

Final Report

**Study on Health and
Wellness Services and
Needs Within
Francophone
Communities in London,
Sarnia and Surrounding
Areas**

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SUMMARY

The main goal of this study is to better understand the availability of health and wellness services in French as well as the needs of the Francophone community in London, Sarnia and surrounding areas. The territory covered by the study has a population of nearly 12,000 people whose mother tongue is French and of more than 47,000 people with a knowledge of French.

The steps taken to carry out this project allowed us to gather feedback from nearly 6% of the Francophone and Francophile population. More than 680 residents in Elgin, Lambton, Middlesex and Oxford Counties participated in the various initiatives we set up to collect information.

Statistical analysis revealed that the Francophonie among the four counties under study accounted for 38% of all Francophones in the southwestern part of the province. This pool of Francophones as a whole shrank slightly by 1.7%, between 2011 and 2016. In contrast, during this same period, the counties of Middlesex and Oxford have managed to add a few members to their French-language communities.

The Francophonie in Elgin, Lambton and Oxford Counties has a high percentage of older adults, with more than 30% aged 65 and over. Adding the Francophone seniors in Middlesex County (21.3%) results in a pool of more than 3,100 seniors who, sooner or later, will require long-term care in these areas. It is therefore not surprising that the consultation tools indicated Francophones are very concerned about the development and strengthening of French-language health care services delivered to seniors.

At the same time, the counties of Lambton and Middlesex attract a growing proportion of immigrants each year. We know that immigrant families generally have a higher number of children than the North American average, helping to boost the number of Francophone youth. This explains why the number of Francophone youth under 25 years of age for these regions is higher than average, with a proportion of 14.6% for Lambton County and 23.9% for Middlesex County.

These statistics are very encouraging for the future of the Francophonie in these regions, but they quite legitimately create additional pressure for the development of French-language health care services, particularly for primary care, emergency services—which usually serve as a gateway to the healthcare system in Ontario—and mental health services as well as all child development support services. The participants in the study strongly emphasized these priorities.

We know that newcomers are generally less fluent in both official languages at once. The delivery of services in French becomes a decisive element that facilitates their integration and retention within the host communities.

Furthermore, the data gathered during this study, whether through the overview of existing literature, the survey or the consultations, converge and reinforce each other to bring out the following six major findings:

1. The Francophone community does not have at its disposal the infrastructure and services needed to ensure its health in French. The vast majority of participants receive their health and wellness services in English. For the most part, the community is unaware of what services are available in French, and the principle of active offer is not enforced by suppliers. In addition, the few services offered are scattered across a wide range of organizations and depend on a very limited number of bilingual stakeholders. These services are therefore extremely difficult to find, and even more to the point, service delivery remains precarious.
2. The Francophone community believes it is important to have access to health care services in French. French-language services are even more important for immigrants, seniors and young adults who are not necessarily as comfortable speaking in English, let alone in a situation of vulnerability. Nevertheless, since they live in a minority context, the majority of Francophones are reluctant to ask for French-language services, given their previous experiences.
3. A majority of participants reported good physical and mental health. Nevertheless, 52% of survey respondents revealed that they or members of their family have been diagnosed with a medical condition. Some of the most common health and wellness challenges include arthritis, high blood pressure, asthma, diabetes, cholesterol, back pain, mood disorders and anxiety.
4. With respect to the provision of health and wellness services in French, the priorities of the Francophone community are:
 - primary care;
 - emergency services and first responders;
 - mental health services for all: children, families, adults and seniors;
 - services for seniors;
 - early childhood services.
5. The Francophone community also considers it important to improve the delivery of French-language health care services in hospitals, including emergency services; in community health centers and within Family Health Teams; and in seniors' residences. To achieve this, it will be necessary to focus on the training of the bilingual health care workforce, particularly in major centers with a larger number of Francophones such as London and Sarnia, where the percentage of the workforce speaking French in the health sector lies at around 6 and 5% respectively.

In addition, participants don't seem to think the delivery of health care services in French can be sustained in English-language organizations. They call for a Francophone or genuinely bilingual infrastructure for the development of long-term capacity to meet the needs of the Francophone community in a sustainable manner, across the continuum of health care services: primary care, community care, disease prevention and health promotion.

6. To maximize the use of future services in French, these will have to be promoted in community spaces and their accessibility ensured within a radius of less than 20 km. It will also be necessary to reverse the stereotypes that seem to persist with regard to French-language services (quality,

safety, wait times, continuity, etc.) and to create opportunities to invite Francophones to use them and become ambassadors for the services in question.

London, Sarnia and their surrounding areas are unfortunately underserved in terms of health and wellness services in French. Francophone seniors and newcomers face significant language barriers, which often place them in a vulnerable position.

The situation must be remedied quickly in order to offer the Francophone community, which is constantly expanding and diversifying, the services it needs to fully thrive. Access to equitable and safe health care services in French is an essential factor in attracting and retaining Francophones from all walks of life who settle in these areas.

Organizations representing the Francophonie in London, Sarnia and surrounding areas must work with decision-makers and service providers to change the status quo and develop local capacity for the delivery of health care services in French in a sustainable way which is anchored to the needs of their fellow French-speaking citizens.

INTRODUCTION

The Study on Health and Wellness was commissioned in order to update what we know about available services in French and the priorities of Francophone communities living in London, Sarnia and surrounding areas.

This study is the first part of a joint community development initiative entitled “Ma vie en français” (My life in French), promoted by the Centre communautaire régional de London (CCRL), the Table de concertation Franco-Info London and the Erie St. Clair/South West French Language Health Planning Entity. The health and wellness component of the “Ma vie en français” initiative will list a body of information that will be added to other data, collected in the context of initiatives focused on the living environment and career concerns of Francophones, all of which will fuel the development of the CCRL's five-year community strategic plan as well as an action plan for the Table de concertation Franco-Info London.

That said, this study focuses exclusively on the health- and wellness-related issues of Francophones and Francophiles.

METHODOLOGY

The services of PGF were retained to support the consortium in this initiative seeking to identify the health and wellness services offered to Francophones and Francophiles, as well as the needs and priorities of Francophones and Francophiles in this area.

The main components of the process included:

1. A collection of statistical data aimed at creating a detailed profile of Francophones and situating them in the territory covered by this study;
2. An inventory of health and wellness programs and services offered in French;
3. An online survey and community consultations to identify the needs and priorities of Francophones and Francophiles.

This study was structured to present the results obtained for each of these major components. The triangulation of results will then feed the section on the findings and recommendations to inform the consortium members' decision-making in the next steps of the “Ma vie en français” initiative.

DEFINITION OF THE FRENCH-LANGUAGE COMMUNITY AND OF THE CONCEPT INFERRED BY THE TERM “FRANCOPHONE”

In this study, the term “Francophone” refers to the inclusive definition as follows:

« Are considered to be Francophones in Ontario, those with French as a mother tongue, as well as those for whom the mother tongue is neither French nor English, but who have a good knowledge of French as an official language and who use French at home¹ ».

¹ Assemblée de la francophonie de l'Ontario, Guide – Désignation officielle des régions en Ontario, 2015, p. 3

In addition, the term "Francophone community" is used in a broad sense to include people who have a connection with the Francophonie, particularly Francophiles and Anglophones in exogamous households.

STUDY LIMITATIONS

The health and wellness initiative started at the end of January and subsequently gained momentum, particularly during the months of March and April. The context was unique in that several simultaneous data collection initiatives were underway with health service providers. The latter were therefore in great demand, particularly with respect to French-language health care services, especially with the development of a French-language service plan, the OZi portal for Francophone and Francophile human resources, and with other more targeted initiatives. The request was made to PGF to avoid directly contacting French-language health care service providers who were already exposed to several requests of a similar nature.

The alternative considered for developing an inventory of services was to ask the various stakeholders involved in French-language health care services to provide an updated list of French-language health service providers and a description of the services offered. However, PGF has not been able to get its hands on such a list and has had to resort to other less reliable sources, including suppliers' websites, the information found online at <http://www.lignesantesud-ouest.ca> and the more anecdotal experiences of the people we met during this study. These barriers have affected PGF's ability to develop a rigorous inventory of French-language health and wellness services in the region.

In addition, the online survey did not provide a sufficient level of participation for Elgin County residents to include this county in the comparative analyses. Since they constitute only 1% of total responses, the separate data for Elgin County are statistically unrepresentative. Responses from Elgin County participants are nonetheless included in the aggregate results.

PROFILE OF FRANCOPHONES IN LONDON, SARNIA AND SURROUNDING AREAS

This study covers the Middlesex, Elgin, Oxford and Lambton areas. Middlesex, Elgin and Oxford counties are located within the South West Local Health Integration Network (LHIN), while Lambton County is within the Erie St. Clair LHIN. While the geographic boundaries of the LHINs differ from those of the census divisions, this has no influence on the data used.

To draw a statistical profile of Francophones and Francophiles residing in the study area, we collected demographic data from the 2011 and 2016² censuses. Census data include a variety of language variables:

- Number of people whose mother tongue is French
- Number of people whose first spoken language is French
- Number of people for whom French is the language spoken most often at home
- Number of people who can speak French

For the greater Sarnia and greater London areas, we were able to find more information about Francophones, including their marital status, their highest level of education and the economic sector in which they work.

In general, the most commonly used language variable is that of the mother tongue. From this variable, it is possible to search for a set of other variables to establish data cross-tabulations.

Despite the Ontario government's adoption, in 2009, of the inclusive definition of Francophonie (Définition inclusive de la francophonie, or DIF) put forward by the Commissioner of French Language Services, the data generated by the DIF are rarely used by the Ontario government at present, if at all, and the numbers are not available to the public.

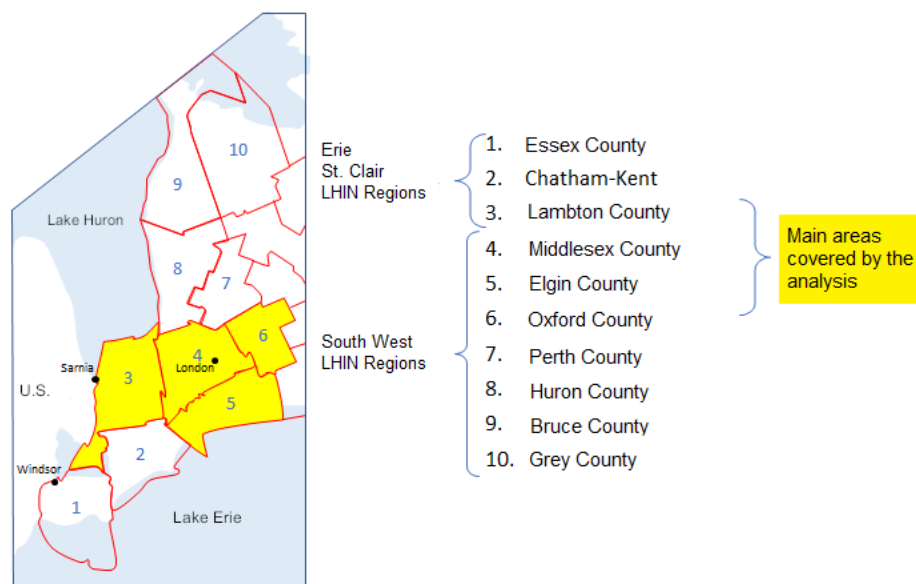
In addition, by looking at the formula and making calculations for the territory covered by this mandate, it was found that the use of the DIF would have very little impact on the results obtained with respect to the number of Francophones, but would limit our ability to extend the analysis to other observations, as the possibility of cross-tabulating with other data would be difficult if not impossible. Therefore, the data generated as a result of the DIF were excluded from this study.

GLOBAL OVERVIEW

Southwestern Ontario is comprised of 10 counties with several subdivisions. For the purposes of this study, particular emphasis will be placed on the counties of Lambton, Middlesex, Elgin and Oxford.

² Statistics Canada issues a warning that caution should be used in using statistical data collected before 2011 as the collection method has evolved. To ensure the accuracy of the information, the choice was made to use only data from the 2011 and 2016 censuses.

Picture 1: Census Divisions, Southwestern Ontario



Southwestern Ontario has a population of 1,581,069, of which 30,800 have reported French as their mother tongue, which is 2% of the population and 5% less than the census data indicated in 2011. A similar number of people, 28,640 or 1.8% of the population, have French as their first spoken official language, a decline of 3% from 2011.

In addition, 33% of people with French as their mother tongue continue to use it as the language they speak most often at home, a slight improvement (+1.9%) over 2011. Therefore, despite strong pressure to assimilate in Southwestern Ontario, particularly because of the high number of exogamous families, the Francophonie has remained stable and has even experienced a slight increase.

At the same time, 106,335 people reported knowing French (6.8% of the population), an increase of 6% over 2011. However, the scope of this variable is limited because it does not assess respondents' level of knowledge and functionality in French.

Table 1: Linguistic Data for Southwestern Ontario

| Variables | 2016 | Variation since 2011 |
|----------------------------------------------|-------------------------------------------------------------------------------------|----------------------|
| Total population | 1,581,069 | 2.4 % |
| French as mother tongue | 30,800 (2.0 % of total population) | -5.0 % |
| French as first spoken language | 28,640 (1.8 % of total population) | -3.0 % |
| Knowledge of French | 106,335 (6.8 % of total population) | 6.0 % |
| French as language spoken most often at home | 10,275 (0.7 % of total population) (33 % of people with French as mother tongue) | 1.9 % |

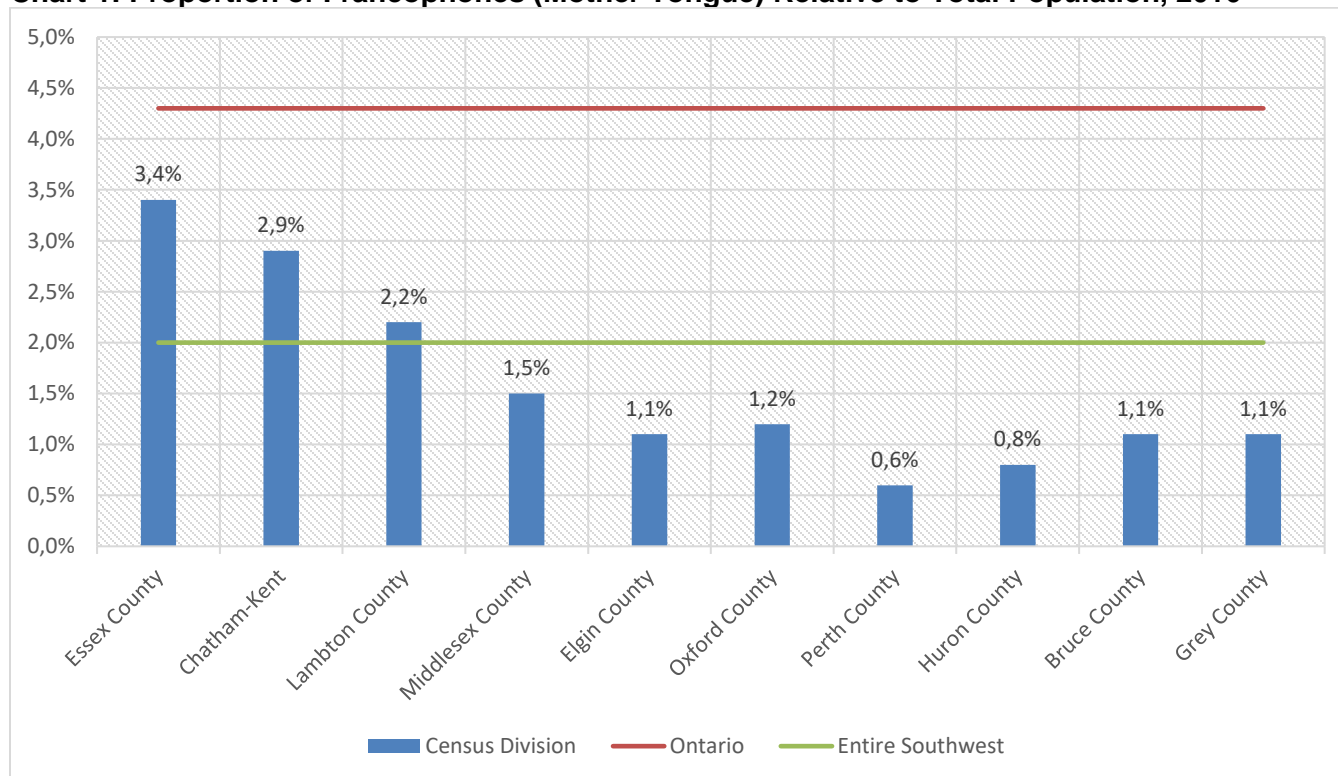
Essex County (including the City of Windsor) has by far the largest proportion of the population in southwestern Ontario reporting French as their mother tongue (43.1% of the total), followed by Middlesex County (including the City of London) with 22.5%. Lambton and Chatham-Kent counties each account for almost 10% of the total, while for other counties, the number is under 5%.

Table 2: Distribution of Francophones (Mother Tongue) in the Southwest, 2016

| Counties | Francophones (Mother Tongue) | % of all Francophones in the Southwest |
|----------------------------------|---------------------------------|-------------------------------------------|
| Essex County | 13,275 | 43.1% |
| Chatham-Kent | 2,940 | 9.5% |
| Lambton County | 2,760 | 9.0% |
| Middlesex County | 6,940 | 22.5% |
| Elgin County | 960 | 3.1% |
| Oxford County | 1,275 | 4.1% |
| Perth County | 480 | 1.6% |
| Huron County | 445 | 1.4% |
| Bruce County | 745 | 2.4% |
| Grey County | 980 | 3.2% |
| Area covered by the study | 11,935 | 38.8% |
| Total | 30,800 | 100.0% |

Chart 1 below illustrates the proportion of Francophones with French as their mother tongue relative to the total population of the various counties.

Chart 1: Proportion of Francophones (Mother Tongue) Relative to Total Population, 2016



The variation in the number of Francophones is negative in six out of ten census divisions, which saw a decrease in their Francophone population, often a significant one, between 2011 and 2016. In terms of the study area, it declined overall by 1.7%, with the loss of more than 200 individuals between 2011 and 2016. Nevertheless, the counties of Middlesex and Oxford experienced a slight increase in their Francophone population.

Table 3: Variation in the Number of Francophones (Mother Tongue) from 2011 to 2016

| Counties | Francophones (2011) | Francophones (2016) | Variation (#) | Variation (%) |
|----------------------------------|---------------------|---------------------|---------------|---------------|
| Essex County | 14,135 | 13,275 | -860 | -6.1% |
| Chatham-Kent | 3,335 | 2,940 | -395 | -11.8% |
| Lambton County | 2,975 | 2,760 | -215 | -7.2% |
| Middlesex County | 6,845 | 6,940 | 95 | 1.4% |
| Elgin County | 1,060 | 960 | -100 | -9.4% |
| Oxford County | 1,260 | 1,275 | 15 | 1.2% |
| Perth County | 575 | 480 | -95 | -16.5% |
| Huron County | 550 | 445 | -105 | -19.1% |
| Bruce County | 745 | 745 | 0 | 0.0% |
| Grey County | 950 | 980 | 30 | 3.2% |
| Area covered by the study | 12,140 | 11,935 | -205 | -1.7% |
| Total | 32,430 | 30,800 | -1,630 | -5.0% |

The age profile of the Francophone population in most of the study areas differs from the provincial average, with the exception of Middlesex County which, with a larger pool of individuals, is closer to provincial tendencies as a whole. Nevertheless, in general, the Francophone population is older and includes significantly fewer individuals aged 45 and under.

