

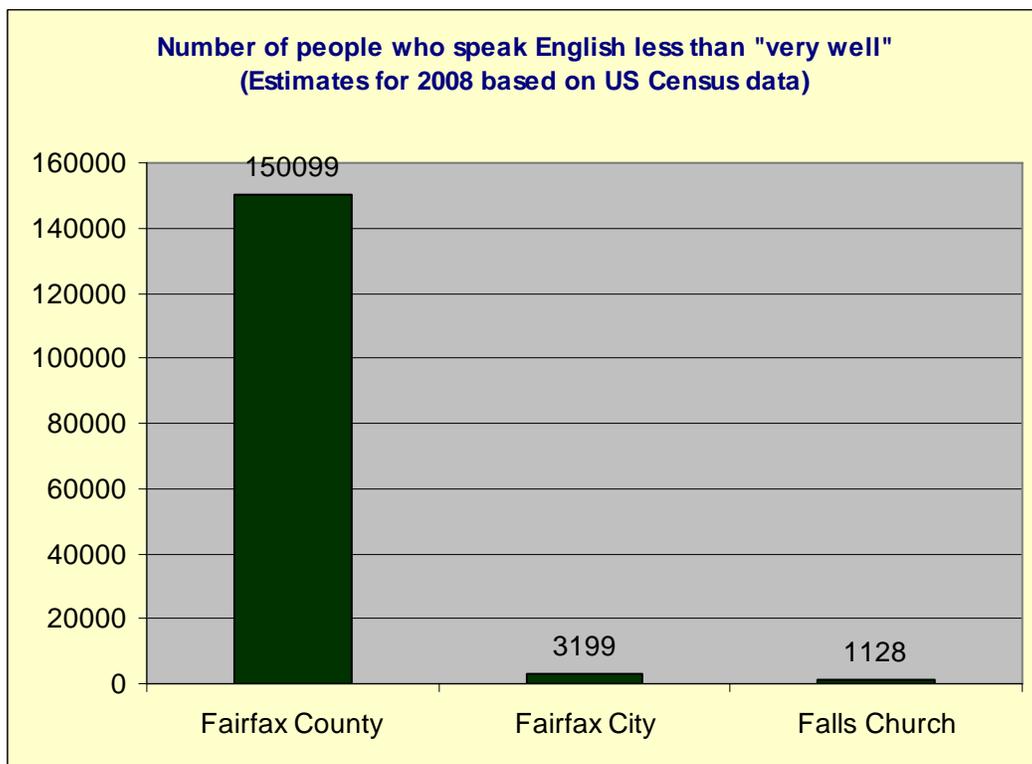
2010 LANGUAGE NEEDS ASSESSMENT: FAIRFAX HEALTH DISTRICT

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

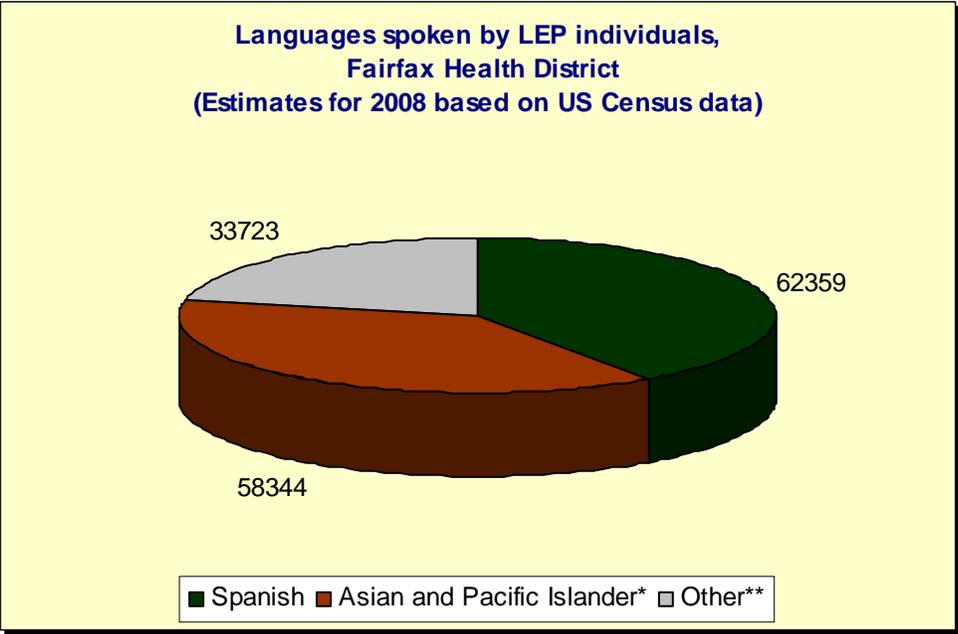
HOW DOES THE CLAS REQUIREMENTS IMPACT THE FAIRFAX HEALTH DISTRICT?

