

6 ENGAGEMENT INSIGHTS

Health care team

- Virtual health fosters equity
- Appointment prep checklist for everyone involved
- Administrative burden in improving language access
- Funding for language services is critical

Interpreters

- Patient advocacy & professional boundaries
- Cultural nuances
- Patient preference for appointment modality
- Virtual sign language interpretation challenges (e.g. eye contact)
- Spoken language dominance

Patient partners (DDBHH):

- 24/7 language access
- Early staff training on deaf culture
- Proactive offering of language services.
- Respect & empathy

Patients partners, Caregivers

- Provider trust
- Accessible communication beyond appointment
- Awareness of rights
- Patient interest before firm policies
- Appointment prep instructions

7 VISION

Support full participation for linguistically diverse patients & designates in their virtual health journeys:

- Awareness of patient rights
- Best practice guidelines, & policy directives
- Clear preparation resources for everyone
- Lobby for better language services funding model

5 REFLECTIONS

Appreciative inquiry: Start conversations with uplifting stories to release endorphins, foster cooperation & work towards better outcomes.

Early engagement: Include voices of those with lived & living experiences at ideation.

Extra time: Add time to meetings/appointments to incorporate best practices for language accessibility (e.g. slower speaking, interpreter breaks).

Digital literacy: Ensure staff (e.g. interpreters), patients & caregivers are adept with the technology beforehand, to prevent unnecessary delays.

Collaboration tools: Use user-friendly, secure online collaboration tools with all project team members, including patient partners (e.g. Google doc).

Clear communication: Speak slowly, be concise & use plain language (Grade 5).

Continuous improvement: Regularly check-in with patients, caregivers, & team to learn, test disagreements, & make adaptive adjustments

Resource considerations: Language accessibility demands more time & effort (e.g. arranging interpreters, resource translation in multiple languages)

Funding considerations: Integrating language accessibility from service planning through evaluation is costly.

The current funding model poses challenges for smaller programs.

Short term costs → improved patient satisfaction

2 AIM

Create resource(s) for community & health care team to encourage safe, quality, culturally sensitive virtual health interactions, with specific focus on linguistic needs of those who use a language other than English

1 WHY WE'RE HERE

- Over 900,000 BC residents speak a language other than English.
- Equity in virtual health = safety + quality + cultural sensitivity.
- Lack of knowledge on access to language services.
- Lack of available qualified interpreters & translators.

3 OUR TEAM

- Co-lead model with a Patient partner, Provincial Virtual Health, & Provincial Language Services
- 17 project members, including Patient partners who speak Spanish, French, & individual who is Indigenous & Deaf
- 2 spoken & 1 American Sign Language interpreters

4 ENGAGEMENT

Patient and caregiver engagement

- 5 Focus groups were held for multiple language constituencies, including Deaf, Deaf-Blind & Hard of Hearing community (DDBHH)
- Patient journey mapping on linguistic barriers is ongoing.
- Survey available in top 5 B.C. languages is live.

Health care team engagement

- Ongoing focus groups with administrative staff & clinicians
- 2 Focus groups held with Spoken & Sign language interpreters
- Survey is live.

Scan below to respond to surveys

Patient, caregiver



Health care team



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