Research Agenda

1) Arts, culture, identity and diversity

This area of research seeks to understand phenomena related to culture and identity, which affect official language minorities, by taking their diversity into consideration.

Research projects in this area can tackle: · OLMC practices in the realms of culture, media, and art;

- · the discourses and representations held by OLMC actors;
- the contribution of language in defining the Canadian identity;
- the role played by the International Francophonie and how it is represented in the Canada's Francophonie;
- · identity forms, constructions, and symbols for OLMC;
- the way people relate to others (the majority and/or other cultures) in discourses, literary works, and practices (behaviours);
- · intercultural exchanges (material and symbolic).

2) Family, childhood and education

This area of research deals with phenomena related to childhood, youth, and family among OLMC. More specifically, projects in this area will cover:

- the socialization process within these social groups;
- the socioeconomic integration of youth, their migration patters, and their academic trajectories;
- · the linguistic behaviours of these social groups;
- · the early childhood services;
- · early childhood to postsecondary education.

3) Vitality of communities

The concept of vitality makes it possible explain the dynamic nature of communities with due regard to linguistic, cultural, demographic, economic, and political factors. We look at three types of vitality: community vitality, socioeconomic vitality, and socio-political vitality.

Community vitality: the cornerstone of OLMC vitality resides in the linguistic practices of OLMC members, beginning with the nexus home-family-neighbourhood-community. This sub-category tackles:

- · demographic aspects;
- · social spaces (ex. school-community centres, socio-cultural centres);
- · ethnolinguistic behaviours, practices, and perceptions of OLMC members.

Socioeconomic vitality: Economy is an essential component of OLMC vitality. This component deals with OLMC socioeconomic development initiatives and the general economic development of these communities. Economic practices will be examined in terms of language. Sociopolitical vitality: Community vitality is also based on the members' capacity to organise themselves, to build institutions, to mobilize, to gain support for their rights, and to influence the government. This sub-category deals with

- the role of community movements in the political construction of local language issues and in decision-making regarding language;
- the forms of collective organisation, mobilization, and action;
- the influencing factors and the effects of language militancy on communities.

4) Health in minority settings

Health has become an area of research to which important resources are dedicated. Research projects on health seek to fill a gap in this field of study regarding Francophones in minority settings. More specifically, they try to understand: • the social determinants of health among Francophones in minority settings;

- Francophone access to health services;
- the governance and management of health services among Francophones;
- the practices that aim to improve health and wellness among Francophones in minority settings;
- · culture, language, and wellness. Note: We envision health in a broad sense that refers to "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

5) OLMC law, governance and public policies

OLMC vitality depends, to a great extent, on the protections offered by the legislative and legal framework in which they evolve. This research area will study:

- the legislative and legal context at the federal, territorial/provincial, and municipal levels;
- the public policies that stem from them and their effects on OLMC;
- the OLMC's forms and spaces of governance as well as government services.

Note: We wish to put emphasis, in how we treat each area mentioned above, on the comparison of Canadian experiences with alternative approaches that are more and more present, notably, in Europe.

¹World Health Organization (1948). Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 1000) and entered into force on 7 April 1948. Geneva, Switzerland.