In the US, one in four children (approximately 18.4 million) live in an immigrant family.

Increasing interest in immigrant and refugee health among pediatric educators and trainees.

However, clinicians unsure how to navigate the different levels of advocacy.

I-PACK initiative to develop and implement curricula to equip trainees to positively interact with this vulnerable community.

Advocacy at Individual Level

Case follows a 7 year old patient Miguel and his family who present to clinic for the first time. You recognize that they are speaking to each other in Spanish.

Limited English Proficiency (LEP)

57 million people (20% of the US population) speak a language other than English at home; and within that cohort 25 million people (8.6% of the US population) have LEP.

LEP patients have greater healthcare risks and lower overall quality of care in comparison to English speaking patients.

- Longer hospital stays
- Greater risk of line infections, falls, pressure ulcers, surgical delays, readmissions
- Lack of empathy
- Greater use of resources

Interpreter Best Practices

Advocacy at Community Level

What if interpreter practices aren’t available in your practice? Can you identify a systematic barrier?

- Creating a stakeholder map
- Defining the issue
- Generating Solutions
- Developing your ask

Advocacy at State and Federal Level

- Social Media Advocacy
- New Media Advocacy
- Reaching out to your Representative

Future Directions

- Accepted as APPD and AAP conference presentations
- Goal for trainees to take back to home institutions and implement into practice

References

1. Betancourt JR, Tan-McGrory A. Creating a safe, high-quality healthcare system for all: meeting the needs of limited English proficient populations; Comment on “Patient safety and healthcare quality: the case for language access.” Int J Heal Policy Manag. 2014. doi:10.15171/ijhpm.2014.21