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# Public Health Services in Your Language...

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Submission in  
response to the  
request for comments  
on public health in  
Newfoundland and  
Labrador

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Réseau Santé en français de  
Terre-Neuve-et-Labrador

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## **Background**

The Government of Newfoundland and Labrador is gathering comments on how public health affects our daily lives. It is in this context that the **Réseau santé en français de Terre-Neuve-et-Labrador (RSFTNL)** aims to raise awareness of the importance for the government to explicitly recognize the health needs of Francophone and Acadian minority communities (FAMC) through public health legislative reform. The approach presented in this paper focuses specifically on public health issues.

Led by the Fédération des francophones de Terre-Neuve et du Labrador (FFTNL), the mandate of the RSFTNL is to secure more French-language health services for the Francophone and Acadian communities of Newfoundland and Labrador. In order to improve the offer of health services in French, the RSFTNL contributes to community awareness-raising and engagement, and strategically advises its partners on the planning, organization and integration of quality health care services. The RSFTNL is one of 16 member networks of the Société Santé en français (SSF), a national leader that, in partnership with regional, provincial and territorial networks, works to bring together partners interested in improving access to health services in French in all provinces and territories where French is not the language of the majority.<sup>1</sup>

Several studies in Canada and elsewhere in the world have demonstrated that language barriers have adverse effects on access to health care, quality of care, patients' rights, patient and provider satisfaction, health status and, especially, on treatment outcomes.<sup>2</sup> Although several Canadian studies have been conducted primarily in Ontario or New Brunswick, the findings apply to all Francophone and Acadian minority communities across Canada.

In 2010, the SSF and the 16 French-language health networks developed and adopted the “*French-language Health Promotion in Canada*” National Strategy Statement.<sup>3</sup> It is based on four strategic directions to guide our actions:

- Influencing public policy to create equity in health for FAMCs
- Supporting concerted and innovative action on the major health determinants to create communities and living conditions that are conducive to health and wellness
- Building communities' capacities to support health and wellness in French
- Developing the knowledge and competencies needed to identify best practices in health promotion

These major strategic directions served as a guide for this paper. We wish to address three main public health issues: measuring the health status of the Francophone population, access to health promotion and disease prevention services, and communication.

### **The Francophone and Acadian population of Newfoundland and Labrador**

The number of Francophones in Newfoundland and Labrador increased by 36% between 2006 and 2011, while the overall population grew by only 2%. The majority of the Francophone population in Newfoundland

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<sup>1</sup> Société Santé en français, *À propos de nous*, <http://santefrancais.ca/a-propos-de-nous/>, website consulted in January 2016.

<sup>2</sup> Bowen, Sarah, *Language Barriers in Access to Health Care*, p. 120

<sup>3</sup> The National Strategy Statement is available in English and French on the website of Santé en français [http://santefrancais.ca/wp-content/uploads/Promotion\\_2016\\_ENG.pdf](http://santefrancais.ca/wp-content/uploads/Promotion_2016_ENG.pdf)

and Labrador, which remains highly dispersed, is found in four census divisions and represents a very small proportion of the overall population. In spite of this, recent demographic data support the steps the RSFTNL is taking to improve the health profile of the province's Francophone communities.<sup>4</sup> Newfoundland and Labrador has 3,015 native French speakers, and 23,585 people have some knowledge of French.<sup>5</sup>

Furthermore, in 2015, the Government of Newfoundland and Labrador adopted the French Language Services Policy, which aims to ensure a more consistent and coordinated approach to the delivery of services in French across the provincial government.

## **1. Measuring the health status of the Francophone population**

One of the priorities of the French Language Health Movement is to include the language variable in health databases so that the language aspect contributes to informed decision-making. These data are not readily available, or often simply do not exist. Despite significant progress in recent years, the lack of evidence on health status, and use and delivery of health services in French, is a major impediment to health services research and planning for FAMCs. The language variable should not be neglected in health care systems, in order to obtain linguistic data for each of the provinces and territories.

