WASHINGTON STATE DEPARTMENT OF HEALTH

Interpreter Services for Children and Youth with Special Health Care Needs

Results from the Great LINCS Needs Assessment

JANUARY 1, 2016

SPECIAL POINTS OF INTEREST

GREAT LINCS GOALS

- Create a state-wide shared resource for families and providers of children and youth with special health care needs
- Support policy that improves integration of services for children and youth with special health care needs
- Increase the percentage of families who report having a medical home for their children and youth with special health care needs

STAKEHOLDERS & PARTNERS

WithinReach

Health Care Authority – Medicaid Program

Medicaid Managed Care Plans

Parent to Parent

WA Medical Home Partnership Project

Seattle Children's Center for CYSHCN

WA Chapter of the American Academy of Pediatrics

WA Healthcare Improvement Network

Children and youth with special health care needs (CYSHCN) are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

QUICK CYSHCN FACTS

In Washington State, an estimated 235,920 children and youth (15%) under age 18 have a special health care need.

About 31% of CYSHCN live below the 200% federal poverty level; 85% live below 400%FPL.

OVERVIEW

The Washington State Department of Health (DOH) was awarded a three-year federal grant, beginning in September 2014 to improve systems of services for children and youth with special health care needs. The grant, known as Great LINCS (Links to Integrate and Coordinate Services), includes a needs assessment to gather parent and caregiver input. The purpose of the needs assessment is to identify gaps and challenges faced by parents, caregivers, and families who use systems or programs funded or supported by the state of Washington.

Between February and September 2015, the DOH conducted five data collection activities for the needs assessment:

- a parent survey (199 responses);
- parent focus groups (seven groups with 64 participants in five languages: Somali, Korean, Spanish, Mandarin/Cantonese, and Vietnamese);
- a pediatric provider survey (51 responses), a survey of Local Health Jurisdiction Children and Youth with Special Health Care Needs (CYSHCN) Coordinators (28 responses), and
- key informant interviews with all six of the Medicaid Managed Care plans.

The Washington State DOH is sharing findings with partners that are relevant to their work. In the focus groups conducted, participants were asked about language barriers. The participants were not asked about the funding source for the interpretation services. They were also not asked about where, when, or how the services were administered. The purpose was to assess possible language barriers faced by parents of children and youth with special health care needs.

INTERPRETER ISSUES: DIFFERENT DIALECTS AND MEDICAL TERMINOLOGY ARE CHALLENGING

In nearly all of the seven focus groups, participants raised challenges with interpreters an issue. Some participants spoke about instances when they felt that using an interpreter was detrimental to their child. One participant shared a more extreme case when a misinterpretation led to Child Protective Services becoming involved and to the child almost having unnecessary heart surgery.

Parents raised concerns about the interpreters' lack of understanding related to medical terms and the proper translation of health information between the parent and the provider.

Parents also raised the issue of conflicting dialects. Many languages have varying dialects based on region and at times, it can be extremely difficult to communicate between them.

Some in the Spanish-speaking focus groups expressed that they wanted to learn and/or improve their English. Most focus groups participants stated that they wanted to receive materials in their native language.

Washington State Department of Health

ChildrenAndYouth SpecialHealthCareNeeds GreatLINCS CoordinatedServices MedicalHomes IntegratedCare Familias

"Links to Integrate and Coordinate Services– for CYSHCN"

DOH Publication #350-006

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under HRSA-14-030 and title for $300,000 per year (Sept.2014-2017). For more information or questions about the Great LINCS grant, contact Allison Chee with the Washington Department of Health at *Allison.chee@doh.wa.gov or 360-236-3526.*

Medical Interpretation Overview and Recommendations

According to the National Standards for Systems of Care for Children and Youth with Special Health Care Needs, optimal care coordination includes providing appropriate resources that match the health literacy level and culture of the child or youth with special health care needs and the family. This includes primary language or language of choice (see Care Coordination and Family Professional Partnership Domains in the Standards).

In addition, the Standards indicate that health plans and insurers should have specific and ongoing quality assurance and quality improvement processes that address the experience of care, such as surveys of families of children and youth with special health care needs. These should include families in relevant racial/ethnic and language groups to obtain their feedback on the quality of care (see Quality Assurance and Improvement Domain). This likely should also include provider experience as well as accuracy of interpreter services.

Medical interpretation issues are not unique to Washington State. In an article of *Pediatrics*[1], it was discovered that there is an average of 31 errors per encounter. Furthermore, most of the errors have potential clinical consequences.

An article in Annals of Emergency Medicine, found that the number of hours of previous training, rather than the years of experience, statistically lowered errors in interpretation. The article also found at least 100 hours of training might have a major impact in the reduction of errors.

Findings from this assessment revealed parents wish to have some way to evaluate interpreters. The state of Massachusetts has done significant research and work in this area. It might be feasible to further investigate the infrastructure they implemented based on their findings.

1. Flores, Glenn, Barton Laws, Sandra Mayo, Barry Zuckerman, Milagros Abreu, Leonardo Medina, and Eric Hardt. "Errors in Medical Interpretation and Their Potential Clinical Consequences in Pediatric

Other Recommendations

Systems who offer interpreter services should do the following:

- Include regular and meaningful evaluation of interpreter services from the standpoint of the consumer.
- Implement training needs that includes competency for quality and accuracy in interpreting for complex medical needs and specifically for children and their families.
- Partner with medical organizations, such as Washington State Medical Association and the Washington Chapter of the American Academy of Pediatrics as well as health care systems to improve quality of services.
- Add mandatory annual training on cultural and linguistic competency
- Add quality assurance activities such as shadowing interpreters and accessing another reviewer to assess accuracy of the interpretation

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