

Review of Francophone Health Services for the Calgary Region

Réseau santé Alberta

Final Report

April 25, 2025

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This Document

This document is a final report for the review of francophone health services for the Calgary region. It includes the observations from the review and recommendations for addressing the needs identified. It aims to guide the Réseau santé Alberta (RSA) in the continuous improvement of the health system for French speakers in Alberta.

01

Overview

Background and Objectives:



Background:

According to the 2021 census, over 40,000 French speakers live in Calgary, including those for whom French is the mother tongue and those who use it at home. These French speakers are dispersed throughout the city and the region, and the lack of a localized concentration of this population makes it difficult to implement accessible French health services. An illustrative example of this issue is the Francophone medical clinic in Calgary, which ceased its activities after only a few years of operation.

Despite these challenges, the French speakers in Calgary continue to express a need for health services offered in their mother tongue or in the language they prefer, and this study aims to better understand their needs while supporting bilingual professionals in the health sector.



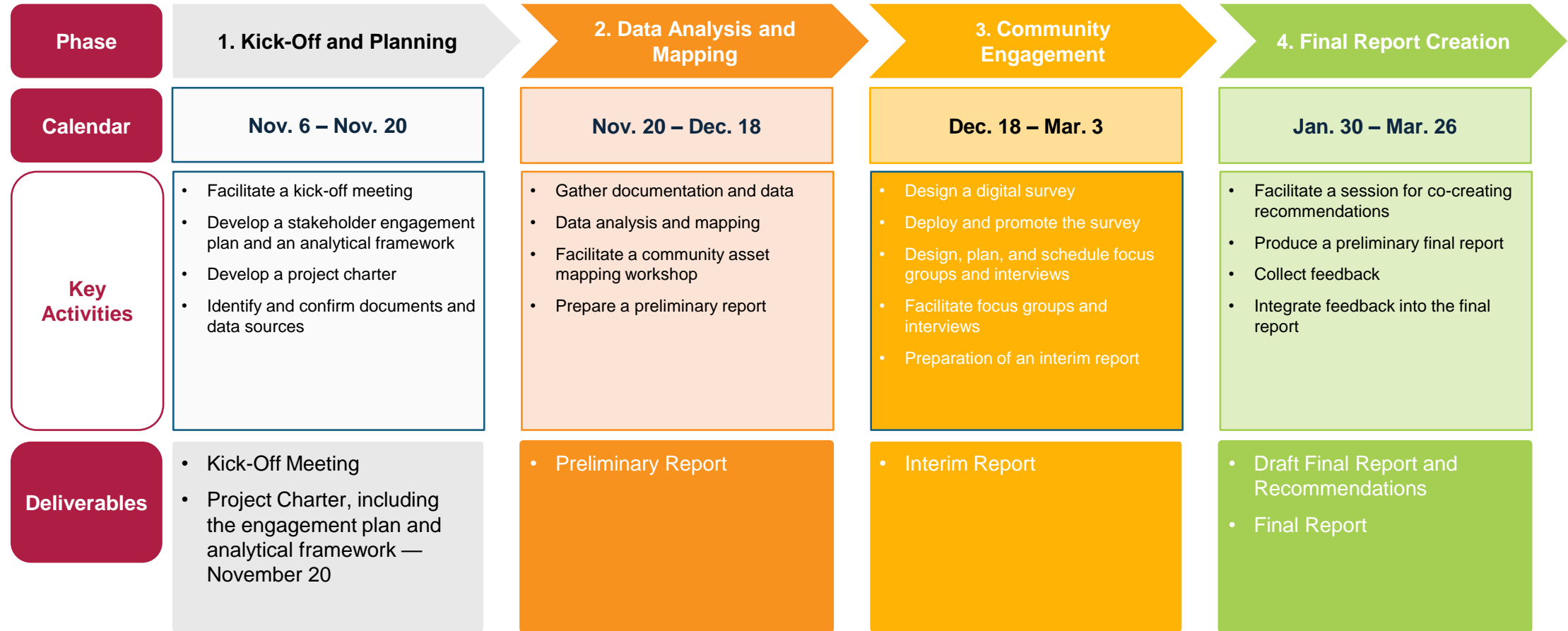
Objectives:

This study aims to:

- Identify the specific needs for French health services for Francophones in Calgary and its surrounding areas.
- Propose solutions to improve access to health services in French.
- Assess opportunities to train and support bilingual health professionals in offering services in French.

Approach

To identify recommendations aimed at strengthening French health services for Francophones in the Calgary region, the following phases of work and activities have been completed.



Project Scope

In-Scope:

- **An analysis of 2021 census data** to identify the geographical distribution of French speakers.
- **Demographic mapping** to visualize the distribution of the French-speaking population in Calgary, Airdrie, Cochrane, and Okotoks (the Calgary region).
- **An assessment of needs by age group**, with potential emphasis on French schools and the health services they could offer.
- A study on the **health service needs of French-speaking immigrants and newcomers**, with a specific focus on Afro-Canadians.
- **A review of existing studies**, including that of Boniface Bahi and the one on the impact of COVID-19 on French-speaking families in the Prairie provinces.
- **A survey of bilingual health professionals** (doctors, psychologists, nurses, etc.) to determine their capacity to offer services in French.
- **A survey of clinics and Primary Care Networks (PCN)** to assess their capacity and willingness to provide services in French.
- **Development of recommendations for improving service offerings** and support for bilingual health professionals.
- **An evaluation of the closure of the Francophone medical clinic in Calgary** that identifies **the reasons why the Francophone medical clinic in Calgary did not operate successfully**, taking into account economic, administrative, demographic factors, and the unmet needs of Francophones in the region.

Out of Scope

- Implementation of recommendations
- Design of health programs and/or services

Summary of Observations

The table below presents a summary of the observations from the review. A detailed description of each observation is provided in the Observations section starting on page 19. The areas of focus for the review are described in the methodology section (p. 11).

Areas of Focus	Observations
Scope of Services and Clientele	<ol style="list-style-type: none"> 1. The Francophone population in the Calgary region is distributed throughout the territory, with no neighbourhood standing out as having a significant concentration of residents. 2. There is a significant gap between the number of healthcare professionals who identify as French speakers and the experiences of Francophones in the region. 3. Francophone newcomers face unique challenges that can make access to health services even more difficult. 4. The number of newcomers from countries where French is recognized as an official language or where there is a significant population of Francophones has increased by 31% since 2019 in the Calgary region. 5. Since the closure of the Francophone medical clinic in Calgary, certain factors that negatively impacted its viability have evolved.
Accessibility	<ol style="list-style-type: none"> 6. Most Francophones in the Calgary region live near a healthcare provider who identifies as French speaking, but they do not seem to be able to benefit from the available services. 7. Health services dedicated to children could be better integrated with schools to improve access. 8. Health service directories are ineffective.
Capacity	<ol style="list-style-type: none"> 9. Healthcare professionals serving Francophones encounter obstacles that they do not face when serving Anglophones.

Summary of Recommendations

The table below presents a summary of the recommendations developed within the framework of this study. Detailed descriptions of each recommendation are offered in the Recommendations section starting on page 34. The recommendations have been grouped into four strategic pillars (e.g., Promotion and Awareness, New Service Delivery Model, etc.), a description of these pillars is provided on page 35.

Strategic Pillars	Recommendations
Promotion and Awareness	<ol style="list-style-type: none"> 1. Improve the functionalities of existing directories to facilitate access to available services. (Page 37) 2. Increase the promotion of health services and support tools available in French. (Page 40)
New Service Delivery Model	<ol style="list-style-type: none"> 3. Design and develop an integrated service delivery model in partnership with established partners. (Page 44)
Support for health professionals	<ol style="list-style-type: none"> 4. Strengthen the visibility of Francophone health professionals and develop programs to support them. (Page 47)
Recruitment and Retention	<ol style="list-style-type: none"> 5. Explore strategies to encourage health professionals to actively promote existing services and to offer more services available in French. (Page 51) 6. Explore how to better support newcomers seeking to have their professional credentials recognized. (Page 53)

02

Methodology

Areas of Focus

An evaluation framework has been developed to guide this study. This framework has been organized around the following area of focus. The questions raised for each area can be found in Appendix D — Evaluation Framework.



Scope of Services and Clientele

Examines what health services are offered across the region, including an assessment of the level and type of health services available in French, how they currently support Francophones in the Calgary area, and who seeks these services.



Accessibility

Examines the level of accessibility of health care in French in the Calgary area.



Capacity

Explores the capacity of healthcare providers to offer services in French in the Calgary area as well as the obstacles encountered.

Data Sources

The following data sources have been identified for this project.

01

Documents and Data

The documents and data sources provided by the RSA and publicly available information.

02

Stakeholder Engagement

The results of consultations with groups, community organizations, and individuals.

03

Surveys

The results of two surveys conducted with families, youth, seniors, and newcomers, as well as healthcare professionals in the Calgary area.

Data Sources – Documents and Data

Sources	Descriptions
Documents Provided by RSA	<p>The documentation on the Francophone medical clinic in Calgary and research publications provided by the RSA, including:</p> <ul style="list-style-type: none">• Characterization quest of pathological profiles, pathways, and implications regarding immigrants among CLOSM• College of Physicians and Surgeons of Alberta — On-site evaluations of IPAC• Information on the new physician remuneration model in Alberta• Study — Analyzing the Spatial Distribution and Language Abilities of Physicians in Alberta, Canada.
A modeling of health services and the Francophone population of the Calgary region (the model and/or the health services model prepared by KPMG).	<p>A mapping model was created to identify where the Francophone population lives and where health services in the region are located. The data sources used by the model include:</p> <ul style="list-style-type: none">• A compilation of available data from the College of Physicians and Surgeons of Alberta, the RSA directory, the albertafindadoctor.ca website, and the directory of the College of Physicians and Surgeons of Alberta (CPSA). The following treatments were applied to the data:<ul style="list-style-type: none">• Duplicate entries were eliminated.• The data provided by the CPSA was filtered by the criterion “Language other than English,” defined as “French.”• The data provided by albertafindadoctor.ca was filtered by the criterion “Clinician language,” defined as “French.”• The data provided by the RSA was filtered by postal address.• Each health service has been classified into one of six categories. More details on the categories and the number of services identified are provided on page 17.• The DemoStats 2024 database created by Environics Analytics. More details on this database are provided on page 15.• Mapping excerpts from the model are included in Appendix D (starting on page 92).

Data Sources – Documents and Data

Sources	Descriptions
Survey of the Public (Appendix A)	<ul style="list-style-type: none"> A survey distributed among the residents of the Calgary region, available in French and English, aimed to gather information regarding Francophones' experiences with health services. This survey identified existing gaps and opportunities to improve accessibility and the quality of healthcare for the Francophone community.
Survey of Health Professionals (Appendix B)	<ul style="list-style-type: none"> A survey distributed among healthcare professionals in the Calgary region, available in French and English, aimed to gather information regarding the healthcare system. This survey identified existing gaps and opportunities to improve accessibility and the quality of healthcare for the Francophone community from the perspective of healthcare professionals.
Consultation with Francophone Community Organizations (Appendix C)	<ul style="list-style-type: none"> A virtual consultation aimed at gathering information, from the perspective of community organizations, on the challenges faced by Francophones in the region and the opportunities that exist to improve access to health services in French.
Consultation with health professionals (Appendix C)	<ul style="list-style-type: none"> A virtual consultation aimed at gathering information on the challenges faced by Francophone health professionals in the region and the opportunities that exist to improve access to health services in French.
Consultation with organizations that serve newcomers (Appendix C)	<ul style="list-style-type: none"> A virtual consultation aimed at gathering information on the challenges faced by Francophone newcomers in the region and the opportunities that exist to improve access to health services in French.

Data Sources— DemoStats 2024

DemoStats is a database that includes estimates and projections for a comprehensive set of demographic and socio-economic attributes of the Canadian population. Built from the most complete set of data sources in the sector and advanced modeling techniques, it encompasses 734 variables spread across 42 demographic and socio-economic categories. DemoStats provides estimates and projections for the years 2019, 2024, 2027, 2029, and 2034. The reference date for DemoStats is July 1st, meaning that all statistics are estimates as of that date for the concerned year (which corresponds to the reference date used by Statistics Canada for its series of demographic and post-census estimates and projections). The variables in DemoStats are available at the six-digit postal code level (FSALDU) for current year estimates and at the dissemination area (DA) level for future year projections. DemoStats also provides historical estimates going back five years, using the same methodologies, to ensure accurate trend analysis. DemoStats is created using innovative methods that combine econometric, demographic, and geographical models. It utilizes a variety of data sources, including historical and the most recent census data, current economic indicators, post-census estimates from federal and provincial governments, immigration statistics, and economic data such as building permits. DemoStats includes variables on population, family structure, household size and type, ethnic diversity, labor market participation, and income. The income variables in this database include both averages and distributions.

Demographic Categories:

To estimate and make projections on the 42 demographic categories, a wide range of methodologies is used, including the projection of historical trends, various regression techniques, mathematical optimization, and machine learning. For each category, the best available approach is utilized based on the data sources and the understanding of the dynamics that drive the category. Furthermore, the methodology is adapted to the different geographical levels. The methods are adjusted according to the geographical level for two reasons:

- 1) Most external data sources are only available at higher geographical levels.
- 2) It is well known that the observed correlation and variance structures for a phenomenon at a given geographical level can be very different at other geographical levels. This is known as the Modifiable Areal Unit Problem (MAUP).

The CensusPlus 2021 database serves as the fundamental starting point for all categories. When authoritative data sources are available, they are used to advance the census data to the most recent year available in data sources. External data sources are also used to calibrate the models and establish relationships between the variables and categories in the DemoStats database.

More information about the DemoStats 2024 database and the methodology used is available at the following link: [Technical Documentation DemoStats 2024 April 2024](#)

Data Sources — Francophone Population

The completed model and analysis are based on the following categories of the Francophone population in the Calgary region:

French as a mother tongue: A projection derived from the data of the most recent census (2021) of respondents who identified French, French and English, French and a non-official language, or French, English, and another non-official language as their mother tongue (DemoStats 2024).

French spoken most often at home: A projection derived from the data of the most recent census (2021) of respondents who identified French, French and English, French and a non-official language, or French, English, and another non-official language as the language spoken most often at home (DemoStats 2024).

Note that in order to avoid data duplication, these two categories have been treated separately for this analysis.

The data for these two categories are identified below with the geolocation of the data indicated in Figures 1 and 2 to the right.

Figure 1 : French Mother Tongue — Population

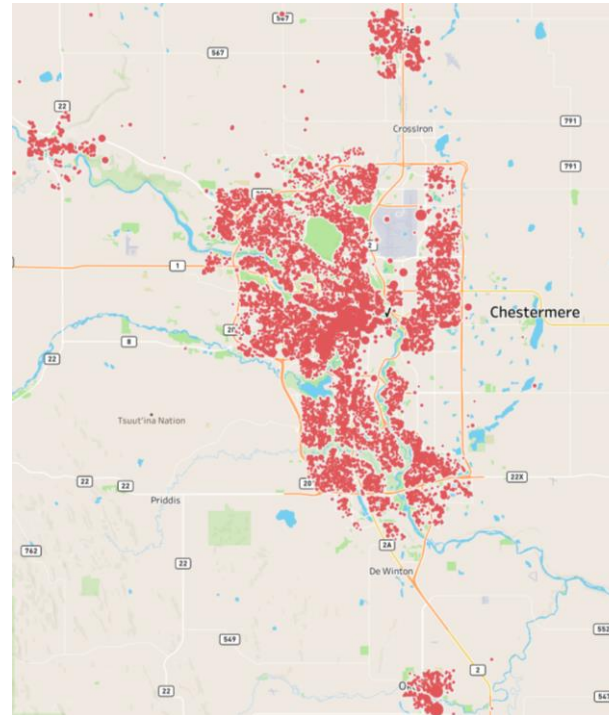
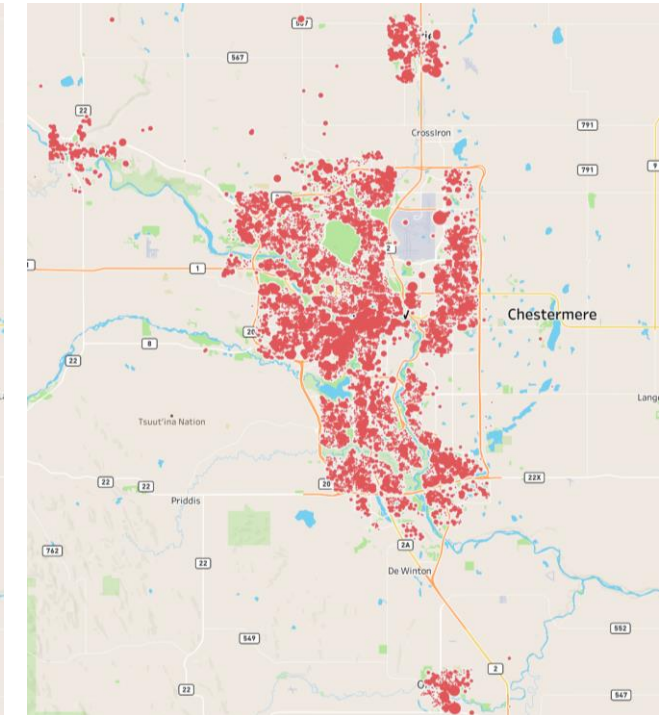


Figure 2 : French Spoken Most Often At Home — Population



Note: In this report, the term 'Francophone' is used to refer to these two categories.

French Mother Tongue

French Spoken Most Often At Home

21 153

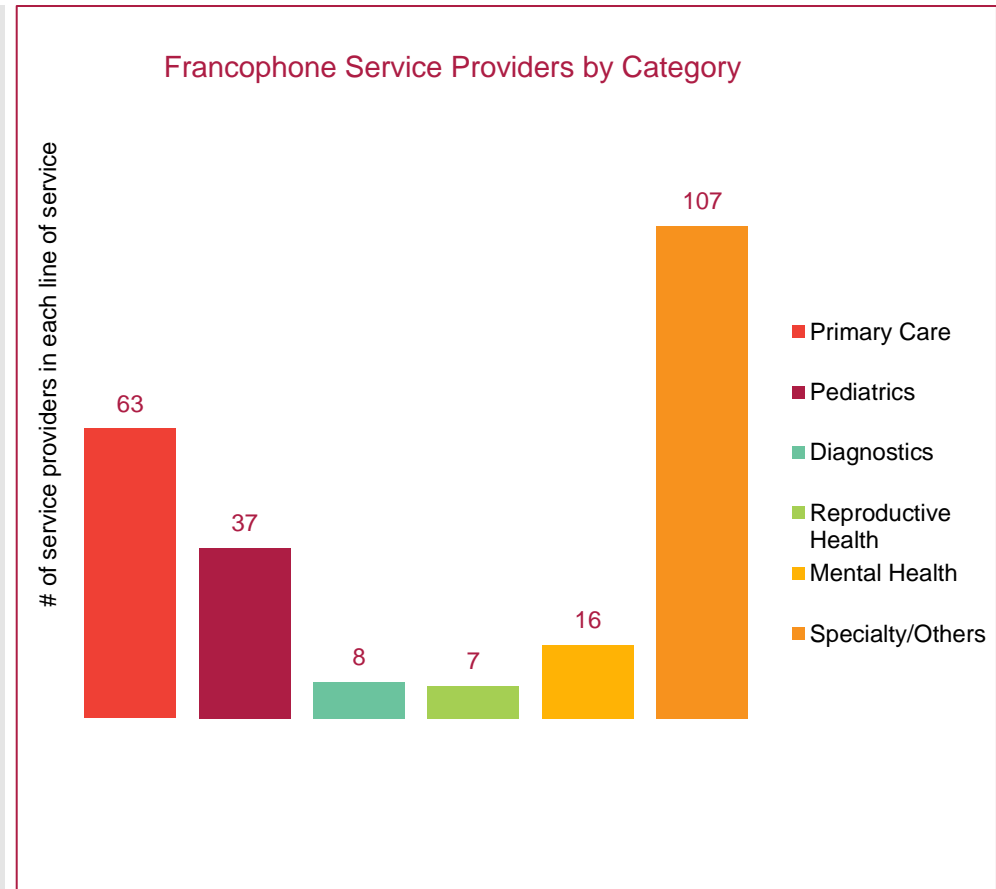
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Service Categories

The data on available services has been organized into six distinct categories. They are:

- **Primary Care:** Preventative services and treatment of common diseases provided by professionals such as general practitioners. These include vaccination, screening, and management of chronic illnesses.
- **Pediatrics:** A service dedicated to the health of children, from birth to adolescence. Pediatricians diagnose and treat conditions specific to the young, while providing advice on nutrition and development.
- **Diagnosis:** Services to identify diseases, including tests such as blood tests and X-rays. These examinations allow for accurate diagnoses, which are essential for treatment.
- **Reproductive Health:** Encompasses services related to reproduction and women, such as prenatal care, family planning, and gynecological services.
- **Mental Health:** Concerns emotional and psychological well-being, including the diagnosis and treatment of mental disorders and addiction.
- **Specialty/Others:** Includes medical fields requiring specific expertise, such as cardiology and oncology. This category may also encompass alternative services like acupuncture and naturopathic medicine.

