



Findings - Study of French-language health services in Manitoba (2025)

Provincial report
February 2026

Agenda

- ❖ Contextualization
- ❖ Acknowledgement
- ❖ Methodology
- ❖ Profile of Francophones
- ❖ Results — Findings

Contextualization

A sustained role of support and advice since 2018

- ❖ Refined data collection with tangible results and continuous improvement, thereby enabling informed decision-making
- ❖ 2 types of data collection :
 - Health Human Resources *(Designated bilingual positions (DBP) and staffing levels, measured in full-time equivalent (FTE) units)*
 - Organizational engagements Vs. practices in 4 areas *(Leadership and accountability, Patient experience and active offer, Workforce well-being, Workforce recruitment and sustainability)*
- ❖ Annual reports and numerous appropriation sessions to help stakeholders understand the importance of data collection in highlighting progress made, identifying gaps to be addressed and thus providing avenues for reflection and development.

Acknowledgement

The 2024-2025 data collection was carried out by the Francophone Health Department of Shared health - Soins communs with the support of the Secrétariat aux affaires francophones and Santé en français.

It was supported by the Province of Manitoba, through the Department of Health, Seniors and Long-Term Care, and Health Canada's Official Language Community Development Bureau (OLCDB).

This initiative was funded by Health Canada as part of Health Canada's 2023-2028 Official Languages Health Program (OLHP).

The opinions expressed herein do not necessarily reflect those of Health Canada, the Department of Health, Seniors and Long-Term Care, or the partners.

Financial contribution:



Santé
Canada

Health
Canada

This initiative was made possible through a financial contribution from Health Canada.

Methodology

❖ **HHR data**

- Over 70 files, over 80,000 lines
- Level of accuracy varies depending on source and authority
- Manual data entry for over 75% of designated bilingual positions
- Use of SAP and QHR data where possible

❖ **Demographic data**

- 2016 and 2021 census

❖ **Data on organizational engagements and practices**

- Customized collection on the OZi platform
- Over 140 targeted participants (program and site managers, FLHS coordinators)

Profile of Francophones in Manitoba (2021 census)

Of Manitoba's 1 342 153 residents, 112 115 can conduct a conversation in French (+2 175 people compared with 2016), id est a bilingualism rate of 8.4%.

Table 6: Population by health region

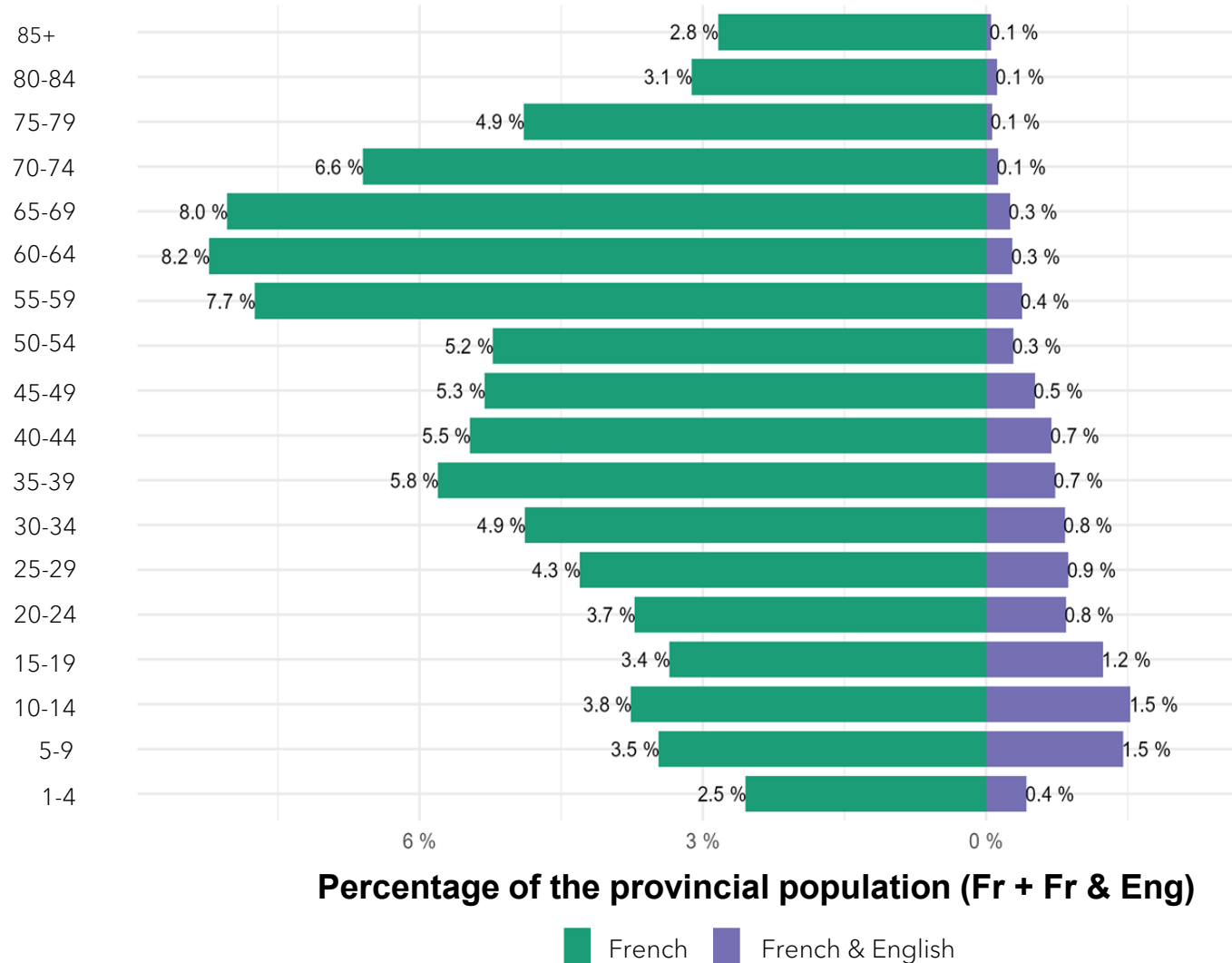
Regional Health Authority (RHA)	2016			2021		
	Total Population	Francophone Population	%	Total Population	Francophone Population	%
Southern Health – Santé Sud	189 725	20 930	11,0%	204 586	21 330	10,4%
Interlake Eastern	125 385	7 210	5,8%	133 890	7 575	5,7%
Northern	71 770	1 925	2,7%	67 917	1 835	2,7%
Prairie Mountain	163 045	7 590	4,7%	168 876	7 160	4,2%
Winnipeg	711 695	72 285	10,2%	766 884	74 215	9,7%
TOTAL	1 261 620	109 940	8,7%	1 342 153	112 115	8,4%

5,240 healthcare professionals have knowledge of French, but only 1,335 (25.5%) use it most often or regularly at work. These rates of French knowledge and usage vary depending on the profession.

Occupation	Total	Total Knowledge of French (KF)	% KF	Mostly	Regularly	Never	Total use of French	% use of French
3 Health occupations	61 655	5 240	8,5%	490	845	3 905	1 335	25,5%
31301 Registered nurses and registered psychiatric nurses	14 325	1 275	8,9%	90	300	885	390	30,6%
33102 Nurse aides, orderlies and patient service associates	17 735	925	5,2%	205	125	595	330	35,7%
31102 General practitioners and family physicians	1 900	300	15,8%	45	45	210	90	30,0%
31100 Specialists in clinical and laboratory medicine	1 320	225	17,0%	-	40	185	40	17,8%
32102 Paramedical occupations	1 320	200	15,2%	-	50	150	50	25,0%
30010 Managers in health care	1 505	135	9,0%	-	10	125	10	7,4%
31120 Pharmacists	1 685	115	6,8%	-	15	100	15	13,0%
31202 Physiotherapists	1 040	115	11,1%	-	20	95	20	17,4%
32101 Licensed practical nurses	2 425	105	4,3%	10	10	85	20	19,0%
31200 Psychologists	485	85	17,5%	10	-	75	10	11,8%
31101 Specialists in surgery	405	85	21,0%	-	10	75	10	11,8%
31300 Nursing coordinators and supervisors	445	50	11,2%	-	10	40	10	20,0%
31302 Nurse practitioners	240	45	18,8%	15	10	20	25	55,6%

Age pyramid according to First official language spoken

Population whose primary official language spoken is French or French and English



This age pyramid represents the proportion of the population whose first official language is French (or French and English), broken down by age group. It illustrates a challenge of renewal and a major linguistic and demographic transition.

- A dense summit – an aging population:

The segments between 55 and 74 years old (i.e. baby boomers in 2021) are the most vastly populated. This suggests that the French-speaking community in this province is currently based on aging generations..

- An erosion of the base – a decline among young people:

Pronounced erosion among people under 35 who speak French as their first official language. Three hypotheses may explain this: a decline in the birth rate within the community, difficulty in passing on the language, or the effect of immigration from countries where French is not the first language.

- A rise in bilingualism – encouraging for the vitality of the French language:

The virtual absence of bilingualism in certain age groups is inversely significant among young people. This shows that for the younger generations, maintaining French increasingly involves coexisting with English rather than using French exclusively..



Section 1: Human resources

Highlights:

Review of the last 3 years

	2022-2023			2023-2024			2024-2025		
	Total employees (full-time equivalent)	Designated Bilingual Positions (DBP)	Filled DBP with language skills	Total employees (full-time equivalent)	Designated Bilingual Positions (DBP)	Filled DBP with language skills	Total employees (full-time equivalent)	Designated Bilingual Positions (DBP)	Filled DBP with language skills
Shared health Soins communs		57,70	37,00	11495,42	52,94	36,73	11638,36	60,51	33,83
CancerCare					1,00	1,00		1,00	1,00
Prairie Mountain Health (PMH)		5,00	3,00		5,00	3,00		5,00	3,00
Interlake-Eastern RHA (IERHA)		32,70	9,80		31,55	9,50	2494,15	32,48	12,50
Southern Health-Santé Sud (SH-SS)		386,70	164,70	2560,79	337,98	149,61	3074,90	326,97	128,26
Winnipeg RHA (WRHA)		209,40	88,00	10368,03	199,26	80,72	10750,14	76,94	47,77
WRHA-Independents	588,44	724,46	329,35	3311,41	743,53	356,66	2913,71	800,62	350,49
Saint-Boniface Hospital (SBH)		149,00	42,90	2692,58	148,10	59,00	2251,79	159,30	51,50
Clinique Youville				26,70	9,60	8,20	25,50	9,60	7,00
St.Amant	25,83	33,25	25,84	34,44	34,44	28,60	30,76	31,76	27,64
Sara Riel Inc.	36,60	36,10	6,00	37,60	37,10	8,00	35,00	34,50	4,00
Actionmarguerite St. Boniface	315,34	315,04	141,60	323,73	323,73	138,78	366,47	366,47	146,21
Actionmarguerite St-Vital	125,81	125,81	61,11	127,74	127,74	60,20	135,40	135,40	59,26
Centre de santé St-Boniface	58,66	58,66	44,90	57,59	57,59	47,65	57,99	57,99	51,28
Ode'imin	26,20	6,60	7,00	11,03	5,23	6,23	10,80	5,60	3,60
SH-SS-Independents	88,10	88,10	61,00	90,10	90,10	50,80	102,51	102,51	55,40
Villa Youville	88,10	88,10	61,00	90,10	90,10	50,80	102,51	102,51	55,40
TOTAL	<i>N/A (incomplete)</i>	1504,06	692,85 46,07%	27825,75	1461,36 5,25%	688,02 47,08%	30973,77	1406,03 4,54%	632,25 44,97%

Notes :

- Filled DBPs continue to stagnate at around 45%.
- A significant increase in DBPs among independents, particularly at Actionmarguerite, Villa Youville and Saint-Boniface Hospital.
- Significant discrepancy in 2024-2025 in terms of DBP and filled DBP reported by the WRHA for certain departments at Victoria General Hospital, likely due to internal transitions that may have affected organizational memory.
- Data collection remains a manual activity, subject to such irregularities.
- The picture would be more complete with more data from the non designated long-term care sector, Prairie Mountain Health and CancerCare.

