



Modernizing Alberta's Primary Health Care System: Health Services that Consider Alberta Francophonie's Language and Cultures as Determinants of Health

Brief submitted by the Association canadienne-française de l'Alberta (ACFA) and Réseau santé Alberta (RSA) to the Ministry of Health and the expert panels advising on Modernizing Alberta's Primary Health Care System Initiative

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December 21, 2022

Introduction

[1] The Association canadienne-française de l'Alberta ("ACFA") and Réseau santé Alberta ("RSA") thank Alberta's Minister of Health, the Honourable Jason Copping, for the invitation to submit a brief as part of the province's *Modernizing Alberta's Primary Health Care System* ("MAPS") initiative. The ACFA and RSA wish to bring to the attention of the expert panels some considerations specific to Alberta's Francophonie and its communities.

[2] Founded in 1926, the ACFA is the spokes organization for Alberta's Francophonie. The ACFA rallies key stakeholders to protect the accomplishments and enhance the vitality of Alberta's Francophonie, and improve its members' rights. Its mandate is to represent Alberta's French-speaking population; promote their physical, intellectual, economic, cultural, and social well-being; and encourage, facilitate, and promote French-language learning and Alberta's Francophonie at large. In addition, the ACFA fosters the inclusion of French speakers, whether they have French as their mother tongue or as a learned language, of all origins within a plural francophone space.

[3] Founded in 2004, the RSA is the leader in the health sector within Alberta's Francophonie. It is one of the local health networks supported by Health Canada that strengthens the links between health actors and bridges the gap between the health system and the Francophonie. The RSA participates in decisions affecting French-speaking Albertans' overall health and personal well-being in all their diversity. The RSA focuses on representation from five key sectors: communities, health professionals, educational and academic institutions, health facilities, and governments.

[4] In this brief, the ACFA and RSA present the following:

- a) The **status of French in Alberta** by presenting a demographic portrait of Alberta's Francophonie and two legislative texts that support the offer of services in French and the recognition of the Francophonie in the province;
- b) **Issues to consider** based on existing literature to understand the specific needs of members of Alberta's Francophonie;
- c) **Recommendations** to ensure that services that meet the real needs of members of Alberta's Francophonie are available and that they are of comparable quality to those available in English.

Status of French in Alberta

[5] Alberta's Francophonie is well-established in the province due to its history, demographics, and institutions.

[6] The first francophone presence in Alberta dates back to the 18th century, well over 200 years ago. French was the first European language spoken in the territory that became Alberta. As early as the 19th century, several Métis communities, Franco-Catholic missions, and Francophone villages were established. Four of these villages became officially bilingual: Beaumont, Legal, Falher, and Plamondon.¹

[7] Today, Alberta has the largest population with French as its first official language spoken and living in a minority setting in Canada after Ontario and New Brunswick.²

¹ Government of Alberta. "Francophone heritage in Alberta." <https://www.alberta.ca/francophone-heritage.aspx>

² Statistics Canada. *Census Profile, 2021 Census of Population, Alberta*.

[8] Approximately 79,965 (1.88%) Albertans report French as their first official language spoken, 88,005 (2.06%) report French as their mother tongue, and 261,435 (6.13%) report knowledge of French.³

[9] French ranks 4th among mother tongues in Alberta, after English which ranks 1st (3,083,840), Tagalog 2nd (108,395), and Punjabi 3rd (91,070). However, French, ranks 2nd behind English in terms of knowledge of the language.⁴

[10] Moreover, there has been an increase and diversification of the French-speaking population over the years.

[11] The number of Albertans with French as their first official language spoken increased by 35.9% over 20 years (2001-2021).⁵ The number of Albertans with knowledge of French increased by 54.6% over 30 years (1991-2021).⁶

[12] Although many Francophones were born in Alberta, most came from all over Canada and the world. Among Albertans with French as their mother tongue, about 25% were born in Alberta, 50% came from elsewhere in Canada (e.g. Quebec, New Brunswick, Ontario), and 24% came from elsewhere in the world, mainly from Africa.⁷

[13] Furthermore, the French-speaking population is scattered throughout the province, as Francophone communities have historically been established across Alberta.

[14] About one-third of the French-speaking population lives in Calgary, one-third in Edmonton, and the remaining third is scattered among medium-sized cities (Grande Prairie, Fort McMurray, Red Deer, Lethbridge), cities with federal services such as national parks (Jasper, Banff, Canmore) and military bases (Wainwright, Cold Lake), more traditional rural communities (Peace River area, St. Paul, Bonnyville, Legal, Morinville, Beaumont, Plamondon), and newer communities (Edmonton and Calgary Metropolitan regions, Brooks).

[15] This French-speaking population has access to, for example, 43 Francophone schools, four Francophone school boards, nearly 40 Francophone daycares and preschools, one French-language post-secondary institution, 215 schools that offer programs for French learners (e.g., French immersion), and more than 60 community organizations. In terms of health services, the Sacred Heart Community Health Centre in McLennan and the St-Thomas Community Health Centre in Edmonton offer services in French.

[16] In addition, two pieces of legislation provide an official framework for providing services in French in Alberta and the recognition of Alberta's Francophonie.

³ Statistics Canada. *Census Profile, 2021 Census of Population, Alberta*.

⁴ Statistics Canada. *Census Profile, 2021 Census of Population, Alberta*.

⁵ Statistics Canada. 2019. *The French Language in Alberta, 2001 to 2016: Facts and Figures*.

<https://www150.statcan.gc.ca/n1/en/pub/89-657-x/89-657-x2019016-eng.pdf?st=pjEe95Zr>; Statistics Canada. *Census Profile, 2021 Census of Population, Alberta*.

⁶ Statistics Canada. 2019. *The French Language in Alberta, 2001 to 2016*; Statistics Canada. *Census Profile, 2021 Census of Population, Alberta*; Statistics Canada. *Census Profile, 1991 Census of Population, Alberta*; Statistics Canada. *Census Profile, 1996 Census of Population, Alberta*.

⁷ Government of Alberta. 2018. *The Francophonie in Alberta: Strong and Vibrant*. <https://open.alberta.ca/dataset/56de91f7-c69e-4fac-8e82-a3b8c9025f25/resource/f4bf7d7f-cda2-4910-9b8e-daeb496553e9/download/albertasfrancophonecommunitiesstrongandvibrant.pdf>

[17] At the federal level, Alberta's Francophonie is recognized as an official language community in Canada under the *Official Languages Act*. Adopted in 1969, this federal law recognizes French as one of the country's two official languages and guarantees access to services in French in federal institutions.

[18] At the provincial level, Alberta adopted its *French Policy* in 2017 to develop its offer of services in French and **expand its access to federal government funding available for this purpose**.⁸ This policy "applies to all Government of Alberta departments, agencies, boards and commissions."⁹

[19] Within its *French 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 allow."¹⁰

Issues to Consider

[20] Researchers have conducted numerous studies on the health services needs of Francophone minority communities in Canada. Two main findings emerge from these studies.

[21] First, language is a "determinant of health"¹¹ and therefore, when there is no access to health services in the patient's first language, it creates "health inequalities," as defined by Health Canada.¹²

[22] There is a well-documented principle about the importance of "concordance" between the patient's first language and the health care professional's language. Without this concordance, there are communication problems which impact building trust between patients and health care professionals, undermine the quality of care, and increase risks to patients' health and safety.¹³

[23] For example, there is a greater risk of hospital admissions and extended stays because Francophones are less likely to seek care when primary and preventive health care are provided by English-speaking health professionals. Additionally, there are more misdiagnoses and the treatments offered by health professionals are sometimes misunderstood, which, among other things, makes it difficult for patients to take their medication and for health care professionals to obtain informed consent.¹⁴

⁸ Government of Alberta. 2017. *French Policy*. <https://open.alberta.ca/dataset/56f40d9c-6354-4c34-8d53-df3748dcb1c5/resource/457d1381-3523-46af-9dd1-17e8c6050cb6/download/french-policy-francais.pdf>

⁹ Government of Alberta. 2017. *French Policy*, page 4.

¹⁰ Government of Alberta. 2017. *French Policy*, page 2.

¹¹ Alexandra Ethier and Annie Carrier. 2022. "Accessibilité des services sociaux et de santé chez les minorités de langue officielle et les facteurs influant sur leur accès : une étude de portée." *Minorités linguistiques et société/Linguistic Minorities and Society*, 18 :198-234. <https://doi.org/10.7202/1089185ar>. Translation from French.

¹² Health Canada. "Social determinants of health and health inequalities." <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

¹³ 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/Linguistic Minorities and Society* 19 : 62-94.

<https://doi.org/10.7202/1094398ar>; Emily Seale et al. 2022. « Patient-physician language concordance and quality and safety outcomes among frail home care recipients admitted to hospital in Ontario ». *CMAJ*, 194 : E899-908.

<https://www.cma.ca/content/cma/194/26/E899.full.pdf>; Boniface Bahi et Éric Forgues. 2015. « Facteurs favorisant l'offre de services de santé en français : études de cas en milieu hospitalier anglophone. » *Minorités linguistiques et société/Linguistic Minorities and Society* 6 : 157-182. <https://doi.org/10.7202/1033194ar>; Marie Drolet et al. 2017. « Enjeux de l'accessibilité et de l'offre active des services sociaux et de santé au sein de la francophonie canadienne en situation minoritaire. » Dans *Santé et services sociaux en contexte linguistique minoritaire* sous la direction de Marie Drolet, Pier Bouchard et Jacinthe Savard, University of Ottawa Press, pages 14-32.

¹⁴ Marie Drolet et al. 2017. "Enjeux de l'accessibilité et de l'offre active des services sociaux et de santé..."; Mwali Muray et al. 2022. "L'accès aux soins de santé des communautés de langue officielle..."

[24] Recent research published in the *Canadian Medical Association Journal* also shows that when patients receive health care in their first language directly from a health care professional, they are healthier and less likely to experience adverse events and die in a hospital.¹⁵

[25] Although many Francophones living in minority situations are bilingual, this does not mean they do not have this need for concordance between their mother tongue and the health care they receive. Researchers believe that **"we cannot...assume that a bilingual person who can converse in a second language can express themselves at the same level as a person whose first language is that language."**¹⁶

[26] In particular, having access to services in French is all the more important and problematic for vulnerable populations such as immigrants and seniors. These two groups make up a large portion of Alberta's Francophonie.

