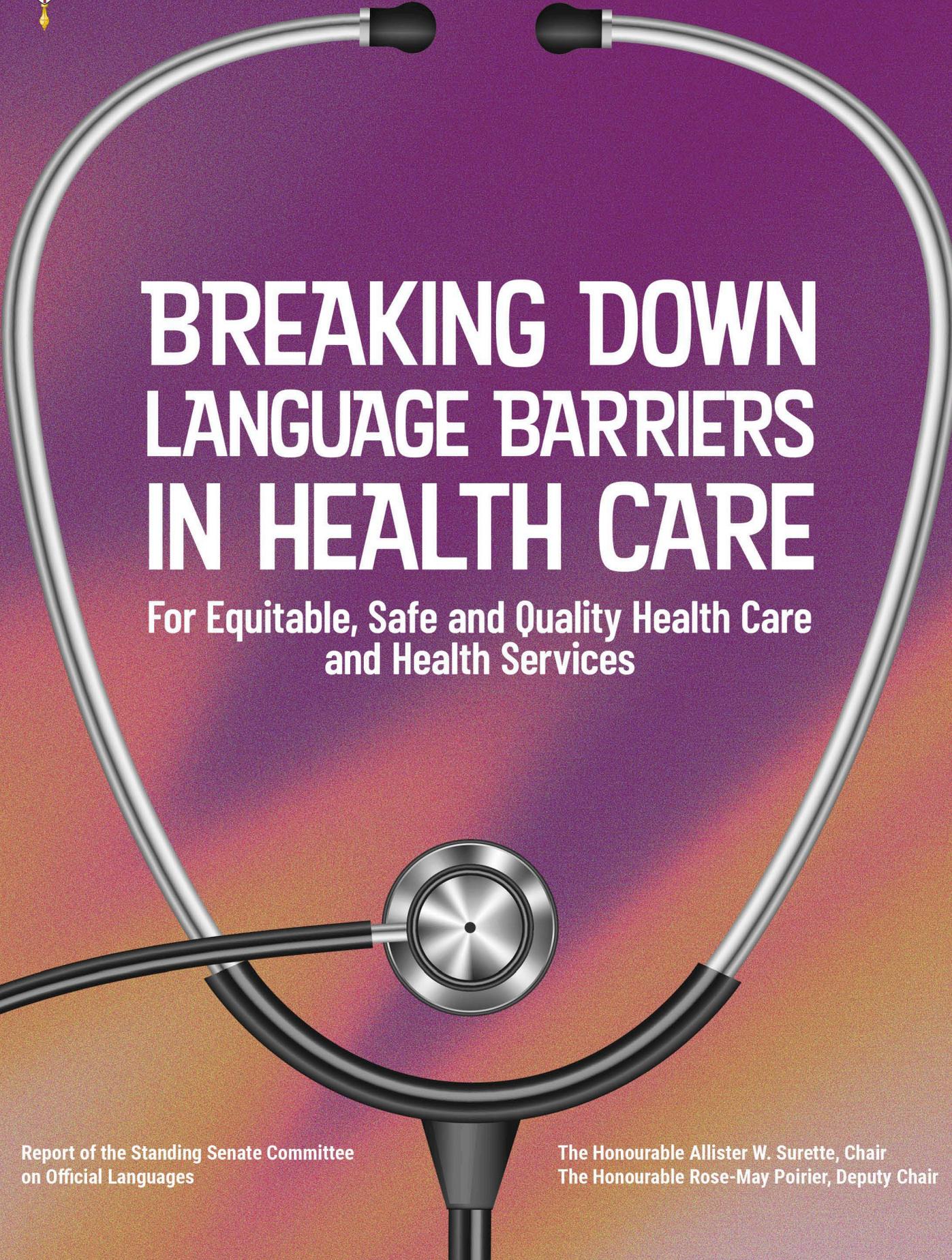




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A large, stylized stethoscope graphic that frames the central text. The stethoscope is silver with black tubing and a black chest piece.

BREAKING DOWN LANGUAGE BARRIERS IN HEALTH CARE

For Equitable, Safe and Quality Health Care
and Health Services

Report of the Standing Senate Committee
on Official Languages

The Honourable Allister W. Surette, Chair
The Honourable Rose-May Poirier, Deputy Chair



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PREFACE

Since it was first established, our committee has studied issues on numerous occasions that directly or indirectly affect the vitality of official language minority communities. But—with the exception of the education, arts and culture, and immigration sectors—we have never devoted an in-depth study to a single sector of development such as health.

In recent years, challenges associated with the shortage of health care workers, discussions about the federal health transfer, the negotiation of health agreements and various reforms to health care across the country have generated much interest. Our committee wanted to determine whether the federal government is doing enough to protect the language rights of Canadians in this area. With added challenges such as the aging population, the explosion of new technologies and the requirement to consider the needs of vulnerable communities, our committee also wanted to determine whether changes should be made to existing practices in order to better respect language needs in health care.

Health was enshrined in the modernized *Official Languages Act* as a sector essential to enhancing the vitality of French-speaking communities outside Quebec and English-speaking communities in Quebec. It was also allocated additional funding in the *Action Plan for Official Languages 2023–2028: Protection-Promotion-Collaboration*. However, progress and setbacks in minority-language health services depend on collaboration between numerous partners, including the provincial and territorial governments that are responsible for service delivery and setting up the health care system.

The federal government is already investing in capacity building for community organizations, networking and training bilingual workers in the health sector. However, more needs to be done to ensure there is an active offer of a full range of care and services in one's official language of choice at all stages of life and for all types of care.

We would like to thank all those who gave evidence and submitted briefs. Our recommendations take into account the practical challenges that were identified, and we hope that they will lead to solutions that will help break down language barriers in health care, with Canadians receiving better support as a result.

The Honourable Allister W. Surette
Chair

The Honourable Rose-May Poirier
Deputy Chair

THE COMMITTEE MEMBERSHIP

At the time of the adoption of the report by the committee



The Honourable
Allister W. Surette
Chair



The Honourable
Rose-May Poirier
Deputy Chair

The Honourable Senators



René Cormier



Amina Gerba



Lucie Moncion



Rebecca Patterson

Ex-officio members of the committee:

The Honourable Senator Pierre Moreau, P.C., or the Honourable Senator Patti LaBoucane-Benson

The Honourable Senator Leo Housakos or the Honourable Senator Yonah Martin

The Honourable Senator Raymonde Saint-Germain or the Honourable Senator Bernadette Clement

The Honourable Senator Scott Tannas or the Honourable Senator Rebecca Patterson

The Honourable Senator Francis Brian or the Honourable Senator Judy A. White

Other senators who participated in the study:

The Honourable Senator Réjean Aucoin
The Honourable Senator Michèle Audette
The Honourable Senator Claude Carignan, P.C.
The Honourable Senator Jean-Guy Dagenais (retired)
The Honourable Senator Pierre J. Dalphond
The Honourable Senator Raymonde Gagné
The Honourable Senator Tony Loffreda
The Honourable Marie-Françoise Mégie (retired)
The Honourable Senator Julie Miville-Dechêne
The Honourable Senator Percy Mockler (retired)
The Honourable Senator Suze Youance

Research and Education, Library of Parliament:

Marie-Ève Hudon, Analyst

Senate Committees Directorate:

Catherine Cuerrier, Committee Clerk
Lor Spooner, Administrative Assistant

Senate Communications, Broadcasting and Publications Directorate:

Sabryna Lemieux, Communications Officer

ORDERS OF REFERENCE

Excerpt from the *Journals of the Senate* of Thursday, March 9, 2023:

The Honourable Senator Cormier moved, seconded by the Honourable Senator Miville-Dechéne:

That the Standing Senate Committee on Official Languages be authorized to examine and report on minority-language health services, including matters related to the following:

- (a) the inclusion of language clauses in federal health transfers;
- (b) population aging, including the ability to obtain health care, long-term care and home care in one's own language, which encompasses linguistic resources to support caregivers, the quality of life of seniors and disease prevention;
- (c) access to minority-language health services for vulnerable communities;
- (d) the shortage of health professionals in public and private facilities serving official language minority communities and the language skills of health care personnel in these facilities;
- (e) the needs of francophone post-secondary institutions outside Quebec and anglophone post-secondary institutions in Quebec respecting recruitment, training and support for future graduates in health-related fields;
- (f) telemedicine and the use of new technologies in the health sector, including the associated language challenges; and
- (g) the needs for research, evidence and solutions to foster access to health care in the language of one's choice.

That the committee submit its final report to the Senate no later than October 31, 2024, and that the committee retain all powers necessary to publicize its findings for 180 days after the tabling of the final report.

The question being put on the motion, it was adopted.

Gérald Lafrenière
Interim Clerk of the Senate

Excerpt from the *Journals of the Senate* of Thursday, March 21, 2024:

The Honourable Senator Cormier moved, seconded by the Honourable Senator Moodie:

That, notwithstanding the order of the Senate adopted on Thursday, March 9, 2023, the date for the final report of the Standing Senate Committee on Official Languages in relation to its study on minority-language health services be extended from October 31, 2024, to March 31, 2025.

The question being put on the motion, it was adopted.

Gérald Lafrenière
Interim Clerk of the Senate

Excerpt from the *Journals of the Senate* of Thursday, September 25, 2025:

The Honourable Senator Surette moved, seconded by the Honourable Senator Karetak-Lindell:

That the Standing Senate Committee on Official Languages be authorized to examine and report on minority-language health services, including matters related to the following:

- (a) the inclusion of language clauses in federal health transfers;
- (b) population aging, including the ability to obtain health care, long-term care and home care in one's own language, which encompasses linguistic resources to support caregivers, the quality of life of seniors and disease prevention;
- (c) access to minority-language health services for vulnerable communities;
- (d) the shortage of health professionals in public and private facilities serving official language minority communities and the language skills of health care personnel in these facilities;
- (e) the needs of francophone post-secondary institutions outside Quebec and anglophone post-secondary institutions in Quebec respecting recruitment, training and support for future graduates in health-related fields;
- (f) telemedicine and the use of new technologies in the health sector, including the associated language challenges; and
- (g) the needs for research, evidence and solutions to foster access to health care in the language of one's choice;

That the papers and evidence received and taken and work accomplished by the Standing Senate Committee on Official Languages on this subject during the First Session of the Forty-fourth Parliament be referred to the committee; and

That the committee submit its final report to the Senate no later than March 31, 2026, and that the committee retain all powers necessary to publicize its findings for 180 days after the tabling of the final report.

The question being put on the motion, it was adopted.

Shaila Anwar
Clerk of the Senate

ACRONYMS

ACDPN	African Canadian Development and Prevention Network
Acfas	Association francophone pour le savoir
ACPRO	Association of Canadian Psychology Regulatory Organizations
ACUFC	Association des collèges et universités de la francophonie canadienne
AFANB	Association francophone des aînés du Nouveau-Brunswick
AFFC	Alliance des femmes de la francophonie canadienne
AFMC	Association of Faculties of Medicine of Canada
AFO	Assemblée de la francophonie de l'Ontario
BCRC	Black Community Resource Centre
CBC	Competition Bureau Canada
CCCE	Canadian Centre for Caregiving Excellence
CHA	<i>Canada Health Act</i>
CHSSN	Community Health and Social Services Network
CHT	Canada Health Transfer
CHWN	Canadian Health Workforce Network
CIHR	Canadian Institutes of Health Research
CIRLM	Canadian Institute for Research on Linguistic Minorities
CMA	Canadian Medical Association
CNA	Canadian Nurses Association
CNFS	Consortium national de formation en santé
CPhyA	Canadian Physiotherapy Association
CPsyA	Canadian Psychological Association
CPMQ	Conseil pour la protection des malades du Québec
CRC	Connexions Resource Centre

CSSB	Centre de santé de Saint-Boniface
ESDC	Employment and Social Development Canada
FAAFC	Fédération des aînées et aînés francophones du Canada
FCFA	Fédération des communautés francophones et acadienne du Canada
FFCB	Fédération des francophones de la Colombie-Britannique
FFT	Fédération franco-ténoise
FNQLHSSC	First Nations of Quebec and Labrador Health and Social Services Commission
GBA+	Gender-based analysis plus
GGM	Gay and Grey Montréal
GIIFNB	Groupe d’infirmières et infirmiers francophone du Nouveau-Brunswick
HAAC	Health Association of African Canadians
HHN	Horizon Health Network
HSN	Health Sciences North
HWC	Health Workforce Canada
IRCC	Immigration, Refugees and Citizenship Canada
ISC	Indigenous Services Canada
ISED	Innovation, Science and Economic Development Canada
ISM	Institut du savoir Montfort
MACS-NB	Mouvement Acadien des Communautés en Santé du Nouveau-Brunswick
MFC	Médecins francophones du Canada
MHCC	Mental Health Commission of Canada
NBHC	New Brunswick Health Council
NSC	National Seniors Council
OCOL	Office of the Commissioner of Official Languages of Canada
OCOL-NB	Office of the Commissioner of Official Languages for New Brunswick
OLA	<i>Official Languages Act</i>

OLBI	Official Languages and Bilingualism Institute
OLHP	Official Languages Health Program
OLLO	Standing Senate Committee on Official Languages
OLMCs	Official language minority communities
OOO	Office of the Ontario Ombudsman
PAM	Psychological Association of Manitoba
PHAC	Public Health Agency of Canada
QCGN	Quebec Community Groups Network
QUESCREN	Quebec English-Speaking Communities Research Network
RDÉE Canada	Réseau de développement économique et d'employabilité du Canada
RIFM	Réseau en immigration francophone du Manitoba
RIFNB	Réseau en immigration francophone du Nouveau-Brunswick
RQT	Réseau québécois de la télésanté
RSFS	Réseau Santé en français de la Saskatchewan
RSNÉ	Réseau Santé Nouvelle-Écosse
RSIFEO	Réseau de soutien à l'immigration francophone de l'Est de l'Ontario
RSSFEO	Réseau des services de santé en français de l'Est de l'Ontario
SAQ	Seniors Action Quebec
SSF	Société Santé en français
SOLMP	Survey on the Official Language Minority Population
VHN	Vitalité Health Network
VPGN	Vision Percé-Gaspé Now

NOTICE TO READERS

The study on health care services in the minority language was conducted in the latter half of the 1st Session of the 44th Parliament. This report summarizes the evidence heard and the written submissions received between April 2023 and November 2024, but it does not address all the developments that have taken place in the public and political spheres since then. However, the findings and recommendations in this report are still relevant in the current context.

The French version of this report uses the masculine generic. It encompasses every person, regardless of gender.

HIGHLIGHTS

In Canada, health and language are both areas of shared jurisdiction. People have high expectations that the federal government will take on a leadership role in protecting the language rights of the Canadian population when it comes to health care. In a context where the various levels of government are working to build a stronger Canada, every Canadian should be able to receive health services in the official language of their choice.

In this report, the Standing Senate Committee on Official Languages outlines the findings resulting from a series of public hearings held over 18 months on the theme of access to health care services in the minority language. In total, 121 witnesses and 36 written submissions led the Senate Committee to make 14 recommendations. The recommendations focus on reducing language barriers in health care.

This report is directed at various federal ministers and partners in an effort to ensure equitable, safe and quality care. It advocates for the right of health system users to receive services in a language they understand and in which they would like to be understood. Accordingly, this approach would lead to improved health outcomes.

The Senate Committee notes that health inequities come at a cost, and official language minority communities are often the ones paying the price. The lack of planning across the health care services continuum is partly responsible for these poor outcomes. However, the federal government could set the standard of offering a full range of services in the official language of choice in all care settings and at all stages of life. Of course, this would require continued collaboration with all its partners.

The Senate Committee is calling on the federal government to review some of its statutes and practices in order to better align needs, service delivery and available capacities. Including language objectives in federal health legislation is one of the solutions to be considered. Another is adopting a regulatory framework that clearly defines the requirements for consulting official language minority communities and for language clauses.

The Senate Committee suggests that the next government-wide strategy on official languages should enhance support for minority post-secondary institutions and community organizations. These commitments should be paired with mechanisms that promote stable, multi-year funding. In addition, sectors with the most pressing needs should be prioritized in order to promote better health outcomes for official language minority communities. This would involve increased efforts to address the need for bilingual workers in health care, including by developing a fast-track immigration gateway for francophone and bilingual health care workers.

The Senate Committee believes that if federal institutions adopted a language lens tailored to the needs of official language minority communities, it would lead to better outcomes. In addition, it appears necessary to promote national language standards among all partners. These actions must be accompanied by up-to-date research on official language minority communities. This research needs to integrate linguistic variables into data collection, using an intersectional approach that meets the needs of vulnerable communities. Implementing these approaches would encourage the adoption of best practices. The more these practices are systematic and shared, the more that health services for the minority population will improve, which will lead to better health outcomes.

The Senate Committee is in favour of establishing best practices for language concordance and the active offer of services in both official languages. Examples given during the public hearings include identifying a patient's language of choice, indicating bilingual resources and services, providing language training for health professionals and supplying professional interpretation. The federal government should draw inspiration from this input. Integrating these practices across the Canadian health care system cannot be achieved unless the necessary resources are available. This means not only recruiting and retaining bilingual professionals, but also identifying them in order to facilitate access to available services.

In addition, the Senate Committee urges the federal government and its partners to take into account the language needs of the population when planning the deployment of new technologies and when considering privatization practices within health care. In all cases, the active offer of services of equal quality in both official languages and consultations with official language minority communities must be encouraged.

In summary, rigorous, strategic and systematic planning for health services in the minority language is the ideal to be achieved. However, it is possible only with the collaboration of all health partners involved. The Senate Committee calls on the federal government to send a clear and unequivocal message about the importance of ensuring that every Canadian has access to health services in the official language of their choice.

RECOMMENDATIONS

Recommendation 1

That the federal government review the *Canada Health Act* to ensure that federal health investments adhere to the principles of the *Official Languages Act* and formally support health care services for official language minority communities.

Recommendation 2

That the President of the Treasury Board include in the regulations governing the implementation of Part VII of the *Official Languages Act* a clear definition of language clauses. These must include obligations with respect to:

- consultations with communities;
- data collection on these communities;
- identification of the results to be achieved;
- implementation oversight;
- transparency; and
- accountability.

Recommendation 3

That the President of the Treasury Board work with the Minister of Health to include these language clauses in all bilateral health agreements during the next round of negotiations with the provinces and territories.

Recommendation 4

That the Minister responsible for Official Languages enhance support for community organizations in the next government-wide official languages strategy, with stable, multi-year funding mechanisms that will encourage collaboration between organizations and with all health partners.

Recommendation 5

That the Minister responsible for Official Languages increase support for minority post-secondary institutions in the next government-wide official languages strategy, with measures developed in consultation with the institutions and in collaboration with the provinces and territories, professional bodies and accrediting bodies. These measures will target:

- **the long-term sustainability of existing programs;**
- **the development of new health education programs in areas that are in demand;**
- **the development of a pan-Canadian language training strategy for professionals from here and abroad;**
- **the reduction of language barriers in entry-to-practice; and**
- **the reduction of language barriers in the transition into the workforce.**

Recommendation 6

That the Minister of Jobs and Families work with the Minister of Immigration, Refugees and Citizenship and the Minister responsible for Official Languages to ensure that foreign credential recognition efforts take into account the needs of official language minority communities with regard to bilingual health care workers. That, in the next government-wide official languages strategy, the federal government develop a fast-track immigration gateway for francophone and bilingual health care workers.

Recommendation 7

That all federal institutions apply a language lens tailored to the needs of official language minority communities in all their diversity, including those from vulnerable communities, when developing health programs, policies and initiatives.

Recommendation 8

That the Minister of Health support the implementation of the “Access to Health and Social Services in Official Languages” standard with all health partners across the continuum of health care and services.

Recommendation 9

That Health Canada, Statistics Canada and the Canadian Institute for Health Information work with all health partners to integrate language variables into:

- **databases on population health;**
- **the provision of or demand for health services; and**
- **the health workforce.**

That this data be widely shared, particularly to inform the positive measures taken by decision-makers within federal institutions to ensure the health of official language minority communities and to support the decision making of other health partners.

Recommendation 10

That the Canadian Institutes of Health Research, with support from Canadian Heritage and Innovation, Science and Economic Development Canada, and in consultation with official language minority communities:

- **develop and systematically apply a language lens to health research;**
- **encourage researchers involved in health care research funded by the federal government to measure the linguistic impact of their research; and**
- **support existing research chairs dedicated to health in official language minority communities and consider creating new research chairs to address the needs of vulnerable communities.**

That federal institutions provide targeted support for research into the health of these communities in all their diversity and that they identify the measures to be taken to meet their differentiated health needs.

Recommendation 11

That the federal government ensure that all health care partners apply language concordance best practices, such as linguistic identification of patients, identification of bilingual resources and services, language training for health care professionals and professional interpretation, while providing the human, financial and material resources necessary to ensure their integration into the Canadian health care system as a whole.

Recommendation 12

That the federal government ensure that all health care partners apply active offer best practices, while providing the human, financial and material resources necessary to ensure their integration into the Canadian health care system as a whole.

Recommendation 13

That the federal government work with provincial and territorial governments to develop a pan-Canadian strategy to provide telemedicine services, digital services and virtual care in official language minority communities, and that it take into account the needs of these communities in the deployment of artificial intelligence tools for health care.

Recommendation 14

That the federal government ensure that provincial and territorial governments apply the standards applicable to private companies acting on behalf of public health institutions for

- the active offer of services of equal quality in both official languages; and**
- consultation with official language minority communities.**

INTRODUCTION

Access to health care services in their own language is a matter of concern for all Canadians. Whether it is for disease prevention, care, diagnosis or treatment, understanding and being understood is a matter of efficiency, quality, safety and good health. It is also a matter of equity—a key principle that the various levels of government have committed to uphold in the most recent bilateral health agreements.

For official language minority communities (OLMCs), access to health services in their language of choice is a recurrent issue, particularly now with the health care reforms being carried out across Canada. In provinces with language commissioners, health care is one of the sectors most likely to be the subject of complaints. While solutions have been implemented, they are often temporary or do not include realistic planning for long-term needs or resources.

The situation on the ground is not the same everywhere. It depends on the legislative, regulatory, political and strategic frameworks put in place by provincial and territorial governments. It varies based on the training available to members of the various health care professions and the importance placed on language in professional practice requirements. It also hinges on the way the health care system itself is set up and what practices are in place, such as compiling an inventory of available bilingual resources, identifying the language preference of patients and providing an active offer of services.

Although the federal government does not deliver health services directly, except to certain groups, it does provide funding and play a leadership role in respecting the language rights of Canadians. In the wake of a pandemic that affected the health of Canadians on many levels, and with a surge in new practices—such as the use of telemedicine, artificial intelligence or private health care services—it seemed appropriate to consider the challenges facing the Canadian health care system in terms of official languages.

These factors are what motivated the Standing Senate Committee on Official Languages (the Senate Committee) to undertake this long-running study, with public hearings taking place over an 18-month period. In total, 121 witnesses and 36 written submissions (briefs, letters and additional responses) contributed to the study.

From April 2023 to November 2024, the Senate Committee examined minority-language health services from seven perspectives:

- the inclusion of language clauses in federal health transfers;
- population aging;
- access to minority-language health services for vulnerable communities;
- the shortage of health professionals and the language skills of health care personnel;
- the needs of post-secondary institutions respecting recruitment, training and support for future graduates in health-related fields;
- telemedicine and the use of new technologies; and
- the needs for research and evidence.

Progress has been noted since this study began. First, health has been recognized as a sector essential to enhancing the vitality of official language minority communities in the modernized *Official Languages Act*.¹ Second, a new government-wide strategy on official languages was launched, with increased funding for federal programs that support access to health services in a person's official language of choice.² Furthermore, equitable access to health services for official language minority communities has been recognized as a key principle in the health agreements reached between the federal government and the provincial and territorial governments, with the exception of Quebec; furthermore, both levels of government have committed to improving how health information on these communities is collected.³ Lastly, due to the current context, they are working to build a stronger Canada and to improve labour mobility.

This report is divided into two parts. The first chapter outlines the challenges associated with providing health care and services in the minority language, and it highlights stakeholders' concerns based on the evidence heard and briefs received. The second chapter outlines the Senate Committee's recommendations, which outline a series of proposals for breaking down language barriers in health care.

¹ *Official Languages Act*, R.S.C. 1985, c. 31 (4th Supp.), s. 41(6)(c)(v).

² Government of Canada, *Action Plan for Official Languages 2023–2028: Protection-Promotion-Collaboration*, 2023.

³ Government of Canada, *Working together to improve health care in Canada: Working Together bilateral agreements*.

CHAPTER 1 – OVERVIEW OF THE SITUATION AND STAKEHOLDERS’ CONCERNS

This first chapter outlines the challenges of providing health care and services in the minority language. It identifies stakeholders’ concerns, based on the evidence heard and briefs received.

Division of responsibilities

When it comes to official language minority communities (OLMCs) and health, the division of powers is complex. Both levels of government can enact legislation on matters related to health and language.

Canada’s Constitution does not confer specific powers in the areas of “health” or “language.”⁴ However, the *Constitution Act, 1867* recognizes the federal government’s spending power and its authority to make laws for peace, order and good government, and further grants it jurisdiction over criminal matters, authorizing it to ensure the well-being of Canadians and to protect the physical health and safety of the public.⁵ In addition, the Act grants jurisdiction over the establishment, maintenance and management of hospitals to the provincial and territorial governments.⁶ They are therefore responsible for directly delivering most medical services, although the federal government is responsible for certain groups, such as Indigenous peoples, military personnel, veterans and inmates.

At the federal level, the *Canada Health Act* (CHA) sets out the objectives and purposes of the federal health contribution. It identifies five criteria to be met for the disbursement of funds to provincial and territorial governments, none of which directly relate to official languages:

- public administration;
- comprehensiveness;
- universality;
- portability; and
- accessibility.⁷

⁴ *Schneider v. The Queen*, [1982] 2 S.C.R. 112, p. 142; and *Devine v. Quebec (Attorney General)*, [1988] 2 S.C.R. 790.

⁵ *Constitution Act, 1867*, 30 & 31 Victoria, c. 3 (U.K.), s. 91.

⁶ *Constitution Act, 1867*, 30 & 31 Victoria, c. 3 (U.K.), s. 92.

⁷ *Canada Health Act*, R.S.C. (1985), c. C-6, s. 7.

The federal government provides funding to provincial and territorial governments in two ways: through the Canada Health Transfer (CHT) and through bilateral health agreements and their accompanying action plans. Approximately 80% of federal funding is allocated through the CHT, which can be used as the provinces and territories see fit, in accordance with the principles set out in the CHA.⁸ Approximately 20% of federal funding is allocated through bilateral agreements, under which the provinces and territories—with the exception of Quebec—have agreed to

- uphold the common principle of equal access for under-served people and groups, including OLMCs; and
- measure their performance by sharing disaggregated data to allow for reporting on progress with regard to OLMCs.⁹

The *Official Languages Act* (OLA) sets out parameters for communications with and services to the public provided by federal institutions, including on matters related to health, public safety and active offer.¹⁰ The OLA also outlines commitments for promoting both official languages and enhancing the vitality of OLMCs, requiring federal institutions to

- take positive measures;
- engage in dialogue and consultation activities with OLMCs;
- support health as a sector that is essential to enhancing the vitality of OLMCs; and
- support the creation and dissemination of scientific information in French.¹¹

Furthermore, Part VII of the OLA recognizes the importance of the federal government’s collaboration with provincial and territorial governments in working to advance the equality of status and use of English and French, while respecting their areas of jurisdiction. Lastly, it recognizes in its preamble that all obligations related to official languages apply at all times, including during emergencies.

The provinces and territories have taken different approaches. Each government has passed its own enabling legislation in various areas relating to health or language. While some places have specific linguistic obligations regarding the delivery of health services, the obligations in others are vague or non-existent. Even where obligations exist, obtaining health services in one’s official language of choice is not always guaranteed or available.

⁸ Standing Senate Committee on Official Languages (OLLO), *Evidence*, November 6, 2023 (Fédération des communautés francophones et acadienne du Canada [FCFA]); and Government of Canada, *Canada Health Transfer*.

⁹ OLLO, *Evidence*, November 6, 2023 (FCFA); and Government of Canada, *Working together to improve health care in Canada: Working Together bilateral agreements*.

¹⁰ *Official Languages Act*, R.S.C. (1985), c. 31 (4th Supp.), Part IV.

¹¹ *Official Languages Act*, R.S.C. (1985), c. 31 (4th Supp.), Part VII.

In some places, health care institutions are designated to provide services to the public in both official languages. In other places, certain positions within these institutions are designated bilingual. In some instances, there are clear directives for bilingual greetings or signage, translated resources, interpretation services or an active offer of services. In other instances, these matters are left to the discretion of senior leadership or the teams in place. Even within the same province or territory, rules and practices vary widely.

Throughout its study, the Senate Committee sought to gain the clearest possible understanding of the issues specific to each provincial and territorial legislature. Despite issuing an open invitation to either give evidence or provide a written submission, only the three territorial governments and the governments of Nova Scotia, Prince Edward Island, Ontario and Alberta responded. We know that optimal delivery of health care services in the patient's official language of choice cannot be achieved without the provincial and territorial governments taking action and collaborating with the federal government.

Some federal institutions that are part of the health portfolio have a direct impact on the health of OLMCs.¹² Health Canada provides funding to community organizations for access to health services in the minority language and networking. It also provides funding to post-secondary institutions for the training of bilingual health personnel. Health Canada is responsible for the Official Languages Health Program (OLHP), which has provided funding to OLMCs since 2003.¹³ The primary recipients of funding are the Société Santé en français (SSF) and the Consortium national de formation en santé (CNFS) outside Quebec, and the Community Health and Social Services Network (CHSSN) and McGill University in Quebec.

In addition, the Public Health Agency of Canada (PHAC) protects the health and safety of Canadians, responds to public health threats, promotes good physical and mental health, and supports early childhood projects. The Canadian Institutes of Health Research (CIHR) fund health research. During its study, the Senate Committee held discussions with these three institutions that are part of the health portfolio.

