



SURVEY 2018

OFFER AND DEMAND FOR HEALTH SERVICES IN FRENCH

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For Réseau Santé-Nouvelle-Écosse

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A French version of this report is available on request.

Réseau Santé – Nouvelle-Écosse is a non-profit organization whose mission is to promote and improve access to quality health and wellness services in French in the province's Acadian regions.

Our vision, and our dream as an organization, is that Acadians in Nova Scotia can flourish while benefiting from a health care system that respects their cultural, social and linguistic values.

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Introduction

In December 2006, the French-language Services Regulations came into effect in Nova Scotia. The regulations require that provincial government departments and agencies like District Health Authorities (DHAs) must develop and publish a French-language Services Plan to show how they intend to increase or improve French-language services. In 2009, the Réseau Santé – Nouvelle-Écosse (RSNE) conducted community consultations with the Acadian and francophone community to learn about its health and wellness needs and priorities. The purpose of that consultation was to:

- Identify what improvements have been made to access and quality of services in the past five years;
- Identify the health care and wellness needs of the Acadian and francophone population; and to
- Identify what gaps remain (needs and priorities) in providing health care services to the francophone and Acadian population.

The participants from the 2009 consultations identified four broad priorities for their health and wellness: seniors' health, youth and adolescent issues, mental health, and the health care system for the French-speaking population. Regarding this last priority, they felt that French-language services must be addressed more consistently through a more coordinated approach across all health system planning, implementations, service delivery, and evaluations. The current report focuses on this fourth priority.

In addition to the four priorities, the consultation also identifies thirty-one recommendations for governments and stakeholders to address the health and wellness needs and priorities of the Acadian and francophone community.

Purpose

In 2018, the RSNE continued its effort to understand the Acadian and francophone community's experiences with health services in French and with respect to some of the issues identified in the thirty-one recommendations arising from the 2009 consultations. In particular, the RSNE wanted to know about their experiences receiving an active offer (see definition below) of health services in French and their requests for those services. It also sought to understand their experiences with the "Bonjour!" program and their needs for health promotion and prevention material in French.

The analysis of responses to this survey will allow the Réseau Santé to work with partners such as the Nova Scotia Health Authority (NSHA), the IWK Health Center and the Department of Health and Wellness to help improve health services in French.

Active Offer: Active offer of French-language health services is the regular and permanent offer of services to francophones and Acadians in minority communities. In concrete terms, it takes the form of a range of health services available in French and offered proactively, which means that services are clearly advertised, visible and easily accessible at all times without placing the responsibility of requesting services on the clients

Methodology

In partnership with the Nova Scotia Health Authority, the Nova Scotia Department of Health and Wellness, and the IWK Health Centre, the RSNE developed a 35-question survey to gather information on the experiences of Nova Scotia's Acadian and francophone community with the offer of and requests for health services in French, as well as with other services such as the 811 health service line and health interpretation services.

The survey was translated into English and hosted on the platform Survey Monkey. The link was distributed to members of the community via e-mail, Facebook, and Twitter at the beginning of July, and was open until July 22, 2018. Eighty-six responses were received in French, and thirteen in English, for a total of 99 responses.

Two definitions were specified at the beginning of the survey:

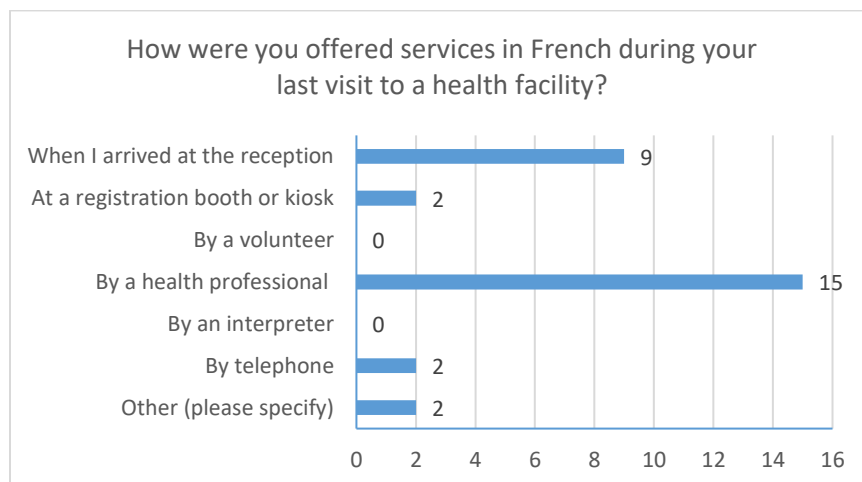
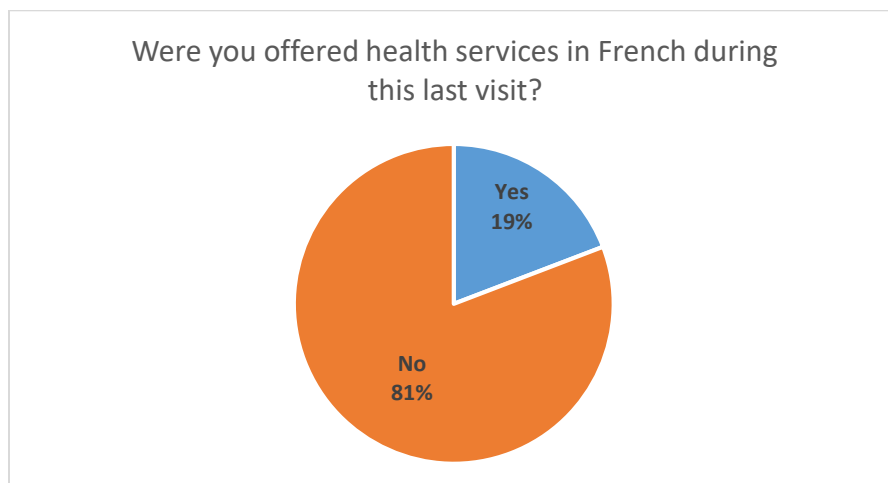
Health Facility: In this survey, we define "health facility" as a facility of the Nova Scotia Health Authority or the IWK Health Center: regional hospitals, general hospitals, public health clinics, mental health and addictions clinics, emergency departments, clinics or specialist offices (e.g., cardiologists, radiologists, etc.), ambulatory services (e.g., blood tests, x-rays, etc.). We do not include the offices of family doctors, dentists, chiropractors, pharmacists, etc.

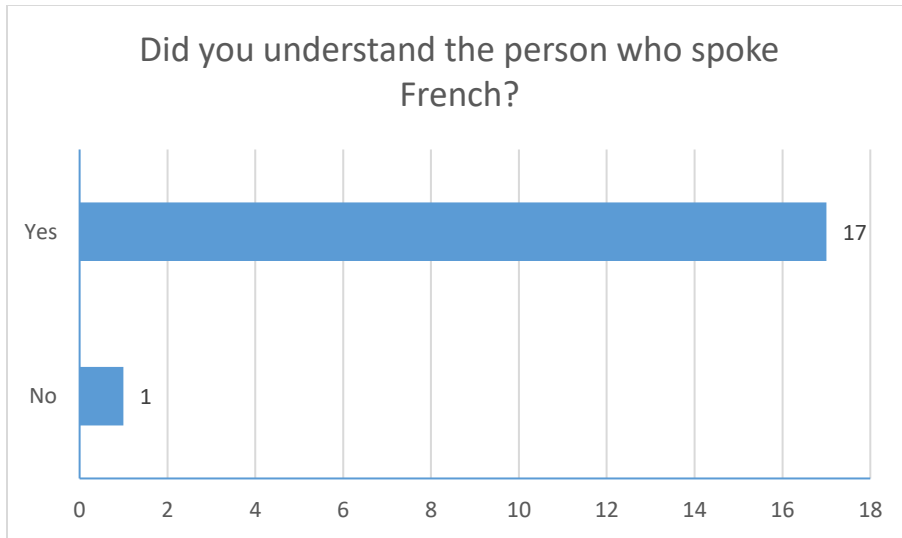
Health Professional: In this survey, we define "health professional" in its broadest sense. The term refers to both masculine and feminine, and includes all members of the health care team, including: physicians from the Nova Scotia Health Authority and IWK Health Center, specialists (e.g., cardiologists, radiologists, physiotherapists, occupational therapists, social workers, and nurses).

