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Effects of Latinx Parental English Proficiency on Stress

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Abstract

Background

In the United States, patients who have Limited English Proficiency (LEP) report having more problems communicating with their children's doctor which leads to these children having worse health care access than those who have parents with a High English Proficiency (HEP). Parents with LEP also experience discrimination in this setting which can lead to increased psychological distress. The goal of this study was to determine if the level of English Proficiency is associated to stress levels and discrimination among Latinx parents when they take their chidlren to the doctor.

Methods

Participants consisted of 22 Latinx parents (86.4% Mexican and 90.9% female) in the San Francisco Bay Area. They were asked to complete a pre-test and post-test about their stress levels before and after their participation in an interview. The interview asked about parents' experiences taking their children to the doctor. After the interview, participants completed a survey about their English Fluency, perceived discrimination, and demographic questions.

Results

Regressions for both post-interview stress ($R^2 = 0.497$, $p > 0.05$) and discrimination ($R^2 = 0.164$, $p > 0.05$) were not significant. Qualitative results demonstrated that regardless of English proficency Latinx parents experience discrimination, a communication barrier, and negative feelings when taking their children to the doctor. Parents hope that in the future more interpreters will be available and that doctors will be more understanding.

Discussion

Public health practitioners should use Latinx parents' aspirations to guide interventions to improve their overall experience. Making more interpreters available and providing diversity training to doctors will enhance better medical care for children and a positive experience for parents.

Introduction

Immigration is a defining issue of this decade in the United States. Recently, there have been many Immigration and Customs Enforcement (ICE) raids and attempts to make it more difficult to apply for legal status (Jordan, 2019). There are children being detained at the border and separated from their families because they are undocumented (Roldan & Rocha, 2019). The negative connotations of immigration have increased discrimination and hatred towards immigrants (Cleek, 2018). This causes tremendous fear among this population. Therefore, many immigrants are afraid to leave their house and use health care services. Although many of these individuals are eligible to use health care services, they abstain from using them due to fear of deportation or violent acts towards them.

Immigration is a major public health concern because people are receiving little to no physician attention due to their immigration status (Portes, Light & Fernández-Kelly, 2009). Health care is something essential to everyone no matter their legal status. The government and media continue to add to the fear immigrants experience which prevents them from seeking adequate health care. Thus, public health practitioners need to bring awareness to immigrants about the numerous local clinics that protect undocumented immigrant populations, that they can receive adequate health care without being scared of deportation or detainment. This is an important issue because about 17% of people living in the U.S. are Latinx (CDC, 2015), and in California that number is more than double. Latinx is the largest minority group in both the United States and California. Many individuals move to a new country seeking new opportunities, asylum, or in hope to reunite with their family. An immigrant's experience tends to be daunting and overwhelming because they leave everything and everyone they know behind to

establish a new life in a different country (Brady & Stevens, 2019). Unfortunately, many immigrants face a lot of disparities when they arrive to the United States. Many Latinx immigrants face discrimination, hatred, racism, and mental health problems (Rios-Salas & Larson, 2015).

Low socio-economic status (SES) negatively impacts the physical and mental health of immigrants. Most of the time, immigrants spend everything they have to migrate to a new country, thus when they arrive they are financially challenged. Evidence shows that those who have lower SES are more likely to have worse mental health outcomes than those who have higher SES which can potentially lead to psychotic disorders (Rios-Salas & Larson, 2015, Foster & Hill, 2018, McLaughlin et al., 2012, Pickett et al., 2006). This follows the evidence of Adler's socioeconomic gradient (Adler et al., 1989) which suggests that health is positively associated with SES. Those who have a higher SES are more likely to be healthy. Immigrants also have more upstream inequities such as poor living conditions, lack of education, and lack of access due to their immigration status. A lack of financial stability contributes to their accumulated stress and how they prioritize their time. If an immigrant family is working long hours to make ends meet, they are less likely to seek medical attention and more likely to worry about feeding their families (Rios-Salas & Larson, 2015).

Research shows immigrants tend to be physically healthier than those who reside in the country they are immigrating to (Aldridge et al., 2018), the mortality advantage was found to be true except for external causes. External causes refer to medical problems caused by something outside the body such as racism, assaults, or events of undetermined intent (Aldridge et al., 2018). Immigrants have 1.3 higher odds of dying from external causes than those residing in the

country of immigration (Aldridge et al., 2018). Additionally, the government and media negatively influence the perceptions of immigrants which trigger other individuals to commit hatred acts, both physically and verbally, towards them. This causes immigrants to suffer from mental health problems such as depression, anxiety, stress, suicidal thoughts and attempts, amongst others (Aldridge et al., 2018). Having a constant fear of being persecuted by ICE, being discriminated against, or being physically abused worsens Latinx immigrants' mental health. This fear prevents parents from seeking medical healthcare for themselves and for their children (Aldridge et al., 2018, Yu, Huang, Schwalberg, & Nyman, 2006).

Additionally, individuals who speak English as a second language often have trouble communicating with others, specifically when it is relating to their health (Wilson, Chen, Grumbach, Wang, & Fernandez, 2005). In 2016, the U.S. Census Bureau found that 21.6% of the U.S. population and 44.6% of the California population (5 years and older) spoke a language other than English at home. Speaking a language other than English at home can result in Limited English Proficiency (LEP). LEP is a barrier for parents when it comes to taking their children to the doctor, as many times parents are not able to communicate with their children's pediatricians (CDC, 2016).

Patients who have LEP report having more problems communicating with their physician in different ways (Wilson et al., 2005). They may lack understanding of medical situations and may be confused about the instructions for taking medications/prescriptions (Wilson et al., 2005). Poor communication leads parents to misunderstand specific instructions for their children with special health care needs which in return lowers the parents' self-efficacy for disease management (Eneriz-Wieme, Sanders, Barr, & Mendoza, 2014). They are less likely to

take their children to the Emergency Room or the pediatrician because they are unable to communicate with the physician (Yu, Huang, Schwalberg, & Nyman, 2006) or understand the written literacy provided to care for their children (Eneriz-Wiemer et al., 2014). Flores, Abreu, & Tomany-Korman (2005), established that parents with LEP had quadruple odds of not taking their children to the doctor because medical staff did not understand them. Therefore, children of parents with a LEP have worse health care access than those who have parents with a High English Proficiency (HEP; Eneriz-Wiemeet al., 2014).