Other federal institutions may have a less direct impact on the health of OLMCs. Canadian Heritage manages intergovernmental agreements on minority-language services, which can include investments for the delivery of health services.¹⁴ It also coordinates the *Action Plan for Official Languages 2023–2028* (2023–2028 Action Plan), which provides most of the health funding for OLMCs.¹⁵ Statistics Canada collects data on language and health and occasionally conducts specific studies on the health of OLMCs or the language skills of

¹² The Canadian Food Inspection Agency prevents and manages food safety risks and shares responsibility with Health Canada for the bilingual labelling of food products, drugs and medical devices, but these issues are not covered in this report.

¹³ Government of Canada, [Official Languages Health Program](#).

¹⁴ Government of Canada, [Intergovernmental Cooperation on Minority-Language Services](#).

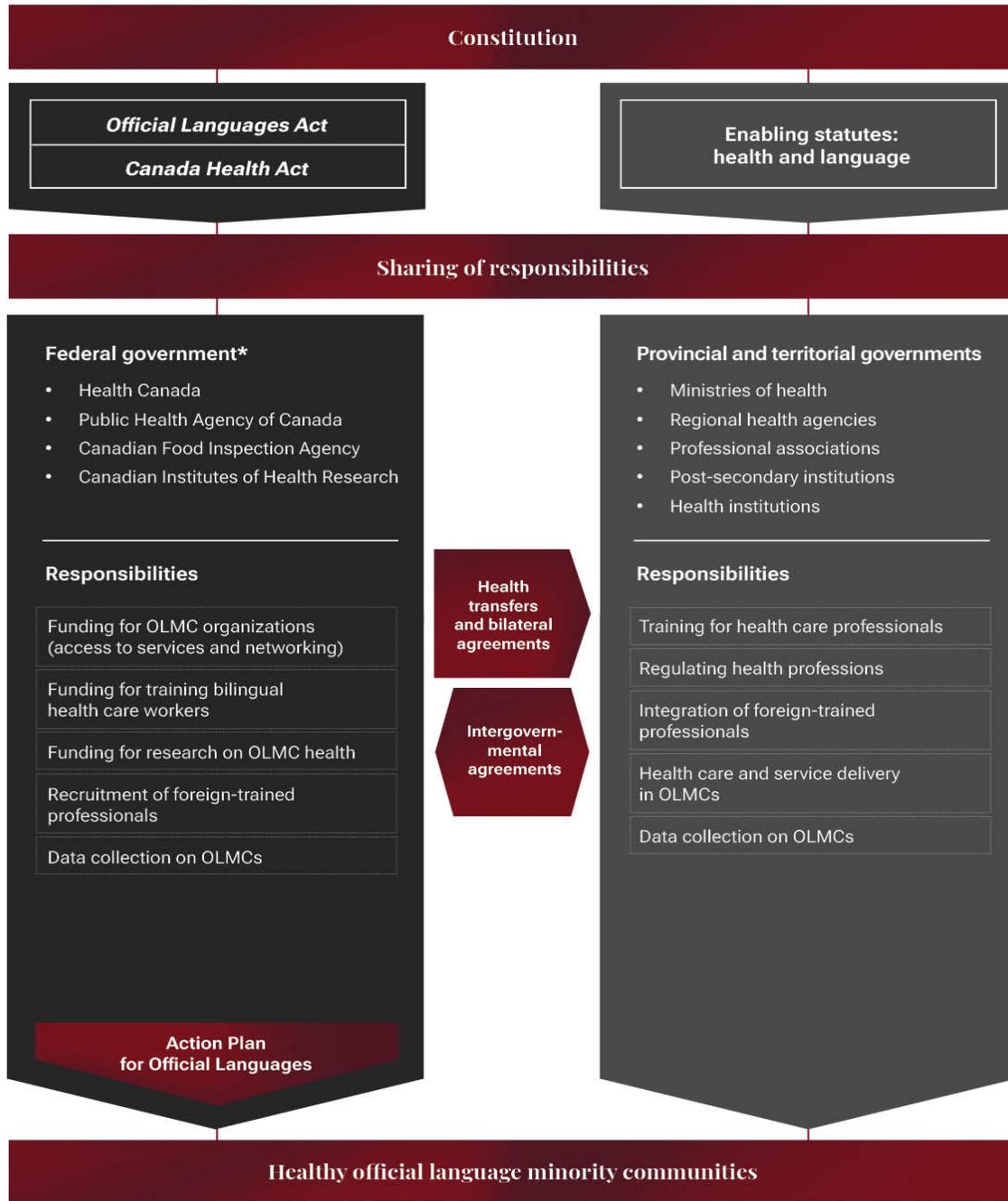
¹⁵ Government of Canada, [Action Plan for Official Languages 2023–2028: Protection-Promotion-Collaboration](#), 2023.

health professionals. Immigration, Refugees and Citizenship Canada (IRCC) is responsible for recruiting foreign-trained professionals and supports Employment and Social Development Canada (ESDC) in facilitating the recognition of foreign credentials. Innovation, Science and Economic Development Canada (ISED) is involved in related areas that affect access to health care services, such as research, broadband, digital innovation, artificial intelligence and community development services.

Provincial and territorial governments are responsible for the various institutions involved in providing care and services to OLMCs, training health care professionals, regulating health professions, integrating internationally trained professionals, and collecting data on OLMCs. It includes ministries and departments of health, regional health authorities, professional bodies, post-secondary institutions and health institutions.

The following figure (Figure 1) shows the division of health responsibilities between the federal, provincial and territorial governments, focusing on the importance of OLMCs in the organization of Canada's health system. It provides an overview of the legislative, financial and policy measures in place to support the health of this segment of the Canadian population.

FIGURE 1 – OFFICIAL LANGUAGE MINORITY COMMUNITIES (OLMCs) AND CANADA’S HEALTH SYSTEM



* In addition to the institutions that are part of the health portfolio, the following institutions may have an impact on the health of OLMCs: Innovation, Science and Economic Development Canada; Statistics Canada; Immigration, Refugees and Citizenship Canada; Employment and Social Development Canada; and Canadian Heritage.

Sources: Figure created using data obtained from Government of Canada, *Health portfolio; Constitution Act, 1867*, 30 & 31 Victoria, c. 3 (U.K.); *Canada Health Act*, R.S.C. (1985), c. C-6; *Official Languages Act*, R.S.C. (1985), c. 31 (4th Supp.); Government of Canada, *Action Plan for Official Languages 2023–2028: Protection-Promotion-Collaboration*, 2023; and provincial and territorial government websites.

Language as a determinant of health

Language is not officially recognized as a determinant of health, but many people believe it should be. Recent studies have shown the importance of language concordance in health care.¹⁶ In Canada, four groups are likely to encounter language barriers when accessing health services: OLMCs; Indigenous peoples; newcomers; and people who are deaf, hard of hearing or visually impaired. The barriers encountered vary based on the type of care received.¹⁷

In terms of official languages, language directly influences the health of individuals and OLMCs. It is one of the factors to consider when assessing health inequalities, in line with Part VII of the OLA. Access to services of equal quality in one's own language that are adapted to regional needs improves health outcomes for everyone and contributes to enhancing the vitality of OLMCs, according to a Manitoba doctor.

“The importance of providing health care services in one’s own language cannot be overstated. Language barriers can lead to misunderstandings, misdiagnoses, poorer adherence to treatment plans, and ultimately poorer health outcomes for individuals from minority language communities.”

Dr. José François, May 27, 2024

Health Canada and PHAC representatives confirmed that language is one of the factors taken into consideration to reduce health care inequalities.¹⁸ According to the SSF, language could officially become a determinant of health, as long as programs and priorities are aligned.¹⁹ According to organizations from New Brunswick, language itself is not a determinant of health, but it is an important factor in assessing the quality, effectiveness and safety of health care.²⁰ Others said that language and culture cannot be separated from

¹⁶ See, for example: Mouvement Acadien des Communautés en Santé du Nouveau-Brunswick (MACS-NB) and Société Santé et Mieux-être en français du Nouveau-Brunswick, *Tour d’horizon sur le thème des déterminants de la santé*, 2021 [In French]; Denis Prud’homme et al., “[Qualité et sécurité des services de santé offerts en situation linguistique minoritaire en Ontario : investigations des données administratives de santé](#),” *Linguistic Minorities and Society*, No. 22, 2024 [In French]; Denis Prud’homme et al., “[Évaluer le potentiel de soins linguistiquement concordants pour les francophones de l’Ontario : une étude populationnelle transversale](#),” *Linguistic Minorities and Society*, No. 22, 2024 [In French]; Denis Prud’homme et al., “[Patient–physician language concordance and quality and safety outcomes among frail home care recipients admitted to hospital in Ontario, Canada](#),” *Canadian Medical Association Journal*, Vol. 194, No. 26, 2022; and OLLO, *Evidence*, October 21, 2024 (Canadian Institute for Research on Linguistic Minorities [CIRLM]).

¹⁷ OLLO, *Evidence*, May 6, 2024 (Dr. Don Thiwanka Wijeratne).

¹⁸ OLLO, *Evidence*, April 17, 2023 (Health Canada); and OLLO, *Evidence*, April 17, 2023 (Public Health Agency of Canada [PHAC]).

¹⁹ OLLO, *Evidence*, April 24, 2023 (Société Santé en français [SSF]).

²⁰ New Brunswick Health Council (NBHC), [Response](#) to the Committee; OLLO, *Evidence*, May 15, 2023 (Vitalité Health Network [VHN]); and VHN, [brief](#) to the Committee.

access to health care.²¹ In addition, since many determinants of health are linked to economic issues, improving economic conditions for OLMCs would undoubtedly lead to better health outcomes.²²

Equitable, safe and quality health care

Research has confirmed that language barriers in health care lead to increased risks on a number of levels.²³ Conversely, receiving health care in one’s own language is an indication of the quality and safety of care, according to the vast majority of the evidence heard. This means that expectations are high in terms of ensuring access to health services in the minority language, according to the federal Minister of Health at the time and two provincial organizations.

“Canadians rightfully expect to be able to communicate with their health care provider in the official language of their choice.”

The Honourable Jean-Yves Duclos, April 17, 2023

“The ability to understand and be understood is essential for an effective relationship between the health care provider and the public, and it helps to avoid dangerous situations.”

**Office of the Commissioner of Official Languages for New Brunswick,
May 1, 2023**

“When someone is ill, the language barrier must not become an obstacle to understanding them and their caregivers, especially in emergency situations.”

Conseil pour la protection des malades du Québec, November 6, 2023

The challenges discussed during the public hearings touched not only on OLMCs themselves, but also the vulnerable communities within them. Many comments addressed issues specific to the aging population—such as long-term care, home care and the role of family caregivers—and the growing needs in the area of mental health.

²¹ OLLO, [Evidence](#), May 15, 2023 (MACS-NB); OLLO, [Evidence](#), December 4, 2023 (Kim Sawchuk); OLLO, [Evidence](#), May 6, 2024 (Dr. Don Thiwanka Wijeratne); OLLO, [Evidence](#), May 27, 2024 (Official Languages and Bilingualism Institute [OLBI]); and OLLO, [Evidence](#), September 23, 2024 (Canadian Psychological Association (CPsyA)).

²² Réseau de développement économique et d’employabilité du Canada (RDÉE Canada), [brief](#) to the Committee.

²³ See, for example: Sarah Bowen, [Language Barriers in Access to Health Care](#), report prepared for Health Canada, November 2001; and Sarah Bowen, [The Impact of Language Barriers on Patient Safety and Quality of Care](#), final report prepared for the SSF, August 2015.

Access difficulties faced by official language minority communities

According to consultations carried out in 2022 by Health Canada, anglophone and francophone minority communities have difficulty accessing health services in their own language.²⁴ The barriers differ depending on the region and the sector. Primary care, long-term care, home care and mental health are among the sectors with the greatest challenges. It is an issue that the Honourable Jean-Yves Duclos, then-Minister of Health, committed to closely monitoring in collaboration with his partners.²⁵

Francophone communities outside Quebec

The French-speaking population outside Quebec is aging and diverse. Its members have varied experiences when accessing health care in their own language. Their health is rarely a priority for the provinces and territories. Accessing French-language services is particularly difficult in Western Canada and the territories, especially for in-person services.²⁶ In some cases, francophones have to travel to other provinces to access specialized services.²⁷ They are worried about delays in access to care or fear that they won't be understood.²⁸ Francophone seniors are particularly vulnerable; they are afraid of facing negative consequences if they request French-language services.²⁹ Many resign themselves to accepting care in English, or they feel that French-language services are of poorer quality.³⁰

Generally speaking, when francophones repeatedly face language barriers, they eventually give up trying to overcome them.³¹ The Senate Committee heard many stories about language barriers that impacted a person's health, including the following four examples.

²⁴ Government of Canada, [Summary Report: Consultations on the renewal of the Official Languages Health Program 2023–2028](#), 2022.

²⁵ OLLO, [Evidence](#), April 17, 2023 (Hon. Jean-Yves Duclos, P.C., M.P., Minister of Health).

²⁶ OLLO, [Evidence](#), April 24, 2023 (Réseau de Santé en français de la Saskatchewan [RSFS]); OLLO, [Evidence](#), April 24, 2023 (Fédération franco-ténoise [FFT]); OLLO, [Evidence](#), March 18, 2024 (Government of the Northwest Territories); and OLLO, [Evidence](#), March 18, 2024 (Government of Nunavut).

²⁷ OLLO, [Evidence](#), April 24, 2023 (FFT); OLLO, [Evidence](#), December 4, 2023 (Jacinthe Savard).

²⁸ OLLO, [Evidence](#), December 4, 2023 (Jacinthe Savard); and OLLO, [Evidence](#), April 29, 2024 (Dr. Bernard Leduc).

²⁹ OLLO, [Evidence](#), November 27, 2023 (Suzanne Dupuis-Blanchard).

³⁰ OLLO, [Evidence](#), April 15, 2024 (Jude Mary Cénat).

³¹ OLLO, [Evidence](#), October 21, 2024 (Sylvie Sylvestre).

“In practical terms, the lack of French-language health services meant that a young person in the Barrie, Ontario area was involuntarily committed to a mental health centre for an extended period of time because he did not respond well to the treatment offered to him in English — this young person spent two weeks instead of three days in the institution. A senior in Prince Edward Island with dementia went for weeks without speaking to anyone and was perceived as difficult until she was spoken to in French; a person in northern Ontario had the wrong leg amputated as a result of critical communication errors; a 64-year-old francophone woman in Manitoba died of undetected pneumonia in a hospital because she did not speak English; she had been labelled as a difficult patient.”

Société Santé en français, April 24, 2023

“Help us not to die in English.”

Réseau Santé Nouvelle-Écosse, April 24, 2023

“[W]hen you are sick, you are not bilingual.”

Réseau des services de santé en français de l’Est de l’Ontario, April 24, 2023

“For francophones, asking to receive health services in French is not a whim; it can save your life.”

University of Moncton, April 8, 2024

Anglophone communities in Quebec

The English-speaking population in Quebec is also aging and diverse. Socio-economic challenges are greater in remote regions, where the unemployment rate is higher and access to health services in one’s own language is more limited. While some institutions are required to offer services in a language other than French, or to develop a program to provide access to services in English for anglophones, the situation varies greatly from region to region.³² Access programs are not well known, are poorly understood, may not be translated, or do not apply to all health services.³³ In some circumstances, the lack of designated institutions or specialized services available in English is compounded by

³² OLLO, [Evidence](#), May 1, 2023 (Community Health and Social Services Network [CHSSN]); OLLO, [Evidence](#), May 29, 2023 (Joanne Pocock); OLLO, [Evidence](#), May 6, 2024 (Dialogue McGill); and Quebec English-Speaking Communities Research Network (QUESCREN), [brief](#) to the Committee.

³³ OLLO, [Evidence](#), May 1, 2023 (Connexions Resource Centre [CRC]); OLLO, [Evidence](#), November 6, 2023 (Quebec Community Groups Network [QCGN]); QCGN, [brief](#) to the Committee; OLLO, [Evidence](#), June 3, 2024 (Brittney Chabot); and OLLO, [Evidence](#), June 3, 2024 (CHSSN).

transportation issues.³⁴ Anglophone seniors in particular bear the brunt of these challenges.³⁵

Generally speaking, Quebec’s anglophone communities have a negative view of the progress that has been made in the health care sector, even though they have been guaranteed certain rights. Their negative perception likely stems from the adoption, in 2022, of legislative measures to protect the French language.³⁶ Witnesses appearing before the Senate Committee gave poignant, hope-filled testimony about the role the federal government could play, as was the case with an organization from the Gaspé Peninsula.

“Imagine that you have received a diagnosis of cancer from your doctor. The stress is unbearable, and you are told that you will need to drive over 800 kilometres, round trip, to receive the necessary life-saving treatments in another hospital with less English services, and you will need to make this trip every week for the next five weeks.

“Imagine that you have spent months trying to explain to your social worker your service needs and things remain unclear to them due to a language barrier. But thanks to the support of a patient navigator, you are able to have your needs understood in less than an hour.

“Imagine you are accompanying your mother to a follow-up appointment as she does not understand or speak a word of French, and the doctor doesn’t speak English. The doctor gives a diagnosis of terminal cancer, and as you sit there in tears, your mother is comforting you as she still has no idea what is happening, and you are the one who has to give your mother the news.

“These are just a few real examples of the challenges that have been faced by our English-speaking community over the years.”

Vision Percé-Gaspé Now, May 1, 2023

Many members of the anglophone community fear that access to health services in their language will decrease as a result of recent provincial government reforms.³⁷ When the Senate Committee’s public hearings began, the CHSSN was concerned about the lack of

³⁴ OLLO, *Evidence*, May 1, 2023 (Vision Percé-Gaspé Now [VPGN]); OLLO, *Evidence*, November 6, 2023 (QCGN); OLLO, *Evidence*, June 3, 2024 (Steve Guimond); OLLO, *Evidence*, June 3, 2024 (Kayla Kippen).

³⁵ OLLO, *Evidence*, May 29, 2023 (Seniors Action Quebec [SAQ]); and OLLO, *Evidence*, June 3, 2024 (Kayla Kippen).

³⁶ *An Act respecting French, the official and common language of Québec*, SQ 2022, c. 14.

³⁷ OLLO, *Evidence*, May 1, 2023 (CHSSN); OLLO, *Evidence*, May 1, 2023 (CRC); OLLO, *Evidence*, May 29, 2023 (SAQ); OLLO, *Evidence*, November 6, 2023 (QCGN); OLLO, *Evidence*, December 4, 2023 (Kim Sawchuk); OLLO, *Evidence*, April 15, 2024 (Gay and Grey Montreal [GGM]); OLLO, *Evidence*, October 7, 2024 (University of Moncton); and QUESCREN, *brief* to the Committee.

representation of anglophone communities at Santé Québec, but after ongoing discussions with the provincial government, the role of regional access committees was maintained.³⁸ A directive issued by Quebec’s health ministry that caused alarm in the summer of 2024 was also modified in response to pressure from anglophone users, as was the public list of institutions and facilities offering services in English.³⁹ This demonstrates that Quebec’s anglophone communities must be constantly vigilant when it comes to protecting their access to health care, which remains tenuous.

Some anglophones in Quebec who have had negative experiences in the past have given up on accessing services in their own language, or they avoid filing a complaint.⁴⁰ Several witnesses said that anglophones feel uncomfortable asking for services in English due to the political climate.⁴¹ In some cases, anglophones travel to other provinces to access health care services in English.⁴² The Quebec Community Groups Network—now known as TALQ—pointed out that offering these services in Quebec does not threaten the protection and promotion of the French language.⁴³

Greater access difficulties faced by vulnerable communities

Certain groups are more vulnerable when they interact with the health care system. Their challenges increase when they are also part of an OLMC, as they find themselves marginalized on several levels. During its public hearings, the Senate Committee examined the specific challenges faced by women, 2SLGBTQIA+ communities, newcomers, racialized communities and Indigenous peoples. Many witnesses and briefs discussed the importance of developing approaches that meet the specific needs of the populations being served, including providing linguistically and culturally appropriate care.

Gender and sex

Women have distinct health needs, and when they live in a minority setting their health challenges are exacerbated.⁴⁴ A significant number of francophone women work in the health care sector or act as caregivers.⁴⁵ Immigrant women are often responsible for bearing the mental burden and family responsibilities throughout the immigration process,

³⁸ OLLO, [Evidence](#), May 1, 2023 (CHSSN); OLLO, [Evidence](#), June 3, 2024 (CHSSN); and QUESCREN, [brief](#) to the Committee.

³⁹ Government of Quebec, [Services for the English-speaking population](#).

⁴⁰ CHSSN, [brief](#) to the Committee; OLLO, [Evidence](#), June 3, 2024 (Hugo Bissonnet); and OLLO, [Evidence](#), June 3, 2024 (Chloe Régis).

⁴¹ OLLO, [Evidence](#), May 1, 2023 (African Canadian Development and Prevention Network [ACDPN]); OLLO, [Evidence](#), May 29, 2023 (SAQ); OLLO, [Evidence](#), December 4, 2023 (Kim Sawchuk); OLLO, [Evidence](#), June 3, 2024 (Brittney Chabot); OLLO, [Evidence](#), June 3, 2024 (CHSSN); and OLLO, [Evidence](#), October 7, 2024 (University of Moncton).

⁴² OLLO, [Evidence](#), June 3, 2024 (James Robson); and OLLO, [Evidence](#), October 21, 2024 (First Nations of Quebec and Labrador Health and Social Services Commission [FNQLHSSC]).

⁴³ OLLO, [Evidence](#), November 6, 2023 (QCGN); and QCGN, [brief](#) to the Committee.

⁴⁴ OLLO, [Evidence](#), May 6, 2024 (Alliance des femmes de la francophonie canadienne [AFFC]); and AFFC, [brief](#) to the Committee.

⁴⁵ OLLO, [Evidence](#), November 27, 2023 (Frantz Siméon); OLLO, [Evidence](#), December 4, 2023 (Kim Sawchuk); and OLLO, [Evidence](#), May 6, 2024 (AFFC).

including ensuring access to health care for their families.⁴⁶ This issue was examined by the Senate Committee in its March 2023 report on francophone immigration.⁴⁷ According to the Alliance des femmes de la francophonie canadienne, the systematic application of gender-based analysis plus (GBA+) is essential.⁴⁸

In addition, anglophone and francophone 2SLGBTQIA+ communities face significant barriers in accessing health care in the minority language.⁴⁹ There is a need for greater awareness among young people and seniors with multiple sexual orientations, who experience even more isolation when they are in a minority setting.⁵⁰ Resources tailored for these communities are rarely available in their preferred official language.⁵¹ Their confidence in the health care system is low, and they more often face mental health struggles.⁵² Trans and non-binary young people tend to express themselves in English in the health care system, even if they are francophones, as the use of gender-neutral language is not widespread in French.⁵³ Some witnesses called for access to gender-affirming care in the language of one's choice.⁵⁴ In general, more needs to be done to address the needs of OLMCs and 2SLGBTQIA+ communities.⁵⁵

Newcomers and racialized communities

Then-Minister Duclos acknowledged that OLMCs face particular challenges given their increasing diversity. He also noted that offering services in the minority language can help break down certain barriers for francophone immigrants.⁵⁶ To ensure that these immigrants integrate into OLMCs, they need to have access to adequate health care services in French.⁵⁷ In fact, some health networks receive funding from IRCC to develop support tools and serve as the link between newcomers and the health care system.⁵⁸ For francophone

⁴⁶ AFFC, [brief](#) to the Committee.

⁴⁷ OLLO, [Francophone Immigration to Minority Communities: Towards a Bold, Strong and Coordinated Approach](#), 44th Parliament, 1st Session, March 2023, p. 29.

⁴⁸ OLLO, [Evidence](#), May 6, 2024 (AFFC); and AFFC, [brief](#) to the Committee.

⁴⁹ OLLO, [Evidence](#), May 1, 2023 (CRC); and OLLO, [Evidence](#), May 6, 2024 (Enchanté Network).

⁵⁰ OLLO, [Evidence](#), May 15, 2023 (Fédération des aînées et aînés francophones du Canada [FAAFC]); OLLO, [Evidence](#), April 15, 2024 (GGM); and OLLO, [Evidence](#), April 15, 2024 (Annie Pullen Sansfaçon).

⁵¹ OLLO, [Evidence](#), April 24, 2023 (RSFS); and OLLO, [Evidence](#), April 15, 2024 (Annie Pullen Sansfaçon).

⁵² OLLO, [Evidence](#), April 15, 2024 (GGM); and OLLO, [Evidence](#), April 15, 2024 (Annie Pullen Sansfaçon).

⁵³ OLLO, [Evidence](#), April 15, 2024 (Annie Pullen Sansfaçon); and OLLO, [Evidence](#), May 6, 2024 (Enchanté Network).

⁵⁴ OLLO, [Evidence](#), April 15, 2024 (Annie Pullen Sansfaçon); OLLO, [Evidence](#), April 15, 2024 (Dr. Gail Ann Knudson); and OLLO, [Evidence](#), May 6, 2024 (Enchanté Network).

⁵⁵ OLLO, [Evidence](#), May 6, 2024 (Enchanté Network).

⁵⁶ OLLO, [Evidence](#), April 17, 2023 (Hon. Jean-Yves Duclos, P.C., M.P., Minister of Health).

⁵⁷ OLLO, [Evidence](#), April 24, 2023 (SSF).

⁵⁸ OLLO, [Evidence](#), April 24, 2023 (RSFS).

immigration networks, access to French-language health services is a necessary part of a successful immigration process, but Health Canada funding is inadequate.⁵⁹

However, according to the evidence heard, the health of francophone immigrants deteriorates after their arrival in Canada. This is due to three factors: difficulty accessing health services in the language of their choice, differences with their country of origin and a poor understanding of how the Canadian health care system works.⁶⁰ Nova Scotia and Alberta work with their OLMCs to better understand the health care needs of francophone immigrants.⁶¹ However, work remains to be done to integrate francophone immigrants and francophone students from Africa.⁶² Francophone immigration networks feel poorly equipped for the task.⁶³

The challenges are even greater for newcomers in general, who often do not speak English or French as their first language. Allophone patients face a greater risk of misdiagnoses, adverse health outcomes or death.⁶⁴

The members of the Senate Committee also heard about the challenges faced by Black communities, both within and outside Quebec, who are doubly marginalized in a minority setting.⁶⁵ Then-Minister Duclos recognized the challenges associated with exclusion and discrimination.⁶⁶ According to representatives from academia, measures are needed to ensure that Black people are represented at all levels in the health care system and to improve their retention rates.⁶⁷ A lack of diversity undermines the goal of having a more equitable health care system.

Indigenous peoples

Jurisdiction over health care for Indigenous peoples is shared between a number of partners. In some cases, measures are taken to encourage the delivery of health services *by* and *for* Indigenous peoples, based on the principle of self-government. The federal government incorporates Indigenous languages into health care delivery wherever possible,

⁵⁹ OLLO, [Evidence](#), June 3, 2024 (Réseau en immigration francophone du Manitoba [RIFM]); OLLO, [Evidence](#), June 3, 2024 (Réseau de soutien à l'immigration francophone de l'Est de l'Ontario [RSIFEO]); and Réseau en immigration francophone du Nouveau-Brunswick (RIFNB), [letter](#) to the Committee.

⁶⁰ OLLO, [Evidence](#), May 8, 2023 (Fédération des francophones de la Colombie-Britannique [FFCB]); and OLLO, [Evidence](#), April 15, 2024 (Julia Chai).

⁶¹ OLLO, [Evidence](#), March 18, 2024 (Government of Nova Scotia); and OLLO, [Evidence](#), March 18, 2024 (Government of Alberta).

⁶² OLLO, [Evidence](#), April 15, 2024 (Health Association of African Canadians [HAAC]); and OLLO, [Evidence](#), April 29, 2024 (Suzanne Harrison).

⁶³ OLLO, [Evidence](#), June 3, 2024 (RIFM); OLLO, [Evidence](#), June 3, 2024 (RSIFEO); and RIFNB, [letter](#) to the Committee.

⁶⁴ OLLO, [Evidence](#), December 4, 2023 (Dr. Peter Tanuseputro); OLLO, [Evidence](#), May 6, 2024 (Dr. Don Thiwanka Wijeratne); OLLO, [Evidence](#), May 6, 2024 (Dr. Richard Musto); and the Canadian Institute for Health Information (CIHI), [brief](#) to the Committee.

⁶⁵ OLLO, [Evidence](#), May 1, 2023 (ACDPN); OLLO, [Evidence](#), April 15, 2024 (Jude Mary Cénat); OLLO, [Evidence](#), April 15, 2024 (Josephine Etowa); OLLO, [Evidence](#), April 15, 2024 (HAAC); and OLLO, [Evidence](#), May 6, 2024 (Dialogue McGill).

⁶⁶ OLLO, [Evidence](#), April 17, 2023 (Hon. Jean-Yves Duclos, P.C., M.P., Minister of Health).

⁶⁷ OLLO, [Evidence](#), April 15, 2024 (Jude Mary Cénat); OLLO, [Evidence](#), April 15, 2024 (Josephine Etowa).

and it supports efforts to reclaim, revitalize, maintain and strengthen these languages.⁶⁸ The evidence and briefs demonstrate that Indigenous peoples face significant language barriers that affect both the quality of the care they receive and access to this care.⁶⁹ The need for culturally adapted services is well known, but these services are not necessarily developed in collaboration with Indigenous peoples.⁷⁰ As a general rule, official languages allow them to maintain a connection with the health care system.

