Report

Documenting the Experience with the Bilingual Health Card in Prince Edward Island (PEI)

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PGF consultants

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We thank the team at Health Canada's Official Languages Community Development Bureau (OLCDB) for the trust they placed in us and the brilliant idea of documenting this historic experience.

We thank Antoine Désilet from Société Santé en français (SSF) and Élise Arsenault from the Réseau Santé en français Î.-P.-É. for their involvement in the steering committee that made it possible to carry out this project in a timely and quality manner.

Finally, we thank the people we interviewed for their insights on the experience in PEI: representatives from Health Canada, the Government of PEI, pan-Canadian organizations representing minority Francophones, provincial organizations, service providers, local community actors and users.

Introduction

I. Background

Health Canada mandated PGF Consultants Inc. to document the implementation of a bilingual health card in PEI. In operation since 2016, this historic breakthrough in Canada has captured the imagination as to the powerful potential of collecting data on Francophone users in a provincial health system. Other provinces have shown signs of interest, including Ontario, Manitoba and New Brunswick.

II. Mandate objectives

The purpose of the process was to understand and document:

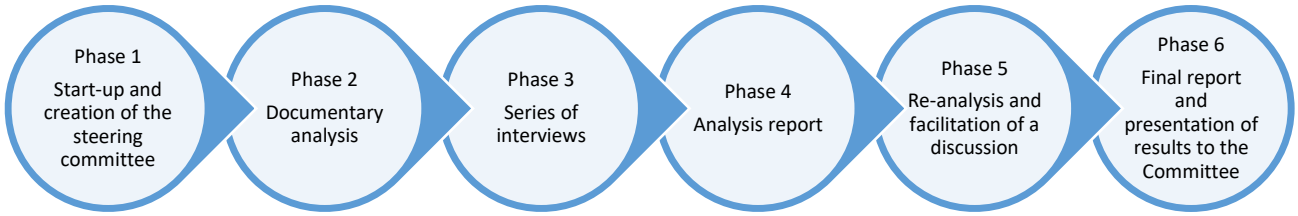
- the origin of the project;
- the main steps in its implementation, including communication with health system users, providers and partners;
- the factors that facilitated its implementation, including the language variable;
- the lessons learned from the project; and
- the initial impacts that emerge from the first years of the project.

Interviews and information-gathering approaches were used to gain a better understanding of the perspectives considered by the Province for the ultimate goal of improving access to French-language health services. In cooperation with Health Canada and the Government of PEI, a number of government, policy and community stakeholders and even users were identified and invited to interviews, which were the main means of gathering testimonials and information.

The summary report on the process concludes this mandate by exploring the next steps being considered at the provincial level (PEI). It offers perspectives concerning its applicability and transferability elsewhere in the country, even as other French-language health networks have been taking steps in this direction for a few years to influence the provinces and territories (e.g. Ontario).

III. Methodology

The approach used by PGF Consultants Inc. was designed to promote thoroughness in documenting the implementation of the bilingual health card in PEI, particularly by maintaining proximity to the client through the following process.



Phase 1: Start-up and creation of the steering committee

The project started with a virtual meeting between the team of consultants and the team designated by the OLCDB. That meeting, held on January 13, 2022, was an opportunity to discuss the project objectives, the work plan and planning. The meeting allowed for clarification of the terms of communication between the team of consultants and the OLCDB and a discussion of the creation of a steering committee.

Phase 2: Literature review

Operationally, the project began with a literature review to integrate the available data on the history and implementation of the bilingual health card in the Province: academic literature, reports, presentation materials, studies, arguments, etc. The documents were provided by Marc-Olivier Houle from the OLCDB and Élise Arsenault from Health PEI. In addition to these documents, several research articles and reports were reviewed (see Appendix 1).

Phase 3: Series of interviews

The PGF team then conducted 20 interviews with 21 people, representing the following six (6) categories of respondents:

- Representatives of Health Canada (**funders**)
- Representatives of the **Government** of Prince Edward Island (PEI): members of the administration responsible for health, Acadian and Francophone affairs, etc.
- Pan-Canadian organizations representing minority Francophones (e.g. SSF)
- **Provincial organizations**, particularly the heads of the Réseau santé en français de l'Î-P.-É. ;
- **Service providers:** health facilities such as hospitals, health centres, and health professionals
- **Local community actors** (e.g. Acadian and Francophone associations and other local organizations that took part in the implementation of the bilingual health card)
- **Users** of health services

These individuals offered a variety of perspectives on the development of the bilingual health card in the province. The interviews also provided a better understanding of the terms and issues in the implementation of the bilingual health card and the key success factors for future transferability.

Phase 4: Analysis report

Based on the data collected, a final analysis report was prepared. The report addresses the aspects and issues presented in the steering committee meetings.

Phase 5: Presentation of the analysis and facilitation of a prospective discussion

On March 22, 2022, PGF Consultants Inc. presented the analysis report to a panel of key actors (Health Canada, provincial government, Réseau Santé en français de l'Î.-P.-É, SSF, etc.) in the form of a focus group.

The purpose of the session was to discuss the results of the analysis report, but above all, to develop perspectives and options that could be adopted by federal and provincial actors to improve the success of the bilingual health card in PEI and to transfer the experience to other provinces and territories.

Phase 6: Final report and presentation of the results to the Federal Health Portfolio Consultative Committee for Official Language Minority Communities in Canada

Based on the data collected, the report offers details of the history and implementation of the bilingual health card in the province, and on prospective elements and avenues of action that could be taken to increase the success of this provincial initiative and consider its transferability elsewhere in the country.

In June 2022, a presentation on the results of the study will be given to the members of the Federal Health Portfolio Consultative Committee for Official Language Minority Communities in Canada.

Part 1: Implementation of the bilingual health card

I. Background

In the context of minority French-language services, as is the case for Francophones in PEI, belonging to a minority language community means limited access to health services in one's own language. As one user explained during our interview in documenting the experience, [translation] "we sometimes meet bilingual or Francophone professionals by chance." To address these difficulties accessing and receiving services in French, PEI passed its first *French Language Services Act* in 1999. Its review 14 years later, in 2013, reinforced the promotion of French-language services by providing for the designation of bilingual services, the creation of the Acadian and Francophone Community Advisory Committee and the establishment of a complaint mechanism (Complaints Officer, 2016). The 2013 version of the Act is thus based on the principle of aligning the French-language service priorities of the Acadian and Francophone community with the government's ability to offer those services.