The graph on the right illustrates the number of individuals in each group who identify as French speakers in the Calgary region.

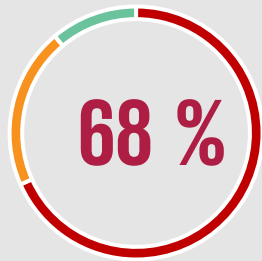


Source: CPSA Website

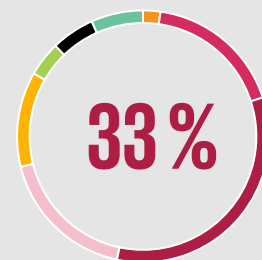
Public Survey Respondents Demographics

A summary of the demographic profile of respondents to the public survey is presented below. More details are provided in Appendix A.

180 Respondents



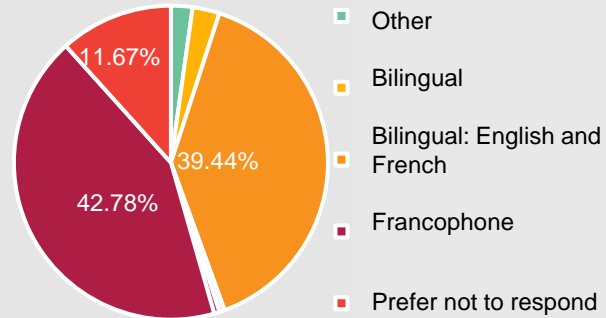
... respondents to the survey identified as women and



... respondents to the survey are aged 35 to 44 years.

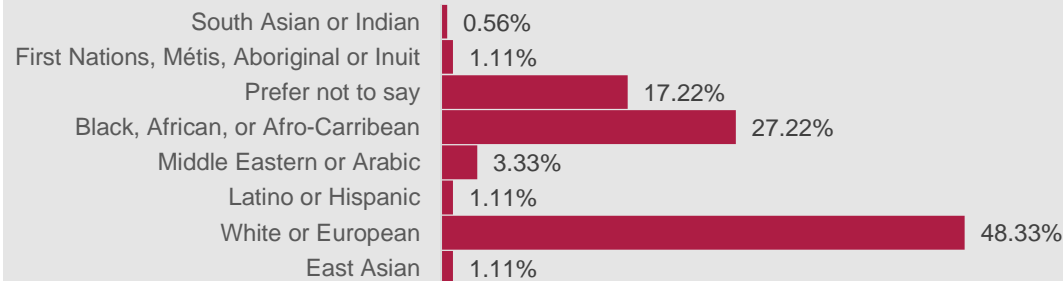
Linguistic Identity

The survey was primarily composed of respondents who were either Francophone (43%) or bilingual (English/French) (40%).



Racial/Ethnic Identity

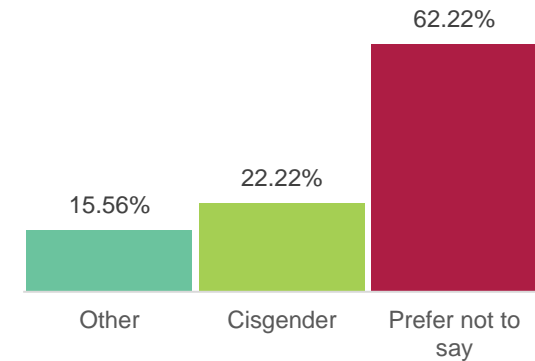
The racial or ethnic identity of the respondents was mostly composed of White or European origin individuals (48%) and Black, African, or Afro-Caribbean individuals (27%).



Gender Identity

Most respondents to the survey chose not to disclose their gender identity (62%).

Gender Identity



03

Observations



Scope of Services and Clientele (1/7)

The observations regarding the extent of available health services and those requesting them are presented below and on the following pages:

Observation 1 | The Francophone population in the Calgary region is distributed throughout the territory, with no neighbourhood standing out as having a significant concentration of residents.

Description

The Francophone population in the Calgary region, as shown on page 16, is spread across the territory in such a way that no neighborhood stands out as having a significant concentration of residents.

Rationale

The healthcare coverage model identified three areas with about 30 Francophone families (see the table below). However, this concentration represents less than 1% of the Francophone population in the region.

Number of French speakers by Postal Code

Postal Code	Description	# French Mother Tongue	# French Spoken Most Often At Home
T1S 1A1	Foothills County	37	13
T1S 1A2	Willowside Place and Crocus Meadows	31	11
T3N 0P5	Skyview Ranch	24	17
T2G 4Z9	Downtown Calgary	17	3
T3C 0M5	Beltline District (Downtown)	10	7

Source : The healthcare service model prepared by KPMG



Scope of Services and Clientele (2/7)

Observation 2 | There is a significant gap between the number of healthcare professionals who identify as French speakers and the experiences of Francophones in the region.

Description

Six distinct categories of health services have been identified, each featuring providers who identify as French-speaking. Within these categories, some health services stand out for having a greater availability of service providers than others. In particular, primary care providers and pediatric providers have a higher concentration of professionals identifying as French-speaking, while diagnostic and reproductive health services are less numerous. (See the data on page 17.)

In Alberta, there are approximately 25 physicians of all types available for every 10,000 residents (Canadian Institute for Health Information). However, based on the data from this study regarding the number of French-speaking health service providers and the Francophone population in the region, the Francophone population could be served at a rate of 79 physicians for every 10,000 residents. This indicates that Francophones could potentially benefit from better access to health care tailored to their needs compared to the general population.

Furthermore, according to the survey conducted among health professionals, a majority (81%) of respondents reported that they are currently accepting new patients, and 88% indicated that they have the necessary resources to provide health services in French. For more details and visual representations of this data, please refer to page 83 of Appendix B.

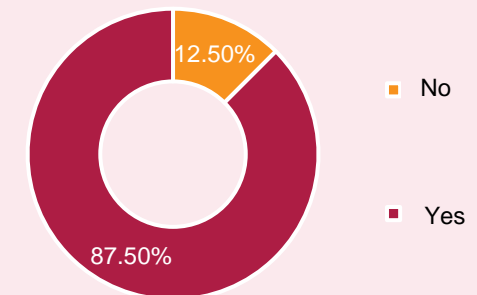
Source : The healthcare service model prepared by KPMG

Source : Canadian Institute for Health Information. [Nombre de médecins et d'infirmières par 10 000 habitants selon la région sanitaire, 2021](#)

Respondents Currently Accepting New Patients



Professionals who have the necessary resources to provide services in French



Source : Survey of health professionals prepared by KPMG

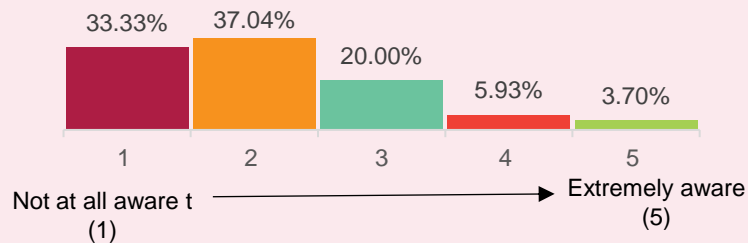


Scope of Services and Clientele (3/7)

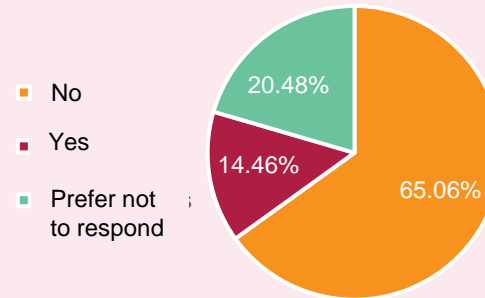
Observation 2 | There is a significant gap between the number of healthcare professionals who identify as French speakers and the experiences of Francophones in the region.

Although French-speaking health professionals seem to be available to serve the Francophone community in Calgary, there is a notable lack of awareness among Francophones regarding these services. As indicated in the graph below, 70% of respondents feel ill-informed about the services available to them. Furthermore, 65% of respondents have not had access to health services in French over the past five years (see the graph below), and 104 respondents reported having difficulties accessing these services. This disconnect indicates that, even though there are qualified providers who speak French, many individuals within the Francophone community are unaware of the availability of these services.

Survey respondents feel informed about the health services offered in French in their regions



Respondents who accessed health services in French in the past five years



Have you encountered difficulties accessing health services in French?	# of Respondents
Yes	104
No	27
Total	131

Rationale

Many health practitioners in Calgary identify as French speaking and, according to the survey, have the capacity to provide health services in French. They also seem to have the ability to currently accept new patients. However, the survey respondents reported that they were unaware of the French-language health services available, or that it is very difficult to find a French-speaking doctor.

Source : Public Survey prepared by KPMG



Scope of Services and Clientele (4/7)

Observation 3 | Francophone newcomers face unique challenges that can make access to health services even more difficult.

Description

According to Boniface, Bahi (2024), policies and programs that promote health equity are essential to improve health outcomes for newcomers identifying as linguistic minorities. These populations often face unique challenges that make equitable access to healthcare services more difficult.

Francophone newcomers in Canada generally start with good health, but this status deteriorates over time due to new lifestyles, dietary changes, and varied social relationships influenced by their Canadian environment. Mental health issues and chronic illnesses become significant challenges, reflecting a decline in overall well-being. This deterioration is often linked to negative stress stemming from the gap between their pre-migration aspirations and the realities of life in Canada. Consequently, these stressors can lead to family challenges, including problematic marital relationships and changes in parent-child dynamics, complicating the immigrant experience.

Furthermore, survey respondents expressed a need for educational programs aimed at healthcare providers that prepare them to serve newcomers. In fact, 96% stated that such programs are very important.

Stakeholder also highlighted the importance of addressing the cultural needs of residents when providing healthcare services. For instance, it is necessary to have female physicians available for Muslim women. This requirement becomes even more difficult when these patients also need a French-speaking doctor, as the availability of qualified professionals meeting both criteria is limited.

Source : Boniface, B., MacLeod, A., Piquemal, N., Kamin, M., Kamba, M., Vincent, D., Gaudet, L., & Dionne, M. (2024). *Quête de caractérisation des profils pathologiques, itinéraires et implications, sur les immigrants chez les CLOSM*. Citoyenneté, immigration et réfugiés Canada (CIRC)/Réseau Santé Alberta (RSA).

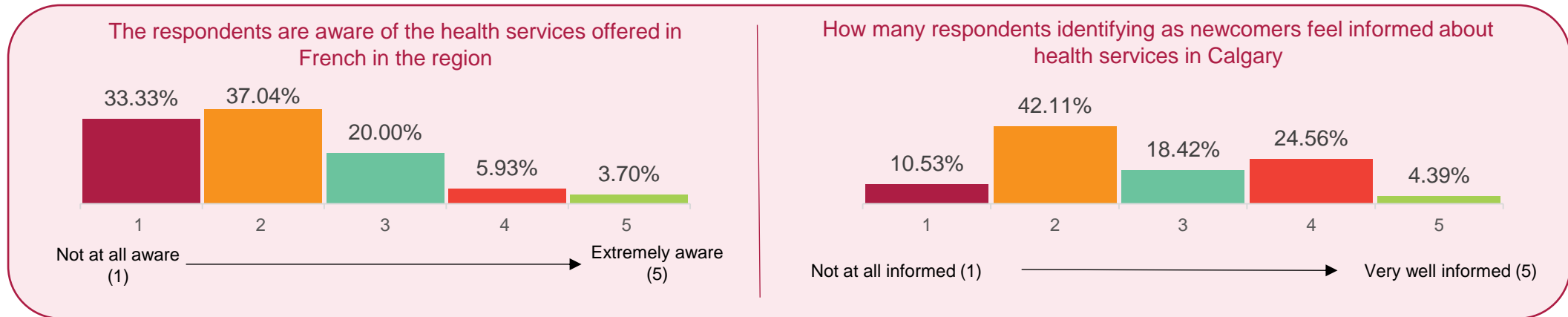


Scope of Services and Clientele (5/7)

Observation 3 | Francophone newcomers face unique challenges that can make access to health services even more difficult.

Description

Despite these challenges, it is important to note that a smaller proportion (53%) of those new to Calgary (i.e., 0 to 5 years) feel misinformed about health services in Calgary compared to 70% of all respondents. (See the graphs below) This difference could be partially attributed to the support offered by settlement services, which are often called upon to assist newcomers at various levels.



Source : Public Survey prepared by KPMG

Rationale

Language barriers significantly hinder access to healthcare for Francophone newcomers, resulting in health inequities compared to their Anglophone counterparts. In designing health services for the region and in future development activities, it will be important to take this reality into account and develop services tailored to their needs. In particular, it will be crucial to develop training programs for health professionals in the region, to better equip them with the cultural competencies required to serve this population effectively.



Scope of Services and Clientele (6/7)

Observation 4 | The number of newcomers from countries where French is recognized as an official language or where there is a significant Francophone population has increased by 31% since 2019 in the Calgary area.

Description

The number of newcomers from countries where French is recognized as an official language, or where there is a significant Francophone population, has increased since 2019. This trend highlights that the demand for healthcare services provided in French, as well as the necessity for training, and translation and interpretation services, is increasing or is at risk of increasing rapidly. It will be important to ensure that health systems are equipped to meet the linguistic and cultural needs of these individuals and families.

Rationale

Demographic changes in the region present unique needs that must be addressed to ensure that the services offered are both accessible and culturally appropriate. In particular, the rapid growth of Francophones from the Maghreb—specifically from Algeria, Morocco, and Tunisia—highlights the necessity for the RSA to develop targeted strategies to engage and effectively serve these communities. It is crucial to identify the expanding populations and understand the disparities between the available services and the specific needs of these groups.

Number of Newcomers from Countries Where French is Recognized as an Official Language, or Where There is a Significant Francophone Population

Native Country	2019	2024	+/- %
Morocco	842	1404	66,7 %
Tunisia	387	613	58,4 %
Cameroon	1,151	1,757	52,6 %
Côte d'Ivoire	222	304	36,9 %
Haïti	508	587	15,6 %
France	1,317	1,521	15,5 %
The Democratic Republic of Congo	938	1,046	11,52 %
Algeria	698	732	4,9 %
Total	6,063	7,964	31,3 %



Scope of Services and Clientele (7/7)

Observation 5 | Since the closure of the Francophone medical clinic in Calgary, certain factors that negatively impacted its viability have evolved.

Description

The Calgary region has experienced significant demographic changes over the past five years, including a general population growth and a notable increase of 31% in Francophone immigrants in Calgary, as illustrated in the table below. These demographic changes indicate that a growing demand for health services tailored to the Francophone community is likely.

Total Number of Immigrants from Countries Where French is Recognized as an Official Language, or Where There is a Significant Francophone Population

	2019	2024	+/- %
Total	6,063	7,964	31,3 %

Moreover, Alberta has introduced a new compensation program for family physicians, called the 'Alternative Relationship Program,' which will come into effect in 2025. This program will allow physicians with a roster of at least 500 patients to benefit from this new remuneration model. Physicians will be able to be reimbursed based on other factors, in addition to fee-for-service remuneration, such as the number of patients, administration, and the number of hours worked. The complexity of cases will also be taken into account. This flexibility could benefit a model like that of the francophone medical clinic in Calgary, as stakeholders consulted indicated that the compensation model available at the time of the clinic was a significant barrier to its viability.

Rationale

According to the study, the francophone medical clinic in Calgary closed due to a lack of funding, underutilization of services, and obstacles posed by the physician compensation model (i.e., fee-for-service), which created recruitment and retention challenges. The recent demographic changes in the Calgary area, along with the new compensation model for physicians, suggest that the current environment could be more favorable for establishing and sustaining a central clinic. However, a detailed feasibility study is necessary to better understand the impact of these changes and to develop a viable model that can address a larger number of needs.

Source : The healthcare service model prepared by KPMG

Source : *Government de l'Alberta, Primary Care Physician Compensation Model.* <https://www.alberta.ca/primary-care-physician-compensation-model>



Accessibility (1/5)

Observation 6 | Most Francophones in the Calgary region live near a healthcare provider who identifies as French speaking, but they do not seem to be able to benefit from the available services.

Description

According to the health services model, despite the distribution of the Francophone population across the entire territory, the vast majority reside within a 15-minute drive or 5 km from a primary care provider who identifies as speaking French (see the tables below). Despite this, 71% of survey respondents indicated that they do not have a family doctor who speaks French, and 73% state that it is difficult to be accepted by a Francophone family doctor in the region (see the graphs below and in Appendix A).

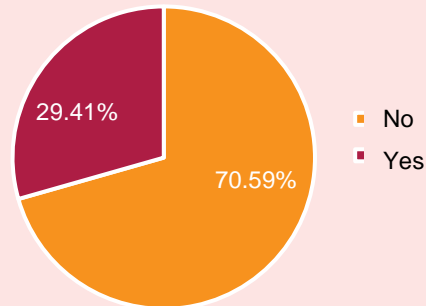
People With Access to Primary Care Within a 15-Minute Radius — Mother Tongue

Service	Access	% French Mother Tongue
Primary Care	Yes	99.45%
	No	0.55%

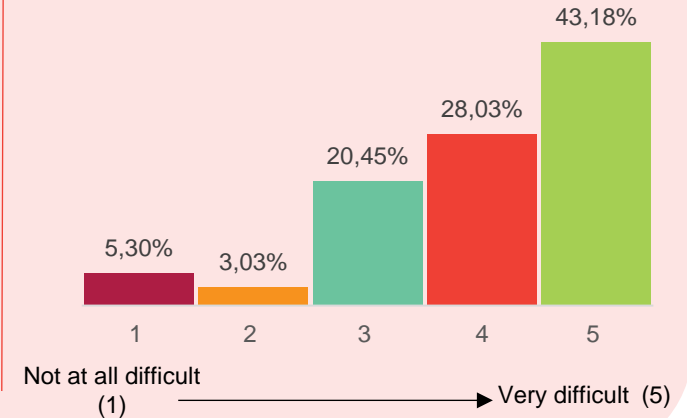
People with Access to Primary Care Within a 5 km Radius — Mother Tongue

Service	Access	% French Mother Tongue
Primary Care	Yes	90.87%
	No	9.13%

Respondents With a Family Doctor Who is Able to Serve Them in French



Level of Difficulty in Being Accepted by a Francophone Family Doctor in Calgary



Source : The healthcare service model prepared by KPMG



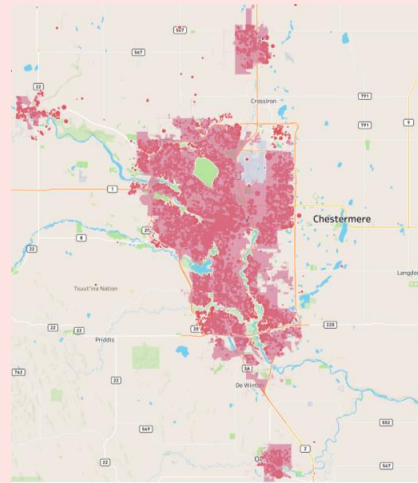
Accessibility (2/5)

Observation 6 | Most Francophones in the Calgary region live near a healthcare provider who identifies as French speaking, but they do not seem to be able to benefit from the available services.

