

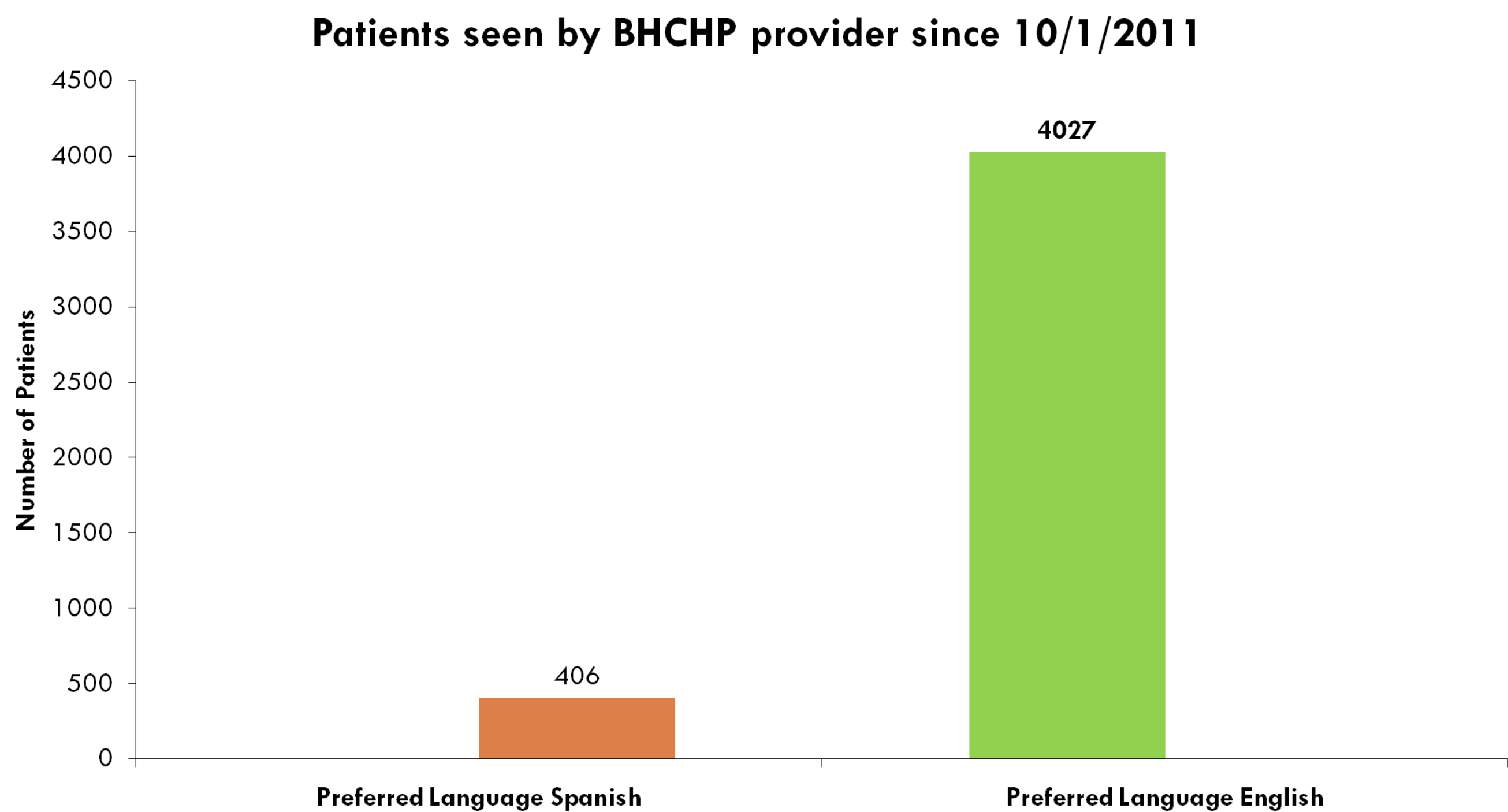
# Patient Advocacy as a Tool to Reduce Disparities Affecting the Spanish-Speaking Homeless

Naira Arellano, MPH<sup>1,2</sup>, Margaret Sullivan, RN, MS, FNP-BC<sup>3,4</sup>, Sheila Davis, DNP, RN, ANP-BC, FANN<sup>1,4</sup>

<sup>1</sup>MGH Institute of Health Professions-School of Nursing, <sup>2</sup>The Albert Schweitzer Fellowship, <sup>3</sup>Boston Health Care for the Homeless Program, <sup>4</sup>Partners in Health

