CHCF Fact Sheet

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Listening to Californians with Complex Needs

Focus On: People who use a language other than English

As the CalAIM (California Advancing and Innovating Medi-Cal) program's Enhanced Care Management and Community Supports reach their fourth year since statewide launch in 2022, implementation partners have reported that these services are making a difference for their organizations and the Californians they serve. But how are these programs experienced by the people they are intended to support?

This fact sheet centers the perspectives of Californians with multiple health and social needs who prefer to receive care and services in a language other than English. Trusted, in-language, community-based support helps people stay informed, connected, and cared for. Participants highlight the importance of having bilingual, culturally competent providers and in-home services for their health and emotional needs to be met. For managed care plans and provider implementers, involving people with lived experience as equal partners in program design and implementation also increases the likelihood that these services will truly meet their needs.

About the Study

In 2023 and 2024, Los Angeles research firm EVITARUS conducted the Listening to Californians with Complex Needs study in partnership with CHCF. The research included in-depth interviews with 99 people with complex needs and eight focus groups with caregivers across Alameda, Fresno, Humboldt, and Los Angeles. In the full report, participants described their attitudes toward their health and experiences with the health care system. This fact sheet focuses on participants who prefer to receive care and services in a language other than English.

About the Participants

Thirteen participants preferred to speak a language other than English, including eight who spoke Spanish, four who spoke Cantonese (Chinese), and one who used American Sign Language (ASL). The majority (58%) of participants were age 65 and older, and the remaining participants were between age 45 and 64. These participants faced multiple complex needs, including the need for support to live independently (67%) due to aging and chronic illnesses like cancer, heart failure, kidney disease, mental health conditions (58%), and current or previous experiences with homelessness (42%). Three focus groups with caregivers provided further insight. One group of four caregivers was conducted in Spanish, and another group of six caregivers was conducted in Korean. A third group was conducted in English among caregivers providing care for people who use a language other than English.

Key Findings

Trusted Community Organizations Are Critical for Accessing Care and Services

More than half of participants with linguistic needs relied on trusted individuals — typically social workers or care managers within community organizations

who spoke their native language — to access services and information. In addition to their other responsibilities, these individuals act as navigators or interpreters, helping participants understand documents, access programs, and apply for benefits. Without their support, participants said they would not be able to navigate the complex health care system or access basic services.

Participants emphasized the importance of receiving services, basic care, and information from providers they know and trust, especially those embedded within their religious, community, or cultural network. Participants also highlighted the value of meaningful engagement rooted in empathy and cultural understanding, which extends beyond translating materials into the relevant written language. Participants were more likely to feel supported when they had a consistent provider who was attuned to their lived experiences and communicated in culturally and linguistically appropriate ways. These trust-based relationships played a critical role in promoting mental well-being and sustaining long-term access to health care.

"My PCP has been taking care of me ever since I set foot in the United States. So, it's 30 years. . . . My PCP is very responsible, and if my blood sugar is a little bit high, even before I see the doctor, then my PCP would call me and tell me that my blood sugar is too high, and then they would urge me to go to see them. . . . Whenever I receive some letters from the insurance company or a medical bill, I will take it to the doctor's office, and then they will get somebody to read that for me."

–65–69-year-old Chinese woman, Los Angeles County, translated from Cantonese

Consistently Available In-Language Care and Resources Are Needed

Participants reported that language barriers hindered their ability to understand diagnoses, follow treatment plans, and navigate insurance and health providers. Half of participants with linguistic needs reported preferring bilingual providers over interpreters. Those with experience using interpreter services generally found them valuable, though sometimes inconsistent or inadequate, particularly when interpreters lacked cultural competence. However, many participants and caregivers were unaware of interpreter services provided in doctors' offices. They also reported that translated documents or occasional communication with a bilingual staff member were insufficient to meet their needs. They reported challenges understanding insurance changes and medical bills in English. Some participants also struggled to read documents in their native language due to limited formal education or cognitive limitations, which led to avoiding care.

"For me, it's important [to have somebody speaking Spanish with me] because I can understand better. Things are more clear because there are things that I can't understand. . . . Sometimes, I am so frustrated that I don't even look at it [Spanish-written materials]."

–58-year-old Latina/x woman, Los Angeles County, translated from Spanish

Language barriers extended to arranging transportation or coordinating appointments. Many participants struggled to find health care providers and staff who could communicate in their preferred language in home- and community-based settings. As a result, they often relied on informal interpreters, such as family members or friends, which frequently led to miscommunication, delayed treatment, and negative health outcomes.

"For my father, the main resource that he doesn't take advantage of, or he feels like there's a lack of, is language assistance. Because he's monolingual in Korean. I feel like even though he might have translators at the doctor's office, . . . calling for transportation [to get to the doctor's office] may not have a translator. And I feel like calling for each and every agency to make that step towards the doctor's office, he needs help with calling and setting it up."

–English-speaking caregiver, Los Angeles County

In-Language Mental Health Support and Social Connection Are Important

Mental health challenges and social isolation in older adults were amplified by language barriers, making in-language support especially important. Three in four participants reported living with a mental health condition such as depression, anxiety, post-traumatic stress disorder (PTSD), or bipolar disorder. These mental health challenges were caused or exacerbated by social isolation, loss of independence, and limited physical mobility. Participants also cited language barriers and shrinking social networks as major contributors to these feelings, and some expressed guilt about relying on younger family members for basic support. These experiences were echoed and validated by their caregivers.

"We get mental health counseling personnel who come to her home. . . . She has been telling that person, 'I feel bad because I'm living too long and I'm being a burden to my kid,' and she was being very tearful. So I realize that she does that kind of care for her mental health. . . . Talking to this mental health professional was helpful to her. She found solace and comfort in talking to her."

–Korean-speaking caregiver, Los Angeles County, translated from Korean

One in three participants highlighted a strong interest in group-based mental health and social programs delivered in their preferred language. These included in-language peer support groups, seniors' classes and activities, and counseling services that provide both emotional support and a sense of connection to their community. Participants especially desired providers who speak their language and understand their culture's values, traditions, and approaches to aging and health.

Resources for Implementers

Federal law requires health care providers to take reasonable steps to ensure health care access for people with limited English proficiency, including providing interpretation services. Here are three resources to help readers better understand the needs of people who use a language other than English and the approaches implementers are taking to meet those needs:

- Learn more about the health care challenges facing Californians who use a language other than English.
- The culture and linguistic services team of the Health Industry Collaboration Effort — a volunteer, multi-disciplinary team of providers, health plans, associations, state and federal agencies, and accrediting bodies — created Better Communication, Better Care (PDF), a provider toolkit filled with tips and resources.
- Consider employing community health workers, *promotores*, and/or community health representatives as part of the care team. CHCF has a resource center to help providers integrate these vital team members into the care delivery system.

THE TAKEAWAY

People who use a language other than English emphasized the need for in-language, culturally respectful support from trusted individuals and providers within their communities. They reported that language and literacy barriers prevented them from accessing care and services, understanding medical care, and following treatment plans. Participants also highlighted the need for expanded in-language mental health and social programs that reduce isolation.

About the Authors

Xinran Wang and Caden Schepps are researchers at EVITARUS, a Los Angeles-based opinion research and strategic consulting firm that delivers actionable data and strategic insights to public policy, political, and corporate decisionmakers.

About the Foundation

The California Health Care Foundation (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.