

A Pilot Spanish Language Curriculum for Limited English Proficient (LEP) Patients in Washington Heights, NYC: Understanding the Impacts of Language Concordant Care

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Research Question: How will the implementation of a curriculum-based language intervention among resident providers impact satisfaction and communication among LEP patients receiving healthcare services at the Farrell Clinic in Washington Heights, NYC?

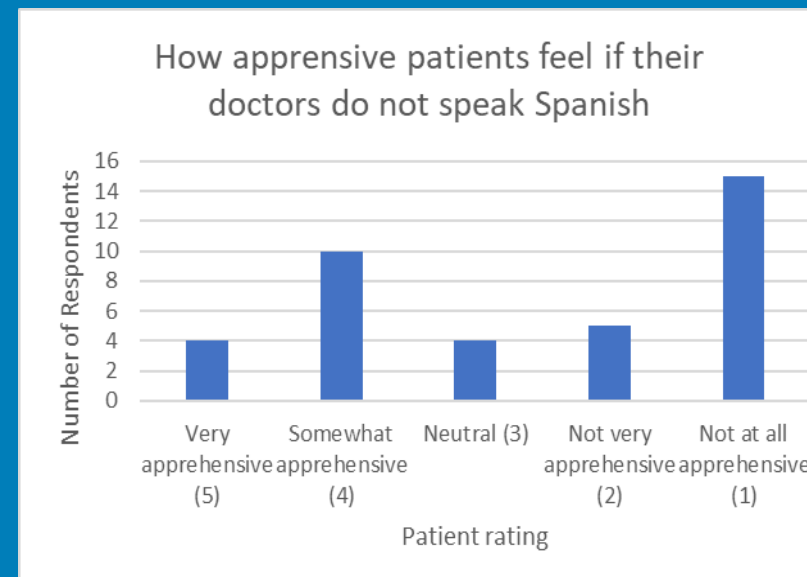
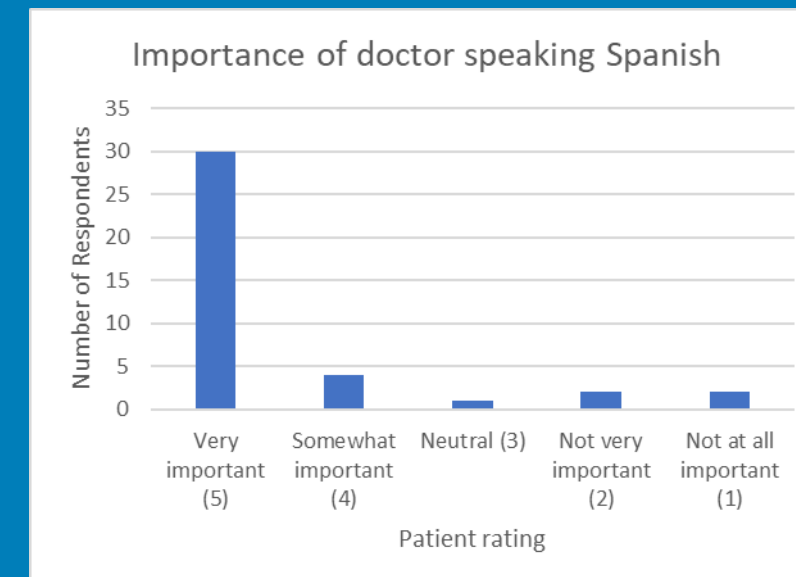
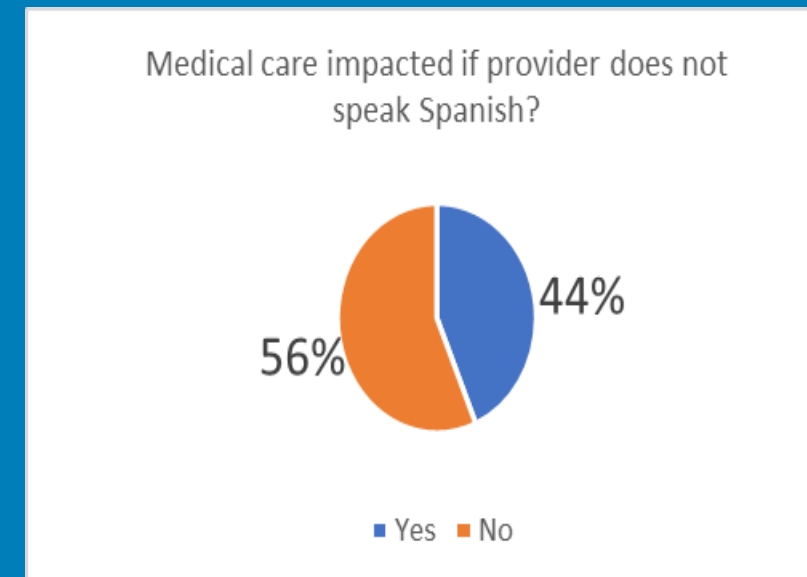
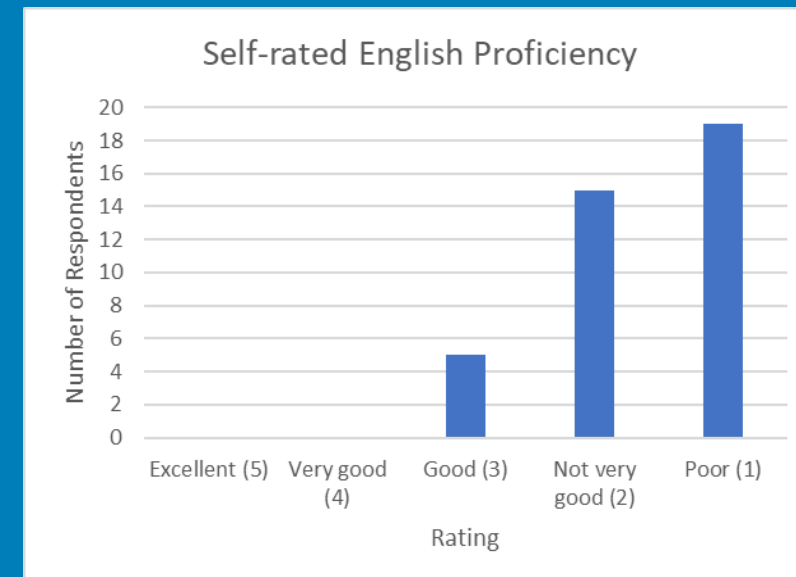
BACKGROUND

