

Francophones and Health Services



Summary Report of Collected Testimonies December 2023



LE RÉSEAU DU MIEUX-ÊTRE
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Context

Through its various commitments and projects, the *Réseau* has collected testimonials over the years on the experiences of Francophone clients and patients with French-language health services in the Northern Ontario region.

In reviewing the testimonials, we found that the same issues were raised by clients and patients year after year. We therefore felt it necessary to provide an overview of the difficulties encountered by Francophones in their interactions with the healthcare system. This document is a summary of the themes that emerged from the 52 testimonials we selected for this report.

These testimonials support our planning work by highlighting the reality of Francophones accessing healthcare services in Northern Ontario.

Themes and Challenges

The testimonials in this summary highlight the challenges Francophones face when seeking healthcare in their mother tongue. We have used equity and quality of access to healthcare as a lens to identify the three main themes. It's important to note that the themes identified are interchangeable and interrelated. If a challenge is mentioned under a specific theme, this does not mean that it is a stand-alone element and may not be considered when addressing the other challenges.

While there are many factors that can influence patient experience, those mentioned in this summary were identified as priority issues by those who shared their stories.

The three main themes are :

1. Access to French-Language Services

In the context of this theme, individuals identified the following challenges :

- 1.1. French-language services are not always available or take longer to obtain than those in English ;
- 1.2. Access to interpretation services is not consistent;
- 1.3. The nuances of the French language are sometimes an obstacle, as are regional expressions.

2. Quality of French-Language Services

The challenges identified under the quality theme are:

- 2.1. People feel stressed when they don't receive services in their language. in their own language;
- 2.2. People face linguistic or cultural prejudice;
- 2.3. People face language barriers.

3. Equity of French-Language Services

As for the equity of French-language services, people shared the following challenges:

- 3.1. Lack of active offer of services in French;
- 3.2. Information received only in English.

Looking at the challenges as a whole, we see an even distribution between challenges rated under equity and quality. There is a slight increase when people talk about access. Access to French-language services remains a priority for people in need of healthcare services. As mentioned earlier, equitable services are essential to guarantee quality care.

Themes

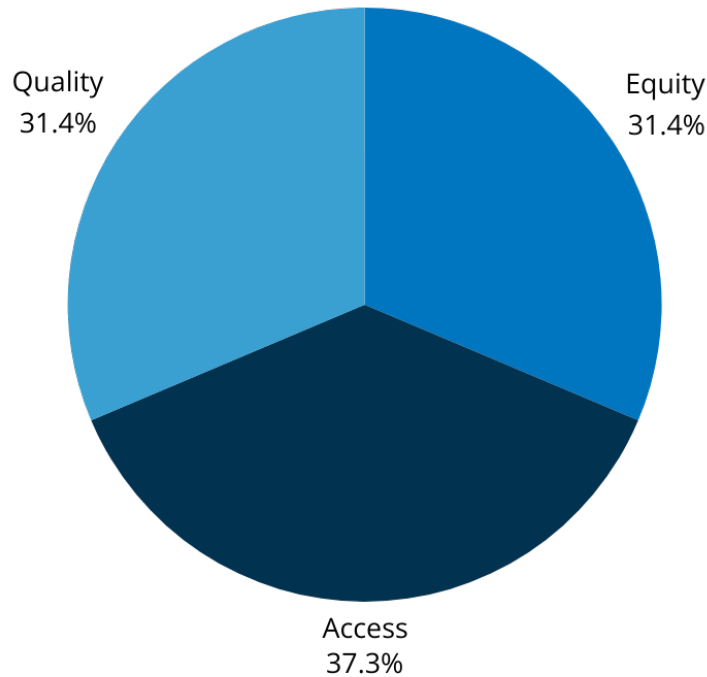


Table 1: Percentage of themes relating to access to healthcare, quality of care in French and equity of services in French from a qualitative analysis of 52 testimonials collected by the RMEFNO.

Main Themes

1. Access to French-Language Services

Access to health services in our language is an essential element in ensuring a good understanding of our state of health and managing our well-being. In all the testimonials reviewed for this summary, 37.3% of individuals shared difficulties accessing health services in French. We have identified three challenges that Francophones face in accessing French-language health services. These challenges include French-language services not always being available or taking longer to obtain than English-language services; access to interpretation services not being consistent; and the nuances of the French language sometimes being a barrier.