In addition to language barriers, Latinx individuals experience discrimination in hospitals and clinics due to their accent and/or different ethnic background (Zhang, Hong, Takeuchi & Mossakowski, 2012; Torres, Driscoll, & Voell, 2012). Experiencing discrimination is burdensome and correlates to increased psychological distress among individuals who identify as Latinx and Asian American (Torres et al., 2012; Wilson et al., 2005; Zhang et al., 2012). Feeling discriminated against and distressed isolates patients and drives them to find a different solution to improve their child's or their own health. Although there are some doctors that are proficient in Spanish or the patient's native language, individuals still have a difficult time understanding medical situations because they cannot fully relate to the language-concordant physician (Zhang et al., 2012, Wilson et al., 2005).

There are three federal laws (Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act, and the Affordable Care Act) that require providers who receive federal funds to provide oral interpreters and written translated materials to LEP and Deaf and HOH patients (Title VI, 2019, Medical Interpreting, 2019). Interpreting services should be available, but the high demand does not allow everyone to take advantage of the services. Latinx parents also face

acculturative and psychological stress when adapting to a new culture (Torres et al., 2012), which stops them from seeking urgent care (Yu et al., 2006). Again, having a LEP contributes to discrimination in a healthcare setting and affects the parents' understanding of the medical situation.

Past research has considered the impacts LEP has on psychological distress and discrimination, but most of those studies focus on children in an education setting. No study has been done showing the association between Latinx parents with LEP on stress and discrimination in a healthcare setting in California. Thus, the goal of the present study is to determine if level of English Proficiency predicts experiences of stress and perceived discrimination when Latinx parents take their children to the doctor. And to determine if English proficiency affects Latinx parents when participating in an interview about their children's health care.

Methods

Design

This study used semi-structured interviews and questionnaires to understand the experiences Latinx parents face when taking their children to the doctor. Both interviews and questionnaires were conducted in English and Spanish by bilingual researchers. In addition, parents' stress levels were measured before and after the interview to see if they were altered by asking some questions in English. The study was conducted from December, 2019 to March, 2020 in San Francisco Bay Area counties by a convenient sample.

Participants

There were a total of 22 Latinx participants included in this study. The sample included 20 (90.9%) women and participants primarily identified as Mexican (86.4%), including 4.5% Ecuadorian, 4.5% Guatemalan, and 4.5% Salvadoran. Participants' ages ranged from 19 to 70 (*M* = 43.4, *SD* = 12.2). Participants had lived in the United States for an average of 20.9 years (*SD*= 9.3). About 73% of the participants were married, 14% were single, and 9% were divorced. Participants were most likely to have completed primary or middle school education (*N* =11, 50*%*). About 50% of participants' jobs require them to speak English. The most common jobs were house cleaning and cooks. Parents had an average of 2.7 children ranging from 1 to 5 children. Parents were more likely to speak only Spanish to children (77.3%) at home. About 31.8% of the participants were Limited English Proficient and 36.8% were High English Proficient. These results are all found in Table 1. Gender, place of birth, age, years lived in the U.S, marital status, education, employment, language spoken at home, and perceived discrimination are important confounders for a Latinx parent when it comes to their child's healthcare (Torres et al., 2012, Yampolsky & Amiot, 2016, Zhang et al., 2012, Wilson et al., 2005, Flores et al., 2005, Stevenson et al., 2017).

Materials

Language Fluency Measure. Participants' English fluency was measured using the 3-item Language Fluency Measure (Kim & Chao, 2009; See Appendix A). This measure uses a 5-point scale with *1* being "not at all well" and *5* being "extremely well." The two items for speaking and understanding showed a high correlation for people who identified as Mexican (r = 0.89). The reading/writing items were highly correlated (r = 0.81, r = 0.87 respectively; Kim & Chao, 2009). This measure shows good validity (Kim & Chao, 2009). To ensure the scale was

valid when translated into Spanish, it was translated back into English by a professional translator.

Everyday Discrimination Scale-Adapted. The Adapted Everyday Discrimination Scale (Gonzalez et al., 2016; See Appendix B) is a nine question scale that uses as 4-point Likert-type rating (1 = *never*, 2 = *rarely,* 3 = *sometimes*, and 4 = *often*) to measure everyday discrimination in a specific setting. Participants rated discrimination at a health care setting of their choice (hospital, clinic, etc.). Some of the questions include: "Are you treated with less respect than other people?", "Are you called names or insulted?", and "Do you receive poorer service in a hospital setting?" The scale has high reliability and the Cronbach's alpha for internal consistency of this scale is 0.92 (Gonzalez et al., 2016). This scale was translated to Spanish and then back-translated to English to ensure accuracy.

Acute Stress Appraisals. The Acute Stress Appraisals scale (Mendes, Gray, Mendoza-Denton, Major, & Epel, 2007; See Appendix C) has a pre- and post-test section. The pre-test is formed by 12 questions and the post-test has 10 questions. The questions in the pre-test measure participants' stress levels before they complete a task and the post-test measures participants' stress level after the task. The measure used a 7-point Likert-type scale to measure stress, *1* meaning the participant "strongly disagrees" with the statement, *4* being they are "neutral" about the statement and *7* meaning they "completely agree" with the statement. This measure shows good validity and reliability on an interview task (Berry et al., 2007). This scale was translated to Spanish and then back-translated to English to ensure accuracy.

Demographic Information. A background questionnaire asked participants for their demographic information, such as ethnicity, age, gender, marital status, education, and what

country they were born in. The demographic questionnaire also asked about how many children the participants have, the age of their children, what language is spoken to the children, and how often the children are taken to the doctor (See Appendix D).

Interview. Interviews were conducted in-person or over the phone to further understand participants' experiences taking their children to the doctor. The interview had two different sets of questions depending on the answer to "Does your child's doctor speak Spanish?" If participants answered "No," they were asked about 11 more questions (6 in Spanish and 5 in English), if the participants answered "yes," they were asked 6 more questions (3 in Spanish and 3 in English). The questions asked in English helped to further understand the parents' English proficiency and other interview questions helped understand the experiences parents have when taking their children to the doctor. The questions asked about a parent's feelings when visiting their child's pediatrician, if there are interpreting services available, if their children translate, and if they have been discriminated against (See Appendix E).

Statistical Analyses

Qualtrics was used to collect survey answers. Statistical analysis was conducted using IBM SPSS v. 22 and v. 26. There was no missing data in this study. For analysis, the alpha level was set to 0.05. Marital status, country of birth, employment, education level, language fluency, post-interview stress, and discrimination were variables that were dichatomoized. County of residence was categorized to "Napa/Sonoma," "Marin," and "Solano/Yolo/Contra Costa." A univariate analysis was performed to establish population characteristics for demographic and stress factors. A Pearson correlation was used to determine the correlation between demographic and stress factors. Chi-square and t-tests were used to determine which variables to use for

multivariate logistic analysis. Mmultivariate logistic regressions and a linear regressions were conducted for both post-interview stress and discrimination to understand the variability and significance of the study. Lastly, qualitative analysis was reviewed and categorized by significant themes.

