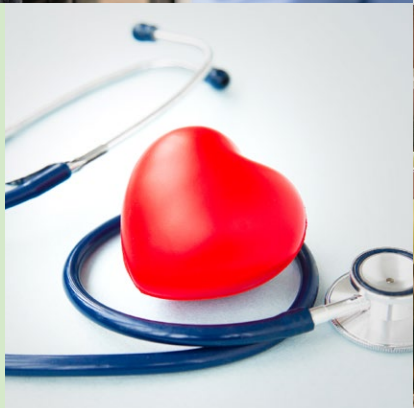


# Care Trajectories for Yukon Francophone Seniors

EXECUTIVE SUMMARY OF THE RESEARCH STUDY



Partenariat  
communauté  
en santé

# Introduction

Over the past several years, the Yukon Government has been exploring the matter of aging in place for its senior citizens (Government of Yukon, 2019). In the 2018 report entitled Yukon Health Status Report – Focus on Seniors, the Government of Yukon (2018) presented a profile of the health and well-being of Yukon seniors.

According to the report's authors, the health system is seeking to improve seniors' longevity and quality of life by promoting aging in place. Physical activity, retention of cognitive functioning, and participation in the community are encouraged. This is intended to improve seniors' mental well-being, reduce social isolation, and mitigate the challenges associated with accessing health and social services. The concept of age-friendly communities is proposed, where seniors' autonomy and active community participation are promoted through ensuring access to affordable housing; public buildings and recreational facilities; and transport services for people with reduced mobility.

At the same time, starting in late 2017, public engagement regarding aging in place was conducted in the majority of Yukon communities, with over 1,200 Yukoners participating individually and in groups, including representatives from seniors'

organizations and care providers. The engagement process continued during the Aging in Place summit held in June 2018.

The What We Heard About Aging in Place public consultation report (Government of Yukon, 2018) and the Aging in Place forum in January 2019 presented the themes which emerged from the public engagement: making a plan to safely age in place for as long as possible while maintaining good relationships with fellow community members; having a choice of suitable housing options available according to health conditions; having access to relevant programs and services, including transportation; and being able to lead a rich and meaningful life, including a sense of contributing to the community. This engagement process was held to inform development of an aging in place action plan (Government of Yukon, 2019).

It is important to note, however, that the voice of Francophone seniors is neither represented in the Focus on Seniors report (Government of Yukon, 2018) nor in the public engagement documentation, except for the mention of a liaison service for Francophones when discharged from the hospital (Government of Yukon, 2018 What we Heard About Aging in Place., p. 26). Although Francophones were able to participate



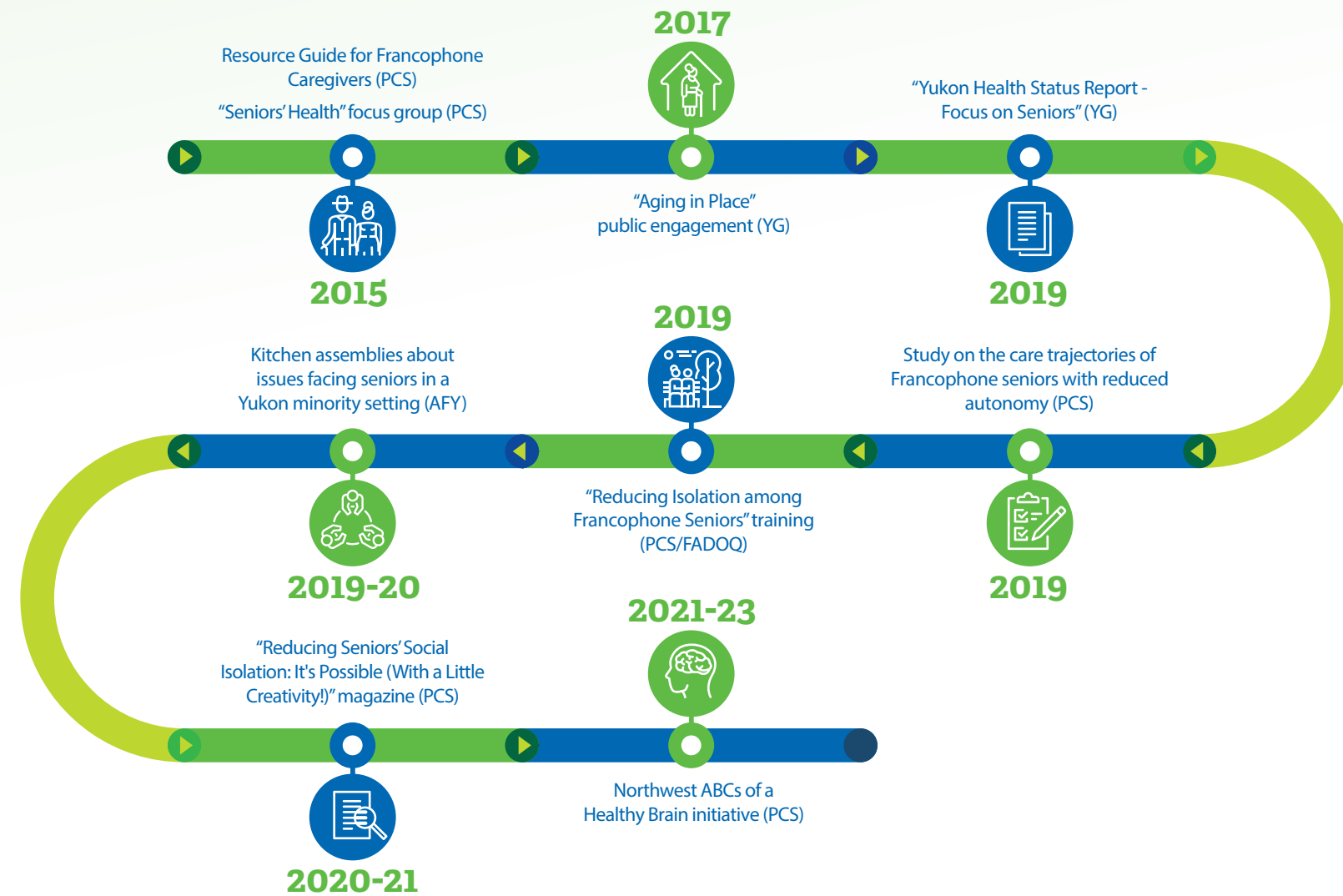
Although Francophones were able to participate in the engagement process, no mention was made about any specific needs of Francophone seniors.

