

Report

Study on the Health of Francophones in Alberta

Report #1: Edmonton/Northwest/Red
Deer Region

ACFA

June 30, 2025



This study was carried out with the support of a working committee and ACFA partners.

Working Committee:

- Alberta Health Services - French Coordinator
- Centre de Bien-être et de Prévention pour Afro-Canadiens de l'Alberta
- Fédération des aînés franco-albertains
- Réseau Santé Alberta
- Saint Thomas Community Health Centre

Partners:

- ACFA régionale de Grande Prairie
- ACFA régionale de Red Deer
- ACFA régionale de Rivière-la-Paix
- Association des universitaires de la Faculté Saint-Jean
- Comité FrancoQueer de l'Ouest
- Conseil scolaire Centre-Nord
- Edmonton Military Family Resource Centre
- Francophonie Jeunesse de l'Alberta
- La Société des Manoirs Saint-Joachim et Saint-Thomas

With funding from



**Santé
Canada**

**Health
Canada**



**Société Santé
en français**

Table of Contents

Executive summary – Year 1	1
1. Introduction	3
1.1. Background.....	3
1.2. Francophone minority communities and health.....	4
1.3. Methodological approach	4
2. Demographic and socioeconomic profile of Francophones.....	7
2.1. Alberta’s Francophonie	7
2.2. Francophone communities in Edmonton, the Northwest, and Red Deer	8
3. Results of consultations.....	10
3.1. Introduction.....	10
3.2. Analysis.....	11
4. Findings.....	18
4.1. Thematic analysis	18
4.2. Differentiated analysis: by region, urban, rural, seniors, immigrants	21
5. Conclusion.....	23
Appendix 1: Questionnaire used for the consultation sessions.....	24
Appendix 2: List of consultation sessions	26

EXECUTIVE SUMMARY – YEAR 1

This report presents the main findings from the first year of **the study on the health of Francophones in Alberta**, carried out by ACFA with support from PGF Consultants. This first phase focused on the Edmonton, Northwest and Red Deer regions.

Context and objectives: The reform of Alberta's healthcare system provides an opportunity to improve access to French-language health services for Francophones, from an equity perspective. The initiative is part of the Government of Alberta's French Policy and the Canada-Alberta Agreement to Work Together to Improve Health Care for Canadians.

Key findings for 2024-2025

- **Real interest, but reasonable expectations:** Francophones in Edmonton, the Northwest and Red Deer want to receive services in French, but not at the expense of speed or quality of care. Many prefer not to request services if they anticipate additional delays or a substandard experience.
- **Communication challenge:** Many identify stress related to managing their health in a language other than French, as well as the risk of errors or misunderstandings. Being understood and expressing oneself clearly is seen as essential to safety and quality of care.
- **Desire for equity:** The vast majority want access to the same quality of health care under similar conditions to the care offered in English, both in terms of speed of access and geographical proximity.
- **Priority care:** Access to primary care in French (doctor, nurse, clinic) is the priority, followed by end-of-life and spiritual care, then home care and long-term care services.

Preferred solutions and tools

- **Openness to alternative solutions:** Francophones are willing to avail of solutions such as mobile clinics, telemedicine, and other remote arrangements, but physical care settings (Francophone clinics and health centres) are still preferred.
- **Importance of active offer and tools:** An active offer of services in French is considered crucial to facilitating access to, and navigation within, the system. Active offer does not necessarily mean that all services are available in French, but rather that patients are greeted in French by staff who are able to refer them to services in that language. Respondents also expressed a need for tools such as simultaneous interpreting, an effective referral system, directories of French-language services, and tailored information.

Considerations based on profiles and settings

- **Urban and rural:** The data do not reveal a significant difference between urban and rural areas in terms of user satisfaction. However, Francophones in rural areas are often older, more dispersed, and fewer in number, which creates specific challenges. Alternative care methods and digital tools in French are interesting avenues to explore to meet these needs.
- **Seniors:** Older people generally prefer proximity to care over access to services in French, particularly in rural areas. Nevertheless, mobile and remote solutions could better meet their needs by limiting travel.

- **Immigrants:** For newly arrived Francophones, access to services in French is particularly important. These individuals also consider it essential to receive support and information in French throughout their experience with the healthcare system.

Next steps: The next phases of the project will include consultations in the south and northeast of the province, as well as a province-wide survey. These steps will enable ACFA to continue working with the provincial government to ensure that the realities and needs of Francophones are considered in the evolution of Alberta's healthcare system.

Conclusion: Strengthening the delivery of French-language health services, through both traditional and innovative means, will contribute to a more equitable and inclusive Alberta healthcare system that is better suited to the diversity of its communities.

1. INTRODUCTION

This report presents the results of the work undertaken during the first year of a three-year study on the health of Francophones in Alberta. This project, led by [ACFA](#) and supported by PGF Consultants, covers certain topics related to the health of Francophones in minority communities in general, and presents data and analyses specific to the northwestern region of the province and Red Deer. The reports produced for each of the three target regions—Edmonton/Northwest/Red Deer (year 1), South/Central (year 2), and Northeast (year 3)—will serve as tools for ACFA to advise the Ministry of Primary and Preventative Health Services on services that should be provided in French in the province, and help ACFA position itself as a reference for the needs of the Francophone population.

1.1. BACKGROUND

A major reform of Alberta's healthcare system is underway, with the goal of improving access to care and optimizing the use of resources for the benefit of all Albertans. Such changes bring their own set of challenges, but they can also lead to golden opportunities that must be seized upon, as the province's Francophone community wishes to do. Through ACFA, the Francophone community wants better access to health services in French. This desire is based on certain policies and priorities put forward by the province, particularly within the framework of Alberta's French Policy and the Canada-Alberta Agreement to Work Together to Improve Health Care for Canadians, which are promising developments.

The Canada-Alberta Agreement to Work Together to Improve Health Care for Canadians (2023-2026) includes a commitment to French-language services, which incorporates the following strategies:

- **Develop active supply and demand for French-language healthcare services:** Establish a permanent mechanism for collaboration between the Alberta government and stakeholder organizations within Alberta's Francophonie.
- **Expand the scope of French-language health services in Edmonton, Calgary and rural areas:** Identify shortages of healthcare professionals and gaps in French-language service delivery. This data will be used to obtain an overview of French-language healthcare service needs in the province.
- **Tel-Aide Outaouais in Alberta:** Develop French-language mental-health services to address gaps identified by Alberta's Francophonie in this sector. Funding for Tel-Aide Outaouais would help maintain existing services. The telephone helpline is offered directly and exclusively in French.
- **Support healthcare professionals who wish to improve their French-language skills:** Set up a pilot project to improve the French-language skills of health professionals so that Alberta can implement the "Café de Paris" concept, creating an informal space where employees can acquire or maintain French-language skills.

An opportunity for Francophone communities in Alberta

This study is part of a refocusing of the healthcare system in communities, as highlighted by provincial government authorities. Numerous committees and working groups will study the best ways to listen to communities' needs and determine the most appropriate and effective service approaches. Recognizing communities' expertise, particularly through patient partners, front-line workers, and community-service organizations, is crucial for the successful implementation of services in the sectors targeted by the reform.

The goal is that the integration and improved access to, and quality of, services take place primarily at the community level and with community involvement. This is therefore an unparalleled opportunity for Francophones in Alberta to ensure that their healthcare needs are considered throughout this restructuring process.

1.2. FRANCOPHONE MINORITY COMMUNITIES AND HEALTH

Francophones in minority communities across the country face challenges in terms of their health and access to care in their language, as demonstrated by a large number of studies and scientific articles on the subject. One lens through which to view this issue is that of the [social determinants of health](#). These health determinants include a wide range of personal, social, economic and environmental factors that determine the health of an individual or population, including:

- Income and social status
- Employment and working conditions
- Education and literacy
- Childhood experiences
- Physical environment
- Social support and resilience
- Healthy behaviours
- Access to health services
- Biology and genetic heritage
- Gender
- Culture
- Race and racism

Although language is not generally considered a determinant of health per se by health authorities, access to services is, which is an important factor in the reality of Francophones living in minority communities in the country who have difficulty accessing services in French. This can result in communication challenges that can impact the quality of care, the caregiver-patient relationship, and adherence to care, with all the consequences that this can have on the individual and the community.

