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Californians with Limited English Proficiency Remain Vulnerable to Communication Barriers Despite Language Assistance Regulations

Max W. Hadler, MPH, MA



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Health Policy Brief

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Limited English Proficient HMO Enrollees Remain Vulnerable to Communication Barriers Despite Language Assistance Regulations

Max W. Hadler, Xiao Chen, Erik Gonzalez and Dylan H. Roby

*HMO enrollees in poorer health experience the biggest language barriers.*¹

SUMMARY: HMO enrollees with limited English proficiency, and particularly those in poorer health, face communication barriers despite language assistance regulations. More than 1.3 million California HMO enrollees ages 18 to 64 do not speak English well enough to communicate with medical providers and may experience reduced access to high-quality health care if they do not receive appropriate language assistance services. Based on analysis of the 2007 and 2009 California Health Interview Surveys (CHIS), commercial HMO enrollees with limited English proficiency (LEP) in poorer health are more likely to have difficulty understanding their doctors, placing this already vulnerable population at even greater risk. The analysis also uses CHIS to examine the potential impact of

health plan monitoring starting in 2009 (due to a 2003 amendment to the Knox-Keene Health Care Services Act) requiring health plans to provide free qualified interpretation and translation services to HMO enrollees. The authors recommend that California's health plans continue to incorporate trained interpreters into their contracted networks and delivery systems, paying special attention to enrollees in poorer health. The results may serve as a planning tool for health plans, providing a detailed snapshot of enrollee characteristics that will help design effective programs now and prepare for a likely increase in insured LEP populations in the future, as full implementation of the Affordable Care Act takes place over the next decade.

Requirements for HMOs to Provide Language Access Services

In response to the passage of the Knox-Keene amendment in 2003, language access regulations were established in 2007 for all health plans covered by California's Department of Managed Health Care (DMHC) and select plans covered by the California Department of Insurance (CDI). The new regulations require insurers to assess their members' languages of preference and provide verbal interpretation in all languages, and written translation in threshold languages. Threshold languages generally include Spanish and Chinese and, for some health plans,

Almost two-thirds of limited English proficient commercial HMO enrollees who reported communication barriers were in fair or poor health. The recent implementation of regulations to improve commercial HMO provision of language assistance services may eventually help increase understanding, but in the first year of implementation, it does not appear that HMO policies ensuring access to language-appropriate services have led to immediate improvements in communication for the sickest enrollees.

THE PATIENT ADVOCATE

Funded by the California Office of the Patient Advocate

Authors: Max W. Hadler, Xiao Chen, Erik Gonzalez, Dylan H. Roby



Language assistance laws

- 1964 Civil Rights Act
 - Prohibits discrimination on the basis of national origin, including language, by any federal program or entity that receives federal funding
- 2003 amendment to the Knox-Keene Health Care Services Act (California)
 - Requires managed care plans to provide free, qualified interpretation and translation services to all enrollees



Knox-Keene amendment (SB 853)

