Culturally informed health interventions for linguistic minorities (those with limited English proficiency; LEP) with well-documented health disparities are crucial during the first year of life in promoting optimal development, health, and well-being. Children of LEP parents are more likely to have limited access to health care and to experience difficulties communicating with health care providers, and the parents are more likely to report greater parental dissatisfaction with health care than parents with children in English-speaking families (Flores & Tomany-Korman, 2008). Among the many health-care-related challenges that LEP minority families face, Spanish-speaking Latino families experience health disparities as a result of acculturation factors, limited social support, and an insufficient health care infrastructure to provide comprehensive culturally and linguistically sensitive services (Berry, Bloom, Foley, & Palfrey, 2010; Cacarico-Stone, Viruell-Fuentes, & Acevedo-García, 2007).

The majority of pediatric primary care visits are for infants less than 12 months old, making primary care the ideal setting for developing and offering culturally sensitive interventions for LEP populations (Talmi, Stafford, & Buchholz, 2009). Capitalizing on the unique opportunity that pediatric primary care offers to target health disparities among this group (e.g., Latino families with children in their critical period of life), we developed a group for Spanish-speaking families and their infants that was tailored to include Latino cultural values. The group is called Mi Bebé y Yo (“My Baby and Me”). We present a description of the group, perspectives of mental and pediatric health providers, and group examples to illustrate the unique strengths of a culturally informed parenting group for infants from birth to 12 months old. Lessons learned and recommendations for clinical practice, training, and policy are highlighted.

About Mi Bebé y Yo

Mi Bebé y Yo began as a drop-in group for parents with infants less than 12 months old and has evolved into a cohort model that recruits groups with infants born within approximately
2 weeks of each other. This change was made so that parents would benefit from the support of other families with infants in similar developmental stages and to increase group attendance, as groups were scheduled to coincide with well-baby visits. Our current cohort consists of six families who immigrated from Mexico, Central America, and South America and whose infants were born in Colorado. Five of the families are primarily Spanish-speaking, and one family is native Spanish-speaking with equal English-language abilities. Although all of the families have two caregivers, the group is attended primarily by mothers. Two fathers have attended occasionally. Groups are facilitated by two Spanish-speaking psychologists or or a Spanish-speaking psychologist and a Spanish-speaking psychology trainee. Materials from Healthy Steps for Young Children (a primary-care-based, evidence-based program to promote healthy development in the first 3 years; Zuckerman, Parker, Kaplan-Sanoff, Augustyn, & Barth, 2004) are used to guide the content of the group (see Table 1 for content examples), which is tailored using a culturally informed perspective inclusive of well-established cultural values of personalismo, familismo, and respeto (e.g., Bernal & Sáez-Santiago; 2005; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002). Pediatric residents and attending faculty members join the group to provide developmental and health guidance and to enhance relationships with the families they see for well-child care directly following the group meetings. Expenses for each group session average approximately $100 for lunch, materials, and supplies (e.g., books, small toys, .......