The adoption of the new *French Language Services Act* in 2013 thus required a better understanding of the concept of offer and demand at departments and agencies subject to the Act. That new reality stimulated reflection, as seen by Health Canada's call for project proposals that led to the creation of the bilingual health card project in December of that year. Health PEI and the Réseau Santé en français Î.-P.-É. (RSFÎPE) were the project proponents, with funding from the federal department. According to the project proponents, the objectives of the bilingual health card at the time were to:

- link the user's language to the provincial health card, making it possible to track the use of services by OLMCs;
- identify service providers in the system that are able to offer French-language services.

In addition to including linguistic data, the RSFÎPE wanted to implement the linguistic identification of care providers because, as noted by a PEI government representative interviewed, [translation] "if demand is identified but offer is not, there will always be limitations in planning services."

The first objective of the project involves several sub-objectives:

- Improve knowledge of the population for better service planning and delivery.
- Identify languages other than official languages.
- Develop the ability to link a user's language profile to other variables such as service location, geographic area, services and programs used, etc.
- Monitor health trends among specific populations.
- Comply with the *French Language Services Act*.

Since finalizing the project in 2016, the health cards of PEI residents who agreed to disclose their language preference includes the preferred language for receiving health services and the intention concerning organ and tissue donation. This is the first experience of its kind in Canada.

II. Factors that facilitated the implementation of the bilingual health card

Three factors played a key role in the implementation of the bilingual health card in PEI:

1) A favourable context within the Francophone community across Canada and in PEI, particularly through the reflection that began in Ontario. For at least ten years, stakeholders in the Franco-Ontarian community and entities that plan French-language health services in the Province have been looking at linguistic identification. Thus, in 2014 and 2018, in their White Paper, the *Assemblée de la francophonie de l'Ontario* (AFO) recommended the "systemati[c] capture [of] linguistic identity data for the entire population of Ontario through the Health Card."[1] A pilot project was conducted in 2014 by SSF in cooperation with the Réseau des services de santé en français de l'Est de l'Ontario (RSSFE) to obtain data for regional planning and show the feasibility of linking the data to provincial databases. With these pilots, Ontario already had concrete recommendations to include the language variable in the health cards of Ontarians. The project proponents in PEI who we interviewed thus explained that they drew from those recommendations by organizations in Ontario and the joint report by the *Consortium national de formation en santé* (CNFS) and SSF from 2010.

2) Modest funding over three years to implement this initiative in stages. For a project of this size, its funding was described as "modest" by several people consulted during our interviews. Between April 1, 2014, and March 31, 2017, a period of three years, Health Canada provided financial support of $160,000 per year, for a total of $480,000. Easier to accept due to these low costs, the implementation of the bilingual health card did not raise any objections in the media or among community leaders. On the contrary, the project proponents note a positive reception in general, despite the lack of consultations with the public, health professionals and Francophone organizations.

3) The effort made by RSFIPÉ leadership and its inclusive Board of Directors, made up of community and provincial government representatives. The configuration of the BoD promotes dialogue between stakeholders, particularly the awareness of English-speaking public actors concerning the issues faced by the Francophone community on the island. Indeed, in our interviews, several interviewees noted that representatives from the provincial government were not aware of the challenges of accessing French-language health services. This lack of awareness translated into a perception that linked the lack of the offer of French-language services to the lack of demand for these services. A representative from a provincial organization

[1] Assemblée de la francophonie de l'Ontario (2018). La Santé en français en Ontario. White Paper on health in French. https://monassemblee.ca/wp-content/uploads/2018/10/White-paper-Health-3.pdf

explained that [translation] “in my plea to them, my outreach with them, I told them about the power of the bilingual health card in identifying Francophone demand.” Finally, many stakeholders we met with particularly emphasized the efforts made by RSFIPÉ leadership to promote the bilingual health card project.

Overall, government representatives, community organizations, health providers and users were well informed of the process that had led to the implementation of the bilingual health card. Some organizations had been consulted or were directly involved in its implementation, for example, by raising awareness in the Francophone community of the importance of answering language questions. The significant involvement of these representatives of civil society testifies to the community support for the project.

III. Factors that hindered the implementation of the bilingual health card

In our interviews, the interviewees repeatedly referred to **some technological and logistical difficulties with the administrative software and computer systems** that required changes to collect new data. Indeed, the old systems were unable to capture language data, and updates were needed. To update the system, the project proponents worked closely with PEI Medicare and the Health Information Division to correct the problem and create reports that captured the language used by residents using the health care system. The technical problem has therefore been resolved and that linguistic information is now included in various databases used by Health PEI.

IV. Deployment and communication

Between October 2015 and January 2017, language surveys were mailed to 58,000 homes representative of the PEI population, accounting for about 124,000 residents, to begin feeding the databases without waiting the five years of the health card renewal cycle. As a result, 23% of residents completed the survey and returned it to PEI Medicare. No follow-up was mentioned in the interviews conducted as part of this documentation. Medicare staff then entered the language information from the survey in the newly created language fields. In these surveys, and now when renewing a health card, the language variable is identified based on three questions:

- What is your mother tongue? The language you learned as a child and still understand.
- If your mother tongue is neither English nor French, in which of Canada’s official languages are you most comfortable?
- In what language do you prefer to receive your services?

To achieve the second objective of identifying service providers, a language survey was conducted with approximately 4,500 health staff in February 2017.[2] The staff were invited to

[2] Health PEI (2017). Improve Access to French Services Health: Program Evaluation 2014–2017. Final Evaluation Report.

self-assess their language proficiency and indicate their interest in French-language training and/or a French-language assessment. The response rate was only about 10%, which nonetheless increased the language variable for staff in the human resources information system (PeopleSoft) at Health PEI by about 50%. One explanation cited for the poor response rate is the fear of an increased workload from self-identifying as bilingual, receiving new Francophone clients when the workload is already very heavy now. The individuals consulted during our interviews did not mention any follow-up on that survey.

In terms of communications with stakeholders, some presentations were occasionally given to inform the various actors and health institutions of the coming changes. According to representatives from the Government of PEI, communications with the public can be qualified as a [translation] “small campaign” with no real province-wide awareness plan, which may explain the poor response rate from the population who received the survey. The reasons for making it a “small campaign” were not mentioned. A press release was shared in the French-speaking media but, as noted by a representative of a provincial organization, [translation] “the Francophone press is limited so there are not a lot of platforms to share the message.” The article was therefore not shared very widely. A lot of islanders also waited until they renewed their health cards to see what the project would look like exactly, namely the design of the new card and the renewal form. That information was therefore not shared before the implementation of the bilingual health card.