Results

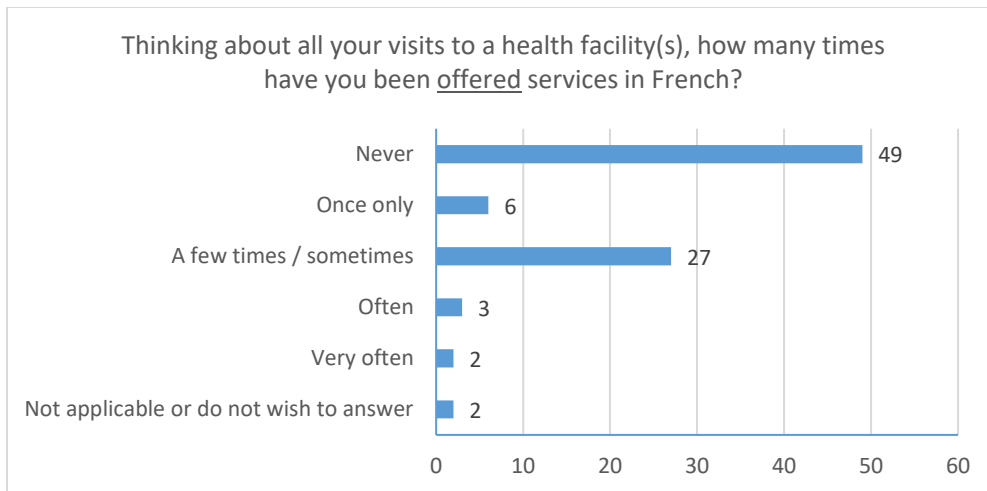
The Offer of Health Services in French

Eighty-one percent (81%) of respondents indicated that they were not offered health services in French during their last visit to a health facility. Of the nineteen percent (19 respondents) who were offered, the most common method of offer that they cited was from a health professional (15 responses) and when they arrived at the reception (9 responses). Of these same 19 respondents, the vast majority of them, 17 or 94%, understood the person who spoke French with them – only one did not. Exactly half of these same respondents also indicated that the person who spoke French with them did use medical terms in English.



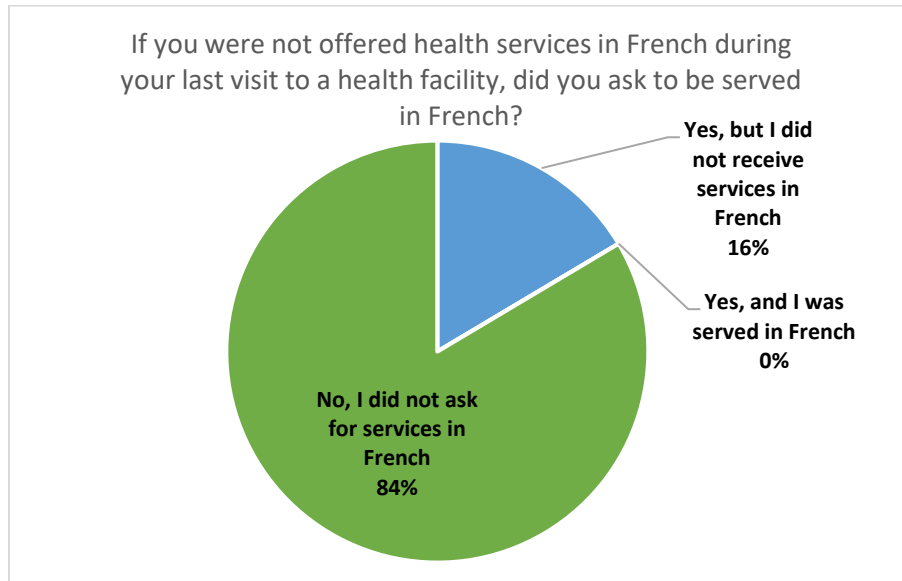


When asked to think back to all their visits to a health facility and reflect on how often they were offered health services in French, 49 of the 89 responses to this question indicated “never”, 27 indicated “a few times/sometimes”, and 6 indicated “once only”. Only 4 indicated that they were offered health services in French “often” or “very often”.



Requests for Health Services in French

Among the 81% of respondents who were not offered health services in French during their last visit to a health facility, the majority of them (84%) indicated that they did not request services in French, while 16% of them did request services in French but did not receive them. None of the respondents who requested services in French received them.



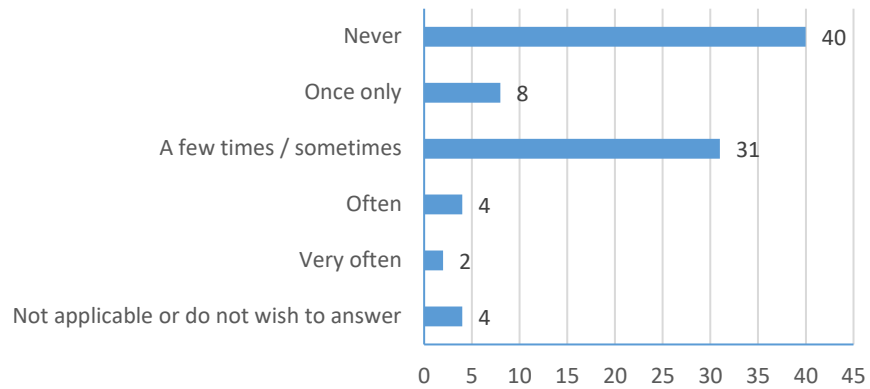
When asked why they did not request services in French, a variety of reasons were given. The most common reason (52%) was that they did not notice any indication of the availability of services in French. Other reasons include:

- Believing that they would wait longer if they had asked for services in French (32%);
- Being unaware that it was an option (29%);
- Knowing that the health professional they see on a regular basis does not speak French (24%);
- They had asked in the past and French services were not available (17%);
- Being too shy to ask (15%);
- Being uncomfortable with medical terminology in French (15%);
- They had asked in the past and had a bad experience (6%); and
- They felt that the person would not understand them (6%).

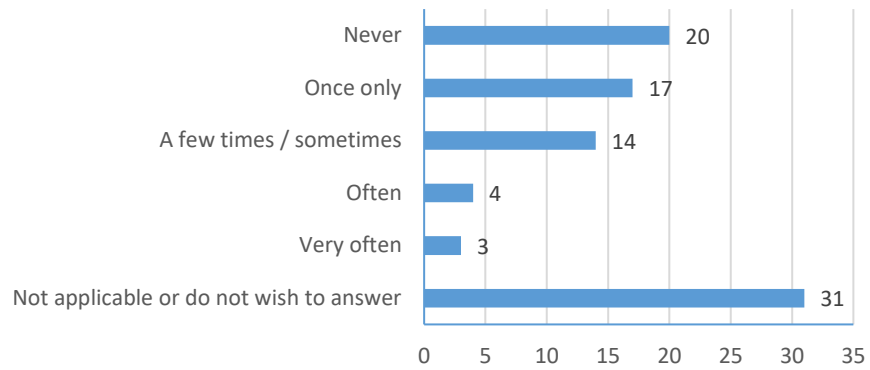
Of the 16% of respondents who did request services in French, roughly half of them were given a reason why they were not provided. Almost every reason was related to a lack of French-speaking staff available.

When asked to think back to all their visits to a health facility and reflect on how often they asked for services in French, 40 indicated “never”, 31 indicated “a few times/sometimes”, 8 indicated “once only”, 4 indicated “often”, and 2 indicated “very often”.

Thinking about all your visits to a health facility(s), how many times did you ask for services in French?

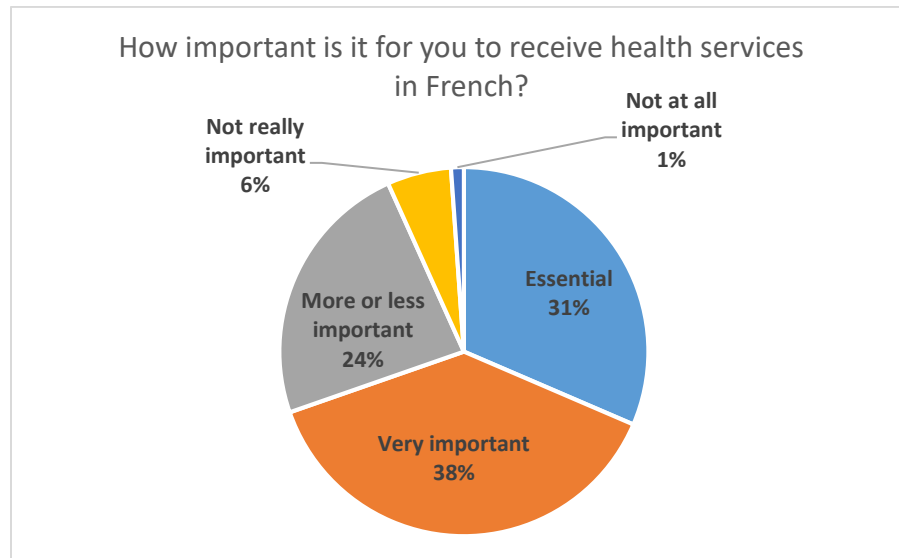


If you asked for services in French, how often did you receive them?



