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Consortium national
de formation en santé

LITERATURE REVIEW

Health and Social Service Issues in National Bilingual or Multilingual Contexts

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Executive Summary

Increased awareness of the status of minority languages in Europe and Canada over the last three decades has led to amendments to legal frameworks and increased public spending. At the same time, the renewed sense of vitality in official and national minority language communities has, in most cases, led to increased demand for and use of services in these languages, including health and social services.

From a research standpoint, better understanding of linguistic barriers and their health consequences for the users of health and social services has increased interest in these issues, leading to the creation of research hubs in a number of universities, particularly in Canada and Wales. Among national minority language groups, there is a growing desire to establish close ties between research, the application of knowledge gained and public policy planning to improve access to healthcare services.

In 2015, a joint initiative was launched that brought together researchers from these two countries to study the topic of *health and social services in official bilingual or multilingual settings* with the goal of exploring collaborative research perspectives.

As part of the initiative, the Consortium national de formation en santé (CNFS) conducted a literature review in order to take stock of the existing body of knowledge about this topic throughout Europe, and especially in Wales and Canada. Studies indexed from the past six years are grouped according to five major themes.

Theme 1	Health and Social Service Professionals Working in a Bilingual Context
Theme 2	Vulnerable Populations Within Linguistic Minority Groups
Theme 3	Health of Official Linguistic Minority Populations
Theme 4	Public Policies and the Offer of Health and Social Services in a Minority language
Theme 5	Linguistically and Culturally Appropriate Tools

The themes that stood out most were the training of minority language professionals, as well as the working conditions of these professionals in minority official language communities. In most cases, a framework must be set up to better oversee professionals' career trajectories and better understand the bilingual nature of healthcare facilities.

National and regional surveys have been used to create health profiles for minority populations and to assess the differences in these populations' access to health services.

In Canada and in Wales, most research acknowledges minority status as a health determinant. Moreover, research everywhere consistently indicates that highly stressful situations make certain groups more vulnerable, including patients with severe illnesses, pregnant women and women in labour, patients with mental illnesses, and seniors. Under such circumstances, receiving healthcare services in the language of the patient's choice becomes a safety issue.

The nature of linguistic policies and the role played by community organizations have also been studied, in order to better understand the thought processes that drive the organization of services for linguistic minority groups.

Finally, a number of studies have emphasized the importance of developing linguistically appropriate tools to better address issues surrounding professional training, health assessment and patient treatment – such as linguistic challenges faced by bilingual children.

In general, researchers have demonstrated a desire to help raise the profile of the challenges of offering healthcare services in minority languages, as well as to propose solutions to reduce inequality in healthcare. This document is intended to provide fodder for the considerations and discussions of the Canadian and Welsh researchers and to help guide future research collaborations between these two groups.

Introduction

Starting in the second half of the twentieth century, international organizations, as well as several countries, have been concerned with the recognition of minority groups and languages in national territories. In general, the growing recognition of the status of minority languages and cultures is reflected in amendments to legislative frameworks and increased public investment (Roberts and Burton, 2013) (Hambye, 2009).

In Canada, the literature on this topic addresses Aboriginal peoples (AIIAC, 2009) as well as Francophone and Anglophone minority communities (Gorgues, 2010). Concerning minority official language groups, the *Official Languages Act* (1969) and sections 16 to 23 of the *Canadian Charter of Rights and Freedoms* (1982) set out favourable language rights for official language minority communities (Roy, 2012, p.129). More recently, the 2005 amendments to the *Official Languages Act*, requiring federal institutions to take measures to support the development of official language minority communities, was accompanied by a more formal commitment by the federal government, notably through the *Action Plan for Official Languages* (2003) and the *Roadmaps for Canada's Official Languages* that followed (2008 and 2013).

In Europe, the primary approach promotes multilingualism (Cardinal, 2010; Roberts and Burton, 2013), particularly since the 1992 adoption of the *European Charter for Regional or Minority Languages*. The European charter aims to protect and promote regional historic and minority languages.¹ Under the charter, regional or minority languages are defined as those traditionally spoken in the territory of a state by nationals of that state who make up a group that is smaller in number than the rest of the state's population. The definition does not include either dialects of any official language of the state or the languages of immigrants (*European Charter for Regional or Minority Languages*, 1992). Most European countries have signed the charter. As a result, there has been an increase in demand for and use of these languages in public services, including health and social services (Roberts and Burton, 2013).

As the details governing these forms of recognition have been refined over time, a variety of initiatives have been undertaken to address the issue of culturally and linguistically tailored health services for national minority groups. Moreover, alongside the development of public policies and initiatives, a number of research projects on health and social services have been conducted in Canada, as well as in Wales and elsewhere in Europe. Through these projects, researchers have documented the fact that the ability to use one's mother tongue in a multilingual context is considered important for persons using health and social services (Bouchard et al., 2012, Bouchard and Desmeules, 2013, Roberts and Burton, 2013).² Furthermore, the offer of services in the language of the

¹ European Charter for Regional or Minority Languages <http://conventions.coe.int/Treaty/EN/Treaties/Html/148.htm>

² "Mother tongue" is the first language learned at home during childhood and still understood by a person at the time of the census (Census 2006, Statistics Canada).

user's choice is increasingly linked to the quality and safety of care (Roberts and Burton, 2013; Bouchard et al., 2012; de Moissac et al., 2012; Hughes et al., 2009). Finally, a number of studies have looked at language as a health determinant and the ways in which minority communities are disadvantaged (Bowen and Roy, 2009 in Bouchard and Savoie, 2011; Irvine et al., 2006; Roberts and Burton, 2013; Woodcock, 2011; Eriksson-Backa, 2010; Blix, 2013).

1. Literature Review Background

In light of the growing awareness in both Wales and Canada of the requirement for safe and high-quality health and social services in national minority languages, researchers and representatives from both countries have been working together and sharing their expertise for the past several years. In 2014, the Consortium national de formation en santé (Canada) and Prifysgol Bangor University (Wales) launched an initiative to formalize and expand the collaborations between Welsh and Canadian researchers. The initiative began with two preliminary meetings in February 2015 bringing together Welsh and Canadian researchers in their respective countries. The meetings were intended to identify the research topics that have been studied in recent years and those that still need to be explored going forward. The dialogues begun through this initiative will feed into an international event that will bring Welsh and Canadian researchers together in Ottawa, Ontario, Canada, on May 21 and 22, 2015.

In support of this event, a non-exhaustive international literature review was commissioned to assess the existing body of knowledge on the offer of health and social services in officially bilingual or multilingual settings. This document presents the data arising from the literature review.

2. Objectives

More specifically, the objectives of this literature review are to present and index the major issues covered in scientific papers and reports on health and social services in various countries with more than one official or national language. The observations in this document are meant to inspire dialogue on the identified issues and how they affect the following: access to and availability of services, education and training of professionals, use of services, and health determinants related to minority status. The review takes into account challenges identified and solutions offered by governments, communities and organizations.

