

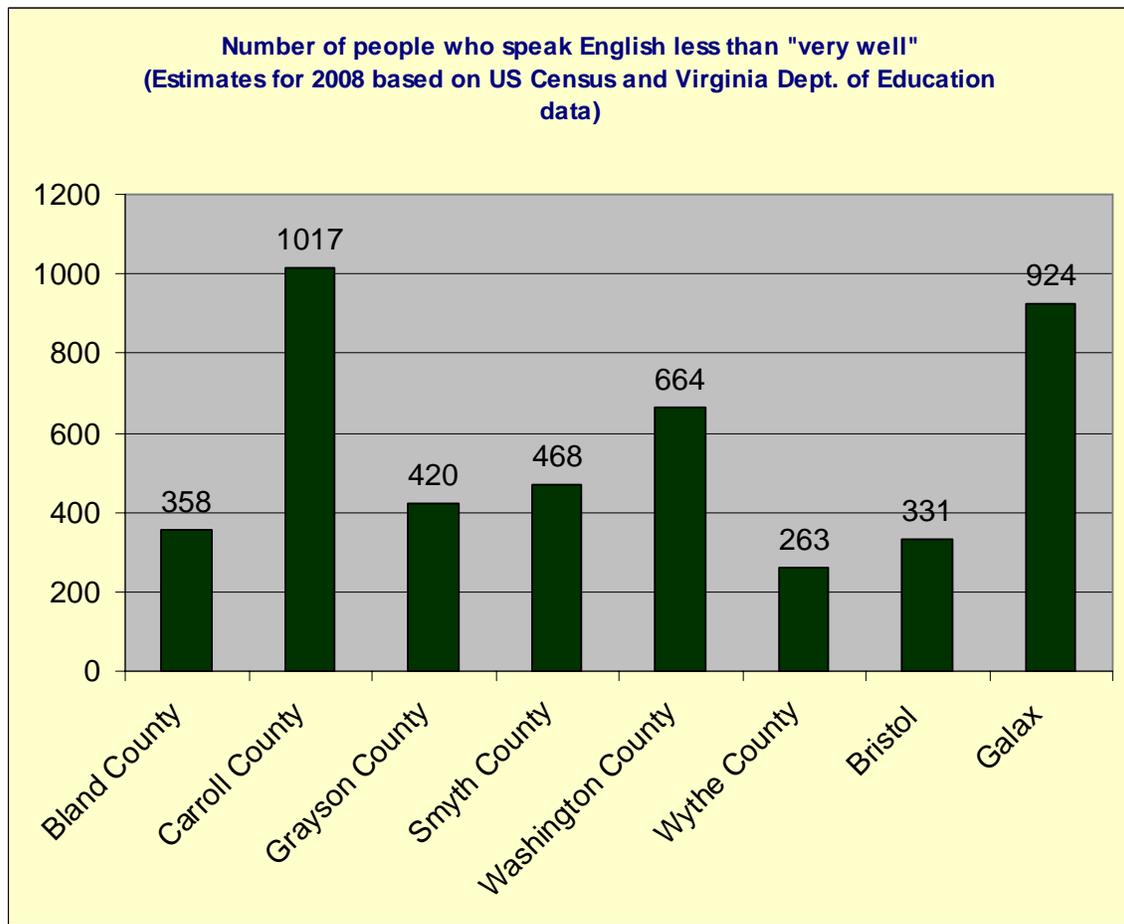
2010 LANGUAGE NEEDS ASSESSMENT: MOUNT ROGERS HEALTH DISTRICT

(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?