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)¹ persons within this district:**



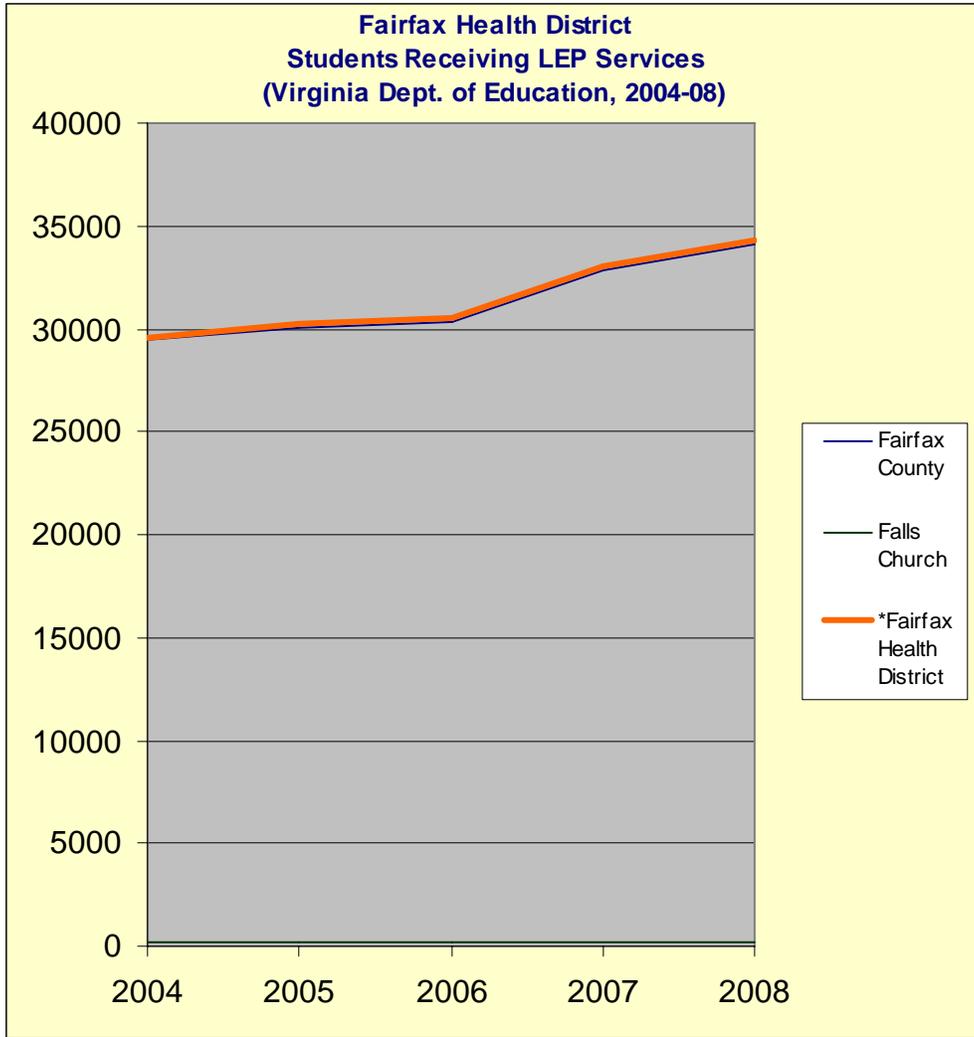
¹ Individuals are considered limited English proficient (LEP) if they “do not speak English as their primary language and...have a limited ability to read, speak, write or understand English.” (From www.lep.gov.)



