

## EVIDENCE BRIEF

# Are long-term care residents with dementia and language barriers more likely to be hospitalized?

### PURPOSE AND BACKGROUND

Individuals with dementia make up two-thirds of the long-term care (LTC) population. Transitioning individuals with dementia from LTC facilities to hospitals comes with many potential harms to their health. Francophones in Ontario, Canada are more frequent users of LTC than Anglophones and may have heightened risks during hospital transfers resulting from a language barrier. This study identified the role of language and dementia on hospitalizations of LTC residents in Ontario.

Key Findings	Interpretations
LTC residents <b>with dementia</b> are less likely to be hospitalized than residents without dementia.	This may be the result of less aggressive end-of-life care directives, e.g. “do not resuscitate” and “do not hospitalize”, as neurocognitive disorders are less responsive to medical treatments than physical disorders.
Language does not affect the risk of hospitalization for LTC residents <b>with dementia</b> .	Possibly because resident healthcare information is retrieved from caregivers, which reduces the effect of language barriers.
<b>Francophone residents without dementia</b> are less likely to be hospitalized than Anglophone residents without dementia, particularly for those living in an Anglophone LTC facility.	Francophones without dementia may continue to face communication barriers with LTC staff, which can lead to an inadequate assessment of health status and an underreporting of symptoms. Such language barriers are more likely to occur in an Anglophone LTC facility.

### POLICY CONSIDERATIONS

The present findings do not account for the reason of hospitalization, the timeliness of the hospitalization or LTC resident health outcomes. Therefore, we suggest that:

1. Further monitoring is required to determine the impact of hospitalizations on the health of Francophone and Anglophone LTC residents and to explore the role of communication barriers on hospital admissions, especially among residents without dementia.
2. Enhanced language indicators between residents, substitute decision makers, LTC providers and hospital providers are needed to determine the exact influence of language on resident outcomes and the need for more designated French Language LTC homes.

For more information, see Riad K, Webber C, Batista R, Reaume M, Rhodes E, Knight B, et al. [The impact of dementia and language on hospitalizations: A retrospective cohort of long-term care residents](#). BMC Geriatr. 2020;20(1):1–10.

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**This evidence brief was developed in partnership with the Ontario SPOR Support Unit Francophone Initiative.**