

## Introduction

- 25% of children in the United States live in immigrant families, including children who are foreign-born and those with at least one foreign-born parent.
- In Illinois, 29% of households in Cook County include one or more immigrants.
- Immigration status serves an important social determinant of health, as children in immigrant families (CIF) are more likely to experience poverty, food and housing insecurity, and barriers to accessing healthcare.
- Parental limited English proficiency (LEP) is a risk factor for worse healthcare access and quality, as well as poor health outcomes among children. Prior studies have shown that cultural sensitivity affects the degree of trust and quality of patient care that immigrant families receive.
- Currently, data from patient family experience surveys at Lurie Children's demonstrate lower levels of satisfaction and feelings of courtesy and respect among LEP families when compared to English-speaking families. In the 2017 Healthy Chicago Survey, only 60% of Latinx respondents reported that they were very satisfied with care received in the prior year.
- The aim is to identify potential areas of improvement in our care of CIF by surveying patient-facing providers and staff and conducting focus groups with families to understand the primary drivers of experience for families with LEP.

## Methods

- A needs assessment was conducted using a two-pronged approach including a hospital-wide provider and staff survey and patient family focus groups.
- Surveys focused on current areas of strength and concern related to care at Lurie Children's, as well as the impact on patients and families.
- Focus groups were conducted in Spanish, with discussions focusing on concerns raised in the survey, explored experiences of discrimination, and suggestion for improvement.
- Formal analyses of excerpts identified key themes, which were used to create qualitative codes and descriptors to highlight key areas of strengths, concerns, and suggestions.

## Results

- In total, there were 54 survey responses. Respondents included physicians, nurses, security personnel, care coordinators, social workers, interpreters, concierge staff, and chaplains.
- With the two focus groups, 13 Spanish-speaking families participated.
- Preliminary review of survey data and focus group responses highlight areas of strength and of concern (Figure 1), and their impact on LEP families (Figure 2).

Figure 1. Areas of Strength and Concern

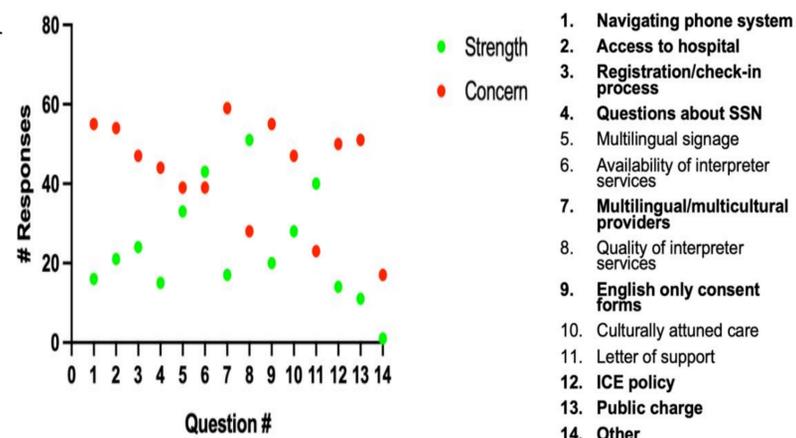
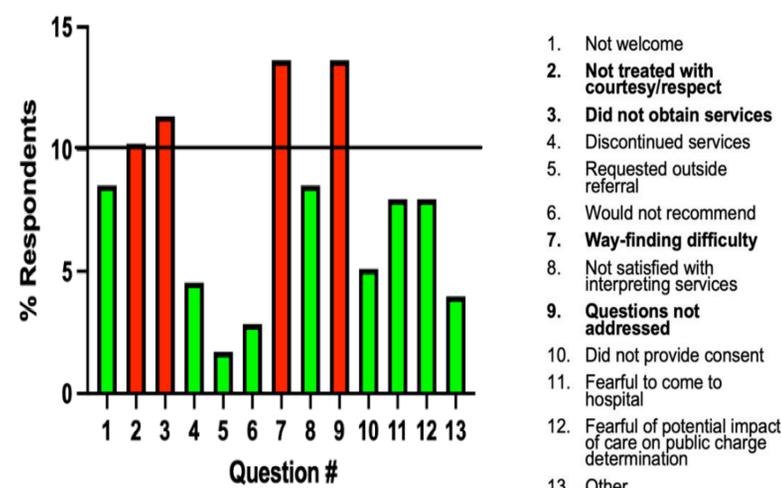


Figure 2. Impact on Families at Lurie



## Results

"Some families mentioned concern about immigration status and it becoming a barrier to care. Others have mentioned that despite having language services available, staff were not always accommodating or welcoming and have left appointments either misunderstanding information or not getting it in their language."

"More times that I can count, families have expressed concern and have asked me questioned about what has been going on with their child's care for the past few days as I come onto a shift when they speak primarily Spanish. Whether the medical team is not using an interpreter and instead talking loudly and slowly in English or not continuously updated the family as things change through out the day. Other areas of the hospital should prioritize being able to communicate with no English families as well. Witnessed a time when a unit secretary could not understand the Spanish a parent was speaking so she raised her voice at the parent and pointed out her ankle bracelet from ICE."

"Our visiting hours are family friendly, and the staff will usually inform the family of policies and visitor hours. Our transportation services could use more clear signage about where parking is, and more information about how to validate tickets. Additionally, there is not enough multilingual signage at entrances in varying languages (especially the ED entrance and the main entrance). My biggest concern, however, is the lack of adequate interpreter services for in person interpretation (not enough interpreters, not all languages), and a similar problem with the online interpreter services. There are also not enough iPads or phones for interpreter services. It is also frustrating that inpatient discharge instructions (or outpatient clinic AVS's) can't be translated into a patient's preferred language (the only option right now is Spanish some of the time)."

"In one case, a father of a patient in the hospital tried to visit but did not have proper ID and was afraid that the information about him would be shared with law enforcement, as he did not have legal immigration status. He stopped trying to visit and refused to return during hospitalization due to lack of trust with Lurie."

## Conclusions

- Our survey has highlighted several areas for action, including provider knowledge gaps regarding issues facing immigrant families, hospital policies and procedures that promote culturally attuned care, and the need for more multilingual, multicultural staff and providers.
- In comparison, focus group feedback has highlighted the need to improve communication with LEP families and education regarding interpreter best practices.
- Immigrant patients and families with preferred languages other than Spanish were not represented in our initial sample and represent an important population for future focus.
- Future goals of this project include proposing changes in practice to implement throughout the hospital, including multilingual signage, information about front-door policies and public charge, expanding interpreter services, and provider training. These will create a more welcoming healthcare environment.

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