Health Canada Santé Canada

Final Report

Perceptions from Official Language Minority Communities : Access to Health Services in the Official Language of Choice

2020

Submitted to
Health Canada

Prepared by
Leger

Contract number: HT372-194222/001/CY
POR #077-19
Contract Value: $78,411.83 (HST included)
Awarded 2020-01-27
Project 14224-009
2020-03-31

Leger
507 Place d'Armes, Suite 700
Montréal, Québec
G1R 2K2
Phone: 514-982-2464
Fax: 514-987-1960

For more information on this report, please contact Health Canada at: hc.cpab.por-rop.dgcap.sc@canada.ca
Ce rapport est aussi disponible en français.

Canada

Perceptions from Official Language Minority Communities Access to Health Services in the Official Language of Choice

Final Report
Prepared for Health Canada
Supplier Name: Leger
March 2020

This public opinion research report presents the results of a web survey and online focus group discussions conducted by Leger Marketing Inc. on behalf of Health Canada. The research was conducted with Canadians living in an official language minority situation.

Cette publication est aussi disponible en français sous le titre : Perceptions des communautés de langue officielle en situation minoritaire (CLOSM): accès aux services de santé dans la langue officielle de son choix 2020.

Health Canada, CPAB
200 Eglantine Driveway, Tunney's Pasture
Jeanne Mance Building, AL 1915C
Ottawa, Ontario K1A 0K9

Catalogue Number:
H14-348/2020E-PDF

International Standard Book Number (ISBN):
978-0-660-34698-4

Related publications (registration number: POR 077-19):
Catalogue Number: H14-348/2020F-PDF (Final Report, French)
ISBN 978-0-660-34699-1

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1. Executive Summary

Leger is pleased to present Health Canada, and its Official Language Community Development Bureau (OLCDB), with this report on findings from the qualitative and quantitative surveys on the barriers and enablers that Official Language Minority Communities (OLMCs) may encounter in accessing health services in the official language of their choice.

This report was prepared by Leger who was contracted by Health Canada (contract number HT372-194222/001/CY awarded January 27, 2020).

1.1 Background and Objectives

Health Canada, through the OLCDB, supports the implementation of activities to enhance the vitality and developments of OLMCsas well as the full recognition and use of English and French in Canadian society. One of the OLCDB's key objectives is to improve access to health care services for OLMCs in the official language of their choice.

To document this issue, Health Canada undertook a quantitative and qualitative data collection project to better understand the barriers that OLMCs may encounter in accessing health services in the official language of their choice, as well as enablers that facilitate this access. The results of this study will document the lived experience of OLMCs in accessing health care services in their official language of choice and will help identify key gaps and enablers.

Specific research objectives include, but are not limited to, the following:

- To measure the degree of ease with which a person was able to obtain health services in his or her official language of choice;
- To seek a better understanding of the barriers and enabling factors that had an impact on this access;
- To assess whether access improved over the last few years.

1.2 Methodology - Hybrid Research

To achieve the study objectives, a research plan based on a hybrid method, with qualitative and quantitative components, was developed. The two phases of the research were conducted in parallel: one phase being independent on the results of the other. The target population for this whole research project is comprised of two main groups of Canadians adults aged 18 and over:

- French-speaking adults living outside the province of Quebec
- English-speaking adults living in the province of Quebec

1.2.1 Quantitative Methodology

The quantitative research component was conducted through online surveys, using Computer Aided Web Interviewing (CAWI) technology. The online survey was conducted from February 27, 2020, to March 15, 2020. The participation rate for the survey was 25%. Calculation of the Web survey's participation rate is presented in Appendix A. A pre-test of the survey questions was carried out by conducting 28 interviews in both official languages (20 in English, 8 in French). The pre-test was completed on February 27, 2020. Survey interviews lasted 10 minutes on average.

A total sample of 1,125 Canadian adults were surveyed in all regions of the country.

Special attention was given to ensure a distribution of respondents that provides a sufficient sample size to support analyses in the subgroups of the sample. The following table shows the effective sample collected by Leger in the different regions of the country:

Table 1. Quotas by Region

Region	Number of respondents
Montreal and Laval	213
Montreal peri-urban	94
Eastern and central Quebec	94
Western Quebec	129
Total – English-speaking in Quebec	**530**
Atlantic region	181
Ontario	287
Western Canada	127
Total – French-speaking outside Quebec	**595**

Based on data from Statistics Canada's 2016 national census, Leger weighted the results of this survey by age, gender, region, language (mother tongue) and the education level. Since a sample drawn from an Internet panel is not probabilistic in nature, the margin of error cannot be calculated for this survey.

Details regarding the weighting procedures can be found in Appendix A.

Below is the calculation of the survey's participation rate.

Table 2. Participation Rate

Total email addresses used	5,532
Invalid Cases	**0**
-invitations mistakenly sent to people who did not qualify for the study	0
-incomplete or missing email addresses	0
Unresolved (U)	**3,567**

-email invitations bounce back	15
-email invitations unanswered	3,552
In-scope non-responding units (IS)	**573**
-respondent refusals	460
-language problem	0
-early break-offs	113
Responding units (R)	**1,392**
-completed surveys disqualified – quota filled	49
-completed surveys disqualified for other reasons	218
-completed surveys	1,125
Participation rate / response rate = R ÷ (U + IS + R)	**25%**

As a member of the Canadian Research and Insights Council (CRIC), Leger adheres to the most stringent guidelines for quantitative research and acts in accordance with the Government of Canada requirements for quantitative research and Standards of the Conduct of Government of Canada Public Opinion Research. The details of the methodology and more information on Leger's quality control mechanisms are presented in Appendix A. The questionnaire is available in Appendix D.

1.2.2 Qualitative Methodology

Leger conducted a series of four online discussion sessions with French-speaking Canadian adults living outside of the province of Quebec (3) and English-speaking Canadian adults living in the province of Quebec (1). Conducting the discussion sessions online offered the opportunity to regroup people from all the regions in Canada. One session was held in English with participants from Quebec and three sessions were held in French with participants from the other provinces of Canada. For each online discussion session, ten participants were recruited by our professional recruiters. A total of 26 recruits participated in the online focus groups (see Table 3 for details). All participants in the focus group received an honorarium of $100.

Online discussion sessions were conducted using the itracks video chat software to facilitate moderation and to ensure an optimal interface between moderator and participants. itracks' Video Chat service is a video-based online discussion session that combines the convenience of the Web with the comfort of an in-person discussion. Participants can see each other and the moderator as they speak.

Each group session lasted approximately 90 minutes. Every session was recorded for analysis purposes. All groups used streaming methodology to allow for remote viewing by Leger and Health Canada observers.

Locations and dates

Groups were held in the following regions on the dates specified in Table 3.

Table 3. Detailed recruitment

GR	Language and Region	Recruits	Participants	Target	Time	Language	Date
1	EN (Quebec)	10	6	English-speaking Canadians in Quebec	5:30 p.m.	EN	March 19, 2020
2	FR (Atlantic)	10	6	French-speaking Canadians outside of Quebec	7:30 p.m.	FR	March 19, 2020
3	FR (Ontario)	10	5	French-speaking Canadians outside of Quebec	5:30 p.m.	FR	March 26, 2020
4	FR (Western Canada)	10	9	French-speaking Canadians outside of Quebec	7:30 p.m.	FR	March 26, 2020
Total		**40**	**26**				

1.3 Overview of Quantitative Study Findings

The overview of the results is divided into three sections: the quantitative section with English-speaking respondents in Quebec, the quantitative section with French-speaking respondents outside Quebec, and finally the qualitative section with Canadians living in minority language situations from various regions of the country.

This overview details the main highlights of the study and shows points of convergence as well as points of divergence between the results of the different sections of the study.

English-speaking respondents in Quebec

- Almost every respondent had consulted a health care provider over the last year (97%). Pharmacists, family physicians, dental professionals and nurses/nurse practitioners were the most consulted health care providers. The clinic was the most common location where the English-speaking respondents received health services. Most of the respondents received all or some of their health services in their

official language, but respondents from eastern and central Quebec were less likely to receive it in English than the other respondents in the province of Quebec.

- Family physicians (70%), dental professionals (68%), psychologists/psychiatrists (57%) and pharmacists (53%) are the health-care providers who were able to provide services completely in English to more than half of English-speaking respondents who consulted them over the last year. While a significant proportion of respondents have received health services in their official language of choice in the past year, English-speaking respondents from Montreal, Laval and the peri-urban area are more likely to have observed a decrease in health services in English in the province of Quebec over the past 10 years, while respondents from eastern and central Quebec are more likely to have witnessed an increase of the health services in English.

- Almost eight out of ten (79%) English-speaking respondents indicated that they are very confident in their ability to clearly communicate their health care needs in their first official language. Only three out of ten (32%) are very confident to do the same in French. Respondents from Montreal, Laval and the peri-urban area are less likely to feel confident with their ability to clearly communicate their health care needs in French. More than half of them (55%) are very confident in the ability of the health care providers to clearly understand their needs in English, but only a third of them (36%) are very confident that health care providers can understand their health care needs in French. These results are consistent with the fact that most English-speaking respondents prefer to receive health care services in English (85%) while a minority of them (15%) would rather receive them in French.

- Family physicians are seen by most respondents (74%) as the health care service that should absolutely be provided in the first official language of the patients. This result is well ahead of the results of psychologists/psychiatrists (43%), pharmacists (32%) and personal support workers (30%).

- Six respondents out of ten (62%) think it is very important to receive health care services in their first official language spoken and one out of four (24%) think it is somewhat important. English-speaking respondents living in the Montreal and Laval area (71%) are more likely to think it is very important. On the contrary, respondents living in eastern and central Quebec are more likely to think it is somewhat unimportant (19%) or not important at all (10%). However, these latter respondents are more likely than others to find it very important for children to receive services in English. Respondents who are caregivers for other people than their child(ren) are largely of the opinion that receiving services in English for their family or friend is very important (66%).

- More than half of English-speaking respondents (57%) found at least one health care provider speaking English, while four out of ten (43%) did not find any. Family physicians (48%), dental professionals (44%), pharmacists (38%) and psychologists or psychiatrists (28%) are the most sought-after English-speaking health care providers. It is in the Montreal and Laval region that respondents have had the most success in their research (66%). In the eastern and central region of Quebec, they have had less success (43%). Most providers were found through the Internet (22%), recommendations from friends and family (14%) and word of mouth (11%).

- The main barrier to obtaining health services in English is the lack of health care providers who can speak English (36%). However, the fear of receiving a lower quality health service (33%) and the use of unilingual forms and documentation (29%) are barriers that distinguish Quebec's linguistic minorities from those in other Canadian provinces. The three main obstacles that prevent parents from finding health care providers who speak their children's first official language are: place of residence (26%), availability of providers who speak the minority language (23%), and poor second language skills on the part of health care providers (20%).

- In general, respondents ask to receive health services in their first official language spoken. English-speaking respondents in Quebec are more likely (51%) to request it than French-speaking respondents in the rest of the country (39%). Respondents in the Montreal and Laval region are the most likely (59%) to make this type of request, while those living in the eastern or central part of the province are less likely to do so (43%). Those who do not ask to receive health services in their first official language spoken consider themselves comfortable enough in the other language not to have to ask (57%), that health care providers do not speak the minority language (21%), or fear comprehension problems (11%).

- From a very general point of view, English-speaking respondents receive positive responses when they request health services in their language (very 29%; somewhat 29%). Those living in the Montreal and Laval region are more likely than others to receive a very positive response (35%), while those living in the Montreal suburbs are more likely to receive a somewhat (20%) or very (8%) negative response. Respondents in eastern and central Quebec are more likely to never make such a request (39%).

- More than one out of four (27%) English-speaking respondents in Quebec have received health services by phone or through other forms of virtual care or services. Respondents in eastern and central Quebec are more likely to have already done so than other respondents (40%). Telephone consultations are by far the most used "technological" health service (80%), well ahead of online and virtual appointment booking (24%) and text/email (12%). These technological health services were conducted mainly in English for the phone consultations (62%), texts/emails (75%), and online/virtual appointment booking (81%). Respondents consider that technology can be really (30%) or somewhat (25%) useful for getting health services in their first official language and a large proportion think it is very (40%) and somewhat (40%) effective in doing so. It is for visits to family physicians, pharmacists, and nurses that this type of technology appears to be most useful to respondents.

- Respondents would like to be informed via the Internet (50%), to be referred by another health care provider (49%) and by word of mouth from family and friends (47%) about health care services available in English. Respondents made several suggestions to improve the availability of health services in both languages. The most popular suggestions are enforcing bilingual services (10%), hiring more bilingual staff (8%), and doing more publicity about the services (7%).

French-speaking respondents outside Quebec

- Almost every respondent has consulted a health care provider over the last year (98%). Pharmacists, family physicians, dental professionals and nurses/nurse practitioners were the most consulted health care providers. The clinic was the most common location where the French-speaking respondents living outside Quebec received health services. One third of the respondents received health services completely in French, while one third received some of their health services in French and another third received no health services in their first official language. People from the Western region of Canada are less likely than the people from the other regions of Canada to have received health services completely in French.

- Even if only a third (34%) of the French-speaking respondents outside Quebec received health services in their first official language from all their health care providers during the last year, they are more likely than English speakers in Quebec to have observed an increase over the last ten years in regard to health services provided in their first official language. Respondents from Ontario (23%) are more likely to have witnessed an increase of the offer of health services in French than respondents from the other regions of Canada.

- Almost seven out of ten (69%) French-speaking respondents living outside Quebec indicated that they are very confident in their ability to clearly communicate their health care needs in their first official language. Only half of them (49%) are confident to do the same in English. Respondents from the Western region (61%) and Ontario (52%) are more likely to feel confident with their ability to clearly communicate their needs in English than the respondents from the Atlantic region (36%). About half of French-speaking respondents living outside Quebec (50%) are confident in the ability of the health-care providers to clearly understand their needs in French and about the same (51%) are confident that health care providers can do the same in English. These results are consistent with the fact that most French-speaking respondents outside Quebec mentioned that they prefer to receive health care services in English (60%) while the others (40%) would rather receive them in French.

- Family physicians are seen by most of the respondents (65%) as the health care services that should absolutely be provided in the first official language of the patients. This result is well ahead of the results of psychologists/psychiatrists (35%), paramedics (30%), pharmacists (28%) and personal support workers (26%).

- About three out of four (74%) of French-speaking respondents think it is very important or somewhat important to receive their health care in their first official language. French-speaking respondents from the Atlantic provinces (55%) are more likely to think it is very important. Four out of ten (43%) French speakers in Ontario share the same opinion while those living in Western Canada are less likely to have that opinion (32%).

- About half (48%) of the parents of children outside Quebec think it is very important that their children receive health services in their first official language spoken, but they are more likely to think that it is not important at all (21%) than English speakers in Quebec. This is especially true for parents from

Ontario (31%). Only one out of five parents (18%) in the Western provinces and 8% in the Atlantic region share this opinion.

- Family physicians (47%), dental professional (38%) and pharmacists (31%) are the most sought-after French-speaking health care providers. About six out of ten French-speaking respondents living in the Atlantic region (61%) found at least one health care provider speaking French, while less than half of those living in Ontario (47%) found one. People living in Western Canada (27%) are less likely than the others to have found a French-speaking health care provider.

- The main barrier to obtaining health services in French is the lack of health care providers who can speak French (45%). However, the fear of having to wait longer to get the service (26%) and the lack of information on where these services are available (25%) are also major barriers to get health services in French in Canadian provinces outside Quebec. The three main obstacles that prevent caregivers from finding health care providers who speak French are the same.

- In general, only four out of ten (39%) respondents ask to receive health services in their first spoken language. Respondents from the Atlantic region are more likely (51%) to request it than French-speaking respondents in the rest of the country: Ontario (41%) and Western Canada (16%). Those who do not ask to receive health services in their first official language spoken consider themselves comfortable enough in the other language not to have to ask (56%), believe that health care providers do not speak the minority language (33%), or fear comprehension problems (15%).

- From a general point of view, Francophones received positive responses when they request health services in their language (very 23%; somewhat 23%). Those living in the Atlantic region are more likely than others to have received a very positive response (38%) than those living in Ontario (22%) and in the Western provinces (4%).

- More than one out of four (24%) French-speaking respondents have received health services by phone or through other forms of virtual care or services. Telephone consultations are by far the most widely used technological health service (73%), well ahead of online and virtual appointment and booking (20%) and text/email (14%). These technological health services were conducted mainly in French for the phone consultations (54%), texts/emails (53%), and online/virtual appointment and booking (56%). Respondents consider that technology can be very (26%) or somewhat (23%) useful for getting health services in their first official language and some respondents think it is very (27%) and somewhat (41%) effective in doing so. It is for visits to family physicians, pharmacists and nurses and nurse practitioners that this type of technology appears to be most useful to respondents.

- Respondents would like to be informed via the Internet (49%), to be referred by another health care provider (42%) and by word of mouth from family and friends (44%) about health care services available in French. Respondents made several suggestions to improve the availability of health services in both languages. The most popular suggestions are making more publicity about the services available in the minority official language (11%), hiring more bilingual staff (10%) and enforcing bilingual services (8%).

1.4 Overview of Qualitative Study Findings

- Accessibility to health services in people's first official language seems to be strongly influenced by where people live. Participants living in the Montreal and Laval regions said they had no problem receiving health services in English; but the reality is quite different in other regions of Quebec. Participants living in certain areas of Ontario (e.g. the Ottawa region) and those living in the French-speaking regions of New Brunswick said that it was somewhat easy to get health services in French, but those living elsewhere in Canada said it was much more difficult.

- There are differences in terms of access and availability to health-care services in the minority official language for people living in Canada's large urban areas and those living in rural areas. Urban areas appear to offer more opportunities for people to get health services in their first official language spoken.

- In principle, receiving health services in one's first official language is important for the vast majority of participants, regardless of where they live. Even for bilingual participants and those comfortable in the other official language, it was perceived as a safety issue to properly understanding diagnoses, treatments, as well as dosages, handling, and storage of medications. The issue of clarity of communication and understanding is amplified by the use of medical and technical terms, generally unknown to the public, in discussions with health care providers. However, depending on their region of residence, many said they knew that it would not be possible to receive care in their first official language. This is particularly true for French-speaking Western Canadians participants.

- Seeking health services often means being vulnerable or feeling pain. That is why some participants pointed out that health issues are not a matter of trivial communication. Communication should be as smooth as possible. Some expressed a certain anxiety about their ability to clearly communicate their health needs in the other official language. In serious or urgent situations this can become a real issue. Most participants thought that being able to communicate clearly in their first official language is reassuring.

- Although many participants said that they do ask to be served in the official language of their choice, not all participants were comfortable asking to be served in their first official language spoken; mostly Anglophones in the province of Quebec, outside the Montreal and Laval area, and the French speakers in Western provinces. Those who tend to be reluctant to ask also tended to be from regions where they believe access is very limited. As well, these participants' reluctance to ask was out of fear of being judged negatively for asking. This was not because of their minority language status but rather about the fact that they consider that asking would be an issue or a problem for the health care provider. Many have had the experience of being asked to wait while someone would look around for a solution. These participants do not want to "create a problem." Participants from the province of Quebec outside of the Montreal region, as well as participants from the Atlantic region (excluding New Brunswick) and participants from the Western part of the country were the most inclined to adopt this attitude towards requesting services in their first official language.

- Other participants mentioned that they did not request to be served in their first official language because they know their health care provider well enough to know that he or she cannot serve them in their official language of choice. Those participants consequently consider it futile to ask for services in the official language of their choice knowing in advance that it would not be available. Here again, the regional cleavage in access was central to participants' experience. Participants residing in Ontario or Western Canada are generally more likely to have such an attitude toward requesting services in French. Many participants in the West would rather speak in the official language of the health care provider mainly because they are quite comfortable using that language, but also because they have no confidence in the health care provider's ability to express themselves effectively in the other official language.

- The respondents' willingness to ask for services in their first language will vary depending on the type of health care provider consulted and the place where the service is provided. Expectations for the pharmacy or a small clinic are not the same as for a large hospital, for example. People will adapt their demands based on expectations when it comes to level of service.

- Bilingualism is also an important dimension in health seeking behavior in the minority official language. While most participants expressed a general preference for receiving health services in their first official language spoken, some participants did not see it as a major issue because they are bilingual. Receiving health services in either official language made no difference to them.

- As one participant noted, New Brunswick is a bilingual province, and there are regulations in place to ensure that people are aware that they must provide service in both languages. In Western Canada, in Ontario (with the exception of Ottawa and Toronto), and in the Atlantic (except New Brunswick) very few participants mentioned this type of effort by health care providers.

- There is a shared feeling among many participants that health care providers will try their best to make an effort to communicate with users in the official language of their choice, even though limited in some places. Some providers allowed users to write their requests in the language of their choice and tried, to the best of their ability, to respond in the first official language chosen by the user. However, the level of bilingualism of health care providers can vary greatly across the country.

- Participants encountered several barriers in seeking or accessing health services in their first official language spoken: the lack of awareness of health services available in their first official language in their region, the additional delays or longer waiting times before receiving a service and the distance they have to travel to obtain health services in the official language of their choice. The area of residence of the participants greatly influences barriers such as availability, waiting time, and distance. Residents of major urban areas across the country appear to have fewer barriers than participants living outside of major urban centres. Edmonton, New Brunswick, the Montreal region in the province of Quebec, and the cities of Ottawa and Toronto in Ontario are places that are more likely to have health services available in both official languages.

- Very few participants were actually offered alternatives, such as interpreters or system navigators. Only a minority of participants have ever had access to those services. Moreover, those alternative services are mostly unknown.

- Some participants made use of technology to assist them with access to health care services. Technology is used mainly to help translate and understand medical and technical terms, to renew prescriptions, to book appointments, to exchange text messages with health care providers and in fewer cases, to attend a virtual medical consultation.

- The majority of users were very open to the idea of using technology in health services. They were also pleased to see the potential for these technological tools to improve access to health services in their first official language spoken by making it possible to work faster, freeing up employees and reducing waiting and travel times.

1.5 How the Results Will Be Used

This project will provide Health Canada and the Government of Canada with first-hand information on needs, barriers and possible enablers to access health services in the patient's preferred official language. Findings will be made public at Library and Archives Canada and shared with stakeholders. Collecting more and better information on the possible barriers as well as the factors that enhance access to health services for OLMCs will benefit Canadians in that it could provide insights into how to make health care systems across Canada more responsive to the needs of all users, irrespective of their official language of choice.

1.6 Statement of Limitations

The quantitative portion of the research is based on a web-survey methodology. Respondents for this survey were selected from among those who have volunteered to participate/registered to participate in online surveys. The results of such surveys cannot be described as statistically projectable to the target population. The data have been weighted to reflect the demographic composition of the target population. Because the sample is based on those who initially self-selected for participation, no estimates of sampling error can be calculated.

The qualitative portion of the research provides insights into the opinions of a population, rather than providing a measure in percent of the opinions held, as would be measured in a quantitative study. The results of this type of research should be viewed as directional only. No inference to the general population can be done with the results of this research.

1.7 Notes on Interpretation of Research Findings

The views and observations expressed in this document do not reflect those of Health Canada. This report was compiled by Leger based on the research conducted specifically for this project. This research is not probabilistic; the results cannot be inferred to the general population of Canada.

1.8 Political Neutrality Statement and Contact Information

I hereby certify as Senior Officer of Leger that the deliverables fully comply with the Government of Canada's political neutrality requirements outlined in the *Policy on Communications and Federal Identity* and the Directive on the Management of Communications- Appendix C (Appendix C: Mandatory Procedures for Public Opinion Research).

Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leaders.

Signed:

Christian Bourque
Executive Vice-President and Associate
Leger
507 Place d'Armes, bur 700
Montréal, Québec
H2Y 2W8
cbourque@leger360.com

Additional information

Supplier name:	Leger
Contract Number:	HT372-194222/001/CY
Contract Award Date:	2020-01-27

The cost of this research was $78,411.83 (HST included).

To obtain more information on this study, please email: hc.cpab.por-rop.dgcap.sc@canada.ca

2. Detailed Results

2.1 Detailed Quantitative Results

2.1.1 Profiling

As previously mentioned, this study is interested in Official Language Minority Communities (OLMCs) in Canada, which include the following:

- French-speaking respondents living outside the province of Quebec
- English-speaking respondents living in the province of Quebec

The following tables show the distribution of the sample according to certain demographic indicators. The first table shows the distribution of the sample between the two main target groups of the study. A sample size of more than 500 respondents in each of the two groups allows the results for these two groups to be analyzed and compared in order to discover significant similarities or differences in their experiences with and opinions of Canada's health care system.

Official Language Minority Communities	**N**
French-speaking adults living outside the province of Quebec	595
English-speaking adults living in the province of Quebec	530

The following table shows the distribution of the sample in the different regions of Canada. In the next several pages of this report, the analysis focuses on presenting the views and opinions of official language minority Canadians in each of the regions of the country. The analysis allows for a comparison of responses according to the different regions of residence of English speakers in Quebec and for French speakers living in the different regions of Canada outside Quebec.

Region	**N**
Montreal and Laval	213
Montreal peri-urban	94
Eastern and central Quebec	94
Western Quebec	129
Atlantic region	181
Ontario	287
Western Canada	127

It is important to mention that almost all (87%) of the survey respondents from the Atlantic region are from New Brunswick, an officially bilingual province. Fewer than 30 respondents come from the other Atlantic

provinces. The survey responses from this region are therefore very strongly influenced by the reality of New Brunswick.

The next table shows the distribution of the sample by gender. The sample collected tends to be slightly more females than males. However, the sample size of both groups is large enough to allow for reliable analyses and comparisons of results.

Gender	**N**
Female	713
Male	409
Another gender	3

The following table shows the distribution of the sample by age groups. The distribution of the sample is not entirely balanced between the different age groups. The sample is composed of a larger number of older people. However, the sample sizes in each group are still large enough to allow for analysis and comparison by age group.

Age group	**N**
18-34	281
35-54	369
55 and over	475

The next table shows the distribution of the sample according to the urban/rural area of residence of survey respondents. The distribution of respondents shows an uneven distribution of respondents by urban/rural area of residence. The sample is heavily over-represented at the urban level.

Urban/rural area	**N**
Urban	910
Rural	174
Unknown	41

The following table presents the distribution of the sample for parents of children under the age of 18 living in the household.

Parents of child under 18 living in the household	**N**
With child living in the household	276
Without child living in the household	849

The next table presents the distribution of the sample according to the respondents' level of education.

Education level	**N**
Primary and High School	357
College	304

University	464

The final table shows the distribution of respondents who are caregivers to family or friends (excluding children).

Caregiver for other than child(ren)	**N**
Caregiver	107
Not caregiver	1,018

In this report, the analysis according to the two targets, French speakers outside Quebec and English speakers in Quebec, as well as the analysis by region will be presented systematically for all the questions. Analysis by gender, age, and urban/rural areas, parents of children, education level and caregivers will be discussed only when significant statistical differences are found between subgroups of the sample.

Given the distribution of the sample in seven regions of Canada, multivariate analyses are not possible because the sample sizes do not allow for it. For example, doing an analysis of parents of children in the different regions of Canada would be unsound because the sample sizes for this analysis would be too small in most regions. Therefore, analyzes for gender, age, level of education, rural/urban areas, parents of children and caregivers will be done on the basis of the overall sample.

Note on Testing for Statistical Differences

According to the normal distribution, a two-tailed test is always done between two proportions and based on the unweighted total columns. The test is performed by comparing a percentage with the percentage formed by the complement of the relevant category (e.g., of the male subgroup is the female subgroup; the complement of the 18–24 subgroup is the 25 and over subgroup). The test results (if they are significant at a confidence level of at least 95%) are mentioned in the table analysis.

In the report, when we indicate that a sub-group of the sample is “more likely” or “less likely,” it means that the statistical testing returned a valid statistically significant difference between this subgroup and its complement, even if the percentage is low.

2.1.2 Personal Experience and Views on Canada’s Health Care System in Regard to Minority Official Languages

Medical consultations

In the last twelve months, 97% of the respondents visited at least one health care provider. The three most visited health care providers are the pharmacist (84%), the family physician (82%) and a dental professional (78%). Nurses and nurse practitioners occupy an intermediate position in terms of frequency of consultation (44%). They are not among the most consulted health care providers but they are more often consulted than psychologists (17%), social workers (14%), paramedics (12%) and the personal support workers (11%) who are the least frequently consulted health care providers.

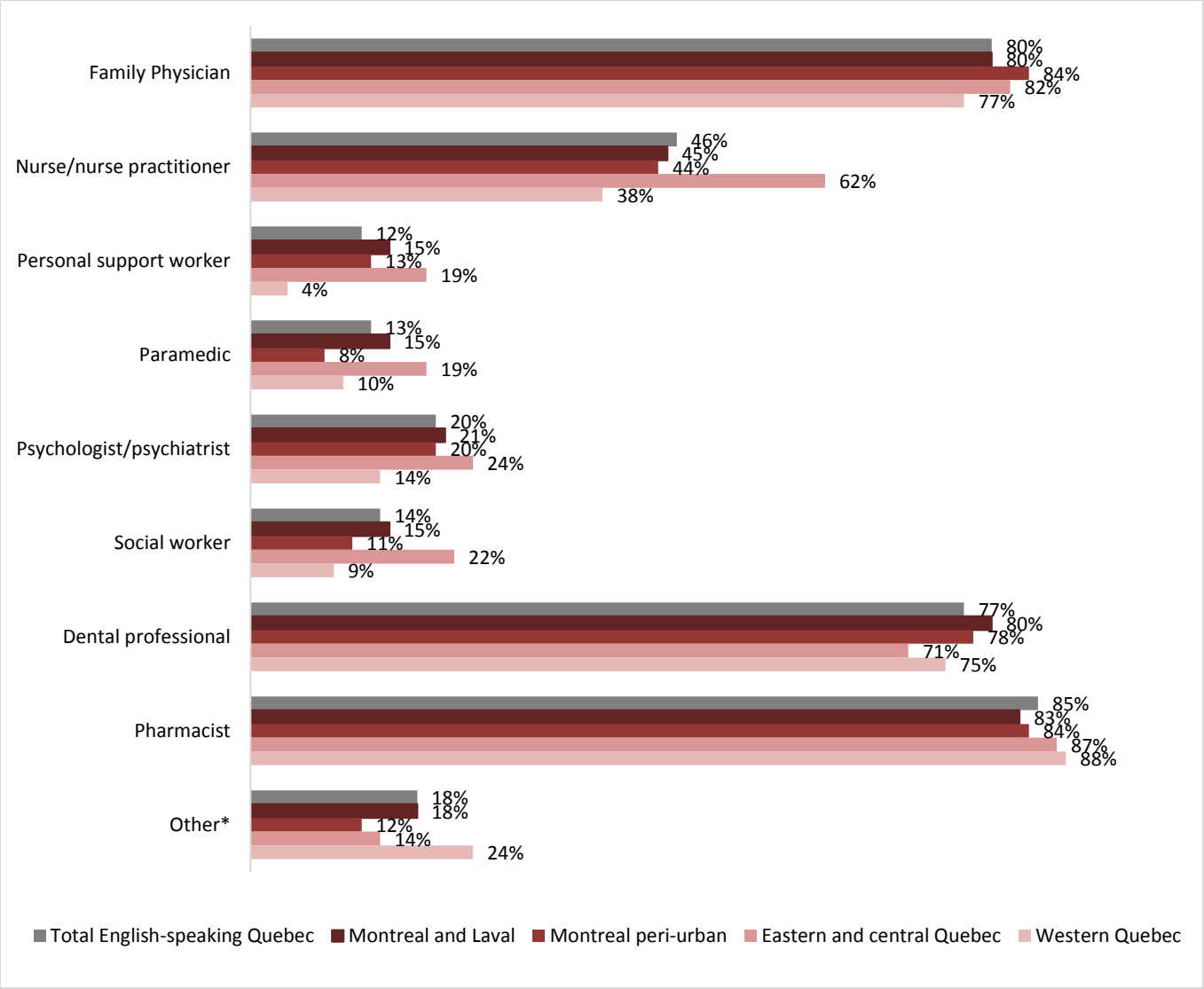
The following figures (Figure 1 and Figure 2) show cumulative results of at least one visit in the past year by the type of health care providers. The results for the English speakers in Quebec and the French speakers outside of Quebec show the same overall trends, with the most frequently consulted health care providers being the same.

Results show some differences between English-speaking respondents living in the different regions of the province of Quebec. More specifically, respondents living in the eastern or central Quebec region are more likely than the ones living in the other regions to have visited a nurse or nurse practitioner at least once in the past year (62%). They are also more likely to have visited a social worker (22%) or a personal support worker (19%) at least once in the last 12 months.

Figure 1: Answer to Q9. In the past 12 months, please indicate how often you have consulted any of the following health care providers?

Sample frame: English-speaking respondents in Quebec (n=530)—Respondents who answered that they went at least once in the past 12 months only

Health care providers consulted at least once in the past twelve months



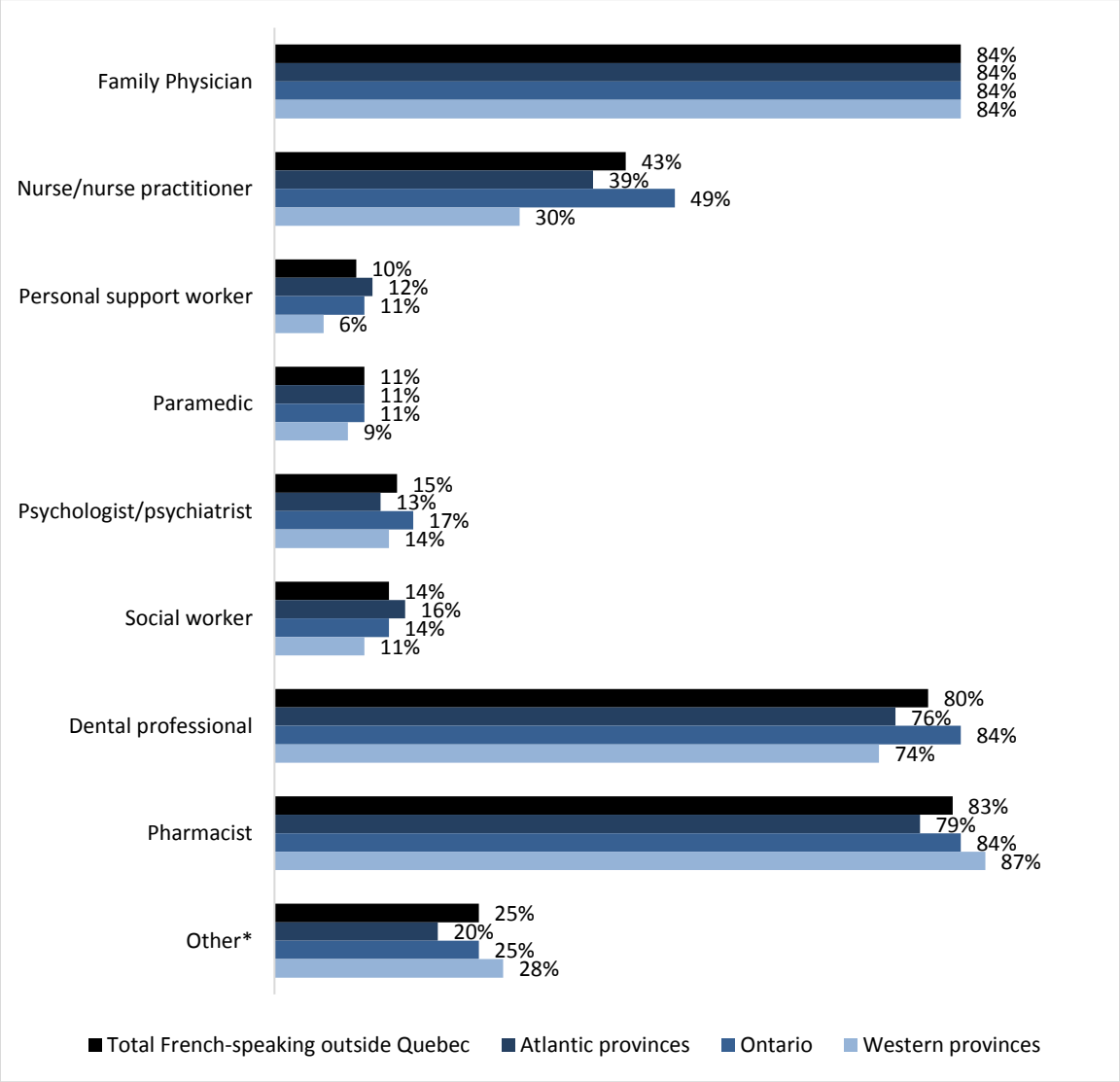
* In the category *Other*, respondents mentioned physiotherapists, optometrists and gynecologists among other things.

As for French Canadians living outside Quebec, results also show some differences between respondents living in the different Canadian regions. More specifically, respondents living in Ontario are more likely than the ones living in the other regions to have visited a dental professional (84%) or a nurse or nurse practitioner (49%) at least once in the past year. Respondents living in Western Canada are less likely than others to have visited a nurse or nurse practitioner (30%).

Figure 2: Answer to Q9. In the past 12 months, please indicate how often you have consulted any of the following health care providers?

Sample frame: French-speaking respondents outside Quebec (n=595)—Respondents who answered they went at least once in the past 12 months only

Health care providers consulted at least once in the past twelve months



* In the category *Other*, respondents mentioned physiotherapists, optometrists and gynecologists among other things.

Results also show many statistical differences in the different health care providers consulted in the past year between gender and age subgroups, and also if the respondent is a caregiver (whether for a child or for a family or friend) or not. More specifically, results show that men are more likely than women to have consulted at least once in the last year a personal support worker (15%) and a paramedic (14%). On the other end, women are more likely to have consulted their family physician (86%) and their pharmacist (88%).

The younger respondents, aged between 18 and 34, are more likely than the older subgroups to have visited a nurse or nurse practitioner (52%), a psychologist or psychiatrist (32%), a social worker (22%), and a paramedic (19%). On the other end, people aged 55 or more are more likely to have consulted their family physician (90%) and their pharmacist (87%) in the past 12 months.

Respondents with a university education are more likely to have consulted a family physician (87%), a dentist (84%), other health care providers (26%) and a psychologist/psychiatrist (22%) than are respondents with lower levels of education. Respondents with an elementary or high school education are more likely than those with higher levels of education to have consulted a social worker in the past year (18%).

Rural respondents are more likely than urban respondents to have never consulted a paramedic (93%), a social worker (91%) or a psychologist (90%) in the past year.

Finally, caregivers are generally more likely (99%) to have consulted at least one health care providers than the non-caregivers (96%) in the last year.

Locations where medical consultations are held

In general, dental professionals (80%), family physicians (49%), nurses (49%) and psychologists/psychiatrists (40%) are visited most of the time in a clinic. Pharmacists (77%) usually give their services in another location. Paramedics (34%) give their services on the way to an emergency room at a hospital most of the time. Personal support workers (31%) result from a visit to the hospital (non-emergency) most of the time. Social workers (18%) are visited by respondents in a local community services centres (CLSC) (in Quebec) or Community Health Centres (CHCs) most of the time.

The two following figures (Figure 3 and Figure 4) illustrate where French-speaking respondents outside Quebec and English-speaking respondents living in Quebec have consulted the different health care providers in the past twelve months. Results show that French-speaking respondents are more likely to have visited their family physician in a clinic (83%) than English-speaking respondents (75%). They are also more likely to have visited their social worker (48%) in another location, same goes for their personal support worker (38%). English-speaking respondents living in the province of Quebec are, for their part, more likely to have visited a social worker (29%) in a CLSC or a CHC; same goes for a nurse or nurse practitioner (20%).

Figure 3: Answer to Q10. In which locations did you receive these services?

Sample frame: English-speaking respondents in Quebec (n=513) —Respondents who received service in Q9

Location of consultations of the past twelve months for English-speaking respondents living in Quebec

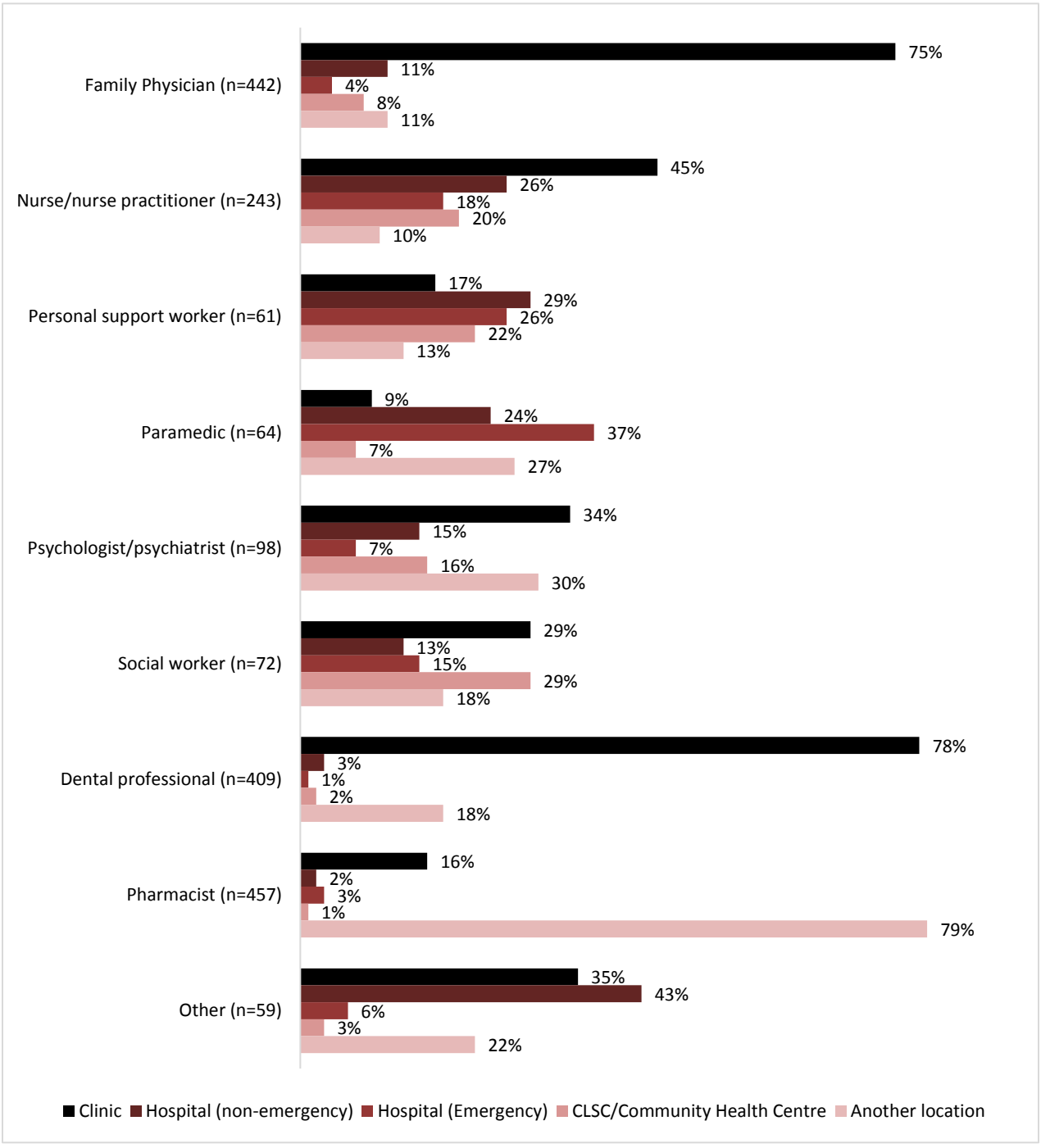
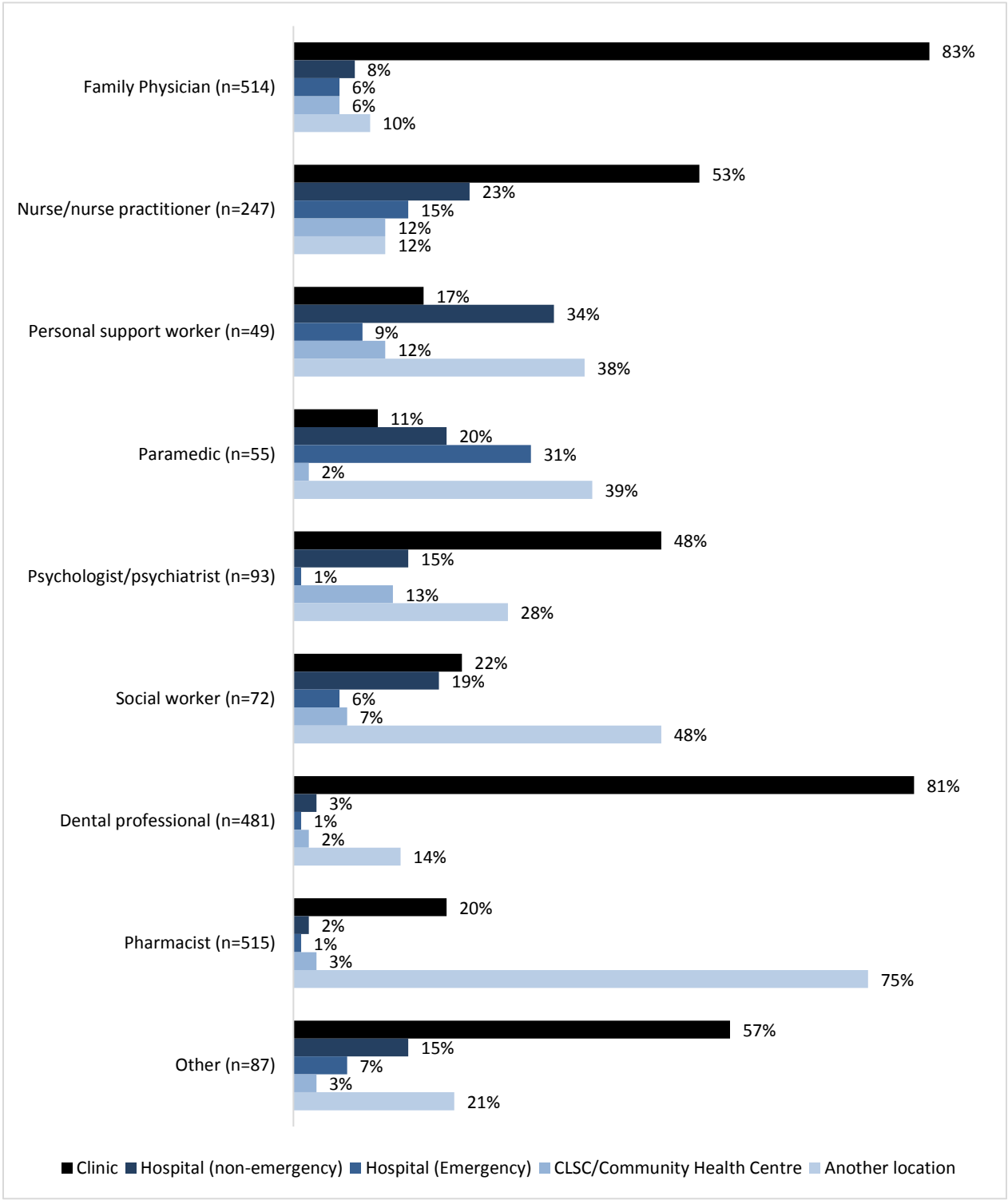


Figure 4: Answer to Q10. In which locations did you receive these services?

Sample frame: French-speaking respondents outside Quebec (n=585)—Respondents who received service in Q9



Location of consultations of the past twelve months for French Canadians living outside the province of Quebec

Some additional differences can be observed between the subgroups in the sample, particularly among males and youth (18–34). Males are more likely than females to visit health care providers in a hospital, both in the emergency department and non-emergency units. This is the case for consultations with nurses (30%—non-emergency), paramedics (29%—non-emergency), psychologists (23%—non-emergency), social workers (15%—emergency), family physicians (12%—non-emergency), dental professionals (6%—non-emergency), and pharmacists (4%—non-emergency and 3% emergency). Males are also more likely than females to consult pharmacists (24%), and paramedics (15%) in a clinic.

Females are more likely to consult pharmacists (85%), social workers (44%), paramedics (43%), psychologists or psychiatrists (39%), or dental professionals (20%) at another location; and nurses at a clinic (54%).

Youths 18–34 are also more likely than respondents in other age groups to consult health care providers in hospital emergency departments, such as nurses (23%), social workers (19%), psychologists (8%), pharmacists (7%), and dental professionals (2%). Respondents between the ages of 35 and 54 are more likely than respondents in other age groups to visit their dental professional (86%), family physician (84%) and psychologist or psychiatrist (51%) at a clinic. Respondents over the age of 54 are more likely to visit their pharmacist (82%), personal support worker (38%), dental professional (20%) and family physician (14%) in another location.

Respondents' level of education does not seem to influence where health care providers are seen.

Finally, respondents living in rural areas were more likely than those living in urban areas to consult with nurses in CHCs or CLSCs (26%). Residents of urban areas are more likely to consult them in hospital (19%) or other locations (13%).

Preferred Language and Language Used During Medical Visits

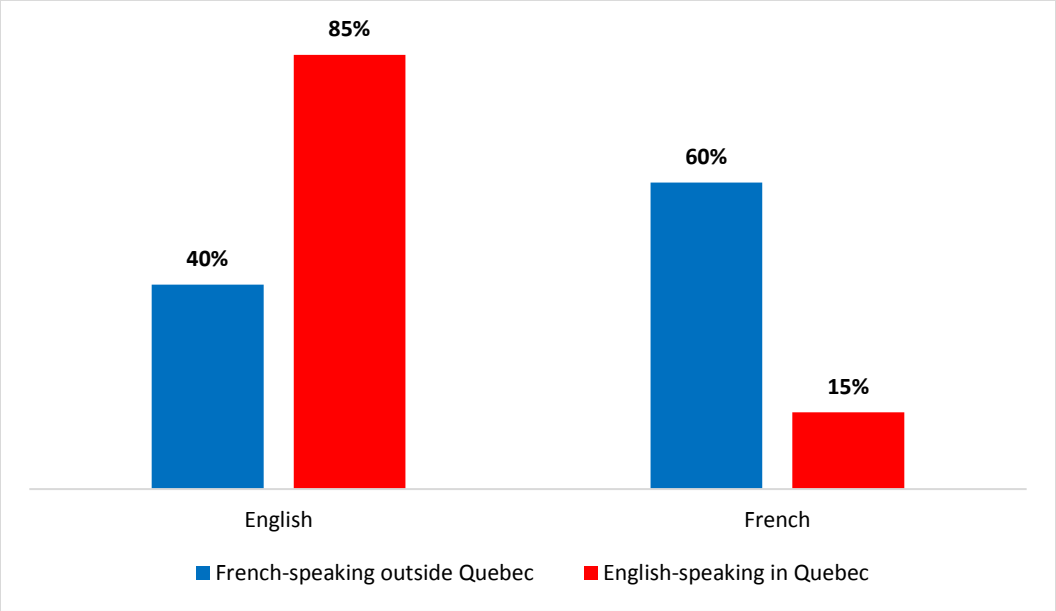
The next figure (Figure 5) shows the preferred official language for receiving health services. Among the English-speaking respondents living in Quebec, 85%prefer to receive health care services in their first official language, compared to 60% for French-speaking respondents living outside the province of Quebec.

Among the French-speaking respondents living outside the province of Quebec, two out of five would rather receive services in the other official language (40%). This proportion is much lower among the English speakers in Quebec (15%).

Figure 5: Answer to Q1. In which first official language spoken do you prefer to receive health care services?

Sample frame: All respondents (n=1,125)

Official Language Preferences for Receiving Health Care Services



Some differences can be observed according to the respondents' region of residence. English-speaking respondents living in Montreal and Laval (96%) are more likely than those living elsewhere in Quebec to prefer to obtain health services in English. English-speaking respondents living in eastern or central Quebec (38%) are more likely than the other respondents living in Quebec to prefer to receive their health services in French.

