

**Virginia Department of Health
Language and Disability Access Plan
2025-2027**

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Language and Disability Access Plan Overview

The Virginia Department of Health (VDH) complies with all applicable civil rights laws at both the federal and state levels, and does not discriminate on the basis of race, color, age, national origin, religion, disability, or sex (including sexual orientation and gender identity).

The mission of VDH is to “protect the health and promote the well-being of all people in Virginia,” which includes individuals with Limited English Proficiency (LEP) and individuals with disabilities. This Language and Disability Access Plan (LDAP) will assist the agency in meeting its mission. It outlines the measures VDH will take to ensure meaningful access to language and disability access services for all VDH programs, including those within local health departments across the Commonwealth.

Introduction

VDH has prepared this LDAP to define the protocols and procedures it follows to ensure meaningful and universal access to its services, programs, and activities. This applies to individuals with disabilities and/or individuals with limited English proficiency (LEP), or those who prefer materials and services in a language other than English.

Per the U.S. Department of Health and Human Services (HHS) Office of Civil Rights, individuals with LEP are defined as “those who do not speak English as their primary language and/or who have a limited ability to read, write, speak, or understand English.”¹ This includes individuals who need American Sign Language (ASL) assistance. VDH understands that individuals have the right to self-identify as a person with LEP, as well as the right to indicate their language of preference for all VDH services, programs, and activities.

Who We Are

VDH is dedicated to protecting and promoting the health of Virginians. VDH is made up of a statewide Central Office in Richmond and 35 local health districts. These entities work together to fulfill the agency’s mission by promoting healthy lifestyle choices that can prevent chronic disease, educating the public about emergency preparedness and threats to their health, and investigating disease outbreaks in Virginia, to name just a few areas of activity.

Agency Size

3,800 Employees

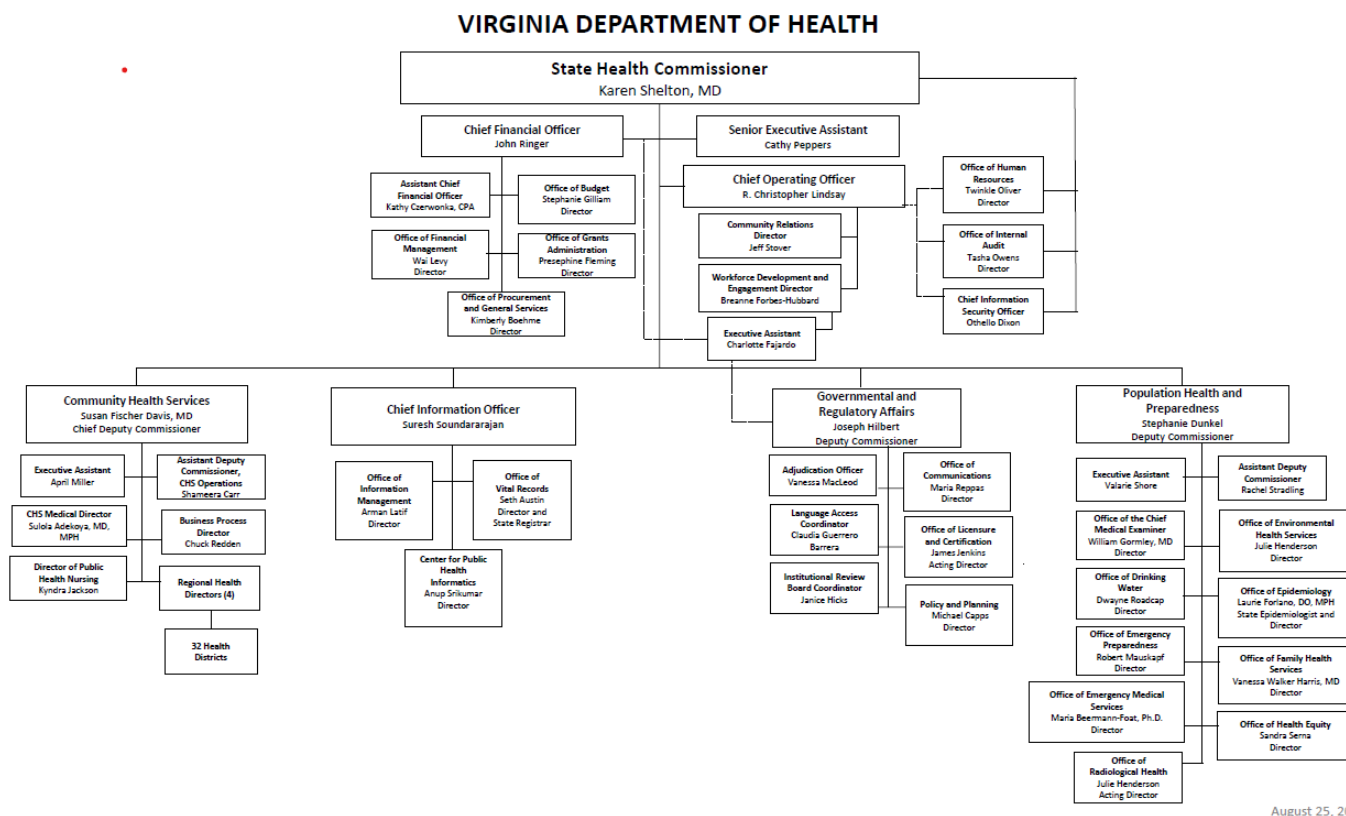
35 - Local Health Districts

¹ U.S. Department of Health and Human Services Office of Civil Rights, <https://www.hhs.gov/civil-rights/for-providers/laws-regulations-guidance/guidance-federal-financial-assistance-title-vi/index.html>

119 - Local Health Departments

161 – Work Sites

The VDH is led by the State Health Commissioner, appointed by the Governor of Virginia. The Commissioner oversees the direction of the agency and reports to the Governor through the Secretary of Health and Human Resources. The Commissioner works alongside numerous Deputy Commissioners and other key figures on the leadership team in directing the VDH in its efforts to navigate the complex health landscape and to promote the well-being of all people in Virginia.