Highlights:

Focus on the 2024-2025 collection

2024-2025

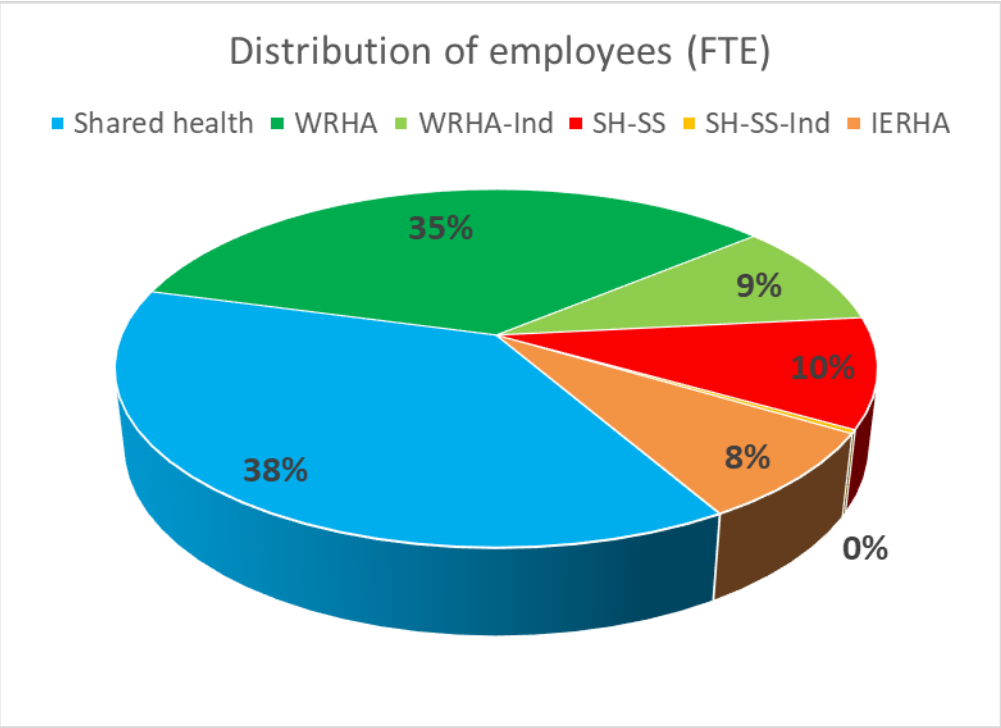
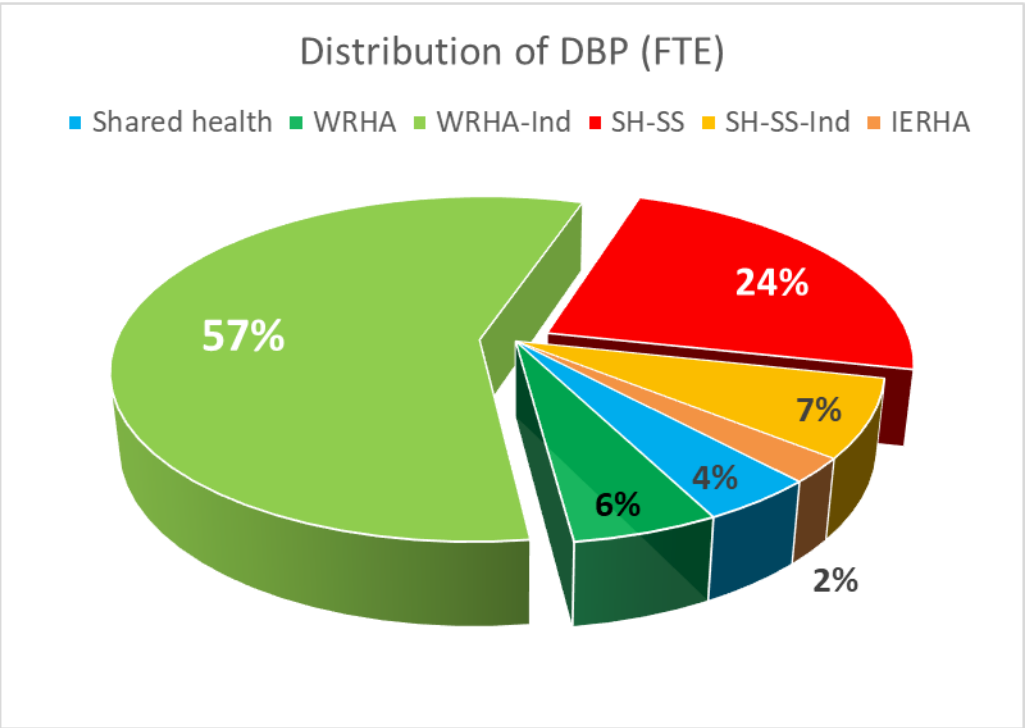
	Total employees (full-time equivalent)	Designated Bilingual Positions (DBP)	Filled DBP with language skills	Total employees (full-time equivalent)	Designated Bilingual Positions (DBP)	Filled DBP with language skills
Shared health Soins communs	11638,36	60,51	33,83	37,6%	4,3%	5,4%
CancerCare		1,00	1,00		0,1%	0,2%
Prairie Mountain Health (PMH)		5,00	3,00		0,4%	0,5%
Interlake-Eastern RHA (IERHA)	2494,15	32,48	12,50	8,1%	2,3%	2,0%
Southern Health-Santé Sud (SH-SS)	3074,90	326,97	128,26	9,9%	23,3%	20,3%
Winnipeg RHA (WRHA)	10750,14	76,94	47,77	34,7%	5,5%	7,6%
WRHA-Independents	2913,71	800,62	350,49	9,4%	56,9%	55,4%
Saint-Boniface Hospital (SBH)	2251,79	159,30	51,50	7,3%	11,3%	8,1%
Clinique Youville	25,50	9,60	7,00	0,1%	0,7%	1,1%
St.Amant	30,76	31,76	27,64	0,1%	2,3%	4,4%
Sara Riel Inc.	35,00	34,50	4,00	0,1%	2,5%	0,6%
Actionmarguerite St. Boniface	366,47	366,47	146,21	1,2%	26,1%	23,1%
Actionmarguerite St-Vital	135,40	135,40	59,26	0,4%	9,6%	9,4%
Centre de santé St-Boniface	57,99	57,99	51,28	0,2%	4,1%	8,1%
Ode'imin	10,80	5,60	3,60	0,0%	0,4%	0,6%
SH-SS-Independents	102,51	102,51	55,40	0,3%	7,3%	8,8%
Villa Youville	102,51	102,51	55,40	0,3%	7,3%	8,8%
TOTAL	30973,77	1406,03 4,54%	632,25 44,97%			

Notes :

- Independents account for the largest proportion of DBPs (64.2% of DBPs and filled DPPs, even though they represent only 9.7% of the total workforce in FTE).
- It is the opposite situation for the health authorities (35,8% DBPs and filled DPPs with 90,3% of the total workforce in FTE)

Capacity overview by regional authority

Organization(s)	Total employees (FTE)	DBP (FTE)	Filled DBP (FTE)	DBP (%)	Filled DBP (%)
Shared health	11 638,36	60,51	33,83	0,52%	55,91%
WRHA	10 750,14	76,94	47,77	0,72%	62,09%
WRHA-Ind	2 913,71	800,62	350,49	27,48%	43,78%
SH-SS	3 074,90	326,97	128,26	10,63%	39,23%
SH-SS-Ind	102,51	102,51	55,40	100,00%	54,04%
IERHA	2 494,15	32,48	12,50	1,30%	38,49%
TOTAL	30 973,77	1 400,03	628,25		
(%)		4,52%	44,87%		



Notes : The results do not include Prairie Mountain and CancerCare Manitoba, for which we do not have the total of employees in FTE.

DBP in relation to the French-speaking population, by health region

Table 8: Designated bilingual positions and francophone population

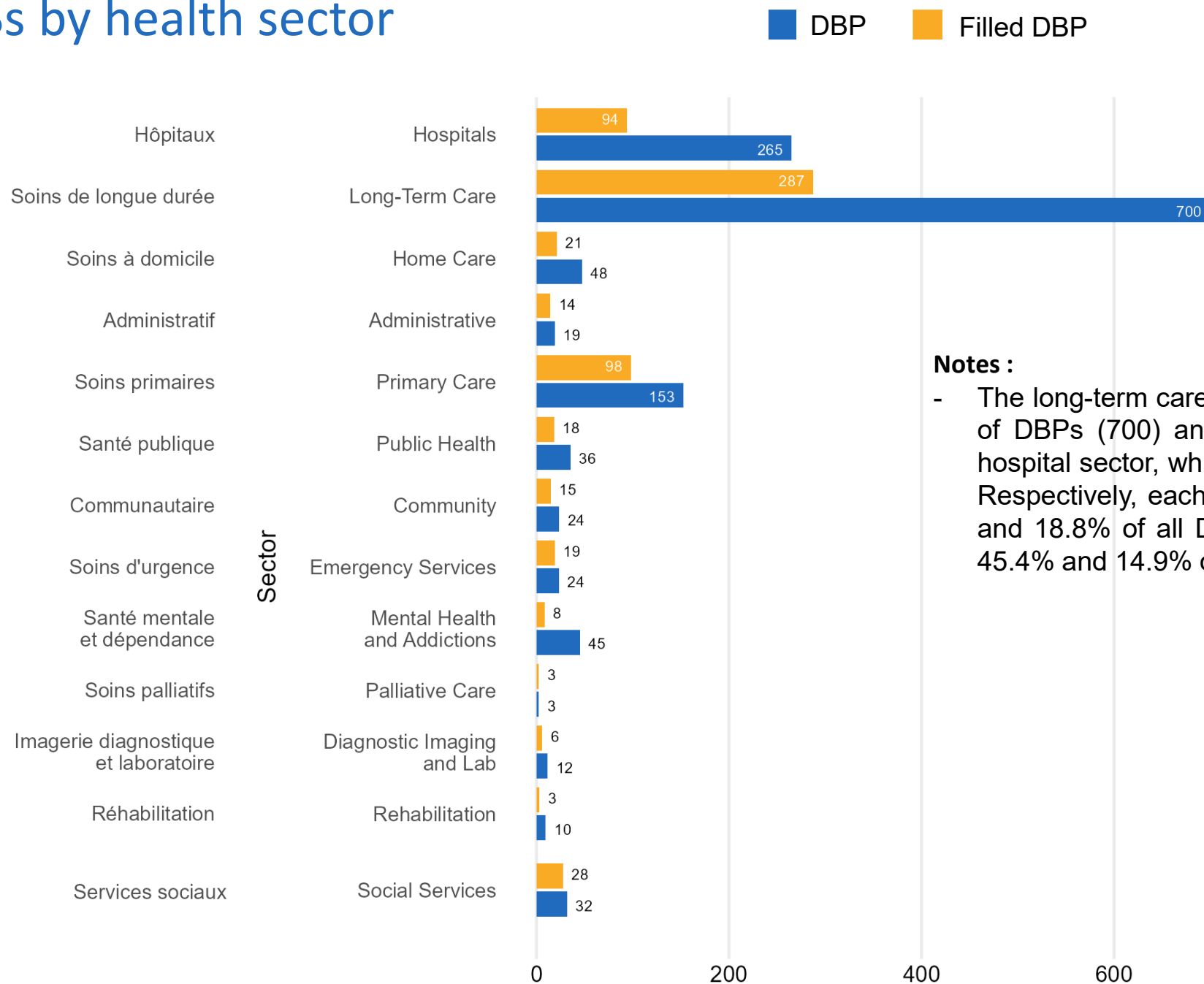
22-23	Office Régional de la Santé (ORS)	Population Francophone (2021)	# Designated bilingual positions (DBP), FTE	# DBP per 1K francophones
	Southern Health – Santé Sud	21 330	474,8	22,3
	Interlake Eastern	7 575	32,7	4,3
	Northern	1 835	0,0	0,0
	Prairie Mountain	7 160	5,0	0,7
	Winnipeg	74 215	941,4	12,7
	TOTAL	112 115	1 453,9	13,0
23-24	Regional Health Authority (RHA)	Francophone Population (2021)	# Designated bilingual positions (DBP), FTE	# DBP per 1K francophones
	Southern Health – Santé Sud	21 330	428,1	20,1
	Interlake Eastern	7 575	31,6	4,2
	Northern	1 835	0,0	0,0
	Prairie Mountain	7 160	5,0	0,7
	Winnipeg	74 215	942,8	12,7
	TOTAL	112 115	1 407,4	12,6
24-25	Regional Health Authority (RHA)	Francophone Population (2021)	# Designated bilingual positions (DBP), FTE	# DBP per 1K francophones
	Southern Health – Santé Sud	21 330	429,5	20,1
	Interlake Eastern	7 575	32,5	4,3
	Northern	1 835	0,0	0,0
	Prairie Mountain	7 160	5,0	0,7
	Winnipeg	74 215	877,6	11,8
	TOTAL	112 115	1 344,5	12,0

Winnipeg	66,2%	65,3%
Southern Health – Santé Sud	19,0%	31,9%
Interlake Eastern	6,8%	2,4%
Prairie Mountain	6,4%	0,4%
Northern	1,6%	0,0%

Notes :

- Pronounced disparity between DBP and the French-speaking population by region, suggesting an uneven distribution of linguistic resources.
- These data exclude DBP from Shared health Soins communs and CancerCare Manitoba, due to their provincial mandate.

