

The background of the page features a teal color with a semi-transparent image of two hands. The left hand holds a lightbulb, and the right hand holds a coin with a dollar sign. The text is overlaid on this image.

HOW TO INCLUDE THE LANGUAGE VARIABLE IN A GRANT APPLICATION

OBJECTIFS

This template was created to help researchers include the minority Francophone community aspect in their research grant applications.

HOW TO USE THE TEMPLATE

Since grant applications can vary in length, both short and long versions of the template are provided. The bracketed red wording in the two versions of the template below must be completed as applicable. Researchers can also copy and paste template content they feel most relevant to their particular project into individual paragraphs in their applications.

Researchers are also invited to consult the associated set of references (an annotated bibliography and other relevant resources) that provide key scientific data on Francophones living in minority communities. These scientific data can also be integrated into grant applications, as required.

TEMPLATE

Short version

Francophones living in minority communities face several barriers in accessing linguistically and culturally appropriate healthcare services. For example, language barriers can impact the accessibility, safety and quality of healthcare **(1) (2)**. This is problematic because lack of access to medical services can make this population more uncomfortable, worried and disempowered, thereby contributing to prejudicial behaviour towards Francophones. In our research project, it will be important to **[consult/recruit/include/analyze]** Francophone **[participants/patients/partner-patients/partners]** living in minority communities. By including this aspect in our research and thereby in the analysis of its results, we will make the healthcare system and policymakers more aware of their obligations towards this population, and improve access to healthcare in French in regions where demand is higher, such as rural areas. This will require consultation and ongoing feedback from these **[participants/patients/partner-patients/partners]** in order to ensure close collaboration, and achieve results that Francophones will consider important. **[Add two or three sentences explaining how your research topic directly or indirectly targets this population and/or how the results will improve understanding of the healthcare situation of Francophones in Canada].**

Long version

The Institut du Savoir Montfort has established itself as a leader in Francophone research and education in Canada by taking to heart the latest findings on the health of Francophones living in minority communities.

Francophones living in minority communities face several barriers in accessing linguistically and culturally appropriate healthcare services. Indeed, it has been shown that linguistic discordance between Anglophone healthcare professionals and Francophone patients has an impact on the quality of patient care and safety **(1)**.

This discordance has a profound effect on interpersonal communication, which is a key component in terms of understanding and being understood in a healthcare setting (7). This discordance can also affect how diagnoses, treatments and prognoses are explained, as well as the quality of shared decision-making. It can even affect the manner in which Anglophone medical professionals show compassion towards Francophone patients.

Language barriers can also impede access to most services such as health promotional materials, educational resources, prevention programs, cancer screening, mental health services and referrals to specialists (1). Based on many studies, it is known that Francophones living in minority communities are generally in poorer health than their Anglophone counterparts, a situation often due to social determinants of health such as education and income (2) (3) (4). That is why healthcare services are important for this population. However, a situation of complete inaccessibility (including linguistic inaccessibility) generally prevails in Francophone minority communities. In rural regions and the North where Francophones are more populous, there is a shortage of healthcare services (complete inaccessibility) (5). On the other hand, in more predominantly Francophone regions (where more than 25% of the population is Francophone), there is less access to healthcare providers proficient in French (linguistic inaccessibility) (5). This affects the quality of care that Francophones receive, which makes them more likely to be uncomfortable, worried and incapacitated, thereby contributing to certain prejudicial behaviour towards Francophones.

Due to language barriers, Francophones are also more likely to be readmitted to hospital and suffer the consequences of medical errors (6). The combination of multi-morbidity and an aging population that is the predominant pattern in minority Francophone communities (4), is therefore a public health issue. To address this issue, we intend to integrate the aspect of Francophones living in minority communities in our research in order to obtain specific results that could improve our state of knowledge about this situation.

