and education stakeholders in improving access to quality, safe health services adapted to the language needs of the populations served, and the importance of greater predictability in funding. In this sense, Health Canada is a pioneer in the "by and for OLMCs" approach through ongoing funding that the OLHP allocates to targeted recipients.

In addition to the efforts put in place with community organizations and educational institutions, the Government also recognizes the need to have effective mechanisms for the recognition of foreign credentials in order to alleviate persistent health workforce shortages, particularly to serve OLMCs.

Support for community health organizations (Recommendation 4): The Government recognizes that community organizations play an essential role, particularly in regions where the institutional offer of health services in the official language of the minority remains limited. Their expertise, proximity to communities and ability to work together are important levers for improving access to services, supporting navigation in health systems and promoting community innovation.

Through the Action Plan for Official Languages 2023-2028 : Protection-Promotion-Collaboration, PCH supports collaboration between community organizations and minority-language post-secondary institutions. Additional funding of $16 million over four years is intended to increase and diversify partnerships, improve service offerings and strengthen access to quality post-secondary education in the minority official language.

The Action Plan represents an unprecedented investment of $4.1 billion over five years through 82 initiatives, including more than $200 million under Health Canada's OLHP (from 2023-2024 to 2027-2028) that is specifically dedicated to health networks, services and training within OLMCs. The Program provides $76 million in funding for:

- National and regional networks such as the Société Santé en français (SSF) and the Community Health and Social Services Network (CHSSN), which support the coordination, planning and implementation of initiatives adapted to regional realities
    - For example, thanks to funding provided through the OLHP networking component, the SSF was able to provide sustained efforts that led to systemic changes, such as the opening of the very first Francophone community health centre in British Columbia, Santé Ouest, in November 2024 in Vancouver. This centre is an essential access point for Francophones in British Columbia through its provision of primary health services, psychosocial support, and health promotion programs in French.
- Concrete projects aimed at improving access to services in English or French in minority settings, particularly in mental health, pediatric care and prevention, such as:
    - In 2024-2025, the SSF signed a service agreement with the government of Saskatchewan to offer an empathetic mental health line in French to Francophones in the province;
    - In 2025-2026, in Quebec, the 4Korners network, supported by the CHSSN, provided its expertise to ensure that English-speaking families benefit from culturally and linguistically appropriate services and support from the "Ma Famille, Ma Communauté" program, which aims to help vulnerable families.
    - The SSF collaborated with CHEO on the "Kids Come First Language Protocol" project to develop tools to promote access to health services and care adapted to Francophone children and families in Ontario. A total of 23 organizations committed to implementing measures recommended by these tools.

As part of the 2023–2028 Action Plan, the OLHP also allocated $1.6 million in indexation funds to provide additional core funding to targeted recipients of the OLHP that are not-for-profit organizations, allowing them to counter the negative effects of inflation and maintain the same level of activity to continue to improve access to health services in the minority official language. Regarding the project component of the OLHP, it was designed to promote innovation. In some cases, recognizing their strategic value to OLMCs, innovative projects have been converted into permanently funded initiatives, such as the following SSF initiatives: **Accès éQUITÉ**; **Franco-Santé**; **Stratégie des données**; **Cafés de Paris**; and **Formation Offre active**.

All of these initiatives are contributing to expanding access to linguistically and culturally appropriate care and strengthen community capacity, thus supporting the Government's commitment under the OLA to enhance the vitality of OLMCs.

Support for postsecondary institutions (Recommendation 5): Minority-language postsecondary institutions play a strategic role in the training, preparation and integration of bilingual health professionals capable of providing safe and quality services in the minority official language. The Government remains committed to supporting these institutions as pillars of

sustainable access to health services for OLMCs, through a progressive, collaborative and evidence-based approach.

Access to quality postsecondary education in the minority language remains essential to the vitality of OLMCs and to the reduction of health workforce shortages. That is why the Government has been working with the provinces and territories for several decades to support the minority-language education continuum.

