VERS DES SOINS POUR TOUSTES

Executive summary

Toward Care for All: Access to Health Care for Francoqueer Patients in Manitoba

Study background and objectives

The health inequities affecting 2SLGBTQI+ and French-speaking people are well documented. However, very few studies examine how these realities intersect. Health care systems, population data, and research tend to treat linguistic and 2SLGBTQI+ dimensions separately, which limits understanding of lived experiences at their intersection.

This study explores the factors that influence access to social and health care services for Francoqueer people in Manitoba. It represents the first phase of the *Toward Care for All* [*Vers des soins pour toustes*] initiative, a five-year research program aimed at improving access to care for Francoqueer people, including through the development of professional training and the Comfortable in Our Own Skin diagnostic tool. Its goal was to document how Francoqueer people experience access to care in Manitoba.

Methodology

In total, 37 episodes of care were explored through semi-structured interviews conducted between November 2025 and February 2026 with seven Francoqueer participants. The participants reflected a diversity of ages, gender identities, sexual orientations, and life experiences, and their care trajectories spanned several categories of care (primary care, mental health care, specialized care, paramedical care, and 2SLGBTQI+ care).

The data were analyzed deductively, drawing on factors previously documented for 2SLGBTQI+ and French-speaking populations, and then inductively to identify patterns specific to their intersection.

Key findings

1. CONSISTENCY WITH EXISTING LITERATURE

Participants reported a number of barriers that have already been documented in research on 2SLGBTQI+ people and Francophone minority communities. These include:

- Experiences of discrimination and denial of care
- A lack of services and information in French or in inclusive settings/formats
- An inconsistent active offer, with communication primarily in English and lacking inclusivity
- Administrative procedures and forms that are insufficiently inclusive or linguistically inadequate
- A general lack of training for service providers
- Costs that limit access to certain services, particularly in mental health and paramedical care

These findings confirm that inequities observed elsewhere in Canada are also present in Manitoba.

However, the study shows that these barriers are not simply cumulative; they interact and profoundly shape how Francoqueer people experience access to care. It highlights several distinctly intersectional dynamics that have received little attention in the scientific literature, largely because research on 2SLGBTQI+ people and French-speaking communities tends to take place in silos.

The analysis nonetheless reveals that these two fields of research share several conceptually similar factors. For instance, the active offer of French-language services echoes inclusion strategies aimed at 2SLGBTQI+ people, challenges around French-language communication mirror those related to inclusive language, and the processes of disclosing one's linguistic or 2SLGBTQI+ identity are driven by similar dynamics. Despite the parallels, these phenomena are rarely analyzed together.

These conceptual silos are also reflected in the way health care services are organized: Francophone and 2SLGBTQI+ resources often operate separately rather than synergistically. This structural separation forces Francoqueer people to navigate between two weakly aligned systems.

Similarly, the small size of Francophone communities and their symbolic associations with religious institutions lead many to fear discrimination or breaches of confidentiality related to their 2SLGBTQI+ identity. These concerns can lead people to avoid these spaces, even when they would prefer to receive services in French.

Finally, when it comes to providers, participants place great importance on identity-based affinities and shared life experiences, which they perceive as fostering trust, understanding, and safety. This relational dimension has received relatively little attention in the literature, which generally focuses on training or technical skills.

2. RECONFIGURATION OF ACCESS TO CARE FROM AN INTERSECTIONAL PERSPECTIVE

The study's main contribution lies in highlighting a dynamic of constant trade-offs between various forms of accessibility: linguistic, inclusive, geographic, and financial.

While policies governing French-language services often assume that Francophone people will naturally prioritize receiving care in French, the patterns observed suggest that needs are prioritized based on the given context. When forced to choose, many Francoqueer people prioritize care they perceive as inclusive—even when it is offered in English—over services in French that they view as less safe or less suited to their realities.

Speaking English becomes a mechanism for accessing resources, vocabulary, or spaces perceived as more affirming of 2SLGBTQI+ people. This individual adaptation compensates for a lack of structural alignment between Francophone networks and 2SLGBTQI+ services.

