CHCF Issue Brief

August 2024

Language Barriers and Health Equity:

The Challenges Faced by Californians with Limited English Proficiency

Key Findings

California has a large population of people who are considered to have "limited English proficiency" (LEP), or who report speaking English "not very well" or "not at all." According to the California Health Interview Survey (CHIS) there are approximately 2.7 million adults with LEP in California.[1] People with LEP are more likely to have lower incomes, be uninsured or enrolled in public health insurance programs, report fair or poor health status, and report experiencing discrimination in the health care system. People with LEP are also more likely to report trouble understanding health care providers, and are less likely to access telehealth services or have a usual place to go for care. Additionally, 29% of people with LEP who received help understanding their doctor reported using a family member or friend, and 23% were not aware of their right to an interpreter. However, on some measures people with LEP fared the same or better than other Californians. For example, people with LEP are no more likely than people who are English proficient to have gone without a doctor visit in the past year or have trouble finding a doctor who will see them. And people with LEP are also less likely to report delaying or going without needed care. These findings are somewhat surprising and point to the need for additional research to understand the experiences of people with LEP and the factors that both help and hinder their ability to access health care.

Background

California has a large population of people who are considered to have "limited English proficiency" (LEP), or who report speaking English "not very well" or "not at all." According to data compiled by the Kaiser Family Foundation, 25% of all people five and older in the US who have LEP reside in California.[2] This research shows that people with LEP typically have less access to coverage and care than people who do not have LEP, and poorer health outcomes as well.

How LEP Is Defined in the California Health Interview Survey

People who report speaking a language other than English at home are asked the following:

Would you say you speak English …

☐ Very well

☐ Well

☐ Not well

☐ Not at all

Those who report speaking English "not well" or "not at all" are defined as having "limited English proficiency."

In this analysis, the population that is defined as "not having LEP" are all adult Californians who answered either "very well" or "well," or who report speaking English at home.

Language barriers can result in challenges for people who have LEP accessing coverage and care, and difficulty communicating with providers when they do receive care. People who have LEP are also more likely to be people of color, so disparities resulting from language access can be exacerbated by systemic racism and discrimination.[3]

This brief uses pooled data from the 2021 and 2022 California Health Interview Survey (CHIS) to provide a snapshot of the adult LEP population in California, including their demographic characteristics, access to care, health outcomes, and challenges faced when communicating with providers. The author pooled two years of data to improve sample size and precision. The brief concludes with a discussion of potential policy implications of the findings, and areas for future data collection and research.

People with LEP in California Differ from Most Californians on Race/Ethnicity, Income, Coverage, and Other Demographics

According to the CHIS, there are approximately 2.7 million adults with LEP in California. Table 1 compares the characteristics of adults with LEP in California to those who do not have LEP. Nearly three-quarters of people with LEP report being of Latino/x ethnicity (73%), and a little less than a quarter report their race/ethnicity as Asian (24%), which differs considerably from the racial and ethnic makeup of the population that does not have LEP in the state, where Latinos/x and Asians comprise 34% and 13%, respectively, of the population overall.

People with LEP are also much more likely to be enrolled in public health insurance programs than those without LEP (60% vs. 39%) and somewhat more likely (17% vs. 6%) to be uninsured. They are also more likely to be low income, live in urban areas, be over the age of 60, have naturalized citizen or noncitizen status, and to have lived in the US for less than five years.

Table 1. Characteristics of Adults with and Without LEP in California, 2021–2022

CHARACTERISTIC	ADULTS WITH LEP	ADULTS WITHOUT LEP	STATISTICALLY SIGNIFICANT DIFFERENCE*
Race/Ethnicity			
American Indian and Alaska Native, non-Latino/x	—	1%	
Asian, non-Latino/x	24%	13%	✓
Black, non-Latino/x	—	6%	
Latino/x	73%	34%	✓
Other/two or more races, non-Latino/x	—	3%	
White, non-Latino/x	3%	44%	✓

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Table 1. Characteristics of Adults with and Without LEP in California, 2021–2022 (continued)

CHARACTERISTIC	ADULTS WITH LEP	ADULTS WITHOUT LEP	STATISTICALLY SIGNIFICANT DIFFERENCE*
Health Insurance Coverage			
Uninsured	17%	6%	✓
Privately purchased	5%	5%	
Employment-based	18%	50%	✓
Publicly insured	60%	39%	✓
Income, % of FPG			
0–138	51%	20%	✓
139–249	22%	14%	✓
250–399	13%	16%	✓
400+	14%	49%	✓
Geographic Location			
Urban	93%	90%	✓
Rural	7%	10%	✓
Age			
18–59	62%	71%	✓
60+	38%	29%	✓
Citizenship Status			
US born	4%	75%	✓
Naturalized citizen	45%	17%	✓
Noncitizen	51%	9%	✓
Time in the US			
<5 years	6%	2%	✓
5+ years	89%	24%	✓
Born in the US	4%	75%	✓

Source: SHADAC analysis of 2021–2022 California Health Interview Survey (CHIS) data.