[27] Seniors have a reduced ability to use their second language, for example, due to medical conditions such as hearing loss or neurological impairment, which can lead to communication complications and health problems if they do not have access to services in their first language.¹⁷

[28] Moreover, the francophone population "is aging more rapidly than the anglophone population of Canada," with seniors representing 41.5% of Francophones outside Quebec and living in rural areas more frequently.¹⁸ Thus, health problems affecting Francophone seniors will be more significant in the years to come. In Alberta, the rural Francophone areas of Peace River, St. Paul, Bonnyville, and Plamondon are particularly at risk.

[29] Immigrants also have a reduced ability to use their second language. In the case of Francophone immigrants or those with French as their first official language spoken, the use of English adds the difficulty of communicating with health care professionals to many problems in understanding how to navigate the health care system.¹⁹

[30] Second, according to researchers, there are numerous "gaps" and "barriers"²⁰ in access to health services, social services and mental health supports, all of which are important to providing primary health care, for members of Canada's francophone minority communities. These include:

- "*Territorial concentration.*"²¹ Health services in general, but particularly those offered in French, are generally offered in urban areas and in locations where there is a "critical mass" of Francophones.²² Indeed, "if there is access to health and social services in French, then it is often necessary to travel long distances," considering the Francophone population is often dispersed across the territory.²³ As explained earlier, health services offered in French in Alberta are primarily available in Edmonton or McLennan, two places where there are large concentrations of Francophone populations. However,

¹⁵ Emily Seale et al. 2022. "Patient-physician language concordance..."

¹⁶ Marie Drolet et al. 2017. "Enjeux de l'accessibilité et de l'offre active des services sociaux et de santé..." *Translation from French.*

¹⁷ Emily Seale et al. 2022. "Patient-physician language concordance..."; Marie Drolet et al. 2017. "Enjeux de l'accessibilité et de l'offre active des services sociaux et de santé..."; Mwali Muray et al. 2022. "L'accès aux soins de santé des communautés de langue..."

¹⁸ Mwali Muray et al. 2022. "L'accès aux soins de santé des communautés de langue officielle..." *Translation from French.*

¹⁹ Mwali Muray et al. 2022. "L'accès aux soins de santé des communautés de langue officielle..."

²⁰ Alexandra Ethier and Annie Carrier. 2022. "L'accessibilité des services sociaux et de santé chez les minorités de langue officielle..."

²¹ Alexandra Ethier and Annie Carrier. 2022. "L'accessibilité des services sociaux et de santé chez les minorités de langue officielle..." *Translation from French.*

²² Marie Drolet et al. 2017. "Enjeux de l'accessibilité et de l'offre active des services sociaux et de santé..." *Translation from French.*

²³ Marie Drolet et al. 2017. "Enjeux de l'accessibilité et de l'offre active des services sociaux et de santé..." *Translation from French.*

one-third of the francophone population lives in Calgary, and another third lives throughout the province.

- "*Limited financial means.*"²⁴ There is an increased difficulty for Francophones to access primary health care services with associated costs. In fact, among the Francophone population, there is a greater percentage of low-income people.²⁵ This is especially true for immigrants and seniors who have lower incomes and make up a large portion of the Francophone population.

- "*Active demand.*"²⁶ Francophones are less likely to request health care services in French in English-speaking institutions.²⁷ In fact, these Francophone patients may be concerned that requesting services in French will result in longer wait times and poorer quality services.²⁸ A survey of Francophone minority patients about access to health services in French showed that if there is no active offer, patients will not actively request services, "knowing that such a request may cause delays or be futile."²⁹ Moreover, many patients are "unfamiliar with health services and resources available" in French or are afraid that there will be a "loss of confidentiality" by using an interpreter³⁰, which further limits active demand.

- "*Bureaucracy.*"³¹ There are several issues regarding health administration. First, there is a "lack of understanding of the rights and status of Francophones."³² For example, researchers suggest that "many English-speaking employees believe that providing services in French means that all employees must be bilingual, which they believe makes the task impossible."³³ Or, "many health care professionals and institutions believe that when there is no demand for services in the minority official language and no complaints about it, it consequently means that there is no problem."³⁴ The RSA and ACFA invest a great deal of time and effort in educating health care leaders and policymakers about the needs of Alberta's Francophone communities and the low-cost solutions that exist. Second, there is a lack of recognition of English/French bilingualism within health systems.³⁵ Administrative "accountability," lack of written documentation in French, fear of increased workload, or language insecurity may also limit the willingness of health care professionals to provide services in French.³⁶ In addition, administrations do not have systems in place to identify the language profile of employees and patients, which would allow for better identification of needs and availability of services.³⁷ Finally, there are longer waiting lists to access French language services, compared to those offered in English, as demand exceeds supply.³⁸

²⁴ Alexandra Ethier and Annie Carrier. 2022. "L'accessibilité des services sociaux et de santé chez les minorités de langue officielle..."

²⁵ Alexandra Ethier and Annie Carrier. 2022. "L'accessibilité des services sociaux et de santé chez les minorités de langue officielle..."

²⁶ Boniface Bahi and Éric Forgues. 2015. "Facteurs favorisant l'offre de services de santé en français." *Translation from French.*

²⁷ Boniface Bahi and Éric Forgues. 2015. "Facteurs favorisant l'offre de services de santé en français."

²⁸ Marie Drolet et al. 2017. "Enjeux de l'accessibilité et de l'offre active des services sociaux et de santé..."

²⁹ Éric Forgues and Rodrigue Landry. 2014. "L'accès aux services de santé en français et leur utilisation en contexte francophone minoritaire." *Société Santé en français et Institut canadien de recherche sur les minorités linguistiques.* <https://icrml.ca/fr/recherches-et-publications/publications-de-l-icrml/item/8709-acces-aux-services-de-sante-en-francais-et-leur-utilisation-en-contexte-francophone-minoritaire>. *Translation from French.*

³⁰ Alexandra Ethier and Annie Carrier. 2022. "L'accessibilité des services sociaux et de santé chez les minorités de langue officielle..." *Translation from French.*

³¹ Alexandra Ethier and Annie Carrier. 2022. "L'accessibilité des services sociaux et de santé chez les minorités de langue officielle..." *Translation from French.*

³² Boniface Bahi and Éric Forgues. 2015. "Facteurs favorisant l'offre de services de santé en français." *Translation from French.*

³³ Boniface Bahi and Éric Forgues. 2015. "Facteurs favorisant l'offre de services de santé en français." *Translation from French.*

³⁴ Mwali Muray et al. 2022. "L'accès aux soins de santé des communautés de langue officielle..." *Translation from French.*

³⁵ Boniface Bahi and Éric Forgues. 2015. "Facteurs favorisant l'offre de services de santé en français."

³⁶ Alexandra Éthier and Annie Carrier. 2022. "L'accessibilité des services sociaux et de santé chez les minorités de langue officielle..."; Mwali Muray et al. 2022. "L'accès aux soins de santé des communautés de langue officielle..."

³⁷ Boniface Bahi and Éric Forgues. 2015. "Facteurs favorisant l'offre de services de santé en français..."

³⁸ Alexandra Ethier and Annie Carrier. 2022. "L'accessibilité des services sociaux et de santé chez les minorités de langue officielle..."

- *A lack of health training in French.* Researchers have shown a lack of training to prepare future professionals or to provide ongoing training to staff so that they feel comfortable providing services in French.³⁹ This, in turn, affects the ability of the health system administrators to access a workforce capable of providing services in French. Indeed, researchers suggest that "the language of health training has a significant impact on the ability of professionals to provide care in an official language other than their own and on their confidence in their ability to do so."⁴⁰

[31] In conclusion, this quote perfectly summarizes that being a member of an official language minority community, for example, being a francophone in Alberta, is a determinant of health: "belonging to an official language minority community, therefore, appears increasingly to be a determinant of health, taking into account the difficulties of access and the social determinants of health that often still disadvantage francophones in a minority situation."⁴¹ The health service needs of Francophone minority populations are therefore "poorly met."⁴²

Recommandations

Immediate Actions and Longer-term Directions

[32] In 2021 and 2022, the ACFA conducted consultations with community stakeholders within Alberta's Francophonie, including the RSA, to find out their priorities in terms of government services in French in Alberta. In all, 200 community leaders, representing more than 40 community organizations and institutions, and 520 French-speaking Albertans participated in the consultations through interviews, focus groups, and a survey.

[33] These consultations led to the drafting of the *Action Plan for Alberta's Francophonie 2023-2028*⁴³, a document that is intended to be a credible reference tool to help guide the government, managers and all provincial political stakeholders towards the priorities and opportunities that exist within Alberta's Francophonie with respect to services offered in French.

[34] Generally speaking, the consultations showed that there are significant gaps in the availability of health and social services in French in Alberta. It is unanimous in our Francophone communities that the need for these services in French is a priority. According to the results of our survey, the needs for the health sector emerged as the #1 priority for all socio-demographic categories (e.g. age, gender, immigration, ethnicity, regions).

[35] The same survey identified a top 3 priority for action in the health sector. The results were similar across all socio-demographic categories. The top 3 desired actions include: (1) having access to health services in French throughout the province, i.e., making them more accessible in rural areas, (2) being able to make 911 calls in French, and (3) having access to a directory of French-speaking health professionals. It should be noted that for seniors, homecare services in French was also ranked as a priority.

³⁹ Boniface Bahi and Éric Forgues. 2015. "Facteurs favorisant l'offre de services de santé en français."

