Health Care Interpreter Services

Strengthening Access to Primary Health Care

Capstone Forum Summary Report:

An overview of the discussions and outcomes of the SAPHC project's National Capstone Forum, May 31st to June 2nd, 2006

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Table of Contents

I. OPENING COMMENTS

The forum was opened on Wednesday May 31st by Suzanne Barclay, The Provincial Language Service, who welcomed delegates to Vancouver and to the event. Axelle Janczur, Access Alliance Multicultural Community Health Centre, outlined the objectives of the forum and gave a brief overview of the two and a half years of SAPHC project activities.

Kristofer Nielsen, Access Alliance Multicultural Community Health Centre, and Angela Sasso, The Provincial Language Service, then proceeded to review the findings from the Toronto- and Vancouver-based SAPHC pilot projects, including:

- The Interpreter Service Delivery Pilot that took place in Toronto between October 2005 and January 2006;
- The Primary Health Care orientation for interpreters that took place in Toronto in November 2005; and,
- The Assessment for Risk Management (ARM) pilot project that took place in Vancouver between October 2005 and March 2006.

On Thursday, June 1st, Axelle Janczur kicked off the event by setting the context for the Capstone National Forum. The facilitator then reviewed the agenda, session objectives and asked participants for their expectations and how they would contribute to the forum.

II. FORUM OBJECTIVES

The objectives of the forum were:

- To disseminate project findings, key learnings, successes and challenges, including pilot projects and tools; and,
- To initiate discussion and action on setting a national agenda for future activities regarding language access to health care.

III. FORUM EXPECTATIONS

Participants voiced several expectations for the forum, including work on:

- The professionalization of the role of the interpreter
- Mandating interpreter services (policy)/Legislative framework
- Raising the profile/awareness (i.e. how do we support one another going forward)
- Better understanding of our direction and how we will work together in the future
- Identifying allies and alliances
- "Glorifying" the role of the interpreter
- Implementing service standards
- How to build on our successes
- Moving beyond the "Big 3" (Toronto, Montreal, Vancouver) to take into account the needs of rural/remote areas
- Advocating at the national level (e.g. Canadian Collaborative Mental Health Initiative)
- A commitment to action
- Understanding who is constituted in language groups
- Achieving a common ground, common language, and common vision
- Action Plans- both short and long term

IV. PARTICIPANTS' CONTRIBUTIONS TO THE FORUM

Participants felt that they could contribute to the forum by:

- Building allies and creating stronger linkages
- Providing organizational capacity – technology, people, and resources (combined)
- Transferring knowledge (i.e. bringing research to practice)
- Bringing expertise to the table and taking it out to broader audiences (e.g. speaking at conferences, involving students)

V. VISION SUMMARY

The group determined that as the SAPHC project was drawing to a close, they would need to re-establish their vision, both in terms of focus and direction, as well as how they would work together in the future. Participants were divided into small groups and asked to consider the following questions in developing the future vision:

1. What is our collective "vision"?
   - What is our end state?
   - Do we move beyond the "Big 3" (Vancouver, Toronto, Montreal)? If so, how?
   - In terms of the vision of the group, what are the constituencies? [Aboriginal, Official Language Minorities, Immigrant/Refugee, Deaf]

2. How do we view ourselves as a group?
   - Allies/partners [national, provincial, local, government, community agencies, research?]
   - Loose collaboration, network, coalition?
   - Formally constitute ourselves?

3. How do we work together?
   - How do we communicate with one another?
   - How do we stay connected?
   - Do we work from 'themes', sectors, sponsored agencies?

Input from the small group discussions was then presented and discussed.

Group 1

1. What is our collective vision?

- Reduce or eliminate disparities in equitable access to health care with regard to lack of attention to linguistic and cultural diversity
- Focus on immigrant/refugee population, but maintain/create linkages to others (deaf, aboriginal, minority languages)
- We should move beyond the 'Big 3' by:
  - Engaging partners
  - Including stakeholders at *appropriate* times and in *appropriate* ways

2. How do we view ourselves as a group?

A National collaborative with a common vision that leverages its members' skills, resources and expertise

- No Bylaws, no incorporation

- Well defined roles
  - Core members/associates
  - Decision-making structure
  - Participation
- Defined communication plan
- Funding/resources
- Housed somewhere
- Strong unified voice on broader issues (not details)

3. How do we work together?
- Across themes; leverage provincial/sectoral expertise and improve national cohesion
- Electronic resources: discussion rooms, website
- Keep momentum and be energized by face-to-face meetings (perhaps, annually)
- Strategy – settlement and immigration – Joint Policy and Planning Committee