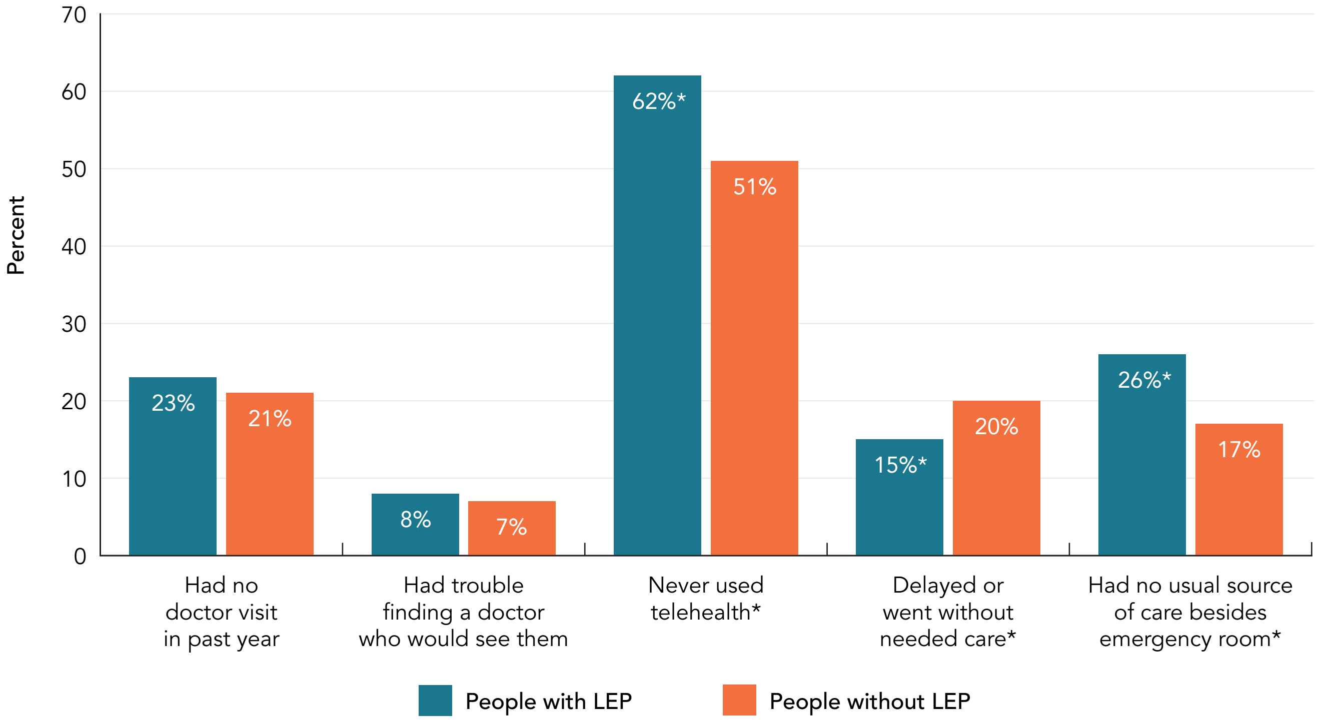
Notes: Percentages may add up to slightly more or less than 100 due to rounding. Where a dash appears, data were suppressed due to insufficient sample size. *FPG* is federal poverty guideline.

* Significant difference at 95% level between adults with and without LEP.

Access to Care for People with LEP

Figure 1 compares adult Californians with LEP to those without LEP across five access-to-care measures. Approximately one-quarter (23%) of people with LEP report not having a doctor visit in the past year, which is not statistically different from those who do not have LEP. Similarly, people with LEP were just as likely as those without to report that they had trouble finding a doctor who would see them as a patient. People with LEP are more likely to report that they have never used telehealth than those without LEP (62% vs. 51%, a difference that was statistically significant), which comports with previous research the author has published.[4] They are also more likely to report that they don't have a usual place to go for care that isn't the emergency room (26% vs. 17%). However, they are actually less likely to delay or go without needed care (15% vs. 20%).

