

Improving the Health of Francophones During Times of COVID-19

2023



ACKNOWLEDGMENT

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Centre d'Orientation des Adolescents Francophones (CCFWEK)

Travailleuses et travailleurs d'établissement dans les écoles (TÉE)

Centre Communautaire Francophone Windsor-Essex-Kent (CCFWEK)

Centre Communautaire Francophone de London (CCFL)

Centre Communautaire Francophone de Sarnia (CCFS)

Centre Communautaire Francophone de Chatham-Kent La Girouette

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EXECUTIVE SUMMARY

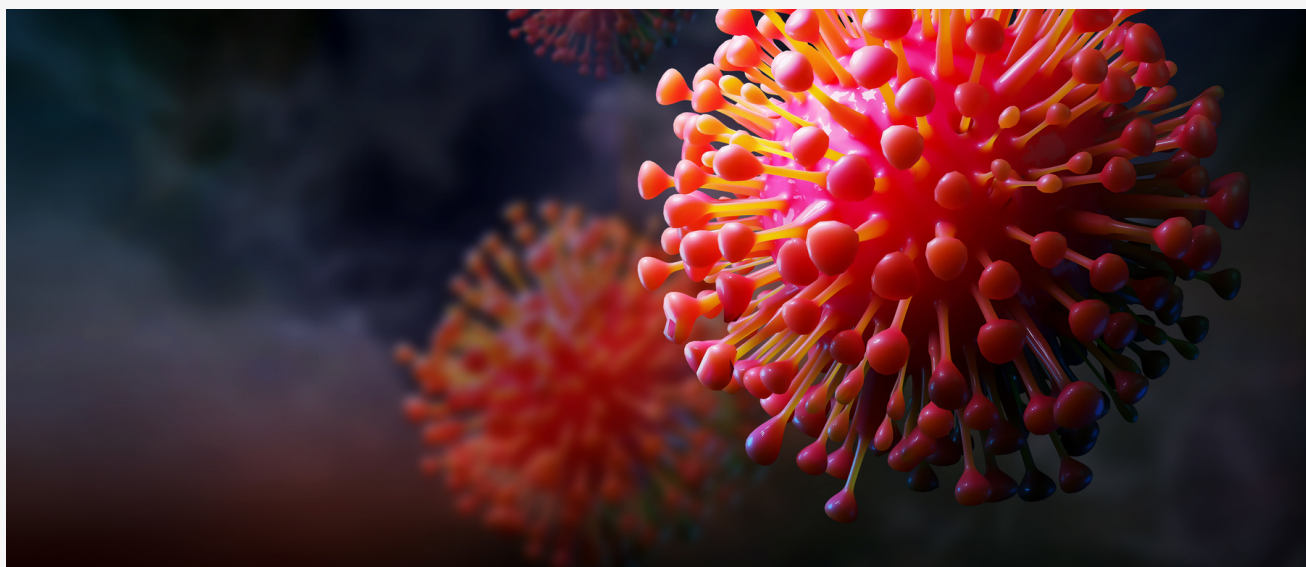
The COVID-19 pandemic has had a significant impact on francophones in Western Ontario Health region, as evidenced by the results of a comprehensive survey conducted by Entity 1 and Entity 2.¹ In order to gain a more nuanced and in-depth understanding of the experiences of these individuals, focus group consultations were conducted with eligible participants in the Windsor and London regions. These discussions were guided by questions related to access to French-language health information and services, mental health and well-being, and virtual care and telemedicine.

The findings of these focus groups underscored both the challenges and opportunities faced by francophones in these regions. On one hand, participants praised the presence of French-language health services in their regions, as well as the benefits of virtual care and telemedicine. However, they also drew attention to the difficulties faced in accessing these services, despite Canada being a bilingual country. Participants noted a lack of French-speaking health professionals, mental health support services, and virtual care and telemedicine services. Furthermore, they emphasized the difficulties posed by the presence of an interpreter when a French-speaking health professional is not available, as well as the scarcity of French-speaking receptionists, pharmacists, and specialists.

The recommendations outlined in this report aim to give voice to the francophone community and call for accessible and equitable French-language health services in their regions and beyond. They include:

1. **Creation of French language health information and service hubs**
2. **Strategic utilization of social media platforms**
3. **Enhance the availability of French-speaking interpreters**
4. **Address shortage of French-speaking health professionals**
5. **Increase efforts of designating French-speaking receptionists and pharmaceutical services**
6. **Increase efforts in promoting the active offer of French language health services**
7. **Creation of a resource catalogue/directory**
8. **Implementation of French mental health services across the region**
9. **Expansion of mental health awareness**
10. **Addressing the gap in French virtual services and telemedicine**
11. **Leveraging virtual care and telemedicine to connect patients to health services providers**
12. **Facilitation of referral during telephone discussion or virtual consultation**
13. **Development of a centralized platform for doctors and patients**

This study provides indispensable insight into the experiences of francophones affected by the pandemic and offers a roadmap for improving the provision of health services in French.



INTRODUCTION

The COVID-19 pandemic has wrought a profound impact on diverse communities throughout Ontario, disproportionately affecting vulnerable and minority populations. Ontario is home to the second largest francophone population in the country, numbering 622,415.² Prior to the pandemic, French-speaking Ontarians and francophone minority groups (including newcomers and the elderly) were beset by unequal access to healthcare services.³ It has been documented that francophones in Ontario exhibit poorer health outcomes when compared to their anglophone counterparts.⁴ Although the province had previously sought to enhance healthcare services for francophones, the COVID-19 crisis has imposed significant distractions and impediments, yet also illuminating the underlying issues inherent in the healthcare system for francophones and all Ontarians alike. For instance, francophones residing in long-term care homes were particularly vulnerable due to pre-existing resources deficiencies.⁵ Language barriers have long been recognized as a major hindrance to accessing quality healthcare,⁶ exacerbated by the scarcity of French health services and health service providers (HSPs) during the global pandemic, contributing to unfavorable health outcomes for francophones.

In 2021, the French language health planning entities, Entity 1 and Entity 2, jointly launched a survey aimed at uncovering the impact of the COVID-19 pandemic on the health of francophone populations in the Western Ontario Health region.¹ Upon completion of the survey, Entity 1 sought to gain a deeper understanding of francophone perspectives and experiences, particularly with regards to barriers to accessing quality French health services during the pandemic, with the goal of improving their health both during and after the crisis.

PURPOSE

The purpose of this study is to identify health system barriers that exist for Francophones. The main objectives are the following:

1. To collect comprehensive data aimed at identifying the challenges and barriers that exist among Francophones and those from visible minorities (e.g., newcomers, seniors, etc.) through focus group discussions with the support of partner organizations spanning the Western Ontario Health region.
2. To find solutions that aim to fill identified gaps and meet the needs and priorities of Francophones.
3. To make recommendations that support lasting solutions and improve access to French-language health services (e.g., mental health services, emergency services, long-term care services, etc.) in Windsor-Essex and London-Middlesex during the COVID-19 pandemic.
4. To relay findings and present recommendations to decision makers and HSPs in order to improve provincial strategies and inform HSPs on how to better meet the needs of Francophones in the region.



