

A Community-based Interpretation Strategy to Improve Newcomer Access to Health Care in Peterborough, Ontario

A joint project of the Peterborough Newcomer Health Clinic (PNHC), the New Canadians Centre Peterborough (NCC), and the Peterborough Family Health Team (PFHT)



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The Peterborough Newcomer Health Clinic (PNHC) is a collaborative initiative between Dr. M. Sundareswaran, the New Canadians Centre, and the Peterborough Family Health Team. Currently in its pilot phase, the PNHC focuses on supporting newly arrived refugees through transitions of care. Working closely with partner organizations, the clinic provides primary care services, empowers newcomers to navigate the healthcare system, and contributes to community-wide efforts aimed at strengthening the capacity of local healthcare services to better meet the needs of newcomer populations.

The New Canadians Centre is a non-profit charitable organization dedicated to supporting immigrants, refugees, and other newcomers in the City of Kawartha Lakes, Haliburton County, City and County of Peterborough, and Northumberland County.

The Peterborough Family Health Team provides team-based family medicine in the City and County of Peterborough supporting family doctors working in Family Health Organizations (FHO). The team's interprofessional healthcare professionals include mental health clinicians, nurse practitioners, pharmacists, registered dietitians, registered nurses and registered practical nurses.

Acronyms used in this document	
LEP	Low English Proficiency (patient)
NCC	New Canadians Centre
PFHT	Peterborough Family Health Team
PNHC	Peterborough Newcomer Health Clinic
POHT	Peterborough Ontario Health Team
RIO	Remote Interpretation Ontario interpretation service through Access Alliance

Executive Summary

From January to June 2026, a community-based needs assessment was conducted in the city of Peterborough to illuminate challenges and opportunities to improve health equity for newcomer patients with limited English proficiency via strengthened communication in healthcare settings. This assessment constituted the first phase of a project aimed to facilitate more effective, accessible, and coordinated interpretation responses among Peterborough's healthcare organizations.

The study considered interpretation best practices, the experiences of newcomer patients and healthcare providers, and available interpretation services and devices. To do so, it included reviews of academic and community literature, reviews of interpretation services and translation devices, a focus group with newcomer patients (n=9), interviews with key informants (n=7), a stakeholder discussion (n=12), and a stakeholder questionnaire (n=7).

Overall, our team found that, when patients' language needs cannot be met in healthcare settings, patients need to spend more time, effort, energy, and sometimes money to address those needs themselves—at a time when their priority is their own or their loved one's health concerns. Restricted communication can be stressful for both patients and their healthcare providers alike, but healthcare providers hold the responsibility for ensuring mutual understanding with their patients.

Today a wide variety of interpretation options offer healthcare providers more ways than ever to meet patients' unique communication needs and preferences while accommodating the logistical realities of organizations. However, identified challenges include determining whether, when, and how various forms of interpretation are offered, ensuring adequate resources to make interpretation effective, and the importance of prioritizing the needs and preferences of the patient.

At the same time, opportunities include developing a local community of practice, organizational commitments and efforts to address language barriers, greater understanding of the need for newcomer support in healthcare extending beyond interpretation, the increased uptake of available interpretation services and devices, and the identification of cost-effective alternative options.

Recommendations emerging from this needs assessment consider developing supportive organizational structures, enhancing patient experience, strengthening quality of care tools, building a stronger community of practice, and committing to continued improvement. Contingent on funding, the project will now shift into a second community-led phase focused on implementation of the recommendations outlined in this report.

Background

“Communication is an essential diagnostic tool; it is critical that language access services are recognized as an integral component of a strategy to address health disparities, manage risk and ensure quality care.”¹

Peterborough, a small urban centre approximately 120 km northeast of Toronto, Ontario, has seen an increasing number of newcomers settle in the area in recent years. In fact, over the past five years, the number of newcomers served by the New Canadians Centre (NCC) in Peterborough has almost doubled, from approximately 1000 in 2021 to over 1900 in 2026. Of their clients in 2026, 30% did not speak English, with refugee clients making up the majority of non-English speakers. Newcomers to Peterborough include individuals and families arriving as refugees who subsequently experience unique challenges to integrating into Canadian life. Despite their right to and need for healthcare, they face multiple barriers to accessing services, including complex healthcare pathways and barriers to basic communications with healthcare providers. Increasingly, newcomers are arriving in Peterborough with varying levels of literacy, education, socio-economic status, and trust in the healthcare system. Compared to larger urban centres, Peterborough has minimal access to professional in-person interpretation, few healthcare providers/staff who are multi-lingual or from immigrant backgrounds, and a narrower range of healthcare options generally. Even so, community organizations and agencies show a strong desire to address these barriers and have been making efforts to support these individuals and families.

Ontario, unlike Manitoba and Nova Scotia, does not provide provincial funding for interpretation in primary health or acute care settings. Independent clinics including pharmacy-based clinics, family physicians' offices, and specialists outside of hospitals often do not have access to publicly funded interpretation services. Many healthcare organizations across Canada piece together this funding themselves.⁵ In Peterborough, the amount and sustainability of these funds is unclear. The Peterborough Newcomer Health Clinic – developed to serve unattached refugee patients – has relied on one-time grants from organizations such as the Greater Peterborough Health Services Foundation, Foundation for Advancing Family Medicine and the Peterborough Ontario Health Team to support interpretation costs. However, no interpretation funding is set aside for PNHC for next year. Situations like this can leave organizations scrambling to find funding for equitable access to health-related communication. From initial discussions with community partners, the few interpretation budgets among some healthcare organizations in Peterborough have been reported to be inconsistent and precarious.

The New Canadians Centre is one of the few sources of in-person interpretation in Peterborough. Among its many services for local newcomers, NCC provides limited training for selected community members to provide interpretation for NCC clients in diverse settings that include but are not limited to healthcare services. While these community interpreters will sometimes accompany NCC clients to medical appointments to provide interpretation, it is important to note that not all newcomer clients are connected to the NCC and the demand for interpretation services far surpasses current capacity.

In January 2026, the Peterborough Newcomer Health Clinic (PNHC) and New Canadians Centre launched this project to understand and address health equity gaps related to language barriers within Peterborough's primary and acute care settings, particularly among marginalized and racialized populations. This research builds on the work of Sundareswaran et al. (2024) who used Peterborough as a case study to explore barriers to primary healthcare access experienced by newcomers outside of large urban centres in Canada.³ The goal for the current project is to develop a comprehensive, community-based interpretation strategy that improves access to care and health outcomes for individuals with low English proficiency. More specifically, this project aims to facilitate more effective, accessible, and coordinated responses to language barriers among Peterborough's healthcare organizations.

In December 2025, an announcement was made that the most used interpretation service among Peterborough healthcare providers (VOYCE) would be terminated for organizations across Canada as of March 31, 2026. This added urgency to identifying an adequate service replacement for providers in Peterborough. Considering limited resources for interpretation, the project team recognized the importance of working collectively in the community to share knowledge and other resources.

