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Background

Champlain Local Health Integration Network

- (includes Ottawa, Capital of Canada)
- Total population - 1,230,655;
- Senior Population - 14% (25% by 2036);
- English as mother tongue: 66.8%;
- French as mother tongue: 18.8%.

LAW GIVES RIGHT TO RECEIVE SERVICES IN FRENCH IN DESIGNATED GOVERNMENT AGENCIES (1986)

Dementia profile 18,400 people with Alzheimer's or related disorders in Champlain region

- At least 3,100 new cases each year;
- 64% not formally assessed and/or diagnosed early enough;
- 60% have 3 + chronic conditions.

Champlain Integration Health Service Plan 2013-2016 (statistics 2011)
Population characteristics for Champlain Health Link Areas (2013)

DIAGNOSIS IS DEPENDENT ON COMMUNICATION/ LANGUAGE

Research Questions

- Are trajectories the same between French and English speaking people with dementia?
- How important is it for Francophones to access services in French?
- How does one access dementia-related information?
- How are the relationships with health professionals characterized by people with dementia and their caregivers?
- What are the suggestions for the improvement of services?

Methods

Chart audits

- in specialty clinics for dementia (i.e. first visit, reason for referral, language of preference for services, language communicated with specialist, clinical exam and results);
- in family physician offices (i.e. language used with physician, date of first symptoms, follow-up dates, tests completed and results, date of referral to specialty clinic);

Semi-structured interviews with caregivers and persons with dementia

- 30-90 minutes, face-to-face, recorded, transcribed, analyzed in NVivo, Attention given to language issue.

Inclusion criteria

- 50+ at time of diagnosis in clinic;
- Diagnosis confirmed between January 1, 2007 and February 2013;
- Contact person identified in chart
- Identification in charts as primarily Francophone (FR) or Anglophone (EN).

Results

- N = 54 (30 Francophones; 24 Anglophones); Age 78 (SD: 9.2 yrs); 31 F, 23 M;
- Demographics: No significant difference between FR and EN;
- Most common diagnosis is Alzheimer's disease, followed by mixed dementia;
- No significant difference in severity between FR and EN;
- Differences in wait times between FR and EN are not statistically significant
Note: small sample size.

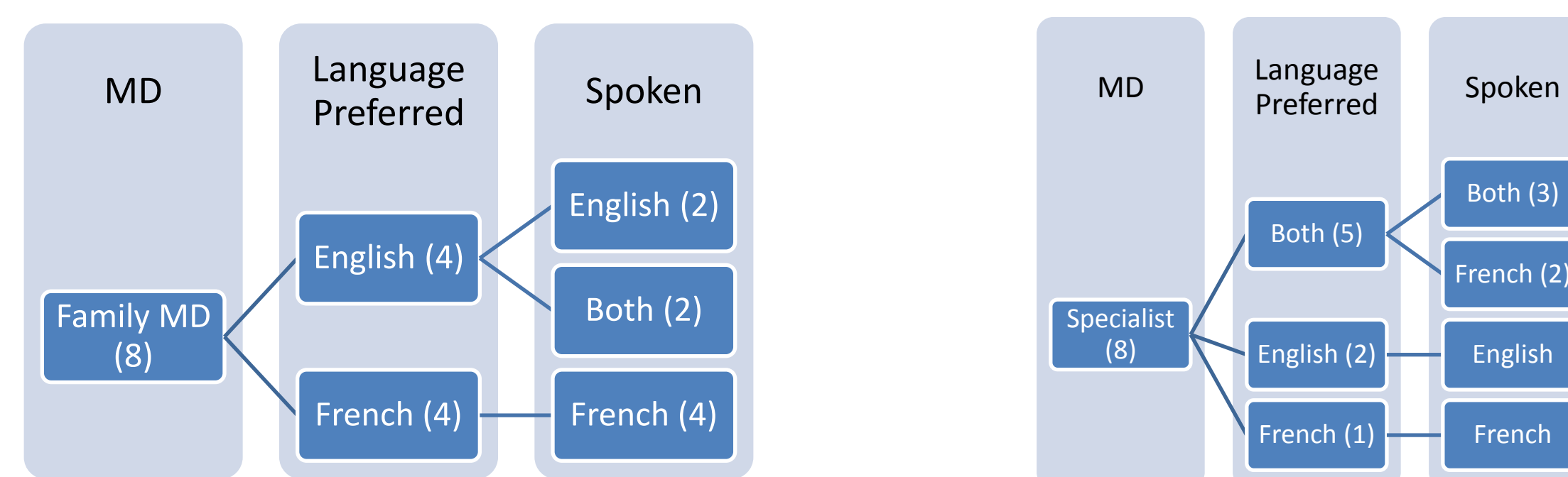


	Average Wait Time in Months (SD)	
	1 st symptoms - Referral	Referral - Visit
FR	23.67 (15.52)	3.46 (2.67)
EN	9.00 (7.61)	3.35 (2.30)