The three territorial governments have all recognized the importance of offering health services in Indigenous languages, in addition to the two official languages. In the Yukon, there are challenges with regard to the availability of emergency services in some regions.⁷¹ In the Northwest Territories and Nunavut, the challenges relate to access to interpretation services.⁷² In all three territories, the shortage of staff, the lack of resources in Indigenous languages, the scarcity of trained interpreters and the distances that must be travelled make it more difficult to ensure equitable access to health services. In Nunavut, training professionals to provide health services in Inuktitut is a top priority.⁷³

In Quebec, most Indigenous peoples speak English as their first or second language, and shared jurisdiction for health is a major challenge. Although Indigenous health care providers receive funding to adapt services to the needs of Indigenous peoples, there is no standard practice.⁷⁴ Quebec's Indigenous peoples are subject to both federal and provincial legislation, and they face the dual challenge of lack of access to health care services in English and in Indigenous languages.⁷⁵ The federal government is working to integrate linguistic and cultural considerations into all health care services, but the success of these efforts depends on the collaboration of all partners.⁷⁶ Interpretation services may be available, but funding these services and training interpreters with the required Indigenous language skills are major challenges.⁷⁷

⁶⁸ Indigenous Services Canada (ISC), [letter](#) to the Committee.

⁶⁹ OLLO, [Evidence](#), April 15, 2024 (Julia Chai); FNQLHSSC, [brief](#) to the Committee; and Canadian Medical Association (CMA), [letter](#) to the Committee.

⁷⁰ OLLO, [Evidence](#), October 21, 2024 (FNQLHSSC); and OLLO, [Evidence](#), October 28, 2024 (Canadian Nurses Association [CNA]).

⁷¹ OLLO, [Evidence](#), March 18, 2024 (Government of Yukon).

⁷² OLLO, [Evidence](#), March 18, 2024 (Government of the Northwest Territories); and OLLO, [Evidence](#), March 18, 2024 (Government of Nunavut).

⁷³ OLLO, [Evidence](#), March 18, 2024 (Government of Nunavut).

⁷⁴ ISC, [letter](#) to the Committee; OLLO, [Evidence](#), October 21, 2024 (FNQLHSSC); and FNQLHSSC, [brief](#) to the Committee.

⁷⁵ OLLO, [Evidence](#), October 21, 2024 (FNQLHSSC); and FNQLHSSC, [brief](#) to the Committee.

⁷⁶ ISC, [letter](#) to the Committee. Following the public hearings, the Quebec government passed a law on cultural safety for Indigenous peoples throughout the health and social services network. See: Government of Quebec, [An Act to establish the cultural safety approach within the health and social services network](#), L.Q., chap. A-20.1.1.

⁷⁷ OLLO, [Evidence](#), October 21, 2024 (FNQLHSSC).

Indigenous peoples have limited access to health care professions, as well as to training in these professions. There are calls for improvements to the training offered, so that Indigenous culture and ancestral traditions are taken into account.⁷⁸ National standards to combat discrimination against Indigenous peoples could also be helpful.⁷⁹ Faculties of medicine are working to develop cultural safety training and to ensure that Indigenous peoples have access to medical studies.⁸⁰ Some professional bodies offer services in Indigenous languages, but continuing education courses are rarely available in a language other than French.⁸¹

Challenges associated with the aging population

The aging population is creating new challenges in terms of access to health care. Seniors are vulnerable when services are not available in their own language, as was noted in the *Cross-Canada Official Languages Consultations 2022* report.⁸² Providing services in their language of choice is first and foremost a question of dignity, but also of necessity. As people get older, they revert to using their mother tongue. During its public hearings, the Senate Committee focused on the unique challenges faced by this growing segment of the Canadian population. It examined the challenges associated with all care settings, including home care, long-term care and the important role played by family caregivers.

Home care

Aging in place is a priority for the vast majority of Canadians.⁸³ This is not always possible since seniors are at a disadvantage due to overlapping determinants of health. Some seniors live alone, have lower incomes or are less educated. They may also have to deal with technological barriers, isolation, limited access to transportation or a possible return to the job market. They are at even greater risk if they suffer from mental health problems, as the national organization representing francophone seniors pointed out.

⁷⁸ OLLO, *Evidence*, November 6, 2023 (QCGN); OLLO, *Evidence*, October 21, 2024 (FNQLHSSC); and FNQLHSSC, *brief* to the Committee.

⁷⁹ FNQLHSSC, *brief* to the Committee.

⁸⁰ OLLO, *Evidence*, October 7, 2024 (Association of Faculties of Medicine in Canada [AFMC]).

⁸¹ OLLO, *Evidence*, September 23, 2024 (Canadian Physiotherapy Association [CPhyA]); and FNQLHSSC, *brief* to the Committee.

⁸² Government of Canada, *Report on the consultations – Cross-Canada Official Languages Consultations 2022*, 2022.

⁸³ OLLO, *Evidence*, December 4, 2023 (National Seniors Council [NSC]).

“As a person with cognitive problems gets older, a person who was fluent in English will revert to his or her native language. When you’re sick, it’s harder to be bilingual. It is important to be able to offer services in French; it can sometimes be a matter of life and death. When you are sick, you have to be able to understand and be understood in order to avoid misunderstandings that could lead to complications.”

Fédération des aînées et aînés francophones du Canada, May 15, 2023

According to the evidence and briefs, it is difficult to find French-language home care services outside Quebec, especially in remote areas.⁸⁴ It is even more difficult to find services without turning to the private sector.⁸⁵ It is important to understand the home care needs of francophones.⁸⁶ This means working with community organizations that are familiar with their needs.⁸⁷ Programs are also needed to train staff to deliver services.⁸⁸ In New Brunswick, the Nursing Home Without Walls project developed by the University of Moncton helps seniors remain in their homes by providing navigation services and activities to reduce isolation.⁸⁹ New Brunswick’s Age-Friendly Community Recognition Program encourages municipalities to take sustainable measures for seniors, as aging in one’s own community appears to be a priority.⁹⁰ In Prince Edward Island, a pilot project is under way to increase French-language home care services.⁹¹

In Quebec, home care services and resources aimed at reducing isolation are rarely available in English outside the Montreal area, but they are needed in order to restore seniors’ confidence in the health care system.⁹²

⁸⁴ OLLO, [Evidence](#), May 15, 2023 (FAAFC); OLLO, [Evidence](#), May 15, 2023 (Association francophone des aînés du Nouveau-Brunswick [AFANB]); OLLO, [Evidence](#), November 27, 2023 (Bernouse Davilus); OLLO, [Evidence](#), November 27, 2023 (Suzanne Dupuis-Blanchard); and Government of Ontario, [brief](#) to the Committee.

⁸⁵ OLLO, [Evidence](#), November 27, 2023 (Mario Paris).

⁸⁶ OLLO, [Evidence](#), April 24, 2023 (Réseau Santé Nouvelle-Écosse [RSNÉ]).

⁸⁷ OLLO, [Evidence](#), May 15, 2023 (FAAFC); and OLLO, [Evidence](#), March 18, 2024 (Government of Alberta).

⁸⁸ OLLO, [Evidence](#), November 27, 2023 (Suzanne Dupuis-Blanchard); and Government of Ontario, [brief](#) to the Committee.

⁸⁹ OLLO, [Evidence](#), November 27, 2023 (Suzanne Dupuis-Blanchard).

⁹⁰ OLLO, [Evidence](#), November 27, 2023 (Mario Paris).

⁹¹ Government of Prince Edward Island, [letter](#) to the Committee.

⁹² OLLO, [Evidence](#), May 1, 2023 (CHSSN); CHSSN, [brief](#) to the Committee; and OLLO, [Evidence](#), May 29, 2023 (Black Community Resource Centre [BCRC]).

Long-term care

According to the evidence heard, it is just as difficult to obtain long-term care in one's own language in a minority setting.⁹³ Again, collaboration with community organizations but also with post-secondary institutions is needed to improve the situation.⁹⁴ In fact, since the COVID-19 pandemic, long-term care homes have been hit particularly hard by the shortage of health care workers. The pandemic led to high staff turnover in these institutions, which are struggling to find bilingual employees.⁹⁵

In Nova Scotia, there is no designated strategy for the provision of French-language health services to seniors, and no long-term care homes are designated bilingual.⁹⁶ In British Columbia, there is one home designated for francophones, but it no longer sets aside space for francophone residents.⁹⁷ This means that there is no guarantee that long-term care homes created *by* and *for* francophones will prioritize the provision of French-language services to francophone seniors.⁹⁸ Some witnesses spoke about models in other provinces as examples to learn from, such as the pilot project under way in Prince Edward Island aimed at increasing the availability of long-term care services in French.⁹⁹

However, the reforms being carried out in some provinces do not take into account the preferred language of users. Seniors who speak the minority language are more likely to be isolated and forced to move to a facility that does not offer services in their language.¹⁰⁰ This is the case in Ontario, where there is no guaranteed access to long-term care facilities for francophones; the rights of elderly francophone patients are being undermined.¹⁰¹ The province has a recovery plan aimed at addressing their needs.¹⁰² In New Brunswick, organizations wanted to add a legislative language requirement for nursing homes, but they were unsuccessful.¹⁰³ In some parts of the province, there are no care homes that can provide services in French.¹⁰⁴

⁹³ OLLO, [Evidence](#), May 1, 2023 (CHSSN); OLLO, [Evidence](#), May 15, 2023 (FAAFC); and OLLO, [Evidence](#), November 6, 2023 (QCGN).

⁹⁴ OLLO, [Evidence](#), May 15, 2023 (FAAFC); and OLLO, [Evidence](#), March 18, 2024 (Government of Nova Scotia).

⁹⁵ OLLO, [Evidence](#), November 27, 2023 (Suzanne Dupuis-Blanchard); and OLLO, [Evidence](#), October 28, 2024 (CNA).

⁹⁶ OLLO, [Evidence](#), April 24, 2023 (RSNÉ).

⁹⁷ OLLO, [Evidence](#), May 15, 2023 (Carrefour 50+ British Columbia).

⁹⁸ OLLO, [Evidence](#), May 15, 2023 (Carrefour 50+ British Columbia).

⁹⁹ OLLO, [Evidence](#), April 24, 2023 (RSNÉ); OLLO, [Evidence](#), May 15, 2023 (FAAFC); and Government of Prince Edward Island, [letter](#) to the Committee.

¹⁰⁰ OLLO, [Evidence](#), December 4, 2023 (NSC).

¹⁰¹ OLLO, [Evidence](#), May 8, 2023 (Assemblée de la francophonie de l'Ontario (AFO)); and OLLO, [Evidence](#), May 15, 2023 (FAAFC).

¹⁰² Government of Ontario, [brief](#) to the Committee.

¹⁰³ OLLO, [Evidence](#), May 15, 2023 (AFANB); and AFANB, [brief](#) to the Committee.

¹⁰⁴ OLLO, [Evidence](#), November 27, 2023 (Mario Paris).

In Quebec, anglophone seniors face additional barriers to accessing long-term care.¹⁰⁵ The availability of services in English varies from region to region, and the situation has gotten worse since the COVID-19 pandemic.¹⁰⁶

Family caregivers

Witnesses and briefs highlighted the need for support for family caregivers, who are increasingly filling the gaps in access to health care. It is a heavy burden to bear and many of them were not mentally or psychologically prepared to take on this responsibility. They are exhausted and do not have the tools they need to carry out their tasks; they do not have adequate or appropriate support.¹⁰⁷ Language is an additional barrier to accessing care.¹⁰⁸ In remote regions, they experience even more isolation and do not get the help they need.¹⁰⁹ Distance brings added complications when caregivers have to travel to care for a sick relative in another region.¹¹⁰ The experience of a caregiver from Ontario is eye-opening.

“I was a caregiver for my unilingual French-speaking parents for 10 years; there were 200 kilometres between my town and theirs in northern Ontario. ... It took a lot of my energy and time, but I was dedicated to ensuring they had access to quality health care services in their mother tongue, especially when there was no active offer of service in French. My role as a caregiver was difficult in itself, but the added task of ensuring access to services in French made my role even more challenging.”

Sylvie Sylvestre, October 21, 2024

Witnesses called on governments to provide assistance, such as support groups, respite care, in-home help and caregiver benefits or tax credits.¹¹¹ Nova Scotia, Quebec and Alberta have models to learn from.¹¹² Community organizations can also fill gaps in the health care system and help with referrals and support in the caregivers’ language of choice—provided

¹⁰⁵ OLLO, [Evidence](#), May 1, 2023 (CHSSN); CHSSN, [brief](#) to the Committee; and OLLO, [Evidence](#), May 29, 2023 (SAQ).

¹⁰⁶ OLLO, [Evidence](#), May 29, 2023 (SAQ); and OLLO, [Evidence](#), November 6, 2023 (Conseil pour la protection des malades du Québec [CPMQ]).

¹⁰⁷ OLLO, [Evidence](#), November 27, 2023 (Frantz Siméon); and OLLO, [Evidence](#), October 21, 2024 (Sylvie Sylvestre).

¹⁰⁸ OLLO, [Evidence](#), November 27, 2023 (Frantz Siméon); OLLO, [Evidence](#), December 4, 2023 (Canadian Centre for Caregiving Excellence [CCCE]); and OLLO, [Evidence](#), October 21, 2024 (Sylvie Sylvestre).

¹⁰⁹ OLLO, [Evidence](#), November 27, 2023 (Frantz Siméon); and OLLO, [Evidence](#), October 21, 2024 (Sylvie Sylvestre).

¹¹⁰ OLLO, [Evidence](#), December 4, 2023 (Kim Sawchuk); OLLO, [Evidence](#), December 4, 2023 (CCCE); and OLLO, [Evidence](#), October 21, 2024 (Sylvie Sylvestre).

¹¹¹ OLLO, [Evidence](#), May 15, 2023 (AFANB); OLLO, [Evidence](#), December 4, 2023 (Kim Sawchuk); OLLO, [Evidence](#), December 4, 2023 (CCCE); OLLO, [Evidence](#), December 4, 2023 (Jacinthe Savard); OLLO, [Evidence](#), December 4, 2023 (NSC); OLLO, [Evidence](#), May 6, 2024 (AFFC); AFFC, [brief](#) to the Committee; and OLLO, [Evidence](#), October 21, 2024 (Sylvie Sylvestre).

¹¹² OLLO, [Evidence](#), December 4, 2023 (CCCE); OLLO, [Evidence](#), March 18, 2024 (Government of Nova Scotia); and OLLO, [Evidence](#), March 18, 2024 (Government of Alberta).

that they have the necessary funding.¹¹³ This support can be particularly useful for caregivers from immigrant backgrounds.¹¹⁴

Furthermore, in both home care and long-term care settings, there is no requirement to provide secondary services, such as baths or meals, in the minority language.¹¹⁵ Seniors tend to refuse these services when they are not available in their own language, which means that their family caregivers bear the burden of providing this care themselves.¹¹⁶

Mental health

Ensuring that mental health services—for both prevention and treatment—are available in the minority language is a priority for all OLMCs. Improving access to quality mental health services is one of the shared health priorities for all provinces and territories for the next 10 years.¹¹⁷ In 2022, the Ministers’ Council on the Canadian Francophonie also acknowledged that access to mental health services in French was a priority.¹¹⁸ However, much work remains to be done to measure the progress that has been made.



Members of the Senate Committee visit the Hôpital Montfort’s new Mental Health Emergency Zone.

¹¹³ OLLO, *Evidence*, November 27, 2023 (Frantz Siméon); and OLLO, *Evidence*, November 27, 2023 (Sylvie Larocque).

¹¹⁴ OLLO, *Evidence*, November 27, 2023 (Frantz Siméon); and OLLO, *Evidence*, November 27, 2023 (Bernouse Davilus).

¹¹⁵ OLLO, *Evidence*, November 6, 2023 (CPMQ); OLLO, *Evidence*, November 27, 2023 (Suzanne Dupuis-Blanchard); and OLLO, *Evidence*, December 4, 2023 (Jacinthe Savard).

¹¹⁶ OLLO, *Evidence*, December 4, 2023 (Jacinthe Savard).

¹¹⁷ Government of Canada, *Working together to improve health care in Canada: Overview*.

¹¹⁸ Ministers’ Council on the Canadian Francophonie, “[Ministers work together to strengthen intergovernmental cooperation for the benefit of the Canadian Francophonie](#),” press release, June 23, 2022.

Mental health professionals need to be proficient in both verbal and non-verbal communication in order to successfully carry out their work.¹¹⁹ Timely access to their services also plays an important role, as does an awareness of the various backgrounds of the individuals who use these services. The diverse needs of Canadians must be met by providing culturally adapted care, including for OLMCs, newcomers, racialized communities and Indigenous peoples.¹²⁰ In addition, the shortage of psychologists affects equity-seeking groups to a greater degree.¹²¹

The number of French-language training programs outside Quebec must increase.¹²² Some witnesses touted the new clinical psychology training program at the Université de Saint-Boniface.¹²³ As French-speaking immigrants arrive in Canada, unique needs are emerging. It is therefore important to better promote the mental health resources available in French.¹²⁴

In Quebec, anglophone communities have received funding from Health Canada and PHAC to develop new models for mental health care.¹²⁵ In the wake of the COVID-19 pandemic, it is important to invest in programs that will help these communities recover.¹²⁶ In some regions, there are no mental health professionals who are able to offer services in English.¹²⁷

Better understanding of the populations being served

Without a thorough understanding of the realities faced by the population being served, it is difficult to ensure optimal planning for service offerings. Practices vary from one province and territory to another. Witnesses and briefs highlighted major shortcomings in this area. First, data on OLMCs is lacking, and the language variable is not taken into account in health care. Second, more systematic intersectional analyses are needed. Third, greater support is required for OLMC researchers and research into OLMC health.

¹¹⁹ OLLO, [Evidence](#), September 23, 2024 (CPsyA).

¹²⁰ OLLO, [Evidence](#), April 29, 2024 (Mental Health Commission of Canada [MHCC]); and OLLO, [Evidence](#), September 23, 2024 (CPsyA).

¹²¹ CPsyA, [response](#) to the Committee.

¹²² OLLO, [Evidence](#), April 8, 2024 (University of Moncton).

¹²³ OLLO, [Evidence](#), April 29, 2024 (Danielle de Moissac); and OLLO, [Evidence](#), September 23, 2024 (Psychological Association of Manitoba [PAM]).

¹²⁴ OLLO, [Evidence](#), June 3, 2024 (RSIFEO); and RIFNB, [letter](#) to the Committee.

¹²⁵ OLLO, [Evidence](#), April 17, 2023 (Health Canada); and PHAC, [response](#) to the Committee.

¹²⁶ OLLO, [Evidence](#), May 1, 2023 (CHSSN); and CHSSN, [brief](#) to the Committee.

¹²⁷ OLLO, [Evidence](#), May 1, 2023 (VPGN); OLLO, [Evidence](#), May 29, 2023 (Joanne Pocock); and OLLO, [Evidence](#), June 3, 2024 (James Robson).

Data on official language minority communities and the language variable

One issue that was discussed at length during the public hearings was obtaining evidence to support decision making in the health care sector, particularly with linguistic indicators. Without data, efforts to meet the needs of OLMCs and implement effective strategies for them are impeded. The systemic lack of data affects health status, the availability of services in their language and the linguistic capacity of stakeholders in the health care system.¹²⁸ However, evidence is essential to informed decision making.¹²⁹ It is a prerequisite to optimizing health care services, as two witnesses from Ontario indicated.

“Planning requires gathering data, proactively looking at the lived experience of francophones using French-language services, and measuring and adjusting our efforts to ensure that our resources are invested in relevant and reliable services.”

Office of the Ombudsman of Ontario, 8 May 2023

“You can’t improve what you don’t measure.”

Dr. Bernard Leduc, 29 April 2024

Some stakeholders noted a decrease in data collection capacity and an urgent need to fund efforts and standardize practices.¹³⁰ The various levels of government made a commitment to work with the Canadian Institute for Health Information (CIHI) to collect disaggregated data based on common indicators.¹³¹ However, none of the indicators shared by Health Canada in the spring of 2023 related directly to OLMCs.¹³² Following the public hearings, Health Canada assured the Senate Committee that the number of indicators is constantly increasing.¹³³ Witnesses agreed that more could be done to measure progress with regard to OLMCs and to encourage researchers to take an interest in these communities.¹³⁴

¹²⁸ OLLO, [Evidence](#), April 24, 2023 (SSF); OLLO, [Evidence](#), November 6, 2023 (FCFA); OLLO, [Evidence](#), November 27, 2023 (Suzanne Dupuis-Blanchard); OLLO, [Evidence](#), May 27, 2024 (OLBI); OLLO, [Evidence](#), November 4, 2024 (Association francophone pour le savoir [Acfas]); RDÉE Canada, [brief](#) to the Committee; and SSF, [brief](#) to the Committee.

¹²⁹ OLLO, [Evidence](#), May 1, 2023 (CHSSN); CHSSN, [brief](#) to the Committee; Government of Ontario, [brief](#) to the Committee; and CIHI, [brief](#) to the Committee.

¹³⁰ OLLO, [Evidence](#), April 24, 2023 (Réseau des services de santé en français de l’Est de l’Ontario [RSSFEO]); and Horizon Health Network (HHN), [letter](#) to the Committee.

¹³¹ OLLO, [Evidence](#), April 17, 2023 (Hon. Jean-Yves Duclos, P.C., M.P., Minister of Health).

¹³² Health Canada, on behalf of the Honourable Jean-Yves Duclos, P.C., M.P., [response](#) to the Committee.

¹³³ Health Canada, on behalf of the Minister of Health, [response](#) to the Committee.

¹³⁴ CMA, [letter](#) to the Committee; and OLLO, [Evidence](#), November 4, 2024 (Acfas).

According to the Honourable Randy Boissonnault—then-Minister of Official Languages—and his officials, political will and sustained collaboration are required.¹³⁵ The SSF called for the systematic integration of the language variable into Statistics Canada and ICIS databases.¹³⁶

Health outcomes for OLMCs are sometimes difficult to assess due to the type of sampling and the lack of longitudinal data.¹³⁷ With support from Health Canada, Statistics Canada has developed a module on access to health services in the Survey on the Official Language Minority Population (SOLMP). Partial survey results were released on December 16, 2024.¹³⁸ Designed specifically for OLMCs, the SOLMP provides reliable estimates using an oversampling technique that circumvents the limitations associated with population size.¹³⁹ The following table (Table 1) illustrates the main trends observed among English-speaking adults in Quebec and French-speaking adults outside Quebec, based on their responses to health-related questions.

¹³⁵ OLLO, [Evidence](#), November 4, 2024 (Hon. Randy Boissonnault, P.C., M.P., Minister of Employment, Workforce Development and Official Languages); and OLLO, [Evidence](#), November 4, 2024 (Employment and Social Development Canada [ESDC]).

¹³⁶ SSF, [brief](#) to the Committee.

¹³⁷ SSF, [brief](#) to the Committee.

¹³⁸ Statistics Canada, [Situation of English-speaking populations in Quebec and French-speaking populations in Canada outside Quebec: Results of the 2022 Survey on the Official Language Minority Population](#), Catalogue no. 89-657-X2024008, December 16, 2024.

¹³⁹ Statistics Canada, [brief](#) to the Committee.

**TABLE 1 – RESPONSES TO HEALTH-RELATED QUESTIONS,
SURVEY ON THE OFFICIAL LANGUAGE MINORITY POPULATION, 2022**

In 2022, among adults who felt it was important to receive health care or services in their language

	English-speaking adults in Quebec	French-speaking adults outside Quebec
... always or often received these services in the minority language.	52%	43%
... always or often asked to be served in the minority language.	63%	39%
... did not ask to be served in the minority language or were not served in that language because they were bilingual.	53%	50%
... did not ask to be served in the minority language or were not served in that language because the health care professional did not know that language.	27%	43%
... did not ask to be served in the minority language or were not served in that language because services were not actively offered in that language.	27%	32%
... did not ask to be served in the minority language out of fear that the health care professional may not like it.	24%	8%

Source: Statistics Canada, *Situation of English-speaking populations in Quebec and French-speaking populations in Canada outside Quebec: Results of the 2022 Survey on the Official Language Minority Population*, Catalogue no. 89-657-X2024008, December 16, 2024.

In addition, Statistics Canada has integrated language variables into certain health surveys, the results of which were to be published in 2025.¹⁴⁰ It will also publish a linguistic profile of health-related workers based on 2021 census information.¹⁴¹ This work is important to ensure a better understanding of the population's linguistic needs.¹⁴²

CIHI already collects pan-Canadian data on the language in which health care is provided by physicians, and it plans to add this variable to its new health workforce data standard for mandatory collection across professional groups.¹⁴³ Some witnesses would like to have a better picture of the language skills not only of health care professionals across the country, but also of students enrolled in health care training programs.¹⁴⁴ Partnerships are needed to improve data collection, presentation, sharing and analysis, a statement supported by CIHI.¹⁴⁵

Lastly, with the exception of Quebec, commitments have been made with regard to interoperability, so that there is better communication across the country within the health care system.¹⁴⁶ Gaps in the sharing of health data must be addressed, according to the Competition Bureau Canada (CBC).¹⁴⁷ Language issues have not been considered in the market studies carried out by the Competition Bureau on this issue either.¹⁴⁸ CIHI is working on incorporating a data element to capture linguistic information in patients' electronic medical record, although it would be up to its partners to adopt the standard and integrate it into their health data infrastructure.¹⁴⁹

¹⁴⁰ Statistics Canada, [brief](#) to the Committee. For example, in September 2025, Statistics Canada used data from both the Survey on the Official Language Minority Population and the Open Database of Healthcare Facilities to identify factors that influence access to health care in a patient's own official language. See Statistics Canada, "[Health services in a patient's own official language: Associations with proximity, region and sociodemographic factors](#)," *Insights on Canadian Society*, Catalogue no. 75-006-X, September 18, 2025.

¹⁴¹ Statistics Canada, [brief](#) to the Committee.

¹⁴² CIHI, [brief](#) to the Committee.

¹⁴³ CIHI, [brief](#) to the Committee.

¹⁴⁴ OLLO, [Evidence](#), April 29, 2024 (Danielle de Moissac); OLLO, [Evidence](#), September 23, 2024 (Health Workforce Canada [HWC]); and OLLO, [Evidence](#), October 28, 2024 (Canadian Health Workforce Network [CHWN]).

¹⁴⁵ OLLO, [Evidence](#), September 23, 2024 (HWC); and CIHI, [brief](#) to the Committee.

¹⁴⁶ OLLO, [Evidence](#), April 17, 2023 (Health Canada).

¹⁴⁷ OLLO, [Evidence](#), October 7, 2024 (Competition Bureau Canada [CBC]). A bill introduced by the federal government during the 44th Parliament, which died on the *Order Paper*, sought to facilitate this sharing. However, it did not provide for a language lens. See [Bill C-72, An Act respecting the interoperability of health information technology and to prohibit data blocking by health information technology vendors](#), 44th Parliament, 1st Session.

¹⁴⁸ OLLO, [Evidence](#), October 7, 2024 (CBC).

¹⁴⁹ CIHI, [brief](#) to the Committee.

Intersectionality

Some witnesses acknowledged the importance of conducting intersectional analyses using data that would allow for improved measurement of health inequalities.¹⁵⁰ The situation varies according to region, socio-economic conditions, language, age, gender, sexual orientation and ethnic origin. Accurately assessing the realities of marginalized populations ensures that approaches can be tailored to their needs. In the case of OLMCs, discrimination can occur on several levels. Work remains to be done to integrate OLMCs into equity, diversity and inclusion strategies, according to the national francophone network.

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

Société Santé en français, November 1, 2024

It is not easy to obtain the data required for these analyses, but the commitments included in the bilateral health agreements are promising. The collaboration between Statistics Canada and CIHI to develop a common indicator to measure the provision of safe and sensitive care is also promising.¹⁵¹ However, federal official languages initiatives, such as the 2023–2028 Action Plan, are often developed without taking intersectionality into account.¹⁵²

Many stakeholders could or would like to contribute to data collection, but in smaller institutions capacity is limited or efforts are piecemeal.¹⁵³ Some witnesses emphasized the role that community organizations could play in this area.¹⁵⁴ Others mentioned knowledge transfer and networking as ways of improving service planning,¹⁵⁵ but there is no systemic

¹⁵⁰ OLLO, [Evidence](#), May 15, 2023 (VHN); OLLO, [Evidence](#), April 15, 2024 (Jude Mary Cénat); and OLLO, [Evidence](#), April 15, 2024 (Josephine Etowa); OLLO, [Evidence](#), April 29, 2024 (MHCC); OLLO, [Evidence](#), May 6, 2024 (AFFC); AFFC, [brief](#) to the Committee; and OLLO, [Evidence](#), October 21, 2024 (Sylvie Grosjean).

¹⁵¹ CIHI, [brief](#) to the Committee.

¹⁵² OLLO, [Evidence](#), May 6, 2024 (Enchanté Network).

¹⁵³ OLLO, [Evidence](#), May 15, 2023 (NBHC); OLLO, [Evidence](#), May 29, 2023 (BCRC); and OLLO, [Evidence](#), November 6, 2023 (FCFA).

¹⁵⁴ OLLO, [Evidence](#), April 24, 2023 (RSSFEO).

¹⁵⁵ OLLO, [Evidence](#), May 29, 2023 (SAQ); OLLO, [Evidence](#), November 27, 2023 (Frantz Siméon); OLLO, [Evidence](#), December 4, 2023 (NSC); OLLO, [Evidence](#), April 15, 2024 (Josephine Etowa); and OLLO, [Evidence](#), October 21, 2024 (CIRLM).

approach tailored to Canada’s needs.¹⁵⁶ Furthermore, it must be kept in mind that the data collected may contain biases.¹⁵⁷

The CNFS must develop mandatory cultural and diversity training as a condition of the funding it receives from Health Canada.¹⁵⁸ However, changing a curriculum takes time and requires the collaboration of several partners.¹⁵⁹ Professional bodies can play a role in this regard, and the psychology profession was cited as an example of how standards could be developed.¹⁶⁰ Furthermore, mental health services must not only be offered in the minority language, but also be adapted to the cultural needs of individuals with multiple identities or experiences.¹⁶¹ Organizations working with marginalized communities are ready to contribute to these efforts.¹⁶² Faculties of medicine are aware of the challenges to be overcome.¹⁶³

Support for research

The importance of supporting research was recognized by nearly all stakeholders during the public hearings. A new approach is needed to stimulate French-language research and equip francophone researchers with the tools they need to advance knowledge. The federal government can take the lead, according to one organization dedicated to the advancement of science in French.

