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Commentary

More Research is Needed to Understand the Impact of Language Discordance in Long-Term Care in Canada

Alixe Ménard[1, 2], MSc; Mary M. Scott[1, 3], MSc; Annie H. Sun[1], MPH; Anna Cooper-Reed[1], PhD; Prabasha Rasaputra[1], BSc; and Amy T. Hsu[1, 3, 4], PhD
[1] Bruyère Research Institute, Ottawa, Ontario, Canada
[2] Faculty of Health Sciences, University of Ottawa
[3] Clinical Epidemiology Program, Ottawa Hospital Research Institute, Ottawa, Ontario, Canada
[4] Department of Family Medicine, University of Ottawa

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Abstract

There is consistent evidence highlighting the risks of language barriers and discordance to quality care and patient safety, especially in primary care and hospital settings. However, there has been limited research on the impact of language barriers and discordance on quality care for older individuals residing in long-term care. In this commentary, we highlight select studies on differences in health care access and outcomes that linguistic minorities experience in Canadian long-term care homes, and discuss the importance of tackling language barriers and discordance to equitable long-term care. This article reflects on the impact of language discordance in health care, an identified determinant of health disparities, and calls for further research on health inequity experienced by older adults in Canada as well as strategies toward more equitable care.

Keywords: language, long-term care, outcome assessment, health equity

Communication is fundamental to high-quality health care. Barriers to good provider-patient communication can exist even when clinicians speak the same language as their patients. These challenges are amplified when the patient is an older person with cognitive impairment (de Vries, 2013; Robinson et al., 2006). While English and French remain the dominant languages in Canada, there is a growing number of Canadian residents who speak a non-official language at home. According to the 2021 Census, 4.6 million (13%) Canadians mostly speak a non-official language at home (Statistics Canada, 2022a). Among Canadians over 75 years old, 16% primarily speak a non-official language in their homes (Statistics Canada, 2022b). As the proportion of older adults who speak a non-official language grows, there is a parallel need to augment clinicians' and our health care system's ability to provide person-centred, culturally-safe care.

Individuals who are members of linguistic minorities and those belonging to ethnic and racialized communities commonly experience disparities in their interactions with the Canadian health care system (Cano-Ibáñez et al., 2021; Phillips-Beck et al., 2020; Seale et al., 2022). This may be attributable, in part, to structural inequalities and racism, a lack of health care providers who are able to holistically

meet the needs of linguistic minorities in Canada, and a lack of trained interpreter services available to patients (de Moissac & Bowen, 2019; Kitching et al., 2020). These disparities may also be a result of unconscious bias and discrimination on the part of health care providers (de Moissac & Bowen, 2019; Kitching et al., 2020; Lane & Vatanparast, 2022; Marya & Patel, 2021; Steinberg et al., 2016).

Health equity is a public health priority aimed at creating equal opportunity for patients to reach their maximum health potential, regardless of their primary language or identity (Braveman et al., 2011). Language is an important aspect of communication, trust building, and cultural identity—all of which are factors in providing equitable care. This is particularly important for populations receiving care in long-term care (LTC) homes, as residents are often entirely dependent on the care team for their daily activities and health care needs.

Developing a better understanding of health care inequity in relation to the primary language spoken by patients is imperative to improving care for older adults receiving LTC. Yet, it is among the least examined health equity dimensions in Canadian literature, next to religion and gender identity (Canadian Institute for Health Information, 2016). Furthermore, while health administrative data in Canada currently capture the languages spoken by patients, many do not capture ethnicity. Accordingly, there is a scarcity of evidence on the experience of linguistic as well as ethnic minorities in the context of Canadian LTC settings. Below, we highlight select Canadian studies that have examined the impact of linguistic discordance on older individuals accessing and receiving care in LTC homes.

Understanding the Impact of Linguistic Discordance

There is significant variation in publicly available information regarding language services and how to access them across Canadian provinces and territories. An environmental scan by Hsu et al. (2022) found that language barriers present additional challenges to understanding and accessing LTC services, such as finding resources on LTC and information about available care options in the patient's preferred language. Such barriers may explain system-level disparities detectable in population trends, including longer wait times for LTC placement experienced by recent immigrants compared to long-term Canadian residents (Qureshi et al., 2021) and for ethnocentric LTC homes compared to mainstream homes (Um, 2016).