In fact, the language barrier which Franco-Yukoners may encounter has proven to be an important factor in healthcare access, safety, and satisfaction of the patient, as well as the quality of healthcare service provided.

in the engagement process, no mention was made about any specific needs of Francophone seniors. In light of the fact that Francophone seniors living in a minority language situation are aging at a proportionally faster rate than the overall Canadian population (Bouchard et al., 2015) and that this results in increased use of home care and other services (Van Kemenade, Bouchard & Bergeron, 2015), the needs of seniors from both of Yukon's official language groups must be considered<sup>1</sup>. In fact,

the language barrier which Franco-Yukoners may encounter has proven to be an important factor in healthcare access, safety, and satisfaction of the patient, as well as the quality of healthcare service provided (De Moissac & Bowen, 2018, 2017). Several studies (Drolet, Bouchard & Savard,

2017) have explored issues associated with the active offer of French languages services which may also apply to a Yukon context. This report provides information to further our understanding of this matter.



<sup>1</sup> Please note that in 2021, following release of their report, the Yukon Government invited the Association franco-yukonnaise (AFY) to sit on the Aging in Place committee to better represent the interests of the Yukon Francophone community regarding this matter. This is a symbolic gesture that demonstrates a willingness to take into consideration the needs of Yukon Francophone seniors. We hope that the data in this report will contribute to these discussions and the advocacy work taking place.

## Care Trajectories for Yukon Francophone Seniors

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On behalf of the Partenariat communauté en santé (PCS)/Francophone Health Network



## Report Objectives

1

- 1) To present findings related to Yukon Francophone senior care trajectories, from the moment when they first perceive the need for support with their overall health, on the physical as well as the mental and social levels.

2

- 2) To identify the care, health, and social service needs of these seniors, according to the services available, such that the active offer of French language services meets their needs.

This information will be used to determine how to align existing services and what kind of reorganization is required in order for Francophone seniors to have access to French language services throughout the continuum of care. A health corridor concept is proposed to assist vulnerable seniors who are either suffering from cognitive decline and dementia or who lack a support network. Through a review of the grey literature, a site visit, and individual interviews with key representatives of seniors, care providers and government authorities, we were able to assess the current situation and identify potential strategies to improve access to care and services in French for Yukon seniors throughout the entirety of their care trajectory.

## Methodology

- A review of the grey literature was conducted to gain insight into the French presence in the Yukon and the health and social services currently available to seniors in the territory. This review was principally based upon literature published by the Yukon Government, alongside documents from organizations involved with Francophone minority communities in Canada.
- A site visit took place in Whitehorse from April 22 to 26 (2019) which involved interviews with a group of Francophone seniors from the Whitehorse community; health professionals and managers who work with seniors (Home Care and Long-Term Care); and government representatives in the health and social services sector, including some senior management.
- Interviews were held with seniors and caregivers.
- Additional interviews were also held by telephone in May 2019 and in person in July 2019.



## Analytical Framework

Data was analyzed according to a theoretical framework developed by the *Groupe de recherche sur la formation et les pratiques en santé et service social en contexte francophone minoritaire* (GReFoPS) (Savard et al., 2017). This framework maps the relationships between the various actors who influence the trajectory of health and social services in official language minority communities. It was used for a study conducted in Eastern Ontario and Manitoba aimed at developing guidelines to improve the continuity of French language health and social services (Kubina et al., 2018). Figure 1 provides an illustration of this framework, followed by a brief description.

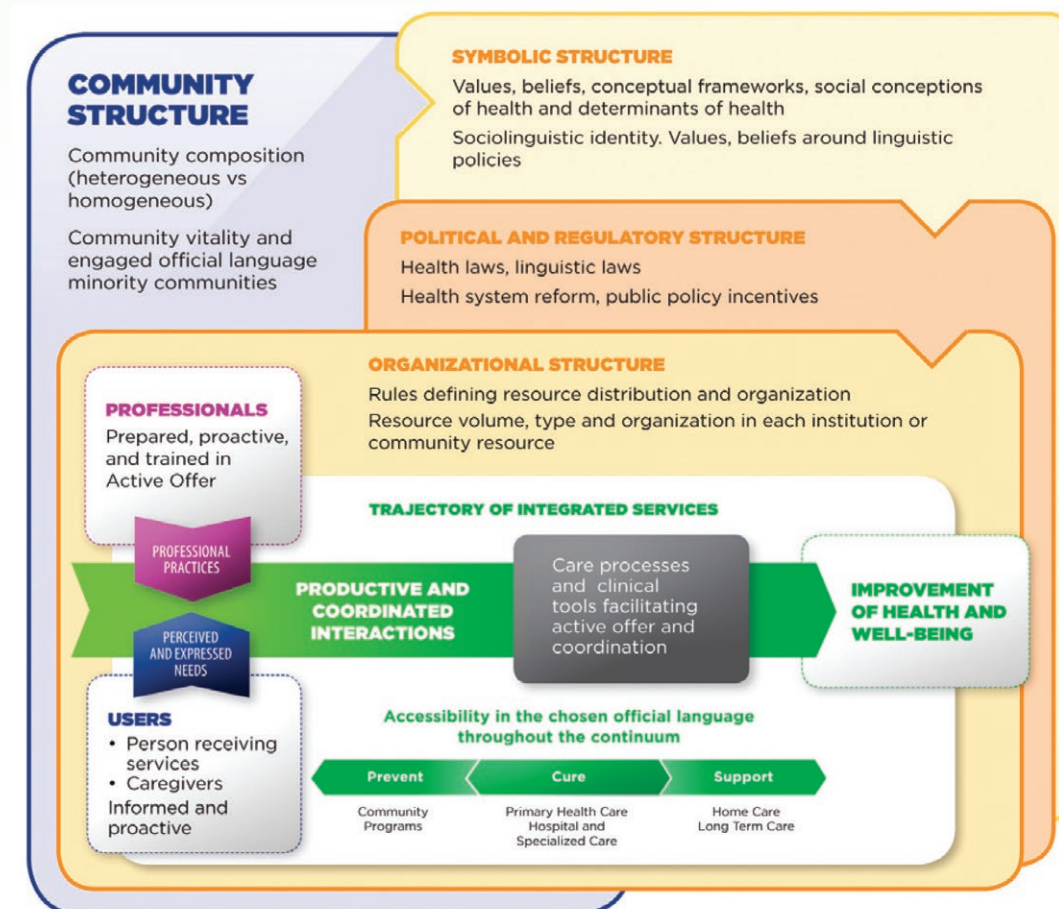
According to Kubina and her colleagues (2018), this analytical framework presents health and social services as an organized system of actions situated within an actual context at a given point in time. Various groups of actors interact to meet the needs of the service user while also satisfying the system's objectives. These groups include service users and their caregivers; interest groups; health and social service practitioners and professionals; managers; community leaders; and political decision makers. These groups interact within a space defined by

a collection of structures that are symbolic (representing values), community-based (community composition and resources), political and regulatory (associated with laws and regulations), and organizational (resource distribution and organization) in nature.

These structures frame the service trajectory in which two main groups converge: a) service users and their caregivers, and b) practitioners and professionals. Productive interaction throughout the care trajectory requires collaboration between the service user, caregivers, and practitioners, alongside coordination of all the services which the user requires. In an official language minority community context, access to services in the user's language of choice throughout the continuum improves the care trajectory experience and health outcomes. Various clinical tools, professional practices, care processes, and information systems can help facilitate continuity of service.