In our research project, it will be important to [consult/recruit/include/analyze] Francophone [participants/patients/partner-patients/partners] living in minority communities. By including this aspect in our research and thereby in the analysis of its results, we will make the healthcare system and policymakers more aware of their obligations towards this population, and improve access to healthcare in French in regions where demand is higher, such as rural areas. This will require consultation and ongoing feedback from these [[participants/patients/partner-patients/partners] in order to ensure close collaboration, and achieve results that Francophones will consider important.

[Add two or three sentences explaining how your research topic directly or indirectly targets this population and/or how the results will improve understanding of the healthcare situation of Francophones in Canada].

Resource bank

Annotated bibliography

1) Bowen, S. The Impact of Language Barriers on Patient Safety and Quality of Care (Final Report). Société Santé en français. 2015. <http://www.santefrancais.ca/wp-content/uploads/2018/11/SSF-Bowen-S.-Language-Barriers-Study-1.pdf>

This report, prepared for the Société Santé en français (SSF), is a critical review of the literature as it relates to the impact of language barriers on patient safety within the context of quality of patient care from 2000 to 2015. The report contains a glossary, a detailed description of the context of language barriers, a summary of the reference data, and the relevant implications for the SSF. Particularly relevant content is the report's categorization of the most critical issues involving language barriers: (1) accessibility of service; (2) patient and provider experience; (3) quality and appropriateness of care; and (4) patient safety. These four issues very much summarize how Francophones living in minority communities have experienced healthcare services in Canada and continue to do so in this new decade.

2) Reaume M, Batista R, Talarico R, et al. The impact of hospital language on the rate of in-hospital harm. A retrospective cohort study of home care recipients in Ontario, Canada. BMC Health Services Research. 2020; 20: 340. DOI : <https://doi.org/10.1186/s12913-020-05213-6>

This study describes research on how linguistic discordance impacts the relative risk of harm to Francophone, Anglophone and Allophone patients in Ontario hospitals. The study is based on a retrospective cohort of home care recipients (from 2007 to 2015), admitted to hospital in eastern or northeastern Ontario.

It was shown that the proportion of hospitalizations with at least one case of in-hospital harm was greater for Allophones (7.63%) than for Anglophones (6.29%, $p < 0.001$) or Francophones (6.15%, $p < 0.001$). Overall, Allophones admitted to hospitals that are required by law to provide services in both French and English (bilingual hospitals) had the highest rate of in-hospital harm (9.16%), while Francophones admitted to these same hospitals had the lowest rate of in-hospital harm (5.93%). In the unadjusted analysis, Francophones were less likely to experience harm in bilingual hospitals than in hospitals that were not required by law to provide services in French (Anglophone hospitals) (RR = 0.88, $p = 0.048$); the opposite was true for Anglophones and Allophones, who were more likely to experience harm in bilingual hospitals (RR = 1.17, $p < 0.001$ and RR = 1.41, $p < 0.001$, respectively). The risk of harm was not significant in the adjusted analysis.

The study concludes that home care recipients residing in eastern or northeastern Ontario are more likely to experience harm in language-discordant hospitals, but this risk of harm is not considered significant after adjustment for confounding variables.

3) Batista R, Prud'homme D, Hsu AT., et al. The Health Impact of Living in a Nursing Home with a Predominantly Different Spoken Language. J Am Med Dir Assoc. 2019; 20: 1649-51. DOI: <https://doi.org/10.1016/j.jamda.2019.06.003>.

This scientific article describes a population-based retrospective cohort study to assess the impact of linguistic discordance on hospitalizations, emergency department (ED) visits, and mortality in a cohort of 122,416 admissions in nursing homes in Ontario between 2010 and 2016.