<table>
<thead>
<tr>
<th>Group</th>
<th>Suggested Content</th>
<th>Specific Content Examples and Culturally Sensitive Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 month</td>
<td>Pregnancy-related depression</td>
<td>How is depression viewed by your family?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Explore culturally congruent coping mechanisms.</td>
</tr>
<tr>
<td>Lactation and feeding</td>
<td>What are beliefs and hopes for breastfeeding?</td>
<td>How do remedies or treatments fit in with American Academy of Pediatrics recommendations?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All mothers in this group wanted to breastfeed though not all were able to do so, which caused grief for some.</td>
</tr>
<tr>
<td>Fussiness</td>
<td>Explore style of parenting and beliefs about causes of fussiness, approaches for soothing fussiness, and attributions parents makes about themselves.</td>
<td>How do parents feel about sleep training and letting babies “cry it out?”</td>
</tr>
<tr>
<td>Family support and advice</td>
<td>Explore similarities and differences in generational values and beliefs.</td>
<td>How does parent feel about going against their parent’s parenting advice?</td>
</tr>
<tr>
<td>6 months</td>
<td>Starting solid foods (literature states that infants are offered solids early, e.g. rolled up tortilla, pieces of fruit for tasting.)</td>
<td>Families sparked discussions with medical providers about the risks of food allergies, focusing on specific foods, such as eggs. This is significant within the context of this particular group, as several mothers talked about their own cultural beliefs or family views and how it was aligned or misaligned with medical advice.</td>
</tr>
<tr>
<td></td>
<td>Co-sleeping</td>
<td>Several parents felt comfortable sharing their co-sleeping practices with the group’s facilitators. General information about breaking co-sleeping habits was provided while being respectful of the fact that some families were not interested in changing current practices. Families were encouraged to continue sharing their preferences and practices with their medical providers, our team, or both in order to improve overall quality of care.</td>
</tr>
<tr>
<td></td>
<td>Early literacy</td>
<td>As part of the 6-month group, facilitators modeled reading a book for the infants. Facilitators highlighted the importance of interactions between parent and child when reading these stories, noting that the relationship, rather than the narration of the specific story, is what fosters development. Parents were encouraged to read to their children in their native language, Spanish, as this also enhances development.</td>
</tr>
</tbody>
</table>
Given that Latinos are not a single homogeneous group, there is significant diversity among Latino families in the United States.

and a graduation photo album that contains photos of the infant and family from each session).

Group Setting

The Mi Bebé y Yo group meets at the Child Health Clinic (CHC), which is a large, residency-training pediatric primary care clinic located at Children’s Hospital Colorado. The clinic has 26,000 patient visits per year, it covers about 11,000 lives, and 60% of visits are for children from birth to 3 years old. The clinic serves a low-income population that lives mostly in the community surrounding the hospital. Clinic demographics include 90% enrollment in a Medicaid or State Children’s Health Insurance Program plan with a 56% Hispanic and 40% Spanish-speaking-only population. The clinic is divided into four colored pods, each with its own team of medical assistants, nurses, and pediatrics providers. Families are usually seen in the same pod for both sick and well visits. An integrated mental health team, Project CLIMB (Consultation Liaison in Mental Health and Behavior; Talmi et al., 2009), provides full-time coverage in the clinic for consultations involving developmental, behavioral, mental health, and psychosocial needs. Universal screening is conducted for both pregnancy-related depression and general depression. The Edinburgh Postpartum Depression Scale (Cox, Holden, & Sagovsky, 1987) is used for pregnancy-related depression screening for mothers of infants up to 4 months old, and the Ages and Stages Questionnaire (Squires & Bricker, 2009) is used to screen for developmental delay at every well-child visit beginning at 2 months old.

Evolving Phases in Response to Cultural Needs

The structure and recruitment of Mi Bebé y Yo was initially developed as that of a “drop-in” group for families with infants less than 6 months old and has evolved into a cohort model with infants that are 2 weeks apart in age. We describe the evolution process in the following section.

PHASE ONE

Mi Bebé y Yo began as an open, drop-in group model. Spanish-speaking families with children up to 6 months old were recruited into these groups on a rolling basis. Groups met twice each month, and families were encouraged to attend whenever possible. Medical providers also attended these group sessions to provide families with support, anticipatory guidance, and connections with other Spanish-speaking families. Scheduling occurred independent of the child’s medical visits, and the infants were not all the same age. Fifteen Spanish-speaking families were recruited to the Mi Bebé y Yo groups, and three to four families regularly attended. The group sessions maintained an open format to encourage ongoing recruitment and enrollment. However, because these groups did not meet in conjunction with well-child visits, group attendance was low. Families were most likely to return to subsequent group sessions once they had established relationships with other families in the group.

PHASE TWO

We transitioned to a cohort model for Phase Two in hopes of increasing retention and ongoing support for families. Group sessions were scheduled in conjunction with well-child visits to increase attendance. Families were recruited by behavioral health clinicians from Project CLIMB. Outreach to pediatric faculty, attending physicians, nurses, and medical assistants was conducted to capitalize on the existing relationships these providers had with Spanish-speaking families. We recruited six families with newborns to participate in groups that were scheduled to coincide with the infants’ well-child visits during the first year. We found that pairing the group sessions with well-child visits, along with assuring parents that they could discontinue participation at any time, motivated parents to enroll, reduced the stress of fitting another commitment into their busy schedules, and decreased the burden of arranging for additional transportation.