Group 2

1. What is our collective vision?
- Broader vision: Equitable access to health care for LEP/LFP
- To respect the letter and spirit of the Canada Health Act
- National commitment to achieving equitable access to healthcare for LEP/LFP
- Inclusive of all geographical communities
- Concentrate on immigrant and refugee language needs, but inclusive of other constituents

2. How do we view ourselves as a group?
- As allies/partners with intentional, comprehensive representation that is:
  - Proactive
  - Geographic (rural/urban/pan-Canadian)
  - Thematic
  - Inclusive of community and research
- **Structure**
  - Sponsorship by an organizational lead and then 4 thematic sub-groups
  - National body to keep the group connected, advocate and initiate projects
  - Working groups would be theme based (can be broader than national interest)
- **Who are we?**
  - As a Collaborative:
    - We 'work' together
    - We work from a common vision
    - We support each other
    - We share learnings/best practices
    - We build on work that has been done
    - We stay connected/committed
    - We continue the dialogue and understand each others realities
    - We support/link with existing groups with similar goals (e.g. CLC, CTTIC)
    - We are an 'interest' based collaborative and include partners from all sectors
    - We are cognizant of the need to balance national/provincial/local representation and efforts

3. How do we work together?
- Web presence, e.g. List serve, Wiki/Blog, Chat rooms
  - Transparent, inclusive, establish protocols for e-mails/chats/etc.
  - Cascading Style Sheets could be a tool/mechanism /method to communicate and stay connected with a database of materials/research

Group 3

1. **What is our collective vision?**
   - Fair and equitable language access to health care services in Canada
     - Organizational/industry standards
     - Service standards
     - Professional standards
   - This issue is broad based and influences all 4 constituencies
     - Learn from others
     - Build strategic alliances
     - Local responsiveness – foci will be different
     - Origins of work has been in immigrant and refugee sector/issues
   - Four themes are 'good enough' so we should push on with them
     - Raising awareness is "How To" for all themes
     - Focus is Province for policy work

2. **How do we view ourselves as a group?**
   - With some framework/structure
     - Need actions to ensure we don't fade away
     - Should look at leveraging other groups
   - Outcome for this forum: Richmond Accord (symbolic) with everyone signing to this

3. **How do we work together?**
   - Pool money to fund activities
   - Create some sort of secretariat (i.e. a host agency or organization – interim)
   - Give ourselves a 2 year time frame (possibly linking with the Critical Link Canada conference in 2008)
   - Explore best practices for future structure

Group 4

1. **What is our collective vision?**
   - To develop, promote/communicate national standards and guidelines on
     - Policy
     - Training/professional practice of interpreters
     - Professional practice of health care
     - Service delivery – supported by research and knowledge transfer
   - Include all 4 groups to create a "paradigm shift"
     - "Equitable access to health care for all language groups" – to force the health system to see it as their responsibility
   - Move beyond the "Big 3"

VI. SUMMARY OF VISION DISCUSSION AND FOUNDATION DOCUMENT

After each small group presented their feedback to the large group, it was decided that there were a number of common areas of agreement between the groups. Group consensus was reached on the following concepts:

1. **Collective Vision Statements**
   - All statements point to a common vision, but need to be refined
   - The preamble for the group should broaden the scope to make the "Health System" responsible

2. **Four Groups Representation Issue**
   - Inclusive strategies may differ for individual locations
     - The long term vision is inclusive of all 4 groups
     - The leadership group needs to be representative of all 4 groups

3. **How We Work Together**
   - Work as a collaborative
   - Continue to work off 4 Themes and create Action Teams (embed in Research Model)
   - Establish a Steering Group to act as leadership team
   - Establish a "Host Agency" for administrative purposes/to act as a secretariat (e.g. host teleconferences, provide a 'home' address for the collaborative)

It will be the responsibility of the Steering Group to refine the foundation document and send it out to participants for review and comment before finalization.

VII. DISCUSSION DOCUMENTS

The next part of the forum focused on the four Discussion Documents that were the basis of a number of recommended strategies emerging from the SAPHC Project. The four "themes" are:
- Service Provision
- Training
- Standards
- Policy

A brief overview was given of each discussion document, including the current state, issues and challenges, and recommendations. The recommendations coming out of the project for the 4 themes were:

Service Provision Recommendations
- Centralized services were highlighted as a best-practice given the ease in requesting language supports and the streamlined administrative and operational functions (in Montreal and Vancouver)
- Technological advances in requesting and dispatching systems have increased efficiencies and reduced labour costs across all three sites (e.g. customized databases, web-based interfaces and FITS™)
- In BC and Montreal, provincial and regional authorities showed a higher level of support for interpreter services, thus increasing capacity