DPBs by health sector

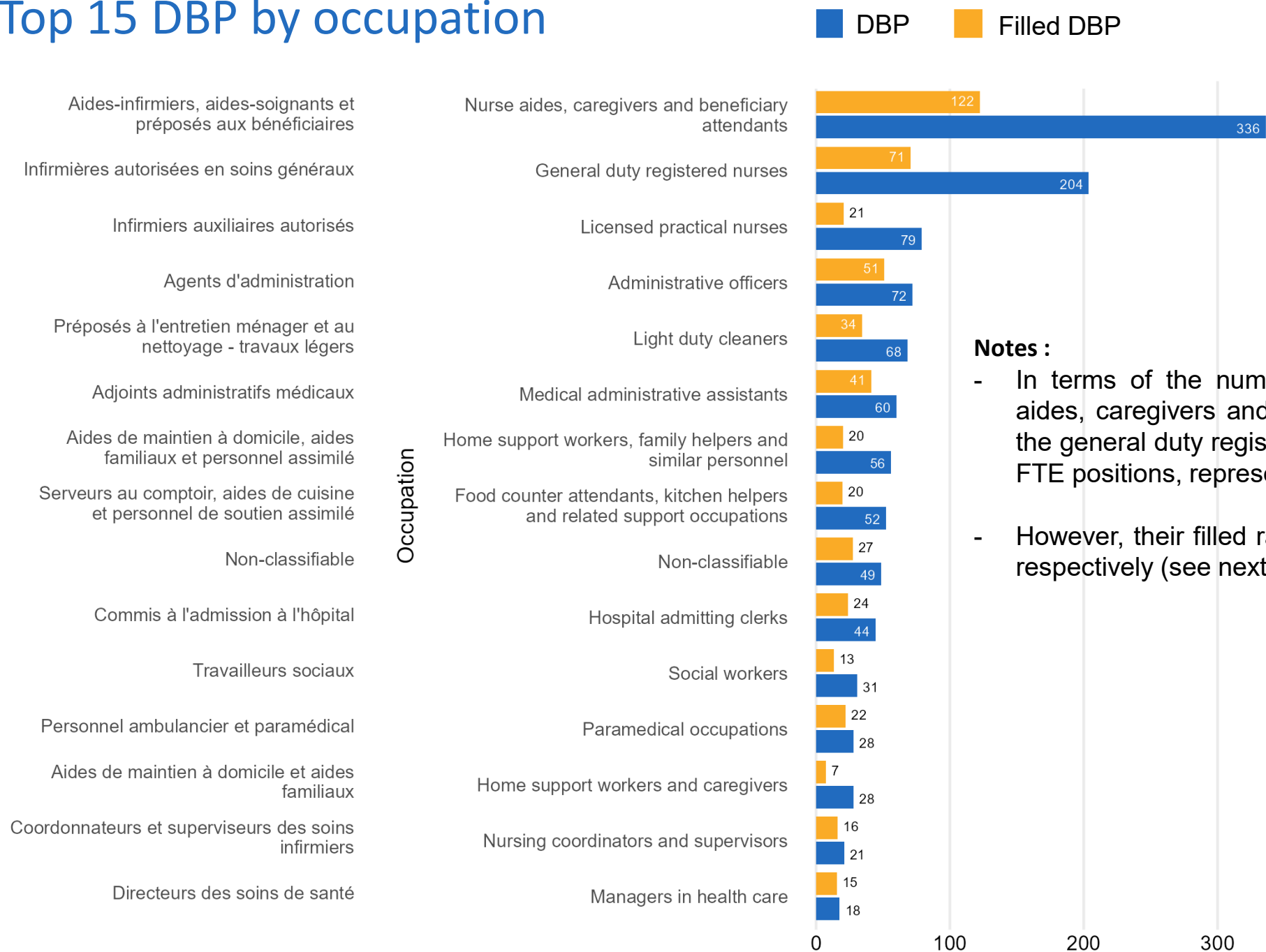


LTC
=
Almost 50%
of DBPs

Notes :

- The long-term care (LTC) sector has the highest number of DBPs (700) and filled DBPs (287), followed by the hospital sector, which has 265 DBPs and 94 filled DBPs. Respectively, each of these sectors accounts for 49.8% and 18.8% of all DBPs recorded (1,406.03), as well as 45.4% and 14.9% of all filled DBPs recorded (632.25).

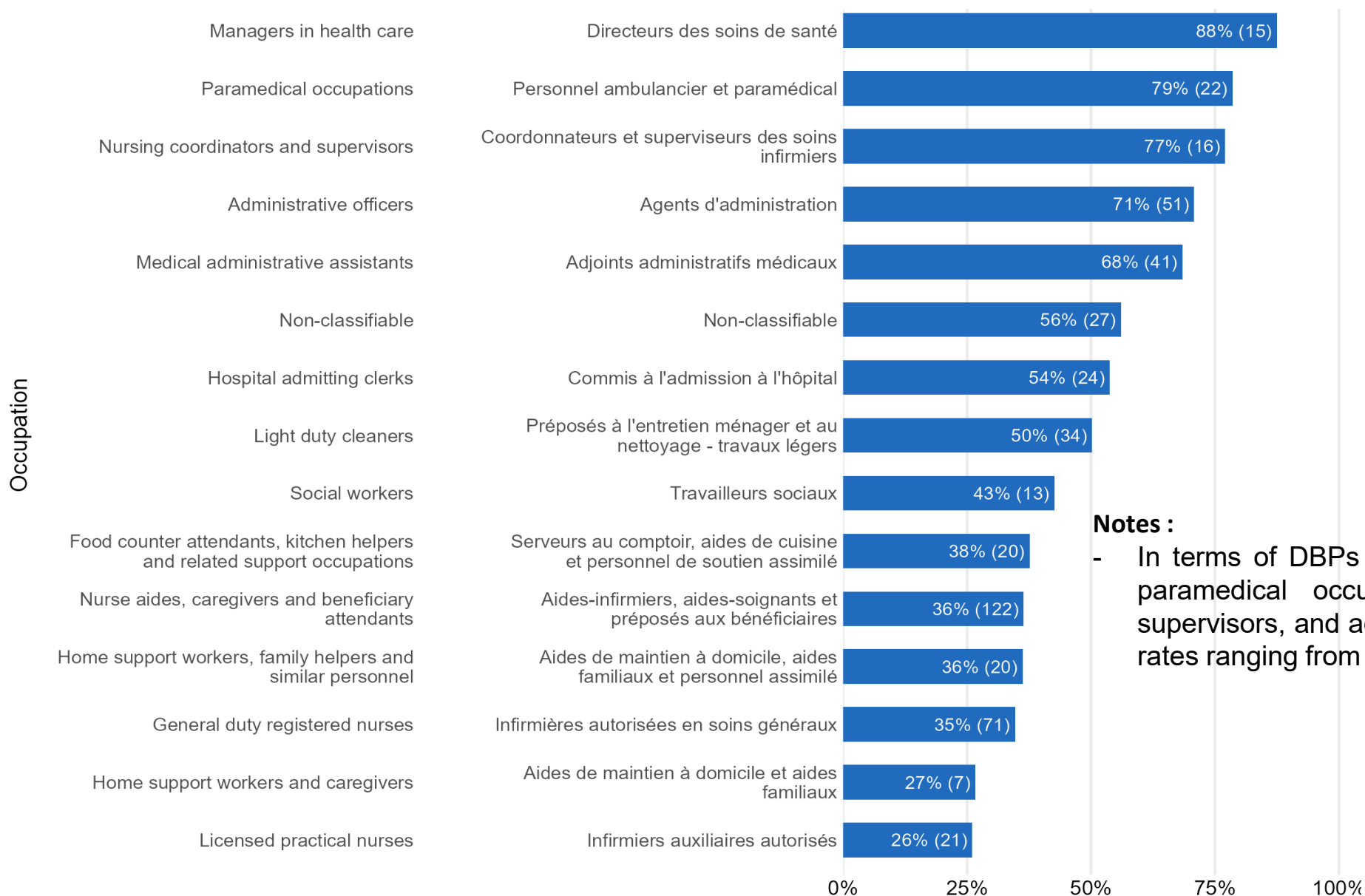
Top 15 DBP by occupation



Top 4 DBPs
=
Almost 50%
of DBPs

- Notes :**
- In terms of the number of DBPs, the group of nurse aides, caregivers and beneficiary assistants, as well as the general duty registered nurses lead the way with 540 FTE positions, representing 38.4% of all DBPs.
 - However, their filled rates account for 36.3% and 34.8% respectively (see next slide).

Filled DBPs rates by occupation



Notes :

- In terms of DBPs filling rates, managers in healthcare, paramedical occupations, nursing coordinators and supervisors, and administrative groups lead the way with rates ranging from 88% to 68%.



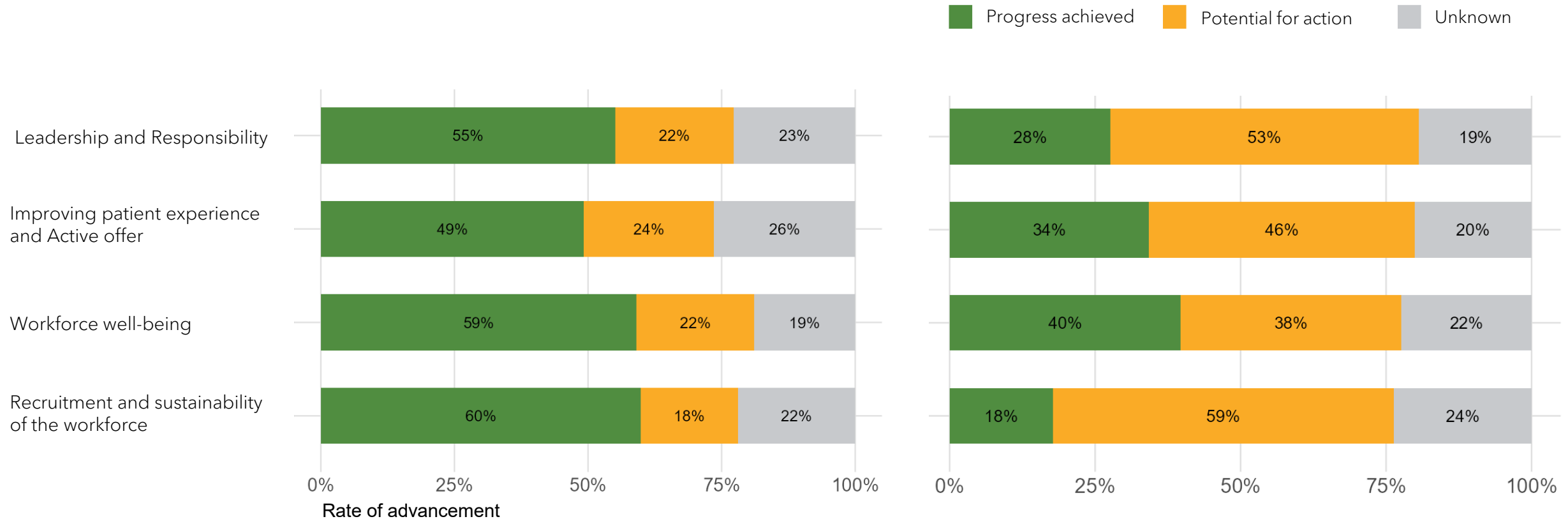
Section 2: Survey of organizational commitments and practices

Preamble

- Based on Shared Health's multi-year Provincial Plan for French Language Services, a multitude of objectives and indicators were considered in the design of the survey, particularly with regard to the following four categories:
 - Leadership and responsibility
 - Patient experience and Active offer
 - Workforce well-being
 - Recruitment and sustainability of the workforce
- The graphs on the following slides show all the elements that have been implemented (progress achieved) and those that could be improved (potential for action), whether in terms of governance commitments or organisational practices.
- The suggested method for estimating the level of implementation of a mechanism or protocol is to assess its progress over time. The level of implementation is determined by the person designated by the organization. Three levels are possible according to the Likert scale:

<i>Qualitative assessment</i>	<i>Quantitative estimate</i>
Not started or not advanced	0% to 35%
Advanced	35% to 65%
Very advanced or achieved	65% to 100%

Progress summary : Organizational commitments Vs. Organizational practices



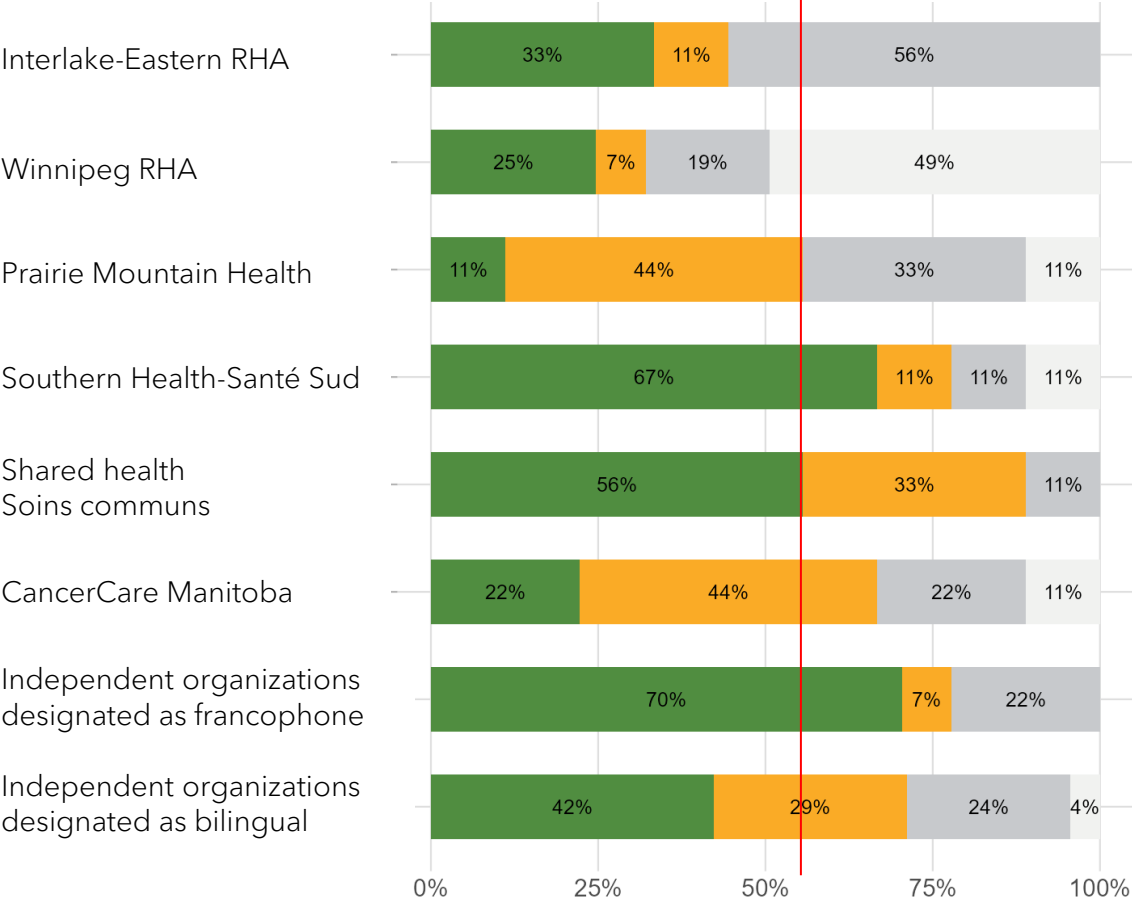
Notes : Significant gap between organizational commitments and practices in the field, particularly in terms of leadership and accountability, as well as recruitment and workforce retention. However, this difference could be explained by two hypotheses:

- Contrast in vision and perception between French-language service directors and coordinators (strategic lens) and program/site managers (operational lens)
- Time perspective between a commitment and its implementation

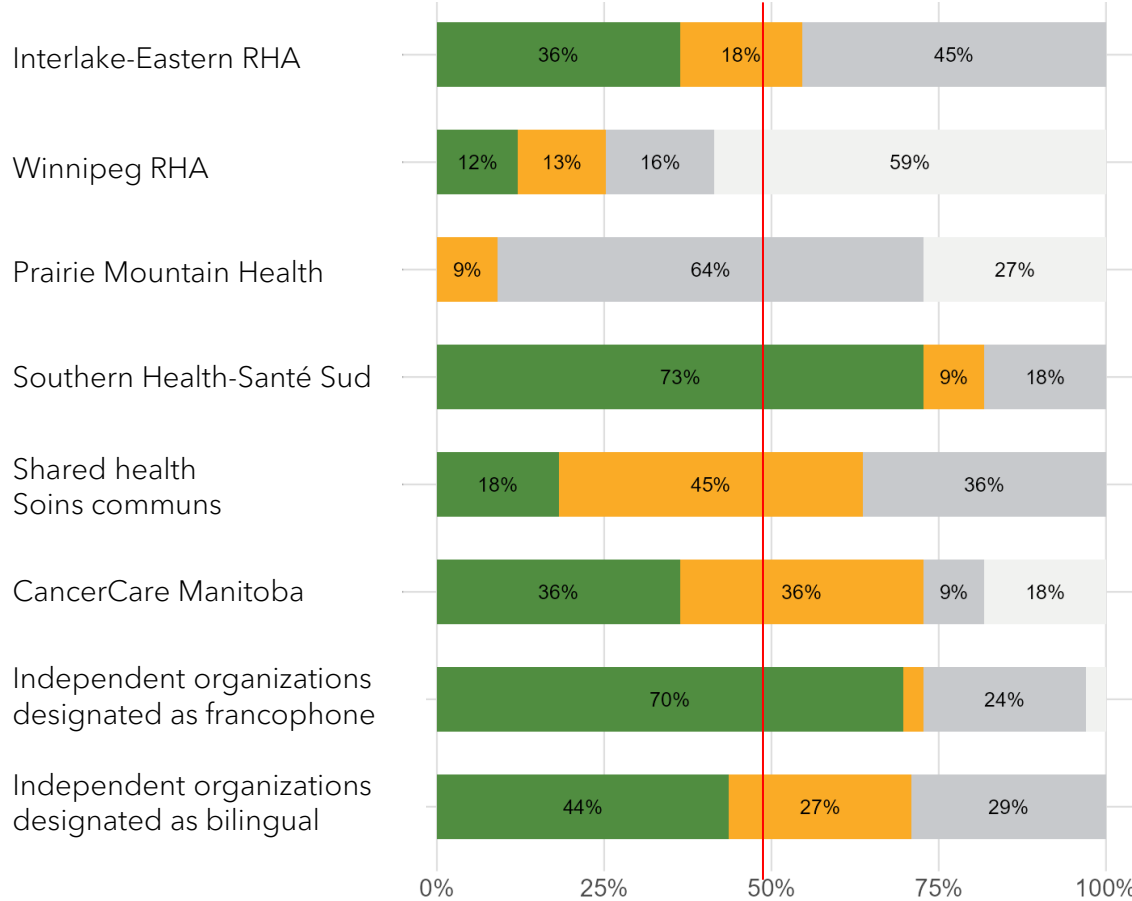
Level of implementation of commitments



Leadership and Responsibility



Patient experience and Active offer

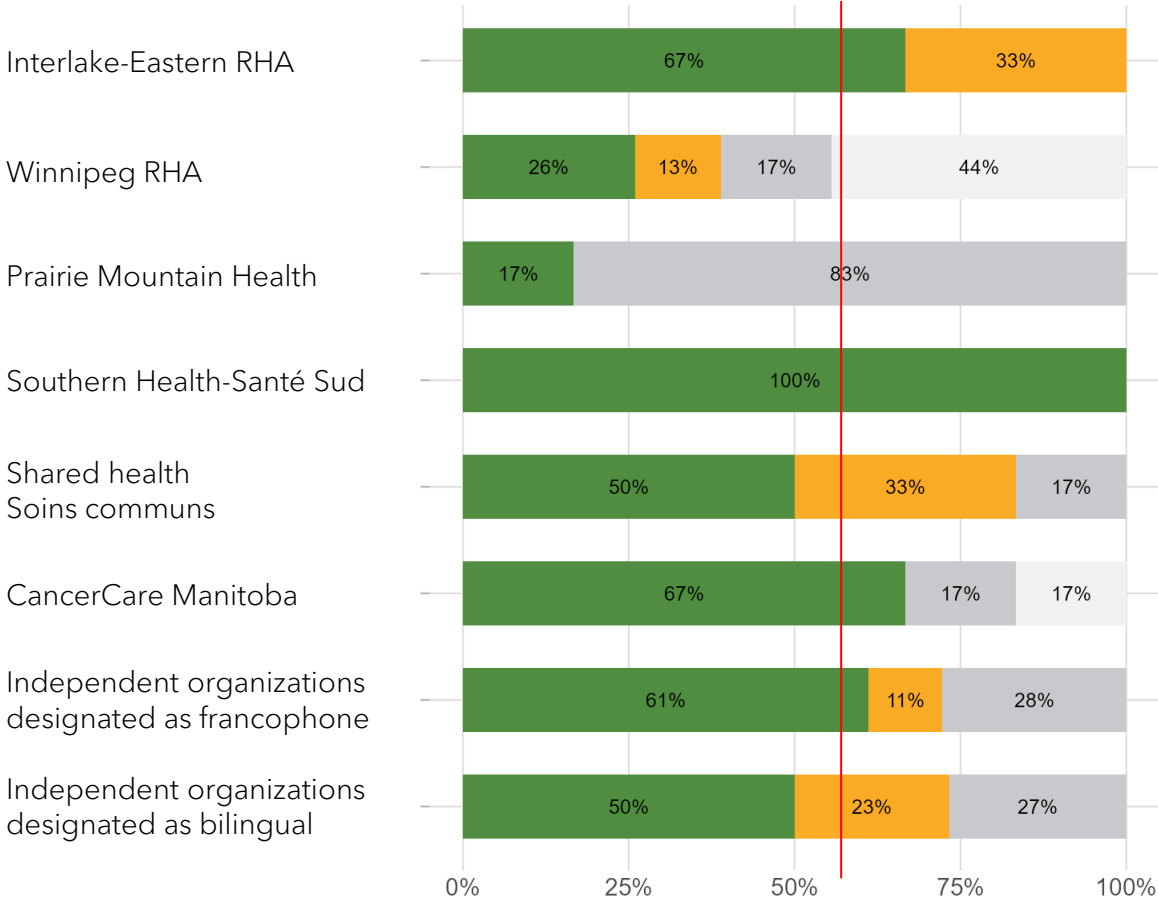


- Notes :**
- In terms of leadership and accountability, independent organizations (Francophone and bilingual), Southern Health-Santé Sud, and Shared health Soins communs have the best implementation performance. Prairie Mountain Health is the RHA that ranks lowest in terms of implementing these commitments.
 - In terms of patient experience and active offer, the same observation applies, except for Shared health Soins communs. There has been a notable improvement in independent organizations designated as bilingual, compared to previous years.

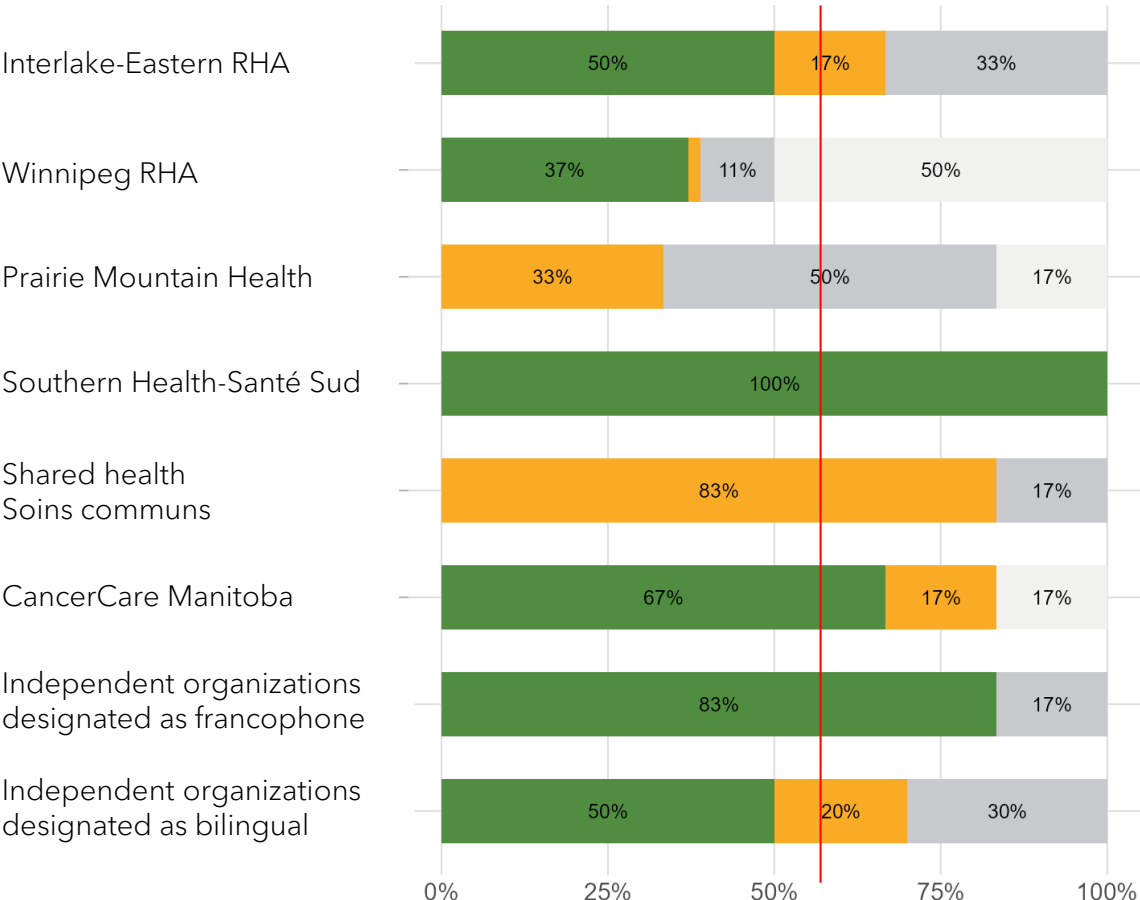
Level of implementation of commitments

Achieved or very advanced Advanced Not advanced or not started Unknown

Workforce well-being



Recruitment and sustainability of the workforce

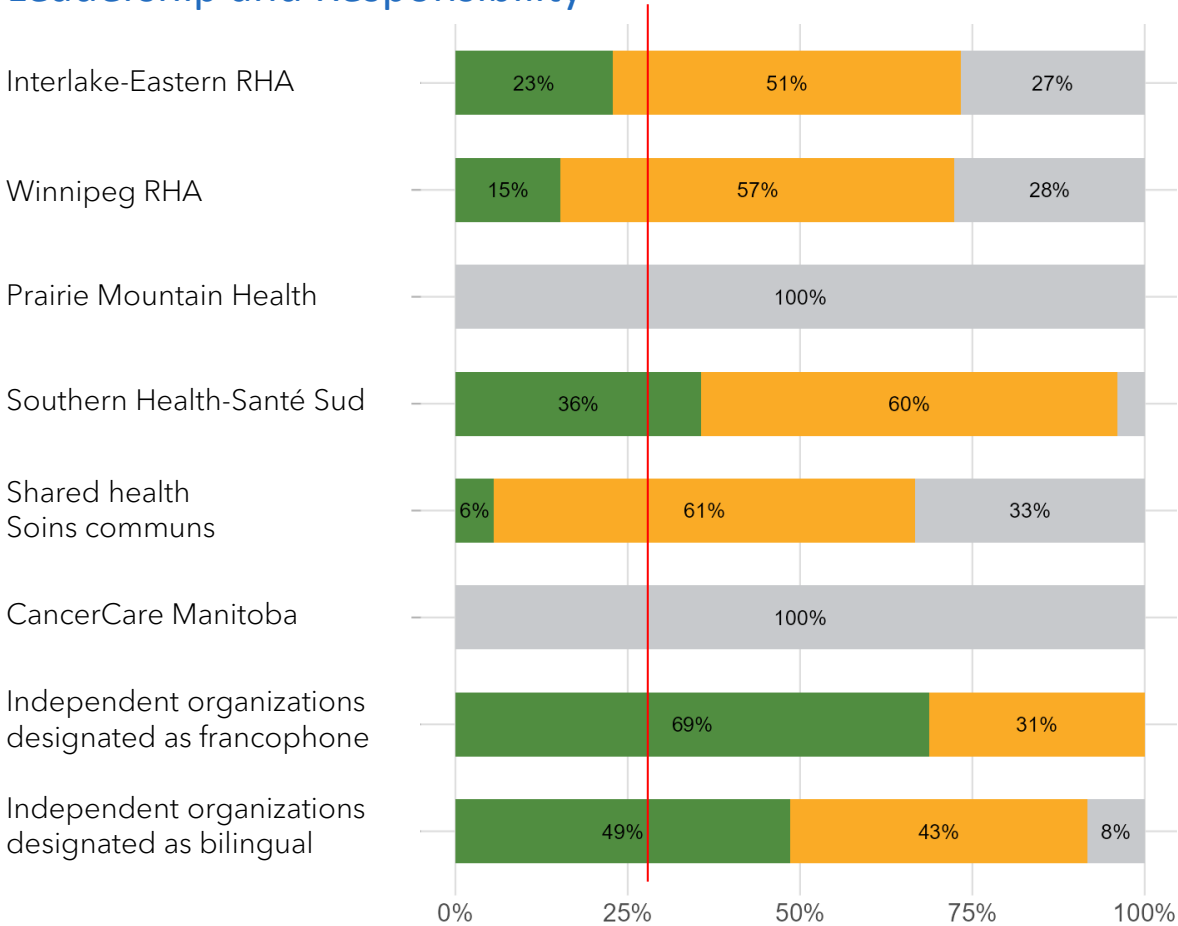


Notes :
Compared to the summary of commitments, organizations report a progress level of around 60% on these two components. Despite the difficulty in filling designated bilingual positions, some organizations report that their organizational practices do not necessarily promote the hiring of bilingual staff. This suggests that although organizations face difficulties in filling designated bilingual positions, this situation is not solely due to a shortage of Francophone employees. It could be related to organizational practices that are insufficient to attract and retain this type of talent.

