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Access to health care and services in English among English-speaking adults in Quebec, 2022

by Daphne Fernandes and Louis Cornelissen

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Table of contents

Key highlights	4
Introduction.....	4
1 Importance given to health care and services in English.....	5
2 Perceived difficulty of access to health care and services in English	6
3 Receiving health care and services in English	7
4 Requesting health care and services in English.....	9
5 Feeling uncomfortable asking for services in English	13
6 Perceived discrimination based on the use of English while consulting a medical professional	14
7 Perception of the general active offer of services in English.....	15
8 Awareness of legal obligations	16
Conclusions	17
Data	19
References	20

Access to health care and services in English among English-speaking adults in Quebec, 2022

by **Daphne Fernandes** and **Louis Cornelissen** (Statistics Canada, Language Statistics Program)

Key highlights

This report provides an analysis of access to health care and services in English by the adult English-speaking population in Quebec. It is based on data from the 2022 Survey on the Official Language Minority Population.

- Over 9 in 10 English-speaking adults in Quebec considered receiving health care and services in English to be important for them personally (91%).
- One-quarter (27%) of English-speaking adults who considered English-language services important found it was difficult or impossible to access such services in their community.
- Among English-speaking adults who considered English-language services to be important, 23% rarely or never requested such services in English and 22% rarely or never received them.
- The proportion of English-speaking adults who felt uncomfortable requesting services in English increased from 21% in 2006 to 33% in 2022.
- In 2022, 1 in 10 English-speaking adults perceived having experienced unfair treatment or discrimination or having been subject to discriminatory remarks based on their use of English while consulting a medical professional in the previous five years.
- English-speaking adults in Québec City and the surrounding areas and central Quebec indicated higher difficulty in accessing services in English and received such services less frequently, compared with those in other regions of Quebec. They also indicated a higher discomfort in requesting services in English and requested them less frequently.
- Access to and use of English-language health care and services sometimes varied significantly across sociodemographic groups and regions.

Introduction

This report provides an analysis of access to health care and services in English by the adult English-speaking population in Quebec.¹ It is based on data from the 2022 Survey on the Official Language Minority Population (SOLMP).

The SOLMP was conducted to shed light on different aspects of the situation of the English-speaking population in Quebec and the French-speaking populations in Canada's other provinces and the territory capitals. The health module of the SOLMP provides information on different dimensions of access to health care and services in the minority official language. Access to health services in a person's preferred language is recognized as an important component of equitable care, with language concordant services supporting clearer communication, better patient experiences and improved health outcomes (Reaume et al., 2025). Research on access to health care services by English speakers in Quebec and by French speakers in Canada outside Quebec has identified various areas of challenge for these groups, but it has also identified some data and research needs (Bouchard and Lizotte, 2024; Shoumarova, 2025).

Recent analysis by Statistics Canada shows that access to services in one's official language varies according to sociodemographic characteristics, geographic location and proximity to health care facilities (Fernandes, 2025). Another report documented differences in access to services in the minority official language across regions and population groups, providing a baseline for further disaggregation and analysis (Pépin-Filion et al., 2024). These previous analyses have focused on specific questions from the SOLMP, in particular those regarding the languages in which people received healthcare services, but they did not provide a complete overview of the survey's health module. They also highlighted the need for more disaggregated analysis to better understand variations in experiences across population groups and regions.

1. This report is a revised version of a report of the same name delivered to Health Canada in June 2026.

Building on this work, the present report provides further analysis of the questions included in the SOLMP's health module, for the English-speaking population in Quebec.

Outcomes are examined by gender, age group, immigration status, level of education and region within Quebec.² This approach highlights variations across population groups and geographic areas, supporting a more detailed understanding of health experiences among English-speaking adults in Quebec. Comparisons with data from the 2006 Survey on the Vitality of Official-Language Minorities (SVOLM) were made when possible, though those comparisons are limited due to differences in the health module design in the two surveys.

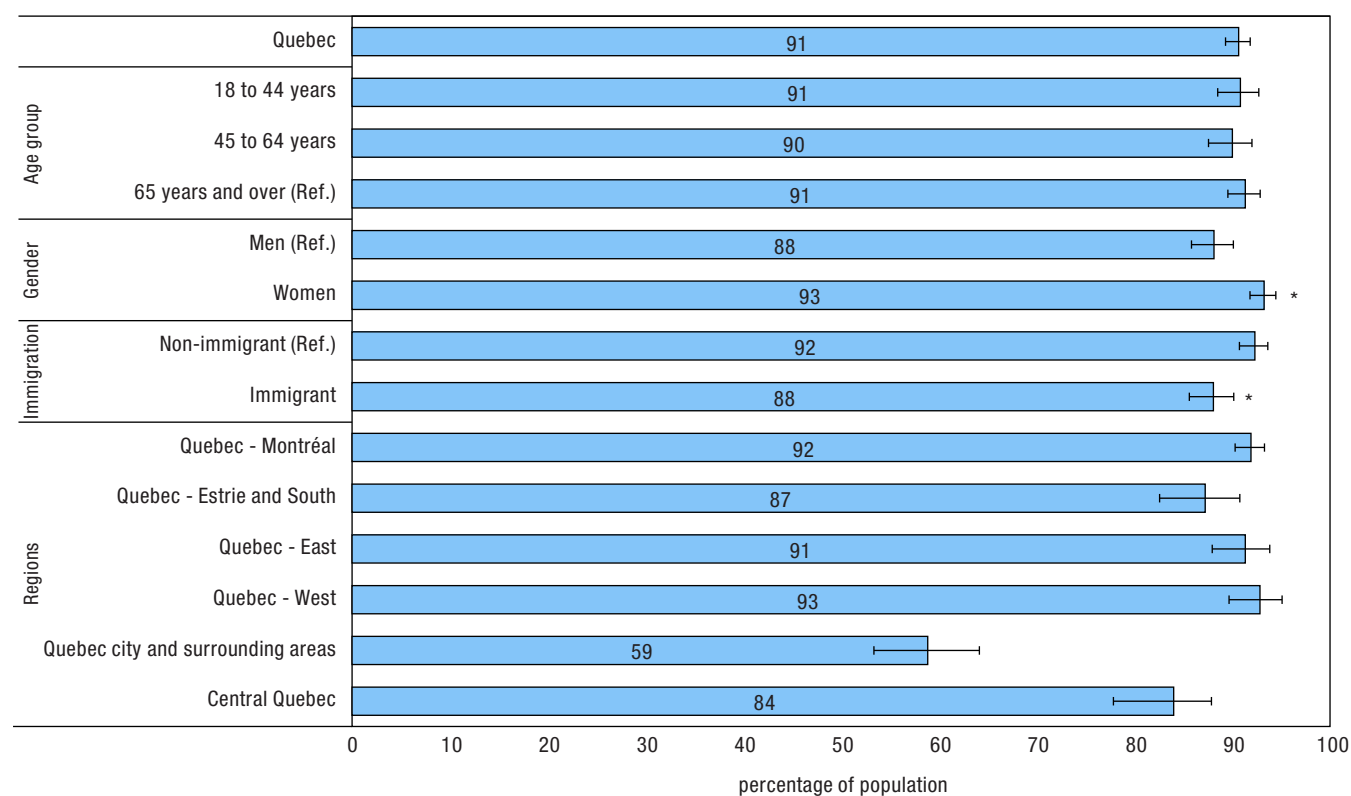
1 Importance given to health care and services in English

In Quebec, a majority (91%) of English-speaking adults considered it somewhat important, important or very important personally to receive health care and services in English.