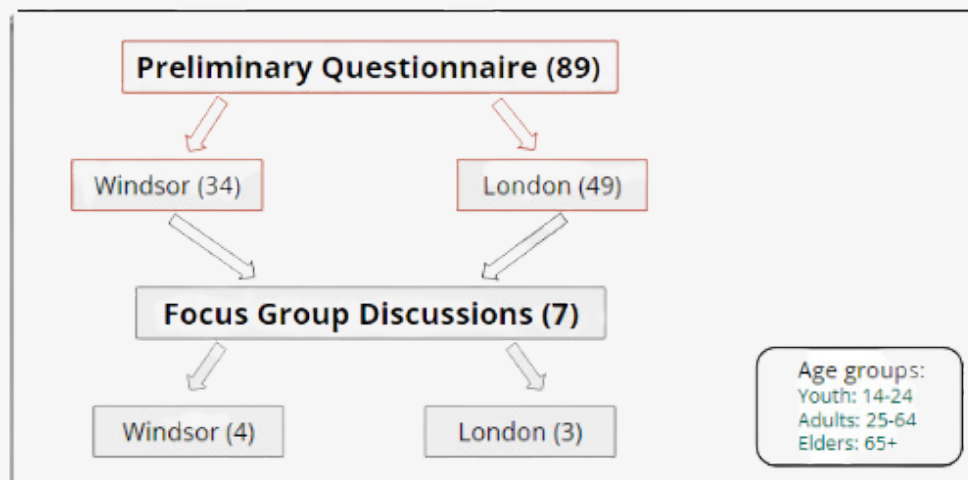
METHODOLOGY

A preliminary Google forms questionnaire (Appendix A) was distributed with the assistance of partner organisations. The questionnaire, which sought participant consent, consisted of 12 multiple-choice and open-ended questions designed to gather demographic information of Francophones. A total of 89 responses were received, with 34 from the Windsor region and 49 from the London region. Following the questionnaire phase, focus group discussions were conducted. To participate in the FGDs, participants had to be francophones, over the age of 12 years, and their preferred language of communication had to be French. A total of seven virtual FGDs were held via the Zoom platform, with three from the London region and four from the Windsor region (Figure 1). The groups were formed based on the participant's respective region, and were divided into three age categories for the purpose of assigning them to appropriate focus groups: youth (14-24), adults (25-64), and seniors (65+). The FGDs followed a three-section format, each focused on a distinct theme, consisting of 16 open-ended questions via the Zoom polling option (Appendix B), with some questions followed by supplementary questions. Section one addressed access to French-language health information and services, section two centered on mental health and well-being, and section three focused on virtual care and telemedicine. The discussions were recorded with participants' permission and will be kept in an encrypted Google drive along with the participant questionnaires for a period of two years after the study's completion. The collected data was analyzed by two health planning officers supervising the study.

As previously noted, the study followed a COVID-19 impact survey conducted by Entity 1 and 2 from January to May of 2021 using Survey Monkey. To this end, Entity 1 hired an external consultant who extracted relevant data from the survey that pertained to the target population (i.e., Francophone visible minority populations within Entity 1's region, youth (14-24), and adults (25-64)) to make observations and inferences that were incorporated into the report's discussion section.

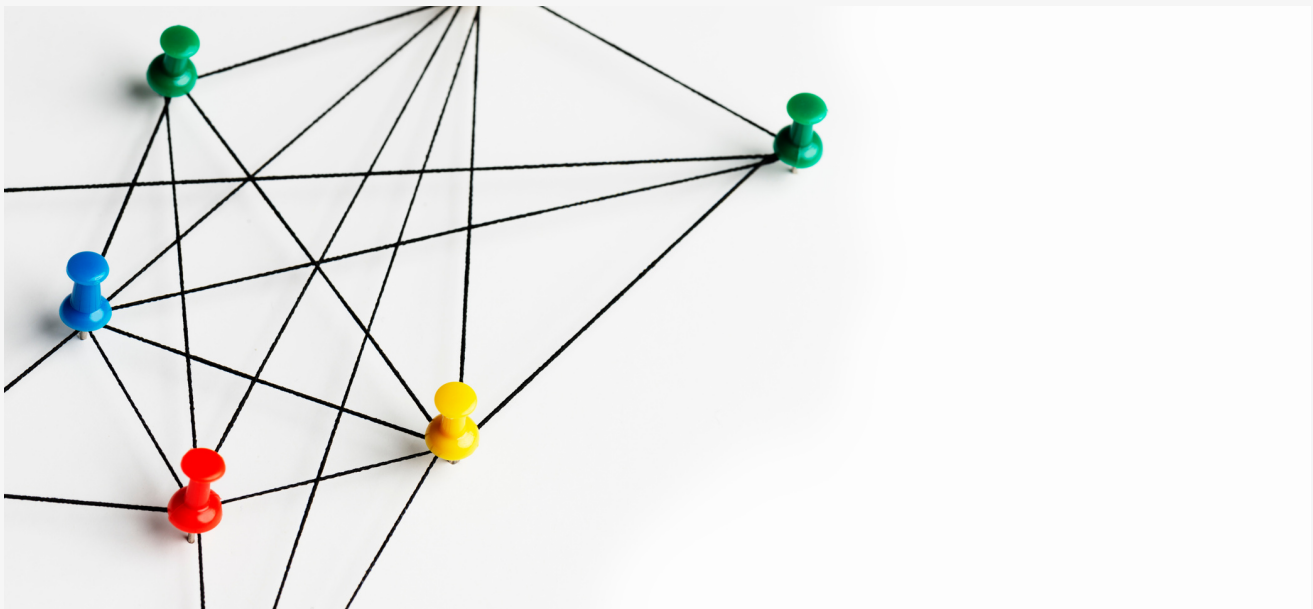
It is noteworthy that the themes and problematics used in conducting the FGDs were developed and centered around the same three main themes as the COVID-19 impact survey.¹

Figure 1:



LIMITATIONS

In the endeavor to document the experience of Francophones during the COVID-19 pandemic, the project was heavily reliant on technology owing to the prevailing circumstances. Regrettably, participants who lacked access to either a computer or reliable internet connectivity were unable to partake in the questionnaire or the focus group discussions (FGDs). While these challenges were anticipated, mitigation efforts were taken, but not all the technological barriers that impeded participation could be mitigated. Furthermore, the sample size was also a significant limitation, as it was challenging to gather participants from across the region, given that communication was only possible through telephone, email, or online. The elderly demographic, specifically those 65 years and older, proved to be the most challenging to reach, resulting in no data being collected from this age group. Due to the limited sample size, the findings cannot be considered generalizable, and should only be viewed as anecdotal experiences.



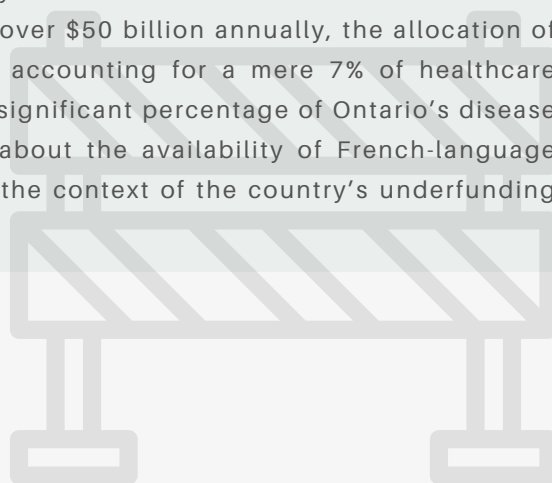
OVERVIEW OF THE PROBLEMATICS

Access to health information and services in the French language

The primary goal of Canadian health care policy, as stipulated by the Canada Health Act, is “to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers”.⁷ As a bilingual nation, Canada is also obligated to uphold the principles of the Official Languages Act, which grants English and French speakers the right to access services in their preferred language, including health services.⁸ However, language barriers experienced by Francophones in accessing health care not only detract from their health outcomes, but also reduce the quality of care provided by HSPs. Evidence suggests that language barriers can lead to decreased participation in health promotion and preventive programs at the population level, and greater risks of misdiagnosis, reduced understanding of medical conditions, decreased adherence to treatment, lower satisfaction and confidence, and other negative outcomes at the individual level.⁸ It is imperative, therefore, to ensure that Francophones have access to health information and services in their preferred language.