The Importance of Addressing Language Barriers in Healthcare

Barriers to communication can have consequences for health equity, including emergency department returns,^{5,8} rehospitalizations,⁵ inadequate history taking, an increase in diagnostic tests with their associated costs,⁵ non-adherence to treatment regimens,⁵ and adverse medical events.⁵ Language barriers can also impede patient autonomy, legal/regulatory/ethical adherence, and financial efficiency.⁵ Yet, despite the many consequences of not addressing language barriers, healthcare providers may not use

interpretation services because of the time required;^{5,7,15} convenience of accompanying family members;⁵ complications/discomfort with some systems/modalities;^{5,7} lack of training to do so;⁷ lack of desired language;⁷ possibility of lack of confidentiality;¹⁵ and cost.^{5,15} Funding concerns can pose a real barrier for healthcare providers in Ontario. Across Canada, funding for interpretation is variably provided by provincial governments, health authorities, hospitals, institutions, municipal governments, and private funders. However, Ontario hospitals, health departments, and institutions need to find ways to establish and fund interpretation services without provincial funding.⁵

Instead of using the services of certified interpreters, it is common for healthcare organizations to rely on patients' family members or friends, or staff members who share a patient's language but are not trained in medical interpretation.^{4,5,7} Reasons for using these ad hoc interpreters include "little time to find an interpreter, full workloads, and urgent/acute patient needs."¹⁴ Although some research suggests that the positive outcomes from relational interpretation in private practice settings be considered when choosing interpreters, there are many potential drawbacks to relying on family members.¹⁵ For instance, family members and untrained interpreters may be uncomfortable with the content of the conversation, may not interpret accurately, or may have cultural norms that shape how to talk to others (e.g., elders) or what is appropriate to discuss.⁴ There may also be issues of confidentiality, a lack of specialized healthcare language or understanding of terminology, and interference with the patient's agency.⁴ Furthermore, there are specific concerns regarding child interpreters, gender-sensitive topics, cultural alignment, complexities of older adult healthcare, and the importance of taking a trauma-informed approach.⁵ A review by Karliner et al. (2007) of 21 articles distinguishing professional and ad hoc interpretation found:

*"Taken as a whole, the findings of this review suggest that professional interpreters are associated with an overall improvement of care for LEP [low English proficiency] patients. They appear to decrease communication errors, increase patient comprehension, equalize health care utilization, improve clinical outcomes, and increase satisfaction with communication and clinical services for limited English proficient patients."*¹⁶

Another commonly used approach, AI/machine translation, has been found to be best reserved for simple, supportive, non-clinical conversations and is recommended to only be used with caution, with set parameters.^{4,5,6,9,10} The use of translation devices can lack accuracy and nuance and fail to differentiate between similar sounding terms.⁴ In the USA, Taira et al. (2021) found inconsistencies across languages in the accuracy of Google Translate for written emergency department discharge instructions.⁹ They recommended

against using this tool for this purpose.^{9,11} Among interpretation apps, fixed-sentence apps have been found to outperform free-text in patient comprehension, patient and provider communication, patient and provider satisfaction, and patient and provider ease of use.¹⁰ Other considerations include privacy and the digital literacy of users.¹⁰

Methodology

The development of this strategy has been informed by the following:

1. **Review of Academic and Community Literature** regarding best practices in interpretation in healthcare settings.
2. **Review of Available Interpretation Services** by scanning online information, communicating with interpretation service providers, and organizing a service demonstration at the stakeholders' meeting. Because of the impending termination of a commonly used interpretation on-demand video and audio service for local healthcare providers in Canada, it was important to assess other similar interpretation services to see how they could meet local needs.
3. **Online Review of Handheld Translation Devices** that could be used when human interpreters were not available or preferred.
4. **Stakeholder meeting** where healthcare providers² and representatives of local organizations gathered on March 10, 2026 to learn about preliminary findings, see interpretation service and device demonstrations, and participate in a facilitated discussion on their experiences around interpretation in primary and acute care settings. (n=12)
5. **Stakeholders' Questionnaire** which attendees at the stakeholders' meeting were invited to complete regarding their policies, practices, and perspectives regarding interpretation in their organizations. (n=7)
6. **Key Informant Interviews** were conducted with seven people working in local healthcare organizations to examine interpretation policies, expectations, practices, modalities used, facilitators and challenges, innovations, usage numbers, and desired changes. (n=7)

7. **A Newcomer Patient Focus Group** was conducted with nine local newcomers speaking as patients of the local healthcare system. Four interpreters were present at the focus group to provide translation into the participants' four preferred languages (Arabic, French, Spanish, and Somali). The participants were asked to describe some of their experiences trying to communicate with healthcare providers, what made this harder, what made it easier, and what they feel is needed to improve the communication between limited proficiency English speakers and local healthcare providers. (n=9)

The healthcare providers' meeting and questionnaire along with the reviews of academic and community literature, interpretation services, and handheld translation devices all provided context for the healthcare provider interviews and newcomer focus group. The interviews took place online and were transcribed via Teams while the focus group occurred in person and was recorded on a handheld recorder and transcribed via Microsoft Office. All transcripts were checked for accuracy. Structural coding, where the interview questions form the codes, was used for the interview transcripts. From there, sub-themes were developed inductively within the categories of Challenges, Opportunities, and Recommendations (see Table 1). The focus group transcript was compared against these themes which were adjusted accordingly. Finally, Dr. Madura Sundareswaran, who co-led this project, provided a reflexive analysis by reviewing the findings and providing insights from her own experiences as the medical director of the Peterborough Newcomer Health Clinic.

Findings

All the data from the stakeholder meeting and questionnaire, key informant interviews, and newcomer patient focus group was compiled and aggregated in preparation of this report. Demographics are summarized in Table 1.

Table 1: Research Participants

Sample		N
Stakeholder meeting	Administrators	7
	Healthcare professionals (e.g., nurse practitioners, physicians, social workers, other frontline workers)	3
	Other	2
Key Informant interviews	Administrators	4
	Healthcare professionals (e.g., nurse practitioners, physicians, social workers, other frontline workers)	3
Total number of organizations represented		11
Newcomer focus group		9

Available Interpretation Options: Benefits and Limitations

Across Peterborough, there is much diversity in interpretation modalities both within and among healthcare organizations. These include certified and non-certified in-person interpreters, remote interpreters (through services such as RIO, MCIS, and until recently, VOYCE), patients' family members and friends, staff who are not certified interpreters, and Google Translate.

Through this research, healthcare providers and administrators shared what they prioritize in choosing professional interpretation services. The following, in order of frequency, were identified as priorities through the stakeholder questionnaire:

- quick, reliable connection (6)
- privacy and confidentiality (4)
- interpreters who are medically trained or have medical terminology (4)
- breadth of languages (2)

- possibility to choose the gender of the interpreter (1)
- accessibility (1)

At the stakeholders meeting and in interviews, providers also shared these priorities:

- accuracy
- price/cost effectiveness/ability to just pay per minute (no subscription)
- reassurance that the service is used by other healthcare organizations
- lack of technical problems
- options for both audio and video
- professionalism among interpreters
- Canada-based

The table in Appendix A shows comparisons between various remote interpretation services. This information was gathered from service websites, the websites of Ontario healthcare organizations using remote interpretation, and communication with representatives from some of the services. As services emerge, change, and close, it will be important to continue to monitor their ability to meet the needs of local organizations.

In-person non-certified and certified interpreters

Across the community, a variety of non-certified interpreters are called upon to address language barriers in healthcare settings. For example, one organization has a nurse who greets French-speaking patients in French but does not interpret medical conversations. At another organization, healthcare providers start first appointments with professional remote interpretation with only the patient and interpreter present while they conduct a safety screen and domestic violence screen. After that, the patient is welcome to have a family member translate if they wish, although formal interpretation is encouraged for medically complex conversations and situations where the family member seems to not be answering for the patient or not translating comprehensively.

Some providers reported that, despite understanding privacy and accuracy concerns in working with non-certified interpreters, they still sometimes ask non-certified staff from their organization to interpret in various capacities. For example, one provider explained that her organization sometimes asks staff from other departments to interpret in medical appointments even though there are concerns with this:

“You know, [patients] are discussing very personal information. They've never met this person, but yet the person works at [the organization]. It just didn't feel right.”

