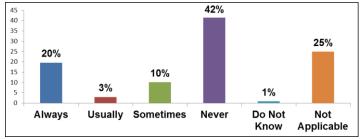


AMCHP System Outcome #7: All CYSHCN and their families will receive care that is culturally and linguistically appropriate (attends to racial, ethnic, religious, and language domains).

Interpretation Services

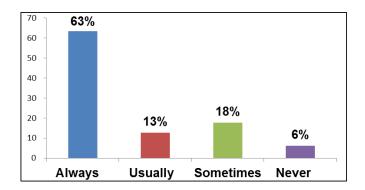
From FHOP CCS Families Survey 2014

How often do you need an interpreter?



(Of those with need, 95% need a Spanish interpreter)

When saw CCS specialists in last year, how often interpreter available?



Translation Services/Translator Access

FHOP CCS Family Focus Groups 2014

- There is always someone who speaks Spanish, a nurse or receptionist that works there.
- [There have been] times when no one [at the appointment] speaks Spanish and there is no way for us to communicate [with the provider]. It is extremely difficult with a medically fragile child and trying to find someone to help us with translation.
- They have an interpreter when they call CCS and at hospitals. Always found an interpreter for her. When they go to the hospital, the hospital communicates with CCS and it's taken care of right away.

Language and Literacy Issue

Language of CCS benefits/services is not translated into other languages and/or at a literacy level that is accessible to everyone who needs it.

- Don't know the language [jargon], words to use to ask the questions to get the services needed.
- People don't understand the clause [of the policy].
- [After my child died] I was hired by CCS to be a parent advocate to help change the language because it [the language used for CCS documents, particularly denial letters] gives the feeling of no hope and it should be much more clear as to who is responsible for what. [Language not changed because it was a state not local issue]



Children with Special Health Cultural Competency

Cultural Sensitivity

Greater sensitivity toward CCS clients, their families, and other caregivers is needed

- [I have been] considering dropping CCS because my child cries more when we go through CCS [for services]. [All CCS staff, regardless of position (e.g., receptionist, case manager, provider, etc.) need to have] greater sensitivity when speaking with the families people speak of children as objects. (Southern CA, 11/17/14)
- Participants wanted CCS to know that they know that the providers, administrators, etc. all work very hard to serve the CCS clients, but they also want them to know that the parents/caregivers are forfeiting careers, income, and other family members to care for their CCS child and they would like greater compassion for the circumstances. (Southern CA, 11/18/14)
- [The CCS worker] made me and my son feel as though she was being racist to us for the fact that my son has no legal documents here in the US. She answered us very short and stated there are no other services for you once your son is 21. I was very disappointed in her treatment towards us and felt very hopeless in an effort to keep treatment and services for my son after his 21st birthday.