



Follow-up note

Ministry of Health's Engagement Sessions on Refocusing Health Care Government of Alberta Engagement Sessions Points for Consideration and Recommendations

December 19, 2024

Introduction

[1] On June 17 and 20, 2024, the Government of Alberta's Ministry of Health engaged with Alberta's Francophonie as part of the province's refocusing of the health care system. Nearly 50 participants attended the engagement sessions, either in-person in Edmonton or online, reaching French-speaking Albertans from across the province, including representatives from community organizations such as the ACFA and Réseau santé Alberta ("RSA").

[2] The ACFA, the spokes organization for Alberta's Francophonie, and the RSA, the premier organization in the health sector within Alberta's Francophonie, take this opportunity to go into greater depth on several key points that participants shared with representatives of the Ministry of Health during the sessions. We believe it is important to fully understand these points, as they would allow the government to offer French-language services in a targeted manner to maximize available resources. Alberta's Francophonie is also ready to collaborate with the government to offer these services.

[3] In this note, we will address four (4) aspects that emerged during the engagement sessions as priorities for Alberta's Francophonie in terms of the health care system refocusing: (1) ensuring access to French-language health and mental health care in rural areas and at home; (2) cohesion between the four health agencies; (3) identifying the languages spoken by health care professionals and patients; and (4) developing strategies to counter the shortage of bilingual health care workers.

[4] The points presented in this follow-up note are also based on a comprehensive brief submitted by the ACFA and RSA to the Ministry of Health on December 21, 2022¹. This brief, presented the Ministry of Health with a great deal of information about the status of French in Alberta and evidence-based issues concerning access to French-language health care in a

¹ ACFA and Réseau santé Alberta. 2022. *Modernizing Alberta's Primary Health Care System: Health Services that Consider Alberta Francophonie's Language and Cultures as Determinant of Health*. https://acfa.ab.ca/wp-content/uploads/2023/01/20221221_Memoire_ACFA-RSA_MAPS_EN_compressed.pdf%20

minority setting. As such, the information presented in the brief is still relevant today; the brief can be found in the appendix.

[5] First, we'll present an overview of the Ministry of Health's current commitments to the provision of French-language services in Alberta.

Current Offer of French-Language Health Care Services

[6] During the engagement sessions, the Ministry of Health asked participants about the strengths of the health care system. Participants raised several elements related to the current offer of French-language health care services that are worth being noted.

[7] First of all, the Government of Alberta adopted a *French Policy*² ("*Policy*") in 2017, which was subsequently revised in 2023, to develop the offer of French-language services and thereby broaden its access to the federal government funding available for this purpose.

[8] Through the *Policy*, the "Government of Alberta acknowledges the past, present and continued social, cultural and economic contributions of the province's significant and diverse French-speaking population. Through meaningful engagement, dialogue and collaboration, the government is committed to enhancing services in French to support the vitality of the Francophonie in Alberta in a targeted and sustainable manner as resources allow³."

[9] The *Policy* "applies to all Government of Alberta departments, agencies, boards and commissions, and to court services⁴."

[10] On May 7, 2024, the Government of Alberta unveiled the *French Policy: 2024-2028 Action Plan*⁵. The plan includes 11 measures planned by the ministries of Health and Mental Health and Addictions.

[11] To implement the *Policy*, the Ministry of Health already provides a certain number of services in French, and has recently committed to further developing this offer through new bilateral agreements.

[12] For starters, Edmonton is home to the *Centre de santé communautaire Saint-Thomas Community Health Centre* - a French-language primary health care centre⁶. This bilingual centre is the first Francophone community health centre in Alberta. The Centre works in partnership with the Edmonton Southside Primary Care Network (which offers services in almost 50 different languages)⁷. In addition, in the *French Policy: 2024-2028 Action Plan*, the Government of Alberta has committed to continue funding the *Centre de santé communautaire*

² Government of Alberta. 2023. *French Policy: Enhancing services in French to support the vitality of Alberta's French-speaking communities*. <https://open.alberta.ca/publications/french-policy>

³ Government of Alberta. *French Policy*... p. 6.

⁴ Government of Alberta. *French Policy*... p. 6.

⁵ Government of Alberta. 2024. *French Policy: 2024-2028 Action Plan*. <https://open.alberta.ca/publications/french-policy-action-plan>

⁶ Centre de santé communautaire Saint-Thomas Community Health Centre. <https://cscst.ca/a-propos/>

⁷ Primary Care Network Edmonton Southside. <https://www.edmontonsouthsidepcn.ca/>

Saint-Thomas Community Health Centre through an Alternative Relationship Plan (ARP)⁸. The goal of this commitment is to provide integrated primary and interdisciplinary health care services to the Francophone community.

[13] Also in Edmonton, there is the *Centre de Santé Saint-Thomas*, which is under the management of Covenant Care. The centre was created to meet the needs of the aging French-speaking population as it can offer some aging services in both official languages⁹ (e.g., nursing assistants, therapist services, physiotherapy, etc.).

[14] Moreover, further north in the province in McLennan, Alberta Health Services (“AHS”) has set up a French Health Services program at the Sacred Heart Community Health Centre¹⁰. The program aims to promote French-language health services for Francophones in northern Alberta. There is a program coordinator who is a designated bilingual position (the only designated bilingual position in AHS).

