

EVIDENCE BRIEF

Linguistic Factors and Outcomes of COVID-19 Among Residents of Long-Term Care Facilities in Ontario, Canada

OBJECTIVE and BACKGROUND:

The study explores how linguistic factors, including **resident-facility language mismatch**, are associated with COVID-19-related outcomes (emergency department visits, hospitalizations, mortality) among long-term care (LTC) residents in Ontario. The context: The pandemic has disproportionately affected LTC residents. However, few studies have examined the impact of language on these outcomes in this vulnerable setting.

KEY RESULTS:

- Study population: 26,829 residents with COVID-19 (75.7% Anglophone, 3.8% Francophone, 20.4% allophone) across 572 facilities (502 Anglophones, 28 Francophones, 42 allophones). 17.8% of the cohort resided in linguistically discordant facilities.
- Linguistically discordant residents had a higher adjusted risk of **emergency department visits** and **hospitalizations**.
- There was no significant difference in the mortality rate of residents (90 days after diagnosis).

INTERPRETATIONS:

Living in a linguistically discordant facility is associated with an increase in emergency department visits and hospitalizations after a COVID-19 diagnosis, suggesting that communication is a critical element in acute health management in LTC.

- Language or cultural barriers may hinder care planning, including discussions about advance directives, which could encourage referrals to acute care even when this is undesirable.
- The lack of a significant effect on mortality suggests that, although language discordance affects access and referral to care, it may not have worsened the prognosis in this setting, particularly during the first waves without effective treatments or vaccines.

POLICY CONSIDERATIONS:

- Promote linguistically concordant care: Request the resident's preferred language upon admission and, when possible, place the resident in a facility that supports that language.
- Interpreters and multilingual staff: Ensure their availability to facilitate clear care coordination and avoid unnecessary transfers.
- Clinical training and awareness: Educate staff on the impact of language barriers to strengthen care planning and appropriate management in crisis situations.

For more information, see:

Reaume, M., Batista, R., Imsirovic, H., Bjerre, L. M., Kendall, C. E., Bouchard, L., Gauthier, A. P., Landry, J. R., Chomienne, M. H., Muray, M., Hsu, A., Prud'homme, D., Manuel, D. G., & Tanuseputro, P. (2025). Linguistic factors and COVID-19 outcomes among long-term care residents in Ontario, Canada. *BMC geriatrics*, 25(1), 667.

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