

# Language and health equity:

Developing more linguistically inclusive and diverse  
work environments, processes and programs

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# Welcome and introductions

## Mot de bienvenue et présentations

# Objectives of this workshop

- Work together to identify the intersections of language and health;
- Explore areas where we should be considering language more actively in our work;
- Identify strategies and tools to help us become more linguistically inclusive in our environments, processes and programs;
- Ground our discussion in practical case studies, examples and existing services and resources.

# Language and the Ottawa Charter

- Interestingly, language is never mentioned explicitly in the Ottawa Charter (though language is probably one of the elements that is subsumed under the notion of “culture”).
- As we will explore in this workshop, language intersects with health at all levels, from the micro to the macro.
- The Ottawa Charter offers a valuable guide upon which to ground our discussion on the importance of language in health equity and health promotion.

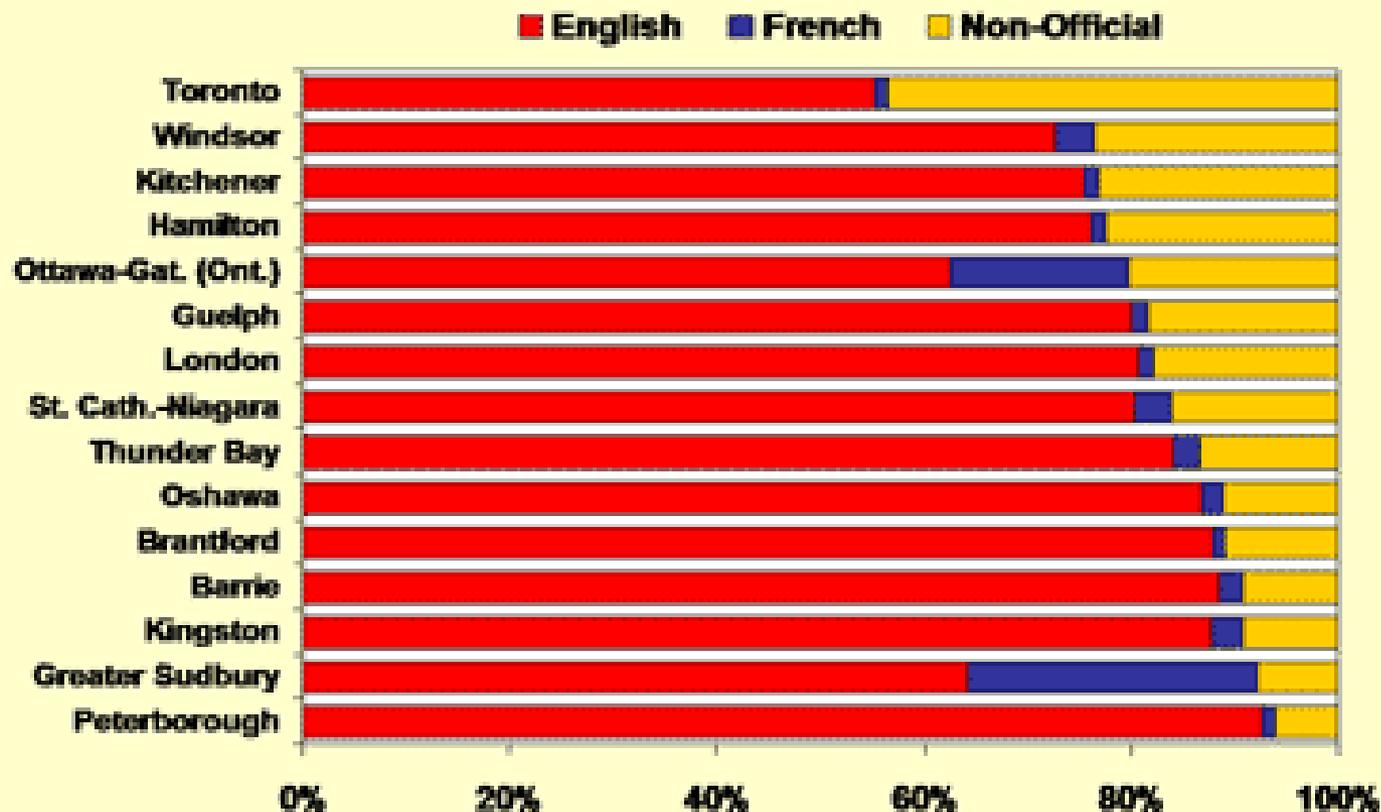
# Linguistic Diversity in Ontario

Ontario is (and has always been) a very diverse linguistic environment:

- Presence of varied Indigenous groups since human presence in the area;
- Francophone and Anglophone presence since the beginning of European settlement;
- Patterns and waves of immigration historically and in the present;
- Even within “distinct” linguistic groups, there is much diversity;
- Use and access to services in different languages vary greatly from one area of the province to another.

