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Access to health care and services in French among French-speaking adults in Canada outside Quebec, 2022



by Daphne Fernandes and Louis Cornelissen

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Access to health care and services in French among French-speaking adults in Canada outside Quebec, 2022

by **Daphne Fernandes** and **Louis Cornelissen**

Key highlights

This report provides an analysis of access to health care and services in French by the adult French-speaking population in Canada outside Quebec. It is based on data from the 2022 Survey on the Official Language Minority Population.

- About two-thirds of French-speaking adults in Canada outside Quebec considered receiving health care and services in French to be important for them personally (66%).
- Among those who considered French-language services important, one-third considered that it was difficult or impossible to access such services in their community (33%).
- Among French-speaking adults who considered French-language services to be important, 49% rarely or never requested such services in French, and 39% rarely or never received them.
- The proportion of French-speaking adults who felt uncomfortable requesting services in French increased from 23% in 2006 to 36% in 2022.
- In 2022, 2% of French-speaking adults perceived having experienced unfair treatment or discrimination, or having been subjected to discriminatory remarks based on their use of French while consulting a medical professional in the previous five years.
- French-speaking adults living in regions with higher concentrations of French speakers, such as north and southeast New Brunswick and southeast and northeast Ontario, generally reported better access to French-language health care and services than those living elsewhere in Canada outside Quebec.
- Access to and use of French-language health care and services varied sometimes significantly across sociodemographic groups and regions.

Introduction

This report provides an analysis of access to health care and services in French by the adult French-speaking population in Canada outside Quebec.[1] It is based on data from the 2022 Survey on the Official Language Minority Population (SOLMP).

The SOLMP was conducted to shed light on different aspects of the situation of the English-speaking population in Quebec and the French-speaking population in Canada's other provinces and the territory capitals. The health module of the SOLMP provides information on different dimensions of access to health care and services in the minority official language. Access to health care and services in a person's preferred language is recognized as an important component of equitable care, with language concordant services supporting clearer communication, better patient experiences and improved health outcomes (Reaume et al., 2025). Research on access to health care services by English speakers in Quebec and by French speakers in Canada outside Quebec has identified various areas of challenge for these groups, but it has also identified some data and research needs (Bouchard and Lizotte, 2024; Shoumarova, 2025).

Recent analysis by Statistics Canada shows that access to services in one's official language varies according to sociodemographic characteristics, geographic location and proximity to health care facilities (Fernandes, 2025). Another report documented differences in access to services in the minority official language across regions and population groups, providing a baseline for further disaggregation and analysis (Pépin-Filion et al., 2024). These previous analyses have focused on specific questions from the SOLMP, in particular those regarding the languages in which people received healthcare services, but they did not provide a complete overview of the survey's health module. They also highlighted the need for more disaggregated analysis to better understand variations in experiences across population groups and regions.

1. This report is a revised version of a report of the same name delivered to Health Canada in June 2026.

Building on this work, the present report provides further analysis of the questions included in the SOLMP's health module, for the French-speaking population in Canada outside Quebec.

Outcomes are examined by gender, age group, immigration status, level of education and region within Canada outside Quebec.[2] This approach highlights variations across population groups and geographic areas, supporting a more detailed understanding of health experiences among French-speaking adults in Canada outside Quebec. Comparisons with data from the 2006 Survey on the Vitality of Official-Language Minorities (SVOLM) were made when possible, though those comparisons are limited due to differences in the health module design in the two surveys.

1 Importance given to health care and services in French

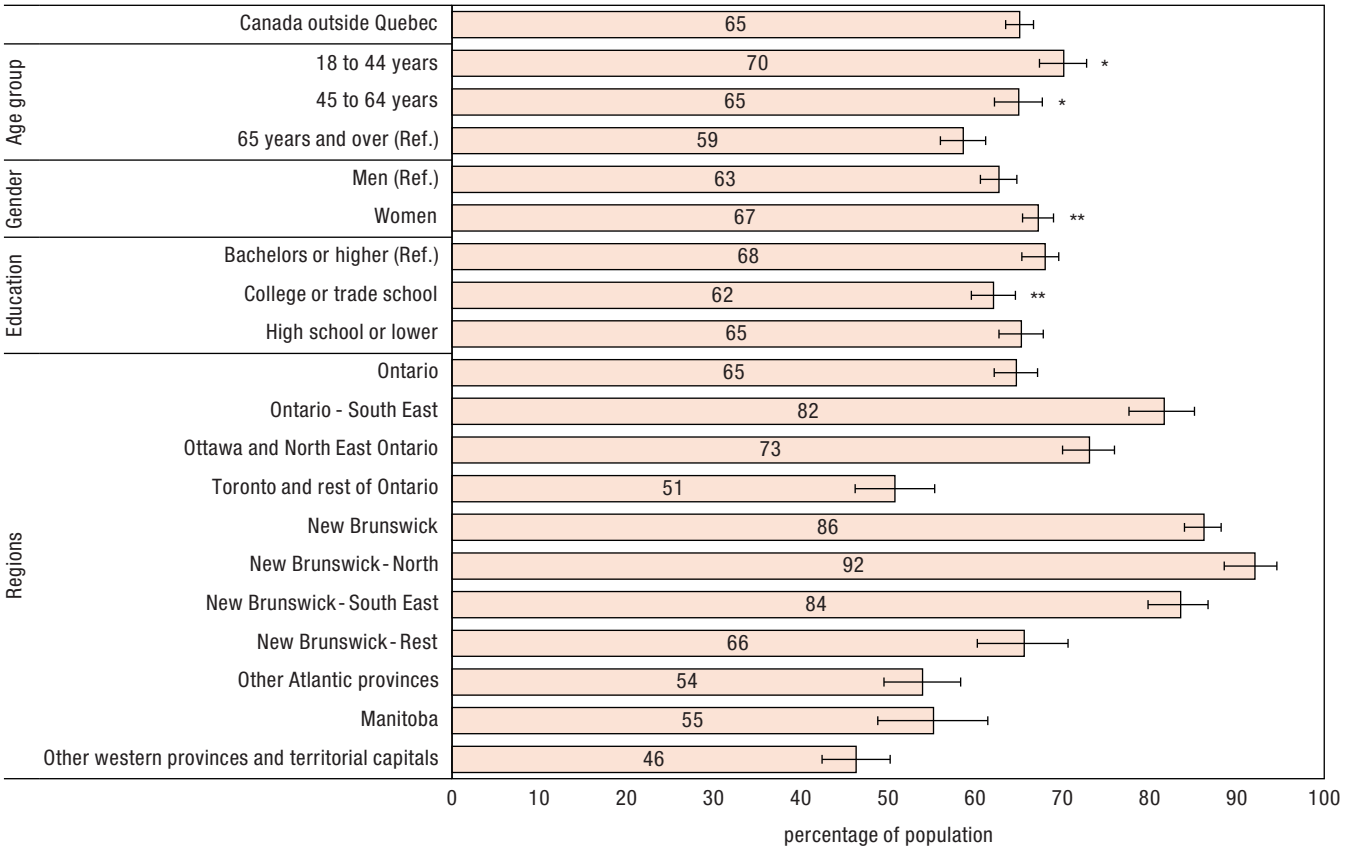
In Canada outside Quebec, two in three (65%) French-speaking adults considered it somewhat important, important or very important personally to receive health care and services in French (Chart 1).

The importance given to health care and services in French is not simply due to a lack of knowledge of English. In Canada outside Quebec in 2022, 93% of French-speaking adults indicated being able to conduct a conversation in English. Among those who did not know English well enough to hold a conversation, 98% considered it important[3] personally to receive health care and services in French, as did two-thirds (64%) of those who knew both French and English. This proportion of French-speakers who knew both French and English and who considered it important to receive care and services in French decreased from 71% in 2006 to 64% in 2022.[4]

In 2022, older French-speaking adults were less likely to consider it important to receive health care and services in French: 59% of those aged 65 years and over considered it important, compared with 65% of those aged 45 to 64 and 70% of those aged 18 to 44. Women were slightly more likely than men to consider it important to receive health care and services in French (67% vs. 63%).† Similarly, a higher proportion of French-speaking adults with a bachelor's degree or higher (68%) considered it important to receive such services in French, compared with those with a college or trade school education (62%).†

† statistically significant at a 90% confidence level.
2. Comparative results that were not statistically significant may not be shown in the charts throughout the report.
3. That is, they considered it "somewhat important," "important" or "very important."
4. Comparable data from the 2006 SVOLM were only available for people who know both English and French.