Added to this is the fact that, in general, Francophones in minority communities are older than the Anglophone majority and less educated, with all the consequences this can have on income, employment, and, by extension, other factors related to health determinants. Although Francophone immigration has somewhat rebalanced the situation in several Francophone communities, this is generally limited to large urban centres. Furthermore, although immigrants generally arrive with a rich educational and professional background, the double-minority status, combined with the challenges of integration, results in significant challenges.

1.3. METHODOLOGICAL APPROACH

The methodological approach of this study is the result of discussions between ACFA and PGF Consultants.

Scope of the study

Although the ongoing reforms in Alberta target the entire system, this project specifically focuses on health services in the following categories:

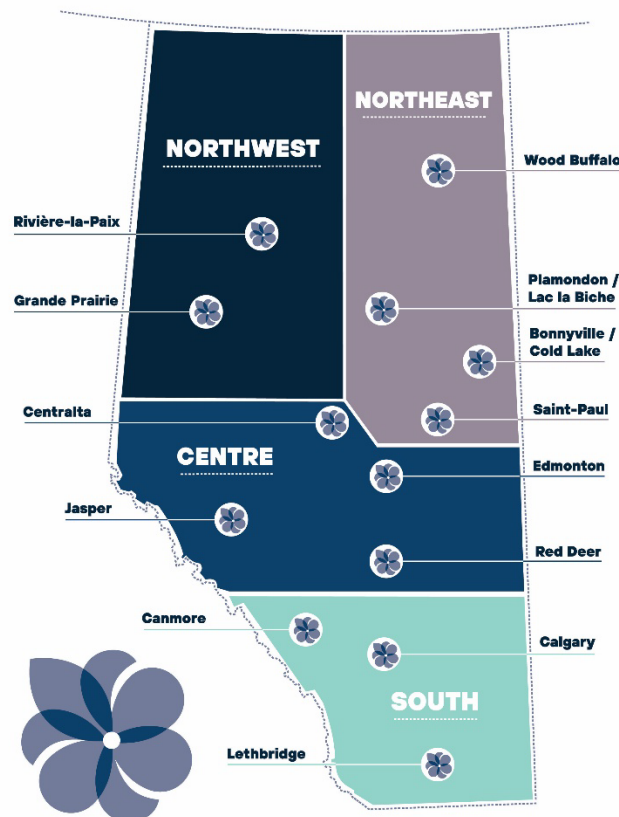
- **Primary care:** Primary care is the gateway to the health system through medical clinics and related services. These services are typically provided by family physicians and nursing staff. They focus on healthcare services, including health promotion; disease and injury prevention; and illness and injury diagnosis, treatment and follow-up.
- **Home care:** Home care includes all services that can be provided in the home by nurses or other personnel to ensure that people receiving care can remain in their living environment for as long as possible.
- **Palliative and end-of-life care:** Palliative and end-of-life care focuses on the comfort and well-being of people at the end of their lives. This care can be provided in hospitals, long-term care facilities, palliative care centres, or at home.

Mental health and addiction, as well as acute and specialized care, are excluded from this study, as these sectors are the subject of separate studies and initiatives. However, certain topics related to these sectors are addressed in this document all the same.

Regions studied

This health study focuses on three distinct regions: the Northwest/Central (Edmonton and Red Deer) (year 1), the South/Central (Jasper and Centralta) region (year 2), and the Northeast region (year 3). This territorial division is based on the regions served by the regional ACFA's, as shown in the figure below.

Figure 1: Study regions, based on regions served by regional ACFA's



Source: ACFA

Data sources

The data presented in this document are the result of several sources and data-collection methods, the main ones being the following:

- **Demographic portrait of Alberta's Francophone communities:** ACFA retained the services of an external firm to paint a demographic and socioeconomic portrait of 38 Francophone communities in the province based on data from the 2021 population census.
- **Literature review:** A literature review was conducted by ACFA's internal resources on topics related to the health of Francophones in minority communities and access to care. This literature review was used, among other things, to determine the approach to take for consultations with the population and to develop the topics to be addressed.
- **Consultations with the Francophone population:** With the support of PGF Consultants, ACFA conducted consultations with the Francophone population in the study region by organizing public sessions in several Francophone communities in the region.

At the end of the third year of this study, the work carried out in years 1, 2 and 3 will be consolidated in a summary report. This will be supplemented by data from a survey that Francophones in the province will be able to complete online at a date to be determined. This survey will complement the consultations covered in this report.

2. DEMOGRAPHIC AND SOCIOECONOMIC PROFILE OF FRANCOPHONES

The data presented in this section are taken from the 2021 population census. They initially cover the entire Francophone community in Alberta, providing a high-level portrait of various characteristics of this community. We then present data that are more specific to the region under study, namely the northwestern part of the province and Red Deer.

2.1. ALBERTA'S FRANCOPHONIE

French in Alberta

In 2021 in Alberta, as shown in Table 1, 88,010 people reported French as their mother tongue, accounting for 2.1% of the total population. Of this number, nearly 65,000 people reported French as their only mother tongue, while for just over 23,000, French as a mother tongue is combined with one (or more) other mother tongue(s), with English being predominant.

Figure 2: Alberta's Francophonie from various perspectives, 2021

	2021	
	#	% of total
Total population	4 221 835	
French, mother tongue		
French only	64 855	1,5%
French in combination with other languages	23 155	0,5%
Total	88 010	2,1%
French, first official language spoken		
French	64 440	1,5%
French and English	15 525	0,4%
Total	79 965	1,9%
French, language spoken at home		
French as first language spoken at home	33 295	0,8%
French as another language spoken at home	42 165	1,0%
Total	75 460	1,8%
Knowledge of French		
French unilingualism	3 105	0,1%
Bilingualism	258 330	6,1%
Total	261 435	6,2%

Source: PGF Consultants based on Statistics Canada data, tables 98-10-0169-01 and 98-10-0170-01

The number of Francophones whose first official language spoken was French was 79,965 in 2021, or 1.9% of the total population, including nearly 65,000 people who only spoke French and just over 15,000 whose first language spoken was French and English. With regard to French as a language spoken at home, the proportions are similar, with 1.8% of Albertans using it either as their main language spoken at home (33,295 people) or as another language spoken at home (42,165). In total, 75,460 people use French at home.

In terms of knowledge of French, 3,105 people in the province are unilingual Francophones, while 258,330 are bilingual. Thus, 6.2% of the population, or 261,435 people, say they have knowledge of French.

Some socioeconomic characteristics of Francophones

The data on the different socioeconomic characteristics of Francophones presented in the following paragraphs are compared with those of the English-speaking majority. All data are based on a definition of Francophones

that includes those who reported French and French and English as their first official language spoken. The English-speaking majority is based on those who reported English as their first official language spoken.

Age

Francophones are older than the Anglophone majority, with 17.7% of them over the age of 65, compared to 13.5% of Anglophones. Conversely, the proportion of Francophones under the age of 20 is 16.8%, compared to 25.4% for the majority. Age by and of itself is the overriding factor in the population's health and the most important reason why they should have access to the healthcare system.

Place of birth

The proportion of Francophones born outside Alberta is significantly higher than that of the Anglophone majority: 75.9% compared to 47.1%. Thus, one quarter of Francophones were born in Alberta, 44% were born elsewhere in Canada, and 38.9% were born outside Canada. On the English-speaking side, 58.9% of the population was born in Alberta, 22.4% elsewhere in Canada, and 24.7% outside the country.