Results

Quantitative Analysis

A Pearson correlation was calculated for the relationship between variables. The Acute Stress pre- and post-tests were positively correlated to each other (r (20) = 0.469, p = 0.028). This means that participants who were more stressed during the pre-test were also more stressed during the post-test. There was a positive, significant correlation between education and language fluency (r (20) = 0.694, $p < 0.001$), meaning that parents who have more education also have higher English proficiency. In addition, another Pearson correlation was calculated yielding a negative, significant correlation between education and number of children (r (20) = -0.429, p = 0.046) indicating parents who have more children are less educated. Lastly, a Pearson correlation demonstrated a positive, significant correlation between pre-test stress and years living in the US (r (20) = 0.484, p = 0.023). This means that parents who had lived in the US longer had higher stress levels before the interview (pre-test). See Table 2 to reference the complete correlation analyses.

Table 3 and 4 represent the bivariate analysis of the relationship between stress and demographics factors, and discrimination and demographic factors. Out of the 20 female participants, 12 (60.0%) of them were stressed post-interview. The Pearson's Chi-Square Test

results were X^2(df)=2.6 (1), p = 0.195 for the sex variable. This model also demonstrated that 7 (58.8%) participants who were married were stressed after the interview (X^2(df)=0.6 (1), p = 0.119). For participants that their job requires them to speak English, 7 (58.3%) of them were stressed (X^2(df)= 1.7 (1), p = 0.231). And lastly 5 (41.7%) participants who were highly discriminated against were stressed port-interview (X^2(df)=0.3 (1), p > 0.05). Moreover, 5 (62.5%) of participants whose jobs require them to speak English were discriminated against (X^2(df)= 1.5 (1), p = 0.378). And 4 (50.0%) of participants who are limited English speakers experienced disrimnation (X^2(df)=0.1 (1), p > 0.05).

Table 5 results show a multivariate logistic regression that determined the statistical relationship between post-interview stress and dsicrimination, while taking into account sex, maratial status, if particpants' job requires them to speak English, and English Fluency. No statistical significance was found between post-stress and marital status (OR(95% CI)= 3.1(0.2-51.5) nor post-stress and discrimination (OR(95% CI)= 1.2(0.1-13.2). There was no statistical signifcance between discrimination and English fluency (OR(95% CI)= 1.5(0.03-8.2). Lastly, there was no statistical significance between discrimnation and if their job requires them to speak English (OR(95% CI)= 0.5(0.01-3.2). The post-stress model explained 49.7% of the variation in the data and the discrimination model explained 16.4% of the variation in the data. There was no significant association between post-interview stress/discrimination and the five variables.

To further test the hypotheses three linear regressions were calculated. These analyses controlled for participant's age, number of years they had lived in the US, education level, and number of children. The target variable of English proficiency was also entered into the model.

The regression reports no statistical significance between pre-test stress and English language fluency (*B*(SE)=0.4(0.2), p=0.144). The model also shows no statistical significant relationship between discrimination and number of children (*B*(SE)=0.3(0.2), p=0.121). No statistical significance was found between post-test stress and years living in the US (*B*(SE)= -0.01(0.04), p=0.867). The model reveals that there is no statistical significant association between pre-test stress, post-test stress, or discrimination and age/ years living in the US/ education level/ number of children / English fluency. The model explained 35.9% of the variation in pre-test stress, 6.1% of the variation in pos-test stress, and 19.5% of the variation in discrminiation (See Table 6).

Qualitative Analysis

Qualitative analysis aimed to understand the participants' personal experiences taking their children to the doctor. The interviews demonstrated four main themes that affect Latinx parents' experiences taking their children to the doctor: negative feelings about their experiences, communication barrier, different forms of discrimination and their hopes and aspirations to improve their expereinces.

1) **Negative feelings about experiences with children's doctor**

Participants expressed negative feelings and attitudes towards their experiences taking their children to the doctor. Mostly, they experienced stress, worriness, distress, and frustration. Parents have to wait long hours when their children are in need of medical attention. They especially feel stress when taking their children to the Emergency Room.

> *I brought her to the emergency room, but it seems like they don't care about people and that you are there for hours and it's an emergency room where you are supposed to have medical attention right away and we sit there for two hours, three hours especially with a child who is stressed. And I still remember being there with other people, there was a lot of people and there was one other child besides mine which was just months old with a very high fever and all their excuse was we are sorry every bed is taken and you'll be*

> *seen as soon as possible. I can't forget that because it was a baby and you can see her crying of pain and agony and that was very stressful and then having my child was a little older I think she was about maybe 5-6 years old, by the time we were taken into the emergency room her pain was gone. And all the doctor said was oh there is nothing I can do. He just talked to her for like 5 minutes and said if her pain comes back then bring her back. Then a few weeks later. Here is the bill for the emergency room for being 5 minutes in there.*

This quote exemplifies negative experiences and feelings because the participant explains different reasons of why they feel stressed and frustrated. Most participants have lived through at least one negative experience taking their children to the doctor. Most commonly, these emotions are due to a time barrier, either waiting for interpreters or waiting for a doctor in both primary care and ER visits. Participants also stated that they experience negative feelings because they are worried that their child is sick and suffering. This quote also portrays this aspect of worriness when the participant analyses the other people in the ER. They are frustrated their child is hurting and they are not being taken care of in a timely manner. Only a couple of participants expressed that they felt tranquility when going to primary care visits. They were relieved that their child was being seen by a specialist that could help them feel better. However, most were stressed and went through negative experiences, especially during ER visits.

2) **Communication barrier**

Latinx parents that are not proficient with the English language encounter a communication barrier. They are not able to communicate with their children's English speaking doctor or they are unable to understand what the pediatrician is asking them. This seems to be a recurring theme in both primary care visits and ER visits.

> *I felt desperate that I did not understand the doctor and had to always look for someone to interpret me.*

Many of these parents rely on interpreters, but sometimes these individuals are not available or they are not trained well enough. This makes it nearly impossible for adequate parent-doctor interaction.

