

Virginia Department of Health

Office of Minority Health and Health Equity



2010

Language Needs Assessment

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2010 LANGUAGE NEEDS ASSESSMENT
Executive Summary

**Language Needs Assessment
of
Virginia's 35 Health Districts**

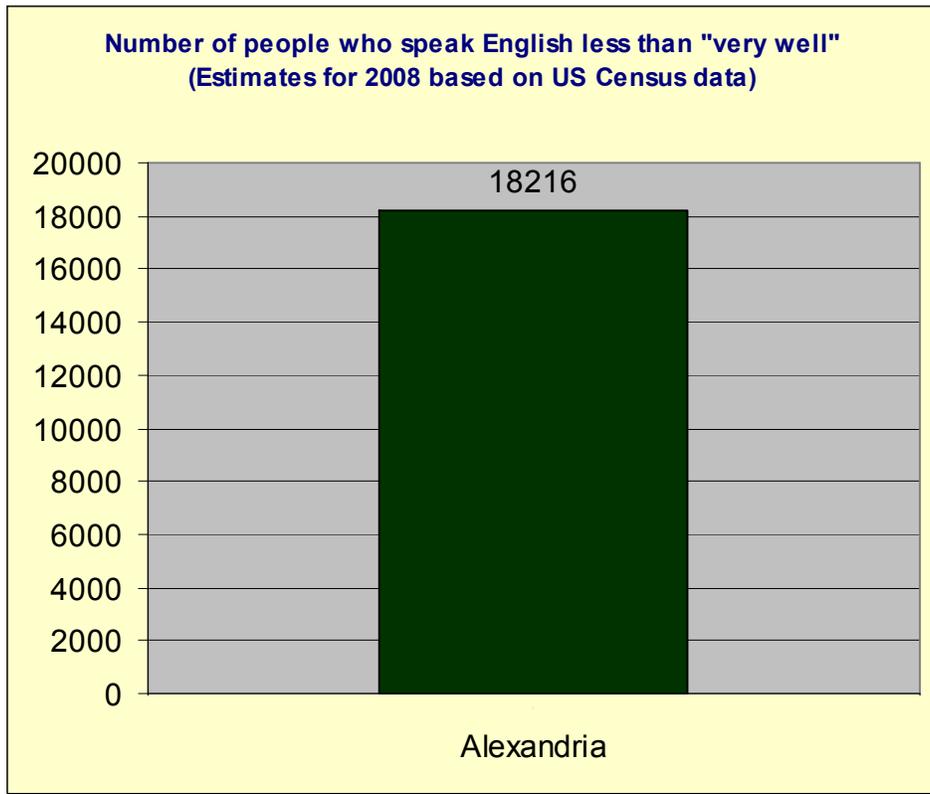
2010 LANGUAGE NEEDS ASSESSMENT: ALEXANDRIA HEALTH DISTRICT

(Areas covered: City of Alexandria)

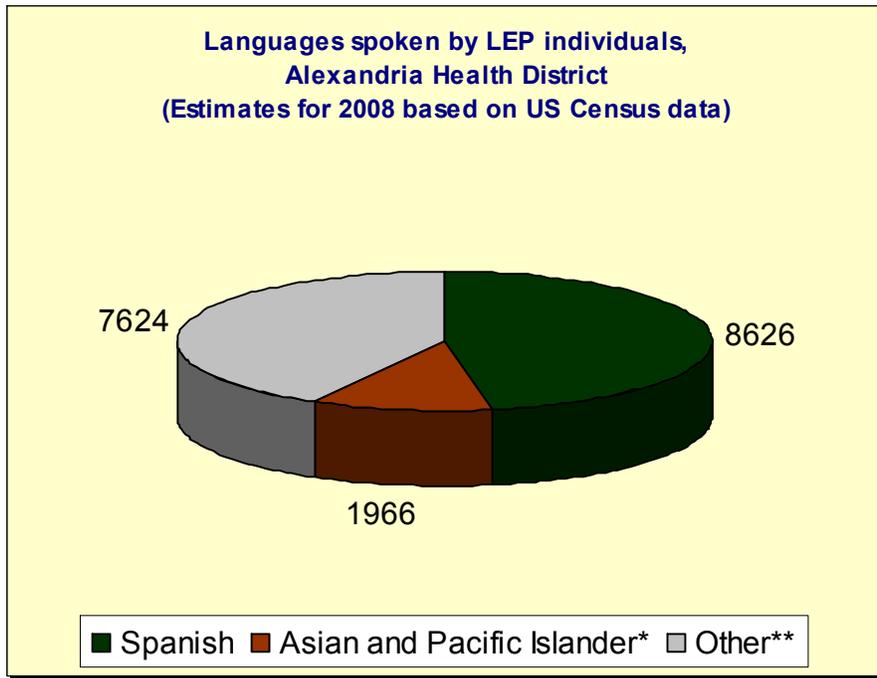
HOW DOES THE CLAS REQUIREMENTS IMPACT THE ALEXANDRIA HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. **The number or proportion of limited English proficient (LEP)¹ persons within this district:**



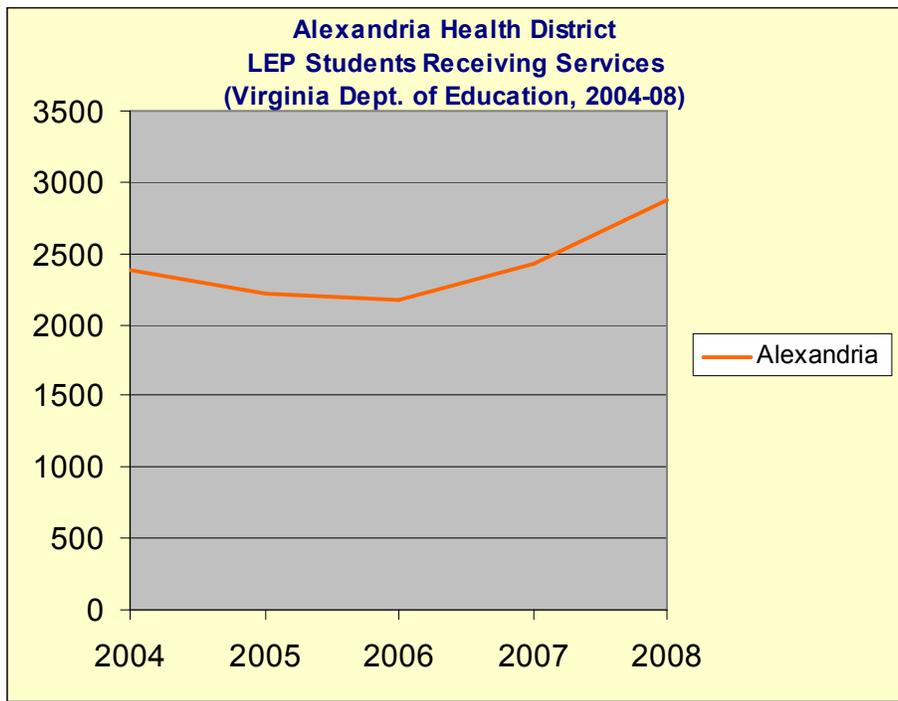
¹ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 18,216 of the residents of Alexandria Health District are considered LEP. Of the LEP residents in the Alexandria Health District, about half (47%) speak Spanish as their primary language.



Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Alexandria Health District has increased by 21% over the last five years. This indicates that the overall LEP population in the area is growing.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Alexandria Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

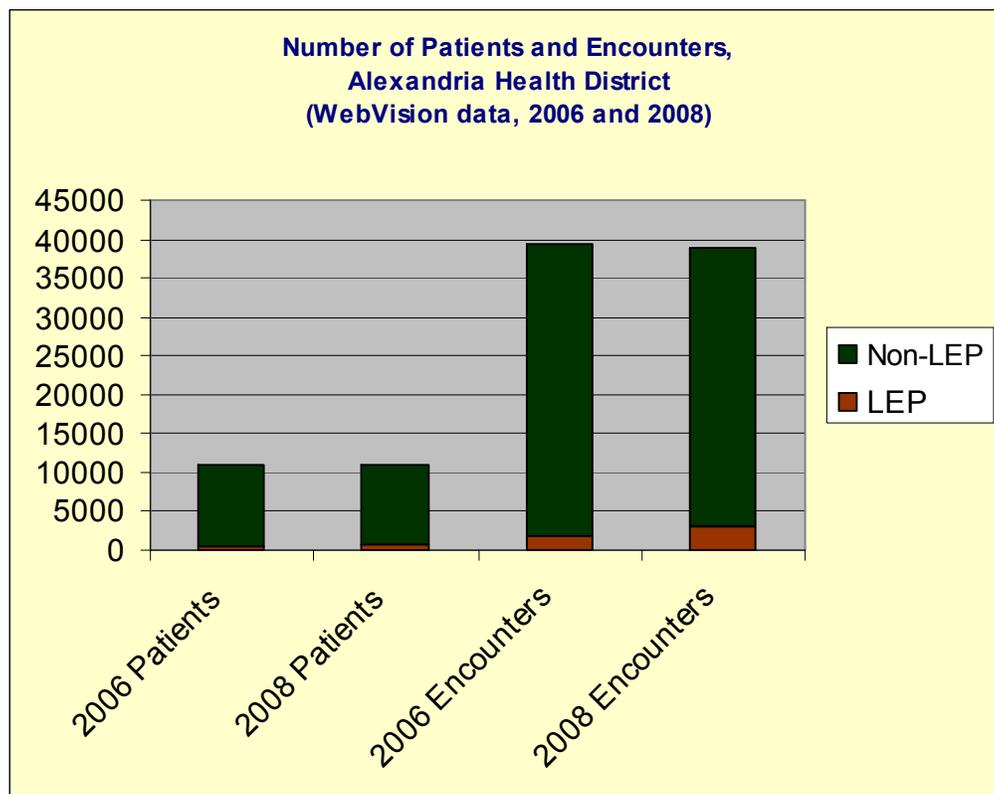
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	9,740	89.34%	33,417	85.84%
Spanish	652	5.98%	2,960	7.60%
Amharic	12	0.11%	48	0.12%
Arabic	11	0.10%	40	0.10%
Mongolian	5	0.05%	8	0.02%
Korean	3	0.03%	6	0.02%
French	2	0.02%	26	0.07%
Thai	2	0.02%	4	0.01%
Turkish	2	0.02%	5	0.01%
Chinese	1	0.01%	3	0.01%
Hindi	1	0.01%	1	0.00%
Hungarian	1	0.01%	2	0.01%
Nauru	1	0.01%	1	0.00%
Nepali	1	0.01%	6	0.02%
Norwegian	1	0.01%	2	0.01%
Polish	1	0.01%	13	0.03%
Slovak	1	0.01%	1	0.00%
Tigrinya	1	0.01%	8	0.02%
Alexandria Health District	10,902	100.00%	38,928	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Alexandria Health District:

- ◆ 6.48% of all patients are LEP
- ◆ 8.10% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been an increase in percentage of both LEP patients and encounters. The 2007 report showed that 5% of all patients and encounters involved LEP patients. Comparing this data from the 2007 report with more recent data, it is evident that the number of LEP patients and encounters in the Alexandria Health District has increased, while the total number of district patients and encounters essentially remained the same.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Alexandria Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf> .
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters, unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Alexandria Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost²: \$56,240) or by bilingual employees who have been trained in medical interpreting (estimated cost³: \$3,000 - \$9,000). The use of bilingual employees who have been trained in medical interpreting is preferred, as it is the more cost-effective option.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Alexandria Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines

² Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

³ Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1,500.

- participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. It is recommended that Alexandria Health District provide written translation for all vital documents into **Spanish**.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates (LSA), a provider of telephonic interpretation and translation by trained and certified professionals. The following chart reflects Alexandria's telephonic usage of LSA services.

Language	# of Calls	Minutes	Total Charge
Spanish	584	4,604	\$5,466.85
Amharic	96	1,457	\$2,236.85
Arabic	61	996	\$1,460.10
Cantonese	15	157	\$240.55
French	15	60	\$95.10
Turkish	8	84	\$122.70
Bengali	5	73	\$107.95
Tigrinya	4	44	\$66.80
Farsi	3	36	\$52.20
Romanian	2	30	\$43.50
Russian	2	29	\$42.05
Korean	2	6	\$8.70
Somali	1	25	\$36.25
Serbian	1	21	\$30.45
Hindi	1	20	\$29.00
Thai	1	9	\$13.05
Mandarin	1	8	\$11.60
Urdu	1	7	\$11.95
Albanian	1	2	\$2.90
Alexandria Health District	804	7,668	\$10,078.55

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH) and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 18,216 limited English proficient (LEP) individuals reside in the Alexandria Health District, comprising 13% of the total population in the district. 47% of the LEP population in Alexandria speaks Spanish as its primary language. DOE data indicates that the LEP population is growing: the number of LEP students receiving services has increased 21% over the last five years.

In the Alexandria Health District 6% of all patients and 8% of all encounters were LEP patients in 2008. These figures represent an increase in the number and proportion of LEP patients served as compared to the 2007 language needs assessment. This increase occurred despite minimal change in the number of total patients and encounters in the district.

This report makes no new compliance recommendations for the Alexandria Health District. As in 2007, it is recommended that the Alexandria Health District provides on-site interpretation and translation services in **Spanish**. All other patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation may be utilized for this purpose.

Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

There is a notable percentage of LEP individuals in Alexandria that comprise 13% of the total LEP population but only 6% of LEP patients and 8% of LEP encounters in the district. This difference may be due to overestimated census data regarding the LEP population or that this population is not in need of health department services. It is recommended that Alexandria Health District identify specific LEP populations, particularly non-Spanish populations such as Amharic or Arabic, and target these groups for health department outreach. Doing so will assure that the needs of all potential LEP patients are met.

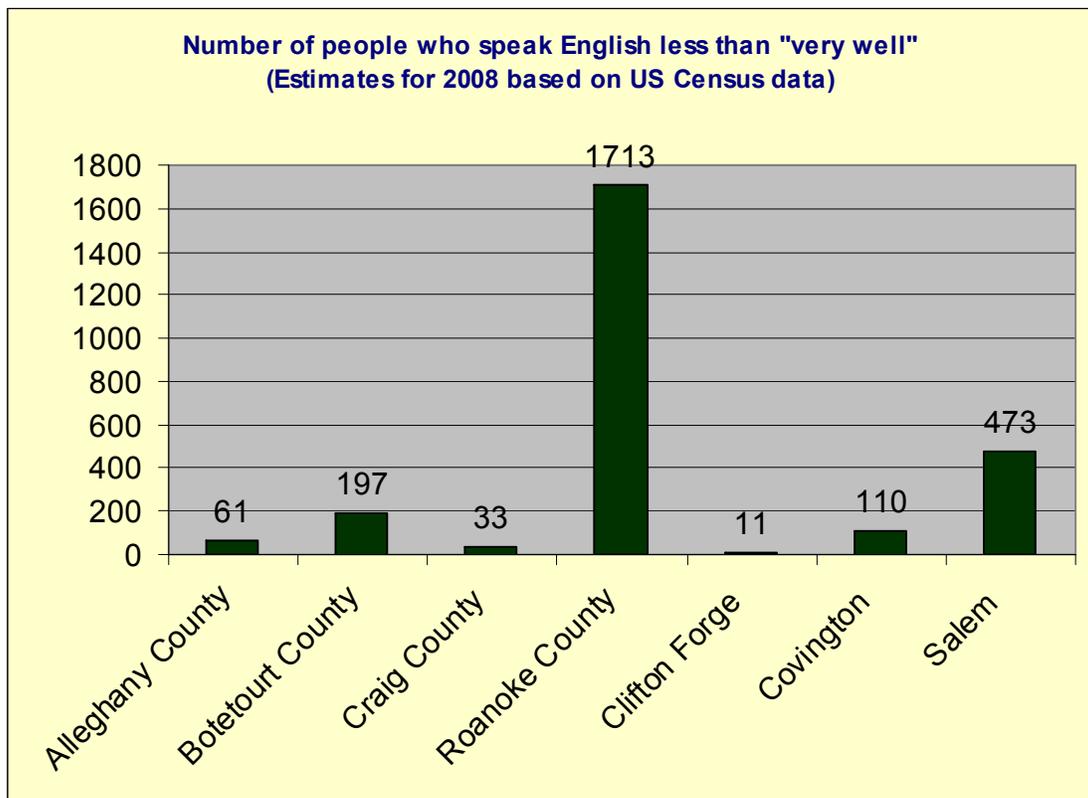
2010 LANGUAGE NEEDS ASSESSMENT: ALLEGHANY HEALTH DISTRICT

(Areas covered: Alleghany County, Botetourt County, Craig County, Roanoke County, Cities of Clifton Forge, Covington, and Salem)

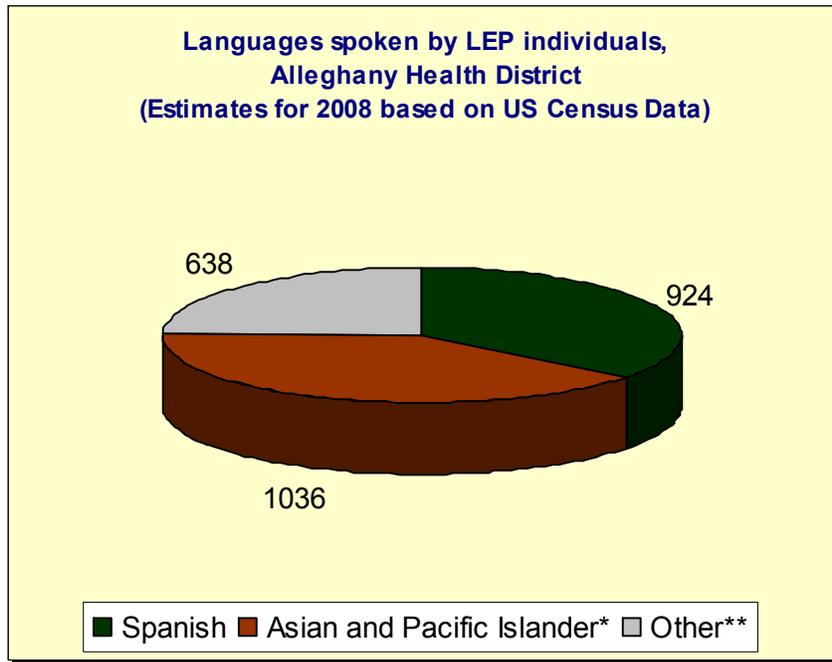
HOW DOES THE CLAS REQUIREMENTS IMPACT THE ALLEGHANY HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁴ persons within this district:



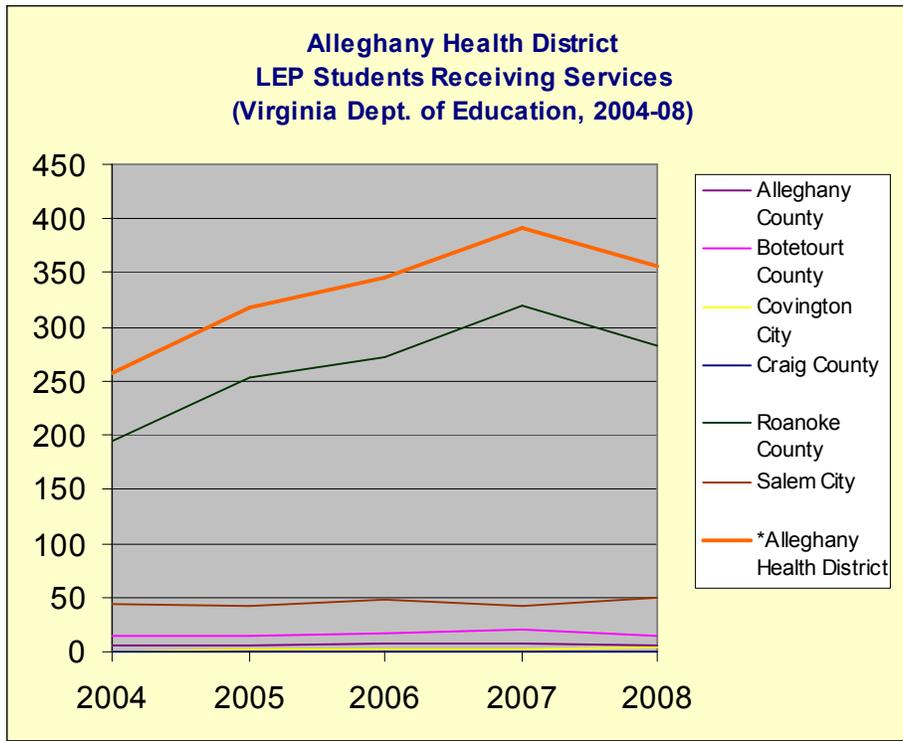
⁴ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 2,598 of the residents of Alleghany Health District are considered LEP. The number of LEP individuals is significantly higher in Roanoke County (1,713 LEP individuals). Of the LEP residents in the Alleghany Health District, just over a third (36%) speaks Spanish as its primary language.



* The Health District total is the sum of all LEP Students within the cities and counties of the district.

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Alleghany Health District has increased by 38% over the last five years, despite a significant decrease in 2008. The increase in LEP students indicates that the overall LEP population has grown over the last five years

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Alleghany Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

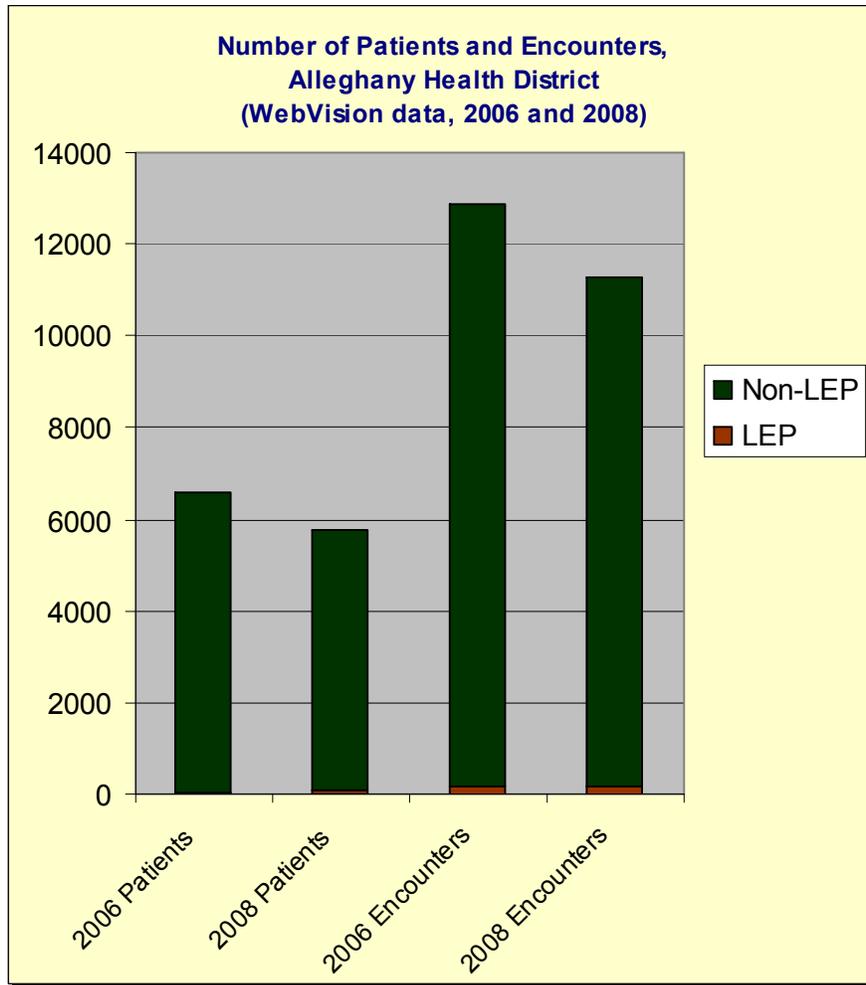
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	5,574	98.24%	11,049	97.93%
Spanish	67	1.18%	154	1.37%
Burmese	4	0.07%	4	0.04%
Kirundi	3	0.05%	5	0.04%
Nepali	2	0.04%	4	0.04%
Arabic	1	0.02%	1	0.01%
Alleghany Health District	5,674	100.00%	11,282	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Alleghany Health District:

- ◆ 1.36% of all patients are LEP
- ◆ 1.49% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been a slight increase in the percentage of both LEP patients and encounters. The 2007 report showed that about 1% of all patients and encounters involved LEP patients. LEP patients continue to form a small fraction of the patients and encounters in the Alleghany Health District.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Allegheny Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Allegheny Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness

- do not rely on software-based translation programs
- are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates (LSA) , a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	54	304	\$371.20
Arabic	3	21	\$32.25
Alleghany Health District	57	325	\$403.45

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district’s language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 2,598 limited English proficient (LEP) individuals reside in the Alleghany Health District, comprising 1.5% of the total population in the district. Only 36% of the LEP population in Alleghany speaks Spanish as its primary language. DOE data indicates that the LEP population is growing, and the number of LEP students receiving services, increased 38% over the last five years.

In the Alleghany Health District, about 1% of all patients and encounters were LEP patients in 2008. These figures represent a minimal increase in the proportion of LEP patients served as compared to the 2007 language needs assessment. LEP patients continue to form a small fraction of the patients and encounters in the Alleghany Health District.

This report makes no new compliance recommendations for the Alleghany Health District. As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation may be utilized for this purpose. Note: Health services providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

There is a marked difference in the proportion of non Spanish-speaking LEP individuals in Alleghany (they comprise 64% of the LEP population in the district) and their share of LEP patients and encounters in the district (non-Spanish speaking LEP patients are only 13% of LEP patients and 8% of LEP encounters). This data indicates proportionally that these non-Spanish speaking LEP populations are not utilizing health department programs. This difference may be due to overestimated census data regarding the LEP population or that this population is not in need of health department services. Nonetheless, these groups form a significant subset of the LEP population in Alleghany. It is recommended that Alleghany Health District identify specific

LEP populations, particularly non-Spanish speakers, and target these groups for health department outreach. Doing so will assure that the needs of all potential LEP patients are met.

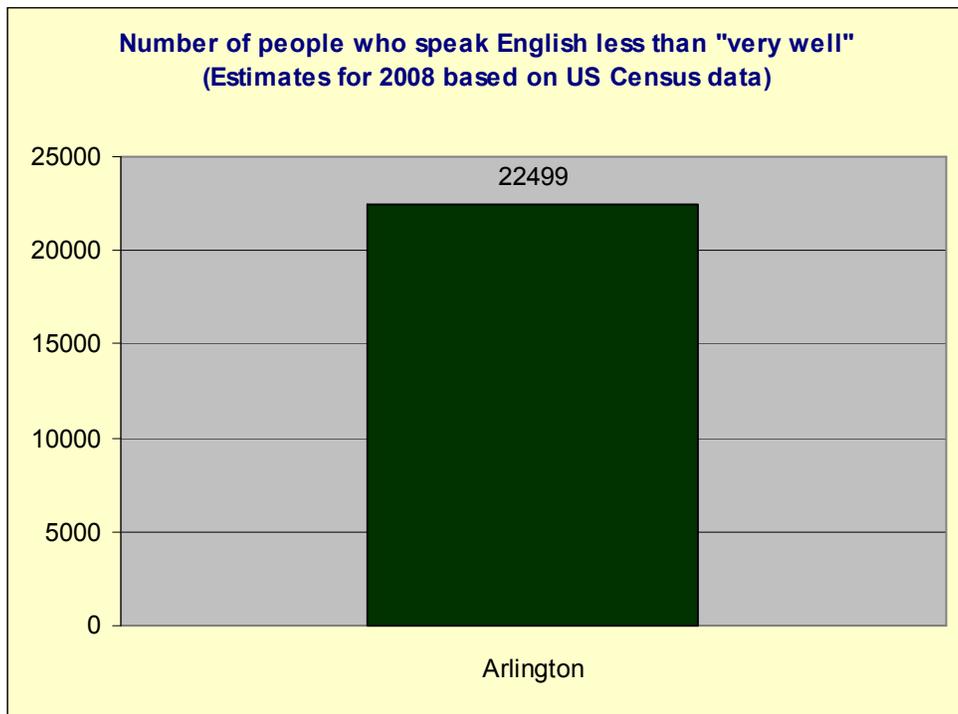
2009 LANGUAGE NEEDS ASSESSMENT: ARLINGTON HEALTH DISTRICT

(Areas covered: Arlington County)

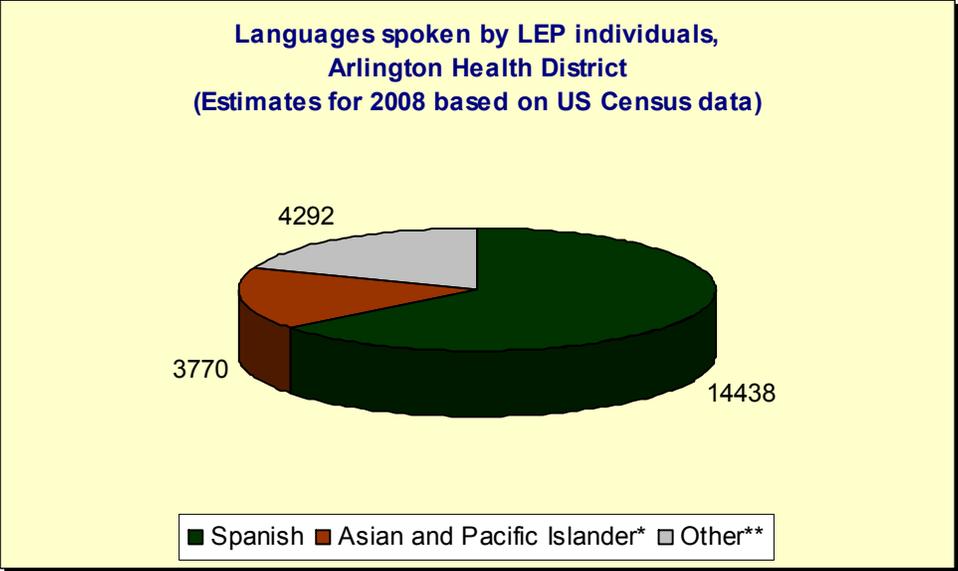
HOW DOES THE CLAS REQUIREMENTS IMPACT THE ARLINGTON HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁵ persons within this district:



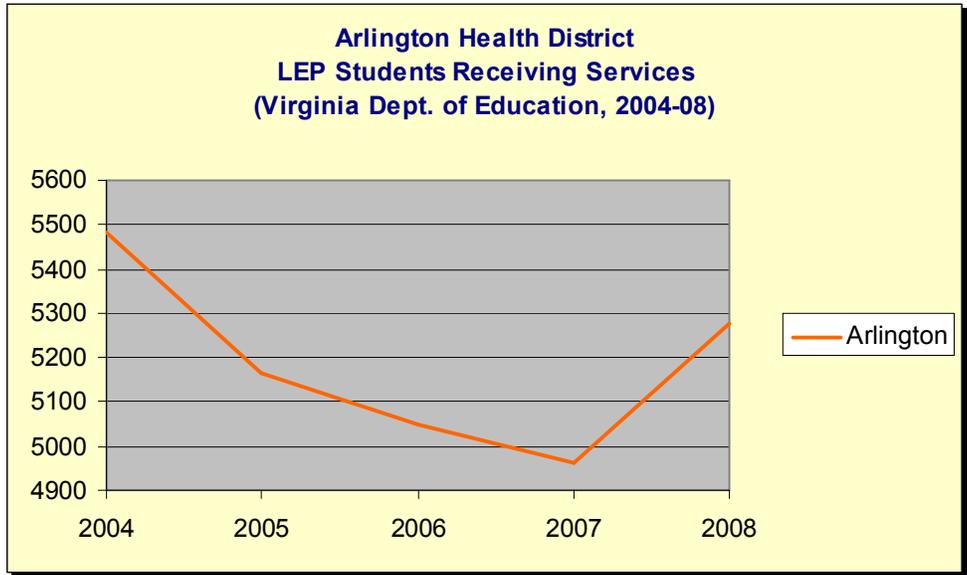
⁵ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 22,499 of the residents of Arlington Health District are considered LEP. Of the LEP residents in the Arlington Health District, the majority (64%) speak Spanish as their primary language.



Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Arlington Health District has decreased by 4% over the last five years. That is, compared with five years ago, there is about the same number of LEP students receiving services within the Arlington Health District. This suggests that the LEP population in Arlington is relatively stable. However, an increase in the number of LEP students enrolled in 2008 after several years of declining numbers indicates that the overall LEP population may be primed for growth.

2. **The frequency with which LEP individuals come into contact with the program:**

The following is patient level data for the Arlington Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

Primary Language**	Patients (unduplicated count)		Patient encounter	
	#	%	#	%
English	4,891	44.43%	9,729	31.21%
Spanish	3,378	30.68%	12,845	41.20%
Mongolian	170	1.54%	662	2.12%
Amharic	80	0.73%	282	0.90%
Arabic	68	0.62%	188	0.60%
Bengali-Bengla	46	0.42%	163	0.52%
Thai	45	0.41%	321	1.03%
Urdu	25	0.23%	113	0.36%
Russian	24	0.22%	53	0.17%
Tigrinya	21	0.19%	76	0.24%
Vietnamese	21	0.19%	76	0.24%
Chinese	20	0.18%	62	0.20%
Nepali	19	0.17%	84	0.27%
French	12	0.11%	49	0.16%
Korean	9	0.08%	20	0.06%
Portuguese	7	0.06%	25	0.08%
Hindi	6	0.05%	31	0.10%
Tagalog	6	0.05%	10	0.03%
Singhalese	5	0.05%	14	0.04%
Somali	4	0.04%	42	0.13%
Six languages with 3 patients each†	85	0.16%	85	0.27%
Six languages with 2 patients each‡	32	0.11%	32	0.10%
Thirteen languages with one patient each‡	36	0.12%	36	0.12%
Arlington Health District	11,009	100.00%	31,176	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

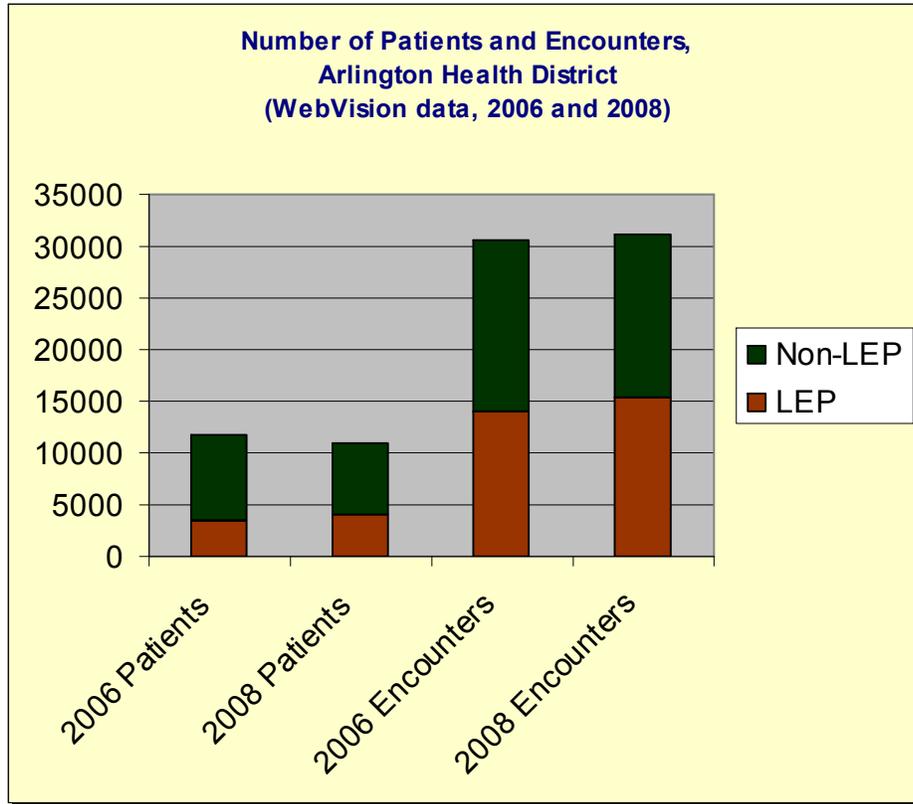
† Languages: Cambodian; Farsi; Kurdish; Pashto, Pushto; Persian; Turkish.

‡ Languages: Bulgarian; German; Indonesian; Japanese; Laothian; Slovak.

‡ Languages: Albanian; Chinese-Cantonese; Czech; Faorese; Georgian; Hungarian; Italian; Kazakh; Kirundi; Lithuanian; Moldavian; Romanian; Ukrainian.

According to this data, for the Arlington Health District:

- ◆ 36.5% of all patients are LEP
- ◆ 49.1% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been an increase in percentage of both LEP patients and encounters. The 2007 report showed that 30% of all patients were LEP and that 46% of all encounters involved LEP patients. Comparing this data from the 2007 report with more recent data, it is evident that the number and proportion of LEP patients and encounters in the Arlington Health District has increased, while the total number of patients and encounters has remained relatively stable.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Arlington Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. The poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Arlington Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish and Mongolian**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost⁶: \$244,055 for Spanish interpreters and \$12,578 for Mongolian interpreters) or by bilingual employees who have been trained in medical interpreting (estimated cost⁷: \$13,000 - \$39,000 for Spanish bilingual employees and \$500-\$1,500 for Mongolian bilingual employees). The use of bilingual employees who have been trained in medical interpreting is preferred, as it is the more cost-effective option.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Arlington Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)

⁶ Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

⁷ Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1,500.

- adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. It is recommended that Arlington Health District provide written translation for all vital documents into **Spanish**.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. Data for LSA usage in Arlington Health District was not available.

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 22,499 limited English proficient (LEP) individuals reside in the Arlington Health District, comprising 11% of the total population in the district. 64% of the LEP population in Arlington speaks Spanish as its primary language. DOE data indicates that the LEP population shows little growth: the number of LEP students receiving services has decreased 4% from five years ago.

Arlington Health District is one of the Commonwealth's most linguistically diverse health districts, having seen 45 different languages in 2008. In Arlington 37% of all patients and 49% of

all encounters were LEP patients in 2008. These figures represent an increase in the number and proportion of LEP patients and encounters as compared to the 2007 language needs assessment.

This report has made a new compliance recommendation for Arlington Health District. It is now recommended that the Arlington Health District provide on-site interpretation services in **Mongolian**. As in 2007, it is recommended that Arlington Health District provide on-site interpretation and translation services in **Spanish**. All other patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation may be utilized for this purpose.

While Spanish is the primary non-English language that is spoken in the Arlington Health District, non-English speakers of other languages should not be ignored. There are 8061 individuals in the Arlington Health District who speak neither English nor Spanish as their primary language, representing 4% of the total population of the district. These groups form a significant subset of the population in Arlington. Therefore, this group should be a special focus of health department programs. There is a marked difference in the proportion of non-Spanish speaking LEP individuals in Arlington (non-Spanish speakers form 36% of the LEP population in Arlington) and their share of LEP patients and encounters in the district (non-Spanish speakers are only 8% of LEP patients and encounters). This difference may be due to overestimated census data regarding the non-Hispanic LEP population or that this population is not in need of health department services. Nonetheless, data suggests that these populations may be under-represented in their engagement with health department services.

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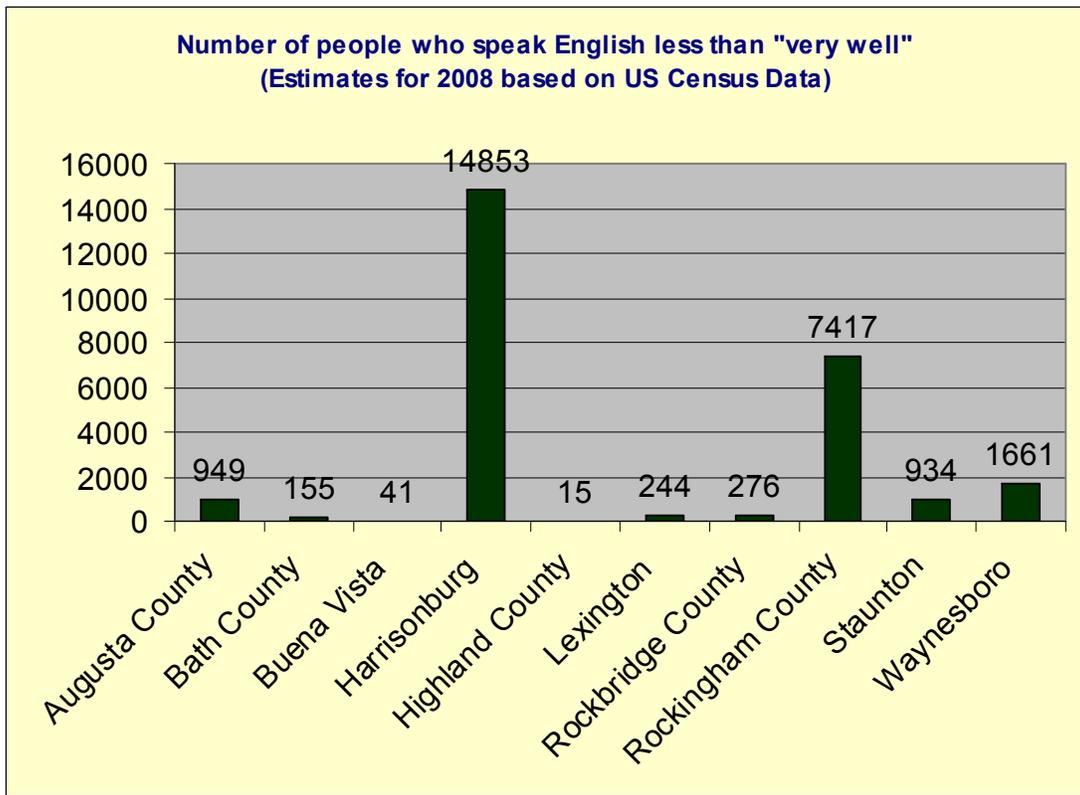
2010 LANGUAGE NEEDS ASSESSMENT: CENTRAL SHENANDOAH HEALTH DISTRICT

(Areas covered: Augusta County, Bath County, Highland County, Rockbridge County, Rockingham County, Cities of Harrisonburg, Lexington, Buena Vista, Staunton, Waynesboro)

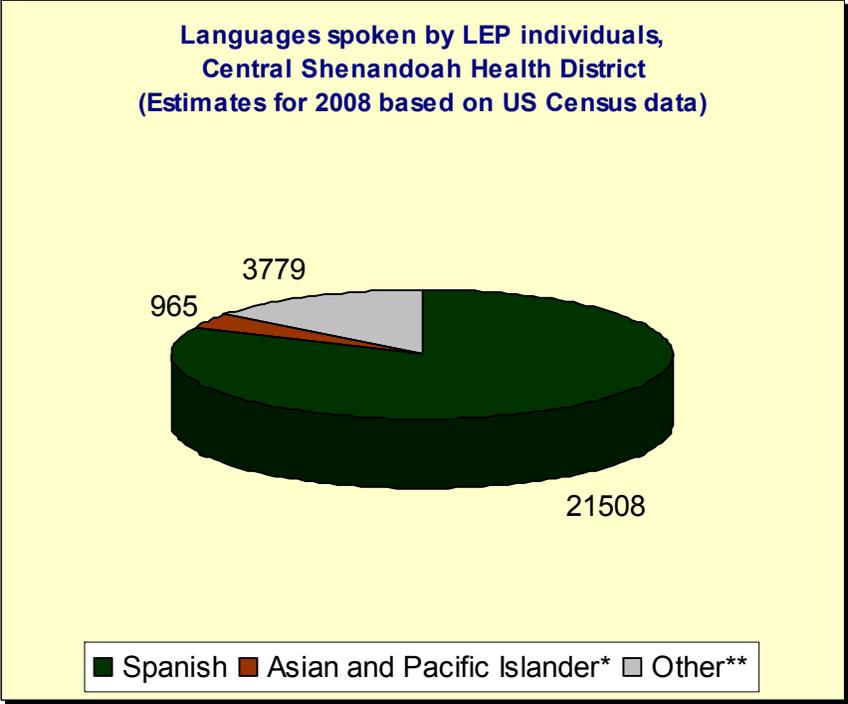
HOW DOES THE CLAS REQUIREMENTS IMPACT THE CENTRAL SHENANDOAH HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁸ persons within this district:



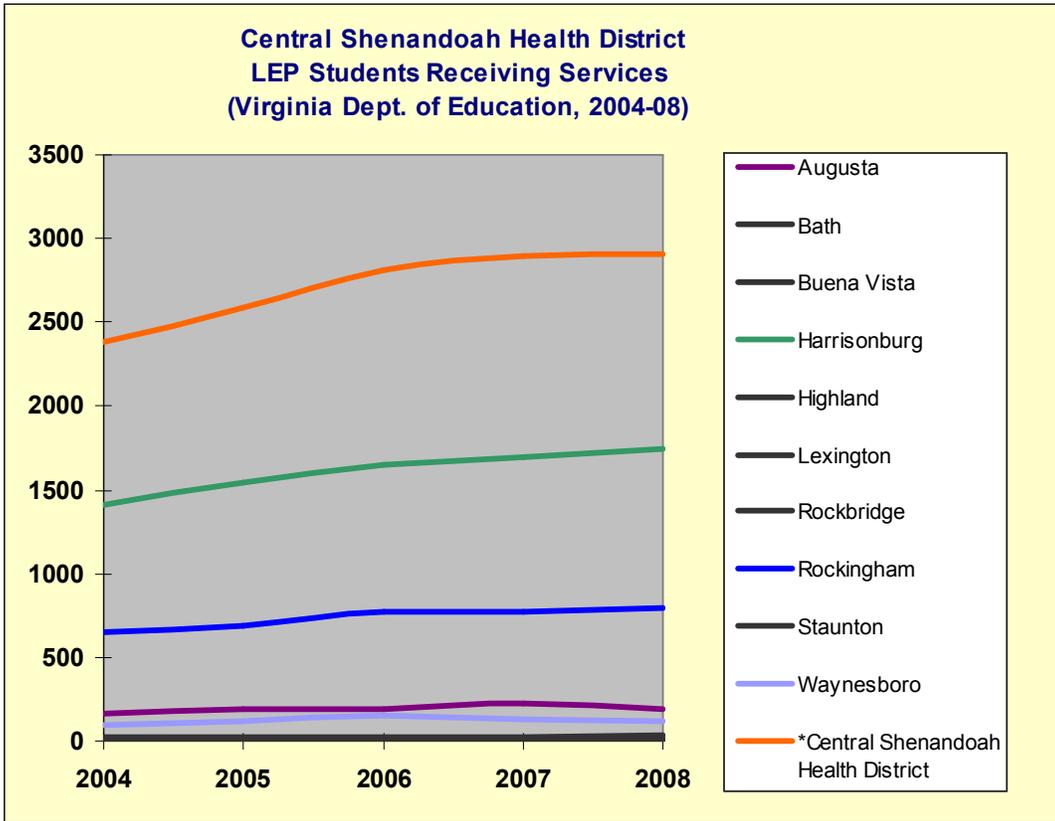
⁸ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 26,545 of the residents of Central Shenandoah Health District are considered LEP. The number of LEP individuals is significantly higher in Rockingham County (7,417 LEP residents) and the city of Harrisonburg (14,853 LEP residents). Of the LEP residents in the Central Shenandoah Health District, the overwhelming majority (82%) speak Spanish as their primary language.



** The Health District total is the sum of all LEP Students within the cities and counties of the district.*

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Central Shenandoah Health District has increased by 22% over the last five years. This indicates that the overall LEP population in the area is growing.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Central Shenandoah Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

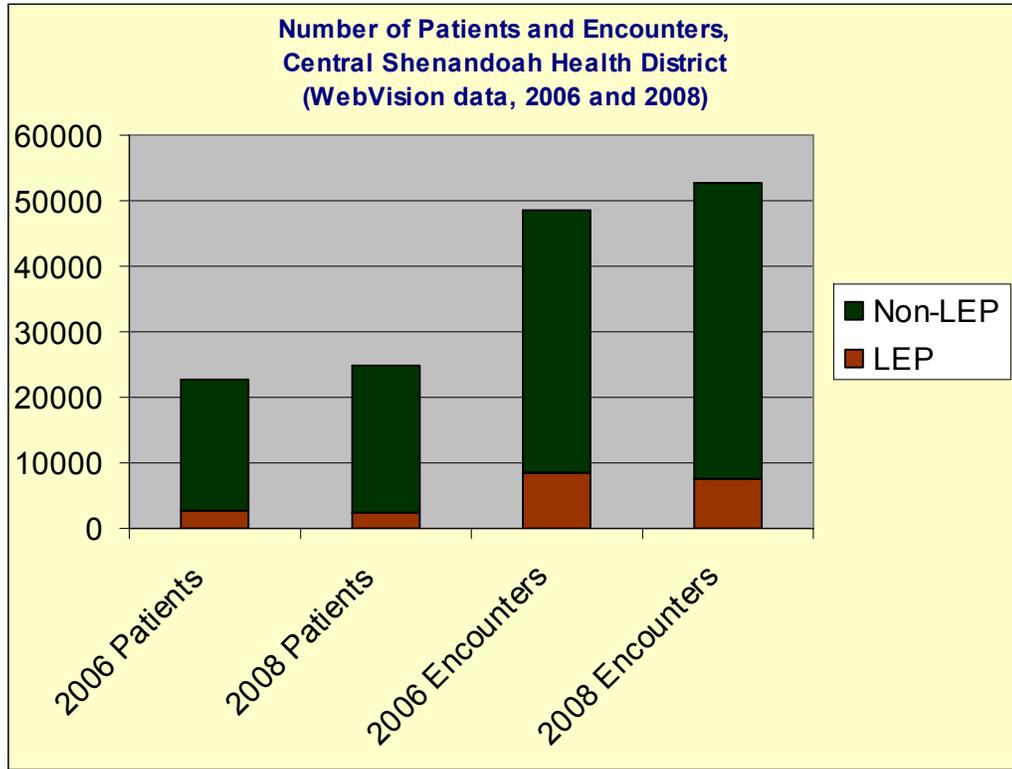
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	21,681	86.94%	43,356	82.15%
Spanish	2,330	9.34%	6,996	13.26%
Arabic	54	0.22%	204	0.39%
Russian	54	0.22%	148	0.28%
Ukrainian	35	0.14%	138	0.26%
Chinese	10	0.04%	15	0.03%
Kurdish	9	0.04%	27	0.05%
Turkish	7	0.03%	11	0.02%
Farsi	3	0.01%	13	0.02%
Korean	3	0.01%	6	0.01%
Urdu	3	0.01%	8	0.02%
Bulgarian	2	0.01%	8	0.02%
French	2	0.01%	5	0.01%
Laothian	2	0.01%	3	0.01%
Polish	1	0.00%	1	0.00%
Portuguese	1	0.00%	2	0.00%
Sudanese	1	0.00%	2	0.00%
Vietnamese	1	0.00%	2	0.00%
Central Shenandoah Health District	24,937	100.00%	52,778	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Central Shenandoah Health District:

- ◆ 10.1% of all patients are LEP
- ◆ 14.4% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been a slight decrease in percentage of both LEP patients and encounters. The 2007 report showed that 12% of all patients were LEP and that 18% of all encounters involved LEP patients. Comparing this data from the 2007 report with more recent data, it is evident that the number of LEP patients and encounters in the Central Shenandoah Health District has decreased, even as the total number of patients and encounters increased.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) on the language needs assessment main page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) on the language needs assessment main page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Central Shenandoah Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Central Shenandoah Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost⁹: \$132,924) or by bilingual employees who have been trained in medical interpreting (estimated cost¹⁰: \$7,000 - \$21,000). The use of bilingual employees who have been trained in medical interpreting is preferred, as it is the more cost-effective option.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Central Shenandoah Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)

⁹ Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

¹⁰ Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1500.

- adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. It is recommended that Central Shenandoah Health District provide written translation for all vital documents into **Spanish**.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Arabic	1	6	\$8.70
Central Shenandoah Health District	1	6	\$8.70

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 26,545 limited English proficient (LEP) individuals reside in the

Central Shenandoah Health District, comprising 10% of the total population in the district. 82% of the LEP population in Central Shenandoah speaks Spanish as its primary language. DOE data indicate that the LEP population is growing: the number of LEP students receiving services has increased 22% over the last five years.

In the Central Shenandoah Health District 10% of all patients and 14% of all encounters were LEP patients in 2008. Despite the apparent growth in the overall LEP population in Central Shenandoah, these figures represent a decrease in the number and proportion of LEP patients served as compared to the 2007 language needs assessment. This decrease occurred despite an overall increase in the number of patients and encounters in the district.

This report makes no new compliance recommendations for the Central Shenandoah Health District. As in 2007, it is recommended that Central Shenandoah Health District provide on-site interpretation and translation services in **Spanish**. All other patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation may be utilized for this purpose. Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

While Spanish is the primary non-English language that is spoken in the Central Shenandoah Health District, there are other non-English speaking populations. There are 4,744 individuals in the Central Shenandoah Health District who speak neither English nor Spanish as their primary language, representing almost 2% of the total population of the district. These groups form a significant subset of the population in Central Shenandoah; therefore, a district marketing campaign to target these groups may be utilized. It is recommended that the Central Shenandoah Health District continue to identify other specific non-Spanish speaking LEP populations and target these groups for health department outreach. Doing so will assure that the needs of all potential LEP patients are met.

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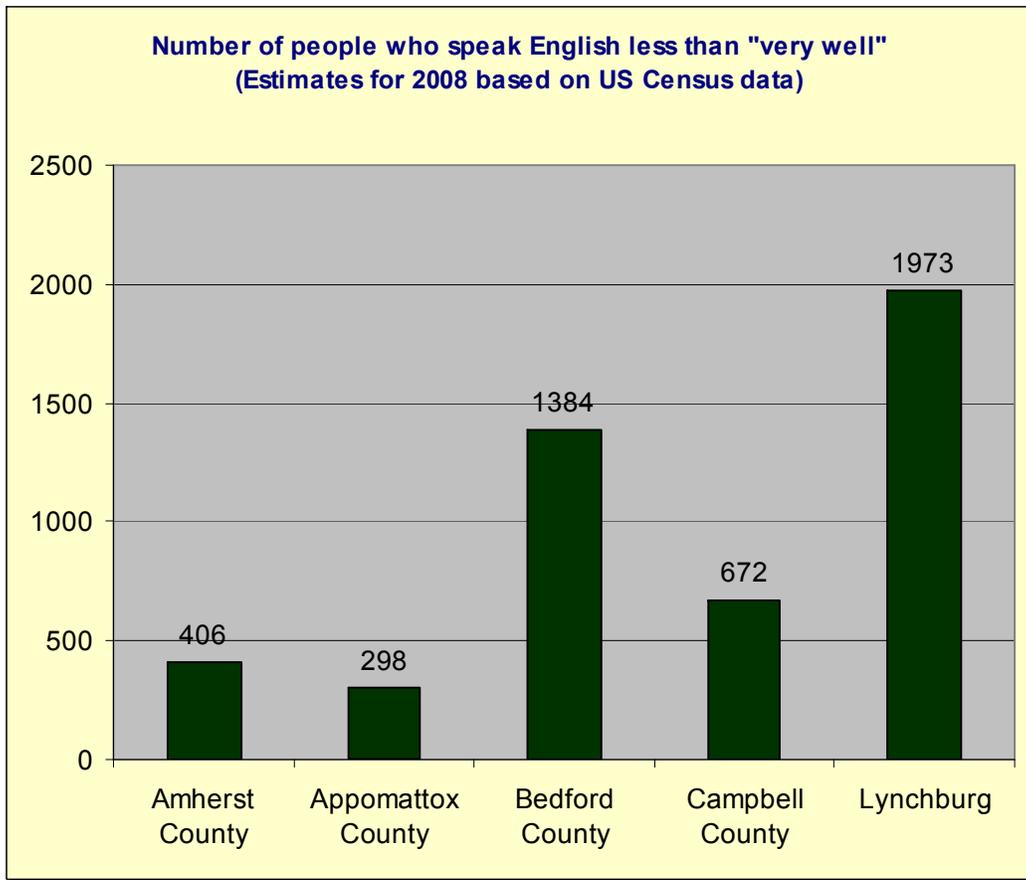
2009 LANGUAGE NEEDS ASSESSMENT: CENTRAL VIRGINIA HEALTH DISTRICT

(Areas covered: Amherst County, Appomattox County, Bedford County,
Campbell County, City of Lynchburg)

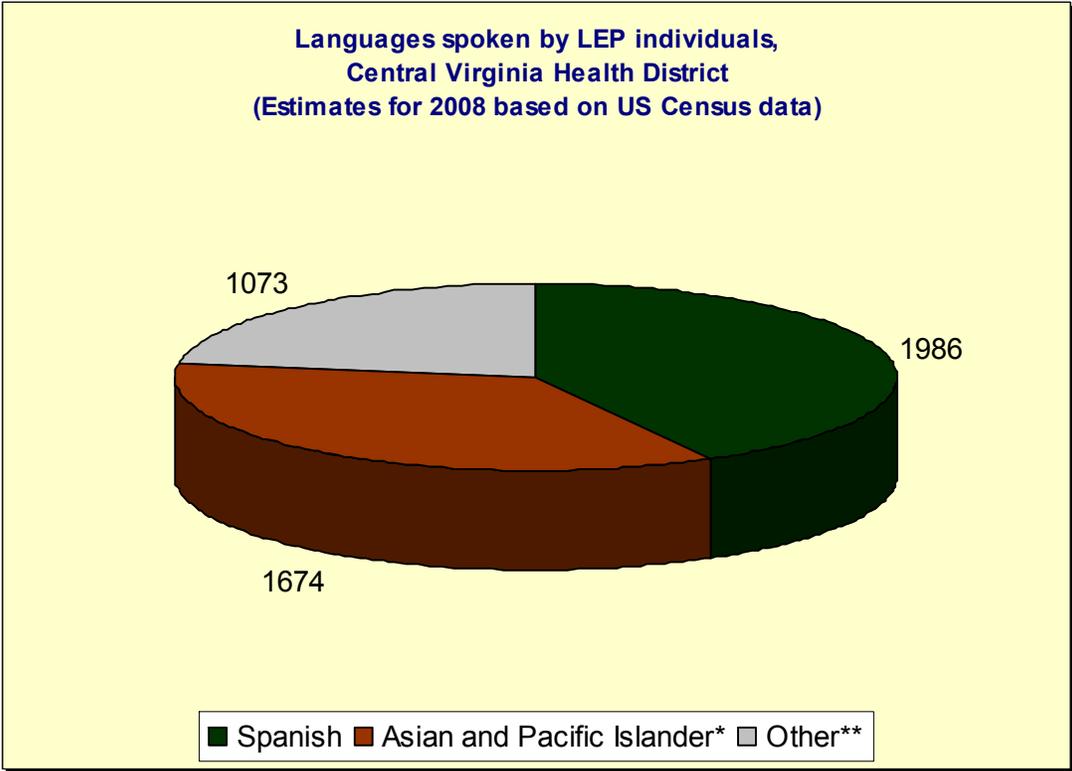
HOW DOES THE CLAS REQUIREMENTS IMPACT THE CENTRAL VIRGINIA HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)¹¹ persons within this district:



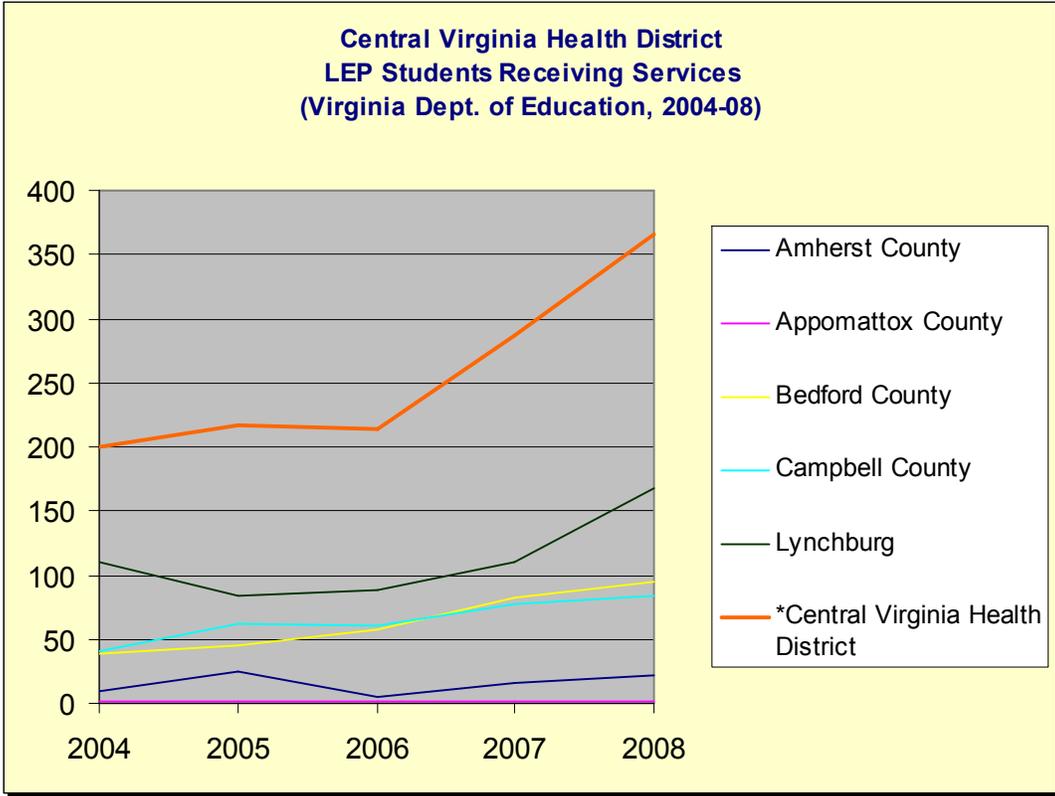
¹¹ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 4,733 of the residents of Central Virginia Health District are considered LEP. The number of LEP individuals is significantly higher in Bedford County (1,384 LEP individuals) and Lynchburg (1,973 LEP individuals). Of the LEP residents in the Central Virginia Health District, less than half (42%) speak Spanish as their primary language.