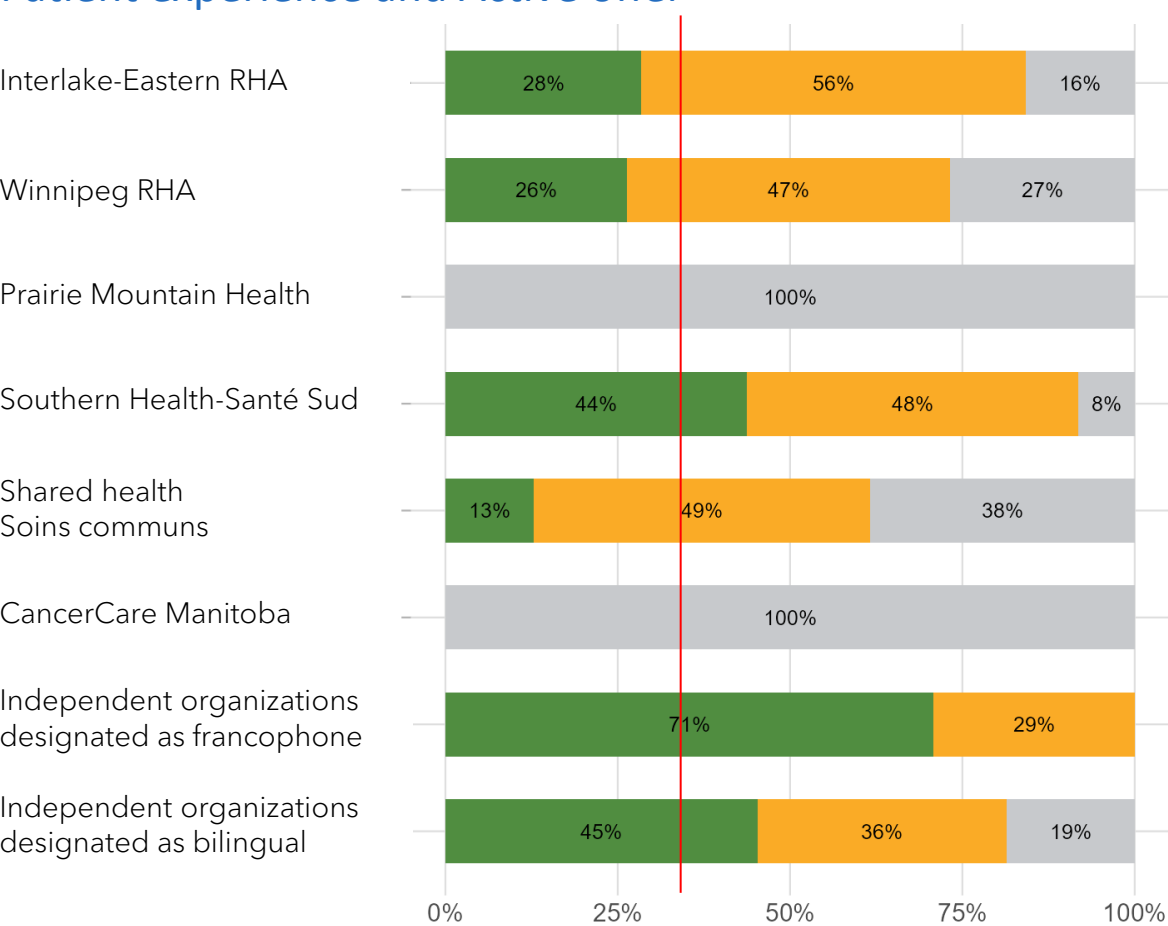
Level of implementation of practices

Progress achieved Potential for action Unknown

Leadership and Responsibility



Patient experience and Active offer

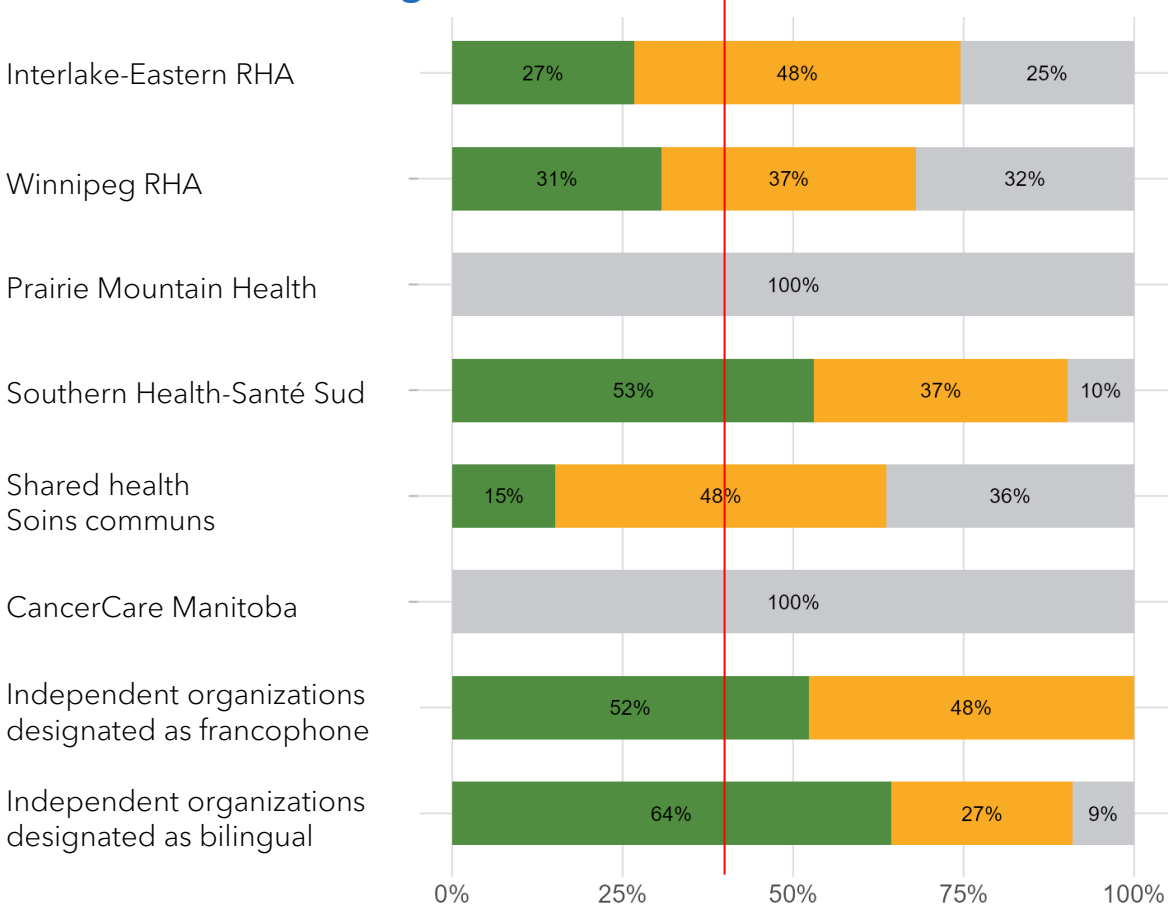


Notes :
There is a notable disparity between the level of implementation of practices among independent institutions (Francophone and bilingual) and RHAs (to a lesser extent in the case of Southern Health-Santé Sud). Only independent organizations show a minimal gap between the level of implementation of their commitments and their practices.

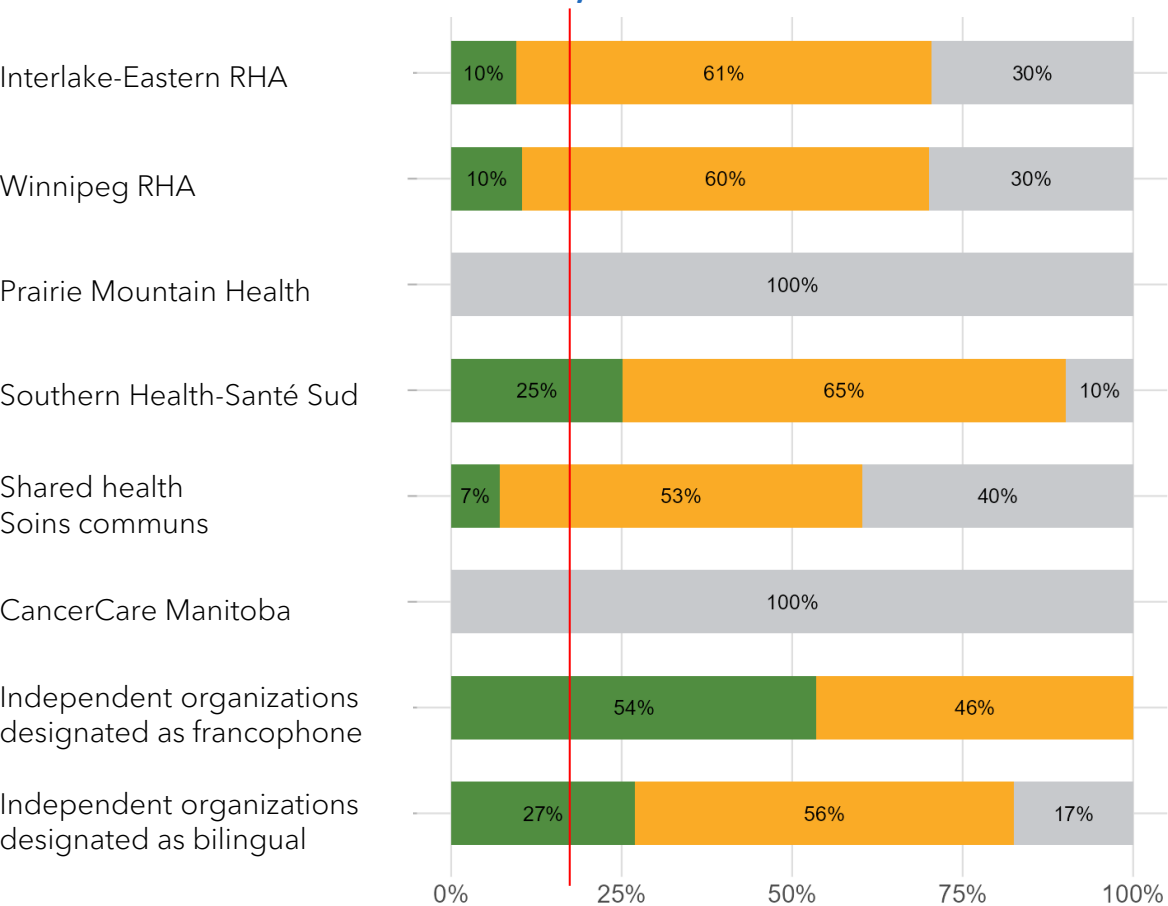
Level of implementation of practices

Progress achieved Potential for action Unknown

Workforce well-being



Recruitment and sustainability of the workforce



Notes :

- Compared to commitments, levels remain relatively low in terms of the implementation of practices for these two components.
- The same disparity in the level of implementation of practices can be observed between independent organizations (Francophone and bilingual) and RHAs (to a lesser extent in the case of Southern Health-Santé Sud). However, it would appear that independent organizations designated as bilingual (despite a favorable climate) have difficulty recruiting and retaining their workforce.