⁴⁰ Mwali Muray et al. 2022. "L'accès aux soins de santé des communautés de langue officielle..." *Translation from French.*

⁴¹ Marie Drolet et al. 2017. "Enjeux de l'accessibilité et de l'offre active des services sociaux et de santé..." *Translation from French.*

⁴² Alexandra Ethier and Annie Carrier. 2022. "L'accessibilité des services sociaux et de santé chez les minorités de langue officielle..." *Translation from French.*

⁴³ Action Plan for Alberta's Francophonie 2023-2028, ACFA. https://acfa.ab.ca/wp-content/uploads/2022/11/Version-officielle_Plan-daction-FRAB_EN.pdf

[36] The RSA also submitted a brief to the Government of Alberta's Ministry of Health in March 2020 during a previous consultation for the Alberta health services review (available in Appendix 1). Several actions proposed at that time by the RSA related to active offer and were included in the *Action Plan for Alberta's Francophonie 2023-2028*.

[37] Below is the list of actions identified in the *Action Plan for Alberta's Francophonie 2023-2028* that regard the health sector. Some of these actions have direct links to the Government of Alberta's priorities (e.g. business plans and action plans) and have low costs.

[38] There are seven (7) actions and their sub-actions that can be implemented to develop health services that are targeted and meet the needs of members of the Alberta's Francophonie, including members living in rural areas, the seniors, and immigrants. These actions make it possible to address several issues raised by the researchers and presented above:

- Establish a multi-stakeholder committee for health in French within the Government of Alberta (e.g., Ministry, Alberta Health Services, Covenant Health).
- Expand the reach of health services in French offered by *Alberta Health Services* and *Covenant Health* to ensure French-speaking Albertans have access to health care in their region.
 - o Designate bilingual English/French positions within the five geographical areas of *Alberta Health Services*.
 - o Increase the offer of services in French in regions with strong Francophone population density, while at the same time consulting Alberta's Francophonie (e.g., mobile clinic project).⁴⁴
- Provide effective interpretation and translation services for emergency services throughout the province (911) and Health Link (811).
- Implement strategies to develop the active offer and demand for health services in French, while consulting with community stakeholders to ensure that services meet the needs of Francophone individuals, families, and communities, with the goal of improving inclusion and addressing language and culture as a determinant of health.⁴⁵
 - o Continue to identify the languages spoken by staff in various health care fields (e.g., physicians, nurses, psychologists, dentists) and the preferred languages of communication of patients, in order to improve measurement and monitoring of health system performance.⁴⁶
 - o Create a directory of health care personnel for the public (by field and geographical area).⁴⁷
 - o Develop signage (e.g., poster) to identify locations that offer services in French.
 - o Create a way to identify French-speaking staff (e.g., name tag when renewing badges).
 - o Ask all patients their preferred language of communication when making medical appointments or hospital admissions. Train staff on how and why to do this data search.
 - o Update the *Connect Care* system so that patients can easily choose their preferred language of communication when they first use it.
 - o Ask new residents to identify their language of choice on provincial health insurance forms and ensure that it is reflected in the *Connect Care* system.

⁴⁴ French Policy 2020-23 Action Plan, *Gouvernement of Alberta*. <https://open.alberta.ca/dataset/96f8b5e5-7bf3-433b-832b-285dff9da82/resource/cf497bed-18e4-4c14-a7b1-346063c92a51/download/cmsw-french-policy-action-plan-2020-23.pdf>

⁴⁵ Ministry Business Plan, Health, 2022-2025, *Gouvernement of Alberta*. <https://open.alberta.ca/dataset/bb547784-e775-4eed-aa9c-0aa4a1aece8a/resource/a694a562-fe62-4814-bbd2-723148dac7fc/download/health-business-plan-2022-25.pdf>

⁴⁶ Ministry Business Plan, Health, 2022-2025, *Gouvernement of Alberta*.

⁴⁷ French Policy 2020-23 Action Plan, *Gouvernement of Alberta*.

- Ensure that health care standards for seniors consider language and culture as a determinant of health.⁴⁸
 - o Maintain funding and ensure quality services in French in retirement homes and long-term care facilities.
 - o Provide homecare services in French to allow French-speaking seniors to age safely in their homes.⁴⁹
- Develop health services, including mental health, (e.g. psychologists, speech therapists, social workers) in Francophone schools where they do not already exist, so that the resources are equitably distributed across the province.⁵⁰
- Improve access to information already available to the public in French.⁵¹
 - o List Alberta Health Services' resources in French and make the information currently available more visible.
 - o Consult with the Réseau santé Alberta to identify new resources to be translated.

[39] With respect to social services and mental health supports, which are also part of the primary health care continuum, the ACFA has begun a two-year project in the summer of 2022 to obtain more evidence on the needs of Alberta's Francophonie in this area.

[40] The first step of this project is to conduct research and consultations to identify existing services in French and community needs in the areas of social services and mental health supports. This process is currently underway and supported by the consulting firm KPMG. The firm is working with community organizations (Francophone and Anglophone), government institutions, and the general public to provide the ACFA with a detailed picture of the situation.

[41] The ACFA will be able to provide the KPMG report to the Government of Alberta's Ministry of Health to inform them of the needs of Alberta's Francophonie in terms of social services and mental health supports. This report will complement our comments in this brief.

Existing Primary Health Care Initiatives that can be Readily Scaled

[42] To implement the actions proposed above, several existing initiatives could be scaled. These initiatives would be opportunities and serve as starting points.

[43] *French Health Services Program: Alberta Health Services* already has a "French Health Services" Program in the North Zone, which has the objectives of "working to increase the availability of key documents, resources and other information in French; collaborating with community stakeholders to expand access to French-language health services; and participating in the delivery and implementation of Health Promotion initiatives, services and activities."⁵² This program could be expanded to all *Alberta Health Services* zones and

⁴⁸ MNP. 2021. "Improving Quality of Life for Residents in Facility-Based Continuing Care." <https://open.alberta.ca/dataset/f680d1a6-bee5-4862-8ea4-e78d98b7965d/resource/22092c9c-99bb-4fee-9929-7ce06e71bbd1/download/health-improving-quality-life-residents-facility-based-continuing-care-2021-04-30.pdf>

⁴⁹ Ministry Business Plan, Seniors and Housing, 2022-2025, *Gouvernement of Alberta*. <https://open.alberta.ca/dataset/c9978b07-aa01-4aa2-a214-16869170084f/resource/cbf93b07-5afb-40fa-a05b-bc0a8144f2a2/download/sh-seniors-and-housing-business-plan-2022-25.pdf>

⁵⁰ Alberta Child and Youth Well-Being Action Plan. 2022. *Children's Services, Gouvernement of Alberta*.

<https://open.alberta.ca/dataset/c879b3d0-66c2-49e5-bef4-2ee2348833f5/resource/8451bbc3-97e2-468b-97b7-c9ce6c0bea69/download/cs-alberta-child-and-youth-well-being-action-plan.pdf>

⁵¹ French Policy 2020-23 Action Plan, *Gouvernement of Alberta*.

⁵² Alberta Health Services. "French Health Services/Services de santé en français." <https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1011154&serviceAtFacilityID=1047499#contentStart>; Réseau santé Alberta. "Fiche-Info Accès en français." <https://reseausantealbertain.ca/wordpress/wp-content/uploads/2021/06/AHS-ZoneNord-ServicesFR-HopitalMcLennan-FR-20191011.pdf>

target municipalities with a high density of Francophones for service delivery. The ACFA, with the support of the RSA, is currently conducting a demographic portrait of Alberta's Francophonie to target better the offer of services in French to populations in various Alberta municipalities. This demographic portrait will be available in the summer of 2023 and can be shared with the Ministry of Health.

[44] *Réseau santé Alberta*: To meet the ministry's objective of seeing "Albertans as partners in their care," and to develop a local service offer that is more representative of the communities, the Government of Alberta could consider developing a close collaboration with the RSA. More specifically, the Ministry of Health could mandate the RSA to expand the offer of health services in French, accompanied by operational funding, as is the case for French-language health networks in other provinces such as Manitoba and Prince Edward Island. Researchers suggest that Francophone organizations can conduct active demand awareness campaigns and are in a better position than health care institutions to do so.⁵³ As mentioned above, active demand and active offer are important issues that need to be addressed. The RSA would then be an essential resource for the Ministry of Health; it is well-established and has a network of contacts and health initiatives in French that could be expanded to benefit the entire health system.

[45] *Health Training Programs in French*: The Government of Alberta recognizes a shortage of health care workers. Minister Jason Copping's mandate letter indicates that strategies should be found to address this shortage.⁵⁴ For example, the ACFA and RSA are proposing that the Government of Alberta increase funding for Campus Saint-Jean in Edmonton in its upcoming budget to expand intake capacity and improve French placement opportunities for students, to train more bilingual workers. This workforce could address shortages while also being able to provide services in French. Currently, Campus Saint-Jean receives funding to offer a bilingual nursing program at the university level, a French-language attendant care program at the college level, and a language school for professionals who wish to develop their French-language skills. However, demand for the nursing program at Campus Saint-Jean continues to grow, but inadequate funding limits admissions capacity significantly. For example, in 2019-2020, there were 24 seats available in the program, but Campus Saint-Jean received 172 applications for admission. There is great interest and potential that the Government of Alberta could be capitalize on.

[46] *Canada-Alberta Agreement on French-Language Services*: The Government of Alberta has signed an agreement with the federal government's Canadian Heritage specifically to develop the provision of services offered in French within the province. Projects to develop health services in French are possible under this agreement.⁵⁵ The agreement is currently expiring, and a negotiation process is underway. The funds obtained under this agreement could be used to implement the priority needs identified in the *Action Plan for Alberta's Francophonie 2023-2028*, presented above for the health sector. **However, there is a need to improve the Agreement. Alberta receives an amount that does not reflect the demographic weight of its French-speaking population; that is, the second lowest amount in Canada, even though it is the third province with the largest population that has French as its first official language spoken and that lives in a minority situation.** With the support of the ACFA, the Government of Alberta should seize the opportunity to negotiate an enhanced agreement to obtain its fair share of available federal funding.

⁵³ Boniface Bahi and Éric Forgues. 2015. "Facteurs favorisant l'offre de services de santé en français."