3. Methodology

The following criteria guided the documentary search:

Research period: The review looked at studies from the past six years (2009 to 2014), except in the case of Welsh studies, where the period was extended slightly. This

exception is justified by the relevance of the topics covered in the papers considered and the country's comparatively small scientific output.

Publication type: The review looked at original, peer-reviewed articles, as well as literature reviews. Grey literature, such as government-issued reports, was included if its contribution was relevant.

Study methods: The criteria set no restrictions on the methodologies used in the studies. As such, the review included quantitative and qualitative studies, as well as systematic reviews and meta-analyses.

Countries: No countries were excluded, but the review did focus particularly on the following countries: Canada, the United Kingdom (especially Wales), Spain (and its independent communities), Belgium, Finland, Switzerland, and Norway. Articles were found for all of these countries, with the exception of Switzerland.

Databases: An advanced search was conducted using EBSCOhost, which stores a number of databases, of which the following were selected:

Academic Search Complete;	Humanities Source;
CINAHL with Full Text;	MEDLINE with Full Text;
eBook Academic Collection (EBSCOhost);	Psychology and Behavioral Sciences Collection;
eBook Collection (EBSCOhost);	SocINDEX;
ERIC;	SocINDEX with Full Text
FRANCIS;	

Additional searches were performed in the following databases:

Érudit	Scopus
PubMed	Cairn

A general web search was also conducted. This search targeted mainly research reports and government agency reports.

Languages: Keywords were searched in three languages: English, French and Spanish. We acknowledge that our lack of familiarity with other national languages (Dutch, Welsh, Castilian, etc.) spoken by the groups under study likely limited the number of studies found.

Search terms: The main keywords and Boolean operators used are presented in Appendix B. The initial search was quite broad, and included all references that met the criteria. A second selection became necessary for the literature analysis. For this reason, the number of references was limited to 45-50.

The documentary search was conducted by research consultant Solange van Kemenade in collaboration with CNFS project manager Mariève Forest. Sylvie Gervais, a librarian at

the Université du Québec en Outaouais, endorsed the research strategy and provided counsel on the use of a reference-management tool.

Reference management: References were managed using EndNote software.

Exclusion criteria: References that addressed exclusively medical, clinical, genetic or pharmacological elements were excluded, as were those dealing exclusively with pathology or treatment.³

Literature on the cultural and linguistic challenges faced by recent immigrants in the context of health and social services was also excluded. Although the body of literature on this subject is growing rapidly, this literature review was focused on national minority groups whose languages are officially recognized but still present challenges. The review also excluded articles that did not specify country of origin.

Given the significant number of references found and deemed relevant, especially in Canada, only a selection of them are analyzed in this document. A full bibliographic list is presented in Appendix A.

4. The Issue of Language in the Studied Countries

The following sections present a brief overview of the status of the languages in the countries for which studies were found. It should be noted that the emphasis is on Wales and Canada, as these are the countries that commissioned this literature review, and on those for which a significant number of studies were found.

4.1 Canada

In Canada, French and English are enshrined as official languages in the constitution. With more than 35 million people in Canada in 2014, Anglophones represent the majority, except in Quebec.

Outside Quebec, [...] the number of people with French as their first official language spoken was 1,007,580 in 2011, compared with 997,125 in 2006, an increase of more than 10,000 people. This population's proportion fell from 4.2% to 4.0% during the period (Statistics Canada, 2012; data from the 2011 Census).

Francophones are present in all Canadian provinces and territories. The greatest numbers of people with French as mother tongue are found in Ontario (561,155 people; 4.4% of the population) and in New Brunswick (240,455 people; 32.5% of the population). (Statistics Canada, 2012)

³ The exclusion criteria used in this documentary search were based on criteria used in previous research and follow common rules used for public and population health research.

Despite the formal recognition of Canada's bilingualism, language rights only started to be developed in the early 1980s, largely the result of pressure from Quebec's separatist movement (OLCDB, 2009). Amendments to the *Official Languages Act*, first in 1988, and then in 2005, were the driving forces behind federal actions, as the *Act* now required the federal government to take positive actions to (1) promote the growth of Canadian Francophone and Anglophone minorities and support their development, and (2) promote full recognition and use of French and English in Canadian society.⁴ As a result, designated federal institutions, such as Health Canada, are required to actively offer their services in both languages. The adoption of an action plan in 2003, followed by road maps in 2008 and 2013, contributed significantly to enshrining ministerial support for both official languages. Note that the *Official Languages Act* does not apply to provincial governments, municipal administrations, or private enterprises. However, some provinces and territories have adopted policies and legislation to protect official minority languages;⁵ for example, Ontario and New Brunswick have each appointed a French Language Commissioner.

The offer of health services is under provincial jurisdiction. Therefore, the federal government's support of official languages is not enough to ensure an active offer of health services in French throughout Canada. However, the 1998 recommendation to close Montfort Hospital, Ontario's only Francophone hospital, led to increased pan-Canadian awareness of this issue. As a result of this awareness, as well as the resulting collaborations, Montfort Hospital partnered with the University of Ottawa to found the *Centre national de formation en santé*, with the financial support of Canadian Heritage. Five years later, a group of 10 post-secondary teaching institutions was formed under a new name: the *Consortium national de formation en santé* (CNFS). The CNFS works to address issues related to training and research. During that period, in 2002, Société santé en français was founded and mandated with supporting networking and service organization. In Europe, Wales has done an excellent job in developing research initiatives and projects on health and social services in a bilingual setting, here Welsh and English. The 1993 adoption of the *Welsh Language Act*, the appointment of a Welsh Language Commissioner in 2012, and the founding of the *Coleg Cymraeg Cenedlaethol* in 2011 to support the development of post-secondary education have been accompanied by research highlighting the constraints linked to the absence of Welsh-language health and social care.

4.2 United Kingdom – Wales

Wales is one of the United Kingdom's historic regions, along with Ireland, England and Scotland. In 2011, 19% of the Welsh population (562,000 people) spoke Welsh, fewer than in 2001, when 20.8% of the population (582,000 people) spoke Welsh. Nevertheless, broader use of Welsh overall since 1991 has helped to revitalize the language. Essentially, although the absolute numbers decreased between 2001 and 2011, the proportion of

⁴ Department of Justice (1985), *Official Languages Act* [online], <http://lois.justice.gc.ca/eng/acts/O-3.01/>

⁵ Office of the Commissioner of Official Languages http://www.ocol-clo.gc.ca/en/language_rights/provinces_territories

children who can speak Welsh has increased. This increase followed a long period of decline and oppression.⁶

A new *Welsh Language Act* was enacted in 1993, following the first such act, enacted in 1967. The new act expanded the use of Welsh in public institutions, as it required public and judicial administrations to offer their services in both English and Welsh.

In 1997, the United Kingdom devolved certain powers to the Irish, Scottish and Welsh governments. Initially, the National Assembly for Wales only had legal jurisdiction on certain key issues. In 2006, the British Parliament enacted the *Government of Wales Act*, empowering the National Assembly for Wales to enact its own laws in some areas. The act, ratified by a 2010 referendum, granted the National Assembly for Wales's jurisdiction over matters of health, social services and language.