Focus on the level of implementation of practices - *Leadership and responsibility*

Figure 5.5.3: Level of implementation of organizational practices related to commitment to FLS

Among the 93 participating programs

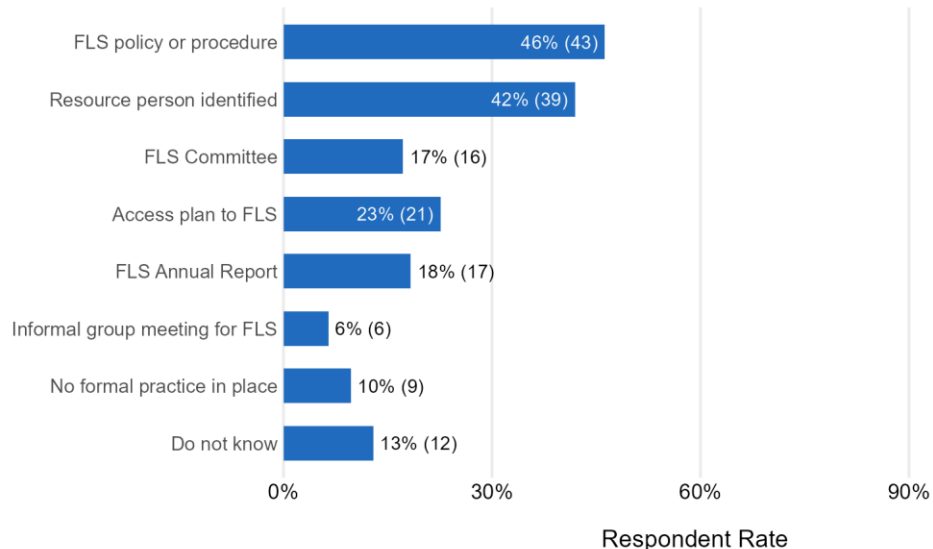
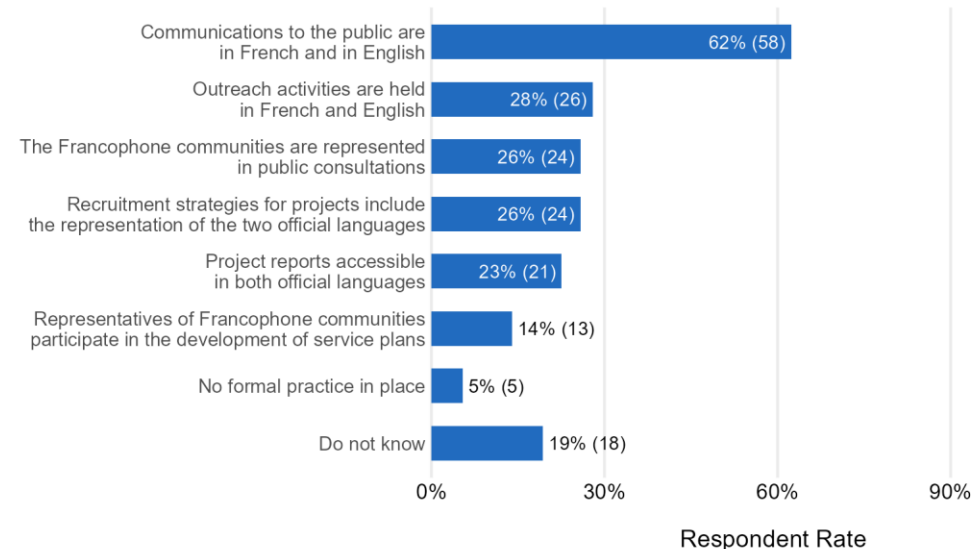


Figure 5.5.4: Level of implementation of organizational practices related to commitment to Francophone communities

Among the 93 participating programs



5.5.3 Among the three practices involving structuring documents, 46% of programs have a policy or procedures in place for FLS, while 18% of program managers participate in the development of an annual report on FLS and 23% have an access plan to FLS. Among the three practices involving management practices or support for FLS, 42% of participants have at least one specific person identified to support FLS, while 17% have a committee that oversees FLS responsibilities and 6% have an informal group that meets for the purpose of FLS. Overall, 23% of participants report that there is either no formal practice or they do not know whether the identified engagement practices towards FLS are being implemented.

5.5.4 Among the three practices involving the participation of Francophone communities, 26% of programs have recruitment strategies that include representation of both official languages within projects, while 26% state that Francophone communities are represented in public consultations and 14% that representatives of Francophone communities participate in the development of service plans. Among the three practices involving the diffusion of information, communications intended for the public are in French and English for 62% of programs, while 28% report that awareness activities are held in French and English and 23% state that project reports are available in both languages. Overall, 24% of participants report that there is either no formal practice or they do not know whether the identified engagement practices with Francophone communities are being implemented.

Focus on the level of implementation of practices - *Patient experience and Active offer*

Figure 5.5.6a: Level of implementation of organizational practices related to a visual active offer

Among the 93 participating programs

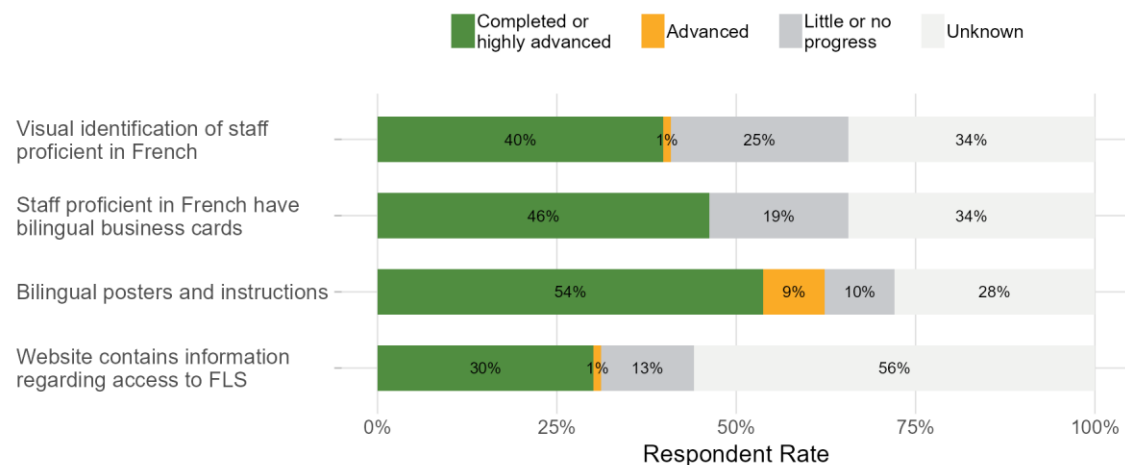
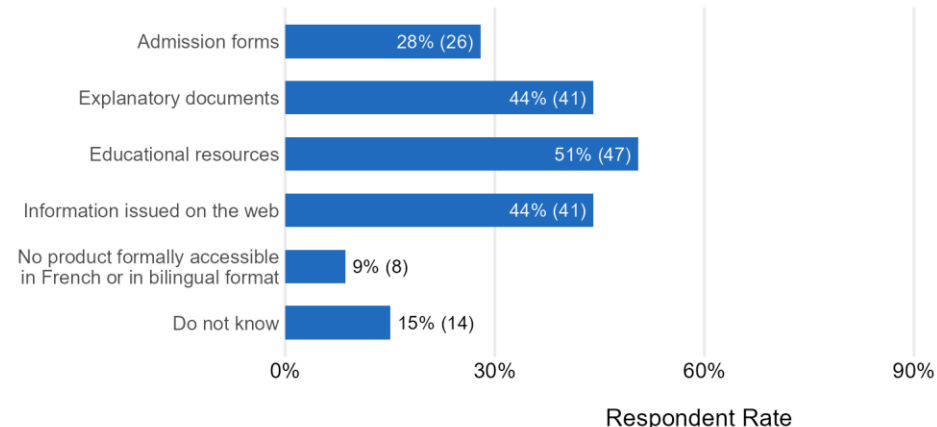


Figure 5.5.6b: Level of implementation of products available in French or in bilingual format

Among the 93 participating programs



5.5.6 a Among the practices aimed at identifying bilingual staff, measures to identify bilingual ability by means of identification badges worn by bilingual staff or business cards are adopted by 40% and 46% of respondents, respectively. As for the other two practices, 54% of respondents say that most or all signage and directions are bilingual, while 30% of respondents say that their website contains information about access to FLS. Finally, between 28% and 56% of respondents do not know whether any of the identified practices are in place or are unaware of their level of implementation.

5.5.6 b Among the practices related to products available in French or bilingual format, explanatory documents and educational resources are available in French or bilingual format for 44% and 51% of respondents, respectively. Admission forms and web information in French or bilingual formats are available at 28% and 44% of respondents, respectively. Furthermore, 9% of respondents stated that they do not formally offer products in French or bilingual formats, while 15% did not know whether they offered products in French or bilingual formats.

Focus on the level of implementation of practices - *Patient experience and Active offer*

Figure 5.5.7: Level of implementation of organizational practices related to an auditory active offer

Among the 93 participating programs

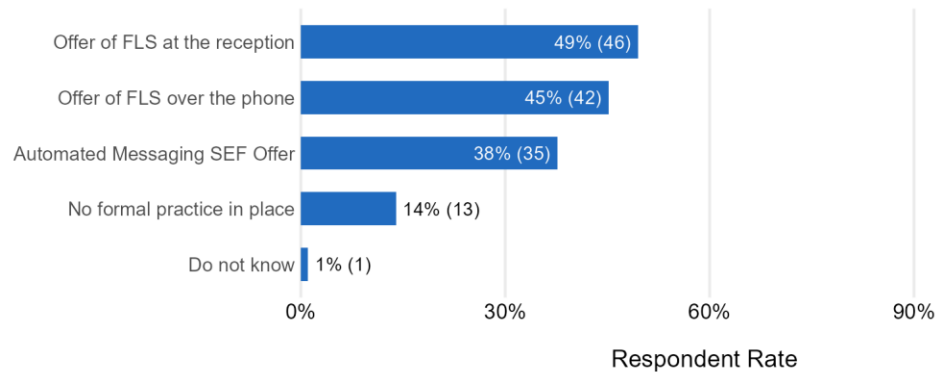
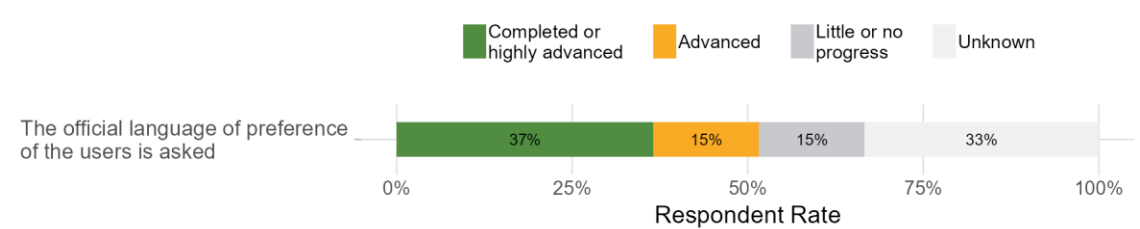


Figure 5.5.8: Level of implementation of organizational practice related to asking the official language of preference of users

Among the 93 participating programs



5.5.7 Between 38% and 49% of respondents reported having implemented one or more of the three identified practices designed to inform users of the availability of FLS when they contact their program. Overall, 14% of participants reported that no formal practice was in place, and 1% did not know whether the identified practices were implemented.

5.5.8 It appears that the practice of asking users for their preferred official language (POL) is advanced, very advanced or complete for 52% of respondents. However, conversely, in nearly half of cases (48%), this practice is not in place, even though it is a basic prerequisite for equitable access to health services in one's language of expression.

Focus on the level of implementation of practices - *Patient experience and Active offer*

Figure 5.5.9: Level of implementation of organizational practice related to asking the official language of preference of users

Among the 93 participating programs

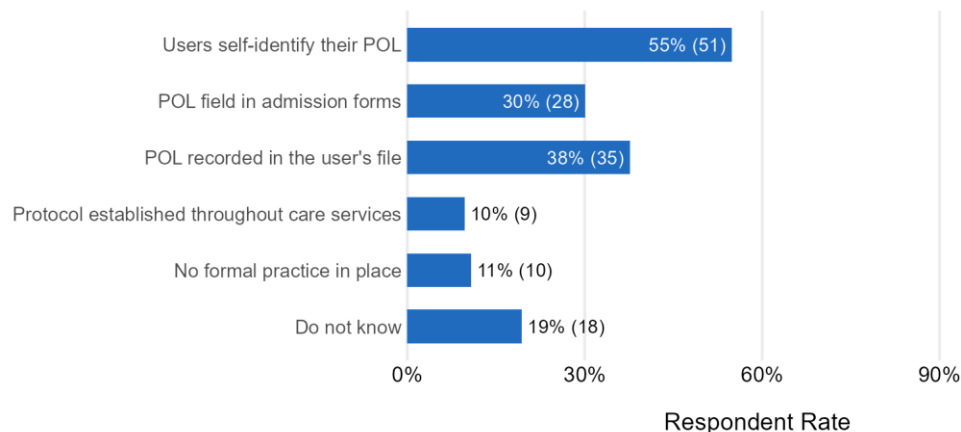
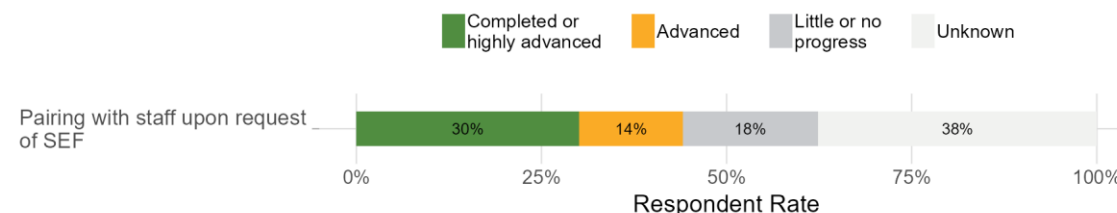


Figure 5.5.10: Level of implementation of organizational practice related to the request for a FLS

Among the 93 participating programs



5.5.9 Participants were surveyed about four other practices related to users' preferred official language (POL). Three of these four practices were implemented by between 38% and 55% of respondents, with the most popular practice being users self-identifying their POL. In contrast, 10% of respondents stated that there is a protocol in place to validate the user's POL throughout the care process. Overall, 30% of participants reported that there is either no formal practice in place or that they do not know whether these other identified practices are implemented.

