

The 2017 Health Care Access for Linguistic Minorities (HCALM) Conference Program

	Day I: Quebec	Day II: Access	Day III: Consent
9.00 – 9.15	Registration and refreshments	Refreshments	Refreshments
9.15 – 9.30	Welcome and opening remarks (Daniel Weinstock, IHSP and Law, McGill)		
9.30 – 11.00	Session 1: Quebec Cases <ul style="list-style-type: none"> <i>Linguistic and Cultural Barriers to Access and Utilization of Mental Health Care for Farsi-speaking Newcomers in Quebec</i> (Fahime Mianji, Psychiatry, McGill; Laurence Kirmayer, Psychiatry, McGill) <i>Language, Acculturation and Social Networks: Chinese Migrants' Second Language Mental Health Communication Anxiety and Help Seeking Behaviors in Montreal</i> (Dan Tao, Psychology, Concordia; Norman Segalowitz, Psychology, Concordia; Marina M. Doucerein, Psychology, UQAM); Andrew Ryder, Psychology, Concordia) 	Session 4: Bilingualism and/in Healthcare – Patients, Providers and Policies <ul style="list-style-type: none"> <i>Comparing Bilingual Health Care Services in New Brunswick, Ontario and Quebec</i> (Richard Y. Bourhis, Psychology, UQAM; Annie Montreuil, Psychology, UQAM) <i>Assessing Developmental Language Disorders among Bilingual English-Speaking Children in a Minority Language Context</i> (Andrea A.N. MacLeod, Audiology and Speech Pathology, Université de Montréal; Natacha Trudeau, Audiology and Speech Pathology, Université de Montréal; Sainte-Justine; Kristina Findlay, Laval) 	Session 7: Theorising Practice <ul style="list-style-type: none"> <i>Vulnerability and Consent in a Health Care and Research Context</i> (Nana Cecilie Halmsted Kongsholm, Philosophy, Copenhagen) <i>Double Jeopardy: Obtaining Consent from Language Minority Patients with Mental Illness</i> (Alessandra Miklavcic, Psychiatry, McGill and Jewish General; Eric Jarvis, Psychiatry, McGill; Cultural Consultation Service, Jewish General)
11.00 – 11.30	Coffee break	Coffee break	Coffee break
11.30 – 13.00	Session 2: Plenary – Aboriginal Health and Wellbeing <ul style="list-style-type: none"> <i>Communicating Our Distress, Can You Hear Us?</i> (Chad Katsenhakeron Diabo, Kahnawake) 	Session 5: Plenary – Language Beliefs and Technology in Accommodating Deaf Patients <ul style="list-style-type: none"> <i>Modality Matters: Deaf-Heart, Agency, and Video Remote Interpreting in Health Care Settings</i> (Teresa Blankmeyer Burke, Philosophy, Gallaudet) 	Session 8: Plenary – Health(y) Communication <ul style="list-style-type: none"> <i>Medical Language (Spoken and Silent) and Informed Consent</i> (Marc Zaffran, M.D., Montreal)
13.00 – 14.30	Lunch	Lunch	Lunch
14.30 – 16.00	Session 3: Training Challenges <ul style="list-style-type: none"> <i>Enhancing the English Language Content of University Nursing Programs in Quebec: English Language Needs Assessment for</i> 	Session 6: The Limits of Bureaucracy <ul style="list-style-type: none"> <i>Medical Information and Language Access: Lessons learned from Houston School</i> 	Session 9: Diversity Beyond Language <ul style="list-style-type: none"> <i>Informed Consent in a Clinical Research Setting in India: Negotiating Language,</i>

	<p>Training Purposes (Shahrzad Saif, Languages, Linguistics and Translation, Laval; Parisa Safaei; Reza Monfared, Languages, Linguistics and Translation, Laval)</p> <ul style="list-style-type: none"> • Getting a Grip of the Law 2 on Palliative and End-of-Life Care in Quebec: Challenges for English-speaking Caregivers' Literacy (Patrick Durivage, Center for Research and Expertise in Social Gerontology [<i>Centre de recherche et d'expertise en gérontologie sociale</i> (CREGÉS)]; Bilkis Vissandjee, Nursing, Université de Montréal; Isabelle Van Pevenage, CREGÉS) 	<p>Districts (Rey Romero, Spanish Linguistics, Houston Downtown)</p> <ul style="list-style-type: none"> • Intersections of Sexual Orientation, Missing Data and Language Preference in The Canadian Community Health Survey: Differences between English-Speaking people and other Linguistic Minorities living in Quebec (Andreea Brabete, Nursing, Université de Montréal; Bilkis Vissandjee, Nursing, Université de Montréal) 	<p>Culture and Trust (Helen Martin, Douglas; Srividya Iyer, Psychiatry, McGill)</p> <ul style="list-style-type: none"> • "Yes, I Accept the Terms and Conditions" – Consent Forms Youth Will Actually Read (Laura Morrison, McGill and Douglas; Heleen Loohuis; Allison MacNeil; Jimmy Tran; Mary Anne Levasseur, Ridha Joobar, Ashok Malla and Srividya Iyer, Douglas and McGill)
16.00 – 16.15	Coffee break	Coffee break	Coffee break
16.15 – 17.00	General discussion	General discussion	General discussion and conclusion

Plenaries:

Session 2: Aboriginal Health and Wellbeing

Communicating Our Distress, Can You Hear Us? (Chad Katsenhakeron Diabo, MHFA youth trainer and first responder, Kahnawake)

What linguistic barriers exist that hamper our going for help and those trying to help us deal with thoughts of suicide and mental health crisis's. What social prejudices do to close the ears of people to going for help and receiving help or at times even to some professionals who may be offering to help us. To be clear "us" is a reference to First Nations and Inuit people of Quebec and Labrador. Dialogue is possible, if all people are ready, able and willing to listen.

Session 5: Language Beliefs and Technology in Accommodating Deaf Patients

Modality Matters: Deaf-Heart, Agency, and Video Remote Interpreting in Health Care Settings (Teresa Blankmeyer Burke, bioethicist, Gallaudet)

Folk beliefs about signed languages impact communication access for signing deaf people in surprising ways, including the process of requesting and obtaining accommodations through signed language interpreting. A recent trend in health care settings is the use of video remote interpreting (VRI), in which an interpreter off site is viewed on a screen. This paper argues that the use of VRI runs counter to (indeed, threatens) two rising social movements in the signing Deaf community: Deaf agency in the interpreter accommodations process and the virtue of Deaf-Heart in interpreters.

Session 8: Health(y) Communication

Medical language (spoken and silent) and informed consent (Marc Zaffran, M.D., physician-writer, Montreal)

Medical language is specific but often difficult to understand for the layperson. When health caregivers wish to obtain informed consent, they must insure that patients fully comprehend what they say and can make a decision based on the information they were given. Therefore, all health caregivers should be translators of their professional language into words and concepts that can be understandable by all.