The Importance of Receiving Health Services in French

Respondents were also asked about how important it is for them to receive health services in French. Twenty-eight indicated that it is “very important”, 31% indicated it is “essential”, 24% indicated it is “more or less important”, 6% indicated it is “not really important”, and 1% indicated it is “not at all important”.



When asked the reasons why it is important, 76 of the 99 (77 %) respondents gave an answer, and their reasons varied across several different themes. Many of these themes are interrelated.

To Understand and Be Understood

For about half of the responses (36) the reason given as to why it is important to receive health services in French is **to understand the health care professional and to be understood as a patient**. These responses referred specifically to the concepts of dealing with **medical terminology** and the need to be able to **describe symptoms, history, and medical treatments**. Some of these comments include:

- "To ensure a good understanding."
- "Very important to understand and make me understand. Communication is essential in times of illness."
- "[To] understand the health professional; understand the treatment or procedure [and] feel comfortable asking questions to the health professional."

Mother Tongue

Another theme that was common among many (25) of the answers was the theme of French being their **mother tongue or first language**. Among these, nine of them indicated specifically that the reason it is important to receive health services in French is that their French language skills are simply **stronger than English**, and eight of them indicated that because French is their mother tongue, they are **more at ease/comfortable** in discussing their health in French. Some of these comments include:

- "I always like to speak in 'my language'."
- "You use your mother tongue when you're sick."
- "It's important to keep our mother tongue."

A Rights or Legal Rights Issue

Nine of the responses to this question referred directly to a citizen's **legal right** to receive health services in French.

- "People's lives are at stake, in a bilingual country like Canada it is essential that everyone can be understood by speaking in the official language of their choice!"
- "Because we are a bilingual family and a bilingual country."
- "Because I'm francophone. Because I should have the right to be served in my mother tongue."
- "It's my language. What annoys me is that I feel like I should just accept the services in English because I am perfect bilingual. I only want to be served in my mother tongue."

Healthcare Is a Situation That Is Often Serious

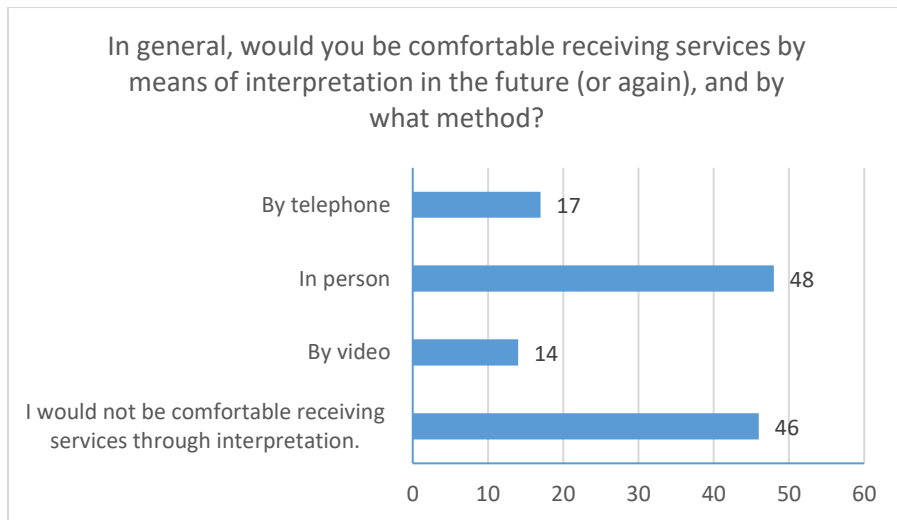
Another nine of the responses referred to the idea that many healthcare situations are **serious, grave, or urgent in nature**. They often involve emergencies, and in these situations, it is more effective for the patient to be able to speak in their mother tongue.

- "Important in the sense that we want to be sure we understand everything and make ourselves understood. Misunderstanding may lead to serious consequences."
- "In serious situations, it is important to be able to be understood, to explain the situation as well as to understand the diagnosis and the proposed solutions."
- "It's not a matter of life and death for me, because I'm bilingual, but in emergency situations, it's the first language that comes to mind."

Interpretation Services

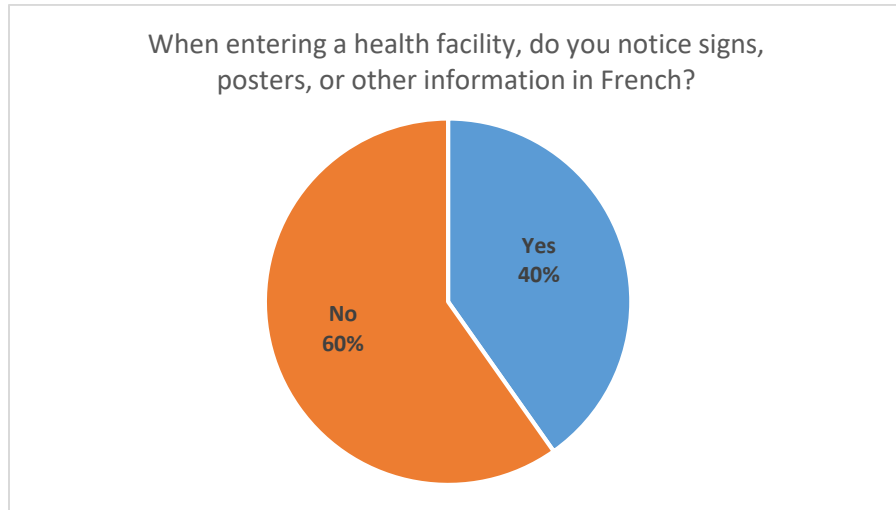
Roughly half (48%) of the respondents knew that they could request interpretation services in French at a healthcare facility. The vast majority of respondents (98%) were not offered interpretation services in French during their last visit to a health facility. Only two respondents indicated that they were offered a French interpreter. One person was offered interpretation by telephone, and the other was offered interpretation both by telephone and in person.

When asked if they would be comfortable receiving interpretation services in the future, and by what means, almost half (48%) of the respondents, or 46, stated that they would not be comfortable. Of the three methods of interpretation, the one with which respondents are most comfortable is in-person (48 responses), followed by the telephone (17 responses), and by video (14 responses).



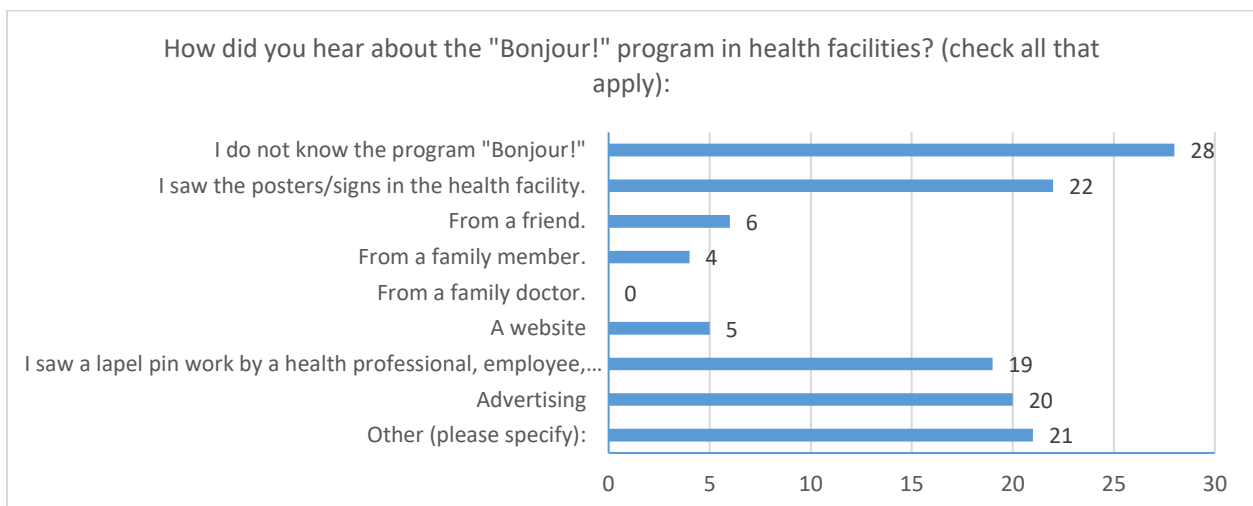
Visibility of French-language Services in Health Facilities

Respondents were asked about the visibility of French-language services during their last visit to a health facility. Sixty percent (60%) of them indicated that they do not notice signs, posters, or other information in French, and 30% of them were unaware of the “Bonjour!” program in health facilities in Nova Scotia.