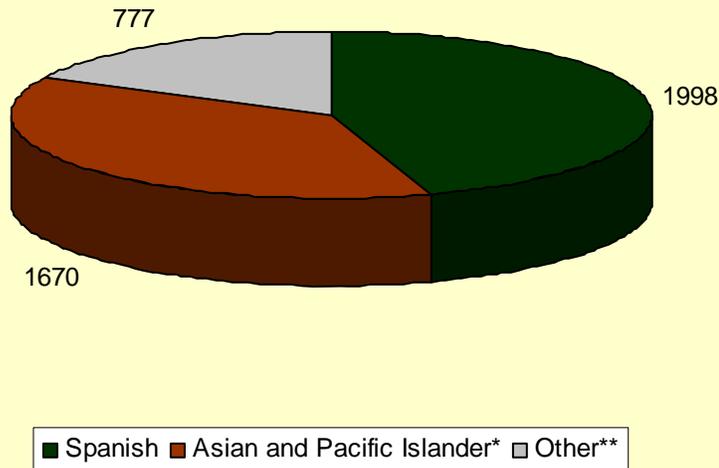
The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. **The number or proportion of limited English proficient (LEP)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.)

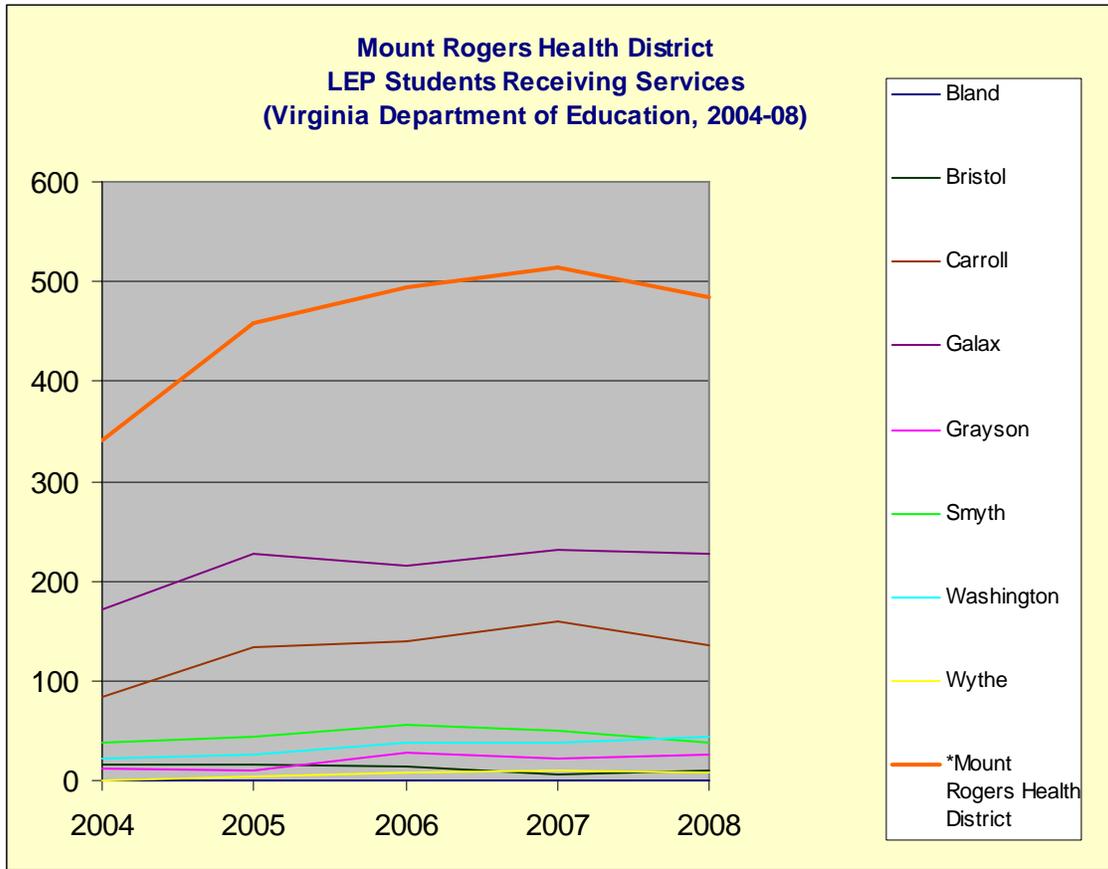
**Languages spoken by LEP individuals,
Mount Rogers Health District
(Estimates for 2008 based on US Census and Virginia Dept.
of Education data)**



