

FRENCH LINGUISTIC MINORITIES & HEALTH LITERACY: ISSUES OF AN EMERGING SOCIAL DETERMINANT OF HEALTH

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Funding: Canadian Center for French Research on Francophone's in a Minority French Environment- French Institute of the University of Regina (2007) & York University- Development Grant (2009)

STATE OF KNOWLEDGE

- ❖ The bond between health and literacy within the context of French-speaking minority environments remains quasi unexplored;
- ❖ The need to better include/understand the impact of living in linguistic minority environments on the construction of literacy in health on French-speaking new arrivals;
- ❖ The recognition of the existence of problems of literacy in health still remains very weak within the organizations of health and social services.

OBJECTIVES

1. Understand the health problems of francophone families and their ways to improve their quality of life.
2. Allow francophone families to express certain aspects of their health and/or illnesses.
3. Understand the difficulties of the francophone families living in cities where French is not the primary language.
4. Learn about how francophone families do when faced with health problems in linguistic minority context.
5. Learn about their experiences with the accessibility of health resources in French.

RESEARCH QUESTIONS

1. What dynamics exist between the preliminary experiences and the current practices in regards to health developed by the families to ensure the well-being of their members?
2. What strategies do these families use to widen their knowledge in regards to health in order to provide care to other family members?
3. How can the family practices of promotion of health and prevention of disease be maintained or changed in respect to the structural and linguistic constraints of demographic and social environments.

ETHICAL ISSUES

- Approval by Ethics Research Boards:
 - ❖ Laval University
 - ❖ Ryerson University
 - ❖ York University
 - ❖ University of Saskatchewan
 - ❖ University of Alberta
 - ❖ University of Ottawa
- Authorization from Board of Directors- ABC - Head Start Society

METHOD & DATA COLLECTION

- ❑ Design: Qualitative exploratory study
- ❑ Target population: Customers of literacy programs or those who are receiving medical care or French social services; Franco-Saskatchewan community agencies.
- ❑ Selection criteria:
 - ❖ French speaking families with diverse multicultural origins or native French speaking living in minority French speaking areas of ON, SK, and AB;
 - ❖ French speaking families living within an area of French speaking majority in order to act as group contrasts (QC);
 - ❖ To have lived at least 3 years within these parameters and to have France as the language spoken at home.
- Signed informed consent was obtained with all interviewees
- Only adult participants

RECRUITMENT DIFFICULTIES

- **Hard to recruit population-** Unsuccessful strategies: Francophone website, 300 letters to parents in French elementary schools, posters in French bookstores, snow balling and face to face recruitment
- **Major successful recruitment:** Nursing undergraduate students (insiders in African ethno-cultural communities) and direct contact between researchers and prospective participants.
- **Result: Slow** process of data gathering through semi-structured interviews with the families (mostly with women)

PROFILES OF FAMILIES

24 families representing 95 participants who were born in Canada [QC, SK], Congo, Morocco, Tunis, Haiti, France, Burundi, Somali, Alger, Madagascar, Egypt, and Maurice Islands.

Toronto

9 high educated families

Edmonton

5 low literate families

Regina

4 low and middle literate families

- **Ottawa**

3 middle literate families

- **Quebec**

3 middle literate families

DATA ANALYSIS

1. Transcriptions of interviews
2. Atlas-TI 6.0 software for codification of text
3. Use of thematic analysis (Paillé & Mucchielli, 2008).
 - ❖ Floating reading
 - ❖ Developing a preliminary list of codes
 - ❖ Intensive and repeated reading of the texts Identification of themes
 - ❖ Creating a thematic log with reflections about readings contents and attempts to grouping the themes
 - ❖ Proceeding to the coding process
 - ❖ Refining the theme labels
 - ❖ Tentatively answering the research questions, using the themes with their final labels
- Validation of the interpretation of data by volunteer participants (in planning phase)

THEMATIC ANALYSIS: CONSTRUCTION OF FAMILY HEALTH LITERACY

1. **Choice** between the non-utilization and practical application of traditional knowledge in regards to health acquired by family members.
2. **Exploration** of a social environment deprived of resources to the acquisition of new health knowledge.
3. **Interaction** with a informal social network and the construction of formal ways of communicating with other francophone individuals in the same social milieu.
4. **Awareness** of iniquity in access to health within a local health care system mainly in English.
5. **Acceptance and Indignation** in regards to the non-existence of bilingualism in healthcare.