Part 2: Current Situation

I. How it works

Today, PEI residents must renew their health card every five years. The health card renewal form has been revised to optionally capture language and organ donor information at that time. In addition, all new residents in PEI must apply for a PEI health card and the application form has also been revised to include language questions. In addition to those two processes, residents can complete a language questionnaire online or on paper at any time. Residents therefore do not need to wait to renew their health card to complete the language data.

This information is now included in various databases and is linked to the Personal Health Number (PHN) on each resident's PEI health card. The PHN is a unique identifier for each resident of the Island, which is used throughout the health system for a variety of services, ranging from visits to primary care centres to surgical procedures performed under PEI's health insurance system. Every resident of the Island is assigned a PHN, creating a potential monitoring system for planning the health system and services. By linking the PHN to the user's language, it is now possible to analyze data on services used, taking into account demographic data and the person's geographic location.

Figure 1: Typical format of the bilingual PEI health card, with the preferred language indicated at the bottom right on the front.

Now that the health card project has been completed, the patient's preferred language is indicated on the health card (see Figure 1).

II. Preliminary results

In Canada, the literature indicates that the capture of linguistic data allows for better planning of health services in the minority official language, promotion of the active offer, and the possibility of including a representative sample of the Francophone minority in research activities (Assemblée de la francophonie de l'Ontario, 2018). It also notes a more efficient deployment of resources and a better understanding of the demand for and supply of services in the minority

official language, and of the use of services and trends associated with illnesses and lifestyle (Réseau Santé Alberta). These results are consistent with the information from our interviews.

The first effect of the bilingual health card is that the indication of the preferred language on the card increases the visibility of Francophones in PEI in the health system. This corrects the idea that [translation] "there are no French-language services because there is no demand," as one provincial organization representative mentioned during an interview. This normalization of French-language services points to an awareness among health organizations and institutions concerning demand and the need for French-language services in their community. By linking language data to the Personal Health Number, the bilingual card acts as a tracker: Where are Francophones in PEI? What are their health needs? This awareness also encourages health organizations to adapt their services to Francophone populations.

> [Translation] *"Acadians have experienced deportation, assimilation, and mockery when speaking French. With the heavy intergenerational trauma they have inherited, they certainly will not go looking for French-language services on their own. A very simple solution is the bilingual health card, as it indicates whether the patient speaks English or French right from the start."*
>
> *– PEI government representative*

Within local health organizations, the data collected by means of the bilingual card is starting to be used in the programming and planning of French-language services, particularly in the recruitment of human resources (see the *Current actions* section below). The fact that the health card numbers are permanent on the Island also means that retroactive data is available, that is, the administration has data on users' clinical history. As a result, the implementation of the card has allowed the provincial government and Health PEI to target initiatives, identify gaps and to find the necessary resources.

III. Issues

Although there is a consensus on the benefits of including language data on the health card, some people interviewed felt that the results were not visible enough due to the low rate of response to the language questions. In effect, only 31% of people with PEI health cards indicated their preferred language in the database during the survey in 2015–2017 or when renewing their health card. This low rate of response can be explained by several factors, as indicated below.

For many of the people consulted, many Francophones do not want to respond due to a fear of having to change family doctors, for example if their doctor is identified as Anglophone. However, those same people note that we must [translation] "use the data we have, as not having all the data does not prevent the analysis. We can use our current data to begin planning services and identify demand and needs." We thus see a need for greater awareness to increase the number of responses to language questions among Acadians and Francophones.

During the interviews, several representatives from the various groups consulted said they felt that some Francophones, and particularly some Acadians, continue to be reluctant to request services in French in general, an attitude that is apparently not exclusive to the health sector. However, the health sector has specific issues: wait times, quality of care, understanding of user needs, etc. Several people interviewed noted that this is part of the Acadian culture: [translation] "people do not want to cause a scene." Given the historical lack of French-language services, Francophones do not expect to be served in French. Active offer is all the more necessary in those situations.

Other issues: the identification of language data does not immediately translate into an increase in the offer of French-language services because of the difficulties in meeting the current demand for services due to a significant lack of medical resources in general and Francophone human resources in particular. Representatives from local community organizations and service providers acknowledge that this is a medium- and long-term process to fundamentally improve the ability to offer French-language services in a truly equitable manner. Some primary services are particularly struggling to serve Francophone clients due to the shortage of French-speaking human resources in the health sector. This is particularly the case for emergency services, which lack Francophone or bilingual professionals. Services by appointment is the area where the offer of French-language services has increased the most and where it is easier to direct users who wish to receive services in French.

> [Translation] *"I have gone to the emergency and, when the receptionist scanned my card and saw that I preferred to be served in French, she told me, 'I'm sorry, no one speaks French here.'"*
> *– User*

IV. Current actions

Based on our interviews, Health PEI is currently working to integrate the data collected from the bilingual health card into the planning of human resources in the health sector. This is not an easy exercise, as the linguistic identification of health care providers is not complete, with a response rate of only 10%. Despite this difficulty, there are various *ad hoc* initiatives that seek to address the lack of Francophone resources. Among others, a new family medicine clinic in Prince County wants to recruit French-speaking doctors after using the data collected from the bilingual health card to identify the needs of Francophones in the region.

In addition, Health PEI is currently analyzing the language data to identify and map the Francophone population in PEI in four groups, following an initial assessment of their demographic profiles (age, sex, county of residence, etc.). For each group, the government is studying their use of primary care services, walk-in clinics, visits to emergency services, hospital admissions and provincial long-term care services.

In January 2021, Health PEI used language data to estimate the proportion of the Francophone population on the Island who had been screened for COVID-19. Part of the request was also to

identify sites that offered screening where most Francophones had gone, to ensure the presence of bilingual staff.

Part 3: Future Outlook and Transferability

I. Outlook

With the information gathered from the health card, Health PEI has a wealth of data that could not be fully exploited in the context of the COVID-19 pandemic. Today, it would be beneficial for health authorities to use those data to understand the types of service and location of residents in PEI who answered the language questions, with a view to pairing service providers and users. As well, given the increasing number of new immigrants to PEI, the language data would be very useful to other Government of PEI departments in planning their services, their staffing needs and their employee training programs adapted to other minority language communities. There is also significant potential in the regular analysis of data using the language variable to provide profiles of the use of health services by the Acadian and Francophone community.

> [Translation] *"I think that we have a jewel in our hands and we do not realize the potential we have."*
> *– Local community actor*

However, **the rate of response to the language questions must improve** and data collection from users must continue. The same is true for the collection of language data from health professionals, which would link supply to the demand for services. Knowing the linguistic identity of professionals would, for example, enable emergency services to act sooner when a Francophone patient arrives.