1.1. French-language services are not always available

The shortage of bilingual human resources has had a serious impact on the healthcare system. Health service providers often find themselves in the precarious position of not being able to meet the needs of Francophone clients or patients, as they do not have the staff to offer services in French, and as a result, those seeking services are faced with limited Francophone resources. Testimonies also reveal that some healthcare professionals have the ability to speak French, but may not always address their clients or patients in French, for fear of having to undertake an overload of work, or for fear of not being understood. The lack of coordinated Francophone human resources planning by government bodies and health service providers limits the implementation of measures to try and alleviate the situation.

Another factor that can influence access to care in French is the North's expansive geography. The distance between rural communities and urban centers often forces people to travel for health care because it is not available in their community.

Patient sent to Thunder Bay for hearing aids. The doctor prescribed hearing aids because he thought he was deaf, but he was Francophone and couldn't understand English.

A psychiatrist tells of his experience of having lost one of his Francophone patients to suicide after referring him to a designated Schedule 1 psychiatric facility and being told that French services would be available. He later learned from the family of the patient that services in French had not been available and the patient had been assessed as being safe to return home. This psychiatrist is now adamant about the need and the importance of French language services when he refers his patients for admission to a Schedule 1 psychiatric facility.

1.2. Access to interpretation services is not consistent

Increasingly, we're seeing the need for interpretation services to ensure access to French-language services. The shortage of bilingual healthcare professionals has undoubtedly brought this problem to the surface.

Access to interpretation services isn't as simple as it seems. Healthcare providers need to rely more heavily on interpretation services because the availability of French-speaking professionals is often limited. These services can be costly, posing a barrier to some individuals or providers who need them. The availability of interpreters is not always consistent, which can complicate regular access to French-language services.

"We had to wait over two hours for someone to translate. It was the longest moment of my life."

Some translation apps can be used in the absence of human interpreters, but they are no substitute for the accuracy and cultural sensitivity that a professional interpreter can offer.

In 21% of testimonials, patients' families found themselves in the awkward position of having to interpret between medical staff and patient. Using family members to interpret, especially in crisis situations, is not recommended. It can be stressful and inappropriate, especially when sensitive or medical information is at stake.

"Since my mother speaks very little English, she has to be accompanied 24 hours a day by a family member, putting an additional burden on the family. There have been many occasions when my mother has given the wrong answers to questions put to her."

"During triage admission with the nurse, my daughter would be asked questions and she wouldn't answer. She'd look at me and I'd translate the question for her, she'd answer in French, and I'd answer in English."

The only free interpretation service in Northern Ontario is offered through Accueil francophone de Thunder Bay. Unfortunately, Accueil's services are limited to the Thunder Bay area, and are offered both in person and online. Access to interpretation services for the Algoma region is primarily offered online.

1.3. The nuances of the French language

On the other hand, language nuances and regionalisms vary enormously from one region to another, which can sometimes lead to misunderstandings or unfamiliarity with certain expressions. Some expressions common in one region may be completely unknown or have a different meaning elsewhere. For example, a teacher asks his students, newly arrived in Canada, what they think *mal au coeur* means. The answer: to feel sad. For Franco-Ontarians, *avoir mal au cœur* (heart ache) means to feel nauseous. Francophone newcomers often face the challenge of trying to understand accents and communicate their needs with healthcare providers. These different accents can pose understanding challenges and create precarious situations for people in vulnerable situations.

When a healthcare professional or a client/patient comes from elsewhere, accents and pronunciation vary considerably. Even within the Franco-Ontarian community, vocabulary and accent can vary. It's important to note that despite the fact that only 6% of people identify language nuances as a challenge, it's crucial to be aware of them to avoid comprehension problems and misunderstandings. Linguistic nuances can play a significant role in everyday communication. These variations enrich the language but sometimes require an effort of understanding and adaptation for people from different regions. It's essential to remain alert and aware of these differences to ensure clear and respectful communication.

