Webinaires – Série Découverte

Société Santé en français

What is the Evidence? Impact of Language Barriers in Healthcare - Sarah Bowen, PhD

Webinaires – Série Découverte

Société Santé en français and the 16 French Language Health Networks of Canada actively work toward the healthy development of Francophone and Acadian Minority Communities, in a quality health system that respects their cultural, social and linguistic value.

Webinar Objectives

- Provide better access to new knowledge
- Facilitate informed decisions through evidence-based data
- Build network and SSF knowledge mobilization capacity
- Promote interactions between knowledge producers and users

Audio: 1-866-830-9435
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Purpose of Presentation

- Summarize findings from critical review of current evidence

  Impact of language barriers on quality and safety of health care.

- Outline implications, suggestions moving forward

Review process

- *Critical* (not systematic) review
- *Primary* research on patient safety and specific quality dimensions
- Additional search strategies to identify literature on official language minorities, Canada
- Identifying links / relationship between related literatures (health literacy, healthcare communication, culture/ethnicity and health, cultural “competence”)

What we already knew

- Compelling international evidence on risks of language barriers, untrained interpreters
  - Initial access to health care services
    - Health promotion, prevention, screening
  - 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

What this updated review tells us

- Strengthens earlier findings on access, patient & provider satisfaction, quality of care
- Additional research: impact of language barriers on *chronic disease* prevention & management
- Relationship between literature on language barriers and literature on *health literacy; culture/ethnicity and health; healthcare communication;* and *cultural competence*
- First detailed examination of evidence of impact of language barriers on patient safety
  - complex findings
  - exploration of the “pathways” to counter-intuitive results

Comparing Language Barrier and Quality Literatures

Research Category	***Examples***	***Quality Dimension***
Patient Safety	Health outcomes, Readmission, Medication safety, Informed Consent	*Safety*
Patient Satisfaction	Experience, Satisfaction(communication, service, provider), Intent to return, Confidence in provider, Understanding,	*Client Centred Care*
Provider Satisfaction	Provider identified risks, provider satisfaction & confidence, malpractice concerns, student learning	*Worklife*
Service Utilization	Utilization patterns, LOS, test ordering, time, costs	*Efficiency*
Quality of Care	Prescribed treatment, informed consent, confidentiality, receipt of recommended services, medication adherence, CD	*Appropriateness, Continuity*
Access	Knowledge of conditions, service awareness, regular provider, participation in prevention, screening, etc	*Accessibility*
Organizational Access	Org policy, procedures, program structure, processes, research participation, language access services	*Population Focus*

Related literatures

Areas of overlap but important differences

1. ***Ethnicity and health*** (impact of cultural beliefs, immigration status, acculturation, etc.)

- evidence that language independent and has greatest impact

2***. Communication and health*** (focus on provider-patient communication)

- language barriers a subcategory of communication barriers
- improving provider communication skills not enough
- patient safety research focus on communication *between providers*

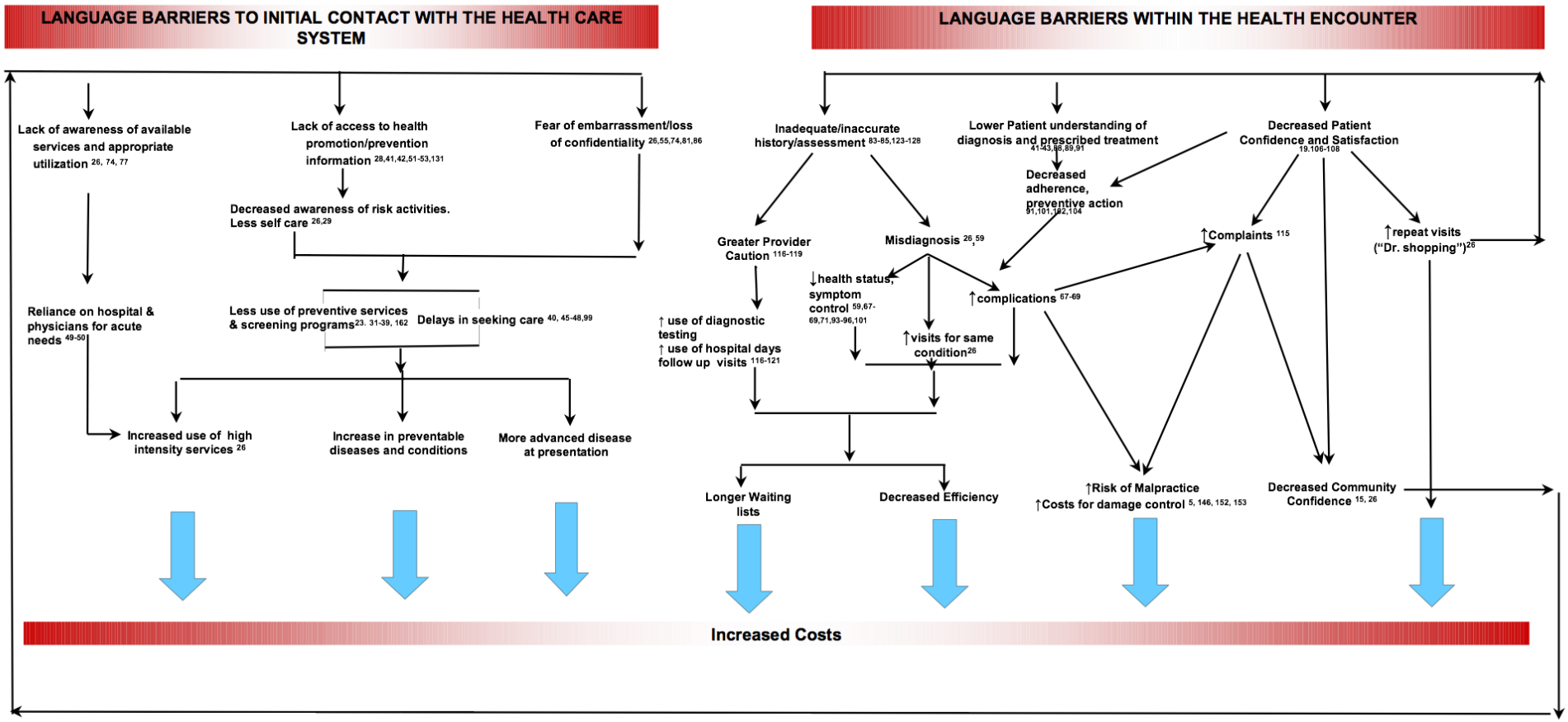
Related literatures (continued)

