

Developing a targeted English-language curriculum and materials for Latino caregivers of infants with special needs as part of a NICU pre-discharge education program

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Abstract:

Latino infants with special healthcare needs are at high risk of mortality and have difficulty obtaining specialty care. Poor English-language skills of the caregivers add an additional layer of vulnerability. Existing health-related English-language programs address adult, but not pediatric health concerns. A clear need exists for short-term health-related English-language education programs to develop survival communication skills in low-literacy Limited English Proficiency (LEP) caregivers.

To fill this need for intervention, the International Center for Intercultural Communication (ICIC) at IUPUI collaborated with Family Voices Indiana, a family advocacy group, and created a grant-funded series of classes to be taught in a one-on-one setting at Riley Hospital for Latino LEP parents of Neonatal Intensive Care Unit (NICU) babies. The goal of the study is to provide these parents with the English language competency to take an active part in the medical decision making and care of their children. An additional goal of the program is to improve families' ability to enroll in local English as Second Language programs in the community. The findings will be discussed in three parts: We will first feature the needs-analysis period followed by the development of a curriculum, instructional materials, and pre-post intervention assessments based on the identified needs. Second, we will feature the actual intervention and will involve cases from working with low-literacy/low-proficiency caregivers. Third, we will discuss the post-intervention stage and feature data analysis with the purpose of assessing the viability of the curriculum and materials that would lead to revisions. The project is designed to ensure eventual adaptability of the curriculum for ESL caregivers of various language backgrounds, stronger language or literacy skills, a variety of healthcare contexts, and the larger pediatric population. (278)