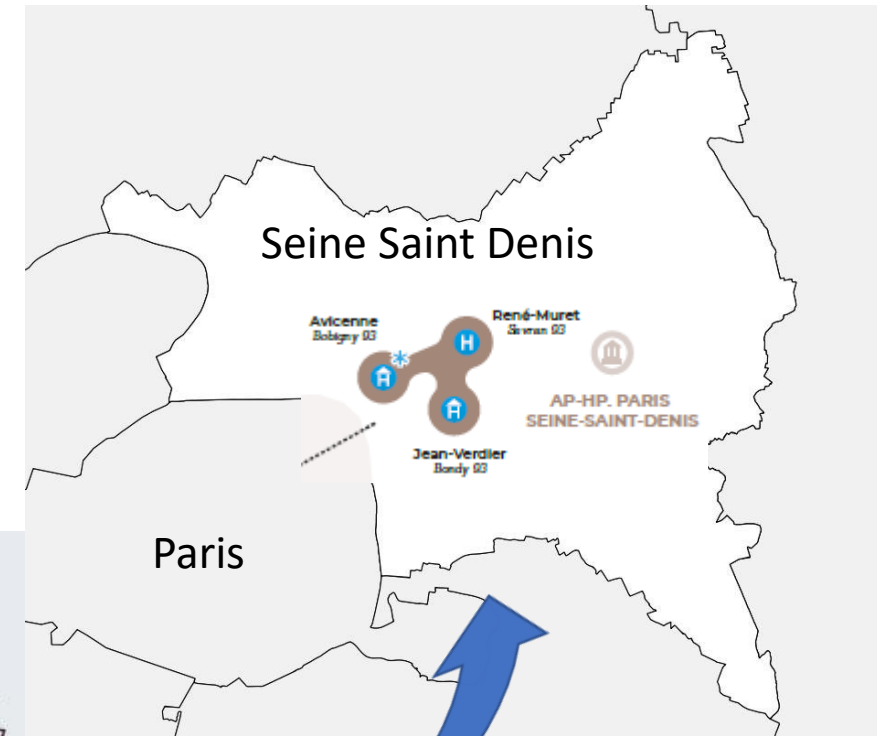
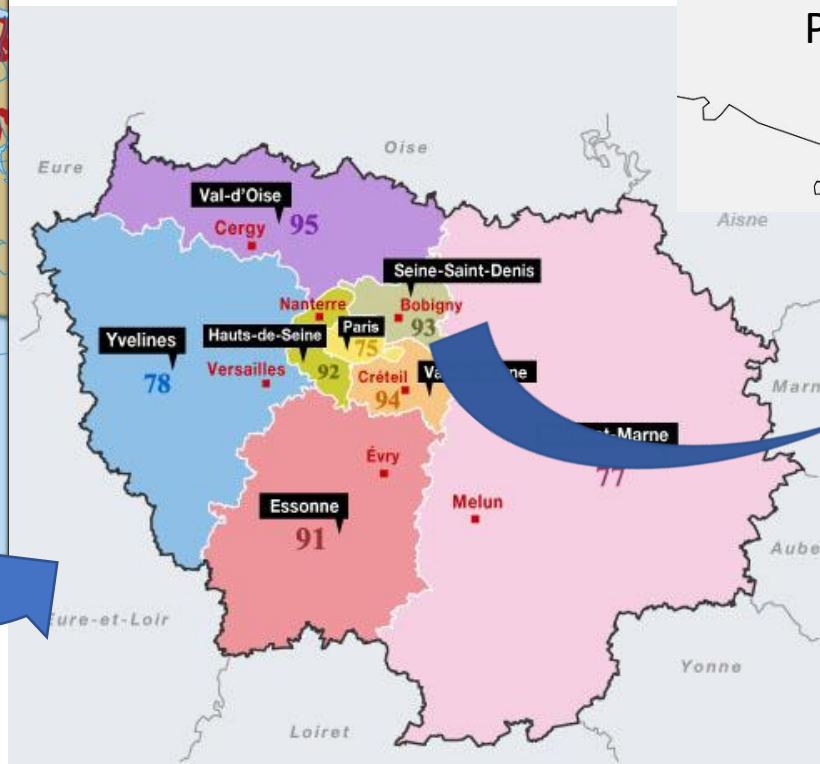


Health Navigation and Interpretation at Emergency Room in a university hospital in France

31st international Conference on Health Promoting Hospitals and Health Services, Malmö, Sweden, May 20-22, 2026

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Background: Seine Saint Denis



