New Study Shows Adults with Limited English Proficiency have Worse Access to Health Care and Cancer Prevention Services

The American Cancer Society stresses the need for improving access to health insurance coverage and system-level interventions

FOR MORE INFORMATION, CONTACT:
American Cancer Society, Anne.Doerr@cancer.org

New findings led by researchers at the American Cancer Society (ACS) show even after the implementation of the Affordable Care Act (ACA), adults in the United States with Limited English Proficiency (LEP) had consistently worse access to medical care, including cancer prevention services, than adults without LEP. The study was published today in the *Journal of General Internal Medicine* (JGIM).

“These findings are disappointing as there are more than 25 million individuals with LEP living in the U.S., and this number is increasing,” said Dr. Leticia Nogueira, senior principal scientist, health services research at the American Cancer Society and senior author of the study. “System-level interventions are critical, such as expanding access to health insurance coverage, providing language services, improving provider training in cultural competence, and increasing diversity in the medical workforce to help minimize barriers and be able to improve equity in access to care for this vulnerable population.”

According to the authors, under federal law and the civil rights provision of the (ACA), healthcare providers receiving federal funds are required to provide equal access to care for individuals with LEP. Additionally, improving access to healthcare for adults with LEP is a public health priority included in the Healthy People 2030 developing goals.

For the study, researchers identified close to 19 thousand adults with LEP, and more than 98 thousand adults without LEP in the U.S., aged 18 years or older from the 2014–2018 national Medical Expenditure Panel Survey. Associations between LEP and access to healthcare and preventive services were evaluated with multivariable logistic regression models, stratified by age groups 18–64 years old and 65 years old and older to account for Medicare age-eligibility threshold. The study used the official government definition of LEP, which includes adults who answer, “not at all/not well/well” to the question, “How well do you speak English?” Access to care included having a usual source of care (and if so, distance from the usual source of care, difficulty contacting the usual source of care, and provision of extended hours), visiting a medical provider in the past 12 months, having to forego or delay care, and having trouble paying for medical bills. Preventive services included blood pressure and cholesterol check, flu vaccination, and cancer screening.

The study results showed adults aged 18–64 years with LEP were significantly more likely to lack a usual source of care, not have visited a medical provider, and be overdue for receipt of preventive services, including blood pressure checks, cholesterol checks, and colorectal cancer screening than adults without LEP. Results were similar among adults 65 years old and older.

“It is unacceptable that adults with LEP are less likely to have health insurance coverage, have a usual source of care, or receive preventive services compared to English proficient adults,” said Dr. William Dahut, chief scientific officer at the American Cancer Society. “Efforts to reduce barriers to care, disproportionately experienced by adults with LEP, are crucial for addressing this disparity.”

“When it comes to cancer, barriers to accessing health care can become a matter of life or death,” said Lisa Lacasse, president of the American Cancer Society Cancer Action Network (ACS CAN). “ACS CAN urges the Biden Administration to put forth regulations that provide greater patient protections under the Affordable Care Act, including strengthening and improving current provisions requiring individuals with LEP be notified of their rights and the availability of language assistance. We’re calling on Congress to address affordability issues by closing the Medicaid coverage gap, making increased subsidies for Marketplace plans permanent, and capping Medicare Part D drug costs in their reconciliation budget deal.”

Other ACS authors on the study include: Dr. Robin Yabroff, Kewei Shi, and Dr. Xuesong Han.

Resources from the American Cancer Society concerning cancer information in other languages can be found here.