This analytical framework served as a model for categorizing data, particularly with regard to the elements within these various structures that are able to influence the care trajectory for Francophone seniors within the health and social service continuum.

FIGURE 1. ANALYTICAL FRAMEWORK



Source: Savard J. et al. (2020). [www.grefops.ca/cadre\\_analyse\\_en.html](http://www.grefops.ca/cadre_analyse_en.html).

## Sociodemographic Context<sup>2</sup>

According to the 2016 census data, 5% of the Yukon's total population declared French as their mother tongue (1,693 people) and 4.4% declared French as their first official language (1,575 people).

Over the past few decades, Francophone communities in the territories have experienced significant growth, especially in the Yukon, where the Francophone population increased by 84% from 2001-2016 (Statistics Canada, 2019)<sup>3</sup>. The 2021 census data revealed that French was then the mother tongue of 5.2% of the population (more than 1,725 people) and that the rate of French-English bilingualism has increased from 13.8% in 2016 to 14.2% in 2021. As such, the Yukon has maintained its position as having the third-highest rate of French-English bilingualism in Canada, after Québec and New Brunswick (Regard sur l'Arctique, 2022)<sup>4</sup>.

The majority of Francophones (83%) live in and around Whitehorse, the territory's capital city. Few Francophones were born in the Yukon (15%), with the majority coming from elsewhere in Canada (74%) or abroad (12%) (Office of the Commissioner of Official Languages, 2018).



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Office of the Commissioner of Official Languages, 2018

### THE YUKON FRANCOPHONE SENIOR POPULATION<sup>5</sup>

As elsewhere in the country, the senior population in the Yukon is growing. In 2018, there were 5,217 Yukoners aged 65 and over, representing 12.9% of the population (Government of Yukon, [Health Status, 2018]). By 2021, this had increased to 6,050 Yukoners aged 65 and over, or 15% of the territory's population (Statistics Canada, 2022). Including all those aged 55 and over, regardless of languages spoken, it is estimated that seniors made up 27.3% of the population in 2016, an increase from an estimated 23.6% of the population being aged 55 and over in 2011 (Dault, 2021 p. 4).

According to the 2016 census data, 4.3% of Yukon seniors listed French as their first official language spoken (Fédération des aînés et aînées francophones du Canada [FAAFC], 2019). Additionally, 4.9% of the population aged 50-64 years old, which represents more than 200 francophones over 55 years old in 2016, declared French as their first official language.<sup>6</sup> Like many Canadian provinces, the Francophone population in the Yukon has been aging. As of 2016, the number of people aged 50 and over with French as their first official language had increased by 3.4% since 2006, and an age gap existed between the median age of the Francophone population (41.1 years) and the overall Yukon population (39.2 years) (FAAFC, 2019).

Dividing up the senior Francophone population by age group, the 55-64 year old category was highly represented (74.4% of seniors) in 2016 while Francophone seniors aged 65 and over only made up 28.2% of the Francophone senior population (Dault, 2021, p. 6).



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Fédération des aînés et aînées francophones du Canada [FAAFC], 2019



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### FAMILY CHARACTERISTICS

In terms of the sociodemographic profile of Francophone seniors aged 65 and over in the Yukon, statistics have revealed that the majority are men (54.3%).<sup>6</sup>

Interestingly, of those seniors who speak French in the home, three-quarters of seniors aged 55-64 years old live in households of two or more people (75.9%), while this proportion drops to 45.5% for seniors 65 years of age and over. When compared to Anglophones in the same age brackets, the cohabitation rate for those aged 55-64 is very similar (74.7%) to that of Francophones (75.9%), but in the 65 and over category it is significantly higher for Anglophones (67.4%) than for Francophones (45.5%). Consequently, there are more Francophones aged 65 and over (54.5%) who live alone than Anglophones of the same age (32.8%) (Dault, 2021, p. 7).

Similarly, with regard to the composition of private households of two or more people, there are far fewer Francophones aged 55 and over who live as a couple (70.4%) than there are Anglophones (84.4%) or seniors speaking a non-official language (75%). However, Francophone seniors are the most likely to live with a child (11.1%) compared to households where English (7.2%) or a non-official language (7.1%) is spoken. Francophone seniors living in households of two or more people also have a high rate of cohabitation with others (14.8%), being almost twice that of Anglophone seniors (8.4%) (Dault, 2021, p. 8). Given that social isolation can seriously impact the health of seniors, it is important to ensure that they feel included in their home community and that services are available in their language to reduce the risk of language barriers leading to double isolation.



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Only 59% of French-speaking seniors aged 55 and over are homeowners, compared to 76.4% of Anglophones and 73.8% of people speaking a non-official language in the same age group.



### HOUSING

Only 59% of French-speaking seniors aged 55 and over are homeowners, compared to 76.4% of Anglophones and 73.8% of people speaking a non-official language in the same age group. This means that Yukoners aged 55 and over who speak French in the home are less likely to be homeowners than those belonging to the Anglophone majority. Similarly, Francophones aged 65 and over are much more likely to be renters (63.3%) while Anglophones in the same age bracket are mainly homeowners (75.3%) (Dault, 2021, pp. 9-10).

### EDUCATION

In terms of the highest level of education completed, it appears that Francophones aged 55 and over are more likely to have a university degree than their peers who speak English or a non-official language (Dault, 2021, p. 11). Caution should be taken, however, when interpreting this data, given the limited number of respondents in this category.



<sup>2</sup> Please note that data regarding Yukon Francophone seniors was not yet available for a comparative profile when the executive summary was published.

<sup>3</sup> Statistique Canada : La langue française au Yukon, dans les Territoires du Nord-Ouest et au Nunavut, 2001 à 2016 : faits et chiffres <https://www150.statcan.gc.ca/n1/pub/89-657-x/89-657-x2019013-fra.htm>

<sup>4</sup> Xenos, S. (2023, 4 janvier). 2022 : l'année des célébrations pour la francophonie du Grand Nord canadien. Regard sur l'Arctique – Radio-Canada. <https://www.rcinet.ca/regard-sur-arctique/2023/01/04/2022-lannee-des-celebrations-pour-la-francophonie-du-grand-nord-canadien/>

<sup>5</sup> Please note that data regarding Yukon Francophone seniors was not yet available for a comparative profile when the executive summary was published.

<sup>6</sup> <https://faafc.ca/publications/profils-statistiques/>



The 2016 data revealed a slightly higher annual income for Francophones aged 55-64, at \$67,000, compared to \$62,700 for Anglophones of the same age. This might be

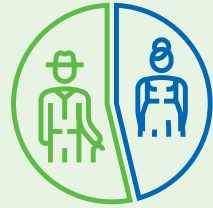
explained by the fact that Francophones aged 55-64 are also somewhat more active in the labour market (83.3%) compared to Anglophones (73%).

