



# **Linguistic access to health services for minority communities: the American and Canadian experience**

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# Exploratory Studies – Cultural & Linguistic Competency

- Standards for Culturally and Linguistically Appropriate Services in Health : *an exploratory study of American standards* - 2011
- Study on Linguistically and Culturally Adapted Health Services : *a Pan-Canadian portrait* - 2012

# Objectives of the presentation

- Present a summary of the American and Canadian Studies on linguistic accessibility
  - Conceptual framework
  - Observations and findings
- Why have Standards?
- Conclusion and future avenues for official minority language communities in Canada

# American Study

*American Standards for cultural and linguistic competency  
- Culturally and Linguistically Appropriate Services – **CLAS**  
Standards*

# The CLAS standards : Standards for culturally and linguistically appropriate services

## Three areas

- Culturally competent care (standards 1 to 3)
- Language access services (standards 4 to 7) :
  - *Mandatory by virtue of current Federal requirements for all recipients of financial assistance from the Federal government*
- Organisational support for cultural competence (standards 8 to 14)

# Model for analysis of the American Standards



# Observations

- Standards to reduce health disparities for minority communities
- Standardization is an effective approach in health settings and offers opportunity for improvement
- Linguistic accessibility and cultural adaptation go hand-in-hand
- Conforming to CLAS standards : an advantage for health establishments

*Transitioning from a discussion on rights to a discussion centered around duties of organisations and professionals and quality of care*

# Canadian Study

*A global overview of the Canadian health system in order to improve understanding of the context within which the development of health services for official languages minority communities is situated.*