“We need to send a strong message: French in research is not only prestigious, it is also necessary for ensuring the health and safety of francophones.”

Acfas, November 4, 2024

Francophone post-secondary institutions outside Quebec are penalized when it comes to infrastructure and research funding.¹⁶⁴ The assistance provided by the CNFS is insufficient.¹⁶⁵ Many francophone researchers pursue their careers in English because there

¹⁵⁶ OLLO, [Evidence](#), April 15, 2024 (Josephine Etowa); and OLLO, [Evidence](#), April 15, 2024 (Julia Chai).

¹⁵⁷ OLLO, [Evidence](#), April 15, 2024 (GGM); OLLO, [Evidence](#), April 15, 2024 (Annie Pullen Sansfaçon); and OLLO, [Evidence](#), April 15, 2024 (Dr. Gail Ann Knudson).

¹⁵⁸ Health Canada, on behalf of the Minister of Mental Health and Addictions, [brief](#) to the Committee.

¹⁵⁹ OLLO, [Evidence](#), April 15, 2024 (GGM); and OLLO, [Evidence](#), October 28, 2024 (CNA).

¹⁶⁰ OLLO, [Evidence](#), April 15, 2024 (GGM); OLLO, [Evidence](#), April 15, 2024 (Dr. Gail Ann Knudson); and OLLO, [Evidence](#), September 23, 2024 (CPsyA).

¹⁶¹ OLLO, [Evidence](#), June 3, 2024 (RSIFEO); OLLO, [Evidence](#), September 23, 2024 (CPsyA); CPsyA, [response](#) to the Committee; and OLLO, [Evidence](#), October 28, 2024 (CNA).

¹⁶² OLLO, [Evidence](#), May 6, 2024 (Enchanté Network); and OLLO, [Evidence](#), June 3, 2024 (RIFM).

¹⁶³ OLLO, [Evidence](#), October 7, 2024 (AFMC).

¹⁶⁴ OLLO, [Evidence](#), November 27, 2023 (Suzanne Dupuis-Blanchard); OLLO, [Evidence](#), November 27, 2023 (Mario Paris); OLLO, [Evidence](#), May 27, 2024 (OLBI); and OLLO, [Evidence](#), November 4, 2024 (Acfas).

¹⁶⁵ OLLO, [Evidence](#), April 8, 2024 (University of Moncton).

is no incentive to do so in French, and they are penalized throughout the research cycle.¹⁶⁶ Then-Minister Boissonnault committed to improving the situation in the wake of changes made to the OLA and set up an advisory group to identify solutions and establish a long-term strategy.¹⁶⁷



Members of the Senate Committee hear about the results of the latest research conducted by the Institut du savoir Montfort.

CIHR's scientific publications are usually in English, and the success rate of applications submitted in French remains low.¹⁶⁸ Equity measures are needed when assessing applications, such as increased awareness of the realities of OLMCs.¹⁶⁹ CIHR has been taking steps to address this gap over the past few years. It has funded two teams of researchers to increase knowledge of OLMC issues, and it has invited researchers to submit their top project proposals through open competitions.¹⁷⁰ CIHR has implemented equalization measures to improve its ability to review applications in both official languages, recruit francophone and francophile reviewers, and increase the number of applications written in French.¹⁷¹ Despite these efforts, the results are inconclusive.

¹⁶⁶ OLLO, [Evidence](#), November 4, 2024 (Acfas); and OLLO, [Evidence](#), November 18, 2024 (Isabelle Giroux).

¹⁶⁷ OLLO, [Evidence](#), November 4, 2024 (Hon. Randy Boissonnault, P.C., M.P., Minister of Employment, Workforce Development and Official Languages); and Government of Canada, [Terms of Reference: External Advisory Panel on the Creation and Dissemination of Scientific Information in French](#); and OLLO, [Evidence](#), November 4, 2024 (Acfas).

¹⁶⁸ OLLO, [Evidence](#), May 15 2023 (VHN); VHN, [brief](#) to the Committee; and OLLO, [Evidence](#), April 29, 2024 (Dr. Bernard Leduc).

¹⁶⁹ VHN, [brief](#) to the Committee; OLLO, [Evidence](#), April 29, 2024 (Dr. Bernard Leduc); OLLO, [Evidence](#), November 4, 2024 (Acfas); and OLLO, [Evidence](#), November 18, 2024 (Isabelle Giroux).

¹⁷⁰ OLLO, [Evidence](#), November 18, 2024 (Canadian Institutes of Health Research [CIHR]); CIHR, [response](#) to the Committee; and Health Canada, on behalf of the Minister of Mental Health and Addictions, [brief](#) to the Committee.

¹⁷¹ OLLO, [Evidence](#), November 18, 2024 (CIHR).

A researcher who received CIHR grants commended these efforts, particularly the establishment of the OLMC health catalyst grants.¹⁷² However, other stakeholders would like to see more systematic practices, specific competitions or programs focused on implementation science.¹⁷³ One francophone researcher proposed making it mandatory to publish research abstracts in both official languages in all Canadian scientific journals.¹⁷⁴ Ideally, all research funded by federal granting agencies would be published in both languages.¹⁷⁵ Until this goal can be achieved, CIHR could draw inspiration from the GBA+ model by including a language component in all research grant applications.¹⁷⁶

As the Commissioner of Official Languages pointed out in a report published in October 2024, there is an obvious lack of reliable data on OLMCs.¹⁷⁷ This means that a language lens needs to be applied more systematically to health research. In medical research, OLMCs are often overlooked.¹⁷⁸ Research is needed to understand the health needs of marginalized communities living in minority situations.¹⁷⁹ In addition, there is a need to examine the development and deployment of technologies to reach OLMCs or to explore the potential of artificial intelligence, particularly in the areas of machine translation or professional interpretation.¹⁸⁰ Research could also help improve understanding of the language insecurity experienced by bilingual health care professionals and graduates, or the best way to train students in minority situations.¹⁸¹ In Quebec, the perspective of health care professionals is rarely taken into account in research; rather, it is

¹⁷² OLLO, [Evidence](#), November 27, 2023 (Frantz Siméon).

¹⁷³ OLLO, [Evidence](#), November 27, 2023 (Suzanne Dupuis-Blanchard); OLLO, [Evidence](#), November 27, 2023 (Mario Paris); OLLO, [Evidence](#), December 4, 2023 (Dr. Peter Tanuseputro); OLLO, [Evidence](#), December 4, 2023 (Jacinthe Savard); OLLO, [Evidence](#), December 4, 2023 (NSC); OLLO, [Evidence](#), April 8, 2024 (University of Moncton); OLLO, [Evidence](#), November 4, 2024 (Acfas); and RDÉE Canada, [brief](#) to the Committee.

¹⁷⁴ OLLO, [Evidence](#), November 18, 2024 (Isabelle Giroux).

¹⁷⁵ OLLO, [Evidence](#), November 18, 2024 (Isabelle Giroux).

¹⁷⁶ OLLO, [Evidence](#), November 27, 2023 (Suzanne Dupuis-Blanchard); OLLO, [Evidence](#), December 4, 2023 (Jacinthe Savard); OLLO, [Evidence](#), April 29, 2024 (Dr. Bernard Leduc); OLLO, [Evidence](#), May 6, 2024 (Dr. Richard Musto); OLLO, [Evidence](#), May 6, 2024 (Dialogue McGill); OLLO, [Evidence](#), May 6, 2024 (AFFC); and OLLO, [Evidence](#), November 18, 2024 (Isabelle Giroux).

¹⁷⁷ OCOL, [A shared future: A closer look at our official language minority communities](#), October 2024.

¹⁷⁸ OLLO, [Evidence](#), December 4, 2023 (Dr. Peter Tanuseputro).

¹⁷⁹ OLLO, [Evidence](#), May 8, 2023 (FFCB); OLLO, [Evidence](#), May 15, 2023 (AFANB); AFANB, [brief](#) to the Committee; OLLO, [Evidence](#), November 27, 2023 (Suzanne Dupuis-Blanchard); OLLO, [Evidence](#), April 15, 2024 (Josephine Etowa); OLLO, [Evidence](#), May 6, 2024 (Dr. Don Thiwanka Wijeratne); OLLO, [Evidence](#), May 6, 2024 (AFFC); OLLO, [Evidence](#), May 6, 2024 (Enchanté Network); OLLO, [Evidence](#), October 21, 2024 (FNQLHSSC); OLLO, [Evidence](#), October 28, 2024 (CNA); OLLO, [Evidence](#), November 18, 2024 (Isabelle Giroux); and QUESCREN, [brief](#) to the Committee.

¹⁸⁰ VHN, [brief](#) to the Committee; OLLO, [Evidence](#), December 4, 2023 (Dr. Peter Tanuseputro); OLLO, [Evidence](#), May 6, 2024 (Dr. Richard Musto); Ilene Hyman, [brief](#) to the Committee; OLLO, [Evidence](#), May 27, 2024 (Dr. José François); OLLO, [Evidence](#), September 16, 2024 (Innovation, Science and Economic Development Canada [ISED]); OLLO, [Evidence](#), September 23, 2024 (CPSyA); OLLO, [Evidence](#), October 21, 2024 (Sylvie Grosjean); OLLO, [Evidence](#), October 28, 2024 (CNA); and SSF, [brief](#) to the Committee.

¹⁸¹ OLLO, [Evidence](#), April 29, 2024 (Horizon Santé-Nord [HSN]); and OLLO, [Evidence](#), May 27, 2024 (Dr. José François).

seen as a way to understand how health reforms will affect them and to safeguard existing rights.¹⁸²

As a general rule, information should be shared more widely. OLMCs need to be involved in research projects and data collection, as they are in a better position to understand their own needs.¹⁸³ On the francophone side, the SSF and the Institut du savoir Montfort (ISM) have developed portals that bring together the latest tools, studies and information on French-language health care in Canada.¹⁸⁴ An anglophone research network in Quebec wants to replicate this model to better document access to health care for anglophone communities.¹⁸⁵ In addition, witnesses called for the creation of more research chairs or networks dedicated to OLMCs, the establishment of an observatory on French-language research, and support for scientific popularization in French.¹⁸⁶

Bilingual health care professionals

There is an acute shortage of health care professionals all across Canada, which has been intensified by the COVID-19 pandemic and the growing influx of newcomers. According to then-Minister Duclos, there are three ways to increase the number of health care professionals: immigration, training and foreign credential recognition.¹⁸⁷ The widespread shortage of health care professionals is further exacerbated by a lack of personnel who can provide services in both official languages. Access to bilingual health care professionals varies widely, but the need is greatest in remote regions. Members of the Senate Committee considered the full range of challenges involved in increasing capacity, from the initial training of health care professionals to the hiring and retention of these individuals.

Initial training and skills upgrading

Many witnesses supported the idea of training more bilingual professionals. In fact, the 2023–2028 Action Plan calls for increased support for the training of bilingual health personnel, particularly in nursing and personal care. Health Canada representatives recognized the importance of including modules on the needs of OLMCs and vulnerable communities when training health professionals.¹⁸⁸ Numerous witnesses requested that

¹⁸² QUESCREN, [brief](#) to the Committee.

¹⁸³ OLLO, [Evidence](#), April 29, 2024 (Suzanne Harrison); OLLO, [Evidence](#), September 23, 2024 (HWC); and OLLO, [Evidence](#), November 4, 2024 (Acfas).

¹⁸⁴ SSF, [Savoir-Santé en français](#); and Institut du Savoir Montfort, [Mobilization of Knowledge – Health and services in the minority official language](#).

¹⁸⁵ QUESCREN, [brief](#) to the Committee.

¹⁸⁶ OLLO, [Evidence](#), April 8, 2024 (University of Moncton); and OLLO, [Evidence](#), November 4, 2024 (Acfas).

¹⁸⁷ OLLO, [Evidence](#), April 17, 2023 (Hon. Jean-Yves Duclos, P.C., M.P., Minister of Health).

¹⁸⁸ OLLO, [Evidence](#), April 17, 2023 (Health Canada).

initial training include the obligation to provide adapted care.¹⁸⁹ In addition, training on the use of new health technologies would be useful for all professions.¹⁹⁰ These technologies could help institutions with linguistic obligations fulfill their responsibilities.¹⁹¹ The federal government could play a lead role in working with professional bodies to establish national training standards and change the culture within the health care system.¹⁹²

Skills upgrading supports both the transition of foreign-trained professionals and the professional development of individuals who studied in Canada. Since it can take a long time for credentials to be recognized, a simple, transparent and rapid requalification process should be encouraged.¹⁹³ In Alberta, it can take up to four years before a foreign-trained physician can practise medicine again.¹⁹⁴ In Ontario, there is no mechanism for identifying foreign-trained doctors who are ready to practise in the public sector.¹⁹⁵ Some provinces introduced provisional licenses during the COVID-19 pandemic, which involves combining a short skills upgrading and Canadian experience.¹⁹⁶ Then-Minister Boissonnault pointed out that the assessment times for internationally educated nurses dropped from 12 months to 6 weeks, and for dentists from two years to one year.¹⁹⁷ According to the SSF, health practices upgrading programs should be more accessible in both official languages.¹⁹⁸

Throughout Canada, the education received by health professionals should include language training, which would encourage service delivery in the minority language and help professionals maintain the skills they acquired.¹⁹⁹ In some fields, like psychology, no such training is available.²⁰⁰ Existing initiatives use a fragmented approach. New Brunswick's Regional Health Authorities offer training internally, but that does not

¹⁸⁹ OLLO, [Evidence](#), May 29, 2023 (BCRC); OLLO, [Evidence](#), April 15, 2024 (Julia Chai); OLLO, [Evidence](#), April 15, 2024 (GGM); OLLO, [Evidence](#), April 15, 2024 (Annie Pullen Sansfaçon); OLLO, [Evidence](#), April 29, 2024 (Suzanne Harrison); OLLO, [Evidence](#), April 29, 2024 (MHCC); OLLO, [Evidence](#), May 6, 2024 (Dr. Richard Musto); OLLO, [Evidence](#), May 6, 2024 (AFFC); OLLO, [Evidence](#), May 27, 2024 (OLBI); OLLO, [Evidence](#), June 3, 2024 (RIFM); OLLO, [Evidence](#), October 28, 2024 (CHWN); and HHN, [letter](#) to the Committee.

¹⁹⁰ OLLO, [Evidence](#), October 21, 2024 (Sylvie Grosjean).

¹⁹¹ HHN, [letter](#) to the Committee.

¹⁹² OLLO, [Evidence](#), April 15, 2024 (Julia Chai); and OLLO, [Evidence](#), April 15, 2024 (Dr. Gail Ann Knudson).

¹⁹³ OLLO, [Evidence](#), April 8, 2024 (University of Moncton); and OLLO, [Evidence](#), April 29, 2024 (Danielle de Moissac).

¹⁹⁴ OLLO, [Evidence](#), April 8, 2024 (University of Alberta).

¹⁹⁵ OLLO, [Evidence](#), May 6, 2024 (Dr. Don Thiwanka Wijeratne).

¹⁹⁶ OLLO, [Evidence](#), May 6, 2024 (Dr. Don Thiwanka Wijeratne); OLLO, [Evidence](#), November 4, 2024 (Hon. Randy Boissonnault, P.C., M.P., Minister of Employment, Workforce Development and Official Languages).

¹⁹⁷ OLLO, [Evidence](#), November 4, 2024 (Hon. Randy Boissonnault, P.C., M.P., Minister of Employment, Workforce Development and Official Languages).

¹⁹⁸ SSF, [brief](#) to the Committee.

¹⁹⁹ OLLO, [Evidence](#), April 24, 2023 (RSFS); OLLO, [Evidence](#), May 1, 2023 (CHSSN); OLLO, [Evidence](#), November 6, 2023 (CPMQ); OLLO, [Evidence](#), December 4, 2023 (Jacinthe Savard); OLLO, [Evidence](#), April 29, 2024 (Danielle de Moissac); OLLO, [Evidence](#), September 23, 2024 (CPsyA); CPsyA, [response](#) to the Committee; OLLO, [Evidence](#), October 7, 2024 (University of Moncton); OLLO, [Evidence](#), October 7, 2024 (Médecins francophones du Canada [MFC]); CMA, [letter](#) to the Committee; and OLLO, [Evidence](#), October 28, 2024 (CNA).

²⁰⁰ Association of Canadian Psychology Regulatory Organizations (ACPRO), [response](#) to the Committee.

guarantee the retention of bilingual personnel, who would be better prepared for the job market if language training was part of their initial training.²⁰¹ In some places, informal initiatives supported by health care networks have been implemented.²⁰² In other locations, partnerships with post-secondary institutions have been put in place.²⁰³ The SSF believes that more incentives are needed to facilitate retention in OLMCs.²⁰⁴

The Association des collèges et universités de la francophonie canadienne (ACUFC) has offered to take the lead on a national language training strategy.²⁰⁵ Faculties of medicine are prepared to coordinate their efforts.²⁰⁶ One project is being developed by the Cité universitaire francophone de Regina and the University of Manitoba, which will offer upgrading courses in French and medical terminology for first- and second-year students.²⁰⁷

In Quebec, experience has shown that professionals who take language training are more likely to interact with patients in English.²⁰⁸ Community organizations are interested in supporting training for bilingual professionals and rolling out interpretation services for patients.²⁰⁹

Language barriers to accessing the profession

Several language barriers prevent equitable access to licensed professions. In some cases, exams are not offered in French by the professional bodies.²¹⁰ Preparatory materials are often not available in French.²¹¹ In some instances, the quality of the French version of the exam is inferior, which affects the success rate.²¹² A prime example is the nursing profession, where the NCLEX exam became mandatory a few years ago in all provinces except Quebec. It has created significant barriers for francophone nurses; although steps have been taken to address these barriers, it is not possible to measure the progress.²¹³ Agreements are in place between the professional bodies in Quebec and New Brunswick to facilitate French-language testing and credentials recognition, but there are still

²⁰¹ VHN, [brief](#) to the Committee; and HHN, [letter](#) to the Committee.

²⁰² OLLO, [Evidence](#), March 18, 2024 (Government of Alberta); and OLLO, [Evidence](#), April 29, 2024 (Suzanne Harrison).

²⁰³ OLLO, [Evidence](#), March 18, 2024 (Government of the Northwest Territories); and OLLO, [Evidence](#), May 27, 2024 (OLBI).

²⁰⁴ SSF, [brief](#) to the Committee.

²⁰⁵ OLLO, [Evidence](#), April 8, 2024 (ACUFC).

²⁰⁶ OLLO, [Evidence](#), October 7, 2024 (AFMC).

²⁰⁷ OLLO, [Evidence](#), October 7, 2024 (AFMC).

²⁰⁸ OLLO, [Evidence](#), May 6, 2024 (Dialogue McGill).

²⁰⁹ OLLO, [Evidence](#), June 3, 2024 (Hugo Bissonnet).

²¹⁰ OLLO, [Evidence](#), May 8, 2023 (FFCB); OLLO, [Evidence](#), June 3, 2024 (RIFM).

²¹¹ OLLO, [Evidence](#), April 8, 2024 (Association des collèges et universités de la francophonie canadienne [ACUFC]); OLLO, [Evidence](#), April 8, 2024 (University of Moncton); OLLO, [Evidence](#), April 29, 2024 (Suzanne Harrison); OLLO, [Evidence](#), October 28, 2024 (CNA); and OLLO, [Evidence](#), October 28, 2024 (Groupe d'infirmières et infirmiers francophones du Nouveau-Brunswick [GIIFNB]).

²¹² OLLO, [Evidence](#), June 3, 2024 (RIFM); OLLO, [Evidence](#), October 28, 2024 (CNA); and OLLO, [Evidence](#), October 28, 2024 (GIIFNB).

²¹³ OLLO, [Evidence](#), May 15, 2023 (VHN); OLLO, [Evidence](#), April 8, 2024 (Boreal College); OLLO, [Evidence](#), April 8, 2024 (University of Moncton); OLLO, [Evidence](#), April 29, 2024 (Suzanne Harrison); OLLO, [Evidence](#), October 28, 2024 (CHWN); OLLO, [Evidence](#), October 28, 2024 (CNA); and OLLO, [Evidence](#), October 28, 2024 (GIIFNB).

administrative barriers to overcome.²¹⁴ Prince Edward Island has plans to replicate this system.²¹⁵ The language of the exam was also identified as a barrier in the medical and physiotherapy professions.²¹⁶

Furthermore, after passing the exam, professionals may be required to provide proof of English language proficiency, even if their language of work is or will be French.²¹⁷ In Manitoba, students who write the exam in French must pass an English language proficiency test and pay for it out of pocket.²¹⁸ In Prince Edward Island, the provincial government reimburses the cost of English-language tests for nurses who did their training in French.²¹⁹ Internationally trained nurses may be required to write two exams; success rates are low and administrative issues abound.²²⁰ Members of the physiotherapy profession would welcome financial support to cover the cost of licensing, entrance exams and language tests.²²¹

This combination of factors has a number of consequences: francophones are less likely to pass professional licensing exams; they are more likely to enrol in English-language training programs; and they are more likely to practise their profession in English. As a result, Canadians have unequal access to health care in their own language.

Several witnesses criticized the new rules in Quebec requiring mandatory proficiency in French to practise a licensed profession. Some doctors who come from anglophone communities, Indigenous communities or abroad do not have adequate knowledge of French; however, they cannot refuse to treat a patient in French. Some are reluctant to serve patients in English for fear of reprisal.²²² Despite the new rules, many Quebec organizations that work directly with patients believe that language should not be a discriminating factor.

²¹⁴ OLLO, [Evidence](#), April 8, 2024 (University of Moncton); OLLO, [Evidence](#), October 28, 2024 (CNA); and OLLO, [Evidence](#), October 28, 2024 (GIIFNB).

²¹⁵ RDÉE Canada, [brief](#) to the Committee.

²¹⁶ OLLO, [Evidence](#), May 27, 2024 (Dr. José François); and OLLO, [Evidence](#), September 23, 2024 (CPhyA).

²¹⁷ OLLO, [Evidence](#), June 3, 2024 (RIFM).

²¹⁸ OLLO, [Evidence](#), April 8, 2024 (ACUFC).

²¹⁹ Government of Prince Edward Island, [letter](#) to the Committee; and RDÉE Canada, [brief](#) to the Committee.

²²⁰ OLLO, [Evidence](#), June 3, 2024 (RIFM); and OLLO, [Evidence](#), October 28, 2024 (GIIFNB).

²²¹ OLLO, [Evidence](#), September 23, 2024 (CPhyA).

²²² OLLO, [Evidence](#), June 3, 2024 (James Robson).

“We must ... ensure that language is never an issue for any patient, in Canada or Quebec.”

Conseil pour la protection des malades du Québec, November 6, 2023

“The CMQ believes that nothing or nobody should interfere in the relationship between patients and their physician: clinicians see all patients as partners in their care, no matter their religion, political opinions, sexual orientation, gender identity or the language they speak. It is important that they understand and be understood by their physician, otherwise informed consent to care is impossible. ... In healthcare, what is vitally important is to focus on the patient’s care, not the language used by the patient and practitioner.”

Collège des médecins du Québec, October 3, 2024

“[A]s a Quebec professional association whose primary mission is to protect the public, we believe that, when it comes to providing health care, nurses have a professional obligation to provide health care and services to anyone who needs them. [...] The patient’s language should never be a barrier to treatment, and all necessary steps should be taken to ensure that the patient’s needs and situation are clearly understood.”

Ordre des infirmières et infirmiers du Québec, October 21, 2024

Both CHSSN and Dialogue McGill believe it is important to offer future professionals the opportunity to acquire the necessary language skills.²²³ Vision Percé-Gaspé Now suggested allowing anglophone health care professionals to enter the job market while deferring the mandatory French tests required by professional bodies.²²⁴ Some witnesses hoped that it would be possible to find ways to encourage graduates to stay in Quebec rather than move to other provinces where French proficiency is not mandatory.²²⁵

Foreign credential recognition

The foreign credential recognition process differs from one province or territory to another, and from one profession or trade to another. Foreign credential recognition is even more complex for licensed professions, such as health care professions. We have been aware of these problems for several years and they have been accentuated by an increase in immigration and labour shortages. Foreign credential recognition is indeed an area where

²²³ OLLO, [Evidence](#), May 1, 2023 (CHSSN); and OLLO, [Evidence](#), May 6, 2024 (Dialogue McGill).

²²⁴ OLLO, [Evidence](#), May 1, 2023 (VPGN).

²²⁵ OLLO, [Evidence](#), May 6, 2024 (Dialogue McGill); OLLO, [Evidence](#), October 7, 2024 (University of Moncton); OLLO, [Evidence](#), October 21, 2024 (FNQLHSSC); and FNQLHSSC, [brief](#) to the Committee.

collaboration is essential. The Senate Committee addressed this issue in its March 2023 report on francophone immigration.²²⁶

The federal government works with the provinces and territories, professional bodies and regulatory bodies to facilitate and accelerate foreign credential recognition.²²⁷ However, according to organizations working on the ground, major challenges must still be overcome to meet the needs of OLMCs and work must be accelerated.²²⁸ Labour needs and available jobs are not always aligned, and immigrants are not necessarily aware of the specific realities of OLMCs.²²⁹ In addition, the language issues associated with practising a profession must be examined, as language skills in the majority language are essential in a minority setting.²³⁰ Integration and retention are other important factors to consider.²³¹

In general, disparities exist in the capacity to attract and retain professionals in the field in which they have been trained. Agreements could be reached with source countries of francophone immigrants.²³² New Brunswick has done so for francophone nurses, who benefit from scholarships to reduce tuition fees.²³³ In addition, employers could play a more active role in the recruitment process.²³⁴ For example, the Vitalité Health Network has participated in international recruitment missions, with support from Opportunities New Brunswick and the University of Moncton.²³⁵ In Prince Edward Island, innovative recruitment practices are part of the provincial action plan for francophone immigration.²³⁶ In Ontario, foreign-trained nurses are exempt from the requirement to provide a

²²⁶ OLLO, *Francophone immigration to minority communities: Towards a bold, strong and coordinated approach*, 44th Parliament, 1st Session, March 2023, pp. 54–55.

²²⁷ OLLO, *Evidence*, November 4, 2024 (Hon. Randy Boissonnault, P.C., M.P., Minister of Employment, Workforce Development and Official Languages).

²²⁸ OLLO, *Evidence*, April 24, 2023 (SSF); OLLO, *Evidence*, May 8, 2023 (AFO); OLLO, *Evidence*, May 8, 2023 (FFCB); OLLO, *Evidence*, May 15, 2023 (VHN); OLLO, *Evidence*, November 6, 2023 (FCFA); OLLO, *Evidence*, April 8, 2024 (University of Moncton); OLLO, *Evidence*, April 29, 2024 (Centre de santé de Saint-Boniface [CSSB]); OLLO, *Evidence*, June 3, 2024 (RSIFEO); and RIFNB, *letter* to the Committee.

²²⁹ OLLO, *Evidence*, November 6, 2023 (FCFA); OLLO, *Evidence*, April 29, 2024 (Dr. Bernard Leduc); OLLO, *Evidence*, June 3, 2024 (RSIFEO); and RIFNB, *letter* to the Committee.

²³⁰ OLLO, *Evidence*, April 24, 2023 (SSF); OLLO, *Evidence*, November 6, 2023 (FCFA); OLLO, *Evidence*, April 8, 2024 (Boreal College); OLLO, *Evidence*, April 8, 2024 (University of Alberta); OLLO, *Evidence*, April 29, 2024 (Danielle de Moissac); OLLO, *Evidence*, April 29, 2024 (HSN); and OLLO, *Evidence*, June 3, 2024 (RIFM).

²³¹ OLLO, *Evidence*, May 15, 2023 (VHN); OLLO, *Evidence*, October 23, 2023 (Office of the Commissioner of Official Languages [OCOL]); OLLO, *Evidence*, June 3, 2024 (RSIFEO); and RIFNB, *letter* to the Committee.

²³² OLLO, *Evidence*, April 24, 2023 (SSF); OLLO, *Evidence*, November 6, 2023 (FCFA); OLLO, *Evidence*, June 3, 2024 (RIFM); and SSF, *brief* to the Committee.

²³³ OLLO, *Evidence*, May 1, 2023 (Office of the Commissioner of Official Languages for New Brunswick [OCOL–NB]); and OLLO, *Evidence*, April 8, 2024 (University of Moncton).

²³⁴ OLLO, *Evidence*, June 3, 2024 (RIFM).

²³⁵ OLLO, *Evidence*, May 15, 2023 (VHN); and OLLO, *Evidence*, April 8, 2024 (University of Moncton).

²³⁶ Government of Prince Edward Island, *letter* to the Committee.

diploma.²³⁷ In addition, language training could be offered to francophone immigrants prior to their arrival in Canada.²³⁸

The Fédération des communautés francophones et acadienne du Canada (FCFA) proposed the development of a fast-track gateway for francophone and bilingual health care workers, as was done in the education sector.²³⁹ This proposal was supported by a doctor and a number of physiotherapists.²⁴⁰ Saskatchewan implemented a similar system for foreign-trained nurses, and then-Minister Boissonnault praised its merits.

“Under Saskatchewan’s regulations and legislation, for every person who comes to that province, the ministry responsible for the workforce has 20 days to determine how their skills will be recognized in Saskatchewan. If they are not recognized, the ministry must determine what to do to ensure that they are. ... How was the minister able to do this? He went to the professional orders and associations and told them that they had to work with him, or he would pass legislation to authorize the province to regulate the professions.”