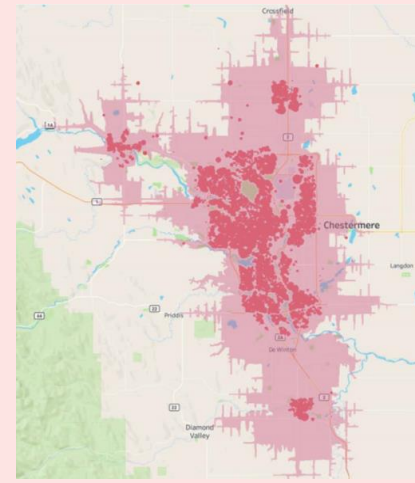
Description

The figures 3 and 4 below illustrate the Francophone population, represented by red dots, and the areas (pink) where these residents can access primary health services within a 15-minute timeframe or within a radius of 5 km.

Areas With a Primary Care Provider Within a Distance of 5 Kilometers



Areas With a Primary Care Provider Within a Travel Time of 15 Minutes



Note : The red dots represent postal codes with Francophone residents and the pink area indicates whether these families are located within 5 km or a 15-minute drive from a French speaking primary health services.

Rationale

Although Francophones in the region may live near primary healthcare services in French, the survey reveals that the majority of residents are unable to access the services or are unaware of their existence. This situation highlights a critical gap in the population's awareness of available services.



Accessibility (3/5)

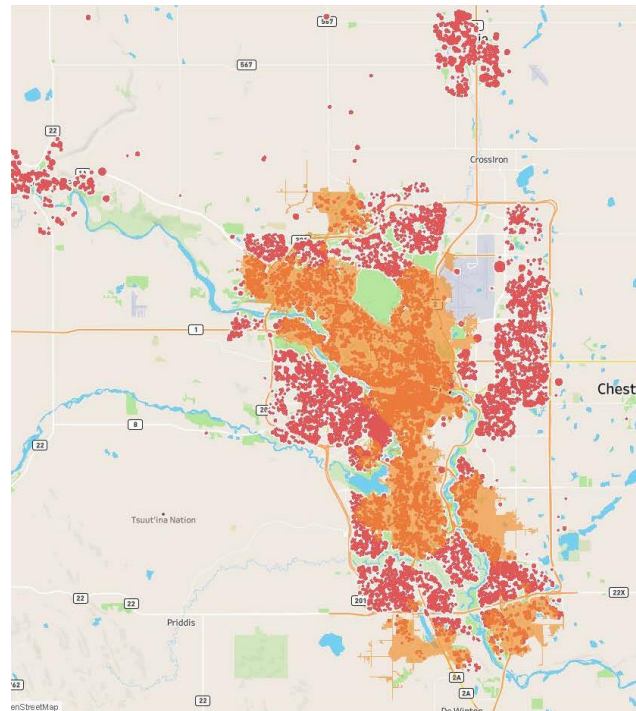
Observation 7 | Health services dedicated to children could be better integrated with schools to improve access.

Description

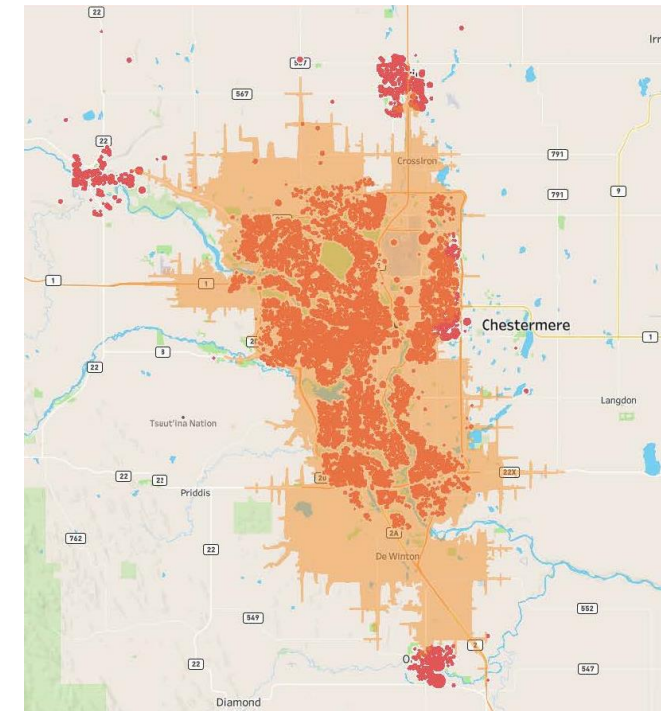
There is a disparity in the level of access to pediatric services for Francophone families in Calgary, particularly for those with mobility challenges. These families, who do not live within a 5-kilometer radius of a service, may face additional difficulties in accessing essential healthcare for their children. In contrast to those with access to a vehicle, who can more easily reach a service within a 15-minute drive or less.

The figures on the right compare the areas (in orange) where French pediatric care services are available within 5 kilometers or less, or with a driving time of 15 minutes or less. These areas highlight that the available mode of transportation significantly contributes to the level of access to French pediatric services in the region.

Areas With Pediatric Services Within 5 Kilometers of Distance



Areas With Pediatric Services Within a 15-Minute Travel Time



Note : The red points represent postal codes with French-speaking families, and the orange area indicates whether these families are located within 5 km or a 15-minute drive from pediatric services.

Source : The healthcare service model prepared by KPMG.



Accessibility (4/5)

Observation 7 | Health services dedicated to children could be better integrated with schools to improve access.

Description

This disparity is exacerbated by a **lack of resources** within schools (see page 86 of Appendix B). Several stakeholders expressed that schools are a conducive place for accessing health services. In fact, the majority of Francophones in Calgary live near a Francophone school or a Francophone immersion program (see the tables on page 97), and for those who are not nearby, it is likely that school transportation allows them to bridge the gap. However, according to the study, the resources dedicated to this approach are insufficient.

It is important to note that this issue is not unique to pediatric services. The consulted stakeholders also indicated that mental health services in schools are inadequate. Often, there is only one psychologist available per school board, which limits the capacity to meet the mental health needs of all students. This lack of mental health professionals creates a challenging environment for both students and educators, as it becomes increasingly difficult to provide the necessary supports to those in need. Overall, improved integration of health services dedicated to children with schools is required.

Rationale

The level of accessibility to pediatric services for the Francophone population in the region depends on the family's level of mobility (e.g., access to a car); however, some services are already offered in schools, including mental health services. There is, therefore, an opportunity to better integrate health services, especially those dedicated to children, with schools.



Accessibility (5/5)

Observation 8 | Health service directories are ineffective.

Description

The survey respondents and stakeholders, expressed concerns regarding the effectiveness of online directories for finding French-speaking health professionals. They noted that the existence of several directories containing sometimes contradictory information makes it difficult to use these resources reliably. Additionally, it was mentioned that the directories lack information, particularly about the availability of doctors. As a result, the process and effort required to contact the identified doctors can be lengthy, as it is necessary to call each clinic to identify who is available. This process is made even more challenging by the fact that, although a doctor identifies as speaking French, it is rare for the administrative staff at the clinic to also speak French. This can create even more barriers to access.

"We do not know where the French-speaking doctors are, and we also do not know where to look for them online without having to search for two hours." — Survey respondent.

Rationale

Although the existing directories identify several service providers in French, the lack of critical information, such as the availability of providers to accept new clients, and the lack of alternatives to contact the clinics (e.g., phone number only) contribute to making the current service directories ineffective.



Capacity (1/2)

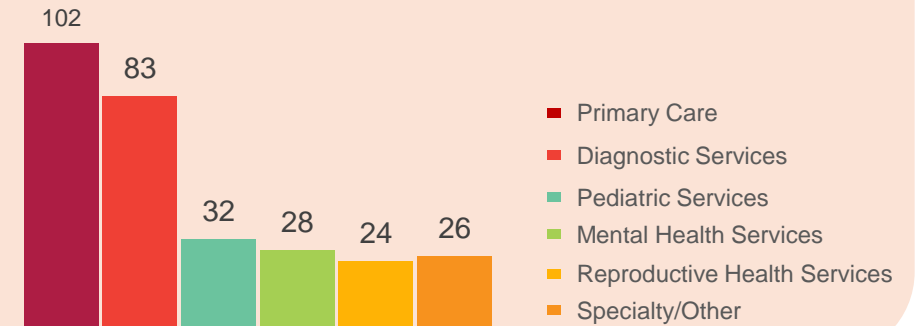
Observation 9 | Health professionals who serve Francophones encounter obstacles that they do not face when serving Anglophones.

Description

Serving Francophone clients presents unique challenges for health service providers, which can impact the effectiveness and quality of care offered. For instance, according to respondents of the health professionals' survey, the time required for neurodevelopmental diagnostic tests demands more time and effort. They often have to translate the necessary tests and documents themselves or hire a translator to ensure that questions and results can be interpreted accurately. These additional efforts incur extra costs, which are often not recoverable by the service provider.

It is noteworthy that, according to the survey respondents, over the past five years, diagnostic services have been ranked as the second most utilized health service (see the graph on the right).

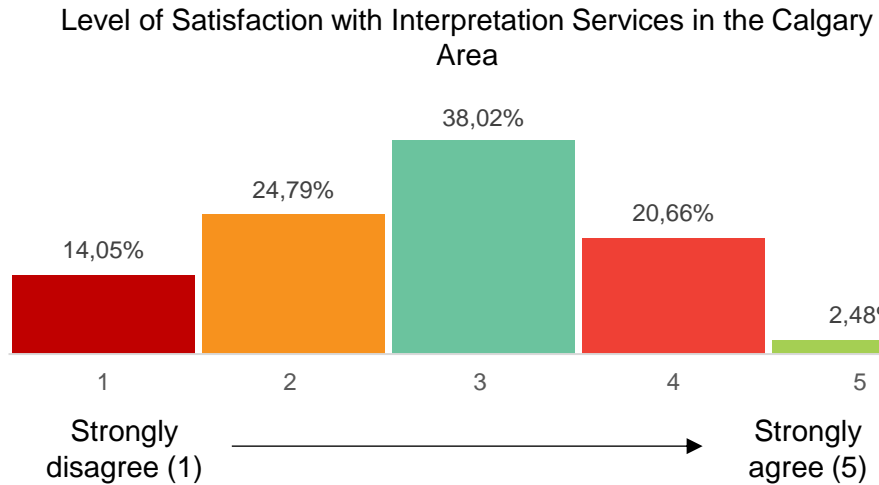
Services Used by Respondents in the Last Five Years





Capacity (2/2)

Observation 9 | Health professionals who serve Francophones encounter obstacles that they do not face when serving Anglophones.



Description

Another major challenge that health professionals face is the inadequacy of translation services as a substitute for direct communication with patients in their native language. While these services can facilitate communication, they are often insufficient in several critical areas. Indeed, 39% of survey respondents reported being dissatisfied with translation services.

Stakeholders highlighted several challenges related to the use of translation services, which risk leading to misdiagnosis. For example:

- The patient may be misinterpreted,
- Clients may be shy, uncomfortable or hesitant to share critical details,
- Difficulties in conveying emotional nuances.

Rationale

The extra effort and costs associated with providing services in French can affect the quality of service and create additional barriers for French-speaking service providers.

04

Recommendations

Strategic Pillars

On March 14, 2025, a co-creation session was conducted with the RSA team. This collaborative approach allowed for the definition of four strategic pillars that gather recommendations aimed at addressing the findings of this review and facilitating access to health services for the Francophone community in Calgary. These pillars are described below.

01

Promotion and Awareness

Brings together recommendations aimed at strengthening and improving the promotion of services and tools available in the region, in order to raise awareness among Francophone residents of the Calgary area.

02

New Service Delivery Model

Brings together potential actions aimed at conceptualizing and implementing a new health service delivery model for the Calgary area.

03

Support for Health Professionals

Gathers recommendations aimed at better responding to the needs of health professionals who offer, or who can offer, services in French.

04

Recruitment and Retention

Gathers recommendations aimed at supporting the recruitment and retention of Francophone health professionals.

Promotion and Awareness

Promotion and Awareness | Recommendation 1

Recommendation 1 | Improve the functionalities of the existing directories in order to facilitate access to available services.

Description

The RSA should integrate additional features into its directory of professionals to improve the user experience and facilitate the search for available services. This could include adding a geographical map showing the locations of services, as well as updated information identifying which professionals are accepting new patients. Furthermore, the RSA should collaborate with other sites to ensure that information is accessible in French (e.g., albertafindadoctor.ca).

Potential Action Plan:

Action 1: Integrate a mapping feature to locate services

Action 2: Explore the possibility of integrating a booking tool and/or an indicator of the availability of professionals.

Action 3: Initiate collaborations with Alberta Primary Care, the PCNs, and the CPSA to translate their directory.

Rationale

This recommendation aims to address Observations 6 and 8, which highlight that many people are unaware of the services available to them and that there is a general lack of awareness regarding access to these services. It also seeks to tackle the level of effort that users must expend to determine which professionals are capable and/or available to serve them.

Actions

Action 1 | Integrate a mapping feature to locate services.

- Identify a service provider that could ensure the integration of a mapping function that indicates the location of health professionals. This could include a geolocation feature that identifies the distance of a service from a user and lists services in order of proximity, from nearest to farthest.

Details

Promotion and Awareness | Recommendation 1

Actions	Details
<p>Action 2 Explore the possibility of integrating a booking tool and/or an indicator of the availability of professionals.</p> <p>Action 3 Initiate collaborations with Alberta Primary Care, the PCNs, and the CPSA to translate their directory.</p>	<ul style="list-style-type: none">• Initiate discussions with the CPSA, the PCNs, and other partners to explore the possibility of integrating features into existing directories, such as member availability and facilitating the booking system.• Identify a technology service provider capable of ensuring the integration of the systems.• Incorporate features such as an availability indicator and an appointment booking system into the RSA directories to reduce the need to navigate between multiple web pages and make numerous phone calls to identify available services.• Consult with the CPSA, the PCNs, and other stakeholders to encourage them to translate their directories, which are currently available only in English, into French.

Promotion and Awareness | Recommendation 1

Action 1 Action 2 Action 3	Advantages	Risks	Mitigations
	<ul style="list-style-type: none"> Facilitates the identification of available health services near one's home. Facilitates the identification of professionals who are currently accepting new clients. May serve as an entry point to enhance partnerships between the RSA and organizations that manage health service directories in Alberta. 	<p>The administrative burden associated with keeping the new features up to date could be significant.</p> <p>A lack of alignment among the current priorities of partners and constraints related to data regulation could create significant obstacles</p>	<ul style="list-style-type: none"> Explore approaches that promote the automation of processes. Initiate preliminary discussions with potential partners (e.g., CPSA, Alberta Primary Care, PCN, etc.) to assess the potential and requirements for implementing these recommendations.

Promotion and Awareness | Recommendation 2

Recommendation 2 | Increase the promotion of health services and support tools available in French.

Description

Public promotion and awareness efforts are necessary to inform Francophones in the Calgary area about the services currently available to them, as well as existing support tools such as health service directories. The RSA, in partnership with local organizations, is well positioned to lead promotional campaigns aimed at raising awareness of these resources.

Potential Action Plan :

Action 1: Identify and confirm the services and resources currently offered in French.

Action 2: Create partnerships with service providers and community organizations.

Action 3: Develop and implement a promotional campaign aimed at raising awareness of the available services and tools among residents of the area.

Rationale

This recommendation aims to address Observations 3, 6, and 8 by intensifying awareness efforts in the region. Although there are many health services presenting themselves as French speaking and resources such as service directories, residents of the area, particularly newcomers, are often poorly informed about the health services available in French. A coordinated effort to better promote these services could help make healthcare in French more accessible to all.

Actions

Action 1 | Identify and confirm the services and resources currently offered in French.

- A comprehensive evaluation of the health resources currently available for Francophone individuals in Calgary should be conducted to ensure that service directories are up to date.

Details

Promotion and Awareness | Recommendation 2

Actions	Détails
Action 2 Create partnerships with service providers and community organizations.	<ul style="list-style-type: none">• Alongside Action 1, an awareness effort among service providers would be essential to confirm their desire to participate and benefit from these promotional efforts. These efforts would also allow the RSA to become better known among health professionals in the region.
Action 3 Develop and implement a promotional campaign aimed at raising awareness of the available services and tools among residents of the area.	<ul style="list-style-type: none">• The RSA will need to identify marketing service providers who could work with them to develop promotional campaigns tailored to the needs of the region and aimed at raising awareness of the RSA's services, local professionals, and the locations where these services are available. It will be essential to include community organizations, schools, and health centers in these efforts, in addition to traditional and modern marketing channels.

Promotion et sensibilisation | Recommandation 2

Action 1 Action 2 Action 3	Advantages	Risks	Mitigations
	<ul style="list-style-type: none"> Well-designed promotional campaigns can be effective in raising awareness among the population about available services. Adapting approaches to the community's needs ensures a clear and accessible presentation of information, which is crucial for individuals facing language barriers or having limited health literacy. 	<p>The design and implementation of effective promotional campaigns may require significant financial resources.</p> <p>The use of outdated or incorrect information in promotional campaigns can mislead individuals seeking health services and harm the reputation of the RSA.</p> <p>Even a well-designed campaign may not resonate with the target audience if it does not take into account the cultural and social specifics of the community.</p>	<ul style="list-style-type: none"> The RSA could identify key partners who could support the funding of these campaigns. This could include the provincial government and service providers who are likely to benefit from the increased visibility of their services. A meticulous effort to confirm and keep the data used in the campaigns up to date could mitigate this risk. Including service providers in the process of conceptualizing and reviewing the campaigns could support these efforts. Including organizations that represent and/or work with target populations could ensure that specificities are taken into account throughout the conceptualization and implementation process of the campaign.

New Service Delivery Model

New Service Model | Recommendation 3

Recommendation 3 | Design and develop an integrated service delivery model in partnership with established partners.

Description

There are integrated service models that could serve as an effective basis for centralizing services and support aimed at Francophones. The RSA could consider developing a partnership with a center like The Alex, where Francophone professionals are already present, in order to improve the coordination and continuity of care by integrating various health and support services tailored to the needs of Francophones in the region.

Potential Action Plan:

Action 1: Design a service model and a collaborative framework describing how various health services can work together to provide coordinated care.

Action 2: Promote the model to potential partners (e.g., The Alex, provincial government, AHS, Covenant Health, and school boards).

Action 3: Establish partnerships and implement the service model.

Rationale

This recommendation aims to address Observations 1, 3, 5, and 7, which highlight barriers to accessing healthcare as well as a significant lack of public knowledge regarding seeking support and the resources available for their health needs. Despite the closure of a centralized clinic, it remains essential to have a central location that offers a range of services and support to Francophone residents. An integrated model in collaboration with an existing center, including additional services such as navigation assistance, could overcome many challenges faced by the region.

Actions

Action 1 | Design a service model and a collaborative framework describing how various health services can work together to provide coordinated care.

- The RSA will need to develop a service model that identifies all the necessary services to meet the needs and overcome the obstacles faced by residents in the region. This could include primary care, navigation services, a hotline, mobile services, services offered in schools, etc.
- The model should also include a collaborative framework describing how various health services can work together to provide coordinated care. This framework should incorporate communication protocols, referral processes, and shared resources among providers to ensure continuity of care.

Details

Nouveau modèle de service | Recommandation 3

Actions	Détails
<p>Action 2 Promote the model to potential partners (e.g., The Alex, provincial government, AHS, Covenant Health, and school boards).</p>	<ul style="list-style-type: none"> The RSA will need to work on identifying key partners for the new model and ensuring their adherence to the proposed approach. A starting point to consider would be The Alex, which offers a range of services including mental health and addiction support, urgent medical care, social wellness programs, and community support services.
<p>Action 3 Establish partnerships and implement the service model.</p>	<ul style="list-style-type: none"> RSA will need to establish the partnership, including the types of partnerships, the objectives, and the necessary resources (both human and financial). RSA can then proceed with the implementation of the model.