Immigration

Given the data on place of birth, it is not surprising that Francophones in Alberta have a higher proportion of immigrants than the Anglophone majority: 28.9% versus 22.3%. Francophone immigration has been proportionally higher than Anglophone immigration over the past two decades. Half of Francophone immigrants were born in Africa (49.6%), while this proportion is only 11.7% among Anglophones. Conversely, few Francophone immigrants come from Asia (14.3% of the total), while this proportion is very high among Anglophone immigrants (56.3%). Two-thirds of recent Francophone immigrants come from Africa and two-thirds live in large urban centres: Edmonton and Calgary.

Thus, the proportion of the population identifying as being in the visible minority group Black is much higher among Francophones (14.5% of the total) compared to the Anglophone majority (4%). Conversely, 18.9% of Anglophones are visible minorities of Asian origin, compared to 5.5% of Francophones.

Religion

Nearly 63% of Francophones are Christian, compared to 48.2% of Anglophones. Most Francophones identify as Catholic, while other Christian denominations predominate among Anglophones. In addition, 9.2% of Francophones are Muslim, compared to 4.6% of Anglophones.

Education and income

Francophones in Alberta are more educated than Anglophones, unlike other Francophone minority communities in the country. One-third have a bachelor's degree or higher, compared to 25.8% of Anglophones. This higher level of education among Francophones is supported by immigrants, who are significantly more educated than the non-immigrant population, and by the arrival of educated individuals from other provinces attracted by employment opportunities in the province. These data translate into higher median income levels among Francophones.

2.2. FRANCOPHONE COMMUNITIES IN EDMONTON, THE NORTHWEST, AND RED DEER

The Central and Northwest regions of Alberta have a large number of Francophones spread across the territory, with cities and regions having higher concentrations in terms of numbers and/or percentage of the total

population. These factors dictated, at least in part, where the ACFA team went during the winter of 2025 to conduct public consultations.

Several consultations were held in Edmonton and the surrounding area. Edmonton alone accounts for nearly one-third of the province's Francophone population, accounting for more than 23,000 Francophones, or 2.3% of the total population. The city's suburbs add to this figure, with a relatively large number of Francophones living in the following areas: Stony Plain, Spruce Grove and surrounding areas (1,250 Francophones), Beaumont (790), Strathcona County including Sherwood Park (1,660), Leduc and surrounding areas (990), Legal and surrounding areas (1,400), and St. Albert (1,815).

In addition to the greater Edmonton area, the team also visited the northwestern part of the province, holding consultations in Grande Prairie and the surrounding area, as well as in St. Isidore, Falher and McLennan. In this region, the largest number of Francophones live in Grande Prairie, that is, 1,575 people representing 2.5% of the total population, and in Falher (including McLennan), where 1,240 Francophones represent a quarter of the population. Focus groups were originally planned in Jasper as well. Unfortunately, Jasper was dealing with the aftermath of a fire in summer 2024, and these meetings had to be postponed until fall 2025, in combination with the groups in the southern region. These groups were replaced by groups in Red Deer, home to more than 2,000 Francophones (1% of the total population of the city and county combined). Francophones are also found in relatively large numbers in Bonnyville, Cold Lake, Lac La Biche, and St. Paul, for example, where they represent between 4% and 8% of the total population. These communities will be part of Year 3 of the research, in the Northeast region. See the table below for an overview of the demographic distribution of participants.

Table 1: Demographic profile of participants by region

	Edmonton and its suburbs	Northwest	Red Deer
Number of participants	135	67	18
Women	90	58	12
Men	42	9	6
Non-binary	1	-	-
No response	2	-	-
Age			
75	27	34	-
65	29	13	-
55-64	27	5	3
45-54	15	5	7
35	9	3	3
25-34	10	3	3
18-24	14	1	2
No response	3	3	-
International immigrant background	59	4	14
Interprovincial migrant background	37	2	2
Identified racial heritage			
White or European	75	6	7
Black or Sub-Saharan African	42	-	6
Latino/Latina	3	-	-
North African	3	-	2

East Asian	2	-	-
Southeast Asian	1	-	-
South Asian	-	-	3
First Nations, Métis, Indigenous, Inuit	-	1	-
No response	8	1	-

A few factors characterize these Francophone communities when compared to the total population. First, Francophones are systematically older, in terms of median age, than the population as a whole. The gap is particularly significant outside major urban centres, with Edmonton being somewhat of an exception to this rule, as the median age is roughly the same for Francophones and the total population, and is also relatively lower compared to the age of Francophones outside the urban area.

This peculiarity in Edmonton could be explained by the fact that just over 40% of the Francophone population is made up of immigrants, and that these immigrants are, in large part, "economic" immigrants who are of working age and ready to contribute to the local economy. These immigrants are therefore revitalizing the age of the city's Francophone population. Conversely, in the cities and regions listed above outside Edmonton, where Francophones have a much higher median age, immigrants account for only between 0 and 15% of this population.

Other factors that clearly differentiate Francophones from the overall population are the percentage of the population aged 15 and over with post-secondary education, and the median income of this population. For all of the cities and regions considered here, the proportion of Francophones with post-secondary qualifications is higher, often significantly so. In Edmonton, for example, 64% of Francophones have post-secondary education, compared to 57% of the overall population. This gap is greater in many places.

These education figures may explain why, in several cities and regions, Francophones have higher median incomes than the population as a whole, and in some cases, with marked differences. Could their bilingualism also contribute to these higher incomes? Furthermore, it might be worth pointing to the fact that Francophones in Edmonton and Red Deer come from outside the province in much greater proportions than the population as a whole, as seen above, possibly drawn to lucrative jobs that were accordingly aligned with their educational profiles.

3. RESULTS OF CONSULTATIONS

3.1. INTRODUCTION

Although census data and scientific articles, for example, can provide us with extremely useful information to demonstrate the issues surrounding access to French-language care or the consequences of not being able to access it, it is also important to listen to what the population has to say on this matter. A large part of this study, therefore, focuses on public consultations where Francophones can make their voices heard. These consultation sessions, conducted by ACFA with the support of PGF Consultants, aim to take the pulse of the population on three distinct but interrelated themes:

- Issues related to the lack of French-language health services
- Specific health-service needs

- Access to services, information and support

For Year 1 of the study, which focused on the Northwest/Red Deer region and the basis of this report, consultations were held between November 2024 and February 2025. A total of 17 sessions were held, with 16 in person in the Edmonton area, south of Edmonton, and in the northwestern part of the province, followed by Red Deer, reaching 220 people.

Participant profile

The profile of the participants suggests that the Francophone community was fairly well represented in all its diversity. All age groups were represented, with a predominance of people over 55, who accounted for nearly two-thirds of participants. Women outnumbered men by a wide margin, accounting for nearly three-quarters of the participants. Just under a quarter of participants (52/220) were active in the labour market, mainly in the health sector. Although most participants identified as European/Caucasian, a quarter were from Africa (including a few participants from the Maghreb), many of whom had been in Canada for less than 10 years.

The consultation sessions were all conducted in the same manner, with the first part providing some background information to participants, followed by a series of 11 questions that they were invited to answer freely. The questionnaire used during the meetings can be found in Appendix 1 of this document.

3.2. ANALYSIS

In this section, we review each of the questions asked during the consultations and analyze the responses shared by participants. It is important to note that for some questions, it was possible to calculate the frequency of responses, while in other cases, the direction of the discussions did not allow for this.