August 25, 2025

VDH Offices

Office of the Commissioner

Financial Management

Budget

Grants Administration

Human Resources

Procurement and General Services

Information Management

Vital Records

Licensure and Certification

Communications

Epidemiology

Family Health Services

Environmental Health Services

Drinking Water

Chief Medical Examiner

Health Equity

Emergency Medical Services

Emergency Preparedness

Radiological Health

Community Health Services

Purpose and Authority

Meaningful access is defined as language services that result in accurate, timely, and effective communication with individuals with LEP and individuals with disabilities. VDH is committed to ensuring meaningful access to services, programs, and activities for those with LEP and/or those with a disability.

The purpose of this document is to establish a strategy for ensuring meaningful access by individuals with LEP and/or individuals with a disability to VDH-administered services, programs, and activities. VDH will review and update this LDAP on a biennial basis to ensure continued responsiveness to community needs and to maintain compliance with federal and state laws.

Source	Citation
Federal Law	Title VI of the Civil Rights Act of 1964
	Affordable Care Act, Rule 1557 (ACA)
	Americans with Disabilities Act (ADA)
Virginia Law	Virginians with Disabilities Act
Other	Health Insurance Portability and Accountability Act (HIPAA)

Plan Development and Implementation

Language and Disability Access Plan Outline/Scope

This LDAP assists the VDH workforce in understanding their roles and responsibilities concerning helping individuals with LEP and individuals with disabilities overcome barriers to Agency services every day and during emergency operations. The Plan is a management document that outlines the language assistance tasks that belong to the Agency with priorities and deadlines, as well as how necessary resources can be allocated to ensure compliance with federal and state laws regarding language and disability access requirements.

The Plan sets forth operating principles and guidelines that govern the delivery of language and disability access services. The Plan is made available to the public so that individuals with LEP and individuals with disabilities will understand that assistance services and supports are provided at no cost to them.

The Plan serves as a “how-to” guide for Agency staff and stakeholders. It outlines the steps for gathering data, providing language and disability services, and delivering services to individuals with LEP and individuals with disabilities. Protocols and procedures are set forth as internal guides for VDH staff to adhere to and share internally via Agency email and central Intranet access.

The following is a list of VDH’s language and disability access services:

- A language and disability access plan that includes written policies and procedures that apply to all offices and districts.
- Timely and high-quality language access and disability services for individuals with LEP and people with disabilities, free of charge.
- An in-house Language Access Coordinator responsible for managing language services.
- A record of patients, clients with a preferred written and spoken language other than English during interpretation.
- Brochures, flyers, and critical, frequently used documents are available for translation upon request.
- Individuals with LEP and individuals with disabilities are informed about their right to free language services at any point of contact with VDH.
 - Language taglines included vital member communications, web pages, and the VDH reception area.
 - Language Access Posters and “I Speak” cards are available at VDH work units.

VDH Language and Disability Access Plan Coordinator

The VDH Language and Disability Access Coordinator is the designated Agency point of contact who leads the development, implementation, and monitoring of the VDH Plan and

its elements. Feedback and/or questions/complaints regarding the Plan may be directed to:

Claudia Guerrero Barrera

VDH Language Access Coordinator
109 Governor Street
Richmond, VA 23219

Phone: 804-489-7269

Email: claudia.guerrero-barrera@vdh.virginia.gov

All alleged violations of language access requirements or complaints concerning language access services should be reported to the Language Access Coordinator without delay. The Language Access Coordinator shall ensure that all complaints are investigated and resolved in accordance with the provisions of the VDH Non-Discrimination Policy.

VDH intends to further support, increase, and/or refine the language access provisions indicated through strategic implementation, monitoring, and evaluation of each component of the LDAP.

Language and Disability Assistance Services for Virginians

VDH is committed to providing language access services and reasonable accommodations to those Virginians with LEP and people with disabilities to ensure meaningful access to programs and services. This includes the availability of language services for all programs and their respective processes, as applicable. VDH will make a concerted effort to ensure the services requested by individuals who need them are provided by qualified interpreters, translators, and/or auxiliary aid suppliers to ensure meaningful access to programs and services in accordance with federal and state laws. VDH is committed to overcoming language barriers to continue improving public health by building stronger relationships with individuals and communities with LEP and/or disabilities by providing meaningful access to all agency programs and services.

Language and Disability Access Workgroup

On June 3rd, 2024, the State Health Commissioner, Dr. Karen Shelton, established a workgroup to assess, direct, and provide feedback for the creation of the VDH LDAP. The workgroup provided feedback on the structure of the needs assessment, which is a valuable tool for gathering information on the needs of Offices and Local Health Districts in providing language access to everyone coming into contact with services provided by VDH. The group also asserts that the LDAP provides the guidance necessary to ensure that VDH staff make informed decisions when serving communities with LEP. This workgroup will create a space for all voices to come together with the same goal of improving language and disability access across the agency. The Workgroup was created

with appointees and or designees from seven Offices and eleven Local Health Districts, it may include participation from other agency members and/or stakeholders as necessary.