PARTICIPANT INTERVIEWS: N = 26 (12 EN; 14 FR)

Language of service

- Preferred English? All services were received in English;
- Preferred French? Only 2/10 who preferred French received ALL services in French. Of the remaining 8 who preferred services in French, the distribution was as follows :

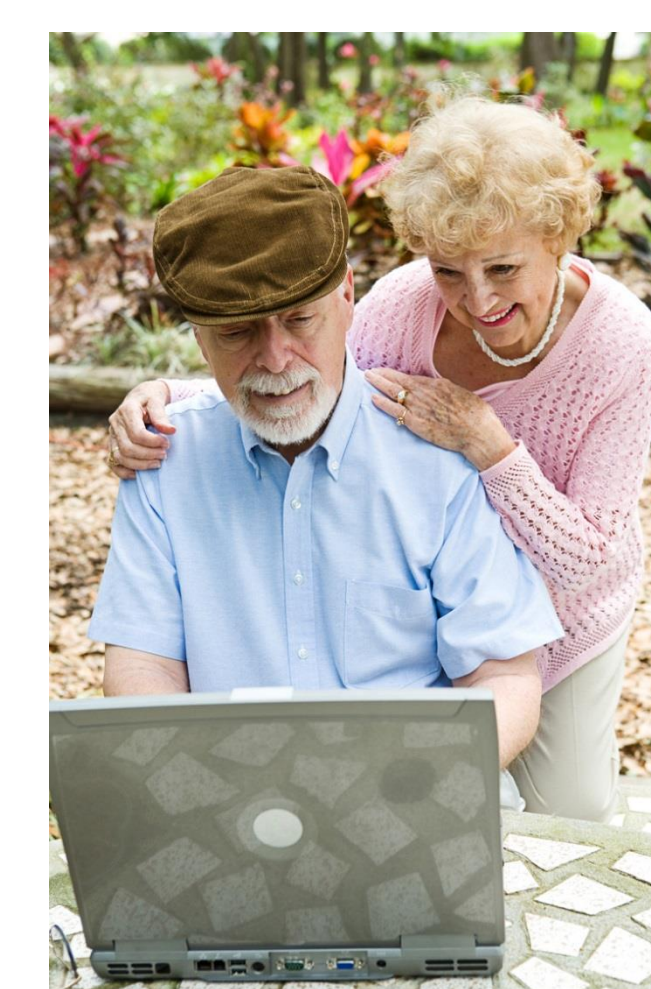


CAREGIVERS SPEAK ENGLISH BUT PERSON WITH DEMENTIA DOES NOT Need French for tests – willing to wait

- Caregiver adapts to the language spoken by the health professional;
- Many of the physicians who don't prefer to speak French make an effort to communicate in French or bilingually.

Getting information

- Both EN and FR seek information through internet, pamphlets, Alzheimer Society;
- Problems in accessing information through coordinating community body (CCAC) in both FR and EN;
- FR consult family openly and for support; EN for practical reasons.



Relationships with physicians

- Similar trajectories between EN and FR, but some FR continue to see family physician for dementia after consulting specialist;
- Many FR and EN have long-term (15+ year) relationships with family physician;
- Both FR and EN felt comfortable with and understood the information given by their family physician;
- EN reported positive relationships with specialists ;
- Some FR reported difficulties relating with their specialists.