3. Health literacy
   - currently a key area of research
   - language barriers may *contribute* to health literacy, but also
     - *interact* with health literacy
     - are an *independent risk factor*
4. Cultural “competence”
   - many approaches to addressing cultural barriers
   - tension between:
     - increasing providers’ knowledge of other cultures, and
     - allowing patients to speak for themselves

Evidence on “access”

- Strong and consistent evidence - almost every health care service
  - Prioritized by minority language communities
  - Awareness of conditions and services
  - Health promotion/prevention
  - Cancer screening
  - Receipt of recommended preventive care
  - Mental health, other services
- Greatest impact on preventive, primary care, conditions requiring verbal assessment
- Good understanding of “pathways” to negative impact

The need to understand pathways ……



Bowen, 2004

Superscript numbers refer to evidence identified in the report "Language Barriers within the WRHA: Evidence and Implications "

Patient Satisfaction

- Well established, solid evidence of decreased "satisfaction"
  - Also research on bilingual providers, trained & ad hoc interpreters
- More than "satisfaction"
- Confidence in provider, service
- Understanding → Satisfaction
- Exclusion from patient input activities, reliance on specific research studies

Provider Satisfaction

- Growth in recent research
- Language barriers important impact on provider experience
  - Satisfaction
  - Perceived risks
  - Diagnostic confidence
  - Malpractice concerns
- Use of interpreters
- Student learning

Quality (Appropriateness/Equity)

- Differences in definition
  - Patient safety literature*: evidence that care is appropriate*
  - Language barrier literature: *equitable care*
- Challenges to patient assessment
- Differences in prescribed treatment
- Pain management
- Chronic disease management
- Elder/end of life care
- Informed Consent and confidentiality

Safety

- Adverse events
  - Landmark study by Divi et al., 2007
  - Errors of omission & commission
  - Indicators: readmission, infection, intubation
  - Issues related to length of stay
- Medication safety
  - Solid evidence - mostly patient error
- Mortality (use of large admin databases)
  - No evidence of increased risk; some evidence of reduced risk

