



Interpreter Use in Refugee Health Care: A Survey of Practitioners in Four Countries

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Aim

To assess how interpretation is provided, funded and governed in primary care practices serving refugees in four countries where refugees are resettled.



Context

	Australia	Canada	Ireland	USA
Population(m)	25.01	37.07	4.79	325.7
Refugees	21,968 (2017)	55 800 (2016)	760 (2017)	53, 716 (Oct 2016-Sept 2017)
Refugee and asylum seeker access to primary care	Free access to primary care, initial health assessment, public hospitals & subsidised medications. Not to asylum seekers.	Access to free primary medical care but not subsidised medications and some doctors charge co-payments.	Most receive free public hospital; GP visits; dental, optical, drugs; maternity & infant care and social services.	Most refugees receive Refugee Medical Assistance for up to 8 months usually administered through Medicaid and includes most medications
Funding and training for interpreter services in primary care	Free telephone interpreter service in primary care. In person interpreting is available. Interpreters trained & accredited.	Interpreters are accredited and trained. Access and funding varies between provinces. No free phone interpreting.	Some Health Services fund face-to-face and phone interpreting. This varies. No accredited training for interpreters.	Varies site by site, and state by state. Healthcare facilities usually provide interpreters. Some states require Medicaid to pay for interpreters for medical visits.

Methods

Design: Cross-sectional

Data collection: Online survey using Qualtrics.

- Practice characteristics
- Patient characteristics
- Interpreter use, barriers and impacts.

Analysis: Quantitative and qualitative

Participants: Members of NAPCRG, Society of Refugee Healthcare Providers, Irish College of General Practitioners, and Refugee Health Professional Networks of Australia and Canada invited to participate by email or listserv

Results

Response rates varied by country: Australia 26%, Canada and US (networks overlapped) 12.3% and Ireland 5.9%.

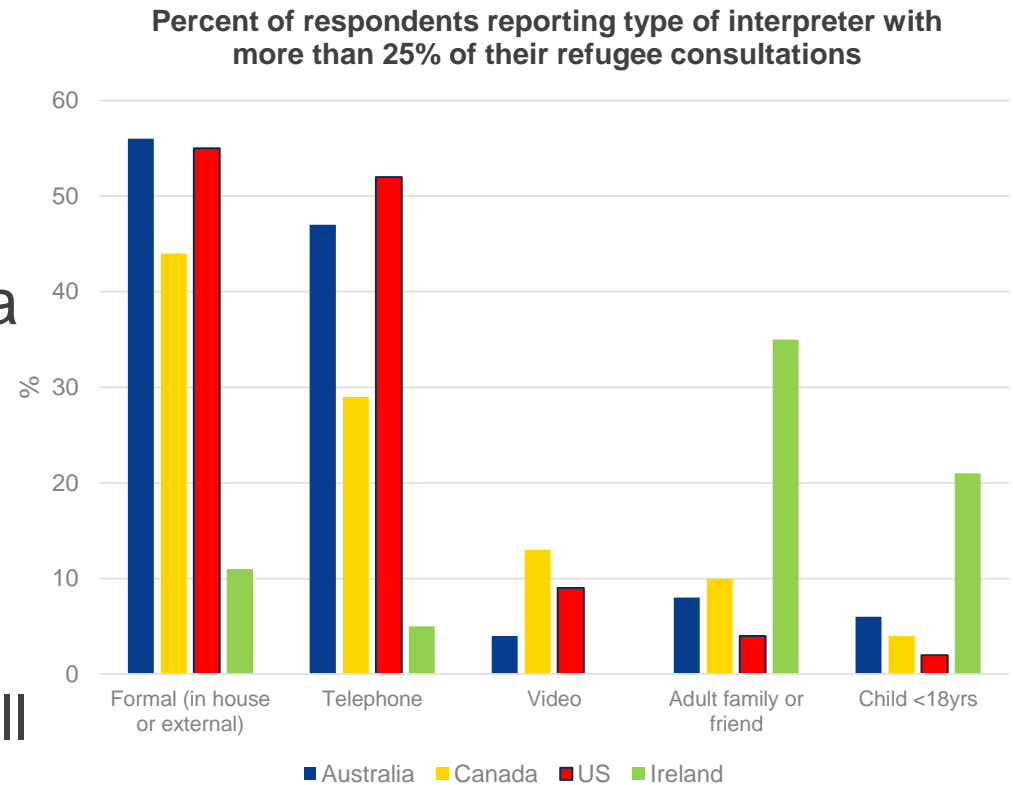
Description of respondents

- Most respondents were female and 40-59 years of age.
- Respondents had been in practice an average of 20 years and had cared for refugees an average of 9 years.



Use of interpreters

- Face to face formal Interpreters were used for more than half of consultations with refugees by half of the respondents in Australia and US, a third in Canada and 7% in Ireland.
- Use of children and family members was still common in Ireland.

