

Understanding Providers' Perspectives on Patient-Centered Care for Non-Native English Speakers and Families Served at the Center for Disabilities and Development

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Objective:

Translation and interpretation services have been shown to increase health literacy for patients who are non-native English speakers. While these services can provide great support to some patients, they still do not guarantee the same opportunities or quality of care to all patients. These services may also introduce new logistical barriers to the accessibility of medical treatment.

This case study aimed to understand providers' perspectives and experiences regarding patient-centered care initiatives with diverse families in the Center for Disabilities and Development (CDD). The research team's main goals were to address the following two questions:

- 1) how do providers apply and carry out current family-centered initiatives by the CDD?
- 2) what do provider-patient interactions look like for patients whose first language is not English and how does this impact family-centered care?

Methods:

A virtual focus group was held with four direct service providers from the CDD. A fifth participant, who was a UIHC interpreter, answered focus group discussion points in a written format. The interpreter and one of the direct service providers were bilingual themselves. The focus group was held virtually using semi-structured questions based on the Measure of Processes of Care for Service Providers (MPOC-SP), a self-assessment questionnaire that was adapted to focus group questions.

Results:

The discussion and information obtained in the focus group addressed three themes related to patient care: (1) In-person versus virtual interpretation services, (2) written and take-home materials, and (3) concern of loss-to-follow-up. Each of these themes can impact the level of culturally appropriate care able to be provided. All participating providers agreed that in-person interpretation is preferred over virtual, when available. In-person services allow for easier discussion, especially when addressing a patient's physical movement or expression. Additionally, virtual communication can be less reliable due to internet issues, long wait times, or speaker overlap. In-person interpreters may also provide support for written materials. At the CDD, all patients are provided with an after-visit summary (AVS), which has written information on the visit's results and recommendations. The focus group agreed that for non-English speaking patients, an AVS can be minimally helpful as the entirety of the information is not translated into their preferred language. For additional resources, it was found that written documents are mostly available in Spanish only (in addition to English). Interpretation modality, written information, and cultural differences may all impact follow-up for a patient. Providers reported that cultural differences may impact trust that a patient has in their provider. Beneficial interpretation services may help to improve this relationship, especially when addressing the need for follow-up care or urgency. Participants expressed that communication difficulties for scheduling may confuse patients or deter them from scheduling further

appointments. The strong need to utilize live interpreters for phone calls with patients was also addressed. Additionally, it was mentioned that cultural beliefs may impact a family's choice to participate in routine therapy or frequent visits.

Conclusion:

While providers reported overall satisfaction with the evolving interpretation and translation resources, they also recognized that there is always room for improvement and growth. They also expressed that as patient populations continue to expand, having more in-person interpreters or bilingual providers at the CDD would be beneficial. There are also efforts being made to find resources for non-native English-speaking patients to ensure better comprehension of medical information in their preferred language.