



Latinx Immigrants Cultural Awareness Toolkit

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Overview

- Development of a Latinx immigrant cultural competence toolkit (LICCT) for healthcare workers in an outpatient mental health clinic.
- Providers shown misunderstandings regarding the cultural and health needs of the Latinx population.
- Growth in healthcare disparities and negative health outcomes.
- Staff training was implemented to improve cultural competency and awareness.
- Project was conceived in an outpatient mental health care clinic.
- Tool developed to promote cultural competency.
- Staff training improved cultural awareness and competency.



Introduction & Background

- Psychiatric outpatient clinic in Miami, Florida; small practice size of 200 patients where 85 % are Latinx.
- Latinx population accounts for approximately 17.6 percent of the total U.S. population (Flores, 2017).
- Latinx is projected to grow to 107 million by 2025 (Flores, 2017).
- U.S. Census Bureau shows that 29.8% of Latinx are not fluent in the English language (Office of Minority Health, 2020).
- Latinx face language and external barriers to obtain mental health treatment and their cultural perceptions of mental health care prevent them from getting help. (Cabassa, Lester, & Zayas, 2007).



Introduction & Background (Con't).

- Lack of medical practitioners understanding of Latinx culture.
- Poor attitude towards Latinx population impacting care quality.
- Need for health care providers to understand cultural syndromes and symptoms (Camacho, 2015).
- Less than 4% of healthcare providers in the U.S. speak Spanish (Fisher, 2018).
- DNP project focuses on improving medical practitioners' cultural competence with an educational training and provide a tool with proper resources to Latinx immigrants.



Problem Statement

- Racial and ethnic minorities in the U.S. are generally less satisfied with the health care services that they receive (Adames, & Chavez-Dueñas, 2016).
- Existing research also suggests that various challenges hinder them from delivering culturally appropriate health care in their everyday practices.
- It is essential for healthcare providers to have a proper understanding of the cultural needs of Latino immigrants surrounding mental health issues.
- To achieve this cultural competency among mental health care providers, it is essential to provide education and training concerning the perspective of Latinos on mental issues (Cabassa, Lester, & Zayas, 2007).
- Mental health providers at this DNP project site, a mental health clinic in urban Florida, do not yet have training on providing culturally competent care for Latinx.



Purpose Statement

- This DNP project aims to provide a Latinx immigrant cultural competence toolkit (LICCT) for healthcare workers in an outpatient mental health clinic.
- When mental healthcare providers are able to approach care with cultural competence, they can gain the trust of their patients to encourage them to speak freely about their symptoms that can then be used in diagnosis and treatment.
- Aims to eliminate cultural barriers that hinder Latinx immigrants from receiving appropriate mental health care, such as lack of diversity in the mental health workforce, language barriers, and ineffective communication (Boykin, Schoenhofer, & Valentine, 2014).
- This will be achieved through training of health care providers on cultural norms and expectations of care of Latinx. Latinx immigrants will also be provided with a toolkit of resources to assist them with their mental healthcare.



Project Question

- The project question is:
 - Does the implementation of a cultural competence toolkit aimed at Latinx immigrants improve culturally competent care and increase resource referral for this population?



Project Objectives

In the timeframe of this DNP project, the following objectives will be met:

- 1.To administer an educational seminar for the multi-disciplinary team in the health facility, consisting of one psychiatrist and two Mental health Nurse practitioners, to train them on culturally competence practice guidelines and the LICCT.
- 2.To develop a LICCT and implement it at the mental health clinic project site.
- 3.To increase the resource referral of Latinx immigrants during mental health visits at the project site.



Review of Literature

After reviewing multiple studies themes that emerged to identify the current state of cultural healthcare perceptions among professionals, patients, and the community members. The emerging themes from the review of literature included cultural knowledge among healthcare workers, cultural competence education, and miscommunication. The themes provided insight into the implications for knowledge, practice, policymaking, and research on mental health among Latinx Immigrants.