THEME 1: CHOICE TO USE TRADITIONAL HEALTH PRACTICES

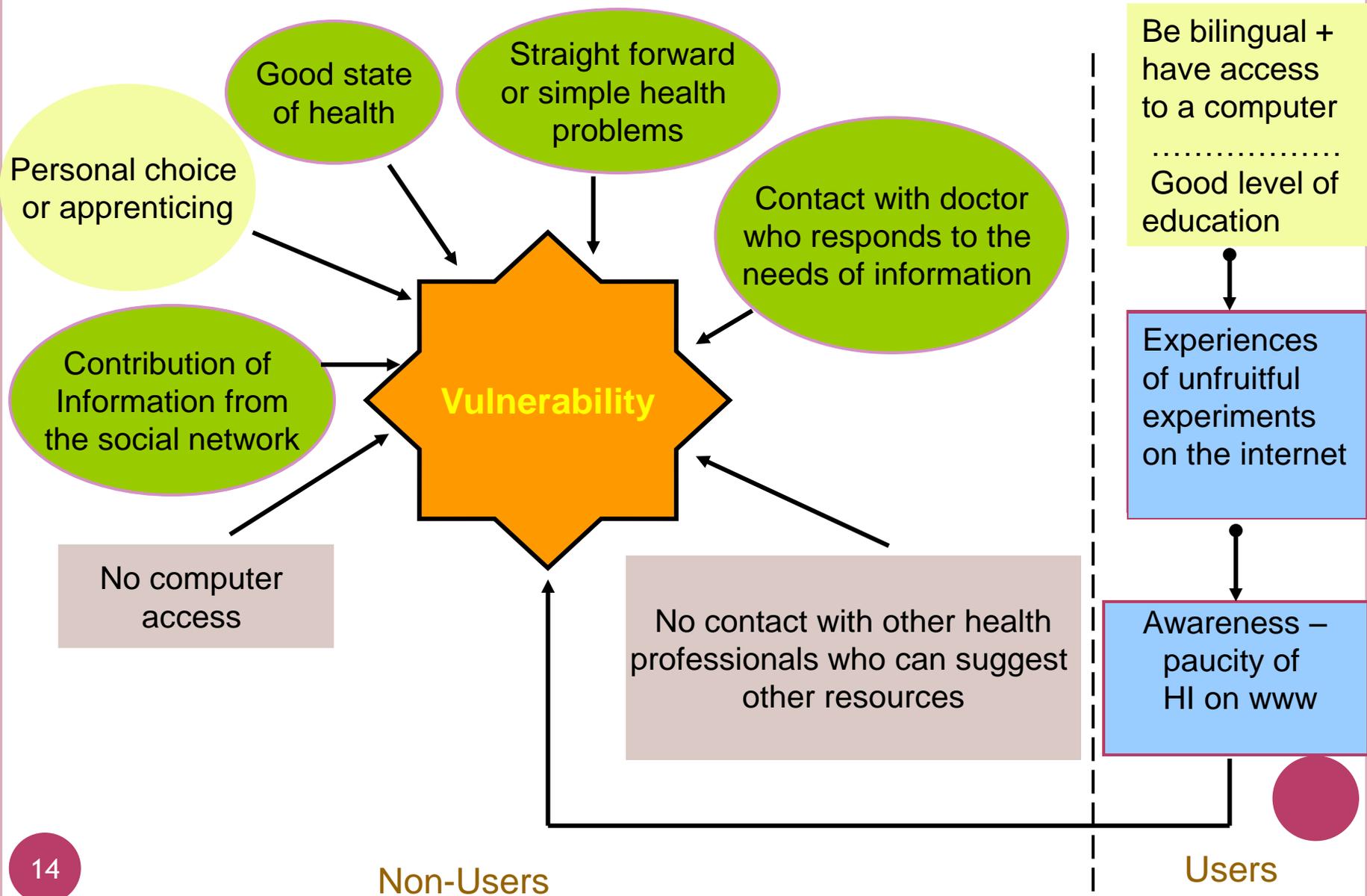
- Traditional cultures from parents/grandparents
 - ❖ Natural remedies:
 - herbal tea
 - cumin
 - eucalyptus
 - garlic
- Healthy Role Models
 - ❖ Avoidance of harmful behaviours
 - smoking
 - drinking
- Maintaining Health behaviour
 - ❖ Exercise
 - ❖ Method of food preparation
 - less oil
 - not using the microwave

