

Health care interpreters important for heart attack rehabilitation, says study

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After a heart attack, foreign-born people are less likely to attend a relapse-preventing Heart School than native-born patients. But with access to a professional interpreter, participation increases. This was found in a study led by researchers at Linköping University, <u>published</u> in the journal *IJC Heart & Vasculature*, titled "Provision of professional interpreters and Heart School attendance for foreign-born compared with native-born myocardial infarction patients in Sweden."

"Our conclusion is that health care should always strive to provide professional interpreters. For foreign-born patients, access to interpreters was associated with participation in Heart School, and the education provided there seems to have a similar and positive effect on treatment goals for both foreign-born and Swedish-born attendees," says Sammy Zwackman, doctoral student at the Department of Health, Medicine and Caring Sciences at Linköping University and senior consultant at the Department of Cardiology at Linköping University Hospital.

"It is crucial to ensure that health care should be equally accessible and work well for everyone."

In Sweden, individuals who have experienced a <u>heart attack</u> are offered participation in an interactive patient education called Heart School. The aim is to prevent another heart attack.

Previous research has shown that Heart School has positive effects on participants and is associated with a longer lifespan among heart attack patients. The patient education known as Heart <u>school</u>, teaches about lifestyle changes, such as diet, exercise, smoking cessation, and stress management. All important factors reducing the risk of further cardiovascular disease. Additionally, the importance of preventive drug adherence is highlighted and explained.



"In addition to evidence based drug treatment, a large part of preventing heart attack relapse is about changing your lifestyle. We know that <u>lifestyle changes</u> are challenging, and effective communication is an important part of that process, which can make it more difficult for those who are not fluent in Swedish," says Joakim Alfredsson, senior associate professor at the same department and also senior consultant at the Cardiology Clinic, who led the study.

In Sweden, more than one in five of the population is foreign-born, and many of them need interpretation services. An <u>interpreter</u> can play a vital role in bridging the gap between patients and health care staff by acting as a cultural ambassador.

Studies have shown that patients who are not offered a professional <u>health care</u> interpreter generally require in-hospital care for longer periods and are more likely to be readmitted. But research on the importance of interpreters in cardiac care is lacking. To address this, the researchers investigated the proportion of heart clinics offering professional interpreters and Heart School participation rates.

"One third of the clinics did not offer a professional interpreter, and that surprised me. This may have changed since 2016—we don't know that—but the message about the importance of access to a professional interpreter remains the same," says Zwackman.

The researchers found important differences in Heart School participation based on place of birth. Of those born abroad, one in three participated in Heart School, compared with half of those born in Sweden.

A positive finding was that in hospitals offering professional interpreters during medical visits, participation among foreign-born people was higher than in the hospitals that did not (36.4% compared with 27.5%,



p=0.002). However, there was no difference in Swedish-born patients' participation between hospitals with and without an interpreter, so the researchers believe that the differences in foreign-born participation are not due to the fact that some hospitals are generally better at getting patients to participate in Heart School.

Heart School was positively associated with the achievement of treatment goals, both for foreign-born and Swedish-born patients. These goals involve achieving the desired blood pressure and LDL cholesterol levels, as well as smoking cessation and participating in physical exercise as part of the heart rehabilitation program.

The study used a questionnaire that was answered by all 78 clinics in Sweden that work with heart attack rehabilitation. More than 8,300 patients who were hospitalized for heart attacks between November 2015 and October 2016 were followed through the SWEDEHEART national quality register. Of these, almost one in five persons, or 20 percent, were born abroad, which thus reflects the population composition of the country.

More information: Sammy Zwackman et al, Provision of professional interpreters and Heart School attendance for foreign-born compared with native-born myocardial infarction patients in Sweden, *IJC Heart & Vasculature* (2024). DOI: 10.1016/j.ijcha.2024.101392

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