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Health services in a patient's own official language: Associations with proximity, region and sociodemographic factors

by Daphne Fernandes

Overview of the study

Using data from the 2022 Survey on the Official Language Minority Population and the Open Database of Healthcare Facilities, this study examines how distance to health care facilities, alongside regional and sociodemographic factors, relates to access to language-concordant care for the official language minority population in Canada. In this article, language-concordant care refers to individuals receiving health care services in their preferred official language (English or French). The analysis focuses on adults aged 18 and older living across Canada.

- After controlling for other factors, the location of hospitals designated to provide services in the minority official language and the proportion of minority language speakers in the area were associated with access to language-concordant care.
- In Ontario, for example, French-speaking adults whose closest hospital was a designated hospital had a 34% predicted probability of receiving care in their language, compared with 16% of those nearer to non-designated hospitals. Similarly, those residing in areas with a higher concentration of French speakers had a predicted probability of 32%, nearly double that of individuals in lower-concentration areas (17%).
- Other sociodemographic factors, such as gender, age, education and immigrant status, were also associated with differences in the predicted probability of accessing language-concordant care.
- People aware of legislation mandating health care services in the minority official language and comfortable with requesting health care services in the minority official language were significantly more likely to receive care in their language. In Ontario, for example, French-speaking adults comfortable with requesting health care services in French were four times more likely to receive health care services in that language (44%) than those who were not (11%).

Introduction

In a country with two official languages and many other languages spoken, the language of health care services can pose communication challenges between patients and providers from different linguistic backgrounds. This is notably the case in the official language minority population (OLMP), which is the English-speaking population in Quebec and the French-speaking population in Canada outside Quebec.

Language-concordant care, where patients receive care in their preferred language, is a key aspect for ensuring equitable access to health care, as it promotes clear communication and eliminates language barriers.[1] Research consistently shows that this approach leads to improved health outcomes and a stronger doctor–patient relationship. For example, a study[2] conducted in Ontario found that Francophones and allophones (i.e., people who speak a primary language other than English or French) who received language-concordant care in hospitals were less likely to experience adverse events and had shorter hospital stays and lower mortality rates than their counterparts who did not receive care in their preferred language. Additionally, research on perinatal health care access among English-speaking Quebecers showed that receiving care in the minority

language, particularly in minority language hospitals, is associated with better birth outcomes, further underscoring the importance of language-concordant care across health care settings.[3]

Access to language-concordant care can be limited by the distance between the health care facilities providing such care and the minority language population. A study explored this topic by examining access to primary care for French speakers in Ottawa. The study revealed that these French speakers faced greater travel burdens compared with the general population when seeking language-concordant care, particularly for residents of rural communities.[4]

Access to language-concordant care also varies by individual and systemic factors. Indeed, a previous report using data from the 2022 Survey on the Official Language Minority Population (SOLMP) on access to health care services in the minority official language within regions of Canada showed several main barriers encountered by people in receiving or requesting services in their preferred language. These barriers were the fact they were bilingual and could also speak the majority language, the health care professionals' lack of proficiency in the minority language, the lack of active service offerings in the minority language, and concerns about potential negative reactions from health care professionals.[5]

Previous studies have shown that various regional and sociodemographic characteristics can have an impact on access to health care services in the minority official language. However, many of these earlier studies were limited to a single city or a single language group. While more recent national studies, such as those based on the SOLMP, have provided broader insights, they have not examined the combined impact of regional and sociodemographic factors on access to language-concordant care.

Using data from the 2022 SOLMP, this study aims to expand on these findings by examining how distance to health care facilities, along with other regional and sociodemographic factors, is related to access to language-concordant hospital care for the OLMP in Canada. The distance between individuals' residence and the closest minority language hospital is calculated from the location provided in the Open Database of Healthcare Facilities. The analysis focuses on adults aged 18 and older living across Canada, with a close examination of New Brunswick, Quebec and Ontario, three provinces with legislation or regulations requiring certain hospitals to provide services in the minority official language. Manitoba also has such legislation but was excluded from part of the analysis because of insufficient sample size. More specifically, the analysis examines the English-speaking adult population in Quebec and the French-speaking adult population in Canada outside Quebec.[6]

The target population for this study is those who indicated that it was important for them to access health care services in the minority official language and who obtained services at a hospital in the 12 months before the survey. In this study, health care services refer to health care services received in a hospital. However, for simplicity's sake, the terms "health care services" and "hospital health care services" are used interchangeably throughout the study.

Definitions

Health care services refer broadly to services provided to maintain or improve health, including both primary and specialized care, across hospital and non-hospital settings.

Hospital care refers to a subset of health care services specifically provided in hospitals.

Language-concordant care refers to receiving health care services in the individual's preferred official language (English or French).

In this paper, the **official language minority population (OLMP)** refers to adults whose official language is in the minority in their province or territory. This includes English-speaking adults in Quebec and French-speaking adults in Canada outside Quebec.

Designated hospital refers to a hospital that either operates in or is legally required to offer services in the official language of the minority population, according to provincial legislation or regulations. These hospitals are formally identified as serving the OLMP, though not all hospitals offering services in the minority language are designated. New Brunswick, Quebec, Ontario and Manitoba have legislation or formal policies requiring certain health care facilities to provide services in the official language of the minority population.