Chart 2: Percentage of Francophones (Mother Tongue) by Age Group and by County, 2016

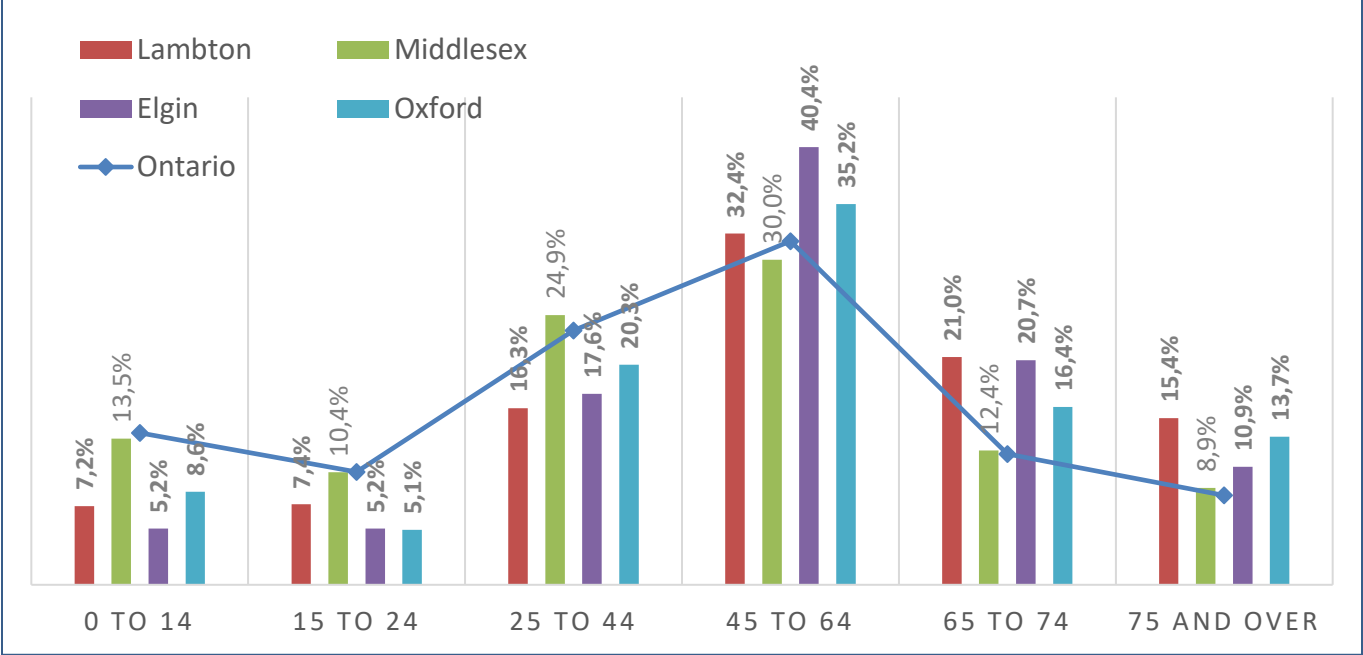
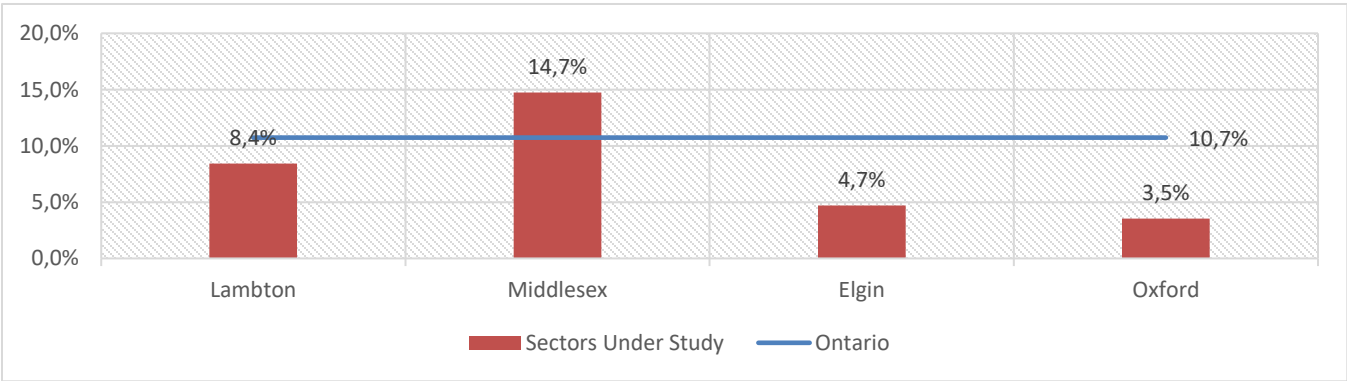


Chart 3 shows that 10.7% of the Francophone population for all of Ontario is defined as "immigrant". Middlesex County (which includes London) has a higher proportion of Francophone immigrants (14.7% of the total). Lambton County is close to the provincial average at 8.4%, while Elgin and Oxford Counties have a significantly lower proportion of Francophone immigrants, at 4.7% and 3.5%, respectively.

Chart 3: Percentage of Francophones (Mother Tongue) with Immigrant Status, 2016



In short, the analysis of the Francophone population of the four counties under study reveals the following:

- The total number of Francophones residing in Lambton, Middlesex, Elgin and Oxford Counties accounts for 38.8% of all Francophones in the southwestern part of the province;
- In the areas under study, the proportion of Francophones relative to the total population of their county is below the provincial average of 4.3%;
- The number of Francophones residing in the counties under study fell by 1.7%;
- The Francophone population is significantly older than average;
- With the exception of Middlesex County, the proportion of the immigrant population relative to the Francophone population as a whole is below the provincial average.

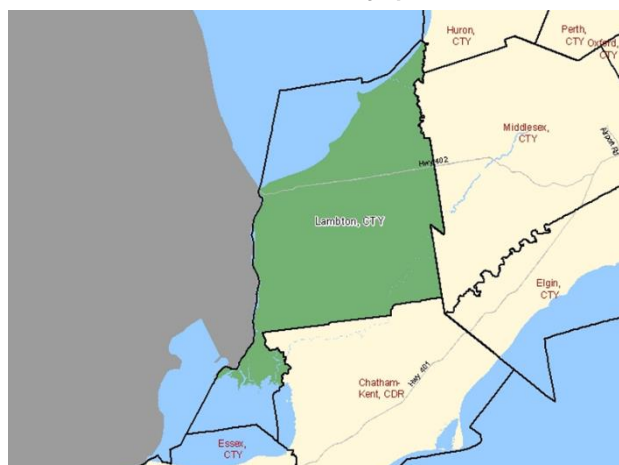
OVERVIEW: LAMBTON COUNTY

This section focuses on the city of Sarnia, which is located in Lambton County.

The city of Sarnia has a population of 71,594, of whom 2,040 are French speaking, accounting for nearly 3% of the city's population. In addition, 73% of all Francophones in Lambton County reside in Sarnia.

Between 2011 and 2016, Lambton County experienced a decline of more than 7% in the number of people with French as a mother tongue and a 10% decline in those who speak French as their first official language. Nevertheless, knowledge of French increased by almost 2%, while the number of people indicating French as the language spoken most often at home declined, by 21.8% relative to 2011.

Picture 2: Lambton County (Census Division)



- St. Clair
- Walpole Island 46
- Dawn-Euphemia
- Brooke-Alvinston
- Enniskillen
- Oil Springs
- Petrolia
- Sarnia 45
- **Sarnia**
- Point Edward
- Plympton-Wyoming
- Lambton Shores
- Warwick
- Kettle Point 44

Table 4: Overview of Linguistic Data for Lambton County

| Variables | Total in 2016 | Variation Since 2011 |
|----------------------------------------------|-----------------------------------------------------------------------------------------|----------------------|
| Total population | 126,638 | 0.3% |
| French as mother tongue | 2,760 (2.2% of the total population) | - 7.2% |
| French as first spoken language | 2,260 (1.8% of the total population) | -10.1% |
| Knowledge of French | 7,895 (6.3% of the total population) | 1.9% |
| French as language spoken most often at home | 735 (0.6% of the total population) (27% of those with French as their mother tongue) | -21.8% |

Table 5 shows the proportion of Francophones by county subdivision, as well as the variations in the census data between 2011 and 2016.

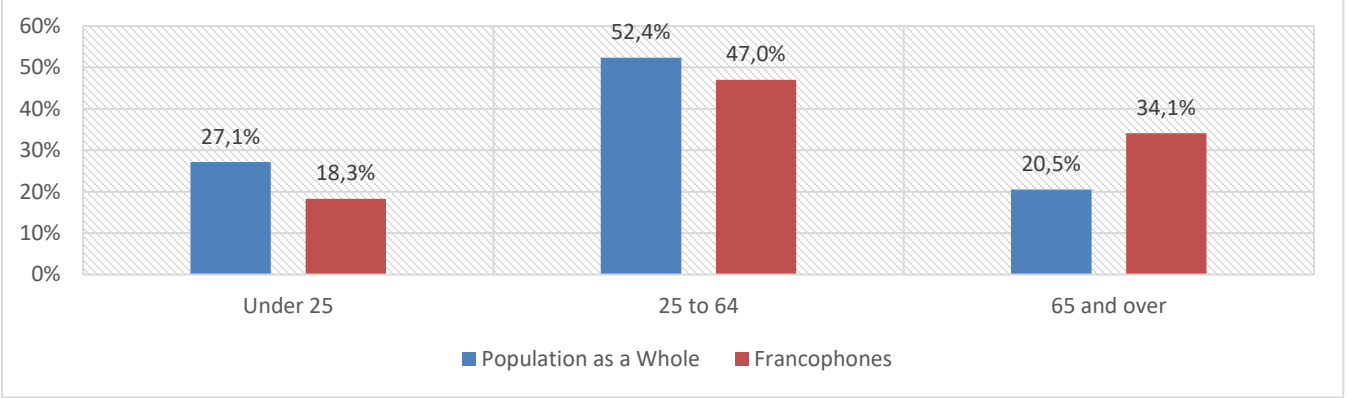
Table 5: French (Mother Tongue) by Census Subdivision, Lambton County

| Subdivisions | Total Population 2016 | Francophone Population 2016 | Francophones (% of Total Population) | Variation (Number) from 2011 to 2016 | Variation (%) from 2011 to 2016 |
|-----------------------|-----------------------|-----------------------------|--------------------------------------|--------------------------------------|---------------------------------|
| St. Clair | 14,086 | 245 | 1.7% | -10 | -3.9% |
| Walpole Island 46 | 1,589 | 5 | 0.3% | x | x |
| Dawn-Euphemia | 1,967 | 10 | 0.5% | 0 | 0.0% |
| Brooke-Alvinston | 2,411 | 20 | 0.8% | -5 | -20.0% |
| Enniskillen | 2,796 | 30 | 1.1% | -5 | -14.3% |
| Oil Springs | 648 | 5 | 0.8% | 5 | 100.0% |
| Petrolia | 5,742 | 90 | 1.6% | -25 | -21.7% |
| Sarnia 45 | 639 | 0 | 0.0% | -5 | -100.0% |
| Sarnia | 71,594 | 2,040 | 2.9% | -135 | -6.2% |
| Point Edward | 2,037 | 60 | 2.9% | 5 | 9.1% |
| Plympton-Wyoming | 7,795 | 95 | 1.2% | -5 | -5.0% |
| Lambton Shores | 10,631 | 135 | 1.3% | -5 | -3.6% |
| Warwick | 3,692 | 20 | 0.6% | -15 | -42.9% |
| Kettle Point 44 | 1,011 | 5 | 0.5% | 5 | 100.0% |
| Lambton County | 126,638 | 2,760 | 2.2% | -215 | -7.2% |

PROFILE OF THE FRANCOPHONE POPULATION IN SARNIA

Given the concentration of Francophones in the greater Sarnia area, we were able to cross-tabulate the variable of people indicating French as their mother tongue with several other variables to get a more accurate picture of the Francophone population of Sarnia, which accounts for 2,040 people.

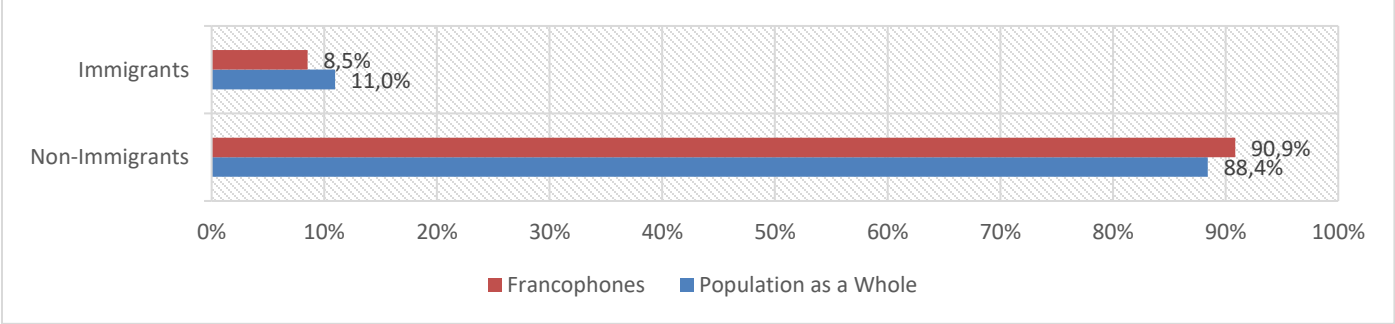
Chart 4: Percentage of Population by Age Group, Sarnia



The proportion of Francophones under the age of 25 is significantly smaller than the same age cohort for the population as a whole, while the proportion of Francophones aged 65 and over is significantly higher than for this age group within the population as a whole. This situation points to challenges in renewing the overall population of Francophones and ensuring the long-term vitality of the local Francophonie.

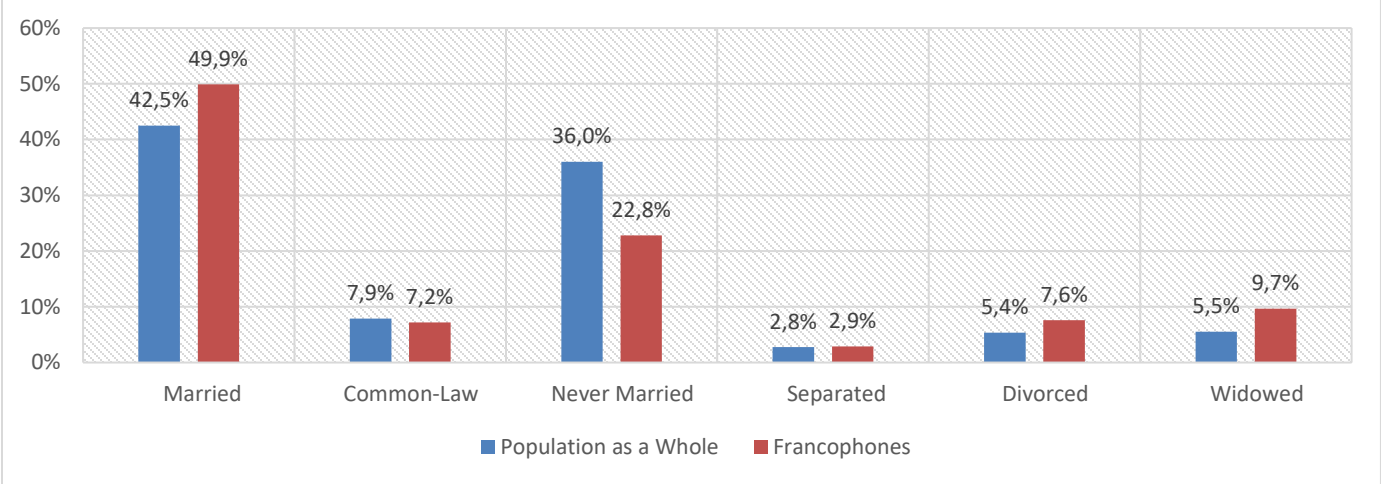
In addition, an older population is *de facto* less active in the labor market and more likely to experience health challenges.

Chart 5: Percentage of Population by Immigrant Status, Sarnia



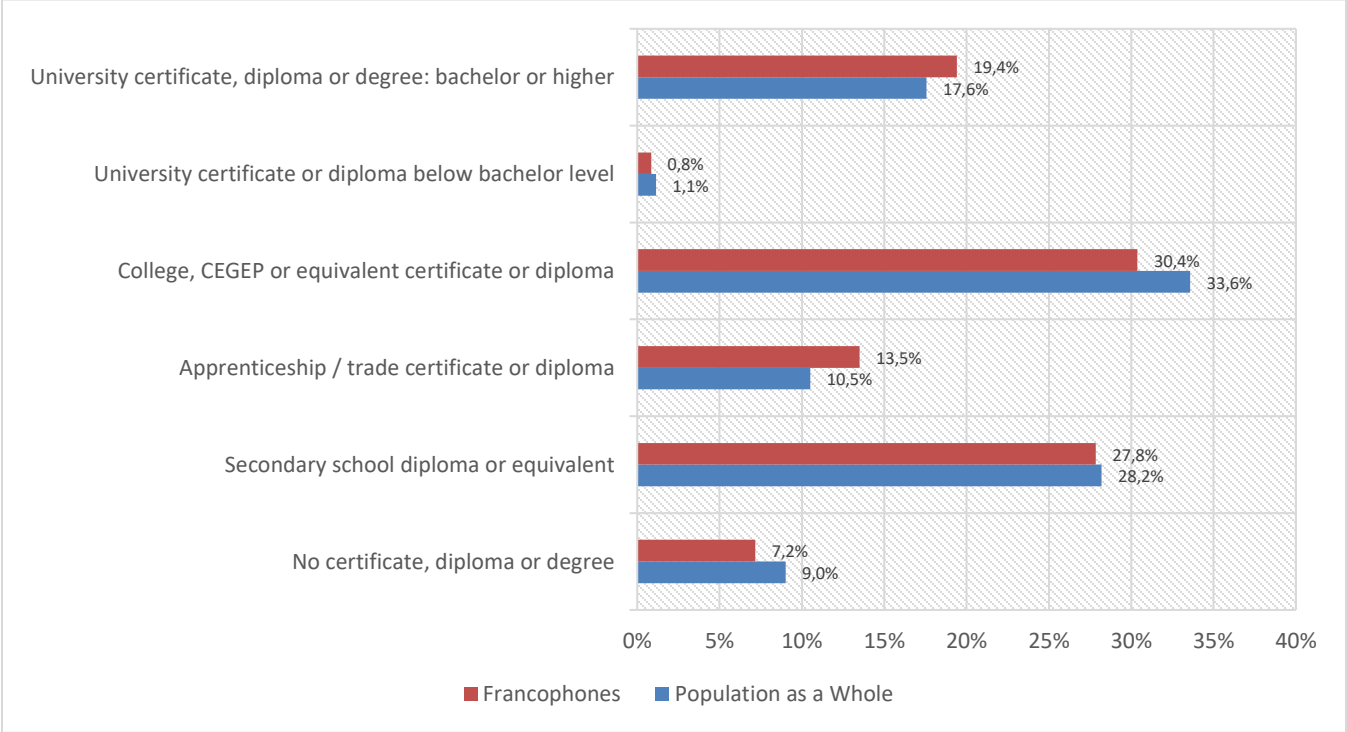
The proportion of Francophones with an immigrant background is lower than for the population as a whole. To strengthen the demographic weight of Francophones and ensure the vitality of the Francophonie, one possible solution would be to attract more Francophone immigrants to the Sarnia region.

Chart 6: Percentage of Population by Marital Status, Sarnia



A significantly greater proportion of Francophones are married compared to the general population. A population with a high proportion of married or common-law couples generally enjoys higher levels of social support, which is one of the determinants of health.

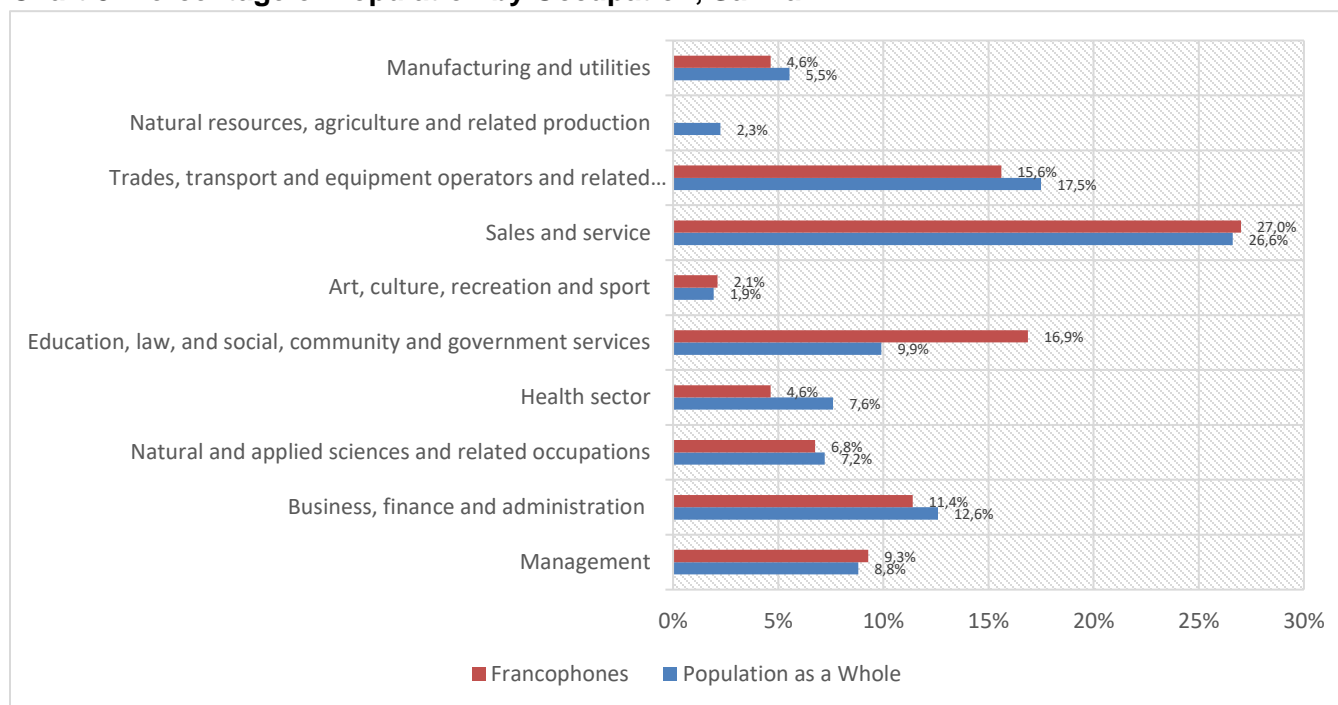
Chart 7: Percentage of Population by Highest Level of Education Completed, Sarnia



Francophones in the Sarnia region have a university education at the bachelor's level or above to a greater extent than that of the general population. The same applies to apprenticeship certificates or diplomas. The proportion of Francophones who drop out of school before graduation or who end their apprenticeship in high school is lower than in the general population of Sarnia.

