



French Language  
Health Services Network  
of Eastern Ontario

# Linguistic Variables: A Necessity for Health Services Planning Tailored to the Needs of Francophones

## Current Status

**Descriptive analysis of the presence of linguistic variables in  
administrative and survey databases required  
for health services planning**

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## INTRODUCTION

Access to information that takes into account linguistic variables is a determining factor in order for health services planning to be tailored to the needs of Francophones. This information, when collected systematically, creates a portrait of the health of Francophones that makes planning more relevant to the needs of Francophones with a view to improving the quality of care which is offered to them.<sup>1</sup>

To ensure that health services planning meets Francophone needs, the Réseau, along with the Champlain and South East LHINs made the linguistic variable a priority in their first joint action plan. One of the plan's four stated objectives was "to improve the quality of data on the Francophone population, access and use of health services for better planning."<sup>2</sup>

As a first step, the Réseau, in collaboration with the Champlain and South East LHINs, conducted an analysis on the presence of linguistic variables in the databases used to plan health services. This was the first regional perspective investigation conducted in partnership which addresses linguistic variables in the administrative and survey databases currently used by the regional health authorities, the LHINs.

The analysis produced an inventory of the linguistic variables found in databases. The Réseau and the LHINs then identified the gaps and proposed possible solutions to help ensure that health services planning is based on relevant data specific to the Francophones of Eastern and South-Eastern Ontario.

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<sup>1</sup> Réseau des services de santé en français de l'Est de l'Ontario. (2012). *Rationale and Impact Analysis Framework for Local Health Integration Networks (LHINs) and Health Service Providers (HSPs) of Eastern and South-Eastern Ontario*, pp. 2-3.

<sup>2</sup> Réseau des services de santé en français de l'Est de l'Ontario, Champlain LHIN and South East LHIN. (2011). *Draft Joint Annual Action Plan 2011-2012*, p. 2.

## INFORMATION REVIEW

Our review of linguistic variables in existing databases and information collection practices was carried out in close collaboration with the Champlain and South East LHINs.

Based on the expertise of the parties involved, an inventory template was developed to review existing databases relevant to health service planning. Specifically, the inventory<sup>3</sup> includes the following information for each database:

- Database name
- Description of content
- Data type
- Frequency of collection and reporting
- Population represented
- Champlain region sample size
- South East region sample size
- Lowest level of geography recorded
- Geography typically reported
- Linguistic variables collected
- Possibility of LHIN access and level of access to the information
- Tools used to access

Compiling the relevant information from all 30 databases reviewed required research, inquiries, requests for additional information and verifications against existing literature. The entire process was carried out jointly with the Champlain and South East LHINs.

Due to their diversity, the databases were classified into two categories:

- **Administrative databases**, which consist of information on management, administration, use of health services, funding, referrals, diagnoses, etc. This information is essential for services planning.
- **Survey databases**, which consist of information collected via population surveys, including census data. This information is required to understand the population, its needs and its health status.

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<sup>3</sup> See Appendix, page 11.



In addition, as a complement to the database review, the Réseau produced an inventory of studies published<sup>4</sup> by partners, researchers and research institutions that focused on information arising from survey data on Francophones living in minority environments, according to the following criteria:

- Study published after 2000
- Population information specific to Francophones living in minority environments
- Study conducted in the Champlain or South East region, all of Ontario or all of Canada

The analysis presented here is descriptive. It takes into account all the information collected to highlight the issues and challenges concerning access to the information required to ensure that health services planning is based on relevant data that is specific to Eastern and South-Eastern Ontario Francophones. The report is presented in two parts: a portrait of survey databases followed by an analysis of administrative databases.

