## Access Programs for Health and Social Services in the English Language

NOVEMBER 6, 2019

Presentation to NPIs

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## Elements that the establishment must present

#### The organizational context

The process for developing the access program:

- An up-to-date portrait of the English-speaking community within the territory for which the establishment provides services;
- A portrait of the needs of the English-speaking community and the consultations carried out to identify the needs;

An inventory of services that are currently accessible in English;

An analysis of gaps with respect to accessibility, continuity and quality of English-language services;

The access mechanisms for English-language services that will be included in the access program;

Implementation and monitoring of the access program.

#### Logic model (Ministry Guide)

#### Access to health and social services in the English language

CONTEXT

Arganizational policy

**INPUTS** 

Regulatory and legislative context

Profile of the English-speaking community (ESC)

Organizational policy and procedures on lingusitic access

Respondent for Access Program

Framework for performance, quality and risk management

Staff

**PROCESSES** 

Staff training / support

Translation

Documentation in health record – preferred language

Outreach and cooperation - CIUSSS, ESC, etc.

Data collection

Evaluation of language skills

OUTPUTS

Bilingual staff

Bilingual positions (designated and filled)

Health record indicating client's preferred language

Trained and informed staff

Navigation mechanisms

**Translated documents** 

Disseminated information / events

Partnership and cooperation agreements

Reports on linguistic access (needs, quality, risks)

OUTCOMES

Linguistic access to health and social services across the continuum of services

Quality and safety of care (satisfaction, complaints, incidents and events) for English speakers **ULTIMATE GOAL** 

Ensure equity in health and well-being for the English-speaking population

## Efforts focused on the objectives of Access Programs

- Establish the health and social services needs and characteristics of the English-speaking community within the territories served
- Identify the health and social services required to meet established needs
- Analyze the gaps that must be filled to attain the objectives of service access, continuity and quality
- Decide which service providers designated establishments or indicated facilities or services are obliged to offer health and social services in the English language
- Define the access mechanisms for services in the English language

# Statistical profiles – English-speaking population

	Total population (first official language spoken (FOLS) English + FOLS French + others)	FOLS - Eng	FOLS - English		FOLS - French	
		No.	%	No.	%	
Across Quebec	7,965,450	1,097,925	13.8	6,795,280	85.3	
CISSS/CIUSSS Region						

#### Socio-demographic profile

- Indicators associated with determinants of health and well-being
  - Single-parent families
  - People living alone
  - Immigration
  - Low income cut-off
  - Income under \$20,000; over \$50,000
  - Education level (low; high)
  - Non-working population
  - Unemployment rate
  - o Other

#### Example of Issues Identified

ACCESS TO SERVICES IN THE ENGLISH LANGUAGE

# Communication with English-speaking users

#### Risks and possible outcomes include:

Delays, or even a lack of care and service delivery

Users agree to receive services in French to ensure continued care, but experience stress because they are unable to communicate effectively with caregivers

Users opt not to seek medical attention, thereby risking negative health consequences

Users decide to use private healthcare providers

Users have the impression that French speakers receive higher quality, more comprehensive services than English speakers

Documentation relevant to the patient's care and treatment is often available only in French



Understanding of how to comply with the regulatory framework of the Charter of the French Language



Dissemination of access program: services available, access mechanisms, resources available



Professional translation of clinical documentation written for users



Development and maintenance of staff language skills: competency required for each position, evaluation of staff skill levels, assessment methods

## Staff training and information

English-speaking users receive little or no assistance in their efforts to obtain services in English

They are not informed of the services provided in English in the XXXX area



Staff must be informed of the importance of linguistic access – quality and safety of care, informed consent, confidentiality, other



Information on internal and external resources available and how to access resources

Interpretation services

Documentation in English

Other

Evaluation, monitoring and improvement of Access Program



Definition of indicators for evaluation, monitoring and continuous improvement



Availability of information on needs, lack of access and the impact of linguistic barriers on the accessibility, continuity and quality of services to the English-speaking population

Mechanisms to be implemented to gather information about language preferences of users and the problems they encounter when trying to access services in the English language

#### Success factors associated with linguistic access



Organizational policies and procedures



Staff



Services provided in the English language



Co-operation among partners and organizational outreach



Organizational support measures (documentation in English, access to interpretation services, translation, training, etc.)



Performance, quality and risk management related to linguistic access