

Language Interpretation Services in Health Care Settings in the GTA

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Wellesley Institute works in research and policy to improve health and health equity in the GTA through action on the social determinants of health.

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Report

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Today, the meeting place of Toronto is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory.

Revised by the Elders Circle (Council of Aboriginal Initiatives) on November 6, 2014

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TABLE OF CONTENTS

Introduction	1
The Role of Professional Interpretation in Health Care	2
Interpretation Services in Canada and Ontario	2
Interpretation Services in the GTA.....	4
Language Services Toronto Program	4
William Osler Health System Interpretation Services, Brampton/Etobicoke	5
Centre for Addiction & Mental Health Interpretation Services, Toronto	5
Hospital for Sick Children Interpretation Services, Toronto	6
Key Components of Strong Language Interpretation Programs	6
Training and Education for Clinical Staff.....	7
Qualified Professional Interpreters	7
Flexibility of Model	8
Supporting a ‘Cultural Shift’ Towards Interpretation	9
Monitoring and Evaluation	10
Conclusions & Implications.....	11
List of Key Informants.....	13
Endnotes	13

Introduction

Clear communication is critical for the provision of safe, appropriate, and high-quality health care. With the growing linguistic diversity in the Greater Toronto Area (GTA) more patients may prefer speaking another language with their health care provider than ever before, but access to language supports is limited. Without adequate support, navigating the health care system with language barriers can be difficult, frustrating, and potentially detrimental to the quality of care.

Language interpretation services are an effective way of addressing language barriers in clinical settings.¹ Interpretation allows for clear communication between patients and providers, ensuring patients are better informed about the risks and benefits of their care options and improving the quality of care.^{2,3} Improving the accessibility and quality of interpretation services is an important step towards building a responsive and patient-centred health care system. Interpretation is especially critical in the GTA. Within the GTA, approximately 1 in 25 people have no knowledge of French or English; in Toronto, this figure is even higher.⁴ In addition, people who are generally comfortable speaking official languages in their day-to-day life may need to use their primary language in some circumstances, such as in an emergency or when discussing highly technical information.⁵ Yet despite its critical importance, interpretation services are not widely available across health care organizations in the GTA.⁶

There has been substantial research on the disparities in health care access and outcomes faced by patients with language barriers. A recent scoping review by the Wellesley Institute synthesizes evidence on the role that language interpretation can play in mitigating this disparity.⁵ However, there has been little exploration about the development and implementation of language interpretation programs and few evaluations of such programs, particularly in the Canadian context.

Currently in the GTA there are several established interpretation programs serving diverse patient communities. We conducted an environmental scan of local health care organizations to understand the challenges and successes that they have experienced in designing and implementing language interpretation programs. We consulted with key informants at four major health care organizations in the region, asking them to share their insights on language interpretation in the GTA and share their approach to ensuring service quality, effectiveness, and accessibility in health care. These organizations were chosen because they offer interpretation services and serve linguistically diverse patient populations. They were also chosen to highlight a range of distinct clinic contexts, such as pediatric care or mental health and addictions care, where interpretation needs may differ. While the organizations are based locally, their insights offer learnings that are broadly applicable across jurisdictions. This report synthesizes the experiences of leading organizations, highlighting

promising approaches for building accessible, effective, high-quality language interpretation programs.

The Role of Professional Interpretation in Health Care

There is a growing body of evidence demonstrating that patients who speak non-official languages face substantial challenges in accessing timely, safe, and appropriate health care.⁷ Wellesley Institute's recent work on this issue has demonstrated how improving communication through interpretation services can strengthen health care quality and support patient autonomy. A recent scoping review of peer-reviewed evidence from the Wellesley Institute found that the use of professional interpretation services was associated with an increased uptake of preventive care, reduced re-admission rates, and fewer clinically significant errors when compared to the use of untrained interpreters or no interpreters. A rights-based analysis⁸ of the issue demonstrated that interpreters must be accurate and unbiased in order to facilitate informed consent in health care settings, highlighting the legal and ethical risks in using untrained interpreters.

Interpretation Services in Canada and Ontario

Across Canada, interpretation services are delivered by provincial agencies, regional health authorities, and individual health care organizations. While many health care organizations deliver American Sign Language (ASL) and French language services, as mandated by law^{9,10} interpretation services for other languages are sparsely available, especially outside of major urban centres. Many existing programs use a combination of telephone and in-person interpretation, with telephone interpretation services offering a larger range of languages. Drawing from a scan of available interpretation services across Canada and consultations with key informants, here we describe the service landscape in Ontario and Canada.