Training Recommendations

- Regional and/or national consistency of an interpreter's role would help to establish training standards that could be transferable across sectors
- Recognizing interpreting as a profession and adequate remuneration would allow for the implementation of higher standards in training
- Increased professional development opportunities would improve interpreters' ability to provide the most appropriate service
- Expanding training for health care providers on cultural competency and managing cross-cultural communication would improve patient care and the consistent and appropriate use of interpreter services

Standards Recommendations

- Professionalization should focus on two complimentary streams: the promotion of health care interpreters as vital members of the service team; and the development of industry standards, vis-à-vis remuneration, working conditions, etc.
- Development of national standards of practice, a national certification program and an appropriate assessment tool would help to unify the sector and better define the role of the interpreter
- Development of broader regional or national policy frameworks will help develop more consistent use of interpreter services, raise the profile of the language services sector and allow for higher standards of practice

Policy Recommendations

- Policy development should focus on risk management and professional responsibility of care to highlight current systemic risks related to care that is not culturally responsive (with interpreter services embedded as one of many operational tools to achieve culturally competent care)
- Policies should align services with the spirit of the Canada Health Act
- Education of health care staff is required to assist in the successful implementation of policy frameworks
- Policy development needs to be done in partnership with various levels of government, including regional/municipal, provincial and national
- Aside from highlighting potential areas of risks, further research on health care costs without language support services is required

Participants were asked to select a 'theme' of interest and to consider the various recommendations (strategies) from the project and to discuss the following in small groups:

1. Given the issues and challenges, are there additional recommendations that should be considered?
2. Looking at the recommendations, which ones are appropriate to forwarding our national agenda and will benefit <u>all</u> regions?
3. For those recommendations which have national scope, which one(s) do we feel is the priority recommendation that we need to act on now with our collective efforts? Why?

Each small group was then asked to do some initial action planning on the agreed-upon high-priority strategy and to address the following:

1. Confirm the strategy (recommendation) you have selected as high-priority
2. Develop an action plan, including:
    - Desired outcome
    - Actions to achieve strategy
    - Suggested timeframes
    - Accountability (who is the lead)

VIII. ACTION PLANNING

Service Provision

Group Members:
Stephanie Brundl, Bonnie Heath, Merek Jaglieski, Kristofer Nielsen, Angela Sasso

Desired Outcome: A blueprint for a coordinated language service
This type of collaborative model would capitalize on efforts to professionalize the sector (including increased human resources advantages and work opportunities for interpreters); improve quality assurance processes; and increase statistically-relevant analyses. Coordinated service delivery also supports the advancement of standards, training and policy development; improves the probability of continuity across the full spectrum of care; and supports ongoing professional development for interpreters.

Actions:
1. Establish criteria for the purpose of identifying a national sample of existing language/interpreter services
2. SWOT analysis of those identified services
3. Use the results for the development of a blueprint
4. Develop an implementation strategy

Timelines: Within 2 years, the blue print should be ready for implementation.
1. 6 months for criteria identification
2. 6 months for SWOT
3. After 1 year, bring the preliminary documents to the steering committee/national group

Contact: Angela Sasso

Training

Group Members:
Silvana Carr, Marco Fiola, Nina Karamehmedovic, Elena Oursou, Violet Poruchko, Getachew Woldeyesus

Desired Outcome: Develop a scope of practice

Actions:
1. Collect existing job descriptions for:
    - Interpreters
    - Cultural brokers
    - Patient advocates, client reps, settlement workers, etc.
    - Other constituency interests
2. Collate responsibilities, compare tasks to existing interpreting roles (e.g. conduit)
3. Identify ethical considerations (and possibly code) applicable to each
4. Identify considerations and cautions stemming from analysis
5. Share document with broader group for input, including interpreters
6. Based on above, propose best scope of practice/role

Timelines:

1. 2 weeks for collecting job descriptions
2. Collate and analyze by the end of the summer (Aug)
3. Circulate draft document to:
   - National group/steering committee (Sep)
   - Industry (interpreters, HIN, Service Providers, CTIPC, CLC, etc.)
4. Further analysis/revisions (Oct/Nov)

Contact: Nina Karamehmedovic

Standards

Group Members:

Sarah Bowen, Lisete Figueiredo, Axelle Janczur, Kiran Malli, Elizabeth Stanger, Fenella Sung

Desired Outcome: Standards of practice document

Actions:

1. Form working group and organization sponsor/lead (Kiran/Elizabeth)
2. Collect standards documents: Canada, US, UK, EU, etc.; Aboriginal/Indigenous, Deaf, Multilingual (e.g. National Council on Interpreting in Health Care, Kaiser, Commonwealth, California Endowment, MMIA)
3. Review relevant literature for "best practices" (consult with Marco & Silvana)
4. Form national stakeholder group for review/consensus process (Steering Group to assist)
5. Review and compare documents
   - Based on research evidence for best practices
   - Based on appropriateness for Canadian context (for health care)
6. Draft standards document
7. Go through national consensus building process (e.g. CLAS standards)
8. Finalize standards document
9. Publish
10. Conduct knowledge transfer/communications adoption strategy