The Honourable Randy Boissonnault, November 4, 2024

In June 2023, the federal government changed the Express Entry system to make it easier to recruit skilled newcomers with work experience in health care fields and strong French proficiency.²⁴¹ However, this measure did not guarantee that professional bodies would automatically recognize their credentials. Bilateral health agreements have included a commitment to simplify the foreign credential recognition process for foreign-trained health care professionals. The SSF called for the establishment of a national framework with national standards and a well-defined interdepartmental framework.²⁴²

The recognition of diplomas should also apply to Canadian academics who studied abroad.²⁴³ In addition, representatives of all professions should be included in discussions on strategies to increase the number of health care professionals.²⁴⁴ Lastly, the FCFA called for more direct access to permanent residency for French-speaking health care workers.²⁴⁵ The 2024 *Policy on Francophone Immigration* does not include specific measures for

²³⁷ RDÉE Canada, [brief](#) to the Committee.

²³⁸ RDÉE Canada, [brief](#) to the Committee.

²³⁹ OLLO, [Evidence](#), November 6, 2023 (FCFA).

²⁴⁰ OLLO, [Evidence](#), April 29, 2024 (Dr. Bernard Leduc); and OLLO, [Evidence](#), September 23, 2024 (CPhyA).

²⁴¹ Government of Canada, [Category-based selection - Health workers](#).

²⁴² SSF, [brief](#) to the Committee.

²⁴³ OLLO, [Evidence](#), May 8, 2023 (AFO).

²⁴⁴ OLLO, [Evidence](#), September 23, 2024 (CPhyA).

²⁴⁵ OLLO, [Evidence](#), November 6, 2023 (FCFA).

recruiting francophone health care professionals, although it does commit to improving collaboration between the various partners.²⁴⁶

Support for graduates

There is no point in recruiting students to training programs if there are no professors to teach them. Francophone post-secondary institutions have difficulty recruiting professors and mentors who can train and support students.²⁴⁷ Conversely, professors who teach in minority settings have difficulty hiring francophone research assistants to support OLMC research.²⁴⁸ Challenges abound when it comes to training the next generation, as explained by the faculties of medicine.

“The more we support the graduation of French-speaking students, the more we will help guarantee future capacity to teach, provide preceptorships and offer clinical rotations in French, as well as ensure access to care in Canadians’ chosen minority official language.”

Association of Faculties of Medicine of Canada, October 7, 2024

Students in health care fields who intend to practise in OLMCs after graduation may receive support in the form of bursaries, internships or student loan forgiveness.²⁴⁹ This support can be useful in attracting them to remote regions, to in-demand professions or to organizations working with marginalized populations.²⁵⁰ For example, Collège La Cité has developed an “off-site living classroom” model that combines distance learning and on-site practice in the region.²⁵¹ However, in New Brunswick, fewer than half of nursing graduates who studied in French intend to practise in a francophone environment.²⁵² Formal mechanisms are needed across the country, according to the SSF.²⁵³

²⁴⁶ Government of Canada, *Policy on Francophone Immigration*, 2024.

²⁴⁷ OLLO, *Evidence*, April 29, 2024 (Danielle de Moissac); and OLLO, *Evidence*, April 29, 2024 (Suzanne Harrison).

²⁴⁸ OLLO, *Evidence*, November 4, 2024 (Acfas); and OLLO, *Evidence*, November 18, 2024 (Isabelle Giroux).

²⁴⁹ OLLO, *Evidence*, May 1, 2023 (CHSSN); OLLO, *Evidence*, May 29, 2023 (BCRC); OLLO, *Evidence*, April 8, 2024 (Boreal College); OLLO, *Evidence*, April 29, 2024 (Danielle de Moissac); OLLO, *Evidence*, May 27, 2024 (OLBI); Health Canada, on behalf of the Minister of Mental Health and Addictions, *brief* to the Committee; and Collège La Cité, *brief* to the Committee.

²⁵⁰ OLLO, *Evidence*, May 1, 2023 (CRC); OLLO, *Evidence*, May 1, 2023 (ACDPN); OLLO, *Evidence*, May 29, 2023 (BCRC); OLLO, *Evidence*, April 8, 2024 (University of Moncton); OLLO, *Evidence*, April 29, 2024 (HSN); OLLO, *Evidence*, May 6, 2024 (Dialogue McGill); OLLO, *Evidence*, September 23, 2024 (CPhyA); OLLO, *Evidence*, October 28, 2024 (CHWN); OLLO, *Evidence*, October 28, 2024 (CNA); OLLO, *Evidence*, November 4, 2024 (Hon. Randy Boissonnault, P.C., M.P., Minister of Employment, Workforce Development and Official Languages); and ESDC, *response* to the Committee.

²⁵¹ Collège La Cité, *brief* to the Committee.

²⁵² OLLO, *Evidence*, October 28, 2024 (GIIFNB).

²⁵³ SSF, *brief* to the Committee.

According to several doctors and a francophone college, students should participate in internships in minority settings throughout their schooling.²⁵⁴ The University of Ottawa and the University of Manitoba have developed simulated clinics that allow students to practise clinical interviews in French.²⁵⁵ This model could be replicated at all anglophone universities to reduce language insecurity and increase equitable access to health care.²⁵⁶ Some stakeholders also praised projects such as Franco Doc or Franco Santé, which facilitate using French and practising in a minority environment.²⁵⁷ Other stakeholders wanted to see increased efforts to recruit French immersion and international students.²⁵⁸ In fact, the ACUFC and its members expressed concern about how capping the number of study permits would affect the number of students enrolled in health care training programs for the 2024–25 and 2025–26 cohorts, as well as the provision of French-language services over the long term.²⁵⁹

Hiring and retaining bilingual professionals

A Canadian Academy of Health Sciences report showed that there is an imbalance in the distribution of francophone health care professionals and francophone patients.²⁶⁰ According to the SSF, bilingual health skills are underutilized across the country.²⁶¹ One of the SSF's members spoke about an undervaluation and under-optimization of resources.²⁶² Language should therefore be considered a professional skill and valued.²⁶³ Some witnesses suggested improving the collection of data on the language skills of health care professionals.²⁶⁴ The Government of Ontario recognized that more needs to be done to better align the distribution of available francophone health care professionals with the use of French-language services by patients.²⁶⁵

The Office of the Commissioner of Official Languages for New Brunswick (OCOL-NB) indicated that funding should be made available to hire bilingual personnel, as labour

²⁵⁴ OLLO, [Evidence](#), May 27, 2024 (Dr. José François); OLLO, [Evidence](#), October 7, 2024 (MFC); OLLO, [Evidence](#), October 7, 2024 (AFMC); and Collège La Cité, [brief](#) to the Committee.

²⁵⁵ OLLO, [Evidence](#), April 24, 2023 (RSFS); and OLLO, [Evidence](#), May 27, 2024 (Dr. José François).

²⁵⁶ OLLO, [Evidence](#), October 7, 2024 (AFMC); and OLLO, [Evidence](#), November 18, 2024 (Isabelle Giroux).

²⁵⁷ MACS-NB, [response](#) to the Committee; OLLO, [Evidence](#), April 29, 2024 (Suzanne Harrison); OLLO, [Evidence](#), October 7, 2024 (MFC); OLLO, [Evidence](#), October 7, 2024 (AFMC); and SSF, [brief](#) to the Committee.

²⁵⁸ OLLO, [Evidence](#), April 8, 2024 (University of Alberta); OLLO, [Evidence](#), April 29, 2024 (Danielle de Moissac); OLLO, [Evidence](#), May 27, 2024 (OLBI); OLLO, [Evidence](#), May 27, 2024 (Dr. José François); OLLO, [Evidence](#), October 7, 2024 (AFMC); and HHN, [letter](#) to the Committee.

²⁵⁹ OLLO, [Evidence](#), April 8, 2024 (ACUFC); OLLO, [Evidence](#), April 8, 2024 (Boreal College); OLLO, [Evidence](#), April 8, 2024 (University of Moncton); and Collège La Cité, [brief](#) to the Committee.

²⁶⁰ Canadian Academy of Health Sciences, *Canada's Health Workforce: Pathways Forward*, March 2023, p. 85; and OLLO, [Evidence](#), October 28, 2024 (CHWN).

²⁶¹ OLLO, [Evidence](#), April 24, 2023 (SSF); and SSF, [brief](#) to the Committee.

²⁶² OLLO, [Evidence](#), April 24, 2023 (RSSFEO).

²⁶³ OLLO, [Evidence](#), April 24, 2023 (SSF); and OLLO, [Evidence](#), May 27, 2024 (Dr. José François).

²⁶⁴ OLLO, [Evidence](#), May 15, 2023 (NBHC); and OLLO, [Evidence](#), May 8, 2023 (Office of the Ombudsman of Ontario [OOO]).

²⁶⁵ Government of Ontario, [brief](#) to the Committee.

shortages should not be used as an excuse for failing to meet language obligations.²⁶⁶ Ontario's French Language Services Commissioner also believes that the availability of French-language services should not depend solely on government investments.²⁶⁷ This can lead to unfortunate situations, such as long-term care homes with aging clients receiving care from anglophone staff members who do not understand their needs and experience high turnover. As a result, support for post-secondary institutions that train bilingual health care professionals is necessary.²⁶⁸

In Quebec, there are challenges affecting efforts to recruit and retain bilingual staff; remote regions and certain specialties are affected the most.²⁶⁹ Some bilingual professionals are moving to the private sector, particularly those working in mental health.²⁷⁰ People cannot exercise their language rights due to the limited human, financial and material resources available.²⁷¹

Language insecurity

A Statistics Canada study showed that a health care professional knowing an official language does not automatically mean that they use that language at work.²⁷² In fact, professionals who have the required language skills but who practise in a minority environment may feel anxious, overworked or ill-equipped to use these skills.²⁷³ This is also the case for graduates in health care professions.²⁷⁴ Incentives may be needed to convince them to use their language knowledge, such as bilingualism bonuses or language training.²⁷⁵ A project to tackle language insecurity is currently under way in Prince Edward Island.²⁷⁶ Although members of certain professions are more likely to offer services in French outside Quebec, with psychologists and family doctors at the top of the list, even for

²⁶⁶ OLLO, [Evidence](#), May 1, 2023 (OCOL-NB).

²⁶⁷ OLLO, [Evidence](#), May 8, 2023 (OOO).

²⁶⁸ OLLO, [Evidence](#), May 15, 2023 (AFANB); and AFANB, [brief](#) to the Committee.

²⁶⁹ OLLO, [Evidence](#), May 1, 2023 (CRC); OLLO, [Evidence](#), May 1, 2023 (VPGN); OLLO, [Evidence](#), May 29, 2023 (SAQ); OLLO, [Evidence](#), May 29, 2023 (Joanne Pocock); OLLO, [Evidence](#), November 6, 2023 (QCGN); OLLO, [Evidence](#), May 6, 2024 (Dialogue McGill); OLLO, [Evidence](#), June 3, 2024 (Hugo Bissonnet); and OLLO, [Evidence](#), October 7, 2024 (University of Moncton).

²⁷⁰ OLLO, [Evidence](#), May 6, 2024 (Dialogue McGill).

²⁷¹ OLLO, [Evidence](#), November 6, 2023 (CPMQ).

²⁷² Statistics Canada, [Knowledge and use of the official minority language at work by healthcare workers, 2001 to 2016](#), Catalogue no. 89-657-X2021005, May 10, 2021.

²⁷³ OLLO, [Evidence](#), April 29, 2024 (Danielle de Moissac); OLLO, [Evidence](#), April 29, 2024 (CSSB); OLLO, [Evidence](#), May 6, 2024 (AFFC); OLLO, [Evidence](#), May 27, 2024 (Dr. José François); OLLO, [Evidence](#), September 23, 2024 (PAM); and OLLO, [Evidence](#), October 21, 2024 (Sylvie Sylvestre).

²⁷⁴ OLLO, [Evidence](#), April 29, 2024 (HSN).

²⁷⁵ OLLO, [Evidence](#), April 29, 2024 (Danielle de Moissac); OLLO, [Evidence](#), April 29, 2024 (Suzanne Harrison); OLLO, [Evidence](#), April 29, 2024 (HSN); OLLO, [Evidence](#), May 6, 2024 (AFFC); OLLO, [Evidence](#), May 27, 2024 (OLBI); and OLLO, [Evidence](#), May 27, 2024 (Dr. José François).

²⁷⁶ Government of Prince Edward Island, [letter](#) to the Committee.

these professions the rate is below half.²⁷⁷ It would be useful to identify those who can offer these services.

Patients themselves may also experience language insecurity, as they may fear negative impacts on their health if they express themselves in their second language or, conversely, if they demand services in their own language.²⁷⁸ This insecurity leads them to hesitate or to refuse to seek medical help.²⁷⁹ Francophones outside Quebec, just like anglophones in Quebec, may face discrimination when their language fluency is less than perfect.²⁸⁰

Varying practices by profession and professionals' mobility

Many witnesses indicated that approaches should be standardized between provinces and territories and between professions, such as the establishment of a single national licensing exam.²⁸¹ Some professions have already done so, or are in the process of doing so.²⁸² For nursing, efforts to bring back national certification have failed; there is interest in doing so, but the professional bodies are not pursuing the matter.²⁸³ Then-Minister Boissonnault acknowledged that there was little desire for a national skills assessment system.²⁸⁴

Each professional body establishes its own language rules or requirements. Data compiled by the Canadian Health Workforce Network in 2020 and a response submitted by the Association of Canadian Psychology Regulatory Organizations demonstrate the extent to which requirements vary from province to province, even within the same profession.²⁸⁵ In Manitoba, psychologists write their exams in English, and proficiency in French is not required to practise; the provincial regulatory body does not have the resources to address the acute shortage of francophone psychologists.²⁸⁶ In New Brunswick, despite the language obligations imposed on professional bodies, no inventory of bilingual professionals is systematically created. For example, there is no inventory of bilingual nurses, but the language skills of physiotherapists are catalogued.²⁸⁷

²⁷⁷ SSF, [brief](#) to the Committee.

²⁷⁸ CHSSN, [brief](#) to the Committee.

²⁷⁹ OLLO, [Evidence](#), May 6, 2024 (Dialogue McGill).

²⁸⁰ OLLO, [Evidence](#), April 15, 2024 (Jude Mary Cénat); and OLLO, [Evidence](#), May 6, 2024 (Dialogue McGill).

²⁸¹ OLLO, [Evidence](#), April 24, 2023 (SSF); OLLO, [Evidence](#), April 8, 2024 (ACUFC); OLLO, [Evidence](#), April 8, 2024 (Boreal College); and CMA, [letter](#) to the Committee.

²⁸² OLLO, [Evidence](#), April 8, 2024 (Boreal College); OLLO, [Evidence](#), September 23, 2024 (CPsyA); and OLLO, [Evidence](#), September 23, 2024 (CPhyA).

²⁸³ OLLO, [Evidence](#), October 28, 2024 (CHWN); OLLO, [Evidence](#), October 28, 2024 (CNA); and OLLO, [Evidence](#), October 28, 2024 (GIIFNB).

²⁸⁴ OLLO, [Evidence](#), November 4, 2024 (Hon. Randy Boissonnault, P.C., M.P., Minister of Employment, Workforce Development and Official Languages).

²⁸⁵ CHWN, [Equity, Safety & Health Outcomes: The Case for a National Minimum Data Standard around Health Workforce Language Data in Canada](#); and ACPRO, [response](#) to the Committee.

²⁸⁶ ACPRO, [response](#) to the Committee; and OLLO, [Evidence](#), September 23, 2024 (PAM).

²⁸⁷ OLLO, [Evidence](#), April 29, 2024 (Suzanne Harrison); and OLLO, [Evidence](#), September 23, 2024 (CPhyA).

Furthermore, health care professionals must have access to equal opportunities, whether they trained in English or French.²⁸⁸ For example, francophone students who successfully complete an accredited program could be exempted from the entrance exam, which would accelerate the transition of bilingual professionals into the labour market.²⁸⁹ It would be necessary to facilitate credential recognition by the various professional bodies, and to encourage partnerships between them, particularly with Quebec.²⁹⁰ In addition, interprovincial mentoring programs could be developed.²⁹¹

According to the evidence and briefs, much work remains to be done to increase interprovincial mobility. Then-Minister Duclos and the Canadian Medical Association both indicated that they wished to build on initiatives such as the Atlantic Registry for physicians, which allows physicians and surgeons to practise in any of the Atlantic provinces.²⁹² Professional bodies and regulatory bodies must be encouraged to find solutions.²⁹³ Options could include establishing national standards or using virtual solutions.²⁹⁴ At this time, initiatives are being implemented in a piecemeal fashion, without a coordinated approach. According to ESDC representatives, sharing best practices will help bring about change.²⁹⁵ The current context, which has led to a focus on building a unified Canadian economy and improving labour mobility, provides an ideal opportunity to make advances in health care professions.²⁹⁶

In the mental health profession, significant strides have been made in ensuring that professionals can practise without geographical limitations.²⁹⁷ During the COVID-19 pandemic, the provinces and territories reached agreements to make virtual services available on a larger scale. This practice could be standardized.²⁹⁸ In addition, the federal government could adopt the model used for workforce development agreements to facilitate access to virtual care or to professionals who are able to offer services in the

²⁸⁸ OLLO, [Evidence](#), April 8, 2024 (Boreal College).

²⁸⁹ OLLO, [Evidence](#), April 8, 2024 (Boreal College); OLLO, [Evidence](#), April 8, 2024 (University of Moncton); and OLLO, [Evidence](#), April 29, 2024 (Suzanne Harrison).

²⁹⁰ OLLO, [Evidence](#), April 8, 2024 (Boreal College); OLLO, [Evidence](#), September 23, 2024 (PAM); and OLLO, [Evidence](#), October 7, 2024 (MFC).

²⁹¹ OLLO, [Evidence](#), September 23, 2024 (CPhyA).

²⁹² OLLO, [Evidence](#), April 17, 2023 (Hon. Jean-Yves Duclos, P.C., M.P., Minister of Health); and CMA, [letter](#) to the Committee.

²⁹³ OLLO, [Evidence](#), May 1, 2023 (OCOL-NB); OLLO, [Evidence](#), December 4, 2023 (Jacinte Savard); and OLLO, [Evidence](#), April 8, 2024 (Boreal College).

²⁹⁴ OLLO, [Evidence](#), May 8, 2023 (AFO); OLLO, [Evidence](#), September 23, 2024 (CPhyA); OLLO, [Evidence](#), October 21, 2024 (Sylvie Grosjean); and CMA, [letter](#) to the Committee.

²⁹⁵ OLLO, [Evidence](#), November 4, 2024 (ESDC).

²⁹⁶ Office of the Prime Minister, [Mandate Letter](#), May 21, 2025; and [Bill C-5, An Act to enact the Free Trade and Labour Mobility in Canada Act and the Building Canada Act](#), 45th Parliament, 1st Session.

²⁹⁷ OLLO, [Evidence](#), April 29, 2024 (MHCC); OLLO, [Evidence](#), May 27, 2024 (Dr. José François); OLLO, [Evidence](#), September 16, 2024 (ISED); OLLO, [Evidence](#), September 23, 2024 (CPsyA); OLLO, [Evidence](#), September 23, 2024 (PAM); and Health Canada, on behalf of the Minister of Mental Health and Addictions, [brief](#) to the Committee.

²⁹⁸ OLLO, [Evidence](#), April 29, 2024 (MHCC); OLLO, [Evidence](#), September 23, 2024 (CPsyA); and OLLO, [Evidence](#), September 23, 2024 (PAM).

minority language.²⁹⁹ It could also draw inspiration from the Interprovincial Standards Red Seal Program, which accelerates skills recognition for tradespeople.³⁰⁰

Language concordance measures

Language concordance contributes to the quality and safety of care. It can occur in different ways and to varying degrees. Witnesses and briefs touched on a few examples of best practices that the provinces and territories could draw on to improve health outcomes.

Positions and institutions designated as bilingual

According to the evidence heard, services in the minority language are not always available, even in institutions that are required by law to provide them. Rights are enshrined in the Constitution to protect and promote the equal status of both language communities in New Brunswick, while provincial laws guarantee the public's right to communicate and receive health services in the official language of their choice.³⁰¹ However, OCOL-NB still receives a significant number of complaints about the health care sector, particularly with regard to compliance with the language obligations of the regional health authorities.³⁰² Their internal policies imply that service quality is equal.³⁰³ However, in reality, francophones face greater barriers to access, prompting one New Brunswick organization to say that language should be an essential competency for positions to be filled.³⁰⁴

Ontario is an example of a province that has a well-developed legislative, regulatory and policy framework and a multitude of institutions, programs and initiatives to meet the health needs of francophones. However, it is estimated that between 2,500 and 3,500 designated bilingual positions remain unfilled or are staffed by private agency personnel lacking the required language skills, while personnel that could provide services in French hold non-designated positions.³⁰⁵ Some witnesses called on the province to increase the number of designated regions and institutions required to offer services in French.³⁰⁶ Ontario's French Language Services Commissioner acknowledged that existing obligations are poorly understood and that available resources must be optimized.³⁰⁷ The provincial government said that members of the public do not always know what health services are

²⁹⁹ OLLO, [Evidence](#), September 23, 2024 (PAM).

³⁰⁰ OLLO, [Evidence](#), November 4, 2024 (ESDC).

³⁰¹ [Canadian Charter of Rights and Freedoms](#), Part I of the *Constitution Act, 1982*, being Schedule B to the *Canada Act 1982*, c. 11 (U.K.), 1982, s. 16.1; [Official Languages Act](#), c. O-0.5, s. 33; and [Regional Health Authorities Act](#), 2011, c. 217, s. 19.

³⁰² OLLO, [Evidence](#), May 1, 2023 (OCOL-NB).

³⁰³ VHN, [brief](#) to the Committee; and HHN, [letter](#) to the Committee.

³⁰⁴ OLLO, [Evidence](#), May 15, 2023 (NBHC).

³⁰⁵ OLLO, [Evidence](#), April 24, 2023 (RSSFEO); OLLO, [Evidence](#), May 8, 2023 (AFO); and OLLO, [Evidence](#), April 29, 2024 (HSN).

³⁰⁶ OLLO, [Evidence](#), May 8, 2023 (AFO); OLLO, [Evidence](#), May 8, 2023 (OOO); and OLLO, [Evidence](#), April 29, 2024 (HSN).

³⁰⁷ OLLO, [Evidence](#), May 8, 2023 (OOO).

available in French.³⁰⁸ In designated institutions, the number of francophone clients can decrease.³⁰⁹ Work remains to be done with regard to strategic planning for the delivery of French-language services.

Hôpital Montfort is a case in point. Threatened with closure by the Government of Ontario in the late 1990s, this institution of vital importance to the francophone community was preserved and is now designated under provincial law to provide services in French. Some witnesses called for promoting the management of health institutions *by, for and with* OLMCs, as Hôpital Montfort has done.³¹⁰ In the fall of 2024, members of the Senate Committee visited the hospital. They met with members of the hospital's senior management team, who explained the challenges on the ground. During their visit, senators also met with ISM specialists, who gave them an update on the latest research findings on the health of OLMCs. Senators visited the new mental health emergency wing, designed to provide francophones in the National Capital Region with care adapted to their needs. They saw the ISM simulation laboratory, which gives health care graduates hands-on experience in a French-speaking environment. They also noted the benefits of the partnership between the Canadian Forces Health Services Centre Ottawa and Hôpital Montfort, which serves as a good example of the federal government's direct contribution to the development of OLMCs.

³⁰⁸ Government of Ontario, [brief](#) to the Committee.

³⁰⁹ OLLO, [Evidence](#), October 7, 2024 (MFC).

³¹⁰ OLLO, [Evidence](#), October 7, 2024 (MFC).



Members of the Senate Committee visit Hôpital Montfort.

Elsewhere, numerous gaps were found in terms of designated positions and institutions. In the Northwest Territories and Manitoba, while designated bilingual positions exist, they are not filled.³¹¹ Available positions need to be better promoted. Then-Minister Boissonnault acknowledged the need to incentivize managers of health care institutions to create bilingual positions and staff them with bilingual individuals.³¹² In Quebec, designated institutions are rare outside Montreal, and English-speaking communities are struggling to carve out a place for themselves.³¹³ Sometimes, there are no clear guidelines to deal with English-speaking patients and no English signage.³¹⁴

Interpretation services and translation of resources

Interpretation services are an effective solution for improving access to health services, but they do not replace the need for bilingual personnel.³¹⁵ These services are especially important for newcomers who do not have sufficient knowledge of the official languages or

³¹¹ OLLO, *Evidence*, April 24, 2023 (FFT); OLLO, *Evidence*, April 29, 2024 (CSSB); and OLLO, *Evidence*, June 3, 2024 (RIFM).

³¹² OLLO, *Evidence*, November 4, 2024 (Hon. Randy Boissonnault, P.C., M.P., Minister of Employment, Workforce Development and Official Languages).

³¹³ OLLO, *Evidence*, May 1, 2023 (CHSSN); OLLO, *Evidence*, May 29, 2023 (Joanne Pocock); OLLO, *Evidence*, November 6, 2023 (QCGN); and QCGN, *brief* to the Committee.

³¹⁴ OLLO, *Evidence*, June 3, 2024 (Steve Guimond).

³¹⁵ OLLO, *Evidence*, May 29, 2023 (Sarah Bowen); OLLO, *Evidence*, November 6, 2023 (CPMQ); OLLO, *Evidence*, May 6, 2024 (Dr. Richard Musto); OLLO, *Evidence*, May 6, 2024 (Dr. Don Thiwanka Wijeratne); and OLLO, *Evidence*, May 6, 2024 (Dialogue McGill).

for Indigenous peoples who need support.³¹⁶ OLMCs also rely on them when services are not available in their language.

According to witnesses, more needs to be done to promote available interpretation services. Across Canada, patients from all walks of life have a hard time accessing these services.³¹⁷ The three territorial governments discussed their importance, citing the example of CanTalk, but also criticized the lack of capacity in Indigenous languages.³¹⁸ In Alberta, patients can identify their interpretation needs once they are in the health care system, but these services are underutilized.³¹⁹ Ontario has a 1-800 number, but it is underutilized.³²⁰ In Quebec, services are provided in local community service centres, but elsewhere, the decision rests with the senior leadership of institutions.³²¹ Services are difficult to obtain because staff are unaware that they exist, capacity is insufficient or patient requests are not taken seriously.³²²

Most of the time, caregivers serve as interpreters. The pressure to understand and be understood therefore falls on their shoulders. This adds to their burden and raises issues with regard to the accuracy of what is being said, the confidentiality of information and an understanding of the treatment prescribed.³²³ In some situations, this could lead to discriminatory or coercive behaviour.³²⁴

This is why some witnesses advocate for professional interpretation to ensure the quality and safety of care.³²⁵ While machine translation tools can be useful, they do have their limitations and should therefore be used with caution or in a planned manner.³²⁶ They are

³¹⁶ OLLO, [Evidence](#), April 24, 2023 (RSFS); OLLO, [Evidence](#), December 4, 2023 (Dr. Peter Tanuseputro); OLLO, [Evidence](#), April 15, 2024 (HAAC); OLLO, [Evidence](#), April 15, 2024 (Julia Chai); OLLO, [Evidence](#), April 29, 2024 (HSN); OLLO, [Evidence](#), May 6, 2024 (Dr. Richard Musto); OLLO, [Evidence](#), May 6, 2024 (Dr. Don Thiwanka Wijeratne); and Ilene Hyman, [brief](#) to the Committee.

³¹⁷ OLLO, [Evidence](#), May 29, 2023 (SAQ); OLLO, [Evidence](#), May 29, 2023 (BCRC); OLLO, [Evidence](#), May 29, 2023 (Joanne Pocock); OLLO, [Evidence](#), April 15, 2024 (Julia Chai); and OLLO, [Evidence](#), May 6, 2024 (Dr. Richard Musto).

³¹⁸ OLLO, [Evidence](#), March 18, 2024 (Government of Yukon); OLLO, [Evidence](#), March 18, 2024 (Government of the Northwest Territories); and OLLO, [Evidence](#), March 18, 2024 (Government of Nunavut).

³¹⁹ OLLO, [Evidence](#), March 18, 2024 (Government of Alberta); and OLLO, [Evidence](#), May 6, 2024 (Dr. Richard Musto).

³²⁰ OLLO, [Evidence](#), May 6, 2024 (Dr. Don Thiwanka Wijeratne).

³²¹ OLLO, [Evidence](#), May 6, 2024 (Dialogue McGill).

³²² OLLO, [Evidence](#), June 3, 2024 (Hugo Bissonnet); OLLO, [Evidence](#), June 3, 2024 (Brittney Chabot); OLLO, [Evidence](#), June 3, 2024 (Steve Guimond); OLLO, [Evidence](#), June 3, 2024 (Kayla Kippen); and OLLO, [Evidence](#), June 3, 2024 (Chloe Régis).

³²³ OLLO, [Evidence](#), November 27, 2023 (Sylvie Larocque); OLLO, [Evidence](#), November 27, 2023 (Suzanne Dupuis-Blanchard); OLLO, [Evidence](#), December 4, 2023 (NSC); OLLO, [Evidence](#), May 6, 2024 (Dr. Richard Musto); OLLO, [Evidence](#), May 6, 2024 (Dr. Don Thiwanka Wijeratne); OLLO, [Evidence](#), May 6, 2024 (Dialogue McGill); OLLO, [Evidence](#), September 23, 2024 (CPsyA); and OLLO, [Evidence](#), October 21, 2024 (Sylvie Sylvestre).

³²⁴ OLLO, [Evidence](#), April 15, 2024 (Dr. Gail Ann Knudson); and OLLO, [Evidence](#), May 6, 2024 (Dr. Don Thiwanka Wijeratne).

³²⁵ OLLO, [Evidence](#), December 4, 2023 (Dr. Peter Tanuseputro); OLLO, [Evidence](#), March 18, 2024 (Government of Nunavut); OLLO, [Evidence](#), May 6, 2024 (Dr. Richard Musto); OLLO, [Evidence](#), May 6, 2024 (Dr. Don Thiwanka Wijeratne); OLLO, [Evidence](#), May 6, 2024 (Dialogue McGill); Ilene Hyman, [brief](#) to the Committee; OLLO, [Evidence](#), October 7, 2024 (University of Moncton); and OLLO, [Evidence](#), October 21, 2024 (Sylvie Sylvestre).

