

Language barriers impede treatment of children with special health care needs

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Language barriers can have dangerous consequences for children with special health care needs, according to a paper by authors including pediatric specialists at McGovern Medical School at The University of Texas Health Science Center at Houston (UTHealth).

The paper was published today in the Perspectives section of *Pediatrics*, the journal of the American Academy of Pediatrics (AAP).

"This article is about serving the health care needs of families with complex medical conditions whose primary language is not English," said Ricardo A. Mosquera, M.D., first author and associate professor in the Department of Pediatrics at McGovern Medical School at UTHealth. "These children are the most vulnerable of a very vulnerable population."

Approximately 16 percent of children in the United States have [special health care](#) needs, defined by the AAP as physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs.

Children with special health care needs account for two-thirds of pediatric hospital admissions and 90 percent of all children's medical deaths. Of those nearly 18 million children with special health care needs, 13 percent – 2.3 million – reside in a home where a language other than English is spoken.

A language barrier further complicates care, according to the authors. Children with special health care needs whose families have limited English proficiency are more likely to have poor health status, lack medical or dental insurance and lack access to preventative and specialty care.

"Early identification and provision of adequate language services and culturally competent care are crucial," the authors wrote. Senior author is Glenn Flores, M.D., Distinguished Chair of Health Policy Research for Medica Research Institute. Co-author is Cheryl Samuels, R.N., P.N.P., with McGovern Medical School.

UTHealth pediatric specialists had already identified a service gap for children with special health care needs and established the High Risk Children's Clinic, a model for enhanced care for these children. The clinic is part of UT Physicians, the clinical practice of McGovern Medical School.

In a December 2014 JAMA paper, authors revealed the results of a randomized study that showed the High Risk Children's Clinic reduced serious illness, emergency department visits, hospitalizations, length of stay, [pediatric intensive care](#) unit admissions and total hospital and clinic costs with net cost savings of approximately \$10,000 per patient year. Both Mosquera and Samuels are part of the clinic's multidisciplinary team of physicians and advanced practice nurses.

"UTHealth is helping these vulnerable children and their families by providing a medical home that meets their needs including bilingual providers and specialists," Mosquera said.

In the paper, the authors encouraged health care institutions to collect data about a child's primary language so that communication – and thus timely care – is not jeopardized. Clinicians and trainees should be taught

how to access that information and work with interpreter services.

The paper also calls for more clinics modeled after the UTHealth High Risk Children's Clinic, which has been awarded Patient-Centered Medical Home Recognition from the National Committee for Quality Assurance for using evidence-based, patient-centered processes that focus on highly coordinated care and long-term, participative relationships.

Cultural differences should also be considered in the treatment of [children](#) with special [health care](#) needs.

"Research documents that culturally sensitive care is associated with improved patient satisfaction, greater medication adherence and a higher overall quality of care," the authors wrote. "It is imperative that providers have the necessary knowledge and skills to understand and identify the unique barriers and beliefs of the common populations they work with."

Those cultural beliefs are especially important in palliative care and end-of-life decisions and should be discussed in a culturally sensitive manner, the authors wrote.

Provided by University of Texas Health Science Center at Houston

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