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Access to pediatric health care for child welfare caregivers:

The effect of Limited English Proficiency (LEP)

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- **Language use in California**
 - 39.5% of Californians speak a language other than English at home.
 - 20% of Californians are limited in their English proficiency (LEP)
 - Or, they rate their ability to speak English as less than “very well”.



(U.S. Census Bureau, 2003)



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- **Language use and health care access.**
 - Studies have shown that caregivers with LEP
 - Have more barriers to accessing and utilizing health care resulting in:
 - Suboptimal health status of their child
 - Low health insurance coverage
 - Misunderstanding of diagnoses, medications, treatments, and follow-ups
 - Lack of usual source of medical care

(Kirkman-Liff, Mondragon, 1991; Flores, Abreu, Oliver, & Kastner, 1998; Flores, Rabke-Verani, Pine, & Sabharwal, 2002)



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• **Vulnerable populations and parent LEP**

- For children with special health needs, language barriers can have more harmful effects on health and healthcare b/c of complexity of child's needs.
- Children in the child welfare system are a vulnerable population.
 - Worse health status than similar Medicaid-eligible children



(Yu, Nyman, Kogan, Huang, & Schwalberg, 2004)



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- **The goals of the present study were to:**
 - Describe the characteristics of the demographic variables of the caregiver/child and type of placement across English proficiency types .
 - Examine the association of English Proficiency types with health-related variables and perceptions of access to care.



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- **Design:**

- Setting: The Community-Based Assessment and Treatment Clinic (CATC), a pediatric clinic only serving children in the child welfare system. It is located in East Los Angeles, CA next to a large county hospital.
- Format: A 20-minute interview conducted in either Spanish or English in a private room.
- Compensation: Subjects were awarded a gift certificates.



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• Study Population:

- Eligibility: Caregivers who are 1) over 18 years of age and 2) have a child who has received health care services in the US prior to their visit at CATC.
- Sample: 237 reports from caregivers was collected between July 2006 and November 2006.





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- **Measures:**

- An adapted version of Marin et al.'s (1987) Language Use sub-scale.
 - Ex) *In general, what language do you speak at home?* 5) English only to 1) Another language only
- Divided into tertiles:
 - EP = English Proficient; MEP = Moderately English Proficient; LEP = Limited English Proficient
- An adapted survey tool developed by Flores et al. (1998) to assess barriers to health care for Latino children.



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Flores's 10 Common Access Problems

Difficulty understanding the doctor's explanations	Too difficult to make an appointment
Clinic hours inconvenient	Wait too long to see a doctor
Couldn't afford medical care	Transportation
Too far away	Rudeness of staff
Medical staff doesn't understand culture	Immigration problems

Sample Item

Before coming to the CATC clinic, I found it hard to bring my child in for medical care because the doctor's office hours were always at times when I was working and I couldn't take time off from work.

Strongly Agree-Agree-Uncertain-Disagree-Strongly Disagree



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• **Analyses:**

- General linear models were used to evaluate the associations between English proficiency and access-to-care barriers.
- Multiple Logistic Regression models were employed to compare odds of health care characteristics across English proficiency levels.
- All models controlled for:
 - children's age, caregiver's characteristics including ethnicity, US citizenship, family income, education, immigration status and number of children under care.





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- **Descriptives of caregivers:**
 - Caregivers most likely to be female (87%).
 - Caregiver's average age was 42.2.
 - Children most likely to be male (57%).
 - Children's average age was 6.4 years.





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- **Statistically significant differences between language use and the family variables:**
 - Child ethnicity: 90% of children with caregivers with LEP were Latino/a.
 - Income: 79% of caregivers with LEP made 30,000 or less.
 - Caregiver type: LEP caregivers were more likely to be in family maintenance (36%).
 - Number of children: LEP caregiver had more children (3.7).



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- **Statistically significant differences between language use and the caregiver variables:**
 - LEP caregivers were more likely to be Latino/a (99%), first generation (95%), married (64%), and have only attended high school or less (83%) compared to MEP and EP caregivers.
 - EP caregivers were more likely to have US Citizenship (100%) and live in the US more than 30 years (83%) compared to MEP and LEP caregivers.