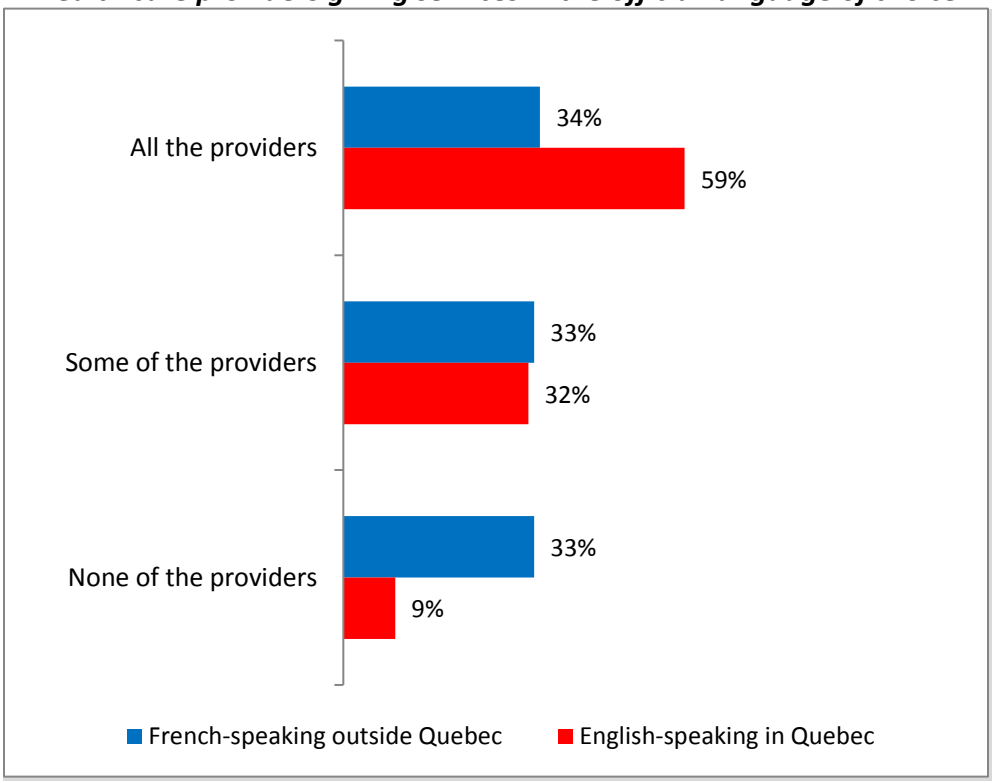
Looking at French-speaking respondents from outside Quebec, respondents in the Atlantic region are more likely (81%) to prefer obtaining their health services in their first official language spoken than those elsewhere in the country. French-speaking respondents living in Western Canada are more likely to prefer obtaining these services in English (62%) than the other French-speaking respondents outside Quebec living elsewhere in Canada.

Statistically speaking, English-speaking respondents are more likely to have received services in their first official language spoken by all the providers they visited in the past 12 months (59%) than French Canadians living outside the province of Quebec (34%). The results presented in Figure 6 show that French Canadians living outside of Quebec are in fact more likely to have received no health care services in their first official language spoken in the past year (33%).

Figure 6: Answer to Q11. During an appointment or visit with a health care provider, you may have received care from more than one provider (ex. doctor, nurse, assistant, reception staff, etc.). Generally, for each visit, were you able to receive services in [INSERT FIRST OFFICIAL LANGUAGE] from…?

Sample frame: Respondents who received at least one health services at Q9 in the past twelve months (n=1,098).

Health care providers giving services in the official language of choice

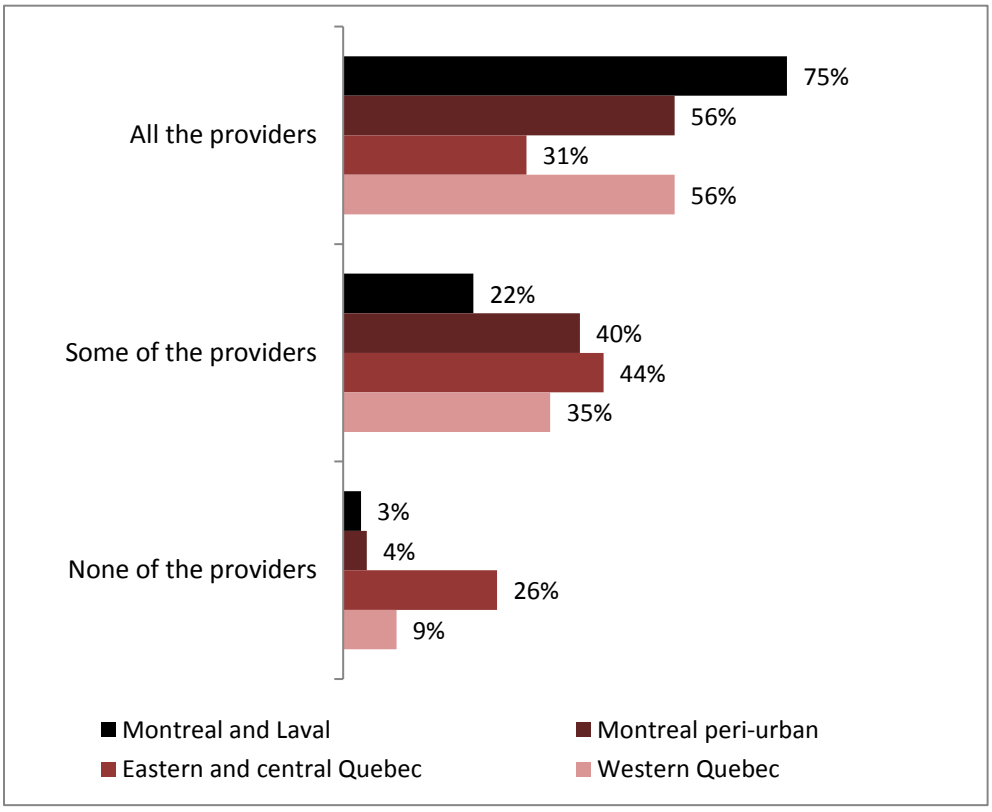


Furthermore, results (Figure 7) show that respondents living in the Montreal or Laval area are more likely to have received their health care services in their first official language (75%) than English-speaking respondents living in other areas of the province. It is the residents of eastern and central Quebec that are more likely to have received none of their services in English in the past year (26%).

Figure 7: Answer to Q11. During an appointment or visit with a health care provider, you may have received care from more than one provider (ex. doctor, nurse, assistant, reception staff, etc.). Generally, for each visit, were you able to receive services in [INSERT FIRST OFFICIAL LANGUAGE] from…?

Sample frame: English-speaking respondents in Quebec (n=513) —Respondents who received service in Q9

Health care providers in Quebec giving services in English

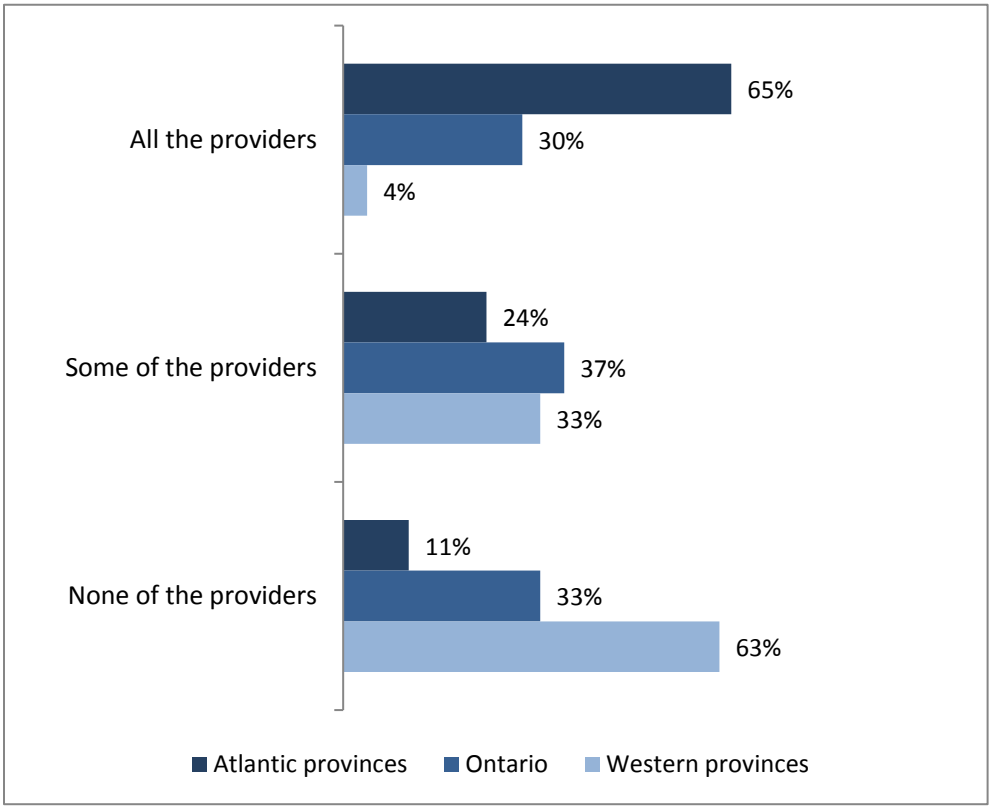


Looking at the data for French Canadians living outside the province of Quebec (Figure 8), results show that respondents living in the Atlantic provinces are more likely to have received their health care services in their first official language (65%) than the ones living in the other Canadian provinces. Respondents living in the Western Canada are more likely to have received none of their services in French in the past year (63%).

Figure 8: Answer to Q11. During an appointment or visit with a health care provider, you may have received care from more than one provider (ex. doctor, nurse, assistant, reception staff, etc.). Generally, for each visit, were you able to receive services in [INSERT FIRST OFFICIAL LANGUAGE] from…?

Sample frame: French-speaking respondents outside Quebec (n=585)—Respondents who received service in Q9

Health care providers outside Quebec giving services in French



Results show (Figure 9 and Figure 10) that English-speaking respondents are more likely than the French-speaking respondents living outside Quebec to have received services completely in their first official languages spoken for most of the health care providers surveyed: other health care providers (71%), family physicians (70%), dental professionals (68%), psychologist or psychiatrist (57%), and pharmacists (53%).

On the other end, French Canadians living outside the province of Quebec are more likely than the English-speaking respondents not to have received services in their first official language spoken at all for almost all the health care providers surveyed: pharmacist (50%), other health care providers (48%), dental professionals (43%), family physicians (40%), nurse (36%), and social workers (28%).

Figure 9: Answer to Q11B. More specifically, for each health care provider you have consulted in the past year, were you able to receive services in English?

Sample frame: English-speaking respondents in Quebec

Service offered in English from the visited health care providers for English-speaking respondents

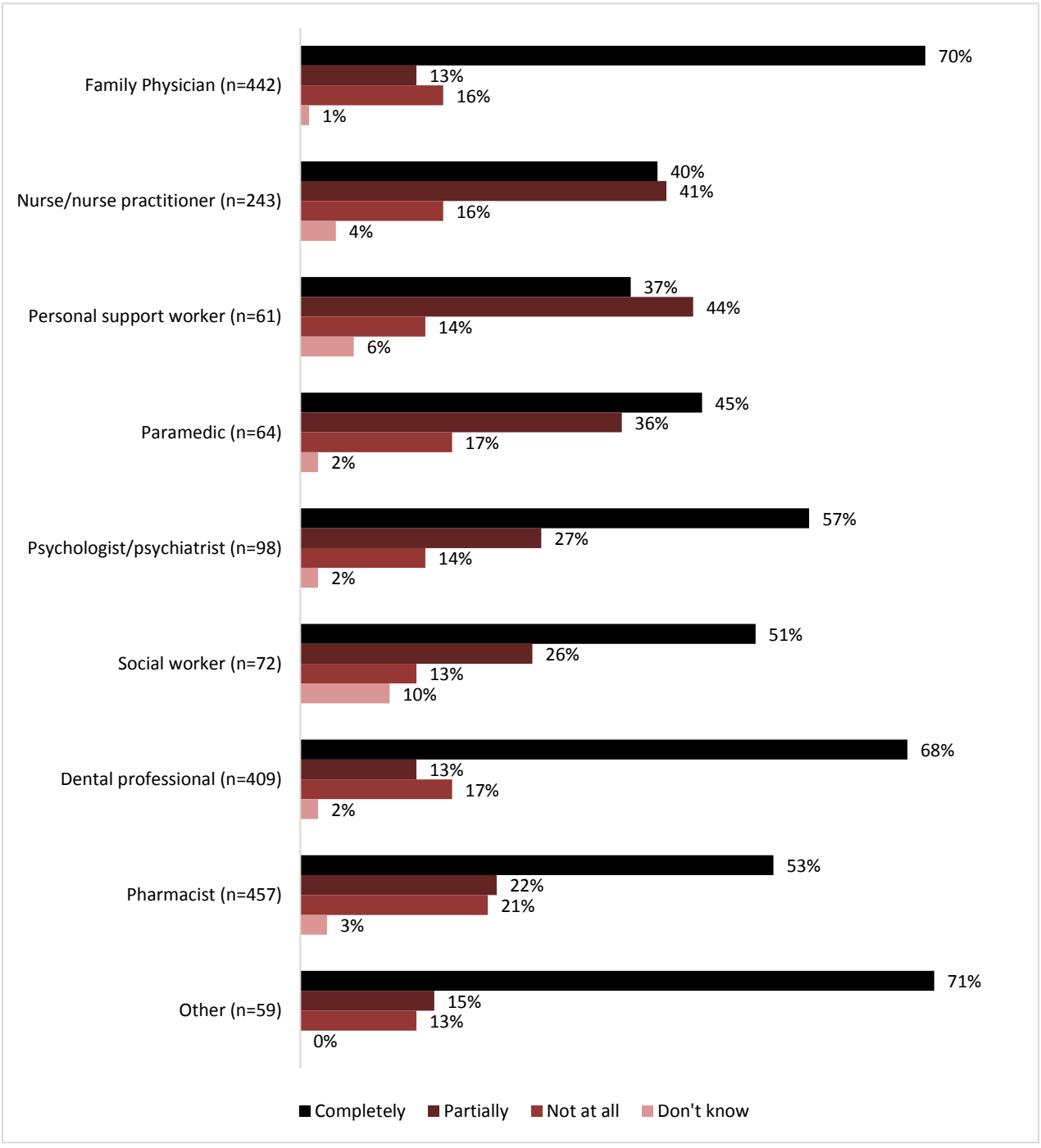
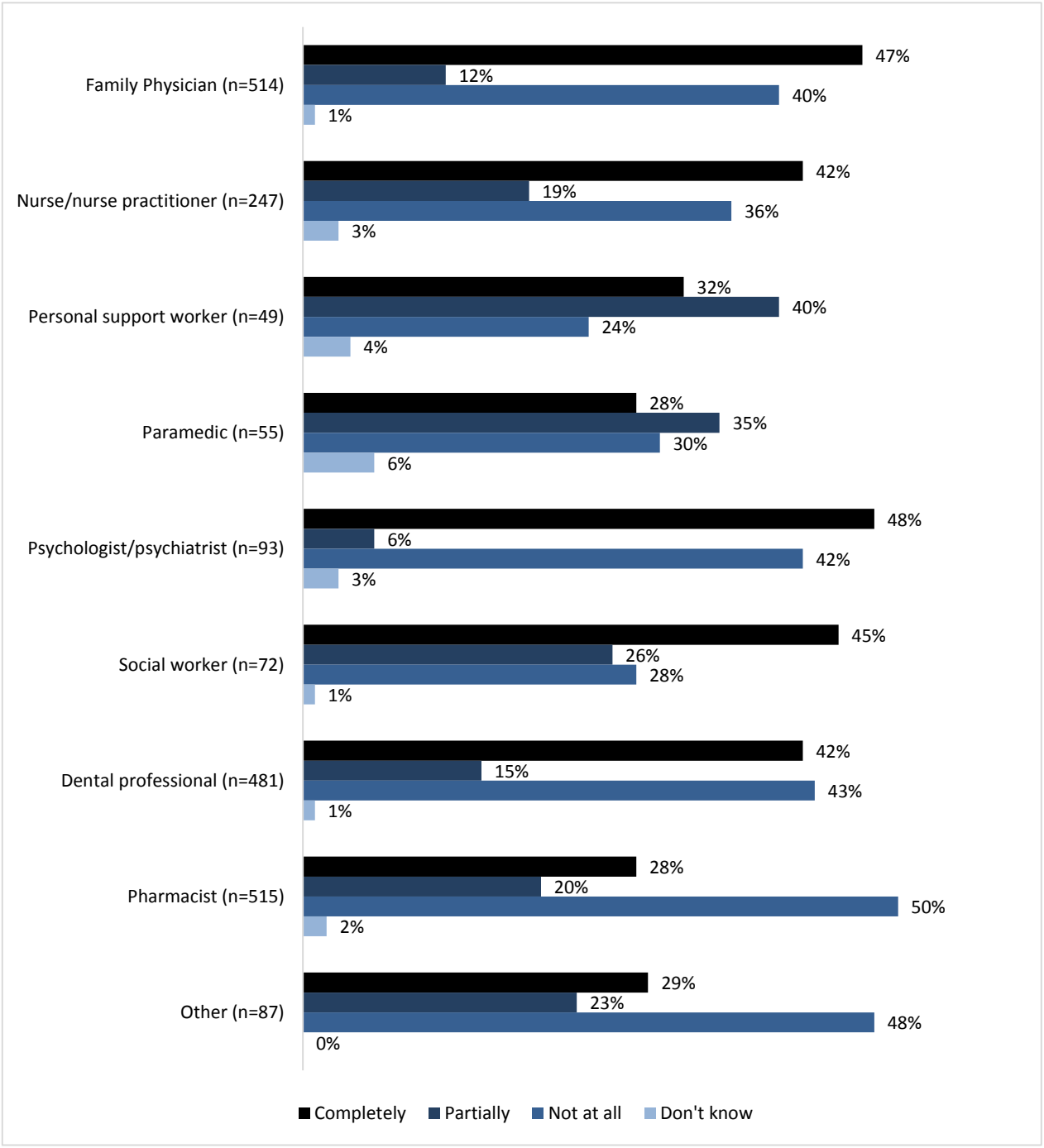


Figure 10: Answer to Q11B. More specifically, for each health care provider you have consulted in the past year, were you able to receive services in French?

Sample frame: French-speaking respondents outside Quebec

Service offered in French from the visited health care providers for French Canadians outside of Quebec

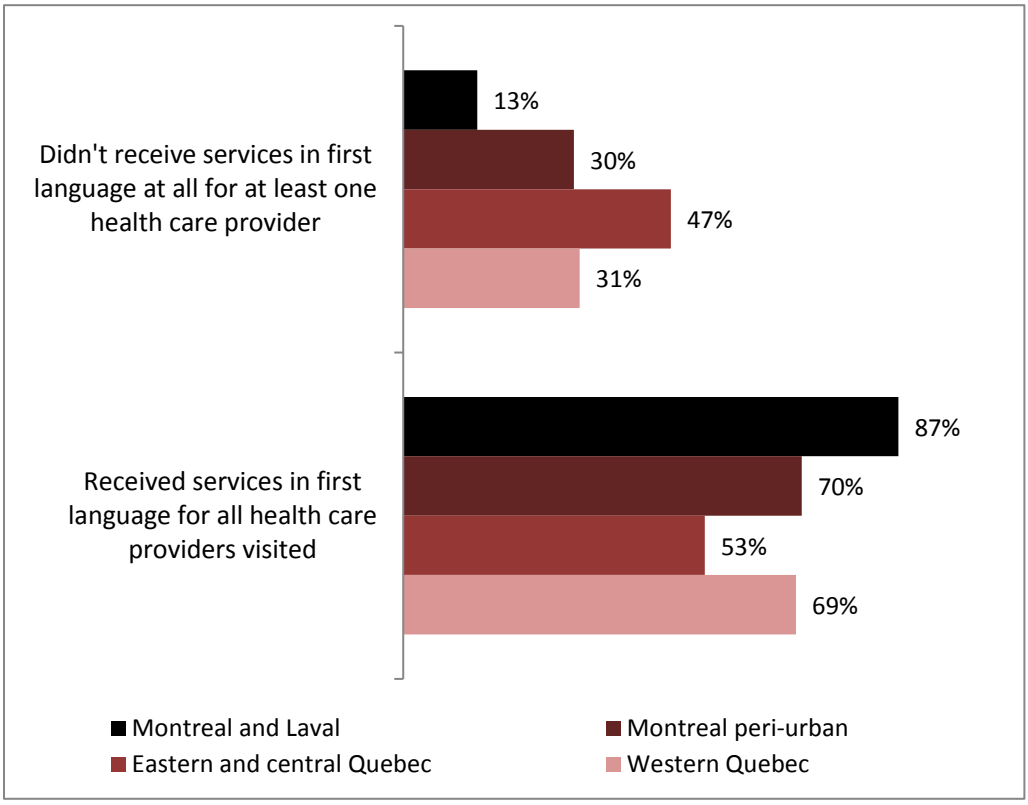


English respondents living in Montreal and Laval area are more likely to have received all their services in English (87%) while the ones living in eastern and central Quebec are more likely not to have received at least one service in their first official language spoken in the past year (47%).

Figure 11: Answer to Q11B. More specifically, for each health care provider you have consulted in the past year, who provided you with services in English?

Sample frame: English-speaking respondents in Quebec (n=442) - Respondents who received service in Q9

Health care providers offered services in English

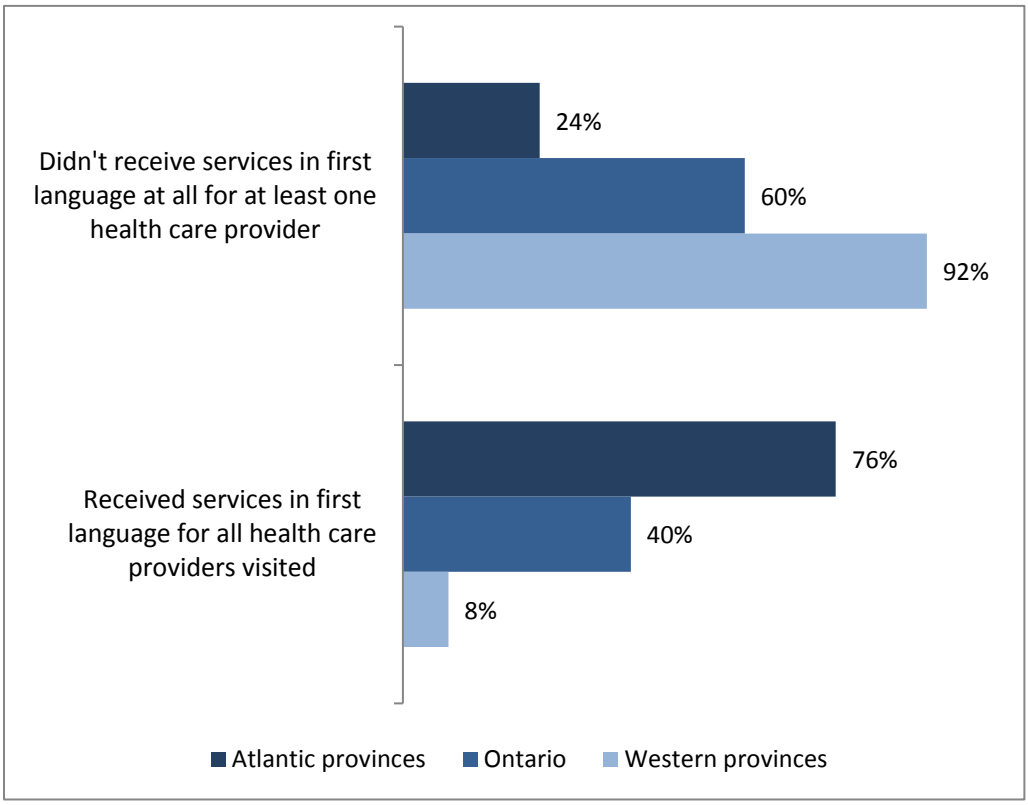


French respondents living in the Atlantic provinces are more likely to have received all their services in French (76%) while the ones living in the Western Canada are more likely not to have received at least one service in their first official language spoken in the past year (92%).

Figure 12: Answer to Q11B. More specifically, for each health care provider you have consulted in the past year, who provided you with services in French?

Sample frame: French-speaking respondents outside Quebec (n=514)

Health care providers offered services in French



Level of confidence in both official languages when using health services

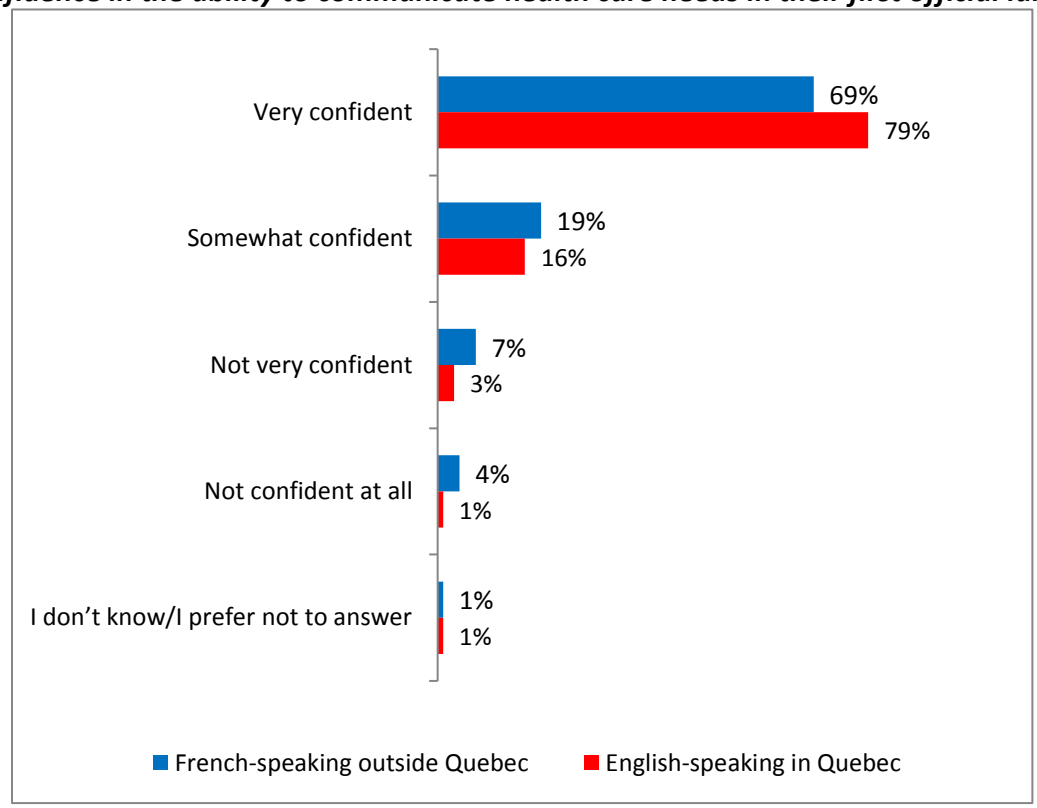
Virtually all respondents (91%) are confident in their ability to clearly communicate their health care needs in their first official language spoken. Three quarters (74%) say that they are very confident and two out of ten (18%) say that they are somewhat confident. This proportion slightly decreases for the other official language (Figure 16). Three quarters (75%) of respondents say that they are confident in the ability to clearly communicate their health care needs in the other official language.

English-speaking respondents living in the province of Quebec are significantly more confident in their ability to clearly communicate their needs to health care providers in their first language. Eight out of ten (79%) say they are very confident, while seven out of French-speaking respondents living outside of Quebec (69%) are less confident in their ability to do so.

Figure 13: Answer to Q25r1. In your first official language spoken: In general, how confident are you in your ability to clearly communicate your health care needs?

Sample frame: All respondents (n=1,125).

Confidence in the ability to communicate health care needs in their first official language



Older respondents, 55 and over, are more likely than respondents from other age groups to indicate they are not very confident (7%) and not confident at all (4%) in their ability to clearly communicate their health care needs in their first official language spoken.

Respondents with a university education are more likely to be very confident (82%) in their ability to clearly communicate their health care needs, while respondents with a college education are more likely to be somewhat confident (21%). On the other end, respondents with an elementary or high school education are more likely not to be confident at all in their abilities.

Survey respondents living in urban areas are more likely (75%) than the other respondents to report being very confident about being able to express their health needs in their first official language spoken.

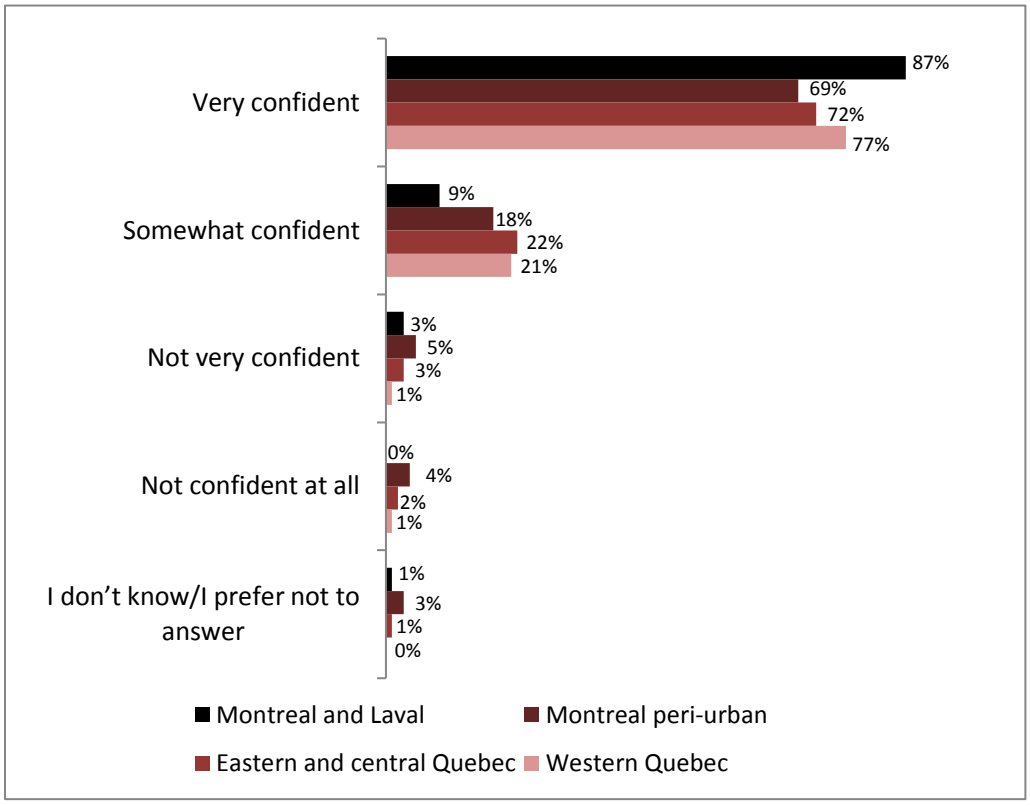
English-speaking respondents living in Montreal and Laval (87%) are significantly more confident in their ability to communicate clearly their needs to health care providers in their first language. English-speaking respondents living in Montreal peri-urban (69%) are less likely to feel very confident in their ability to communicate in their

health care needs in their first official language. In fact, respondents living in the Montreal peri-urban area are more likely than the other English-speaking respondents in Quebec not to feel confident at all (4%).

Figure 14: Answer to Q25r1. In your first official language: In general, how confident are you in your ability to clearly communicate your health care needs?

Sample frame: English-speaking respondents in Quebec (n=530)

Confidence in the ability to communicate health care needs in their first official language

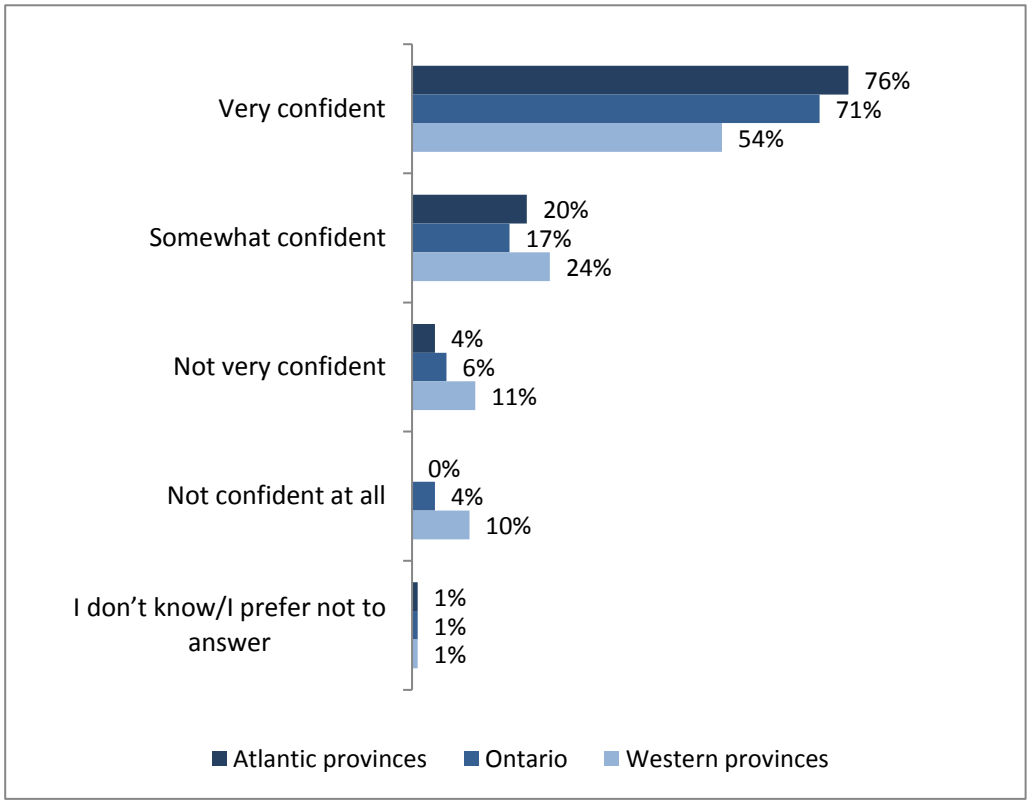


French-speaking respondents living in the Atlantic provinces of Canada (76%) are more likely to feel very confident in their ability to clearly communicate their needs to health care providers in their first language, while respondents living in Western Canada (54%) are less inclined to feel very confident. French-speaking respondents living in the Western provinces are significantly more likely to be not very confident (11%) or not at all confident (10%) in their ability to clearly communicate their health needs in their first official language spoken.

Figure 15: Answer to Q25r1. In your first official language: In general, how confident are you in your ability to clearly communicate your health care needs?

Sample frame: French-speaking respondents outside Quebec (n=595).

Confidence in the ability to communicate health care needs in their first official language

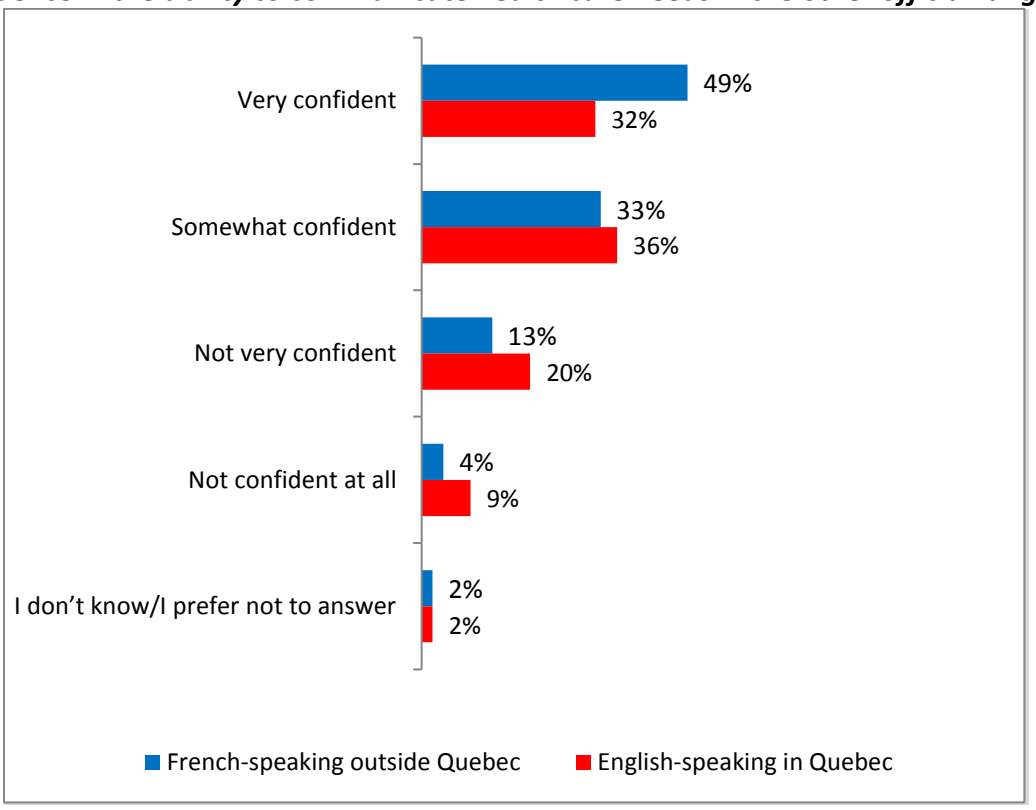


French-speaking respondents living outside the province of Quebec are significantly more confident in their ability to clearly communicate their needs to health care providers in their first official language (Figure 16). In fact, half of them (49%) say that they are very confident and about a third (33%) say that they are somewhat confident. On their end, Anglophones living in the province of Quebec are less likely to feel confident in their ability to clearly communicate with health care providers in the other language. Two out of ten (20%) say that they are not very confident and about one out of ten (9%) says that they are not confident at all.

Figure 16: Answer to Q25r2. In the other official language: In general, how confident are you in your ability to clearly communicate your health care needs?

Sample frame: All respondents (n=1,125).

Confidence in the ability to communicate health care needs in the other official language



Men (79%—very and somewhat confident) are more likely than women (73%—very and somewhat confident) to be more confident in their ability to clearly communicate their health care needs in the other official language.

Young adults (18–34) are more likely not to feel very confident (22%) than the other age groups to clearly communicate their needs in the other official language. On the other end, respondents between 35 and 54 are more likely to report being somewhat confident about their ability to clearly communicate their needs in the other official language (41%). Older people, 55 and over, are more likely to have expressed extreme position. They are more likely to feel very confident (45%) and not to feel confident at all (9%) in their ability to clearly communicate their health care needs in the other official language.

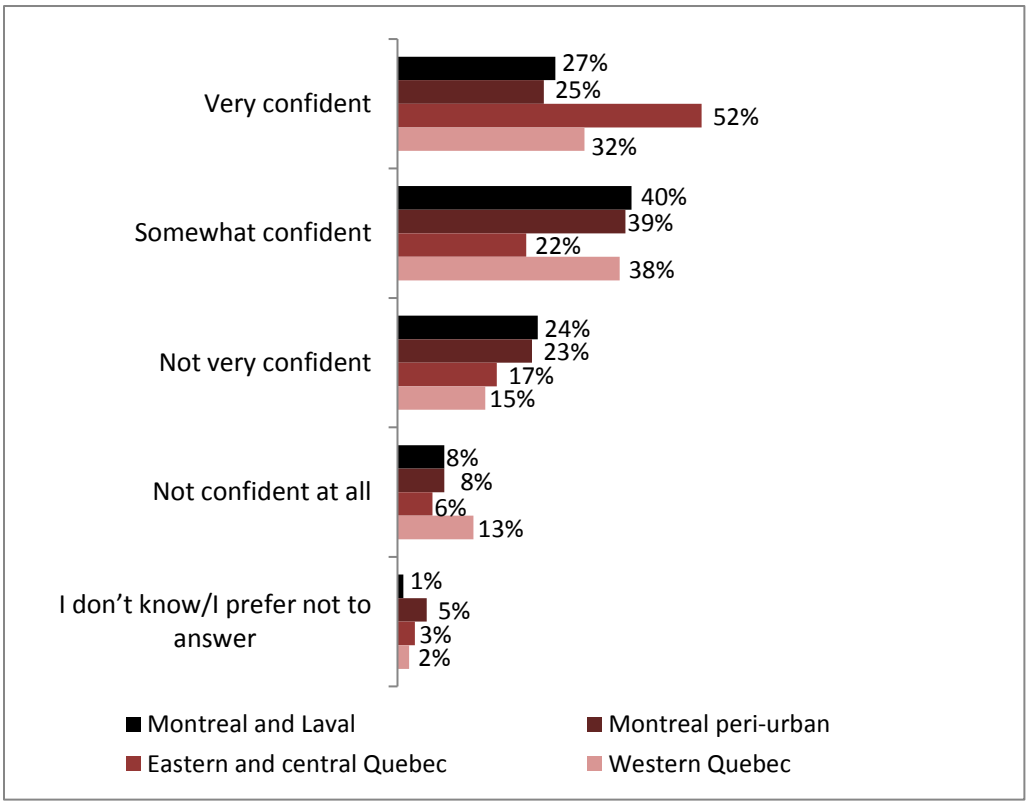
Respondents living in urban area are significantly more likely to be somewhat confident (36%) while those living in rural areas are significantly not at all confident (10%) in their ability to clearly communicate their health needs in the second official language spoken.

English speakers living in eastern and central Quebec feel significantly more confident in their ability to clearly communicate in the other official language. Half of them (52%) say that they are very confident in their ability. English-speaking respondents living in Montreal and Laval (27%) are significantly less incline to feel very confident about their ability.

Figure 17: Answer to Q25r2. In the other official language: In general, how confident are you in your ability to clearly communicate your health care needs?

Sample frame: English-speaking respondents in Quebec (n=530).

Confidence in the ability to communicate health care needs in the other official language

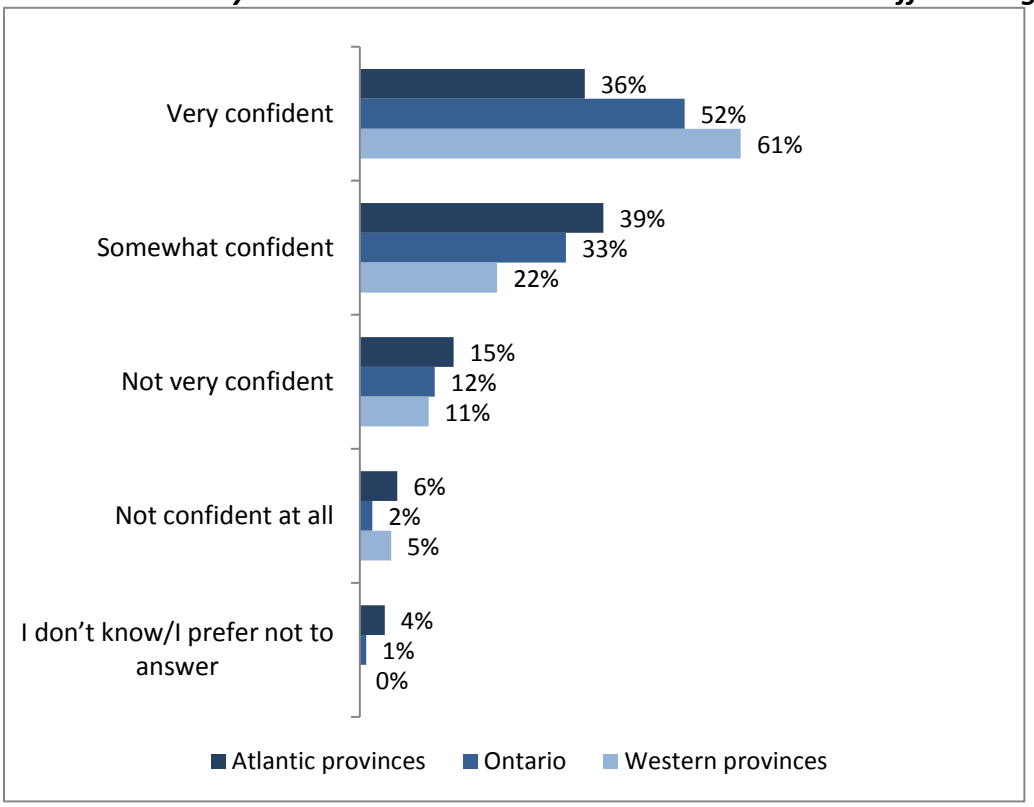


French-speaking respondents living in Western Canada (61%) are more likely to feel very confident in their ability to clearly communicate in the other official language, while respondents living in the Atlantic provinces (36%) are less likely to feel very confident.

Figure 18: Answer to Q25r2. In the other official language: In general, how confident are you in your ability to clearly communicate your health care needs?

Sample frame: French-speaking respondents outside Quebec (n=595).

Confidence in the ability to communicate health care needs in the other official language



Perceived level of understanding of the other official language by health providers

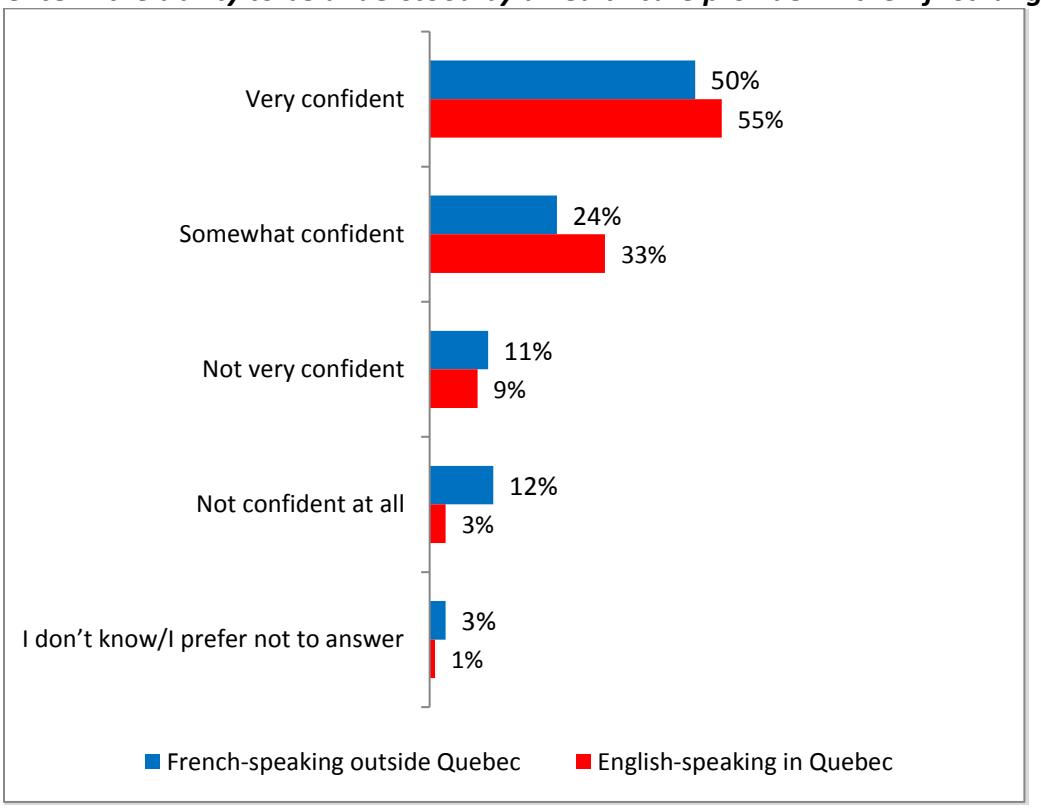
Overall, more than eight in ten respondents (81%) are confident in the ability of health care providers to clearly understand their health needs in the patients' first official language spoken (Figure 19). Respondents in rural areas are less confident in this regard than are respondents in urban areas of the country. Respondents living in rural area have a lower level of confidence in the ability of health care providers to clearly understand their needs in the other official language (78%).

In general, English-speaking respondents living in the province of Quebec are significantly more confident in their ability to clearly be understood by health care providers in their first official language. More than half of them (55%) say that they are very confident and a third (33%) say that they are somewhat confident. On their end, French speakers living outside of Quebec are less likely to feel confident in their ability to be clearly understood by health care providers in their first official language. One out of two (50%) says that they are very confident and a quarter (24%) says that they are somewhat confident. Figures 20 and 21 show the statistically significant differences according to the regions where respondents live.

Figure 19: Answer to Q26r1. In your first official language: In general, how confident are you in the ability of health care providers to clearly understand your health care needs?

Sample frame: All respondents (n=1,125).

Confidence in the ability to be understood by a health care provider in their first language



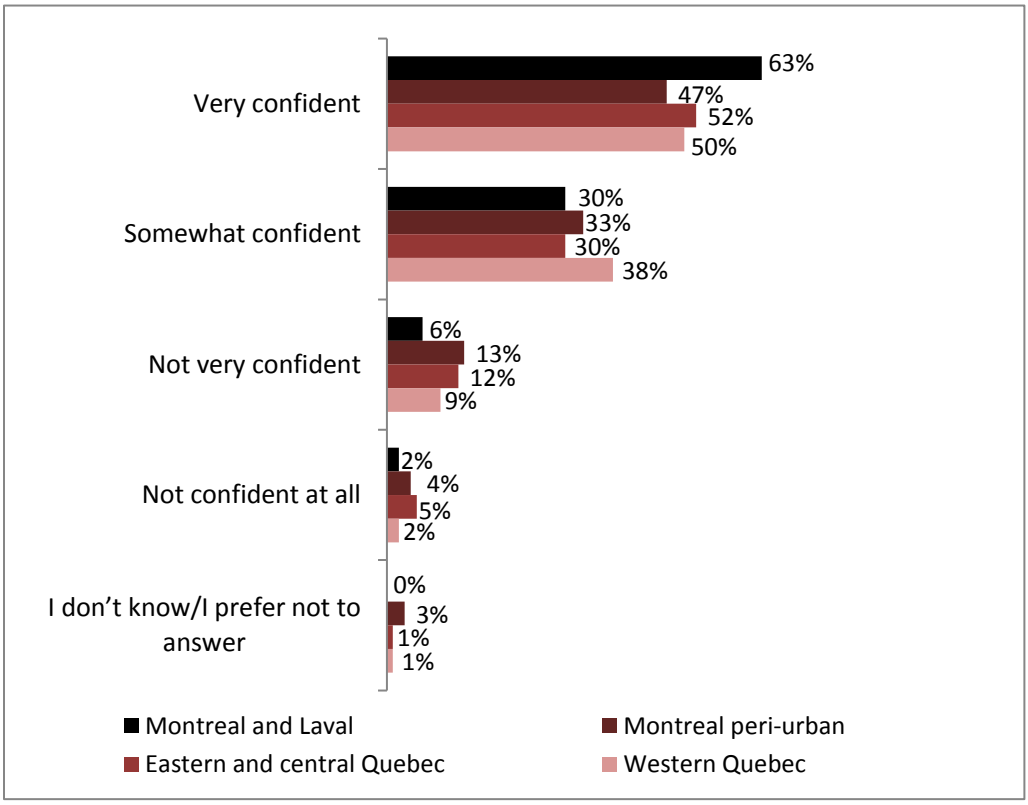
There were no significant differences in this regard based on the gender, the age groups or the education level of the respondents.

English-speaking respondents living in Montreal and Laval (63%) are significantly more confident in their ability to be clearly understood by health care providers in their first official language than are other respondents living elsewhere in Quebec.

Figure 20: Answer to Q26r1. In your first official language: In general, how confident are you in the ability of healthcare providers to clearly understand your health care needs?

Sample frame: English-speaking respondents in Quebec (n=530).

Confidence in the ability to be understood by a health care provider in their first official language

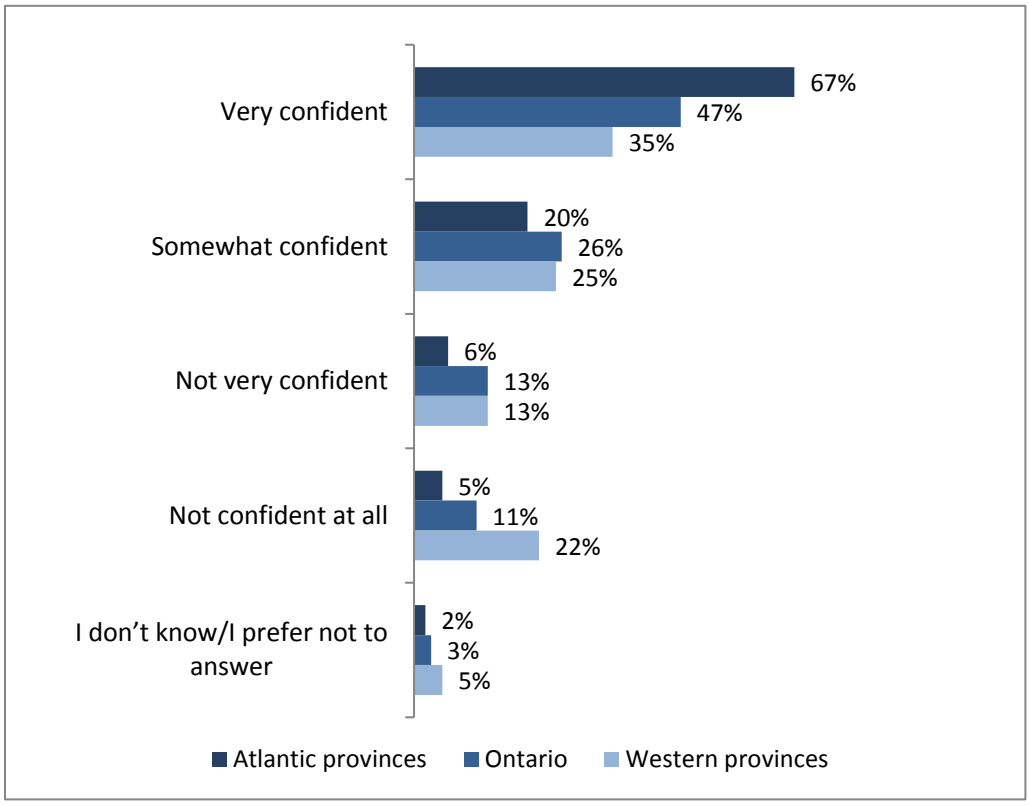


French-speaking respondents living in the Atlantic provinces of Canada (67%) are more likely to feel confident in their ability to be clearly understood by health care providers in their first official language spoken, while respondents living in Western Canada (22%) are significantly more inclined to feel not confident at all about it. There were no significant differences in this regard for respondents living in Ontario.