⁵⁴ Premier of Alberta. 2022. Mandate letter to the Minister of Health, the Honourable Jason Copping. <https://open.alberta.ca/dataset/71ebe02e-bda3-46f3-8ddd-6bf3a0d3d7ca/resource/80f58d18-bd94-45d9-9954-6df0fb8ae3c4/download/hlth-mandate-letter-health.pdf>

⁵⁵ Francophone Secretariat and Ministry of Culture, Multiculturalism and Status of Women. <https://open.alberta.ca/dataset/f8a8b4ed-33e8-4b56-ac75-7aa991a19ce6/resource/e7ad6bd5-937c-4bd7-a9df-a84a9df5fe14/download/cmsw-2018-2019-canada-alberta-agreement-on-french-language-services-application-guidelines.pdf>



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Membre de la francophonie 

A review of Alberta Health Services

Executive Summary

The Réseau santé albertain, RSA (Alberta Francophone Health Network) is grateful for this opportunity to participate and to contribute to this review of AHS and to provide our input on reducing the costs of health care delivery in Alberta.

We begin with the premise that *“an ounce of prevention is worth a pound of cure”*. By helping Albertans live a healthier lifestyle we can reduce costs associated with meeting the needs of people who are not well or who suffer from diseases that are preventable.

Also, numerous studies have clearly indicated that language and culture are important determinants of good health. Communications between a health professional and a patient/client must be clearly understood by both parties if positive results are to be expected.

The systematic collection of the language variable through Alberta Health Services' Connect Care (new provincial clinical information system) would go a long way in providing evidence-based planning and decision-making. Also, a web portal where health service providers submit information on the services they offer in French and in other languages would provide additional information on available resources and where to find them.

As with all health services provided by clinics, health centers, long-term care, emergency services and others, French-language health services must also be centred on the needs of patients and their families, focused on results, and integrated into the existing service delivery model. The offer of such services needs **to be visible** and promoted in a proactive way and available on a permanent basis. Patients presenting at intake/reception should be asked about preferred language.

Active offer is particularly relevant in a context where people don't know:

- Which establishment can offer health services in French?
- What services are offered in French and where to find them?
- Where to find health professionals who speak French?

Many Francophones would never dare ask for services in French, especially in the health care system, because they fear the consequences this could potentially have on their treatment as a patient. Immigrants who do not speak English will find it difficult to ask for services in French simply because they do not know how to ask or where to go for services in French.

Obviously delayed health care often leads to complications which eventually increases risks to the health of the client and increased costs to the system.

Health services adapted to the linguistic and cultural needs of clients lead to better results and lower costs

Communications that are easily understood between health professionals and patients lead to a more precise evaluation of the patient's health. There is a better understanding of the needs, the diagnosis and the treatment leading to a lower risk of error. There will also be a greater compliance to treatment leading to a better health outcome overall.

When communications are uncertain, health professionals request more tests if only to reassure themselves that they are not missing anything and are making the right diagnosis. There is a considerable increase in costs when this occurs. Where medications are concerned, patients are at a greater risk of taking medications improperly and suffering adverse events.

Yet we have in our health care system in Alberta access to fluently bilingual health care professionals, of many if not all disciplines, doctors, nurses, specialists, health care aids, etc., who would be able and willing to provide their services in languages other than English.

The Alberta Medical Association identifies on its web site the profile of its members indicating languages spoken. For example, both Calgary and Edmonton have over 300 doctors each representing many specialties, who speak both English and French. Some speak a third language. Everywhere in Alberta, where francophone communities exist, we can find bilingual health care professionals who are willing and able to offer their services in both French and English.

However, identifying other professionals, such as nurses, is more difficult as the professional associations do not make this information available. Unfortunately, AHS does not keep track of the languages of their employees. Providing incentives to encourage AHS and these professionals to make their linguistic capabilities known could lead to a considerable asset and a long list of professionals with abilities to respond to the needs of different cultures and linguistic communities. Providing this kind of support to health teams in clinics, PCN's, hospitals would contribute greatly to **reducing costs in providing health services that are centred and focused on the client's and their family's needs.**

In Alberta, according to the most recent census of 2016, there was an increase of 22% of people whose mother tongue is French. There are over 88,000 francophones in Alberta, 50% of which come from elsewhere in Canada and 24% from other countries, mostly from African countries whose official language is French. Immigrants and refugees do not speak English upon their arrival in Alberta. However, their health needs are immediate and cannot wait for them to learn English.

Edmonton has the highest concentration of Francophones with 39% of the total or 34,000. Calgary has 33% or 29,000 people. Other important concentrations are found in the North West part of Alberta, including the Grande Prairie and Peace River area as well as the North-East including Fort McMurray and Bonnyville, St-Paul, Lac la Biche and Plamondon. Francophone schools have opened in many towns in Southern Alberta such as Brooks, Airdrie, Okotoks, Canmore, Cochrane, Lethbridge and Medicine Hat attesting to the presence of a considerable francophone population.

In all of these areas, we know that a significant number of health professionals speak French fluently. In McLennan, for example the hospital has over 127 health care professionals providing health care services to a large area of nine francophone communities. Over 40 of these professionals are fluently bilingual providing services in French and English.

In Alberta, 184,000 students from kindergarten to Grade 12 are enrolled in French-language, French immersion or French second language programs. Over 141,500 students are enrolled in core French and over 42,400 are enrolled in French Immersion programs. There are 42 French-language schools in Alberta with over 7,800 francophone students. Campus St-Jean has over 800 students enrolled in 9 undergraduate programs, including a bilingual 4-year Bachelor of Nursing program.

With the introduction of Connect Care, AHS will be able to provide the best possible information throughout the care journey, including the 'preferred' language of the patient. This collection of the language variable will allow for better communications between health care professionals and patients in the delivery of quality health services.

The Canadian Health Workforce Network has analyzed the extent to which the professional associations and regulatory bodies for seven health professions in each province are capturing the required data on French-language services. These initiatives, together with knowledge mobilization and networking, form the foundation for the National Strategy on Linguistic Data.

The Réseau santé albertain, RSA (Alberta's Francophone Health Network) is presently compiling a list of bilingual health professionals in Alberta, including doctors and nurses and other professionals with different specialties such as psychologists, dentists, etc. Our purpose is to help francophone communities obtain access to French-language services where it is important to do so.

For example, we are working with Alberta Health Services and representatives of the Army base on the Northern outskirts of Edmonton. This base has a large francophone contingent. Fully 25% of the Edmonton base (over 1,000) is composed of Francophones from Québec. Because the base is a federal responsibility, there is a clinic (newly constructed and recently opened) to provide health services to military personnel. However, the families of the military do not have access to these services. They must obtain services in the city. Many of these people do not speak nor understand English very well and require services in French. We have identified a bilingual doctor who would be available to provide services in French to the families, parents and children, at the entrance of the military base. We are now at the stage of identifying a space for such a clinic which could actually offer services to the families in both official languages, thereby meeting the needs of all military families.

This, of course, brings us back to reducing costs by providing services that would lower the risk of errors and reduce the need of extra testing to minimize the risk of a missed diagnosis. It would also increase the understanding of the treatment recommended and lead to better health outcomes overall.

The Active Offer of French-language health services can only succeed if we make it everybody's business. It requires commitment, acceptance of responsibility and ongoing collaboration among all stakeholders

At the Government level: The Alberta government has adopted a French Policy which states in part: *"... 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 allow."*

Health Care Administrators: Given their responsibility to ensure the provision of quality services, administrators can take steps to create a positive environment for an Active Offer of health services for Francophones where it would be good to do so. They can do this by adopting policies, procedures and practices as well as by recruiting and hiring linguistically competent health care professionals. AHS is implementing an electronic patient record system which should make it possible to identify preferred languages for patients as well as for health professionals.

Health Care Professionals: In clinics and other health care settings such as Primary Care Networks (PCN) and community health centers, health care professionals can provide leadership simply by acknowledging their ability and willingness to speak French.

Post-Secondary Educational Institutions: These institutions play a key role in preparing new generations of health care professionals to better understand the linguistic and cultural needs of patients and provide ever more responsive patient-centred care.

(We are presently working with Faculties of Medicine and English language post-secondary training programs to identify Francophone and Francophile students, to accompany them around learning activities in French and support them in their efforts to become bilingual health professionals.)

Francophone Organizations: The Francophone communities will include health care as a priority in the respective action plans of their organizations. Many already work with RSA to support initiatives seeking to develop access to French-language health services.

Francophone population: Active Offer involves both health care providers and patients. Asking for health services in French demonstrates the need. Community representatives must also be engaged in health care planning and be part of the governance of organizations responsible for providing health care services.

Recommendations:

- 1) The preferred language of the client/patient be recorded on the Connect-Care system so that health care professionals can quickly respond to the needs of the patient.
- 2) Create a web portal to allow health service providers to submit information on the services they offer in French and in other languages.
- 3) Clearly identify what services are offered in French and where these services are available throughout Alberta.
- 4) Provide incentives to encourage health care professionals to make known their linguistic capabilities so that AHS can better respond to the needs of the patient.
- 5) Actively offer French-language services to the francophone communities in order to better meet the growing demand in areas of Alberta where it is important to do so.
- 6) Pro-actively offer health services to meet the particular and immediate needs of Francophone immigrant communities in Alberta.
- 7) Create a Francophone Provincial Consultative Committee to work with AHS to provide recommendations and cost-effective solutions to provide quality health services to francophone communities in Alberta.

Better communications between health care professionals and patients lead to a better understanding of the needs of the patient, a more precise diagnosis, a lower risk of error and greater compliance to treatment which in turn reduces the costs associated with the overall quality of health care.

The Réseau santé albertain is available to work with AHS to explore ideas and recommendations to enhance access to quality health services in order to respond to the needs of other communities.



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Health services offered in French by the Health Ministry and AHS

Subject: The implementation of services offered in French for the francophone communities in Alberta, particularly where it is important to do so: Notably in the North Zone (both North East and North West); the larger centers such as Edmonton and Calgary.

The Réseau santé albertain (Alberta Francophone Health Network) proposed seven recommendations in a previous submission to AHS: 'A review of Alberta Health Services (August 2019). Two of these recommendations were highlighted by Alberta Health and AHS representatives to see how they can best be implemented and included in the health delivery system. These two recommendations are:

1. That the preferred language of the client/patient be recorded on the Connect-Care system so that health care professionals can quickly respond to the needs of the patient. (This is in recognition that language and culture are important determinants of health).
2. Clearly identify what services are offered in French and where these services are available throughout Alberta. (It will be important to make the availability of these services well known by the communities where these services exist and by all health professionals in order to promote the use of the services).