Cardinal's paper (2010) compares the ethno-linguistic movements in Canada and in Great Britain since the 1990s. Her analysis of the efforts of French- and Welsh-speaking groups to encourage a more favourable institutionalization of language policies indicated that “government action in Wales is more sustained, but Welsh-speaking groups have less influence on policy development.” In Canada, Cardinal says that French-speaking groups have more influence, “but it results in government actions that are more symbolic than effective.” (Cardinal, 2010, p.34)

2011 saw a number of significant changes in Wales. That year, the National Assembly for Wales enacted the *Welsh Language Measure*, making Welsh an official language of Wales on equal footing with English. Under this law, public institutions were required to develop “schemes” to integrate the Welsh language. The new act thus confirmed the official status of Welsh, while providing the means to ensure that language rights are respected in the delivery of services and creating the position of Welsh Language Commissioner. The Office of the Commissioner having been granted the right to conduct inquiries, the Commissioner decided that the first inquiry would focus on primary healthcare services in Welsh.

The Coleg Cymraeg Cenedlaethol was established in 2011 to develop post-secondary courses and educational resources in Welsh. It also offers student scholarship programs and research grants, and publishes an electronic, Welsh-language scientific journal, *Gwerddon*. The Coleg is not an educational institution, but rather a group that works with various branches of educational institutions in Wales.

In matters of health and social services, Wales calls on the *Language Awareness Infrastructure Support Service* (LLAIS), founded in 2006. Since 2010, the LLAIS' role and activities have been aligned with those of the *National Institute for Social Care and Health Research*, which is responsible for developing and implementing policies on research into health and social services.

⁶ Welsh Language Commissioner, *My Language, My Health: The Welsh Language Commissioner's Inquiry into the Welsh Language in Primary Care*, 2014, p. 17-18

4.3 Other European Countries

There are a number of facets of European multilingualism. Several European countries are officially bilingual, while Europe itself is made up of a multitude of regional and ancestral languages. In fact, according to a recent study, more than 50% of European citizens can converse in more than one language.⁷ Moreover, researchers have identified international immigration as a factor in the development and maintenance of bilingualism and multilingualism. Migratory movement calls into question the notion that monolingualism is the natural default state for western society, particularly in countries that are not major destinations for immigration, says Hambye (2009).

The following table presents the national and official languages recognized by the countries included in this literature review.

Belgium	Dutch, French and German are recognized as official languages. In each of the two linguistically homogeneous territories (Flanders and Wallonia), only one of the two languages (French or Dutch) is recognized as an official language. There are also a number of regional languages (dialects) in this country.
Spain	Spanish is the country's official language; however, Catalan, Valencian, Gallegan, Basque and Aranese (since 2006) are also recognized as official languages in their respective independent communities. The Spanish constitution of 1978 grants these languages the status of co-official languages.
Finland	Finnish and Swedish are the two official languages.
Norway	Norwegian is the official language; however, Sami is an official administrative language in six municipalities, and Kven is the administrative language in one municipality.

5. Literature Review Findings

For the period between 2009 and 2014, our research shows that there are many Canadian scientific articles (67) addressing both the linguistic issues of Francophone minority communities (FMCs) and health. The legal, institutional and cultural environment seems to have inspired a number of researchers to focus on public health issues, and to recognize membership in a minority group, as well as linguistic barriers, as health determinants.

⁷ AThEME: Advancing the European Multilingual Experience, <https://vre.leidenuniv.nl/vre/atheme/public/default.aspx>

Number of Scientific Publications for FMCs			
2009	8	2012	10
2010	2	2013	25
2011	5	2014	17

Welsh researchers have also covered similar topics in several papers (13), but there are very few scientific papers on such issues from other European countries (10). Outside of Canada and Wales, the scientific community seems largely to have ignored issues surrounding the health of national groups whose languages are recognized as official and who are in a minority position – whether demographic, economic or political. Of the 10 publications included from Europe (excluding Wales), three of them concern linguistic and cultural adaptation of questionnaires. However, papers on the Catalans of Spain, the Sami people of Norway and the Swedish community in Finland do address issues of health services in a bilingual setting (Etxeberria, 2012) as well as those raised in health care talks on minority communities (Blix, 2013).

The following analysis is therefore structured mainly according to the themes identified in the Canadian and Welsh literature.

6. Major Identified Themes

Analysis of the contents of the included papers resulted in the selection of five major themes and sub-themes for this report. The themes are as follows:

1. Health and Social Service Professionals Working in A Bilingual Context
2. Vulnerable Populations Within Linguistic Minority Groups
3. Health of Linguistic Minority Populations
4. Public Policies and the Offer of Health and Social Services in a Minority Language
5. Linguistically and Culturally Appropriate Tools

Regarding Canada’s official language minority communities, Vézina and Robichaud conducted a survey of the health research between 2008 and 2011. Upon compiling the main findings, they determined that there has been significant progress in research on official languages in Canadian health care.⁸ The report highlights nine major topics studied by Canadian researchers during the target period: access to health services for official language minority communities (OLMCs), biomedicine (including mental health), resource management (human, financial, etc.), immigration, language/culture and health, health service organization, population health (men/women, seniors, regions, communities, etc.), health and minorities, and miscellaneous topics. Traisnel and Forgues (2009) underscored the active role played by organizations such as the CNFS in the promotion and development of research on the health of Francophone minority

⁸ This research was carried out on behalf of Health Canada’s Official Language Community Development Bureau (OLCDB).

populations. Three areas of focus have been prioritized since the founding of the CNFS: (1) health determinants; (2) health service governance, management and delivery; and (3) language, culture and health.

Although this report only includes five themes, we can nevertheless confirm that, again, significant research progress has been made, and that diversity of research topics and methodologies has increased in the last six years in Canada. In general, the reference documents from European countries also demonstrate diversity in the methodologies used and the topics studied.

Each of the themes presented below includes abstracts of the selected papers. Summary tables provide overviews of the sub-themes. The report will conclude with a summary of some findings of our analysis.

6.1 Health and Social Service Professionals Working in a Bilingual Context

Research on professional resources includes a variety of topics, such as training, the difficulties in retaining professionals in some regions, the availability of professionals on a national level and the development of tools to assess the system's capacity to offer services in a minority language.

In Canada

In 2009, Statistics Canada published a statistical profile of the pools of certain groups of healthcare professionals who serve or who could serve OLMCs. The study compared the proportional distribution of these professionals with that of minority populations.

The development, over the past six years, of measurement tools, is a reflection of the desire to measure inequalities in access to health services and the active offer of these services for OLMCs. Researchers (Warnke and Bouchard, 2013) developed a regional summary indicator (IHPOLM) to measure the healthcare system's capacity to provide equitable access to healthcare professionals. The researchers tested this index for OLMC members distributed across 104 health regions in Canada.