Chart 1
People who consider it important personally to receive health care or services in French by sociodemographic characteristics and regions, among French-speaking adults, Canada outside Quebec, 2022



* significantly different from the reference category at the 95% confidence level ($p < 0.05$)
** significantly different from the reference category at the 90% confidence level ($p < 0.10$)
Source: Survey on the Official Language Minority Population (SOLMP), 2022.

The SOLMP also asked about the importance of receiving services in the minority language in interactions with various types of health care professionals.[5] The three types of professionals from whom receiving services in French was most often considered important were general practitioners (80%), psychologists (79%) and social workers (79%).

Because differences were observed in the overall importance given to health care and services in French across sociodemographic characteristics, further analyses were conducted to examine whether the importance of receiving services from specific types of professionals varied by these characteristics. Older adults aged 65 years and over placed greater importance on receiving services in French from nurses, pharmacists, dentists and paramedics than did adults under 65 years. Similarly, immigrants placed greater importance on receiving services in French from general practitioners and specialists than non-immigrants.

The level of importance placed on receiving health care and services in French varied by region in Canada outside Quebec (Chart 1). In New Brunswick, over 9 in 10 French-speaking adults in Northern New Brunswick (92%) considered it important, compared with 8 in 10 in the south-east (84%) and 2 in 3 in the rest of New Brunswick (66%). Differences were also observed within regions of Ontario—82% of French-speaking adults in southeast Ontario, 73% in Ottawa and northeast Ontario and 51% in Toronto and the rest of Ontario considered it important. Lower proportions were also observed in the remaining regions of Canada outside Quebec, ranging from 46% to 55%.

5. Those types of healthcare professionals included: general practitioners, specialists, nurses, psychologists, pharmacists, dentists, paramedics and social workers.

For the sections that follow, unless specified otherwise, all results presented only include French-speaking adults who considered it at least somewhat important to receive health care and services in French.[6]

2 Perceived difficulty of access to health care and services in French

Among French-speaking adults in Canada outside Quebec who felt it was at least somewhat important to receive health care and services in French, one in three (33%) considered it would be "difficult," "very difficult" or "impossible" to get those services in French in their community. This proportion was slightly lower than that observed in 2006 (36%).

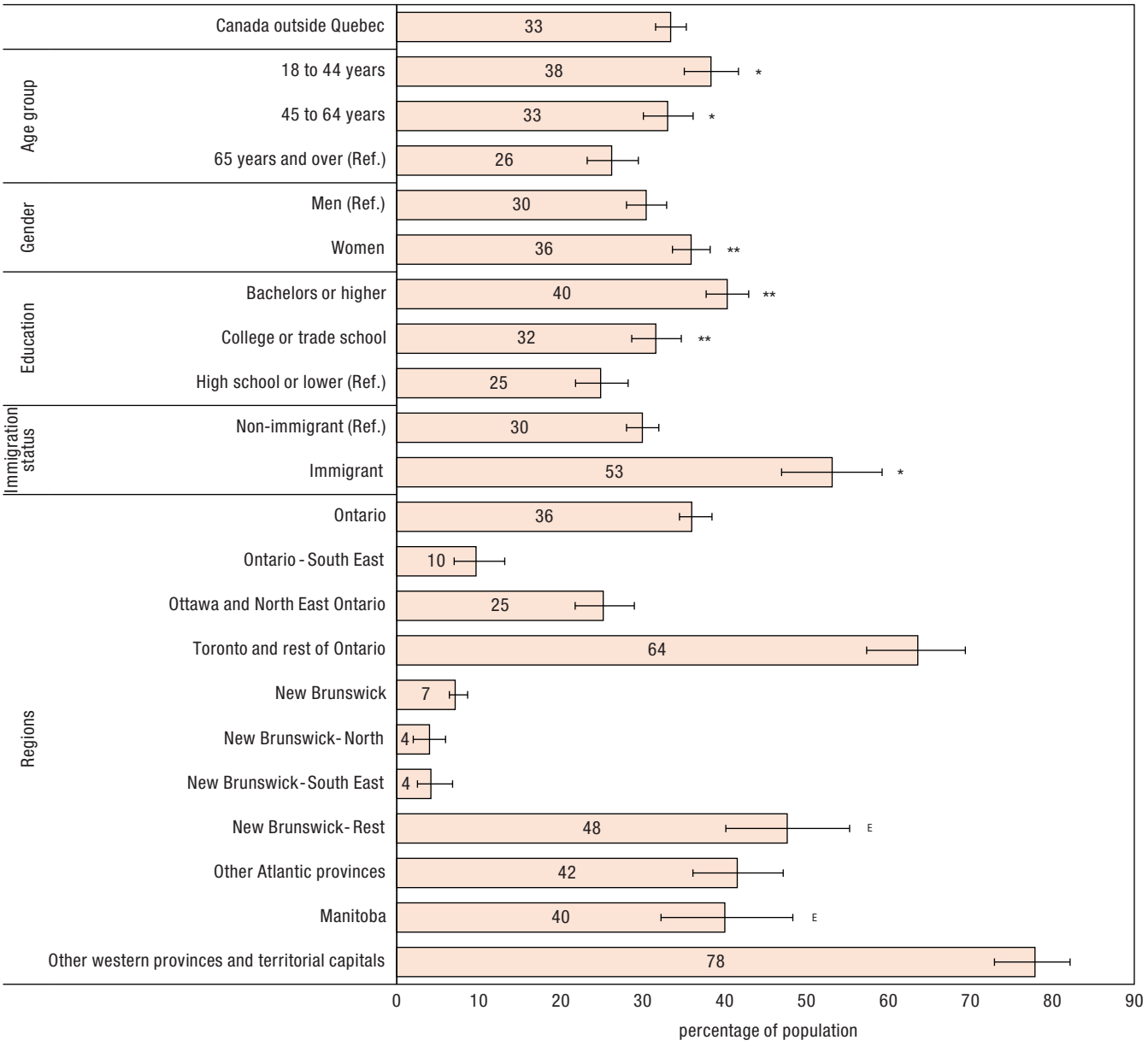
In 2022, this proportion decreased with age (Chart 2). Those aged 65 years and over (26%) were less likely to consider it difficult to access health care and services in French than adults aged 45 to 64 years (33%) and 18 to 44 years (38%). Additionally, a higher proportion immigrant French-speaking adults considered it difficult to access services in French, compared with the non-immigrant population (53% vs. 30%).

Variation in perceived difficulty was also observed by gender and educational attainment. French-speaking adult women were more likely to consider it difficult to access such services, compared with men (36% vs. 30%).† Similarly, French-speaking adults with higher educational attainment perceived more difficulty: those with a high school education or lower (25%) were less likely to consider it difficult to obtain services in French, compared with those with a college or trade school education (32%) or bachelor's degree or higher (40%).†

† statistically significant at a 90% confidence level.

6. In the SOLMP questionnaire, most questions in the health module were only asked to people who considered it "very important," "important" or "somewhat important" for them personally to get health care or services in the minority official language.

Chart 2
French-speaking adults who consider that it is difficult to access health care or services in French, by sociodemographic characteristics and regions, Canada outside Quebec, 2022



[E] use with caution
* significantly different from the reference category at the 95% confidence level ($p < 0.05$)
** significantly different from the reference category at the 90% confidence level ($p < 0.10$)
Note: Among French-speaking adults who consider it somewhat important, important or very important to personally receive health care or services in French.
Source: Survey on the Official Language Minority Population (SOLMP), 2022.

The proportion of French-speaking adults who considered it difficult to access health care and services in French also varied by region in Canada outside Quebec. In New Brunswick, fewer than 1 in 20 adults in northern (4%) and southeast (4%) New Brunswick experienced such difficulty, compared with 1 in 2 adults in the rest of the province (48%). Differences were also observed across regions in Ontario: French-speaking adults southeast Ontario perceived the least difficulty (10%), followed by those in Ottawa and North-East Ontario (25%), and Toronto and the rest of Ontario (64%[E]). In the other western provinces (except Manitoba), over three in four (78%) French-speaking adults considered it would be difficult to access such services in French.

From 2006 to 2022, there was a decrease in the proportion French-speaking adults who considered it to be difficult to access health care and services in French in Nova Scotia (from 58% in 2006 to 36% in 2022), in New Brunswick (from 11% to 7%) and in Ontario (from 41% to 36%). In New Brunswick, this was more specifically the case in the southeast (from 8% to 4%). In Ontario, it was most specifically the case in both the southeast (from 17% to 10%) and the Ottawa and northeast region (from 31% to 25%). Elsewhere, no statistically significant differences from 2006 to 2022 could be observed.