- **Cultural Knowledge Among Healthcare Workers:** Healthcare institutions must invest in cultural competence strategies to mitigate the glaring disparities evidenced in health outcomes. Healthcare stakeholders should promote culturally sensitive training to promote patient outcomes. (Oriana, Schilgen, & Mosko, 2019).
- **Cultural Competence Education:** Education in cultural competence is vital in promoting healthcare equality. The role of cultural proficiency training in effecting healthcare interventions. (Jongen, McCalman, & Bainbridge, 2018). Successful cultural competence education involves developing partnerships between communities and healthcare providers (Bhatt & Bathija, 2018).
- **Miscommunication:** Culture defines the rules of communication. Patients experienced language barriers since most practitioners are not bilingual, and there are few trained interpreters, which often lead to misunderstands and medical errors. (Amirehsani et al., 2018).



Theoretical Model

- The Donabedian model was first introduced in the year 1966 by its proponent Avedis Donabedian.
- Focused more on making sure that quality and systems worked effectively for the overall healthcare of the patient. (Donabedian, 2005).
- Cultural competence is widely seen as a foundational pillar for reducing disparities through culturally sensitive and unbiased quality care.
- Model was created to avoid the biases of the definition of quality health care.



Project Design

- This project utilized a quality improvement design.
- The design focused on improving quality of services regarding cultural competency in a mental health clinic.
- The DNP project was implemented during a four-week timeframe. The implementation phase included:
 - Implementing the intervention
 - Data collection
 - Evaluating the project results



Implementation

- Power point presentation and the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals-Revised (IAPCCR-R) pre-test and post-test evaluation will be provided to all medical providers prior to the presentation. (Transcultural CARE Associates, 2015).
- Educational training and implementing the LICCT tool.
- The five resources included in this tool are food assistance, clothing, vocational training, employment services, and interpretation services.
- Two chart audit tools have been incorporated in the project.



Evaluation

- The IAPCC-R survey will be administered as a pre-test to evaluate cultural knowledge by participants.
 - The IAPCC measure cultural awareness, cultural knowledge, cultural skill, and cultural encounters.
- The audit tool will be completed, and the data will be compiled into an Excel spreadsheet created by the project lead and the analysis will be done using the SPSS software.



Results

- Results revealed that there was a 10.25-point increase (95% confidence interval = 7.00, 16.00) in IAPCC-R score from pretest to posttest.
- However, results of the Fisher's Exact Test for dependent samples were not statistically significant, $\chi^2 (2) = 6.00, p = .103$.
- However, it is important to note that the effect size, Glass' $\Delta = 2.34$, is considered a large effect size, suggesting that although statistical significance was not met, the results are practically significant.
- Regarding provider compliance, providers complied 75.9% of the time (frequency = 60), with non-compliance occurring 24.1% of the time (frequency = 19). The 95% confidence interval for compliance percentile is 71.1% to 80.7%.



Results (cont.)

➤ Table 1

Descriptive Statistics and Zero-Order, Bivariate Correlation of Pretest and Posttest Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals-Revised (IAPCC-R) Scores

Variable	Pretest			Posttest		r
	M	SD		M	SD	
IAPCC-R Score	87.30	4.73		98.00	2.00	0.21