> *The specialist did not speak English and I had to wait. I was preoccupied about what my son had and I had to wait for someone to come translate.*

All parents exclaimed that they want the best for their children. But sometimes this was not possible because when they took their children to the ER or primary care, they could not adequately communicate with the doctor. Two thirds of the participants agreed that they would wait until an interpreter was available, but sometimes no interpreters were present. Therefore, communicating with the physician was very difficult. They could not ask the appropriate questions or understand further instructions which was worrisome for them. In some cases, the doctors spoke Spanish, but they were not fluent, so again the participants complained it was difficult to communicate with them especially because some doctors would miscommunicate the diagnoses.

Although, not all participants had this same reaction, a little more than half agreed that communication is a great barrier that negatively affects their experience with the visit to their child's doctor. Some had to wait hours until they were seen. They watched people go in and out and their child's name would not be called because they were waiting for an interpreter. Two different participants had to leave after three hours because the interpreter did not show up. The communication barrier prevented their child from receiving the care they needed. In addition, about half of the participants mentioned how they asked their children to translate when their children were old enough and there were no interpreters available. But they made it known that since their children were little they did not know how to interpret everything or how to interpret

it well enough. Thus, they could not rely on their children to interpret unless their children were "old enough" (about 15 or 16 years old).

3) **Discrimination**

Participants were concerned with the different types of discrimination they experience in a clinical setting. Most of the time discrimination does not come from the doctors themselves, but from the receptionists and staff at the hospitals/clinics. They do not want to book appointments, they push people back making them wait longer, they take longer to answer the phone, etc. One participant did her own experiment to understand why it was taking so long to connect with a receptionist. This participant noticed that when she selected English instead of the Spanish option it was much faster and smoother.

> *There are times when there are receptionists who sometimes give preference to people who speak English than those who speak Spanish. Just like when you call to make an appointment, they give you the option of pressing the key for English or Spanish if you put them in Spanish they sometimes put you on hold for up to an hour, but if you put them in English they don't take more than 10 minutes, in five or six minutes they answer you.*

Four of the twenty-two participants experienced discrimination with receptionists and staff. They had to wait a longer time to be seen because they were Spanish speakers or the receptionists did not want to book an appointment for them. In addition, a participant explained how the receptionist did not want to give her child an appointment because the "doctor was too busy." Thus the participant asked to speak to the doctor and asked him for an appointment and he told the participant to take their child at that moment. The participant was upset that the receptionist treated her that way.

Not all participants have the same experience. Some parents experienced rude comments on their parenting style. Doctors and receptionists have questioned parents on how they take care

of their children when all parents are asking for is medical advice. Doctors assume Spanish speaking parents do not know how to take care of their children or that they do not put the effort in parenting.

> *...So we went to the x-ray the following day the doctor called me to let me know that everything was okay but he told me I should put some boundaries. And I thought umm okay so you're telling me how to parent? When I already gave you the story about how their father was watching them. She asked him several questions. Does he do this a lot? How old is he? How big is he? Well my child was with his father and they were playing and they know they should not be doing that and I already talked to them and that was the explanation I gave to her at the time of the appointment... She basically told me how to parent my kids but I do not need that. This happened one time. If it happened regularly I would not let that happen pero for me that was out of line. You do not know who I am. This is the first time I see you and you are taking your point of view on that specific time.*

As shown, some participants were told how to take care of their children in a "rude way." Other participants experienced racial discriminaion. For example, a participant's child was insulted and told he was "made out of ham." The parent was astonished that the doctor would ever say that. And the doctor was making conclusions about their eating habits because "they are Mexican." Discrimination was a persisting theme in about half the participants' experiences taking their children to the doctor.

4) **Hopes and aspirations**

During the interviews, participants expressed their wishes and aspirations for future medical encounters. They believe if there are more interpreters available it will make their experience better, they will not have to wait as long, and they will be able to communicate with the medical staff. About three quarters of the participants said that they hope there will be more

interpreters in the future. They hope to not have to wait as long to receive the help they need to communicate with the providers.

Parents also want doctors to trust them more. They believe they deserve to know the truth about their child's health, but sometimes doctors are not completely honest. Parents want better attention and more comprehension. Parents want doctors to treat their children with care and compassion. They want doctors to give the best care they can to their children. Parents are worried about their children's health and doctors do not take that into consideration, doctors need to be more empathetic. In addition, parents have a story to tell. They want to give as much detail as to why they are taking their children to the doctor, thus they seek to be understood.

> *I would like them to pay more attention to me because although it is a simple thing like a fever one as a parent looks at it very seriously, right? You say something is wrong with my son? I want to be given honesty and actually take his temperature so that as a parent I can leave calm that the doctor did everything to make my son leave well...Sometimes you go home and you wonder why he didn't send my son to do some lab work? What if it's something more serious?... I rather know the truth than my son just take Tylenol.*

This quote demonstrates one of the participants' hopes. The participant wants doctors to pay more attention to their child. The participant desires that doctors be honest because they want to make sure their child is okay and is taking the right treatment. A few other participants had aspirations similar to these ones. They want more trust and better explanations. They want doctors to "care" and understand their children. They are asking for things that will make their visitations smoother and their children's health better.

Discussion

Stress and discrimination are affected by communication barriers (Eneriz-Wiemeet al., 2014; Zhang et al., 2012; Wilson et al., 2005). This study aimed to understand if language fluency predicts stress levels and discrimination among Latinx parents. Qualitative results confirmed the hypothesis that Latinx parents with LEP experience discrimination and stress when taking their children to the doctor. Participants explained the negative feelings and frustrations that they experience in these events. They also described stressful and discriminating experiences in a medical setting. Lastly, participants expressed aspirations and hopes they have to make their experiences less stressful and better overall. However, quantitative results failed to demonstrate that Latinx parents with LEP would experience more stress before and after an interview about their experience taking their children to the doctor than parents with HEP. Instead, results suggest that participants who had been living in the US longer experienced higher stress levels before the interview.

Parents that speak English as a second language, especially immigrants, struggle with communication more than parents that speak English as their first language (Rios-Salas & Larson, 2015; Wilson et al., 2005). In the interviews, Spanish speaking parents explained that they want their children to be healthy, but they struggle to make this happen because when they take their child to the ER or primary doctor they run across a communication barrier. Therefore, the communication barrier may prevent many parents from taking their children to the doctor (Flores et al., 2005; Yu et al., 2006). Results from interviews also demonstrate that the communication barrier causes parents stress and negative feelings because their children are not receiving adequate medical attention since they do not speak the doctor's language. Participants

made it clear that in the future they hope to see more interpreters and for doctors to trust them and truly inform them about their child's health in order to make their visits more beneficial.