The SOLMP included questions asking whether people would prefer to receive remote health care and services in French rather than in-person services in English. Overall, 28% of French-speaking adults in Canada outside Quebec would prefer to receive remote health care and services in French, while 42% would prefer not to receive remote health care and services and 30% would prefer to receive in-person services in English. The preference for receiving health care and services remotely in French varied by age group: 22% of adults aged 18 to 44 years preferred remote services in French, compared with 32% among those aged 45 years and over. No other differences were observed across the sociodemographic characteristics examined.

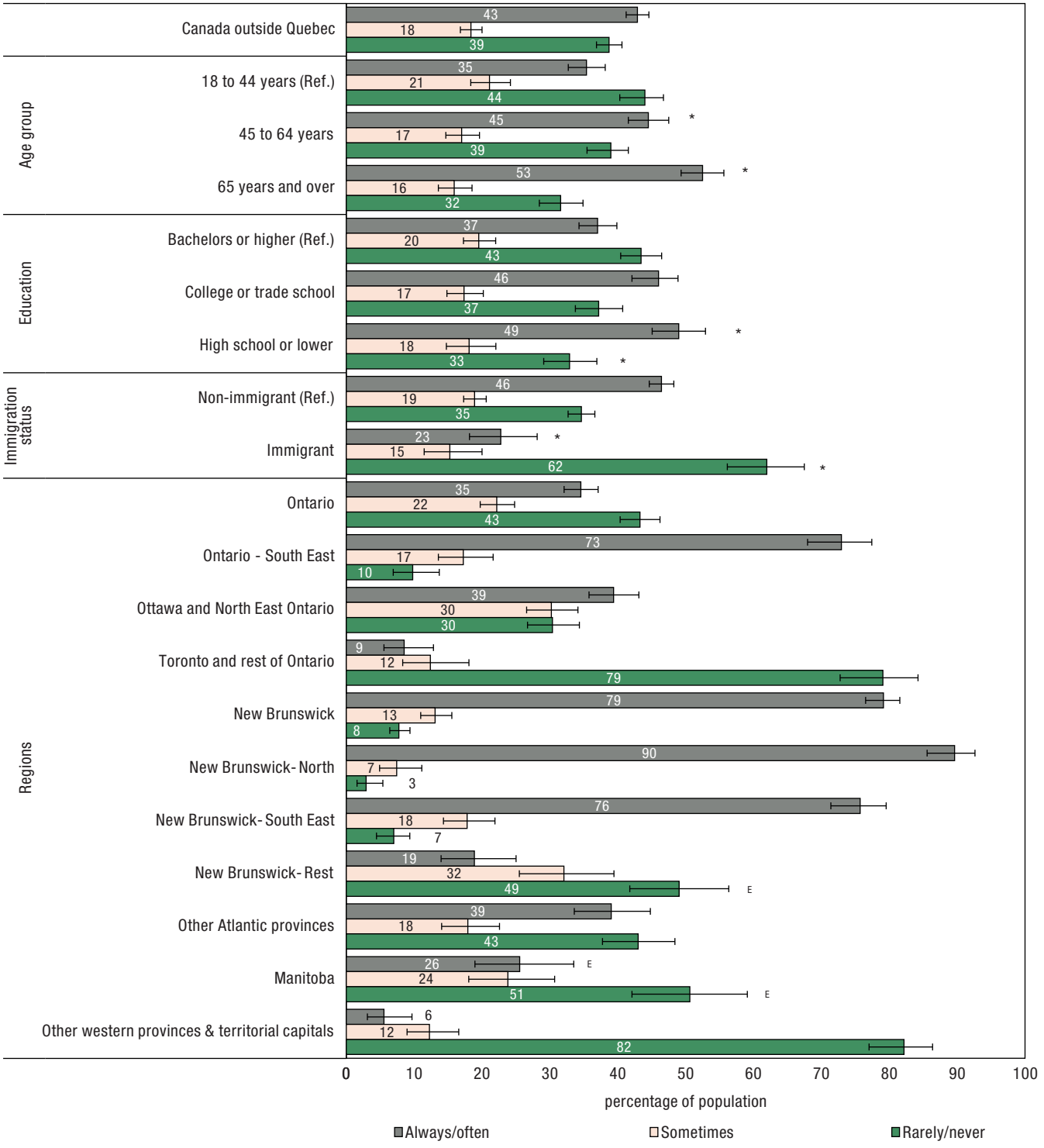
3 Receiving health care and services in French

Among French-speaking adults in Canada outside Quebec who felt it was at least somewhat important to receive health care and services in French, 43% always or often received services in French in their community, while 39% rarely or never did.

A lower proportion of adults aged 18 to 44 years (35%) always or often received such services in French, compared with adults aged 45 to 64 years (45%) and 65 years and over (53%). Differences by educational attainment and immigration status were also observed. Non-immigrants (46%) were more likely than immigrants (23%) to always or often receive these services in French. Similarly, a higher proportion of adults with a high school education or lower always or often received services in French, compared with those with a bachelor's degree or higher (49% vs. 37%).

[E] use with caution

Chart 3
Frequency of receiving health care or services in French, by sociodemographic characteristics and regions, among French-speaking adults, Canada outside Quebec, 2022



[E] use with caution
* significantly different from the reference category at the 95% confidence level ($p < 0.05$)
Note: Among French-speaking adults who consider it somewhat important, important or very important to personally receive health care or services in French.
Source: Survey on the Official Language Minority Population (SOLMP), 2022.

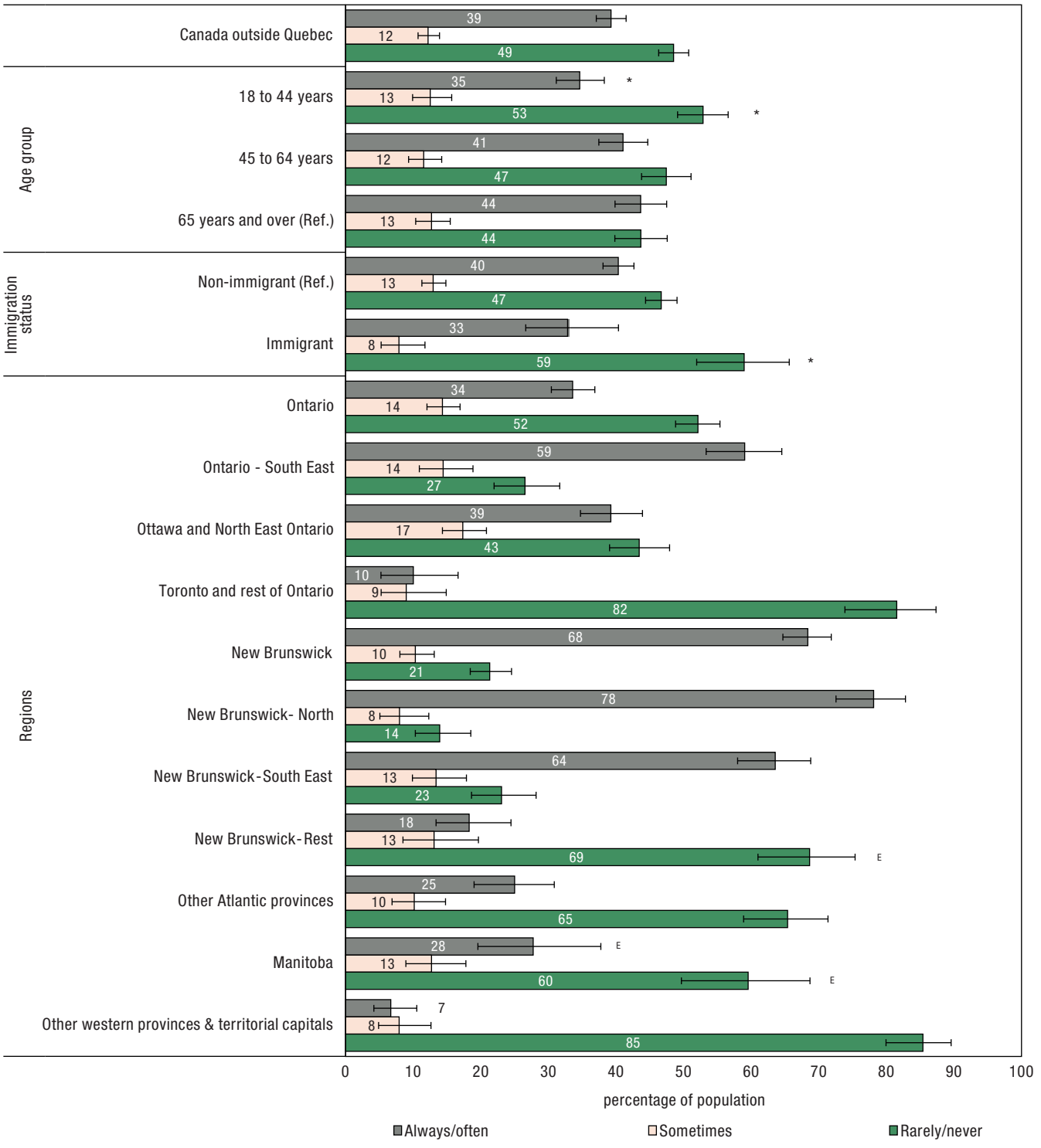
The proportion of French-speaking adults generally receiving health care and services in French varied by region in Canada outside Quebec. In New Brunswick, a higher proportion of adults in the North (90%) and the southeast (76%) always or often received such services in French, compared with the rest of New Brunswick (19%). Differences were also observed in Ontario. Three in four French-speaking adults residing in southeast Ontario received such services always of often (73%), compared with 39% in Ottawa and northeast Ontario, and 9% in Toronto and the rest of Ontario. In the remaining regions of Canada outside Quebec, proportions were generally lower, ranging from 6% to 39%.