The study observed differences based on the predominant language of the nursing home (French or English). Francophones in Francophone homes had 5% fewer hospitalizations (30.5 vs. 32.9 x 100 person-days) and ED visits (65.2 vs. 70.1 x 100 person-days), compared to Francophones in predominantly Anglophone homes. However, the cross-level interaction between the language of the resident and the predominant language of the home was not significantly associated with the risk of hospitalization and ED visits in the Cox regression model used, after adjusting for other resident and nursing home characteristics. There was a significant effect of mortality, as Anglophones in Anglophone homes were 18% more likely to die within 12 months after admission than Francophones in Anglophone homes (adjusted hazards ratio 1.18, 95% confidence interval 1.08 – 1.30).

In the context of this study, these findings showed that resident's language and the main language used in the nursing home had a negligible impact on health outcomes. The authors explain that several other factors could have affected the results, such as a lack of data (e.g. on both the residents' and providers' second-language proficiency and whether services were provided in the resident's preferred language when the resident concerned belonged to a linguistic group that was a minority in the nursing home).

4) Guerin E, Batista R, Hsu AT, et al. Does End-of-Life Care Differ for Anglophones and Francophones? A Retrospective Cohort Study of Decedents in Ontario, Canada. J Palliat Med. 2019; 22: 274-8. DOI: <https://doi.org/10.1089/jpm.2018.0233>

This study examines differences between Anglophone and Francophone residents of Ontario in end-of-life care based on a population-based cohort of decedents in Ontario (2010-2013) who were living in long-term care (LTC) institutions or receiving home care before death (N = 25,759).

Compared with Anglophones, Francophones were more frequent users of LTC (47.6% vs 37.1%) and less frequent users of home care (71.3% vs. 76.3%). In adjusted models, the number of days spent in hospital in the last 90 days of life was similar between Anglophones and Francophones, although the odds of dying in hospital were significantly higher among the latter. The mean total healthcare cost in the last year of life was slightly lower among Francophones (\$62,085) compared with Anglophones (\$63,814).

Regression analysis revealed that people living in rural areas – primarily Francophones – have lower end-of-life care costs, and, as a result, this population usually requires more acute end-of-life care and is more likely to die in hospital. Culturally, remaining as independent as possible when aging is important for Francophones, and they are more resistant to medical treatments that prolong living at the expense of quality of life. This may explain the difference in relative end-of-life healthcare costs between Anglophones and Francophones. This cultural/socioeconomic factor is therefore a very important consideration when analyzing the figures in this study.

The study suggests that efforts made in Ontario and other jurisdictions to transfer the care of the elderly from hospitals to the community should take such systemic demographic and linguistic parameters into account.

5) Timony PE, Gauthier AP, Hogenbirk JC, Wenghofer EF. Promising quantities, disappointing distribution. Investigating the presence of French-speaking physicians in Ontario's rural Francophone communities. Rural Remote Health. 2013 Oct-Dec ; 13 (4) : 2543. <https://pubmed.ncbi.nlm.nih.gov/24380635/>

Previous studies have suggested that there may be a lack of Francophone healthcare services in Ontario. The primary purpose of this study was to determine more precisely whether physicians in Ontario who expressed proficiency in providing services in French are located in Francophone communities. To find out, the study compared the responses to the 2007 College of Physicians and Surgeons of Ontario Annual Membership Renewal Survey, in which the number of family physicians (FPs) / general practitioners (GPs) were characterized by their language of competency to conduct medical practice, to the 2006 census of the population of Ontario, categorized by first official language spoken.

The results show that there are 5.6 Francophone physicians for every 1,000 Francophones in communities where the Francophone population represents less than 10%. This Francophone physician / overall Francophone population ratio is considerably greater than what was found in moderately Francophone communities (3.4) and heavily Francophone communities (1.3). Overall, the lowest ratios were found in heavily Francophone rural communities both in southern and northern Ontario (0.8 and 0.9, respectively). The ratio for all of Ontario was 0.7–1.3. As the number of Francophones increases in a given community, the availability of Francophone physicians actually decreases, particularly in rural northern Ontario.

