

# Practice #4: Linguistic Variable Integration in Data Collection (Prince Edward Island)

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## ABOUT THE FACT SHEET

This fact sheet is part of the *Directory of Innovative Practices in Health and Social Services in Official Language Minority Contexts* (available at: [https://www.grefops.ca/handbook\\_innovative\\_practices.html](https://www.grefops.ca/handbook_innovative_practices.html))

The *Directory of Innovative Practices* (formerly the Handbook of Innovative Practices on the Integration of Official Language Minority Health and Social Services) is a complementary resource to the *Organizational and Community Resources Self-Assessment Tool for Active Offer and Social and Health Services Continuity*<sup>1</sup>. It presents initiatives that have been put in place, most often at the local level, that respond to a community need and are perceived as innovative by the various actors involved in their implementation. The practices were identified, analyzed and classified according to an evaluation framework developed by the Health Council of Canada. This framework allowed us to distinguish between emerging practices, promising practices and leading practices. Some of these practices were suggested by the *Société Santé en français* and the provincial, territorial and regional French-language health networks, or other partners.

The reader is referred to the [Introduction and Method](#) document for information about the authors and collaborators, background on the project, a description of the methodology used to create the fact sheets, definitions of the following concepts:

- Leading Practice, Promising Practice, Emerging Practice
- Quality of evidence, impact, applicability, transferability
- Service coordination, service integration, liaison
- Active offer

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<sup>1</sup> The self-assessment Tool is available in English and French and can be accessed at the following Web address:  
[https://www.grefops.ca/selfassessment\\_tool.html](https://www.grefops.ca/selfassessment_tool.html) (English version)  
[https://www.grefops.ca/outil\\_autoevaluation.html](https://www.grefops.ca/outil_autoevaluation.html) (French version)

## Practice #4: Linguistic Variable Integration in Data Collection (Prince Edward Island)

### This practice contributes to improving:

- laws, regulations and policies governing health care;
- active offer and coordination tools within an organization.

**The organization implementing this practice:** Health PEI and the PEI French Health Network

The information provided herein was collected primarily through a telephone interview with Élise Arsenault, French Services Analyst and Director of the PEI French Health Network (PEIFHN), on September 8, 2017. It was supplemented by documentary research as indicated in the references cited.

### Background

In response to a call for project proposals launched by Health Canada in December 2013, the PEIFHN encouraged Health PEI to submit a proposal concerning the collection of linguistic variable data. This project was approved by Health Canada and initiated in September 2014. The project was intended to uphold the aims of the new *French Language Services Act*<sup>2</sup> of Prince Edward Island, which came into effect in December 2013. This Act promotes the delivery of services in French based on the priorities of the Acadian and Francophone community and on government capacity. It is to be noted that use of the French language appears to be increasing in PEI, reflecting an increase in the number of newcomers who prefer to communicate in French.

The linguistic information included in clinical and administrative databases can be used to more accurately identify a user's linguistic identity, thereby allowing for safe, high-quality interactions between health care professionals and the user. This also facilitates the collection of administrative data useful in planning services, since this variable generally remains stable over time. This data can consequently be used to gauge the needs of the Francophone population with a view to planning and delivering quality services focused on patient needs.

### Objectives

Make information concerning users' linguistic identities directly available to key health care professionals to assist in providing "Islanders with safe, quality, person-centered care and services."

Collect administrative data required for planning and delivering services in French to the Acadian and Francophone minority population.

Educate users that they have the option to request and receive services in French.

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<sup>2</sup> Government of Prince Edward Island. (February 10, 2016). *French Language Services Act – Overview*. Retrieved from: <https://www.princeedwardisland.ca/en/information/executive-council-office/french-language-services-act-overview>

## Features of the practice

Data on the linguistic identities of users of the PEI health care system were collected through surveys distributed to 58,000 households (124,000 persons) between October 2015 and January 2017. The outcomes revealed that 4.4% of respondents stated that French was their first language.

Following this survey, PEI created a new, bilingual, health card used to automatically link each user's linguistic profile to the database used by health care professionals. Through this card, all user data are now stored in a database and made readily available to health care professionals and administrative decision makers. The linguistic profile is linked to the health card number. This card can also be used to track past use of health services. For users, it is an appropriate way to indicate their preference to be served in French without having to ask verbally at every point of service.