The importance given to health care and services in English is not simply due to a lack of knowledge of French. In Quebec in 2021, 71% of English-speaking adults were able to conduct a conversation in French, while 29% were not. Among those who did not know French well enough to hold a conversation, the proportion that considered it important³ to receive health care and services in English was very high (>99%), but it was also high among those who knew both French and English (87%). The proportion of English speakers who knew both French and English and who considered it important to receive services in English was the same in 2022 as it was in 2006.⁴

Chart 1

People who consider it important personally to receive health care or services in English by sociodemographic characteristics and regions, among English-speaking adults, Quebec, 2022



* significantly different from the reference category at the 95% confidence level ($p < 0.05$)

Source: Survey on the Official Language Minority Population (SOLMP), 2022.

2. Comparative results that were not statistically significant may not be shown in the charts throughout the report.

3. That is, they considered it "somewhat important," "important" or "very important."

4. Comparable data from the 2006 SVOLM were only available for people who know both English and French.

In 2022, women were slightly more likely than men to consider it important to receive health care and services in English (93% vs. 88%). Among the non-immigrant population, 92% of English-speaking adults considered it important to receive health care and services in English, compared with 88% of the immigrant population. No significant differences were observed by age group or educational attainment.

The SOLMP asked about the importance of receiving services in the minority language in interactions with various types of health care professionals.⁵ The three types of professionals from whom receiving services in English was most often considered important were specialists (96%), psychologists (96%) and general practitioners (96%). While the overall level of importance of receiving health care and services in English varied by sociodemographic characteristics, the importance assigned to specific types of services did not differ significantly across sociodemographic groups.

The level of importance placed on receiving health care and services in English varied by region in Quebec. Similar proportions of English-speaking adults in Montréal, east Quebec, west Quebec, and Estrie and south Quebec considered it important to receive health care and services in English, with percentages ranging from 87% to 93%. Those proportions were significantly lower in Québec City and surrounding areas (59%) and, to a lesser extent, in central Quebec (84%).

For the sections that follow, unless specified otherwise, all results presented only include English-speaking adults who considered it at least somewhat important to receive health care or services in English.⁶

2 Perceived difficulty of access to health care and services in English

Among English-speaking adults in Quebec who felt it was at least somewhat important to receive health care and services in English, 27% considered it would be “difficult,” “very difficult” or “impossible” to get those services in English in their community. This proportion had not changed significantly compared with 2006.

In 2022, this proportion decreased with age (Chart 2). Those aged 65 years and over (20%) were less likely to consider it difficult to access health care and services in English than adults aged 45 to 64 years (28%) and 18 to 44 years (30%).⁷ In addition, non-immigrant English-speaking adults were almost twice as likely to consider it difficult to access such services in English, compared with the immigrant population (33% vs. 18%).

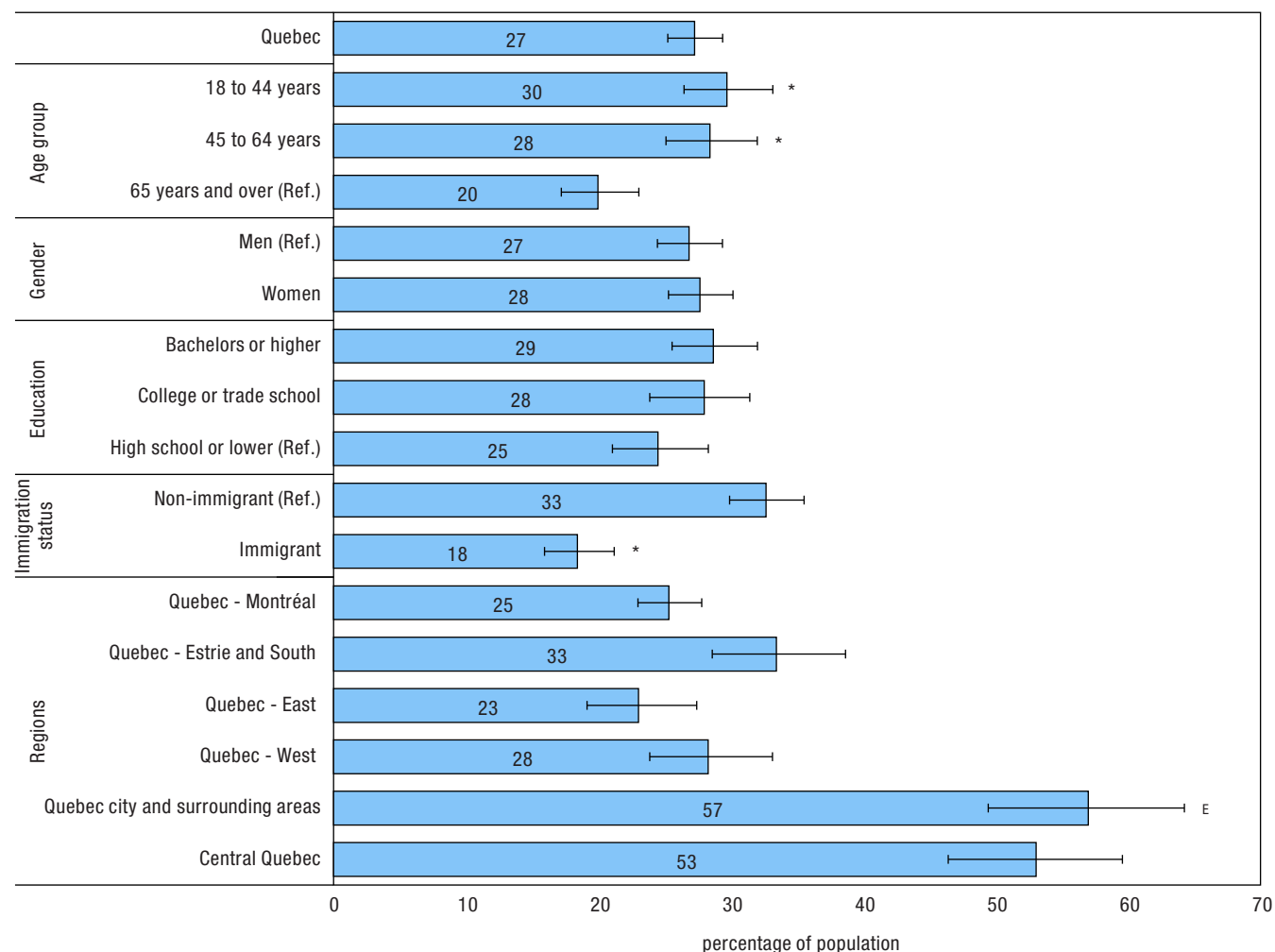
5. Those types of health care professionals included general practitioners, specialists, nurses, psychologists, pharmacists, dentists, paramedics and social workers.

6. In the SOLMP questionnaire, most questions in the health module were only asked to people who considered it “very important,” “important” or “somewhat important” for them personally to get health care and services in the minority official language.

7. This difference between those aged 65 years and over and younger age groups was also observed in 2006, as percentages by age group did not change significantly from 2006 to 2022. In other words, this appears to be primarily a difference between age groups, not generations.

Chart 2

English-speaking adults who consider that it is difficult to access health care or services in English in their community, by sociodemographic characteristics and regions, Quebec, 2022



^E use with caution

* significantly different from the reference category at the 95% confidence level ($p < 0.05$)

Notes: Among English-speaking adults who consider it somewhat important, important or very important to personally receive health care or services in English.

Source: Survey on the Official Language Minority Population (SOLMP), 2022.