PCH supports minority-language post-secondary education through official languages support programs. As part of the Action Plan for Official Languages 2023-2028, the Department provided additional funding of $120 million over four years to support minority-language postsecondary institutions, in particular to increase access to education, develop new programmes and strengthen collaboration between institutions. These investments are in addition to existing enhancements, including nearly $400 million for minority-language education and ongoing funding of $235.5 million per year through FPT education agreements.

At the same time, Health Canada is allocating $126 million and has increased funding ($1.6 million), under the Action Plan, to support health training in OLMCs through the OLHP. For more than twenty years, this program has helped expand training in priority sectors, support clinical internships and experiential learning, and facilitate professional integration in minority-language settings, in close collaboration with post-secondary institutions and partners in the health network. Since 2003, more than 10,000 additional health professionals have been trained by CNFS institutions and more than 12,000 existing health professionals have received language training under the Program

The Government recognizes, however, that Canada is facing significant and growing shortages in several health professions, caused in part by a lack of national training capacity, as the supply of health professionals who graduate from Canadian education programs is unable to meet the demand (current and projected) for health services.

In this context, the OLHP contributes to strengthening training capacity, in particular by supporting:

- The ACUFC-CNFS and its 16 member institutions, which offer nearly 80 health training programs in minority-language context;
- Dialogue McGill, which contributes to language training, professional integration and retention of bilingual professionals capable of serving Quebec's English-speaking communities.

These measures, taken together, contribute to increasing the capacity for training and the provision of health services in the minority language, in line with Government commitments under the modernized OLA to advance learning opportunities for OLMCs in their language and to enhance their vitality. Consultations with targeted recipients of the OLHP will take place in 2026-2027 to

inform the program's activities for the 2028-2033 phase. The Department will continue to work closely with the CNFS to address recruitment and retention challenges at some of their institutions and programs.

Attract and integrate a bilingual health workforce (Recommendation 6): The Government recognizes that the availability of a bilingual health workforce is a determining factor in equitable access to quality health services for OLMCs. It also recognizes that a broad, collaborative approach—including immigration, foreign credential recognition, and socio-professional integration—is needed to address workforce shortages, particularly in the health sector.

In this regard, Budget 2025 provides an investment of $97 million over five years, starting in 2026-2027, to establish the Foreign Credential Recognition Action Fund, administered by ESDC. The fund aims to make recognition processes fairer, more transparent, faster and more consistent, particularly in priority sectors such as health.

ESDC is working closely with IRCC, Health Canada, provinces, territories, regulators and other partners to support the integration of internationally educated health professionals (IEHP). The Foreign Credential Recognition Program supports, among other things:

- Improvement of recognition processes;
- Loans and support services;
- Relevant work experience in Canada

The Government recognizes that credential recognition and licensure are primarily the responsibility of the provinces and territories governments and their regulatory bodies, and that these processes are primarily focused on ensuring patient safety and quality of care. In this context, targeted initiatives also help support the vitality of OLMCs, particularly through the integration of Francophone or bilingual professionals in minority-language communities.

IRCC also plays a key role in supporting the vitality of OLMCs, notably through its investments of $82M for the Francophone Integration Pathway and $6.1 million (including $1.2 million to Francophone organizations) between April 2023 and March 2025 in additional funding to improve services that support newcomers wishing to practise in regulated professions, by helping them navigate credential recognition processes.

The Policy on Francophone Immigration, launched in 2024, aims to strengthen the recruitment, selection, settlement and integration of Francophone immigrants outside Quebec, including in the health sector. The Settlement Program funds support services in both official languages, particularly in the areas of language training and employment preparedness, including providing information on the licensure process for regulated occupations. Several expedited immigration pathways to permanent residence help attract and retain French-speaking health professionals, including:

- **Francophone Mobility Program:** Allows employers to hire temporary French-speaking workers without a Labour Market Impact Assessment. Recognizing the importance of facilitating timely entry of workers in the healthcare sector, IRCC prioritizes permit processing for workers, including Francophones, with job offers in the healthcare sector.
- **Express Entry**: Processes the majority of permanent resident applications from invited highly skilled workers within six months– admitting nearly 1,880 health care workers proficient in French as permanent residents since 2023.
- **Provincial Nominee Program:** Enables direct collaboration between nominees, employers and provincial/territorial authorities to streamline immigration processes, and support faster labour market integration, including work permit options for urgently needed nominees. Additional targeted measures include dedicated francophone streams, the reservation of approximately 10,000 federal spaces for francophones and credentialed physicians with job offers and the prioritization of work permit processing for nominated physicians.
- **Rural and Francophone Community Immigration Pilots :** Allows for faster integration of skilled workers and international graduates to support small communities in priority sectors. Communities are involved in evaluating and recommending candidates who meet their needs.