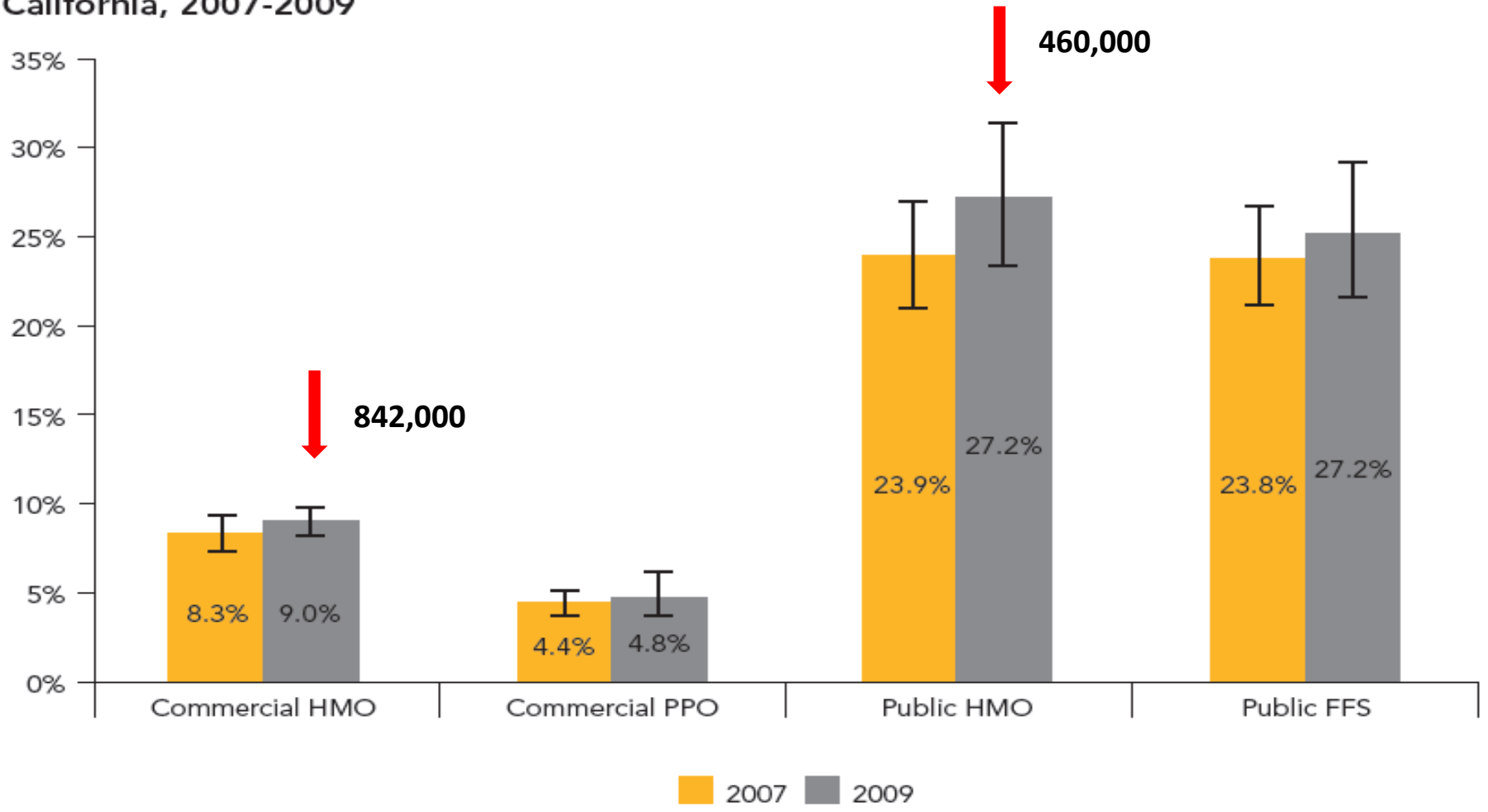
- Passed in 2003
- Regulations established in 2007
 - Assess language preferences of all enrollees
 - Provide interpretation in all languages
 - Provide translated materials in threshold languages
 - Interpreters must have demonstrated health care-specific language ability and be trained in interpreting ethics, conduct, and confidentiality
- Compliance monitored by Department of Managed Health Care starting in 2009



Defining Limited English Proficiency (LEP) in California Health Interview Survey (CHIS)

- How well do you speak English?
 - Very well
 - Well
 - Not well
 - Not at all

Percent of Enrollees Who Are Limited English Proficient by Type of Insurance, Ages 18-64, California, 2007-2009