The study did not statistically demonstrate a differerence between High and Low English Proficienct parents on the Everyday Discrimination Scale nor the Acute Stress Appraisals Scale. Therefore this study is not consistent with previous studies. There were no differerences between High and Limited English Proficient parents' perceived discrimination. But in the interviews, most participants explained how they have experienced discrimination and stressful events in a medical setting at least once in their life. Therefore, the inconclusive quantitative results could have been due to misinterpretation of the questions asked in the survey. Furthermore, participants could have been overwhelmed with the interview, so by the time they had to fill out the surveys they were rushing and not completely reading the questions. In line with past research, participants mentioned they had to wait more time or their parenting skills were questioned (Sibrava et al., 2019). Parents explained that they experience stress and frustration when medical staff do not treat them the same as others. The discrimination and stigmatization they experience causes negative feelings which is consistent with prior research about discrimination causing psychological distress (Torres et al., 2012; Wilson et al., 2005; Zhang et al., 2012). These findings voice the hardships parents with LEP face.

While results did not demonstrate differences in stress or discrimiation between High and Limited English Proficient parents, this study found that parents with higher English fluency were more educated. In past research, having a higher socioeconomic status (SES) was a factor for better mental and physical health (Rios-Salas & Larson, 2015). This factor is important because more than half of the participants did not complete high school, which makes them more

susceptible to mental and physical health problems. Lower SES also makes it more difficult to look for medical attention (Rios-Salas & Larson, 2015). In addition, results demonstrated that living in the US for a longer time was correlated to higher stress. Because participants have been living in the US for an average of 20 years, it is possible that experiencing the stress of living as an immigrant for such a long period of time may be a contributor to worse mental health due to the fact that they struggle to move up in the SES gradient (Adler et al., 1989; Rios-Salas & Larson, 2015).

The study yielded important findings through its mixed methods approach. It was able to capture the participants voice, when the surveys did not. This method made the study more personalized and easier for participants to communicate their experiences and feelings. Everything participants said was heard including their hopes and aspirations for the future. Thus public health practitioners should listen to those wishes. Although there were various strengths, this study faced several limitations. The study consisted of a limited sample size recruited through a convenience sample which leads to a non-diverse sample. The sample was representative of California's Latinx population, but having a more ethnically diverse population and male participation could have yielded different results. In addition, having more participants could have given significant results because more voices would have been included. There was a methodololgical weakness of relying on self-report answers for everything, most significantly stress, discrimination, and language fluency. Self-reporting answers can be unreliable because people can lie or omit answers to the questions. Self-reporting of a language is tricky because participants have different perceptions on what it means to be fluent. In addition, people may misremember experiences or inaccurately report information due to the fact that this is a

retrospective study. Though, the stress and discrimination scales are great measures, other measures could have more accurately measured the participants' experiences in a medical setting. These measures could have been confusing to the participants, thus using simpler measures could have yielded similar results to those found in the interviews.

These findings are significant to public health because they provide insight into the issues Latinx parents face in a medical setting and what can be done to help promote better experiences for them. Doctors should know negative experiences, such as discrimination and stressful events, can lead to psychological distress and mental health problems. This way they can be more informed and make patient visits more pleasant and less stressful. There should be a diversity training for doctors and anyone that works in a diverse environment. Public health practitioners need to bring awareness about diversity to medical staff to improve patients' experiences. Furthermore, more resources should be made available to this population. For example, having paper resources in Spanish including instructions for prescription medications (Wilson et al., 2005). Public health officials should make sure that federal laws are followed and that all providers that receive federal funds have interpreting services for patients of LEP and that they have enough of them (Title VI, 2019, Medical Interpreting, 2019). Parents who have a LEP should have the self-efficacy to take their children to the doctor and not have to wait hours or even days to be seen. This is a concern that should be addressed as soon as possible.

In future research other variables such as acculturative stress, immigration status, and the hospital they take their children to should be included (Aldridge et al., 2018; Torres et al., 2012). Including such variables will paint a better picture of where the stress these individuals face comes from. Also, simplifying the questions that already exist will make it less confusing and

easier to follow. This could be done using simpler measures. Another direction this study can take is comparing the stress and discrimination Latinx parents face to those of other ethnic backgrounds to better understand the hardships Latinx parents experience. Comparing what Latinx parents experience according to their English fluency is important, but comparing it to other ethnicities can demonstrate the disparity in stress and discrimination among different ethnic groups. Furthermore, including participants with different racial/ethnic backgrounds can try to parse if discrimination and stress are more of a problem for Latinx parents than parents of other minority groups due to a language barrier or if all parents face similar barriers. Lastly, future research should also focus on using the hopes and aspirations participants brought up as interventions (e.i. more interpreters in clinics/hospitals). Using their hopes and aspirations as interventions would demonstrate that their voice is being heard and that laws are being followed (Title VI, 2019, Medical Interpreting, 2019).

Interviews demonstrated that discrimination, stress, and communication barriers negatively affect Latinx parents' experience when taking their children to the doctor. Being unable to communicate with the pediatrician or medical staff can worsen children's health and parents' overall self-efficacy taking their children to seek medical help. Therefore, more resources, such as interpreters, should be available for LEP populations. In addition, doctors and medical staff need a diversity training to treat and understand their patients better. If Latinx parents feel trusted and understood, their experience taking their children to the doctor will be positive and comforting, which can lead to better care and improved physical health for children and their families.

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Table 1: *Baseline Characteristics, n=22*			
Baseline Characteristics		**Number**	**Percent**
Sex	Female	20	90.9
	Male	2	9.1
County of Residence	Napa/Sonoma	13	59.1
	Marin	4	18.2
	Solano/Yolo/Contra Costa	5	22.7
Country of Birth	Mexico	19	86.4
	Other Latinx countries	3	13.6
Marital Status	Married	16	72.7
	Other	6	27.3
Education Level Completion	Did not graduate high school	13	59.1
	Graduated high school	9	40.9
Are you employed?	Yes	19	86.4
	No	3	13.6
Does your job require you to speak English?	Yes	10	45.5
	No	12	54.5
What language do you speak to your children?	Spanish	17	77.3
	Both English and Spanish	5	22.7
Language Fluency	Low English Proficiency	12	54.5
	High English Proficiency	10	45.5
Discrimination	Low Discrimination	14	63.6
	High Discrimination	8	36.4
Stress after the interview	Low Stress	10	45.5
	High Stress	12	54.5
Baseline Characteristics		**Mean (S.D.)**	**Minimum - Maximum**
How many children do you have?		2.8 (1.2)	1 - 5
Age of Participants		43.4 (12.2)	19 - 70
Years living in the U.S.		20.9 (9.3)	1 - 39
Language Fluency Scale (1-not well, 5- very well)		2.7 (1.1)	1 - 4.7
Pre-test Stress (1-not stressed, 7-very stressed)		2.6 (0.9)	1.2 - 4.2
Post-test Stress (1-not stressed, 7-very stressed)		2.4 (0.7)	1.5 - 3.7
Discrimination (1-never, 4-often)		1.5 (0.7)	1 - 3.7