Mental health and well-being

Mental illness has become one of the leading causes of disability in Canada, where 1 in 5 Canadians will experience a mental illness in any given year.⁹ Mental health holds a crucial role in determining an individual’s overall quality of life, as it influences how individuals think, feel, and act. Unfortunately, poor mental health can result in unfavorable health outcomes, including a reduction in life expectancy by as much as 10 to 20 years.⁹ Despite the fact that young people aged 15 to 24 are more vulnerable to mental illness, access to mental health services is limited, with average wait times of 67 days for counseling and therapy and 92 days for intensive treatment.⁹ Even with the exorbitant cost of mental illness in Canada, estimated at over \$50 billion annually, the allocation of funding towards mental health is woefully inadequate, accounting for a mere 7% of healthcare expenditure.⁹ Knowing that mental illness accounts for a significant percentage of Ontario’s disease burden (between 11% and 15%),⁹ this raises concerns about the availability of French-language mental health services for Francophones, particularly in the context of the country’s underfunding of mental health overall.



OVERVIEW OF THE PROBLEMATICS (CONT.)

Virtual care and telemedicine

The advent of technological health solutions has proven to be a boon for patient care and healthcare delivery, especially in the wake of the COVID-19 pandemic. Telemedicine has alleviated many accessibility barriers through the use of telecommunications. In recent years, telehealth has not only increased access to care, but it has also alleviated pressure on the Canadian healthcare system and enabled continuous and uninterrupted care. For Francophones who are faced with linguistic barriers to accessing in-person care, virtual care presents an opportunity to more easily connect with French-speaking healthcare providers across the region. The Ontario Telemedicine Network (OTN) plays a crucial role in ensuring the availability of French language health services in its directory, enabling French-speaking patients across the province to connect virtually with healthcare services in their preferred language.¹⁰ However, it remains to be seen whether sufficient and readily accessible virtual French health services are available to Francophones, and what challenges may exist.



RESULTS

The findings of the FGDs were analyzed by age group, youths (14-24 years) and adults (24-64 years), and region (Windsor and London). Findings were also grouped under their respected themes:

1. Access to health information and services in the French language
2. Mental health and well-being
3. Virtual care and telemedicine

Access to health information and services in the French language

Receiving health information

The research findings indicate that the vast majority of participants from diverse age groups, stated that they obtained a larger volume of COVID-19 information in the English language. Conversely, the accessibility and comprehensiveness of information on the pandemic in French was deemed inadequate. Moreover, the younger demographic felt that the English information was more easily accessible and comprehensive in comparison to its French counterpart. As regards to the source of information, the participants typically procured French information through French youth centers (e.g. Centre d'Orientation des Adolescent Francophones in Windsor), non-profit entities (e.g. Entité 1, Réseau Femmes, Accès Franco-Santé London), governmental websites (e.g. local health units), and local French school boards (e.g. Viamonde, Csprovidence).

Active search

The youth group from Windsor demonstrated a pronounced proclivity towards availing themselves of French service providers due to the clarity of the information received, while the youth group from London gravitated towards social media sources, such as WhatsApp and Facebook and to online websites, despite the challenge of determining the veracity and reliability of the information provided.

Most participants cited linguistic impediments within the healthcare system as a major factor that hindered their active pursuit of health information and services in French, leading to a diminished capacity to access the quality care they deserve.

RESULTS (CONT.)

“

Back in December of 2020, I had to rush to the hospital because of really bad stomach and back pain. I tried my best to explain my symptoms in English to them as they could not find me a French-speaking Health professional or interpreter as I requested. They ran so many tests that I felt had no correlation with what I had explained or what I was experiencing. I visited the emergency room a total of 6 times and had no resolution to my suffering. Although my family doctor spoke French, they retired, and I was waiting for a new French doctor to take their place. Finally, I was able to see my new French-speaking family doctor who was able to help me. My experience at the hospital made me so annoyed and mad because no interpreter was available for me at the hospital, and I suffered an entire month because no one understood what I was experiencing. No one offered me translation services, no one gave me referral resources. I can definitely confirm that it was the language barrier that caused my prolonged suffering and delayed my treatment.

- Windsor youth

”

“

I am satisfied - not because I really am satisfied - but because I am forced to be. Coming to Canada, I thought it was a bilingual country, but when I asked for French services at the hospital, there was none to be offered. Once, twice, three times, nothing. Therefore, I was forced to be satisfied with whatever was available.

- Windsor adult

”

“

I always ask for interpretation services, and the sad part is, when I do ask, I feel inferior and embarrassed. So I learn to be satisfied with what I am given, and I do not ask for French services anymore. Even when there is a French interpreter available, they barely speak any French.

- Windsor adult

”

Many participants stated that they felt compelled to acquire proficiency in the English language due to the scarcity of French services. Additionally, they reported that experiences of social inferiority or linguistic discomfort when requesting such services further incentivized them to do so. Some of the participants even refrained from seeking out French-language services due to perceived inefficiencies and inadequacies, where they would be 1) unable to be provided with a French service, 2) they would be waiting an excessive amount of time to receive a service as opposed to their English counterparts, and 3) they would be provided with an interpreter who would either make discussing certain topics uncomfortable or would barely know how to speak French.

RESULTS (CONT.)

“
Requesting services in French means you have to wait longer than expected to receive them. So I stopped asking because I know the answer. Given the scarcity of French language health services, I have to learn English even if I don't want to.

- London adult
”

Personal impact

When asked about the impact of the COVID-19 pandemic on accessing French healthcare services, most participants from both Windsor and London areas conveyed their experiences with accessing healthcare services generally, rather than specifically French healthcare services. A significant number of participants reported delayed healthcare procedures and noted a further exacerbation of the shortage of French-speaking primary care physicians and French healthcare professions.

“
My mom, when she goes for an appointment, it's always difficult to find someone that talks in French, and there is never a receptionist that talks French. Even when she is provided with an interpreter, it is difficult to communicate confidential information and it makes her really uncomfortable. She is always worried that the interpreter is not properly communicating her concerns which can be a big risk to her health. Sometimes she is forced to take my little brother who speaks English to translate for her, but even then she still has the same concerns.

- Windsor youth
”

“
My wife had to do some lab tests and so far they haven't called and said they are looking for someone who speaks French, but nothing. Finally, she went to the French family doctor.

- Windsor adult
”

“
I had to get surgery for my fibroma but it got pushed, the pain remains, and I still have yet to get an appointment, 2 years and counting, apparently the doctor is really busy.

- London adult
”

“
My mom had to postpone eye surgery several times, took more than a year to get a date, despite it being an urgent matter, her sight was deteriorating as time passed.

- London adult
”

RESULTS (CONT.)

Behavior modification

The COVID-19 pandemic has forced us to adapt to many unforeseen circumstances. When the participants were asked if their behaviour had changed when it came to actively requesting French health services during COVID-19 times, they began to reflect to pre-COVID times.

“
I used to ask before the pandemic, since the pandemic I started being more comfortable asking or receiving services in English. I don't want to tire myself with searching for French services, because even before the pandemic, it was never there, despite my active demand.

- Windsor youth”

“
My parents used to ask before the pandemic, the hospital would try to find someone that spoke French. Now when we book an appointment during the times of the pandemic, we don't have a choice but to take what is available. Now they don't even make an effort to ask and they do not bother with it.

- Windsor youth”

“
It's embarrassing to ask for this service, you feel like it bothers them and that you are causing annoyance, and to prevent putting yourself in such situations, you don't ask for anything anymore.

- Windsor adult”

“
Even before COVID, I asked for more service in French, the answer was always no, so I automatically began opting for English services.

- London adult”

The unavailability of French-speaking interpreters in healthcare settings was highlighted by some participants as a hindrance to effective communication with medical practitioners. To circumvent this challenge, they resorted to using machine translation softwares like Google Translate. However, they acknowledge that the COVID-19 pandemic exacerbated the pre-existing shortage of French health services, rendering it even more difficult to receive adequate medical attention.