Access to French-language health services

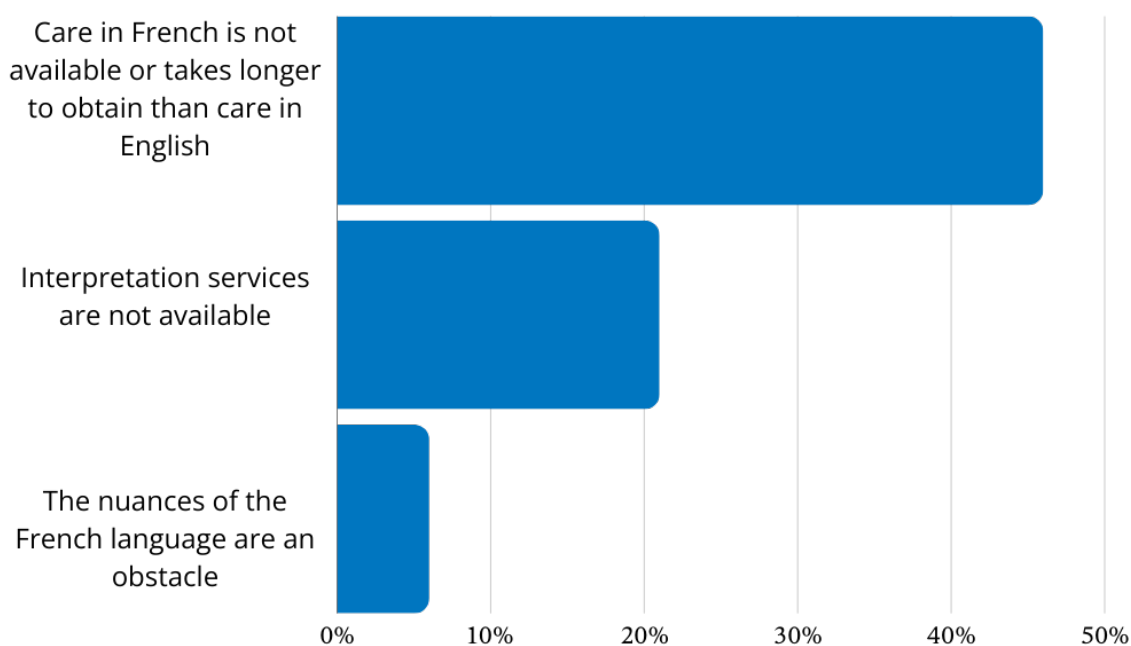


Table 2 : Percentage of testimonials highlighting difficulties in accessing health care services in French.

2. Quality of French-Language Services

When it comes to monitoring quality, the testimonials collected show that the quality of French-language services is not equivalent to those offered in English, resulting in patients or clients feeling stressed, facing linguistic or cultural prejudice or language barriers such as lack of understanding. 31.4% of people confirm that the quality of care is affected by the lack of French-language health services. The reality of the absence of an active offer leads to many difficulties for all concerned, notably because the client does not feel valued, which can lead to a lack of confidence in their medical journey, and make them more likely to require additional care.

2.1. People feel stressed when they don't receive services in their language

Francophone patients often feel stressed and frustrated when they don't understand the language used by healthcare professionals. Certain groups, such as the elderly, children and people in crisis situations, are particularly affected, since the mother tongue is more important in these moments of vulnerability. Immigrants whose first language is neither French nor English, but who are more comfortable speaking French, are also affected by the anxiety of not being understood. 33% of people said they had experienced stress, anxiety, frustration or discomfort when care was not available in French. The burden of requesting and re-requesting services in French is also exhausting and an added burden for individuals and caregivers when they need care. The inability to receive services in one's own language profoundly affects a person's well-being. It can diminish patients' confidence in the healthcare system, leading them to avoid seeking care or to feel a lack of security in the care they receive. These testimonials highlight the importance of ensuring equitable access to French-language healthcare services.

"I had a lot of stress and a lot of pain."

"It's already a stressful time because it was my first hospital experience since arriving in Canada."

"People don't know that I'm tired, stressed with everything I have to do as a caregiver. I'm tired of asking for services in French, especially from designated health service providers. And it's very frustrating to repeat the same requests."

2.2. People face linguistic or cultural prejudices

Adding to the difficulty of receiving health care services in French, patients sometimes face linguistic or cultural biases, which can have a negative impact on their care experience. We all have biases, whether we're aware of them or not, and these biases can have an impact on the way we interact with customers. Biases can lead people to make gestures or remarks that can be considered microaggressions or [symbolic violence](#). These are non-physical forms of violence that can take the form of discrimination, humiliation or prejudice towards an individual or group. 15% of people reported experiencing linguistic or cultural prejudice.