There is significant variability in the way that interpretation services are delivered across Canadian jurisdictions, reflecting diverse language needs and distinct jurisdictional divisions. British Columbia and Alberta each have a single centrally-coordinated interpretation system, offering telephone interpretation services to all public health care organizations under their jurisdiction.^{11,12} In the case of British Columbia, face-to-face interpreters are available in some areas as well. Services may also be delivered at a local or regional level. For example, Saskatoon Health Region in Saskatchewan also coordinates the provision of language interpretation services for health care services in the region.¹³ Winnipeg's Regional Health Authority offers a centrally-coordinated system for telephone and face-to-face interpreters, and uniquely offers services in private clinics.¹⁴ Across these three jurisdictions, the services offered are free to patients and costs are absorbed by

provincial or regional health authorities or local health care organizations.^{11,12,13} In other provinces and health regions, individual hospitals and health care organizations may opt to provide services for patients, but a scan of available services revealed that overall there is limited coordination or centralization of interpretation services.

In Ontario, there is no provincially coordinated interpretation service. However, individual organizations and health authorities have dedicated resources towards implementing language interpretation services and improving access for patients. Many organizations that offer free interpretation services to patients absorb the costs at their own expense. In the GTA, the Healthcare Interpretation Network (HIN) was originally established over 20 years ago as a non-profit partnership by several GTA hospitals and health care centres. HIN's primary goal was to standardize delivery of interpretation services through professionalizing interpretation. It also provided a forum for patients with limited English proficiency to discuss ways to improve access to services, exchange best practices for health care interpretation, and to develop standardized curriculum for medical interpreter training.¹⁵ In 2007, HIN led the development of national standards for community interpreting services that outline requirements for providing high quality interpretation. This included standards of practice for interpreters such as accuracy and fidelity, confidentiality, and impartiality.¹⁶ The national standards also include information on the responsibilities of interpreters, interpretation service providers, and the organizations who are hiring interpreters from external agencies. In 2017, HIN became part of the Ontario Council for Community Interpreting leading the Healthcare Division.

Ontario's health care system is increasingly recognizing health equity as a goal and guiding principle of service delivery.¹⁷ In Ontario, 14 Local Health Integration Networks [LHINs] are responsible for planning and delivering health services, including hospitals and community care, at the regional level.¹⁸ Many LHINs in the GTA have identified language interpretation as part of their health equity strategies to improve access to care for vulnerable populations. Health Quality Ontario (HQO), which plays an important role in monitoring the quality of the health care system across the province and setting standards for high quality care, is currently developing indicators for health equity.¹⁹ However, despite growing interest, there is limited local research on the need for language interpretation in the provision of quality services. This poses a challenge for regional population level health planning and quality improvement. Moving forward, there may be opportunities for improved monitoring on language needs in the health care system and developing meaningful targets for the provision of interpretation services. Nonetheless there are a diverse range of programs and initiatives undertaken by LHINs and individual health care organizations.

Interpretation Services in the GTA

To better understand how health care organizations in the GTA are tackling the challenge of language interpretation, we conducted interviews with program coordinators and organizational leaders from four major health care organizations in the region: Language Services Toronto (led by Toronto Central LHIN); the Centre for Addiction & Mental Health [CAMH], the Hospital for Sick Children (SickKids), and William Osler Health System. These organizations were chosen as case studies for several reasons. First, all four interpretation services operate at a broad scale, serving large patient populations from different regions across the GTA. Second, they serve patients with diverse health needs such as pediatric care and psychiatric care; this is important given that distinct clinical contexts may require specific approaches to interpretation.⁵ Key informants were first asked to describe their services and discuss the origins of the services, described below. Key informants were later asked to reflect on the successes and challenges that they have experienced in developing and implementing the services; these insights are described in the subsequent section.