³²⁶ OLLO, [Evidence](#), May 29, 2023 (Sarah Bowen); OLLO, [Evidence](#), December 4, 2023 (Dr. Peter Tanuseputro); OLLO, [Evidence](#), May 6, 2024 (Dialogue McGill); and OLLO, [Evidence](#), October 7, 2024 (University of Moncton).

not intended to replace in-person services.³²⁷ In the Northwest Territories, for example, CanTalk is used as a last resort.³²⁸ Given their cost, these tools could receive federal government support to ensure their use.³²⁹ However, health care professionals may be reluctant to use them out of concern that it will increase their workload.³³⁰ In order to provide higher quality services for the entire population, there are calls to create international standards and incentives, as well as measures to train professionals on the use of these tools.³³¹ According to an Alberta physician, it is a question of equity.

“Both as an administrator and clinician, I have witnessed inequities in access to care and health outcomes related to poor communication stemming from limited proficiency in one of the official languages. I believe the effective implementation of barrier-free access to professional interpretation in all health care settings, including help lines and virtual clinics, to be a vital contribution to bringing the quality of care provided more in line with the principles of equity, inclusion and social justice.”

Dr. Richard Musto, May 6, 2024

Translating health resources is another good practice—one that Alberta is making a priority.³³² In public health, there are gaps in the availability of French-language services in certain provinces, while other provinces provide funding to have these resources translated.³³³ In Quebec, the lack of English documentation is a barrier to equitable access to care.³³⁴ The federal government could make translation a systematic practice or encourage the sharing of resources that have already been translated.³³⁵ In general, translating resources into several languages would improve the quality of services for the

³²⁷ SSF, [brief](#) to the Committee.

³²⁸ Government of the Northwest Territories, [response](#) to the Committee.

³²⁹ Government of Ontario, [brief](#) to the Committee; OLLO, [Evidence](#), May 6, 2024 (Dr. Richard Musto); OLLO, [Evidence](#), May 6, 2024 (Dialogue McGill); Ilene Hyman, [brief](#) to the Committee; and OLLO, [Evidence](#), October 7, 2024 (Réseau québécois de la télésanté [RQT]).

³³⁰ OLLO, [Evidence](#), May 6, 2024 (Dr. Richard Musto).

³³¹ OLLO, [Evidence](#), April 15, 2024 (Julia Chai); OLLO, [Evidence](#), April 29, 2024 (Danielle de Moissac); OLLO, [Evidence](#), May 6, 2024 (Dr. Richard Musto); Ilene Hyman, [brief](#) to the Committee; OLLO, [Evidence](#), September 23, 2024 (CPsyA); CPsyA, [response](#) to the Committee; OLLO, [Evidence](#), September 23, 2024 (CPhyA); OLLO, [Evidence](#), October 7, 2024 (AFMC); OLLO, [Evidence](#), October 7, 2024 (RQT); and CMA, [letter](#) to the Committee.

³³² OLLO, [Evidence](#), March 18, 2024 (Government of Alberta).

³³³ OLLO, [Evidence](#), April 24, 2023 (SSF); OLLO, [Evidence](#), May 8, 2023 (FFCB); and OLLO, [Evidence](#), March 18, 2024 (Government of Alberta).

³³⁴ CHSSN, [brief](#) to the Committee; OLLO, [Evidence](#), April 15, 2024 (GGM); and OLLO, [Evidence](#), June 3, 2024 (Steve Guimond).

³³⁵ OLLO, [Evidence](#), October 7, 2024 (University of Moncton); OLLO, [Evidence](#), June 3, 2024 (Hugo Bissonnet); and OLLO, [Evidence](#), June 3, 2024 (Steve Guimond).

entire population.³³⁶ New technologies can make it easier to access information in various languages.³³⁷

Linguistic identification of patients

Identifying patients based on their preferred language was an area of focus during the public hearings. According to researchers, data must be collected accurately and consistently.³³⁸ One physician suggested that CIHI could be involved in the efforts.³³⁹ In fact, this organization was open to finding solutions.

“At this time, we are exploring more efficient ways to collect this data. Possibilities include capturing preferred language for communication when a patient checks in for a scheduled appointment, during the health care visit itself and during the health card renewal process. Several jurisdictions (Prince Edward Island, New Brunswick, Quebec and the Northwest Territories) include language information in their processing of eligibility for health services within their province or territory.”

Canadian Institute for Health Information, November 18, 2024

A majority of francophones outside Quebec support the idea of a health card that identifies the patient’s preferred official language.³⁴⁰ For example, Prince Edward Island’s health cards include this information to better plan for the distribution of staff and to refer patients to appropriate resources.³⁴¹ Other provinces are looking into similar initiatives, which could receive financial support from the OLHP.³⁴² New Brunswick has recently taken steps in this regard.³⁴³ For nearly 10 years, this has been one of the key demands of the Assemblée de la francophonie de l’Ontario; the provincial government indicated that it was aware of the issue.³⁴⁴ The language variable could also be captured in electronic patient

³³⁶ OLLO, [Evidence](#), April 15, 2024 (Julia Chai); Ilene Hyman, [brief](#) to the Committee; and OLLO, [Evidence](#), October 7, 2024 (University of Moncton).

³³⁷ OLLO, [Evidence](#), May 6, 2024 (Dr. Don Thiwanka Wijeratne); and OLLO, [Evidence](#), October 7, 2024 (RQT).

³³⁸ OLLO, [Evidence](#), May 29, 2023 (Sarah Bowen); OLLO, [Evidence](#), November 27, 2023 (Suzanne Dupuis-Blanchard); OLLO, [Evidence](#), December 4, 2023 (Jacinthe Savard); and OLLO, [Evidence](#), October 21, 2024 (CIRLM).

³³⁹ OLLO, [Evidence](#), April 29, 2024 (Dr. Bernard Leduc).

³⁴⁰ Government of Canada, [Summary Report: Consultations on the renewal of the Official Languages Health Program 2023 - 2028](#), 2022.

³⁴¹ Government of Prince Edward Island, [letter](#) to the Committee; OLLO, [Evidence](#), April 17, 2023 (Health Canada); OLLO, [Evidence](#), April 24, 2023 (RSSFEO); OLLO, [Evidence](#), May 15, 2023 (MACS-NB); OLLO, [Evidence](#), October 21, 2024 (CIRLM); and SSF, [brief](#) to the Committee.

³⁴² OLLO, [Evidence](#), April 17, 2023 (Health Canada).

³⁴³ OLLO, [Evidence](#), March 18, 2024 (Government of Nova Scotia).

³⁴⁴ OLLO, [Evidence](#), May 8, 2023 (AFO); and Government of Ontario, [brief](#) to the Committee.

records, which is considered an effective means of encouraging an active offer of services.³⁴⁵

Inventory of available human resources or services

Identifying professionals who are able to provide minority-language services was also an area of focus during the public hearings. At this point, we do not have a clear picture of the situation, although the study promised by Statistics Canada could shed some light, along with the efforts of CIHI and its partners.³⁴⁶ Some professional bodies collect this data, but do not automatically publish it.³⁴⁷ Few of them properly assess language skills.³⁴⁸ If bilingual workforce data is not made public, it is difficult to plan for the provision of services.³⁴⁹ That is why a physician called for a dynamic repository of professionals and the languages they speak.³⁵⁰ Another physician suggested that a directory of bilingual professionals would help family physicians become more aware of specialized resources capable of providing services in the patient's language.³⁵¹ In terms of mental health, a national inventory of bilingual professionals could be useful.³⁵²

Outside Quebec, francophone communities lack information on French-speaking or bilingual professionals.³⁵³ While most of the health networks that appeared before the Senate Committee have developed a province-wide directory, registration of professionals or services remains voluntary. In Alberta, a directory will be developed by the provincial government within the next two years.³⁵⁴ Ontario has a database on French-language health care services, and professional bodies collect data on the language skills of their members, but more needs to be done to gauge demand and make the information accessible.³⁵⁵ A geoportal designed *by* and *for* francophones has already helped to identify the availability of services in French, but it is no longer being funded.³⁵⁶ In light of new

³⁴⁵ OLLO, [Evidence](#), May 15, 2023 (MACS-NB); OLLO, [Evidence](#), November 27, 2023 (Suzanne Dupuis-Blanchard); OLLO, [Evidence](#), May 6, 2024 (Dr. Don Thiwanika Wijeratne); OLLO, [Evidence](#), September 23, 2024 (CPsyA); and OLLO, [Evidence](#), October 21, 2024 (CIRLM).

³⁴⁶ OLLO, [Evidence](#), December 4, 2023 (Jacinthe Savard); Statistics Canada, [brief](#) to the Committee; OLLO, [Evidence](#), September 23, 2024 (HWC); and OLLO, [Evidence](#), October 28, 2024 (CHWN).

³⁴⁷ OLLO, [Evidence](#), September 23, 2024 (CPhyA), OLLO, [Evidence](#), September 23, 2024 (HWC); OLLO, [Evidence](#), October 21, 2024 (CIRLM); and OLLO, [Evidence](#), October 28, 2024 (CHWN).

³⁴⁸ OLLO, [Evidence](#), October 28, 2024 (CHWN).

³⁴⁹ OLLO, [Evidence](#), April 29, 2024 (Danielle de Moissac); OLLO, [Evidence](#), May 27, 2024 (Dr. José François); OLLO, [Evidence](#), September 23, 2024 (HWC); and OLLO, [Evidence](#), October 28, 2024 (CHWN).

³⁵⁰ OLLO, [Evidence](#), May 6, 2024 (Dr. Don Thiwanika Wijeratne).

³⁵¹ OLLO, [Evidence](#), May 27, 2024 (Dr. José François).

³⁵² Health Canada, on behalf of the Minister of Mental Health and Addictions, [brief](#) to the Committee.

³⁵³ OLLO, [Evidence](#), November 6, 2023 (FCFA); OLLO, [Evidence](#), October 21, 2024 (CIRLM); and RDÉE Canada, [brief](#) to the Committee.

³⁵⁴ OLLO, [Evidence](#), March 18, 2024 (Government of Alberta).

³⁵⁵ Government of Ontario, [brief](#) to the Committee; OLLO, [Evidence](#), April 29, 2024 (Danielle de Moissac); and OLLO, [Evidence](#), October 28, 2024 (CHWN).

³⁵⁶ OLLO, [Evidence](#), October 28, 2024 (CHWN).

practices, a central portal on available telemedicine services could be established.³⁵⁷ On a smaller scale, nursing graduates from Campus Saint-Jean and the University of Moncton wear badges identifying their ability to provide services in French, an initiative appreciated by elderly patients.³⁵⁸

In Quebec, the staff at institutions with language obligations to the English-speaking population is not necessarily aware of its responsibilities with regard to providing services in English.³⁵⁹ Some community organizations help make it easier to identify staff members who can provide services in English by having them wear badges.³⁶⁰

Evidence also supported the overwhelming need for the referral of patients who sometimes have difficulty navigating the health care system. Many witnesses cited Quebec's patient navigator model.³⁶¹ Outside Quebec, witnesses spoke instead about French-language health care navigators or coordinators.³⁶² These resources provide assistance with navigation, interpretation, transportation or accommodation. In Quebec, however, this support is allegedly in jeopardy, as Health Canada is nervous about interfering with the provincial government's role in health service delivery.³⁶³

Linguistic challenges associated with new practices

In recent years, a number of practices have emerged in the health care sector, such as the more frequent use of telemedicine, artificial intelligence or private services, which has impacted the organization of the health care system on several levels. Members of the Senate Committee considered how official languages are taken into account in this changing environment.

Telemedicine, virtual care and artificial intelligence

The growth of virtual care is unprecedented and was accelerated during the COVID-19 pandemic. This type of care requires the expertise of numerous partners and continues to be fragmented, with each professional body deciding on its own telehealth practices. These services lead to innovation and efficiency, but they may run into significant accessibility

³⁵⁷ OLLO, [Evidence](#), October 21, 2024 (Sylvie Grosjean).

³⁵⁸ OLLO, [Evidence](#), April 8, 2024 (University of Alberta); OLLO, [Evidence](#), April 29, 2024 (Suzanne Harrison); and OLLO, [Evidence](#), October 21, 2024 (Sylvie Sylvestre).

³⁵⁹ OLLO, [Evidence](#), May 1, 2023 (CRC).

³⁶⁰ OLLO, [Evidence](#), May 1, 2023 (VPGN); OLLO, [Evidence](#), June 3, 2024 (Hugo Bissonnet); and OLLO, [Evidence](#), June 3, 2024 (Kayla Kippen).

³⁶¹ OLLO, [Evidence](#), May 1, 2023 (CRC); OLLO, [Evidence](#), May 1, 2023 (VPGN); OLLO, [Evidence](#), May 29, 2023 (Joanne Pocock); OLLO, [Evidence](#), May 29, 2023 (BCRC); OLLO, [Evidence](#), June 3, 2024 (Brittney Chabot); OLLO, [Evidence](#), June 3, 2024 (Steve Guimond); OLLO, [Evidence](#), June 3, 2024 (Kayla Kippen); and OLLO, [Evidence](#), June 3, 2024 (James Robson).

³⁶² OLLO, [Evidence](#), December 4, 2023 (Jacinthe Savard); and OLLO, [Evidence](#), March 18, 2024 (Government of Alberta).

³⁶³ OLLO, [Evidence](#), June 3, 2024 (CHSSN).

challenges. The availability of telemedicine is dependent on Internet access, which is not yet available in all parts of the country.

According to ISEDC, while some telehealth needs are already met with minimum Internet connection speeds across the country, other more specialized uses require greater capacity.³⁶⁴ The department stated that the biggest challenges are not linked to Internet access, but rather the training of professionals, job regulations, security and privacy.³⁶⁵ According to the Competition Bureau, the right balance must be achieved between affordability of Internet services and incentives to expand access to all regions.³⁶⁶

OLMCs are generally in favour of telemedicine, as are researchers interested in this issue.³⁶⁷ The development of a pan-Canadian strategy for the provision of virtual care in OLMCs was among the topics discussed during consultations conducted by Health Canada in 2022. Some provinces are focusing on telemedicine to improve the delivery of services in French.³⁶⁸ Often, telemedicine increases access to specialty care.³⁶⁹ Ontario and Prince Edward Island cited their bilingual telehealth lines as examples.³⁷⁰ Alberta acknowledged the need to include a francophone lens in emerging practices.³⁷¹ In Manitoba, approximately 30% of family physicians have integrated virtual care into their practice.³⁷² In New Brunswick, there are expectations for technological solutions to be adapted to the province's bilingual context.³⁷³

³⁶⁴ OLLO, [Evidence](#), September 16, 2024 (ISEDC).

³⁶⁵ OLLO, [Evidence](#), September 16, 2024 (ISEDC).

³⁶⁶ OLLO, [Evidence](#), October 7, 2024 (CBC).

³⁶⁷ OLLO, [Evidence](#), April 24, 2023 (SSF); OLLO, [Evidence](#), April 24, 2023 (RSSFEO); OLLO, [Evidence](#), May 15, 2023 (FAAFC); OLLO, [Evidence](#), November 27, 2023 (Sylvie Larocque); OLLO, [Evidence](#), April 15, 2024 (Dr. Gail Ann Knudson); OLLO, [Evidence](#), October 7, 2024 (University of Moncton); and OLLO, [Evidence](#), October 21, 2024 (Sylvie Grosjean).

³⁶⁸ OLLO, [Evidence](#), May 8, 2023 (FFCB); OLLO, [Evidence](#), April 8, 2024 (University of Alberta); and OLLO, [Evidence](#), May 6, 2024 (AFFC).

³⁶⁹ OLLO, [Evidence](#), October 28, 2024 (CNA).

³⁷⁰ Government of Prince Edward Island, [letter](#) to the Committee; Government of Ontario, [brief](#) to the Committee.

³⁷¹ OLLO, [Evidence](#), April 8, 2024 (University of Alberta).

³⁷² OLLO, [Evidence](#), May 27, 2024 (Dr. José François).

³⁷³ OLLO, [Evidence](#), October 21, 2024 (CIRLM).



Members of the Senate Committee visit the Institut du savoir Montfort's Simulation Centre, which incorporates artificial intelligence into its training.

Then-Minister Duclos recognized that telemedicine and virtual health care can contribute to greater efficiency, speed and equity in health care delivery if they are used correctly.³⁷⁴ These solutions have the potential to reach remote populations and expand the pool of available bilingual professionals. They can help break down geographical barriers to health care access or facilitate the use of professional interpretation.³⁷⁵ They must be developed in partnership with communities and post-secondary institutions.³⁷⁶

Some believe that while virtual care complements existing services, it does not replace the need for health care professionals.³⁷⁷ Instead, these services should be integrated into the existing service offering.³⁷⁸ OCOL-NB indicated that these technologies do not pose a risk to patients' health or safety; equitable access to services of equal quality must be at the centre of decisions.³⁷⁹ The regional francophone health authority noted that technology platforms supporting health services are developed in English and that the quality of the French is not always good.³⁸⁰ The regional anglophone authority called for greater efforts to

³⁷⁴ OLLO, [Evidence](#), April 17, 2023 (Hon. Jean-Yves Duclos, P.C., M.P., Minister of Health).

³⁷⁵ OLLO, [Evidence](#), May 29, 2023 (Sarah Bowen); OLLO, [Evidence](#), October 7, 2024 (RQT); and OLLO, [Evidence](#), October 28, 2024 (CNA).

³⁷⁶ Collège La Cité, [brief](#) to the Committee.

³⁷⁷ OLLO, [Evidence](#), April 24, 2023 (SSF); OLLO, [Evidence](#), May 29, 2023 (Joanne Pocock); OLLO, [Evidence](#), December 4, 2023 (NSC); OLLO, [Evidence](#), April 29, 2024 (HSN); OLLO, [Evidence](#), April 29, 2024 (CSSB); OLLO, [Evidence](#), May 27, 2024 (OLBI); OLLO, [Evidence](#), May 27, 2024 (Dr. José François); and SSF, [brief](#) to the Committee.

³⁷⁸ OLLO, [Evidence](#), October 21, 2024 (Sylvie Grosjean).

³⁷⁹ OLLO, [Evidence](#), May 1, 2023 (OCOL-NB).

³⁸⁰ OLLO, [Evidence](#), May 15, 2023 (VHN); and VHN, [brief](#) to the Committee.

make bilingual services more widely available.³⁸¹ That said, members of some professions recognize the long-term potential of a hybrid model, which can generate health outcomes comparable to in-person services.³⁸²

Furthermore, OLMCs have a lower level of digital literacy and lack access to broadband services.³⁸³ ISEDC is working with its partners to improve connectivity for Canadians, but acknowledges that more work must be done to address needs.³⁸⁴ Its digital skills development program is designed for OLMCs and seniors, among others.³⁸⁵ Seniors need support, but initiatives to alleviate isolation are promising and could improve home care and continuity of care.³⁸⁶ In general, if patients clearly understand instructions and are involved in the development of technological solutions, they will adopt good health behaviours and achieve better outcomes.³⁸⁷

Nova Scotia is counting on digital solutions to improve the provision of services in French, particularly for mental health care, and this commitment is included in the health agreement signed with the federal government.³⁸⁸ However, the representative from this province acknowledged that better promotion is required among francophones.³⁸⁹ Evidence and briefs also highlighted the importance of training health professionals on the use of these new tools.³⁹⁰ The University of Moncton has developed ongoing training in this area.³⁹¹ This involves combining virtual care with knowledge of local realities in order to provide patients with the best possible support.³⁹² In Quebec, the Réseau québécois de la télésanté provides solutions for accessing virtual services in the public health network. These solutions reduce costs, travel and the length of hospital stays by encouraging patient autonomy.³⁹³

Artificial intelligence has the potential to meet certain health care challenges, but it rarely takes into account the realities of marginalized groups, and more work needs to be done to ensure its reliability. Witnesses urged OLMCs to participate in the development of these

³⁸¹ HHN, [letter](#) to the Committee.

³⁸² OLLO, [Evidence](#), September 23, 2024 (CPsyA); and OLLO, [Evidence](#), September 23, 2024 (CPhyA).

³⁸³ OLLO, [Evidence](#), May 15, 2023 (FAAFC); OLLO, [Evidence](#), September 23, 2024 (CPsyA); CPsyA, [response](#) to the Committee; and OLLO, [Evidence](#), October 7, 2024 (RQT).

³⁸⁴ OLLO, [Evidence](#), September 16, 2024 (ISEDC).

³⁸⁵ ISEDC, [response](#) to the Committee.

³⁸⁶ OLLO, [Evidence](#), May 15, 2023 (FAAFC); OLLO, [Evidence](#), May 15, 2023 (Carrefour 50+ British Columbia); OLLO, [Evidence](#), May 6, 2024 (Dr. Don Thiwanka Wijeratne); and OLLO, [Evidence](#), October 21, 2024 (Sylvie Grosjean).

³⁸⁷ OLLO, [Evidence](#), October 7, 2024 (RQT); OLLO, [Evidence](#), October 21, 2024 (Sylvie Grosjean); and SSF, [brief](#) to the Committee.

³⁸⁸ OLLO, [Evidence](#), March 18, 2024 (Government of Nova Scotia).

³⁸⁹ OLLO, [Evidence](#), March 18, 2024 (Government of Nova Scotia).

³⁹⁰ Government of Ontario, [brief](#) to the Committee; OLLO, [Evidence](#), April 29, 2024 (MHCC); OLLO, [Evidence](#), May 27, 2024 (OLBI); and OLLO, [Evidence](#), October 28, 2024 (CNA).

³⁹¹ University of Moncton, [Telehealth](#); and OLLO, [Evidence](#), October 7, 2024 (University of Moncton).

³⁹² OLLO, [Evidence](#), September 23, 2024 (CPsyA); and OLLO, [Evidence](#), September 23, 2024 (CPhyA).

³⁹³ OLLO, [Evidence](#), October 7, 2024 (RQT).

tools.³⁹⁴ Others called for guidelines to be developed on the use of artificial intelligence in health care.³⁹⁵ Then-Minister Boissonnault recognized the need to ensure francophone visibility on these platforms.³⁹⁶ The University of Moncton is taking part in projects to improve access to health care services, particularly in family medicine.³⁹⁷ Machine translation tools are used in certain professions, but some people recognize the limitations of such tools, including quality issues that can arise in the absence of minimum knowledge of the languages used.³⁹⁸

According to the response received from ISEDC, there is no indication that the needs of OLMCs have been taken into consideration in the *Pan-Canadian Artificial Intelligence Strategy*.³⁹⁹ The department only mentioned requirements related to communications with the public.⁴⁰⁰ According to a researcher at the University of Ottawa, if no effort is made to develop artificial intelligence tools *by* and *for* francophones, then this could result in medical errors.

“I think we need to think hard about how we can identify and better identify francophones within the existing data. ... I think that, until we have robust francophone databases, there’s going to be a risk around training AI systems, because they’ll be trained on available data, which is incomplete. That could have significant consequences for people’s health, such as delayed diagnoses, inappropriate treatment plans and so on.”

Sylvie Grosjean, October 21, 2024

In short, new technologies could fill the gaps in access to minority-language health services, according to a specialized health human resources network.

“Ultimately, you would choose sort of a multi-pronged approach to address the gap in the availability of services. The first would be to increase the proportion of health care professionals who could provide services in French in those communities. Second, you could have interpreters or you could use different forms of AI in a very systematic way. The third would be partnering up communities that

³⁹⁴ OLLO, [Evidence](#), April 24, 2023 (SSF); and OLLO, [Evidence](#), October 21, 2024 (Sylvie Grosjean).

³⁹⁵ OLLO, [Evidence](#), October 28, 2024 (CNA).

³⁹⁶ OLLO, [Evidence](#), November 4, 2024 (Hon. Randy Boissonnault, P.C., M.P., Minister of Employment, Workforce Development and Official Languages).

³⁹⁷ OLLO, [Evidence](#), April 8, 2024 (University of Moncton).

³⁹⁸ OLLO, [Evidence](#), September 23, 2024 (CPhyA); OLLO, [Evidence](#), October 7, 2024 (University of Moncton); and OLLO, [Evidence](#), October 28, 2024 (CNA).

³⁹⁹ ISEDC, [response](#) to the Committee; and Government of Canada, [Pan-Canadian Artificial Intelligence Strategy](#).

⁴⁰⁰ ISEDC, [response](#) to the Committee.

have a francophone population but not francophone health care providers through telemedicine in a much more systematic way than the ad hoc way that currently we have.”

Canadian Health Workforce Network, October 28, 2024

Privatization of services

The privatization of health care services may raise concerns for OLMCs, whose language rights are not protected outside public institutions.⁴⁰¹ In long-term care homes, the privatization of services is on the rise.⁴⁰² Then-Minister Duclos made it clear that the federal government’s role was limited to funding public care and that it can deduct its contribution to health transfers if the provinces and territories opt to privatize services.⁴⁰³ The FCFA noted that language will never be a priority for private institutions unless specific conditions are imposed through contracts.⁴⁰⁴ It is therefore necessary to ensure ongoing monitoring of the health reforms currently under way, and to consider adding language clauses to avoid eroding existing language rights.

Essential collaboration among all partners

It will be difficult for OLMCs to achieve better health outcomes without effective collaboration among all partners. Solutions require the involvement of the federal government, provinces and territories, municipalities, professional bodies, accreditation bodies, post-secondary institutions, health care institutions, health care professionals and the OLMCs themselves. While the federal government is already investing in capacity building for community organizations and post-secondary institutions, the evidence heard and briefs received suggest that more needs to be done.

Essential support for community organizations

Since the spring of 2023, the Senate Committee has met with a wide range of organizations from different regions and sectors. These organizations have called for capacity building and greater financial support.⁴⁰⁵ Many have asked that health networks, immigration networks and community organizations be recognized as partners in the delivery of services

⁴⁰¹ OLLO, [Evidence](#), April 24, 2023 (RSSFEO); OLLO, [Evidence](#), October 21, 2024 (Sylvie Grosjean); and OLLO, [Evidence](#), October 21, 2024 (CIRLM).

⁴⁰² OLLO, [Evidence](#), November 27, 2023 (Mario Paris).

⁴⁰³ OLLO, [Evidence](#), April 17, 2023 (Hon. Jean-Yves Duclos, P.C., M.P., Minister of Health).

⁴⁰⁴ OLLO, [Evidence](#), November 6, 2023 (FCFA).

⁴⁰⁵ OLLO, [Evidence](#), April 24, 2023 (SSF); OLLO, [Evidence](#), May 15, 2023 (MACS-NB); OLLO, [Evidence](#), May 29, 2023 (SAQ); OLLO, [Evidence](#), November 6, 2023 (FCFA); OLLO, [Evidence](#), May 6, 2024 (AFFC); and RDÉE Canada, [brief](#) to the Committee.

to OLMCs.⁴⁰⁶ New Brunswick’s regional health authorities recognize the essential collaboration of OLMCs in meeting their linguistic obligations in health care and improving French-language health care.⁴⁰⁷ The Government of Ontario established a French Language Health Services Advisory Council, which includes organizations from OLMCs.⁴⁰⁸

The 2023–2028 Action Plan was unveiled after the public hearings began and provided for an increase in core funding for community organizations, but the specific impacts on health care organizations are not yet known. In 2025, funding was announced for SSF and CHSSN projects,⁴⁰⁹ but a full overview of the funding allocated to organizations under the OLHP is not yet available. While Health Canada is the main funding body, money may also come from other federal institutions for specific projects in certain sectors. Provincial and territorial governments may also support the work done by organizations, but they do so unequally or primarily in areas affecting the majority of the population. According to the Commissioner of Official Languages, the needs of OLMCs may vary and require different measures.⁴¹⁰

At the federal level, the problem lies in stable, long-term funding. Many witnesses criticized one-time or project-specific funding, which does not allow for the planning of sustainable action.⁴¹¹ There is a lack of alignment between the projects funded, the work done by organizations on the ground and the managers making the decisions. When communities are in close contact with decision makers, this leads to better outcomes.⁴¹² While there is no guarantee that previously funded innovative projects will continue to receive funding, several witnesses called for successful measures to be maintained.⁴¹³ Moreover, the burden imposed on community organizations in terms of transparency is significant, and there is no guarantee that funding will be shared equitably.⁴¹⁴ Witnesses also called for assistance to

⁴⁰⁶ OLLO, [Evidence](#), April 24, 2023 (RSNÉ); OLLO, [Evidence](#), May 1, 2023 (CHSSN); OLLO, [Evidence](#), May 1, 2023 (CRC); OLLO, [Evidence](#), May 1, 2023 (VPGN); OLLO, [Evidence](#), May 1, 2023 (ACDPN); OLLO, [Evidence](#), May 15, 2023 (MACS-NB); OLLO, [Evidence](#), May 29, 2023 (Joanne Pocock); OLLO, [Evidence](#), March 18, 2024 (Government of the Northwest Territories); OLLO, [Evidence](#), April 29, 2024 (Danielle de Moissac); OLLO, [Evidence](#), June 3, 2024 (RSIFEO); and RIFNB, [letter](#) to the Committee.

⁴⁰⁷ VHN, [brief](#) to the Committee; and HHN, [letter](#) to the Committee.

⁴⁰⁸ Government of Ontario, [brief](#) to the Committee.

⁴⁰⁹ Government of Canada, [Government of Canada improves access to health services for Francophone minority communities](#), Backgrounder, July 22, 2025; and Government of Canada, [Government of Canada improves access to health services for Anglophone minority communities in Quebec](#), Backgrounder, October 2025.

⁴¹⁰ OLLO, [Evidence](#), October 23, 2023 (OCOL).

⁴¹¹ OLLO, [Evidence](#), November 27, 2023 (Mario Paris); OLLO, [Evidence](#), December 4, 2023 (Kim Sawchuk); OLLO, [Evidence](#), December 4, 2023 (Dr. Peter Tanuseputro); OLLO, [Evidence](#), December 4, 2023 (Jacinthe Savard); OLLO, [Evidence](#), March 18, 2024 (Government of the Northwest Territories); OLLO, [Evidence](#), April 29, 2024 (Suzanne Harrison); OLLO, [Evidence](#), October 7, 2024 (MFC); OLLO, [Evidence](#), October 28, 2024 (CHWN); and OLLO, [Evidence](#), November 18, 2024 (Isabelle Giroux).