Savard, Casimiro, Benoît and Bouchard (2014) looked at measuring the impact of actions undertaken to improve the active offer⁹ of health and social services in French in FMCs. To that end, the researchers developed a questionnaire to measure individual behaviours and the perception of organizational support.

A significant number of qualitative studies also explored, for example, the challenges faced by health and social service professionals who work in bilingual environments, as

⁹ Active offer is the action of proactively offering services in the language of the recipient's choice. More concretely, it means to spontaneously and clearly present services in both official languages to give clients the opportunity to speak and to be served in the language with which they are most comfortable. (CNFS, 2012)

well as the strategies used to overcome them (Drolet et al., 2014). Beauchamp et al. (2013) looked at the factors that would encourage healthcare professionals to serve linguistic minorities in rural or remote areas. Francophone physicians who have lived in rural areas, for example, are more likely to start their professional practice in a rural community. However, according to the study, this factor does not guarantee that healthcare professionals will remain in these areas. As a result, specific measures are required to ensure and promote public health in these areas.

On the subject of healthcare professional training, a CNFS paper presented a research and knowledge application project on active offer (CNFS, 2014). The project involved two branches: a census of existing works, practices and tools, as well as meetings with key healthcare stakeholders. The study identified gaps in student training concerning the active offer of health and social services in both official languages. Print and audio-visual reference material has been developed to fill these gaps.

In Wales

In 2001, Wales launched the Twf initiative with the goal of increasing the transmission of the Welsh language through families (Woodcock, 2011).¹⁰ The project was funded by the Welsh government through the Welsh Language Board. The method used was to raise awareness among healthcare workers, particularly midwives and health visitors, about the benefits to individual and public health of maintaining the Welsh and English languages. Their direct contact with families placed these professionals in an ideal position to disseminate such messages. A second branch of the project involved direct education of parents about the importance of maintaining the Welsh language and of learning two languages.

A study by Tranter et al. (2011) looked into the Twf initiative and the role of midwives and other healthcare workers in the promotion of inter-generational bilingualism. The findings of this qualitative study suggested that these professionals have a different perception of their role, and that, although some are willing to discuss language transmission with parents, there are some challenges to overcome.

Irvine et al. (2006) wrote a report on the evaluation of the second phase of the national Twf study; that is, an assessment of the level of awareness of the Welsh language among healthcare professionals throughout the country. The qualitative branch of the study aimed to identify the factors influencing the choice of service delivery language by nurses, health visitors and midwives. The findings underscored the importance of institutional factors in bilingual healthcare facilities, as well as the individual factors that facilitate or hinder appropriate use of the minority language. The findings also indicated implications for the education of professional resources, which should include a focus on learning and using the Welsh language in health and social services.

¹⁰ Twf is the Welsh acronym for “Raising Children Bilingually.” For more information on this project, please visit: <http://www.wales.nhs.uk/sites3/page.cfm?orgid=415&pid=5540>

Hughes et al. (2009) analyzed the role of the Welsh language in community pharmacies in two bilingual communities: one in northern Wales, the other in southern Wales. The study found that a majority of Welsh-speaking people could understand English, but preferred to use Welsh during their visits to the pharmacy. People found it easier to explain their symptoms in their mother tongue, and were more inclined to ask questions about their medications when they could communicate with the pharmacist in Welsh. Study participants felt more comfortable with a pharmacist who could communicate in their mother tongue, and they perceived a better quality of service.

A study by Roberts et al. (2010) examined the demand for services in both languages and the facilitating and hindering elements related to the offer of bilingual education for nurses (university curricula). The study was intended to inform sound national strategic planning, and the researchers believe that it could have international implications.

An ethnographic study was conducted on the use of mother tongues in a variety of midwife learning and training environments (in northern Wales, Barcelona and western Ireland). The findings revealed a number of common elements regarding the factors that facilitate the use of minority languages in practical training (Roberts and Paden, 2000).

SUMMARY TABLE. HEALTH AND SOCIAL SERVICE PROFESSIONALS WORKING IN A BILINGUAL CONTEXT

Themes	Examples of Sub-Themes
Professional profiles	<ul style="list-style-type: none"> • Statistical profile of the pool of healthcare professionals who serve official language minority communities (Canada)
Training and education	<ul style="list-style-type: none"> • Education of nurses, midwives and other healthcare workers about the benefits of bilingualism (Wales) • Promotion of inter-generational bilingualism among families (Wales) • Development of university curricula for nurse training (Wales) • Education of community pharmacists (Wales) • Training on the active offer of health and social services in French (Canada) • Comparative research in Europe to identify the factors that facilitate language maintenance in midwife training
Recruitment and retention of professionals	<ul style="list-style-type: none"> • Challenges faced by professionals in a bilingual environment (Canada) • Recruitment and retention challenges in rural and remote areas (Canada)

Evaluation of the offer of services	<ul style="list-style-type: none">• Tool for assessing the healthcare system’s capacity to provide equitable access to healthcare professionals for official language minority communities (Canada)• Tool for assessing the evolution of active offer behaviours following training activities in support of providing services in French (Canada)• Assessment of the level of awareness of the Welsh language among healthcare professionals, and identification of the factors that influence the choice of service delivery language (Wales)
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6.2 Vulnerable Populations Within Linguistic Minority Groups

Certain groups within minority populations are recognized as being even more vulnerable when it comes to health matters. Vulnerability stems from multiple sources. For example, it is important to consider economic situation, age, gender and geographic situation to understand the health status of certain groups.

In Canada

A number of Canadian studies have looked at Francophone seniors living in minority communities. Although the overall Canadian population is aging, studies have indicated that this situation is even more pronounced among FMCs (Bouchard, Makvandi, Sedigh, and van Kemenade, 2014; Bouchard et al., 2013). This situation is particularly worrisome given that older populations tend to be particularly socially and economically precarious.

The studies covered a variety of senior issues, such as their access to long-term care facilities (Bouchard et al., 2012; Bouchard et al., 2013; Forgues, Doucet, and Guignard Noël, 2011), the health status of Francophone seniors in Ontario by health region (Bouchard et al., 2014), the precariousness of their living conditions, and differences in health indicators.

Bernier et al. (2009) for example, conducted a qualitative survey of Francophone seniors in ten communities in north-eastern Ontario. The findings indicated a lack of services in the minority language, especially in rural and remote areas, which lead to poor health outcomes and increased difficulty in accessing healthcare services. The study authors concluded that these system flaws contribute to seniors’ feelings of insecurity and disillusionment with the province’s healthcare system.

Dupuis-Blanchard, Simard, Gould, and Villalon (2013) assessed the situation of Francophone seniors who wanted to remain at home. The lack of community services and support made it difficult for seniors to remain at home. According to the researchers, “for Francophone seniors living in socio-linguistic minority communities, remaining at home requires concerted efforts by family members, the community and the government” (p.74).