Group sessions were conducted in Spanish by early childhood psychologists or psychology trainees. Families received enhanced well-child care at each of the pediatric primary care appointments via group visits focused on health promotion and supporting child development. Families in the cohort developed relationships with each other, creating a sense of community support. Group facilitators provided additional, individual support to families during well-child checks scheduled immediately after group meetings.

The current cohort has completed group sessions through their 9-month well-child visit, and attendance has been higher than the drop-in Spanish-speaking group and our concurrent English-speaking cohorts. To promote engagement, group leaders schedule the upcoming well-child check with the same pediatric provider during their continuity clinic. This
scheduling enables families to build a relationship with their provider, which promotes the cultural value of *personalismo* (referring to the importance of the development of personal, informal interactions to build trust and rapport; Santiago-Rivera et al., 2002). In addition, group leaders call families during the week of the session to remind them to attend both the group session and their well-child check. If families are unable to attend a particular group session, group leaders ensure that the well-child check occurs at a time when they can meet with the family in the clinic. All of the group visits for the current cohort include at least four of the six participating families. It is important to note that none of the families have missed a recommended well-child check to date.

**FUTURE PHASES**

Future cohorts of *Mi Bebé y Yo* will be enrolled in the Healthy Steps for Young Children Program. In addition to *Mi Bebé y Yo* group-based care and enhanced well-child care in the clinic, families in the next cohort will also receive twice yearly home visits from the group facilitators. Participation in the Healthy Steps Program provides families with services that extend beyond the time frame for *Mi Bebé y Yo*, as families are enrolled in the program through the child’s third birthday. This addition will help us promote the cultural value of *personalismo*, given that families will remain engaged with the continuity providers with whom they have established trust, and it will reduce the likelihood of feelings of abrupt termination on completing the group when the baby turns 1 year old.

**Integration of Cultural Values to Engage Parents of Infants**

Recognizing the unique experiences of first- and second-generation immigrant families, we tailored the content and process of the *Mi Bebé y Yo* group to acknowledge the strengths and challenges of immigration and acculturation, as well as to reflect common values found within Latino culture.

The majority of pediatric primary care visits are for infants under 12-months old, making primary care the ideal setting for developing and offering culturally sensitive interventions.

**GROUP CONTENT**

The current *Mi Bebé y Yo* group integrates well-child care recommendations for the first year with specific needs of this population. Latino/a children face significant health disparities (Berry et al., 2010), as well as challenges such as identity navigation related to acculturation factors, limited social support, and an insufficient health care infrastructure to provide comprehensive culturally and linguistically sensitive services (Cacari-Stone et al., 2007). Therefore, we have tailored the goals of the English “Baby and Me” group (e.g., promoting healthy infant development) to these specific needs of Spanish-speaking families, with particular emphasis on social support, navigating systems, and the transmission of cultural values.

**GROUP PROCESS AND PARENT ENGAGEMENT**

The aforementioned considerations also affect the group process. For example, the group typically begins 15 minutes after its stated start time, partly because of different cultural conceptualizations of time. This has led to a less structured format, with informal check-ins and introductions of families as they arrive, while connecting through the shared lunch provided. This casual check-in time promotes trust and informal relationships (*personalismo*) among families, group leaders, and pediatric providers. In addition, only Spanish is spoken by the providers from the time families arrive until the group session begins. Providing families with the opportunity to engage with providers and peers and to process information in their native language within the medical setting helps to reduce barriers that are inherent with LEP patients in health care. Group providers also ensure that traditional anticipatory guidance is enhanced with opportunities for families to share cultural practices (e.g., discussions of the use of certain herbs) and *dichos* (e.g., sayings, idioms, or proverbs used in Spanish among Hispanic/Latino people; Aviera, 1996). Group cohesion was quickly established among the *Mi Bebé y Yo* participants—a quality that was noted by multiple providers with prior experience with the drop-in format and English-language groups. This may be a result of providing a space to connect in their native language and process difficult experiences. For many of our participants, themes have included experiences with immigration, acculturation challenges, isolation from family, and difficulty navigating new systems of care.