The proportion of adults who considered it difficult to access health care and services in English also varied by region in Quebec. This proportion was lower in Montréal (25%) and east Quebec (23%), compared with Québec City and the surrounding areas (57%), and central Quebec (53%). These proportions were similar to those observed in 2006, except for east Quebec, where there was a decrease from 38% in 2006 to 23% in 2022.

The SOLMP contained questions asking whether people would prefer to receive remote health care and services in English, rather than in-person services in French. Overall, 55% of English-speaking adults in Quebec would prefer to receive remote health care and services in English, while 37% would prefer not to receive remote health care and services, and 8% would prefer to receive in-person services in French. No statistically significant differences in preference for remote services were observed across sociodemographic characteristics including age group, gender, educational attainment and immigration status.

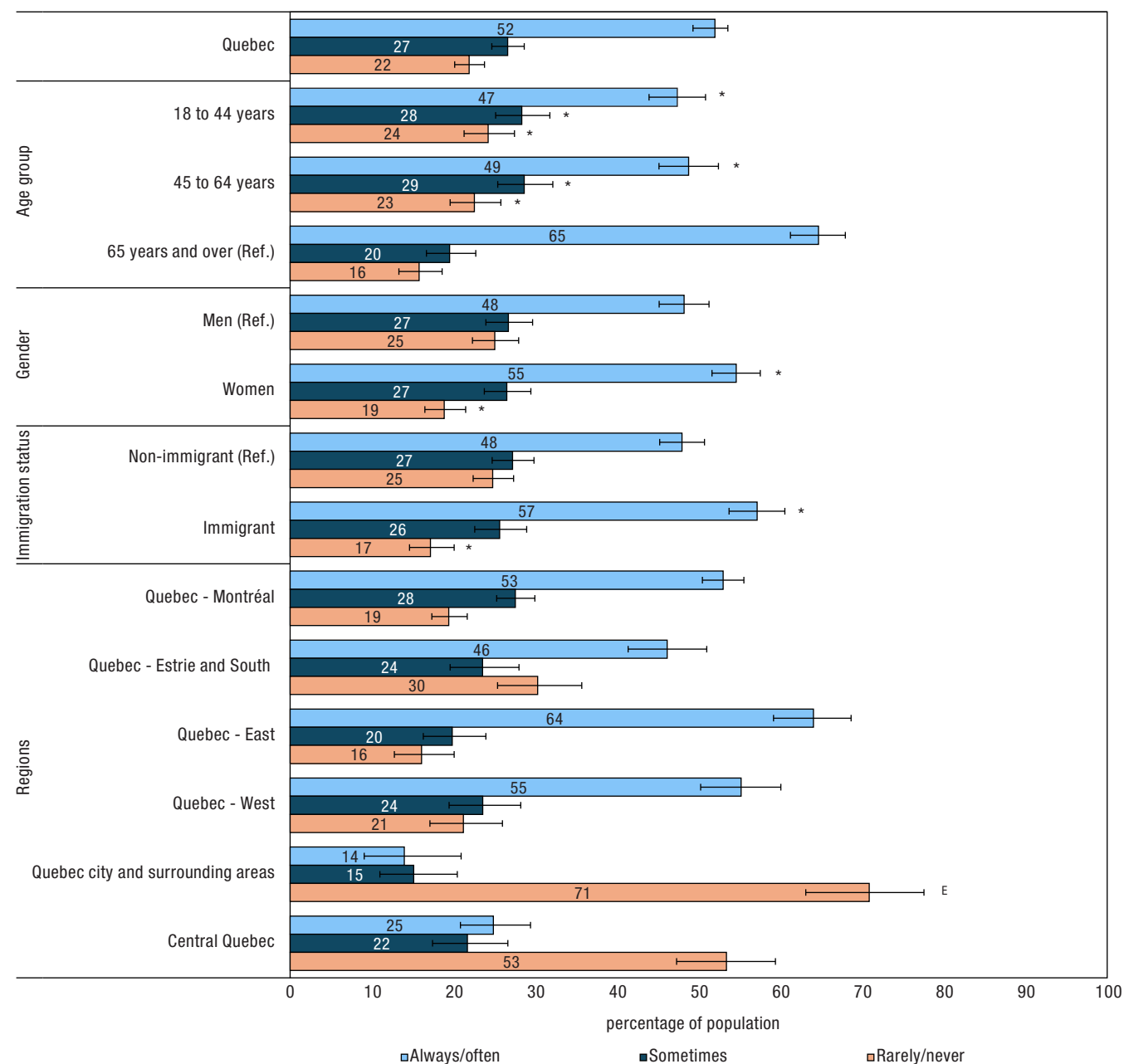
3 Receiving health care and services in English

Among English-speaking adults in Quebec who felt it was at least somewhat important to receive health care and services in English, 52% always or often received services in English in their community, while 22% rarely or never did.

A higher proportion of adults aged 65 years and over (65%) always or often received health care and services in English, compared with adults aged 45 to 64 years (49%) and 18 to 44 years (47%). Women (55%) were more likely than men (48%) to always or often receive these services in English. Similarly, a higher proportion of adults in the immigrant population always or often received services in English, compared with the non-immigrant population (57% vs. 48%).

Chart 3

Frequency of receiving health care or services in English, by sociodemographic characteristics and regions, among English-speaking adults, Quebec, 2022



^E use with caution

* significantly different from the reference category at the 95% confidence level ($p < 0.05$)

Notes: Among English-speaking adults who consider it somewhat important, important or very important to personally receive health care or services in English.

Source: Survey on the Official Language Minority Population (SOLMP), 2022.

Proportions of English-speaking adults always or often receiving health care and services in English were significantly below the provincial average (52%) in Québec City and surrounding areas (14%) and central Quebec (25%). By contrast, the proportion in east Quebec (64%) was above the provincial average. In Québec City and surrounding areas, more than 7 in 10 English-speaking adults rarely or never received health care or services in English (71%[‡]).

4 Requesting health care and services in English

In Quebec, 75 % of English-speaking adults who felt it was at least somewhat important to receive health care and services in English had received health care and services from health care workers in the 12 months preceding the survey. Among them, two in three always or often requested services in English (63%), while one in four rarely or never did (23%).

