

The Principle of Equitable Access: Definition, Discussion and Implementation

Context

- On February 14, 2024, the governments of Canada and Manitoba announced more than \$633 million in funding to improve health care in Manitoba.
- Through the [Working Together agreement](#), the Government of Canada will provide nearly \$434 million to support Manitoba's [three-year Action plan](#) to improve health care.
- The federal government will also provide approximately \$199 million through the [Aging with Dignity agreement](#), to support Manitoba's [five-year Action plan](#) to improve home, community and long-term care for seniors.
- These agreements contain statements of principle that governments commit to uphold, including *"equity of access for under-served groups and individuals, including those in official language minority communities. »*
- The agreements also contain commitments regarding official language minority communities, namely:
 - *"implement measures that also meet the needs of underserved and/or disadvantaged populations"*
 - *"Share available disaggregated data with CIHI [Canadian Institute for Health Information] and work with CIHI to improve availability of disaggregated data for existing and new common indicators to enable reporting on progress for underserved and/or disadvantaged populations"*
 - *"improving access to services in French. Consideration will be given to bilingual employee needs as a component of future health human resources planning and strategies as a part of efforts to increase the representation of Francophone and French-speaking health care providers."*

Why is the principle of equity of access important?

- More than one million people in Canada have French as their first official language spoken and live in a minority setting.
- The 2021 census shows that Manitoba has 112,115 French-speaking people spread across the province. This includes:
 - 74,215 people in the Winnipeg Health Region
 - 21,330 people in the Southern Health region
 - 7,575 people in the Interlake-Eastern Health Region

- 7,160 people in the Prairie Mountain Health Region
 - 1,835 people in the Northern region
- Although the demographic weight of French is declining in Canada, which requires targeted interventions by all pillars of government, the absolute number of Francophones is growing in Manitoba, thanks in part to immigration and the growing demand for French immersion school programs, among others.
- The most recent consultations indicate that two-thirds of Francophones in minority communities have inadequate access to quality health services in French.¹
- When language barriers exist, the quality and safety of health services decreases significantly. This has been demonstrated by research on numerous occasions.²
- The consequences of language barriers can be serious, in some cases leading to death. Here are a few examples:
 - *In 2024, an Ottawa man hospitalized with dementia is unable to communicate with health care providers in English and continues to be served in English by the vast majority of staff, despite numerous complaints from his family.*
 - *Following a misunderstanding due to linguistic discrepancy, a Francophone in Northern Ontario is amputated on the wrong leg.*
 - *Following a hospital stay for serious mental health reasons, a French-speaking immigrant is released from a hospital in Saskatchewan without any follow-up or information for his loved ones or community. Alone and isolated, he ends his life shortly afterwards.*
 - *During a health incident in Alberta, a doctor mistook the inability of a French-speaking senior to express himself in English for confusion, further complicating the situation.*
- According to a July 2022 study by the *Canadian Medical Association Journal*, the mortality rate is reduced by 24% when Francophones in Ontario receive care in their mother tongue.

How do we define equitable access?

¹ See Léger (2020).

² See Gauthier, H., and Reid, M.-A. (2012), Seale et al. (2022), De Moissac, D., & Bowen, S. (2019), Société Santé en français. (September 2022), among others.

The Société Santé en français and its 16 member networks, including Santé en français, have been working for many years to ensure equal and equitable access to French-language health services, including in the historically bilingual province of Manitoba. This is a long-term project that requires that the provincial government's commitment to systemic change be well supported and strengthened.

The implementation of a *principle of equity in access* requires that we first define this concept and the conditions necessary to achieve it. Thus, the principle of equity of access is fundamentally aimed at ensuring that each individual has the opportunity to access the necessary resources or services based on their specific needs, rather than providing the same service to everyone, regardless of individual differences. More concretely, this may involve providing additional support to those who need it most to ensure that every person can enjoy equal opportunities for well-being. Equity of access is therefore closely linked to the removal of systemic barriers, including linguistic, cultural and attitudinal barriers, as well as to the principles of justice and [social responsibility](#), among others.

According to the *Official Languages Recognition Program* launched by Accreditation Canada in 2022, five main conditions must be met in order to achieve equitable access to services in both of Canada's official languages:

1. Health service providers actively offer health services in both official languages;
2. Health information is available in both official languages;
3. A person's chosen official language for obtaining health services is captured and recorded in the appropriate records;
4. Health services are accessible and offered in both official languages;
5. Information on the health needs of official language minority communities (OLMCs) is collected and used to inform decision-making.

In addition, one of the most fundamental conditions is that of "by and for," that is, the recognition that Francophones are by far the best placed to meet their own health needs. Equitable treatment of OLMCs therefore requires working directly with the community and the organizations that provide direct and indirect services to them, and consulting and including them in decision-making related to equitable access.

Health equity for Francophone communities, including Manitoba's French-speaking community

In order to support its government partners while waiting for these conditions, Société Santé en français and its 16 member networks propose 5 possible solutions.

