

KEY TAKE HOME MESSAGES

1. Lack of consistency in effectively integrating Federal legislation and National Action Plans around language into Provincial/Territorial health workforce legislation
2. While more than half of the regulatory authorities of 7 key professions collect language data from members of their profession only 14% include the collection of this data in their legislation.
3. The majority regulatory authorities in this study have described the value of collecting this data in terms of linking patients to the appropriate health care provider with specific connection to patient safety, trust and outcomes.



EQUITY, SAFETY & HEALTH OUTCOMES: *The Case for a National Minimum Data Standard around Health Workforce Language Data in Canada*

Chantal Demers, Canadian Health Workforce Network
Lise Richard, Société Santé en français
Ivy Lynn Bourgeault, University of Ottawa & Canadian Health Workforce Network

BACKGROUND

- Canada has a number of Federal legislations and action plans that recognize the importance of languages including the *Official Languages Act*, the National Action Plan on Official Languages (2018-2023) and *Indigenous Languages Act*.
- Four constituencies face persistent barriers to health care due to having a nonofficial first language: First Nations and Inuit communities, newcomers, deaf people and official language minority groups.
- Regulatory authorities are mandated through legislation to serve and protect the public and play a pivotal role in the systematic collection of data from members of their profession including language data.

OBJECTIVES

- (1) Examine the prevalence of health workforce language data collection and public disclosure by provincial Regulatory authorities for 7 professions across the country:
 - Physicians, Registered Nurses, Psychologists, Social Workers, Pharmacists, Physiotherapists & Occupational Therapists.
- (2) To identify the barriers and facilitators to the collection of language data from members of their profession.
- (3) To garner information regarding the value of this data from the perspective of regulatory authorities

METHODOLOGY

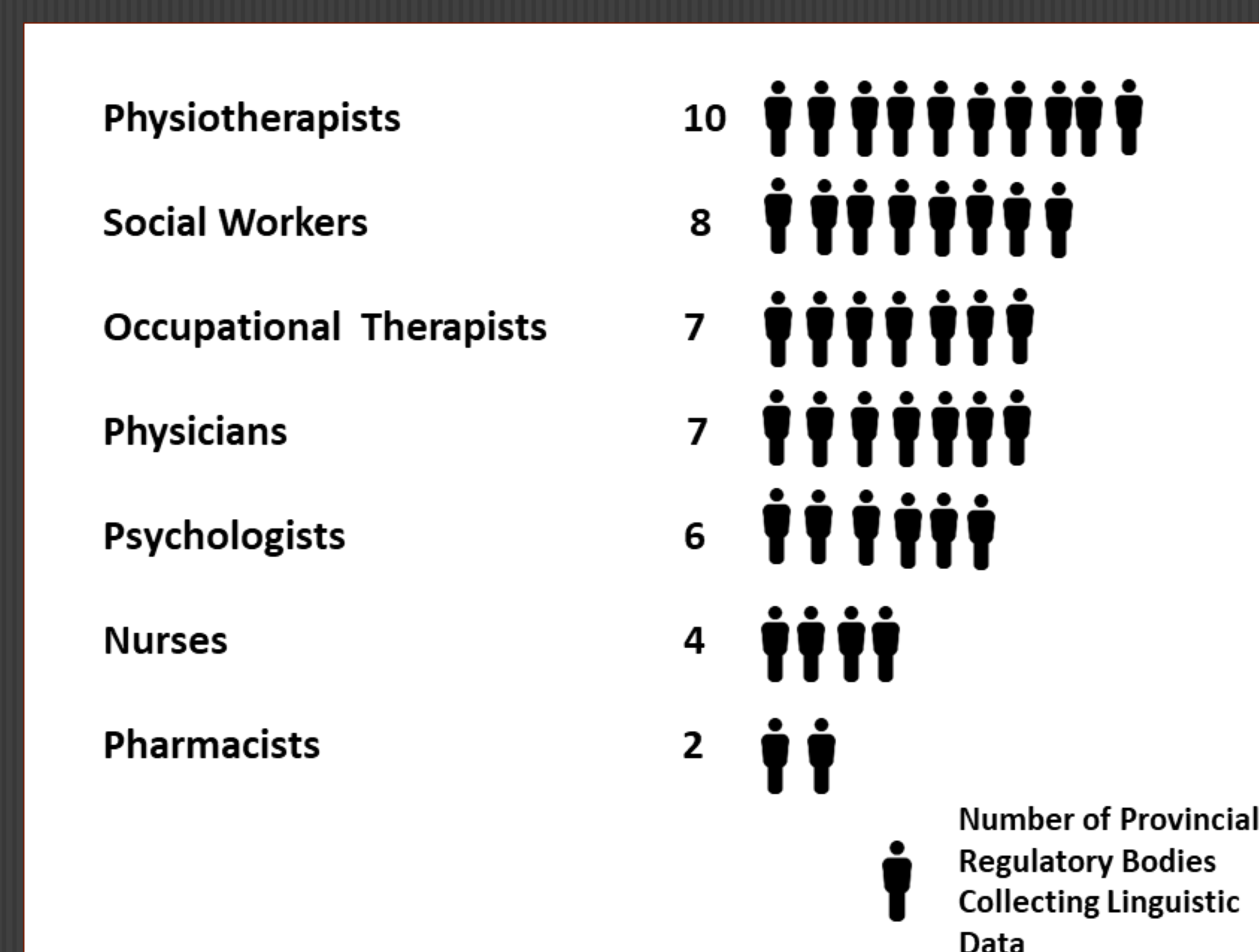
An examination of the prevalence of language data on the public registries of Regulatory Authorities for the 7 case professions was conducted to assess the availability and accessibility of linguistically appropriate health care providers.

