Linguistic Barriers in Access to Health Services: State of Knowledge & Best Practices

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Sarah Bowen, PhD

SCHOOL OF
PUBLIC HEALTH
UNIVERSITY OF ALBERTA

A personal journey of discovery

- Experience in working with linguistic minority communities *(practitioner)*
- Exploration of evidence on language barriers (*researcher)*
  - 2001 – *Language barriers in access to health care, Health Canada*
  - *Updates: 2004 - Language barriers within the Winnipeg Regional Health Authority: Evidence and implications; 2010 - The changing face of Manitoba. Considerations for provincial interpreter servers (*Manitoba)
- Moving knowledge into action (*KT practitioner*)

What we know about language barriers

- Compelling international evidence on risks of language barriers, untrained interpreters
  - Initial Access to Health Care Services
    - Health promotion, health prevention initiatives
  - Effects on the Health Encounter
    - Technical and interpersonal aspects of care
  - Ethical Standards of Care
  - Service Utilization & Cost
  - Research, service evaluation
  - Provider learning and satisfaction
  - Health Outcomes
  - Individual and organizational liability

Initial Access to Health Care Services

Winnipeg: *Medical students volunteering to screen refugees newly arrived in Winnipeg were surprised to discover that several of them had been told in the refugee camps that they were lucky they had tested negative for HIV and syphilis, as they would never have to worry about these diseases again – Canada was a 'clean' country and those diseases were not found here. This was of particular concern as settlement staff reported that sex trade workers were actively soliciting in the housing unit where the new arrivals lived, and it was also reported that some of these new arrivals were testing positive for HIV after they arrived in Canada.*

- ñAmbientò information
- Health promotion activities
- Impact on preventive service
  - E.g. cancer screening, immunization
- Encourages use of high cost services

Effects on the Health Encounter

- Psycho-social care
  - » Quality of communication (one way)
  - » Trust & confidence
- Technical care
  - » Use of laboratory and imaging services
  - » Length of stay
  - » Prescribed treatment
  - » Impacts related to misdiagnosis