Given that the health of Francophones, particularly those residing in rural and northern Ontario is currently at risk, the study determined that the solution might not be as straightforward as simply increasing the number of physicians who can practise in French, but rather to ensure that these physicians locate their practice near Francophone populations and actively offer their services in French.

6) Reaume M, Batista R, Talarico R, et al. In-Hospital Patient Harm Across Linguistic Groups: A Retrospective Cohort Study of Home Care Recipients. J Patient Saf. 2020 ; Publish Ahead of Print. DOI : <https://doi.org/10.1097/PTS.0000000000000726>

This study used a retrospective cohort of home care recipients (from 2010 to 2015) who were subsequently admitted to hospital to determine whether patients whose first language was not English were more likely to experience harm during their stays in Ontario hospitals.

The study was conducted on 190,724 patients (156,186 Anglophones, 5,110 Francophones, and 29,428 Allophones). There was no significant difference in the unadjusted risk of harm for Francophones compared with Anglophones (relative risk [RR], 0.94; 95% confidence interval [CI], 0.87–1.02). However, Allophones were more likely to experience harm when compared with Anglophones (RR, 1.14; 95% CI, 1.10-1.18). The risk of harm was even greater for Allophones with low English proficiency (RR, 1.18; 95% CI, 1.13-1.24). After adjusting for potential confounders, Anglophones and Allophones were equally likely to experience harm of any type, but Allophones were more likely to experience harm from infections and procedures.

The study concludes that Francophones experienced less harm due to infections and procedures than Anglophones and Allophones. This conclusion may be explained as follows:

- 1) Approximately 93% of Franco-Ontarians can conduct a conversation in English, which means that most Franco-Ontarians do not face a major language barrier.
- 2) In 2019, 12 acute-care hospitals in Ontario were designated by provincial legislation to provide all their services in French. These hospitals are located in eastern and northeastern Ontario where Francophones constitute a relatively high proportion of the population and therefore are more likely to benefit from healthcare services in French.
- 3) These designated hospitals are structurally different from their non-designated counterparts: they are more likely to be university institutions, have an emergency department, be located in rural areas, and have fewer beds than their counterparts. These are some of the other hospital-related factors that can also affect the patient harm rate.

7) Feldman-Stewart D, Brundage MD, Tishelman C; SCRN Communication Team. A conceptual framework for patient-professional communication : an application to the cancer context. *Psychooncology*. 2005 Oct ; 14 (10) : 801-9 ; discussion 810-1. DOI : <https://doi.org/10.1002/pon.950>

Although this article does not address the Francophone issue, it clearly explains a fundamental concept relating to language barriers that is applicable to the situation of Francophones living in minority communities: the interpersonal communication between healthcare professionals and their patients.

In practice, the four components of this communication are:

- 1) interaction: each participant's communication goals;
- 2) the participants themselves, each with five key attributes (needs, skills, values, beliefs and emotions) that determine, in part, how they address their goals;
- 3) the communication process: each person both conveys and receives messages, and the messages themselves can be verbal, non-verbal or silent;
- 4) the environment in which the communication occurs, both the immediate physical setting and the context beyond.

Other annotated resources (useful but not included in the template):

De Moissac D, Bowen S. Impact of Language Barriers on Quality of Care and Patient Safety for Official Language Minority Francophones in Canada. *Journal of Patient Experience*. 2019;6(1):24-32. DOI : [10.1177/2374373518769008](https://doi.org/10.1177/2374373518769008)

This multiple-method study (online and paper-based surveys combined with semi-structured individual interviews with patients and healthcare interpreters/navigators) explored the experience of minority Francophones living in four Canadian provinces: Newfoundland and Labrador, Saskatchewan, Alberta and Ontario (two locations: North Simcoe / Muskoka and Thunder Bay). A total of 297 Francophones participated in the survey. Twenty of them participated in semi-structured phone interviews based on patient experience.