Action 1 Action 2 Action 3	Advantages	Risks	Mitigation
	<ul style="list-style-type: none"> An integrated model of health services will provide all Francophones in the region with a single point of access to receive, know, and navigate health care in French. 	<p>It can be difficult to promote the model to all Francophones in the region.</p> <p>Residents who already have access to an established English-speaking service may be reluctant to adopt the new service model.</p>	<ul style="list-style-type: none"> A dedicated budget for promotion, key partnerships, and community involvement in the development process could help raise awareness of the new model among residents. The model offers a variety of services, so its viability does not rely on a single key service.

Support for Health Professionals

Support for Health Professionals | Recommendation 4

Recommendation 4 | Strengthen the visibility of Francophone health professionals and develop programs to support them.

Description

Health professionals often cannot dedicate efforts to promoting their services. Although they are aware of the challenges they face daily, they also lack the time and resources to address them. In addition to its directory, the RSA could propose initiatives to promote health professionals and support them through programs tailored to their needs. This could include the creation of a linguistic identifier, the translation of documents, networking opportunities, and training aimed at developing their cultural and linguistic skills.

Potential Action Plan:

Action 1 : Establish a network that brings together Francophone health professionals.

Action 2 : Identify priority supports and programs.

Action 3 : Implement supports and programs.

Rationale

This recommendation aims to address Observations 9 and 2, which highlight notable challenges regarding capacity and awareness for health professionals as well as for the Francophone public in accessing health services in French. It is important to recognize that health professionals require increased support, particularly through training and resources, in order to address the needs of the Francophone community and promote better mutual understanding.

Actions

Action 1 | Establish a network that brings together Francophone health professionals.

- The RSA should create communication and collaboration platforms, organize networking events and workshops, and promote joint initiatives to strengthen ties and share best practices.

Details

Support for Health Professionals | Recommendation 4

Actions	Details
Action 2 Identify priority supports and programs.	<ul style="list-style-type: none">• The RSA, in consultation with the professionals who have joined the network, will need to identify priority supports and services. This could include:<ul style="list-style-type: none">• Reviewing essential documents and resources for healthcare professionals that are not yet available in French.• Advocating for translation and promoting the importance of translating these documents to enable healthcare professionals to better serve Francophone patients.• Raising awareness among decision-makers about the necessity of prioritizing these translations.• Creating a centralized library of resources in French, including guidelines, research articles, and essential educational materials for healthcare professionals.• Designing and implementing identifiers such as badges or labels indicating healthcare professionals' language proficiency to facilitate better communication between professionals and patients, minimizing language barriers.• Expanding the "Café de Paris" initiative, originally launched in New Brunswick and now extended to Alberta. This program is specifically designed to help Anglophone healthcare professionals improve their French proficiency through interactive and engaging language practice. Participants also have access to resources that support the delivery of high-quality services in both languages.
Action 3 Implement supports and programs.	<ul style="list-style-type: none">• Create an implementation plan for the establishment of the network, the identified programs, and supports, then activate the plan.

Support for Health Professionals | Recommendation 4

Action 1 Action 2 Action 3	Advantages	Risks	Mitigations
	<ul style="list-style-type: none">• Programs and supports designed in partnership with the professionals who will benefit from them should ensure that they are tailored to their needs while respecting their capacity level.• Better equipping health professionals with networking opportunities and programs designed to support their work contributes to increasing the quality and access to health services in French in the region.	<p>Each potential program and support should be evaluated individually in order to properly identify the risks.</p> <p>The level of adherence to a network of Francophone health professionals may not be sufficient to adequately represent priority needs.</p>	<ul style="list-style-type: none">• The implementation plans must include an evaluation step to identify the risks associated with each program and support.• Implementation plans must include an evaluation stage to identify the risks associated with each program and support measure.

Recruitment and Retention

Recruitment and Retention | Recommendation 5

Recommendation 5 | Explore strategies to encourage health professionals to actively promote existing services and to offer more services available in French.

Description

Offering services in French often incurs additional efforts and costs for healthcare professionals, which are not recognized by the current system. To address this reality, incentives such as additional compensation could motivate professionals to be more active in offering their services in French.

Potential Action Plan:

- **Action 1:** Explore the feasibility of recognizing language as a contributing factor to case complexity.
- **Action 2:** Identify and pursue other forms of incentive measures that could increase the number of health professionals offering services in French.

Rationale

This recommendation aims to address Observations 4 and 9 by implementing incentives to expand the active provision of health services in French and acknowledging the additional efforts and costs associated. Furthermore, the introduction of incentives related to the language of service could increase the number of professionals offering these services, as this recognition could support recruitment initiatives.

Actions

Action 1 | Explore the feasibility of recognizing language as a contributing factor to case complexity.

- The study identified that language is a factor that increases the level of complexity required to address clients. The RSA could work to make stakeholders aware of this reality.
- Subsequently, the RSA will need to work in concert with stakeholders to ensure that this recognition is formalized by integrating language into the complexity tables of the Primary Care Physician Compensation Model (PCPCM), which would allow physicians to be compensated for services provided in French, among other languages.

Details

Recruitment and Retention | Recommendation 5

Actions	Details
<p>Action 2 Identify and pursue other forms of incentive measures that could increase the number of health professionals offering services in French.</p>	<ul style="list-style-type: none"> It is necessary to explore other incentive measures that can contribute to the recruitment and retention of health professionals, especially in other disciplines that are not part of the PCPCM (e.g., nurses, psychologists, dentists, etc.). This could include other forms of financial incentives, such as bonuses or salary increases for services in French, as well as non-financial benefits, such as opportunities for continuing education, professional recognition, or improved working conditions.

Action 1 Action 2	Advantages	Risks	Mitigations
	<ul style="list-style-type: none"> Recognizing the additional efforts required to serve minority language populations well could lead to an increase in the active offering of services and encourage more French-speaking health professionals to choose Alberta as their place of work. 	<p>The stakeholders' adherence to this recognition could be difficult and may never materialize.</p> <p>The process could be long and complex.</p>	<ul style="list-style-type: none"> The use of evidence could facilitate stakeholder buy-in. Including other minority languages in the approach could strengthen the need among stakeholders. A detailed plan that identifies who, what, and how to achieve the targeted objectives would be crucial.

Recruitment and Retention | Recommendation 6

Recommendation 6 | Explore how to better support newcomers seeking to have their professional credentials recognized.

Description

The processes to recognize foreign-acquired professional credentials and skills can be long and difficult. The RSA should explore how newcomers seeking to navigate this process could be supported to facilitate their experience and encourage more people to pursue this recognition.

Potential Action Plan:

Action 1 : Examine the accreditation process and identify the greatest obstacles.

Action 2 : Create or strengthen partnerships with established organizations that offer support services to healthcare professionals trained abroad.

Rationale

This recommendation addresses the concerns raised in Observations 9 and 4 and aims to cater to the growing population in the region. It is clear that there will be an increasing need for Francophone health professionals, and newcomers could partially fill the current and future needs. Facilitating the process of credential recognition could encourage more trained immigrants to settle in the region, including those who speak French.

Actions

Action 1 | Examine the accreditation process and identify the greatest obstacles.

- A study of the credential recognition process, which identifies the greatest obstacles encountered, is crucial to determine which actions the RSA could prioritize in order to better serve the target population and increase the number of French-speaking professionals interested in pursuing this process or settling in Alberta.

Details

Recruitment et Retention | Recommendation 6

Actions		Details	
<p>Action 2 Create or strengthen partnerships with established organizations that offer support services to healthcare professionals trained abroad.</p>		<ul style="list-style-type: none"> Once the obstacles are identified, the RSA will need to create or strengthen partnerships with organizations such as AIMGA (Alberta International Medical Graduate Association) to support programs and resources aimed at reducing barriers and encouraging professionals to follow the process. Promoting these programs and resources could also facilitate the recruitment of immigrants with healthcare training. 	
Action 1 Action 2	Advantages	Risks	Mitigations
	<ul style="list-style-type: none"> Well-developed programs and supports can empower newcomers by providing them with the necessary information to navigate the accreditation process confidently and increase the number of people who choose Alberta. 	<p>The existing barriers can be complex, and the time required to complete the recognition of credentials can be lengthy. The resources needed could be significant.</p>	<ul style="list-style-type: none"> It is important to work closely with accreditation organizations and experts to ensure that resources are adapted to the realities on the ground. Financial and interdisciplinary partners could provide comprehensive support to the needs of newcomers (e.g., housing, further studies, mentoring, etc.).

05

Appendix

Appendix A

Summary of Public Survey Results

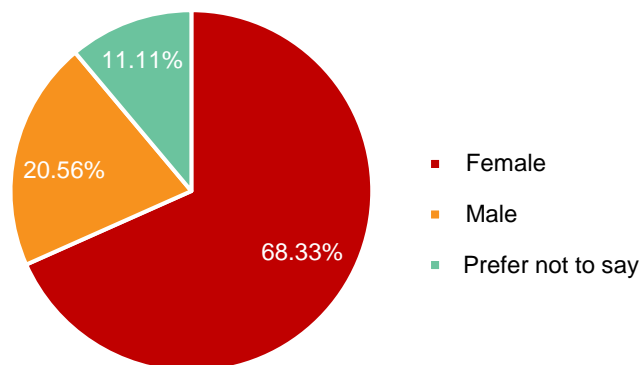
Public Survey Results — Demographics

A survey was conducted among residents of the Calgary region between February 4 and February 13, 2025, to gather information about their experiences related to accessing health services in French. The results of this survey are presented in detail on the following pages.

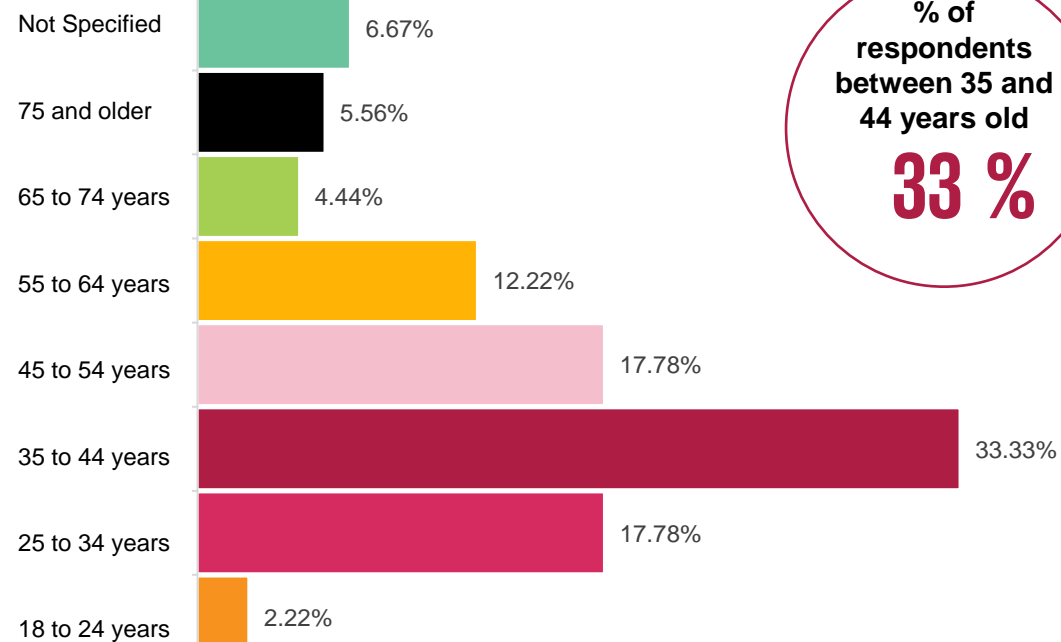
Number of Respondents

180

Gender



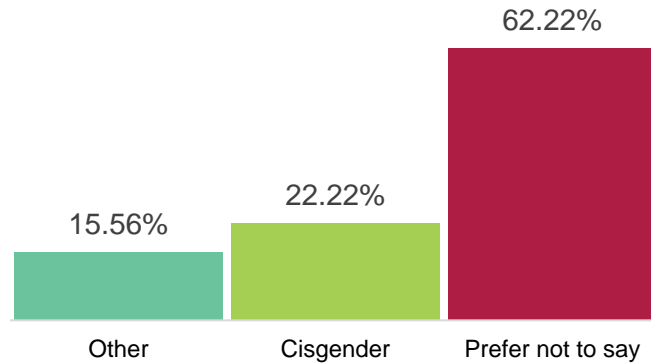
Age



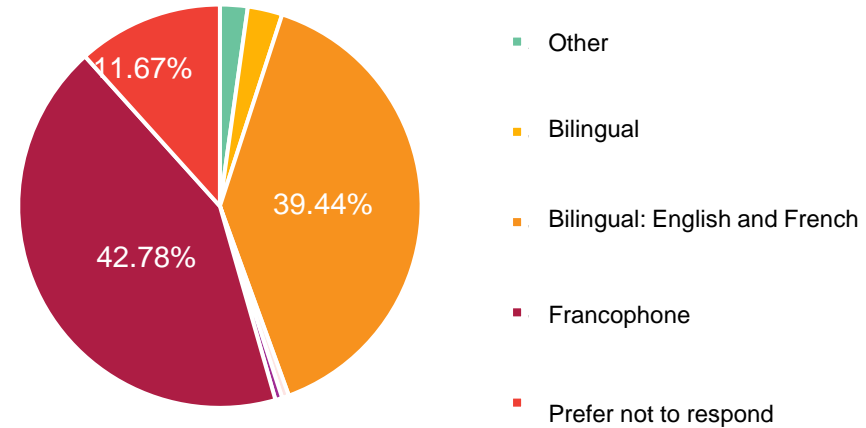
% of respondents between 35 and 44 years old
33 %

Public Survey Results — Demographics

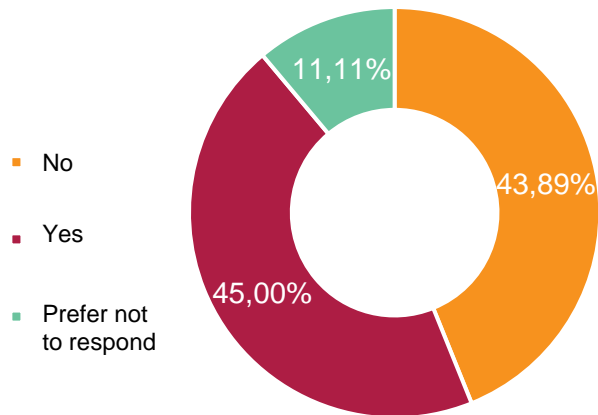
Gender Identity



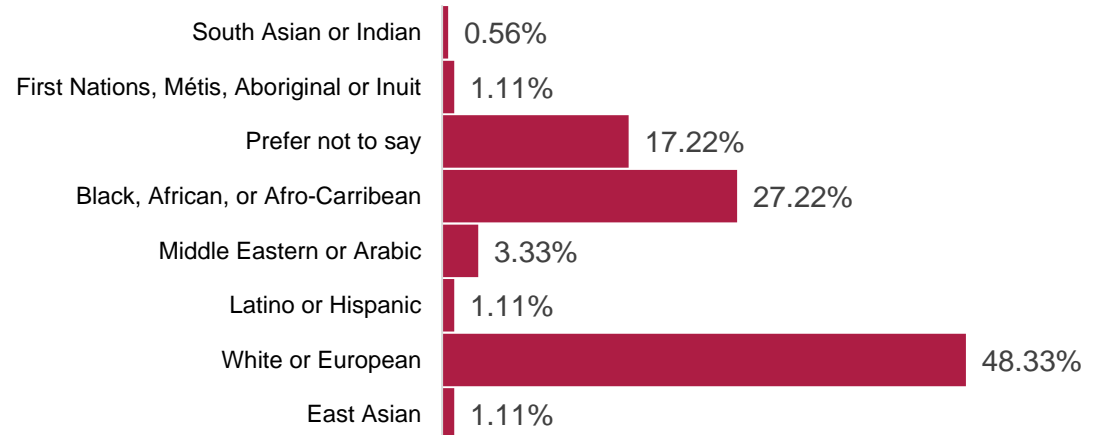
Linguistic Identity



Respondents with school-aged children

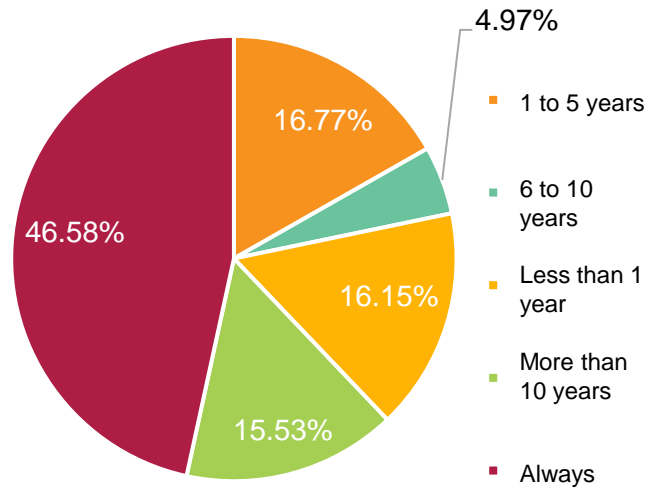


Racial/Ethnic Identity



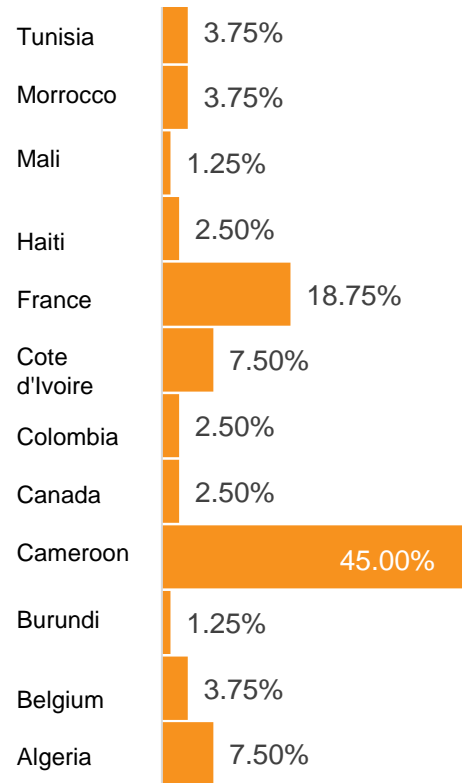
Public Survey Results — Newcomers

Years of Canadian residency

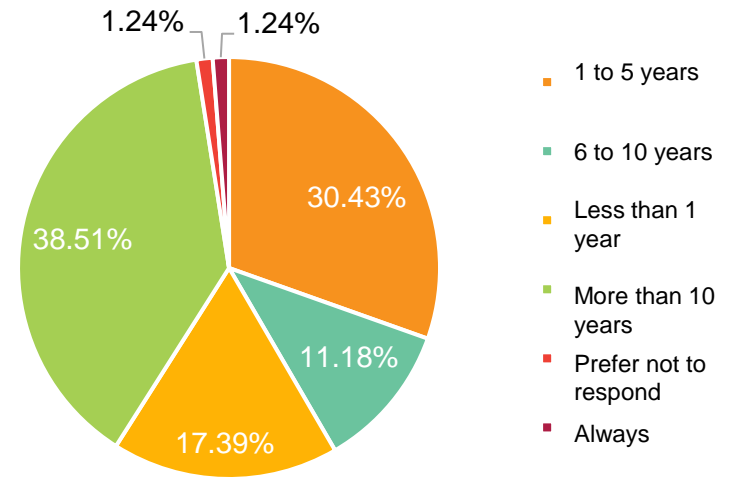


53% of survey respondents have been living in Canada for **10 years or less**, with a majority coming from Cameroon, France, Côte d'Ivoire, and Algeria.