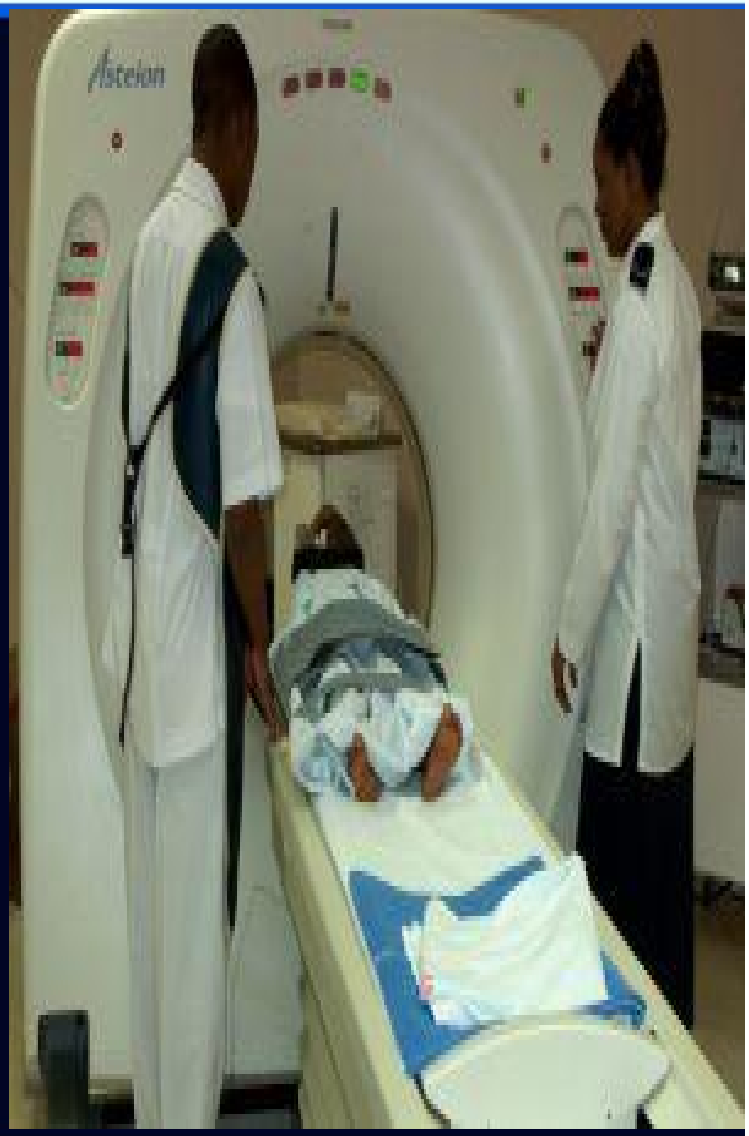
Ethical Standards of Care

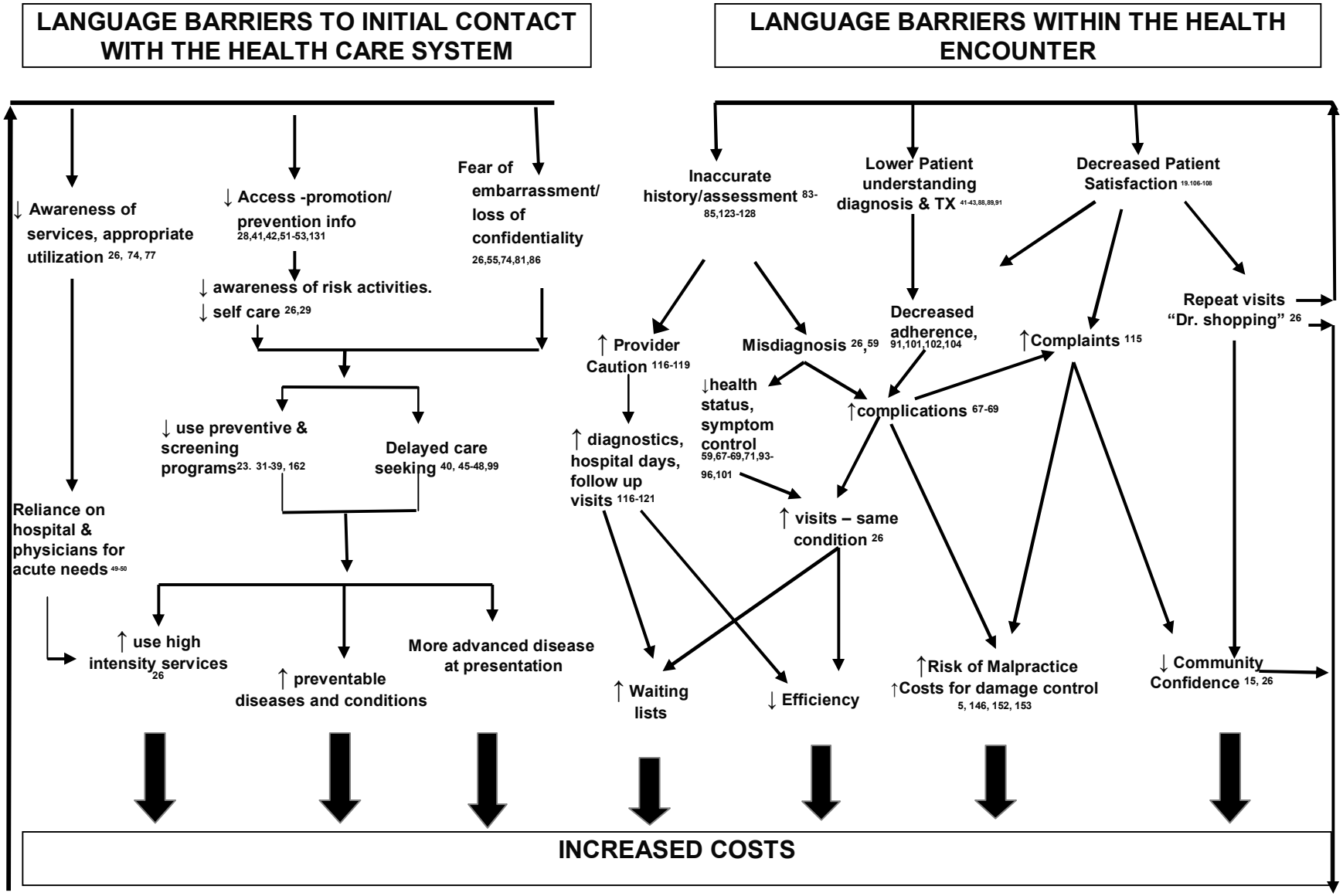
- Privacy & confidentiality
- Informed consent
- "Equitable care"

