Healthcare in French outside Quebec

by Louise Marmen and Sylvain Delisle

Previous studies have shown that patients and healthcare providers communicate better when they both speak the same language.[1] It thus comes as no surprise that French-language minority communities are concerned about access to healthcare services in their own language. Many of these communities are aging and, according to some studies, their socioeconomic situations predispose them to greater health risks than those faced by the general population.[2]

1. Bowen, S. November 2001. *Language Barriers in Access to Health Care*. Study prepared for Health Canada.
2. Fédération des communautés francophones et acadienne du Canada (FCFA). 2001. *French Language Healthcare: Improving Access to French-Language Health Services*. Ottawa: FCFA. p. viii; Public Health Research, Education and Development Program (PHREDP). 2000. *Rapport sur la santé des francophones de l'Ontario*. Sudbury: PHREDP. p. 100.

CST What you should know about this study

This article uses data from the 2001 Census, collected from a 20% sample of Canada's households. The two-part question, newly included in 2001, asks about the language that is most often used and other languages that are used on a regular basis at work by individuals who were employed between January 1, 2000 and May 15, 2001. These data yield information on the pool of healthcare practitioners across Canada who provide services in French.

For the purposes of this article, "French speakers" are defined as individuals whose mother tongue[1] is French and who still speak this language, and those whose mother tongue is not French, but it is their first official language spoken.[2] These individuals make up the potential pool of healthcare users (referred to interchangeably as patients) who may require health services in French. "French-speaking practitioners" refers to healthcare providers who use French at work most often or on a regular basis.

The geographic regions employed in this article correspond to the geographic concepts used in the census. Major centres correspond to census metropolitan areas (CMAs) and census agglomerations (CAs). A "fringe" area is defined as one in which 5% or more of the total employed labour force that lives in its constituent municipalities works in a CMA or a CA urban core. A "remote" region is a municipality in which less than 5% of the total employed resident labour force works in a CMA or a CA urban core.

1. "Mother tongue" refers to the language first learned at home in childhood and still understood by the respondent at the time of the census. According to this definition, the respondent does not have to be able to speak the mother tongue language any more.
2. This variable represents the official language actually spoken by the person which, in most cases, was acquired first. It is based on three linguistic variables in the census: knowledge of the official languages, mother tongue and language spoken at home. For further information, see the 2001 Census Dictionary (Statistics Canada Catalogue no. 92-378-XIE).

Until quite recently, national-level information on the use of French in the workplace by healthcare practitioners was not available. The 2001 Census of Population, however, asked a new two-part question about the language used most often at work and other languages that are used regularly in the workplace.

Using data from the 2001 Census, this article examines the potential pool of healthcare practitioners who use French at work (most likely within the framework of their practice) as well as those who do not regularly use French in the workplace, but who have knowledge of that language. The paper focuses on two groups of "primary health care"[3] providers: general practitioners and nurses who work in the healthcare field.

CST In most provinces, French speakers are older than the general population

	Total population		French-speaking population[1]	
	'000	% aged 65 and over	'000	% aged 65 and over
Newfoundland and Labrador	508	12	2	14
Prince Edward Island	133	13	6	22
Nova Scotia	898	13	36	19
New Brunswick	720	13	241	13
Ontario	11,286	12	587	13
Manitoba	1,104	13	46	20
Saskatchewan	963	14	18	28
Alberta	2,941	10	66	13
British Columbia	3,869	13	71	16

1. Individuals whose mother tongue is French and who still speak this language, and those whose mother tongue is not French, but it is their first official language spoken.

Source: Census of Population, 2001.

French speakers older than overall population

French speakers (potential patients requiring service in French) include individuals whose mother tongue is French and who can still conduct a conversation in this language, as well as those whose first official language spoken is French, although it is not their mother tongue. Other than in New Brunswick, French speakers only represent a small proportion of the total population of the provinces and territories outside Quebec.

Not surprisingly, the most likely group to require healthcare services are seniors. Therefore, the higher the proportion of seniors in a group, the greater that group's demand for such services. In all provinces other than New Brunswick, the proportion of persons aged 65 and over is higher among French speakers than among the population as a whole (in New Brunswick it is the same at 13%). In Saskatchewan, seniors make up 28% of French speakers, twice the proportion in the general population (14%). A large gap also exists in Prince Edward Island (22% versus 13%, respectively), while in Ontario the difference is negligible (13% versus 12%).