Official language minority adults in Quebec are the most likely to find it important to access health care services in their language

In 2022, 78% of adults in a minority official language situation in Canada felt it was important to receive health care services in their own official language. However, there were some disparities among the OLMP. Overall, English-speaking adults in Quebec were more likely than their French-speaking counterparts in the rest of Canada to feel that it was important to receive health care services in their own official language and to request such services.

In Quebec, 91% of English-speaking adults felt it was important to receive health care services in English (Table 1), and 63% of those who received health care services in the 12 months preceding the survey always or often requested to be served in English. By comparison, 65% of French-speaking adults in Canada outside Quebec felt the same about French health care services, and 39% requested to be served in French.

The proportion of adults in the OLMP who found it important to access health care in the minority official language also varied by province and territory in Canada outside Quebec. French-speaking adults in New Brunswick had the highest percentage, with 86% who felt it was important to access health care in the minority language, followed by those in the territorial capitals[7] (69%) and Ontario (65%). In contrast, Saskatchewan showed the lowest proportion, with 34% of French-speaking adults indicating that it was important to receive health care services in French.

Table 1
Proportion of adults in the official language minority population who feel it is important to receive health care services in their language, provinces and territorial capitals, 2022

	Adults in the official language minority population who feel it is important to receive health care services in their language		
		95% confidence interval	
Provinces and territorial capitals	Proportion	Lower limit	Upper limit
	percent		
Canada	**78.4**	**77.3**	**79.4**
Quebec	90.7	89.3	91.8
Canada outside Quebec	65.1	63.5	66.7
Newfoundland and Labrador and Prince Edward Island	49.2	43.4	55.0
Nova Scotia	55.1	49.8	60.3
New Brunswick	86.2	84.0	88.2
Ontario	64.7	62.2	67.1
Manitoba	55.2	48.8	61.4
Saskatchewan	33.5	27.1	40.6
Alberta	49.3	43.3	55.3
British Columbia	45.0	38.9	51.2
Territorial capitals	68.8	63.5	73.7

Note: This table refers to the proportion of adults in the official language minority population who reported that it is very important, important or somewhat important that they personally receive health care services in the minority language.
Source: Statistics Canada, Survey on the Official Language Minority Population, 2022.

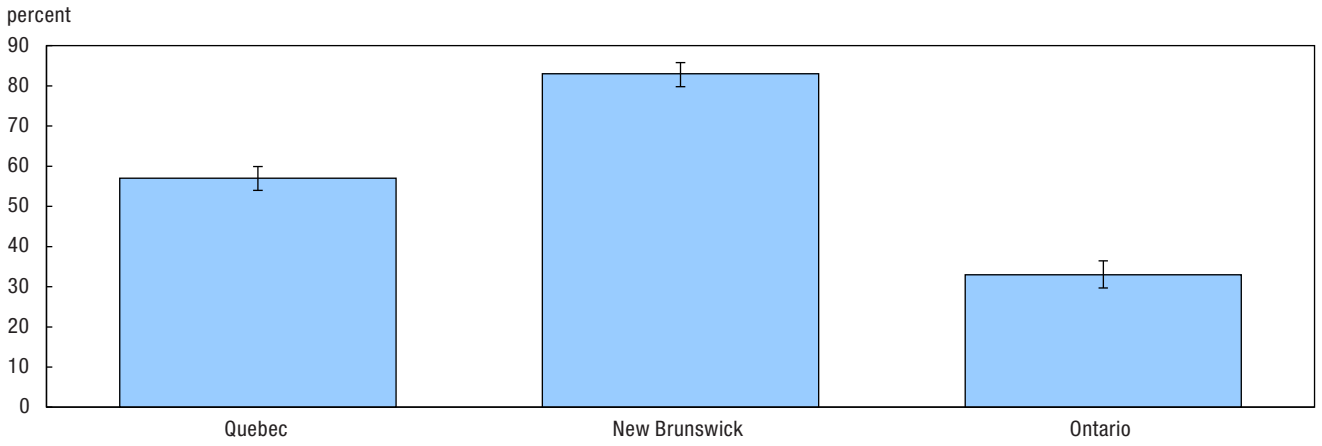
About 8 in 10 French-speaking adults in New Brunswick receive care in their language

In 2022, about half (51%) of adults in the OLMP who received health care services in the 12 months preceding the survey and who considered it at least somewhat important to receive care in the minority language often or always received hospital care in their own language during this period.

Among the three provinces studied, French-speaking adults in New Brunswick (83%) were the most likely to experience language-concordant care[8] when they received health care services in a hospital (Chart 1). English-speaking adults in Quebec followed, with 57% having accessed English-language health care services. One-third of French-speaking adults in Ontario (33%) also received care in their own official language.

These findings underscore provincial disparities in access to language-concordant care among adults in the OLMP. This may also reflect underlying regional differences, particularly with regard to legislation on services in the minority official language in hospitals.

Chart 1
Percentage of adults in the official language minority population who received language-concordant care at a hospital in the past 12 months, Quebec, New Brunswick and Ontario, 2022



Notes: Error bars represent the 95% confidence interval of the estimates. This chart refers to the proportion of adults in the official language minority population who often or always received health care services in the minority official language in a hospital among those who received health care services in a hospital in the 12 months preceding the survey and who consider it somewhat important, important or very important to get health care services in the minority official language.
Source: Statistics Canada, Survey on the Official Language Minority Population, 2022.