[15] AHS also has some active offer strategies. AHS recently ran a social media campaign to promote French-language interpretation and 811 (Health Link) services for patients. This campaign is part of the *French Policy: 2024-2028 Action Plan*, in which the Government of Alberta committed to increasing public awareness of AHS interpretation and translation services¹¹. AHS is also equipped with a virtual interpreting service. This service is offered in more than 157 languages, and is operated with the help of interpreters on wheels (on mobile screen units)¹². The Government of Alberta is also committed to continuing to increase access to professional medical interpreters and telephone services in French¹³.

[16] In addition, AHS also uses *ConnectCare*, a centralized system that, among other things, identifies a patient's preferred language. This function within *ConnectCare* is important, as it allows health care professionals to quickly identify whether patients require health care services in French.

[17] AHS has also translated in French some resources that are currently available on its website, such as resources on addictions, advanced care planning, children's health, COVID-19, mobility equipment, public health and schools¹⁴. Another example of a resource translated in French is the AHS Common Commitments document. This document is important because it explains, in French, AHS's commitments to its patients, and explains how patients can file complaints with AHS¹⁵. In addition, the Government of Alberta is committed to selecting new

⁸ Government of Alberta. *2024-2028 Action Plan...* p. 12

⁹ Covenant Care. “Centre de Santé Saint-Thomas.” <https://covenantcare.ca/communities/fr/saint-thomas/>

¹⁰ Alberta Health Services. “French Health Services/Services de santé en français.”

“<https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1011154&serviceAtFacilityID=1047499>”

¹¹ Government of Alberta. *2024-2028 Action Plan...* p. 13

¹² Alberta Health Services. “Lost in translation? Not with interpreters on wheels.”

<https://www.albertahealthservices.ca/news/Page17862.aspx>

¹³ Government of Alberta. *2024-2028 Action Plan...* p. 12.

¹⁴ Alberta Health Services. “Français : Obtenir des informations sur le système de santé dans votre langue.”

<https://www.albertahealthservices.ca/languages/Page14052.aspx>

¹⁵ Alberta Health Services. 2024. *Des engagements communs*.

<https://www.albertahealthservices.ca/assets/info/shcm/if-shcm-shared-commitments-french.pdf>

resources and translating them in French, including key public health information, and to promoting access to this information¹⁶.

[18] Similarly, the Government of Alberta has also committed to increasing the availability of and access to French-language information and educational materials, as well as providing French-language information on government sponsored health benefit plans¹⁷.

[19] On February 27, 2023, the Government of Alberta and the Government of Canada reach an "agreement in principle to improve health services" in Alberta¹⁸. This agreement includes a principle concerning equal access for individuals and groups seeking equity, including official language minority communities, which are Francophone communities in Alberta.

[20] Subsequently, in December 2023, the Government of Alberta and the Government of Canada signed a bilateral funding agreement "to work together to improve health care for Canadians (2023-2024 to 2025-2026)"¹⁹. As part of this agreement, the Government of Alberta's Action Plan outlines the province's health care priorities, which include French-language services.

[21] A number of projects, funded to the extent of \$5,400,000, have been identified for development as part of a partnership between the Government of Alberta and the ACFA and RSA²⁰:

1. Strategies to develop the active offer and demand for health care services in French.
 - a. Create a multi-stakeholder committee on French-language health care involving the Ministry of Health, ACFA, Réseau santé Alberta and other community and government stakeholders;
 - b. Conduct research to obtain evidence, including the identification of best practices in other provincial regimes for the delivery of health care services in French and the needs for professional training in French health care;
 - c. Create and update an online directory of French-speaking health care professionals, accessible to the French-speaking community.
2. Expand French-language health services in Edmonton, Calgary and rural areas.
 - a. Open two mobile clinics managed by Edmonton's *Centre de santé communautaire Saint-Thomas*;
 - b. Conduct a study of Calgary's health service needs and recommend solutions;

¹⁶ Government of Alberta. 2024-2028 Action Plan... p. 12.

¹⁷ Government of Alberta. 2024-2028 Action Plan... p. 13.

¹⁸ Government of Canada. 2023. "The Government of Canada and Alberta Reach Agreement in Principle to Improve Health Services for Canadians." News Release. <https://www.canada.ca/en/health-canada/news/2023/02/the-government-of-canada-and-alberta-reach-agreement-in-principle-to-improve-health-services-for-canadians.html>

¹⁹ Government of Canada. 2023. "Canada-Alberta Agreement to Work Together to Improve Health Care for Canadians (2023-24 to 2025-26)." <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/shared-health-priorities/working-together-bilateral-agreements/alberta-improve-care.html>

²⁰ For other initiatives supported by this agreement, please consult the joint press release issued by ACFA and RSA: ACFA et RSA. 2024. *Communiqués: Une entente historique est signée avec le ministère de la Santé.* <https://acfa.ab.ca/une-entente-historique-est-signee-avec-le-ministere-de-la-sante-de-lalberta/>

- c. Conduct a study of services offered at the McLennan Hospital in the French-speaking region of Peace River.
- 3. Tel-Aide Outaouais in Alberta. *Alberta is currently one of the territories served by the empathic help line*²¹.
- 4. Support health care professionals who wish to improve their French-language skills through the "Café de Paris" program.
 - a. Hire a contract employee to coordinate the "Café de Paris" program.
- 5. Additional programs to support health authorities.

