

“I CARE” Needs Assessment

Introduction

For many medical students and health care providers, the most challenging part of assisting underserved clients is the initial identification of families/pediatric patients whose health would benefit from connection with a specific community resource. The traditional medical model of pediatric history-taking does not include several pertinent questions that can enable the student or practitioner to assess the multiple determinants of health as suggested by the Evan’s model (as discussed previously). These determinants have a direct impact on health. Most importantly, many of these determinants can be addressed directly by nonprofit/governmental resources available to families in their community.

Below is an overview of a mnemonic designed to help students and providers caring for children to consider the multiple determinants of health and to allow easy recognition of underserved children/families? We have listed **Injury Prevention** first in this mnemonic, since it may be a more intuitive way to begin this series of questions (within a pediatric history format) that some families and interviewers may find sensitive. However, for families who have limited English proficiency, you will need to address **Communication** issues first. Details for each topic are provided on the following pages.

“I CARE” Needs Assessment: Topics and Goals	
Topic	Assessment Goal
I njury Prevention	To assess how/whether parents use strategies that keep children safe from injury. This might include discipline strategies, supervised play, and play in areas free of hazards.
C ommunication	To assess whether the client has any special communication needs.
A ccess	To assess whether this family has access to affordable health care.
R esources	To assess how well a child’s basic needs are met (e.g., food, shelter, and childcare).
E motional well-being	To assess whether the parents (or teen/child’s) life situation is negatively affecting his or her well-being or mental health.

“I CARE” Needs Assessment

We have included details for two phases of the needs assessment: a) asking the questions/determining the needs; and b) addressing the needs/facilitating access. Information for the former is separated by “I CARE” topic. For the latter, information is split into specific information about communication needs and general information about addressing any of the needs listed.

I. Assessing needs

For each of the “I CARE” topics, we have identified the goal of your assessment efforts, common issues, and examples of questions that you can ask to help you ascertain client needs.

1. Injury Prevention

Your *goal* is to determine how/whether parents use strategies that keep children safe from injury in a variety of contexts (e.g., home, playground, and car).

Common *issues* might include injuries from falls or unsupervised play in dangerous surroundings. Some of these issues already are a part of the Pediatric anticipatory guidelines used in well child exams, such as correct use of car seats, use of bicycle helmets, or exposure to lead paint.

Questions you might ask include:

“Has your child or one of her/his siblings/playmates been treated for an injury in the past year?”

2. Communication

Your *goal* is to determine whether there are any special communication needs that will need to be addressed to ensure that you and the teen or parent are communicating effectively. Thus, you are not only assessing whether the family needs language assistance, you are also determining whether *you* need assistance in communicating.

A common issue is a physician or student’s limited proficiency in the client’s language of choice.

Other examples include patients with hearing impairments, dysarthrias, mental illness or a learning disability that affects literacy.

Questions you might ask include:

“What language do you wish to speak?”

“What language do you prefer to use?”

“What language are you most comfortable speaking?”

“Would you like (Do you need) language assistance?”

“Would you like an interpreter to assist us?”

Remember that use of an interpreter is not only for the patient’s/family’s benefit, but also to assist **you** (and other staff caring for this patient) in communicating effectively. If you happen to speak the non-English language that your client prefers, you also need to ask *yourself* the

question, “Are my language skills proficient enough to ensure effective communication with this client/family?”

There is accumulating literature that suggests that the use of interpreters who are not trained creates important errors in translation during medical visits. (Flores G. Laws MB. Mayo SJ. Zuckerman B. Abreu M. Medina L. Hardt EJ. **Errors in medical interpretation and their potential clinical consequences in pediatric encounters.** [Journal Article] *Pediatrics*. 111(1):6-14, 2003 Jan.

