

JUNE 2022

DATA COLLECTION APPROACH

SUMMARY

ASSESSING THE OFFER OF FRENCH
LANGUAGE SERVICES USING A
SYSTEMIZED DATA COLLECTION
APPROACH VIA THE OZI SOLUTION
AND PORTAL

PREPARED FOR SANTÉ EN FRANÇAIS

*As part of the tripartite project between Shared Health, the
Francophone Affairs Secretariat and Santé en français.*

With funding from



Santé
Canada

Health
Canada



Société **Santé**
en français

OZi SUMMARY REPORT 2022

Brief Summary prepared by Santé en français (full report is available in French, on request)

It is recognized that there are limited statistics regarding health care services that are available in French both at a provincial and national level. To further appropriate planning and to support improvements of the offer of French services, a systematic approach to gathering statistics was developed. To enable this approach the agency OZi was engaged in Manitoba to support these efforts. OZi is an agency working out of Ontario that has significant experience in this regard both in Ontario and in other parts of the country.

This is the fourth year of involvement by OZi, and each year, the approach has been refined and improved. Alignment with the political and regulatory environment, as well as the strategic directions of the Francophone Affairs Secretariat and Santé en français have been integrated. And with the creation of Shared Health, and in particular Francophone Health, alignment with the recently adopted provincial strategic plans (clinical and Francophone Health) was included for the 2022 data collection.

The goals of the OZi project include:

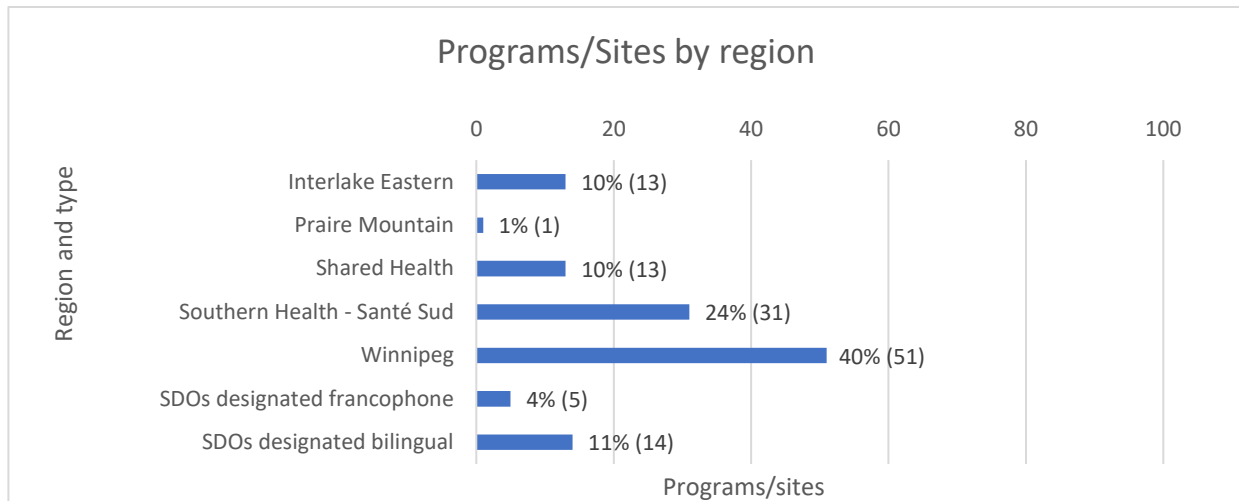
- Evaluating the current state of principles and strategies regarding health care services in French;
- Evaluating the current capacity of offering services from a human resource perspective;
- Identifying the current site and program practices as they relate to the offer of French services; and
- Support participants' awareness of related accreditation elements.

As five of the six health authorities in Manitoba are designated bilingual, the OZi project did not include the Northern Health authority, but did include all the designated authorities, specifically:

- Interlake Eastern
- Prairie Mountain
- Southern Health-Santé Sud
- Winnipeg
- Shared Health

Participation was limited to agencies, sites and programs that are currently designated via provincial legislation and regulation or by the health authorities via policy or practice. The sites and programs were identified in consultation with the relevant French Language Coordinators and influenced by the current state of development of their services. Thus, not all were invited to participate in the 2022 year, but a far greater number were invited to take part than in previous years.

