



**AAPCHO**

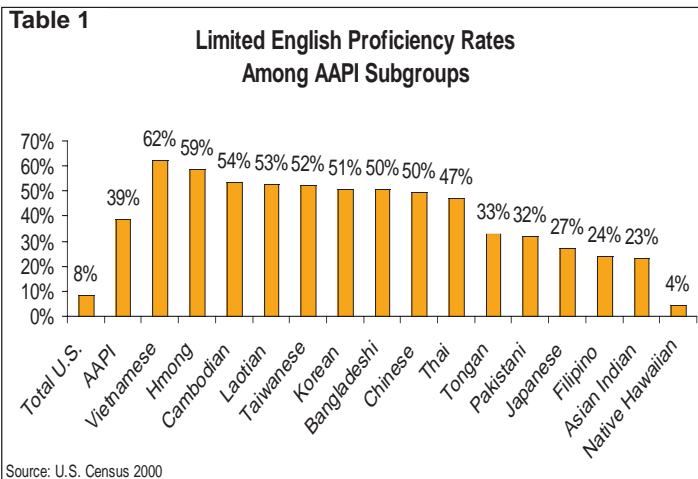
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# AAPI Limited English Proficiency (LEP)

Association of Asian Pacific Community Health Organizations

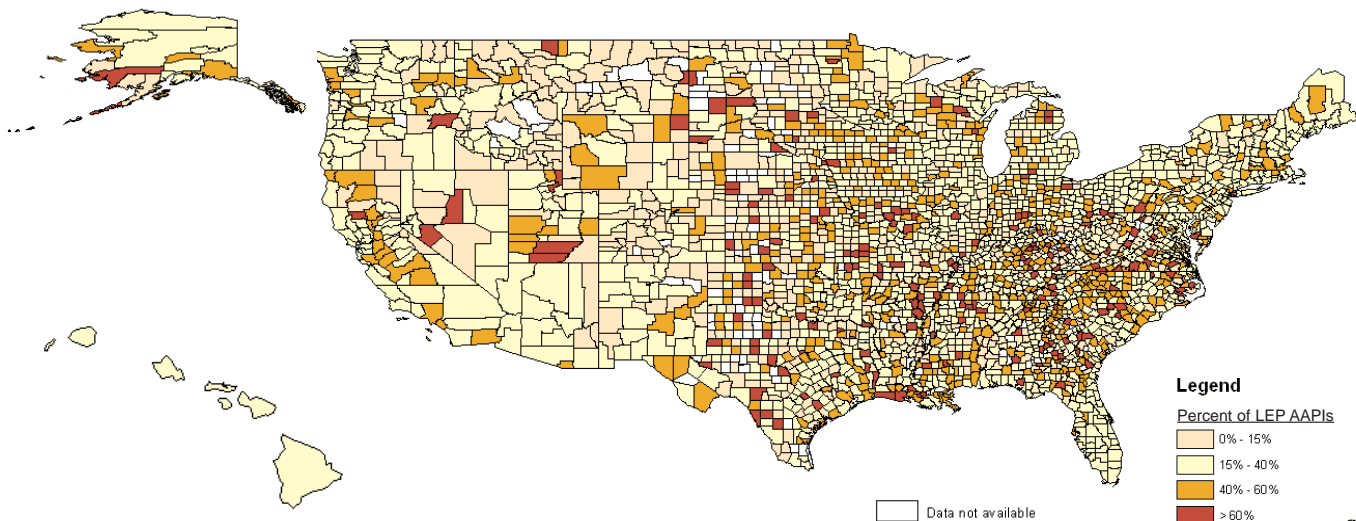
## AAPIs and Limited English Proficiency

Asian Americans and Pacific Islanders (AAPIs) are one of the fastest growing minority groups in the nation, increasing 48% between 1990 and 2000 and expected to reach 41 million or 11% of the U.S. population by 2050. With 14% poverty and 17% uninsured rates, AAPIs are socioeconomically disadvantaged compared to non-Hispanic Whites (8% poverty, 11% uninsured). In addition, AAPIs experience health disparities, including higher prevalence rates of tuberculosis and hepatitis B than other racial groups, and experience language barriers that limit their access to health services. Thirty-nine percent of AAPIs were limited English proficient (LEP) in 2000 compared to 8% of the total US population. In total, AAPIs represent more than 49 ethnic groups and 100 dialects and are extremely diverse in culture, language, and health needs. As shown in Table 1, LEP rates among AAPI subgroups varied widely with 62% of Vietnamese Americans and only 4% of Native Hawaiians considered LEP. Over half of Vietnamese, Hmong, Cambodian, Laotian, Taiwanese, Korean, Bangladeshi, and Chinese Americans spoke English less than "very well" in 2000.



LEP AAPIs are located across the U.S. The map below provides a geographic representation of AAPI limited English proficiency rates by county throughout the United States. Migration patterns, U.S. policies, and socioeconomic opportunities are determinants that helped shape the map. Counties in red have over 60% of AAPIs with LEP. These areas are more likely populated by recent immigrants that often face more socioeconomic challenges than more acculturated AAPIs. The five counties with the highest number of LEP AAPIs were Los Angeles, CA (488,616), Queens, NY (183,346), Orange, CA (171,731), Santa Clara, CA (169,045), and San Francisco, CA (120,459).