Language discordance serves as a significant barrier to quality healthcare services, which overtime may lead to adverse health outcomes among limited English proficient (LEP) populations (1,2,3). Language barriers have been associated with decreased access and quality of healthcare, poorer trust and communication, decreased adherence to treatment plans, and compromised patient safety (4). Yet, access to interpreters alone does not eliminate these barriers to care. Language concordance, or the ability of patients to directly communicate in their preferred language using a bilingual provider or trained professional medical interpreter, has been shown to optimize patient satisfaction, communication, and health outcomes (5). Thus, language concordant care is crucial towards mitigating many of these language-based disparities in healthcare (6,7,8).

SPANISH CURRICULUM

The Farrell Health Center is a patient-centered medical home providing care to approximately 21,000 patients annually in the community of Washington Heights, New York City. Demographic reports from the clinic indicate that 78.3% of patients served identify Spanish as their preferred language. A longitudinal Spanish-language curriculum was implemented among family medicine resident providers at the clinic using validated measures, with the goal to have all residents fluent by the end of their program. The purpose of this project was to evaluate satisfaction and communication for patients receiving healthcare services at the Farrell Center following the implementation of the language curriculum.

TABLES



Key Themes	Patient Remarks (translated from Spanish)
Trust	"I've had a couple of doctors but they're all very good. Some I liked more than others, especially the ones that speak Spanish- it's easier for me to trust them, especially when we're talking about things that are private. It's hard when you don't have trust."
Communication	"The doctor is a very good person and tries to communicate with me even though he can't speak Spanish, so I really appreciate that. I do think that having to use a translator affects your care because it leaves you with doubts. For example, if the topic of the conversation changes it can be difficult to change it back because you can't do it directly. So, if we can't communicate well, it can be a little difficult."
Satisfaction	"It's good- we had a good translator so there weren't any issues with communication. I don't mind that she doesn't speak Spanish. What's important to me is that she is trying to communicate so that I understand."
Importance of Bilingual Care	"It's not the same when you talk to a doctor through the interpreter because you're not always sure if they fully understand- I had a doctor for many years who was fluent and saw my whole family that was really incredible. I think it's really important for the doctors to know Spanish."

METHODS

We conducted a descriptive cross-sectional survey (n=39) among adult Spanish-speaking patients at the Farrell Health Center across a period of five months. Surveys were completed by a bilingual research assistant either in-person, or on the phone following patient visits with their resident provider. The survey asked questions on patient demographics, a series of Likert-scale assessments of language proficiency, patient-provider communication, and patient satisfaction, and finally an open-ended qualitative question to better understand patient experiences with language concordant care. Due to the small sample size, there was not sufficient statistical power to identify any reliably significant results. Therefore, descriptive survey analysis was performed using SPSS statistical software.

FINDINGS

The average age of the sample was 54.74 years and majority female (79.49%). Most of the sample (87.18%) reported their English proficiency as "poor" or "not very good", with 76.92% relying on interpreters to communicate. While the majority reported efficient communication (94.86%) and overall satisfaction with the quality of care (100%) regardless of interpreter use, 86.55% reported they felt it was important that their provider spoke Spanish. Patients who completed visits with providers not proficient in Spanish (64.1%) reported greater apprehension surrounding their quality of care.

DISCUSSION

Survey results indicate that LEP patients may feel more comfortable receiving care from a Spanish bilingual provider, which has important implications for medical education curriculum, training, and practice. While further research is necessary to understand the specific dynamics of language concordant care interactions, these results underscore the importance of language justice within the healthcare system to increase access, quality, and equity of care for vulnerable populations.

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