

# Language Access Services in Healthcare for the Official Language Minority in Western Canada

Danielle de Moissac, Ph.D.

Pathways to Health Equity: Levelling the Playing Field

Winnipeg, May 31, 2016



# Impact of language barriers

- Poor comprehension and adherence to treatment<sup>17, 15</sup>
- Reduced patient safety<sup>6, 8, 16</sup> and decreased quality of care<sup>5, 2</sup>
- Decreased satisfaction (patient and provider)<sup>1, 10</sup>
- Negative impacts on patient outcomes<sup>7, 14</sup>
- Inappropriate service utilization <sup>11, 12</sup>

# Language access strategies



**Language concordant encounters**



**Interpreter/translation services**

# Language access services for official language minorities in Canada



## How Do I Ask For Help?

Give this page to your healthcare provider. It will let them know that you understand the role of an interpreter and wish to have one at your next appointment.

"I understand the role of an Interpreter and I wish to have one at my next appointment to help me communicate effectively with my healthcare provider."

## Frequently Asked Questions

**Can I ask for an interpreter with the same background or gender as me?**  
You can make your wishes known when requesting an interpreter, but there is no guarantee your request can be fulfilled.

**How can I be sure that my interpreter will not talk about what goes on in my appointment?**

Professional interpreters are required to keep all information confidential. If they discuss anything from your appointment, they can be held responsible. You can ask your interpreter to destroy any notes they take during the appointment, in front of you.

**If I feel embarrassed, do I have to talk about personal things in front of my interpreter?**

It is important to be honest during your appointment so that your healthcare provider can understand your health condition. You can feel safe to speak openly when working with the interpreter.

**Can a friend or family member interpret for me?**

Even if a friend or family member can

## Working with your PROFESSIONAL INTERPRETER



## Do I Need an Interpreter?

If you or a family member feels more comfortable speaking in a language other than English you may need a professional interpreter. Interpreters can improve your communication with your healthcare provider by allowing both parties to speak easily in their own language.

The quality of healthcare you receive can be improved by having an interpreter at your appointment. For example, an interpreter will support the conversation you have with your healthcare provider when discussing:

- Medical tests
- Your symptoms and diagnosis
- Informed consent by patient
- Treatment options
- Medication instructions and medical directions

# Research objective

To gain insight into the experience of minority Francophone populations of Western Canada with respect to:

1. access to healthcare in the official minority language;
2. impact of language discordance on access to appropriate healthcare and quality of service;
3. availability and quality of interpreter, navigator or companion services.

# Methodology

## Methods

- 21 question web- and paper-based survey
- Individual semi-structured telephone interviews

## Participants and recruitment

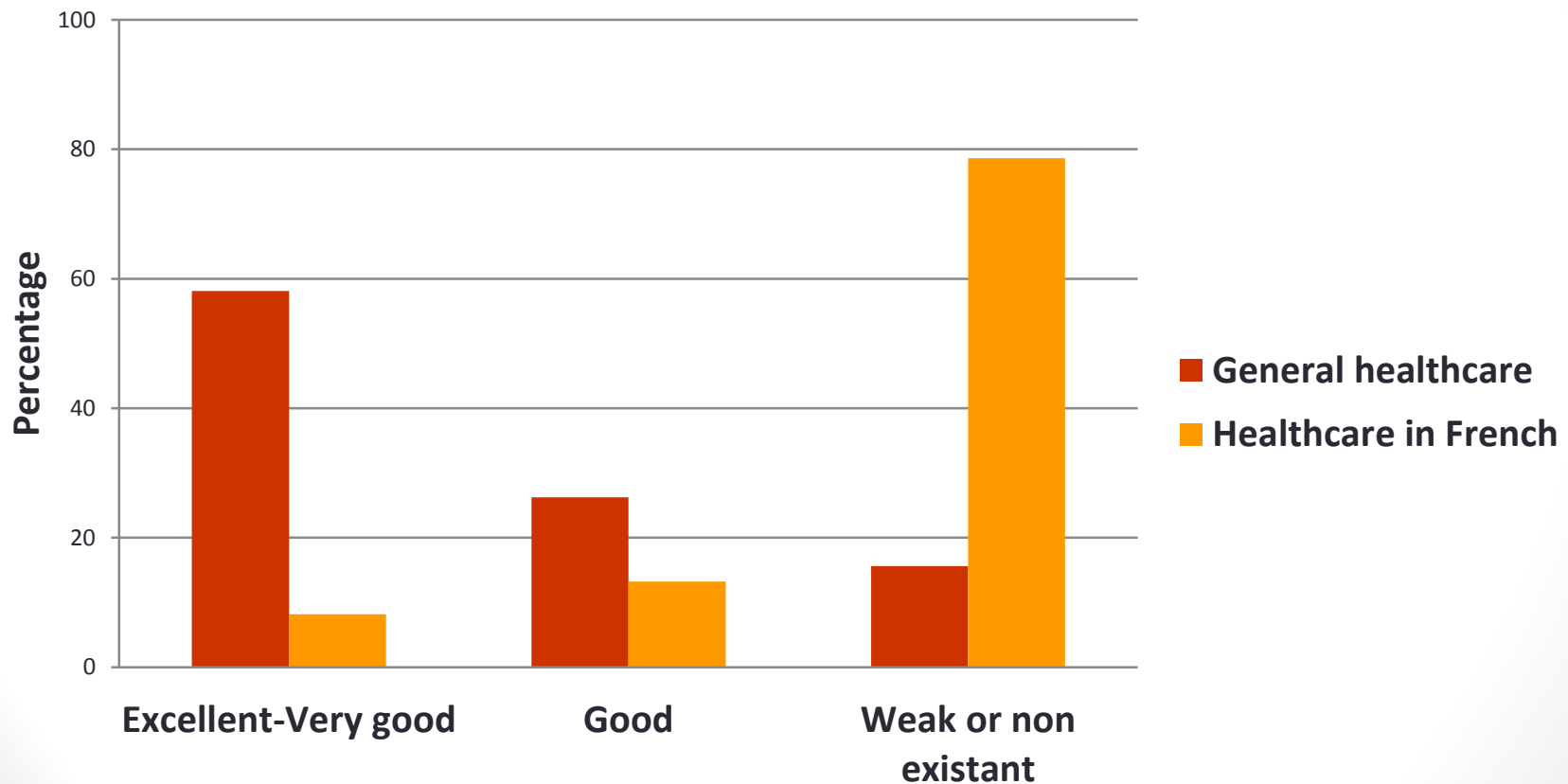
- Adult Francophones living in Saskatchewan and Alberta
- **Survey:** Recruitment through community-based francophone organisations
- **Telephone Interview:** Survey participants experienced with interpreter, navigator or companion services