Figure 21: Answer to Q26r1. In your first official language: In general, how confident are you in the ability of health-care providers to clearly understand your health care needs?

Sample frame: French-speaking respondents outside Quebec (n=595).

Confidence in the ability to be understood by a health care provider in their first official language

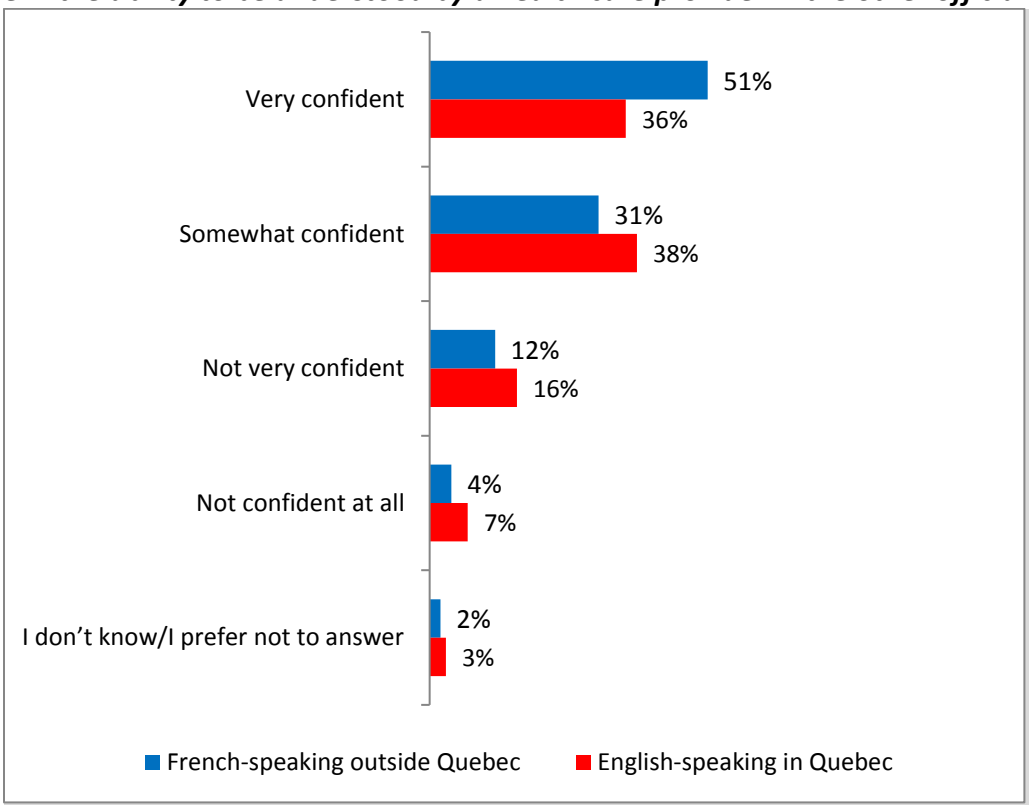


French-speaking respondents living outside the province of Quebec are significantly more confident in their ability to be clearly understood by health care providers in the other first official language. Half of them (51%) say that they are very confident and about a third (31%) say that they are somewhat confident. On their end, Anglophones living in the province of Quebec are less likely to feel confident in their ability to be clearly understood—when communicating their health care needs in the other language. Less than two out of ten (16%) say that they are not very confident and 7% says that they are not confident at all.

Figure 22: Answer to Q26r2. In the other official language: In general, how confident are you in the ability of health care providers to clearly understand your health care needs?

Sample frame: All respondents (n=1,125).

Confidence in the ability to be understood by a health care provider in the other official language



Men (81%—very and somewhat) are more likely than women (76%—very and somewhat) to be more confident in their ability to be understood by health care providers in the other official language. Young adults (18–34) are more likely not to be very confident (20%) in the capacity of the health-care providers to understand their health needs in the other official language. Conversely, older people (55 and over) are more likely to be very confident (49%) or not confident at all (7%) about the capacity of the health care providers to clearly understand their health care needs.

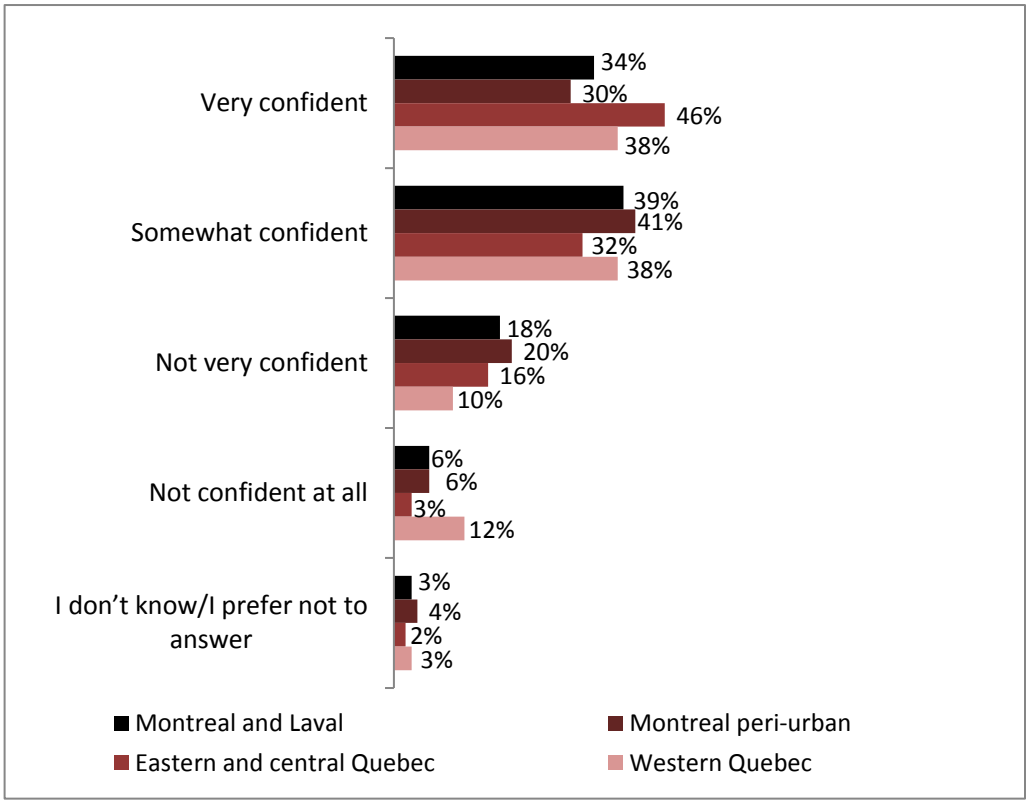
There are no differences based on respondents' level of education or urban/rural area of residence.

English-speaking respondents living in eastern and central Quebec feel significantly more confident in their ability to be clearly understood in the other official language. Half of them (46%) say that they are very confident.

Figure 23: Answer to Q26r2. In the other official language: In general, how confident are you in the ability of health care providers to clearly understand your health care needs?

Sample frame: English-speaking respondents in Quebec (n=530).

Confidence in the ability to be understood by a health care provider in the other official language

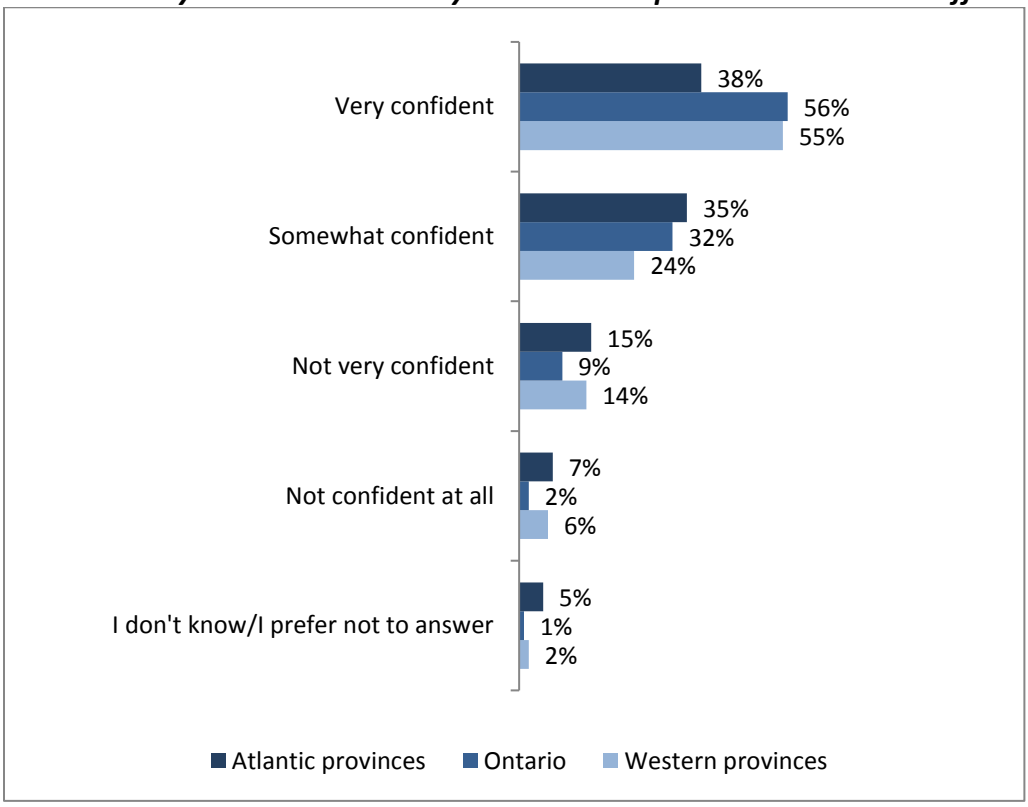


French-speaking respondents living in Ontario (56%) are more likely to feel very confident in their ability to be understood by health care providers in the other official language, while respondents living in the Atlantic provinces (38%) are less likely to feel very confident.

Figure 24: Answer to Q26r2. In the other official language: In general, how confident are you in the ability of health care providers to clearly understand your health care needs?

Sample frame: French-speaking respondents outside Quebec (n=595).

Confidence in the ability to be understood by a health care provider in the other official language



Perceived importance of health services that need to be provided in the patients's official language

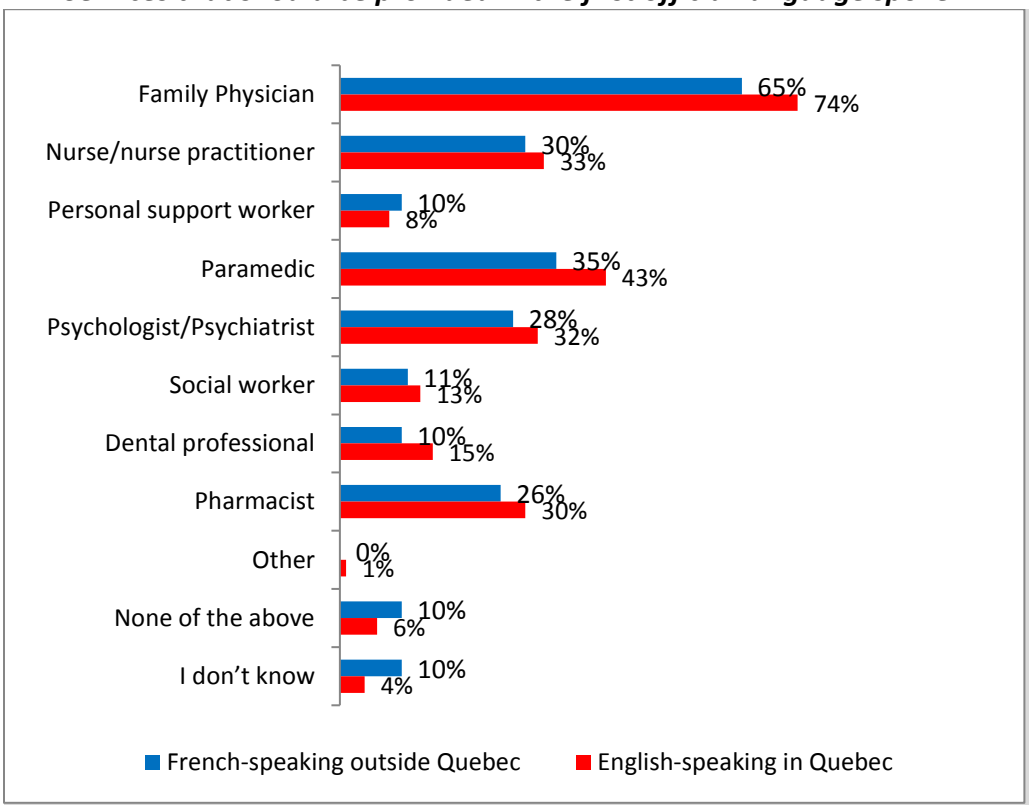
Three quarters of English-speaking respondents living in Quebec (74%) and two third of French-speaking respondents living outside of Quebec (65%) think that a family physician consultation should absolutely be provided in their chosen official language. It is by far the type of health care provider that obtains the strongest levels of opinion in favour of the importance to provide services in the first official language spoken.

However, it is important to mention that English-speaking respondents living in the province of Quebec are more likely to believe that these services should be provided in their first official language spoken than are French-speaking respondents elsewhere in the country: family physicians (74% vs 65% for French-speaking), paramedics (43% vs 35% for French-speaking) and dental professional (15% vs 10% for French-speaking). There were no other significant differences by types of health care provider.

Figure 25: Answer to Q27. Which of the following services should absolutely be provided in [First Official Language Spoken by the respondent]? SPONTANEOUS ANSWERS—SEVERAL ANSWERS POSSIBLE*

Sample frame: All respondents (n=1,125)

Services that should be provided in the first official language spoken



*Because respondents were able to give multiple answers, total answers may exceed 100%.

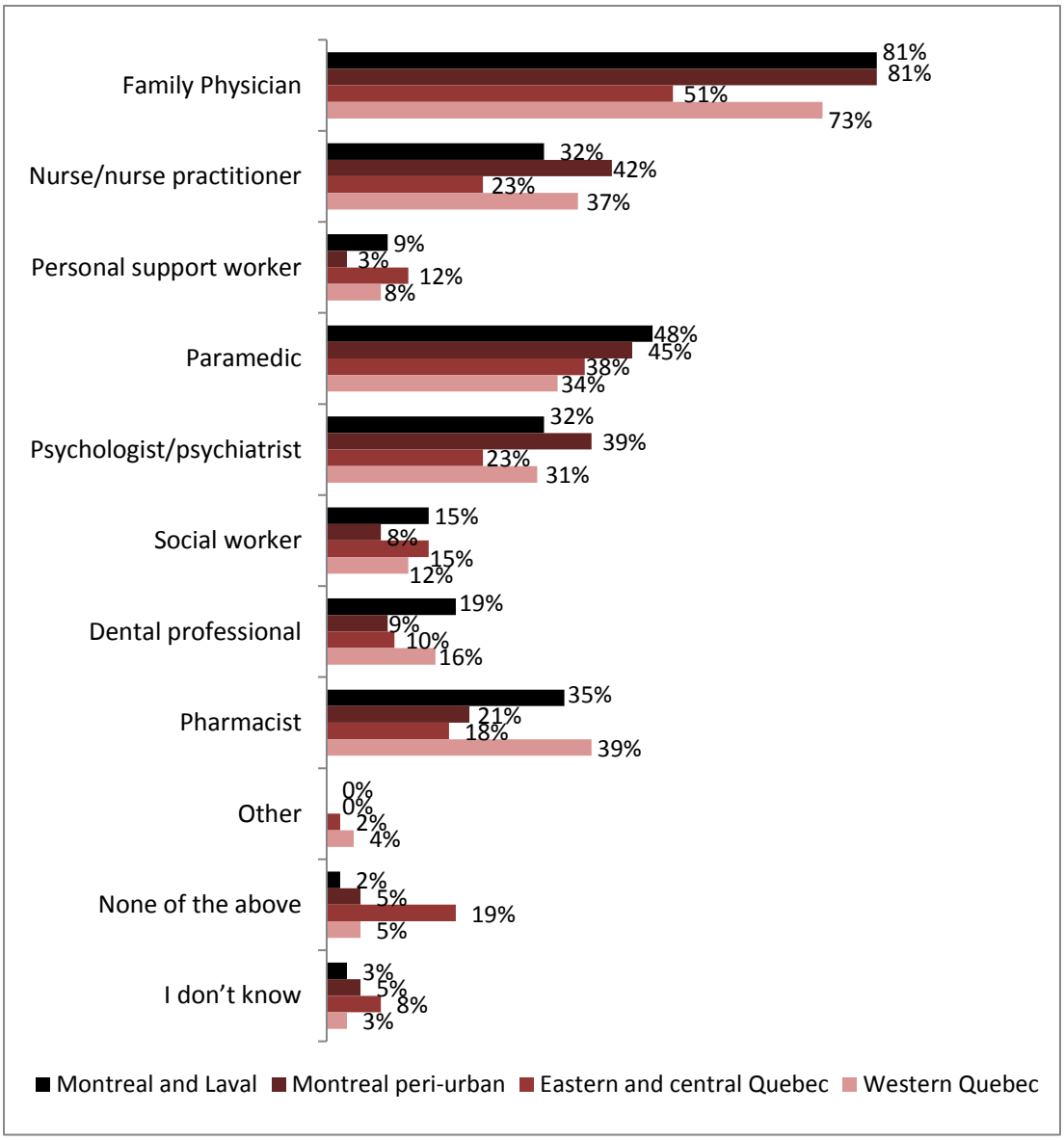
Respondents aged between 35 and 54 years old (75%) and women (73%) and are more likely to think that a family physician consultation should absolutely be provided in their first official language. Respondents aged between 18 and 34 years old (36%) as well as women (33%) are both more inclined to say that psychologist or psychiatrist services should absolutely be provided in their first official language spoken.

English-speaking respondents living in Montreal and Laval are more likely to think that family physicians (81%), paramedics (48%) and dental professionals (19%) are services that should absolutely be provided in their first official language spoken. English-speaking respondents living in Western Quebec (39%) are more likely to think that consultation with a pharmacist should absolutely be provided in their first official language.

Figure 26: Answer to Q27. Which of the following services should absolutely be provided in [First Official Language Spoken by the respondent]? SPONTANEOUS ANSWERS—SEVERAL ANSWERS POSSIBLE*

Sample frame: English-speaking respondents in Quebec (n=530).

Services that should be provided in the first official language spoken



*Because respondents were able to give multiple answers, total answers may exceed 100%.

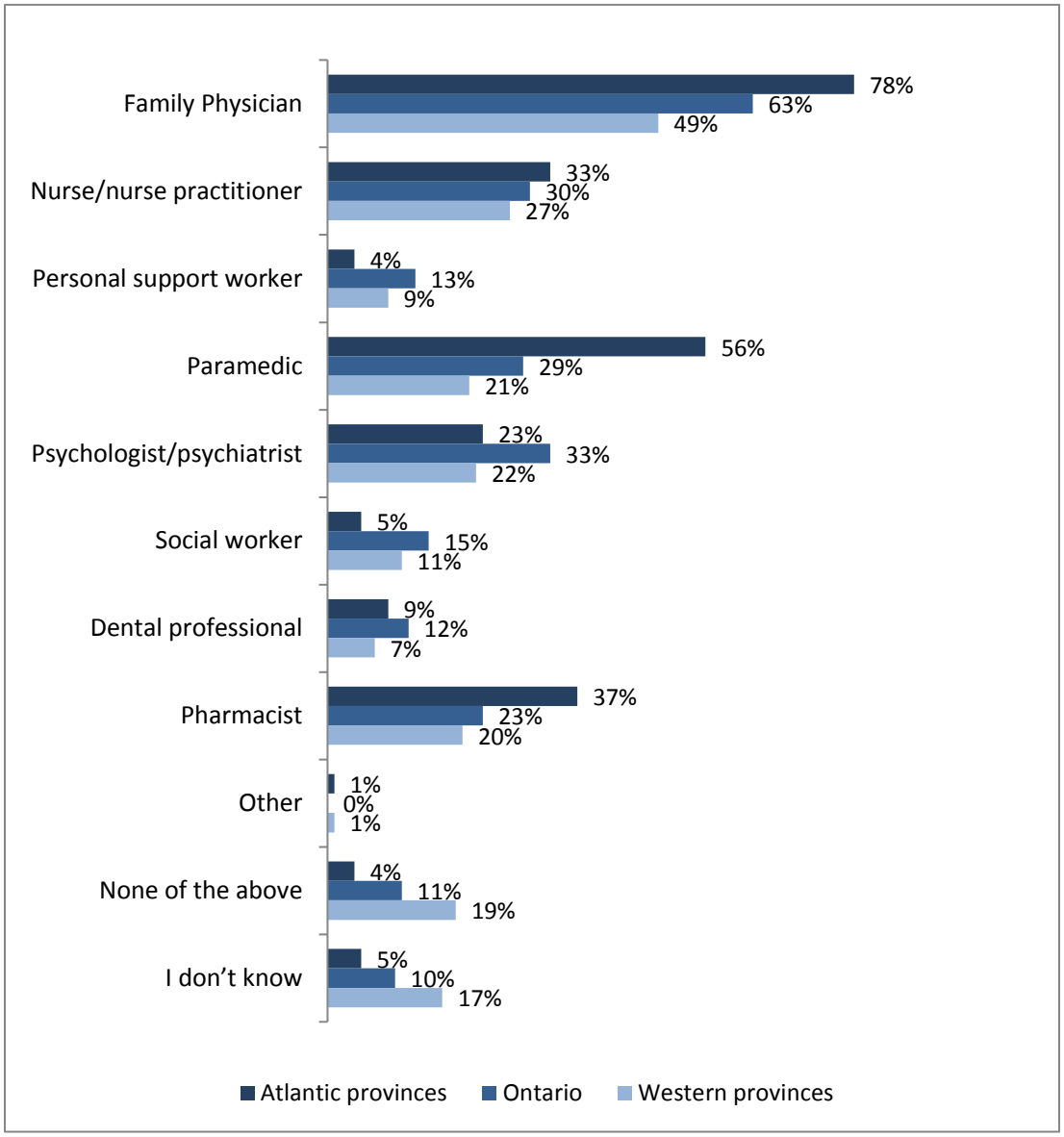
French-speaking respondents living in the Atlantic provinces are more likely to say that services by family physicians (78%), paramedics (56%) and pharmacists (37%) services should absolutely be provided in their first official language. On their part, Francophones living in Ontario are significantly more inclined to think that

psychologist or psychiatrist consultations (33%), social worker (15%) and personal support worker services (13%) should absolutely be provided in their first official language.

Figure 27: Answer to Q27. Which of the following services should absolutely be provided in [First Official Language Spoken by the respondent]? SPONTANEOUS ANSWERS—SEVERAL ANSWERS POSSIBLE*

Sample frame: French-speaking respondents outside Quebec (n=595).

Services that should be provided in the first official language



*Because respondents were able to give multiple answers, total answers may exceed 100%.

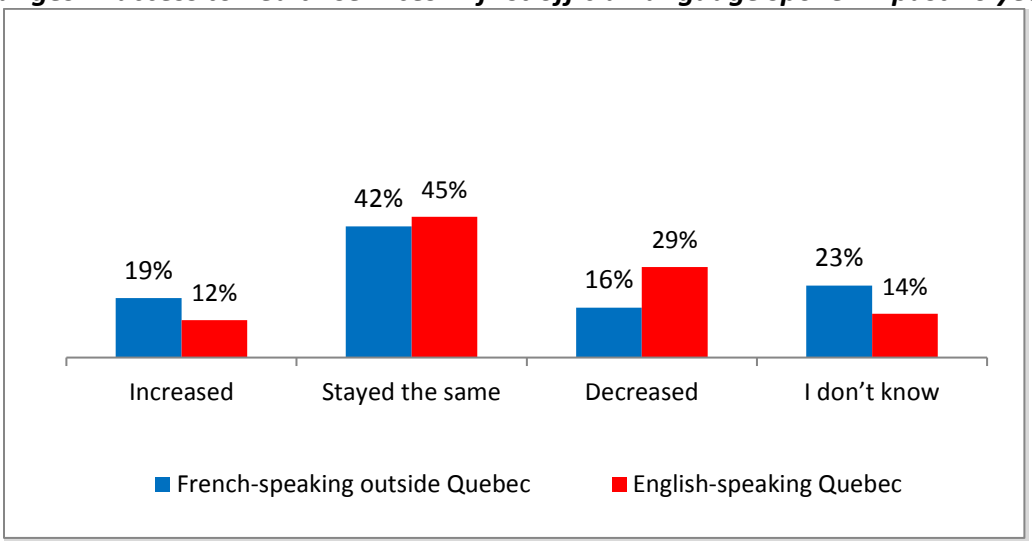
Perceived evolution in the offer of health care services in the official minority language

The majority of English-speaking respondents living in Quebec (45%) and about the same proportion of French-speaking respondents living outside of Quebec (42%) think that the access to health services in their first official language spoken has stayed the same over the past 10 years. About one out of five (19%) French-speaking respondents outside Quebec feel that health services have improved in the last ten years. In contrast, Quebec English speakers are more likely to feel that health services in their first official language spoken have decreased over the past 10 years (29%).

Figure 28: Answer to Q28. Over the past 10 years, would you say that access to health services in [First Official Language Spoken by the respondent] has increased, decreased or stayed about the same?

Sample frame: All respondents (n=1,125)

Changes in access to health services in first official language spoken—past 10 years



Respondents aged between 18 and 34 years old (22%) as well as respondents who are caregivers for a child (ren), a relative or a friend (19%) are more likely to think that the access to health services in their first official language spoken has increased in the past ten years.

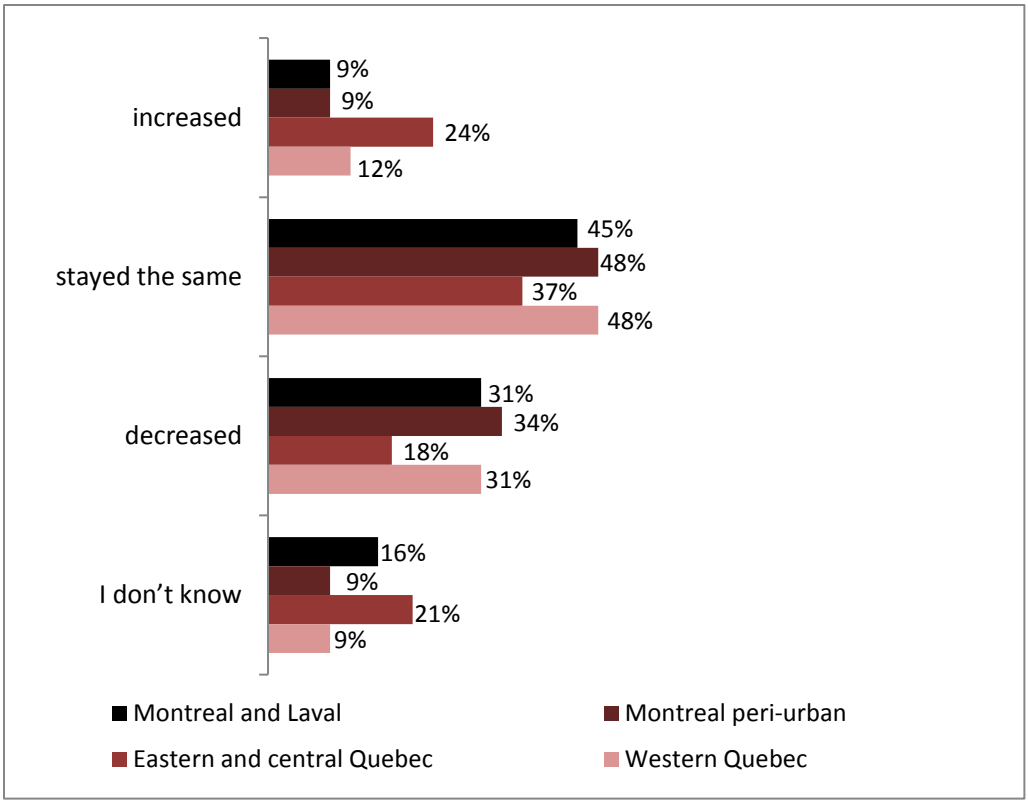
There are no significant differences between respondents by gender or education level for this question.

English speakers living in eastern and central Quebec (24%) are more inclined to say that access to health services in their first official language has increased in the past ten years, while Anglophones living in Montreal and Laval are less likely to think so.

Figure 29: Answer to Q28. Over the past 10 years, would you say that access to health services in [First Official Language Spoken by the respondent] has increased, decreased or stayed about the same?

Sample frame: English-speaking respondents in Quebec (n=530).

Changes in access to health services in first official language spoken—past 10 years

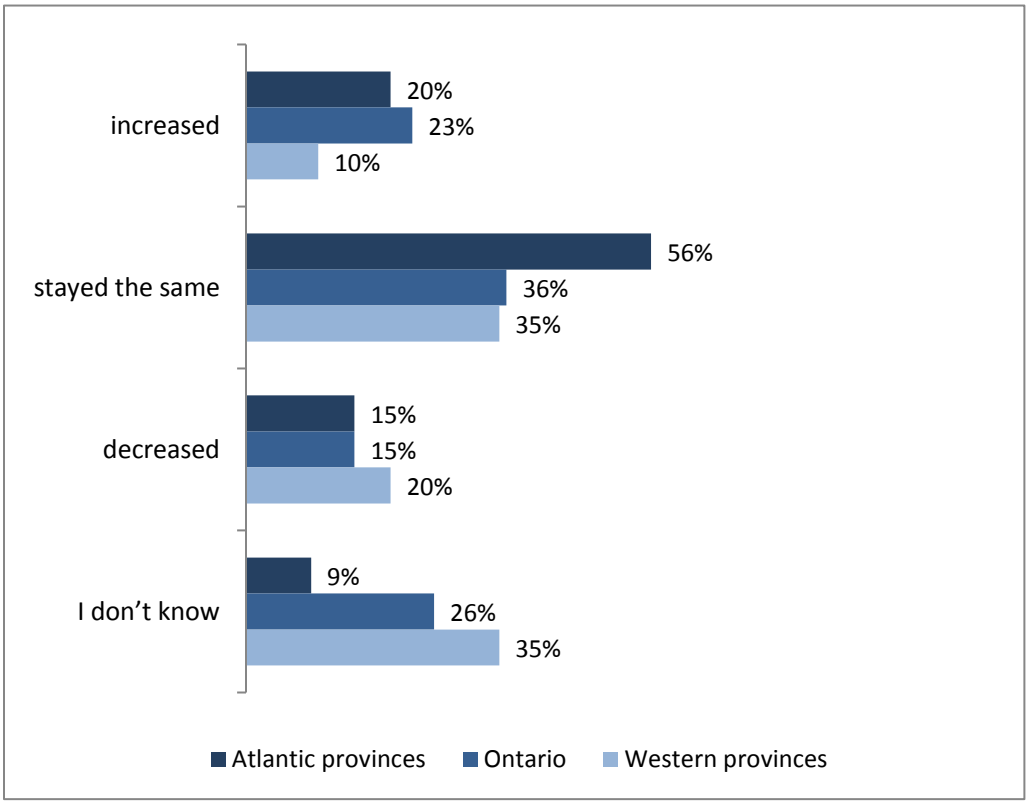


French-speaking respondents living in Ontario (23%) are significantly more likely to mention that access to health services in their first language has increased in the last ten years. Those living in the Atlantic provinces of Canada are more likely to say that the access to health services in their first language has stayed the same (56%), while those living in the Western provinces are more likely to report that they don't know if the access has changed or not over the past ten years (35%).

Figure 30: Answer to Q28. Over the past 10 years, would you say that access to health services in [First Official Language Spoken by the respondent] has increased, decreased or stayed about the same?

Sample frame: French-speaking respondents outside Quebec (n=595).

Changes in access to health services in first official language spoken—past 10 years

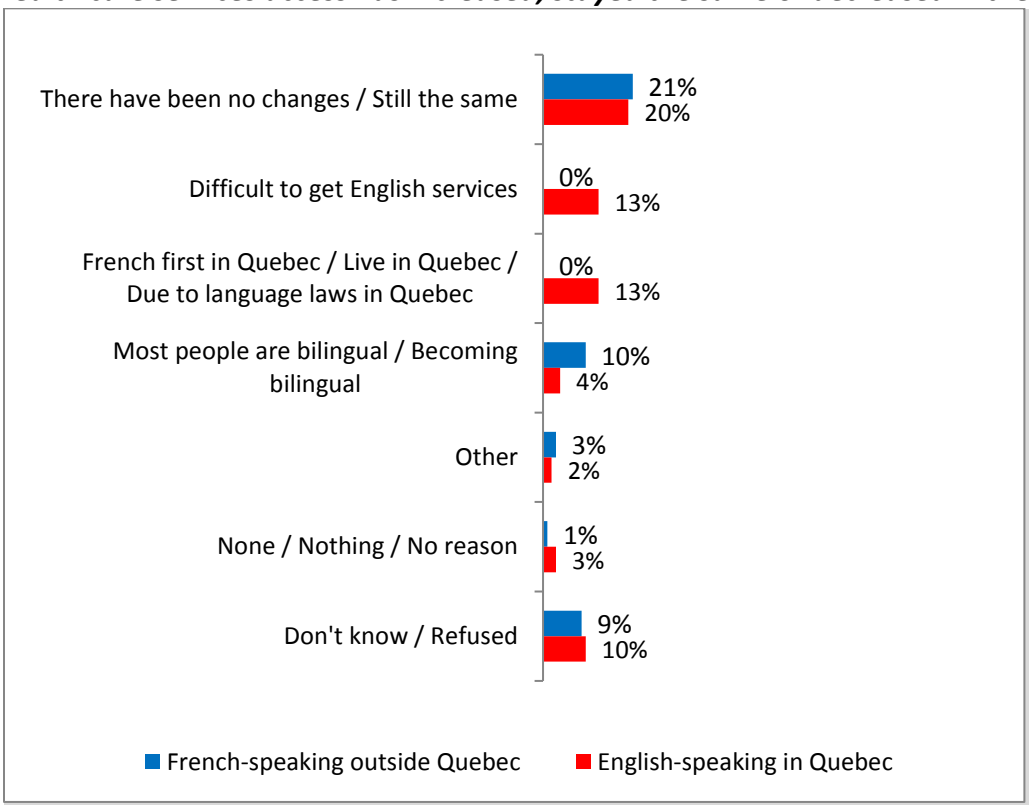


One fifth of French-speaking respondents living outside of Quebec (21%) and English-speaking respondents living in Quebec (20%) feel like there have been no changes in the access to health care in their first language. More than one out of ten English-speaking respondents mention the difficulty to get services in English (13%) and the fact that French comes first in Quebec (language law) (13%) as reasons why the access to health services in their chosen language stayed the same or has decreased.

Figure 31: Answer to Q29. Why do you feel that access to health care in [First Official Language Spoken by the respondent] has [INSERT ANSWER FROM Q28]? SPONTANEOUS ANSWERS—SEVERAL ANSWERS POSSIBLE*

Sample frame: Respondents who think health care service in [First Official Language Spoken by the respondent] has increased, stayed the same or decreased (n=918).

Reasons why health care services access has increased, stayed the same or decreased in the past 10 years



*Because respondents were able to give multiple answers, total answers may exceed 100%.
***Only the top answers to Q29 are shown in this figure. The full list of answers can be found in Appendix E.*

There are not significant differences in the reasons why health care services access has stayed the same or decreased between regions, gender or age, level of education, rural or urban areas of residence of the respondents.

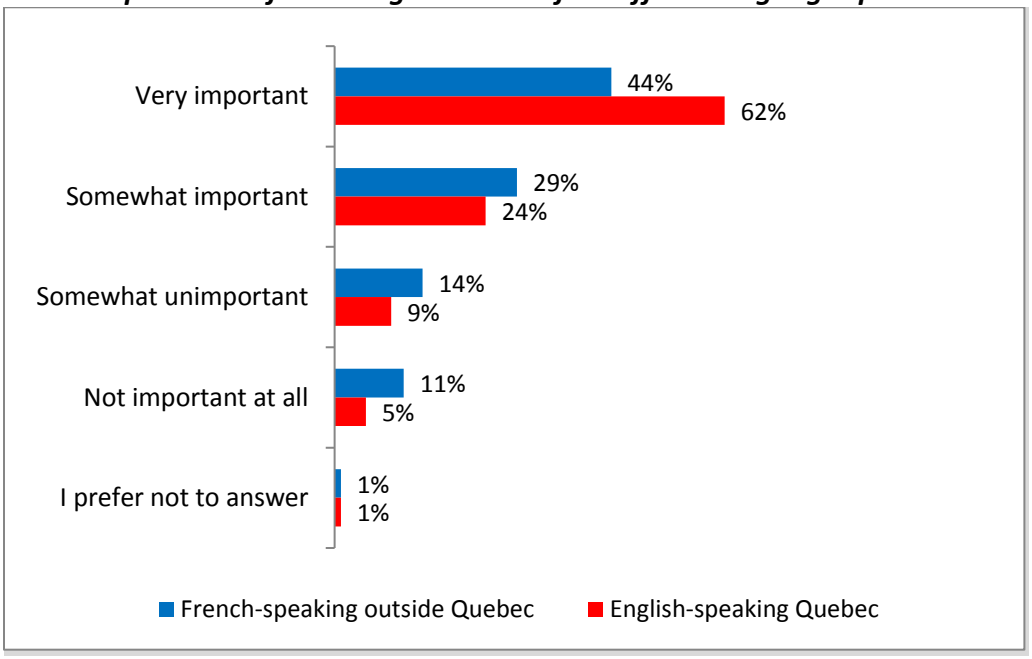
Importance of receiving services in their first official language

Significantly more English-speaking respondents in Quebec feel it is very important for them to receive services in their first official language spoken (62%), while significantly more French-speaking respondents living in the other provinces of Canada rather feel it is somewhat important (29%), somewhat unimportant (14%), or not important at all (11%). A quarter of French-speaking respondents (25%) outside Quebec are more likely to say that receiving services in their first official language spoken is not important compared to English-speaking respondents in Quebec (14%).

Figure 32: Answer to Q2. How important is it for you to receive services in your first official language spoken?

Sample frame: All respondents (n=1,125)

Importance of receiving services in first official language spoken

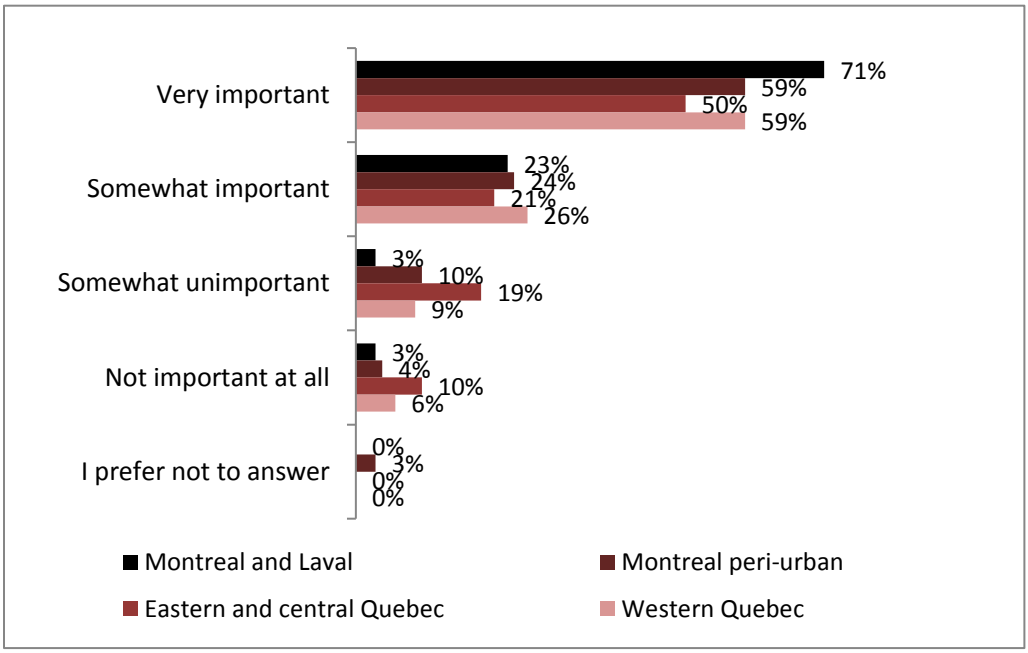


English-speaking respondents living in Montreal or Laval find it significantly more important to receive services in English than other English-speaking respondents. In fact, seven out of ten (71%) respondents who live in Montreal or Laval said that it was very important while three out of ten who live in eastern and central Quebec find it somewhat unimportant (19%) or not important at all (10%).

Figure 33: Answer to Q2. How important is it for you to receive services in your first official language spoken?

Sample frame: English-speaking respondents in Quebec (n=530).

Importance of receiving services in English

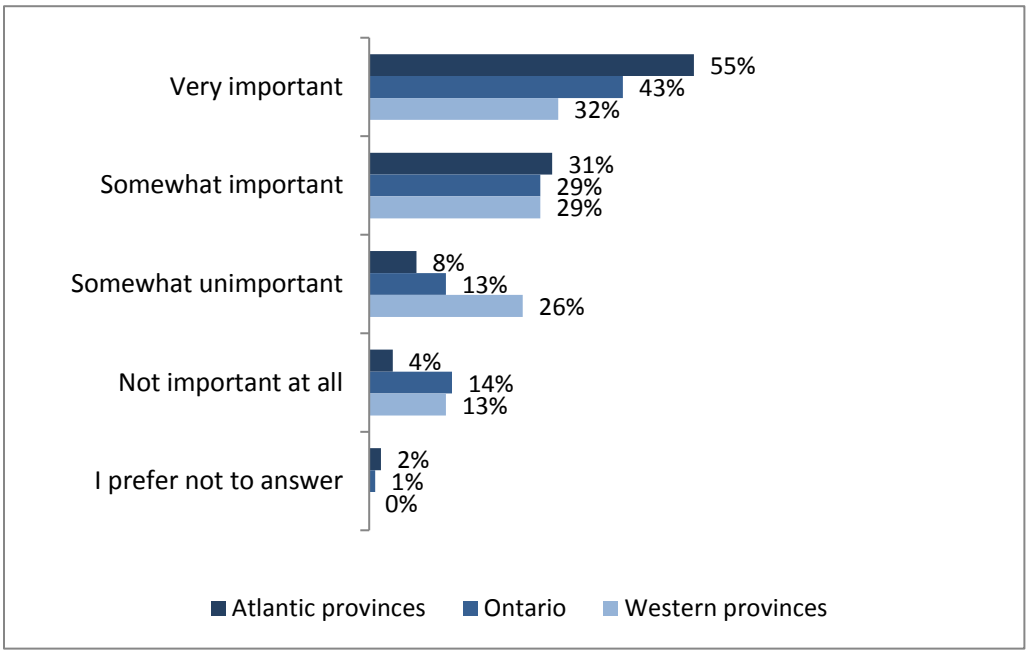


On their part, French-speaking respondents living in the Atlantic provinces are more likely to find it very important (55%) to receive services in their first official language spoken than the ones living in Ontario (43%) or in Western Canada (32%). Conversely, French speakers living in Western Canada are more likely to say that it is somewhat unimportant for them to receive services in French (26%) and Francophones living in Ontario are more likely to say that it is not important at all for them (14%).

Figure 34: Answer to Q2. How important is it for you to receive services in your first official language spoken?

Sample frame: French-speaking respondents outside Quebec (n=595).

Importance of receiving services in French



There are no significant differences in the importance of receiving services in the first official language spoken between genders. Regardless of what their first official language spoken is, respondents aged 35 to 54 are more likely to feel it is important to receive services in their first official language (84%) and respondents aged 18 to 34 are more likely to feel it somewhat unimportant than the other age groups (16%).

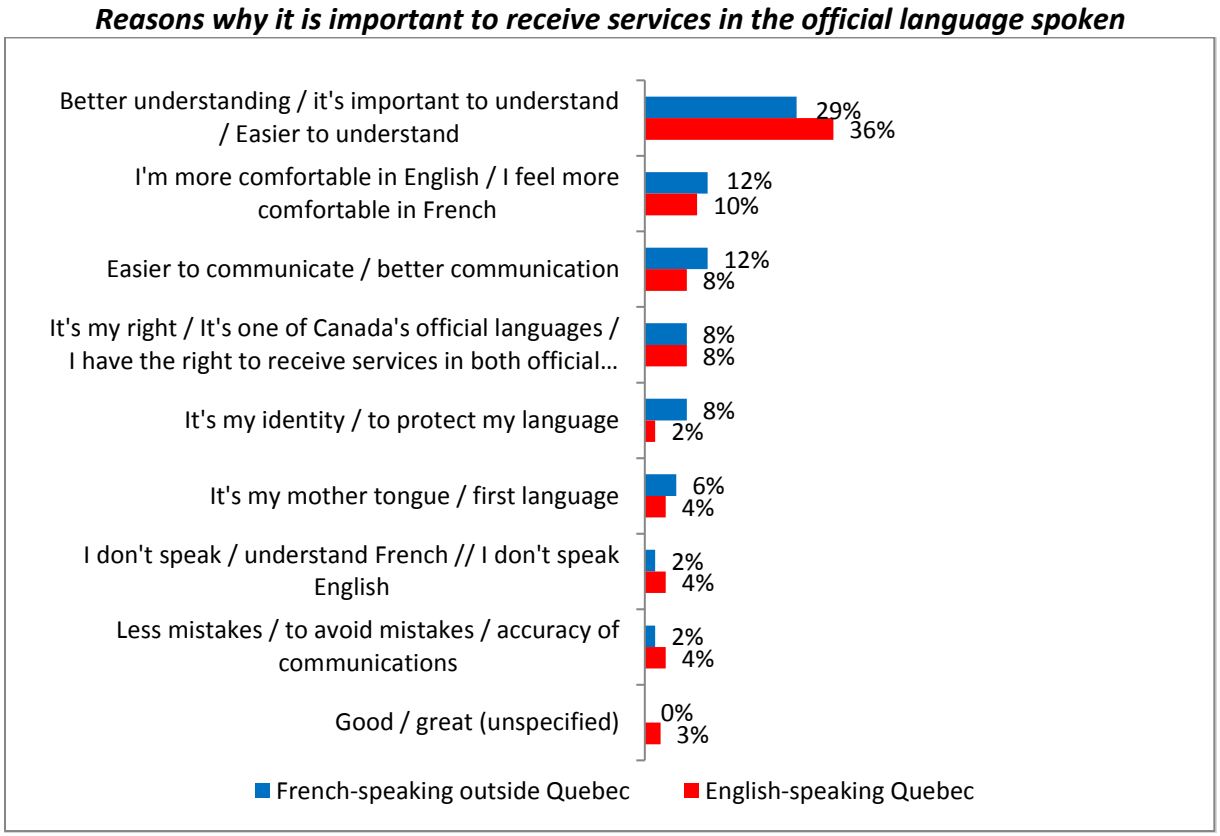
Respondents with a university education are more likely to feel that it is really important (59%) to receive health services in the first official language spoken.

There are no significant differences in opinion for this question based on respondents' urban or rural residence.

The main reason why it is important to the respondents to receive services in their first official language spoken, for both Anglophones living in Quebec and Francophones living outside of Quebec, is because they feel that they have a better understanding of the language (36% of Anglophones and 29% of Francophones) when it comes to health matters. The level of comfort in the first official language is also mentioned (12% of Francophones and 10% of Anglophones) as well as the ease to communicate (12% of Francophones and 8% of Anglophones).

Figure 35: Answer to Q2A. Why is it [Recall answer to Q2] for you?

Sample frame: Respondents who gave an answer in Q2 (n=1,119).



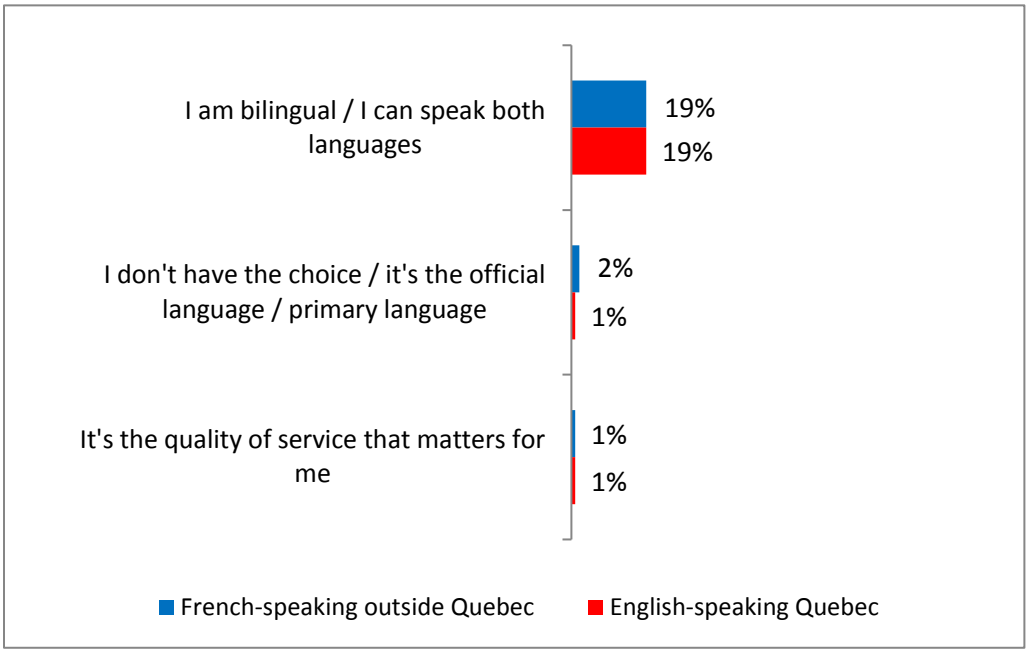
**Only the top answers to Q2A are shown in this figure. The full list of answers can be found in Appendix E.*

Respondents who feel that receiving services in their first official language spoken is rather not important mainly mentioned that they are bilingual (19% for both Francophones and Anglophones). A very small proportion also mentioned that they did not have a choice (2% of Francophones and 1% of Anglophones) or that it's the quality of the service that matters (1% all around).

Figure 36: Answer to Q2A. Why is it [Recall answer to Q2] for you?

Sample frame: Respondents who gave an answer in Q2 (n=1,119).

Reasons why it is not important to receive services in the official language spoken

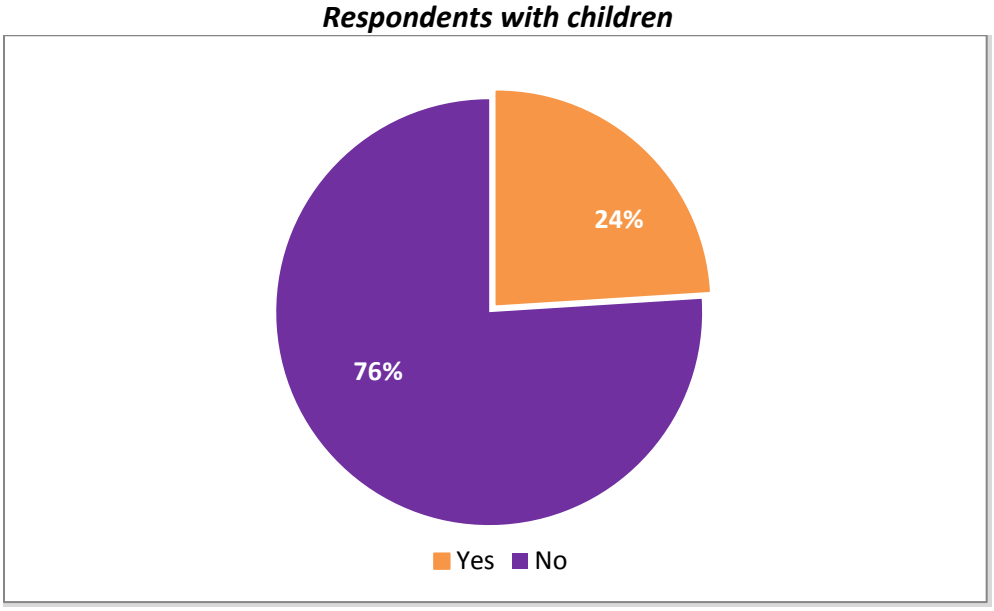


2.1.3 Views on the Health Care System in Canada with Respect to Minority Official Languages, Children and Other Dependent People

A quarter (24%) of respondents is a parent of at least one child living in their household, while three quarters (76%) are not a parent or legal tutor of a child under the age of 18 living with them in the household. There are no significative differences between responses from French Canadians living outside of Quebec and English-speaking respondents.