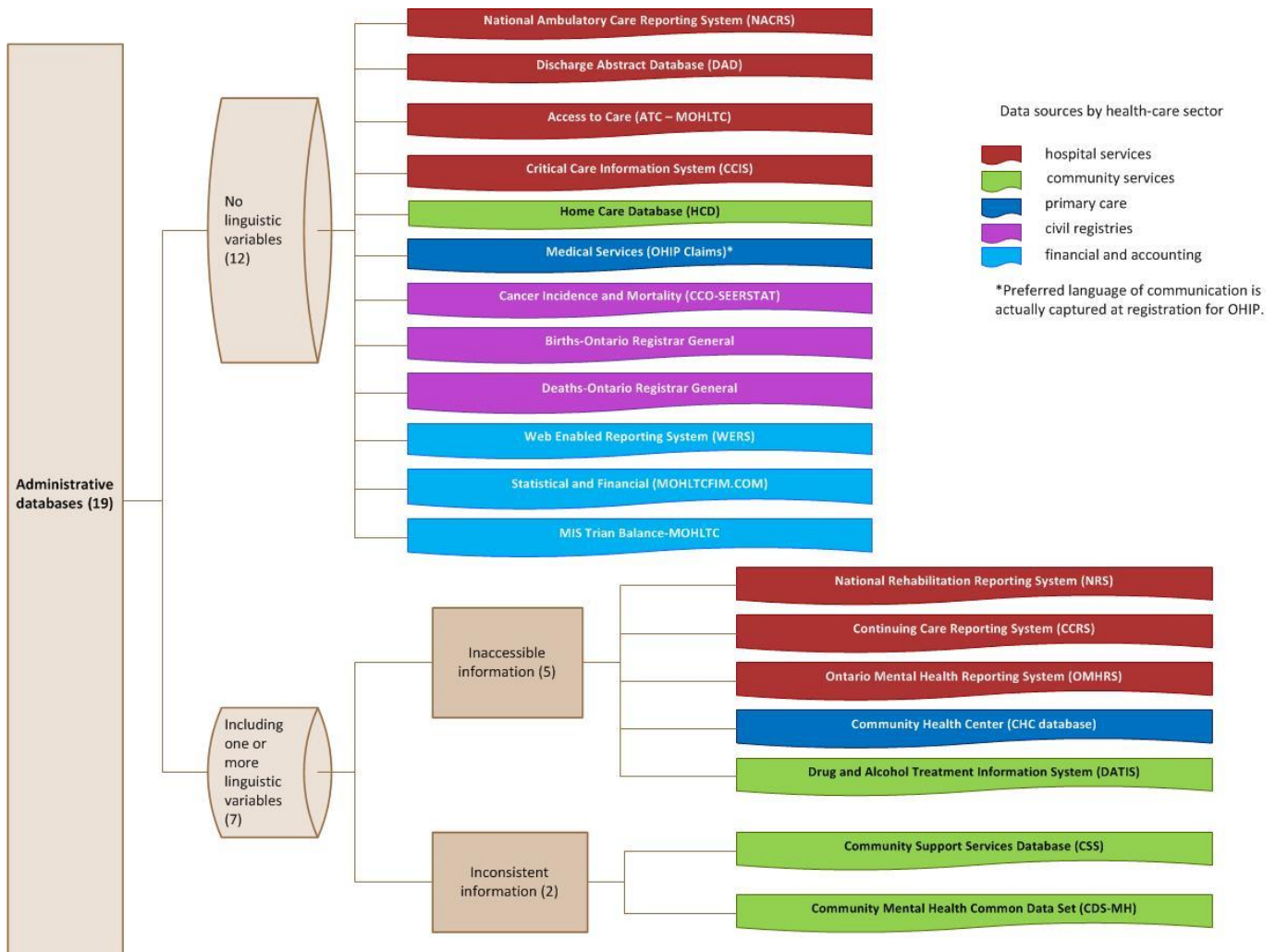
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<sup>4</sup> Réseau des services de santé en français de l'Est de l'Ontario. (2012). *Inventory of Published Population Studies*.

## Portrait of Administrative Databases

We reviewed 19 administrative databases used by the LHINs. All of these databases allow for divisions according to the Champlain and South-East zones, and they serve a variety of purposes:

- 7 relate to hospital services
- 4 relate to community services
- 2 relate to primary care
- 3 relate to finances and accounting
- 3 relate to civil registries



We found that only seven of these, or 37%, include one or more linguistic variables. This means that a considerable amount of information specific to Francophones in minority

communities in the Champlain and South-East regions, including information on use of services, waiting times, client paths and health service funding, remains unknown.

The 12 databases that did not include linguistic variables contained information from hospital and primary care (i.e. medical services) and community services (i.e. home care). Moreover, neither the information from civil registries nor the financial and accounting data included any form of linguistic variable. However, the information in these databases is necessary to identify health needs and to plan health services that meet those needs.

Of the seven databases that included one or more linguistic variables, five of them present information that is difficult or impossible to access. With four of the databases, the information is inaccessible because of a portal that excludes linguistic data. In the case of the fifth database, linguistic variables are not considered in its reports; however, health authorities and health services providers can request reports based on this information.

As for the remaining two databases that included one or more linguistic variables, the data they offer is inconsistent, due mainly to the different collection methods employed.

To illustrate the inconsistency in the collection of linguistic variables, an exploratory study by Chomienne et al.<sup>5</sup> for the Champlain LHIN reported wide variation in the questions used to identify Francophone clients, which hampers the quality of the linguistic data. Questions included:

- What is your preferred language of service?
- What is your first language?
- What is your mother tongue?
- Which official language do you speak?
- 

The poor quality of the linguistic information collected by means of questions like these limits the analysis because of inconsistency in the choice of questions, inconsistency in the frequency with which the questions are asked and the validity of the questions themselves.

