

Overcoming Language Barriers: Lessons Learned in Children's Health Outreach

Briefing paper: July 2004

First connection is the hardest step, but the most essential to success

Effective outreach in children's health coverage depends in all cases on the perennials of persistence, community relationships, and trust. But outreach to families with language barriers requires additional care to secure the first, critical connection to available assistance.

Through Pennsylvania Covering Kids and Families, pilot sites are testing outreach methods to families with language barriers. They have learned that translating documents and outreach messages helps, but it's not enough. Families whose primary language is not English face a number of barriers, including understanding eligibility, navigating the enrollment system, accessing health care services, and re-enrolling when the initial eligibility period ends. Immigration status also affects eligibility and the family's attitude about approaching a government-sponsored program. Trust is a critical element in families' approach to these programs.

As research shows, children who lack health coverage often suffer the consequences. One-third of children without insurance did not see a doctor in the past year. Uninsured children are 70 percent more likely to miss treatment for common illnesses such as ear infections, 30 percent less likely to receive treatment for an injury, and 25 percent more likely

to miss school due to illness. For families with language barriers, the likelihood of lacking coverage is multiplied, as demonstrated among the nation's Latino population:

- Nationally, nearly one Hispanic child in four is uninsured, compared to nearly one African-American child in seven and nearly one non-Latino white child in 14.¹
- Hispanics with citizenship are uninsured at rates twice as high as their non-Latino white counterparts, and several percentage points higher than African-Americans.²
- In 1998, Latino children represented 30.9 percent of the nation's 11.1 million uninsured children, even though they represented only 15.7 percent of the total child population.³
- Hispanic adolescents accounted for 31.6 percent of uninsured adolescents. They were twice as likely as non-Hispanic African-Americans to be uninsured.⁴

The importance of overcoming language barriers in children's health outreach is put in context by U.S. Census figures showing Pennsylvania's growing population of Hispanic children, from 3.1 percent of children in 1990 to 5.1 percent in

continued on page 2

Pennsylvania Partnerships for Children is a strong, effective, and trusted voice to improve the health, education, and well-being of the Commonwealth's children. Joan L. Benso, President and CEO.

Overcoming challenges

continued from page 1

2000. And although data on insurance status has not tracked families whose primary language is Chinese, Russian, or Vietnamese — the next most common languages in Pennsylvania — it is safe to assume that similar problems exist for those populations.

Whether families face language barriers or other obstacles, the most effective enrollment strategy is assisted enrollment provided through community health workers or other individuals. Families need significant help in understanding the questions asked and com-

pleting the application in English. Families also need help in assembling their verification documents and in understanding any subsequent contact with the enrollment agency. All of these issues arise again when renewal or re-determination is required, and they can confront every family.

For families with language barriers, the additional challenge is connecting them to available assistance in the first place. In Pennsylvania, Covering Kids and Families sites are tackling that challenge through old-fashioned word of mouth and intensive attention to building relationships.

Methods tested through Covering Kids and Families

Over the past five years, several pilot sites have created a variety of strategies to reach and enroll families whose primary language is not English. Efforts have included outreach to many cultures and languages, while those that concentrated on Latino families varied according to differences in ethnicity, immigration status, and English fluency among targeted families.

- Wellspan Health, serving York and Adams counties, has recently begun working with migrant workers in Adams County and with the Puerto Rican community in York city. Wellspan began addressing issues within the Latino community as an addition to its original Covering Kids pilot work.
- Philadelphia Citizens for Children and Youth (PCCY) has worked with a diverse array of communities in Philadelphia, compiling more than 21 years of experience in working with families in multiple language groups.
- The Maternal and Child Health Consortium of Chester County (MCHC) has been a PCCY subcontractor, working with Chester County's migrant community, whose members are primarily Mexican. MCHC has more than 10 years of experience serving the Latino community.

When families are asked how they found assistance, "word of mouth" is the single largest reason cited. In focus groups and as individuals, families speak of hearing from a friend or relative about the person who could help them find coverage for their children and often themselves. Word of mouth is also a means to building relationships in a given community. Successfully navigating the enrollment process with one family can precipitate a connection to that family's relatives, friends, co-workers, and neighborhood.