Figure 37: Answer to QCHILD. Are you the parent or tutor of a child or children under 18 years of age living in your household?

Sample frame: All respondents (n=1,125)

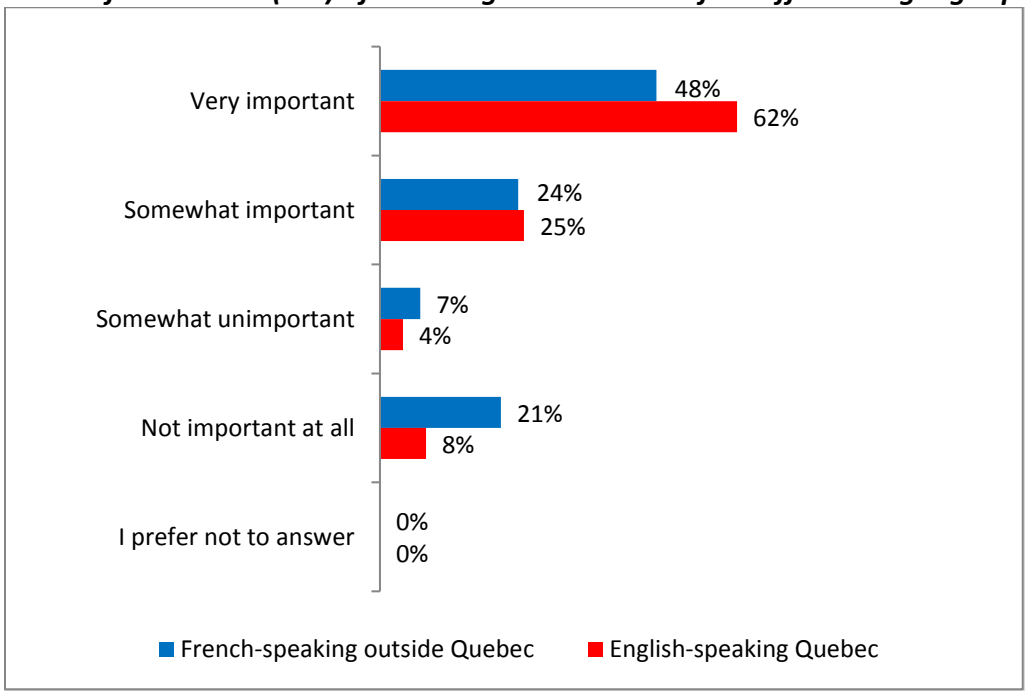


Significantly more English-speaking respondents parents or legal tutors feel it is very important that their child (ren) receives health services in English (62%), while French Canadian parents or legal tutors living outside of Quebec are significantly more likely to feel it is not important at all (21%).

Figure 38: Answer to Q3. How important is it to you that your child (ren) receives health services in [First Official Language Spoken by the respondent]?

Sample frame: Respondents with child (ren) (n=276)

Importance for the child (ren) of receiving services in the first official language spoken



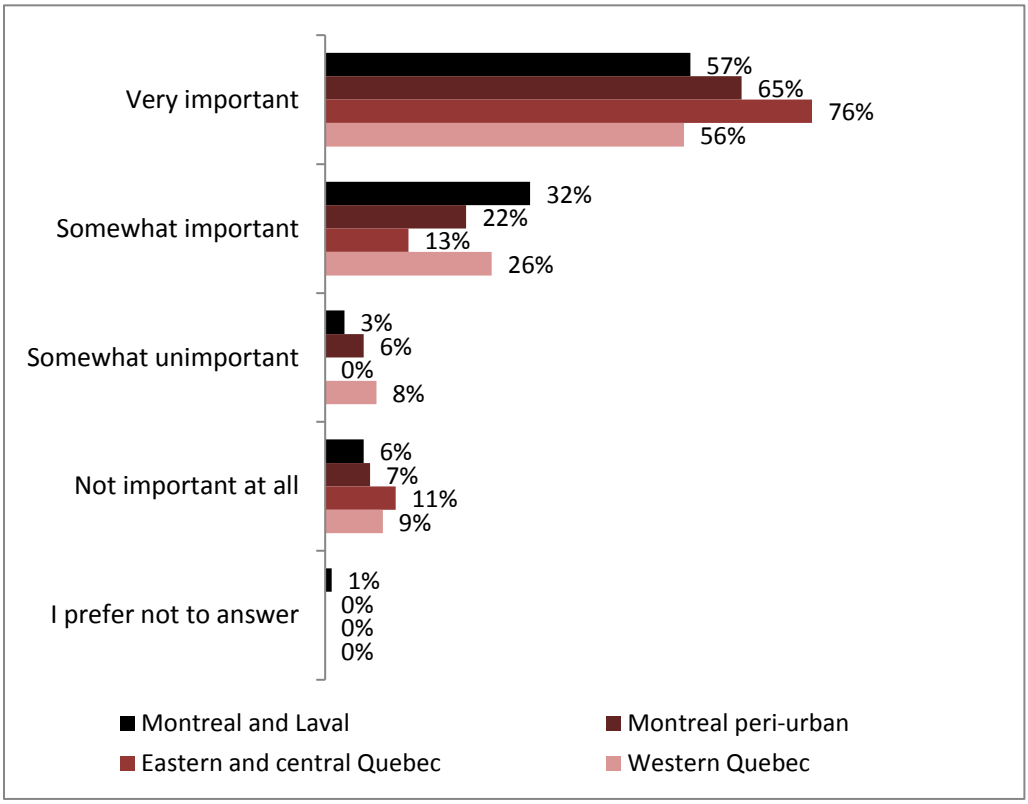
There are no significant differences based on gender, age groups, level of education, or urban/rural area of residence concerning the importance for the child (ren) of receiving services in their first official language spoken.

There are no significant differences among Anglophones living in Quebec, based on the region they live in, regarding the importance for their child (ren) of receiving services in their first official language spoken.

Figure 39: Answer to Q3. How important is it to you that your child (ren) receives health services in [First Official Language Spoken by the respondent]?

Sample frame: English-speaking respondents in Quebec with children (n=130)

Importance for the child (ren) of receiving services in the first official language spoken*



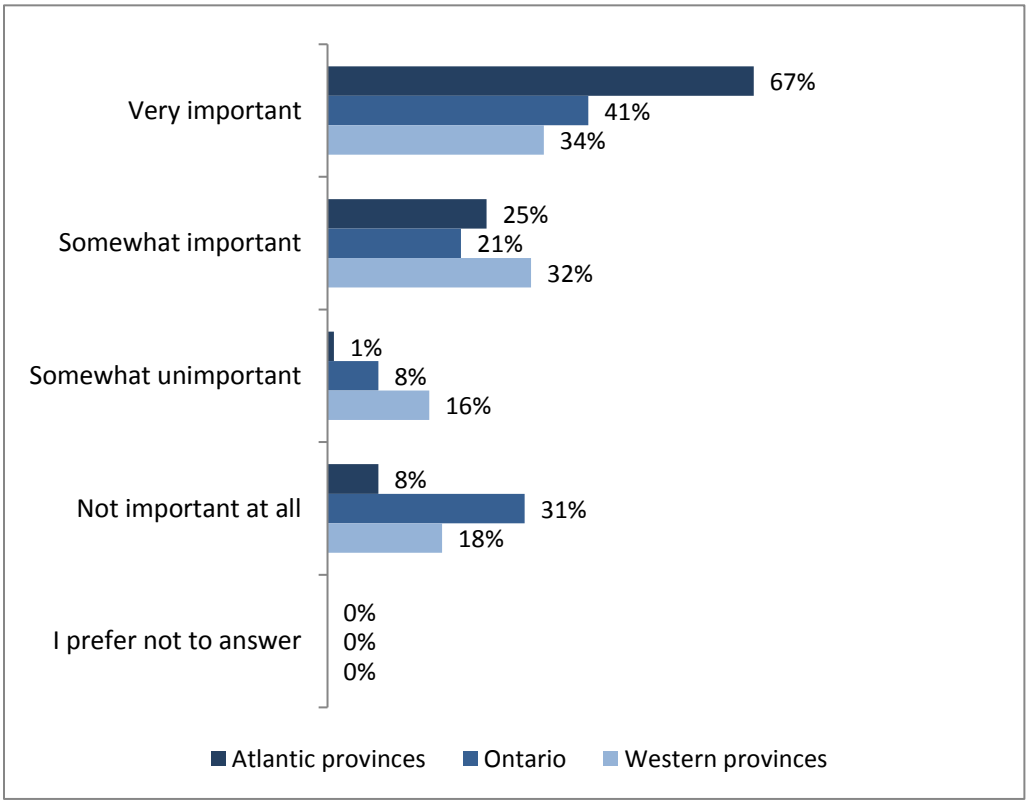
*The sample size for parents living in eastern or central Quebec and Western Quebec is < 30. The results are presented for information purposes only and should be interpreted with caution.

As for French-speaking respondents living outside the province of Quebec, those living in the Atlantic provinces are significantly more likely to feel it is very important that their child (ren) receive health services in their first official language spoken (67%) while French-speaking respondents in Ontario are significantly more likely to say that it is not important at all (31%) and Western Canadians to say that it is somewhat unimportant (16%).

Figure 40: Answer to Q3. How important is it to you that your child (ren) receives health services in [First Official Language Spoken by the respondent]?

Sample frame: French-speaking respondents outside Quebec with children (n=146).

Importance for the child (ren) of receiving services in the first official language spoken



Results (Figure 41 and Figure 42) show that there are no significant differences among Canadians, whether they are English-speaking respondents living in Quebec or French-speaking respondents living in the rest of Canada, when it comes to the ability of finding a health care provider who could speak in the child (ren)'s first official language spoken. Eight out of ten (84%) English-speaking respondents living in Quebec were able to find health care providers who could speak English and three out of four (75%) French-speaking respondents living outside Quebec were able to find health care providers who could speak French.

Figure 41: Answer to Q4. Were you able to find health care providers who could speak English to your child (ren)?

Sample frame: English-speaking respondents in Quebec with children [n=130])

Found health services in English in the province of Quebec for their children

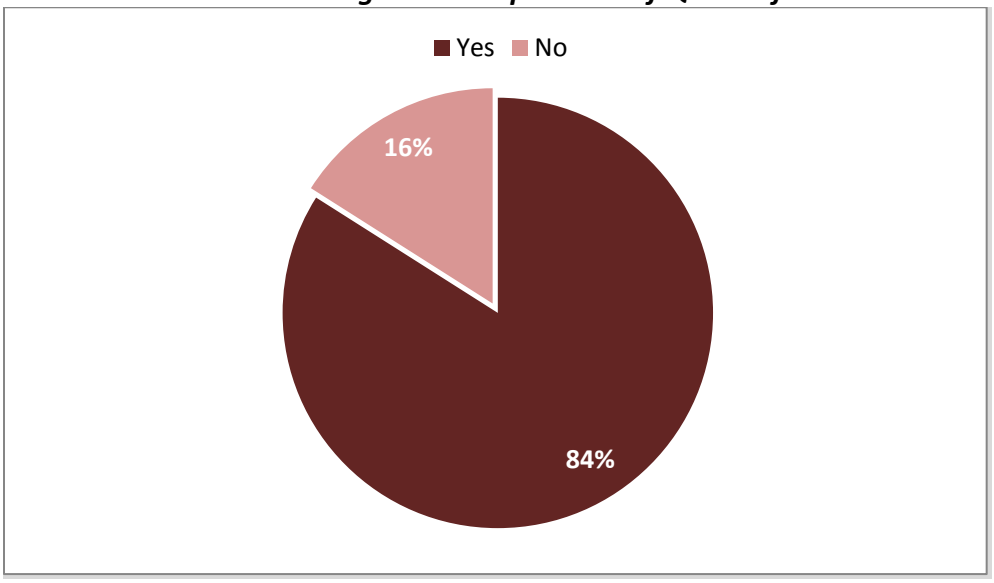
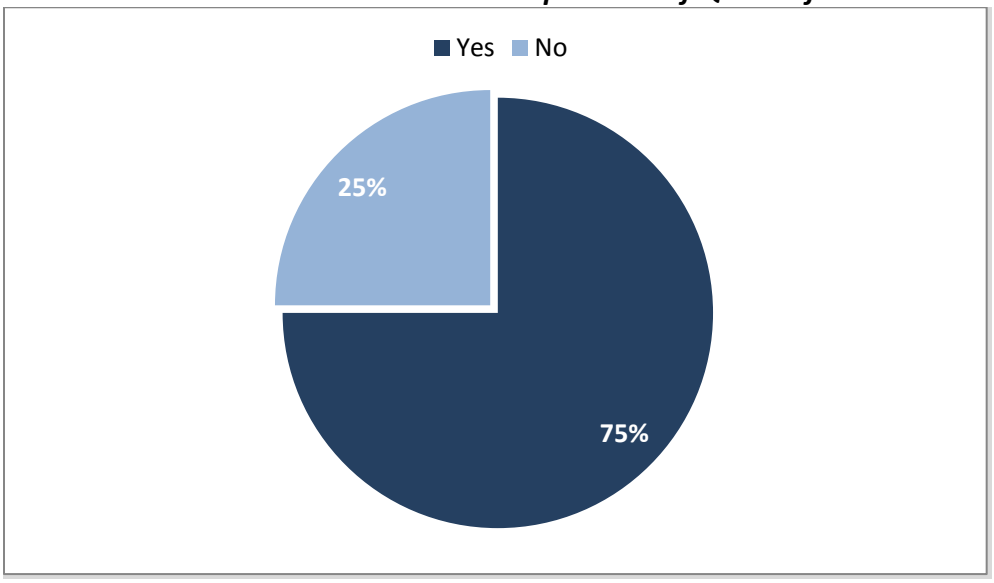


Figure 42: Answer to Q4. Were you able to find health care providers who could speak French to your child (ren)?

Sample frame: French-speaking respondents outside Quebec with children (n=146).

Found health services in French outside the province of Quebec for their children

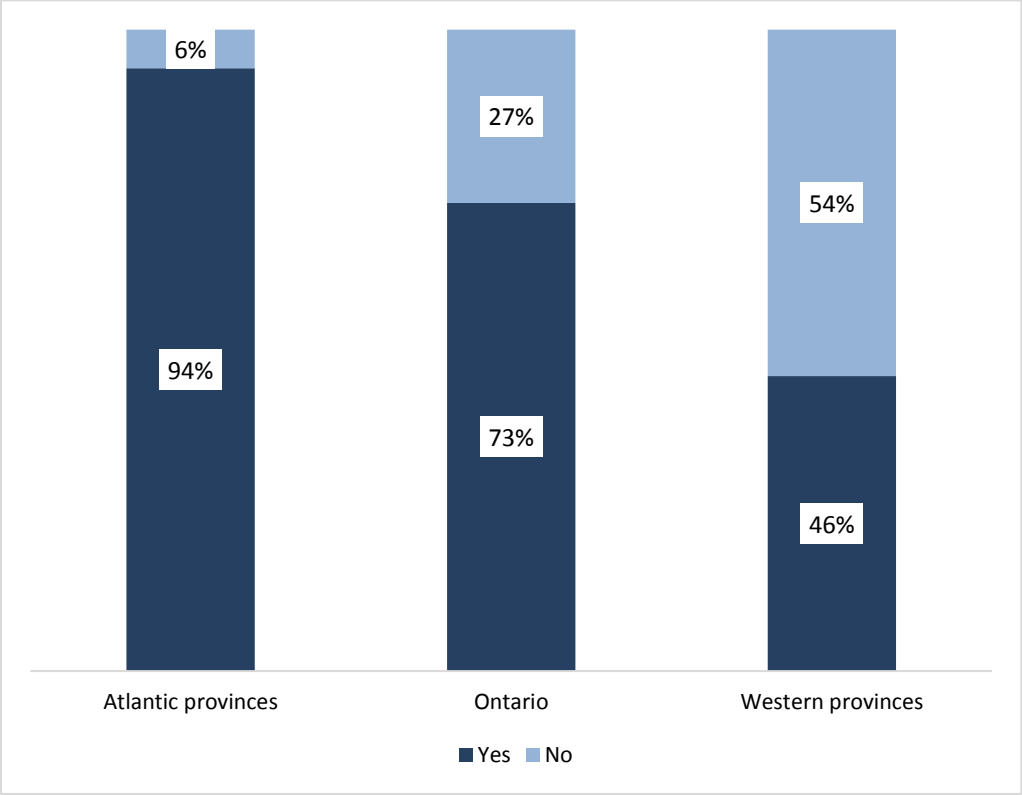


Among the French Canadians living outside the province of Quebec, the ones living in the Atlantic provinces are more likely to have found for their child (ren) a health care provider who speaks French (94%), while Western French Canadians are less likely to have found one (76%).

Figure 43: Answer to Q4. Were you able to find health care providers who could speak French to your child (ren)?

Sample frame: French-speaking respondents outside Quebec with children (n=146).

Found health services in French outside the province of Quebec for their children

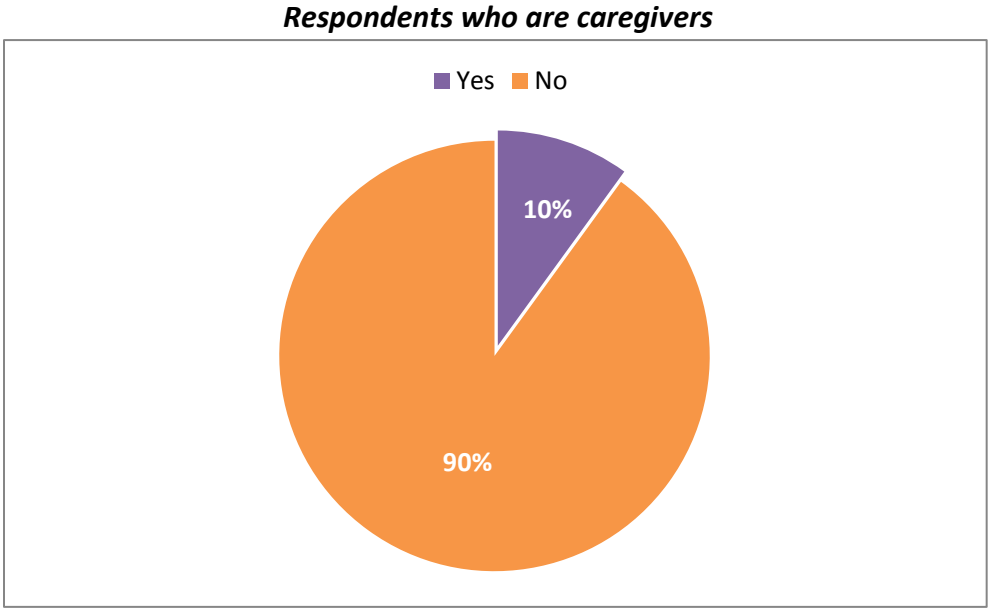


A third of French Canadians' parents or tutors living in the rest of Canada who couldn't find a health care provider who speaks French for their kid(s) feels the city/province or the location where they live is the main barrier to find a health care provider who can speak their first official language spoken (34%). A third of English-speaking respondents parents or tutors feel the lack of communication skills/insufficient knowledge of English is the main reason why they were not able to find a health care provider who speaks English for their kid(s) (34%). It should be noted that given the small number of English-speaking respondents who were not able to find a health care provider who could speak English, no significative differences can be drawn from the results.

One out of ten respondents (10%) is a caregiver for a relative or a friend, while 90% mentioned that they were not. We find the exact same proportions for each of the language subgroups studied in this research.

Figure 44: Answer to QCAREG. Are you a caregiver for a relative/friend other than your child (ren)?

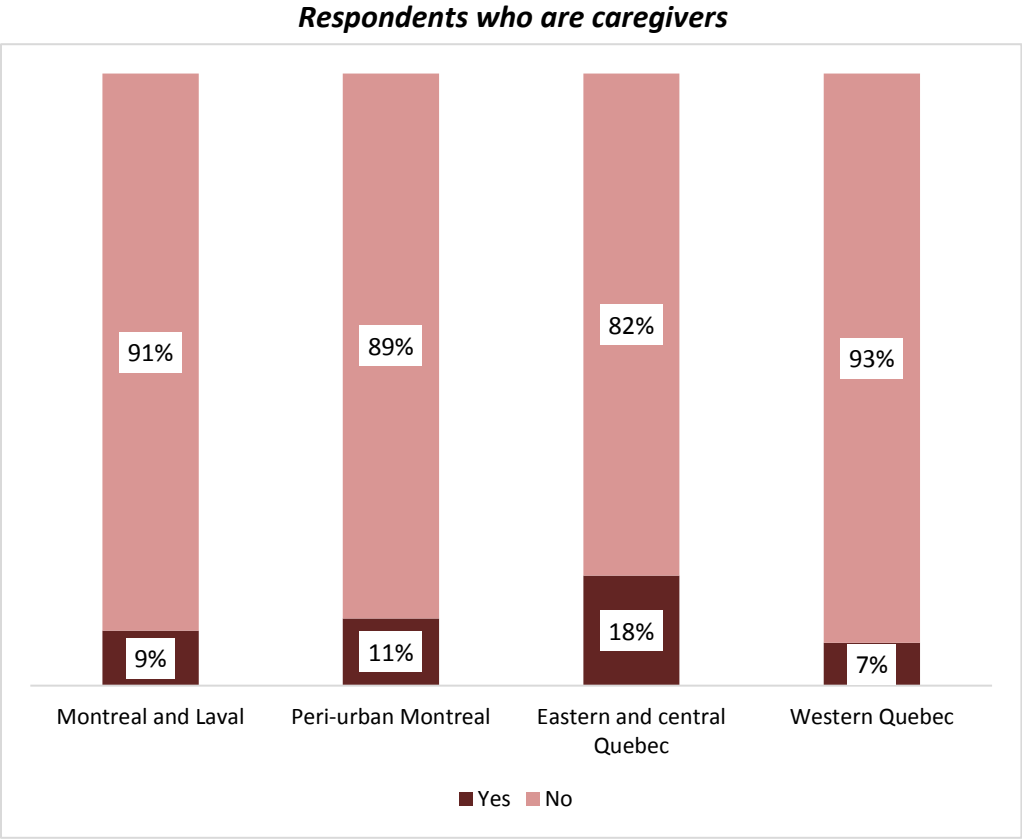
Sample frame: All respondents (n=1,125)



Anglo-Quebeckers living in eastern and central Quebec are more likely to be caregivers for a relative or a friend (18%) than the ones living in the other Quebec regions.

Figure 45: Answer to Q—CAREG. Are you a caregiver for a relative/friend other than your child (ren)?

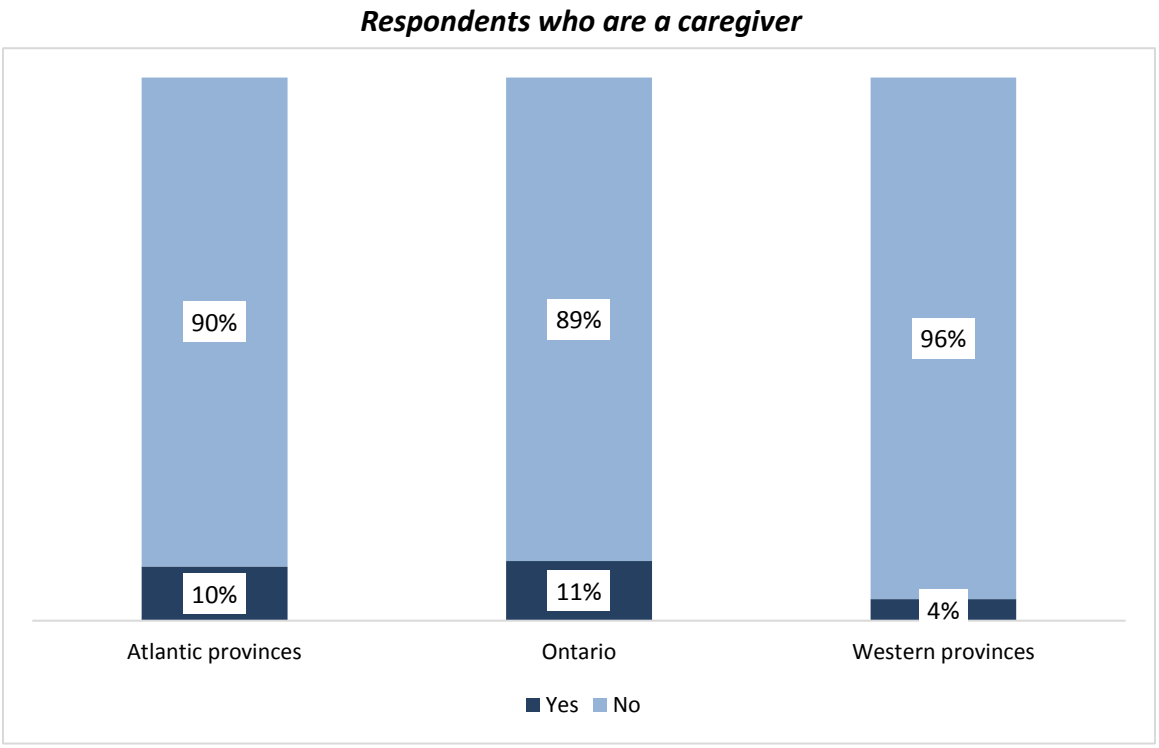
Sample frame: English-speaking respondents in Quebec who are caregivers for friends or relatives other than child (ren) (n=54)



French-speaking respondents living in Western provinces are, for their part, less likely to be caregivers to a family or friend than the other French-speaking respondents living outside of Quebec (4%).

Figure 46: Answer to Q—CAREG. Are you a caregiver for a relative/friend other than your child (ren)?

Sample frame: French-speaking respondents outside Quebec who are caregivers for friends or relatives other than child (ren) (n=53)

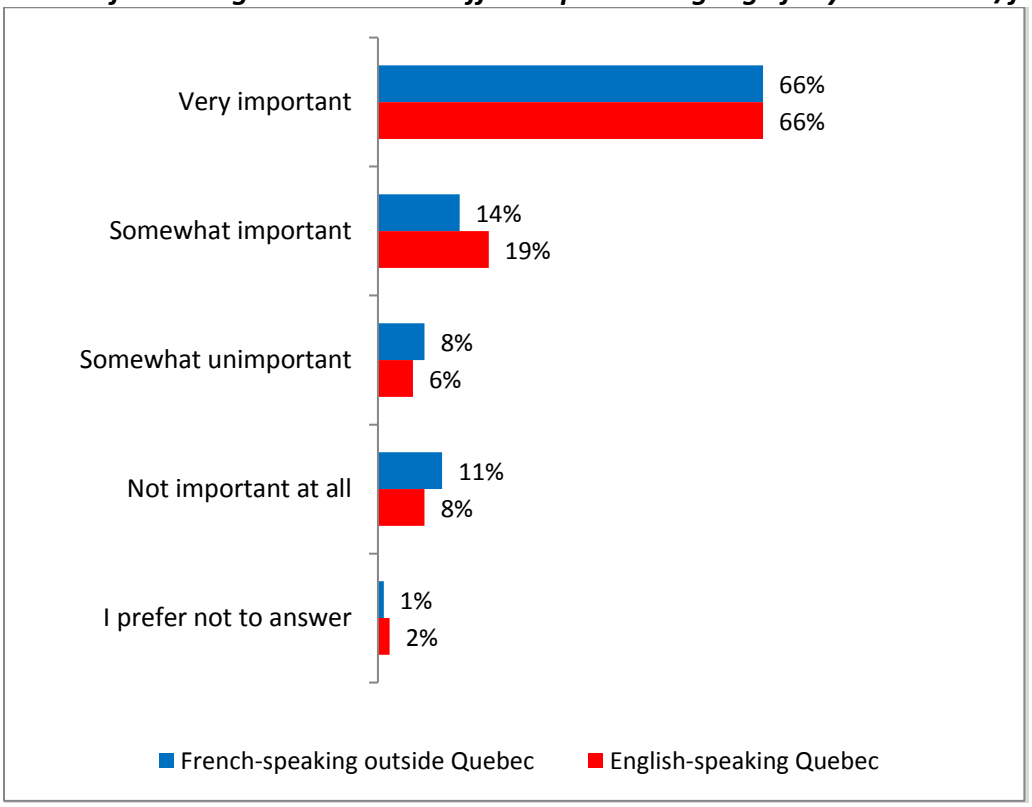


Two thirds of French-speaking respondents caregivers living outside the province of Quebec feel it is very important that their relative or friend receives health services in French (66%). The same proportion of English-speaking respondents feel the same way (66%). There are no significant differences between the subgroups studied in this project based on gender, age, education or urban and rural areas of residence.

Figure 47: Answer to Q6. How important is it to you that your relative/friend receives health services in [INSERT FIRST OFFICIAL LANGUAGE]?

Sample frame: Respondents who are caregivers for friends or relatives other than child (ren) (n=107).

Importance of receiving services in the official spoken language for your relative/friend.

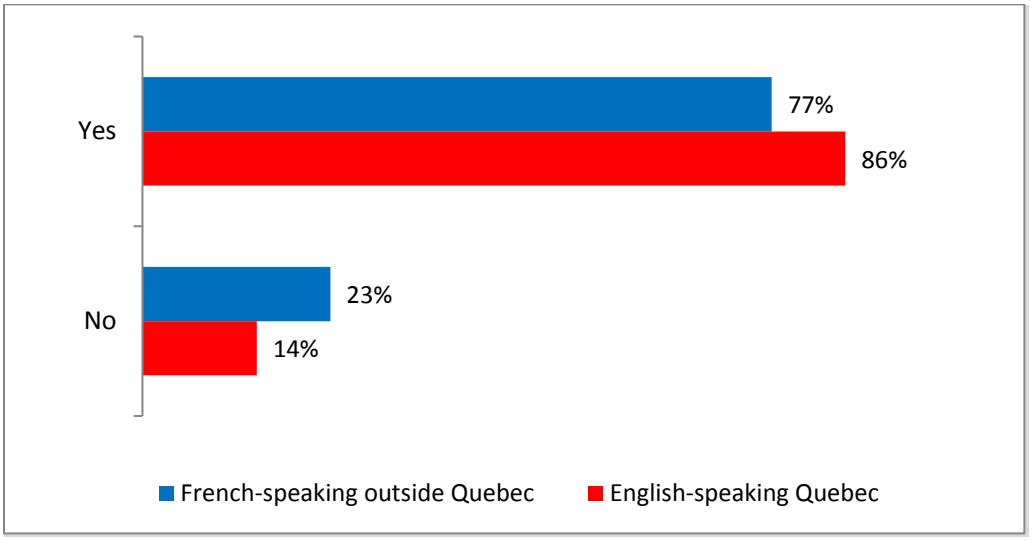


Among respondents who are caregivers for a relative or friend, a vast majority were able to find health care providers who could speak their first official language (86% of Anglophones in Quebec and 77% of Francophones outside of Quebec). We find no statistical differences between the language subgroups studied.

Figure 48: Answer to Q7. Were you able to find health care providers who could speak [INSERT FIRST OFFICIAL LANGUAGE] to your relative/friend?

Sample frame: Respondents who are caregivers for friends or relatives other than child (ren) (n=107).

Ability to find a health care provider who could speak desired first official language



A few respondents mentioned that they were not able to find a health care provider who could speak in their first official spoken language. The main barrier encountered by those respondents was the lack of bilingual health care providers. However, due to the small sample of respondents for this question (n< 30) the results can only be used for illustrative purposes.

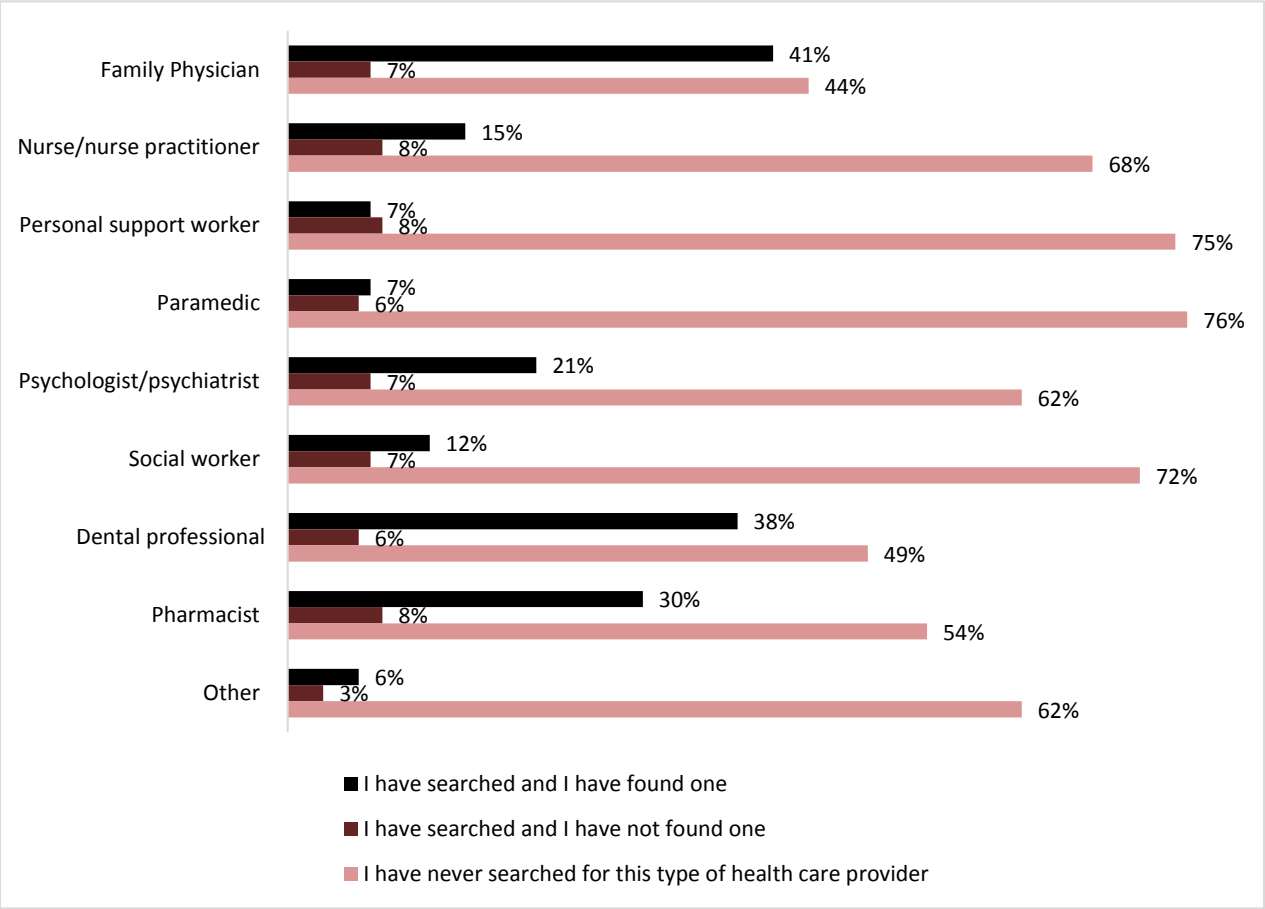
2.1.4 Health Services in Canada in the Official Minority Language

Overall, half of the English-speaking respondents in the province of Quebec (57%) found at least one of the health care providers speaking English that they were looking for, while about four out of ten (43%) did not find any. It should be noted that a large proportion of respondents in the province of Quebec have never looked for health care providers who speak their first official language spoken. Family physicians (48%), dental professionals (44%), pharmacists (38%) and psychologists (28%) are the health care providers who were, in the largest proportions, the subject of the respondents' searches.

Figure 49. Answer to Q31. Have you ever actively searched and found the following health care provider who speaks [First Official Language Spoken by the respondent]? You can also indicate that you have never searched for a specific type of health care provider in [First Official Language Spoken by the respondent].

Sample frame: English-speaking respondents in Quebec (n=530).

Search of a health care provider for English-speaking respondents in Quebec

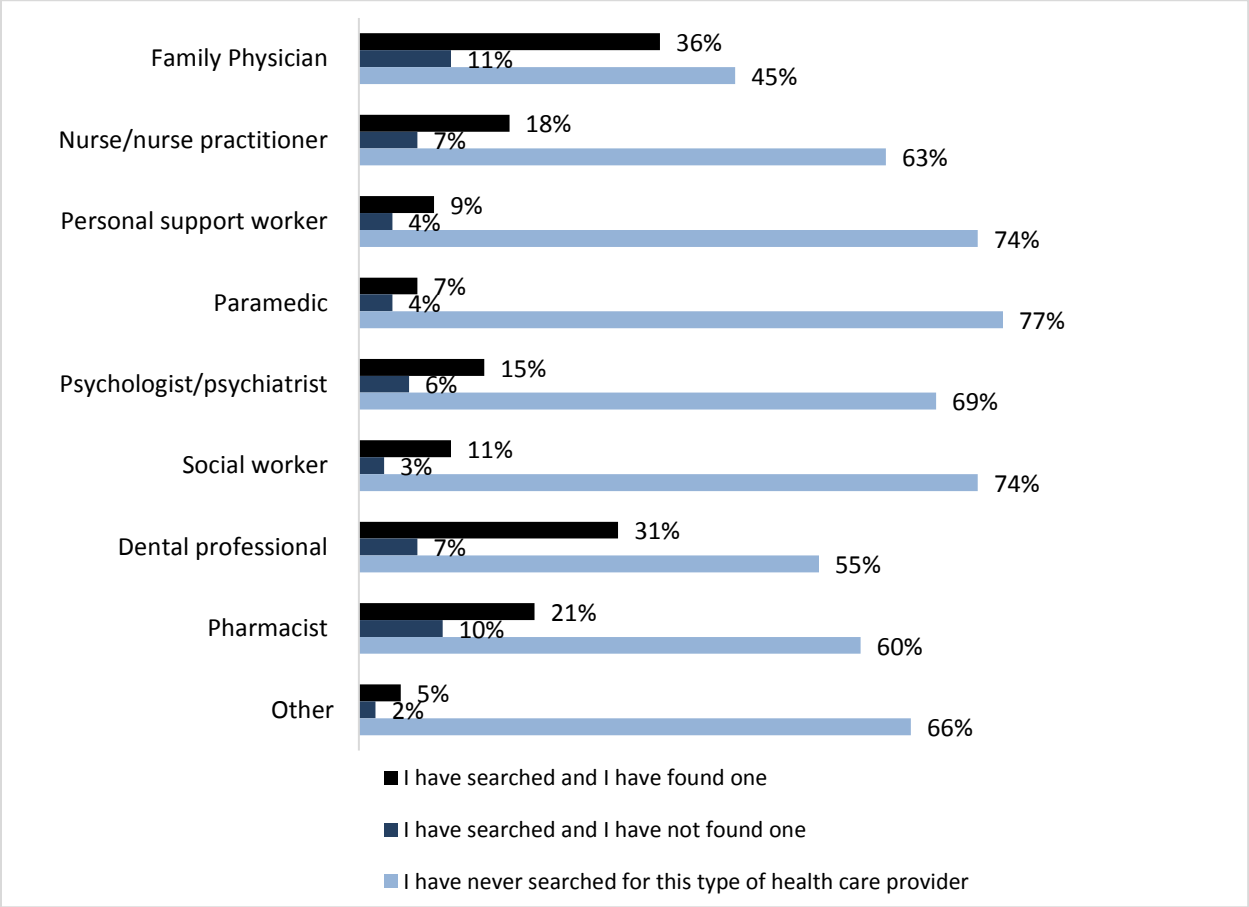


About half of French-speaking respondents living outside Quebec (47%) found at least one of the health care providers that they were looking for who could speak French, while about half of them (53%) did not find any. It should be noted that a large proportion of respondents have never searched for health care providers who speak their first official language spoken. Family physicians (47%), dental professionals (38%), pharmacists (31%) and nurses (25%) are the health care providers who were the subject of the respondents' searches in the largest proportions.

Figure 50. Answer to Q31. Have you ever actively searched and found the following health care provider who speaks [First Official Language Spoken by the respondent]? You can also indicate that you have never searched for a specific type of health care provider in [First Official Language Spoken by the respondent].

Sample frame: French-speaking respondents outside Quebec (n=595).

Search of a health care provider for French-speaking respondents outside of Quebec

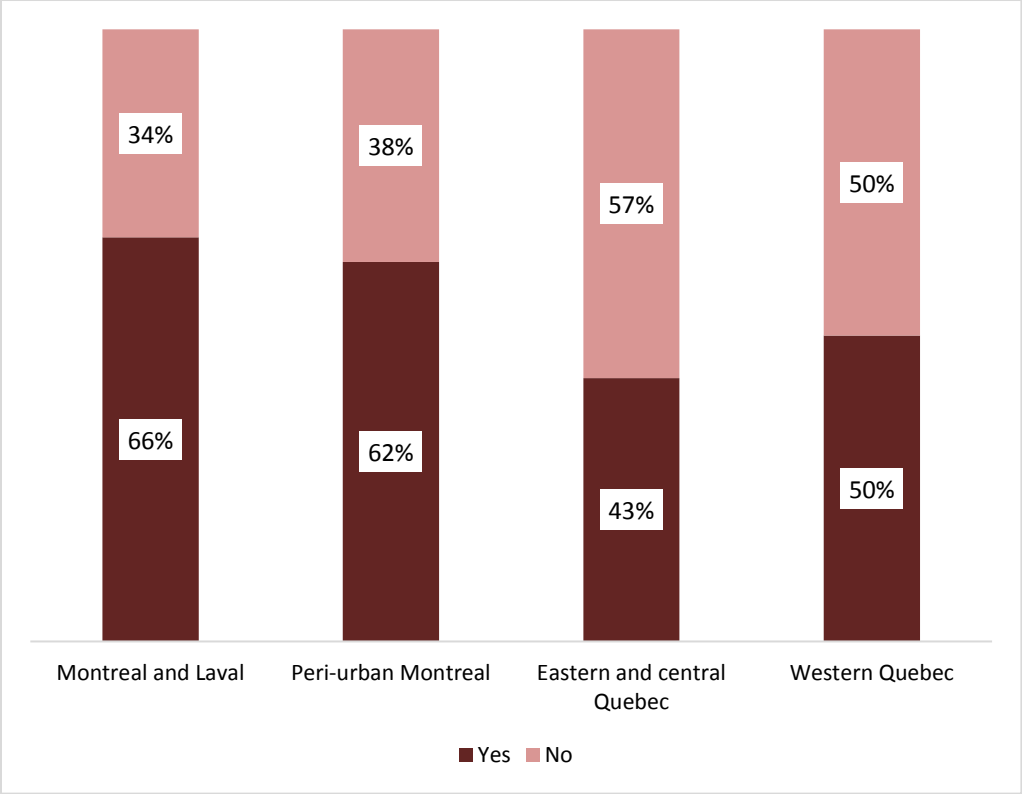


English speakers living in Montreal and Laval (66%) are more likely to have found a health care provider who speaks English, while those living in eastern and central Quebec (43%) are less likely to have found one.

Figure 51. Answer to Q31. Have you ever actively searched and found the following health care provider who speaks [First Official Language Spoken by the respondent]? You can also indicate that you have never searched for a specific type of health care provider in [First Official Language Spoken by the respondent].

Sample frame: English-speaking respondents in Quebec (n=530)

English-speaking respondents in Quebec who found at least one health care provider who speaks English

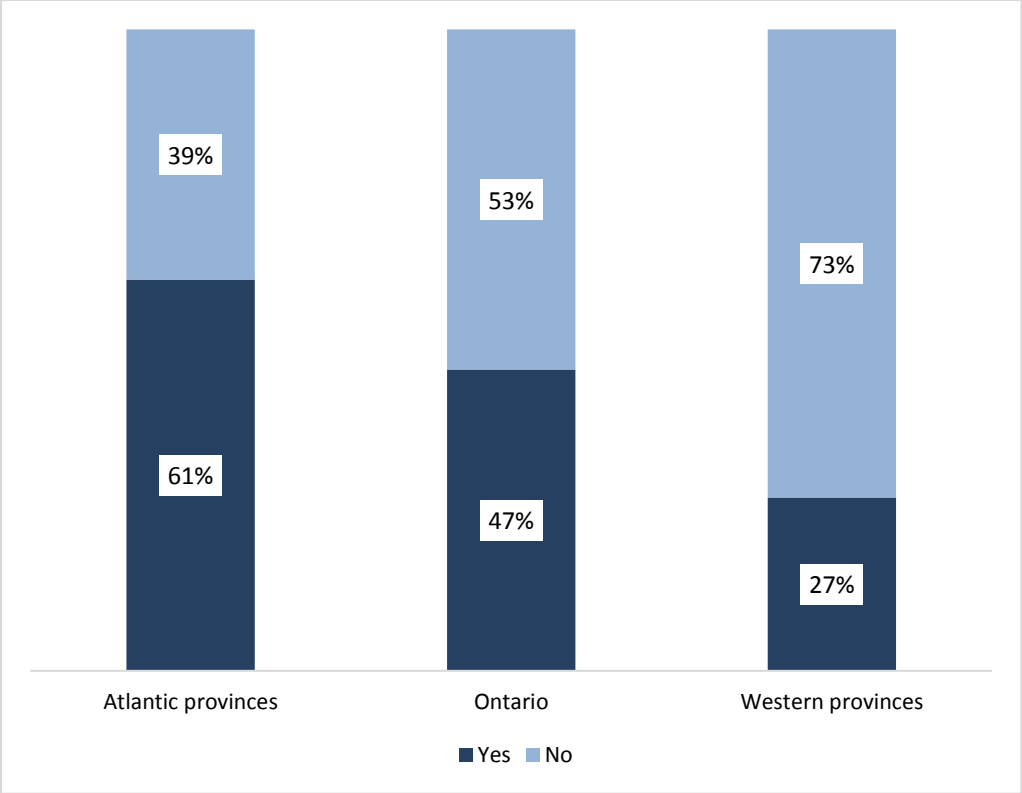


French-speaking respondents living in the Atlantic provinces of Canada (61%) are more likely to have found a health care provider who speaks French, while French-speaking respondents living in the Western provinces of Canada (27%) are less likely to have found one.

Figure 52. Answer to Q31. Have you ever actively searched and found the following health care provider who speaks [First Official Language Spoken by the respondent]? You can also indicate that you have never searched for a specific type of health care provider in [First Official Language Spoken by the respondent].

Sample frame: French-speaking respondents outside Quebec (n=595).

French-speaking respondents outside of Quebec who found at least one health care provider who speaks French

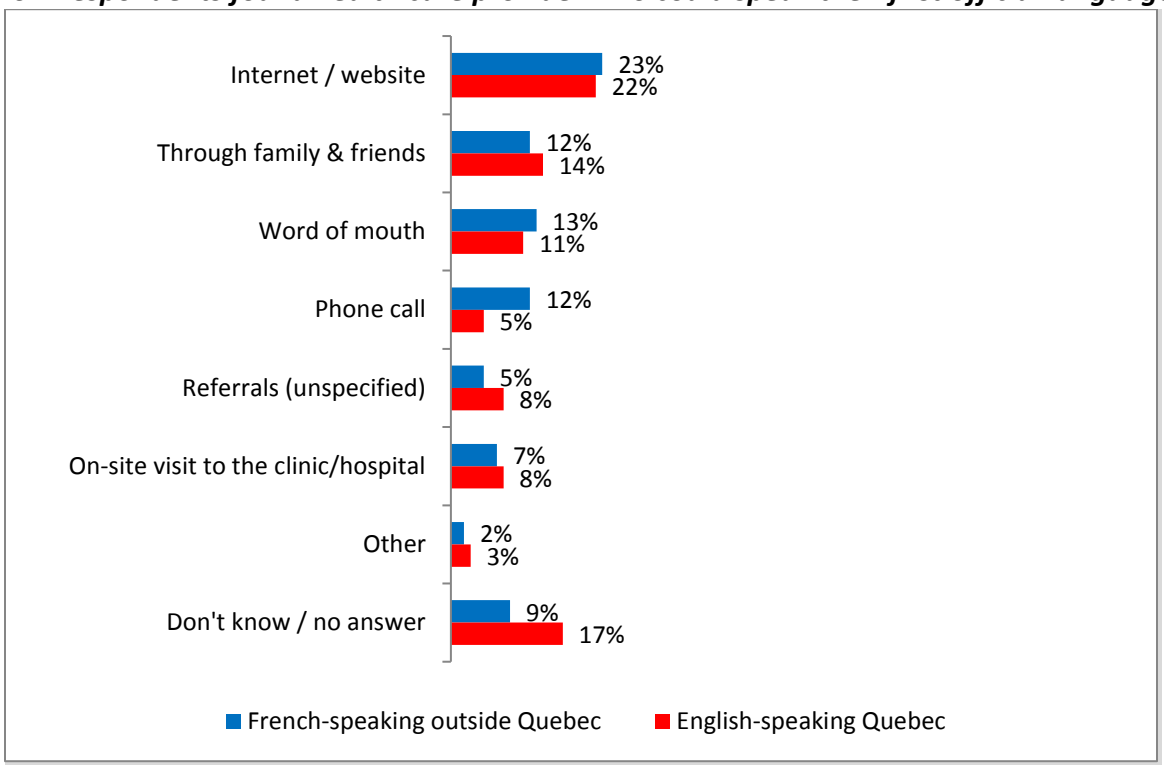


The top three ways to find one's health care provider(s) are the Internet, family and friends, and word of mouth. Almost a quarter of French-speaking respondents living outside of Quebec (23%) and about the same proportion of English-speaking respondents living in Quebec (22%) found their health care provider through the Internet. French speakers (12%) are more likely than English speakers (5%) to have found a health care provider who could speak their first language via a phone call.

Figure 53: Answer to Q32. How did you find the health care provider(s)?

Sample frame: Those who found a health care provider who could speak their first official language (n=589)

How respondents found health care provider who could speak their first official language



***Only the top answers to Q32 are shown in this figure. The full list of answers can be found in Appendix E.*

Female respondents are more likely to have found their health care provider through family and friends (18% vs 9% for men) and through word of mouth (15% vs 8% for men). Respondents aged between 35 and 54 (28%) are more inclined to find their health care provider via the Internet, while respondents aged 55 and older (12%) are less likely to do so. Respondent aged 55 and older (11%) on their part are more likely to find their health care provider through an on-site visit at the clinic or hospital.

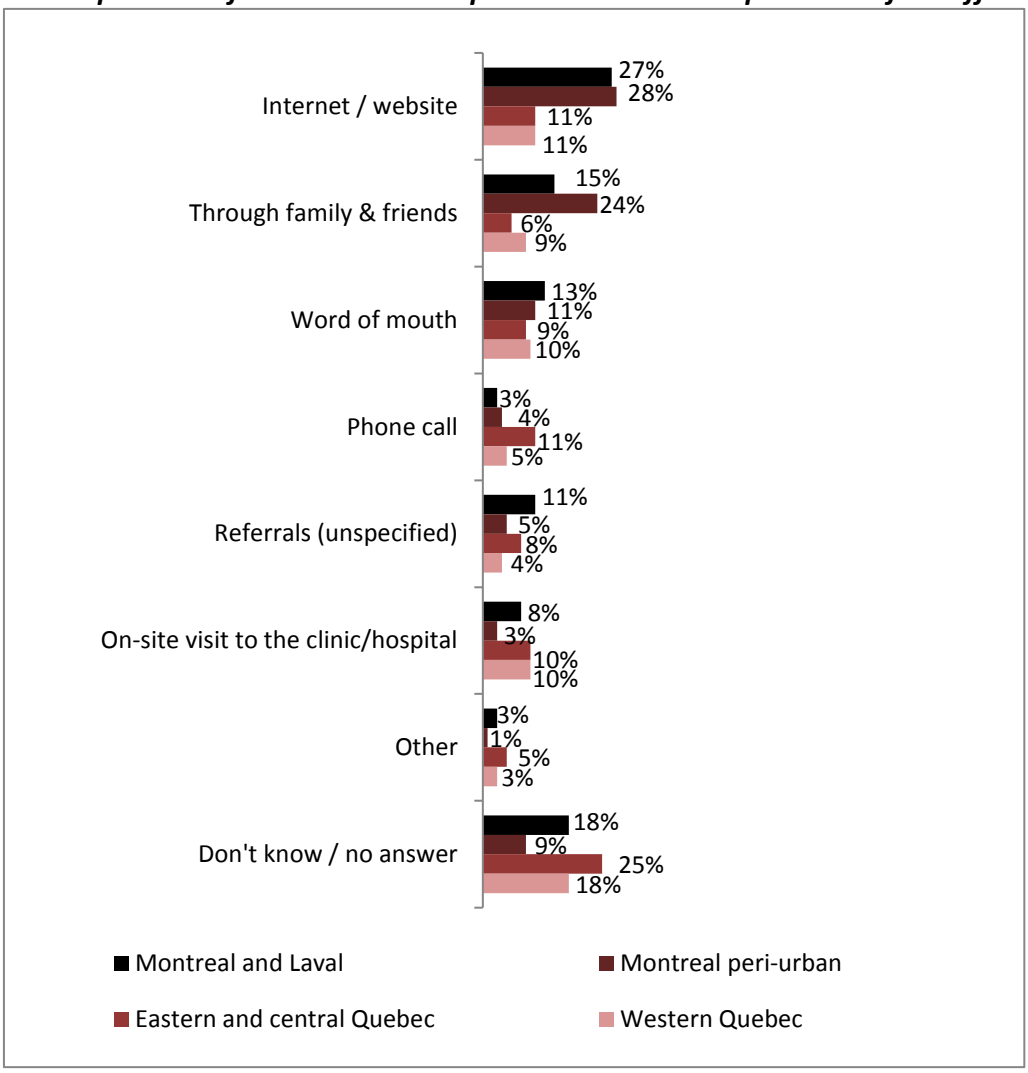
Respondents with a college level of education are more likely to have found their health care provider by word of mouth (18%) while those with a university level of education are more likely to have found them by referral from family or friends (7%).