## Findings

- The LHINs have access to the information in the administrative databases studied.
- When linguistic variables are collected, access to the information is essentially null: in most cases, this is due to the portal allowing access to the information; in others, is it due to the inconsistency of the information collected.

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<sup>5</sup> Chomienne, Marie-Hélène, et al. (2011). *Enquête exploratoire sur le recueil de la variable linguistique dans les données administratives des hôpitaux de la région du RLISS-Champlain*, Champlain LHIN.



- The three databases used most extensively by the LHINs in their planning processes do not include linguistic data:
  - National Ambulatory Reporting System (NARCS)
  - Discharge Abstract Database (DAD)
  - Home Care Database (HCD)
- The differing approaches to collecting linguistic variables have a detrimental impact on the quality of the data collected and limit the possibilities of analysis.

### **Potential solutions**

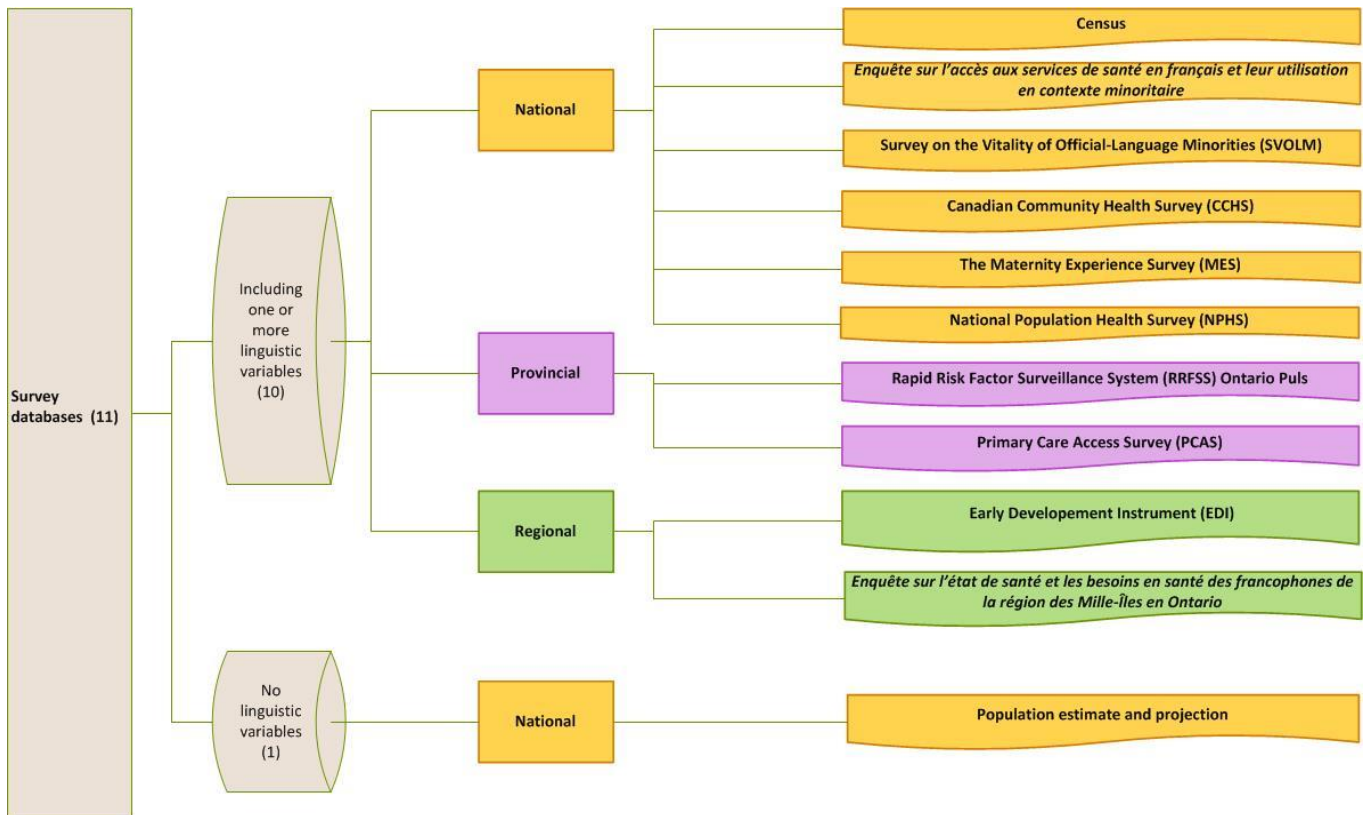
In response to these findings, here are some possible solutions the Réseau would like to explore:

- Elaborate a recommendation for all health services providers in order to collect the linguistic variable as part of their process of identifying clients.
- Promote systematic collection of linguistic data among services providers as part of the process of client identification, by means of a pilot project in our region. We propose that hospitals and community care access centres be prioritized in this matter.
- Raise awareness of key provincial stakeholders on the importance of collecting linguistic data and identify opportunities to insert the linguistic variable into provincial processes.
- Encourage key stakeholders to integrate the linguistic variable into reports generated by portals such as *Intellihealth*.
- Investigate possibilities for associating linguistic data, such as that contained in the census, with the various databases used by the LHINs.