We appreciate this opportunity to discuss the following topics:

- Providing verbal and written translations to the Francophone communities is very helpful and a next best thing to direct services in French when these services are not readily available. During the COVID-19 pandemic, the rapid distribution of well translated communiqués in real time by AHS was a God send. The Francophone community, through its networks of nonprofit organizations, was instantly informed. This was very comforting especially to people who do not have a good command of the English language, such as immigrants and seniors

The Alberta Francophone Health Network RSA is proud to announce that TAO Tel-Aide hotline is now in service in Alberta, thanks to a collaboration between Alberta Health Services, Projet Appartenance and the Conseil scolaire FrancoSud. (A project sponsored by the Francophone School Board of Southern Alberta).

TAO Tel-Aide offers free, confidential emotional listening support 24/7 to French-speaking individuals who need an empathetic ear. We would like to explore the possibilities of listing services offered in French in Alberta so that when someone calls the Tel-Aide hotline they can be redirected to services offered in French in Alberta.

To identify services offered in French and where these services are available, it is important to review the demographics of the francophone population in Alberta as well as the extent of the access to services in French and where they can be found. It will be evident that services offered in French are not extensive and are at best sporadic and dependent on the availability of health professionals. It will also be evident that unless there is active offer of services in French the likely hood of the demand is minimal.

Other than the general demographics of the francophone population, we will focus on the seniors whose needs are pressing and whose command of the English language is insufficient to be able to communicate clearly with health professionals. Also, with aging comes the loss, in many cases, of the second language.

We will then focus on the francophone children in Alberta as we demonstrate the need for an increase in health services in French. With over 13,000 francophone children in Alberta and well over 24,000 parents, there is a notion of responsibility which lies at the feet of Alberta Health Services and Alberta Health to meet the needs of the francophone population in the language of their choice

We will also draw the attention of decision makers to the health needs of immigrants, particularly immigrants from African countries whose main language is French. This is a rapidly growing population whose health needs are pressing and immediate. Studies have already shown that immigrants are often faced with health issues brought on by the drastic changes due to new ways of life, different climate and stress



Réseau santé albertain

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Francophone population in Alberta 65+

According to Statistics Canada, the baby boom's generation will almost double between 2011 and 2036, going from 14% to 24% of the general population. However, the Francophone group has a higher number of seniors per capita than the general population. (Portrait of 50+ Franco-Albertans, Qualitative analysis of the needs of Francophone adults 50 years of age and older in Alberta by Yannick Freychet, February 2013).

Of the 88,000+ Franco-Albertans, close to 18,000 are part of this aging population. Using an average of 20% of the general population, we can calculate fairly accurately the number of seniors in each of our areas of interest.

1. North-West: 20% of 7,000 = 1,400 seniors
2. North-East: 20% of 6,160 = 1,232 seniors
3. Edmonton area: 20% of 34,320 = 6,864 seniors
4. Calgary area: 20% of 29,000 = 5,800 seniors

It is also interesting and important to note that there are three distinct Francophone communities in Alberta.

- Born in Alberta: 25%
- Born elsewhere in Canada: 50% (migration from the 1970's onward)
- Born abroad: 25% (half from Africa & 23% from Europe, the rest from Asian & Central America)

"Despite the efforts made by seniors to remain healthy, a number of them will have to deal with diminishing abilities. For those individuals, the kindness of a caregiver often makes all the difference. In fact, it is estimated that nearly 80% of the care provided for seniors living in the community is provided by caregivers." (Senate Special Committee on Aging 2009).

It is thus essential that such valuable resources be adequately supported so that caregivers do not burn out or grow discouraged. Such support does not currently appear to be adequate. Some caregivers, such as spouses of persons with disabilities, clearly need more moral support, training and respite. The involvement of public authorities in this area is even more urgent because the ever-growing numbers of aging baby boomers create the risk of weakening the family mutual aid model even further in the future. There is a definite need for a solid network of home healthcare professionals funded by the public sector and developed wherever needed, especially in the Francophone community where language and culture are important determinants of good health.

The Fédération des aînés francophones de l'Alberta (FAFA – Francophone Seniors Federation of Alberta) has sponsored a program originating in Quebec called Albatros. This is a 36-hours training program to prepare caregivers to accompany seniors who are at the end of the life cycle. A recent session was provided to volunteers in Edmonton attended by 20 volunteer caregivers. Another is planned for Calgary.

In Edmonton, there are two low-cost senior centres for independent living. They are Manoir Saint-Thomas (91 St. & 85 Ave.) with 50 suites and Manoir Saint-Joachim (110 St. & 99 Ave.) with 150 suites. There is also the Centre de santé Saint-Thomas (91 St. & 84 Ave.). This centre is managed by Covenant Care and offers independent living in 62 suites, 138 supportive living accommodations of which 20 are within a secured living area. The seniors already living in the independent living section of the building should be given priority when assessed as needing supportive living services at Saint-Thomas, so as to receive services in French. While waiting for a bed, home care services should be provided at their apartment.

The next generations

It is important also to note that the next generations of Franco-Albertans are numerous. At present there are 42 francophone schools in Alberta to meet the needs of over 8,500 students. The 2016 census reports that the 0 to 19 age group reporting French as their mother tongue numbers 13,665 children. In the areas of interest for the purpose of this report we have the following statistics for children 0 to 19 of age.

- ▶ North-West: 720 children
- ▶ North East: 1 070 children
- ▶ Edmonton area: 5 275 children
- ▶ Calgary area: 5 120 children

When we look at the number of children, we can also conclude the number of parents to be approximately 24,000+.

With this presentation, we have included a summary of the research on health services offered in French in all four areas of interest. The research was conducted throughout Alberta through the 13 local and regional offices of l'Association canadienne-française de l'Alberta (ACFA).

We have also included reports and charts from the 2016 Canadian census on populations of Francophones reporting French as their mother tongue in Alberta. One report on seniors age 65+ and another on children 0 to 19 years of age.

Health Services offered in French in Alberta

Edmonton Area										
French population: 34 000										
Alberta Bilingual Municipalities Association: Beaumont, Legal & Morinville										
Health Services offered in French	Services available	Examples	Medical Locations			Health Priorities	Available Professionnels	Primary Care Networks (PCN)		
			Locations	Active offer						
				Yes	No				Comments	
Yes	<ul style="list-style-type: none"> - Family Doctors - General Practitioners - Specialists - Nurses - Dentists - Nurses practitioners - Psychologists 	64 family physicians practicing in Edmonton are fluently bilingual Over 300 members of the College of Physicians & Surgeons of Alberta (CPSA) have Fench and English on their profile for Edmonton city	Clinique de santé communautaire Saint-Thomas - La Cité francophone	X		Are very visible	<ul style="list-style-type: none"> • Immigrants • Long Term Care & Aging in place • Active offer to show where & what services available • Manoirs St-Thomas & St-Joachim • Centre de santé St-Thomas • Health in Francophone Schools 	Doctors are easily identifiable through the College of Physicians & Surgeons of Alberta (CPSA) others professionnals are not (ex. nurses, dentists, psychologists, physiotherapists, etc.)	PCN are present in Edmonton Edmonton Southside PCN offers services in French responding to the demand.	
			Clinique Docteur Vincent - La cité francophone	X						
			Clinics across Edmonton		X					Most are not visible
			Edmonton Southside PCN	X	X					Does provide some visibility
			Private practises		X					Most are not visible

Calgary Area									
French population: 29 000									
Health Services offered in French	Services available	Examples	Medical Locations			Health Priorities	Available Professionnels	Primary Care Networks (PCN)	
			Locations	Active offer					
				Yes	No				Comments
Yes (Not many)	<ul style="list-style-type: none"> - Some Family Doctors - Dentists - Generalists - Psychologists 	General - Family Doctors practicing in Calgary are fluently bilingual Over 400 members of the College of Physicians & Surgeons of Alberta (CPSA) have Fench and English on their profile for Calgary city	People need to search on their own to find the health professionals they need		X	No active offer since the closure fo the Francophone Clinic	<ul style="list-style-type: none"> • Immigrants • Long Term Care & Aging in place • Identify where the bilingual professionnals are • Clinics • Primary Care Network (PCN) • Health Centers • Supportive living facilities (ex.: Covenant Care - Living • Health in Francophone Schools 	Doctors are easily identifiable through the College of Physicians & Surgeons of Alberta (CPSA) others professionnals are not (ex. nurses, dentists, psychologists, physiotherapists, etc.)	PCN are present in Calgary Mosaic PCN supports Francophone initiatives

Rivière-la-Paix Area (Peace River - Grande Prairie)									
French population: 7 000									
Alberta Bilingual Municipalities Association: Donnelly, Falher, Girouxville, Grande Prairie									
Health Services offered in French	Services available	Examples	Medical Locations			Health Priorities	Available Professionnels	Primary Care Networks (PCN)	
			Locations	Active offer					
				Yes	No				Comments
Yes (Bilingual Zone)	<ul style="list-style-type: none"> - Family Doctors - Dentists - Generalists - Psychologists 	Over 20 members of the College of Physicians & Surgeons of Alberta (CPSA) have Fench and English on their profile for this area	Clinics	X		Some active offer in McLennan Hospital & Supporting living Center Grande Prairie working on identifying services available in French in the new Hospital	<ul style="list-style-type: none"> • Immigrants • Long Term Care & Aging in place • Health in Francophone Schools 	Doctors are easily identifiable through the College of Physicians & Surgeons of Alberta (CPSA) others professionnals are not (ex. nurses, dentists, psychologists, physiotherapists, etc.) High River Health Center	PCN are present in Peace River, Grande
			McLennan Hospital						