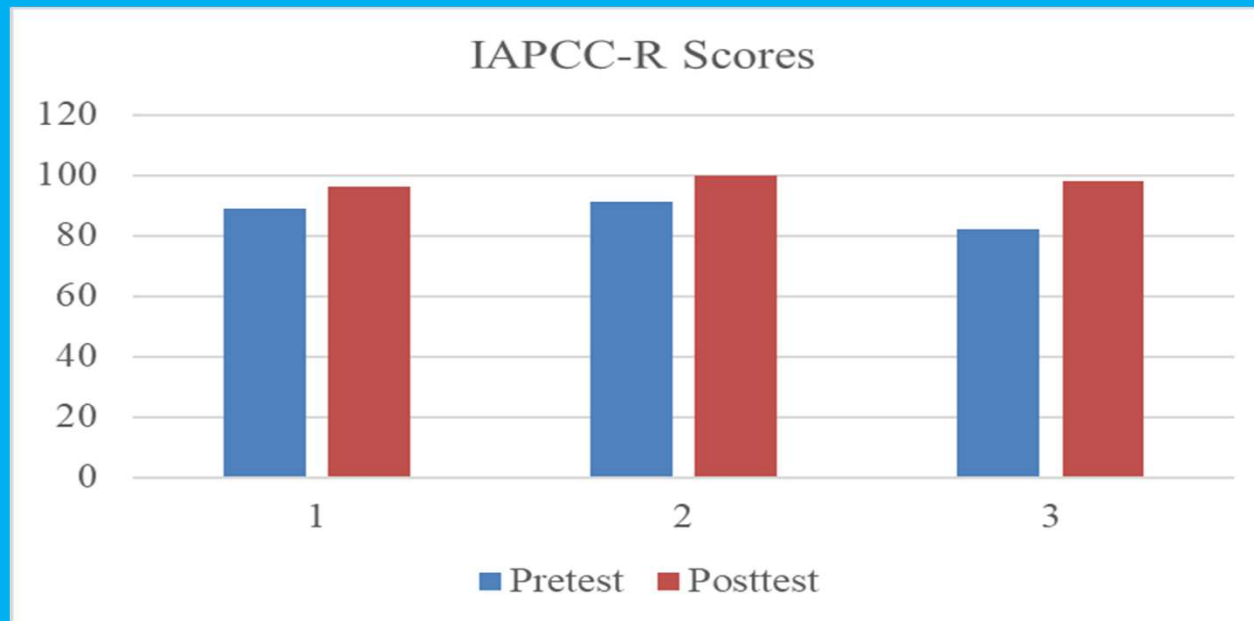
$N = 3$

Note. M = Mean; SD = Standard Deviation; r = Pearson's zero-order correlation coefficient.



Results (cont.)

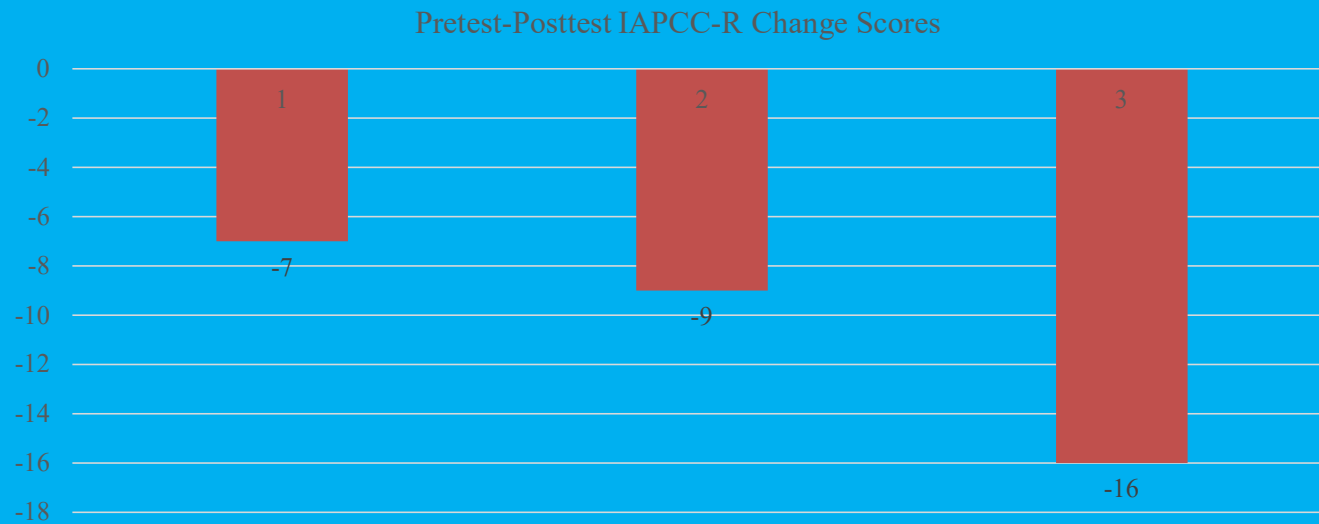
Figure 1. Pretest and posttest IAPCC-R scores for each provider.





Results (cont.)

Figure 2. Change in pretest to posttest IAPCC-R score, taken by subtracting the pretest score from the posttest score, and thus, indicating growth in score.





Dissemination

- Project results will be disseminated to the stakeholders at the practice site.
- DNP presentation to Touro University Nevada (TUN) nursing faculty and peers of the DNP program.
- Submission of the project to the DNP Project Repository.
- Apply to share an abstract and poster presentation at the American Psychiatric Nurse Association (APNA) 35th Annual Conference in October 2021.



Conclusion

- Educational training of medical practitioners improves cultural competency.
- Medical practitioners' attitudes towards Latinx immigrants' individuals were improved by evidence of the findings.
- Improved compliance to increase resource referral for this population.

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Questions

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