Availability of French-language services seems critical for seniors in minority communities. From this perspective, Bouchard et al., 2012, studied the population of Franco-Ontarian seniors living with chronic illnesses. They highlighted the importance for seniors of good communication and confidence in their healthcare professionals. A number of psycho-social elements, including the specialized nature of medical language, the difficulty of understanding and speaking in English, and the difficulty of expressing emotion and pain in a second language, point to the importance of language in healthcare services. Among FMCs, people living in rural and remote communities are even more vulnerable (Bernier et al., 2009).

It has also been found that women from Francophone, single-parent families in northern Ontario have a greater risk of becoming homeless (Benoit, Lavoie, Muray, Watson, and Beaudoin, 2013). Findings indicated a general lack of minority language services, especially in rural and remote areas, which leads to poorer health outcomes and greater difficulty in accessing healthcare services.

The gender variable also increases the vulnerability of Francophone women in minority communities. Vaillancourt et al. (2009) showed that linguistic barriers reduce the use of preventative services and access to services. Linguistic barriers also increased the use of emergency services, particularly during pregnancy, delivery and the post-partum period (Lacaze-Masmonteil et al., 2013).

Two Canadian studies have looked at health literacy among Francophone minority populations. The concept of health literacy is related to overall literacy and involves “the motivation, knowledge and skills to access, understand, assess and apply health information in order to make daily judgements and decisions in matters of healthcare, disease prevention and health promotion to maintain or improve lifelong quality of life” (Sørensen et al., 2013, p.5). Health literacy is considered a social health determinant that interacts synergistically with others, including culture, age, immigration status, social support, and socio-economic or professional status (Zanchetta, Maheu, Fontaine, Salvador-Watts, and Wong, 2014).

A study by Zanchetta et al. (2014) assessed learning and attitudinal changes among health and social service professionals who worked with Franco-Ontarian linguistic minority groups following a workshop. The workshop, based on critical reflection and applied to continuing education, proved effective in increasing awareness among professionals of the needs of linguistic minorities.

A second study, conducted by Boivin, Paré, Forgues, Guignard Noël and Landry (2009), evaluated the results of a media campaign targeting the Francophone population of north-eastern New Brunswick. This population has a low literacy rate; however, health promotion aims to empower populations with the means to take greater control of and improve their own health. To achieve this, a certain level of health literacy is required. Both cases involved local skill-building initiatives.

In Wales

In Wales, Roberts and Burton (2013) identified three groups at risk, under certain conditions, of receiving healthcare of lesser quality. Preschool-aged children from Welsh-speaking homes tend not to have a strong grasp of English. Seniors often revert to the use of Welsh as they age. And finally, people in stressful situations may temporarily lose their command of English, even though, under normal circumstances, they are fluent in both languages. The study authors showed how, in these situations, communication barriers could have a significant impact on the quality of services and treatment provided.

Seniors were also the focus of a study examining the differences between bilingual and monolingual seniors with Alzheimer’s disease. It indicated that bilingual seniors had an advantage in certain tasks involving inhibition and conflict management. Bilingualism could help to increase cognitive reserve (Clare et al., 2014).

In Other European Countries

In Finland, Eriksson-Backa (2010) studied the situation of seniors belonging to the Swedish-speaking minority and their increased needs for health information. Seniors’ behaviour regarding health information was studied based on the concept of health literacy, defined by the authors as “the abilities to recognize a need for health information, to identify and use likely information sources, and to evaluate, understand and use the information to make good health decisions” (p.1).

In Norway, Blix, Hamran and Normann (2013) considered the issue of culturally tailored, safe healthcare for Sami seniors. The study examined the way the Sami people were addressed in four policy documents published by the Norwegian government between 1995 and 2009, describing the issues related to the offer of public services to Sami seniors in Norway. The researchers suggested that the use of a critical cultural perspective might help foster an alternative understanding of Sami culture and to develop culturally tailored healthcare. Taking this perspective, cultural skills would not consist of a specific set of learned knowledge and practices, but rather of an in-depth reflection on the ways that professionals’ perceptions of the groups they serve are shaped by their own social, cultural, economic and professional background.

SUMMARY TABLE. VULNERABLE POPULATIONS WITHIN LINGUISTIC MINORITY GROUPS

Country	Sub-Themes
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Canada	<ul style="list-style-type: none"> • Linguistic barriers that reduce the use of preventative and emergency services, and services in general in a minority language for people aged 65 years and older • Lack of home care services for seniors • Minority language services for women • Lack of professionals in rural and remote areas • Health literacy and minority language populations
Wales	<ul style="list-style-type: none"> • Linguistic barriers for young children unable to communicate in English • Reversion to mother tongue among people experiencing high stress or in a fragile state, and among seniors • Better cognitive reserve associated with bilingualism among seniors with Alzheimer’s disease
Other European Countries	<p>Culturally appropriate care for Sami seniors in Norway</p> <p>Health literacy among seniors belonging to the Swedish-speaking minority in Finland</p>

6.3 Health of Linguistic Minority Populations

This literature addresses the various health problems that may have different and/or greater effects on speakers of official minority languages.

In Canada

There is abundant Canadian literature on health problems such as obesity (Gagnon-Arpin, Makvandi, Imbeault, Batal and Bouchard, 2013), mental health (Vasiliadis, Lepnum, Tempier and Kovess-Masfety, 2012), and the joint prevalence of mental health issues and arthritis among Francophone minorities as compared to the Anglophone majority (Fotsing et al., 2013). Mental health was also studied by Puchala, Leis, Lim and Tempier (2013), who compared mental health problems among linguistic minorities and the majority.

As have many other researchers producing quantitative studies, the researchers pulled their data from various issues of the *Canadian Community Health Survey (CCHS)*. Although most studies examined the health of Francophones in minority situations, research by Auger, Harper, Barry, Trempe, and Daniel (2012) compared the situation of the Anglophone minority in Quebec with that of Francophones in Quebec by looking into differences in life expectancy.

A qualitative study by Samson and Spector (2012) examined various language-related nuances between Francophones living with HIV/AIDS as healthcare service users and Francophone healthcare professionals. For the latter, “language is perceived as a simple tool of communication. For Francophones living with HIV/AIDS, however, language is

perceived as a way to convey sensitivity to their cultural reality and a full recognition of their Canadian citizenship.” The study’s findings support recommendations made by other studies on the importance of including the linguistic dimension and cultural sensitivity in healthcare services, particularly in the context of an officially bilingual country.

A study by Alimezelli et al. (2013) indicated that strong and vibrant communities are associated with better self-rated health. Along similar lines, Harrison et al. (2009) recognized the role of community organizations such as school-community centres in population health. Greater involvement of this type of organization in the field of health could have a positive influence on the physical (aerobics classes, team sports) and psychological (stress management classes) health of Francophones in minority communities.

In Wales

A number of studies addressed the delivery of bilingual services to children with special needs such as language disorders. The studies also examined the challenges surrounding the diagnosis of such disorders in a Welsh setting. As Munro et al. (2005) explained, the diagnosis and treatment of phonological disorders must be accompanied by information on normal phonological development, and, although this data is available for many languages, it is often not available for minority languages such as Welsh. The issue is compounded by the bilingualism factor. The Munro et al. study examined bilingualism learning norms and provided benchmarks for speech and language therapists to use in evaluating phonological disorders among Welsh-English bilingual children.