Language Services Toronto Program

In October 2012, the Toronto Central LHIN began piloting an over the phone interpretation service in hospitals and some community-based agencies. The Toronto Central LHIN's Language Services Toronto program is funded by the LHIN and administered through the University Health Network (UHN). The program uses a bulk purchasing model so that health care organizations can get discounted rates for telephone interpretation. Hospitals and private clinics must pay per use of the service, but a selected group of community-based agencies have their costs reimbursed by the LHIN.²⁰ Interpretation services are contracted through Access Alliance's Remote Interpretation Ontario (RIO) Network²¹. Access Alliance is a community health centre in Toronto that offers a comprehensive range of health and settlement services. The organization also offers language interpretation services to public and private organizations which includes their RIO Network. Through the program over 150 languages are available and accessible 24 hours a day. Language Services Toronto [LST] has been well received by participating organizations and service providers and is currently being used by many major hospitals and community-based organizations within and outside the GTA.¹⁸

In addition to enrolling in LST, some hospitals in the GTA offer in-person interpretation services for commonly used languages. Below, we describe the programs available at three major hospitals in the GTA serving linguistically diverse patient populations.

William Osler Health System Interpretation Services, Brampton/ Etobicoke

William Osler Health System is located in the Central West LHIN. It includes a hospital and an integrated wellness centre in Brampton and a hospital in Etobicoke. The patient population includes a large number of people who speak non-official languages including Punjabi, Gujarati, Spanish and Urdu. Interpretation services are offered to patients by telephone or face-to-face. Telephone interpretation services are available through the LST program, and face-to-face interpreters are contracted through third-party providers. William Osler Health System is one of the few hospitals outside of Toronto that is a part of the LST program.

William Osler Health System's Health Equity and Inclusion Office coordinates interpretation services for health care providers at the hospital. When a patient is registered at the hospital they are asked about their primary language and whether an interpreter is needed. A patient's preferred language is printed on the patient's ID bracelet and added to the medical chart. Staff can book in-person interpreters in advance of an appointment or use telephone interpretation for urgent situations. The office recommends in-person interpretation for appointments over 40 minutes and telephone interpretation for appointments under 40 minutes. However, depending on the clinical situation, the health care provider can determine the most appropriate option. The Health Equity and Inclusion team holds orientation sessions with staff to make them aware of the interpretation services offered. Regular refresher trainings are also held to promote the use of services among different clinical departments and learn about best practices when working with interpreters. There is also a staff interpreter database available internally of staff who speak different languages and are comfortable and capable of conducting clinical interviews in urgent cases when an interpreter is not available. However, providers are encouraged to use language interpretation services when possible.

Centre for Addiction & Mental Health Interpretation Services, Toronto

Interpretation Services at CAMH began over a decade ago. CAMH provides mental health services, a unique context for the provision of interpretation. For mental health care, in-person interpretation is very important and telephone interpretation is rarely used for clinical encounters. A pool of approximately 55 qualified contract interpreters who are skilled in interpreting for mental health care are available to CAMH providers. The interpreters receive ongoing professional development and training. When contracted interpreters are not available interpretation services at CAMH uses professional interpreters from community based organizations.

When a patient is registered at CAMH they are asked about their preferred language for communication and whether an interpreter is needed. An interpreter can be requested by the patient or health care provider. However, requests for interpretation services are sent online by CAMH staff only and can be booked in advance or the same day if needed. All clinical staff receive a card with information and tips on using interpretation services. Staff orientation and online training modules have also been developed for staff on guidelines and best practices for clinical encounters with interpreters.

Hospital for Sick Children Interpretation Services, Toronto

The Interpreter Services Department at SickKids provides on-site interpretation services for health care providers and patients/families with limited English proficiency while receiving care at the hospital. The department is comprised of 10 staff interpreters that cover the following languages: Arabic, ASL, Cantonese, French, Hindi, Italian, Mandarin, Portuguese, Punjabi, Spanish, and Urdu. For other languages, over-the-phone interpretation services are offered to ambulatory and in-patient areas through LST. In addition, the hospital offers a number of health materials for providers to share with patients, such as resource guides and information on different diagnoses, translated in up to 9 languages.

The hospital focuses on acute care pediatric patient populations which presents unique challenges and vulnerabilities around interpretation. Interpreting encounters often involve medical interpretation between a health care provider, a young patient, and the parent/caregiver. Even if a child or sibling speaks English, providers are mindful that asking them to act as the interpreter increases the risk of misinterpreted or omitted information and poses an emotional burden.