Common examples for Francophones are comments like "you speak Frenglish", or other criticism of the quality of their French, or "where are you from for real?", a kind of question often asked of visible minorities.

"The hardest part was listening to the comments of symbolic violence after explaining that my father only understands French. The English-speaking staff ignore me when I explain that my father only understands French and continue to speak to him in English, but louder, slower and in baby voice."

2.3. People face language barriers

Communication between the patient and their care team is important to ensure good quality of service. Patients who do not speak the same language as the healthcare professional may have difficulty explaining their symptoms, understanding diagnoses and following treatment instructions. These [language barriers](#) create obstacles in communication between individuals speaking different languages. In a healthcare context, the consequences can be severe and can jeopardize the well-being of both patient and healthcare professional. The language barrier becomes critical when individuals experience diminished mental capacity due to illness or aging, and their ability to communicate in their second language is no longer possible.

"A 90-year-old with acute deafness comes into the emergency room in extreme pain. He is admitted on the floor, and once there, he speaks and no one understands him, he speaks loudly, because he has deafness problems, and he speaks French. The English-only health care providers consider him to be incoherent, with dementia, and potentially aggressive because he speaks so loudly. They feel he is a danger to them and to himself, so he is tied to his bed. The patient spends much of the day tied up, with no one coming to see him, and if they do, they speak to him in English. It was later determined that the problem in this instance was a communication barrier related to the fact that the patient was Francophone and had no understanding of English, and that the staff were English-speaking only."

"In my mother's case, the first misdiagnoses began at the local hospital. If I hadn't insisted on sending her for tests in another town, she wouldn't be with us now. I sympathize greatly with the family. Language barriers in health care are not easy, even if you speak English. Care in our mother tongue is absolutely necessary!"

Although only 13% of people identified language barriers as a main obstacle, it's important to recognize that the other factors mentioned, such as service quality, stress and language bias, are often interconnected and can all be influenced by language barriers. It is therefore crucial to consider these interconnections when seeking to improve the accessibility and quality of services.

Quality of French-language health services

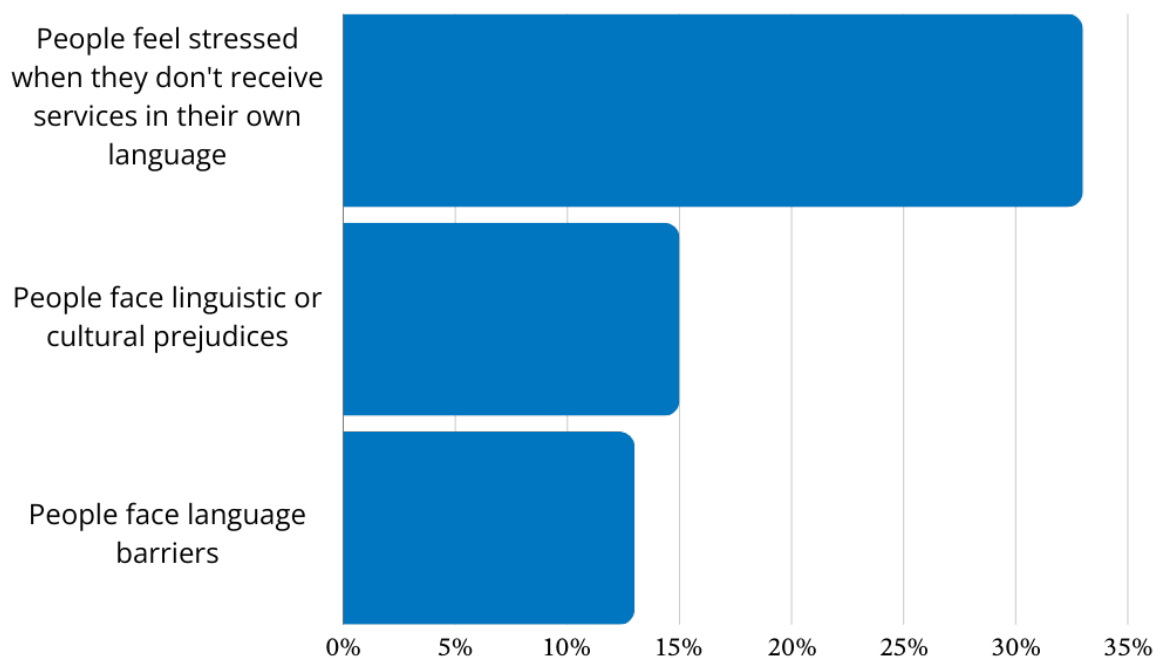


Table 3: Percentage of testimonials highlighting difficulties related to the quality of healthcare in French.

