

## Rising to the Challenge of Multilingual Healthcare The View from an Eastern NC Pediatric Practice

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**H**ABLA INGLÉS? So begin more and more encounters with patients at Goldsboro Pediatrics today. Since around 1991, we have seen a tremendous influx of patients into our practice whose families are Latino and who have minimal proficiency in English. Usually, the fathers are the only family members who work outside the home and who have some proficiency in the English language. However, the fathers are likely to be working during our office hours, so the children are brought to the office by their Spanish-speaking mothers. Often we are blessed with one family member or friend—often a child—who translates for us as we attempt to give Latino patients the same comprehensive package of health services that we offer English-speaking families. Fortunately, few of our encounters involve really sensitive issues, and we assume that our regular breaches of strict confidentiality regulations will never get us into trouble with governmental authorities. Who really cares if a child has a runny nose, vomiting, or diarrhea? This is not ideal healthcare, but it is the best we can do at the moment.

So, how is Goldsboro Pediatrics organized today, and what are we doing to better serve this growing Latino population?

In 1977, Goldsboro Pediatrics was established as a solo practice. I was aware of the demand for pediatric health services when I chose to live and work in Goldsboro, but I had no idea that it would take 25 years to recruit the workforce necessary to operate a healthcare system that could provide health services for the thousands of children who live near our offices and hospital. I expect most rural primary care physicians share our frustrations of excessive demand for care by a relatively indigent population. Goldsboro is the County Seat of Wayne County and its largest community, with a population of approximately 105,000. Wayne County is surrounded by Greene, Lenoir, Duplin, Sampson, Johnston, and Wilson Counties. Today, Goldsboro Pediatrics operates offices in Mount Olive, Princeton, LaGrange, and Goldsboro. The main office is located north of the 70

Bypass of Goldsboro, across the street from Wayne Memorial Hospital. Currently, twelve pediatricians, six nurse practitioners, and one lactation consultant provide primary care for the patients seen in our offices. The practice supervises four middle-school-based health centers in collaboration with the Wayne Initiative for School Health (WISH). I serve as Medical Director for WISH. The practice is carefully and consistently integrated with other human service agencies of Wayne County (Head Start, Smart Start, Cooperative Extension Service, Department of Health, Mental Health Center, Department of Social Services, Wayne County Public Schools, Wayne Memorial Hospital, Seymour Johnson Air Force Base Pediatric Clinic, Communities in Schools).

One of the largest challenges has been providing culturally competent health services for the growing Latino population. Our agriculture-based economy, including the huge pickle and poultry industries, has provided jobs for thousands of Latinos. Currently, approximately 20% of the deliveries at our hospital are Latino, and one of our elementary schools is 75% Latino. The federal government has now established rules for healthcare providers to follow so that non-English-speaking patients receive culturally competent care. Our practice is struggling to adhere to our interpretation of those laws.

Our commitment to the Latino population has been driven less by the necessity to follow federal law than by our realization that these children are part of our future: Most of these Latino families are here to stay and their children need to be healthy so that they can take advantage of the educational opportunities in our schools and one day become independent, productive adult citizens. Latino children appear to have more childhood obesity, dental caries, and early type 2 diabetes than other US children. It is a monumental challenge to intervene early to prevent disease in this growing population of culturally unique children.

Nancy Sayers, RN, BSN, CPNP, a US Air Force Pediatric Nurse Practitioner, retired from her position at Seymour Johnson Air Force Base and decided to come to work for us

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in 1995. She was born and raised in New York City and, at the age of 15, moved with her family to Puerto Rico where she completed her college education. She has taught us about cultural differences, Latino beliefs in alternative medicine, and how these Latino mores may interfere with, or complement, our traditional medical approach to pediatrics. Nancy—or “Nonci,” as her adoring patients refer to her in the Spanish pronunciation—has concentrated her efforts in our Mount Olive regional office, where we care for the vast majority of our Latino patients. She has created Spanish translations of our newborn instructions and other informational handouts we use on a daily basis to enhance the value of the on-site services we provide. She has worked with other agencies (Migrant Head Start, Departments of Health in three counties) to give Latino children better access to healthcare.

