



Réseau des services
de santé en français
de l'Est de l'Ontario

French Language Services, a Factor in the Quality of Healthcare Services

**Rationale and Impact Analysis Framework for Local Health
Integration Networks (LHINs) and Health Service Providers
(HSPs) of Eastern and South-Eastern Ontario**

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Document objectives

French Language Services, a Factor in Healthcare Service Quality, drafted by the Réseau des services de santé en français de l'Est de l'Ontario (the Réseau) aims to:

- educate and inform on the impacts of language barriers on the quality of French-language healthcare services and therefore on the health of the Francophone population;
- convey the importance of a planning of healthcare projects and initiatives that take into account language barriers in order to improve the health of Francophone minority communities.¹

To accomplish these goals, the Réseau has developed a rationale and an impact analysis framework on language barriers, named **the Francophone lens**, for the Local Health Integration Networks (LHIN) and Health services providers (HSPs) in the Champlain and South-East regions.

¹ French Language Health Services Network of Eastern Ontario/Réseau des services de santé de l'Est de l'Ontario, *French-Language Health Services Planning Guide for Eastern and South-Eastern Ontario/ Guide de planification des services de santé en français*, 2011. The guide addresses the integration of the Francophone lens into French-language health service planning processes.



Background

Over the last number of years, the consideration of the **quality** element has become central in matters of healthcare services. **Quality** has become a top concern for populations, health services planners and decision-makers in all western countries.

Communication in matters of healthcare is fundamentally important for three reasons:

1. To exchange important health information
2. To encourage patients to pursue the care they require in order to regain their health after an illness
3. To establish relationships for maintaining good health over the long term²

Healthcare service quality involves a number of elements. Quality may be defined differently depending on one's perspective: a person in need of healthcare, a healthcare professional, a healthcare organization director or a representative of decision-making health authority.

Therefore, healthcare quality may be considered from three standpoints:

- by distinguishing between the various dimensions of healthcare quality (continuity, accessibility, reliability, safety, etc.);
- by considering various viewpoints such as the client experience;
- by studying the main healthcare quality problems encountered (systemic and cost-based).³

In each of these three approaches, language is a quality factor that can and must be considered. Existing literature indicates unequivocally that language barriers have a significant impact on the quality of all aspects of French-language health services and ultimately, on the health of a minority population. Given this fact, the Réseau recommends an analysis framework that aims to determine the impact of language barriers on the quality of French-language health services for each approach.

² WAHOUSH, E. (2009), "*Reaching a hard-to-reach population such as asylum seekers and resettled refugees in Canada*", World Health Organization (WHO) Bulletin, 2009: Volume 87: 568-568, World Health Organization/Organisation mondiale de la santé

³ Inspired by HURLIMANN, C. (2001), « *Approche conceptuelle de la qualité des soins* », Actualité et dossier en santé publique, No. 35, June 2001, pp.23-28



Language barriers: definition

Language barrier refers to a situation where communication and common understanding is a challenge due to different perspective language.

Applying the language barrier impact analysis framework: the Francophone lens

In order to ensure that the negative impacts of language barriers are considered in all healthcare decisions and French-language healthcare service planning, the Réseau proposes an impact analysis framework named **the Francophone lens**.

The specific goals of the Francophone lens are:

- To consider the impact of language barriers on the health of the Francophone minority population through the use of quality indicators and a literature-based rationale
- To identify the systemic and organizational obstacles to improving the health of the Francophone population

As shown in the following diagram, the Francophone lens is an analysis framework that, based on quality indicators⁴, enables decision-makers to assess the impact of language barriers on the health of the population.

⁴ Identification of indicators inspired by: Health Council of Canada / Conseil canadien de la santé. (2011); Health Quality Ontario / Qualité des services de santé Ontario, <http://www.hqontario.ca/en>; Health Canada 92007); The College of Family Physicians of Canada / Le Collège des médecins de famille du Canada (2007).

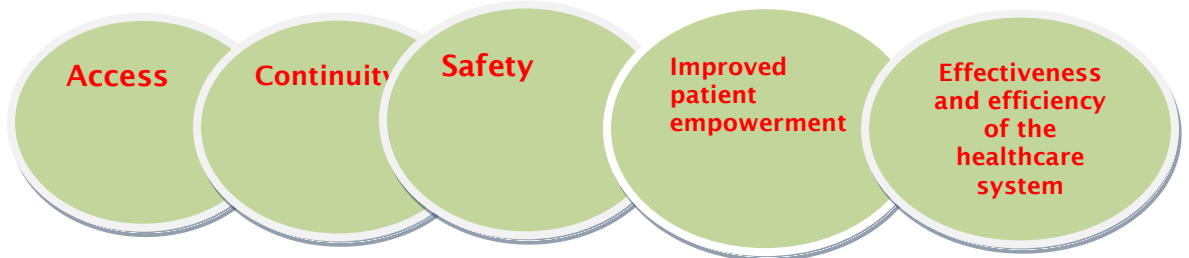


IMPACT ANALYSIS FRAMEWORK: THE FRANCOPHONE LENS

Goal

QUALITY OF FRENCH-LANGUAGE HEALTH SERVICES

QUALITY INDICATORS (point of reference)



