



Developing a Spanish-Language Virtual Care Model to Improve Health Equity

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Learning Objectives

- Describe the use of cross-departmental collaborations to effectively design and launch a virtual care platform.
- Outline steps for participatory, community-informed design processes to develop culturally relevant virtual care platforms.
- Discuss utilizing community health workers as digital health navigators to increase access to virtual care technology among harder-to-reach populations.



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Cottage Health

Santa Barbara Cottage Hospital

including Cottage Children's Medical Center, Cottage Rehabilitation Hospital and Cottage Residential Center



Goleta Valley Cottage Hospital

and Goleta Valley Medical Building, including Grotenhuis Pediatric Clinics



Santa Ynez Valley Cottage Hospital



Cottage Residential Center

for chemical dependency treatment

Pacific Diagnostic Laboratories

Cottage Urgent Care

Cottage Virtual Care

Cottage Center for Population Health

Cottage Health Research Institute

Our Mission

To provide superior health care for and improve the health of our communities through a commitment to our core values of excellence, integrity, and compassion.



Background: Spanish Virtual Care at Cottage

- Cottage launched English virtual care platform in 2019
- Reliance on virtual healthcare has increased, heightened by COVID-19
- Over 33% of Santa Barbara County residents speak Spanish at home
- Hispanic/Latinx population in county:
 - is 47% of total population
 - has disproportionately lower access to care and poorer health outcomes

Theory of Change: Spanish Virtual Care at Cottage

Spanish language access + culturally relevant approach + affordable platform



Increased access to culturally relevant healthcare among Hispanic/Latinx population



Reduced disparity in health access and outcomes

Collaboration

- Cottage Health Marketing
- Cottage Health Digital Health
- Cottage Center for Population Health
- Community Partner: Santa Barbara County Promotores Network

Collaborative Development

Literature & Landscape Review

- Reviewed inclusive design approaches
- Assessed landscape for existing Spanish Virtual Care platforms

Community-based Research

Conducted focus group discussions

Customization of SVC Platform

 Developed platform based on findings and community recommendations

Digital Health Navigation

- Partnered with community organization to train digital health navigators and increase access
- Launched Community Advisory Workgroup

Community-Based Research Study

Overview

- Qualitative, formative research to inform design process
- Five focus groups with 48 Hispanic/Latinx community members

Study Aims

- 1. Describe the acceptability of accessing and utilizing Spanish Virtual Care
- Identify and describe key barriers and facilitators for uptake of Spanish Virtual Care

Focus Groups

Eligible participants

- Spanish language speakers (monolingual, or bilingual with Spanish language preferred)
- Identify as Hispanic or Latino/a/x, age 18+
- Resident of Santa Barbara County

Sample segmented by language, age, and insurance status

- Monolingual adults (18+) with a high school education or below
- Publicly insured, under-insured, or uninsured adults (18+)
- Older age group (55+)
- Younger age group (18-30)

Facilitated in-person and virtual, and in Spanish

Barriers to accessing virtual care among Hispanic/Latinx residents of Santa Barbara County:

Technological and logistical challenges:

- Weak or no internet
- Low digital literacy
- Lack of appropriate device or camera
- Inability to download an app

Barriers to accessing virtual care among Hispanic/Latinx residents of Santa Barbara County:

Personal and systemic factors

- Low literacy
- Poor eyesight
- Perceived age-related barriers
- Uninsured or undocumented

Perceived limitations of virtual care

Lack of Spanish virtual care options

Preference for in-person care

Benefits of virtual care perceived by Hispanic/Latinx residents of Santa Barbara County:

Reductions in hospital visits

Decreases in spreading illness

Convenience

- Answers to quick questions
- Easy follow-up visits
- No need to travel
- Speed
- Prescription refills or changes

"I thought it [virtual care] was a very good option because I didn't have to travel and really it was just for a follow-up...I thought it was very convenient."

-- Focus Group Participant (monolingual, underinsured adult)

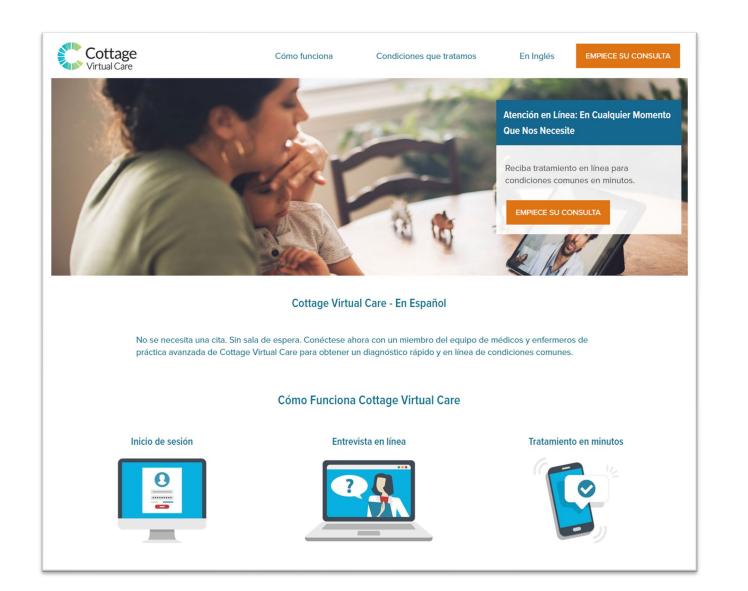




Recommendations

Platform development incorporated focus group recommendations

- Spanish-language virtual care platform
- Easy navigation with multi-media components representative of community
- Culturally concordant provider
- Provide training, guidance and tech support
- Soft launch with hospital employees



