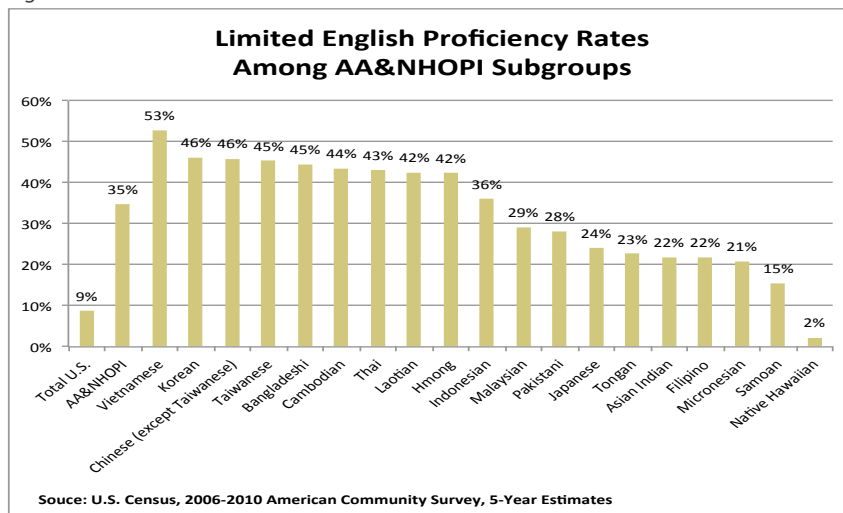


## Limited English Proficiency (LEP) of Asian Americans, Native Hawaiians, and other Pacific Islanders (AA&NHOPIs)

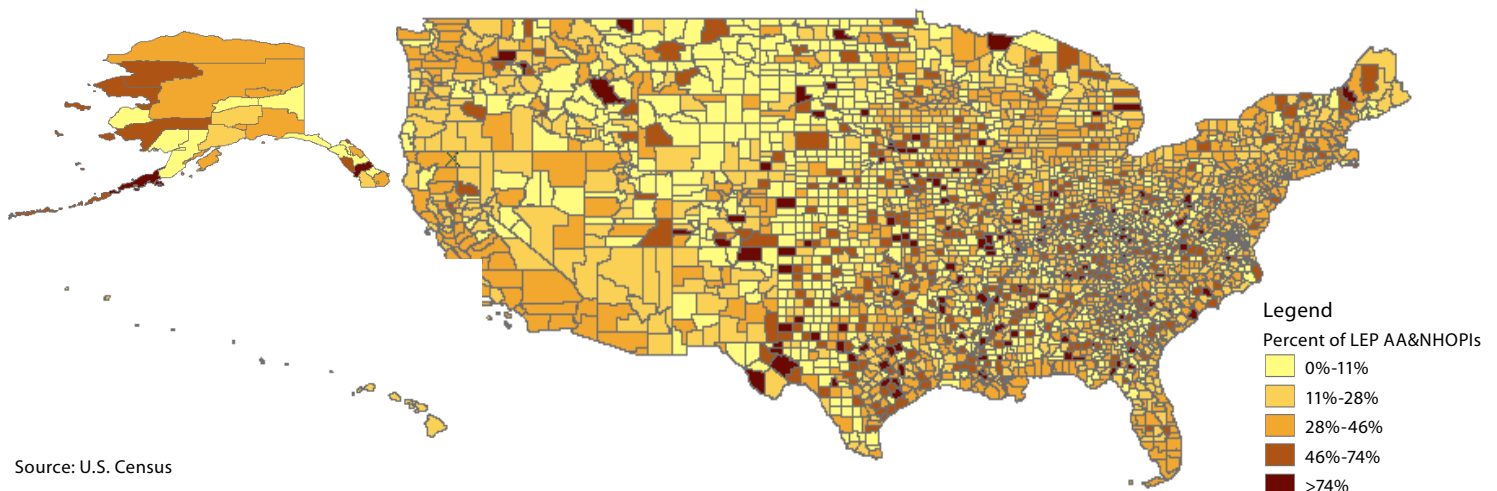
Asian Americans, Native Hawaiians, and other Pacific Islanders (AA&NHOPIs) are one of the fastest growing minority groups in the nation, increasing 45.2% between 2000 and 2010<sup>1,2</sup> and expected to reach 43.2 million (9.6%) by 2050.<sup>3</sup> With 13.3% poverty and 15.1% uninsured rates, AA&NHOPIs are socioeconomically disadvantaged compared to non-Hispanic Whites (11.0% poverty, 10.4% uninsured).<sup>5</sup> In addition, AA&NHOPIs experience health disparities, including higher prevalence rates of tuberculosis and hepatitis B than other racial groups, and experience language barriers that limit healthcare access.<sup>4</sup> Approximately 5,500,000 AA&NHOPIs (34%) were limited English proficient (LEP) in 2012 compared to 9% of the total US population.<sup>5</sup> In total, AA&NHOPIs represent more than 56 ethnic groups and 100 languages and are extremely diverse in culture, language, and health needs.<sup>6</sup> As shown in Figure 1, LEP rates among AA&NHOP subgroups varied widely with 53% of Vietnamese Americans and only 2% of Native Hawaiians considered LEP.<sup>7</sup>

Figure 1



LEP AA&NHOPIs are located across the U.S. The map below provides a geographic representation of AA&NHOP LEP rates by U.S. counties. Migration patterns, U.S. policies, and socioeconomic opportunities are factors that influence the distribution of LEP AA&NHOPIs across the country.<sup>8</sup> Counties in the darkest shade have over 74% of LEP AA&NHOPIs. The five counties with the highest number of LEP AA&NHOPIs were Los Angeles, CA (528,919), Queens, NY (231,199), Orange, CA (198,528), Santa Clara, CA (183,149), and Kings, NY (138,312).<sup>7</sup>