Older adults are more likely to experience care in their language

The proportion of adults in the OLMP who often or always accessed language-concordant care in hospitals varied according to various sociodemographic and regional characteristics.

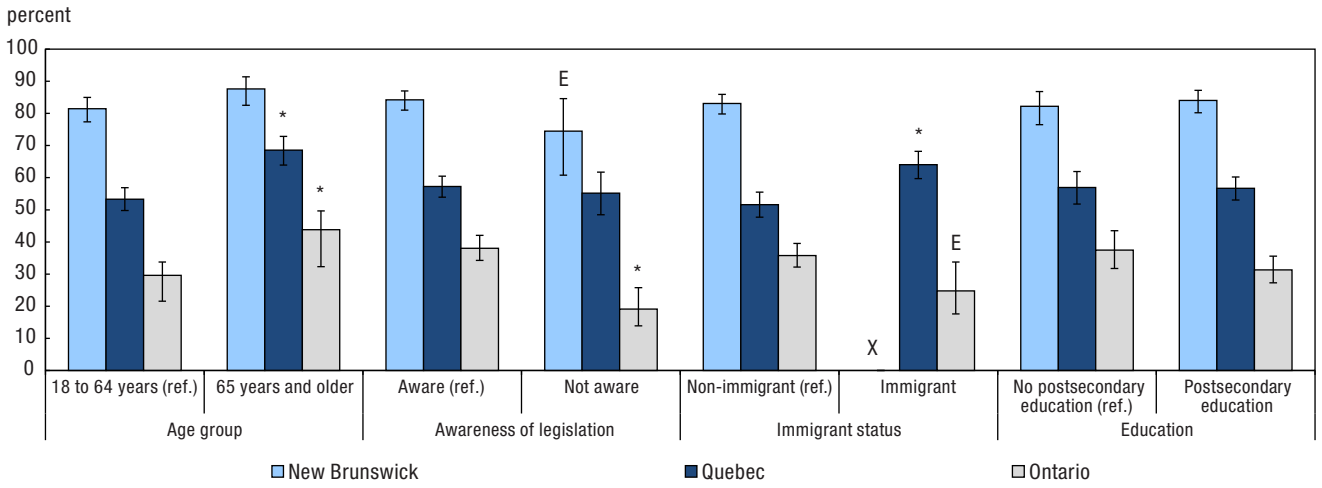
Access to care in the minority official language varied notably by age group, with older adults more likely to have experienced language-concordant care than their younger counterparts. Among French-speaking adults aged 65 years and older in Ontario, 44% received care in their own language, compared with 30% of those younger than 65 (Chart 2). A similar difference was observed among English-speaking adults in Quebec (69% and 53%, respectively), but no statistically significant difference by age was observed in New Brunswick (88% and 81%, respectively).

The proportion of members of the OLMP who received care in their language also varied by immigrant status. In Quebec, English-speaking immigrants (64%), particularly recent immigrants, were more likely to receive language-concordant care than non-immigrants (52%). Indeed, among immigrants in Quebec, 70% of recent immigrants (those who immigrated in 2017 or later) received care in English, compared with 64% of settled immigrants (those who immigrated before 2017). In contrast, the difference in access to language-concordant care between immigrants and non-immigrants was not statistically significant in Ontario or New Brunswick.

Awareness of legislation mandating health care services in the minority official language[9] played a significant role in Ontario, where 38% of French-speaking adults who were aware of the legislation received care in their language, compared with 19% of those who were not aware. However, this difference was not statistically significant in New Brunswick and Quebec.

Meanwhile, those with a postsecondary education were just as likely to receive language-concordant care as those with no postsecondary education.

Chart 2
Percentage of adults in the official language minority population who received language-concordant care at a hospital in the past 12 months, by selected factors, New Brunswick, Quebec and Ontario, 2022



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* significantly different from reference category (ref.) ($p < 0.05$)
Notes: Error bars represent the 95% confidence interval of the estimates. This chart refers to the proportion of adults in the official language minority population who often or always received health care services in the minority official language in a hospital among those who received health care services in a hospital in the 12 months preceding the survey and who consider it somewhat important, important or very important to get health care services in the minority official language.
Source: Statistics Canada, Survey on the Official Language Minority Population, 2022.

Access to language-concordant care is higher in regions where the proportion of the official language minority population is larger