** The Health District total is the sum of all LEP Students within the cities and counties of the district.*

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Central Virginia Health District has nearly doubled over the last five years, increasing by 83%. The increase in LEP students indicates that the overall LEP population is growing rapidly.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Central Virginia Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

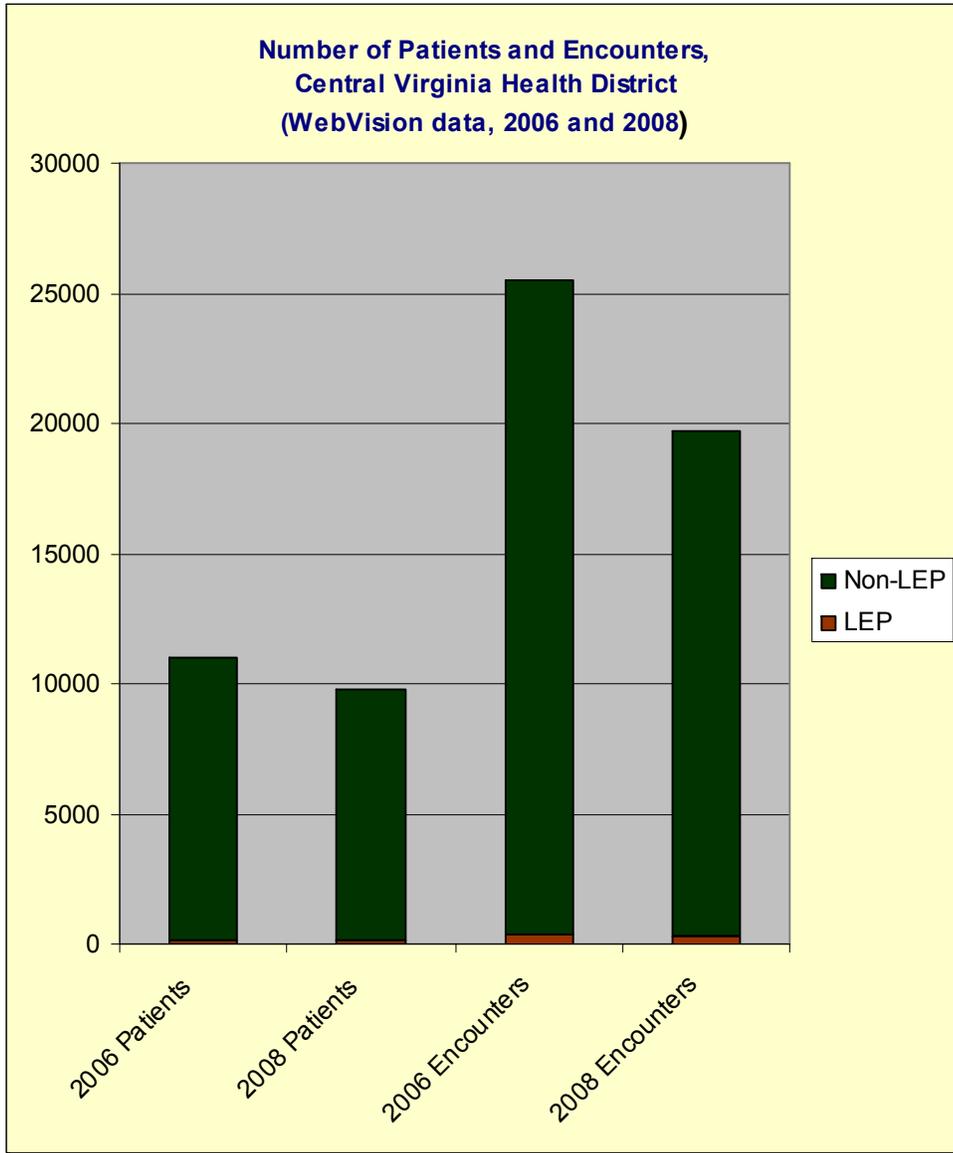
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	9,574	98.27%	19,382	98.29%
Spanish	83	0.85%	148	0.75%
Korean	59	0.61%	139	0.70%
Chinese	3	0.03%	7	0.04%
Arabic	1	0.01%	3	0.02%
French	1	0.01%	1	0.01%
Persian	1	0.01%	1	0.01%
Serbian	1	0.01%	2	0.01%
Swahili	1	0.01%	1	0.01%
Central Virginia Health District	9,743	100.00%	19,719	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Central Virginia Health District:

- ◆ 1.54% of all patients are LEP
- ◆ 1.53% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been little change in percentage of both LEP patients and encounters. The 2007 report showed that about 1% of all patients and encounters involved LEP patients. The stable proportion of LEP patients and encounters is the result of a decrease in the number of LEP patients and encounters and a simultaneous decrease in the total number of LEP patients and encounters.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Central Virginia Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Central Virginia Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents

- are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	109	1,082	\$1,265.30
Korean	45	432	\$627.90
Mandarin	6	128	\$193.70
Cantonese	4	25	\$40.15
Vietnamese	1	37	\$62.95
Japanese	1	19	\$27.55
Burmese	1	2	\$2.90
Central Virginia Health District	167	1,725	\$2,220.45

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 4,733 limited English proficient (LEP) individuals reside in the Central Virginia Health District, comprising 2% of the total population in the district. 42% of the LEP population in Central Virginia speaks Spanish as its primary language. DOE data indicates that the LEP population is growing rapidly: the number of LEP students receiving services has increased 83% over the last five years.

In the Central Virginia Health District about 1.5% of all patients and encounters were LEP patients in 2008. There was little change in the proportion of LEP patients served as compared to the 2007 language needs assessment. LEP individuals continue to form a small fraction of the overall patients and encounters in Central Virginia Health District, despite the apparent growth in the LEP population in the region.

This report makes no new compliance recommendations for the Central Virginia Health District. As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation can be utilized for this purpose.

Health providers in the Central Virginia Health District should be aware of the potential for rapid growth in the LEP population in the district. The DOE data suggests that the LEP population in the Central Virginia Health District has experienced significant growth over the last five years. Specifically focused outreach programs may be needed to reach any emergent LEP groups.

DRAFT

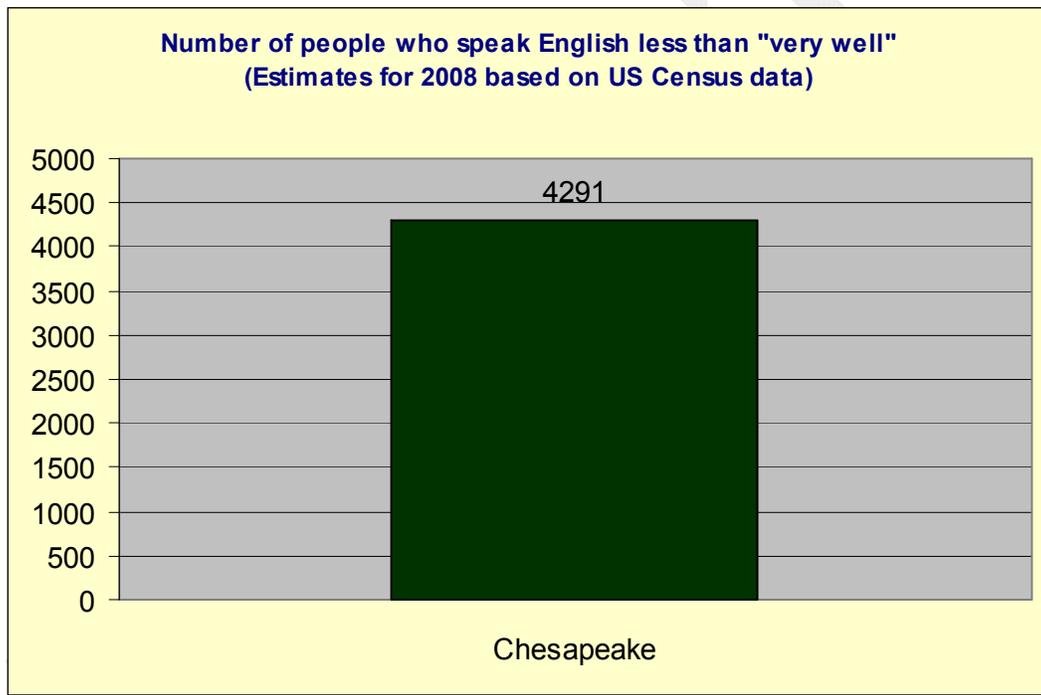
2010 LANGUAGE NEEDS ASSESSMENT: CHESAPEAKE HEALTH DISTRICT

(Areas covered: City of Chesapeake)

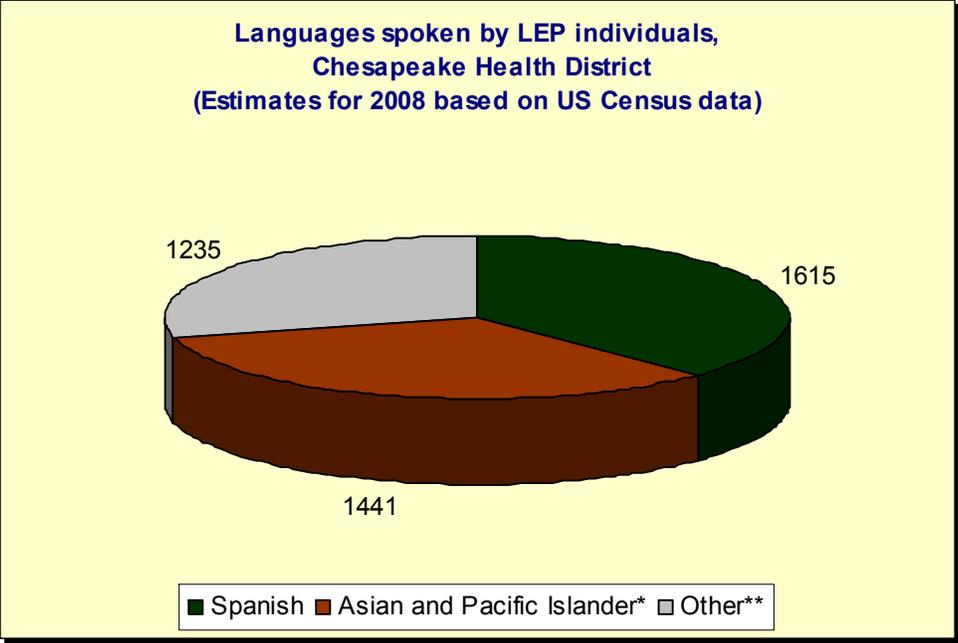
HOW DOES THE CLAS REQUIREMENTS IMPACT THE CHESAPEAKE HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)¹² persons within this district:



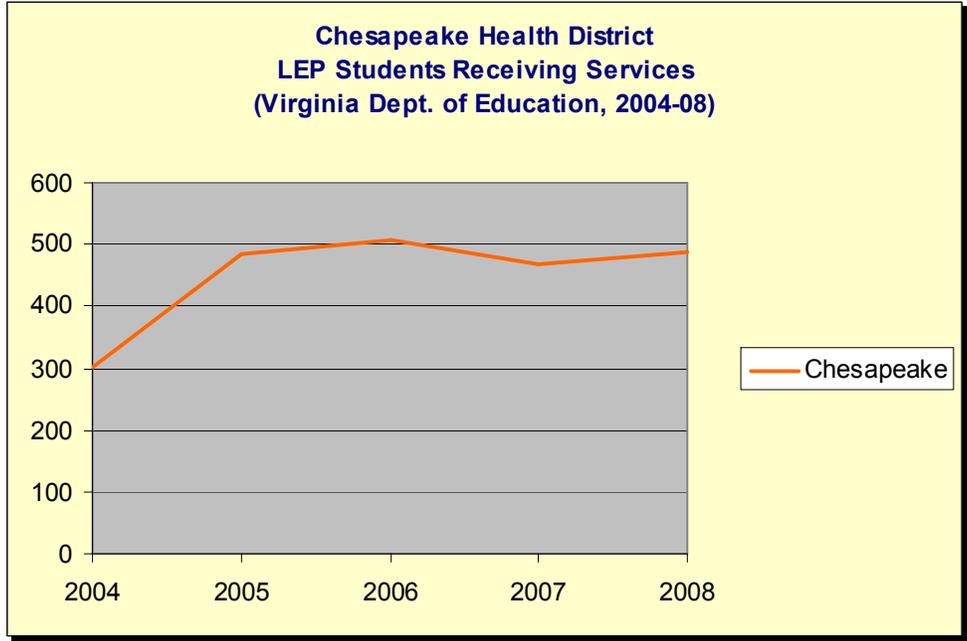
¹² Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 4,291 of the residents of Chesapeake Health District are considered LEP. Of the LEP residents in the Chesapeake Health District, just over a third (38%) speaks Spanish as its primary language.



Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Chesapeake Health District has increased by 62% over the last five years, despite a significant decrease in 2008. The increase in LEP students suggests that the overall LEP population has grown over the last five years

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Chesapeake Health District as reported in the Virginia Department of Health’s (VDH) Web Vision, January- December 2008*:

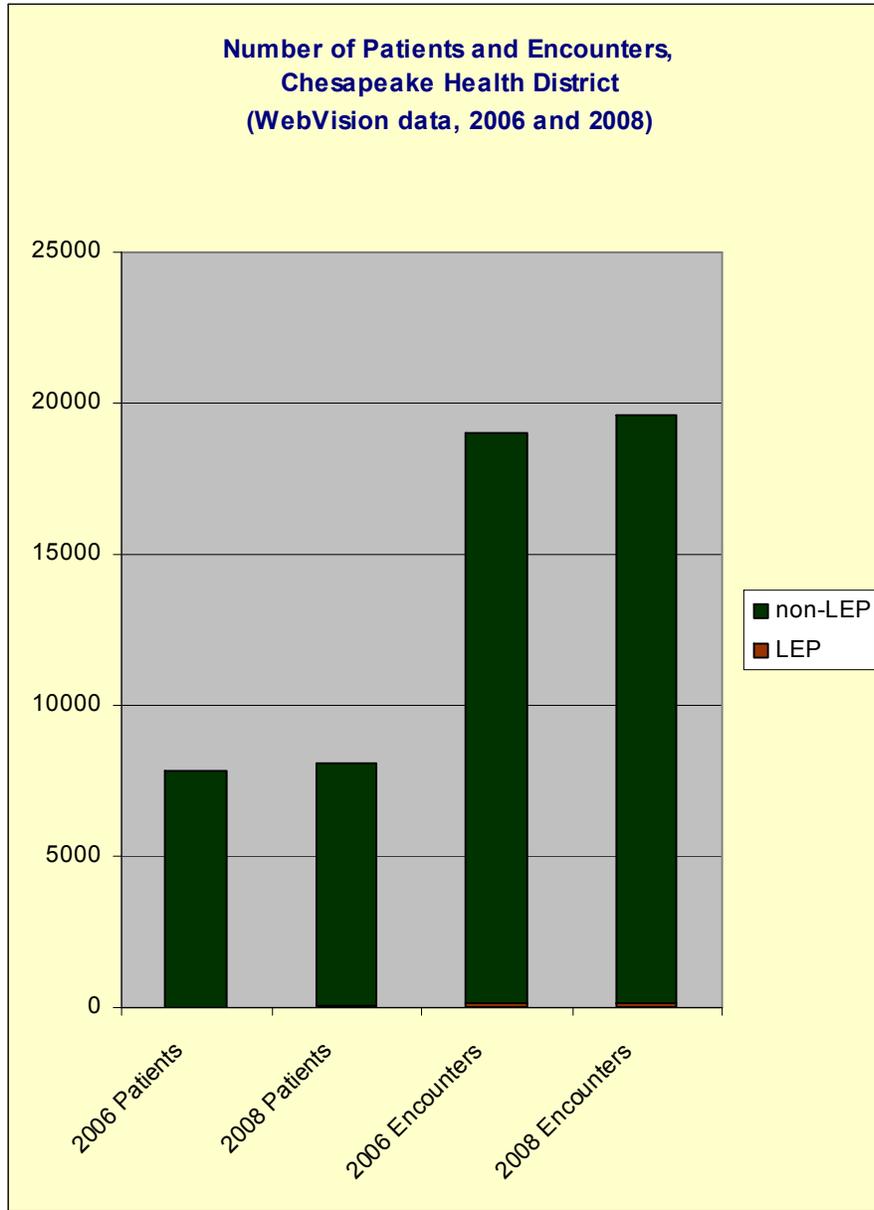
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	7,938	98.35%	19,301	98.46%
Spanish	52	0.64%	99	0.51%
Vietnamese	4	0.05%	7	0.04%
Tagalog	3	0.04%	18	0.09%
Hindi	1	0.01%	1	0.01%
Korean	1	0.01%	1	0.01%
Chesapeake Health District	8,071	100.00%	19,602	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of “yes” & “unknown”)

According to this data, for the Chesapeake Health District:

- ◆ 0.76% of all patients are LEP
- ◆ 0.64% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been very little change in percentage of both LEP patients and encounters. The 2007 report showed that less than 1% of all patients and encounters involved LEP patients. LEP patients and encounters continue to form a very small fraction of the total patients and encounters in Chesapeake Health District.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) on the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Chesapeake Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Chesapeake Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents

- are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	9	132	\$151.80
Arabic	1	11	\$15.95
Chesapeake Health District	10	143	\$167.75

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 4,291 limited English proficient (LEP) individuals reside in the Chesapeake Health District, comprising 2% of the total population in the district. Only 38% of the LEP population in Chesapeake speaks Spanish as its primary language. DOE data indicates that the LEP population is growing rapidly: the number of LEP students receiving services has increased 62% over the last five years.

In the Chesapeake Health District less than 1% of all patients and encounters were LEP patients in 2008. These figures show little change in the proportion of LEP patients served as compared to the 2007 language needs assessment.

This report makes no new compliance recommendations for the Chesapeake Health District. As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose. Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

There is a notable percentage of non Spanish-speaking LEP individuals in Chesapeake that comprise 62% of the LEP population in the district but are only 15% of LEP patients and 21% of LEP encounters. This data suggests that these non-Spanish speaking LEP populations are not being served by health department programs. This difference may be due to overestimated census data regarding the non-Hispanic LEP population or that this population is not in need of health department services. Nonetheless, non-Spanish speaking groups form a significant subset of the LEP population in Chesapeake. It is recommended that Chesapeake Health District identify specific LEP populations, particularly non-Spanish residents, and target these groups for health department outreach. Doing so will help to assure that the district meets the needs of all its potential LEP patients.

DRAFT

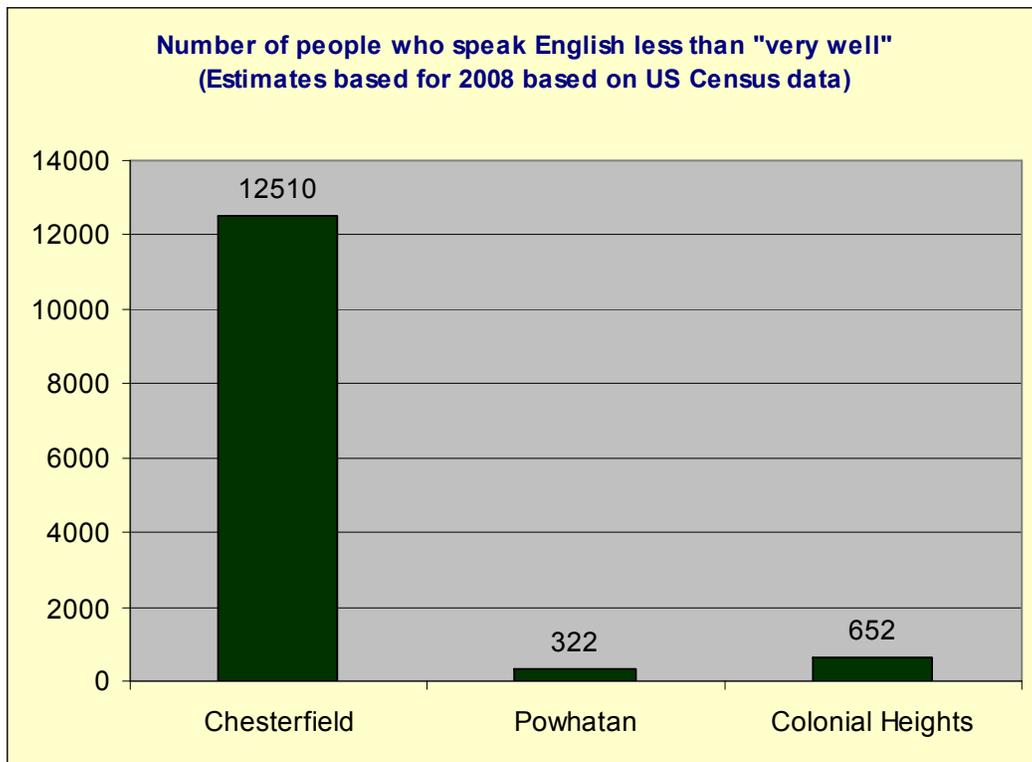
2010 LANGUAGE NEEDS ASSESSMENT: CHESTERFIELD HEALTH DISTRICT

(Areas covered: Chesterfield County, Powhatan County, City of Colonial Heights)

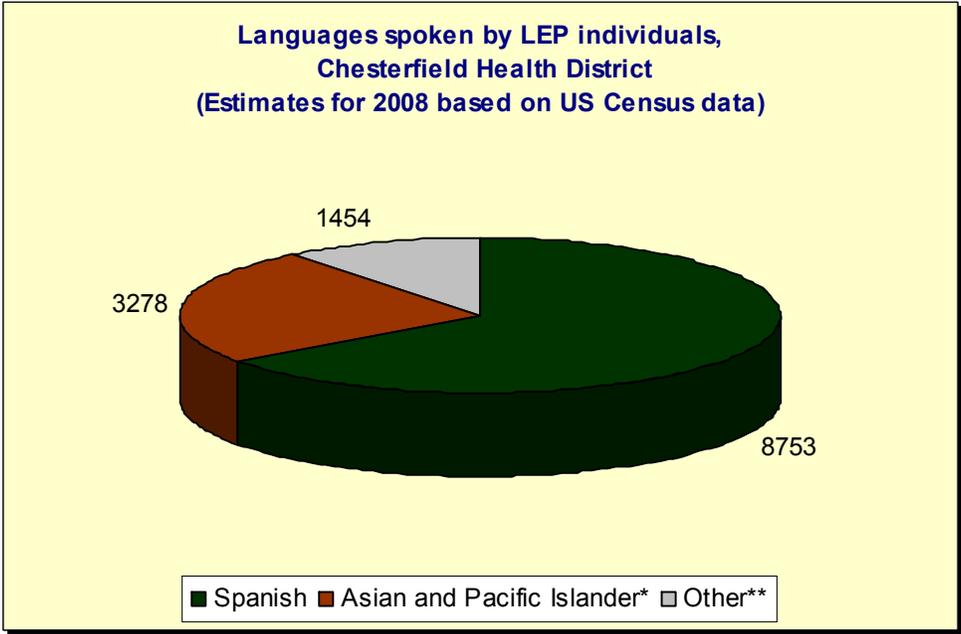
HOW DOES THE CLAS REQUIREMENTS IMPACT THE CHESTERFIELD HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)¹³ persons within this district:



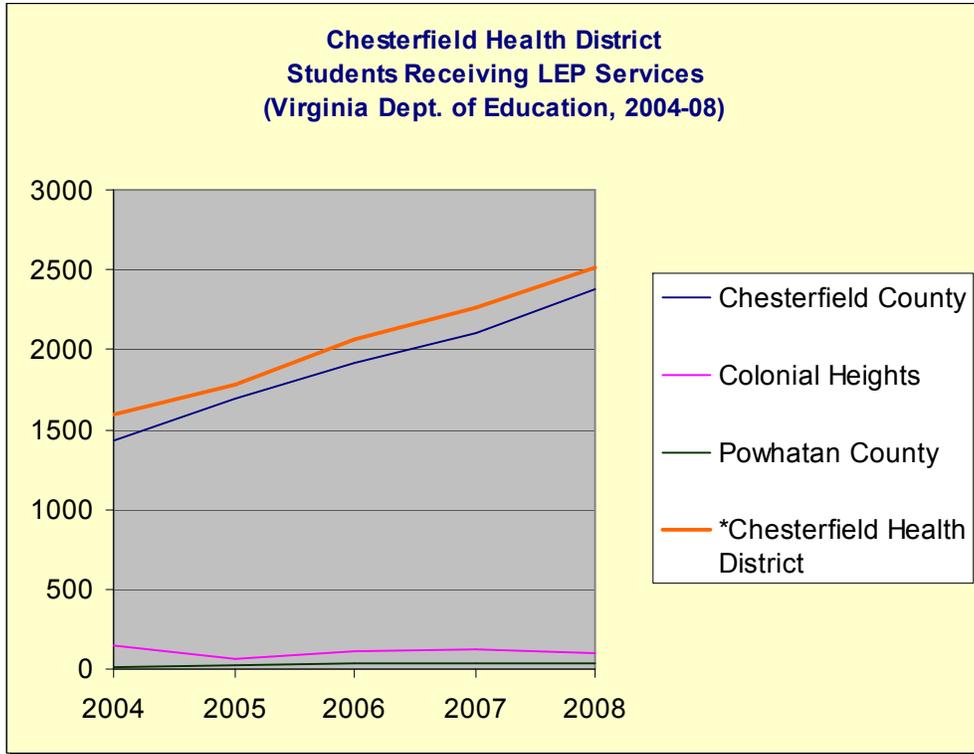
¹³ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukrainian and Urdu.

Based on 2008 estimates from US Census data, 13,485 of the residents of Chesterfield Health District are considered LEP. The number of LEP residents is significantly higher in Chesterfield County (12,510 LEP residents). Of the LEP residents in the Chesterfield Health District, approximately two thirds (65%) speak Spanish as their primary language.



** The Health District total is the sum of all LEP Students within the cities and counties of the district.*

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Chesterfield Health District has increased steadily by 58% over the last five years. This indicates that the overall LEP population in the area is growing.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Chesterfield Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January - December 2008*:

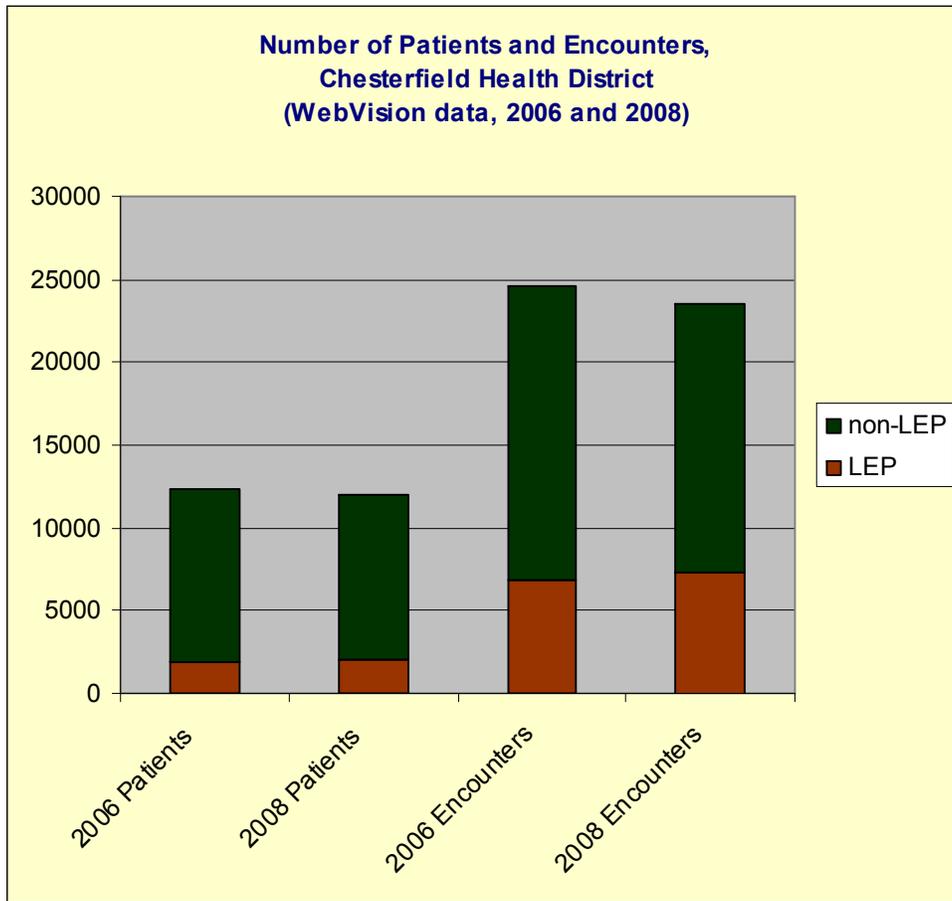
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	9,834	81.96%	15,916	67.80%
Spanish	2,043	17.03%	6,950	29.61%
Vietnamese	18	0.15%	176	0.75%
Arabic	5	0.04%	14	0.06%
Kirundi	3	0.03%	6	0.03%
Korean	3	0.03%	152	0.65%
Chinese	1	0.01%	16	0.07%
Dutch	1	0.01%	1	0.00%
Hungarian	1	0.01%	1	0.00%
Punjabi	1	0.01%	2	0.01%
Turkish	1	0.01%	1	0.00%
Urdu	1	0.01%	1	0.00%
Chesterfield Health District	11,998	100.00%	23,474	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Chesterfield Health District:

- ◆ 17.3% of all patients are LEP
- ◆ 31.2% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been an increase in percentage of both LEP patients and encounters. The 2007 report showed that 16% of all patients and 28% of all encounters involved LEP patients. Comparing data from the 2007 report with more recent data, it is evident that the number and proportion of LEP patients and encounters in the Chesterfield Health District has increased, as the total number of patients and encounters decreased.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Chesterfield Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Chesterfield Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost¹⁴: \$132,050) or by bilingual employees who have been trained in medical interpreting (estimated cost¹⁵: \$7,000 - \$21,000). The use of bilingual employees who have been trained in medical interpreting is preferred, as it is the more cost-effective option.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Chesterfield Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the

¹⁴ Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

¹⁵ Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1,500.

- target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. It is recommended that Chesterfield Health District provide written translation for all vital documents into **Spanish**.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Mandarin	3	63	91.35
Vietnamese	1	3	4.35
Chesterfield Health District	4	66	95.7

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 13,485 limited English proficient (LEP) individuals reside in the Chesterfield Health District, comprising 4% of the total population in the district. 65% of the LEP population in Chesterfield speaks Spanish as its primary language. DOE data indicates that the LEP population is growing rapidly: the number of LEP students receiving services has increased 58% over the last five years.

In the Chesterfield Health District 17% of all patients and 31% of all encounters were LEP patients in 2008. These figures represent a decrease in the number and proportion of LEP patients served as compared to the 2007 language needs assessment. This increase occurred despite a slight decrease in the number of total patients and encounters in the district.

This report makes no new compliance recommendations for the Chesterfield Health District. As in 2007, it is recommended that Chesterfield Health District provide on-site interpretation and translation services in **Spanish**. All other patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose. Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

Data suggests that non-Spanish speaking LEP populations may be underserved by health department programs. Non-Spanish speaking LEP groups are 35% of the overall LEP population in the Chesterfield Health District but they represent only 2% of LEP patients and 5% of LEP encounters in the district. It may be that the census data have overestimated the LEP population or that this population is not in need of health department services. Nonetheless, these groups form a significant subset of the LEP population in Chesterfield Health District. It is recommended that Chesterfield Health District identify specific LEP populations, particularly non-Spanish speakers, and target these groups for health department outreach. Doing so will help to assure that the district meets the needs of all its potential LEP patients.

DRAFT

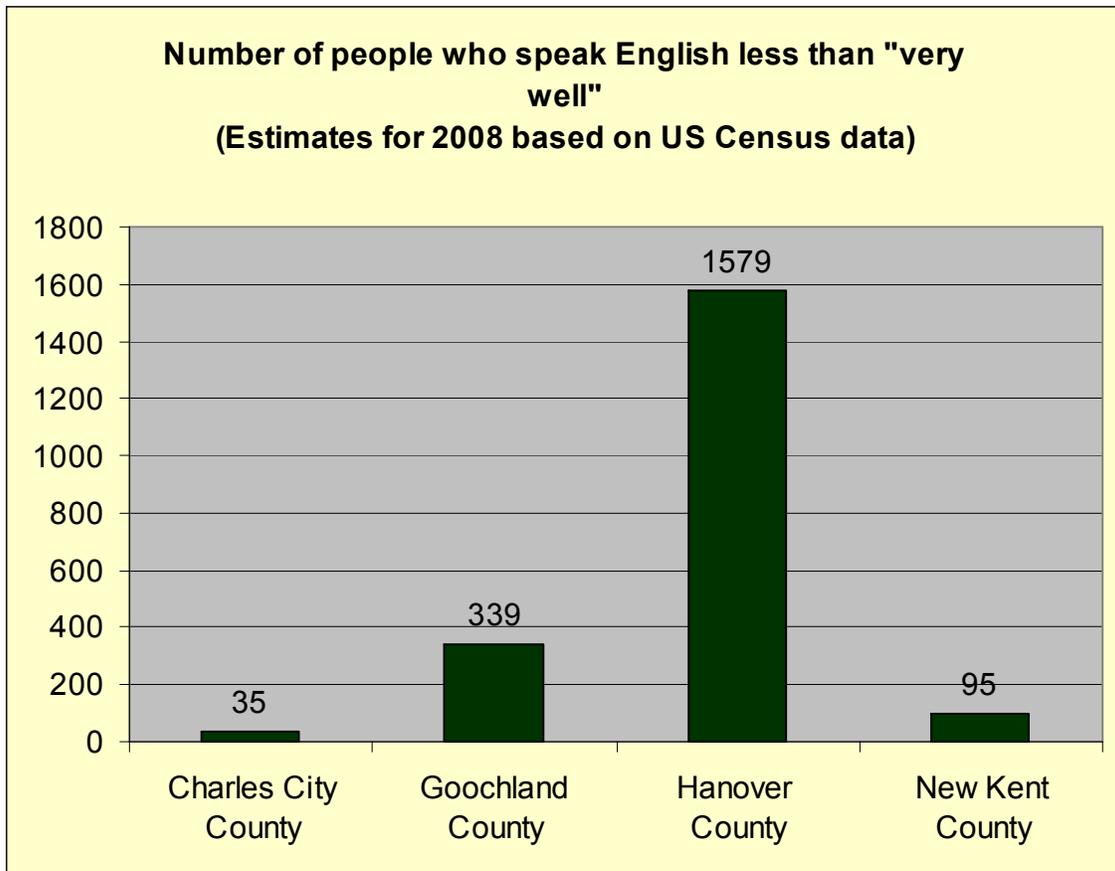
2010 LANGUAGE NEEDS ASSESSMENT: CHICKAHOMINY HEALTH DISTRICT

(Areas covered: Charles City County, Goochland County, Hanover County,
New Kent County)

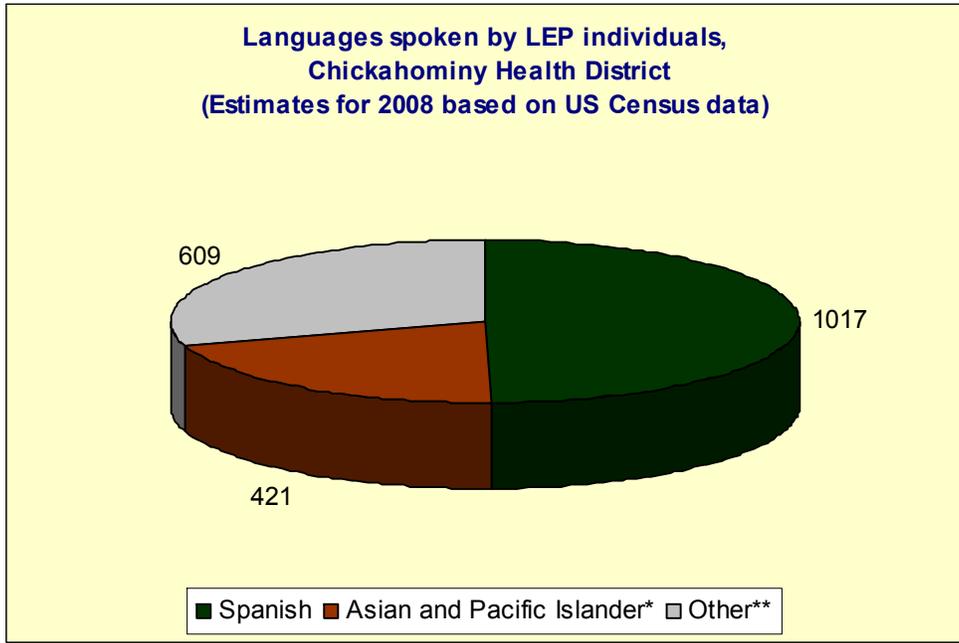
HOW DOES THE CLAS REQUIREMENTS IMPACT THE CHICKAHOMINY HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)¹⁶ persons within this district:



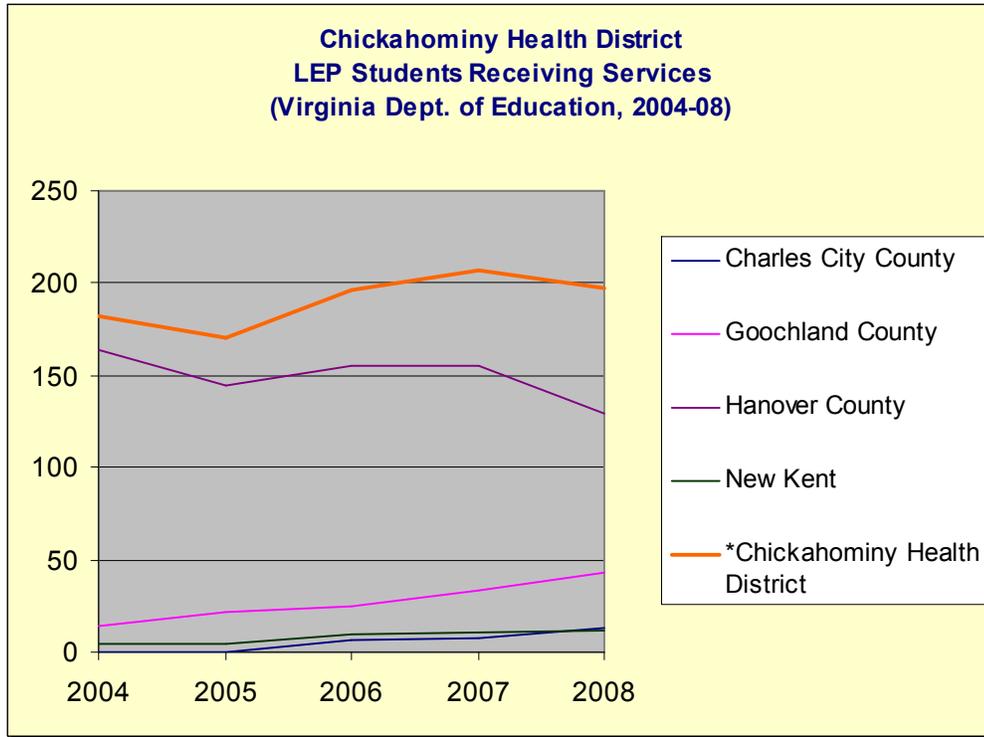
¹⁶ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 2,048 of the residents of Chickahominy Health District are considered LEP. The number of LEP residents is significantly higher in Hanover County (1,579 LEP individuals). Of the LEP residents in the Chickahominy Health District, about half speak Spanish as their primary language.



* The Health District total is the sum of all LEP Students within the cities and counties of the district.

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Chickahominy Health District has increased 8% from five years ago. This data suggests that the overall LEP population in Chickahominy is relatively stable.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Chickahominy Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

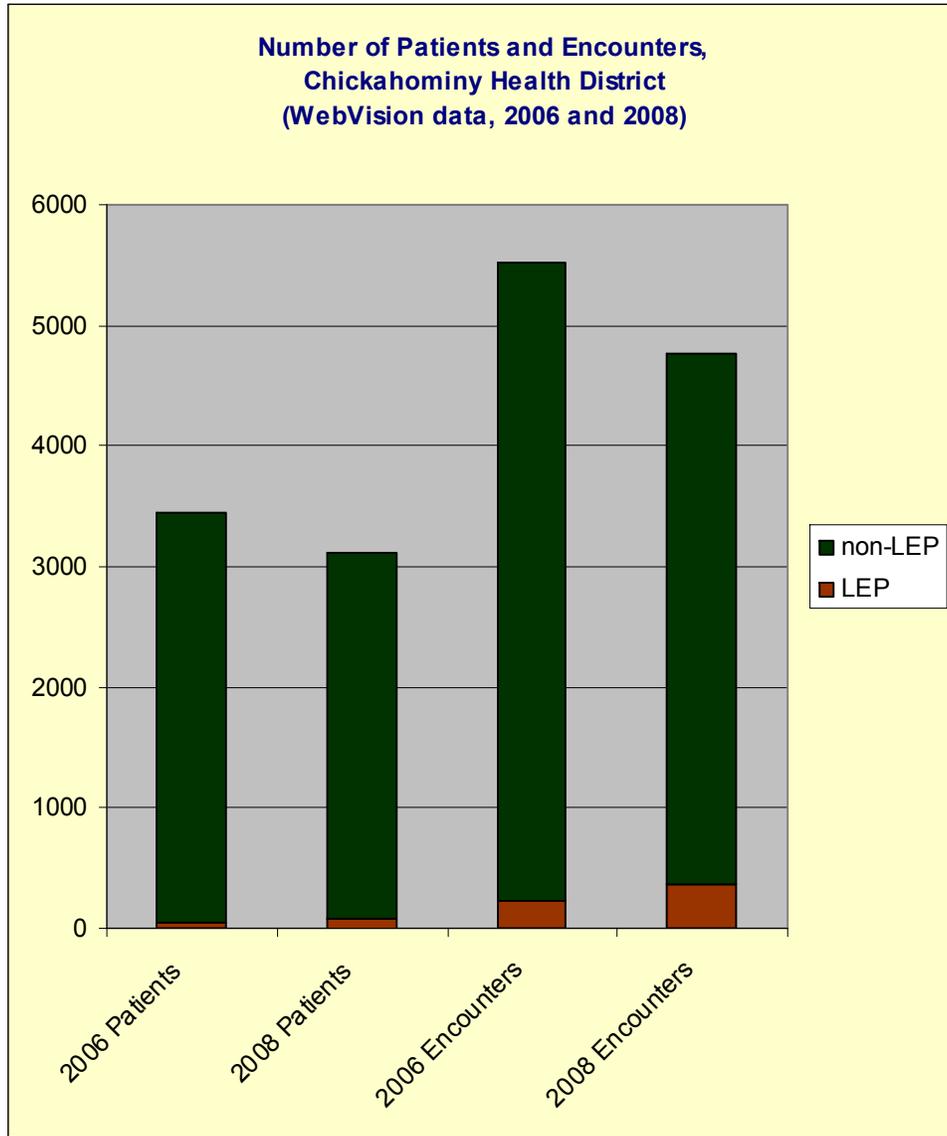
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	3,017	96.76%	4,382	91.85%
Spanish	80	2.57%	353	7.40%
Burmese	2	0.06%	6	0.13%
Chinese	2	0.06%	3	0.06%
Arabic	1	0.03%	2	0.04%
Portuguese	1	0.03%	1	0.02%
Chickahominy Health District	3,118	100.00%	4,771	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Chickahominy Health District:

- ◆ 2.79% of all patients are LEP
- ◆ 7.67% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been a slight increase in percentage of both LEP patients and encounters. The 2007 report showed that about 2% of all patients and 4% of all encounters involved LEP patients. Since two years ago, there has been a slight increase in the number and proportion of LEP patients and encounters, even as the number of total patients and encounters decreased.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable

period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Chickahominy Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Chickahominy Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education

- have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. It is recommended that Chickahominy Health District translate all vital documents into **Spanish**.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	59	764	\$878.60
Mandarin	2	26	\$37.70
Chickahominy Health District	61	790	\$916.30

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 2,048 limited English proficient (LEP) individuals reside in the Chickahominy Health District, comprising 1.4% of the total population in the district. About half of the LEP population in Chickahominy speaks Spanish as its primary language. DOE data indicates that the LEP population is fairly stable: the number of LEP students receiving services has increased by only 8% from five years ago.

In the Chickahominy Health District about 3% of all patients and 8% of all encounters were LEP patients in 2008. These figures represent a slight increase in the proportion of LEP patients

served as compared to the 2007 language needs assessment. This increase was due to a slight increase in the number of LEP patients and encounters and a decrease in the total number of district patients and encounters.

This report has made a new compliance recommendation for the Chickahominy Health District. It is now recommended that the Chickahominy Health District translates all vital documents into **Spanish**, as Spanish speakers are 7% of all encounters in the district. All non-vital documents can be translated into Spanish orally by a trained medical interpreter.

As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose. Note: Health services providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

Data suggests that non-Spanish speaking LEP populations may not be being reached by health department programs. Non-Spanish speaking LEP groups are 50% of the overall LEP population in the Chickahominy Health District, but they represent only 8% of LEP patients and 4% of LEP encounters in the district. It may be that the census data have overestimated the LEP population or that this population is not in need of health department services. As these groups form a significant subset of the LEP population in Chickahominy Health District; it is recommended that Chickahominy Health District identify specific LEP populations, particularly non-Spanish speakers, and target these groups for health department outreach. Doing so will assure the district meets the needs of all potential LEP patients.

DRAFT

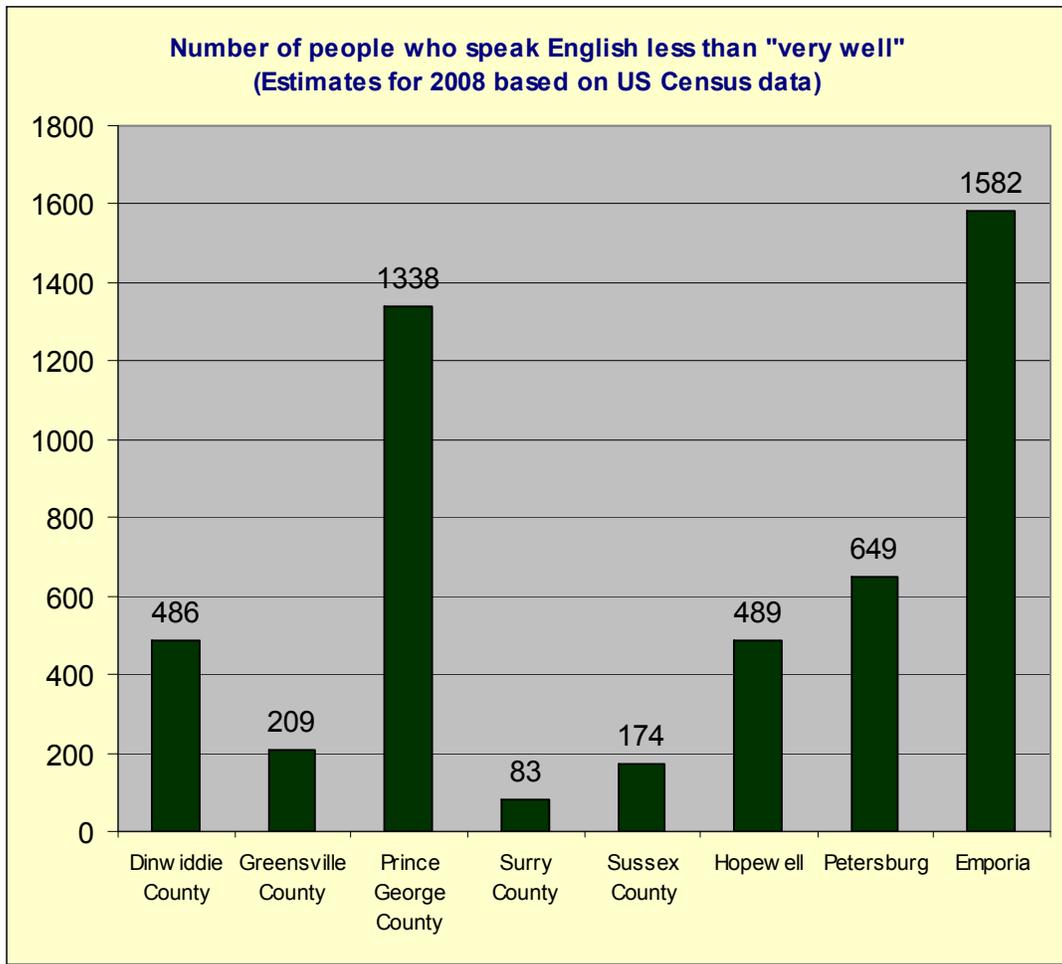
2010 LANGUAGE NEEDS ASSESSMENT: CRATER HEALTH DISTRICT

(Areas covered: Dinwiddie County, Greenville County, Prince George County, Surry County, Sussex County, Cities of Hopewell, Petersburg, Emporia)

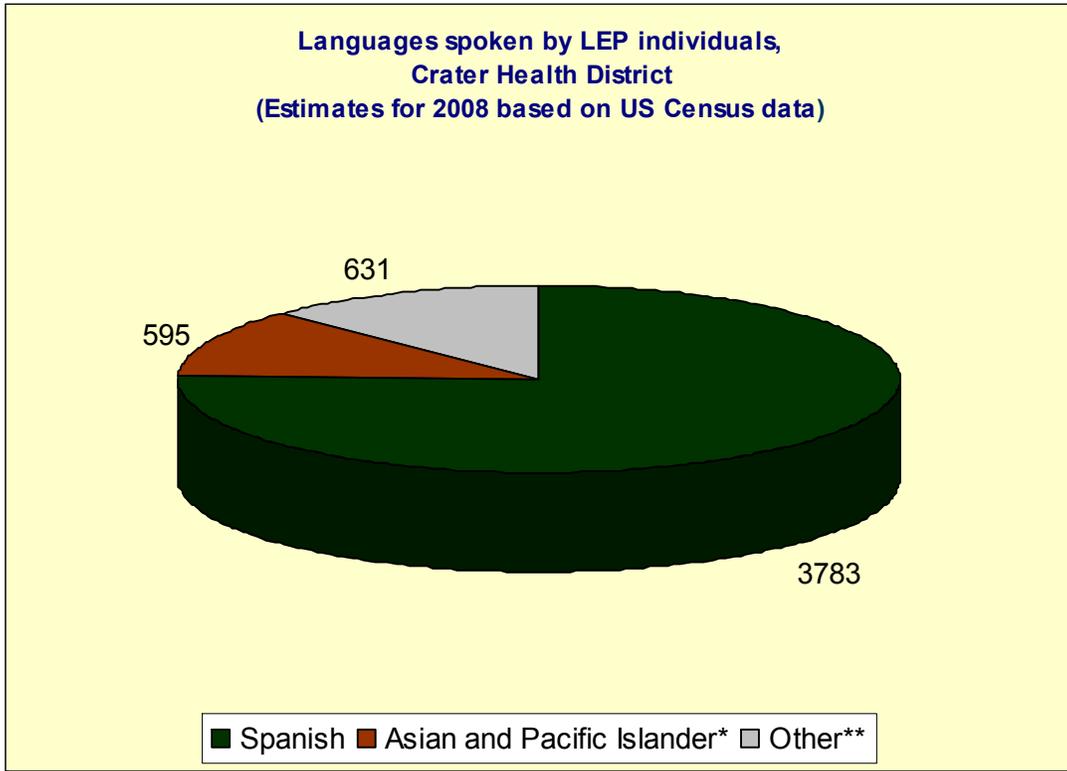
HOW DOES THE CLAS REQUIREMENTS IMPACT THE CRATER HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)¹⁷ persons within this district:



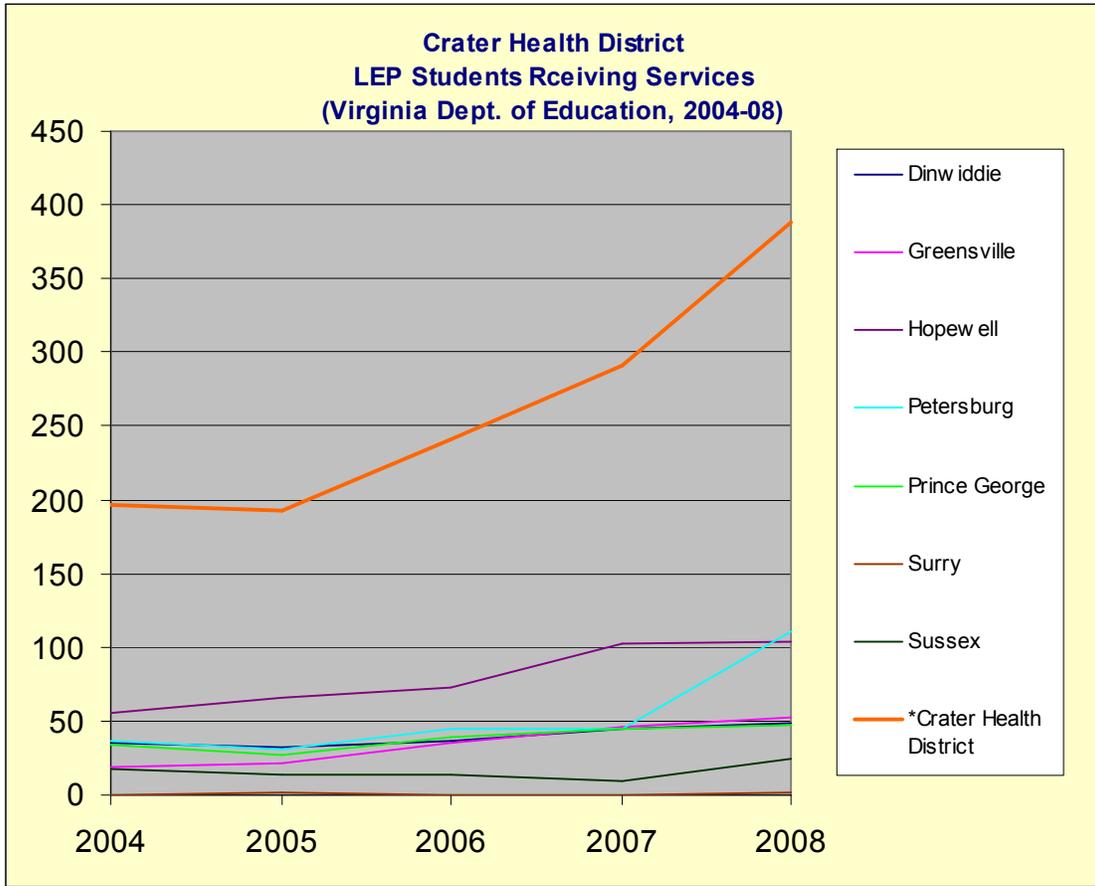
¹⁷ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukrainian and Urdu.

Based on 2008 estimates from US Census data, 5,008 of the residents of Crater Health District are considered LEP. The number of LEP individuals is significantly higher in Prince George County (1,338 LEP individuals) and Emporia (1,582 LEP individuals). Of the LEP residents in the Crater Health District, three-quarters (76%) speak Spanish as their primary language.



** The Health District total is the sum of all LEP Students within the cities and counties of the district.*

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Crater Health District has doubled over the last five years. This data suggests that the overall LEP population in Crater is growing rapidly.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Crater Health District as reported in the Virginia Department of Health's (VDH) WebVision, January- December 2008*:

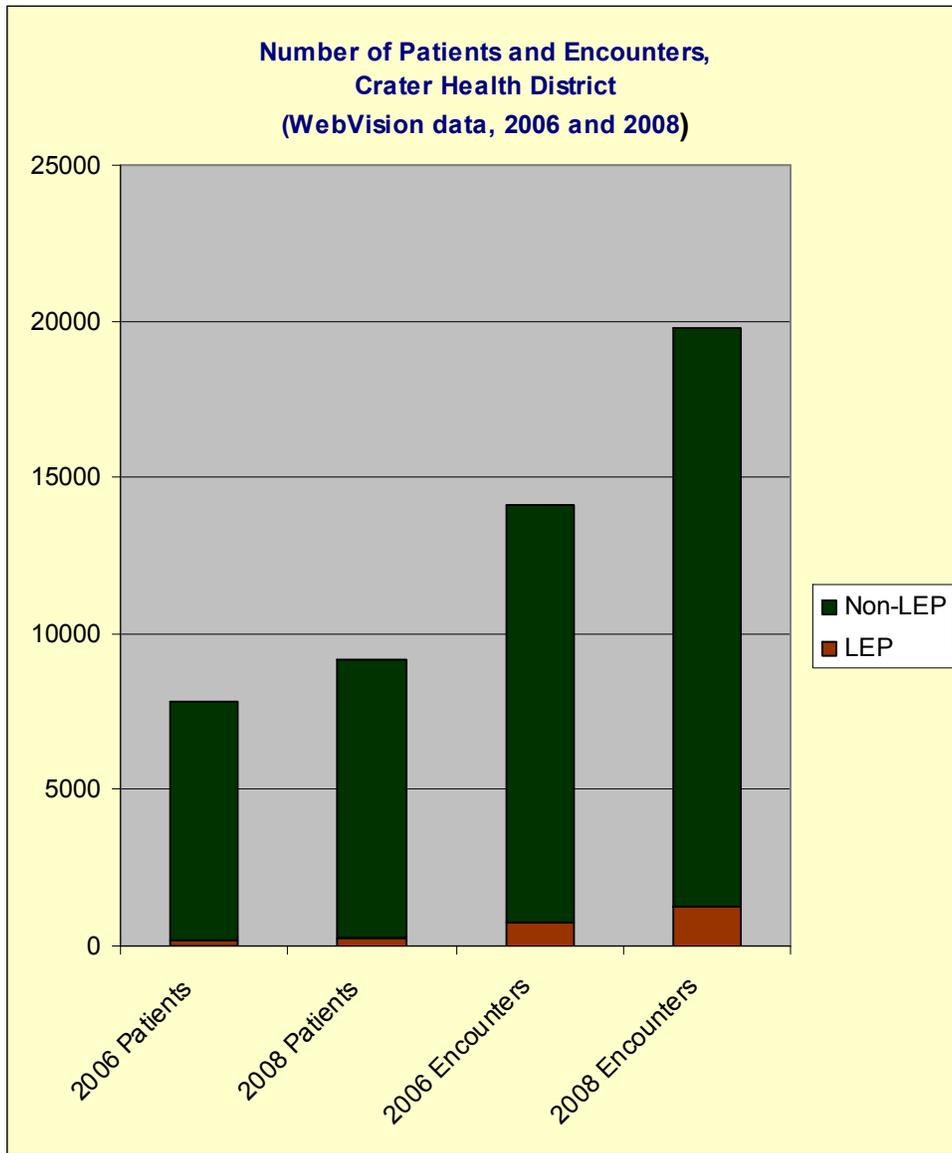
Primary Language**	Patients (unduplicated count)		Patient encounter	
	#	%	#	%
English	8805	96.30%	18300	92.55%
Spanish	279	3.05%	1279	6.47%
French	3	0.03%	20	0.10%
Chinese	1	0.01%	2	0.01%
Gujarati	1	0.01%	2	0.01%
Total	9143	100.00%	19773	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Crater Health District:

- ◆ 3.11% of all patients are LEP
- ◆ 6.59% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been an increase in percentage of both LEP patients and encounters. The 2007 report showed that about 3% of all patients and 6% of all encounters involved LEP patients. Compared with data from two years ago, it is evident that there has been a slight increase in the number and proportion of LEP patients and encounters; this increase has coincided with an increase in the overall number of patients and encounters.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Crater Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Crater Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost¹⁸: \$24,301) or by bilingual employees who have been trained in medical interpreting (estimated cost¹⁹: \$1,500 - \$4,500). The use of bilingual employees who have been trained in medical interpreting is preferred, as it is the more cost-effective option.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Crater Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)

¹⁸ Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

¹⁹ Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1,500.

