Impact of Language Barriers on Access to Healthcare Services: The Francophone Experience in Canada

#### Danielle de Moissac, Ph.D. Wednesday, February 24, 2021 Community Health and Social Services Network





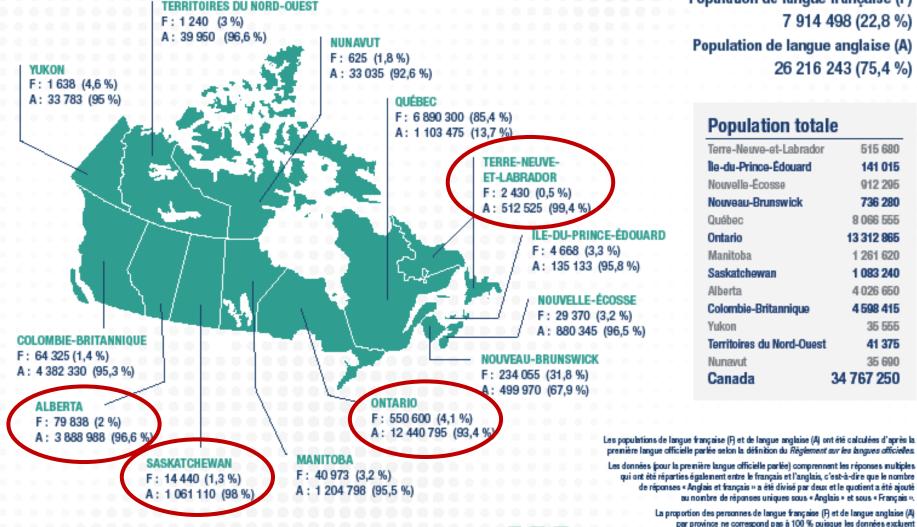
## A Pan-Canadian Research Project

- In partnership with the Société Santé en Français, regional coordinators, and the community
- In four Canadian provinces (NL, ON, SK, AB)
- In minority francophone communities with a low proportion of French speakers



Commissariat Office of the aux language Commissioner of Official Language

#### LES LANGUES OFFICIELLES **AU CANADA** Population de langue francaise (F)



Source : Statistique Canada, Recensement de 2016, Population totale à l'exclusion des résidents d'un établissement institutionnel - Données intégrales (100 %)

www.languesofficielles.gc.ca



la catégorie « ni français ni anglais » pour la première langue officielle parlée.

# **Research** Objectives

To better understand the experience of minority francophones living in communities with a low proportion of French speakers in Canada and interpreters/support personnel/navigators with regard to:

- Services currently available in French
- Interpretation, support and navigation services

Bonjour

# Key Themes

- 1) How francophones perceive their access to healthcare services in French
- 2) The importance they place on receiving services in French
- 3) The impact of the language barrier on their access to care and the quality of the services they receive
- 4) Current practices in interpretation/support

# Methodology

#### Hybrid method

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• Semi-structured phone interviews

#### Recruitment

- **Survey**: Via francophone community organizations
- Interviews: Survey participants who had experience with interpretation, support, or navigation services; interpreters, navigators, and support personnel

# Participant Profile – Survey

#### 297 participants

- 78.9% female
- Age range: 19 to 84 years old
- Average age: 42.1 years old
- 73% married or in common-law relationship
- Distribution by province:
  - Newfoundland & Labrador (5.4%)
  - North Simcoe Muskoka and Thunder Bay in Ontario (8.0%)
  - Saskatchewan (36.4%)
  - Alberta (17.8%)
  - 32.3% of participants did not indicate their place of residence





## Participant Profile

Education level and annual personal income

- 63% have a university degree
- 55.9% have an income of \$50,000 or more
- Ethno-linguistic profile
  - 68.4% were born in Canada
  - 78% are native French speakers
  - 56% reported that they were comfortable speaking English during a medical consultation

## Participant Profile – Interviews

#### 20 participants

- 65% female
- Average age: 39.4 years old
- 60% married or in common-law relationship
- 70% are from Saskatchewan
- 70% have a university degree
- 45% have an annual personal income of \$50,000 or more
- 63.5% were born in Canada
- 85% are native French speakers
- 42.1% reported that they were comfortable speaking English during a medical consultation