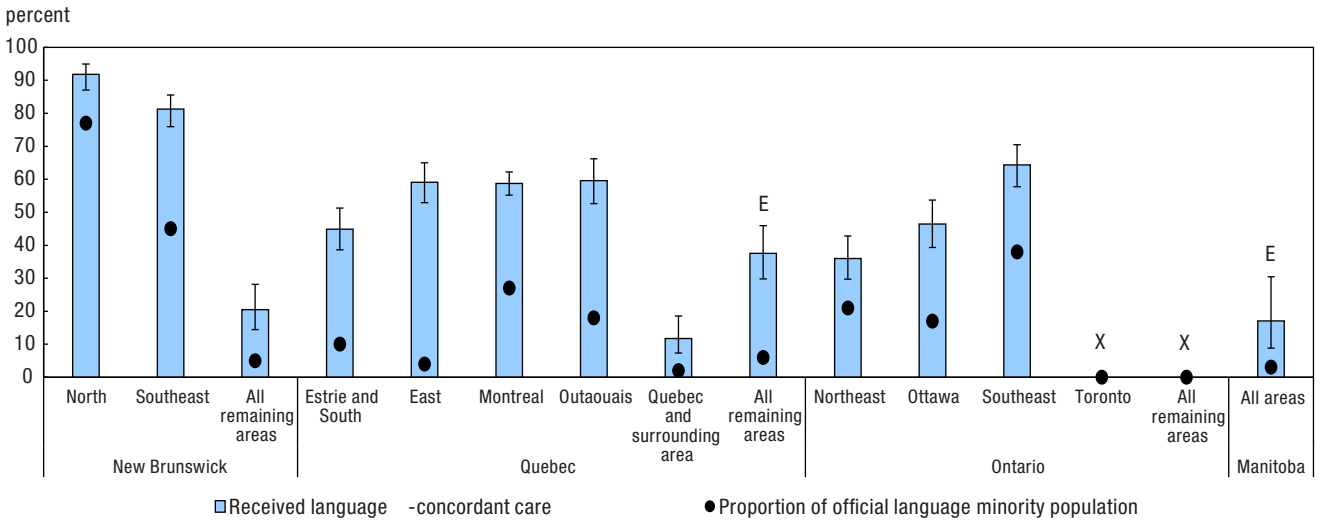
At the regional level, the proportion of the local population in the OLMP is associated with the provision of care in the minority language. Studies show that in regions where a high proportion of the population has the minority language as their first official language spoken, the minority language is more likely to be used in the public sphere, outside the home,[10] and health care professionals are more likely to know and use the minority language.[11]

Within New Brunswick, Ontario and Quebec, the OLMP is not evenly distributed but is instead concentrated in specific regions. Overall, members of the OLMP in areas with a higher proportion of minority language speakers were more likely to receive hospital care in their own language, though this pattern was more evident in some provinces than others.

In New Brunswick and Ontario, members of the OLMP in regions with a higher concentration of minority language speakers tended to have greater access to language-concordant care. In New Brunswick, French-speaking adults in the North (92%) and Southeast (81%) regions were the most likely to receive care in their language (Chart 3). In these regions, 77% and 45% of the population, respectively, had French as their first official language spoken. In the rest of the province, where French speakers represented 5% of the population, 20% of French-speaking adults received care in French. A similar trend was observed in Ontario. French-speaking adults in the Southeast (64%), Ottawa (46%) and Northeast (37%) regions—where 38%, 17% and 21% of the population was French-speaking, respectively—were the most likely to receive language-concordant care. In contrast, in Toronto and the rest of Ontario, where French speakers made up 2% of the population, a significantly smaller proportion of the OLMP received care in French. The proportions in Toronto and the rest of Ontario resembled the language-concordant care levels seen in provinces without any legislation mandating services in the minority language.

In Quebec, English-speaking adults in Montréal (59%) and Outaouais (60%), regions with relatively higher concentrations of English speakers (27% and 18%, respectively), were among the most likely to

Chart 3
Percentage of adults in the official language minority population who received language-concordant care at a hospital in the past 12 months, by region, New Brunswick, Quebec, Ontario and Manitoba, 2022



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Notes: Error bars represent the 95% confidence interval of the estimates. This chart refers to the proportion of adults in the official language minority population who often or always received health care services in the minority official language in a hospital among those who received health care services in a hospital in the 12 months preceding the survey and who consider it somewhat important, important or very important to get health care services in the minority official language. Proportions for Toronto and the remaining areas of Ontario are not shown for confidentiality reasons.
Sources: Statistics Canada, Survey on the Official Language Minority Population, 2022, and Census of Population, 2021.

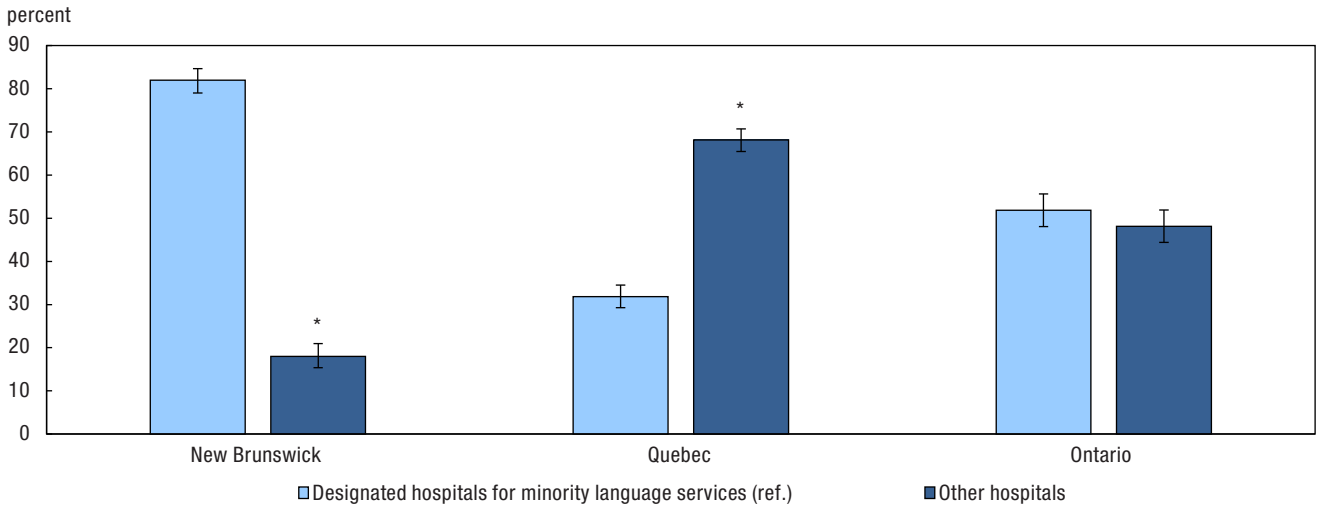
receive language-concordant care. However, similarly high access was also observed in the East region (59%), where 4% of the population had English as their first official language spoken. That said, the city of Québec and surrounding area had both a lower proportion of English speakers (2%) and lower access to care in English (12%). This is in line with what was observed in regions with low concentrations of minority language speakers in New Brunswick and Ontario.