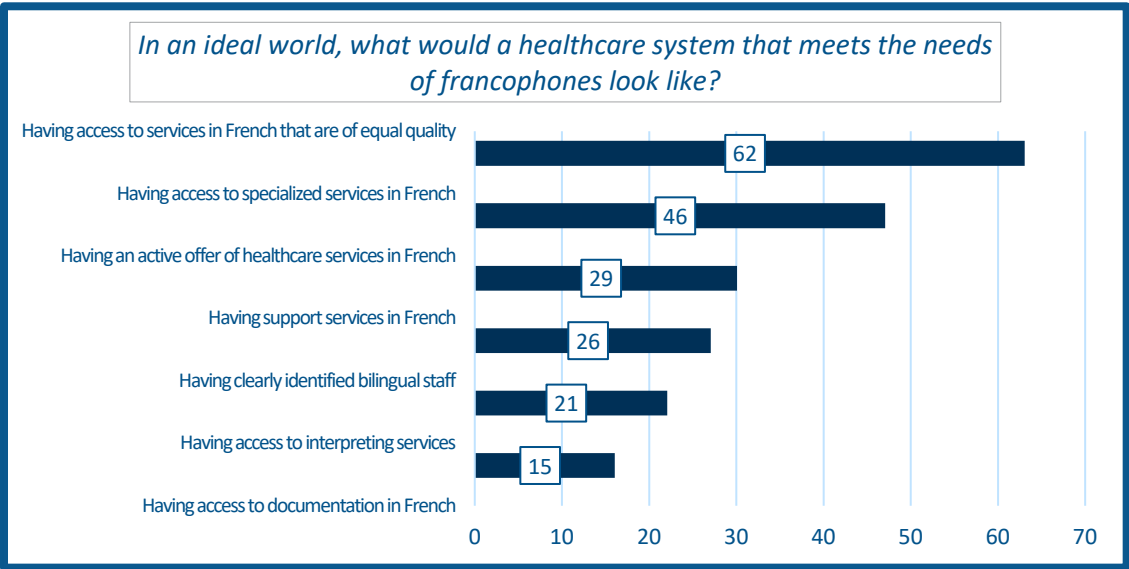
Question 1: *In an ideal world, what would a healthcare system that meets the needs of Francophones look like?*

According to participants, a healthcare system that meets the needs of Francophones would be characterized, first and foremost, by access to healthcare services in French that are of equal quality to those offered in English, followed by access to specialized services in French (Figure 2). Access, therefore, seems to be a key concern for Francophones. This is followed by what we might call "tools" to improve the experience of Francophones, including, in order of importance, active offer, support services, access to bilingual staff, interpretation services, and documentation in French.

"In an ideal world, I would have access to all health services in French and close to home, and they would be of the same quality as services in English."

Participant from St. Albert

Figure 3: Frequency of main responses to question 1



Source: PGF Consultants

Question 2: Have you or someone close to you recently used health services? Which ones? Were these services offered in French?

When asked about the provision of services in French during recent use of the healthcare system by consultation participants or a loved one, responses focused heavily on the fact that very few healthcare services are offered in French. The same is true for specialists who can provide care in French, who are very rare and difficult to reach, according to participants. That being said, some mentioned having access to a French-speaking doctor and attendants.

“In the end, my grandfather had dementia and only spoke French. I had to act as a translator, but I don’t know all the medical terms in both languages.”

Participant from Edmonton

Discussions also reflected on the lack of tools that could improve the experience of Francophones when it comes to using the healthcare system, such as identifying bilingual staff, access to 811 or 911 in French, or general support in French. On the subject of support, some mentioned that staff or family members sometimes acted as translators, which is far from ideal. This means that the tools considered relatively important in the previous question are lacking.

Question 3: When you access healthcare services, do you ask for services in French? Please explain your answer.

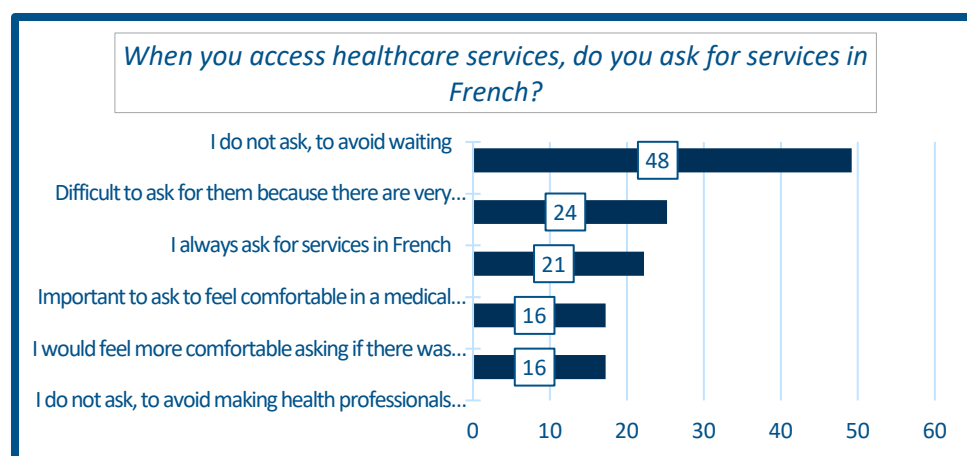
Participants were asked whether they requested services in French when accessing health services. Although some mentioned requesting services in French, the discussions focused more on the fact that there were no services in French and therefore it was not worth requesting them. The most common response was that French services were not requested for fear of having to wait longer to access services (Figure 3). There is, therefore, a real perception that French services are not available in a timely manner, or are simply not available, making it difficult for the population to request them. That being said, a certain proportion of participants specified that

"There is no active offer at all; it's just luck if you happen to come across someone who speaks a little French."

Participant from Beaumont

they request services in French, and consider it important to have access to them in order to feel comfortable in a medical setting. Some also mentioned feeling uncomfortable requesting them, either because they were not actively offered or because they were afraid of making healthcare professionals feel uncomfortable.

Figure 3: Frequency of main responses to question 3



Source: PGF Consultants

Question 4: In your experience or that of your loved ones, when services were not available in French, were tools suggested to meet the needs of Francophone patients? Which ones?

When Francophones do not have access to services in their language, certain tools that they could access can make a difference in the quality of their experience with the healthcare system. To this end, many participants agreed that, in addition to services rarely being available in French, very few other elements were offered in French, such as health information or active offer in French. Some respondents said that interpreting services

"We used a telephone interpreter, but the translation was poor. We could understand most of it, but it was like a Google translation. Too literal and not dynamic at all."

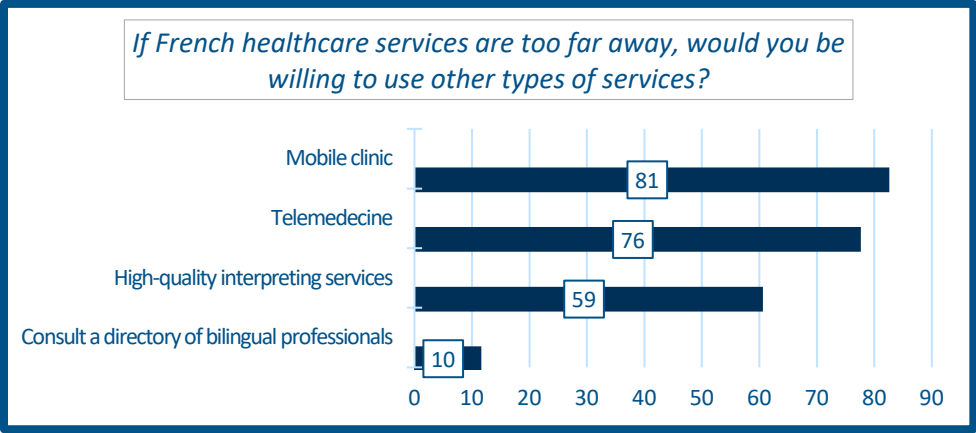
Participant from Red Deer

had been offered to them, but that these were not always effective or pleasant. This could explain why others rely on family members to interpret for them, which is rarely ideal in a healthcare setting.

Question 5: *If French health services are too far away, would you be willing to use other types of services?*

In connection with the previous question, we wanted to know if, in the event that French-language services were too far away, participants would be willing to use other types of services. Mobile clinics transpired to be the preferred option, followed by telemedicine. To a lesser extent, they would be willing to use interpreting services, while specifying that these must be of high quality. Finally, it was mentioned several times that a directory of health professionals able to offer services in French would be useful. Since such a directory already exists, the issue may be that it is not well known among the Francophone population.