Winnipeg: *A woman went into labour at 30 weeks resulting in the stillbirth of twins. The circumstances of the birth were traumatic, as one of the twins started to emerge while the mother was at home using the toilet. The family had been in Canada less than a year, and the woman spoke no English. An 18 year old relative was used for most interpretation. However, at the time of discharge, the social worker attempted to use the woman's 8 year old son as an interpreter, until it became apparent that not only was he not capable of interpreting, but that he was also in distress, and needed support and comfort.*

Service Utilization & Cost

- Cautioné greater testing
- Misdiagnosis
  - multiple investigations
  - Treating complications
  - ñDoctor shoppingò
- Length of stay
- Patient Adherence




LANGUAGE BARRIERS TO INITIAL CONTACT WITH THE HEALTH CARE SYSTEM
LANGUAGE BARRIERS WITHIN THE HEALTH ENCOUNTER
↓ Awareness of services, appropriate utilization 26, 74, 77
↓ Access -promotion/ prevention info 28,41,42,51-53,131
Fear of embarrassment/ loss of confidentiality 26,55,74,81,86
↓ awareness of risk activities.
↓ self care 26,29
↓ use preventive & screening programs 23. 31-39, 162
Delayed care seeking 40, 45-48,99
Reliance on hospital & physicians for acute needs 49-50
↑ use high intensity services 26
↑ preventable diseases and conditions
More advanced disease at presentation
Inaccurate history/assessment 83-85,123-128
Lower Patient understanding diagnosis & TX 41-43,88,89,91
Decreased Patient Satisfaction 19.106-108
↑ Provider Caution 116-119
Misdiagnosis 26,59
Decreased adherence, 91,101,102,104
↑Complaints 115
Repeat visits "Dr. shopping" 26
↓health status, symptom control 59,67-69,71,93-96,101
↑complications 67-69
↑ diagnostics, hospital days, follow up visits 116-121
↑ visits – same condition 26
↑ Waiting lists
↓ Efficiency
↑Risk of Malpractice
↑Costs for damage control 5, 146, 152, 153
↓ Community Confidence 15, 26
INCREASED COSTS

Bowen, 2004

Research, service evaluation

- Research exclusion
  - Generalizability of results (efficacy vs. effectiveness)
  - Barriers to cutting edge treatment
- Patient evaluation and engagement
  - Impacts for service design