RESULTS (CONT.)

Gaps and recommendations

Participants were asked to highlight the barriers they face and to offer suggestions on how they could be improved or remedied.

The most commonly cited barriers across both regions, aside from the scarcity of French health services, included the unavailability of French-speaking interpreters and the lack of linguistically proficient and qualified French-speaking interpreters. Participants proposed that recruiters should be diligent in identifying individuals who possess effective French language proficiency and an understanding of medical terminology relevant to the healthcare domain. They also raised concerns regarding the confidentiality issues that arise when an interpreter is present and emphasized on the absence of qualified French-speaking health professions and services providers. As a

potential solution, participants recommended recruiting more volunteers with adequate French language proficiency to support the provision of translation and interpretation services. To effectively address these issues, participants strongly advised on the need for training to be provided for proper interpretation and advocated for the creation and expansion of educational programs that incentivize the retention of French-speaking health professionals. They believe that much of the strain faced by Francophones could be alleviated by training bilingual doctors, promoting post-secondary education for Francophones, increasing that number of French educational institutions, and by recognizing and utilizing foreign-trained health professionals to relieve the pressures that are undermining the healthcare system.

“

When I came to Windsor, my child was sick and we had to go all the way to Toronto with the little English I had. We were provided with an interpreter who was not properly communicating to us what the doctor was in fact saying. We can solve this problem by looking for 100% bilingual people. There are volunteers, but they don't have good French. They relay what they think and not what is understood. We need good training so that they really practice interpreting things.

- Windsor adult

”

Another recurring barrier that was identified pertained to the active provision of French language health services, particularly with regards to reception. Receptionists are critical as the first point of contact for patients and are responsible for collecting important information about their health records and personal information. The participants emphasized that they have never encountered a French-speaking receptionist, even when the healthcare provider they are seeing offers French language services. This potentially creates navigational challenges and the inability to direct patients to the appropriate resources. The active provision of French services was also deemed to

RESULTS (CONT.)

be almost non-existent by the participants. A participant from Windsor emphasized the importance of providing clear signage indicating the availability of French services on the premises. A London-based participant also emphasized the need for healthcare providers to be sensitized to the active offer of French services. Similarly, a London youth even suggests that the application of the regulation on the active offer of French health services should be more rigorous for ensuring greater equity.

Although the majority of the previously enumerated barriers may be well-known, participants have drawn attention to a significant and often overlooked gap.

“
I was really sick when I arrived in Canada, I was always at the doctor and in the emergency room. I noticed that when you see your doctor and we prescribe you drugs that you have to buy at the pharmacy, where there is no existence of French in pharmacies. How do you talk about dosage with someone who doesn't speak your language, you're not sure what they told you, whether it's how to take medication or the side effects that the medication may be presented with. You can easily be in a risky situation.
- Windsor adult

The concern expressed regarding the scarcity of French-speaking healthcare professionals in pharmacies is a cause for alarm, particularly in matters related to the administration and utilization of medications. Participants emphasized the importance of ensuring the ready availability of such healthcare professionals in our regions. In light of this, they have called for the following measures to be taken:

1. The creation of a resource that catalogues the available French health professionals (such as primary care physicians, specialists, pharmacists, etc.) and health services/programs within the regions,
2. A list of French-speaking healthcare positions that are currently open and available, and
3. A clear and concise list of areas in which French-speaking health professionals are needed, highlighting the deficits in their availability.

Finally, a London adult recommended that the government contemplate the establishment of French walk-in-clinics modeled after Accès Franco-Santé in London, as a means of broadening access to health care while delivering quality care at an affordable cost. Such clinics would allow Francophone populations to receive medical attention in their preferred language, with the provision of available resources and referrals to facilitate navigation through French health programs and services.

RESULTS (CONT.)

Mental Health and Wellbeing

Concerns

Throughout both Windsor and London, participants were solicited to express their apprehensions in relation to the COVID-19 pandemic. They expressed worry about the potentiality of enduring further lockdowns that would entail enforced isolation, and expressed fear of the uncertain and indeterminate future, wondering if and when normalcy would be restored.

“

As an immigrant, in this country without my family, I find myself all alone during the COVID-19 pandemic. This only disrupts my mental health and well-being.

- London adult

”

Another common concern revolved around virtual/remote employment and virtual/remote education. Specifically, they raised concerns regarding the detrimental impact that virtual learning was having on their children’s mental well-being, citing issues such as decreased concentration, mood fluctuations, and lack of motivation. Furthermore, they worried about the long-term effects on the young generation who had lived through the pandemic during their formative years, and their ability to transition and acclimate to in-person schooling. One London-based youth stated that he was disinterested in virtual education, and this was reflected in his grades, while another youth from Windsor spoke to the perils of a sedentary lifestyle that virtual employment fostered, which threatened both physical and mental health. Additionally, the participants from London also voiced their concerns over the suspension of physical activities that would otherwise take place in schools, such as gym class and sports. Moreover, London adults were concerned with the broader economic implications of inflation, high cost of living, and potential unemployment due to the lockdowns that resulted in the temporary or permanent closure of several establishments.

Another significant concern amongst the participants included the aspect of socialization.

“

The pandemic separated families and friends in many ways. People were not able to travel, not able to visit their parents in retirement homes, not even able to grab a book from the local library.

- London youth

”

RESULTS (CONT.)

The measures implemented by public health and government officials with the objective of preserving the health and safety of Canadians, resulted in a palpable increase in mental health issues. A London-based adult shared their feelings of worry, melancholy, and mild depression, induced by the mandated lifestyle changes and the ongoing reality of the pandemic, affecting not only children and youth, but also adults and seniors who are grappling with similar mental challenges.

Furthermore, adult participants in both regions expressed their concerns over vaccines and the hesitation that revolves around them.

“
How many doses will we need? Why do I need more? I thought two was enough? Are we going to live like this forever?
”

State of wellbeing and impact on mental health

When inquiring about the participants' self-assessed state of mental health and well-being relative to the onset of the pandemic, it was noted that the majority experienced considerable difficulties in the initial phases but have since seen an improvement over time.

“
In the beginning I experienced more anxiety, now I have a little more control.
- Windsor youth
”

“
More challenges at the start of the pandemic, a lull for now.
- London youth
”

“
I was forced to be resilient. More hope now than at the beginning.
- Windsor adult
”

“
I was forced to be resilient. More hope now than at the beginning.
- Windsor adult
”

RESULTS (CONT.)

“

*Before it was stressful, now it's getting better and better.
- London adult*

”

Contrarily, certain participants did not experience such a recovery and reported detrimental impacts that the COVID-19 pandemic has inflicted on their mental health and well-being since its emergence.

“

*We're not going to have the same confidence, I don't know if I'll ever talk in front of the class again - COVID-19 made us independent of needing the presence of others and made us become socially awkward people.
- Windsor youth*

”

“

*The pandemic has caused my anxiety to worsen and now I take medication for anxiety. There's lots of things that trigger my anxiety, like being in crowds, now I can't go anywhere. For example, I am not very anxious at school, where there are a lot of people, in the cafeteria, in class, and even on the bus.
- Windsor youth*

”

“

*It is more difficult to adapt to the ever-changing delivery of education. The face-to-face and virtual alternation is very tiring and confusing.
- Windsor youth*

”

Several participants reported that the pandemic had taken a toll on their physical health, as they had experienced weight gain during the lockdown period, which resulted from the closure of school and workplaces, and this had an adverse impact on their overall well-being.

Conversely, some participants stated that the pandemic had not altered their circumstances, and they were unscathed by its effects. London adults emphasized the significance of spiritual and familial connections, faith, and resilience, which acted as a bulwark, facilitating their passage through the pandemic with no detrimental impact on their mental health and well-being.