French-speaking adults in New Brunswick are the most likely to live closest to a hospital designated to offer services in their language

Several hospitals in Quebec, New Brunswick and Ontario operate in the minority official language or are specifically designated to offer services in the minority official language (referred to as designated hospitals). The proximity of these hospitals to the OLMP may encourage this population to go to these establishments and thus obtain hospital care in the minority official language.[12]

In 2022, New Brunswick had the highest share of French-speaking adults whose closest hospital was designated—82% had a hospital operating in French as their nearest option (Chart 4). Ontario followed, with 52% of French-speaking adults living closer to a designated hospital than to a non-designated hospital. Adults in the OLMP in Quebec (32%) were the least likely to have a designated

Chart 4
Percentage of adults in the official language minority population whose closest hospital is designated to provide services in the minority language, New Brunswick, Quebec and Ontario, 2022



* significantly different from reference category (ref.) ($p < 0.05$)
Notes: Error bars represent the 95% confidence interval of the estimates. This chart refers to adults in the official language minority population who received health care services in a hospital in the 12 months preceding the survey and who consider it somewhat important, important or very important to get health care services in the minority official language.
Sources: Statistics Canada, Survey on the Official Language Minority Population, 2022, and Open Database of Healthcare Facilities, 2020.

hospital as their closest option. These findings reflect whether the closest hospital is designated to provide services in the minority language, not whether such services are available elsewhere. In provinces like Quebec, lower proportions may indicate that although the nearest hospital is not designated, other hospitals nearby could offer care in the minority language.

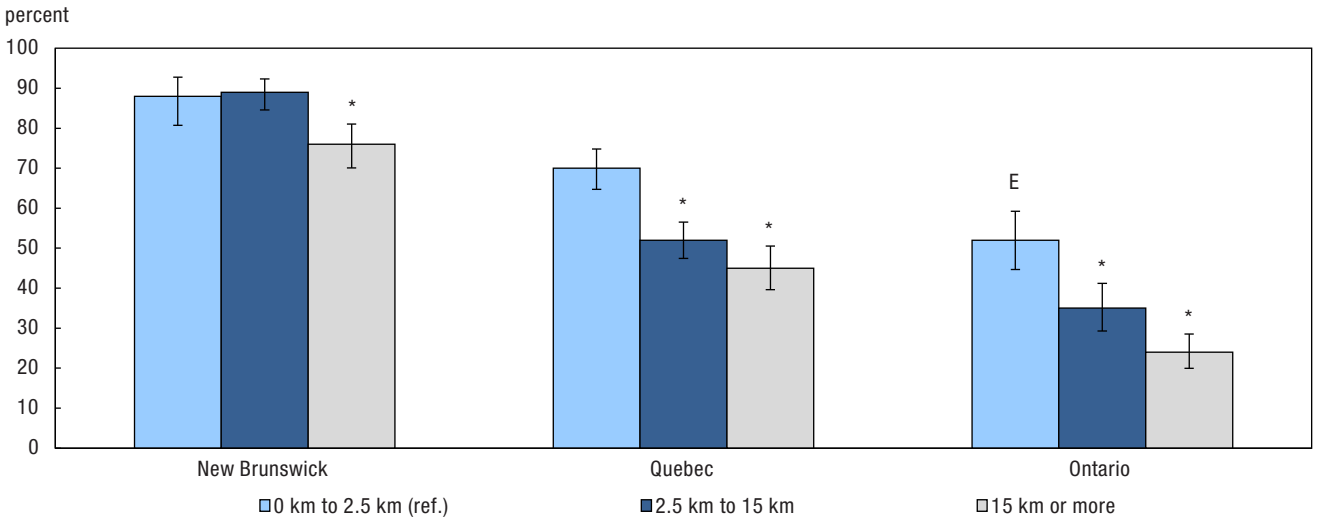
Official language minority populations are less likely to receive care in their language the farther they live from a designated hospital

In general, shorter distances to hospitals designated to offer services in the minority official language were correlated with higher proportions of adults in the OLMP accessing language-concordant care in the provinces of New Brunswick, Quebec and Ontario.[13]

Chart 5 uses proximity to the closest designated hospital as the measure of access, examining how individuals' access to care in their language varies depending on how far they live from that hospital. In New Brunswick, almost 9 in 10 French-speaking adults (88%) living within 15 km of a designated hospital often or always received care in their language (Chart 5). However, access to language-concordant health care services decreased with greater distance, dropping to 76% for French-speaking adults in New Brunswick living 15 km or more from the closest designated hospital. Quebec and Ontario follow a similar trend. In Quebec, for example, 70% of English-speaking adults living within 2.5 km of a designated hospital accessed health care services in English, compared with 52% of those living from 2.5 km to 15 km of a designated hospital.