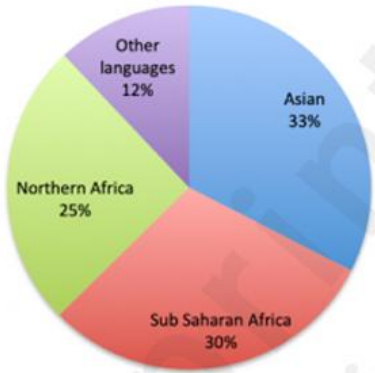
Background: patients characteristics at Seine Saint Denis university hospital

Quality Improvement Intervention Using Social Prescribing at Discharge in a University Hospital in France: Quasi-Experimental Study

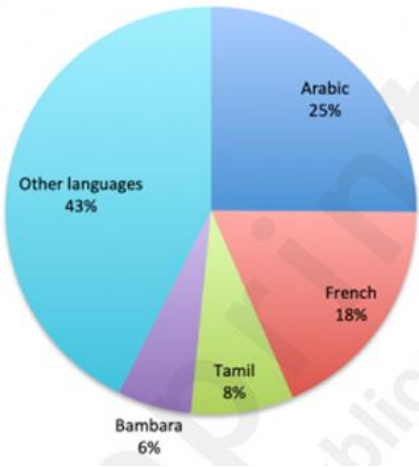
Table 2. Perceived health-related needs and health literacy characteristics (N=223).

	Participants, n (%)
Need help to understand medical prescription	
Yes	154 (69.1)
No	69 (30.9)
Need any type of support at discharge to improve health management	
Yes	88 (39.4)
No	135 (60.6)
Fluent in French	
Yes	140 (62.8)
No	83 (37.2)
French is the mother tongue	
Yes	41 (18.4)
No	182 (81.6)
Need help to collect medical prescription at pharmacy (n=207)	
Yes	101 (48.2)
No	106 (51.9)

Distribution of mother tongues among those not fluent in French (N = 83)



Distribution of mother tongues (N=223)



Background: Healthcare Access in Seine Saint Denis

- Very low density of primary care providers : 53.6 family doctors / 100,000 inhabitants in 2024 (national average 139) (source eurostat)
- Emergency rooms highly pressured as a consequence
- Jean Verdier Emergency Room >90,000 patients in 2024 (13% more than national average)
- Average waiting time > 3 hours (increase after Covid crisis)

Table 2 Frequency (%) of perception of the negative impact of the Language barrier on quality of care, by type of hospital professional

From: Communication practices with patients using a language other than French: a cross-sectional survey in a university hospital in France

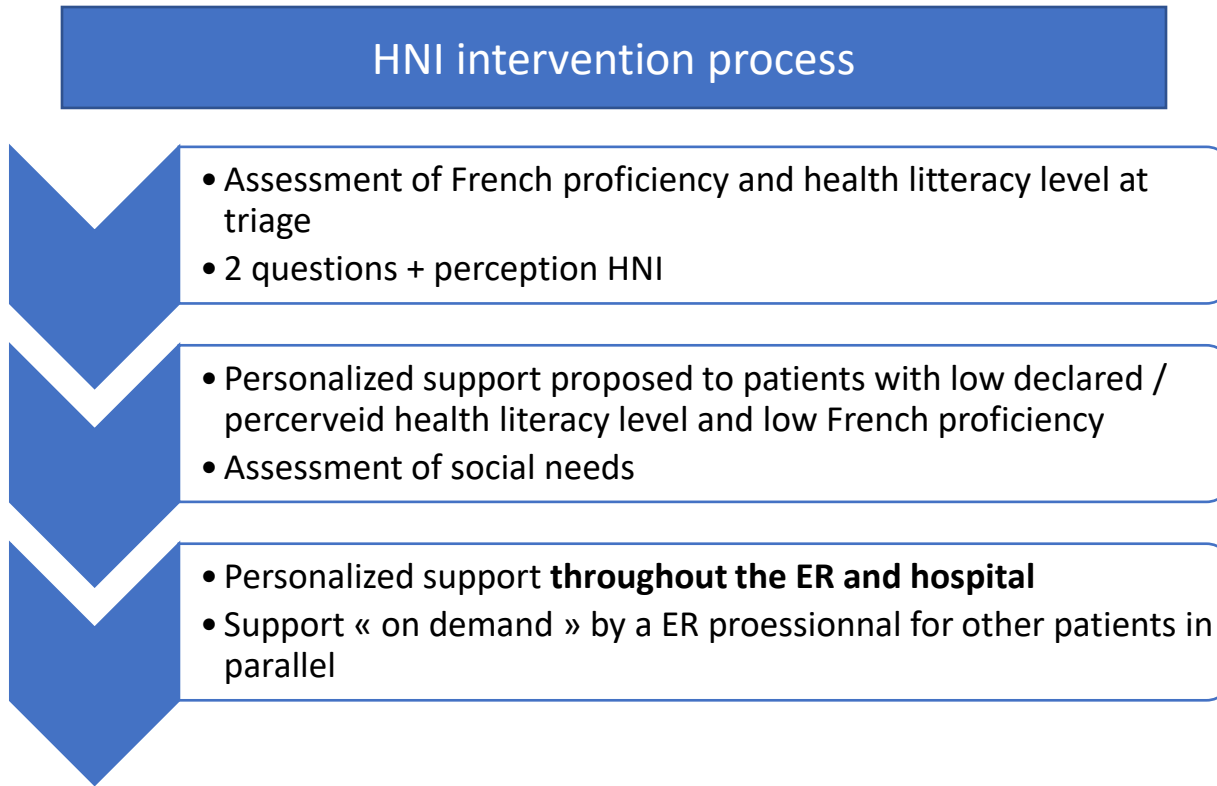
	MD	Administrative staff	Paramedics	Psychologists	Social workers
High	89 (70.1%)	22 (51.2%)	101 (65.2%)	11 (78.6%)	8 (57.1%)
Significant	29 (22.8%)	15 (34.9%)	48 (31.0%)	2 (14.3%)	4 (28.6%)
Weak	8 (6.3%)	6 (13.9%)	5 (3.2%)	0 (0.0%)	2 (14.3%)
No impact	1 (0.8%)	0 (0.0%)	1 (0.6%)	1 (7.1%)	0 (0.0%)
P-values	0.05*	0.08	0.29	0.25	0.37