Key informant and newcomer participants both shared that patients sometimes bring friends or family to translate. At one organization, staff reluctantly relies on family members when other interpretation is not available despite knowing the related risks. Even though the organization has remote interpretation services, staff are constrained by the financial limitations of using it.

Key informants found that patients liked the rapport they developed with in-person community interpreters from the NCC. Although these interpreters are only responsible for providing interpretation, they often provide other important services, like much-needed emotional support and service navigation. Several service providers saw much value for patients in the rapport and consistency of NCC community interpreters.

“And I feel some clients prefer the community interpreters [rather] than over the phone because the trust is being built, right? Because they see the same faces over and over again. And all of a sudden when someone's changed, jumps into this lifestyle, whether it's a medical appointment or with a caseworker, their personality may change. The trust may not be there as much.”

“I think the patients present as more at ease in those situations [with community interpreters].”

Another healthcare provider saw that NCC community interpreters could also lighten her team's workload.

“I guess it would be nice, like the patients who do come with a translator from the NCC often have like a rapport and a relationship with that translator already. So, I think that is nice for those patients to have someone there at least a little bit familiar with, present for translation when they're talking about their health information...So greater access to community interpreters that they could bring to appointments with them would be really nice. And it would also reduce our burden of trying to find a translator, availability of translators, the time it takes to connect to a translator in the moment when the patient presents here.”

Some NCC community interpreters clarified processes for patients after an appointment, like the steps to see a specialist, get bloodwork, or get test results. They also strengthened continuity of care by reporting back to patients' NCC caseworkers. One provider explained the value she sees in having the physical presence of and ongoing connection with community interpreters in helping patients understand directions in medical settings like how to find the bathroom or how to provide a sample for lab work. One participant suggested that there might be situations where it could be helpful to have both a professional interpreter and an NCC interpreter as a support person.

However, relying on NCC community interpreters presents several challenges. First, it is incumbent on clinicians, not NCC, to provide interpretation for all their patients who require it. There is a limit on the number of community interpreters in any language and funding for them. In addition, Peterborough's small size means small non-English language communities, leading to possible challenges with actual or perceived patient confidentiality. Many community interpreters do not have full professional certification. As a result, healthcare providers were not always convinced of the accuracy, especially medical accuracy, of this form of interpretation. In fact, some healthcare providers do not permit community interpreters. A newcomer participant told us:

“Like I said, the doctors, they don't accept interpretation from outside. They want to call their own interpreter.”

For the most part, healthcare providers did not report relying on in-person certified interpreters. However, one provider shared that the hospital books in-person interpreters through RIO in some circumstances, for example, to provide interpretation for surgical outpatients throughout their time in hospital. Ipads are used if the interpreter does not arrive. The provider reported that this approach provides continuity for the patient and results in better patient satisfaction.

Remote interpretation

In recent years, various local healthcare providers registered with VOYCE, a professional interpretation service that offered medical interpreters through audio and video conferencing. Healthcare providers who used this service generally found it to be efficient and effective for providing interpretation for patients. While other comparable services exist, they generally are not medical-specific services and do not offer connections as quickly or seamlessly.

Based on the review of interpretation services (see Appendix A), the project team identified RIO through Access Alliance, an Ontario-based on-demand service providing audio and video interpretation with per-minute pricing, as a service that might best address local providers' needs. A demonstration of the interpretation platform at the March 10, 2026 stakeholders' meeting allowed local providers to assess for themselves the benefits and drawbacks of this service. Some providers were already using RIO. Others have recently begun using this service because it has been around a long time and is used by many other organizations in Ontario. RIO has a discount for Ontario Health affiliated partners/ organizations. Other key informants reported that they did not appreciate the wait for remote interpretation services like RIO when they were already so busy. One said that she did not like having to “navigate through the maze of the automated system before you get

anywhere. It often loops you back through a couple of times.” She also reported that RIO had poor quality and unprofessional interpretation:

“Often [interpreters] are like on the city bus or at a park with their kids, so there's a lot of background noise...And so I find it like kind of prohibitive, like I would much rather use a family member...Because it just kind of eliminates all the steps...Yeah, we, I've encountered it quite a bit actually, like you can hear like pots and pans cleaning in the background.”

When asked how her patients experienced this, she stated "I think it makes [patients] a little bit uncomfortable and a bit guarded."

Some key informants suggested that video can be a better experience than audio, especially when tablets on wheeled stands can allow for movement and video can be turned off if a patient is uncomfortable with it. Sometimes seeing a professional interpreter in-person or on video can help with greater understanding. As one newcomer participant reported:

“Actually, when [participant] has any visit to her family doctor or the doctor, when they have interpretation over phone [corrects self], over video, that helps a lot in communication with them... She can understand more about, like, the instruction, if there are any instructions or anything, so she can understand more about that, like, rather than she is using Google Translate.”

However, some organizations rely almost exclusively on audio interpretation, with some providers finding it easier and less distracting for communicating directly with the patient. In addition, all but two of nine focus group participants shared that they prefer audio over video interpretation. This was linked to privacy and not wanting the interpreter to see them during medical appointments. Participants noted other challenges with video, including tech-related lags and connectivity issues. This participant recounted an experience where video interpretation did not work well at all:

“Okay, so [participant] had experience with video. She was pregnant and she went to the doctor. She had her friend who is here. She was speaking English, but the doctor told her ‘no, we will use the video.’ And when in the meeting, it was a lot of problem, like in communication with the interpreter over video, like first the voice was low, the interpreter. There was some delay as well. So, and the doctor, she found herself repeating the question many times and there is bad communication between the doctor and interpreter so at the end the doctor used her friend as an interpreter.”

Some key informants were also concerned that remote services were sometimes complicated to use, took time to connect, required more notice to book interpreters (when booking was necessary), and sometimes had other technical issues like dropped calls that required them to restart with different interpreters.

Google Translate

Despite concerns raised in the literature with using Google Translate for medical interpretation, both medical professionals and newcomers introduced Google Translate into their conversations, each sometimes using their own devices.

“At the emergency department, they used it to communicate with her [participant] using Google Translate.”

“She [participant] was just saying that [her daughter] would use Google Translate and she would give the phone back so they wouldn't use the healthcare provider's phone.”

To help facilitate this form of interpretation for day-to-day encounters, the NCC endeavours to teach clients very early on how to use Google Translate. As one healthcare provider told us, however, this form of translation can pose challenges for some patients, not only those with limited technical skills, but also those with low literacy or no phone.

Regardless of the modality, privacy always needs to be considered. As one healthcare provider reflected,

“We're cognizant [that] we are inserting somebody into the care because we can't provide the care in that language. So that's probably the big one that we struggle with is that we are deciding unilaterally that they need this interpreter there because otherwise we can't provide care.”

This participant added that providers could offer patients the choice to not use a professional interpreter, but then the patient also needs to understand the risks of other modalities.

Modality choices can change depending on factors such as the kind of conversation, client comfort/need, and technical logistics. The challenge for healthcare professionals may be choosing a modality that adheres to necessary standards while addressing client preference and affordability.

Current Landscape: Challenges and Opportunities, and Recommendations

Peterborough healthcare providers and administrators described a range of interpretation need (from a few times most years to a few times most days) and interpretation usage (from no interpretation to a variety of interpretation and language supports). Clear communication between healthcare providers and newcomers with limited English proficiency is influenced by factors at the level of practitioners, their organizations, the community, government, and interpretation providers. Table 2 provides a summary of the challenges to, opportunities for, and recommendations for strengthened communication in healthcare in Peterborough that emerged from this research.