Overall, 128 programs or sites were invited to participate, with 71 responding. The distribution of those requested is as follows:



Results were organized in different ways depending on the data available, at times via health authority, at times via their status as an independent organization, at times via the status of designation (bilingual or francophone), and at times via the type of position for the human resource data (when it was available).

Two questionnaires were developed, one targeted to those involved at a governance level, and the other at an operational level. These questionnaires were designed to assess the current state of policies and practices across the various entities. The format of the questionnaires was designed around evaluating what are known to be leading practices in French language services in health care so as a secondary benefit, the questionnaires also were knowledge transfer tools for those completing them. Human resource data was requested from all participating agencies, sites, and programs.

For some analysis of the human resource data, population numbers were used. They were sourced from Statistics Canada (2016) and were as follows:

<i>Health Authority</i>	<i>Total Population</i>	<i>Francophone Population</i>
Interlake Eastern	125,385	7,210
North	71,770	1,925
Prairie Mountain	163,045	7,590
Southern Health – Santé Sud	189,725	20,930
Winnipeg	711,695	72,285

SNAPSHOT OF HUMAN RESOURCE DATA

Using population-based data, as well as the current number of designated bilingual positions (DBP), it is possible to examine the proportion of DBP per 1000 Francophones.

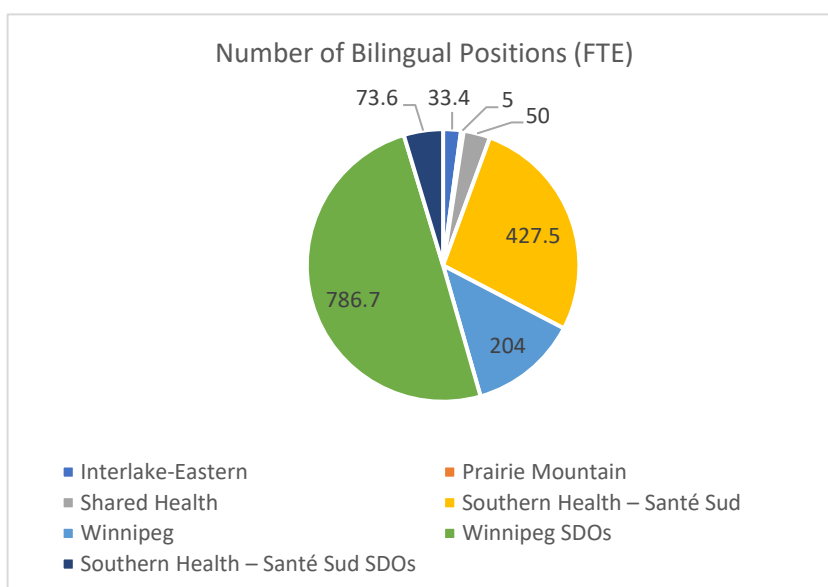
Health Authority	Francophone Population (2016)	Number of Bilingual Positions (FTE)	Number of Bilingual Positions per 1k Francophones
Interlake-Eastern	7 210	33.4	4.6
Northern	1 925	0	0
Prairie Mountain	7 590	5	0.7
Southern Health – Santé Sud	20 930	501.1	23.9
Winnipeg	72 285	990.7	13.7

Data (as of March 2022) related to the current state of the DBP was also gathered. Specifically, the number of positions that are filled successfully with bilingual incumbents was reported. The remaining positions were either filled with non-bilingual employees or, in a minority of cases, were vacant.

