Study of aging populations and access to French-language long-term care in Ontario

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INTRODUCTION

This report presents an analysis of the demand for and supply of French-language health services (FLHS) in the long-term care (LTC) sector in Ontario. Using public data and administrative data provided by the Ontario Ministry of Health (the Ministry)[1], we examined:

1. regional demand for FLS, assessed based on Ontario's population aged 65 and over and the Francophone population in this age group;
2. the supply of FLS, measured by the number and type of homes in each region, as well as the French-language skills of their staff.

Three main findings emerged from our analysis:

- The level of French-language services offered in homes varies considerably from one region of the province to another.
- Some regions have good access to homes offering services in French, while others have significant gaps, making it impossible to adequately meet the needs of Francophone seniors.
- Enhancements to provincial data collection tools are urgently needed to better guide future investments and policy decisions on the provision of French-language services in Ontario's long-term care homes.

This report outlines our analytical methods and findings, and concludes with suggestions to strengthen future analyses and data collection efforts.

Study context

This study was conducted in Ontario, Canada's most populous province and home to the largest Francophone population outside Québec. The *French Language Services Act* (FLSA) guarantees the right to receive services in French from provincial government ministries and agencies in 27 designated regions (Ontario Ministry of Health, 2024a).

However, organizations such as hospitals and long-term care homes, which are either fully or partially funded by the province and provide services to the public, are not automatically subject to the FLSA.

[1] Access to the data was made possible by a CIHR grant for the project "Francophone seniors in Ontario: living conditions, health status, and healthcare experiences in a minority context" (Bouchard, L. *et al.,* grant no. 178125, 2021-2025).

Although the Ministry of Health has clearly stated that all health service providers (HSPs) in Ontario should contribute to the provision of French-language health services, it also recognizes that their ability to do so varies considerably (Ontario Ministry of Health, 2017, pp. 13-14). Health service providers are therefore classified according to three levels of designation under the FLSA. A summary of these levels is provided below. For more details, readers are invited to consult the FLSA, the Ministry of Health website, and the *Guide to French Language Health Services Requirements and Obligations* (Ontario Ministry of Health and Long-Term Care, 2017; 2024b).

- **Designated organizations**: These organizations meet the highest FLS requirements and are considered fully capable of providing French-language services to their communities. Their official designation implies compliance with the standards set out in the FLSA, including **active offer**. Some institutions may also be **Partially Designated**, if the designation applies only to some of their services or excludes others.
- **Identified organizations**: Selected by French-language health services planning entities (FLHPEs), these institutions are located in areas with a significant Francophone population and insufficient FLS. They are responsible for providing FLS to the extent of their current capacity and must develop a plan for full designation.
- **Non-identified organizations:** These organizations are not recognized by FLHPEs as potential FLS providers, have not initiated the designation process, and are not subject to any legal obligation to offer FLS. However, they must still develop a plan to meet the needs of Francophones in their region, including disseminating information on health services available in French.

Service providers with designated status must report their FLS offerings to the Ministry. In addition, all providers, whether designated or not, are required to collect and submit data on FLS, in accordance with section 22 of the *Local Health Integration Networks Act* (LHIN Act) (Ontario Ministry of Health, 2017, p. 14).

Our analysis is based on two geographic divisions:

1. the boundaries of the French-language health services planning entities (FLHPEs); and
2. the boundaries of the former Local Health Integration Networks (LHINs).

Although the LHINs are no longer officially in effect, their geographic boundaries are still used as subdivisions of FLHPEs and closely correspond to Ontario's current health regions, which could be the subject of future work.

METHODS

Data sources

The data used in this study come from several complementary sources:

- As part of a data access request, the Ministry of Health provided information for the year 2021 on long-term care homes (LTC), including their name, their designation status under the French Language Services Act (FLSA), their status as LTC providers, and the French-language proficiency of their staff.
- The addresses of the institutions were obtained through our partnership with the Réseau des services de santé en français de l'Est de l'Ontario, while the initial latitude and longitude coordinates were provided by the Official Languages Branch of the Department of Canadian Heritage (geocoding).
- The new latitude and longitude values associated with the addresses were generated using Google's commercial geocoding service (Google, 2023).
- LHIN boundaries were obtained from Statistics Canada (2018).
- The correspondences between LHINs and FLHPEs were extracted from the Ministry of Health's public website (Ontario Ministry of Health, 2024b).
- Population data, broken down by age group and first official language spoken, are from Statistics Canada's table 98-10-0170 (2023) and were calculated at the census subdivision (CSD) level.
    - The study focuses specifically on the population aged 65 and over**.**
    - The Francophone population is defined here as all persons whose first official language spoken (FOLS) is French.