Still, making that initial connection remains the Holy Grail of outreach to families with language barriers.

*Visit the Covering Kids and Families Web page,
www.coveringkidsandfamilies.org, for outreach kits for Latino families,
 faith-based communities, and other groups.*

A first step: Establishing relationships

One of the major lessons learned at the beginning of Pennsylvania's Covering Kids effort in 1999 is that families need multiple invitations to apply before they will act. That same lesson applies to community partners, who are key players in connecting to families with language barriers. Participating organizations have worked hard to establish their relationships to community partners. Multiple invitations to refer families to the enrollment assistance were made. Initially, referrals came slowly, but once community workers from the Covering Kids and Families sites proved credible, helpful, and accessible, the number of referrals grew.

Demonstrating that word of mouth works in many situations, community partners also provided referrals and introductions to other community partners. Examples of reliable services provided in one setting were used to attract similar partners, as seen below, among schools, community-based organizations, and faith-based communities.

Lessons Learned: Effective practices in relationships & outreach

Work with schools

School nurses have long been essential partners in communicating with parents about health coverage availability, because they are respected within their school communities as well as in the larger community. Parents expect to hear about health coverage issues from their schools, and they regularly communicate with the school nurse about health exams, vision, hearing and scoliosis screenings, and immunization requirements. This is true for all families — those whose primary language is English and those with limited English proficiency — so school nurses are valuable connectors to families with language barriers.

Training: Building on its trusted reputation, Philadelphia Citizens for Children and Youth (PCCY) has trained school nurses regarding the availability of health coverage, screening for eligibility, helping families apply, and assuring that families obtain benefits and services once children are enrolled. PCCY has recently updated its manual for school nurses. The manual, specific to the Philadelphia region, is available from PCCY (see page 5). PCCY encourages school nurses to assist families when they have the opportunity and also provides enrollment assistance to families referred by their school nurses.

Referrals and enrollment events: Wellspan Health, the York and Adams counties pilot site, established relationships with school

nurses in its initial outreach and enrollment work under Covering Kids. As Wellspan expanded the scope of outreach under Covering Kids and Families to focus on regional Hispanic communities, school nurses have remained a strong connection to families without coverage, providing referrals to Wellspan's community health workers.

With a Hispanic community health worker, Wellspan has partnered with a number of school districts to conduct special enrollment events. School nurses and other school staff provide a private space within the school building, issue fliers to the school population announcing the event, and confer their credibility on the event. Families can make appointments with the community health worker, who contacts them in advance to describe what documents will be needed for the application. In the first quarter of 2004, the 10 enrollment days held resulted in 150 applications for health coverage.

Work with community-based organizations

Community centers: Wellspan has used the enrollment day model within community-based sites. Using the York Spanish-American Center as the credible connection to the community, Wellspan conducted a series of enrollment events during 2003 and 2004, resulting in 110 health coverage applications. The

continued on page 4

Effective practices

continued from page 3

applications were completed at the center, and families who could not complete the application that day made appointments with the community health workers to finish the process.

Knowing the clients: The Maternal and Child Health Consortium of Chester County is, itself, a community-based organization whose mission is to connect pregnant women and their families to health care and other social services. MCHC coordinates a county-wide health insurance enrollment initiative involving six other social service agencies. MCHC trains partnering agencies' staff, provides tracking forms, and prepares reports on health insurance enrollment outreach activities and the number of applications completed. In 2003, a total of 490 applications were completed on behalf of 193 pregnant women, 536 children, and 68 non-pregnant adults.

MCHC carefully cultivates its knowledge of the families, primarily Mexican immigrants. Staff from MCHC has visited the clients' communities of origin in Mexico to solidify their knowledge of the cultural transition families

must make in coming to Chester County. In addition, MCHC has created a referral network among other community-serving agencies and organizations in Chester County (for more on MCHC's community-partnership approach, see the Pennsylvania Partnerships for Children's August 2003 newsletter, *Partnerships*, at www.papartnerships.org/pdfs/partnerships803.pdf).

