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Health Professionals and Official-Language Minorities in Canada

Science Colloquium on the Health of Canada's
Official Language Minority Communities
Ottawa, November 5 and 6, 2009

Jean-Pierre Corbeil, Ph.D.
Language Statistics Section
Statistics Canada



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Outline of Presentation

- Context
- Purpose of Research
- Methodology and Information Sources
- Structure of the Study
- Some Results
- Conclusions and Directions for Further Research



Context

The summative evaluation of the Contribution Program to Improve Access to Health Services for Official Language Minority Communities (OLMCs) has recommended the following:

Any gaps should be analyzed to identify sectors affected by a lack of health care professionals in terms of specialization and geographic location.

Health Canada has initiated work with Statistics Canada to assess the language diversity of health professionals throughout Canada in terms of their work and language skills in order to determine where gaps may exist between OLMCs and bilingual health care service providers.

Purpose of Research on Health Care Professionals



- The Statistics Canada study was commissioned by Health Canada in June 2008 as part of the work with Statistics Canada referred to in the response from the summative evaluation.
- The purpose of the study is to provide a portrait of the pool of certain groups of health professionals who serve or may be able to serve the OLMCs.
- In particular, it:
 - compares the proportional distribution of those professionals with that of minority communities;
 - records the number of health professionals who use the minority language at work or who've indicated they can converse in the minority language; and
 - documents changes between 2001 and 2006.

Methodology and Information Sources

- The data presented are obtained from the long-form census questionnaire completed by one-fifth of all Canadian households, except in Nunavut and the Northwest Territories, where it is completed by every household.
- The following specific groups of professions were analyzed:
 1. general practitioners and family doctors
 2. nurses
 3. psychologists
 4. social workers
 5. all other health professionals not included in the above groups.
- The statistics presented were calculated at both the provincial/territorial and sub-provincial levels for the provinces having the largest number of persons of the minority official language; i.e., New Brunswick, Quebec and Ontario.

Methodology and Information Sources (cont'd)

- Three measures are used to identify language skills among health care professionals:
 1. An estimate based on the health professionals belonging to the minority language group – the first official language spoken.
 2. The predominant or regular use of the minority language at work by health professionals.
 3. A maximum estimate based on the ability of health professionals to conduct a conversation in the minority language.



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Some Results



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Doctors in Three Metropolitan Areas

	Proportion of Official-Language Minority Population	Proportion of Doctors by Linguistic Characteristics and Behaviours as well as Language Ability in the Minority Official Language		
		First official language spoken	Use of the Minority Official Language at work*	Ability to conduct a conversation
Montreal	22.3	26.1	69.2	89.6
Ottawa	16.9	13.6	36.4	42.1
Toronto	1.9	1.8	3.1	21.2

*Language used at least regularly at work

Doctors by Groups of Provinces/Territories

	Proportion of Official-Language Minority Population	Proportion of doctors by linguistic characteristics and behaviours as well as language ability in the minority official language		
		First official language spoken	Use of Minority Official Language at work*	Ability to conduct a conversation
Eastern provinces	2.6	1.1	4.6	19.6
New Brunswick	32.7	38.6	45.8	53.0
Quebec	13.4	15.3	51.1	85.5
Ontario	4.5	3.5	7.0	23.0
Western provinces	1.9	1.6	2.5	16.6
Territories	2.6	0.0	6.1	33.3
Canada less Quebec	4.2	3.5	6.1	21.1

*Language used at least regularly at work

Nurses in Three Metropolitan Areas

	Proportion of Official-Language Minority Population	Proportion of registered nurses by language characteristics and behaviours as well as language ability in the minority official language		
		First official language spoken	Use of the Minority Official Language at work*	Ability to conduct a conversation
Montreal	22.3	16.0	55.5	60.2
Ottawa	16.9	23.2	40.6	44.3
Toronto	1.9	1.4	1.3	7.0

*Language used at least regularly at work

Nurses by Groups of Provinces/Territories

	Proportion of Official-Language Minority Population	Proportion of registered nurses by language characteristics and behaviours as well as language ability in the minority official language		
		First official language spoken	Use of the Minority Official Language at work*	Ability to conduct a conversation
Eastern provinces	2.6	2.0	2.6	7.5
New Brunswick	32.7	34.3	44.3	48.8
Quebec	13.4	8.6	36.8	44.9
Ontario	4.5	4.8	6.9	11.8
Western provinces	1.9	2.0	1.2	6.9
Territories	2.6	4.2	3.1	13.1
Canada less Quebec	4.2	4.5	5.6	10.8

*Language used at least regularly at work



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What can we draw from these census statistics?