Figure 5: Frequency of main responses to question 5

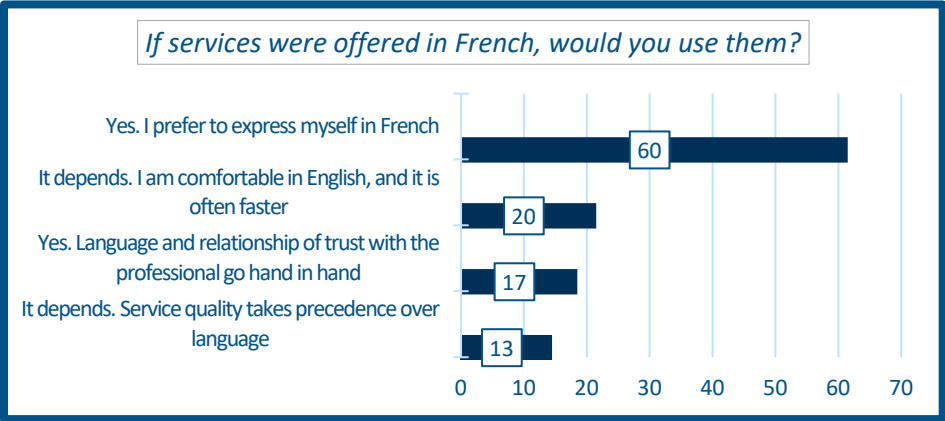


Source: PGF Consultants

Question 6: *If services were offered in French, would you use them? Please explain your answer.*

A large number of participants agreed that if services were offered in French, they would use them, considering that they prefer to express themselves in their own language. Others who also responded that they would use them believe that language creates a relationship of trust with healthcare professionals. Among respondents who specified that they were not sure whether they would use services in French, the reasons given were, first, the perception that services in English, a language in which they are comfortable, are often faster to obtain. It was also mentioned that service quality takes precedence over the language in which it is provided.

Figure 4: Frequency of main responses to question 6



Source: PGF Consultants

"Of course, I would use the service in French—provided it is good. Speaking French does not guarantee medical competence."

Participant from the Edmonton Garrison

Question 7: When a service in French is not available, do you use the service in English, or do you choose not to use the service?

Participants widely reported that they prioritized services in English for a variety of reasons, including “I have no choice”, “health is the priority”, “to avoid waiting”, and “to get quality services”. Only a few mentioned researching services in French and being willing to travel to access them. Once again, the importance of French-language services “for mental health” was raised, as was the usefulness of a directory of French-language services. The importance of active offer in French was also mentioned again. That said, given the unavailability

"I often have no choice but to use a service in English, but it's to my detriment."

Participant from St. Albert

of French-language services, Francophones seem resigned to using those offered in the majority language.

Question 8: In your opinion, what are the negative consequences of the lack of services in French for Francophone patients?

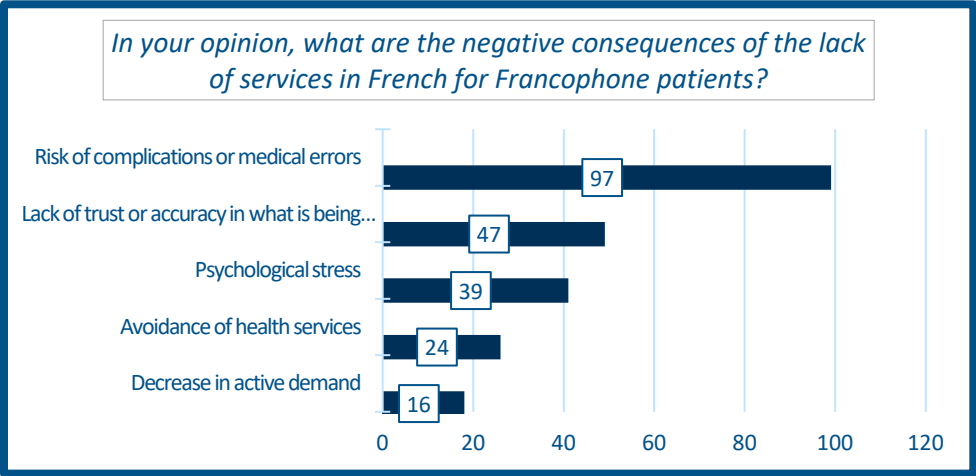
A large number of participants agreed that the risk of complications or medical errors was the most likely negative consequence of the lack of French-language health services. This is consistent with a large number of scientific publications on the subject, which highlight the importance of communication between caregivers and patients and the negative, sometimes tragic, consequences that poor communication can have. This aligns with the other consequence mentioned, that is, the lack of trust or accuracy that can result from poor

"I was misdiagnosed twice before a third doctor properly understood my issue. It could become a life-or-death situation."

Participant from Grande Prairie

communication. Psychological stress as a negative consequence of the lack of services in French was also raised by several participants. A number of participants mentioned that one of the consequences was avoidance of the healthcare system, which can ultimately result in high costs for the provincial healthcare system (not taken care of in time by the system) and worsening conditions for the individual avoiding the system.

Figure 5: Frequency of main responses to question 8



Source: PGF Consultants

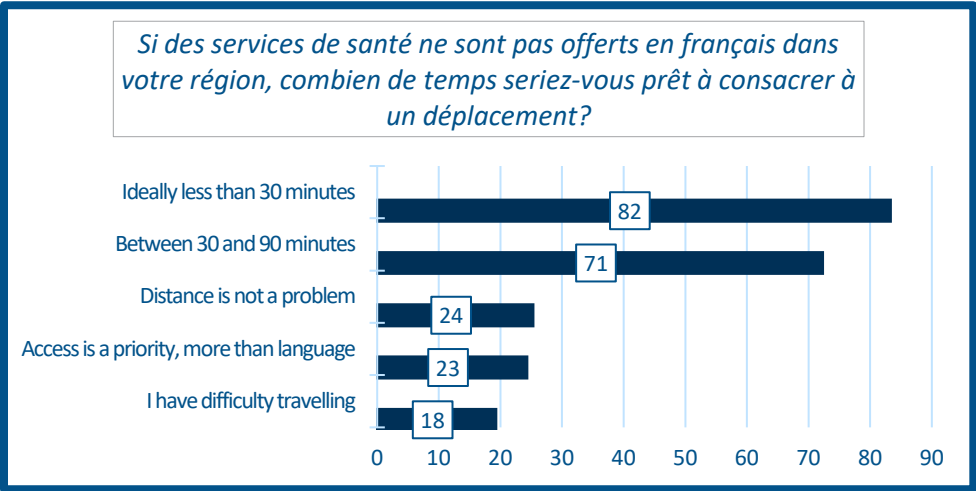
Question 9: *If health services are not available in French in your area, how much time would you be willing to spend travelling to access them?*

Geographical proximity is often a significant factor in accessing healthcare, and even more so when it comes to healthcare in the minority language for remote communities. When asked how much time they would be willing to spend travelling to access services in French, a large proportion of participants said that, in an ideal world, travel time would be less than 30 minutes. A slightly smaller number said they would be willing to travel between 30 and 90 minutes. A smaller proportion of participants mentioned that distance was not an issue, and almost as many said that access was a priority, more than language.

"Ideally, I wouldn't travel more than 30 minutes for basic care. It's already difficult to justify a 60-minute round trip for a 20-minute appointment."