Table 2: Current Landscape of Interpretation Supports

Challenges	Opportunities	Recommendations
1. Limited access to any form of interpretation 2. Need for specific languages 3. Technical issues 4. Limited written resources 5. Absence of interpretation at all points of contact 6. Considering specific populations: Not a one-size-fits all approach 7. Assumptions that interpretation equals comprehension 8. Absence of interpretation policies 9. Cost	1. Strengthening the community of practice 2. Organizational commitments 3. Recognizing support beyond interpretation 4. Increasing uptake of available interpretation services and devices 5. Exploring cost-effective alternative options	1. Commitment 2. Interpretation policies 3. Continuity of interpretation 4. Patient-centred care 5. Training and education 6. Interpretation standards 7. Lived experience engagement 8. Ongoing review of preferred interpretation service 9. Data collection 10. Future research 11. Evaluation 12. Community collaboration, communication, resource sharing

Challenges

Newcomer patients and healthcare professionals both described several challenges with addressing language barriers.

1. Limited access to any form of interpretation

Newcomer participants shared their stories of not being able to access any interpretation in a healthcare setting. They spoke of having gone to the hospital, after-hours clinic, or doctor's office only to find that interpretation was not available and/or they did not know how to ask for this. Staff from one local walk-in clinic shared that a lack of available funding means that:

“language translation and interpretation are currently the patient's responsibility. Patients are expected to attend their appointment with a family member, friend, or support person who can assist with communication if they are not fluent in or do not understand English.”¹⁷

One service provider explained that it is very difficult for patients to find interpretation in healthcare and other community settings, sometimes because of what she perceives as an unwillingness to provide interpretation services:

“Yes, because most clinics doesn't want to do the work. A lot of them say 'we don't have access.' We have heard in the past that some clinics saying that 'we run out of funding'... But it's the work that [it] takes for them to pull out the phone to call an interpreter to have a phone... Like other clinics that are not familiar with second-third languages or interpretation, they don't do it. They don't make that call to make the life of the patient easier.”

A clinician concurred:

“I have had experiences where physicians' offices just decline referrals because patients don't speak English and report time restrictions as justification for doing so.”

Some reasons cited by healthcare providers for not providing interpretation included a lack of funding, the convenience of family and friends who can interpret, and a need for staff education (e.g., on why interpretation is important, how it can be patient-centred, and what the patient experience may look like).

In addition to the many risks of impaired communication in healthcare, newcomer participants raised additional concerns about the time, attention, and work it costs them. For example, in cases where interpretation was not provided, participants needed to find their own ways of communicating with healthcare providers, even though their priority was addressing their health concern. One patient noted the particular importance of having interpretation provided during urgent situations:

“[participant] was saying that when it's urgent and when they quickly need help, to try and find an interpreter is more complicated because she's focused on her daughter [with the health concern]”

Sometimes newcomers were able to use Google Translate to communicate or eventually able to rely on their own children:

“after a few years, [participant's] daughters could interpret and this worked very well because she could not do it, and it was especially hard over the phone.”

2. Need for specific languages

Newcomer participants did not report difficulties finding their specific language represented in the audio or video services used by healthcare providers. However, some concern was expressed about a lack of Indigenous languages, and one healthcare provider found that some languages, like Mandarin, were sometimes hard to access. For in-person interpretation, another healthcare provider shared that there is only one interpreter in the community for a particular language, making it very challenging for patients when that person is not available, and that, for some languages, it is very hard to find any in-person interpreter at all.

Even when the needed language was available, both participant and healthcare provider reports indicated that patient communication had been hindered when an interpreter used a dialect that was unfamiliar to the patient. One newcomer participant stated,

“with interpretation over video also, it's hard sometimes because I think this is related to the dialect for Arabic language for example. So, [participant] saw that she needs to repeat many times to use the interpreter to be able to understand her so he can translate.”

As the number of languages spoken in Peterborough increases with the arrival of people from more parts of the world, it is important that the community is prepared to support patients speaking a range of different languages.

3. Technical issues

In addition to the technical issues related to remote interpretation that were described earlier, other technology that is not kept updated or in working order can impede communication necessary for newcomers to access healthcare. For example, one participant explained that she called the hospital after her daughter was injured and, when the phone system offered the option to proceed in French and she indicated that she was speaking in French, she was disconnected. This had implications for the time, effort, and money she needed to devote to having the health issue addressed. Regardless of the

reason for the disconnection, patients with the same experience may be discouraged from calling again.

4. Limited written resources

A few providers raised the need for printed translations of documents like forms, health information (e.g., a diabetes management booklet), program information, patients' questions, and possibly instructions for how to access supports like ODSP. It would be important for providers to keep English versions handy to know what information they are sharing. Such translations might help both within and between organizations by facilitating referrals and directions for using other services. Hard copy information might also be especially helpful for older patients who may not be proficient with digital forms of communication.

There may be the potential for AI to be a tool for developing written materials for patient/clients for whom English is a second language. A couple of organizations use Heidi AI medical transcription software to scribe encounters with patients into a note in the needed language that could then be provided to the patient—but there was also concern about the accuracy of this method:

“We've started using Heidi AI as a note taker... It's an AI generated note taker and so it follows all of the PHIPA privacy laws and it will, with the patient's consent, take notes during the visit. And it will translate things into a visit summary in different languages. We don't have any way of confirming if it's right and so we just add a disclaimer onto it that says like this translation service might have some faults because we can't confirm that it hasn't hallucinated and added something to it, but it's usually, we've played around with it with some of our French-speaking friends and said, like, ‘when I translate this conversation into this conversation, is it the same?’ And they've confirmed that it's quite accurate. And so as long as we see the English version...”

Using AI as a tool with some newcomer populations requires caution given patients' possible trauma-related concerns,¹⁵ fear of persecution, and worries about deportation, regardless of the actual level of threat. More research is needed to better understand the use of AI in patient care, particularly among marginalized populations.

The same provider wondered if a trusted interpretation service like RIO could provide on-demand translation. Some providers felt that it could be helpful for organizations to have access to a virtual library of documents or equipment or software that can provide printing in translated languages.

There may be practical challenges with hard copy translations, especially as the diversity of local newcomers, especially refugees, changes, with levels of education and literacy perhaps providing more of a challenge than a lack of translation does. Existing banks of translated health materials (e.g., Medline Plus) may be helpful, but such materials also need to be kept current and may be branded as coming from other jurisdictions. One option, currently being applied at the PNHC if a patient can use technology, is to find simple English text online and encourage patients to directly use their Google Translate app to translate it.

5. Absence of interpretation at all points of contact

Barriers to communication can fluctuate across points of contact. For instance, healthcare providers and administrators sometimes found it challenging to:

- understand why the patient is reaching out for an appointment
- identify the patient's preferred language
- communicate appointment scheduling information
- have fluidity between front desk communication and appointment communication especially when phones are attached to the wall and not mobile
- answer final questions or provide final information at the end of an appointment after the interpreter has hung up

One healthcare provider said that in her organization, there is currently no interpretation until a patient is in the examination room with the interpreter on the phone. Conversely, one of the benefits of informal interpreters, like friends, family, or NCC community interpreters is that they can sometimes accompany a patient throughout these various stages. For instance, one provider gave an example of a community interpreter who stayed with a client at the emergency department and went beyond her interpretation role to help the patient get blood work done and obtain a prescription and then go with client to the pharmacy to get it filled. Recognizing the challenges that newcomers may experience in relaying information between healthcare professionals, the PNHC shared their process for sending referrals to specialists or ordering tests if patients do not speak or understand English. All referral details for specialist appointments and testing are communicated directly back to the clinic and then relayed to the patient or case worker. This avoids the challenge of navigating a telephone call with important medical information that is likely to be missed.