Education is an important determinant of health, as a higher level of education is likely to result in better employment and working conditions and higher income and social status.

Chart 8: Percentage of Population by Occupation, Sarnia



Francophones in Sarnia occupy a significantly greater proportion of jobs in professions related to education, law, and social, community and government services than the general population. They are less often employed in natural resources and agriculture. **They also have a limited presence in the health sector, which can present challenges when identifying bilingual staff to support service delivery in French.**

In short, analysis of the Francophonie in Lambton, and more specifically in Sarnia, reveals the following:

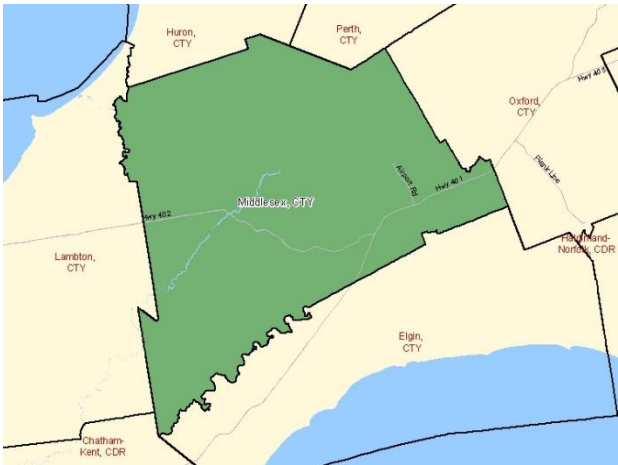
- Out of the 2,760 Francophones in Lambton county, 73% live in Sarnia;
- 27% of Francophones continue to speak French as their main language at home;
- Specifically, in Sarnia,
 - o Francophones are distributed across the following age groups: 18.3% are under 25, 47% are 25 to 64 and 34.1% are over 65;
 - o The proportion of Francophones with an immigrant background is 8.5%;
 - o Nearly 58% of Francophones are married or in a common-law relationship;
 - o More than 50% of Francophones have post-secondary training and 13.5% have apprenticeship or trade training;
 - o Francophones are proportionately and significantly more involved in the "education, law, and social, community and government services" sector. They are also very active in the "sales and services", "business, transportation, machinery and related fields", "business, finance and administration" and "management" sectors;
 - o Less than 5% of Francophones work in the health sector.

OVERVIEW: MIDDLESEX COUNTY

Middlesex County has a total population of 455,529, of whom over 6,900 indicate French as their mother tongue, accounting for 1.5% of the county's population. In addition, 7,350 people reported French as their first official language, an increase of 2.8% since 2011. Recent statistics also reveal a 5.4% increase in those who reported knowing French, equal to 6.9% of the population. We also note a very interesting development: an increase of 18.4% in the retention of French as the language spoken most often at home. This translates to almost one in two (42%) of those who reported having French as their mother tongue.

The vast majority of Francophones in Middlesex County, over 90%, live in the London area, where they represent 1.7% of the population. This is an increase of 2.1% since 2011.

Picture 3: Middlesex County (Census Division)



- Newbury
- Southwest Middlesex
- Strathroy-Caradoc
- Munsee-Delaware Nation 1
- Thames Centre
- Middlesex Centre
- London
- North Middlesex
- Adelaide-Metcalf
- Lucan Biddulph

Table 6: Overview of Linguistic Data for Middlesex County

| Variables | Total in 2016 | Variation Since 2011 |
|----------------------------------------------|---------------------------------------|----------------------|
| Total population | 455,526 | 3.7% |
| French as mother tongue | 6,940 (1.5% of the total population) | 1.4% |
| French as first spoken language | 7,350 (1.6% of the total population) | 2.8% |
| Knowledge of French | 31,045 (6.9% of the total population) | 5.4% |
| French as language spoken most often at home | 2,895 (0.6% of the total population) | 18.4% |

Table 7 shows the proportion of Francophones by county subdivision, as well as the variations in the census data between 2011 and 2016.

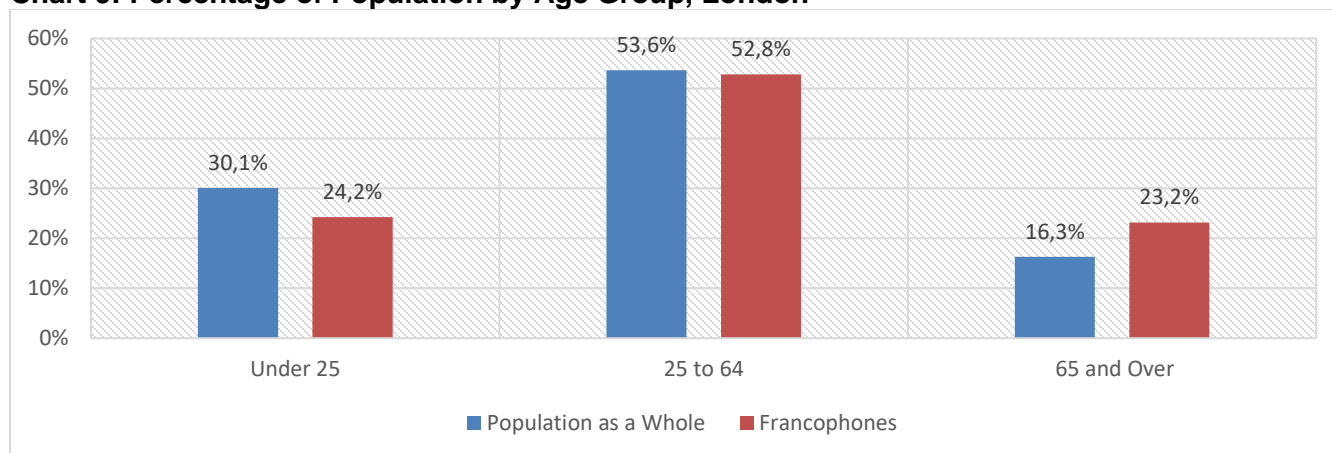
Table 7: French (Mother Tongue) by Census Subdivision, Middlesex County

| Subdivisions | Total Population 2016 | Francophone Population 2016 | Francophones (% of Total Population) | Variation (Number) from 2011 to 2016 | Variation (%) from 2011 to 2016 |
|--------------------------|-----------------------|-----------------------------|--------------------------------------|--------------------------------------|---------------------------------|
| Newbury | 466 | 5 | 1.1% | 0 | 0.0% |
| Southwest Middlesex | 5,723 | 45 | 0.8% | -20 | -30.8% |
| Strathroy-Caradoc | 20,867 | 225 | 1.1% | -5 | -2.2% |
| Munsee-Delaware Nation 1 | 153 | x | x | x | x |
| Thames Centre | 13,191 | 135 | 1.0% | 20 | 17.4% |
| Middlesex Centre | 17,262 | 185 | 1.1% | 0 | 0.0% |
| London | 383,822 | 6,265 | 1.7% | 130 | 2.1% |
| North Middlesex | 6,352 | 30 | 0.5% | -15 | -33.3% |
| Adelaide-Metcalf | 2,990 | 20 | 0.7% | -15 | -42.9% |
| Lucan Biddulph | 4,700 | 35 | 0.8% | -5 | -12.5% |
| Middlesex County | 455,526 | 6,940 | 1.5% | 95 | 1.4% |

PROFILE OF THE FRENCH-LANGUAGE POPULATION IN LONDON

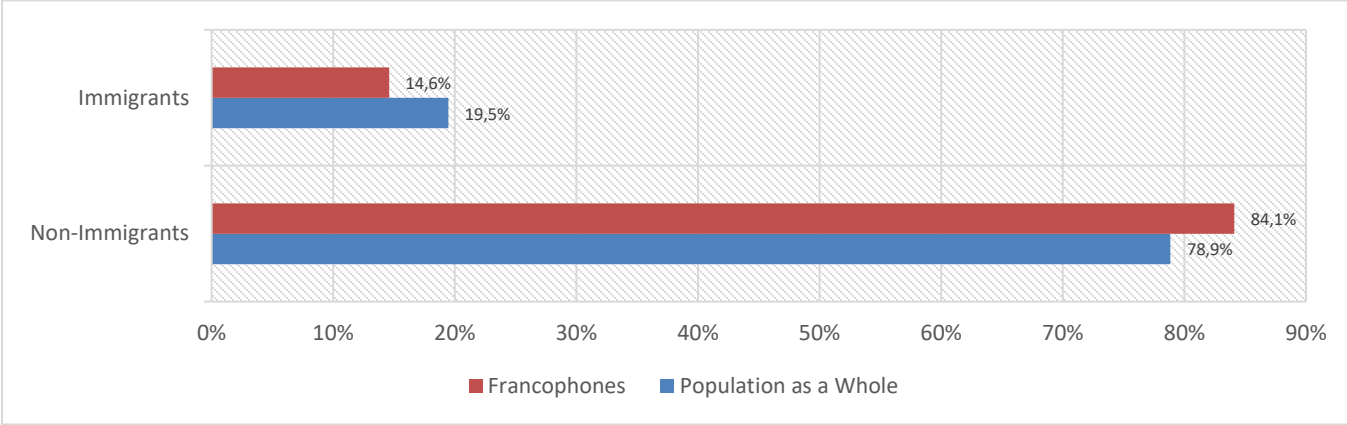
Given the concentration of Francophones in the greater London area, we were able to cross-tabulate the variable of people indicating French as their mother tongue with several other variables to get a more accurate picture of the Francophone population of London, which accounts for 6,265 people.

Chart 9: Percentage of Population by Age Group, London



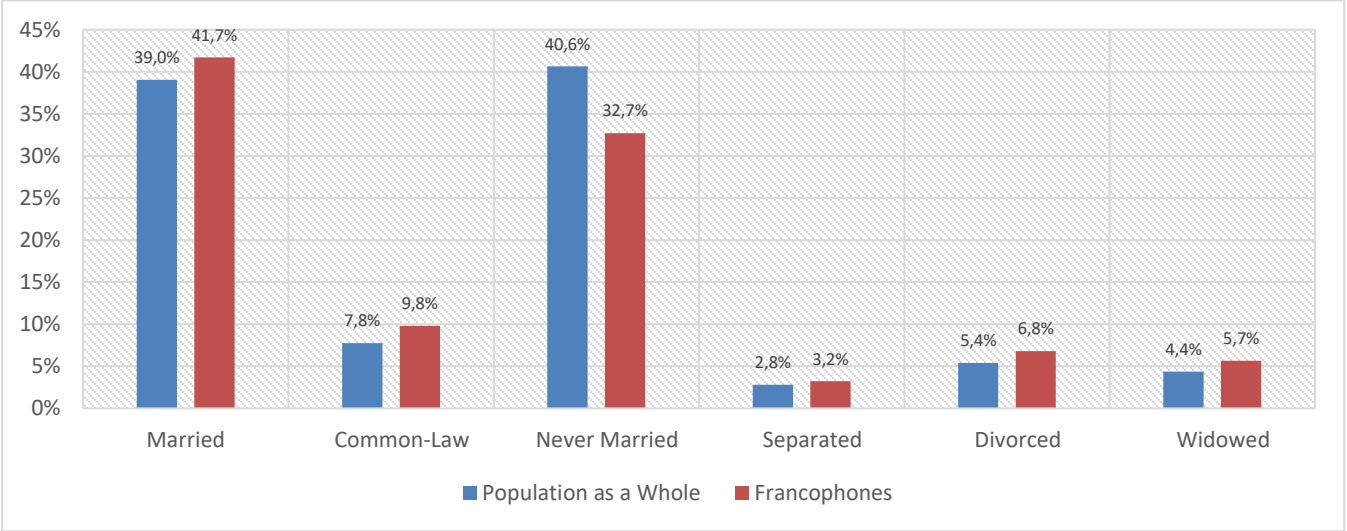
The proportion of Francophones under the age of 25 is 24.2%, while that of Francophones aged 65 and over is 23.2%. These rates seem to ensure the continued renewal of the Francophone population. Nevertheless, the proportion of Francophone seniors is significantly higher than that of seniors in the general population, with nearly a 7% gap between the two. It is therefore important to think about available infrastructure and health care services to enable them to age with confidence in French in London.

Chart 10: Percentage of Population by Immigrant Status, London



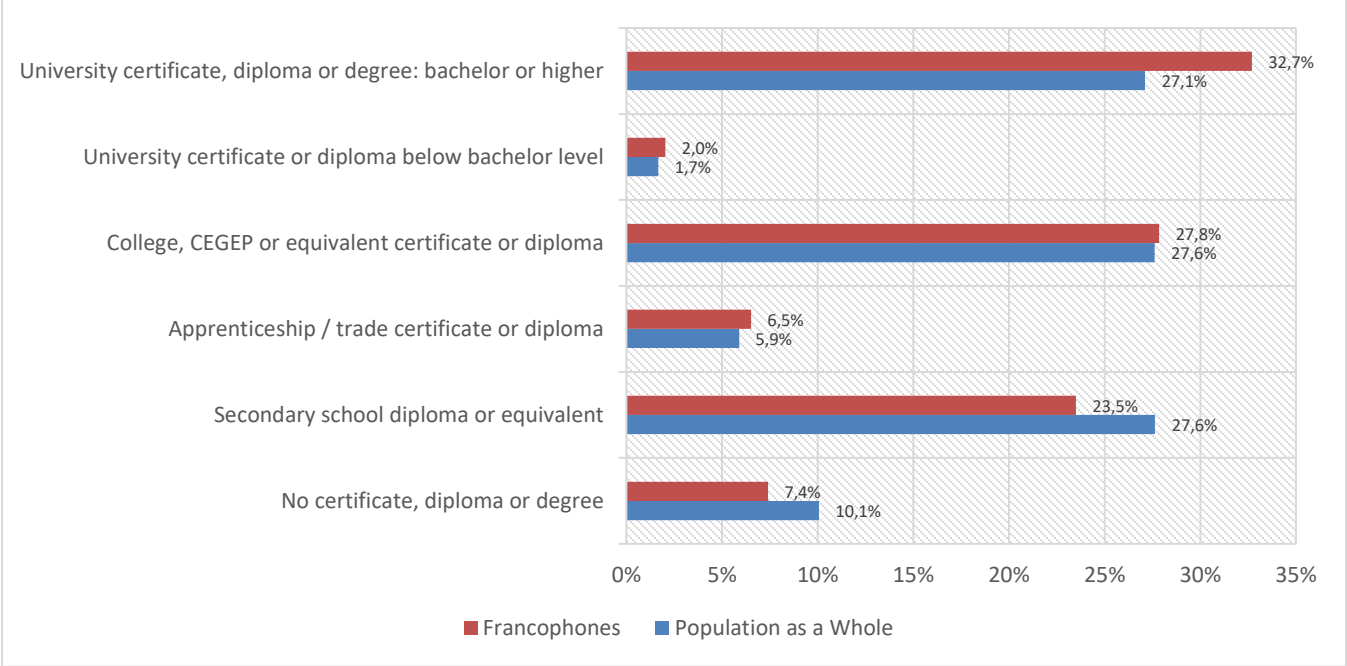
The proportion of Francophones with an immigrant background is lower than that of the population as a whole. It is nevertheless higher than the provincial average of 10.7%.

Chart 11: Percentage of Population by Marital Status, London



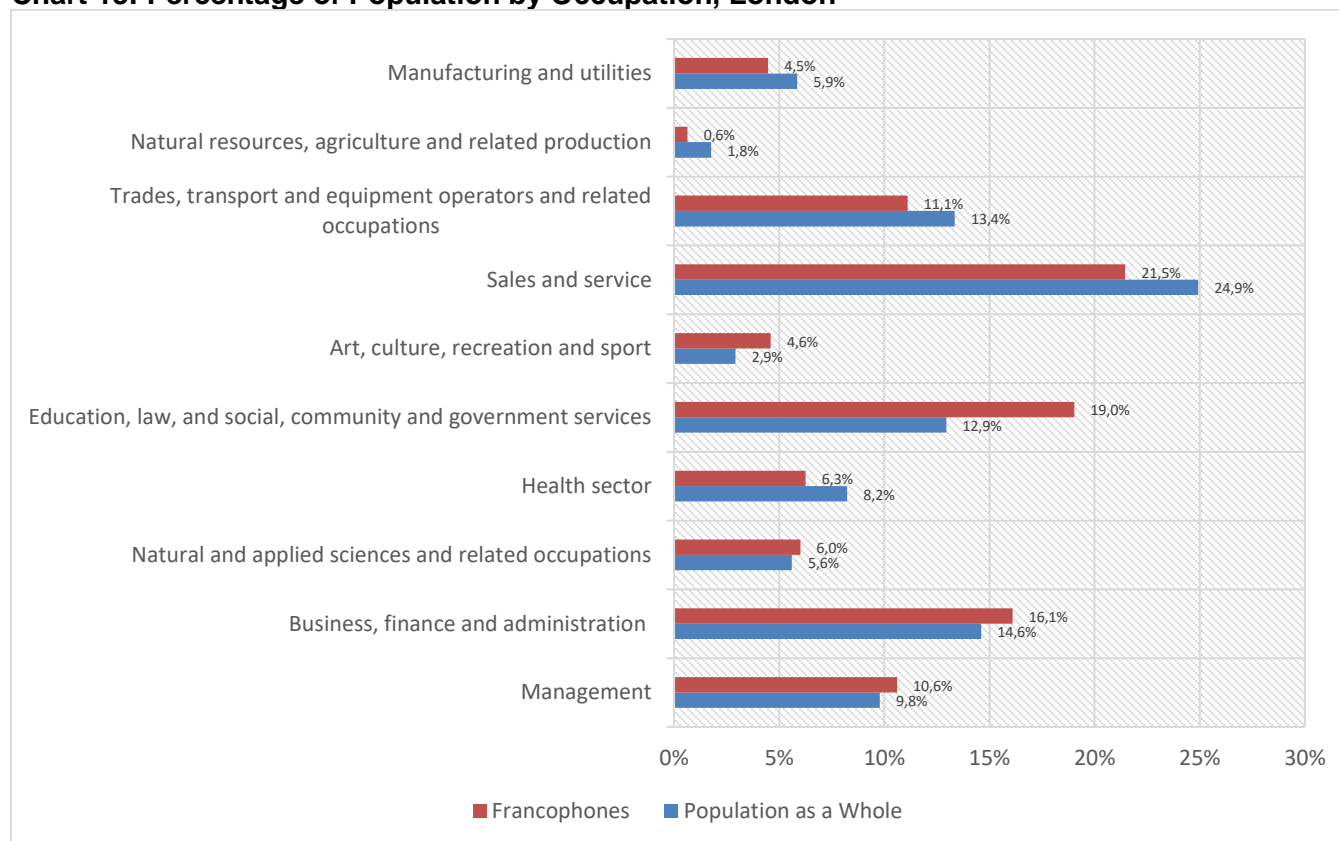
A greater proportion of Francophones are married or in common-law relationships compared to the general population, while fewer have never been married. A population with a high proportion of married or common-law couples generally enjoys higher levels of social support, which is one of the determinants of health.

Chart 12: Percentage of Population by Highest Level of Education Completed, London



Francophones in the London area have a somewhat significantly higher level of education than the general population. Conversely, fewer students ended their education before or after graduating from high school. This gives them an edge in the labour market and offers them an advantage in securing more favourable living conditions.

Chart 13: Percentage of Population by Occupation, London



Compared to the general population, Francophones are more often employed in occupations related to education, law, and social, community and government services, as well as in business, finance and administration, in management, and in occupations connected to the arts, culture, sports and recreation. They are less often employed in manufacturing and natural resources, as equipment operators or in the health sector. In general, Francophones seem to work in positions requiring a higher level of education.

In short, analysis of the Francophonie in Middlesex, and more specifically in London, reveals the following:

- Of the 6,900 Francophones in Middlesex County, 90% live in London;
- 42% of Francophones continue to speak French as their main language at home;
- Specifically, in London,
 - o Francophones are distributed across the following age groups: 30.1% are under 25, 53.6% are 25 to 64 and 16.3% are over 65;
 - o The proportion of Francophones with an immigrant background is 14.6 %;
 - o Close to 51.5% of Francophones are married or in common-law relationships;
 - o More than 62.5% of Francophones have a post-secondary education, and 6.5%, apprenticeship or trade training;
 - o Francophones are proportionately more often employed in the following sectors: “education, law, and social, community and government services”, “arts, culture, sports and recreation”, “business, finance and administration” and “management”. They are also active in the sectors of “sales and service” and “trade, transport and equipment operators and related occupations”;
 - o Only 6% of Francophones work in the health sector.

OVERVIEW: ELGIN COUNTY

Elgin County has a population of 88,978. Of these, 960 (1.1%) reported French as their mother tongue, down 9.4% from 2011, and 775 (0.9%) reported having French as their first spoken language, down 2.7% since 2011. More people than before report having a knowledge of French in Elgin County: nearly 3,550 (4%), an increase of 7.7%. However, the retention rate of French as the language most often spoken at home has decreased significantly, by 18%. Only 1 in 5 people who have French as their mother tongue still mainly use this language at home.

Picture 4: Elgin County (Census Division)



Table 8: Overview of Linguistic Data for Elgin County

| Variables | Total in 2016 | Variation Since 2011 |
|----------------------------------------------|-----------------------------------------------------------------------------------------|----------------------|
| Total population | 88,978 | 1.7% |
| French as mother tongue | 960 (1.1% of the total population) | -9.4% |
| French as first spoken language | 775 (0.9% of the total population) | -2.5% |
| Knowledge of French | 3,550 (4.0% of the total population) | 7.7% |
| French as language spoken most often at home | 205 (0.2% of the total population) (21% of those with French as their mother tongue) | -18.0% |

Table 9 shows the proportion of Francophones by county subdivision, as well as the changes in census data from 2011 to 2016.