## Interpreter/Support Personnel Profile

#### 6 participants

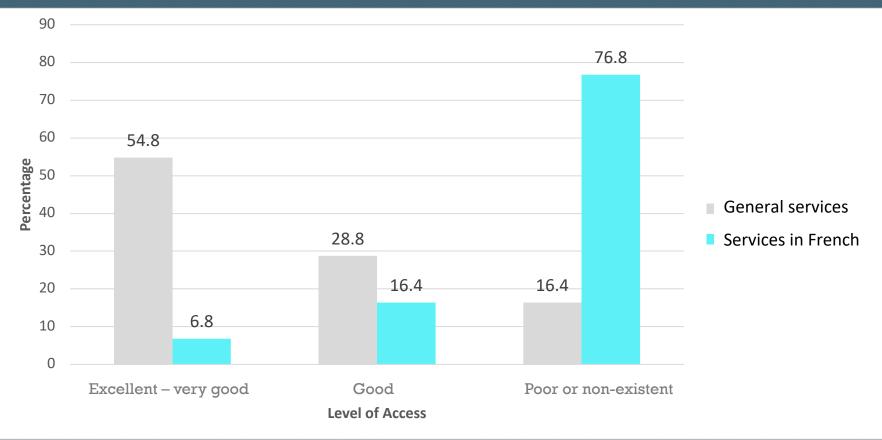
- 66% female
- Average age: 44 years old
- All work in urban settings



https://languagelinemarketing.force.com/s/blog\_images/search-part-timeinterpreter-jobs.jpg

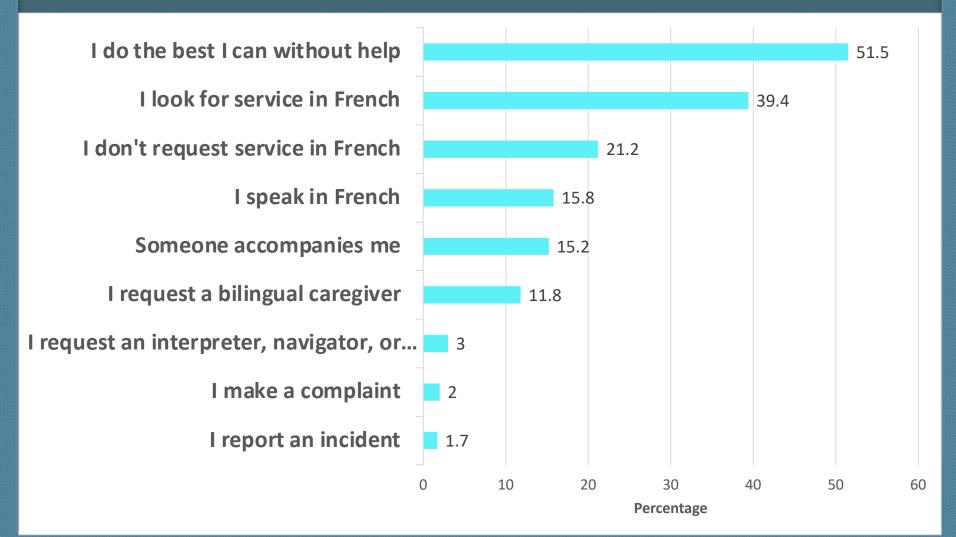
- 1 works full-time, 2 share a position (coordination), and 3 are volunteers
- Years of experience: from 8 months to 19 years

## Access to Healthcare

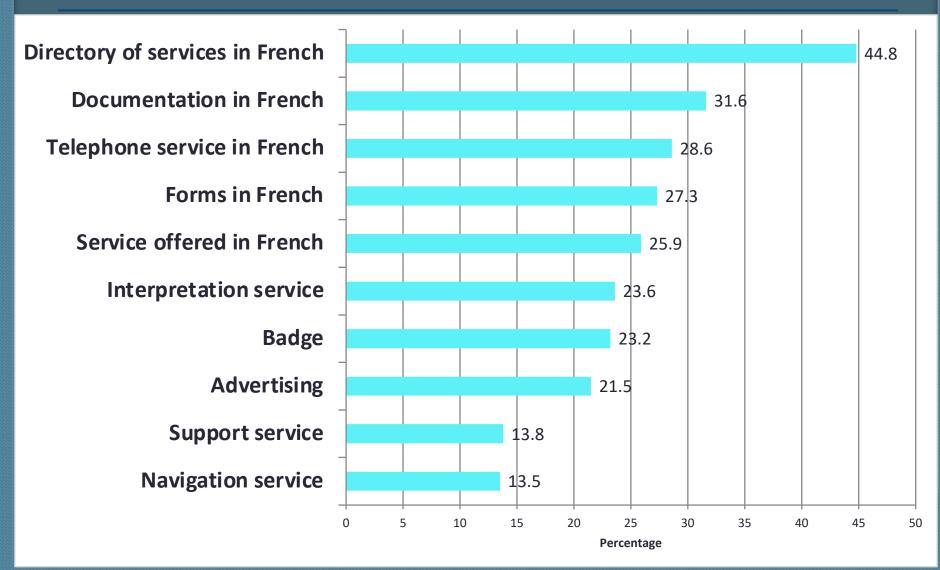


48.5% of participants reported that they have a bilingual family doctor 48.5% have received care from another type of bilingual healthcare professional