[22] In May 2024, the Government of Alberta and the Government of Canada also signed the "Aging with Dignity"²² funding agreement (2023-2024 to 2027-2028) as part of the federal government's "Working together to improve health care in Canada"²³ plan. According to the agreement, "Alberta makes ongoing investments in health consistent with its broader responsibilities for delivering health care services to its residents and in supporting diversity, equity, and the needs of First Nations, Inuit and Métis; and underserved and/or disadvantaged populations, including, but not limited to official language minority communities, rural and remote communities [...]"²⁴.

Points for Consideration and Recommendations

[23] In order for the Government of Alberta to refocus the health care system towards one that values French-language services from the outset, Alberta's Francophonie identified the following aspects: (1) access to French-language health and mental health care in rural areas and at home, (2) cohesion between the four health care agencies, (3) identification of the languages spoken by health care professionals and patients, and (4) strategies to counter the shortage of bilingual workers in the health care system.

(1) Access to French-language Health and Mental Health Care in Rural Areas and at Home

[24] When we look at what's not working in the health care system, French-speaking Albertans have made it clear that the **availability of French-language services in rural areas and at home is problematic and virtually non-existent, as is the case in mental health.**

[25] In fact, research into the provision of French-language health care in minority communities in Canada has shown that the majority of services are offered in urban areas where there is a "critical mass" of Francophones²⁵. Alberta is no exception; French-language health care services are concentrated in Edmonton with some community health services also being

²¹ Tel-Aide Outaouais. *Territoires desservis*. <https://telaideoutaouais.ca/territoires-desservis/>

²² Government of Canada. 2024. "Canada-Alberta Aging with Dignity funding agreement (2023-24 to 2027-28)." <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/shared-health-priorities/aging-dignity-bilateral-agreements/alberta-funding.html>

²³ Government of Canada. 2023. "Working together to improve health care in Canada." <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/shared-health-priorities.html>

²⁴ Government of Canada. "Canada-Alberta Aging with Dignity funding agreement..."

²⁵ Marie Drolet et al. 2017. *Enjeux de l'accessibilité et de l'offre active : Santé et services sociaux en contexte linguistique minoritaire*. Les Presses de l'Université d'Ottawa. <https://doi.org/10.20381/ruor-21161>

available in McLennan, leaving much of the French-speaking population (which is scattered across the province) with limited access.

[26] Although the engagement sessions reached people all over the province, participation by Calgary residents remained limited, despite the fact that this city is a major urban centre where about a third of Alberta's Francophonie resides. Moreover, French-language health care services remain inadequate. To remedy this situation, the RSA launched a feasibility study on the delivery of French-language health services in Calgary, in collaboration with the consulting firm KPMG. This study was funded by the Ministry of Health as part of the bilateral agreement with the federal government to improve health care²⁶.

[27] Concurrently, as part of its French-language health study project²⁷, the ACFA will be organizing in-person engagement sessions with French-speaking Albertans in Calgary in the winter of 2025-2026. This project is funded by Health Canada, through the Société Santé en français, and focuses on three types of care: primary care, palliative care and long-term/end-of-life care.

[28] The data gathered from these two studies will help better understand Calgary's needs and identify potential solutions for the delivery of French-language health care services in this region. These activities will provide evidence that should be considered by the Government of Alberta to improve French-language health care in Calgary. **The ACFA and RSA therefore recommend that the Government of Alberta take into consideration the data, once available, to strengthen French-language health care services in the city of Calgary.**

[29] According to Statistics Canada's 2021 Census, 119,690 Albertans are likely to require services in French (2.8% of the total population)²⁸. The following table provides a complete portrait of where French-speaking Albertans are located²⁹:

Municipalities	French as their first official language spoken (FOLS)	Knowledge of French	Potential demand for French-language services	Aboriginal identity within FOLS	Ethnocultural diversity within FOLS
Airdrie	1 525 (2.1%)	5 410 (7.3%)	2 460 (3.3%)	40 (2.6%)	455 (29.8%)
Banff	265 (3.9%)	880 (12.8%)	845 (10.2%)	0 (0%)	20 (7.5%)

²⁶ Government of Canada. "Working together to improve health care in Canada."