Health Canada supports a whole-of-government approach to better align immigration, credential recognition and workforce development efforts with the language needs of the health care system. Through supports provided in Budget 2024, Health Canada's Healthcare Policy and Strategies Program (HCPSP) is funding a number of projects to help integrate IEHPs[1] to Canada's health workforce, including creating new training positions for international medical graduates, increasing capacity to assess international medical graduates, and helping newcomers navigate credential recognition systems.

In implementing these Budget 2024 commitments, Health Canada encouraged provinces and territories, where possible, to create new training positions for international medical graduates to support the vitality of French-speaking minority communities. In this regard, certain measures can promote the integration of IEHPs in Francophone minority communities and improve patients' access to care offered in French, including the reservation of training spaces for Francophones and the expansion of the list of countries eligible for automatic certification in family medicine, with particular attention paid to Francophone countries.

The Department has also required that tools and documents for IEHPs be available in both official languages. In addition, in 2025, Health Canada published, on behalf of FPT governments, an **Ethical Framework for the Recruitment and Retention of IEHPs** provides non-binding guidance to Canadian health system stakeholders to support ethical recruitment and sustainable integration

[1] aligned with the approach but separate from ESDC's Foreign Credential Recognition Program

of IEHPs, including those of Francophone professionals from countries that may be facing health workforce shortages.

These initiatives reflect the Government's commitment to strengthen, in a structured and progressive manner, the availability of a bilingual health workforce serving OLMCs. These also contribute to the Government's commitments under the OLA to advance learning opportunities for OLMCs in their language and to enhance their vitality.

THEME 3 – Integrated Service Delivery, Standards and Digital Transformation

(Response to Recommendations 7, 8, 11, 12 and 13)

The Government recognizes that access to quality, safe, culturally appropriate health care and services actively offered in the official language of choice must be considered holistically, across the entire continuum of care, from health promotion to disease prevention to end-of-life care. It considers it essential to strengthen the consideration of linguistic realities in health policies, programs and initiatives in a more systematic way, while taking advantage of the opportunities offered by digital innovation, particularly in virtual health.

The Government shares the vision of a health system that fully integrates the linguistic dimension, complementing the other determinants of health and equity. Sustainable progress can be made through incremental, collaborative, and evidence-based approaches.

Integration of a linguistic and inclusive lens (Recommendation 7): The Government recognizes the importance of taking into account the varied needs of OLMCs when developing health programs, policies and initiatives, including the specific needs of one or more regions or populations. This is consistent with the Government's approach to implementing Part VII of the modernized OLA, under which federal institutions assess the potential impacts of their structuring decisions on OLMCs and on the advancement of English and French, and use that analysis to inform positive measures, consultation and follow-up.

As required under Part VII, these analyses must be informed - to the extent possible - by dialogue and consultation activities with OLMCs and other relevant stakeholders, on research and on evidence-based findings. This approach is consistent with federal orientations on equity, diversity and inclusion, as well as with emerging practices of differentiated analysis of the impacts of public policies.

In this regard, Health Canada and PHAC have developed measures to support considerations related to Part VII of the OLA in their decision-making processes. In January 2026, Health Canada implemented its new Policy on the Implementation of Part VII of the OLA, which aims to ensure the

consistent application of language obligations throughout the life cycle of initiatives. This policy is supported by mandatory tools, including:

- a detailed impact assessment tool;
- a checklist of consultation and dialogue activities;
- a tool for monitoring and self-assessment of positive measures.