Table 9: French (Mother Tongue) by Census Subdivision, Elgin County

| Subdivisions | Total Population 2016 | Francophone Population 2016 | Francophones (% of Total Population) | Variation (Number) from 2011 to 2016 | Variation (%) from 2011 to 2016 |
|---------------------|-----------------------|-----------------------------|--------------------------------------|--------------------------------------|---------------------------------|
| Bayham | 7,396 | 65 | 0.9% | -15 | -18.8% |
| Malahide | 9,292 | 65 | 0.7% | 0 | 0.0% |
| Aylmer | 7,492 | 45 | 0.6% | -5 | -10.0% |
| Central Elgin | 12,607 | 130 | 1.0% | -10 | -7.1% |
| St. Thomas | 38,909 | 490 | 1.3% | -20 | -3.9% |
| Southwold | 4,421 | 45 | 1.0% | -10 | -18.2% |
| Dutton/Dunwich | 3,866 | 50 | 1.3% | -5 | -9.1% |
| West Elgin | 4,995 | 95 | 1.9% | 0 | 0.0% |
| Elgin County | 88,978 | 960 | 1.1% | -100 | -9.4% |

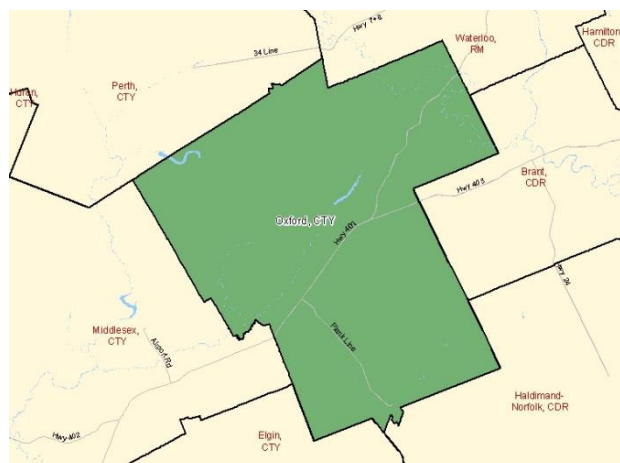
In short, analysis of the French-speaking population in Elgin County reveals the following:

- Of the 960 Francophones in Elgin County, 51% reside in St. Thomas;
- 21% of Francophones continue to speak French as their main language at home;
- Francophones are distributed across the following age groups: 10.4% are under 25, 54.9% are 25 to 64 years old and 21.3% are over 65;
- The proportion of Francophones with an immigrant background is 4.7%.

OVERVIEW: OXFORD COUNTY

Oxford County has a population of 110,862, of whom 1,275 indicate French as a mother tongue: an increase of 1.2%. In addition, more than 4% of the population have a knowledge of French, which represents an increase of more than 10% since 2011. Nevertheless, French as the language spoken most often at home has experienced a significant decline—of 11.7%—with a retention rate of 27% among individuals who reported French as their mother tongue.

Picture 5: Oxford County (Census Division)



- Norwich
- Tillsonburg
- South-West Oxford
- Ingersoll
- Zorra
- East Zorra-Tavistock
- Woodstock
- Blandford-Blenheim

Table 10: Overview of Linguistic Data for Oxford County

| Variables | Total in 2016 | Variation Since 2011 |
|----------------------------------------------|--------------------------------------------------------------------------------------|----------------------|
| Total population | 110,862 | 4.9% |
| French as mother tongue | 1,275 (1.2% of the total population) | 1.2% |
| French as first spoken language | 1,060 (1.0% of the total population) | 4.4% |
| Knowledge of French | 4,595 (4.2% of the total population) | 10.3% |
| French as language spoken most often at home | 340 (0.3% of the total population) (27% of those with French as their mother tongue) | -11.7% |

Table 11 shows the proportion of Francophones by county subdivision, as well as the changes in census data from 2011 to 2016.

Table 11: French (Mother Tongue) by Census Subdivision, Oxford County

| Subdivisions | Total Population 2016 | Francophone Population 2016 | Francophones (% of Total Population) | Variation (Number) from 2011 to 2016 | Variation (%) from 2011 to 2016 |
|----------------------|-----------------------|-----------------------------|--------------------------------------|--------------------------------------|---------------------------------|
| Norwich | 11,001 | 60 | 0.5% | -30 | -33.3% |
| Tillsonburg | 15,872 | 220 | 1.4% | -15 | -6.4% |
| South-West Oxford | 7,664 | 70 | 0.9% | 0 | 0.0% |
| Ingersoll | 12,757 | 120 | 1.0% | -15 | -11.1% |
| Zorra | 8,138 | 75 | 0.9% | 10 | 15.4% |
| East Zorra-Tavistock | 7,129 | 60 | 0.9% | 10 | 20.0% |
| Woodstock | 40,902 | 630 | 1.6% | 75 | 13.5% |
| Blandford-Blenheim | 7,399 | 55 | 0.7% | -10 | -15.4% |
| Oxford County | 110,862 | 1,275 | 1.2% | 15 | 1.2% |

In short, analysis of the French-speaking population in Oxford County reveals the following:

- Of the 1,275 Francophones in Oxford County, 49% live in Woodstock;
- 27% of Francophones continue to speak French as their main language at home;
- Francophones are distributed across the following age groups: 13.7% are under 25, 55.5% are 25 to 64 and 30.1% are over 65;
- The proportion of Francophones with an immigrant background is 3.5 %.

STATE OF CURRENT HEALTH AND WELLNESS SERVICES IN FRENCH

We collected the data needed to establish an inventory of French-language health and wellness services offered in London, Sarnia and surrounding areas by reviewing the relevant literature, researching suppliers and holding individual discussions, as well as by conducting a survey and holding public consultations.

The review of the literature was conducted to identify persistent issues pertaining to French-language health and wellness services. A careful reading of various reports and studies identified some preliminary challenges that were further explored in the various stages of consultation.

CONTEXTUAL ELEMENTS

Having conducted several studies and reports over the last few years, the Erie St. Clair/South West French Language Health Planning Entity has been the main source of information about French-language health care services in the area covered by this study.

It should be noted that the Entity was created in 2012, in an area encompassing the second smallest Francophone community in the province after Northwestern Ontario. This 30,800 member Francophone community is spread over a vast area of nearly 22,000 km², a territory that, due to its history, has had little recognition of its Francophone presence, unlike the eastern or northeastern parts of Ontario.

The Entity continues to face significant challenges in improving access to health and wellness services in French. The role of the Entity is not to provide services to Francophones, but rather to consult Francophones and make their needs known to the LHINs. The degree to which decision-makers, service providers and funding agencies listen to the Entity's recommendations strongly influences any improvement in French-language health care services.

In 2012, Entity carried out a study to ascertain the health status of Francophones. They gathered information from more than 1,200 people. The analysis of the results showed that:

- Francophone seniors are more likely to be comfortable exclusively in French (higher rate of unilingualism);
- 93% cannot speak French with their family doctor;
- 83% do not have access to medical information in French;
- 72% are reluctant to ask for French-language health care services;
- 82% are not aware of existing health care services offered in French in their region;
- 70% consider it important to have health care services in French;
- 37% were diagnosed with a medical condition; that is, more than one in three Francophones. The most frequent medical diagnoses are as follows:
 - 73% arthritis;
 - 73% high blood pressure;
 - 73% Type 2 diabetes;
 - 67% asthma;
 - 68% mood disorder.

The results of this study have allowed us to establish the main priorities for action in health and wellness services in French in the Southwest. These priorities have since been incorporated by the Entity to improve access to:

- primary care;
- mental health and addiction services;
- services for seniors; and
- services for people living with chronic diseases.

The tools developed for data collection in this study have allowed us to show the relevance of these elements in light of the latest available information.

RESULTS OF THE INVENTORY OF FRENCH-LANGUAGE SERVICE DELIVERY

No providers are formally designated for the provision of health care services in French for the study area of Lambton, Middlesex, Elgin and Oxford Counties. This is surprising, given that the City of London is one of 25 designated areas under the *French Language Services Act, 1990*.

There are nonetheless a few identified organizations in the area. However, this status is not binding, since it links the requirements for the provision of health care services in French to the current capacity of the organization³. There is therefore no formal obligation if the supplier does not have human resources who can speak French. In 2013, the following organizations were identified⁴:

- Canadian Mental Health Association—Lambton-Kent
- Canadian Mental Health Association—London-Middlesex
- Home and Community Care South West LHIN (formerly known as the CCAC)
- London Intercommunity Health Centre
- London Health Sciences Centre Mission Services of London St. Joseph's Healthcare
- Addiction Services of Thames Valley, London
- Western Ontario Therapeutic Community Hostel

As mentioned in the "Study Limitations" section, it has unfortunately not been possible to confirm either the delivery of health care services in French or the scope of such services as offered by the above identified organizations. As a result, the website www.lignesantesud-ouest.ca was consulted to try to get updated information on the delivery of French language health care services in the region. An initial list of suppliers was drawn up based on how they indicated they were providing services in French. Agencies limiting their provision of services in French to translation were removed from the list.

Calls were then made to a sample of five organizations randomly selected from the list of organizations (excluding identified organizations) to verify the information recorded on their declaration of provision of services in French. Most of these discussions were with the receptionists (with the exception of a quality manager), since they are the gateway to the public and they are the ones who should be actively offering their employer's programs and services. These discussions revealed that three of the five organizations unfortunately did not have any real capacity in French.

³ *Guide to Requirements and Obligations Pertaining to French Language Health Services*, Ministry of Health and Long-Term Care (MOHLTC), 2017, p. 15

⁴ *French Language Services Toolkit*, Erie St. Clair and South West LHINs, 2013, p. 75

Table 12: List of Providers Declaring They Offer Services in French

| Health Organization | Type of Services Offered in French | Target Clientele |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Addiction Services Thames Valley | Identified organization, French-language navigator program | Adult |
| Canadian Mental Health Association—Lambton-Kent | Identified organization, but with unspecified French-language programming | All ages |
| Canadian Mental Health Association—London-Middlesex | Identified organization, but with unspecified French-language programming | Adult |
| Autism Ontario—London | French-language receptionist and certain French-language programs | Children |
| Caressant Care | Retirement home with French-language receptionist and unspecified French-language programming | Seniors |
| Craigwood Children, Youth, and Family Services | French-language mentoring program | Youth and family |
| Dorchester Terrace | Retirement home with French-language receptionist and unspecified French-language programming | Seniors |
| Family Service Thames Valley | French-language counseling service | Youth and family |
| Horizon Place | Retirement home with French-language receptionist and unspecified French-language programming | Seniors |
| London Intercommunity Health Center | Identified organization, French-language Health Promotion, French-language home care and other programs on demand | All ages |
| Merrymount Family Support and Crisis Center | Unspecified French-language programming | Youth and family |
| Middlesex-London Health Unit | Nutrition and wellness program, immunization clinic with French-speaking nurses, French-language clinic for the prevention of transmissible infections | Varies according to program |
| tykeTALK Thames Valley | Speech therapy services for preschool-aged children | Ages 0–4 |
| St. Joseph Hospice | Identified organization, but with unspecified French-language programming | Varies according to program |
| School Community Intervention Partnership | Clinical intervention for children with behavioural disorders, but French-language services not specified | Ages 6–13 |
| Children's Aid Society London and Middlesex | Staff speaking several languages, but French-language services not specified | Ages 0–18 |
| Home and Community Care Erie St Clair LHIN | Identified organization, French-language services vary according to staff | All ages |
| Home and Community Care, South West LHIN | Identified organization, French-language services vary according to staff | All ages |
| St. George Residence | Unspecified French-language programming (mental health) | Ages 18 and over |
| Thames Valley Children's Centre | Reception centre and admissions in French, French-language therapist and workshops in French | Ages 0–18 |
| Vanier Children's services | French-language receptionist and a few unspecified French-language services | Ages 0–14 |
| WAYS Mental Health Support | French-language receptionist and a few unspecified French-language services | Ages 0–18 |

This list of suppliers should therefore be taken with a grain of salt. It testifies more to their openness to providing services in French rather than any genuine capacity. Nevertheless, it offers a starting point to deepen knowledge of these providers' capabilities and to initiate a dialogue in order to explore strategies and partnerships that can help them develop their bilingual capacity so as to support the delivery of services in French.

The list also shows the absence of primary care services in French, which represent the main gateway into the health system. Primary care is the foundation of healthy communities. In fact, the *Patients First Act, 2016* recognizes the importance of communities receiving linguistically appropriate care. It is therefore important for the Ministry of Health and Long-Term Care (MOHLTC) to review how the health care system operates, particularly with respect to primary care, home and community care, and public health and equity, in order to ensure that Francophones, as full citizens, have access to equitable and quality services in their own language⁵.

An additional initiative is underway: the establishment of a French-language health care hub on the premises of the CCRL, with the participation of the South West LHIN and the Planning Entity, to facilitate referrals for Francophone patients to services offered in French. This hub brings together the following health care service providers:

- Addiction Services of Thames Valley
- London Intercommunity Health Centre
- Vanier Children's Service
- Canadian Mental Health Association—London-Middlesex

This is a promising first initiative to develop a list of French-speaking patients, strengthen synergies and cross-referrals between French-language health care service providers and work on the link between supply and demand for health care services in French.

SURVEY RESULTS

The survey was designed to gather feedback from the Francophone community as a whole, to subsequently highlight trends and observations related to different categories of participants.

The survey proved to be an important tool to gather information on:

- awareness, and use, of health and wellness services in French;
- the importance of access to health and wellness services in French;
- the state of health of the respondent and his family;
- services to be prioritized for planning French-language health and wellness services; and
- preferred delivery methods to improve and ensure the sustainability of French-language services.

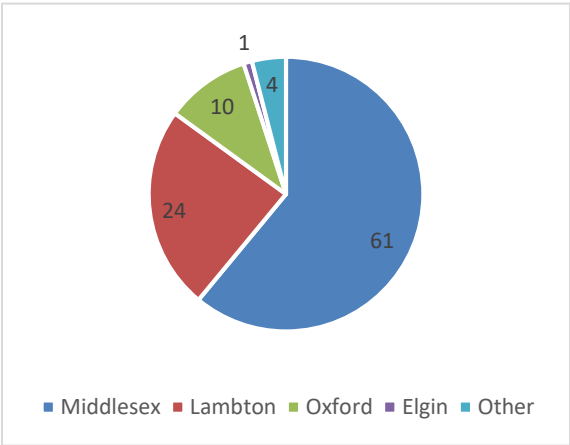
The survey was made available to the public from March 23 to May 6, inclusively. In addition, it was widely promoted on the "Ma vie en français" website, on social media, via e-mail, in the local newspaper and through citizen mobilization and organizations that disseminated information and sought support from their networks.

⁵ *Guide to Requirements and Obligations Pertaining to French Language Health Services*, 2007, MOHLTC, p. 1

Taking into account the linguistic reality of households in the region, the survey was distributed in French and English. It provided feedback from 557 people, more than 75% of whom answered the survey in French.

RESPONDENT PROFILES

Chart 14: Distribution of Respondents by County (in %)



Of the 557 survey respondents, 61% reside in Middlesex County, 24% in Lambton County, 10% in Oxford County and 1% in Elgin County. Most respondents come from the following locations: London (59%), Sarnia (22%), Woodstock (8%) and Ingersoll (2%).

Among these respondents, 76% were women compared to 24% men. Eight per cent of participating survey respondents were aged 25 and under, 28% were 26 to 39, 42% were 40 to 54 and 22% of respondents were 55 and over.

Chart 15: Sex of Respondents

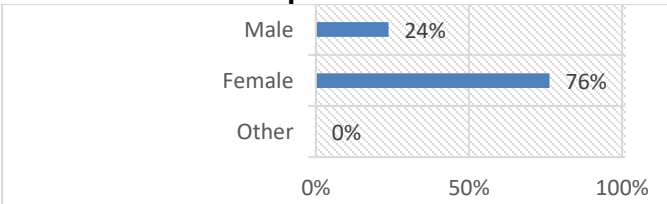
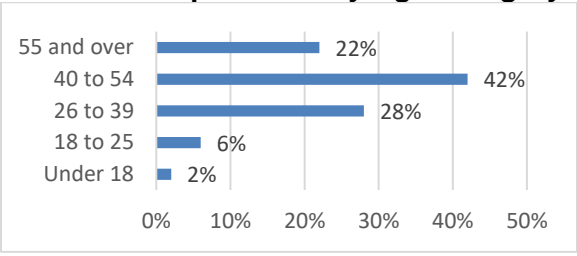


Chart 16: Respondents by Age Category



Respondents born in Canada make up 70% of our sample. Of the 165 immigrants who completed the survey, only 6% have been in Canada for less than 6 years. The ethnocultural diversity of respondents is distributed as follows: 9% are of African descent, 3% Arab, 3% Latin American, 3% Métis, 1% Caribbean and 1% Asian.

Chart 17: Number of Years in Canada

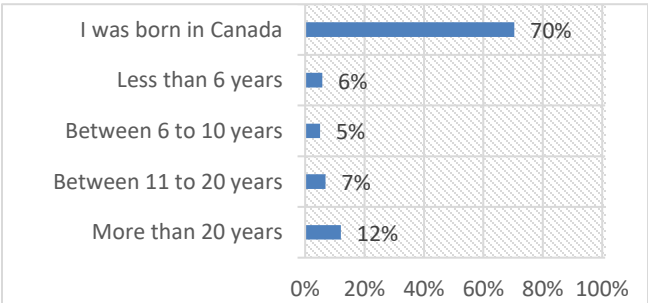
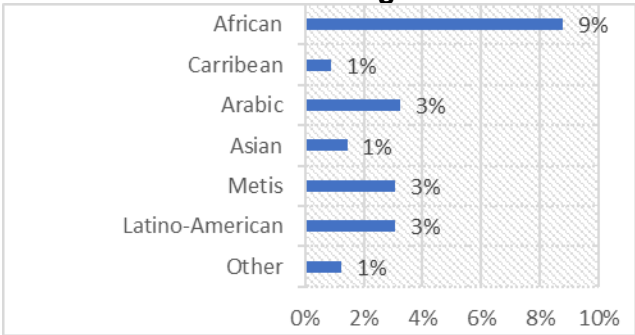


Chart 18: Ethnocultural Origins



Most respondents (78%) are married or in a common-law relationship and 23% are single, separated or widowed. Fourteen per cent of households have one child, 39% have two children and 29%, three or more children. Note that more than 50% of families of African, Caribbean and Arab origin include three or more children.

