

Brief submitted as part of the examination of Regulation 569 under the Health Protection and Promotion Act

June 19, 2020

On June 15, 2020, in response to requests by community leaders and public health experts, the Ontario government proposed a regulatory change to mandate the reporting of data on race, income, language and household size for individuals who have tested positive for COVID-19.

The *Regroupement des entités de planification des services en français* welcomes these changes, particularly the inclusion of linguistic data. Systematic data collection will provide a more complete picture of the outbreak and will support better planning practices to ensure equitable access to French Language Services.

As new data are collected, we want to emphasize the importance of asking insightful questions on language. The Inclusive Definition of Francophone states: “ ... persons whose mother tongue is French, plus those whose mother tongue is neither French nor English but have a particular knowledge of French as an Official Language ...” Based on this definition, you will find below our position statement on inclusion of the linguistic variable. We recommend using the two questions outlined in the document for data collection on language.

We also wish to offer our collaboration in this data collection effort through the Ontario Health Data Platform as the Province is engaging with health equity stakeholders to bring a Francophone lens to this initiative.

Finally, we want to take this opportunity to reiterate that adding the linguistic identity of patients on the OHIP card would be the most effective way to collect data on Francophones for planning purposes.

Joint Position Statement on the Linguistic Variable

Issue

The health-care system relies on data to plan the health services offered to the population and for informed decision-making.¹

We have observed that, at this time, information on the health of the province's Francophones is practically non-existent. In fact, little or none of the information currently used for health-care system planning documents the state of health of or the services available to Ontario's Francophones.²

The lack of evidence-based data on Francophones has the following consequences:

- It significantly limits the ability to analyze the health needs of Francophone individuals and communities.
- It hinders sound planning of health services that meet the needs of this population.³

The French Language Health Planning Entities want to find solutions to the lack of evidence-based data on Francophones. Establishing the *linguistic identity of the client* is a critical element of addressing this gap.

Background

Francophone identification

In 2009, the Ontario Office of Francophone Affairs (OFA) adopted a new Inclusive Definition of Francophone (IDF), which takes into account the diversity of the Francophone community and is based on more than just the mother tongue. Designed for statistical purposes, the IDF includes those whose mother tongue is neither French nor English, but who have a good knowledge of French as an official language and who use French at home, which includes a significant number of newcomers to Ontario.⁴

¹ Réseau des services de santé en français de l'Est de l'Ontario. (2012). *Linguistic Variables: A Necessity for Health Services Planning Tailored to the Needs of Francophones. Current Status*

² Réseau des services de santé en français de l'Est de l'Ontario (2012); Consortium national de formation en santé et Société Santé en français (2010); Gaboury (2009)

³ Réseau des services de santé en français de l'Est de l'Ontario. (2013). *Better Data for Better Planning*.

⁴ Ontario Office of Francophone Affairs (OFA). *More Inclusive Definition of Ontario's Francophone Population*.

Accessed June 30, 2013, on the Ontario Office of Francophone Affairs website:
<http://www.ofa.gov.on.ca/en/franco-definition.html>

Linguistic variables in databases

The Réseau des services de santé en français de l'Est de l'Ontario / French Language Health Services Network of Eastern Ontario (RSSFE) looked closely into the presence of linguistic variables in the administrative databases used by the LHINs to better understand Francophones' use of health-care services and their health status.

Conducted in 2012, the study revealed that of the 19 databases reviewed:

- 12 databases included no linguistic variable;
- 7 databases included one or more linguistic variables, but the information is inaccessible for 5 of them and inconsistent in another 2⁵ (see diagram in Appendix 1).

Challenges

The fluctuations of the methods used to collect the linguistic variable have contributed to the lack of evidence-based data on Francophones.

Although well thought out for census purposes, the three IDF questions pose a number of practical challenges:

- Having to ask three questions to determine a client's linguistic identity may prove to be arduous.
- From a human perspective, particularly in an emergency situation, neither the client nor the professional will be keen to unduly prolong the exchange.
- The additional questions may have a logistical impact on IT systems.
- In some surveys or questionnaires, it may not be possible or appropriate to use three questions.⁶

Possible solutions

In the face of these challenges, the RSSFE⁷ engaged in a process to consider the application of the IDF. It reviewed relevant documentation, including a regional study⁸ on the current practices of health service providers (HSPs). It discussed the issues with a number of provincial and national stakeholders, including:

- The French Language Services Office of the Ministry of Health and Long-Term Care
- The Office of Francophone Affairs

⁵ Réseau des services de santé en français de l'Est de l'Ontario. (2012). *Linguistic Variables: A Necessity for Health Services Planning Tailored to the Needs of Francophones. Current Status*

⁶ Réseau des services de santé en français de l'Est de l'Ontario. (2012). *Recommendation of the French Language Health Services Network of Eastern Ontario: Practical Application of the Inclusive Definition of Francophone.*

⁷ Note: the RSSFE is one of Ontario's six French Language Health Planning Entities.