It is important to note that while proximity to a designated hospital provides useful context, it does not fully capture the complexity of health care access. Hospitals differ in the services they offer, and individuals may not always seek care at the nearest facility. In some cases, the closest hospital may not be designated to offer services in the minority language, but a minority language hospital could be only slightly farther away. This analysis does not account for such scenarios, which may also influence care-seeking behaviours and access.

Chart 5
Percentage of adults in the official language minority population who received language-concordant care at a hospital in the past 12 months, by distance to closest minority official language hospital, New Brunswick, Quebec and Ontario, 2022



[E] use with caution
* significantly different from reference category (ref.) ($p < 0.05$)
Notes: Error bars represent the 95% confidence interval of the estimates. This chart refers to the proportion of adults in the official language minority population who often or always received health care services in the minority official language in a hospital among those who received health care services in a hospital in the 12 months preceding the survey and who consider it somewhat important, important or very important to get health care services in the minority official language.
Sources: Statistics Canada, Survey on the Official Language Minority Population, 2022, and Open Database of Healthcare Facilities, 2020.

Access to language-concordant care is higher among those who live closest to a designated hospital

Descriptive analyses revealed certain associations between language-concordant hospital care and various regional and sociodemographic factors. Some of these relationships might be the result of the composition of the groups compared. Regression models were therefore used to examine the specific contribution of key factors, such as age,[14] gender,[15] immigrant status,[16] education,[17] and provincial and local characteristics, to the likelihood of receiving language-concordant hospital care among adults in the OLMP. Separate logistic regression models were estimated for Quebec, Ontario and New Brunswick to account for provincial differences.[18]

Proximity to a designated hospital was the focus of this analysis, given its potential role in shaping access to language-concordant care. After controlling for other characteristics in the regression, living closest to a designated hospital was associated with higher probabilities of receiving care in the minority language. For example, in Ontario, French-speaking adults whose closest hospital was designated for French services were more likely to receive care in French (34%) compared with those whose closest hospital was not designated (16%). Access also varied by distance to the closest minority language hospital. In Ontario, the predicted probability of receiving language-concordant care in French was 27% for French-speaking adults living within 2.5 km of a minority language hospital, but it dropped to 24% for those 2.5 km to 15 km away and to 21% for those 15 km away or more. The proportion of minority language speakers in the neighbourhood was also associated with access; individuals living in areas with a higher concentration of minority language speakers had substantially greater probabilities of receiving language-concordant care. For example, in Quebec, English-speaking adults living in areas with a higher concentration of English speakers had a predicted probability of 70% of receiving language-concordant care, nearly double the 41% probability for those in lower-concentration areas (Table 2).

The regression results also showed that factors directly related to individuals' experiences with health care services in the minority official language, such as awareness of

legislation mandating health care services in the minority official language and comfort level in requesting health care services in the minority official language, play a key role in access to language-concordant care. In New Brunswick, the probability of receiving language-concordant care was 9 percentage points higher among French-speaking adults who were aware of the legislation (84%) than among their counterparts who were not (75%). In addition, individuals who reported feeling comfortable asking for services in the minority language had a significantly higher probability of receiving such care. This factor had a significant impact in all three provinces, but the impact was more pronounced in Ontario, where those comfortable making the request were four times more likely to receive care in their language (44%) than those who were not (11%). These results suggest that individual agency in navigating the health care system plays a substantial role in whether language-concordant care is received.

Sociodemographic factors, such as gender, age, education and immigrant status, were all associated with differences in the predicted probability of accessing language-concordant care. Age was consistently associated with access to language-concordant care. Older adults aged 65 years and older were 12 to 13 percentage points more likely to receive language-concordant hospital care than younger adults aged 18 to 64 years: 31% compared with 19% in Ontario, 68% compared with 55% in New Brunswick and 61% compared with 49% in Quebec.

Furthermore, recent immigrants had a higher probability of receiving language-concordant hospital care than non-immigrants in Quebec (64% compared with 46%) and Ontario (33% compared with 24%). In New Brunswick, where immigrant status was categorized as immigrants versus non-immigrants, a similar trend was observed, with French-speaking immigrants being almost twice as likely to receive language-concordant care as non-immigrants (78% compared with 42%).