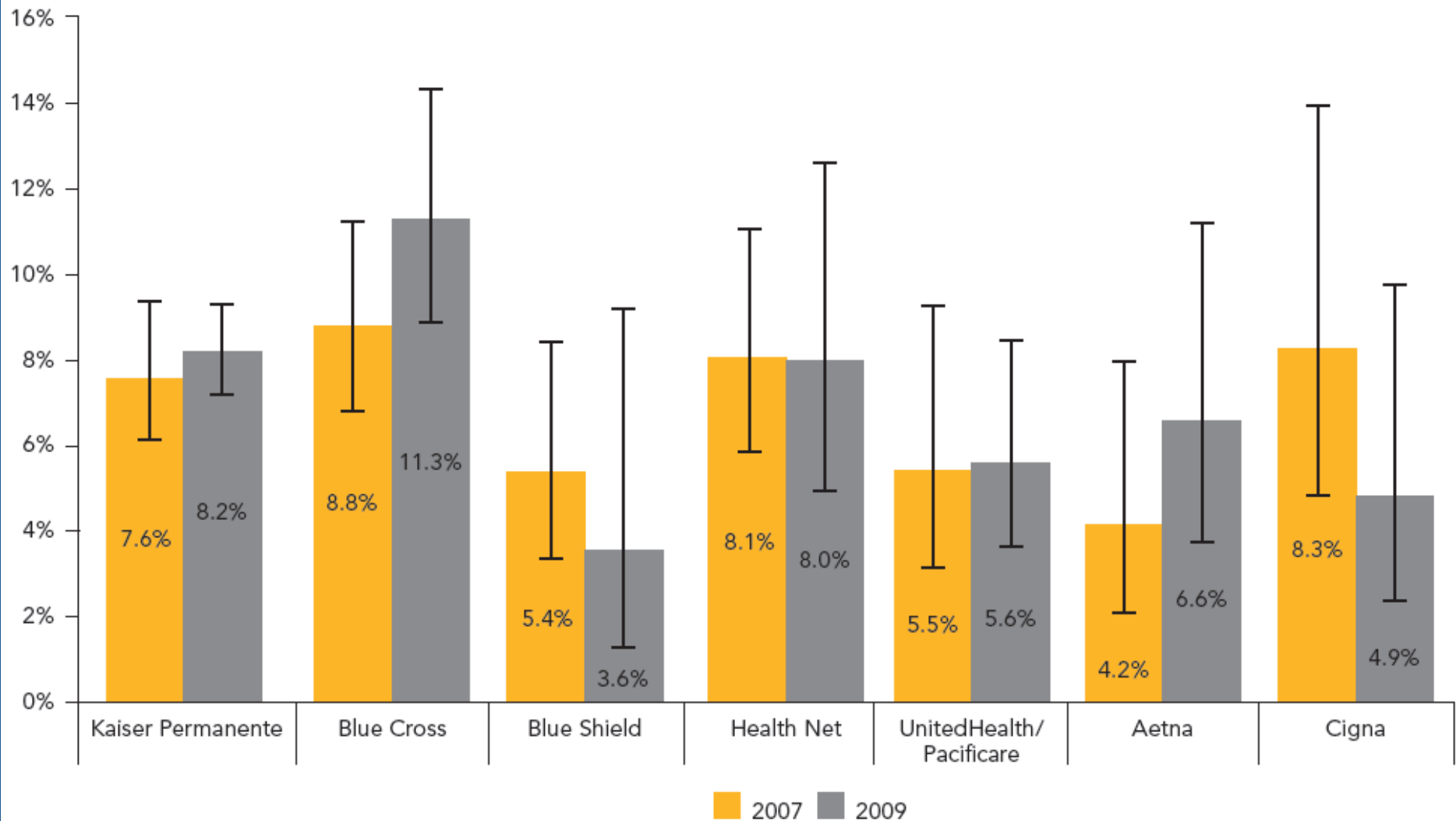
Note: Based on chi-square test of proportions for each insurance category between 2007 and 2009. See Appendix 1 for further details.