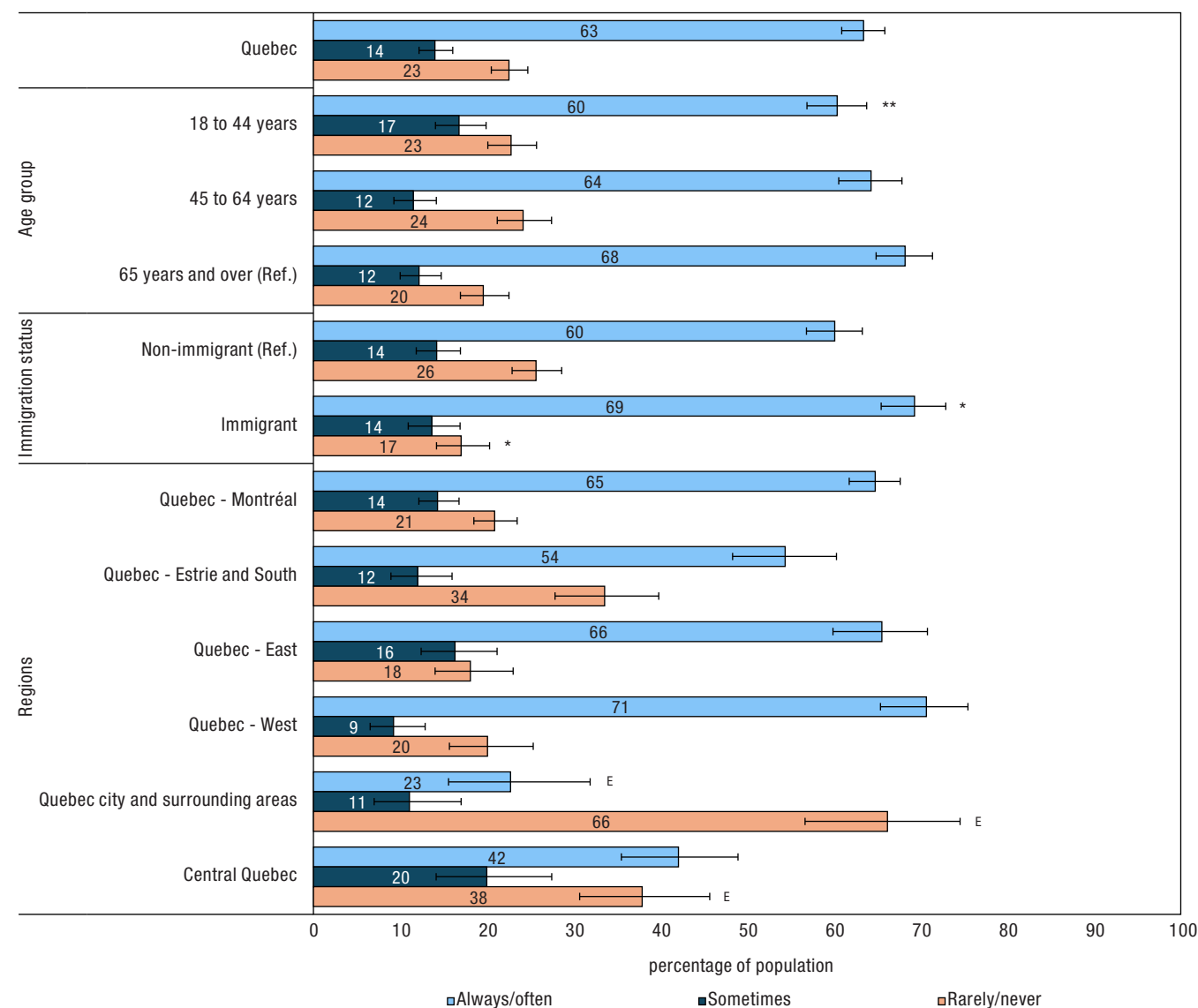
Adults aged 65 years and over (68%) were more likely to always or often request services in English, compared with adults aged 18 to 44 years (60%).[†] Similarly, immigrant English-speaking adults were more likely than non-immigrants to always or often request services in English (69% vs. 60%).

[‡] use with caution

[†] statistically significant at a 90% confidence level

Chart 4

Frequency of requesting health care or services in English, by sociodemographic characteristics and regions, among English-speaking adults, Quebec, 2022



^E use with caution

* significantly different from the reference category at the 95% confidence level ($p < 0.05$)

** significantly different from the reference category at the 90% confidence level ($p < 0.10$)

Notes: Among English-speaking adults who received health care or services in the 12 months preceding the survey and who considered it somewhat important, important or very important to personally receive health care or services in English.

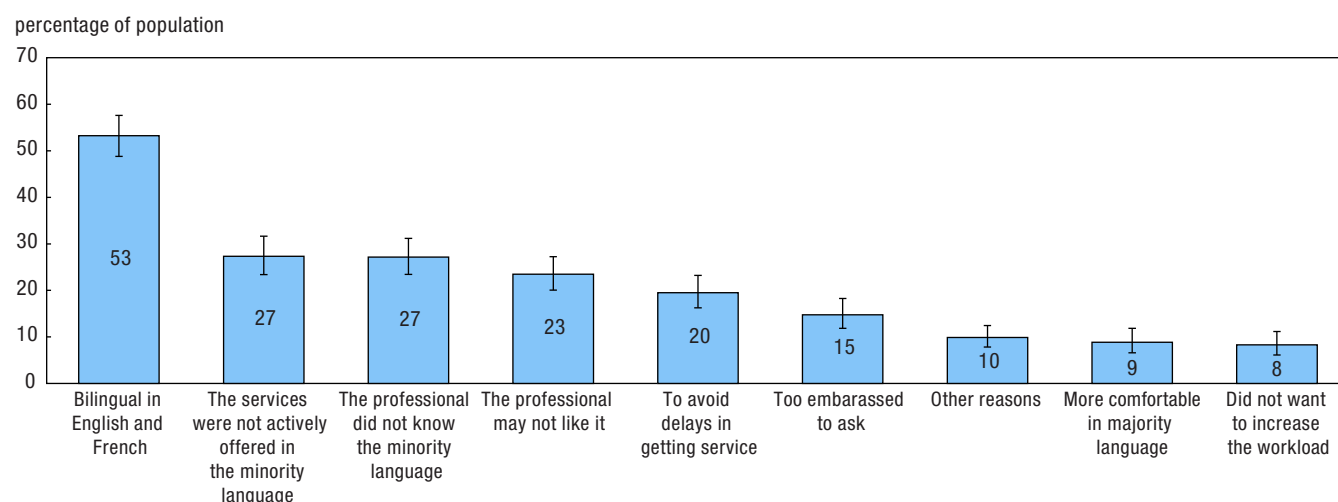
Source: Survey on the Official Language Minority Population (SOLMP), 2022.

The proportion of English-speaking adults that requested health care and services in English among those who accessed health care and services in the 12 months preceding the survey also differed across regions in Quebec (Chart 4). The proportions in Estrie and south Quebec (54%), Québec City and surrounding areas (23%^E), and central Quebec (42%) were significantly lower than the provincial average. Proportions in west Quebec, Montréal and east Quebec did not differ significantly from the provincial average.

Chart 5 presents the main reasons why English-speaking adults in Quebec did not ask for health care and services in English.⁸ For one in two English-speaking adults, it was because they were bilingual in English and French (53%). About one in four did not request services in English for reasons related to the healthcare professionals they interacted with, including perceptions that the professionals did not know English (27%) or may not like being asked to use it (23%), or because services were not actively offered in English (27%). One in five were concerned that asking for services in English may cause delays in getting service (20%). One in five were concerned that asking for services in English may cause delays in getting service (20%). One in five were concerned that asking for services in English may cause delays in getting service (20%).

Chart 5

Reasons for not requesting health care or services in English, among English-speaking adults, Quebec, 2022



Notes: Among English-speaking adults who received health care or services in the 12 months preceding the survey, who consider it somewhat important, important, or very important to personally receive health care or services in English, and who sometimes, rarely, or never requested health care or services in English.

Source: Survey on Official Language Minority Population (SOLMP), 2022.

It is possible to distinguish reasons related to a lack of offer of services in English from those related to the language knowledge or preferences of individuals. Overall, 34% of English-speaking adults who did not request health care or services in English said this was only for reasons related to a lack of offer or active offer,⁹ 36% only because they were bilingual or more comfortable in French and 24% because of a combination of those two types of reasons.