²⁷ ACFA. "Projet d'étude en santé." <https://acfa.ab.ca/en-action/affaires-gouvernementales/projet-detude-en-sante/>

²⁸ Sociopol. 2024. *Portrait démographique des communautés francophones de l'Alberta : Portrait provincial*, p.8. <https://acfa.ab.ca/wp-content/uploads/2024/07/Alberta-Portrait-provincial.pdf>

²⁹ Sociopol. *Portrait démographique...*

Beaumont	790 (3.8%)	2 030 (14.5%)	1 265 (6.15%)	40 (5%)	130 (16.5%)
Bonnyville and surroundings	865 (4.4%)	2 265 (11.6%)	1 380 (7%)	70 (8.1%)	10 (1.2%)
Brooks	390 (2.7%)	540 (3.7%)	385 (2.6%)	0 (0%)	285 (73%)
Calgary	23 590 (1.8%)	86 140 (6.7%)	34 640 (2.7%)	695 (2.9%)	8 370 (36%)
Camrose and surroundings	235 (0.8%)	1 035 (3.6%)	425 (1.5%)	15 (6.4%)	15 (6.4%)
Canmore and surroundings	920 (5.4%)	3 180 (18.6%)	1 395 (8%)	0 (0%)	40 (4.3%)
Chestermere	300 (1.4%)	925 (4.2%)	390 (1.8%)	0 (0%)	100 (33.3%)
Cochrane	790 (2.5%)	2 880 (9.2%)	1 150 (3.6%)	10 (1.2%)	25 (3.1%)
Cold Lake	815 (5.3%)	1 930 (12.6%)	1 100 (7.1%)	50 (6.1%)	45 (5.5%)
Crowsnest Pass and surroundings	125 (1%)	500 (4.1%)	250 (2%)	0 (0%)	0 (0%)
Edmonton	23 205 (2.3%)	67 175 (6.7%)	33 165 (3.3%)	600 (2.6%)	10 750 (46.3%)
Falher and surroundings	1 240 (25.3%)	1 815 (37.1%)	1 610 (29.5%)	30 (2.4%)	20 (1.6%)
Fort Saskatchewan	420 (1.6%)	1 495 (5.6%)	735 (2.7%)	0 (0%)	70 (16.9%)
Grande Prairie	1 575 (2.5%)	4 890 (7.7%)	2 315 (3.6%)	150 (9.5%)	250 (15.9%)
Grande Prairie County and surroundings	410 (1.4%)	1 470 (5%)	675 (2.3%)	35 (8.5%)	20 (4.8%)
High Prairie, Slave Lake and surroundings	365 (2.2%)	625 (3.7%)	675 (4%)	0 (0%)	35 (9.9%)
Hinton, Edson and	575 (2%)	1 825 (6.5%)	855 (3%)	55 (9.6%)	35 (6.3%)

Yellowhead County					
Jasper	175 (4.5%)	765 (19.5%)	465 (10%)	25 (13.9%)	10 (5.6%)
Lac La Biche County and surroundings	410 (5.4%)	895 (11.8%)	580 (7.7%)	35 (8.5%)	10 (2.4%)
Lacombe and surroundings	330 (0.9%)	1 530 (4%)	655 (1.7%)	15 (4.8%)	10 (3.1%)
Leduc and surroundings	990 (1.9%)	2 990 (5.7%)	1 395 (2.7%)	70 (7.3%)	100 (10.2%)
Legal and surroundings	1 400 (2.8%)	3 610 (7.3%)	2 245 (4.4%)	50 (3.6%)	35 (2.5%)
Lethbridge	920 (1%)	5 060 (5.3%)	1 795 (1.8%)	15 (1.6%)	275 (29.9%)
Lloydminster	185 (1%)	935 (4.9%)	345 (1.8%)	15 (8.1%)	30 (16.2%)
Medicine Hat	475 (0.8%)	2 210 (3.6%)	1 035 (1.7%)	25 (5.3%)	60 (12.8%)
Okotoks and surroundings	1 120 (1.5%)	4 425 (6.1%)	1 685 (2.3%)	75 (6.8%)	65 (5.9%)
Peace River and surroundings	605 (4.6%)	1 365 (10.4%)	850 (6.5%)	25 (4.2%)	50 (8.3%)
Red Deer	1 285 (1.3%)	5 315 (5.4%)	2 200 (2.2%)	60 (4.7%)	340 (26.5%)
Red Deer County and surroundings	500 (1%)	2 145 (4.4%)	840 (1.7%)	35 (6.8%)	10 (1.9%)
Rocky View County	395 (1%)	2 805 (6.9%)	865 (2.1%)	15 (3.8%)	55 (13.9%)
St. Albert	1 815 (2.7%)	7 115 (10.6%)	2 930 (4.3%)	75 (4.1%)	270 (14.8%)
St. Paul and surroundings	1 025 (7.8%)	2 145 (16.2%)	1 525 (11.4%)	55 (5.4%)	0 (0%)
Stony Plain, Spruce Grove	1 250 (1.4%)	4 775 (5.4%)	2 400 (2.7%)	65 (5.2%)	145 (11.6%)

and surroundings					
Strathcona County (including Sherwood Park)	1 660 (1.7%)	6 725 (6.9%)	2 725 (2.8%)	60 (3.6%)	245 (14.8%)
Wainwright	150 (2.4%)	340 (5.4%)	215 (3.4%)	30 (20%)	0 (0%)
Wood Buffalo (including Fort McMurray)	1 650 (2.3%)	4 380 (6.1%)	2 485 (3.4%)	120 (7.3%)	385 (23.3%)

[30] This geographic reality highlights the crucial need to expand French-language health care services in rural areas to meet the specific needs of these dispersed communities.