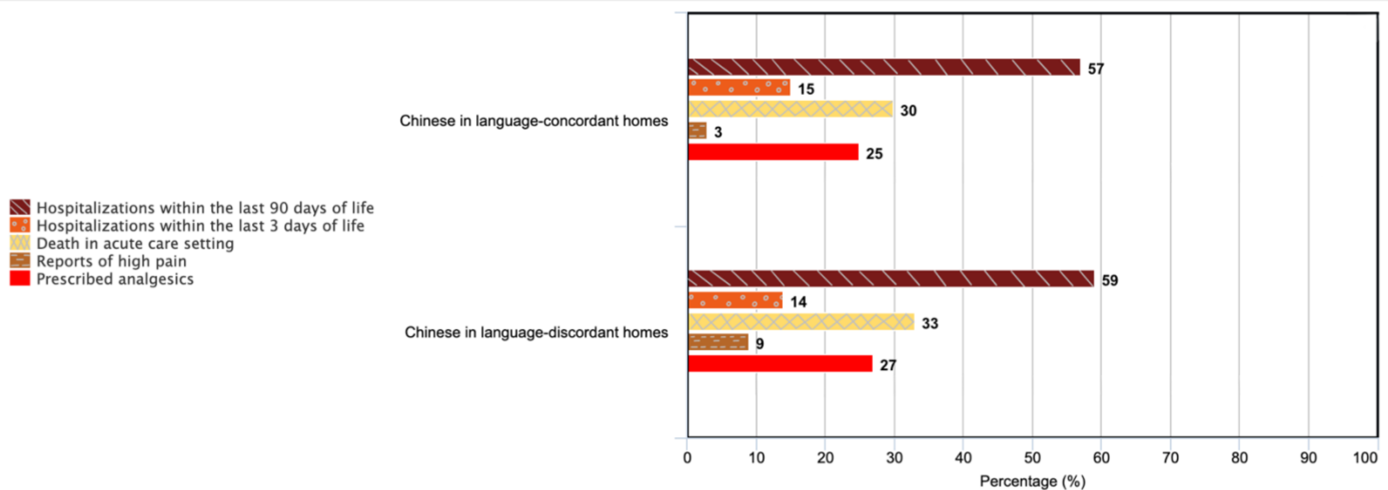
In terms of the impact of language discordance on clinical outcomes, a recent systematic review (Scott et al., 2023) of 34 studies on differences experienced by minority older adults in LTC found only two Canadian studies (Batista et al., 2021; Yap et al., 2019). In the study by Yap et al., Asian residents in Canadian LTC homes were found to be more likely to develop pressure injuries than non-Asian residents. This care-related outcome was attributed to differences in nutritional status and dietary intake between Asian and non-Asian residents (Yap et al., 2019). However, language discordance could also be an important factor in this outcome. The study by Batista et al. found that francophones in non-designated homes are more likely to experience worsening depressive symptoms compared to francophones in French-designated facilities (23.6% vs. 21.6%, $p < .001$). Francophone residents in non-designated homes were also more likely to be prescribed antipsychotics than their anglophone counterparts (23.3% vs. 21.1%; Batista et al., 2021). Furthermore, Francophones receiving care in a language-concordant environment experienced a lower likelihood of falls compared to those in language-discordant homes (14.5% vs. 16.2%; Batista et al., 2021).

Similarly, emerging evidence in this area on non-Francophone populations suggests that linguistic minority individuals who are placed in a language-discordant home are more likely to experience increased hospital visits, depressive symptoms, and reported pain (Rasaputra et al., 2023). For example, using population-level health administrative data in Ontario, a study of 19,055 LTC residents near the end of life found that Chinese-speaking residents receiving care

in language-discordant homes were more likely to be hospitalized in their last 90 days of life and die in acute care settings compared with Chinese-speaking residents in a language-concordant home (Figure 1). Similarly, the same Chinese-speaking residents in language-discordant homes were more likely to report frequent and severe pain in their last six months of life and be prescribed opioid analgesics for pain in their last two weeks of life than Chinese-speaking residents in language-concordant homes (Figure 1). As these findings suggest, there is a clear need to support more language-concordant care within Canadian LTC homes to ensure evidence-informed, high-quality, and equitable care for aging Canadians being cared for in this setting.

Figure 1

Clinical Outcomes for Chinese-Speaking Long-Term Care Residents Nearing End of Life in Language-Concordant Homes Vs. Language Discordant Homes



Note. From "End-of-Life Care for Chinese Residents in Ethnic and Non-Ethnic Long-Term Care Homes in Ontario, Canada: Differences in Acute Care Use, Reported Pain, and Place Of Death," by P. Rasaputra, A. H. Sun, A. Clarke, C. Fung, P. Quail, B. Robert, and A. T. Hsu, 2023.

An Opportunity for Canada to Honour Cultural Diversity

Addressing language discordance in LTC homes requires an understanding of the current impact of language discordance on patient care. The COVID-19 pandemic has highlighted the need for Canadians to focus on improving LTC, particularly in ensuring that national standards and clinical practice uphold equity, diversity, and inclusion. Improving care quality for older adults belonging to minority identities and linguistic groups requires increased awareness of current disparities by clinicians, organizational leaders, and policy-makers, and a concerted effort in planning for the demographic shift among those who need LTC in Canada. Despite limitations, as illustrated by studies presented here, there is strong potential for health administrative data to be leveraged as a tool to support a better understanding of past and current inequities in care experienced by linguistic minorities when accessing and receiving care within LTC homes. As Canada implements new standards for LTC, research is needed to monitor these efforts and ensure that high-quality, equitable LTC is provided to all residents, irrespective of their language. This research can also impact the development of standards in assisted living and retirement home settings, given their similar patient populations. If we are successful in adapting our current LTC system to the needs of minority older adults, Canada will have the opportunity to be an exemplary provider of equitable LTC in the world.

Author contributions

All authors read and approved the final article.

Conflicts of interest

The authors declare that they have no conflicts of interest.

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