5.5.10 The practice of pairing with the adequate staff upon request of FLS is at an advanced or completed level for 44% of respondents, while it is at a low level or has not yet begun for 18% of respondents. Finally, 38% of respondents do not know whether users who request service in French are paired with staff members who have French language skills, or how often this practice is carried out.

Focus on the level of implementation of practices - *Patient experience and Active offer*

Figure 5.5.11: Level of implementation of organizational practice related to the request for a FLS

Among the 93 participating programs

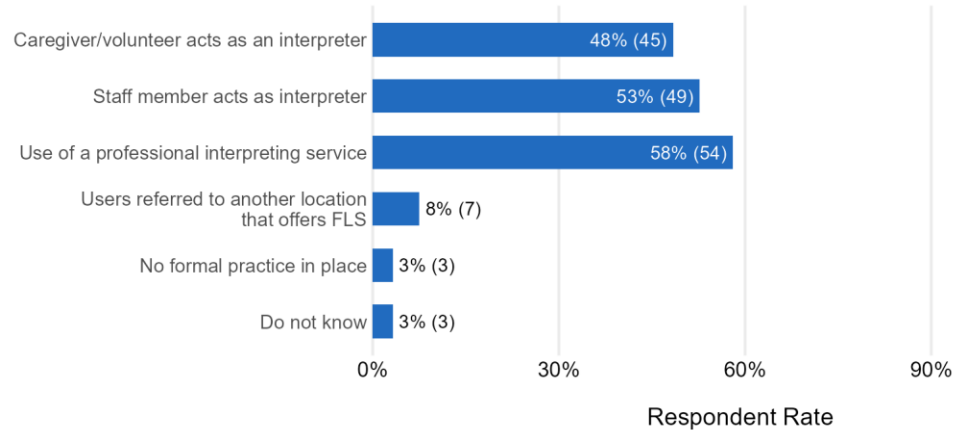
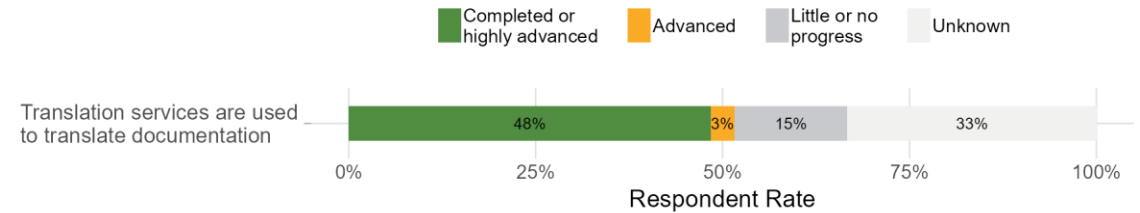


Figure 5.5.12: Level of implementation of organizational practice related to document translation services

Among the 93 participating programs



5.5.11 Participants were surveyed about four other practices related to FLS requests. Among the best practices identified, 53% of respondents use a staff member to act as an interpreter, while 58% use a professional interpreting service. Since professionals are bound by a code of ethics, these practices differ from using a caregiver or volunteer to interpret, a practice used by 48% of respondents. To a lesser extent, 8% of respondents refer users to another facility or location that offers FLS. Overall, 6% of participants report that there is either no formal practice in place or that they do not know whether the practices identified are being implemented.

5.5.12 The use of translation services for documents intended for the public is at an advanced or completed stage for 52% of respondents, while it is at an early stage or has not yet begun for 15% of respondents. Finally, 33% of respondents do not know whether translation services for documents intended for the public are used within their program or are unable to estimate the proportion of documents translated by such a service.

Focus on the level of implementation of practices - *Patient experience and Active offer*

Figure 5.5.13: Level of implementation of organizational practices related to the FLS quality

Among the 93 participating programs

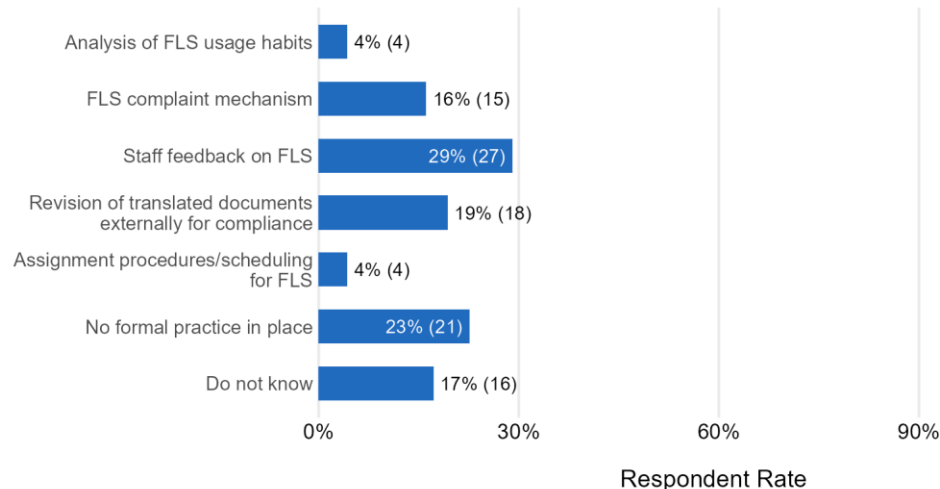
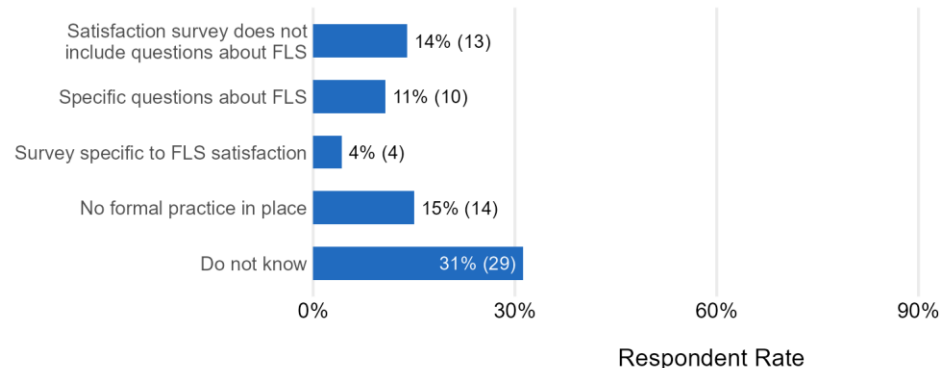


Figure 5.5.14: Level of implementation of organizational practices related to the user satisfaction with FLS

Among the 93 participating programs



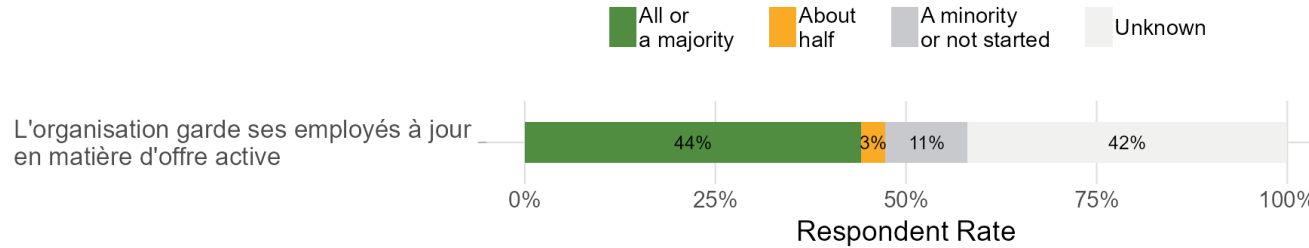
5.5.13 Among practices involving feedback mechanisms, 29% of participants noted that staff members are encouraged to share their feedback and suggestions for improvement, while 16% stated that a complaint mechanism for FLS is available in French. Among other practices, 19% of respondents said that externally translated documents are reviewed, 4% said that user habits are analyzed, and 4% said that staff assignment and scheduling procedures take into account user needs with regard to FLS services. Overall, 40% of participants report that either there is no formal practice in place or they do not know whether these other identified practices are implemented.

5.5.14 Among the practices identified, 11% of respondents say that their satisfaction survey includes questions specific to the use of FLS, while 14% say the opposite. 4% of respondents have satisfaction surveys specifically dedicated to FLS. Thus, only 15% of respondents collect data on FLS satisfaction. Overall, 46% of participants report that either there is no formal practice in place, or they do not know whether these other identified practices are implemented.

Focus on the level of implementation of practices - *Workforce well-being*

Figure 5.5.16: Level of implementation of organizational practices related to the training offer on active offer

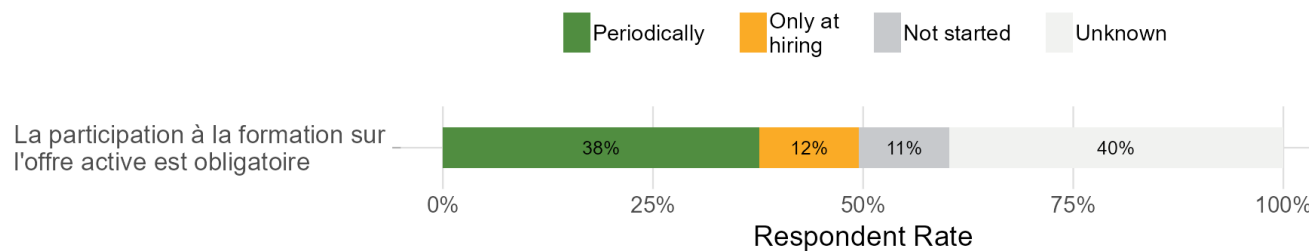
Among the 93 participating programs



5.5.16 Respondents were asked about keeping staff up to date on active offer. Among them, 44% of participants stated that most or all staff are trained and up to date in their training, while 3% stated that about half of the staff are trained and up to date, and 11% reported that this practice has not been initiated or that only a minority of staff are trained and up to date on active offering. Finally, 42% of participants report not knowing whether the organization offers or directs staff to training on active offering, or do not know what proportion of employees are trained and up to date on active offering.

Figure 5.5.17: Level of implementation of organizational practices related to participation in active offer training

Among the 93 participating programs



5.5.17 Respondents were also asked about the requirement for staff to participate in active offer training. Participation is mandatory every year or every few years for 38% of respondents, while it is only mandatory upon hiring for 12% of respondents. Finally, the requirement for employees to participate in active offer training is a practice that has not been implemented or is unknown to half of the respondents.

Focus on the level of implementation of practices - *Workforce well-being*

Figure 5.5.18: Level of implementation of organizational practices related to supporting staff to provide FLS

Among the 93 participating programs

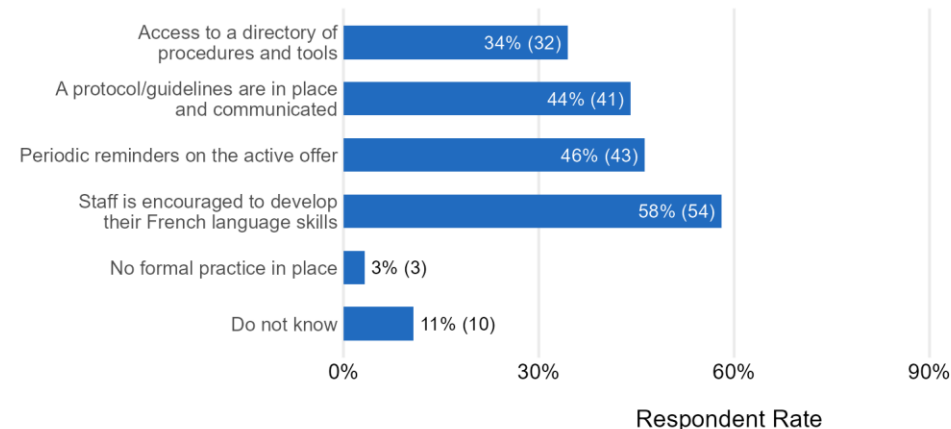
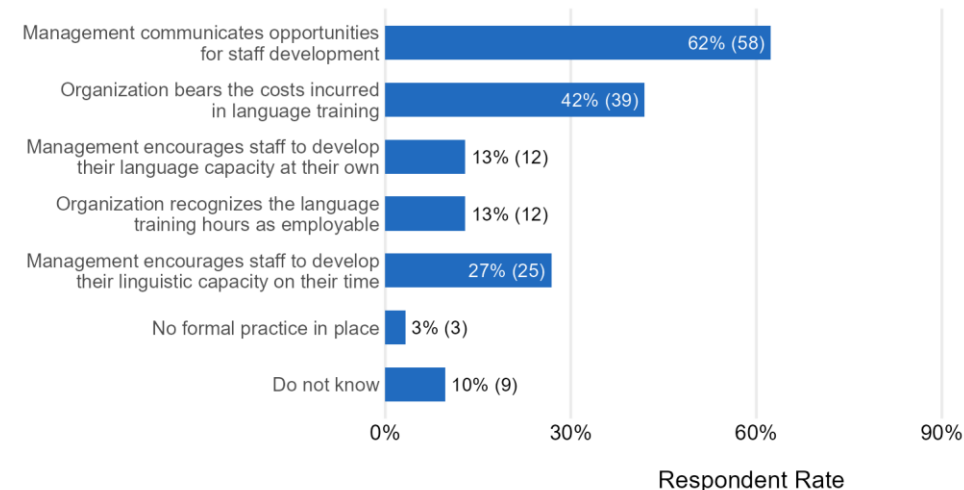


Figure 5.5.19: Level of implementation of organizational practices related to the development of the language capacity of staff