When patient care coordinators schedule appointments or register patients, they can select the patient's preferred spoken language and request an interpreter on the scheduling system. Clinic staff and providers can also request interpreters by email. The benefits of having staff interpreters is that they are familiar with hospital processes and procedures and develop a rapport with the various clinical programs that can streamline the process. Upon orientation, clinical staff are given a card on their ID badge with information and tips on how to access and work effectively with the Interpreter Services Department, including over-the-phone interpretation services. Online training modules are also available to inform staff about effectively using interpreter services, particularly in pediatric settings.

Key Components of Strong Language Interpretation Programs

After describing their services, key informants were asked to reflect on the key components that make these services successful as well as the barriers they have faced. Although these

programs operate in different contexts serving distinct patient communities, they share many commonalities in their approach and have experienced similar challenges and successes. Their responses offer insights for other organizations who are designing or implementing interpretation programs, highlighting common challenges as well as innovative practices.

Training and Education for Clinical Staff

Key informants noted that, at the outset, the introduction of interpretation services was met with some resistance and hesitation from health care providers and hospital staff. In part, this was because providers worried about how much time interpretation would take and were often unsure about what to expect from an interpreted clinical encounter. Each of the organizations worked to develop buy-in from providers and staff by raising awareness about the service, distributing information on how to access the service, and training staff on how to effectively work with interpreters.

To do so, service coordinators utilized multiple avenues including staff orientations, regular training sessions, and online tutorials. These training opportunities helped providers and staff understand why, how, and when to use the service. For example, SickKids offers an online training module on working effectively with interpreters, in addition to in-person training sessions on culturally competent care. These sessions help staff feel more comfortable and confident in using interpreters, alleviating some of their concerns and encouraging uptake.

In addition, information on how to access the service must be readily available and easy to use. For example, both SickKids and William Osler distribute a brief ‘decision tree’ to help clinicians quickly choose what mode of interpretation to use in a clinical encounter. Similarly, CAMH and SickKids include a small guide to using interpreter services on all staff ID badges. These approaches help make the process of requesting an interpreter faster and easier for staff.

Key informants reflected on the important role that service coordinators play in facilitating appropriate use of interpretation services. Service coordinators can interact directly with staff and providers to answer questions and support clinical staff as they learn how to work with interpreters and how to navigate the service. For example, service coordinators at William Osler conduct regular “quality huddles” with clinical staff, helping to address any concerns and simultaneously raising the visibility of the service.

Qualified Professional Interpreters

Medical interpretation requires more than language fluency. Interpreters require a set of specific and highly technical skills: in-depth knowledge of medical terminology, an ability to clearly communicate complex and nuanced information, an understanding of how to work

with patients and providers, and an understanding of health care organizations' systems and processes. Successful interpretation services must recognize the complexity of language interpretation processes and take steps to ensure that their interpreters are adequately prepared for their role.

Our key informants agreed that hiring trained interpreters with clear credentials is an important part of designing a strong program. Establishing stringent certification requirements for interpreters can be a challenge, in part because there is not yet a Canadian regulatory body for medical interpreters. The Association of Translators and Interpreters of Ontario (ATIO) administers certifications for medical interpretation based on a certifying exam and a requisite number of hours of experience. However, these certifications are not yet widespread. Instead, some hospitals have their own internal criteria; for example, CAMH requires completion of a standardized exam and at least 2 years of experience. While implementing these requirements led to a reduction in the number of interpreters working at CAMH, as many did not meet the criteria, it also undoubtedly strengthened the quality of the interpretation program.

Beyond the hiring processes, our key informants discussed the importance of providing interpreters with ongoing professional development training opportunities to help them build skills and improve their capacity to navigate the hospital setting. For example, SickKids has offered workshops on working in health care settings with support from Access Alliance, and CAMH provides ongoing professional development sessions for all interpreters. These sessions may cover specific skills such as strengthening medical terminology or communicating with families in distinct care settings. They may also be part of broader staff training around occupational safety, patient confidentiality, or ethics. These considerations demonstrate that the most successful programs fully integrate interpreters as part of the hospital staff team. As skilled professionals, interpreters have the same obligations to patients as other hospital staff and this require investment in training and professional development.