The lack of evidence on the health of Francophones is problematic, because it significantly reduces the ability to analyze the health needs of Francophone communities and hinders the sound planning of health services that meet the needs of this population.<sup>6</sup> The same is true for data on the capacity of health care systems to meet the needs of OLMCs (Official Language Minority Communities).

According to Accreditation Canada, a national organization dedicated to assessing the quality of health services, health care systems need to make informed, evidence-based decisions in order to plan a service offer that takes into account the health status of their populations, their problems and needs, and that aims to improve quality and outcomes. This is why “the currently incomplete profile of Francophone minority populations and their needs severely hinders the ability of health care systems to tailor their responses to these populations’ specific needs. It is therefore essential to equip health care providers as quickly as possible so they can better define the provision of quality French-language services.”<sup>7</sup>

Health care providers in Canada should systematically have essential information about the needs of OLMCs and the capacity to provide services in French, so as to inform the planning and delivery of services in French. The Public Health Legislation Questionnaire states that “using a population health approach, aims to improve the health of the entire population and improve health equities.” It later adds that “equity is not the same as equality. Equality means that everyone can have the same health supports. But everyone doesn’t need the same supports.” The RSFTNL vigorously supports the principle of equity. If we could assess the

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<sup>4</sup> Taken from the study “*Clear Communication in Health Care – We All Win*” by Hubert Gauthier Conseil Gestion for the health care networks of Newfoundland and Labrador (Réseau Santé en français) and Yukon (Partenariat communauté en santé).

<sup>5</sup> Information taken from the website of the Fédération des communautés francophones et acadienne du Canada <https://carte.immigrationfrancophone.ca/>

<sup>6</sup> Taken from the document “*Better Data for Better Planning*” by the Réseau des services de santé en français de l’Est de l’Ontario, Spring 2013, [http://rssfe.on.ca/upload-ck/better\\_data\\_planning\\_2013.pdf](http://rssfe.on.ca/upload-ck/better_data_planning_2013.pdf)

<sup>7</sup> “*The health of Francophones in minority communities: an urgent need for more information to provide better services*,” Consortium national de formation en santé et Société Santé en français, April 2010, p. 5 - <http://francophoniecanadienne.ca/wp-content/uploads/2014/11/FinalArgumentaire-ENG.pdf>

health status of the Francophone community based on evidence, we would be able to better plan the best approaches to reach and support our communities and improve their health.

We recommend that the public health legislation transformation support the inclusion of the language variable on the province's health card and in all other population databases. Experiences elsewhere in Canada show that this is a realistic and achievable goal. For example, renewals of the Prince Edward Island health card have included a person's language of preference since 2016. We are therefore able to see the benefits of this concrete initiative, which will completely change the system's capacity to define and address the health needs of Francophone minority communities.

Another recommendation is to implement a tool to measure the public health system's capacity to respond to the needs of Francophone communities. There are tools to collect data on the language capacities of public health officials and employees. These data in turn make it possible to carry out the analysis necessary to effectively organize public health services in French. This would give public health decision-makers and managers an accurate picture of the needs of Francophone communities and the capacity of the system to deliver services in French, in order to inform the planning and delivery of public health services in French. Once again, the RSFTNL is in the enviable position of being part of a national movement that provides access to tools and solutions that have contributed to improving access to health services in French in other provinces or territories across the country.

## **2. Access to health promotion and disease prevention services**

In the study on the *Impact of Language Barriers on Patient Safety and Quality of Care*, research shows that “language barriers are associated with less use of health promotion and health education resources, and lower participation in almost every form of preventive care. One study found that infants of parents whose primary language was not English were half as likely to receive all recommended preventive care visits compared with infants of parents whose primary language was English; underuse of preventive services is also reported by deaf patients. In contrast, a Canadian study found that immigrants with diabetes were likely to have a greater number of outpatient visits if a language barrier was present.”<sup>8</sup>

Another example is participation in cancer screening. “Language barriers have been demonstrated to result in lower participation in cancer screening programs, in particular: breast cancer screening, cervical cancer screening and colorectal cancer screening. This is also true in Canada (some of the best Canadian evidence of barriers to preventive programs is found in the area of cancer screening programs).”<sup>9</sup>