# Participant profile

161 survey participants

- 78 % female
- Mean age: 42,1 years
- 75 % married or common law
  
- Education and income:
  - 64 % university graduates
  - 57 % have annual individual income of \$50 000 or more
  
- Ethnolinguistic background
  - 63.5 % born in Canada
  - 79 % have French as first language
  - 58 % report excellent or very good English-language proficiency

# Access to healthcare services





# Importance of language concordance for Francophones

***Most participants consider services in French as being important to very important (83.2 %)***

Why ?

- Difficulty describing symptoms in English (61.5 %) and understanding verbal directions from healthcare provider (39.8 %)
- For emotional support (41 %)

# Importance of language concordance for Francophones

- For whom?
  - Children, pregnant women, elderly
  - Francophones from out-of-province
- In what circumstances are these services critical?
  - Consultation with family physician
  - Emergency situations and hospitalization
  - Mental health or social service consultation

# Facilitators to accessing services in French

- Directory of services available in French (53.4 %)
- Health-related telephone services in French (32.9 %)
- Brochures or health information written in French (32.9 %)
- Being asked in what language you would like to receive services (26.7 %)
- Interpreter services for health-related services (24.2 %)
- Advertisements for health-related services in French (23.6 %)
- Name tags identifying bilingual staff (21.1 %)

# Barriers to accessing services in French

- Lack of bilingual healthcare providers (74.5 %)
- Not being aware of services currently available in French (59.0 %)
- Limited or non-existent interpreter services (39.1 %)

# Health system's awareness of and response to language issues

- Most participants feel the health system has *poor or no awareness* of language issues (88 %)
- Most participants report *poor or inexistent* response from the health system to deal with language issues (81.4 %)
- Limited active offer

# Actions taken to access services in French

- Do the best they can without assistance (59.6 %)
- Actively search for services available in French (39.1 %)
- Ask a family member or friend to accompany them (15.5 %)
- Use interpreter (10.6 %), navigator (13.0 %) or companion services (1.2 %)



# Impact of language discordance on access to appropriate healthcare and quality of service

- 23 % of participants do not access service
- Those who do access services report:
  - Prolonged distress
  - Additional diagnostic testing
  - Inappropriate treatment
  - Prescribed treatment not understood, therefore not correctly adhered to
  - Multiple consultations for same health problem
- Participants report poorer quality of service, especially at admission and decreased satisfaction with service

# Interpreter, navigator and companion services





# Conclusion

- Consistency of findings with international literature
  - Reported inequities in access to healthcare for minority Francophones in Canada
  - Experience of negative impact on access to healthcare and quality of service
- Need for more bilingual healthcare providers and enhanced practice of active offer
- Need for trained interpreters in the health system

# Implications

- Explore strategies to increase access to language concordant encounters
- Further support interpreter services<sup>3, 9</sup>
  - Training for interpretation
  - Language proficiency testing in both official languages
  - Organizational policies and practices
  - Evaluation of interpreter services

# Acknowledgments

- Research committee:
  - Sarah Bowen, PhD
  - Yves Couturier, PhD, Université de Sherbrooke
  - Anne Leis, PhD, University of Saskatchewan
- Funding agencies:
  - Official Language Community Development Bureau, Health Canada
  - Société santé en français