Data processing

Re-geocoding data

All addresses provided (n=650) were geocoded using Google's commercial geocoding service, which converts a readable address (e.g., "123 Main St., Ottawa, ON") into a set of geographic coordinates (latitude and longitude). The new coordinates generated were compared to those contained in the initial dataset.

In most cases, the differences between the two sets of coordinates were minimal. However, in some cases, there were significant differences, ranging from tens to hundreds of kilometres. All addresses where the difference between the old and new geolocation exceeded 499 metres were reviewed manually. In these cases, the coordinate deemed most accurate for the address was retained. The accuracy of street addresses was not independently verified.

For long-term care facilities without an address (less than 1%), the coordinates were determined using Google Maps.

Filtering for French-language services

Since the analysis focused on access to French-language services in LTC homes, we included all designation statuses under the FLSA in our database, namely: Designated, Identified, and Non-identified.

However, a large number of Non-identified organizations (n=250) had no data on the language skills of their staff, which prevented any assessment of their actual ability to provide services in French. As a result, the staff analysis was limited to "Designated" and "Identified" organizations.

Determining the language skills of LTC staff

The database provided by the Ministry indicated, for each Designated or Identified institution, the number of employees divided into four levels of French proficiency: advanced to superior, intermediate, elementary, and undetermined. These data provided only raw staff counts, without distinguishing between job titles or whether roles involved direct contact with residents.

In this study, employees with intermediate or advanced/superior proficiency were considered capable of providing services in French.

Linking staff to different sites

Although language information was provided at the institutional level, several organizations had multiple sites, with no data specifying the distribution of staff among these different locations.

To address this gap, we adopted a distribution method based on regional demographics:

1. Each address was associated with its region (according to LHIN or FLHPE boundaries).
2. Staff were then distributed among the sites of the same institution in proportion to the number of Francophones aged 65 and over in each region.

In the absence of additional information, we assumed that staff were distributed in the same proportions as the Francophone population representing the “demand” for services. For example, if an organization had three locations in regions with 1, 1, and 2 Francophone seniors, respectively, the sites were allocated 25%, 25%, and 50% of Francophone staff. The totals were then rounded and adjusted to ensure consistency with the overall number of employees reported.

Assessment of competition within the general population

In some cases, we report the ratio of French-language service providers to the entire regional population, not just the Francophone population. This is because designated homes are open to the entire population, not exclusively to French speakers.

Thus, using the total population as the denominator more accurately reflects the real context of Francophones' access to care in a system where they must compete with the rest of the population. On the other hand, a ratio calculated solely on the basis of the Francophone population would imply exclusive access, greatly overestimating the availability of linguistically appropriate services.

Analysis software

The analyses were performed using R software, version 2024.

Results

Distribution of long-term care homes

First, we analyzed the distribution of long-term care homes at the provincial level, counting the number and type of homes in each of the regions covered by the French-language health services planning entities (Table 1).

Table 1: Number of homes by French-language health services planning entity region, according to designation status

French-language health services planning entity (regions served)	Designated	Identified	Non-identified
1. Erie St. Clair, South West	0	9	112
2. Hamilton Niagara, Haldimand Brant, Waterloo Wellington.	1	3	120
3. Toronto-Central, Mississauga Halton, Central West	0	4	89
4. Central East, Central, North Simcoe Muskoka	0	2	141
5. Réseau des services de santé en français de l'Est de l'Ontario (Champlain, South East)	18	8	81
6. Réseau du mieux-être francophone du Nord de l'Ontario	12	29	27

The analysis reveals that the majority of homes are classified as "Non-identified" under the *French Language Services Act*. Designated homes are heavily concentrated in the eastern and northern regions of the province. Identified homes follow a similar pattern, with a marked presence in these two regions, although they are represented in all Planning Entity regions, albeit unevenly.

