

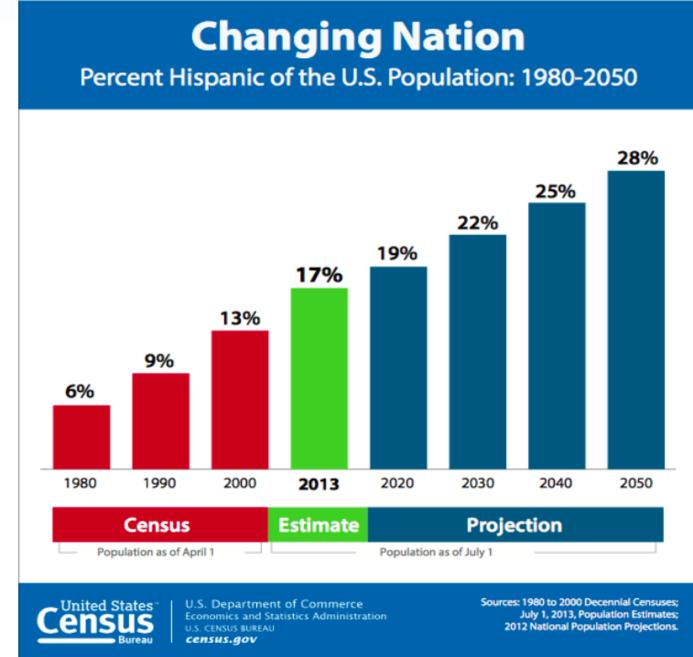
Exploring a Potential Medical Spanish Curriculum at theUniversity of Massachusetts

Benjamin Cook

BACKGROUND

The Growing Hispanic Population in the United States:

• As of July 1, 2016, the Hispanic population in the U.S. is 57.5 million, 17.8% of the entire population. Between 2015 and 2016, the U.S. Hispanic population increased by 1,131,766 people, a 2% increase in the U.S. population. This number is more than half of the estimated 2.2 million added to the nation's population.⁴ By 2050, an estimated 28% of the U.S. population will be Hispanic.



- While one cannot simply equate Hispanic with Spanish-speaking, an estimated 72.4% of Hispanics spoke Spanish at home in 2016. Additionally, 57.5% of Hispanic Spanish-speakers speak English "very well," still leaving around 19 million Hispanics who would likely prefer to receive their medical care in Spanish⁴
- Only 2% of fulltime medical school faculty are Hispanic or Latino*1
- Only 5% of graduating medical students are Hispanic or Latino¹
- 17.8% of the population is Hispanic

<u>Limited English Proficient (LEP) Population Statistics as of 2013:</u>

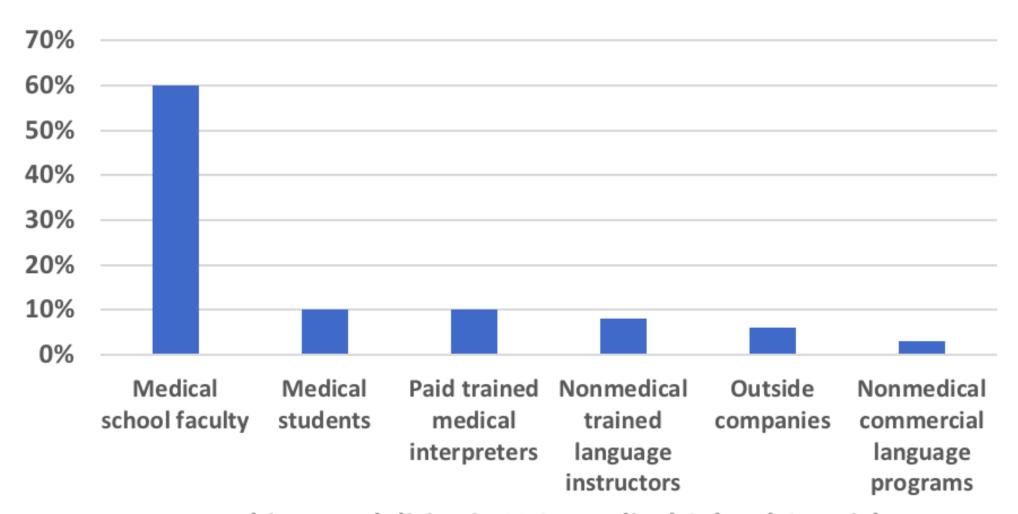
- LEP is defined as speaking English less than "very well" aged 5 years or older, as classified by the U.S. Census Bureau. The LEP population is growing⁴
- In the U.S., 8% (25.1 million) of the population is considered LEP. Spanish is the most prevalent language, with 64% (16.2 million) of U.S. LEP residents speaking it²
- In Massachusetts, 8.9% (553,600) of the population is considered LEP. Spanish is the most prevalent language, with 39% of (215,700) MA LEP residents speaking it²
- In Worcester County, 7% (55,700) of the population is considered LEP.¹ Spanish is the most prevalent language, 45% of (25,000) Worcester County residents speaking it²