Flexibility of Model

Each of the health care organizations profiled above use a combination of in-person interpreters (either contracted or staff) and over-the-phone services. Different modes of interpretation are appropriate for different types of encounters. In-person is generally preferred for longer or complex encounters, because the conversation can capture more nuance and it is easier for patients and providers to feel comfortable. Over-the-phone interpretation can be a suitable substitute in urgent situations where a prompt response is needed and tend to be less resource-intensive. All four health care organizations aim to offer in-person interpretation for the most common languages spoken among their patients and use over-the-phone services to fill in service gaps and provide faster access.

This combined model helps the service respond to both emergency situations and regular clinical encounters, making it easier to use and ensuring equitable access for all patients. At all three sites there are processes for pre-booking interpreters in advance as well as having on-demand access by phone. Having a centralized process for accessing interpretation services with different access points such as by phone, email, or through internal scheduling systems allows interpretation services to integrate into the clinical workflow and aids with monitoring usage.

A flexible model also helps service coordinators balance resource efficiency with broad coverage. Key informants noted that in the GTA, there is a high degree of linguistic diversity that can pose a major challenge for delivering services equitably. The language patterns of a geographic area can shift over time, notwithstanding the fact that there are a limited number of trained interpreters for rare languages. Over-the-phone services can complement in-person services by offering a broader range of languages, ensuring that health care organizations can respond to dynamic language needs.

As new technologies become available, the nature of interpretation services may change. For example, CAMH is exploring the possibility of remote video interpretation, which may be able to offer the time- and resource-efficiency of over-the-phone services while still capturing the complexity of in-person conversations.

Supporting a ‘Cultural Shift’ Towards Interpretation

Key informants agreed that one of the biggest challenges to establishing a strong interpretation program is fostering a ‘cultural shift’ among hospital staff. Ensuring that the program is accessible and providing staff training are undoubtedly important steps, but ultimately, increasing program uptake requires a high degree of support from staff. A second related challenge is that interpretation services do require a high level of financial investment. To achieve this, it is important that the program is championed by senior leadership and recognized as an organizational priority.

One important element of the ‘cultural shift’ towards interpretation is that senior leadership are visibly supportive of the program and integrate it across the care setting. For example, at William Osler the senior leadership of the organization provided the initial push for developing an interpretation program as part of their approach to health equity. Front-line workers such as resource nurses were important champions on-the-ground, encouraging staff to use the service. The demonstrated support from leaders helped make it more acceptable to clinical staff. Senior leadership also allocated adequate resources for administrative support, dedicated staff, and equipment, ensuring that the service remains sustainable over time and giving it more prominence as part of the hospital’s overall services.

We also heard about the importance of ensuring that staff understand the benefits of the service, particularly as it relates to patient outcomes. SickKids' interpretation team made a concerted effort to educate staff through regular training on the links between interpretation services and reduced readmissions, improved compliance to treatment, and shorter length of stay. These links also underscore the potential health system cost-savings that could be realized by investing in such programs. The team also emphasized the importance of interpretation services for minimizing risk around informed consent. These efforts can help generate interest in the program and facilitate buy-in from hospital staff.

Monitoring and Evaluation

Strong monitoring and evaluation is essential for ensuring the quality and accessibility of interpretation programs. Key informants agreed that collecting data on the patient population and analyzing service use is necessary for ensuring programs are responsive to patient needs. Taken together, this data can highlight gaps in service and help program coordinators tailor their strategies.

The growing diversity of the GTA was part of the impetus for establishing Language Services Toronto, and similarly a shifting patient population was the driver behind many individual language interpretation programs. Key informants noted that the most common languages can change frequently, necessitating changes in service. However, given that census data is only available every five years, hospitals need to include language data in their regular monitoring and reporting to support service planning.

Service use data can be used alongside socio-demographic data to support service planning and delivery. Key informants emphasized the importance of comprehensive data collection such as monitoring the number of encounters, the method of delivery, the most requested languages, and the department or division receiving the request. This is useful not only for monitoring costs and benefits, but also for identifying where targeted outreach and support might be necessary. For example, the interpretation program at SickKids monitors how often each department or clinic is using the service. If specific departments or clinics are using the service infrequently, the program coordinators can target them for outreach and staff training. Having a centralized intake and booking system simplifies the data collection process and makes it easier to monitor usage.