> [Translation] *"Without data, society cannot advance."*
> *– Representative of a pan-Canadian Francophone minority organization*

To quickly increase the rate of response to the language questions, the question arises of whether or not to make answering the questions on the language variable mandatory. When implementing the bilingual health card, the final decision was to make them optional. However, many stakeholders in our interviews noted that the principle of voluntary response to the questions may influence the response rate.

From a technological standpoint, making a field mandatory would also require the creation of an "unknown" category. Indeed, as indicated by a PEI government representative, if a resident does not personally indicate his or her preferred language, authorities cannot assume that the

person's language is either English or French. The field must remain unknown, which means there would be no difference in the database compared to maintaining optional responses. Furthermore, making language questions mandatory involves a risk that Acadians and Francophones on the Island might not register as needing French-language services (due to their reluctance to identify as Francophones – see the explanation in Part 2, Section II), which could also penalize the Francophone community.

In any case, efforts must continue to raise awareness among stakeholders (public, health professionals, decision-makers) in order to continually increase the quality and quantity of language data. According to local community actors, Francophones are not sufficiently aware of the value of the information, particularly the fact that providing data to the government concerning medical needs and the mapping of Francophones in PEI could help improve the offer of French-language services.

This collection of data also requires outreach and information work with professional orders. The possible options submitted to Health PEI in this report are therefore to focus on the language profile of health care providers by encouraging self-identification of those who speak French, and to promote the importance of language evaluations both among users and health professionals.

Finally, some representatives from civil society debated about the wording of the language data identification questions and had some concerns about the form chosen. According to those representatives, "preferred language" is a subjective concept, as it can change over time and based on circumstances and the type of care. However, as a service provider indicated, registration of the language in which a user is "most comfortable" would be a concept that would be less variable and more objective. This is particularly important in situations of increased vulnerability (e.g. a motor vehicle accident, a stroke, a heart attack, etc.). This wording refocuses the offer of services around the client's needs, rather than the system's ability to meet the client's demand.

In view of the above, improvements should aim for: (a) a health card renewal system in which users are reminded to complete the language questions; (b) a regularly updated system for collecting language data concerning health professionals; (c) regular outreach to Francophone populations concerning the importance of providing this information; (d) targeted campaigns among youth and newcomers; (e) outreach to employees responsible for health card renewals; and (f) continued efforts to integrate the data into service planning (see Part 4 for more details).

II. Transferability

Similarly, there is consensus among representatives from the various groups consulted concerning the transferability of the bilingual health card to other provinces and territories in Canada. Several lessons can be learned from the PEI experience, particularly the adaptation of funding to provincial and territorial structures and their needs, and a response to the issues identified in this report (communications, project management, computer system). In concrete terms, three conditions were found to be necessary to ensure its implementation elsewhere:

> [Translation] *"In general, it is a promising project that can be done elsewhere."*
> *– PEI government representative*

1) Political will. The federal government wants to promote the integration of diversity and inclusion considerations in the delivery of health services, including the language component. Similarly, other provinces and territories also want to develop their offer of French-language services and are interested in the bilingual health card. If federal and provincial/territorial interests align, other projects similar to the one in PEI could be launched across the country.

2) Community engagement. For at least a decade, actors in the Francophone community in Ontario and French-language health services planning entities in the province have been mobilizing to implement a bilingual health card that captures the user's language variable. Other provinces are also interested, such as Manitoba, New Brunswick and Saskatchewan. Similarly, according to our interviews, the initial results from the PEI experience were well received by the Santé en français networks across Canada and they continue to show interest in developing similar projects in their respective provincial or territorial contexts. There is therefore an interest in implementing similar initiatives elsewhere in the country.

> *"I have worked internationally for a large part of my career. It is a reflective question about our commitment to being a bilingual country. I would say 'absolutely yes' to transfer the card."*
> *– PEI government representative*

3) Provincial and territorial administrative structures. The health card is seen as being the best means of capturing the linguistic identity of users, as it is present in every province and territory. The division of the health system on a provincial basis generates different administrative management structures, so the implementation of a bilingual health card will need to be adapted to local contexts. In addition, different official languages or commonly spoken languages can be captured by the health card, as indicated by a representative of a pan-Canadian organization: [translation] "Once we capture one language, we can capture several."

Part 4: Possible Options for the Bilingual Health Card in PEI

The following possibilities stem from the analysis of the interviews conducted as part of documenting the experience with the bilingual health card in PEI. They are intended for the various stakeholders, including community organizations, health professionals and decision-makers (OLHP, Government of Canada, Health PEI, PEI Department of Health, PEI Department of Education).

1. The actors – Awareness and communication (participation)

→ Whereas there was no provincial awareness plan in terms of communication with the public during the launch of the bilingual health card;
→ Whereas only 31% of people with health cards indicated their preferred language in the database, and only 10% of service providers responded to the linguistic survey in February 2017;
→ Whereas, a need for greater awareness persists among Acadians and Francophones to increase the number of users who indicate their preferred language in the database;
→ Whereas collection of the data requires awareness and information work with professional orders to better identify care providers who can offer French-language services;
→ Whereas the collection of data from health care providers who speak French is important for planning and recruitment of a bilingual workforce capable of offering French-language services;
→ Whereas there is also a need for awareness within the department concerning the wealth of information that it can access by exploiting the data collected by the bilingual health card and concerning the need to expand collection.

<u>The following possible options emerge:</u>

For decision-makers

- Increase public awareness about the importance of completing the language questions, by demystifying some ideas received concerning the quality of care provided in French, in cooperation with other departments and community organizations.
- Increase awareness among health professionals about the importance of completing the language questions by reassuring them about the effects of such a measure on their workload, in cooperation with other departments and community organizations.
- Support this action with concrete examples of how the data would be used.
- Adopt general strategies for communication with Acadians and Francophones in PEI, including newcomers who use government and community resources, including through intersectoral links (e.g. reaching parents in Francophone schools).
- Raise awareness among employees responsible for health card renewals by telephone about the need to collect language data (Medicare).

For health professionals

- Contribute to the awareness among members of colleges and professional associations concerning the impact of language on the quality of services and, in particular, those offered in French.

For community organizations

- In cooperation with Health PEI, contribute to awareness and wider dissemination of information to users, particularly through an intersectoral approach.

2. Practice – Data collection and use (rigorous process, progress tracking, factual data, resources in place)

→ Whereas there is a consensus among the people consulted in our study on the benefits of implementing the bilingual health card, and on the value of going further;
→ Whereas linguistic information is now included in various databases and is linked to the Personal Health Number (PHN) on each resident's PEI health card.
→ Whereas Health PEI already has a wealth of data from information gathered by the health card that could not be fully exploited in the context of the COVID-19 pandemic;
→ Whereas there is still a need to continue collecting data on clients and health professionals who speak French to coordinate the offer of and demand for French-language health services;
→ Whereas, the people consulted in our interviews noted the significant potential in the regular analysis of data using the language variable to provide profiles of the use of health services by the Acadian and Francophone community.