- have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. It is recommended that the Crater Health District translates all vital documents into **Spanish**.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	325	2,848	\$3272.90
French	29	513	\$743.85
Mandarin	1	9	\$13.05
Vietnamese	1	3	\$4.35
Crater Health District	356	3,373	\$4034.15

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 5,008 limited English proficient (LEP) individuals reside in the Crater Health District, comprising 3% of the total population in the district. Three-quarters of the LEP population in Crater speaks Spanish as its primary language. DOE data indicates that the LEP population is growing rapidly: the number of LEP students receiving services has doubled from five years ago.

In the Crater Health District about 3% of all patients and 7% of all encounters were LEP patients in 2008. These figures represent an increase in the proportion of LEP patients served as compared to the 2007 language needs assessment. This increase coincided with an increase in the overall number of patients and encounters.

This report has made new compliance recommendations for the Crater Health District. It is now recommended that the Crater Health District provides on-site interpretation services in **Spanish**. It is also recommended that the Crater Health District translates all vital documents into **Spanish**, as Spanish speakers are 7% of all encounters in the district. All non-vital documents can be translated into Spanish orally by a trained medical interpreter.

As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose. Data from LSA suggests that this resource may have been under-utilized in the Crater Health District. Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

Health service providers should be aware of the potential for growth of the LEP population in the region, particularly as the LEP population of Virginia continues to grow.

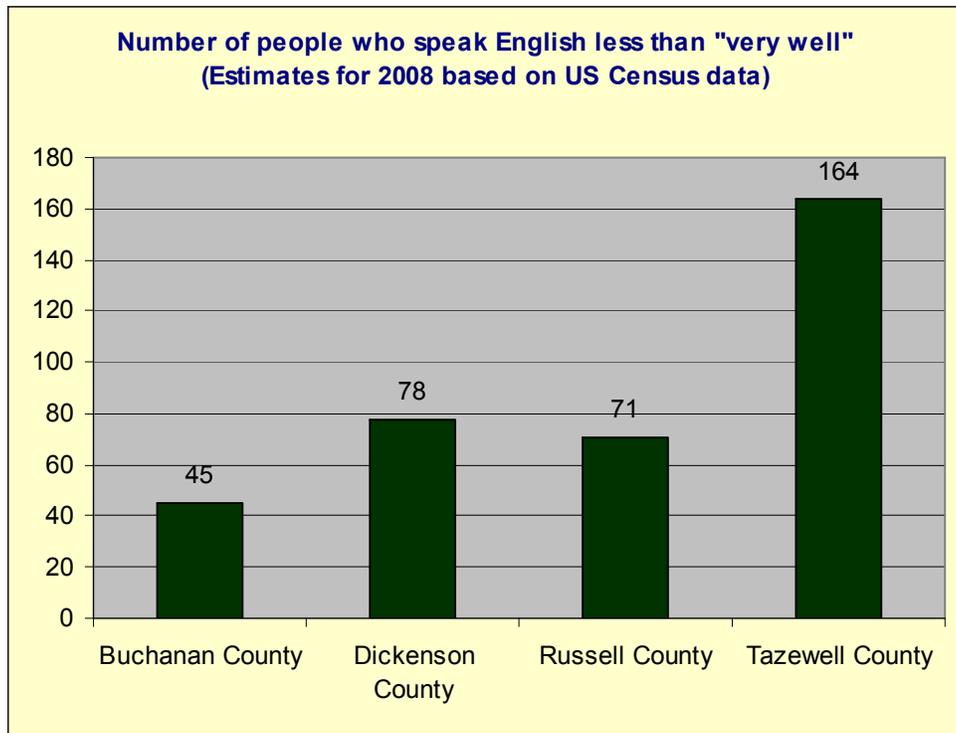
2010 LANGUAGE NEEDS ASSESSMENT: CUMBERLAND PLATEAU HEALTH DISTRICT

(Areas covered: Buchanan County, Dickenson County, Russell County, Tazewell County)

HOW DOES THE CLAS REQUIREMENTS IMPACT THE CUMBERLAND PLATEAU HEALTH DISTRICT?

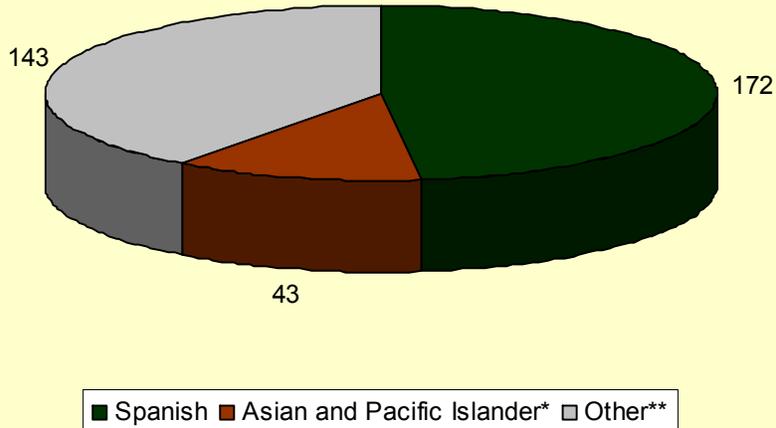
The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)²⁰ persons within this district:



²⁰ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)

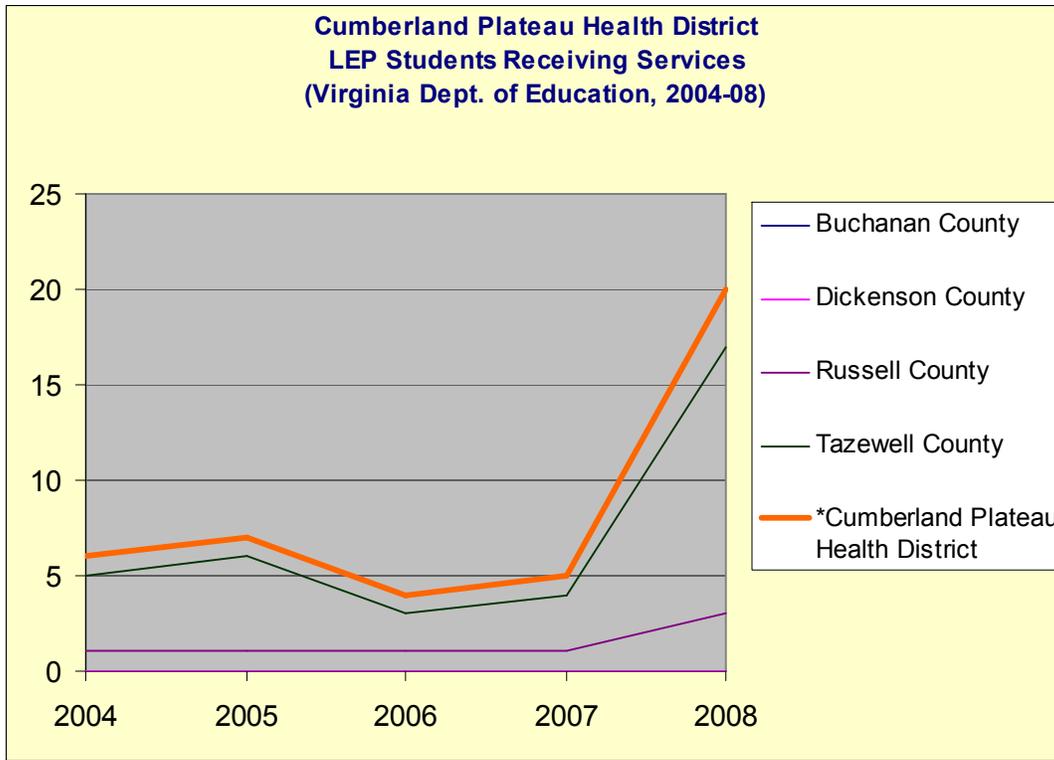
**Languages spoken by LEP individuals,
Cumberland Plateau Health District
(Estimates for 2008 based on US Census data)**



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 357 of the residents of Cumberland Plateau Health District are considered LEP. Of the LEP residents in the Cumberland Plateau Health District, about half (48%) speak Spanish as their primary language.



* The Health District total is the sum of all LEP Students within the cities and counties of the district.

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Cumberland Plateau Health District is three times what it was in 2004. Despite this increase, the total number of LEP students receiving services in the district (20) is still very small. However, the increase in the number of LEP students indicates the potential for continued growth of the overall LEP population in the Cumberland Plateau.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Cumberland Plateau Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

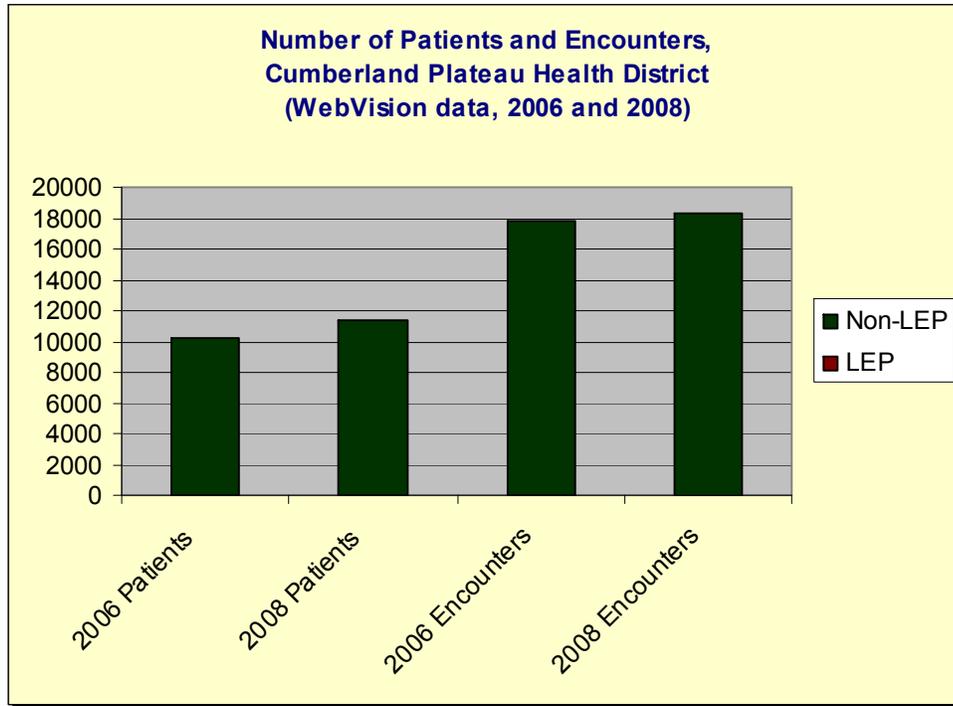
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	11,314	99.94%	18,279	99.92%
Amharic	2	0.02%	2	0.01%
Spanish	1	0.01%	1	0.01%
Vietnamese	1	0.01%	2	0.01%
Cumberland Plateau Health District	11,321	100.00%	18,293	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Cumberland Plateau Health District:

- ◆ 0.04% of all patients are LEP
- ◆ 0.03% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been very little change in percentage of both LEP patients and encounters. The 2007 report showed that a small fraction of 1% of all patients and encounters involved LEP patients. LEP patients and encounters continue to form a very small part of the total patients and encounters in Cumberland Plateau Health District.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Cumberland Plateau Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Cumberland Plateau Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not

- only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	5	45	\$51.75
Mandarin	1	8	\$11.60
Cumberland Plateau Health District	6	53	\$63.35

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 357 limited English proficient (LEP) individuals reside in the Cumberland Plateau Health District, comprising less than 1% of the total population in the district. About half of the LEP population in Cumberland Plateau speaks Spanish as its primary language. DOE data indicates that the LEP population is small but has the potential for growth in the coming years.

In the Cumberland Plateau Health District less than 1% of all patients and encounters were LEP patients in 2008. These figures show little change in the proportion of LEP patients served as compared to the 2007 language needs assessment: LEP patients continue to be a very small part of the population the district serves.

This report makes no new compliance recommendations for the Cumberland Plateau Health District. As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation can be utilized for this purpose.

Although the LEP population in the Cumberland Plateau Health District is presently very small, health service providers should be aware of the potential for growth of the LEP population in the region, particularly as the LEP population of Virginia continues to grow.

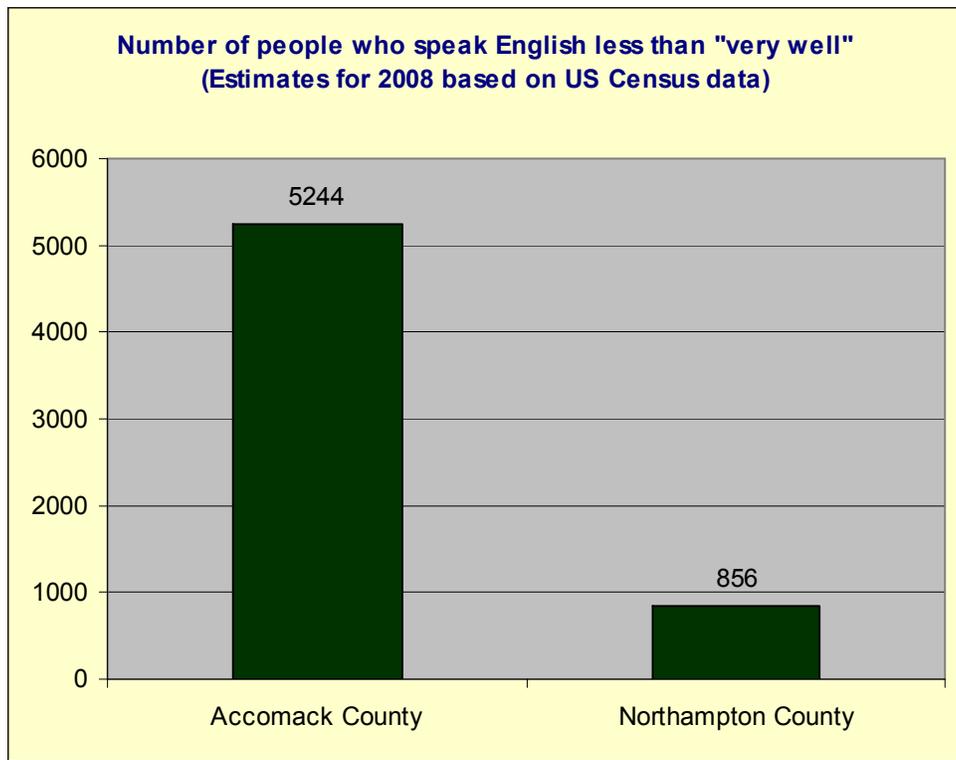
2010 LANGUAGE NEEDS ASSESSMENT: EASTERN SHORE HEALTH DISTRICT

(Areas covered: Accomack County, Northampton County)

HOW DOES THE CLAS REQUIREMENTS IMPACT THE EASTERN SHORE HEALTH DISTRICT?

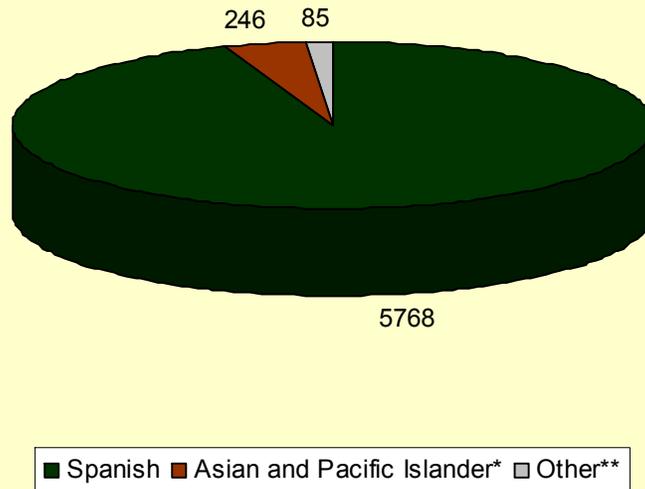
The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)²¹ persons within this district:



²¹ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)

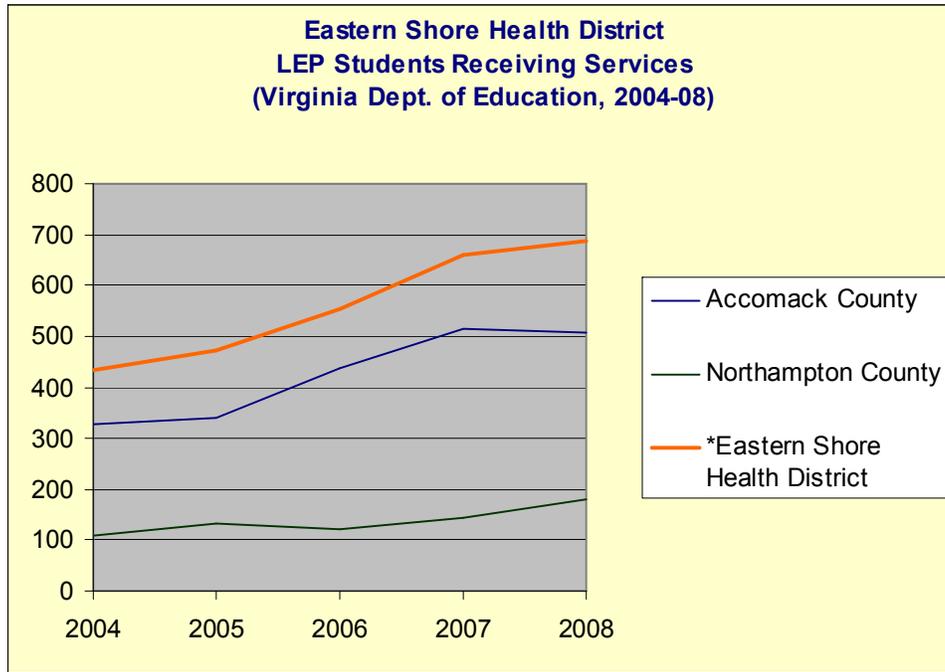
**Languages spoken by LEP individuals,
Eastern Shore Health District
(Estimates for 2008 based on US Census data)**



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 6,100 of the residents of Eastern Shore Health District are considered LEP. Of the LEP residents in the Eastern Shore Health District, the overwhelming majority (95%) speak Spanish as their primary language.



* The Health District total is the sum of all LEP Students within the cities and counties of the district.

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Eastern Shore Health District has increased by 58% over the last five years. This indicates that the overall LEP population in the area is growing.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Eastern Shore Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

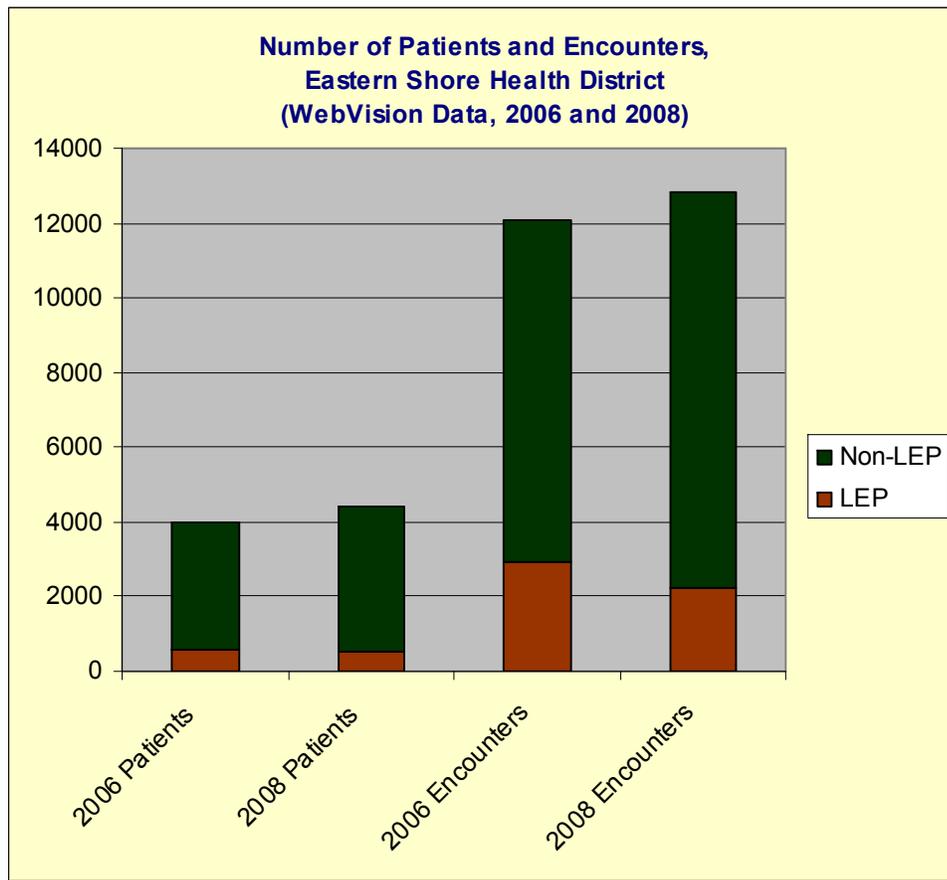
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	3,807	85.76%	10,127	79.09%
Spanish	531	11.96%	2,199	17.17%
French	7	0.16%	33	0.26%
Arabic	1	0.02%	2	0.02%
Eastern Shore Health District	4,439	100.00%	12,805	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Eastern Shore Health District:

- ◆ 12.2% of all patients are LEP
- ◆ 17.5% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been a decrease in percentage of both LEP patients and encounters. The 2007 report showed that 14% of all patients were LEP and that 24% of all encounters involved LEP patients. Comparing this data from the 2007 report with more recent data, it is evident that the number and proportion of LEP patients and encounters in the Eastern Shore Health District has decreased, even as the total number of patients and encounters increased.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Eastern Shore Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Eastern Shore Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost²²: \$41,781) or by bilingual employees who have been trained in medical interpreting (estimated cost²³: \$2,000 - \$6,000). The use of bilingual employees who have been trained in medical interpreting is preferred, as it is the more cost-effective option.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Eastern Shore Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines

²² Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

²³ Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1,500.

- participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. It is recommended that Eastern Shore Health District provide written translation for all vital documents into **Spanish**.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	7	73	\$83.95
Haitian Creole	4	139	\$201.55
Eastern Shore Health District	11	212	\$285.50

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 6,100 limited English proficient (LEP) individuals reside in the Eastern Shore Health District, comprising 11% of the total population in the district. 95% of the LEP population in Eastern Shore speaks Spanish as its primary language. DOE data indicates that

the LEP population is growing: the number of LEP students receiving services has increased 58% over the last five years.

In the Eastern Shore Health District 12% of all patients and 18% of all encounters were LEP patients in 2008. Despite the apparent growth in the overall LEP population in Eastern Shore, these figures represent a decrease in the number and proportion of LEP patients served as compared to the 2007 language needs assessment. This decrease occurred despite an overall increase in the number of patients and encounters in the district.

This report makes no new compliance recommendations for the Eastern Shore Health District. As in 2007, it is recommended that Eastern Shore Health District provide interpretation and translation services in **Spanish**. All other patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose.

DRAFT

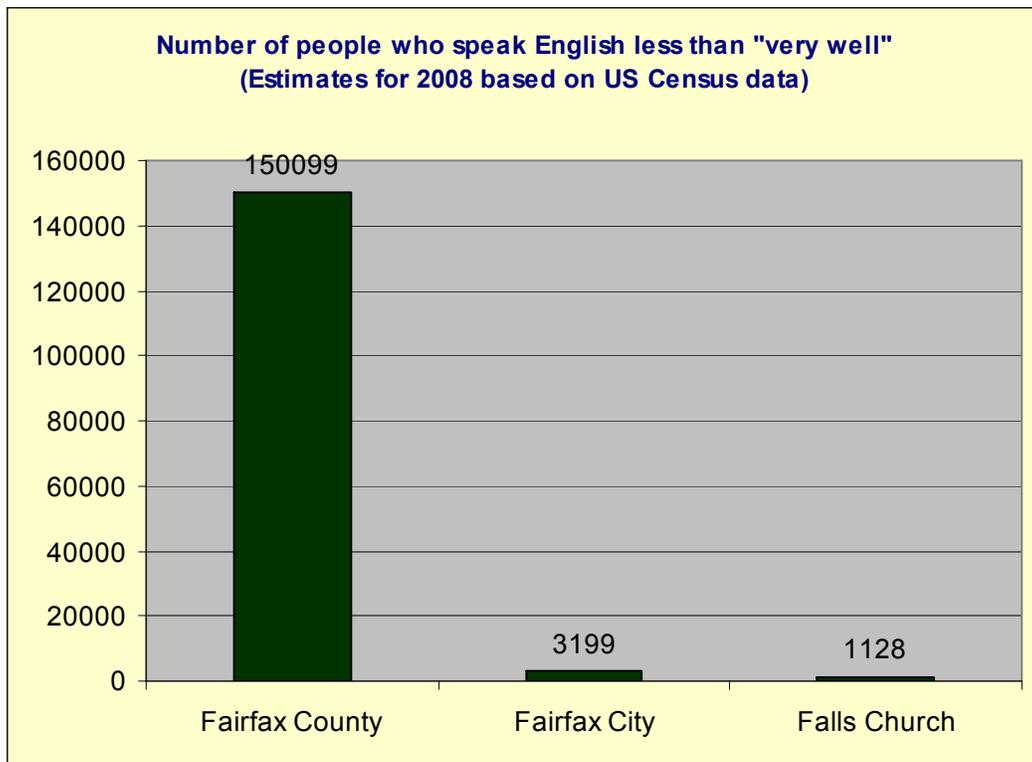
2010 LANGUAGE NEEDS ASSESSMENT: FAIRFAX HEALTH DISTRICT

(Areas covered: Fairfax County, Cities of Fairfax, Falls Church)

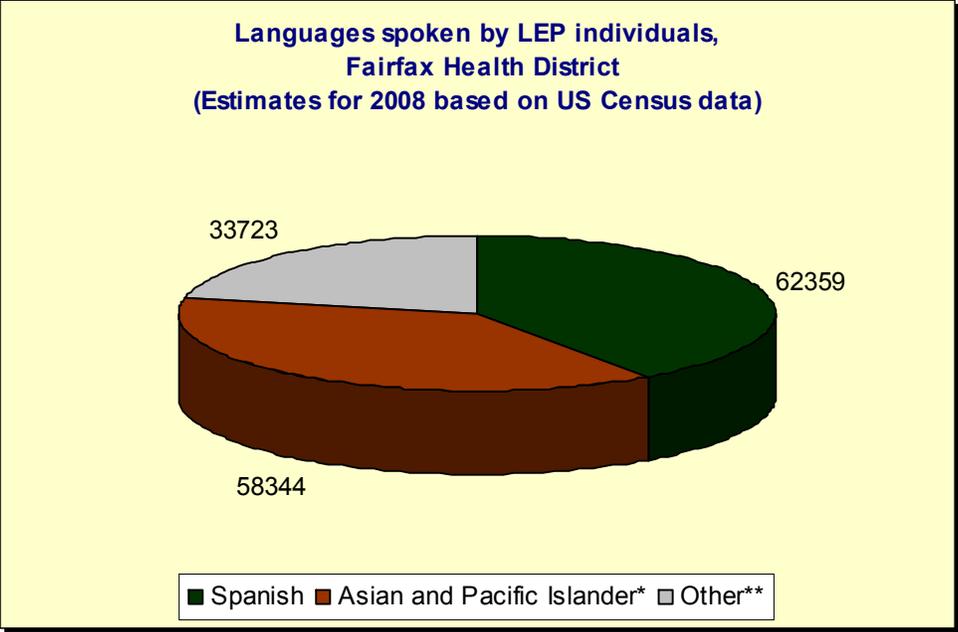
HOW DOES THE CLAS REQUIREMENTS IMPACT THE FAIRFAX HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)²⁴ persons within this district:



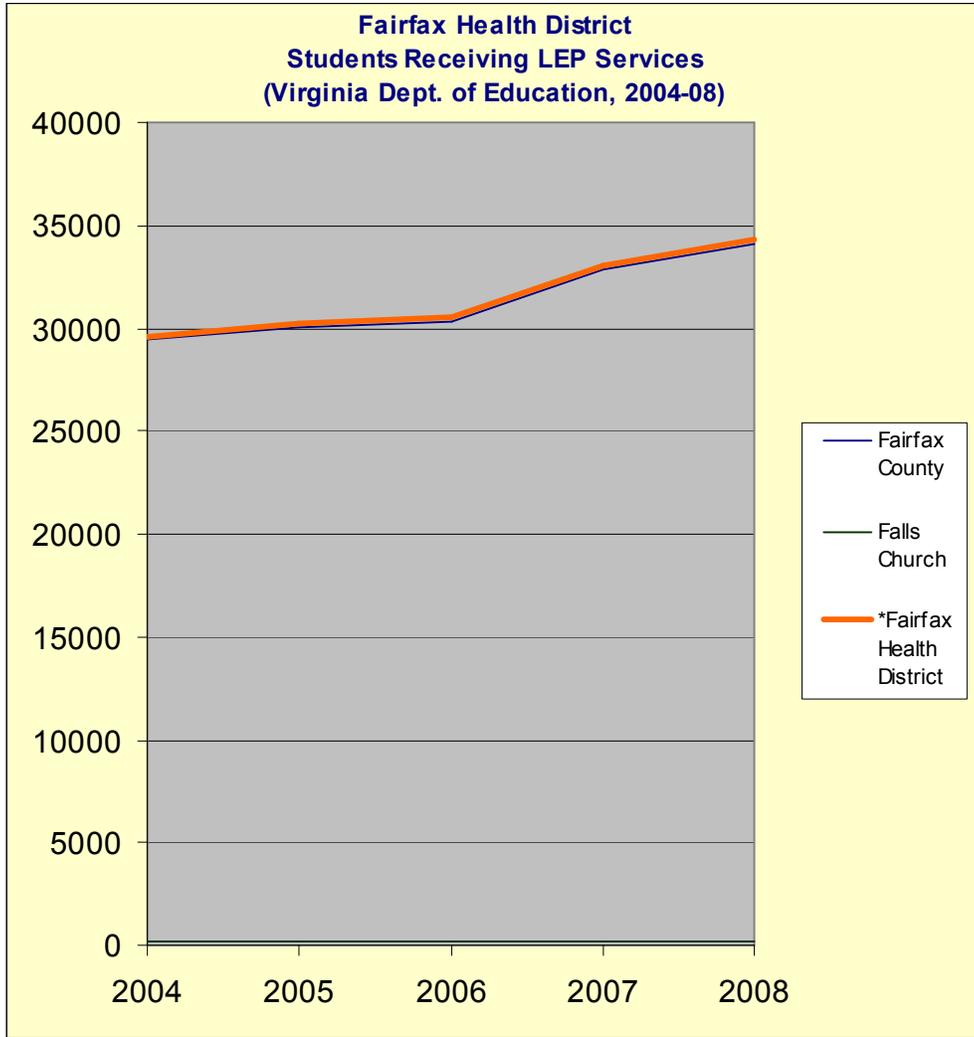
²⁴ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 154,425 of the residents of Fairfax Health District are considered LEP. The number of LEP individuals is significantly higher in Fairfax County (150,099 LEP residents). Of the LEP residents in the Fairfax Health District, 40% speaks Spanish as their primary language.



* The Health District total is the sum of all LEP Students within the cities and counties of the district.

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Fairfax Health District has increased by 16% over the last five years. This data indicates that the overall LEP population in the region is growing.

2. **The frequency with which LEP individuals come into contact with the program:**

The following is patient level data for the Fairfax Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

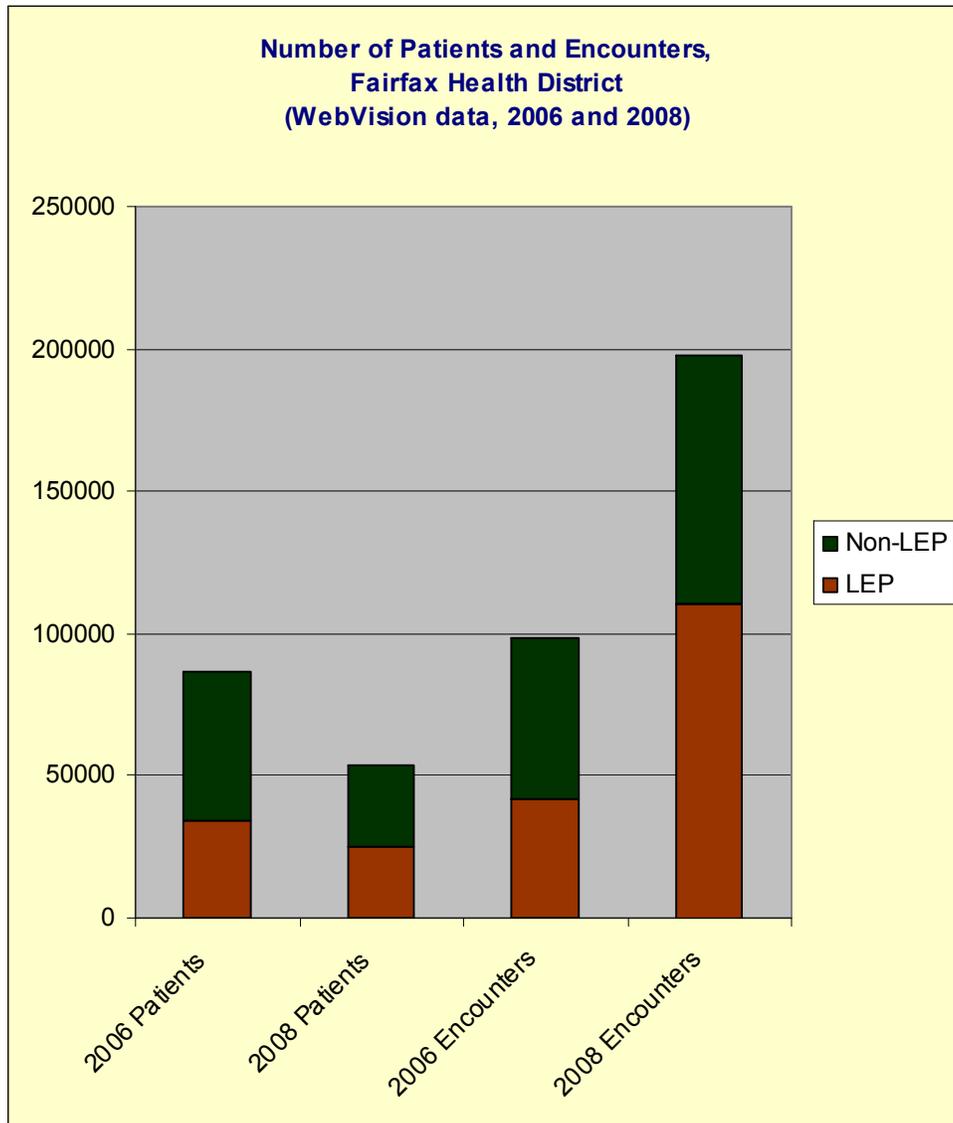
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	28,906	53.60%	86,914	44.00%
Spanish	17,034	31.59%	74,517	37.72%
Arabic	1,242	2.30%	6,605	3.34%
Korean	1,144	2.12%	4,429	2.24%
Vietnamese	921	1.71%	5,285	2.68%
Farsi	623	1.16%	2,866	1.45%
Urdu	603	1.12%	2,677	1.36%
Mandarin	424	0.79%	1,472	0.75%
Amharic	374	0.69%	2,126	1.08%
Somali	166	0.31%	653	0.33%
Other 87 languages less than 0.1% each	2,492	4.62%	10,000	5.06%
Fairfax Health District	53,929	100.00%	197,533	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Fairfax Health District:

- ◆ 46.4% of all patients are LEP
- ◆ 56.0% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been a significant increase in percentage of both LEP patients and encounters. The 2007 report showed that 40% of all patients were LEP and that 43% of all encounters involved LEP patients. Even though the number of LEP patients has decreased, the decrease coincided with a decrease in the overall number of patients. Despite this decrease in patient volume, the number of LEP encounters almost tripled; this increase coincided with an increase in the overall number of encounters.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Fairfax Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Fairfax Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish, Arabic, Korean, Vietnamese, Farsi, Urdu, Mandarin, Amharic and Somali**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost²⁵: \$1,414,823 for Spanish interpreters; \$125,495 for Arabic interpreters; \$84,151 for Korean interpreters; \$100,415 for Vietnamese interpreters; \$54,454 for Farsi interpreters; \$50,863 for Urdu interpreters; \$27,968 for Mandarin interpreters; \$40,394 for Amharic interpreters and \$12,407 for Somali interpreters) or by bilingual employees who have been trained in medical interpreting (estimated cost²⁶: \$74,500 - \$223,500 for Spanish bilingual employees; \$6,500 - \$19,500 for Arabic bilingual employees; \$4,500 - \$13,500 for Korean bilingual employees; \$5,500 - \$16,500 for Vietnamese bilingual employees; \$3,000 - \$9,000 for Farsi bilingual employees; \$2,500 - 7,500 for Urdu bilingual employees; \$1,500 - \$4,500 for Mandarin employees; \$2,000 - \$6,000 for Amharic bilingual employees and \$500 - \$1,500 for Somali bilingual employees). The use of bilingual employees who have been trained in medical interpreting is preferred, as it is the more cost-effective option.

²⁵ Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

²⁶ Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1,500.

- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Fairfax Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. It is recommended that Fairfax Health District provide written translation for all vital documents into **Spanish, Arabic, Korean, Vietnamese, Farsi, Urdu, Mandarin** and **Amharic**.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. Data for LSA usage in Fairfax Health District was not available.

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 154,425 limited English proficient (LEP) individuals reside in the Fairfax Health District, comprising 15% of the total population in the district. 40% of the LEP population in Fairfax speaks Spanish as its primary language. DOE data indicates that the LEP population is growing: the number of LEP students receiving services has increased 16% from five years ago.

Fairfax Health District is one of the Commonwealth's most linguistically diverse health districts, having seen almost a hundred different languages in 2008. In Fairfax 46% of all patients and 56% of all encounters were LEP patients in 2008. These figures represent a significant increase in the proportion of LEP patients and encounters as compared to the 2007 language needs assessment.

This report has made several new compliance recommendations for the Fairfax Health District. It is now recommended that Fairfax Health District provide on-site interpretation and translation services in **Farsi, Urdu, Mandarin and Amharic**. Additionally, on-site interpretation services are recommended in **Somali**. As in 2007, it is recommended that Fairfax Health District provide on-site interpretation and translation services in **Spanish, Arabic, Korean and Vietnamese**. All other patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose.

Note: Health service providers should be aware of the potential for growth of the LEP population in the region, particularly as the LEP population of Virginia continues to grow.

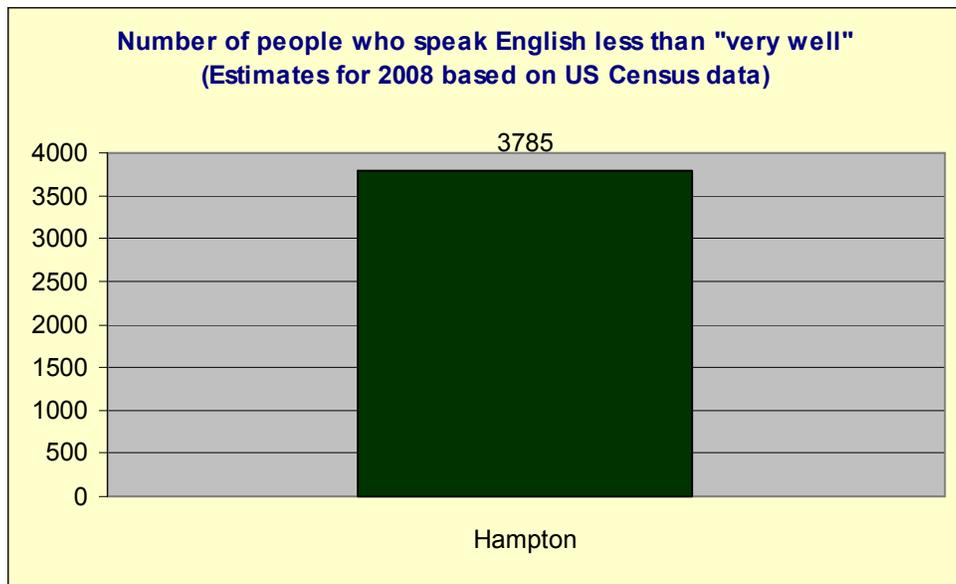
2010 LANGUAGE NEEDS ASSESSMENT: HAMPTON HEALTH DISTRICT

(Areas covered: City of Hampton)

HOW DOES THE CLAS REQUIREMENTS IMPACT THE HAMPTON HEALTH DISTRICT?

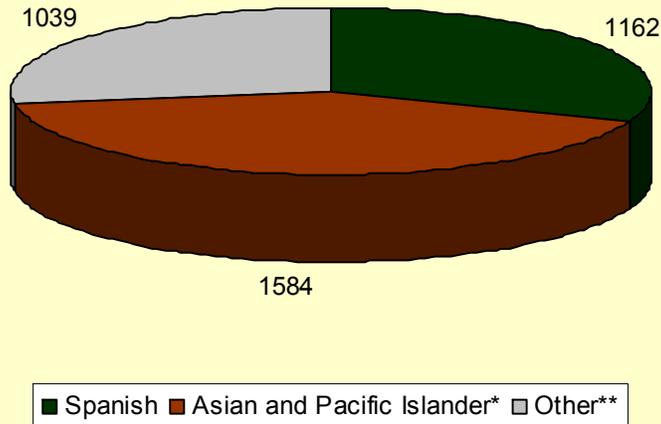
The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)²⁷ persons within this district:



²⁷ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)

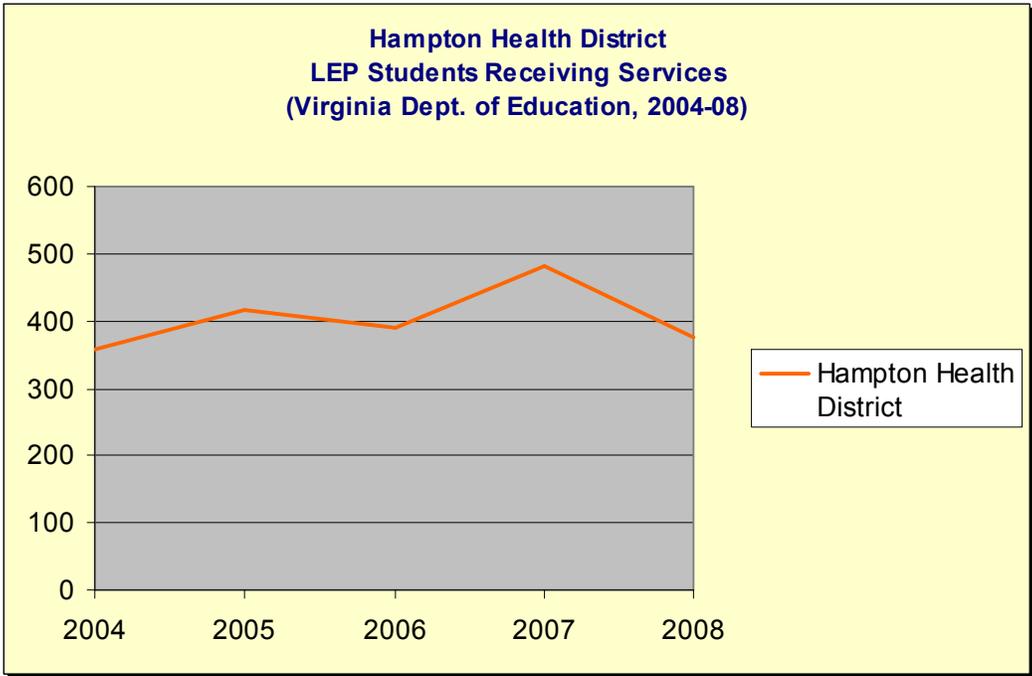
**Languages spoken by LEP individuals,
Hampton Health District
(Estimates for 2008 based on US Census data)**



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 3,785 of the residents of Hampton Health District are considered LEP. Of the LEP residents in the Hampton Health District, about a third (31%) speaks Spanish as its primary language.



* The Health District total is the sum of all LEP Students within the cities and counties of the district.

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Hampton Health District has increased by 4% from five years ago. That is, the number of LEP students in Hampton has remained relatively stable over the last five years. The stability in LEP students over the five year period suggests minimal growth in the overall LEP population over the last five years.

2. The frequency with which LEP individuals come into contact with the program:

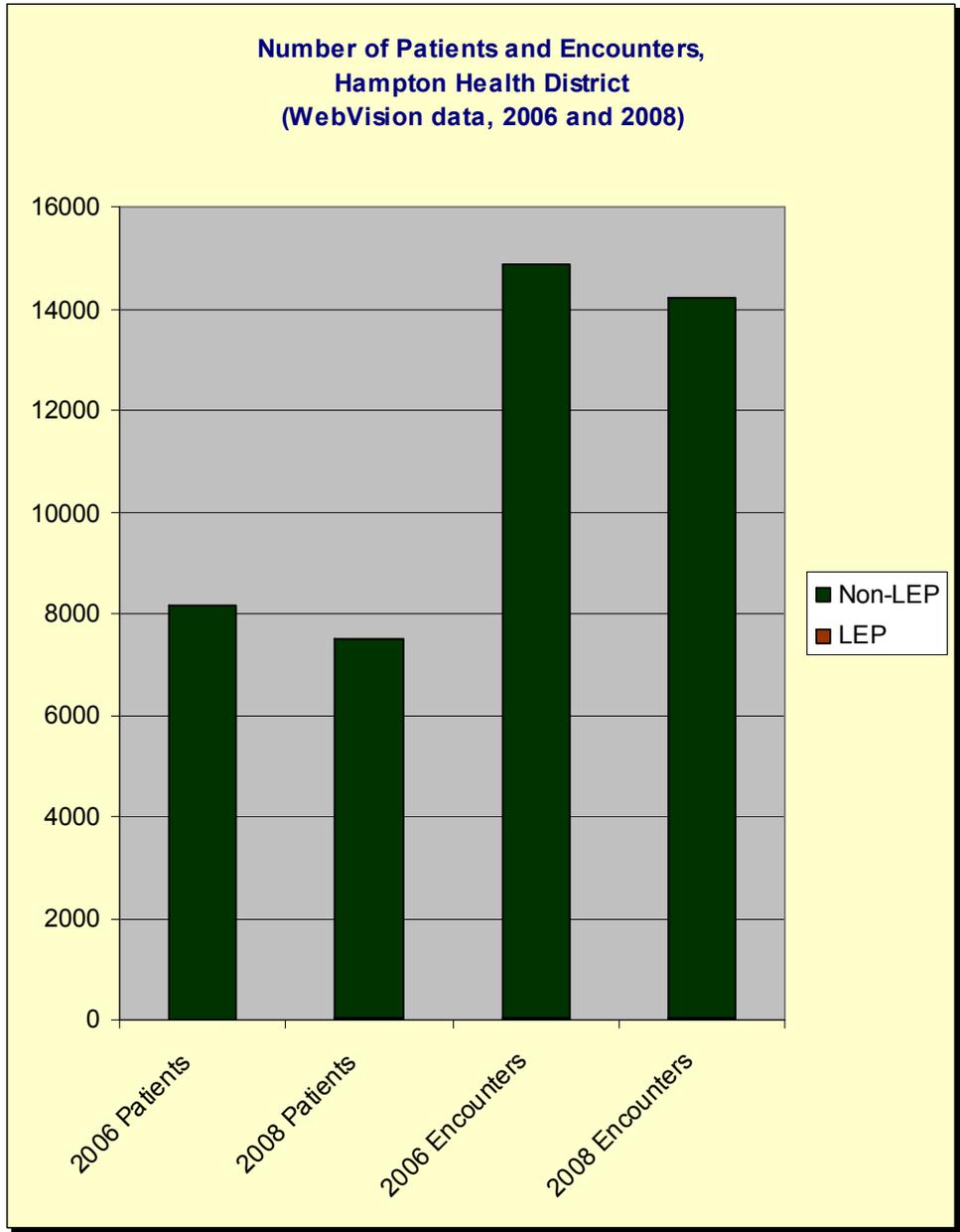
The following is patient level data for the Hampton Health District as reported in the Virginia Department of Health’s (VDH) Web Vision, January- December 2008*:

Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	7,452	99.65%	14,142	99.55%
Spanish	12	0.16%	24	0.17%
Gujarati	2	0.03%	9	0.06%
Vietnamese	2	0.03%	5	0.04%
Burmese	1	0.01%	2	0.01%
Korean	1	0.01%	2	0.01%
Uzbek	1	0.01%	1	0.01%
Hampton Health District	7,478	100.00%	14,206	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient. ** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Hampton Health District:

- ◆ 0.27% of all patients are LEP
- ◆ 0.31% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been very little change in percentage of both LEP patients and encounters. The 2007 report showed that less than 1% of all patients and encounters involved LEP patients. LEP individuals continue to form a very small fraction of the total patients and encounters in Hampton Health District.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Hampton Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Hampton Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents

- are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Vietnamese	6	59	\$85.55
Gujarati	5	43	\$62.35
Spanish	3	33	\$37.95
Arabic	1	9	\$13.05
Tagalog	1	4	\$5.80
Hampton Health District	16	148	\$204.70

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 3,785 limited English proficient (LEP) individuals reside in the Hampton Health District, comprising 2% of the total population in the district. About a third of the LEP population in Hampton speaks Spanish as its primary language. DOE data indicates that the LEP population is relatively stable: the number of LEP students receiving services has increased only 4% over the last five years.

In the Hampton Health District less than 1% of all patients and encounters were LEP patients in 2008. These figures show little change in the proportion of LEP patients served as compared to the 2007 language needs assessment. LEP patients and encounters continue to form a very small fraction of the total patients and encounters in Hampton Health District.

This report makes no new compliance recommendations for the Hampton Health District. As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation can be utilized for this purpose. Note: Health services providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

There appears to be a disproportionate percentage of non Spanish-speaking LEP individuals in Hampton that comprise 69% of the LEP population in the district but their remarkable low share of the LEP patients are 40% and 45% of LEP encounters. This data suggests that these non-Spanish speaking LEP populations are not being served by health department programs. However, it may be that the census data have overestimated the LEP population or that this population is not in need of health department services. Nonetheless, non-Spanish speaking groups form a significant subset of the LEP population in Hampton. It is recommended that Hampton Health District identify specific LEP populations, particularly non-Spanish speakers, and target these groups for health department outreach. Doing so will help to assure that the district meets the needs of all its potential LEP patients.

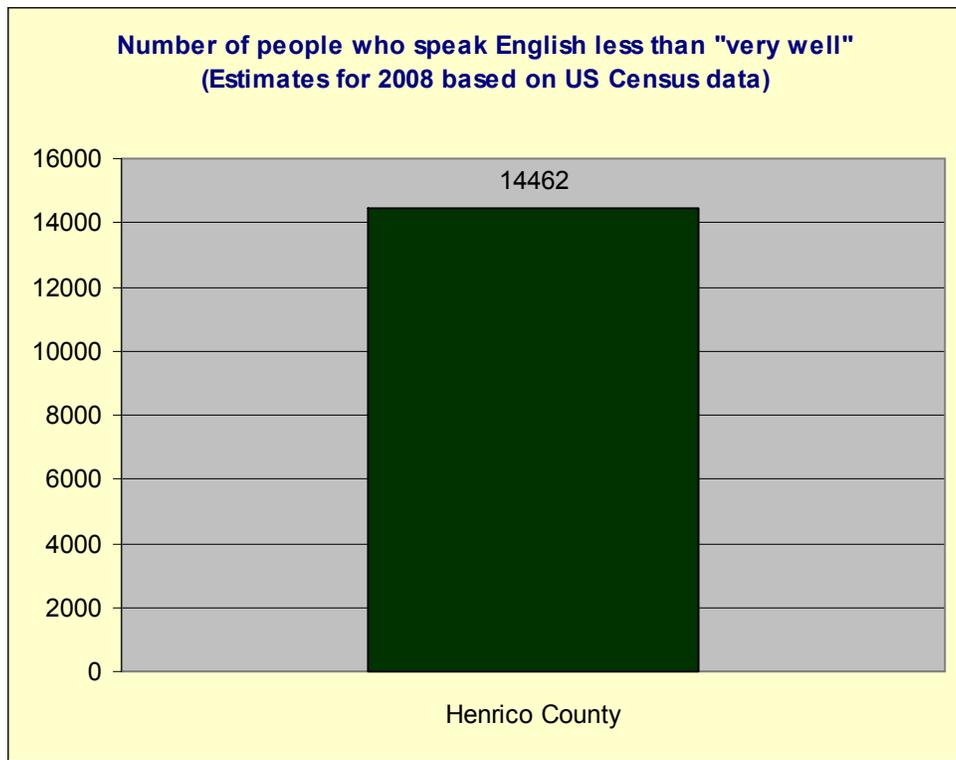
2010 LANGUAGE NEEDS ASSESSMENT: HENRICO HEALTH DISTRICT

(Areas covered: Henrico County)

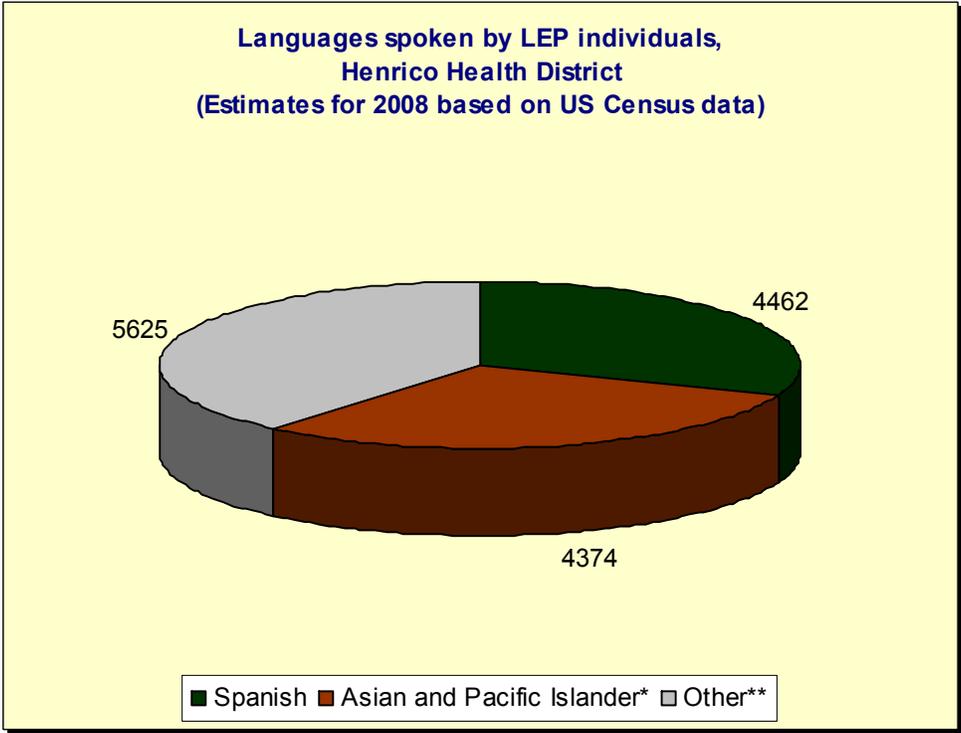
HOW DOES THE CLAS REQUIREMENTS IMPACT THE HENRICO HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)²⁸ persons within this district:



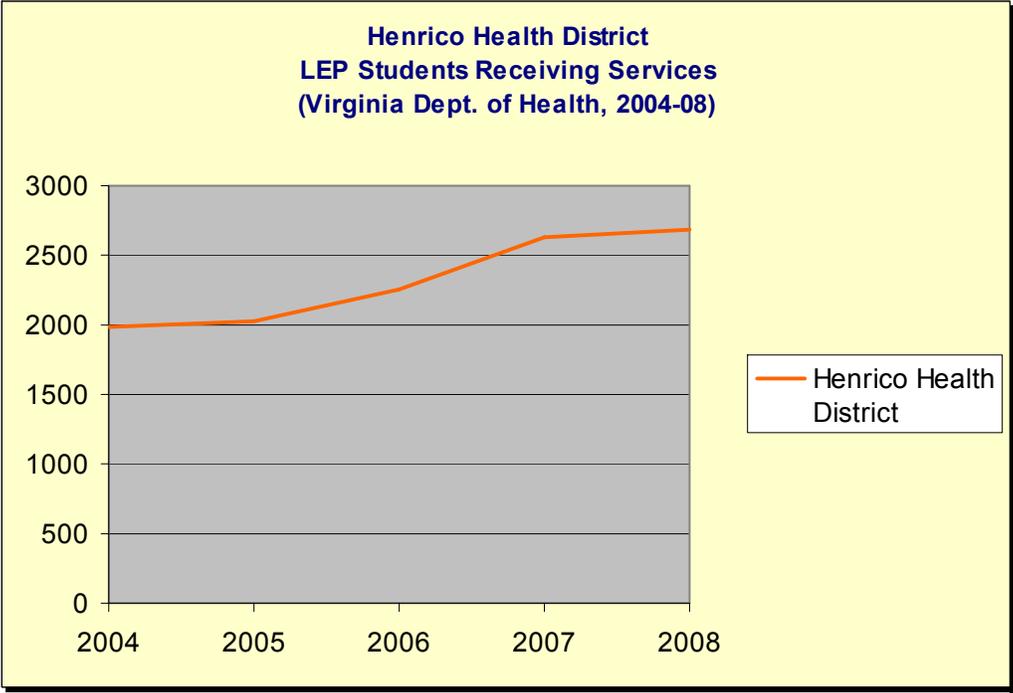
²⁸ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 14,462 of the residents of Henrico Health District are considered LEP. Of the LEP residents in the Henrico Health District, about a third (31%) speaks Spanish as its primary language.



Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Henrico Health District has increased by 36% over the last five years. This indicates that the overall LEP population in the area is growing.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Henrico Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

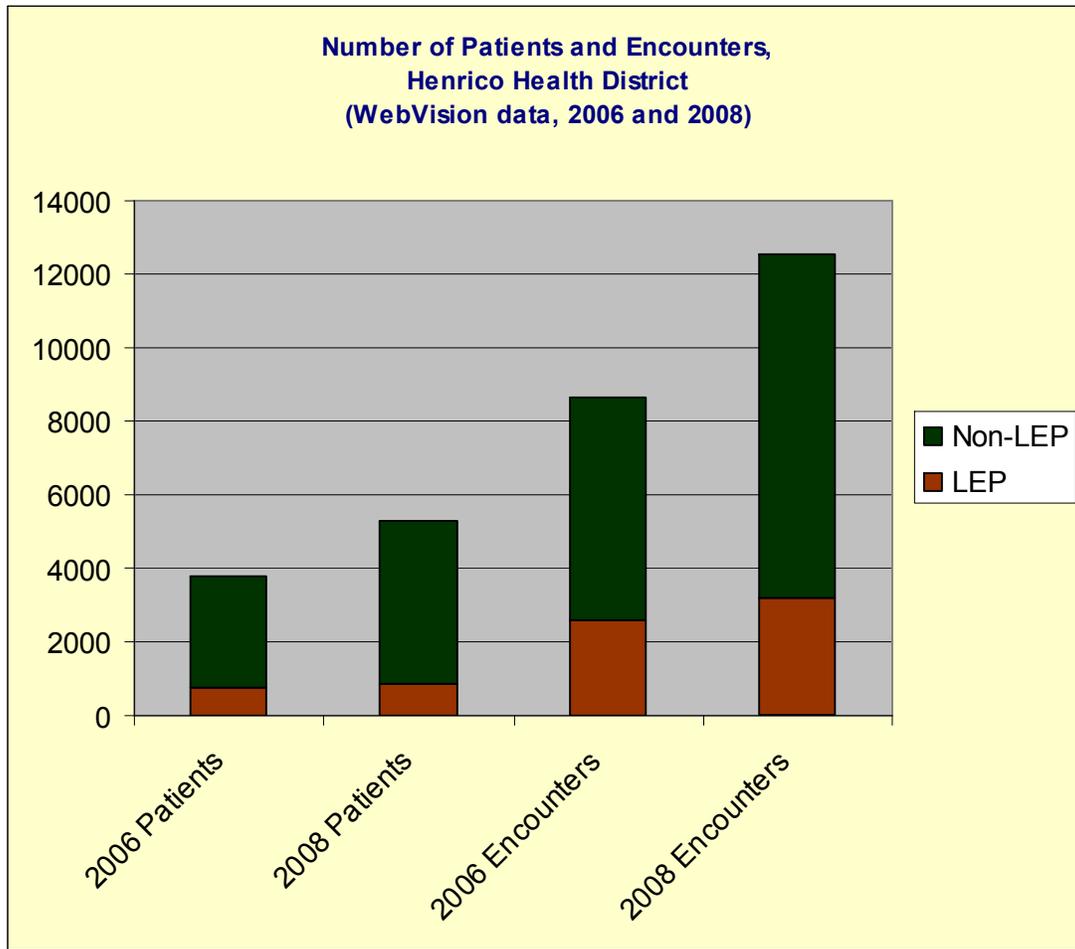
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	4,240	79.80%	8,816	70.25%
Spanish	561	10.56%	2,020	16.10%
Arabic	36	0.68%	124	0.99%
Portuguese	22	0.41%	95	0.76%
Burmese	17	0.32%	198	1.58%
Vietnamese	17	0.32%	45	0.36%
Chinese	9	0.17%	16	0.13%
Russian	6	0.11%	11	0.09%
Farsi	5	0.09%	14	0.11%
Turkish	4	0.08%	19	0.15%
Korean	3	0.06%	14	0.11%
Tagalog	3	0.06%	4	0.03%
Bengali-Bengla	1	0.02%	1	0.01%
Bulgarian	1	0.02%	6	0.05%
French	1	0.02%	13	0.10%
Italian	1	0.02%	15	0.12%
Nepali	1	0.02%	8	0.06%
Persian	1	0.02%	3	0.02%
Tigrinya	1	0.02%	1	0.01%
Urdu	1	0.02%	7	0.06%
Henrico Health District	5,313	100.00%	12,550	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Henrico Health District:

- ◆ 16.5% of all patients are LEP
- ◆ 25.4% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been a decrease in percentage of both LEP patients and encounters. The 2007 report showed that 20% of all patients were LEP and that 30% of all encounters involved LEP patients. The decreased proportion of LEP patients and encounters was due to a significant jump in the number of non-LEP patients and encounters with only a slight increase in LEP patients and encounters.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Henrico Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Henrico Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost²⁹: \$38,380) or by bilingual employees who have been trained in medical interpreting (estimated cost³⁰: \$2,000 - \$6,000). The use of bilingual employees who have been trained in medical interpreting is preferred, as it is the more cost-effective option.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Henrico Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)

²⁹ Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

³⁰ Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1,500.

- adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. It is recommended that Henrico Health District provide written translation for all vital documents into **Spanish**.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	381	4,538	\$5,219.30
Arabic	63	1,128	\$1,635.60
Burmese	11	112	\$162.40
Vietnamese	11	103	\$150.25
Portuguese	7	111	\$160.95
Dari	6	137	\$198.65
French	4	72	\$104.40
Bengali	4	40	\$68.80
Farsi	3	86	\$124.70
Mandarin	3	53	\$76.85
Nepali	3	18	\$26.10
Khmer	2	31	\$53.95
Cantonese	2	20	\$29.00
Karen	2	15	\$21.75
Swahili	2	15	\$21.75
Somali	1	26	\$37.70
Russian	1	25	\$36.25
Hindi	1	12	\$17.40
Cambodian	1	10	\$14.50
Lingala	1	10	\$14.50
Bosnian	1	7	\$10.15
Henrico Health District	510	6,569	\$8,184.95

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 14,462 limited English proficient (LEP) individuals reside in the Henrico Health District, comprising 5% of the total population in the district. 31% of the LEP population in Henrico speaks Spanish as its primary language. DOE data indicates that the LEP population is growing: the number of LEP students receiving services has increased 36% over the last five years.

In the Henrico Health District 17% of all patients and 25% of all encounters were with LEP patients in 2008. Despite the apparent growth in the overall LEP population in Henrico, these figures represent a decrease in the proportion of LEP patients served as compared to the 2007 language needs assessment. This decrease was due to a substantial increase in the number of non-LEP patients and encounters, while LEP encounters increased only slightly.

This report makes no new compliance recommendations for the Henrico Health District. As in 2007, it is recommended that Henrico Health District provide on-site interpretation and translation services in **Spanish**. All other patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation can be utilized for this purpose. Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

There is a disproportionate percentage of non Spanish-speaking LEP individuals in Henrico (they comprise 69% of the LEP population in the district) and their share of LEP patients and encounters in the district (non-Spanish speaking LEP patients are 36% of LEP patients and 37% of LEP encounters). This data suggests that these non-Spanish speaking LEP populations maybe underutilizing health department programs. However, it may be that the census data have overestimated the LEP population or that this population is not in need of health department services. Nonetheless, non-Spanish speaking groups form a significant subset of the LEP population in Henrico. It is recommended that Henrico Health District identify specific LEP populations, particularly speakers of non-Spanish languages such as Arabic and Burmese, and target these groups for health department outreach. Doing so will help to assure that the district meets the needs of all its potential LEP patients.

DRAFT

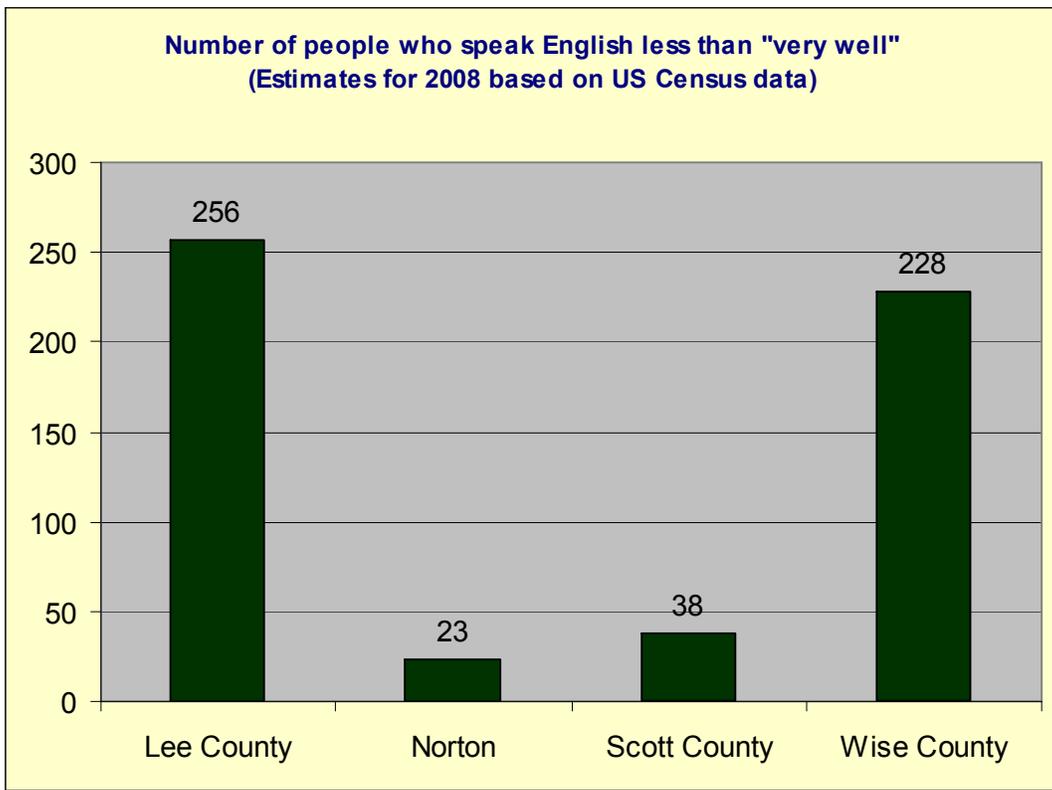
2010 LANGUAGE NEEDS ASSESSMENT: LENOWISCO HEALTH DISTRICT

(Areas covered: Lee County, Scott County, Wise County, City of Norton)

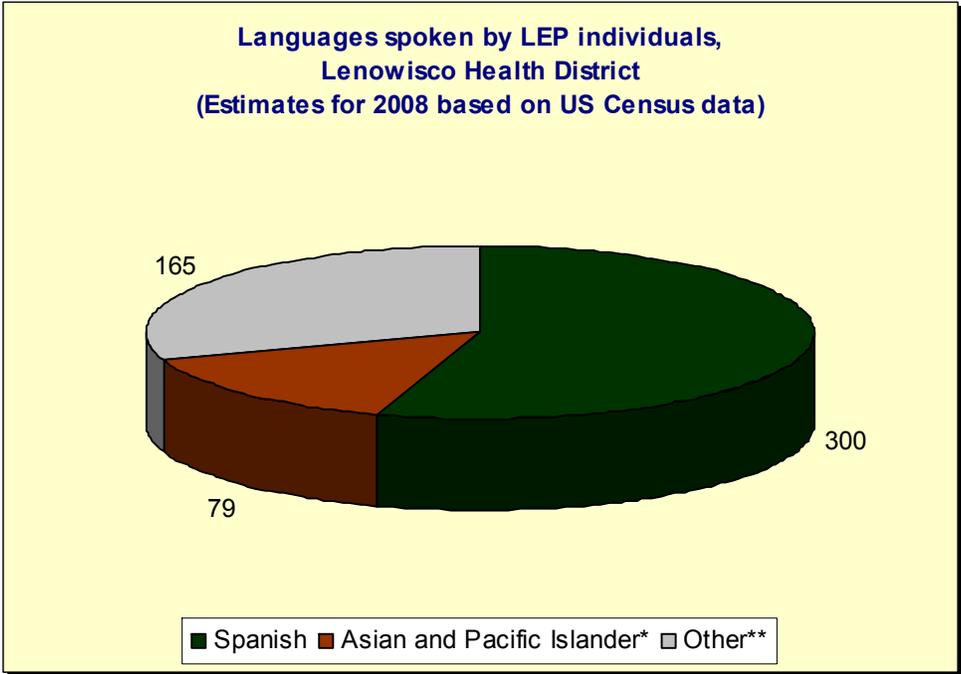
HOW DOES THE CLAS REQUIREMENTS IMPACT THE LENOWISCO HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)³¹ persons within this district:



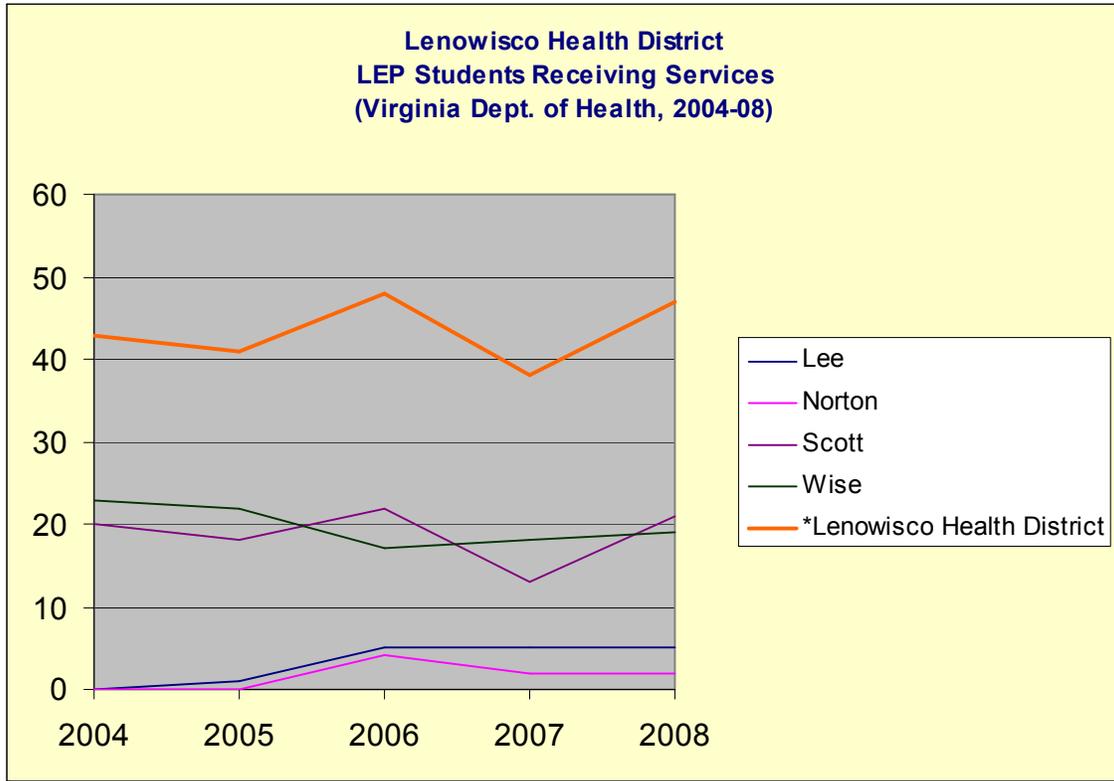
³¹ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 544 of the residents of Lenowisco Health District are considered LEP. This proportion is higher in Lee County (256 LEP residents) and Wise County (228). Of the LEP residents in the Lenowisco Health District, just over half (55%) speak Spanish as their primary language.



* The Health District total is the sum of all LEP Students within the cities and counties of the district.

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Lenowisco Health District is about the same as it was five years ago. This stability in the number of LEP students suggests that there is little growth in the overall LEP population in Lenowisco.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Lenowisco Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

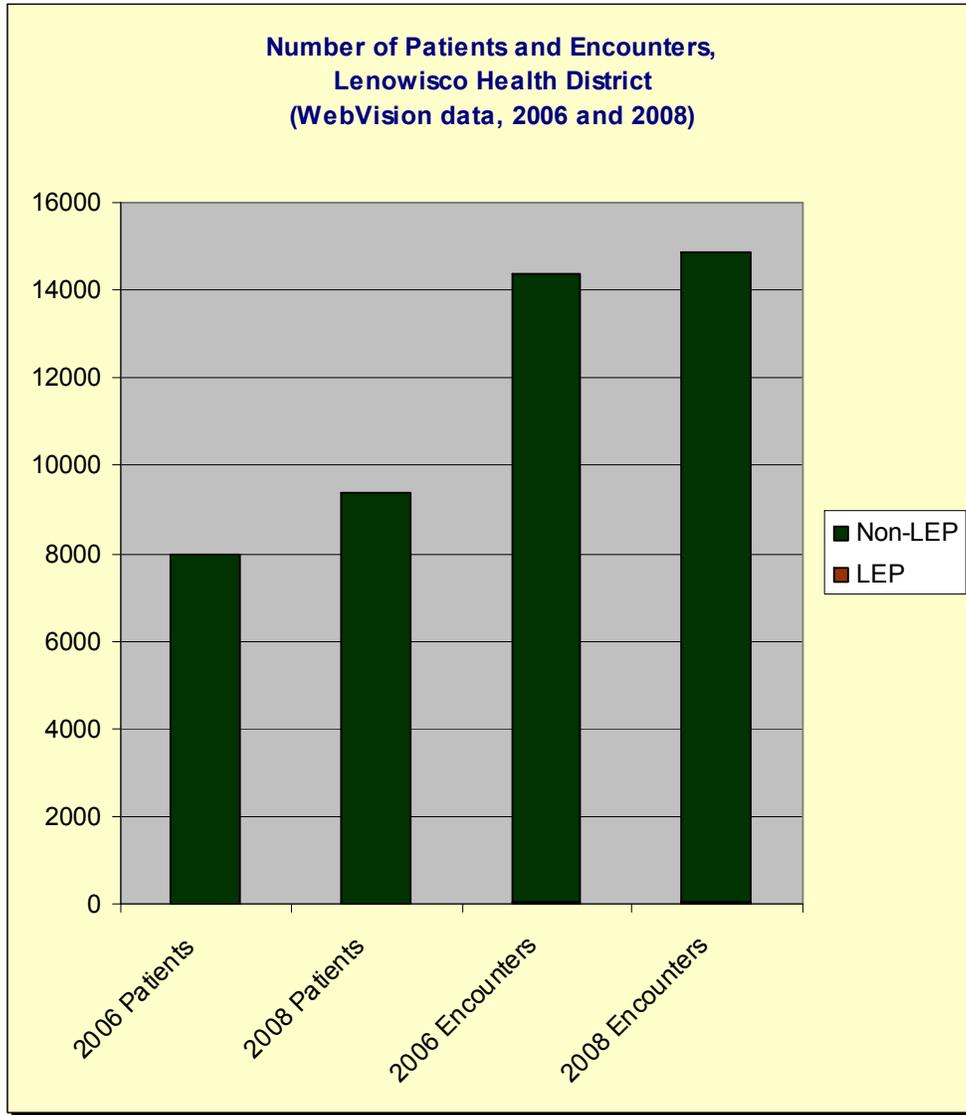
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	9,354	99.82%	14,837	99.76%
Spanish	14	0.15%	33	0.22%
Lenowisco Health District	9,371	100.00%	14,873	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Lenowisco Health District:

- ♦ 0.15% of all patients are LEP
- ♦ 0.22% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been little change in percentage of both LEP patients and encounters. The 2007 report showed that less than 1% of all patients and encounters involved LEP patients. LEP patients and encounters continue to form a very small fraction of the total patients and encounters in Lenowisco Health District.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Lenowisco Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Lenowisco Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents

- are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	4	24	\$27.60
Lenowisco Health District	4	24	\$27.60

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 544 limited English proficient (LEP) individuals reside in the Lenowisco Health District, comprising less than 1% of the total population in the district. About half of the LEP population in Lenowisco speaks Spanish as its primary language. DOE data indicates that the LEP population is small and relatively stable.

In the Lenowisco Health District less than 1% of all patients and encounters were LEP patients in 2008. These figures show little change in the proportion of LEP patients served as compared to the 2007 language needs assessment: LEP patients continue to form a very small part of the population the district serves.

This report makes no new compliance recommendations for the Lenowisco Health District. As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation can be utilized for this purpose. Note: Health service providers should

note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

The LEP population in the Lenowisco Health District is presently very small, however, health service providers should be aware of the potential for growth in the region, particularly as the LEP population of Virginia continues to grow.

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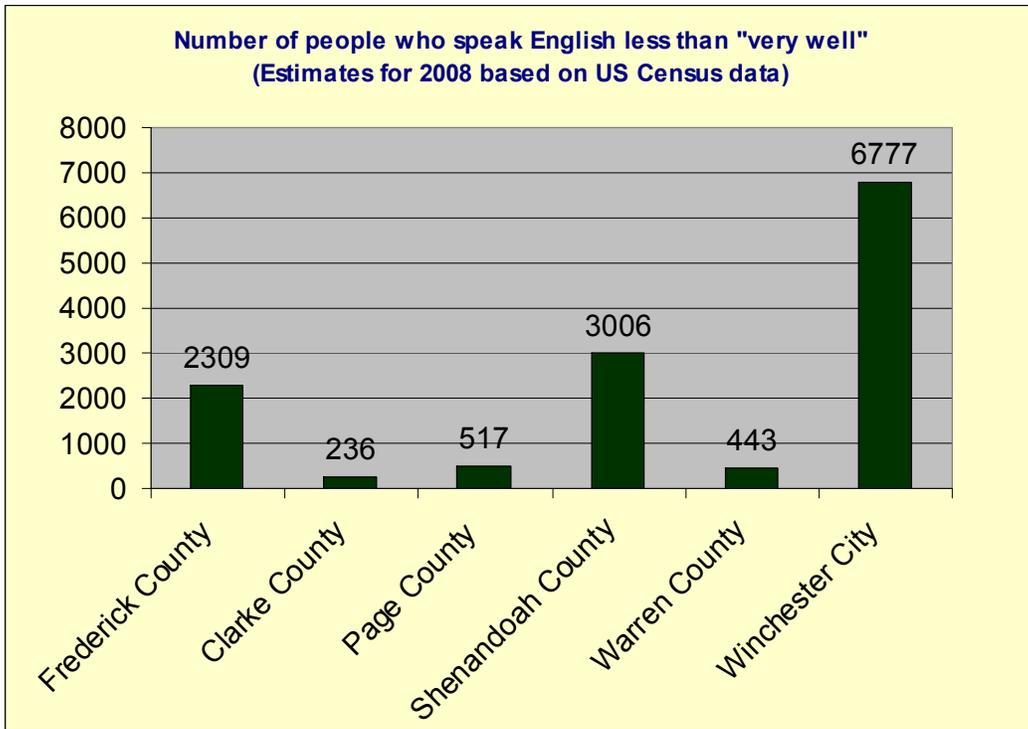
2010 LANGUAGE NEEDS ASSESSMENT: LORD FAIRFAX HEALTH DISTRICT

(Areas covered: Frederick County, Clarke County, Page County, Shenandoah County, Warren County, City of Winchester)

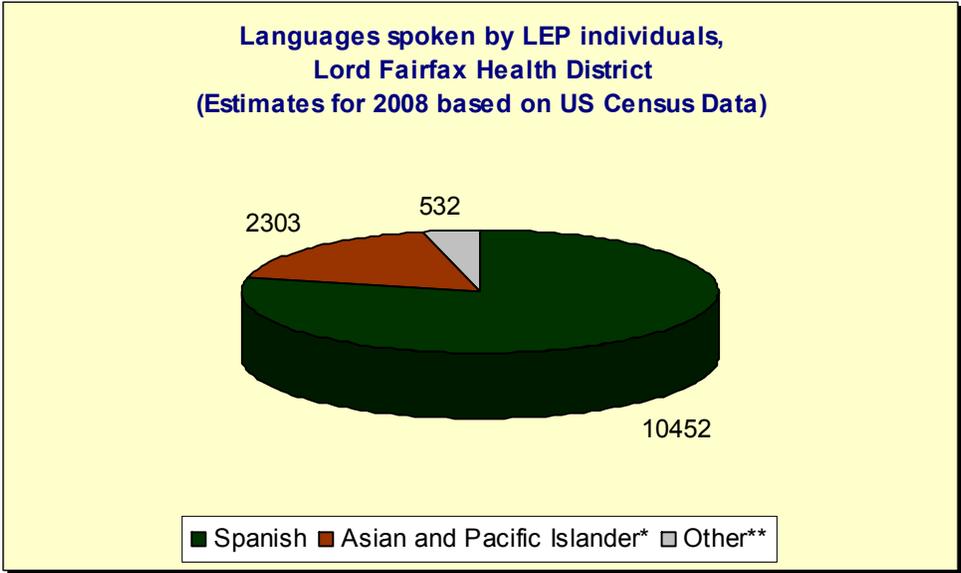
HOW DOES THE CLAS REQUIREMENTS IMPACT THE LORD FAIRFAX HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)³² persons within this district:



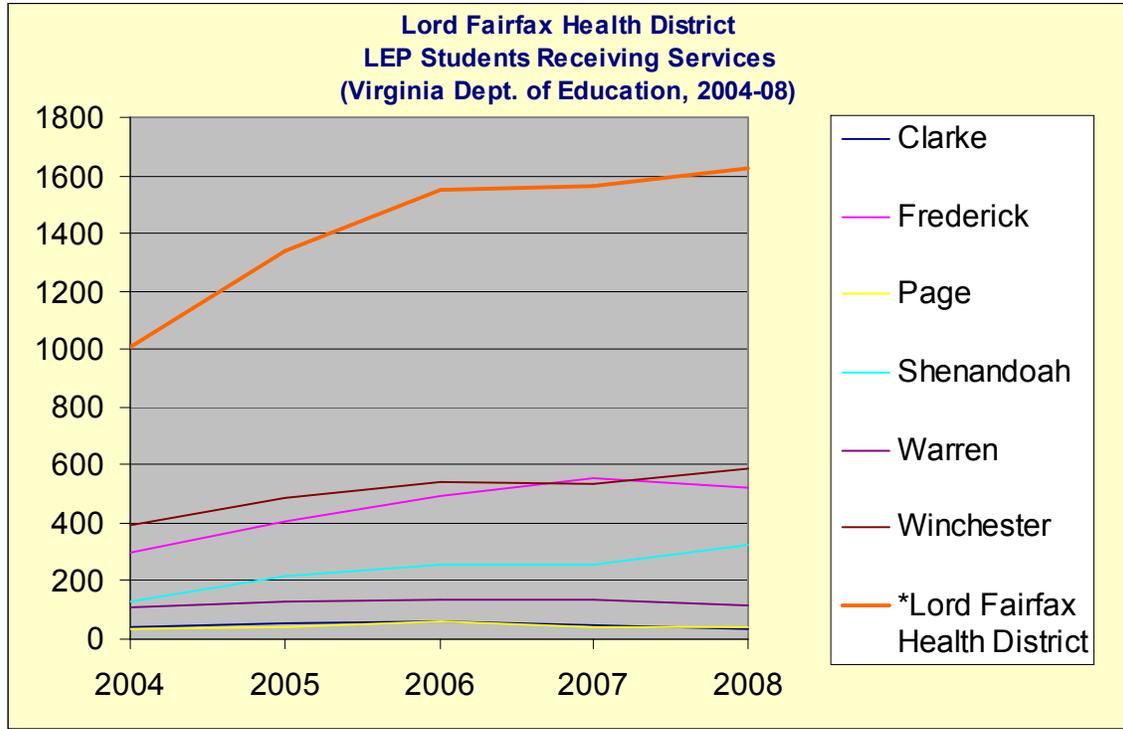
³² Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 13,288 of the residents of Lord Fairfax Health District are considered LEP. The number of LEP residents is significantly higher in the locality of Winchester city (6,777 LEP residents). Of the LEP residents in the Lord Fairfax Health District, the overwhelming majority (79%) speak Spanish as their primary language.



* The Health District total is the sum of all LEP Students within the cities and counties of the district.

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Lord Fairfax Health District has increased by 61% over the last five years. This indicates that the overall LEP population in the area is growing.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Lord Fairfax Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

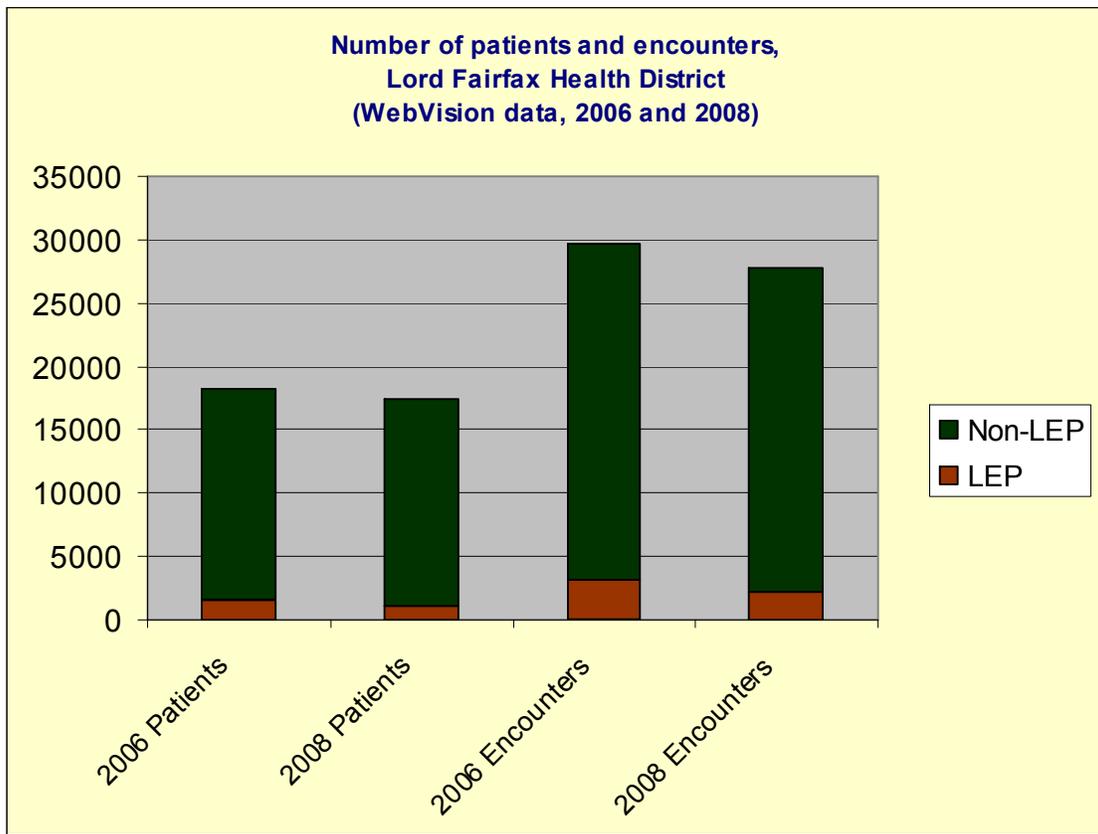
Primary language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	16,254	93.31%	25,471	91.55%
Spanish	1,067	6.13%	2,143	7.70%
Chinese	3	0.02%	6	0.02%
Vietnamese	2	0.01%	2	0.01%
Korean	1	0.01%	1	0.00%
Moldavian	1	0.01%	1	0.00%
Lord Fairfax Health District	17,420	100.00%	27,821	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Lord Fairfax Health District:

- ◆ 6.18% of all patients are LEP
- ◆ 7.75% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been a slight decrease in percentage of both LEP patients and encounters. The 2007 report showed that 9% of all patients were LEP and that 11% of all encounters involved LEP patients. Comparing this data from the 2007 report with more recent data, it is evident that the number and proportion of LEP patients and encounters in the Lord Fairfax Health District has decreased. This decrease has coincided with a decrease in the total number of patients and encounters in the district.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective

to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Lord Fairfax Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Lord Fairfax Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost³³: \$40,717) or by bilingual employees who have been trained in medical interpreting (estimated cost³⁴: \$2,000 - \$6,000). The use of bilingual employees who have been trained in medical interpreting is preferred, as it is the more cost-effective option.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Lord Fairfax Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be

³³ Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

³⁴ Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1,500.

limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)

- adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. It is recommended that Lord Fairfax Health District provide written translation for all vital documents into **Spanish**.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	1,043	8,857	\$10,428.85
Mandarin	2	177	\$256.65
Russian	2	20	\$29.00
Urdu	1	24	\$34.80
Korean	1	8	\$11.60
Lord Fairfax Health District	1,049	9,086	\$10,760.90

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 13,288 limited English proficient (LEP) individuals reside in the Lord Fairfax Health District, comprising 6% of the total population in the district. 79% of the LEP population in Lord Fairfax speaks Spanish as its primary language. DOE data indicates that the LEP population is growing rapidly: the number of LEP students receiving services has increased 61% over the last five years.

In the Lord Fairfax Health District 6% of all patients and 8% of all encounters were LEP patients in 2008. Despite the apparent growth in the overall LEP population in Lord Fairfax, these figures represent a decrease in the number and proportion of LEP patients served as compared to the 2007 language needs assessment. This decrease coincided with a decrease in the overall number of patients and encounters.

This report makes no new compliance recommendations for the Lord Fairfax Health District. As in 2007, it is recommended that Lord Fairfax Health District provide on-site interpretation and translation services in **Spanish**. All other patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose.

Although the primary non-English language in Lord Fairfax is Spanish, there are other non-Spanish speaking LEP populations. There are 2,835 individuals in the Lord Fairfax Health District who speak neither English nor Spanish as their primary language, representing 1.3% of the total population of the district. The district's number of non-Spanish speaking LEP population patient encounters was 0.04% in 2008. It is recommended that Lord Fairfax Health District identify specific non-Spanish speaking LEP populations and target these groups for health department outreach. Doing so will help to assure that the district meets the needs of all its potential LEP patients.

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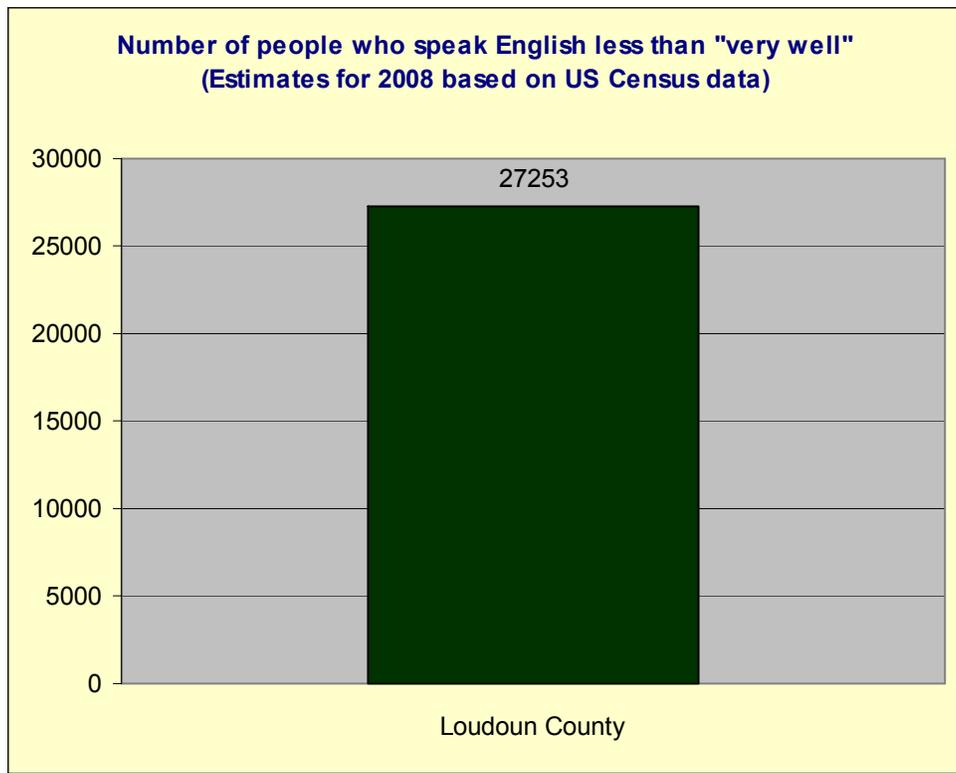
2010 LANGUAGE NEEDS ASSESSMENT: LOUDOUN HEALTH DISTRICT

(Areas covered: Loudoun County)

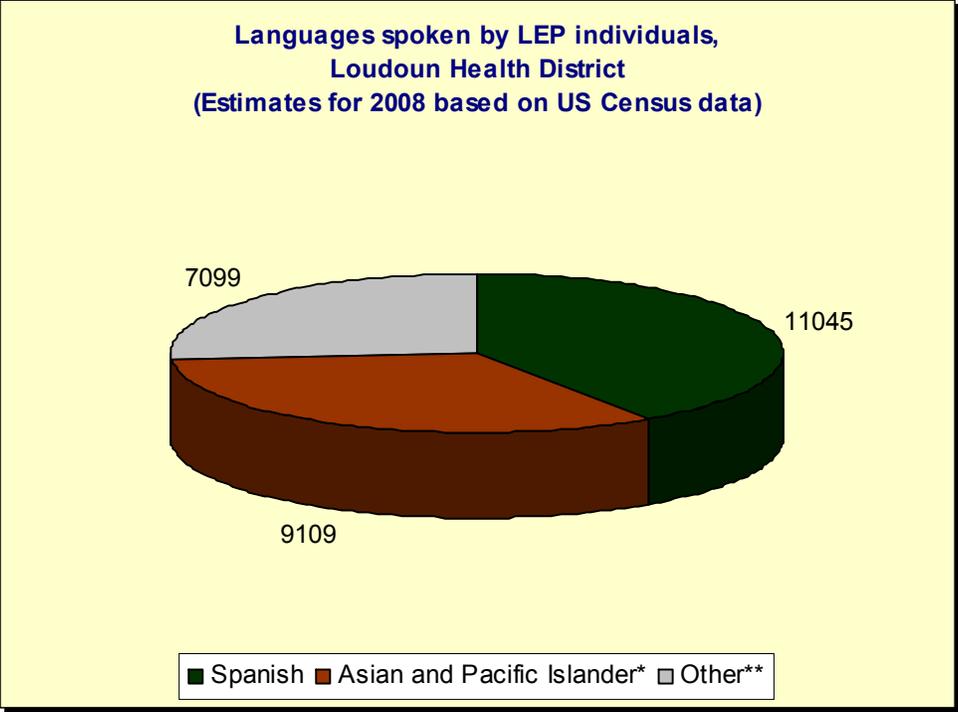
HOW DOES THE CLAS REQUIREMENTS IMPACT THE LOUDOUN HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)³⁵ persons within this district:



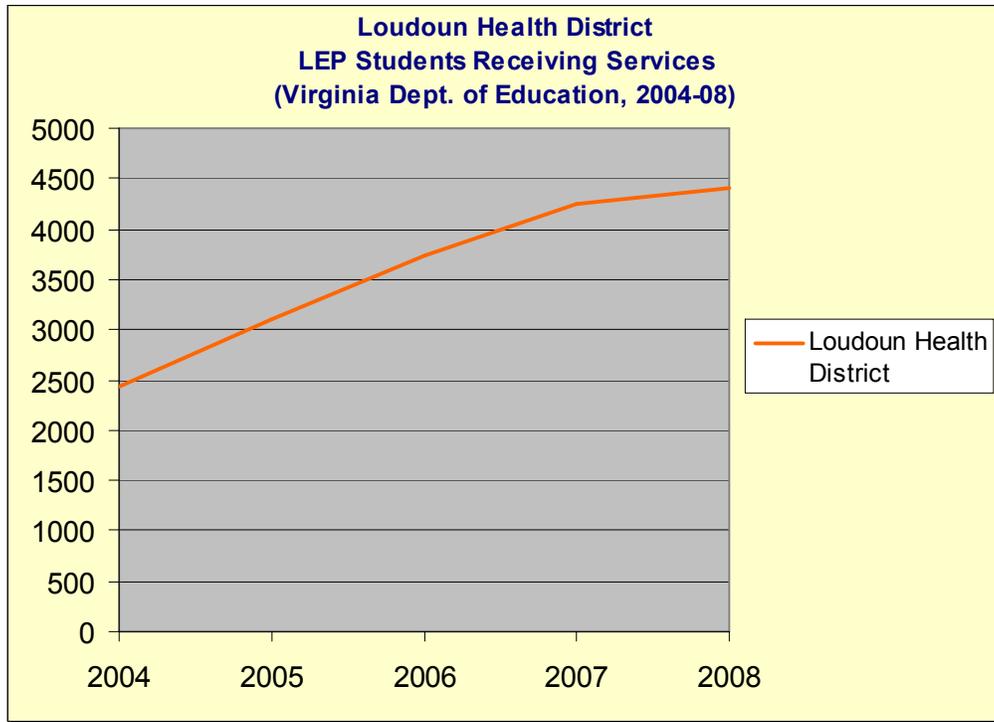
³⁵ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 27,253 of the residents of Loudoun Health District are considered LEP. Of the LEP residents in the Loudoun Health District, less than half (41%) speak Spanish as their primary language.



Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Loudoun Health District has increased by 82% over the last five years. This indicates that the overall LEP population is growing rapidly.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Loudoun Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

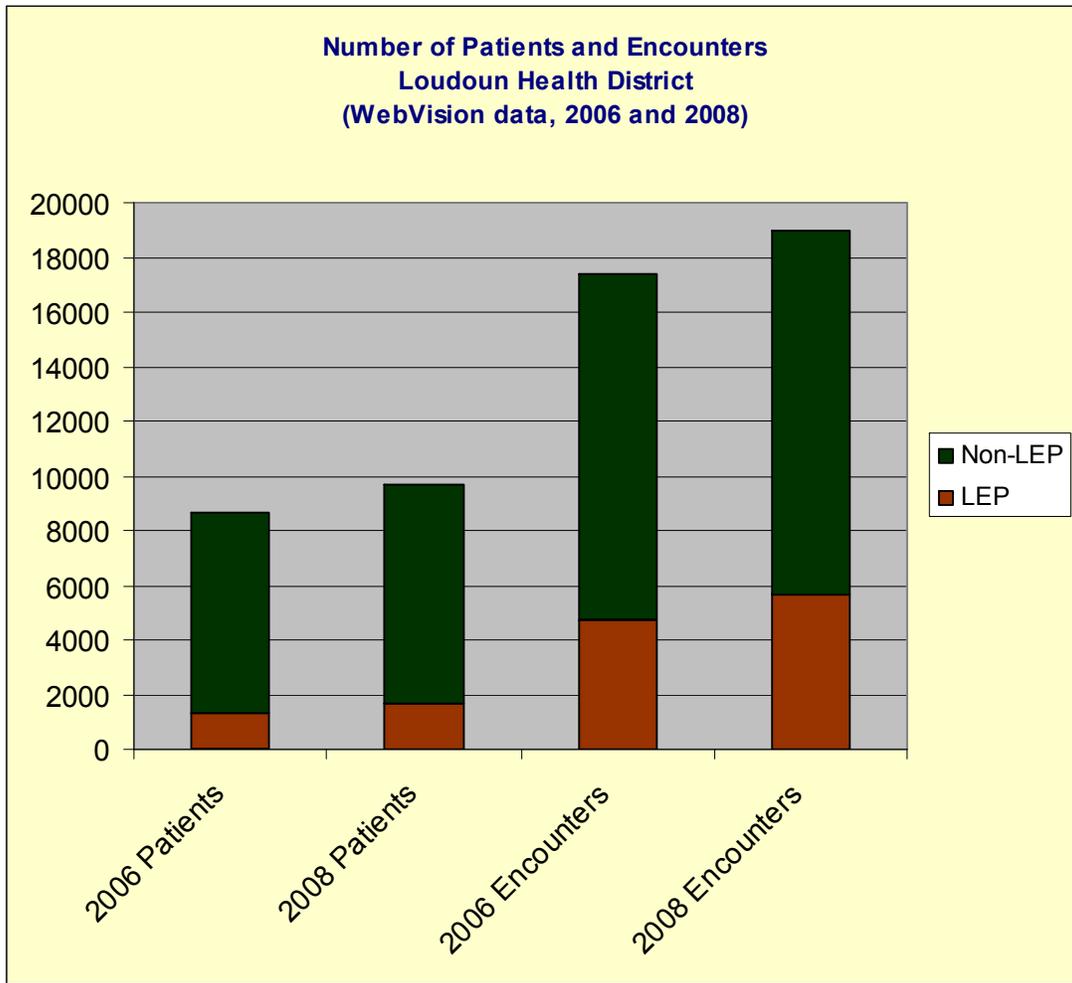
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	7,838	80.79%	12,835	67.52%
Spanish	1,627	16.77%	5,550	29.20%
Vietnamese	8	0.08%	82	0.43%
Korean	6	0.06%	19	0.10%
Arabic	2	0.02%	3	0.02%
Farsi	1	0.01%	1	0.01%
French	1	0.01%	2	0.01%
Mongolian	1	0.01%	1	0.01%
Nepali	1	0.01%	1	0.01%
Somali	1	0.01%	4	0.02%
Turkish	1	0.01%	5	0.03%
Urdu	1	0.01%	1	0.01%
Loudoun Health District	9,702	100.00%	19,009	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Loudoun Health District:

- ◆ 17.0% of all patients are LEP
- ◆ 29.8% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been an increase in percentage of both LEP patients and encounters. The 2007 report showed that 15% of all patients were LEP and that 27% of all encounters involved LEP patients. Comparing this data from the 2007 report with more recent data, it is evident that the number and proportion of LEP patients and encounters in the Loudoun Health District has increased; this increase has coincided with an increase in the overall number of patients and encounters.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit

language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Loudoun Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Loudoun Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost³⁶: \$105,450) or by bilingual employees who have been trained in medical interpreting (estimated cost³⁷: \$5,500 - \$16,500). The use of bilingual employees who have been trained in medical interpreting is preferred, as it is the more cost-effective option.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Loudoun Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)

³⁶ Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

³⁷ Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1,500.

- adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. It is recommended that Loudoun Health District provide written translation for all vital documents into **Spanish**.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	704	7,954	\$9,188.85
Arabic	35	469	\$687.25
Somali	11	94	\$136.30
Vietnamese	9	92	\$136.40
French	6	126	\$185.70
Mandarin	6	115	\$166.75
Farsi	2	32	\$46.40
Cantonese	1	32	\$46.40
Korean	1	24	\$41.70
Amharic	1	1	\$1.45
Loudoun Health District	776	8,939	\$10,637.20

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 27,253 limited English proficient (LEP) individuals reside in the Loudoun Health District, comprising 9% of the total population in the district. 41% of the LEP population in Loudoun speaks Spanish as its primary language. DOE data indicates that the LEP population is growing rapidly: the number of LEP students receiving services has increased 82% over the last five years. Health services providers should be aware of this growth and prepared to meet the demands of the expanding LEP population in the region.

In the Loudoun Health District 17% of all patients and 30% of all encounters were LEP patients in 2008. As expected given the apparent growth in the overall LEP population in Loudoun, these figures represent an increase in the proportion of LEP patients served as compared to the 2007 language needs assessment.

This report makes no new compliance recommendations for the Loudoun Health District. As in 2007, it is recommended that Loudoun Health District provides on-site interpretation and translation services in **Spanish**. All other patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose.

There is a notable proportion of non Spanish-speaking LEP individuals in Loudoun that comprise 59% of the LEP population in the district but are just 1% of LEP patients and 2% of LEP encounters. This data suggests that these non-Spanish speaking LEP populations may be underserved by health department programs. It may be that the census data have overestimated the LEP population or that this population is not in need of health department services. Nonetheless, non-Spanish speaking groups form a significant subset of the LEP population in Loudoun. It is recommended that Loudoun Health District identify specific LEP populations, particularly speakers of non-Spanish languages, and target these groups for health department outreach. Doing so will help to assure that the district meets the needs of all its potential LEP patients.

DRAFT

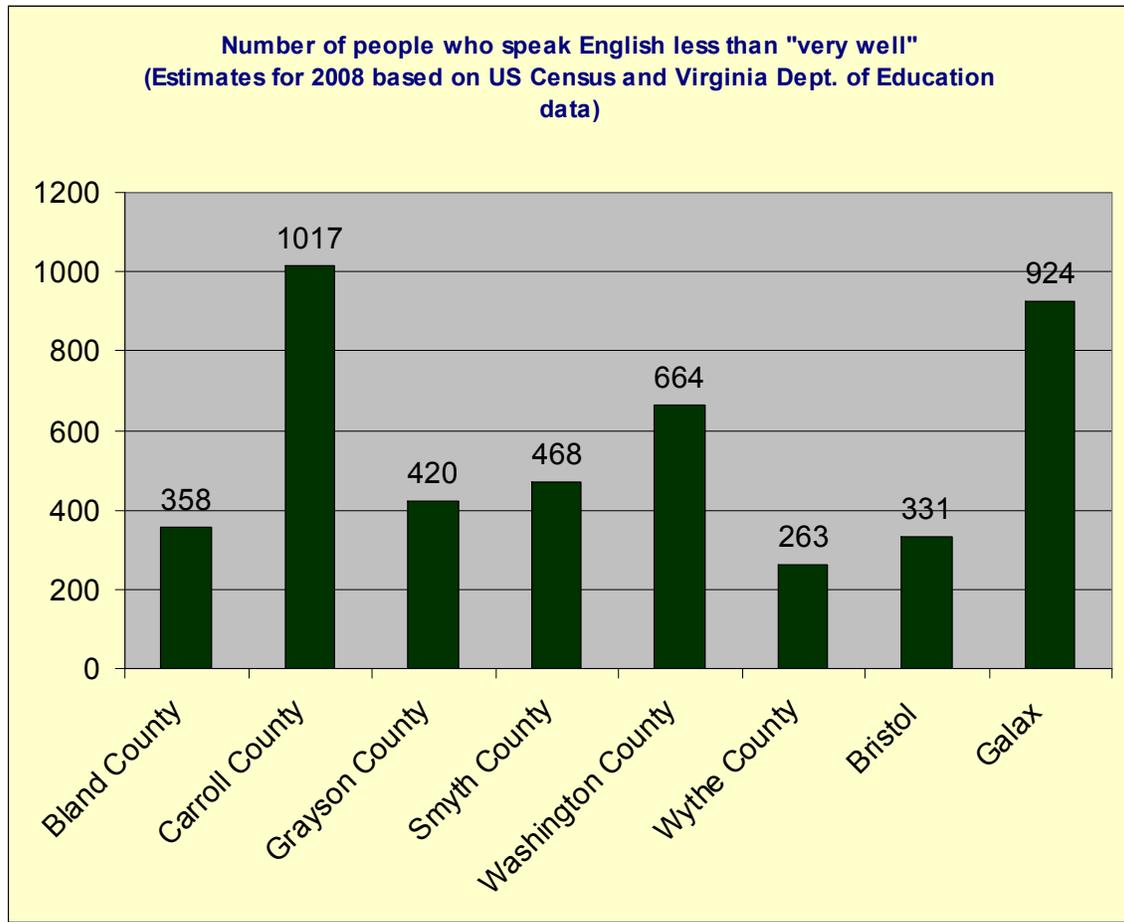
2010 LANGUAGE NEEDS ASSESSMENT: MOUNT ROGERS HEALTH DISTRICT

(Areas covered: Bland County, Carroll County, Grayson County, Smyth County, Washington County, Wythe County, Cities of Bristol, Galax)

HOW DOES THE CLAS REQUIREMENTS IMPACT THE MOUNT ROGERS HEALTH DISTRICT?

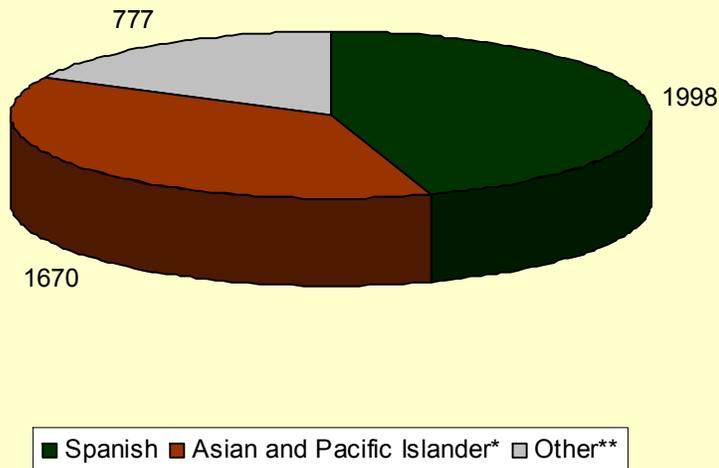
The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)³⁸ persons within this district:



³⁸ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)

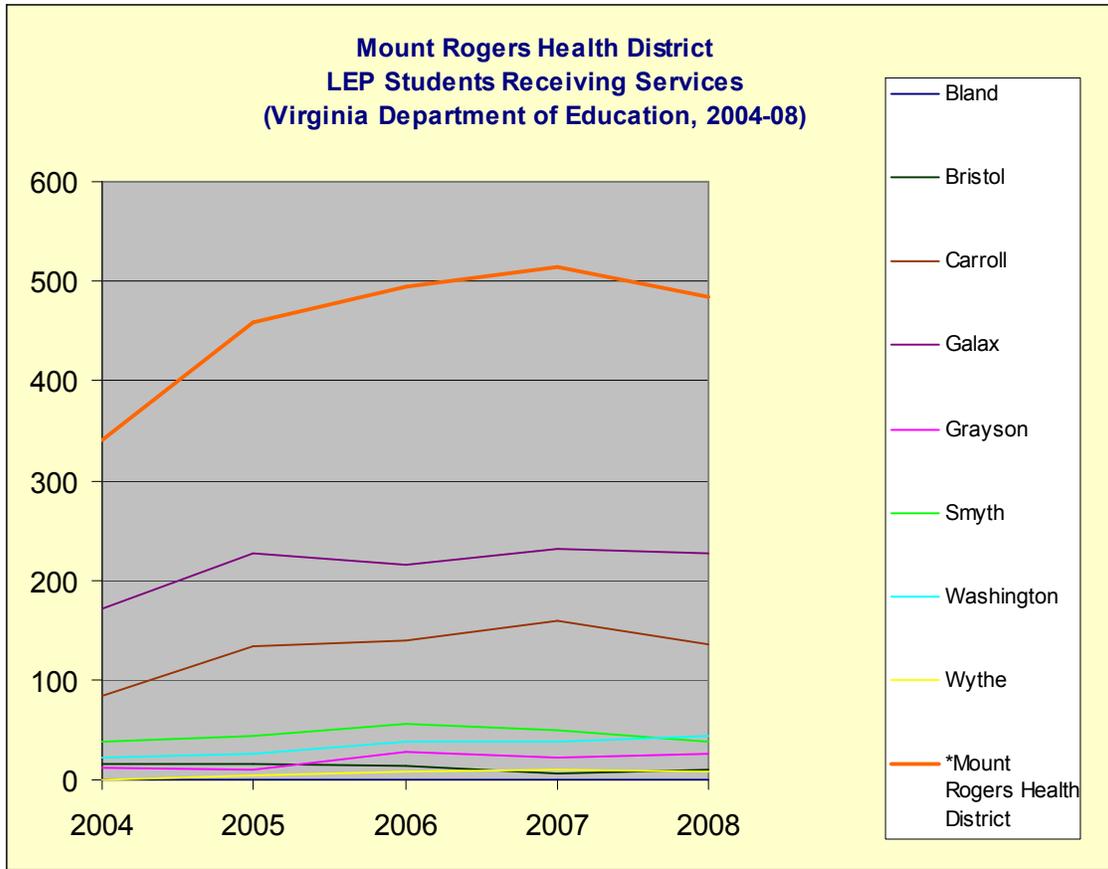
**Languages spoken by LEP individuals,
Mount Rogers Health District
(Estimates for 2008 based on US Census and Virginia Dept.
of Education data)**



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 4,444 of the residents of Mount Rogers Health District are considered LEP. The number of LEP individuals is higher in Carroll County (1,017 LEP residents) and the city of Galax (924 LEP residents). Of the LEP residents in the Mount Rogers Health District, just under half (45%) speak Spanish as their primary language.



The Health District total is the sum of all LEP Students within the cities and counties of the district.

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Mount Rogers Health District has increased by 42% from five years ago. This data suggests that the overall LEP population in Mount Rogers is growing.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Mount Rogers Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

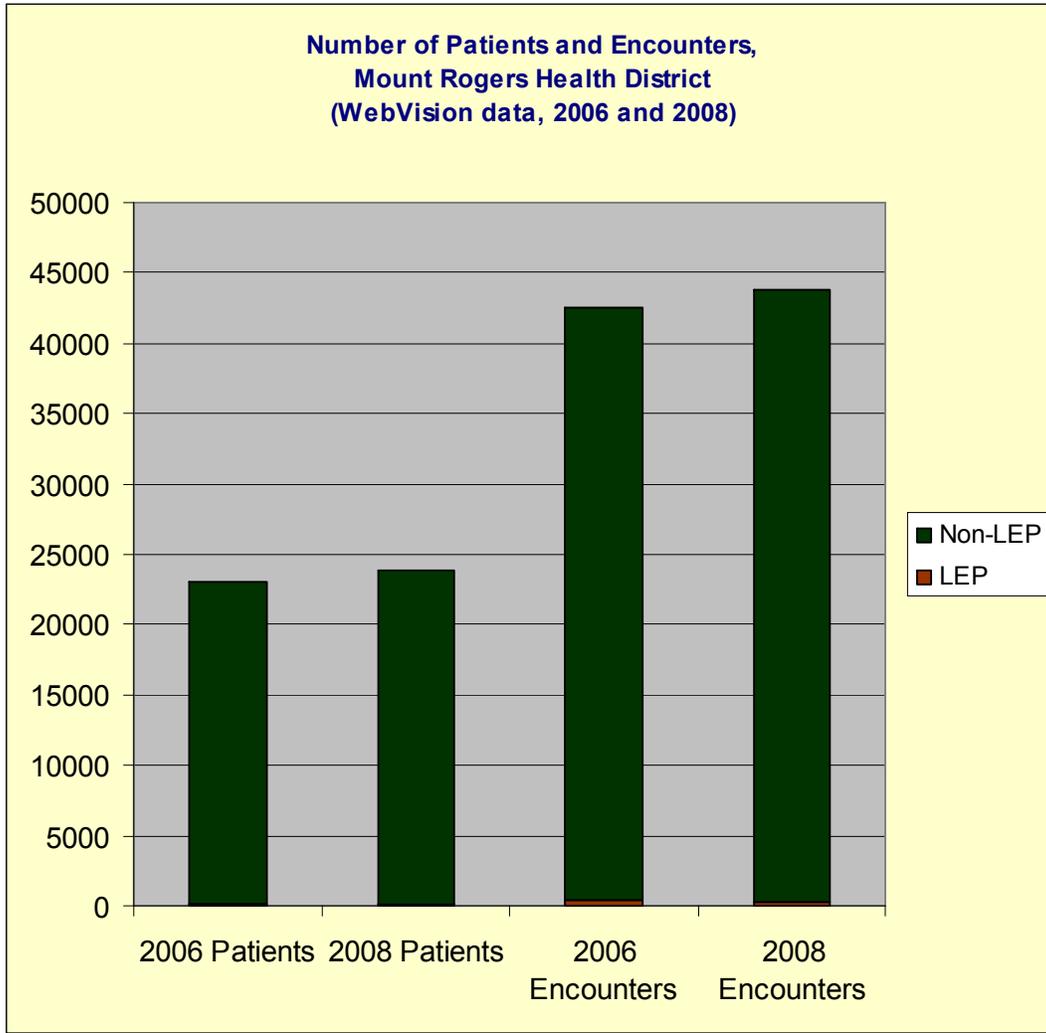
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	23,561	98.59%	42,879	97.91%
Spanish	124	0.52%	312	0.71%
Total	23,897	100.00%	43,793	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Mount Rogers Health District:

- ◆ 0.52% of all patients are LEP
- ◆ 0.71% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been little change in percentage of both LEP patients and encounters. The 2007 report showed that less than 1% of all patients and that 1% of all encounters involved LEP patients. LEP patients and encounters continue to form a very small fraction of the total patients and encounters in Mount Rogers Health District.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Mount Rogers Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Mount Rogers Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents

- are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. There were no interpreting phone calls made by Mount Rogers Health District in 2008.

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 4,444 limited English proficient (LEP) individuals reside in the Mount Rogers Health District, comprising 2% of the total population in the district. Just under half of the LEP population in Mount Rogers speaks Spanish as its primary language. DOE data indicates that the LEP population is relatively small but growing.

In the Mount Rogers Health District less than 1% of all patients and encounters were LEP patients in 2008. These figures show little change in the proportion of LEP patients served as compared to the 2007 language needs assessment: LEP patients continue to be a very small part of the population the district serves.

This report makes no new compliance recommendations for the Mount Rogers Health District. As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose. Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

Although the LEP population in the Mount Rogers Health District is presently very small, health service providers should be aware of the potential for growth of the LEP population in the region, particularly as the LEP population of Virginia continues to grow.