4 Requesting health care and services in French

In Canada outside Quebec, among French-speaking adults who felt it was at least somewhat important to receive health care and services in French, 75% had received health care or services from health care workers in the 12 months preceding the survey. Among them, about two in five always or often requested services in French (39%), while half rarely or never did (49%).

In 2022, French-speaking adults aged 65 years and over were more likely to always or often request services in French, compared with younger adults aged 18 to 44 years (44% vs. 35%). Similarly, French-speaking immigrant adults were more likely to rarely or never request services in French than non-immigrants (59% vs. 47%).

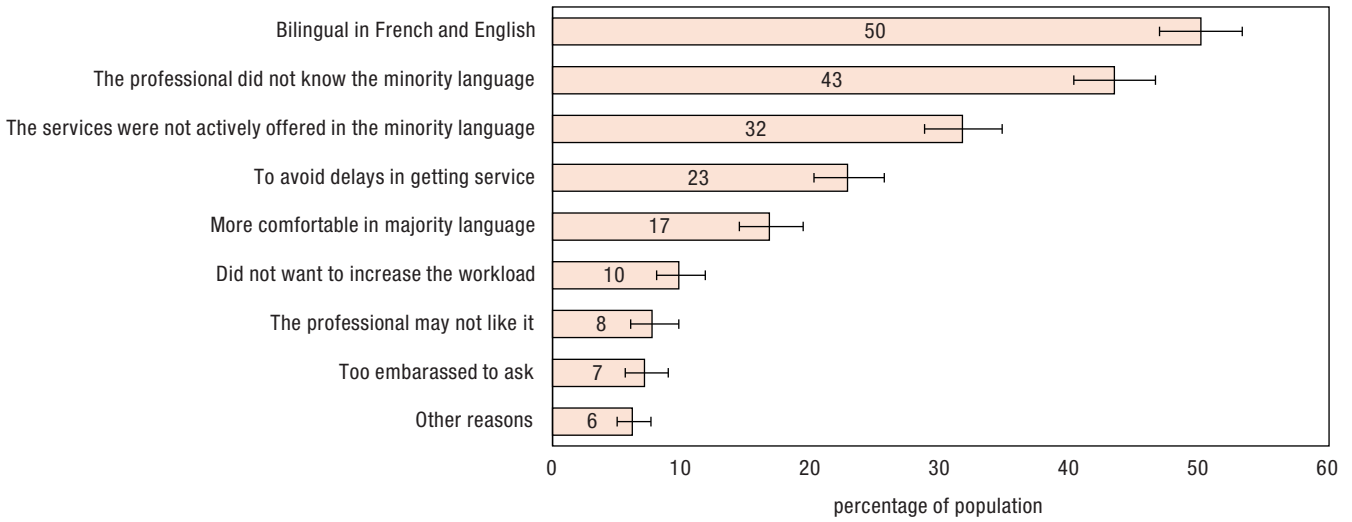
Chart 4
Frequency of requesting health care or services in French, by sociodemographic characteristics and regions, among French-speaking adults, Canada outside Quebec, 2022



[E] use with caution
* significantly different from the reference category at the 95% confidence level ($p < 0.05$)
Note: Among French-speaking adults who consider it somewhat important, important or very important to personally receive health care or services in French.
Source: Survey on the Official Language Minority Population (SOLMP), 2022.

The proportion of French-speaking adults that requested health care or services in French among those who accessed health care or services in the 12 months preceding the survey also differed across regions in Canada outside Quebec (Chart 4). The proportion of those who always or often requested such services were significantly higher in north (78%) and southeast New Brunswick (64%) than in the rest of New Brunswick (18%). Similarly, proportions in Toronto and the rest of Ontario (10%) were significantly lower than in southeast Ontario (59%), as well as in Ottawa, and northeast Ontario (39%). In the remaining regions of Canada outside Quebec, fewer than one in three adults always or often requested services in French, ranging from 7% to 28%.

Chart 5
Reasons for not requesting healthcare or services in French, among French-speaking adults, Canada outside Quebec, 2022



Note: Among French-speaking adults who received health care or services in the 12 months preceding the survey, who consider it somewhat important, important, or very important to personally receive health care or services in French, and who sometimes, rarely, or never requested health care or services in French.
Source: Survey on the Official Language Minority Population (SOLMP), 2022.

Chart 5 presents the main reasons why French-speaking adults in Canada outside Quebec did not request health care or services in French.[7] The most common reason, indicated by one in two French-speaking adults, was that they were bilingual in French and English (50%). About two in five did not request such services because they believed the professional did not know French (43%) and one in three indicated that services were not actively offered in French (32%).

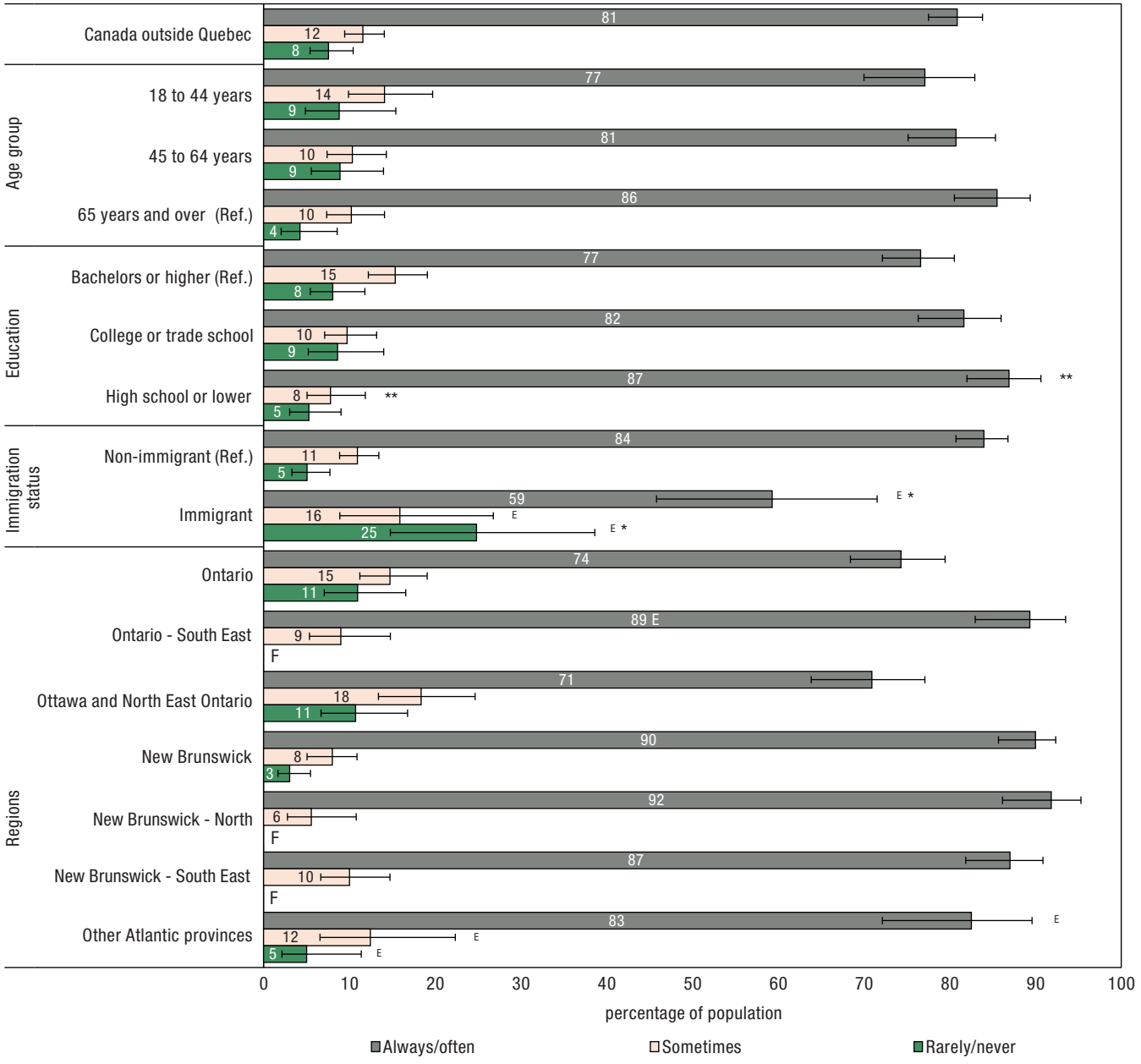
It is possible to distinguish reasons related to a lack of offer of services in French from reasons related to the language knowledge or preferences of individuals. Overall, 36% of French-speaking adults who did not request health care or services in French said it was only for reasons related to a lack of offer or active offer,[8] 35% only because they were bilingual or more comfortable in English and 27% because of a combination of those two types of reasons.

