



**THE HEALTH OF FRANCOPHONES
IN MINORITY COMMUNITIES:
AN URGENT NEED FOR MORE INFORMATION
TO PROVIDE BETTER SERVICES**

*Consortium national de formation en santé
Société Santé en français*

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LIST OF ACRONYMS AND INITIALISMS

CCHS	Canadian Community Health Survey
CIHI	Canadian Institute for Health Information
CIRLM	Canadian Institute for Research on Linguistic Minorities
CNFS	<i>Consortium national de formation en santé</i>
FCFA	<i>Fédération des communautés francophones et acadienne</i>
FOLS	First official language spoken
FMCs	Francophone minority communities
ICTs	Information and communication technologies
SSF	<i>Société Santé en français</i>
SVOLM	Survey of the Vitality of Official-Language Minorities
RDC	Research Data Centre

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We thank you all.

SUMMARY

The *Consortium national de formation en santé (CNFS)* and the *Société Santé en français (SSF)* are two national organizations working to improve access to French-language health services for Francophone minority communities (FMCs). They see access to knowledge on these communities as a short-term priority. Indeed, the CNFS, SSF, and their partners have on many occasions lamented the lack of relevant data describing the realities faced by Francophone minority communities, their health needs, the services at their disposal, and the human resources able to provide care in French. This gap creates significant barriers to the provision of relevant French-language health services in these communities.

The CNFS and SSF are therefore asking federal, provincial, and territorial officials to find solutions. This document will demonstrate the relevance of the need for concrete action in this regard.

The starting point: access to relevant and updated data

Ensuring access to relevant and systematically updated data requires action on **three key dimensions**:

- Systematic inclusion of one or more recognized variables accurately describing the linguistic characteristics (related to both official languages) of the target populations in administrative databases and surveys originating with government authorities;
- In the case of databases or surveys already containing such variables, harmonization of the variables used, by province and territory;
- Sufficiently large samples to allow more sophisticated and statistically significant analysis of linguistic communities (analysis based on age groups, regions, etc.).

These three key dimensions must be reflected in the **various databases** in the following categories:

- Databases and survey data on measurements of population health and wellness, on health determinants, and on communities' needs. This category includes, among others, the many population surveys conducted by Statistics Canada for federal departments;
- Databases on the use of health and social services. In most but not all cases, this category includes databases that are collected in all regions, provinces, and territories and managed by the Canadian Institute for Health Information (CIHI);
- Databases and surveys on health and social service human resources. This category includes data collected by professional associations and colleges in the provinces and territories entered into national databases managed by the CIHI.

The currently incomplete profile of Francophone minority populations and their needs severely hinders the ability of health care systems to tailor their responses to these populations' specific needs. It is therefore essential to equip health care providers as quickly as possible so they can better define the provision of quality French-language services.

Harmonized use of relevant language variables

In the past, uniform selection of the language variables to be included in databases and harmonization of their use have constituted major challenges. Based on analyses conducted by the Canadian Institute for Research on Linguistic Minorities (CIRLM), the CNFS and SSF adopted a resolution recommending that the Government of Canada take steps to systematically collect three language variables that measure the realities faced by Francophones in minority situations and that can be used to generate the derived variable of first official language spoken (FOLS). These three variables include knowledge of both official languages, mother tongue, and language spoken at home. Complementary variables will, however, also be required for databases on the use of services and human resources in the health and social services field.

Implementation of positive measures

Inclusion of language variables in databases represents both a strategic and operational issue. Information on Francophone minority communities constitutes an essential tool for these communities' vitality and for recognition of the country's linguistic duality, as set out in the *Roadmap for Canada's Linguistic Duality 2008-2013*. Indeed, for minority language communities, access to quality health services in their own language is entirely consistent with the provisions of the *Constitution Act, 1982*, which recognizes the language rights of both official language groups.

In the federal sphere, the Supreme Court of Canada has reiterated, through various decisions, the principle of linguistic equality in the delivery of government services and has guaranteed equal quality in the provision of services by federal institutions. These language rights require government measures for their implementation; furthermore, governments cannot invoke administrative factors to limit their accessibility.