⁴¹² OLLO, [Evidence](#), December 4, 2023 (Jacinthe Savard); OLLO, [Evidence](#), May 6, 2024 (AFFC); and OLLO, [Evidence](#), May 6, 2024 (Enchanté Network).

⁴¹³ OLLO, [Evidence](#), May 15, 2023 (FAAFC); OLLO, [Evidence](#), May 29, 2023 (Joanne Pocock); and OLLO, [Evidence](#), December 4, 2023 (NSC).

⁴¹⁴ OLLO, [Evidence](#), May 15, 2023 (Carrefour 50+ British Columbia); and OLLO, [Evidence](#), May 15, 2023 (AFANB).

meet the specific needs of marginalized groups.⁴¹⁵ As the Commissioner of Official Languages noted in his October 2024 report, organizations have chronic funding problems.⁴¹⁶

Essential support for post-secondary institutions

During its public hearings, the Senate Committee also met with representatives from post-secondary institutions that serve the needs of OLMCs. There was widespread praise for the work done by the CNFS and McGill University. Since 2003, the OLHP has supported more than 10,000 health professionals outside Quebec and 12,000 in Quebec.⁴¹⁷ With this support, roughly 96% of trained professionals have remained in their communities and 98% provide services to OLMCs.⁴¹⁸ But these figures are nuanced by the reality on the ground: internship opportunities, the level of language fluency of graduates and the culture of the hiring institution impact the actual use of the language.

On the francophone side, several witnesses called for an increase in the number of French-language health training programs, with some acknowledging that it costs more to deliver programs that are of equivalent quality in the minority language.⁴¹⁹ There are critical needs in many professions, and while there is interest in developing French-language programs in high-demand sectors, funding is not forthcoming.⁴²⁰ Support from provincial and territorial governments is inconsistent, which is why federal government support is essential.

With the SSF's approval, the ACUFC and its members have called for increased funding for the CNFS in the next government-wide strategy.⁴²¹ Since July 2025, funding has been announced as part of the current strategy for various institutions in the Atlantic provinces, Ontario and the Western provinces.⁴²² Faculties of medicine want to be involved in assessing the needs for medical training in French and in the research required to increase

⁴¹⁵ OLLO, [Evidence](#), May 29, 2023 (BCRC).

⁴¹⁶ OCOL, [A shared future: A closer look at our official language minority communities](#), October 2024.

⁴¹⁷ OLLO, [Evidence](#), April 17, 2023 (Health Canada); OLLO, [Evidence](#), April 8, 2024 (ACUFC); and Health Canada, on behalf of the Minister of Mental Health and Addictions, [brief](#) to the Committee.

⁴¹⁸ OLLO, [Evidence](#), April 17, 2023 (Health Canada).

⁴¹⁹ OLLO, [Evidence](#), November 6, 2023 (FCFA); OLLO, [Evidence](#), April 8, 2024 (Boreal College); OLLO, [Evidence](#), April 29, 2024 (Dr. Bernard Leduc); OLLO, [Evidence](#), April 29, 2024 (HSN); OLLO, [Evidence](#), April 29, 2024 (CSSB); OLLO, [Evidence](#), May 27, 2024 (OLBI); OLLO, [Evidence](#), May 27, 2024 (Dr. José François); OLLO, [Evidence](#), June 3, 2024 (RIFM); and RDÉE Canada, [brief](#) to the Committee.

⁴²⁰ OLLO, [Evidence](#), April 8, 2024 (University of Alberta); OLLO, [Evidence](#), April 29, 2024 (Danielle de Moissac); OLLO, [Evidence](#), September 23, 2024 (PAM); OLLO, [Evidence](#), October 28, 2024 (GIIFNB); OLLO, [Evidence](#), November 4, 2024 (Acfas); and SSF, [brief](#) to the Committee.

⁴²¹ OLLO, [Evidence](#), April 8, 2024 (ACUFC); OLLO, [Evidence](#), April 8, 2024 (Boreal College); OLLO, [Evidence](#), April 8, 2024 (University of Moncton); OLLO, [Evidence](#), April 8, 2024 (University of Alberta); and SSF, [brief](#) to the Committee.

⁴²² Government of Canada, [Government of Canada improves access to health services for Francophone minority communities](#), Backgrounder, July 22, 2025; Government of Canada, [Government of Canada improves access to health services for Francophone minority communities in Ontario](#), Backgrounder, August 2025; and Government of Canada, [Government of Canada improves access to health services for Francophone minority communities across Western Canada](#), Backgrounder, September 11, 2025.

availability across the country.⁴²³ Health care institutions and regional health authorities rely on bilingual professionals for their workforce renewal.⁴²⁴ In Alberta, French-language training is seen as a blessing, but new programs are needed.⁴²⁵ It is also important to then be able to attract and retain future professionals in OLMCs. Training also needs to be provided to professionals who represent the cultural and linguistic diversity of OLMCs.⁴²⁶

English-language or bilingual universities have developed bilingual training and requalification programs for internationally trained professionals. The University of Manitoba has created a bilingual family medicine residency program.⁴²⁷ This training has been available in French at the University of Ottawa since the early 1990s.⁴²⁸ The Northern Ontario School of Medicine has developed a pathway to medicine for francophone students.⁴²⁹ These initiatives reduce language insecurity among graduates and increase their chances of providing services in French to their future patients.⁴³⁰ They could be extended to other areas or in other disciplines if the necessary funding is provided.⁴³¹

There is a disconnect between the needs of the population and the students who undergo training and graduate. According to physicians, there are far more medical graduates than residency positions available.⁴³² Enough spaces need to be created to meet the need for doctors and other professionals, while reserving spots for francophone candidates.⁴³³ Ideally, quotas should be established for programs developed *by* and *for* francophones or at universities with bilingual programs, while encouraging student mobility—a measure the University of Manitoba is trying out for internationally trained physicians.⁴³⁴ It takes at least six years to train a physician and ten years to train a specialist.⁴³⁵ Nurse practitioners are an alternative, but it still takes several years to train them.⁴³⁶

In Quebec, funds transferred directly to McGill University by the federal government are having a positive impact on the health of English-speaking communities.⁴³⁷ However,

⁴²³ OLLO, [Evidence](#), October 7, 2024 (AFMC).

⁴²⁴ OLLO, [Evidence](#), May 15, 2023 (VHN); and VHN, [brief](#) to the Committee.

⁴²⁵ OLLO, [Evidence](#), March 18, 2024 (Government of Alberta); OLLO, [Evidence](#), April 8, 2024 (University of Alberta).

⁴²⁶ OLLO, [Evidence](#), April 15, 2024 (HAAC).

⁴²⁷ OLLO, [Evidence](#), April 29, 2024 (Danielle de Moissac); and OLLO, [Evidence](#), May 27, 2024 (Dr. José François).

⁴²⁸ OLLO, [Evidence](#), October 7, 2024 (MFC).

⁴²⁹ Northern Ontario School of Medicine, [Francophone Student Pathways to Medicine](#).

⁴³⁰ OLLO, [Evidence](#), May 27, 2024 (Dr. José François); and OLLO, [Evidence](#), October 7, 2024 (MFC).

⁴³¹ OLLO, [Evidence](#), May 27, 2024 (Dr. José François); and OLLO, [Evidence](#), October 7, 2024 (AFMC).

⁴³² OLLO, [Evidence](#), May 6, 2024 (Dr. Don Thiwanka Wijeratne); and OLLO, [Evidence](#), October 7, 2024 (AFMC).

⁴³³ OLLO, [Evidence](#), May 27, 2024 (Dr. José François); OLLO, [Evidence](#), September 23, 2024 (PAM); HHN, [letter](#) to the Committee; and SSF, [brief](#) to the Committee.

⁴³⁴ OLLO, [Evidence](#), October 7, 2024 (MFC); OLLO, [Evidence](#), October 7, 2024 (AFMC); and OLLO, [Evidence](#), November 4, 2024 (Hon. Randy Boissonnault, P.C., M.P., Minister of Employment, Workforce Development and Official Languages).

⁴³⁵ OLLO, [Evidence](#), April 29, 2024 (Dr. Bernard Leduc).

⁴³⁶ OLLO, [Evidence](#), April 29, 2024 (Dr. Bernard Leduc).

⁴³⁷ OLLO, [Evidence](#), May 1, 2023 (CHSSN); OLLO, [Evidence](#), May 1, 2023 (CRC); OLLO, [Evidence](#), May 29, 2023 (BCRC); OLLO, [Evidence](#), November 6, 2023 (QCGN); OLLO, [Evidence](#), May 6, 2024 (Dialogue McGill); and OLLO, [Evidence](#), June 3, 2024 (James Robson).

support is inconsistent and not always guaranteed. For example, support provided to Dawson College to train bilingual health professionals was cancelled.⁴³⁸ Political decisions regarding tuition fees for students from outside Quebec could also have an impact on the number of bilingual professionals trained in the province.⁴³⁹ In the fall of 2025, McGill University received funding for a project on training and retaining professionals under the 2023–2028 Action Plan.⁴⁴⁰

Interdepartmental coordination

At the federal level, health care governance has often been cited as an example in official languages work, as the principle of *by* and *for* is well established. That is less true of the provinces and territories, although some are openly focusing on collaboration to achieve results.⁴⁴¹ The Health Portfolio Consultative Committee ensures that OLMCs feel heard and actively participate in making decisions that affect them. French-language health networks have successfully adapted national strategies to their realities, but although consultation mechanisms exist, they do not always produce the desired outcomes.⁴⁴² The FCFA would like to see the establishment of a permanent advisory committee to advise the federal Minister of Health during negotiations with the provinces and territories.⁴⁴³

The priorities of the various partners are not necessarily aligned.⁴⁴⁴ Witnesses and briefs highlighted gaps in intersectoral coordination: education, employment, health, immigration and other policies do not appear to be integrated.⁴⁴⁵ While collaboration may exist between networks and organizations, it is not systematic.⁴⁴⁶ A number of federal ministers who were approached by the Senate Committee for this study either refused the invitation outright or submitted a written response when pressed, demonstrating a certain rigidity within the government structure.

For the Honourable Marc Miller, then-Minister of Immigration, Refugees and Citizenship, immigration programs need to be aligned with labour needs in OLMCs, and the successful

⁴³⁸ OLLO, [Evidence](#), November 6, 2023 (QCGN).

⁴³⁹ OLLO, [Evidence](#), December 4, 2023 (Kim Sawchuk).

⁴⁴⁰ Government of Canada, [Government of Canada improves access to health services for Anglophone minority communities in Quebec](#), Backgrounder, October 2025.

⁴⁴¹ OLLO, [Evidence](#), March 18, 2024 (Government of Alberta); OLLO, [Evidence](#), March 18, 2024 (Government of Yukon); and Government of Ontario, [brief](#) to the Committee.

⁴⁴² OLLO, [Evidence](#), April 24, 2023 (SSF).

⁴⁴³ OLLO, [Evidence](#), November 6, 2023 (FCFA).

⁴⁴⁴ OLLO, [Evidence](#), May 15, 2023 (VHN); and OLLO, [Evidence](#), November 27, 2023 (Mario Paris).

⁴⁴⁵ OLLO, [Evidence](#), May 29, 2023 (Sarah Bowen); OLLO, [Evidence](#), April 8, 2024 (ACUFC); OLLO, [Evidence](#), April 15, 2024 (GGM); OLLO, [Evidence](#), May 6, 2024 (AFFC); AFFC, [brief](#) to the Committee; OLLO, [Evidence](#), May 6, 2024 (Enchanté Network); OLLO, [Evidence](#), September 16, 2024 (ISED); and RDÉE Canada, [brief](#) to the Committee.

⁴⁴⁶ OLLO, [Evidence](#), May 8, 2023 (AFO); OLLO, [Evidence](#), May 6, 2024 (AFFC); OLLO, [Evidence](#), May 6, 2024 (Enchanté Network); OLLO, [Evidence](#), June 3, 2024 (RSIFEO); and RIFNB, [letter](#) to the Committee.

integration of immigrants depends on a number of partners.⁴⁴⁷ Despite these findings, the Minister did not officially appear under the Order of Reference for this study, since he felt that this topic did not fall within the scope of his portfolio.⁴⁴⁸ Under the circumstances, this refusal was surprising given the gaps in interdepartmental coordination and the Minister’s responsibilities in the last Parliament for improving foreign credential recognition or implementing an ambitious national strategy to support francophone immigration.⁴⁴⁹

Francophone immigration networks have argued that relations between IRCC and Health Canada are underdeveloped.⁴⁵⁰ Witnesses also suggested that health system databases should be better aligned with immigration databases to improve health outcomes.⁴⁵¹ There is no question that francophone minorities rely on francophone immigration to restore their demographic weight—a commitment made by the federal government under the modernized OLA. The *Policy on Francophone Immigration* offers a bit of hope moving forward.⁴⁵²

In the economic sector, the 2023–2028 Action Plan would have ideally fuelled the creation of francophone businesses operating in the health sector or ensured the deployment of the Strategy for OLMC Entrepreneurs announced in 2021.⁴⁵³ Much of the information needed to make coordinated decisions remains unknown: the number of private-sector health care companies operating in OLMCs, the exact number of bilingual positions to be filled (by type of occupation), or the calculation of language potential (by type of occupation).⁴⁵⁴

Federal government’s leadership role

Since 2003, the federal government has supported the health care sector through government-wide strategies such as the 2023–2028 Action Plan. While this direct support for OLMCs is commendable, witnesses and briefs highlighted the need to do even more in areas where the federal government can use its spending power and play a leading role among its partners.

Language clauses

For years, OLMC representatives have been calling for mandatory language clauses in intergovernmental agreements, in areas affecting their vitality. This was included in the

⁴⁴⁷ OLLO, *Evidence*, November 4, 2024 (Hon. Marc Miller, P.C., M.P., Minister of Immigration, Refugees and Citizenship).

⁴⁴⁸ The Honourable Marc Miller, C.P., M.P., Minister of Immigration, Refugees and Citizenship, letter addressed to the Chair of the Standing Senate Committee on Official Languages, April 2024.

⁴⁴⁹ Prime Minister of Canada, *Minister of Immigration, Refugees and Citizenship Mandate Letter*, December 16, 2021.

⁴⁵⁰ OLLO, *Evidence*, June 3, 2024 (RIFM); OLLO, *Evidence*, June 3, 2024 (RSIFEO); and RIFNB, *letter* to the Committee.

⁴⁵¹ OLLO, *Evidence*, May 6, 2024 (Dr. Don Thiwanka Wijeratne); and OLLO, *Evidence*, June 3, 2024 (RSIFEO).

⁴⁵² Government of Canada, *Policy on Francophone Immigration*, 2024.

⁴⁵³ RDÉE Canada, *brief* to the Committee.

⁴⁵⁴ RDÉE Canada, *brief* to the Committee.

proposals put forward during Health Canada’s consultations in 2022, which prompted the Senate Committee to address it as a theme of its study. A number of witnesses criticized the absence of such clauses in agreements that the federal government signs with the provinces and territories, including this provincial network.

“The absence of language clauses in health transfer agreements generally results in a lack of commitment by our health care systems to offer health care services in French to francophones.”

Réseau Santé en français de la Saskatchewan, April 24, 2023

In other words, commitments to official languages depend on the will of decision makers, and rights are never guaranteed.⁴⁵⁵ For the Commissioner of Official Languages, who was consulted immediately following the public hearings, and several other witnesses, an effective language clause implies transparency, consultation requirements, tangible results, and evaluation and accountability mechanisms.⁴⁵⁶ Witnesses also highlighted the need to include OLMCs from all walks of life when making decisions that affect them.⁴⁵⁷

For then-Minister Duclos, the commitment of the provinces and territories to respect the principle of equal access for OLMCs is equivalent to a language clause.⁴⁵⁸ In Nova Scotia, compliance with this principle is enshrined in a provincial health strategy that is an integral part of the action plan appended to the agreement signed with the federal government.⁴⁵⁹ However, this commitment is not tied to specific funding conditions or consultation obligations toward communities. The Commissioner of Official Languages is of the view that this type of language clause should be systematically included in all federal government funding agreements.⁴⁶⁰

⁴⁵⁵ OLLO, [Evidence](#), April 24, 2023 (SSF); OLLO, [Evidence](#), April 24, 2023 (RSFS); OLLO, [Evidence](#), April 24, 2023 (RSNÉ); and OLLO, [Evidence](#), November 6, 2023 (FCFA).

⁴⁵⁶ OLLO, [Evidence](#), April 24, 2023 (SSF); OLLO, [Evidence](#), May 8, 2023 (AFO); OLLO, [Evidence](#), May 8, 2023 (FFCB); OLLO, [Evidence](#), May 15, 2023 (NBHC); OLLO, [Evidence](#), May 15, 2023 (MACS-NB); OLLO, [Evidence](#), May 15, 2023 (FAAFC); OLLO, [Evidence](#), May 15, 2023 (Carrefour 50+ British Columbia); AFANB, [brief](#) to the Committee; OLLO, [Evidence](#), November 6, 2023 (FCFA); OLLO, [Evidence](#), November 6, 2023 (QCGN); QCGN, [brief](#) to the Committee; OLLO, [Evidence](#), November 27, 2023 (Frantz Siméon); OLLO, [Evidence](#), April 29, 2024 (Danielle de Moissac); OLLO, [Evidence](#), October 7, 2024 (University of Moncton); OLLO, [Evidence](#), October 28, 2024 (CNA); SSF, [brief](#) to the Committee; Collège La Cité, [brief](#) to the Committee; and OLLO, [Evidence](#), November 25, 2024 (OCOL).

⁴⁵⁷ OLLO, [Evidence](#), May 29, 2023 (SAQ); OLLO, [Evidence](#), April 15, 2024 (Julia Chai); OLLO, [Evidence](#), April 29, 2024 (MHCC); and OLLO, [Evidence](#), May 6, 2024 (AFFC).

⁴⁵⁸ OLLO, [Evidence](#), April 17, 2023 (Hon. Jean-Yves Duclos, P.C., M.P., Minister of Health).

⁴⁵⁹ OLLO, [Evidence](#), March 18, 2024 (Government of Nova Scotia); and Government of Nova Scotia, [Equity and Anti-Racism Strategy](#), July 2023.

⁴⁶⁰ OLLO, [Evidence](#), October 23, 2023 (OCOL).

In the spring of 2023, Health Canada representatives offered reassurance, stating that the action plans that would follow the bilateral agreements would be an opportunity to include specific commitments to OLMCs.⁴⁶¹ In reality, however, only a few provincial and territorial governments mentioned OLMC issues in their action plans. According to the national organization representing francophones, this is unacceptable.

“Such omissions in both federal transfers and bilateral health agreements are no longer acceptable, especially in the context of the post-modernization of the Official Languages Act.”

**Fédération des communautés francophones et acadienne du Canada,
November 6, 2023**

When the public hearings ended, Health Canada simply said that the bilateral agreements were designed to be flexible and tailored, and did not express concern about the lack of references to OLMCs in some action plans.⁴⁶² Going forward, witnesses would like to see conditions attached to federal funding, particularly regarding the collection of standardized data, the delivery of essential services in both official languages in priority support sectors, and accountability.⁴⁶³ According to a brief submitted by the SSF at the very end of the public hearings, this would lead to greater engagement by the OLMCs.

“[T]he Société Santé en français concludes that these agreements result in few clear measures and funds intended for minority francophone issues and a lack of engagement by the communities in this regard.”

Société Santé en français, November 1, 2024

While some people in Quebec would also like to see this solution implemented, others find it unrealistic.⁴⁶⁴ In New Brunswick, the regional authority would like the province’s unique character to be considered in transfer payments.⁴⁶⁵ The regulations governing the implementation of Part VII will provide an opportunity to clarify the federal government’s

⁴⁶¹ OLLO, [Evidence](#), April 17, 2023 (Health Canada).

⁴⁶² Health Canada, on behalf of the Minister of Health, [brief](#) to the Committee, November 13, 2024; and Health Canada, on behalf of the Minister of Mental Health and Addictions, [brief](#) to the Committee, November 12, 2024.

⁴⁶³ OLLO, [Evidence](#), April 24, 2023 (SSF); OLLO, [Evidence](#), May 29, 2023 (Sarah Bowen); SSF, [brief](#) to the Committee; and Collège La Cité, [brief](#) to the Committee.

⁴⁶⁴ OLLO, [Evidence](#), November 6, 2023 (QCGN); OLLO, [Evidence](#), May 1, 2023 (CHSSN); OLLO, [Evidence](#), May 1, 2023 (CRC); and OLLO, [Evidence](#), December 4, 2023 (Kim Sawchuk).

⁴⁶⁵ OLLO, [Evidence](#), May 1, 2023 (OCOL-NB); and VHN, [brief](#) to the Committee.

expectations in this regard. OLMCs are counting on these regulations to protect their rights, and in particular to clarify consultation requirements.⁴⁶⁶

For their part, provincial governments are counting on increased financial support to ensure service delivery in the minority language, in the hope of planning sustainable measures.⁴⁶⁷ They want to adapt measures to their specific needs, while focusing on achieving comparable health care outcomes.⁴⁶⁸ Some are open to more stringent requirements for the collection of data on OLMCs.⁴⁶⁹

Active offer

The importance of an active offer of service in the minority language was the focus of a significant portion of the evidence given and briefs submitted, mostly by francophones outside Quebec. An active offer of service in English is not encouraged in Quebec.⁴⁷⁰

An active offer guarantees better services in French, but it is unevenly implemented.⁴⁷¹ In many cases, given the absence of promotion, francophone patients have to take matters into their own hands to find services in their own language.⁴⁷² Often, they give up and resign themselves to accessing services provided in the majority language.⁴⁷³ Health care professionals are ill-equipped to inform them of available services, and the labour shortage is another barrier.⁴⁷⁴ According to one researcher, in order to change the way things are done, the active offer of services must be considered a skill.

“The active offer of services in French is a complex skill that must be taught, practised and assessed from the first years of training for future health and social services professionals, so that they can gradually learn to adopt the various active offer behaviours to increase their level of confidence in these skills.”

Isabelle Giroux, November 18, 2024

⁴⁶⁶ OLLO, [Evidence](#), May 15, 2023 (AFANB); OLLO, [Evidence](#), November 6, 2023 (FCFA); OLLO, [Evidence](#), November 6, 2023 (QCGN); and SSF, [brief](#) to the Committee.

⁴⁶⁷ OLLO, [Evidence](#), March 18, 2024 (Government of Nova Scotia); and OLLO, [Evidence](#), March 18, 2024 (Government of Alberta).

⁴⁶⁸ OLLO, [Evidence](#), March 18, 2024 (Government of Alberta).

⁴⁶⁹ Government of Ontario, [brief](#) to the Committee.

⁴⁷⁰ OLLO, [Evidence](#), June 3, 2024 (CHSSN).

⁴⁷¹ OLLO, [Evidence](#), May 15, 2023 (VHN); OLLO, [Evidence](#), November 27, 2023 (Mario Paris); OLLO, [Evidence](#), May 27, 2024 (Dr. José François); OLLO, [Evidence](#), October 21, 2024 (Sylvie Grosjean); and VHN, [brief](#) to the Committee.

⁴⁷² OLLO, [Evidence](#), September 23, 2024 (PAM); OLLO, [Evidence](#), October 21, 2024 (Sylvie Grosjean); OLLO, [Evidence](#), October 21, 2024 (Sylvie Sylvestre); OLLO, [Evidence](#), November 18, 2024 (Isabelle Giroux); and Isabelle Giroux, [brief](#) to the Committee.

⁴⁷³ OLLO, [Evidence](#), April 15, 2024 (Jude Mary Cénat); OLLO, [Evidence](#), October 21, 2024 (Sylvie Sylvestre); OLLO,

[Evidence](#), November 4, 2024 (Acfas); and OLLO, [Evidence](#), November 18, 2024 (Isabelle Giroux).

⁴⁷⁴ OLLO, [Evidence](#), April 29, 2024 (Danielle de Moissac); OLLO, [Evidence](#), November 18, 2024 (Isabelle Giroux); and Isabelle Giroux, [brief](#) to the Committee.

The SSF and many of its members provide funding for initiatives for the active offer of service in French. Continued support for these initiatives is essential.⁴⁷⁵ That said, there is no long-term strategy for implementing this practice among all health care providers. The federal government has a role to play in raising awareness, encouraging the integration of this practice into the organizational culture as well as health education programs.⁴⁷⁶

In the Northwest Territories, an active offer is not guaranteed; this has significant impacts on the health of OLMCs.⁴⁷⁷ The territorial government affirms, however, that tools are in place and training is available.⁴⁷⁸ Training is also provided by provincial authorities in Prince Edward Island.⁴⁷⁹ In Alberta, a multi-stakeholder committee on French-language health will soon be established to ensure the implementation of the best strategies for providing an active offer.⁴⁸⁰ In Ontario, the obligation to provide an active offer is included in a regulation that came into effect on April 1, 2023; it is one of the francophone community's priorities.⁴⁸¹ While this measure offers hope, other regulatory frameworks need to be reviewed in order to add more designated organizations under this provincial legislation.⁴⁸² The Ontario government recognizes that more needs to be done to connect francophones with services in their language.⁴⁸³

Post-secondary institutions that are members of the CNFS support active offer training.⁴⁸⁴ The Groupe de recherche sur la formation et les pratiques en santé et service social en contexte francophone minoritaire specializes in the development of this training.⁴⁸⁵ While this training is incorporated into students' learning and put into practice during internships, it should be mandatory everywhere.⁴⁸⁶ Given that OLMCs are increasingly diversified, emphasis should be placed on the active offer of linguistically and culturally adapted services.⁴⁸⁷ An active offer does not require all employees to be bilingual, but rather that

⁴⁷⁵ RDÉE Canada, [brief](#) to the Committee.

⁴⁷⁶ OLLO, [Evidence](#), December 4, 2023 (Jacinthe Savard); OLLO, [Evidence](#), June 3, 2024 (RIFM); OLLO, [Evidence](#), October 21, 2024 (CIRLM); RDÉE Canada, [brief](#) to the Committee; and Collège La Cité, [brief](#) to the Committee.

⁴⁷⁷ OLLO, [Evidence](#), April 24, 2023 (FFT).

⁴⁷⁸ OLLO, [Evidence](#), March 18, 2024 (Government of the Northwest Territories).

⁴⁷⁹ Government of Prince Edward Island, [letter](#) to the Committee.

⁴⁸⁰ OLLO, [Evidence](#), March 18, 2024 (Government of Alberta).

⁴⁸¹ [Ontario Regulation 544/22](#), under the *French Language Services Act*, R.S.O., 1990, c. F.32; and AFO, [Strategic Plan for Ontario's Francophone Community – Towards 2030](#).

⁴⁸² OLLO, [Evidence](#), May 8, 2023 (OOO).

⁴⁸³ Government of Ontario, [brief](#) to the Committee.

⁴⁸⁴ OLLO, [Evidence](#), April 17, 2023 (Health Canada); OLLO, [Evidence](#), April 8, 2024 (ACUFC); OLLO, [Evidence](#), April 8, 2024 (University of Moncton); and Collège La Cité, [brief](#) to the Committee.

⁴⁸⁵ OLLO, [Evidence](#), November 18, 2024 (Isabelle Giroux); and Isabelle Giroux, [brief](#) to the Committee.

⁴⁸⁶ OLLO, [Evidence](#), April 8, 2024 (Boreal College); OLLO, [Evidence](#), November 18, 2024 (Isabelle Giroux); and Isabelle Giroux, [brief](#) to the Committee.

⁴⁸⁷ OLLO, [Evidence](#), April 8, 2024 (ACUFC); and OLLO, [Evidence](#), October 21, 2024 (Sylvie Sylvestre).

they know how to encourage patients to use their language of choice.⁴⁸⁸ Lastly, an active offer must be proactive and include the appropriate resources.⁴⁸⁹

National standards

Many are calling on the federal government to play a leadership and advocacy role in setting national standards. Ideally, all provinces and territories would adopt legislative frameworks guaranteeing access to health services in the minority language. In the absence of such frameworks, the federal government can set clear expectations for OLMCs. It can encourage the adoption of a *by* and *for* approach that meets their needs.⁴⁹⁰

Some have specific expectations in terms of national strategies related to women, Indigenous peoples, seniors or caregivers.⁴⁹¹ Others want national solutions for an active offer, professional interpretation or the use of digital tools.⁴⁹² The SSF developed the “Access to Health and Social Services in Official Languages” standard in partnership with the Health and Safety Organization and Accreditation Canada, and asked that it be promoted.

“This standard defines the practices, processes and policies that institutions must adopt to ensure patients and social services recipients receive services in the official language of their choice. The standard specifies requirements for health and social services organizations to promote safe access to services in the language of the recipient’s choice.”

Société Santé en français, November 1, 2024

Lastly, requests were made throughout the public hearings to amend the CHA to include official language commitments.

⁴⁸⁸ OLLO, [Evidence](#), October 21, 2024 (CIRLM).

⁴⁸⁹ OLLO, [Evidence](#), November 18, 2024 (Isabelle Giroux); and Isabelle Giroux, [brief](#) to the Committee.

⁴⁹⁰ OLLO, [Evidence](#), June 3, 2024 (RIFM); and OLLO, [Evidence](#), October 7, 2024 (MFC).

⁴⁹¹ OLLO, [Evidence](#), May 15, 2023 (FAAFC); OLLO, [Evidence](#), May 29, 2023 (SAQ); OLLO, [Evidence](#), December 4, 2023 (CCCE); OLLO, [Evidence](#), April 29, 2024 (Dr. Bernard Leduc); OLLO, [Evidence](#), April 29, 2024 (CSSB); OLLO, [Evidence](#), October 21, 2024 (FNQLHSSC); and OLLO, [Evidence](#), October 21, 2024 (Sylvie Sylvestre).