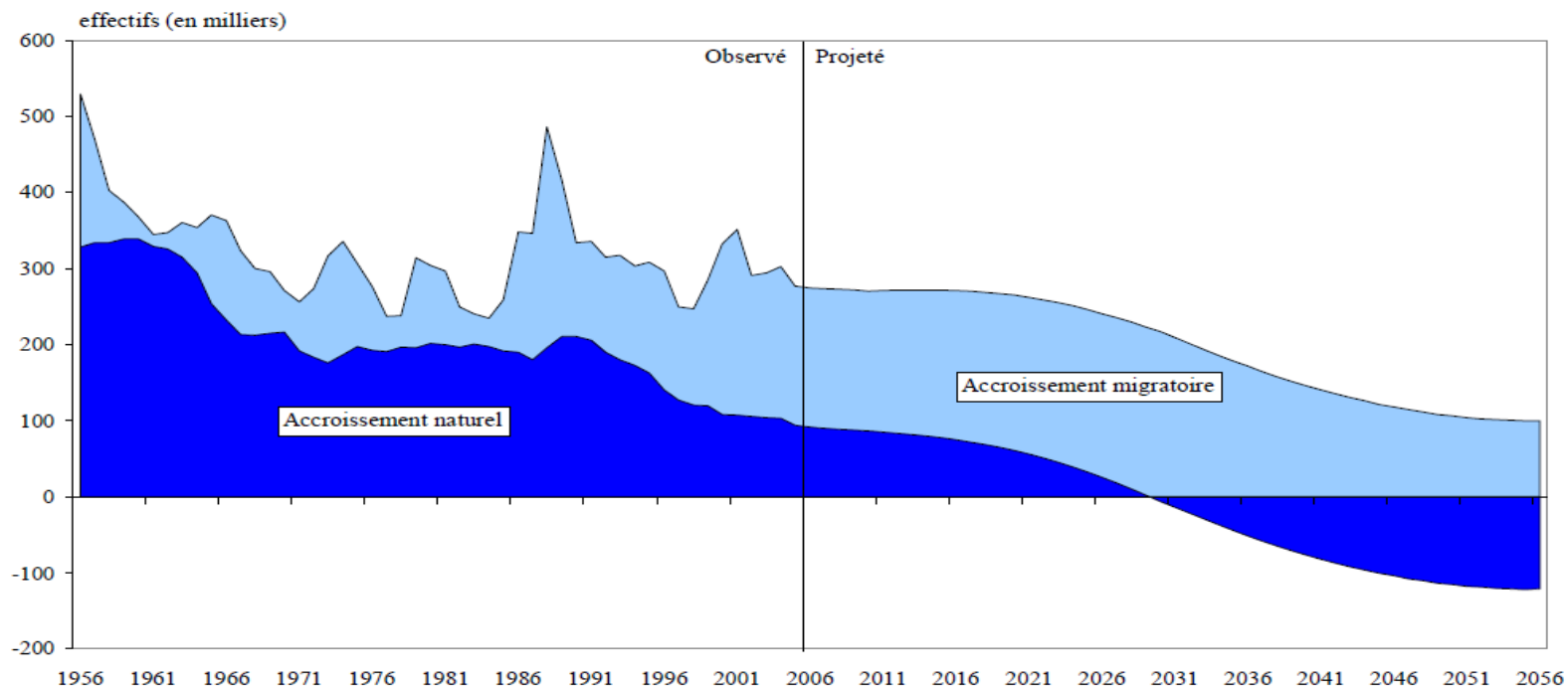


# Canadian Environment

- Linguistic duality and language rights
- Legislative and regulatory status of the minority language
  - Protection of the majority language in Québec
- Principles of universality and accessibility to the public health insurance system in Canada
- Provincial versus federal jurisdiction over health
- Increasing cultural diversity

# Impact of immigration on Canadian demographics

Accroissement migratoire et accroissement naturel de la population du Canada, 1956 à 2056