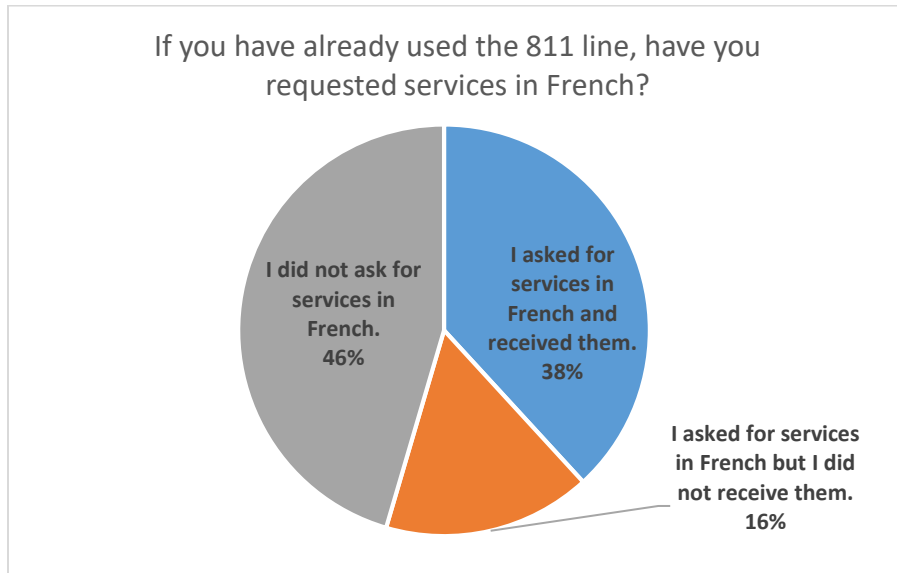
Of the respondents who were aware of the “Bonjour!” program, there were a number of ways that they became aware of it. The most common ways were through:

- Signage and posters (22 responses),
- Advertising (20 responses), and
- Lapel pins worn by staff (19 responses).

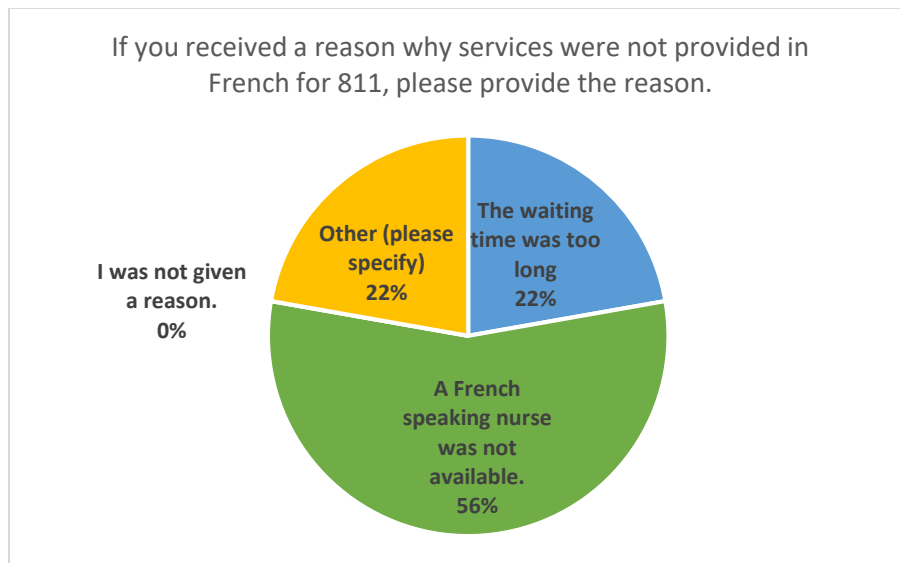


The 811 Service Line

Most of the respondents to this survey (86%) were familiar with the 811 service line, and many of them (59% or 55 out of 94 respondents) have already used it. Of the 55 respondents who have already used the 811 service line, 25 (45%) did not ask for services in French, 21 (38%) asked for services in French and received them, and 9 (16%) asked for services in French but did not receive them.

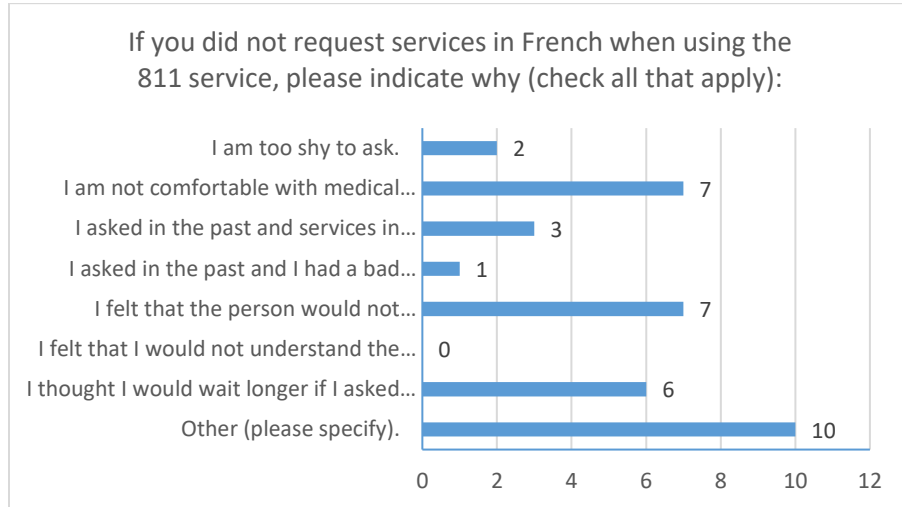


Of the 16% who asked for services in French on the 811 service line but did not receive them, 56% of them indicated that the reason was that a French-speaking nurse was not available, 22% of them were told that the wait time would have been too long, and 22% were not given a reason at all.



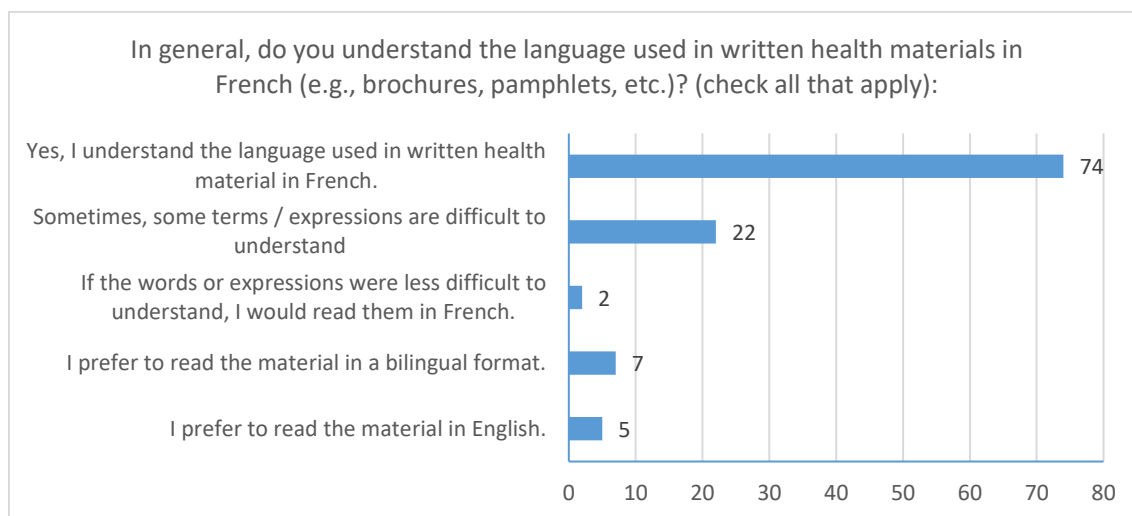
The 45% of respondents who did not ask for services in French when using the 811 service line were also asked why they did not ask for services in French. The three most commonly cited reasons for why they did not ask for French services were:

- They were not comfortable with medical terminology in French (7 responses),
- They felt that the person would not understand them (7 responses), and
- They thought they would wait longer if they asked for services in French (6 responses).



Health Information in Written Materials

Respondents were asked if they understand the language used in written health materials in French (e.g., brochures, pamphlets, etc.). The majority of respondents (83%) understood the French-language written materials, but they were also asked to indicate how well they understand the materials as well as their preferences about them. For example, many respondents felt that “sometimes, some terms/expressions are difficult to understand,” (22 responses). A few people prefer to read the material in a bilingual format (7 responses), and some prefer to read the material in English (5 responses).