Both patients and interpreters/navigators described experiences where language barriers contributed to poor patient assessment, misdiagnosis and/or delayed treatment, incomplete understanding of patient condition and prescribed treatment, and less confidence in services received. Reliance on Google Translate and ad hoc untrained interpreters is commonly reported, despite evidence highlighting the risks associated with such practices.

Gauthier AP, Timony PE, Serresse S, Goodale N, Prpic J. Strategies for improved French-language health services: Perspectives of family physicians in northeastern Ontario. *Can Fam Physician*. 2015 Aug; 61 (8) : e382-90. <https://pubmed.ncbi.nlm.nih.gov/26505060/>

The aim of this study based on interviews with 18 physicians in northeastern Ontario was to identify strategies to improve the quality of health services for patients. Of the 10 physicians who were interviewed in French, 7 were women, and all 10 practised in urban communities.

The main findings identified several strategies for providing high-quality French-language health services. Some strategies were specific to non-Francophone physicians (e.g. using qualified interpreter services), some were specific to Francophone physicians (e.g. using the local dialect), and some strategies were common to all physicians serving Francophone populations (e.g. hiring bilingual staff or having pamphlets and posters in both French and English). The study concluded that while patient-to-physician linguistic concordance is ideal, it might not always be possible. Conscious efforts to mitigate communication barriers are therefore necessary, and several effective strategies exist.

Jutras, C., Gauthier, A.P., Timony, P. E., Côté, D., & Kpazai, G. Expérience de francophones en situation minoritaire chez leur médecin de famille avec un regard particulier sur les enjeux de la concordance et de la discordance linguistique sur cette expérience. *Diversity of Research in Health Journal*. 2020 Fév; 3, 12-33. <https://zone.biblio.laurentian.ca/handle/10219/3488>

This study examined the impact of linguistic concordance and discordance on 29 Franco-Ontarian patients and their family physicians. Using a data-collection method based on the first two steps of the Experienced-Based Design (EBD) approach, the patients were divided into six focus groups located in heavily Francophone communities in northern Ontario.

Patients were asked to share their patient experience at critical moments in their family physician visits (e.g. decision to go and see the physician; reception; in the physician's office; first contact with the physician; receiving a test result, etc.). The patients' accounts reflected many emotions associated with the experience. As a specific example, for some of these patients, linguistic discordance at the healthcare frontline was negatively associated with feelings of discomfort, inaccessibility, insecurity and disempowerment. The active offer of services in French that take into account patients' linguistic preference over and above token bilingualism, combined with a bilingual frontline healthcare environment (e.g. posters and forms in both official languages) would help create a positive healthcare experience for Franco-Ontarians.

Timony PE, Gauthier AP, Serresse S, Goodale N, Prpic J. Barriers to offering French-language physician services in rural and northern Ontario. Rural Remote Health. 2016 Apr-Jun;16(2): 3805. Epub 2016 Jun 16. <https://pubmed.ncbi.nlm.nih.gov/27316568/>

This study identifies barriers experienced by both Francophone and non-Francophone physicians when serving Francophone patients in rural and northern regions of Ontario. A series of key informant interviews were conducted with 18 family physicians practising in rural and urban communities of northeastern Ontario. The interviews were analyzed using a thematic analysis process.

Five categories of barriers were identified: (1) language discordance; (2) characteristics of Francophone patients; (3) dominance of English in the medical profession; (4) lack of French-speaking medical personnel; and (5) physicians' linguistic (in)sensitivity. Some of the identified barriers were specific to non-Francophone physicians (e.g. limited education and resources in French), and some were common to both groups (e.g. lack of Francophone colleagues/staff, time constraints, and particular Franco-Ontarian cultural preferences).

In its conclusions, the study highlights that efforts need to be made to offer training opportunities to physicians and other healthcare providers who work in areas with substantial Francophone populations. For example, consideration should be given to training in linguistic and cultural sensitivity as well as teaching strategies to bolster the active offer of services in French.