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Title

Telehealth Use Among Adults with Limited English Proficiency: Findings from the California Health Interview Survey

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

Context: Telehealth is an emerging technology lauded for its potential to improve healthcare access and utilization. The use of telemedicine increased dramatically due to the public health emergency resulting from COVID-19. Prior to the pandemic, there were significant disparities in access to telehealth for patients with limited English proficiency (LEP). Objective: To examine the association between limited English proficiency and telehealth use during the pandemic. Study Design and Analysis: We performed a secondary analysis of data from the 2021 California Health Interview Survey (CHIS). We used bivariate and multivariable logistic regression analyses to assess the association between limited English proficiency and telehealth use. The telehealth measure included telephone and video visits. Our analysis controlled for age, sex, race/ethnicity, marital status, education, federal poverty level, education, insurance type, self-reported health status, and whether patients had a usual source of care. Dataset: The adult population file of the 2021 California Health Interview Survey. Population: CHIS is a cross-sectional survey of noninstitutionalized adults living in California aged 18 years and older.

Outcome Measures: Descriptive statistics and adjusted odds ratios. Results: This study included 24,453 adult respondents. A total of 1,268 respondents reported limited English proficiency. Bivariate analysis revealed that adults who reported LEP had lower rates of telehealth use compared to those who were English proficient (38.0% to 50%). The adjusted odds (AOR) of telehealth use were lower among adults with limited English proficiency compared to those who were English proficient (AOR 0.68, $p < 0.001$). Asian and Latino adults had lower adjusted odds of telehealth use compared to White adults (AOR 0.66, $p <0.001$; AOR 0.89, $p = 0.02$, respectively). Adults without a usual source of care also had lower adjusted odds of telehealth use (AOR 0.31, $p <0.001$). Conclusions: The results of this study highlight that adults with limited English proficiency experience disparities in access to telehealth use even after controlling for socioeconomic factors, access to care, and self-reported health status. These findings reiterate that health systems and policymakers should consider the needs of communities with limited English proficiency as we move toward an era of healthcare delivery inclusive of digital health technologies.