Participant from Campus Saint-Jean

Figure 6: Frequency of main responses to question 9

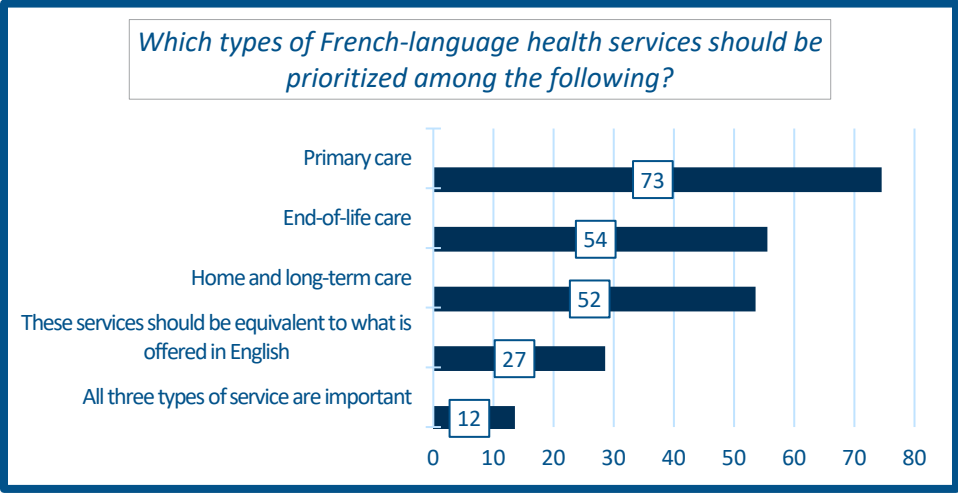


Source: PGF Consultants

Question 10: Which types of French-language health services should be prioritized among the following: Primary care, home and long-term care, end-of-life care?

When asked what should be prioritized in terms of French-language health services in the province among the three types of services covered by this study, primary care came first. This response is not at all surprising, given that primary care is the gateway to the health system. Next, end-of-life care and home care received an almost equal number of responses, which could be explained by the fact that a relatively large number of consultation participants were older, and that with age, greater health challenges can arise, and language becomes more important. Some mentioned that all three services were important. The discussion also highlighted the fact that these services must be of the same quality as those offered in English.

Figure 7: Frequency of responses to question 10



Source: PGF Consultants

4. FINDINGS

The aggregate analysis of the data allowed us to draw some general conclusions for the region under study. First, we highlighted the issues that were most frequently raised during the public consultations, grouping them under three different themes. We then conducted a preliminary differentiated analysis to better understand whether there were differences between rural and urban areas, as well as differences for specific groups, namely seniors and immigrants.

4.1. THEMATIC ANALYSIS

Analysis of the discussions that took place during the public consultations allowed us to identify the issues that were most frequently raised by participants. We then classified the results according to three different themes:

- Main issues in using the healthcare system
- Priorities in terms of access and navigation
- Health-service needs

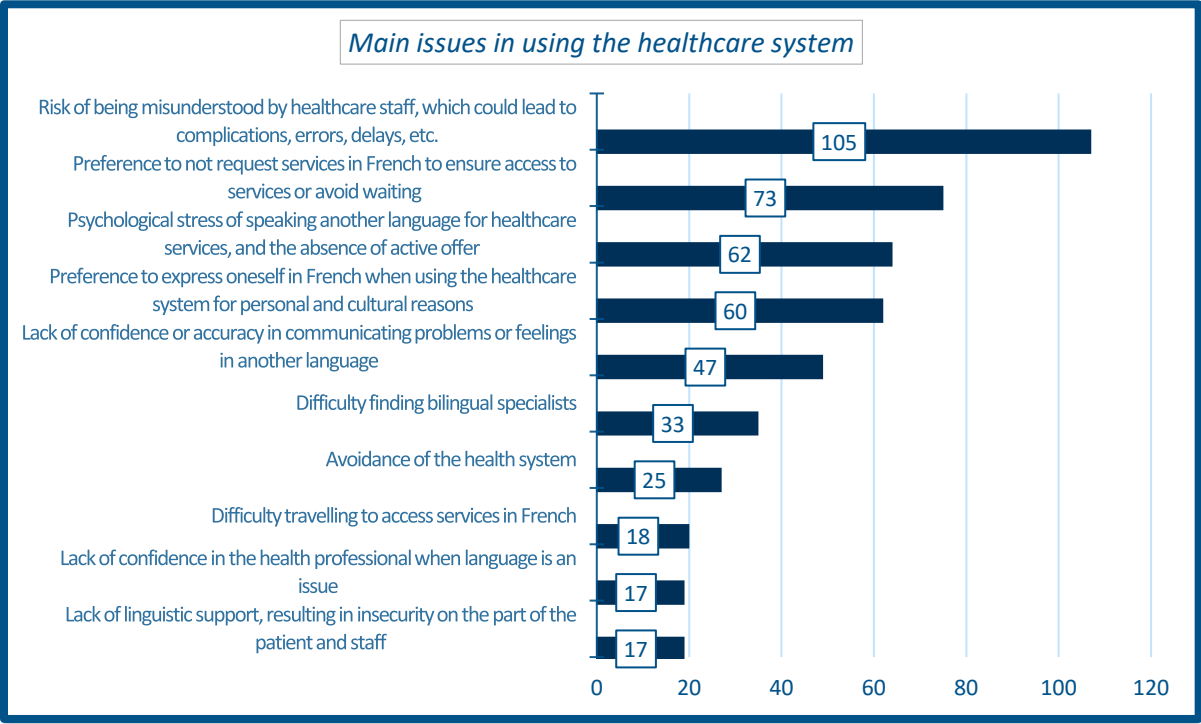
Main issues in using the healthcare system

Several issues related to the use of the healthcare system emerged from the discussions, but one stood out in particular: the risk of being misunderstood by medical staff. This communication issue is particularly relevant to the Francophone population, as it can lead to misunderstandings, complications, errors, and delays in accessing care. The literature on language barriers in health connects them to lower quality care and all the consequences that can result from these barriers, including medical errors, lack of adherence to care plans, health inequalities, and an impact on patient satisfaction and experience.

The next issue, the preference not to request services in French in order to ensure access to services or avoid waiting, comes as no surprise, as it is frequently observed in minority communities. That said, when we consider the other main issues in the figure below—the stress of speaking another language to access the healthcare system; the preference to speak French; and the lack of confidence or accuracy in communicating with healthcare staff in a language other than French—it becomes clear that not requesting services in French is not necessarily the ideal solution for Francophones.

The next issue, the lack of bilingual specialists, certainly adds to the fact that in some situations, availing of services in the majority language is inevitable. That said, avoidance of the healthcare system when it is not possible to obtain services in one's language was mentioned several times and remains an important issue given the potential consequences. The following, of lesser importance, but related to the previous issues, were mentioned a few times: distance to care, trust in healthcare personnel, and lack of support when language is a challenge.

Figure 8: Frequency of responses relating to issues in using the healthcare system



Source: PGF Consultants

Priorities in terms of access and navigation

During the consultation sessions, participants expressed their views on priorities relating to access and navigation in the healthcare system, as shown in the figure below. Active offer of health services tops the list of priorities in the Alberta system. Participants expressed their desire for health-service providers to inform them about the services and information available in French to meet their needs. They would also like to see these providers identify themselves as bilingual if they are.