In addition to the obligations inherent to its institutional services under the *Official Language Act*, the Government of Canada is responsible for enhancing the vitality of English and French linguistic minorities in Canada and for supporting and assisting their development, as well as fostering the full recognition and use of both English and French in Canadian society (section 41 of the *Official Language Act*). Federal institutions must therefore ensure that positive measures are taken to implement this commitment. For example, Health Canada and Statistics Canada could, based on the provisions of section 41, invite the CIHI to review its approach to the collection of language variables in the databases for which it is responsible. This organization is a key player in the development of databases on health, services, and resources. However, it has indicated that it does not consider itself subject to the provisions of the *Official Languages Act*.

Identification of the needs of Francophone communities

In health and wellness. Any measure targeting the health and wellness of populations must be based on an accurate assessment of the realities they face. Each province / territory already compiles a demographic, socioeconomic, and health and social service profile of their population consisting of a broad range of data. It goes without saying that major social surveys containing language variables, including the Census of Canada and the Canadian Community Health Survey (CCHS), constitute important assets in compiling these profiles. Unfortunately, the studies,

analyses, and reports resulting from these databases provide fragmented and limited profiles. Work must proceed based on a much larger pool of knowledge. As well, provinces and territories must profile the health of their Francophone communities.

In health service delivery. Provincial, territorial, and regional authorities as well as health facilities must be able to provide a quality response to their communities' needs. This means providing satisfactory access to an integrated and continuous series of quality health and social services. To this end, the various authorities involved must see to the planning, organization, coordination, management and evaluation of these services. Their toolbox necessarily includes administrative databases that measure the production and use of services. However, the existing databases do not currently allow them to measure levels of use by linguistic communities. The various health authorities involved must develop and implement policies requiring service organizations to place linguistic and cultural competencies at the heart of their mission and their quality process. These policies should provide access to data on the health services delivered to minority language or minority culture populations.

In Francophone human resources. Human resources are the very cornerstone of health and social service systems. The salaries and benefits of health facility employees represent the largest portion of the public expenditures devoted to these two sectors. Government authorities are attempting to plan and manage human resources in relation to populations' rapidly changing needs as well as to the transformations affecting the organization of work, interdisciplinary approaches, etc. In order to offer French-language services, it is essential to have detailed knowledge of human resources' ability to provide services to Francophone communities. Directories of provincial and territorial professional colleges are being updated regularly and are capturing more detailed data. However, the language in which professionals are able to provide services is not a systematically captured variable. The CIHI manages a national database that supports the provinces and territories. It is therefore essential for this database to include appropriate variables measuring health and social service professionals' ability to provide French-language services.

Technological barriers: a thing of the past

In the past, authorities cited technical issues and the costs associated with changes to explain a certain lack of progress in adding language variables to databases. However, these arguments are no longer valid, since technological advancements are opening up many possibilities. First, Statistics Canada is working to develop a Sociodemographic Data Master File for the entire Canadian population, which would include information on the first official language spoken. This file would also allow matching with all Statistics Canada and CIHI files. Second, there is the possibility of developing a unique identification code for each health and social service professional having received certification from a provincial or territorial professional college.

Despite the potential that these initiatives offer, awaiting concrete results from these technological advancements before taking action is not an option, given the delays inherent in implementing significant transformations in major databases. In light of the progress underway and the investments being made by the federal government, is it not reasonable to expect that information on Canadians' language skills will rapidly become an easily collected variable?

The time for action is now

The CNFS and SSF firmly believe that past barriers to accessing more sophisticated data on Francophone minority communities (FMCs) should no longer guide future choices. However, there is an urgent need for action, and timely solutions are required. The current debate no longer involves the relevance of information. The major issue is rather the implementation of measures that will provide access to this information.