Local Health Districts	Offices
Blue Ridge	Office of Epidemiology
Central Shenandoah	Office of Family Health Services
Central Virginia	Office of Environmental Health Services
Eastern Shore	Office of Emergency Preparedness
Fairfax	Office of Health Equity
Mount Rodgers	Office of Information Management
Piedmont	Office of Vital Records
Rappahannock Area	
Richmond/Henrico	
Three Rivers	
Virginia Beach	

The workgroup will meet quarterly to provide input concerning the needs of work units in connection with reaching communities from different backgrounds, languages, cultures, and needs for accommodation based on disability. This will enable better support to offices and districts concerning their outreach, communication, and service delivery. The workgroup will also provide recommendations on policies, best practices, and procedures to ensure VDH's commitment to providing meaningful access to its services.

Elements and Action Steps

The VDH LDAP is structured around ten elements. These elements are crucial for providing meaningful access to individuals with LEP. Within each element, VDH has identified action steps to ensure offices and local health districts have clear guidance in communicating with individuals with LEP. In collaboration with the Language Access Coordinator, these action steps should be adopted by offices and local health districts across the agency.

Element 1: Assessment: Needs and Capacity

VDH conducted an Identification and Assessment of Communities with LEP across the agency. Offices and Local Health Districts serving communities with LEP completed the survey, providing information on the most common languages spoken, types of interactions, frequency, and the needs for serving these communities.

The Identification and Assessment provided detailed information that helps create policies and procedures to enhance language and disability access across the agency.

This assessment serves as a tool for VDH to periodically evaluate the capacity and needs of programs offered by the department. The data collected on the most common

languages spoken by Local Health Districts across the state is used to plan resources needed to provide Language Access for languages that are not widely represented in census data. This improves the agency's proactivity in serving people with LEP.

Four Factor Analysis

The VDH LDAP is based on the four-factor analysis used to assess language services across the agency. VDH uses this tool to identify the need to provide meaningful access to individuals with LEP receiving services and participating in the programs offered by offices and local health districts across the State. These four factors are:

Factor 1: The number or proportion of individuals with LEP and individuals with Disabilities to be served or encountered

The local health districts utilize a variety of sources to determine the number of individuals with LEP and individuals with disabilities eligible for services across all programs offered. These sources include, but are not limited to, program delivery, intake processes, patient records, medical records, crossroads, dispensing systems, and the different vendors used to provide interpretation and translation services, which track the types of languages requested. Language preference is also captured during intake/eligibility calls through the VA MAP Call Center. VDH uses the I Speak cards to determine the language preferred by people seeking services during office hours. Additionally, demographic data is gathered from surveys for special projects, needs assessments, focus groups, home visits, and other outreach initiatives. This data is stored on Web Vision to enable further analysis of the most spoken languages by geographical area.

In October 2024, the LEP community assessment identified the following languages as the most spoken across the Commonwealth of Virginia: Spanish, Korean, Simplified Chinese, Vietnamese, Arabic, Persian (including Farsi and Dari), Urdu, Haitian Creole, Tagalog, Amharic, Russian, French, Hindi, Japanese, Portuguese, Turkish, and Swahili. This data is consistent with the 2020 census data concerning the most frequently spoken languages in Virginia. (U.S. Census Bureau, 2025)

The Language Access team works closely with local health districts and offices that provide direct services to assist in translating vital documents. These translated resources are then stored in the [Language Access Hub](#) to improve accessibility to information across various programs, campaigns, and community resources.

Factor 2: The frequency with which individuals with LEP and individuals with Disabilities come into contact with VDH programs

People with LEP and people with disabilities contact VDH in various ways, including in-person, by phone, email, or through the VDH website. These individuals seek services such as WIC, Family Planning, STI and TB testing, immunizations, medical eligibility, and

appointment scheduling. Community members also reach out for services like vital record requests, food service permits, or inspections.

VDH makes a concerted effort to engage with the community by meeting them where they are, through outreach initiatives such as school visits, home visits, outreach programs in partnership with other Agencies and local government, and participation in various festivals organized by community partners. Additionally, VDH collects data on the frequency of interactions by tracking the use of interpretation and translation services through various vendors.

Factor 3: The nature and importance of the program, activity, or service provided by VDH

Providing language access for direct services is essential, particularly for services that have a direct impact on health. Insufficient language access, particularly when it comes to explaining vital information about prevention, treatment, disease control, immunizations, and safety, can negatively affect the health outcomes of Virginians.

To ensure meaningful access and quality services, VDH provides qualified interpretation and translation of the most frequently used documents. This practice upholds individuals' right to access information in their preferred language, ensuring equitable access to critical health services and information.

Factor 4: Determine the resources available to assist individuals with LEP and individuals with Disabilities

VDH utilizes vendors who are on state contracts procured by the Department of General Services (DGS) for translation and interpreting services. Under these contracts, VDH has expanded the number of vendors providing language services, The Language Group, and OMNIA Partners (a DGS contract for language services with a total of 12 vendors). These vendors offer high-quality interpretation and translation in over 250 languages. Smartling is also a statewide contractor providing high-quality translation services, including the translation of VDH's website into the top 11 languages.

Each office and local health district can independently request services after establishing an account with their chosen vendor(s). They each use a unique billing number for their services. While vendors do provide ASL interpretation, the Virginia Department of the Deaf and Hard of Hearing (VDDHH) is also contacted for such services. They maintain a list of trusted, qualified interpreters who provide both on-site and Video Remote ASL interpretation. Additionally, the Department for the Blind and Vision Impaired is consulted to ensure effective communication with individuals with disabilities and to address any other specific communication needs.