DRAFT

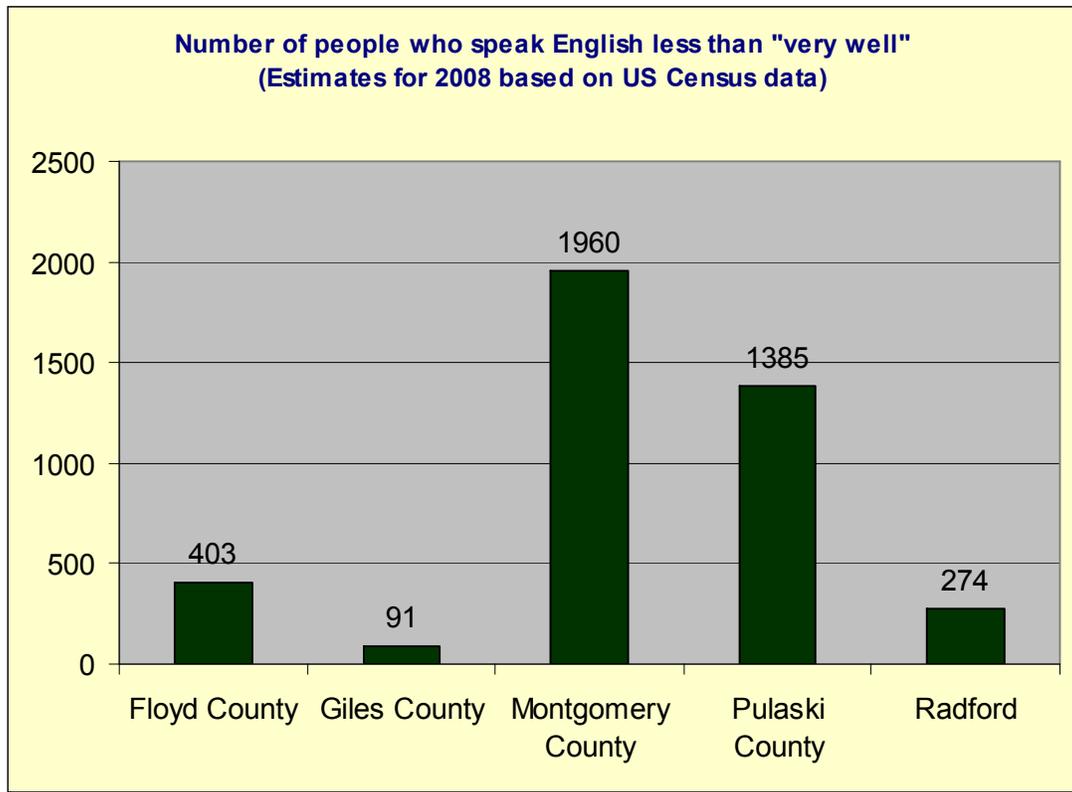
2010 LANGUAGE NEEDS ASSESSMENT: NEW RIVER HEALTH DISTRICT

(Areas covered: Floyd County, Giles County, Montgomery County, Pulaski County, City of Radford)

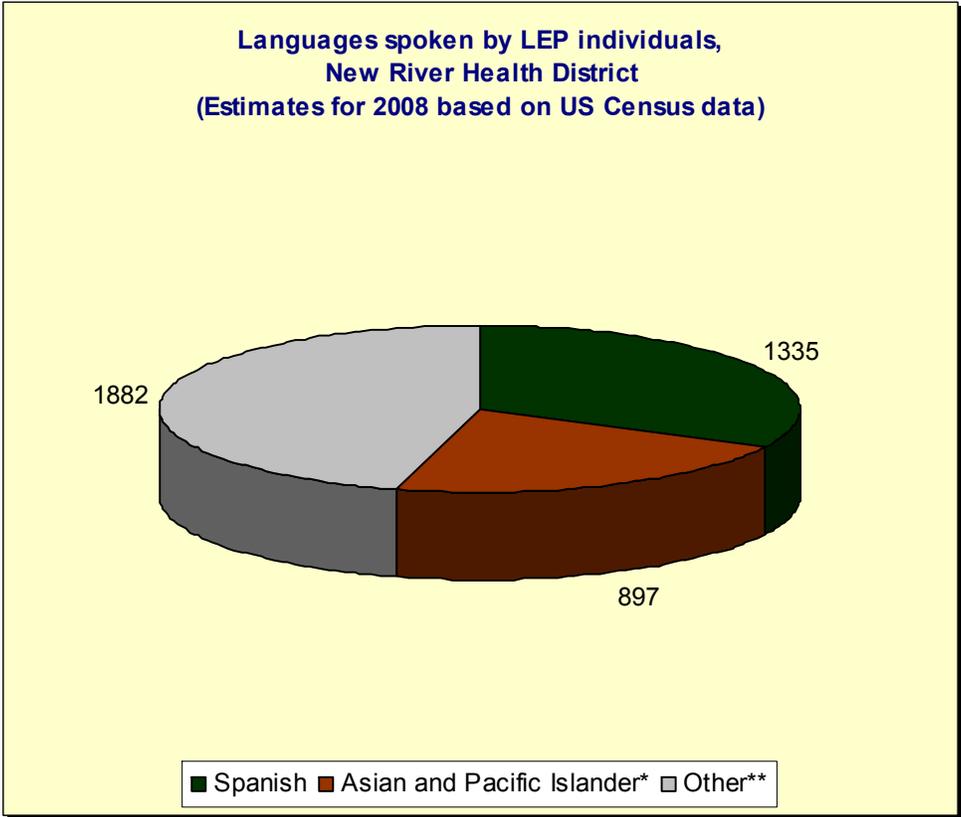
HOW DOES THE CLAS REQUIREMENTS IMPACT THE NEW RIVER HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)³⁹ persons within this district:



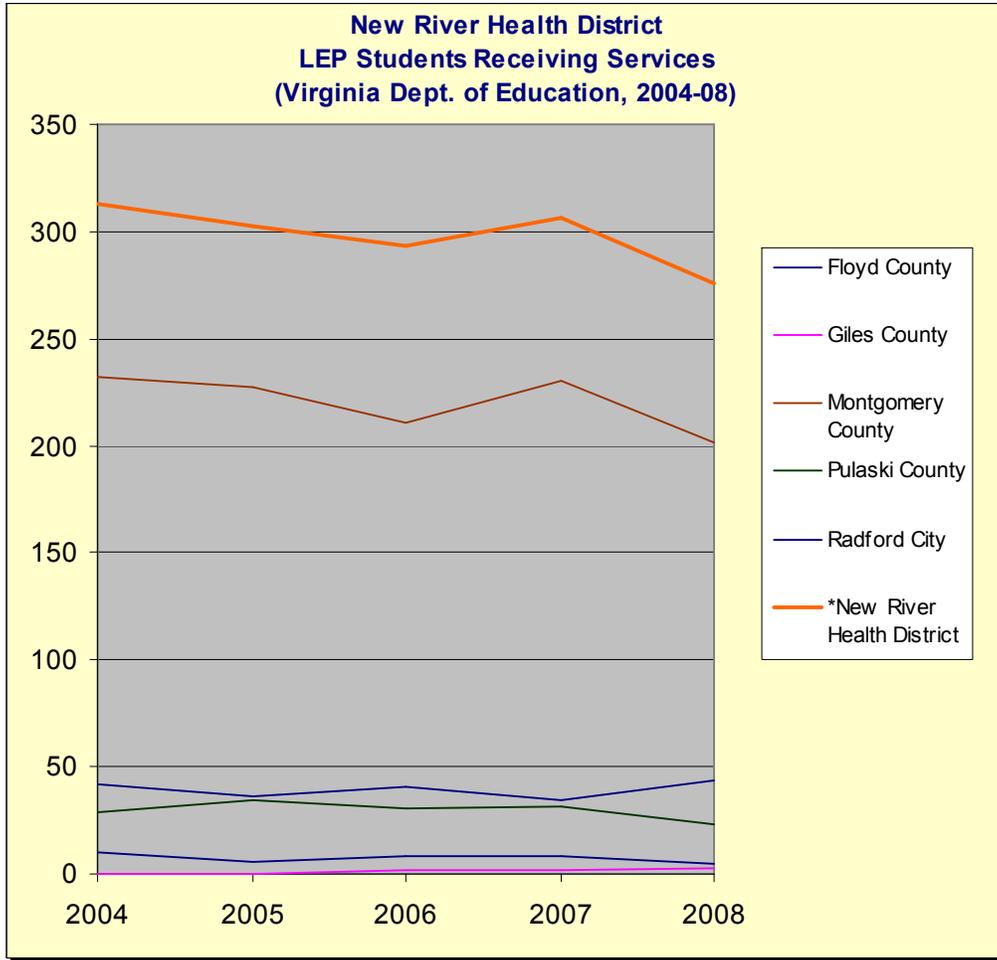
³⁹ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 4,113 of the residents of the New River Health District are considered LEP. The number of LEP individuals is higher in Montgomery County (1,960 LEP residents) and the Pulaski County (1,385 LEP residents). Of the LEP residents in the New River Health District, about a third (32%) speaks Spanish as its primary language.



** The Health District total is the sum of all LEP Students within the cities and counties of the district.*

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the New River Health District has decreased by 12% from five years ago. This data suggests that the overall LEP population in the New River Health District is relatively stable.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the New River Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

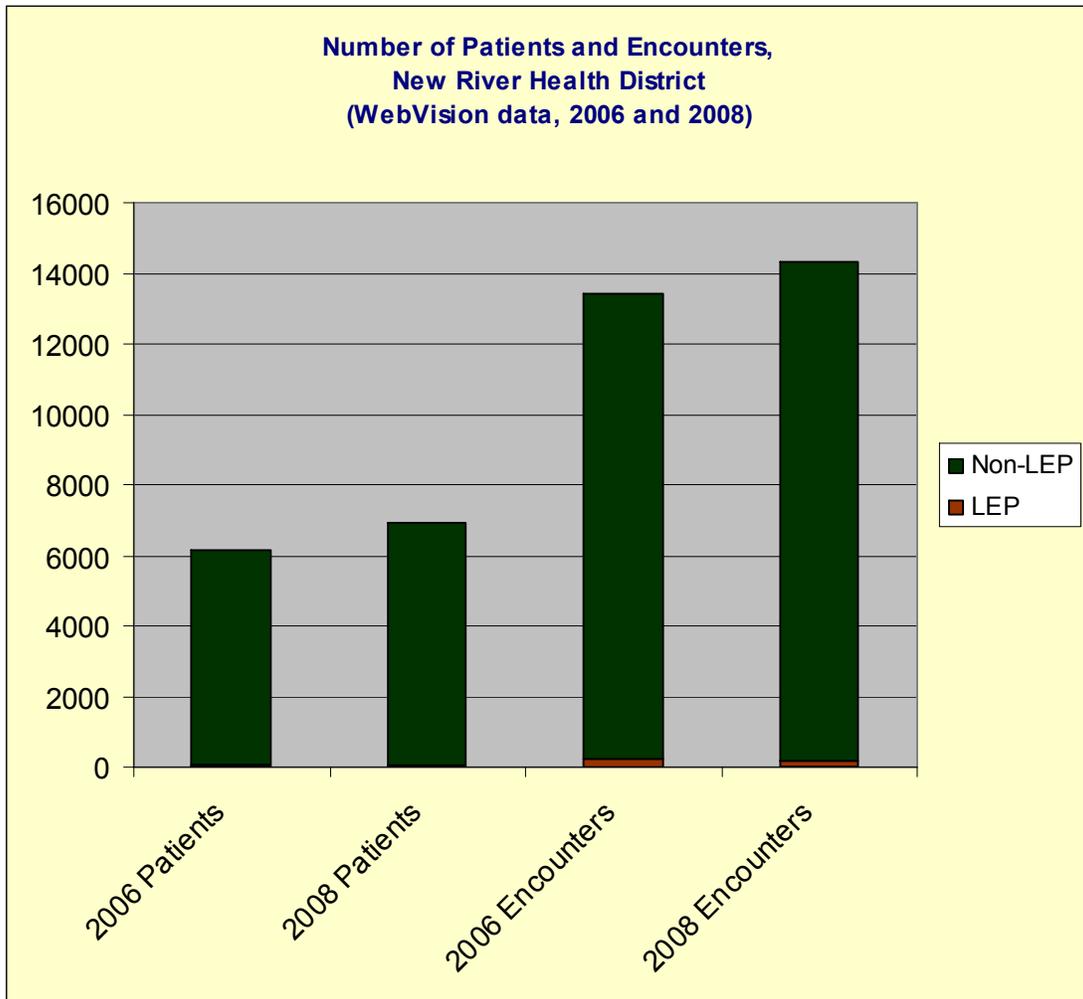
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	6,851	98.96%	14,048	98.33%
Spanish	47	0.68%	171	1.20%
Korean	1	0.01%	2	0.01%
New River Health District	6,923	100.00%	14,287	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the New River Health District:

- ◆ 0.69% of all patients are LEP
- ◆ 1.21% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been little change in percentage of both LEP patients and encounters. The 2007 report showed that less than 1% of all patients and that 1% of all encounters involved LEP patients. LEP patients and encounters continue to form a very small fraction of the total patients and encounters in the New River Health District.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service.

Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the New River Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the New River Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American

- Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) S requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	29	347	\$399.05
Mandarin	3	125	\$181.25
Quiche	1	30	\$43.50
Cantonese	1	13	\$18.85
New River Health District	34	515	\$642.65

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 4,113 limited English proficient (LEP) individuals reside in the New River Health District, comprising 2% of the total population in the district. About a third of the LEP population in this district speaks Spanish as its primary language. DOE data indicates that the LEP population is relatively stable.

In the New River Health District less than 1% of all patients and about encounters were LEP patients in 2008. These figures show little change in the proportion of LEP patients served as compared to the 2007 language needs assessment: LEP patients continue to be a very small part of the population this district serves.

This report makes no new compliance recommendations for the New River Health District. As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation can be utilized for this purpose. Note: Health service providers should

note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

There is a notable percentage of non Spanish-speaking LEP individuals in the New River Health District which comprise 68% of the LEP population in the district but only 2% are LEP patients and 1% are LEP encounters. This data suggests that these non-Spanish speaking LEP populations are not utilizing health department programs. However, it may be that the census data have overestimated the LEP population or that this population is not in need of health department services. Nonetheless, non-Spanish speaking groups form a significant subset of the LEP population in New River. It is recommended that New River Health District identify specific LEP populations, particularly speakers of non-Spanish languages, and target these groups for health department outreach. Doing so will assure that the needs of all potential LEP patients are met.

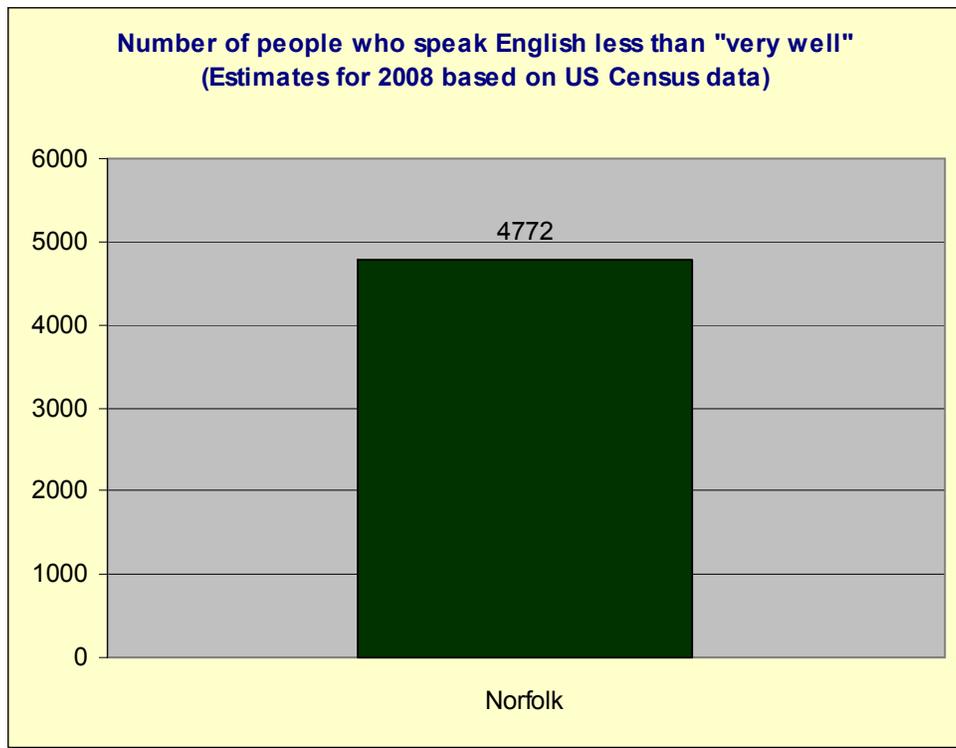
2010 LANGUAGE NEEDS ASSESSMENT: NORFOLK HEALTH DISTRICT

(Areas covered: City of Norfolk)

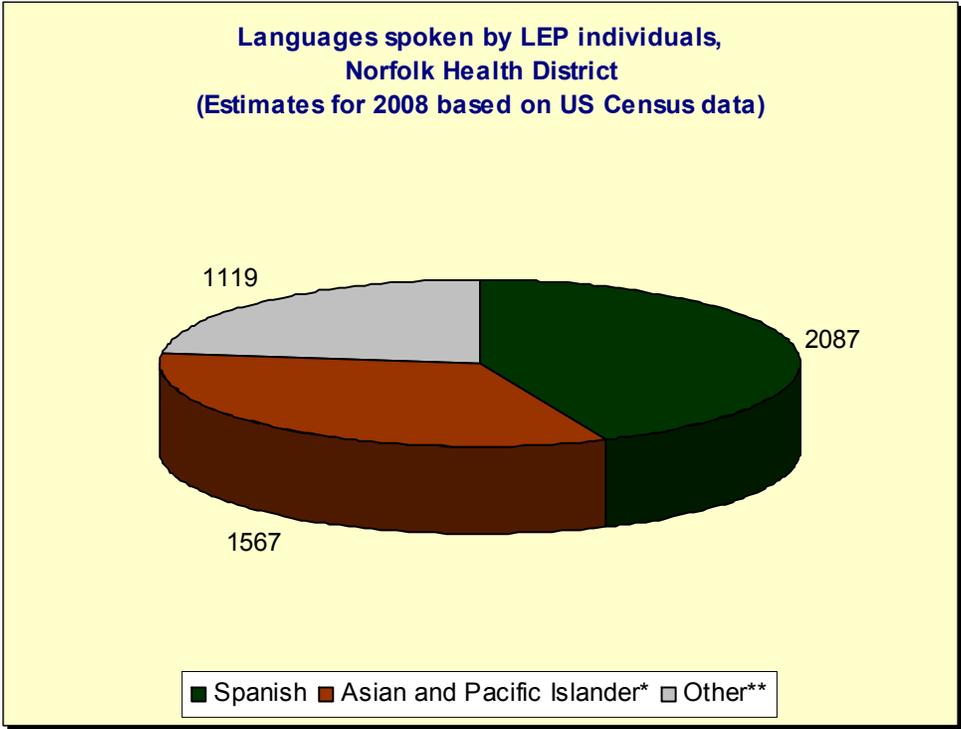
HOW DOES THE CLAS REQUIREMENTS IMPACT THE NORFOLK HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁴⁰ persons within this district:



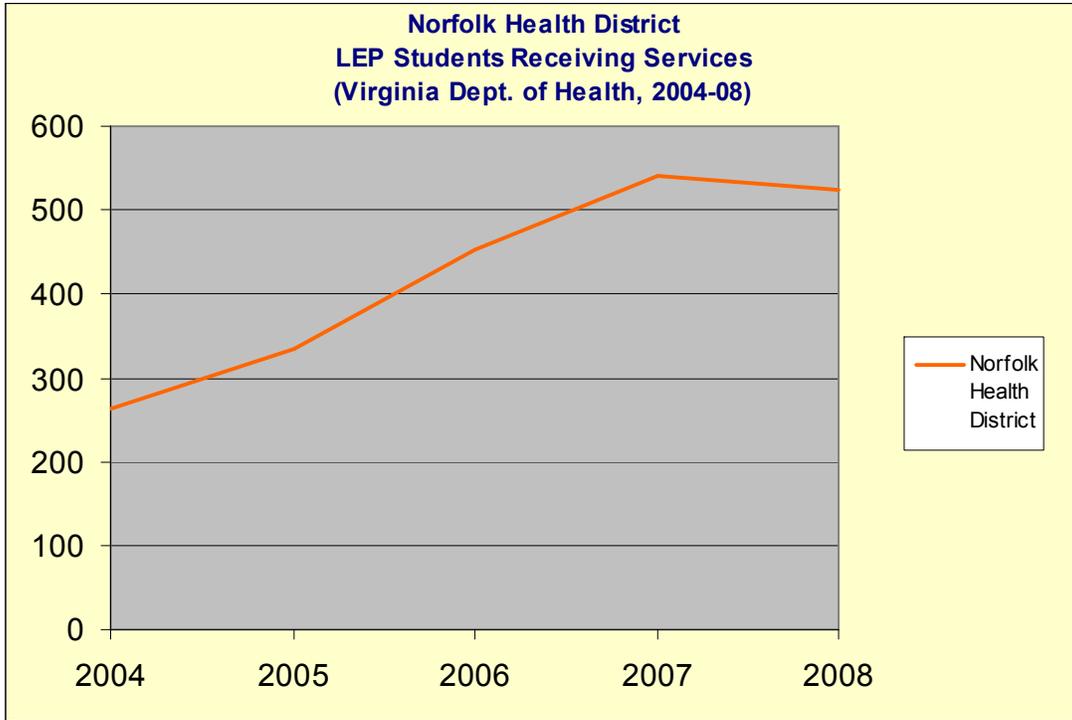
⁴⁰ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukrainian and Urdu.

Based on 2008 estimates from US Census data, 4,772 of the residents of Norfolk Health District are considered LEP. Of the LEP residents in the Norfolk Health District, just under a half (44%) speak Spanish as their primary language.



Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Norfolk Health District has doubled over the last five years. The increase in LEP students suggests that the overall LEP population is growing rapidly.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Norfolk Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

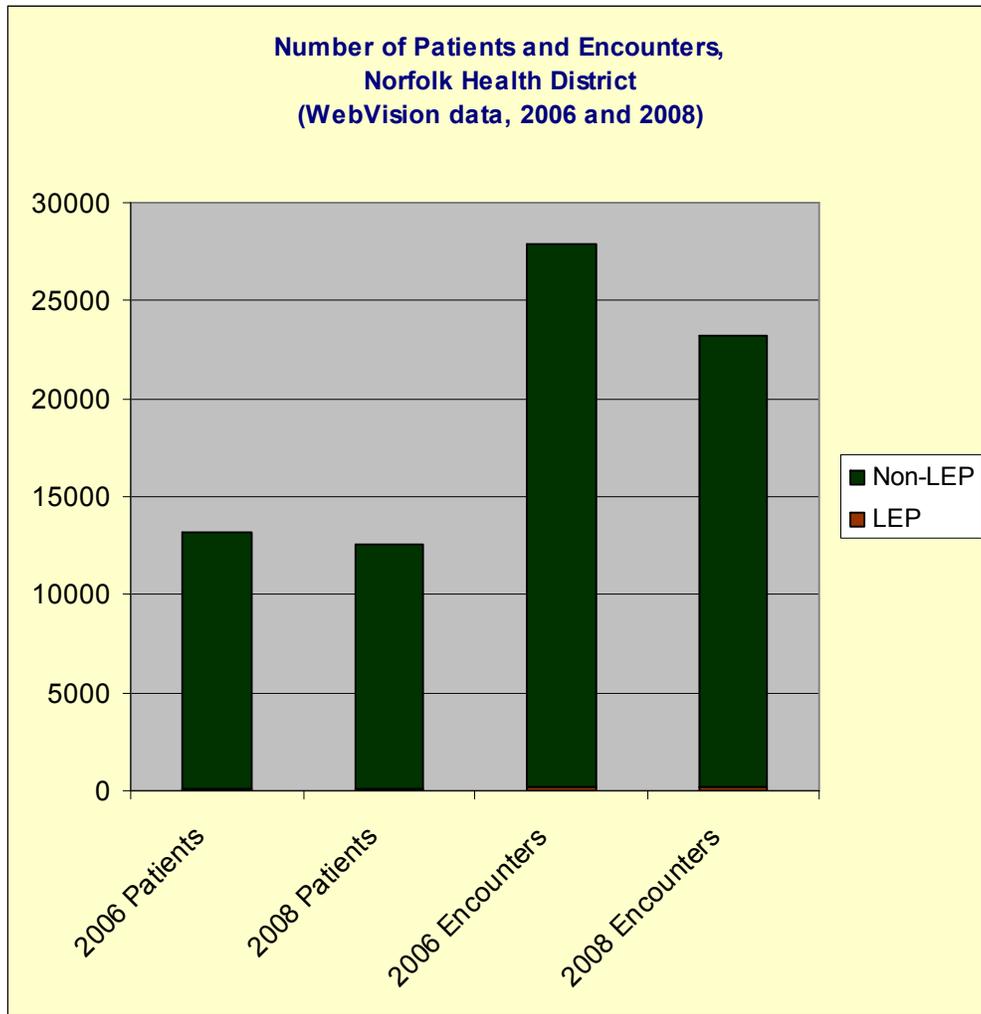
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	12,433	98.91%	22,886	98.61%
Spanish	88	0.70%	211	0.91%
Tagalog	4	0.03%	8	0.03%
Arabic	2	0.02%	6	0.03%
Burmese	1	0.01%	3	0.01%
Chinese	1	0.01%	2	0.01%
French	1	0.01%	1	0.00%
Russian	1	0.01%	2	0.01%
Vietnamese	1	0.01%	1	0.00%
Norfolk Health District	12,570	100.00%	23,208	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Norfolk Health District:

- ◆ 0.79% of all patients are LEP
- ◆ 1.01% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been very little change in percentage of both LEP patients and encounters. The 2007 report showed that less 1% of all patients and encounters involved LEP patients. LEP patients and encounters continue to form a very small fraction of the total patients and encounters in Norfolk Health District, despite the apparent growth in the overall LEP population.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service.

Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Norfolk Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Norfolk Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American

- Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. There were no interpreting phone calls utilizing this service in 2008.

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 4,772 limited English proficient (LEP) individuals reside in the Norfolk Health District, comprising 2% of the total population in the district. About half of the LEP population in Norfolk speaks Spanish as its primary language. DOE data indicates that the LEP population is growing rapidly: the number of LEP students receiving services has doubled over the last five years. This growth should be taken into account by health services providers when designing programs and policies—particularly regarding outreach to the under 18 population—in Norfolk Health District.

In the Norfolk Health District less than 1% of all patients and 1% of all encounters were LEP patients in 2008. These figures show little change in the proportion of LEP patients served as compared to the 2007 language needs assessment.

This report makes no new compliance recommendations for the Norfolk Health District. As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose. Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

There is a notable percentage of non Spanish-speaking LEP individuals in Norfolk that comprise 56% of the LEP population in the district, and their share of LEP patients and encounters in the district are only 11% of LEP patients and 10% of LEP encounters. This data suggests that proportionately non-Spanish speaking LEP populations are not utilizing health department programs. However, it may be that the census data have overestimated the LEP population or

that this population is not in need of health department services. Nonetheless, non-Spanish speaking groups form a significant subset of the LEP population in Norfolk. It is recommended that the Norfolk Health District determine the needs of specific LEP populations, particularly non-Spanish speakers, and target these groups for health department outreach. Doing so will help to assure that the district meets the needs of all its potential LEP patients.

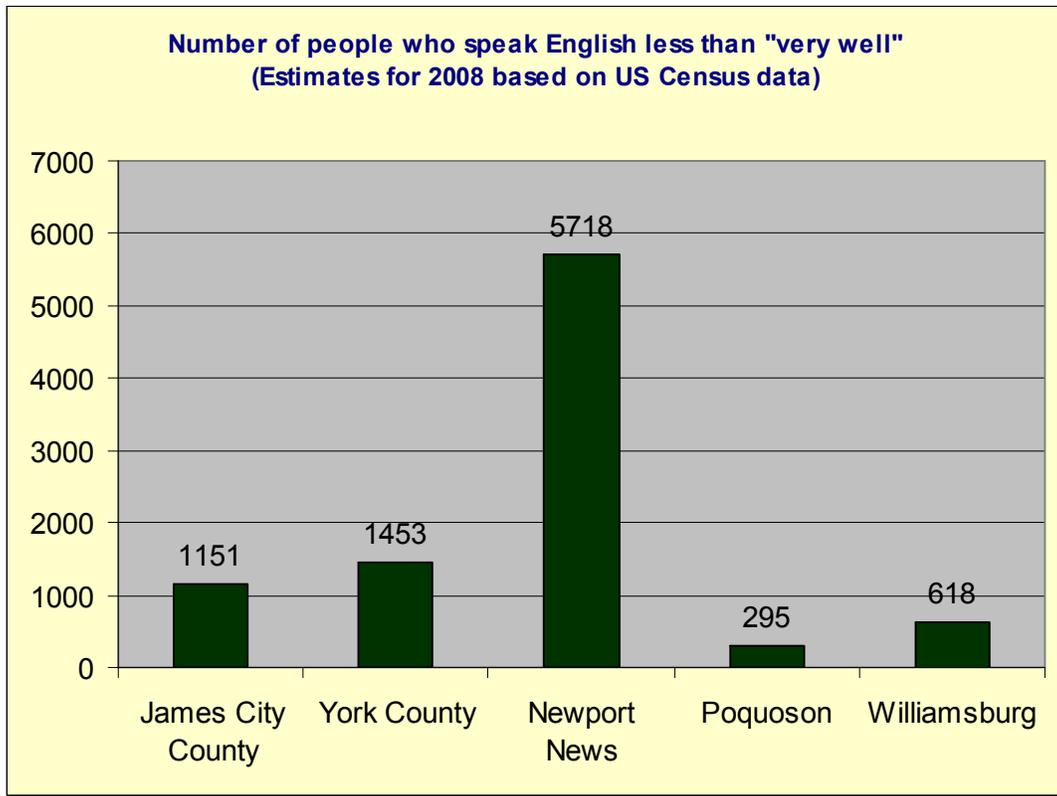
2010 LANGUAGE NEEDS ASSESSMENT: PENINSULA HEALTH DISTRICT

(Areas covered: James City County, York County, Cities of Newport News, Poquoson, Williamsburg)

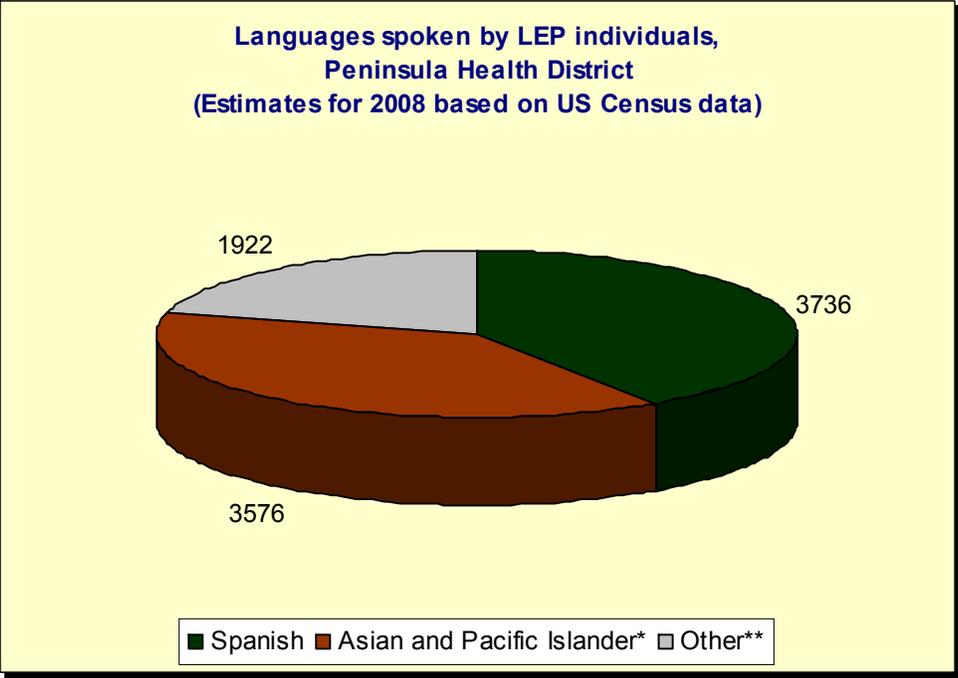
HOW DOES THE CLAS REQUIREMENTS IMPACT THE PENINSULA HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁴¹ persons within this district:



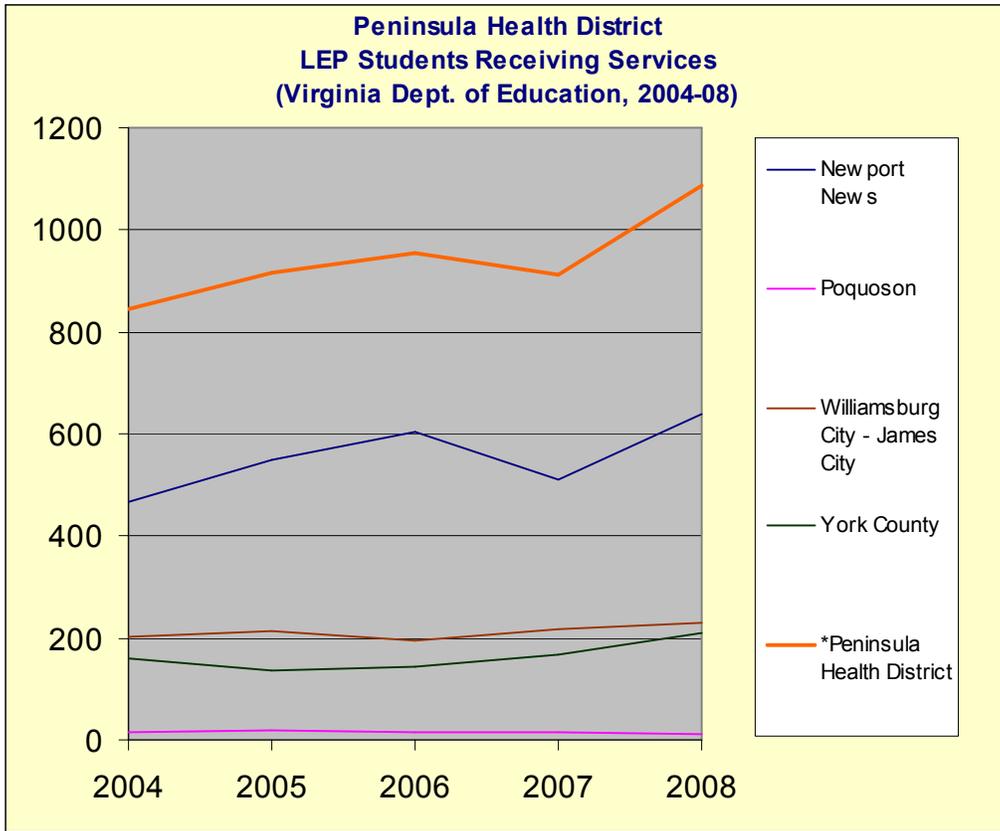
⁴¹ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 9,234 of the residents of Peninsula Health District are considered LEP. The number of LEP individuals is significantly higher in Newport News (5,718 LEP residents). Of the LEP residents in the Peninsula Health District, 40% speak Spanish as their primary language.



** The Health District total is the sum of all LEP Students within the cities and counties of the district.*

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Peninsula Health District has increased by 29% over the last five years. This indicates that the overall LEP population in the area is growing.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Peninsula Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

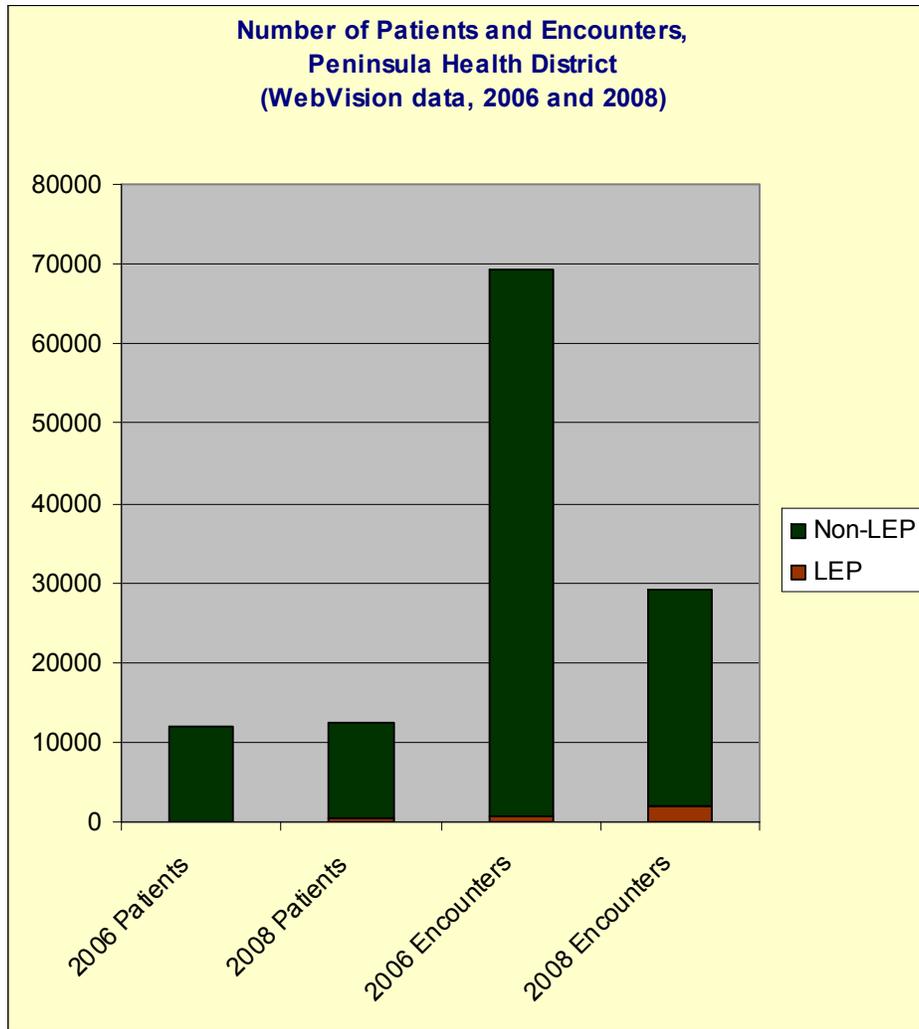
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	11,977	96.42%	26,948	92.53%
Spanish	235	1.89%	626	2.15%
Burmese	72	0.58%	848	2.91%
French	17	0.14%	127	0.44%
Arabic	14	0.11%	52	0.18%
Bhutani	9	0.07%	63	0.22%
Nepali	7	0.06%	54	0.19%
Tagalog	4	0.03%	18	0.06%
Korean	3	0.02%	13	0.04%
Somali	3	0.02%	50	0.17%
Cambodian	2	0.02%	6	0.02%
Vietnamese	2	0.02%	8	0.03%
Amharic	1	0.01%	1	0.00%
Chinese	1	0.01%	23	0.08%
Chinese-Cantonese	1	0.01%	1	0.00%
Croatian	1	0.01%	10	0.03%
German	1	0.01%	25	0.09%
Kirundi	1	0.01%	10	0.03%
Kurdish	1	0.01%	1	0.00%
Turkish	1	0.01%	1	0.00%
Peninsula Health District	12,422	100.00%	29,124	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Peninsula Health District:

- ◆ 3.07% of all patients are LEP
- ◆ 6.75% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been an increase in proportion of LEP patients and encounters. The 2007 report showed that about 1% of all patients and encounters were LEP. Comparing this data from the 2007 report with more recent data, it is evident that the number and proportion of LEP patients and encounters in the Peninsula Health District has increased, even as the total number encounters decreased significantly.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service.

Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Peninsula Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Peninsula Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish and Burmese**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost⁴²: \$11,894 for Spanish interpreters and \$16,112 for Burmese interpreters) or by bilingual employees who have been trained in medical interpreting (estimated cost⁴³: \$500 - \$1,500 for Spanish bilingual employees and \$1,000-\$3,000 for Burmese bilingual employees). The use of bilingual employees who have been trained in medical interpreting is preferred, as it is the more cost-effective option.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Peninsula Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional

⁴² Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

⁴³ Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1,500.

medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)

- adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. Data suggest that this is been an underused resource in Peninsula, as the number of LEP encounters has surpassed the number of telephonic interpretation calls made. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	5	49	\$56.35
Nepali	3	50	\$72.50
French	2	28	\$40.60
Karen	2	14	\$20.30
Korean	1	3	\$4.35
Peninsula Health District	13	144	\$194.10

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 9,234 limited English proficient (LEP) individuals reside in the Peninsula Health District, comprising 3% of the total population in the district. 40% of the LEP population in Peninsula speaks Spanish as its primary language. DOE data indicates that the LEP population is growing: the number of LEP students receiving services has increased 22% over the last five years.

In the Peninsula Health District 3% of all patients and 7% of all encounters were LEP patients in 2008. These figures represent a significant increase from the proportion of LEP patients and encounters reported in the 2007 language needs assessment. Health services providers should pay special attention to the emerging Burmese population, which comprised 3% of all encounters in Peninsula Health District in 2008.

This report has made new compliance recommendations for the Peninsula Health District. It is now recommended that Peninsula Health District offer on-site interpretation in **Spanish** and **Burmese**. As in 2007, all other patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose. Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

While Spanish is the primary non-English language that is spoken in the Peninsula Health District, non-English speakers of other languages represent 60% of the LEP total and must be seriously considered. There are 5498 individuals in the Peninsula Health District who speak neither English nor Spanish as their primary language, representing 1.7% of the total population of the district. These groups form a significant subset of the population in Peninsula; therefore, they should be a special focus of health department programs. WebVision data indicates that the Peninsula Health District has already done work to meet the needs of non-Hispanic linguistic minorities: substantial numbers of Burmese and French speaking patients were reported, among others. It is recommended that Peninsula Health District continue to identify specific non-Spanish speaking LEP populations and target these groups for health department outreach. Doing so will help to assure that the district meets the needs of all its potential LEP patients.

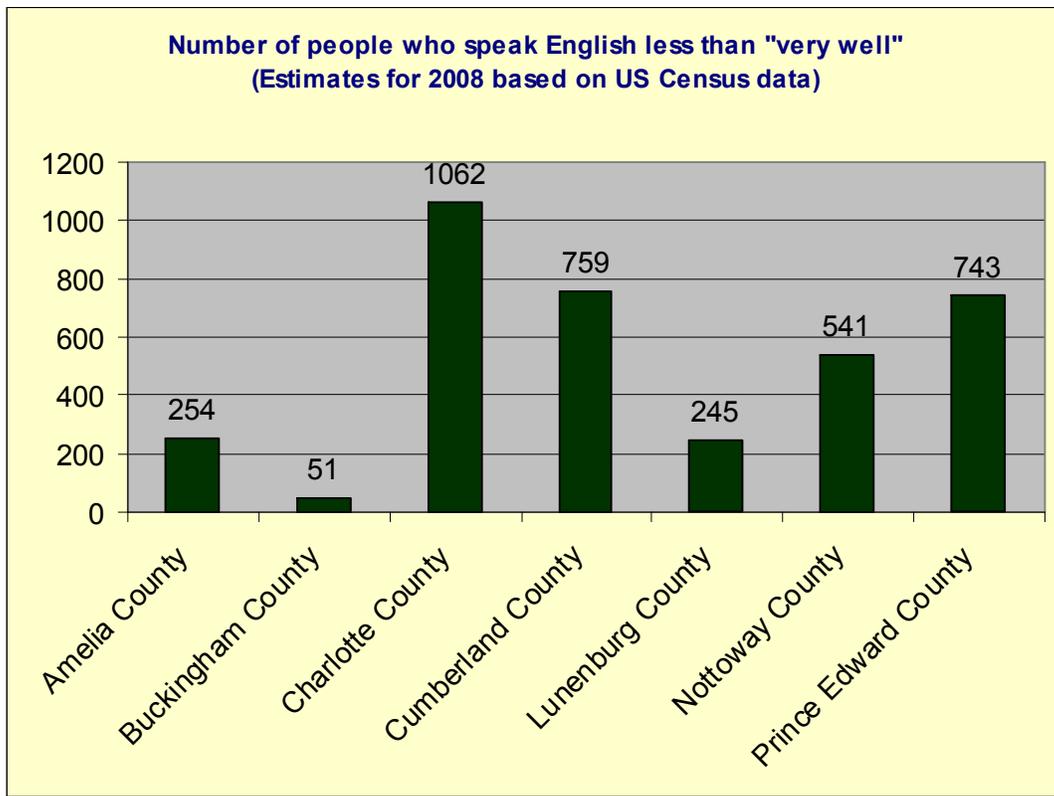
2010 LANGUAGE NEEDS ASSESSMENT: PIEDMONT HEALTH DISTRICT

(Areas covered: Amelia County, Buckingham County, Charlotte County, Cumberland County, Lunenburg County, Nottoway County, Prince Edward County)

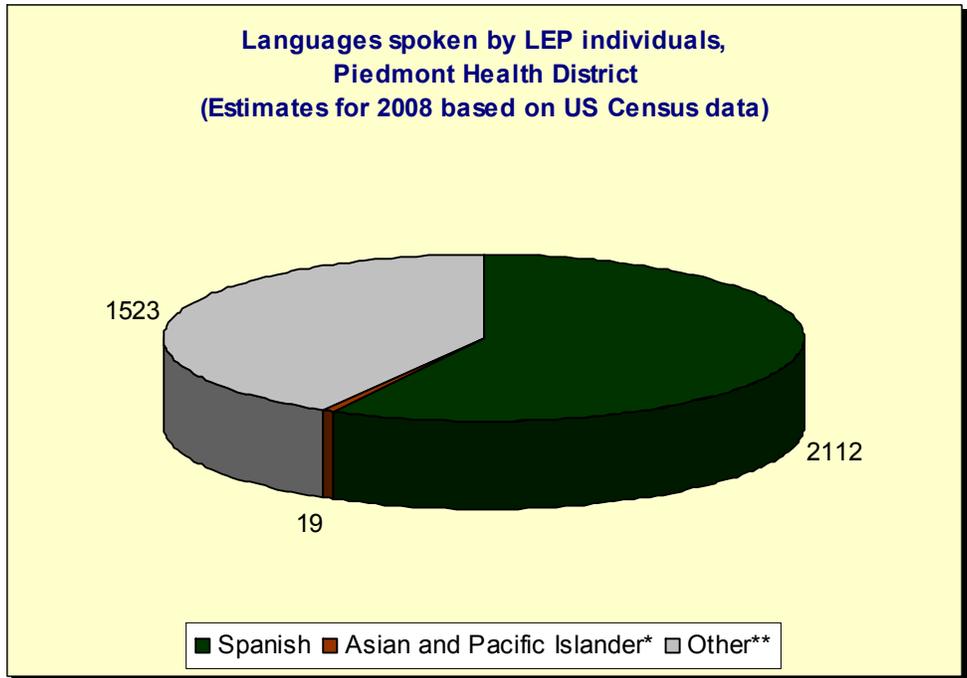
HOW DOES THE CLAS REQUIREMENTS IMPACT THE PIEDMONT HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁴⁴ persons within this district:



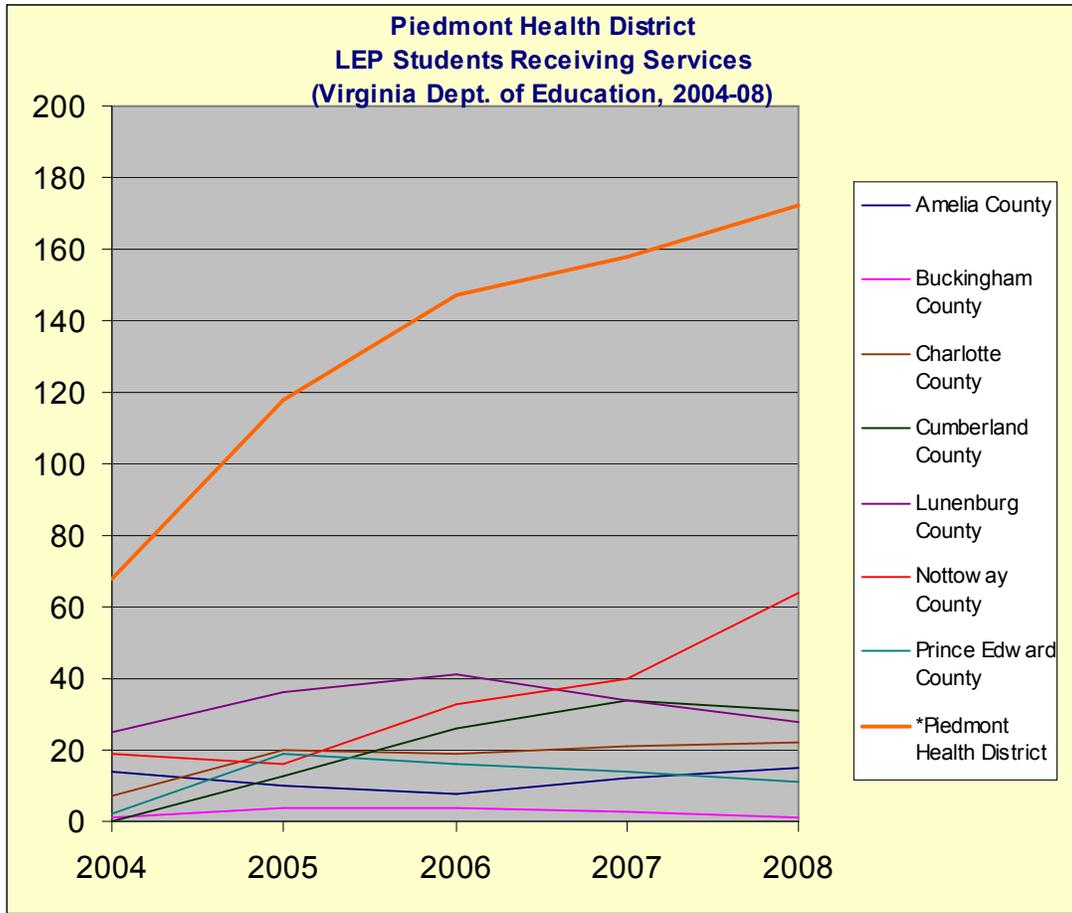
⁴⁴ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukrainian and Urdu.

Based on 2008 estimates from US Census data, 3,654 of the residents of Piedmont Health District are considered LEP. This proportion is significantly higher in Charlotte County (1,062 LEP individuals). Of the LEP residents in the Piedmont Health District, just over half (58%) speak Spanish as their primary language.



* The Health District total is the sum of all LEP Students within the cities and counties of the district.

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Piedmont Health District is 2.5 times what it was five years ago but is still relatively small (172 students in 2008). The increase in LEP students indicates that the overall LEP population is small but growing.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Piedmont Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

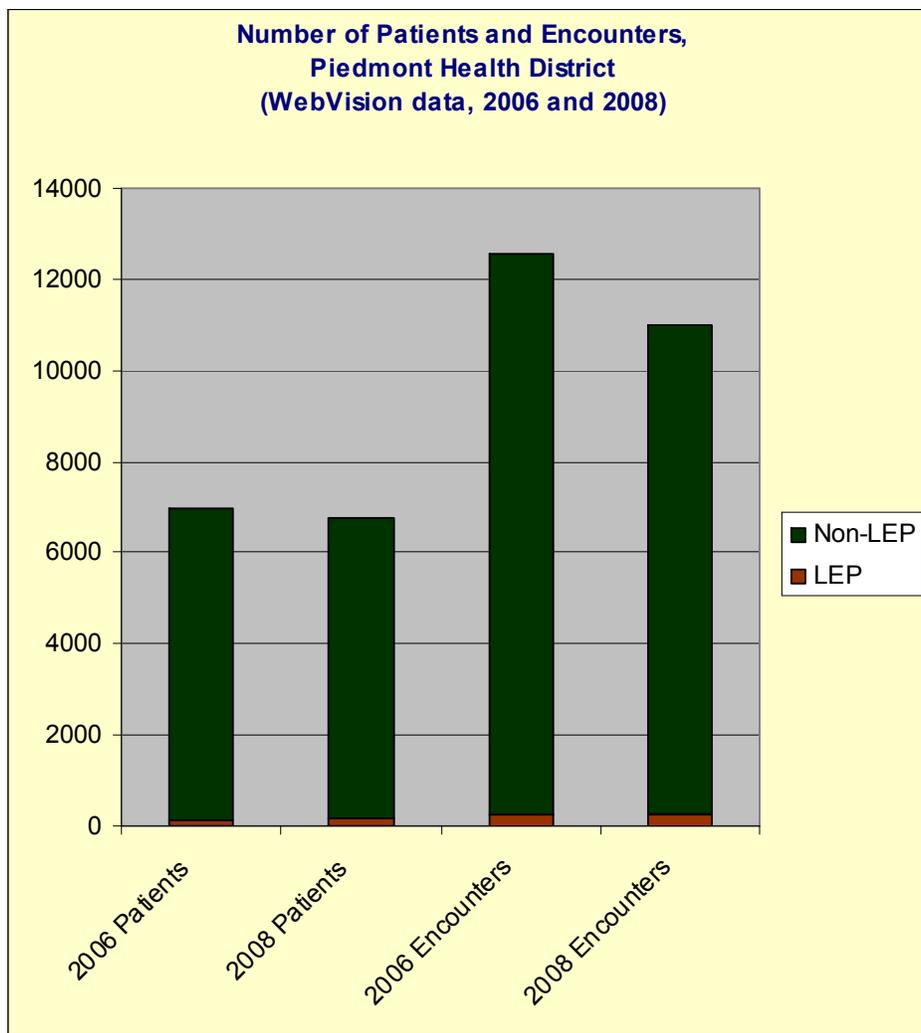
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	6,576	97.54%	10,694	97.24%
Spanish	148	2.20%	274	2.49%
Chinese	3	0.04%	4	0.04%
Somali	1	0.01%	1	0.01%
Piedmont Health District	6,742	100.00%	10,997	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Piedmont Health District:

- ◆ 2.27% of all patients are LEP
- ◆ 2.56% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been a slight increase in percentage of both LEP patients and encounters. The 2007 report showed that about 2% of all patients and encounters involved LEP patients. Compared to the data from the 2007 report, the number of LEP patients and encounters essentially stayed the same, while overall numbers decreased for Piedmont Health District.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service.

Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Piedmont Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Piedmont Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and

the target language(s) with affiliation/accreditation by the American Translators Association preferred

- are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	24	237	\$279.75
Piedmont Health District	24	237	\$279.75

Summary

Culturally and linguistically appropriate health care services (CLAS) LAS requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 3,654 limited English proficient (LEP) individuals reside in the Piedmont Health District, comprising 3% of the total population in the district. 58% of the LEP population in Piedmont speaks Spanish as its primary language. DOE data indicates that the LEP population, while relatively small, is growing rapidly: the number of LEP students receiving services has more than doubled over the last five years.

In the Piedmont Health District about 2% of all patients and 3% of all encounters were LEP patients in 2008. This was a slight increase in the proportion of LEP patients served as compared to the 2007 language needs assessment.

This report makes no new compliance recommendations for the Piedmont Health District. As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose. Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

Health providers in the Piedmont Health District should be aware of the potential for rapid growth in the LEP population in the district. It may be that DOE data is not the proper indicator for potential growth of the LEP population within this district; however, they suggest that the LEP population in the Piedmont Health District has experienced significant growth over the last five years. Specifically focused outreach programs may be needed to reach any emergent LEP groups.

Such outreach programs may be already needed for non-Spanish speaking LEP populations in Piedmont Health District. There is a notable portion of non Spanish-speaking LEP individuals in Piedmont that comprise 42% of the LEP population in the district and their share of LEP patients and encounters in the district are only 3% of LEP patients and 2% of LEP encounters. This data suggests that non-Spanish speaking LEP populations are not utilizing health department programs. It may be that the census data have overestimated the LEP population or that this population is not in need of health department services. Nonetheless, non-Spanish speaking groups form a significant subset of the LEP population in Piedmont. It is recommended that Piedmont Health District identify specific LEP populations, particularly non-Spanish speakers, and target these groups for health department outreach. Doing so will help to assure that the district meets the needs of all potential LEP patients.

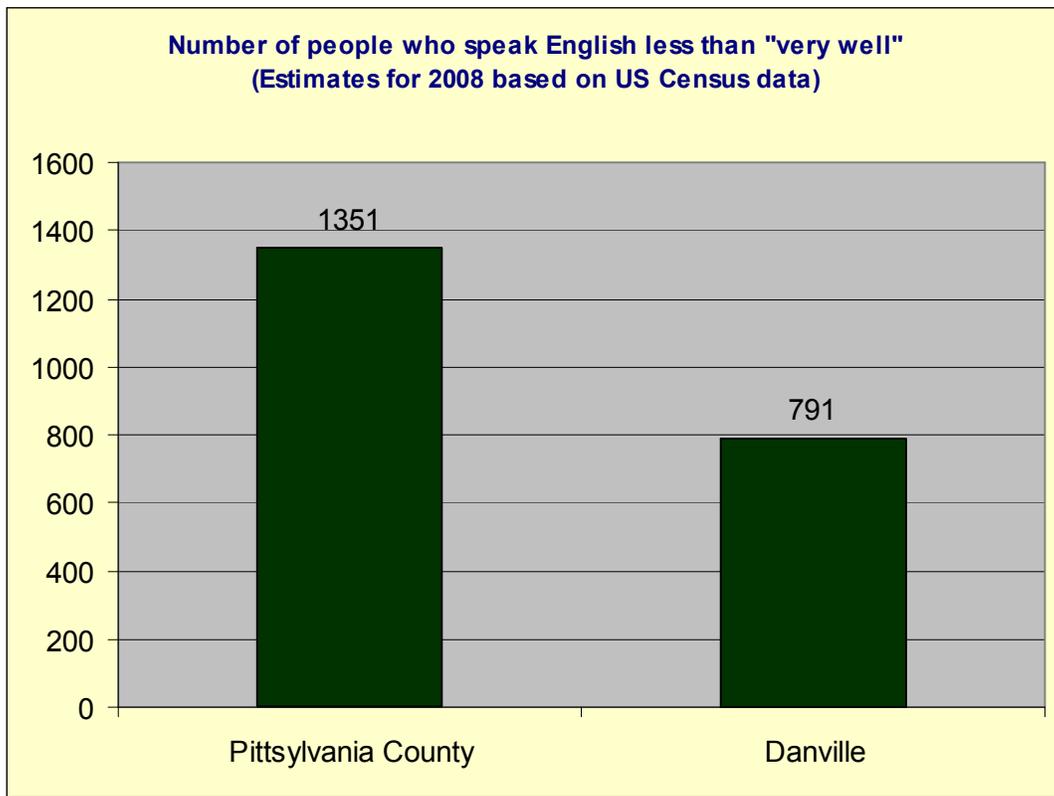
2010 LANGUAGE NEEDS ASSESSMENT: PITTSYLVANIA/DANVILLE HEALTH DISTRICT

(Areas covered: Pittsylvania County, City of Danville)

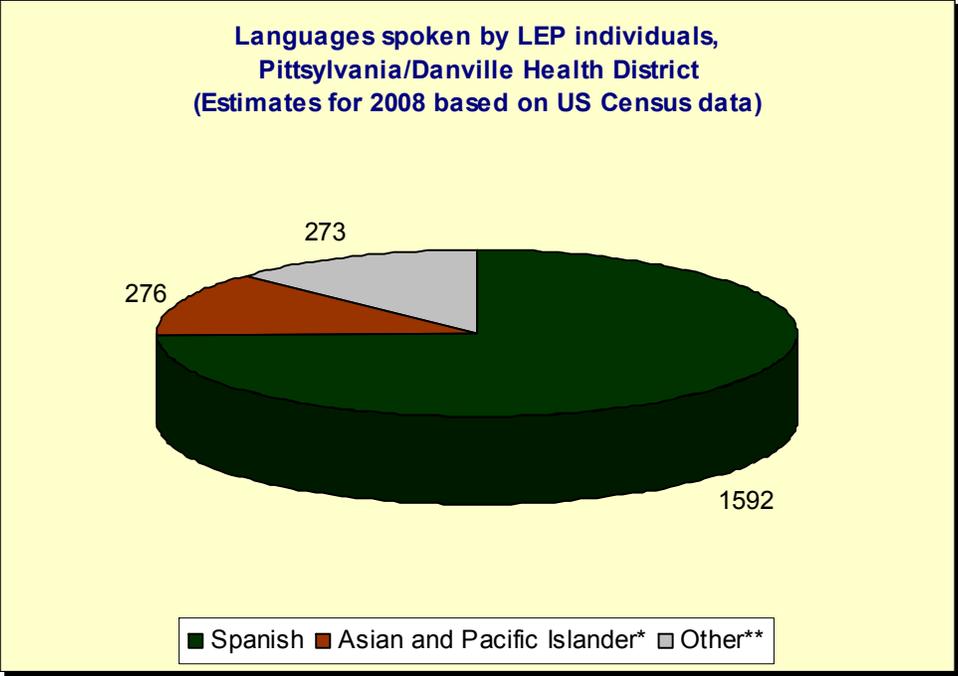
HOW DOES THE CLAS REQUIREMENTS IMPACT THE PITTSYLVANIA/DANVILLE HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁴⁵ persons within this district:



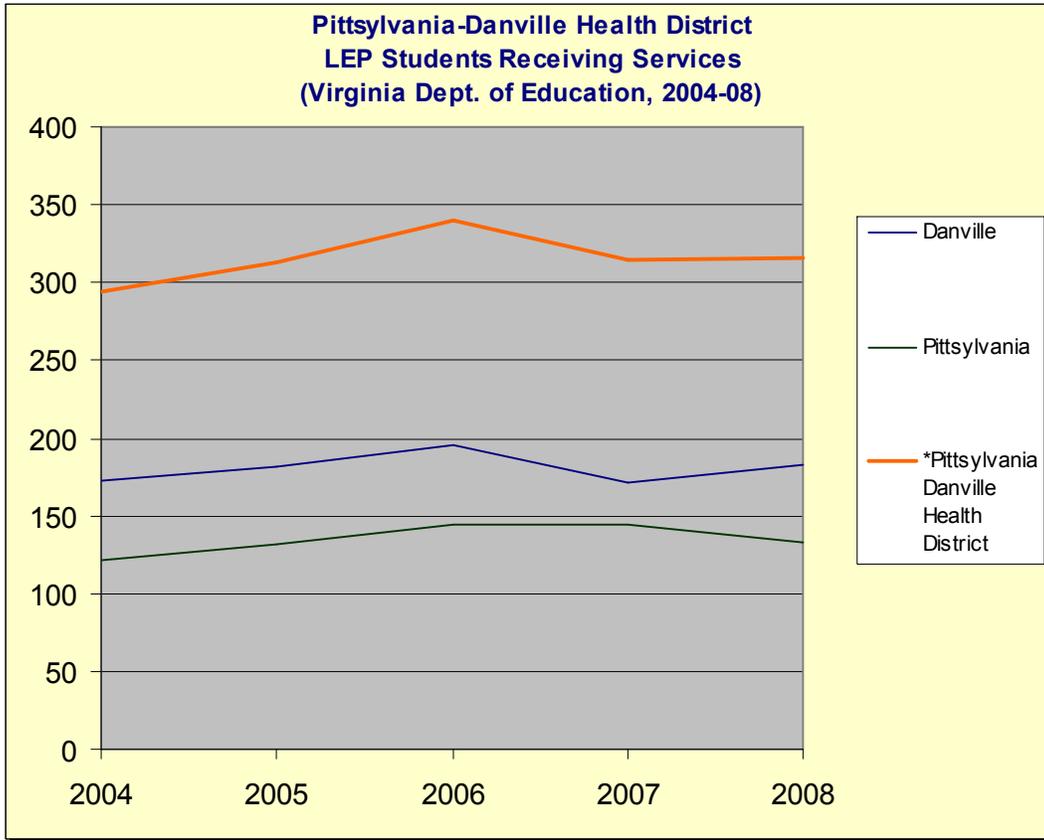
⁴⁵ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 2,141 of the residents of Pittsylvania/Danville Health District are considered LEP. Of the LEP residents in the Pittsylvania/Danville Health District, the overwhelming majority (74%) speak Spanish as their primary language.