Among the French-speaking adults who always or often requested health care or services in French in the 12 months preceding the survey, 81% always or often received services in French in their community, and 8% rarely or never received such services (Chart 6).

Among those requesting services in French, a higher proportion of adults with a high school education or lower had always or often received health care or services in French, compared with those with a bachelor's degree or higher (87% vs. 77%).† Differences were also observed by immigration status, where a higher proportion of adults in the non-immigrant population always or often received services in French, compared with the immigrant population (84% vs. 59%[E]).

[E] use with caution
† statistically significant at a 90% confidence level.
7. Respondents to the SOLMP were asked to specify reasons for not requesting services in the minority language when they had previously reported asking for services in this language "sometimes," "rarely" or "never."
8. These reasons include the following: the professional did not know French, the professional may not have liked it, you were too embarrassed to ask, you did not want to increase the workload, it would have resulted in delays in getting service or the services were not actively offered in French.

Chart 6
Frequency of receiving health care or services in French, by sociodemographic characteristics and regions, among French-speaking adults who always or often requested health care or services in French, Canada outside Quebec, 2022



[E] use with caution
F too unreliable to publish
* significantly different from the reference category at the 95% confidence level ($p < 0.05$)
** significantly different from the reference category at the 90% confidence level ($p < 0.10$)
Notes: Among French-speaking adults who consider it somewhat important, important or very important to personally receive health care or services in French. Estimates for some regions were excluded because they did not meet confidentiality or quality requirements.
Source: Survey on the Official Language Minority Population (SOLMP), 2022.

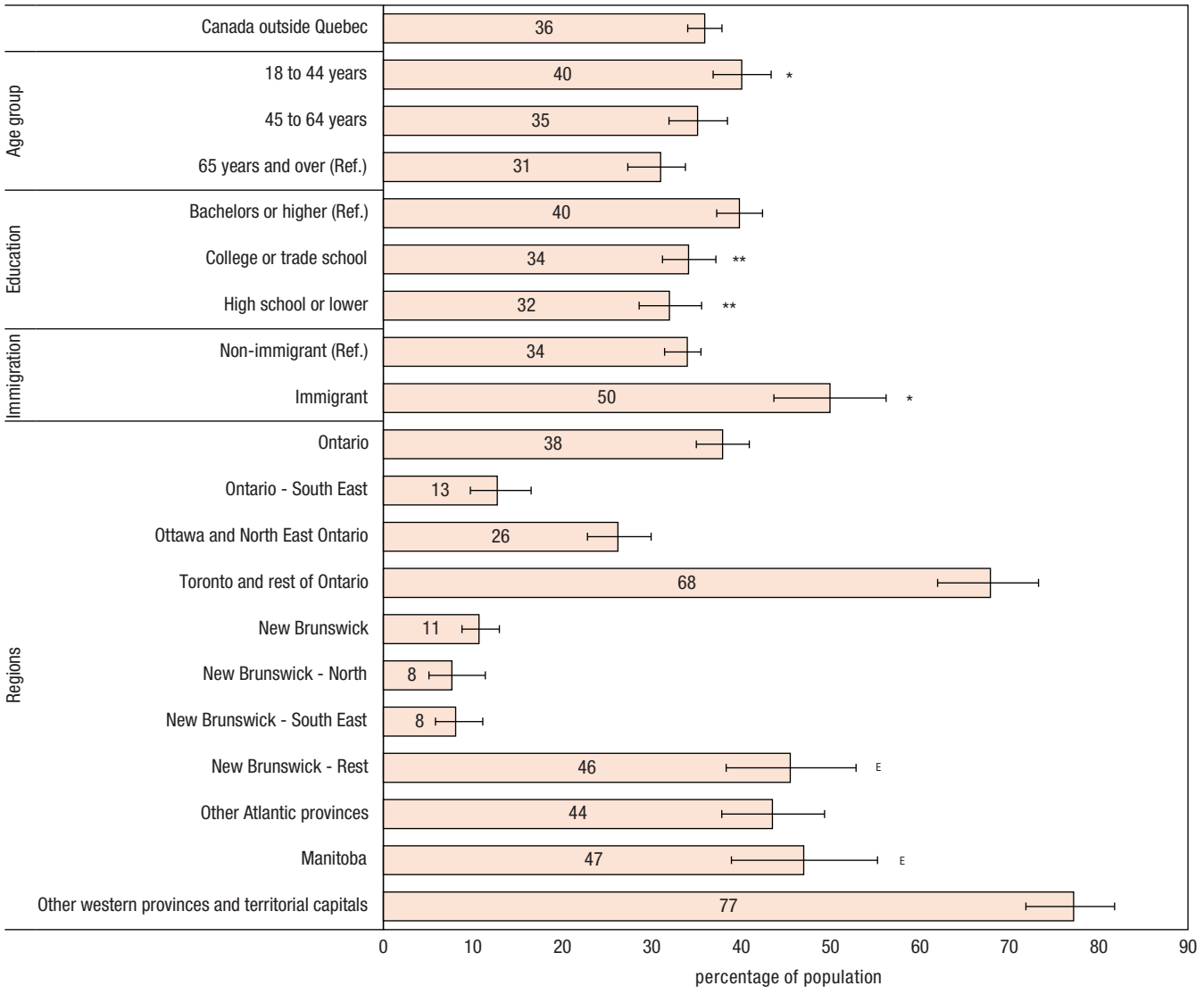
5 Feeling uncomfortable asking for services in French

Overall, in 2022, among French-speaking adults in Canada outside Quebec who felt it was at least somewhat important to receive health care and services in French, one in three (36%) felt uncomfortable asking for services in French when requiring care or services at a public health institution or community service centre. This proportion increased from 23% in 2006.

This proportion varied by sociodemographic characteristics, as shown in Chart 7. French-speaking adults aged 65 years and over were less likely to experience discomfort, compared with those aged 18 to 44 years (31% vs. 40%). One in two immigrants experienced did not feel comfortable requesting such services, compared with one in three adults in the non-immigrant population (50% vs. 34%). Discomfort was also higher among adults with higher educational attainment: 40% among adults with a bachelor's degree or higher did not feel comfortable requesting services in French, compared with 34% of adults with a college or trade school education and 32% of those with high school education or lower. †

† statistically significant at a 90% confidence level.