Table 2
Predicted probabilities of receiving language-concordant care among adults in the official language minority population, by key characteristics, Quebec, New Brunswick and Ontario, 2022

	Predicted probability		
	Quebec	New Brunswick	Ontario
Characteristic	percent		
Gender			
Men+ (ref.)	54	79	24
Women+	58*	80*	25
Age group			
18 to 64 years (ref.)	50	73	19
65 years and older	62*	85*	30*
Education level			
No postsecondary education (ref.)	55	77	22
Postsecondary education	58*	82*	26*
Immigrant status[1]			
Not immigrants (ref.)	47	67	23
Immigrants	…	88*	…
Recent immigrants (2017 to 2021)	65*	…	32*
Settled immigrants (2016 and earlier)	56*	…	18*
Awareness of legislation mandating health care services in the minority language			
Unaware (ref.)	56	75	19
Aware	56	84*	29*
Comfortable asking for health care services in the minority language			
Yes	70	89	44
No	41*	65*	11*
Closest hospital is a hospital that is designated for health care services in the minority language			
Yes	63	87	34
No	49*	70*	16*
Distance to the closest minority language hospital			
Under 2.5 km (ref.)	58	86	27
2.5 km to 15 km	52*	82*	24*
15 km or more	59*	68*	21*

Table 2
Predicted probabilities of receiving language-concordant care among adults in the official language minority population, by key characteristics, Quebec, New Brunswick and Ontario, 2022

	Predicted probability		
	Quebec	New Brunswick	Ontario
Characteristic	percent		
Proportion of official language minority population[2]			
Low (ref.)	41	66	17
High	70*	88*	32*
Residence in a large urban centre[3]			
Yes	53	77	26
No	60*	82*	22*

... not applicable

* significantly different from reference category (ref.) ($p < 0.05$)

1. Immigrant status categories differ by province. In Quebec and Ontario, they are not immigrants, recent immigrants (2017 to 2021), and settled immigrants (2016 and earlier). In New Brunswick, they are not immigrants, and a combined immigrant category.

2. The proportion of adults in the official language minority population refers to the percentage of the total population in a census subdivision or a neighbourhood whose first official language spoken is the minority official language. This measure is based on the 2021 Census long-form questionnaire. Census subdivisions were classified as having a low or high concentration of minority language speakers using different thresholds by province. In Quebec and Ontario, a low concentration was defined as under 20% and high as 20% or more, while in New Brunswick, a low concentration was defined as under 50% and high as 50% or more.

3. A large urban centre is a census metropolitan area (CMA), defined as an urban area with a population of at least 100,000, including its core and surrounding municipalities. This binary variable was coded as "Yes" for residence within a CMA and "No" otherwise.

Note: Predicted probabilities are marginal probabilities, calculated by averaging the individual-level predicted probabilities across the observed distribution of the other covariates in the model.

Sources: Statistics Canada, Survey on the Official Language Minority Population, 2022; Open Database of Healthcare Facilities, 2020; and Census of Population, 2021.

Conclusion

This study demonstrates that access to language-concordant hospital care among the OLMP in New Brunswick, Ontario and Quebec is shaped by multiple interrelated factors. Geographic proximity to designated hospitals was associated with higher access: adults living within 2.5 km of the closest designated hospital had higher probabilities of receiving language-concordant care than those living farther away, and individuals whose closest hospital was designated had probabilities of access 14 to 18 percentage points greater than those whose closest hospital was not designated. Population concentration also influenced access: living in high-concentration minority language areas increased probabilities by up to 29 percentage points compared with low-concentration areas.

In addition to geography, sociodemographic characteristics such as immigrant status and age were linked to language-concordant care. Recent immigrants and older adults were among the most likely to receive care in the minority language across all provinces. Experiences with the health care system also mattered: adults who were aware of legislation mandating language rights, as well as those comfortable asking for services in the minority language, were more likely to access such care. However, the strength of these associations varied by province.

These findings suggest that improving language-concordant care requires a multipronged approach that goes beyond proximity. While the location of designated hospitals is important, other levers—such as community context, population characteristics and awareness of language rights—also play key roles.

Language-concordant care aligns with Canada's Shared Health Priorities (SHPs)—particularly those focused on ensuring equitable access, providing patient-centred services and reducing barriers—by ensuring that members of the OLMP can meaningfully use health services in their preferred official language. Positioning these findings within the SHP framework highlights the need for integrated strategies that address linguistic access alongside other critical dimensions of health care quality and accessibility. Future research could further explore how language-concordant care interacts with SHP indicators such as wait times and service integration to better inform provincial and territorial health policy development.

Daphne Fernandes *is an analyst at the Centre for Demography at Statistics Canada.*

Data sources, methods and definitions

Data sources

Information on the official language minority population (OLMP) is derived from the 2021 Census of Population long-form questionnaire and the adult sample of the Survey on the Official Language Minority Population (SOLMP), a national initiative undertaken by Statistics Canada and Canadian Heritage. The OLMP refers to French speakers in Canada outside Quebec and English speakers in Quebec.

The analysis in this report used the Open Database of Healthcare Facilities (ODHF), which provides a harmonized listing of health care facilities across Canada. Compiled from publicly available data sources, including regional health authorities and government bodies, the ODHF includes key variables such as facility name, type, location and geographic coordinates. However, the ODHF was last updated in August 2020, so it may not fully reflect the health care facility landscape at the time of SOLMP data collection in 2022. Facilities such as *centres locaux de services communautaires* (local community service centres), nursing stations, reactivation centres and children's hospitals were excluded from this study, as the analysis focuses on care received in a hospital setting among adults.

