Enhancing Culturally Competent Care for Latino Youth in a Primary Care Setting

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Background: Latino Youth

• Latino youth make up the largest ethnic minority group of children in the United States.
  • By 2050, 1 in 3 children will identify as Latino

• Latino children face a variety of health challenges.
  • One-fifth of Latino children suffer from obesity
  • Latino children are less likely than non-Latino peers to have had a well-child check between birth and age five

• Health challenges are exacerbated by many factors
  • Latino children have limited access to medical insurance as compared to their non-Latino peers

Murphey, D., Guzman, L., & Torres, A. (2014)
How to Address These Concerns?

• Improve access to care for the Latino populations to prevent health concerns and to provide appropriate care.

• Work within the Integrated Healthcare model which allows for the treatment team to improve the quality of care for these families.
  • Acknowledging the intersection of physical and mental health
  • Emphasizing the importance of culturally competent care
Case Example

Cone Health Center for Children (CFC)

- Serves children birth to age 21
- Offers multiple services
- Provides care using the Primary Care Behavioral Health Model
- Traditionally serves underserved populations
- Seventy percent of patients served identify as ethnically diverse
Quality Improvement Project at CFC

• The Behavioral Health Team recognized a growing need to enhance the treatment team’s cultural competence in offering care to Latina adolescent patients presenting with eating disorders.

• Two Graduate Psychology Education (GPE)-funded interns utilized the rapid cycle quality improvement (RCQI) framework to identify ways to address this need.
  • First step = workshop specific to this need
  • Second step = facilitate future dialogue about cultural competence more broadly
Step One: Workshop

Learning Objectives

1. Provide a conceptual framework for the treatment team at CFC to use when working with Latino families

2. Identify specific concerns regarding eating disorder manifestation in Latina adolescents and cultural processes that influence eating behaviors

3. Provide the treatment team with culturally tailored ways to address eating behaviors leveraging cultural values and addressing issues of acculturation
Workshop Outcome

• Attendees included three behavioral health clinicians, two behavioral health interns, one nutritionist, three clinical medical assistants.

• Attendees reported that the workshop was helpful in understanding how to integrate cultural awareness in an Integrated Healthcare Setting.

• Attendees requested a follow-up workshop on the same topic for treatment team members who were unable to attend this workshop.

• The workshop initiated dialogue about barriers to access to care for immigrant and refugee populations more broadly.
Step Two: Dialogue

Learning Objectives

1. Identify barriers to access to care for refugee patients more generally

2. Discuss the clinic’s proposed solution of beginning a refugee clinic that will address the need for the growing refugee patient population

3. Identify how culturally competent care is a cornerstone for quality care for refugee patients
Dialogue Outcome

• In addition to informal discussions about culturally competent care, a more formal discussion addressing barriers to access to care for refugee populations more broadly took place during a weekly provider meeting and was facilitated by two GPE-funded interns.

• Eleven providers attended the discussion and reported that the discussion was helpful in encouraging additional dialogue about barriers to care for refugee populations.

• The dialogue also involved discussion of the soon-to-be implemented refugee clinic, housed at CFC on Saturdays, which is being spearheaded by Dr. Shurti Simha.
List of Barriers Identified During Dialogue

Barriers of Access to Care for refugees:

- Difficult to identify refugees in community—new arrivals typically not seen for over 6 months
- Insurance and billing
- Transportation
- Coordinating with community agencies
- Paperwork and lab work
- Language barriers
- Obtaining interpreters for some languages
- Time and billing
- Cultural expectations of care
Lessons Learned from RCQI

• Despite the treatment team’s motivation and openness, it is challenging to schedule workshops and group discussions that accommodates everyone’s schedule.

• It is imperative to work as a team and utilize each treatment team member’s skills and expertise.

• Opening dialogue for communication about quality improvement fosters additional dialogue.
Conclusions

• In order to improve access to care and enhance culturally competent care, it is important to increase awareness and knowledge through both formal workshops and informal discussions.

• The Behavioral Health Team can play an integral role in recognizing needs for improvement and facilitating the process for change.
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References

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