Health Canada also provides secretariat functions for the Federal Health Portfolio Consultative Committee for OLMCs, which provides a structured platform for dialogue and consultation on the needs and priorities of communities.

PHAC is applying a similar approach, integrating Part VII-related analyses into its internal processes, including the development of key policy documents and in its grants and contributions agreements, which now include standard clauses to support the vitality of OLMCs.

Through the OLHP, Health Canada also supports initiatives targeting various segments of the continuum of care and vulnerable groups, contributing to more equitable and linguistically appropriate approaches, in collaboration with community networks. For example:

- In New Brunswick, the SSF's participation in the "États généraux sur le vieillissement en français » organized by the Association des aînées et aînés francophones of New Brunswick made it possible to position the health of seniors in French.
- On the CHSSN side, the holding of the "#EmpoweringVoices" Community Forum, in November 2025, brought together about a hundred participants around the issue of equitable access for racialized communities and English-speaking newcomers in Quebec.

PHAC, for its part, has been funding the **Healthy Early Years Program** (HEY) for six years. Its objective is to enable OLMCs to plan, develop and implement culturally and linguistically appropriate health promotion activities to improve the health and development of children (from 0 to 6 years old) and their families living in at-risk conditions.

- Through HEY, in 2024-2025, the SSF and the CHSSN supported 59 projects, reaching more than 22,000 children, parents, pregnant people and caregivers in OLMCs.

Survey data collected in 2021-2022 found that 77% of HEY participants gained knowledge and skills by participating in the program, 88% reported improved health behaviors, and 73% reported that their health and well-being improved as a result of participating in the program.

Support for the implementation of the "Access to Health and Social Services in the Official Languages" Standard (Recommendation 8): The Government takes note of the recommendation to support the implementation of the existing **Access to Health and Social Services in Official Languages standard** developed and maintained by **the Health Standards Organization** (HSO). The Government recognizes that this standard is a useful tool to guide health

system partners in improving linguistic access to services, while promoting a consistent approach across the continuum of care.

This standard supports Accreditation Canada's Official Languages Recognition Program (OLRP), including accreditation surveys and certification. The OLRP is a national project that was funded by Health Canada through the SSF. The SSF received approximately $1.1 million under the OLHP between 2014 and 2023 for the development of the standard. The SSF, in collaboration with HSO and Accreditation Canada, supports institutions in the integration of strategies for planning, actively offering and measuring access to French-language services, in accordance with the standard.

The OLHP supports and certifies organizations that are committed to improving access to health and social services in both official languages and enables these organizations to:

- Strengthen the accessibility and quality of services in both official languages, while reducing the risks associated with language barriers
- Benefit from adapted coaching, specialized bilingual resources and virtual access to tools based on best practices
- Improve and expand the offer of official languages services, from an equity perspective
- Align with the latest guidance and guidelines to increase safety, efficiency, and quality of services

Health Canada will continue to work collaboratively with the SSF to maintain the benefits of the standard with health partners, with a goal of enhancing the vitality of OLMCs.

Support language concordance measures (Recommendation 11): The Government recognizes that linguistic concordance between patients and health care professionals is an important lever for improving the quality, safety, efficiency of care and the patient experience. Evidence shows that language discordance can lead to increased risk of errors, poorer clinical understanding, and decreased patient satisfaction.

Respecting provincial and territorial jurisdictions, the federal government continues to promote the sharing of best practices and the gradual integration of tailored measures. In this regard:

- The **Working Together** bilateral agreements are based on the principle of equitable access for underserved populations, including OLMCs. For instance, through the agreements, provinces and territories were required to consider initiatives supporting OLMCs in their action plans, as well as participate in a CIHI-led process to improve the availability of disaggregated data, including related to official language status. Several provinces advanced measures to support OLMCs through the agreements, including Alberta, Manitoba, Ontario, and New Brunswick.
- The OLHP has supported six projects from provinces and territories (British Columbia, Manitoba, Newfoundland and Labrador, Nova Scotia, Ontario and Yukon) to develop

strategies related to telehealth and the collection of data on the existing supply and potential demand for health services in the minority official language (in particular by capturing the language variable on the health card) to better plan the provision of services in the minority language.

