



Calgary Regional Health Authority

**No Trivial Matter:
The Challenge to Create
Effective Communication Services for
CRHA Staff working with
Limited English Proficient (LEP)
Clients & Patients**
*Perceptions from the CRHA 'front line'
& the Region's Response*

May, 1999

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Background: What is the Problem?

All Alberta Health Regional services support the health of a population which includes many people who are either hard of hearing or whose first language is not English. This is particularly true in Calgary, which has welcomed over 93,000 newcomers since 1994 and which continues to experience population growth of around 3% annually. The last Canadian Census (1996, Statistics Canada) shows that about 21% of the population is a first generation immigrant, over one in ten (10%) of Calgarians speak a language other than English at home, and about 2% speak no English at all. These demographics place a major strain on the predominantly mono-lingual English-speaking Regional staff attempting to serve these clients.

Recognizing this, in July, 1998, the CRHA Managing Diversity Committee sponsored a cross-service survey of 2,000 CRHA care and service providers. The purpose of the survey was to involve 'front-line' staff in assessing the staff perceptions of the need for interpretation services to be able to provide appropriate and effective CRHA health care services region-wide. Since the only previous data had been anecdotal reports which surfaced from time to time, the Managing Diversity Committee needed a better understanding of the scope of the language needs of CRHA health practitioners prior to recommending any particular strategy to address this issue. Further, given the fiscal constraints and the complexity of the Region, any particular service for language support would need to demonstrate that it was effective and would actually meet the needs of staff for language support.

The July 1998 Needs Assessment

What Were the Objectives of the Needs Assessment?

The six broad objectives of the Needs Assessment were to:

- Obtain information about CRHA Staff perceptions of the language needs of their clients, including identification of the most frequent languages seen by staff and the distribution of these clients/patients across the Region;

- Identify the languages spoken by staff and their fluency in these languages;
- Identify the frequency that staff see non or limited-English speakers;
- Identify how staff actually did communicate with these clients/patients;
- Identify the concerns and issues staff have with current practices relating to non-English speakers;
- Identify and better understand the expectations that staff have of healthcare interpreters

What were the Specific Research Objectives?

The following baseline measures of staff perceptions of the research objectives relating to language and communication issues were included in this study:

- Staff awareness of client/patient languages and the frequency of interaction with Limited-English Proficient (LEP) speakers, including deaf patients/clients;
- Awareness and frequency of use of the alternate strategies employed in communication with these clients/patients;
- Awareness of the ethical and liability issues relating to the use and role of an interpreter;
- Willingness to attend an inservice on how to access and effectively use an interpreter

What was the Research Methodology?

A four page survey questionnaire was distributed to front-line staff in the three operating divisions of the CRHA in July of 1998. Each survey form included a covering letter from the Chief Operating Officers of the three operating divisions requesting staff participation. A total of 2005 survey forms were distributed as follows: 76 survey forms were distributed to Population Health; 925 forms were distributed to the four Acute Care sites using the Site Management lists; and 950 survey forms were distributed to Community Health Resources (CHR). The CHR forms were distributed as follows: 513 were sent to Promotion & Prevention Services, 300 to Community Care & Support, and 191 were distributed among two Supported Living Services contracted nursing homes – CareWest, and Bethany Care Centres across the Region.

Respondents were asked to fill in the survey form and use the Regional courier service to return the completed forms to the Interpretive Services Project Co-ordinator. Respondents were also asked about their occupational category, division and geographic area served. The survey did not ask for the respondent's name, making the completed forms anonymous, because of a concern about confidentiality.

Two sections (C and D), asked staff to respond to a given statement on a Likert agreement scale. In the scale, a "1" indicated "Strong Agreement", a "2" indicated "Agreement"; a "3" represented neither agree nor disagree, a "4" indicated "Disagreement", and a "5" indicated "Strong Disagreement". In questions which required a response based on personal experience with non-English speaking clients/patients, a "does not apply" checkbox was provided. The complete survey form appears at the end of this document.