RESULTS (CONT.)

Active research

When asked if participants were seeking mental health services during the pandemic, the responses were noteworthy. A substantial number of participants did not require such services, as they were unaffected by the pandemic in terms of mental health. Meanwhile, others found alternative methods to address any mental health issues they may have had, such as developing resilience and adaptability, or seeking advice from their general practitioners. Conversely, one London adult reported that they had benefited from

the mental health services offered by their workplace, which were available in French.

For those who sought mental health services, they encountered challenges in accessing them, due to a paucity of French services or information, a lack of knowledge about how to access the services and programs, or simply a lack of awareness of their existence. Additionally, a Windsor adult mentioned resorting to the government websites for mental health information.

Gaps and recommendations

Adult participants from both regions highlighted the glaring deficiency of mental health services in the French language. A Windsor youth even expressed a need for mental health support services to be available in all French-language schools in the region, so as to make resources more easily accessible.

Another Windsor adult shared a very important perspective:

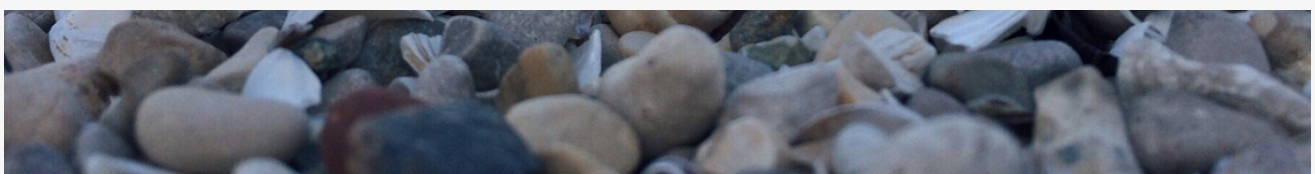
“

It's easier for me to say that I have heart disease or malaria, but when it comes to mental health, it is sometimes considered insane, I'm afraid of being labeled. We tend to keep it a secret. We need to do more to raise awareness.

- Windsor Adult

”

Adding to the aforementioned statement, a London adult stressed the importance of raising more awareness for certain populations that see mental health as a taboo subject, and fear judgement and shame. They suggest going into these communities using community champions that are able to communicate properly about such sensitive subjects and ensure that mental health programs and services exist.



RESULTS (CONT.)

Virtual Care and Telemedicine

Access to Virtual Care

When queried regarding access to telemedicine or virtual care in French, the responses received were quite limited. The youth participants in Windsor recounted bare their experiences with appointments conducted via telephone with family physicians and other healthcare professionals, which were exclusively conducted in the English language. Many youths in both regions were not aware of the existence or availability of virtual or telemedicine options.

Adults in London echoed similar experiences, with one adult disclosing dissatisfaction with the services made available. Another adult from London, however, found virtual care to be a boon, but was perturbed by the fact that it was only available in English.

Satisfaction

Of the youth participants from Windsor, only one was accorded the opportunity to partake in a virtual appointment with a French-speaking family physician with whom they had already established a rapport. This individual found the experience to be highly advantageous, as it served to both save time and reduce transportation costs.

“
I had access but was not satisfied with the services. Virtual healthcare as opposed to in person is completely different because physically being there makes you feel 50% healed. My daughter is facially paralysed and her appointment was online and he was doing an evaluation. She wasn't concentrating like it would have been in person, he asked her to do moves but it was difficult. Also, sometimes the connection is not perfect, which makes it even more difficult.

- London adult

Conversely, an adult from Windsor expressed discontentment with the inability of a physician to physically assess and examine a patient when communicating health-related concerns.

“
I am not satisfied because I am more comfortable with face-to-face appointments because it is health we are talking about and we cannot risk jeopardizing our health.

- London adult

RESULTS (CONT.)

Opportunities

While certain participants may have harbored dissatisfaction with elements of virtual care and telemedicine, they were cognizant of the opportunities it presents. The opportunities most commonly identified by all participants, across all groups, were those of saving time and money for both the patient and the healthcare provider. They cited the convenience of not having to commute and the cost savings thereof, as well as the environmental benefits, in terms of reduced pollution resulting from automobiles. The participants also acknowledged the aspect of accessibility, which can either prove to be equitable or

The participants also acknowledged the aspect of accessibility, which can either prove to be equitable or inequitable in the context of the pandemic. Equitable for those unable to visit a doctor's office due to various reasons such as disability or financial constraints, and inequitable for those lacking the technological means to access virtual care or telemedicine services and programs.

A London adult mentioned that while these alternatives can have an added benefit to all parties involved, they should certainly not replace in-person care.

“
There is a lack of a human connection with online appointments, but there are still ways for good communication and good diagnosis.
- Windsor adult

Furthermore, the youth cohort in Windsor made a salient observation by emphasizing that virtual care and telemedicine have the potential to alleviate the scarcity of French health services and health providers in the regions. They perceived an added advantage of these alternative modalities in terms of connecting with French-speaking professionals in other parts of the province, particularly French-speaking

specialists, who are often elusive within one's region. It was also noted that these alternative methods could potentially obviate the requirement for interpreters.

A Windsor youth also shared their experience, where they would have benefited from a virtual appointment:

“
I had a health problem, and I went to the doctor and he told me he wasn't specialized with the particular problem I was facing, so he referred me to another person. This virtually would have been more efficient for him and I.
- Windsor youth

RESULTS (CONT.)

An adult from London concurred with the aforementioned perspective and viewed it as an opportune moment to facilitate a referral between a patient and a specialist during a telephonic discussion of symptoms or a visual consultation, thus saving time and effort for both the patient and the physician. Another adult from London recognized the advantage of primary care physicians being able to send laboratory requisitions directly when patients request routine check-ups, without the need for an in-person visit to the doctor, with the option to schedule a follow-up appointment if required after the results are obtained.

Gaps and recommendations

The participants pinpointed several gaps and proffered recommendations for improvement. Firstly, the scarcity of French virtual services is a substantial gap that must be remedied to accommodate those who opt for virtual care and telemedicine. Secondly, participants acknowledged the benefits of in-person visits as opposed to virtual or telephonic appointments, particularly in terms of accessibility to technology and connectivity.

“

Face-to-face is better because the doctors can understand the problem or concern through your gestures.

- London adult

”

A suggestion that London participants made to reduce the challenges that come with virtual care was to develop a centralized platform that is uniquely used to connect all doctors with patients.

“

Have a centralized application because each doctor uses a different application and it is annoying to constantly download and learn to navigate these different applications.

- London adult

”

DISCUSSION

Access to health information and services in the French language

The scarcity of French language health information and services was perceived as a formidable impediment by the participants, resulting in dissatisfaction. Conversely, the results of the Entity's COVID-19 impact survey indicated that participants had ample access to French information and expressed a high degree of satisfaction, with only 20% of respondents reporting that the pandemic had impacted their access to health services in French.¹ However, FGD participants who were unsatisfied with the French information cited the overwhelming availability of information in English as opposed to French as a discouragement and were perturbed by the fact that a country that purports to be bilingual was unable to provide its priority population with appropriate and effective information in the French language. Fortunately, French information centers were accessible in both regions to provide participants with the information needed to make information decisions and stay updated of the pandemic's developments. Furthermore, social media platforms were perceived as crucial sources of information, though this information may not necessarily be from a reliable source, posing the risk of causing more harm than good. Nevertheless, since youth, in particular, are known to spend substantial amounts of time on these platforms, which inform their decisions and discussions, the strategic utilization of these platforms to disseminate accurate French health information would be highly advantageous. Although searching for information through digital devices may not raise concerns, the scenario changes in an in-person setting. The findings from the FGD participants revealed that the majority had ceased to demand in-person French language services (FLS) for several reasons, including:



DISCUSSION (CONT.)