Timelines:

Item 1 and 2	Sept-April '07	Student practicum (MSW/MHA)
Item 3	Sept-April '07	Student
Item 4	Sept-April '08	Student
Item 5	May-Aug '08	Student, working group
Item 6	May-Aug '08	Working group
Item 7	Sep '08-Mar 2010	Working group/steering group
Item 8	Apr-May 2010	
Item 9	Summer	
Item 10	(TBD)	

Contact: Elizabeth Stanger and Kiran Malli

Policy

Group Members:
Javiera Arroyo, Suzanne Barclay, Luce Beauregard, Asha Bhat, Janet Crowell, Jim Gurnett, Isabelle Hemlin, Marie-Claude Laferriere, Jack McCarthy, Lynn Moran, Yves Trudel

Desired Outcome: Policy development that aligns with the requirements of the Canada Health Act, including:
- Partnership(s) with various levels of government
- A focus on risk management; patient safety; patient-centred care; and health outcomes

Actions: Provide evidence-based information by:
- Evaluating existing programs
- Performing an environmental scan of policies (existing and in development)
- Creating partner-based initiatives
- Advocating for accountability mechanisms

Timelines:
Item 1 and 2 9 months

Contact: Suzanne Barclay/Yves Trudel

IX. SELECTION OF STEERING GROUP AND HOST AGENCY

The group determined the ideal criteria for the Steering Group and were then asked to consider whether they would want to stand as a member; interested members were then asked to let the facilitator know if they would like to be part of this group before the start of day two of the forum.

Ideal Criteria for Steering Group

The group stated that the ideal criteria for the steering group should focus on:
- Regional representation
- Sectoral representation
- Organizational support and jurisdiction
- Capacity to influence
- Personal Commitment

Steering Group Members

The following day, all participants were polled for interest. A discussion ensued and members who had either expressed interest or were nominated by their colleagues were posted. Several additional names were added as a result of looking at the original expression of interest criteria.

Participants agreed that this will be set up as an interim group for the initial set-up and establishment of the new collaborative for a 6-month period. The group will be involved in activities such as creating Terms of Reference, communication with Action Teams, as well as seeking other individuals to ensure balanced representation of the Steering Group, as per the ideal criteria.

Member	Organization/Agency	Location
Suzanne Barclay *	The Provincial Language Service	Vancouver
Sarah Bowen	Winnipeg Regional Health Authority	Winnipeg
Silvana Carr	Vancouver Community College	Vancouver
Marco Fiola	Université du Québec en Outaouais	Toronto
Jim Gurnett	Edmonton Mennonite Centre for Newcomers	Edmonton
Isabelle Hemlin	Agence de santé et de services sociaux de Montréal	Montreal
Merek Jaglieski	Metropolitan Immigrant Settlement Association	Halifax
Axelle Janczur	Access Alliance Multicultural Community Health Centre	Toronto
Lynn Moran	Affiliation of Multicultural Societies and Service Agencies of BC	Vancouver
Kristofer Nielsen *	SAPHC Project/Access Alliance MCHC/ The Provincial Language Service	Vancouver
Angela Sasso *	The Provincial Language Service	Vancouver
Yves Trudel	Reso-santé Colombie-Britannique	Vancouver

* The Provincial Language Service will determine who will participate on the Steering Group out of the expressed interest list

Host Agency or Organization

Two agencies volunteered to take on the role of Host Agency. These were:
- The Provincial Language Service, BC
- Access Alliance Multicultural Community Health Centre, Toronto

The Directors of these agencies will meet to discuss which group should take on these accountabilities for the short term. The decision will be communicated to other group members.

One group also recommended additional actions for the Steering Group, including:
- Review work carried out in other centres on these issues that was outside the scope of the SAPHC project
- All themes mention cultural competency – need discussion re: conceptual bases for various approaches and language (not all consistent, some are problematic)
- Establish some sort of national clearinghouse of information
- Understand/use the conceptual framework and lexicon in health care and apply research and evaluation rigour to the standard acceptable in health care for all themes/action plans

X. FORUM CLOSE

The forum was closed by Axelle Janczur, Access Alliance Multicultural Community Health Centre, and Suzanne Barclay, The Provincial Language Service. Participants were thanked for their contributions during the session and were encouraged to continue with their commitment to follow-up on the actions coming from the forum.

The forum closed at 12:00 p.m., Friday June 2nd, 2006.