[31] It is therefore not surprising that during the ACFA's engagement process to produce the *Action Plan for Alberta's Francophonie 2023-2028*, Alberta's Francophonie clearly expressed that its priorities for French-language health care are the development of services in rural areas and home care services³⁰.

[32] The province-wide gap in mental health services was also highlighted in another study. In 2022-2023, the ACFA commissioned the consulting firm KPMG to conduct a study on the current state of French-language mental health services. One of the five observations raised in the report was that access to French-language mental health services is lacking, and services already available are difficult to access³¹.

[33] These needs are due to the fact that French-speaking Albertans outside urban areas must travel long distances to receive medical services in their first language. Indeed, if there is access to health and social services in French, then it is often necessary to travel long distances to access them given that the Francophone population is often dispersed over the territory³². This is known as the "territorial concentration" of French-language health services³³.

[34] An excellent example of this issue was mentioned by a participant at the June 17, 2024 session. The participant mentioned that the *Centre de Santé communautaire Saint-Thomas Community Health Centre* regularly cares for patients from outside Edmonton. These people travel long distances to receive care in French because it is not available in their region. They do

³⁰ ACFA. 2022. *Action Plan for Alberta's Francophonie 2023-2028*. https://acfa.ab.ca/wp-content/uploads/2022/11/Version-officielle_Plan-daction-FRAB_EN.pdf, p. 22, 23

³¹ ACFA. 2024. *Plan stratégique pour le secteur des services sociaux et de la santé mentale*. https://acfa.ab.ca/wp-content/uploads/2022/06/20240724_ACFA-Plan-Strategique-pour-le-secteur-des-services-sociaux-et-de-sante-mentale-Final.pdf

³² Marie Drolet et al. *Enjeux de l'accessibilité...*

³³ ACFA and Réseau santé Alberta. *Modernizing Alberta's Primary Health Care System...*

so because, when they receive care from health care professionals who don't speak French, French-speaking patients do not fully understand. This can lead to delays in diagnosis, health complications, and a slower recovery³⁴ - all of which increase costs to the health care system.

[35] For a single visit, this involves a great distance and obstacles that a patient should not have to overcome, even more so when several follow-ups are required. In fact, there is a well-established principle about the importance of linguistic "concordance" between the patient's first language and that of the health care professional. In the absence of such a match, there are communication problems in establishing a relationship of trust between patients and health care professionals, which undermines the quality of care and increases the risks to patient health and safety³⁵.

[36] In the same set of ideas, during the engagement sessions, the Ministry of Health asked participants about local decision-making. In response, the Alberta's Francophonie suggested that the Government of Alberta ensure that French-speaking Albertans could share their own issues, for example, at regional advisory council meetings³⁶. Since language is a determinant of health, and given the government's commitments to the provision of French-language services (e.g. *French Policy* and bilateral agreements), it is important that the interests of the linguistic minority be represented. **The ACFA and RSA therefore recommend that the Ministry of Health designate one (1) representative of Alberta's Francophonie for each Regional Advisory Board located in an area with a high concentration of Francophones.** Such a designation would ensure that a Francophone lens is always present in advisory board discussions.

[37] Rural areas have less access to French-language health and mental health care services than urban areas, except for the city of Calgary, for a variety of reasons (e.g., high workloads, lack of professional support, etc.), so investing in the recruitment and retention of French-speaking staff in rural areas would improve access to this care and reduce health disparities. **The ACFA and RSA recommend that the Ministry of Health implement a strategy to recruit and retain bilingual health and mental health professionals in rural areas, by raising awareness of the roles of health professionals and investing in the well-being of the health care workforce, as set out in the bilateral agreements "Aging with Dignity"³⁷ and "Work Together to Improve Health Care for Canadians"³⁸.**

(2) Cohesion Between the Four Health Agencies

(2.1) Sharing Resources and Common Protocols that Include a Francophone Lens

[38] During the engagement sessions, the Ministry of Health asked participants about ways to foster collaboration between the four new health agencies. Participants felt that the agencies should ensure that they had common resources and protocols, while considering the

³⁴ Marie Drolet et al. *Enjeux de l'accessibilité...*

³⁵ ACFA and Réseau santé Alberta. *Modernizing Alberta's Primary Health Care System...*

³⁶ Government of Alberta. « Advisory councils – Health. » <https://www.alberta.ca/advisory-councils-health>

³⁷ Government of Canada. "Canada-Alberta Aging with Dignity funding agreement..."

³⁸ Government of Canada. "Canada-Alberta Agreement to Work Together to Improve Health Care for Canadians..."

Francophone lens in their development. These common resources and protocols would also help ease the transition.