Percent of Limited English Proficient AA&NHOPIs by County



## LIMITED ENGLISH PROFICIENCY AND AA&NHOPHI HEALTH

AA&NHOPIs face many barriers to health care, including lack of insurance, culturally appropriate care, and LEP services. These barriers often prohibit many AA&NHOPIs from obtaining necessary health care services.<sup>9 10 11 12</sup> Studies have reported that AA&NHOPIs, when compared to other groups, underutilize preventive and specialty care as well as mental health services.<sup>13 14 15</sup> 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.<sup>16 17</sup> The figures below demonstrate that Asian Americans have greater difficulty communicating with their doctors (Figure 2), and LEP AA&NHOPIs are less likely to report positive patient-physician interactions than both English proficient AA&NHOPIs and all surveyed adults (Figure 3). Positive patient-physician communication and interaction are key requisites to receiving quality.<sup>18</sup>

Figure 2

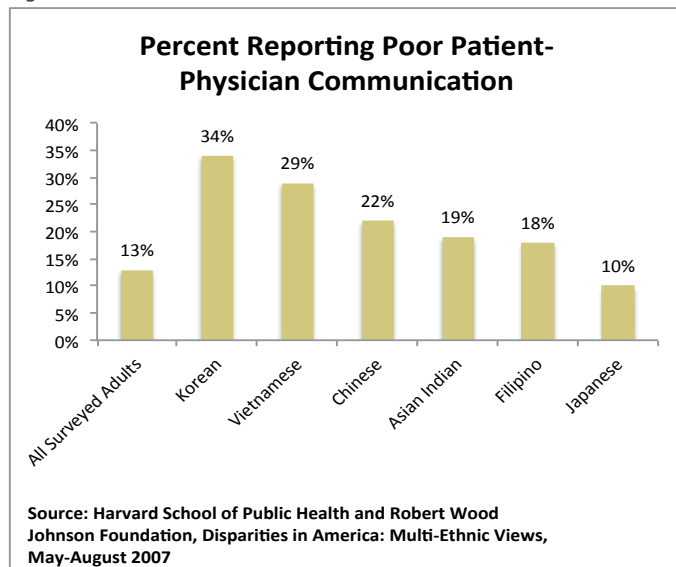
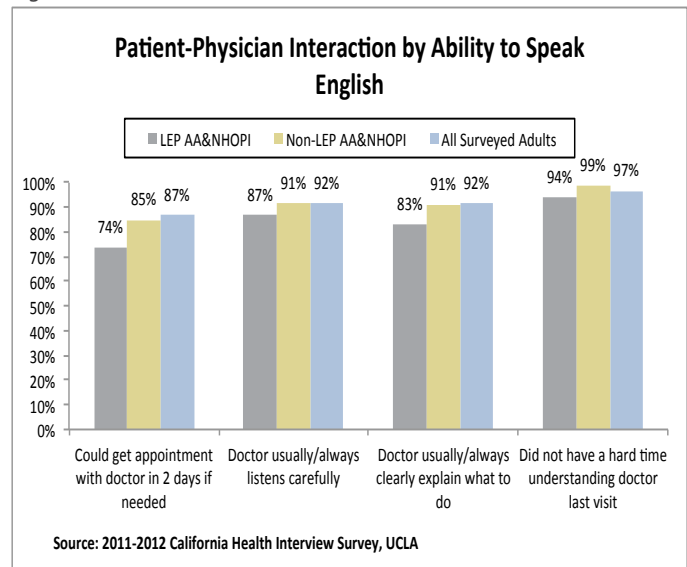


Figure 3



Language barrier is a significant risk factor in health care access and utilization. For example, people who spoke a language other than English at home were less likely to have a usual provider, routine check-up, and primary care visit in the past year, compared to those who spoke English.<sup>19</sup> Health disparities are also often magnified for patients who are LEP. LEP patients are more likely to report poor mental and physical health<sup>20 21</sup> and forgo necessary medical services,<sup>22</sup> and are less likely to be given follow-up appointments than English-speaking patients.<sup>23</sup> They also use fewer preventative services (e.g. breast, cervical,<sup>24</sup> and colorectal cancer screening<sup>25</sup>) and often have little knowledge of the purpose or need for these services. According to the 2009 California Health Interview Survey, various screening rates among LEP Asian American adults were lower compared to English proficient Asian American adults. For example, all English proficient Chinese adults had higher rates of prostate screening, colorectal cancer screening, and compliance with colorectal screen test compared to LEP Chinese adults. Similarly, only 60% of LEP Koreans reported a recent colorectal cancer screening, compared to 70% of English proficient Koreans.

An individual's fluency in English affects all aspects of his/her life, from being able to communicate with a doctor to understanding his/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 AA&NHOPHI health. For more information, please see AAPCHO's Enabling Services Fact Sheet.

### ENDNOTES

For more information and references, please contact [research@aapcho.org](mailto:research@aapcho.org) or go to [www.aapcho.org](http://www.aapcho.org).

According to the Federal Interagency Working Group on Limited English Proficiency, "Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or 'LEP.'" For this fact sheet, LEP refers to individuals who speak English less than "very well," based on the Census Bureau's categories of English-speaking ability.

Enabling services are defined by the National Association of Community Health Centers (NACHC) as "non-clinical services that are specifically linked to a medical encounter or provision of medical services that aim to increase access to health care, and to improve health outcomes."

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