THEME 2: EXPLORATION OF SOCIAL ENVIRONMENT

- Information source
 - ❖ Doctors
 - ❖ Television documentaries
 - ❖ Ministry of Health Website
 - ❖ Internet search engines
 - ❖ Health books
 - ❖ Scientific and medical journals
 - ❖ **Nurses (only 2 brief comments!)**
- Strategies to enhance knowledge
 - ❖ Take all information
 - ❖ Ask for explanation
 - ❖ Self education
 - ❖ Don't have time
 - Get frustrated
 - Not curious
 - ***There has to be a problem for me to “research”***

THEME 2: EXPLORATION OF RESOURCES OUTSIDE QUÉBEC

- Experience of searching for health information in French
 - ❖ Haven't heard of resources
- Self evaluation of the comprehension of French Health information
 - ❖ Difficulty understanding French
 - ❖ Difficulty understanding medical terminology
- Children's schools health information
 - ❖ Canada Food Guide
 - ❖ Food Allergies
 - ❖ Vaccines
 - ❖ Preventative measures for contagious disease
 - ❖ Criticism- superficial information



THEME 3: INTERACTION WITH A INFORMAL SOCIAL NETWORK AND THE CONSTRUCTION OF FORMAL WAYS OF COMMUNICATING

- Francophone's interacting with different cultures
 - ❖ Centre D'accueil
 - ❖ Professional Organizations
- Difficulties during translation from interpreters from different culture
 - ❖ Poor ability to translate
- Accessing interpreters
 - ❖ Inability to communicate between healthcare professional and client
- Francophone's interaction with same culture
 - ❖ No communication/contact with the Francophone community

THEME 4: AWARENESS OF INEQUITY IN ACCESSING HEALTH SERVICES

- Negative experience with access to care in children and adults
 - ❖ Wrong treatment
 - ❖ Difficulty in accessing French services
 - ❖ Long wait time to get French services
 - ❖ Not enough communication between healthcare staff and client
 - ❖ Poor ability to express themselves in English
- Vulnerable clients
 - ❖ Difficulty with communicating urgent needs
- Negative consequences of communicating in English
 - ❖ Inability to ask questions
 - ❖ Lack of comprehension
 - ❖ Inability to express ideas
 - ❖ Time to prepare words

THEME 4: AWARENESS OF INEQUITY IN ACCESSING HEALTH SERVICES

- Adaptation mechanism/solutions to health services
 - ❖ Gestures to communicate
 - ❖ Reflect before speaking
 - ❖ Bring a friend or family to translate
 - ❖ Become bilingual
 - ❖ **Exaggerate and lie**
 - ❖ Ask to be served in French
 - ❖ Knowing resources in French
 - ❖ **Ask people from home country to send natural remedies**

THEME 5: ACCEPTANCE AND INDIGNATION - THE LACK OF BILINGUALISM IN HEALTHCARE

- Critiquing the healthcare system
 - ❖ Language inequalities
 - ❖ Services offered are rarely in French
 - ❖ Poor healthcare quality
 - ❖ Not enough staff
 - ❖ Not enough French resources
- Criticism of bilingualism in Canada
 - ❖ No medical staff speaks French
 - ❖ ***“French is an official language. It is a law not a privilege.”***
- Adaptation mechanism
 - ❖ Learn resources
 - ❖ Become bilingual
 - ❖ Contact others for help
 - ❖ **Prioritize ideas and needs**
 - ❖ Anticipate the situation before arriving