[39] Currently, resources relevant to French-language health care and active offer, such as interpreters and 811 (Health Link) services in French, are already available. Thus, it would make sense for the four agencies to work closely together to continue offering these services and avoid duplication, which would entail additional costs. **The ACFA and RSA recommend that the Ministry of Health preserve and promote the tools that facilitate the active offer of services available in French already in place by Alberta Health Services, such as the interpretation services and the resources already published in French on the AHS website, to support the four provincial health agencies.**

[40] Another resource that the four new provincial health agencies should share is *ConnectCare*. As mentioned above, *ConnectCare* can identify a patient's preferred language. If we were to move to a decentralized system, it would be much more difficult to identify a patient's preferred language, which is a determinant of health, as the collection of this information would be the responsibility of each provincial health agency. Consequently, it is important that all four agencies have access to the same patient records, as one patient could navigate all four agencies. **The ACFA and RSA recommend that all four agencies use the *ConnectCare* system currently used by AHS, as well as recommend that this tool be adopted by other health agencies such as the Primary Care Networks, community health centres, etc.**

[41] AHS is also exploring "options to schedule inter-facility EMS transfer in French through the existing I/Request tool³⁹." I/Request is the tool used by medical facilities to transfer patients from one facility to another. The EMS system receives the request with the patient's details (e.g., the patient's medications, medical conditions, etc.). **The ACFA and RSA recommend that I/Request be used by all health agencies, and that the tool record patients' preferred language of communication in patient details.** Recording language preference would help ambulance services match French-speaking patients with French-speaking staff.

[42] **Moreover, the ACFA and RSA recommend that the Ministry of Health include a Francophone lens in the design of new protocols and policies for all four agencies.** For example, these could include active offer strategies such as (1) giving French-speaking staff labels or badges identifying them as bilingual employees, (2) listing French-speaking staff, (3) adopting a directive to update signage with bilingual posters, etc.⁴⁰ These strategies need to be implemented in all four agencies to ensure consistency within the health care system for French-speaking patients.

[43] **The ACFA and RSA also recommend that the Government of Alberta adopt a common strategy for publishing bilingual materials for all four agencies.** This practice would make the new agencies more accountable to Alberta's Francophonie, particularly within the framework of the *French Policy*. The *Policy* stipulates that communications in French are the

³⁹ Government of Alberta. 2024. *2024-2028 action plan...* p. 13.

⁴⁰ ACFA. *Action Plan for Alberta's Francophonie 2023-2028...* p.23.

pillar of a good relationship between French-speaking Albertans and the government⁴¹. Furthermore, the *French Policy: 2024-2028 Action Plan* includes a pillar on “Increasing Targeted Communications”, with several actions along these lines: “Maintain regular translations of priority government information in French language”; “Increase availability of content and access to key government communications information, in French-language”; and “Increase communications, resources and services related to capital projects such as hospitals (...)”⁴² Thus, through annual reports, press conferences, public announcements, dedicated websites and social networks, etc., Albertans would be informed of the progress of the four new health agencies. This material should be published and distributed bilingually (in French and English).

[44] Finally, another mechanism in which the four provincial health agencies could participate to ensure collaboration between themselves and Alberta’s Francophonie would be the multi-stakeholder French-language health committee. As previously mentioned, this committee stems from the bilateral agreement to work together to improve health care for Canadians (2023-2024 to 2025-2026)⁴³ between the federal and Alberta governments. **As such, ACFA and RSA recommend that the Alberta government assign a representative from each health agency (Acute Care Alberta, Primary Care Alberta, continuing care, and Recovery Alberta), as well as a representative from the Ministry of Health, the Ministry of Mental Health and Addictions and the Ministry of Seniors, Community and Social Services, to sit permanently on the multi-stakeholder French-language health committee.** This would ensure that all those involved in key decisions on service provision receive the same information and are able to take part in discussions.

(2.2) Awareness of Francophone Issues Among the Four Provincial Health Agencies

[45] During the engagement sessions, the Ministry of Health asked participants about ways in which the new health agencies could be made accountable, as well as ways in which the transition to the new health care system could be facilitated. Participants felt that agencies’ administrations should establish mechanisms to raise awareness of the issues related to language and culture as determinants of health, and how to provide an active offer of services in French, among health care professionals and administrations.

[46] These mechanisms are important because, as one participant explained during one of the engagement sessions organized by the Ministry of Health, dealing with health care can be frightening. The example she shared concerned their child, who at the time was in kindergarten. It was time for the child, like many other kindergartners, to be vaccinated – a time of year that many children dread. To ease their child’s fears, the participant had always booked a French-speaking nurse, so that they could communicate with their young child in his first language and reassure them accordingly. However, in this particular example, a French-speaking nurse was not available, and the administration could not understand why the participant insisted that their child be taken care of by a French-speaking professional, telling them to simply go and see an

⁴¹ Government of Alberta. *French Policy...* p. 9.

⁴² Government of Alberta. *2024-2028 Action Plan...* p. 15.

⁴³ Government of Canada. “Canada-Alberta Agreement to Work Together to Improve Health Care for Canadians...”

English-speaking nurse. The administration's response demonstrates a clear lack of awareness of Francophone issues and of the French language as a determinant of health.

[47] In fact, on the health administration side, there are a number of issues at stake. To begin, there is a lack of understanding of the rights and status of Francophones⁴⁴. For example, research suggest that many English-speaking employees believe that offering services in French means that all employees must be bilingual, which they feel makes the task impossible⁴⁵. Another misconception amongst many health care professionals and institutions is the misbelief that when there is no demand for services in the minority official language and no complaints in this regard, it consequently means that there is no problem⁴⁶.