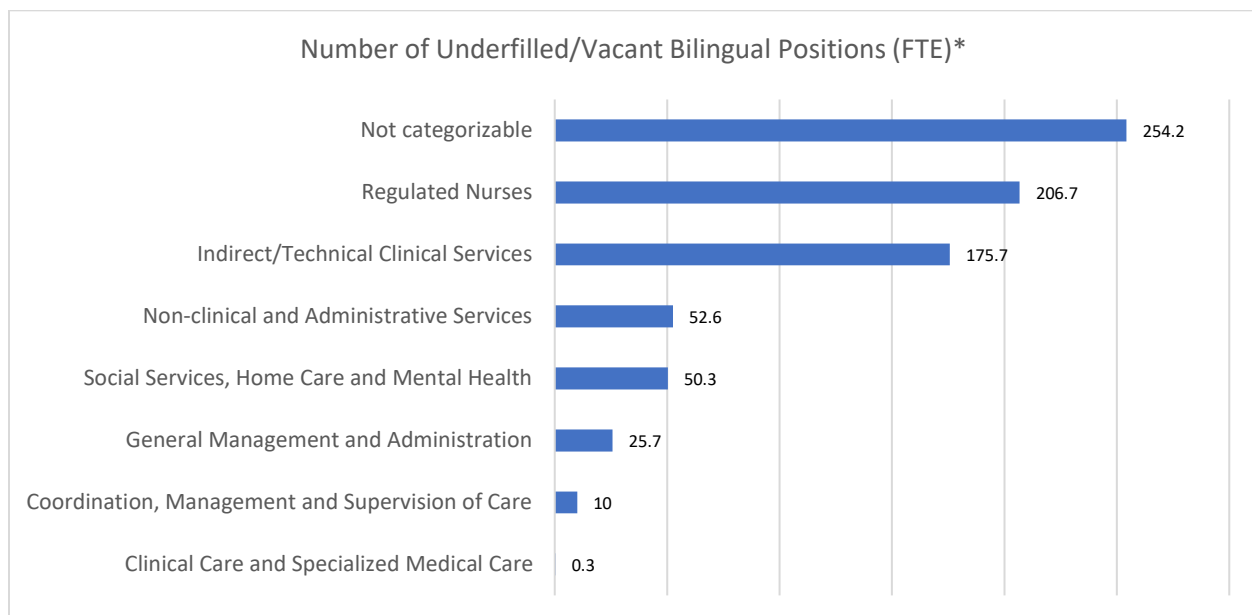
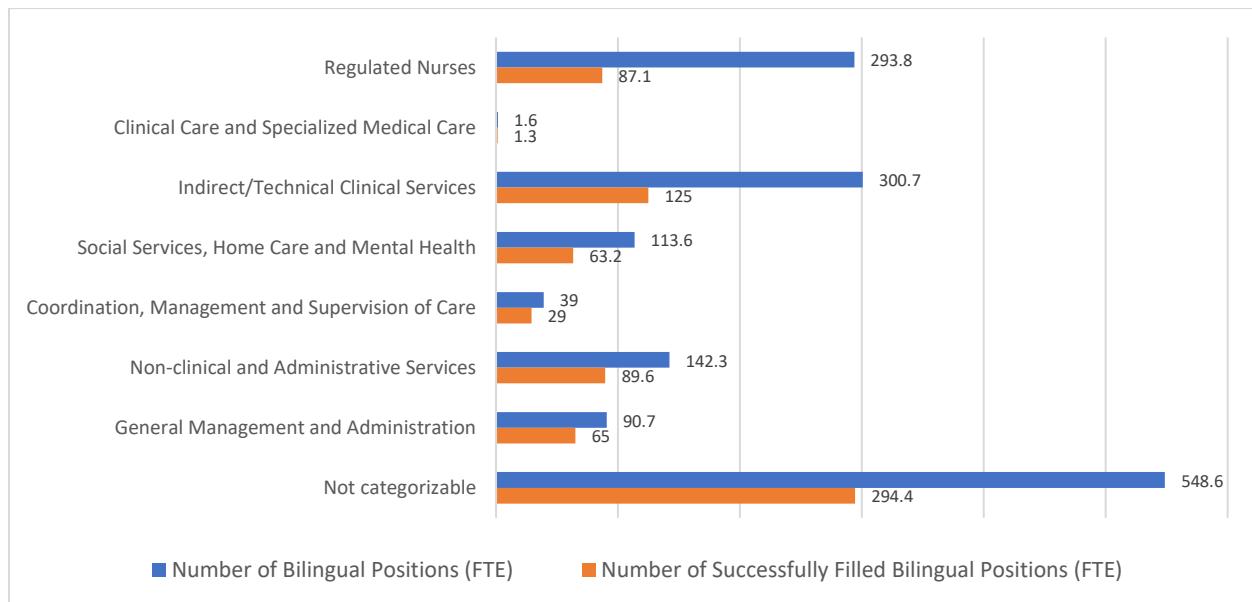
SDO/Entities	Number of Bilingual Positions (FTE)	Number of Successfully Filled Bilingual Positions (FTE)	Percentage of Filled Bilingual Positions
Interlake-Eastern	33.4	9.9	29.6 %
Prairie Mountain	5	3	60 %
Shared Health	50	41	82 %
Southern Health – Santé Sud	427.5	217.1	50.8 %
Winnipeg	204	111.5	54.7 %
Winnipeg SDOs	786.7	362.2	46 %
Southern Health – Santé Sud SDOs	73.6	50.7	68.9 %