<u>The following possible options emerge:</u>

For decision-makers

→ Study the feasibility of making the declaration of language data mandatory.
→ Revise the wording of question 3 on linguistic identification based on identification of a "preferred language" to the language in which the user is "most comfortable" receiving services.
→ Enhance the collection of data concerning care providers based on existing initiatives (e.g. OZi Annual French Language Service Reports in Ontario).
→ Consider the development of a more efficient database with a regular update process and collection of unified data on the language skills of health professionals and users.
→ Set short-, medium- and long-term data collection goals and monitor them as needed.
→ Continue to include language data in planning services and developing projects, and in positions to be filled from now on;

- → Cross-reference language data from professionals who invoice their services based on the health card number and language data of users, to identify gaps in the offer of French-language services by doctors, nurse practitioners, pharmacists and other professionals.
- → Establish cooperation with the research sector to promote the in-depth analysis of the data collected (users and/or health professionals).
- → Support Health PEI in its project consolidation efforts.
- → Support the actions of pan-Canadian organizations that want to implement strategies for collecting language data from users and/or health professionals (e.g., SSF and the Canadian Health Human Resources Network).
- → Disseminate the results of the capture of the language variable provincially and nationally through the appropriate channels.

For health professionals

- → Identify and disseminate the potential of language data in planning services, recruiting professionals, etc.
- → Access these data for a better understanding of their clientele and implementation of services.

For community organizations

- → Identify and disseminate the potential of language data in planning services, recruiting staff, etc.
- → Continue to include language data in planning services and developing projects.

3. The community – Develop the offer of French-language services (alignment with organizational strategies and priorities and support for the improvement of the initiative)

- → Whereas, in the context of minority French-language services, as is the case for Francophones in PEI, belonging to a minority language community means limited access to health services in one's own language;
- → Whereas there are difficulties in meeting the demand for French-language services due to a lack of Francophone medical resources and general medical resources in PEI;
- → Whereas Acadians and Francophones continue to be reluctant to request services in French due to the historical lack of such services in PEI, making the active offer even more necessary;
- → Whereas, based on our interviews, Health PEI is currently working to link the data collected from the bilingual card on the demand for French-language services to the planning of human resources;
- → Whereas the implementation of the bilingual health card has led to awareness among health organizations and institutions about the demand for French-language services.

The following possible options emerge:

For decision-makers

- Support the development of French-language and/or bilingual training programs for health professionals.
- Increase the number of bilingual health professionals in PEI.
- Better identify bilingual or Francophone faculties of medicine and facilitate the recruitment of health professionals from those schools.
- Continue efforts related to the linguistic identification of health professionals.
- Develop and implement an active offer strategy for French-language services.
- Facilitate on-the-job training for increased use of French.
- Include language data in the assessment of the accreditation processes (e.g. linguistic standard of the Health Standards Organization/HSO).

For health professionals

- Contribute to and support efforts to capture language data on care providers.
- Raise awareness among colleges and professional associations.
- Contribute to the active offer of French-language services.
- Improve their ability to offer French-language services.

For community organizations

- Contribute to the identification of the need for French-language health services.
- Provide information to decision-makers through appropriate mechanisms.
- Work with decision-makers to improve the offer of French-language health services.
- Continue to engage and monitor the offer of and demand for French-language services.

Conclusion

Commissioned by the OLCDB, this study has highlighted the successes of the PEI experience with the bilingual health card, which must be exploited to its full potential. This assertion stems directly from a consensus among the many stakeholders consulted in our documentation exercise: representatives from Health Canada, the Government of PEI, pan-Canadian organizations representing Francophones in a minority situation, provincial organizations, service providers, local community actors and, in particular, users.

The project was completed in a short time, with one-time financial support from Health Canada. While the initial funding from the federal government was used as a lever to launch the project, more long-term support must now be considered for the Province to consolidate current bases and take full advantage of a project of this scope. The bilingual health card developed in PEI is an historic experience that offers many lessons for other provinces and territories across Canada. There is no doubt about the value of going further.

Appendices

Appendix 1 – Review of the scientific literature on linguistic data

The team conducted a brief review of scientific and grey literature in the field to better understand the benefits and issues associated with the capture of the language variable. We targeted the last six years (January 2016 to January 2022)[3] and conducted an advanced search using the EBSCOhost interface that hosts several databases. The search took into account both official languages.

About a dozen references in Canada and some countries (e.g., the United States) that are facing the issues of a culturally and linguistically diverse population were examined. The review provided a better understanding of the benefits and issues associated with including data related to language, ethnicity, gender identity, etc. in administrative health files. The two themes are summarized below.

The benefits of capturing language data

The purpose of including the language variable and other demographic patient data (ethnicity, sex, age) is to improve the health files of users of health and social services. (Weech-Maldonado et al., 2003). Overall, health data management systems help reduce health inequalities (Tan-McGrory et al., 2018).

However, those data must be consistent, timely, rigorous and complete (Public Health Agency of Canada, 2021). These data can reflect measures such as the satisfaction and experience of health service users based on race, ethnicity and language. In the United States, these data are available for adults enrolled in care plans managed by Medicaid and allowed for complex analyses like the one by Weech-Maldonado et al. (2003).

According to the authors, racial/ethnic and linguistic minorities tend to report care that is not as good as that reported by the Caucasian population, but linguistic minorities reported care that was not as good as that reported by racial and ethnic minorities. This study suggests that racial and ethnic minorities and people with limited proficiency in English in the United States face barriers to care, despite the financial access afforded by Medicaid.

The authors suggest that health care providers address the disparities in access to care as part of their efforts to improve health care quality for racial/ethnic and linguistic minorities. Moreover,

[3] Some references fall outside of the defined period for this documentary search. We have selected them due to their relevance to this study.

the registration of the patient's mother tongue or preferred language[4] quickly informs health professionals about some characteristics of the patient that are essential when receiving care. This is particularly important in situations of increased vulnerability (e.g. a motor vehicle accident, a stroke, a heart attack, etc.). (Shah, Khan, O'Donnell, & Kapral, 2015).

In Canada, the literature indicates that the capture of linguistic data allows for better planning of health services in the minority official language, promotion of the active offer, and the possibility of including a representative sample of the Francophone minority in research activities (Assemblée de la francophonie de l'Ontario, 2018).