6. Considering specific populations: Not a one-size-fits all approach

Healthcare providers and administrators noted the importance of considering individual patient needs that may influence how interpretation is provided. For example, several

female newcomer participants shared the importance of gender in health-related interpretation. They felt strongly that they wanted female interpreters in medical appointments and some preferred to audio over video.

“[Participant] said it would be nice to have a lady interpreter [all the time]”

“[Participant] would prefer at least to have the interpretation done by a female. For her sometimes it's [necessary] to have a male doctor, and she understands that, but she doesn't want to transfer the information from herself to a male to a male.”

“[Participant] said ‘I don't like the video’ because of sometimes it's personal when you're talking about like female and there's a male interpreter, you can't talk everything with them... So that's the reason I don't like. I [prefer to just] have a voice. So, you don't see the person even if you're talking about something.”

In addition to gender, it is important to consider that patients with low literacy levels may be unable to understand written materials, even when they are translated. Some newcomers can take longer than expected to become fluent in English. Newcomers also may have experienced trauma in their country of origin and/or in Canada. And some newcomers, such as international students, may be able to work or study in English but still not understand medical terms in English.

7. Assumptions that interpretation equals comprehension

Interpretation alone is insufficient for consent. Patients also need to understand content, such as what they are consenting to. One newcomer participant highlighted how crucial it is for healthcare professionals to check to ensure that their own understandings and those of their patients align. She recounted an experience when could not understand the physician's question and therefore did not get the test that she needed.

It is important to note that patients' affirmative responses are no guarantee that they understand what their healthcare providers are saying. It is possible, as one service provider pointed out, that patients may indicate that they understand out of politeness and from not wanting to embarrass themselves or others. Ensuring shared understanding requires patience as healthcare providers leave sufficient time for interpreted conversations and provide time for confirming comprehension.

8. Absence of interpretation policies

Interpretation policies are intended to provide those working in an organization with clarity and guidance on the reasons for using interpretation, when and how to use interpretation services, and what kind of service to use. They may also explain best practices in using interpretation and the benefits of certain forms of interpretation. Policies also provide patients with clarity regarding the services that they can expect. At a minimum,

interpretation policies can provide organizational direction for how to proceed when a patient is not fluent in English. While some healthcare providers and administrators reported that their organizations have a functioning interpretation policy, others did not have one, and some were developing or updating theirs. A lack of policy may leave staff unsure of their responsibilities for addressing language barriers, leading to inconsistent and inadequate care.

9. Cost

For some organizations the costs of interpretation proved prohibitive, placing staff in the challenging position of having to determine whether to let patients know that interpretation was available. One provider stated that staff might allow a patient's friend to interpret instead of encouraging the patient to use an interpretation service since cost is always a concern. Likewise, the costs for NCC of providing community interpreters are also prohibitive. For example, as one service provider told us, there is a limit on the time that community interpreters can be compensated for when they take a client to the emergency department even though the client may end up being there for a full day. Healthcare providers may sometimes reduce costs by using Google Translate, in-house multilingual staff, or translations devices for non-clinical conversations, like appointment setting.

Summary: Overall, there is much inconsistency within and among organizations regarding whether, which, when, and how interpretation supports are provided. While there was some variation in both patient and healthcare provider preferences, it was clear that patients could benefit from having patient-centred interpretation and written translation more consistently offered across the local healthcare system and at all points of contact, as well as the assurance that adequate interpretation would be available, especially during emergencies.

Opportunities

1. Strengthening the community of practice

Healthcare organizations in Peterborough have been working together in various manners to address language barriers for patients. As early as 2020, healthcare providers attended an online training session on how to use interpreters which was organized through the local Peterborough Immigration Partnership. More recently, some providers have offered each other tangible interpretation resources like translation devices, tablets, and tablet stands on wheels. Some have expressed interest in sharing textual materials, perhaps in a

repository of common healthcare resources for patients. At the March 10, 2026 stakeholders' meeting, a dozen representatives from healthcare organizations met to learn from each other, identify their needs, and develop ideas for moving forward around accessing translation devices and interpretation services as described in detail above. Efforts are already underway supporting a collaborative, community-based approach to address health inequities due to language. A LinkedIn group has been started as a central place for healthcare providers in Peterborough working with refugees to communicate and share resources.

This foundation of collaboration may lead to continued opportunities for mutual support, resource pooling (written, physical, and technological resources), exchange of information and best practices, and co-development of strategic efforts. Organizations should share knowledge regarding best practices in an ongoing way.

Ongoing engagement with the Peterborough Ontario Health Team will be important given the strong alignment of this work, its priorities, and mandate including primary care access and attachment, advancing health equity, and strengthening relationships between healthcare organizations to provide a coordinated, streamlined approach to caring for newcomers.

2. Organizational commitments

Healthcare providers and administrators throughout this research have indicated an interest in and commitment to addressing language barriers in their organizations. During this time some of them have bought translation devices, made decisions to work with RIO interpretation services, and worked on updating their interpretation policies. One organization even reported that staff occasionally accompany a patient to an external appointment and take a tablet for remote interpretation there. It is encouraging to see such a commitment even among organizations that see very few people experiencing language barriers.

3. Recognizing support beyond interpretation

Because newcomers may not only be unfamiliar with English, but also with the healthcare system itself, they may require assistance that goes beyond interpretation to navigating the healthcare system. The NCC acts as a critical link between patients and their healthcare services in several ways. For example, NCC plays a role in scheduling and communicating appointment details. One participant was pleased when she advised her NCC caseworker that she needed an appointment, the caseworker then booked the appointment, and the doctor's office booked an interpreter for the appointment. Another

participant stated that being linked by NCC to a doctor who spoke her language, Spanish, was a “good experience.”

The NCC trains, hires, and maintains a pool of community interpreters to provide NCC clients with interpretation when needed, especially for appointments. While most are not certified interpreters, they are sought out by NCC clients and healthcare providers alike. Some NCC community interpreters go beyond their stated role of providing interpretation to act more as voluntary support people, offering emotional support, service coordination and navigation, and a bridge to NCC services or workers. Both roles (interpretation and support) are important to patients, especially for first appointments, and to some healthcare providers as well. For instance, the work of support people is valuable for ensuring that newcomer patients can find medical testing departments or that they not only have interpretation for informed consent but can also understand what they are consenting to.

Unfortunately, the duality of this role can also create complications like unclear expectations, inconsistency among community interpreters, and misunderstandings around information sharing. True medical interpretation, by definition, is not intended to be utilized this way – to fill knowledge gaps or provide simultaneous support—and training often stresses the importance of objectivity and direct, verbatim translation. However, based on feedback from both key informants and patients, there may be value in a distinct and well defined “support person” for patients with LEP who are new to Canada. Further exploration of existing initiatives such as peer navigator programs that have been started at both CAMH¹⁸ and Crossroads Refugee Clinic at Women’s College Hospital may be worthwhile.¹⁹

4. Increasing uptake of available interpretation services and devices

Healthcare providers and administrators found remote interpretation to be enhanced by:

- a broad range of languages available
- quick and easy connections to on-demand audio and video options
- the ability to pay for usage only and not for a subscription, especially if low usage does not warrant a subscription fee
- interpreters' medical background and the ability to translate diagnoses
- being able to document the interpreter's number
- confidence that knowing that the conversation is being translated exactly
- compliance with PHIPA, privacy laws
- knowing that a patient does not have a relationship with the interpreter, a more professional experience

- the option to request the gender of an interpreter or to have the same interpreter repeatedly for a client
- interpreter being able to provide some explanation when the patient did not understand
- good technology (e.g., microphones and tablets)

Based on a detailed comparison of options for interpretation services (see Appendix A), a service demonstration to the stakeholder group, and a review of stakeholder priorities, RIO through Access Alliance was found to perhaps best meet stakeholders' needs. However, because new services emerge, existing ones change, and stakeholder preferences can evolve, options should be reviewed on an ongoing basis.