In this regard, the CNFS and SSF acknowledge the leadership being provided by Health Canada. This organization can serve as a catalyst for the requested changes with the other federal, provincial, and territorial authorities involved in the issue. **Against this backdrop, the CNFS and SSF wish to work with these government partners to help develop increased knowledge of the realities faced by Francophone minority communities. For this purpose, the CNFS and SSF propose the following solutions:**

1. With respect to the selection of language variables and their systematic use:

That the three variables, namely mother tongue, knowledge of both official languages, and language spoken at home be retained by all relevant authorities as core variables to describe the characteristics of the Francophone minority population and that they be systematically captured in all population databases;

That Health Canada, Statistics Canada, the other federal authorities involved as well as provincial and territorial authorities agree on the selection of standardized and complementary variables for databases on health services and health care professionals;

That the CNFS and SSF be partners in the work leading up to the selection of language variables.

2. With respect to the implementation of positive measures enhancing the vitality of Francophone communities:

That all the data provided by the surveys and administrative databases of Health Canada, Statistics Canada and the other federal authorities involved include language variables that make it possible to capture the population by official language, with sufficiently large sampling to allow more sophisticated analysis;

That Health Canada and Statistics Canada take positive measures under section 41 (Part VII) of the Official Languages Act to initiate a process with the CIHI for this organization to review its policies and approaches governing the inclusion of language variables;

That this issue be raised during future meetings of the Federal-Provincial-Territorial Ministers of Health Roundtable or organizations reporting to same.

3. With respect to databases on the characteristics, health status and wellness of Francophone populations:

That Health Canada, Statistics Canada, the other federal authorities involved as well as provincial and territorial authorities work to increase the number of population health and wellness databases that include the linguistic dimension, by promoting the following aspects:

- *Ongoing use of the SVOLM as a core tool for minority language communities;*
- *Oversampling of minority language communities in the major federal health surveys, first among them being the CCHS, in accordance with the recommendation of the Standing Committee on Official Languages;*
- *Systematic inclusion of relevant language variables in all future federal surveys related to health and wellness;*
- *Compilation and maintenance of the health profiles of FMCs in the provinces and territories.*

That Health Canada involve the CNFS and SSF in analysing information needs, for prioritization purposes.

4. With respect to a quality response to the health needs of Francophone communities:

That Health Canada, the other federal authorities involved as well as provincial and territorial authorities agree on a common approach to tailoring administrative databases on health and social services so as to capture linguistic communities;

That these government authorities also agree on an action plan, in collaboration with the CIHI, to implement these approaches;

That Health Canada involve the CNFS and SSF in this work, for the purpose of identifying Francophone communities' needs.

5. With respect to better planning and management of health and social service human resources:

That Health Canada, the other federal authorities involved as well as provincial and territorial authorities agree with the CIHI to include, in national databases, appropriate and standardized variables measuring the ability of health and social service professionals to provide French-language services;

That Health Canada involve the CNFS and SSF in this work by inviting them to sit on service provider committees.

6. With respect to advancements in information and communication technologies:

That the systematic inclusion of technological innovations such as the Master File, standardized patient index, and standardized health care professional files yield results facilitating access to data on health, services and resources that include language variables as soon as possible;

That Health Canada involve the CNFS and SSF in analysing information needs, for prioritization purposes.

1. INTRODUCTION

The *Consortium national de formation en santé (CNFS)* and the *Société Santé en français (SSF)* are two national organizations working to improve access to French-language health services for Francophone minority communities (FMCs) so as to strengthen their health and wellness. With all their national, provincial and territorial partners, they see access to knowledge on these communities as a short-term priority.

Indeed, the CNFS, SSF, and their partners have on many occasions lamented the lack of relevant data on the realities facing Francophone minority communities, their health needs, the services at their disposal, and the human resources able to provide care in French. This gap creates significant barriers to the provision of relevant French-language health services in these communities.

Both organizations have approached government authorities and organizations they fund, such as the Canadian Institute for Health Information (CIHI), to underscore the need for this data, which constitutes a work tool for researchers, directors and managers of health facilities, regional health authorities, postsecondary educational institutions, community organizations, etc.