Provider learning and satisfaction

- Lower provider satisfaction
- Impact on students training

Health Outcomes

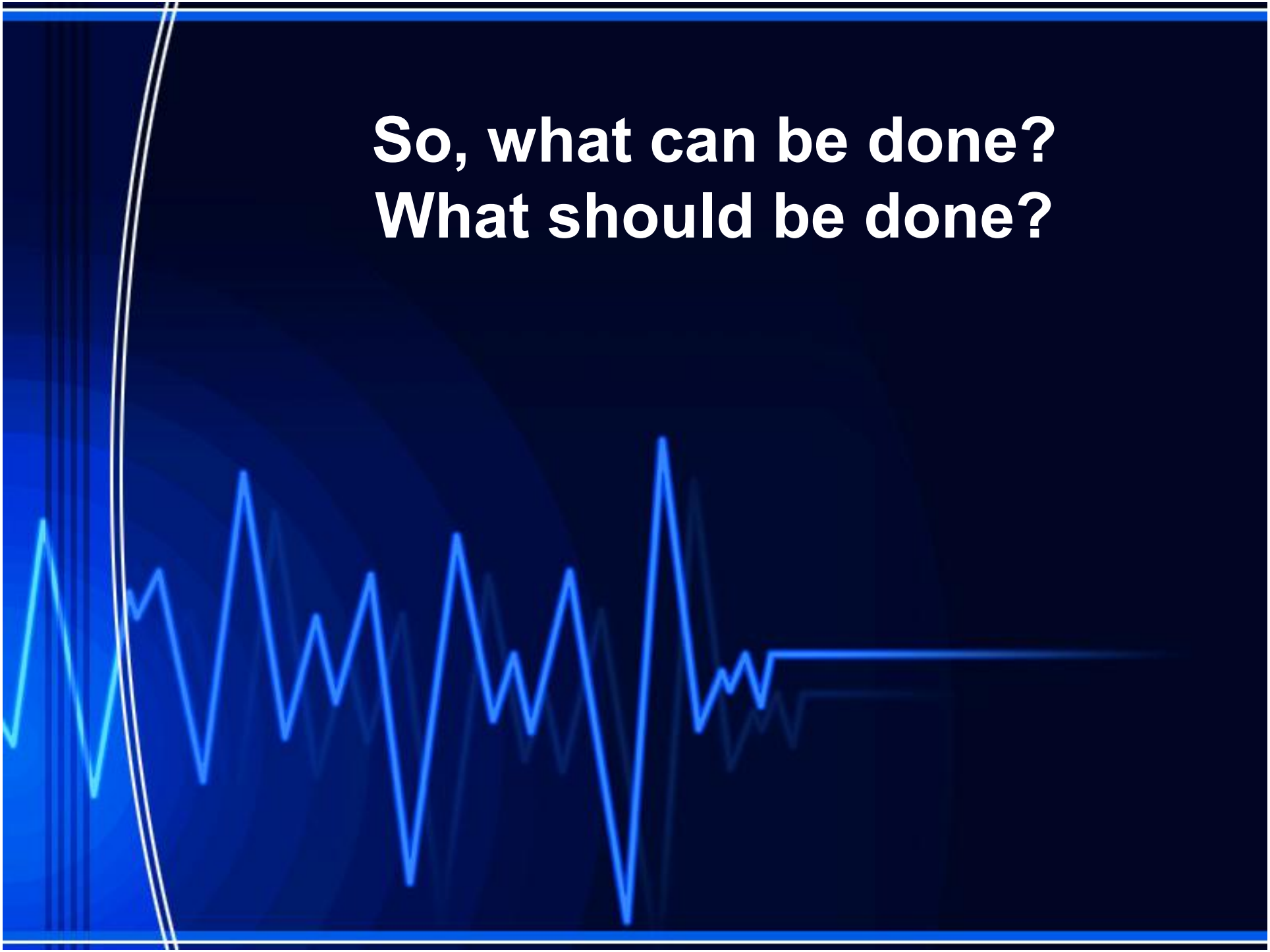
- Not just ósatisfactionô!
- Complications, injury, death
- **Growing evidence related to patient safety, adverse events**
  - Communication a *pre-requisite* to safe care (Schyve, 2007)
  - Communication leading root cause of sentinel events (The Joint Commission)

Research specific to language proficiency, interpreter use

- Divi, C et al (2007) *Language proficiency and adverse events in US hospitals: a pilot study (adverse event data)*
  - 29.5% of English speaking vs. 49% of LEP patients adverse events result in physical harm
  - Of these events 24.4% of English speaking but 46.8% LEP resulted in level of harm ranging from moderate temporary harm to death.