### INCOME AND EMPLOYMENT ACTIVITIES

The average income of Yukoners aged 55 and over from all language groups was \$55,050 in 2016, with an average of \$62,700 for the 55-64 years of age category and \$44,920 for those aged 65 and over. The 2016 data revealed a slightly higher annual income for Francophones aged 55-64, at \$67,000, compared to \$62,700 for Anglophones of the same age. This might be explained by the fact that Francophones aged 55-64 are also somewhat more active in the labour market (83.3%) compared to Anglophones (73%). On the other hand, in the 65 years of age and older category, the annual income of Francophones is significantly lower (\$36,000) than that of their Anglophone counterparts (\$45,600). It is worth noting here that the proportion of Francophones aged 65 and over who are still active in the labour market is almost nil, compared to 29.9% of Anglophone seniors and 13.3% of seniors speaking a non-official language (Dault, 2021, p. 12). Nonetheless, the fact remains that the annual income of Francophones aged 65 and over is approximately 20% less than that of Anglophones of the same age.

### Legal and Political Context

In light of the *Languages Act*, the use of French in the health and social services sector, which is principally comprised of government services, is relatively accepted and promoted. Additionally, the 2017-2020 Canada-Yukon Agreement supports the implementation of designated bilingual positions and tools that promote the active offer of French language services. Finally, the presence of Francophone community organizations significantly contributes to the community's vitality and networking among its members. The intermediary role played by these organizations helps improve access to French language services. Further, the small size of the Yukon Francophone community allows strategies and networks to be more easily implemented



Accordingly, although 100% of Francophones aged 55-64 had lived in the territory the previous year, only 93.1% had resided there for the past five years.

### MOBILITY

Mobility status data helps to determine the stability of the population and the level of social integration. According to 2016 data, across the Yukon, very few people had lived in the territory for the previous five years, regardless of language groups. Accordingly, although 100% of Francophones aged 55-64 had lived in the territory the previous year, only 93.1% had resided there for the past five years. Similarly for Anglophones aged 55-64, 98.6% had lived in the Yukon the previous year, while 93.3% had been in the territory for the past five years at the time of the study. As for those aged 65 and over, mobility status proportions remained essentially the same for Anglophones (97.9% for 1 year vs. 95% for 5 years) while it varied slightly for Francophones (90.9% for 1 year vs. 90.9% for 5 years), which suggests that Francophones are more mobile, especially those 65 years of age and over (Dault, 2021, p. 14). Only a small proportion of immigrants 65 and over were Francophone (2.9%) and no Francophone seniors were members of a visible minority (0%) (FAAFC, 2019).

since community members generally know each other and feel comfortable approaching and working with key government and community representatives. The French presence seems to be well established within the territory's capital.



### Organizational context

Several important issues, however, need to be considered, including the difficulty of recruiting bilingual professionals given the current lack of such professionals across the country. Recruitment of new professionals is further hindered by the limited professional training opportunities offered locally. The possibility of assisted living options is also worth considering, as this could meet the growing need of seniors able to live independently with some support, such as with meals, housekeeping, and minor medical care. If this support was provided, seniors could live longer at home instead of needing to access hospital or long-term care.

Despite these challenges, particularly the difficulty of recruiting bilingual professionals, some simple, low-cost strategies could be implemented to promote the active offer of French language services for seniors and to support their access to French language services throughout the care trajectory. Given the existing vitality of the French language and that government commitment appears well underway, these strategies are primarily aimed at the organization of

services. According to study participants, the government has demonstrated a desire to advance the active offer of French language services within the government. As such, it seems pertinent to instead focus on practices aimed at developing and maintaining awareness among healthcare facility professionals and managers about the importance of the active offer of French language services.

“It seems pertinent to instead focus on practices aimed at developing and maintaining awareness among healthcare facility professionals and managers about the importance of the active offer of French language services.”



### Identification of Francophone service users/residents

- All the health professionals and managers in the study confirmed that language is included in the user's/resident's medical record, both for Home Care and Long-Term Care services. This information is collected during the initial Home Care assessment and again as part of the Long-Term Care psychosocial history, and it also figures in their "master file", the resident's record which is regularly updated and can be printed out if someone is transferred to the hospital.
- Any new practitioner who consults the medical record will be able to tell that a service user is Francophone. Linguistic data collected includes the user's first language, other languages spoken, and the preferred language for service.
- A governmental representative noted, however, that collecting language preferences is not a common practice among family physicians, although linguistically sensitive practitioners may take note of it informally.



### Identification of bilingual colleagues

- Participating health professionals and managers who work in Home Care and Long-Term Care noted that there is a "pourcentage assez élevé de professionnels bilingues dans le système, qui sont sensibilisés aux besoins des francophones" [fairly high percentage of bilingual professionals in the system who are sensitive to the needs of Francophones] (P4).
- According to study participants, several Home Care team members in Whitehorse are able to provide services in French; this also applies to some long-term care facilities, such as Copper Ridge Place, and to the hospital. Further, Francophone cultural activities are included in long-term care recreational programming, which serves as an example of how the French language can be promoted in the lives of senior citizens with limited autonomy.
- Health professionals in the study all reported that they were well acquainted with which of their colleagues speak French, especially those working in long-term care and mental health services, despite the fact that no bilingual staff directory exists.
- However, several participants acknowledged that they do not know bilingual practitioners in other health and social service settings, especially those working at the hospital.



### Allocation of residents according to level of care

Long-Term Care residents are usually assigned to their unit based on their needs. For example, a resident suffering from dementia with a history of wandering off will be housed in a secure unit. Given the small number of Francophone seniors, this makes it difficult to group them together in one unit, which would facilitate pairing up Francophone residents with bilingual practitioners.

According to participants, it turns out that this type of pairing occurs in a crisis situation or in an informal fashion among practitioners who recognize that someone requires French language services and makes this request to their care team. "On a l'habitude de faire du cas par cas... on gère une situation en crise comme on le peut" [We're used to doing things on a case-by-case basis... We manage a crisis situation as best we can] (P4).



### Active offer everywhere, all the time

Seniors and caregivers taking part in the study reported that seniors who have been in the Yukon for a number of years have often not had access to French language services, and as such they do not expect, nor will they ask for, service in French. Further, it is not clear which health professionals are able to provide services in French: "Ils ne savent pas, il n'y a pas de façon de savoir à part que si toi tu parles... le français est caché... Il faut dire « je veux être servi en français »" [They don't know. There's no way to know unless you're the one to speak... French is hidden... You have to say, 'I want to be served in French'] (P3). Bilingual professionals do not wear lapel pins indicating that they are bilingual; instead, people figure out that they speak French because of their accent when they speak English. Active offer therefore depends upon whether health professional feel comfortable starting the conversation in French. The professional quoted above relayed an incident where a few Filipino colleagues were reproached for speaking in their native language in the workplace, which has made him feel uncomfortable about speaking French:

*Selon la loi, il ne faut pas parler dans sa langue maternelle par respect pour les autres. Il faut parler anglais [dans le milieu du travail]. Mais là, si on parle français, ça va être la même chose? Je ne vois pas le français est une langue officielle canadienne qui devrait être partout, pareil à anglais. Mais non, je ne le vois pas* [By law, you shouldn't speak your native language, out of respect for others. You have to speak English [in the workplace]. But then, if you speak French, is it going to be the same thing? I don't see French as an official Canadian language that should be everywhere, the same as English. Well, no, I don't see it that way] (P3).