Survey Findings

- 840 survey forms were returned completed of 2005 sent out, making for a 42% response rate. The survey's reliability with these numbers in the CRHA is plus or minus 2%, 19 times out of 20.
- Almost 2/3 of respondents from PLC (63 of 99) report difficulty with a non-English speaking patient/client either every day or once a week. The second-highest frequency is in PPS, where 95 respondents report either once a day or once a week difficulty with NES clients.

Recommendations

- The Needs Assessment clearly shows that Regional staff see the availability of trained interpreters as a significant support to overcoming a difficult, not to mention potentially dangerous, barrier in providing quality health care to non-English speaking clients in Calgary.
- Most staff are concerned about the use of minors and family members as the standard means of communicating with non-English speakers, and are very concerned about the use of paging for “anyone” to come to interpret in Calgary’s acute care centres.
- In written comments, Regional staff recognized that family members often spoke on behalf of the client/patient, rather than simply interpreting what was said in both directions. There were also comments about the lack of confidentiality in this situation, which may restrict the flow of information from the client/patient to the care provider.
- About half of staff do not believe they have a valid informed consent if their client/patient does not speak English and they are not working with a trained interpreter.
- About two-thirds of staff are uncertain if they have an accurate medical history, or have recommended the appropriate diagnostic examinations, if their client/patient does not speak English and they are not working with a trained interpreter .
- Regional staff have clear ideas about what the role of the interpreter should be:
 - Staff want an interpreter that would use standard protocols for interpreting exactly what they and their client/patients are saying, without speaking for them or censoring the meaning of what is intended.
 - Interpreters should also be sensitive to the cultural issues that may be part of the client/patient’s understanding of their illness, and raise these matters at appropriate times in the interpretation.
 - Furthermore, interpreters need to understand healthcare terminology in both English and their second language.

- Staff recognise the interpreter is often the only person who understands the patient/client and would like the interpreter to be able to advocate for the patient/client, so they are successful in negotiating the healthcare system. Unfortunately, in the current situation with no standard protocols or ethics, and where there is no consistency between interpreting interactions, it may be some time before interpreters have enough trust from healthcare professionals, or from the patients/clients, to take on this extra role in a regular way.
- However, staff are highly motivated to work with the smallest of aids. In one of the last questions on the survey, staff overwhelmingly said they would attend an inservice on accessing and effectively using an interpreter.

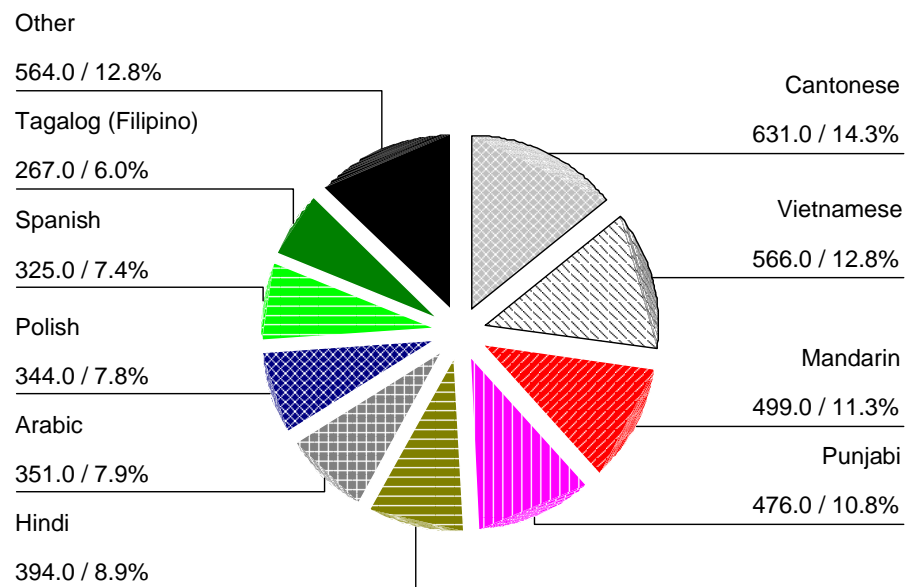
Studying the current costs to the health system related to not having interpreters will become one of the strategies of the Managing Diversity Committee.