**The Health District total is the sum of all LEP Students within the cities and counties of the district.*

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Pittsylvania/Danville Health District has increased by 7% over the last five years. The minimal in LEP students over the last five years suggests that the overall LEP population is relatively stable.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Pittsylvania/Danville Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

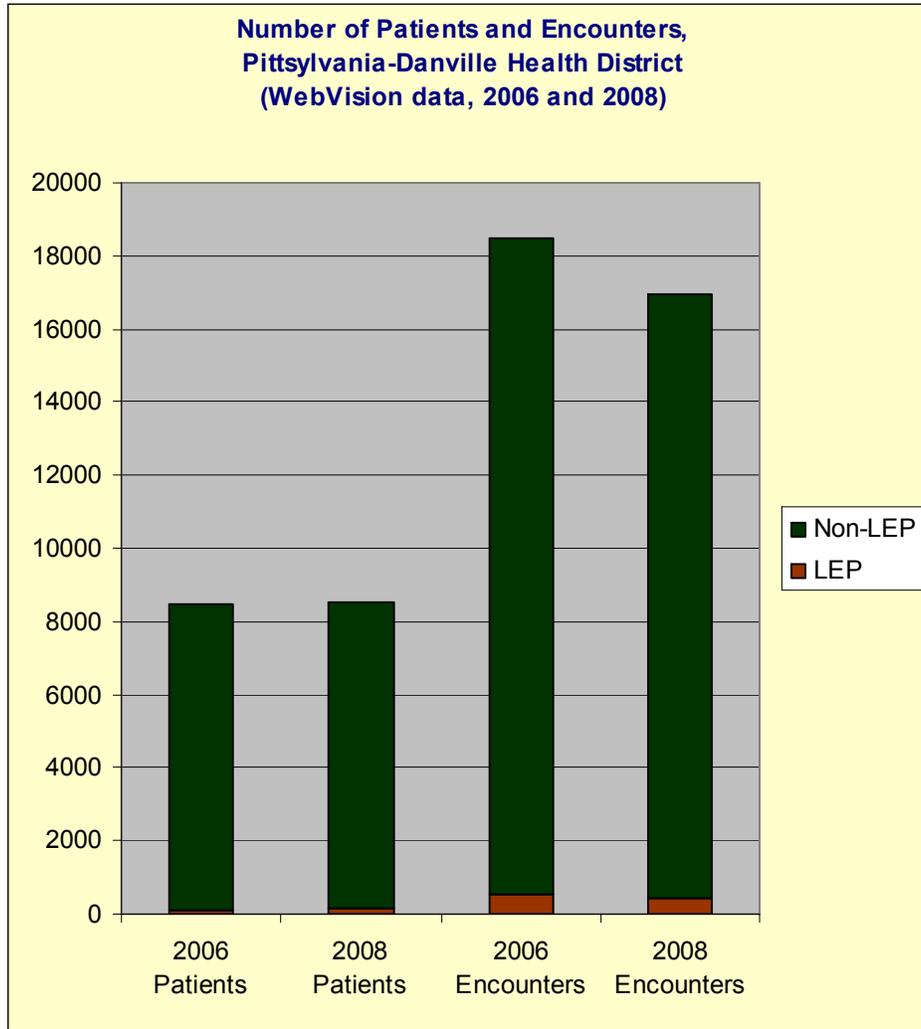
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	8,339	97.76%	16,419	96.90%
Spanish	146	1.71%	425	2.51%
Unknown	2	0.02%	5	0.03%
Arabic	1	0.01%	2	0.01%
French	1	0.01%	1	0.01%
Russian	1	0.01%	6	0.04%
Urdu	1	0.01%	1	0.01%
Pittsylvania/Danville Health District	8,530	100.00%	16,945	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Pittsylvania/Danville Health District:

- ◆ 1.78% of all patients are LEP
- ◆ 2.60% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been little change in percentage of both LEP patients and encounters. The 2007 report showed that about 2% of all patients and 3% of all encounters involved LEP patients. LEP patients and encounters continue to form a small proportion of the overall patients and encounters in Pittsylvania/Danville.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective

to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Pittsylvania/Danville Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Pittsylvania/Danville Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience

- have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	307	2,254	\$2,712.70
Vietnamese	5	33	\$47.85
Pittsylvania/Danville Health District	312	2,287	\$2,760.55

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 2,141 limited English proficient (LEP) individuals reside in the Pittsylvania/Danville Health District, comprising 2% of the total population in the district. About three-quarters of the LEP population in Pittsylvania/Danville speaks Spanish as its primary language. DOE data indicates that the LEP population is relatively stable: the number of LEP students receiving services has increased only 7% over the last five years.

In the Pittsylvania/Danville Health District, about 2% of all patients and 3% of all encounters were LEP patients in 2008. These figures are essentially the same as compared to the 2007 language needs assessment.

This report makes no new compliance recommendations for the Pittsylvania/Danville Health District. As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation may be utilized for this purpose. Note: Health service

providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

Although the LEP population in the Pittsylvania/Danville Health District is presently relatively small, health service providers should be aware of the potential for growth of the LEP population in the region, particularly as the LEP population of Virginia continues to grow.

DRAFT

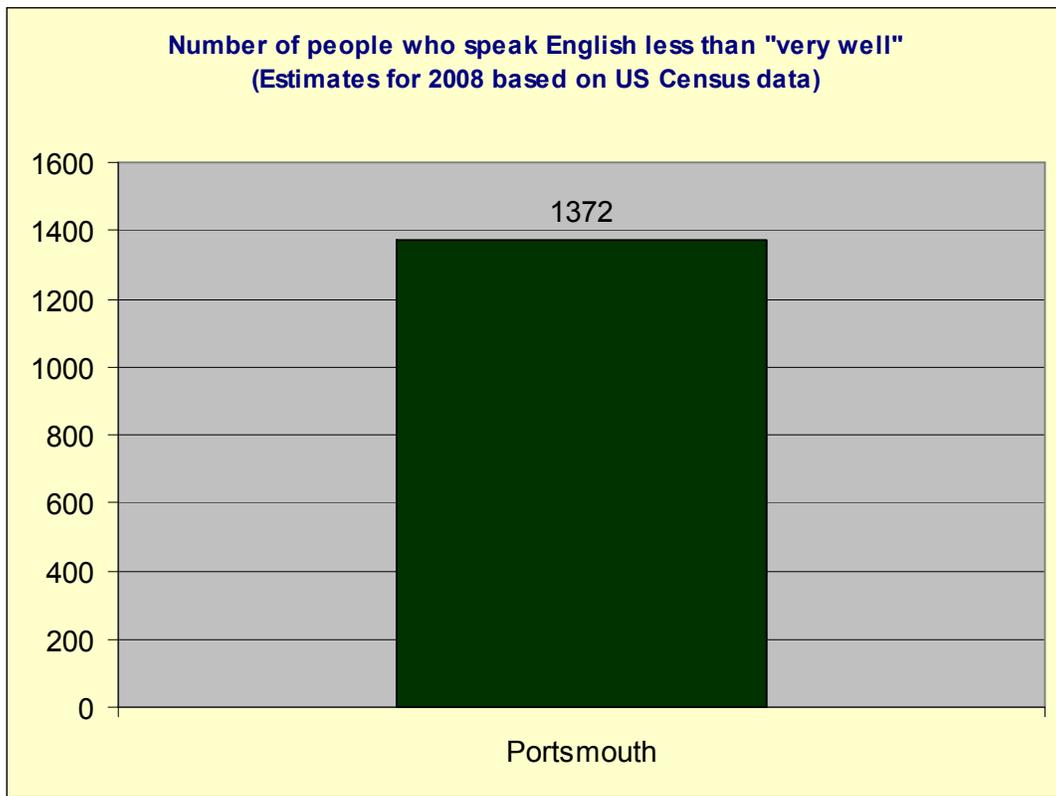
2010 LANGUAGE NEEDS ASSESSMENT: PORTSMOUTH HEALTH DISTRICT

(Areas covered: City of Portsmouth)

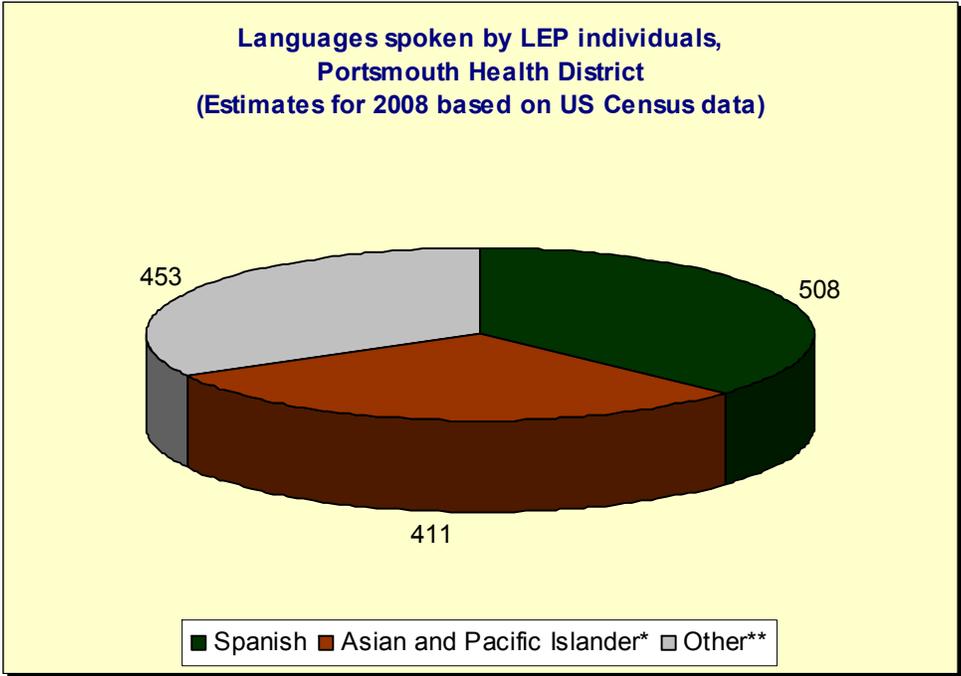
HOW DOES THE CLAS REQUIREMENTS IMPACT THE PORTSMOUTH HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁴⁶ persons within this district:



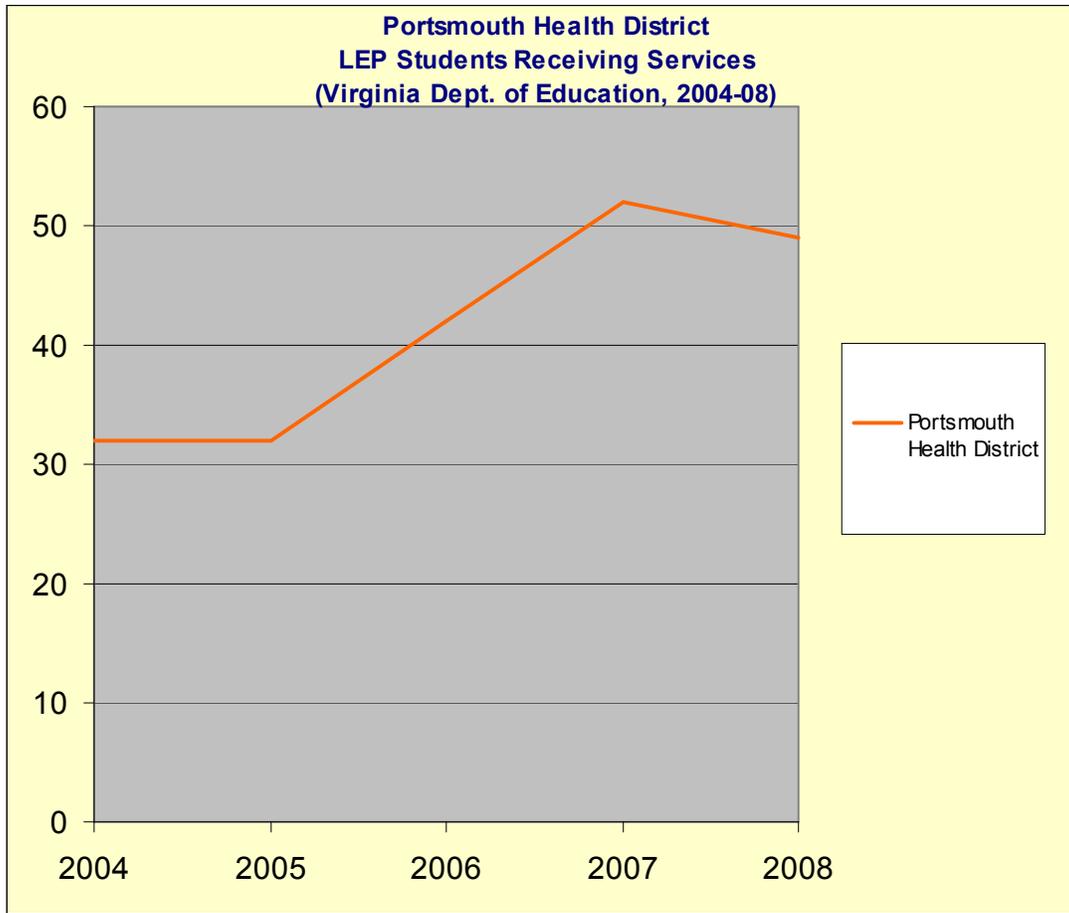
⁴⁶ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 1,372 of the residents of Portsmouth Health District are considered LEP. Of the LEP residents in the Portsmouth Health District, just over a third (37%) speaks Spanish as its primary language.



Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Portsmouth Health District has increased by 58% from five years ago. Despite this increase, the total number of LEP students receiving services in the district (48) is still very small. However, the increase in the number of LEP students indicates the potential for continued growth of the overall LEP population in Portsmouth.

2. **The frequency with which LEP individuals come into contact with the program:**
 The following is patient level data for the Portsmouth Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

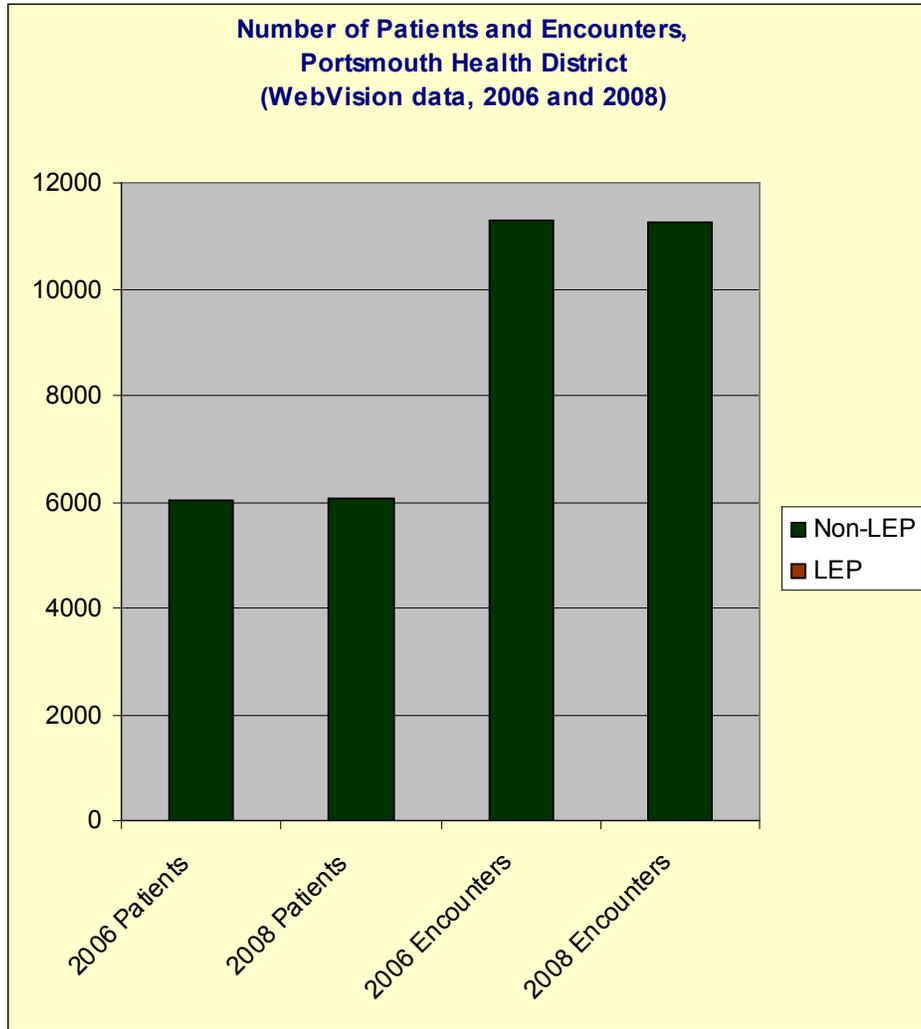
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	6039	99.90%	11229	99.92%
French	2	0.03%	5	0.04%
Spanish	2	0.03%	2	0.02%
Thai	2	0.03%	2	0.02%
Portsmouth Health District	6045	100.00%	11238	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Portsmouth Health District:

- ◆ 0.10% of all patients are LEP
- ◆ 0.08% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been little change percentage of both LEP patients and encounters. The 2007 report showed that less 1% of all patients and encounters involved LEP patients. LEP patients and encounters continue to form a very small fraction of the total patients and encounters in Portsmouth Health District.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service.

Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Portsmouth Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Portsmouth Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and

the target language(s) with affiliation/accreditation by the American Translators Association preferred

- are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, since 2007 VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	21	194	223.1
Arabic	2	19	27.55
Portsmouth Health District	23	213	250.65

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district’s language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 1,372 limited English proficient (LEP) individuals reside in the Portsmouth Health District, comprising 1% of the total population in the district. Only 37% of the LEP population in Portsmouth speaks Spanish as its primary language. DOE data indicates that the LEP population is relatively small but has the potential for growth: the number of LEP students receiving services has increased 58% over the last five years.

In the Portsmouth Health District less than 1% of all patients and encounters were LEP patients in 2008. These figures show little change in the proportion of LEP patients served as compared to the 2007 language needs assessment. LEP patients and encounters continue to form a very small fraction of the total patients and encounters in Portsmouth Health District.

This report makes no new compliance recommendations for the Portsmouth Health District. As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation can be utilized for this purpose. Although the LEP population in the Portsmouth Health District is presently small, health service providers should be aware of the potential for growth of the LEP population in the region, particularly as the LEP population of Virginia continues to grow.

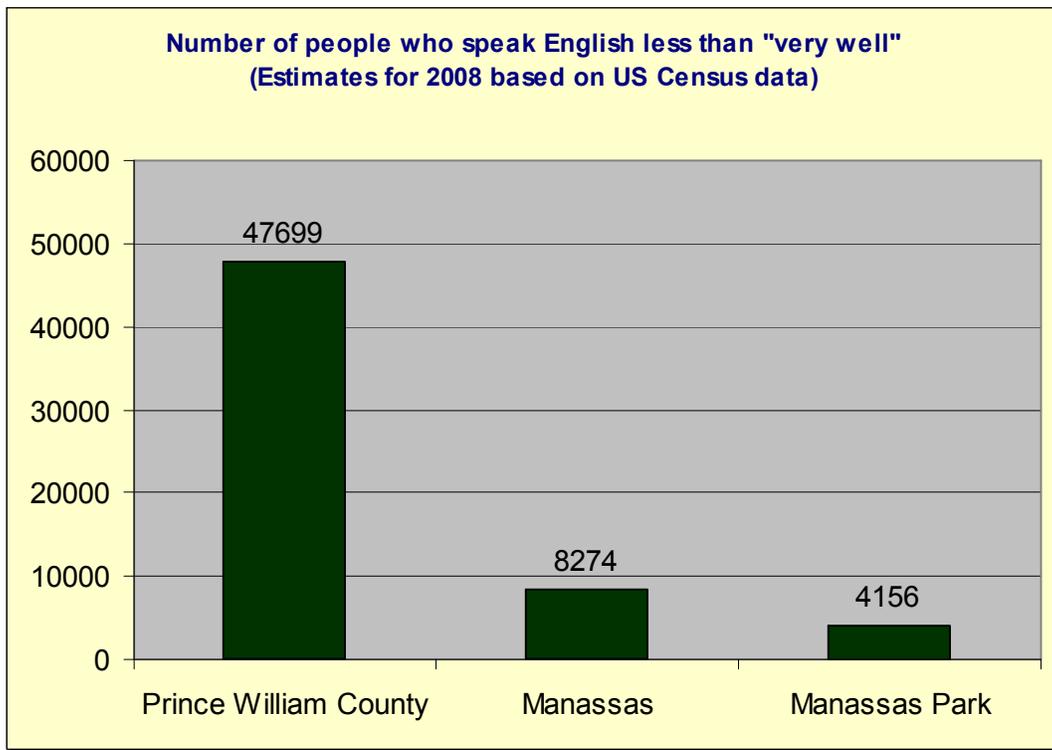
2010 LANGUAGE NEEDS ASSESSMENT: PRINCE WILLIAM HEALTH DISTRICT

(Areas covered: Prince William County, Cities of Manassas, Manassas Park)

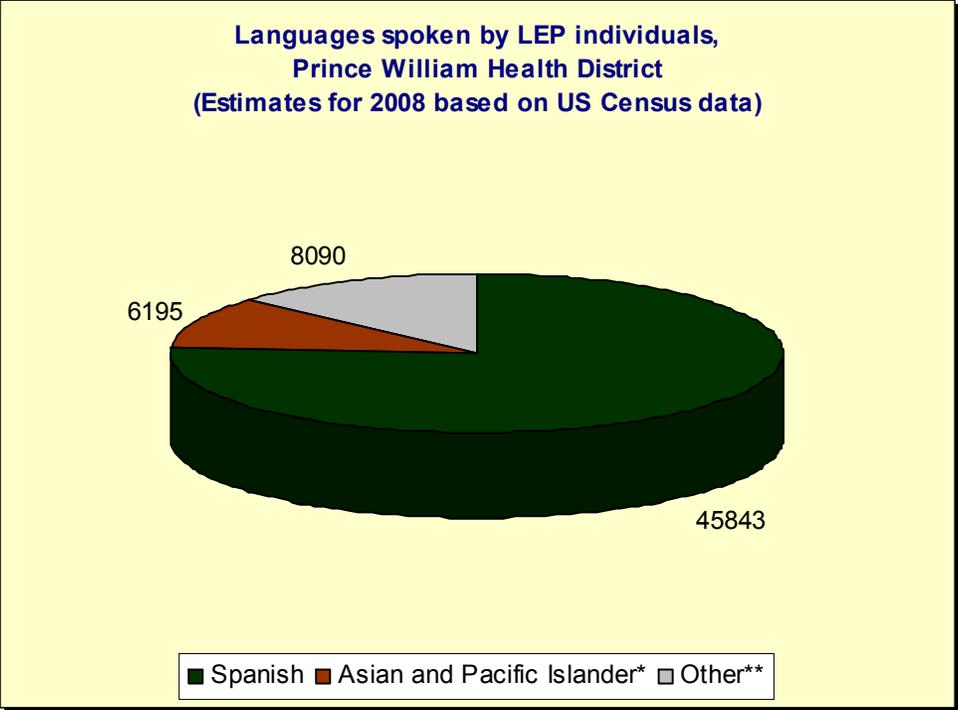
HOW DOES THE CLAS REQUIREMENTS IMPACT THE PRINCE WILLIAM HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁴⁷ persons within this district:



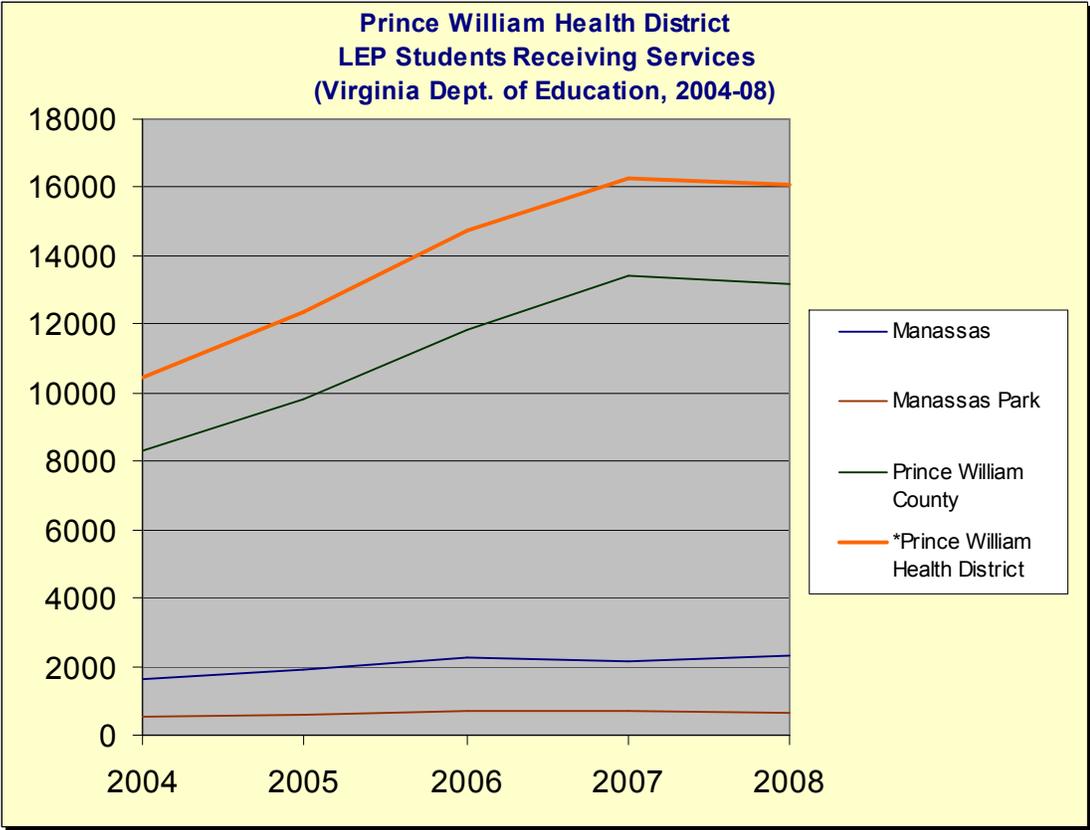
⁴⁷ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 60,128 of the residents of Prince William Health District are considered LEP. The number of LEP individuals is significantly higher in the jurisdiction of Prince William County (47,699 LEP residents). Of the LEP residents in the Prince William Health District, the overwhelming majority (76%) speak Spanish as their primary language.



** The Health District total is the sum of all LEP Students within the cities and counties of the district.*

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Prince William Health District has increased by 54% over the last five years. This indicates that the overall LEP population in Prince William is growing.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Prince William Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

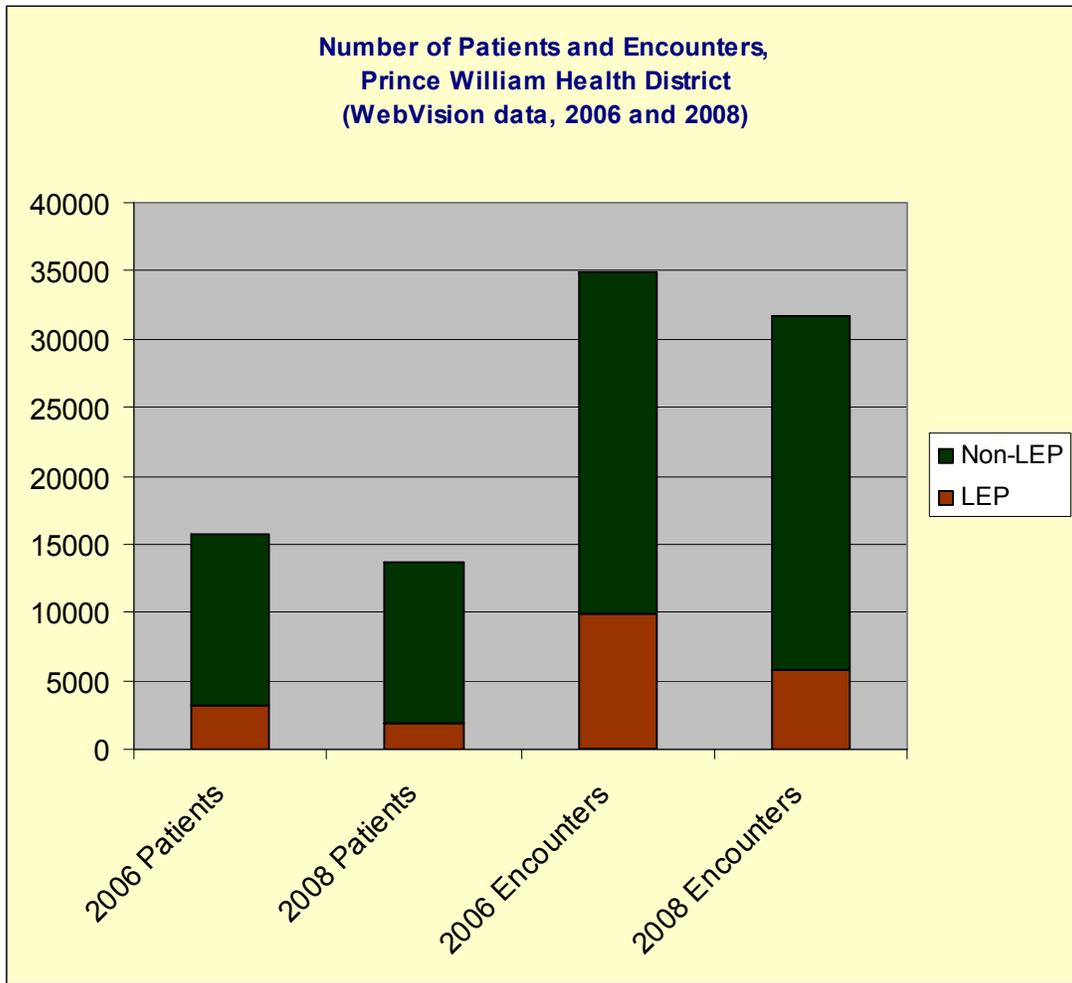
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	9,141	78.24%	18,169	69.97%
Spanish	1,876	16.06%	5,730	22.07%
Vietnamese	6	0.05%	9	0.03%
Chinese	3	0.03%	6	0.02%
Korean	3	0.03%	4	0.02%
Thai	3	0.03%	7	0.03%
Urdu	3	0.03%	3	0.01%
Farsi	2	0.02%	2	0.01%
Hindi	2	0.02%	2	0.01%
Samoan	2	0.02%	13	0.05%
Arabic	1	0.01%	6	0.02%
Armenian	1	0.01%	1	0.00%
Bengali-Bengla	1	0.01%	1	0.00%
French	1	0.01%	1	0.00%
German	1	0.01%	2	0.01%
Portuguese	1	0.01%	2	0.01%
Punjabi	1	0.01%	1	0.00%
Russian	1	0.01%	1	0.00%
Serbian	1	0.01%	1	0.00%
Somali	1	0.01%	1	0.00%
Prince William Health District	11,684	100.00%	25,966	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Prince William Health District:

- ◆ 16.6% of all patients are LEP
- ◆ 22.4% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been a decrease in percentage of both LEP patients and encounters. The 2007 report showed that 21% of all patients were LEP and that 29% of all encounters involved LEP patients. Comparing this data from the 2007 report with more recent data, it is evident that the number and proportion of LEP patients and encounters in the Prince William Health District has decreased, while the number of non-LEP patients and encounters has stayed about the same.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service.

Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Prince William Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Prince William Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost⁴⁸: \$108,870) or by bilingual employees who have been trained in medical interpreting (estimated cost⁴⁹: \$5,500 - \$16,500). The use of bilingual employees who have been trained in medical interpreting is preferred, as it is the more cost-effective option.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Prince William Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)

⁴⁸ Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

⁴⁹ Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1,500.

- have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. It is recommended that Prince William Health District provide written translation for all vital documents into **Spanish**.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Farsi	12	184	\$270.10
Thai	10	152	\$222.20
Korean	9	92	\$136.70
Spanish	7	66	\$76.80
Albanian	3	63	\$91.35
Vietnamese	2	38	\$55.10
Portuguese	1	65	\$94.25
Mandarin	1	61	\$88.45
Urdu	1	60	\$87.00
French	1	36	\$52.20
Hungarian	1	20	\$29.00
Cantonese	1	15	\$21.75
Prince William Health District	49	852	\$1,224.90

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 60,128 limited English proficient (LEP) individuals reside in the Prince William Health District, comprising 14% of the total population in the district. About three-quarters of the LEP population in the Prince William Health District speaks Spanish as its primary language. DOE data indicates that the LEP population is growing: the number of LEP students receiving services has increased 54% over the last five years.

In the Prince William Health District 17% of all patients and 22% of all encounters were LEP patients in 2008. Despite the apparent growth in the overall LEP population in the district, these figures represent a decrease in the number and proportion of LEP patients served as compared to the 2007 language needs assessment.

This report makes no new compliance recommendations for the Prince William Health District. As in 2007, it is recommended that Prince William Health District provides on-site interpretation and translation services in **Spanish**. All other patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose.

Health service providers should be aware of the potential for sustained growth of the LEP population in the region, particularly as the LEP population of Virginia continues to grow.

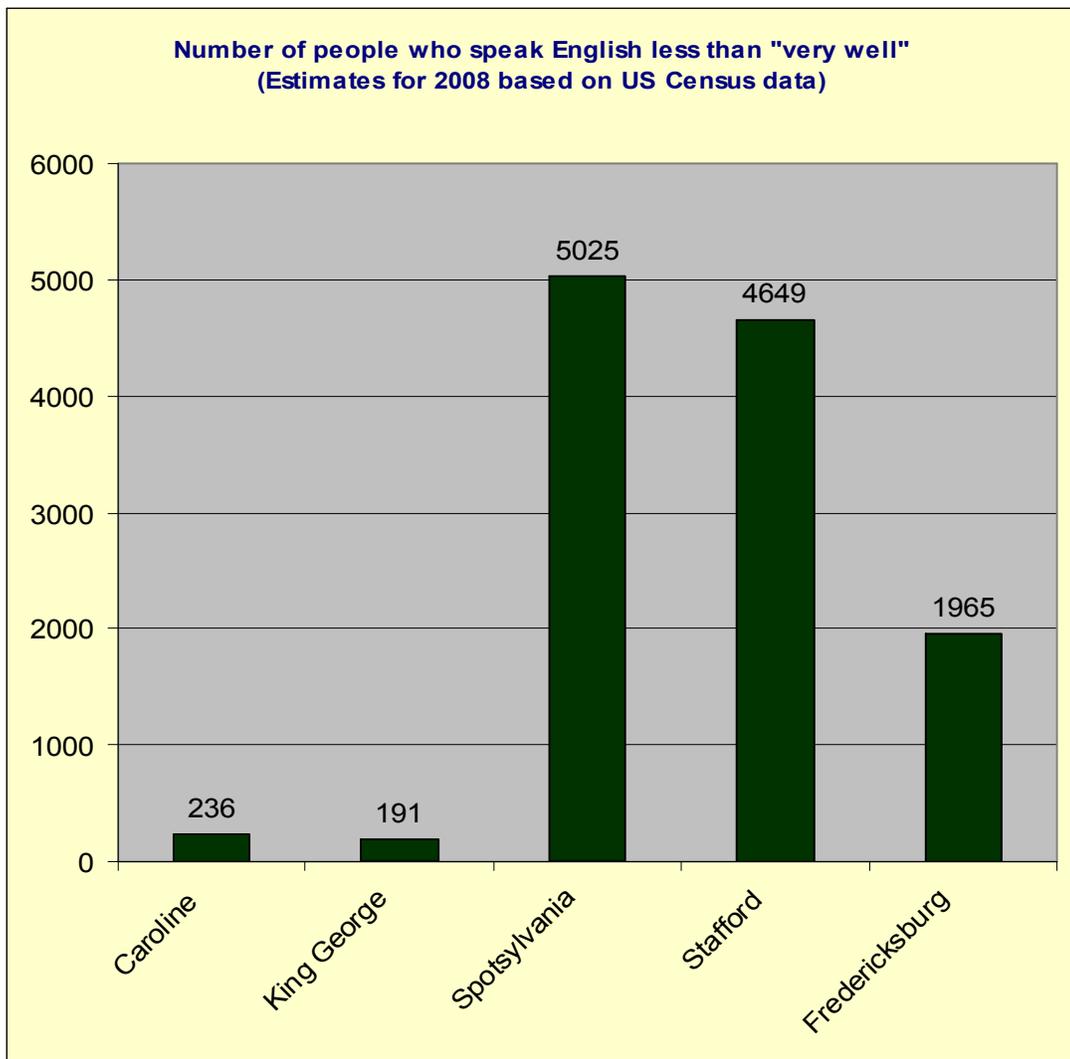
2010 LANGUAGE NEEDS ASSESSMENT: RAPPAHANNOCK HEALTH DISTRICT

(Areas covered: Caroline County, King George County, Spotsylvania County, Stafford County, City of Fredericksburg)

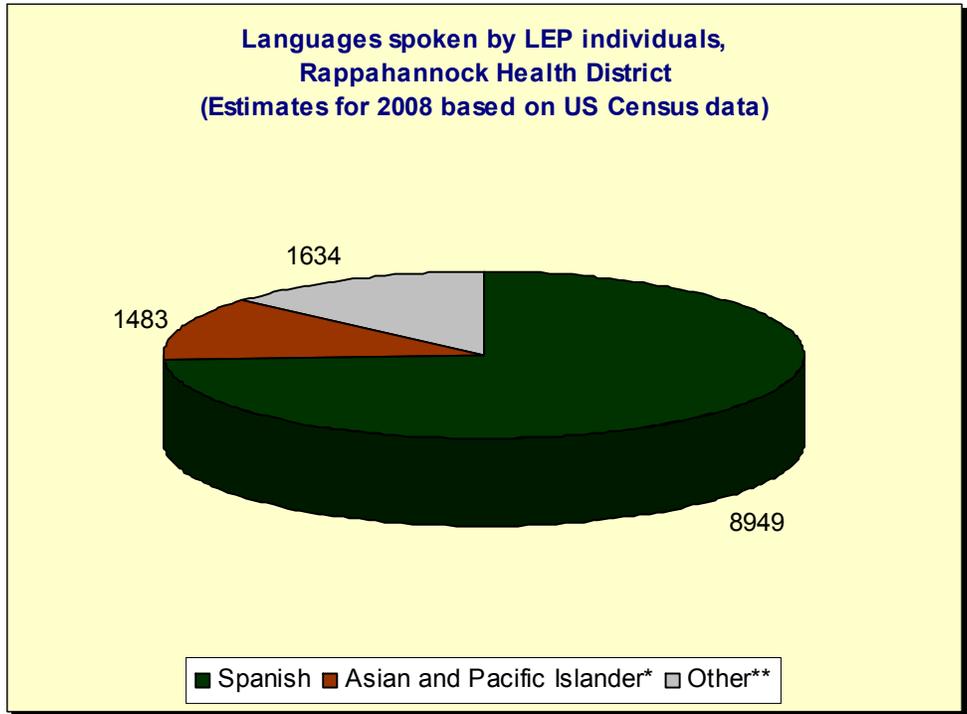
HOW DOES THE CLAS REQUIREMENTS IMPACT THE RAPPAHANNOCK HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁵⁰ persons within this district:



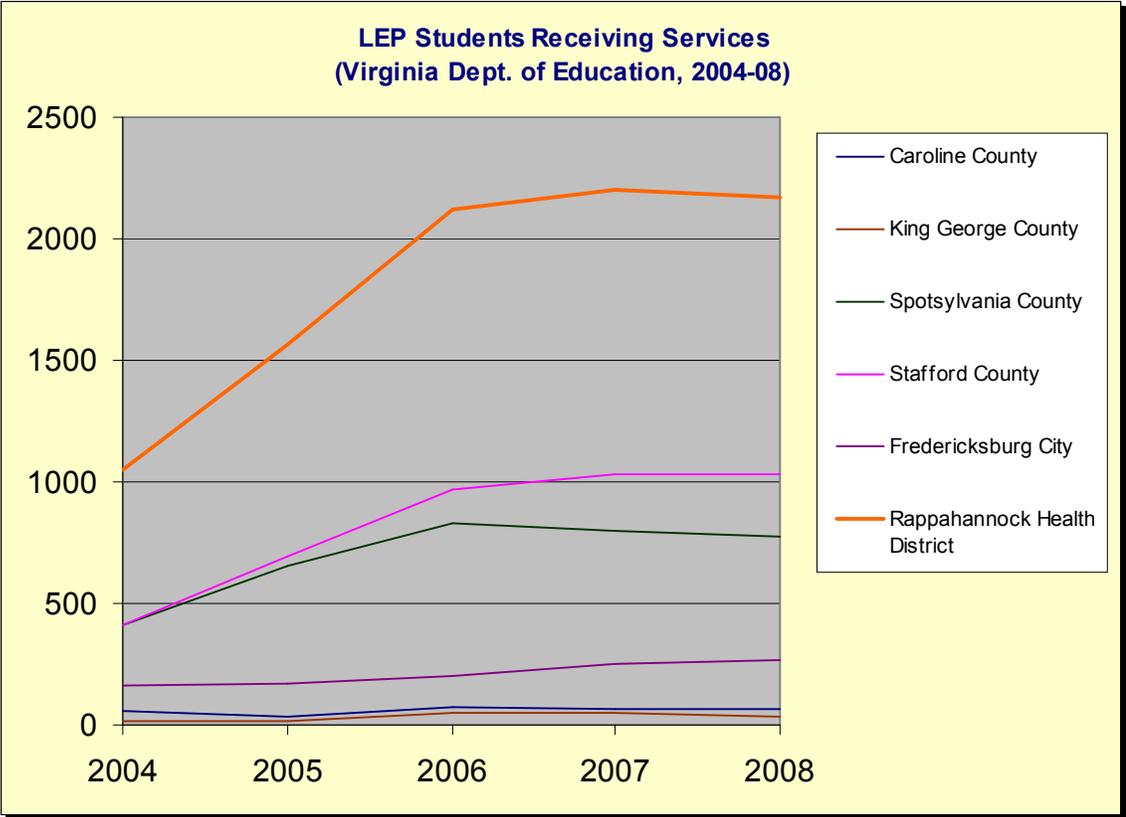
⁵⁰ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukrainian and Urdu.

Based on 2008 estimates from US Census data, 12,065 of the residents of Rappahannock Health District are considered LEP. The number of LEP individuals is significantly higher in Spotsylvania County (5,025 LEP residents) and Stafford County (4,649 LEP residents). Of the LEP residents in the Rappahannock Health District, the overwhelming majority (74%) speaks Spanish as their primary language.



** The Health District total is the sum of all LEP Students within the cities and counties of the district.*

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Rappahannock Health District has doubled over the last five years. However, this growth has slowed in recent years. This indicates that the overall LEP population in the area may be stabilizing after sustained rapid growth.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Rappahannock Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January - December 2008*:

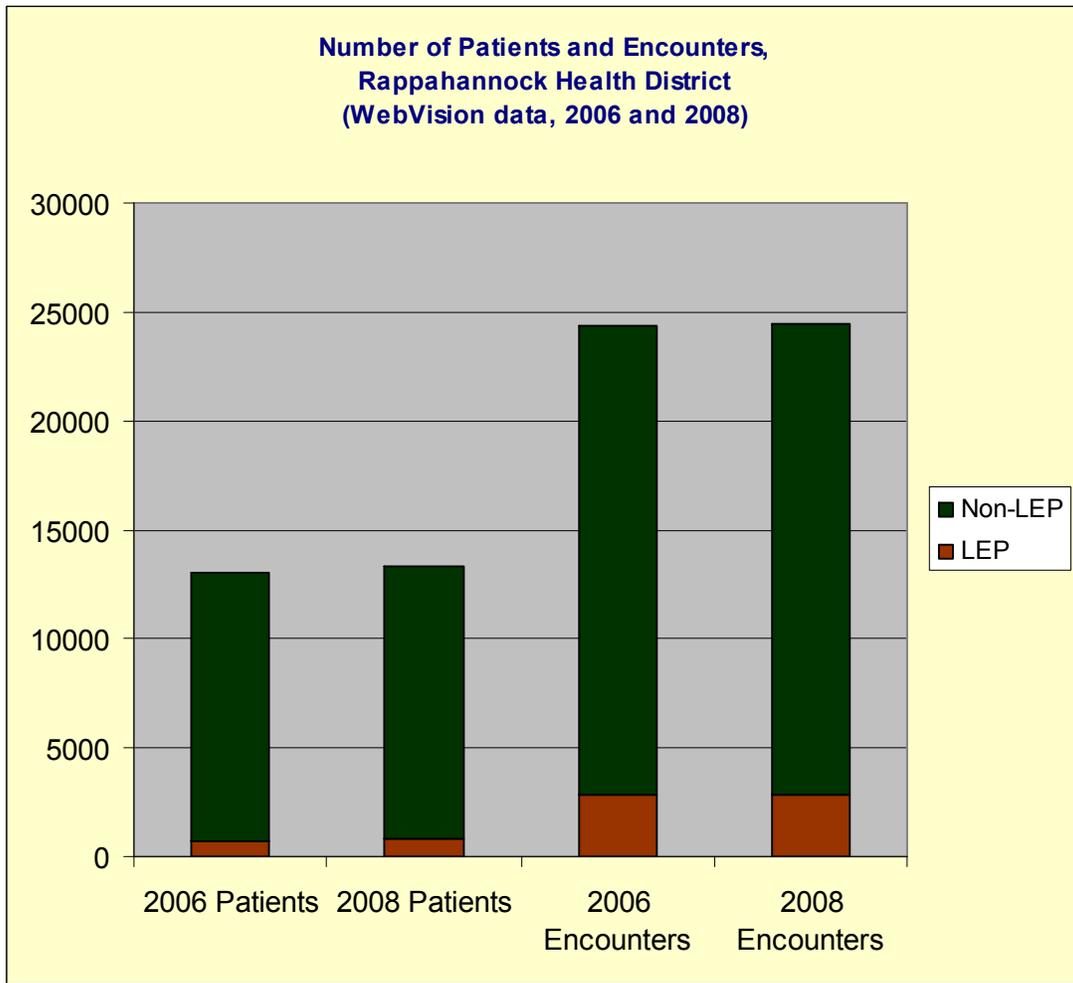
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	11,999	90.29%	20,010	81.80%
Spanish	811	6.10%	2,767	11.31%
Arabic	13	0.10%	29	0.12%
Thai	5	0.04%	5	0.02%
Somali	2	0.02%	2	0.01%
Burmese	1	0.01%	1	0.00%
Chinese	1	0.01%	1	0.00%
Faorese	1	0.01%	1	0.00%
French	1	0.01%	9	0.04%
Romanian	1	0.01%	1	0.00%
Samoan	1	0.01%	4	0.02%
Urdu	1	0.01%	1	0.00%
Vietnamese	1	0.01%	2	0.01%
Rappahannock Health District	13,289	100.00%	24,461	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Rappahannock Health District:

- ◆ 6.43% of all patients are LEP
- ◆ 11.6% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been little change in percentage of both LEP patients and encounters. The 2007 report showed that 6% of all patients were LEP and that 12% of all encounters involved LEP patients. Comparing this data from the 2007 report with more recent data, it is evident that the number and proportion of LEP patients and encounters, as well as the overall number of patients and encounters, has essentially stayed the same in the Rappahannock Health District.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Rappahannock Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Rappahannock Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost⁵¹: \$52,573) or by bilingual employees who have been trained in medical interpreting (estimated cost⁵²: \$3,000 - \$9,000). The use of bilingual employees who have been trained in medical interpreting is preferred, as it is the more cost-effective option.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Rappahannock Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:

⁵¹ Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

⁵² Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1,500.

- have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. It is recommended that Rappahannock Health District provide written translation for all vital documents into **Spanish**.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	2,158	13,733	\$16,552.65
Arabic	31	330	\$479.70
Swahili	19	198	\$287.10
Korean	16	87	\$126.15
Vietnamese	14	122	\$185.60
French	6	72	\$104.40
Thai	5	61	\$88.45
Russian	3	24	\$35.40
Nepali	3	14	\$20.30
Amharic	3	13	\$22.15
Japanese	2	32	\$46.40
Hindi	2	17	\$24.65
Urdu	2	17	\$24.65
Somali	2	16	\$23.20
Haitian Creole	2	6	\$8.70
Mandarin	1	9	\$13.05
Rappahannock Health District	2,269	14,751	\$18,042.55

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 12,065 limited English proficient (LEP) individuals reside in the Rappahannock Health District, comprising 4% of the total population in the district. Three-quarters of the LEP population in Rappahannock speaks Spanish as its primary language. DOE data indicates that the LEP population is growing: the number of LEP students receiving services has doubled over the last five years. However, data also suggests that this growth has stabilized in recent years.

In the Rappahannock Health District 6% of all patients and 12% of all encounters were LEP patients in 2008. These figures show little change from the data reported in the 2007 language needs assessment.

This report makes no new compliance recommendations for the Rappahannock Health District. As in 2007, it is recommended that the Rappahannock Health District provides on-site interpretation and translation services in **Spanish**. All other patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose.

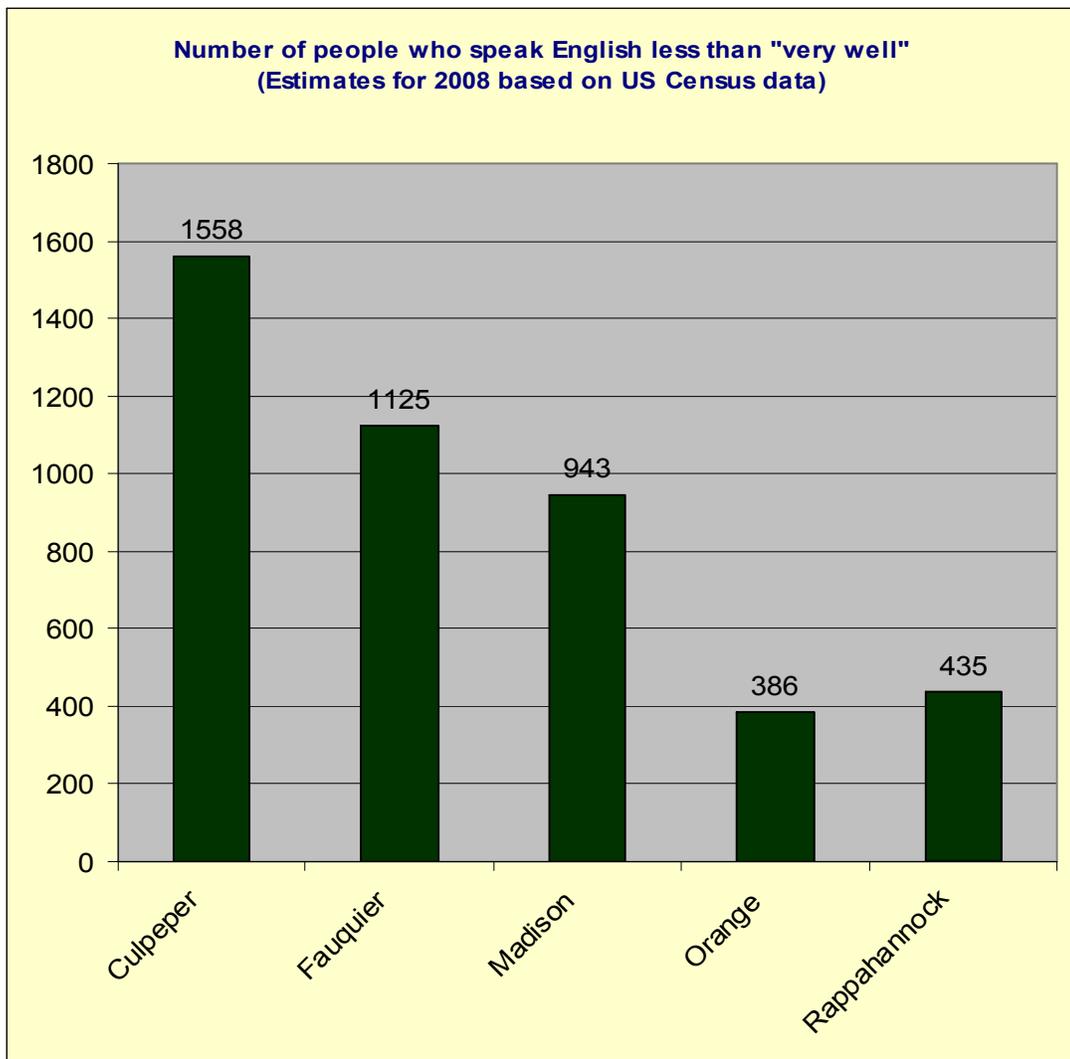
2010 LANGUAGE NEEDS ASSESSMENT: RAPPAHANNOCK/RAPIDAN HEALTH DISTRICT

(Areas covered: Culpeper County, Fauquier County, Madison County,
Orange County, Rappahannock County)

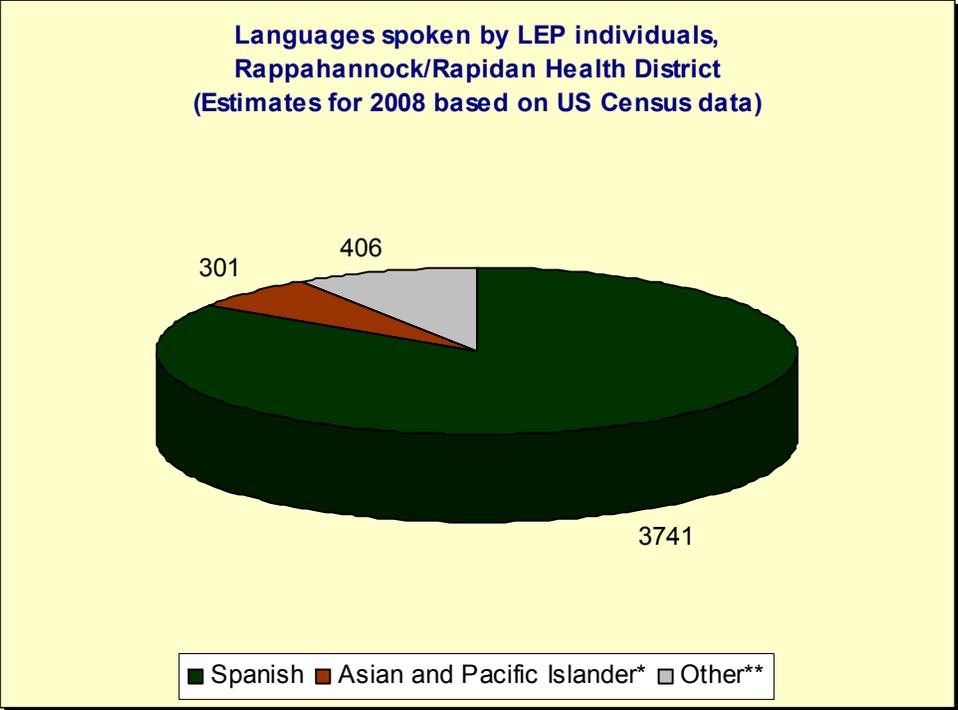
HOW DOES THE CLAS REQUIREMENTS IMPACT THE RAPPAHANNOCK/RAPIDAN HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁵³ persons within this district:



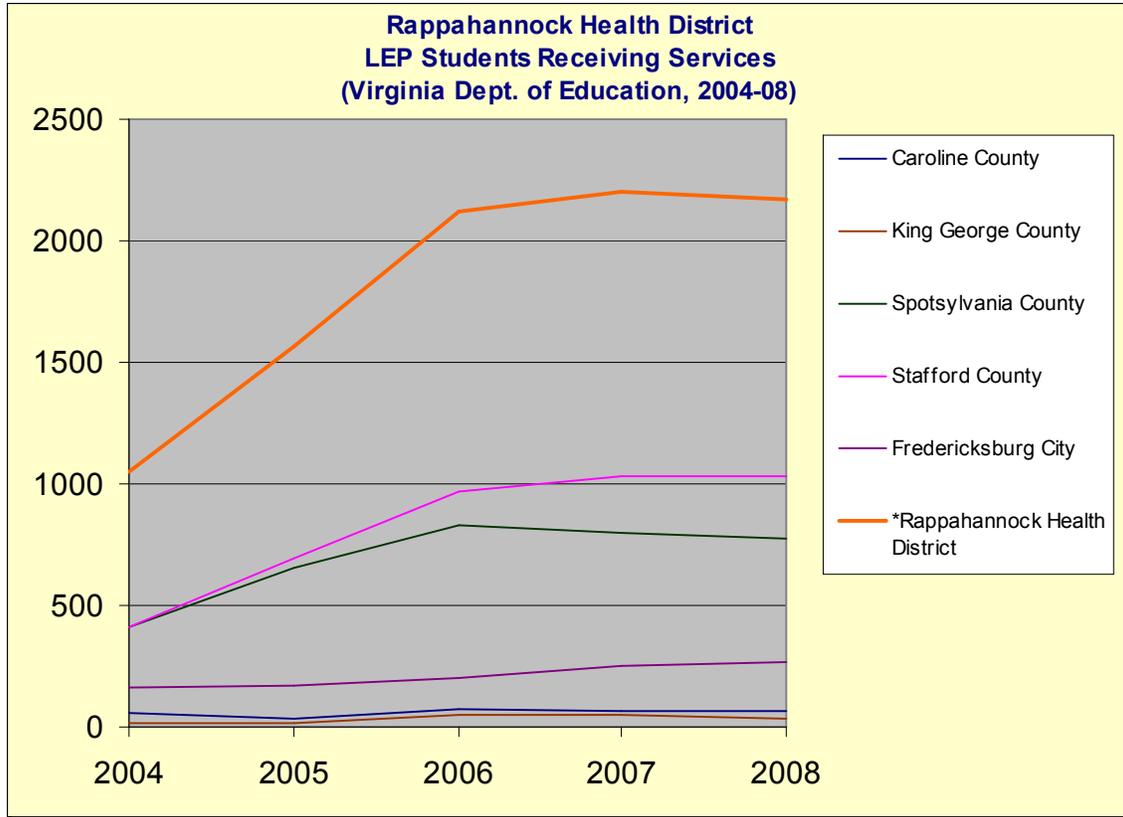
⁵³ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 4,448 of the residents of Rappahannock/Rapidan Health District are considered LEP. The district's greatest number of LEP individuals resides in Culpeper County: 1,558 LEP individuals. Of the LEP residents in the Rappahannock/Rapidan Health District, the overwhelming majority (84%) speaks Spanish as their primary language.



** The Health District total is the sum of all LEP Students within the cities and counties of the district.*

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Rappahannock/Rapidan Health District has doubled over the last five years. However, this growth has slowed in recent years. This indicates that the overall LEP population in the area may be stabilizing after sustained rapid growth.

2. **The frequency with which LEP individuals come into contact with the program:**

The following is patient level data for the Rappahannock/Rapidan Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

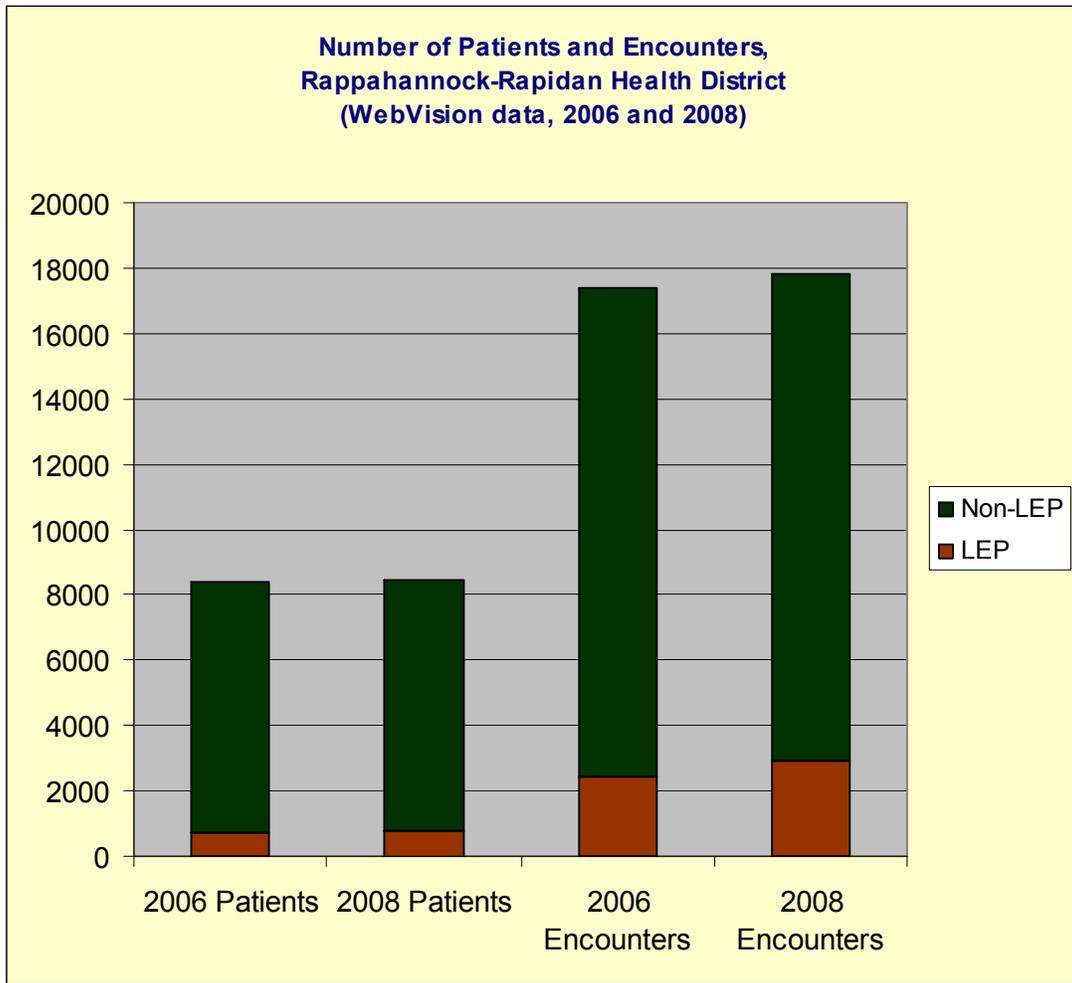
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	7,513	88.60%	14,192	79.80%
Spanish	766	9.03%	2,885	16.22%
Vietnamese	6	0.07%	22	0.12%
Arabic	2	0.02%	2	0.01%
Nepali	2	0.02%	2	0.01%
French	1	0.01%	1	0.01%
Russian	1	0.01%	2	0.01%
Tagalog	1	0.01%	5	0.03%
Rappahannock-Rapidan Health District	8,480	100.00%	17,785	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Rappahannock/Rapidan Health District:

- ◆ 9.20% of all patients are LEP
- ◆ 16.4% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been little change in percentage of both LEP patients and encounters. The 2007 report showed that 9% of all patients were LEP and that 15% of all encounters involved LEP patients. Comparing this data from the 2007 report with more recent data, it is evident that the number and proportion of LEP patients and encounters, as well as the overall number of patients and encounters, has essentially stayed the same in the Rappahannock/Rapidan Health District.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service.

Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Rappahannock/Rapidan Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Rappahannock/Rapidan Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost⁵⁴: \$54,815) or by bilingual employees who have been trained in medical interpreting (estimated cost⁵⁵: \$3,000 - \$9,000). The use of bilingual employees who have been trained in medical interpreting is preferred, as it is the more cost-effective option.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Rappahannock/Rapidan Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)

⁵⁴ Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

⁵⁵ Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1,500.

- have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. It is recommended that Rappahannock/Rapidan Health District provide written translation for all vital documents into **Spanish**.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	660	5,582	\$6419.30
Burmese	1	2	\$2.90
Rappahannock/Rapidan Health District	661	5,584	\$6422.20

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 4,448 limited English proficient (LEP) individuals reside in the Rappahannock/Rapidan Health District, comprising 3% of the total population in the district. Three-quarters of the LEP population in Rappahannock/Rapidan speaks Spanish as its primary language. DOE data indicates that the LEP population is growing: the number of LEP students receiving services has doubled over the last five years. However, data also suggest that this growth has stabilized in recent years.

In the Rappahannock/Rapidan Health District 9% of all patients and 16% of all encounters were LEP patients in 2008. These figures show little change from the data reported in the 2007 language needs assessment.

This report makes no new compliance recommendations for the Rappahannock/Rapidan Health District. As in 2007, it is recommended that Rappahannock/Rapidan Health District provide on-site interpretation and translation services in **Spanish**. All other patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose. Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

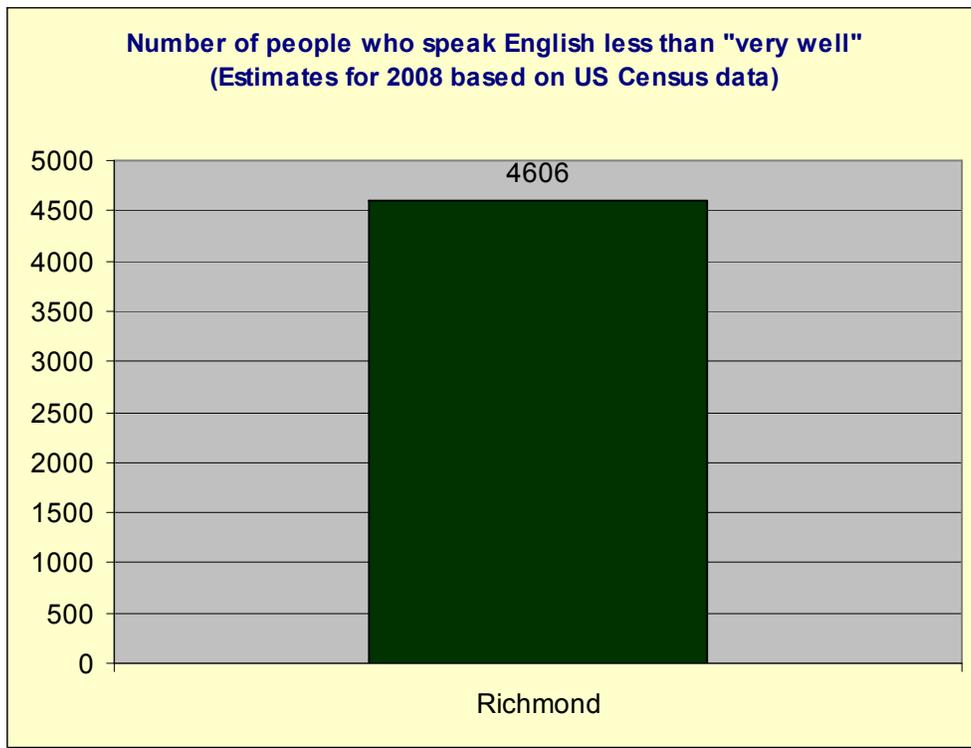
2010 LANGUAGE NEEDS ASSESSMENT: RICHMOND HEALTH DISTRICT

(Areas covered: City of Richmond)

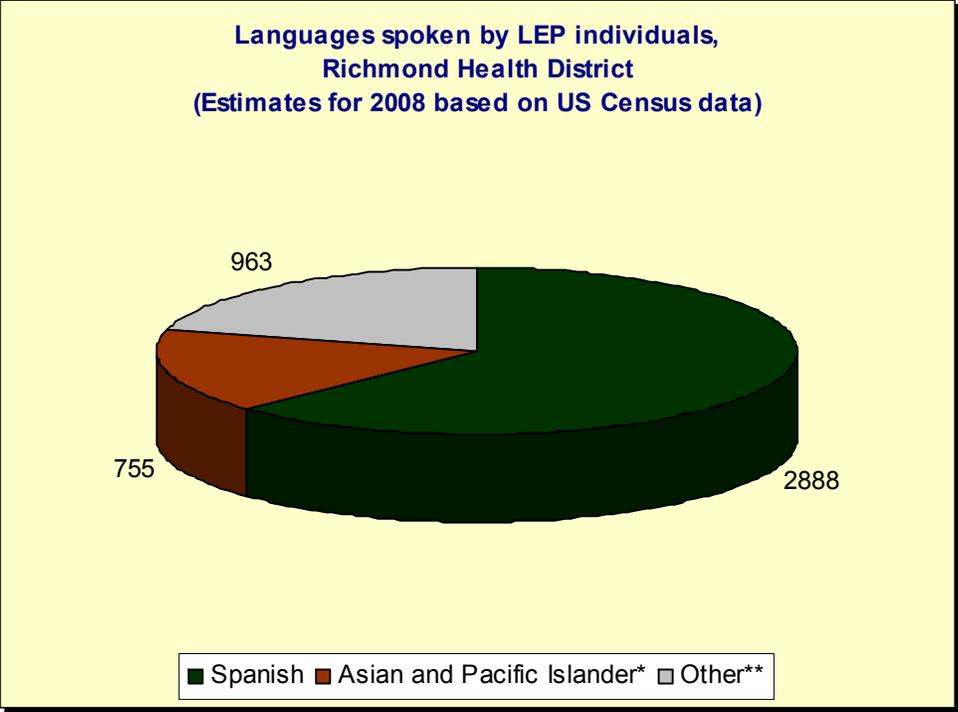
HOW DOES THE CLAS REQUIREMENTS IMPACT THE RICHMOND HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁵⁶ persons within this district:



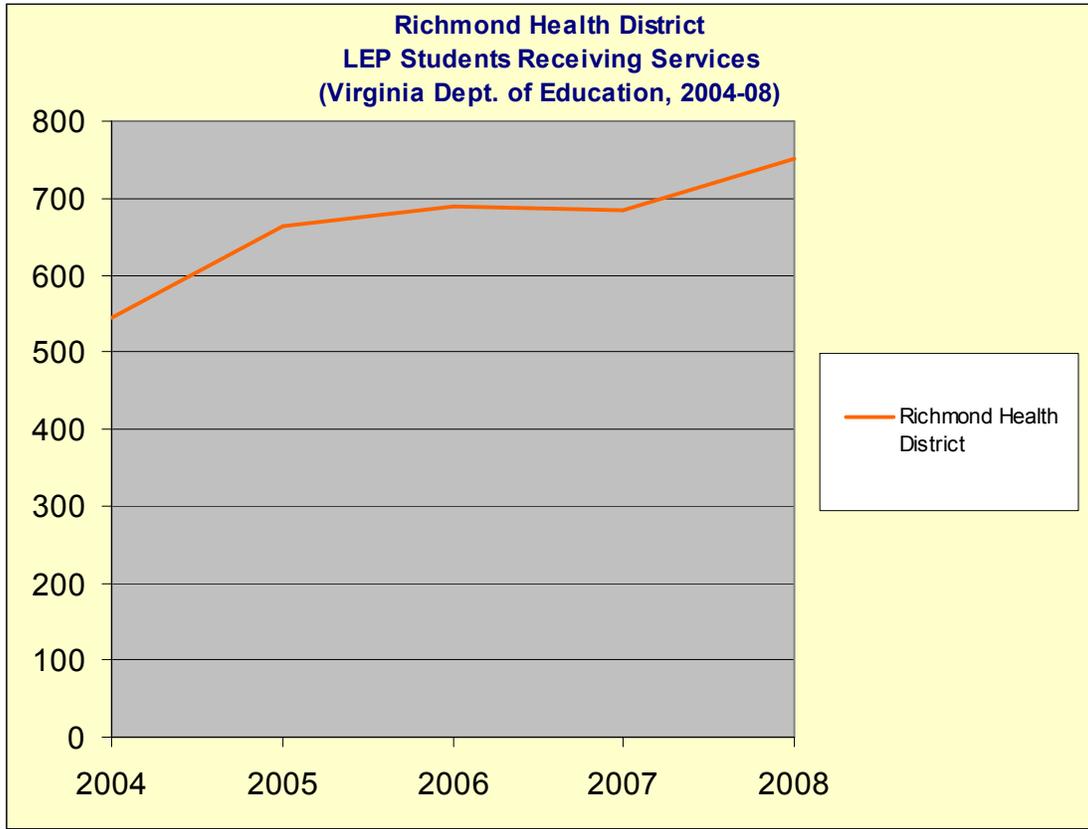
⁵⁶ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 4,606 of the residents of Richmond Health District are considered LEP. Of the LEP residents in the Richmond Health District, almost two-thirds (63%) speak Spanish as their primary language.



Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Richmond Health District has increased by 38% over the last five years. This indicates that the overall LEP population in the area is growing.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Richmond Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

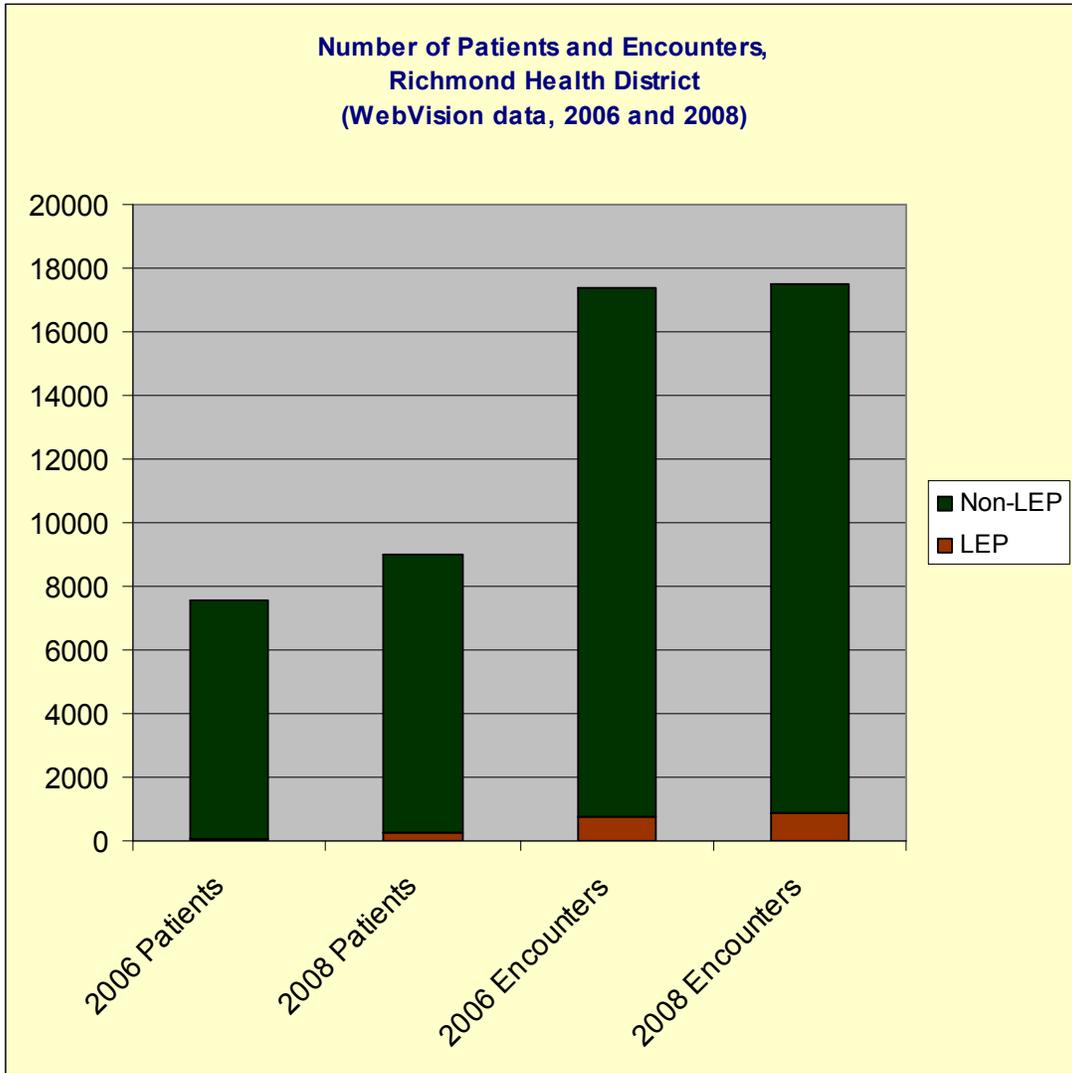
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	8,691	96.64%	16,518	94.39%
Spanish	243	2.70%	822	4.70%
Kirundi	7	0.08%	16	0.09%
Nepali	4	0.04%	11	0.06%
Vietnamese	3	0.03%	8	0.05%
Chinese	2	0.02%	2	0.01%
Arabic	1	0.01%	2	0.01%
Burmese	1	0.01%	3	0.02%
Hindi	1	0.01%	2	0.01%
Russian	1	0.01%	1	0.01%
Richmond Health District	8,993	100.00%	17,499	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Richmond Health District:

- ◆ 2.95% of all patients are LEP
- ◆ 4.97% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been an increase in proportion of LEP patients served. The 2007 report showed that about 1% of all patients and 4% encounters were LEP. Comparing this data from the 2007 report with more recent data, it is evident that the number and proportion of LEP patients and encounters in the Richmond Health District has increased; this increase coincided with an increase in the overall number of patients and encounters.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Richmond Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Richmond Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost⁵⁷: \$15,618) or by bilingual employees who have been trained in medical interpreting (estimated cost⁵⁸: \$1,000 - \$3,000). The use of bilingual employees who have been trained in medical interpreting is preferred, as it is the more cost-effective option.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Richmond Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:

⁵⁷ Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

⁵⁸ Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1,500.

- have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, 2007 VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	52	443	\$509.45
Kirundi	7	78	\$113.10
Arabic	5	107	\$155.15
Nepali	5	51	\$73.95
Swahili	5	37	\$53.65
Korean	3	30	\$43.50
Mixteco Alto	2	67	\$97.15
Somali	1	9	\$13.05
French	1	7	\$10.15
Richmond Health District	81	829	\$1,069.15

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 4,606 limited English proficient (LEP) individuals reside in the Richmond Health District, comprising less than 1% of the total population in the district. About two-thirds of the LEP population in Richmond speaks Spanish as its primary language. DOE data indicate that the LEP population is growing: the number of LEP students receiving services has increased 38% over the last five years.

In the Richmond Health District 3% of all patients and 5% of all encounters were LEP patients in 2008. These figures represent a significant increase from the proportion of LEP patients and encounters reported in the 2007 language needs assessment. Although LEP residents are a very small part of the total population of Richmond, they are a growing share of the health department's patients and encounters. Health service provider should continue to reach out to LEP populations and be aware of the potential for a sustained increase in numbers of LEP patients.

This report has made a new compliance recommendation for the Richmond Health District. It is now recommended that Richmond Health Department provides on-site interpretation in **Spanish**. As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation may be utilized for this purpose. Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

DRAFT

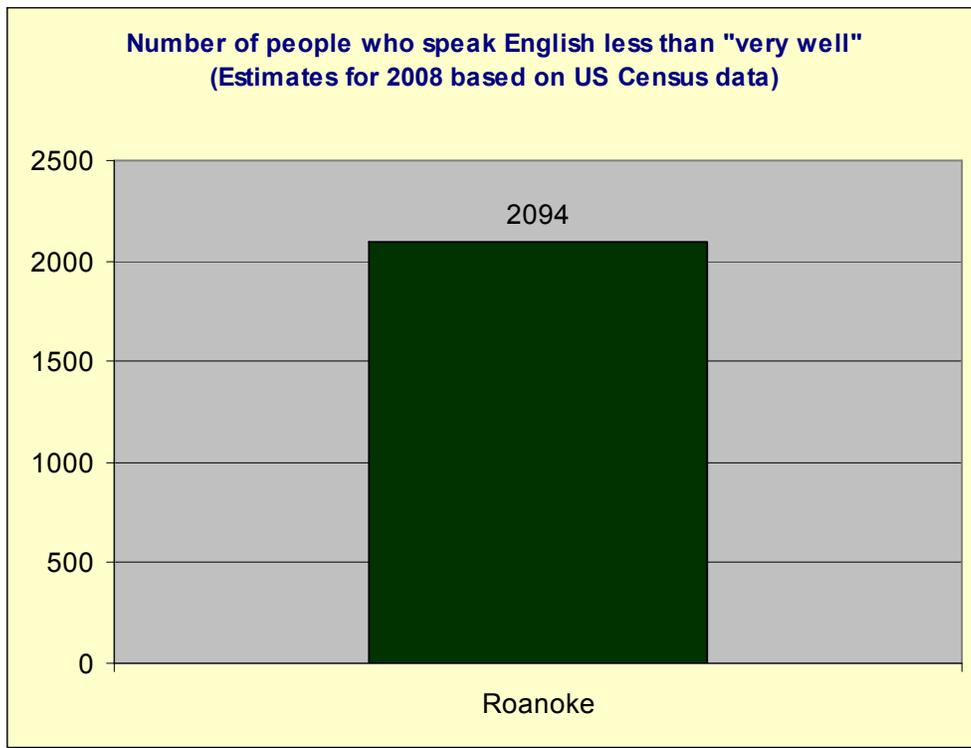
2010 LANGUAGE NEEDS ASSESSMENT: ROANOKE HEALTH DISTRICT

(Areas covered: City of Roanoke)

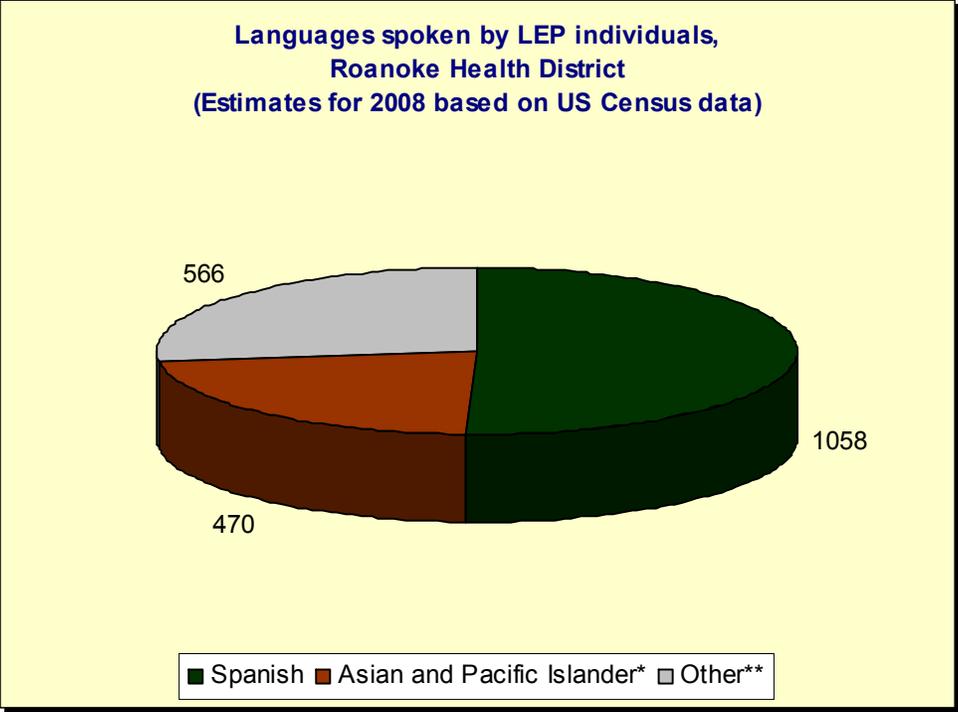
HOW DOES THE CLAS REQUIREMENTS IMPACT THE ROANOKE HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁵⁹ persons within this district:



⁵⁹ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)

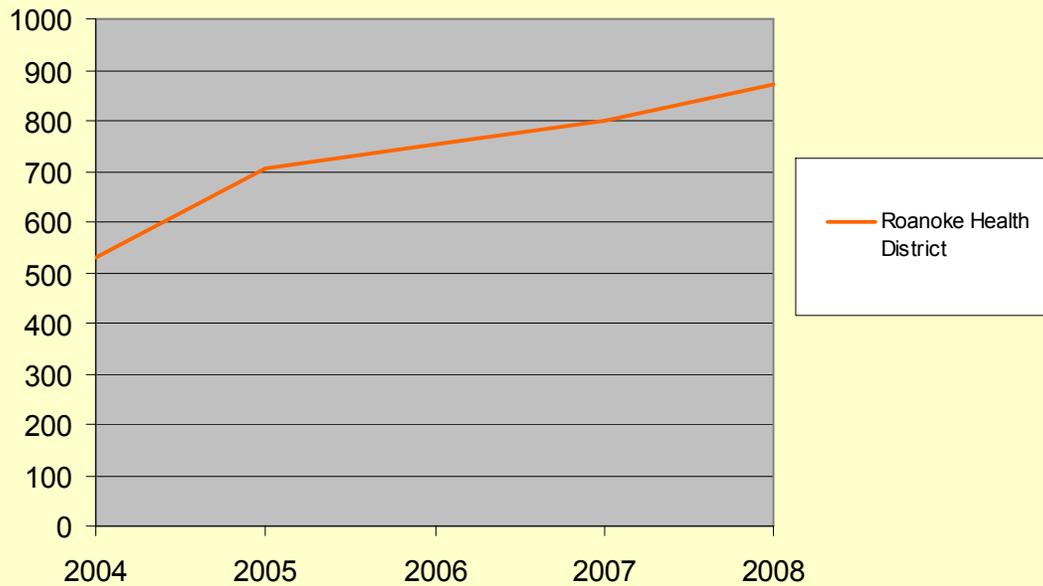


*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 2,094 of the residents of Roanoke Health District are considered LEP. Of the LEP residents in the Roanoke Health District, about half (51%) speaks Spanish as their primary language.

**Roanoke Health District
LEP Students Receiving Services
(Virginia Dept. of Education, 2004-08)**



Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Roanoke Health District has increased by 65% over the last five years. This indicates that the overall LEP population in the area is growing.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

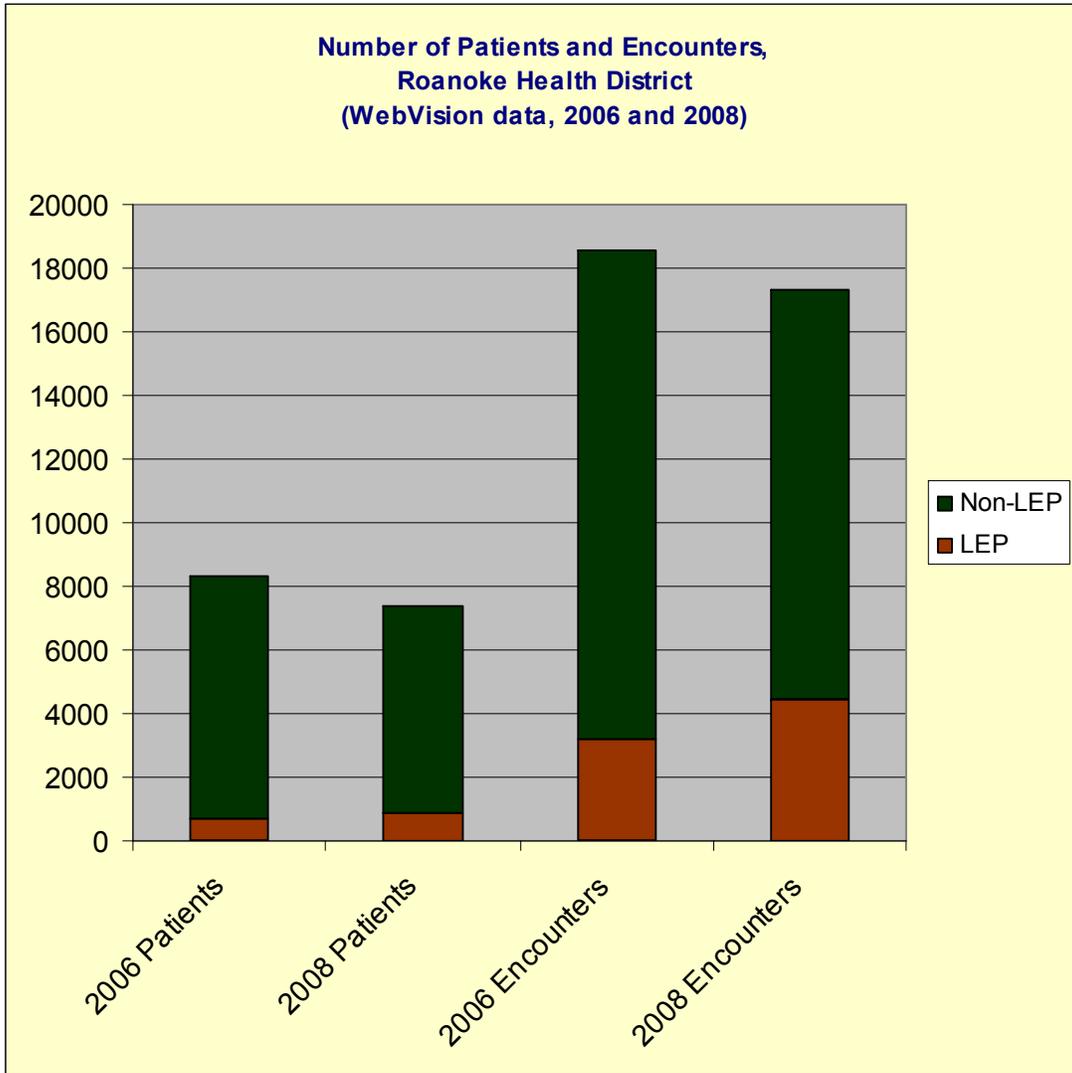
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	6,372	86.31%	12,421	71.75%
Spanish	534	7.23%	1,389	8.02%
Burmese	64	0.87%	917	5.30%
Somali	36	0.49%	215	1.24%
Nepali	26	0.35%	141	0.81%
Arabic	24	0.33%	111	0.64%
Kirundi	12	0.16%	84	0.49%
Vietnamese	10	0.14%	161	0.93%
Russian	7	0.09%	10	0.06%
Farsi	5	0.07%	10	0.06%
Bhutani	2	0.03%	12	0.07%
French	2	0.03%	3	0.02%
Albanian	1	0.01%	1	0.01%
German	1	0.01%	1	0.01%
Portuguese	1	0.01%	2	0.01%
Sudanese	1	0.01%	3	0.02%
Roanoke Health District	7,383	100.00%	17,312	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Roanoke Health District:

- ◆ 11.4% of all patients are LEP
- ◆ 25.6% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been an increase in percentage of both LEP patients and encounters. The 2007 report showed that 8% of all patients were LEP and that 17% of all encounters involved LEP patients. This data shows that there has been a significant increase in the number and percentage of LEP patients, even as the total number of patients and encounters decreased.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Roanoke Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Roanoke Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish and Burmese**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost⁶⁰: \$26,391 for Spanish interpreters and \$17,423 for Burmese interpreters) or by bilingual employees who have been trained in medical interpreting (estimated cost⁶¹: \$1,500 - \$4,500 for Spanish bilingual employees and \$1,000-\$3,000 for Burmese bilingual employees). The use of bilingual employees who have been trained in medical interpreting is preferred, as it is the more cost-effective option.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Roanoke Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:

⁶⁰ Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

⁶¹ Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1,500.

- have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. It is recommended that Roanoke Health District provide written translation for all vital documents into **Spanish** and **Burmese**.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	72	473	\$564.95
Swahili	44	603	\$874.35
Burmese	21	190	\$275.50
Vietnamese	10	93	\$134.85
Somali	6	87	\$126.15
Arabic	5	60	\$87.00
Kirundi	4	51	\$73.95
Russian	3	37	\$53.65
Nepali	3	31	\$44.95
Chin	3	27	\$39.15
French	2	15	\$21.75
Tigrinya	2	12	\$17.40
Bosnian	1	9	\$13.05
Mandingo	1	7	\$10.15
Haitian Creole	1	3	\$4.35
Roanoke Health District	178	1,698	\$2,341.20

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 2,094 limited English proficient (LEP) individuals reside in the Roanoke Health District, comprising 2% of the total population in the district. About half of the LEP population in Roanoke speaks Spanish as its primary language. DOE data indicates that the LEP population is growing: the number of LEP students receiving services has increased 65% over the last five years.

In the Roanoke Health District 11% of all patients and 26% of all encounters were LEP patients in 2008. These figures represent a significant increase in the number and proportion of LEP patients served as compared to the 2007 language needs assessment. This increase occurred despite a decrease in the total district number of patients and encounters.

This report has made several new compliance recommendations for the Roanoke Health District. It is now recommended that the Roanoke Health District translates all vital documents into **Burmese**, as Burmese speakers are 5% of all encounters in the district. As in 2007, it is recommended that all vital documents be translated into **Spanish**. All non-vital documents can be translated into Spanish and Burmese orally by a trained medical interpreter. In addition, it is no longer recommended that Roanoke Health District provide on-site interpretation services in Somali. Instead, it is now recommended that Roanoke Health District provide on-site

interpretation in **Burmese**. As in 2007, on-site interpretation services should be provided in **Spanish**. All other patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose. Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

In addition to the substantial Spanish-speaking LEP population in Roanoke, health services providers should be aware of potentially emerging Burmese, Nepali and Arabic LEP groups. These linguistic groups have grown significantly in LEP totals for patients and encounters since the 2007 language needs assessment.

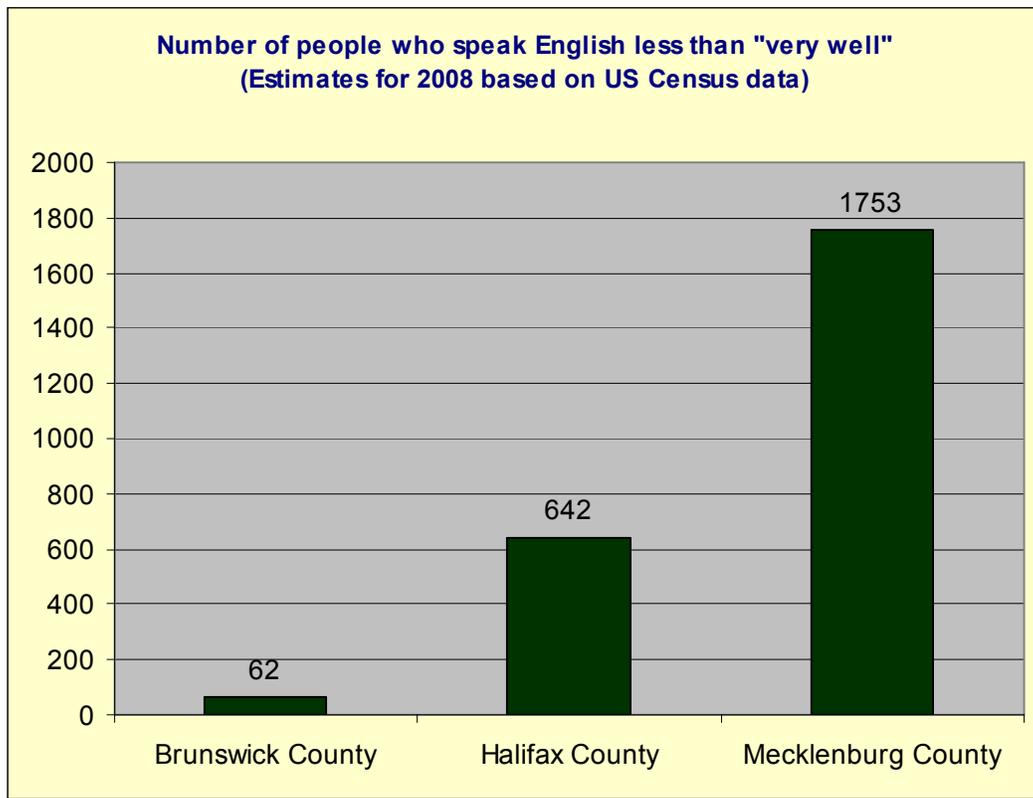
2010 LANGUAGE NEEDS ASSESSMENT: SOUTHSIDE HEALTH DISTRICT

(Areas covered: Brunswick County, Halifax County, Mecklenburg County)

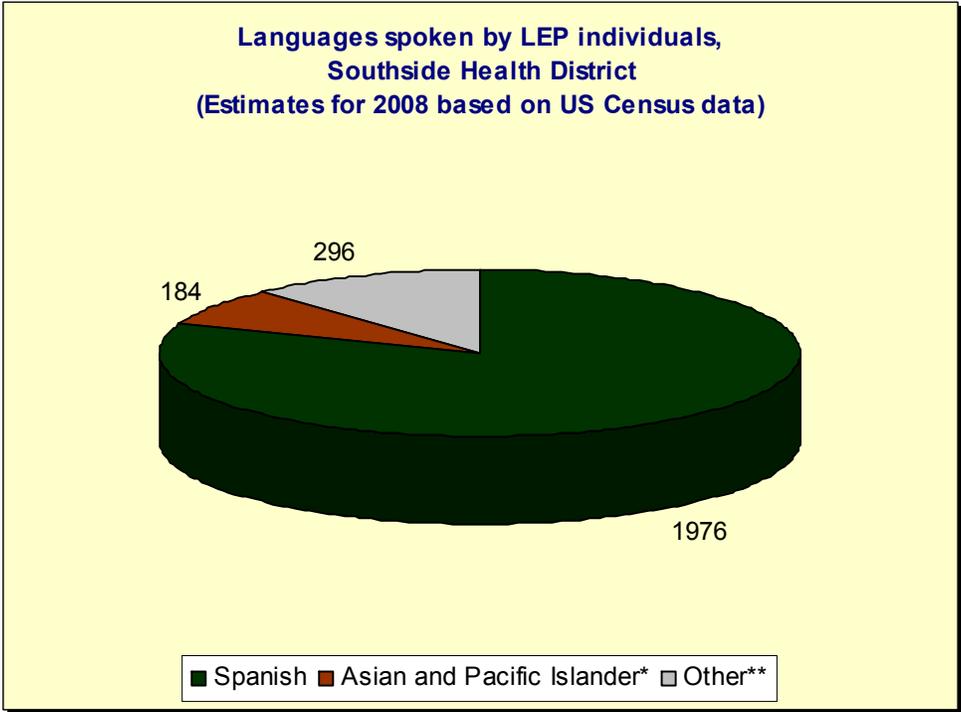
HOW DOES THE CLAS REQUIREMENTS IMPACT THE SOUTHSIDE HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁶² persons within this district:



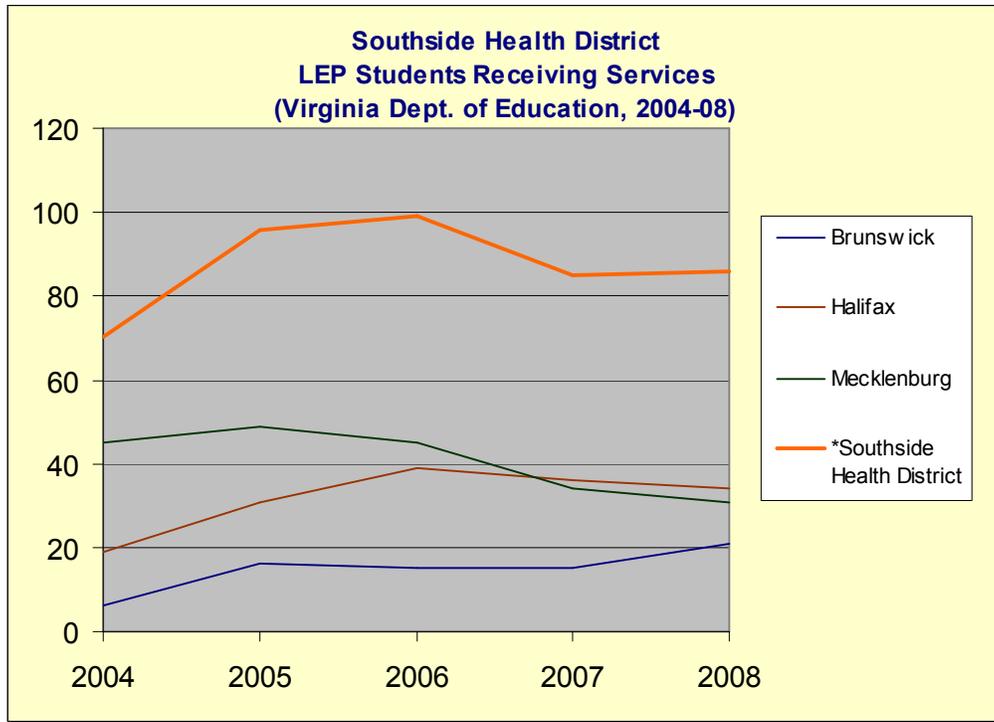
⁶² Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 2,457 of the residents of Southside Health District are considered LEP. The number of LEP individuals is significantly higher in the jurisdiction of Mecklenburg County (1,753 LEP residents). Of the LEP residents in the Southside Health District, the overwhelming majority (80%) speaks Spanish as their primary language.



* The Health District total is the sum of all LEP Students within the cities and counties of the district.

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Southside Health District has increased by 23% over the last five years. While the total number of LEP students receiving services in Southside (86) is still relatively small, this trend suggests the potential for growth in the overall LEP population of the district.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Southside Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

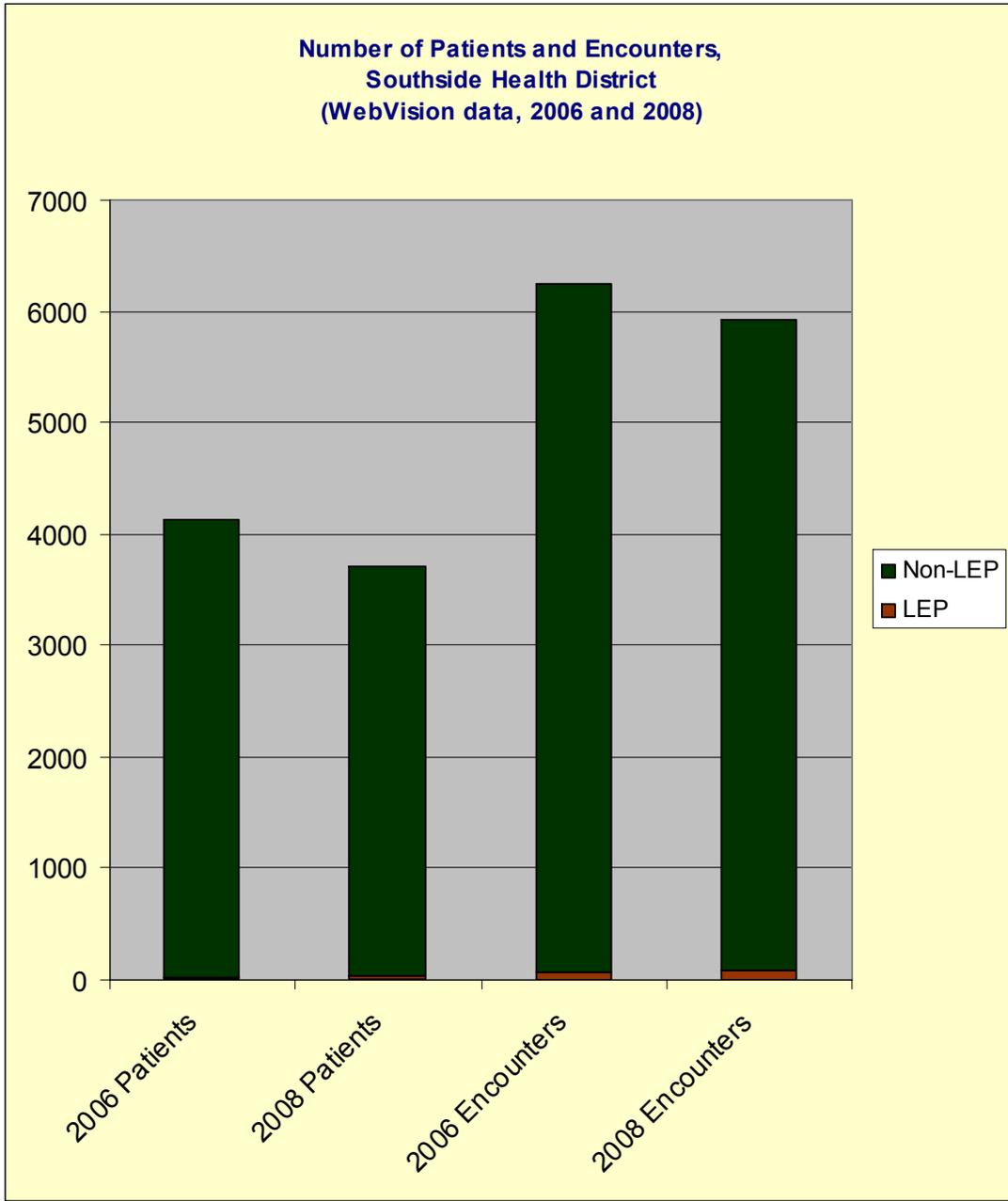
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	3,656	98.62%	5,809	98.11%
Spanish	32	0.86%	77	1.30%
Southside Health District	3,707	100.00%	5,921	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Southside Health District:

- ◆ 0.86% of all patients are LEP
- ◆ 1.30% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been a slight increase in percentage of both LEP patients and encounters. The 2007 report showed that about 1% of all patients and encounters involved LEP patients. Despite the increase in the number and proportion of LEP patients and encounters, LEP individuals continue to form a small proportion of the overall patients and encounters in Southside.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable

period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Southside Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Southside Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education

- have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The following chart summarizes the 2008 calls.

Language	# of Calls	Minutes	Total Charge
Spanish	2	23	\$26.45
Southside Health District	2	23	\$26.45

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 2,457 limited English proficient (LEP) individuals reside in the Southside Health District, comprising 3% of the total population in the district. About 80% of the LEP population in Southside speaks Spanish as its primary language. DOE data indicates that the LEP population is relatively small but has the potential for growth: the number of LEP students receiving services has increased 23% over the last five years.

In the Southside Health District about 1% of all patients and encounters were LEP patients in 2008. These figures represent a slight increase in the number and proportion of LEP patients and encounter the same as compared to the 2007 language needs assessment.

This report makes no new compliance recommendations for the Southside Health District. As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation can be utilized for this purpose. Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

Although the LEP population in the Southside Health District is presently relatively small, health service providers should be aware of the potential for growth of the LEP population in the region, particularly as the LEP population of Virginia continues to grow.

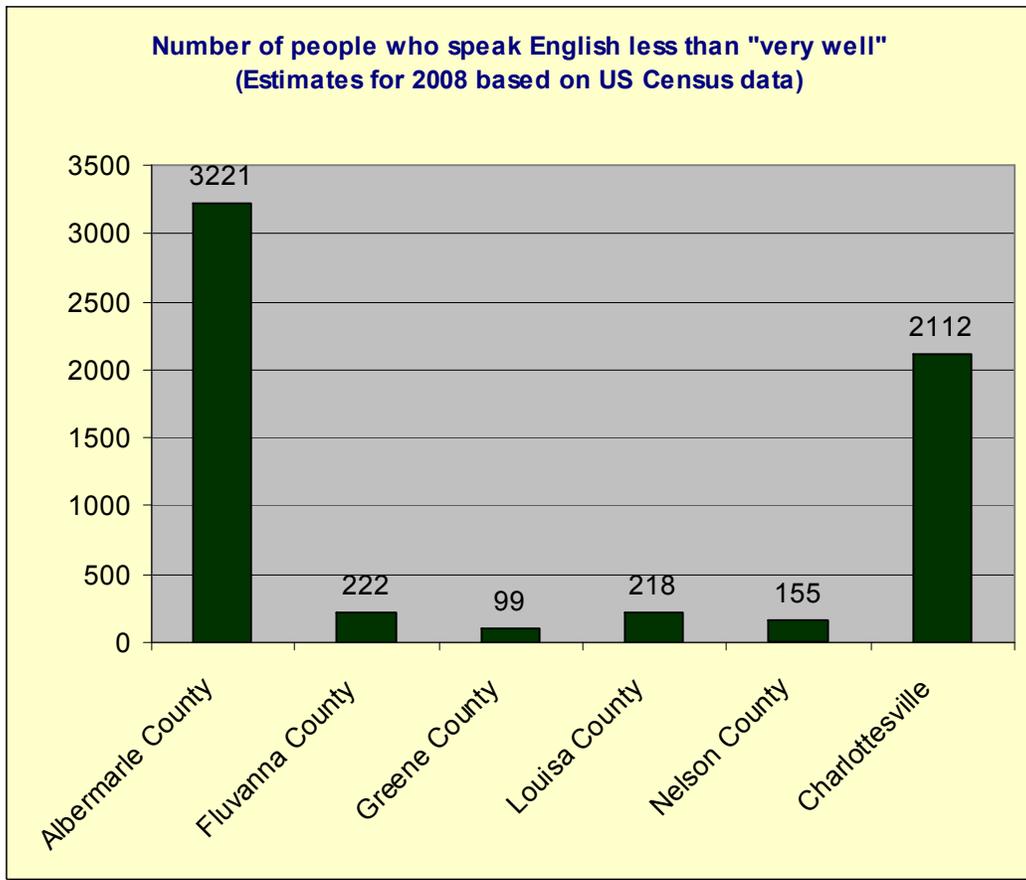
2010 LANGUAGE NEEDS ASSESSMENT: THOMAS JEFFERSON HEALTH DISTRICT

(Areas covered: Albemarle County, Fluvanna County, Greene County, Louisa County, Nelson County, City of Charlottesville)

HOW DOES THE CLAS REQUIREMENTS IMPACT THE THOMAS JEFFERSON HEALTH DISTRICT?

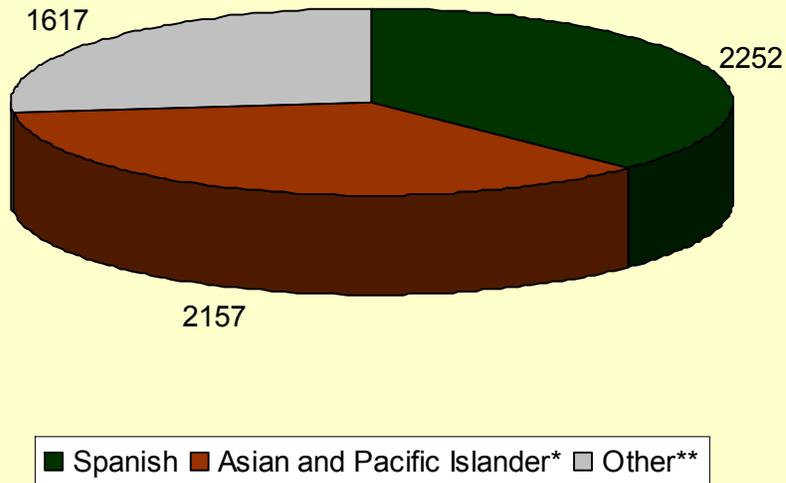
The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁶³ persons within this district:



⁶³ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)

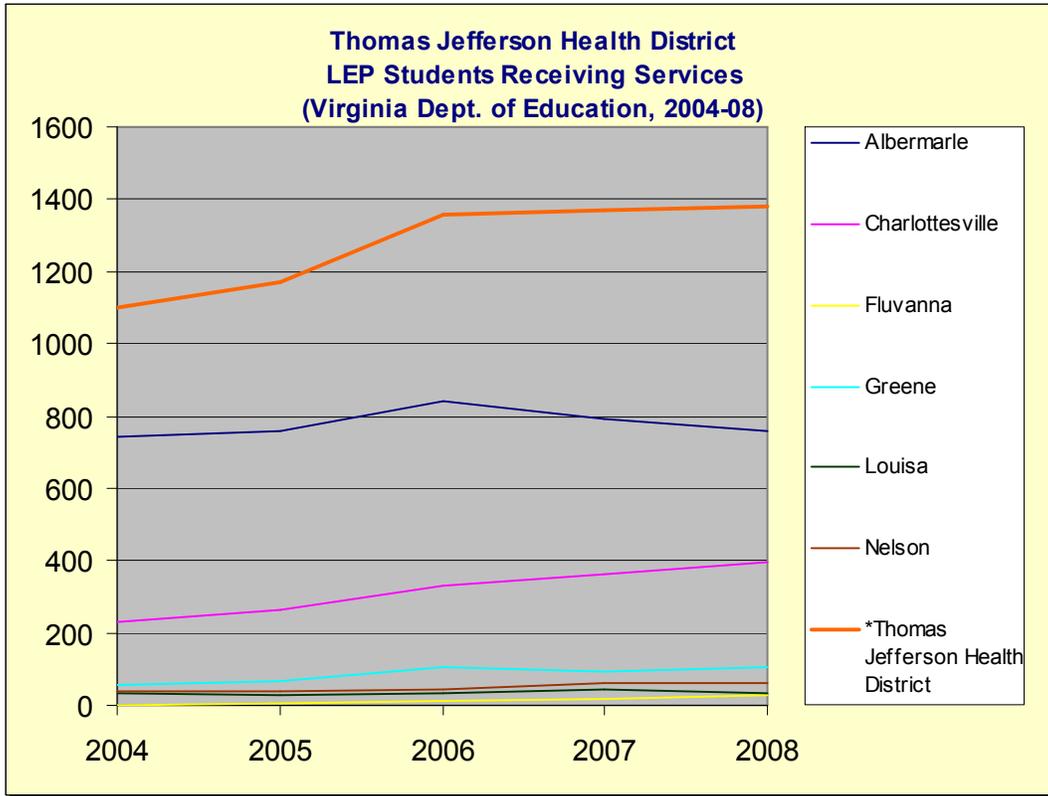
**Languages spoken by LEP individuals,
Thomas Jefferson Health District
(Estimates for 2008 based on US Census data)**



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 6,027 of the residents of Thomas Jefferson Health District are considered LEP. The number of LEP individuals is significantly higher in Albemarle County (3,221 LEP residents) and Charlottesville (2,112 LEP residents). Of the LEP residents in the Thomas Jefferson Health District, the just over a third (37%) speaks Spanish as its primary language.



** The Health District total is the sum of all LEP Students within the cities and counties of the district.*

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Thomas Jefferson Health District has increased by 20% over the last five years. This indicates that the overall LEP population in the area is growing.

2. **The frequency with which LEP individuals come into contact with the program:**

The following is patient level data for the Thomas Jefferson Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

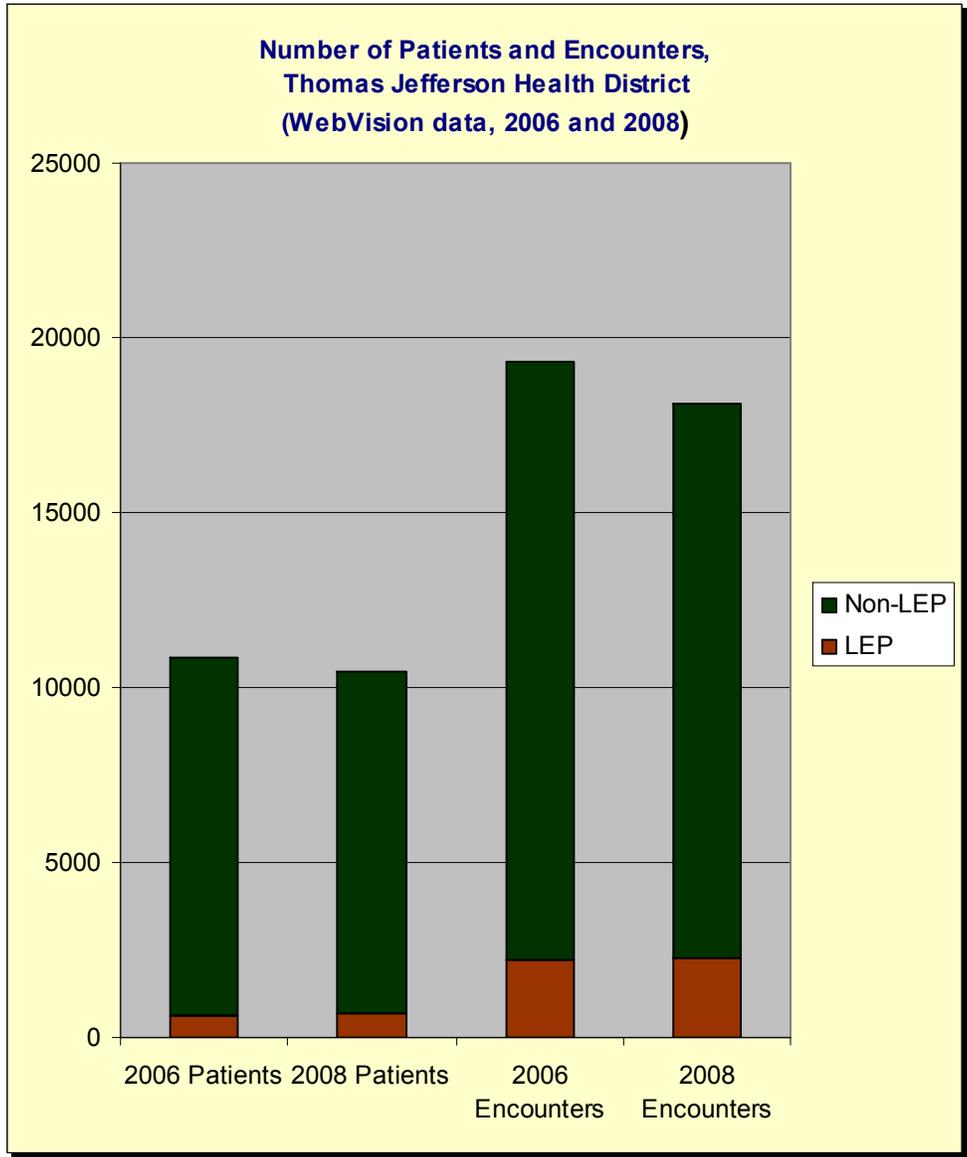
Primary Language**	Patients (unduplicated count)		Patient encounter	
	#	%	#	%
English	9,737	93.14%	15,727	86.88%
Spanish	285	2.73%	708	3.91%
Burmese	141	1.35%	628	3.47%
Arabic	65	0.62%	313	1.73%
Farsi	31	0.30%	114	0.63%
French	26	0.25%	77	0.43%
Nepali	25	0.24%	113	0.62%
Kirundi	17	0.16%	74	0.41%
Russian	15	0.14%	36	0.20%
Amharic	5	0.05%	18	0.10%
Hindi	5	0.05%	21	0.12%
Swahili	5	0.05%	22	0.12%
Turkish	5	0.05%	13	0.07%
Thai	4	0.04%	6	0.03%
Korean	3	0.03%	48	0.27%
Chinese	2	0.02%	6	0.03%
Samoan	2	0.02%	5	0.03%
Croatian	1	0.01%	1	0.01%
Pashto, Pushto	1	0.01%	2	0.01%
Portuguese	1	0.01%	1	0.01%
Uzbek	1	0.01%	6	0.03%
Vietnamese	1	0.01%	4	0.02%
Thomas Jefferson Health District	10,454	100.00%	18,102	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Thomas Jefferson Health District:

- ◆ 6.41% of all patients are LEP
- ◆ 12.6% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been a slight increase in percentage of both LEP patients and encounters. The 2007 report showed that 6% of all patients were LEP and that 11% of all encounters involved LEP patients. Comparing this data from the 2007 report with more recent data, it is evident that the number and proportion of LEP patients and encounters in the Thomas Jefferson Health District has increased, even as the total number of patients and encounters in the district decreased.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Thomas Jefferson Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Thomas Jefferson Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish** and **Burmese**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost⁶⁴: \$13,452 for Spanish interpreters and \$11,932 for Burmese interpreters) or by bilingual employees who have been trained in medical interpreting (estimated cost⁶⁵: \$500 - \$1,500 for Spanish bilingual employees and \$500-\$1,500 for Burmese bilingual employees). The use of bilingual employees who have been trained in

⁶⁴ Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

⁶⁵ Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1,500.

- medical interpreting is preferred, as it is the more cost-effective option.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Thomas Jefferson Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
 - ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals.. Data suggests that the Thomas Jefferson Health District effectively utilized this service in 2008.

Language	# of Calls	Minutes	Total Charge
Spanish	1,960	22,189	\$25,698.65
Burmese	380	4108	\$5,971.90
Karen	250	3125	\$4,544.10
Arabic	153	1642	\$2,379.80
Swahili	122	1504	\$2,188.60
Dari	77	742	\$1,077.10
Russian	69	1175	\$1,703.75
Farsi	44	831	\$1,204.95
Nepali	43	595	\$864.25
Somali	37	405	\$585.80
Korean	23	192	\$278.40
Portuguese	15	292	\$426.10
Chin	13	378	\$548.10
Hindi	13	227	\$331.85
Mandarin	12	178	\$258.10
French	12	168	\$243.60
Kirundi	10	209	\$303.05
Turkish	9	68	\$112.70
Thai	5	48	\$69.60
Mai Mai	4	79	\$114.55
Indonesian	4	14	\$20.30
Persian	2	74	\$107.30
Amharic	2	63	\$91.35
Vietnamese	2	16	\$23.20
Lingala	1	23	\$33.35
Cantonese	1	9	\$13.05
Taiwanese	1	1	\$0.00
Thomas Jefferson Health District	3,264	38,355	\$49,193.50

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 6,027 limited English proficient (LEP) individuals reside in the Thomas Jefferson Health District, comprising 3% of the total population in the district. Just over a third of the LEP population in Thomas Jefferson speaks Spanish as its primary language. DOE data indicate that the LEP population is growing: the number of LEP students receiving services has increased 20% over the last five years.

In the Thomas Jefferson Health District 6% of all patients and 13% of all encounters were LEP patients in 2008. These figures represent an increase in the number and proportion of LEP patients served as compared to the 2007 language needs assessment. This increase occurred despite a decrease in the overall number of patients and encounters.

This report has made new compliance recommendations for the Thomas Jefferson Health District. It is now recommended that Thomas Jefferson Health District provides on-site interpretation services in **Spanish** and **Burmese**. As in 2007, all other patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose.

Note: Health service providers should note the fluidity of LEP populations in the region: substantial LEP groups have the ability to quickly emerge and later disappear from year to year. Providers should be aware of potential emerging populations of Burmese and Arabic speakers, among others.