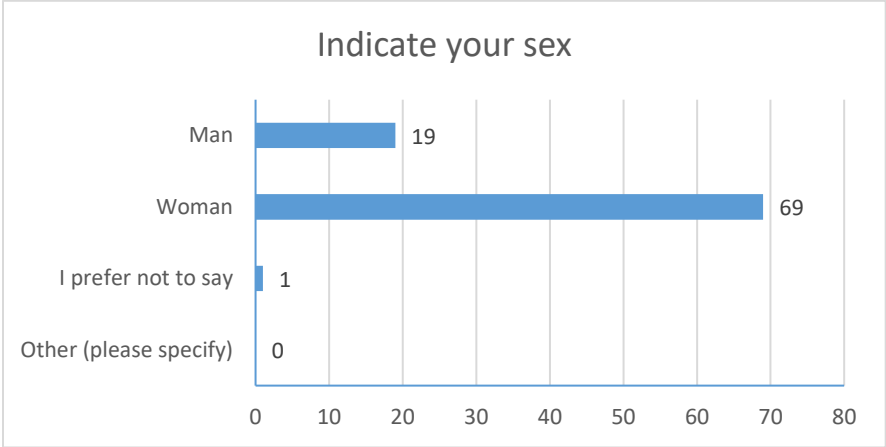


Respondents were also asked what kind of information they would like to have available to them online in French. Fifty-nine (59) respondents gave answers, and below is a list of the most common answers:

- They desired to have all health information that is available in English be available in French also (20 responses).
- A list of health professionals who speak French and services available in French (7 responses).
- Instructions for visiting the hospital (6 responses).
- The health card form (5 responses).

Demographics

Sex Distribution



Age Groups

Eighty-nine (89) respondents completed the demographics section of the survey. Of these, 78% self-reported as female, 21% as male, and 1% preferred not to say. All age groups were represented in this survey sample.

Age Group (years)	Number	Percentage (%)
12-24	2	2.25
25-34	19	21.35
35-44	20	22.47
45-54	25	28.09
55-64	10	11.24
65 and over	13	14.61

Community of Residence

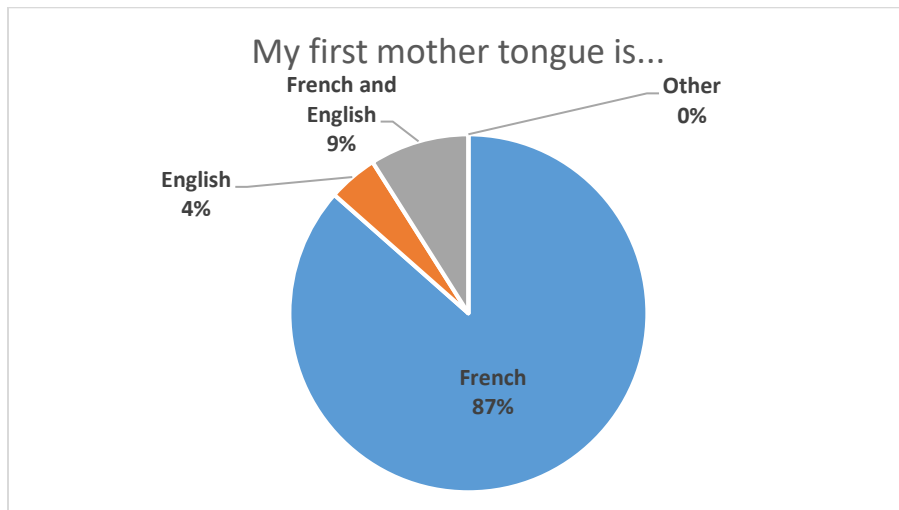
The respondents from this survey also represented most of the Acadian or francophone communities in Nova Scotia.

Community	Number	Percentage (%)
Isle Madame	5	5.62
Chezzetcook	0	0
Clare / Baie St-Marie	11	12.36
Rive-Sud (Bridgewater area)	1	1.12
Argyle / Par-en-Bas	9	10.11
Pomquet	2	2.25
Halifax	46	51.69
Truro	4	4.49
Chéticamp	3	3.37
Sydney	2	2.25
Annapolis Valley	1	1.12

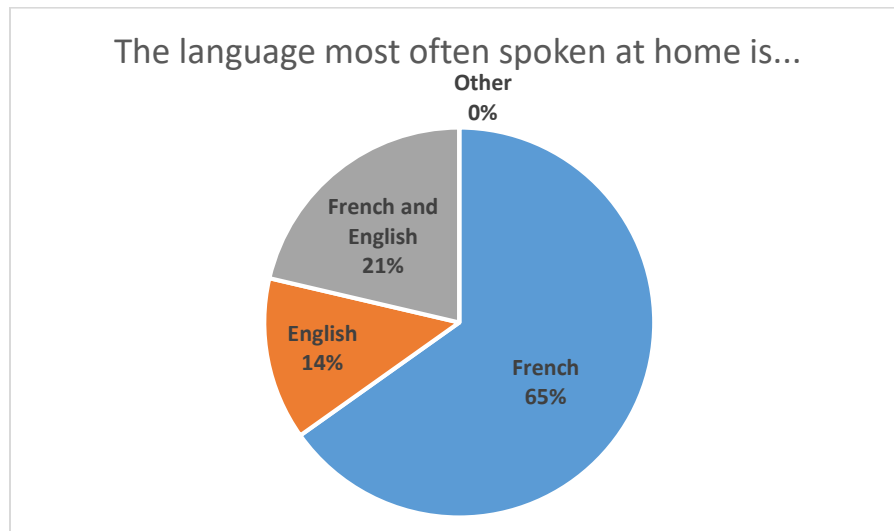
Respondents also came from other communities such as: Hubbards, Dartmouth, and Yarmouth County.

Mother Tongue

When asked what their **mother tongue** is, 87% of respondents indicated French, 4% indicated English, and 9% indicated both French and English.



When asked what language they **most often spoke at home**, 65% indicated French, 21% indicated French and English, and 14% indicated English.



Additional Ideas and Comments

The survey concluded by giving respondents an opportunity to provide their ideas or comments on French health services. Respondents gave 54 comments, in which two themes emerged.

Themes

The most common theme was that although there appears to be some French-speaking capacity among some health care professionals outside of the hospital setting, there is a marked lack within hospitals. Many of the comments indicated that while the respondent has a French-speaking family doctor, or dentist, or osteopath, etc., health professionals in hospitals who are competent enough in French to provide the entire service in French are rare.

Other comments emphasized the need for a publicly-available directory of health professionals so that Acadians and francophones could actively seek them out.

Suggested Ideas

Several interesting ideas were also given.

“Ask people who have lived through experiences, positive or negative, to share them with groups, during meetings...”

“I think it would be very important to have interpreters in serious situations. For example, when you are hospitalized, it is very important to understand what is happening to you and what will happen to you and what they will do to you.”

“That professionals who can express themselves very well in French wear a lapel pin to offer service in French.”

“It would be nice to have a registration form for francophones who would like a doctor who speaks French. The current format short-changes us. There is no language preference option and no space indicating our status or medical conditions.”

“RSNÉ should be one of the witnesses heard during the hospital accreditation process as a representative of the community. The accreditation board of Accreditation Canada holds hearings where "evidence" is heard ...”

What is Working Well

A few respondents wrote comments that pointed to positive outcomes with respect to health services in French. One person acknowledged that “People in general are very open to offering us services in French...”

Another respondent commented on a visit they had to the QE II Health Sciences Centre in Halifax.

“I used the QEII French kiosk / registration kiosk for an appointment with an optometrist ... that was good and the optometrist spoke French too and actively offered me services in French.”

Another respondent stated that “Great progress has been made during the last few years.”

Finally, one respondent stated: “The Sacred Heart Health Centre in Chéticamp offers excellent services in French. That's why I never have to ask for these services.”

Interesting Points Raised

Additionally, the respondents raised some interesting points that are worth considering when examining the provision of health services in French in Nova Scotia.

One point, which was made on two occasions in the survey, is that when health professionals realize that a francophone or Acadian patient understands a little English, they often do not consider it important to provide them with bilingual or French-speaking staff. They often assume they understand enough English to continue the consultation.

Another comment stated that if the province wants the francophone and Acadian population to be served in French, then health care providers must be encouraged to provide an active offer. In other words, providing an active offer more regularly will result in providing services in French more often.

Conclusions

The vast majority (81%) of respondents were not offered health services in French. Of the 19% that were offered, 94% of them understood the person who spoke French to them. Therefore, the quality of the French-language interactions appears to have been quite good, which other results from this study indicate is extremely important. Effective communication was the main reason given in this survey for why it is important to be able to speak French in a health care setting. However, about half of these respondents said that the health care professional used medical terms in English. One may assume that this could pose problems for some francophones, and it may be the case for some, but previous consultations by the RSNE have shown that some francophones prefer to use English terminology with respect to certain health-related terms.