Chart 19: Marital Status

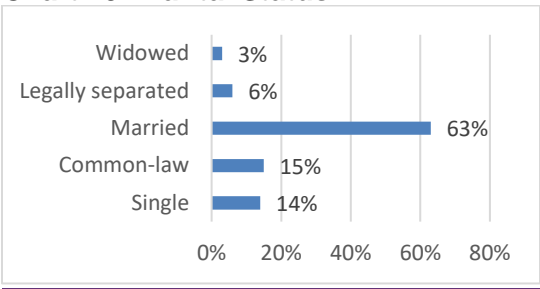
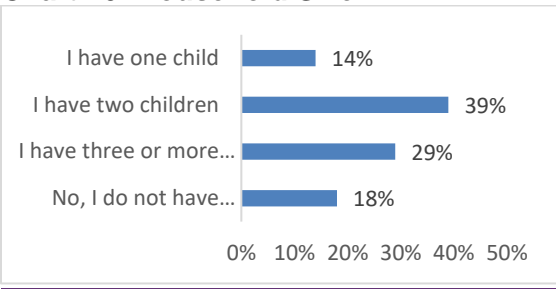
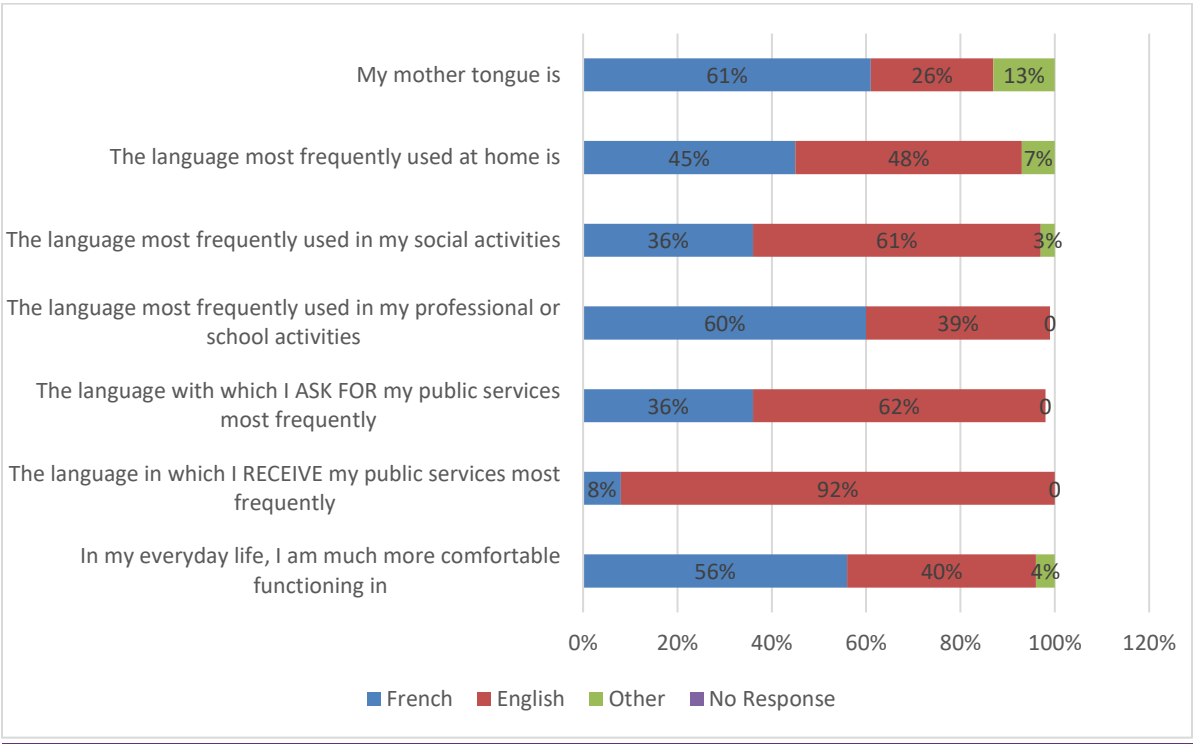


Chart 20: Household Size



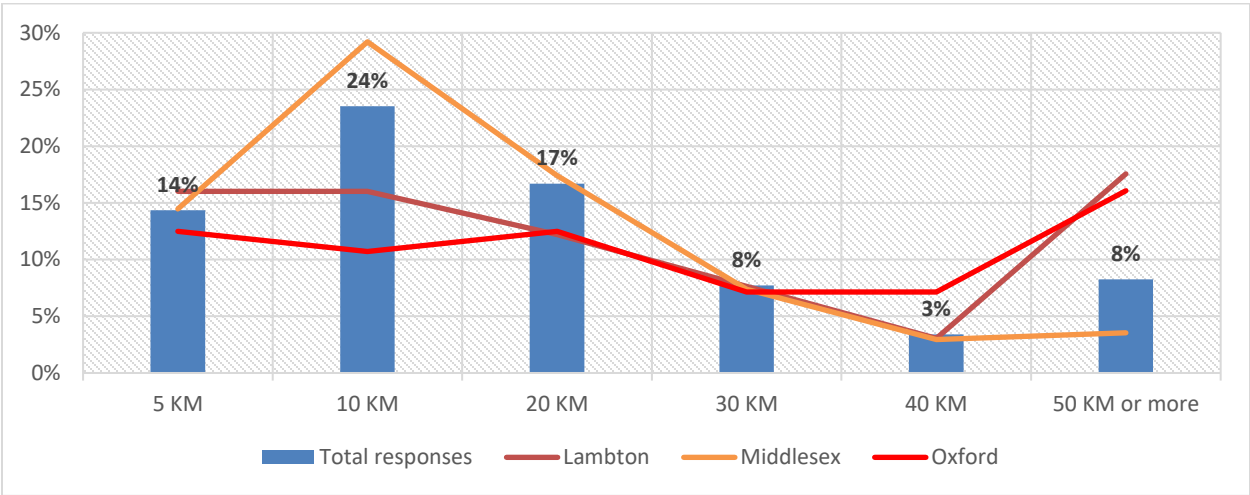
As for language distribution, 61% of respondents indicated that they speak French as their mother tongue, 45% reported French as the language most often spoken at home and 56% mentioned being more comfortable working in French in their daily lives. By contrast, English is the language in which 92% receive their public services. In addition, 62% use English for the majority of their social activities.

Chart 21: How Language Is Used



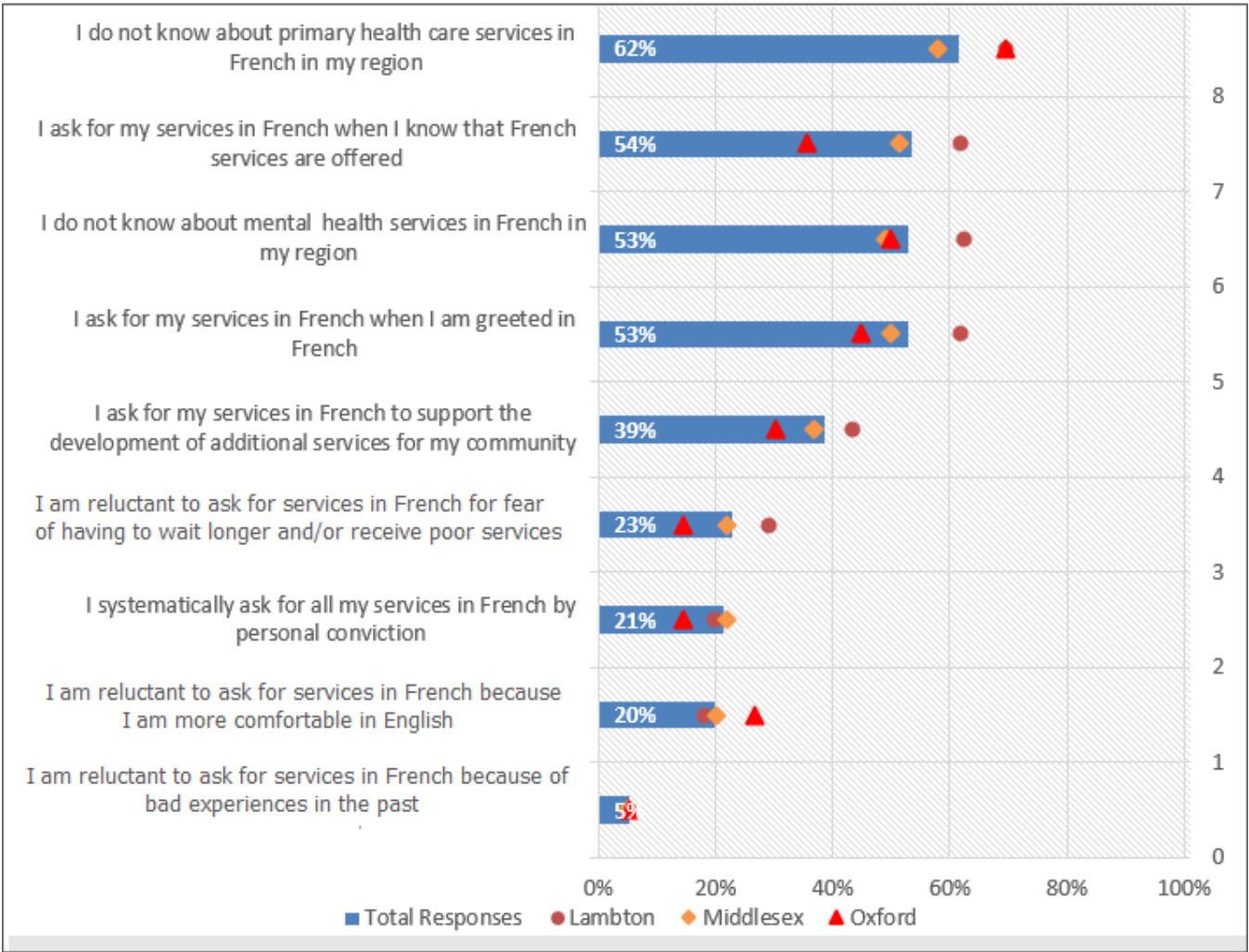
Out of the total, 75% of respondents indicated they receive their emergency and primary care services within a radius of 10 km or less, regardless of the language used for service delivery and only 19% of respondents would consider traveling 30 km or more to receive their health care services in French. That said, respondents living in Lambton and Oxford counties are significantly more likely to travel 50 km or more.

Chart 22: Distance Traveled for Health Care Services



Sixty-two per cent of respondents feel they are unaware of what primary care services are available in French and 53% feel they don't know what mental health services are offered in French. Even though 23% of respondents are reluctant to ask for French-language services, for fear of longer wait times, 54% do ask when they know about it, and 53% ask when they are greeted in French.

Chart 23: Reasons for Use or Non-Use of Services in French

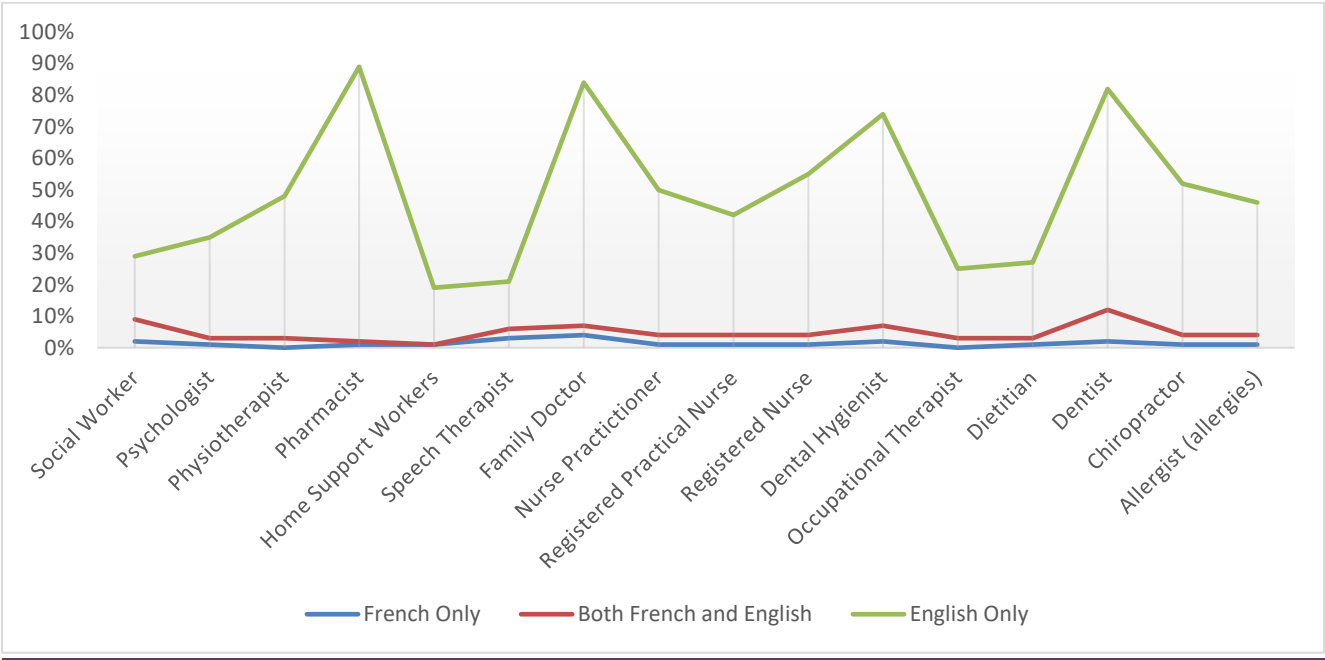


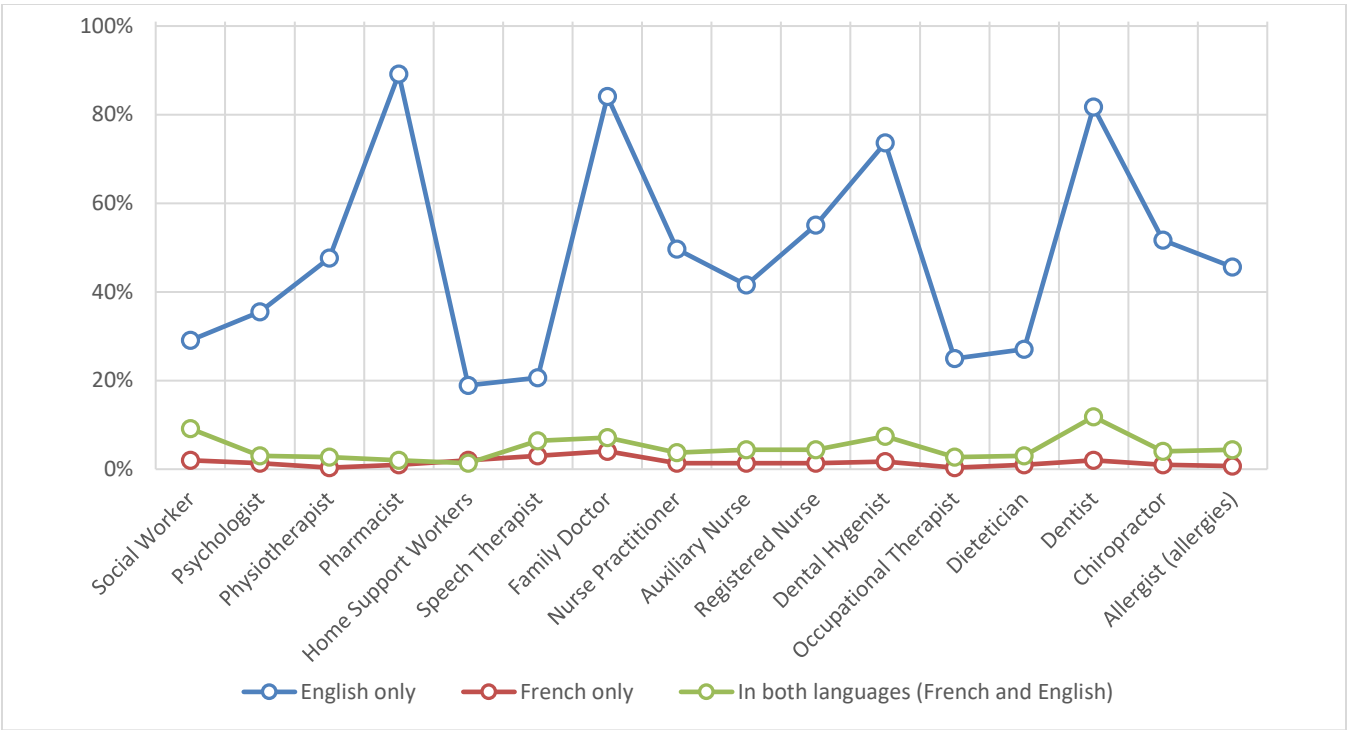
Responses clearly show the importance of promoting French-language health care services. This correlation between information and demand offers a possible explanation.

The language used most often with health care professionals in the area is English: 84% of respondents speak only English with their family doctor. The percentages of respondents who speak both languages with physicians and health care professionals remain very low. They do not exceed 12% (this threshold being reached only in the case of dentists).

Survey respondents were asked to indicate the language they use to communicate with health care professionals. We note that, unsurprisingly, English is the language used most often for such communication. A very small minority, only 1% to 4% of respondents, have the opportunity to express themselves in French.

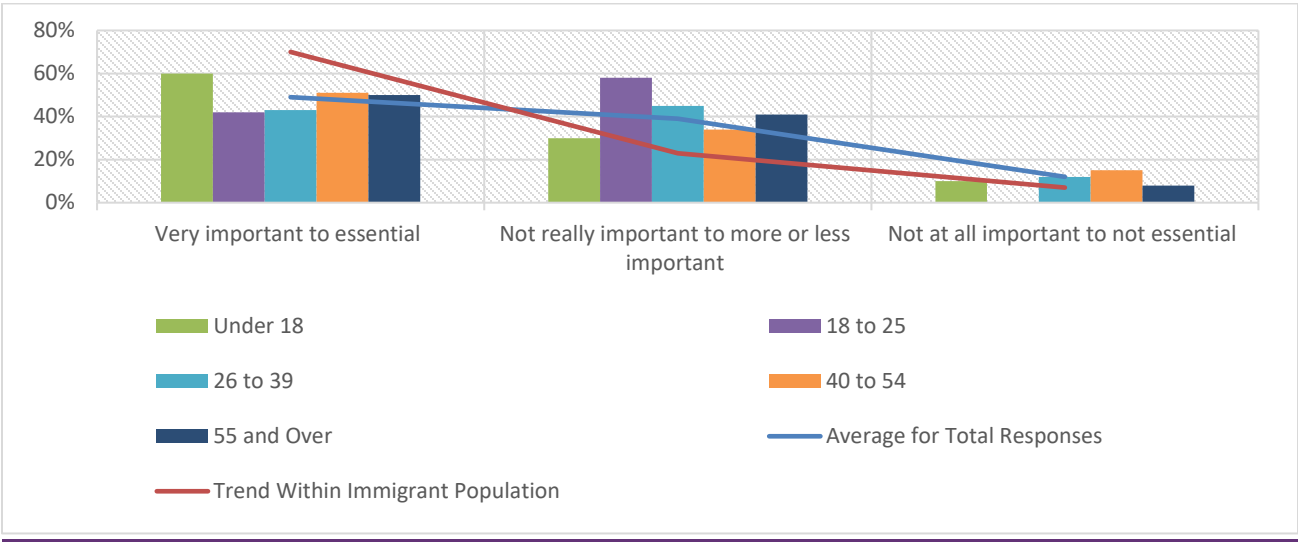
Chart 24: Language Spoken with Health Care Professionals





As for the importance of having access to health and wellness services in French, 49% of respondents overall said that it is very important to essential. This was the response of 60% of young people under 18; of 51 % of 40-to-54-year-olds; and of 50% of those aged 55 and over. On the other hand, 18-to-25-year-olds are more likely (58%) to think that services in French are not really or more or less important. Those aged 26 to 39 agree with such a response to a lesser extent, at a rate of 45% of the total in that age category. However, it is important to note that 70% of respondents with an immigrant background believe that services in French are in the "very important to essential" category.

Chart 25: Importance of French-Language Services

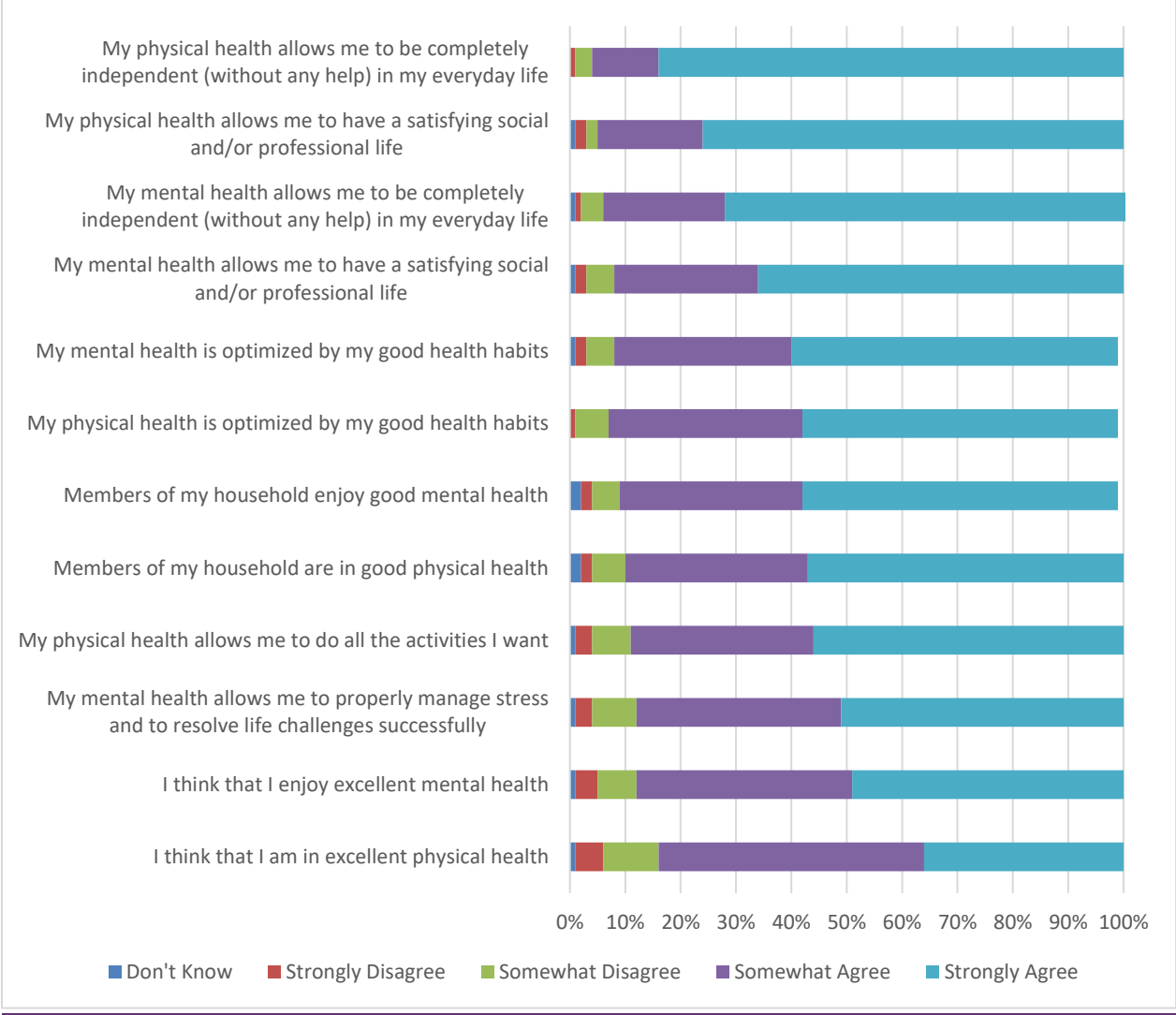


Comments as a whole reflected concerns related to age and to the importance of being served in one's preferred language. In fact, the older the person, the more important it is for them to receive their services in French.