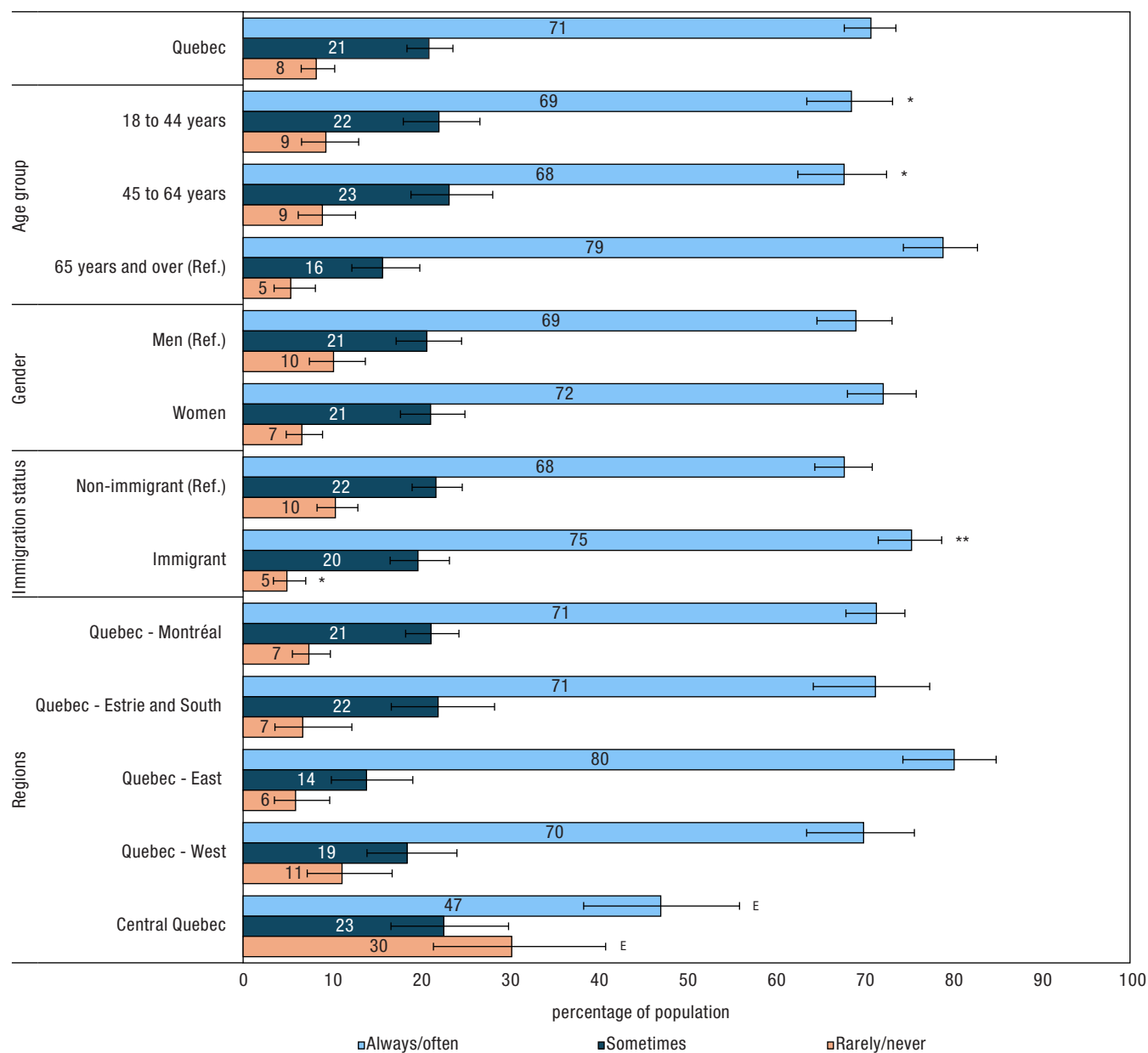
Among the English-speaking adults who always or often requested health care or services in English in the 12 months preceding the survey, 71% always or often received services in English in their community, and 8% rarely or never received such services in English (Chart 6).

8. Respondents to the SOLMP were asked to specify reasons for not requesting services in the minority language when they had previously reported asking for services in this language "sometimes," "rarely" or "never."

9. These reasons include the following: the professional did not know English, the professional may not have liked it, you were too embarrassed to ask, you did not want to increase the workload, it would have resulted in delays in getting service or the services were not actively offered in English.

Chart 6

Frequency of receiving health care or services in English, by sociodemographic characteristics and regions, among English-speaking adults who always or often requested health care or services in English, Quebec, 2022



^E use with caution

* significantly different from the reference category at the 95% confidence level ($p < 0.05$)

** significantly different from the reference category at the 90% confidence level ($p < 0.10$)

Notes: Among English-speaking adults who consider it somewhat important, important or very important to personally receive health care or services in English. The estimate for Québec city and surrounding areas is not shown because it did not meet confidentiality or quality requirements.

Source: Survey on the Official Language Minority Population (SOLMP), 2022.

Among those requesting services in English, a higher proportion of adults aged 65 years and over (79%) always or often received health care and services in English, compared with adults aged 45 to 64 years (68%) and aged 18 to 44 years (69%). Differences were also observed by immigration status, where a higher proportion of adults in the immigrant population always or often received services in English, compared with the non-immigrant population (75% vs. 68%).[†]

In central Quebec, one in two English-speaking adults who always or often requested health care and services in English received such services always or often (47%^E), which was less than the provincial average (71%). Proportions in the remaining regions of Quebec were not significantly different, compared to the provincial average.

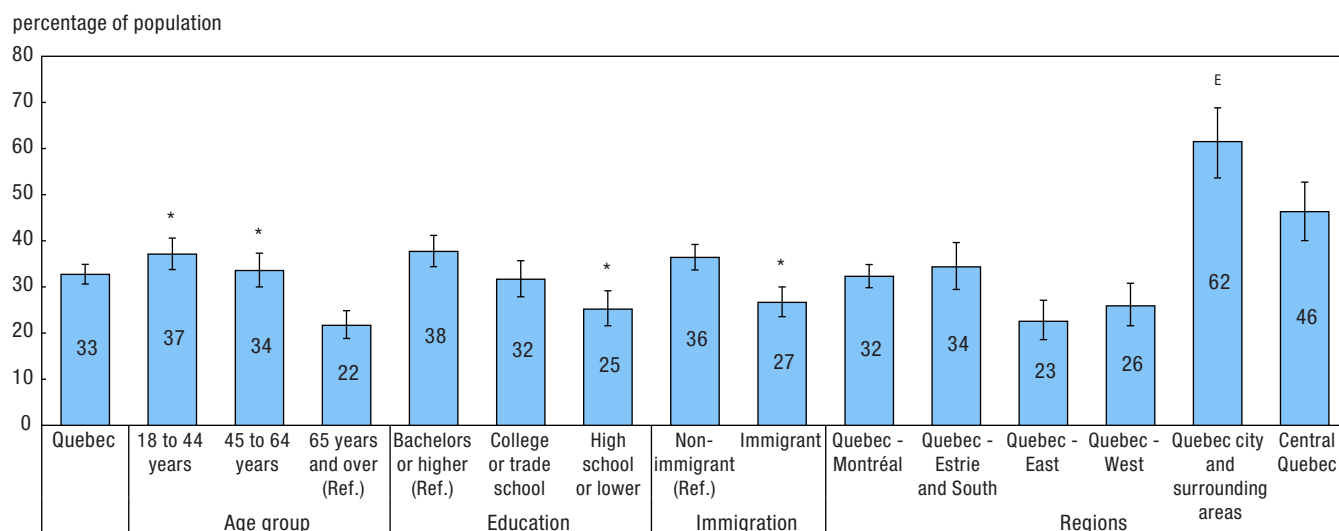
5 Feeling uncomfortable asking for services in English

Overall, in 2022, among English-speaking adults in Quebec who felt it was at least somewhat important to receive health care and services in English, one in three felt uncomfortable asking for services in English when requiring care or services at a public health institution or community service centre (33%). This proportion increased from 21% in 2006.