These process elements simultaneously influenced the group content, leading to an increased focus on relational factors. Topics involving a focus on *familismo* (*familismo*) have been identified in previous literature as a strong cultural value for Latinos (e.g., Bernal & Sáez-Santiago, 2003), emphasizing the establishment and maintenance of close relationships with family members and close friends. Subsequently, rich discussions of social support, beliefs about the role of family members in caregiving, and reflections on self-care emerged and resonated with families. We noticed that parents tend to be most engaged around relationship-based and culturally specific topics, such as navigating a bicultural identity as a mother.
During one group, participants enjoyed connecting over the shared challenging experiences of bicultural identities. They discussed navigating between advice from their home cultures, including from their parents or grandparents, and their own parenting preferences as young, immigrant mothers considering current-generational views and advice from U.S.-based pediatricians. In another session, a rich and humor-filled discussion about sleep training occurred at the group for parents of 2-month-olds when one baby’s mother and grandmother both attended and shared their disagreement about letting the baby “cry it out” while sleep training. The group was able to provide validation and normalization through the use of humor and storytelling. Group members contributed by providing examples of dichos and leyendas populares (popular legends) from their culture that validated each “side” of the argument to help mother and grandmother compromise on a strategy that incorporated strengths of each approach to create an individually tailored plan for sleep training.

By providing space to honor the beliefs and goals of both mother and grandmother, respeto between mother and grandmother and between family and pediatrician was maintained. This solution not only enabled the transmission of cultural values but also honored and promoted an adaptive bicultural identity that will inevitably be transmitted to the infant as a protective factor through positive ethnic identity development (Kopera-Frye, 2009; Phinney, Romero, Nava, & Huang, 2001).

**CULTURE-SPECIFIC ELEMENTS**

The Mi Bebé y Yo group model was developed with specific Latino cultural considerations. First, groups are conducted exclusively in Spanish, with both clinicians and families using different dialects and accents and representing different countries of origin. Group topics are often adapted to include discussion about culture-specific language. For example, when discussing feeding, different words are used in different dialects for the word “bottle.” In Spanish, a bottle is often called teta, biberón, pacha, or botella, depending on the dialect. Because families come from different countries, topics emerge when asking questions about certain customs or practices as they relate to nation of origin. Other culture-specific ideals and practices are discussed during groups, including familismo and respeto (proper demeanor), herbal remedies, health practices, and the use of curanderos (folk healers). Not only are these themes openly discussed, but group structure and dynamics are also adapted to consider these ideals, as described earlier. The timing and pacing of groups, encouragement of multigenerational group participation, and inclusion of songs and children’s games familiar to the families are some examples of how the groups were developed to address these cultural ideals.

Given that Latinos are not a single homogeneous group, there is significant diversity among Latino families in the United States, including country of origin, socioeconomic status, and acculturation (Harwood, Leyendecker, Carlson, Asencio, & Miller, 2005). Current literature suggests that parents’ level of acculturation plays an integral role in both parenting practices and children’s well-being (Driscoll, Russell, & Crockett, 2008). Mi Bebé y Yo group leaders intentionally incorporate topics about immigration, documentation status, and acculturation. Although these are universal themes for many immigrant families and may not be unique to Latino families, medical providers and trainees benefit from observing and participating in open conversations about parental acculturation that may not arise during routine medical visits.

**Mi Bebé y Yo Enhances Well-Child Care and Connection With the Medical Home**

Mi Bebé y Yo was intentionally developed for the primary care medical home with the goal of enhancing family-centered care (FCC) and, consequently, health outcomes by creating a space for families’ native language and cultural values within the setting where their children receive care.

**FCC ALIGNS WITH CULTURAL VALUES**

FCC, an approach to health care that recognizes a partnership between patients, families, and providers, has been shown to increase parents’ satisfaction with care and ease of use of health care services. However, parents of children who are Latino/a are less likely to report having a FCC medical home or feeling like a partner in FCC (Coker, Rodriguez, & Flores, 2010; Stille et al., 2010). FCC alone cannot ameliorate health disparities for Latino/as; however, team-based approaches to care can help to reduce these disparities (Coker et al., 2010; Kelleher, Campo, & Gardner, 2006; Talmi & Fazio, 2012).