More examples from research

- Cohen et al., 2005. *Are language barriers associated with serious medical events in hospitalized pediatric patients?* (case control)
  - 2X risk of serious medical events of those who requested interpreter
- Cheng et al., 2007 *Primary language and receipt of recommended health care among Hispanics in the U.S. (cross sectional national survey)*
  - Hispanics who did not speak English at home less likely to receive all eligible health services
- Schenker et al, 2007. *The impact of language barriers on documentation of informed consent* (chart review)
  - 28% (LEP) vs. 53% full documentation of informed consent


So, what can be done?
What should be done?

Historical approach to linguistic barriers in Canadian healthcare

- Common focus on "multicultural health" or "cultural sensitivity"
  - emphasis on *cultural* barriers, cultural training
- Recognition of official language rights
- Research evidence viewed as "soft science"
  - Additional barriers to incorporation of "soft" evidence
- Rarely considered health system responsibility or risk
- Add on (if sufficient resources)

The four language ‘constituencies’

- Official language minorities
- Speakers of Aboriginal languages
- Speakers of ‘immigrant’ languages
- Users of sign/visual languages

Different rights

Different government responsibility

Different strategies, advocacy groups

BUT

Language barriers: similar impacts

Some recent trendsé.

- Impact of privacy legislation
- Effects of emphasis on ó*evidence-based' medicine*, ó*evidence-informed' decision-making*, ó*knowledge translation*ô
  - A framework for conversation
- Emerging focus on patient safety, health disparities
- Increase in, & diversity of, research related to language barriers
- Some innovative óevidence-informedô responses

What ñevidenceò?

- International research literature
  - Impacts of language barriers, untrained interpreters
  - Issues related to policy/service response
- Demographic data & predictions
- Experience of trained health interpreter services in other jurisdictions
- Organizational experiences, priorities & challenges
- Experience and preferences of communities

Two responses to addressing language barriers

- Increasing proportion of same language encounters
  - Hiring bilingual providers
  - Providing language training for patients
  - Providing language training for providers
- Providing interpreters
  - Trained, confidential interpreters
  - Add hoc interpreters (family, volunteer, bilingual staff, etc.)

Two responses to addressing language barriers

- Increasing proportion same language encounters
  - ✔ Hiring bilingual providers
  - ? Providing patient language training **Time, complexity**
  - ? Providing provider language training **False fluency**
- Providing interpreters
  - ✔ Trained, confidential interpreters
  - ✘ Add hoc interpreters (family, volunteer, bilingual staff, etc.)

The error rate of untrained 'interpreters' (including family and friends) is sufficiently high as to make their use more dangerous in some circumstances than no interpreter at all. This is because it lends a false sense of security to both provider and client that accurate communication is actually taking place. (*U.S. Office of Minority Health, 1999*).

A Risk Management Approach

Not just malpractice,
not just patient care

Individual and organizational liability

CORPORATE RISK FRAMEWORK

BUSINESS RISK

Risks that may relate to the delivery of health care that include internal and external factors impacting on the operations of the department.

Quality Care & Patient Safety

Admission, Transfer and Discharge
Patient Assessment
Care and Service Accessibility
Care Plan/Service Plan
Informed Consent
Treatment, Procedures and Surgery
Consults/Referrals

Corporate Governance

Strategic Goals & Objectives
Performance Reporting and Measurement
Culture & Ethics
Research
Community Partnerships and Alliances
Organizational Structure

Operations & Business Support

Quality and Risk Management
Supply Chain Management
Food and Laundry Services
Facilities Management
Health Information Management
Communication
Disaster Management
Security Services

Reputation & Public Image

Public Relations
Media Relations
Patient Relations
Government Relations

RESOURCE RISK

Risks that relate to the resources used by the organization to accomplish its objectives.