CURRICULUM

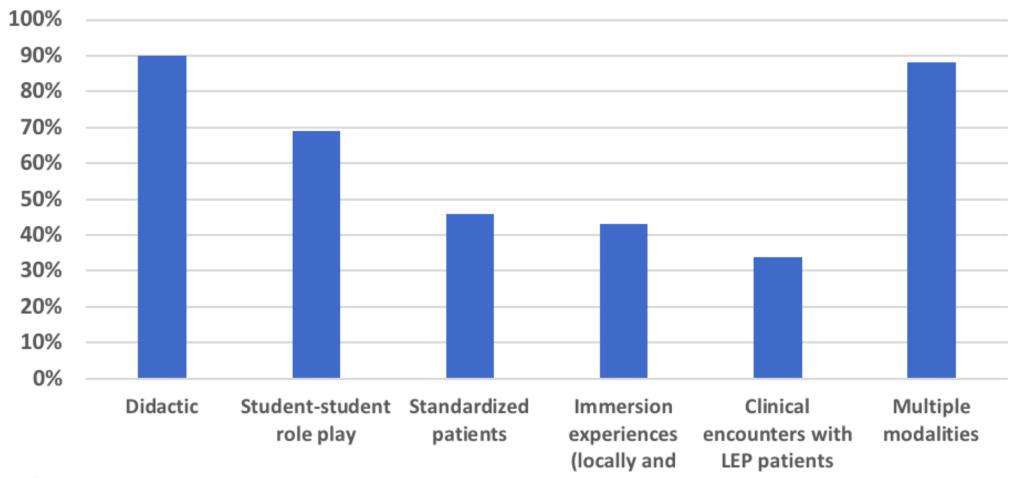
Medical Spanish Curricula in the U.S. as of 2014³:

- 66% of U.S. medical schools have a Spanish curriculum
- 62% of medical schools with a curriculum have had it for at least five years
- The two main drivers for starting a medical Spanish curriculum
 - 1. Large LEP population
 - 2. High medical student interest
- 10 schools have discontinued a medical Spanish curriculum for the following reasons:
 - Too much student interest made it too expensive to support
 - Lack of time in the medical school curriculum
 - Students of varying skill levels made it difficult to teach everyone
 - Insufficient faculty support

Who Teaches Spanish Curricula at U.S. Medical Schools?



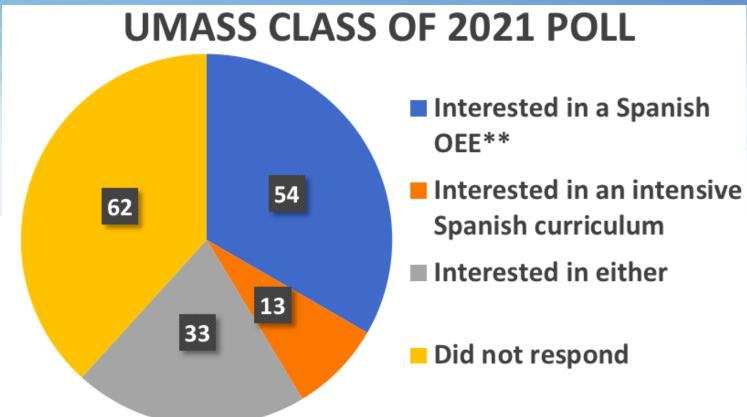
Teaching Modalities in U.S. Medical School Spanish Curricula



abroad)

INTEREST AT UMASS

In 2018, the class of 2021 was polled on Facebook regarding interest in a Spanish curriculum. 100 people responded out of 162 students.



LANGUAGE DISCORDANCE

Health issues associated with language discordance between the patient and physician include less access to preventative health services, poorer understanding of instructions/medications, longer hospital stays, increased risk of medical errors, decrease patient satisfaction, and fewer flu shots, pneumonia vaccines, and dental visits. When LEP Latino patients with Type II diabetes switched from English to Spanish-speaking physicians, the patients showed significant improvements in glycemic control and LDL control. 5

CONCLUSIONS

Language concordance between physicians and patients has been shown to improve quality of care. There is an increased need for Spanish-speaking physicians to treat the rapidly growing Spanish-speaking population. There is also sufficient student interest at UMass to warrant a Spanish curriculum. The national data will be a great resource to build our curriculum around, paying particular attention to its teaching modalities and avoiding pitfalls that other schools have experienced.

REFERENCES & NOTES

References:

- 1. Ortega, Pilar. 2018. Teaching Medical Spanish to Improve Population Health [webinar]. AAMC (producer)
- 2. Migration Policy Institute tabulations from the U.S. Census Bureau's pooled 2009-2013 American Community Survey, Table B16001 "Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over," available through the U.S. Census Bureau's American FactFinder
- 3. Morales, Raymond; Rodriguez, Lauren; Singh, Angad. (2015). National Survey of Medical Spanish Curriculum in U.S. Medical Schools. J Gen Intern Med 2015;30(10): 434-439
- 4. United States Census Bureau. (2017). "Facts for Features: Hispanic Heritage Month 2017". https://www.census.gov/newsroom/facts-for-features/2017/hispanic-heritage.html
- 5. Parker, Melissa; Fernandez, Alicia; Moffet, Howard; Grant, Richard; Torreblanca, Antonia; Karter, Andrew. (2017). Association of Patient-Physician Language Concordance and Glycemic Control for Limited-English Proficiency Latinos with Type II Diabetes. JAMA Intern Med 2017; 177(3); 380-387.

Notes:

*I have used Latino and Hispanic throughout this poster because different resources use different populations in their research. Hispanic refers to language and is defined as being from a country where Spanish is the primary language. Latino refers to geography and is defined as anyone from Latin America, including countries like Brazil where Portuguese is the predominant language.

**OEE stands for Optional Enrichment Elective and are optional classes at UMass. These range in intensity but on average meet about 5-7 times throughout the year for two hours each session.

University of Massachusetts Medical School - 2018 Global Health Poster Session