A practical example

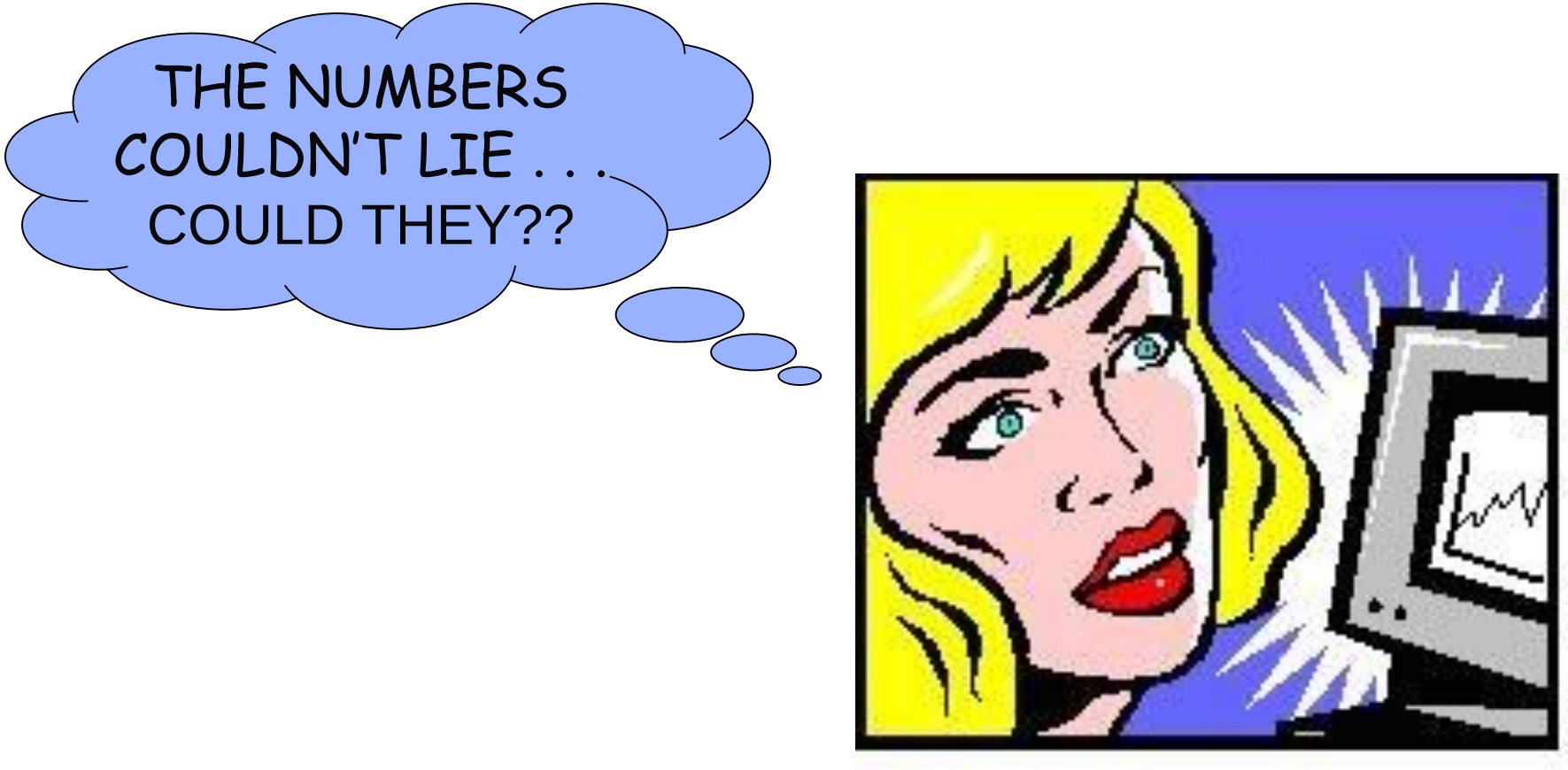
Mr. A speaks some English, but not enough to understand how to take his anti-coagulant medication. What does the research tell us?