## Portrait of Survey Databases

We reviewed 11 population based databases from the following: seven national, two provincial and two regional surveys. The surveys all addressed health determinants issues.



It must be noted that, of the seven national surveys, six were conducted by Statistics Canada. The seventh survey was an initiative of the Société Santé en français intended to fill existing information gaps on Canadians living in minority environments' knowledge of health services offered in French, their use of these services and their satisfaction with these services.

Overall, we found that linguistic variables are often included in survey databases: of the eleven we studied, ten included linguistic variables, and only one did not. Of the ten, four included the variables required to apply Ontario's Inclusive Definition of Francophone (IDF).

However, of the ten databases that included linguistic variables, only four had sample sizes large enough to allow for any regional divisions, such as the Champlain or South East LHINs' zones. Furthermore, another national database that included linguistic variables did allow for regional division, but its divisions were completely different from the LHIN divisions: the

Ottawa agglomeration and the South-East region, the last one including the eastern counties (Prescott, Russell, Stormont, Dundas and Glengarry).

In addition, two of the databases were region-specific, one in the Champlain region (*Early Development Instrument Champlain zone*) and one in the South-East region (ACFO survey on the state of health of Francophones).

Of the seven databases that allowed for regional division, four can present the information according to areas similar to those represented by the LHINs, one presents a different regional division, and two databases came from surveys that were specific to one of the two regions corresponding to the Réseau's territory. An eighth database also allowed for regional division, but did not include linguistic variables.

Finally, it is to be noted that the information in four of the ten databases that included one or more linguistic variables is no longer updated and will become obsolete over time, as the surveys that provided information to these databases have terminated.

## Findings

- Survey databases are not perfect, but they are reliable enough and they collect information frequently enough to establish provincial, and sometimes regional, socio-demographic portraits.
- Improving the health data would help to better understand the prevalence of illness and to determine potential correlations between health determinants, including culture and language, and the health status of a particular population.
- The information in 40% of the databases that include one or more linguistic variables is no longer updated.

## Potential solutions

In response to these findings, here are some possible solutions the Réseau would like to explore:

- Support Société Santé en français in its discussions with federal authorities, such as Health Canada and Statistics Canada, on the topic of systematic collection of linguistic variables and representative sampling of linguistic minority populations.
- Launch awareness campaigns for stakeholders conducting provincial and regional research to raise awareness on the necessity of collecting linguistic variables and the importance of including significant sampling of minority Francophones.



- Maximize the use of published population studies, and continue our database inventory for the regions served by the Réseau and from Ontario as a whole.
- Establish research partnerships with the goal of developing a complete understanding of the situation of Francophones in minority environments.

## CONCLUSION

Conducted in partnership with the Champlain and South East LHINs, the Réseau's initiative produced a comprehensive and precise portrait of linguistic variables in administrative and survey databases.

The Réseau has proposed concrete solutions to address identified gaps of information and thus help to ensure French-language health services planning based on evidence-based data. This issue remains a priority in the Réseau-Champlain LHIN-South East LHIN joint action plan for 2012-2013.

We believe that it is vital that we continue to analyze the information in our database inventory, especially that found in administrative databases, as this information has a direct impact on our mandate as French Language Health Planning Entity. This in-depth analysis will produce a shared understanding of the issues relating to the quality and accessibility of linguistic data, and will also help to focus the findings and proposed solutions from this first analysis.

Moreover, it is worth noting that the process undertaken by the Réseau has inspired a trend of collaboration between various key stakeholders, above and beyond the existing partnership between the Réseau and the Champlain and South East LHINs. Given that all the LHINs rely on the same databases to plan their health services, it is clear that the issue of linguistic variables requires collaboration between key provincial stakeholders. The potential solutions proposed by the Réseau are part of a movement toward coordinated, province-wide action. In Eastern and South-Eastern Ontario, the Réseau, the Champlain LHIN and the South East LHIN are partners in this venture.

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## APPENDIX

### Database Inventory



Database  
Inventory.pdf



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