English speakers living in Montreal peri-urban (24%) are significantly more likely to have found their health care provider through family and friends. Those living in eastern and central Quebec are significantly more likely to have found their health care providers via a phone call (11%).

Figure 54: Answer to Q32. How did you find the health care provider(s)?

Sample frame: English-speaking respondents in Quebec who found a health care provider who could speak their first official language (n=301)

How respondents found health care provider who could speak their first official language

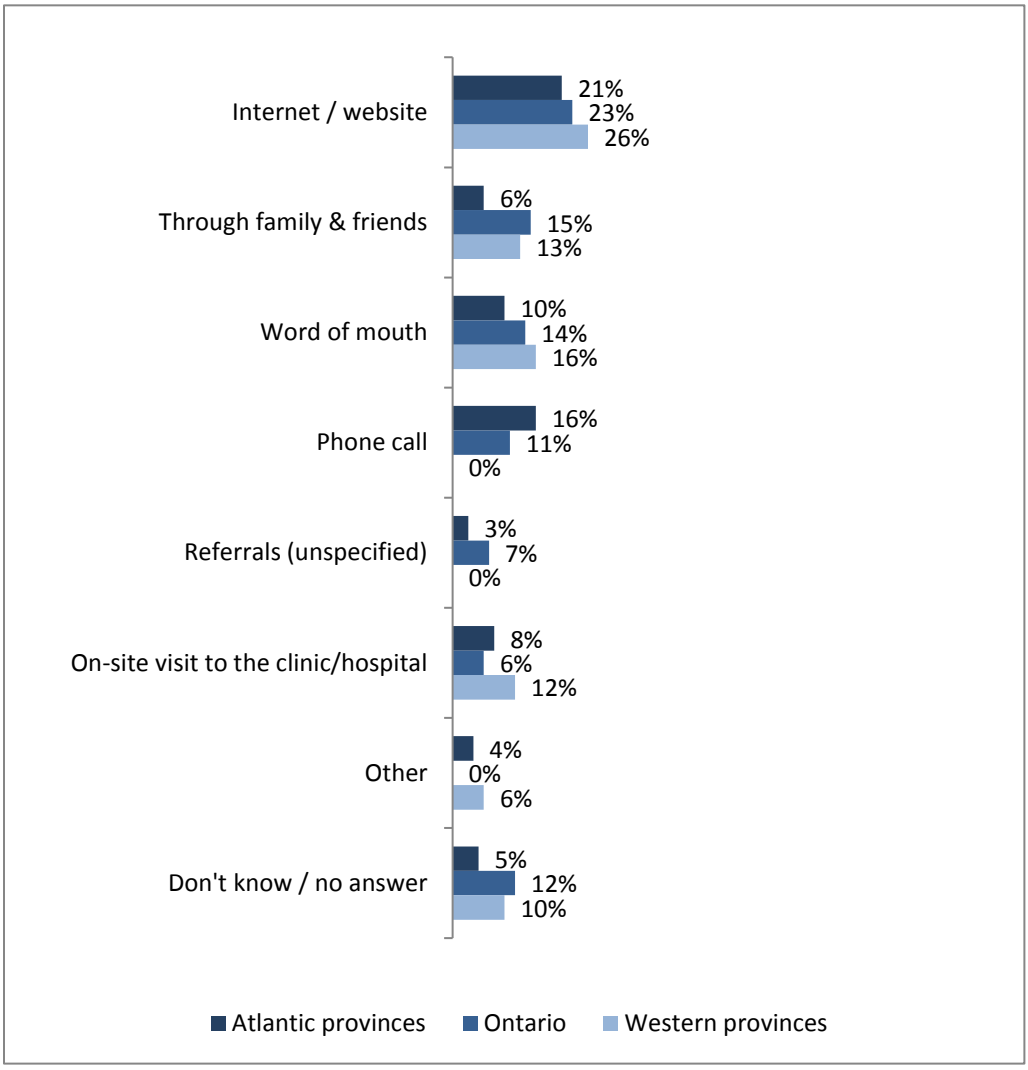


French speakers living in Ontario (15%) are more likely to have found their health care provider through family and friends and by referrals (7%). Those living in the Atlantic region are more likely to have found their health care providers by getting on a waiting list (4%) and by getting help from their community in their immediate area (11%). French speakers in the West are more likely to have found their health care providers in the media (newspapers, TV, etc.) (13%) and by getting help from government agencies (7%).

Figure 55: Answer to Q32. How did you find the health care provider(s)?

Sample frame: French-speaking respondents outside Quebec who found a health care provider who could speak their first official language (n=288)

How respondents found health care provider who could speak their first official language

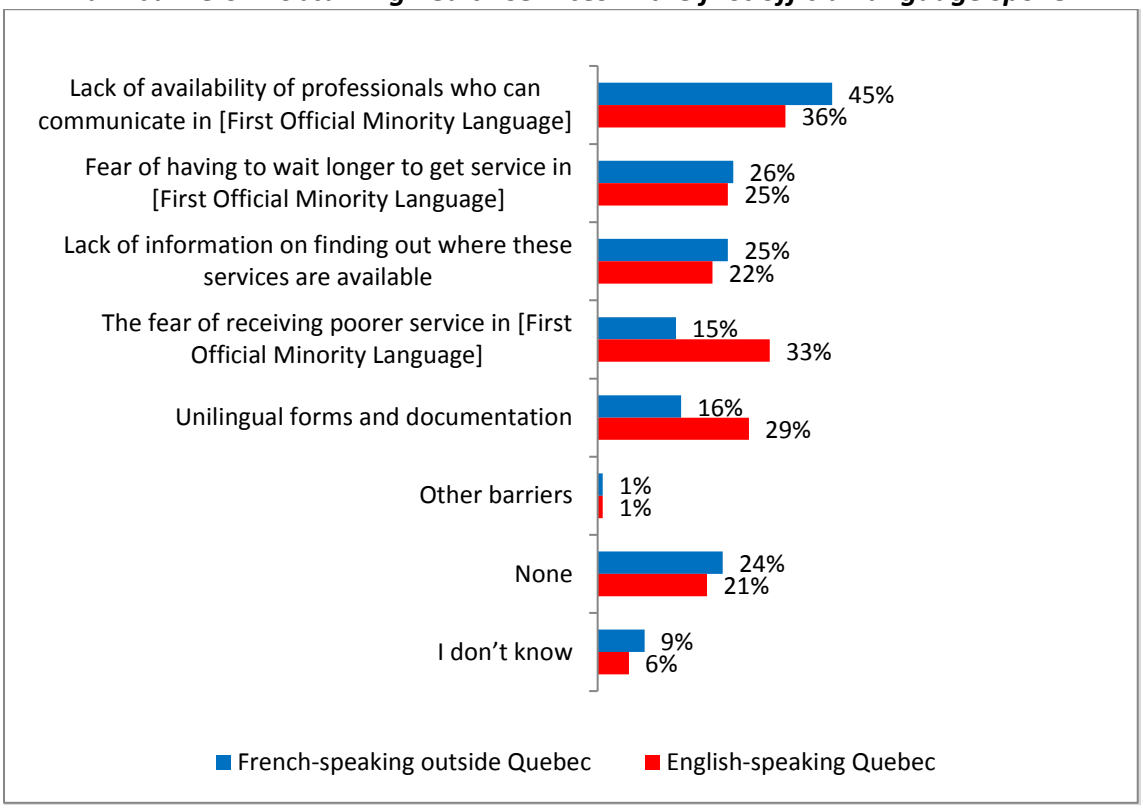


The main barrier in obtaining health services in their first official language mentioned by both French speakers outside of Quebec (45%) and English speakers in the province of Quebec (36%) is the lack of availability of providers who can communicate in that language. English-speaking respondents in Quebec are more likely than French-speaking respondents outside Quebec to mention the fear of receiving poorer services (33% vs 15% for French speakers) and the unilingual forms and documentation (29% vs 16% for French speakers) as barriers in obtaining health services in their first official language.

Figure 56: Answer to Q30. What are the main barriers you face in obtaining health services in [First Official Language Spoken by the respondent[1]]? SPONTANEOUS ANSWERS—SEVERAL ANSWERS POSSIBLE*

Sample frame: All respondents (n=1,125)

Main barriers in obtaining health services in the first official language spoken



*Because respondents were able to give multiple answers, total answers may exceed 100%.
***Only the top answers to Q30 are shown in this figure. The full list of answers can be found in Appendix E.*

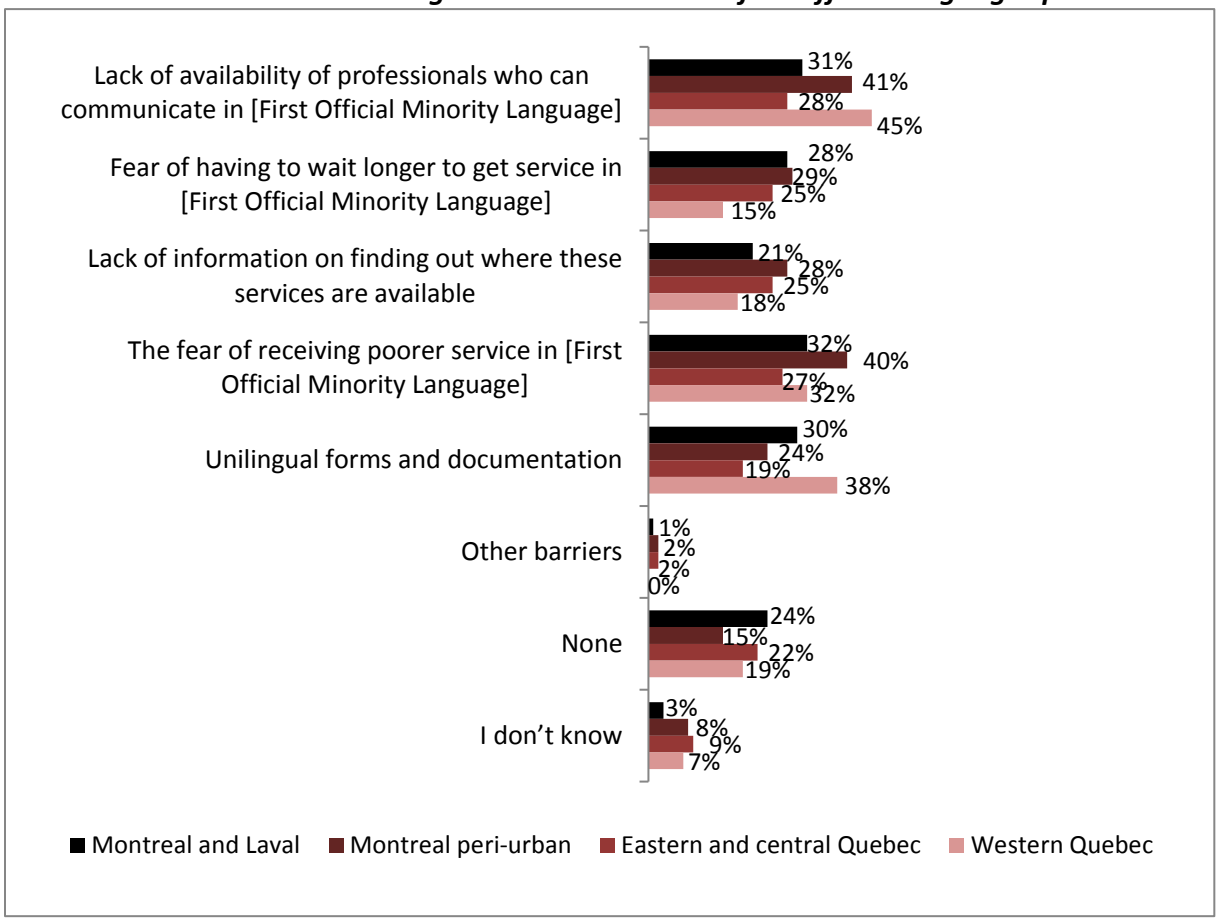
Younger people (18–34) are more likely than the other age groups to indicate the fear of receiving a lower quality service (33%), a lack of information about where to find services in their first official language spoken (28%), and the fear of being judged (27%) as the main barriers that they face in obtaining health services in their first official language spoken.

Anglophones living in Western Quebec have mentioned the lack of availability of providers who can communicate in English (45%) and the unilingual forms and documentation (38%) significantly more than in other regions as barriers in obtaining health services. Those living in the Montreal peri-urban area are more likely to have indicated the fear of being judged for asking for services in their first official language spoken (37%) than other English speakers in the province of Quebec.

Figure 57: Answer to Q30. What are the main barriers you face in obtaining health services in [First Official Language Spoken by the respondent[1]]? SPONTANEOUS ANSWERS—SEVERAL ANSWERS POSSIBLE*

Sample frame: English-speaking respondents in Quebec (n=530)

Main barriers in obtaining health services in the first official language spoken

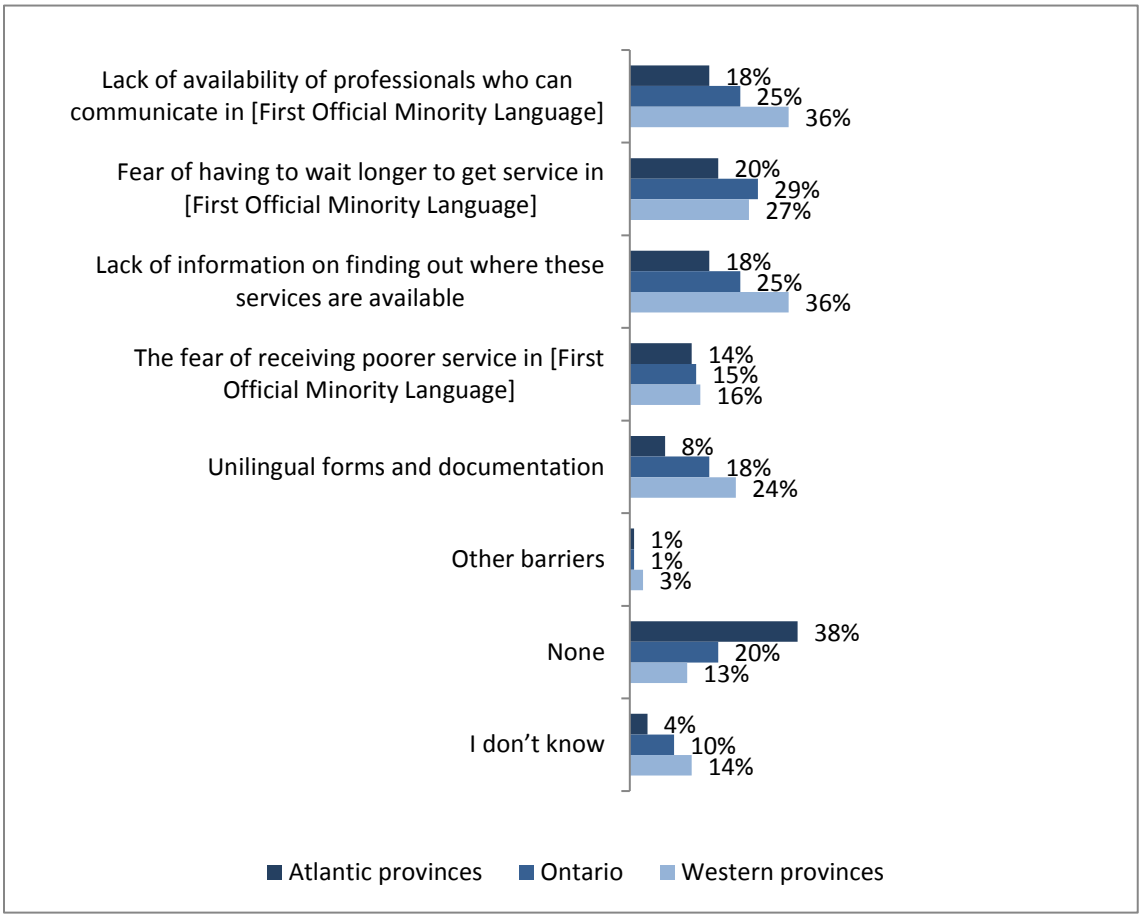


French-speaking respondents living in the Western Canada (36%) are more likely to mention the lack of information on where to find these services as a main barrier as well as how far they must travel to access the service in their first official language spoken (25%). Those living in Ontario have mentioned the lack of availability of providers who can communicate in their first official language spoken (51%) in a significantly higher proportion than other respondents.

Figure 58: Answer to Q30. What are the main barriers you face in obtaining health services in [First Official Language Spoken by the respondent[1]]? SPONTANEOUS ANSWERS—SEVERAL ANSWERS POSSIBLE*

Sample frame: French-speaking respondents outside Quebec (n=595).

Main barriers in obtaining health services in the first official language spoken



Caregivers (whether for children or for relatives or friends) are more likely than others to indicate the lack of information about where to find services in their first official language spoken (29%), the fear of receiving a lower quality service (28%), and the distance that they have to travel (22%) as the main barriers that they face.

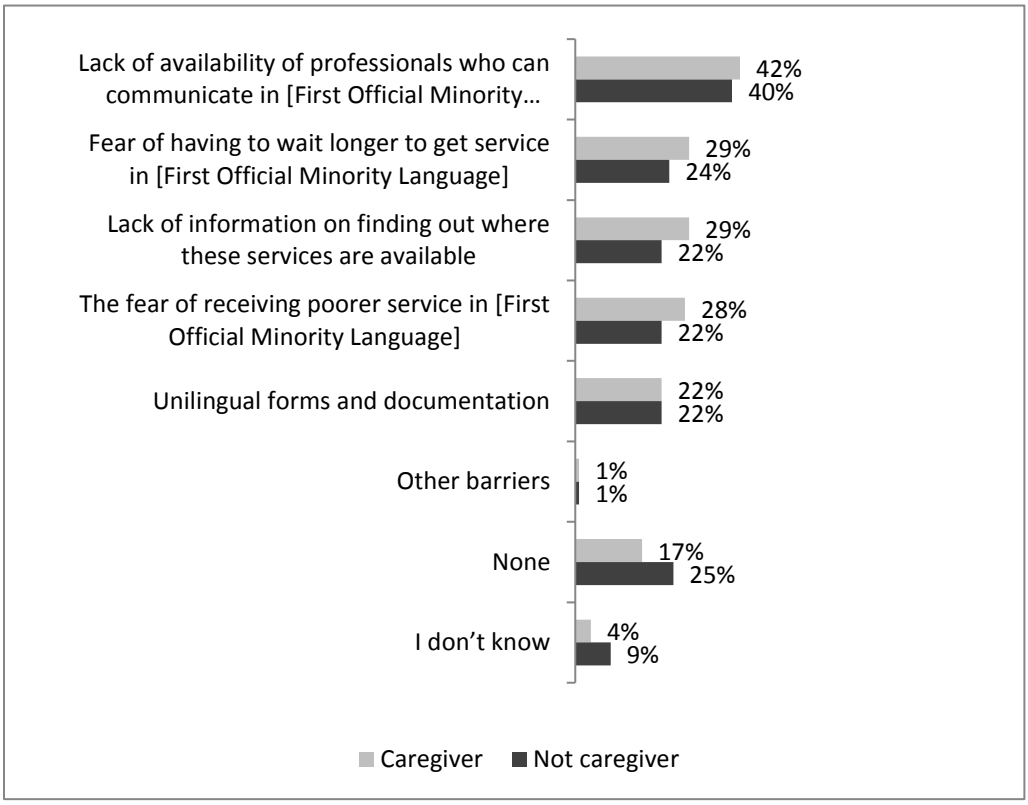
English-speaking respondents caregivers are more likely to report that there is a lack of information on finding out where the health care services in English are available (30%). For their part, the French-speaking respondents caregivers are more likely to express that the main barrier is the distance they have to travel to access services in French (28%).

People who are not caregivers generally express much fewer barriers than caregivers. This is true for all types of barriers. In fact, a significant proportion of non-caregivers indicated that they do not encounter any barriers in obtaining health services in their first official language spoken (25%).

Figure 59: Answer to Q30. What are the main barriers you face in obtaining health services in [First Official Language Spoken by the respondent[1]]? SPONTANEOUS ANSWERS—SEVERAL ANSWERS POSSIBLE*

Sample frame: Respondents who are caregivers for children, friends or relatives (n=336)

Main barriers in obtaining health services in the first official language spoken

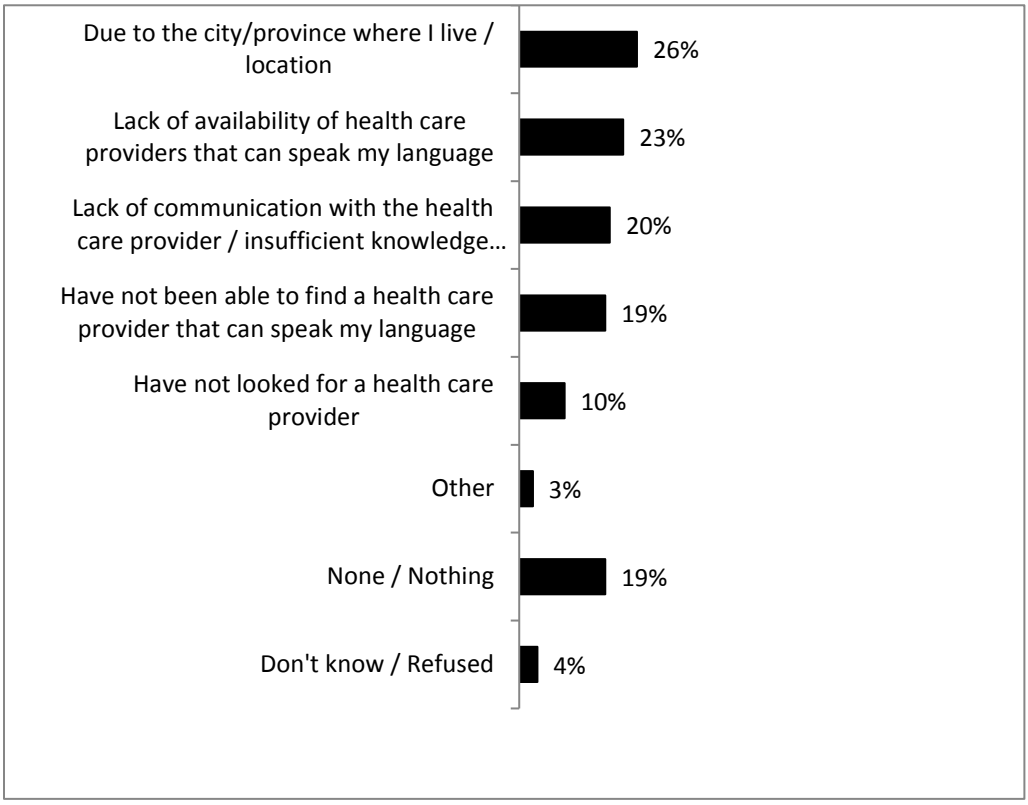


Parents of children who have had difficulty finding health care providers who speak their first official language indicate their place of residence (26%), the absence or lack of availability of health care providers who speak their language (23%), or the poor language skills on the part of health care providers (20%) as the main barriers that they encounter in obtaining health services for their children in their first official language. About one parent out of five (19%) mentioned that they did not encounter any barriers in finding health care providers who could speak in their first official language spoken when providing health care services to their child (ren).

Figure 60: Answer to Q5. What barriers have you encountered in finding health care providers who could speak [INSERT FIRST OFFICIAL LANGUAGE] when providing health care services to your child (ren)?

Sample frame: Respondents with children who were not able to find a health care provider who speaks their first official language (n=68).

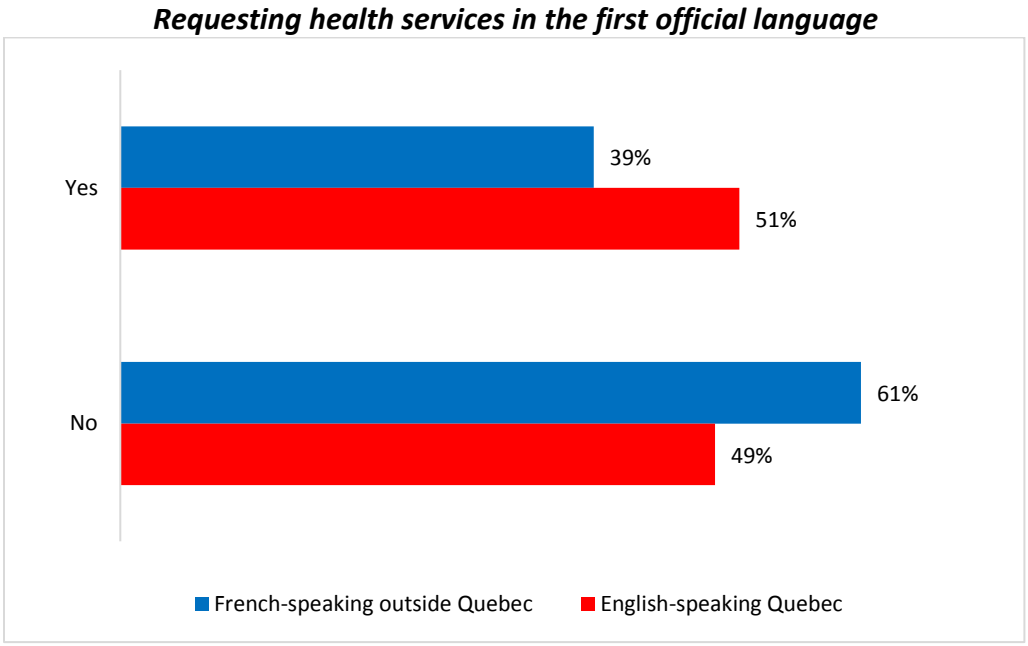
Barriers to find health providers who speak the first official language for your child.



Requesting Health Services in the First Official Language Spoken

English-speaking respondents living in the province of Quebec (51%) are more likely to request health services in their first official language, while French-speaking respondents living outside of Quebec (39%) are less likely to do so.

Figure 61: Q12. Typically, do you ask to receive health services in [INSERT FIRST OFFICIAL LANGUAGE]? Sample frame: All respondents (n=1,125)

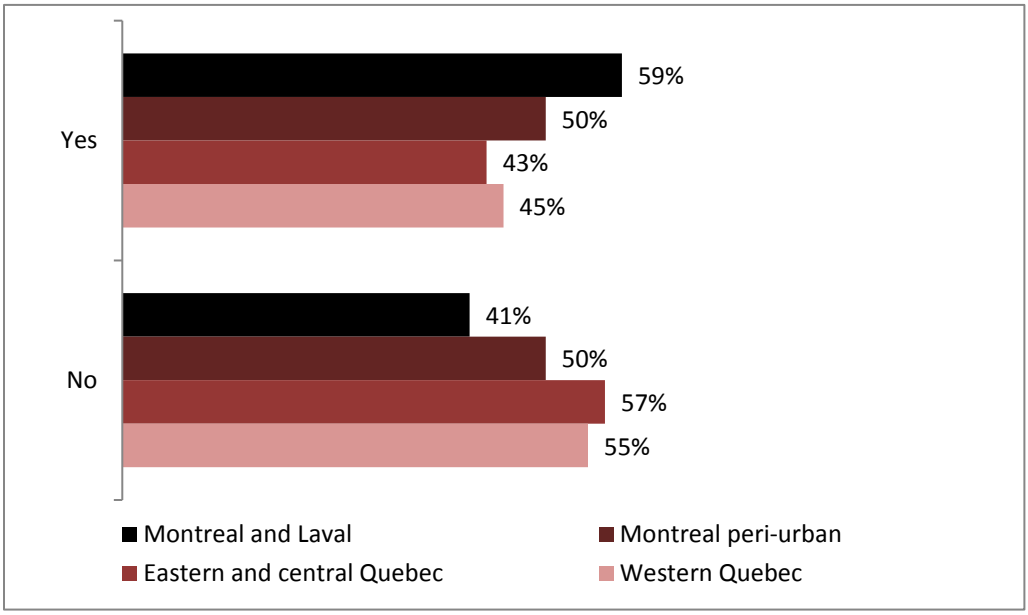


When looking at the results for English-speaking respondents living in the province of Quebec, those living in the Montreal and Laval area are more likely to request services in English (59%).

Figure 62: Answer to Q12. Typically, do you ask to receive health services in English?

Sample frame: English-speaking respondents in Quebec (n=530).

Requesting health services in the first official language

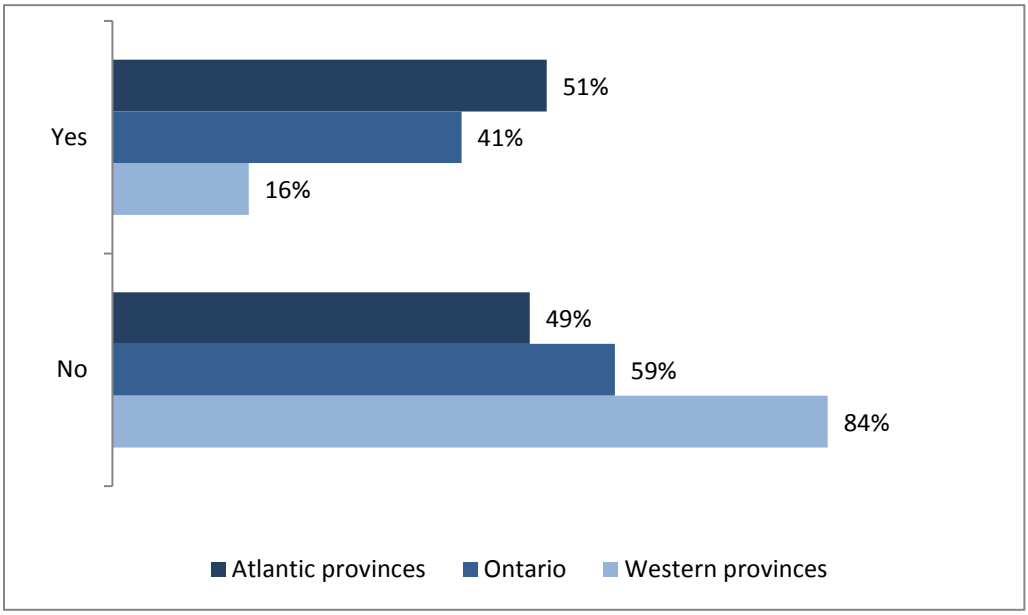


When looking at the results for French-speaking respondents living outside the province of Quebec, those living in the Atlantic provinces are more likely to request services in French (51%), while those living in the Western Canada are more likely not to request health services in French (84%).

Figure 63: Answer to Q12. Typically, do you ask to receive health services in French?

Sample frame: French-speaking respondents outside Quebec (n=595).

Requesting for health services in the first official language

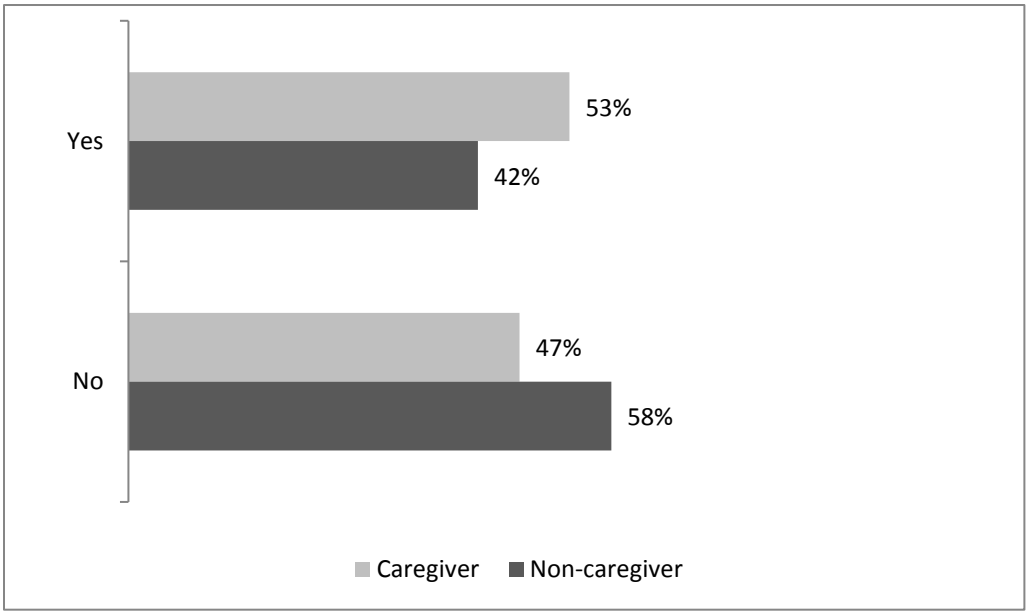


There are some significant differences between caregivers and other respondents. Caregivers (whether for a child, a relative or a friend) are significantly more likely to ask for health services in their first official language spoken (53%). The proportion of non-caregivers who do so is 42%.

Figure 64: Answer to Q12. Typically, do you ask to receive health services in [INSERT FIRST OFFICIAL LANGUAGE]?

Sample frame: Respondents who are caregivers for children, friends or relatives (n=336)

Requesting health services in the first official language



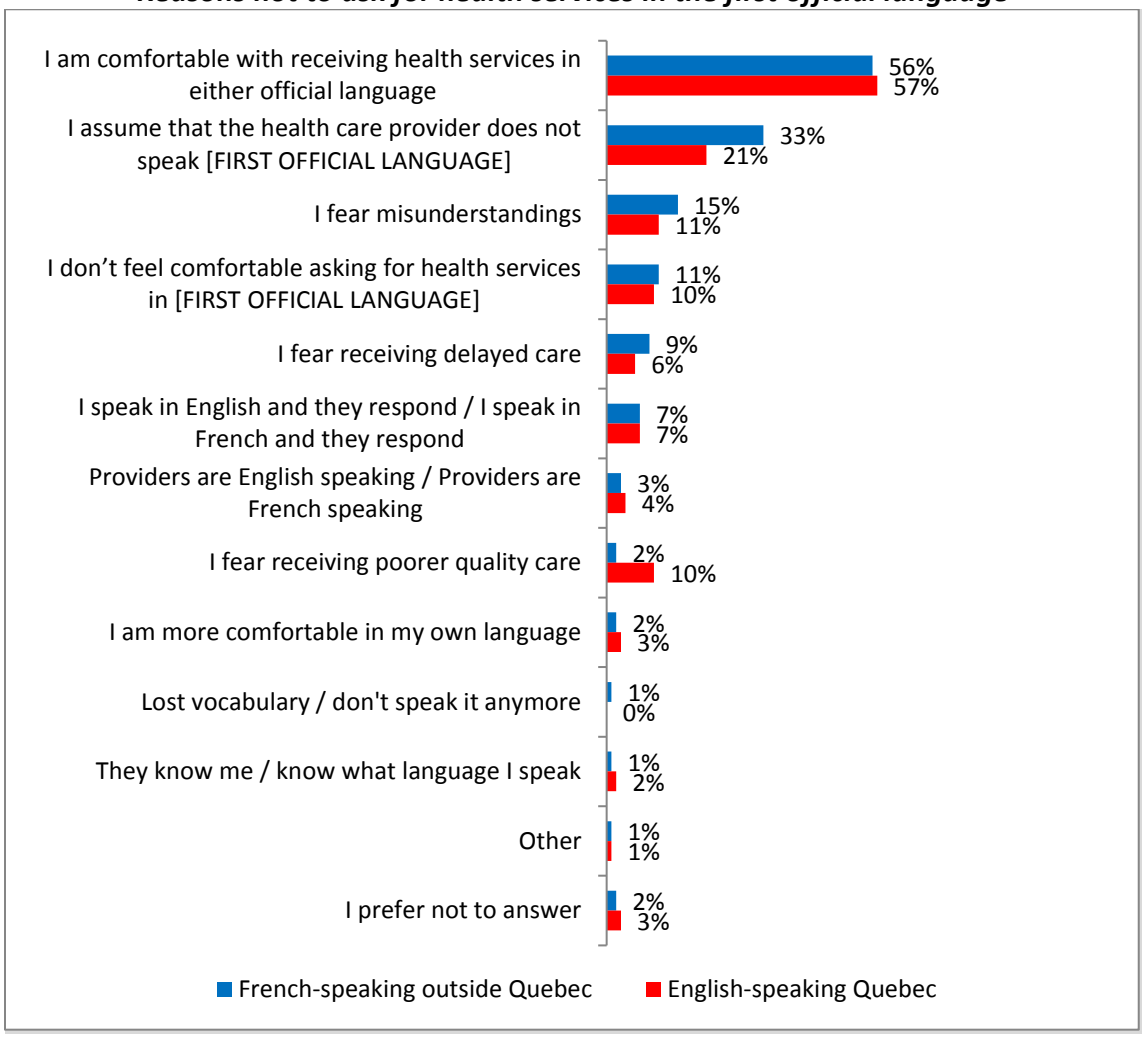
The main reason given by respondents who do not request health services in their first official language is the fact that they are comfortable receiving the services in either official language, no matter their first official language spoken (57% of English-speaking respondents and 56% of French-speaking respondents). A third of French Canadians who said they did not request services in French is because they assume that the health care provider does not speak French (33%). In fact, French Canadians are more likely to assume that than English-speaking Quebecker respondents.

For English-speaking respondents the reason for not request health care services in English is the fear of receiving poorer quality care (10%).

Figure 65: Answer to Q13. Why don't you usually ask to receive your health services in your first official language spoken?

Sample frame: Respondents who do not request health services in their first official language spoken (n=624).

Reasons not to ask for health services in the first official language



When disaggregating by gender and age subgroups, a couple of significant differences emerge:

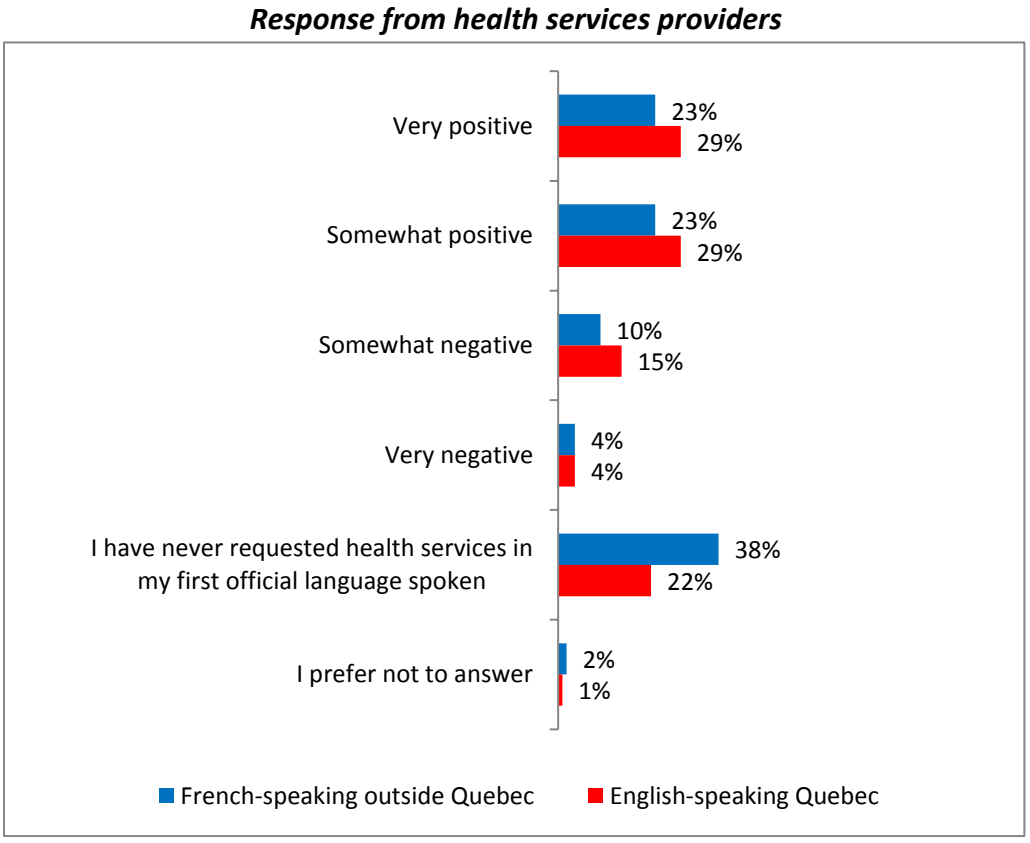
Results show that females are more likely than males to not ask to request health care services in their first official language spoken because they fear receiving poorer quality care (female 8% vs 3% male). Canadians aged 18 to 34 are also more likely than the other age groups to assume that the health care provider does not speak their first official language (39%), to not feel comfortable requesting health services in their first official language (17%), and to not request services in their first official language in fear of receiving poorer quality care (10%). Older Canadians age 55 or older are more likely to say it is because they have lost the vocabulary or they do not speak their first official language anymore (2%).

Respondents with a university level of education are more likely to assume that health care providers do not speak their first official language (35%) or to be afraid of receiving poorer quality services (10%).

English-speaking respondents living in Quebec are more likely to have received a positive response from health care providers when they requested to get services in their first official language spoken. Six out of ten (58%) said the response was positive, while only half of French-speaking respondents living in the rest of Canada (46%) said the same. But English-speaking respondents are also more likely to have had a negative experience.

Figure 66: Answer to Q14. Would you say that you get a positive or negative response from health providers when you ask to receive health services in [INSERT FIRST OFFICIAL LANGUAGE]?

Sample frame: All respondents (n=1,125)

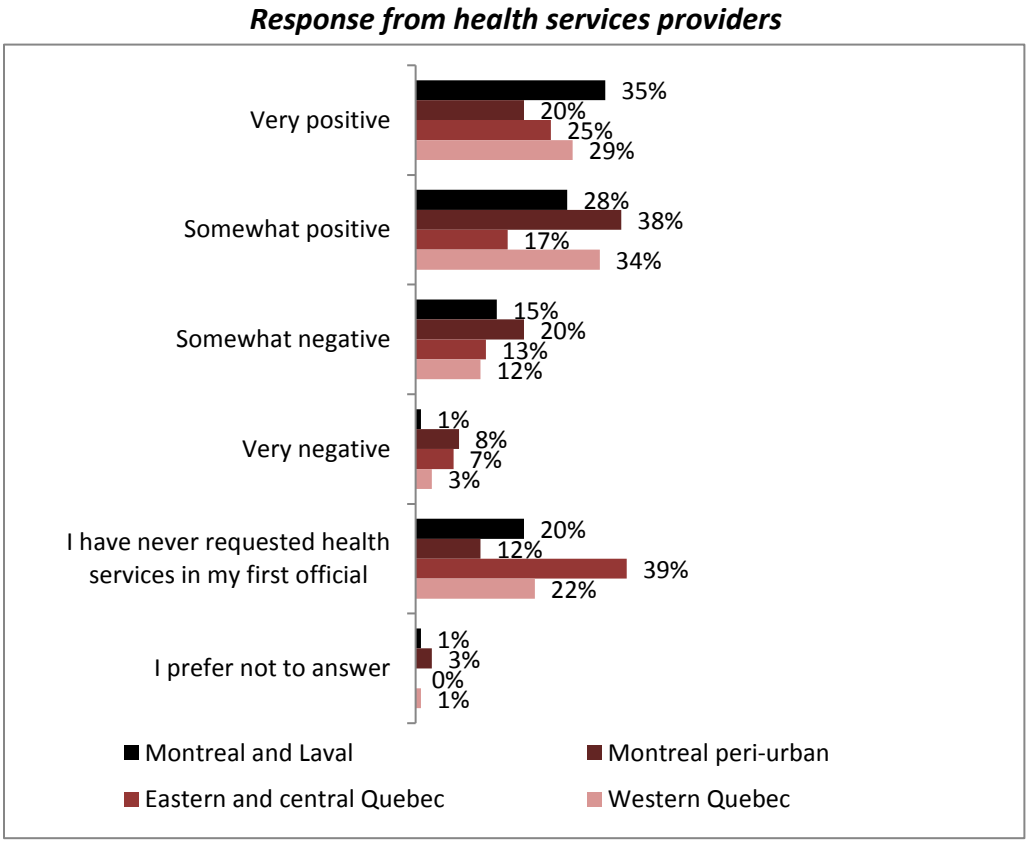


Data also shows differences in the gender and caregivers subgroups. Men (56%) are more likely than women (48%) to have gotten a positive, either very or somewhat positive response when they requested services in their first official language. Caregivers (58%) are more likely to have gotten a positive, either very or somewhat, response when they requested services in their first official language, compared to those who are not caregivers (50%).

Looking into the results for the English-speaking community in the province of Quebec, people living in the Montreal and Laval area are more likely than those of the other regions to get a very positive response from health providers when they request services in English (35%). Those living in the peri-urban area of Montreal are more likely than others to get a negative, either somewhat or very negative, response when asking for English services (27%). Finally, those living in the eastern or central Quebec area are more likely to have never requested services in English (39%).

Figure 67: Answer to Q14. Would you say that you get a positive or negative response from health providers when you ask to receive health services in [INSERT FIRST OFFICIAL LANGUAGE]?

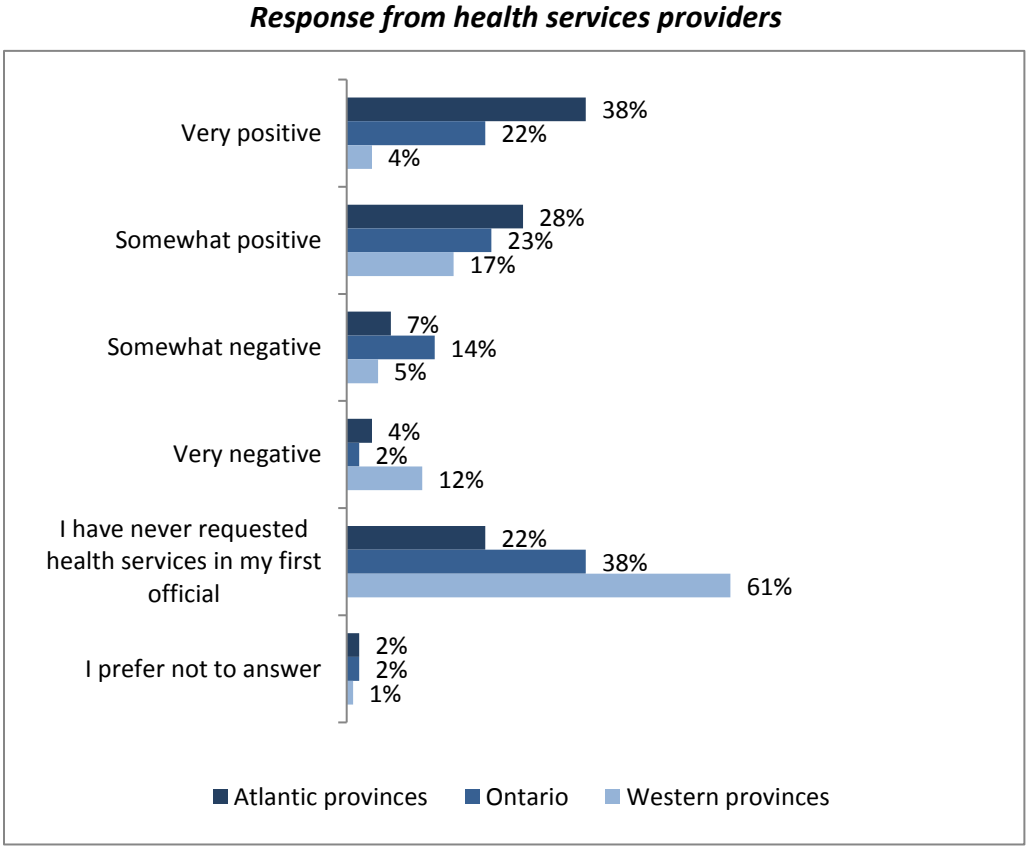
Sample frame: English-speaking respondents in Quebec (n=530).



Looking into the results for the French-speaking respondents living outside the province of Quebec, people living in the Atlantic provinces are more likely than those of the other regions to get a very positive response from health providers when they request services in French (38%). Those living in the Western Canada are more likely than others to get a very negative response when asking for services in French (12%) and they are also more likely to have never requested health services in French altogether (61%). Finally, those living in Ontario are more likely to have received a somewhat negative response when they requested services in French (14%).

Figure 68: Answer to Q14. Would you say that you get a positive or negative response from health providers when you ask to receive health services in [INSERT FIRST OFFICIAL LANGUAGE]?

Sample frame: French-speaking respondents outside Quebec (n=595).

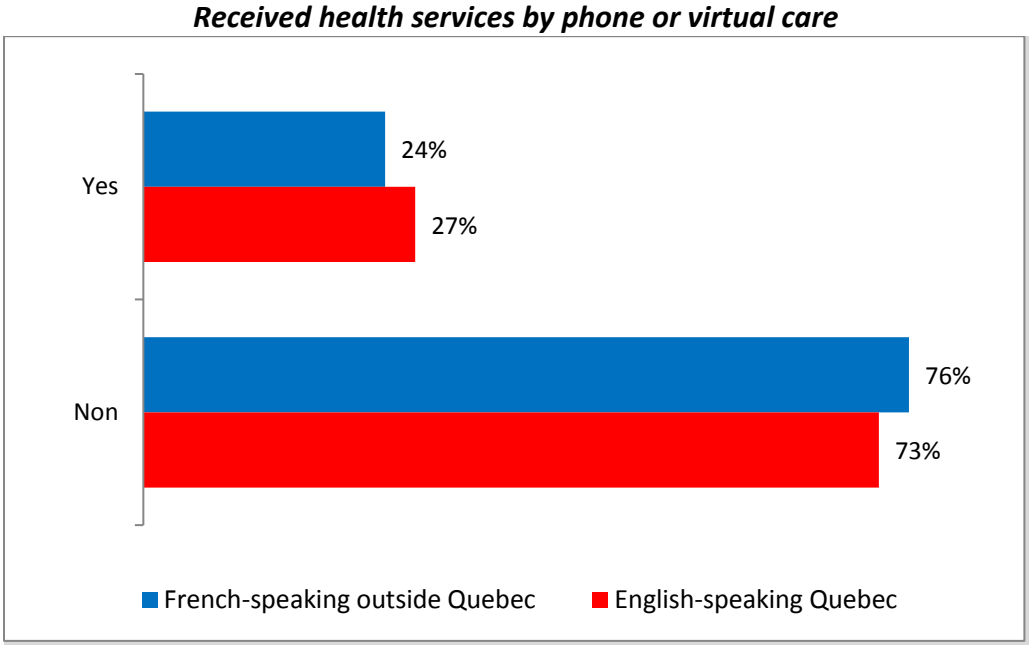


2.1.5 Health Technology and Health Services in Canada in Official Minority Language

A quarter of respondents (27% of English-speaking respondents in Quebec and 24% of French-speaking respondents living outside Quebec) have received health services by phone or through virtual care in the past, while three quarters (respectively 73% and 76%) did not.

Figure 69: Answer to Q15. Have you ever received health services by phone or through virtual care?