This proportion varied by sociodemographic characteristics, as shown in Chart 7. English-speaking adults aged 65 years and over (22%) were less likely to experience discomfort, compared with adults aged 45 to 64 years (34%) and 18 to 44 years (37%). Similarly, a lower proportion of adults with a high school education or lower (25%) felt uncomfortable requesting such services, compared with those with higher postsecondary education (32% for those with a college or trade school education, 38% for bachelor's degree or higher). One in four immigrants (27%) did not feel comfortable requesting such services, compared with one in three adults in the non-immigrant population (36%).

Chart 7

People who do not feel comfortable asking for health care or services in English, by sociodemographic characteristics and regions, among English-speaking adults, Quebec, 2022



^E use with caution

* significantly different from the reference category at the 95% confidence level ($p < 0.05$)

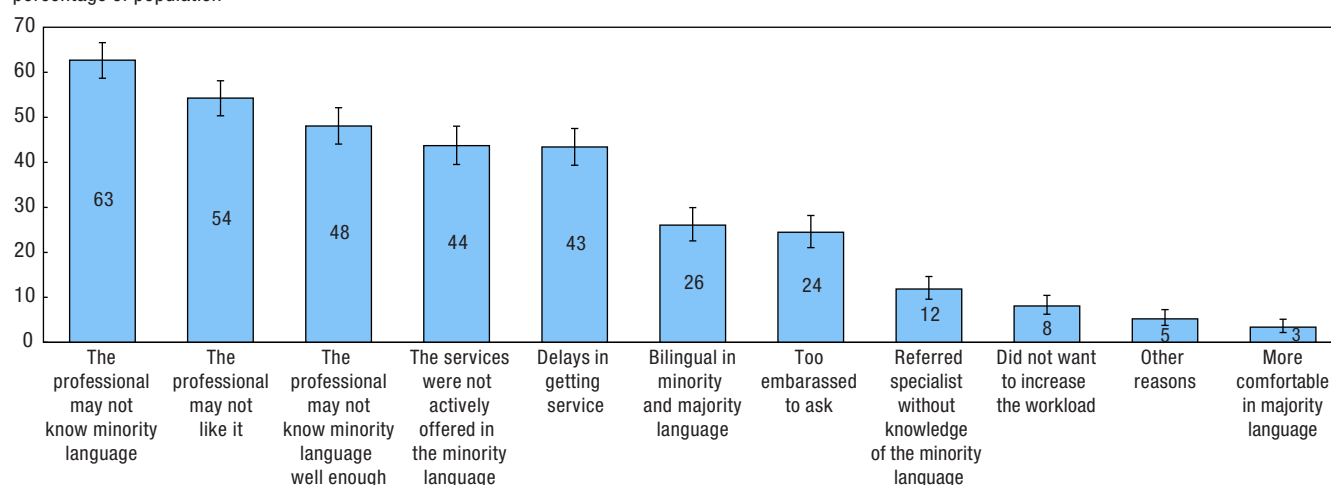
Notes: Among English-speaking adults who consider it somewhat important, important or very important to personally receive health care or services in English.

Source: Survey on the Official Language Minority Population (SOLMP), 2022.

Discomfort in requesting services in English also varied by region in Quebec. English-speaking adults in Québec City and the surrounding areas (62%^E) were almost twice as likely to feel uncomfortable, compared with adults in other regions of Quebec, where proportions ranged from 23% to 46%. Compared with 2006, the levels of people reporting discomfort increased in every region, except east Quebec.

Chart 8**Reasons for feeling uncomfortable asking for health care or services in English, among English-speaking adults, Quebec, 2022**

percentage of population



Notes: Among English-speaking adults who consider it somewhat important, important or very important to personally receive health care or services in English and who do not feel comfortable asking for such services in English when they require care or services at a public health institution or community service centre.

Source: Survey on the Official Language Minority Population (SOLMP), 2022.

Chart 8 presents the main reasons English-speaking adults in Quebec felt uncomfortable requesting health care and services in English. The top three reasons were all related to health care professionals. These included people indicating that the professional may not know English at all (63%) or well enough (48%) or may not like being asked to use it (54%). Other frequent reasons included the services not being actively offered in English (44%) and delays in receiving service (43%). Overall, 95% of people had reasons for feeling uncomfortable that were related to a lack of offer or of active offer of services in English.¹⁰

6 Perceived discrimination based on the use of English while consulting a medical professional

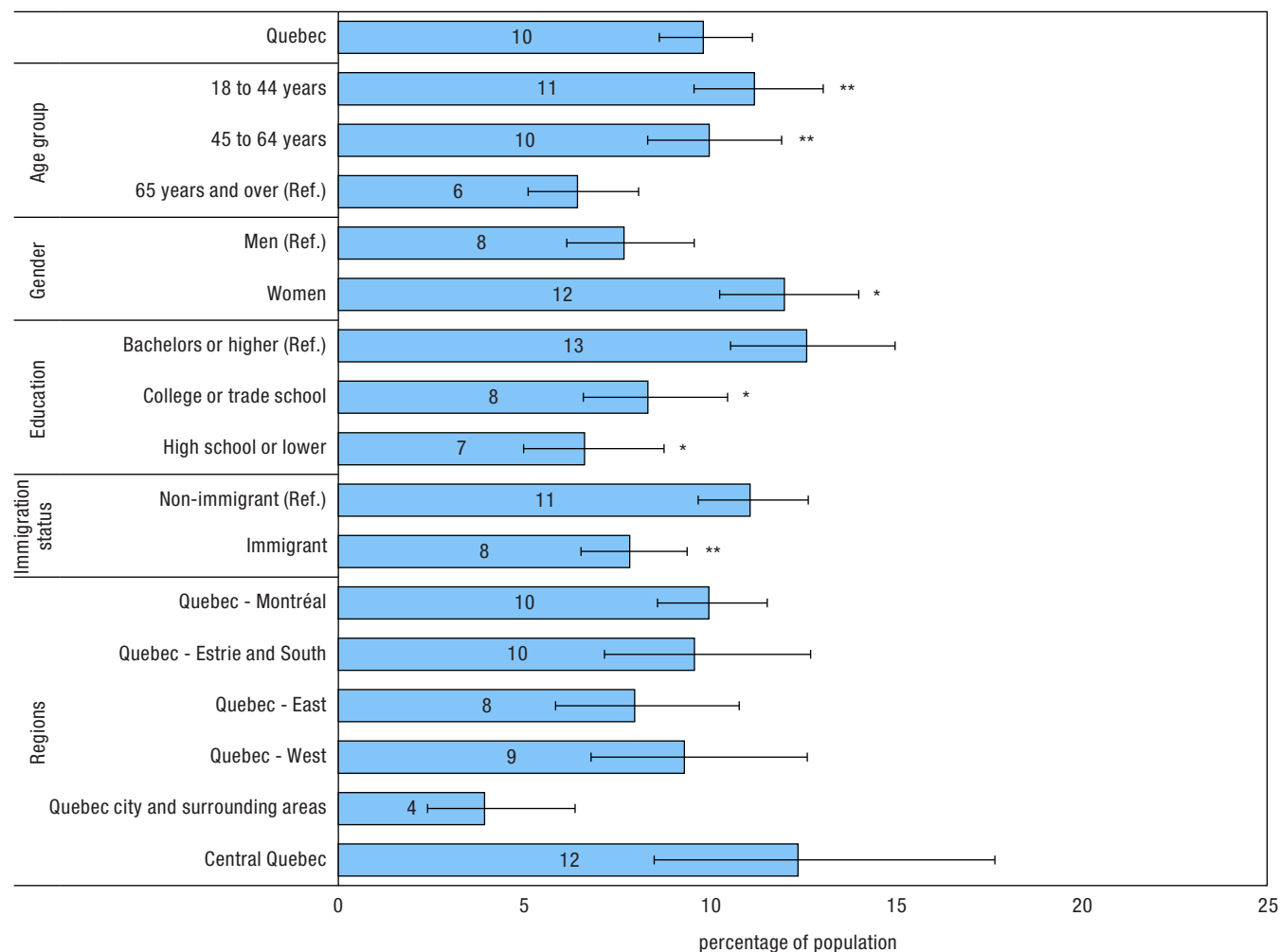
Overall, 10% of English-speaking adults in Quebec felt they had experienced unfair treatment or discrimination, or had been subjected to discriminatory remarks, based on their use of English while consulting a medical professional in the previous five years (Chart 9).