*p value for grouped Fisher's exact analysis

Aim of the project

- The project tested the acceptability and usefulness of having a health navigator-interpreter (HNI) within the adult ER, at Jean Verdier university hospital.
- Partnership with the hospitality, migration, mediation post-graduate diploma of Institute for Asian and Oriental Languages and Civilisations (INALCO), providing HNI interns
- The HNI intern was integrated in 2024 to the ER staff for 3 months.
- His roles were :
 - assessing social, cultural and linguistic mediation needs,
 - assessing health literacy level,
 - helping patients navigating within the hospital
 - providing post-discharge explanations
 - identifying care pathway improvements opportunities

Project methodology and evaluation



Quantitative analysis of type of support and characteristics of patients

Qualitative analysis of HNI intervention process: interviews of ER professionals and HNI feedbacks

Proficiency in French and health literacy level



117 patients assessed: 53,8% men and 46,2% women

- 78,6% had low French proficiency level
 - 89% had a native language other than French
 - 72,6% declared needing help in understanding medical health information (independantly from education level)
 - In addition, 17,1% of patients assessed as in need of support by the HNI, despite a sufficient self-declared level
- ➔ 89,7 % (N=105) were proposed a personnalized support

Support acceptance rate and types of support

- 105 patients were proposed a personalized support by HNI throughout the ER visit until discharge
- 79 patients accepted (75%)
 - 55 patients received full support
 - Intra hospital health navigation : 34
 - Post discharge information : 12
 - Translation : 4
 - Cultural mediation : 5
 - 24 patients had partial support
- 26 patients refused (25%)
 - Already supported by a family member, physically or over the phone
 - More refusals from South Asian community members
 - Some of those who refused came to the HNI later, asking for specific support

Qualitative evaluation of HNI contributions at ER

HNI feedbacks

- Communication issues increase aggressivity between patients and ER professionals and HNI could reduce conflicts
- Existing institutional translation service underused: lack of time, perceived cost, easier alternatives (such as « google Trad »)
- Professionals slow to acculturate to HNI
- Work by shifts hinder practices change
- Needs for cultural mediation relatively low
- Perception of being socially useful (feedback from patients)

ER professionnels' feedbacks

- Navigator role perceived as more useful than interpreter
- Recognize lack of time for translation service over the phone
- HNI contributes to empowering patients / health management
- HNI contributed to decrease tensions and to increase the quality of care
- Humanization of ER

Discussion / conclusion

- 90% of patients attending ER at our university hospital were in need of health navigation and/or translation (HNI) - at the time of the HNI internship -
- HNI services increase perceived quality of care and decrease tensions
- Project revealed a need to increase hospital organisational literacy level
- Actions could be of two-fold in order to progress towards a health promoting hospital:
 - Implement pro-organizational health literacy strategies, including the use of HNI services in targeted health facilities increasing skills of health system users (Groene RO, Orrego C, Suñol R, Barach P, Groene O. "It's like two worlds apart": an analysis of vulnerable patient handover practices at discharge from hospital. *BMJ Qual Saf.* 2012 Dec;21 Suppl 1(Suppl_1):i67-75.)
 - increase professionals' awareness on patients specific needs, at times overlooked (T. K.Hagerman, F. I.Mowbray, T.Lang, et al., "Overlooking Barriers to Safe and Effective Emergency Department Discharge," *Academic Emergency Medicine*33, no. 5 (2026))

Thank you for your attention