Access to health information and services in the French language

- **Scarcity of French information and FLS:** Francophones who have sought French language information or services are cognizant of its scarcity and have come to terms with its unavailability, resulting in the abandonment of their search.
- **Embarrassment/Inferiority:** In instances of vulnerability, French-speaking patients may feel embarrassed to admit their lack of understanding of medical information in English, leading to the possibility of treatment errors or dangerous misunderstandings,¹¹ particularly for newcomers who have not fully acculturated to the Canadian environment and who feel acutely vulnerable.
- **Long wait times for French language services:** Requests for French services are not usually met with immediate availability. Staff often have to search for an available resource, which can result in lengthy wait times, and, on occasion, the requested service may not be found. Participants' experiences attest to this argument, with some reporting additional delays in addition to those caused by the pandemic in general, due to the unavailability of FLS. The Entity's COVID-19 impact survey results, where 60% of respondents reported delayed aspects of managing their health due to the pandemic's impact on timely health services, further validate this argument.¹
- **Fear of miscommunication due to language barriers and health literacy proficiency:** The presence of an interpreter has the potential to negatively impact patient-physician communication if the interpreter is not health literate or is not trained to convey health information accurately. Similarly, the delivery of information may be skewed when the health professional is purportedly French speaking but has minimal proficiency in the language or lacks familiarity with French medical terms.
- **Uncomfortable with the presence of an interpreter for privacy and confidentiality reasons:** Confidential concerns may not be easily conveyed to a health professional, let alone with a third-party present to convey that information. Patients seeking medical care should not feel uncomfortable or reserved when discussing sensitive health topics. The need for an interpreter may deter patients from seeking medical care and jeopardize the full context of a medical situation if the patient refrains from communicating all relevant aspects of their state of health.
- **Obligating to know/learn the English language:** Due to all the above-mentioned reasons, francophones feel compelled to expedite their efforts to learn English. While this may motivate some to learn another language faster, it should not be the case in a country that recognizes the rights of individuals speaking one of the two official languages.

DISCUSSION (CONT.)

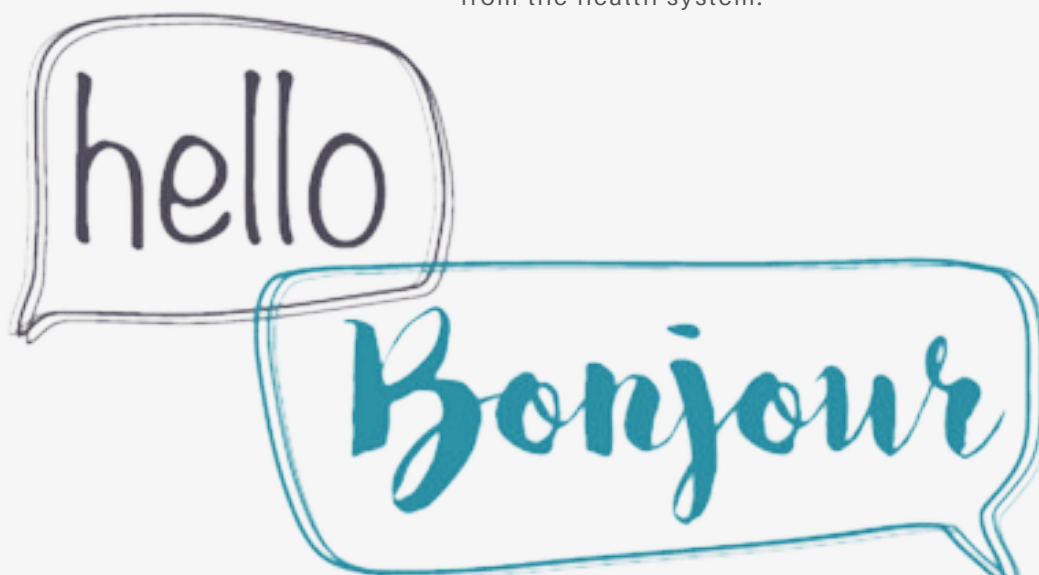
Access to health information and services in the French language

Upon analyzing the behavioral changes made by the FGD participants during the pandemic concerning FLS, a noteworthy pattern was apparent in the findings of the COVID-19 impact survey, with a quarter of the respondents having altered their approach towards French language health services in one of the following ways:

- 1) reducing demand for FLS,
- 2) ceasing to demand FLS, or
- 3) increasing demand for FLS.

It is worth mentioning that nearly 50% of the survey respondents never demanded or utilized FLS. The most commonly reported obstacles to seeking FLS mirrored those mentioned from this study, with the addition of fear of contracting COVID-19 and clinic closures.¹ Interestingly, the FGD participants did not primarily focus on the direct consequences of the virus, but instead on the indirect impacts it had on their daily lives.

Although the pandemic was not the primary catalyst for the potential low demand for FLS, as francophones have faced these challenges for an extended period prior to its arrival, it did nonetheless exacerbate the negative effects on the participants' health experiences. With the already scarce availability of FLS, participants faced further delays and consequences that endangered their health. This raises concerns about the extent to which the government considers the needs of the francophone population in its emergency preparedness and response strategies. Regardless, the reasons cited by the participants can result in numerous risks, not only for the individual patient but also for the overall health system. A patient who experiences such barriers may become disheartened and deterred from seeking medical care, potentially leading to untreated or worsening health conditions, thus requiring increased resources and capacity from the health system.



DISCUSSION (CONT.)

Mental health and well-being

The COVID-19 pandemic was a novel experience for many individuals. To contain the virus, various public health measures were implemented, which may have appeared stringent to the layman who is foreign to infectious disease dynamics and emergency response protocols. Upon querying FGD participants about their concerns regarding the pandemic, it was intriguing to observe that none of the participants expressed fear over the virus or the likelihood of infection, rather focused on its detrimental effects on mental health and well-being. Similarly, in the COVID-19 impact survey, more than two-thirds of respondents mentioned being mostly concerned for their mental health.¹ The participants in the focus group discussion (FGD) particularly stressed on the deleterious impact of lockdowns and quarantine on their mental health. The compulsory solitude occasioned by these measures resulted in loneliness, families being separated, ill patients being isolated, and the inability to reunite with loved ones. Additionally, the pandemic disrupted routine and necessitated the shift to remote work and education, promoting sedentary lifestyles and resulted in a surge in obesity.¹² The effect on one's mental health was inevitable, particularly for individuals who rely on social interactions to maintain their sanity. For example, newly immigrated participants in London found themselves alone in a foreign country during the pandemic,¹³ hindering their integration process and compromising their mental well-being. The World Health Organization's scientific brief revealed that the COVID-19 pandemic triggered a 25% rise in anxiety and depression globally within the first year,¹³ as affirmed by certain testimonies made by the participants during FGD and the COVID-19 impact survey, where over 40% of respondents reported a decline in their mental health compared to the start of the pandemic.¹ While some FGD participants suffered permanent mental health repercussions, others were able to navigate and overcome the pandemic's impact. Over time, some individuals recovered from the pandemic-induced decline in mental health, while others experienced personality and



DISCUSSION (CONT.)

Mental health and well-being

behavioral changes, such as increased social anxiety and reduced confidence. The parents of young children were particularly concerned about their kids' mental health after having to pursue online education and lacking crucial school interactions. Students also noted the disparities between online and in-person learning, highlighting the importance of physical presence in school for learning and socializing, as well as avoiding sedentary habits.

The impact of the pandemic on the economy and rising inflation was also a cause of concern for adult participants in both regions, and this, in turn, could impact their mental well-being, particularly when they have families to support.