*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, Ukrainian 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*:

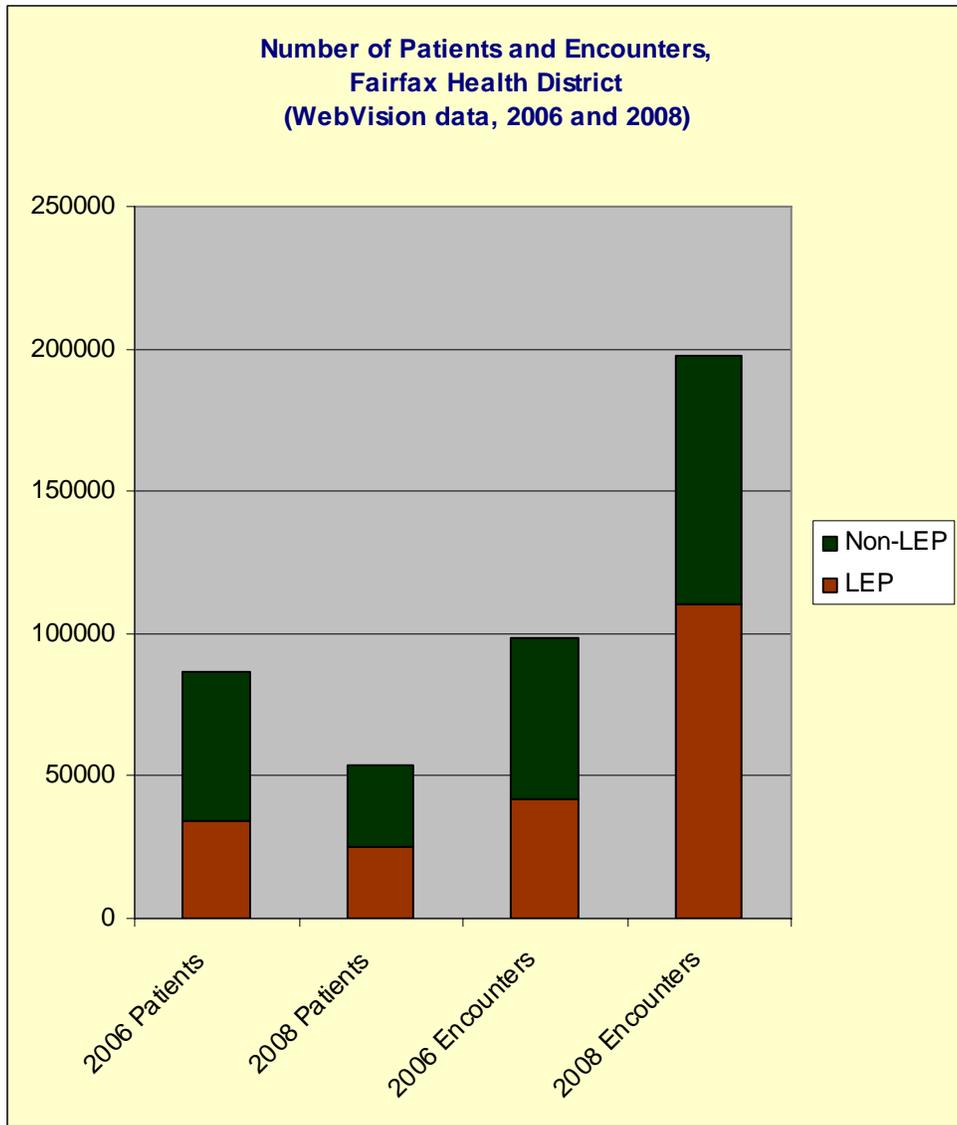
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	28,906	53.60%	86,914	44.00%
Spanish	17,034	31.59%	74,517	37.72%
Arabic	1,242	2.30%	6,605	3.34%
Korean	1,144	2.12%	4,429	2.24%
Vietnamese	921	1.71%	5,285	2.68%
Farsi	623	1.16%	2,866	1.45%
Urdu	603	1.12%	2,677	1.36%
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 cost²: \$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 cost³: \$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.

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.

- **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.