kaiser commission on medicaid and the uninsured
KEY FACTS
THE HENRY J. KAISER FAMILY FOUNDATION

August 2012

Overview of Health Coverage for Individuals with Limited English Proficiency

As of 2009, approximately 21% of nonelderly people in the United States spoke a language other than English at home and nearly 9% were identified as having limited English proficiency (LEP), meaning that they reported being unable to speak English "very well" (Figure 1). The Civil Rights Act and other federal and state laws have reinforced the responsibility that health agencies have in offering assistance to individuals with LEP to ensure meaningful access to benefits, but data show that individuals with LEP face significant barriers to accessing health coverage and care compared to those who report speaking English very well.[1] This brief provides an overview of the LEP population and their access to health coverage and care.

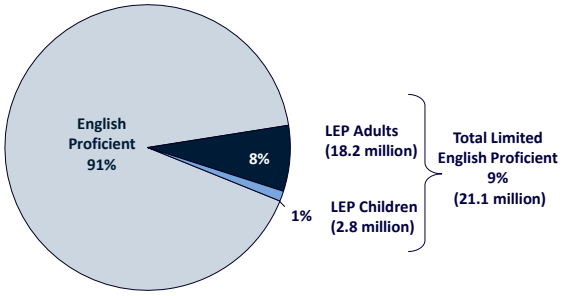
OVERVIEW OF INDIVIDUALS WITH LEP

In 2009, there were 21.1 million nonelderly individuals with LEP in the United States, accounting for nearly 9% of the nonelderly population. In addition, 8.5 million children under age 19 lived in a household with at least one LEP parent.[2] Individuals with LEP reside throughout the United States, but, in 8 states, they account for at least 10% of the population (Figure 2). In California, which has the highest LEP rate in the country, 20% of residents report speaking English less than very well.

The majority of individuals with LEP are Hispanic, Spanish-speaking adults (Figure 3). Nearly 9 in 10 individuals with LEP are adults, and adults are twice as likely as children to report difficulty speaking English—10% of nonelderly adults report having LEP, compared to 5% of children.[3] Approximately 45% of individuals with LEP are of Mexican origin, 3% are Puerto Rican, and 2% are of Cuban origin. Hispanics account for two-thirds (66%) of the LEP population. An additional

Figure 1

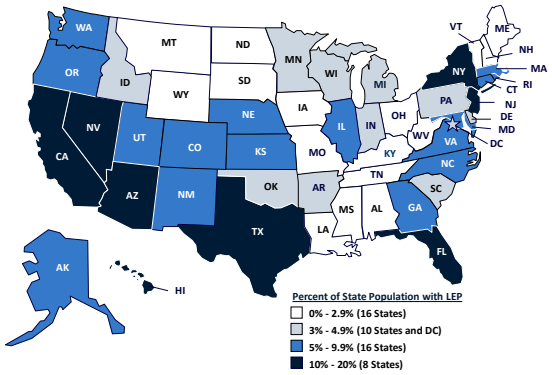
Limited English Proficient Individuals as a Share of the Nonelderly US Population, 2009



Note: Numbers may not sum to 100% due to rounding.
SOURCE: KCMU/Urban Institute analysis of 2009 American Community Survey

Figure 2

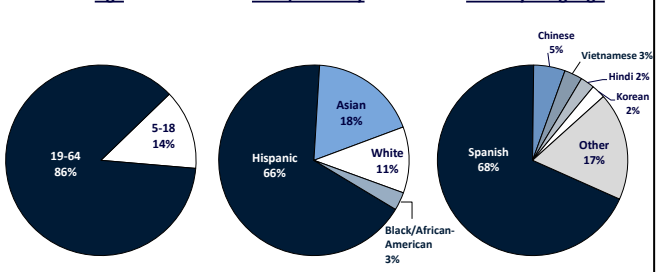
Limited English Proficient Population, by State, 2009



Includes state residents aged 5-64.
SOURCE: KCMU/Urban Institute analysis of 2009 American Community Survey