The results of this survey indicate that for about half of the Acadian and francophone community in Nova Scotia, they are never offered health services in French and only about 30% of them have been offered a few times or sometimes. This rate leaves much room for improvement, particularly since the French-language Services Regulations came into effect in Nova Scotia in December 2006, almost 12 years ago.

The data regarding requests for health services in Nova Scotia revealed that **visibility/awareness** is one of the biggest barriers to people requesting French-language services in health care. This is encouraging given that the RSNE, the Nova Scotia Health Authority, the Department of Health and Wellness, and the IWK Health Centre are currently promoting the “Bonjour!” program in hospitals across the province. The goal of this program is to make more people aware that French-language health services are available, and encourage them to request them. To that end, the “Bonjour!” program has developed posters, pins, desktop signs, etc. and will be distributing them shortly to hospitals throughout the province. If these items become highly used as they are intended, it may have the desired effect.

Another key finding of this study was why it is important for members of the Acadian and francophone population to be able to speak in French during a health care interaction. The most common reason found in this study was the importance of understanding a health care professional and of being understood as a patient in return. This shows the critical importance of communication in a health care relationship. There are so many nuances and critical pieces of information shared during a health care interaction between a patient and a health care professional: feelings, physical symptoms, emotional and mental symptoms, family history, etc. Also, medical terms are highly technical. If one element is lost, the consequences could be drastic. It could result in an incorrect diagnosis, a missed test or examination, an incorrect treatment, or the loss of a patient’s time.

The importance of one’s mother tongue was also found to be a key reason for requesting health services in French in this study. This reinforces previous findings that show that when one is sick, one usually reverts to their mother tongue. This phenomenon is also seen in emergencies and crisis situations where there is a heightened sense of urgency and gravity.

About half of the respondents indicate that they are still not comfortable with interpretation services. The health care system needs to build the Acadian and francophone community’s confidence in its interpretation services. It may be an issue of quality, and it may simply be an issue of reluctance to try it

in the first place. Half of the respondents also did not even know it was an option. This implies that an awareness campaign is necessary to make it better known.

The data on French written materials is encouraging. It showed that 83% of respondents understand the French health material they have seen so far, and only 25% feel that sometimes, some words are hard to understand. This is a positive finding given that research has shown that lower levels of health literacy are linked with negative health outcomes (Rootman and Gordon-El-Bihbety, 2008). It is important to keep in mind that when writing material for the general public it is usually a best practice to write at a grade 8 to 10 level (“Plain Language Service”, 2018). However, the issue may be more complex when one considers that some members of Acadian and francophone communities in Nova Scotia have indicated in past consultations that they prefer to read health material in English. In this survey, only 6% of respondents indicated a preference to have health material in French, and 8% preferred to have bilingual written health material. It appears that although most people understand written health material, many of them may still prefer to have that material in English or in both official languages, depending on the community. Another added complication is the fact that some communities describe symptoms or conditions differently in French than other francophone communities. For example, someone from one community may say “mal au coeur” to describe nausea, but in English it translates to “heart ache”, which is not a specific symptom or condition. The same misunderstanding may happen when describing an ear ache in some communities.

Regardless of the terminology that is used, it is important to keep in mind that if one is creating a bilingual document, the ideal format is to have both languages on the same page – half of the page for one language, and half of the page for the other, or, if that is not possible, have one side in French and the other in English (double-sided).

With respect to the online written material that respondents would like to see, there were a variety of answers. The most common answer was “everything”. Almost half of the responses received to this question indicated some variation of this answer. Some felt it was only fair to have all the material available in English be available in French as well. Others simply indicated that they wanted all health material available online in order for them to play an active role in their health care. Others indicated a preference to have French material on basic services, such as the health care form, a list of professionals who speak French, a list of health services available in French, and directions to visit the hospital. Our society has changed to one where most people search for information online, and it appears that having health information online in your mother tongue is vital to accessibility.

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2. Irving Rootman and Deborah Gordon-El-Bihbety (2008). *A Vision for a Health Literate Canada: Report of the Expert Panel on Health Literacy*. Canadian Public Health Association: found at <https://www.cpha.ca/vision-health-literate-canada-report-expert-panel-health-literacy>.

Appendix 1 – Answers to the Open-Ended Questions

1. Which health facility did you visit?

- Doctor
- A clinic without an appointment
- Family Focus Clinic
- IWK and clinic
- Meteghan Medical Clinic
- Valley Regional Hospital
- QE II
- Cape Breton Regional and IWK

2. What type of service did you receive?

- Labour
- X-ray
- Health services with a doctor randomly selected from a walk-in clinic.
- Clinic, ophthalmologist
- Circulation
- Medical visit with "no appointment"
- Medical exam
- My son had surgery
- Appointment with my doctor
- Bipolar hip replacement surgery
- Autism Team
- Pregnancy emergency & delivery

4. How were you offered services in French during your last visit to a health facility? (Check all that apply):

- I could tell that the [professional] was franco. [francophone]. [S]he spoke to me in English; so it was me, with the [name] d'Entremont who spoke to [her] in [French] and so she changed to French. Not the same [as] with the reception.
- The doctor speaks to me in French

8. If you did not request services in French, please indicate why (Check all that apply):

- This was a specialist, I did not want to risk waiting longer for a specialist [who speaks] French. I can say that I had many positive experiences with IWK specialists ... many speak French.
- In the past, I asked for service in French and was made to wait 10 hours in the hospital!
- No need for services in French; I understand English.

- No reason.
- My spouse is anglophone so it was easier to have services in English.
- The people in the office & the doctor (whom I'm proud to have found) are English speakers.
- The professional we saw has an excellent reputation and is very good in his field so we chose to continue with him rather than wait for another professional.
- It was a surgery asking for services in French I did not want a delay.
- I did not want to be a bother.
- I met this health professional only once and at first contact, I knew he did not speak French.
- When you have to go to the emergency room, you have to understand that the staff can be limited and I'm happy not to have waited for 3 hours. So service in French during this situation was not essential.
- I was too sick to think of language.
- In an emergency situation, I do not want to have to wait longer while looking for someone who can serve me in French. I do not want to have to communicate through an interpreter, in person or over the phone.
- I never asked for services in French at a health facility. In the past, I had asked for French-language services in other organizations.
- I had enough difficulty getting services in English. I had to call the ambulance twice to get me.
- I feel as comfortable in English, so French is not necessary for me.
- I am English.
- My first language is English.

10. If you received a reason why services were not provided in French, please provide the reason.

- There was no French-speaking nurse working that day.
- No French-speaking staff.
- There was no one to serve me in French.
- Not available.
- Unavailability of the interpreter.
- [T]hey did not have a French-speaking nurse working that day.

20. If you received a reason why services were not provided in French for 811, please provide the reason.

- As the wait is already long, I did not want to wait even longer for service in French.
- I was offered it, but there was an extra wait time.

21. If you did not request services in French when using the 811 service, please indicate why (Check all that apply):

- I never thought of asking ...
- I am comfortable with English.
- I understand English very well.

- I did not know it was possible.
- I did not want to.
- Did not think about language.
- I did not think about it!
- My husband is English speaking and the conversation had to be understood by both of us.
- I am English.

23. How did you hear about the “Bonjour!” program in health facilities? (Check all that apply):

- I just saw [it] on Facebook.
- My job.
- I have known the program for several years.
- Government website.
- I was involved in the development and implementation of this program.
- I work in the Francophone community and it is my job to know the resources for francophones.
- Réseau Santé
- I think it was a sign that there was someone who speaks French.
- By email from the Réseau Santé.
- I am a member of the Réseau Santé’s Halifax Committee.
- Radio-Canada’s *Le Réveil* broadcast during an interview.
- FANE / Réseau Santé.
- Regional training
- The radio
- Through my work.
- Through Réseau Santé.
- Radio, *Le Réveil* program
- I received the services of a translator at 811 once and I did not always agree with what he was saying so that's why I would try to do without it.
- Hospital orientation.
- Committee work.

25. What online information would you like to obtain in French (e.g., information about Pharmacare, the health card form, hospital visit instructions, etc.)? (Please specify):

- All examples mentioned above.
- Instructions for visiting the hospital.
- Information on medicines, all forms and information on basic procedures (visit to the hospital).
- Mobile Breast Cancer Monitoring Clinic (currently available in English only)
- The same information that is available in English.
- All.
- Instructions for visiting the hospital.
- Information that may be useful.
- All.

