

¿Hablas Español?: Identifying the Barriers that Providers Face in Serving Spanish-Speaking Families



UCDAVIS HEALTH

MIND

Christina Cabading, B.S.¹, Aury Gutierrez-Zavala, MS, MFCC², Jonathan Bystrynski, PhD³

¹ Center for Diversity in PH Leadership Training at Kennedy Krieger Institute, ²Clinica Tepati, ²UC Davis MIND Institute

INTRODUCTION

- Latino youth and their families are at greater risk of dropping out of treatment prematurely and demonstrating poor treatment engagement (Kapke & Gerdes, 2016)
- Language barriers are associated with lower patient comprehension, satisfaction, and trust in physicians, and often, worse clinical outcomes (Fernandez & Perez-Stable, 2015)
- All clinicians must have the skills necessary to deliver effective care for patients in a crosscultural relationship, regardless of whether they speak the patient's language or communicate through a professional interpreter (Fernandez & Perez-Stable, 2015)

OBJECTIVE

Explore resources needed to support mental health access and neurodevelopmental access for Spanish-speaking, immigrant, and migrant community members in Sacramento County.

METHODS

- Procedures
 - Conducted 8 one-on-one interviews via Zoom
- Participants (Total n=8)
 - Healthcare providers in Sacramento County
 - MIND Institute providers (n=5)
 - Clinica Tepati providers (n=3)

Interprets Directly for Patients

Utilizes Electronic Interpreting Services

Native Spanish Offices In-Person Interpreting Services

- Design and Analysis
 - O Code for commonalities in perception of barriers and solutions.

RESULTS

Figure 1. Comparisons Between Supports of MIND Institute and Clinica Tepati

Shared Values

Healthcare providers both at the MIND Institute and Clinica Tepati share the goal of overcoming linguistic and cultural barriers within their clinics, specifically for their Spanish-speaking communities.

"I would really love to advocate for more interpreting services. I think there's a lot lost over the technology. I try to fight for that as much as I can."

- MIND Inst. Provider

"We need [] interpreter[s] to have a more fluent conversation, so things don't get lost in translation."

- Clinica Tepati Provider

...Lead to Different Patient Experiences...

However, there are stark differences in how both clinics respond to these barriers to healthcare.

"Some insurances provide transportation assistance...but it's hard to get."

- MIND Inst. Provider

"We've even sent Ubers to patients because we have to get [patients] into the clinic."

- Clinica Tepati Provider

...When in Different Systems

This can be due to their capacity and relationship to their healthcare system.

"There is clear criteria for when an in-person interpreter is funded and allowed."

- MIND Inst. Provider

"We have a lot of undergraduates that are bilingual, and of course, being bilingual helps being culturally sensitive."

- Clinica Tepati Provider

DISCUSSION

- Healthcare systems and insurance is a primary barrier to the other obstacles minorities face for healthcare access.
 - Heavily impacts and limits the services that these clinics can provide in terms of general accessibility and cost.
- The MIND Institute is adequately funded, but has less flexibility for patient assistance programs (PAPs).
 - Clinica Tepati is grant-funded, but seems to have the most flexibility for PAPs.

CONCLUSIONS

- This data can be used to inform agencies that don't have these existing services for underserved and underrepresented communities.
 - O Suggested to explore rigidity of healthcare systems.
- Community learning and outreach are ongoing and necessary to better meet the population's health needs.
- Cultural humility is essential to provide quality healthcare to minority communities.

STRENGTHS & LIMITATIONS

- Ability to conduct one-on-one interviews with various healthcare providers.
- Small interview sample size.

ACKNOWLEDGEMENTS

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- <u>Cultural Competence</u> implies a discrete endpoint
- <u>Cultural Humility</u> is the commitment for active engagement in a process of lifelong learning and critical self-reflection.



OBJECTIVE

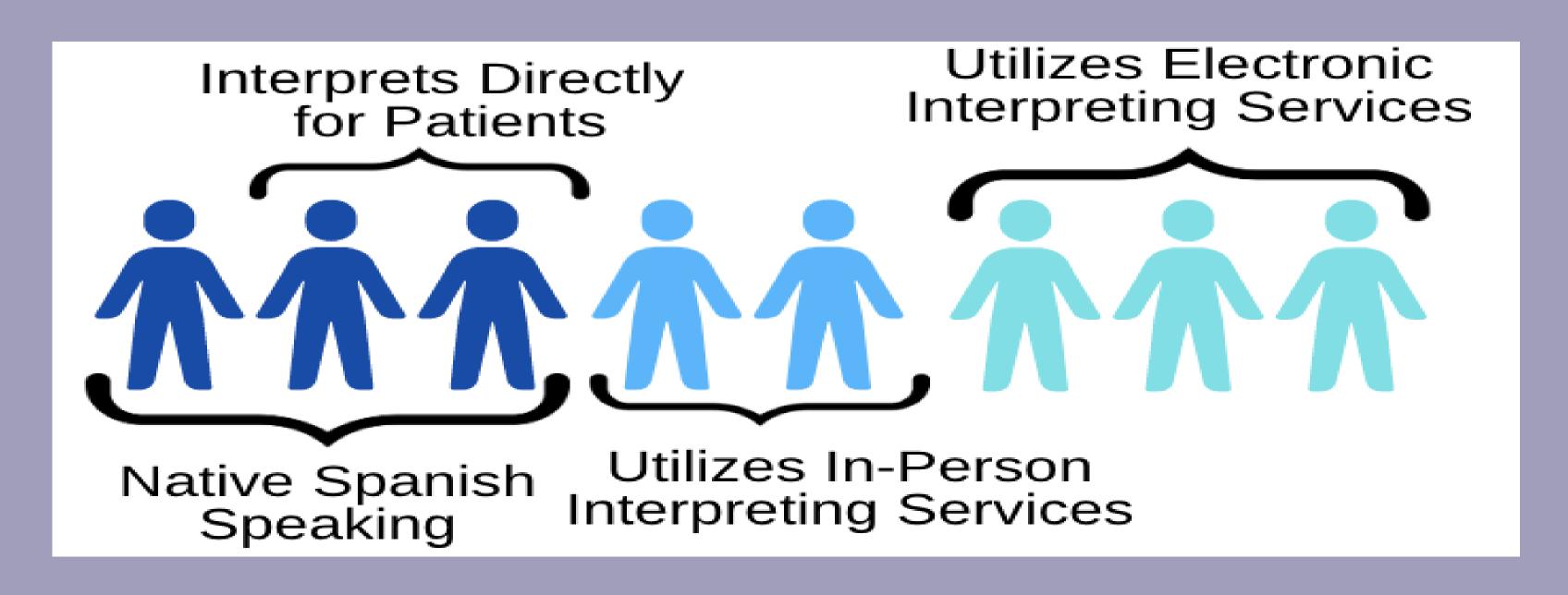
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Strength

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Limitations

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- Time constraints for data collection.

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References