[48] Furthermore, there is a lack of emphasis on French/English bilingualism within health care systems⁴⁷. The "accountability" imposed by the administration, the lack of written documentation in French, or the fear of having a higher workload are all factors that can also limit the willingness of health care professionals to provide services in French⁴⁸.

[49] **The ACFA and RSA recommend that the Ministry of Health, in collaboration with the Government of Alberta's Francophone Secretariat, develop awareness modules that would be common to all four provincial health agencies to sensitize the administration and health care professionals to the realities of Francophones.** Access to awareness modules is necessary to reinforce health care professionals' skills in intercultural and linguistic communication. Awareness-raising modules should also be accompanied by documents as guidelines for administrations on linguistic obligations. This practice is in effect in other provincial jurisdictions, such as Manitoba. For example, health authorities have prepared guidelines to guide administrators on how to hire bilingual staff, or on best practices in terms of active offer.

(3) Identifying Languages Spoken by Health Care Professionals and Patients

[50] As demonstrated in its previous brief, the ACFA and RSA have repeatedly pointed out to the Ministry of Health that identifying the languages spoken by health care professionals and patients is crucial to improving the delivery of healthcare services in French. French-speaking patients in minority settings are often reluctant to request care in French (i.e. to make an active demand) for fear that the service will not be equivalent to what is offered in English. Furthermore, research shows that French interpreters and other resources do not replace the need for French-speaking health care professionals⁴⁹.

⁴⁴ Boniface Bahi and Éric Forgues. 2015. "Facteurs favorisant l'offre de services de santé en français : études de cas en milieu hospitalier anglophone." *Minorités linguistiques et société*. <https://doi.org/10.7202/1033194ar>

⁴⁵ Boniface Bahi and Éric Forgues. "Facteurs favorisant l'offre de services de santé en français..."

⁴⁶ Mwali Muray et al. 2022. "L'accès aux soins de santé des communautés de langue officielle en situation minoritaire (CLOSM) au Canada : une recension des écrits." *Minorités linguistiques et société*. <https://doi.org/10.7202/1094398ar>

⁴⁷ Boniface Bahi and Éric Forgues. "Facteurs favorisant l'offre de services de santé en français..."

⁴⁸ Alexandra Éthier et Annie Carrier. 2022. "L'accessibilité des services sociaux et de santé chez les minorités de langue officielle du Canada et les facteurs influant sur leur accès : une étude portée." *Minorités linguistiques et société*. : <https://doi.org/10.7202/1089185ar> ; Mwali Muray et al. "L'accès aux soins de santé des communautés de langue officielle..."

⁴⁹ ACFA and Réseau santé Alberta. *Modernizing Alberta's Primary Health Care System...*

[51] Being able to connect French-speaking patients with French-speaking health care professionals from the outset would help alleviate the fears experienced by patients as they make their way through the health care system. In fact, this recommendation is one of the actions identified in the *Action Plan for Alberta's Francophonie*⁵⁰. That is why AHS has taken steps to identify its French-speaking staff in its human resources portal; to be identified as French-speaking and have the right to provide care in French, AHS requires its health care professionals to pass a language proficiency test before providing care in a language other than English⁵¹. To this end, AHS supports its bilingual staff by paying for these language proficiency tests. **The ACFA and RSA recommend that all four agencies adopt the same practice of listing the languages spoken by professionals, and that the central administration of these agencies pay for the necessary language tests. Otherwise, the administrations would not have the necessary systems in place to identify the linguistic profile of employees and put them in touch with French-speaking patients.**

[52] **The ACFA and the RSA recommend that the Ministry of Health put in place a strategy to connect French-speaking patients with health care professionals able to care for them in French.** This strategy could be modeled after "my Health Teams"⁵², a primary care strategy that works for francophones in Manitoba. Under this strategy, a partnership must be established between the provincial government, a regional health authority, physician clinics, and a local community organization. The goal is to bring together inter-professional teams (doctors, nurses, clinical assistants, etc.) who speak French, and connect them with French-speaking patients.

[53] Regarding a patient's preferred language, the functionality in *ConnectCare* to identify a patient's preferred language is currently optional. In other words, as one participant during the June 20, 2024 consultation explained, health care professionals can ignore this question in patient records and, consequently, the patient's preferred language will not be recorded. During the consultations for the *Action Plan for Alberta's Francophonie 2023-2028*, two priorities emerged in connection with *ConnectCare*: the need to reflect new patients' preferred language in the *ConnectCare* tool, and to ensure that the system makes it easy for patients to choose their preferred language when they first use it⁵³. **The ACFA and the RSA recommend making the language question in a patient's record mandatory. This would ensure that health care professionals across all four health care sectors are all equally informed about their patients' language preferences.**

⁵⁰ ACFA. *Action Plan for Alberta's Francophonie 2023-2028*... p. 23.

⁵¹ Amanda Proctor and Kaya Ganeshamoorthy. 2023. "All Languages Welcome – Equity in Health Care." *Patient Experience Showcase*. p. 66.

<https://together4health.albertahealthservices.ca/16365/widgets/154531/documents/106559>

⁵² Southern Health/Santé Sud. "My Health Teams & Team Based Care." <https://www.southernhealth.ca/en/finding-care/find-a-service/primary-health-care/my-health-teams-and-team-based-care/>

⁵³ ACFA. *Plan d'action de la francophonie albertaine 2023-2028*... p. 26.