Chart 7
People who do not feel comfortable asking for health care or services in French, by sociodemographic characteristics and regions, among French-speaking adults, Canada outside Quebec, 2022



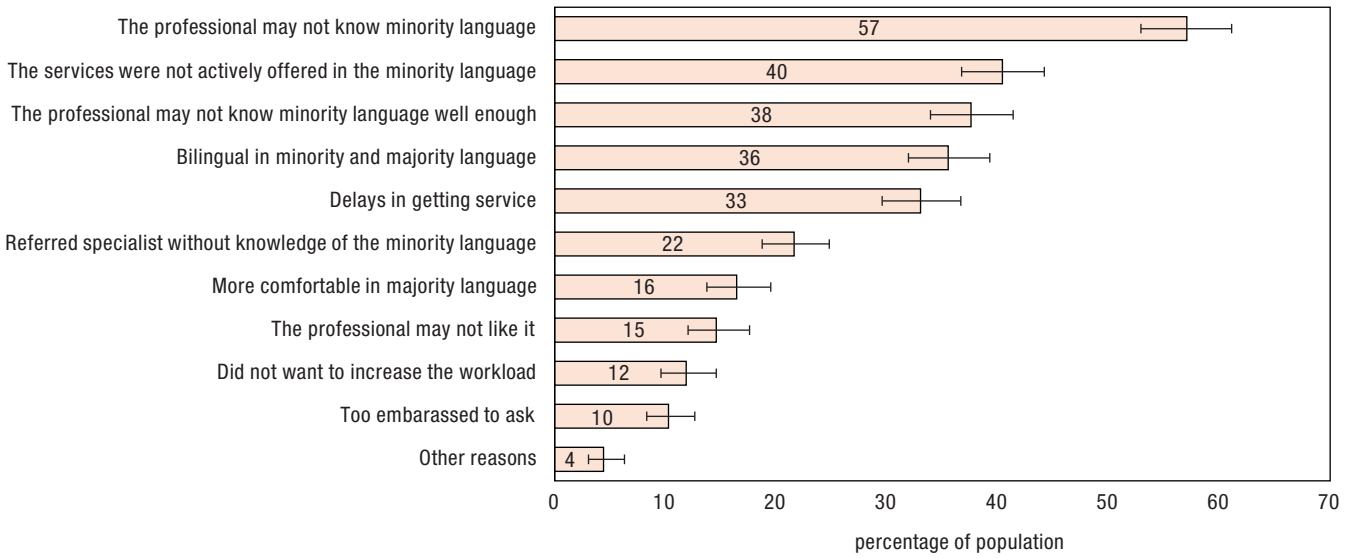
[E] use with caution
* significantly different from the reference category at the 95% confidence level ($p < 0.05$)
** significantly different from the reference category at the 90% confidence level ($p < 0.10$)
Note: Among French-speaking adults who consider it somewhat important, important or very important to personally receive health care or services in French.
Source: Survey on the Official Language Minority Population (SOLMP), 2022.

Discomfort in requesting services in French also varied by region in Canada outside Quebec. French-speaking adults in north (8%) and southeast (8%) New Brunswick were over five times less likely than those in the rest of New Brunswick (46%) to feel uncomfortable requesting services in French. The level of discomfort experienced by French-speaking adults in Ontario also differed significantly by region: 13% in southeast Ontario, 26% in Ottawa and northeast Ontario, and 68%[E] in Toronto and the rest of Ontario. Overall, it was French-speaking adults in the western provinces (besides Manitoba) and in the territorial capitals (77%) that were the most likely to feel uncomfortable requesting services in French.

[E] use with caution

Compared with 2006, there were similar increases in the proportion of people reporting being uncomfortable asking for services in French in every region, except for the Atlantic provinces other than New Brunswick where those changes were not statistically significant.

Chart 8
Reasons for feeling uncomfortable asking for health care or services in French, among French-speaking adults, Canada outside Quebec, 2022



Note: Among French-speaking adults who consider it somewhat important, important or very important to personally receive health care or services in French and who do not feel comfortable asking for such services when they require care or services at a public health institution or community service centre.
Source: Survey on the Official Language Minority Population (SOLMP), 2022.

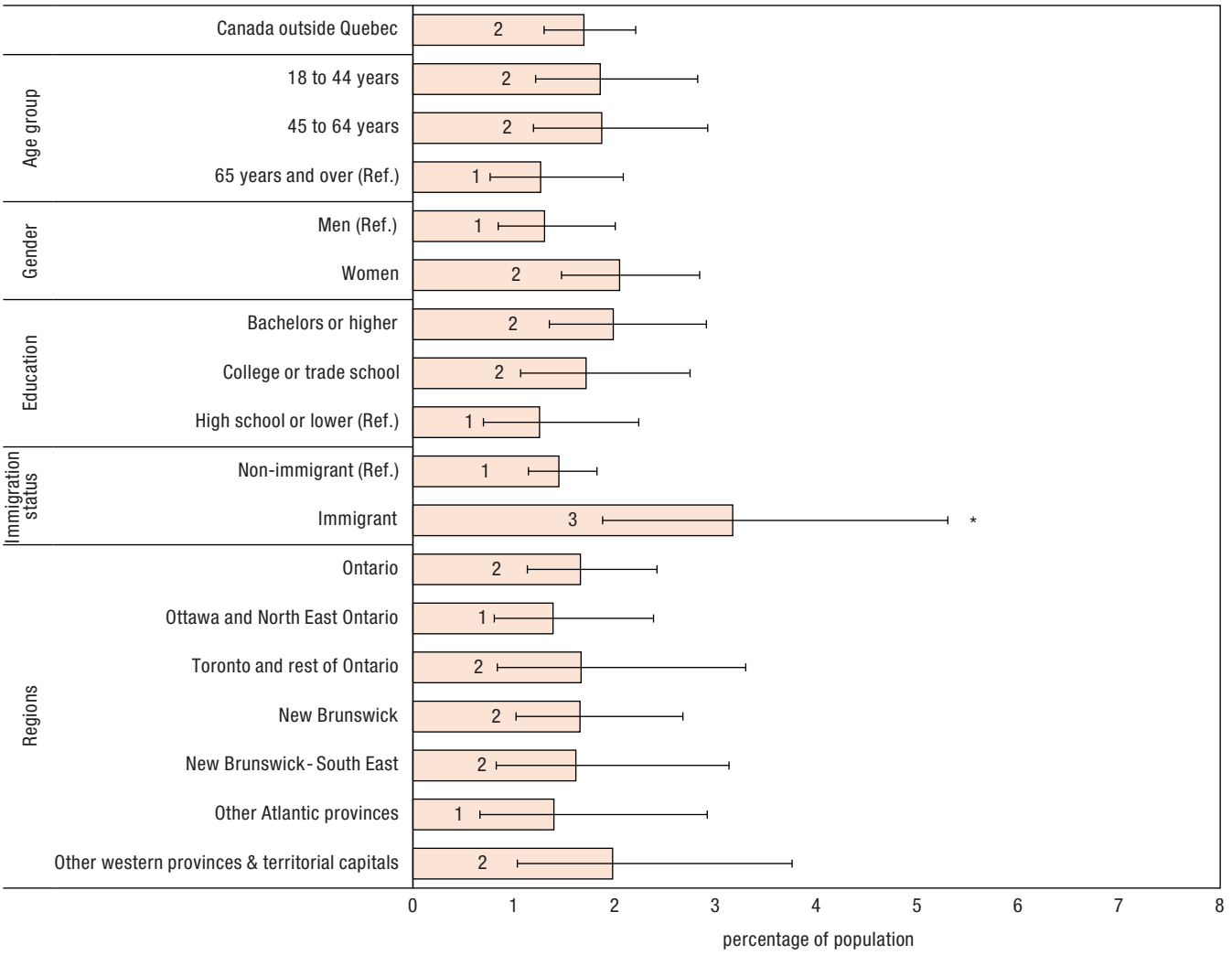
Chart 8 presents the main reasons why French-speaking adults in Canada outside Quebec felt uncomfortable requesting health care or services in French. Two of the top reasons were related to the health professionals they interacted with: 57% felt the professionals may not know French and 38% felt the professionals may not know French well enough. Another top reason was that the service was not actively offered in French (40%). Other less frequently cited reasons included being bilingual in French and English (36%), delays in receiving service (33%) and being referred to a specialist without knowledge of French (22%). Overall, 81% of people had reasons to be uncomfortable that were related to a lack of offer or of active offer of services in French.[9]

6 Perceived discrimination based on the use of French while consulting a medical professional

Overall, 2% of French-speaking adults in Canada outside Quebec felt they had experienced unfair treatment or discrimination, or had been subjected to discriminatory remarks, based on their use of French while consulting a medical professional in the previous five years (Chart 9).