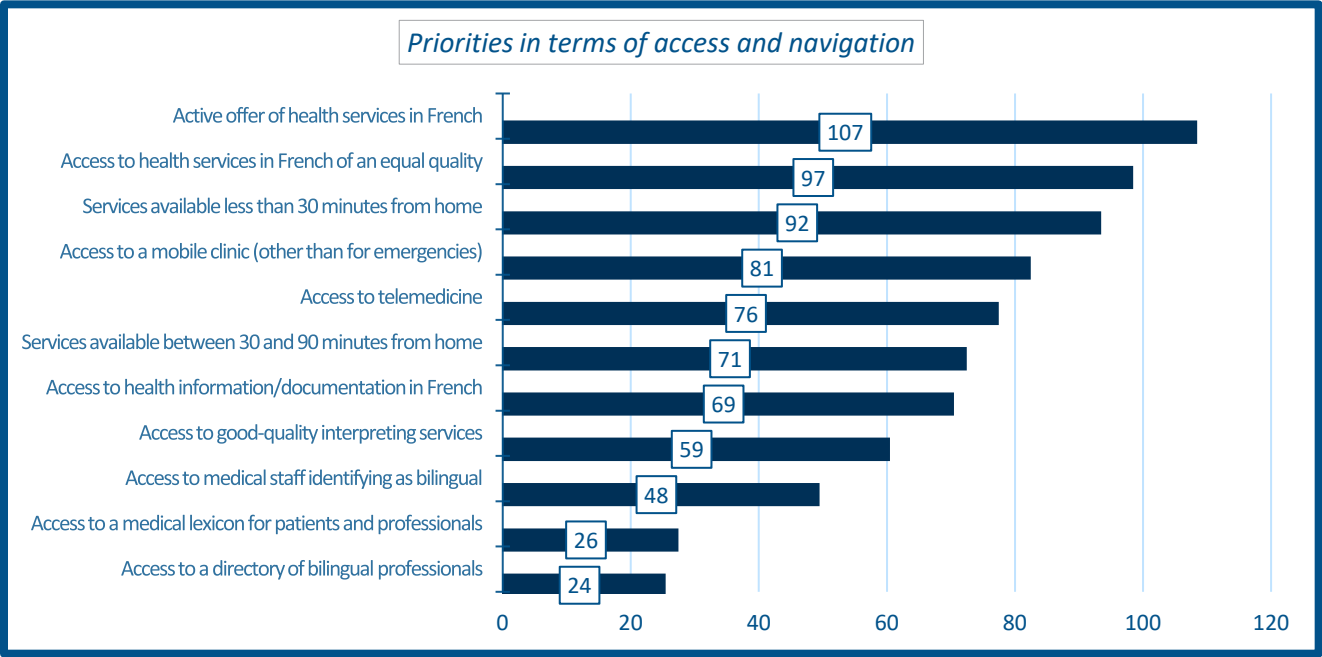
The active offer of health services in French means greater visibility for French and increased access to services and resources in the language. Active offer does not necessarily mean that the service will automatically be available in French, but that staff will be able to support or refer Francophone patients who wish to receive care in their language, promoting a culture of respect.

"I was told, 'This is Alberta. There's no French here.'"
Participant from Manoir St-Joachim

Beyond active offer, Francophones surveyed also took the clear position that priority must be given to the equitable provision of French-language services compared to English-language services, and to services of equal quality. Francophones prioritize services that are within a reasonable distance in terms of time (less than 30 minutes), but also say they are open to more distant services (between 30 and 90 minutes) if they are offered in French. That said, they are also open to alternative solutions, such as mobile clinics for non-urgent services, or telemedicine.

Francophones also prioritize access to health information and documentation in French, as well as access to good-quality interpreting services. To a lesser extent, Francophones would like to see a medical glossary that is accessible to both themselves and medical staff, or access to a directory of bilingual professionals, which already exists but seems to be poorly known.

Figure 9: Frequency of responses regarding priorities related to access and navigation



Source: PGF Consultants

Health-service needs

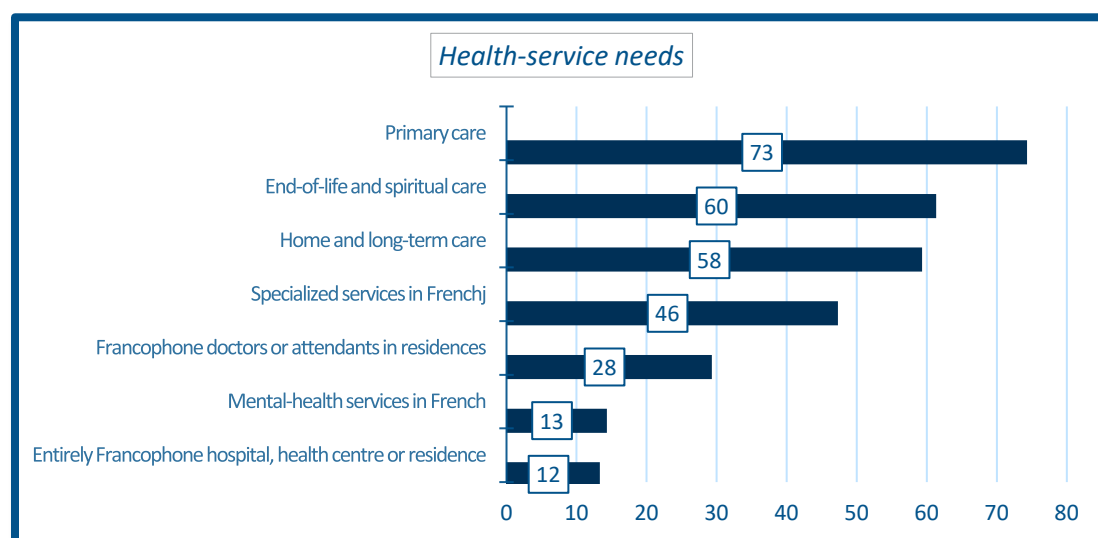
In terms of health-service needs, participants wish to prioritize primary care, the gateway to the health system. This includes family doctors as well as nursing staff, with a focus on healthcare services, including health promotion; illness and injury prevention; and illness and injury diagnosis, treatment and follow-up.

Next comes access to end-of-life (and spiritual) care, and home and long-term care. Given the preponderance of older participants in the consultations, the priority given to such care is not surprising. Access to specialized services in French, such as pediatrics, psychology and psychiatry, was also prioritized, albeit to a lesser extent. Once again, the participants' profile could explain why there was a certain emphasis on access to Francophone doctors in seniors' residences. French-language mental-health services and a centre offering services specifically in French were also mentioned a few times.

“Everyone needs primary care. It affects all ages and all conditions. Then, at the end of life, it’s important to have support in your own language and culture. It seems to me that the end of life is a cultural thing, and culture and language go together.”

Participant in the 2SLGBTQIA+ group

Figure 10: Frequency of responses regarding health-service needs



Source: PGF Consultants

4.2. DIFFERENTIATED ANALYSIS: BY REGION, URBAN, RURAL, SENIORS, IMMIGRANTS

Analysis by region: Northwest, Edmonton and its suburbs, Red Deer

Northwest (*Grande Prairie, Falher, McLennan, Peace River, St. Isidore*)

In Alberta's Northwest region, there are relatively few Francophones, often numbering only a few hundred to, at the most, 1,600 people in a town or village. Their dispersion across this largely rural area makes access to French-language health care particularly challenging. This low concentration of the Francophone population has a significant impact on the healthcare system's ability to adequately meet the needs expressed by these communities. In addition, Francophones living in rural areas in the Northwest are, on average, older than the rest of the local population, a difference that can be explained, in particular, by the lower proportion of recent Francophone immigrants compared to urban areas.

Edmonton (*Edmonton, Beaumont, Sherwood Park, St. Albert*)

In Edmonton and its suburbs, Francophones are much more concentrated than in other parts of the province. This higher density allows organizations and institutions to respond more effectively to the demand for French-language health services. Edmonton's Francophone population is also characterized by greater diversity and a higher proportion of Francophone immigrants. This has an impact on needs, as it becomes important to consider the realities of both seniors and newcomers when planning health services. Francophones in Edmonton are also more open to using new technologies and remote services, such as telemedicine and simultaneous interpreting.

Red Deer

In Red Deer, the absolute number of Francophones is similar to that of small communities in the Northwest. However, as a proportion of the total population, their presence is even smaller. This low representation makes the issues similar to those encountered in rural areas: limited access to services in French and challenges related to the dispersion of the Francophone population. In addition, Francophones in Red Deer are, on average, older than the general population of the region and than Francophones in Edmonton, which highlights the importance of taking the specific needs of seniors into account when planning services. Here too, new technologies, such as

telemedicine and remote services (811, simultaneous interpreting, online resources), are viewed positively and can help improve access to French-language care.

