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Research Evidence to Support Official Language Minority Communities

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Canada



Outline of Presentation

1. Status of research on official language minority communities and health
2. Research into health challenges facing official language minority communities (OLMCs)
3. Health Canada's Research Plan on Official Language Minority Communities and Health
4. Proposed Research Plan Components
5. Research challenges for discussion





1 – Status of Research on Official Language Minority Communities and Health

- In 2001, there was little data on official language minority communities and health.
- Today, many groups are undertaking research on the subject and it is difficult to map out what specific data will be available and when.





1 – Organizations Involved in Official Language Minority Community Health Research

Federal Government	Committees	Stakeholder Organizations	Universities
<ul style="list-style-type: none"> • Health Canada • Canadian Institutes of Health Research • Office of the Commissioner of Official Languages • Statistics Canada • Social Sciences and Humanities Research Council of Canada • Canadian Heritage • Privy Council Office 	<ul style="list-style-type: none"> • Consultative Committee for English-Speaking Minority Communities • Consultative Committee for French-Speaking Minority Communities • Commission conjointe de recherche sur la santé des francophones en situation minoritaire (CNFS – SSF) • CIHR Consultative Committee on Official Language Minority Communities • Coordinating Committee on Official Languages Research • French Language Health Services Advisory Council (Ontario) • Provincial Committee for the delivery of health and social services in the English language (Quebec) 	<ul style="list-style-type: none"> • Société Santé en français • Consortium national de formation en santé • Quebec Community Groups Network • Community Health and Social Services Network • Association des universités de la francophonie canadienne • Fédération des communautés francophones et acadiennes • Canadian Institute for Research on Linguistic Minorities • Réseau de recherche interdisciplinaire sur la santé des francophones en situation minoritaire 	<ul style="list-style-type: none"> • McGill University • University of Ottawa • Laurentian University • Campus Saint-Jean – University of Alberta • Collège universitaire de Saint-Boniface • Université de Moncton • Centre de formation médicale du Nouveau-Brunswick • Université Sainte-Anne • Institut français de l'Université de Regina





2 – Research into Health Challenges Facing Official Language Minority Communities

- In 2001, Health Canada commissioned two research studies of the health-related challenges facing official language minority communities in Canada.
- The study on French-speaking minority communities found that:
 - between 50% and 55% of Francophones in minority communities often had little or no access to health services in their mother tongue;
 - there were important regional and local differences and significant disparities in health service delivery in Francophone minority communities;
 - structures or mechanisms for greater empowerment or ownership of health by the French-speaking minority communities that would fit within the framework of existing health care systems needed to be implemented.





2 – Research into Health Challenges Facing OLMCs (cont'd)

- The study on English-speaking minority communities found that:
 - four regions in Quebec had limited, extremely limited or non-existent access to entitled services in English provided by CLSC-delivered primary care programs;
 - seven regions in Quebec had limited, extremely limited or non-existent access to entitled English-speaking general and specialized medical services delivered by hospitals;
 - eight regions of Quebec did not have moderate to substantial access to services in English from long-term care centres;
 - four regions of Quebec had limited, extremely limited or non-existent access to entitled English language services provided by youth protection centres;
 - access to Quebec rehabilitation programs in English was generally weak for all categories of clientele; and
 - almost half the administrative regions of Quebec had no designated English-speaking public health institutions to service the health care needs of minority communities.





2 – Research into Health Challenges Facing OLMCs (cont'd)

- Also in 2001, Health Canada released a third study entitled “Language Barriers in Access to Health Care” which found that:
 - “there is compelling evidence that language barriers have an adverse effect on access to health services. These barriers are not limited to encounters with physician and hospital care. Patients face significant barriers to health prevention/promotion programs: there is also evidence that they face significant barriers to first contact with a variety of providers.”
- These three studies were to form the evidence base for recommendations for action by Health Canada’s consultative committees for official language minority communities in 2001 and 2002.
- The recommendations became the basis for the 2003 Health Canada initiatives under the Action Plan for Official Languages.





3 – Health Canada’s Research Plan on Official Language Minority Communities and Health

- Following recommendations from the formative evaluation of its Contribution Program to Improve Access to Health Services for Official Language Minority Communities, Health Canada committed to “develop an integrated knowledge base that will provide an up-to-date understanding of OLMC health in Canada.”
- Hence, Health Canada is developing a research plan comprising five lines of inquiry to provide quantitative and qualitative evidence-based information for policy development and program management:
 1. Demand;
 2. Satisfaction;
 3. Link between access to health services and health outcomes;
 4. Inequity of access;
 5. Best practices.





4 – Proposed Research Plan Components (cont'd)

- Module 1 – Demand for access to health services in the minority language
 - Question: Are official language minority communities demanding access to health services in their first language?
 - Public Policy Rationale: Policy and programming needs to be aligned with citizens' priorities.
 - Key Data Source: Survey on the Vitality of Official Language Minorities (2006)





4 – Proposed Research Plan Components (cont'd)

- **Module 2 – Satisfaction with health services available**
 - **Question:** What is the satisfaction of minority community members with health services received or at their disposal? How has it changed over time?
 - **Public Policy Rationale:** Tied to module on demand plus service-delivery issues.
 - **Key Data Source:** Canadian Community Health Survey (2003, 2005)





4 – Proposed Research Plan Components (cont'd)

- **Module 3 – Strength of the link between access to health services in minority languages and positive health outcomes**
 - **Question:** Is access to health services in one's first language linked to positive health outcomes? (and if so, how?)
 - **Public Policy Rationale:** Scientific evidence can provide a strong rationale for government action
 - **Key Data Source:** Literature reviews, bibliographies, international comparisons.





4 – Proposed Research Plan Components (cont'd)

- Module 4 – Inequity of access to health services
 - Question: How does health service availability in one's language of choice vary over time and across regions?
 - Public Policy Rationale: Accessibility gap provides a strong rationale for government action.
 - Key Data Source: National Census (1996, 2001, 2006), Survey on the Vitality of Official Language Minorities (2006), National Physician Survey (2004, 2007)





4 – Proposed Research Plan Components (cont'd)

- Module 5 – Best practices
 - Question: What are the best practices for improving access to health services by official language minority communities?
 - Effectiveness Rationale: Use of most effective instruments to achieve policy objective.
 - Key Data Source: program evaluations and reviews, literature reviews, bibliographies, international comparisons.





5 – Research Challenges for Discussion

- 1) What is the demand for health services in the official language of choice?
- 2) What is the satisfaction of minority community members with health services received or at their disposal? How has it changed over time?
- 3) To what extent does health service availability in one's language of choice affect health outcomes?
- 4) How does health service availability in one's language of choice vary over time and across regions?
- 5) What are the merits of the different approaches for improving access to health care services?