9. These reasons include all of those in Chart 8, with the exception of “bilingual in minority and majority language,” “more comfortable in majority language” and “other reasons.”

Chart 9
Perceived discrimination related to the use of French while consulting a medical professional, by sociodemographic characteristics and regions, among French-speaking adults, Canada outside Quebec, 2022



* significantly different from the reference category at the 90% confidence level ($p < 0.10$)
Note: Refers to English-speaking adults who perceived having experienced unfair treatment, discrimination, or discriminatory remarks based on their use of English while consulting a medical professional in the five years preceding the survey.
Source: Survey on the Official Language Minority Population (SOLMP), 2022.

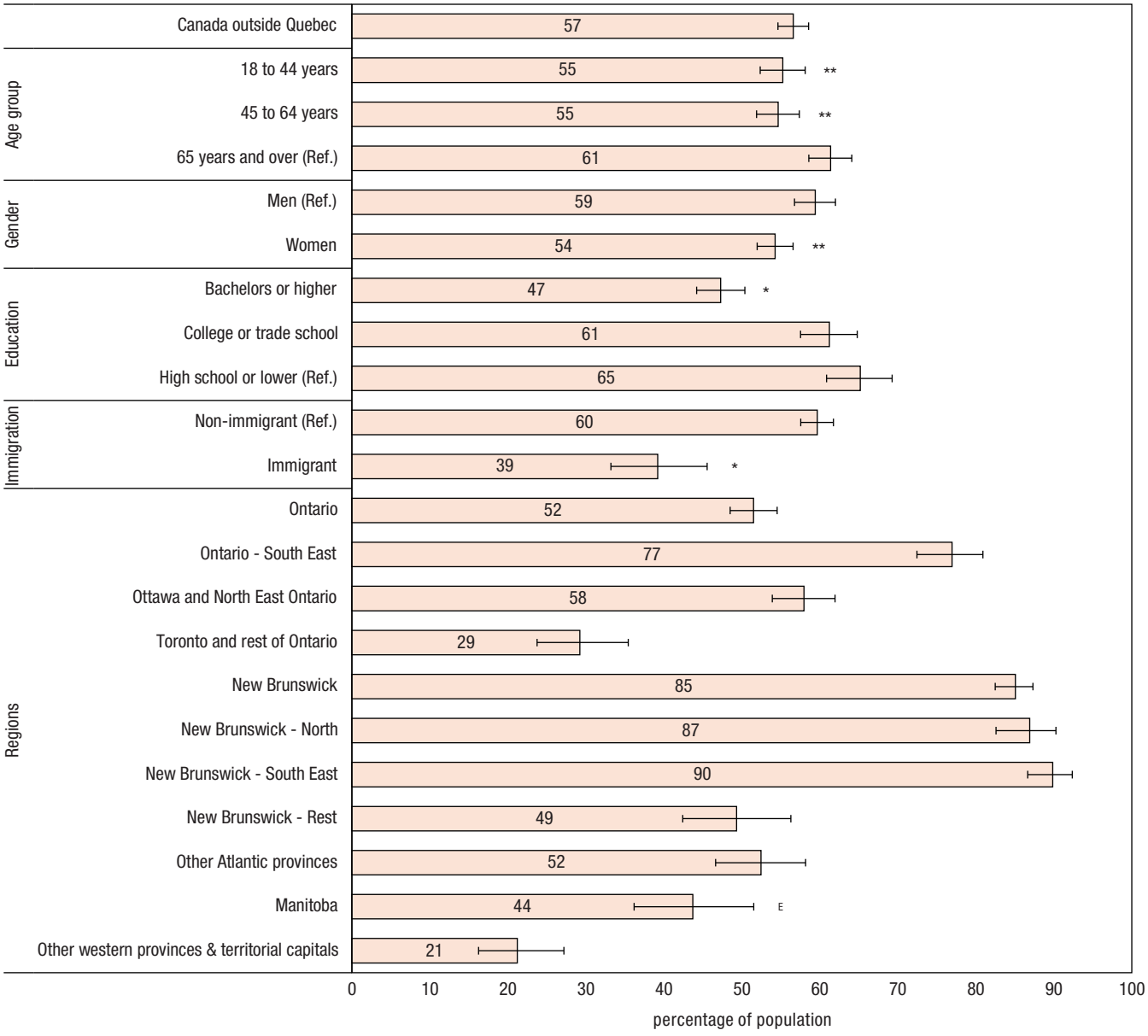
French-speaking immigrants (3%) were slightly more likely to perceive having experienced unfair treatment or discrimination, or having been subjected to discriminatory remarks, based on their use of French while consulting a medical professional than French-speaking non-immigrants (1%).† No other differences were observed across sociodemographic characteristics or regions.

† statistically significant at a 90% confidence level.

7 Perception of the general active offer of services in French

Overall, 57% of French-speaking adults in Canada outside Quebec who felt it was at least somewhat important to receive health care and services in French found that, in general, health care and services were actively offered in their official language of choice in their community (Chart 10).[10]

Chart 10
Perception of the presence of a general active offer of health care or services in French, by sociodemographic characteristics and regions, among French-speaking adults, Canada outside Quebec, 2022



E use with caution
* significantly different from the reference category at the 95% confidence level ($p < 0.05$)
** significantly different from the reference category at the 90% confidence level ($p < 0.10$)
Note: Among French-speaking adults who consider it somewhat important, important or very important to personally receive health care or services in French.
Source: Survey on the Official Language Minority Population (SOLMP), 2022.

10. The SOLMP questionnaire was developed before 2022 and included a question asking, "In general, are health care or services in your community actively offered in your official language of choice?" This question informs on individuals' perception of the way health care and services were offered with respect to Canada's official languages, and not on the presence of access programs to services in French.

Adults aged 65 years and over were more likely to feel that services were actively offered in the language of their choice in their community (61%), compared with adults aged 45 to 64 years (55%) and 18 to 44 years (55%).† Similarly, this was the case for a higher proportion of men than women (59% vs. 54%).† A higher proportion of French-speaking adults with a high school education or lower (65%) felt that such services were actively offered in the language of their choice, compared with adults with a bachelor's degree or higher (47%).

The proportion of adults who found that services were actively offered in their language of choice varied across regions in Canada outside Quebec. Proportions were higher in north (87%) and southeast New Brunswick (90%) than in the rest of New Brunswick (49%). In Ontario, the proportion also varied by region: 77% in southeast Ontario, 58% in Ottawa and northeast Ontario, and 29% in Toronto and the rest of Ontario. Overall, French-speaking adults in the western provinces and the territorial capitals were least likely to find that services were actively offered in their language of choice (21%).