Through engagement in this group, pediatric providers and families have the opportunity to interact in a context beyond that of a traditional well-child visit. The group format promotes a sense of personalismo (Santiago-Rivera et al., 2002), which enhances...
the patient–provider relationship and inevitably instills a sense of trust from parent to provider that promotes optimal preventative care. The Mi Bebé y Yo group facilitates this very important aspect of Latino culture at two levels: between Latino families; and between Latino families and clinical providers. Furthermore, it allows these relationships to develop more organically. This has significant implications, as it allowed caregivers to feel more comfortable asking pediatric providers questions about their children’s development. Also, this context provides opportunities to increase families’ sense of empowerment through the construction of alliances, development of trust, and culturally and linguistically informed communication with providers. This relationship building translates to an enhanced attachment to the medical home, as families associate the CHC with opportunities to engage in supportive health care activities. They engage in honest, organic exchange of cultural techniques and practices that, in turn, can inform the medical practitioners’ approach in caring for Latino families. In addition, the group format provides a channel for the discussion of common concerns and anticipatory guidance, with ample time to discuss families’ most pressing concerns. This format addresses disparities raised in health care literature, which indicates that LEP families frequently experience providers as not spending adequate time addressing their concerns or lacking understanding of the role of cultural health care and parenting (Coker et al., 2010).

PERSPECTIVES FROM ATTENDING PEDIATRIC FACULTY AND RESIDENTS

Mi Bebé y Yo offers excellent teaching experiences for several reasons. Because the discussion groups usually last an hour, pediatricians-in-training have the opportunity to observe the rich sharing between families, learning about details and practices that may not arise during shorter well-child checks. Providers develop closer relationships with the families because of increased time and opportunities to meet fathers and extended family members who may participate in the groups. Because many pediatricians-in-training are in their 20s and 30s and have limited experience with young children, seeing the cohort infants together creates a natural setting in which to note variations in typical development such as head control, rolling over, sitting, crying with stranger anxiety, and variations in parental responses and interactions with infants. At times, challenging issues emerge. For example, one mother talked about how her 2-month-old only likes to sleep with a satin pillow. The teaching faculty often need to address such controversial topics, and the group offers opportunities for modeling compromise and collaboration. In this case, we suggested removing the pillow and having the baby sleep with the pillowcase, meanwhile, we also discussed all the causes of sudden infant death syndrome. We also have had some mothers who are breastfeeding well and other mothers who either had chosen to not breastfeed or had difficulties that affected their milk supply. These differences in feeding choice need to be embraced and celebrated as appropriate. Groups create a safe and positive environment in which to discuss difficult parenting topics in a culturally responsive manner. See box Reflections From Pediatric Health Care Providers About Mi Bebé Y Yo Group.

Reflections From Pediatric Health Care Providers About Mi Bebé y Yo Group

Personalismo promotes trust among participants and providers

“With the Spanish groups I feel like the mothers are more willing to be vulnerable and to support each other.”

Enhanced well-child care targets health disparities

“Topics are often things we aim to address in the well-child check—this may be because we do not have enough time during our visits to address everything or reassure adequately.”

Community building aligns with familismo to promote resilience

“I am impressed with how we routinely have such a large turnout for this group (compared to the non-Spanish cohorts which are more variable).”

“I did sense a nice sense of community among the women in the Spanish Baby and Me group.”

Group Examples

The Mi Bebé y Yo group emphasizes the facilitation of a culturally sensitive approach to health care for infants and their primary caregivers. In other words, this group seeks to provide Latino families with a different kind of health care experience, one that enriches the typically undifferentiated care provided by the mainstream U.S. health care system to families from culturally diverse backgrounds.