Regarding vaccines, it was evident that some participants had worries about their effectiveness and safety. This highlights a widespread lack of understanding about public health interventions. Despite efforts by public health organizations and governments to educate the public on vaccines and infectious diseases, some individuals still struggled to grasp the significance of vaccines and the requirement for booster doses. As a result, ongoing education remains the critical solution to address these fears. Maintaining a continuous education program is vital given that infectious diseases can emerge at any time and waiting for a pandemic to educate billions of people is ineffective and detrimental.

When it comes to mental health support services and programs, it is imperative that those in need are not impeded from accessing them. Given the global pandemic, it is crucial that efforts to attend to individuals' mental health are accelerated, and mitigation strategies are mobilized. Despite this, results from a COVID-19 impact survey showed that over 80% of respondents had not utilized available mental health resources or programs, either due to a lack of accessibility or because they did not perceive a necessity for them.¹ This underscores the importance of facilitating ease of access to mental health support, particularly for those from diverse backgrounds who may harbor stigmatizing views about mental health.

Cultural norms also play a significant role in shaping beliefs surrounding mental health, especially within immigrant and refugee communities where discussions about mental health are often considered taboo. This cultural stigma can prevent families from seeking help due to the fear of disgrace. To overcome this, it is essential to reinforce efforts to educate communities and harness the influence of community leaders to dispel the taboo surrounding mental health. While education is crucial, it is also imperative to mobilize and promote French mental health support services throughout regions to meet the needs of Francophones where they are at, both for those who actively seek them and for those who may require them in the future.

DISCUSSION (CONT.)

Virtual Care and Telemedicine



The disparity in the provision of virtual care and telemedicine to Francophones is a pressing issue that has become even more evident with the advent of the COVID-19 pandemic. Results from the COVID-19 impact survey indicate that while over 60% of respondents utilized virtual healthcare or telemedicine, only 2% of those services were offered in French, compared to 86% offered in English.¹

Participants of FGDs have acknowledged both the benefits and drawbacks of virtual services, with other participants frequently encountering services in English which led to dissatisfaction. The limited access to telemedicine and virtual care in French, coupled with the general unawareness of such options, suggests the need for increased awareness and education.

Despite a preference for in-person healthcare, virtual care and telemedicine are seen as valuable in certain circumstances and two-thirds of respondents who used virtual care expressed satisfaction, according to the COVID-19 impact survey.¹

To improve virtual care, participants have proposed the creation of a centralized platform to connect all healthcare providers with patients, reducing navigation difficulties between different virtual care applications.

The advantages of French virtual care, including its ability to conserve time and cost for the patient while concurrently promoting environmental sustainability, are widely acknowledged. Nonetheless, its potential is particularly pronounced in areas where access to French healthcare services is scarce. To pre-empt treatment delays and substandard care, it is of paramount importance that Francophones have access to virtual care services in their preferred language that is equitable and accessible.

RECOMMENDATIONS & NEXT STEPS

In addressing the barriers faced by the Francophone population in accessing French language health services, the following recommendations are proposed:

1 Creation of French language health information and service hubs:

It is recommended that French information hubs be established in designated regions within the province, drawing inspiration from successful models such as the Centre d'Orientation des Adolescents Francophone (COAF) and the Accès-Franco Santé (ASFL) in London, which offer comprehensive resources to their respective Francophone communities. To put things into perspective, the COAF receives between 20-40 Francophone youth per day (most of whom are newcomers), who have complete access to the center's resources, including monthly health-related workshops that keep them informed about their health. During the COVID-19 pandemic, the center even provided virtual presentations and workshops to keep their youth informed about the virus. Similarly, at ASFL, Francophones are encouraged to make use of the various services available, which aim to provide information, navigation and coordination. The creation of these French information and service hubs will serve to broaden access to quality health information for Francophone communities.

2 Strategic utilization of social media platforms:

The strategic utilization of social media platforms represents a valuable opportunity in today's digital age, particularly among youthful demographics. These platforms can serve as a potent means for disseminating culturally-sensitive and accurate health information to a vast audience in the French language. Regrettably, during the pandemic, the saturation of English-language information on these platforms left Francophone individuals lacking critical health information. To redress this imbalance, it is imperative that these social media platforms be harnessed as a tool for providing language-specific health information.

3 Enhance the availability of French-speaking interpreters:

To ameliorate the persistent hindrance posed by language barriers to access French health services, a concerted effort must be made to enhance the availability of French-speaking interpreters. Recruiters must exercise due diligence in identifying individuals with the necessary linguistic skills and medical knowledge to provide accurate and confidential interpretation services. It is crucial that these interpreters possess a high degree of proficiency in the French language, with a comprehensive understanding of medical terminology germane to the relevant healthcare domain. To ensure the efficacy of interpretation services, it is also imperative that training be provided to guarantee proper interpretation and confidentiality preservation.

RECOMMENDATIONS & NEXT STEPS (CONT.)



④ Address shortage of French-speaking health professionals:

To address the persistent shortage of French-speaking health professionals and the unequal distribution of French health services to vulnerable Francophone communities, a comprehensive strategy must be implemented. This includes the allocation of funds by provincial authorities towards the expansion of French educational programs, infrastructure, and institutions, with the aim of fostering the growth of French-speaking physicians. Additionally, measures must be taken to incentivize the retention of French-speaking health professionals in our regions, ensuring that the Francophone community has access to knowledgeable and competent healthcare providers. Moreover, it is imperative to recognize and incorporate foreign-trained health professionals into the healthcare system by simplifying the recognition of their foreign certifications and facilitating their integration into the practice of medicine in this country. This will help alleviate the pressures on the healthcare system and promote equitable access to quality health services for all populations, including the Francophone community.

⑤ Increase efforts of designating French-speaking receptionists and pharmaceutical services:

It is of utmost importance to enhance the appointment of French-speaking receptionists and the availability of French-language pharmaceutical services within the healthcare industry. These actors perform a vital role and are often underappreciated. The utilization of French-speaking receptionists could facilitate smoother navigation for patients and guide them towards the necessary resources. Furthermore, French-speaking pharmacists are indispensable for the delivery of effective medical care. It is imperative to undertake a concerted effort to augment the human resources of French-speaking pharmaceutical professionals, with a view to ensuring accurate translation of drug mechanisms, dosage instructions, and communications regarding potential adverse effects.

RECOMMENDATIONS & NEXT STEPS (CONT.)



Increase efforts in promoting the active offer of French language health services:

To ensure equitable and accessible health services for the Francophone community, there is a pressing need to increase efforts towards designating French-speaking reception services. This requires a concerted effort to prioritize the provision of French-speaking receptionists as the initial point of contact for patients. To enhance the visibility and availability of French-language health services, it is imperative that clear signage be prominently displayed indicating their presence on healthcare provider premises. These simple measures will greatly aid in the navigation of patients and guide them towards the most appropriate resources, thereby enhancing their healthcare experience, increasing FLS demand and obviating any feelings of discomfort that may arise when seeking FLS.



Creation of a resource catalogue/directory:

The creation of a comprehensive resource catalogue is deemed essential as an initial measure in order to provide the Francophone community with the most current and pertinent information. This will aid in the easier identification of services and simplify navigation, particularly given the dearth of French-language services and the escalating demand for French-speaking healthcare professionals. The dispersed nature of these services within the region makes the resource directory even more imperative, as it will enable the French-speaking population to locate them more effectively, thereby improving the continuity of services. The resource catalogue should comprise an inventory of all accessible French healthcare practitioners, a catalogue of existing health services and programs, an updated list of job vacancies for French-speaking healthcare professionals, and a succinct enumeration of the specific areas where their services are acutely required.



RECOMMENDATIONS & NEXT STEPS (CONT.)