For this participant, French is hidden, not found on the signs nor in the atmosphere of his workplace, although he did notice it in another long-term care facility. Often, active offer depends on employee engagement and the desire to offer services in French. Some will make the effort, such as a bilingual cook at the hospital who personally delivers meals to those he recognizes as Francophones, as one senior reported, but this depends on the individual.

During the study, one senior highlighted that there is French signage at the hospital but not the service to go along with it: "C'est un peu de la fausse publicité" [It's sort of false advertising] (S4). Although it is possible to receive service in French, it can be rather hit-or-miss.

Bilingual personnel are not identified by their nametags. Moreover, the practitioner approached may know where to refer for French language services; this is still not part of the culture despite all the work that has been done. There appears to be a lack of employee awareness regarding the active offer of French language services and the role of language as a determinant of health.

The presence of Francophone volunteers promotes French conversation among residents of long-term care facilities. A senior who volunteers at Copper Ridge, related his experience:

*Je fais du bénévolat dans un centre de soins de longue durée, je vais visiter à toutes les semaines. Je vois un homme en particulier, je suis supposé être son ami spécial. La raison, c'est que je lui parle en français. Je parle à tous les francophones qui sont réveillés, s'ils veulent jaser. J'ai trouvé ça extrêmement difficile pendant plusieurs mois parce que je ne voyais pas trop à quoi je pouvais servir. Ces gens-là, c'est déprimant comme ça ne se peut pas. Mais ça fait 2 ans, peut-être 3 ans que je le fais, et maintenant, je n'ai aucune intention de cesser parce que je ressens le devoir de le faire parce que ces gens-là, on ne leur parle pratiquement jamais en français, et même les préposés qui parlent très bien le français, certaines qui sont francophones, ne leur parlent pas en français pour toutes sortes de raisons, dont une qui dit avoir peur de le faire parce qu'à ce moment-là, on va toujours les chercher pour aider avec les résidents qui s'expriment en français, en plus de leur travail. Ça, je comprends ça. Pour d'autres, c'est plus simple de ne pas se donner la peine. Mais il y en a parfois qui m'étonne, qui font un effort, qui ne sont pas francophones mais qui ont un peu de français et essaient.* [I volunteer at a long-term care facility. I go there every week. I see one man in particular. I'm supposed to be his special friend. The reason is that I speak with him in French. I talk with all the Francophones who are awake, if they feel like chatting. I found it extremely difficult for the first few months because I didn't really see how I could help. The people there, it's unbelievably depressing. But it's been two years, maybe three years, that I've been doing this, and now I have no intention of stopping because I feel it's my duty, because the people there, practically no one ever speaks to them in French. And even the workers who speak French fluently – some of them are Francophones – don't speak to them in French for all kinds of reasons, like one who said she was afraid to because, from then on, they'll always be asked to help with the residents who speak French, in addition to their own work.

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### Active offer of French language service practices

- Several health professionals and managers in the study confirmed that an initiative was recently implemented to improve bilingual signage in health facilities and for government services. This bilingual signage was observed primarily at the hospital, although one participant employed at Copper Ridge Place reported that a similar strategy is being developed in her workplace. The Whitehorse Airport was also reported as a good model for clearly bilingual signage.
- Government representatives concurred, noting that a recent initiative in support of the active offer of French language government services has significantly improved signage. They highlighted the bilingual signage at the new long-term care facility and the hospital. The French Language Services Directorate also provides support for translation and active offer efforts, especially for the Whistle Bend Care Home. According to one government representative, the active offer of French language services is in effect in all government facilities, in public places, and by telephone. The Bonjour Yukon initiative aimed at identifying the availability of bilingual services also targeted several government departments. The French Language Services Directorate and the Yukon Hospital Corporation recently signed a memorandum of understanding regarding active offer processes, interpretation services, and French language services. This agreement is intended to improve the offer of French language services at the hospital. *“C’est assez nouveau l’affaire de l’offre active. Mais on a fait beaucoup d’effort, c’est plus que cosmétique. On a fait beaucoup d’effort pour mettre les personnes bilingues à des endroits stratégiques pour répondre aux besoins”* [The active offer thing is relatively new. But we’ve really made an effort; it’s not just cosmetic. A lot of effort has been made to place bilingual people in strategic positions to meet the needs] (G2). According to another government representative, Francophone service users/residents are paired up with Home Care and Long-Term Care staff.



### Interdisciplinary care teams

The current trend in healthcare systems is to work in interdisciplinary care teams. The majority of health professionals and managers in the study were working either for Home Care or Long-Term Care, and all of them were working on interdisciplinary teams (nurses, social workers, physiotherapists, occupational therapists, speech language pathologists, nurse practitioners), and some of them in intersectoral teams (Home Care and Long-Term Care). Members of the care team meet regularly and have common goals, namely the well-being of service users and/or residents. They are also in communication with the family. Here is how one participant described her experience as a member of an interdisciplinary team:

*Comme professionnels, si j’entends des petites questions qui ne se rapportent pas nécessairement à ma profession, je vais questionner davantage, chercher à donner des informations, aiguiller vers le bon service, mais ce n’est pas une approche généralisée. J’ai beaucoup travaillé en équipes transdisciplinaires, naturellement, j’ai une bonne connaissance des autres domaines, autres types de services, ce qui n’est pas le cas ici, on a beaucoup de jeunes, de nouveaux gradués, qui n’ont pas tant d’expérience dans différents domaines; beaucoup de roulement de personnel, beaucoup de postes vacants, donc il y pas d’opportunités que les gens développent ces compétences-là. Oui, on travaille en équipe comme partout, mais avec ces lacunes, on a des défis, et ce n’est pas dans la culture*

*Continued on next page*



### Staff recruitment and turnover

Given the high turnover rate, staff are constantly being recruited. It is difficult to recruit health professionals, especially bilingual ones, since there is no specific incentive aimed at attracting these professionals. Nonetheless, there are several bilingual health professionals. Some arrived in the Yukon with limited knowledge of English and had to take English language classes. However, few courses are offered for improving the English language skills of Francophones; French as a second language courses for Anglophones are more common. Some Anglophone staff members take advantage of these courses and adopt practices that promote the active offer of French language services, such as placing reminders of key French phrases on the refrigerator in their workplace.

Study participants identified staff turnover as a major challenge. This can make follow-ups with bilingual professionals difficult. If someone is used to making referrals to a certain bilingual professional and that person changes positions, there is no guarantee that her/his replacement will also be bilingual. Raising awareness about the offer of French language services needs to be happening on a constant basis. One government representative in the study admitted to not knowing how many employees are bilingual and to not having any designated bilingual positions. Further, the government and the hospital are separate entities that hire health professionals independently of one another. There are limited transfers between these organizations, which have different systems, with different benefits and unions, and which do not transfer seniority. It is difficult for these two entities to work together.