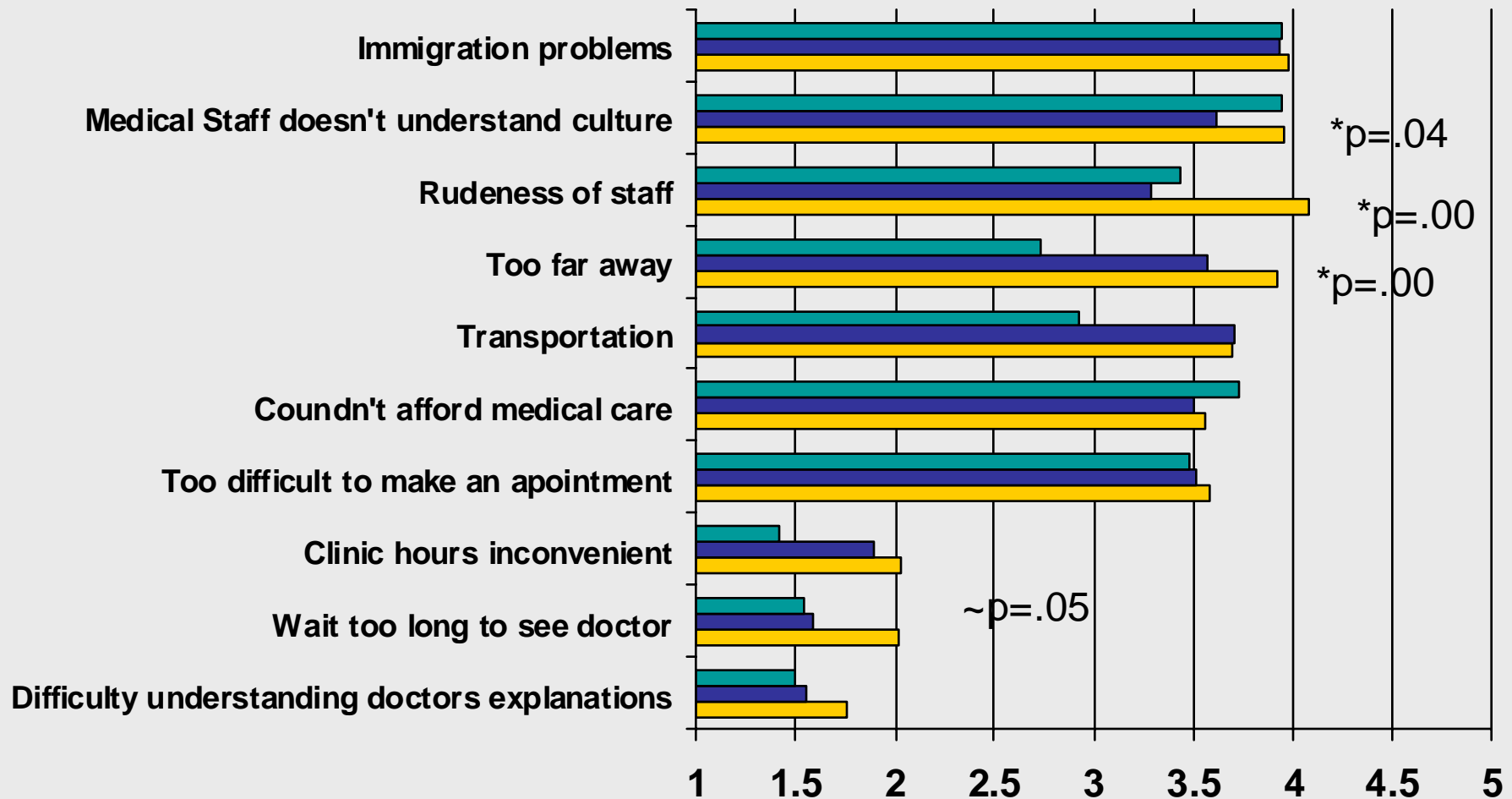


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Access to Care Barriers

(1 Low Access – 5 High Access)

