

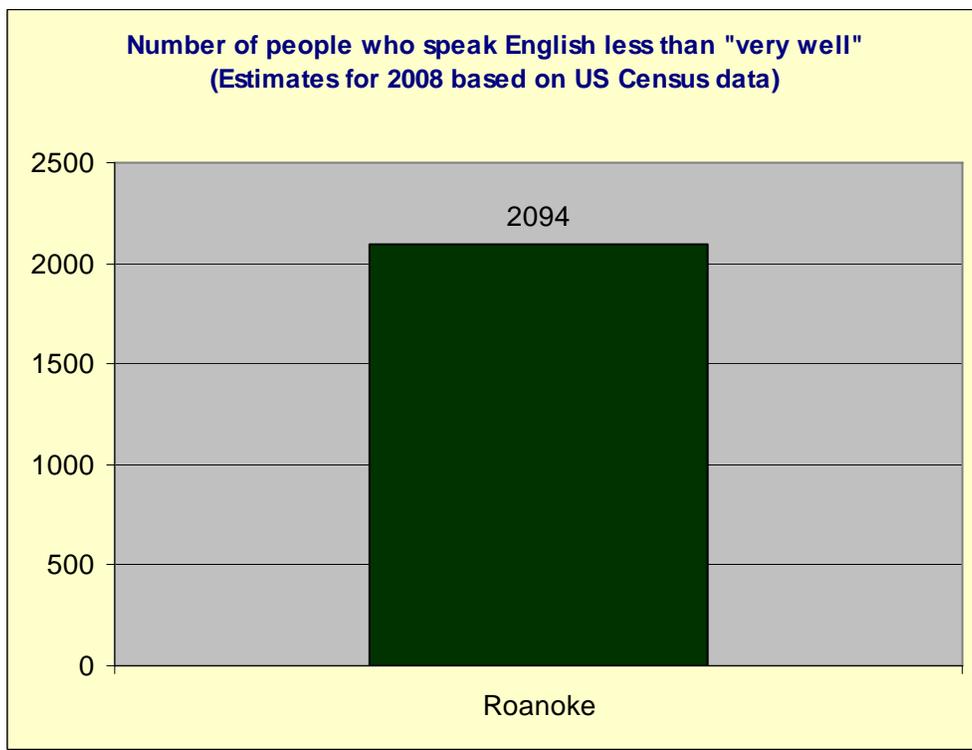
2010 LANGUAGE NEEDS ASSESSMENT: ROANOKE HEALTH DISTRICT

(Areas covered: City of Roanoke)

HOW DOES THE CLAS REQUIREMENTS IMPACT THE ROANOKE HEALTH DISTRICT?

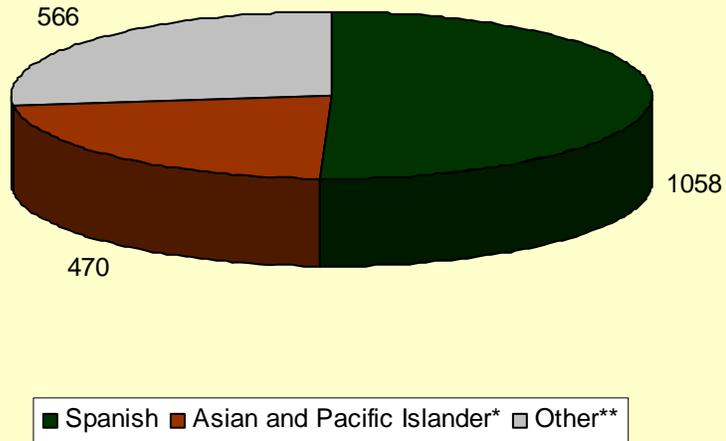
The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. The number or proportion of limited English proficient (LEP)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,
Roanoke Health District
(Estimates for 2008 based on US Census data)**

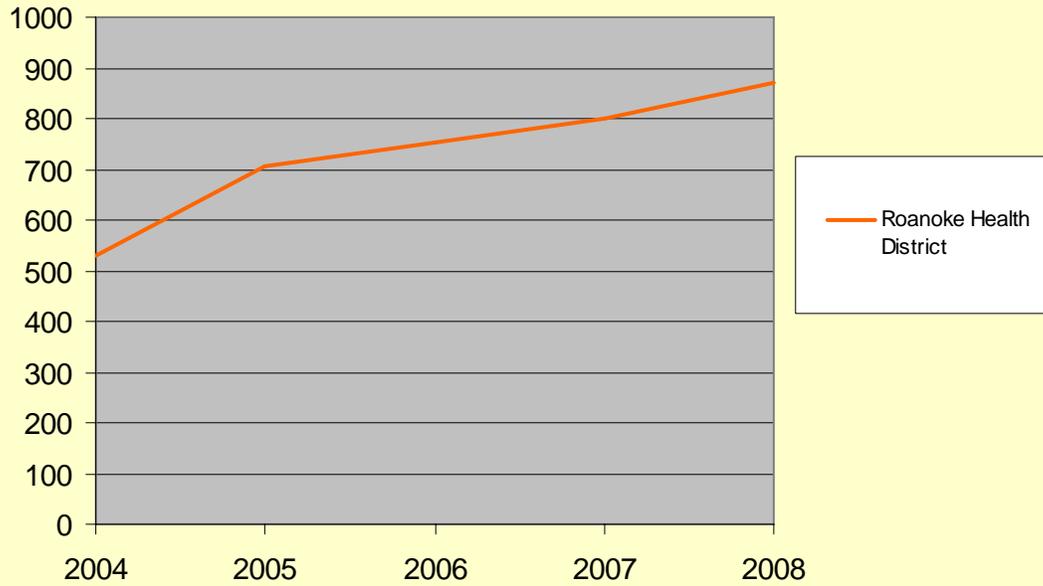


*Based on US Census language designations. Asian and Pacific Islander languages include, but are not limited to: Burmese, Cambodian, Chinese, Indonesian, Japanese, Korean, Mongolian, Tagalog, Thai, Turkish and Vietnamese.