Among the 93 participating programs



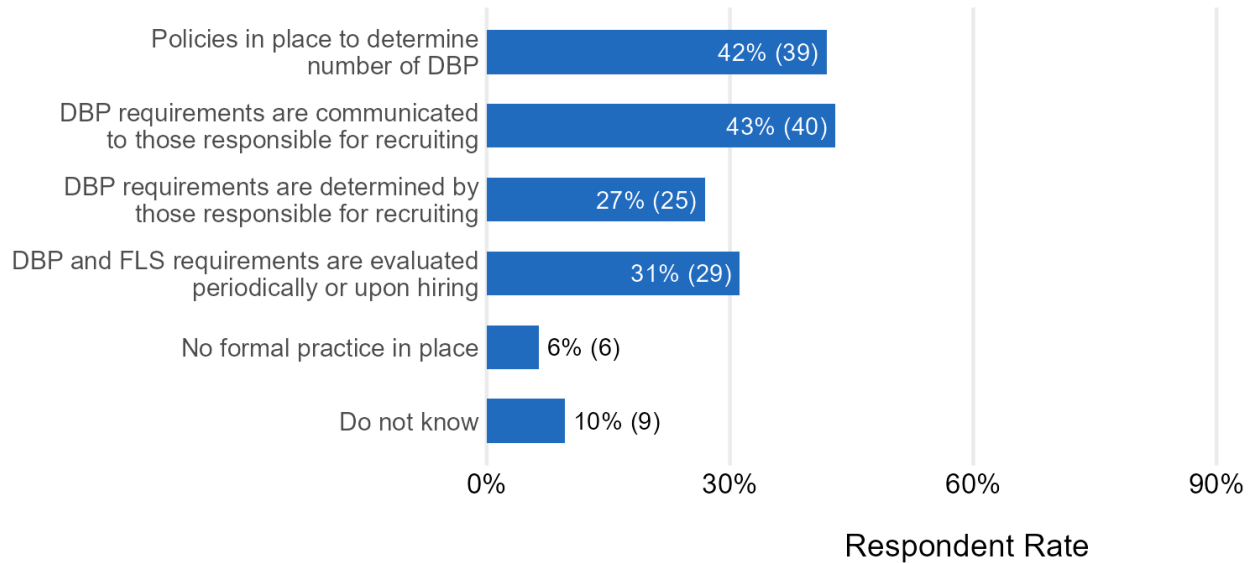
5.5.18 Among the active practices identified, 58% of participants report that staff are encouraged to develop their French language skills, while 46% say that reminders about active offer are communicated periodically. 44% of respondents report that a protocol or guidelines are in place and communicated to them. In terms of passive practices, 34% of respondents report that staff have access to a repertoire of procedures and tools to support them in offering FLS. Overall, 14% of participants report that there are no formal practices in place or that they do not know whether the practices identified to support staff members in offering FES are being implemented.

5.5.19 62% of respondents report that management communicates development opportunities to staff. With regard to the costs incurred for language training, the respondent's organization covers these costs in 42% of cases, while management encourages staff to develop their language skills at their own expense in 13% of cases. With regard to the time allocated to language skills development, the organization recognises language training hours as part of employable functions for 13% of respondents, while 27% of respondents report that management encourages staff to develop their language skills in their own time. Overall, 13% of participants report that there is no formal practice in place or that they do not know whether the practices identified to encourage staff members to develop their French language skills are being implemented.

Focus on the level of implementation of practices - *Recruitment and sustainability of the workforce*

Figure 5.5.21: Level of implementation of organizational practices related to bilingual staff needs

Among the 93 participating programs



5.5.21 Between 31% and 43% of respondents rely on one or more of the identified practices concerning bilingual staffing needs, whether there are established policies, whether DBP needs are communicated to those responsible for recruitment, and/or whether DBP and FLS needs are assessed periodically or at the time of hiring. A smaller proportion, 27% of respondents, stated that bilingual staffing needs are determined by recruitment managers. Overall, 16% of participants reported that there is no formal practice in place or that they do not know whether the practices identified to determine bilingual staffing needs are implemented.

Focus on the level of implementation of practices - *Recruitment and sustainability of the workforce*

Figure 5.5.22: Level of implementation of organizational practice related to evaluating language skills of designated staff

Among the 93 participating programs

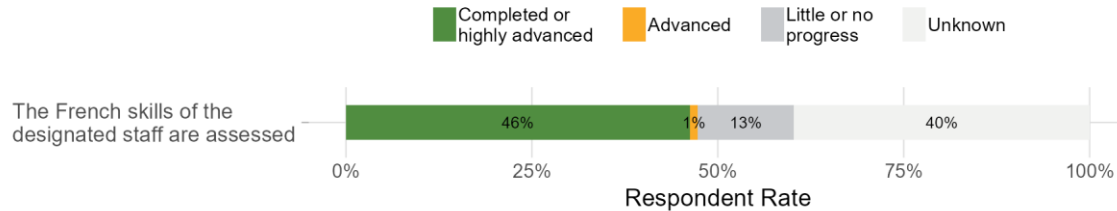
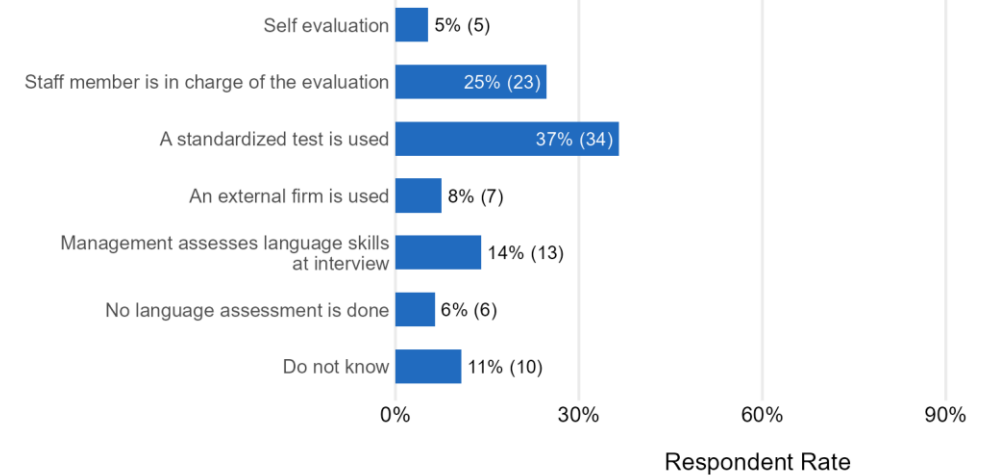


Figure 5.5.23: Level of implementation of organizational practices related to methods for assessing the language skills of designated staff

Among the 93 participating programs



5.5.22 This practice is at an advanced or completed level for 46% of respondents, while it is at a low level or has not yet begun for 13% of respondents. Finally, 40% of respondents do not know whether the French language skills of staff in designated bilingual positions are assessed, or what proportion of staff in such positions are assessed.

5.5.23 Participants were also surveyed about five practices related to methods for assessing the language skills of staff in designated bilingual positions. Implementation of the identified practices varies between 5% and 37%, with the most popular practice being the use of a standardized test. The second most popular practice is having a staff member responsible for assessment, which is used by 25% of respondents. Overall, 6% of participants report that no language assessment is carried out, while 11% do not know whether the identified practices for assessing the language skills of staff in designated bilingual positions are implemented.

Focus on the level of implementation of practices - *Recruitment and sustainability of the workforce*

Figure 5.5.24: Level of implementation of organizational practice related to evaluating language skills of non-designated staff

Among the 93 participating programs

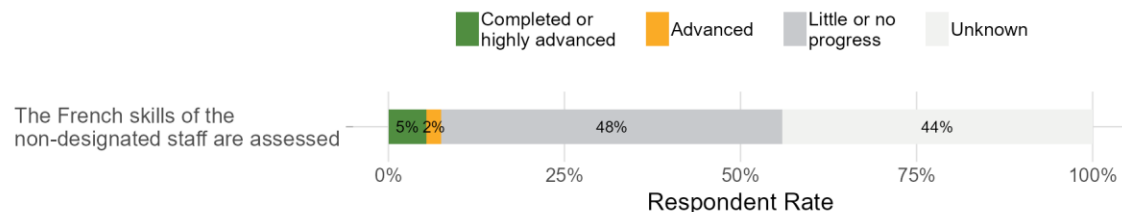
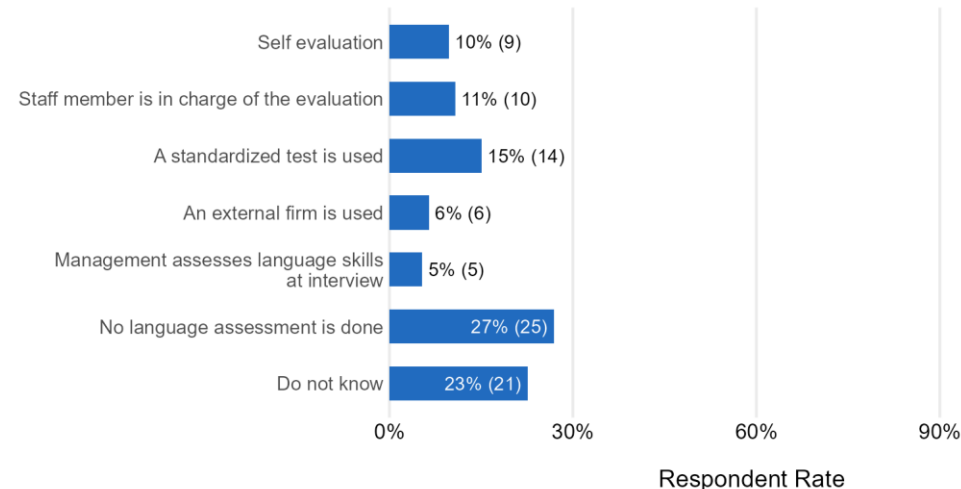


Figure 5.5.25: Level of implementation of organizational practices related to methods for assessing the language skills of non-designated staff

Among the 93 participating programs



5.5.24 Respondents submitted information about their practices regarding the assessment of language skills among staff in non-designated positions. This practice is at an advanced or completed level for 8% of respondents, while it is at an early stage or has not yet begun for 48% of respondents. Finally, 44% of respondents do not know whether the French language skills of staff in non-designated positions are assessed, or what proportion of staff in non-designated bilingual positions are assessed.

5.5.25 Participants were also surveyed about five practices related to methods for assessing the language skills of staff in non-designated bilingual positions. The implementation of the identified practices varies between 5% and 15%, with three practices also being implemented by 10% to 15% of respondents: self-assessment, assessment by a staff member, and the use of a standardized test. Overall, 27% of participants report that no language assessment is carried out, while 23% of participants do not know whether the identified practices for assessing the language skills of staff in non-designated positions are implemented.

Findings – Key messages

1. A demographic context under pressure — A silently eroding Francophone demographic base

Manitoba's Francophone community represents 8.4% of the population (112,115 people), but it is aging significantly. The 55–74 age group is the most vastly populated, while there is a pronounced erosion among people under 35 who speak French as their first official language. Linguistic renewal is therefore at risk, which will weigh on the long-term demand for French-language health services. Even though bilingualism is gaining traction, it would be beneficial to conduct a more in-depth demographic study through the next census.

2. Knowledge of French ≠ Use of French

5,240 healthcare professionals have knowledge of French, but only 1,335 (25.5%) use it regularly or most often at work. This gap between capacity and actual practice is one of the central issues of the report.

3. Designated Bilingual Positions (DBPs): A stagnating fill rate

- Stuck at around 45%, this figure goes beyond a simple labour shortage. In other words, more than one in two DBPs remains unfilled. Several factors may explain this: labour shortages, overestimation of DBP needs Vs. actual demographic capacity, and/or geographic or sectoral distribution of positions.
- Independent organizations represent only 9.7% of the total workforce, yet concentrate 64.2% of DBPs and filled DBPs. Conversely, health authorities (90.3% of the workforce) hold 35.8% of DBPs.
- Marked regional disparities when you compare DBPs to regional population
- Despite difficulties filling DBPs, many organizations admit they do not have active practices to attract or retain bilingual staff — suggesting the problem is therefore as much organizational as it is demographic.

Findings – Key messages

4. A gap between commitments and on-the-ground reality

Organizations appear to commit more than they actually deliver — particularly on leadership, active offer, and recruitment. This gap is partly explained by a difference in perspective (and time factor) between FLS directors (strategic lens) and program/site managers (operational reality). Operational practices need to be further extended to match strategic intent.

5. Long-Term Care (LTC): An essential pillar

The LTC sector accounts for nearly 50% of all DBPs, with 700 designated positions and 287 filled. It is the most exposed sector, catering to the aging population, yet also the one for which data remains the most incomplete — a blind spot that limits the scope of analysis.

6. Active offer: A practice that is still not deeply embedded

Only 52% of respondents systematically ask users for their preferred official language — yet this is a fundamental prerequisite for equitable access to care.

Findings – Key takeaways

1. The system is not in crisis, but it is slowly drifting. Indicators are stagnating or slightly declining, practices are not keeping pace with commitments, and the Francophone demographic base is weakening. Without strategic reorientation, the gap between needs and capacity will widen.

2. Filling positions is not enough — they need to be placed in the right locations and supported by coherent organizational practices. Labour shortages do not tell the whole story: some organizations struggle to recruit bilingual staff even though their HR practices are not sufficient to attract, integrate and retain that profile.

3. Independent organizations are leading the way.

Francophone independents are showing greater consistency between commitments and practices within Manitoba's broader health ecosystem.

These insights point to three priority levers:

- **reassessing the distribution of DBPs,**
- **strengthening organizational practices (not just commitments),**
- **and embedding these priorities into the next version of the provincial strategic plan for French-language health services.**

