

Physician-led Spanish-speaking volunteers address health care inequities during a crisis

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In a perspective published in the *Journal of Hospital Medicine*, experts from the Massachusetts General Hospital (MGH) Department of Medicine, Office of Equity and Inclusion and Center for Diversity and

Inclusion call for a more inclusive and culturally competent approach to clinical care based on best practices developed during the COVID-19 surge in Massachusetts.

Between March 25, 2020 and April 13, 2020, 40% of all MGH's COVID-19 inpatient population were limited English proficient (LEP), Spanish-speaking adults from the hospital's surrounding immigrant communities of color. Many were essential workers who lived in crowded housing, relied upon shared transport or the Massachusetts Bay Transportation Authority's public transit and were simply unable to adequately physically distance. This positioned them at increased risk of exposure to the respiratory virus, according to lead author Steven Knuesel, MD, SFHM.

"We've seen how previous disasters—like Hurricane Katrina—disproportionately impacted communities of color. These situations highlight inequities that have created a divide in access to quality health care, stability and support services. COVID-19 was no different and the cities of Chelsea and Revere were hit hard," says Knuesel.

Despite MGH's robust Medical Interpreter Services department, the spike in COVID cases strained resources. Clinicians realized a new approach to providing LEP support was needed immediately. Out of that demand, the Spanish Language Care Group (SLCG) was created. More than 60 native-Spanish speaking, bilingual clinicians ranging from trainees to full professors volunteered to be part of the group and were embedded throughout all areas of the hospital to help COVID surge teams provide condition updates, educate patients and assist in the daily rounding process.

"Our clinicians quickly responded to the call for help. In addition to their increasing workload, they provided medical expertise while also relaying

clinical updates and discharge instructions. But perhaps more crucially, they provided empathy and compassion with patients and their families who were scared and anxious," says co-author Elena Olson, executive director of the Mass General Center for Diversity and Inclusion.

Hospitalist Warren Chuang, MD, helped design, oversee and coordinate the effort. "We responded to this critical need by creating the structure which allowed 51 physicians—representing 14 countries of origin—to deploy in COVID-19 surge units. The SLCG provided 24/7 coverage and a cultural connection to the hospital's most vulnerable patients who were isolated from family," says Chuang.

"Our experience with the Spanish Language Care Group has highlighted the value of language-concordant care, the power of cultural and linguistic competency, and the resiliency that diversity brings to a hospital's professional staff. Our urgent response to COVID-19 has unroofed a long-simmering challenge: the detriment to care that arises when language becomes an obstacle," says Joe Betancourt, vice president and chief equity and inclusion officer. "The SLCG solved that, made the impact of this work clear to all, and provided invaluable lessons that we will leverage in the future, principal among these including redoubling our efforts to recruit a diverse, multilingual staff."

The article offers recommendations for other institutions that want to develop similar language response groups, with particular focus on pre-identifying multilingual physicians as well as creating an activation strategy. More importantly, however, these [best practices](#) reinforce the need for hospitals to address the growing needs of culturally diverse patients and recognize language as an asset that can help improve patient understanding and outcomes.

More information: Steven Knuesel et al, Language Barriers, Equity, and COVID-19: The Impact of a Novel Spanish Language Care Group,

Journal of Hospital Medicine (2020). [DOI: 10.12788/jhm.3542](https://doi.org/10.12788/jhm.3542)

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