Implementation of French mental health services across the region:

The COVID-19 pandemic has highlighted the critical importance of addressing individuals' mental health, and the need to mobilize mitigation strategies to support both those who actively seek such services and those who may require them in the future. There is a palpable deficiency in the availability of French mental health services in the region, which must be remedied to ensure equitable access to mental health resources for Francophones. To this end, mental health support services should be established in French-language schools and in work environments that have a substantial Francophone population, so as to increase their accessibility. Furthermore, governments have an obligation to factor in the distinctive requirements of Francophone communities in their emergency preparedness and response plans, to guarantee that Francophones receive appropriate assistance during crises and are not exposed to undue disparities, as was witnessed during the pandemic.



Expansion of mental health awareness:

It is crucial to intensify initiatives aimed at educating communities and harnessing the power of influential community leaders to shatter the pervasive stigma surrounding mental health. By leveraging the communication skills of community champions, we can effectively promote awareness, alleviate the associated social taboo, and inspire individuals to seek the necessary support and treatment.



Addressing the gap in French virtual services and telemedicine:

The identified lack of French virtual services must be addressed in order to accommodate Francophones who opt for virtual care and telemedicine. This is critical in ensuring equitable access to health services and bridging the gap in the provision of such services for Francophones. Moreover, the low visibility of these services is a significant factor contributing to the low utilization rate among those in need. Hence, it is imperative to raise awareness and increase the visibility of these services to ensure they are utilized by those who require them.

RECOMMENDATIONS & NEXT STEPS (CONT.)

11

Leveraging virtual care and telemedicine to connect patients to HSP:

The utilization of virtual care and telemedicine to connect patients to healthcare providers represents a crucial step in addressing the challenges of access to care in regions where French-speaking specialists are scarce. By embracing these alternative modes of care delivery, patients can bypass the need to engage the services of an English-speaking physician, and instead receive care directly from a French-speaking specialist. This not only mitigates the limitations imposed by the geographic distribution of healthcare providers but also elevates the quality of care by eliminating the need for intermediaries such as interpreters.

12

Facilitation of referral during telephone discussion or virtual consultation:

The utilization of telephonic discussions or virtual consultations presents a convenient avenue for facilitating referrals for patients in need of specialist care or laboratory testing. The physician, through expeditious requisition issuance, can initiate this process and subsequently arrange for follow-up, either in person if the results dictate it or forgo an in-person appointment if the results are satisfactory. By adopting this approach, patients are able to access necessary medical treatment without having to endure the inconvenience of physical visits, thereby promoting accessibility and efficiency in healthcare delivery.

13

Development of a centralized platform for doctors and patients:

It is recommended to establish a unified and user-friendly platform for connecting healthcare providers and patients, in light of the cumbersome nature of the multitude of applications utilized during virtual appointments. This can be especially challenging for elderly individuals with limited technological proficiency. A unified and intuitive platform, serving as the solitary application linking healthcare providers and patients would streamline and optimize the delivery of medical care, ensuring that patients receive the highest quality of treatment. Moreover, the platform would simplify the process for patients, alleviating confusion and frustration, and elevating the overall experience with virtual healthcare services.

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APPENDIX

Appendix

Appendix 1 - Survey Questionnaire for Focus Group Participants

Entité 1 is conducting a survey that aims to identify the gaps that exist among Francophones in Windsor-Essex and London-Middlesex regarding health services in French.

You are invited to take part in this questionnaire because you are a francophone and/or visible minority francophone (newcomer, senior, etc.) living in the Windsor or London region.

*The Employment Equity Act defines visible minorities as “persons, other than Aboriginal people, who are not white in race or white in colour” (Statistics Canada).

You may be selected to participate in a focus group in the coming weeks.

The survey will take less than 5 minutes to complete. Questions that have a * at the end require an answer in order to participate in the focus groups.

Thank you in advance for your participation.

By completing this questionnaire, you are giving your informed consent to be part of this project and you allow the information provided in this questionnaire to be stored securely in a secure Google Drive folder with Entity 1 for the duration of the project. There will be no individual sharing of your answers.*

☐ Yes

1. What is your gender??*

- ☐ Female
- ☐ Male
- ☐ Other

2. What is your age?*

- ☐ 14-17 years
- ☐ 18-24 years
- ☐ 25-34 years
- ☐ 35-44 years
- ☐ 45-54 years
- ☐ 55-64 years
- ☐ 65 + years

3. In what region do you reside?*

- ☐ Windsor-Essex
- ☐ London-Middlesex
- ☐ Other, please specify _____

APPENDIX (CONT.)

4. What are the first 3 units of your postal code: * _____

5. What is your mother tongue (first language learned and still understood)? *

- ☐ French
- ☐ English
- ☐ French and English
- ☐ Other, please specify _____

6. I am born in : *

- ☐ Ontario
- ☐ Québec
- ☐ In another Canadian province
- ☐ In a country other than Canada

7. If you were not born in Canada, how long have you lived in Canada? *

- ☐ Less than a year
- ☐ 1 to 3 years
- ☐ 3 to 5 years
- ☐ 5 to 7 years
- ☐ 7 to 10 years
- ☐ More than 10 years
- ☐ N/A (not applicable)

8. I completed: *

- ☐ Elementary school
- ☐ High school
- ☐ College
- ☐ University
- ☐ None the above

9. If you had the choice to receive health services, in which language would you prefer to receive them (choose only one answer)? *

- ☐ English
- ☐ French
- ☐ English or French
- ☐ Both (French/English)

APPENDIX (CONT.)

10. Do you actively seek health services in French?*

- ☐ Yes
- ☐ No
- ☐ I would like to but don't know how
- ☐ I ask but I am not offered health services in French

11. If you answered yes to question #10, are you satisfied with the services you receive?*

- ☐ Satisfied
- ☐ Not satisfied enough
- ☐ Non satisfied
- ☐ I answered yes to question 10

Appendix 2 - Probing questions for focus group discussions

PART 1 - Access to information & health services in French

1. Do you receive or have access to information on COVID-19 in French?
 - a. Was it enough or were you satisfied?
 - i. Yes, how?
 - ii. No, why?
 - b. Are you actively seeking this information and/or services?
 - i. Yes, how?
 1. Are you satisfied with the services?
 - ii. No, why? (for example: is it because you don't know how?)
2. Has COVID-19 impacted access to your health services in French since the start of the pandemic? (For example, delay in certain aspects of health care such as medical visits, treatments, etc.)
 - a. Yes, how?
 - b. No, how?
3. Have you changed your behavior regarding the active demand for health services in French during the pandemic?
 - a. Yes, how? For what?
 - b. No, why?
4. What gaps have you identified?
 - a. How can we improve them?

APPENDIX (CONT.)

PART 2 - Well-being (mental health)

1. What are your biggest concerns in the context of the pandemic? And why?
2. Compared to the start of the COVID-19 pandemic, how do you judge the state of your well-being? In particular, your physical, mental, emotional and spiritual health?
 - a. Has it had an impact on your mental health?
 - i. Yes, how?
 1. Have you used resources or participated in existing coaching and support programs?
 - a. Yes - which ones?
 - b. No, why?
 - ii. No comment?
3. Are you actively seeking mental health services or programs?
 - a. Yes, how?
 - i. Are you satisfied with the services?
 - b. No, why? (for example: is it because you don't know how?)
4. What gaps have you identified?
 - a. How can we improve them?

PART 3 - Virtual care or telemedicine

1. Have you accessed or are you actively seeking virtual healthcare or telemedicine during the pandemic?
 - a. Yes - Are you satisfied with the service?
 - i. Yes - What are your impressions of this virtual treatment?
 - ii. No, why? (For example, have you had difficulty finding and accessing virtual health services / do you prefer this virtual option or not?)
 - b. No - Why (for example: is it because you don't know how?)
2. If you had access to virtual care or telemedicine, were they in French?
 - a. Did it meet your needs and expectations?
3. Do you see opportunities to develop virtual health care in French?
 - a. How?
4. What gaps have you identified?
 - a. How can we improve them?

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The publication of this report has been made possible by the financial support of:



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