Sample frame: All respondents (n=1,125)

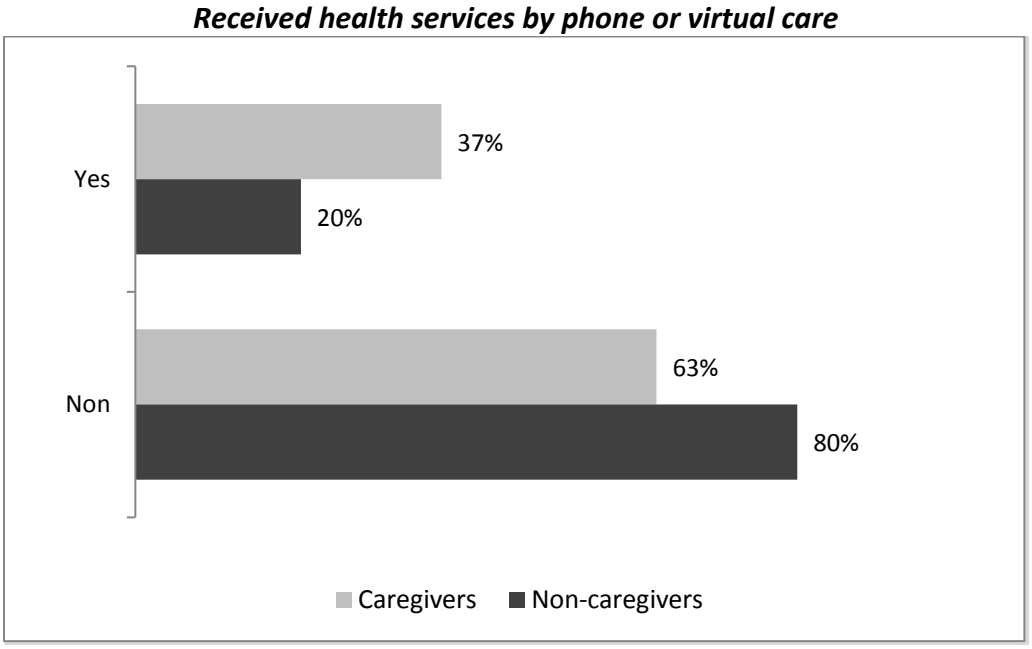


Data also shows that people between 35 and 54 are more likely (29%) to have ever received health services by phone or through virtual care than the others, while the ones 55 years old and older are more likely to have never received such services (79%).

Respondents who are caregivers for a relative or a friend or to a child are significantly more inclined to have received health services by phone or through virtual care (37%). Proportionally, non-caregivers are less likely to have received health care by phone or virtual care (20%). But there are no significant differences between English-speaking respondents living in Quebec and French-speaking respondents living elsewhere in Canada.

Figure 70: Answer to Q15. Have you ever received health services by phone or through virtual care?

Sample frame: Respondents who are caregivers for children, friends or relatives (n=336)

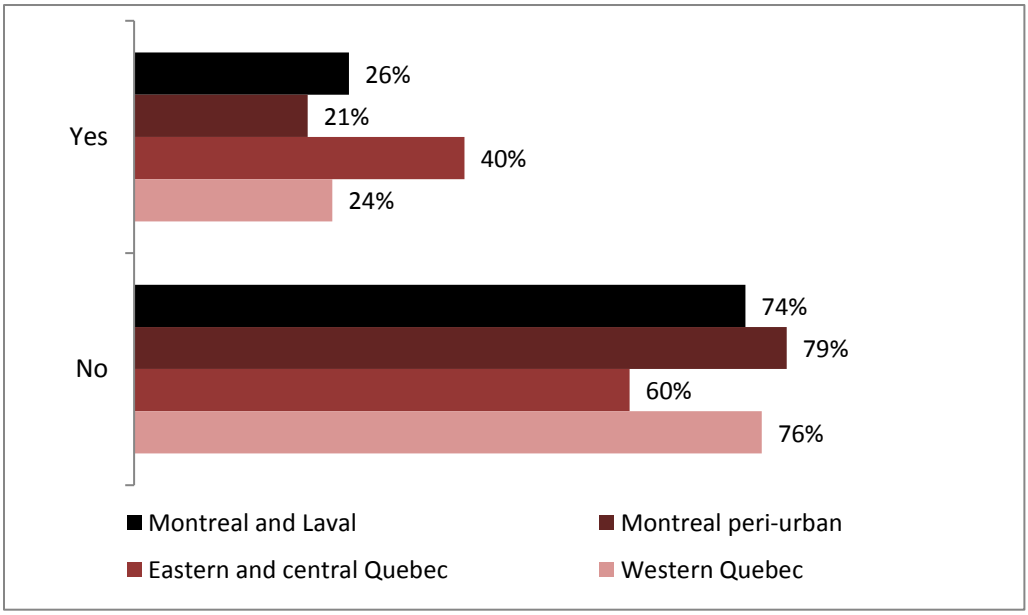


Results show that English-speaking respondents living in eastern and central Quebec are more likely to have received health services by phone or virtual care in the past (40%) than the ones living in other regions of Quebec.

Figure 71: Answer to Q15. Have you ever received health services by phone or through virtual care?

Sample frame: English-speaking respondents in Quebec (n=530).

Received health services by phone or virtual care

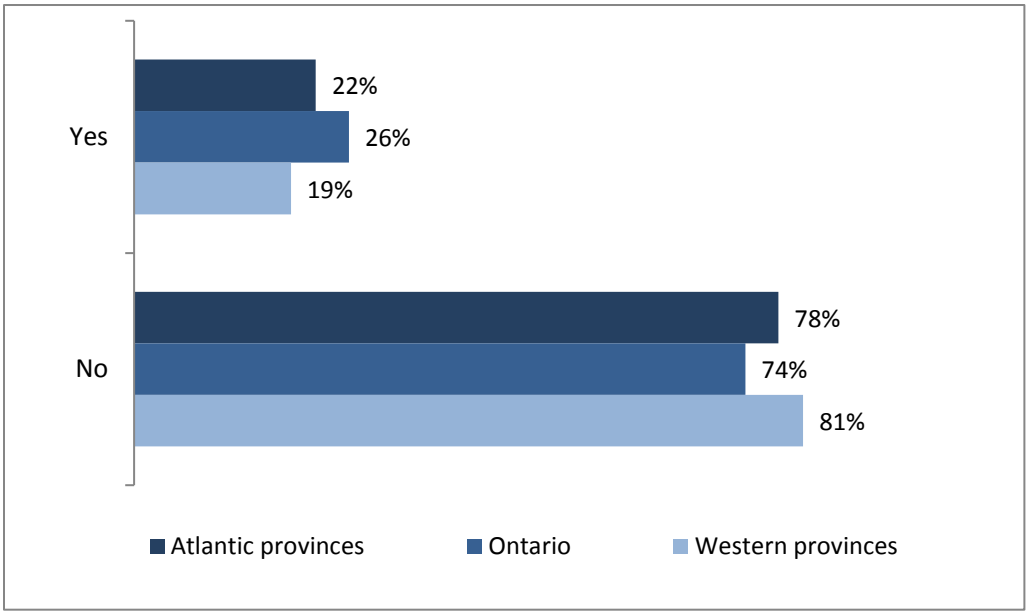


As shown in the image below, there are no observable differences in the results for French-speaking respondents living outside Quebec for this question. No regional differences have been found.

Figure 72: Answer to Q15. Have you ever received health services by phone or through virtual care?

Sample frame: French-speaking respondents outside Quebec (n=595).

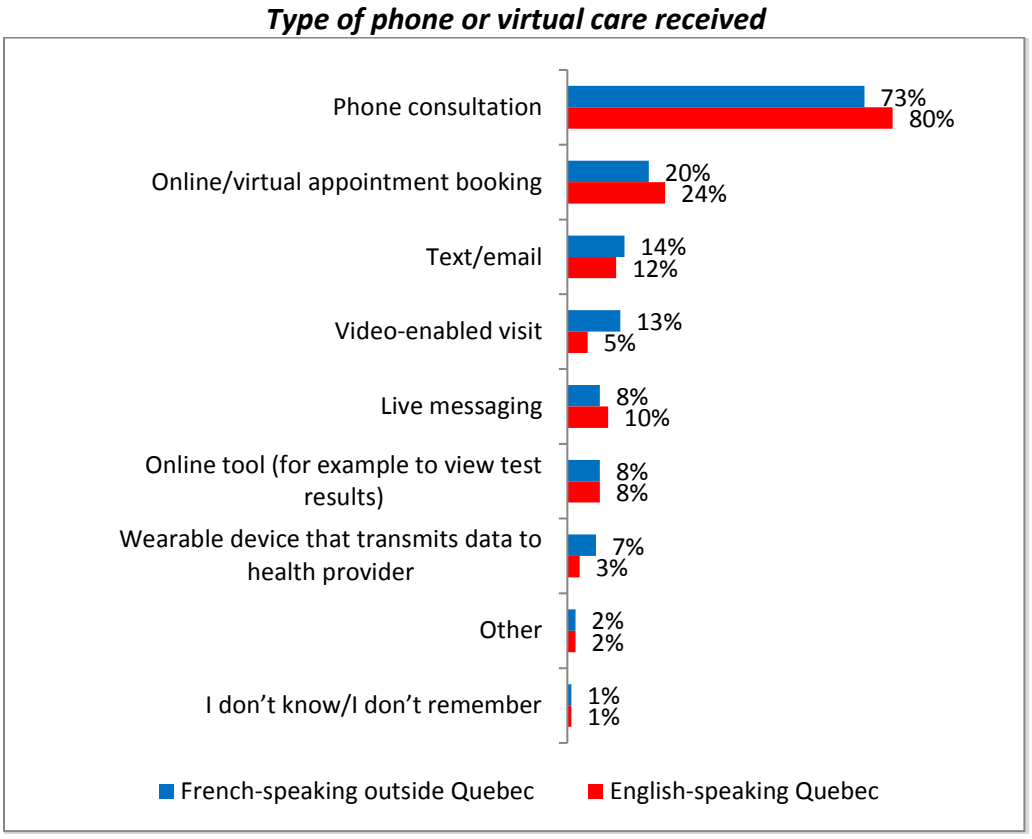
Received health services by phone or virtual care



The most frequent health service received by phone or virtual care is phone consultation. Seven French Canadians who said they received health services by phone or through virtual care out of ten said that they received a phone consultation (73%), and eight English-speaking respondents out of ten said the same (80%). French-speaking respondents living outside the province of Quebec are more likely to have received a video-enabled visit (13%) than English-speaking respondents (5%).

Figure 73: Answer to Q16. Which of the following health care services have you ever received? Multiple answers allowed*.

Sample frame: Respondents who received health services through phone or virtual care—(n=295).



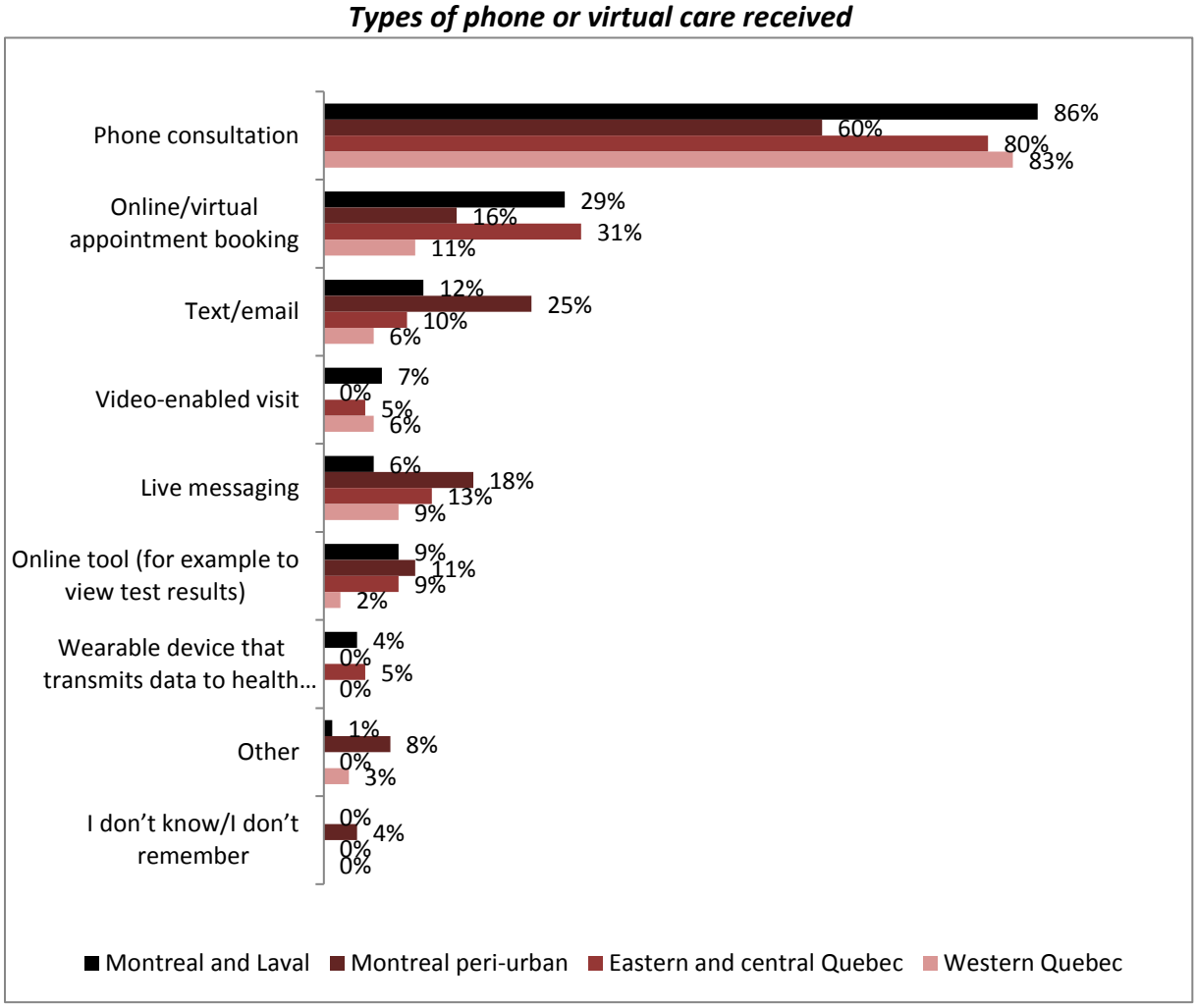
*Because respondents were able to give multiple answers, total answers may exceed 100%.

Young adults (18–34) are more likely to have received health care via online/virtual appointment and booking (31%) and via text/email (20%) than the other respondents. Older respondents (55 and over) are more likely to have reported using online tools (12%) than the other respondents. People living in urban area have reported in a greater proportion having received a phone consultation (80%) while people living in a rural area are more likely to have received online/virtual appointment and booking (35%). Results also show that caregivers, whether for a child, a friend or a family member, are more likely to have used text or email communications with a specialist (19%) than non-caregivers.

As shown in the image below, there are no observable differences in results among Quebec English speakers on this question. No regional differences have been found.

Figure 74: Answer to Q16. Which of the following health care services have you ever received? Multiple answers allowed*.

Sample frame: English-speaking respondents in Quebec who received health services through phone or virtual care—(n=147).



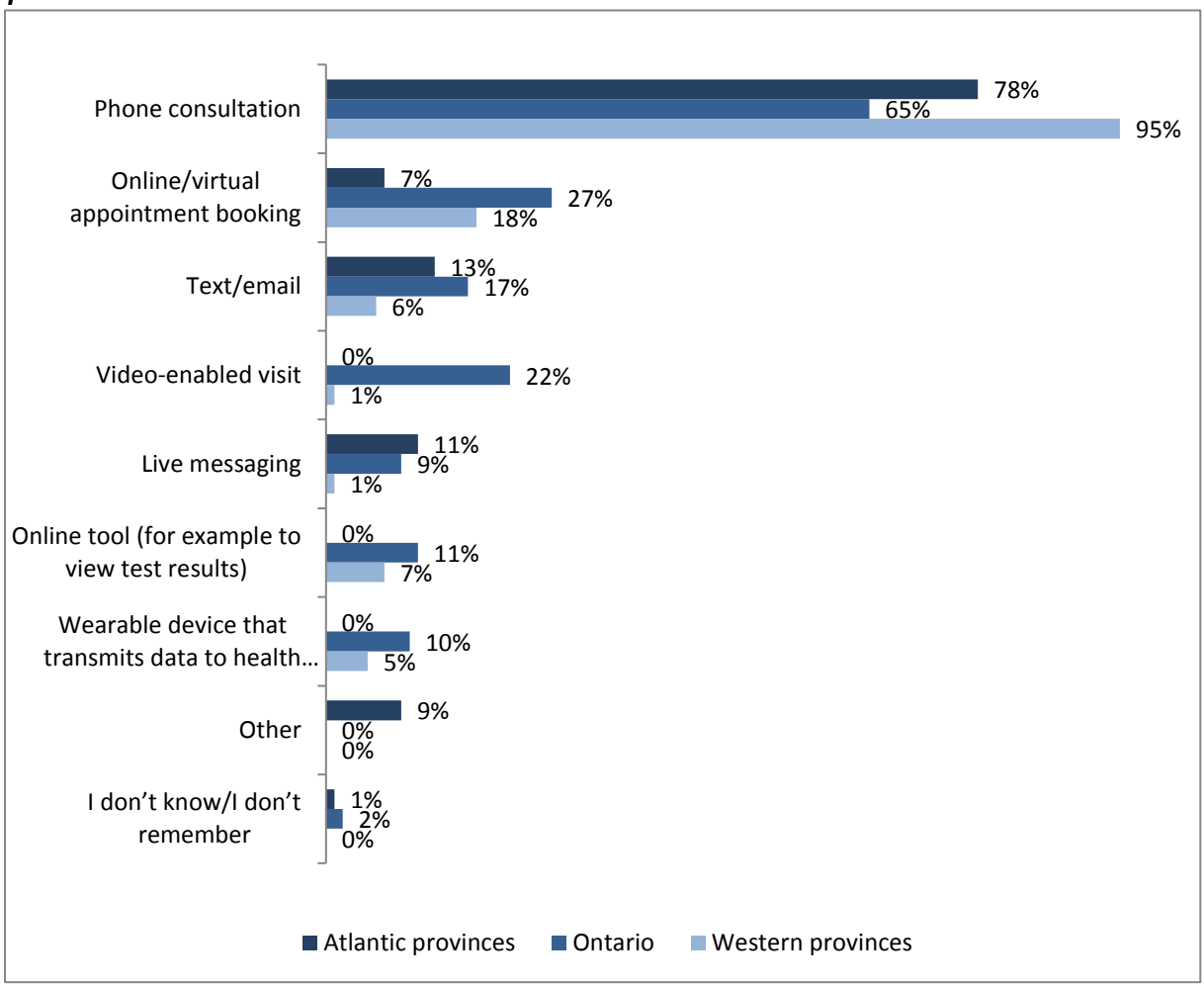
*Because respondents were able to give multiple answers, total answers may exceed 100%.
Due to the small sample size in some regions the results should be interpreted with caution (n<30).

French-speaking respondents living in Ontario are more likely to have had an online or virtual appointment and booking experience (27%), a video-enabled visit (22%), to have used online tools to view their test results (11%) and to have used a wearable device that transmits data to the health care provider (10%) than in other regions. Western French-speaking respondents are more likely to have had a phone consultation (95%) than in the other provinces.

Figure 75: Answer to Q16. Which of the following health care services have you ever received? Multiple answers allowed*.

Sample frame: French-speaking respondents outside Quebec who received health services through phone or virtual care—(n=148).

Types of phone or virtual care received



*Because respondents were able to give multiple answers, total answers may exceed 100%.

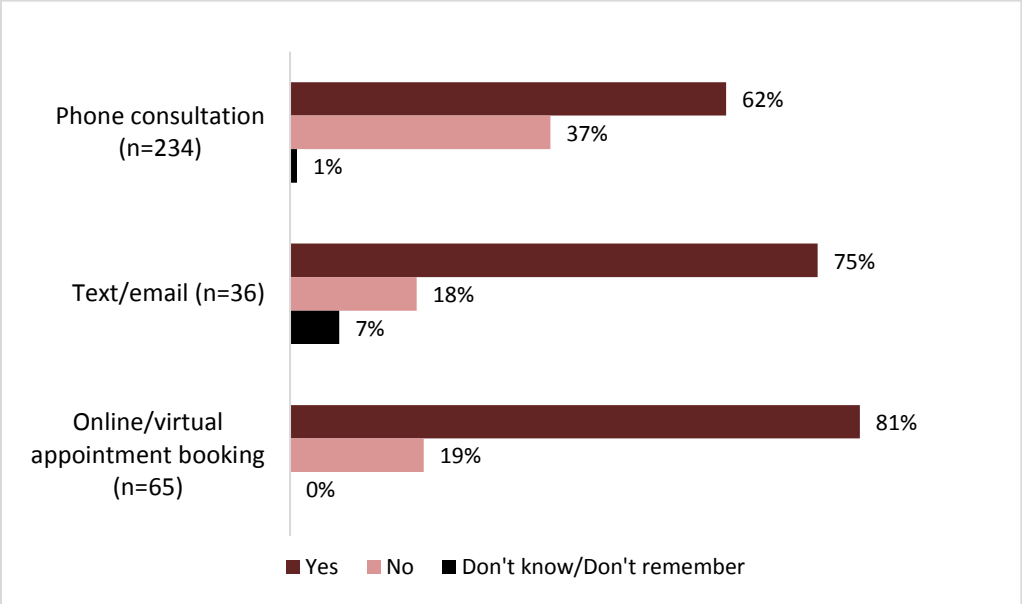
In general, the top three health services received by phone or through virtual care were given in the first official language for the majority of respondents. French Canadians living outside the province of Quebec are less likely to have had interactions in French for online or virtual appointment and booking services they used (56%) than English-speaking respondents to have had interactions in English for the same services (81%). The other services mentioned (live messaging, online tools, video-enabled visit and wearable devices) were used by only a few respondents (n< 30). Therefore, no conclusion can be made for those.

Results also show that English-speaking respondents living in the Montreal and Laval area are more likely to have had a phone consultation in their first official language (76%) than other English-speaking respondents.

Figure 76: Answer to Q17. Were your interactions done mainly in English?

Sample frame: English-speaking respondents in Quebec who receive health services through phone or virtual care

Phone or virtual care interactions in English

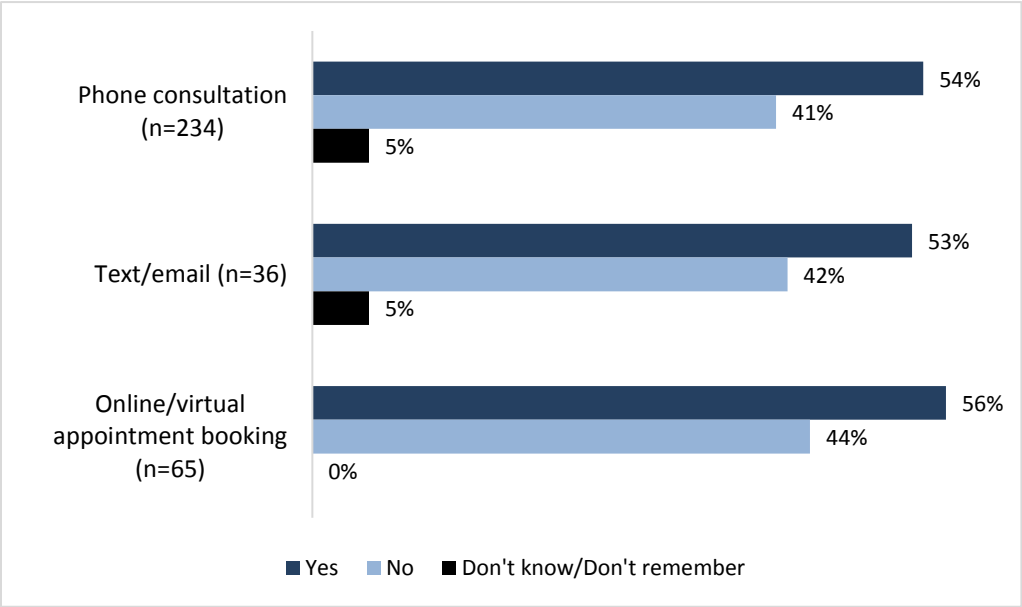


French Canadians living in the Atlantic provinces are also more likely to have had a phone consultation in their first official language (87%) than French Canadians living in the other regions surveyed.

Figure 77: Answer to Q17. Were your interactions done mainly in French?

Sample frame: French-speaking respondents outside Quebec who receive health services through phone or virtual care

Phone or virtual care interactions in French

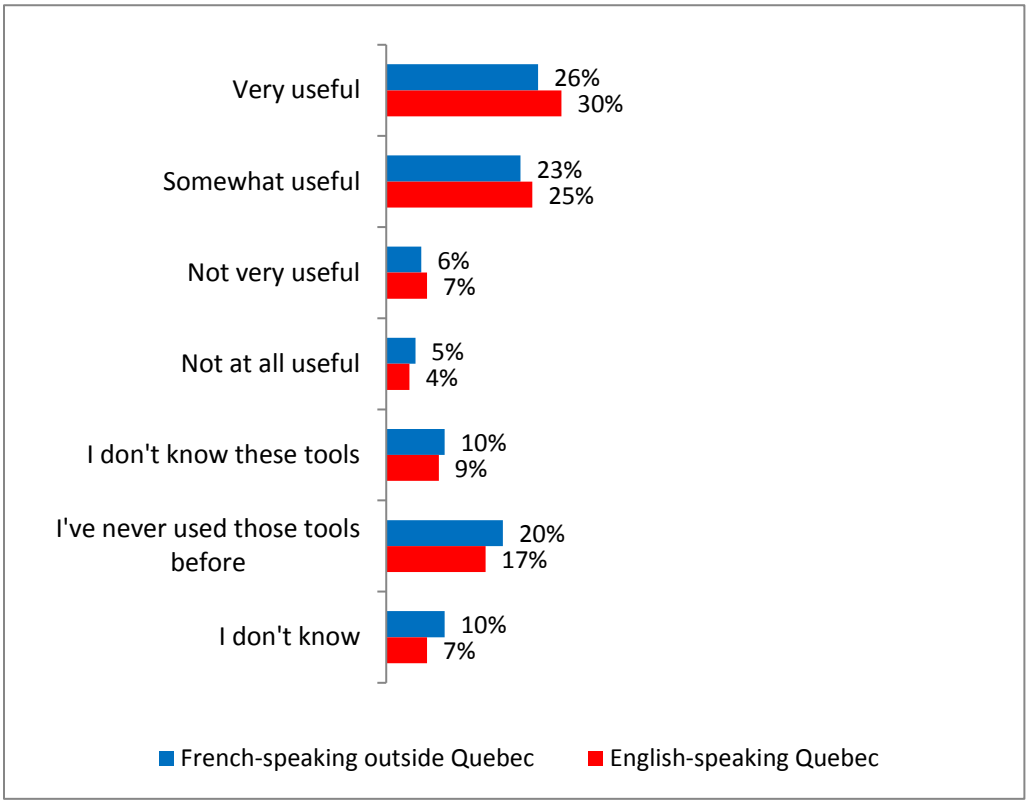


Half of the respondents (55% of English-speaking respondents and 49% of French-speaking respondents) thinks that technology is useful to get health services in their first official language of choice. Results demonstrate that statistically speaking, English-speaking respondents are more likely to think technology is useful in getting health services in their first official language.

Figure 78: Answer to Q18. Based on your personal experience, how useful is technology in getting health services in [INSERT FIRST OFFICIAL LANGUAGE]?

Sample frame: All respondents (n=1,125)

Usefulness of technology for health services in first official language



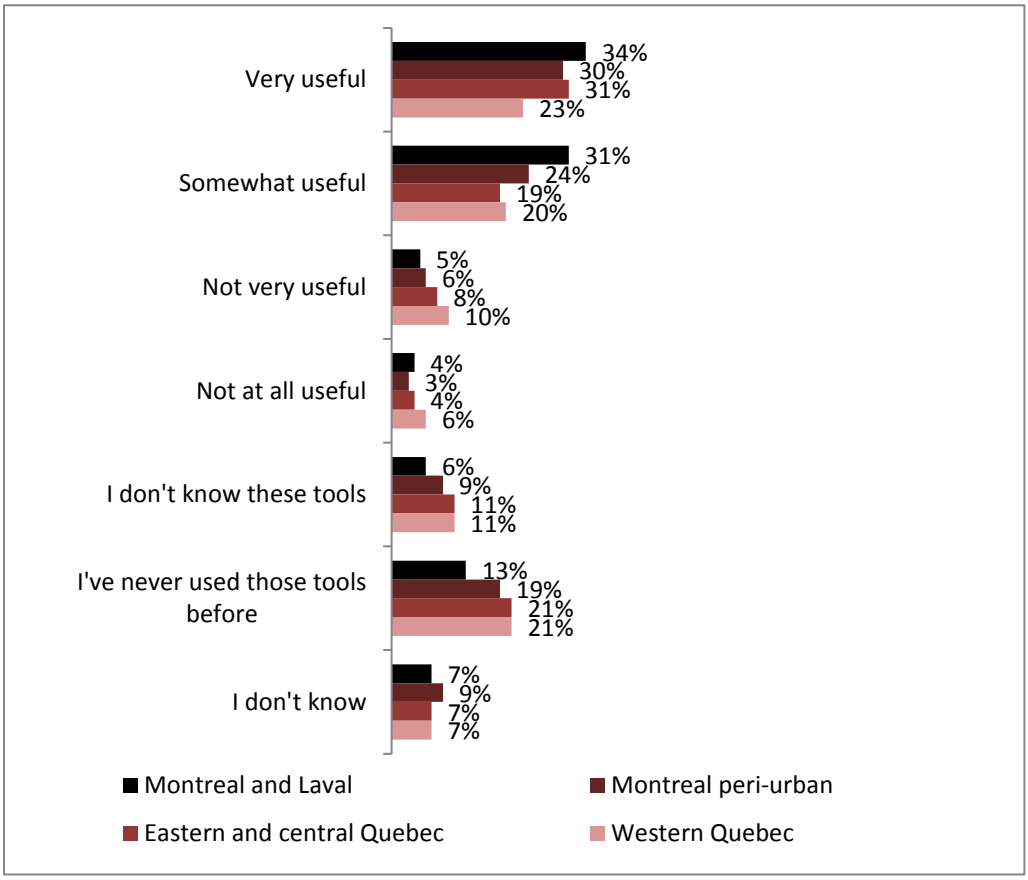
Data also shows that a quarter of respondents (25%) aged 55 and older have never used the technological tools for health services and one out of ten (12%) don't know any of these tools. This is significantly more than the other age groups. The respondents aged between 18 and 34 (58%) are more likely to find technology useful, followed closely by the respondents aged between 35 and 54 years old. Among respondents aged 55 and more, 44% are less likely to think that technology is useful.

Results below show that English Quebeckers living in the Montreal and Laval area are more likely to feel technology is useful in getting health services in their first official language (65%), while Western English Quebeckers are more likely to feel technology is not useful (16%) compared to other regions of the province.

Figure 79: Answer to Q18. Based on your personal experience, how useful is technology in getting health services in [INSERT FIRST OFFICIAL LANGUAGE]?

Sample frame: English-speaking respondents in Quebec (n=530)

Usefulness of technology for health services in English

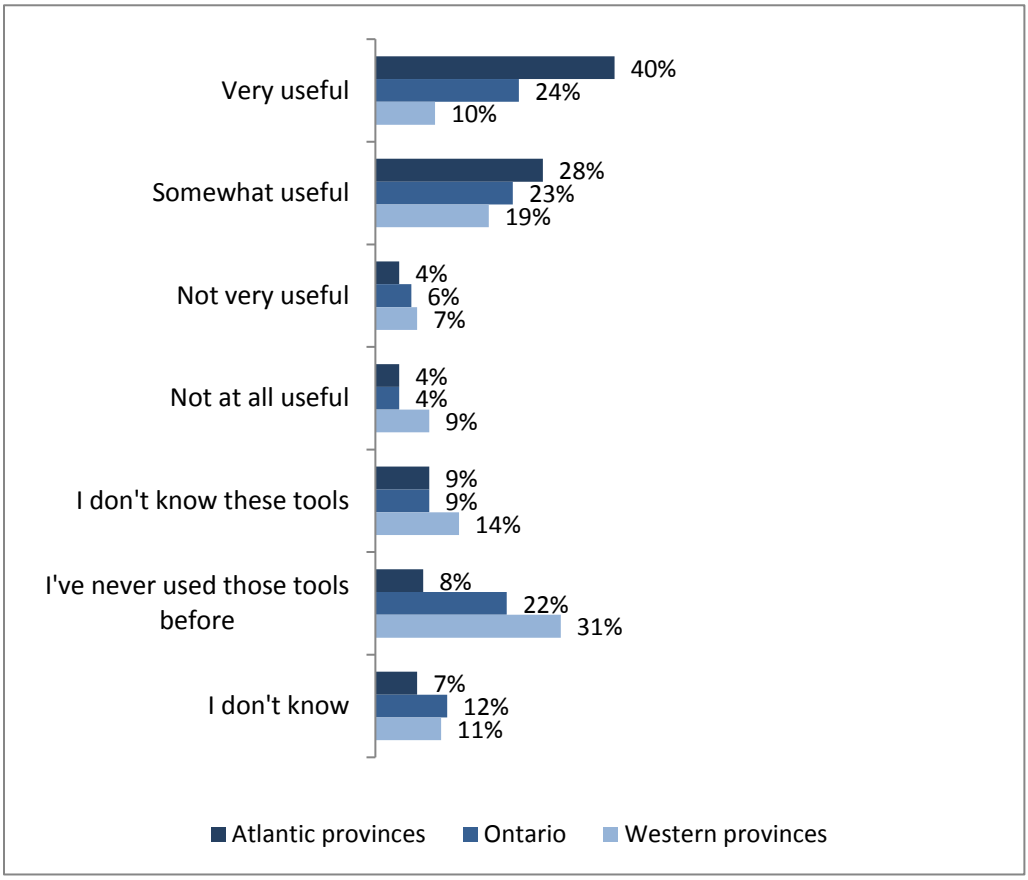


As for French Canadians living outside the province of Quebec, residents of the Atlantic provinces are more likely to feel that technology is useful in receiving health care services in their first official language (68%) while Western French Canadians are more likely to say that they have never used technology before (31%) or to say that it is not at all useful (9%) compared to other regions of the country.

Figure 80: Answer to Q18. Based on your personal experience, how useful is technology in getting health services in [INSERT FIRST OFFICIAL LANGUAGE]?

Sample frame: French-speaking respondents outside Quebec (n=595)

Usefulness of technology for health services in French

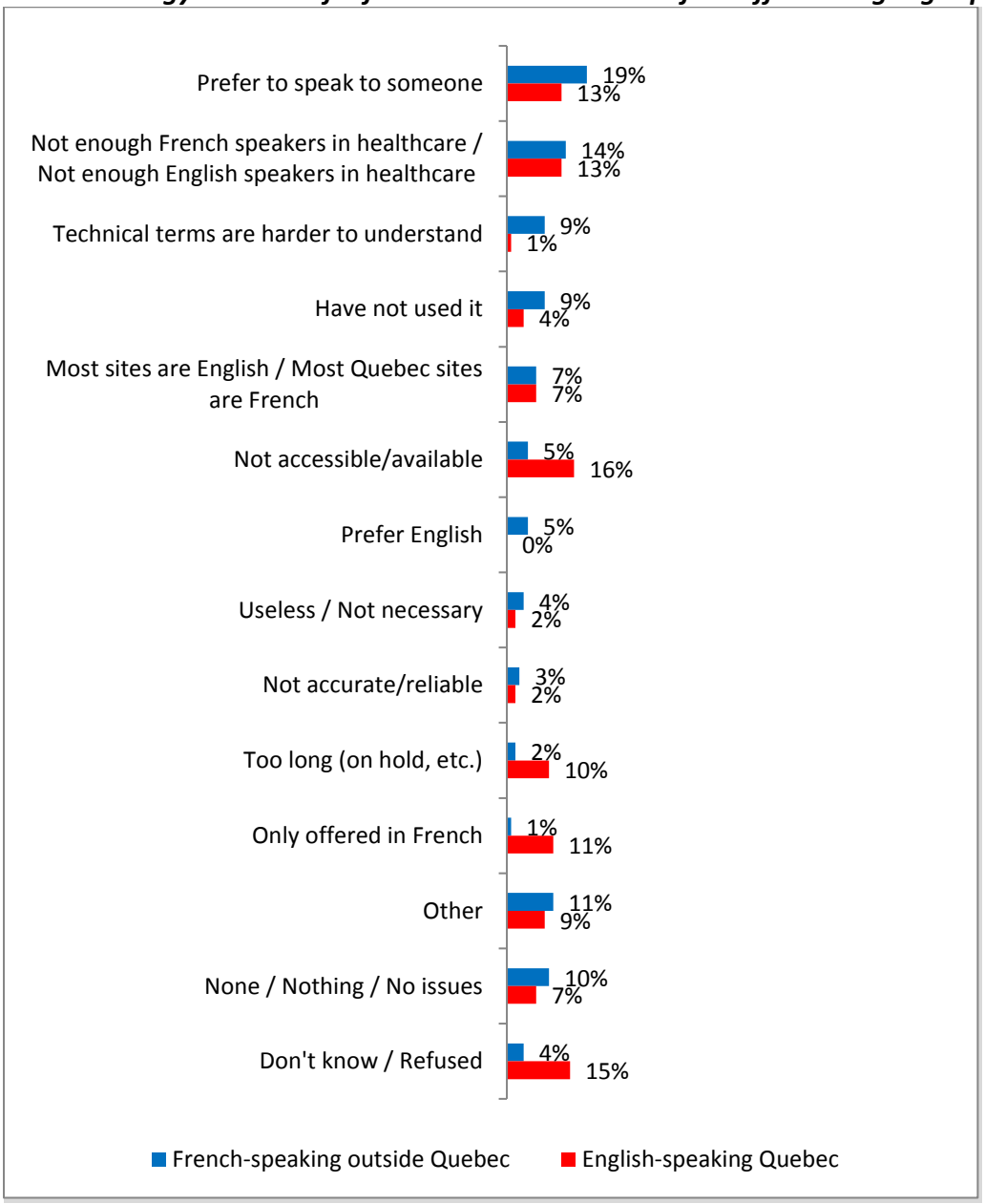


Respondents mentioned that they prefer to speak to someone (19% of French-speaking respondents outside Quebec and 13% of English-speaking respondents in Quebec) as the main reason to explain why they don't think technology is useful for getting health services in their first official language spoken. English-speaking respondents are more likely to say so because the technology is not accessible or not available (16% vs 5% for French-speaking respondents). Results show no statistical differences between regions.

Figure 81: Answer to Q19. Why do you feel that technology is not useful in helping you obtain health services in [INSERT FIRST OFFICIAL LANGUAGE]? SPONTANEOUS ANSWERS

Sample frame: Respondents who don't think technology is useful (n=121)

Reasons Technology Is Not useful for health services in the first official language spoken



Data shows women (10%) are more likely than men (0%) to say that they feel technology is not useful in helping them obtain health services in their first official language because technical terms are harder to understand.

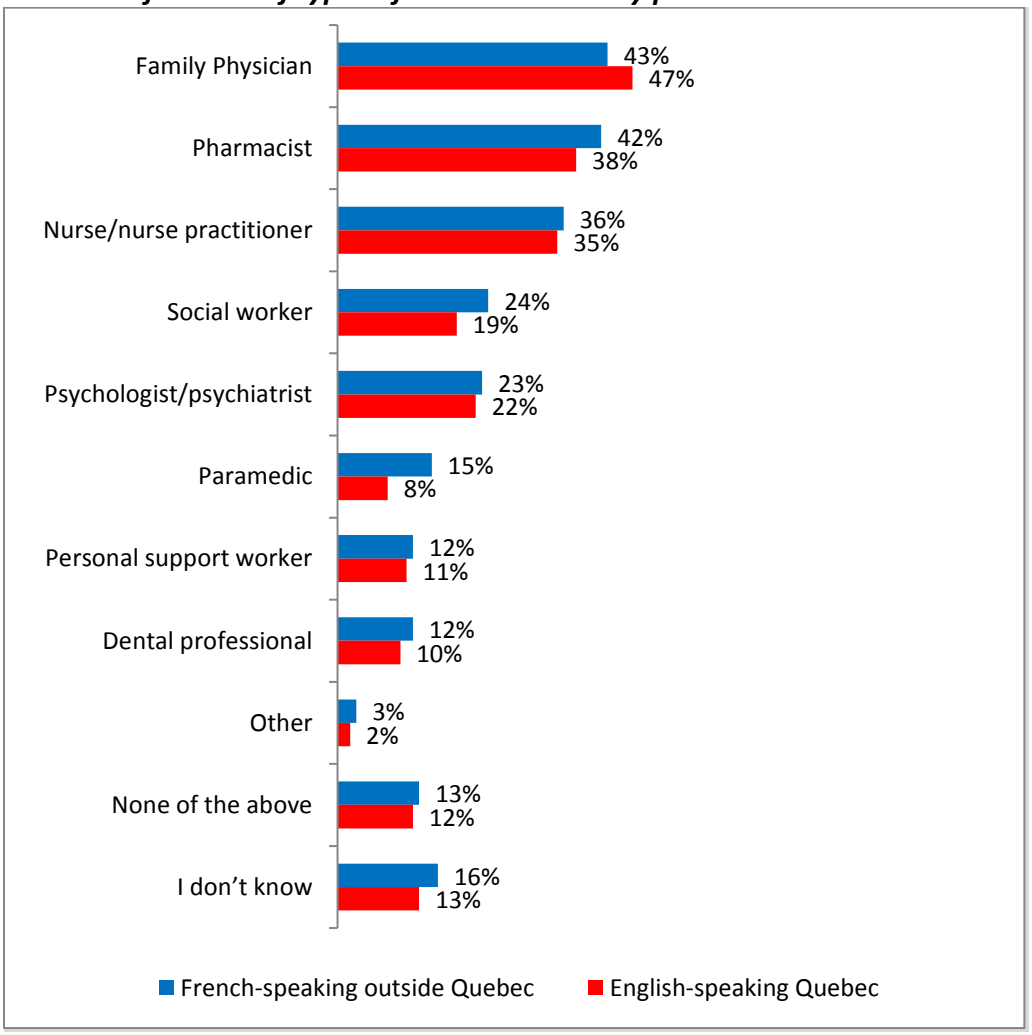
Data also shows young adults 18 to 34 are more likely to feel technology is not useful because it's not accessible or available in their first language (23%).

Respondents mentioned family physicians, pharmacists, and nurses or nurse practitioners as the top three health services that they would like to have by phone or by virtual care.

Figure 82: Answer to Q20. For what type of health services would phone or virtual care be useful to you? SEVERAL MENTIONS POSSIBLE*

Sample frame: All respondents (n=1,125)

Preferences of types of health services by phone or virtual care



*Because respondents were able to give multiple answers, total answers may exceed 100%.

Data shows that men are more likely than women to say phone or virtual care services would be useful for family physicians (49%), while women are more likely to think it would be useful for nurses or nurse practitioners (38%), and for psychologists or psychiatrists (29%).

Young adults, 18 to 34, as well as people 35 to 54, are more likely than those 55 and over to think phone or virtual care services would be useful with psychologists or psychiatrists (respectively 29% and 26%). Younger people are also more likely to think it would be useful for social workers (26%). Respondents of 55 years old or more (16%) mentioned significantly more than others that they would not find it useful to receive any health care services by phone or through virtual care.

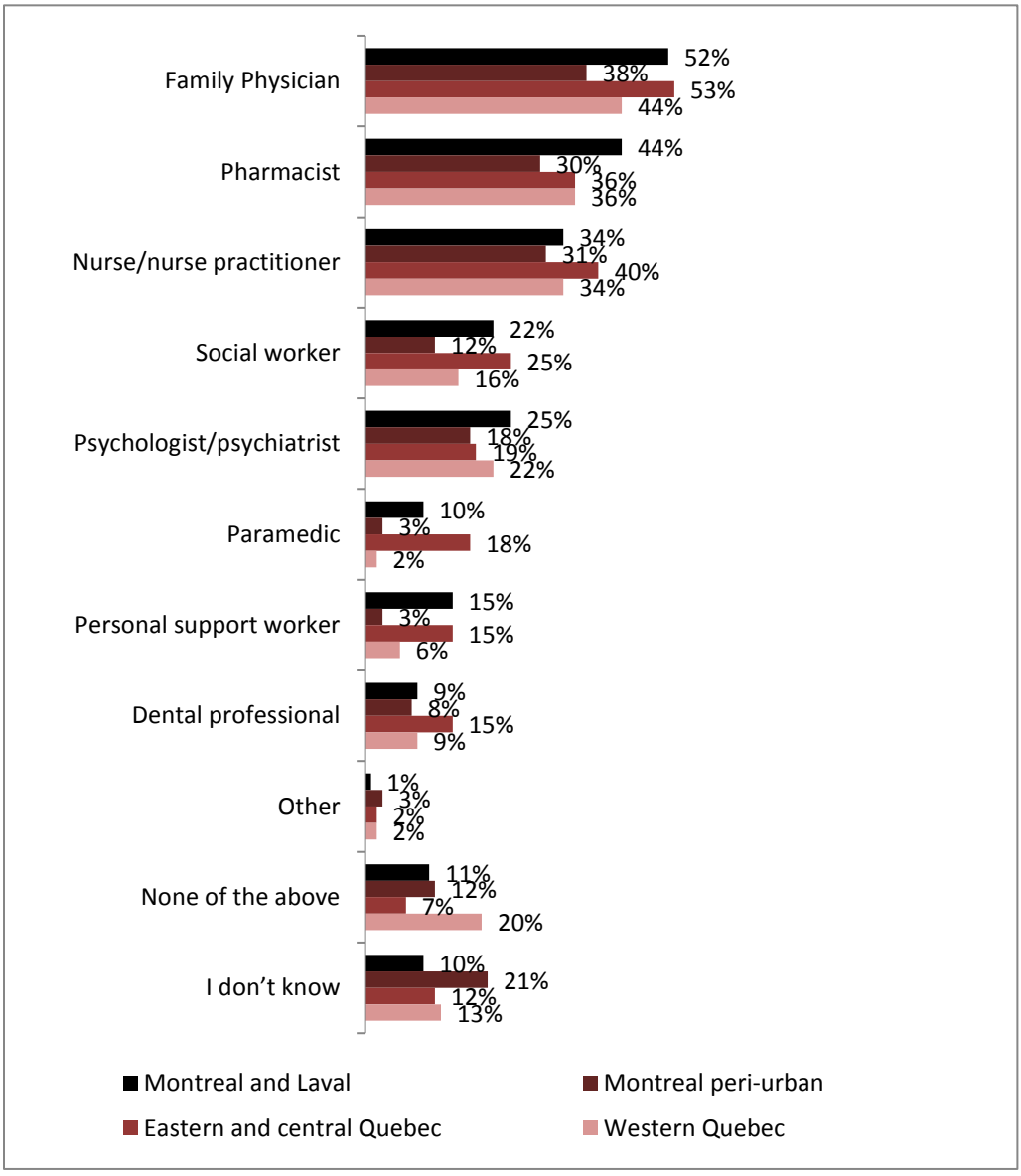
Respondents who are not caregivers (15%) mentioned significantly more than caregivers, whether to a child or a family member or friend, that they would not be interested in receiving any health care services by phone or through virtual care. Caregivers would be more likely to want health services by phone or virtual care from a family physician (52%), and a paramedic (25%).

English-speaking respondents living in the Montreal and Laval area are more likely to say pharmacist and personal support worker phone or virtual care services would be useful to them (respectively 44% and 15%). Anglophones living in the eastern and central Quebec area are more likely to think such services would be useful with paramedics (18%) and Western Quebec Anglophones are more likely to say it would be useful to none of the listed providers (20%).

Figure 83: Answer to Q20. For what type of health services would phone or virtual care be useful to you? SEVERAL ANSWERS POSSIBLE*

Sample frame: English-speaking respondents in Quebec (n=530)

Preferences of types of health services by phone or virtual care



*Because respondents were able to give multiple answers, total answers may exceed 100%.

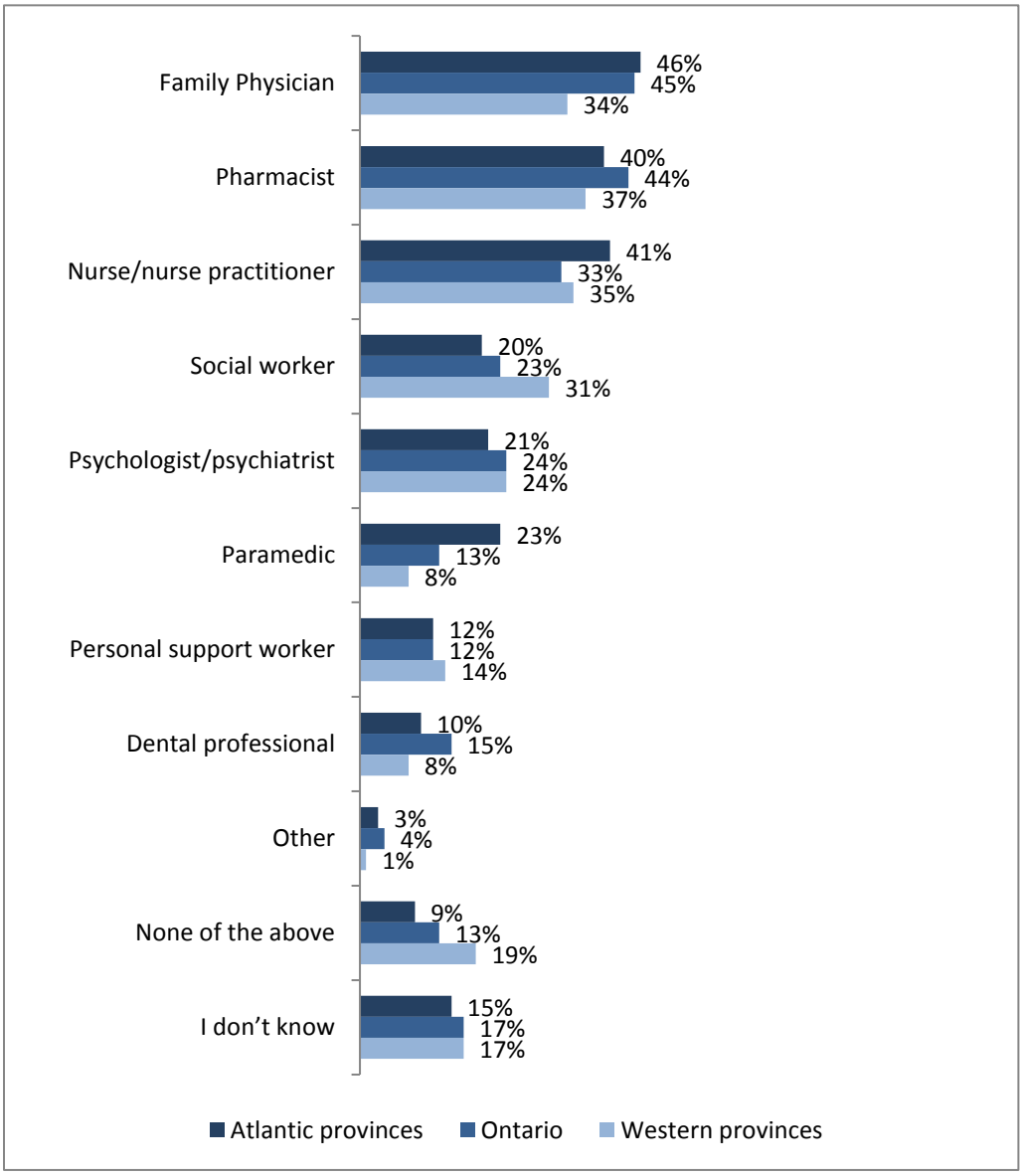
French Canadians living in the Atlantic provinces are more likely to think paramedic phone services or virtual care would be useful to them (23%), while Franco-Ontarians are more likely to think such services would be

useful for a dental professional (15%) and Western French Canadians are more likely to think a social worker with a phone or virtual care service would be useful to them (31%).

Figure 84: Answer to Q20. For what type of health services would phone or virtual care be useful to you? SEVERAL ANSWERS POSSIBLE*

Sample frame: French-speaking respondents outside Quebec (n=595)

Preferences of types of health services by phone or virtual care



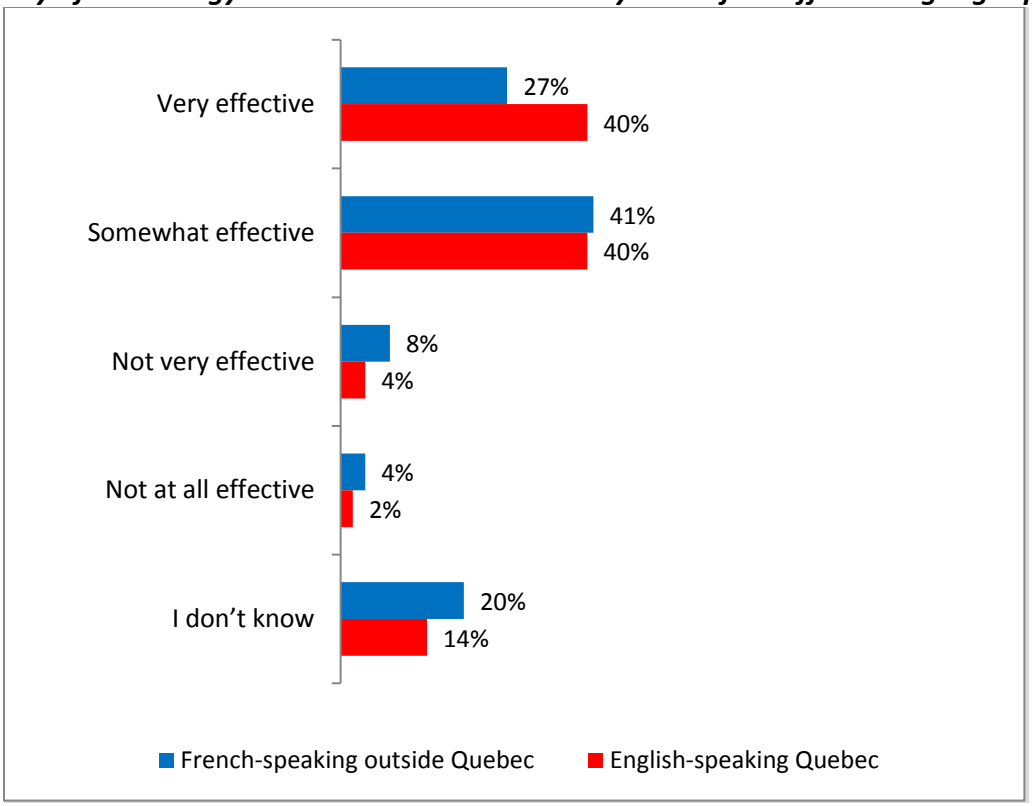
*Because respondents were able to give multiple answers, total answers may exceed 100%.