Figure 3

LEP by Age, Race/Ethnicity, and Primary Language, 2009



Total: 21.1 Million Individuals with LEP

SOURCE: KCMU/Urban Institute analysis of 2009 American Community Survey

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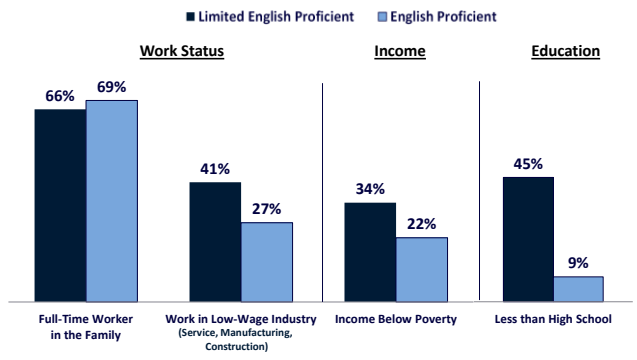
18% of individuals with LEP are Asian, and the remainder are White (11%) or Black/African-American (3%). Reflecting this racial and ethnic mix, 14.4 million LEP individuals speak Spanish at home, accounting for over two-thirds of the LEP population (68%). Chinese is the second most commonly spoken language among the LEP population, accounting for 5% or 1.1 million individuals. About 1.7 million people with LEP speak Vietnamese, Hindi, or Korean. Nearly two-thirds (63%) of LEP adults are non-citizens, who include lawfully-present and undocumented immigrants. Nearly three quarters (72%) of LEP non-citizen adults have lived in the United States for more than 5 years and almost half (45%) have lived in the United States for more than ten years.[4] In contrast, the majority of children with LEP (72%) are citizens.

Individuals with LEP are about as likely as English proficient individuals to live in a household with a full-time worker, but they are more likely to live in a poor household and to have lower education levels (Figure 4). Approximately two-thirds of LEP and English proficient individuals live in a family with at least one full-time worker. However, LEP adults are significantly more likely to work in service, manufacturing, or construction industries, which typically provide lower wages than professional or management positions that employ larger shares of English proficient adults. Reflecting this difference in job industry, individuals with limited English proficiency are more likely to be poor—over one in three have family income below the federal poverty level, compared to about one in five English proficient individuals. Moreover, adults with LEP are five times as likely as English proficient adults to have less than a high school education (45% vs. 9%).

Figure 4

Work Status, Income, and Educational Attainment, by English Proficiency, 2009



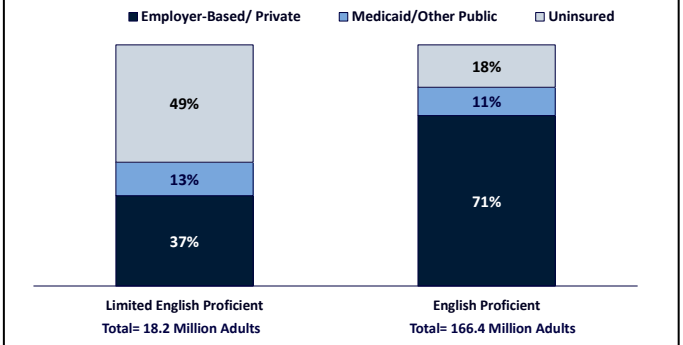
Service industries include the arts, entertaining, recreation, accommodations, and food services, automotive repair, barber shops, dry cleaning, and other personal services. Individuals in group quarters are not included in income calculations.
SOURCE: KCMU/Urban Institute analysis of 2009 American Community Survey

HEALTH COVERAGE AND ACCESS TO CARE FOR INDIVIDUALS WITH LEP

Adults and children with LEP are significantly more likely to be uninsured than those who are English proficient. Half of adults with LEP are uninsured—nearly three times the uninsured rate of English-proficient adults (Figure 5). Further, children with LEP and English proficient children with an LEP parent are about twice as likely to be uninsured than children in English-proficient families (Figure 6).[5]