Sources: 2007 and 2009 California Health Interview Surveys

HMO = Health Maintenance Organization **PPO** = Preferred Provider Organization
FFS = Fee for Service



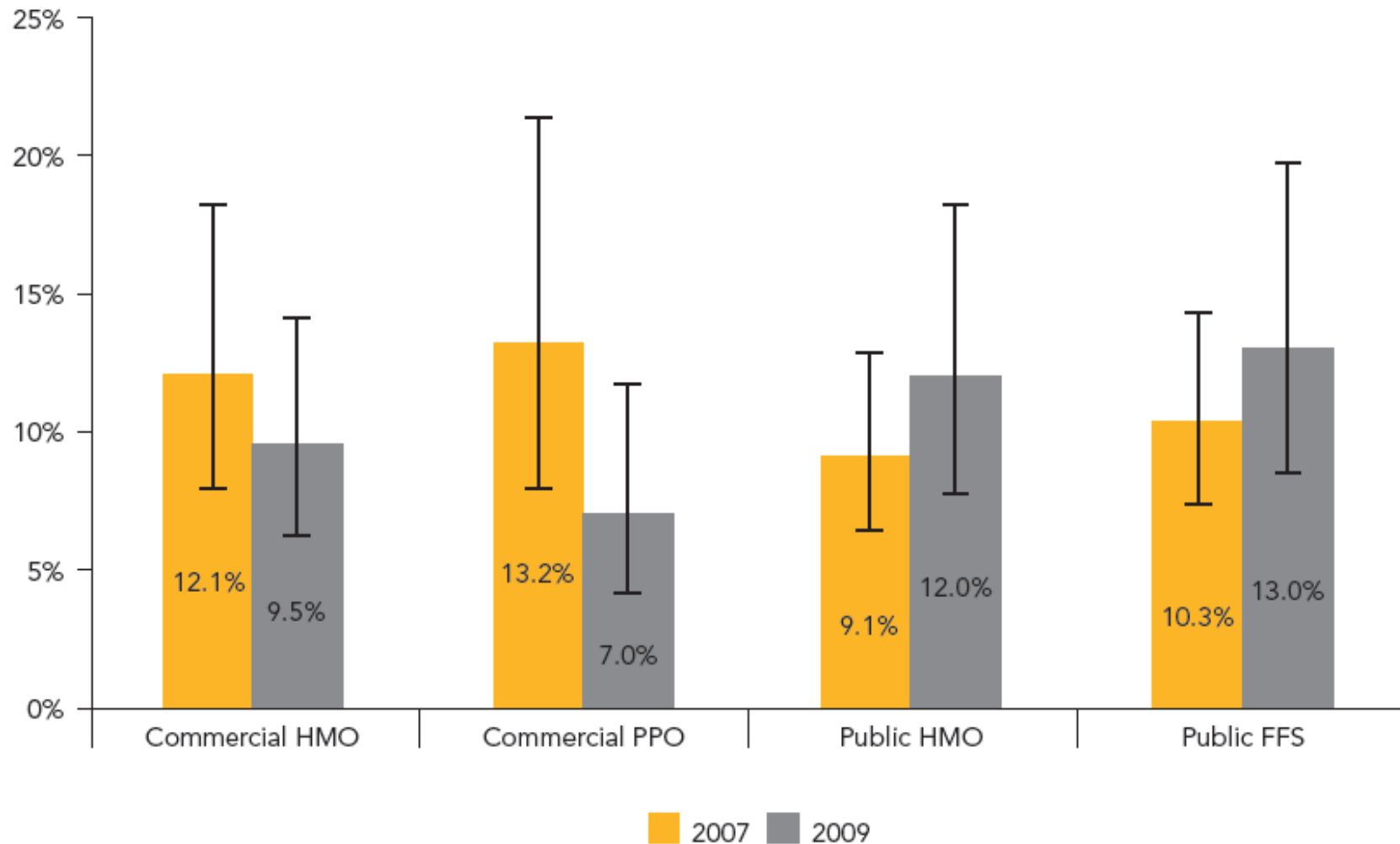
Percent of Enrollees Who Are Limited English Proficient by Commercial HMO Plan, Ages 18-64, California, 2007-2009



Note: See Appendix 2 for further details.