- Information that may be useful.
- [As much] as possible.
- Health card, [P]harmacare, public health information (ticks, chronic diseases, etc.)
- All.
- Information on childhood medical conditions in French.
- Various bilingual or French forms.
- Information on paraprofessional health services for children (ortho / ergo / mental health, AUTISM) on the IWK website.
- Info[rmation] on services available in French.
- All that facilitates the accessibility and functioning of the medical bureaucracy.
- No problem with all of it.
- Form for the health card.
- I do not have specific requests but because we never know what kind of information we will need, I would say as much as possible (advice for hospitalization, drugs at the pharmacy, mental health support groups, etc.)
- List of specialists who speak French.
- Form for the health card, pamphlets on health in general.
- I would like academic help for my dyslexic child in French in the province. At the moment I have to travel from Truro to Moncton twice a week for 12 weeks in order to be able to follow a dyslexia support program. Help with ADHD is also very difficult to find in French.
- I'm not as keen on the electronic format. I rarely visit websites on the internet.
- Form for the health card.
- All information in English should be translated into French for essential services (e.g. health).
- List of professionals offering services in French.
- All that exists in English should be offered in French.
- I would like all the information in French. It's easier to understand.
- Everything related to health should be mandatory in French. Note that some people arriving in Nova Scotia speak NO or [ALMOST NO] ENGLISH. Having medical services in French or any brochure should be bilingual. I would like to mention that the IWK's documents "in French" to help with the birth process and for the stay, are not clear at all. It was easier for us to fill out the documents in English because we did not understand the French documents. Yet we are French-speaking Canadian[s]. I believe there is some way to go and some steps to take to get French into Nova Scotia.
- Hospital visit guidelines
- All. Absolutely all documents
- None because I know that after I will also have to find them in English to make me understand [which] doubles the work
- All
- All
- Information on Pharmacare, regulations and practices for long-term care facilities in rural NS. The right of the person to die with the assistance of a health professional.
- Pharmacies that have bilingual staff ... really bilingual.
- All that is reasonably possible

- Family doctor waiting list, hospital visit instructions, instructions and warnings for taking medications
- All services.
- Form for the health card, form to register for a walk-in clinic.
- All should be translated.
- Instructions for visiting the hospital and forms related to a health service
- Hospital visit guidelines
- Pharmacare
- Pharmacy, handled by the province's Department of Health, bilingual sites of all health service providers
- Get a list of health professionals who still ACCEPT patients and who really speak French
- All
- Find a doctor who speaks French (even just a little)
- Record of visit
- I would like to receive all this bilingual information.
- All this information would be useful in French, although translated well.
- Information on French consultation services and free services
- None.
- None.
- All.
- in person French services is most important
- Birth registration.

30. Why is it important (or not) for you to be able to speak French in a health facility? (Specify)

- It's easier to explain health problems in one's mother tongue.
- It is my mother tongue.
- People's lives are at stake, in a bilingual country like Canada it is essential that everyone can be understood by speaking in the official language of their choice!
- Access to a doctor or specialist. Fastest options. Service in English or wait for service in French?
- I do not know the English words to describe my physical condition to a doctor (for example). Also, my children speak only French so it is essential for them to have access to French-speaking health professionals so that they are able to answer the questions put to them.
- For me, it's essential to receive services in French for my children (unfortunately, my bilingual doctor has retired, and since it's difficult to have a family doctor, I'm back with a French-speaking doctor). I understand that it is not possible for all specialists to be bilingual, and since I communicate very well in English, I do not insist. In a crisis situation, however, when the ability to communicate in a second language becomes difficult, it is imperative that services are available.
- In serious situations like health matters, it is important to be able to be understood to explain the situation as well as to understand the diagnosis and the proposed solutions.
- It's not a matter of life or death for me, because I'm bilingual, but in emergency situations, it's the first language that comes to mind. I recently had to act as a French interpreter (I am not qualified in health) for a friend who had just had an operation, because no one could give her information

in French on the procedures to be followed, what happened during her operation, etc. That's why this is important. She is 100% bilingual, but her first language is French and after all this stress, she felt completely lost without any services in French Especially for specific medical terms that she did not know in English and that I had to translate.

- My children are more comfortable speaking French.
- To ensure a good understanding.
- I understand English but I do not speak English very well. So, I can make mistakes with the meaning of words which can make it difficult for health professionals to serve me well. In addition, I have an English-speaking psychologist who does not speak French and our meetings are difficult. We must use Google translate and I often have to repeat what I say. And, thus, the meaning of words can sometimes be wrong. Not everything is translated word for word.
- Because health is an area where it is important to understand and be understood.
- I am French speaking and it is easier for me to express myself and describe things in my first language.
- Very important to understand and make me understand. Communication is essential in times of illness. When we are sick, we are sick in our mother tongue!
- It's a question of understanding and being understood.
- It's my language, but when you just hear English you get used to English words, sometimes you have to compare French words to understand. In an emergency we do not want to be searching for words or have someone who does not understand us.
- It is important to receive information in French to be able to distribute to our students in our French-language school.
- [To] [u]nderstand the health professional, [to] understand the treatment or procedure, [and to] feel comfortable asking questions to the health professional
- For me, it's not important. For someone with dementia, who speaks French, it will be VERY important.
- I am perfectly bilingual, but my child is unilingual francophone. We speak only in French. Appointments at the IWK or at the hospital are much more stressful if I need to constantly translate and translate my child.
- To reassure yourself of having well understood the instructions and to develop a relationship with the service provider.
- I still like talking in "my language".
- This is not essential for a blood test or X-ray. On the other hand, it is very important when it comes time to describe symptoms / discomforts to describe a medical condition.
- It's my nature to want it ... my life experience ...
- One uses one's mother tongue when one is sick.
- Because it is essential to be well understood by professional services and it is also essential to have a good understanding of the latter's advice and instructions.
- It all depends on the service I need, I am comfortable receiving service in English. On the other hand, if it is something specific, I prefer to see a specialist who speaks French to make sure I understand.
- This is my language, I would like to speak in my language. I feel more comfortable. I do not want an interpreter service, my health is personal and confidential.

- To make sure I understand everything I am told, e.g. for my safety or that of my family.
- Because we are a bilingual family and a bilingual country
- More comfortable in my language if it is highlighted and valued!
- It is important to preserve our mother tongue.
- To be able to express what is happening in my body. And with an interpreter I would be less comfortable, because it's one more person who receives very personal information about me.
- Because I explain myself better in French.
- This is important because when it affects health (in a situation where you are sick), it is our native language that is natural and not English. Especially since I do not know the technical and health-related words in English.
- If the professional can speak French very well, yes I would like to receive a service in French. But if the professional has difficulty speaking French and does not have the medical vocabulary, then for the sake of understanding, I will speak in English.
- I went for an ultrasound and was asked if I had ever done one and I could never explain to them what kind I had because I did not know the vocabulary. I was lucky that my visit was not a matter of life or death.
- Because I am francophone. Because I should have the right to be served in my mother tongue. I speak English, but during health problems, it is always easier to be served in my language. I asked for an interpreter for my delivery and no one was available for us.
- My level of English is not good enough to understand all the instructions or information I am given or to clearly express my health problems
- It may be because I speak English and do not try enough to receive services in my language. Plus my spouse is English speaking so if he comes with me, it's more convenient to receive services in [E]nglish
- I do not have enough English to understand and be understood well in this language
- More or less important. I understand that the province does not have the means to offer bilingual services and that the vast majority of people under 50 are fluent in English. On the other hand, I believe that people who grew up here and did not learn English in their area should have the right to a competent translation service.
- To promote French in health institutions. I am bilingual, but my grandparents are not and I want the world that needs French services to have the support they need.
- You feel more at ease in your language.
- I think it's a right to have the option of being served in both languages!
- To explain myself clearly
- Because it is MY LANGUAGE and the one in which I can express myself best. I feel I am being listened to and understood when I can speak with someone in French. It's like I'm being embraced with the tenderness of a mother who is comforting her child.
- To keep French alive
- It's my language. What annoys me is that I feel like I should just accept the services in English because I am perfectly bilingual. I only want to be served in my mother tongue.
- This is extremely important since French is my first language. There are many medical terms that I do not understand in English and that I have to look up after a visit to the doctor. I also have a

lot of trouble expressing my symptoms in English and I know that it can be detrimental to the diagnosis. I intend to have a family soon and the idea of being examined in English is very scary.