Table 2: *Correlation Matrix*

	Pre-test Stress	Post-Test Stress	Discrimination	Language Fluency	Age	Education	Number of Children	Year in US
Pre-test Stress	-	0.469*	0.158	0.336	0.306	0.041	-0.004	0.484*
Post-Test Stress		-	0.237	0.094	0.026	-0.011	0.154	0.053
Discrimination			-	0.141	-0.001	0.035	0.269	0.137
Language Fluency				-	-0.273	0.694***	-0.429*	0.016
Age					-	-0.377	0.140	0.805***
Education						-	-0.678**	-0.209
Number of Children							-	0.132
Year in US								-

Note. *$p < .05$, **$p < .01$, ***$p < .001$.

Table 3. *Stress vs. Baseline*

Baseline Characteristics		**Stress - Yes**	**Stress - No**	**X^2 (df), p-value t(df), p-value**
Sex	Female	12 (60.0)	8 (40.0)	2.6 (1), p= 0.195
	Male	0 (0.0)	2 (100.0)	
County of Residence	Napa/Sonoma	8 (66.7)	5 (50.0)	1.7 (2), p = 0.422
	Marin	1 (8.3)	3 (30.0)	
	Solano/Yolo/Contra Costa	3 (25.0)	2 (20.0)	
Country of Birth	Mexico	11 (91.7)	8 (80.0)	0.6 (1), p = 0.571
	Other Latinx countries	1 (8.3)	2 (20.0)	
Marital Status	Married	7 (58.3)	9 (90.0)	2.8 (1), p = 0.119
	Other	5 (41.7)	1 (10.0)	
Education Level Completion	Did not graduate high school	7 (58.3)	6 (60.0)	0.01 (1), p = 1.000
	Graduated high school	5 (41.7)	4 (40.0)	
Are you employed?	Yes	11 (91.7)	8 (80.0)	0.6 (1), p = 0.571
	No	1 (8.3)	2 (20.0)	
Does your job require you to speak English?	Yes	7 (58.3)	3 (30.0)	1.7 (1), p = 0.231
	No	5 (41.7)	7 (70.0)	
What language do you speak to your children?	Spanish	9 (75.0)	8 (80.0)	0.1 (1), p= 1.000
	Both English and Spanish	3 (25.0)	2 (20.0)	
Language Fluency	Low English Proficiency	7 (58.3)	5 (50.0)	0.2 (1), p=1.000
	High English Proficiency	5 (41.7)	5 (50.0)	
Discrimination	Low Discrimination	7 (58.3)	7 (70.0)	0.3 (1), p=0.675
	High Discrimination	5 (41.7)	3 (30.0)	
How many children do you have?		2.8 (1.4)	2.6 (1.0)	-0.3 (20), p=0.773
Age of Participants		42.1 (13.4)	45.0 (11.0)	0.5 (20), p= 0.589
Years living in the U.S.		19.9 (8.5)	22.0 (10.4)	0.5 (20), p= 0.611

Table 4: *Discrimination vs. Baseline*

Baseline Characteristics		**Discrimination - Yes**	**Discrimination - No**	**X^2 (df), p-value t(df), p-value**
Sex	Female	7 (87.5)	13(92.9)	1.2 (1), p = 1.000
	Male	1 (12.5)	1 (7.1)	
County of Residence	Napa/Sonoma	5 (62.5)	8 (57.1)	0.3 (2), p = 0.871
	Marin	1 (12.5)	3 (21.4)	
	Solano/Yolo/Contra Costa	2 (25.0)	3 (21.4)	
Country of Birth	Mexico	7 (87.5)	12 (85.7)	0.01 (1), p= 1.000
	Other Latinx countries	1 (12.5)	2 (14.3)	
Marital Status	Married	6 (75.0)	10 (71.4)	0.03 (1), p =1.000
	Other	2 (25.0)	4 (28.6)	
Education Level Completion	Did not graduate high school	4 (50.0)	9 (64.3)	0.4 (1), p = 0.662
	Graduated high school	4 (50.0)	5 (35.7)	
Are you employed?	Yes	7 (87.5)	12 (85.7)	0.01 (1), p = 1.000
	No	1 (12.5)	2 (14.3)	
Does your job require you to speak English?	Yes	5 (62.5)	5 (35.7)	1.5 (1), p = 0.378
	No	3 (37.5)	9 (64.3)	
What language do you speak to your children?	Spanish	5 (62.5)	12 (85.7)	1.6 (1), p= 0.309
	Both English and Spanish	3 (37.5)	2 (14.3)	
Language Fluency	Low English Proficiency	4 (50.0)	8 (57.1)	0.1 (1), p=1.000
	High English Proficiency	4 (50.0)	6 (42.6)	
Stress after the interview	Low Stress	3 (37.5)	7 (50.0)	0.3 (1), p = 0.675
	High Stress	5 (62.5)	7 (50.0)	
How many children do you have?		2.8 (1.3)	2.6 (1.1)	-0.2 (20), p = 0.854
Age of Participants		43.8 (11.7)	43.2 (12.9)	-0.1 (20), p= 0.924
Years living in the U.S.		22.3 (7.8)	20.1 (10.1)	-0.5 (20), p=0.607

Table 5: *Logistic Regression*

	Discrimination			**Post-interview Stress**		
	Beta (SE)	**OR (95% CI)**	**Model Fit**	**Beta (SE)**	**OR (95% CI)**	**Model Fit**
Constant	0.7 (1.9)		R^2 = 0.164	21.1 (19640.3)		R^2 = 0.497
Male	0.6 (1.7)	1.8 (0.1-53.6)		-21.4 (28394.1)	0.000 (0.000)	
Not Married	-1.1 (1.3)	0.3 (0.03-4.2)		1.1 (1.4)	3.1 (0.2-51.5)	
Job does not require English	-1.9 (1.6)	0.5 (0.01-3.2)		-21.0 (19640.3)	0.000 (0.000)	
High English Proficiency	-0.7 (1.4)	1.5 (0.03-8.2)		-20.9 (19640.3)	0.000 (0.000)	
High Stress Levels	0.4 (1.2)	1.5 (0.2-15.0)		-	-	
High Discrimination Levels	-	-		21.1 (1.2)	1.2 (0.1-13.2)	

Note. **p* < .05, ***p* < .01, ****p* < .001.