Surveys were sent to the Regulatory Authorities for the 7 case professions 2017 and 2019 to examine the:

- collection of language data
- value of this data from their perspective
- barriers, facilitators for collecting this data
- barriers, facilitators for publically disclosing this data

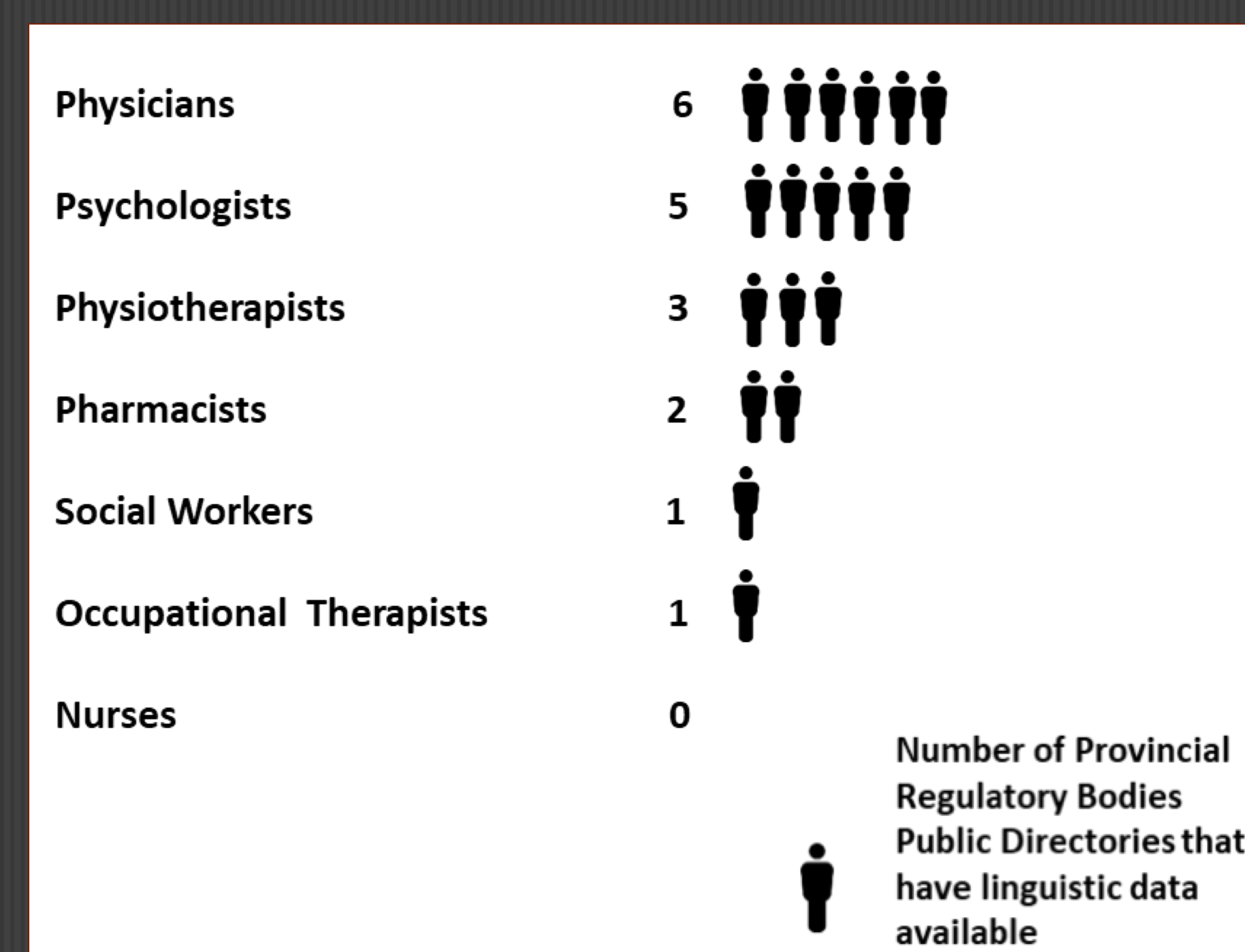
Data Collection

- 63% (N=44) of the provincial Regulatory Authorities for the 7 case professions collect health workforce language data from members of their profession.
Response Rate 98%



Public Disclosure

- 26% (N=18) of the provincial Regulatory Authorities for the 7 case professions include health workforce language data on their public registries.



Barriers, Facilitators, Value of collecting ...

BARRIERS:

- Personal Information Protection Act
- Not in Legislation (only 14% (N=10) of Regulatory Authorities have specific legislation around the collection of this data)

VALUE:

Is there any value for collecting health workforce language data?
74% (N=44) Yes.
19% (N=12) No
20% (N=14) Did not Respond

FACILITATORS:

- Ontario's legislated minimum data standard for the collection of health workforce data including language data.
- Canadian Alliance of Physiotherapy Regulators national service standard which includes the collection of language data from members of their profession.