Southern Health – Santé Sud has the highest proportion of DBP per Francophone population, although the actual number of DBP is highest in Winnipeg.

As is also evident in the data, all areas of the province are challenged with filling DBP with French speaking employees.



The OZi team also looked at the type of position, the FTE designated and associated success rates in filling positions. The categorization was done based on position titles (which do not always reflect professional background) and as such require further refinement. However, as a first level of analysis, the results provide an interesting perspective. Note that those within the not categorizable group were statistics provided by program or site without position-specific information (Southern Health-Santé Sud authority).



In examining the previous two graphs (ignoring positions that were not categorizable), the categories of nursing and indirect/technical clinical services were where the greatest number of DBP existed, as well as the highest proportion of positions not filled successfully. In contrast the category of clinical and

specialized medical care (e.g., Pharmacists) has the lowest number of DBP, but the minimal numbers were more successfully filled. Firm conclusions cannot be drawn at this point, and the numbers have likely been influenced by the employment relationship of medical professionals (i.e., most physicians are either contracted or independent versus employees). It is also important to note that almost a third of the data was not analysed due to the type of information provided.

The next table presents the proportions of DBP to the Francophone population figures categorized by type of position (where the data was available).

<i>Job Category</i>	<i>Percentage of Successfully Filled Bilingual Positions (FTE)</i>	<i>Number of Bilingual Positions per 1k Francophones</i>	<i>Number of Successfully Filled Designated Positions per 1k Francophone Population (2016)</i>	<i>Number per 1k General Population (2020)</i>
Regulated Nurses	29.7 %	2.67	0.79	12.82
Clinical Care and Specialized Medical Care	81.3 %	0.01**	0.01**	n/a
Indirect/Technical Clinical Services	41.6 %	2.74	1.14	n/a
Social Services, Home Care and Mental Health	55.7 %	1.03	0.58	n/a
Coordination, Management and Supervision of Care	74.4 %	0.35	0.26	n/a
Non-clinical and Administrative Services	63 %	1.29	0.82	n/a
General Management and Administration	71.7 %	0.82	0.59	n/a
Not categorizable	53.7 %	4.99	2.68	n/a

** only partially reported

The general population comparator was sourced from provincial data and was only available for the nursing profession.