At a systems level, collecting comparable data within and across LHINs remains a challenge. Each LHIN is at varying stages of implementing socio-demographic data collection, and data collection tools are not standardized across the province. For example, Toronto Central LHIN includes a question on language (“what language would you feel most comfortable speaking with your health care provider?”) as an optional addition to its core socio-demographic patient questionnaire for all hospitals. However, Health Quality Ontario (HQO), the agency

which monitors and evaluates care across the province, does not currently mandate such questions for all LHINs. This leaves significant data gaps that can be a barrier for service planning. Key informants also suggested that simply asking about patients' language preferences is not always sufficient; there also needs to be efforts to evaluate their experience communicating with their health care provider to understand whether interpretation services were accessible and effective, or what alternatives are being utilized. Strengthening data collection at the systems level can improve service planning and ensure accountability for health care organizations and LHINs more broadly.

Conclusions & Implications

As Ontario grows increasingly linguistically diverse, health care organizations will need to respond to the changing demographics of their patient populations. In 2016 more than 25 percent of Ontarians and 40 percent of Torontonians reported having a mother tongue in a language other than English or French²². Additionally, almost 15 percent of Ontarians and 25 percent of Torontonians speak a non-official language at home²³. Investing in accessible, high-quality language interpretation services is an important way of ensuring that care is truly patient-centered and delivered equitably. The four health care organizations profiled here has made linguistic accessibility an organizational priority. Each has found that interpretation services contribute to the quality of the care they offer, minimizes risks in health care encounters, and improves the well-being of their patients.

There has been limited research exploring the design and implementation of language interpretation programs and identifying key strengths and challenges for these programs. This analysis suggests that high-quality language interpretation services require adequate training and guidance for those using the service, a responsive and flexible program design, a supportive organizational environment with adequate resources, and a system that emphasizes quality and accountability. Clinical staff, service coordinators, organizational leaders, and health system leaders all have a role to play in supporting these services and ensuring they are delivered equitably. While the organizations profiled here operate in the GTA context within Ontario's distinct LHIN structure, the challenges that they have encountered – and the solutions that they have implemented – are likely applicable to other jurisdictions.

Individual organizations, with the support of LHINs, have taken the lead on implementing interpretation services in Ontario. Yet the responsibility for delivering patient-centered care is shared between individual health care organizations and the broader system of LHINs. Resource constraints remain a major challenge in scaling up these services, and services remain concentrated in major hospitals with some services available in community health centres. To support wider-scale service delivery, there is a need for systemic supports including dedicated funding, coordinated data collection, and shared standards and

knowledge exchange. In the future, a more comprehensive language interpretation system available across the province may help facilitate broader access to services across a wide range of health care organizations. In the meantime, the experience of leading organizations in the GTA demonstrates the value of investing in interpretation services and how it can be prioritized as a health care quality goal.

List of Key Informants

We would like to thank our key informants for their valuable input and expertise.

Anita Tancredi – Medical Interpreter, Interpreter Services, Centre for Innovation and Excellence in Child, The Hospital for Sick Children

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Dr. Branka Agic – Manager, Health Equity, Centre for Addiction and Mental Health

Camille Orridge – Senior Fellow, Wellesley Institute and Former CEO, Toronto Central LHIN