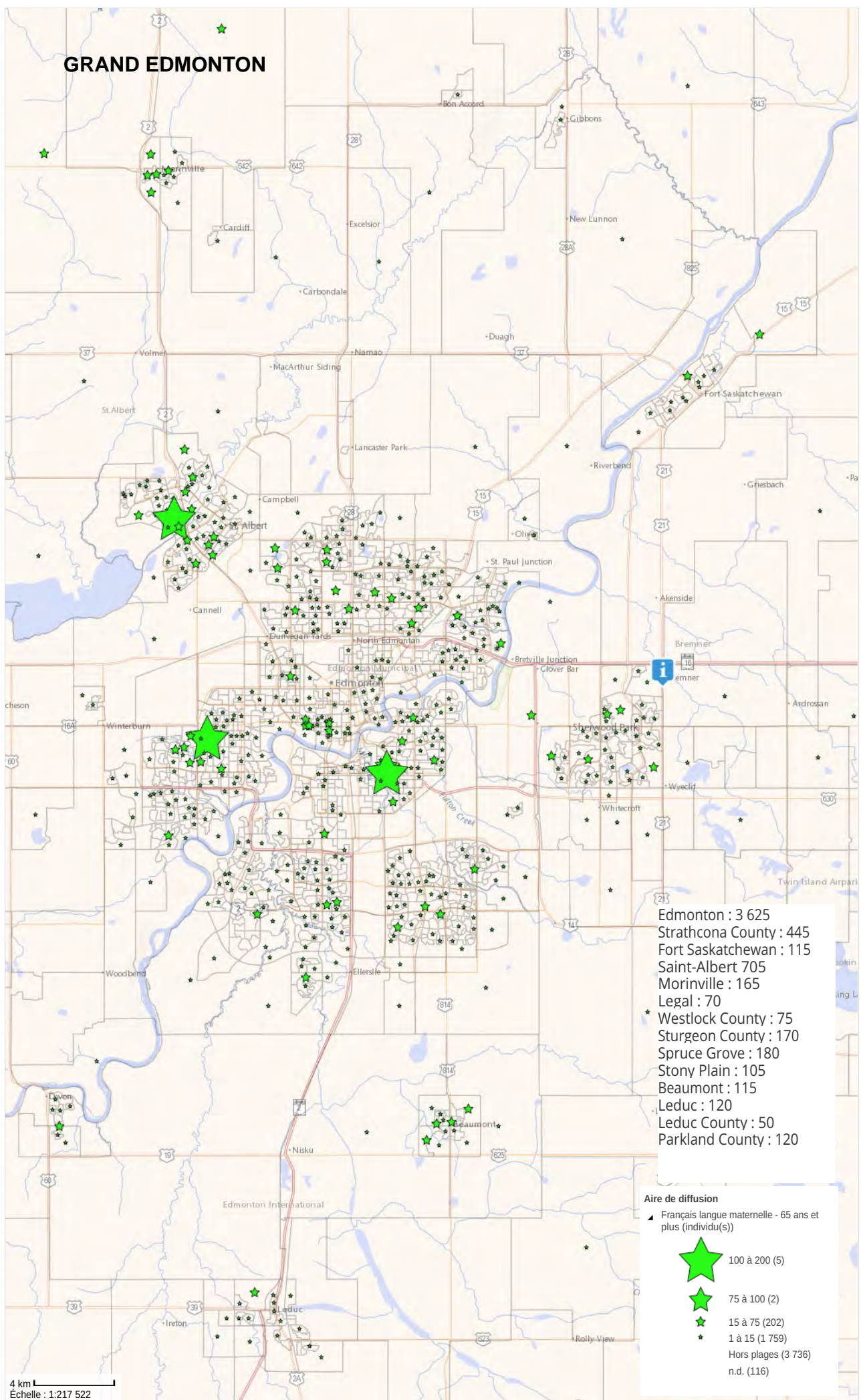
Bonnyville - Cold Lake - Plamondon & St-Paul French population: 3 000
 Alberta Bilingual Municipalities Association: Bonnyville, Lac-la-Biche, Plamondon, St-Paul, Smoky River No130

Health Services offered in French	Services available	Examples	Medical Locations			Health Priorities	Available Professionnels	Primary Care Networks (PCN)
			Locations	Active offer				
				Yes	No			
Yes (some services)	- Family Doctors - Dentists - Nurses	Home Care in St-Paul Optometrist in St-Paul 3 members of the College of Physicians & Surgeons of Alberta (CPSA) have French and English on their profile	People search out bilingual professionals to meet their needs		X	But a few professionals have accepted to be on the list of bilingual professionals	<ul style="list-style-type: none"> Long Term Care & Aging in place Health in Francophone Schools Armed Forces in Cold Lake 	Nurses Dentists Dental assistant PCN are present in St-Paul, Bonnyville and Cold Lake

Fort McMurray French population: 3 000

Health Services offered in French	Services available	Examples	Medical Locations			Health Priorities	Available Professionnels	Primary Care Networks (PCN)
			Locations	Active offer				
				Yes	No			
Yes (some services)	- Generalists - Nurses - Psychologists (fire related services)	8 members of the College of Physicians & Surgeons of Alberta (CPSA) have French and English on their profile	Some Health Professionals work at the Hospital but are not recognized or valued for their contributions to respond to the needs of francophones	X		1 Doctor is actively offering services in French with signage in his clinic People need to search out bilingual health professionals as needed	<ul style="list-style-type: none"> Dentists Mental Health Professionals Pharmacist services Health in Francophone Schools 	Many Professionals have left Fort McMurray since the fire Wood Buffalo PCN serving 27 clinics in the area 2 Doctors offer services in French




GRAND EDMONTON



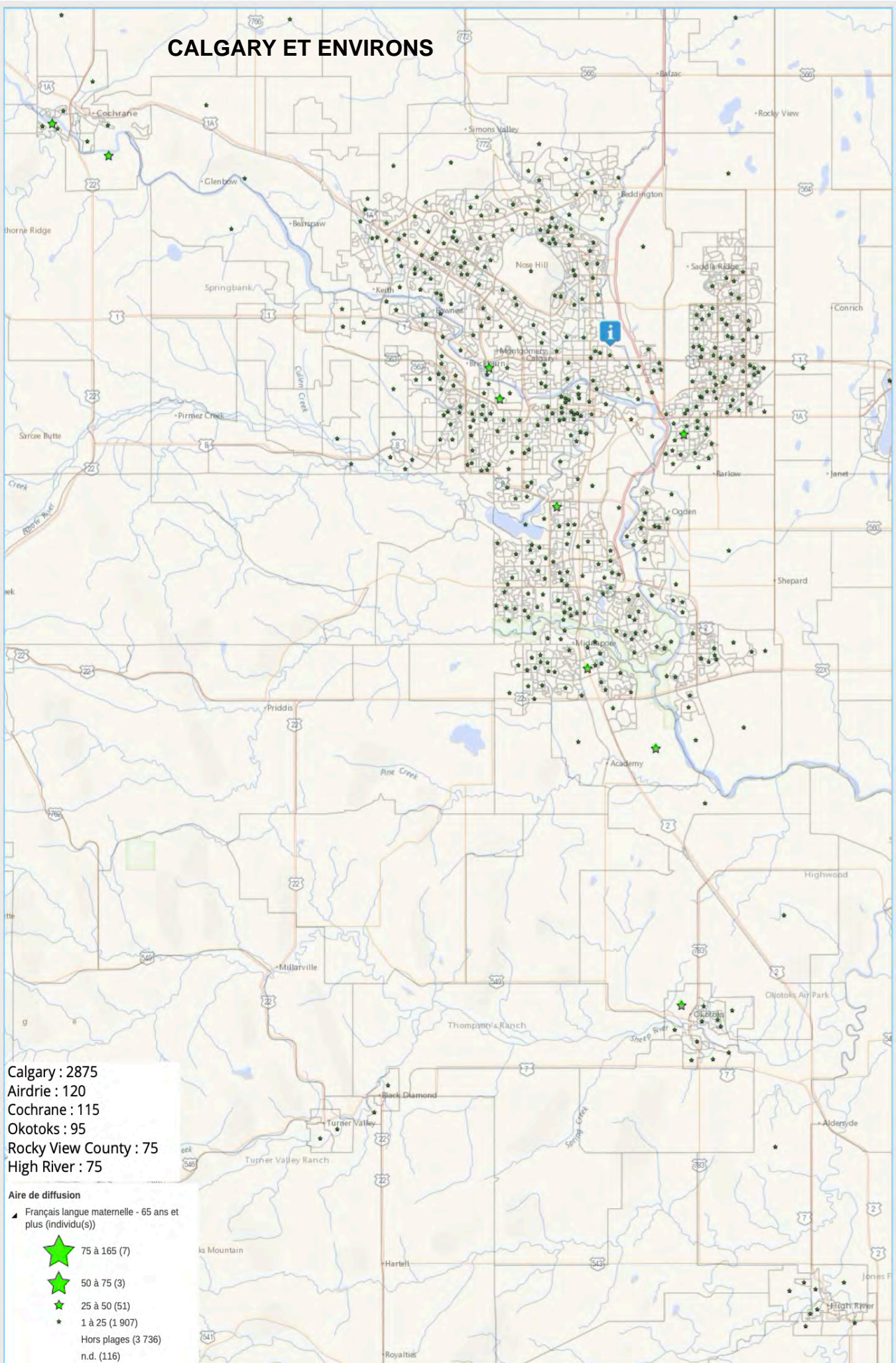
Edmonton	: 3 625
Strathcona County	: 445
Fort Saskatchewan	: 115
Saint-Albert	: 705
Morinville	: 165
Legal	: 70
Westlock County	: 75
Sturgeon County	: 170
Spruce Grove	: 180
Stony Plain	: 105
Beaumont	: 115
Leduc	: 120
Leduc County	: 50
Parkland County	: 120

Aire de diffusion

▲ Français langue maternelle - 65 ans et plus (individu(s))