Ontario’s linguistic diversity is a wonderful thing, though it can certainly complicate our work as health promoters...

## Mother Tongue Distribution, Ontario CMAs, 2006



Note: Mother tongue is the first language learned at home.  
Source: 2006 Census of Canada.

# The language quilt

By Catherine Farley and Damian Listar/TORONTO STAR

English is still, by far, the first language across Greater Toronto. But strip away that blanket of dominance and a colourful patchwork emerges, showing where newcomers from around the world chose to settle. The map shows the most prevalent mother tongue after English in more than 1,000 neighbourhoods across the GTA, as revealed by a Star analysis of 2006 census data

## Some discoveries

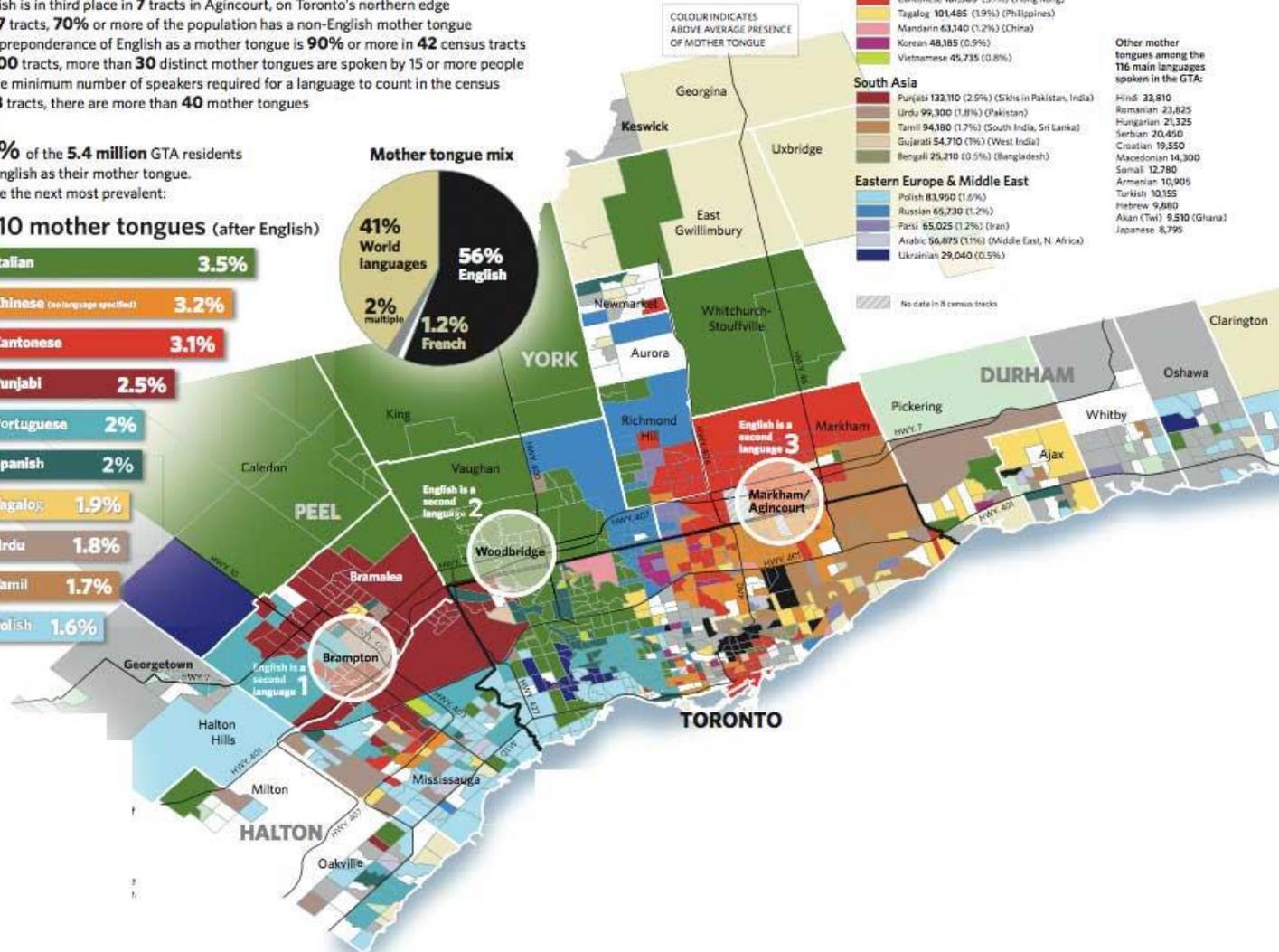
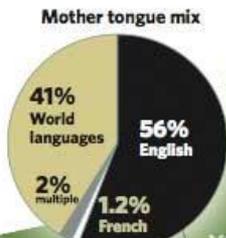
- English is the second language in **47** of the GTA's **1,076** census tracts
- English is in third place in **7** tracts in Agincourt, on Toronto's northern edge
- In **57** tracts, **70%** or more of the population has a non-English mother tongue
- The preponderance of English as a mother tongue is **90%** or more in **42** census tracts
- In **200** tracts, more than **30** distinct mother tongues are spoken by 15 or more people — the minimum number of speakers required for a language to count in the census
- In **13** tracts, there are more than **40** mother tongues