Figure 1. Health Care Access and Utilization for Adult Californians with and Without LEP, 2021–2022

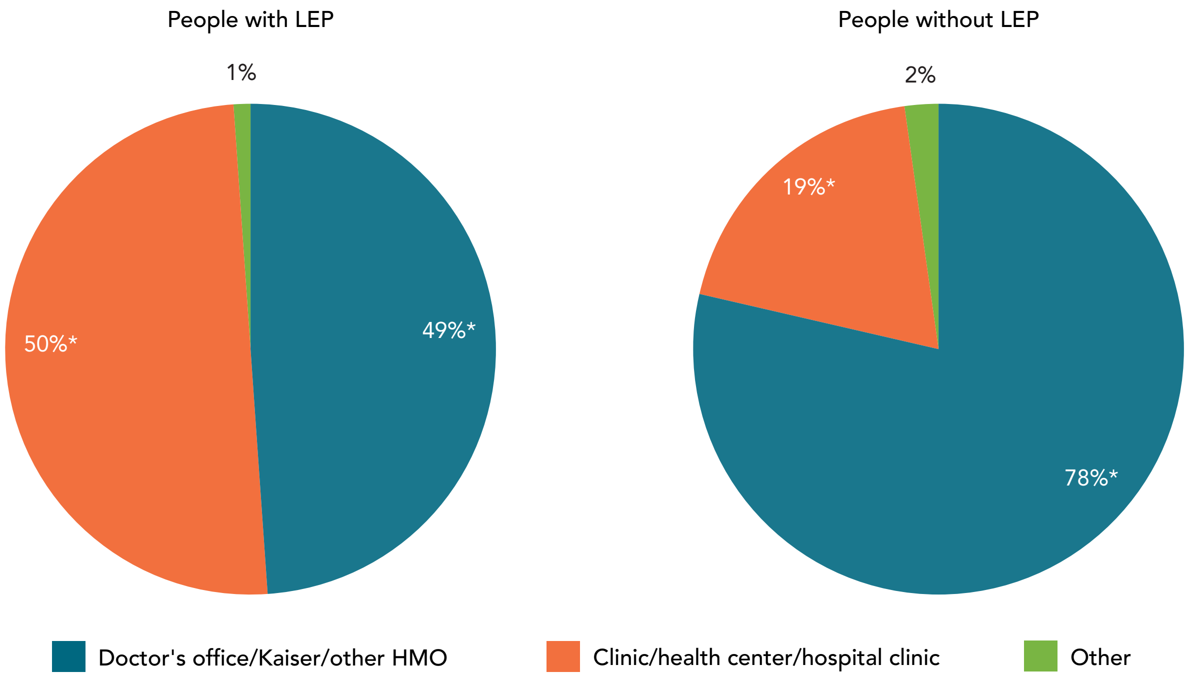


Source: SHADAC analysis of 2021–2022 California Health Interview Survey (CHIS) data.

* Significant difference at 95% level between adults with and without LEP.

In addition to being less likely to have a usual place to go for care, adult Californians with LEP typically seek care from different sources than those without LEP, as shown in Figure 2. People with LEP are much more likely than those without LEP to seek care in a clinic or health center (50% vs. 19%) than a private doctor's office or HMO-based clinic.

Figure 2. Usual Source of Care for Adult Californians with and Without LEP, 2021–2022



Source: SHADAC analysis of 2021–2022 California Health Interview Survey (CHIS) data.

Note: *HMO* is health maintenance organization.

* Significant difference at 95% level between adults with and without LEP.

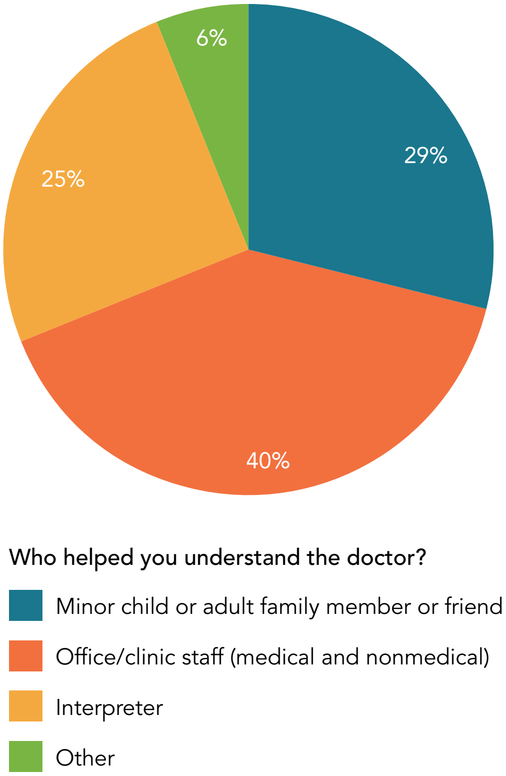
Communication Challenges and Discrimination Faced by People with LEP

Adult Californians with LEP are more likely than those without LEP to report discrimination in health care. Specifically, 11% say that they would have gotten better health care if they were a different race/ethnicity, compared to 7.6% among their counterparts without LEP, a difference that is statistically significant.