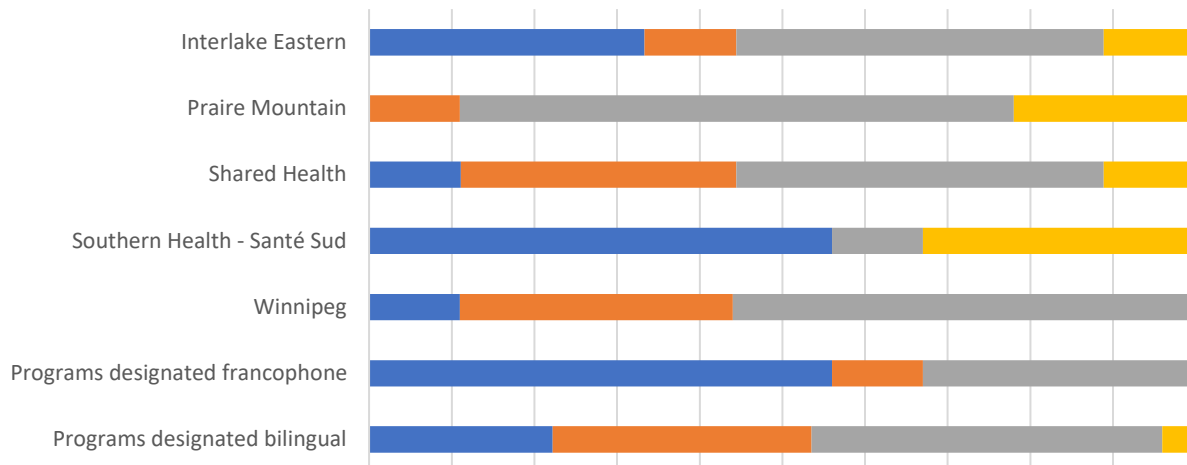
QUESTIONNAIRE RESULTS

As previously mentioned, the questionnaires were designed to gather information at a governance level as well as at an operational level. The questions posed were categorized within four themes, *Leadership and Responsibility*, *Improving Patient Experience and Active Offer*, *Well-being and Workforce*, and *Recruitment and Retention*.

A small number of the results for the governance questionnaire follow. Much greater detail is available within the full report (available only in French).

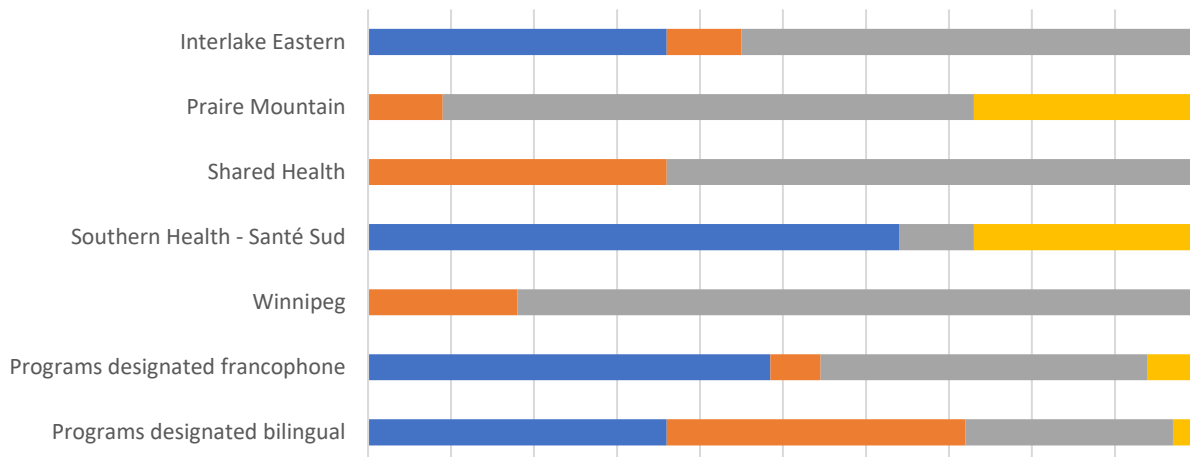
Leadership & Responsibility - Governance