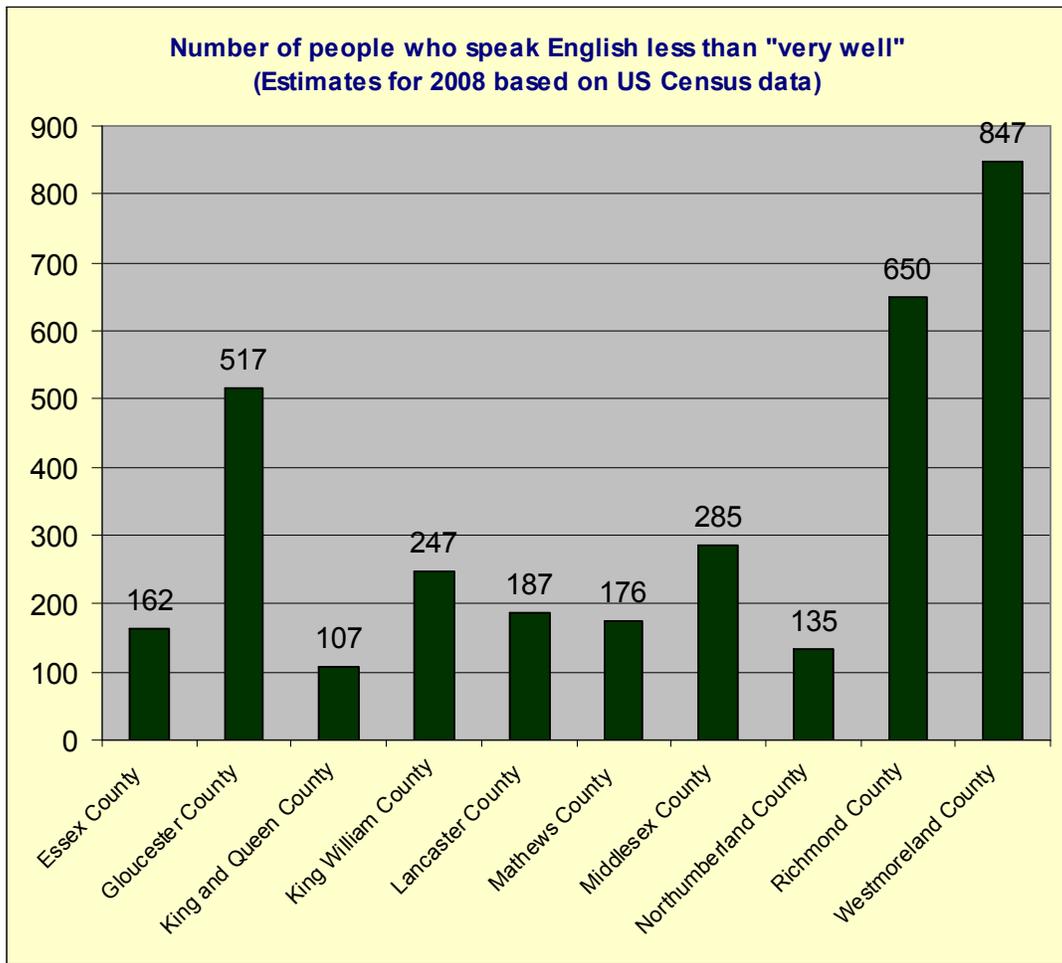
2010 LANGUAGE NEEDS ASSESSMENT: THREE RIVERS HEALTH DISTRICT

(Areas covered: Essex County, Gloucester County, King and Queen County, King William County, Lancaster County, Mathews County, Middlesex County, Northumberland County, Richmond County, Westmoreland County)

HOW DOES THE CLAS REQUIREMENTS IMPACT THE THREE RIVERS HEALTH DISTRICT?

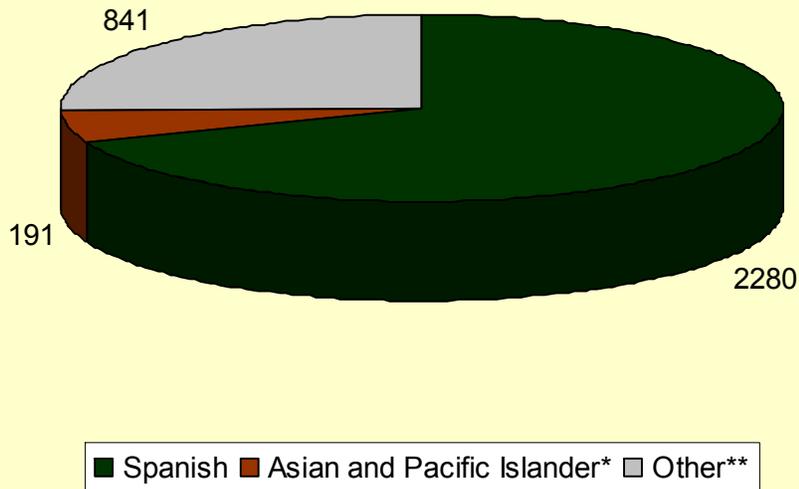
The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁶⁶ persons within this district:



⁶⁶ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)

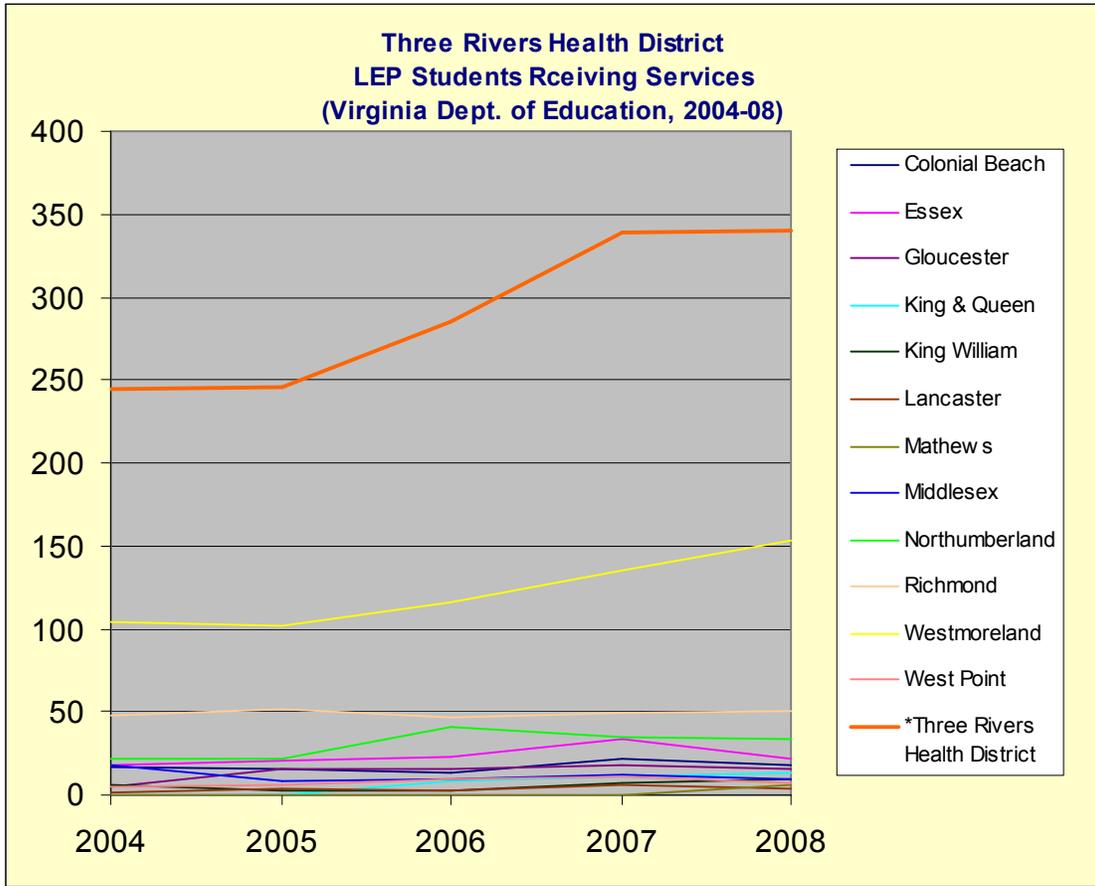
**Languages spoken by LEP individuals,
Three Rivers Health District
(Estimates for 2008 based on US Census data)**



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 3,313 of the residents of Three Rivers Health District are considered LEP. The number of LEP individuals is significantly higher in Gloucester County (517 LEP individuals), Richmond County (650 LEP individuals) and Westmoreland County (847 LEP individuals). Of the LEP residents in the Three Rivers Health District, the overwhelming majority (69%) speaks Spanish as their primary language.



* The Health District total is the sum of all LEP Students within the cities and counties of the district.

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Three Rivers Health District has increased by 39% over the last five years, despite a significant decrease in 2008. The increase in LEP students indicates that the overall LEP population has grown over the last five years

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the Three Rivers Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

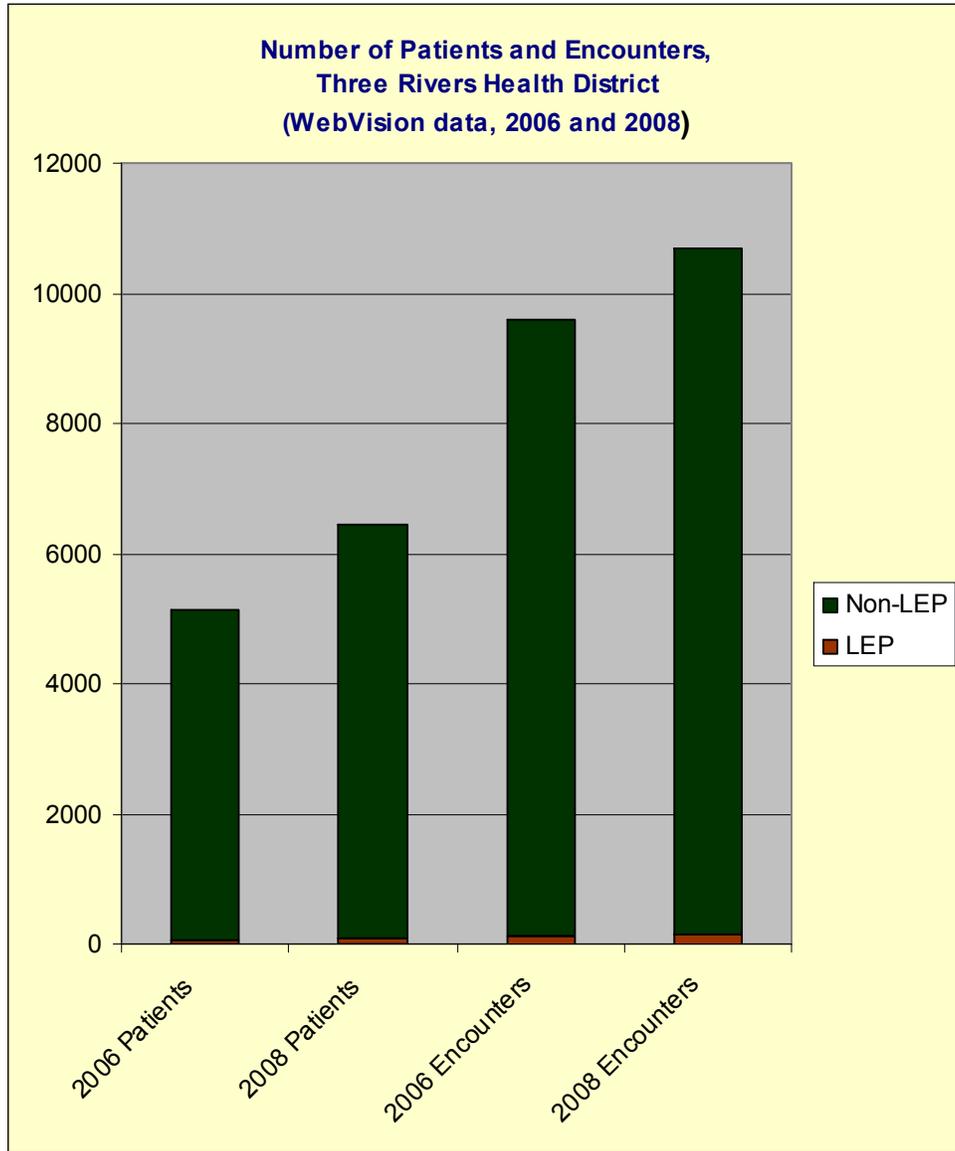
Primary Language**	Patients (unduplicated count)		Patient encounter	
	#	%	#	%
English	6,350	98.40%	10,493	98.30%
Spanish	84	1.30%	142	1.33%
Chinese	1	0.02%	1	0.01%
Total	6,453	100.00%	10,674	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Three Rivers Health District:

- ◆ 1.32% of all patients are LEP
- ◆ 1.34% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been very little change in percentage of both LEP patients and encounters. The 2007 report showed that about 1% of all patients and encounters involved LEP patients. There was a slight increase in the number of LEP patients and encounters; however, this increase coincided with an increase in the overall number of patients and encounters.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Three Rivers Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations Raiford, Crystal (VDH). This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Three Rivers Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents

- are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. Data suggest that this may have been an underused service in 2008, as no interpretation phone calls were reported.

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 3,313 limited English proficient (LEP) individuals reside in the Three Rivers Health District, comprising 2% of the total population in the district. Over two-thirds of the LEP population in Three Rivers speaks Spanish as its primary language. DOE data indicates that the LEP population is growing: the number of LEP students receiving services has increased 39% over the last five years.

In the Three Rivers Health District about 1% of all patients and encounters were LEP patients in 2008. These figures show little change in the proportion of LEP patients served as compared to the 2007 language needs assessment.

This report makes no new compliance recommendations for the Three Rivers Health District. As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation may be utilized for this purpose. Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

Although the LEP population in the Three Rivers Health District is presently very small, health service providers should be aware of the potential for growth of the LEP population in the region, particularly as the LEP population of Virginia continues to grow.

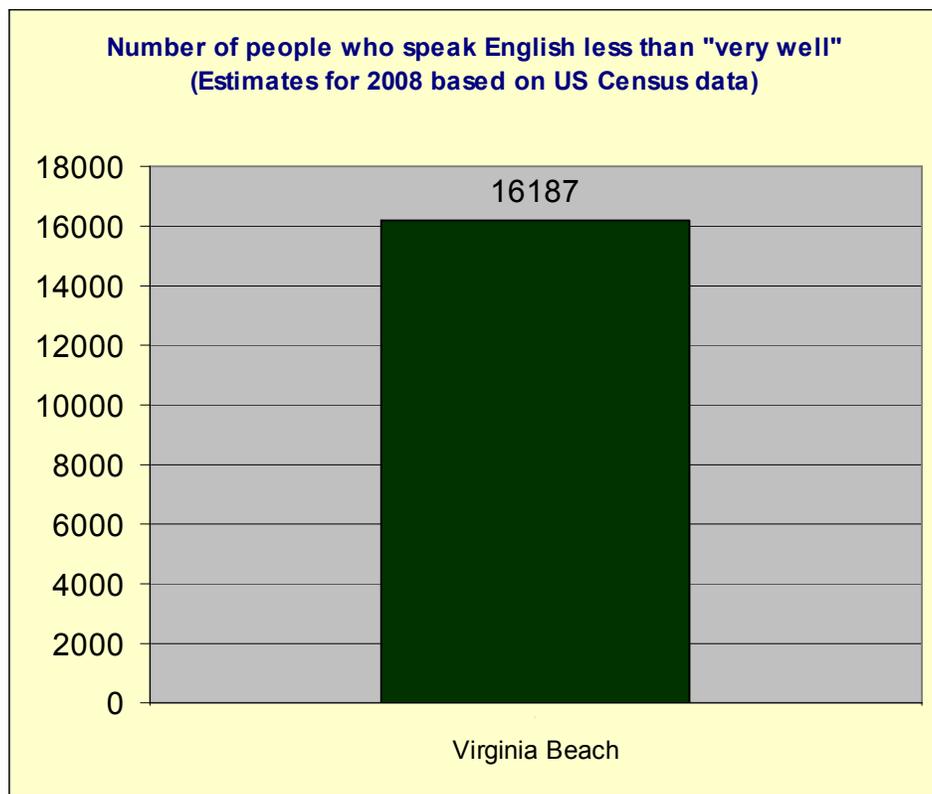
2010 LANGUAGE NEEDS ASSESSMENT: VIRGINIA BEACH HEALTH DISTRICT

(Areas covered: City of Virginia Beach)

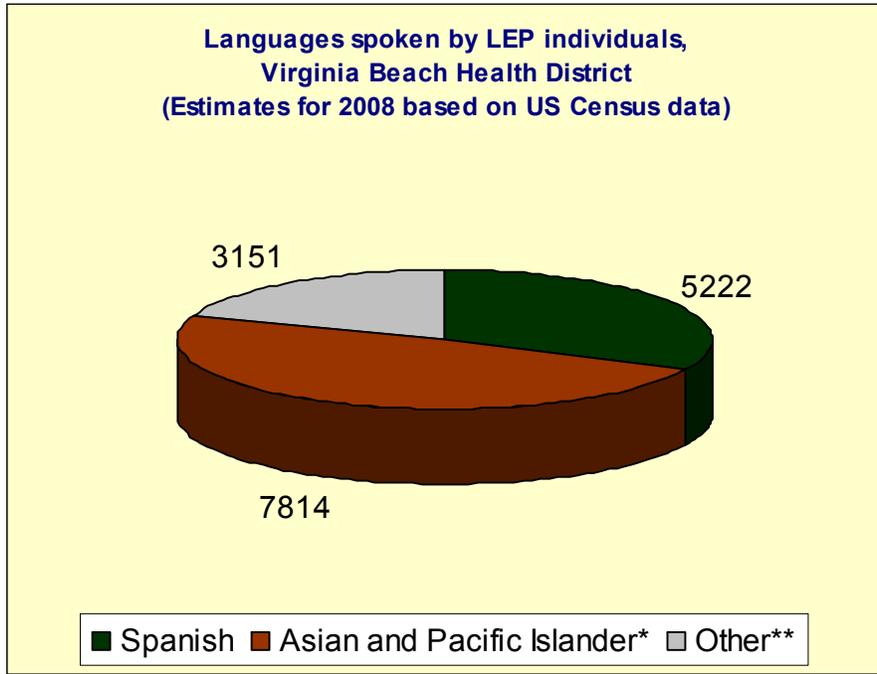
HOW DOES THE CLAS REQUIREMENTS IMPACT THE VIRGINIA BEACH HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁶⁷ persons within this district:



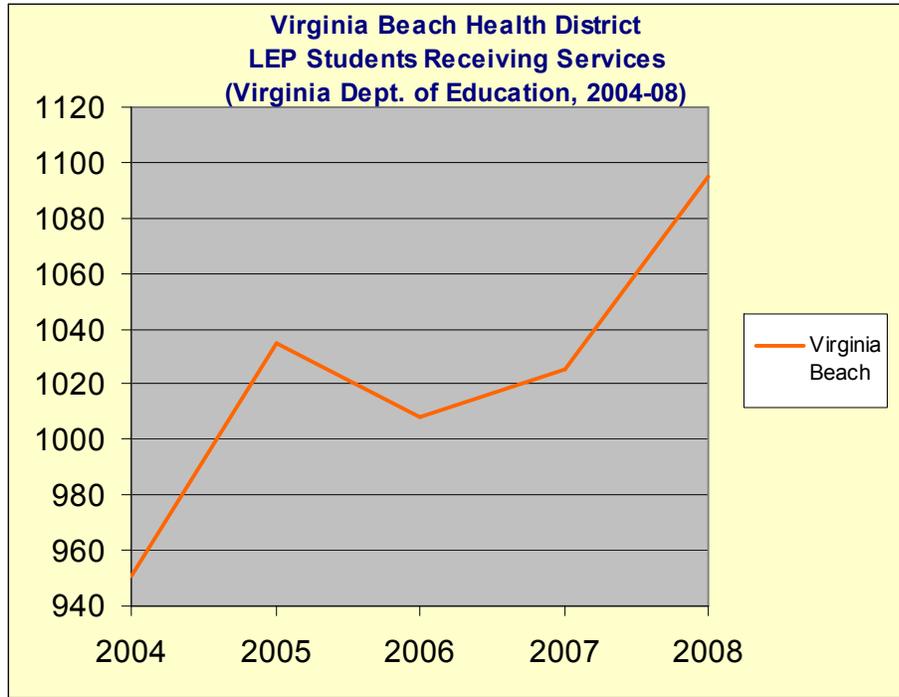
⁶⁷ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 16,187 of the residents of Virginia Beach Health District are considered LEP. Of the LEP residents in the Virginia Beach Health District, about a third (32%) speaks Spanish as its primary language.



Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Virginia Beach Health District has increased by 15% over the last five years. This indicates that the overall LEP population in the area is growing.

2. **The frequency with which LEP individuals come into contact with the program:**
 The following is patient level data for the Virginia Beach Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

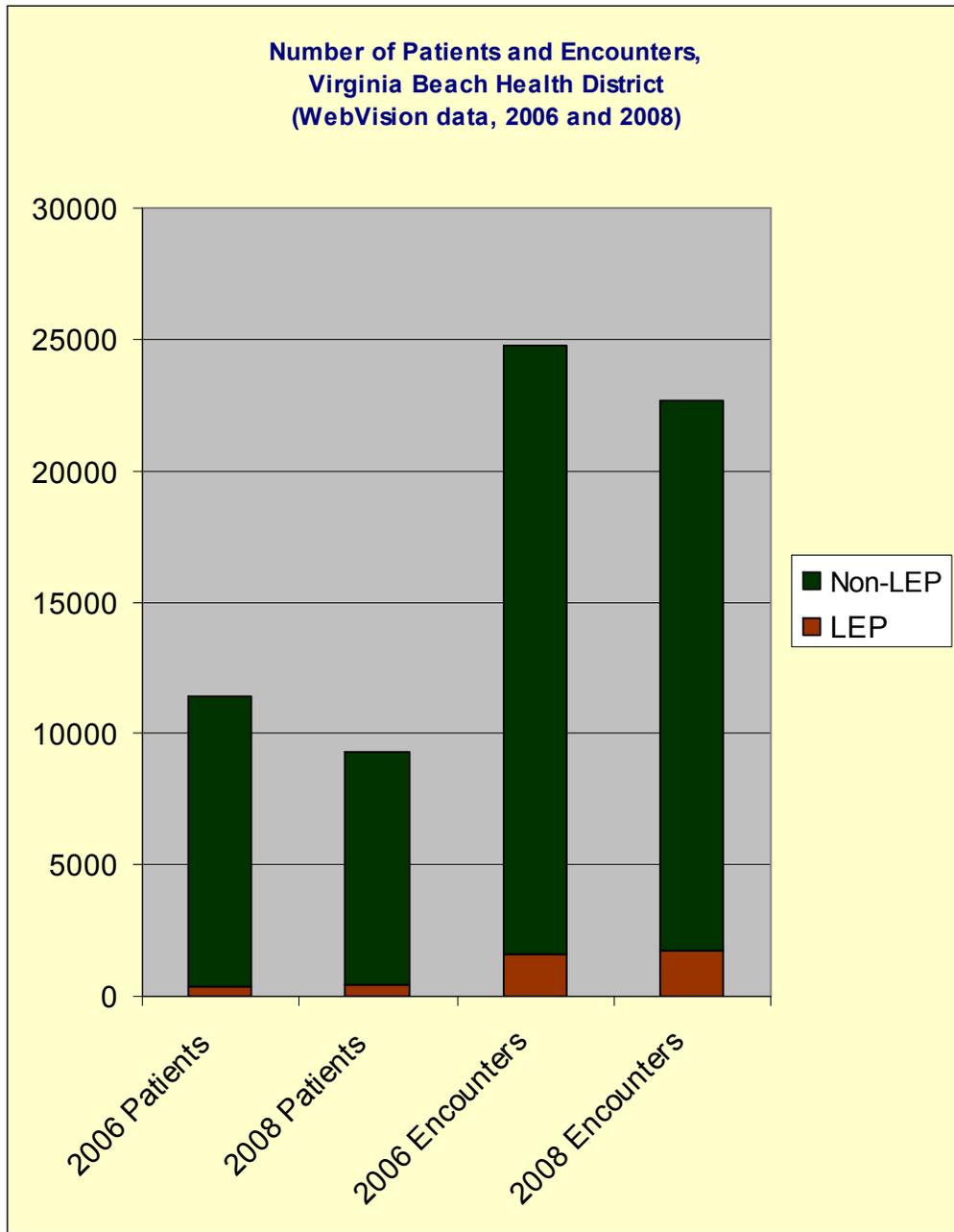
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	8,628	92.89%	20,364	89.78%
Spanish	368	3.96%	1,257	5.54%
Tagalog	14	0.15%	46	0.20%
Vietnamese	14	0.15%	107	0.47%
Chinese	12	0.13%	34	0.15%
Korean	9	0.10%	24	0.11%
Portuguese	8	0.09%	49	0.22%
Burmese	7	0.08%	12	0.05%
Russian	7	0.08%	72	0.32%
Arabic	5	0.05%	22	0.10%
French	3	0.03%	4	0.02%
Hindi	3	0.03%	14	0.06%
Turkish	3	0.03%	24	0.11%
Gujarati	2	0.02%	7	0.03%
Lithuanian	2	0.02%	4	0.02%
Urdu	2	0.02%	16	0.07%
Uzbek	2	0.02%	19	0.08%
Albanian	1	0.01%	1	0.00%
Chamorro	1	0.01%	1	0.00%
Chinese-Cantonese	1	0.01%	3	0.01%
Farsi	1	0.01%	3	0.01%
Hebrew	1	0.01%	3	0.01%
Japanese	1	0.01%	1	0.00%
Samoan	1	0.01%	3	0.01%
Telegu	1	0.01%	3	0.01%
Yoruba	1	0.01%	1	0.00%
Virginia Beach Health District	9,288	100.00%	22,681	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Virginia Beach Health District:

- ◆ 5.06% of all patients are LEP
- ◆ 7.63% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been an increase in percentage of both LEP patients and encounters. The 2007 report showed that 3% of all patients and 7% of all encounters involved LEP patients. Comparing this data from the 2007 report with more recent data, it is evident that the number and proportion of LEP patients and encounters in the Virginia Beach Health District has increased, even as the total number of patients and encounters decreased.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity

is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the Virginia Beach Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them. On-site interpretation should be provided in any language whose speakers are at least 500 of the district's patient encounters.
 - Based on the four factor assessment, it is recommended that the Virginia Beach Health District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish**. The on-site interpretation can be provided by part-time trained interpreters (estimated cost⁶⁸: \$23,883) or by bilingual employees who have been trained in medical interpreting (estimated cost⁶⁹: \$1,500 - \$4,500). The use of bilingual employees who have been trained in medical interpreting is preferred, as it is the more cost-effective option.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.

⁶⁸ Calculation based on the Bureau of Labor's national median wage (\$19.00/hr.) for interpreters and the estimation that each LEP encounter is equivalent to one hour of work for an interpreter.

⁶⁹ Calculation based on the estimated need of one bilingual employee per 500 LEP encounters in target language. Cost will vary based on the amount of the bonus given; range of recommended bonus for bilingual employees: \$500 - \$1,500.

- It is recommended that the Virginia Beach Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance

- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. It is recommended that Virginia Beach Health District provide written translation for all vital documents into **Spanish**.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. The summary of the 2008 usage follows.

Language	# of Calls	Minutes	Total Charge
Spanish	396	3,558	4095
Vietnamese	67	914	1334.9
Russian	39	559	819.85
Mandarin	21	338	490.1
Arabic	17	260	377
Burmese	13	118	191.8
Korean	10	84	121.8
Tagalog	6	154	223.3
Portuguese	5	57	82.65
Amharic	5	31	44.95
Chin	3	72	124.8
Hindi	3	22	31.9
Romanian	2	70	101.5
Turkish	2	23	33.35
Farsi	2	21	30.45
Cantonese	2	21	31.05
Thai	2	15	21.75
Bengali	1	1	1.45
Virginia Beach Health District	596	6,318	8157.6

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 16,187 limited English proficient (LEP) individuals reside in the Virginia Beach Health District, comprising 4% of the total population in the district. About a third of the LEP population in Virginia Beach speaks Spanish as its primary language. DOE data indicates that the LEP population is growing: the number of LEP students receiving services has increased 15% over the last five years.

In the Virginia Beach Health District 5% of all patients and 8% of all encounters were LEP patients in 2008. These figures represent an increase in the number and proportion of LEP patients served as compared to the 2007 language needs assessment. This increase occurred despite a decrease in the number of total patients and encounters in the district.

This report has made a new compliance recommendation for the Virginia Beach Health District. It is now recommended that Virginia Beach Health District translates all vital documents into **Spanish**. All other documents can be translated orally by a trained medical interpreter. As in

2007, it is recommended that Virginia Beach Health District provide on-site interpretation services in **Spanish**. All other patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation should be utilized for this purpose. Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

There is a notable difference in the proportion of non Spanish-speaking LEP individuals in Virginia Beach. They comprise 68% of the LEP population in the district and their share of LEP patients and encounters in the district are 22% of LEP patients and 38% of LEP encounters. This data suggests that these non-Spanish speaking LEP populations may be under-utilizing health department programs. However, it may be that the census data has overestimated the LEP population or that this population is not in need of health department services. Nonetheless, non-Spanish speaking groups form a significant subset of the LEP population in Virginia Beach. It is recommended that Virginia Beach Health District identify specific LEP populations, particularly speakers of non-Spanish languages, and target those groups for health department outreach. Doing so will help to assure that the district meets the needs of all its potential LEP patients.

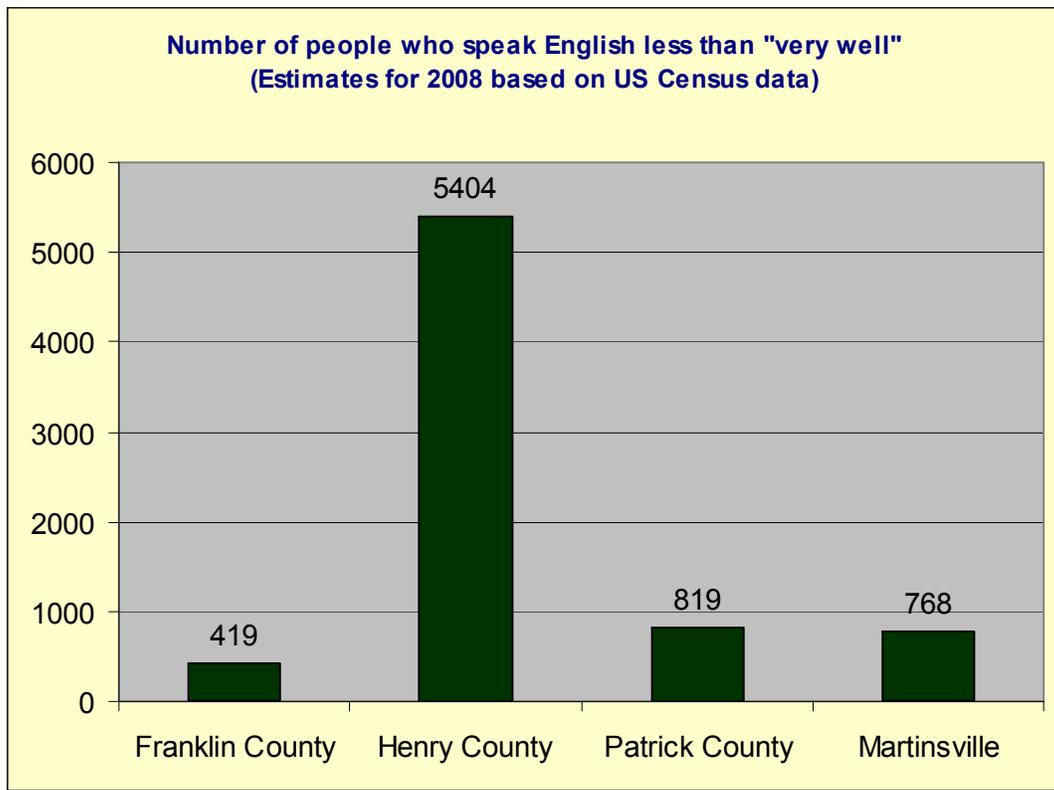
2010 LANGUAGE NEEDS ASSESSMENT: WEST PIEDMONT HEALTH DISTRICT

(Areas covered: Franklin County, Henry County, Patrick County, City of Martinsville)

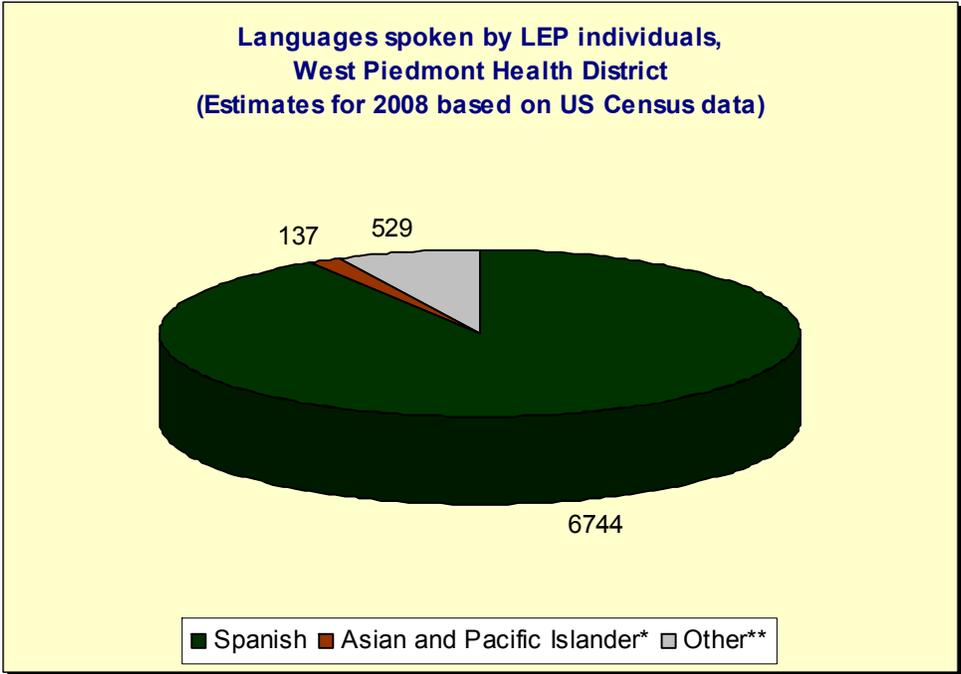
HOW DOES THE CLAS REQUIREMENTS IMPACT THE WEST PIEDMONT HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁷⁰ persons within this district:



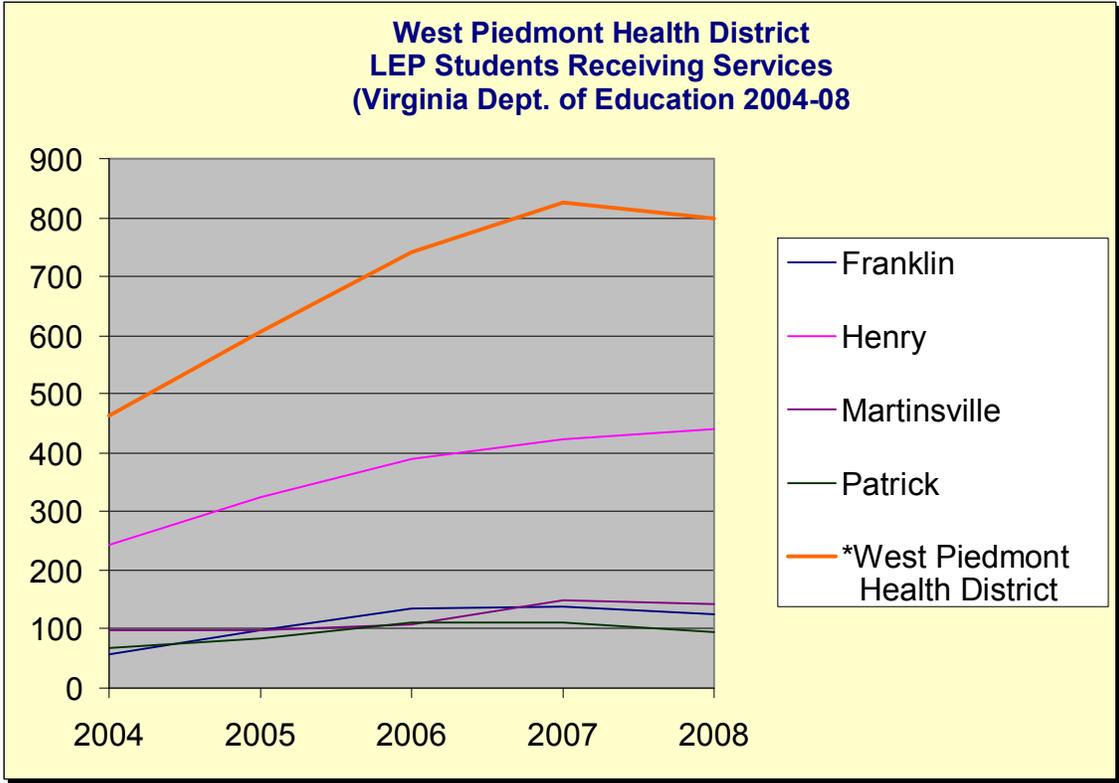
⁷⁰ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**Based on US Census language designations. Other languages include, but are not limited to: Albanian, Amharic, Arabic, Bengali-Bengla, French, German, Hindi, Italian, Kurdish, Nepali, Persian, Portuguese, Russian, Somali, Sudanese, Tigrinya, Ukranian and Urdu.

Based on 2008 estimates from US Census data, 7,410 of the residents of West Piedmont Health District are considered LEP. The number of LEP individuals is significantly higher in Henry County (5,404 LEP residents). Of the LEP residents in the West Piedmont Health District, the overwhelming majority (91%) speak Spanish as their primary language.



** The Health District total is the sum of all LEP Students within the cities and counties of the district.*

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the West Piedmont Health District has increased by 72% from five years ago. This data suggests that the overall LEP population in West Piedmont is growing rapidly.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for the West Piedmont Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

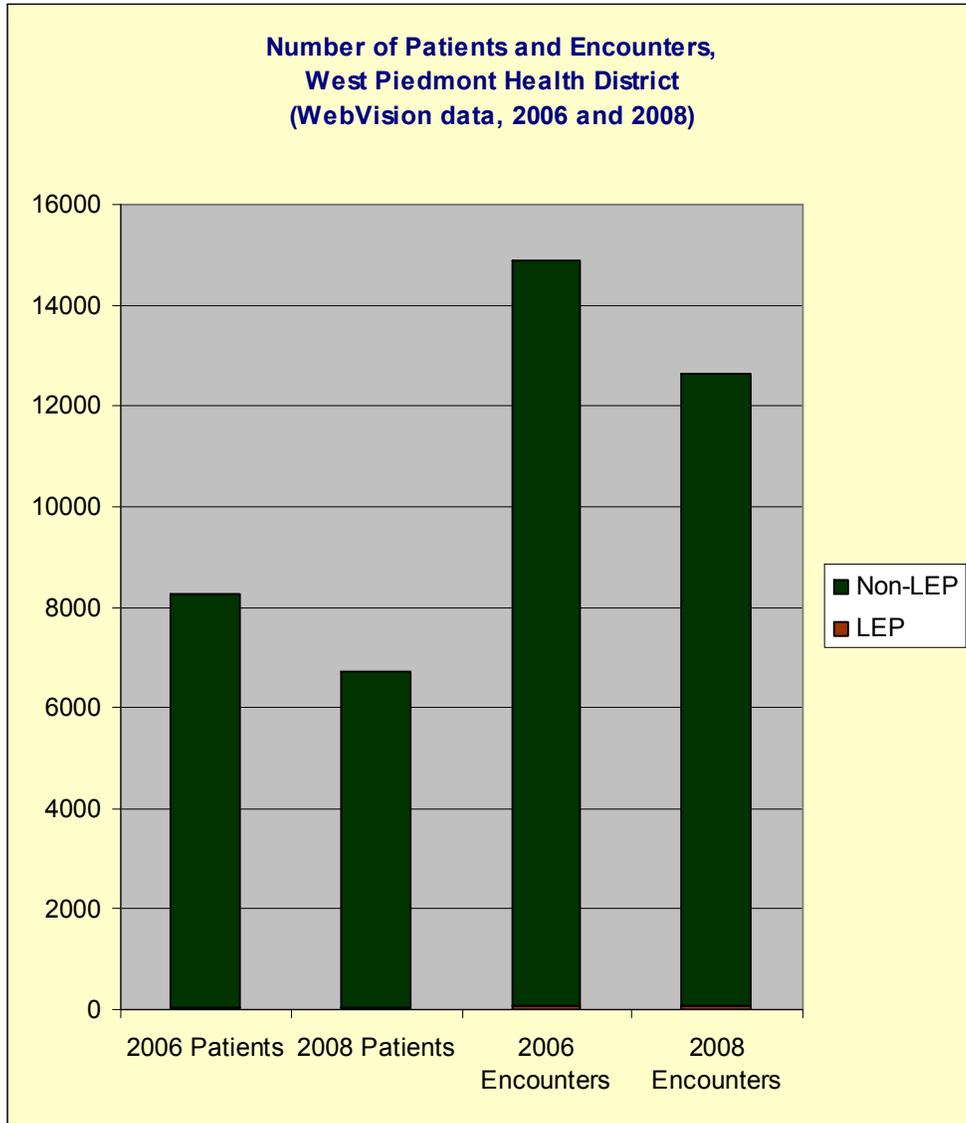
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	6,627	98.62%	12,473	98.53%
Spanish	43	0.64%	86	0.68%
West Piedmont Health District	6,720	100.00%	12,659	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the West Piedmont Health District:

- ◆ 0.64% of all patients are LEP
- ◆ 0.68% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been very little change in percentage of both LEP patients and encounters. The 2007 report showed that less than 1% of all patients and encounters involved LEP patients. LEP patients and encounters continue to form a very small fraction of the total patients and encounters in West Piedmont Health District.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

4. The resources available to the grantee/recipient (VDH) and the costs of interpretation/translation services.

Agencies should carefully explore the most cost-effective means of delivering competent and accurate language services due to resource concerns. In many cases it is more cost-effective to hire staff or take other appropriate measures, thereby improving the quality of service. Resource limitations must be well-substantiated before using this factor as a reason to limit language assistance. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

Based on the federal requirements, the following processes should be in place at the West Piedmont Health District to ensure compliance:

- **Notification of Rights:** Both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them. For this purpose, VDH has designed a language identification poster that informs patients in 32 languages of their rights to a trained interpreter at no cost. Copies of this poster should be displayed at all offices of the health district and as appropriate in multiple locations within offices. This poster is available online at <http://www.vdh.state.va.us/healthpolicy/healthequity/documents/8x11languagecard.pdf>.
- **Interpretation Services:** Interpretation services should be provided to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation. LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after receiving notification of their rights to receive language assistance services at no cost to them.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the West Piedmont Health District utilize interpreters and translators (whether they are in-house, bilingual professional staff, or contract interpreters and translators) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 40 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter and translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter and translator continuing education
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents

- are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - do not rely on software-based translation programs
 - are covered by liability insurance
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. There is no telephonic service usage data for 2008.

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 7,410 limited English proficient (LEP) individuals reside in the West Piedmont Health District, comprising 5% of the total population in the district. The overwhelming majority of the LEP population in West Piedmont speaks Spanish as its primary language. DOE data indicates that the LEP population is growing rapidly: the number of LEP students receiving services in the region has increased 72% from five years ago.

In the West Piedmont Health District less than 1% of all patients and encounters were LEP patients in 2008. These figures show little change in the proportion of LEP patients served as compared to the 2007 language needs assessment: LEP patients continue to be a very small part of the population the district serves.

This report makes no new compliance recommendations for the West Piedmont Health District. As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation may be utilized for this purpose. Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

There is a marked difference in the percentage of LEP residents in West Piedmont and the proportion of LEP patients and encounters in the health district. Projections based on US Census data estimate that 5% of the population in the West Piedmont Health District is LEP; however,

this population is less than 1% of the patients and encounters in the district. This data suggests that the LEP populations may be underutilizing health department programs in West Piedmont. It may be that the census data have overestimated the LEP population or that this population is not in need of health department services. Nonetheless, non-English speaking groups form a significant subset of the LEP population in West Piedmont. It is recommended that West Piedmont Health District identify specific LEP populations and target those groups for health department outreach. Doing so will help to assure that the district meets the needs of all its potential LEP patients.

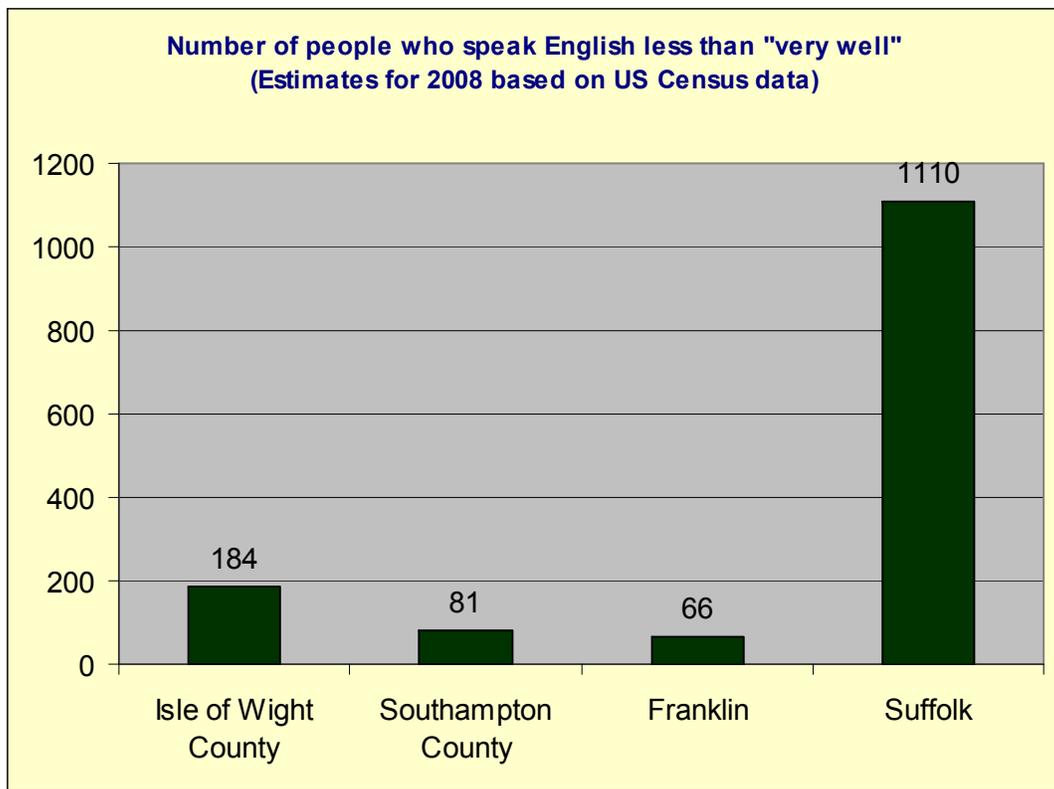
2010 LANGUAGE NEEDS ASSESSMENT: WESTERN TIDEWATER HEALTH DISTRICT

(Areas covered: Isle of Wight County, Southampton County,
Cities of Franklin and Suffolk)

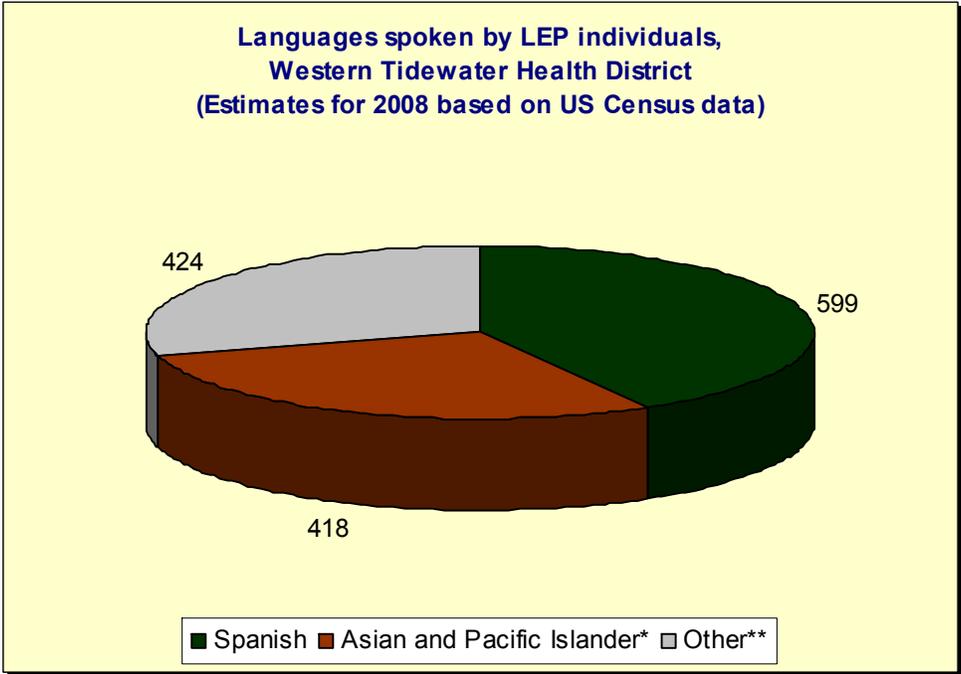
HOW DOES THE CLAS REQUIREMENTS IMPACT THE WESTERN TIDEWATER HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)⁷¹ persons within this district:



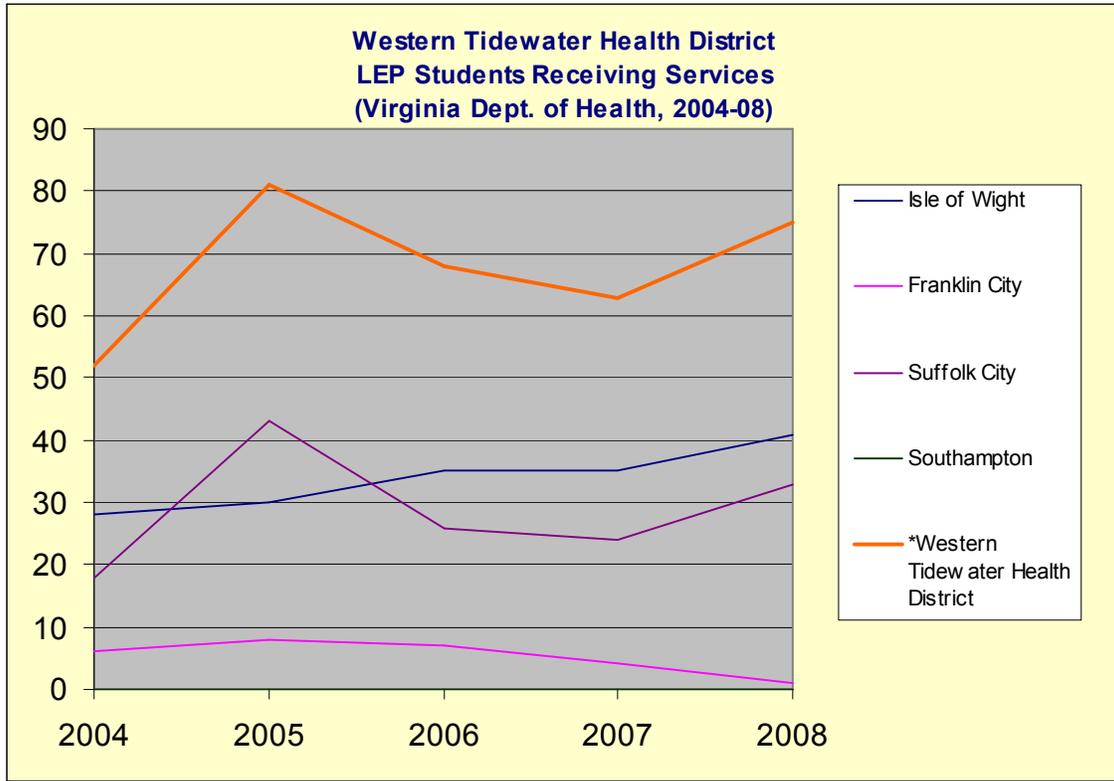
⁷¹ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

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Based on 2008 estimates from US Census data, 1,441 of the residents of Western Tidewater Health District are considered LEP. The number of LEP individuals is significantly higher in the jurisdiction of Suffolk (1,110 LEP residents). Of the LEP residents in the Western Tidewater Health District, 42% speak Spanish as their primary language.



** The Health District total is the sum of all LEP Students within the cities and counties of the district.*

Based on data from the Virginia Department of Education, the number of LEP students receiving educational services in the Western Tidewater Health District has increased by 44% from five years ago. Despite this increase, the total number of LEP students receiving services in the health district (75) is still very small. However, the increase in the number of LEP students indicates the potential for continued growth of the overall LEP population in Western Tidewater.

2. The frequency with which LEP individuals come into contact with the program:

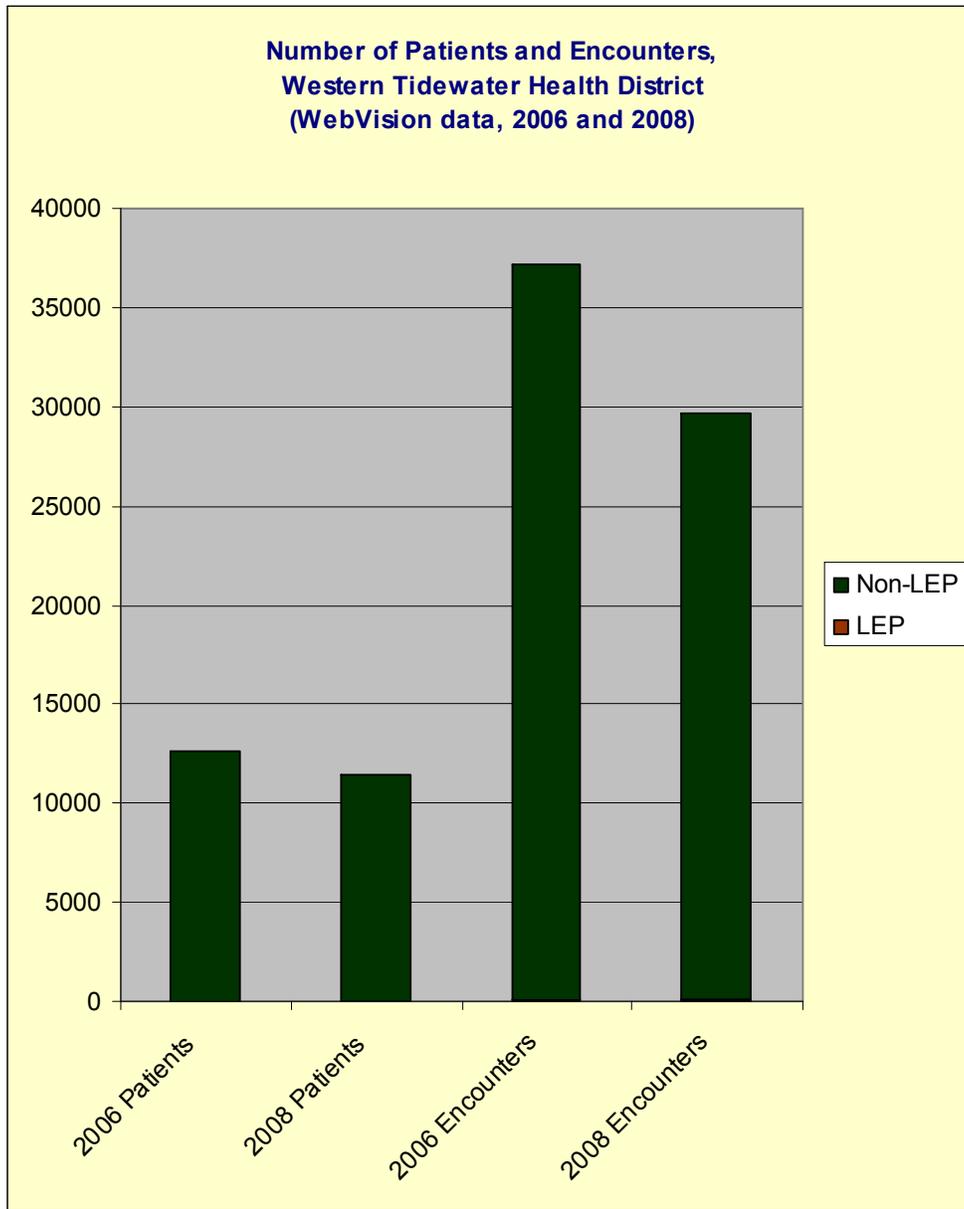
The following is patient level data for the Western Tidewater Health District as reported in the Virginia Department of Health's (VDH) Web Vision, January- December 2008*:

Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	11,368	99.82%	29,599	99.80%
Spanish	12	0.11%	38	0.13%
Chinese	4	0.04%	10	0.03%
Romanian	1	0.01%	2	0.01%
Vietnamese	1	0.01%	1	0.00%
Western Tidewater Health District	11,389	100.00%	29,657	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient. ** By need for an interpreter (responses of "yes" & "unknown")

According to this data, for the Western Tidewater Health District:

- ◆ 0.16% of all patients are LEP
- ◆ 0.17% of all encounters involve LEP patients.



Since the most recent language needs assessment in 2007, there has been very little change in percentage of both LEP patients and encounters. The 2007 report showed that less 1% of all patients and encounters involved LEP patients. LEP patients and encounters continue to form a very small fraction of the total patients and encounters in Western Tidewater Health District.

3. The nature and importance of the program, activity or service provided by the recipient (VDH) to its beneficiaries.

The agency should consider the importance and urgency of its program, activity or service. If the activity is important and urgent, immediate language services are needed. If the activity is important but not urgent, language services are needed but can be delayed for a reasonable period of time. (See [Title VI federal guidelines](#) or the language needs assessment home page for more guidance on this matter.)

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Based on the federal requirements, the following processes should be in place at the Western Tidewater Health District to ensure compliance:

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In order to help health districts comply with the culturally and linguistically appropriate health care services (CLAS) requirements, VDH has contracted with Language Services Associates, a provider of telephonic interpretation and translation by trained and certified professionals. There is no telephonic services usage data for 2008.

Summary

Culturally and linguistically appropriate health care services (CLAS) requirements obligate each health district to provide suitable language access for all district services at no additional cost to the patient. The determination of the district's language needs is made based on data from the US Census, the Virginia Department of Education (DOE), the Virginia Department of Health (VDH), and Language Services Associates (LSA), the telephonic interpreting provider for VDH. According to 2008 estimates, 1,441 limited English proficient (LEP) individuals reside in the Western Tidewater Health District, comprising 1% of the total population in the district. Slightly under half of the LEP population in Western Tidewater speaks Spanish as its primary language. DOE data indicates that the LEP population is relatively small but has the potential for growth: the number of LEP students receiving services has increased 44% over the last five years.

In the Western Tidewater Health District less than 1% of all patients and encounters were LEP patients in 2008. These figures show little change in the proportion of LEP patients served as compared to the 2007 language needs assessment. LEP patients and encounters continue to form a very small fraction of the total patients and encounters in Western Tidewater Health District.

This report makes no new compliance recommendations for the Western Tidewater Health District. As in 2007, all patients should be notified of their right to a trained interpreter at no cost; LSA telephonic interpretation may be utilized for this purpose. Note: Health service providers should note that the use of untrained medical interpreters, such as family and friends of the patient, is unacceptable when a trained interpreting service (including telephonic interpreting) is available.

The LEP population in the Western Tidewater Health District is relatively small. However, health service providers should be aware of the potential growth of the LEP population in the region, particularly as the LEP population of Virginia continues to grow.

Where Can I Find Assistance and/or Resources?

VDH Office of Minority Health and Health Equity (OMHHE) CLAS Act Virginia Initiative
VDH OMHHE has developed the CLAS Act Virginia Initiative to serve as a resource to VDH to ensure that VDH does not place itself at risk for losing federal funds by being out of compliance with federal requirements and in partial fulfillment of the OMHHE mission to improve access to quality health care for all Virginia residents. As part of the CLAS Act Virginia Initiative:

- A web-based resource directory has been developed: <http://CLASActVirginia.org>
- A decision package was submitted and funds were subsequently appropriated to provide grants to local health districts to assist with the provision of linguistically appropriate services.
- A CLAS Act Coordinator will be hired to provide technical assistance and assist with capacity building activities:

CLAS Act Coordinator
804-864-7435
OMHHE@vdh.virginia.gov

Resources available to you through this program include: Appropriate funds that were used to provide grants.

- Cultural sensitivity needs assessment and an ongoing cultural competency training series.
- Medical interpreter training grants program. The program provides the cost of tuition of a medical interpretation course to a limited number of proficient bilingual individuals in exchange for forty hours of community service at a safety net provider site and willingness to be called on to assist with interpretation in the event of a public health emergency.
- Health district capacity building grants. These grants are awarded to health districts to increase their ability to work with LEP individuals. To date, four grants have been awarded to Chesterfield, Crater, Prince William and Loudoun health districts.
- Statewide telephonic interpretation and translation contract. VDH has contracted with Language Services Associates to provide for statewide telephonic interpretation and translation services.

A few of the activities presently underway include:

- Print materials and website for new immigrants and refugees to navigate the U.S. health care system
- Establishment of processes for communicating with the LEP population in the event of public health emergencies.
- Development of VDH policies and procedures.
- Ongoing partnerships with local health districts.