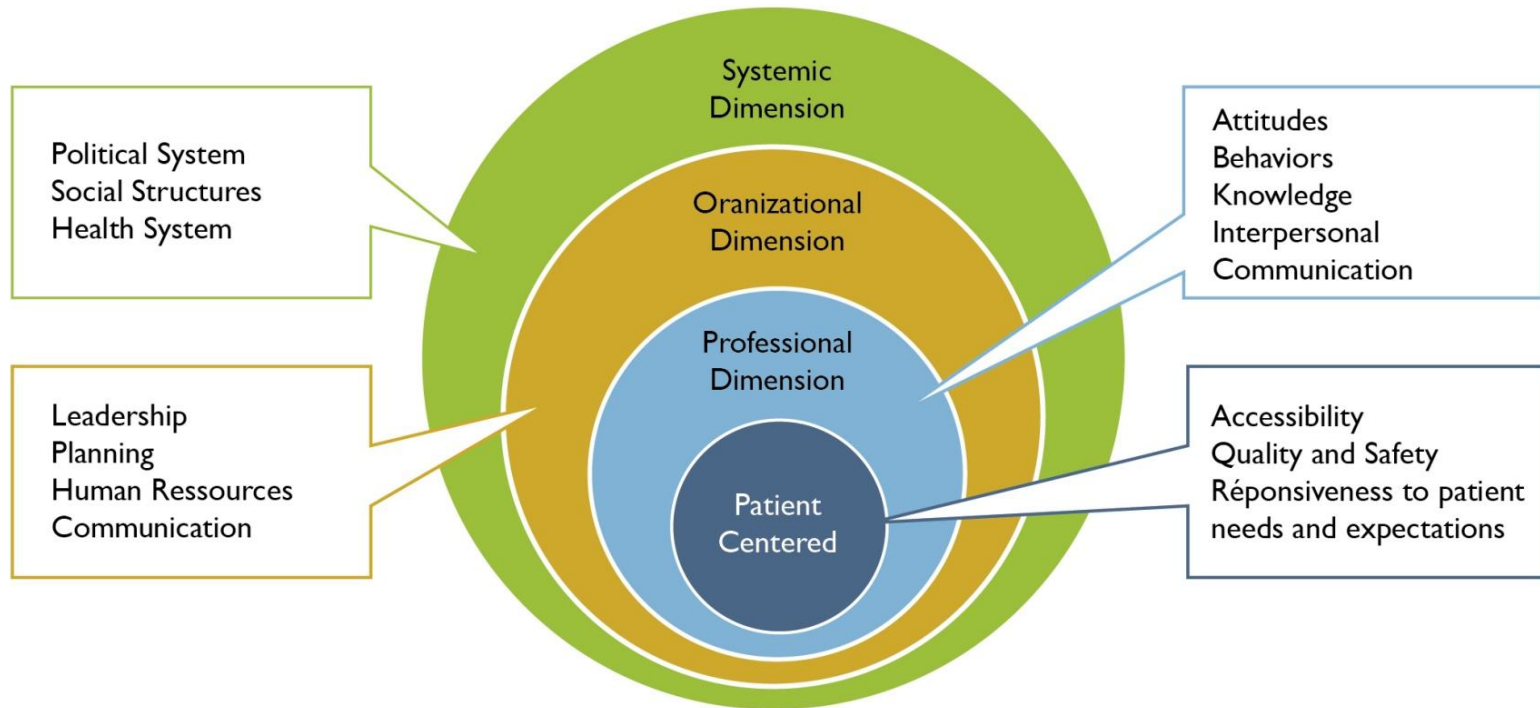


Sources : Statistique Canada, 2005, *Projections démographiques pour le Canada, les provinces et les territoires 2005-2031*, numéro 91-520-XIF au catalogue de Statistique Canada, scénario 3, et Division de la démographie, estimations annuelles de la population de 1956 à 2005.

***In 2017, more than one Canadian in five (22%) could be born in another country***

# Conceptual framework

## CONCEPTUAL FRAMEWORK



# Best practices observed

## Systemic Dimension

- Active offer of services (MB, NB)
- Designation (NB, QC, ON, MB)
- Service access plans or programs (QC, NS)
- Provincial coordination mechanisms and positions
- Planning entities (ON)
- Provincial or regional linguistic accessibility services (interpretation services ) (MB, AB, BC))
- Community networks (CHSSN and SSF)

# Best practices observed

## **Organisational Dimension**

- Francophone University Hospitals
- Francophone Community Health Centers
- Establishments and organisations designated to offer services in both languages
- Establishments created as a result of initiatives of cultural communities
- Modalities for the linguistic adaptation of an offer of services

# Best practices observed

## **Professional Dimension**

- Awareness and promotion of linguistically and culturally adapted practices
- Language training and support for linguistic competency
- Direct support for professional activities
- Identification of professionals able to offer services to the linguistic minority population

*Access to a significant offer of health services within a minority language context is a reflection of a hierarchical approach where each step serves as a foundation for the following step*



# Observations

- **Linguistic Accessibility** is an essential component of integrated health services along the entire continuum
- **Attention to the needs of minority communities** is essential in any integrative approach centered upon population needs
- **There is an important interrelation** between different health system components and the extent of collaboration between health authorities, health service providers and official language minority communities
- There is a need to **collect language data** pertaining to clients and professionals



# Why have standards?

- Leverage: organisational and professional dimensions
- A normative approach situates linguistic accessibility as an aspect of the quality and safety of health services
- Speaking the language of the health system :
  - Quality, Security, Efficiency
- Engaging regulatory organisations

*Communication Standards express our collective values of human dignity, respect and equality*

Integration of standards for effective communication and linguistic accessibility within accreditation processes or professional codes of ethics could have a positive impact on the quality and safety of health services offered to official language minority communities

# Conclusion

- There is no universal or single model
- Key success factors:
  - √ Research and experimentation
  - √ Federal investment
  - √ Accreditation Standards
  - √ Leadership
  - √ Organisational culture change
  - √ Collective values
  - √ Community participation and engagement
  - √ Communication, communication, communication..

# A few references

- Société Santé en français: presentation by Shani Dowd on CLAS Standards:
  - <http://santefrancais.ca/realisation/rendez-vous>
  - <http://santefrancais.ca/nouvelles/item/conference-virtuelle-shani-dowd-sur>
- Office of Minority Health:
  - <http://www.minorityhealth.hhs.gov/>
- Agency for Healthcare Research and Quality. (February 2010). *National Health Care Disparities Report*.
  - <http://www.ahrq.gov/qual/nhdr10/nhdr10.pdf>
- The Joint Commission
  - [http://www.jointcommission.org/Advancing\\_Effective\\_Communication/](http://www.jointcommission.org/Advancing_Effective_Communication/)
- The National Institute on Minority Health and Health Disparities (NIMHD)
  - <http://www.nimhd.nih.gov/>
- Think Cultural Health
  - <https://www.thinkculturalhealth.hhs.gov/>
- Agrément Canada
  - <http://www.accreditation.ca>