

Language, an Important Factor in Access to Health Care!

Understanding the Perspectives of Health Care Providers and Patients from Official Language Minority Communities

Context

Canada's Official Language Minority Communities (OLMCs) face linguistic barriers, since the language used in health care systems is generally that of the majority of the province or territory. This has important repercussions on access to health care services linked to the supply of services, quality and safety of care, and ultimately health care results and patient outcomes.

This literature review presents the experiences and perspectives of health care providers and OLMC patients with regard to home care, palliative and end-of-life care, and mental health and addiction services. This review of the literature identifies barriers to health care access and best practices in OLMC health care, providing guidelines and recommendations to improve access to appropriate and equitable health care services for these communities.

Methodology

A review of literature data was carried out from October 2019 to December 2019. This process obtained evidence from both the scientific and grey literature regarding the health care perspectives and experiences of OLMCs in Canada. This review sought the perspectives various health professionals providing care to OLMCs, and the experiences of patients receiving care within the linguistic minority context. Furthermore, subject matter experts were approached to validate the findings and make recommendations in order to promote better experiences during interactions between health professionals and patients of Francophone or Anglophone minorities throughout the country. This was done to understand the diverse context and experiences of Canadians seeking health care across the nation, and to identify the issues of equity, quality and patient safety of OLMCs in Canada.

Demographic Data (Statistics Canada Census, 2016)

- Anglophones in Quebec
 - 13.8% of Quebec's population
 - 49.4% females (544,625)
 - 50.1% males (553,295)
- Francophones in Canadian provinces and territories (excluding Quebec)
 - 3.9% of the total population outside Quebec
 - 52% females (568,790)
 - 48% males (524,795)

Perspectives and experiences of patients and professionals	OLMCs and key sectors	Limitations and shortcomings	Guidelines and recommendations
<p>Patients</p> <ul style="list-style-type: none"> ▪ Communication barriers: Patients may not understand their health care professionals and are unable to safely explain their health care needs.^{1,2} ▪ Increased stress, anxiety and fear when accessing care in the majority language, even when the patient is bilingual.² ▪ Older patients in the OLMCs: patients tend to be older in, live in rural and remote areas, and are more spread out, making them more vulnerable.^{3,4,5,6} ▪ Some patients revert to their mother tongue as they age.^{7,8} ▪ OLMCs in Quebec also have difficulty accessing documentation and resources in the minority language.² The more vulnerable patients are often the ones who are the least bilingual (youth or older adults, individuals living with disabilities or living in poverty).⁹ Anglophone women in Quebec tend to have higher risk pregnancies.^{2,10} ▪ Immigrants and refugees in OLMCs report many difficulties in obtaining health care, a problem that is exacerbated as some have very little or no knowledge of the majority language.^{2,11} ▪ Interpretation, accompaniment and navigation services: Having the assistance of a resource within the institution who can act as a liaison is desired by OLMCs throughout Canada.^{2,12,13,14} ▪ These services are even more important for new arrivals and refugees in certain communities.² <p>Health professionals</p> <ul style="list-style-type: none"> ▪ Lack of health professionals capable of offering care in the minority language.^{15,16,17} ▪ Some are reluctant to disclose their bilingualism out of fear of being overloaded with patients and various additional tasks.¹⁵ ▪ Additional work when it comes time to connect OLMC patients and specialists working in the official language.¹⁸ ▪ More training needed for health professionals and volunteers to improve their language skills and their service.^{2,7,19} ▪ Organizational support (managers, senior officials, board of directors) is needed to bring about a culture change and optimize the active offer of service.^{22, 23, 24} 	<p>Home and community care</p> <ul style="list-style-type: none"> ▪ For 93% of older Canadians, living at home for as long as possible remains a priority.^{19,20} ▪ Patients in the linguistic minority still have difficulty accessing home care in the minority language: 59% have never or almost never received care in French.²¹ <p>Palliative and end-of-life care</p> <ul style="list-style-type: none"> ▪ There is not enough literature on the palliative and end-of-life care experiences of linguistic minorities. ▪ Patients and their caregivers/family members continue to report that most communications and information are offered in the majority language, making it difficult to understand instructions and their trajectory of care.¹² <p>Mental health/addiction</p> <ul style="list-style-type: none"> ▪ The lack of access to health care is very challenging for OLMC members dealing with mental health and addiction issues, as very few services are offered in the minority language on a regular basis.^{14,21} ▪ Communities report a need for youth (12 to 25 years of age) services in the minority language, especially with regards to health promotion and preventive care.¹⁴ ▪ Physical and mental health self-assessment in OLMCs is lower than in the majority-language population.^{2,16} 	<ul style="list-style-type: none"> ▪ An active offer of service is not systematically provided to patients.¹⁷ ▪ The population is not always aware of the extent of the home and community services available, and is even less aware of the services offered in French (support groups, community resources, etc.).¹¹ ▪ Immigrant and refugee OLMC patients tend to visit emergency rooms for non-emergency issues.^{25,26} ▪ There is a lack of primary and preventive services in the minority language. ▪ There are higher wait times for an offer of service in the minority language.^{27,28} ▪ Hard to recruit bilingual health professionals in certain regions. In addition, the use of minority languages and bilingualism is not always promoted in the workplace.^{16,25,26} ▪ Language courses are not accessible enough to some health professionals (rotating shifts and work hours, etc.).²⁷ ▪ Access to translators, accompaniment workers and interpreters continues to pose a challenge. When such services are available, there are not enough signs promoting them. Some institutions offer accompaniment services, but patients are not always aware of it (interpretation, translation, navigation, etc.).²⁸ 	<p>1. Recommendations for the various levels of the government Raise awareness of language rights and needs in order to foster an active and healthy community</p> <ul style="list-style-type: none"> ▪ Reinforce the importance of an active offer of service ▪ Support the designation of health agencies ▪ Conduct awareness campaigns on language rights ▪ Support a multi-channel service offering (in person, telephone, online, hybrid) ▪ Facilitate patient accompaniment and navigation services, as well as integrated primary health care centres for OLMCs ▪ Promote the inclusion of language preference on health cards <p>2. Recommendations for employers Institutions that support linguistic minorities</p> <ul style="list-style-type: none"> ▪ Ensure OLMCs are represented at all levels of the organization ▪ Integrate OLMC needs into the organizational culture and policies ▪ Offer clinical resources in both official languages ▪ Ask about and know the preferred official language of each patient accessing services in order to better direct them to services available in their language ▪ Promote official languages, including during recruitment and hiring, and offer training and tools to staff and clients <p>3. Recommendations for health professionals Improve service offerings to clients in the minority language</p> <ul style="list-style-type: none"> ▪ Ensure an active offer of service ▪ Improve minority language skills (Café Paris, language courses, etc.) ▪ Take part in ongoing training in the minority language ▪ Become familiar with tools that can improve the quality of services for OLMCs <p>4. Recommendations for patients and their families Actively ask to receive services in the minority language</p> <ul style="list-style-type: none"> ▪ Ask for services in the minority language ▪ Inform the institution when minority language services are not received or offered ▪ Be aware of one's language rights ▪ Attend community events offered in the minority language that deal with OLMCs and health care