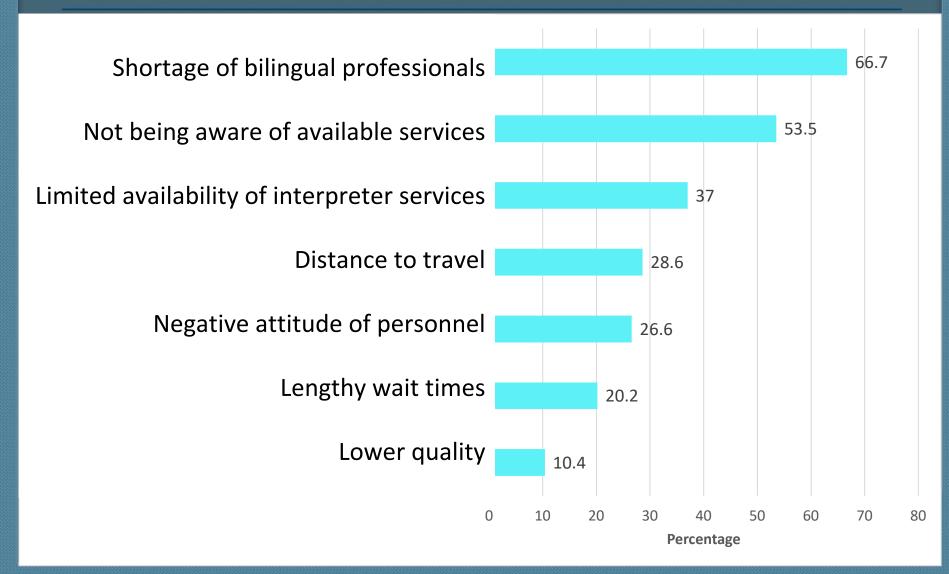
# Actions Taken to Access Services in French



## **Access Facilitators**



# Access Barriers



# The Importance of Language in the Health Field

#### Who?

- At-risk populations
- High-risk situations
  Why?



https://i2.wp.com/sfvbareferral.com/wpcontent/uploads/2018/11/Can-You-Sue-Someone-for-Emotional-Distress.png?w=940&ssl=1

- To describe symptoms (52.2%)
- To understand verbal instructions (38%)
- To receive emotional support (36%)

When?

- Consulting a family doctor
- Emergency situations and hospitalizations
- Mental health consultations

## Impact on Access to Care and Service Quality

#### The patient's discomfort is prolonged due to:

- Additional examinations
- Inappropriate treatment
- Prolonged wait for follow-up
- Instructions that are not followed properly
- Subsequent consultation for the same health problem

The patient is therefore dissatisfied with the quality of service until the care provider properly understands his or her needs.

#### Reminder: 1 person in 5 does not have access to services in French

Current Practices in Interpretation/Support

- Low demand for professional services; perceived shortage of such services
- Many users rely on loved ones to accompany them or community volunteers



https://www.lappui.org/var/lappui/storage/images/\_aliases/ne ws\_item\_block/medias/images/outaouais-images/procheaidant/1609611-1-fre-CA/Proche-aidant.png

- Support requested by seniors and people who live in rural areas or come from somewhere else
- These services are greatly appreciated (emotional support, easier communication)

Challenges Associated with Current Practices

• Reluctance associated with asking a loved one for help

- Volunteers: recruitment, coordination, training in interpretation, organizational support within the healthcare system
- Multiple roles and responsibilities for the interpreter/support person during a medical consultation



https://entraide-deuil.qc.ca/wpcontent/uploads/2019/09/Benevoles.png

## Conclusions

- Access to services in French matters to francophones, regardless of their level of bilingualism or place of residence.
- 2) The language barrier has a negative impact on access to care and the quality of services received.
- 3) Access inequality is felt by minority francophones in various ways, including limited services, a shortage of bilingual professionals or no active provision of services. Interpretation and support services are not well-known and are therefore not used much.
- 4) The existence of a law does not seem to translate into improved access or higher-quality services, but it does promote active demand for services in French by users.

## Recommendations

- 1) The hiring of bilingual healthcare professionals and active provision of services remain priority issues.
- 2) A combined interpretation and support service could address complex healthcare needs, lack of awareness about the healthcare system, and at-risk francophones' need for social support.
- 3) Interpreters/support personnel must receive suitable training, linguistic assessment in both languages, and support from organizational policies and practices (online training, use of technology).

## Thanks to:

#### Study participants

#### SSF's community partners and regional networks

(Newfoundland and Labrador Francophone Health Network, French Health Network of Central Southwestern Ontario, CHIGAMIK Community Health Centre, Réseau du Mieux-être Francophone du Nord de l'Ontario, L'Accueil Francophone de Thunder Bay, Réseau Santé en Français de la Saskatchewan, Canadian Volunteers United in Action - Alberta (CANAVUA), and Yukon Francophone Health Network)

#### Research committee

(Sarah Bowen, Ph.D., Yves Couturier, Ph.D., and Anne Leis, Ph.D.)

Société Santé en Français

Official Language Community Development Bureau