It also notes a more effective deployment of resources and a better understanding of the use of services and trends associated with illnesses and lifestyle (Réseau Santé Alberta).[5]

In addition, researchers note that complete data helps ensure quality care for the patient through a patient-focused approach. (De Moissac & Bowen, 2019).

Some authors examine emerging problems such as cognitive disorders and the various forms of dementia specific to the context of Canada's ageing population. In that respect, capturing language data could help establish faster and more accurate diagnoses. (Pakzad et al., 2013; Pakzad et al., 2012).

Issues related to the capture of language data

Despite the obvious benefits of having complete data on patients, some studies reveal challenges such as the issue of the quality, accuracy, reliability and validity of the data. (Cowden et al., 2020; Rajaram, Thomas, Sallam, Verma, & Rawal, 2020; "Scientific reporting of ethnicity, age, sex and race," 2000). The COVID-19 pandemic is a good example of a situation that reveals significant gaps in the consistency and reliability of data in Canada, showing significant differences in the collection of data between provinces and territories.

Other challenges identified are related to the age at which it would be appropriate to collect data from the patient, the collection and updating of data at several times in life and the limitations of electronic health files, particularly in the context of pediatric care, where there are specific challenges such as age or a patient's gender identification, and the fact that the answers to the questions in some cases are provided by the parents. (Tan-McGrory et al., 2018).

[4] This question has evolved, with more acceptance at this time for the question on the language in which the person would be more comfortable: If your mother tongue is neither English nor French, in which of Canada's official languages are you most comfortable? This question was used in Ontario as part of the pilot project.

[5] https://reseausantealbertain.ca/institutions-de-formation/variable-linguistique/

Finally, researchers stress the importance of properly justifying the objective of data collection before it is implemented (Tan-McGrory et al., 2018). Indeed, while the intention of collecting language data is to improve public health information, some studies note that a portion of the population may remain wary, fearing that this information may be misused (Baker, Hasnain-Wynia, Kandula, Thompson, & Brown, 2007). They conducted a survey of residents from various ethnic communities in California. Most respondents somewhat agreed or strongly agreed that health professionals should collect information related to race/ethnicity and use it to monitor disparities. However, 17.2% of participants were uncomfortable when indicating their own race/ethnicity, and 46.3% of participants were somewhat or very concerned that providing information could be used to discriminate against them. In addition, 40% of Hispanics were uncomfortable indicating their proficiency in English (Baker et al., 2007). The study concludes that clear explanations are needed from staff collecting these data, to increase the comfort and security of respondents.

The authors seem to agree on the lack of a single approach that would work for all health care organizations in collecting data on race, ethnic origin, language and other social determinants of health. The study by Tan-McGrory et al. (2108) conducted by American and Canadian researchers suggests that each organization must adapt its data collection based on the population it serves, the financial resources available and the capacity of the electronic health file.

Capture of the language variable in Canada: History and current status

For at least ten years, stakeholders in the Franco-Ontarian community and entities that plan French-language health services in the province have been looking at linguistic identification. Thus, in 2014 and 2018, in their White Paper, the Assemblée de la francophonie de l'Ontario recommended the "systemati[c] capture [of] linguistic identity data for the entire population of Ontario through the Health Card."[6]

With respect to the health system, the six French-language health planning entities were required to adopt strategies to improve access to, accessibility of and integration of French-language health services in the local health system.[7]

[6] Assemblée de la francophonie de l'Ontario (2018). La Santé en français en Ontario. White Paper on health in French. https://monassemblee.ca/wp-content/uploads/2018/10/White-paper-Health-3.pdf

[7] Government of Ontario. Ministry of Health, Ministry of Long-Term Care. https://www.health.gov.on.ca/en/public/programs/flhs/planning.aspx

Although the integration of language identity on the health card was adopted in the 2018–19 provincial budget and at least two bills and motions were tabled (the last one in March 2021), the inclusion of the language variable has not yet been implemented in Ontario.

However, a pilot project was launched in 2014 by SSF in cooperation with the Réseau des services de santé en français de l'Est de l'Ontario (RSSFE) as part of the Official Languages Health Program (OLHP). When the project started, the databases generally did not compile the information, there was no standardization of questions concerning the language variable, and difficulty accessing the information was reported. The objectives of the project were to obtain data for regional planning and to show the feasibility of linking the data to provincial databases. These objectives were met after the 24-month implementation period. The project also generated greater awareness among key national actors concerning the importance of a language variable in administrative databases, and that information is available in the Ontario administrative database and used for planning French-language health services (Desaulniers and Manseau, 2017).

> Example of a possible analysis of a database on hospital discharges in Ontario:
> 20% of patients whose mother tongue is English went home with services, compared to 16% for patients whose mother tongue is French (Desaulniers and Manseau, 2017).

Although the objective of the pilot project was met and officials were able to demonstrate its feasibility, the costs were high and the process was difficult (Desaulniers and Manseau, 2017). Some recommendations were made, including: awareness at Health Canada of the importance of collecting language identity, inclusion of the collection of the language variable in the Health Canada and Canadian Institution for Health Information (CIHI) agreement, development of a start-up guide to support provincial and territorial efforts, and the offer of a financial incentive to the provinces to include language identity in their information collection.

At this time, given the discontinuity of the project, the entities' planning actions continue to be based primarily on sociodemographic data from the census by subregion, and on thematic consultations with target audiences.[8] However, actors in the community reported that language identification could improve the French-language services offered by health professionals while contributing to the development of the active offer. [9]

[8] See "Ce que l'identification linguistique sur les cartes santé pourrait changer." Published on March 26, 2021. https://onfr.tfo.org/ce-que-lidentification-linguistique-sur-les-cartes-sante-pourrait-changer/. Consulted on January 25, 2022.
[9] *Ibidem*

In that context, some issues such as the definition of a Francophone and certain fears among the Francophone population were cited, including the reduction of French-language services in areas where there are fewer Francophones, and the privatization of services.[10] With respect to the definition of a Francophone, actors in the Francophone communities recommend the inclusive definition adopted in 2009. They also recommend that the language variable be regularly updated in the directories of the province's professional orders, as well as the language aspect in public health research (Assemblée de la francophonie de l'Ontario, 2018).

Organizations representing minority Francophones played a proactive role in including the capture of the language variable as an objective to be met nationally. Thus, when implementing its Healthbound 18-23 initiative, SSF included the capture of the language variable as an objective for accessing probative data to foster informed planning and decision-making (SSF, 2022). The organization will continue to support the three "resource networks": one for the strategy for data related to the language variable (Réseau de services de santé en français de l'Est de l'Ontario), a second for human resources, and a third related to minority Francophone communities.