Distribution of Francophone elders and LTC homes

We then analyzed the provincial distribution of Francophones aged 65 and over, as well as that of long-term care homes. Figure 1 illustrates, at the census subdivision (CSD) level, the proportion of the Francophone population aged 65 and over, as well as the geographic location and language designation status of homes.

It should be noted that population data were not available for certain regions, particularly First Nations reserves. These areas were excluded from the analysis and are indicated as "NA" in the figure.

Figure 1: Proportion of the Francophone population aged 65 and over by census subdivision, and locations of long-term care homes according to their designation status.

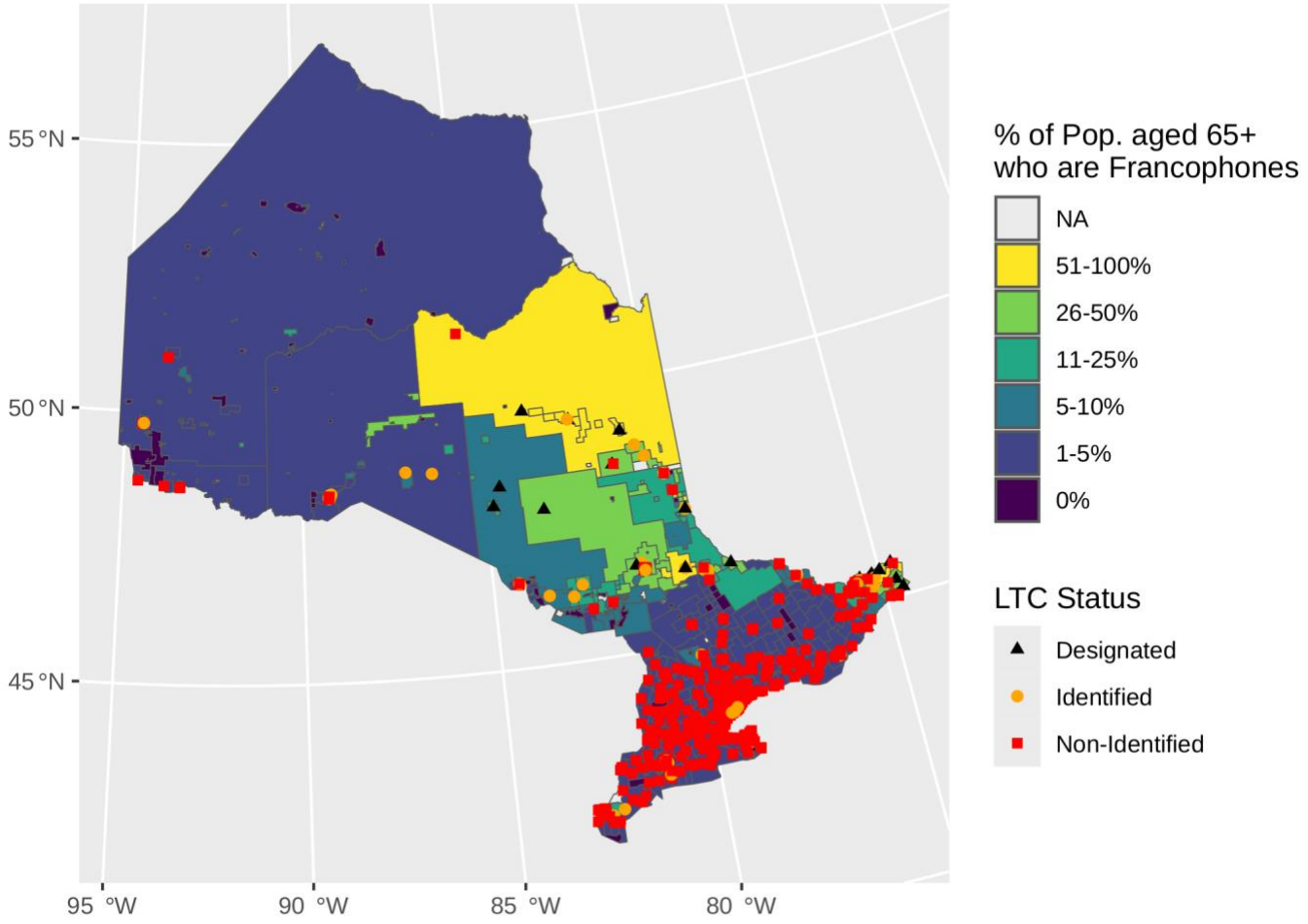

Figure 1 highlights several important findings:

1. The majority of LTC Homes are Non-identified under the *French Language Services Act* (represented by red squares signifying Non-identified status) and are mainly concentrated in southern Ontario.
2. Designated (black triangles) and Identified (orange circles) LTC homes are clustered in eastern Ontario and scattered in the north, particularly in the northeast. Their presence is much more limited in the Greater Toronto Area and in the southwest of the province.
3. The distribution of Francophones aged 65 and over also shows notable trends. Although they are a small minority in most of Ontario, there are pockets of strong representation throughout the province. There are even such representations in regions where Francophones constitute a majority or near majority, particularly in eastern Ontario near Ottawa and in the northeast, around Sudbury.

Results by French-language health services planning entity

Analysis of LTC homes by Entity

We first examined the statistics at the Entity level by calculating the number of households per 100,000 people aged 65 and over (see Table 2). It is important to note that in this calculation, we used the total population of Ontario aged 65 and over, not just the Francophone population. This approach better reflects the overall capacity of homes in each region, regardless of the linguistic status of residents.

Table 2: Number of homes per 100,000 people aged 65 and over (including Francophones), by designation status, for each French-language health services planning entity

French-language health services planning entity (regions served)	Number of homes per 100,000 people aged 65 and over	Number of Designated homes per 100,000 people aged 65 and over	Number of Identified homes per 100,000 people aged 65 and over	Number of Non-identified homes per 100,000 people aged 65 and over
1. Erie St. Clair, South West	34.4	0.0	2.6	31.9
2. Hamilton Niagara, Haldimand Brant, Waterloo Wellington.	30.1	0.2	0.7	29.2
3. Toronto Central, Mississauga Halton, Central West	12.6	0.0	0.5	12.1
4. Central East, Central, North Simcoe Muskoka	27.9	0.0	0.4	27.5
5. Réseau des services de santé en français de l'Est de l'Ontario (Champlain, South East)	28.9	4.9	2.2	21.9
6. Réseau du mieux-être francophone du Nord de l'Ontario	39.8	7.0	17.0	15.8

Francophone staff in LTC homes by Entity

We then examined, at the level of Entities, the ratios of Francophone staff in long-term care relative to the Francophone population aged 65 and over, as well as relative to the overall population aged 65 and over. This dual perspective allows us to assess the adequacy of the supply of French-speaking staff in different access contexts.

The results highlight significant disparities in access between Entities. In addition, within each Entity, there is a marked difference between the ratio of Francophone staff to older Francophones and the ratio calculated based on the total older population in Ontario.

This gap illustrates the competitive pressures faced by older Francophones in accessing linguistically appropriate care within a system shared with the majority population.

Table 3: Supply of Francophone long-term care staff by French-language health services planning entity, per 1,000 people aged 65 and over—comparison between the Francophone population and the total population

French-language health services planning entity (regions served)	Number of Francophones aged 65 and over	Number of people aged 65 and over	Number of Frencophone staff	Number of Francophone staff per 1,000 Francophones aged 65 and over	Number of Francophone staff per 1,000 people aged 65 and over
1. Erie St.Clair, South West	7,770	351,245	45	5.8	0.1
2. Hamilton Niagara, Haldimand Brant, Waterloo Wellington.	8,560	411,615	74	8.6	0.2
3. Toronto Central, Mississauga Halton, Central West	9,190	736,255	0	0.0	0.0
4. Central East, Central, Simcoe North Muskoka	7,740	512,470	55	7.1	0.1
5. Réseau des services de santé en français de l'Est de l'Ontario (Champlain, South East)	52,170	369,620	1,253	24.0	3.4
6. Réseau du mieux-être francophone du Nord de l'Ontario	30,340	171,060	850	28.0	5.0

Results by LHIN

Analysis of LTC homes by LHIN

This section presents an analysis of LTC homes at the level of the former LHINs. The trends observed are generally consistent with those identified at the level of the Entities.