### Active offer everywhere, all the time

This I can understand. For others, it’s easier not to bother. But there are those who sometimes amaze me, who make an effort, who aren’t Francophone but who speak a little French and try (S4).

This example clearly demonstrates that the practice of active offer of French language services depends on the willingness of the practitioner, and that often, in order to avoid dealing with an excessive workload, bilingual employees choose not to speak French. Nonetheless, this same participant noted that there are workers who try to learn, and he feels both happy and obliged to teach them: *“Je les aide avec leurs devoirs de français. Je veux les encourager autant que possible. Essayez, faites du mieux que vous pouvez. Allez-y, essayez-vous”* [I help them with their French homework. I want to encourage them as much as possible. Try, do the best you can. Go ahead, try] (S4).

It should also be noted that the responsibility for French language services within a facility falls to a few concerned individuals, and that this is in addition to their regular duties. Unsurprisingly, this results in an additional workload which is not recognized by the employer and so cannot be prioritized despite the presence of bilingual managers. Further, the Yukon Languages Act<sup>7</sup> notwithstanding, the responsibility for implementing and ensuring compliance with this Act has not been delegated.



### Identification of bilingual employees

Although health professionals and managers taking part in the study reported that they were well acquainted with their colleagues who are able to provide French language services, no Home Care or Long-Term Care bilingual employee directory exists. One participant reported having completed a form when he was hired in which his language skills and his willingness to provide French language services were identified, but there was no follow-up. Further, facility employees are not well acquainted with the bilingual professionals at the hospital. One participant asked whether the employee files kept by human resources could be used to create and keep updated a list specifying the language skills that employees indicated when they were hired and the positions they hold within the facility.

<sup>7</sup> <https://laws.yukon.ca/cms/images/LEGISLATION/PRINCIPAL/2002/2002-0133/2002-0133.pdf>



### Interdisciplinary care teams

[As a professional, if I hear minor questions that don't necessarily relate to my profession, I'll ask more questions, try to provide information, refer them to the right service, but it's not a widespread approach. I've worked on transdisciplinary teams a lot; naturally, I have a good understanding of the other disciplines, other types of services, which isn't the case here. We have a lot of young people, recent graduates, who don't have that much experience with different disciplines; a lot of staff turnover; a lot of vacancies. So, people don't have the opportunity to develop these skills. Yes, like anywhere, we work in teams, but given these shortcomings, we face challenges, and it's not part of the culture] (P4).

Although working on a team is generally a positive experience, this participant highlighted the challenges associated with staff turnover and the limited experience of newly graduated colleagues.

Recently, a mobile team of therapists was put in place for Home Care and Long-Term Care. As a result, practitioners from different disciplines have gotten to know each other well and can more easily refer Francophone service users to a bilingual colleague. However, this is an informal process and, given the staff turnover, it can sometimes lead to a breakdown in the continuity of French language services. Practitioners taking part in the study valued working on a team as they recognized the benefit of being able to consult with one another to determine a viable solution together. Working on intersectoral teams with centralized therapeutic services promotes dialogue and service continuity. Nevertheless, this approach is not without its challenges. Mobile teams spend a lot more time on the road. According to some study participants, it also makes it harder to pair users seeking French language services with a bilingual professional.



### Patient-centred care

Patient-centred care is a central pillar in the approach adopted by the Yukon Department of Health and Social Services. "Active offer is a patient-centered approach to healthcare and to building and enhancing equitable healthcare" (G1). It was also noted that, as a small organization with a strong focus on care delivery, the best way to meet service user needs is through informal and personalized practices. While recognizing the need to maintain their efforts and the continued room for improvement, according to the Department, adopting a client-centred approach means that personnel are striving to meet the linguistic needs of service users. This approach was also reported by several health professionals and managers in the study, who mentioned that they aim to provide person-centred care, wherein language is central to communication.

Seniors and caregivers, on the other hand, are not convinced that language is taken seriously in the patient-centred approach. For them, language is often considered to be of secondary importance.



### Limited health and social service training programs in the Yukon

Some participants, both caregivers and health professionals, noted that there is almost no healthcare training available in Whitehorse. Continuing education courses and training are available through Yukon University in English or through the PCS in French. An agreement with the Collège Éducacentre and La Cité collégiale provides for training of orderlies through Telehealth and bilingual supervisors. Any other professional training must be completed before moving to Whitehorse.



### Designation of bilingual positions

According to study participants, other than two positions at Copper Ridge Place (volunteer coordinator and manager), few positions in the health field have been designated bilingual, although several other territorial government positions (e.g., French Language Services Directorate, Tourism, Motor Vehicles) are so designated. No health facility, care unit, or program is designated bilingual, according to the participating health professionals and managers. That said, one participant stated that the designation process is underway, and that they are looking for the best formula to fit with the funding and legislation in place. Consideration is being given to designating a certain number of positions which would be necessary for French language services to be available at all times instead of designating specific positions as bilingual, as this might make recruitment more difficult. A proposed bilingual bonus is also being discussed with human resource officials and employee unions. Some participants highlighted that bilingual competence should be recognized through a bilingual bonus, such as that offered to federal government employees.



### Bilingual tools and forms

Clinical records need to be kept in English to ensure that all practitioners are able to understand them. However, professionals and managers feel that they are unequipped to conduct their work in both official languages. For example, forms and computer keyboards are both in English. One participant said he had access to consent forms and some pamphlets in French, but most documents are only available in English. English is the language of work, and several participants noted that being fluent in English is an absolute necessity. "La nature du travail nécessite l'anglais, donc ça va amener que les anglophones et une minorité de francophones bilingues" [Because of the nature of the work, English is required, so it only appeals to Anglophones and a minority of Francophone bilinguals] (P3).



## Political and regulatory structure

**Languages Act and government engagement**

Several participants pointed out that the Yukon has a Languages Act which states that the public has the right “to receive services in French from any head or central office of a government institution, where there is significant demand or where it is required by the nature of the office” (Office of the Commissioner of Official Languages, n.d.). The Strategic framework for French-language services 2018–2022 specifies the designation of bilingual positions in the health sector and the practice of the active offer of French language services<sup>8</sup>. A few participants did indicate that they had received government services in French, notably when renewing a driver’s licence or purchasing a motor vehicle.

According to senior and caregiver participants, government engagement is contingent on the attitude of the department representatives. Progress on the French language service file is noticeable when there is a Francophile Minister. One participant was optimistic about this: “*Ça s’en va vers le mieux*” [Things are heading in the right direction] (S3). Although there is no internal policy regarding French language services within the Department of Health and Social Services, the philosophy of care and declaration of rights – which emphasize the system’s responsibility with regard to dignity, freedom, and equality – supports Francophone rights, as one manager pointed out during the study.