STATE OF HEALTH OF RESPONDENTS

Although 52% of respondents indicated that either they or a member of their household had been diagnosed with a medical condition, most felt that they enjoyed good physical and mental health which, in their opinion, was optimized by healthy lifestyle habits. About 10% of respondents report experiencing physical and mental health challenges that affect their ability to fully thrive.

Chart 26: Self-Reported State of Health



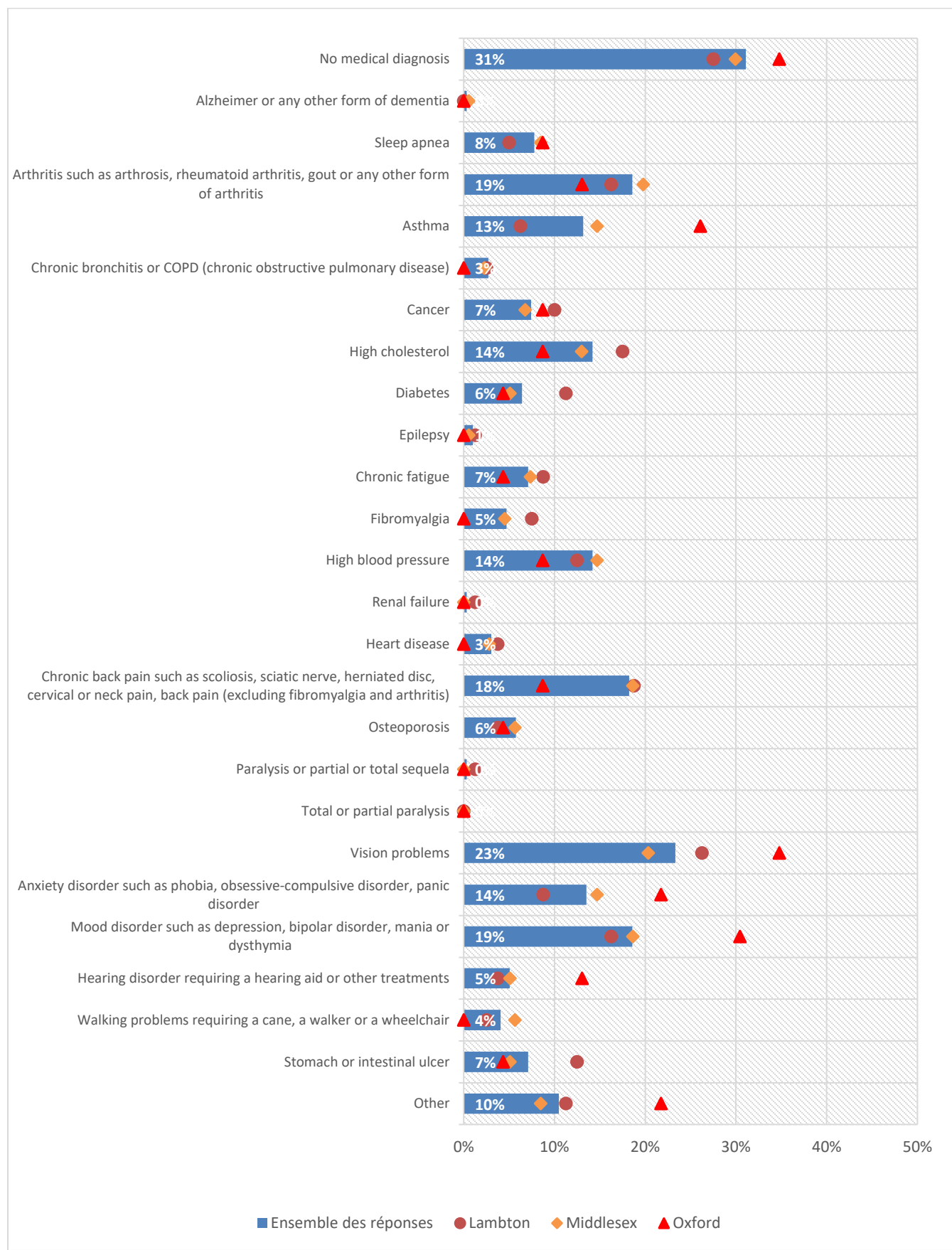
Of those respondents diagnosed with a medical condition, the most common health challenges are arthritis, at 19%; mood disorders, at 19%; chronic back pain, at 18%; and high blood pressure, cholesterol and anxiety, which are found in 14% of respondents.

Oxford County respondents reported significantly higher-than-average asthma, sight and hearing problems, and mood disorders.

The question also allowed respondents to report diagnoses for their household and extended family members. The most common health challenges are cancer, arthritis, high blood pressure, cholesterol, asthma, diabetes, vision problems, and anxiety and mood disorders. These results can be found in Appendix 2 and should be used with caution.

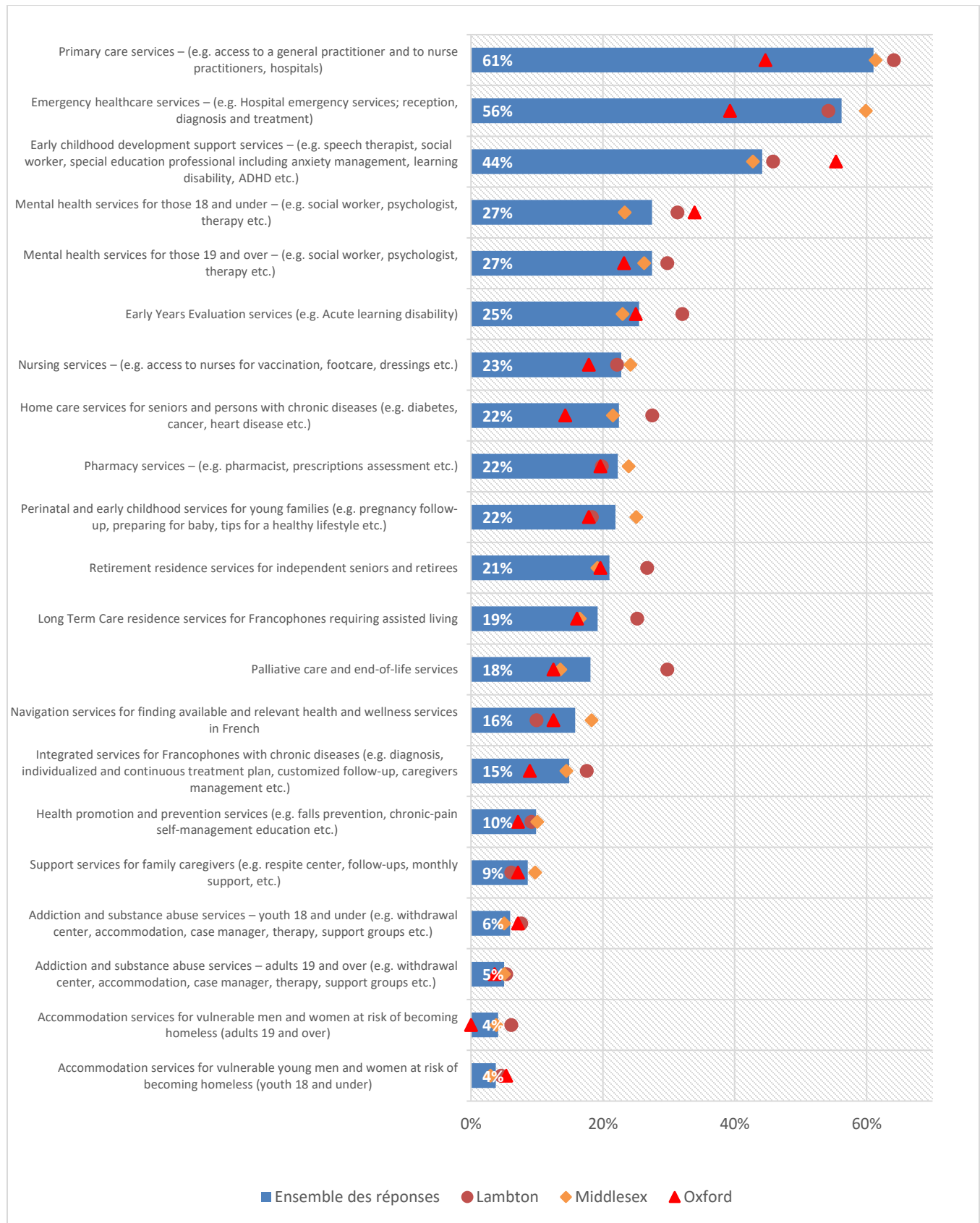
It is important to mention that in the additional comments, a number of respondents brought up the challenges generated by language barriers in health care, by how difficult it is to find a bilingual family doctor and by mental health issues: this is especially the case for young people, who are particularly affected by anxiety disorders.

Chart 27: Type of Medical Diagnosis



HEALTH AND WELLNESS SERVICES IN FRENCH: NEEDS AND PRIORITIES

Chart 28: Development Priorities for French-Language Health Care Services

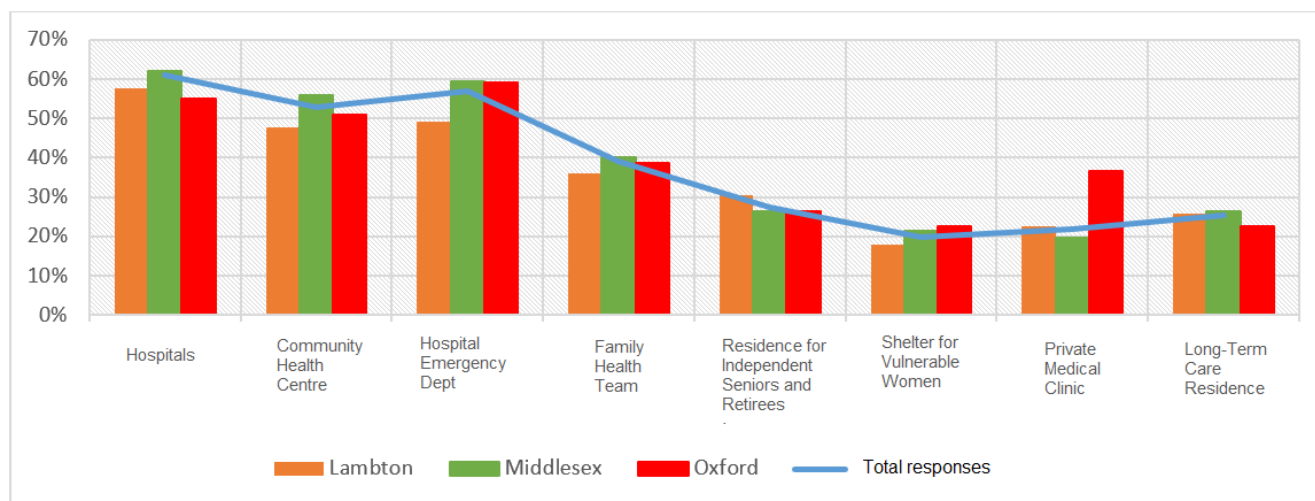


Regardless of which age category respondents belong to, all place French-language primary care (61%) and emergency services (56%) in their top two priorities, followed by mental health care services at 54%—if we combine adult services (27%) and services to those under 18 (27%)—and child development support services (44%).

Respondents aged 55 and over place greater importance on residential services for Francophone seniors, and on long-term care housing services and palliative care in French. Respondents aged 26 to 54, in turn, express a greater interest in French-language services for child development assessment (62%) and perinatal care (55%). Among young people, mental health is the main priority to a much more significant extent than average, i.e., for 70% of respondents under 18 years of age and 84% for 19- to 25-year-olds.

Average responses by county reveal that Oxford and Lambton respondents are particularly interested in the development of services for children and youth. Lambton respondents are also more concerned with the development of services for seniors, whether these are residential services for retirees, long-term care, palliative care or home care.

Chart 29: Preferred Strategic Location to Improve French-language Service Delivery



In terms of where it would be advisable to improve delivery of services in French, the four priority locations are hospitals, mental health agencies, hospital emergency departments and the Community Health Center.

Participants were invited to express their three greatest wishes in the matter of improving the delivery of health care services in French. Among those expressed most often were:

- Bilingualism among staff providing health services, especially in hospitals and emergencies;
- The visibility and promotion of health care offered in French;
- Access to French-language services for long-term care and retirement homes for seniors;
- Access to childhood development support services in French;
- Access to mental health services in French for all ages.

RESULTS OF COMMUNITY CONSULTATION

Public consultations in London and Sarnia took place the week of April 16, 2018. During this week, feedback from 130 people from diverse backgrounds was gathered through nine consultations allowing us to meet different target groups.

Table 13: Schedule of Public Consultations

| Date and Venue | Profile of Participants | Number of Participants |
|----------------------------------|----------------------------------------------------------------------|------------------------|
| April 16, late morning London | Adults - High percentage of seniors | 18 participants |
| April 16, evening London | Adults - High percentage of immigrants | 5 participants |
| April 17, late morning Sarnia | Students - Grade 10 | 6 participants |
| April 17, evening Sarnia | Adults - Good cross-section of age groups from 25 to 80 years old | 28 participants |
| April 18, late morning London | Students - Grades 10 and 12 | 18 participants |
| April 18, afternoon London | CCRL staff and others sharing the premises | 12 participants |
| April 19, morning London | Table Info-Franco - Francophone delegates from all service areas | 26 participants |
| April 19, afternoon London | Seniors | 12 participants |
| April 19, afternoon London | Immigrant students | 5 participants |

The goal of these consultations was to explore participants' knowledge of health and wellness services offered in French, to hear about how they manage their health in French on a daily basis, and to discuss priorities for guiding the development of potential new French-language health and wellness services and of those delivery models that are most likely to sustainably improve access to French-language services in London, Sarnia and surrounding areas.

HEALTH AND WELLNESS SERVICES PROVIDED IN FRENCH

Consultation participants unanimously stressed the importance of having access to health and wellness services in French. They asserted that these services have a fundamental role to play in the well-being and vitality of the community. It is therefore important to eliminate the language barrier with health professionals so that Francophones can express themselves freely, without any interference, in order to:

- develop a secure relationship with the professional caregiver;
- ensure the professional has a good understanding of the care recipient's health challenges;
- ensure the care recipient has a good understanding of the professional's instructions;
- facilitate the care recipient's management of his or her own health and well-being.

Participants perceive health care services in French as virtually non-existent. They are not aware of them and don't know where to go for information. Even stakeholders working within the community find it extremely difficult to get their bearings and find the services in French needed for cross-referrals.

Some participants indicated that they really need to be determined, make numerous calls to suppliers, use their social network and have a great deal of luck to ferret out services in French. Even then, most research, as rigorous as it may be, usually ends in failure, because health care services in French are extremely limited.

In addition, it is not always possible to rely on information on provider websites and search engines to find French-language health care services. There appears to be a relatively large gap between the language capabilities advertised and the actual offer of French-language services to clients.

In lieu of offering health care services in French, it is common for providers in the region to suggest that recipients bring a person with them as interpreters, or to turn to professional interpretation services. These options are not acceptable solutions for the participants, since they obstruct the free flow of communication between the professional and the care recipient, a situation which necessarily entails quite a few potential risks to the health of the recipient.

Requesting that a loved one translate the interview with the health professional can:

- delay consultation with the care recipient, who may be uncomfortable with the need to disturb a loved one, and to describe their symptoms, fears and health challenges in front of that person;
- compromise the quality of interpretation, which may in turn impact diagnoses and medical directives, since the relative is not a professional medical interpreter;
- put at risk the confidentiality of communication between the health professional and the care recipient.

For the relative or friend accompanying the care recipient, the experience can also be challenging, as it:

- puts pressure on him or her to relay accurate information to both parties;
- ignores any feelings that the loved one may have under the circumstances, which can lead to anxiety and trauma, especially if the two share a close bond.

As for professional translation offered by the supplier, the participants feel that it:

- presents a risk to the principle of confidentiality between the professional and the care recipient;
- undermines the ability to develop a human relationship built on trust with the health care professional, a relationship that is absolutely fundamental in allowing people to openly discuss the challenges they face.

Among the small minority of participants who received health care services in French in London, Sarnia and surrounding areas, these were the result of pure chance, a happy coincidence, since most people, whether professionals or care recipients, don't mention they speak French and assume that the other person speaks only English.

Unfortunately, members of the Francophone community seem to have resigned themselves to not receiving health care services in French, although they are aware that this has a very real impact on their quality of life. There is also fatigue and, on occasion, fear of demanding health care services in French. A majority of participants feel neglected and lacking in genuine support to go against policy makers, some of whom still do not believe in the merits of French-language service delivery.

All in all, for participants as a whole, it is not possible to receive comprehensive health care in French in London, Sarnia and surrounding areas. This creates a number of frustrations, uncertainties and worries. A significant proportion of the participants interviewed feel like second-class citizens who do not have access to the same services as others, even though French is one of Canada's two official languages under the Canadian Charter of Rights and Freedoms and London is a designated area under the *Ontario French Language Services Act*.

CHALLENGES IN ACCESSING HEALTH AND WELLNESS SERVICES IN FRENCH

Discussions took place during the public consultations to shed light on the challenges the Francophone community faces in accessing health and wellness services in French. Among the major challenges raised by the majority of participants are the following, in order of importance:

- **The lack of active offer and the lack of promotion of French-language health and wellness services** is a major issue for Francophone community members, who cannot request and use a service they don't know is available. The Francophone community is aware of its minority status, which, up to now, does not seem to offer conditions favourable enough to enable it to actively demand health care services in French.

Several members of the Francophone community feel it is difficult to demand services in a situation of vulnerability. For example, several participants told us stories that were absolutely shocking and traumatic, especially that of a mother who called emergency services following a serious accident in which she feared for the lives of her loved ones. In a state of crisis, she found herself unable to express herself in English and correctly indicate her position to first responders. This delayed the arrival of help and worsened her anguish and feeling of helplessness. Additional accounts corroborated the inability of several participants to express themselves in English in a moment of crisis and vulnerability, making it difficult to convey information likely to reduce the stress they were going through.

It should also be noted that many participants are still reluctant to ask for their services in French for fear that their request will result in negative consequences, either in terms of their reputation (fear of being perceived as a capricious person) or in terms of the care experience (lower quality service or longer waiting time).

If, in an ideal world, supply and demand should evolve in tandem, it is important to consider the structural impediments that hinder this balance for minority language communities. In this context, it is legitimate to expect suppliers to invest in creating a secure environment that encourages the demand for services in French, particularly through active offer, in order to bolster the legitimacy of French-language services in the public arena and, little by little, change attitudes and negative perceptions that have proliferated over the past decades and which the Francophone community has had to face.

- **Lack of coordination to ensure a link between French-language services and Francophone recipients.** This does require having the necessary bilingual professionals on hand, but also

involves a question of organizational will to develop this capacity or not, and to ensure a quality service that considers the preferred language of the care recipient. Participants felt that there are more bilingual health professionals than we think, but that this information is not collected and / or considered in the planning and delivery of services to the population.

- **Precariousness and lack of continuity of health and wellness services in French.** Participants felt that the few services available in French are generally built around a single resource or an extremely small team of stakeholders. Services in French can disappear overnight if the resource is no longer available. In addition, bilingual stakeholders rarely have the time and capacity to provide direct services to care recipients while also engaging in outreach to publicize their services, develop partnerships in the community and continue to innovate in their programs and services to meet the needs of the Francophone community.

IMPACT OF THE CHALLENGES FACED IN ACCESSING HEALTH AND WELLNESS SERVICES IN FRENCH

It has been ascertained that the Francophone community does not have genuine access to health and wellness services in French. In London, Sarnia and surrounding areas, health and wellness services in French are few and far between. As a result, participants in the public consultation believe that the inability to receive services in French correlates with a deterioration of their physical and mental health. They feel that they are likely to experience higher levels of stress, to receive the wrong diagnosis and to risk complications, relapses or a more difficult recovery process.

Moreover, with little access to information, resources or tools for prevention and health promotion in French, they feel they are getting less support for the development and maintenance of a healthy lifestyle.

FRENCH-LANGUAGE HEALTH AND WELLNESS SERVICES PRIORITIES

One of the main goals of the consultations was to deepen the knowledge of the Francophone community's highest-priority needs in terms of health and wellness services in French. Participants were therefore invited to communicate their main priorities. Responses gathered during the nine consultation sessions were very similar.

The four main priorities indicated by the participants are:

- **Primary care**, with access to family doctors as well as registered nurses and nurse practitioners who speak French. Primary care is seen as important for the vitality of the Francophone community and its families. Participants want to be able to address their health concerns in French and speak without a language barrier with their main health care professional.
- **Mental health services** for both youth and adults, with social workers, case managers and psychiatrists offering a range of adapted French-language services in the community and in partnership with French-language and immersion schools. Specifically, the participants indicated a need for professionals able to make diagnoses and regular follow-ups, a 24/7 French-language crisis help line, and therapies—including individual, family and group—as well as preventive workshops.

The school-based consultations highlighted urgent needs within the community. Staff recognize that they do not have sufficient resources to respond in a timely manner to the continually growing needs of the student population. The waiting lists are long, which limits the schools' capacity to offer a rapid response, a crucial and determining factor in crisis situations. Students recognize

their fragility—many live with high levels of anxiety—and their need for tools to develop the coping mechanisms essential to thrive personally, socially, and academically.