Country of origin



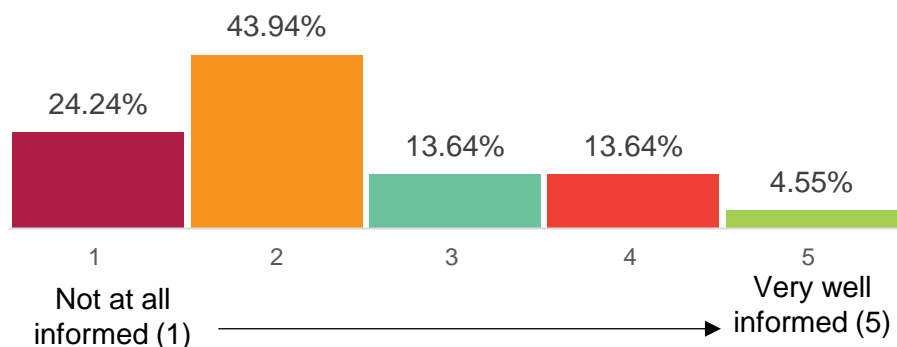
Years of Calgary residency



Among the **53%** of respondents, **30%** have lived in the region for **1 to 5 years**, **17%** for **less than a year**, **11%** for **6 to 10 years**, and **39%** for **more than 10 years**

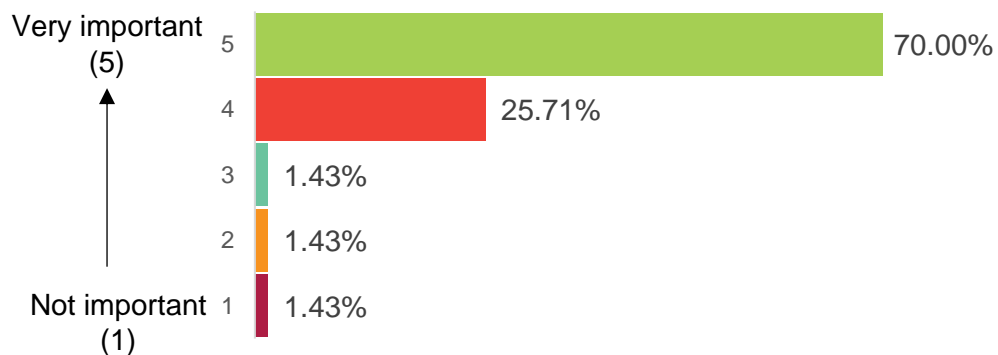
Public Survey Results — Newcomers

How well-informed about health services are respondents identifying themselves as newcomers in the region



68% of newcomers in Calgary indicated that they feel **poorly informed** about the health services available to them.

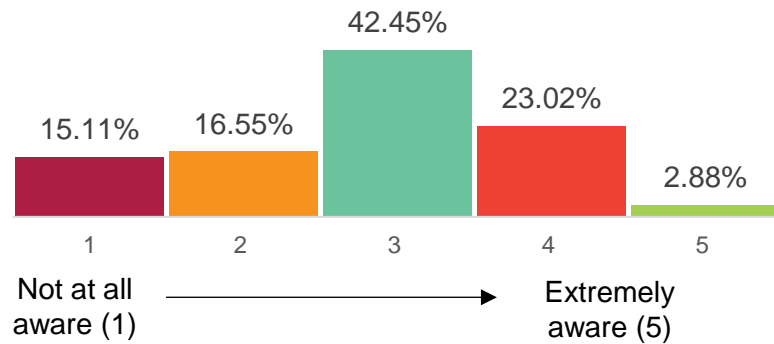
The importance of establishing health education programs tailored for supporting newcomers



Respondents expressed that it is **very important** to have health education programs for health professionals that are adapted to the realities of newcomers.

Public Survey Results — Knowledge of Health Services

Respondents are aware of health services offered in the region

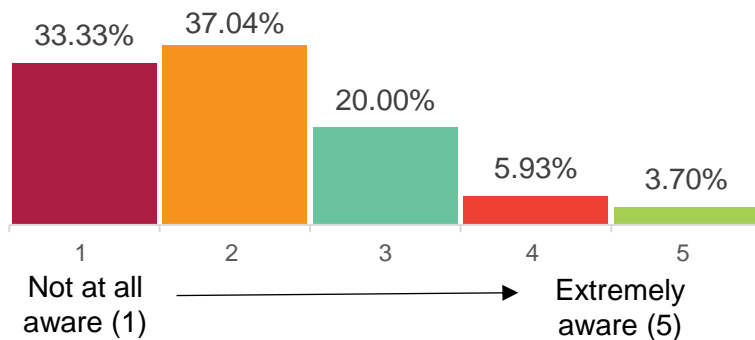


According to the survey, **over 42%** of respondents reported being aware of the health services available in their area.

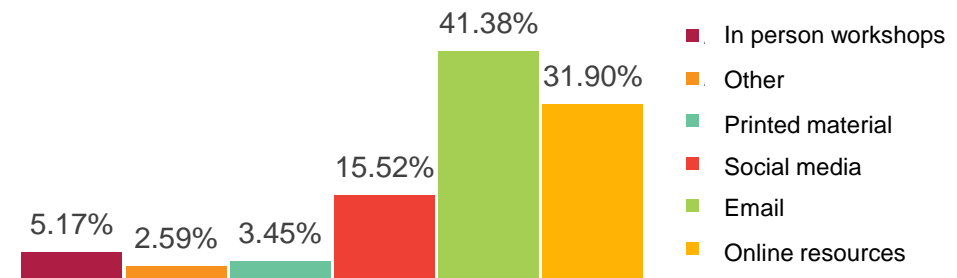
In contrast, **70% of respondents** mentioned that they were not aware that there were health services offered in French in the region.

41% of them would like to receive information about health services in French via email.

Respondents are aware of health services offered in French in the region

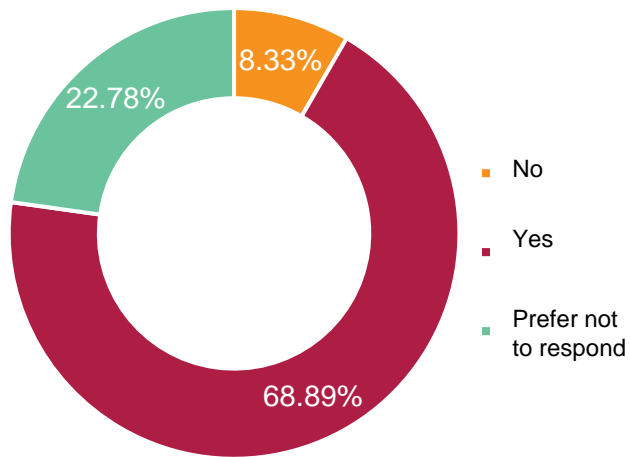


Preferred methods for receiving information about healthcare services offered in French



Public Survey Results — Access to Services

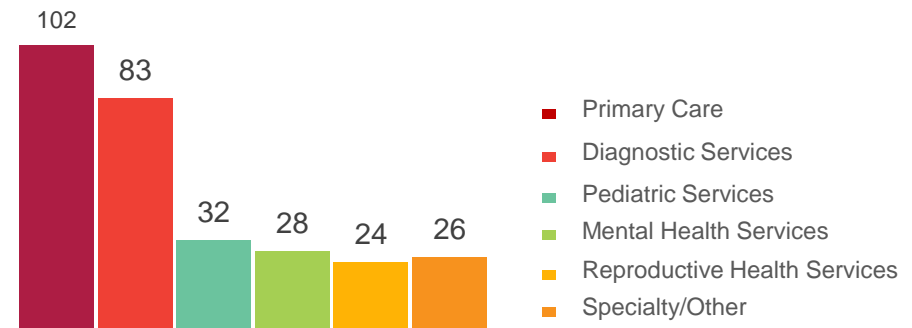
Service used in the last five years



Among the respondents, **124 individuals** reported having used health services in the past five years. The three most frequently accessed services include **primary care**, used by **102 respondents**, followed by **diagnostic services with 83 respondents**, and **pediatric services, used by 32 respondents**.

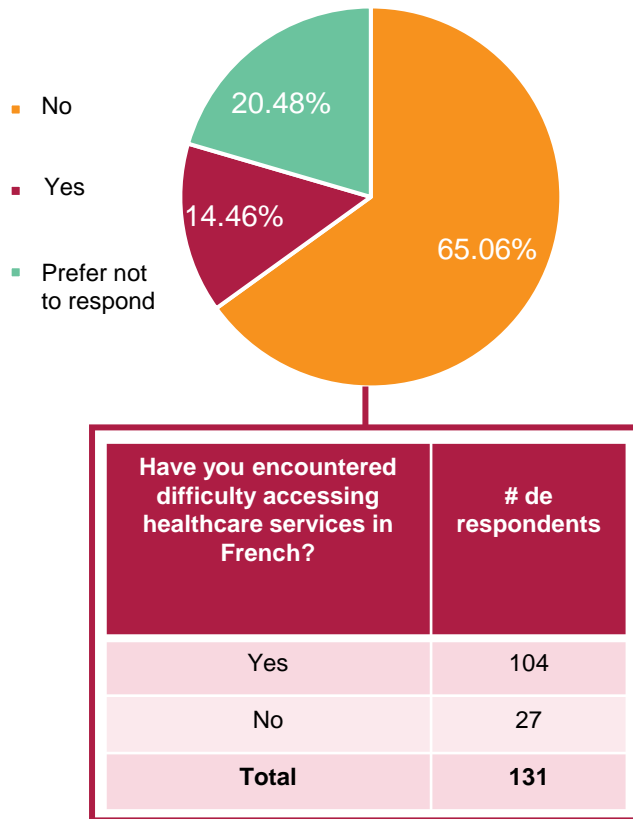
The most frequently mentioned specialized services are dermatology, osteopathy, dental care, orthopedics, cardiology, orthodontics, and gastroenterology.

Services accessed in the last five years



Public Survey Results — Access to Services

Respondents who accessed French health services within the last five years



Among the 104 participants who mentioned difficulties accessing health services in French, several themes emerged:

Themes	# of respondents
Lack of Francophone doctors	35
Insufficient availability/accessibility (e.g., not accepting new patients, geographic location)	9
Difficulty in finding a doctor (e.g., not knowing where to look, lack of visibility, complicated to find on the Internet).	8
Shortage in French-speaking specialists	6
Lack of family doctors	5
Translation services are inadequate	3
Lack of mental health services	3
Total	69

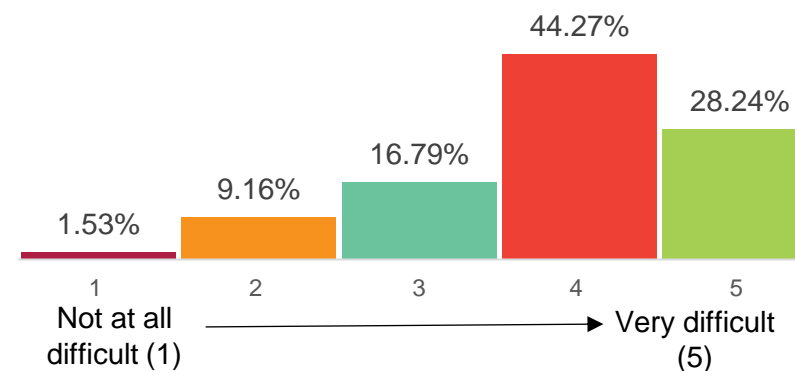
The obstacle emphasized by most participants was the lack of doctors offering services in French. One participant commented:

"It is difficult to find healthcare system employees who speak French."

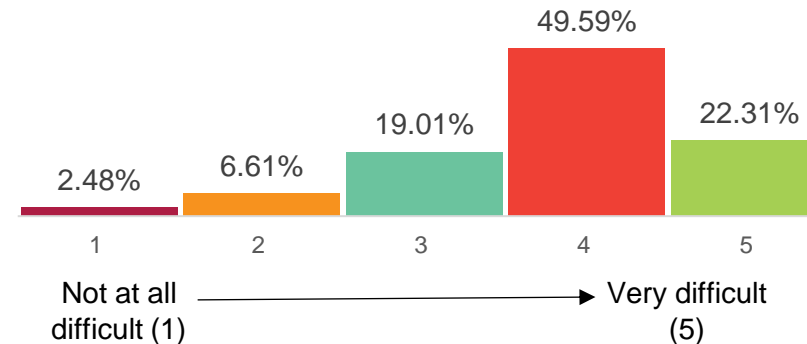
Public Survey Results — Access to Services

The low level of diversity in the responses to the two questions on the right seems to indicate **a systemic problem** that impacts access to healthcare services in French across the province. This suggests that these challenges are not limited to Calgary but could be a broader concern for the Francophone community in Alberta.

Level of difficulty in obtaining healthcare services in French in general

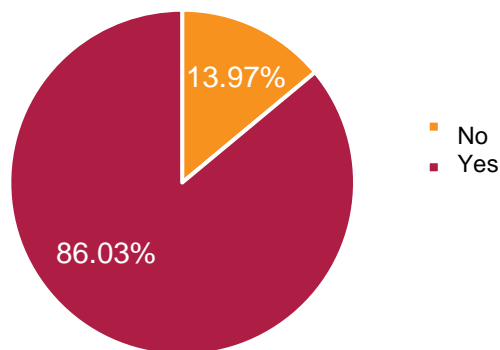


Level of difficulty in obtaining healthcare services in French in the Calgary area

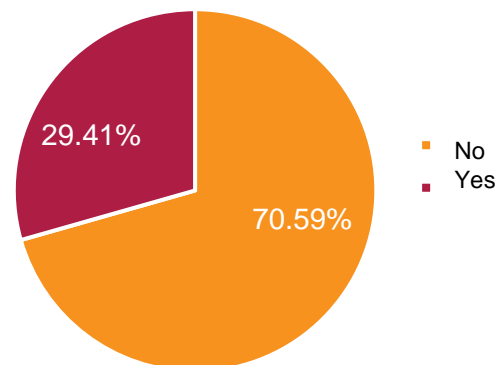


Public Survey Results — Access to Services

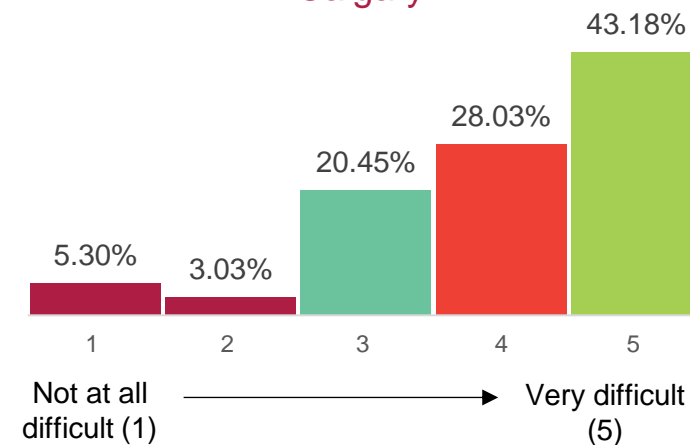
Respondents with a family doctor



Respondents with a family doctor capable of serving them in french



Level of difficulty in being accepted by a French-speaking family doctor in Calgary



The data reveals that, although 86% of participants have a family doctor, 71% of them do not have a doctor who speaks French, and 43% state that it is very difficult to find a French-speaking doctor..

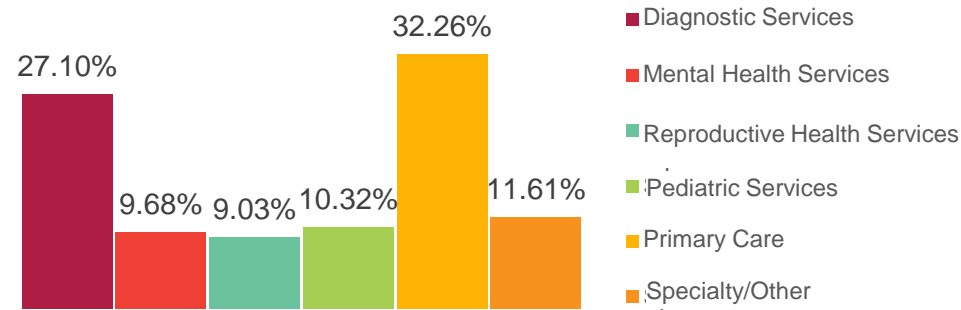
“I have been looking for a French-speaking family doctor in Calgary for 14 years.”

Cross-Tabulation Analysis — Families

The following pages present the responses of those who reported having a school-aged child.

Number of Respondents
81

Services used in the last five years

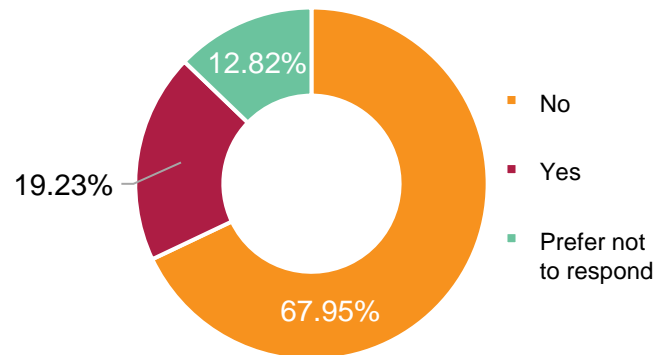


32% of parents of school-aged children have used primary care services in the last 5 years.

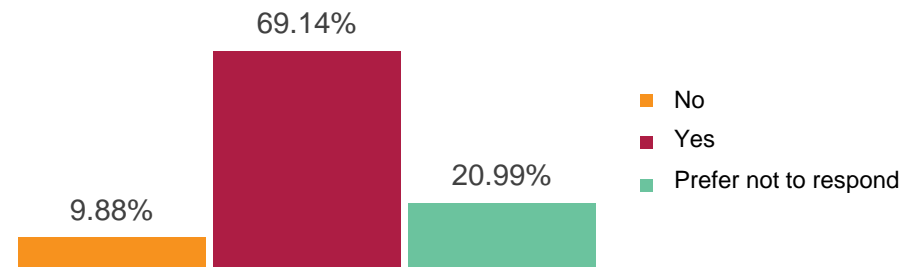
68% of respondents have not used French-language services in the last 5 years.

69% of respondents have encountered difficulties accessing French-language services

Have you used a healthcare service in the last 5 years?