⁴⁹² OLLO, [Evidence](#), April 29, 2024 (MHCC); OLLO, [Evidence](#), May 6, 2024 (Dr. Richard Musto); OLLO, [Evidence](#), May 6, 2024 (AFFC); AFFC, [brief](#) to the Committee; Ilene Hyman, [brief](#) to the Committee; OLLO, [Evidence](#), September 23, 2024 (CPsyA); OLLO, [Evidence](#), September 23, 2024 (CPhyA); OLLO, [Evidence](#), October 21, 2024 (Sylvie Grosjean); and OLLO, [Evidence](#), November 18, 2024 (Isabelle Giroux).

CHAPTER 2 – BREAKING DOWN LANGUAGE BARRIERS IN HEALTH CARE

This second chapter presents the Senate Committee’s recommendations, which are aimed at breaking down language barriers in health care by building on the role of the federal government and its various partners. The overall objective is to ensure equitable, safe and quality care in a language that users understand and in which they want to be understood.

Revising the *Canada Health Act*

The federal government has taken a major step by including health as one of the sectors essential to the vitality of official language minority communities in its modernized *Official Languages Act*. However, it remains to be seen how this will be put into practice, particularly in the regulations that will govern the implementation of Part VII of the Act. That said, these legislative and regulatory provisions may not be broad enough in scope unless changes are made to other legislative instruments more directly related to the health of the population.

The Senate Committee suggests drawing on past and recent efforts to include official language commitments in the *Canada Health Act* as conditions for granting federal funding to provincial and territorial governments. In 2002, a bill aiming to do just that died on the *Order Paper*.⁴⁹³ Moreover, it was proposed in 2018 that this idea be put back on the agenda.⁴⁹⁴ This type of approach was advocated in the 2024 *Canada Early Learning and Child Care Act*. The Act included commitments to respect official languages and long-term funding for services for official language minority communities.⁴⁹⁵ The federal government could replicate the same model in health care, which would formalize the obligation to provide minority language health services.

Consequently, the Senate Committee recommends:

⁴⁹³ *Bill C-202, An Act to amend the Canada Health Act (linguistic duality)*, 37th Parliament, 2nd Session.

⁴⁹⁴ OLLO, *Modernizing the Official Languages Act: The Views of Official Language Minority Communities*, 42nd Parliament, 1st Session, October 2018, pp. 8 and 16.

⁴⁹⁵ *Canada Early Learning and Child Care Act*, S.C. 2024, c. 2, ss. 7(3) and 8(1).

Recommendation 1

That the federal government review the *Canada Health Act* to ensure that federal health investments adhere to the principles of the *Official Languages Act* and formally support health care services for official language minority communities.

Defining language clauses

The modernized *Official Languages Act* and the regulations for Part VII provide an opportunity to establish the parameters of an effective language clause. Beyond the principle of equal access for equity-seeking groups set out in the bilateral health agreements, there needs to be a more specific framework for the federal government's expectations in terms of its transfer payments to the provinces and territories.

The Senate Committee proposes to establish clear requirements for consultations with official language minority communities, to require data collection to measure the results achieved, to oversee their implementation, to ensure transparency and accountability, and then to require results.

Consequently, the Senate Committee recommends:

Recommendation 2

That the President of the Treasury Board include in the regulations governing the implementation of Part VII of the *Official Languages Act* a clear definition of language clauses. These must include obligations with respect to:

- consultations with communities;
 - data collection on these communities;
 - identification of the results to be achieved;
 - implementation oversight;
 - transparency; and
 - accountability.
-

These measures should apply not only to bilateral health agreements, but also to agreements on aging, home care and mental health care. Accordingly, the next round of bilateral agreement negotiations could focus on removing many of the language barriers identified in this report.

Consequently, the Senate Committee recommends:

Recommendation 3

That the President of the Treasury Board work with the Minister of Health to include these language clauses in all bilateral health agreements during the next round of negotiations with the provinces and territories.

Enhancing direct funding for community organizations

Although the *Action Plan for Official Languages 2023–2028: Protection-Promotion-Collaboration* has provided additional funding not only for community health organizations and their networks, but also for innovative projects that help them better meet community health needs, greater support is needed. Witnesses and briefs repeatedly stressed the importance of stable, multi-year, enhanced funding in anticipation of the next government-wide strategy. Organizations play a vital role where services in the minority language are not guaranteed. It is important to draw on their expertise and encourage their collaboration with various health care partners, based on a *by, for and with* them approach. This enhanced support respects the spirit of the modernized *Official Languages Act*, by supporting the presence of strong institutions that serve communities.

Consequently, the Senate Committee recommends:

Recommendation 4

That the Minister responsible for Official Languages enhance support for community organizations in the next government-wide official languages strategy, with stable, multi-year funding mechanisms that will encourage collaboration between organizations and with all health partners.

Enhancing direct funding for post-secondary institutions

The *Action Plan for Official Languages 2023–2028: Protection-Promotion-Collaboration* also provided additional funding to expand health training offered by minority post-secondary institutions. However, there is a need to catch up after years of underfunding, especially in the context of the widespread health care labour shortage. Solutions tailored to the needs of official language minority communities are needed across the training continuum.

According to evidence and briefs, the federal government must support post-secondary institutions in maintaining existing programs, but also in developing new ones to meet pressing needs in certain specialties. It must also support these institutions in developing language training that is accessible to professionals trained here or abroad. It can review entry-to-practice criteria and standardize language testing and evaluation practices. It can also expedite the transition of bilingual health care professionals into the workforce by ensuring their professional development in the official language of their choice throughout their career, or by offering them internship opportunities in communities. These harmonized practices must be developed in collaboration with post-secondary institutions and all relevant health partners. Current efforts to improve labour mobility have given a clear path to follow in order to make progress in training health care professionals.

Consequently, the Senate Committee recommends:

Recommendation 5

That the Minister responsible for Official Languages increase support for minority post-secondary institutions in the next government-wide official languages strategy, with measures developed in consultation with the institutions and in collaboration with the provinces and territories, professional bodies and accrediting bodies. These measures will target:

- the long-term sustainability of existing programs;
 - the development of new health education programs in areas that are in demand;
 - the development of a pan-Canadian language training strategy for professionals from here and abroad;
 - the reduction of language barriers in entry-to-practice; and
 - the reduction of language barriers in the transition into the workforce.
-

Attracting bilingual workers

The federal government can ensure that official language minority communities' needs for bilingual health care workers are met as part of efforts to recognize foreign credentials. In addition, the Senate Committee urges the federal government to draw from practices in the education sector to develop a fast-track gateway for francophone and bilingual health care workers, which would include a more direct path to permanent residency. This step could be taken as part of the government-wide strategy following the [*Action Plan for Official Languages 2023–2028: Protection-Promotion-Collaboration*](#).

Consequently, the Senate Committee recommends:

Recommendation 6

That the Minister of Jobs and Families work with the Minister of Immigration, Refugees and Citizenship and the Minister responsible for Official Languages to ensure that foreign credential recognition efforts take into account the needs of official language minority communities with regard to bilingual health care workers. That, in the next government-wide official languages strategy, the federal government develop a fast-track immigration gateway for francophone and bilingual health care workers.

Supporting the continuum of health care and services in the minority language

The provision of a comprehensive range of care and services in the official language of one's choice at all stages of life and for all types of care is the ideal to attain. The focus should not only be on situations where care is required, but also on health promotion and disease prevention. In keeping with the positive measures that federal institutions must take under the [*Official Languages Act*](#), it is important to consult official language minority communities and assess the potential negative impact any measures may have on them in all areas affecting their development. Health is an issue that needs to be addressed holistically.

The Senate Committee believes that the approaches taken by federal institutions must start with a lens that is used to consider the needs of communities in all their diversity, including those from vulnerable communities. Language must therefore be considered throughout the continuum of health care and services. These efforts can be included in equity, diversity and inclusion strategies. For example, the Public Health Agency could create a fund to support the promotion of healthy communities, with specific components for marginalized

communities. Health Canada could ensure that the perspective of communities is included in all its initiatives, from early childhood to the later years of life, taking into account different identity factors.

Consequently, the Senate Committee recommends:

Recommendation 7

That all federal institutions apply a language lens tailored to the needs of official language minority communities in all their diversity, including those from vulnerable communities, when developing health programs, policies and initiatives. Also, that the Minister of Health actively promote the “Access to Health and Social Services in Official Languages” standard to all health partners and support its implementation across the continuum of health care and services.

To ensure that the offer of services in the minority language is integrated across the continuum of care and across the country, the Minister of Health must support the implementation of the existing “Access to Health and Social Services in Official Languages” standard with all health partners.

Consequently, the Senate Committee recommends:

Recommendation 8

That the Minister of Health support the implementation of the “Access to Health and Social Services in Official Languages” standard with all health partners across the continuum of health care and services.

Accelerating language data collection and the sharing of disaggregated data

There is an obvious lack of disaggregated data when it comes to health. It is essential to ensure access to data on the health of official language minority communities compared to the general population, as well as on the provision, demand for and availability of minority language health services. Once governments understand the needs of the population to be served and the existing capacity to provide these services, only then can they respond effectively. The federal government must lead the way by accelerating language data

collection, by funding efforts in this area and by ensuring that information is shared systematically. This is an essential premise for optimal health service planning.

The Senate Committee believes that organizations such as Health Canada, Statistics Canada or the Canadian Institute for Health Information must work with all relevant health partners to develop indicators that communities can use to meet their needs. This is one of the expectations of Part VII of the modernized *Official Languages Act*: measures taken must be based on evidence-based findings. In addition to federal institutions, the provinces and territories, professional bodies, post-secondary institutions and health care facilities must be encouraged to collect language variable data more systematically according to common standards, and to release their findings. Having this data will make it easier to provide a targeted response to the needs in all areas of health and across the continuum of care and services.

Consequently, the Senate Committee recommends:

Recommendation 9

That Health Canada, Statistics Canada and the Canadian Institute for Health Information work with all health partners to integrate language variables into:

- **databases on population health;**
- **the provision of or demand for health services; and**
- **the health workforce.**

That this data be widely shared, particularly to inform the positive measures taken by decision-makers within federal institutions to ensure the health of official language minority communities and to support the decision making of other health partners.

Supporting intersectional research and analyses

There is still work to be done to create the research infrastructure to document the gaps that need to be filled in access to health care in the minority language. Witnesses and briefs mentioned inadequate funding for post-secondary institutions, inherent sampling difficulties, gaps in applying an intersectional approach and the lack of availability and discoverability of French-language content. Research helps to increase understanding of where the needs exist and to more effectively plan for solutions to address these needs.

The modernized *Official Languages Act* provides an opportunity to improve the creation and dissemination of scientific information in French. The Senate Committee believes that the practices of federal granting agencies need to be reviewed. The Canadian Institutes of Health Research must lead by example by systematically applying a language lens in health research. There is also work to be done to ensure that the data collected can be used to systematically conduct intersectional analyses that will provide lasting solutions to health inequalities. This will help take into account the different forms of discrimination faced by patients who are members of vulnerable communities.

In this context, it is important to recognize the impact that various identity factors, including language, can have on the research and development of federal health initiatives. Although members of the health portfolio have initiatives to integrate GBA+ in their practices and with the research community, more must be done to measure the linguistic impact of health research funded by the federal government. Measures similar to existing equity, diversity and inclusion strategies could be developed. It also appears necessary to have research funding dedicated to the health of official language minority communities in all their diversity in order to consider their differentiated needs and take steps to meet them. This research could be conducted either by academia, with new or existing research chairs, or by federal institutions directly as part of their obligations under Part VII of the *Official Languages Act*.

Consequently, the Senate Committee recommends:

Recommendation 10

That the Canadian Institutes of Health Research, with support from Canadian Heritage and Innovation, Science and Economic Development Canada, and in consultation with official language minority communities:

- **develop and systematically apply a language lens to health research;**
- **encourage researchers involved in health care research funded by the federal government to measure the linguistic impact of their research; and**
- **support existing research chairs dedicated to health in official language minority communities and consider creating new research chairs to address the needs of vulnerable communities.**

That federal institutions provide targeted support for research into the health of these communities in all their diversity and that they identify the measures to be taken to meet their differentiated health needs.

Supporting language concordance measures in collaboration with all partners

Language discordance has a negative impact on the quality and safety of care. Careful planning is therefore required to align available resources with the needs of official language minority communities. To do so, we must consult these communities and ensure that they are present at the discussion tables. Measures also need to be implemented to foster cultural change and integrate systematic processes, such as asking patients to identify their preferred language when they enter the system. In addition, measures are needed to compensate for the lack of bilingual personnel, such as the use of professional interpretation in various care settings or the integration of language training into professional development. Furthermore, having an inventory of services available in both official languages and promoting these services to the public should be encouraged.

Ensuring language concordance throughout the health care system will increase patient satisfaction and reduce the workload of professionals. To achieve these results, the federal government must count on support from the provinces and territories, municipalities, professional bodies, accrediting bodies, post-secondary institutions, health facilities, health professionals and community organizations. The federal government can also leverage the various reforms under way across the country to set an example and share best practices.

Consequently, the Senate Committee recommends:

Recommendation 11

That the federal government ensure that all health care partners apply language concordance best practices, such as linguistic identification of patients, identification of bilingual resources and services, language training for health care professionals and professional interpretation, while providing the human, financial and material resources necessary to ensure their integration into the Canadian health care system as a whole.

Striving for a standardized active offer practice

Increasing the active offer of health care services in the minority language is a matter of equity. Increasing the number of health professionals who are able to actively offer these services will improve the quality and safety of patient care. Moreover, patients will be better able to assert their language rights if they are aware of them and if their language needs are clearly identified. The optimization of available services will lead to more systematic use of these services.

The Senate Committee believes that the federal government has a leadership role to play in the area of active offer. It can fund training, facilitate the sharing of best practices and encourage standardization of these practices across the country. It can also support research and disseminate the results. Ultimately, it can encourage provinces and territories, health care facilities and post-secondary institutions to change their culture and do more to improve access to health care services in the minority language across the country. To do so, it must ensure that all health care partners apply the best practices identified in this report.

Consequently, the Senate Committee recommends:

Recommendation 12

That the federal government ensure that all health care partners apply active offer best practices, while providing the human, financial and material resources necessary to ensure their integration into the Canadian health care system as a whole.

Ensuring that official languages are reflected in new practices

New practices provide an opportunity to eliminate certain barriers to health care access, particularly geographic and language barriers. The health care system is constantly evolving, yet official languages are not systematically considered. To change this, collaboration among all partners is essential, and the federal government must ensure that they embody the importance of Canada's linguistic duality.

For example, the realities and needs of official language minority communities must be considered in [*Canada's Connectivity Strategy*](#), in the [*Pan-Canadian Artificial Intelligence Strategy*](#) or in federal funding for increased access to broadband services. The federal government can lead the way by developing a pan-Canadian strategy to address the digital divide and digital literacy issues faced by these communities.

Consequently, the Senate Committee recommends:

Recommendation 13

That the federal government work with provincial and territorial governments to develop a pan-Canadian strategy to provide telemedicine services, digital services and virtual care in official language minority communities, and that it take into account the needs of these communities in the deployment of artificial intelligence tools for health care.

Furthermore, the federal government can ensure that the language rights of these communities are not jeopardized as part of efforts to privatize health care. The use of private-sector services inevitably creates access inequities in the absence of clear official language requirements or the active offer of services in the minority language. The federal government can play a lead role with its provincial and territorial partners by developing national standards that will apply to private companies acting on behalf of public health institutions, and by including language provisions in contracts with third parties. These provisions must focus on the active offer of services of equal quality in both official languages and on the consideration of the needs of official language minority communities.

Consequently, the Senate Committee recommends:

Recommendation 14

That the federal government ensure that provincial and territorial governments apply the standards applicable to private companies acting on behalf of public health institutions for

- **the active offer of services of equal quality in both official languages; and**
 - **consultation with official language minority communities.**
-

CONCLUSION

Language directly influences patient health. The Senate Committee study examined the multiple impacts of language barriers in health care. The lack of access to health care services in one's language has a real impact on health outcomes. Vulnerability increases according to age, gender, sexual orientation, race or area of origin, to name just a few factors. The evidence and briefs have shown that the federal government must do better by taking an equitable and inclusive approach.

The cost of health inequities is too often borne by official language minority communities at the expense of their own health. This is attributable to a number of factors, but in particular to a lack of planning across the continuum of health care and services. The federal government must therefore work hard with its partners to provide a full range of care and services in the official language of choice, whether it be in institutions, in the community or in the home, and this at every stage of life.

Needs, service offerings and available capacities must be better aligned. To achieve this, a better understanding of the situation must be acquired by conducting up-to-date research, integrating systematic practices for collecting disaggregated data and implementing standards for the active offer of service in both official languages. In addition, all health care personnel must receive proper training to enable them to acquire the required language skills or to use the tools and resources needed to provide Canadians with the services they deserve in a language they understand. Furthermore, these bilingual professionals not only need to be recruited and retained, but they also need to be identified to facilitate access to available services. Technology can be used to complement these efforts to ensure that bilingual services are offered in areas where they are not available in person.

Rigorous, strategic and systematic planning of health care services in the minority language is the ideal to be attained. But this will only be possible with the collaboration of all relevant health partners. The federal government must play a leadership role in protecting the language rights of Canadians for the benefit of their health. It must send a clear and unequivocal message about the importance of ensuring that all Canadians have access to health care services in the official language of their choice.

APPENDIX A – WITNESSES

Monday, April 17, 2023

The Honourable Jean-Yves Duclos, P.C., M.P., Minister of Health

Health Canada

Jocelyne Voisin, Assistant Deputy Minister, Strategic Policy Branch

Nathalie Valdés, Manager, Official Language Community Development Bureau

Public Health Agency of Canada

Mark Nafekh, Director General, Centre for Health Promotion, Health Promotion and Chronic Disease Prevention

Monday, April 24, 2023

Société Santé en français

Antoine Désilets, Executive Director

Réseau des services de santé en français de l'Est de l'Ontario

Jacinthe Desaulniers, Executive Director

Réseau Santé en français de la Saskatchewan

Frédérique Baudemont, Executive Director

Fédération franco-ténoise

Audrey Fournier, Executive Director

Réseau Santé Nouvelle-Écosse

Pierre-Louis Roisé, Executive Director

Monday, May 1, 2023

Office of the Commissioner of Official Languages for New Brunswick

Shirley MacLean, Commissioner of Official Languages for New Brunswick

Community Health and Social Services Network

Jennifer Johnson, Executive Director

Connexions Resource Centre

Danielle Lanyi, Executive Director

African Canadian Development and Prevention Network

Tania Callender, Executive Director

Vision Gaspé-Percé Now

Jessica Synnott, Executive Director

Monday, May 8, 2023

Assemblée de la francophonie de l'Ontario

Fabien Hébert, President

Peter Hominuk, Executive Director

Fédération des francophones de la Colombie-Britannique

Lily Crist, Chair of the Board of Directors

Office of the Ontario Ombudsman

Carl Bouchard, Interim French Language Services Commissioner

Monday, May 15, 2023

New Brunswick Health Council

Stéphane Robichaud, Chief Executive Officer

Vitalité Health Network

Dr. France Desrosiers, President and Chief Executive Officer

Mouvement Acadien des Communautés en Santé du Nouveau-Brunswick

Barbara Losier, Executive Director

Fédération des aînées et aînés francophones du Canada

Solange Haché, President

Jean-Luc Racine, Director General

Carrefour 50+ of British Columbia

Joanne Dumas, President

Stéphane Lapierre, Executive Director

Association francophone des aînés du Nouveau-Brunswick

Marcel Larocque, President
Jules Chiasson, Executive Director

Monday, May 29, 2023

Seniors Action Quebec

Walter Duszara, President
Katia Toimil-Bramhall, Executive Director

Black Community Resource Centre

Tenisha Valliant, President

As Individuals

Joanne Pocock, Research Consultant
Sarah Bowen, Applied Research and Evaluation Consultant

Monday, October 23, 2023

Office of the Commissioner of Official Languages

Raymond Th  berge, Commissioner of Official Languages
Isabelle Gervais, Assistant Commissioner, Compliance Assurance Branch
Pierre Leduc, Assistant Commissioner, Strategic Orientations and External Relations Branch

Monday, November 6, 2023

Quebec Community Groups Network

Eva Ludwig, President
Sylvia Martin-Laforge, Director General

F  d  ration des communaut  s francophones et acadienne du Canada

Alain Dupuis, General Manager
Liane Roy, President

Conseil pour la protection des malades du Qu  bec

Paul G. Brunet, Chair

Monday, November 27, 2023

As Individuals

Frantz Siméon, Professor, School of Social Work, Faculty of Education and Health, Laurentian University

Sylvie Larocque, Professor, School of Nursing, Faculty of Education and Health, Laurentian University

Bernouse Davilus, Student, School of Social Work, Laurentian University

Dr. Suzanne Dupuis-Blanchard, Professor and Director of the Centre on Aging, University of Moncton

Mario Paris, Associate Professor, School of Social Work, University of Moncton

Monday, December 4, 2023

Canadian Centre for Caregiving Excellence

James Janeiro, Director of Policy and Government Relations

National Seniors Council

Nora Spinks, Chair

As Individuals

Kim Sawchuk, Researcher, Centre for Research and Expertise in Social Gerontology

Dr. Peter Tanuseputro, Investigator, Bruyère Research Institute and Public Health and Preventive Medicine physician

Jacinthe Savard, Full professor, School of Rehabilitation Sciences, University of Ottawa

Monday, March 18, 2024

Government of Nova Scotia

Kim Barro, Chief, Performance and Partnership, Department of Health and Wellness

Government of Alberta

Kim Simmonds, Assistant Deputy Minister, Strategic Planning and Performance, Alberta Health

Government of the Northwest Territories

Jo-Anne Cecchetto, Deputy Minister, Department of Health and Social Services

Government of Nunavut

The Honourable John Main, MLA, Minister of Health

Government of Yukon

The Honourable John Streicker, MLA, Minister responsible for the French Language Services Directorate

Monday, April 8, 2024

Association des collèges et universités de la francophonie canadienne

Martin Normand, Director, Strategic Research and International Relations

Manon Tremblay, Director, Health, Consortium national de formation en santé

Boreal College

Daniel Giroux, President

University of Moncton

Dr. Denis Prud'homme, President and Vice-Chancellor

University of Alberta

Hassan Safouhi, Vice-Dean, Campus Saint-Jean

Monday, April 15, 2024

Health Association of African Canadians

Malanga-Georges Liboy, Member

Yalla Sangaré, Member

Gay and Grey Montréal

Ada L. Sinacore, Board Member

As Individuals

Jude Mary Cénat, Associate Professor and Director of the Interdisciplinary Centre for Black Health, University of Ottawa

Josephine Etowa, Professor, Faculty of Health Sciences, University of Ottawa

Julia Chai, Medical Student, University of Calgary

Dr. Gail Ann Knudson, Professor of Medicine, University of British Columbia

Annie Pullen Sansfaçon, Professor, School of Social Work, University of Montréal, former Canada Research Chair on Transgender Children and Their Families

Monday, April 29, 2024

Centre de santé de Saint-Boniface

Antoine Cantin-Brault, Chair of the Board of Directors

Health Sciences North

Didier Pilon, French Language Services Lead

Mental Health Commission of Canada

Michel Rodrigue, President and Chief Executive Officer

As Individuals

Suzanne Harrison, Director, School of Nursing, University of Moncton

Danielle de Moissac, Professor, Saint-Boniface University

Dr. Bernard Leduc, Previous President and Chief Executive Officer, Montfort Hospital

Monday, May 6, 2024

Dialogue McGill

Carmen G. Loiselle, Director and Principal Investigator, McGill University

Alliance des femmes de la francophonie canadienne

Nour Enayeh, President

Soukaina Boutiyeb, Executive Director

The Enchanté Network

Zakary-Georges Gagné, Communications and Membership Lead

As Individuals

Dr. Richard Musto, Clinical Professor, University of Calgary

Dr. Don Thiwanka Wijeratne, Associate Professor, Division of General Internal Medicine, Queen's University

Monday, May 27, 2024

Official Languages and Bilingualism Institute

Elena Valenzuela, Director and Associate Dean, University of Ottawa

As an Individual

Dr. José François, Provincial Chief Medical Officer, Shared Health, and Associate Professor, Department of Family Medicine, Max Rady College of Medicine, University of Manitoba

Monday, June 3, 2024

Réseau de soutien en immigration francophone de l'Est de l'Ontario

Catherine St-Hilaire, Assistant Coordinator

Réseau en immigration francophone du Manitoba

Salwa Meddri, Manager

Community Health and Social Services Network

Jennifer Johnson, Executive Director

As Individuals

James Robson, Patient Navigator, Committee for Anglophone Social Action

Steve Guimond, Patient Navigator, Community Health and Social Services Network

Kayla Kippen, Director of Health Initiatives, Lower North Shore of Quebec, Coasters Association

Brittney Chabot, Executive Director, English Community Organization - Saguenay-Lac-Saint-Jean

Chloe Régis, Stay-at-home mother

Hugo Bissonnet, Executive Director, 4Korners

Monday, September 16, 2024

Innovation, Science and Economic Development Canada

Andre Arbour, Director General, Telecommunications and Internet Policy Branch

Josie Brocca, Director General, Connected Canada Branch

Monday, September 23, 2024

Canadian Psychological Association

Anita Gupta, President

Stewart Madon, Director, Professional Affairs

Canadian Physiotherapy Association

Krissy Bell, Chief Executive Officer

Jennifer O’Neil, Physiotherapist and Assistant Professor, University of Ottawa

Health Workforce Canada

Deborah Cohen, Chief Operating Officer

Psychological Association of Manitoba

Harold Wallbridge, Registrar

Monday, October 7, 2024

Médecins francophones du Canada

Dr. Jean A. Roy, President

Association of Faculties of Medicine of Canada

Danielle Barbeau-Rodrigue, Chair, Francophone Minorities Network

Dr. Julien Poitras, Member of the Board

Anne Leis, Member, Francophone Minorities Network

University of Moncton

Norma Ponzoni, Facilitator, Telehealth Program

Competition Bureau Canada

Anthony Durocher, Deputy Commissioner, Competition Promotion Branch

Flore Kouadio, Acting Senior Competition Law Officer, Competition Promotion Branch

Réseau québécois de la télésanté

Chadia Kombo, Manager, Telehealth Coordination Centre for the RUISSS territory, University of Montréal

Monday, October 21, 2024

First Nations of Quebec and Labrador Health and Social Services Commission

Derek B. Montour, President

Canadian Institute for Research on Linguistic Minorities

Éric Forgues, Executive Director

As Individuals

Sylvie Grosjean, Full Professor and Research Chair in International Francophonie on Digital Health Technologies, University of Ottawa

Sylvie Sylvestre, Caregiver

Monday, October 28, 2024

Canadian Health Workforce Network

Ivy Lynn Bourgeault, Research Chair in Gender, Diversity and the Professions and Professor, University of Ottawa

Canadian Nurses Association

Kimberly LeBlanc, President

Alexandre Bourassa, Lead, Public Affairs

Groupe d’infirmières et infirmiers du Nouveau-Brunswick

Véronique Landry, President

Monday, November 4, 2024

The Honourable Randy Boissonnault, P.C., M.P., Minister of Employment, Workforce Development and Official Languages

Employment and Social Development Canada

Paul Thompson, Deputy Minister

Jacinthe Arsenault, Director General, Apprenticeship and Sectoral Initiatives Directorate

Association francophone pour le savoir (Acfas)

Valérie Lapointe-Gagnon, Chair, Pan-Canadian Committee on Research in French

Monday, November 18, 2024

Canadian Institutes of Health Research

Christian Baron, Vice-President, Research Programs

As an Individual

Isabelle Giroux, Co-Leader of the Groupe de recherche sur la formation et les pratiques en santé et service social en contexte francophone minoritaire, University of Ottawa

APPENDIX B – BRIEFS AND OTHER DOCUMENTS

The complete list of briefs and other documents received can be found on the [committee website](#).

- Alliance des femmes de la francophonie canadienne ([brief](#))
- Association of Canadian Psychology Regulatory Organizations ([response](#))
- Association francophone des aînés du Nouveau-Brunswick ([brief](#))
- Canadian Institute for Health Information ([brief](#))
- Canadian Institutes of Health Research ([response](#))
- Canadian Medical Association ([letter](#))
- Canadian Psychological Association ([response](#))
- Collège des médecins du Québec ([letter](#))
- Collège La Cité ([brief](#))
- Community Health and Social Services Network ([brief](#))
- Employment and Social Development Canada, on behalf of the Honourable Randy Boissonnault, P.C., M.P. ([response](#))
- First Nations of Quebec and Labrador Health and Social Services Commission ([brief](#))
- Government of the Northwest Territories ([response](#))
- Government of Ontario, on behalf of the Ministry of Health ([brief](#))
- Government of Prince Edward Island ([letter](#))
- Government of Yukon, on behalf of the Honourable John Streicker ([response](#))
- Health Canada ([response](#))
- Health Canada, on behalf of the Honourable Jean-Yves Duclos, P.C., M.P. ([response](#))
- Health Canada, on behalf of the Minister of Health ([brief](#))
- Health Canada, on behalf of the Minister of Mental Health and Addictions ([brief](#))
- Horizon Health Network ([letter](#))
- Ilene Hyman ([brief](#))

- Indigenous Services Canada, on behalf of the Honourable Patty Hajdu, P.C., M.P. ([letter](#))
- Innovation, Science and Economic Development Canada ([response](#))
- Isabelle Giroux, Co-leader of the Groupe de recherche sur la formation et les pratiques en santé et service social en contexte francophone minoritaire ([brief](#))
- Mouvement Acadien des Communautés en Santé du Nouveau-Brunswick ([response](#))
- New Brunswick Health Council ([response](#))
- Ordre des infirmières et des infirmiers du Québec ([letter](#))
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- Quebec Community Groups Network ([brief](#))
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- Réseau de développement économique et d'employabilité du Canada ([brief](#))
- Réseau en immigration francophone du Nouveau-Brunswick ([letter](#))
- Société Santé en français ([brief](#))
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