5. Exploring cost effective alternative options

Healthcare providers and administrators expressed some interest in handheld devices as an option that could cost-effectively help to ensure that interpretation is available at multiple points of contact throughout patient encounters. Some preliminary data is already available in long-term care settings, but not in primary care so far. More study is needed to see if this could be a feasible or effective option.

Conclusion

When newcomers engage with the healthcare system, they are already trying to cope with their own or loved ones' health-related stresses. Having to find adequate interpretation options or to work around a lack of them adds to their work, stress, and sometimes expenses. Organizations and their staff need to be supported with educational, human, and material resources to ensure clear communication and understanding at all points of contact in ways that meet the unique needs of the patient. Clear organizational commitment to communication across languages and clear directives outlined in interpretation policies may help create infrastructure that is responsive and consistent throughout organizations. Opportunities and willingness exist now among Peterborough healthcare organizations to improve accessibility for newcomers. It may be possible to build on this momentum with the support of POHT and other healthcare bodies to address the challenges more fully and engage a broader spectrum of local healthcare providers and organizations through a coordinated interpretation strategy.

Next Steps

- This project will continue to take a ground-up, community-led approach.
- A meeting with stakeholders was scheduled for June 25, 2026 to review the findings in the report and ensure the findings appropriately reflect their experiences (validation of the data).
- Draft recommendations included in this report are being shared with all stakeholders and revised in response to their feedback and discussions. They will be encouraged to make commitments on behalf of their organizations and identify short-term, medium-term, and long-term goals.
- Authors have submitted a request for funding to support Phase II of this project which will focus on a multi-phase implementation plan of the recommendations outlined in this report.

Interpretation Strategy Recommendations for Peterborough

This strategy is grounded in the findings from this research project and adapted from Waterloo Region Immigration Partnership's *Interpretation Best Practices Checklist*.¹² Its scope encompasses spoken and written language interpretation among all members of the Peterborough Ontario Health Team. Healthcare organizations in Peterborough differ in their fiscal and human resource capacity as well as the patient base that they serve. As such, the actions below are offered as suggestions, with the understanding that it will be easier and more relevant for some organizations than others to implement them.

1. Commitment

Organizations establish and communicate their commitment to principles and practices of interpretation by, for example, posting a statement of commitment with available translations on their websites and in offices. For example, see Appendix C.

Each organization recommits to this statement annually, and efforts are made to align interpretation commitments across the organization.

Internally, organizations identify:

- champions of interpretation best practices
- senior managers who provide oversight and clarity regarding interpretation work and concerns
- staff who will engage in community collaborations and advocacy, especially at a systems level, around strengthening health equity through addressing language barriers

2. Interpretation policies

Each organization develops a policy for all healthcare professionals, staff, and volunteers that clearly states that interpretation, as a matter of health equity and as the responsibility of the healthcare provider, will be provided at no charge to patients during all hours of operation. (See Appendix D for sample policies). The policy could address:

- the accessible promotion of services
- identification of language needs at first contact
- flagging patients' language needs for the future (e.g., booking alerts on patient charts)
- benefits and risks of various forms of interpretation (e.g., untrained interpreters or those under 16 years of age)
- what forms of interpretation are (in)appropriate to use under which circumstances (e.g., booking appointments, informed consents,

- sharing diagnosis and treatment options, aftercare instructions)
- if/when Google Translate or AI interpretation is acceptable to use
- how staff can access interpretation services and set them up, when to book interpreters ahead of time
- best practices for working with interpreters
- providing choice in interpretation options for patients
- options for requesting a repeat interpreter or certain gender interpreter for patient comfort
- importance of using the teach-back method¹³ to ensure mutual understanding
- complaints procedure for patients

Interpretation policies may also include attention to diversity in the needs of people requiring interpretation, e.g.:

- Literacy levels can affect people's ability to understand translated materials. Prioritizing verbal communication and incorporating visuals can help.
- Incorporating trauma-informed care helps to reduce the risk of harm to patients.
- Length of time in Canada is not a reliable indicator of English proficiency. Some newcomers may take a longer time to become fluent in English.
- Individuals who work or study in English cannot be assumed to understand medical terms in English.

Each organization:

- ensures that the policy is communicated to and understood by its team by making it easily accessible and by providing training
- ensures that adequate informational, technical, and material resources for compliance with the policy are provided
- reviews and updates the policy regularly
- ensures that phone systems, print materials, websites, and other communication tools are kept up-to-date and consistent with the policy, and that promoted services are being provided
- develops and posts a public-facing version of the policy in visible physical and virtual locations so patients needing interpretation know what they can expect. This could include rationales for why certain forms of interpretation have been offered (e.g., accuracy, privacy, medical terminology, lack of resources)

3. Continuity of interpretation

- interpretation ideally is made available at all contact points, including service promotion, appointment-setting, welcome information (See Appendix E for a sample welcome poster), basic information on how to navigate organization's services, appointments, and aftercare instructions
- at first contact, patients have the means to identify their chosen language.

- patients are provided with information in their own language on how they can access interpretation in other healthcare and community services

For greatest accessibility, organizations ensure that written resources are translated in plain language, kept consistent across languages, include images or symbols where relevant, and have English translations.

Greater use of tablets on wheels can help ensure that interpretation goes with the patient.

For information sheets on many common health topics in about 50 languages, see: <https://medlineplus.gov/languages/arabic.html#M>

4. Patient-centred care

There is no one-size-fits-all approach to interpretation. Some patients prefer video, audio, specific gender, community interpreters, or other options. This may change based on the clinical presentation, issue being discussed, language of the person, literacy level, trauma history, etc. Interpretation preferences may vary even for a single person. It is important to ask and adapt the tools based on the individual patient.

5. Training and education

Organizations provide mandatory training for healthcare professionals, staff, and volunteers as part of orientation and

provide refresher training annually (for examples, see <https://pmc.ncbi.nlm.nih.gov/articles/PMC7666837/> and <https://health.ubc.ca/sites/default/files/documents/Role%20of%20the%20Interpreter%20in%20Health%20Care.pdf>). Training includes the interpretation policy, benefits and risks of various interpretation options, and best practices for working with interpreters.

Ongoing training in cultural competence and cross-cultural communication is offered.

Educational events are offered at the community level for multiple organizations. Guest speakers or subject matter experts may be invited to support these activities.

6. Interpretation standards

Organizations are clear in their expectations of certified interpreters, e.g.

- PHIPA or HIPAA compliance
- type and amount of training
- specific training in interpreting medical terminology
- years of experience

See Appendix B for suggestions for working effectively through an interpreter, including expectations of interpreters.