Hospitals were coded designated facilities based on official legislation that mandates specific hospitals to provide health care services in the minority official language. This legislative information, alongside data from the ODHF, was used to categorize hospitals accordingly. The analysis was limited to three provinces—New Brunswick, Quebec and Ontario—since these provinces have legislation or regulations requiring certain hospitals to offer services or operate in the minority official language. While Manitoba also has relevant legislation, it was included only in part of the descriptive analysis, as sample size limitations prevented further inclusion. In this study, designated hospitals refer only to those named in provincial regulations. It is possible that some other facilities also offer services in the minority official language, even if they are not formally designated.

Target population

This study focuses on adults aged 18 and older in the provinces of New Brunswick, Quebec, Ontario and Manitoba who are part of the OLMP—French-speaking adults in New Brunswick, Ontario and Manitoba and English-speaking adults in Quebec. The target population for this study comprises adults in the OLMP identified using the 2022 SOLMP. This includes three distinct groups: (1) individuals whose mother tongue is the minority official language, whether spoken alone or with other languages; (2) individuals whose mother tongue is neither English nor French but who know the minority official language and not the majority official language; and (3) individuals whose mother tongue is neither English nor French, who know both official languages but who do not speak the majority official language most often at home. In Quebec, the English-speaking minority population was composed of 57% from the first group, 13% from the second and 30% from the third. Outside Quebec, the French-speaking minority population was predominantly from the first group (93%), with much smaller shares in the second (0.6%) and third (6.4%) groups. The target population for this study includes individuals who indicated that it was important for them to access health care services in the minority official language and who obtained services at a hospital in the 12 months before the survey. Individuals who reported that it was important to access health care in the minority language but did not specify whether they accessed or did not access health care in the minority language were excluded from the study.

Methods

The geographic distance between individuals' place of residence and the closest minority language hospital was calculated as a straight-line distance (not following road networks). The coordinates from the census for each individual's census dissemination block were linked to the coordinates of the closest minority language health care facility, as obtained through the ODHF, and this distance was used as a key variable in the analysis.

Descriptive statistics were used to summarize the sociodemographic characteristics of the study population and their access to health care in the minority official language. A multivariate logistic regression analysis was then conducted to examine the relationship between access to health care in the minority official language and various sociodemographic, regional and health care-related factors. The outcome variable was whether the individual accessed health care in the minority official language often or always.

Predicted probabilities are marginal probabilities, calculated by averaging the individual-level predicted probabilities across the observed distribution of the other covariates in the model. The predicted probabilities presented in the table indicate the estimated likelihood of receiving health care in the minority official language for individuals in each category, controlling for other variables. The significance level of $p < 0.05$ indicates whether there is a statistically significant difference between the reference category and the other category.

Limitations

This study has certain limitations that should be considered when interpreting the results.

First, the data on health care facilities were obtained from the ODHF, which was last updated in 2020. As a result, some health care facilities, particularly newly established ones or those that have closed since the last update, may not be accurately reflected in the analysis.

Additionally, the study uses census data from 2021, while the health care access data are based on the 2022 SOLMP. There may be some discrepancies between these datasets because of potential changes in the population (i.e., people who moved) from 2021 to 2022.

Furthermore, this study uses straight-line distances to estimate proximity between individuals' residence and the closest minority language health care facility. This approach does not account for factors such as transportation options, road networks or topography; it may result in actual travel distances being longer or shorter than estimated.

Lastly, while the data from the SOLMP provide valuable insights into individuals' health care access, the survey relies on self-reported information. This information may be subject to recall bias or misreporting, which could influence the findings.

Notes

1. Molina and Kasper, 2019.
2. Seale et al., 2022.
3. Auger et al., 2023.
4. Belanger et al., 2023.
5. Pépin-Filion et al., 2024.
6. The OLMP includes (1) individuals whose mother tongue is the minority official language (alone or with other languages); (2) individuals with neither English nor French as their mother tongue who know the minority official language, but not the majority official language; and (3) individuals with neither English nor French as their mother tongue who know both official languages but do not speak the majority official language most often at home. For more information on the breakdown of the SOLMP population, please refer to the section on the target population.
7. The territorial capitals were grouped together in this analysis because of low sample sizes in individual territories, ensuring more reliable estimates.
8. The proportion of adults who accessed language-concordant care at a hospital in the past 12 months refers to the proportion who reported being able to access hospital services in their preferred language often or always in the past 12 months, among those who considered it important to receive health care services in their preferred language.
9. The percentage of adults in the OLMP who were unaware of the legislation mandating health care services in the minority official language was 11% in New Brunswick, 29% in Ontario and 20% in Quebec.
10. Corbeil et al., 2008.
11. Statistics Canada, 2025.
12. Hospital care may be offered in both of Canada's official languages regardless of official designation.
13. Because of small numbers, results are not presented by distance category for Manitoba.
14. Canadian Institute for Health Information, 2025.
15. Kazanjian et al., 2004.
16. Setia et al., 2010.
17. Agency for Healthcare Research and Quality, 2021.
18. In Quebec and Ontario, immigrant status was categorized into three groups: non-immigrants, recent immigrants (2017 to 2021) and settled immigrants (2016 and earlier). In contrast, the small number of respondents in some immigration categories in New Brunswick led to the combination of the immigration variables into two categories: non-immigrants and immigrants (merging recent and settled immigrants). This adjustment was made to ensure the models remained stable and interpretable, allowing for meaningful comparisons.

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