The geographic distribution of French-speaking seniors varies depending on the province they live in. In some provinces, they are heavily concentrated in large urban centres (for example, 80% in Ontario, 84% in British Columbia), while in others the majority reside in fringe areas or remote regions (73% in Nova Scotia, 61% in New Brunswick). In provinces such as in Nova Scotia or New Brunswick, the concentration of individuals most likely to require healthcare services is therefore highest in the fringe and remote regions.

A substantial proportion of French-speaking seniors are unilingual French speakers, a situation that makes them all the more vulnerable in circumstances when healthcare services are not available in their language. In New Brunswick, unilingual individuals represented some 32% of the senior French-speaking population in 2001. In the remote regions of this province, their proportion was even higher (45%). In Ontario, 12% of this group was unilingual throughout the province as a whole, with 25% of them living in remote regions. In the other provinces, unilingual French seniors represented less than 4% of all senior French speakers.

In New Brunswick and Ontario the proportion of French-speaking healthcare providers corresponds to the proportion of French-speaking population

The access of French speakers to French-speaking practitioners can be estimated by comparing the proportion of French-speaking healthcare providers in the population to the proportion of French speakers. The

3. Shah defined this as care dispensed directly by a practitioner during the patient's initial contact with the system. Shah, C.P. 1998. *Public health and preventive medicine in Canada* (4th ed.). Toronto: University of Toronto Press. p. 385.

"relative density ratio"[4] indicates if the number of healthcare providers who work in French is proportionate to the number of French-speaking individuals. If the ratio is 1, the proportion of healthcare providers who work in this language corresponds to the proportion of French-speaking individuals. Then, assuming that the total number of practitioners is adequate to meet the needs of the overall population, the French-speaking population should be well-served. If the ratio is larger than 1, healthcare providers are proportionally more numerous than French-speaking clients and if the ratio is less than one, the opposite is true. For example, in Ontario the relative density ratio for general practitioners is 1.7; this implies that the proportion of French-speaking general practitioners is nearly twice as high as the proportion of French-speaking clients.

Among the provinces, only New Brunswick and Ontario have a relative density ratio greater than 1 for both the general practitioner and nurse categories. While the proportion of French-speaking general practitioners is greater than the proportion of French speakers in all provinces,[5] that of French-speaking nurses is lower in all provinces except New Brunswick and Ontario.

Some healthcare practitioners who do not use French at work did, nonetheless, indicate that they were able to conduct a conversation in French. Although not everyone who can converse in French is able to work in that language, there is a strong possibility that at least some portion of this group would be able to do so. Accordingly, the potential pool of French-speaking healthcare practitioners comprises those who use French at work as well as those who do not, but who are, nonetheless, able to conduct a conversation in French.

Including this group substantially increases, in all provinces except New Brunswick, (where practitioners able to conduct a conversation in French already seem to be practicing in this language) the number of French-speaking healthcare providers and, hence, this group's ability to meet the healthcare needs of their French-language clients. For example, in Alberta, the number of French-speaking general practitioners will then increase from 130 to 760 and in British Columbia from 140 to 975. However, if clients do not know how to find this additional group of practitioners or if these practitioners are not willing to provide services in French, the benefits might be quite limited.

In New Brunswick and Ontario, the proportion of French-speaking general practitioners and nurses exceeds that of the French-speaking population

	Relative density ratio	
	General practitioners	Nurses
Newfoundland and Labrador	F	F
Prince Edward Island	F	F
Nova Scotia	F	0.8
New Brunswick	1.1	1.3
Ontario	1.7	1.3
Manitoba	F	0.8
Saskatchewan	F	F
Alberta	1.4	0.4
British Columbia	1.4	0.3

F Too unreliable to be published.

Note: Ratios are not comparable between provinces.

Source: Census of Population, 2001.