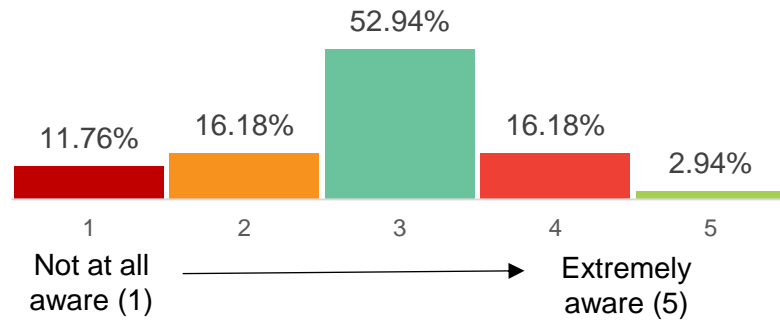


Difficulty accessing healthcare services in french

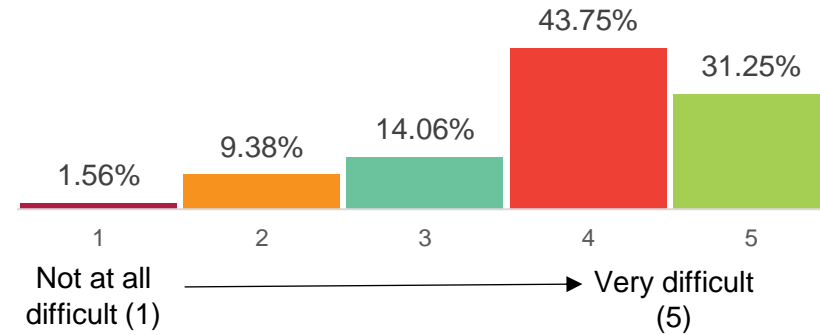


Cross-Tabulation Analysis — Families

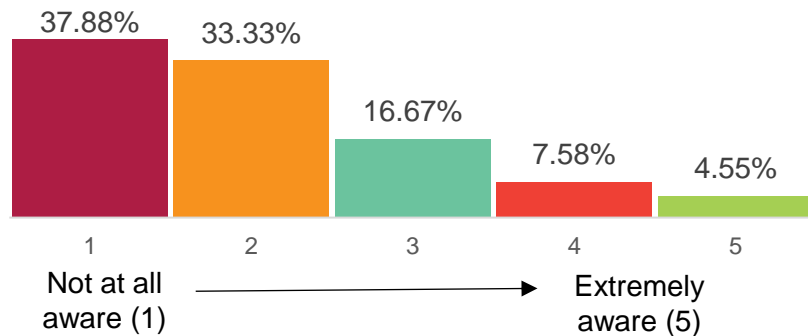
Level of awareness of healthcare services available in the Calgary area



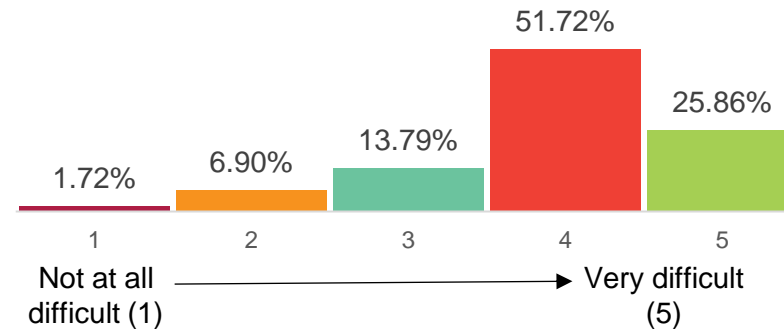
Level of difficulty in obtaining health services in French in general



Level of awareness of healthcare services available in French in the Calgary area

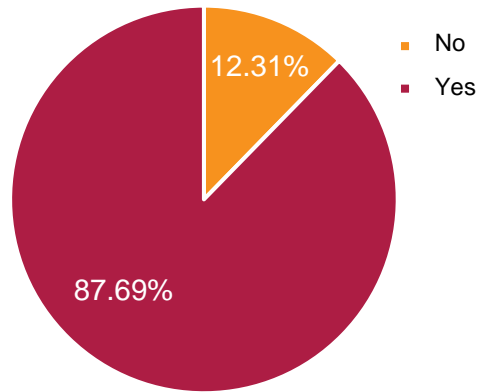


Level of difficulty in obtaining health services in French in the Calgary region

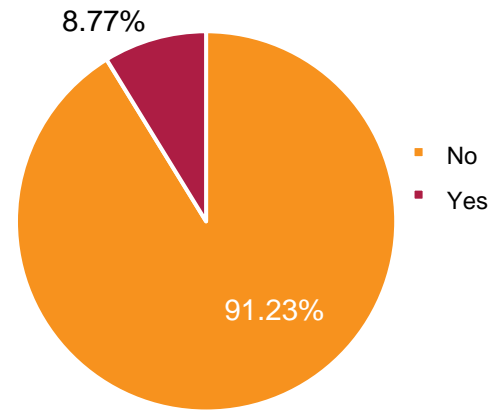


Cross-Tabulation — Families

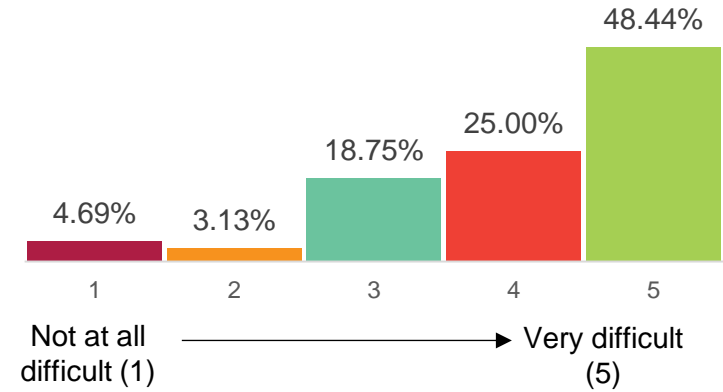
Respondents with a family doctor



Respondents with a family doctor capable of providing services in French



Level of difficulty in obtaining a French-speaking family doctor in Calgary



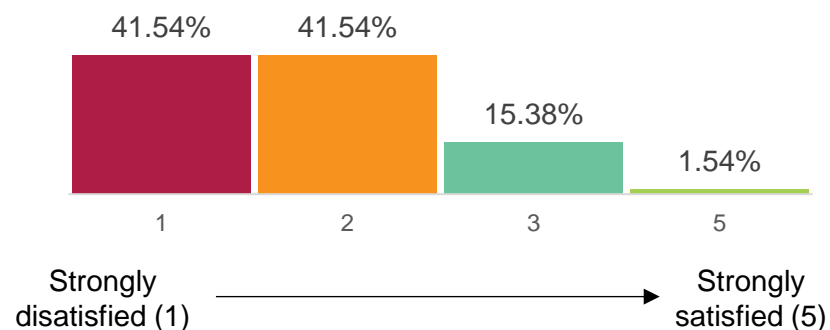
88 % of respondents have a **family doctor**.

91 % do not have a family doctor capable of providing them with services **in French**.

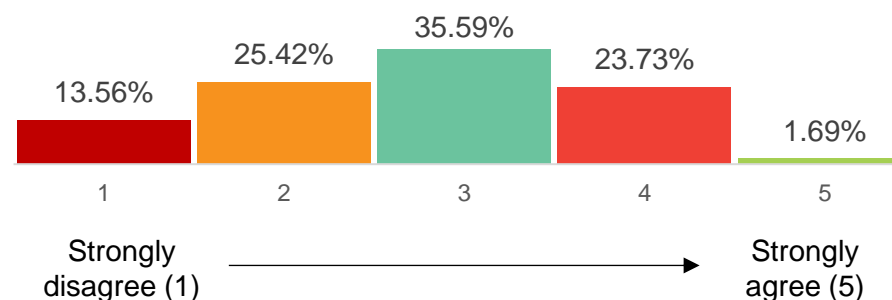
73 % of respondents find it difficult to find a **French speaking doctor**.

Cross-Tabulation Analysis — Families

Level of satisfaction with the number of healthcare services in French in the Calgary area



Level of satisfaction with interpretation services in the Calgary Area



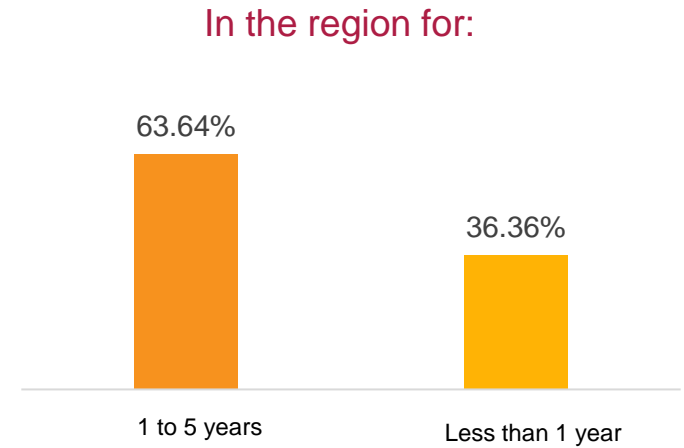
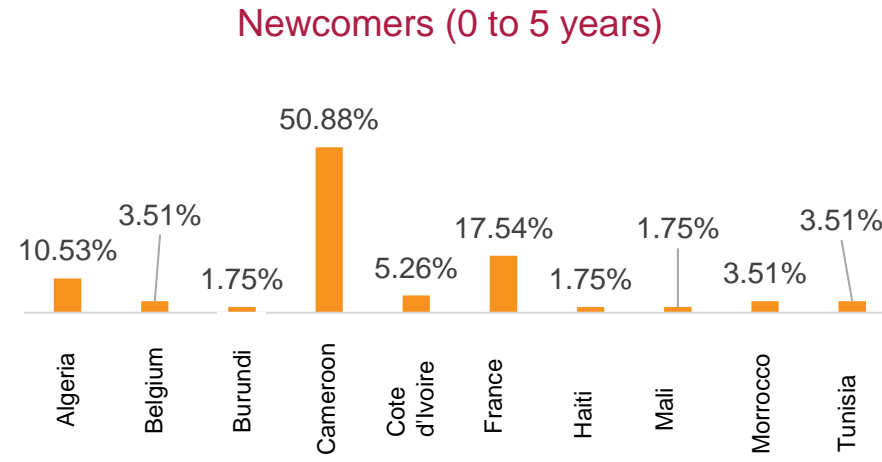
83% of respondents are **dissatisfied** with the number of **healthcare services** in Calgary.

36% feel **neutral** about **the interpretation services** in the Calgary area.

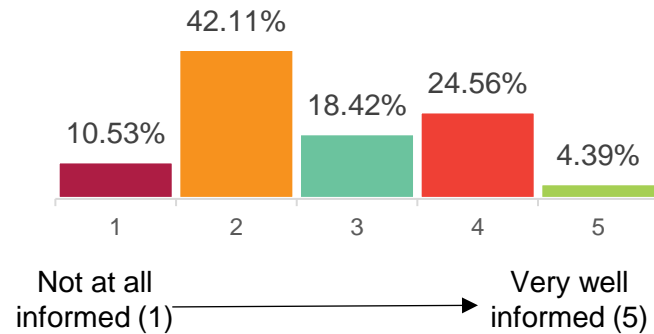
Cross-Tabulation Analysis — Newcomers

The following pages outline the responses of those who reported being residents of the Calgary area between 0 to 5 years.

of Respondents
77



How well do respondents identifying as newcomers feel informed about health services in Calgary (0 to 5 years)



51 % of respondents come from Cameroon.
36 % of respondents have arrived in Calgary within the last year.
53 % of respondents feel uninformed about health services in Calgary.

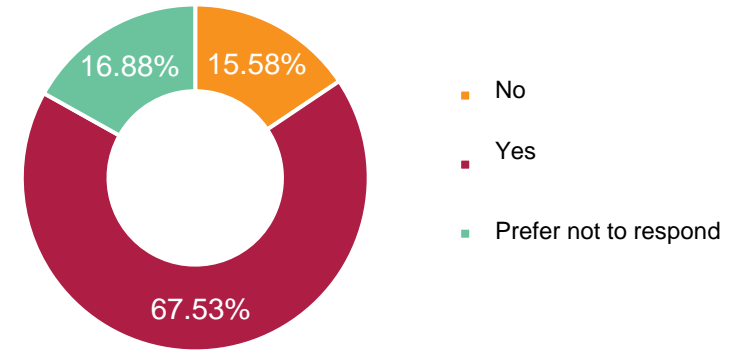
Cross-Tabulation Analysis — Newcomers

31% of respondents **have used** primary care services in the past five years.

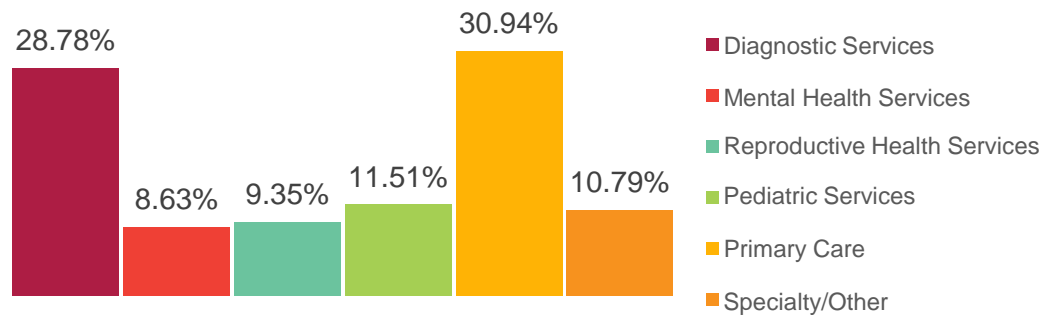
68 % of respondents **have not used** services in French in the past five years.

65% of respondents **encountered difficulties** accessing services in French.

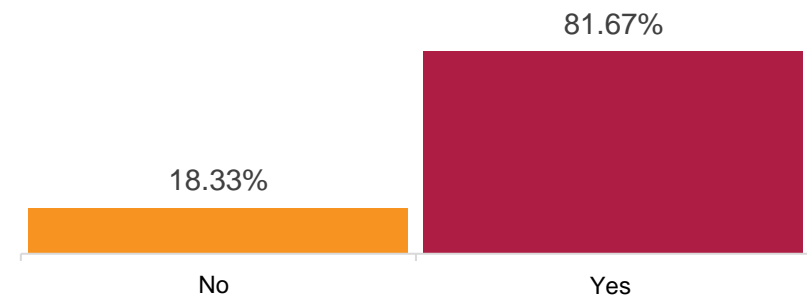
Have you used a healthcare service in the last 5 years?



Services used within the last five years

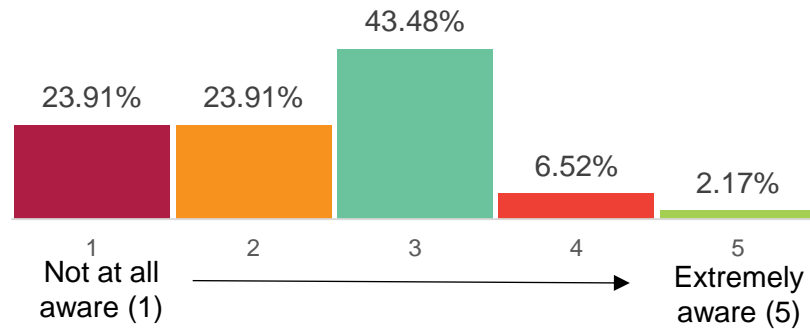


Difficulties accessing French healthcare services

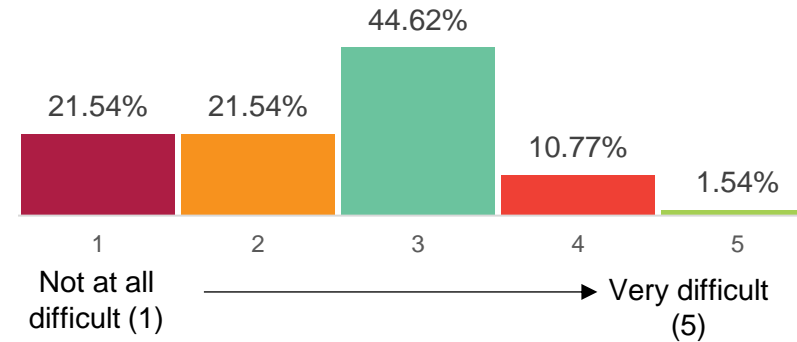


Cross-Tabulation Analysis— Newcomers

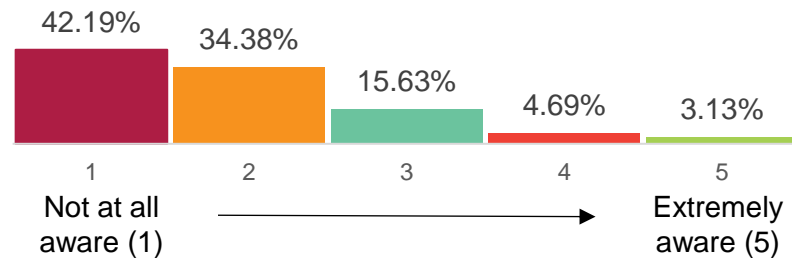
Level of awareness of healthcare services available in the Calgary area



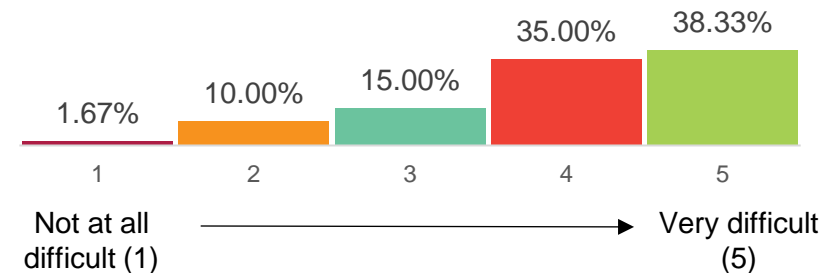
Level of difficulty in obtaining health services in French in general



Level of awareness of healthcare services available in French in the Calgary area

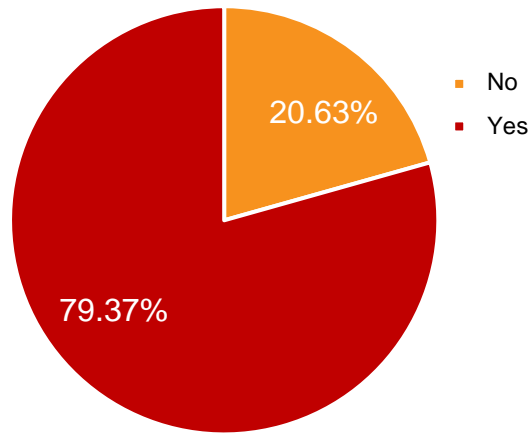


Level of difficulty in obtaining health services in French in the Calgary region

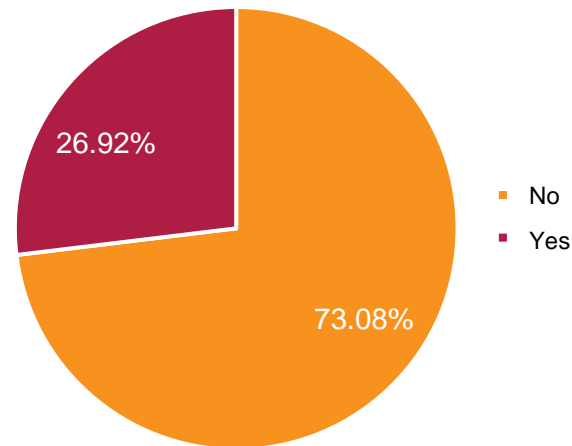


Cross-Tabulation Analysis — Newcomers

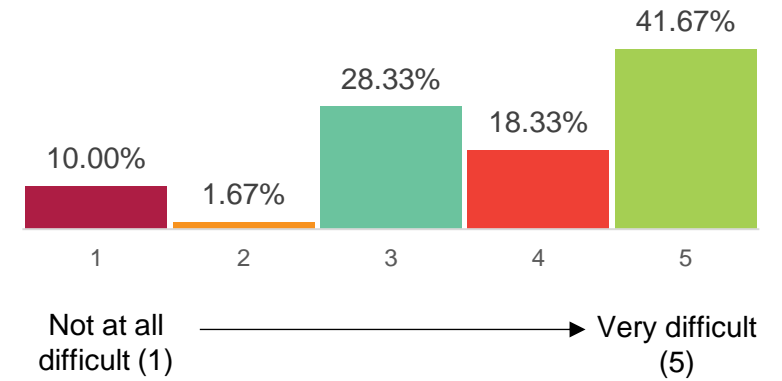
Respondents with a family doctor



Respondents with a family doctor capable of providing services in French



Level of difficulty in obtaining a French-speaking family doctor in Calgary



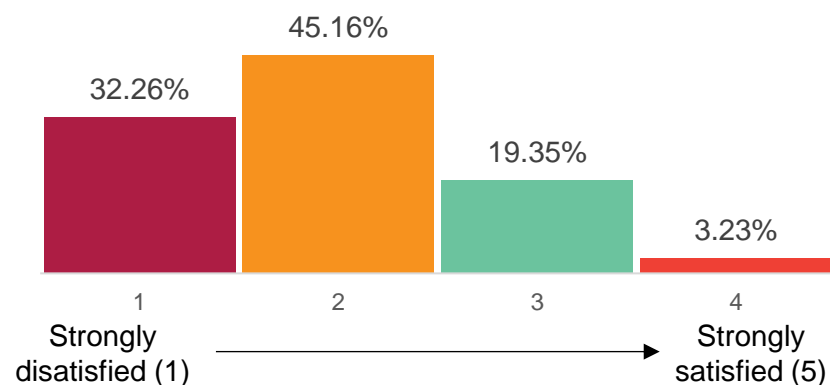
79% of respondents **have a family doctor**.