People with LEP are also more likely to report that they had a hard time understanding their doctor — 10% compared to less than 1% of those without LEP. Among those with LEP who report being able to understand their doctor, they are much more likely to report having received help with the process, with 20% saying they had some sort of interpretation assistance.

People with LEP who reported getting help understanding their doctor were also asked about the type of person who provided this assistance. As shown in Figure 3, staff at the office or clinic (nonmedical and medical) are the most common source of help, followed by family and friends (including minors). Only 25% report using an interpreter.

Figure 3. Language Assistance Providers for Adult Californians with LEP, 2021–2022



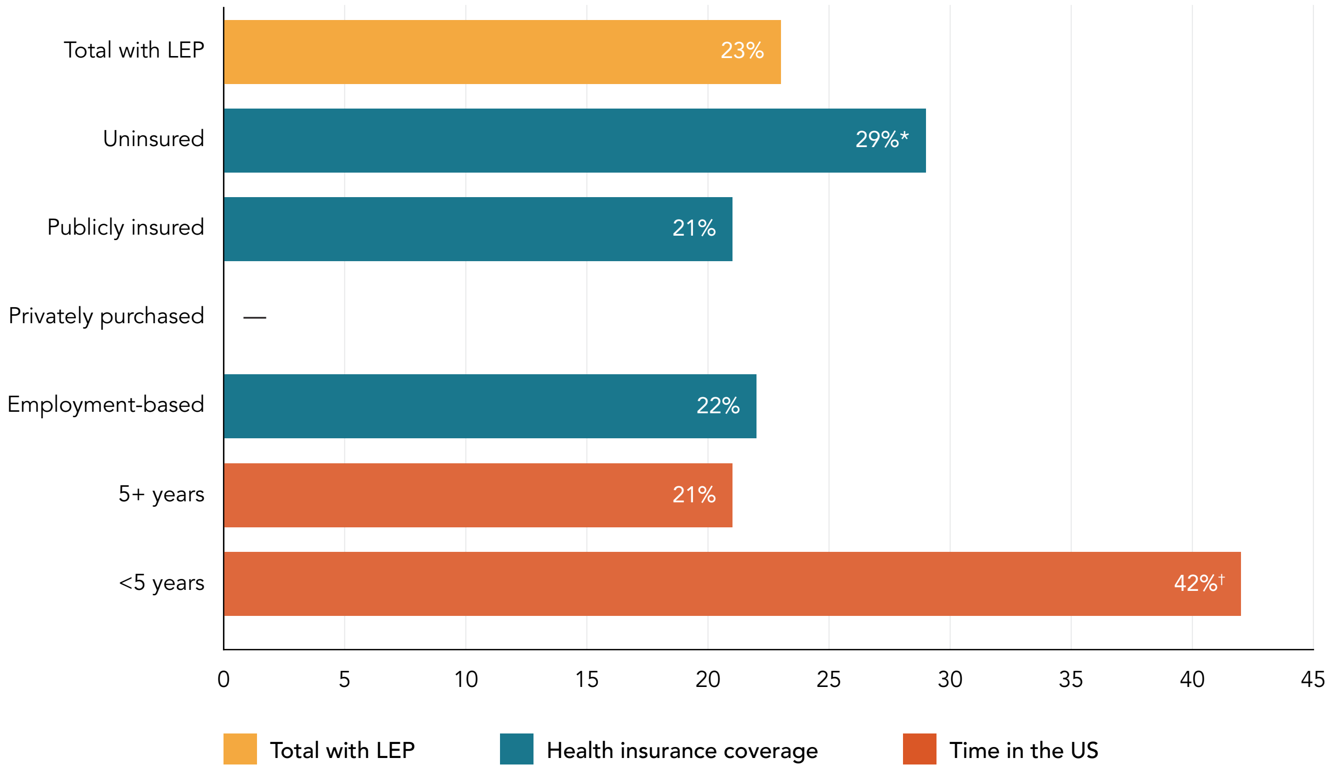
Source: SHADAC analysis of 2021–2022 California Health Interview Survey (CHIS) data.