In addition, support for community networks and organizations promotes networking between bilingual professionals, institutions and communities, helping to strengthen linguistic concordance in the field.

Aim for a standardized practice of active offer (Recommendation 12): The Government recognizes that the active offer of health services in the official language of the minority is an essential lever for equity, quality and safety of care, as well as for promoting OLMC vitality as required by the OLA. Evidence shows that patients' ability to receive services in their language is associated with a better understanding of diagnoses and treatments, a reduction in clinical risk, and greater satisfaction with the care received. Normalizing active offer requires concerted and sustained efforts from all health system partners.

In keeping with existing legislative frameworks and jurisdictions, Health Canada has long supported and will continue to support the sustainable integration of active offer best practices across the system, including through the OLHP. Supported organizations, including the SSF and the ACUFC-CNFS, contribute to:

- integrate active offer into the initial and continuing training of health professionals;
- develop and disseminate proven models (e.g., bilingual greeting, signage, linguistic self-identification tools); and
- support research and knowledge mobilization on the impact of active offer on access, quality and safety of care.

It should be noted that in Quebec, the active offer of services in English is authorized only in designated institutions. Projects funded under the OLHP have nevertheless led to better identification of bilingual professionals on a voluntary basis and supported other types of access measures, such as navigation services.

Digital transformation, virtual care and artificial intelligence (Recommendation 13): The Government recognizes that telemedicine, virtual care, digital services and artificial intelligence offer significant opportunities to improve access to care, while carrying risks of new inequities for OLMCs if they are not deployed in an inclusive manner.

In keeping with the responsibilities of the provinces and territories, Health Canada plays a role as a partner and catalyst to promote the systematic consideration of official languages in new health practices. In particular, the Department chairs, alongside a provincial counterpart, the FPT Table on

Digital Health and Health Priorities, promoting the sharing of best practices in language accessibility.

Recent initiatives, such as the **Canada-New Brunswick Contribution Agreement to Support Bilingual Digital Health Technologies** ($60 million), demonstrate how the Government is helping to support equitable access to health information for both Anglophone and Francophone populations.

The Government also worked with provincial and territorial governments to develop Pan-Canadian artificial intelligence (AI4H) for Health Guiding Principles. The Guiding Principles, approved by FPT Ministers of Health in January 2025, set out shared values to guide FPT governments' efforts to support the responsible and ethical adoption and use of AI technologies. The first two principles help ensure that the deployment of AI tools in healthcare takes into account the needs of communities:

1. **Person-centred approach**: The well-being and diversity of perspectives of the Canadian people, including specific populations such as OLMCs, are at the heart of decisions regarding the adoption of AI technologies and the use of the health data and information on which AI technologies are based, including through inclusive engagement.
2. **Equity, diversity and inclusion**: AI technologies are being adopted in Canadian health systems in ways that support fair and equitable access to high-quality, culturally appropriate and safe health services to improve health outcomes while minimizing bias and decreasing health inequalities.

In addition, recent government-funded initiatives, such as the AI Scribe program, have provided more than 10,000 primary care providers with access to artificial intelligence scribes.

- Primary care providers across the country were able to access a one-year license for AI transcription technology at no cost, selected from a list of nine pre-qualified providers. Eight of the nine providers allow the use of French, so providers and their patients can use the official language of their choice during the medical consultation.
- The Government is also continuing its work on a renewed national artificial intelligence strategy, in collaboration with ISED, to integrate considerations specific to the health sector and linguistic duality. An important aspect of the strategy renewal framework is to ensure that the design and deployment of AI adequately reflects Canadian identity, culture and inclusion, including the protection and promotion of French, which is also a commitment under the modernized OLA.

THEME 4 – Evidence-Based Data, Research and Decision-Making

(Response to Recommendations 9 and 10)

The Government recognizes that access to disaggregated language data is an essential condition for effective health services planning for OLMCs, and that health research plays a key role in better

understanding and responding to inequalities in access to care in an informed manner. The integration of language as a determinant, combined with an intersectional approach, helps to refine the understanding of the differentiated needs of populations and supports evidence-based policy and program development, including the development of positive measures in support of Part VII of the OLA commitments.