Examine the impact by referring to quality indicators

To assess the impact of language barriers on Francophone health, consider how language barriers affect:

- access to services
- continuity of services
- patient safety
- patient empowerment
- the efficiency and effectiveness of the healthcare system

For each question, please refer to the arguments that present the impacts on the quality of French-language health services

Integrate impact analysis into all healthcare service planning processes₁

Identify health services planning measures that limit the impact of language barriers to help meet the needs of the Francophone community *

Ultimate impact assessment

Improved Francophone health

* See the Réseau's *French language health services planning guide* (2011)



The impact analysis framework involves the following steps:

Starting point: Target goal of improved quality for French language healthcare services to ultimately improve the health of the Francophone population.

Step 1: Conduct an impact analysis on the effect of language barriers on the health of the Francophone population based on quality indicators.

For the purposes of this process, we have focused on the following quality indicators:

- Access, continuity and safety
- Personal healthcare empowerment
- Efficiency and effectiveness of the healthcare system

The analysis of the impact of language barriers can be conducted by asking the following questions:

What impact do language barriers have on services when it comes to:

- Francophone patients' access to services?
- service continuity?
- patient safety?
- patient empowerment?
- the efficiency and effectiveness of the healthcare system?

Step 2: Integrate the impact analysis into all healthcare service decisions and planning processes, and identify healthcare services planning measures that limit the impact of language barriers to help meet the needs of the Francophone community.

To that end, the Réseau has produced a French language healthcare services planning guide that is intended to ensure quality healthcare service planning and delivery by limiting, or even eliminating, the impacts of language barriers.⁵

⁵ French Language Health Services Network of Eastern Ontario / Réseau des services de santé de l'Est de l'Ontario. (*The Réseau*) (2011), *Ibid*.



RATIONALE

How do language barriers affect the health of the Francophone population?

On accessibility

- Difficult first contact with a healthcare professional, increasing the risk that subsequent medical treatment will be compromised⁶
- Reduced inclination to take advantage of healthcare services aimed at prevention, increasing the risks of:
 - Health deterioration, **and therefore;**
 - requirement for more expensive specialized services⁷.
- Reduced inclination to take advantage of communication-based services (e.g.: mental health or neonatal services^{8 9})

⁶ Winnipeg Regional Health Authority/ Office régional de la santé de Winnipeg. (2004), *Language Barrier within the Winnipeg Regional Health Authority, Evidence and Implications. Winnipeg, September 2004.*

⁷ GREEN, A. (2007), *The Impact of Language Barriers on Health Care*, 3rd Rendez-vous-Santé en français, *Faire la différence.*

⁸ WOLOSHIN et al. (1997), " *Is Language a barrier to the use of preventive services*", *Journal of General Internal Medicine*, 12, 472-477.

⁹ CHAN, A & WOODRUFF, RK. (1999), " *Comparative of palliative care needs of English and non English speaking patients*", *Journal of Palliative care*, volume 15(1), pp.26-30



How do language barriers affect the health of the Francophone population?

On service continuity

- Difficulty in obtaining continuity of care if services are not available in the patient's strongest language at each step in the care plan
- Repercussions to medical treatment and follow-up (e.g.: misunderstanding of medical information or diagnoses)^{10 11 12 13 14}
- Difficulty in establishing mutual understanding on expectations between the healthcare professional and the client regarding behaviour, requirements and healthcare services¹⁵

¹⁰ Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg. (2004). *Ibid.*

¹¹ GRIESING, C.H (2006). *Patients with Limited English Proficiency: Results from a National Survey*, Chicago, IL: Health Research and Educational Trust.

¹² Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg. (2004), *Ibid.*

¹³ GRIESING, C.H (2006), *Ibid.*

¹⁴ GREEN, A. (2007), *Ibid.*

¹⁵ WAHOUSH, E. (2009), *Ibid.*



How do language barriers affect the health of the Francophone population?

On patient safety

- Elevated risk of incorrect diagnoses¹⁶
- Elevated risk of medical errors,¹⁷ leading to less-than-optimal patient safety¹⁸
- Higher numbers of complications, injuries and deaths^{19 20}
- Reduced ability of healthcare professionals to fulfil their ethical obligations, including:
 - obtaining informed consent;
 - providing clear explanations;
 - guaranteeing confidentiality²¹
- Dissatisfaction among staff due to language barriers²²

¹⁶ Réseau des services de santé de l'Île-du-Prince-Édouard. (2007), *Les répercussions des problèmes de communication sur la prestation de soins de qualité aux collectivités et patients de langue minoritaire, Exposé de soumission*

¹⁷ Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg. (2004), *Ibid.*

¹⁸ JOHNSTONE, M-J and KANITSAKI, O (2006), "Culture, language and patient safety: making the link". *International Journal for Quality in Health Care*, 18(5), 383-388.