## Percent of Limited English Proficient AAPIs by County

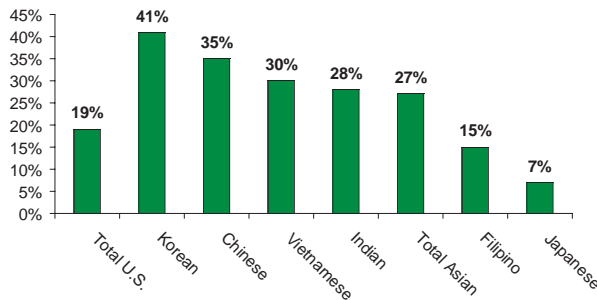


Source: U.S. Census 2000

## Limited English Proficiency and AAPI Health

AAPIs face many barriers to health care, including lack of insurance, culturally appropriate care, and LEP services. These barriers often prohibit many AAPIs from obtaining necessary health care services. Studies have reported that AAPIs, when compared to other groups, underutilize preventive and specialty care as well as mental health services. Furthermore, studies also found that Native Hawaiians and Other Pacific Islanders are less likely to get prenatal care in the first trimester, have higher infant mortality rates and have poorer quality care than whites. Figures 1 and 2 below demonstrate that Asian Americans have greater difficulty communicating with their doctors and are less likely to report positive patient-physician interactions, two key requisites to receiving quality care. Furthermore, non-English-speaking Asian Americans reported less confidence in their doctors compared to all surveyed adults and English-speaking Asian Americans, felt less treated with respect by their doctors, felt they did not spend enough time with their doctor, and did not feel involved in the decisions about their care.

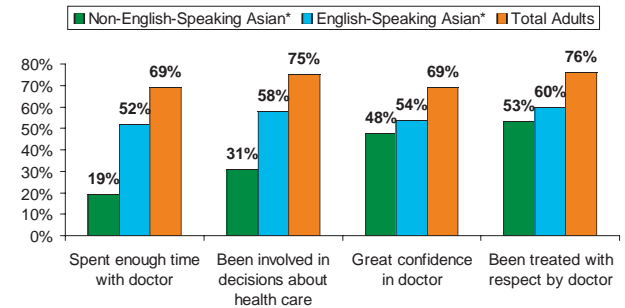
**Figure 1**  
Percent Reporting One or More Measures of Poor Communication with Their Doctor\*



\* Measures include "Doctors didn't listen to everything, patient didn't understand fully, or patients had questions but didn't ask."

Source: The Commonwealth Fund 2001 Health Care Quality Survey

**Figure 2**  
Patient-Physician Interactions by Ability to Speak English



\* As defined by language spoken at home.

Source: The Commonwealth Fund 2001 Health Care Quality Survey

Health disparities are often magnified for patients who are LEP. LEP patients are less likely to be given follow-up appointments than English-speaking patients. They also use fewer preventative services, such as mammograms and cervical screening, and often have little knowledge of the purpose or need for these services. In addition, they are less likely to participate in health care programs in which they are eligible. Table 2 displays data from the 2001 California Health Interview Survey. In California, screening rates among limited English proficient AAPI women were significantly lower compared to English proficient AAPI women. A similar trend was seen across all AAPI subgroups. Although 3 of 4 English proficient Chinese women reported receiving a pap test in the last 3 years, only 57% of LEP Chinese women had pap tests. Similarly, only a third of LEP Koreans age 50 and over reported a recent colorectal cancer screening, compared to 45% of English proficient Koreans.

**Table 2**

	Pap Test in the Past Three Years		Mammogram in the Past Two Years		Recent CRC Screening*	
	Limited English Proficient	English Proficient	Limited English Proficient	English Proficient	Limited English Proficient	English Proficient
Cambodian	68.1	-	48.6	-	39.0	-
Chinese	<b>56.7</b>	<b>75.5</b>	59.4	69.1	41.6	51.4
Filipino	-	81.8	-	72.7	-	47.4
Japanese	60.1	78.7	-	76.9	46.7	55.7
Korean	59.2	69.7	45.4	63.8	<b>33.1</b>	<b>45.2</b>
South Asian	-	70.9	-	72.1	-	41.7
Vietnamese	64.4	55.9	66.9	-	43.5	45.9

\* Recent CRC Screening = fecal occult blood test (FOBT) in the past year or a sigmoidoscopy/colonoscopy in the past 5 years.

Source: 2001 California Health Interview Survey, Asian Supplemental Sample. Copyright © 2003 by the Regents of the University of California. All Rights Reserved.

An individual's fluency in English affects all aspects of his/her life, from being able to negotiate fairly to purchase a car, to communicating with a doctor, to understanding her instructions for care. AAPCHO is currently investigating the impact of culturally appropriate enabling services, such as interpretation services, provided at community health centers on AAPI health. For more information, please see AAPCHO's Enabling Services Fact Sheet.