Figure 5

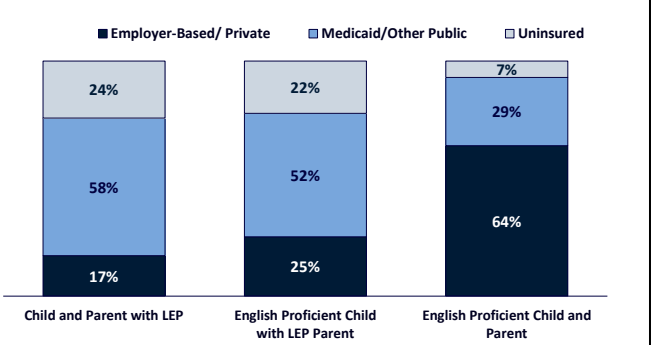
Health Insurance Coverage for Adults, by English Proficiency, 2009



Medicaid/Other Public also includes CHIP, other state programs, Medicare, and military-related coverage. Data may not total 100% due to rounding.
SOURCE: KCMU/Urban Institute analysis of 2009 American Community Survey

Figure 6

Health Insurance Coverage for Children, by English Proficiency & Parents' English Proficiency, 2009



Data do not include children under age 5. Medicaid/Other Public includes CHIP, other state programs, Medicare, and military-related coverage. Data may not total 100% due to rounding.
SOURCE: KCMU/Urban Institute analysis of 2009 American Community Survey

The higher uninsured rate for individuals with LEP reflects lower private coverage rates. Although individuals with LEP are as likely as English-proficient individuals to live in a household with a full-time worker, many are in low-wage jobs and industries that do not offer health coverage. Moreover, private coverage on the individual market is often unaffordable given their limited incomes. As a result, LEP adults are about half as likely as English proficient adults to have private coverage. Children in LEP families also are about three times less likely to have private coverage compared to those in English proficient families.

Medicaid and CHIP play an important role in covering children and adults with LEP. There are no substantial differences in Medicaid coverage rates between LEP and English-proficient adults. However, reflecting their lower incomes, more than half of LEP children and children with LEP parents have Medicaid or CHIP coverage, compared to about a third of children in English-proficient families.[6]

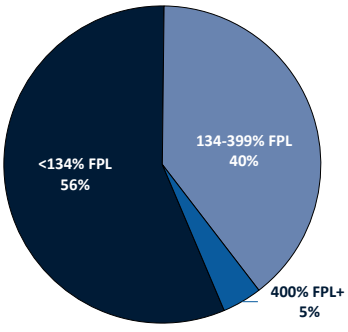
Individuals with LEP often face multiple barriers to accessing coverage and care. Individuals with LEP are less likely than those who are English proficient to seek medical care, including preventive services, even when insured.[7] In addition, they are more likely to report negative health care experiences, perhaps reflecting language barriers in communicating with health care providers. While English proficiency can be an independent contributor to inequities in health coverage and care because of LEP individuals' inability to understand enrollment requirements or communicate with healthcare providers, the cumulative effects of race/ethnicity, citizenship status, low education, and poverty that frequently characterize the LEP population often result in additional barriers.[8] For example, Hispanics and non-citizens, regardless of English-speaking ability, are more likely to be uninsured, and they comprise a large proportion of the LEP population.

LOOKING AHEAD: COVERAGE AND CARE FOR LEP INDIVIDUALS UNDER THE AFFORDABLE CARE ACT

The Affordable Care Act (ACA) provides for a significant expansion of coverage options for individuals with LEP in 2014. Under the ACA, beginning in 2014, Medicaid will expand to nearly all individuals with incomes up to 133% of poverty ($25,390 for a family of three in 2012). In addition, individuals without employer coverage will be able to buy insurance through new health insurance exchanges, and those with incomes up to 400% of poverty ($76,360 for a family of three in 2012) will be eligible for advance tax credits to help pay for the coverage. About 95% of uninsured individuals with LEP have incomes below 400% of poverty (Figure 7), meaning that they will be income-eligible for Medicaid or Exchange subsidies in 2014. However, non-citizens, who account for a significant share of individuals with LEP, will face eligibility restrictions based on their immigration status. Most lawfully-present immigrants will continue to be subject to a five-year wait before they may enroll in Medicaid and CHIP, and undocumented immigrants will remain ineligible for Medicaid and CHIP and be prohibited from purchasing coverage through the new exchanges.[9]