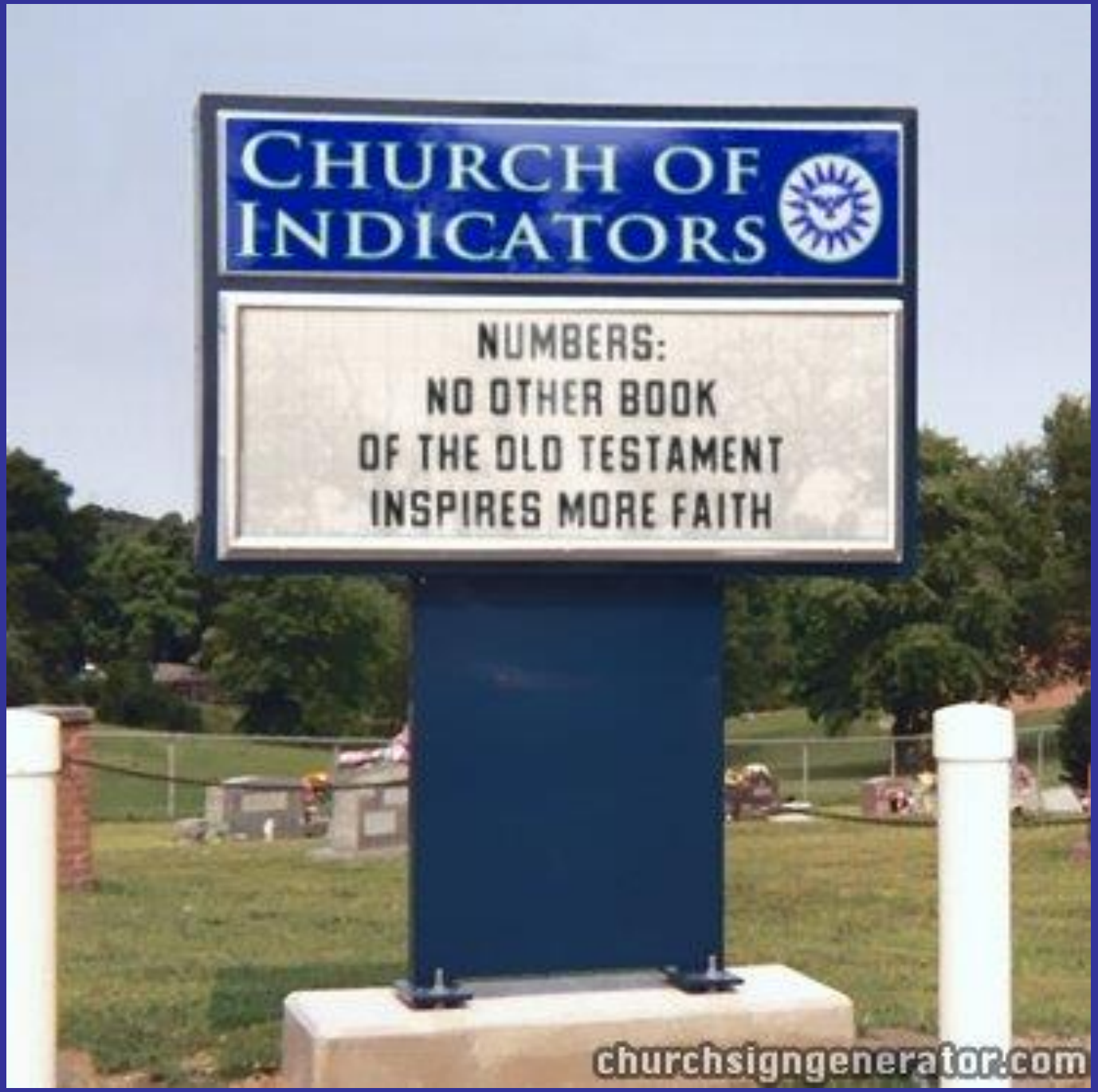
- He is *more likely* to have a stroke and end up in hospital
- However, if he has a stroke, he is *no more likely to die* in hospital than fluent English speaking patients with similar demographic and disease characteristics

Why the Difference?

- Research related factors:
  - Data quality, selection of language variable
  - Appropriateness of mortality as indicator
  - Issues related to risk/case-mix adjusting
  - Other “confounding” conditions
- Conditions sensitive to communication
  - preventive vs. life-threatening
- Language barriers do not always lead to worse outcomes
  - Provider caution
    - Implications for “efficiency”

Are the Indicators Reliable and Valid?

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Implications: What we do know….

- Many risks to patients of language barriers
  - *Communication a pre-requisite to safe care (Schyve, 2007); poor communication leading root cause of sentinel events (The Joint Commission)*
- Also organizational and professional risks
- However, common provider misconceptions
  - *As long as patient speaks some English….*
  - *Anyone can interpret…..*
- Standards/ethics for interpreting
- How to test for language proficiency
- Preliminary evidence on acceptable, non-acceptable responses

Three responses to addressing language barriers

- Increasing proportion of 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.)

✗ Translation Software

Minor errors can result in major mis-communication

Google translate:
"Attention: Manholes on high"
OR
"Manholes on students"

What we don’t know

- Best *models* for addressing language barriers
  - creativity in addressing context while maintaining standards
  - Is anything better than nothing?
- Important gaps in research remain
  - Comprehensive economic evaluation
  - Understanding pathways to diverse results
  - Data specific to official language minorities
- Best strategies for motivating change (the knowledge to action challenge)

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PROMOTING ACTION ON EQUITY ISSUES:

A KNOWLEDGE-TO-ACTION HANDBOOK

Challenges

- Supporting appropriate research
  - Definition of “language”, data collection issues
  - “*Opening up the black box*” of outcome research
  - Need for collaborative research approaches
    - Ensuring appropriate design, interpretation
- Strategies to promote evidence-informed system action, address barriers
  - Low overall awareness of risks
  - Language as a “soft” (optional) issue
  - “Who is at risk”; attitudes to provision of FLS
  - Reliance on individual practitioners vs. system change

Discussion?

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Bowen S, Botting I, Roy J. *Guide d'application des connaissances: La résolution des problèmes d'équité, 2015.* http://santefrancais.ca/wp-content/uploads/Bowen-et-al_FR.pdf

Bowen S. Impact des barrières linguistiques sure la sécurité des patients et la qualité des soins, 2015. http://santefrancais.ca/wp-content/uploads/SSF-Bowen-S.---tude-Barri--res-linguistiques.pdf