This proportion varied by sociodemographic characteristics, as shown in Chart 9. English-speaking adults aged 65 years and over (6%) were less likely to perceive having experienced unfair treatment or discrimination based on their use of English while consulting a medical professional, than those aged 45 to 64 years (10%) and those aged 18 to 44 years (11%).[†] A higher proportion of English-speaking women (12%) perceived having experienced such discrimination compared with English-speaking men (8%).[†] In addition, a higher proportion of English-speaking adults with a bachelor's degree or higher (13%) perceived having experienced such discrimination compared with English-speaking adults with a high school education or less (7%) and those with a college or trade school education (8%). Finally, a higher proportion of English-speaking non-immigrants (11%) perceived having experienced such discrimination compared with English-speaking immigrants (8%).[†]

10. These reasons include all of those in Chart 8, with the exceptions of "bilingual in minority and majority language," "more comfortable in majority language" and "other reasons."

Chart 9

Perceived discrimination related to the use of the English while consulting a medical professional, by sociodemographic characteristics and regions, among English-speaking adults, Quebec, 2022



* significantly different from the reference category at the 95% confidence level ($p < 0.05$)

** significantly different from the reference category at the 90% confidence level ($p < 0.10$)

Notes: Refers to English-speaking adults who perceived having experienced unfair treatment, discrimination, or discriminatory remarks based on their use of English while consulting a medical professional in the five years preceding the survey.

Source: Survey on the Official Language Minority Population (SOLMP), 2022.

A lower proportion of English-speaking adults residing in Québec City and the surrounding areas perceived having experienced such discrimination compared with those residing in the rest of Quebec.

7 Perception of the general active offer of services in English

Overall, 64% of English-speaking adults in Quebec who felt it was at least somewhat important to receive health care and services in English found that, in general, health care and services were actively offered in their official language of choice in their community (Chart 10).¹¹

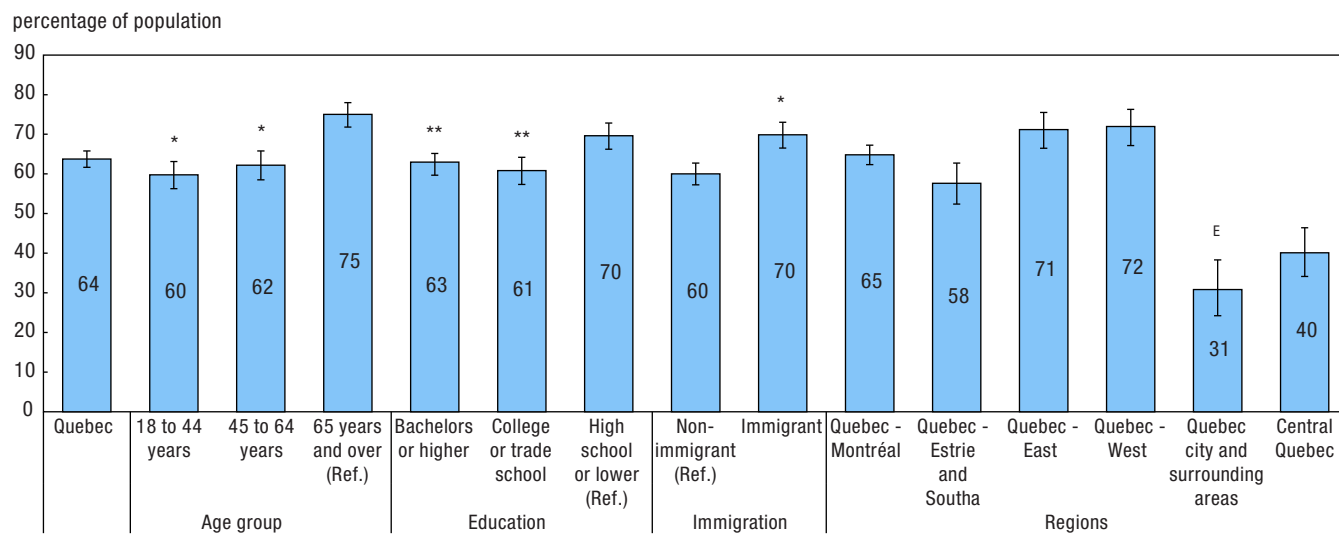
Adults aged 65 years and over (75%) were more likely to consider that services were actively offered in the language of their choice in their community, compared with adults aged 45 to 64 years (62%) and 18 to 44 years

11. The SOLMP questionnaire was developed before 2022 and included a question asking, "In general, are health care or services in your community actively offered in your official language of choice?" This question informs on individuals' perception of the way health care and services were offered with respect to Canada's official languages, and not on the presence of access programs to services in English.

(60%). Similarly, it was the case for a higher proportion of English-speaking immigrants than non-immigrants (70% vs. 60%).[†]

Chart 10

Perception of the presence of a general active offer of health care or services in English, by sociodemographic characteristics and regions, among English-speaking adults, Quebec, 2022



^E use with caution

* significantly different from the reference category at the 95% confidence level ($p < 0.05$)

** significantly different from the reference category at the 90% confidence level ($p < 0.10$)

Notes: Among English-speaking adults who consider it somewhat important, important or very important to personally receive health care or services in English.

Source: Survey on the Official Language Minority Population (SOLMP), 2022.

A higher proportion of English-speaking adults with a high school education or lower (70%) felt that such services were actively offered in the language of their choice, compared with adults with a college or trade school education (61%) or a bachelor's degree or higher (63%).[†]

The proportion of adults who found that services were actively offered in their language of choice also varied across regions in Quebec. Proportions were lower in Québec City and surrounding areas (31%^E) and in central Quebec (40%), compared with the provincial average (64%). The proportions in the remaining regions did not vary significantly from the provincial average.

