

Rethinking the way we measure access to language-concordant health services for minority language populations: a secondary analysis of publicly available physician and population data in Ontario, Canada

OBJECTIVE and BACKGROUND:

It is important to receive healthcare in one's language of choice, as this improves patient satisfaction and health outcomes. In Ontario, access to Francophone physicians is often estimated using the ratio of "Francophone physicians per 1,000 Francophones" for a given region. However, this method does not account for the fact that these physicians also treat Anglophone and Allophone patients. Francophones must therefore compete with the general population to access care in their language.

This study proposes a new estimation method that adjusts the ratios to account for this competition and more accurately assesses access to linguistically appropriate healthcare.

KEY RESULTS:

- The raw ratio of Francophone physicians per 1,000 Francophones is 3.46, while the overall ratio of physicians per 1,000 population is 1.05.
- After adjusting for competition, the ratio drops to 0.12 Francophone physicians per 1,000 inhabitants.
- Anglophones and allophones have a 100% probability of receiving care in their language (English), while Francophones have only an 11.4% probability of seeing a Francophone physician. Therefore, Anglophones and allophones are 8.8 times more likely to receive linguistically appropriate care than Francophones.
- Disparities are regional: the probability of access is lowest in the south and urban areas, and highest in the north and regions where Francophones represent more than 25% of the population.

INTERPRETATIONS:

- Current ratios significantly overestimate Francophone access to care in French. This confirms that Francophones remain underserved and that traditional measurement methods mask these inequalities. The proposed method allows for a more realistic assessment of access to care and can be used for other minority language groups in Canada.
- The likelihood of access improves in regions with a large Francophone population, as there is less competition with Anglophones. Therefore, even if the number of Francophone physicians may seem sufficient, their distribution does not equitably meet the needs of Francophones across the province.

POLICY CONSIDERATIONS:

- **Integrate language into health human resource planning**, particularly for the recruitment and training of Francophone physicians.
- **Strengthen the active offer of services in French**, including access to professional interpreters and bilingual staff.
- **Monitor linguistic inequalities** using adjusted access indicators to guide public policy toward genuine health equity.
- **Improve the regional distribution** of Francophone professionals, especially in the south and in urban areas.

For more information, see: Timony, P. E., Belanger, C., Bélizaire, A., Desilets, A., Gauthier, A., Karunanathan, S., Muray, M. N., Peixoto, C., Fitzsimon, J. P., Godfrey, L., & Bjerre, L. M. (2025). Rethinking the way we measure access to language-concordant health services for minority language populations: a secondary analysis of publicly available physician and population data in Ontario, Canada. *BMJ open*, 15(10), e100610. <https://doi.org/10.1136/bmjopen-2025-100610>.

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