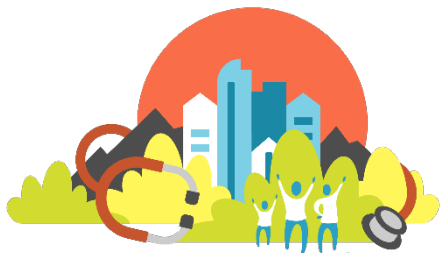


Si, se puede! Providing effective integrated care to Limited English Proficiency (LEP) Latinx patients and their families

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CFHA Annual Conference
October 17-19, 2019 • Denver, Colorado

Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.



Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

Learning Objectives

At the conclusion of this session, the participant will be able to:

- Describe barriers experienced by LEP Latinx patients and their families when attempting to access quality healthcare.
- Define elements of culturally and linguistically competent care for LEP Latinx patients and their families.
- Apply strategies to improve LEP Latinx patient care and support bilingual provider professional development.

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Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

Disclaimer

Part 1: Some Basics



Linguistically Diverse Communities

- 65 million individuals in the US speak a language other than English in the home; 40 million of those speak Spanish.
- 41% of those Spanish-speaking individuals report speaking English less than “very well” (current definition for LEP)



Barriers for LEP Latinx Populations

- Language needs and/or preferences and nativity status impact initial and continued access to quality healthcare.
 - *Shortage of bilingual health providers*
 - *Stigma specifically related to being foreign -born or part of immigrant community.*
 - *Family level barriers, particularly for children (e.g. immigration status of family members, different preferences and expectations of care).*

National Culturally and Linguistically Appropriate Services (CLAS) Standards

Developed by the Office of Minority Health, Center for Linguistic and Cultural Competency in Health Care.

Principle Standard:

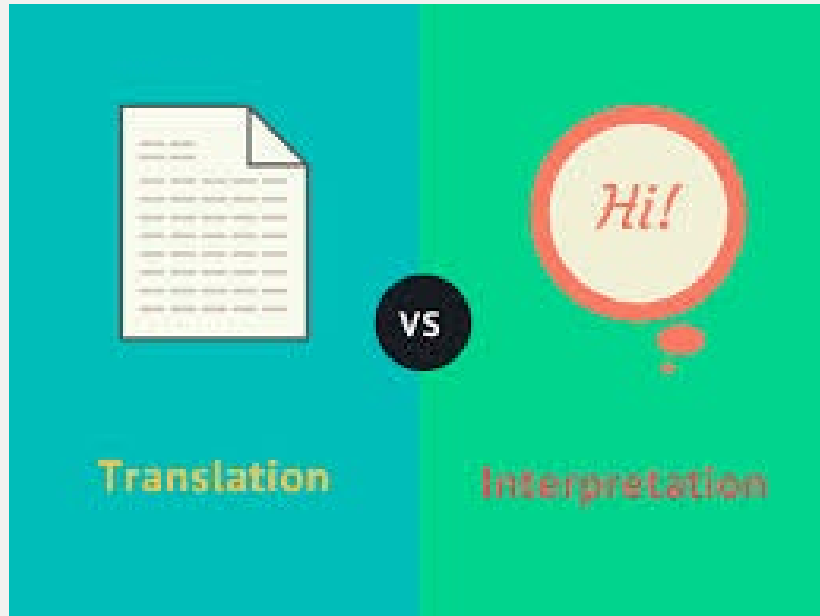
1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

CLAS Standards (cont'd)

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Some basics....



In-Person



Video-conferencing



Over the
Phone

How do I know if I need an interpreter?

- The patient or a caregiver asks for one.
- Some other ways to figure it out:
 - *If you ask the patient or a caregiver an open -ended and they do not appear to understand or are unable to answer.*
 - *If you ask the patient or a caregiver to repeat a message that you have just given in his/her own words and they are unable to do so.*
- Normalize the use of interpreters



What about using family members, friends or uncertified, bilingual coworkers?

- Not ideal- Why?
 - *Higher likelihood for interpretation errors (e.g. not being aware of appropriate terminology, not interpreting conversation "as is").*
 - *Breach of confidentiality issues.*
 - *Patient might not disclose important information.*
 - *Unintended impact on personal relationships.*
- Reason a patient might insist on a family member, friend or bilingual co-worker?
 - *More trust*
 - *More familiarity*

What do I do when I involve an interpreter in an encounter?

- **Pre -encounter:** Try to connect with interpreter (e.g. review reason for visit, terminology, remind interpreter to interpret “as is”).
- **During encounter:** Speak directly to patient/family members, speak at a normal pace and for not too long, avoid overly abstract words/idioms.
- **Post -encounter:** Ideally, debrief with interpreter about any observations and document!