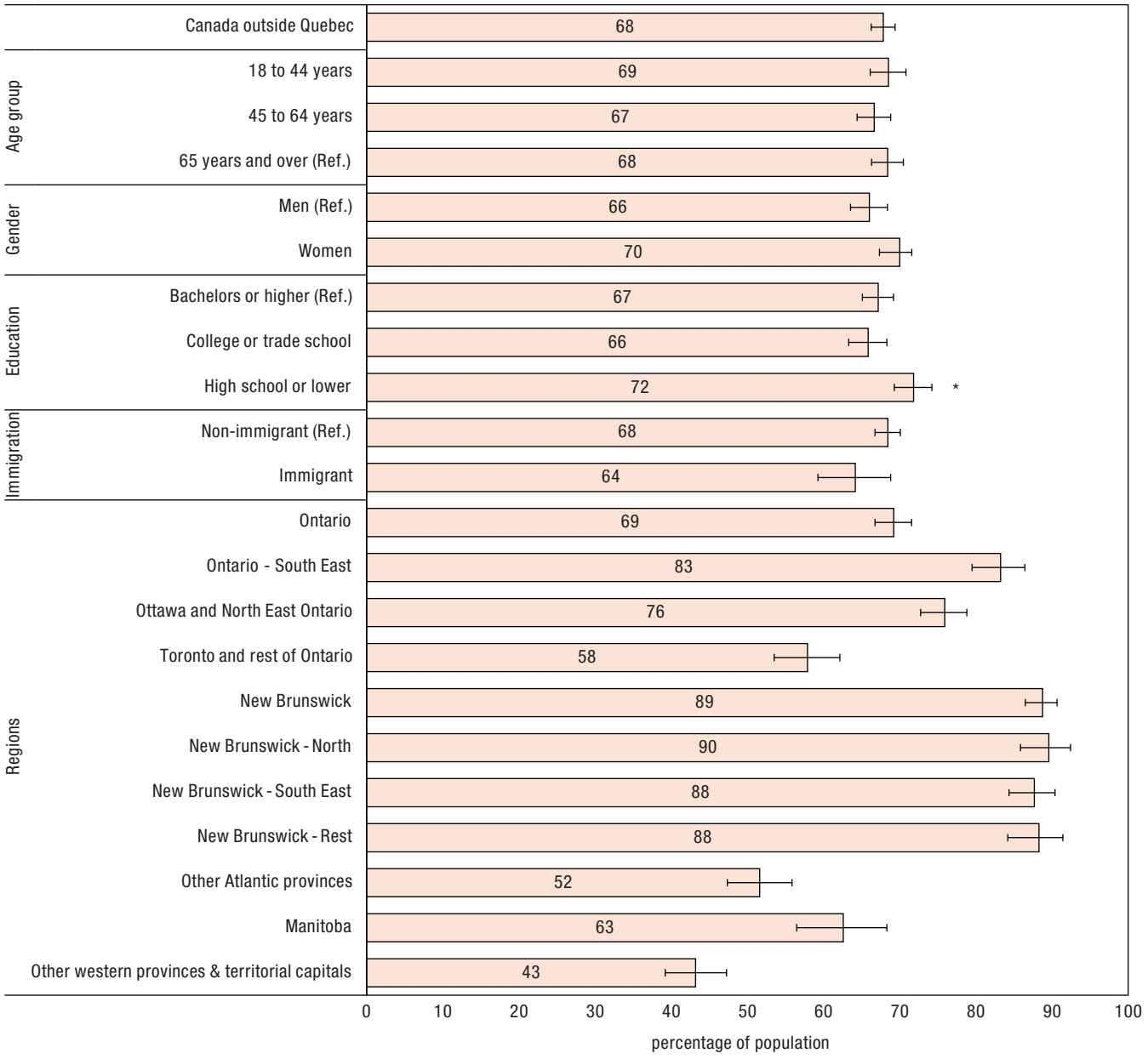
8 Awareness of legal obligations

All SOLMP respondents were asked whether, to their knowledge, public health care institutions had the legal obligation to offer services in the minority official language in their province. In New Brunswick, the *Official Languages Act* establishes that provincial institutions, including health services, must provide services in English and French. In Ontario, the *French Language Services Act* requires provincial government services to be available in French in designated areas and through designated institutions, including selected health care organizations. Some provinces, such as Manitoba, Nova Scotia, Prince Edward Island and Newfoundland and Labrador, have adopted policies or legislative frameworks to support access to services in French in selected sectors or institutions. In other provinces in Canada outside Quebec, access to services in the minority language is generally supported through programs, local initiatives or departmental policies.

In Canada outside Quebec, 68% of French-speaking adults were aware of the legal obligations for public health care institutions to offer services in French. Awareness was higher among French-speaking adults with a high school education or lower (72%), compared with those with a bachelor's degree or higher (67%).

† statistically significant at a 90% confidence level.

Chart 11
Awareness of legislation mandating health care or services in French, by sociodemographic characteristics and regions, among French-speaking adults, Canada outside Quebec, 2022



* significantly different from the reference category at the 95% confidence level ($p < 0.05$)
Source: Survey on the Official Language Minority Population (SOLMP), 2022.

The proportion of adults aware of these legal obligations also varied across regions in Canada outside Quebec. Proportions were higher in southeast Ontario (83%) and Ottawa and northeast Ontario (76%) than in Toronto and the rest of Ontario (58%). In New Brunswick, awareness in the different regions was similar to the provincial average (89%).

Conclusions

Overall, about two in three French-speaking adults in Canada outside Quebec considered it important that they receive health care and services in French.

Among those who considered it important to receive services in French, one-third (33%) considered that it would be difficult, very difficult or impossible to receive those services in French in their community, a proportion slightly lower than that observed in 2006 (36%). Among those who considered it important to receive services in French, 43% always or often received services in French in their community, while 39% rarely or never did.

From 2006 to 2022, there were decreases in the proportions of French-speaking adults experiencing difficulty accessing health care and services in French in Nova Scotia, New Brunswick (especially in the southeast) and Ontario (especially in the southeast and the Ottawa and northeast region).

Not all French-speaking adults who consider it important to receive health care and services in French requested such services in French—49% rarely or never did. Among those who did not request services in French, the reasons were related to a lack of offer or active offer of services in French in about one-third of cases, to being bilingual or more comfortable in English in another one-third of cases and otherwise to a combination of those two types of reasons. Overall, among French-speaking adults who considered it important to receive services in French, one in three (36%) felt uncomfortable asking for services in French when requiring care or services at a public health institution or community service centre, a proportion which increased from 23% in 2006. In 2022, 2% of French-speaking adults in Canada outside Quebec perceived having experienced unfair treatment or discrimination, or having been subjected to discriminatory remarks based on their use of French while consulting a medical professional in the previous five years.

Indicators of access to health care and services in French varied across sociodemographic groups. Older age groups and people with a lower level of education generally found it less difficult to access services in French in their community, received services in French more frequently and were more comfortable asking for services in French. Compared with non-immigrants, immigrants were significantly more likely to find it difficult to access services in French, less likely to receive and request services in French and less likely to find that health services were generally actively offered in their language of choice. The fact that French-speaking immigrants and non-immigrants are not always concentrated in the same regions may contribute to these differences.

Differences in access to services in French were also observed across regions. In general, access to health care and services in French was easier in regions with a higher concentration of French speakers. In New Brunswick, French-speaking adults were generally less likely to find it difficult to access services in French or to feel uncomfortable requesting services in French in the north and the southeast than in the rest of the province. North and southeast New Brunswick also had higher proportions of adults who requested and received services in French, and who found that services were generally actively offered in their language of choice. A similar pattern was observed in Ontario. French-speaking adults in southeast Ontario as well as in Ottawa and northeast Ontario were generally less likely to find it difficult to access services in French and to feel uncomfortable requesting services in French and were more likely to request and receive those services in French than those in Toronto and the rest of Ontario. By contrast, French speakers in other provinces were generally less likely to request and access health care and services in French, in particular those in western provinces other than Manitoba and in the territorial capitals.

These findings highlight variability in both the perception of availability and the experience of accessing health care and services in French among French-speaking adults in Canada outside Quebec. They provide a baseline for understanding how sociodemographic characteristics and region are associated with access to French language health care and services.

Data

The 2022 Survey on the Official-Language Minority Population (SOLMP) was used as the data source for this report.

This survey collects information on the social, economic and cultural characteristics and situations of English- and French-speaking minority populations across Canada. For example, it includes questions on language use, access to services and awareness of language rights, including regarding health care and other public services in the minority official language. The survey is based on two representative samples, one for adults and one for children. The adult sample, selected from adults aged 18 or over in the official language minority population, was used for this report.

The "official language minority population" refers to the English-speaking population in Quebec and the French-speaking population in Canada outside Quebec. It includes (1) individuals whose mother tongue is the minority official language (alone or with other languages), (2) individuals with neither English nor French as their mother tongue who know the minority official language but not the majority official language, and (3) individuals with neither English nor French as their mother tongue who know both official languages but do not speak the majority official language most often at home. For simplicity, the terms "French-speaking adults" is used in this report to refer to the target population in Canada outside Quebec. The SOLMP sample was stratified by age group and by province and region of residence.

There are eight SOLMP sub-provincial regions in Canada outside Quebec, in New Brunswick and Ontario. In New Brunswick, the "north" region includes the census divisions of Victoria, Madawaska, Restigouche and Gloucester, as well as the census subdivisions of Alnwick and Neguac, and southeast New Brunswick includes the census divisions of Westmorland and Kent, as well as the census subdivisions of Rogersville (Parish), Rogersville (Village) and Hardwicke. In Ontario, southeast Ontario includes the census divisions of Stormont, Dundas and Glengarry, and Prescott and Russell, while northeast Ontario includes the economic region of Northeast, excluding the census divisions of Parry Sound and Manitoulin. First Nations reserves are not covered by the SOLMP.

More details on the survey and its methodology can be found in the SOLMP user guide.

All comparisons discussed in the text are statistically significant at a 95% confidence level, unless specified otherwise. When comparisons are instead significant at a 90% confidence level, results are marked with a "†".

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