**56%** of the **5.4 million** GTA residents count English as their mother tongue.

Here are the next most prevalent:

## Top 10 mother tongues (after English)

- Italian** 3.5%
- Chinese** (no language specified) 3.2%
- Cantonese** 3.1%
- Punjabi** 2.5%
- Portuguese** 2%
- Spanish** 2%
- Tagalog** 1.9%
- Urdu** 1.8%
- Tamil** 1.7%
- Polish** 1.6%



## KEY TO MOTHER TONGUES

Number of speakers in the GTA

### Western Europe, Americas

- English 3,029,955 (56%)
- Italian 189,775 (3.5%)
- Portuguese 110,255 (2%)
- Spanish 110,225 (2%)
- French 65,405 (1.2%)
- Greek 47,305 (0.9%)
- German 42,955 (0.8%)
- Dutch 13,460 (0.2%)

### East Asia

- Chinese (no language specified)\* 173,405 (3.2%)
- Cantonese 167,305 (3.1%) (Hong Kong)
- Tagalog 101,485 (1.9%) (Philippines)
- Mandarin 63,140 (1.2%) (China)
- Korean 48,185 (0.9%)
- Vietnamese 45,735 (0.8%)

### South Asia

- Punjabi 133,110 (2.5%) (Sikhs in Pakistan, India)
- Urdu 99,300 (1.8%) (Pakistan)
- Tamil 94,180 (1.7%) (South India, Sri Lanka)
- Gujarati 54,710 (1%) (West India)
- Bengali 25,210 (0.5%) (Bangladesh)

### Eastern Europe & Middle East

- Polish 83,950 (1.6%)
- Russian 65,730 (1.2%)
- Parsi 65,025 (1.2%) (Iran)
- Arabic 56,875 (1.1%) (Middle East, N. Africa)
- Ukrainian 29,040 (0.5%)

No data in 8 census tracts

Other mother tongues among the 116 main languages spoken in the GTA:

- Hindi 33,810
- Romanian 21,825
- Hungarian 21,325
- Serbian 20,450
- Croatian 19,550
- Macedonian 14,300
- Somali 12,780
- Armenian 10,905
- Turkish 10,155
- Hebrew 9,880
- Akan (Twi) 9,510 (Ghana)
- Japanese 8,795