In mental health, language is the main diagnostic tool. It is through words and their many possible nuances that symptoms, feelings and challenges are expressed. Matching health professionals with Francophone care recipients is crucial for successful intervention and to improve the care recipient's well-being.

- **Long-term care** includes home care, long-term care homes, palliative care and day programs. Many seniors, many of whom are unilingual Francophones, have indicated they wish to live out their old age in a French-language environment. A significant number of older participants anticipate with trepidation the day they will no longer be able to live independently, since they have no place of their own. They consider it an urgent matter to set up a residence for independent Francophone seniors as well as for seniors requiring assisted living, with bilingual staff who can offer them linguistically and culturally appropriate services.
- **French-language services offered by first responders**, whether in the emergency department or by 911 operators, police officers and paramedics, proved to be a priority for consultation participants. It must be said that the personal accounts mentioned, that seem to be relatively common, are very worrying. This is especially the case since most people who have been unable to speak English in a crisis are people who are considered bilingual and who use English fluently in their workplace, their social life and sometimes even within their family environment. We may deduce from this that no Francophone is immune to this issue and understand the importance participants in the study place on solutions to resolve this situation and avoid an irreversible tragedy.

With regards to emergencies, respondents feel it is important to be able to count on bilingual services at least during the first triage in hospitals in the region, in order for all shifts to ensure a first correct diagnosis.

Some participants also brought up the importance of developing Francophone capacity for the London Health Sciences Center (LHSC) Regional Cancer Program, which covers a significant number of Francophone communities.

OVERCOMING CHALLENGES TO ACCESS AND PROMOTING THE USE OF SERVICES IN FRENCH

Participants indicated some possible solutions to overcome the challenges of accessing health care services in French. According to them, the most sustainable solution is the creation of a single window for French-language health care services, whether in the form of a health hub, a family health centre or a community health center. What matters to them is to have a clearly identified location where the Francophone community and Francophiles can come forward knowing they will get a range of health and wellness services in French without having to ask for it.

Ideally, this structure would have an interdisciplinary team to provide primary care, mental health services and prevention and health promotion services, as well as referrals to increase the use of the continuum of health care services in French and to communicate needs that are not being met.

In addition, it is important to develop and promote French-language health care services in order to maximize their use in the community. There is increasing awareness of the negative impact minority community status can have on people, but we must also work to limit barriers to the use of new health care services in French. This will enable a comprehensive transition allowing people to try out services and feel secure about their quality and sustainability over the long term. The majority of participants would be interested in going to a Francophone community health center or a similar organization, especially if they don't have to give up their current family doctor, to at least give them the time to evaluate the quality and stability of the services received elsewhere in French.

Moreover, there is a common perception among Francophones that services in French are quite volatile and unstable, which fuels a certain level of skepticism that will have to be allayed. It will therefore be important to promote the multiple benefits of French-language health care services in the Francophone community and among partners, and to work to enhance their image by deconstructing persistent prejudices regarding potential delays as well as issues of security and quality.

Telemedicine is also an alternative that a majority of participants approve of. Participants believe that it can certainly add to local health care capacity in French. They were very open to the idea of using this service.

Some participants also showed interest in the creation of a directory of health care professionals who can offer their services in French. To be successful, this initiative should be part of a strategy enlisting suppliers to connect their bilingual professionals to Francophone care recipients. Unless they work in private practice, bilingual professionals who identify themselves as such are unlikely to have the latitude to select their own clientele and to ensure the expected continuity of care.

Until Ontario becomes officially bilingual, participants need to continue working to strengthen the commitment of providers to develop, promote and ensure the sustainability of French-language health care services.

Participants felt that French-language health care services offered in London, Sarnia and surrounding areas should be publicized and promoted on an ongoing basis, and information about them should be disseminated through the various Francophone and bilingual organizations already in place, particularly community centres, parishes, French-language schools and French immersion schools, as well as in community newspapers, and through activities and social networks.

MAIN FINDINGS

The main objective of this study was to help better understand the supply of health and wellness services in French and the needs of the Francophone community of London, Sarnia and surrounding areas. The territory covered by the study revealed the presence of nearly 12,000 people whose mother tongue is French and more than 47,000 people who have a knowledge of French.

The steps taken to carry out this project allowed us to gather feedback from nearly 6% of the Francophone and Francophile population. More than 680 residents in Elgin, Lambton, Middlesex and Oxford Counties participated in the various initiatives we set up to collect information.

Statistical analysis revealed that the Francophonie distributed among the four counties under study accounts for 38% of all Francophones present in the Southwestern part of the province. This population pool of Francophones as a whole experienced a slight decline (1.7%) between 2011 and 2016. By contrast, during the same period, Middlesex and Oxford counties managed to add a few Francophone members to their French-language communities.

The Francophonie in Elgin County, Lambton and Oxford has a high percentage of older adults, with more than 30% of their population aged 65 and over. Adding the Francophone seniors in Middlesex County (21.3%) results in a pool of more than 3,100 seniors who, sooner or later, will require long-term care in these areas. It is therefore not surprising that the consultation tools indicated Francophones are very concerned about the development and strengthening of French-language health care services delivered to seniors.

At the same time, the counties of Lambton and Middlesex attract a growing proportion of immigrants each year. We know that immigrant families generally have a higher number of children than the North American average, helping to boost the number of Francophone youth. This explains why the number of Francophone youth under 25 years of age for these regions is higher than average, with a proportion of 14.6% for Lambton County and 23.9% for Middlesex County.

These statistics are very encouraging for the future of the Francophonie in these regions, but they legitimately create additional pressure for the development of French-language health care services, particularly for primary care, emergency services—which usually serve as a gateway to the healthcare system in Ontario—and mental health services as well as all child development support services. The participants in the study strongly emphasized these priorities.

We know that newcomers are generally less fluent in both official languages at once. The delivery of services in French becomes a decisive element that facilitates their integration and retention within the host communities.

Furthermore, the data gathered during this study, whether through the review of existing literature, the survey or the consultations, converge and reinforce each other to bring out the following six major findings:

1. The Francophone community does not have at its disposal the infrastructure and services needed to ensure its health in French. The vast majority of participants receive their health and wellness services in English. For the most part, the community is unaware of what services are available in French, and the principle of active offer is not enforced by suppliers. In addition, the few services offered are scattered across a wide range of organizations and depend on a very limited number of bilingual stakeholders. These services are therefore extremely difficult to find, and even more to the point, service delivery remains precarious.
2. The Francophone community believes it is important to have access to health care services in French. French-language services are even more important for immigrants, seniors and young adults who are not necessarily as comfortable speaking English, let alone in a situation of vulnerability. Nevertheless, since they live in a minority context, the majority of Francophones are reluctant to ask for French-language services, given their previous experiences.
3. A majority of participants reported having good physical and mental health. Nevertheless, 52% of survey respondents revealed that they or members of their family had been diagnosed with a medical condition. Some of the most common health and wellness challenges include arthritis, high blood pressure, asthma, diabetes, cholesterol, back pain, mood disorders and anxiety.
4. With respect to the provision of health and wellness services in French, the priorities of the Francophone community are:
 - primary care;
 - emergency services and first responders;
 - mental health services for all: children, families, adults and seniors;
 - services for seniors;
 - early childhood services.
5. The Francophone community also considers it important to improve the delivery of French-language health care services in hospitals, including emergency services; in community health centers and within Family Health Teams; and in seniors' residences. To achieve this, it will be necessary to focus on the training of the bilingual health care workforce, particularly in major centers with a larger number of Francophones such as London and Sarnia, where the percentage of the workforce speaking French in the health sector lies at around 6 and 5% respectively.

In addition, participants do not seem to think the delivery of health care services in French can be sustained in English-language organizations. They call for a Francophone or genuinely bilingual infrastructure for the development of long-term capacity to meet the needs of the Francophone community in a sustainable manner, across the continuum of health care services: primary care, community care, disease prevention and health promotion.

6. To maximize the use of future services in French, these will have to be promoted in community spaces and their accessibility ensured within a radius of less than 20 km. It will also be necessary to reverse the stereotypes that seem to persist with regard to French-language services (quality, safety, wait times, continuity, etc.) and to create opportunities to invite Francophones to use them and become ambassadors for the services in question.

London, Sarnia and their surrounding areas are unfortunately underserved in terms of health and wellness services in French. Francophone seniors and newcomers face significant language barriers, which often place them in a vulnerable position.

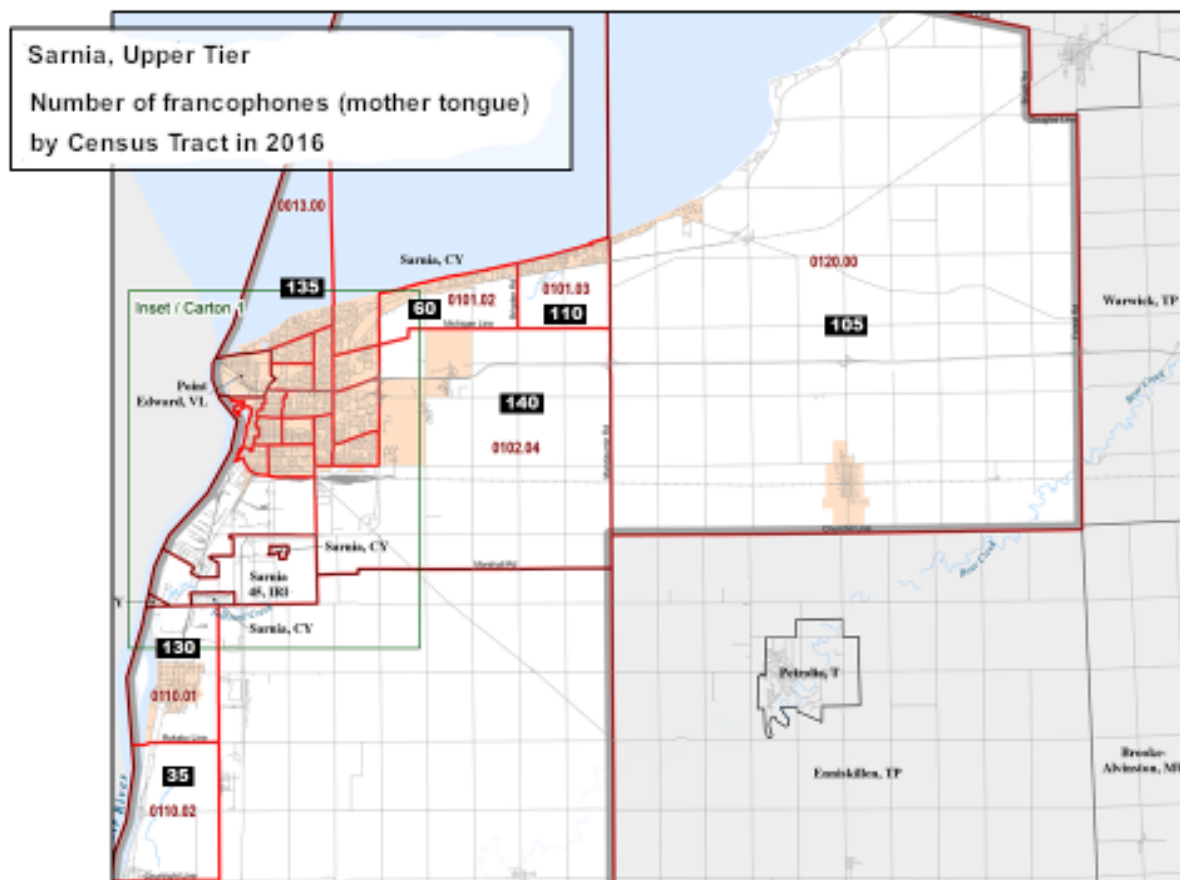
The situation must be remedied quickly in order to offer the Francophone community, which is constantly expanding and diversifying, the services it needs to fully thrive. Access to equitable and safe health care services in French is an essential factor in attracting and retaining Francophones from all walks of life who settle in these areas.

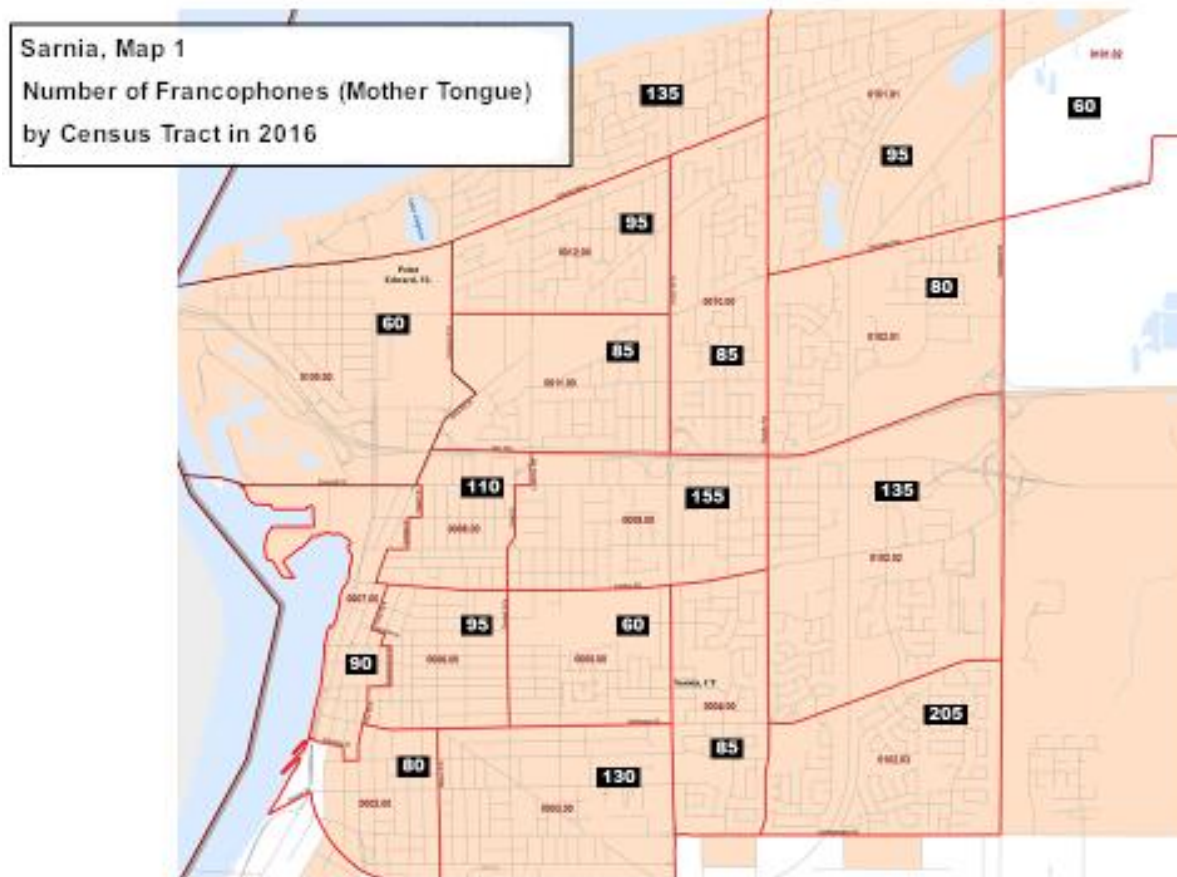
Organizations representing the Francophonie in London, Sarnia and surrounding areas must work with decision-makers and service providers to change the status quo and develop local capacity for the delivery of health care services in French in a sustainable way which is anchored to the needs of their French-speaking fellow citizens.

APPENDIX 1: DISTRIBUTION OF FRANCOPHONES BY CENSUS TRACT FOR THE GREATER SARNIA AND GREATER LONDON AREAS

SARNIA

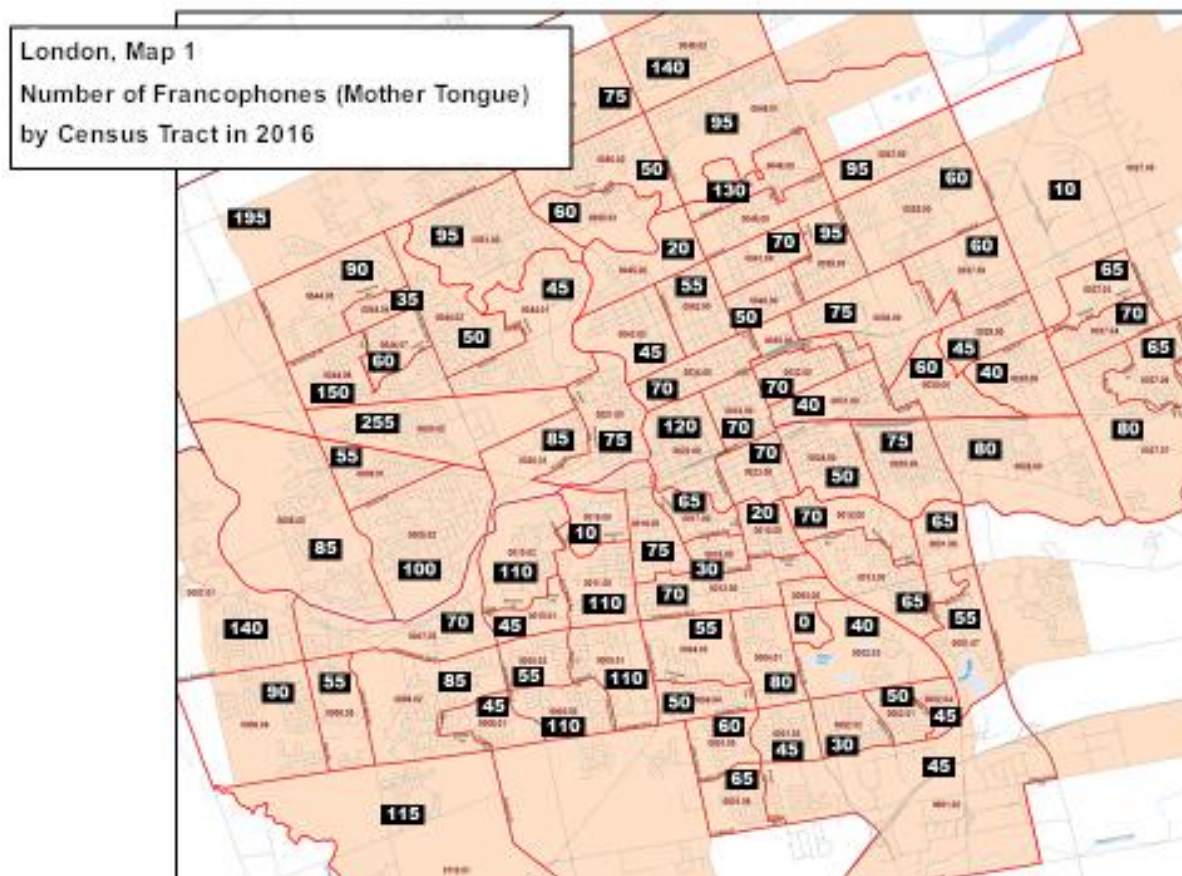
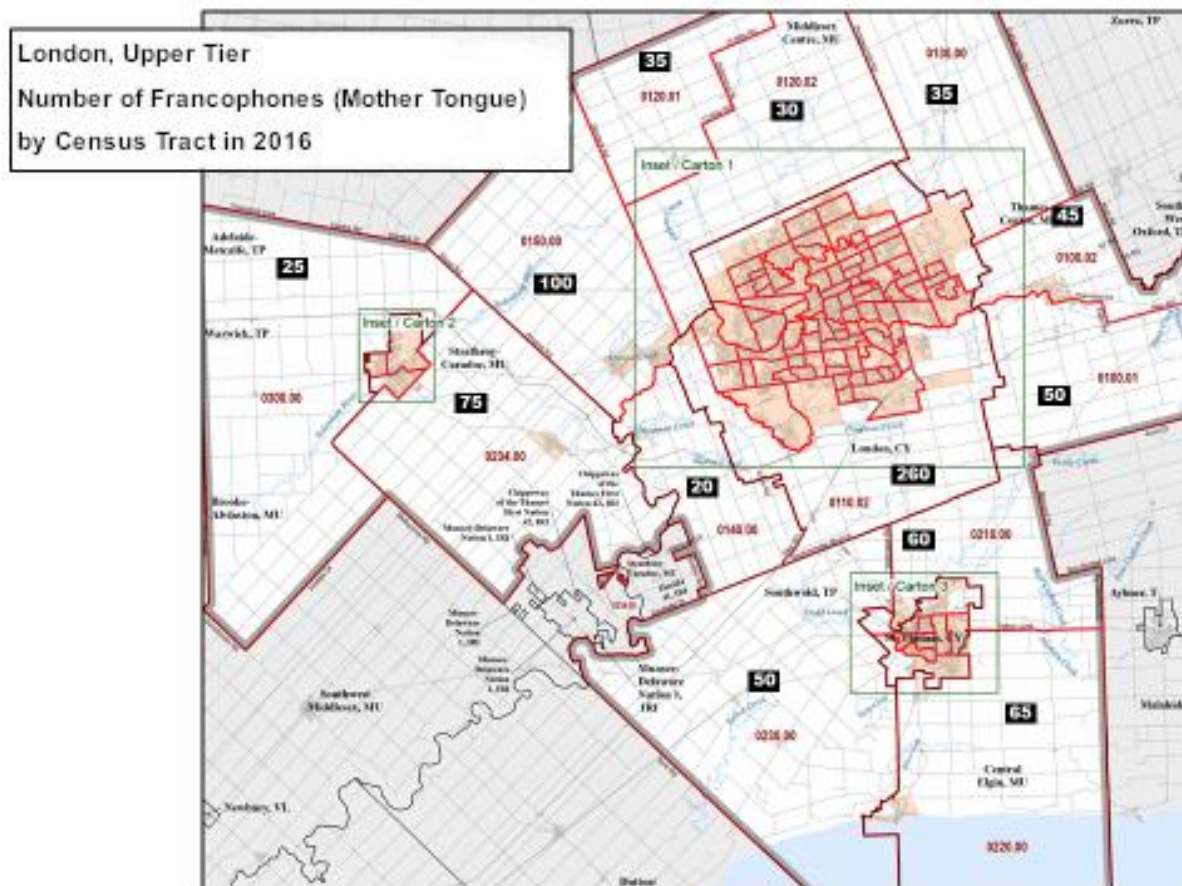
- The Greater Sarnia census area had 2,440 Francophones (mother tongue) in 2016, representing 2.6% of the total population of this region.
- These were spread across 26 census tracts (communities).
- By looking closely at the data by census tract, we observed that Francophones were not distributed in this territory in a way that would suggest they are concentrated in the same sector.
- In fact, for all sectors except sector 1, the proportion of Francophones relative to the total population varies from 1.3% to 4%, and tends to average around 2.6%.
- Only one sector out of 26 had very few Francophones (none) out of a population of 635 people.