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In Quebec, the use of English at least on a regular basis by health professionals is widespread.

- While the official language minority population represent 13.4% of the province's total population, over 50% of doctors say that they use English at least regularly at work.
- Among nurses, social workers, psychologists and other health care professionals, the proportion is between 30% and 35%.
- Health professionals practising in Quebec have a very high level of knowledge of English.
- These results do not necessarily mean that all of Quebec's Anglophones obtain, or are able to obtain, service in English in their interactions with health care professionals.





For Health professionals outside Quebec, we note that:

- while the number of doctors whose first official language is French is lower than the proportion of official language minority population, the proportion of nurses and other health care professionals is slightly higher;
- a greater proportion of doctors than other health professionals use French at work and can conduct a conversation in French.



Conclusions and directions for further research

1. Access to health services in the minority official language, as well as the supply of such services by health professionals, depends on several factors and cannot be measured directly using census data.
2. However, in order for services to actually be available and effective, several factors must exist to create the conditions necessary to actively provide those services, one of which is the availability of health professionals.
3. Factors such as the proximity of minority service users to providers, the active offer of those services and the degree to which users ask for them greatly influence the language orientation of professional/user interactions.

Conclusions and directions for further research (cont'd)

4. Among the other factors most often mentioned:
 - organization of services,
 - service plans adapted to each community,
 - the value placed on the use of the minority official language by professionals,
 - professional recognition of bilingualism,
 - promotion of the services offered,
 - visibility of the available services,
 - the legal or regulatory framework at the provincial or territorial level governing the provision of minority language services.

5. There are certain limitations associated with using the long questionnaire of the census, particularly when a study is based on small sub-populations and/or small geographic areas.

Conclusions and directions for further research (cont'd)

6. However, this first step in exploring census data on health care professionals allows us notably to see the analytic potential of using these data in conjunction with those from the SVOLM module on access to health care services in the minority language;
7. It would be worthwhile to examine:
 - a) the language characteristics of health care professionals in regions where OLMCs are more or less concentrated;
 - b) the availability of various health care professionals capable of providing services to OLMCs.
8. Statistics on knowledge of official languages among health professionals call for serious reflection on the topic of active offering of health services in the minority language when the population likely to ask for such services is important.

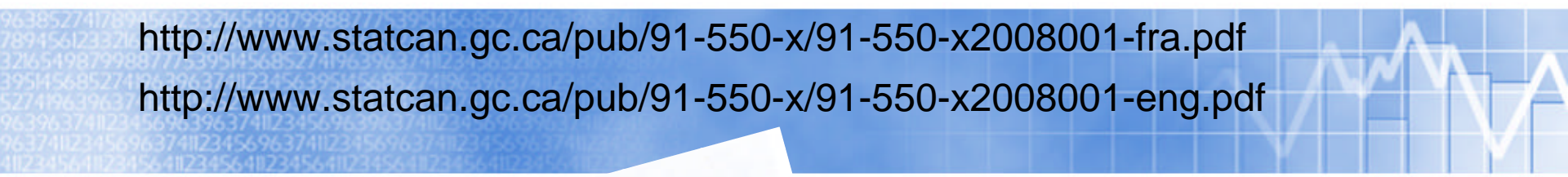
Conclusions and directions for further research (cont'd)

9. Access to health care services

Issue : What do we mean by “language of choice” (main language vs minority official language) / “Utilitarian” approach (realistic?) vs language of preference / Choice vs constraint

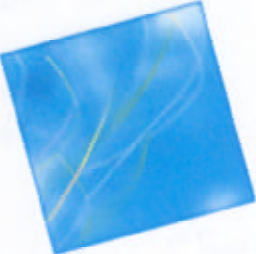
10. More generally, what are the issues and challenges associated with the development of surveys regarding the health of OLMCs, access to data and statistical analysis of small population numbers?

<http://www.statcan.gc.ca/pub/91-550-x/91-550-x2008001-fra.pdf>
<http://www.statcan.gc.ca/pub/91-550-x/91-550-x2008001-eng.pdf>




Catalogue no. 91-550-X

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