3. Equity of French-Language Services

Testimonials also highlighted concerns about the equity of French-language health care. 31.4% of individuals indicated that they had received services in English and that no offer had been made for services in French. Ensuring equity of service means that Francophones have access to the same levels of service as Anglophones, in their mother tongue. What's more, Northern Ontario's Francophone community is evolving with immigration and demographic dynamics. New Francophone arrivals bring a linguistic and cultural diversity that must be reflected in the services offered. This requires ongoing adaptation to meet the varied needs of this changing population.

Lack of equity in the provision of French-language services means that Francophones often have to specifically request services in French, which can be discouraging and doesn't always guarantee an adequate response. It also limits access to care and services, negatively impacting the quality of life of Francophones.

3.1. Lack of active offer of services in French

The lack of active offer can be attributed to a variety of factors, such as a shortage of bilingual staff, a lack of awareness or training on the importance of active offer, or inadequate institutional policies. Health service providers in designated regions or who serve a designated region have an obligation to provide an active offer of services in French. There is a [French Language Services Act](#) and an [Active Offer Regulation](#) that guarantees the right of Francophones to receive services in French. The fact that 42% of people say they have not received an active offer of services in French is worrying, and highlights that there are significant gaps in the provision of these services.

"A man has been in a long-term care home for about a year. He is in his room with a nurse from the home when a volunteer, noticing the client's Francophone name, speaks to him in French. The employee was speechless when he responded, specifying that since the resident's arrival at the home, she had been convinced he didn't speak, since he had never responded when addressed (in English) by the staff."

"A unilingual English-speaking doctor asks his Francophone patient a Do Not Resuscitate (DNR) question. The patient answers "yes, yes, yes". The son realizes that his father has probably misunderstood. He repeats the doctor's question back to him in French, and in fact the father replies, 'Non, non, non, if anything happens to me, I want to be resuscitated.' "

The responsibility for providing health care services in French and English rests with health care providers. When a patient is welcomed and followed throughout his or her medical journey in their own language, the service is equitable. This patient-centered approach empowers Francophones to take better charge of their health by having a greater understanding of their diagnoses, treatments, medications and everything else that affects their well-being.

3.2. Information in English only

A successful active offer requires the ability to provide customers with bilingual documentation to ensure that they are well informed and can fully understand the information provided. Providing documentation in both languages enables customers to make informed decisions about their health and care, by giving them access to all the necessary information. This includes actively providing bilingual documents to customers on arrival or during consultations, and ensuring that both French and English documents are easily accessible and clearly visible. 19% of people who testified said they had not received a bilingual document, making it difficult to fully understand the information shared with them.

"A young man is in hospital with an interpreter for a fairly serious infection in his leg. Later in the day, with the interpreter gone, the man is asked to sign a consent form for which he believes he is giving permission for further tests. He awoke from the procedure to find that his leg had been amputated. He refused to lodge a complaint due to the high level of trauma he had experienced and his embarrassment at having misunderstood. He just wanted to go home."