# References

1. Arthur, K.C., Mangione-Smith, R., Meischke, H., Zhou, C., Strelitz, B., Acosta Garcia, M., et Brown, J.C. (2014). Impact of English proficiency on care experiences in a pediatric emergency department. *Acad. Pediatr*, 15(2), 218-24. doi: 10.1016/j.acap.2014.06.019.
2. Ayanian, J. Z., Zaslavsky, A. M., Guadagnoli, E., Fuchs, C. S., Yost, K. J., Creech, C. M., . . . Wright, W. E. (2005). Patients' perceptions of quality of care for colorectal cancer by race, ethnicity, and language. *Journal of Clinical Oncology: Official Journal of the American Society of Clinical Oncology*, 23(27), 6576-6586. doi: 10.1200/JCO.2005.06.102.
3. Bowen, S. (2004). *Language barriers within the Winnipeg Regional Health Authority: Evidence and implications*. Winnipeg : Winnipeg Regional Health Authority.
4. CANAVUA (2016). Media & Pub. Retrieved May 17, 2016 from [http://www.canavua-yc.org/fr/media\\_pub.html#prettyPhoto/23/](http://www.canavua-yc.org/fr/media_pub.html#prettyPhoto/23/).
5. Cohen, A.L., Rivara, F., Marcuse, E.K., McPhillips, H., et Davis, R. (2005). Are language barriers associated with serious medical events in hospitalized pediatric patients? *Pediatrics*, 116 (3), 575–579.
6. Divi, C., Koss, R., Schmaltz, S., et Loeb, J. (2007). Language proficiency and adverse events in US hospitals: A pilot study. *International Journal for Quality in Health Care*, 19(2), 60-67.
7. Eneriz-Wiemer, M., Sanders, L. M., Barr, D. A., et Mendoza, F. S. (2014). Parental limited English proficiency and health outcomes for children with special health care needs: A systematic review. *Academic Pediatrics*, 14(2), 128-136. doi: 10.1016/j.acap.2013.10.003.
8. Fryer, C., Mackintosh, S., Batchelor, F., Hill, K. et Said, C. (2012). The effect of limited English proficiency on falls risk and falls prevention after stroke. *Age and Ageing*, 41(1), 104-107.
9. Healthcare Interpretation Network (2016). Working with your professional interpreter. Retrieved May 16, 2016 from <http://hintnet.org/>.
10. Jacobs, E., Chen, A. H., Karliner, L. S., Agger-Gupta, N. et Mutha, S. (2006). The need for more research on language barriers in health care: a proposed research agenda. *Milbank Q.*, 84(1), 111–133.

# References

11. Karliner, L. S., Kim, S. E., Meltzer, D. O. et Auerbach, A. D. (2010). Influence of language barriers on outcomes of hospital care for general medicine inpatients. *Journal of Hospital Medicine : An Official Publication of the Society of Hospital Medicine*, 5(5), 276-282. doi:10.1002/jhm.658.
12. Lindholm, M., Hargraves, J. L., Ferguson, W. J. et Reed, G. (2012). Professional language interpretation and inpatient length of stay and readmission rates. *J Gen Intern Med*, 27(10), 1294-1299. doi: 10.1007/s11606-012-2041-5.
13. Queensland Government (2016). Queensland Health Interpreter Service. Retrieved on May 16, 2016 from [https://www.health.qld.gov.au/multicultural/interpreters/QHIS\\_home.asp](https://www.health.qld.gov.au/multicultural/interpreters/QHIS_home.asp).
14. Shah, B. R., Khan, N. A., O'Donnell, M. J. et Kapral, M. K. (2015). Impact of language barriers on stroke care and outcomes. *Stroke; a Journal of Cerebral Circulation*, 46(3), 813-818. doi:10.1161/STROKEAHA.114.007929.
15. Traylor, A. H., Schmittiel, J. A., Uratsu, C. S., Mangione, C. M. et Subramanian, U. (2010). Adherence to cardiovascular disease medications: Does patient-provider race/ethnicity and language concordance matter? *Journal of General Internal Medicine*, 25(11), 1172-1177. doi: 10.1007/s11606-010-1424-8.
16. Wasserman, M., Renfrew, M. R., Green, A. R., Lopez, L., Tan-McGrory, A., Brach, C. et Betancourt, J. R. (2014). Identifying and preventing medical errors in patients with limited English proficiency: Key findings and tools for the field. *Journal for Healthcare Quality: Official Publication of the National Association for Healthcare Quality*, 36(3), 5-16. doi:10.1111/jhq.12065.
17. Wilson, E., Chen, A. H., Grumbach, K., Wang, F. et Fernandez, A. (2005). Effects of limited English proficiency and physician language on health care comprehension. *Journal of General Internal Medicine*, 20(9), 800-806. doi:10.1111/j.1525-1497.2005.0174.x.