Healthcare Intepreter Policy: Policy determinants and current issues in the Australian context

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THE AUTHOR

Who is Pamela Garrett?

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WHAT IS THE HEALTHCARE POLICY?

«Policy can be seen as of the key dimensions of the health system, along with resources, organisational structure, management and support systems»

Janowski & Cassels (1995)

«Health policy also includes actions outside of the healthcare system that impact on health or health status»

Palmer & Short (2000)

«Anything that governments choose to do or not to do.»

Dye (2001)

«Courses of action that affect the set of institutions, organisations, services and funding arrangements of the health systems.»

Buse et al (2005)

THE MAIN POINTS OF THE ARTICLE

01 Factors influencing healthcare policy

Evidence and research on the effectiveness of the policy *02*

03 Suggestions for future policy directions

What are the most influential factors?

01 Interpreter provider factors

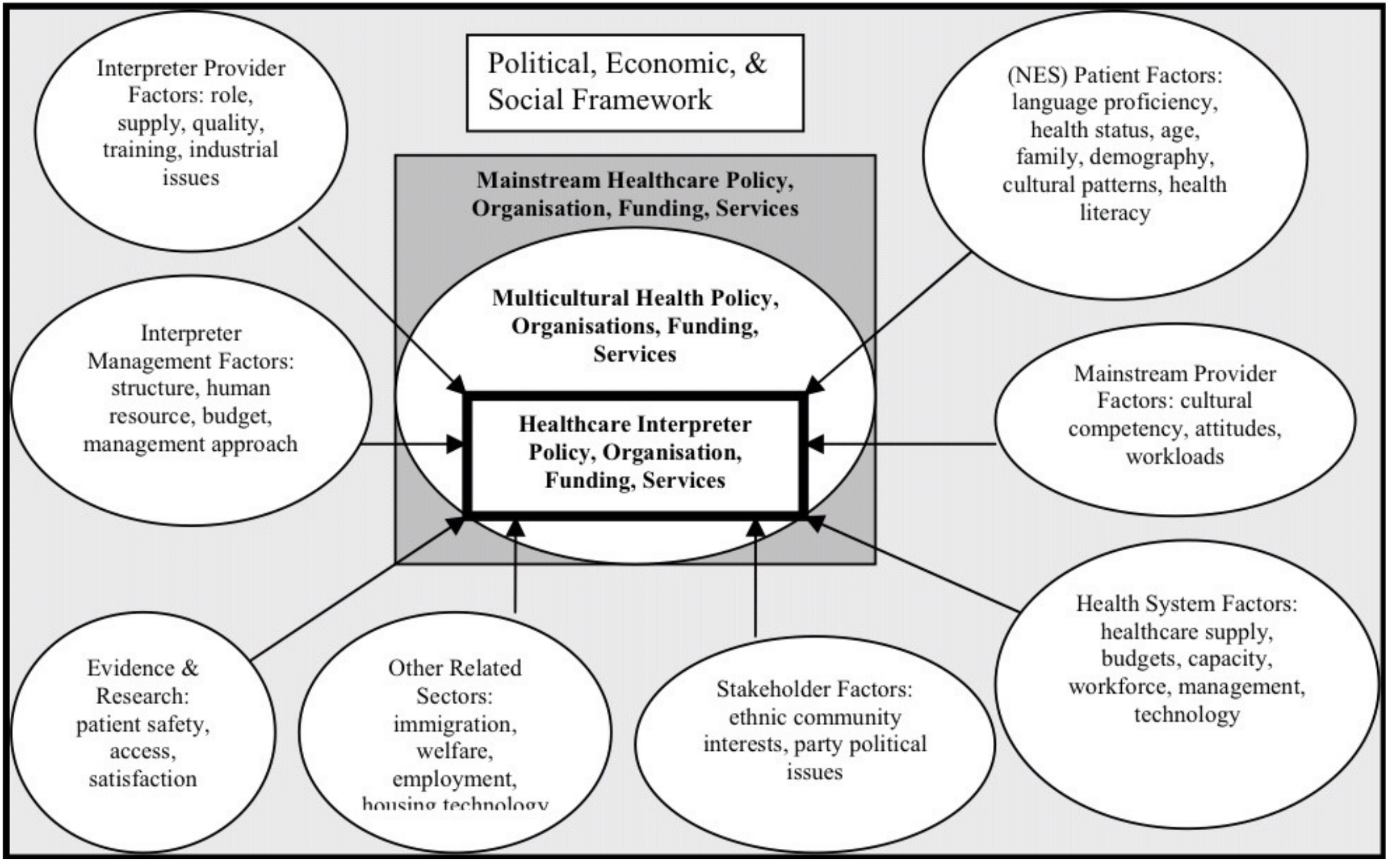
02 Non-English-speaking patients factors