However, this more granular approach better highlights inter-regional disparities in access to French-language services. In fact, ten LHINs have no Designated LTC homes, highlighting areas of the province where language services are particularly limited (see Table 4)

Table 4: Number of LTC homes per 100,000 people aged 65 and over, by designation status, for each LHIN

LHIN (served regions)	Number of homes per 100,000 people aged 65 and over	Number of Designated homes per 100,000 people aged 65 and over	Number of Identified homes per 100,000 people aged 65 and over	Number of Non-identified per 100,000 people aged 65 and over
Centre	24.8	0.0	0.0	24.8
Central East	33.5	0.0	0.5	33.0
Central West	24.6	0.0	0.0	24.6
Champlain	28.4	6.9	2.4	19.0
Erie St. Clair	27.0	0.0	2.3	24.8
Hamilton Niagara, Haldimand Brant	30.9	0.4	0.7	29.8
Mississauga Halton	15.7	0.0	0.0	15.7
North East	35.0	9.5	11.9	13.5
North Simcoe Muskoka	23.9	0.0	0.9	23.0
North West	52.9	0.0	30.9	22.0
South East	30.1	0.8	1.6	27.7
South West	39.0	0.0	2.8	36.2
Toronto Central	8.9	0.0	0.9	8.0
Waterloo Wellington	28.4	0.0	0.8	27.7

Francophone staff in long-term care by LHIN

We then present an analysis of Francophone human resource capacity in long-term care homes, this time at the level of the former LHINs (see Table 5).

Although the situation appears slightly more favourable than that observed at the level of the Entities—only six LHINs have no French-speaking employees in LTC—the results remain concerning.

Even when taking into account homes with Francophone staff, the overall ratios of human resources capable of providing services in French per 1,000 people aged 65 and over remain low across the province. These results highlight the persistent structural limitations in terms of access to linguistically appropriate care for Francophone seniors in Ontario.

Table 5: Supply of Francophone staff in long-term care by LHIN, per 1,000 people aged 65 and over — comparison between the Francophone population and the total population

LHIN (regions served)	Number of Francophones aged 65 and over	Number of people aged 65 and over	Number of Francophone staff	Number of Francophone staff per 1,000 Francophones aged 65 and over	Number of Francophone staff per 1,000 people aged 65 and over
Centre	2,130	209,640	0	0.0	0.0
Central East	3,125	193,955	33	10.6	0.2
Central West	935	101,445	0	0.0	0.0
Champlain	49,020	246,750	1,253	25.6	5.1
Erie St. Clair	4,940	133,190	45	9.1	0.3
Hamilton Niagara, Haldimand Brant	6,680	281,525	68	10.2	0.2
Mississauga Halton	2,405	171,930	0	0.0	0.0
North East	28,755	125,700	834	29.0	6.6
North Simcoe Muskoka	2,485	108,875	22	8.9	0.2
North West	1,585	45,360	16	10.1	0.4
South East	3,150	122,870	0	0.0	0.0
South West	2,830	218,055	0	0.0	0.0
Toronto Central	5,850	462,880	0	0.0	0.0
Waterloo Wellington	1,880	130,090	6	3.2	0.0

Discussion

Analysis of results

Our analyses reveal that the ratios of access to French-language long-term care services, linguistically consistent, vary considerably from one region to another in Ontario. Although some regions—notably Ottawa and parts of northern Ontario—have higher ratios of Designated or Identified homes, as well as a larger number of French-speaking LTC staff, we also identified linguistic deserts, i.e., regions with no Designated or Identified homes.

However, even in regions where the ratios of Designated homes and Francophone staff appear favourable in relation to the population, this does not guarantee real and equitable access to French-language health services. Three factors combine to explain this situation:

1. **Competition with the general population**
   Even in the best-case scenarios, Francophones must compete with the general population for access to available places in Designated homes. As a result, many places offering the potential for French-language services are allocated to non-Francophones, thereby limiting effective access for Francophones.