## Background

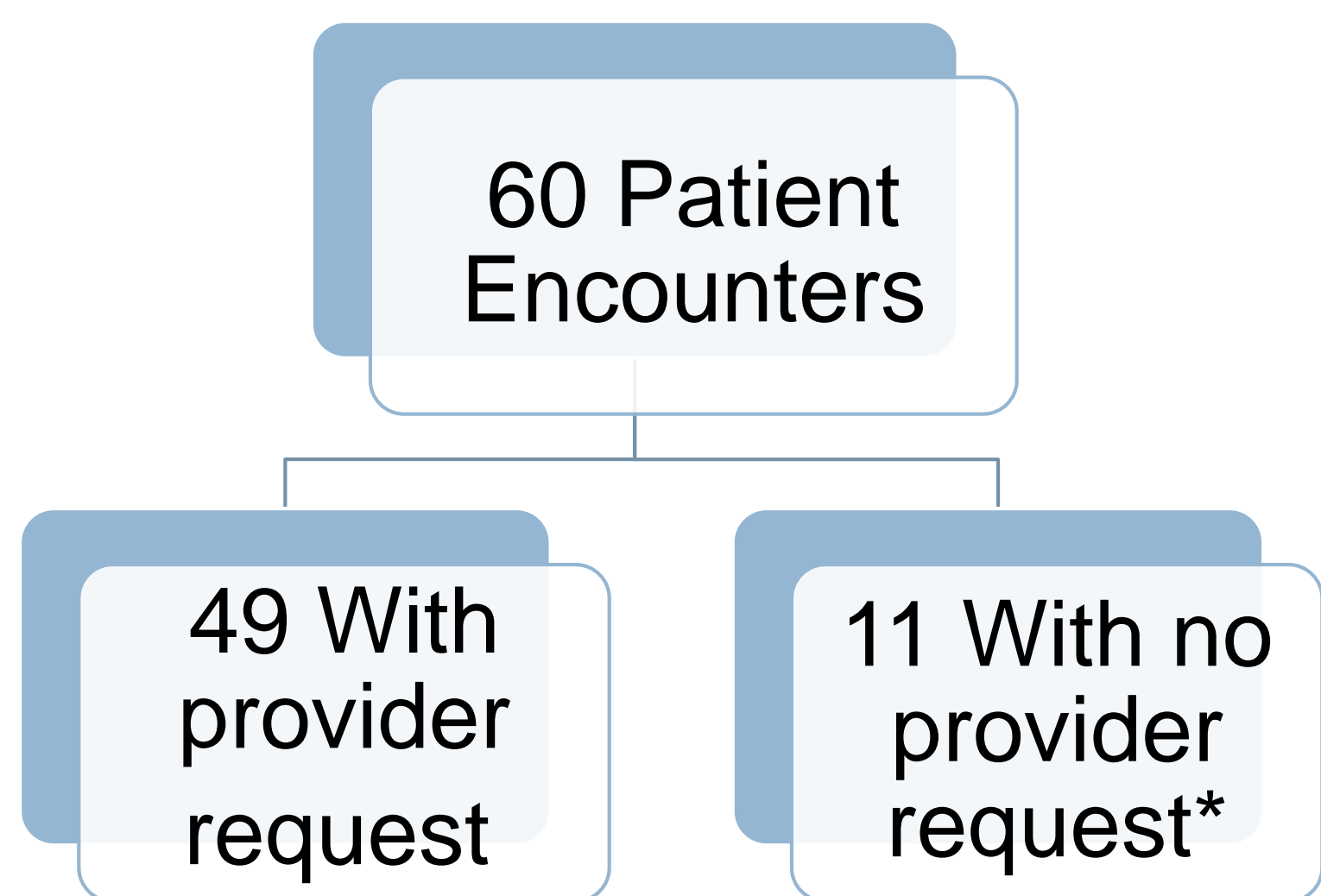
- Hispanics are the largest and fastest growing racial or ethnic minority group in the United States.<sup>1</sup>
- Hispanics are disproportionately affected by diabetes and overweight/obesity and have worse access to healthcare than the overall U.S. population.<sup>2</sup>
- Health disparities are even more striking among Hispanics who speak primarily Spanish.<sup>2,3</sup>
- Homelessness further increases the challenges faced by Spanish-speaking Hispanics.
- Innovative strategies are needed to address health disparities affecting this profoundly vulnerable group.



References  
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Pew Hispanic Center. (2008) Hispanics and healthcare in the United States: access, information and knowledge. Retrieved from: [www.pewhispanic.org](http://www.pewhispanic.org)  
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## Patient Advocacy

- Our ongoing patient advocacy initiative takes place at a medical respite facility located in Boston, Massachusetts which is part of Boston Health Care for the Homeless Program.
- The patient advocate provides
  - 1) health promotion and education
  - 2) clarification of the plan of care to the patient
  - 3) accompaniment
- The role of the patient advocate could be compared to the role of a Community Health Worker but in an inpatient setting.
- By actively communicating with the health care team, the patient advocate can provide important insight about patients' illness experience and contribute to improved quality of care.
- To date, 60 patient encounters have been completed
  - Mean age of patient's served was 51.3 years
  - 95% (57) of patients served were male
  - 5% (4) of patients served were female



**Figure 1.** Number of patient advocacy encounters from June-September 2012

\* Patients visited without a provider request were identified by using the medical respite patient census

Type of Provider Request	(n), %
Medical Interpreting	(19) 29.2%
Initial introduction and assessment of concerns	(12) 18.5%
Social needs support/assessment	(8) 12.3%
Diet review	(5) 7.7%
Diabetes Education	(5) 7.7%
Fill out forms (housing, benefits, ID request)	(5) 7.7%
Speech and language coherence assessment	(3) 4.6%
Admission or respite stay coaching	(3) 4.6%
Other	(3) 4.6%
Test/procedure instructions	(2) 3.1%

**Table 1.** Type of provider request addressed during patient encounter ( n=65)\*  
\*More than one request per encounter possible

Type of Patient Request	(n), %
Social needs questions	(8) 32%
Clothing request	(6) 24%
Diet questions	(3) 12%
Medication questions	(2) 8%
Procedure/test questions	(2) 8%
Treatment questions	(1) 4%
Post procedure/test questions	(1) 4%
Rules/regulations questions	(1) 4%
Other	(1) 4%

**Table 2.** Type of patient request emerging during patient encounter ( n=25)\*  
\*More than one request per encounter possible

## Implications for Practice

- Patient advocacy is an initiative that can be carried out by students or lay volunteers with a health background/training and certified language skills.
- This affordable strategy can be adapted to many settings where Spanish-speaking patients receive care.

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