- 1. Adopting provincial strategies to integrate the active offer of services.**
- 2. Making health information available in both official languages.**
- 3. Adding the preferred official language for health services to user files.**
- 4. Collecting relevant data that strengthens the service offering.**
- 5. Strengthening the offer of French-language health services across the continuum.**

1. Adopting provincial strategies to integrate the active offer of services

- It is recognized that many people do not ask for services in their language. They thus expose themselves to increased risks, often involuntarily.
- Several phenomena explain this situation, such as a lack of knowledge about the services available in their official language, the desire not to disrupt, the feeling that people will wait much longer for services in their language or having had a negative experience in the past.
- A proven solution to this issue is the active offer of services.
- The active offer of services is a recognized practice that increases linguistic concordance in health and is already integrated into several health training programs.
- Active offer of services means that quality health services available in French are offered proactively, that is, they are clearly announced, visible and easily accessible at all times.

Implementation Strategies

- Establish a strategy for implementing services that are culturally and linguistically appropriate to the context of Manitoba's Francophone community, while treating active offer in the minority language as an intrinsic value to good service, rather than a requirement that health care providers must simply comply with.
- Continue human resources planning and the implementation of the provincial strategy for bilingual human resources by systematically integrating a French-language services lens and ensuring alignment with the implementation of the Provincial Multi-Year Strategic French Language Services (FLS) Plan and other relevant plans.

- Provide training for the active offer of health services in the workplace with recognized professional development credits and include the concept of active offer in existing health training programs.
- Update Manitoba's bilingualism model to promote improved planning for designated bilingual positions, and continue with the reorganization of the system to promote expanded access to services.

Related indicators

- % of service points that actively offer services
- % of human resources trained in active offer of bilingual services
- % of satisfaction of users who have received an active offer of services

Available Resources

Active offer training: The training, available in English and French, is intended for anyone who works or studies in the health sector or related field.

Common Position Statement on Active Offer of Services (French only): This document establishes the relevance of active offer of services, provides our understanding of active offer in relation to the needs of Francophone and Acadian minority communities, identifies the roles and responsibilities of our partners in its implementation, and highlights our commitment to collaborate with our partners in the implementation of active offer of services.

2. Making health information available in both official languages

- The lack of quality information in French is continually identified as a health barrier experienced by Francophones living in minority communities.
- Access to quality information in French increases the management of one's own health, increases healthy behaviours that reduce the incidence of health problems, and increases trust in our health systems.
- Adapting the tools to a minority community is more than just a translation.
- The use of ancillary means of services, such as simultaneous interpretation, tends to diminish the quality of services and the user experience, and should not be seen as an ideal solution.

Implementation Strategies

- Continue building on the architecture of service plans put in place by service delivery organizations and approved by the province as levers to promote the dissemination of health information in French.
- Identify bilingual health professionals by taking advantage of advances in data collection, among other things.
- Promote and publicize available services.
- Hold consultations with Manitoba's Francophone community to find out what their needs are as it relates to the promotion of services.
- Adapt all health communication products for a French-speaking audience, including translation and adjustment of content according to the minority context.

Related indicators

- Number of health communication products available in both official languages.
- % of satisfaction of OLMC users with the information available.

3. Adding the preferred official language for health services to user files.

- Health service planning requires a good understanding of the needs of the populations served.
- The collection of the language variable, i.e., data on the language of users and their language preferences in terms of health services, is a proven way to collect reliable population data.
- This information can be collected at the provincial level by adding the data to the forms for obtaining a health card, or collected at a point of service and then added to the user's file.
- Prince Edward Island has already completed this work and can serve as a benchmark for Manitoba, which is currently developing a new health card, opening a window of opportunity for adding the variable to user records.

Implementation Strategies

- Use the new health card as a lever for collecting the language variable and add it to users' records
- Work with the Manitoba Centre for Health Policy, among others, to implement a data disaggregation strategy to continue to integrate the language variable into the data collected on the needs of Manitobans and to identify the Francophone population(s) in Manitoba's health system

- Leverage the integration of data collected via the health card, the census and the SAP software regarding the demand for French-language health services, as well as the bilingual capacity to meet demand, in order to perfect the planning of French-language health services.

Related indicators

- Number of people in each region served, by first official language spoken and understood, as a result of an active offer of services.
- Number of people who require health services in French as a result of an active offer of services in both official languages.

Available Resources

Prince Edward Island Health Card: The province has added the language variable to the patient information collected through the health card, which allows it to better plan services to its population.

4. Collecting relevant data that strengthens the service offering.

- The lack of clear information on health services available in French is frequently noted by the Francophone population as a significant barrier to access.
- Language skills that are not captured, known or valued mean that available resources are underutilized.
- In order to strengthen the collection of data provided for in the bilateral agreements and to make progress towards equity in access to both official languages, the collected data must be broken down by language.
 - A list of the data indicated in the bilateral agreements and the associated language-specific issues are available in the appendix.

Implementation Strategies

- Systematically collect the language of health services.
- Implement a standardized provincial approach for the assessment of language skills and the identification of continuing education avenues.
- Use language data in the planning of new health services to respond to identified needs.
- Normalize access to data, whether for the identification of French-speaking patients, the identification of bilingual staff (via SAP) or other.