Federal law requires Medicaid agencies and health care providers to take reasonable steps to ensure health care access for LEP individuals, including providing interpretation services. However, roughly one-quarter (23%) of adult Californians with LEP reported that they weren't aware of their right to interpretative services (Figure 4). This lack of awareness is more pronounced for people who have been in the US for a shorter period of time. People who have been in the country for less than five years are twice as likely to be unaware of this right as those who have been in the US for five years or more (42% vs. 21%). The uninsured are more likely than people enrolled in public health insurance programs to be unaware of this right as well (29% vs. 21%). There were no differences by age or race/ethnicity.

Health Status of People with LEP

California adults with LEP are almost three times more likely than those without LEP to report being in fair/poor health (41% vs. 14%). However, they are less likely (7% vs. 9.4%) to report psychological distress in the past month.

Figure 4 . Lack of Awareness of Right to Interpreter for Adult Californians with LEP, 2021–2022



Source: SHADAC analysis of 2021–2022 California Health Interview Survey (CHIS) data.

Notes: Where a dash appears, data were suppressed due to insufficient sample size.

* Significant difference from publicly insured at 95% level.

† Significant difference from 5+ years at 95% level.

Conclusion

Adults with LEP in California find themselves at an intersection of health inequity. Not only do they face unique challenges stemming from communication barriers, but they are also more likely to come from demographic groups that already experience health disparities. For instance, people with LEP are more likely to report trouble understanding health care providers, and are less likely to access telehealth services and have a usual place to go for care.

They also face challenges in accessing language assistance from qualified interpreters. Twenty-nine percent (29%) of people with LEP who received help understanding their doctor reported using a family member or friend, and 23% were not aware of their right to an interpreter. Assuming that most family members and friends are not trained interpreters, this is concerning. The Office of Minority Health's National Culturally and Linguistically Appropriate Services (CLAS) Standards caution against the use of untrained interpreters.[5]

People with LEP are more likely to have lower incomes and more likely to identify as Latino/x — and they are more likely to report experiencing discrimination in the health care system — than those without LEP. They are also more likely to report having only fair or poor health, an outcome that could be partially a result of their hampered access to health care.

However, some of our findings were surprising, especially regarding difference in access to care and mental health. For example, people with LEP are no more likely than those who are English proficient to have gone without a doctor visit in the past year or have trouble finding a doctor who will see them. And people with LEP are also less likely to report delaying or going without needed care and to report psychological distress. Other studies of this population have also found that people with LEP are less likely to delay care; one possible explanation is that with less regular connection to the health care system (for example, by being less likely to have a usual source of care), people with LEP may perceive their need for care differently than people without LEP.[6] The CHIS data do not allow researchers to evaluate the potential causes of the findings. These areas warrant further study to better understand the results, such as qualitative research to gather a more focused and nuanced perspective on the experiences of people with LEP with health care, as well as the factors that both help and hinder their ability to access it.

It will be important to continue to track access and health outcomes for this population over time. A very large share of adult Californians with LEP (60%) are enrolled in public health insurance programs, so there is potential for the Medicaid unwinding to have a disproportionate impact on this population. Understanding how and whether these measures shift over time is also important for crafting policy solutions to address disparities for this unique population in California.

About the Author

Lacey Hartman is a senior research fellow at the State Health Access Data Assistance Center (SHADAC), where she leads a range of projects aimed at helping states use data to inform policy. She holds a bachelor's degree in women's studies and political science from Macalester College in St. Paul and a master's degree in public policy from the University of Minnesota.

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.

Endnotes

1. ***California Health Interview Survey (CHIS)***, UCLA Center for Health Policy Research, accessed April 29, 2024. *Unless otherwise noted, all data in this brief come from the CHIS.*
2. Sweta Haldar, Drishti Pillai, and Samantha Artiga, ***Overview of Health Coverage and Care for Individuals with Limited English Proficiency (LEP)***, KFF (Kaiser Family Foundation), July 7, 2023.
3. Haldar, Pillai, and Artiga, *Overview of Health Coverage and Care for Individuals with LEP.*
4. Lacey Hartman, ***Telehealth Use and Experiences Among California Adults*** (PDF), California Health Care Foundation, September 2023.
5. "**National Culturally and Linguistically Appropriate Services Standards**," Office of Minority Health, US Department of Health and Human Services, accessed April 26, 2024.
6. Natalia Ramirez et al., "**Access to Care Among Adults with Limited English Proficiency**," *Journal of General Internal Medicine* 38, no. 3 (Feb. 2023): 592–99.