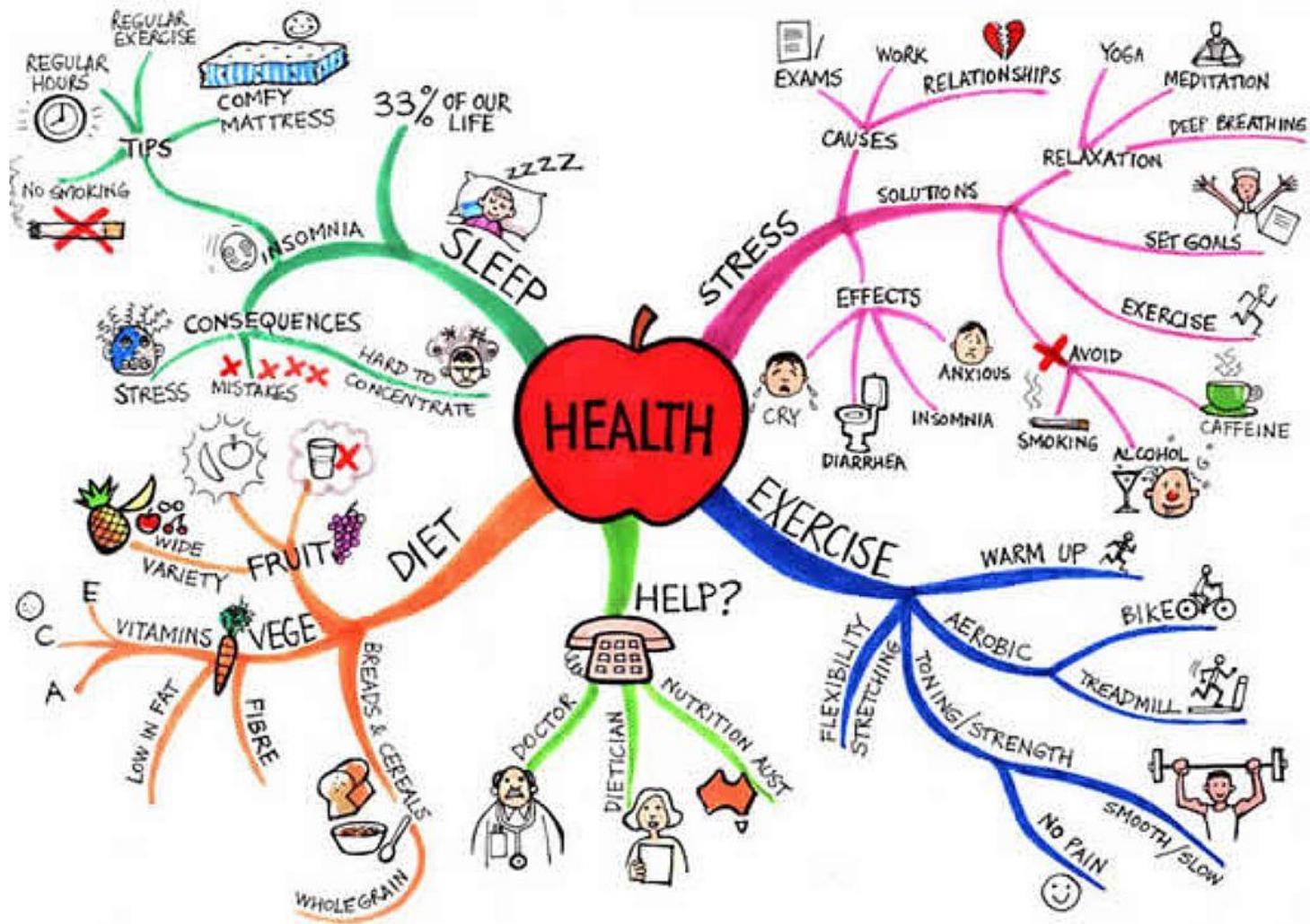
# How does language intersect with health?

Let's begin by turning to a real-life example:

## **Ali's Story**

This is one of the stories shared in the Accessibility Kit, developed by the Ontario Council of Agencies Serving Immigrants (OCASI) and available at <http://www.ocasi.org/accessibility-workshops>

In small groups, let's map the intersections of health and language



<http://www.tonybuzan.com/gallery/mind-maps/>

(This is a particularly pretty example of a mind map, yours doesn't need to be this polished)

# What comes to mind when you think about language and health?

For added inspiration as you develop your mind map, consider:

- Ali's story and how language impacts health and access to services for him and his family;
- The fundamental conditions for health put forth in the Ottawa Charter (peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity);
- Your own experiences seeking healthcare in Canada and internationally;
- Your professional experiences offering services, developing programs;
- Your knowledge of the healthcare landscape and the different players involved in responding to health.