Healthcare practitioners concentrated in urban areas

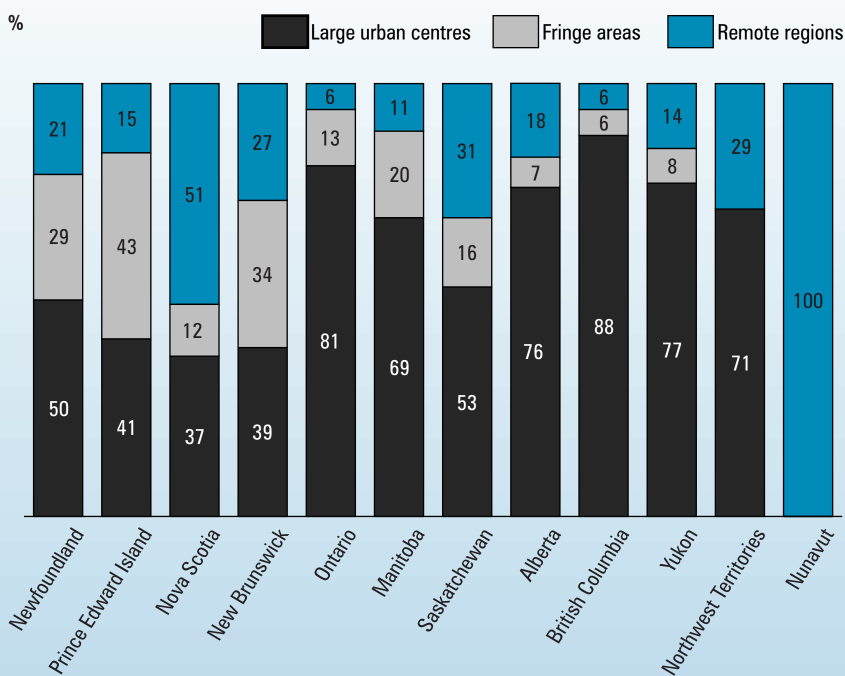
In general, people can only make use of the services of healthcare providers if these practitioners are located within an accessible distance. Because healthcare providers, including those who work in French, are highly concentrated in large urban centres, French speakers in these locations do have adequate access to healthcare practitioners — particularly general practitioners — in their own language.

In Ontario, 91% of French-speaking practitioners are located in urban centres, while in British Columbia and Alberta the proportions are 89% and 85%, respectively. Although in New Brunswick the proportion is lower (73%), it is still almost twice that of French speakers who reside in this province (39%).

However, in many provinces a notable proportion of French speakers tend not to live in large cities; they are more likely to reside in remote regions and fringe areas, and for them finding healthcare service in French may be more problematic.

4. For general practitioners in a given province, this ratio is determined by dividing the proportion of French-language general practitioners by the proportion of French speakers. For more on the relative density ratio, see Robichaud, J.-B. 1986. *Objectif 2000. Vivre en santé en français au Nouveau-Brunswick. Le système de services de santé*, vol. 2. Moncton: Éditions d'Acadie. p. 176.
5. Because of small sample sizes in some provinces, data must be used with caution.

CST In the eastern provinces, French speakers are concentrated outside large urban centres



Source: Census of Population, 2001.

For example, in eastern Canada, the proportion of French speakers who live in remote regions or fringe areas ranges from 50% in Newfoundland to 63% in Nova Scotia. In the remaining provinces, these proportions are lower, but in some cases, still substantial. In Saskatchewan, for instance, 47% of French speakers live in remote or fringe regions, as do 33% in Manitoba and 25% in Alberta. In contrast, in Ontario, Alberta and British Columbia, the majority of French speakers reside in large urban centres (81%, 76% and 88%, respectively).

However, even in provinces where the majority of French speakers live in large urban centres, the distribution of practitioners to clients can be problematic. For example, in Metropolitan Toronto, general practitioners who work in French in the Metropolitan Toronto area are highly concentrated in certain cities such as Toronto, Mississauga, Richmond Hill and Brampton, while nearly one quarter of French speakers live outside these cities. French speakers in these locations have easier access to health care in French, a situation not necessarily shared by those outside these areas.

Practitioners who do not work in French but are able to converse in that language are also more concentrated in large urban centres. Therefore, including them in the pool of available French-speaking practitioners does not change the regional distribution of this group.

Summary

Members of French-speaking communities outside Quebec are older than the overall population in all provinces except New Brunswick. In New Brunswick and Ontario only, the relative density ratio for French-speaking general practitioners and nurses is at least one, suggesting that as long as the number of practitioners is adequate to meet the needs of the overall population, the pool of French-language practitioners is sufficient to serve French-speaking clients.

However, an adequate number of French-speaking practitioners within a province is not enough — healthcare providers also have to be conveniently located for patients to be able to take advantage of their services. In the eastern provinces, French-speaking communities tend to be located in the fringe areas and remote regions, while healthcare providers are highly concentrated in large urban centers. And even in provinces where French-speaking communities are more likely to be located in urban centers, French speakers do not necessarily live in cities where French-speaking practitioners are highly concentrated.

The presence of practitioners who do not use French at work but are able to conduct a conversation in that language could increase the pool of French-speaking practitioners. However, these healthcare providers are not always inclined to use French at work and, even if they do, French-speaking patients need to be aware of their existence and know where to find them.

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