Urban vs. rural

The analysis did not reveal any significant differences between rural and urban consultations. That said, we discussed earlier that despite higher concentrations of Francophones in Northwest Alberta, the absolute number of Francophones there remains low. This reality in rural areas can have a significant impact on the healthcare system's ability to meet the needs expressed by the population. That said, new technologies can support services in remote areas with small Francophone populations, particularly through telemedicine, mobile services, and remote tools such as 811, simultaneous interpreting, and access to French-language resources. The responses provided during the consultations reflect, moreover, an openness among Francophones to such services and resources, as noted above.

Other factors must be taken into account when considering the urban-rural context for Francophones in the region. As discussed earlier, Francophones living in rural environments are much older than the overall population living in these regions, and they are older than Francophones living in the urban area of Edmonton. This finding can be explained in large part by the strong presence of Francophone immigrants in Edmonton compared to more rural and remote regions. In this case, the urban centre of Red Deer is more similar to rural areas than Edmonton. It is therefore important to consider the perspectives of seniors and immigrants in a study such as this one.

Specific needs of seniors and immigrants

Given that this report covers only the first of three years of this study, and recognizing the methodological limitations of this study, which will culminate in a public survey likely to produce robust statistics, it has not been possible to produce a statistically valid analysis of the specific health needs of certain population subgroups such as seniors or immigrants. However, based on the statements made during consultations with these groups, some initial trends can be identified. We hope that these trends will be corroborated by the results of consultations in the other two regions under study and by the survey conducted for the province as a whole.

With regard to **seniors**, four consultations were held in seniors' residences. Looking only at these consultations, regardless of whether seniors participated in other consultations as part of this exercise, certain findings emerge. Proximity to health services is particularly important to these individuals, with many mentioning that short travel times took precedence over language. That said, the seniors consulted clearly believe that access to French-language services at the end of life, including long-term care and home care, is important. Studies and numerous testimonials demonstrate, moreover, the importance of receiving care in one's own language at the end of life, as the first language learned is often the only one that remains.

With regard to **immigrants**, only one consultation was specifically intended for them. That said, several participated in the other consultations, but for methodological reasons, only the results of this consultation can be analyzed in isolation for this segment of the population. What emerged from this discussion was that access to health services in French is very important for this population. Their knowledge of English, especially in the case of newly arrived immigrants, is generally too limited to deal with medical matters. Furthermore, their knowledge of the Canadian healthcare system is often limited, which increases psychological stress and hinders their understanding of the medical issues they face as well as the care plan that may be proposed. For these immigrants, access to health information, tools and resources to help them is essential. The existence of a clinic

or centre offering services specifically in French was mentioned as important several times during the discussion.

For these immigrants, being part of a double minority—Francophone and immigrant—makes them particularly sensitive to the importance of care in their own language. In addition, the loss of cultural and social reference points, as well as their relationship with their health and the healthcare system, which is coloured by their own journeys, experiences and culture, makes them particularly vulnerable. What's more, a body of literature on the subject is emerging from academic and community circles. The Réseau santé Alberta (French-language health network in Alberta) is conducting a [research project on immigrant health \(in French\)](#).

5. CONCLUSION

The first year of the study on the health of Francophones in Alberta highlights the complex realities and health needs that characterize this minority population. The results of this first stage of consultations conducted by ACFA suggest that while Francophones in Alberta express a genuine interest in accessing health services in French, they also value equitable, good-quality and timely care, sometimes preferring to use the English system so as not to compromise these essential aspects.

Preliminary priorities to emerge are communication issues, the desire to be clearly understood and to be able to express oneself in the language of one's choice, and the importance of accessing documentation and information in French. The solutions envisaged by participants demonstrate an openness to innovation (telemedicine, mobile clinics) without neglecting the value placed on physical healthcare facilities, active offer, and referral to services in French.

Whether in urban or rural areas, among seniors or immigrants, the importance of adapting service provision to diverse profiles and geographic realities is clear, as is the need to implement referral, interpreting and navigation tools within the healthcare system.

As the province works to reform its healthcare system, ACFA is positioning itself as a key player in advocating for the needs of Francophones among decision-makers and partners in the health network. Continued consultations in the south and northeast of the province, as well as a province-wide survey, will enrich this picture, enabling recommendations to be made on the basis of broad representation and equipping the Ministry of Primary and Preventative Health Services in its commitment to the Francophone community.

In short, improving access to, and the quality of, French-language health services in Alberta is an achievable goal with benefits not only for Francophones but for the entire provincial health system. Recognizing diversity and implementing tailored solutions will pave the way for a fairer, safer and more humane healthcare system for everyone.

APPENDIX 1: QUESTIONNAIRE USED FOR THE CONSULTATION SESSIONS

The public consultation sessions were all structured around a discussion based on the following questions:

- Question 1: *In an ideal world, what would a healthcare system that meets the needs of Francophones look like in your opinion?*
- Question 2: *Have you or someone close to you recently used healthcare services? Which ones? Were these services offered in French?*
- Question 3: *When you access health services, do you ask for services in French? Please explain your answer.*
- Question 4: *In your experience or that of your loved ones, when services were not available in French, were tools suggested to meet the needs of Francophone patients, such as interpreting services, documentation in French, etc.? If so, which ones?*
- Question 5: *Alternatively, if French-language health services are too far away, would you be willing to use the following tools?*
- ✓ *Telemedicine*
 - ✓ *Mobile clinic*
 - ✓ *Simultaneous interpreting services*
 - ✓ *Other*
- Question 6: *If services were offered in French, would you use them? Please explain your answer.*
- Question 7: *When a service is not available in French, do you use the service in English, or do you choose not to use these services?*
- Question 8: *In your opinion, what are the negative consequences of the lack of services in French for Francophone patients?*
- Question 9: *If health services are not available in French in your area, how much time would you be willing to spend traveling to access them?*
- ✓ *Traveling is not an option*

- ✓ Less than 30 minutes
- ✓ Between 30 and 90 minutes
- ✓ Distance is not a problem for accessing services in French

Question 10: *In an ideal world, what type of French-language health services should be prioritized?*

- ✓ *Primary care*
- ✓ *Home and long-term care*
- ✓ *End-of-life care*

Question 11: *Would you like to add anything else to this discussion before we conclude the consultation session?*

APPENDIX 2: LIST OF CONSULTATION SESSIONS

Date	Location (<i>Region</i>)	Number of participants
28 November 2024	Sherwood Park (<i>Edmonton</i>)	8
2 December 2024	Beaumont (<i>Edmonton</i>)	19
4 December 2024	Edmonton (<i>Edmonton</i>)	22
10 December 2024	Manoir Saint-Thomas (<i>Edmonton</i>)	16
11 December 2024	Saint-Joachim Manor (<i>Edmonton</i>)	14
11 January 2025	Edmonton Garrison (<i>Edmonton</i>)	6
21 January 2025	St. Albert (<i>Edmonton</i>)	8
22 January 2025	Campus Saint-Jean (<i>Edmonton</i>)	9
27 January 2025	2SLGBTQIA+ community (<i>virtual session</i>)	2
7 February 2025	Red Deer (<i>Red Deer</i>)	18
15 February 2025	Immigrant community (<i>Edmonton</i>)	30
20 February 2025	Manoir du Lac (<i>Northwest</i>)	7
20 February 2025	St. Isidore (<i>Northwest</i>)	15
21 February 21 2025	Falher (<i>Northwest</i>)	26
21 February 2025	Villa Beauséjour (<i>Northwest</i>)	9
22 February 2025	Grande Prairie (<i>Northwest</i>)	10
25 February 2025	Virtual session	2

ACFA reiterates its thanks to the Société santé en français and Health Canada, both of which support and fund this project as part of the Action Plan for Official Languages 2023-2028: Protection - Promotion - Collaboration.