*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*:

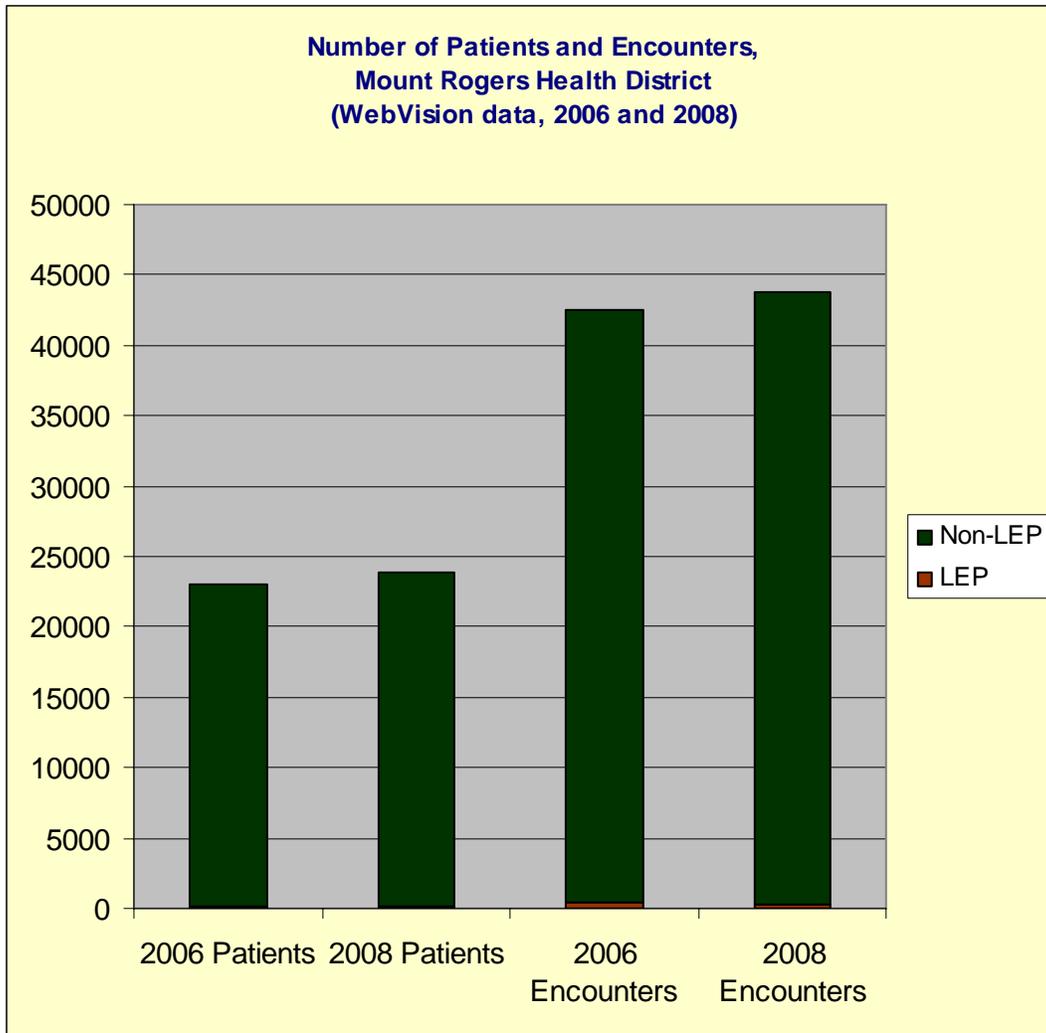
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	23,561	98.59%	42,879	97.91%
Spanish	124	0.52%	312	0.71%
Total	23,897	100.00%	43,793	100.00%

* 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.