



## Réseau Recommendations

### Linguistic Data Collection

#### Objective

The objective of this document is to differentiate between the concepts of linguistic identity and linguistic preference, and to demonstrate the contexts in which these concepts apply. It also recommends standardized questions adapted to the healthcare setting for collecting linguistic identity for the purposes of planning and delivering care.

#### Two concepts, two different applications

Linguistic identity and linguistic preference are two distinct concepts that should be applied in different situations.

The concept of *linguistic identity* refers to the linguistic group to which a person belongs or with which a person identifies. This variable generally remains unchanged over time.

Linguistic identity is an important demographic data. In the context of population health planning (planning the offer of services for a given population) or of systemic planning (planning the offer within a given system) linguistic identity allows the identification of Francophones' who would benefit from health services in French. Based on this data, the French language services needs of the population can be estimated and used to plan and offer quality patient centred care. In fact, research shows that receiving health services in the language in which patients are most comfortable is a factor in quality and effectiveness.<sup>1</sup>

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Research also shows that living in a minority setting has an impact on individual health status.<sup>2</sup> Francophones in minority communities are considered a vulnerable group for which data is essential to achieve equity.

The concept of *linguistic preference* refers to a person's language of choice in a specific context. This preference may change in different contexts.

Linguistic preference is important data for service delivery and client satisfaction

<sup>1</sup> Bowen S. (2001). *Language Barriers in Access to Health Care*, Health Canada.

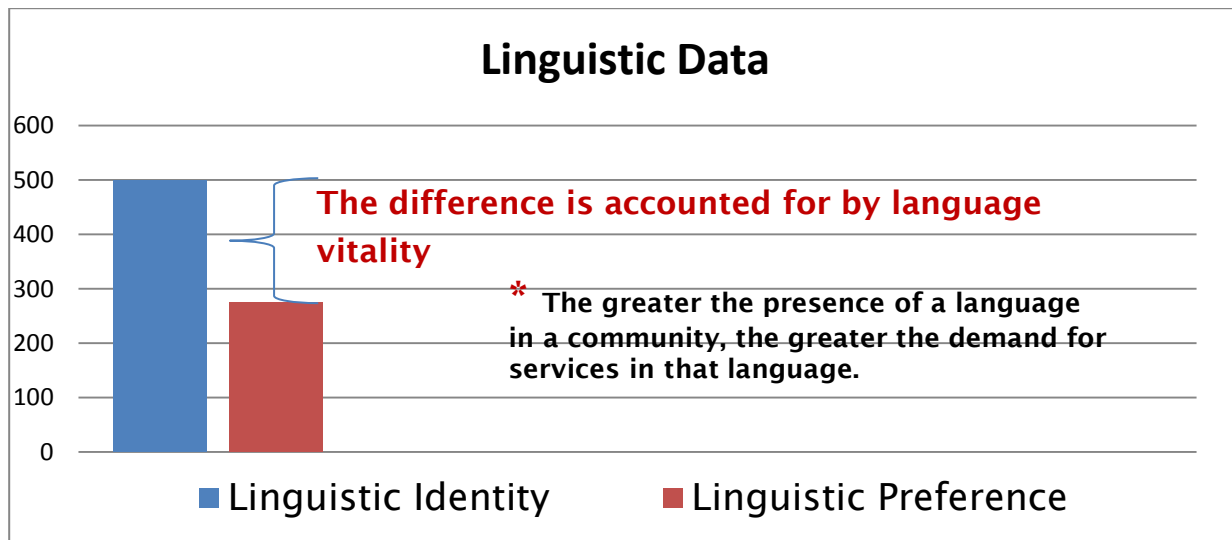


(approximation of demand).

### Why is there a difference between linguistic identity (need) and linguistic preference (demand)?

The difference relates to language vitality.<sup>3</sup> The greater the presence of a preferred language in all spheres of public life, the more comfortable people will be with using and requesting services in that language. A recent study by Statistics Canada clearly shows that the presence of healthcare professionals able to hold a conversation in French, as well as the proportion of Francophones in a given region, has an impact on the use of French with various healthcare professionals.<sup>4</sup> The literature also shows that, in vulnerable moments such as health problems, Francophones do not request service in French, for fear that their linguistic preference will have a negative effect on the quality of service or the accessibility of all treatment options, delay treatment, or lead to other inconveniences.<sup>5</sup>

Active offer is one effective strategy to bridge the gap between data on linguistic identity and linguistic preference. For more information on active offer, read the [Ontario Entities and Networks' Joint Position Statement on the Active Offer](#).<sup>6</sup>



<sup>3</sup> Giguère L. & Conway B. (2014). *Le potentiel d'offre et de demande de services médicaux dans la langue de communautés minoritaires : où se situe le français en Colombie-Britannique?* Reflets : revue d'intervention sociale et communautaire, Volume 20, Issue 2, p. 52-82.