■ Completed ■ Advanced ■ Minimal advancement or not yet started ■ Unknown

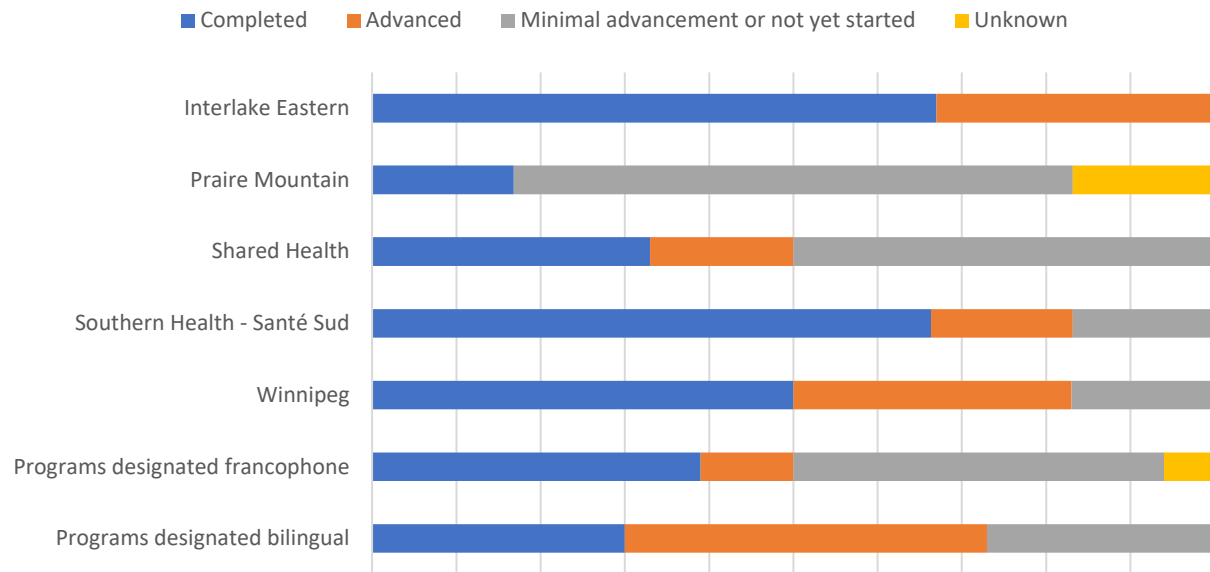


Improving Patient Experience & Active Offer - Governance

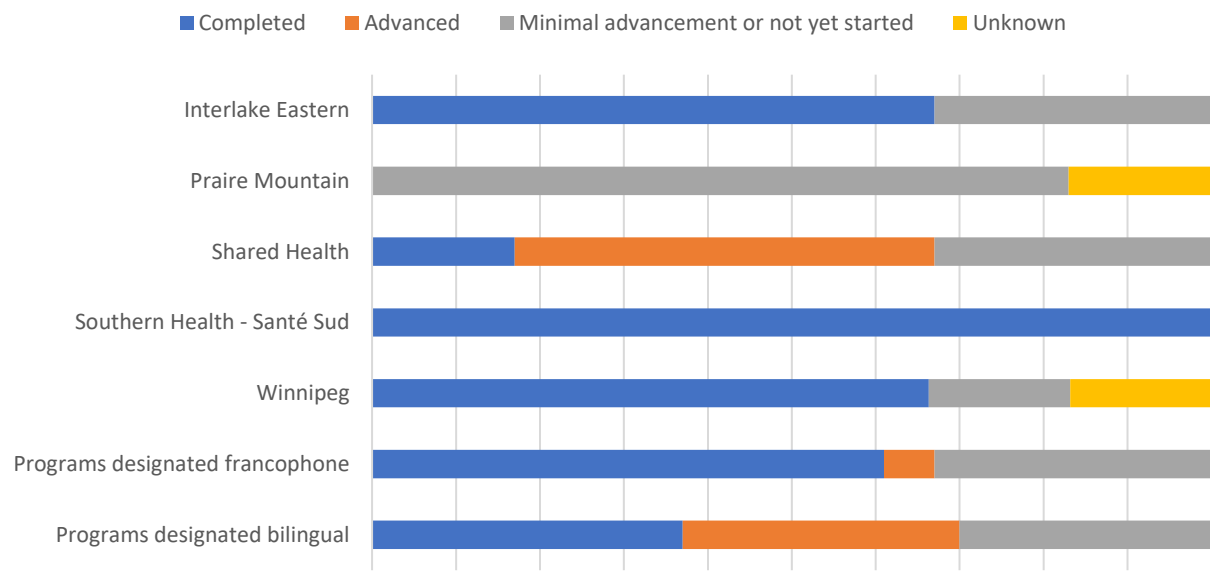
■ Completed ■ Advanced ■ Minimal advancement or not yet started ■ Unknown