Table 6: *Linear Regression Table, N=22*

	Pre-test Stress Levels				**Post-Test Stress Levels**				**Discrimination**			
	R^2	*F*	*β*	*S.E.*	R^2	*F*	*β*	*S.E.*	R^2	*F*	*β*	*S.E.*
	0.359	1.792			0.061	0.207			0.195	0.774		
Age			0.003	0.029			0.008	0.027			-0.005	0.026
Years in US			0.038	0.036			-0.006	0.035			0.015	0.032
Number of Children			0.018	0.144			0.167	0.202			0.308	0.188
Education Level			-0.067	0.144			0.024	0.138			0.100	0.128
Language Fluency			0.363	0.236			0.122	0.225			0.074	0.210

Note. $*p < .05$, $**p < .01$, $***p < .001$.

Appendix A

Language Fluency Measure

Language Fluency Measure

Items
(a) How well do you understand the language when others speak it to you?
(b) How well do you speak the language?
(c) How well do you read and write the language

Note . All responses were based on a 5-point scale, with 1 being “not at all well” and 5 being “extremely well.”

Las siguientes tres preguntas serán respondidas usando una escala de 5 puntos, con 1 siendo "nada bien" y 5 siendo "extremadamente bien"

¿Qué tan bien entiende inglés cuando otros se lo hablan?
¿Que tan bien habla inglés?
¿Qué tan bien lee y escribe inglés?

Appendix B

Everyday Discrimination Sclae-Adapted

Everyday Discrimination Scale--Adapted
EDS

Items
"Are you treated with less respect than other people?"
"Do you receive poorer service in restaurants or stores?"
"Do people act as if they are better than you?"
"Do people act as if they are afraid of you?"
"Are you called names or insulted?"
"Are you threatened or harassed?"
"Do people act as if you are not smart?"
"Do people act as if you are dishonest?"
"Are you treated with less courtesy than other people?"

Note . Participants responded to a 4-point Likert-type scale (1 = never, 2 = rarely, 3 = sometimes, and 4 = often).

Escala de Discriminacion Diaria- Adaptada

Responda las siguientes preguntas utilizando una escala tipo Likert de 4 puntos (1 = nunca, 2 = raramente, 3 = a veces y 4 = a menudo).

- ¿Te tratan con menos respeto que otras personas?
- ¿Recibe un servicio más pobre en un entorno médico?
- ¿Las personas actúan como si fueran mejores que usted?
- ¿Las personas actúan como si le tuvieran miedo?
- ¿Le llaman nombres o lo insultan?
- ¿Lo amenazan o acosan?
- ¿La gente actúa como si no fuera inteligente?
- ¿Las personas actúan como si fuera deshonesto?
- ¿Lo tratan con menos cortesía que a otras personas?

Appendix C

Acute Stress Appraisals Measure

Pre-test

Please indicate by circling a number after each statement to indicate how you are feeling right now regarding the task you are about to complete

	Strongly Disagree			Neutral			Strongly Agree
1. The upcoming task is very demanding.	1	2	3	4	5	6	7
2. I am very uncertain about how I will perform during the upcoming task.	1	2	3	4	5	6	7
3. The upcoming task will take a lot of effort to complete.	1	2	3	4	5	6	7
4. The upcoming task is very stressful.	1	2	3	4	5	6	7
5. I have the abilities to perform the upcoming task successfully.	1	2	3	4	5	6	7
6. It is very important to me that I perform well this task.	1	2	3	4	5	6	7
7. I'm the kind of person who does well in these types of situations.	1	2	3	4	5	6	7
8. A poor performance on this task would be very distressing for me.	1	2	3	4	5	6	7
9. I expect to perform well on this task.	1	2	3	4	5	6	7
10. I view the upcoming task as a positive challenge.	1	2	3	4	5	6	7
11. I think the upcoming task represents a threat to me.	1	2	3	4	5	6	7
12. I feel as if I am in complete control of my performance	1	2	3	4	5	6	7

Post-test

Please indicate by circling a number after each statement to indicate how you are feeling right now regarding the task you have just completed.

	Strongly Disagree			Neutral			Strongly Agree
1. The task was very demanding.	1	2	3	4	5	6	7
2. I am uncertain about how I performed.	1	2	3	4	5	6	7
3. I exerted a lot of effort during the task.	1	2	3	4	5	6	7
4. The task was very stressful.	1	2	3	4	5	6	7
5. I felt that I had the abilities to perform well in the task.	1	2	3	4	5	6	7
6. It was very important to me that I performed well this task.	1	2	3	4	5	6	7
7. I believe I performed well on the task.	1	2	3	4	5	6	7
8. I felt that the task challenged me in a positive way.	1	2	3	4	5	6	7
9. I felt threatened by the task.	1	2	3	4	5	6	7
10. I felt in complete control during the task.	1	2	3	4	5	6	7

Prueba Previa

Indique marcando con una equis (X) un número después de cada declaración para indicar cómo se siente en este momento con respecto a la tarea que está a punto de completar (TAREA PREVIA.

	Totalmente de desacuerdo		**Neutral**			**Totalmente de acuerdo**	
	1	**2**	**3**	**4**	**5**	**6**	**7**
1. La próxima tarea es muy exigente.							
2. No estoy seguro de cómo me desempeñaré durante la próxima tarea.							
3. La próxima tarea tomará mucho esfuerzo para completar.							
4. La próxima tarea es muy estresante.							
5. Tengo las habilidades para realizar la próxima tarea con éxito.							
6. Para mí es muy importante que realice bien esta tarea.							
7. Soy el tipo de persona que le va bien en este tipo de situaciones.							
8. Un mal desempeño en esta tarea sería muy angustiante para mí.							

9. Espero realizar bien esta tarea.							
10. Veo la próxima tarea como un desafío positivo.							
11. Creo que la próxima tarea representa una amenaza para mí.							
12. Siento que tengo el control total de mi desempeño.							

Tarea Posterior

Indique marcando con un equis (X) un número después de cada declaración para indicar cómo se siente en este momento con respecto a la tarea que acaba de completar. (POST-TAREA)

	Totalmente de desacuerdo		**Neutral**			**Totalmente de acuerdo**	
	1	**2**	**3**	**4**	**5**	**6**	**7**
1. La tarea fue muy exigente.							
2. No estoy seguro de cómo me desempeñé.							
3. La próxima tarea tomará mucho esfuerzo para completar.							
4. La tarea fue muy estresante.							
5. Sentí que tenía las habilidades para realizar bien esta tarea.							
6. Para mí es fue muy importante que realizara bien esta tarea.							