7. Lived experience engagement

To ensure that providers are addressing the needs of patients with language

barriers, organizations provide ongoing opportunities for patient involvement and feedback. This could take the form of:

- developing a patient advisory group to convene a few times each year to discuss challenges to and successes in addressing language barriers in healthcare
- organizing an annual half-day gathering for newcomers to provide feedback and direction on interpretation in healthcare
- clarity in organizational interpretation complaints procedures and the identification of the staff person responsible for fielding patient concerns around interpretation

8. Ongoing review of preferred interpretation services

Continue to monitor the networks' experiences around benefits and challenges with specific interpretation services, communicate this information to the network, address issues if possible, and update service preference as necessary.

9. Data collection

Organizations are supported and encouraged to track:

- number of LEP patients or LEP patient encounters per year
- number of patients using specific forms of interpretation
- number of interpretation minutes used via phone/video
- what languages patients prefer

- number of encounters where needed interpretation could not be provided
- usage of Google Translate or non-certified interpreter (family, friends, staff) interpretation and under what circumstances
- other questions guided by newcomers

At the community level, it would be helpful to analyze this data separately and in aggregate to better determine the needs of patients, organizations, and the community. A dedicated working group/point person could collect, store, and analyze this data.

10. Future research

Future research considers:

- the need for interpretation (volume and type) of local healthcare agencies
- which organizations serve the greatest numbers of newcomers not fluent in English This can help with prioritizing the organizations that may need the greatest support in, e.g., setting up interpretation policies
- the roles of people who can provide support beyond interpretation (such as system navigation) for newcomers in the healthcare system
- patient perspectives of AI tools, especially among refugees

This research could help to streamline future advocacy efforts.

11. Evaluation

The importance of ongoing feedback and evaluation cannot be overstated.

Evaluation tools and processes are established early on and guided by newcomers.

Evaluation processes:

- invite feedback in people's own languages
- encourage the perspectives of patients, staff, and volunteers
- inquire about experiences in finding organizational information, appointment setting, appointment arrival, appointments, instructions, follow-up
- seek to assess clarity, dignity, comfort, efficiency, and effectiveness around addressing language barriers

Organizations commit to learning from evaluation and use it to improve processes.

12. Collaboration, communication, and resource sharing

Collaboration, communication, and resource sharing across the community are key to ensuring:

- the provision and continuity of care for patients
- the efficient use of and sharing of resources among healthcare providers

Organizations are encouraged to share with each other:

- their interpretation policies

- translated common written healthcare resources (e.g., diabetes care, sleep hygiene, chronic disease management, etc.) with English translation in a collective repository. See <https://medlineplus.gov/languages/languages.html>
- information regarding which healthcare providers (including specialists) and organizations can provide services in which languages may help patients access care and stay in the community to receive care. Most colleges, like the College of Physicians and Surgeons of Ontario and the Ontario College of Pharmacists allow for searching by language. In Peterborough, the Think Tank has a tool for physicians/specialists to streamline referrals and perhaps consideration could be given to strengthening the language feature to ensure there is more transparency around physicians who may speak another language.
- healthcare providers are also encouraged to provide warm handovers or include details in referrals to support the communication needs of patients (e.g. requesting contact with referring MD/NP instead of contacting patient directly).
- identification of priorities for advocacy in Peterborough (e.g. if a highly utilized medical service is inaccessible due to language barriers)

Since this project was initiated, Peterborough has seen a marked rise in new, independent family practices (fee-for service, family health groups). These clinics currently have capacity for patient attachment and should be engaged in this interpretation strategy moving forward.

For large organizations such as Peterborough Regional Health Centre, it may be worth considering a department-level approach as newcomer volumes are likely variable within each department.

A working group or yearly meeting of healthcare professionals is organized for sharing experiences, challenges, successes and needs. This could provide an opportunity to work together on efforts to advocate for greater government support. Perhaps greater use could be made of the Peterborough Refugee Health Network LinkedIn Group as a tool for knowledge and information sharing specific to Peterborough.

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Appendix A: Interpretation Service Comparison

	VOYCE (US)	Remote Interpretation Ontario (R.I.O.) (Toronto)	Language Line Phone (US)	Boost lingo (US)	LiM (LISA app) (Canada)
Pricing model	no subscription	no set up or subscription fee	"No monthly minimums or commitments"	monthly subscription + per minute fees;	\$89/mo. or \$995/yr
Cost per minute	\$1.29 video \$.99 audio \$1.79 ASL video	\$1.50 video \$1.24 audio \$50/hr prescheduled in-person (min. 2 hr.) /video (min. 1 hr.)	\$4.95 video \$3.95 audio	does not say amount	\$1.75 video \$1.65 phone plus subscription
All Languages Video ASL offered?	250+ 60+ ASL✓	230+ ~50 ASL✓	240+ 40+ ASL✓	300+ 90+ ASL✓	200+ 200+ ASL✓
Interpreter availability	24/7	24/7	24/7	24/7	24/7
Connection time	30 sec.	under 1 min. usu. <42 sec.	<30 sec.	13 sec. (recommend pre-scheduling)	<30 sec.
Interpreter	120 hours training	use local, then Language Line for overflow; passed interpreting language skills assessment test (ILSAT or CILISAT)	90-105 hrs training & 1 week observed practicum -see selection process here	3+ yrs experience + training for specializations	10-25 yrs experience

Medical terminology & training	specifically for medical, training included medical plus 10 hrs/year for medical and best practices	post-secondary course in medical terminology; medical interpreters with over 40 hrs of medical terminology training	certified medical interpreters in 240+ languages, including video and phone interpreting	medical interpreters require 40+ hrs of medical terminology training and 3+ years experience in medical interpreting	3 years experience in medical interpretation
Privacy	HIPAA standards	comply with PHIPA	HIPAA-compliant	HIPAA-compliant	PHIPA certified
Clients	*Hamilton Health Services *CMHA HKPR *North York General *Oak Valley Health *Trillium Health Partners *Norfolk General Hospital *Michael Garron Hospital *Queensway Carleton Hospital	*Crossroads Clinic at Women's College Hospital *Holland-Bloorview Kids Rehabilitation Hospital *Eastern Health *Barbra Schlifer Clinic (not medical) recommended by: *Waterloo and St. Thomas-Elgin Immigration Partnerships	*Humber River Health Foundation uses for video remote interpretation recommended by: Waterloo and St. Thomas-Elgin Immigration Partnerships "The majority of the US Top Hospitals are our clients"	Canadian Pediatric Hospital	Have mostly worked with police. Increasingly working with hospitals/ medical

Appendix B: Good Practices for Working Effectively Through an Interpreter

Getting off to a good start

- Introduce yourself to the interpreter.
- Prep the interpreter with a brief explanation of the purpose of the meeting, who will be participating, and copies of documents to be reviewed. When working with a professional face-to-face interpreter, a pre-session can be helpful to the healthcare provider and the interpreter.
- Review the interpreter's role and expectations for all participants at the outset of the meeting to encourage effective communication. This will help avoid having your statements summarized, without knowing what has been emphasized and what has been left out.
- Request that the interpreter interpret everything into the first person (to avoid "he said, she said").
- Ask the interpreter to interpret all questions and comments so you can respond directly.

Being patient

- Give the interpreter time to restructure information in his/her/their mind and present it in a culturally and linguistically appropriate manner. **Speaking English does not mean thinking in English.**
- Be aware that **many concepts you express have no linguistic or conceptual equivalent in other languages.** The interpreter may have to paint word pictures of many terms you use. This may take longer than your original speech.
- Rather than speaking more loudly, **speak more slowly and at an even pace in relatively short segments.**
- Pause so the interpreter can interpret. When the conversation starts moving quickly, ask everyone to pause and allow time for interpretation
- Providing care across a language barrier takes time. However, the time spent up front will be paid back by stronger rapport and clear communication that will avoid wasted time and dangerous misunderstandings.