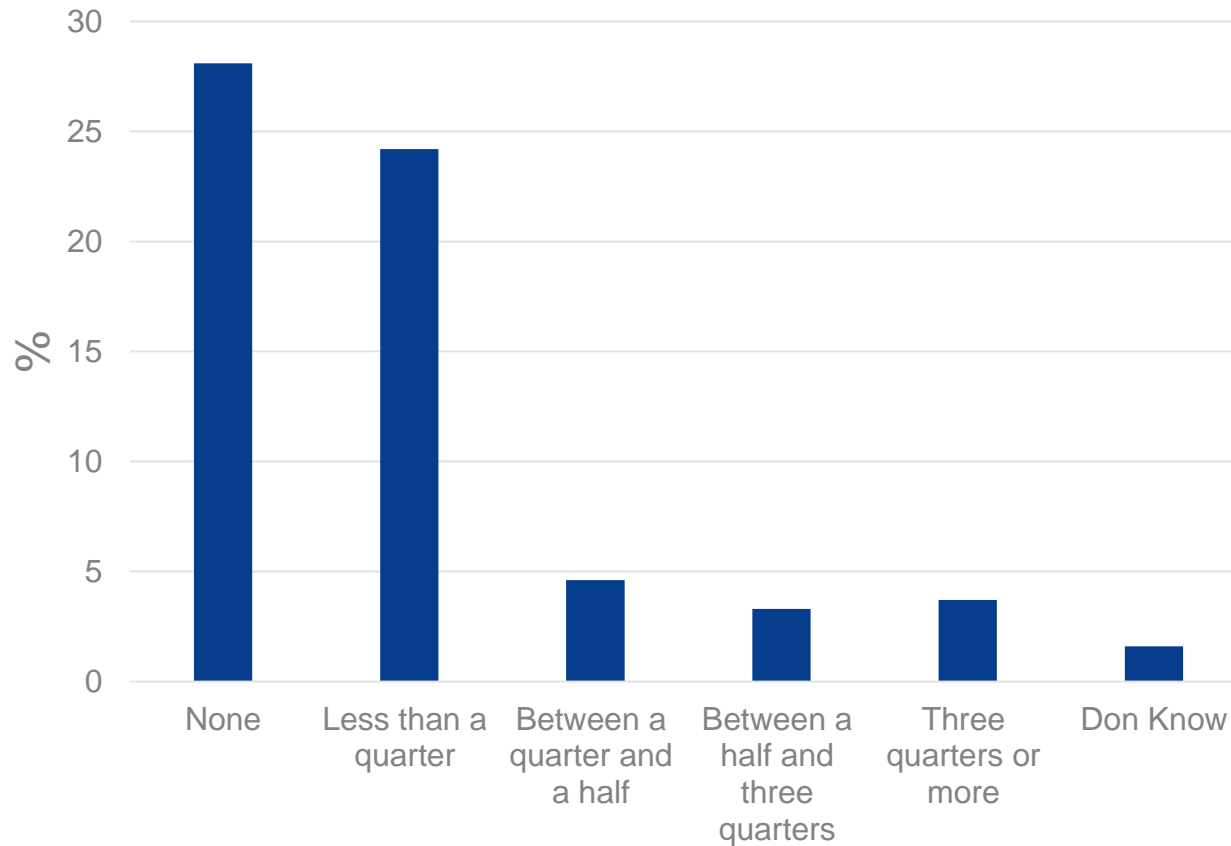


Predictors of more frequent interpreter use

	Face to Face	Telephone or Video
	OR (95% CI)	OR (95% CI)
Country of work	Ref Ireland	Ref Ireland
Australia	12.8 (5.1-32.1)*	20.0 (7.4-53.7)*
Canada	10.3 (4.2-25.6)*	14.7 (5.5-39.3)*
US	16.0 (6.6-38.3)*	30.4 (8.0-52.0)*
Age < 40 years	0.35 (0.15-0.82)*	NS
10+ yrs in refugee clinical practice	3.4 (1.6-7.3)*	3.8 (1.9-7.6)*
Gender (Female)	NS	NS
Profession (Medical)	NS	NS

Reported use of computer text

(Proportion of refugee patients with whom respondent reports using computer written text to communicate in clinical practice)



Barriers

Respondents highlighted that finding a suitable interpreter and then including them in the consultation slows them down significantly, and thereby disrupts the goal of 10-15 min consultations:

“takes a lot of extra time which is generally not built into the schedule nor compensated”

Some doctors chose to not use formal interpreter services and rely on informal interpreting or machine translation (e.g. google translate) instead, as the following quote indicates: *“I have not used translation services recently as found them difficult to use in the context of a busy surgery. Most of our Somalian/African patients (...) bring a member of the family with them”*



Over to
you!

❖ Questions and comments