Figure 7

Uninsured Population with Limited English Proficiency, by Income, 2009



Total =9.6 Million Uninsured Individuals with LEP

Includes individuals age 5-64. Does not include those living in group quarters. The federal poverty level was $18,510 for a family of three in 2009.
SOURCE: KCMU/Urban Institute analysis of 2010 American Community Survey

Several federal and state policies address accessibility of health information for individuals with LEP, including new requirements under the ACA. The Civil Rights Act and subsequent federal guidance have outlined requirements for health agencies and providers to provide access to LEP populations. Most states have clarified and expanded these requirements.[10] Moreover, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) makes increased administrative funding available for translation or interpretation services provided under Medicaid and CHIP.[11] In addition, under the ACA, beginning in 2014, states will be required to provide a simplified enrollment process for Medicaid and exchange coverage that enables individuals to apply through multiple avenues, including online, and seeks to rely on electronic data matches to verify eligibility. As part of this new process, states will be required to provide program information and application and enrollment assistance in a manner that is accessible to individuals with LEP, including providing language services at no cost to the individual.[12]

Continued efforts to make language services available will be key for reaching and enrolling eligible individuals with LEP into coverage and ensuring they have meaningful access to health care. Providing forms, notices, and outreach materials in multiple languages will be important for reducing enrollment barriers for LEP individuals. However, further efforts and resources may be needed to help individuals enroll in coverage and access needed care. In-person enrollment assistance provided by trusted community-based bilingual groups will likely be key for helping to reach and enroll LEP families in coverage.[13] Further, it will be important to address other enrollment barriers, such as fears and confusion about eligibility rules among non-citizen or mixed citizenship status families. Newly enrolled LEP individuals also will likely require assistance understanding benefits, finding a provider, and accessing translators and other language services. Given these needs, it will be important for community-based organizations and safety-net providers to have adequate resources and training, since they will likely remain a key source of assistance and care for LEP families.

CONCLUSION

Individuals with limited English proficiency comprise a notable proportion of the US population. They are significantly more likely to be uninsured compared to their English-proficient counterparts, and they are more likely to face barriers to accessing coverage and care. The ACA coverage expansions will provide new coverage options for many individuals with LEP. However, to increase coverage and care for individuals with LEP, it will be important to provide adequate language assistance and address other barriers they face to enrolling in coverage and accessing needed care.

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[1] Feinberg, E. et al. "Language Proficiency and the Enrollment of Medicaid-Eligible Children in Publicly Funded Health Insurance Programs" *Maternal and Child Health Journal March 2002*
[2] KCMU/Urban Institute analysis of 2009 American Community Survey.
[3] *Ibid.*
[4] *Ibid*.
[5] *Ibid*
[6] Kenney, G. et. al. "*Gains for Children: Increased Participation in Medicaid and CHIP in 2009."* RWJF and Urban Institute, August 2011.
[7] Flores, G. and S. Tomany-Korman. "The Language Spoken at Home and Disparities in Medical and Dental Health, Access to Care, and Use of Services in US Children." *Pediatrics. 121.6* June 2006
[8] Feinberg, E. et al., op cit.
[9] For more information on immigrant-specific eligibility restrictions in Medicaid and CHIP, see: *Key Facts on Health Coverage for Low-Income Immigrants.* Kaiser Commission on Medicaid and the Uninsured, February 2012.
[10] Perkins, J. and M. Youdelman. "Summary of State Law Requirements Addressing Language Needs in Health Care." NHeLP. January 2008.
[11] Centers for Medicare and Medicaid Services, "Increased Federal Matching Funds for Translation and Interpretation Services Under Medicaid and CHIP," SHO# 10-007 and CHIPRA #18, July 1, 2010.
[12] "Medicaid program; Eligibility Changes Under the Affordable Care Act of 2010 (Final rule; Interim final rule)." 77 Fed. Reg. 17208-9 (March 23, 2012).
[13] Gomez, D., Day, L., and S. Artiga, "Connecting Eligible Immigrant Families to Health Coverage and Care: Key Lessons from Outreach and Enrollment Workers," KCMU, October 2011.

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