DROP-IN GROUP EXAMPLE: “ROSARIO”

“Rosario” was a 39-year-old, first-time mother and recent immigrant from Guatemala. Accompanied by her sister, she presented to the Mi Bebé y Yo drop-in group after her son, “Ryan’s,” 2-week well-child check. She was initially quiet and reserved in the group, observing and listening to the other group participants and averting eye contact. During her first group session, she quietly introduced herself, briefly shared that she was struggling with breastfeeding, and described Ryan as, “inquieto, perezoso, y una bendición.” (fussy, lazy, and a blessing). Rosario’s sister encouraged her subtly to share her struggles, but Rosario shook her head and chose not to share. She presented 2 weeks later, again with Ryan and her sister. Several of the other mothers in the group welcomed her and commented on how much Ryan had grown in 2 short weeks. Rosario smiled, and with help from her sister, she tearfully shared her story of multiple pregnancy losses in Guatemala and choosing to leave Ryan’s father in Guatemala to seek better medical care in the United States with her sister. Her story encouraged conversation about infertility, the importance of having support from her sister, and maintaining long-distance relationships via technology with extended family. Certain themes arose as Rosario shared her story with the group: Loss, strong intergenerational connections (familismo), and the group’s support of Rosario taking her time to tell her story (respeto) encouraged group cohesion and allowed Rosario to gain strength and support through sharing and receiving support.

* All names in these examples have been changed to protect patient and family confidentiality.
COHORT GROUP EXAMPLE: “JUANA”

In a Latino culture that values collectivism and familismo, the experiences of immigration or otherwise membership in a minority culture can lead to feelings of loss, isolation, or dissonance within a primarily individualistic dominant culture. For example, for “Juana,” a recent Colombian immigrant and first-time mother, this group provided a source of emotional support during a time of transition and adjustment to U.S. culture. During earlier group meetings, Juana expressed feeling anxious about not having her mother close by to support her through various parenting stages. She was able to talk about the stress caused by the prospect of parenting without this multigenerational support among other caregivers who could validate her experience. In processing her emotions, Juana received emotional support and acceptance from this group, who shared similar experiences. She continued attending the group sessions, and by the 6-month group session, shared contact information with another mother in the group with whom she connected particularly well. These forms of supportive environments, however brief or small, have the potential to create buffering relationships or experiences for these new caregivers.

Summary

The Mi Bebé y Yo group for Spanish-speaking families and their infants is facilitated by Spanish-speaking early childhood psychologists and psychology trainees and occurs in conjunction with well-child checks during the child’s first year of life. Our group has evolved from a drop-in group to a cohort. Group process is intentionally informal, allowing for flexibility in the structure of time and inclusion of multiple family members. The content is guided by Healthy Steps for Young Children Program materials, but discussions are primarily driven by group members. Culturally specific values of personalismo, familismo, and respeto are woven into the group process, and cultural elements of curanderos and dichos have emerged as important perspectives to include. Some common themes were specific health-related questions for pediatricians, processing feelings related to immigration, and negotiating a bicultural identity as an immigrant mother with occasionally competing advice from grandparents and pediatricians. Overall, this group model successfully engaged participants and enhanced well-child care during a critical period of life for a population with known health disparities.

Lessons Learned

Mi Bebé y Yo groups have provided invaluable information about the effects of relationships on group attendance, as the families who begin to establish relationships with each other continue their participation in the group. Although establishing a sense of community is beneficial for any caregiver regardless of race or ethnicity, this may be particularly salient and beneficial for Latino/as, given their cultural practices and preferences, including familismo and collectivism. In addition, for some families, group participation may help buffer the effects of some psychosocial stressors, such as the stress of having a fussy baby without physical social support due to living far away from parents’ families, or challenges associated with breastfeeding where natural remedies from the country of origin are not readily available. The success of this cohort also highlights the benefits of having such groups in a pediatric primary care setting in addition to well-child checks. The emphasis on providing this informal service in the participants’ primary language, Spanish, is also key to fostering caregivers’ sense of trust and security in clinical providers.

In conclusion, providing convenient times for these group meetings, fostering an informal and collaborative atmosphere, and providing the service in the participants’ native language all contributed to greater attendance, to increased participation, and to the depth of discussion and mutual education between caregivers and medical providers.

