Children and Youth with Special Health Care Needs: Responding to Differences in Culture & Language

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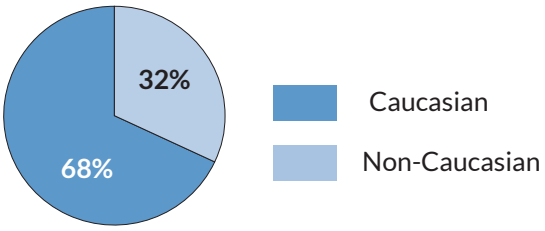
Culture refers to more than coming from another country or speaking another language. It also includes education, ethnicity, income level, race, and religion. These factors can affect how people talk about health, and how they find and use health care.

Oregon's demographics are changing. Minority ethnic and racial populations (especially Latino) are growing faster than the national average.[1] This increasing diversity calls for a focus on providing "culturally and linguistically appropriate services" (CLAS) for children and youth with special health care needs (CYSHCN). When health care is offered in a way that is sensitive to family culture, children get better care.[2]

Racial Distribution of Oregon's Children and Youth with Special Health Care Needs



Data Source: National Survey of Children's Health, 2011/2012

A 2002 study by the Institute of Medicine found that minorities with the same health insurance and similar access to healthcare as non-minorities received a lower quality of care than Caucasians.[2]

The national Office of Minority Health developed standards for working effectively in cross-cultural situations. The goal is to

> *"provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs."*[3]

Education, income, and language differences affect the health care experience.

- 18.9% of Oregon families with children under age 18 live in poverty.[4]
- One in ten Oregon residents did not graduate from high school.[4]
- 6.1% of Oregon's population speaks English "less than very well."[4]
- One in ten Oregon residents is foreign-born. Of those foreign-born residents, 49.2% speak English "less than very well."[4]
- In 2011/12, Spanish was the primary language spoken in the homes of 4.7% of Oregon's CYSHCN.[5]

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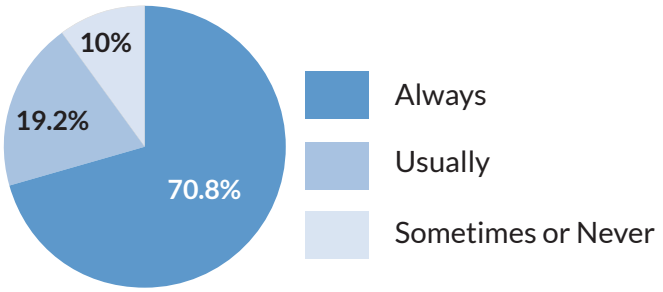
People who work with CYSHCN around the state reported to OCCYSHN that there are not enough CLAS available. They reported communication problems for families from African, Asian, and Slavic countries, and for Spanish-speaking families. They also pointed to the need for more culturally and linguistically appropriate services for Oregon's migrant farm workers, who come from a variety of cultures and who speak various languages.

Oregon families of CYSHCN who reported that their child's health care providers were sensitive to their family's values and customs



Data Source: National Survey of Children's Health, 2011/2012

In partnership with the Oregon Health Authority's Maternal and Child Health Division, OCCYSHN has declared it a 2016-2021 statewide priority to increase the availability of culturally and linguistically appropriate services for CYSHCN.

Communicating about Health Care: *Examples of Cultural and Linguistic Challenges*

- Not every culture shares the same beliefs about illness and health.
- Families with limited English might have trouble informing doctors about their child. They also might find it difficult to understand medical advice given in English.
- Some cultures consider it disrespectful to question a doctor's opinion. Parents might not share doubts or ask important questions about their child's diagnosis or treatment.
- Medical terms are often unfamiliar and confusing, even for English-speaking families.
- Written instructions assume that people can read, which is not always the case.
- Health care providers may not be aware when health care creates financial hardship for families (because of missed work, travel, childcare, medical bills, etc.).
- Missed appointments or failure to follow instructions can interfere with the relationship between families and health care providers.

The full report of the 2015 Needs Assessment findings from the Oregon Center for Children and Youth with Special Health Needs is available online at www.occyshn.org\publications. This publication is available in alternate formats.

[1]Oregon Department of Administrative Services, Office of Economic Analysis. (2011). Oregon's demographic trends. Retrieved on April 24, 2014, from http://www.oregon.gov/DAS/OEA/docs/demographic/or_pop_trend2011.pdf.
[2]Institute of Medicine (2002). Unequal Treatment: What Health Care System Administrators Need to Know About Racial and Ethnic Disparities in Healthcare. Retrieved on February 11, 2016, from https://iom.nationalacademies.org/~/media/Files/Report%20Files/2003/Unequal-Treatment-Confronting-Racial-and-Ethnic-Disparities-in-Health-Care/DisparitiesAdmin8pg.pdf
[3] U.S. Department of Health and Human Services Office of Minority Health. (2013). National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Retrieved February 17, 2016, from https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedNationalCLASStandards.pdf
[4]United States Census Bureau. (2014). American Fact Finder: American Community Survey (ACS). Retrieved February 10, 2016, from http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF
[5]National Survey of Children's Health, NSCH 2011/2012. Data query from the Child and Adolescent Health Measurement Initiative. Data retrieved 12/23/2015 from www.childhealth.org.