Implementation

Aug 2019:

Launched
English
virtual care
platform

Jan 2023:

Launched
Spanish
virtual care
platform

Mar 2023present:

Continuing
SVC outreach
and
education



2022:

Conducted research and developed Spanish virtual care platform. Launched with employees



Hired bilingual, bicultural Nurse Practitioner. Trained digital health navigators



Cottage Virtual Care Platform Background

- Plan to bring the Spanish platform to life from the beginning
 - Cottage Virtual Care began only months ahead of the COVID-19 pandemic
- Services for low-acuity, simple, common conditions
- Cottage VC rapidly evolved and adapted to changing conditions
 - COVID-19 triage
 - Lab test ordering
 - Healthcare needs when many physical offices had closed

Cottage Virtual Care – Atención Virtual Reboot

Surprises

- The pandemic did not accelerate the delivery of equitable consumer virtual care
- Dedicated Spanish language platforms, vendors, and workflows remained in pre-infancy

Challenges

- Platform vendors lack incentive to develop this type of platform
- Technical workflows with non-English speakers in mind
- Culturally relevant approaches and content availability
- Providing 24/7 service in parity with English offering

Platform Build Considerations

"What level of equity?"

- Ensure clear goals and project principles: equity of care
- Awareness that most direct-to-consumer telehealth vendors have not prioritized Spanish
- Critical for platform/vendor to be flexible and accommodate nuanced changes

"Equity includes parity"

- Provide the same clinical protocols in English and Spanish
- Provide the same hours of service across languages (24/7/365)
- Onboard and train certified bilingual Nurse Practitioner

Technical Rollout

- Deep collaboration
- Partnership with platform vendor
- Integrate Population Health research
- Focus on Minimum Viable Product (MVP)
- Development of workflows
- Internal launch and pilot

Marketing and Promotion

- Promotional materials developed:
 - Flyers
 - Magnets
 - Educational videos
 - Training Materials
 - FAQs
 - Promotional coupon code
- Spanish radio interviews with Nurse Practitioner
- Spanish Virtual Care community events

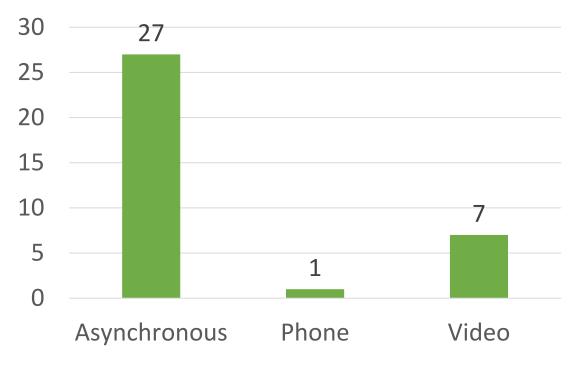


Marketing and Promotion

Spanish Virtual Care
Platform Visits by Month



Count of SVC Visits by Type





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Community Outreach & Digital Health Navigation

Digital Health Navigator Outreach

- 40 Community Health Workers trained on outreach and/or digital health navigation
- 65 outreach activities
- 1,799 SVC education conversations with materials
- 63 community members participated in group education sessions
- 3 community members received one-on-one digital health support

Community Advisory Group

- Monthly advisory and feedback
- Community Health Workers, Marketing and Population Health teams

Next steps

- Expand access to Spanish Virtual Care platform through continued outreach and promotion
- Conduct evaluation and continuous quality improvement
- Implement promo code for free first-time visit
- Create alternative to payments beyond credit card or FSA card
- Increase partnerships with employers

Lessons Learned

- There is a gap nationwide in direct-to-consumer virtual care platforms entirely in Spanish
- Simple translation of a virtual care platform from English to Spanish is not sufficient to address unique needs of the Spanish-speaking community
- Listening to community voice is critical to designing a responsive, culturally relevant virtual care platform in Spanish
- Trusted messengers and community champions are important to increasing uptake of Spanish Virtual Care

Key Takeaways

- Cross-departmental collaboration is essential to using a community-informed.
 design process to develop and promote new technology in an underserved community.
- Market research should be conducted alongside community-based research
- Community Health Workers are trusted messengers who can help improve access to new health tec.hnology in harder-to-reach communities

Questions?



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