The Managing Diversity Committee's Five Strategies

The 5 strategies the Managing Diversity Committee proposes to begin to address this difficult question for staff and their clients is being presented in an accompanying document. Each of these strategies will begin the process of developing a co-ordinated, evaluated business-case model to address this issue and allow comparisons between the approaches. Given the lack of resources, the Managing Diversity Committee is suggesting that any strategy be a targeted implementation to effectively meet a small but strategic part of the larger overall problem that staff face.

- The highest rate of interaction with deaf clients/patients is at the Rockyview, with Foothills hospital and the Alberta Children's Hospital next. This is followed by CCS and PPS.

What Languages Do CRHA Clients Speak?



Summary of All Languages CRHA Staff Report Seeing

- "Other" languages include German, Italian, French, Aboriginal languages, and thirty additional languages.
- In all, 43 languages were reported, representing languages from around the world.

How CRHA Staff Communicate with Non-English Speaking Clients/Patients: Ranking the Approaches from Frequently (1) to Never (4)

Staff were asked to rate the approaches - and/or add others and rate them as follows:

"**Frequently**" = 1; "**Occasionally**" = 2; "**Rarely**" = 3; and "**Never**" = 4. A "**Don't Know**" category was assigned a 5.

- The most frequent approach used by staff is the use of **simplified English**, followed by the use of **family members as interpreters**, use of **gestures** and the use of **minor children as interpreters**.
- The least frequent is the use of professional interpreters or trained interpreters from the Calgary Immigrant Aid Language Bank, due to lack of timeliness and/or resources to pay for these.

Languages Reportedly Spoken by CRHA Staff (at the Fluency Level of a Healthcare Interpreter) by CRHA Site / Programme

		Languages Reported Spoken by Staff (at the fluency level of a health interpreter)																				Total			
		Blackfoot	Cantonese	Cree	Croat	Danish	Dutch	French	German	Gujarati	Hindi	Italian	Japanese	Kachi	Norwegian	Polish	Portuguese	Punjabi	Spanish	Swahili	Swedish	Tagalog	Ukrainian	Vietnamese	
CRHA Sites	FMC							3	3		1					1							1		9
	ACH	1	1				1												1			1			5
	PLC		1					1	1	2		1										9			15
	RGH		2					1	2	1								1				2			9
	PPS			1		1	1	2	3	4				1	1		1				1			1	18
	CCS		1					6		1			1					1							10
	Audiology/SLP				1																				1
	Environmental Health							1		1				1				1		1					5
	Pop Health - Other	1							1																2
Total		1	5	1	1	1	2	14	9	9	1	1	1	1	1	1	1	3	1	1	1	12	1	1	74

- Of the 74 respondents who indicated they spoke at the fluency level of a health care interpreter, the most frequent staff language is French (14), followed by Filipino (Tagalog) (12), German and Gujarati (9), and Cantonese (5), Punjabi (3), and 16 other languages spoken by one individual.
- Cantonese, the most frequent client language, is spoken fluently by only 5 respondents, only one of whom is at PLC.
- Vietnamese, the second most frequent client language, is spoken by only 1 respondent.
- Punjabi, the 4th most frequent client language, is spoken by 3 respondents.
- Hindi, the 5th most frequent language is spoken fluently by only 1 respondent.
- There are no fluent Arabic speakers, the 6th most frequent client language, among respondents.
- There are 9 respondents who are fluent Tagalog (Filipino) speakers at PLC