Part 2: Clinical Encounter



Case Vignette:

Nancy is a 35yo LEP Latina single mother presenting to the clinic with concerns about “dolores de pecho” (chest pain), shortness of breath, and headaches. Nancy tells Dr. Jones, a monolingual English-speaker, she first experienced these symptoms while at work two weeks ago. She works as a cook at a fast-paced restaurant and on average, works about 55 hours per week. Her mother, Raquel (also LEP), is present during the medical visit and is worried that Nancy may have cardiac issues. Also in attendance is Nancy’s 13-year old son, who is Bilingual in English/Spanish.

Dr. Jones reviews lab work from her last medical visit one month ago when Nancy came in with complaints about fatigue. Her lab work at that time was normal. Her PHQ-2 today was a 1.

What do you think is going on with Nancy? What should Dr. Jones’ next steps be?

Case Vignette: cont'd

Dr. Jones proceeds to ask Nancy questions about her symptoms and notices that she looks to her 13-year old son for help. Dr. Jones realizes the need for a Spanish-speaking interpreter via the clinic's interpreter phone service, which allows for a clearer history of her symptoms and the type of work that Nancy does on a daily basis. Raquel also shares that Nancy has appeared fatigued during the past two months.

Dr. Jones then has Nancy complete the PHQ-9/GAD-7 and an EKG. The results from the screener and PHQ-9: 10 and GAD-7: 14. Results from the EKG are unremarkable.

What do you think is going on with Nancy? What should Dr. Jones' next steps be?

Let's talk Do's and Don'ts for the
Warm Hand-off....

Spanish Introduction

- **Identify a title:**
 - *Consultante de Bienestar*
 - *Consultante de Salud*
 - *Especialista de Salud*
 - *Proveedor de Salud*
 - *Consultora de Salud del Comportamiento*
- **Clarify the purpose of your role:**
 - *Me encargo de apoyar a los pacientes a mejorar la salud y bienestar*
 - *Trabajo con pacientes para mejorar la salud física y emocional*
- **Mention you are part of the team and work in collaboration with the medical providers:**
 - *Soy parte del equipo de toda la clínica*
 - *Trabajo en colaboración con todos los doctores y doctoras de la clínica*
- **Normalize that you see all patients:**
 - *Veo a todos los pacientes de la clínica...niños, adolescentes, adultos, y personas mayores*
- **Emphasize that as a BHC, you see patients for non -mental health reasons:**
 - *Veo a pacientes que padecen de diabetes, alta presión, dolores de cabeza, dolores de cuerpo, insomnio, dolor crónico y mucho más...*
- **And mental health conditions as well:**
 - *Y también trabajo con pacientes que padecen de estrés (familiar, en el trabajo, académico), nervios, depresión...*

Sample Introduction

Español

Hola muy buenas tardes, mi nombre es Mayra Bailon, yo soy la Consultante de Bienestar aquí de la clínica de PrimeCare. Tengo entendido que el Dr. Jones la recomendó para una consulta conmigo por (reason for referral here). Por lo que veo, esta es la primera vez que la conozco así que déjeme le digo lo que hago aquí en la clínica.

Yo trabajo con todos los doctores y veo a pacientes de todas edades, ya sean niños, adolescentes, adultos, y personas mayores. Soy la persona que me encargo de apoyar a los pacientes a mejorar la salud y bienestar.....

Bueno, cuénteme de lo que está pasando con X...

Palabras/frases de uso frecuente

Por ejemplo:

- Dolores de pecho, piquetes, “siento como presión en el pecho/corazón”
- Me siento tan decaída, con dolores de cuerpo, cansada
- “Ataques de nervios”
- Me siento agobiado/a
- “Padesco de nervios”
- Me siento desganado/a
- Echarle ganas - “Tengo que echarle ganas”
- Aguantar - “No aguanto la situación”
- Susto
- Empacho
- “No estoy loca/o”

¿Qué otras palabras o frases han escuchado ustedes?

Professional Development Support for Bilingual Providers

- Acknowledgement of specialized skill set
- Advocacy for differential pay
- Redistribution of work, if expected to take on additional interpretation or translation responsibility
- If trainees, make Spanish supervision or precepting available
- Community building with other bilingual providers

What other supports have you found or would you find helpful?

Questions? Preguntas?



Additional Resources

<https://thinkculturalhealth.hhs.gov/>

Webinar Training for Behavioral Health Providers:

<https://thinkculturalhealth.hhs.gov/education/behavioral-health>

Webinar Training for Physicians:

<https://thinkculturalhealth.hhs.gov/education/physicians>

Webinar Training for Nurses:

<https://thinkculturalhealth.hhs.gov/education/nurses>

<https://www.migrationpolicy.org/>

Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.



Join us next year in Philadelphia, Pennsylvania! Thank you!