Strategies for improved French language health services: Perspectives from Family Physicians in Northeastern Ontario

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Strengthening rural health through research

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Background

Research availability and use of French-language medical services in Ontario is sparse

- have relied primarily on patient perceptions

- Fédération des Communautés Francophones et Acadienne du Canada (FCFA).

Improving Access to French-Language Health Services; Ottawa, 2001

- 74% of Francophones said they “have either no access at all or rarely access to hospital services in French”

Office of the French Language Services Commissioner, Special Report on French Language Health Services Planning in Ontario; Services, Ottawa, 2009

- “in some regions these are the languages they have but they are tucked away like well-guarded secrets” (p.9)

- 75% of Francophones in Ontario find it important to receive services in French

- only 33% report having spoken to their family physician in French in the last 12 months.
# Background

## Importance of linguistic concordance

<table>
<thead>
<tr>
<th>Discordance</th>
<th>Concordance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less satisfaction&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Greater satisfaction&lt;sup&gt;1,4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Difficulty understanding medical conditions&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Increased sense of well-being&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Difficulty understanding medical use&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Higher medication adherence&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Report receiving less health education during visits&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Higher patient return rates&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

1) Williams, Weinman and Dale (1998); 2) Wilson et al. (2005); 3) Ngo-Metzger et al., (2007); 4) Jacobs E. et al. (2006)
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• Isolated physicians who could conduct their practice in French
• Created ratios with French speaking Ontarians
   Ratios = # physicians per 1000 pop
• Compared ratios based on:
   Geographic location (north vs. south)
   Size of community (rural vs. urban)
   Degree of "Francophonie"
Background

Physicians per 1000 population

<table>
<thead>
<tr>
<th>Ratio</th>
<th>All Physicians</th>
<th>Family Physician</th>
<th>Specialists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ontario</td>
<td>French</td>
<td></td>
</tr>
<tr>
<td>1.9</td>
<td>1.9</td>
<td>0.9</td>
<td>1.0</td>
</tr>
<tr>
<td>7.2</td>
<td></td>
<td>3.4</td>
<td>3.9</td>
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<tr>
<td>0</td>
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<td>1.0</td>
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<td>1.0</td>
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</tbody>
</table>

**Strong French**, **Moderate French**, **Weak/No French**

**Ontario**

**Family Physician**

**Specialists**
Objective:

- The purpose of the current presentation is to identify strategies to improve the quality of service for Francophone patients residing in “strong” French communities in northeastern Ontario.
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Methods

• Target Population:
  - Physicians practicing in Ontario’s French communities
  - French speaking physicians
  - English speaking physicians

• Sampling strategy:
  - Purposive sampling
    - Primary practice located in a French community
    - French speaking & English speaking
    - All Canadian trained (i.e. no IMG)
    - In practice for longer than 5 years and less than 30 years
  - Snowball sampling


Produced by JE Sherman, 05 November 2012 using ESRI ArcMap 9.3 (2008), Environmental Systems Resource Institute, (ESRI), Redlands, CA, USA.
## Results

<table>
<thead>
<tr>
<th>18 Interviews</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>39% female</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td>56% French</td>
</tr>
<tr>
<td><strong>Practice Location</strong></td>
<td>56% Sudbury/Algoma 11% Timiskaming/Nipissing 33% Cochrane</td>
</tr>
<tr>
<td><strong>Community Size</strong></td>
<td>44% Rural</td>
</tr>
<tr>
<td><strong>Medical Education</strong></td>
<td>89% Ontario, 11% Québec</td>
</tr>
<tr>
<td><strong>Years in Practice</strong></td>
<td>Average 18 years (min = 5, Max = 31)</td>
</tr>
<tr>
<td><strong>Francophone patients</strong></td>
<td>5% to 100%</td>
</tr>
</tbody>
</table>
Results

• 3 Themes

1. Barriers experienced by physicians when treating French speaking patients

2. Physicians perception of barriers experienced by French speaking patients

3. Strategies to better serve French speaking communities

• Unique to English speaking physicians

• Unique to French speaking physicians

• Commonalities
Strategies for improved French language health services

Anglophones

1. Appropriate use of translators/interpreters

2. Sensitivity to patient language preference

Francophones
“...you can see that they are anxious if they think they are going to have to (speak in English), because there are words that they struggle with...when English isn’t their first language, it’s going be harder for them to fluently describe something...so I’ll say to them you can speak French and if I don’t understand a word than we figure it out...”

(RP5_E_F_U)
Strategies for improved French language health services

1. Appropriate use of translators/interpreters
2. Sensitivity to patient language preference
3. Learn basic French
Learn basic French

“Most of them feel much better... happier when they are with somebody who could really understand their French ... I’ve had a couple of patients who we’re quite thrilled that I was trying to speak French with them, they were happy and we could get by enough with their little bit of English and my French, things all workout.”

(RP16_E_M_R)
Strategies for improved French language health services

Anglophones
1. Appropriate use of translators/interpreters
2. Sensitivity to patient language preference
3. Learn basic French

Francophones
1. Use a flexible dialect
Use a flexible dialect

« parfois on peut utiliser des mots en anglais parce que certaines terminologies ne sont pas évidentes, ou plutôt que dans la culture des médias les gens ont entendu plus les termes en anglais, alors des fois on peut utiliser des termes en français, des termes en anglais juste pour aller plus vite... parce que le patient le comprend plus en anglais... »

(RP3_F_M_U)
Strategies for improved French language health services

Anglophones

1. Appropriate use of translators / interpreters
2. Sensitivity to patient language preference
3. Learn basic French

Francophones

1. Use a flexible dialect
2. Ensure FL medical training
« Je pense quand on est éduqué et formé en français à l’école ça rend les choses beaucoup plus faciles pour les patients parce que on est amené à penser en français, on est amené à expliquer des choses en français simple. Moi, je pense que la formation devrait être en français, pour certains médecins qui s’intéressent à travailler dans une communauté francophone. » (RP11_F_M_R)
Strategies for improved French language health services

Anglophones
1. Appropriate use of translators/interpreters
2. Sensitivity to patient language preference
3. Learn basic French

Francophones
1. Bilingual staff
2. French language continuity of care
3. Practice Active offer of FLS

1. Use a flexible dialect
2. Ensure FL medical training
3. Recruit French speaking medical students
“The people who work at the centre even wear tags that say they speak French, written in French... we do everything we can to make sure people are aware (that we can offer French services)... we even have them fill out a questionnaire when they first start with the centre “saying I would like to receive my services in French or in English or both”, “I would like my handouts in French or English or both”, so they’re given the opportunity.” (RP2_E_F_R)
Conclusions:

• Family physicians in northeastern Ontario’s French speaking communities highlighted the importance of placing their practice with the social context of their patients.

• While linguistic patient-to-physician concordance is ideal, it may not always be possible.
  - Conscious efforts to attenuate communication barriers are necessary and several effective strategies for both non-French speaking, and French speaking, physicians exist.
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“\textit{What the scalpel is to the surgeon, words are to the clinician … the conversation between doctor and patient is the heart of the practice of medicine.}” (Tumulty, 1970)

http://www.cranhr.ca/