All stakeholders recognize the importance of having profiles of populations, health services and resources that are both detailed and systematically updated. With such tools in hand, decision makers can regularly determine sound and equitable approaches to development priorities and resource allocation choices. This enables them to tailor service delivery to the characteristics of their communities, with the primary issues being service quality and patient safety. Federal, provincial, territorial and regional authorities are intensifying their efforts to meet the needs of minority communities, including cultural communities or First Nations, more effectively.

The phenomenal development of information and communication technologies (ICTs) is greatly facilitating the collection, storage, management and use of information on these various populations. It is difficult to reconcile the exponential growth of ICTs with the absence of language variables in official databases. The CNFS and SSF are therefore asking federal, provincial, and territorial authorities to find solutions. The present document will demonstrate the relevance of the need for concrete action in this regard.

2. THE STARTING POINT: ACCESS TO RELEVANT AND UPDATED DATA

A research team recently produced for the CNFS an exhaustive and rigorous analysis of the availability of administrative and survey data on the health status of FMCs and their access to French-language health services.¹ The authors correctly reiterated that the **situation of nearly a million Francophones in minority situations and the impact this situation has on their health status and access to French-language health services remain poorly documented.** This observation actually formed part of the conclusions contained in the Standing Committee on Official Languages' 2007 report, which declared that "there are plenty of avenues of research, but there are obviously also significant gaps in our knowledge of the health status of members of official language minority communities."²

Ensuring access to relevant and systematically updated data requires action on **three key dimensions**:

- **Systematic inclusion of one or more recognized variables accurately describing the linguistic characteristics** (related to both official languages) of the target populations in administrative databases and surveys originating with government authorities;
- In the case of databases or surveys already containing such variables, **harmonization of the variables used, by province and territory**;
- **Sufficiently large samples to allow more sophisticated and statistically significant analysis** of linguistic communities (analysis by age group, region, etc.).

These three key dimensions must be reflected in the **various databases** in the following categories:

- Databases and survey data on **measurements of population health and wellness, on health determinants, and on communities' needs**. This category includes among others the many population surveys conducted by Statistics Canada for federal departments;
- Databases on the **use of health and social services**. In most but not all cases, this category includes databases that are collected in all regions, provinces, and territories and managed by the Canadian Institute for Health Information (CIHI);
- Databases and surveys on **health and social service human resources**. This category includes data collected by professional associations and colleges of the provinces and territories entered into national databases managed by the CIHI.

The issue is clear: the incomplete profile of Francophone minority populations and their needs severely hinders the ability of health care systems to tailor their responses to these populations' specific needs, to provide equitable French-language services, and to adequately plan the required human resources.

¹ I. Gaboury, J. Guignard Noël, É. Forgues et L. Bouchard. *Les données administratives et d'enquêtes sur l'état de santé et l'accès aux services des communautés francophones en situation minoritaire : potentiel d'analyse et état de situation*, Report prepared for the CNFS, August 2009.

² House of Commons, *Communities Speak Out: Hear Our Voice! The Vitality of Official Language Minority Communities*, Report of the Standing Committee on Official Languages, 39th Parliament, 1st session, May 2007, p. 53.

3. HARMONIZED SELECTION AND USE OF RELEVANT LANGUAGE VARIABLES

A basic element, in the debate on the inclusion of language variables, involves the selection of standardized tools and the harmonization of the use of variables. These factors have been identified in the past as a barrier to the inclusion of variables in databases.

Through the *Commission conjointe de recherche sur la santé des francophones en situation minoritaire*, the CNFS and SSF researched this issue with the assistance of the Canadian Institute for Research on Linguistic Minorities (CIRLM).³ As a result, both organizations adopted a motion recommending that the Government of Canada take steps to systematically collect three language variables to measure the realities faced by Francophones in minority communities and to be used to generate the derived variable of first official language spoken (FOLS). These three variables include knowledge of both official languages, mother tongue, and language spoken at home.⁴

With respect to data on the use of services and the availability of Francophone human resources, complementary variables should be captured based on the nature of a given file.

- For databases on the utilization and provision of services, one or more variables describing the language in which service is requested and the language in which service is provided.
- For databases on health care professionals, one or more variables measuring a professional's ability to provide French-language services.