“A language barrier is associated with lower frequency of general check-ups, fewer visits for non-urgent medical problems, and less likelihood of a physician visit, flu shot or mammogram. Non-English speaking mothers were significantly less likely to have received pertussis vaccination prior to pregnancy or postnatally. Canadian research also determined that, after adjusting for covariates, immigrants with limited language proficiency had lower odds of having an eye doctor consultation and a flu shot in the past year relative to those who were language-proficient.”<sup>10</sup>

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<sup>8</sup> Bowen, Sarah, “*The Impact of Language Barriers on Patient Safety and Quality of Care*,” August 2015 p. 14 - <http://francosantesud.ca/wp-content/uploads/SSF-Bowen-S.-Language-Barriers-Study.pdf>

<sup>9</sup> *Ibid*, p. 14

<sup>10</sup> *Ibid* p. 15

The need for French-language services is growing. According to a study by Bouchard, Makvandi, Sedigh and van Kemenade published in 2014, the percentage of the population aged 65 and over is growing faster among minority Francophones than among the general population.<sup>11</sup> This finding shows the importance of services and activities in the areas of healthy lifestyle promotion, chronic disease prevention and fall prevention.

Furthermore, several studies indicate that patients may delay seeking care for mental health problems due to language barriers, and underutilize these mental health services.<sup>12</sup>

Even more problematic, the results of studies find that in Canada, as in other countries, those facing language barriers receive different services and quality of treatment in the areas of mental health and counselling.<sup>13</sup>

According to the group studying the mental health issues of immigrants and refugees in Canada, some psychological counselling providers (including those in areas such as addictions and family violence) often make no accommodation for services in the individual's language. Instead, they may refer clients to generic "helping" agencies such as immigrant settlement services, which do not have specialized expertise.<sup>14</sup>

However, several studies show that older immigrants with limited English proficiency are more likely to have higher psychological distress than English-proficient immigrants, and are less likely to use mental health services.<sup>15</sup>

These elements confirm the importance of providing public health services in both official languages. We need to develop services that are adapted to the needs and realities of Francophone communities. We recommend that Francophone communities be included in the consultation and development process of health promotion and disease prevention policy. The RSFINL can assist by facilitating the engagement of the Francophone and Acadian community.

We also recommend that public health services, primarily in health promotion and disease prevention, be equitably accessible and responsive to the needs of the Francophone and Acadian community in order to improve the health status of FAMCs.

Finally, we recommend that community- or school-based health initiatives recognized by the World Health Organization and already established in other provinces be implemented by and for the Francophone and Acadian communities.

### **3. Communication**

The importance of good communication between health care providers and patients has long been recognized: language has been described as medicine's most essential technology – the principal instrument for conducting its work.<sup>16</sup>

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<sup>11</sup> Bouchard, L., Makvandi, E., Sedigh, G. and van Kemenade, S., *The Health of the Francophone Population Aged 65 and over in Ontario*,

[http://www.rasfo.ca/images/docs/publications/2014/Ontario\\_Franc\\_65\\_Report\\_March\\_28\\_2014\\_final\\_2.pdf](http://www.rasfo.ca/images/docs/publications/2014/Ontario_Franc_65_Report_March_28_2014_final_2.pdf), p. 6.

<sup>12</sup> [https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/bcs-sss/alt\\_formats/hpb-dgps/pdf/pubs/2001-lang-acces/2001-lang-acces-eng.pdf](https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/bcs-sss/alt_formats/hpb-dgps/pdf/pubs/2001-lang-acces/2001-lang-acces-eng.pdf).

<sup>13</sup> [https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/bcs-sss/alt\\_formats/hpb-dgps/pdf/pubs/2001-lang-acces/2001-lang-acces-eng.pdf](https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/bcs-sss/alt_formats/hpb-dgps/pdf/pubs/2001-lang-acces/2001-lang-acces-eng.pdf).