Human Resources & Staff Relations

Human Resource Planning
Competency and Staff Development
Performance Management
Compensation and Benefits
Labour Relations

Financial

Funding Allocation
Planning and Budgeting
Financial Management and Reporting
Insurance
Fraud

Information, Systems & Technology

E-Health Strategy
Infrastructure
Access Control
Network Security
Data Integrity
User Support

Physical Assets

Asset Management
Capital Construction
Equipment Acquisition and Maintenance
Equipment Obsolescence and Replacement

COMPLIANCE RISK

Risks that originate from the requirement to comply with a regulatory framework, policies, directives or legal agreements.

Environment, Health & Safety

Environmental Impact
Hazardous Material Handling
Occupational Health and Safety
Infection Control

Legal & Regulatory

Medical Staff By-Laws
Legislation and Regulations
Contracts and Agreements
Professional Licensing & Credentialing

Policies

Clinical Policies
Administrative Policies
Internal Guidelines
External Directives

Standards

Accreditation Standards (CCHSA)
Professional Regulatory Bodies
Standards Committees

WOW!

2009 EDITION

RISK MANAGEMENT FOR US ALL

IT MAY CHANGE YOUR LIFE!

WHY ITS IMPORTANT TO INTERPRETER SERVICES!

Defining risk & risk management

- **Risk:**
  - **Anything that may compromise the achievement of the organization's objectives.**
  - **Not simply risk to patients – a number of risks to the organization**
- **Risk management:**
  - **process by which organizations identify, assess, control risks throughout the organization**

Language Access Interpreter Services

Winnipeg Health Region

(204) 788-8585*

FREE Services – Call Anytime

*Interpreter services available for various languages, including some Aboriginal languages and American Sign Language

Follow these 3 easy steps:

1. Call Language Access Interpreter Services at 788-8585
2. Provide required information
3. Await confirmation of interpreter availability

Interpreter

Interpreter

Winnipeg Regional Health Authority
Caring for Health

Office régional de la santé de Winnipeg
À l'écoute de notre santé

Aligning with organizational activities

Risk

Complete, accurate and timely information about healthcare services is not provided to clients and families.

Informed consent is not obtained prior to starting any service intervention or treatment.

CCHSA* Standard

Information provided to clients is understandable (i.e. language of client), has been acknowledged by client as understandable and is appropriately documented in clientôs file *(Standard 9.2)*