- Good communication
- I find that we are more comfortable reporting our problems and that it is easier to understand medical terminology in French.
- Because it's my first language that it's easier to express, understand and remember the important nuances of situations concerning my health and that of my family.
- My mother tongue is French and my children are not comfortable in the English language
- In a state of stress or serious illness, we do not remember the second language, English, and we do not understand
- It's easier to explain my symptoms in French because I do not know the terms in English.
- Even though I'm bilingual, it's easier to speak French when it comes to health
- It is difficult to speak in your second language about sensitive or vital subjects when you are sick, concerned and worried for yourself or for a loved one. Plus it's a right, Canada is bilingual
- Because it's my mother tongue, so it's easier for me to explain myself in French and in cases of illness I do not have the necessary perspective to find my words in English
- To understand the instructions given by the professional, ease of expressing what I as a patient feel or what I am suffering with. In a stressful situation we return to our mother tongue, the first learned. When I hit myself on the fingers with a hammer I say "[merde] ..." not "[shit] ...". Illness is a stressful situation and [therefore] it is essential for the patient to express himself in his mother tongue!
- It's the language that I understand best
- Important in the sense that one wants to be certain to understand everything and make oneself understood. Misunderstanding may lead to serious consequences
- Because my language is French I do not speak English very well
- Easier to understand
- To be more comfortable with medical terminology
- For my well-being
- I do not always understand medical language in English. I lost my French-speaking doctor, I asked to get a doctor who speaks French, I have been on the list for a long time already. The problem is that health services are shrinking. The last time I showed up at the Bedford Clinic without an appointment, even before the clinic started its appointments, I was [turned away] because it was already full for the evening.
- Because I want to be sure to have understood the consultation and the consequences of the appointment. Moreover, it is easier to speak about health in French because it is more spontaneous
- I think people have a right to speak French if that is what they are comfortable with.
- My first language.
- If doctor is French it's ok but terminology has to be in English so I can understand.
- I'm as comfortable in English, so it's not imperative for me to receive service in French.
- I am able to speak and understand English.
- Culture.

- I speak Acadian French. The French that is offered is not that. I do feel [that] elderly [who] cannot understand English should have access to Acadian (understandable) services.
- I feel more comfortable when served by an Acadian.

33. In which region do you live?

- Prefer not to specify
- I do not want to reveal
- Hubbards
- Dartmouth
- Yarmouth county

36. Please give us ideas or comments that you feel are useful to us about your experience with French health services.

- I am happy to receive services in French in the health services even if my family doctor does not speak French.
- Possibly a place where you are served only in French.
- Having the chance to find a family doctor who speaks French has made me more comfortable asking for advice.
- I believe that we need to promote health service opportunities in French more because we often do not know that it is possible to receive them. We also need more francophone professionals in the health sector.
- I believe that the implementation of the new *Bonjour* logo for health professionals is very important ... We are so used to never knowing who can offer services in French, often people will only speak to me in French after seeing that I have a French name. It is a stress-free way to know that it is possible to have services in French without having to ask 15 people before finding the right one!
- I asked for an interpretation service during a visit to the hospital with a dietician and the interpreter is not [at an appropriate] level of French. She was not of much use. We had to use [G]oogle translation to understand each other. It is not normal for an interpreter not to understand French.
- I have a francophone doctor. She does everything possible to refer to French services, but it is rarely possible. It often takes longer, but I do not have that time when I call 811 [service line] for example.
- Very important to continue the progress in educating health professionals and the community about the importance of having access to services in French, especially in the health field!
- One of the questions does not work because it asked if we received services in French and the only one was the registration kiosk. This question is followed by "Did you understand the person" when it was a machine. In Halifax, the registration booth is still available, but I do not receive other services in French. Except once a volunteer spoke French.
- Keep up the good work, the work of francophones is never finished in an anglophone province...

- As a professional who asks for services to enter the school for the well-being of our young people it's frustrating when the manager thinks that everyone understands English so it's good [enough] – no need for services in French. For the CSAP the principal and the French language so there is a lot of information that our young people do not receive.
- I often find myself at the IWK (health reasons, as well as my work) and NEVER have [I been] offered health services in French. I do not have an accent and my name is an anglophone name, BUT I am French speaking. As a patient it is NOT up to me, a person in a vulnerable position, to demand services in my mother tongue.
- I am Acadian. I do not want to lose my French language. It's up to me to preserve it.
- To have a choice is an asset!
- Being bilingual, for me, the biggest problem is that everyone has access to a medical service. Older people still prefer to speak in their mother tongue.
- Ask people who have lived exp. positive or negative to testify before groups, meetings,
- The hospital in Yarmouth; there are several unilingual francophone students from Université Sainte-Anne who go there. We must improve the offer of services in French.
- People in general are very open to offering us a service in French, but with the shortage of doctors, just having a good doctor is more important for us than waiting a long time for a francophone doctor.
- For the moment, I have a French-speaking family doctor, a French-speaking gynecologist and a French-speaking osteopath. So I am very happy. However, when I go to the hospital, I never get served in French. For example, when I gave birth in 2016, they did not check whether there was a nurse who spoke French to come and help me. On the other hand, I did not make the request either since I was comfortable that she spoke only English.
- I used the QEII French kiosk / registration kiosk for an appointment with an optometrist ... that was good and the optometrist spoke French too and actively offered me services in French, which did me good, reassured and calmed me!
- Hire bilingual staff. Seek out bilingual specialists or at least know how to lead francophone families towards other professionals who are.
- Visibly wanting to offer services in French and a welcome that encourages one to request them.
- Great progress has been noticed during the last few years.
- I do not really have any experience of being served in French in the health services in Halifax.
- I think it would be very important to have interpreters in serious situations. For example, when you are hospitalized, it is very important to understand what is happening to you and what will happen to you and what they will do to you.
- That professionals who can express themselves very well in French wear a lapel pin to offer service in French. That the hospital reception displays in French whether [there are] professionals available to offer quality service in French.
- I had to use interpretation service during a call with a specialist and I could not understand the interpreter. The quality of interpretation was not good. I finally asked to continue the conversation in English with the specialist because the information from the interpreter did not correspond to my answers nor to those of the specialist. I asked for my services in French on 2 occasions in 14 years and the services are either of poor quality or not available so I do not ask

anymore and I hope my life is not in danger because of the language barriers and nuances of the languages.

- Review the documents in French. Make access to French easier. Have better translator etc.
- My family doctor and my dentist are francophone. I found a physio who speaks French as well as an osteopath. When I go for examinations at the hospital or see specialists, this is not the case. I had two major operations in the last few years as well as hospitalizations of about 5 days and I had to manage as best I could. When they realize that we understand a little, they do not consider it important to provide us with bilingual or francophone staff. They think we understand everything ...
- I am happy to have a francophone family doctor and a francophone dentist when I have to have specialized services, I do not expect to have services in English
- A directory available on the Web
- At the moment if I am looking for services in French I limit the quality of my care
- My aunt had cancer and she died in my grandmother's arms because the hospital did not understand the emergency - my grandparents could not communicate with the health care system in their language. It's a family sorrow that I do not want to see happen again to others.
- More signs and also the *Bonjour!* program.
- The Sacred Heart Health Centre in Chéticamp offers excellent services in French. That's why I never have to ask for these services.
- It may seem that I do not ask for service in French, but when I have an appointment with a doctor or a health professional, my first step is always to probe whether the person has some French skills. If so, I continue in French, if not, I prefer to explain my case myself. French service always a priority in my life ...
- I often realize that I am speaking English with another French speaker ... what a waste of time! It's time for Acadians to stop thinking that the professional world is strictly English ... like my mother who only spoke English when she went to Moncton even when French services were offered
- The display of service provision in French should be more visible. Health cards could have a code or something to indicate that the person prefers to receive services in French.
- It would be nice to have a registration form for francophones who want to have doctors who speaks French. The current format short-changes us. There is no language preference option and no space indicating our status or medical condition. My wife and I would so love to have a family doctor. If the doctor is francophone, that would definitely be an asset for us.
- It is essential to make an active offer if we want the population to use it.
- We must think about asking them each time otherwise we will never have them
- My family doctor and dentist are francophone. They refer me as much as possible to francophone specialists, but during visits to the hospital for blood tests, x-rays or other, I did not receive services in French.
- When I am knowledgeable that the health professional speaks French, I speak to him in French, even if he does not feel competent with the medical terms
- For the interpretation, try to hire people who are attentive to the linguistic needs of the patient: I used an interpreter who translated everything without thinking while I understood a lot of the

questions and it slowed down the exchange and another (during my delivery) who, seeing that I understood a lot, started reading his book and added to the stress

- RSNÉ should be one of the witnesses heard during the hospital accreditation process as a representative of the community. The accreditation board of Accreditation Canada holds hearings where "evidence" is heard ...
- Have French speaking doctors
- [I] is not where to find a French doctor
- Stay firm in the fight to offer health services in French. Continue to raise awareness with the community and health institutions.
- We need doctors and nurses who speak French. Bilingual paramedics sometimes would really appreciate it.
- Have a directory on [the] internet [of] specialists who can consult in French.
- Terminology needs to be easy to understand. Not Quebec or France French in Nova Scotia.
- No concern.
- Need more Acadian French translations in order to be understood by our older seniors.
- Knowledge of Acadian French should be considered rather than survey only asking about French services.

