

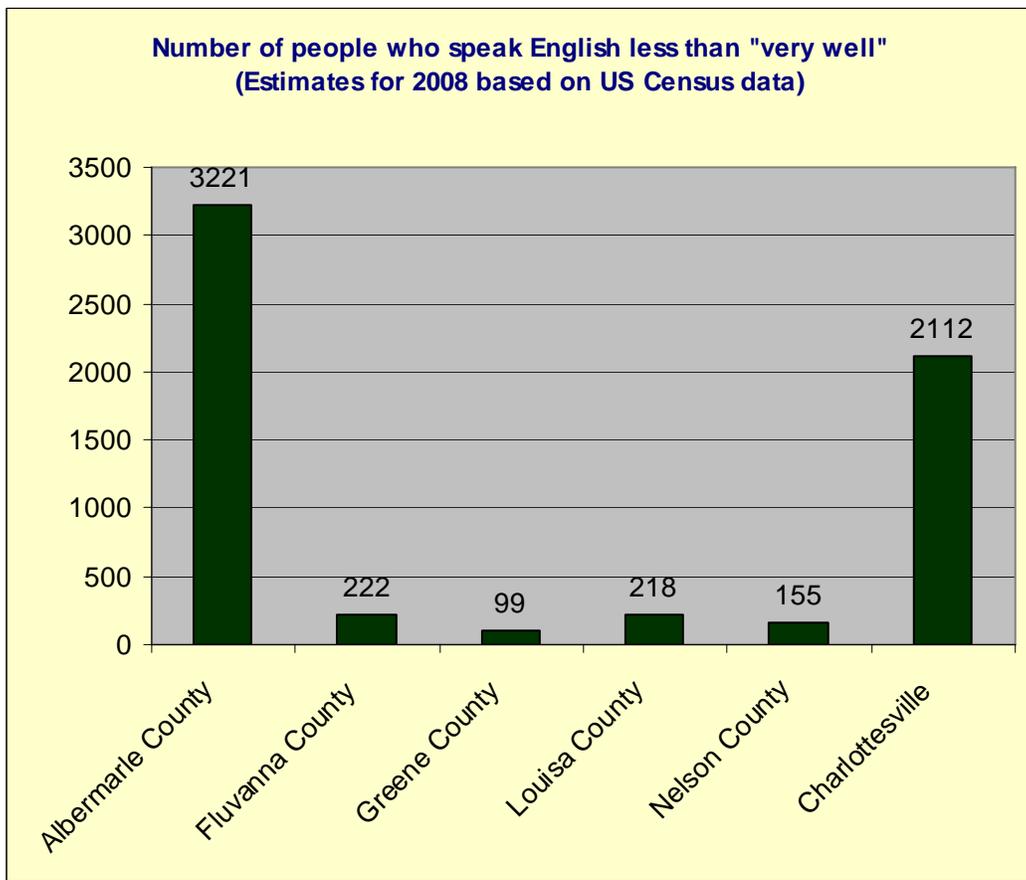
## 2010 LANGUAGE NEEDS ASSESSMENT: THOMAS JEFFERSON HEALTH DISTRICT

(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?

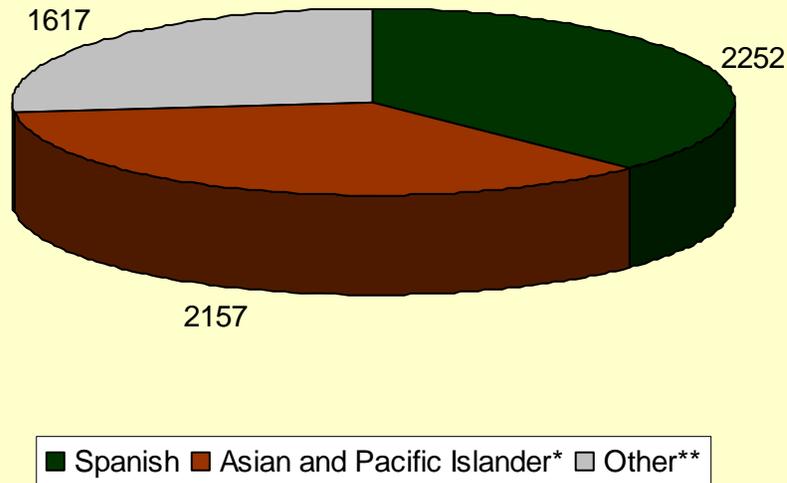
The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)<sup>1</sup> persons within this district:



<sup>1</sup> 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](http://www.lep.gov).)