What do the 5 action areas  
of the Ottawa Charter  
tell us about the barriers and facilitators to  
inclusive linguistic practice  
in health promotion?

# BUILDING HEALTHY PUBLIC POLICY

“Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity.”

The Ottawa Charter, 1986

# EXAMPLE - Promoting French Language Services through Policy

The active offer of health services in French (“L’offre active”) is the regular and permanent offer of services to Francophone populations.

It is governed by a number of laws and regulations:

- French Language Services Act, 1986;
- Local Health System Integration Act, 2006 and Ontario Regulation 515/09, which creates the model of collaboration between the LHINs and the French Language Health Planning Entities;
- Excellent Care for All Act, 2010.

This framework establishes the roles and responsibilities of its various actors:

- The Ministry of Health and Long-Term Care who holds the LHINs accountable for the active offer of health services in French;
- The LHINs who ensure that this accountability is shared by service providers, by including it in funding and accountability agreements and in their guiding principles;
- Entities who play an advisory and awareness role with respect to the LHINs;
- Networks who promote networking among the key partners in the health system and support projects to improve the health of Francophones;
- Organizations, community health centres, clinics, hospitals and individuals who provide services;
- The professionals who work with patients, residents and clients;
- And the individuals who use health services.

Adapted from the *Joint Position Statement on the Active Offer of French Language Health Services in Ontario*, developed by the Regroupement des Entités de planification des services de santé en français de l'Ontario and the Alliance des Réseaux ontariens de santé en français, March 2015

# EXAMPLE - Designation of the Centretown Community Health Centre, Ottawa

- The Centretown CHC offers mental health services, early years services, community services, and primary care to Centretown, Glebe and Old Ottawa South residents.
- Approximately 9% of its clients are Francophone.
- Under the leadership of the current Executive Director, the Centretown CHC applied for designation under the Ontario's French Language Services Act.
- [It was endorsed by the Champlain LHIN on September 23rd, 2015.](#)



Centretown Community  
Health Centre

Centre de santé  
communautaire du Centre-ville

# To be designated:

- An agency must offer quality services in French on a permanent basis, which is ensured by employees with the requisite French language skills;
- Access to services must be guaranteed and follow the principle of an active offer;
- Provisions for effective representation of Francophones on the board of directors and its committees are included in the administrative by-laws and must reflect the proportion of the Francophone population within the community served;
- The senior management team must have an effective representation of Francophones;
- The board of directors and the senior management team must be accountable with respect to the quality of French language services.

Adapted from the website of the Réseau des Services en Français du Sud-Est de l'Ontario:

<http://www.rssfes.on.ca/en/our-priorities/supporting-designation/designation-faq-en/>

# Through designation, agencies are recognized as:

- Effectively incorporating the provision of French-language health services into their organizational practice;
- Monitoring the provision and quality of French-language services;
- Being prepared to meet the needs of their Francophone clients and patients;
- Helping to improve the Francophone patient experience;
- Helping to improve access to the continuum of healthcare in the region.

Adapted from the website of the Réseau des Services en Français du Sud-Est de l'Ontario:

<http://www.rssfes.on.ca/en/our-priorities/supporting-designation/designation-faq-en/>

In policy, the provision of French language services in Ontario is rich and nuanced. In practice, there is still some work to be done:

- Overall French language organizations are under-resourced and over-worked;
- The Francophone community and its members are not always aware of their linguistic rights or the services that are available to them;
- Geographical variations and other factors influence whether a person can actually access the services they need in French; many Francophones just make do with services in English.

Can you think of other examples of policy interventions that affect access to health and health services in different languages in Ontario, and Canada?

# CREATING SUPPORTIVE ENVIRONMENTS

“Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.”

The Ottawa Charter, 1986

# EXAMPLE - The Niagara Migrant Workers' Interest Group

- Seasonal migrant workers come to Canada each season under the Canada's Seasonal Agricultural Workers Program (SAWP). The majority of the seasonal workers who come to Niagara every year originate from Mexico and Jamaica.
- Migrant Workers face multiple challenges and obstacles in accessing services and acquiring information during their stay in Canada.
- Information is often presented in a language workers do not speak.
- Social isolation is common.
- The NMWIG is comprised of member organizations who have a vested interest in the social inclusion of migrant workers in Niagara as well as by associate and advisory members.