Although the list of vendors is extensive, bilingual staff also play a key role in interpretation when assessing individuals' language needs during walk-ins and various other scenarios. To ensure staff are well-equipped for these duties, VDH offers an interpreter training program in collaboration with the Virginia Institute of Interpreting. The interpreter training program is designed to equip selected bilingual staff members with the necessary skills and knowledge to become professional interpreters. This program is a significant step forward in our efforts to enhance the professional capabilities of VDH's bilingual employees who serve as interpreters, ensuring that they meet all legal requirements.

Action Steps:

- Conduct an annual assessment of communities with LEP and individuals with disabilities to evaluate language needs across all programs and determine the effectiveness of current services.
- Identify gaps where language access needs are unmet and establish more effective strategies to address these needs.
- Monitor contractors providing interpretation and translation to assess their effectiveness and improve protocols.
- Vendors providing language interpretation and translation will submit quarterly usage data to the Language Access Coordinator to identify the need to add new languages or dialects, enhancing overall accessibility.
- Incorporate feedback by asking one question for individuals with LEP and individuals using ASL interpretation and one question for VDH providers after every interpretation performed by a vendor, to evaluate service quality and control.
- Research the best practices established by health departments across the country to improve services within the agency.
- Explore options for compensating bilingual staff who complete interpreter qualification training and perform interpreting duties as part of their career development path.
- Train staff, contractors, stakeholders, and volunteers on the VDH LDAP and procedures across the agency.

Element 2: Delivery of Services

VDH staff can access the Language Access Hub through the intranet. The Language Access Hub is an internal learning space designed to help VDH staff expand their understanding of language access and foster growth as a learning community. By understanding and implementing language access, VDH ensures compliance with federal and state laws and guidelines, while also supporting our organizational mission to protect the health and promote the well-being of all individuals living in Virginia.

The Language Access Hub serves as a centralized platform for all language assistance resources available to people with LEP and people with disabilities. Vendors providing

language access across the agency are being asked to submit a quarterly report detailing the number of individuals with LEP and ASL served by the Local Health District LHD. The data collection process will occur in two phases:

- **Phase 1:** Data will be stored in spreadsheets for initial tracking and reporting.
- **Phase 2:** Data will be integrated into an interactive system, enabling projections of new migration trends, language usage patterns, and the potential need for ASL or other sign language services for individuals from different countries. This system will also help in understanding the varying accessibility needs across diverse populations.

This two-phase approach will help track trends more effectively and improve language access services across the agency.

Action Steps:

- Train staff on how to effectively navigate the Language Access Hub portal. This will empower staff to better utilize the available tools and resources, improving services for people with LEP and people with disabilities.
- Develop metrics to regularly assess program performance and monitor service efficiency. This ongoing evaluation will help refine strategies and enhance service delivery for individuals with LEP and individuals with disabilities.
- Review data provided by different vendors used to provide interpretation to identify the most requested languages and regions. This analysis will inform interpreter hiring strategies and ensure resources are allocated where they are most needed.
- Establish clear policies and guidelines for identifying individuals with LEP and needs for ASL and assessing their language needs. This will improve the ability to serve underserved communities effectively and equitably.

Element 3: Oral Language Assistance Services

VDH offers interpretation services through various channels, including in-person bilingual staff interpreters, in-person contractor interpreters, telephone/video remote interpreters, and American Sign Language when needed. For walk-ins, the staff identifies the preferred language by using the "I Speak" card. Once the language is identified, the staff member will proceed with the best option to provide services in that language.

VDH has access to over 250 languages through its contracted vendors. VDH best practices state that only staff members who have completed the 40-hour interpreter training are permitted to provide interpretation. To support this standard, VDH is offering training to its bilingual staff to help them become qualified interpreters, enhancing service quality across the agency and ensuring meaningful access for individuals with LEP. VDH also offers an 8-hour interpreting course for laypersons through a partner organization.

This training is designed for staff who are not fully bilingual but have sufficient knowledge of a second language to facilitate communication in emergency situations.

Interpretation services for individuals with limited LEP and individuals requesting ASL interpretation are provided at no cost.

The order in which interpretation services will be provided is as follows:

1. In-person bilingual staff interpreter.
2. In-person contractor interpreter; or
3. Telephone/Video Remote interpreter; and
4. ASL as needed.

If a non-emergency meeting with a person who requires language or communication assistance needs to be scheduled, VDH staff will arrange for interpreter services.

If there is an in-person interpreter available, that is the preferred method of interpretation. Telephone interpretation and/or video remote interpretation will be used when there is no other option. Before using telephone interpretation, the Agency staff member must make reasonable efforts to secure an in-person interpreter.

During emergency response operations, VDH will identify and arrange for appropriate language and communication assistance services for individuals with limited English proficiency, people requesting ASL, and or communication disabilities. VDH Staff will activate pre-established contracts with qualified interpreters, translation services, and providers of auxiliary aids to ensure timely access to critical information and services. These resources will be deployed according to identified community needs and response priorities to facilitate effective communication throughout the emergency.

Constituents have the right to neutral, impartial, and qualified interpreters at no cost during all services/programs offered. These interpreters should only interpret information and not ask questions to the constituents outside their established setting. Notices and documents regarding hearings and adverse actions should inform individuals of their right to a qualified, impartial, and neutral interpreter without having to bear any cost. Clear instructions on how to request an interpretation should also be provided. The notices and documents should be provided in the appropriate language for people with limited/non-English proficiency (L/NEP), and should contain the following verbiage:

- I hereby expressly authorize VDH to access, retrieve, and use language data pursuant to my preferences. I understand that this authorizes the use of my preferred language, as indicated by the language code "___" used for my preferred language, for communication and understanding pertaining to VDH's services. This authorization shall remain in effect until explicitly revoked by me.