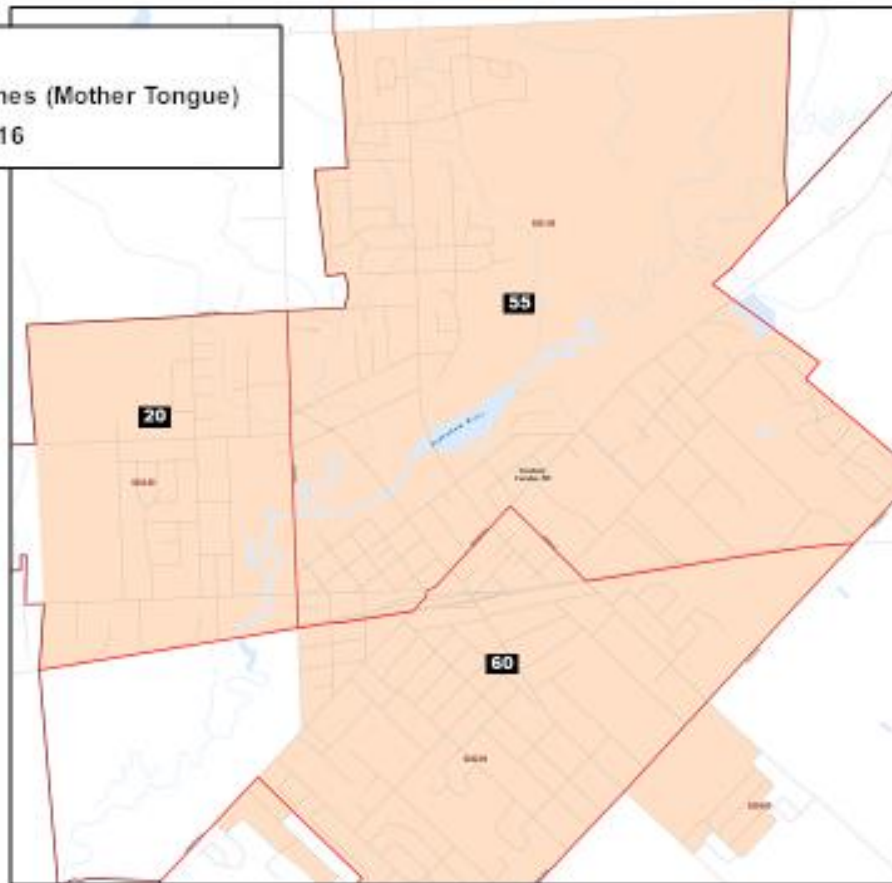


LONDON

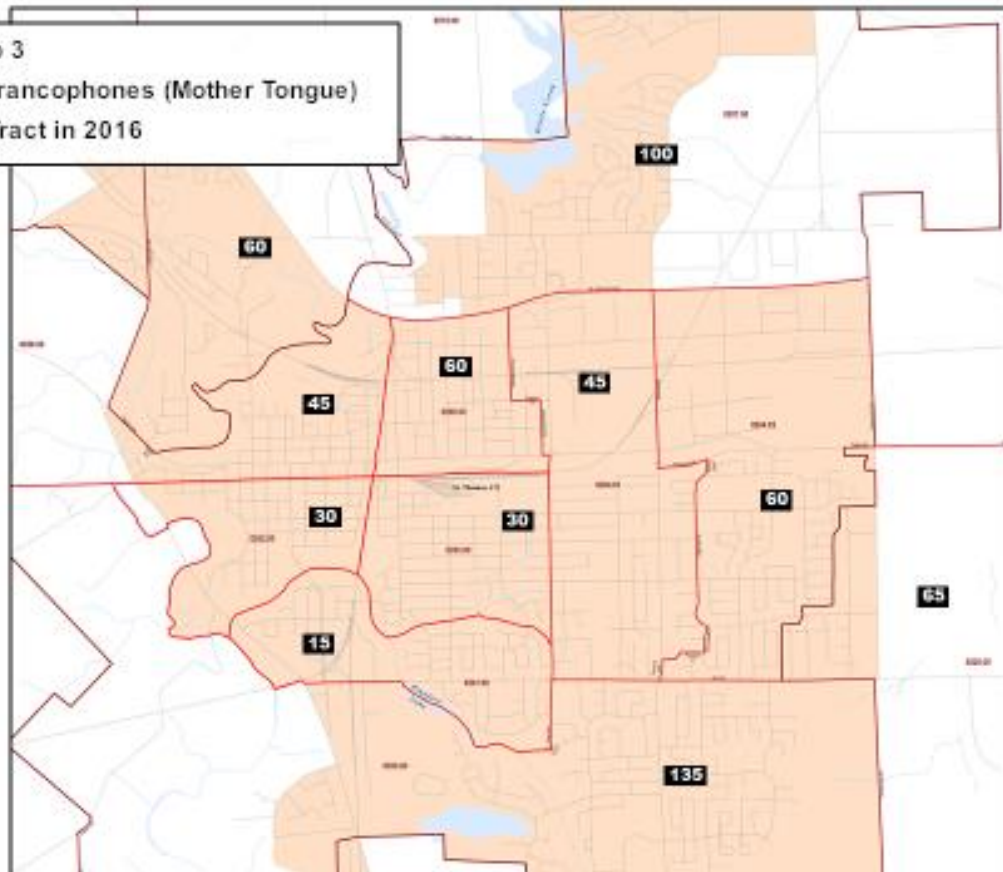
- The Greater London census area had 7,485 Francophones (mother tongue) in 2016, representing 1.5% of the total population of this region.
- These were spread across 109 census tracts (communities).
- By looking closely at the data by census tract, we observed that Francophones were not distributed in this territory in a way that would suggest they are concentrated in the same sector.
- In fact, in 82 of the 109 sectors, Francophones accounted for 1 to 2% of the population.
- In other sectors, Francophones accounted for less than 1% or more than 2% of the population, but never exceeded 2.5%, with the exception of one sector where Francophones accounted for 2.8% of the population.



London, Map 2
Number of Francophones (Mother Tongue)
by Census Tract in 2016

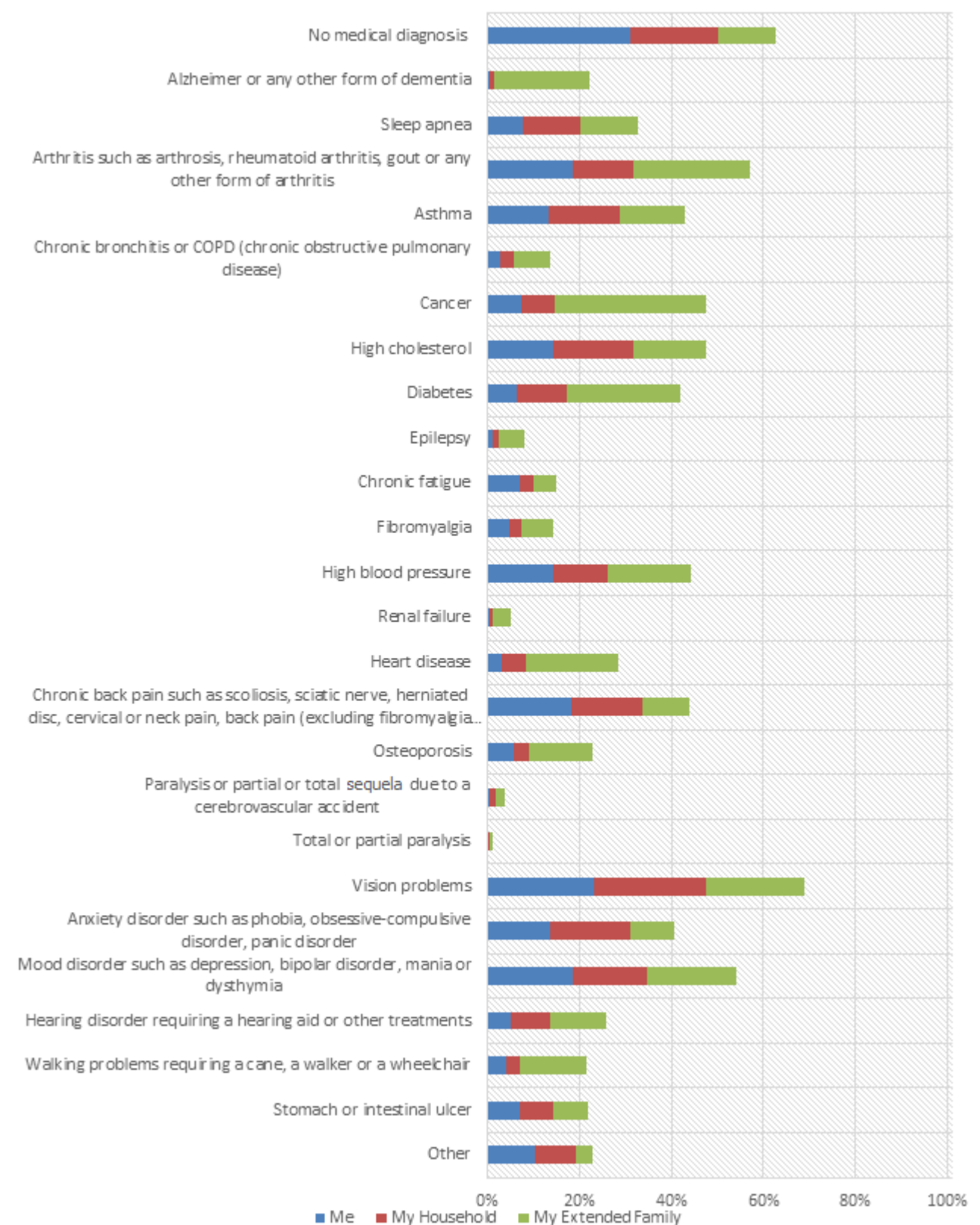


London, Map 3
Number of Francophones (Mother Tongue)
by Census Tract in 2016



APPENDIX 2: ADDITIONAL DATA

TYPE OF MEDICAL DIAGNOSIS RECEIVED BY RESPONDENTS, THEIR HOUSEHOLD MEMBERS AND THEIR EXTENDED FAMILY



SURVEY: CROSS-TABULATED DATA TABLE

| | n = | Total Responses | Marital Status | | | | | Number of Children | | | | | Medical Diagnosis | | | Importance of Health Care Services in French | | | | | | |
|----------------------------------------------|-------------------------------|-----------------|----------------|--------------------------|---------|-----------|---------|--------------------|---------------------|-------------------------------|------------------------|-----------|-------------------|-----|-----------|----------------------------------------------|----------------|------------------------|----------------------|----------------------|---------------|-----------|
| | | | Single | Common-law (in a couple) | Married | Separated | Widowed | I have one child | I have two children | I have three or more children | No, I have no children | No answer | Yes | No | No answer | Essential | Very important | More or less important | Not really important | Not important at all | Not essential | No answer |
| Geographic Location of Residence or City | Ingersoll | 2% | 3% | 4% | 1% | 3% | | 1% | 3% | 1% | 2% | | 2% | 2% | | 1% | 3% | 2% | 2% | | 2% | |
| | Lambton-Shores | 1% | 1% | | 1% | | | | 1% | 1% | 2% | | 1% | 1% | | 1% | 1% | 1% | 2% | | | |
| | London | 59% | 70% | 60% | 56% | 59% | 71% | 66% | 53% | 58% | 67% | 100% | 58% | 60% | 83% | 63% | 55% | 58% | 65% | 58% | 56% | 100% |
| | Petrolia | 0% | | | 0% | | | | 0% | | | | | 0% | | | | 1% | | | | |
| | Port Stanley | | | | | | | | | | | | | | | | | | | | | |
| | Sarnia | 22% | 14% | 18% | 25% | 24% | 29% | 19% | 26% | 24% | 16% | | 26% | 18% | 17% | 21% | 27% | 23% | 12% | 21% | 24% | |
| | St. Thomas | 1% | | 4% | 1% | | | | 1% | 3% | | | 1% | 1% | | 1% | 1% | 2% | 2% | | | |
| | Strathroy | 1% | | | 2% | | | | 1% | 3% | | | 1% | 1% | | | 1% | 1% | 2% | 5% | | |
| | Thames Centre | 1% | | | 1% | | | 1% | 1% | | 1% | | 1% | 1% | | | | 1% | 3% | | | |
| | Tillsonburg | 0% | | | 1% | | | | 0% | 1% | | | 0% | 0% | | | | 1% | 2% | | | |
| Importance of Health Care Services in French | Woodstock | 8% | 9% | 11% | 7% | 9% | | 8% | 8% | 7% | 9% | | 6% | 10% | | 6% | 6% | 7% | 8% | 16% | 18% | |
| | Other location | 4% | 3% | 4% | 5% | 6% | | 4% | 6% | 4% | 4% | | 4% | 5% | | 7% | 7% | 3% | 3% | | | |
| | Essential | 18% | 20% | 24% | 17% | 15% | 14% | 18% | 18% | 16% | 22% | | 22% | 14% | | | | | | | | |
| | Very important | 30% | 29% | 27% | 30% | 38% | 29% | 27% | 30% | 36% | 25% | | 31% | 29% | | | | | | | | |
| | More or less important | 29% | 22% | 28% | 30% | 32% | 29% | 32% | 25% | 29% | 33% | | 27% | 31% | 17% | | | | | | | |
| | Not really important | 11% | 17% | 12% | 10% | 6% | | 8% | 14% | 6% | 12% | 100% | 9% | 12% | 50% | | | | | | | |
| | Not important at all | 3% | 4% | 5% | 3% | | | 1% | 3% | 4% | 5% | | 3% | 4% | | | | | | | | |
| Medical Diagnosis | Not essential | 8% | 7% | 5% | 9% | 9% | | 12% | 9% | 8% | 3% | | 7% | 10% | | | | | | | | |
| | No answer | 1% | 1% | | 1% | | 29% | 1% | 2% | 1% | 1% | | 2% | | 33% | | | | | | | |
| | Yes | 52% | 54% | 49% | 53% | 41% | 64% | 55% | 46% | 61% | 49% | 50% | | | | | | | | | | |
| Number of children | No | 47% | 42% | 48% | 47% | 59% | 36% | 45% | 53% | 38% | 49% | | | | | | | | | | | |
| | No answer | 1% | 4% | 2% | 0% | | | | 0% | 1% | 2% | 50% | | | | | | | | | | |
| | I have one child | 14% | 16% | 11% | 13% | 21% | 21% | | | | | | | | | | | | | | | |
| | I have two children | 39% | 8% | 30% | 47% | 41% | 43% | | | | | | | | | | | | | | | |
| | I have three or more children | 29% | 1% | 23% | 35% | 38% | 36% | | | | | | | | | | | | | | | |
| | No, I have no children | 18% | 74% | 36% | 5% | | | | | | | | | | | | | | | | | |
| | No answer | 0% | 1% | | 0% | | | | | | | | | | | | | | | | | |

SURVEY: TABLE WITH DATA CROSS-TABULATED BY ETHNOCULTURAL PROFILE OF RESPONDENTS

| | | Total Responses | Ethnic and Cultural Background | | | | | | | | | |
|----------------------------------------------|-------------------------------|-----------------|--------------------------------|-----------|------|-------|-------------------|-------|-------|---------------|----------------|-------|
| | | | African | Caribbean | Arab | Asian | Caucasian (White) | Inuit | Métis | First Nations | Latin American | Other |
| Geographic Location of Residence or City | n = | 557 | 49 | 5 | 18 | 8 | 433 | 1 | 17 | 2 | 17 | 7 |
| | Ingersoll | 2% | | | | | 2% | | 12% | | | |
| | Lambton-Shores | 1% | | | | | 1% | | | | | |
| | London | 59% | 82% | 100% | 83% | 100% | 55% | 100% | 41% | | 82% | 43% |
| | Petrolia | 0% | | | | | 0% | | | | | |
| | Port Stanley | | | | | | | | | | | |
| | Sarnia | 22% | 10% | | 17% | | 24% | | 41% | 100% | 12% | 29% |
| | St. Thomas | 1% | | | | | 1% | | | | | |
| | Strathroy | 1% | 2% | | | | 1% | | | | | |
| | Thames Centre | 1% | | | | | 1% | | | | | |
| | Tillsonburg | 0% | | | | | 0% | | | | | |
| | Woodstock | 8% | 2% | | | | 9% | | 6% | | 6% | 14% |
| | Other location | 4% | 4% | | | | 5% | | | | | 14% |
| Importance of Health Care Services in French | Essential | 18% | 39% | 60% | 28% | | 15% | | 18% | | 12% | 43% |
| | Very important | 30% | 47% | 40% | 50% | 13% | 28% | | 24% | | 29% | |
| | More or less important | 29% | 4% | | 22% | 38% | 31% | 100% | 47% | 50% | 24% | 14% |
| | Not really important | 11% | 4% | | | 38% | 11% | | 6% | | 24% | 14% |
| | Not important at all | 3% | 2% | | | | 4% | | | | 6% | 14% |
| | Not essential | 8% | 4% | | | 13% | 9% | | 6% | 50% | 6% | |
| | No answer | 1% | | | | | 1% | | | | | 14% |
| Medical Diagnosis | Yes | 52% | 49% | 60% | 33% | 63% | 52% | 100% | 82% | 100% | 41% | 43% |
| | No | 47% | 49% | 40% | 67% | 38% | 47% | | 18% | | 53% | 43% |
| | No answer | 1% | 2% | | | | 1% | | | | 6% | 14% |
| Number of Children | I have one child | 14% | 8% | 20% | 11% | 25% | 14% | 100% | 12% | | 12% | 14% |
| | I have two children | 39% | 22% | | 22% | 13% | 42% | | 41% | 100% | 53% | 29% |
| | I have three or more children | 29% | 47% | 60% | 56% | 25% | 27% | | 18% | | 18% | 14% |
| | No, I have no children | 18% | 22% | 20% | 11% | 25% | 18% | | 29% | | 12% | 43% |
| | No answer | 0% | | | | 13% | | | | | 6% | |

| | | | | | | | | | | | | |
|--------------------------|--------------------------|-----|-----|------|-----|------|-----|------|-----|------|-----|-----|
| Marital Status | Single | 14% | 27% | 20% | 6% | 13% | 12% | | 6% | | 12% | 43% |
| | Common-law (in a couple) | 15% | 6% | 20% | 6% | | 16% | 100% | 24% | 50% | 12% | |
| | Married | 63% | 55% | 60% | 72% | 88% | 63% | | 65% | 50% | 59% | 57% |
| | Separated | 6% | 8% | | 11% | | 6% | | 6% | | 18% | |
| | Widowed | 3% | 4% | | 6% | | 3% | | | | | |
| Gender | Male | 24% | 39% | | 17% | | 24% | | 18% | | 18% | 29% |
| | Female | 76% | 61% | 100% | 83% | 100% | 76% | 100% | 82% | 100% | 82% | 71% |
| Years Residing in Canada | Born in Canada | 70% | 2% | 20% | 6% | 25% | 84% | | 94% | 100% | 6% | 57% |
| | Less than 6 years | 6% | 39% | | 22% | | 1% | 100% | | | 12% | |
| | Six to ten years | 5% | 24% | 20% | 28% | 13% | 1% | | | | 18% | 14% |
| | 11 to 20 years | 7% | 20% | 20% | 28% | 13% | 3% | | | | 41% | 29% |
| | Over 20 years | 12% | 14% | 40% | 17% | 50% | 11% | | 6% | | 24% | |
| Age Group | Under 18 | 2% | 12% | | | | 1% | | | | | |
| | 18 to 25 | 6% | 4% | | 6% | 13% | 6% | | 6% | | 6% | |
| | 26 to 39 | 28% | 29% | 20% | 28% | 13% | 26% | 100% | 47% | | 47% | 57% |
| | 40 to 54 | 42% | 45% | 60% | 61% | 75% | 41% | | 35% | 100% | 35% | 14% |
| | 55 and over | 22% | 10% | 20% | 6% | | 26% | | 12% | | 12% | 29% |