Picture credit:
<http://spacecoastdaily.com/wp-content/uploads/2014/04/happy-mom-and-doctor.jpg>

Results

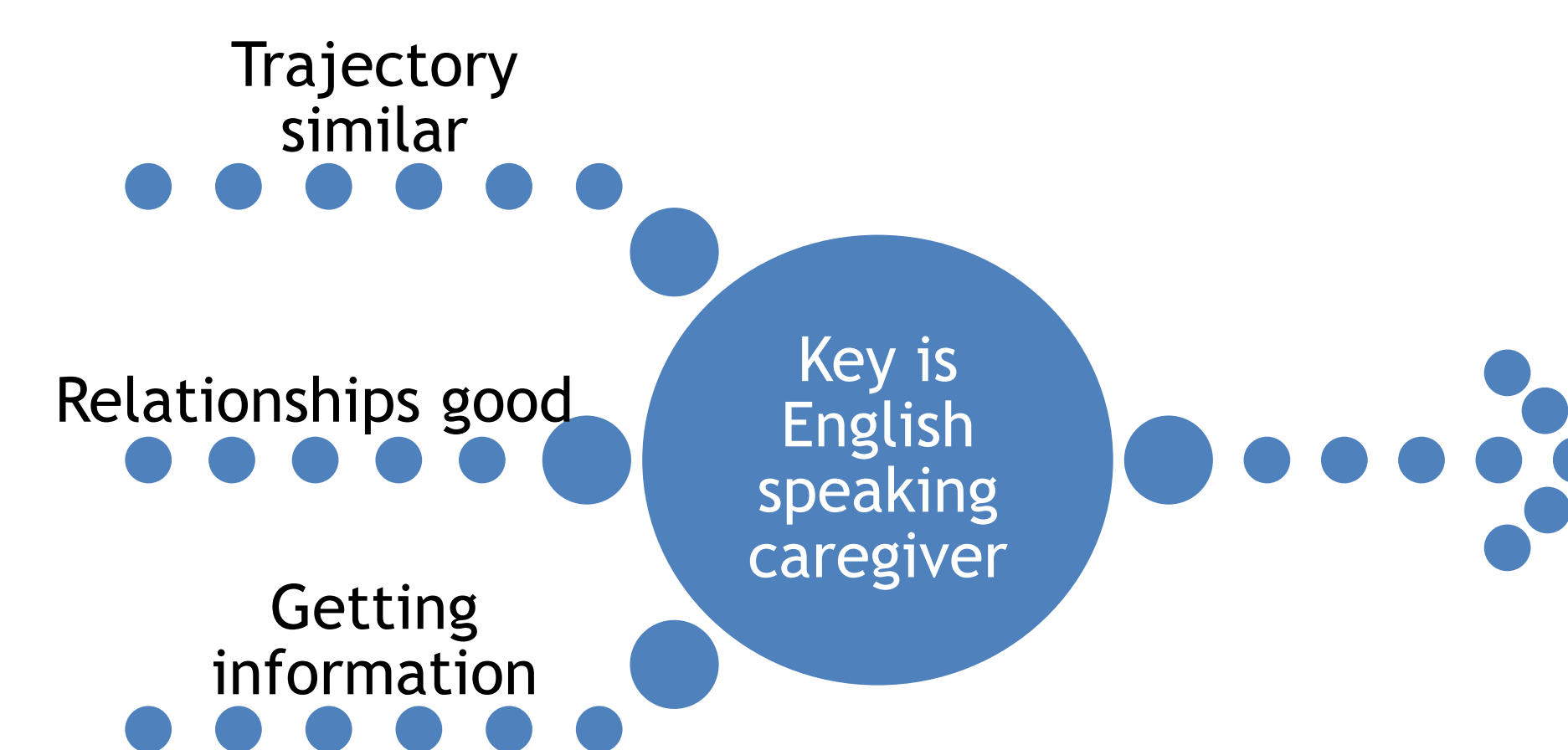
Suggestions for dementia care

- More information about long-term care (LTC);
- Better communication across provinces in the system;
- More information about dementia;
- Improved individualized care;
- Inclusion of caregivers;
- Improved access to government agencies; better understanding of the repercussions of dementia;
- More opportunities for socialization for both people with dementia and their caregivers.

Suggestions for Services to Francophones

- More FR services at Alzheimer Society;
- "I'm impressed we even HAVE services";
- A place to socialize with other Francophones;
- Use what's there and insist on it being French;
- LTC: more services, more homes, more nurses, more knowledge about dementia, all in FRENCH.

Conclusions



What about when the PWD is alone? What does this say about person centred care?

This was a catalyst study. Would it be different with more participants?

Same results with services other than medical?

A prospective study?

Other minorities?

For additional information

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