Equity in French-language health services

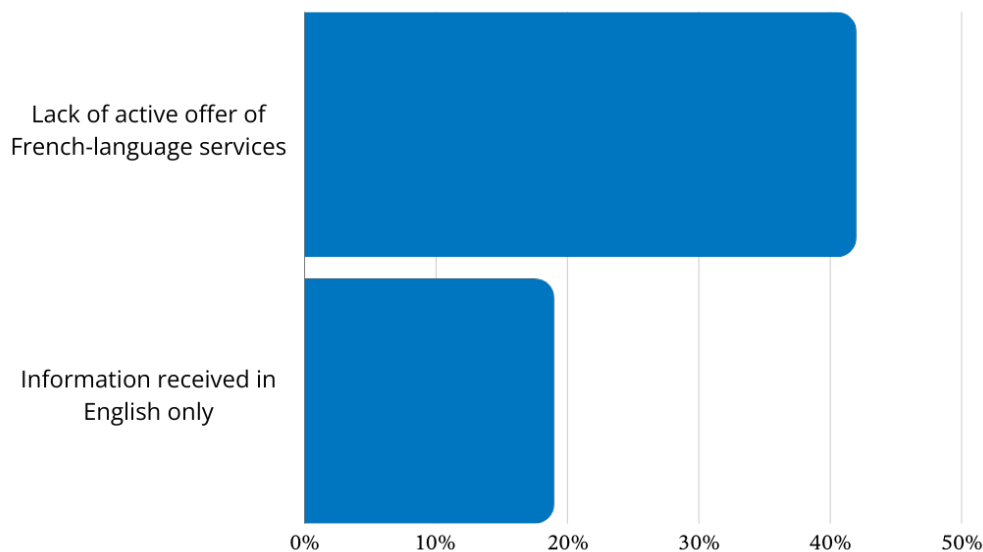


Table 3: Percentage of testimonials highlighting the lack of active offer.

Conclusion

This report enabled us to analyze the testimonials to identify recurring trends and issues. This analysis has highlighted the persistent challenges faced by Francophones in Northern Ontario when seeking to access health care services in French. The testimonials gathered reveal recurring issues related to access, quality and equity of French-language services. Access to French-language services remains a priority for Francophones, who frequently highlight the slow and uncertain availability of these services. Quality of care is also compromised by the lack of French-language services, leading to stress, frustration and mistrust among patients. The absence of active offer and bilingual documentation exacerbates inequalities, limiting access to crucial information and appropriate care.

Recognizing and addressing these challenges is essential to improving the experience of Francophones in the healthcare system. Commitment to active offer, ongoing training for healthcare professionals, and the expansion of interpretation services are essential measures to ensure clear and respectful communication, and thus quality and equitable care for all.

In conclusion, this report highlights the need for concrete, ongoing action to meet the specific needs of the Francophone community. By listening to and integrating patient stories, we can work together to create a more inclusive, equitable and accessible healthcare system for all Francophones in Northern Ontario.

Next Steps

Testimonials from members of the Francophone community are essential to understanding the real challenges they face in accessing French-language healthcare services. They help capture personal experiences, highlight specific issues and guide necessary improvements. With this in mind, the Réseau continues its engagement and planning work to ensure that the data is closely aligned with the experiences of Francophones in Northern Ontario. The stories shared serve to guide and inform our planning work.

Some courses of action to capture and strengthen the use of stories:

Engagement

- ❖ Question of the Month launched to give us an important insight into the realities of Francophones. The results of this month's questions will help us focus our work on the health issues that matter to Francophones in the region. Question results are available on our website.
- ❖ Adapt the way we engage Francophones to reduce disparities and promote equity and inclusiveness through a new community engagement strategy that better represents the Franco-Ontarian population.
- ❖ Gather stories and testimonials through our activities in the field.

Awareness and support

- ❖ Advise and support the healthcare system in the development and delivery of French-language health services through recommendations based on observations in the field and through community engagement sessions.
- ❖ Implementation of the Winning Strategies to Serve Francophone Clientele initiative, which aims to help all health service providers improve the quality of and access to French-language health services through six actions. Complete resources on Winning Strategies are available on the Réseau website.

Resources and tools

- ❖ Promoting [active offer training](#) and its complementary modules:
 - [Services Adapted to Francophone Clients in the Mental Health and Addictions Sector](#)
 - [Francophone Cultural Awareness in the Primary Care Sector](#)
 - [Culturally Appropriate Care for Francophones in Long-term Care Homes](#)
- ❖ Promotion of the [toolkit for caregivers of Francophones in long-term care or transitioning to long-term care](#).
- ❖ Promotion of the [Virtual Resource Kit for improving health services for Francophone immigrants in Ontario](#) as part of the project to follow up on the [The Active Offer of French Language Health Services to Francophone Immigrants in Ontario](#), a complementary module to the offre active training.

Data collection

- ❖ Annually measure and share key indicators of Winning Strategies with the respective Ontario Health Teams.