- I acknowledge that my language preference may be changed at any time, and VDH will promptly update its systems to reflect said changes.
- I understand that I am not obligated to provide this authorization, but I understand that without it, VDH may not be able to deliver all services with the same efficiency or accuracy as those provided in languages other than English.

Action Steps:

- VDH will create a directory of bilingual staff and contractors. In situations where Language Services providers are unavailable, these bilingual staff/contractors will be asked to facilitate interpretation until alternative resources can be utilized.
- VDH will create and distribute a one-pager Language Resource Guide to all staff. This guide will include best practices for working with interpreters.
- Staff will receive training on the process of working with interpreters to ensure effective communication.
- A tool will be established to gather data on the quality of each interpretation encounter to continuously improve service delivery.
- To enhance confidentiality during three-way interpretations, VDH will invest in interpretation equipment.
- VDH will share information about oral language assistance services with all staff, regardless of whether they have direct contact with the public.

Element 4: Written Translations

Building trust in communities with L/NEP requires a critical quality review of all translation materials to ensure the accuracy of program information. Quality assurance is extremely important for this process. The materials to be translated may include various types, such as letters informing individuals about program participation, educational materials, notifications concerning approval or disapproval of benefits, information about appeal rights, notifications requiring responses from beneficiaries, and alerts informing non-English and limited English speakers of the availability of free language aid, and other outreach materials. Translations may involve either the whole or a partial document.

In the VDH Language Access Hub, staff can find frequently used documents that have been translated into the 12 most frequently spoken languages. The order of language priority will depend on the area where the services are provided. The purpose of the translation library is to ensure these documents are easily accessible to the entire agency and to eliminate duplication efforts. By storing all translated materials in one location, offices and local health districts can quickly view available translations, improving both efficiency and accessibility for providing language access services.

Management and staff in offices and districts should determine on a case-by-case basis which documents to translate. They should consider translating any document that

contains important information for accessing VDH programs, services, or benefits, or where translation is required by law. VDH offices and districts will ensure that the translator handling the materials has the necessary qualifications and that the translations correctly communicate the required information. Some word-for-word translations may fail to convey the intended message of the original written materials, and transcreation is the best alternative.

Action Steps:

- Local health districts and offices should identify the essential documents that are most frequently circulated for effective communication with individuals with LEP. These documents should be translated and stored in the Language Access Hub. Examples may include consent forms, applications, policies, notices, and other important public information.
- Maintain document version control: Establish a system to keep track of translated versions of documents and ensure they are regularly reviewed and updated to reflect any changes in the source documents.
- Explore the use of translation management tools or software to streamline the translation process, improve efficiency, and maintain a centralized collection of translated documents.
- Establish a system that allows key staff members to easily upload and download translations from the translation library to keep the site updated and enhance efficiency.
- Conduct user testing with people with disabilities on translated documents to determine compliance with the Rehabilitation Act of 1973 (Section 508) and mitigate barriers to access assistive technology.
- Create guidelines for using machine translation/AI for translations, as it is becoming more commonly used.

Element 5: Effective Communication Strategies with People with Disabilities

VDH strives to provide meaningful access to services for people with disabilities. While VDH offers ASL interpretation and other strategies to address barriers faced by individuals who are blind, visually impaired, Deafblind, Deaf/hard of hearing, and other communities with disabilities that impact communication, we recognize there is more work to be done.

To gain a deeper understanding of the barriers these communities face—and to develop more effective communication strategies to address those barriers—VDH engaged in conversations with the Virginia Department for the Deaf and Hard of Hearing (VDDHH), the Virginia Department for the Blind and Vision Impaired (DBVI), and the Virginia School for the Deaf and the Blind (VSDB). A common tool mentioned by the experts from the agencies is the accessibility features built into iPads and smartphones. From Voiceover to

closed captions and transliteration, technology has evolved to make these devices user-friendly and effective tools for communication with people with disabilities.

These discussions made it clear that there is no single solution. Instead, a combination of approaches and a strong partnership with these agencies, whose work is informed and performed by those with lived experiences, is essential.

Action Steps:

- VSDB will provide training for VDH staff on how to use these accessibility features. This training will be recorded and uploaded to the intranet for easy access during orientation and whenever it is needed.
- Ensuring that each health district and office has enough iPads available to use the accessibility features whenever needed.
- Create training focused on effective communication with people with disabilities, covering various circumstances and the best approaches to meet the specific needs of each community.
- Ensure that health districts are informed about VDH's partnerships with VDDHH, DBVI, and the VSDB, so they know how to contact these agencies for consultation or assistance.
- Inform and connect VDH staff with the Digital Accessibility team to ensure they understand the importance of reviewing documents for 508 compliance.
- Collaborate with VDH's Office of Communications to support their training in plain language, recognizing its importance in making documents more accessible and easier to understand for all communities.

Element 6: Notification of the Availability of Language Assistance at No Cost

VDH will ensure meaningful access by notifying individuals with LEP and individuals requesting ASL about available interpretation services. Staff members will be informed that these services are provided at no cost. Notifications may include posters, brochures, signs, electronic forms for the Office of Vital Records on the website, and other critical documents. By consistently providing language access, from the moment individuals walk in the door to follow-up appointments and services, the community will come to expect and rely on these services.

To make sure that individuals with LEP and individuals with disabilities understand, VDH must inform them in their language that they can receive an interpreter free of charge. For this purpose, patient notices shall be used, which feature an English statement as well as multiple languages. This will enable patients to indicate their preferred language and help VDH find an interpreter who is fluent in that language, including ASL.

Additionally, VDH will inform and encourage stakeholders to offer the same level of language access when partnering on events such as vaccination campaigns, HIV initiatives, health fairs, and any other events serving individuals with LEP. All materials related to public health outbreaks or addressing the health of the community should be translated into Spanish and other languages upon request and be ready to use before the event.