Throughout the meeting

- **Acknowledge the interpreter as a professional in communication.** Respect his/her/their role.
- Assume, and insist, that **everything** you say, everything the client says, and everything that family members say **is interpreted**.
- **Speak directly to the client**, not to the interpreter.
- **Avoid:** Highly idiomatic speech, complicated sentence structure, sentence fragments, changing your idea mid-sentence, and asking multiple questions at one time.
- Avoid making assumptions or generalizations about your client or their experiences. Common practices or beliefs in a community may not apply to everyone in that community.
- Define words or phrases that have a particular meaning in our context that may differ from the common understanding of the term (example: “recovery services”).
- Watch nonverbal communication in case there is confusion or a question.
- Check for understanding throughout the meeting and ask the client to **repeat back** important information to make sure it is understood.
- **Encourage the interpreter** to ask questions and to alert you about potential cultural misunderstandings that may come up. Respect an interpreter’s judgment that a particular question is culturally inappropriate and either rephrase the question or ask the interpreter’s help in eliciting the information in a more appropriate way.
- **Avoid patronizing or infantilizing the client.** A lack of English language skills is not a reflection of low cognitive function or a lack of education.
- **Do not hold the interpreter responsible for what the client says/doesn’t say.** The interpreter is the medium, not the source, of the message. If you feel that you are not getting the type of response you expected, restate the question or consult with the interpreter to better understand if there is a cultural barrier interfering with communication.
- Ask the client **what he/she/they believes the problem is**, what causes it, and how it would be treated in their country of origin.
- Remember that your client may have been a victim of torture or trauma. This may also be true for the interpreter. If you need to ask questions that may be extremely **personal or sensitive**, explain to the client that doing so part of your evaluation and reiterate that the information will remain confidential.

Appendix C: Sample Organizational Interpretation Commitment

"(organization) is committed to ensuring that all patients have access to the health care services that they require. This means that patients can expect equitable access to health care services and that their experience is free from discrimination. We acknowledge that a patient can only give informed consent when they understand what they are consenting to. As health care institutions and service providers we will uphold our professional, ethical and moral obligations to ensure that patients can provide informed consent; this means that they understand the risks and benefits of treatments and can engage with us in a language in which they are able to adequately communicate. We affirm that providing interpretation is the responsibility of the service provider and not the patient. We will endeavour to use trained interpreters in all medical, legal and other situations that require informed consent, confidentiality, specialized terminology or impartiality."

Questions, concerns, and suggestions regarding interpretation at *(organization)* can be directed to *(name/role)* or *(name role)*

Signature: _____

Date: _____

adapted from p. 3, <https://www.immigrationwaterlooregion.ca/en/business-opportunities/resources/Resources--Publications/Interpretation-Best-Practices-Checklist.pdf>

Appendix D: Sample Interpretation Policies

Halton Healthcare

https://www.haltonhealthcare.on.ca/site_files/content/pdfs/01_about/02_quality-of-care/03_accessibility/interpretation-and-translation-services---policy-and-procedure_march-2025.pdf

University Health Network

https://www.uhn.ca/corporate/AboutUHN/Governance_Leadership/Policies/Documents/3.40.011_Interpretation_Translation_Services.pdf

Appendix E: Sample Welcome and Language Identification



Interpreter Services Available

English Translation:
You have the right to an interpreter at no cost to you. Please point to your language. An interpreter will be called. Please wait.

¿Qué son los servicios de interpretación?

En Humber River Health, queremos asegurarnos de que usted se sienta cómodo(a) al momento de comunicarse con su equipo de atención médica y pueda comprender la información que se le brinda.

Si el inglés no es su idioma materno o si es una persona sorda, con sordera adquirida o que presenta problemas de audición, podemos contratar a un intérprete médico sin costo alguno.

Nuestros servicios de interpretación están disponibles:

- las 24 horas del día
- en más de 200 idiomas, incluida la lengua de signos americana (ASL, por sus siglas en inglés)
- cuando se encuentre en el hospital o cuando esté llamando al hospital.

¿Por qué utilizamos los servicios de interpretación?

Con los servicios de interpretación se asegura que:

1. Comprenda la información que nosotros le brindamos y que podamos obtener su información de manera correcta.

¿Cómo solicito los servicios de interpretación?

Solicite a su equipo de atención médica los servicios de un(a) intérprete durante su visita. Hágales saber qué idioma usted habla.

Recuerde...

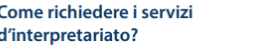
- No se sienta apresurado(a).
- Puede utilizar los servicios de interpretación las veces que necesite.

Hable con un miembro del equipo de atención médica si tiene alguna pregunta.

Arabic / العربية	Chinese - Simplified / 中文
الترجمة الطبية مجانية لجميع المرضى الذين يتحدثون اللغة العربية. يرجى الإشارة إلى لغةك عند التحدث مع مقدمي الرعاية الصحية.	你有权利要求一位免费的传译员。请指出你的语言。传译员将为你服务。请稍候。
Hungarian / Magyar Jogában áll tolmácsolást használni díjmentesen. Kérjük, mutasson rá az Ön által beszélt nyelvre. Fel fogunk hívni egy tolmácsot. Kérjük, várjon	Italian / Italiano Avete diritto ad un interprete. Il servizio è gratuito. Indicate la vostra lingua e attendete; un interprete sarà chiamato al più presto.
Polish / Język Polski Macie prawo do korzystania z usług polskiego tłumacza. Usługa ta jest na nasz koszt. Proszę wskazać swój język. Proszę czekać. Łączymy z tłumaczem.	Portuguese / Português Você tem o direito a um intérprete de graça. Por favor aponte para a língua que você fala. Um intérprete será chamado. Por favor espere.
Russian / Русский Вы имеете право на услуги бесплатного переводчика. Укажите, пожалуйста, на Ваш язык. Переводчик будет вызван. Пожалуйста, подождите.	Somali / Soomaali Waxaad xaq u leedahay in tarjumaan lacag la'aan ah laguugu yeero. Fadlan farta ku fiq luqaddaada. Tarjumaan ayaa laguugu wacayaa. Ee fadlan sugi!
Spanish / Español Usted tiene derecho a un intérprete gratis. Por favor, señale su idioma y llamaremos a un intérprete. Por favor, espere.	Vietnamese / Tiếng Việt Quý vị có quyền được một thông dịch viên miễn phí. Xin chỉ vào ngôn ngữ của quý vị. Chúng tôi sẽ gọi một thông dịch viên. Vui lòng chờ trong giây lát.

Spanish

Form # 001452



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Remember...

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- Quando vi trovate in ospedale o quando telefonate all'ospedale

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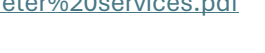
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Interpreter Services Available

English Translation:
You have the right to an interpreter at no cost to you. Please point to your language. An interpreter will be called. Please wait.

What are interpreter services?

At Humber River Health, we want to make sure you feel comfortable communicating with your healthcare team, and are able to understand the information they provide.

If English is not your first language or you are deaf, deafened, or hard of hearing, we can arrange a medical interpreter, at no cost.

Our interpreter services are available:

- 24 hours a day
- In over 200 languages, including American Sign Language (ASL).
- When you are in the hospital or when you are calling the hospital.

Why do we use interpreter services?

Interpreter services help make sure that:

1. You understand the information we are giving you and that we get the correct information from you.
2. You understand your diagnosis and treatment options, so you can make better decisions about your treatment plan.
3. Your information is kept private and confidential, between yourself and your healthcare team.

How do I ask for interpreter services?