

CIHI Brief to the Standing Senate Committee on Official Languages on Its Report on Minority-Language Health Services

November 18, 2024

Charting CIHI's role in measuring access to health care in the official language of choice

About CIHI

The Canadian Institute for Health Information (CIHI) is an independent, not-for-profit, bilingual organization that provides essential information on Canada's health systems and the health of Canadians.

Health information has become one of society's most valuable public goods. It informs policy, management, care and research, leading to better, more equitable health outcomes for all Canadians.

The comparable and actionable data and information CIHI provides are used to accelerate improvements in health care, health system performance and population health across Canada. Our stakeholders use our broad range of health system databases, measurements and standards, together with our evidence-based reports and analyses, in their decision-making processes. We protect the privacy of Canadians by ensuring the confidentiality and integrity of the health care information we provide.

It's our job to ensure that health data is connected, accessible, timely, contextualized and relevant. We know data can drive change. We work with many players across health systems to help close data gaps and advance comparable data for the country. Our motto is "Better data. Better decisions. Healthier Canadians."

CIHI's current data landscape

CIHI respects that Canada has 2 official languages and ensures that all of our public reports, publications and services are available in both English and French.

Ensuring that Canada's health systems reflect the linguistic diversity of Canada aligns with our belief that better data leads to better decisions. This includes information related to official languages, as well as to other language/communication needs in health systems, including Indigenous languages. The goal aligns with our work on [health equity and population health](#). The collection, measurement and reporting of socio-demographic data enables health systems to identify inequalities in care across populations, inform meaningful strategies and monitor progress in improving care for all patients.

We recognize the need for data on access to health services in the official language of choice. We know that capturing that information would benefit people in Canada and the decision-makers who shape our health care systems.

Several of CIHI's person-based data holdings — such as those related to incident reporting, long-term care, home care and rehabilitation care — include data elements related to a patient's primary language spoken at home. For English and French speakers, this can be used as a proxy for preferred official language for health services.

CIHI also collects language information in our health workforce data holdings. Currently, this is available for physicians (all jurisdictions) and personal support workers (Alberta only); work is underway to expand collection to additional health professionals (described below).

Linking CIHI data to fill data gaps

Through our partnership and data-sharing agreement with Statistics Canada, CIHI data can be linked to Census data and other Statistics Canada data sources to enable further equity analysis, including on linguistic information. This method was used in the recent report *Improving patient safety and quality of care: Applying an equity lens to hospital harm*, which highlighted the impact of language on the likelihood of a patient experiencing a harmful event during a hospital stay. CIHI is also collaborating with Statistics Canada to develop and report on the common indicator Canadians Who Reported Being Treated With Dignity and Respect Regarding Culture, Language, Gender and Sexual Orientation by a Health Provider. The intent is to measure the provision of safe and sensitive care to those accessing health systems. New questions are being included in Statistics Canada surveys to enable this measurement.

The future data landscape

Advancing information about health care in the official language of choice beyond what is currently available would demand commitment and investment by provinces and territories, by individual health organizations that are CIHI's data providers (including regional health authorities, regulatory colleges and individual organizations delivering health care) and also by CIHI.

However, requiring any expansion of data collection is not within CIHI's mandate. While we can recommend data standards and data elements for collection, the decision on whether to make those changes rests with the provinces and territories, and individual health organizations/data providers.

CIHI's role would be to support any such expansion by developing or modifying data standards, supporting their implementation, changing data infrastructure to allow us to receive and report on the additional information, and encouraging organizations to supply linguistic data and other relevant information to facilitate better care quality and resource planning.

Advancing data on vulnerable official language populations

CIHI is committed to working with provinces and territories to advance better language information, which could be used by decision-makers to support care delivery and better health outcomes for Canada's most vulnerable populations.

At this time, we are exploring more efficient ways to collect this data. Possibilities include capturing preferred language for communication when a patient checks in for a scheduled appointment, during the health care visit itself and during the health card renewal process. Several jurisdictions (Prince Edward Island, New Brunswick, Quebec and the Northwest

Territories) include language information in their processing of eligibility for health services within their province or territory.

Interoperability

Our work to improve interoperability of health data includes updating CIHI's data standards for patient encounters with health systems. Our first draft of the [Canadian Core Data for Interoperability](#) includes a data element to capture a person's preferred language of service. This provides an opportunity for health organizations to capture linguistic data in a standardized way in the electronic medical record, although it would be up to the many partners to adopt these standards and make resulting changes to health data infrastructure and data-sharing agreements.

Understanding Canada's health workforce

In addition, CIHI currently collects pan-Canadian data on the language of health care service provided by physicians. Recognizing the importance of this information to workforce planning, CIHI has added this information to the new health workforce data standard for collection across professional groups (nurses, physiotherapists, occupational therapists, pharmacists and new priority professional groups). CIHI is working with provincial/territorial regulatory bodies to support their transition to the new standard over the next 1 to 3 years.

Data partnerships

As CIHI primarily captures data from health systems, reflecting the services delivered and health human resource capacity and utilization, it therefore provides only a partial picture of the issue. These sources do not provide information on the overall linguistic needs of Canadians pertaining to health care services. As a result, we would also encourage a continued focus on population-level data through Statistics Canada programs (e.g., health and social surveys, Census) and other means to better understand the language requirements for care in the entire population, which together with CIHI data would provide more fulsome data to support comprehensive resource planning based on geography.

Closing thoughts

CIHI has been pleased to present several times since 2018 to the Standing Committee on Official Languages on various aspects of data on the health of official language minority communities. The topic and the work to ensure that health care data reflects the full portrait of the Canadian population are of shared interest, as health equity continues to be a priority for Canada. However, we have been and remain consistent in our advice that advancing data on access to health services in the official language of choice would require agreement by those who provide data as well as dedicated funds for both CIHI and the provinces and territories in order to comprehensively implement this work.

The bilateral agreements negotiated over the past year between the federal government and provinces and territories provide an opportunity to incorporate data on patient access to health services in their official language of choice. Provinces and territories that are not currently submitting language data to CIHI could choose to do so even without official agreement.

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