Action Steps:

- Post notices about the availability of language assistance services in areas where constituents and staff interact.
- Create a one-pager listing Language Access Resources available to individuals with Limited English Proficiency. Such documents should be made available in key areas often accessed by the public.
- Expand the use of the following tagline: "If you speak a language other than English, language assistance services are available free of charge. Ask for an interpreter during any contact with health department staff or whenever you need assistance."

This tagline aims to inform individuals with limited English proficiency about the availability of free language assistance services and their rights to file a complaint if needed. The tagline will be translated into the top 12 languages.

- Standardize the procedure for marketing initiatives and in-person events, such as health fairs and vaccination campaigns, to ensure that translation and interpretation services are provided throughout. Ensure participants receive information in the preferred language.
- Conduct focus groups with organizations that assist individuals with LEP to gather feedback on the language access services provided by VDH, to enhance service quality.

Element 7: Staff Training

VDH recommends using qualified medical interpreters who have received professional training in clinics whenever possible. Additionally, it is recommended that bilingual staff members who serve as interpreters in non-clinical settings complete at least 40 hours of qualified interpreter training. To support this, VDH offers an Interpreter Training Program in collaboration with the Virginia Institute of Interpreting. This program is designed to equip VDH bilingual individuals with the necessary skills and knowledge to become professional interpreters. Bilingual staff can complete the application form available on the Language Access Hub once their participation has been approved by their supervisor.

The training program offers two options:

1. **Professional Interpreter:** A 40-hour training program designed to provide individuals with the skills and knowledge necessary to become professional interpreters in a general public setting.
2. **Professional Medical Interpreter:** A 60-hour intensive training program designed for experienced interpreters. This is recommended for those who have at least two years of professional or community interpreting experience or hold a general interpreter certificate from any institution.

In addition to this, VDH has partnered with the Virginia Department of Behavioral Health and Development Services to offer an Interpreting Course for Lay Persons. This course provides introductory training for untrained, ad-hoc interpreters, helping them become effective interpreters in informal settings. It is intended for staff members with conversational fluency in a second language, including untrained bilingual staff, health promoters, and community volunteers who assist individuals with LEP. The course covers fundamental interpretation principles, ethics, confidentiality, and how to manage impartiality.

The VDH Office of Communications recently offered a detailed training program in using plain language. Over 70 employees participated in six consecutive months of training, focusing on the importance of plain language for effectively informing the community about public health issues. One of the sessions specifically addressed the importance of using plain language in translations.

VDH will also be offering a cultural humility webinar for the entire agency. Understanding the diverse community VDH serves is essential to maintaining a high level of service quality, and this webinar reinforces VDH's commitment to inclusivity and cultural sensitivity.

Action Steps:

- Create a comprehensive training program that focuses on providing culturally sensitive services to indigenous communities from Latin America, emphasizing language, cultural practices, and unique challenges faced by these communities.
- Develop a dedicated module that addresses language and disability access, to be included in the onboarding materials for all new employees. This will ensure new hires are equipped with the necessary knowledge and tools to assist individuals with language and accessibility needs effectively.
- Collaborate with the workforce development team to incorporate language access-related topics into ongoing training opportunities. This will help to ensure continuous learning for staff on how to improve language accessibility in their work.
- Organize regular workshops for staff on cultural humility and the language and disability access plan.
- Train staff in best practices for using remote interpretation services

- Implement an inquiry box within the Language Access Hub where staff can provide feedback on current training programs and suggest topics they would like to see covered in future language and disability access training. This will create a feedback loop and allow for more tailored, relevant content.

Element 8: Assessment: Access and Quality

Having a variety of translation and interpretation vendors to choose from is beneficial, but it also requires the creation of a system to measure the effectiveness of service delivery. To this end, VDH sent a series of questions to each contracted vendor, inquiring about the credentials of their interpreters and translators, their quality measurement practices, and the process for handling complaints. This was the first step to ensure all vendors met the highest standards and complied with legal requirements. Six vendors provided information on their quality standards for hiring and training new interpreters, including qualifications, proficiency testing, and ongoing assessment and training. They also outlined the qualifications required for their translators, confirming that they are native speakers of the target language(s), as well as their process for editing translations to ensure greater accuracy. Additionally, they detailed the procedures for submitting, reviewing, and resolving complaints.

The Language and Disability Access team has also initiated a discussion within the Agency on the best approach to collect data on the efficiency of each encounter. The staff should ask the customer for feedback at every interaction. Additionally, staff members on the other side of the interpretation should be asked to rate the vendor on punctuality, scheduling, and reliability. The responses to these two questions will be stored in a database accessible to health district directors, office directors, and other VDH staff involved in the quality assessment process.

VDH will implement a system for evaluating translation accuracy, timing, and overall quality among vendors hired for these projects. This will support accountability and help maintain high service standards among the vendors under contract. A comprehensive evaluation method will be selected after receiving feedback from the Language and Disability Access Workgroup.

Action Steps:

- Gather data on language access requests and the barriers faced by individuals with LEP and individuals with disabilities to identify areas where improvement is needed.
- Conduct surveys with LHD customers/clients who have LEP to assess their experiences with language access services, specifically interpretation.
- Utilize feedback from surveys and interactions to continuously improve language access policies and practices, ensuring better service for individuals with LEP

- Frequently assess the effectiveness of the quality measures in place for VDH vendors, making necessary changes to improve the quality of the language services provided.
- Regularly evaluate customer satisfaction with vendors providing language services to ensure they meet the needs and expectations of clients.
- Research and implement best practices in language access while staying up to date with new trends and technologies to continually enhance service quality.