The emphasis placed on providers' experiential knowledge highlights a tension between an approach grounded in lived experience and a more technical approach that relies primarily on training or language skills as markers of expertise in inclusive care.

3. IMPLICATIONS FOR THE DELIVERY OF CARE

Francoqueer people express a strong interest in intersectional measures. Actions such as hiring diverse staff, modernizing services, and reducing financial barriers are perceived as benefiting the population as a whole, while also improving access to care for 2SLGBTQI+ and/or French-speaking people.

Their needs manifest differently depending on the category of care.

- **Primary care and mental health care:** These are the areas where the combination of language and inclusivity matters most, yet is also the hardest to find. Identifying inclusive providers remains challenging, and mental health services are rarely available in French. The lack of government coverage for mental health care leads Francoqueer people to make additional compromises.
- **Specialized and emergency care:** The technical or urgent nature of these services means that speed and clinical expertise take precedence over linguistic or inclusivity considerations. Care in these settings is almost always provided in English, even in bilingual organizations, and inclusivity is rarely prioritized, which makes the active offer of inclusive, French-language services all the more important.
- **Paramedical care:** Access depends more heavily on peoples' financial resources and their ability to navigate a predominantly English-speaking system that is not subject to French-language health care policies.
- **2SLGBTQI+ care:** These services are mostly offered in English and are never designated as bilingual or Francophone. Patients must go through a primary care provider to receive certain types of care, which results in additional delays and exposes them to the risk of being denied care. The availability of services, even in English, remains very limited and may require people to travel outside the province.

Overall, access to care depends more on people's ability to adapt than on a structurally inclusive and bilingual health system.

Recommendations

For health and social service organizations:

1. Implement known facilitators of access to care for Frenchspeaking and 2SLGBTQI+ people:
   a. Frenchlanguage care: include Frenchlanguage skills as a hiring criterion; identify Frenchspeaking providers with visual cues (e.g., badges); ensure that the active offer is consistently and effectively practised; develop training on language needs in a linguistic minority context.
   b. Inclusive care: adopt inclusive language in all verbal and written communications; display visible markers of inclusion (e.g., posters); train providers on 2SLGBTQI+ health care; review and revise policies and procedures that have implicit discriminatory effects; develop recruitment strategies that support the hiring and retention of 2SLGBTQI+ staff;
2. Adopt tailored accessibility strategies for Francoqueer communities:
   c. 2SLGBTQI+ organizations: make resources available in French (e.g., websites, forms); clearly identify services that are accessible in French; embed the active offer of Frenchlanguage care.
   d. Francophone organizations: explicitly integrate 2SLGBTQI+ realities into resource directories, forms, and communications; minimize the display of religious symbols; actively offer inclusive care.
3. Implement accessibility measures that benefit the population as a whole: build a more diverse workforce that represents the communities being served; reduce financial barriers to care; streamline administrative processes by modernizing access to services and information (e.g., telehealth, patient access to health records).

For policymakers:

4. Support the development of Francoqueerspecific services, for example by funding clinical and community initiatives that combine Frenchlanguage and 2SLGBTQI+ expertise, and by strengthening support for existing programs that provide care in French or explicitly inclusive care.
5. Review legal and policy frameworks that hinder access to care, such as those that fail to recognize certain 2SLGBTQI+ family structures and those that require patients to have a primary care provider in order to access 2SLGBTQI+ care.

For researchers:

6. Document the blind spots in Francoqueer care, including home care, palliative care, sexual health, and denial of care, and explore emerging intersectional phenomena such as Francoqueer bilingualism;
7. Routinely apply an intersectional lens in research by systematically including variables that capture linguistic identities and 2SLGBTQI+ identities at the same time;
8. Improve the production of populationlevel data on access to care by incorporating linguistic and 2SLGBTQI+ variables into clinical data systems and by automating the collection of patientreported measures.

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