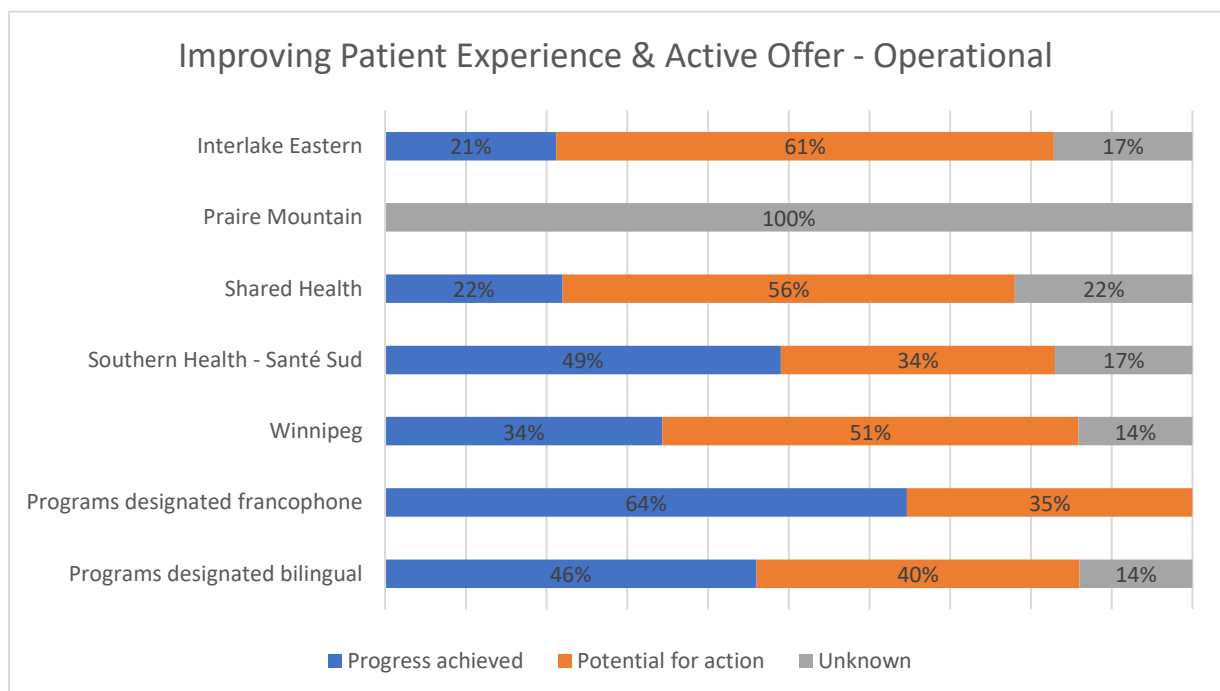
Well-being & Workforce - Governance

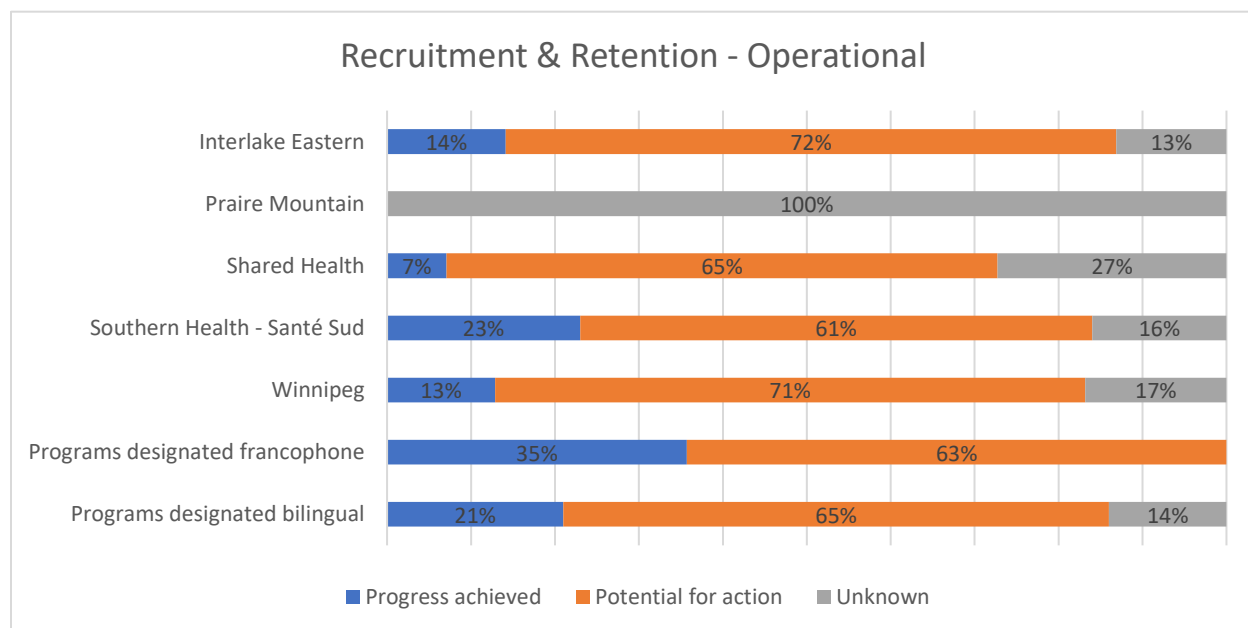
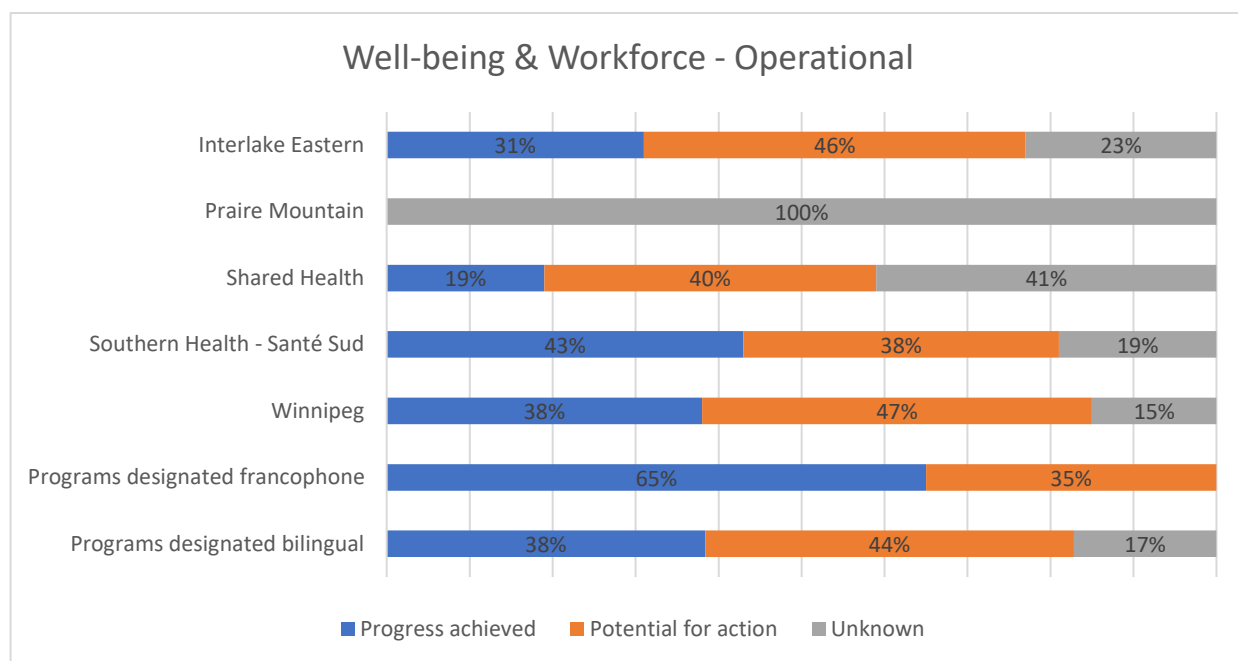


Recruitment & Retention - Governance



Similar charts are available, along the same themes, but from the perspective of operational practices.





Within each theme, there are many individual competencies that have been examined, and the detailed results of each are available. This level of detail will prove valuable in setting and evaluating future action needed.

SUMMARY

The full study results are available and provide a rich understanding of the current state of adoption and implementation of known practices that result in an improved offer of French language services in healthcare. The questionnaire results provide a summary, for each region, of the current state at both the governance and operational levels. For the most part, the governance practices are indicating a better situation than is found at the operational level. There is work to be done to ensure adoption of the governance level policies; tools and resources are needed to support this work.

It was also evident throughout that there is a lack of standardization province-wide, at all levels. Human resource data was particularly plagued by inconsistency, and variations in terminology used and data collection challenged users. It was also evident that information regarding bilingual individuals outside of DBP was minimal, yet due to limited consistent definitions and information gathering, improvements in this regard are not easily accomplished.

The greater participation in 2022 has allowed a more in-depth analysis which should serve useful for future coordinated planning in the province. Ideally much of the human resource information should be gathered via a consistent systematic approach within the HR information management systems, which would in turn provide a greater understanding of the overall capacity of the health system. When this information is paired with a more comprehensive understanding of the patient demand (consistent gathering of information on language preference), robust planning and evaluation will be feasible.