Work with faith-based communities

Involving church staff: Wellspan has established a relationship with St. Francis Xavier Church in Gettysburg, Adams County. The church has hosted an enrollment event, building on its existing reputation for assistance within the Latino community and partnering with Wellspan's staff to broaden its services to include health coverage. The connection to the church came from church members who had been assisted through their applications by Wellspan and shared that experience with church staff — another example of the power of word of mouth. The church's pastor remains an active member of the Children's Health Task Force and the Latino Health Task Force of the Healthy Adams County Coalition, further cementing the relationship.

Beyond coverage: Next steps in outreach

Once health coverage is obtained, many more barriers exist in obtaining primary and specialty care. Under Part 3 of Covering Kids and Families, PCCY and MCHC are assessing the utilization of health care services once families are enrolled. The frustrations that families feel are reflected in their findings, based on three focus groups and a survey of 50 parents conducted in Chester County for this project:

- Many reported feeling frustrated when trying to communicate with pediatric office staff and providers. Pantomime and gestures were used to try to communicate. Parents worried about the quality of care their child would receive under these circumstances.

- Many were told that they must bring their own interpreter or they would not be seen. In these cases, a family member was used as an interpreter. The family member usually spoke very limited English.
- Many reported that they did not understand the pediatric provider's diagnosis or treatment plan. They frequently called their Healthy Start Family Health Advocate (FHA) for an explanation. The FHA would then have to call the provider to get the needed information.
- Parents reported that, when a provider had a staff person who spoke Spanish, the staff person might not be fluent. Parents worried that

continued on page 5

Next steps in outreach

continued from page 4

their concerns and questions were not being adequately interpreted to the provider and that the provider's instructions were not being adequately interpreted to the parent.

- After office hours care is not available to parents because none of the pediatric providers in the county have a bilingual answering service or voice mail system. Parents reported taking their sick children to local hospital emergency rooms. When this problem was reported in the focus groups, MCHC did a telephone survey and confirmed that none of the pediatric

providers offered a bilingual answering service or voice mail system.

- Parents reported being unable to use the county's Medicaid Paratransit system unless their Healthy Start FHA made the scheduling arrangements. Paratransit does not have a bilingual scheduler.

Through a separate grant, PCCY is currently working on a project with Chinese speaking and Vietnamese speaking immigrants to determine barriers to accessing health care. They expect to have a report available by the end of summer 2004.

Learn more

For more information on outreach to families with language barriers and other issues in children's health coverage outreach, contact:

- Ann Bacharach, Covering Kids and Families Project Director, 717-236-5680, ext. 111; annbach@papartnerships.org.
- Philadelphia Citizens for Children and Youth (PCCY), Southeastern Pennsylvania: Alisa Simon, Child Health Watch Director, 7 Ben Franklin Parkway, Philadelphia, PA 19107, 215-563-5848, ext. 13, alisasimon@pccy.org.
- Wellspan Health, York and Adams counties: Courtney Paskell, Community Health Improvement, 1005 S. George Street, York, PA 17403, 717-851-3232, cpaskell@wellspan.org.
- Maternal and Child Health Consortium of Chester County: Maryann McMackin Measure, MSS, 30 W. Barnard Street, Suite 1, West Chester, PA 19382, 610-344-5370, ext. 105, mmeasure@ccmchc.org.
- Consumer Health Coalition, Allegheny County: Kate Robinson, 650 Smithfield Street, Pittsburgh, PA 15222, 412-456-1877, krobinson@consumerhealthcoalition.org.
- Cornerstone Care, Fayette, Greene and Washington counties: Cindy Holcomb, 7 Glassworks Road, Greensboro, PA 15338, cholcomb@cornerstonecare.com.

Notes

¹ U.S. Bureau of the Census, Current Population Survey, September 2002.

² Quin, Kevin. "Working Without Benefits: Health Insurance Crisis Confronting Hispanic Americans." The Commonwealth Fund. February 2000.

³ Campbell, JA. "Health Insurance Coverage: 1998." Current Population Reports (1998). U.S. Census Bureau, P60-208. October

1999; Ramirez, RR. "The Hispanic Population in the United States: Population Characteristics." Current Population Reports, p.20-52. U.S. Census Bureau. February 2000.

⁴ Newacheck, PW; Brindis, C; Cart, CU; Marchi, K; Irwin, CE. "Adolescent health insurance compared with that in persons with public and private health insurance." Arch Intern Med 1994; 154:2409-16.

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