Knowledge of Official Languages

Description

Percentage of the population by ability to converse in either, both, or neither of the official languages.

Specific Indicators

- Percent who cannot speak English or French
- Percent who cannot speak English

Ontario Public Health Standards (OPHS)

The Ontario Public Health Standards (OPHS) establish requirements for the fundamental public health programs and services carried out by boards of health, which include assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. The OPHS consist of one Foundational Standard and 13 Program Standards that articulate broad societal goals that result from the activities undertaken by boards of health and many others, including community partners, non-governmental organizations, and governmental bodies. These results have been expressed in terms of two levels of outcomes: societal outcomes and board of health outcomes. Societal outcomes entail changes in health status, organizations, systems, norms, policies, environments, and practices and result from the work of many sectors of society, including boards of health, for the improvement of the overall health of the population. Board of health outcomes are the results of endeavours by boards of health and often focus on changes in awareness, knowledge, attitudes, skills, practices, environments, and policies. Boards of health are accountable for these outcomes. The standards also outline the requirements that boards of health must implement to achieve the stated results.

Outcomes Related to this Indicator

Societal Outcomes (Foundational Standard):

- Population health needs are anticipated, identified, addressed, and evaluated.
- Community-based planning and delivery of public health programs and services incorporate new public health knowledge.

Board of Health Outcomes (Foundational Standard):

- Public health programs and services are planned and implemented to address local population health needs.
- The public, community partners, and health care providers are aware of relevant and current population health information.
- Relevant audiences have available information that is necessary for taking appropriate action.
• Public health practitioners, policy-makers, community partners, health care providers, and the public are aware of the best available research regarding the factors that determine the health of the population and support effective public health practice.

**Assessment or Surveillance Requirements Related to this Indicator**

*(Foundational Standard):*

• The board of health shall assess current health status, health behaviours, preventive health practices, health utilization relevant to public health, and demographic indicators in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).

• The board of health shall use population health, determinants of health and health inequities information to assess the needs of the local population, including the identification of populations at risk, to determine those groups that would benefit most form public health programs and services (i.e., priority populations).

• The board of health shall tailor public health programs and service to meet local population health needs, including those of priority populations, to the extent possible based on available resources.

• The board of health shall provide population health information, including determinants of health and health inequities to the public, community partners, and health care providers, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).

**Knowledge Exchange Requirements Related to this Indicator**

• The board of health shall engage in knowledge exchange activities with public health practitioners, policy-makers, community partners, health care providers, and the public regarding factors that determine the health of the population and support effective public health practice gained through population health assessment, surveillance, research and program evaluation.

• The board of health shall foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange.

**Protocol Requirements Related to this Indicator**

*(Population Health Assessment and Surveillance Protocol):*

• The board of health shall collect or access the following types of population health data and information: socio-demographics including population counts by age, sex, education, employment, income, housing, language, immigration, culture, ability/disability, and cost of a nutritious food basket.
Corresponding Health Indicator(s) from Statistics Canada and CIHI
None.

Corresponding Indicator(s) from Other Sources
None.

Data Sources

Numerator and Denominator: [Census of Canada](http://core.apheo.ca/index.php?pid=213)

Original source: Statistics Canada

Distributed by:
1. Ontario Ministry of Health and Long-term Care (until 2006)
2. Statistics Canada

Suggested citation (see Data Citation Notes): [year] Census, Statistics Canada

Note that in Statistics Canada products, the variable name will be “Knowledge of Official Languages”

Survey Questions

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<th>Data Source</th>
<th>Number</th>
<th>Question</th>
<th>Response Options</th>
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<td>Census of Canada (2011, 2016), 100% Census</td>
<td>7.</td>
<td>Can this person speak English or French well enough to conduct a conversation?</td>
<td>English only, French only, Both English and French, Neither English nor French</td>
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<td>Census of Canada (2006, 2001), 20% Sample</td>
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Alternative Data Source(s)
None

Analysis Check List
None

Method of Calculation

**Percent who cannot speak English or French**

\[
\frac{\text{number of people who speak neither English nor French}}{\text{total valid} \times \text{population}} \times 100 \%
\]

**Percent who cannot speak English**

\[
\frac{\text{number of people who speak French only} + \text{number of people who speak neither English nor French}}{\text{total valid} \times \text{population}} \times 100 \%
\]

* Valid population includes respondents to the Census question (Survey Questions section).

Basic Categories

Age group: 0–14 years, 15–24 years, 15–19 years, 20–24 years, 25–44 years, 45–64 years, 65 years and over

Sex: male, female, total

Geographic area of residence: Canada, provinces and territories, health region, (overall and by sex counts) census division, census subdivision, census tract, census dissemination area

Indicator Comments

In largely anglophone areas, knowledge of English may be a more appropriate indicator of service and information accessibility, whereas in more bilingual areas knowledge of either English or French will be a more appropriate indicator of service and information accessibility.

From 1981 to 2006, the knowledge of official languages question was asked on the long-form census, which was distributed to a 20% sample of the overall population. Because of this, there is a small degree of uncertainty (associated with the non-response rate) inherent in the estimate. By contrast, the 2011 census data are more precise, as the question was moved to the Census in order to ensure that the language concept was captured.
Definitions
Allophone: Someone who cannot speak English or French.

Cross-references to Other Indicators

Mother Tongue

Cited Reference(s)
None

Other Reference(s)
None

Acknowledgements

<table>
<thead>
<tr>
<th>Lead Author(s)</th>
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</thead>
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Changes Made

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<tr>
<th>Date</th>
<th>Type of Review-Formal Review or Ad Hoc?</th>
<th>Changes made by</th>
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<tr>
<td>May 18, 2006</td>
<td>Last revision</td>
<td></td>
<td></td>
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<tr>
<td>May 2017</td>
<td>Formal Review</td>
<td>Social Determinants of Health Core Indicators Work Group</td>
<td>The indicator was updated to reflect the new indicator format.</td>
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Data Sources were updated to reflect the 2011 and 2016 Censuses.

Language was updated in data sources and indicator calculation to explicitly specify the variable name and denominator definition.