(4) Strategies to Counter the Shortage of Bilingual Workers in the Health Care System: Training Offered in French and Accreditation of Professionals Coming from Other Provinces and Territories and Internationally

[54] The current state of Alberta's health care system is far from perfect. According to the *Alberta Medical Association*, repeated surgical stoppages and service reductions at major hospitals are symptoms of a growing "aneurysm" of care crisis in Alberta's health care system⁵⁴. The shortage of health care professionals includes family doctors, oncologists, clinical assistants, nurses, etc., and is felt even more acutely by French-speaking Albertans. There are longer waiting lists to access health care services in French than in English, as demand exceeds supply⁵⁵.

[55] Managing the workforce shortage in the health care system must therefore consider the reality of Francophone communities in minority settings. This issue, as researchers have shown, is linked to a lack of training offered in French to prepare future health care professionals⁵⁶.

[56] Moreover, the shortage of French-speaking healthcare professionals is also linked to linguistic insecurity. Indeed, language insecurity is one of the factors that can also limit the willingness of health care professionals to provide services in French⁵⁷. There is a lack of ongoing training for staff already hired, this means that that lack the support and tools they need to feel comfortable offering services in French and overcoming their language insecurity⁵⁸.

[57] Both of these issues affect the ability of health care systems to access a workforce capable of providing services in French. Researchers have shown that the language in which the health care professional's training is done has a major influence on their ability to provide care in an official language other than their own, and on their confidence in their ability to do so⁵⁹. Unfortunately, there is a lack of adequate preparation and training of personnel to work in a minority Francophone environment⁶⁰.

[58] **The ACFA and RSA recommend that the Alberta government invest in training offered in French for health care professionals and reduce barriers to training for various positions (nurses, orderlies, others), including but not limited to financial, geographic, and linguistic barriers.** Reducing these barriers would be consistent with the bilateral agreement signed with the federal government, and would help to diversify the health care workforce and respond more effectively to the linguistic and cultural needs of French-speaking Albertans⁶¹. Furthermore, in the *Action Plan for Alberta's Francophonie 2023-2028*, one

⁵⁴ Jackie Carmichael. "Rolling surgical outages point to Alberta's acute care crisis: AMA." *Edmonton Journal*, 16 May 2024. <https://edmontonjournal.com/news/politics/surgery-outages-alberta-acute-health-care-crisis>

⁵⁵ Alexandra Éthier and Annie Carrier. 2022. "L'accessibilité des services sociaux et de santé.."

⁵⁶ Boniface Bahi and Éric Forgues. "Facteurs favorisant l'offre de services de santé en français..."

⁵⁷ Alexandra Éthier and Annie Carrier. 2022. "L'accessibilité des services sociaux et de santé.."; Mwali Muray et al. "L'accès aux soins de santé des communautés de langue officielle..."

⁵⁸ Boniface Bahi and Éric Forgues. "Facteurs favorisant l'offre de services de santé en français..."

⁵⁹ Mwali Muray et al. "L'accès aux soins de santé des communautés de langue officielle..."

⁶⁰ Marie-Michèle Sauvageau. 2018. *La recherche en santé et en services sociaux auprès des populations francophones en situation minoritaire au Canada*, p.22. <https://savoir-sante.ca/fr/item/507-la-R%C3%A9sum%C3%A9>

⁶¹ Government of Canada. "Canada-Alberta Aging with Dignity funding agreement..."

of the actions identified is to align post-secondary programs with employment and address the needs of French-speaking Albertans⁶².

[59] **The ACFA and the RSA recommend that the Government of Alberta establish language training modules common to all four agencies for French-speaking professionals who wish to acquire medical vocabulary in French, and that this training count as professional development.** Training programs should include specific courses on providing health care in a language other than English, with particular emphasis on the needs of Francophone communities. Programs should also be offered in collaboration with training institutions and professional regulatory bodies. This initiative would maximize available resources and ensure continuous improvement in the quality and accessibility of health care for Francophones in Alberta.

[60] Another solution to the shortage of French-speaking health care professionals is the accreditation of foreign trained professionals. The Government of Alberta's Dedicated Health Care Pathway⁶³ program offers a dedicated pathway for health care workers who have a job offer in Alberta. **The ACFA and the RSA recommend that the Government of Alberta explore the possibility of targeting Francophone countries within this program.** By facilitating the integration of French-speaking professionals from various countries, the Government of Alberta could more effectively fill vacant positions and strengthen the capacity of health care services to meet the specific needs of Francophone minority communities. **The ACFA and the RSA recommend that the Government of Alberta implement measures to proactively recognize the qualifications and competencies of immigrant health professionals, as well as measures to support their integration into these environments, in partnership with colleges and professional regulatory bodies in all disciplines.**

⁶² ACFA. *Action Plan for Alberta's Francophonie 2023-2028...* p. 12.

⁶³ Government of Alberta. "Dedicated Health Care Pathway." <https://www.alberta.ca/dedicated-health-care-pathway>