

AB001. Disparities in healthcare: Spanish-speakers at a pediatric clinic in Houston, Texas

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Background: In Houston, Texas, half of Latinos are considered to experience “Limited English proficiency” (LEP). Due to this and other barriers imposed by the US healthcare system, Hispanics are at disadvantage and children represent an even more vulnerable group. The purpose of this study is to explore possible barriers related to access, language and communication in terms of standard of care.

Methods: For this hybrid study, data was collected through participant observation (assistant consultant in a pediatric outpatient clinic). The sample (N=157) was constructed observing the first six visits daily for a month with the same provider. The duration, reason of consultation, interaction and number of questions were registered and correlated with ethnicity using RS Studio Software, fieldnotes were also qualitative codified to induce insights.

Results: The total sample identified 45% of patients as Latino (indirect classification). Among this subgroup, 13% struggled with LEP. The nine cases were women, representing 5.73% of the total population. Even though the clinic had access to interpreters, their service was never requested by either physician or patients. There were no statistically significant correlations considering time and ethnicity, however, the average consultation time was 4:53 minutes which poses questions to the quality of service and a particular risk for satisfactory communication in LEP patients. Latino children were less frequently given analgesics after vaccination which hints a differentiated standard of care.

Conclusions: Limited consultation time is a major concern that may impede quality of care and worsen barriers with

multicultural patients. While addressing structural aspects, health professionals should adhere to the Civil Rights Act and patients should be better informed and empowered to demand translation services. Other research approaches that blend the patient’s and physician’s experience can help inform the complex interactions that may arise and prevent disparities in healthcare provision.

Keywords: Language barriers; disparity; quality of care

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. The study was conducted in accordance with the Declaration of Helsinki (as revised in 2013). This study was purely observational; hence no intervention was made. No personal information was gathered, respecting patient confidentiality thus the Institutional Review Board approval is waived.

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