03 Mainstream provider factors

04 Interpreter management factors

05 Health System factors

06 Stakeholder factors


Political, Economic, & Social Framework
Interpreter Provider Factors: role, supply, quality, training, industrial issues
(NES) Patient Factors: language proficiency, health status, age, family, demography, cultural patterns, health literacy
Mainstream Healthcare Policy, Organisation, Funding, Services
Multicultural Health Policy, Organisations, Funding, Services
Healthcare Interpreter Policy, Organisation, Funding, Services
Interpreter Management Factors: structure, human resource, budget, management approach
Mainstream Provider Factors: cultural competency, attitudes, workloads
Evidence & Research: patient safety, access, satisfaction
Other Related Sectors: immigration, welfare, employment, housing technology
Stakeholder Factors: ethnic community interests, party political issues
Health System Factors: healthcare supply, budgets, capacity, workforce, management, technology

At the operational level, **interpreting in healthcare** is a complex communicative interaction between provider, interpreter and patients, in which...

"... interlocutors bring their own set of beliefs, attitudes and deeply held views on interpersonal factors, such as gender, race, ethnicity and socio-economic status, all of these get enacted. The interpreter ... also brings her own sets of beliefs, attitudes and deeply held views that are constructed, co-constructed and re-enacted within the interaction."

(Angelelli 2008)

CONTEXTUAL POLICY DETERMINANTS IN THE AUSTRALIAN CONTEXT

Mainstream Healthcare policy, Budgets and Systematic factors

1970s

Mainstream healthcare policy goals

- Extending the rights of minority groups
- Improving participatory democracy
- Redressing social disadvantage

Migrant rights groups and community lobby groups advocated for mainstream health service changes (Garrett & Lin 1990)

Changes in the Healthcare System

- Introduction of the universal health insurance
- Development of the community health program
- Introduction of the multicultural policy and of the interpreter policy. (Garrett & Lin 1990)

CONTEXTUAL POLICY DETERMINANTS IN THE AUSTRALIAN CONTEXT

Mainstream Healthcare policy, Budgets and Systematic factors

1980s

Mainstream healthcare policy goals

- Equity and efficiency (Eagar et al 2001)

Actions taken

- De-institutionalisation
- Means of improving coordination and integration

CONTEXTUAL POLICY DETERMINANTS IN THE AUSTRALIAN CONTEXT

Mainstream Healthcare policy, Budgets and Systematic factors

1990s

Mainstream healthcare policy goals

- Quality and effectiveness of health interventions (Eagar et al 2001)

Reduced fiscal availability in health services (rising costs associated with increased demand, population ageing, wage increases and increasing costs of technology) (Sax 1990).

↓

Reduction of budgets for interpreter services.

Impacts on the intepreter service

- Introducing operational policies
- Limited service provision to the public hospital sector with priority given to Emergency Department requests for interpreters.
- Use of distance technologies

CONTEXTUAL POLICY DETERMINANTS IN THE AUSTRALIAN CONTEXT

Mainstream Healthcare policy, Budgets and Systematic factors

2000s

Mainstream healthcare policy goals and actions

- Effectiveness
- Health outcomes
- Performance monitoring
- Quality and patient safety
- Evidence required as basis for investments

BUT

- In the healthcare interpreter and multicultural health field: limited and uneven evidence (NHMRC 2005).
- The relationship between language services and patient safety: **unstudied in Australia**.
- The impact of interpreter services in preventing disparity based on race or ethnicity.

CONTEXTUAL POLICY DETERMINANTS IN THE AUSTRALIAN CONTEXT

Mainstream Healthcare policy, Budgets and Systematic factors

Disjunction between the goals of the mainstream policy (**patient safety**) and the goals of interpreter policy (**access and equity**).