Accelerate the collection and sharing of disaggregated language data (Recommendation 9): Health Canada, Statistics Canada, CIHI and the provinces and territories are working together to strengthen the integration, collection and analysis of language variables in population health status, health services and workforce data. These efforts are part of the common goal of improving equitable access to safe, quality health care for OLMCs.

For instance, OLMCs are recognized as equity-deserving populations under the Working Together bilateral agreements. These agreements commit provinces and territories to contribute to a CIHI-led process to develop pan-Canadian indicators, which includes improving the availability of disaggregated data for underserved populations, such as OLMCs. This work provides a concrete basis for the progressive integration of language as an analytical variable in health system performance reporting, particularly from sources such as the Canadian Community Health Survey (CCHS).

As part of its mandate, CIHI supports the modernization of health data by integrating linguistic duality considerations into its data standards, indicators and analytical products, in accordance with its contribution agreement with Health Canada. This provides in particular:

- the provision of services, publications and communications in both official languages;
- bilingual accessibility of data products and tools for the public; and
- the integration, where appropriate and feasible, of OLMC considerations in standards, indicators and reports.

CIHI is also continuing modernization work to improve the collection of language data in hospital systems and from the health workforce, including the addition of language variables to new pan-Canadian workforce standards, in collaboration with provincial and territorial regulators. CIHI's national data content standards (Pan-Canadian Health Data Content Framework and Canadian Core Data for Interoperability) specifically include service language for both patient/client and health care providers. These initiatives strengthen the comparability of data and support more equitable resource planning across the country.

These efforts are part of a broader health data modernization framework, supported by the Joint F/P/T Action Plan on Health Data and Digital Health, the Pan-Canadian Health Data Charter, and the Shared Pan-Canadian Interoperability Roadmap. Together, these initiatives help strengthen the evidence base to inform decisions and support positive measures that meet the needs of OLMCs, as required under the modernized OLA.

Through the OLHP, Health Canada also provides targeted support for innovative projects led by provinces and territories to collect language data to improve health services planning. These projects make it possible to integrate linguistic information into digital health systems, improve the identification of patients' preferred language and better deploy bilingual human resources. For example, nearly $900,000 has been allocated to:

- **British Columbia - Equitable Access to Personal Health Information Project** (2023 to 2026): Aims to increase the province's capacity to serve its Francophone residents who access the province's health system by integrating linguistic information into digital health platforms.
- **Newfoundland and Labrador - Provincial Language Data Strategy: Linguistic Monitoring of the Workforce and Service Users** (2023 to 2028): Establishes a process within the provincial health authority to collect language data on Francophone health care staff and service users. The project will integrate language collection questions into existing systems and collect data at intake or hiring, in order to better deploy Francophone human resources based on needs and identify gaps in French-language services.

Statistics Canada continues its work to integrate, analyze and share language data in the health sector. The **Survey on the Official Language Minority Population (SOLMP)** addresses various aspects of the situation of this population, including access to health services and care by language. The **2026 Census** includes a new question on general health status that, combined with existing language variables, will allow for population-level analyses of health status by language and geographic comparisons for OLMCs.

Statistics Canada also incorporates language variables into several national health surveys, including the CCHS, the **Canadian Health Survey on Children and Youth** and the **Health Care Access and Experience Survey**. These surveys document, among other things, language barriers to accessing care, discrimination based on language, and the experience of care based on language.

In addition, with its established framework for secure microdata linkage, Statistics Canada can integrate census language variables into various health administrative databases, including CIHI's. These linkages allow for the integration of language variables as analytical dimensions of population health and health services utilization; the conduct of longitudinal and trend analyses by language group; and the production of disaggregated analyses for OLMCs without requiring the collection of additional language data at the point of care.

Finally, Statistics Canada produces statistics and analyses on various aspects of health according to language variables. For example, and in collaboration with Health Canada,

- analyses of access to health services in the minority language were conducted using the SOLMP.