73 % do not have a family doctor capable of providing them with services in French.

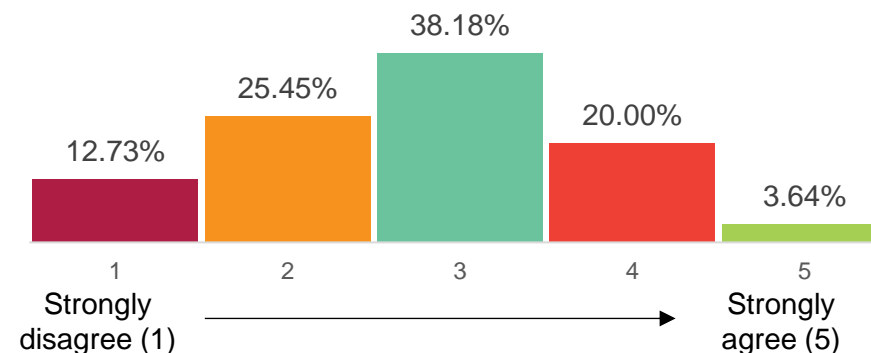
60 % of respondents find it **difficult** to obtain a French-speaking doctor.

Cross-Tabulation Analysis — Newcomers

Level of satisfaction with the number of healthcare services in french in the calgary area



Level of satisfaction with interpretation services in the calgary area



77% of respondents are **dissatisfied** with the number of **healthcare services** in Calgary.

38% feel **neutral** about **the interpretation services** in the Calgary area.

Public Survey Results – Opportunities

The table below highlights **opportunities** to improve access to French-language healthcare services as identified by respondents:

Themes	# of respondents
Increase healthcare services offered in French (e.g., bilingual doctors, specialists, French-speaking clinic, training in French, family doctors)	32
Strengthen service directories (e.g., list of doctors, how to contact them, availability, capacity to accept new patients, specialty, etc.)	16
Better locations of services (e.g., mobile clinic, more evenly distributed throughout the city, etc.)	12
Improve the promotion of available services	8
Improve the quality of translation services	6
Improve the recruitment of French-speaking health professionals	6
Improve exposure/education regarding healthcare services for newcomers	5
Offer incentives for established health students/professionals	5
Facilitate the acquisition of practice permits in Canada for French-speaking doctors trained abroad	2
Establish a quota of French-speaking or bilingual doctors for recertification exams	1
Total	93

Summary of Emerging Opportunities

According to the respondents, the following opportunities would be a **priority** for the Calgary area

1. Increasing the availability of healthcare services offered in French is a central theme shared by the respondents. In particular, there is a need for more family doctors. The data presented on page 65 under the table titled "Respondents with a family doctor capable of providing services in French" reinforces this reality, indicating that 71% of survey respondents do not have a family doctor with whom they can communicate in French. There is a shared sentiment that targeted efforts to recruit and train not only French-speaking family doctors but also doctors in general should be a priority in order to better meet the linguistic needs of the community.
2. Sixteen respondents highlighted the urgent need for a more effective directory system to improve access to French-speaking healthcare providers. They emphasized the importance of having an easily accessible list of practitioners that includes essential information such as spoken languages, specialties, contact details, and most importantly, their availability. These recommendations are supported by data on page 63 demonstrating that 104 out of 131 respondents have difficulties accessing French-language healthcare services.
3. Several suggestions aim to improve accessibility to French-speaking practitioners throughout the region. A notable recommendation is the introduction of a mobile clinic, allowing doctors to travel to different neighborhoods according to a set schedule. This could facilitate appointments based on patients' schedules and could assist those with reduced mobility, making healthcare services more accessible. It is also proposed to encourage a more equitable distribution of doctors across various clinics to enhance the availability of French-speaking healthcare providers in underserved areas. Finally, reopening the French-speaking clinic could help support the linguistic needs of the community and improve overall access to healthcare services.

Results of the Public Survey - Obstacles

The table below highlights **challenges** encountered by respondents:

Themes	# of respondents
Insufficient level of healthcare services available in French. (e.g., bilingual doctors, specialists, French-speaking clinic, training in French, family doctors)	48
Long waitlist / lack of availability	11
Inadequate promotion of services offered	9
Locations difficult to access	9
Need to improve directories	7
Inadequate translation services	3
Lack of visibility for healthcare services for newcomers	3
The retention of French-speaking healthcare professionals is difficult	1
Recognition of French-speaking doctors trained abroad	1
Total	93

Summary of Emerging Obstacles

According to the respondents, the primary obstacles encountered are as follows.

1. Many respondents highlighted that current offerings are insufficient to meet the needs of the community, emphasizing the importance of expanding the range and accessibility of French-language healthcare services to ensure equitable care for all French-speaking residents of Calgary. Francophones in the region often face challenges when communicating with English-speaking doctors. Even when healthcare professionals are bilingual, misunderstandings can occur due to unfamiliarity with specific medical terms in French. This can lead to complications in the treatment process. As a result, many French-speaking residents of Calgary actively seek out specialists, family doctors, and receptionists who can communicate with them in their preferred language, ensuring clearer and more effective health interactions.
2. Significant work is needed to find a French-speaking doctor, as available directories lack information. This deficiency makes it challenging for residents who need apply significant effort to identify an available and accessible French-speaking doctor. As one person expressed, “We do not know where French-speaking doctors are located, and we also do not know where to search for them online without having to search for two hours.”
3. Ultimately, long waitlists for medical appointments, or in some cases, a complete lack of availability, have been identified as significant challenges. Many respondents expressed an urgent need for services in French; however, they find themselves unable to access these essential resources due to a shortage of French-speaking doctors.

Results of the Public Survey – Priority actions

The table below highlights **the priority actions** required according to the respondents:

Thèmes	# de répondants
Improve directories	18
Hire more French-speaking healthcare professionals	17
Increase promotion of available services	15
Reopen the Francophone Health Clinic	8
Develop standards for French-language healthcare services	5
Offer more training for practitioners to provide better services in French	5
Offer incentives to French-speaking healthcare professionals	5
Make locations and services more accessible	3
Total	76

Results of the Public Survey – Priority actions

According to the respondents, the **priority actions** would be as follows.

1. Respondents prioritized the need for a centralized directory of French-speaking healthcare professionals that is easily accessible to everyone. They emphasized the importance of improved communication regarding the availability of healthcare professionals in their area and how to contact them.
2. Respondents suggested implementing incentives to attract healthcare professionals to Calgary and encourage them to stay. They noted that the shortage of French-speaking healthcare providers in Calgary limits access to essential services for the French-speaking community.
3. Respondents indicated the need for increased promotion of healthcare professionals who provide services in French. Some expressed their preferences for how they would like to receive information about these professionals. They are:
 - Email
 - Social media
 - An awareness campaign

Appendix B

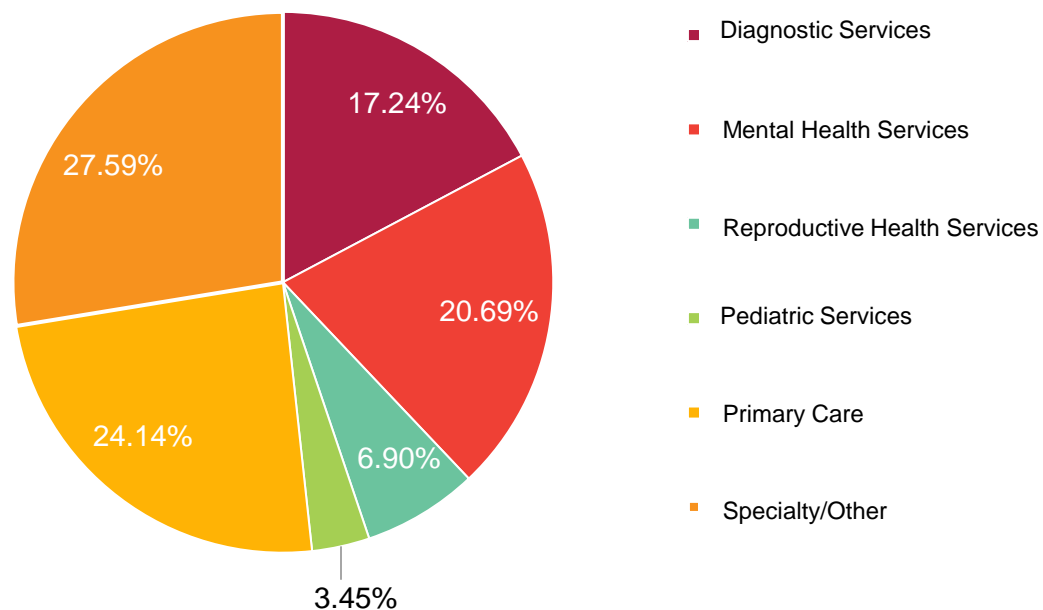
Summary Of Results from the Survey of Healthcare Professionals

Results from the Survey of Healthcare Professionals

A survey was conducted among healthcare professionals from February 4 to February 13, 2025, in order to gather information about the experiences of healthcare professionals in the Calgary region. The results obtained during this survey are presented on the following pages.

of Respondents
59

Service provider category

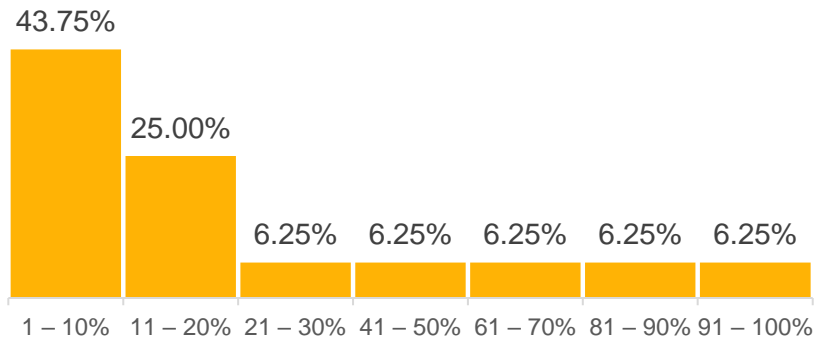


28% of practitioners selected a specialty/other as their area of expertise, which includes:

- Physiotherapy and sports medicine
- Osteopathy, hematology, emergency services
- Cardiology
- Dental services, and
- Neurology services.

Ability to Provide Healthcare Services in French

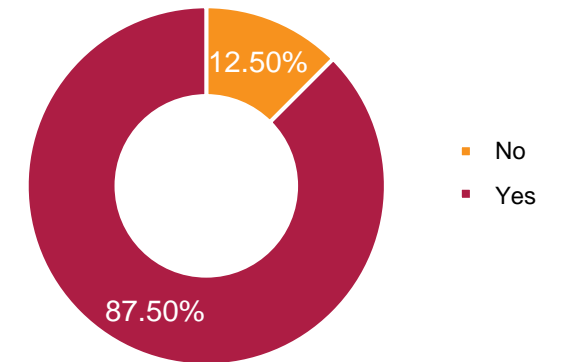
Percentage of patients who require or request a service in French



Professionals currently able to take on new patients



Professionals who are capable of providing services in French

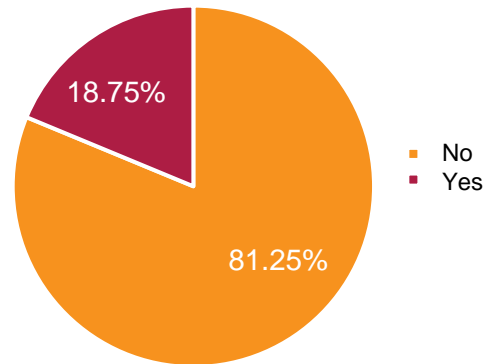


43.75% reported that **1 to 10%** of their patients request healthcare services in **French**.

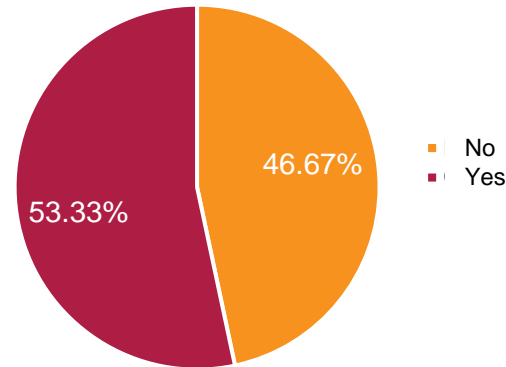
81.25% of participants stated that they **currently accept new patients**, while an even higher percentage, **87.50%**, indicated they have the **necessary resources to offer services in French**. These results highlight an urgent need to improve the visibility of French-language healthcare services to ensure that the Francophone community is informed about the options available to them.

Ability to Provide Healthcare Services in French

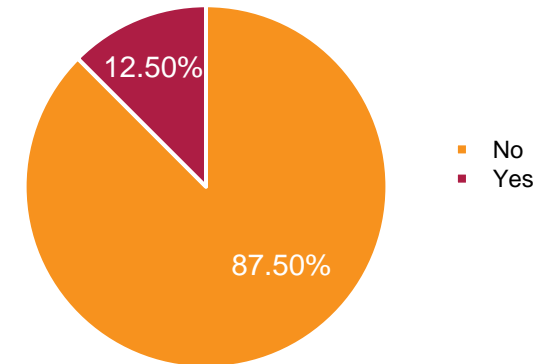
Respondents who have benefited from resources or training in french to enhance their ability to provide services in French



Respondents interested in training and resources to improve their ability to provide services in French



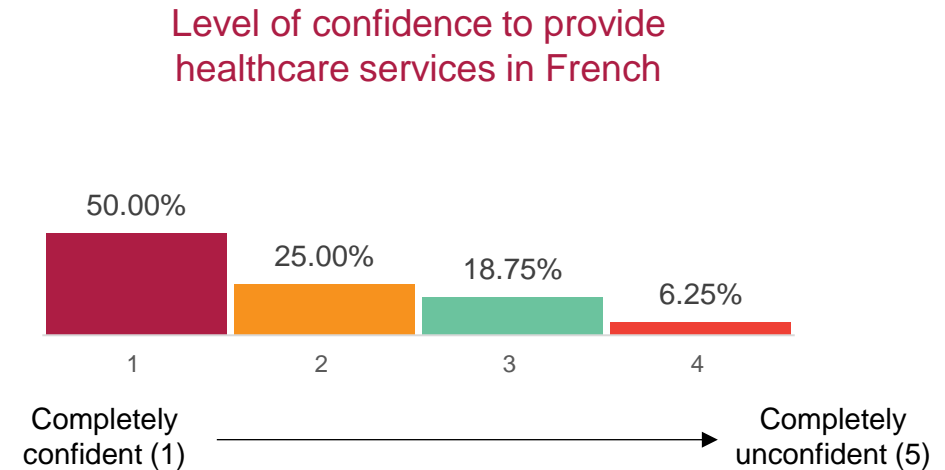
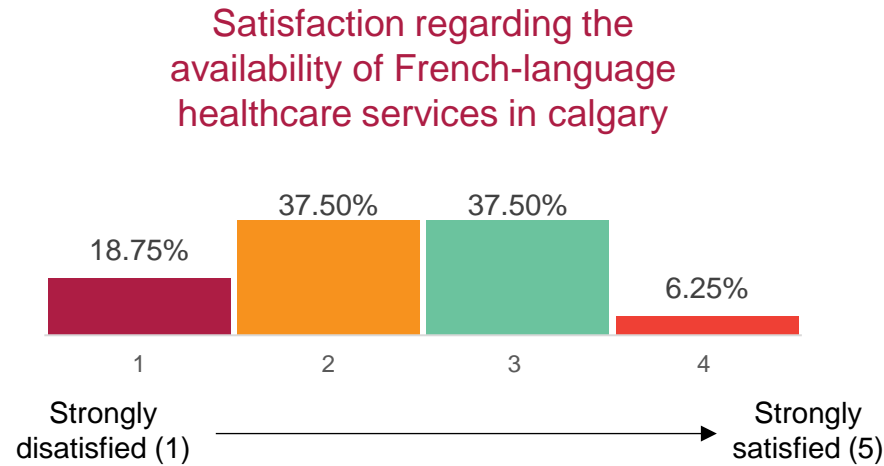
Respondents with methods to collect accurate information about their French-speaking patients



81% of respondents stated that they **do not have access to training or resources** that allow them to provide healthcare services in French.

Additionally, **53%** expressed interest in **new training opportunities**, and **88%** of respondents reported the **absence of mechanisms** to collect **specific data** about their French-speaking patients.

Knowledge and Perception of Healthcare Services in French



56% of participants express their **dissatisfaction** with the availability of French-language healthcare services, and none of the respondents indicated being completely satisfied.

Conversely, **75%** of respondents claim to have **confidence in their ability to provide services in French**.

Results from the Survey of Healthcare Professionals — Themes

Respondents expressed their views regarding the challenges, priority needs, training, and opportunities related to French-language healthcare services in the Calgary region. A summary of the responses is presented below and on the following page.

Obstacles

Healthcare professionals in Calgary have identified **several obstacles** concerning the provision of services in French. A prevalent issue is the lack of resources dedicated to French-language healthcare services within schools. This lack of support is particularly evident in primary care, where there is a notable absence of adequate health provisions tailored to French-speaking students.

Psychological services for children are also needed in French-language schools. Often, there is only one psychologist available per school board, which severely limits the capacity to meet the mental health needs of all students. This **shortage of mental health professionals** creates a challenging environment for both students and educators, as it becomes increasingly difficult to provide the necessary support to those in need. Overall, there is an increased demand for French-speaking healthcare professionals to distribute them more equitably across the city and within schools.

Priority Needs

The identified priority needs are:

- **Increased awareness:** It is urgent to improve community awareness of practitioners and services offered in French.
- **More French-speaking healthcare providers:** The community needs an increase in the number of family doctors, pediatricians, dentists, and primary care physicians who speak French. This is essential to ensure that Francophones have access to healthcare providers who can communicate effectively in their language.
- **Communication and documentation in French:** It is crucial that communications and supporting documents are available in French. This includes medical records, informational documents, and other materials that patients may need to understand their healthcare options and treatments.
- **Creation of a French-speaking primary care facility:** Establishing a primary care center that offers services in French is a significant need. This would provide a dedicated space where Francophones can receive comprehensive healthcare in their language, thereby improving accessibility and comfort.

Results of the Healthcare Professionals' Survey – Themes

Training and Resources

Respondents expressed a need for training on **diversity and cultural competency** to improve their ability to serve their clientele effectively, particularly newcomers. They emphasized the importance of having resources available for **conducting assessments in French**. Additionally, they mentioned the need for **specialized training in medical terminology** in French, tailored to their areas of expertise. This training would contribute not only to better communication but also to providing quality care to all patients, regardless of their preferred language.

Opportunities

Respondents expressed a desire for opportunities to participate in educational programs in French that correspond to their specialties. They also emphasized the importance of accessing a community of healthcare professionals that would promote the sharing of training resources and practical advice.

They noted that it is crucial to improve the promotion of positions offered in French in the region. Furthermore, they requested an allocation of additional resources for those who care for patients speaking multiple languages.

Appendix C

Summary of Engagement Sessions

Summary of Engagement Sessions – Themes

The following pages present a summary of the key themes that emerged from the consultations conducted with stakeholders in the Calgary region:

Directory

Participants expressed an urgent need for an improved centralized directory of French-speaking healthcare providers. This directory should clearly indicate each provider's specialty, availability, location, spoken languages, and contact information, ensuring it is easily accessible to all. Moreover, such a resource would assist newcomers who have difficulties navigating the healthcare system in French.

Translation Services

Participants emphasized that, although translation services are useful, they do not constitute an adequate solution for several reasons:

- the topics discussed often make patients shy to share with a translator present;
- they do not convey emotion and/or the subtleties of body language well; and
- there is generally a larger margin of error when an interpreter is used.

Inaccessible Location of Services

It is often necessary to travel long distances to obtain health services in French. This is a major problem for elderly individuals, those without a car, those with inflexible schedules, and newcomers who are not well acquainted with the area.