⁸ Chomienne, M-H., LeClerc, C., et coll. (2011). *Enquête exploratoire sur le recueil de la variable linguistique dans les données administratives des hôpitaux de la région du RLISS-Champlain.*

- The Office of the French Language Services Commissioner
- The Champlain and South East LHINs
- Société Santé en français
- The Consortium national de formation en santé

In 2012, the RSSFE recommended to the Champlain and South East LHINs some specific questions to use to identify Francophones in the context of planning activities.

Following the RSSFE's initiative, the Entities discussed the various issues related to the identification of Francophone health-care system clients for planning purposes.

To avoid the possibility of having several different ways to identify Francophones in Ontario, the Entities decided to adopt a common position.

The French Language Health Planning Entities acknowledge:

- the need for a provincial approach to identifying Francophones for planning purposes; and
- the urgent need for congruence in the questions, given the Francophone identification initiatives currently being developed in a number of areas of the province.

Adopted position

In the absence of a provincial directive, the Entities adopt and recommend the following questions, in the spirit of the IDF, to identify Francophones for planning purposes.

The questions are the following:

- 1. What is your mother tongue?**
A: French, English, Other
- 2. If your mother tongue is neither French nor English, in which of Canada's official languages are you most comfortable?**
A: French, English

The second question allows for the inclusion of newcomers whose mother tongue is not French, but who know and understand French as an official language, as proposed by the IDF.

Official language and language of preference

The two questions recommended by the Entities are intended to identify Francophones for purposes of service planning. Correctly applied, they represent a linguistic variable that will produce reliable data.

The question on “language of preference” is to be asked mainly in the context of service *delivery*, i.e. at the time the health-care organization inquires about a patient’s choices. **“Language of preference” does not determine the client’s linguistic identity, but indicates his or her language preference in a specific service context.**

For this reason, “language of preference” is not recommended as a variable for individual linguistic identification for the purpose of health services planning. In fact, the degree of reliability on this variable is quite low in Francophone minority contexts:

- The literature indicates that at vulnerable times, such as when dealing with a health problem, Francophones often do not request service in French for fear that their language preference will have a negative impact on the quality of service they receive, the accessibility of all treatment options, wait times, or other issues.⁹
- A recent Statistics Canada study clearly showed that the presence of health-care professionals able to hold a conversation in French, as well as the proportion of Francophones in a given region, had an impact on the use of French with various health-care professionals.¹⁰

The question on “language of preference,” relevant in some service delivery situations, may be added to questions about a client’s linguistic identity, but should not replace those questions.

⁹ Statistics Canada. (2011). *Portrait of Official-Language Minorities in Canada: Francophones in Ontario*.

RRASFO. (2012). *La santé des francophones de l'Ontario : un portrait régional tiré des Enquêtes sur la santé dans les collectivités canadiennes (ESCC)*.

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Institut franco-ontarien (IFO). (2005). *Deuxième rapport sur la santé des francophones de l'Ontario*.

Health Canada. (2001). *Language Barriers in Access to Health Care*.

Health Canada. (2002). *“Certain Circumstances” Issues in Equity and Responsiveness in Access to Health Care in Canada*.

Health Canada. (2008). *Évaluation de la validité des preuves présentées dans l'étude intitulée « Language Barriers in Health Care Settings : An Annotated Bibliography of the Research Literature »*.

Canadian Institute for Research on Linguistic Minorities (CIRLM). (2011). *The offer of health services in French in minority context*.

Puchala C., et al. (2011). *Comparison of mental health services utilization in minority versus majority official language populations in Canada*.

Canadian Institute for Research on Linguistic Minorities (CIRLM). (2009). *The Utilization of French-Language Government Services*.

¹⁰ Corbeil, J.P. & Lafrenière, S. (2011). *Portrait of Official-Language Minorities in Canada: Francophones in Ontario*, Statistics Canada, p. 50.