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Business case¹ for promoting an offer of quality health service in the clients mother tongue in Nunavut

Translation-interpretation is not the same as support:

- Translation-interpretation allows for a bilingual person to act as an intermediary between the client/patient and the health care professional.
- Support services help a client find their way in the complex world of health care.

Also called “navigation services,” there are 4 known models of support services:

- Professional navigation (clinical or non-clinical by a health care professional)
- Non-professional navigation (by a peer or volunteer)
- Virtual navigation (self-navigation online, documentary, and verbal)
- Navigation on a population-based approach (e.g., public health initiatives, targeted communication campaigns, etc.)

In the end, proper translation-interpretation services and support services are a step in the right direction in giving Francophones in a minority setting access to health care in their native language. The key issue is the quality of services and the safety of patients.

Interpretation and Support - Pilot Project : Initiatives and Benefits for Our Community

The Interpretation and Support - pilot project was deployed by the Réseau Santé en français au Nunavut (RÉSEFAN) between 2018 and 2021. This project enabled RÉSEFAN to strengthen its role in

supporting the health system and supporting the implementation of innovative solutions. To this end, here are some benefits:

- Worked with Qikiqtani General Hospital management to roll out the project.
- Provided training on best practices in interpretation and support and by means of the training *L'interprétation et toi* (Interpretation and you) of Thunder Bay's Accueil francophone to the hospital's new Francophone Interpreter and Accreditation Officer.
- Supported training on medical terminology for the hospital's new French Language Interpreter and Accreditation Project Officer.
- Support for implementation of CanTalk, interpretation service by telephone at the hospital and to the medical clinics and public health.
- Developed, printed and reprinted the *Guide de navigation du système de santé à Iqaluit – Une présentation du Réseau Santé en français au Nunavut (RÉSEFAN)*. (French only)
- Made interpretation and translation services available to the community.

RÉSEFAN, backed by its unique expertise and its local and national network, is ready to forge partnerships with the Department of Health in order to improve the situation and to put measures in place to follow through on the Commissioner's recommendations relating to French language health care services.

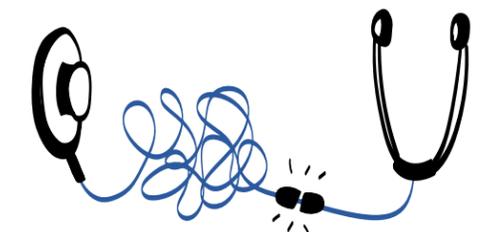
In 2008, the Government of Nunavut passed two fundamental laws: the *Official Languages Act* and the *Inuit Language Protection Act*. These laws demonstrate that in Nunavut, the Inuktitut, Inuinnaqtun, French and English languages all have legal status and underline its citizens' right to receive services in the official language of their choice. Amongst all the provinces and territories, Nunavut is the only one with 4 official languages.



In the report from the 2015 systematic investigation on the conformity of the official languages legislation at Qikiqtani General Hospital, the Office of the Languages Commissioner of Nunavut proposed 14 recommendations related to policies, procedures and practices, which clearly reflect why it is very

important to comply with the *Official Languages Act*, as well as discussed the considerable impact these have on accessibility, safety, and on the quality and equality of health care services for all Nunavut citizens.

Communicating and offering services in Inuktitut and in French is a matter of safety and justice: the code of conduct requires that every person be treated with the same integrity, dignity and fairness. “A patient must not receive an answer or action that is not welcoming, have a longer wait time, receive inferior quality service or need to suffer longer simply because he is asking for service in Inuktitut and French instead of English”, stated the Commissioner. The Commissioner added, “If you cannot communicate with your patient, your patient is not safe. Being able to speak in your native language for questions related to your health isn't asking health care organizations and health care professionals for a favour. Rather, it's a fundamental issue of accessibility, safety, and quality, as well as fairness of services.”



In Canada, around 50% to 55% of Francophones as a minority in their community have little to no access to health services in their mother tongue. While the situation in Nunavut has improved since the report of the systemic investigation was published by the Office of the Languages Commissioner in 2015, issues relating to accessibility and quality of services continue

A large number of reports, studies and research have shown that, when it comes in the fields of health and social services, it is better when the patient/client and the doctor or the healthcare and social services professionals understand each other.

The language barrier creates serious consequences. It:

- **Increases:**
 - the chance of errors in diagnoses and treatments;
 - the consultation time;
 - the number of tests;
- **Reduces** the possibility of maintaining the treatment;
- **Reduces** satisfaction with the care and services;
- **Reduces** the quality of care and the results;
- **Reduces** the need to turn to preventative services;
- **Increases** costs of the health care system.



Language proficiency is thus related to the quality of health care. The Institute of Medicine² has identified six principles for quality that can serve as a guide to develop and maintain a certain level of quality service.

SAFETY

Avoid a misdiagnosis, avoid exposing patients to unnecessary risks, and ensure the patient can provide their informed consent.

PATIENT-ORIENTED

These attitudes and capabilities are essential elements of linguistic and cultural proficiency: compassion, empathy, sensitivity to a patient's needs, values and preferences.

FAIRNESS

The care given should not change based on language or culture.

TIMELINESS AND EFFECTIVENESS

Linguistic and cultural barriers can contribute to longer hospital stays or wait times.

EFFICIENCY AND KNOWLEDGE

Care systems need access to information systems that allow for detecting disparities in a patient's care and their health condition related to linguistic and cultural characteristics.

In concrete terms, there is a range of solutions:

- » Fully bilingual institution.
- » Fully bilingual services/programs.
- » Parts of certain programs are bilingual.
- » Support services.
- » Translation-interpretation services.
- » Ullaakut-Hello-Bonjour.

Ideally, translation-interpretation and support services would be temporary or complementary solutions, allowing for compensation of the unavailability of bilingual health care professionals. The optimal solution would be to have bilingual health care professionals who can provide service directly in a patient's mother tongue.

There are several models of translation-interpretation:

- Bilingual health service providers
- Trained interpreters available on location
- Chance interpreters and untrained interpreters
- Interpreters on the telephone

However, translation-interpretation has some pitfalls depending on the model used. To avoid pitfalls and several issues, translation-interpretation services must follow precise rules.

12 The following 12 rules are best practices that seem to have international consensus:

- 1 Policies and standards guarantee free interpretation services. Training is required for interpreters.
- 2 Health care providers must use interpretation services when necessary. The procedure for access to services is clear and known.
- 3 Health care providers are trained to work with interpreters.
- 4 Guidelines are in place for communicating via an interpreter.
- 5 Only trained interpreters are used. Calling upon friends and family is done only when requested by a patient.
- 6 Interpreter training includes treatment protocols, a section regarding ethics and medical terminology.
- 7 Training for interpreters should be 40 hours long.
- 8 Users are informed of their rights regarding interpretation services.
- 9 The responsibility for managing interpretation services belongs to executive management.
- 10 Data regarding the use of services is collected.
- 11 The interpreter's job description is known.
- 12 An evaluation procedure of the interpreter service is in place.

² The Institute of Medicine is a division of the National Academy of Sciences with a mission to give advice to the U.S. government to improve the health of the population.