<sup>14</sup> Bowen, Sarah, *Language Barriers in Access to Health Care*, *op. cit.*, p. 75.

<sup>15</sup> Bowen, Sarah, *Impact of Language Barriers on Patient Safety and Quality of Care*, *op. cit.*, p. 17.

<sup>16</sup> *Ibid*, p. 10

Education and literacy are one of the 12 determinants of health accepted by the Public Health Agency of Canada. “Health literacy is a related topic that is currently of much interest. While language barriers may result in reduced health literacy, they are also an independent factor affecting patient safety and quality of care. Those who face language barriers often do not demonstrate many of the characteristics associated with a low health literacy, such as lower education or learning disabilities (for example, we know that the average education of immigrants to Canada is higher than that of the Canadian born). Nor are the strategies for addressing health literacy necessarily adequate for addressing language barriers. Researchers are only recently beginning to explore the relationships between literacy and language proficiency in patient-provider communication: most health literacy models do not address English language competency. Where provider and patient speak the same language, adequate health literacy may act as a buffer against poor communication. However, in a language discordant encounter, this buffering effect does not appear to occur. There is evidence that language barriers are more important than limited health literacy in impeding communication.”<sup>17</sup>

Several other Canadian and international studies report a marked decline in the second language learned (in this case, English) among older people after retirement. Moreover, studies clearly show that older people are more likely to return to using their first language, especially when under stress. Finally, older people suffering cognitive impairment such as dementia gradually lose their ability to communicate in the second language learned.<sup>18</sup>

The importance of good provider-patient communication has long been known. In 1983, anthropologist Dr. Margaret Clark stated that without good communication between patient and physician, the work of a physician and that of a veterinarian would be nearly identical.<sup>19</sup> Language has also been described by researchers as medicine’s most essential technology – the principal instrument for conducting its work.<sup>20</sup>

This information supports the importance of providing public health services in both English and French. We recommend that all communications and information be available in both French and English, and that communication be adapted to the realities of the Francophone and Acadian communities.

Better knowledge of health issues will equip the RSFTNL and the Francophone communities it represents with hard evidence to support their efforts. We recommend supporting knowledge and skills acquisition in Francophone communities to improve the health management of Francophones and Acadians.

## **Conclusion**

The revision and modernization of Newfoundland and Labrador’s public health legislation is a good opportunity to include the needs of Francophone and Acadian communities, in a spirit of equity, quality and safety. In this context, the RSFTNL recommends:

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<sup>17</sup> *Ibid*, p. 11

<sup>18</sup> *Ibid*, p. 22

<sup>19</sup> Clark, Margaret, *Cultural Context of Medical Practice, The Western Journal of Medicine*, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1011009/pdf/westjmed00196-0036.pdf>, p. 6.

<sup>20</sup> Bowen, Sarah, *Impact of Language Barriers on Patient Safety and Quality of Care, op. cit.*, p. 12.

- **that the public health legislation transformation support the inclusion of the language variable on the province's health card and in all other population databases;**
- **implementing a tool to measure the public health system's capacity to respond to the needs of Francophone communities;**
- **that Francophone communities be included in the consultation and development process of health promotion and disease prevention policies. The RSFTNL can assist by facilitating the engagement of the Francophone and Acadian community;**
- **that public health services, primarily in health promotion and disease prevention, be equitably accessible and responsive to the needs of the Francophone and Acadian community, in order to improve the health status of FAMCs;**
- **that community- or school-based health initiatives recognized by the World Health Organization and already established in other provinces be implemented by and for the Francophone and Acadian communities;**
- **that all communications and information be available in both French and English, and that communication be adapted to the realities of the Francophone and Acadian communities;**
- **supporting knowledge and skills acquisition in Francophone communities to improve the health management of Francophones and Acadians.**

In conclusion, the RSFTNL reiterates its commitment to support and collaborate with the provincial government in the review, modernization and implementation of its public health legislation and programs and to be a key stakeholder, to ensure that linguistic and cultural accessibility is recognized as a measure of the quality, safety and efficiency of public health services.