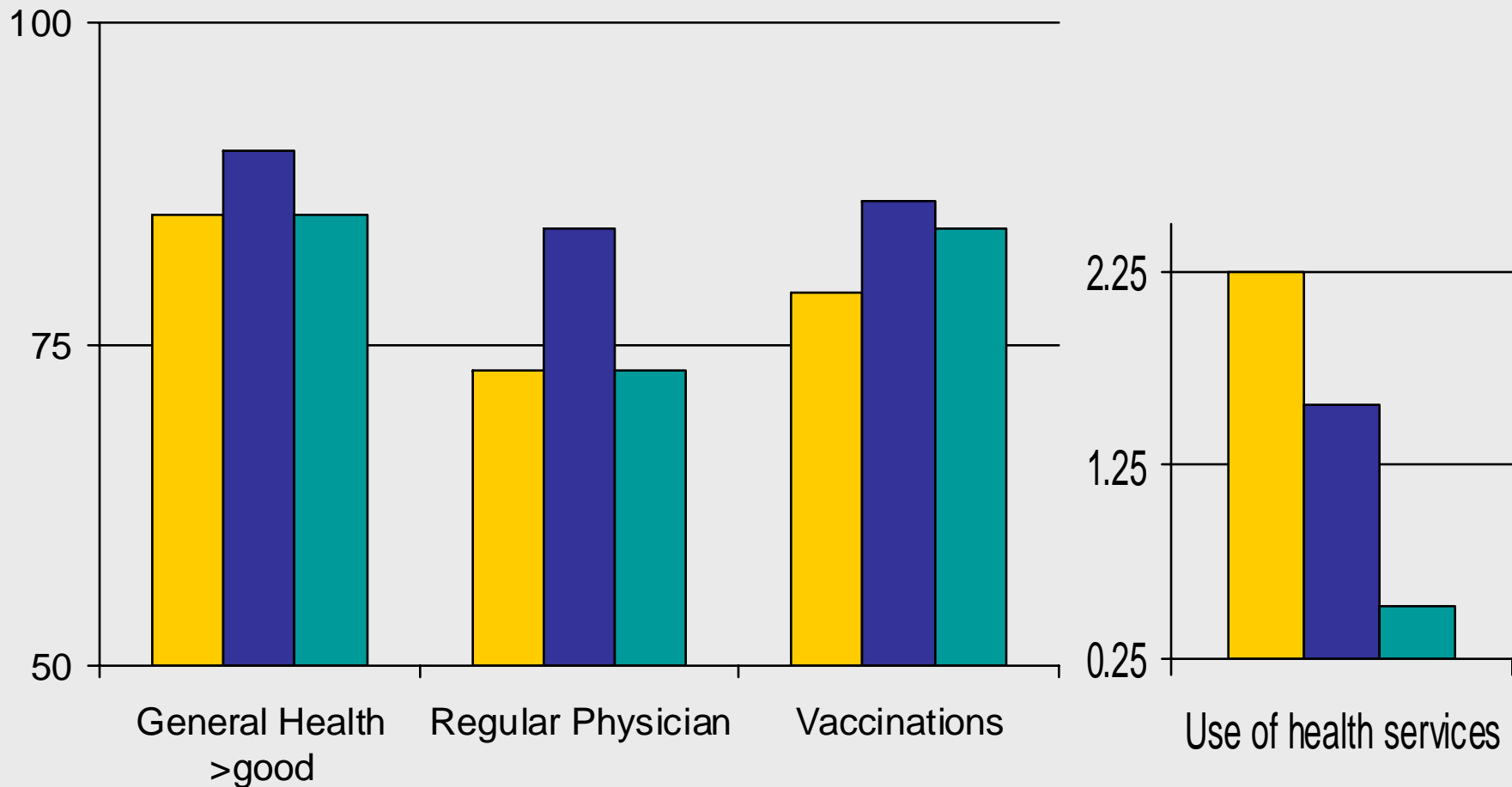
■ LEP ■ MEP ■ EP





Health-related Characteristics

LEP MEP EP





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• **Limitations:**

- Flores survey tool has no formal statistical reliability or validity data.
- Cross-sectional sample that might not generalize well to other child welfare populations.
- All caregivers interviewed were at a medical appointment; thus, they had accessed care. Those who were not at their appointments could not be included.
- Caregivers were asked to recall prior experiences.



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• Discussion:

- There were differences in perceptions of access barriers by English use rating. EP caregivers noted that lack of ease of services was a barrier to access.
- Language use was not statistically related to health-related variables – different than other studies.
- Despite the ability to speak English or not, all caregivers found difficulty understanding doctor's explanations the highest access barrier.



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- **Implications:**

- There needs to be improvement in communication between doctors and child welfare caregivers.
- Child welfare caseworkers need to recognize:
 - The effect of English Proficiency in accessing health services
 - The difficulty caregivers, regardless of language, have in interpreting doctor's explanations.



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