A second study (Lindsay et al., 2002) examined the delivery of bilingual language therapy services, as well as the gaps in recruitment of bilingual professionals under service delivery equity and inclusion policies. As suggested by Mennen and Stansfield (2006), in order for the managers of these services to provide equitable services, they must ensure that appropriate services for bilingual and multilingual clients are available. The study evaluated speech and language therapy services in three cities in the United Kingdom and their compliance with the standards of the Royal College of Speech and Language Therapists. The authors found that all three cities were aware of the standards and seemed to expend various levels of effort to respect the principles of the directives. However, there is a need to change the way that data on linguistic diversity in society is collected and distributed, both nationally and within speech and language therapy services, so that informed decisions can influence the future of quality services for minority groups.

SUMMARY TABLE. HEALTH OF LINGUISTIC MINORITY POPULATIONS

Country	Sub-Themes
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Canada	<ul style="list-style-type: none">• Health profiles, obesity, mental health, mental health and arthritis among Francophones in minority communities• Differences in life expectancy between Anglophones as linguistic minority in Quebec and Francophones as majority• Francophones in minority communities living with HIV/AIDS as healthcare service users• The vitality of FMCs as health determinant
Wales	<ul style="list-style-type: none">• Delivery of bilingual services to children with speech and language disorders• Diagnosis and treatment of speech and language disorders in bilingual and multilingual settings• Evaluation of speech and language disorder therapy services in three cities in the United Kingdom and their compliance with standards

6.4 Public Policies and the Offer of Health and Social Services in a Minority Language

This theme covers papers that addressed the role of the state in the promotion and implementation of policies promoting access to health and social services in a minority language. It also addresses the offer of health and social services from an institutional and public perspective.

In Canada

Among the studies on the role of the state and national policies on health services offered in a minority language, one by Traisnel and Forgues (2009) looked, from a comparative perspective, at Canadian, Finnish, Belgian and American linguistic policies regarding health services for OLMCs. The authors found that the Canadian state favoured coordination with community stakeholders, a similar approach to that used in European countries, as opposed to the individualized model used in the United States.

Bouchard (2011) also looked at legal frameworks and the instruments that support their application, compared representations of Francophones in minority settings with respect to the future of French-language health, and the intentions of the *Action Plan for Official Languages* launched in Canada in 2003.

Using Statistics Canada's 2006 post-censal survey, *Vitality of Official Language Minorities*, as a basis, Alimezelli et al. (2013) found that health service institutions and governments were not adequately meeting the growing healthcare access needs of Canada's aging populations, particularly those in minority settings. The researchers found that the linguistic barriers faced by seniors in official language minority communities had a noticeable effect on their self-rated health. Furthermore, strong vitality in a language

minority community, as opposed to weak vitality, was also associated with better self-evaluation of health.

Timony, Gauthier, Hogenbirk and Wenghofer (2013) examined the availability of services in French for Francophones in minority communities in Ontario. The authors analyzed the survey responses of 10,968 family physicians and general practitioners. They demonstrated a negative correlation between the availability of physicians and the number of Francophones: “As the number of Francophones increases in a community, the availability of French-speaking [family physicians and general practitioners] actually decreases, particularly in rural northern Ontario” (p.2). Furthermore, the authors noted a paradoxical relationship between the potentially high number of family physicians and general practitioners in the province with French language skills and the perceived lack of availability of medical services in French.

The lack of French-language services in other Canadian provinces with significant Francophone populations, such as Manitoba, was also addressed in the literature. A study by de Moissac et al. (2012) looked at the Francophone population in that province, where only one quarter of them receive services in French. A lack of awareness of available French-language resources may contribute to perceived shortages. Thus, according to the researchers, Francophones might sometimes hesitate to identify themselves as such in order to obtain services in their language.

Langille, Rainham and Kisely (2012) obtained different findings when they compared the health service use patterns of the Francophone community of Clare in Nova Scotia to the use patterns of Anglophones in similar rural communities and of the general population of the province. The findings indicated that the healthcare use patterns and incidence of illness examined in Clare and in the comparison zones were more attributable to the rural nature of these communities than to their language.

There were also qualitative studies that examined Francophone minorities’ perception of the future of French-language health services, in a context where this offer was insufficient (Bouchard, 2013). In this case, concept maps were used.

In Wales

The Welsh government recently launched its new Strategic Framework for Welsh Language Services in Health, Social Services and Social Care. According to Roberts and Burton (2013), we are witnessing a shift from the previous situation, as responsibility now lies with services to respond to the needs of individuals. The authors associate the shift with the principle of “active offer,” which is inherent in Canadian language legislation. The cited authors explained in a paper that, although Welsh healthcare organizations are legally required to provide equitable Welsh-language services, there are flaws in the implementation of national programs. Research, they said, must investigate the best practices linked to linguistically sensitive health services, and must consider the evidence-based data that underpins these practices. However, Roberts and Burton (2013) have observed a lack of reliable data to guide the implementation of healthcare organizational planning best practices. This lack persists despite efforts made in recent

years to obtain reliable data in order to demonstrate that inviting patients to communicate in the language of their choice improves the quality of healthcare service delivery.

In Wales, legislation often leads to demand for health services in both languages, and health service providers are required to have bilingual competencies. Three studies were presented under Theme 2 that addressed the preparation of nurses and other healthcare professionals in bilingual practice environments (Roberts and Burton, 2013; Roberts, Irvine, Tranter and Spencer, 2010).

SUMMARY TABLE. PUBLIC POLICIES AND THE OFFER OF HEALTH AND SOCIAL SERVICES IN A MINORITY LANGUAGE

Country	Sub-Themes
Canada	<ul style="list-style-type: none"> • Institutional structures and legal frameworks for linguistic access to health services, and linguistic access initiatives in health services in Canada and elsewhere in the world • Analysis of the Action Plan for Official Languages in Canada and representations of Francophones in minority settings • Canadian model for coordination with community stakeholders representing official language minorities • Importance of active offer of services in minority languages • Inadequacy of services in rural and remote areas and in some provinces • Growing needs of aging minority populations and barriers to access to services
Wales	<ul style="list-style-type: none"> • Analysis of the results of implementing the Strategic Framework for Welsh Language Services in Health, Social Services and Social Care • Need to collect best practices and reliable data • Need to strengthen the bilingual competencies of health service providers in order to comply with legislation

6.5 Linguistically and Culturally Appropriate Tools

Tools identified in the literature in both Canada and Europe included clinical evaluation tools such as questionnaires, scales, protocols, etc. These tools must be translated and culturally adapted for minority patients and clients in order to improve health professionals' second language competencies.

In Canada

Much attention was paid to tools to better serve Francophone minority clients, particularly seniors, during the period covered by this review. In a study by Hébert et al. (2009), the authors were particularly interested in the *Protocole d'évaluation de la sécurité à domicile*, a translation and cross-cultural validation of the SAFER-HOME protocol, which facilitated a more comprehensive and rigorous evaluation of the home safety of Francophone seniors.