More information about the NMWIG is available on their website and Facebook page:

<http://nmwig.blogspot.ca>

[https://www.facebook.com/Niagara-Migrant-Workers-Interest-Group-NMWIG-1742028006029430/?ref=aymt\\_homepage\\_panel](https://www.facebook.com/Niagara-Migrant-Workers-Interest-Group-NMWIG-1742028006029430/?ref=aymt_homepage_panel)



# Health Services for ALL Migrant Workers

## Health Clinic for ALL Migrant Workers

*Confidential service in a private setting*

Niagara-on-the-Lake Family Health Team Clinic

1882 Niagara Stone Road (next to Simpson's Pharmacy) in Virgil

3:00—6:00 (please sign in before 5:30)

### Sundays Only

May 1, 15 and 29

June 5 and 26

July 10 and 24

August 7 and 21

Sept 11 and 25

October 2

**For migrant workers  
from all countries!**

**No health card  
required!**

**No appointment  
needed!**

**Free and confidential!**



Special Thanks to the Niagara-on-the-Lake Family Health Team for their generous donation of clinic space

## HEALTH CLINIC

Sundays Only

3-6 p.m.

**(must check in by 5:30)**

**May 10 and 24**

**June 14 and 28**

**July 12 and 26**

**August 9, 23 and 30**

**Sept 13 and 20**

**October 4**

**Location: 1882 Niagara Stone Road (next to Simpson's Pharmacy)**

***Free and confidential!***

***No health card required!***

***No appointment needed!***

## HEALTH WORKSHOPS

Sundays Only

3:30-5:30 p.m.

**Learn more about ...**

<b>June 21</b>	<b>Heat and Sun Safety</b>
<b>July 5</b>	<b>Sexual Health</b>
<b>July 19</b>	<b>Body and Mind: How to Reduce Your Stress</b>
<b>August 2</b>	<b>Recreation and Leisure</b>
<b>August 16</b>	<b>Back and Muscle Strain Prevention</b>
<b>September 6</b>	<b>Eye and Pesticide Safety</b>
<b>September 27</b>	<b>Healthy Eating</b>

**Location: Niagara-on-the-Lake Community Centre, 14 Anderson Lane**  
***Bus Pick-up between 2:45 - 3:15 at the Corner of Niagara Stone Road and Four Mile Creek Road***

***Free—Snacks—Open to all Workers!***



Special Thanks to the Niagara-on-the-Lake Family Health Team for their generous donation of clinic space and to Positive Living Niagara, OHCOW and NMWIG members for their organization, preparation and workshop presentations.



If you are a  
Migrant Farm Worker  
You are INVITED to the  
**Summer Festival &  
Information Fair**

Sunday, June 5th, 2016  
4:00 pm - 8:00 pm

Niagara-on-the-Lake Community Center  
14 Anderson Lane, Niagara-on-the-Lake

**Come and join us for:**

- Information about health and services
- Dancing!
- Karaoke!
- Bicycle raffle and free gifts!
- Free meal!
- Donations are welcome to help pay for future events



Community members welcome!



Si trabajas como  
jornalera o jornalero agrícola  
estás invitado al  
**Festival de Verano  
y a la Feria  
de Información.**

Domingo 5 de junio, 2016  
4:00 pm - 8:00 pm

Niagara-on-the-Lake Community Center  
14 Anderson Lane, Niagara-on-the-Lake

**Vengan y disfruten con nosotros.**

- Información relacionada con salud y servicios diversos
- Baile
- Karaoke
- Rifa de una bicicleta y regalos
- Comida gratuita
- Se aceptan donaciones para organizar futuros eventos



Miembros de la comunidad son bienvenidos!



Can you think of other examples of interventions that help create supportive environments for access to health and health services in different languages in Ontario, and Canada?

# STRENGTHENING COMMUNITY ACTION

“Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies.”

The Ottawa Charter, 1986

## EXAMPLE - Pauktuutit's Tukisiviit – Do You Understand?

- It was determined that the lack of proper Inuktitut terminology on HIV and sexual health was increasing fear, stigma and discrimination and affecting how individuals understood their health issues and treatment options.
- In February, 2012, Pauktuutit organized the forum Tukisiviit – Do You Understand?, in Happy Valley-Goose Bay, Nunatsiavut.
- The main objective of the forum was to develop consistent terminology related to HIV and sexual health in four major regional dialects of Inuktitut.