COMPARISON OF FINDINGS

Outside Québec

- Awareness of inequities accessing information/care
- Awareness of language disparity
- Awareness unprotected rights to bilingual services
- No attempt to join local organization
- No contact with cultural networks

Inside Québec

- No problem accessing information
- No problem accessing services
- No perceived need to join organizations
- No perceived need to form a network to defend access to care
- Complaint: long waiting list for specialized services 3 to 6 months

LESS ACCESS TO HEALTH INFORMATION FROM A VARIETY OF SOURCES IN FRENCH & LACK OF ACCESS OF SERVICES

- « We go to the malls, stores, banks and there are always someone who says *I speak French, Portuguese, Arabic* but in hospitals there are none.. »
- « I was ready to bring him downtown to find French services...It's really a problem when a child or someone in the family has a big need ...it becomes a big problem of French professionals »
- « There isn't only a lack of information in regards to health or illness, there are also errors in communication and linguistic barriers »

HAVE LESS AUTONOMY TO APPLY HEALTH INFORMATION

- « I cannot go to hospitals because they all speak english and I am unable to express my needs »
- « There are not many Francophones and even if there are, this isn't an environment to use French, they do not always understand »

BE LESS AWARE OF THEIR OWN REDUCED HEALTH KNOWLEDGE

- « No, not at all...Honestly, I do not bother for looking for information neither in English and French. »
- « My parents taught me that health and illness is in the hands of Allah (*God*) but this doesn't prevent me from seeking health care services when I am sick. »

MAKE LESS INFORMED MEDICAL DECISION-MAKING

- « The ambulance brought me to the hospital but I had a lot of difficulties trying to communicate. Nobody helped me...I saw a military personnel and I asked them : «what will happen to my operation? [operation without any consent or understanding]. »
- « ...When it comes to the health professional all that occurs is them telling you if you able to sign or not »
- « I started researching about an illness but it was difficult because there was no information in French »

PARTICIPANTS' SUGGESTIONS TO IMPROVE THE ACCESSIBILITY

1. Create a 1 800 number
2. Create French language program for nurses and doctors
3. Vote for French advocates
4. Create a list of bilingual healthcare workers
5. Policy changes
6. Look at healthcare models of other multilingual countries
7. Increase the use of volunteer interpreters

IN THEIR OWN VOICES...

- Importance of providing health care services and maintaining the French language:
 - ❖ Improves communication
 - ❖ Helps with establishing a good relationship between healthcare professional and client
 - ❖ Improves ability to explain terminology
 - ❖ Reduces clients stress
 - ❖ **Protect vulnerable clients** such as newborns, cognitive impaired children, low literate seniors etc..
 - ❖ **Improves clients compliance and encourages return to health services**

IMPLICATIONS FOR NURSING

- Incorporating French education into the nursing curriculum
- Increasing the visibility of French-speaking nurse practitioners
- Expanding alliances/partnerships with French-speaking community groups
- Advocating for inclusiveness and hiring policies to hire bilingual nurses may attenuate the reported inequities.
- Social justice must guide work as nurse educator for health literacy for underserved populations when directly conveying health information
- Research avenues: Magnet initiatives for French-speaking and bilingual nurses and inclusivity of linguistic minorities

CONTRIBUTIONS

- To provide a foundation of data which will allow the development of projects geared towards the development of interventions aiming to supporting clientele's health literacy.
- To contribute to a clearer portrait of the state of health in francophone populations living outside Québec, specifically for those living in Western provinces (including Manitoba and British-Colombia).
- Potential impact on health policies and access to health services as well as on developing nursing collaboration with provincial francophone organizations and networks.

CONCLUSION

- The findings demonstrated that vulnerability and threats to health literacy occur once living under linguistic minority condition for French speakers outside Quebec.
- Other SDHs such as age, gender, education, culture, geographical location, social network & support, as well as lack of respect to second official language policy **magnify** their complex needs of acquiring health information and access safe care.