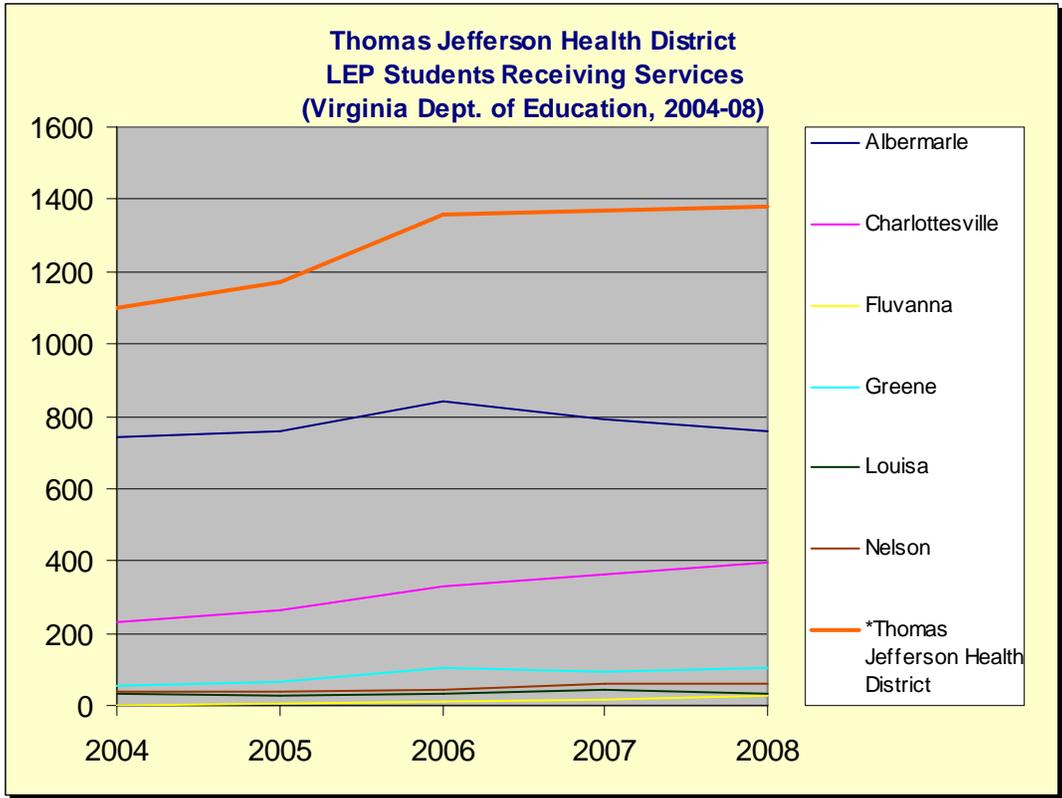
**Languages spoken by LEP individuals,  
Thomas Jefferson Health District  
(Estimates for 2008 based on US Census data)**



\*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\*:

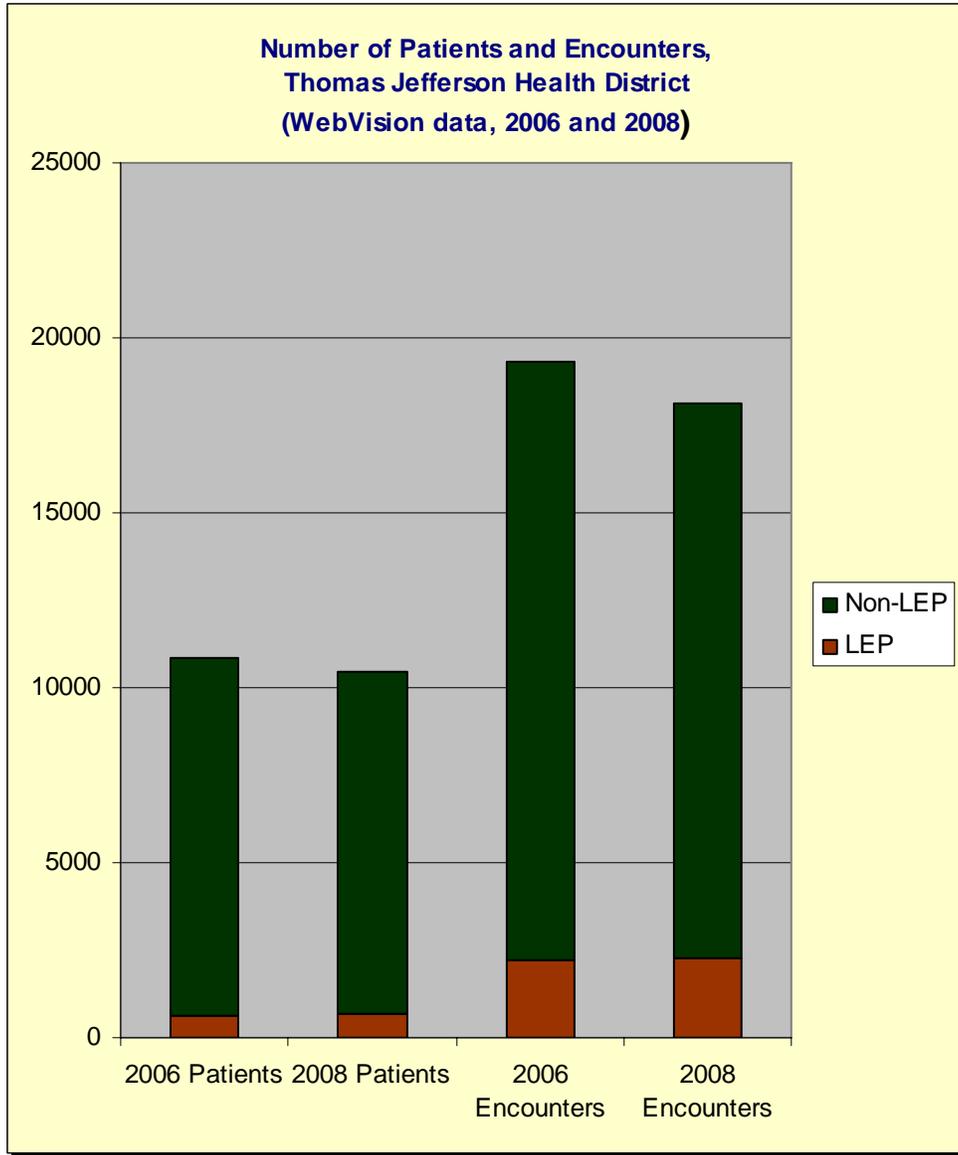
Primary Language**	Patients (unduplicated count)		Patient encounter	
	#	%	#	%
English	9,737	93.14%	15,727	86.88%
Spanish	285	2.73%	708	3.91%
Burmese	141	1.35%	628	3.47%
Arabic	65	0.62%	313	1.73%
Farsi	31	0.30%	114	0.63%
French	26	0.25%	77	0.43%
Nepali	25	0.24%	113	0.62%
Kirundi	17	0.16%	74	0.41%
Russian	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%
<b>Thomas Jefferson Health District</b>	<b>10,454</b>	<b>100.00%</b>	<b>18,102</b>	<b>100.00%</b>

\* 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 cost<sup>2</sup>: \$13,452 for Spanish interpreters and \$11,932 for Burmese interpreters) or by bilingual employees who have been trained in medical interpreting (estimated cost<sup>3</sup>: \$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

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<sup>2</sup> 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.

<sup>3</sup> 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
<b>Thomas Jefferson Health District</b>	<b>3,264</b>	<b>38,355</b>	<b>\$49,193.50</b>

### 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.