Finally, the last Chief Public Health Officer's Report on the State of Public Health in Canada (Public Health Agency, 2021) noted the challenges faced by health authorities in collecting and exchanging data during the pandemic. Consistent, timely and complete data support effective public health interventions. However, "the ability to collect and link health data to sociodemographic information, such as Indigeneity, race, income, and occupation, was not available" for national bodies (PHAC, 2021).

The greater impact of COVID-19 on certain populations revealed the need for sociodemographic information during public health emergencies. That information helps in understanding the existing health inequalities and in implementing more targeted strategies and more appropriate approaches. The report provides examples of some approaches used to raise awareness among certain Indigenous populations and Black communities that have shown greater reluctance about vaccination.

Since October 2020, PHAC has been working with the provinces, territories, Indigenous organizations and key stakeholders to develop a pan-Canadian strategy with respect to health data that would include more sociodemographic data.

[10] See the debate on the motion presented in Ontario in Brulé, C. (October 4, 2018). *La langue des patients pourrait-elle être indiquée sur la carte-santé?* Radio-Canada / ICI Toronto. Accessed at: https://ici.radio-canada.ca/nouvelle/1127932/langue-sante-ontario-patients-carte-linguistique

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Appendix 3 – Documents collected and processed

Title	Type of document	# pages	Language	Provided by
HPEI Proposition	Funding request	35	EN	M.O. Houle
Media Release Health PEI	News article	2	EN	M.O. Houle
S2 Final Report – Eval Report HPEI 2016–2017	Evaluation report	19	EN	M.O. Houle
S2 Final Report – Health PEI 2016–2017	Final report	16	EN	M.O. Houle
S2 Final Report – Status Reports HPEI 2016–2017	Activity report	10	EN	M.O. Houle
S2 Work plan Health PEI 2016–2017	Work plan	7	EN	M.O. Houle
S2 Work plan Health PEI 2016–2017	Work plan	6	EN	M.O. Houle
S2 Work plan Health PEI 2016–2017	Work plan	10	EN	M.O. Houle
Site Visit Report Health PEI 2015–2016	Visit report	1	FR	M.O. Houle
20170530100831559_1.pdf	Health card	1	FR/EN	E. Arsenault
data summary language-final April 20-17	Statistics	18	EN	E. Arsenault
French Health Network Presentation	PowerPoint presentation	28	EN	E. Arsenault
Health Canada letter of intent 31 Jan 2014_1_1	Letter of intent	3	EN	E. Arsenault
Health PEI Ottawa PP final for translation_ENG3	PowerPoint presentation	33	EN	E. Arsenault
Household Survey Data – March 24-17	PowerPoint presentation	29	EN	E. Arsenault
Medicare Application	Application form	4	FR/EN	E. Arsenault
Medicare Renewal Letter Sample Final_1	Renewal form	2	FR/EN	E. Arsenault
Min approv. Health PEI_2	Approval letter	1	EN	E. Arsenault
PEI French Population - Utilization of Health Services_F_2021-10-08	Statistics	6	EN	E. Arsenault
Renewal Guide – Medicare Office	Information Guide	2	FR/EN	E. Arsenault

Appendix 4 – Table of interviews

Group consulted	Organizations	Number of interviews to be conducted	Number of interviews conducted
Representatives of Health Canada (funders)	• Health Canada	0	1
Representatives of the Government of PEI (executives and ministerial authorities)	• Health PEI	5	6
Pan-Canadian organizations representing minority Francophones	• SSF • Réseau des services de santé en français de l'Est de l'Ontario	2	2
Provincial organizations	• Réseau Santé en français Î.-P.-É • Acadian and Francophone Affairs Secretariat	2	2
Service providers	• Harbourside Primary Care Network • Health PEI • PEI French Health Network-Health Professionals Representative • Summerset Manor • Health PEI	5	5
Local community actors	• Action Femmes ÎPÉ • Société Saint-Thomas D'Aquin • Coopérative d'intégration francophone	2	3
Users	• Action Femmes ÎPÉ • Réseau Santé en français Î.-P.-É	4	3
	Total:	20	22

Appendix 5 – Model interview guide

Interview guide No. 1. Health authorities and officials from provincial Francophone organizations

Project title: Documenting the experience with the bilingual health card in Prince Edward Island

Project presentation

Thank you for agreeing to take part in this interview. My name is Solange van Kemenade and I will be facilitating our interview today with (Ms. Raymond, if present, or another person), who will also be taking part in the interview.

Health Canada has asked the team from PGF Consultants to document the experience with the bilingual health card in Prince Edward Island (PEI).
We would like to have more information and better understand the origin and objectives of the project, the main stages of its implementation, the factors that facilitated it and that may have hindered it, the lessons learned from the experience, and the initial impacts from the first six years of the experience.

The interview will last 40 to 60 minutes. The information provided in this interview is and will remain confidential. No names or personal information will be used in the summary report on the results of the research. Our conversation will be recorded solely for research purposes, if you give your consent. Do you agree to take part in this interview?

Background information

Q. Can you tell us how long you have been working for (name of the organization)?

Q. What position do you hold / what is your role within the organization?

Q. What is your role or what was your role in implementing the bilingual health card?

Theme 1. History and start of the bilingual health card

Since 2016, residents of PEI have had a bilingual health card (or a card that includes language data), but we know that the initial work began in September 2024, when health Canada funded the project. Our first questions are related to the origin and conduct of this initiative:

Q. What reasons or what context led to the idea of a bilingual health card in PEI and in what year?

Q. What needs were addressed by the initiative?

Q. What were the objectives?

Q. Where there other projects that the Réseau Santé en français Î.-P.-É. (RSFÎPE) wanted to implement?

Q. Were there already ideas similar to this card elsewhere that inspired you? (Ontario, for example)

Q. Was there a search for probative data to support such an approach?

Q. Was there a trigger that pushed the proponents and facilitated the implementation of the bilingual health card and when (year) did that happen?

Q. Can you describe the steps in the start-up process? Who were the project proponents and influencers?

Q. What resources or support was needed (financial, logistical, political, community, etc.)?

Theme 2. Support for and opposition to the project

Q. How was the project received by the general public, care providers, civil society organizations, the government?

Q. Was there opposition from certain groups, or citizens groups? What were their concerns?

Theme 3. Implementation of the bilingual health card

The questions under this theme are related to the implementation stage of the bilingual card. We will ask you questions about this specific stage.

- Design of the card

Q. How did you define the language variable? What question is asked of users to determine their preferred language and the language that appears on their card? (mother tongue, FOLS, language used at home, etc.)