The outcomes of this initiative demonstrate the feasibility of linking these data to provincial databases to allow fast, secure access to a user's linguistic profile by health care professionals and service planners.

## Challenges

Choosing uniform linguistic variables to incorporate into databases, database limitations and the harmonization required for successful implementation are some of the challenges cited by those responsible for implementing this project.<sup>3</sup> Moreover, a certain reluctance among some Francophone users who do not wish to ask health care professionals to serve them in French constitutes an additional issue.

## Analysis<sup>4</sup>

### Why is this practice considered innovative?

This initiative is perceived positively by users in that it enables the systematic collection of important data with regard to both the quality and the planning of services. It has also triggered a cultural shift among users, who are now aware that they have the option to request and gain access to certain services in French, as well as among health care professionals, who now have access to a more complete portrait of individual users' linguistic profiles, and decision makers, who now have access to population data they can use for planning purposes.

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<sup>3</sup> Consortium national de formation en santé (CNFS) and Société Santé en français (SSF) (2010). The Health of Francophones in Minority Communities: An Urgent Need for More Information to Provide Better Services. Retrieved from : [https://cnfs.net/wp-content/uploads/2015/06/sommaire\\_argumentaire\\_En.pdf](https://cnfs.net/wp-content/uploads/2015/06/sommaire_argumentaire_En.pdf).

Desaulniers, J. and Manseau, J. (2017). *Démonstration de la valeur ajoutée de la collecte de l'identité linguistique : projet pilote de la variable linguistique francophone en Ontario*. Webinar of Société Santé en français, April 12, 2017. Retrieved from: <http://savoir-sante.ca/themes/variables-linguistiques/download/231/405/21?method=view>.

<sup>4</sup> This analysis is based on the criteria of the *Innovative Practices Evaluation Framework* of the Health Council of Canada. Retrieved from: [http://healthcouncilcanada.ca/tree/IP\\_Framework\\_FR\\_FINAL.pdf](http://healthcouncilcanada.ca/tree/IP_Framework_FR_FINAL.pdf) and outlined in the document Introduction and method.

## Emerging, promising or leading: A promising practice

**Quality of evidence:** The impact of the initiative to include the linguistic variable on the PEI health card has not yet been formally evaluated. However, this initiative has been received positively by both users and health care professionals. The initiative was also presented at multiple science seminars in 2017.

**Impact:** To date, this practice has been actively implemented in PEI. All French-speaking persons are affected by this practice, which equips the province to more effectively plan services in French and enables health care professionals to recognize upon initial contact with users that they are interacting with someone who prefers to use the French language. As such, this project has successfully demonstrated the added value of collecting linguistic identity data from users in terms of promoting access to care in both official languages.

**Applicability:** The Government of PEI has already adopted this practice through its health card. The associated information is consequently available at all social and health care service points. The cost was limited due to the province's size and favourable implementation conditions (technology and experiential knowledge of professionals).

A project targeting similar objectives was implemented in Ontario in 2014. Initiated by the French-language health services network in Eastern Ontario, it involved only selected facilities. Evaluation at 24 months post-implementation revealed that data collection by 15 service providers had proved time-consuming, complex and costly.<sup>5</sup> This pilot project helped to raise awareness among government authorities concerning the importance of collecting this information and to motivate the province's Ministry of Health and Long-Term Care to undertake more systematic study of data collection in this area.

**Transferability:** Based on its pilot experience, Ontario is studying the possibility of incorporating the linguistic variable into the health card with a view to creating profiles of all users of social and health care services. A motion in this regard was tabled recently (in 2018) in the Ontario Legislature.<sup>6</sup> The provinces of Manitoba and New Brunswick have also expressed interest and contacted representatives of Health PEI to discuss their options. Health Canada also endorses this practice and appears willing to support its broader implementation.

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<sup>5</sup> Desaulniers and Manseau, 2017, *op. cit.*

<sup>6</sup> Brulé, C. (October 4, 2018). *La langue des patients pourrait-elle être indiquée sur la carte-santé?* Radio-Canada / ICI Toronto. Retrieved from: <https://ici.radio-canada.ca/nouvelle/1127932/langue-sante-ontario-patients-carte-linguistique>.