7. Creo que me desempeñé bien en la tarea.							
8. Sentí que la tarea me desafió de manera positiva.							
9. Me sentí amenazado por la tarea.							
10. Me sentí en completo control durante la tarea.							

Appendix D

Demographic Questions

Demographics
What is your ethnicity?
-Hispanic/Latino
-Caucasian
-Asian/Pacific Islander
-Other

How old are you today?

What is your gender?
-Female
-Male
-Non-binary
-Other

The next three questions will be answered using a 5-point scale, with 1 being "not at all well" and 5 being "extremely well"
How well do you understand English when others speak it to you?
How well do you speak English?
How well do you read and write English?

Background and SES questions:
Where is your country of birth?
How long have you been living in the US? Years
What is your marital status?
-Single
-Married
-Separated
-Divorced
-Widowed
What is your job?
Does your job require you to speak English?
-Yes
-No
What is the highest degree or level of formal education you have completed?
-Middle School or Below
-Some High School
-High School Graduate or GED
-Associates Degree
-Bachelor's Degree
-Graduate School

Questions about your children:
How many children do you have?
How old are your children?
What language do you speak to your children?
-Spanish
-English
-Both Spanish and English
-Other
How often do you take your children to the doctor?
-Never
-Rarely
-Sometimes
-Often

Demografía
¿Cuál es tu etnia?
-Hispano/Latino
-Caucásico
-Asiático/Isleño del Pacífico
-Otro

¿Cuántos años tienes hoy?

¿Cuál es su sexo?
-Femenino
-Masculino
-No binario
-Otro

Las siguientes tres preguntas serán respondidas usando una escala de 5 puntos, con 1 siendo "nada bien" y 5 siendo "extremadamente bien"
¿Qué tan bien entiende inglés cuando otros se lo hablan?
¿Que tan bien habla inglés?
¿Qué tan bien lee y escribe inglés?

Antecedentes y preguntas de SES:
¿Dónde es su país de nacimiento?
¿Cuánto tiempo lleva viviendo en los Estados Unidos?
¿Cuál es tu estado civil?
-Soltero
-Casado
-Separado
-Divorciado

-Viudo

¿En qué trabaja?
¿Su trabajo requiere que hable inglés?
-Si
-No
¿Cuál es el grado o nivel más alto de educación formal que ha completado?
-Escuela intermedia o inferior
-Algún instituto
-Graduado de secundaria o GED
-Grado Asociado
-Licenciatura
-Escuela de posgrado

Preguntas sobre sus hijos:
¿Cuántos hijos tiene?
¿Qué edad tienen sus hijos?
¿Qué idioma habla con sus hijos?
-Español
-Inglés
-Tanto español como inglés
-Otro
¿Con qué frecuencia lleva a sus hijos al médico?
-Nunca
-Raramente
-A veces
-A menudo

Appendix E

Interview Questions

QUESTIONS ASKED IN SPANISH:

Questions on Experience:
Does your child have access to healthcare?
Does your children's doctor speak Spanish?

ASKED IN SPANISH IF THE CHILD'S DOCTOR DOES NOT SPEAK SPANISH:
How do you feel about taking your children to the doctor knowing that the doctors do not speak Spanish?
What stress and feelings are caused when you are going to see a doctor?
Does your child translate what the doctor is saying? How does that make you feel?
Are there interpreters available? If there are, do you use them? Or do you prefer not to? Why or why not?
Please tell me about a stressful experience you had when taking your child to the doctor.
What other barriers prevent you from taking your children to the doctor?
ASKED IN ENGLISH:
Have you experienced discrimination when taking your child to the doctor? If so, what happened?
How do you communicate to the child's pediatrician when you have questions?
Do you understand the questions the doctor asks your children?
What is your child's response when you are not able to communicate with the doctor?
Do you have anything else you would like to add?

ASKED IN SPANISH IF THE CHILD'S DOCTOR SPEAKS SPANISH:
Are you able to communicate with the doctor? If so, are there any other hardships preventing your child from receiving adequate health care? If not, what is preventing the communication between the doctor and yourself?
Please tell me about a stressful experience you had taking your child to the doctor.
What other barriers prevent you from taking your children to the doctor?
ASKED IN ENGLISH:
What stress and feelings are caused when you are going to see your child's doctor?
Have you experienced discrimination when taking your child to the doctor? If so, what happened?
Do you have anything else you would like to add?

PREGUNTAS HECHAS EN ESPAÑOL:

Preguntas sobre su experiencia:
¿Su hijo tiene acceso al médico?
¿El médico de sus hijos habla español?

PREGUNTAS HECHAS EN ESPAÑOL SI EL DOCTOR DE SU HIJO NO HABLA ESPAÑOL:

¿Cómo se siente al llevar a sus hijos al médico sabiendo que los médicos no hablan español?
¿Qué estrés y sentimientos se producen cuando va a ver al médico de su hijo?
¿Su hijo traduce lo que dice el médico? ¿Cómo le hace sentir eso?
¿Hay intérpretes disponibles? Si los hay, ¿los usa? ¿O prefiere no hacerlo? ¿Por qué o por qué no?
Por favor, cuénteme sobre una experiencia estresante que haya experimentado al llevar a su hijo al médico.
¿Qué otras barreras le impiden llevar a su hijo al médico?

PREGUNTAS HECHAS EN INGLÉS:

¿Ha experimentado discriminación al llevar a su hijo al médico? Si es así, ¿qué pasó?
¿Cómo se comunica con el pediatra del niño cuando tiene preguntas?
¿Entiende las preguntas que le hace el médico a sus hijos?
¿Como responded su hijo cuando no puede comunicarse con el médico?
¿Tiene algo más que le gustaría agregar?

PREGUNTAS HECHAS EN ESPAÑOL SI EL DOCTOR DE SU HIJO HABLA ESPAÑOL:

¿Se siente cómodo comunicándose con el médico? Si es así, ¿hay otras dificultades que impidan que su hijo reciba atención médica adecuada? Si no, ¿que impide la comunicación entre el médico y usted?
Por favor cuénteme sobre una experiencia estresante que haya experimentado al llevar a su hijo al médico.
¿Qué otras barreras le impiden llevar a sus hijos al médico?

PREGUNTAS HECHAS EN INGLÉS

¿Qué estrés y sentimientos se producen cuando va a ver al médico de su hijo?
¿Ha experimentado discriminación al llevar a su hijo al médico? Si es así, ¿qué pasó?
¿Tiene algo más que le gustaría agregar?