Q. Were other questions suggested for inclusion?

- Communication

Q. How were care providers informed and made aware of the new health card?

Q. How was the public informed and made aware?

Q. What were the reactions?

- Functioning

Q. Is the language variable anywhere else other than on the card?

Q. How were the confidentiality issues related to personal information managed?

Q. Were other options considered? Which ones?

Theme 4. Facilitating factors and obstacles

Q. Since the bilingual health card was implemented six years ago (February 2016 to February 2022), we would like to know which factors have facilitated the adoption of the card and which ones have hindered it. Could you tell me about that?

Theme 5. Assessment and results

With respect to the results, we would first like to know:

- Was there a logical model for tracking and assessing results?
- What were the indicators in that short-, medium- and long-term model?
- Based on the objectives, what results have been achieved since implementing the PEI health card six years ago?

Theme 6. Possible improvements and outlook

Q. The first six years of this experience surely led you to reflect on possible improvements. Can you tell us about that?

Q. Six years later, how is the initiative seen by decision-makers, Francophone organizations, care providers and users?

Theme 7. Outcook and transferability of the bilingual health card

This is the last theme of our interview. We would like to know your opinion concerning the future outlook:

Q. Did the bilingual health card meet the ultimate goal of improving access to French-language services?

Q. What potential is there for transferring the initiative to other provinces and territories?

Q. Based on your experience, what conditions would be needed for its implementation?

Thank you very much for your cooperation.

Appendix 6 – Questions from the focus group

- Q1. What outreach and communication activities could be undertaken by health decision-makers, colleges and professional associations, and the community sector to improve the rate of response to the language questions? For example, is it desirable and possible to make the response to the language questions mandatory?
- Q2. How can the use of data collected about users be improved? How can data collection on offer be improved (health professionals)? What would be the role of the Department, the Réseau Santé en français de l'IPÉ, professionals and other stakeholders (in coordinating demand and offer)?
- Q3. What options would be possible for increasing bilingual professional resources through the collection of information to better meet the needs of Francophones?
- Q4. What lessons learned from the experience of implementing the bilingual health card in PEI should be included in the support for a similar project in another province or territory?
- Q5. What specific recommendations would there be for stakeholders (Health Canada, provincial departments, Réseaux Santé en français, SSF, etc.)?

Appendix 7 – Table of long-term success factors

The assessment of long-term success factors is based on an analysis grid developed by the Institute for Innovation and Improvement and presented by Laura Lennox as part of the EXTRA Training Program from Healthcare Excellence Canada (HEC). Another useful reference:

> Lennox L., Doyle, C., Reed, J., and Bell, D. What makes a sustainability tool valuable, practical, and useful in real world healthcare practice? *A qualitative study on the development of the Long-Term Success Tool in Northwest London. BMJ Open. 2017.*

Themes	Outlook and possible actions	Resources required
ACTORS – OUTREACH AND COMMUNICATION (Participation)		
Population	▪ Better understand the importance of collecting language data. ▪ Increase the rate of response to language questions.	Information campaign / communications
Decision-makers	▪ Increase awareness of the importance of completing the language questions. ▪ Support this action with concrete examples of the use of these data. ▪ Adopt general strategies for communication and more specific strategies for newcomers. ▪ Raise awareness among employees concerning the collection of data by telephone (Medicare).	Communication strategy / information campaigns / communication Effective and targeted communication strategies Other means
Health professionals	▪ Contribute through colleges and professional associations to the awareness of members and wider dissemination concerning the impact of language on the quality of services and on those offered in French.	Information campaign / communications
Community organizations	▪ Contribute to awareness and wider dissemination of information.	Information campaigns / communication / discussions with members
PRACTICE – COLLECTION AND USE OF DATA (rigorous process, progress tracking, factual data, resources in place)		
Population	▪ Better understand the benefits of factual data and the possibilities for offering French-language services.	Information campaign / communications

	▪ Also understand the limitations of the health system in terms of offering French-language services.	
Decision-makers	▪ Examine the feasibility of making declaration of language data mandatory. ▪ In light of recent advances, examine question 3 (preferred language). ▪ Continue the integration of language data into service planning (e.g. home care project for Francophone seniors) (in progress). ▪ Enhance the collection of data concerning care providers (in progress). ▪ Build on existing initiatives (e.g. OZi). ▪ Establish cooperation with the research sector and promote the in-depth analysis of data; explore the linking of these data to other databases. ▪ Set and monitor short-, medium- and long-term objectives. ▪ Disseminate the results provincially and nationally.	Training for professionals Meetings with professional associations and colleges Effective and targeted communication strategies
Health professionals	▪ Learn about / be aware of the potential of the data in planning services, recruiting professionals, etc.	Training and data accessible to professionals Targeted recruitment at clinics, mental health services, long-term care centres, etc.
Community organizations	▪ Be aware of the potential of the data in planning services, recruiting staff, etc. ▪ Have access to these data for a better understanding of their clientele and the implementation of services.	Data accessible to community organizations Training on formal requests for data Accompaniment and support
THE COMMUNITY – DEVELOP THE OFFER OF FRENCH-LANGUAGE SERVICES (alignment with organizational strategies and priorities and support for the improvement of the initiative)		
Population	▪ Contribute to the vitality of their community and to the identification of the need for French-language health services. ▪ Report information on gaps through appropriate channels (e.g. user groups, Francophone organizations, etc.). ▪ Request reservices in French.	Engagement and participation

Decision-makers	▪ Continue efforts related to the linguistic identification of health staff. ▪ Better target the recruitment of health professionals (bilingual or Francophone universities) and increase the number of bilingual professionals in PEI. ▪ Increase the number of bilingual health professionals. ▪ Develop and implement an active offer strategy for French-language services. ▪ Facilitate on-the-job training for increased use of French. ▪ Include language data in the assessment of the accreditation processes (HSO standard).	Consultation and cooperation with colleges and professional associations Promotion among graduates at bilingual and Francophone universities Targeted recruitment Relocation incentives Training on active offer Training to increase the ability to use French
Health professionals	▪ Contribute to and support efforts to capture language data concerning care providers. ▪ Raise awareness among colleges and professional associations. ▪ Contribute to the active offer of services. ▪ Improve their ability to offer French-language services.	Engagement and participation Training on active offer Training to increase the ability to use French in their professional practice
Community organizations	▪ Contribute to the vitality of their community and to the identification of the need for French-language health services. ▪ Provide information to decision-makers through appropriate mechanisms. ▪ Work with them to improve the offer of French-language health services.	Offer of training Engagement and participation Intersectoral cooperation