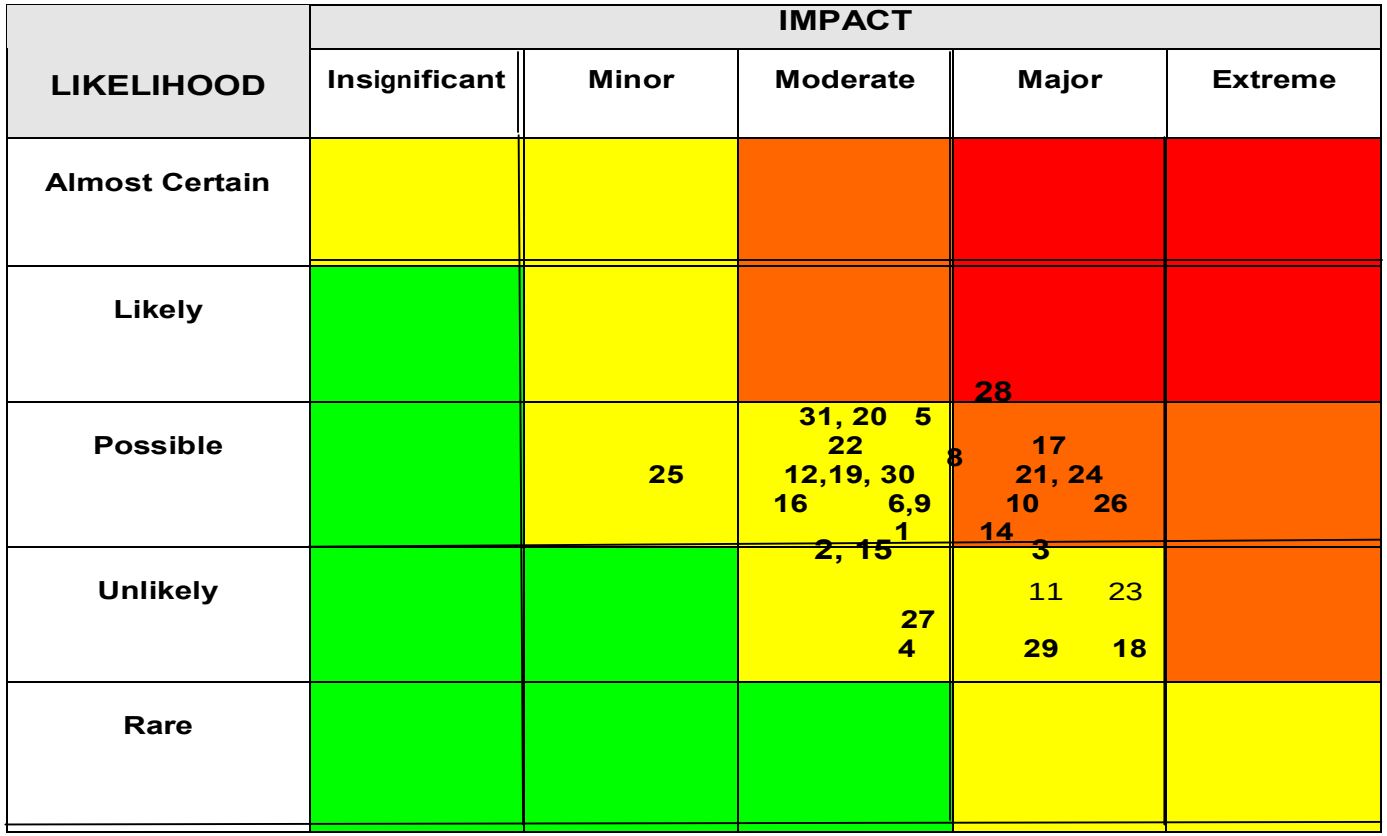
A process is in place to facilitate obtaining informed consent from clients/familiesé includes verifying client understands information provided, reviewing consent form, providing client with all legally Required information and recording clientôs consent. (*Standard 10.3)*.

**CCHSA – Canadian Council on Health Services Accreditation, now Accreditation Canada*

WRHA Integrated Risk Management Framework

43 of 154 high level risks affected by language barriers

26 of 31Quality/ Safety risks affected



An ‘evidence-informed’ Manitoba Model

- Based on evidence
- Coordinates services for all 4 language constituencies
- Regional policy
- Custom designed training
- Centrally funded (no billing)
- Exploring provincial scope

Named a ‘leading practice’ by Accreditation Canada

Conclusion

- Failure to provide trained, competent language access services poses a number of organizational risks ï the literature beginning to identify and measure these
- There is ***evidence*** to support effective responses for a specific context
- Addressing language barriers also addresses a number of other challenges within the health system
- Paradigm shifté solution vs. problem

OLD PARADIGM	NEW PARADIGM
ÅMulticultural health, language rights ï é é é é é é é é é ÅCultural sensitivity	ÅAddress disparities ï Health status, access, quality ÅRisk management
Å*Program* for patients	Å*Strategy* to address goals
ÅAdd-on	ÅIntegral to planning
ÅRespond to individual deficit	ÅRespond to system deficit

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WRHA Language Access Committee

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Contact

Sarah Bowen, PhD
Associate Professor, School of Public Health
Department of Public Health Sciences
University of Alberta
Edmonton, Canada, T6G 2G3
Email: sbowen@ualberta.ca.
Tel: (780) 248 - 1566