## EXAMPLE - Pauktuutit's Tukisiviit – Do You Understand?

- Tukisiviit brought together language experts from all regions, sexual health content experts, community health and social service providers, AIDS service organizations; land claims organization representatives, educators, elders and youth, with a focus on addressing the lack of sexual health and HIV/AIDS terminology and the unique differences of dialects in Inuit regions.
- A resource (online and print) was developed to assist a broad range of health workers to communicate more effectively and accurately with their patients/clients dealing with HIV or sexual health issues.

# Tukisiviit

Do You Understand?



ᐃᓄᓄᓪ  
PAUKTUUIT  
INUIT WOMEN OF CANADA  
ᐃᓄᓄᓪ ᑦᓴᓄᓄᓪ





“This is so important to be able to have it in the health field, especially in the health field — it’s absolutely significant to have any resource material as it relates to people’s health available in their language and the dialect of the people. It’s so important.”

Informant: Tukisiviit Project Evaluation (January 2014)

Can you think of examples of other interventions that strengthen community's actions as they relate to accessing health and health services in different languages in Ontario, and Canada?

# REORIENTING HEALTH SERVICES

“Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individual and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.”

The Ottawa Charter, 1986

# EXAMPLE - CATIE's Hepatitis C Ethnocultural Education, Outreach and Social Marketing Program

- The program works with four communities (Chinese, Pakistani, Punjabi and Filipino) and in four languages (Simplified Chinese, Urdu, Punjabi and Tagalog) to increase knowledge and awareness of hepatitis C and increase testing;
- It addresses the information needs of immigrants and newcomers through three major areas of work: education and outreach; development and distribution of multilingual education resources; and media campaigns
- It takes a community development approach, which includes meaningful community involvement; engagement and partnerships with settlement, community and religious organizations; and a commitment to health equity.



# The role of bilingual facilitators

- Over four years (2011-2015), the program has engaged 16 bilingual facilitators to offer the two primary workshops and to be present at community events;
- The bilingual workshop facilitators are important, engaged cultural brokers in the program. They bring culturally sensitive health information to diverse spaces in each community;
- The program facilitators and bilingual medical and community reviewers receive honoraria for their work;
- The project primarily engages facilitators who are immigrants and newcomers and who may be precariously employed, deskilled or no longer working in a job that matches their education. Skilled pay is offered for skilled work. This is an important opportunity for facilitators to continue using their education and for CATIE to offer them some Canadian work experience and a reference.
- Potential bilingual facilitators are recruited from partner organizations and through the [provincial settlement job posting website](http://www.catie.ca/en/pc/program/ethno?tab=what).

# Developing multilingual resources

- The education and outreach component of the program is offered in the four priority languages (Simplified Chinese, Urdu, Punjabi and Tagalog);
- CATIE also offer health education resources and website information in seven other languages (Hindi, Bengali, Tamil, Vietnamese, Spanish, French and Arabic) in addition to English.
- Determining the best display typefaces for print and online is a challenge for all languages, and it often takes a number of tries to get everything to display properly in each format. In print, this means finding typefaces that can be used within Adobe InDesign.
- CATIE's designer also has to use plugins for the program that can manage languages that read right to left.
- For more information on the translation process CATIE follows to ensure content accuracy, please see the [“Translation and review”](#) program element.

Can you think of examples of other interventions that focus on health promotion to increase the capacity of communities to be healthy and access health services in different languages in Ontario, and Canada?

# DEVELOPING PERSONAL SKILLS

“Enabling people to learn throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.”

The Ottawa Charter, 1986

# Personal development begins with me

- Don't be shy, say "Bonjour;"
- Look into taking language classes at a local community centre, YMCA or online;
- Encourage your colleagues to practice speaking in another language with you;
- Assess your own linguistic practices (even in your first language) - is the language you use exclusionary or stigmatizing? (for example, see the AIDS Committee of Cambridge, Kitchener and Waterloo's Guide to inclusive language: <http://www.acckwa.com/wp-content/uploads/2013/09/Guide-to-Inclusive-Language-3.pdf>)

# Educate yourself on the impact of culture and language on your practice

Many great resources already exist, including the work of Health Nexus and its affiliated programs (HC Link and the Best Start Resource Centre):

- [Work Together With Francophones In Ontario: Understanding The Context And Using Promising Practices](#)
- [Creating a Bilingual Organizational Culture](#)
- [How to Engage Francophones...When You Don't Speak French!](#)
- [Working Together with Francophones in Ontario: Part 1 - Understanding the Context](#) and [Part 2 - Legislation and Institutional Support](#)

These tools contain lots of practical examples and tips to help organizations to be more inclusive and responsive to Francophones in their programs and organizational cultures.