2. **Constraints of the 2022 law for more beds and better care**
   Since the passage of the *More Beds, Better Care Act*, *2022*, hospitalized patients awaiting long-term care can be placed in an LTC home without their consent or involvement in the decision-making process. The choice is usually dictated by the first available spot, and linguistic needs or preferences are rarely taken into account in this decision.

3. **High demand for a limited number of Designated homes**
   Given the small number of Designated and Identified homes in several regions, those that do exist are likely to be in high demand by Francophones across the province. This has two effects: increased pressure on Designated homes and limited access, even in regions where local ratios appear favourable.

Many older Francophone are thus forced to choose between receiving care close to home (but in a facility that is not linguistically adapted), or having to move away from their families and communities to access care in French.

Finally, it is important to note that this analysis does not seek to define an ideal ratio of Francophone homes or staff per population. Although our results allow us to compare levels of access between regions, they do not allow us to determine whether these levels are sufficient to adequately meet the real needs of the population.

Data limitations and areas for improvement

We briefly note here some limitations of the data, both to contextualize some of the methodological choices presented above and to guide, where appropriate, future data collection. Where possible, we also make suggestions for improvement.

The main limitation of the data provided by the Ministry of Health regarding French-language capabilities in LTC homes is that they are reported at the agency (management organization) level, whereas a single agency may operate several facilities located in different regions. This aggregation makes it impossible to know precisely in which facilities French-language services are actually offered, which is problematic, particularly for multi-site agencies.

Suggestion: Providing language data on staff at the address level of the homes, rather than at the overall agency level, would allow for a more detailed and geographically accurate analysis.

Second, the Ministry's data do not clearly distinguish between staff in direct contact with patients (nurses, personal support workers, etc.) and support staff (office clerks, custodians, etc.), and do not include full-time equivalents (FTEs).

In this study, we assumed that all staff with sufficient French-language skills were available full-time to provide direct care, but this assumption is likely inaccurate.

Suggestion: Segment staff by function (at a minimum: *patient contact* vs. *non-patient contact*) and include FTEs in language proficiency statements.

Third, the Ministry's data do not include the number of employees in Non-identified homes, which severely limits comparisons and overall analyses. For example, we were able to calculate ratios of Francophone staff per 1,000 Francophones aged 65 and over, but without data on staffing levels or language skills in Non-identified homes, it is impossible to know whether Francophone staff are equitably distributed or to assess the actual capacity of these facilities to provide services in French.

Suggestion: Require the reporting of the total number of employees in Non-identified homes, even in the absence of a language requirement.

Finally, we identified several smaller data-quality issues:

- Some Designated or Identified homes had no human resources data (e.g., Pinecrest Nursing Home and Lady Dunn Health Centre).
- Many Designated and Identified homes were reported as having 100% of their staff with advanced/superior French-language skills, which is unlikely on a provincial scale.
- Although a certain level of validation is performed during collection, there is no formal audit process in place to verify the accuracy of the reported data.

Suggestion: Implement an independent validation or audit mechanism to ensure the accuracy, consistency, and comparability of data on French-language services in long-term care homes.

Limitations of the analysis

Some important limitations should be considered when interpreting the results presented in this report.

First, to measure access levels, we used regional provider-to-population ratios. This approach, often referred to as density analysis, is based on well-known simplifying assumptions:

- it assumes equal access for all residents of a region to all services located in that same region;
- it also assumes that individuals do not access services outside their territory of residence.

Despite these limitations, it is a commonly used method in territorial analyses and remains relevant given the available data.

Second, as mentioned above, our regional analysis of human resources is based on approximations of staff locations, in the absence of data disaggregated by site. We nevertheless considered this approach to be justified given the structure of the data.

Furthermore, we were only able to work with raw employee counts, without being able to distinguish job titles or determine whether the positions held involved direct contact with patients. This is a limitation, but we expect that future data will include job title information, which will enrich future analyses.

Finally, our analysis focused solely on the designation status of long-term care homes, without taking into account the concept of designated areas under the *French Language Services Act* (Ontario Ministry of Health, 2024a).

Opportunities to improve data quality for future analyses

Based on the observations made above (section 3.2), we summarize here our suggestions for improving the quality of data used in future analyses.