- Identify the bilingual student population in English-language educational programs in order to promote the recruitment and training of the next generation of bilingual students.
- Leverage the expertise of OZi, an organization specialized in data collection, as well as collected human resources data to deepen understanding of the capacity of health professionals and service providers to offer and deliver services in both official languages, as well as to support the planning of these resources based on the needs identified by the OZi project, among others.

Related indicators

- Number of institutions that systematically capture the capacity of professionals and suppliers to deliver and offer services in French.
- Percentage of professionals and providers whose language capabilities are known and for whom training avenues are identified.
- Number of professional orders that display the languages of service of their members.

Available Resources

OZi: OZi has become a key reference in the field of data and services in French, right across Canada. OZi has supported several provinces and territories in the collection and use of language data to support decision-making in health, including in Manitoba.

5. Strengthening the offer of French-language health services across the continuum.

- The increase in the supply of health services depends on several factors:
 - Identification of the patient's chosen official language (of need)
 - Identification and availability of health professionals capable of providing quality health services in French.
 - Implementation of a matching strategy between users and professionals who speak the same language.
 - Promoting the use of official languages in the workplace and retaining staff capable of providing services in French.
 - Training of French-speaking health professionals.
- Certain types of services, such as mental and primary health, are particularly vulnerable to language barriers and must therefore be prioritized.

Implementation Strategies

- Implement service delivery models that aim to match available language resources with the needs of the population.
- Promote the adoption of Accreditation Canada's Official Languages Recognition Program by health authorities and designated Francophone and bilingual institutions in Manitoba.
- Promote the establishment of internship placements in bilingual environments.
- Promote awareness at the provincial level of the impact of professional orders' requirements regarding the recognition of foreign diplomas.
- Deepen the structures for collaboration and consultation between the Francophone community and decision-makers in health, always by placing patients at the centre of initiated approaches.
- Establish the permanent structure to continue support for "Francophone Health" within Shared Health
- Ensure that a Francophone lens is always applied to Manitoba's Skills, Talent and Knowledge Strategy and that the French-language education continuum is strengthened to ensure that Manitoba produces an adequate number of professionals to meet the needs of Manitoba's Francophonie.

Related indicators

- % of Francophones who report having been able to obtain their health services in the official language of their choice, as a result of an active offer.
- % of points of service that have established an inventory of available services by language.

Available Resources

- [eQUITY Link](#) : Combined with support provided directly by experts from the networks, the eQUITY Link platform guides health, social and/or community care planners and providers through the various steps to address language barriers and implement proven solutions.



A network of collaborative networks dedicated to increasing access to French-language health services

- Société Santé en français and the 16 French-language health networks, including Santé en français (Manitoba), have unparalleled expertise in French-language health in Canada. Through collaboration with health systems, we aim to increase access to French-language health services across Canada. A large number of proven tools, training and strategies are already available and can be put to use now.
- Santé en français is the spokesperson organization for Manitoba's Francophones on health-related matters. Thanks to its vast pan-Canadian network, it is very well positioned to play a strategic and unifying role in improving French-language health services and to promote and implement the principle of equity in access where it is possible and relevant to do so.
- Where Francophones live, Francophones work. Thousands of health care professionals across the country speak French, but do not use it in the workplace. This represents a largely underutilized potential.
- Santé en français is always ready to lend a hand to support any effort to expand equitable access in the minority language for the benefit of all French-speaking Manitobans.

Contact

Santé en français (Manitoba)
400 Taché Avenue, Suite 400, Winnipeg

Jérémie Roberge
Executive Director
jroberge@santeenfrancais.com

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Appendix 1 — Data provided for in bilateral agreements and key issues for Francophone and Acadian minority communities

The bilateral agreements present several indicators to be collected through the implementation of the agreement. Although these data are important, they do not have the same impact for Francophone communities as for the majority population and present certain issues.

Indicators already identified	Collection method	Issues for minority populations
The percentage of Canadians who report having access to a regular family health team, family doctor or nurse practitioner;	Population survey	Insufficient sampling
The magnitude of the backlog of surgeries caused by the COVID-19 pandemic;	Administrative Data Analytics (CIHI)	Patient language data not collected
The net number of new family physicians and nurses and nurse practitioners;	Analysis of professional order data combined with government data	Professionals' linguistic data not collected
The percentage of youth aged 12 to 25 with access to integrated mental health and substance abuse services;	Population survey, CIHI administrative data analysis, community data analysis	Insufficient sampling
The median wait time for community mental health and substance abuse services;	Analysis of administrative data (CIHI) and community provider data (wait times)	Patient language data not collected
The percentage of Canadians with mental health issues whose mental health needs are not being met;	Population survey, CIHI administrative data analysis, community data analysis	Insufficient sampling
The percentage of Canadians who can access their own health records electronically;	Population Survey, Administrative Data Analytics, CIHI	Insufficient sampling and uncollected patient language data
The percentage of family health service providers and other health professionals (e.g., pharmacists, specialists, etc.) who can share patient health information electronically.	Professional survey	Professionals' linguistic data not collected