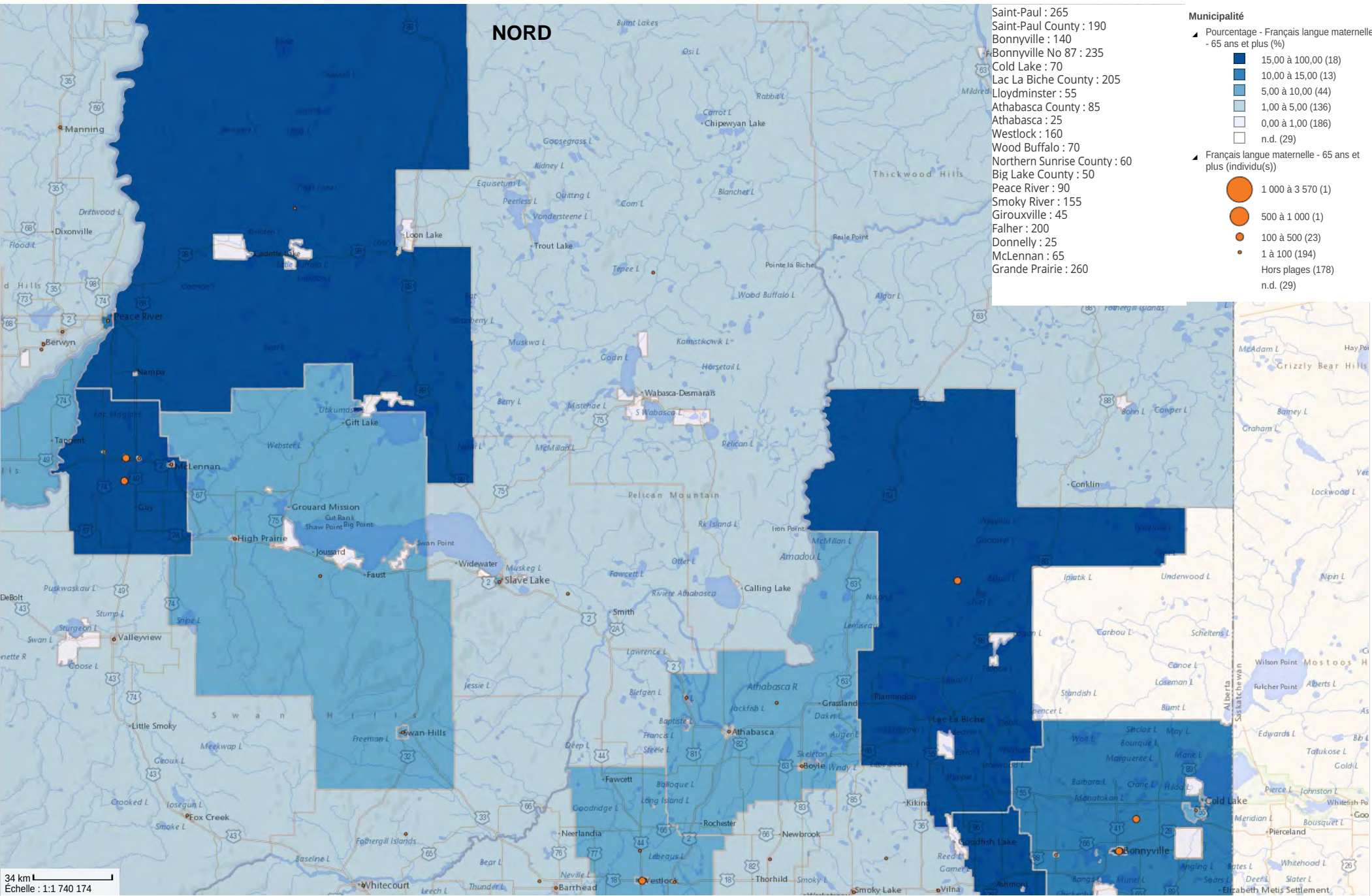
-  100 à 200 (5)
-  75 à 100 (2)
-  15 à 75 (202)
- 1 à 15 (1 759)
- Hors pages (3 736)
- n.d. (116)

CALGARY ET ENVIRONS

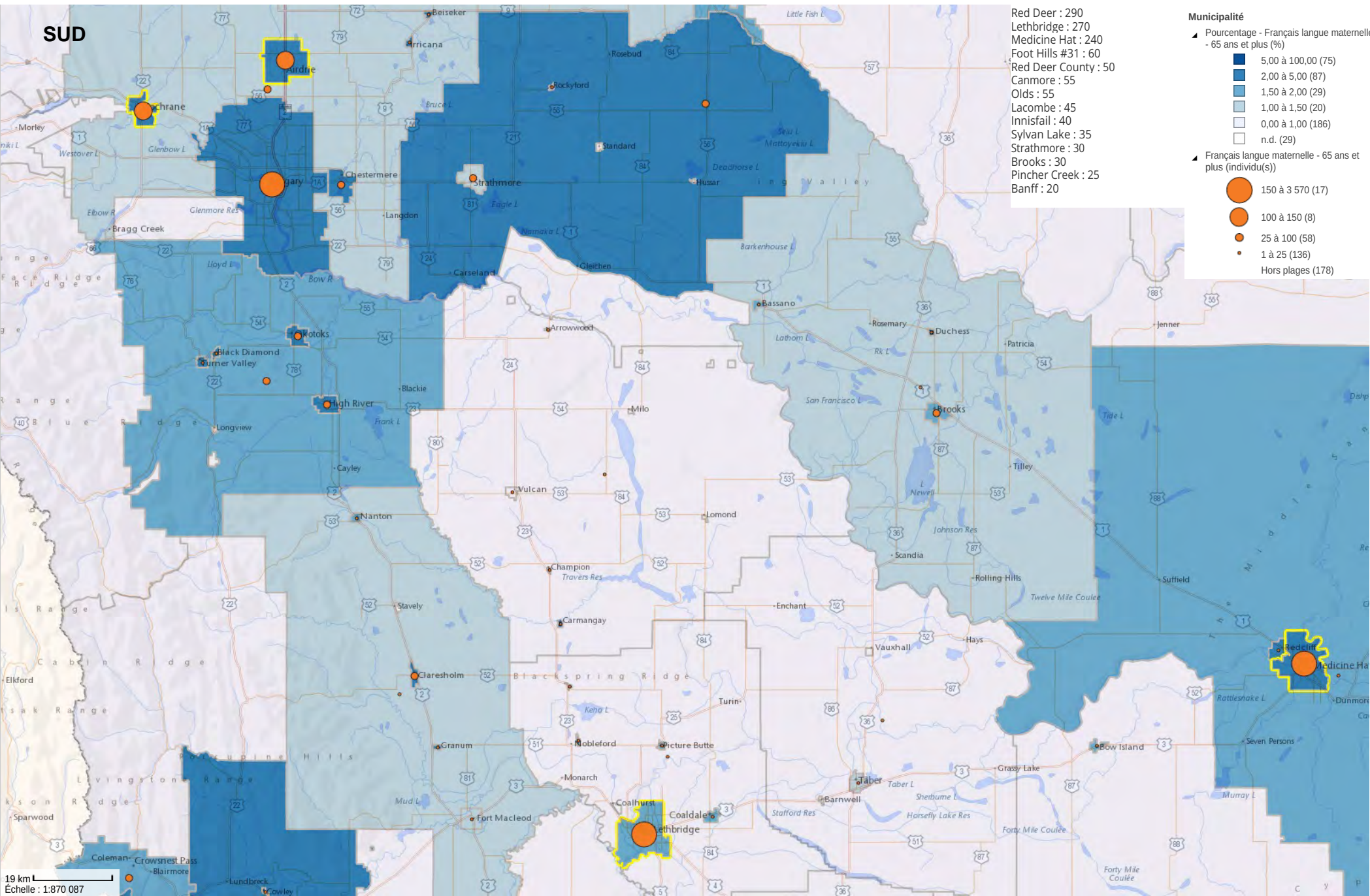


Calgary : 2875
 Airdrie : 120
 Cochrane : 115
 Okotoks : 95
 Rocky View County : 75
 High River : 75

- Aire de diffusion**
- ▲ Français langue maternelle - 65 ans et plus (individu(s))
 - ★ 75 à 165 (7)
 - ★ 50 à 75 (3)
 - ★ 25 à 50 (51)
 - ★ 1 à 25 (1 907)
 - Hors plages (3 736)
 - n.d. (116)



SUD



Red Deer : 290
 Lethbridge : 270
 Medicine Hat : 240
 Foot Hills #31 : 60
 Red Deer County : 50
 Canmore : 55
 Olds : 55
 Lacombe : 45
 Innisfail : 40
 Sylvan Lake : 35
 Strathmore : 30
 Brooks : 30
 Pincher Creek : 25
 Banff : 20

Municipalité

▲ Pourcentage - Français langue maternelle - 65 ans et plus (%)

- 5,00 à 100,00 (75)
- 2,00 à 5,00 (87)
- 1,50 à 2,00 (29)
- 1,00 à 1,50 (20)
- 0,00 à 1,00 (186)
- n.d. (29)

▲ Français langue maternelle - 65 ans et plus (individus(s))

- 150 à 3 570 (17)
 - 100 à 150 (8)
 - 25 à 100 (58)
 - 1 à 25 (136)
- Hors plages (178)



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Parcours santé 18 | 23
Passer à l'accès

Démographie des enfants francophones 0 à 19 ans – 4 régions

Edmonton region						
#	Municipalité	0 à 4	5 à 9	10 à 14	15 à 19	0 à 19
1	Edmonton	1025	1005	890	950	3870
2	Beaumont	45	50	40	25	160
3	Strathcona C	65	75	95	85	320
4	Fort Saskatch	25	15	15	20	75
5	Sturgeon Cou	30	30	30	35	125
6	Saint-Albert	65	80	110	90	345
7	Gibbons	5	0	0	0	5
8	Bon accord	0	0	5	5	10
9	Morinville	10	15	10	10	45
10	Redwater	5	0	0	0	5
11	Legal	10	10	10	15	45
12	Spurce Grove	30	40	25	20	115
13	Stony Plain	10	15	20	30	75
14	Parkland Cou	20	20	15	15	70
15	Lac Ste. Ann	0	0	5	5	10
16						0
17						0
18						0
19						0
Total		1345	1355	1270	1305	5275