First, data on human resources in long-term care homes—including the number of employees, roles, language skills, and full-time equivalents (FTEs)—should be provided at the level of each facility address, not just at the level of managing agencies. This would allow for more accurate and geographically detailed analyses.

Second, compliance and audit mechanisms should be put in place to ensure consistent and reliable collection of data on French-language health services across all homes in the province. These measures are essential to better compare the provision of French-language services to the overall provision of long-term care and to rigorously assess their distribution.

Implementing these improvements would not only allow for more detailed and accurate regional comparisons of access ratios, but also for distance-based geospatial analyses at finer levels of resolution. Such analyses could be carried out at the municipal or even sub-municipal level, providing crucial local knowledge about the actual availability of French-language services. This information would be particularly useful in guiding Ontario's strategic health investments and better meeting the needs of Francophone communities.

Appendix: Human resources tables harmonized according to the OZi approach

This appendix presents revised human resources (HR) tables, aligned with the OZi method for calculating regional capacity in human resources providing French-language health services. The two main differences between these tables and those presented in the body of the report are: (1) they **include staff from all agencies,** not just Designated or Identified facilities; and (2) they **only consider staff with advanced to superior French-language skills,** thus excluding those with intermediate skills.

As shown in Tables 6 and 7 below, this method produces higher absolute values, while maintaining similar trends. The Northeast and Champlain regions continue to have significantly higher Francophone staffing ratios than the rest of the province (10.1 and 8.7 employees per 1,000 people aged 65 and over, respectively), while the other regions have ratios ranging from 0.0 to 0.9.

Table by LHIN

Table 6: Francophone staffing in long-term care by LHIN, per 1,000 people aged 65 and over — based on the Francophone population and the total population

LHIN (served regions)	Number of Francophones aged 65 and over	Number of people aged 65 and over	Number of Francophone staff	Number of Francophone staff per 1,000 Francophones aged 65 and over	Number of Francophone staff per 1,000 people aged 65 and over
Centre	2,130	209,640	30	14.1	0.1
Central East	3,125	193,955	97	31.0	0.5
Central West	935	101,445	12	12.8	0.1
Champlain	49,020	246,750	2,135	43.6	8.7
Erie St. Clair	4,940	133,190	126	25.5	0.9
Hamilton Niagara, Haldimand Brant	6,680	281,525	142	21.3	0.5
Mississauga Halton	2,405	171,930	26	10.8	0.2
North East	28,755	125,700	1,266	44.0	10.1
North Simcoe Muskoka	2,485	108,875	55	22.1	0.5
North West	1,585	45,360	28	17.7	0.6
South East	3,150	122,870	41	13.0	0.3
South West	2,830	218,055	78	27.6	0.4
Toronto Central	5,850	462,880	18	3.1	0.0
Waterloo Wellington	1,880	130,090	50	26.6	0.4

Notes: Includes all long-term care homes (Designated, Identified, Non-identified); only employees with advanced or higher French language skills are counted.

Table by French-language health services planning entities

Table 7. Supply of French-speaking long-term care staff by French-language health services planning entity, per 1,000 people aged 65 and over—based on the Francophone population and the total population

French-language health services planning entity (regions served)	Number of Francophones aged 65 and over	Number of persons aged 65 and over	Number of French-speaking staff	Number of French-speaking staff per 1,000 French speakers aged 65 and over	Number of French-speaking staff per 1,000 people aged 65 and over
1. Erie St. Clair, South West	7,770	351,245	204	26.3	0.6
2. Hamilton Niagara, Haldimand Brant, Waterloo Wellington	8,560	411,615	192	22.4	0.5
3. Toronto Central, Mississauga Halton, Central West	9,190	736,255	56	6.1	0.1
4. Central East, Central, Simcoe North Muskoka	7,740	512,470	182	23.5	0.4
5. Réseau des services de santé en français de l'Est de l'Ontario (Champlain, South East)	52,170	369,620	2,176	41.7	5.9
6. Réseau du mieux-être francophone du Nord de l'Ontario	30,340	171,060	1,294	42.6	7.6

Notes: Includes all long-term care homes (Designated, Identified, Non-identified); only employees with advanced or higher French language skills are counted.

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