- detailed analyses of the use of official languages in the workplace by health professionals were conducted using census data.

Support intersectional research and analysis (Recommendation 10): The Government recognizes that strengthening research on OLMCs and integrating language considerations into intersectional analyses are essential levers for informing health policies and programs and to develop positive measures in support of Part VII of the OLA commitments. In this regard, several structuring initiatives are in place to strengthen research practices that are sensitive to linguistic realities and health equity.

The Action Plan for Official Languages 2023-2028 provides $8.5 million over five years to support the French research ecosystem across Canada, which includes the work of the **External Advisory Panel on the Creation and Dissemination of Scientific Information in French**. The Panel's report **Research in French and Substantive Equality: An Opportunity** was submitted to the Minister Responsible for Official Languages in March 2026 and made public on May 8th, 2026. In addition, PCH launched the **Post-Secondary Sector and Scientific Knowledge in French Support Fund**, as well as support measures, including the French-language Research Assistance Service from Acfas (previously called the Association francophone pour le savoir), to reduce systemic barriers to participation in federal research programs.

CIHR systematically integrates language considerations into the design and delivery of its funding opportunities. An impact analysis related to official languages is now integrated into the process of developing funding opportunities, promoting early consideration of official languages and the needs of OLMCs. CIHR also encourages researchers to consider language dimensions throughout the research lifecycle when appropriate, from research design to knowledge translation. CIHR reviewers receive mandatory bias awareness training, including specific guidance on language bias, to ensure fair evaluation of funding requests. In addition, CIHR requires that public-facing products resulting from funded research be available in both official languages, with the associated costs being eligible use of grant funding.

Through targeted investments, CIHR funds research teams (including $3M over six years for two research teams) to address critical knowledge gaps on the health of OLMCs and generate evidence for more responsive policy development. CIHR also encouraged the submission of funding requests specifically related to the health of OLMCs through its Project Grant program. Through the **Strategy for Patient-Oriented Research** (SPOR), CIHR also promotes the engagement of Francophone and Anglophone minority patients as full partners in research, such as **COFFRE in Ontario** and **the Maritime SPOR SUPPORT Unit.**

With respect to the other federal granting agencies, SSHRC also supports interdisciplinary projects on health and social issues affecting OLMCs, notably through initiatives such as **MINORIA - Towards an Advanced System for Assessing Mental Health through Minority Languages** at the

Université du Québec à Montréal. NSERC contributes to research relevant to the health of OLMCs primarily through its support for rigorous multidisciplinary research in the natural sciences and engineering, including research with direct or indirect health applications. It also applies fair access and evaluation measures in the research submission processes (adjustment of the requirements for applications submitted in French, Francophone and bilingual representation on review committees, etc.) and in the implementation of its programs (e.g. targeted complementary funding, in collaboration with PCH, to support training in Francophone research).

Through the OLHP, Health Canada also directly supports research and knowledge mobilization activities conducted by post-secondary institutions and community networks, helping to document priority issues, disseminate best practices, and strengthen the knowledge base on the health of OLMCs. For example, the CNFS offers the **National Research Grant** as well as the **National Knowledge Mobilization Grant.** Finally, Health Canada also funds targeted studies and develops internal analytical products to document priority issues, such as access to health services in the official language of choice, long-term care or substance use.

Together, these initiatives strengthen the health research capacity of OLMCs, improve the availability of evidence, and support the development of intersectional analyses that fully integrate the linguistic dimension and support the development of positive measures in support of OLMC vitality.

Conclusion

By continuing to invest in training, research, data collection and the dissemination of best practices, the Government of Canada helps to strengthening access to safe, quality and equitable health services in the minority official language across the country.

The measures presented in this response demonstrate the Government's ongoing commitment to ensuring that its federal investments in health care take into account the needs of OLMCs, while respecting the constitutional and legislative framework governing the delivery of health care. Although progress has been made, the Government recognizes the need to continue efforts and remains willing to explore, in collaboration with all partners, avenues to further strengthen the alignment between health objectives and Government commitments under the modernized *Official Languages Act*.