

Association between Limited English Proficiency (LEP) status and healthcare access, utilization, and satisfaction during COVID-19 pandemic

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BACKGROUND

- Limited English proficiency (LEP) status is associated with fewer regular check-ups, longer hospital stays, greater risk of line and surgical infections, and worse perception of healthcare quality.
- COVID-19 focus on telehealth may have disproportionately affected LEP populations.
- Limited data on healthcare access, utilization, and satisfaction for LEP populations during pandemic.

METHODS

- Longitudinal cohort study (12/2020-2021) across 9 sites exploring healthcare access
- Chi square analysis and post-pairwise testing

RESULTS

- LEP participants more likely to come from UCSF (27% vs 4%) and Cambridge Health Alliance (30% vs 3%) sites, of Hispanic background (87% vs 40%)
- Medical home: no significant difference among LEP and non-LEP participants
- Covid testing access: No significant difference among LEP and non-LEP
- LEP had lower rates of testing at emergency care sites
- LEP participants had higher healthcare satisfaction ratings; median of 9 vs 8

LEP participants were more likely go to primary care and less likely to go to acute care sites (e.g., ER and UC) should they develop COVID-19 symptoms

	LEP	Non-LEP	p-value
n	277	529	
Age (mean (SD))	40.14 (10.51)	38.09 (13.30)	
Site (%)			<0.001
UCSF	75 (27.1)	23 (4.3)	
BCHO	1 (0.4)	54 (10.2)	
Colorado	9 (3.2)	87 (16.4)	
Arizona	31 (11.2)	67 (12.7)	
Kansas	53 (19.1)	35 (6.6)	
Baylor	9 (3.2)	87 (16.4)	
Cambridge Health Alliance	82 (29.6)	15 (2.8)	
University of Chicago	3 (1.1)	91 (17.2)	
Montefiore	14 (5.1)	70 (13.2)	
Race/Ethnicity (%)			<0.001
American Indian or Alaskan Native	1 (0.4)	4 (0.8)	
Asian Indian	0 (0.0)	36 (6.8)	
Black Hispanic	8 (2.9)	12 (2.3)	
Chinese	0 (0.0)	2 (0.4)	
Filipino	0 (0.0)	2 (0.4)	
Hispanic	241 (87.0)	211 (40.0)	
Korean	1 (0.4)	1 (0.2)	
mixed	8 (2.9)	27 (5.1)	
Native Hawaiian	0 (0.0)	1 (0.2)	
non-Hispanic Black	4 (1.4)	150 (28.4)	
non-Hispanic White	8 (2.9)	68 (12.9)	
Other	4 (1.4)	3 (0.6)	
Other Asian	1 (0.4)	11 (2.1)	
Other Pacific Islander	1 (0.4)	0 (0.0)	

Table 1. Study demographics stratified by LEP status

	LEP	Non-LEP	p-value
Primary Care	30 (14.4)	63 (15.1)	0.886
Emergency Care (ER and UC)	28 (10.1)	176 (33.3)	0.003

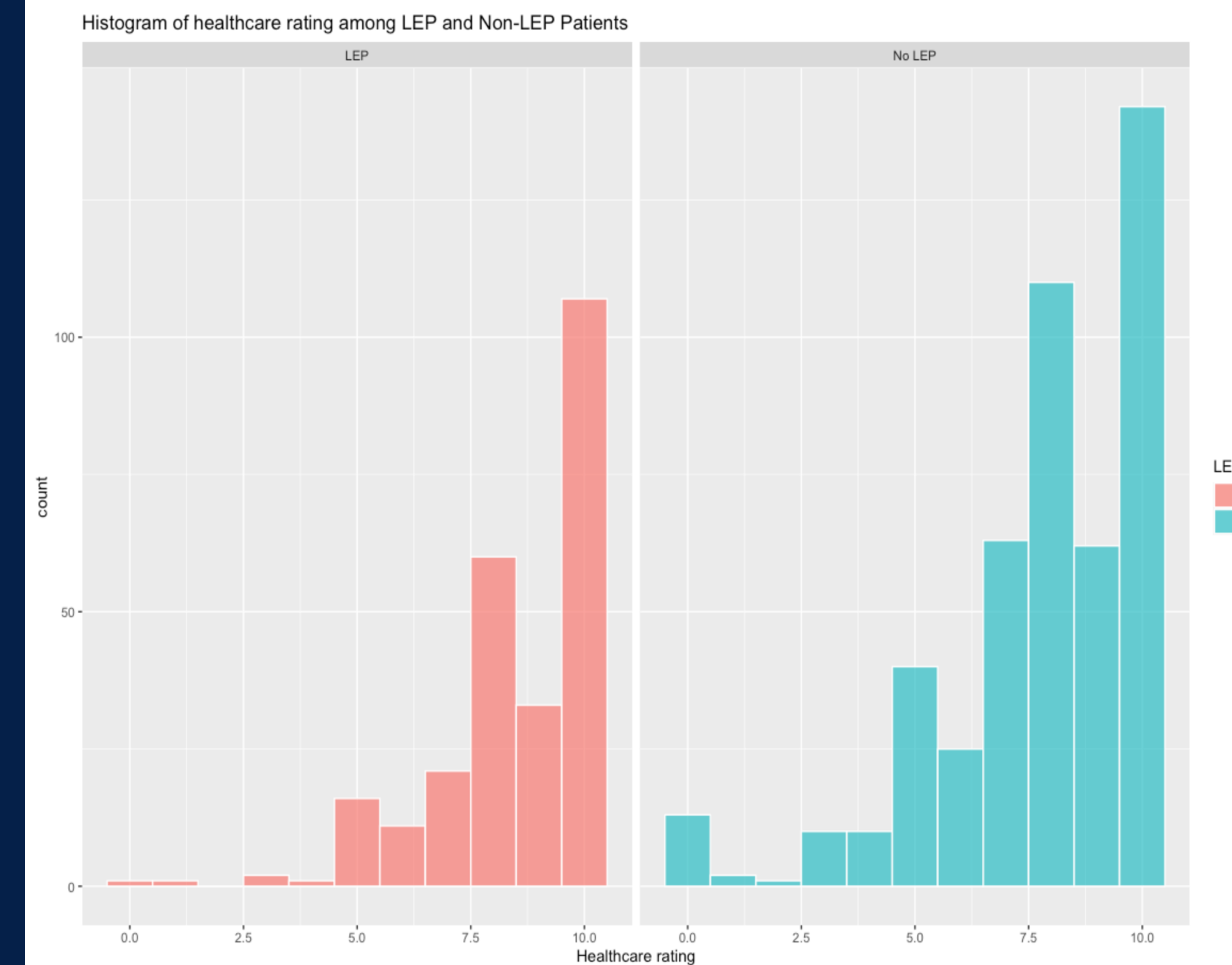
Table 2. Association between LEP status and past covid testing site

	LEP	Non-LEP	p-value
Primary Care	105 (61.0)	142 (42.4)	<0.001
Emergency Care (ER and UC)	59 (21.3)	176 (33.3)	0.001

Table 3. Association between LEP status and access to symptomatic care



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Conclusion/Future Directions

- Among this cohort, LEP participants had similar rates of having a medical home and higher healthcare satisfaction compared to their non-LEP counterparts—findings that goes against previously published data.
- Conduct expanded multivariate regression analysis to further assess for confounding factors
- Results of this study and future studies can help determine where LEP patients seek care/testing to address possible gaps/obstacles to care.

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