Calgary West & South West region						
#	Municipalité	0 à 4	5 à 9	10 à 14	15 à 19	0 à 19
1	Calgary	1000	1075	1030	1025	4130
2	Rocky View C	15	10	35	35	95
3	Airdrie	80	105	75	85	345
4	Cochrane	40	30	25	30	125
5	Bighorn No.8	10	5	5	0	20
6	Canmore	40	55	35	35	165
7	Banff	15	0	0	10	25
8	Tsuu T'ina N	0	0	0	5	5
9	Chestermere	10	5	15	0	30
10	Foothills No.	10	15	15	10	50
11	Okotoks	20	20	40	10	90
12	Black Diamo	0	0	5	0	5
13	Turner Valle	0	0	5	0	5
14	High River	10	5	5	10	30
15						0
16						0
17						0
18						0
19						0
Total		1250	1325	1290	1255	5120

North East region						
#	Municipalité	0 à 4	5 à 9	10 à 14	15 à 19	0 à 19
1	Wood Buffal	130	80	60	70	340
2	Lac la Biche	15	5	15	20	55
3	Athabasca Co	0	5	0	0	5
4	Westlock Co	0	5	0	10	15
5	Westlock	0	5	5	5	15
6	Smoky Lake	0	0	5	5	10
7	Thorhild Cou	0	5	0	0	5
8	St Paul Coun	30	20	25	35	110
9	St Paul	15	20	20	15	70
10	Bonnyville N	25	25	35	30	115
11	Vermilion	0	0	0	10	10
12	Bonnyville	10	15	15	10	50
13	Glendon	0	0	0	5	5
14	Cold lake	85	70	50	45	250
15	Vermilion Ri	0	0	0	5	5
16	Two Hills Co	0	0	0	10	10
17						0
18						0
19						0
Total		310	255	230	275	1070

North West region						
#	Municipalité	0 à 4	5 à 9	10 à 14	15 à 19	0 à 19
1	Grande Prair	60	80	70	75	285
2	Sexsmith	0	5	0	0	5
3	McLennan	0	5	0	0	5
4	Donnelly	0	0	5	5	10
5	Falher	5	15	15	20	55
6	Big Lake Cou	0	0	0	5	5
7	Noethern Su	20	15	10	20	65
8	Smoky River	25	30	35	40	130
9	Peace River	10	10	20	10	50
10	Northern Ligh	0	0	5	0	5
11	Grande Prair	10	15	15	30	70
12	Birch Hills Co	5	5	0	0	10
13	High Prairie	0	5	5	0	10
14	Greenview N	5	5	5	0	15
15						0
16						0
17						0
18						0
19						0
Total		140	190	185	205	720

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Démographie des enfants francophones 0 – 19 ans – 8 régions

Red Deer region						South & South East region						Edmonton region						Calgary West & South West region																									
#	Municipalité	0 à 4	5 à 9	10 à 14	15 à 19	0 à 19	#	Municipalité	0 à 4	5 à 9	10 à 14	15 à 19	0 à 19	#	Municipalité	0 à 4	5 à 9	10 à 14	15 à 19	0 à 19	#	Municipalité	0 à 4	5 à 9	10 à 14	15 à 19	0 à 19																
1	Ponoka	0	0	5	0	5	1	Lethbridge	40	45	45	40	170	1	Edmonton	1025	1005	890	950	3870	1	Calgary	1000	1075	1030	1025	4130																
2	Ponoka	5	0	0	5	10	2	Lethbridge County	5	0	0	0	5	2	Beaumont	45	50	40	25	160	2	Rocky View Cnty	15	10	35	35	95																
3	Lacombe county	0	0	5	10	15	3	Medicine hat	10	15	25	20	70	3	Strathcona County	65	75	95	85	320	3	Airdrie	80	105	75	85	345																
4	Lacombe	5	10	5	10	30	4	Brooks	15	15	20	15	65	4	Fort Saskatchewan	25	15	15	20	75	4	Cochrane	40	30	25	30	125																
5	Sylvan Lake	5	5	5	10	25	5	Wheatland County	0	0	5	5	10	5	Sturgeon County	30	30	30	35	125	5	Bighorn No.8	10	5	5	0	20																
6	Penhold	5	0	0	0	5	6	Strathmore	5	5	5	5	20	6	Saint-Albert	65	80	110	90	345	6	Canmore	40	55	35	35	165																
7	Red Deer County	5	0	5	5	15	7	Drumheller	0	0	0	5	5	7	Gibbons	5	0	0	0	5	7	Banff	15	0	0	10	25																
8	Red Deer	60	60	55	55	230	8	Newell County	5	5	0	5	15	8	Bon accord	0	0	5	5	10	8	Tsui T'ina Nation 145	0	0	0	5	5																
9	Blackfalds	15	15	5	5	40	9	Cypress County	5	5	0	0	10	9	Morinville	10	15	10	10	45	9	Chestermere	10	5	15	0	30																
10	Innisfail	5	5	0	0	10	10	Redcliff	5	5	0	0	10	10	Redwater	5	0	0	0	5	10	Foothills No.31	10	15	15	10	50																
11	Bowden	0	0	0	5	5	11	Warner County No.5	0	0	0	5	5	11	Legal	10	10	10	15	45	11	Okotoks	20	20	40	10	90																
12	Mountain View county	5	0	0	5	10	12	Raymond	0	5	0	5	10	12	Spurce Grove	30	40	25	20	115	12	Black Diamond	0	0	5	0	5																
13	Olds	0	5	5	0	10	13	Cardston County	0	5	5	0	10	13	Stony Plain	10	15	20	30	75	13	Turner Valley	0	0	5	0	5																
14	Disburg	0	5	0	0	5	14	Cardston	0	5	0	0	5	14	Parkland County	20	20	15	15	70	14	High River	10	5	5	10	30																
15	Cremona	0	0	5	0	5	15	Blood 148	0	5	5	0	10	15	Lac Ste. Anne Cty	0	0	5	5	10	15						0																
16	Carstairs	0	5	0	0	5	16	Pincher Creek No.9	0	0	0	5	5	16							16							0															
17	Dayslands	0	0	0	5	5	17	Pincher Creek	5	10	10	25	50	17							17							0															
18	Rocky mountain House	5	10	0	5	20	18		0	0				18							18							0															
19	Caroline	0	0	5	0	5	19		0	0				19							19							0															
Total						115	120	100	120	455	Total						95	125	120	135	475	Total						1345	1355	1270	1305	5275	Total						1250	1325	1290	1255	5120

East Central region						West Central region						North East region						North West region																									
#	Municipalité	0 à 4	5 à 9	10 à 14	15 à 19	0 à 19	#	Municipalité	0 à 4	5 à 9	10 à 14	15 à 19	0 à 19	#	Municipalité	0 à 4	5 à 9	10 à 14	15 à 19	0 à 19	#	Municipalité	0 à 4	5 à 9	10 à 14	15 à 19	0 à 19																
1	Lloydminster	15	0	10	5	30	1	Jasper	15	15	10	15	55	1	Wood Buffalo	130	80	60	70	340	1	Grande Prairie	60	80	70	75	285																
2	Edgerton	0	0	0	5	5	2	Hinton	10	5	5	5	25	2	Lac la Biche	15	5	15	20	55	2	Sexsmith	0	5	0	0	5																
3	Wainwright No.6	10	15	10	15	50	3	Edson	0	0	0	15	15	3	Athabasca County	0	5	0	0	5	3	McLennan	0	5	0	0	5																
4	Wainwright	20	5	0	10	35	4	Onoway	0	0	5	0	5	4	Westlock County	0	5	0	10	15	4	Donnelly	0	0	5	5	10																
5	Beaver County	0	0	0	5	5	5	Mayerthorpe	5	0	0	0	5	5	Westlock	0	5	5	5	15	5	Falher	5	15	15	20	55																
6	Mannville	0	5	0	0	5	6	Whitecourt	5	10	5	15	35	6	Smoky Lake	0	0	5	5	10	6	Big Lake County	0	0	0	5	5																
7	Vegreville	5	0	0	0	5	7	Yellowhead County	0	5	10	5	20	7	Thorhild County	0	5	0	0	5	7	Noetherm Sunrise County	20	15	10	20	65																
8	Camrose County	0	5	0	0	5	8	Greenview No.16	5	5	5	0	15	8	St Paul County No.19	30	20	25	35	110	8	Smoky River No.130	25	30	35	40	130																
9	Camrose	5	5	0	0	10	9	Grande Cache	0	5	5	5	15	9	St Paul	15	20	20	15	70	9	Peace River	10	10	20	10	50																
10	Wetaskiwin	5	5	0	10	20	10	Drayton Valley	10	0	5	0	15	10	Bonnyville No.87	25	25	35	30	115	10	Northern Light County	0	0	5	0	5																
11	Wetaskiwin County No.11	5	0	5	5	15	11							11	Vermilion	0	0	0	10	10	11	Grande Prairie County No.1	10	15	15	30	70																
12	Leduc County	15	15	0	20	50	12							12	Bonnyville	10	15	15	10	50	12	Birch Hills County	5	5	0	0	10																
13	Leduc	40	20	20	20	100	13							13	Glendon	0	0	0	5	5	13	High Prairie	0	5	5	0	10																
14	Millet	5	0	0	0	5	14							14	Cold lake	85	70	50	45	250	14	Greenview No.16	5	5	5	0	15																
15	Calmar	0	0	0	5	5	15							15	Vermilion River County	0	0	0	5	5	15						0																
16							16							16	Two Hills County No.1	0	0	0	10	10	16						0																
17							17							17							17							0															
18							18							18							18							0															
19							19							19							19							0															
Total						125	75	45	100	345	Total						50	45	50	60	205	Total						310	255	230	275	1070	Total						140	190	185	205	720

Resumé					
	0 à 4	5 à 9	10 à 14	15 à 19	0 à 19
Red Deer Region	115	120	100	120	455
South & South east regions	95	125	120	135	475
Edmonton region	1345	1355	1270	1305	5275
Calgary & West and South West region	1250	1325	1290	1255	5120
East Central region	125	75	45	100	345
West central region	50	45	50	60	205
North East region	310	255	230	275	1070
North West region	140	190	185	205	720
Total selon la tranche d'age	3430	3490	3290	3455	13665

Source: Statscan 2016 survey

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