<http://en.healthnexus.ca/topics-tools/vulnerable-populations/francophone-populations>

# Assess your processes and resources

- Conduct a linguistic audit of your organization to identify staff members' linguistic abilities, tools that can assist them to work multilingually, and other resources;
- However, make sure you are not over-burdening bilingual or multilingual staff, working multilingually takes more time and more resources on ALL levels.

“I got an appointment to get my son examined at the Children’s Hospital of Eastern Ontario. The medical specialist didn’t speak French, but his nurse did,” says a Franco-Ontarian mother whose son was abused by his father and who preferred to remain anonymous. “My son was comfortable with her. When the conversation is held in his language, he’s calmer, more open, and able to talk.”

<http://www.cihr-irsc.gc.ca/e/49501.html>

# Work with people and communities to find out what they need

- Research the linguistic patterns of the individuals and communities that are living in the areas that you serve;
- Assess whether different groups are being reached by health promotion interventions and/or whether they might benefit from being included in your services;
- Examine whether other organizations are offering services to these communities, create partnerships;
- Work with the communities to identify their needs and to adapt your services;
- Move beyond linguistic translation to ensure that services and resources are culturally adapted and appropriate.

# Work with interpreters and translators

- Translate and adapt your resources and materials so that they can reach a different or broader audience;
- Work with interpretation services to offer personalized services that are linguistically adapted;
- Access Alliance Language Services (AALS) offers language access services to health care, social service agencies, and the broader public and private sectors in the Greater Toronto Area, since 1989. This include remote interpretation services. <http://accessalliance.ca>
- Cultural Interpretation Services for Our Communities (CISOC) is a registered charitable organization that was founded in 1993 with the aim of providing the highest standards of interpretation and translation services. [www.cisoc.net/en](http://www.cisoc.net/en)

CISOC's *Guide to Working with Interpreters* (2013) offers lots of practical tips. It is available at [http://www.cisoc.net/files/Guide to Working with Interpreters.pdf](http://www.cisoc.net/files/Guide%20to%20Working%20with%20Interpreters.pdf)

And be creative!

“A nurse is asked to teach a 60-year-old woman of Chinese descent how to perform self-continuous ambulatory peritoneal dialysis. The woman has no family, speaks only Mandarin and lives in a Chinese housing environment. The visiting nurse identifies the language barrier and creates a care plan with the goal of promoting communication. The client identifies her next-door neighbour as an interpreter she would be comfortable with.

The nurse asks the neighbour if she is willing to help in this role. The neighbour agrees, and the nurse reviews with the neighbour the need to maintain client confidentiality. A written list of visit dates and times is given to the neighbour, who agrees to be available for scheduled nursing visits.

The care plan indicates that the nurse will knock at the neighbour’s door at the start of each visit, the neighbour will accompany the nurse to the client’s apartment, and the nurse will use the interpreter to promote communication throughout the visit.”

College of Nurses of Ontario. (2009) Practice Guideline: Culturally Sensitive Care. Available at [http://www.cno.org/globalassets/docs/prac/41040\\_culturallysens.pdf](http://www.cno.org/globalassets/docs/prac/41040_culturallysens.pdf)

Can you think of examples of other skills development interventions that can increase our capacity to provide health services in different languages?

And what are other examples of skills development interventions that can help individuals to access health and health services?

# Revisiting Ali's story

Using the Ottawa Charter and the 5 actions that it puts forth, what are some of the interventions that could help Ali and his family to access health and health services in a way that is more linguistically accessible?

# Next steps and commitments

Can you identify one action that you would like to commit to, that can help to make your work more linguistically inclusive or accessible?

Any other questions, ideas or insights?

Thank you for your time and your interest!

Merci pour votre temps et votre intérêt!

Please don't hesitate to contact me:

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