Work in this area is underway at Statistics Canada to identify the language variable or variables collected in surveys.⁵ This issue could also be addressed by the various CIHI-piloted committees studying databases on services and human resources in order to select common tools for all the provinces and territories. The CNFS and SSF wish to collaborate with these two authorities to define standardized measurements that could be applied at the national, provincial, and territorial levels.

³ É. Forgues and R. Landry, *Defining Francophones in Minority Situations: An analysis of various statistical definitions and their implications*, 2006.

⁴ See the Statistics Canada Web site for the *2006 Census Dictionary*. The derivation method is described in the regulation concerning use of official languages in the delivery of services to the public. It first factors in knowledge of both official languages, then mother tongue, then language spoken at home.

⁵ I. Gaboury *et al.*, *op. cit.*

It is proposed:

That the three variables, namely mother tongue, knowledge of both official languages, and language spoken at home, be retained by all relevant authorities as core variables to describe the characteristics of the Francophone minority population and that they be captured in population databases;

That Health Canada, Statistics Canada, the other federal authorities involved as well as provincial and territorial authorities agree on the selection of standardized and complementary variables for databases on health services and health care professionals;

That the CNFS and SSF be partners in the work leading up to the selection of language variables.

4. TAKING POSITIVE MEASURES TO ENHANCE THE VITALITY OF FRANCOPHONE COMMUNITIES

Some may see the inclusion of language variables in databases as a fairly technical matter, whereas strategic and operational issues play an equally important role. Information on Francophone minority communities constitutes an essential tool for these communities' vitality and for recognition of the country's linguistic duality, as set out in the *Roadmap for Canada's Linguistic Duality 2008-2013*.⁶

Indeed, for minority language communities, access to quality health services in their own language is fully consistent with the spirit of the provisions of the *Constitution Act, 1982*, which recognizes the linguistic rights of both official language groups. Nine of Canada's ten provinces have ratified this legislation.

In the federal sphere, various decisions of the Supreme Court of Canada, the most recent one being the 2009 CALDECH case, have reached the same conclusions. The interpretation of language rights must be compatible with the maintenance and vitality of the country's official language minorities, and the principle of linguistic equality in government service delivery provides a guarantee of equal quality in the provision of services by federal institutions. These language rights require government measures for their implementation; furthermore, governments cannot invoke administrative factors to limit their accessibility.

Apart from the obligations inherent to its institutional services under the *Official Languages Act*, the Government of Canada, its departments and organizations have an additional responsibility. Under section 41 (part VII) of the legislation:

[...] The government is committed to enhancing the vitality of the English and French minority language communities in Canada and supporting and assisting their development as well as fostering the full recognition and use of both English and French in Canadian society. [...] Every federal institution has the duty to ensure that positive measures are taken for the implementation of this commitment. For greater certainty, this implementation shall be carried out while respecting the jurisdiction and powers of the provinces. [...]⁷.

In the provincial and territorial spheres, government authorities are taking increasing responsibility for the provision of services to minority language communities. They have passed legislation on official languages (in New Brunswick), on access to French-language services (in Ontario), or have adopted policies on access to French-language services (in Manitoba). In short, access to databases on FMCs' needs constitutes a robust tool that supports the fulfillment of commitments and the active offer of French-language services.

⁶ Government of Canada, *Roadmap for Canada's Linguistic Duality 2008-2013: Acting for the Future*, 2008.

⁷ *Official Languages Act*, 1985, ch. 31, 4th suppl., s. 41.

A potential field of joint action for federal, provincial, and territorial authorities involves the data that the CIHI collects and stores. This not-for-profit organization, the result of a partnership between the federal government and the provinces, fulfills various responsibilities on their behalf. However, it has indicated that it does not consider itself subject to the provisions of the *Official Languages Act* due to its status and governance.⁸

That said, the Government of Canada is one of the CIHI's major funders.⁹ Moreover, representatives of Health Canada and Statistics Canada are ex officio members of its Executive Committee. Is it not therefore appropriate to consider exploring with the CIHI options for collecting linguistic data related to application of section 41 (Part VII) of the *Official Languages Act*? Such an assumption echoes a 2007 recommendation by the Standing Committee on Official Languages according to which “the Government of Canada suggest that the provinces include the language variable in health records, while respecting their jurisdiction [...]”¹⁰