Element 9: Digital Information

The VDH website contains essential information for the public, including translation services in an accessible format. The information includes, but is not limited to, jurisdiction details for each health district, instructions on how to file complaints, contact information for program staff, and educational resources on legal rights. VDH's aim is to ensure clarity, accessibility, and comprehensive understanding for all users.

Virginia state agencies are currently working on translating their websites in collaboration with the Virginia Information Technologies Agency (VITA). The Language and Disability Access team played a key role in selecting the contractor (Smartling) handling this initiative. The Language Access team will have the ability to identify, notify VITA, and ultimately correct any translations that lack accuracy or clarity in context on the website. Key staff from other agencies are also involved to ensure the highest quality of content is translated. VDH's Translation and Interpretation Manager created a Spanish style guide, which was incorporated to improve the accuracy and consistency of Spanish translations.

Questions or concerns should be directed to vccc@vita.virginia.gov. All VDH websites must also comply with Section 508 and the Web Content Accessibility Guidelines (WCAG) 2.1 Level AA. These standards are also supported by VITA.

VDH strives to continuously improve and maintain accessibility on the website through manual reviews, staff training, and monitoring services through SiteImprove. More information on this can be found in the [Agency's Digital Accessibility Plan](#). Any accessibility issues encountered while using the website should be directed to Nicholas Horton, VDH Accessibility Program Manager at nicholas.horton@vdh.virginia.gov so that it can be promptly addressed. [OBJ]

Action Steps:

- Inform VDH staff about the website translations and provide guidance on how to request translations through Smartling.
- Continue advising VITA on best practices and improvements for web translations.
- Incorporate the Digital Accessibility Plan into focus groups and other outreach opportunities related to meaningful accessibility.

- Advocate for a plain language approach in all generated documents. Collaborate with the Office of Communications to offer additional webinars on plain language for VDH staff.

Element 10: Stakeholder Consultation

The Language and Disability Access team will present the first draft to the Language and Disability Access Workgroup for initial feedback. After incorporating this input, the plan will be shared with the Strategic Leadership Team. Next, a third presentation will be made to the District Directors. Subsequently, the LDAP will be introduced in VDH's weekly Agency forum to inform staff about the plan and provide avenues for submitting feedback. Finally, the LDAP will be presented to stakeholders for consultation. The plan will be uploaded to the Language Access Hub, where VDH staff can submit suggestions

The Language and Disability Access team will also identify key organizations working with people with LEP and disabilities across Virginia to schedule focus groups for presenting the plan and gathering additional feedback.

The final version will also be posted on the website, allowing the public to submit suggestions to ensure the plan is inclusive and meets the language access needs of all Virginians.

Action Steps:

- Schedule time to present the plan to the Strategic Leadership Team.
- Schedule a time in the Agency Forum to present the plan to the Agency.
- Create focus groups to present the plan to key organizations working with individuals with LEP and people with disabilities.
- Create a suggestions box on the Language Access Hub for staff members to submit feedback on the Language and Disability Access Plan.
- Replicate the suggestions box on the VDH website to allow the public to submit their feedback on the plan.
- Continuously identify opportunities to involve stakeholders in developing policies that reinforce VDH's commitment to providing language and disability access, encouraging people to reach out to their local health department.

Conclusion

This LDAP reaffirms VDH's commitment to providing meaningful access for people with LEP and people with disabilities. VDH complies with state and federal laws that prohibit discrimination on the basis of race, color, national origin, sex, age, disability, and religion. The plan will be reviewed every two years to ensure consistency with these regulations and any new laws.

As outlined in the plan, local health districts and offices are working to ensure that language or disability is not a barrier to accessing services offered on a daily basis. This plan supports their efforts and serves as a guide for the entire agency. It is intended for all members who interact with the public regularly, including those involved in planning, directing programs, running campaigns, communicating with the public, and making decisions. It reflects a shared concern about the barriers that individuals with LEP and disabilities face when navigating the health care system.

VDH welcomes and values feedback. Comments and suggestions can be submitted to the Language Access Coordinator claudia.guerrero-barrera@vdh.virginia.gov or by mail at 109 Governor Street, Richmond, VA 2321.

Alignment with the VDH Digital Accessibility Plan

The Digital Accessibility Plan ensures that VDH's digital content and services are accessible to all individuals, including those with disabilities, in accordance with legal requirements such as the Americans with Disabilities Act (ADA) and Section 508. The plan outlines strategies, goals, and timelines for making the agency's digital resources, including websites, mobile apps, documents, and other online tools, accessible to people with various disabilities, including those with visual, auditory, motor, and cognitive impairments.

The plan also specifies the roles and responsibilities of staff in implementing accessibility measures. It sets clear standards for compliance with the Web Content Accessibility Guidelines (WCAG) 2.1 AA, prioritizes remediation efforts based on user impact, and ensures that the agency's digital interfaces are tested with assistive technologies such as screen readers, alternative input devices, and speech recognition software. Additionally, it requires the provision of alternative formats, such as captioning for videos and text-to-speech for documents, to ensure that individuals with disabilities can access information and interact with digital resources equally.

The plan includes a process for gathering feedback from individuals with disabilities to identify and address any gaps in accessibility, as well as protocols for ensuring that all new digital content is accessible from the outset. The plan also includes training for all staff involved in digital content creation and management to ensure they understand their role in promoting digital accessibility and are equipped to meet the agency's accessibility standards.

Both plans aim to ensure equitable access to agency services and information for individuals with disabilities. While the LDAP focuses on providing language assistance and auxiliary aids for individuals with LEP and disabilities, the Digital Accessibility Plan extends this commitment by:

- Verifying that the agency's digital content is compatible with assistive technologies.
- Ensuring that translated content is available in accessible formats
- Facilitating the inclusion of language services by ensuring that digital communications are adaptable for LEP individuals
- Reinforcing the agency's commitment to accessibility for all users, regardless of their ability or primary language.

