

Prevalence and pattern of multimorbidity among linguistic groups of patients receiving home care : a retrospective cohort study

OBJECTIVE and BACKGROUND:

The Canadian healthcare system, including home care and long-term care, is managing an increasing number of patients with multiple chronic conditions due to an aging population. Additionally, existing language barriers negatively affect access, quality, and safety of healthcare, contributing to health disparities among linguistic minorities. This study uses a large retrospective cohort to describe the extent of these disparities among home care recipients in Ontario, to understand how linguistic characteristics influence the prevalence and patterns of multimorbidity.

KEY RESULTS:

- The overall prevalence of multimorbidity among home care recipients is high, with 92% having two or more chronic conditions and 44% having severe multimorbidity (five or more chronic conditions).
- Allophones have a slightly higher prevalence of multimorbidity (93.6%) compared to Francophones (92.4%) and Anglophones (91.8%). They are also significantly more likely to have severe multimorbidity.
- Allophones have a higher prevalence of dementia, stroke, and musculoskeletal diseases than other language groups.
- Francophones had higher rates of cardiovascular and respiratory diseases (64.9%) compared to Allophones (61.5%) and Anglophones (60.2%).
- Anglophones had significantly higher rates of cancer (34.2%) compared to Francophones (25.2%) and Allophones (24.3%).

INTERPRETATIONS:

- Allophones have a significantly higher prevalence of multimorbidity than other groups. This could be explained by a limited ability to communicate in the official languages, as well as a change in home care seeking behaviour due to cultural differences. In short, this suggests that language and cultural barriers may increase the risks of multiple diseases.
- The higher rates of cardiovascular and respiratory diseases among French speakers are supported by other studies and reports on the health of seniors in Ontario showing higher cardiovascular risk factors and obesity rates, respectively. Although more research is needed, these disparities are an expression of the effect of the language barriers on the health and health care of linguistic minorities in the province.
- The higher rates of cancer reported by English speakers could be because they represent the majority of southwestern Ontario, where there is a higher rate of cancer survivors. This reinforces the fact that language barriers affect the search for home cancer care; English speakers seek care more often and earlier.

POLICY CONSIDERATIONS:

Due to the higher risk of multimorbidity for allophones, policies should aim to improve access and development of health services in patients' native languages to reduce language barriers and improve health outcomes.

In addition, the higher prevalence rates of specific diseases among certain linguistic groups suggest that specific prevention and health management programs should be developed to meet their needs. For example, they could target:

- Reducing cardiovascular and respiratory risk factors among Francophones. This could include education campaigns, improving access to preventive care services in French, and early detection initiatives in regions with a high Francophone concentration.
- Improving access to cancer care for linguistic minorities, such as language navigation services in cancer care centers, or awareness programs to encourage minority populations to seek care earlier.

For more information, see:

Batista R, Reaume M, Roberts R, Seale E, Rhodes E, Sucha E, Pugliese M, Kendall CE, Bjerre LM, Bouchard L, Prud'homme D, Manuel DG, Tanuseputro P. Prevalence and patterns of multimorbidity among linguistic groups of patients receiving home care in Ontario: a retrospective cohort study. *BMC Geriatr.* 2023 Nov 9;23(1):725. doi: 10.1186/s12877-023-04267-5. PMID: 37946126; PMCID: PMC10634019.

For questions or comments, please contact Ricardo Batista (rbatista@ohri.ca).

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