It is proposed:

That all the data provided by the surveys and administrative databases of Health Canada, Statistics Canada, and the other federal authorities involved include language variables that make it possible to capture the population by official language, with sufficiently large sampling to allow more sophisticated analysis;

That Health Canada and Statistics Canada take positive measures under section 41 (Part VII) of the Official Languages Act to initiate a process with the CIHI for this organization to review its policies and approaches governing the inclusion of language variables;

That this issue be raised during future meetings of the Federal-Provincial-Territorial Ministers of Health Roundtable or organizations reporting to same.

⁸ Meeting involving the FCFA, SSF and CNFS with Jean-Marie Berthelot, Vice-President, Programs, CIHI, June 2008.

⁹ Canadian Institute for Health Information, *Annual Report 2007-2008*, 2008, Appendix II.

¹⁰ House of Commons, *op. cit.*, p. 54.

5. BETTER IDENTIFICATION OF THE HEALTH NEEDS OF FRANCOPHONE COMMUNITIES

Any measure targeting the health and wellness of populations must be based on an accurate assessment of the realities they face. Each province and territory already compiles a demographic, socioeconomic, and health and social service profile of their population consisting of a broad range of data, such as measurements of various health determinants, data from health and social service surveys, mortality and morbidity rates, etc. These profiles of target groups based on specific time periods or geographic areas allow the differentiated needs of populations and communities to be evaluated. To devise initiatives and understand the resulting health impacts on a target population, decision makers must have access to such scientific analyses.

The major social surveys containing language variables, including the Census of Canada and the Canadian Community Health Survey (CCHS), constitute important assets in compiling these profiles. As well, the recent addition of the Survey of the Vitality of Official-Language Minorities (SVOLM) (2008) supplies complementary and extremely useful information on the health field.¹¹ The creation of the Research Data Centre (RDC), piloted by the Canadian Institute for Research on Linguistic Minorities (CIRLM) at the *Université de Moncton*, gives researchers easier access to the microdata of household and population surveys.

However, the studies, analyses and reports resulting from these databases provide fragmented and limited profiles. Use of the available population databases must be maximized, but work must also proceed based on a much larger pool of knowledge. Ongoing efforts are starting to produce positive results in relation to the willingness of provinces and territories to invest in the health profiles of FMCs. For instance, Manitoba Health and Wellness, in collaboration with the Manitoba Centre on Health Policy, has approved the production of a report on the health of that province's Francophones. This is an example we would like to see reproduced more often in the future.

The number of population data files that incorporate the linguistic dimension must nevertheless increase. As well, the sample sizes used must allow a range of sophisticated analysis to be performed. It is in this spirit that the Standing Committee on Official Languages recommended “[...] that Statistics Canada use oversampling of official language minority communities in its next National Population Health Survey [...].”¹²

¹¹ J.-P. Corbeil *et al.*, *Minorities Speak Up: Results of the Survey on the Vitality of Official-Language Minorities*, Statistics Canada, Ottawa, 2007.

¹² House of Commons, *op. cit.*, p. 54.

It is proposed:

That Health Canada, Statistics Canada, the other federal authorities involved as well as provincial and territorial authorities work to increase the number of population health and wellness databases that include the linguistic dimension, by promoting the following aspects:

- *Ongoing use of the SVOLM as a core tool for minority language communities;*
- *Oversampling of minority language communities in the major federal health surveys, first among them being the CCHS, in accordance with the recommendation of the Standing Committee on Official Languages;*
- *Systematic inclusion of relevant language variables in all future federal surveys related to health and wellness;*
- *Compilation and maintenance of the health profiles of FMCs in the provinces and territories.*

That Health Canada involve the CNFS and SSF in analysing information needs, for prioritization purposes.