Stakeholder policy determinants in the Australian context

1. Patients
2. Healthcare Providers
3. Interpreters

01 NES Patient Factors Influencing Interpreter Policy

2.8% of total population (ABS – 2006)

Health status variables:

- Age
- Socio-economic status
- Settlement issues
- Language proficiency

Language barriers = decreased equity in healthcare

01 Reducing access to healthcare services (difficulty in negotiating with complex institutions)

Reducing patient understanding and involvement in decision-making *02*

03 Decreasing adherence to treatment

POLICY CONCERN

Improving health literacy of patients with limited English proficiency

02 *Potential for miscommunication in inter-cultural encounters*

- Diverse beliefs and behaviours, language barriers and cultural differences
- Problems in understanding medical language
- Differences in gender, class and power
- Racism, bias and stereotyping
- Divergent consumer/provider roles, preferences and expectations

NEGATIVE CONSEQUENCES

01 /
Inappropriate use of health services

02 /
Incorrect diagnosis

03 /
Non-compliance

04 /
Dissatisfaction

05 /
Patients feeling fearful and desperate

Literature review on intercultural doctor-patient communication

- Doctors showed lower levels of positive affect when interacting with ethnic minority patients
- Ethnic minority patients were less verbal, assertive and affective

Netherlands: a study comparing inter- and intra-cultural encounters

- Longer Interview time with Dutch patients
- More medical advice to immigrants **BUT** less empathy
- More misunderstandings, less compliance, participation and satisfaction

POLICY CONCERN

Cultural competency of the provider, service and organisation

03 *New Standard Procedures for the Use of Healthcare Interpreters*

Issues with healthcare language service provision

- Accuracy of interpretation
- Accuracy of cultural interpretation
- Confidenciality and trust
- Potential for bias
- Roles and responsabilities

COMPLEXITY

Interpretation modes:

- Face-to-face
- Remote
- Telephone
- Tele- or video-conference linkage
- Simultaneous or consecutive

POSSIBLE INTERPRETER ROLES

- Neutral conveyor/render of the spoken word
- Gatekeeper or powerful mediator between the parties
- Cultural and linguistic broker
- Advocate for the healthcare provider
- Advocate for the powerless NES patient

WHAT IS THE ROLE OF THE INTERPRETER?

- «Responsible for the oral transmission of speech from one language to another»
- «Neutral machines of semantic conversion» (Davidson – 2002)
- «Language Converter» (Angelelli – 2004)

POLICY CONCERN

Healthcare interpreters should transparently and purposefully discuss and agree upon the interpreting approach with both provider and client

EFFECTIVENESS OF INTERPRETER SERVICES

The evidence and research

- Usage of healthcare interpreters in Australia: very few studies
- Very small sample sizes
- Surveying staff? Maybe not the best solution…

KAZZI AND COOPER

(2003)

Interpreter usage in paediatric emergency cases

131 patients

- 47 (36%) received a trained interpreter
- 55 (42%) received an «adhoc» interpreter

Less than half of them identified by ED staff as needing an interpreter.

GARRETT ET AL (2008B)

Study based on patient survey and medical record review

258 respondents

- **1/3** of NES patients used an interpreter
- **1/2** of them were offered an interpreter
- **13%** of ED patients used a professional interpreter

- **60%** of the admitted patients had used an interpreter
- Most patients saw an interpreter only **once** in their hospital stay
- **48%** prefer to have family member or friends as interpreters

Literature review by the Centre for Multicultural Health (UNSW)

01 /
Inefficient booking systems

02 /
Inadequate interpreter availability

03 /
Provider thinking that interpreters are difficult to attain

04 /
Patient's inability to directly book an interpreter

05 /
Patient's preference for family or friends

06 /
Lack of flexibility of the interpreter service

IMPORTANT STUDIES SHOW THAT…

(Karliner et al 2007; Timmis 2002; Jacobs et al 2001; Flores 2003)

Professional interpreter usage has many positive outcomes:

- Increased patient satisfaction
- Improved patient understanding
- Greater patient participation in decision-making
- Higher levels of compliance with recommended treatments
- Improved access by patients to services
- Fewer medical errors

Understanding the different perspectives is essential

For the patient → health literacy, role of the family in brokering language barriers, service access and healthcare safety

For the provider → cultural competency, inter-cultural communication

For the interpreter → clarification of role expectations

PATIENT SAFETY FIRST

- More evidential base → more presence → more effectiveness
- Main purpose of the interpreter policy: patient safety

THANK YOU FOR LISTENING!

And now...


Question
Time