Four English Quebeckers out of five think technology could be an effective way to make health services even more available in their first official language (80%). The majority of French Canadians also feel the same way (68%). That being said, English-speaking respondents are more likely to feel technology would be an effective way to make health services even more available in their first official language spoken. English-speaking respondents in Quebec are more likely to think that it could be very effective (40%) while Francophones outside Quebec are less likely to share this opinion (27%).

Figure 85: Answer to Q21. To what extent do you think technology could be an effective way to make health services even more available in [INSERT FIRST OFFICIAL LANGUAGE]?

Sample frame: All respondents (n=1,125)

Efficiency of technology in health services availability in the first official language spoken



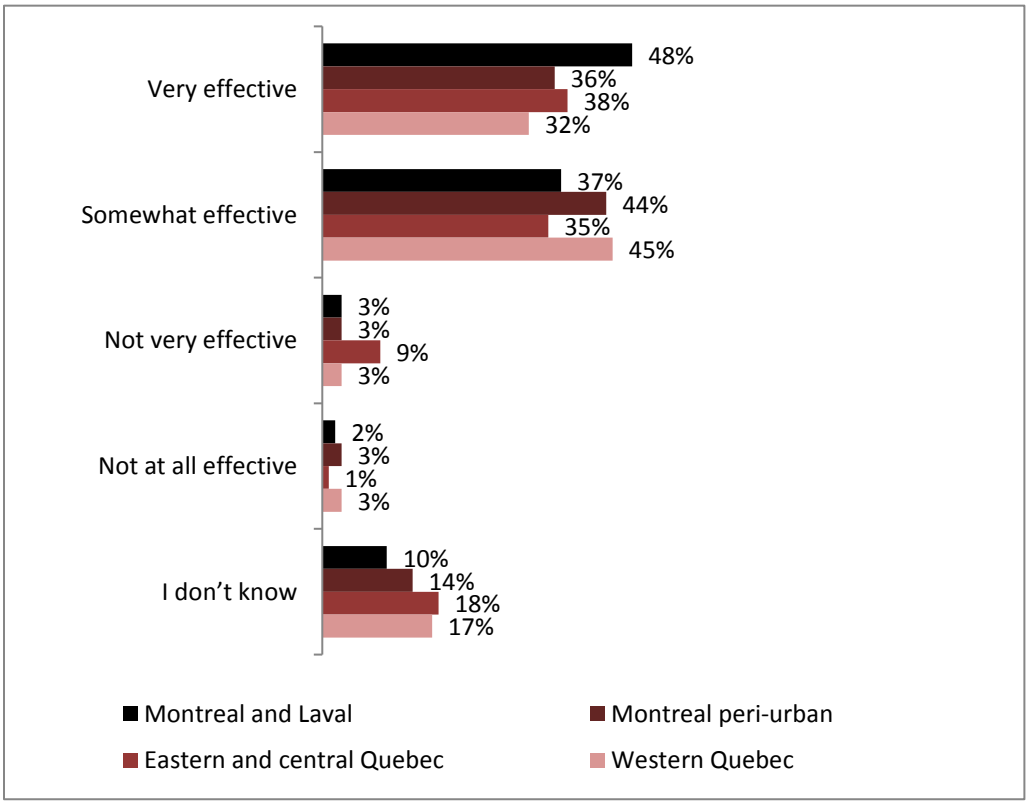
Younger respondents are more likely to think technology can be an effective way to increase the availability of health services in their first official language spoken. In fact, more than eight respondents aged between 18 and 34 years old out of ten (84%) think that technology can be effective. This is significantly more than respondents aged 55 and older (65%). On their end, male are more likely than female to think that technology would be very effective (36% vs 31% for female). Caregivers are more likely than non-caregivers to think technology could be very effective to make health services even more available in their first official language (38% vs 32% for non-caregivers). There are no significant differences on this question based on the respondents' level of education.

Looking at the different regions, most of the residents feel that technology could be an effective way to make health services even more available in their first official language spoken. English-speaking respondents living in the Montreal and Laval area are more likely to think that (85%). In fact, 48% of respondents from the Montreal-Laval region think that technology could be very effective in making health services more available in English. People living in eastern and central Quebec and Western Quebec seem to be a little less enthusiastic about the effectiveness of technology than the other respondents.

Figure 86: Answer to Q21. To what extent do you think technology could be an effective way to make health services even more available in [INSERT FIRST OFFICIAL LANGUAGE]?

Sample frame: English-speaking respondents in Quebec (n=530)

Efficiency of technology in health services availability in English

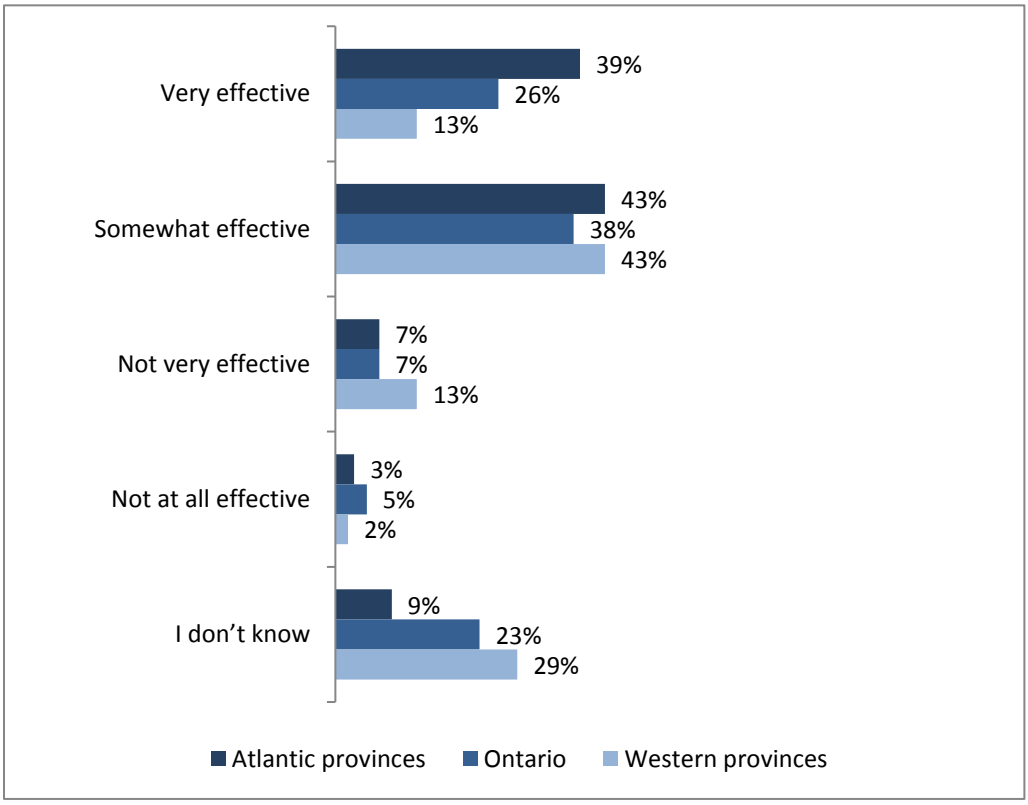


Francophones living in the Atlantic provinces are more likely to think that technology could be effective in making health care services in French more available than the respondents in the other regions of Canada (39%—very effective). It is in the Western provinces that French speakers are the least likely to think that technology can be effective in this regard (13%—very effective). French-speaking respondents in Western Canada are also more likely not to know (29%) whether technology would actually improve access to health care in French.

Figure 87: Answer to Q21. To what extent do you think technology could be an effective way to make health services even more available in [INSERT FIRST OFFICIAL LANGUAGE]?

Sample frame: French-speaking respondents outside Quebec (n=595)

Efficiency of technology in health services availability in French



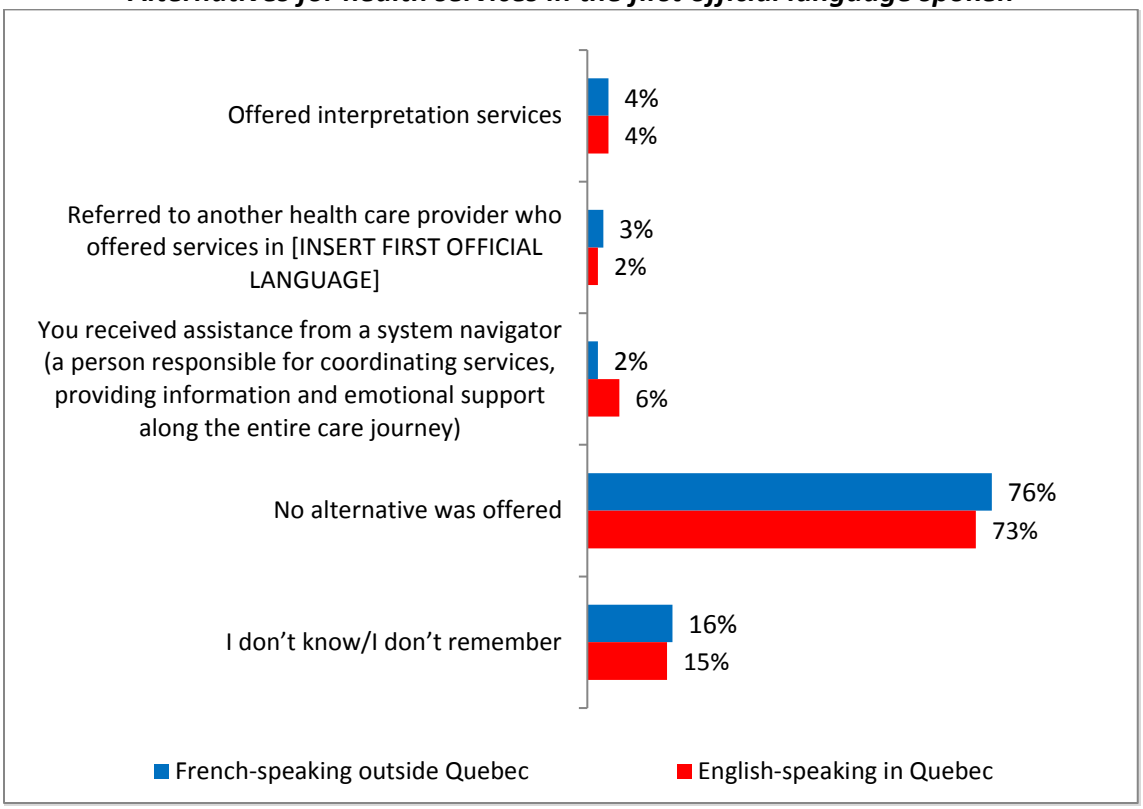
2.1.6 Alternatives to Provide Health Services in the Minority Official Language in Canada's Health Ccare System

Three quarters of French-speaking respondents living outside of Quebec who reported that some health services received in the past year were not provided at all in their first official language spoken were not offered alternatives (76%). About the same proportion (73%) of English-speaking respondents living in Quebec were not offered any alternatives either. Only a minority of respondents received the services of an interpreters, were referred to another health care provider who spoke the official language, or were assisted by a system navigator.

Figure 88: Answer to Q22. You have previously reported that some health services received in the past year were not provided at all in [INSERT FIRST OFFICIAL LANGUAGE]. Were any of the following alternatives offered to you? SEVERAL ANSWERS POSSIBLE*

Sample frame: Respondents who reported that some health services received in the past year were not provided at all in their first official language spoken (n=483)

Alternatives for health services in the first official language spoken



*Because respondents were able to give multiple answers, total answers may exceed 100%.

There are no significant differences in the alternatives suggested for health services between regions. Respondents who are caregivers for a relative or a friend (6%) are more likely to have been referred to another health care provider who offered services in their first official language.

2.1.7 Privileged Source of Information on How to Access Services in the Official Language of Choice and Suggestions for Improving Health Services in the Official Minority Language

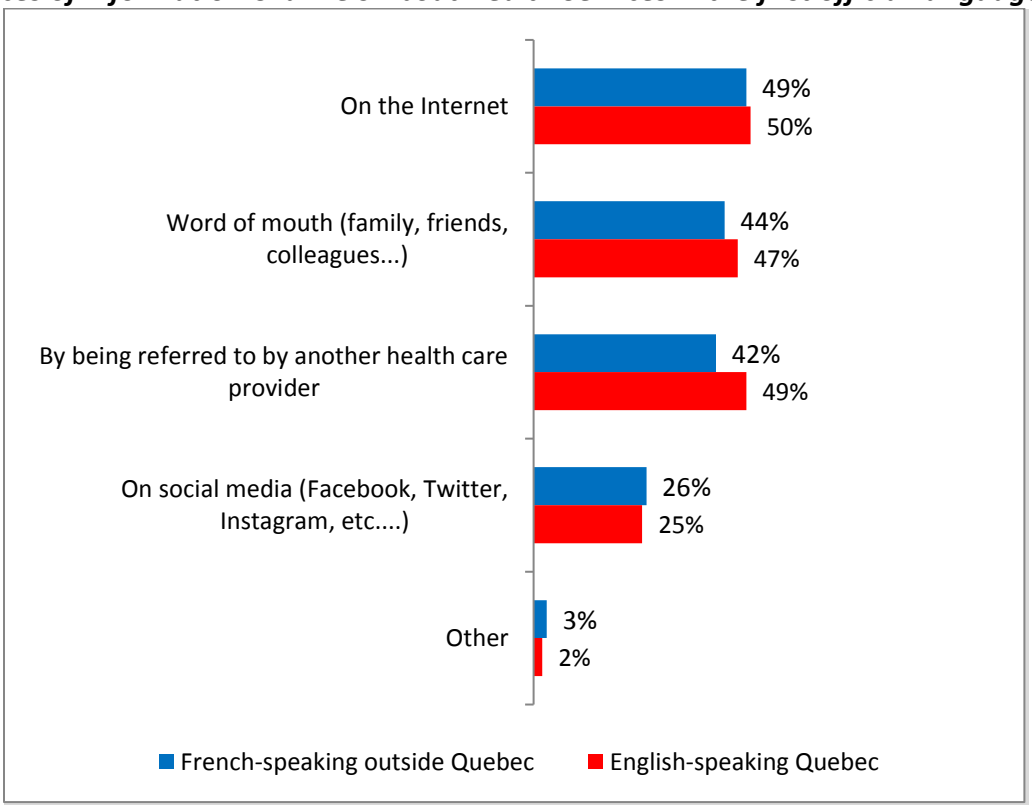
Anglophones living in the province of Quebec (50%) and Francophones living outside of the province of Quebec (49%) both mentioned the Internet as their preferred information channel about the availability of health services in their first official language. English-speaking respondents living in Quebec are more likely to prefer

being referred by another health care provider (49% vs 42% for French-speaking respondents outside of Quebec).

Figure 89: Answer to Q33. How would you like to be informed that there are health services available in [First Official Language Spoken by the respondent] near you? SEVERAL ANSWERS POSSIBLE*

Sample frame: All respondents (n=1,125)

Preferences of Information Channels About Health Services in the first official language spoken



*Because respondents were able to give multiple answers, total answers may exceed 100%

***Only the top answers to Q33 are shown in this figure. The full list of answers can be found in Appendix E.*

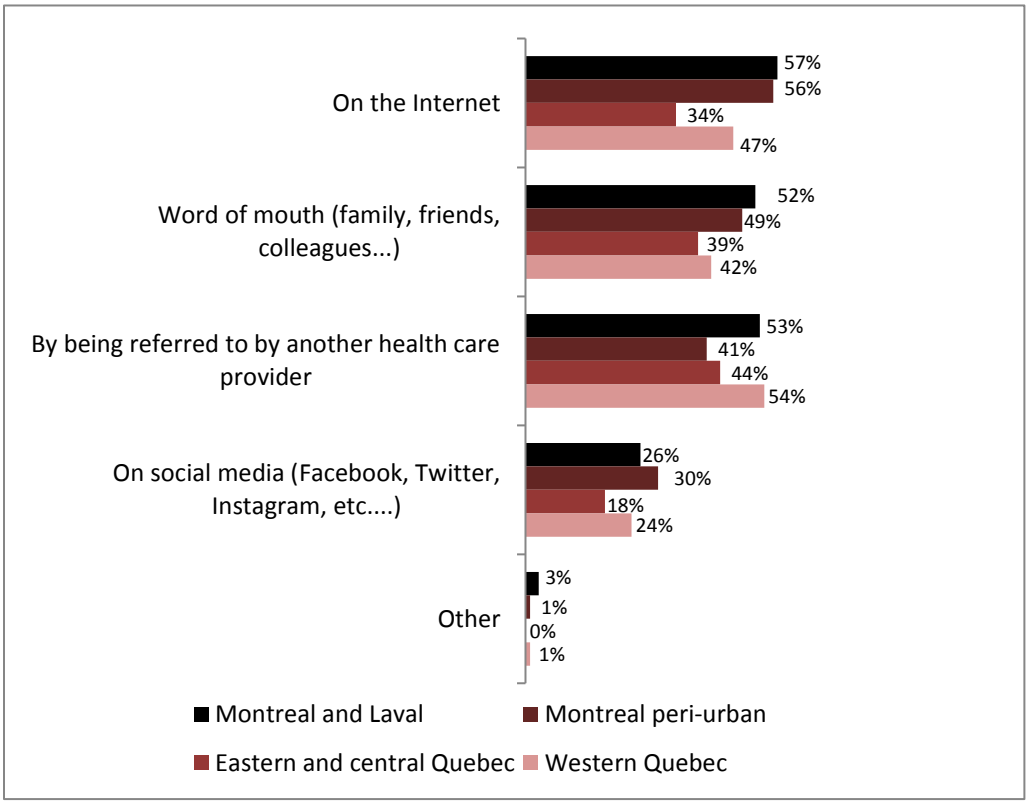
There are also significant differences in the gender and age of respondents. Half of the women (52%) prefer being referred to by another health care provider (39% for men). Respondents aged 55 and older (50%) are also more likely to prefer being referred by another health care provider, while respondents 18 and 34 (36%) prefer social media as an information channel. Respondents with a university education are more likely to prefer to be informed via the Internet (57%) or an application (27%) than are respondents with a primary or high school education (42% and 16% respectively).

English-speaking respondents living in Montreal and Laval are more likely to prefer the Internet (57%) and word of mouth (52%) as information channels about health services in their first official language. On their part, those living in eastern and central Quebec (34%) are less likely to prefer the Internet as an information channel.

Figure 90: Answer to Q33. How would you like to be informed that there are health services available in [First Official Language Spoken by the respondent] near you? SEVERAL ANSWERS POSSIBLE*

Sample frame: English-speaking respondents in Quebec (n=530)

Preferences of Information Channels About Health Services in English



*Because respondents were able to give multiple answers, total answers may exceed 100%

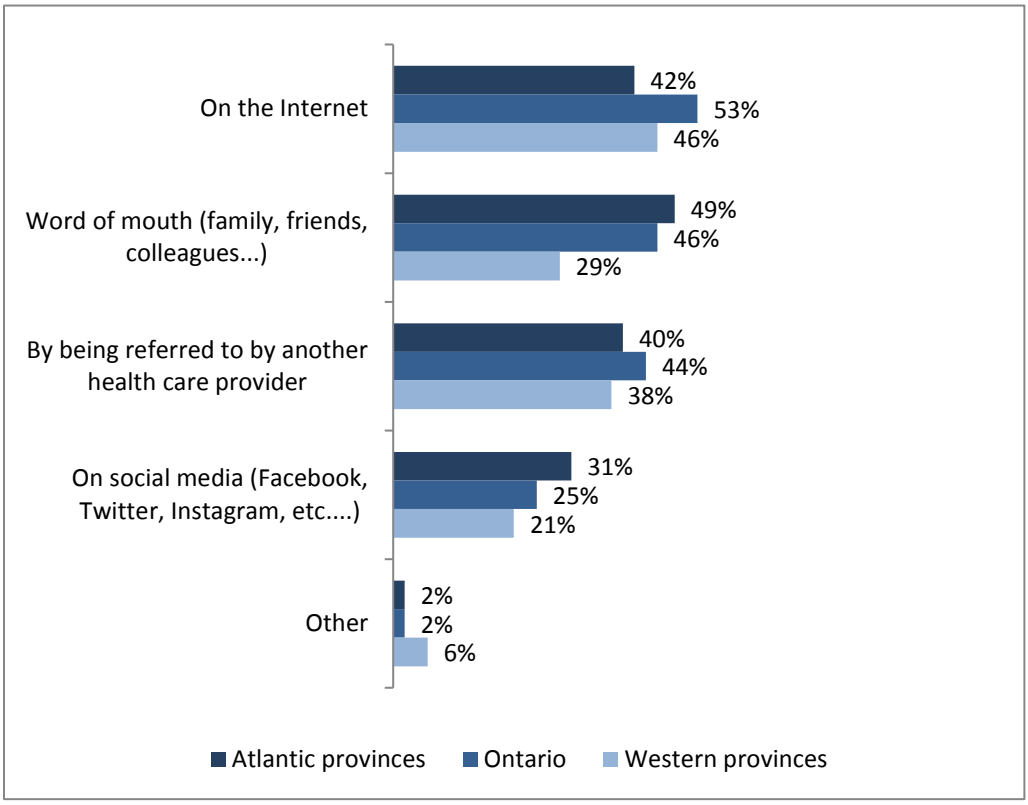
***Only the top answers to Q33 are shown in this figure. The full list of answers can be found in Appendix E.*

French-speaking respondents living in Ontario (53%) significantly prefer the Internet as an information channel, while French-speaking respondents in the Atlantic provinces (42%) are less likely to do so. People living in the Atlantic region prefer getting informed by family members, friends or colleagues (49%).

Figure 91: Answer to Q33. How would you like to be informed that there are health services available in [First Official Language Spoken by the respondent] near you? SEVERAL ANSWERS POSSIBLE*

Sample frame: French-speaking respondents outside Quebec (n=595)

Preferences of Information Channels About Health Services in French



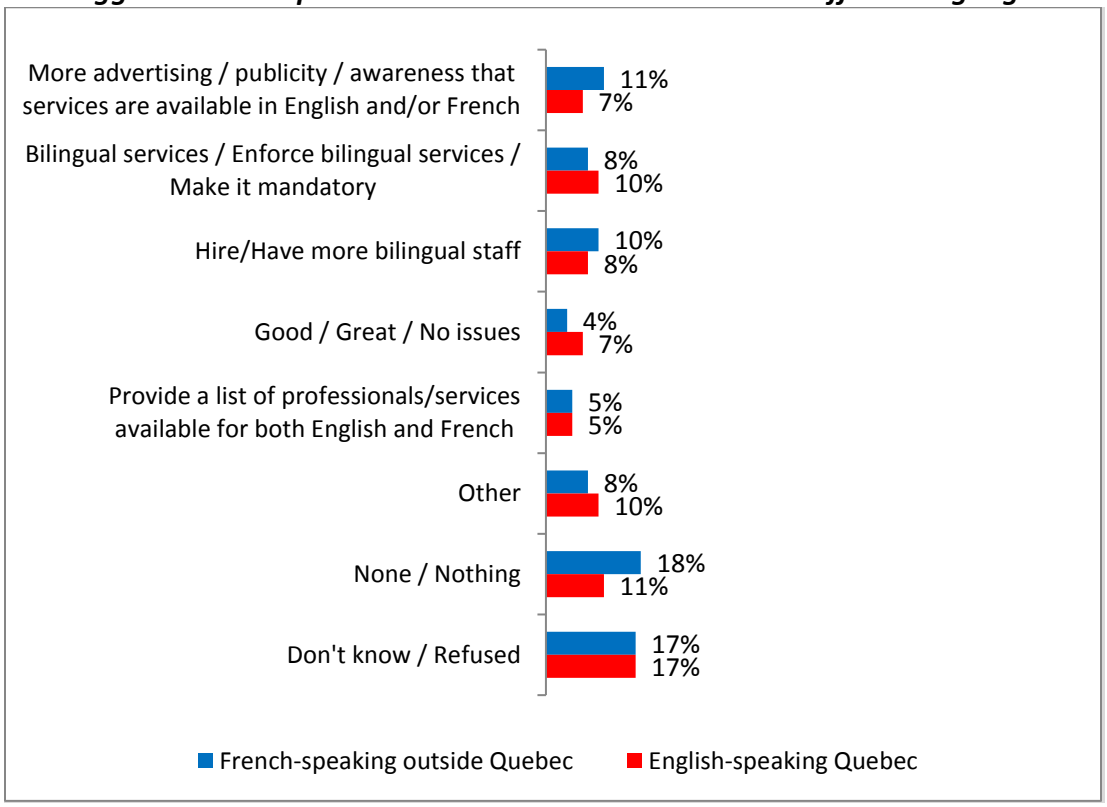
Other sources of information show very different results depending on the region of residence of the French speakers outside Quebec. Radio (26%) and television (23%) are the modes significantly preferred by Atlantic residents while newspapers (25%) are significantly more favoured by Ontario residents.

The three main suggestions to improve access to health services in the chosen official language made by respondents are more advertising, publicity and awareness about services available in English and French (11% for Francophones outside of Quebec and 7% for anglophone living in Quebec), to enforce bilingual services (8% for Francophones and 10% for Anglophones) and to have more bilingual staff (10% Francophones and 8% Anglophones). English-speaking respondents living in the province of Quebec are more likely to say they did not encounter any problems regarding access to health services in their chosen language (7% vs 4%).

Figure 92: Answer to Q34. What are your suggestions for improving access to health services in [First Official Language Spoken by the respondent]?

Respondents: All respondents (n=1,125).

Suggestions to improve access to health services in both official languages



***Only the top answers to Q2A are shown in this figure. The full list of answers can be found in Appendix E.*

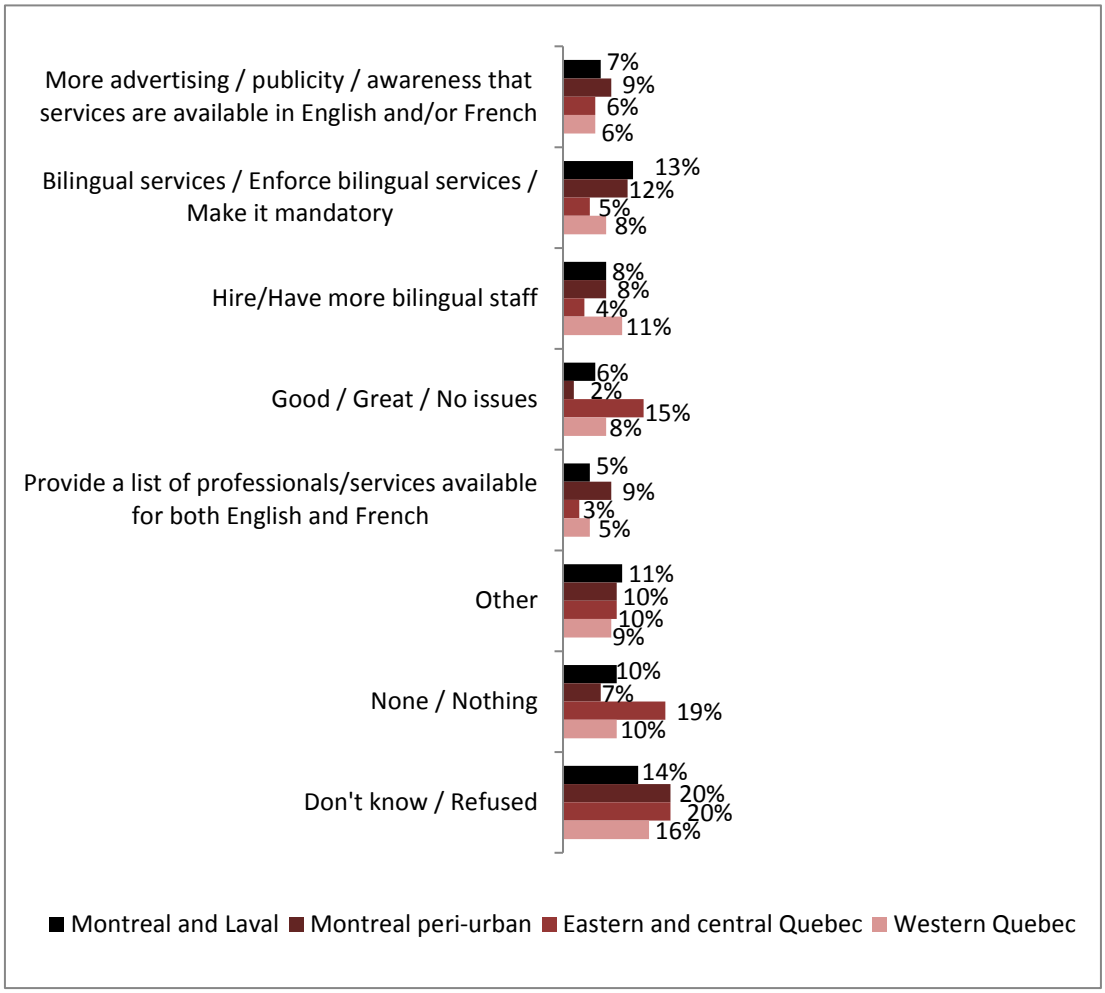
Respondents who are caregivers for a relative or a friend (12%) are more likely to suggest more advertising to improve access to health services in their first official language.

Anglophones living in eastern and central Quebec are significantly more inclined to have no suggestion to improve access to health services in their first language (19%) and to report no issues regarding access to health services in their chosen language (15%).

Figure 93: Answer to Q34. What are your suggestions for improving access to health services in [First Official Language Spoken by the respondent]?

Sample frame: English-speaking respondents in Quebec (n=530)

Suggestions to improve access to health services in both official languages

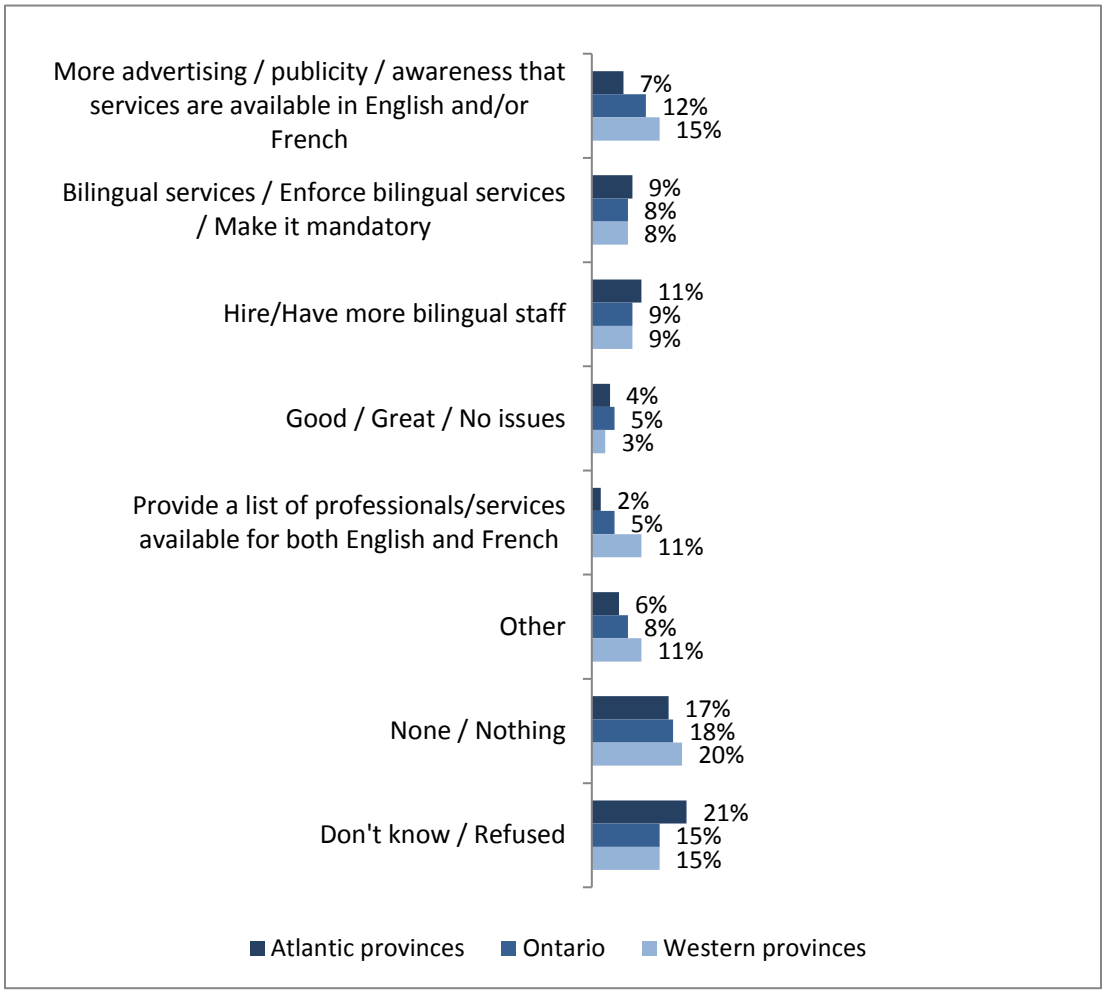


Francophones living in the Atlantic provinces are less likely to suggest more advertising to improve access to health services in both languages (7%). On their part, Francophones living in the Western provinces of Canada are proportionally more likely to suggest providing a list of providers/services available in both languages (11%).

Figure 94: Answer to Q34. What are your suggestions for improving access to health services in [First Official Language Spoken by the respondent]?

Sample frame: French-speaking respondents outside Quebec (n=595)

Suggestions to improve access to health services in both official languages



2.2 Detailed Qualitative Results

2.2.1 Access to Health Services in the User's Preferred Official Language

In general, participants reported being quite satisfied with the health services they receive in their community. However, the opportunity to be served in the official language of their choice is uneven between provinces and between regions within a province.

Accessibility to health services in both official languages seems to be strongly determined by where people live. Participants living in the Montreal and Laval regions said that they had no issues receiving health services in English; this was not so easy according to those living in other regions of Quebec. Similarly, participants living in the Ottawa region and those living in the French-speaking regions of New Brunswick said that it was relatively easy for them to receive services in French. Conversely, participants living elsewhere in Canada said it was much more difficult, if not impossible, for them to receive services in their first official language spoken.

People living in Canada's large urban areas also appear to have more opportunities than other Canadians to find health services in their first official language spoken. Indeed, people living outside major urban areas seemed to have fewer opportunities to find services in their first official language.

It seems that the situation in terms of access to health services in the user's preferred official language has not evolved at the same pace in all regions, or even in the same way. Some English-speaking participants in Quebec stated that they had noticed a trend of decreasing access to health services in English over the years, expressing that French was gaining prominence. Being aware of the francophone character of Quebec, they were somewhat accepting that situation. In contrast, some francophone participants had noticed that, for example, pharmacists in the Atlantic region had experienced French immersion and they felt that the situation was slowly improving. A positive development is also seen in the Ottawa region. The other participants generally did not notice any significant change over the years in the accessibility of health services in their first official language spoken. A clear sense of change and the direction of that change was not clear according to participant perceptions.

Overall, receiving health services in one's first official language spoken was considered very important by participants, even among those who may not always ask to be served in that language. This level of importance was both for the participants and the people they care for, whether they are children, parents or any other beneficiaries. The main reason for this level of importance given to being served in their first official language was clarity of communication between them and a health care provider. Most respondents believe that they will better understand the more technical language associated with their condition and better explain symptoms or feelings if they can do it in their first official language. Even among those who say that they are very comfortable in the other official language, they believe that this may not be the same in a critical or crisis situation, where they may want to go back to their first official language spoken. That was even seen as a safety issue when it comes to properly understanding dosages, handling, and storage of medications. The issue of understanding is also amplified by the usage of medical and technical terms, generally unknown to the public, in discussions with health care providers.

Caregivers of older parents are also regularly called upon in situations where services are not available in the parent's first official language spoken. They are responsible for ensuring their relative's navigation through the health care system and for translating important information provided by health care providers.

Parents of children also appreciate it when providers are able to express themselves in their official languages. Participants mentioned that this greatly simplifies the health system's experience with children. Some participants mentioned that providers make an effort to speak in the child's language when they are younger, but that this stops when children get older.

2.2.2 The Importance of Being Understood by the Health Care Provider

In addition to understanding what is said by health care providers, another issue raised by the participants was to ensure that they were properly understood by health care providers when they received services. As participants explained, in some cases, seeking health services often means feeling vulnerable or experiencing pain. That state of vulnerability means that health service users cannot prepare adequately to communicate in a language that is not his or her first official language spoken. One participant emphasized that when it comes to health issues, it is not a matter of trivial communication—you cannot risk not understanding each other: "It's not time to play games with language."

Several participants expressed a certain level of anxiety about their ability to communicate in the other official language while receiving health services, although some participants pointed out that it also depended on the seriousness of the situation and the type of health services required. In addition to participants who consider themselves fully bilingual or those who have become accustomed to navigating the health system in the other official language, participants living in minority language situations say that, in terms of health, being able to communicate clearly in their preferred official language is reassuring. This is true for participants from all regions of the country.

2.2.3 Obstacles to Seeking Health Care in the First Official Language Spoken

Although most participants would prefer to be served in the official language of their choice, not all participants were comfortable asking to be served in their first official languageThose who tend to be reluctant to ask also tended to be from a region where they believe access is very limited. As well, these participants' reluctance to ask was out of fear of being judged negatively for asking. This was not because of their minority language status but rather about the fact that they consider that asking would be an issue or a problem for the health care provider. Many had had a experience of being asked to wait while someone would look around for a solution. These participants do not want to "create a problem." Participants from the province of Quebec outside of the Montreal region, as well as participants from the Atlantic region (excluding New Brunswick) and participants from the Western part of the country were the most inclined to adopt this attitude and not request services in their first official language.

Other participants mentioned that they did not request to be served in their first official language because they know that their health care providers cannot serve them in their language of choice. Those participants consequently consider it futile to ask to be served in their preferred official language knowing in advance that it would not be possible. Here also the regional cleavage in access was central to participants' experience. Participants residing in Ontario or Western Canada are generally more likely to have such an attitude toward requesting services in French. Many participants in the West would rather speak in the official language of the health care provider because they are quite comfortable using that language, but also because they have no confidence in the health care provider's ability to express themselves effectively in the patient's preferred official language (or the official language of the minority).

Lastly, their willingness to ask for service in their first official language will vary depending on the type of health care worker and the place where they are served. Expectations for a pharmacy or a small clinic are not the same as for a large hospital. They will adapt their requests based on expectations when it comes to level of service.

Bilingualism is also an important dimension that must be taken into account with regard to communication between service users and health care providers. While most participants expressed a general preference for receiving health services in their first official language spoken, some participants did not see it as a major issue because they were bilingual. In their view, receiving health services in either official language made no difference to them.

2.2.4 Health Care Providers Try their Best to Accommodate Users

A few participants, most of whom live in New Brunswick, said that they frequently request services in French. Unlike the experience of some participants in other provinces, they said that the response was generally positive when they made such requests. As one participant noted, New Brunswick is officially bilingual, and there are regulations in place to ensure that people are aware that they must provide services in both official languages. They generally considered that they were well served in that regard. In the West, in Ontario (with the exception of Ottawa and Toronto), and in the Atlantic (except New Brunswick) very few participants mentioned this type of effort by health care providers; rather, it was the exception. The situation is different for Anglophones in Quebec. In the Greater Montreal area, participants found it easy to obtain health care services in English, even without having to explicitly request it. Outside the greater metropolitan area, the situation is different for Anglophones, where it was considered more difficult to obtain health services in English. The majority of participants, however, often requested it.

There was a general feeling that health care service providers will, to the extent possible, make an effort to accommodate users in the official language of their choice, although this accommodation may be limited. While, in general, this kind of extra effort was appreciated, on a few occasions it created more frustration because the health care provider did not express himself or herself clearly enough in the other official language. This was mentioned in the province of Quebec outside of Montreal and among those living in Western Canada. Occasionally, some providers allowed users to write their requests in the language of their choice and tried, to the best of their knowledge, to respond in the language chosen by the user, although they may not be fully bilingual. However, several participants pointed out that the level of bilingualism varied greatly from one provider to another and that the quality of the services provided can be affected when they asked to be served in their first official language.

2.2.5 Quality of Care Over Official Language Preference

Health services users reported that they regularly find themselves in a dilemma. As one participant explained, “Je veux plus le service de qualité maintenant que d’avoir à attendre pour avoir le service dans ma langue officielle” [I would rather have access to a quality medical service now than having to wait to get the service in my first official language.] In fact, most participants said that they would rather choose immediate care and quality of care over receiving health care services in their first official language. Many participants mentioned that they would hesitate to ask a health care provider to step out of his or her comfort zone and speak the other

official language. The risk would be too high, according to the participants, that the provider could omit important information simply because he or she does not master the language. They preferred to make the effort themselves rather than ask the health care provider. If they see that a provider is hesitant in their first official language while making an effort to serve them according to their wish, participants said that they would switch to the preferred language of the health care provider. Was this true for both groups (FR and En respondants – if so please mention)

2.2.6 Awareness, Delays, and Distance: the Barriers in Accessing Health Services in the First Official Language

In addition to the concern of being judged or seen as a problem for requesting services in the minority official language, participants encountered several barriers in seeking or accessing health services in their preferred official language. These barriers could be divided into three main categories: awareness, delays and distance.

Awareness refers to the fact that users are often unaware that there are health services available in their first official language spoken in their region or think that there are none available. Delays refers to the fact that users know that if they ask to be served in their first official language spoken, they will have to face additional delays or longer waiting times before receiving a service, which is regularly deemed unacceptable by participants. Finally, distance refers to the fact that users would have had to travel longer distances to obtain health services in the language of their choice, as such a service may not have been offered in their local community.

As previously discussed, the area of residence of the participants greatly influences barriers such as awareness, delays and distance. Indeed, residents of major cities across the country appeared to have fewer barriers than participants living outside of major urban centres across the country. For example, a participant from Edmonton mentioned there is a place in the city where all kinds of services in French are grouped. So it makes it easy for people to find them when they know that place exists. That French hub of different kinds of services in Edmonton was seen by many as good strategy to raise awareness and availability of services in minority language.

Rural residents were more likely to lack the availability of health care providers, to face additional delays or to have to travel long distances to obtain health services in their first official language. New Brunswick, the Montreal region in the province of Quebec, and the cities of Ottawa and Toronto in Ontario are places that are more likely to have health services available in both languages.

2.2.7 Alternatives Offered by Health Care Providers

Very few participants were offered alternatives, such as interpreters. Only a minority of participants have actually had access to this service. One participant in Atlantic had access to this service when his young child had to undergo surgery. The interpreter accompanied his child throughout the process. This service was greatly appreciated by the user. However, very few participants were aware that such a service existed and that it was possible to request it. Only one participant in Ontario (Toronto region) stated that he had seen posters in a clinic promoting this service. Several users mentioned that they would like to see this service offered and publicized more widely in their region.

Very few participants were aware of what a system navigator was and none had heard the term before. Many were positive about this type of service, especially for the more vulnerable, such as seniors. However, none of the users had actual experience with this service. When further explained what the term meant, no participant said that someone had played a similar role for them or a family member. Overall, no matter the region of residence, that alternative service was mostly unknown. However, participants felt that this type of service could be useful.

Some participants made use of technology to assist them with access to health care services. Among the most frequently mentioned usage of technology by health services users was the use of *Google Translate* to help them translate and better understand medical terms. In addition to the use of translation tools, online prescription renewal was relatively widespread among users. Many mentioned the simplicity of using this type of technological tool.

Other applications were widely used by users to facilitate interactions with health care providers. These include online booking (which have almost become the norm in some clinics), SMS exchanges with health care providers (including family physician to confirm a visit or prescription renewal, social media research and, in a few rare cases, virtual medical visits.

2.2.8 Technology Represents a Solution Full of Potential

The majority of users were very open to the idea of using technology in health services, although some doubted the reliability of a virtual appointment. They felt that doctors may not have as much information to base their medical opinion or diagnosis on as they would with a face-to-face visit. It should be noted, however, that a large proportion of participants said that they were open to trying this type of technology and that most would be comfortable using this type of virtual medical consultation. They were also pleased to see the potential for these technological tools to improve access to health services in their first official language spoken. Several mentioned that such technological tools would make it possible to work faster, free up employees and reduce waiting and travel times. The most appropriate use for them was to get more information or better understand a procedure or diagnosis, or to better understand a treatment program. No differences were observed between Anglophones and Francophones living in a minority situation.

2.3 Conclusions

Almost every respondent had visited a health care provider over the last year. Many respondents received some health services in their first official language, but this varied greatly from region to region. Some respondents were not able to get their health services in their first official language yet a majority of them thought it was important to receive health care services in their first official language spoken. Nevertheless, a larger proportion of English-speaking participants than French-speaking participants outside Quebec were able to find at least one health care provider speaking their first official language spoken.

English-speaking participants living outside of the Montreal and Laval were more likely to have observed a decrease in health services accessibility in English in the province of Quebec over the past 10 years, while

conversely, French-speaking respondents from outside of Quebec in New Brunswick and Ontario (e.g. in the Ottawa region) were more likely to have witnessed a slight increase in the availability of health care services in French in their province.

Most of the participants felt more confident to communicate their needs in their first official language spoken. They generally felt less confident to express their health needs in the other official language. English-speaking participants in Quebec trusted a little more health care providers to understand their needs in English than in the other official language. French-speaking participants living outside Quebec, on the other hand, though health care providers would better understand them if they spoke English, not in French.

The focus groups highlighted the fact that many participants were more confident in their own ability to adapt and use the other official language rather than forcing the health care provider to use their preferred official language. They preferred that the provider be in full possession of their language skills.

The main barriers to obtaining health services in their first official language are: the lack of health care providers who can speak the minority official language; the fear of having to wait longer; the fear of receiving a lower quality health service; the lack of information on where these services are available; the need to travel for longer distances to get that care and the use of unilingual forms and documentation. The focus groups also allowed us to identify the fear of being judged by health care providers as an important issue for Canadians in official language minority situations.

In general, respondents will be willing to ask to receive health services in their first official language spoken. English-speaking participants in Quebec are more likely to request it than French-speaking people in the rest of the country. Nevertheless, the proportions vary a lot from region to region. The focus groups revealed that participants living in non-bilingual regions tend to request health services in their first official language on a much less regular basis.

Telephone consultations are by far the most widely used technological health service ahead of online and virtual appointment and booking and text/email. These technological health services were conducted mainly in the first official language spoken of the respondents. Respondents consider that technology can be useful and effective for getting health services in their first official language. The focus groups showed that participants, even those who have not yet used these technologies, have a certain openness to do so. By their own admission, these technologies could not completely replace face-to-face medical visits, but they can see relevant applications that would improve the efficiency of the health system but also the accessibility of health services in their first official language.

Both the survey and the focus groups demonstrated that people are unaware of the alternative services available in the Canadian health care system, such as interpreters and system navigators. Many participants in the focus groups mentioned that they would like to see the availability of the translator service right at the place where they go to get health care services. It should be more obvious that those services are available. They suggested that those services should be advertised broadly to make the population aware of them.

In both the survey and the focus groups, participants came up with ideas or recommendations to improve access to health care in the minority language. In addition to more advertising, one idea that was put forward was to create a directory or lists that would identify health care providers who operate in both official languages or in the minority language; and to publicize this directory.

Some participants in the study also put forward the idea that there should be a strategy in place to promote the employment of bilingual people or people who speak the minority language. Another strategy would be to provide language training for health care providers so that they become able to practise in both official languages.

In both the focus groups and the survey, participants mentioned that all documents and communications should be available in both official languages and that all signage in locations offering health care services should be made bilingual.

Some participants mentioned that a relevant strategy for raising awareness about existing services offered in the minority official language would be to consolidate them under a hub so that it would be easy for people to find them. Other participants mentioned the need for an Internet directory listing services in the official minority language. These are seen as solutions that would allow Canadians living in an official minority language situation to easily find the health services available in their first official language in their region.

There were many suggestions that emerged from the focus groups to improve access to health services in Canada in one's official language. The use of technology was mentioned a number of times, whether to provide virtual consultations, routine follow-ups, and prescription renewals. The use of technology is seen as a way to improve the efficiency of the system and thus shorten waiting times and eliminate the need for travel. The use of technology would make communication simpler by allowing users to express themselves in their first official language spoken, thus avoiding issues of miscommunication and misunderstanding and at the same time, taking some of the anxiety out of user's mind.

Appendix A–Detailed Research Methodology

A.1 Quantitative Methodology

A.1.1 Methods

Quantitative research was conducted through online surveys, using Computer Aided Web Interviewing (CAWI) technology.

As a CRIC Member, Leger adheres to the most stringent guidelines for quantitative research. The survey was conducted in accordance with Government of Canada requirements for quantitative research, including the Standards of the Conduct of Government of Canada Public Opinion Research—Series E—Qualitative and Quantitative Research.

Respondents were assured of the voluntary, confidential and anonymous nature of this research. As with all research conducted by Leger, all information that could allow for the identification of participants was removed from the data, in accordance with the *Privacy Act*.

The questionnaire is available in Appendix D.

A.1.2 Sampling Procedures

Computer Aided Web Interviewing (CAWI)

Leger conducted a panel-based Internet survey with a sample of adult Canadians. A total of 1,125 respondents participated in the survey; 530 English speakers in the province of Quebvec and 595 French speakers outside Quebec. The exact distribution is presented in the following section. Participant selection was done randomly from *Leo's* online panel.

Leger owns and operates an Internet panel of more than 400,000 Canadians from coast to coast. An Internet panel is made up of Web users profiled on different sociodemographic variables. The majority of Leger's panel members (61%) have been recruited randomly over the phone over the past decade, making it highly similar to the actual Canadian population on many demographic characteristics.

Since an Internet sample is non-probabilistic in nature, the margin of error does not apply.

A.1.3 Data Collection

Fieldwork for the survey was conducted from February 27, 2020, to March 15, 2020. The participation rate for the survey was 25%. A pre-test of 28 interviews was completed on February 27, 2018. More specifically, 20 interviews were conducted in English in the province of Quebec and 8 were conducted in French outside the province of Quebec. Survey interviews lasted 10 minutes on average.

To achieve data reliability in all subgroups, a total sample of 1,125 Canadians were surveyed, in all regions of the country.

Table A1. Respondents per regions

Region	Number of respondents
Montreal and Laval	213
Montreal peri-urban	94
East and central Quebec	94
Western Quebec	129
Total—English-speaking in Quebec	**530**
Atlantic region	181
Ontario	287
Western Canada	127
Total—French-speaking outside Quebec	**595**

Since a sample drawn from an Internet panel is not probabilistic in nature, the margin of error cannot be calculated for this survey. Respondents for this survey were selected from among those who have volunteered to participate/registered to participate in online surveys. The results of such surveys cannot be described as statistically projectable to the target population. The data have been weighted to reflect the demographic composition of the target population. Because the sample is based on those who initially self-selected for participation, no estimates of sampling error can be calculated.

Based on data from Statistics Canada's 2016 national census, Leger weighted the results of this survey by age, gender, region, language (mother tongue) and education level.

A.1.4 Participation rate for the web survey

The overall participation rate for this study is 25%.

Below is the calculation of the Web survey's participation rate. The participation rate is calculated by dividing the number of completed questionnaires by the number of invitations sent. Typical participation rate for Web-survey are between 20% and 30%. The participation rate for this study is therefore not unusual.

Table A2. Participation Rate

Total email addresses used	5,532
Invalid Cases	**0**
-invitations mistakenly sent to people who did not qualify for the study	0
-incomplete or missing email addresses	0
Unresolved (U)	**3,567**
-email invitations bounce back	15

-email invitations unanswered	3,552
In-scope non-responding units (IS)	**573**
-respondent refusals	460
-language problem	0
-early break-offs	113
Responding units (R)	**1,392**
-completed surveys disqualified—quota filled	49
-completed surveys disqualified for other reasons	218
-completed surveys	1,125
Participation rate/response rate = R ÷ (U + IS + R)	**25%**

A.1.5 Additional socio-demographic analysis

A basic comparison of the unweighted and weighted sample sizes was conducted to identify any potential non-response bias that could be introduced by lower response rates among specific demographic subgroups (see tables below).