¹⁹ BOWEN, Sarah. (2011), *Les barrières linguistiques dans l'accès aux services de santé-État des connaissances et pratiques exemplaires, RCSSS, Rencontre d'échanges, 15 March, 2011.*

²⁰ Réseau des services de santé de l'Île-du-Prince-Édouard. (2007), *Ibid.*

²¹ Réseau des services de santé de l'Île-du-Prince-Édouard. (2007), *Ibid.*

²² BOWEN.S. (2011), *Ibid.*



How do language barriers affect the health of the Francophone population?

On patient empowerment

- Patient-professional interactions may become difficult²³ and may complicate the establishment of a professional rapport based on trust²⁴
- Poor understanding of medical information²⁵ may lead to:
 - failure to follow care plans correctly;²⁶
 - inadequate self-management of chronic illnesses such as cancer, asthma or diabetes^{27 28} (e.g.: patients may find it difficult to follow a nutritional program if it is not offered in their language);
 - inadequate self-management of health problems where verbal communication is essential for rehabilitation (e.g.: mental health);
 - feelings of dissatisfaction with the care received;²⁹
 - weaker relationships with the healthcare system, producing negative impacts on patient health.³⁰

²³ *Ibid.*

²⁴ BOWEN, S. (2001), *Language Barriers in Access to Health Care*, Health Canada / Santé Canada, www.hc-sc.gc.ca/hcs-sss/pubs/acces/2001-lang-acces/index-fra.php

²⁵ Réseau des services de santé de l'Île-du-Prince-Édouard. (2007), *Ibid.*

²⁶ *Ibid.*

²⁷ *Ibid.*

²⁸ Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg. (2004), *Ibid.*

²⁹ BOWEN, S. (2011), *Ibid.*



How do language barriers affect the health of the Francophone population?

On effectiveness and efficiency of the healthcare system

- Less effective use of specialized services due to lack of availability of primary services, leading to:
 - risk of health deterioration
 - ↳ leading to ↳
 - increased use of specialized services and lengthy medical consultations³¹
 - ↳ leading to ↳
 - negative impacts on the cost of the healthcare system
 - ↳ leading to ↳
 - specialized services to become less relevant, more expensive and less efficient within the healthcare system³²
- Possibility of less effective care for lack of proficiency in the language of care³³

³⁰ SCHYVE, P.M, MD (2007), "*Language Differences as a Barrier to Quality and Safety in Health Care*", The Joint Commission Perspective, Oakbrooke Terrace, IL, USA.

³¹ WEISS et al. (2006), "*Language as a Barrier to Health Care for New York City Children in Immigrant Families: Haitian, Russian and Latino Perspectives*", Division of Health Policy and the New York Forum for Child Health,
www.nyam.org/library/docs/LanguageBarrierreportMay2006.pdf

³² Réseau des services de santé de l'Île-du-Prince-Édouard. (2007), *Ibid.*

³³ *Ibid.*



- Generalized ineffective use of healthcare services (e.g.: longer emergency room stays³⁴, more testing required for validation, less rigorous compliance with treatment plans, risks of diagnosis errors, increased risk of redundant testing, higher rates of complications³⁵)
- Higher numbers of risk-management problems in service delivery³⁶

³⁴ HAMPERS et al. (2003), "*Language barriers and resource utilization in a pediatric emergency department*", *Pediatrics*, 103, 1253–1256.

³⁵ BOWEN, S. (2001), *Ibid.*

³⁶ Réseau des services de santé de l'Île-du-Prince-Édouard. (2007), *Ibid.*



Recommendations of the *Réseau*

A significant number of writings, based on scientific evidence and performance indicators, highlight the importance of considering the impacts of language barriers on the quality of healthcare services for the Francophone minority community.

Given that language is a quality factor, the Réseau makes the following recommendations for all French language health service planning processes and decisions in Eastern and South-Eastern Ontario:

- Always consider the impacts of language barriers on the quality of healthcare services for Francophone minority communities;
- Ensure that the Réseau's quality indicators* are considered in all health service planning and decision-making, in order to ensure continuous improvement of the offer and quality of French-language health services in Eastern and South-Eastern Ontario continue to improve.

* The Réseau's quality indicators are the following:

- Accessibility
- Continuity
- Patient safety
- Patient empowerment
- Effectiveness and efficiency of the healthcare system



About us

The *Réseau des services de santé en français de l'Est de l'Ontario* (the *Réseau*) is committed to engaging the health-care community and the Francophone community in all its diversity, to improve the offer and quality of French-language healthcare services in Eastern and South-Eastern Ontario.

On July 1, 2010, the Réseau was officially acknowledged by the Province as the French-language health services planning entity for Eastern and South-Eastern Ontario.

As planning entity, the Réseau advises the regional health authorities of the Champlain LHIN and the South-East LHIN on all health issues affecting the region's Francophone community.

The Réseau is a member of the Société Santé en français, which represents the country's 17 Francophone health networks.



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