Sources: 2007 and 2009 California Health Interview Surveys

Percent of Limited English Proficient Enrollees Who Had Hard Time Understanding Doctor at Last Visit by Type of Insurance, Ages 18-64, California, 2007-2009



Note: Logistic regression model adjusted for income, gender, race/ethnicity, level of education, and percent of life spent in the U.S.

Sources: 2007 and 2009 California Health Interview Surveys

Characteristics of the Limited English Proficient Population and Those Reporting Hard Time Understanding Doctor, Ages 18-64, California, 2009

	Commercial				Public			
	HMO		PPO		HMO		FFS	
	LEP	Hard Time	LEP	Hard Time	LEP	Hard Time	LEP	Hard Time
Total number	792,000	71,000	290,000	18,000	460,000	47,000	486,000	54,000
Gender (%)								
Female	50.9	63.8	41.9	65.7	56.6	57.8	69.7	53.2
Male	49.1	36.2	58.1	34.3	43.4	42.2	30.3	46.8
Age (mean years)	44.6	43.1	42.8	43.1	41.0	44.2	38.1	42.3
Race/Ethnicity (%)								
Latino	64.9	64.4	53.4	46.5	69.9	56.5	76.1	71.1
Asian/Pacific Islander	18.6	19.6	35.2	40.4	14.9	26.0	9.8	8.4
Other	16.5	16.0	11.4	13.1	15.2	17.5	14.1	20.5
Language (%)								
Spanish	79.6	80.1	62.7	59.6	82.5	70.2	89.8	91.2
Chinese	7.4	2.9	12.3	8.7	5.1	3.0	5.6	4.0
Vietnamese	3.1	9.6	2.0	6.9	4.6	4.2	2.2	3.3
Korean	1.2	<0.1	6.3	6.5	<0.1	0.1	0.2	<0.1
Other	8.7	7.4	16.7	18.3	7.8	22.5	2.2	1.5
Health Status (%)								
Excellent/Very Good/Good	63.6	36.5*	68.9	65.5	57.5	47.1	60.4	29.9*
Fair/Poor	36.4	63.5*	31.1	34.5	42.5	52.9	39.6	70.1*
Income (%)								
<200% FPL	55.7	50.7	64.6	64.8	91.6	93.9	95.1	98.9
≥200% FPL	44.3	49.3	35.4	35.2	8.4	6.1	4.9	1.1
Type of Help (%)**								
Professional		56.0		71.4		72.2		79.0

* Statistically significant at a level of $p < 0.05$. In the marked insurance categories, the distribution of respondents reporting hard time understanding their doctor by health status is significantly different from the distribution of the overall LEP population by health status.

** Type of Help refers to the person aiding respondents who reported needing help to understand their doctor. Professional help is considered to be bilingual staff and professional interpreters. All other respondents either received help from informal, untrained sources or did not receive help at all.

Sources: 2007 and 2009 California Health Interview Surveys



DMHC monitoring

- Health plans developed assessment and service mechanisms on schedule (2009)
- Deficiencies cited (2010)
 - Ensuring services at all points of contact
 - Bilingual staff proficiency
 - Offering interpreters when bilingual family members are present
- DMHC follow-up surveys indicated no persistent major problems (2010)



Recommendations

- Ensure health plan-level policies and language access resources are disseminated at the individual provider level, including availability of contracted professional interpreters
- Conduct intensive language capacity testing and promote comprehensive training for bilingual staff
- Be especially vigilant about language access services for LEP enrollees in poorer health



Max W. Hadler, MPH, MA

mhadler@ucla.edu

(310) 794-4005