**Functioning of the territorial government**

One issue to consider with regard to political and regulatory structure is that the government is responsible for operating health facilities and programming, as well as for developing policies regulating the delivery of health and social services. On the one hand, this can prove difficult to manage; however, it can also ensure superior coordination and integration of services and policies related to care delivery in order to better meet the needs of the population. According to one Yukon Government representative, this coordination between operations and policy is still in its infancy.

**Implementation of the Act**

Some participants recognize that the regulatory framework exists, but that this gets forgotten: “*On a une Loi sur les langues officielles, pis on [les francophones] tombe dans les craques... les services en français, ben c’est pas grave. C’est une autre grande frustration*” [We have an Official Languages Act, but we [Francophones] fall through the cracks... Service in French, well, that’s not important. It’s another big frustration] (S2). There does not seem to be much awareness about the urgent need for French language services or about how to make French language services more readily available. This participant highlighted that “*malgré la Loi sur les langues, au niveau gouvernemental, ça n’accroche pas, il faut toujours quémander l’information, toujours par réaction; est-ce qu’on peut avoir accès à ces documents en français... C’est décourageant. On n’est vraiment pas une priorité*” [despite the Languages Act, at the governmental level, it’s not catching on. You always need to beg for information, always reacting: Can we have access to these documents in French... It’s discouraging. We’re really not a priority] (S2).

<sup>8</sup> <https://yukon.ca/en/strategic-framework-french-language-services-2018-2022>

## Community structure

**Visibility of French language services, vitality of the Francophone community, and interest in French**

Among the factors facilitating provision of French language services to seniors identified by participants, the majority related to initiatives led by Francophone community organizations, in particular the Association francophone yukonnaise (AFY) and the Partenariat communauté en santé (PCS)/ Francophone Health Network, sometimes with the support of the Yukon Government’s French Language Services Directorate. Among those mentioned by participating seniors and caregivers were the French services directory (available online or as a mosaic of bilingual professionals), the Francophone seniors’ group (Franco 50), and the activities they organize (intergenerational projects, outdoor activities, evening events, forums, conferences, webinars, music therapy for seniors, etc.). These activities help community members aged 50 years and older to network and combat isolation, while also raising awareness in the community of the Francophone presence and their needs. That said, ongoing funding for these activities is not guaranteed, which creates a sustainability issue. Further, senior representation within these organizations and on their Board of Directors is crucial to raising member awareness about issues associated with aging in French in the Yukon. It is of note that the population recognizes these organizations as essential sources of information which improve access to French language services.

A few study participants also highlighted the support these organizations offer for learning French or English as a second language. For example, there is a bilingual glossary of medical terminology for health professionals; English as a second language courses; English tutoring, specifically for the health sector; and the Cafés de Paris, which take place in several facilities and support oral French development tailored to the individual learner’s language skills.

*Continued on next page*

**Housing, and geographic and social isolation**

Access to housing is a common problem in the Yukon, according to several study participants. “*Pour les aînés, c’est pas différent, le logement c’est vraiment un problème, si ils sont autonomes, si ils ont un revenu qui n’est pas très gros, ils sont à risque d’être vraiment dans des milieux très, très inadéquats en général*” [For seniors, it’s no different, housing’s a real problem. If they’re on their own, if their income isn’t very large, they’re at risk for being in really, really inadequate places in general] (P6). The demand for housing is high. According to one government representative in the study, assisted living appartements would be the priority. These do not currently exist, but they are being developed by private companies (City Vimy, for example, to be built near the Whistle Bend Care Home). The brand-new long-term care facility, Whistle Bend Care Home, is able to accommodate the senior population with intermediary or complex care needs. A new facility under construction, Corner Stone, is sponsored by the non-profit organization Challenge and will provide mixed-income housing. This facility will house, among others, seniors and young single-parent families in varying sociodemographic and economic situations in order to foster intergenerational contact and reduce isolation among the elderly. Additionally, the construction of two community housing facilities for people with disabilities and marginalized people with addiction issues is planned under the auspices of the Yukon Housing Corporation (YHC). To avoid housing wait lists, as has been the case in the past, YHC is looking to adopt better practices to meet the needs of the population.

*Continued on next page*

## Community structure


**Visibility of French language services, vitality of the Francophone community, and interest in French**

Several senior and caregiver participants noted that nowadays Yukoners seem increasingly curious about Francophones and their language, they are trying to better understand them, and they take an interest in them. Many of those who take a French as a second language course are doing so for fun or because of an interest in the language. Several health professionals and managers highlighted that *“le francophone est populaire dans la communauté”* [Francophones are popular in the community], as is French immersion, and that *“dans l’ensemble, on est très bien accueilli en tant que francophone”* [overall, Francophones are very well received] (P1). Francophiles appreciate the opportunity to speak in French. Even according to residents in long-term care, they enjoy hearing a song in French or being able to converse in French, even if it is only a few words: *“ça leur fait plaisir quand ils savent que tu parles français”* [it makes them happy when they know you speak French] (P3). Nonetheless, some participants reported that Francophone seniors are not recognized as a strength for the Yukon, despite the fact that they contribute to the community through activities, such as literacy programs in the schools.


**Housing, and geographic and social isolation**

The City of Whitehorse is spread out over a large geographic area, which adds to the challenge of transportation as well as to social isolation, according to several participants in the study. Francophones are spread out across the city. Given the limited housing options, Francophones settle wherever is available. As a result, there is no Francophone district as such, although the École Emilie Tremblay and the school’s daycare centre, close to Copper Ridge Place, attracts Francophone families to the surrounding neighbourhoods. Further, the type of informal support often present in extended families is not found in the Yukon as the people who move here tend to be looking for an independent and self-sufficient lifestyle. Several participants remarked upon the resilience of many Yukoners, that they have *“une différente vision de la vie, les choses sont plus simples”* [a different outlook on life, things are simpler] (P2), and that they have a positive attitude. As such, these individuals do not experience loneliness as often since they feel good being with nature and they have hobbies. The more marginalized clients seem to have a greater need for socialization.

Even in long-term care environments, Francophone seniors can experience isolation as they are not grouped together in one unit. One participant related that, at one point, there were seven Francophone seniors living at Copper Ridge Place and it took some lobbying for them to be housed in the same unit. Being able to get together and talk to each other in French stimulated one resident’s use of language, significantly improving that individual’s quality of life.

P1 – Professional Respondent 1  
P2 – Professional Respondent 2  
P3 – Professional Respondent 3  
P4 – Professional Respondent 4  
P5 – Professional Respondent 6

A2 – Senior Respondent 2  
A3 – Senior Respondent 3  
A4 – Senior Respondent 4

G1 – Government Respondent 1  
G2 – Government Respondent 2



## Potential Solutions

During discussions about the issue of access to French language services in the Yukon, participants identified several potential courses of action.