A.1.6 Unweighted and weighted samples

The table below presents the geographic distribution of respondents, before and after weighting. There were almost no imbalances in geographical distribution in the unweighted sample. The weighting process has mainly adjusted some minor discrepancies.

Table A3. Unweighted and Weighted Sample Distribution by Province

Province/Territory	Unweighted	Weighted
Montreal and Laval	213	220
Montreal peri-urban	94	104
East and central Quebec	94	97
Western Quebec	129	129
Total—English-speaking in Quebec	**530**	**549**
Atlantic region	181	162
Ontario	287	303
Western Canada	127	111
Total—French-speaking outside Quebec	**595**	**576**

The following tables present the demographic distribution of respondents, according to gender, age, language (mother tongue), education. First, regarding gender, we can see that weighting has adjusted slightly the proportion of male and female. Female were a little bit overrepresented in this survey. The weight of the men was therefore boosted so as not to underestimate their actual weight in the results.

Table A4. Unweighted and weighted sample distribution by gender

GENDER	Unweighted	Weighted
Male	409	544
Female	713	574

Regarding age distribution, the weighting process has corrected some minor discrepancies.

Table A5. Unweighted and weighted sample distribution by age group

AGE	Unweighted	Weighted
Between 18 and 34	281	280
Between 35 and 55	369	394
55 years old and over	475	451

Minor imbalances with language distribution were corrected with weighting, as presented below.

Table A6. Unweighted and weighted sample distribution by first language

LANGUAGE (MOTHER TONGUE)	Unweighted	Weighted
French	595	576
English	530	549

The last table presents the distribution based on education. The weighting corrected every gap between the actual distribution in the population and the final sample.

Table A7. Unweighted and weighted sample distribution by education level

EDUCATION	Unweighted	Weighted
Elementary/High school	357	434
College	304	369
University	464	322

There is no evidence from the data that having achieved a different age or gender distribution prior to weighting would have significantly changed the results for this study. The relatively small weight factors (see section below) and differences in responses between various subgroups suggest that data quality was not affected. The weight that was applied corrected the initial imbalance for data analysis purposes and no further manipulations were necessary.

As with all research conducted by Leger, contact information was kept entirely confidential and all information that could allow for the identification of participants was removed from the data, in accordance with Canada's *Privacy Act*.

Note on testing for statistical differences

According to the normal distribution, a two-tailed test is always done between two proportions and based on the unweighted total columns. The test is performed by comparing a percentage with the percentage formed by the complement of the relevant category (e.g., of the male subgroup is the female subgroup; the complement of the 18–24 age subgroup is the 25+ age subgroup; and the complement of the college-educated subgroup is the sub-group consisting of respondents with elementary, high school or university education). The test results (if they are significant at a confidence level of at least 95%) are mentioned in the table analysis.

In the report, when we indicate that a sub-group of the sample is "more likely" or "less likely", it means that the statistical testing returned a valid statistically significant difference between this subgroup and its complement, even if the percentage is low.

A.1.7 Weighting Factors

Some subgroups are sometimes under- or overrepresented in a sample c compared to their actual distribution in the population. The weighting of a sample makes it possible to correct the differences that exist in the representation of the various subgroups of this sample compared to what is usually observed in the population under study. The weighting factors are therefore the weight given to each respondent corresponding to a subgroup of the sample.

The following tables present the weight accorded to each target of the sample.

Table A8. Weight by gender and province

GENDER BY PROVINCE	Weight
Male, Another gender AND Newfoundland, Prince Edward Island, Nova Scotia	0.0092
Male, Another gender AND New Brunswick	0.0606
Male, Another gender AND Quebec	0.2450
Male, Another gender AND Ontario	0.1265
Male, Another gender AND Manitoba	0.0101
Male, Another gender AND Saskatchewan	0.0035
Male, Another gender AND Alberta	0.0199
Male, Another gender AND British Columbia, Newfoundland, Northwest Territories, Yukon, Nunavut	0.0148
Female AND Newfoundland, Prince Edward Island, Nova Scotia	0.0098
Female AND New Brunswick	0.0644
Female AND Quebec	0.2433

Female AND Ontario	0.1446
Female AND Manitoba	0.0110
Female AND Saskatchewan	0.0037
Female AND Alberta	0.0186
Female AND British Columbia, Newfoundland, Northwest Territories, Yukon, Nunavut	0.0150
Total	1.0000

Table A9. Weight by Gender and Region

GENDER BY PROVINCE BY AGE	Weight
Male, Another gender AND Quebec AND Between 18 and 24	0.0291
Male, Another gender AND Quebec AND Between 25 and 34	0.0431
Male, Another gender AND Quebec AND Between 35 and 44	0.0424
Male, Another gender AND Quebec AND Between 45 and 54	0.0467
Male, Another gender AND Quebec AND Between 55 and 64	0.0393
Male, Another gender AND Quebec AND 65 or older	0.0444
Male, Another gender AND British Columbia-Ontario, New Brunswick-Newfoundland, Northwest Territories AND Between 18 and 24	0.0195
Male, Another gender AND British Columbia-Ontario, New Brunswick-Newfoundland, Northwest Territories AND Between 25 and 34	0.0327
Male, Another gender AND British Columbia-Ontario, New Brunswick-Newfoundland, Northwest Territories AND Between 35 and 44	0.0377
Male, Another gender AND British Columbia-Ontario, New Brunswick-Newfoundland, Northwest Territories AND Between 45 and 54	0.0465
Male, Another gender AND British Columbia-Ontario, New Brunswick-Newfoundland, Northwest Territories AND Between 55 and 64	0.0504
Male, Another gender AND British Columbia-Ontario, New Brunswick-Newfoundland, Northwest Territories AND 65 or older	0.0578
Female AND Quebec AND Between 18 and 24	0.0278
Female AND Quebec AND Between 25 and 34	0.0425
Female AND Quebec AND Between 35 and 44	0.0417
Female AND Quebec AND Between 45 and 54	0.0463

Female AND Quebec AND Between 55 and 64	0.0396
Female AND Quebec AND 65 or older	0.0454
Female AND British Columbia-Ontario, New Brunswick-Newfoundland, Northwest Territories AND Between 18 and 24	0.0196
Female AND British Columbia-Ontario, New Brunswick-Newfoundland, Northwest Territories AND Between 25 and 34	0.0346
Female AND British Columbia-Ontario, New Brunswick-Newfoundland, Northwest Territories AND Between 35 and 44	0.0402
Female AND British Columbia-Ontario, New Brunswick-Newfoundland, Northwest Territories AND Between 45 and 54	0.0489
Female AND British Columbia-Ontario, New Brunswick-Newfoundland, Northwest Territories AND Between 55 and 64	0.0535
Female AND British Columbia-Ontario, New Brunswick-Newfoundland, Northwest Territories AND 65 or older	0.0703
Total	1.0000

Table A10. Weight by Education Level

PROVINCE BY EDUCATION	Weight
Quebec without university degree	0.32773
Quebec with univeristy degree	0.16059
Provinces outside Quebec without university degree	0.38577
Provinces outside Quebec with university degree	0.12591
Total	1.00000

A.2 Qualitative Methodology

Leger conducted a series of four online discussion sessions with French-speaking Canadian adults living outside of the province of Quebec and English-speaking Canadian adults living in the province of Quebec. Conducting the discussion sessions online offers the opportunity to regroup people from all the regions in Canada. One session was held in English with people from Quebec and three sessions were held in French with people in the other provinces of Canada. For each online discussion sessions, ten participants were recruited by our professional recruiters. All participants in the focus group received an honorarium of $100.

Online discussion sessions were conducted using the itracks video chat software to facilitate moderation and to ensure an optimal interface between moderator and participants. itracks' Video Chat service is a video-based online discussion session that combine the convenience of the Web with the comfort of an in-person discussion. Participants can see each other and the moderator as they speak. Each group session lasted approximately 90 minutes. Every session was recorded for analysis purpose. All groups used streaming methodology to allow for remote viewing by Leger and Government of Canada observers.

Locations and dates

Groups were held in the following cities on the dates specified.

Table A11. Detailed Recruitment

GR	Language and Region	Recruits	Participants	Target	Time	Language	Date
1	EN (Quebec)	10	6	English speaking Canadian in Quebec	5:30 p.m.	EN	March 19, 2020
2	FR (Atlantic)	10	6	French speaking Canadian outside of Quebec	7:30 p.m.	FR	March 19, 2020
3	FR (Ontario)	10	5	French speaking Canadian outside of Quebec	5:30 p.m.	FR	March 26, 2020
4	FR (West + Territories)	10	9	French speaking Canadian outside of Quebec	7:30 p.m.	FR	March 26, 2020
Total		**40**	**26**				

Recruitment

Recruitment was carried out by professional recruiters at Leger. The recruitment guide (available in the appendix B) ensured that the participants met the profiles sought for each session and that they were equipped to participate in an online discussion session. To do so, they had to confirm that they had a high-speed Internet connexion, a computer or a laptop equipped with a webcam.

Moderation

All focus group sessions were moderated and supervised by a senior Leger researcher assisted by a research analyst. The discussion guide (available in the appendix C) consisted of a semi-structured discussion guide. It allowed the moderator to follow the thread of the discussion and ensured that an array of themes were covered while leaving sufficient room for the participants to express themselves and develop in detail their experiences, ideas, opinions and perceptions.

The qualitative portion of the research provides insight into the opinions of a population, rather than providing a measure in percent of the opinions held, as would be measured in a quantitative study. The results of this type

of research should be viewed as directional only. No inference to the general population can be done with the results of this research.

Appendix B—Screening Guide

ENGLISH FOCUS GROUP SCREENER

INTRODUCTION

Hello/Bonjour, I'm _____ of Leger, a marketing research company. We are organizing a research project on behalf of Health Canada. The research's objective is to collect opinions and feedback from Canadians that will be used by Health Canada to help inform government actions and decisions.

We are preparing to hold a few research sessions with people like yourself. Participation is completely voluntary. We are interested in your opinions. The format is an "online" discussion led by a research professional with up to ten participants. All opinions will remain anonymous and will be used for research purposes only in accordance with laws designed to protect your privacy. You don't need to be an expert to participate. We don't have anything to sell and we don't advertise and it's not an opinion poll on current events or politics. We are organizing several of these discussions. We would be interested in possibly having you participate.

Your participation is voluntary. All information collected, used and/or disclosed will be used for research purposes only and the research is entirely confidential. We are also committed to protecting the privacy of all participants. The names of the participants will not be provided to any third party. May I continue?

[INTERVIEWER NOTE: IF ASKED ABOUT PRIVACY LAWS, SAY: "The information collected through the research is subject to the provisions of the Privacy Act, the legislation of the Government of Canada, and to the provisions of relevant provincial privacy legislation.]

The focus group would take place online on the (**INSERT DATE/TIME**) and will be a maximum of **1.5 hours**. You will be compensated **$100** for your time.

I repeat that participation is entirely voluntary, and all information you provide is completely confidential. The full names of participants will not be provided to any third party.

A1. **Are you interested in participating?**

Yes	1	**CONTINUE**
No	2	**THANK AND CONCLUDE**

I would now like to ask you a few questions to see if you meet our eligibility criteria to participate.

When you conclude, say: Thank you for your cooperation. We have already reached the number of participants with a profile similar to yours. Therefore, we cannot invite you to participate.

A2. The group discussions we are organizing are going to be held **over the Internet**. They are going to be "online focus groups". Participants will need to have **a computer**, a **high-speed Internet connection,** and a **WebCam** in order to participate in the group. Would you be able to participate under these conditions?

Yes	1	**CONTINUE**
No	2	**THANK AND CONCLUDE**

PROFILING

INTRO1.

Do you or anyone in your immediate family work or have you ever worked in ...?

Marketing Research	1 **THANK AND CONCLUDE**
Marketing and Advertising	2 **THANK AND CONCLUDE**
Public relations, communications	3 **THANK AND CONCLUDE**
Media (newspapers, television, radio, etc.)	4 **THANK AND CONCLUDE**
Telecommunications	5 **THANK AND CONCLUDE**
None of the above	9

Gender

Please indicate the gender of the person.

Man	1
Woman	2
Other	

Gender: Ensure a good mix during the recruitment

Province

In which province or territory do you live?

British Columbia	1
Alberta	2
Saskatchewan	3
Manitoba	4
Ontario	5
Quebec	6
New Brunswick	7
Nova Scotia	8
Prince Edward Island	9
Newfoundland	10
Northwest Territories	11
Yukon	12
Nunavut	13

Region—QC

In which region of Quebec do you live?

Bas-Saint-Laurent	1

Saguenay-Lac-Saint-Jean	2
Capitale-Nationale	3
Mauricie	4
Estrie	5
Montréal	6
Outaouais	7
Abitibi-Témiscamingue	8
Côte-Nord	9
Nord-du-Québec	10
Gaspésie/Iles-de-la-Madeleine	11
Chaudière-Appalaches	12
Laval	13
Lanaudière	14
Laurentides	15
Montérégie	16
Centre-du-Québec	17

Language

What is your ***first official language spoken***?

Note for recruiter if respondent asks: In Canada, "first official language spoken" is specified within the framework of the Official Languages Act. It refers to the first official language (i.e., English or French) that is spoken by an individual.

French	1
English	2

GROUP ATTRIBUTION — for INVITATION

If Province = 1-2-3-4-11-12-13 AND Language = 1	Group #1
If Province = 5 AND Language = 1	Group #2
If Province = 7-8-9-10 AND Language = 1	Group #3
If Province = 6 AND Language = 2 **Maximize participants from outside the Montreal/Laval region**	Group #4

AGE.

What age category do you fall into?

18 to 24	1
25 to 34	2
35 to 44	3
45 to 54	4
55 to 64	5
65 and over	6

Age: Ensure a good mix of age during the recruitment

CONSULTATION

In the past 12 months, please indicate how often you have consulted any of the following health care providers.

	Once	2—3times	4—5times	6—10times	More than 10 times	Never
Family Physician	1	2	3	4	5	95
Nurse/nurse practitioner	1	2	3	4	5	95
Personal support worker (*a personal support worker is a person who provides in-home assistance, for example helping someone with their personal hygiene and grooming*)	1	2	3	4	5	95
Paramedic	1	2	3	4	5	95
Psychologist/psychiatrist	1	2	3	4	5	95
Social worker	1	2	3	4	5	95
Dental professional	1	2	3	4	5	95
Pharmacist	1	2	3	4	5	95
Other, please specify	1	2	3	4	5	95

Consultation: Ensure at least one visit over the last 12 months

CHILD.

Do you have children under the age of 18 living at home with you?

Yes	1
No	2

Ensure a good mix if possible during the recruitment

EDUCATION.

What is the highest level of education you completed?

Some high school or less	1
High school diploma or equivalent	2
Registered Apprenticeship or other trades certificate or diploma	3
College, CEGEP or other non-university certificate or diploma	4
University certificate or diploma below bachelor's level	5
Bachelor's degree	6
Postgraduate degree above bachelor's level	7

Ensure a good mix if possible during the recruitment

OCCUP.
Which of the following categories best describes your current employment status? Are you…

Working full-time (35 or more hours per week)	1
Working part-time (less than 35 hours per week)	2
Self-employed	3
Unemployed, but looking for work	4
A student attending school full-time	5
Retired	6
Not in the workforce (full-time homemaker, full-time parent, or unemployed and not looking for work)	
Other employment status. Please specify.	

PSPC POR1
Have you ever attended a discussion group or taken part in an interview on any topic that was arranged in advance and for which you received money for participating?

Yes	1
No	2 **GO TO Q1**

PSPC POR2
When did you last attend one of these discussion groups or interviews?

Within the last 6 months	1 **THANK AND CONCLUDE**
Over 6 months ago	2

PSPC POR 3
Thinking about the groups or interviews that you have taken part in, what were the main topics discussed?
RECORD: _____ **THANK/TERMINATE IF RELATED TO OFFICIAL LANGUAGE MINORITY**

PSPC POR4
How many discussion groups or interviews have you attended in the past 5 years?

Fewer than 5	1
Five or more	2 **THANK AND CONCLUDE**

CONCLUSION

Q1.

By participating in this focus group, you will be asked to discuss with other participants and share your opinion on various topics related to the accessibility of health care in your first official language spoken. Please note that you do not need to be an expert to participate. You may also be asked to read during the meeting.

How comfortable do you feel in such an environment?

Read the answer choices.

Very comfortable	1
Somewhat comfortable	2
Not very comfortable	3 **THANK AND CONCLUDE**
Not at all comfortable	4 **THANK AND CONCLUDE**

INVITATION

Thank you. We'd like to invite you to participate in this focus group.

We are thrilled to have you as one of our participants in this study; your profile perfectly fits the target respondent we are looking for. We would like to invite you to participate in an online focus group that will be facilitated by an experienced professional moderator and will last approximately 90 minutes. The session will take place at [XX], on____XX____ (date/time) __XX__.

For your participation, you will receive a financial incentive of $100.

Please note that the session will be recorded. Your interview may also be observed by people who are directly working on the research study.

Just a quick reminder that the groups of discussion are going to be held over the Internet. They are going to be "online focus groups". You will need a computer, a high-speed Internet connection, and a WebCam in order to participate in the group.

INV1.

Are you interested in participating in this research study?

Yes	1
No	2 **THANK AND CONCLUDE**

The information provided by you will be kept confidential and will only be disclosed to those who are directly working on the research that is relevant to the topic of discussion.

INV2.

Representatives from Health Canada may observe the discussion, but will not have access to any of your private information. You will be asked to sign a consent form in order to participate in this research. Would you be willing to do this?

Yes	1

No	2 **THANK AND CONCLUDE**

PRIVACY SECTION

Now I have a few questions that relate to privacy, your personal information and the research process. We will need your consent on a few issues that enable us to conduct our research. As I run through these questions, please feel free to ask me any questions you would like clarified.

P1) First, we will provide **the online platform** and **session moderator** with a list of respondents' names and profiles (screener responses) so that they can sign you into the group. This information will not be shared with Health Canada or the Government of Canada. Do we have your permission to do this? I assure you it will be kept strictly confidential.

Yes	1 GO TO P2
No	2 **Read information below and P1A**

We need to provide the **online platform** and **session moderator** with the names and background of the people attending the focus group because only the individuals invited are allowed in the session and the facility and moderator must have this information for verification purposes. Please be assured that this information will be kept strictly confidential. **GO TO P1A**

P1a) Now that I've explained this, do I have your permission to provide your name and profiles **to the online platform and moderator?**

Yes	1 GO TO P2
No	2 **THANK AND CONCLUDE**

P2) A recording of the group session will be produced for research purposes. The recording will only be used by **the team of researchers at Léger** to assist in preparing a report on the research findings.
Do you agree to be recorded for research purposes only?

Yes	1 GO TO INVITATION
No	2 **Read information below and P2A**

It is necessary for the research process for us to record the session as the researcher needs this material to complete the report.

P2a) Now that I've explained this, do I have your permission for recording?

Yes	1 GO TO INVITATION
No	2 **THANK AND CONCLUDE**

As we are only inviting a small number of people to take part, your participation is very important to us. If for some reason you are unable to participate, please call so that we can get someone to replace you. You can reach us at ____ at our office. Please ask for ____.

To ensure that the focus groups run smoothly, we remind you:

- To make sure you are connected to the Internet and logged on 15 minutes in advance of the group
- To turn off your cellular phones—to avoid disruptions during the group.
- Make sure your WebCam is ON and functional
- To bring reading glasses, if necessary, to be able to go over the material.
- To make sure you will be located in a clear room (luminous)
- That the session will be recorded for analysis purposes only.

Email address: _____

Thank you very much for your assistance!

CONTACT INFORMATION

Someone from our company will contact you to confirm the group. Could you leave me a phone number where we can reach you in the evening as well as during the day?

Name:

Phone number: **Cell phone:**

Recruited by:

Confirmed by:

Appendix C–Moderator Guide

ENGLISH FOCUS GROUP DICUSSION GUIDE

Introduction: General presentation

Duration: 10 minutes

WELCOME AND PRESENTATION

—Reception of participants
—Introduction of the moderator
—Presentation of Leger

PRIMARY AIM

—The research is being conducted by Léger Marketing on behalf of Health Canada. The objective of the meeting is to learn about your opinion and perception to help inform government actions and decisions.

RULES OF DISCUSSION

—Dynamics of the discussion (duration, discussion, round table)
—No wrong answers
—Importance of giving personal, spontaneous and honest opinions
—Importance of reacting to the opinions of others
—Importance of speaking one person at a time

PRESENTATION OF THE GROUP ROOM

—Audio and video recording for subsequent analysis
—Presence of observers to take notes
—Information collected for study purposes only

RESULTS CONFIDENTIALITY

—The discussions we will have this evening will remain confidential at all times…
—Your name will never be mentioned in the report

Do you have any questions before we get started?

INTRODUCTION OF PARTICIPANTS

—What's your first name?
—Your place of residence?
—What do you like to do for fun (your passion, your hobby)?

BLOC 2	**Starter**
LENGTH	**15 MINUTES**

When we recruited you, you told us that you had seen or received health services in the past 12 months (in the past year)—whether it was a doctor, nurse, dentist, pharmacist, psychologist, etc.—and that you had been treated by a doctor, nurse, dentist, pharmacist or psychologist.
When you think about the health services you have received in the past year, would you say that your experiences are somewhat positive or negative?
Why positive?
Why negative?
PROBE the different reasons for liking or disliking the experiences.
Do you have children in your care for whom you are responsible?
Are you a caregiver for a family member or friend?
What about health services received in the past year for these people?
Have you had good experiences with health care providers or bad experiences?
PROBE: Why good? Why bad?

EXPLORE whether language accessibility problems are mentioned spontaneously by participants for themselves or other dependent persons.

BLOC 3	**IMPORTANCE AND CONCERNS ABOUT RECEIVING HEALTH SERVICES IN FIRST OFFICIAL LANGUAGE SPOKEN**
LENGTH	**20 MINUTES**

ADJUST according to the responses obtained in the previous section and whether "first official language spoken" is an issue affecting the health care experience that is mentioned spontaneously.

Have you received health services in the past year in your first official language spoken?

If YES: Was it easy to find health service providers who speak your first official language?
If NO: Did you look for health service providers who speak your first official language spoken? What barriers did you encounter when looking for health service providers who speak your first official language spoken?
EXPLORE BARRIERS

How important is it for you to receive health services in your first official language spoken?
PROBE: Why is it important?
PROBE: Why is it not very or not important at all?
PROBE: How important is it for your children or the people you care for to receive health services in their first official language spoken?

Do you have more difficulty finding health service providers in your first official language spoken with some professionals than others? Which ones?
PROBE: Why do you think it is more difficult to obtain services in your first official language spoken with these professionals?

Do you feel comfortable asking for health services in your first official language spoken?
PROBE: Why do you say you feel comfortable?
PROBE: Why do you say you are uncomfortable?
EXPLORE FEARS

For those who ask to receive their health services in their first official language spoken, what kind of response do you generally get? Is it positive or negative?
PROBE: Why do you think so?

BLOC 4	**GENERAL ACCESS TO HEALTH SERVICES**
LENGTH	**20 MINUTES**

Do you consider that the accessibility of health services in your first official language spoken has improved in recent years?
Since when do you see changes?
PROBE: How has accessibility improved?
PROBE: How has accessibility deteriorated?
PROBE: Are the changes similar for all health service providers? How is it different from one provider to another?

How confident are you in communicating about your health needs in your first official language spoken?
PROBE: Explain your level of confidence.
POLL: How confident are you in the other official language you speak?

If you did not receive your health services in your first official language spoken, were you offered alternatives?
MENTION: Were you referred to another health service provider, were you offered interpreters, did you receive help from family members or friends, did you receive the services of a system browser?

IF YES Interpreters or System Navigator: Were you aware of this service before you were offered it?
How did it happen? Were you satisfied with the service provided by the interpreters/navigator?

BLOC 5	**TECHNOLOGY**
LENGTH	**15 MINUTES**

Do you ever use technology to get information about health services such as websites, social media, emails, SMS?
Could you tell us about your experiences?
What type of technology do you use?
Why do you make this choice?
Are these services also available in your first official language spoken?

Do you also use technology to receive health services and information such as virtual medical visits, chatbots, renewing prescriptions, getting appointments, etc.?
Could you tell us about your experiences?

What type of technology do you use?
Why do you make this choice?
Are these services also available in your first official language spoken?

In general, what is your impression of these health technology services? Is it a good thing or a bad thing?
PROBE: Why?

Do you plan to use/try this type of technological health services soon?
Why? Why not?

Do you think these technological health services could help provide Canadians with health services in their first official language?
POLL: Why do you think so? Why don't you think so?
Do you think these kinds of solutions are appropriate?
If you had to say what kind of care should benefit from this kind of technology to provide services to Canadians in their first official language spoken?
SURVEY: physicians, pharmacists, dentists, psychologists, etc.

BLOC 6	**CONCLUSION**
DURÉE	**5 MINUTES**

- **Once all questions have been discussed, ask the concluding question below.**

- If you had measures to put in place to enable Canadians to receive health services in their first official language, what would you do? What measures would you put in place?

- We are basically done. Do you have any further comments or suggestions for Health Canada on how they could better provide you/your family/friends and other Canadian citizens health services in your first official language spoken?

CONCLUDE AND END THE MEETING.
THANK YOU VERY MUCH FOR YOUR PRECIOUS COLLABORATION!

Appendix D–Survey Questionnaire

ENGLISH QUESTIONNAIRE

GENERAL PROGRAMMING INSTRUCTIONS:

[TYPE OF PROJECT: Web]
[LANGUAGES: FR/EN]
[TRACKING: No]

NOTE TO READERS: Text in green and in grey = Programming instructions.

Landing Page

Thank you for agreeing to take part in this survey. We anticipate that the survey will take approximately 15 minutes to complete.

[NEXT]

Introduction

Background information

This research is being conducted by Léger Marketing, a Canadian public opinion research firm on behalf of Health Canada.

The purpose of this online survey is to collect opinions and feedback from Canadians that will be used by Health Canada to help inform government actions and decisions.

How does the online survey work?

- You are being asked to offer your opinions and experiences through an online survey. You have to be 18 or over in order to participate in this survey.
- We anticipate that the survey will take 15 minutes to complete.
- Your participation in the survey is completely voluntary.
- Your responses are confidential and will only ever be reported in aggregate—never in any way that can identify any individual respondent or their responses.
- Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada.

What about your personal information?

- The personal information you provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the *Department of Health Act* in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project.

- **Purpose of collection**: We require your personal information such as demographic information to better understand the topic of the research. However, your responses are always combined with the responses of others for analysis and reporting; you will never be identified.

- **Your rights under the *Privacy Act*:** In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact Health Canada's Privacy Coordinator at 613-948-1219 or privacy-vie.privee@hc-sc.gc.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

  What happens after the online survey?
  The final report written by Léger Marketing will be available to the public from Library and Archives Canada (http://www.bac-lac.gc.ca/).

If you are experiencing technical issue while responding to the survey, please contact Leger's technical support team at support@legeropinion.com

Your help is greatly appreciated, and we look forward to receiving your feedback.

GDR
1- What is your gender identity?
1 Male
2 Female
3 Another gender

MINO
2- Do you identify as any of the following?
SELECT ALL THAT APPLY

1 An Indigenous person (First Nations, Inuit or Métis)
2 A member of an ethnocultural or a visible minority group
3 A member of the LGBTQ2 community
4 A person with a disability
95 None of the above
99 I prefer not to answer

3- IMM
Where were you born?

1 Born in Canada

2 Born outside Canada

ASK IF IMM=2
YIMM
[DROP DOWN MENU]
In what year did you move to Canada?

COUNTRY
What is your country of origin?
[DROP DOWN MENU—ALPHABETICAL ORDER]

PROV
In which province or territory do you currently live?

British Columbia	BC
Alberta	AB
Saskatchewan	SK
Manitoba	MB
Ontario	ON
Quebec	QC
New Brunswick	NB
Nova Scotia	NS
Prince Edward Island	PE
Newfoundland	NF
Northwest Territories	NT
Yukon	YK
Nunavut	NU

AGE1
[Validation between 1900 and 2003]
[TERMINATE BETWEEN 2003 and 2020]
In what year were you born?

FORMAT [YYYY]
99 I prefer not to answer

[ASK IF 99 at AGE1]
AGE2
Would you be willing to indicate in which of the following age categories you belong?

1 Under 18 TERMINATE
2 Between 18 and 24

3 Between 25 and 34
4 Between 35 and 44
5 Between 45 and 54
6 Between 55 and 64
7 65 or older

99 I prefer not to answer TERMINATE

LANG
What is your ***first official language spoken***?
In Canada, "first official language spoken" is specified within the framework of the Official Languages Act. It refers to the first official language (i.e., English or French) that is spoken by an individual.

1 English
2 French

CALCULATION—DO NOT SHOW
Official Language Minority Communities

1 French-speaking outside Quebec **[IF PROV!= QC AND LANG=2]**
2 English-speaking in Quebec **[IF PROV=QC AND LANG=1]**

Q1
In which first official language spoken do you prefer to receive health care services?

1 English
2 French

Q2
How important is it for you to receive services in your first official language spoken?

1 Very important
2 Somewhat important
3 Somewhat unimportant
4 Not important at all
99 I prefer not to answer

[ASK IF Q2≠99]
Q2A
Why is it [Recall Q2] for you?

96 Please specify

CHILD
Are you the parent or tutor of a child or children under 18 years of age living in your household?

1 Yes
2 No

[ASK IF CHILD=1]
Q3
How important is it to you that your child (ren) receives health services in **[INSERT FIRST OFFICIAL LANGUAGE]**?

1 Very important
2 Somewhat important
3 Somewhat unimportant
4 Not important at all
99 I prefer not to answer

[ASK IF CHILD=1]
Q4
Were you able to find health care providers who could speak [**INSERT FIRST OFFICIAL LANGUAGE**] to your child (ren)?

1 Yes
2 No

[OPEN]
[ASK IFQ4=2]
Q5
What barriers have you encountered in finding health care providers who could speak [**INSERT FIRST OFFICIAL LANGUAGE**] when providing health care services to your child (ren)?

96 Please specify

CAREG
Are you a caregiver **for a relative/friend** other than your child (ren)?

1 Yes
2 No

[ASK IF CAREG=1]
Q6
How important is it to you that your relative/friend receives health services in **[INSERT FIRST OFFICIAL LANGUAGE]**?

1 Very important
2 Somewhat important
3 Somewhat unimportant
4 Not important at all
99 I prefer not to answer

[ASK IF CAREG=1]
Q7
Were you able to find health care providers who could speak [**INSERT FIRST OFFICIAL LANGUAGE**] to your relative/friend?

1 Yes
2 No

[OPEN]
[ASK IFQ7=2]
Q8
What barriers have you encountered in finding health care providers who could speak [**INSERT FIRST OFFICIAL LANGUAGE**] when providing health care services to your relative/friend?
96 Please specify

[SHOW TO ALL]
NOTE
You should answer the following questions based on **your personal experience** in the health care system. Please do not consider experiences with the health care system for others for whom you are responsible or caring (children, close relatives, etc.).

[TO ALL]
Q9.
GRID
In the past 12 months, please indicate how often you have consulted any of the following health care providers.

	Once	2—3times	4—5times	6—10times	More than 10 times	Never	I don't know/I don't remember
Family Physician	1	2	3	4	5	95	98
Nurse/nurse practitioner	1	2	3	4	5	95	98

Personal support worker	1	2	3	4	5	95	98
Paramedic	1	2	3	4	5	95	98
Psychologist/psychiatrist	1	2	3	4	5	95	98
Social worker	1	2	3	4	5	95	98
Dental professional	1	2	3	4	5	95	98
Pharmacist	1	2	3	4	5	95	98
Other, please specify	1	2	3	4	5	95	98

CALCULATION—DO NOT SHOW
Visited at least one health care provider

1 Visited at least one specialist at least once **[IF AT LEAST ONE ELEMENT AT Q9=1, 2, 3, 4 or 5]**
2 Didn't visit any specialist in the last 12 months **[IF Q9=** 95 OR 98 TO ALL**]**

[SHOW ONLY SERVICES RECEIVED AT Q9 OR SKIP IF 95 OR 98 TO ALL AT Q9]
Q10
GRID
In which locations did you receive these services?
Check all applicable locations for each health care provider

	Clinic	Hospital (non-emergency)	Hospital (Emergency)	CLSC/Community Health Centre	Another location
Family Physician	2	3	4	5	96
Nurse/nurse practitioner	2	3	4	5	96
Personal support worker	2	3	4	5	96
Paramedic	2	3	4	5	96
Psychologist/psychiatrist	2	3	4	5	96
Social worker	2	3	4	5	96
Dental professional	2	3	4	5	96
Pharmacist	2	3	4	5	96
Other, please specify	2	3	4	5	96

[SHOW ONLY DURING PRETEST—DEACTIVATE FOR FULL FIELD]
[SHOW ONLY SERVICES RECEIVED AT Q9 OR SKIP IF 95 OR 98 TO ALL AT Q9]
PRETESTQA
Were the location categories provided in the previous question (clinic, hospital, etc.) sufficiently clear and understandable?

96 Please specify

[**IF AT LEAST ONE ELEMENT AT Q9=1, 2, 3, 4 or 5**]
Q11

During an appointment or visit with a health care provider, you may have received care from more than one provider (ex. doctor, nurse, assistant, reception staff, etc.). Generally, for each visit, were you able to receive services in **[INSERT FIRST OFFICIAL LANGUAGE**] from:

1 All the providers
2 Some of the providers
3 None of the providers

[SHOW ONLY SERVICES RECEIVED AT Q9 OR SKIP IF 95 OR 98 TO ALL AT Q9]
Q11B
More specifically, for each health care provider you have consulted in the past year, who provided you with services in **INSERT FIRST OFFICIAL LANGUAGE**]?

	Completely	Partially	Not at all	I don't know/I don't remember
Family Physician	1	2	3	98
Nurse/nurse practitioner	1	2	3	98
Personal support worker	1	2	3	98
Paramedic	1	2	3	98
Psychologist/psychiatrist	1	2	3	98
Social worker	1	2	3	98
Dental professional	1	2	3	98
Pharmacist	1	2	3	98
Other, please specify	1	2	3	98

CALCULATION—DO NOT SHOW
Didn't receive services in first language

1 Didn't receive services in first language at all for at least one specialist **[IF AT LEAST ONE ELEMENT AT Q11B=3]**
2 Received services in first language for all specialist visited **[IF NO ELEMENT AT Q11B=3]**

[ASK ALL]
Q12
Typically, do you **ask** to receive health services in **[INSERT FIRST OFFICIAL LANGUAGE**]?

1 Yes
2 No

[ASK IF Q12=2]
Q13
Why don't you usually ask to receive your health services in your first official language spoken? Check all that apply.

1 I fear receiving delayed care

3 I fear receiving poorer quality care
4 I fear misunderstandings
5 I assume that the health care provider does not speak [**INSERT FIRST OFFICIAL LANGUAGE]**
5 I don't feel comfortable asking for health services in [**INSERT FIRST OFFICIAL LANGUAGE]**
5 I am comfortable with receiving health services in either official language
96 Other (please specify)
99 I prefer not to answer

[ASK ALL]
Q14
Would you say that you get a positive or negative response from health providers when you ask to receive health services in **[INSERT FIRST OFFICIAL LANGUAGE**]?

1 Very positive
2 Somewhat positive
3 Somewhat negative
4 Very negative
5 I have never requested health services in my first official language spoken.
99 I prefer not to answer

[ASK ALL]
Q15
Have you ever received health services by phone or through virtual care?

1 Yes
2 No

[IF Q15 =1]
Q16
Which of the following health care services have you ever received? *Please check all that apply*

1 Phone consultation
2 Text/email
3 Online/virtual appointment booking
4 Live messaging
5 Online tool (for example to view test results)
6 Video-enabled visit
7 Wearable device that transmits data to health provider
8 Other
98 I don't know/I don't remember

[Show only those mentioned AT Q16= 1–8; SKIP IF Q16=98]
Q17
Were your interactions done mainly in [INSERT FIRST OFFICIAL LANGUAGE]?

Type of service	Yes	No	Don't know/don't remember
Phone consultation			
Text/email			
Online/virtual appointment booking			
Live messaging			
Online tool (for example to view test results)			
Video-enabled visit			
Wearable device that transmits data to health provider			
Other			

[ASK ALL]
Q18
Based on your personal experience, how useful is technology in getting health services in [**INSERT FIRST OFFICIAL LANGUAGE]**?

1 Very useful
2 Somewhat useful
3 Not very useful
4 Not at all useful
95 I don't know these tools
97 I've never used those tools before
98 I don't know

[IF Q18 = 3, 4]
Q19
Why do you feel that technology is not useful in helping you obtain health services in [**INSERT FIRST OFFICIAL LANGUAGE]**?

96 Please specify

[ASK ALL]
MULTIPLE CHOICE MAX 9
Q20
For what type of health services would phone or virtual care be useful to you?
Select all that apply

1 Family Physician

2 Nurse/nurse practitioner
3 Personal support worker
4 Paramedic
5 Psychologist/psychiatrist
6 Social worker
7 Dental professional
8 Pharmacist
9 Other
10 None of the above
98 I don't know

[ASK ALL]
Q21
To what extent do you think technology could be an effective way to make health services even more available in [**INSERT FIRST OFFICIAL LANGUAGE]**?

1 Very effective
2 Somewhat effective
3 Not very effective
4 Not at all effective
98 I don't know

[AT LEAST ONE ELEMENT AT Q11B=3]
MULTIPLE ANSWERS MAX =3
Q22
You have previously reported that some health services received in the past year were not provided at all in **[INSERT FIRST OFFICIAL LANGUAGE**].
Were any of the following alternatives offered to you?
Please select all that apply.

1 Referred to another health care provider who offered services in **[INSERT FIRST OFFICIAL LANGUAGE**]

2 Offered interpretation services
3 You received assistance from a system navigator (a person responsible for coordinating services, providing information and emotional support along the entire care journey)
95 No alternative was offered
98 I don't know/I don't remember

[IF Q22_2 = 1]
Q23
You said earlier that you received help through an interpretation service.
How satisfied were you with the interpretation service provided to you?

1 Very satisfied
2 Somewhat satisfied
3 Somewhat dissatisfied
4 Very dissatisfied
99 I prefer not to answer

[IF Q22_3= 1]
Q24
You said earlier that you received help through a system navigator.
How satisfied were you with the system navigator service provided to you?

1 Very satisfied
2 Somewhat satisfied
3 Somewhat dissatisfied
4 Very dissatisfied
99 I prefer not to answer

[ASK ALL]
Q25
In general, how confident are you in your ability to clearly **communicate** your health care needs?

	Very confident	Somewhat confident	Not very confident	Not confident at all	I don't know/I prefer not to answer
In your first official language spoken	1	2	3	4	98
In the other official language	1	2	3	4	98

[ASK ALL]
Q26
In general, how confident are you in the ability of health-care providers to clearly **understand** your health care needs?

	Very confident	Somewhat confident	Not very confident	Not confident at all	I don't know/I prefer not to answer
In your first official language spoken	1	2	3	4	98
In the other official language	1	2	3	4	98

[ASK ALL]
Q27
MULTIPLE MENTIONS MAX 3
Which of the following services should absolutely be provided in [INSERT FIRST OFFICIAL LANGUAGE]?
Note: You may select up to 3 answers

1 Family Physician
2 Nurse/nurse practitioner
3 Personal support worker
4 Paramedic
5 Psychologist/psychiatrist
6 Social worker
7 Dental professional
8 Pharmacist
9 Other
10 None of the above
98 I don't know

[ASK ALL]
Q28
Over the past 10 years, would you say that access to health services in [**INSERT FIRST OFFICIAL LANGUAGE]** has increased, decreased or stayed about the same?

1 increased
2 stayed the same
3 decreased
98 I don't know

[ASK IF Q28 =1-2-3]
[OPEN]
Q29
Why do you feel that access to health care in [**INSERT FIRST OFFICIAL LANGUAGE]** has **[INSERT ANSWER Q28]**?

96 Please specify

[ASK ALL]
30
What are the main barriers you face in obtaining health services in [**INSERT FIRST OFFICIAL LANGUAGE]**?

1 How far I must travel to access services in [**INSERT FIRST OFFICIAL LANGUAGE]**
2 Lack of information on finding out where these services are available

3 Fear of being judged for asking for service in [**INSERT FIRST OFFICIAL LANGUAGE]**
4 The fear of receiving poorer service in [**INSERT FIRST OFFICIAL LANGUAGE]**
5 Fear of having to wait longer to get service in [**INSERT FIRST OFFICIAL LANGUAGE]**
6 Lack of availability of professionals who can communicate in [**INSERT FIRST OFFICIAL LANGUAGE]**
7 Interpreter services not available
9 Unilingual forms and documentation
96 Other barriers (please specify)
97 None
98 I don't know

[ASK ALL]
Q31
Have you ever actively searched and found the following health care provider who speaks [**INSERT FIRST OFFICIAL LANGUAGE]**?
You can also indicate that you have never searched for a specific type of health care provider in [**INSERT FIRST OFFICIAL LANGUAGE]**.

	I have searched and I have found one	I have searched and I have not found one	I have never searched for this type of health care provider in my first official language spoken	I don't remember
Family Physician	1	2	3	98
Nurse/nurse practitioner	1	2	3	98
Personal support worker	1	2	3	98
Paramedic	1	2	3	98
Psychologist/psychiatrist	1	2	3	98
Social worker	1	2	3	98
Dental professional	1	2	3	98
Pharmacist	1	2	3	98
Other, *please specify*	1	2	3	98

CALCULATION—DO NOT SHOW
Found at least one health care provider in first language

1 Found at least one specialist **[IF AT LEAST ONE ELEMENT AT Q31=1]**
2 Didn't find any specialist **[IF Q31=** 2, 3 OR 98 TO ALL AT Q31**]**

[IF AT LEAST ONE ELEMENT AT Q31=1]
[OPEN]
Q32
How did you find the health care provider(s)?

96 Please specify

[ASK ALL]
Q33
How would you like to be informed that there are health services available in [**INSERT FIRST OFFICIAL LANGUAGE]** near you?
Note: Select all that apply

1 Word of mouth (family, friends, colleagues…)
2 On television
4 On the Internet
6 On social media (Facebook, Twitter, Instagram, etc….)
7 On the radio
9 An app
9 By being referred to by another health care provider
10 In regional/local newspapers
96 Other (please specify)
98 I don't know

[ASK ALL]
[OPEN]
Q34
What are your suggestions for improving access to health services in [**INSERT FIRST OFFICIAL LANGUAGE]**?
You can give up to three suggestions. Separate each suggestion with a /.

96 Please specify

[SHOW ALL]
INFO2
The last few questions are strictly for statistical purposes. All of your answers are completely confidential

[ASK ALL]
SCOL
What is the highest level of formal education that you have completed?

SELECT ONE ONLY

2 Some high school or less
3 High school diploma or equivalent
4 Registered Apprenticeship or other trades certificate or diploma
5 College, CEGEP or other non-university certificate or diploma

6 University certificate or diploma below bachelor's level
7 Bachelor's degree
8 Postgraduate degree above bachelor's level

OCCUP
Which of the following categories best describes your current employment status? Are you…
SELECT ONE ONLY

1 Working full-time (35 or more hours per week)
2 Working part-time (less than 35 hours per week)
3 Self-employed
4 Unemployed, but looking for work
5 A student attending school full-time
6 Retired
7 Not in the workforce (full-time homemaker, full-time parent, or unemployed and not looking for work)
8 Other employment status. Please specify.

REVEN
Which of the following categories best describes your total household income? That is, the total income of all persons in your household combined, before taxes?

SELECT ONE ONLY

1 Under $20,000
2 Between $20,000 and $40,000
3 Between $40,000 and $60,000
4 Between $60,000 and $80,000
5 Between $80,000 and $100,000
6 Between $100,000 and $150,000
7 $150,000 and above
8 Prefer not to say

[ASK POSTAL3 TO ALL]
[OPEN TEXT: VALIDATION—FORCE THE TEXT FORMAT TO BE A9A]
POSTAL3
Please indicate the first 3 characters of your postal code.
If you would rather not provide it, please select I don't know/I prefer not to answer

A9A [FORMAT]
99 I prefer not to answer A9A

[ASK QGroups TO ALL]
QGroups
Would you like to be included in the list of volunteers to participate in the second phase of this study, which will consist of online focus groups.
A $100 remuneration will be offered to the selected persons who will participate in the groups.

Étiquette	Valeur	Attribut	Conclusion
Yes	01		
No	02		

[ASK IF QGroups= 01]
[NOTE DE PROGRAMMATION : À PRÉSENTER SUR UN SEUL ÉCRAN]
QADR
Please enter your contact details so that we can contact you for this purpose.

Please be assured that this information will be treated with the utmost confidentiality and will NOT be used when processing the survey results.

*First name:	_____
*Family name:	_____
*Phone number:	_____
*email adress:	_____

[ASK TO ALL]
QOSurvey
Would you like to be included in the list of volunteers to participate in any other Health Canada survey targeting Official Language Minority Communities?

Étiquette	Valeur	Attribut	Conclusion
Yes	01		
No	02		

[ASK QOther TO ALL]
[OPEN TEXT: VALIDATION]
QOther
Do you have any other comments to share?

99 Please tell us:

Appendix E–DETAILED ANSWERS TO OPEN QUESTIONS

Table E1: Answer to Q2A. Why is it [pipe: Q2] for you? Respondents who gave an answer at Q2 (n=1,119))

Answers	Total
Better understanding/it's important to understand/Easier to understand	**33%**
I am bilingual/I can speak both languages	**19%**
I'm more comfortable in English/I feel more comfortable in French	**11%**
Easier to communicate/better communication	**10%**
It's my right/It's one of Canada's official languages/I have the right to receive services in both official languages	**8%**
It's my mother tongue/first language	**5%**
It's my identity/to protect my language	**5%**
I don't speak/understand French//I don't speak English	**3%**
Less mistakes/to avoid mistakes/accuracy of communications	**3%**
Good/great (unspecified)	**2%**
It's the quality of service that matters for me	**1%**
I don't have the choice/it's the official language/primary language	**1%**
Other	**9%**
None	**1%**
Don't know/refusal	**2%**

Table E2: Answer to Q13. Why don't you usually ask to receive your health services in your first official language spoken? Respondents who don't ask for health services in their first official language spoken (n=624)

Answers	Total
I am comfortable with receiving health services in either official language	**56%**
I assume that the health care provider does not speak [First Official Language Spoken by the respondent]	**28%**
I fear misunderstandings	**13%**
I don't feel comfortable asking for health services in [First Official Language Spoken by the respondent]	**10%**
I fear receiving delayed care	**8%**

I speak in English and they respond/I speak in French and they respond	**7%**
I fear receiving poorer quality care	**6%**
Providers are English speaking/Providers are French speaking	**3%**
I am more comfortable in my own language	**2%**
Lost vocabulary/don't speak it anymore	**1%**
They know me/know what language I speak	**1%**
Other	**1%**
I prefer not to answer	**3%**

Table E3: Answer to Q19. Why do you feel that technology is not useful in helping you obtain health services in [First Official Language Spoken by the respondent]? Respondents who think technology is not useful (n=121)

Answers	**Total**
Prefer to speak to someone	**16%**
Not enough French speakers in healthcare/Not enough English speakers in healthcare	**13%**
Not accessible/available	**10%**
Most sites are English/Most Quebec sites are French	**7%**
Too long (on hold, etc.)	**6%**
Only offered in French	**6%**
Have not used it	**6%**
Technical terms are harder to understand	**5%**
Not accurate/reliable	**3%**
Useless/Not necessary	**3%**
Prefer English	**2%**
Other	**10%**
None/Nothing/No issues	**8%**
Don't know/Refused	**10%**

Table E4: Answer to Q29. Why do you feel that access to health care in [First Official Language Spoken by the respondent] has [pipe: Q28]? Respondents who think technology is not useful (n=918)

Answers	Total
There have been no changes/Still the same	21%
Difficult to get English services	7%
French first in Quebec/Live in Quebec/Due to language laws in Quebec	7%
Most people are bilingual/Becoming bilingual	7%
Difficult to get French services	6%
Good / Great / No issues / Etc.	5%
No one wants to speak English/Not welcomed/Refuse	4%
My opinion/Experience / Impression	4%
Not many people are bilingual	3%
There are more French services available	3%
More demand/Pressure/Awareness	3%
There have been no improvements/Have not seen any improvements	2%
Difficult to get services (unspecified)	2%
Area is mostly French, therefore services have always been in French	2%
Live in English area/Alberta/therefore services are in English	2%
Budget/Funding cuts	2%
Because it has (unspecified)	2%
No new doctors/Shortage of staff	2%
Depends on location	2%
Immigrants are mostly uni-English/Don't practise French enough	2%
There are more English-speaking people	2%
The fact that I have to ask for service in my language	1%
No one speaks/practices/learns French anymore	1%
Long waits	1%
Health care professionals are leaving	1%
I am bilingual	1%
Live in a bilingual city	1%
There are more English services available	1%

More accessible/available/Can ask for language preference	**1%**
Seen/Read/Heard in media	**1%**
Other	**2%**
None/Nothing/No reason	**2%**
Don't know/Refused	**10%**

Table E5: Answer to Q30. What are the main barriers you face in obtaining health services in [First Official Language Spoken by the respondent]? All respondents (n=1,125)

Answers	**Total**
Lack of availability of professionals who can communicate in [First Official Language Spoken by the respondent]	**41%**
Fear of having to wait longer to get service in [First Official Language Spoken by the respondent]	**25%**
Lack of information on finding out where these services are available	**24%**
The fear of receiving poorer service in [First Official Language Spoken by the respondent]	**23%**
Unilingual forms and documentation	**22%**
Fear of being judged for asking for service in [First Official Language Spoken by the respondent]	**20%**
How far I must travel to access services in [First Official Language Spoken by the respondent]	**16%**
Interpreter services not available	**9%**
Other barriers	**1%**
None	**22%**
I don't know	**8%**

Table E6: Answer to Q32. How did you find the health care provider(s)? Respondents who found a health care provider (n=589)

Answers	**Total**
Internet/website	**22%**
Through family & friends	**13%**
Word of mouth	**12%**
Phone call	**8%**
Referrals (unspecified)	**7%**

On-site visit to the clinic/hospital	**7%**
In the community/area	**5%**
Referral from family & friends	**4%**
Referral from a healthcare provider	**3%**
By asking (unspecified)	**3%**
Good attitude of health personnel	**2%**
Various media (newspaper, magazines, TV, etc.)	**2%**
Waiting list	**1%**
French-speaking health personnel	**1%**
Government agencies/services	**1%**
Health professional was bilingual	**1%**
Still looking for a health care provider	**1%**
Just by luck	**1%**
Other	**3%**
Don't know/no answer	**13%**

Table E7: Answer to Q33. How would you like to be informed that there are health services available in [First Official Language Spoken by the respondent] near you? All respondents (n=1,125)

Answers	Total
On the Internet	49%
Word of mouth (family, friends, colleagues…)	45%
By being referred to by another health care provider	45%
On social media (Facebook, Twitter, Instagram, etc….)	25%
On television	21%
An app	21%
In regional/local newspapers	21%
On the radio	20%
Other	2%
None/Nothing/Not needed/wanted	3%

I don't know	11%

Table E8: Answer to Q34. What are your suggestions for improving access to health services in [INSERT FIRST OFFICIAL LANGUAGE]?
You can give up to three suggestions. Separate each suggestion with a /.

Answers	Total
More advertising/publicity/awareness that services are available in English and/or French	**9%**
Bilingual services/Enforce bilingual services/Make it mandatory	**9%**
Hire/Have more bilingual staff	**9%**
Good/Great/No issues	**6%**
Provide a list of professionals/services available for both English and French	**5%**
Hire more French-speaking staff	**4%**
Provide more/better English services	**3%**
Offer staff language course	**3%**
Provide more/better French services	**2%**
Treat equally/Don't pass judgement because we don't speak the language	**2%**
Have professionals learn the language	**2%**
Improve services overall	**2%**
Shortage of staff/Hire more staff (Dr's., Nurses, etc.)	**2%**
Hire more English-speaking staff	**2%**
More English courses in school	**2%**
Make it more available	**2%**
Work on wait times	**1%**
Ensure all forms/documents are provided in English	**1%**
Ensure all forms/documents are bilingual	**1%**
Ensure websites have English version	**1%**
Provide English signage	**1%**
Provide French signage	**1%**
Make signs bilingual	**1%**
Provide translations	**1%**

Incentives for professionals to stay	**1%**
More French courses in school	**1%**
Other	**9%**
None/Nothing	**15%**
Don’t know/Refused	**17%**