Given the requirement for many minority Francophones to converse with Anglophone health professionals, Isaacs, Laurier, Turner and Segalowitz (2011) tested an oral interaction scale for nurses working with linguistic minorities in their second language. Language tasks addressing the emotional aspects of healthcare delivery, as well as those involving the transmission of specific health information, were found to be the most demanding. These tasks were also most strongly associated with required capacities for nurse-patient interactions in their second language. This paper studied the development and use of assessment instruments to facilitate workplace training for healthcare professionals.

Another group of researchers (Bowker, Paré, Forgues, Guignard Noël and Landry, 2009) studied the availability and quality of health information offered online to Alberta Francophones compared to that offered to Anglophones of the same province.

In Wales

A number of tools have been developed in Wales, among others, related to bilingualism and language therapy (Munro et al., 2005; Lindsay et al., 2002; Mennen and Stansfield, 2006).

In Other European Countries

In Europe, the literature indicated a trend toward harmonizing measurement instruments, due to the intra-European mobility of healthcare professionals, as well as to the need to develop shared clinical standards for both unilingual and multilingual environments. To that end, Puschner et al. (2013) conducted a study to develop and evaluate a clinical decision-making tool: the *Clinical Decision Making Style* scale. The tool is used in mental health cases and measures general decision-making preferences and preferences regarding information given to patients, from the points of view of both patients and care staff.

A study was conducted to translate and test the cross-cultural validity of a questionnaire (PainDETECT-questionnaire, PDQ) designed to identify the neuropathic elements in patients suffering from pain in the Netherlands and Belgium (Timmerman et al., 2013). The questionnaire is used by clinicians in daily practice and in clinical trials. A similar process was used for other tools, such as the *Nordic Occupational Skin Questionnaire* (NOSQ-2002), which was culturally adapted for the Spanish and Catalan settings (Sala-Sastre et al., 2009). This questionnaire is used in the study of skin disorders of occupational origin. Other clinical instruments that have undergone similar validations include a Catalan questionnaire on hypertension (Román Viñas, Ribas Barba, Ngo and Serra Majem, 2013) and an international questionnaire on physical activity (Román Viñas, Ribas Barba, Ngo et Serra Majem, 2013).

SUMMARY TABLE. LINGUISTICALLY AND CULTURALLY APPROPRIATE TOOLS

Country	Sub-Themes
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Canada	<ul style="list-style-type: none">• Cross-cultural validation of a home-safety evaluation protocol for seniors• Oral interaction scale for nurses serving linguistic minorities in their second language
Wales	<ul style="list-style-type: none">• Tools related to language therapy for bilingual children in a minority setting
Other European Countries	<ul style="list-style-type: none">• Need for shared clinical standards in both unilingual and multilingual environments• Various tools for measuring neuropathic elements in patients suffering from pain; Clinical Decision Making Style scale; etc.• Development of culturally adapted tools for Spanish and Catalan settings (e.g. questionnaires on skin disorders, hypertension, and physical activity).

7. Conclusion

The literature collected here suggests a number of observations, as well as some similarities and disparities among the studied countries.

The literature in Canada and, to a lesser extent, in Wales seeks to rigorously consider the minority situation and related health issues. This particular focus is generally less significant in the rest of Europe, despite the renewed interest in national minority languages since the second half of the twentieth century. Although this literature review did not focus specifically on this area, we nevertheless observed that this region's literature about culturally and linguistically appropriate healthcare seemed to focus mainly on immigrant populations.

The research into the health of official language minority communities in Canada and Wales is, however, quite well developed. The literature from these two countries addresses a variety of topics using a variety of methodologies. The advancement of the political, legal and social recognition enjoyed by official language minority communities in Canada and by Welsh speakers in Wales over the last three decades no doubt inspires researchers to develop even greater understanding of the health conditions of these groups.

It should be noted that the literature of both countries also takes into account various population segments, notably seniors and children. Canada is also developing a large collection of literature on the vulnerability of women, particularly during pregnancy.

In Canada, the condition of the Francophone minority is thus largely associated with various health-related particularities, such as literacy, nutrition and depression rates. Studies highlight the importance of access to French-language services in cases of mental illness or chronic diseases, for example. In Wales, the issue is focused largely on language disorders among Welsh-speaking children. Overall, it is reasonable to conclude

that improved understanding of linguistic barriers and their health consequences have helped to expand research into these issues.

Attention has also been paid to health professionals, with studies looking into their training, their language skills and their attitudes toward national minority groups. In Canada, given the ambiguity of bilingual service standards and the wide dispersion of FMCs, the issues of attraction and retention of professionals are closely linked with concerns regarding the active offer of services. Efforts made to develop tools to measure the healthcare system's capacity to provide equitable access to healthcare professionals for official language minority communities should be acknowledged.

In both Wales and Canada, there is a desire to assess the impact of government and community initiatives. As such, some studies are more directly applied, as they aim to improve professional practices and educational frameworks. While studies from Wales focus on the importance of the structure of bilingual services, Canadian researchers place more emphasis on the cultural elements surrounding these structures. As such, active offer is presented as a practice that incorporates specific ways of being and of acting toward Francophone communities – communities whose linguistic, cultural, socio-economic and health characteristics vary from one region to the next. This concern with public policies regarding minority populations can also be seen in papers on the Sami people in Norway. There, the ideas that form the foundation of the policies and profiles of the Sami must be highlighted in such a way as to make health and social services more culturally and linguistically appropriate for this population.

Despite significant advances in the research on the health issues of national minority groups, there is still more research to be done to ensure that equitable, high-quality and safe treatments for these groups becomes reality. Full and systematic integration of theoretical and practical bilingualism in health and social services has not been achieved anywhere, although Canada and Wales are leaders in that respect. Wales and Canada would therefore benefit greatly from working together to solidify the frameworks (legal, institutional and cultural) that support full consideration of their official languages within their healthcare systems.

