A snapshot of Inala Primary Care Spanish Speaking Diabetes Clinic *(A Brisbane team of Spanish speaking health professionals)*

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Australia's rising levels of immigration from culturally and linguistically diverse (CALD) backgrounds poses a number of complex health challenges. In particular, there has been a rise in the incidence of chronic conditions such as cardiovascular disease, diabetes and mental illness. Despite the increase of these conditions in the CALD groups, studies indicate that some groups are less likely to access health care and to undertake preventative behaviours such as physical activity or low fat dietary intake (Caperchione.C et al). This is frequently associated with poor self-esteem and fear of embarrassment.

The Inala Primary Care (IPC) health care team developed a Spanish speaking diabetes clinic in 2003 to benefit this culturally and linguistically diverse (CALD) population by providing primary health care in their native language. The focus is on chronic disease, but targets diabetes in particular. The team utilizes the diabetes annual cycle of care; General Practice Management Plans (GPMP) , Team Care Arrangements (TCA) as well as GP mental health plans. Services are bulk-billed to maximise access to services. The team provides holistic care involving listening, counseling and managing a range of health issues besides diabetes. This all requires evaluation and reflection to provide effective health care with positive outcomes for patients.

The Inala Primary Care (IPC) health care team can be likened to a finely tuned orchestra with all players synchronizing their own instruments to make this clinic a success. The players in this orchestra include;

- Geoff Spurling, General Practitioner (GP) from Brisbane
- Fabiola Bran, Administration Support Officer from El Salvador
- María Amy Marcos, Credentialed Diabetes Educator from Uruguay

We also refer patients to external Spanish speaking Allied health professionals to enjoy the benefits of working with a diverse Spanish community. These include Podiatrist Emalia Bran from El Salvador as well as Psychologist Jorge Lopez from Spain and Evelyn Hibberd from El Salvador. Geoff joined the Inala Indigenous Health Service in 2002 when the IPC clinic had only one Spanish interpreter. At that time, the patients were mainly Spanish speaking refugees who had escaped civil conflicts in El Salvador, Chile, Argentina and Uruguay in the 1970's and 80's. The Spanish interpreter service ceased operation in 2003. The IPC clinic is now conducted weekly, with Geoff, the Spanish speaking General Practitioner (from Australia), assisted by Sarah, our most recent Spanish speaking GP (who comes from Scotland!) who has improved services for female patients especially with respect to gynaecological health issues. Fabiola, the Receptionist, joined the surgery in 2006, bringing with her a commendable level of dedication and good will towards the community. Amy joined the clinic in late 2008, unaware of the large population of Spanish speaking people in the area, but happy to be able to contribute with Spanish as her native language.

The clinic for the Spanish speaking community is held every Friday. This is often seen as a social event with some patients coming hours before their appointment to chat with each other. They are greeted by our smiling receptionists at the front desk. Even our previous Chief Executive Officer, would come out of the office to practice her Spanish. Patients report that it is a refreshing change to have someone else with the funny accent and in this relaxed atmosphere they are able to talk about their families, their dreams, achievements and disappointments in their lives in addition to receiving excellent health care and advice.

According to Australian Government figures (DIAC, 2009), Queensland Spanish speaking populations are from El Salvador (2260 people, 24%), Colombia

(1040 people, 18%), Spain (1890 people, 15%), Chile (1550 people, 6.6%), Argentina (1060 people, 9%), Uruguay (590 people, 6.9%) and from other parts of South and Central America. These figures reflect our most regular attendees. Health beliefs, customs, cuisine and lifestyles of the South American and European population can be quite different from Australian cultural norms. For the majority, social and family life is incredibly important and invariably this includes food, wine, dance and good company.

Balancing these social needs can be challenging for a clinic dealing mainly with chronic disease and diabetes.

Despite the rich cultural expressions frequently on display, the all too regular history of torture, trauma and displacement from family, together with social and linguistic isolation takes a toll. A search of diagnoses among Spanish speaking attendees of Inala Primary Care data indicates that nearly fifty percent have depression, which may sometimes impact upon making lifestyle changes.

Frequently patients express that they only live once so they might as well go from this planet with a bang! The provision of education has to be individualised, and it is necessary to prepare patient-centred goals to achieve successful and sustainable lifestyle changes. Repetition from the General Practitioner, Practice Nurse and Credentialed Diabetes Educator is an essential component of our management. We work together to create a care plan in conjunction with the patient and are careful to ensure that the patient always feels like they are still in control.

In 2011, we conducted a patient satisfaction survey to evaluate our Spanish speaking clinic. The results were very positive and demonstrated that 90 % of the patients felt immense relief to be able to communicate in their own language about their medical problems. The survey also indicated their frustration at not being understood by non-Spanish speaking health professionals and having to depend on family members or strangers to interpret private and emotional issues. They were appreciative that they were not rushed and were treated as individuals. Furthermore, the survey demonstrated the importance of having a Spanish speaking receptionist. A friendly and efficient person communicating in their own language is one less stress as they negotiate their visit to their primary health care service. The survey demonstrated that having a diabetes educator who can communicate in their own language saves time, enables clear understanding of complex management issues such as blood glucose monitoring, insulin administration and affirmation of advice provided by other (perhaps) non-Spanish speaking health professionals such as dietitians, exercise physiologists and psychologists.

Our patient survey indicates that we still have a long way to go and we will continue to evaluate and modify the service. For now, we celebrate in the corridors when we have a patient whose blood glucose reading has come down; when they take some control with the help of medications, education and treatments. We celebrate because we understand the difference that makes to their health and their lives and consequently the community, but also it gives us a sense of pride that ***somehow, no matter how small ,we are making a difference.***

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I would like to see more prevention and it is our plan to have group practical sessions and even telephone coaching. I also would like to collect data and provide evidence on HbA1c, GFR's, BP, ACR, BMI, Girth, weight, treatments, and education tools so that we can see what works for depression management and medication delivery. We want to see if what is unfolding in the clinic makes a difference and if not, why not. I have proposed group interaction with unconventional learning strategies for suitable patients. This is currently under negotiation with the team.

Conclusion

We believe that we have a very successful clinic based on our survey response. We have a positive team atmosphere. We all have different jobs but we all

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ask questions and modify our practice according to the individual and continually evaluate our service. **We never give up on our patients. We may not always agree with them but we do respect them. Finally, and most importantly, our patients keep coming back.(pull quote)**

Eventually, the team hopes to expand this Spanish speaking clinic to include the delivery of acute care with some interventional health practices to assist in the prevention of chronic disease and effective management of diabetes.

Some further research opportunities . . . .

- CDE research questions -Type/ style of patient education. What works with Latino culture? What doesn't?
- Mental Health Nurse Spanish speaking involvement - motivational strategies. What works, what doesn't?General Practitioner research questions
- What are the benefits/challenges of a model of primary health care for NESB patients involving a chronic disease team comprised of clinicians and administrative staff who speak the patients' own language?
- What is the patient's experience of attending a primary health care service where all the people they interact with speak their own language?
- What improvements can be expected in diabetes management for Spanish speaking patients in a model of primary care that involves staff who all speak the patient's own language?

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While our study did not make direct comparisons, we believe adverse psychosocial factors are more pronounced in young adults with diabetes in our community due to lower socioeconomic status. Identifying and addressing psychosocial factors are imperative in diabetes where self-care is a vital component for an optimal health outcome. Thus incorporating a psychologist in a multidisciplinary team such as ours would help ensure that young adults receive consistent and holistic support during this critical transition period.

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