<sup>4</sup> Corbeil, J.P. & Lafrenière, S. (2011). *Portrait of Official-Language Minorities in Canada: Francophones in Ontario*, Statistics Canada, p. 49.

<sup>5</sup> Ibid

<sup>6</sup> Regroupement – Alliance (2015). *Joint Position Statement on the Active Offer of French Language Health*



## Planning Challenge

It would be a mistake to use linguistic preference data in population or systemic health planning, because the planning would be based on expressed demand, rather than on need. This planning would perpetuate the imbalance between the offer of and the need for services in minority settings. This approach would thus be reactive rather than proactive.

## Recommendations

- 1- Linguistic identity data must always be collected. This data is essential for proactive planning of the offer of services based on population needs.
- 2- Linguistic preference data should be collected in addition to linguistic identity data in the context of service delivery and client satisfaction.

## Recommended questions

In 2009, the Ontario Office of Francophone Affairs adopted a new inclusive definition of “Francophone” (IDF), which takes into account the cultural diversity of the Francophone community and is not limited by the concept of mother tongue. According to the inclusive definition, Francophones are:

*“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 and use French at home.”<sup>7</sup>*

The IDF was developed for statistical purposes, and it is well thought out for use in census initiatives. However, the three variables of which it is made up present certain practical challenges in a healthcare service context. Frankly, it is tedious to have to ask three questions to define a client’s linguistic identity. The reality is that, especially in an emergency situation, neither the client nor the professional wants to prolong the



exchange.

Furthermore, using multiple questions has a logistical impact for digital systems. And finally, the use of three questions is not always possible or appropriate in a survey or questionnaire.

Given these challenges, we conducted a broad consultation on the application of this definition in service planning. We discussed the issues with various provincial and national stakeholders (the Ministry of Health and Long-Term Care's French Language Services Office, the Office of Francophone Affairs, The Office of the French Language Services Commissioner, the Champlain and South East LHINs, Société Santé en français, and the Consortium national de formation en santé) and reviewed the relevant documentation, including a regional study on the current practices of healthcare providers in the Champlain region.

### *Collection of linguistic identity data*

As such, we recommend that the following two questions be used to collect linguistic identity data:

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- What is your mother tongue?
  - English
  - French
  - Other (optional list to be developed)
  
- If your mother tongue is neither French nor English, in which of Canada's official languages are you most comfortable?
  - English
  - French

This combination allows for the inclusion of new comers whose mother tongue is not French, but who know and understand French as an official language, as stipulated by the IDF.





### *Collection of linguistic preference data*

The formulation of the question on linguistic preference is very important in the context of healthcare service delivery. The question must be formulated in a way that eases Francophone clients' fears that their linguistic preferences could result in a poorer quality of service.<sup>8</sup>

For this reason, we strongly advise against the use of the term "preference." Instead, we recommend the term "more comfortable," which is firmly centred on the patient and carries no connotation of demand or caprice. This formulation suggests instead a matter of fact, an objective statement.

In the context of service delivery, we therefore recommend the following question:

- In which language are you most comfortable receiving your healthcare services?
  - English
  - French
  - Other (optional: develop a list according to available service offerings)

Finally, we also recommend asking the following question in the context of client satisfaction:

- Were you served in the language with which you are most comfortable?
  - Yes or no
  - or
  - Likert scale

From an equity perspective, we recommend that client satisfaction data be analyzed according to linguistic identity. This will provide data on Francophone satisfaction, regardless of the language in which they received their services.

<sup>8</sup> See: Corbeil, J.P. & Lafrenière, S. (2011). *Portrait of Official-Language Minorities in Canada: Francophones in Ontario*, Statistics Canada, p. 49.



## Recap

Because linguistic identity is a demographic data, it should always be collected. Linguistic preference should be collected for service delivery and client satisfaction purposes.

We recommend that the following two questions be used to collect linguistic identity data:

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

We recommend that the following question be asked in the context of service delivery:

- **In which language are you most comfortable receiving your healthcare services?**

We recommend that the following question be asked in the context of client satisfaction:

- **Were you served in the language with which you are most comfortable?**





## Appendix 1

### References

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