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APPENDIX B: Documentary Search Log

#	Search Terms	Search Options	Search Engines	Results	Selections
S33	Lengua oficial AND salud	Limiters - Scholarly (Peer Reviewed) Journals; Published Date: 20090101-20141231 Search modes - Boolean/ Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete;CINAHL with Full Text;Education Source;ERIC;FRANCIS;Humanities Source;MEDLINE with Full Text;Psychology and Behavioral Sciences Collection;SocINDEX;SocINDEX with Full Te	0	0
S32	Official* Language* AND health AND Europe	Limiters - Scholarly (Peer Reviewed) Journals; Published Date: 20090101-20141231 Search modes - Boolean/ Phrase	Interface - EBSCOhost Research Databases using Smart Searching	390	6
S31	Langues officielles AND santé AND Belgique	Limiters - Scholarly (Peer Reviewed) Journals; Published Date: 20090101-20141231 Search modes - Boolean/ Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete;CINAHL with Full Text;Education Source;ERIC;FRANCIS;Humanities Source;MEDLINE with Full Text;Psychology and Behavioral Sciences Collection;SocINDEX;SocINDEX with Full Text	0	0
S30	Language AND Healthcare AND Belgium	Limiters - Scholarly (Peer Reviewed) Journals; Published Date: 20090101-20141231 Search modes - Boolean/ Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete;CINAHL with Full Text;Education Source;ERIC;FRANCIS;Humanities Source;MEDLINE with Full Text;Psychology and Behavioral Sciences Collection;SocINDEX;SocINDEX with Full Text	52	3

#	Search Terms	Search Options	Search Engines	Results	Selections
S29	Health AND Language AND Belgium	Limiters - Scholarly (Peer Reviewed) Journals; Published Date: 20090101-20141231 Search modes - Boolean/ Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete;CINAHL with Full Text;Education Source;ERIC;FRANCIS;Humanities Source;MEDLINE with Full Text;Psychology and Behavioral Sciences Collection;SocINDEX;SocINDEX with Full Text	3	0
S28	Language AND Health services AND Belgium	Limiters - Scholarly (Peer Reviewed) Journals; Published Date: 20090101-20141231 Search modes - Boolean/ Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete;CINAHL with Full Text;Education Source;ERIC;FRANCIS;Humanities Source;MEDLINE with Full Text;Psychology and Behavioral Sciences Collection;SocINDEX;SocINDEX with Full Text	95	2
S27	Francophone* AND santé	Limiters - Scholarly (Peer Reviewed) Journals; Published Date: 20090101-20141231 Search modes - Boolean/ Phrase	Scopus	19	0
S26	Minorit* AND linguistic AND health	Limiters - Scholarly (Peer Reviewed) Journals; Published Date: 20090101-20141231 Search modes - Boolean/ Phrase	Scopus	116	23
S25	Minorité linguistique ET santé	Limiters - Scholarly (Peer Reviewed) Journals; Published Date: 20090101-20141231 Search modes - Boolean/ Phrase	Erudit	381	0 études migration

#	Search Terms	Search Options	Search Engines	Results	Selections
S24	french speaking AND health* AND minorities	Limiters - Scholarly (Peer Reviewed) Journals; Published Date: 20090101-20141231 Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete;CINAHL with Full Text;Education Source;ERIC;FRANCIS;Humanities Source;MEDLINE with Full Text;Psychology and Behavioral Sciences Collection;SocINDEX;SocINDEX with Full Text	7	0
S23	language barriers AND health	Limiters - Published Date: 20090101-20141231 Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete;CINAHL with Full Text;eBook Academic Collection (EBSCOhost);eBook Collection (EBSCOhost);ERIC;FRANCIS;Humanities Source;MEDLINE with Full Text;Psychology and Behavioral Sciences Collection;SocINDEX;SocINDEX with Full Text	2,065	30
S22	language barriers AND salud	Limiters - Published Date: 20090101-20141231 Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete;CINAHL with Full Text;eBook Academic Collection (EBSCOhost);eBook Collection (EBSCOhost);ERIC;FRANCIS;Humanities Source;MEDLINE with Full Text;Psychology and Behavioral Sciences Collection;SocINDEX;SocINDEX with Full Text	45	25
S21	minoría lingüística AND salud	Limiters - Published Date: 20090101-20141231 Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete;CINAHL with Full Text;eBook Academic Collection (EBSCOhost);eBook Collection (EBSCOhost);ERIC;FRANCIS;Humanities Source;MEDLINE with Full Text;Psychology and Behavioral Sciences Collection;SocINDEX;SocINDEX with Full Text	1	1

#	Search Terms	Search Options	Search Engines	Results	Selections
S18	langues minoritaires AND santé AND (canada or canadian)	Limiters - Published Date: 20090101-20141231 Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete;CINAHL with Full Text;eBook Academic Collection (EBSCOhost);eBook Collection (EBSCOhost);ERIC;FRANCIS;Humanities Source;MEDLINE with Full Text;Psychology and Behavioral Sciences Collection;SocINDEX;SocINDEX with Full Text	2	1
S15	langues minoritaires AND access to health care AND (canada or canadian)	Limiters - Published Date: 20090101-20141231 Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete;CINAHL with Full Text;eBook Academic Collection (EBSCOhost);eBook Collection (EBSCOhost);ERIC;FRANCIS;Humanities Source;MEDLINE with Full Text;Psychology and Behavioral Sciences Collection;SocINDEX;SocINDEX with Full Text	1	1
S13	linguistic minorities AND access to health care AND (canada or canadian)	Limiters - Published Date: 20090101-20141231 Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete;CINAHL with Full Text;eBook Academic Collection (EBSCOhost);eBook Collection (EBSCOhost);ERIC;FRANCIS;Humanities Source;MEDLINE with Full Text;Psychology and Behavioral Sciences Collection;SocINDEX;SocINDEX with Full Text	5	5
S12	linguistic minorities AND health AND (canada or canadian)	Limiters - Published Date: 20090101-20141231 Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete;CINAHL with Full Text;eBook Academic Collection (EBSCOhost);eBook Collection (EBSCOhost);ERIC;FRANCIS;Humanities Source;MEDLINE with Full Text;Psychology and Behavioral Sciences Collection;SocINDEX;SocINDEX with Full Text	13	11

#	Search Terms	Search Options	Search Engines	Results	Selections
S11	linguistic minority AND healthcare AND (canada or canadian)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete;CINAHL with Full Text;eBook Academic Collection (EBSCOhost);eBook Collection (EBSCOhost);ERIC;FRANCIS;Humanities Source;MEDLINE with Full Text;Psychology and Behavioral Sciences Collection;SocINDEX;SocINDEX with Full Text	13	11
S10	language minority AND healthcare AND (canada or canadian)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete;CINAHL with Full Text;eBook Academic Collection (EBSCOhost);eBook Collection (EBSCOhost);ERIC;FRANCIS;Humanities Source;MEDLINE with Full Text;Psychology and Behavioral Sciences Collection;SocINDEX;SocINDEX with Full Text	4	4
S9	language minority AND healthcare	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete;CINAHL with Full Text;eBook Academic Collection (EBSCOhost);eBook Collection (EBSCOhost);ERIC;FRANCIS;Humanities Source;MEDLINE with Full Text;Psychology and Behavioral Sciences Collection;SocINDEX;SocINDEX with Full Text	69	10
S6	health policy AND official language	Limiters - Published Date: 20080101-20131231 Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete;CINAHL with Full Text;eBook Academic Collection (EBSCOhost);eBook Collection (EBSCOhost);ERIC;FRANCIS;Humanities Source;MEDLINE with Full Text;Psychology and Behavioral Sciences Collection;SocINDEX;SocINDEX with Full Text	7	1

#	Search Terms	Search Options	Search Engines	Results	Selections
S3	linguistic minorit* AND health OR health services	Limiters - Published Date: 20090101-20151231 Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Academic Search Complete	123	70