Several participants proposed the concept of a mobile Francophone clinic that would operate on a scheduled basis, moving to various neighborhoods in the city. This innovative approach would allow individuals to make appointments based on the clinic's location, thereby making healthcare more accessible. Furthermore, the clinic could visit schools, providing essential services directly to students and their families in a familiar environment. This initiative aims to bridge the gap in access to healthcare for the Francophone community by bringing services directly to those who need them most.

Newcomers

Newcomers often face significant challenges in locating the services they need for themselves and their families in French. Furthermore, they do not master English, which makes searching for information extremely difficult. Additionally, relying on translators can be overwhelming and lead to misunderstandings.

Summary of Engagement Sessions – Themes

Family Doctor

It has been noted that finding a family doctor who offers services in French is extremely difficult. Generally, when a French-speaking doctor becomes available, this information circulates primarily by word of mouth within the Francophone community. Additionally, the geographical location of healthcare providers further complicates the situation; many people are reluctant to travel long distances to access medical care, which considerably limits their options for finding a family doctor.

Healthcare Services in Demand

Many French speakers in Calgary have difficulty finding specialists who offer services in French, with particular demand for:

- Ophthalmologists;
- Dentists;
- Orthodontists;
- Cardiologists;
- Family Doctors;
- Pediatricians;
- Diagnostics;
- Social workers;
- Prenatal services; and,
- Orthodontists.

Diagnostic Services

The diagnostic process for individuals with developmental/behavioral delays poses significant challenges for French speakers due to the lack of bilingual resources. The absence of resources not only prolongs the diagnostic process but also increases costs, as healthcare professionals must spend more time with patients and exert greater effort to ensure accurate diagnoses. Additionally, assessments may be confusing for individuals undergoing evaluations, as they may be required to complete them in English. Even if they are bilingual, they may not be familiar with specific medical terms in English, which can hinder their understanding and performance during the evaluation.

Summary of Engagement Sessions – Themes

The Francophone Health Clinic

Participants suggested that they were unaware of the existence of the **Francophone clinic in Calgary**, which was operational from 2014 to 2017. They indicated that had they known the clinic existed, they would not only have made use of its services but also advocated for it within their personal networks.

Lack of Promotion

There is a lack of awareness regarding available providers due to insufficient promotional efforts or other underlying issues that hinder effective communication about these essential services.

Improving promotional strategies could involve the use of various platforms, such as social media, community events, and local newsletters, to reach a broader audience. Involving the Francophone community in these efforts can also help ensure that the information disseminated is relevant and resonates with those it aims to serve.

Community Organizations

It has been suggested that the RSA could actively engage with Francophone organizations in the region to enhance the visibility and promotion of healthcare providers offering services in French.

Need for more French-speaking healthcare providers

There is an urgent need to increase the number of healthcare providers who are proficient in French. Currently, many people do not have access to French-speaking family doctors, which can significantly hinder their ability to receive appropriate medical care. Additionally, essential services such as Emergency Health Services (EHS) and the Alberta Children's Hospital often do not have French-speaking staff available to assist the public.

Cultural Competence

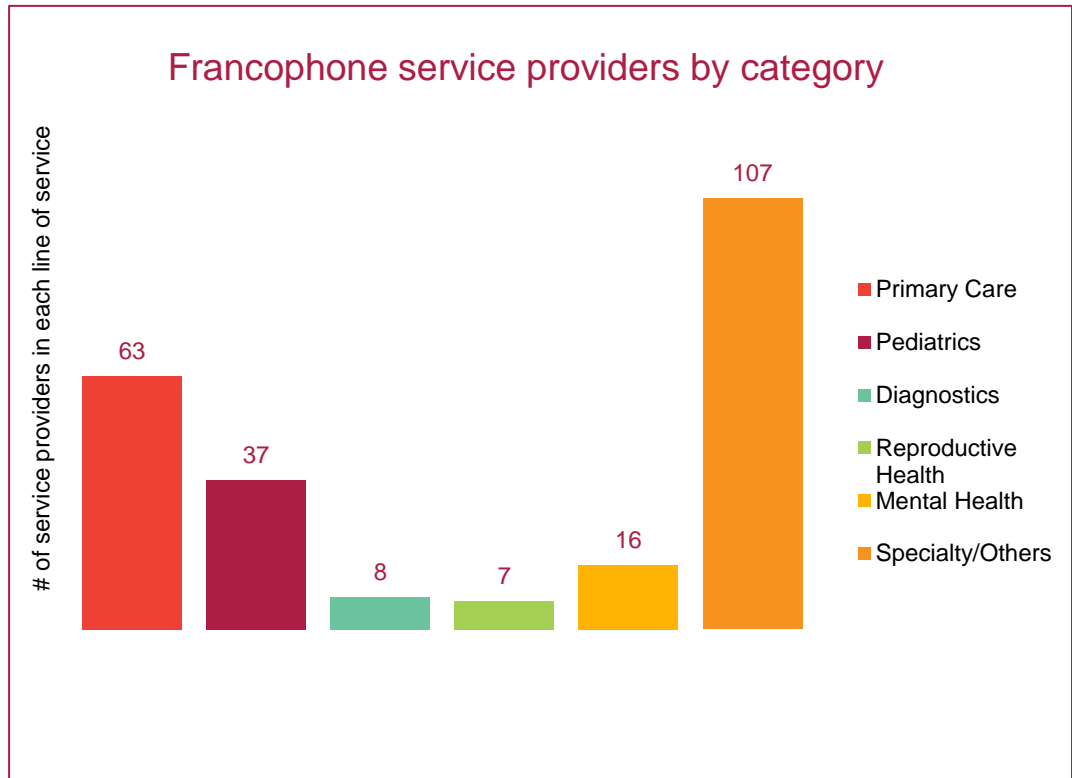
In addition to the language barrier, it was mentioned that there is a critical need for healthcare providers to receive training in cultural competencies. This training would enable them to better understand the unique needs and experiences of their patients.

Appendix D

Data and Mapping

Data and Mapping

Appendix D contains an excerpt of the tables, graphs, and mapping conducted during Phase 2.



Number of francophones by postal code

Postal Code	Description	# French Mother Tongue	# French Spoken Most Often At Home
T1S 1A1	Foothills County	37	13
T1S 1A2	Willowside Place and Crocus Meadows	31	11
T3N 0P5	Skyview Ranch	24	17
T2G 4Z9	Downtown Calgary	17	3
T3C 0M5	Beltline District (Downtown)	10	7

Data and Mapping

Number of newcomers from countries where French is recognized as an official language, or where there is a significant francophone population

Country	2019	2024	+/- %
Morocco	842	1404	66,7 %
Tunisia	387	613	58,4 %
Cameroon	1,151	1,757	52,6 %
Côte d'Ivoire	222	304	36,9 %
Haïti	508	587	15,6 %
France	1,317	1,521	15,5 %
Democratic Republic of Congo	938	1,046	11,52 %
Algeria	698	732	4,9 %
Total	6,063	7,964	31,3 %

Total number of immigrants from countries where French is recognized as an official language, or where there is a significant francophone population

	2019	2024	+/- %
Total	6,063	7,964	31,3 %

Data and Mapping

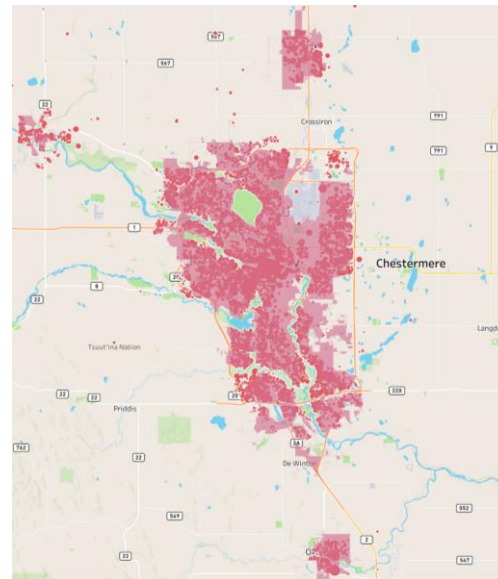
People with access to primary care within a 15-minute radius — mother tongue

Service	Access	% French Mother Tongue
Primary Care	Yes	99.45%
	No	0.55%

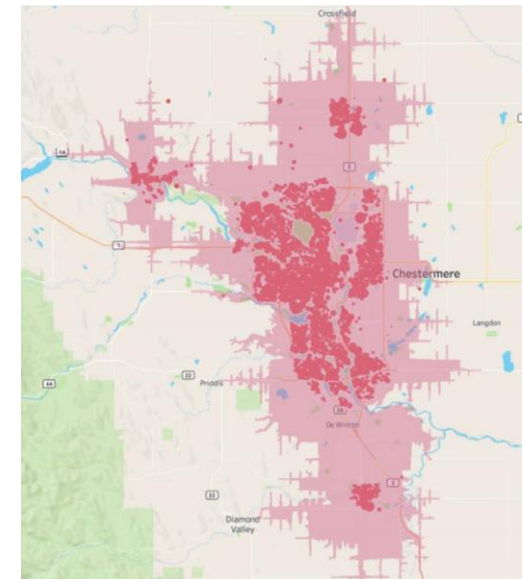
People with access to primary care within a 5 km radius — mother tongue

Service	Access	% French Mother Tongue
Primary Care	Yes	90.87%
	No	9.13%

Areas with a primary care provider within a distance of 5 kilometers



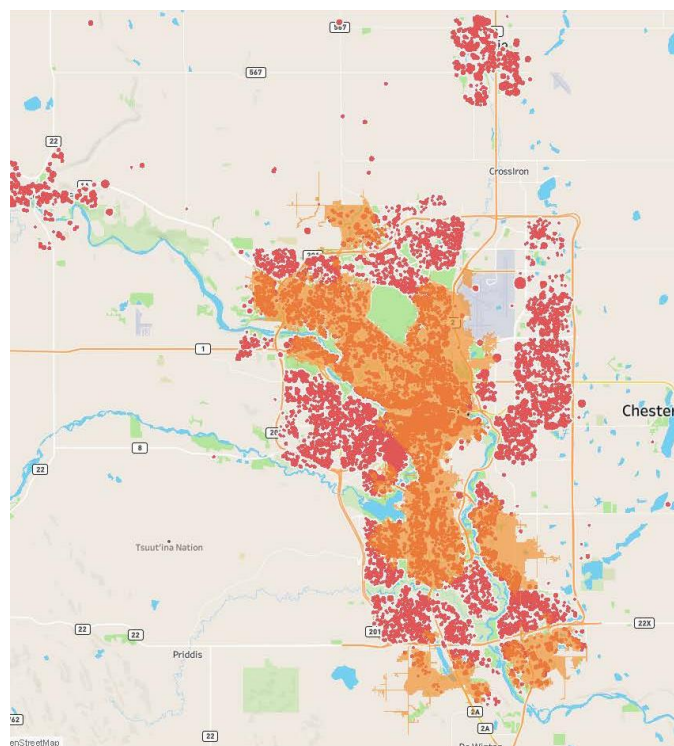
Areas with a primary care provider within a travel time of 15 minutes



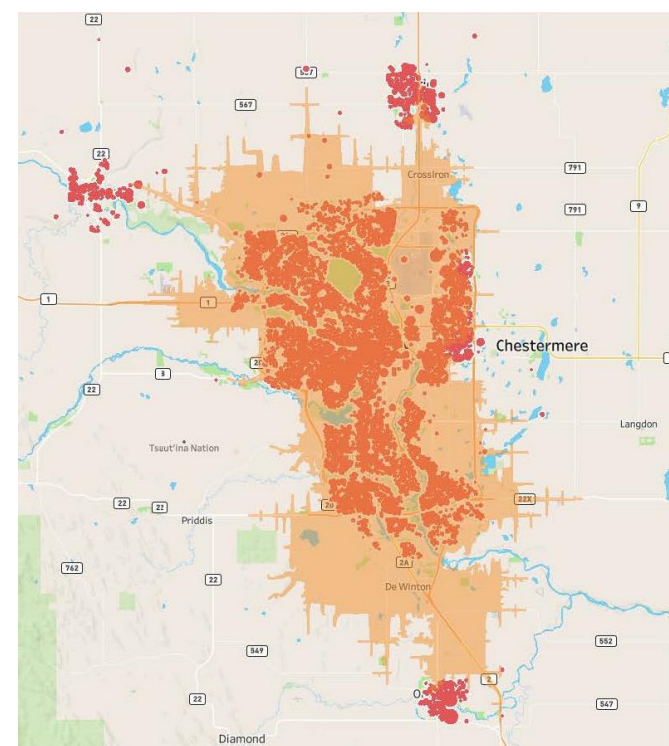
Note : The red dots represent postal codes where Francophone families live, and the pink area indicates whether these families are located within 5 km or a 15-minute drive from primary health services.

Data and Mapping

Areas with pediatric services within 5 kilometers of distance



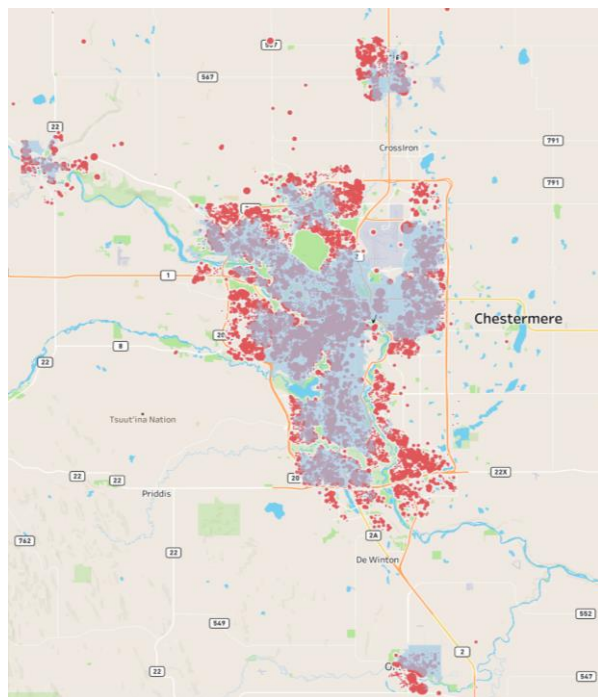
Areas with pediatric services within a 15-minute travel time



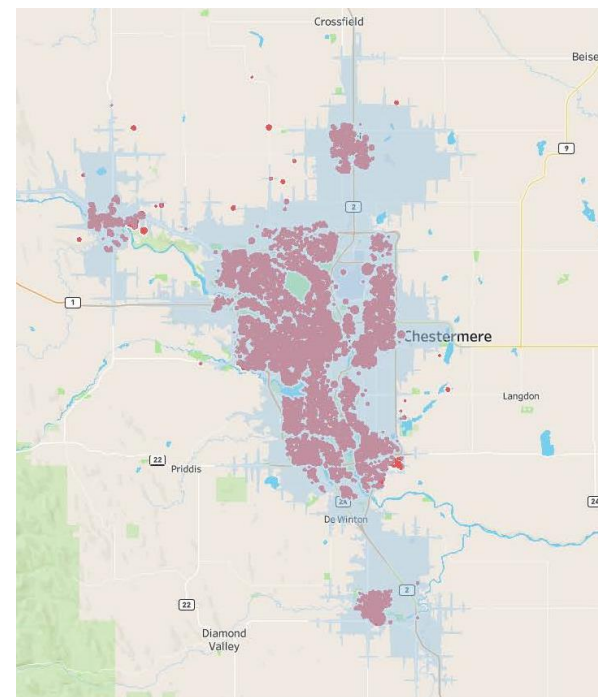
Note : The red points represent postal codes where French-speaking families live, and the orange area indicates whether these families are located within 5 km or a 15-minute drive from pediatric services.

Données et cartographie

Areas with a francophone or immersion school within a distance of 5 kilometers



Areas with a francophone or immersion school within a 15-minute travel time



Annexe E

Mapping Data Tables

Mapping Data Tables

Table 1: Access within a radius or travel time of 15 minutes or less by car

	Access	# French Mother Tongue	% French Mother Tongue	# French Spoken at Home	% French Spoken at Home
School	Yes	20 799	98.33 %	7 848	98.15 %
	No	354	1.67 %	148	1.85 %
Diagnostic Services	Yes	17 691	83.63 %	6 587	82.38 %
	No	3 462	16.37 %	1 409	17.62 %
Pediatric Services	Yes	17 923	84.73 %	6 782	84.82 %
	No	3 230	15.27 %	1 214	15.18 %
Mental Health	Yes	19 759	93.41 %	7 483	93.58 %
	No	1 394	6.59 %	513	6.42 %
Reproductive Health	Yes	17 494	82.70 %	6 484	81.09 %
	No	3 959	17.30 %	1 512	18.91 %
Primary Care	Yes	21 036	99.45 %	7 951	99.44 %
	No	117	0.55 %	45	0.56 %
Specialty/Other	Yes	20 422	96.54 %	7 757	97.01 %
	No	731	3.46 %	239	2.99 %

Mapping Data Tables

Tableau 2 : Access within a distance of 5 kilometers by car

	Access	# French Mother Tongue	% French Mother Tongue	# French Spoken at Home	% French Spoken at Home
School	Yes	13 442	63.55 %	4 960	62.03 %
	No	7 711	36.45 %	3 036	37.97 %
Diagnostic Services	Yes	8 365	39.55 %	3 091	38.66 %
	No	12 788	60.45 %	4 905	61.34 %
Pediatric Services	Yes	8 083	38.21 %	2 840	35.52 %
	No	13 070	61.79 %	5 156	64.48 %
Mental Health	Yes	12 420	58.72 %	4 582	57.30 %
	No	8 733	41.28 %	3 414	42.70 %
Reproductive Health	Yes	8 719	41.22 %	3 278	41.00 %
	No	12 434	58.78 %	4 718	59.00 %
Primary Care	Yes	19 221	90.87 %	7 205	90.11 %
	No	1 932	9.13 %	791	9.89 %
Speciality/Other	Yes	14 502	68.56 %	5 383	67.32 %
	No	6 651	31.44 %	2 613	32.68 %

Annexe F

Evaluation Framework

Evaluation Framework

Lines of Inquiry	Documents and Data	Stakeholder Engagements	Survey	Evaluation Criteria
Scope of Services and Clientele				
What types of services are currently offered in French in the Calgary area?	X	X	X	The number and types of services offered
What services are not or are scarcely available in French	X	X	X	The number and types of services offered
What is the geographic distribution of the Francophone population in the Calgary area?	X			Location and number of services offered
What is the demographic distribution (e.g., ethnicity, etc.) of the Calgary area?	X	X	X	The number of Francophones in Calgary and how they identify
What is the geographic distribution of Francophone and Immersion schools in the region?	X			Location of schools
What are the priority needs for healthcare services among Francophones in the region?		X	X	Community member perspectives

Evaluation Framework

Lines of Inquiry	Documents and Data	Stakeholder Engagements	Surveys	Evaluation Criteria
Accessibility				
Where are healthcare services located in the Calgary region (e.g., primary care, acute care, continuing care)?	X			Location and number of services offered
To what extent are French healthcare services accessible to Francophones?	X	X	X	Location and number of services offered Community member perspectives
What is the geographic distribution of French-speaking healthcare professionals in the Calgary region?	X	X	X	Location of professionals
What opportunities can be identified to improve access to French healthcare services in the Calgary region?		X	X	Community member perspectives
What places, outside of the school setting, do Francophones in the area gather?		X		Community member perspectives

Evaluation Framework

Lines of Inquiry	Documents and Data	Stakeholder Engagements	Surveys	Evaluation Criteria
Capacity				
Do healthcare providers in the region have the skills and knowledge necessary to offer services in French?		X	X	Perspectives of health professionals
For those who identify as French speakers, what might motivate them to offer more services in French?		X	X	Perspectives of health professionals
What are the obstacles preventing healthcare providers from offering services in French?	X	X	X	Perspectives of health professionals Document analysis
What existing opportunities are there to train and/or recruit more Francophone professionals?		X	X	Perspectives of health professionals



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