Recommendations for Clinical Practice, Training, and Policy

Our work with Spanish-speaking Latino families through Mi Bebé y Yo has provided valuable information in the
We provide recommendations in the following section.

CLINICAL PRACTICE

Many Latino families visiting the CHC express feeling socially, culturally, and linguistically isolated when visiting their pediatrician. The Mi Bebé y Yo groups provided a novel, safe space for families to learn and grow together, share experiences about parenting and child rearing in their native language, and receive medical care for their children. Given the positive outcomes thus far, the benefit of replicating this group model in other pediatric medical settings is clearly indicated. Further investigation regarding the manner in which Mi Bebé y Yo groups affect families’ feelings about mental health may also be needed. Disparities in access to mental health care for Latino/as are well documented in current literature (Alegria et al., 2002; Kouyoumdjian, Zamoonga, & Hansen, 2003), and further investigation is warranted about how groups affect family perception of mental health care, mental health providers, and health care in general. The relationships that families form with their group leaders and each other are difficult to measure; however, future investigation into maternal, paternal, family, and child mental and developmental health may be valuable.

TRAINING

Group-based care models provide important settings in which to train transdisciplinary professionals seeking to serve Spanish-speaking populations. Mi Bebé y Yo groups are co-facilitated by bilingual postdoctoral fellows and psychology interns who are in training to provide culturally responsive care to Spanish-speaking children and families. These trainees have opportunities to provide direct clinical care in Spanish, work with Spanish-speaking pediatric health professionals, and receive guidance from Spanish-speaking supervisors on this work. In addition, pediatric residents, medical students, and physician’s assistant trainees can also attend group sessions and gain experience in meeting the health and developmental needs of Latino families.

POLICY

Group-based care enhances the services and the support families receive when they bring their babies to pediatric primary care settings. A culturally responsive, low-cost intervention (less than $20 per family per session) increases the likelihood that LEP families will adhere to recommended well-child care schedules, which increases opportunities to provide anticipatory guidance, monitor development, identify any issues and intervene early if they emerge, and build relationships between families and the medical home. It is important to note that families who report having a medical home are more likely to use health care resources more effectively and have reduced emergency and urgent care visits. For Spanish-speaking families for whom language often creates barriers to health care, identifying and implementing effective interventions to connect them to the medical home has the potential to decrease health disparities and improve the health and well-being of children and families.

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Dena M. Dunn, PsyD, is a bilingual licensed clinical psychologist in Colorado and Maryland. She recently relocated to Philadelphia, PA, where she works as a research consultant for the University of Colorado Institute for Global Health, helping design an early childhood care and development program in Guatemala. She has held faculty positions at both Mt. Washington Pediatric Hospital in Baltimore, MD, and the University of Colorado School of Medicine in Aurora, CO. Her clinical and research interests focus on child development, infant and Latino mental health, and global health. She has presented nationally on her work in integrated mental health in early childhood and multidisciplinary breastfeeding support, and she teaches and trains medical and mental health professionals in infant mental health and behavioral health topics.

Rachel Becker Herbst, PhD, is a pediatric psychologist with the Rehabilitation Psychology Program in the Department of Physical Medicine and Rehabilitation at Children’s Hospital Colorado. She engages children and teens with various medical concerns in strengths-based interventions to promote their well-being. She also manages an integrated care grant in a local community pediatric primary care clinic, aimed at enhancing families’ connection to their medical home. Her interests include promoting best practices for culturally and linguistically diverse patients in integrated care settings through training, direct clinical service, and research. Her professional interests also include systems-level initiatives and health care advocacy, such as through leadership roles with the American Psychological Association.

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medical director of Child Health Clinic Primary Care at Children’s Hospital Colorado. In 2012, the clinic was awarded the Master Teaching Award by the School of Medicine. Clinically, she has been helping mother–infant pairs with breastfeeding challenges for many years. She has developed an innovative model of care in her breastfeeding faculty practice called the “Trifecta Approach” of Integrated Care that combines a pediatrician, a lactation consultant, and a psychologist to provide a comprehensive consultative visit. This service is part of the larger medical home program and is available to mother–baby pairs in the groups.

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REFERENCES


