

Overcoming language barriers to improve the quality of primary care for migrants

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According to the 2011 Canadian census, one fifth of the population (nearly 6.63 million people) speaks a language other than French or English at home.¹ For approximately 30% of these individuals this is not in combination with either official language.¹ As global migration continues to increase, Canada's healthcare system faces new challenges in providing quality care to the growing number of people with limited language proficiency (LLP) in English or French. As with other social determinants of health, limited language skills are directly associated with healthcare inequities, principally in quality and access.²⁻⁴ This likely contributes towards migrants' declining health status following their arrival to Canada.⁵ The provision of professional interpreters (PIs) during medical encounters has been shown to improve the quality of care and health outcomes of LLP patients.²⁻⁴ Despite the growing number of LLP patients and evidence of the costs of care inequities, PIs are rarely engaged in primary care settings (personal communication—Elizabeth Abraham*).

The following paper will address the importance of and barriers to effective communication in the primary healthcare setting, the impact of language barriers on care delivery, as well as a proposed solution to overcoming such barriers.

The importance of effective patient-provider communication, especially in primary care

The delivery of high quality, patient-centered healthcare is largely dependent on effective communication.^{2,4,6} It facilitates freedom of expression as well as mutual and informed decision making, all of which are essential for good health results and for establishing a trusting patient-physician partnership.^{6,7}

The vital role of primary care in keeping populations healthy makes effective communication in primary care particularly important.^{4,8} Yet, primary care is less likely than secondary

care facilities to provide language support.*⁹ Because of their lower access to preventive services, vulnerable populations, such as LLP immigrants and refugees, have higher emergency department utilization rates and poorer management of chronic illnesses.²⁻⁴

Barriers to language access

A number of barriers to language access have been identified. Perceived costs and budget constraints have resulted in limited allocation of resources towards the integration of language services into many health systems.^{2,9} However, a lack of care-provider training in health equity, cultural responsiveness, and the proper use of PIs is also a deterrent to best practices for serving diverse populations.^{4,7,9} For these reasons, significant underuse of PIs is apparent even in situations where they are available.⁶ In one Montreal study, PIs were engaged in only 39% of LLP patient encounters where language support was appropriate.⁷ Instead, physicians have reported relying on ad hoc interpreters (e.g., family members) or their own limited language skills.^{6,7,9}

The consequences of language barriers in healthcare

In addition to the high medical error rate associated with using ad hoc interpreters, there are other concerns, such as breaches of confidentiality and inverted power dynamics among family members.^{2,3,6,9} The burden of miscommunication has even led some physicians to stop providing LLP care.⁹

The short- and long-term benefits of language service integration far outweigh the costs ($\leq 1.5\%$ of healthcare spending).² Unnecessary tests and procedures, longer emergency department stays, inefficient use of staff time, and liability costs for adverse events and negative patient outcomes are all to be considered when weighing ►

the risks of not providing such services.^{2,4} Failure to provide language-appropriate oral and written procedural information also makes deficient consent more common among LLP patients.^{2,4,9}

Over-the-phone interpretation: a new generation of language access

In primary care, where in-person intervention is less practical, over-the-phone interpretation (OPI) might provide a feasible solution to overcoming communication barriers. While there is no published systematic research in this area, anecdotal evidence suggests that OPI provides fast, convenient, and affordable access to trained PIs in many languages*, and can improve LLP patient-physician communication and satisfaction.¹⁰ Using the speaker setting on standard examination room telephones, remote interpreters can be engaged at any time to mediate conversations between patients and care providers in the patient's preferred language. In jurisdictions that have adopted this service, OPI has contributed towards improved efficiency, quality of care, and reduction of overall healthcare costs.

Communication barriers (including low health literacy) are "the most frequent cause of serious adverse events" in medical settings (4, p.16). In a culturally and linguistically diverse population, it is imperative that we explore solutions to overcoming these barriers. However, promoting awareness of this issue is integral to encouraging these efforts towards a more equitable and sustainable health system. ■

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Emily Parkinson is a first-year Masters of Family Medicine student at McGill University in Montreal. Her research focuses on reducing language-based disparities in primary care as a means of creating a more equitable and sustainable health system. She will be piloting over-the-phone interpretation services at Montreal primary care clinics to test their feasibility for overcoming language barriers in this context. This will be the first trial and evaluation of these services in Montreal outpatient settings.