Endnotes

- 1 Flores, G. (2005). The impact of medical interpreter services on the quality of health care: a systematic review. *Medical care research and review*, 62(3), 255-299.
- 2 Jacobs, E. A., Lauderdale, D. S., Meltzer, D., Shorey, J. M., Levinson, W., & Thisted, R. A. (2001). Impact of Interpreter Services on Delivery of Health Care to Limited-English proficient Patients. *Journal of general internal medicine*, 16(7), 468-474.
- 3 Hunt, L. M., & de Voogd, K. B. (2007). Are good intentions good enough? Informed consent without trained interpreters. *Journal of general internal medicine*, 22(5), 598.
- 4 Peel Data Centre (2017). 2016 Census: Language Bulletin. Region of Peel. Retrieved October 8 2017 from: <https://www.peelregion.ca/planning-maps/censusbulletins/2016-languages-bulletin.pdf>
- 5 Laher, N., Sultana, A., Aery, A., & Kumar, N. (2018). Access to Language Interpretation Services and its Impact on Clinical and Health Outcomes: A Scoping Review. Wellesley Institute. Retrieved from: <http://www.wellesleyinstitute.com/wp-content/uploads/2018/04/Language-Interpretation-Services-Scoping-Review.pdf>
- 6 O'Campo, P., DeVotta, K., Dowbor, T., & Pedersen, C. (2014). Reducing the Language Accessibility Gap: Language Services Toronto Program Evaluation Report. Centre for Research on Inner City Health. Retrieved 11 Aug 2017 from: http://stmichaelshospitalresearch.ca/wp-content/uploads/2016/12/LST_Program_Evaluation_Report_July31_one-up.pdf
- 7 Hyman, I. (2009). Literature Review: Costs of Not Providing Interpretation in Health Care. Access Alliance Multicultural Health & Community Services. Retrieved 11 Aug 2017 from: http://accessalliance.ca/wp-content/uploads/2015/03/Lit_Review_Cost_of_Not_Providing_Interpretation.pdf
- 8 Aery, A., Kumar, N., Laher, N., & Sultana, A. (2017). Interpreting Consent: A Rights Based Approach to Language Accessibility in Ontario's Health Care System. Wellesley Institute. Retrieved 11 Aug 2017 from: <http://www.wellesleyinstitute.com/wp-content/uploads/2017/04/Interpreting-Consent.pdf>
- 9 French Language Services Act. R.S.O. 1990, c. F.32., Section 2
- 10 Accessibility for Ontarians with Disabilities Act, R.S.O. 2006, c.11.
- 11 Provincial Health Services Authority. (2017). Provincial Language Service. Retrieved 11 Aug 2017 from: <http://www.phsa.ca/our-services/programs-services/provincial-language-service>

- 12 Alberta Health Services. (2017). Information for Health Professionals. Retrieved 11 Aug 2017 from: <http://www.albertahealthservices.ca/info/Page13638.aspx>
- 13 Saskatoon Health Region. (2013) Policy: Interpretation and Translation Services. Retrieved 11 Aug 2017 from: <https://www.saskatoonhealthregion.ca/about/RWPolicies/7311-20-013.pdf>
- 14 Winnipeg Regional Health Authority. (n.d.) Language Access Interpreter Services. Retrieved 11 Aug 2017 from: <http://www.wrha.mb.ca/professionals/language/index.php>
- 15 Ontario Council of Community Interpreters (2017). Healthcare Interpretation Network. Retrieved 11 Aug 2017 from: <http://www.occ.ca/hinredirect>
- 16 Health Care Interpretation Network (2007). National Standard Guide for Community Interpreting Services. Retrieved 31 Aug 2017 from: http://docs.wixstatic.com/ugd/8d6ad0_d427c489a313431b83bf89d4b919edab.pdf
- 17 Health Quality Ontario (2015). Quality Matters: Realizing Excellent Care for All. Retrieved 31 Aug 2017 from: <http://www.hqontario.ca/Portals/0/documents/health-quality/realizing-excellent-care-for-all-en.pdf>
- 18 Government of Ontario (n.d.) Ontario's LHINs. Retrieved 31 Aug 2017 from: <http://www.lhins.on.ca/>
- 19 Health Quality Ontario (2016). Health Quality Ontario's Health Equity Plan. Retrieved 11 Aug 2017 from: http://www.hqontario.ca/Portals/0/documents/health-quality/Health_Equity_Plan_Report_En.pdf
- 20 O'Campo, P., DeVotta, K., Dowbor, T., & Pedersen, C. (2014). Reducing the Language Accessibility Gap: Language Services Toronto Program Evaluation Report. Centre for Research on Inner City Health. Retrieved 11 Aug 2017 from: http://stmichaelshospitalresearch.ca/wp-content/uploads/2016/12/LST_Program_Evaluation_Report_July31_one-up.pdf
- 21 Access Alliance (n.d.) RIO Network. Retrieved from: <http://accessalliance.ca/programs-services/language-services/about-language-services/>
- 22 Statistics Canada. (2016). 2016 Census of Population. (table) "Mother Tongue (10), Age (27) and Sex (3) for the Population of Canada, Provinces and Territories, Census Divisions and Census Subdivisions" Statistics Canada Catalogue no. 98-400-X2016046.
- 23 Statistics Canada. (2016). 2016 Census of Population. (table) "Mother Tongue (8), Knowledge of Official Languages (5), Language Spoken Most Often at Home (8), Other Language(s) Spoken Regularly at Home (9), Age (7) and Sex (3) for the Population Excluding Institutional Residents of Canada, Provinces and Territories, Census Divisions and Census Subdivisions" Statistics Canada Catalogue no. 98-400-X2016052