Karen Robinson, MD, a Pediatric Nephrologist by training, began working part-time for us several years ago as a general pediatrician. Karen is from Texas and is fluent in Spanish. She works in our main office in Goldsboro where we have a growing Latino population that needs even more of her time.

Anselma Cisneros, a Certified Nursing Assistant, was born in Florida to parents who had moved there from Mexico. She divides her time between the Goldsboro and LaGrange offices. She is very committed to helping us better serve the Latino families in our area.

Natasha Bowdy, a Certified Nursing Assistant in the Mount Olive office, is fluent in Spanish. Almost half of the encounters in our Mount Olive office involve Latino children. Natasha performs the hearing and vision tests for Latino children and educates parents about nebulizer use for asthma, how to take temperatures, etc. She identifies very well with the Latino families in our practice because her mother is Latino.

Cathy Rhodes, a Certified Nursing Assistant who began working for the practice over 15 years ago as a receptionist, now divides her time between nursing and receptionist duties. Cathy has grown up with Spanish-speaking farm workers, has a daughter-in-law who is Latino, and has attended classes at the local community college to improve her Spanish-speaking skills. She spends all her time in the main office.

Two other nurse practitioners have attended community college courses designed to give them basic conversational skills in Spanish. Two of our doctors have attempted to educate themselves to become better able to communicate with Latino families.

It is fair to say that in filling a job vacancy in our practice we give special consideration to an applicant who speaks Spanish, since we would like to have one Spanish-speaking person working in each of our offices whenever the offices are open. When a situation arises involving a family that speaks no English and the office has no provider who can at least speak rudimentary Spanish, then we use special interpreter telephone lines to communicate with these families.

This is a very slow, often expensive, and inefficient way to provide health services. We cannot make a living if we have to stop during each encounter to use an interpreter telephone service.

I am fortunate to have had an excellent Spanish teacher who, for my three years in her high school Spanish class, made me speak nothing but Spanish for the hour a day that I was in her class. As a result, I am able at least to figure out what is going on with the sick children of Spanish-speaking families and to give them basic instructions for caring for their children and accessing our practice. I have a reasonable collection of tapes and CDs to assist me with my attempts to become more proficient in medical Spanish.

We have recently contracted with a public relations firm and have published an informational brochure for new patients in our practice. This brochure has been produced in Spanish for the Latino population. Wayne Memorial Hospital usually provides an interpreter for us when we make hospital rounds, so that the Latino patients receive culturally competent information during nearly all hospital encounters.

It is interesting for me to watch my four adult children find their ways in this changing world. Our oldest will enter UNC Medical School in August. He has spent his last three years teaching school in Santa Cruz, Bolivia. Our second child is a first-year pediatric resident at Children’s Hospital of Oakland, CA. She majored in Spanish and spent a year of college in Sevilla, Spain, in addition to two summers in Mexico. Our youngest child is in the UNC School of Nursing. She is a Spanish major who has spent a semester in Sevilla, Spain, and will travel to Ecuador for a summer internship experience soon. So three of our four children have become really fluent in Spanish and will most likely find long-term jobs that allow them to utilize those skills. Our third child is more like her father—went straight through college and graduate school and works every day as a pharmacist, never taking enough time off from her mission to really think about cultural competence and the growing Latino population. But we are delighted to have her living down the street from us and happily married! She may eventually accompany her father if and when he takes a much-needed three-month sabbatical to immerse himself in the Latino culture.

This is definitely a “work in progress” for Goldsboro Pediatrics. I would hope that all healthcare providers in training will consider the changing demographics in our society and seriously commit themselves to becoming fluent in Spanish before they reach their final destinations in the work-place.

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