Appendix A: Definitions

Access or participate – The ability to engage with VDH services, programs, or functions on an equal level regardless of an individual's level of English proficiency, so that everyone has the same opportunities to benefit from these services.

Americans with Disabilities Act: Requires state and local governments to provide appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities (Title II)

Civil Rights Act of 1964: Comprehensive U.S. legislation intended to prohibit discrimination based on race, color, religion, or national origin. It assures nondiscrimination in the distribution of funds under federal assistance programs (Title VI)

Disability: A condition that substantially limits a major life activity such as caring for oneself, performing manual tasks, walking, seeing, speaking, breathing, learning, lifting, sleeping, and working.

Discrimination: The unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age, or sexual orientation.

Interpretation - Orally and verbally translating the content of a dialogue from one language (source language) to another (target language) while preserving its original meaning. Interpretation can be done in-person or remotely. The two distinct types of this are **consecutive interpretation** and **simultaneous interpretation**.

I Speak Cards: Used to help assert a person's preferred language for communication, individuals with LEP can point to their preferred language to receive services at any VDH Local Health District, office, or event.

Limited English proficient (LEP) individual - Someone who does not communicate in English as their primary language or who speaks, reads, writes, and understands English less than “very well.”

Multi/Bilingual employee/contractor - Someone who is proficient in both English and any other language, and who has demonstrated linguistic capability.

Non-English proficient (NEP) individual - An individual without a command of the English language. This refers to an individual who cannot speak, read, write, and/or understand the English language.

Primary Language - The language that an individual uses most frequently for purposes of communication.

Program or Activity - Any or all the operations of the Agency.

Quality Control - An aggregate of activities (such as design analysis and inspection for defects) designed to ensure adequate quality.

Sign Language: A system of communication using visual gestures and signs, as used by deaf people.

Translation - Converting text into another language while preserving its original meaning, intent, and cultural relevance across all languages involved.

US Department of Health and Human Services (HHS) - Office for Civil Rights

The federal agency responsible for Departmental compliance with federal regulations including but not limited to Title VI of the Civil Rights Act of 1964, as amended. Reconciliation of 1981, as amended.

US Department of Justice (DOJ) - Office for Civil Rights

The federal agency responsible for Departmental compliance with federal regulations including but not limited to Title VI- Prohibition Against National Origin Discrimination as It Affects Persons with Limited English Proficiency

VA MAP Call Center: The Virginia Medication Assistance Program (VA MAP) Call Center is a resource for individuals living with HIV to get assistance with VA MAP programs.

Vital documents - Essential papers issued by VDH, which may be tangible (paper or electronic) forms, notices, applications for benefits and participation eligibility requirements, legal contracts, and/or outreach materials to inform individuals about their civil rights.

Appendix B: VDH Language Resource Guide



VIRGINIA DEPARTMENT OF HEALTH'S LANGUAGE ACCESS RESOURCE GUIDE



Who is a person with Limited English Proficiency (LEP)?

An individual with Limited English Proficiency (LEP) is someone who does not speak English as their primary language and has limited ability to read, speak, write, or understand English. These individuals are entitled to receive language assistance when accessing services, benefits, or any additional encounters with the Virginia Department of Health or Local Health Districts.



Legal Reference Title VI of the Civil Rights Act of 1964

NO PERSON in the United States shall, on the ground of race, color, or national origin, be excluded from participating in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.



Identifying the Preferred Language of individuals with LEP at VDH and Local Health Districts:

When an individual visits the Virginia Department of Health or a local health district, staff will use an **"I Speak"** card to help the individual identify their preferred language. Once the language is identified, staff will check if there is a qualified interpreter available at the location. If an interpreter is unavailable, staff will reach out to one of the vendors already established to arrange interpretation services. The preferred language should be recorded in the individual's history, ensuring that staff are aware of their interpretation needs for future visits.



Oral Language Access Services (including ASL):

A list of approved vendors providing over the phone, video, and on-site interpretation, the process for creating an account, and pricing information can be found on the [VDH Language Access Hub](#) on the intranet. The hub also provides resources for working with interpreters, including [American Sign Language interpretation](#).



Bilingual employees who are interested in taking qualified interpreter training can submit a registration form (with their supervisor approval) [Interpreter Training 2025](#).



Written Language Access Services:

The Language Access Hub includes a translation library with documents in various languages that are regularly used. You can request translations for critical frequently used documents at no cost by emailing the VDH translation and interpretation [manager](#). For other translation projects, you can use the comparative chart with vendor prices available on the Language Access Hub under the "Translation" section. It's recommended to request quotes from at least two vendors, as prices may vary. VDH's top 12 languages for translation: Spanish, Simplified Chinese, Vietnamese, Arabic, Korean, Pashto, Dari (Farsi in Iran), Urdu, Haitian Creole, Tagalog, Amharic, and Russian.



Complaints about Language Access Services:

Individuals wishing to file a complaint regarding language access services can refer to the [VDH Non-Discrimination Policy – Virginia Department of Health](#). If the incident happened at an agency, hospital or another entity outside VDH, they can be referred to the [US Department of Health and Human Services, Office of Civil Rights](#).



Questions in Regards to Language Access:

For any questions regarding Language Access, you can contact:

→ **Claudia Guerrero Barrera**
Language Access Coordinator
804-489-7269
claudia.guerrero-barrera@vdh.virginia.gov

→ **Ana Trigueros-Merritt**
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