6. DELIVERING A QUALITY RESPONSE TO THE HEALTH NEEDS OF FRANCOPHONE COMMUNITIES

Provincial, territorial, and regional authorities as well as health facilities must be able to deliver a quality response to communities' expression of needs. The various provincial and territorial legislative texts governing health and social service systems reiterate their responsibility to deliver services to various clienteles safely.¹³ This must translate into satisfactory access to an integrated range of quality health and social services delivered on a continuous basis.

To this end, the various authorities involved must see to the planning, organization, coordination, management and evaluation of these services. Their toolbox necessarily includes administrative databases that measure the production and use of these services and, more specifically, the characteristics of clienteles, catchment areas, diagnostic profiles, types of services used, etc. Unfortunately, these databases do not currently allow authorities to measure the penetration of services within linguistic communities or to determine whether the addition of Francophone professionals has had an impact on the volume of Francophone clients.

However, the safe delivery of services requires that providers understand their clients' needs and communicate essential information for informed choices and effective treatment. Health and social service facilities that are culturally and linguistically competent have developed the ability to adapt to the characteristics of the communities they serve. They are able to ensure that services for minority communities are accessible and of quality. **The concept of linguistic and cultural competency is an integral part of the quality of services and of the person- and needs-centred approach.**¹⁴ At the very heart of this concept is communication between professional and client. When this communication is deficient, the quality of the interventions throughout a care episode suffers.¹⁵

The various health authorities involved must therefore develop and implement policies requiring service facilities to place linguistic and cultural competencies at the heart of their mission and their quality process. These policies should include access to data on the health services delivered to minority language or culture populations.¹⁶

¹³ For example, in 2002, Quebec adopted Bill 113, *An Act to amend the Act respecting health services and social services as regards the safe provision of health services and social services*.

¹⁴ L. Aucoin, *Compétences linguistiques et culturelles des organisations de santé : analyse critique de la littérature*, InfoVeilleSanté, 2008.

¹⁵ S. Bowen, *Linguistic Barriers in Access to Health Care*, Health Canada, Ottawa, 2001; J. R. Betancourt, A. Green *et al.*, "Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care," *Public Health Reports*, 2003, vol. 118, no. 4, p. 293-302.

¹⁶ Réseau des services de santé en français de l'Île-du-Prince-Édouard, *The Impact of Communication Challenges on the Delivery of Quality Health Care to Minority Language Clients and Communities*, Position Paper, 2007.

It is proposed:

That Health Canada, the other federal authorities involved as well as provincial and territorial authorities agree on a common approach to tailoring administrative databases on health and social services so as to capture linguistic communities;

That these government authorities also agree on an action plan, in collaboration with the CIHI, to implement these approaches;

That Health Canada involve the CNFS and SSF in this work, for the purpose of identifying Francophone communities' needs.

7. BETTER PLANNING AND MANAGEMENT OF HEALTH AND SOCIAL SERVICE HUMAN RESOURCES

Human resources are the very cornerstone of health and social service systems. The salaries and benefits of health facility employees represent the largest portion of the public expenditures devoted to these two sectors. Significant human resource shortages are currently occurring in several fields (medicine, nursing, pharmacy, social work, rehabilitation, etc.). Greater human resource mobility also means that health facilities must make considerable efforts to retain their employees and secure their longer-term commitment.

Against this backdrop, government authorities are attempting to plan and manage human resources in relation to populations' rapidly changing needs as well as to the transformations underway in health systems (organization of work, interdisciplinary approaches, technological developments, etc.). In order to offer French-language services, it is essential to have detailed knowledge of human resources' ability to provide services to Francophone minority communities. However, the available data is very limited and insufficiently sophisticated to compile an accurate profile of the situation. Some recent studies have been conducted based on the 2006 Census,¹⁷ although this data is incomplete for the purposes of detailed human resource planning activities. Furthermore, five-year snapshots become limiting because the rapidly changing situation cannot be monitored.

Directories of provincial and territorial professional colleges are being updated regularly and are capturing more detailed data. For example, the College of Nurses of Ontario provides access to an aggregated database of registered nurses by practice region, age group, facility category, full- or part-time status, etc.¹⁸ However, the language in which these professionals are able to provide services is not an available variable.