**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, Ukrainian 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*:

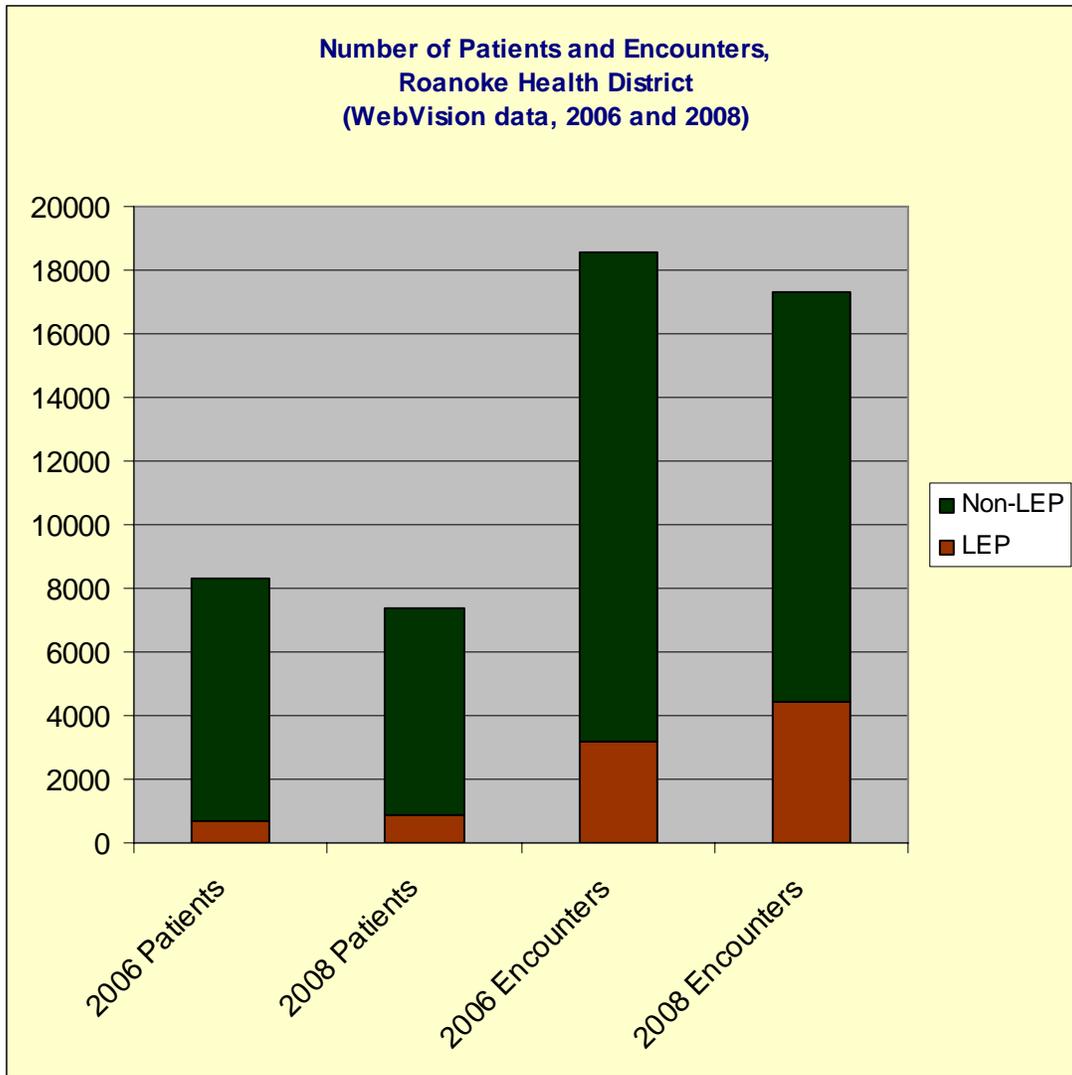
Primary Language**	Patients (unduplicated count)		Patient encounters	
	#	%	#	%
English	6,372	86.31%	12,421	71.75%
Spanish	534	7.23%	1,389	8.02%
Burmese	64	0.87%	917	5.30%
Somali	36	0.49%	215	1.24%
Nepali	26	0.35%	141	0.81%
Arabic	24	0.33%	111	0.64%
Kirundi	12	0.16%	84	0.49%
Vietnamese	10	0.14%	161	0.93%
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 cost²: \$26,391 for Spanish interpreters and \$17,423 for Burmese interpreters) or by bilingual employees who have been trained in medical interpreting (estimated cost³: \$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:

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.

- 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.