1

**Educate and raise awareness of**

- The (Francophone and Anglophone) population about the impact of language barriers on health and equity of access to healthcare for Francophones;
- Francophones about requesting service in French, so that health professionals become more aware of the need;
- Francophile allies, so as to develop a network of champions who advocate in their workplaces to promote the practice of the active offer of French language services.

2

**Hire** a trained and compensated companion to help navigate and direct vulnerable Francophone seniors through their care trajectory and assist them with accessing care in French. This companion could be based out of the bilingual health centre or a highly visible, central location (downtown) and would act as a gateway to the health system. The companion position should have a very clear mandate regarding French language services, close ties with the Francophone community, and a rigorous regulatory framework to ensure that Francophone legal representation is recognized and maintained. This companion service should be offered by a health professional with medical expertise and a commitment to confidentiality. We recommend a social worker, as they are usually familiar with other health and social service disciplines, which will make it easier for them to direct the person to the right services. This companion must also be able to assist patients in critical care (at the hospital), where the level of risk and the impact of a wrong decision associated with obtaining or misunderstanding information are at their highest and most critical. The companion would be able to ensure that all the right questions are asked at the right times and that the person is directed to the right community resources prior to being discharged from the hospital.

5

**Adopt** a process for collecting data about the language skills of staff members and identify those able to offer services in French.

6

**Improve** the visibility and use of French in care settings by increasing the active offer of French language services and the number of bilingual professionals.

7

**Foster** collaboration and a common vision between the French Language Services Directorate, the Partenariat communauté en santé (PCS)/ Francophone Health Network, and the Association francophone yukonnaise (AFY) with regard to active offer strategies in the health and social services sector.

8

**Host** interns who are studying at Francophone universities.

3

**Construct** a bilingual health centre with an interdisciplinary team of bilingual practitioners according to a collaborative care model.

4

**Construct** affordable assisted living accommodations (with meals, nursing care) for seniors in order to bridge the gap between Home Care and Long-Term Care; the accommodations must be affordable.



## Recommendations

The following recommendations are based on input from study participants as well as recommendations relevant to the Yukon context drawn from the Health and Social Services for Francophone Seniors in Eastern Ontario and Manitoba: Guidelines to Improve the Continuity of French Language Services report (Kubina et al., 2018).

### PROMOTE THE ACTIVE OFFER OF FRENCH LANGUAGE SERVICES BY SUPPORTING HEALTH PROFESSIONALS



**1** Provide a lapel pin (e.g., *Bonjour Yukon*) to bilingual health and social service employees in the public and private sectors so that service users and other employees can easily identify which practitioners can provide French language services.

**4** Create, make available (online), and promote an intersectoral directory of all bilingual health and social service professionals to facilitate networking among bilingual employees from the various facilities and programs managed by the Health and Social Services Department and the hospital, in addition to professionals in private practice, such as family physicians and therapists.

**2** Require all new health professionals and managers – including Francophones, Francophiles, and Anglophones – to take an active offer training course when they are hired (online training from the Réseau du mieux-être francophone du Nord de l'Ontario is available at: <https://www.activeoffertraining.ca/>).

**5** Provide English language support services for Francophone health professionals and French language support services for Anglophone health professionals through the French Language Services Directorate and/or other Francophone partners involved in French language training, ideally those specialized in health and/or social services.

**3** Identify and translate the most commonly used tools (consent forms, pamphlets, other forms, etc.) so that users can access these documents in both official languages (preferably with both languages in separate columns on the same page).

**6** Identify all bilingual personnel during the hiring process and monitor their career path within facilities and during transfers to other positions in order to keep track of the number of bilingual employees and the positions they hold.

**7** Develop a welcome package for all new employees in the health and social services sector in order to raise awareness about the practice of the active offer of French language services, the directory of bilingual professionals, bilingual tools, and support available for language training.

### PROMOTE THE RECRUITMENT OF BILINGUAL PROFESSIONALS



**8** Offer internship opportunities for students from various health professions, particularly through training programs sponsored by the Consortium national de formation en santé (CNFS), and ensure that these interns are welcomed and supported in a way that makes them feel accepted and integrated into the Yukon Francophone community; provide sufficient support to preceptors hosting interns to make this possible.

**9** Offer a bilingual bonus, similar to that offered to federal government employees.

### PROMOTE FRANCOPHONE VITALITY AND VISIBILITY WITHIN GOVERNMENTAL HEALTH AND SOCIAL SERVICES

**11** Designate bilingual positions, prioritizing front-line practitioners and professionals, who are most frequently in contact with service users and residents, such as orderlies and nurses, particularly those working in Home Care or Long-Term Care facilities, in order to ensure a Francophone presence at all times.



### PROMOTE FRANCOPHONE COMMUNITY ENGAGEMENT

**10** Encourage Francophone service users to actively request services in French in order to make health professionals aware that French language services are needed to support safety, quality, and satisfaction for all involved.



**12** Encourage hiring of bilingual staff for the new Constellation Health Centre, prioritizing access to bilingual family physicians for Francophone seniors.

**13** Explore the possibility of designating a bilingual assisted living and long-term care unit which would facilitate pairing up bilingual practitioners with Francophone residents.

**14** Assess the hospital, Home Care and Long-Term Care services being accessed by Francophone seniors (according to the language data indicated in healthcare records) in order to better allocate designated bilingual positions and identify French language service gaps within the French language service continuum.



# Conclusion

Yukon Francophone seniors are in a minority language context situation which is essentially the same as that of Francophone seniors in other Canadian regions. However, in some ways Yukon Francophones are ahead of the game: a Languages Act and a Strategic framework for

French-language services 2018–2022, a government committed to the active offer of French language services, a significant number of bilingual health professionals, identification of Francophone service users and residents, and a vibrant Francophone community. Simple strategies could be employed to promote the offer of French language services throughout the care trajectory of Yukon seniors, particularly through providing support to professionals so that they put into practice the active offer of French language services on a daily basis. This will better ensure that Yukon Francophone seniors are able to age in place.



## Quick Facts<sup>9</sup>



To enhance program accessibility, the Government of Yukon has hired 10 new Home and Community Care staff. It has also launched the new respite and re-ablement program at the Thomson Centre.



To help provide Yukoners with a continuum of housing options, the Government of Yukon is working with private sector partners to construct a new supported living residence for seniors in Whitehorse. Known as Normandy House, it will allow for independent living with a variety of available supports. Construction will begin this summer.



To help with transportation needs, the Government of Yukon continues to provide support to the Handy Bus service operated by the City of Whitehorse.

To help seniors in our continuing care homes live fuller and more meaningful lives, the Government of Yukon is expanding its inter-generational programming to Whistle Bend Place, beginning in September 2019. Three mornings a week, groups of young children will spend time visiting with residents of the home.



<sup>9</sup> Reference: Government of Yukon, 2019

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*We acknowledge with respect that we live and work within the traditional territory of the Kwanlin Dün First Nation and Ta'an Kwäch'än Council. Shäw nithän. Kwänäschis. Gunalchîsh.*

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