The CIHI collects data on various professions in the health field in Canada. It publishes reports on each human resource category (number, distribution, places of work, etc.). Committees made up of provincial and territorial representatives from each of the professions involved are working to design databases. As well, the possibility of piloting a unique identifier for each professional is on the table. This would make it possible to follow a professional's path and mobility regardless of their province or territory of work. To date, language of work and ability to work in French have not been systematically retained as variables to be included in these databases.

¹⁷ Statistics Canada, *Projet de recherche sur les professionnels de la santé et les langues officielles*, Presentation to the *Commission conjointe sur les ressources humaines*, February 6, 2009.

¹⁸ See the Data Query Tool on the site www.cno.org

It is proposed:

That Health Canada, the other federal authorities involved as well as provincial and territorial authorities agree with the CIHI to include, in national databases, appropriate and standardized variables measuring the ability of health and social service professionals to provide French-language services;

That Health Canada involve the CNFS and SSF in this work by inviting them to sit on service provider committees.

8. CAPITALIZING ON THE RAPID DEVELOPMENT OF INFORMATION AND COMMUNICATION TECHNOLOGIES

In the past, authorities have cited technical issues and the costs associated with changes to explain a certain lack of progress in adding new variables, including language variables, to databases. However, it must now be recognized that these arguments are no longer valid. Like many other fields, health systems are undergoing major technological transformations that are forever modifying approaches to health service delivery and management. In this regard, Gaboury *et al.* discuss some very promising solutions. First, Statistics Canada's initiative to develop a Sociodemographic Data Master File for the entire Canadian population, which would include information on the first official language spoken, is worthy of mention. This file could also be matched with all Statistics Canada and CIHI files. The following possibilities are also promising:

- Source capture of information on citizens' language skills at registration in their provinces' health insurance plan;
- Establishment of a unique identification code for each health and social service professional having received certification from a Canadian professional college.¹⁹

Many ICT projects in development are receiving part of their funding from the Canada Health Infoway and have the potential to include language variables. Launched in 2001, the Infoway acts as a strategic investor to accelerate the development of health ICTs. The Infoway's projects include the development of computerized clinical records, based on common standards developed with partners, to guarantee interprovincial compatibility.

Despite the potential that these initiatives offer, awaiting concrete results from these technological advancements before taking action is not an option, given the delays inherent in implementing significant transformations in major databases. In light of the progress underway and the investments being made by the federal government, is it not reasonable to expect that information on Canadians' language skills will rapidly become an easily collected variable?

It goes without saying that protecting citizens' right to confidentiality must be factored into technological developments. Since this consideration is already a component of all projects, adding a variable for language should not pose any more of a problem than adding variables for age, gender, postal code, etc.

¹⁹ I. Gaboury *et al.*, *op. cit.*

It is proposed:

That the systematic inclusion of technological innovations such as the Master File, standardized patient index, and standardized health care professional files yield results facilitating access to data on health, services and resources that include language variables as soon as possible;

That Health Canada involve the CNFS and SSF in analysing information needs, for prioritization purposes.

9. CONCLUSION: ACTING NOW FOR THE HEALTH AND WELLNESS OF FRANCOPHONE COMMUNITIES

The CNFS and SSF firmly believe that past barriers to accessing more sophisticated data on Francophone minority communities (FMCs) should no longer guide future choices. Here is why:

- Technological constraints are constantly diminishing;
- Mechanisms facilitating access to data for research and analysis purposes are developing rapidly and data utilization is assured;
- Provinces and territories are increasingly committed to serving FMCs; as a result, their data needs are growing.

The aforementioned developments suggest that the future is indeed very promising. However, there is an urgent need for action, and solutions must be put forward. The current debate no longer concerns the relevance of the information. The real issue is the implementation of measures that will make this information accessible. In this regard, the CNFS and SSF invite Health Canada to play a leadership role in this file with Statistics Canada, the other federal authorities involved as well as provincial and territorial authorities. **Against this backdrop, the CNFS and SSF wish to work with these government partners to help develop increased knowledge on the realities faced by FMCs, to the benefit of all concerned.**