Remember that use of an interpreter is not only for the patient’s/family’s benefit, but, as importantly, to assist **you** (and the entire medical staff caring for this patient) in communicating effectively. **Although the patient or family may not see a need for a qualified interpreter, you may need to use one to obtain complete and accurate answers to your medical history questions or to be assured that the family fully understands the risks and benefits of the treatment plan and when they might need to contact you with questions or information about the patient’s clinical progress.**

Decisions about the need for an interpreter should be accompanied by the following information:

- 1. All patients cared for at this clinic/hospital have the option of using interpreter, and*
- 2. Use of an interpreter won’t cost the client(s) anything.*

Tips for a successful interpretive process:

- 1) **Greet everyone** in the room and **introduce yourself**. This will help you understand who’s who in the room. This social conversation may also help ascertain whether anyone in the room might not be a family member (such as a coworker or teacher) and should not be part of any confidential discussion with the patient.
- 2) Remember that many cultures follow a **pre-trust ritual** that includes the greeting and your finding out a little about the family. It will give the family a little time to get to know you and recognize your good intentions.
- 3) Most cultures are **family-oriented** rather than **individual-oriented**. Use your interpreter as a cultural interpreter to help you discern who the **decision maker** is in this family structure. Specifically including this decision maker in the visit will help to ensure compliance with your treatment plan.

3. Access

Your *goal* is to assess whether this family has access to affordable health care.

Common *issues* are lack of insurance, an employer-based health insurance without family benefits, or an inability to afford co-pays or deductibles. In addition to insurance or other

financial concerns, transportation and work schedules or lack of a clinic or provider who will accept a family's insurance coverage, also can limit access to health care.

Questions you might ask include:

“Do you ever have problems getting health care for you or your kids when you need it?”

“Do you ever have to put off going to the doctor when you or your kids really need to be seen?”

4. Resources (Including Shelter, Food, and Child Care)

Your *goal* is to assess how well a family's basic needs are met. Common *issues* might include not having money for housing, adequate food (amount or quality), affordable and safe childcare (e.g., leaving sleeping children alone at night while a parent works the night shift) or sufficient clothing (e.g., mittens, hats, boots in winter).

Questions you might ask include:

“Do you ever skip meals so your children can eat?”

“Do you have safe housing where your kids can play outside?” or

“Have you been late paying your rent for at least one month in the last year?”

“Do you feel your child is safe and happy in daycare/ with their babysitter?”

5. Emotional well-being of the caregiver or child/teen

Your *goal* is to assess whether the parent or child's life situation is negatively affecting his or her well-being. Is this person too stressed to be an effective parent? Does this parent or child have behavioral/emotional/mental illness that is not being adequately addressed?

Common *issues* might be parental isolation with lack of social support, depression or anxiety, alcohol or other drug abuse, or parental incarceration.

Questions you might ask include:

“Do you ever feel too stressed out to care for your kids/teen?”

“Are there people you can ask to help you take care of the kids?”

“Do you have any concerns about how well your child is coping with stress?”

II. Addressing needs

A. If an interpreter is needed

- 1) Call interpreter services if at the hospital.

Hospital	Time of Day	Contact info	Language
Meriter	7AM to 11PM	Guest services, 267-6276	All
	11PM to 7AM	Page Nurse Coordinator, 267-6000	"
UW Hospital	8AM to 4:30PM	Interpreter Services, 262-9000	All
	After hours	Paging operator, 262-0143 Manager of Interpreter Services, Shiva Bidar-Sielaff, pager #5455	"
	Urgent needs		"
Gundersen Lutheran	Anytime	Hmong interpreter, pager 88-0441 or call 775-4749 Hospital operator, 0 in house or 782-7300 outside the hospital	Hmong
	8AM to 5PM		All others
	After hours	Language Line Services, 1-800-523-1786	"

In many clinics, a medical interpreter can be scheduled in advance of an appointment for established patients.

- 2) If you are unable to arrange for an interpreter to be present, you can use Language Line Services. You will need to ask for the institution's client ID number (available from Guest Services at Meriter or interpreter services/paging operator at UW Health or via the hospital operator in La Crosse) to use these services.

Language Line Services: 1-800-523-1786
(At UW you may also use Pacific Interpreters: 1-800-272-7442)

B. Addressing other needs

- 1) Talking to your preceptor or resident about their ideas for existing resources.
- 2) Contacting the social worker (or benefits counselor or patient representative) assigned to the clinic, the hospital ward or the emergency room.
- 3) If you have specific issues (finding bike helmets, etc.) in mind, you could also visit the United Way of Dane County's First Call for Help website, www.uwdc.org or call their 24 hr resource line, **211**. For La Crosse resources, call the 24 hr First Call for Help line, 775-3600. Also, the local telephone book can be quite helpful in locating community resources of a specific nature.