NYU Langone Health
Office of Science and Research
Clinical and Translational Science Institute
Integrating Special Populations Core
Engaging Special Populations Best Practice Brief
Limited English Proficiency Population
12 April 2022
Overview

Demographic Profile
Limited English proficiency (LEP) is a term used to describe an individual who does not speak English as their primary language and who have a limited ability to read, write, speak, or understand English.¹ According to the U.S. Census Bureau, LEP persons can also be described as someone who speaks a language other than English at home or someone who self-identifies as a person who speaks English less than "very well" (on a scale from 'Very well', 'Well', 'Not Well', 'Not at All').² LEP individuals account for around 10% of the US population and primarily reside in 6 states.² In 2011, NYC had the third highest population of limited English proficient (LEP) individuals in the U.S.² LEP households make up over 14% of all NYC households in 2019.¹ LEP adults are typically immigrants and comprise over 45% of the NYC workforce.³ NYC is also home to over 1.2 million LEP individuals.³ The three most common languages spoken in NYC by LEP people are Spanish, Chinese and Russian.³ 48% of all foreign born New Yorkers have lived in the US for over 20 years.³ Almost 50% of immigrants in NYC over the age of 25 have graduated or attended some college.³ Most immigrants in NYC that are LEP are of Latin or Hispanic heritage.³

LEP Adults in NYC
- 10% of adults in NYC are LEP.
- 3.1 million immigrants live in NYC.
- 38% of NYC population is immigrant.
- The majority of the LEP people live in Queens.
- 54% of immigrant New Yorkers are naturalized U.S. citizens.

Health Profile
Immigrants in NYC experience more health disparities in health outcomes compared to overall NYC population. Only 42% of immigrants have health insurance, and only 15% of foreign-born children are insured.⁴ LEP patients typically have poorer health outcomes due to lack of a regular health care provider, fewer physician visits, and fewer preventative screenings (e.g., blood pressure, cancer).⁴ The LEP population in NYC are at higher risk for poor health outcomes due to social needs, such as employment, medical-legal assistance, health insurance, public benefits, health literacy, transportation, medical care, utilities, housing quality, food security, and housing insecurity.⁵
Limited English Proficient Engagement in Research

Community engaged research is the process of addressing issues affecting the target populations of a study by collaborating and involving those directly impacted by studies in the research process. The extent to which a research study requires community involvement will vary depending on the needs of the study. Thus, community engaged research exists on a spectrum (as seen in Figure 3). For a community-engaged study that moves further to the right on the spectrum, there is greater community involvement with a stronger bidirectional relationship and shared leadership between researchers and the community. Community-based participatory research (CBPR) studies are research studies formatted to incorporate community members into the research process. The CBPR approach has shown much success in conducting research within disenfranchised communities since community engaged research facilitates trust and effective communication, which can later lead to community buy-in and future study sustainability.

![Community Engagement Continuum](image)

Figure 3. As study moves further to the right on the spectrum, the greater bidirectional relationship and shared leadership between researchers and the community. Source: Principles of Community Engagement Report (2nd Ed.), Clinical and Translational Science Awards Consortium, Community Engagement Key Function Committee Task Force on the Principles of Community Engagement

Best Practices in Engaging the LEP Community

When addressing the LEP community, there are several considerations for an effective community engaged approach:

- Consider the importance of disaggregating data for a community (e.g., Latinx, Asian Americans, foreign-born)
  - Health concerns for the specific communities can differ by community or contextual factors (e.g., rural vs. urban, high vs. low resourced communities), nativity status, country of origin and duration of residence in United States
- Identify barriers in communication with participants (education, literacy, language)
- Use a Health Literacy Universal Precautions Approach (i.e., structure study as if everyone may have low levels of health literacy)
- Identify groups that may have low health literacy because of LEP and determine how to overcome those challenges through effective communication strategies (such as using in-language materials, translators, or infographics and pictures to portray message clearly)
- Determine language barriers may cause some communication issues and how those disconnects may cause health literacy challenges
- Put check points in place throughout research process to flag and identify LEP individuals (e.g., frequently missed appointments; Incomplete registration forms; Unable to read or name treatment/ medications; Unable to give coherent, sequential history; Lack of follow-through on tests or referrals)
Recruitment Best Practices

Outreach
- Establish a collaborative relationship with community-based organizations and members serving a specific community (e.g., faith-based centers, community centers, heritage-affiliated organizations, consulates)
- Partner with community members through CBPR to promote and advertise the research study in a culturally and linguistically appropriate way
- Have researchers familiarize themselves with the target community by speaking with community leaders and members, as well as attending and participating in community-based or racial/ethnic trainings
- Utilize bilingual/bicultural research coordinators and/or other research staff members that can help ensure better communication with community members

Scheduling and Costs
- Incorporate flexible data collection schedules in your protocol
- Provide childcare or other family support services
- Conduct data collection in flexible locations
- Allocate extra resources for interpreters/translators
- Consider transportation needs and resources for your study participants
- Provide fair and culturally appropriate compensation for participation

Education and Language
- Translate study materials in preferred languages with consideration for personal literacy and organizational health literacy using plain language
- Implement a transcreation approach, the process of adapting a message from one language to another while maintaining its intent, style tone and context
- Provide general community education about adverse effects and participant liability in clinical trials
- Provide options for participants to complete study measures independently or with the help of a research assistant
- Provide options for study measures to be administered verbally or over-the-phone which can enhance acceptability and receptivity of the message

Cultural Sensitivity and Values
- Critically examine data collection questions and assess whether certain questions may be alienating and only include necessary demographic questions (e.g., sensitivity to questions about citizenship, housing security, education level, drug/alcohol use, safety or income)
- Consider cultural norms and values (e.g., understanding traditional values of family, hosting same sex focus groups) in designing the study protocol
- Address participants with appropriate language to indicate mutual respect
- Key considerations for translating and adapting a message may include: infusing culturally relevant themes, images and context; and meeting the health literacy and informational needs of the population of focus
- Improve access to websites and digital/online services for LEP audiences (translate webpages)
References

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*FOCUS only accessible with Kerberos ID.