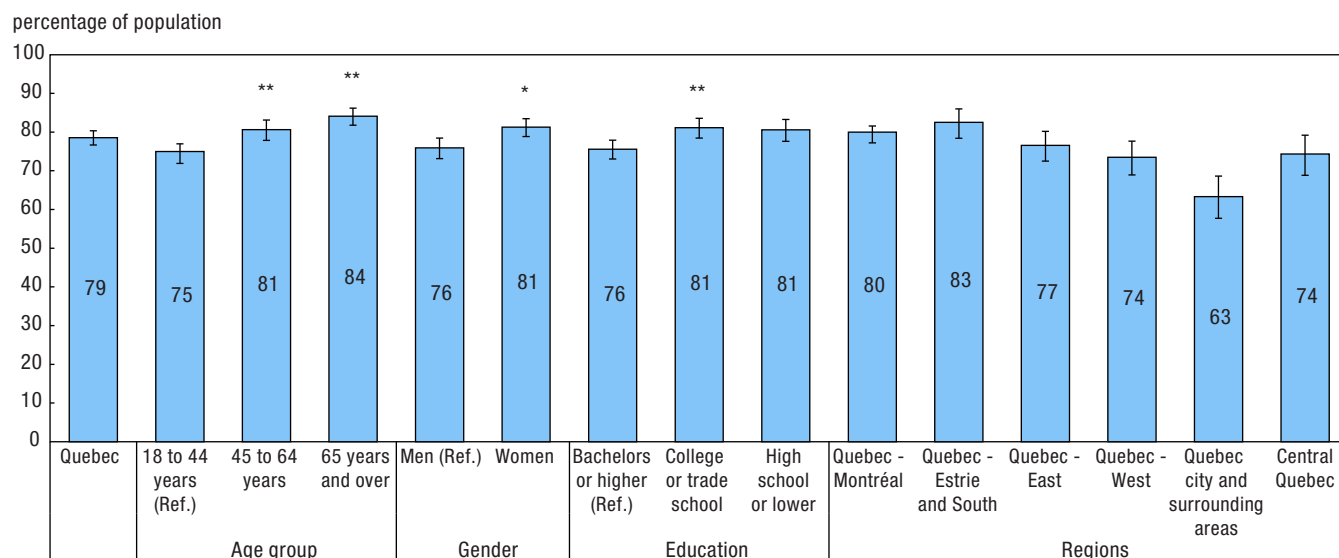
8 Awareness of legal obligations

All SOLMP respondents were asked whether, to their knowledge, public health care institutions had the legal obligation to offer services in the minority language in their province. In Quebec, article 15 of the *Act respecting health services and social services*, which was in force in 2022 during the SOLMP data collection,¹² states that English speakers are entitled to receive health services and social services in English (under certain specified circumstances).

In Quebec, 79% of English-speaking adults were aware of legal obligations for public health care institutions to offer services in English.

A higher proportion of women were aware of legal obligations, compared with men (81% vs. 76%). English-speaking adults with a college or trade school education (81%) were more likely to be aware of legal obligations, compared with those with a bachelor's degree or higher (76%). Older adults were more likely to have such awareness compared with younger adults—75% of those aged 18 to 44 years were aware of such obligations, compared with 81% of adults aged 45 to 64 years and 84% of those aged 65 years and over.[†]

12. This law has since been replaced by the *Act respecting the governance of the health and social services system*.

Chart 11**Awareness of legislation mandating health care or services in English, by sociodemographic characteristics and regions, among English-speaking adults, Quebec, 2022**

* significantly different from the reference category at the 95% confidence level ($p < 0.05$)

** significantly different from the reference category at the 90% confidence level ($p < 0.10$)

Source: Survey on the Official Language Minority Population (SOLMP), 2022.

The proportions of adults who were aware of legislation regarding access to English services in public health care institutions were generally similar across regions of Quebec. The only exception was among English-speaking adults in Québec City and the surrounding areas (63%), where the proportion was lower than the provincial average.

Conclusions

Overall, in 2022, the majority of English-speaking adults in Quebec (91%) considered it important that they receive health care and services in English.

Among those who considered it important to receive services in English, about one-quarter (27%) considered that it would be difficult, very difficult or impossible to receive those services in English in their community, a proportion similar to that observed in 2006. Among those who considered it important to receive services in English, about half (52%) always or often received services in English in their community, while 22% rarely or never did.

Not all English-speaking adults who consider it important to receive health care and services in English requested such services in English—23% never did or rarely did. Among those who did not request services in English, their reasons were related to a lack of offer or active offer of services in English in about one-third of cases, to being bilingual or more comfortable in French in another one-third of cases and otherwise for the most part to a combination of those two types of reasons. Overall, among English-speaking adults who considered it important to receive services in English, one in three (33%) felt uncomfortable asking for services in English when requiring care or services at a public health institution or community service centre, a proportion which increased from 21% in 2006. In 2022, one in ten English-speaking adults in Quebec (10%) perceived having experienced unfair treatment or discrimination or having been subjected to discriminatory remarks based on their use of English while consulting a medical professional in the previous five years.

Indicators of access to health care and services in English sometimes varied across sociodemographic groups. Older adults and immigrants generally found it less difficult to access services in English in their community, requested and received services in English more frequently and were more comfortable asking for services in English. Women were also more likely than men to receive health services in English. Older adults, immigrants, as

well as people with at most a high school education were more likely to find that health care and services were generally actively offered in their official language of choice in their community.

Differences in access to services in English were also observed across regions. In particular, the proportions of English-speaking adults who found it easy to access services in English in their community, who received or requested services in English frequently, who felt comfortable requesting services in English and who found that services in English were generally actively offered in their language of choice were all significantly lower in Québec City and the surrounding areas and in central Quebec. Other regions of Quebec tended to be more similar to each other. Compared to these other regions, Québec City and surrounding areas and, to a lesser extent, central Quebec are also characterized by smaller concentrations of English-speaking populations.¹³

These findings highlight variability in both the perception of availability and the experience of accessing health care and services in English among English-speaking adults in Quebec. They provide a baseline for understanding how sociodemographic characteristics and region are associated with access to English language health care and services.

13. To illustrate, in Québec City and the surrounding areas, 98% of English-speaking adults lived in a census subdivision where less than 10% of residents were part of the English-speaking population, compared with 57% of those living in central Quebec, 42% in Estrie and southern Quebec, 16% in eastern Quebec, 7% in western Quebec, 4% in the Montreal region, and 11% in Quebec as a whole.

Data

The 2022 [Survey on the Official Language Minority Population](#) (SOLMP) was used as the data source for this report.

This survey collects information on the social, economic and cultural characteristics and situations of English- and French-speaking minority populations across Canada. For example, it includes questions on language use, access to services and awareness of language rights, including health care and other public services in the minority official language. The survey is based on two representative samples, one for adults and one for children. The adult sample, selected from adults aged 18 or over in the official language minority population, was used for this report.

The “official language minority population” refers to the English-speaking population in Quebec and the French-speaking population in Canada outside Quebec. It includes (1) individuals whose mother tongue is the minority official language (alone or with other languages), (2) individuals with neither English nor French as their mother tongue who know the minority official language but not the majority official language, and (3) individuals with neither English nor French as their mother tongue who know both official languages but do not speak the majority official language most often at home. For simplicity, the term “English-speaking adults” is used in this report to refer to the target population in Quebec. The SOLMP sample was stratified by age group and by province and region of residence.

There are six SOLMP sub-provincial regions in Quebec (Montréal, Québec and surrounding areas, Estrie and south, west, east, and central Quebec). The “Québec City and surrounding areas” region includes the economic regions of Capitale-Nationale, Chaudière-Appalaches and Saguenay–Lac-Saint-Jean. The “Estrie and southern Quebec” region corresponds to the region of Estrie and parts of southern Montérégie. “Western Quebec” includes the economic regions of Outaouais and Abitibi-Témiscamingue, while “eastern Quebec” includes the economic regions of Bas-Saint-Laurent, Côte-Nord and Gaspésie–Îles-de-la-Madeleine. “Central Quebec” includes the economic regions of Centre-du-Québec, Lanaudière, Laurentides, Mauricie and Montérégie, excluding the Montréal census metropolitan area, as well as the Estrie and southern Quebec region. This central Quebec region corresponds to “Quebec – Rest” in the SOLMP User guide. Inuit communities in northern Quebec and First Nations reserves are not covered by the SOLMP.

More details on the survey and its methodology can be found in the [SOLMP User guide](#).

All comparisons discussed in the text are significant at a 95% confidence level, unless specified otherwise. When comparisons are instead significant at a 90% level, results are marked with a “†”.

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