

**JEFFERSON COUNTY
DEPARTMENT OF
HEALTH**

Policy Manual

Title:	Providing Meaningful Communication with Persons with Limited English Proficiency
Section:	Quality Improvement
Number:	5006
Effective:	10/15/2014
Approved:	09/01/2014
Last Revised:	New Policy

Our mission is to prevent disease and assure access to quality health care, promote a healthy lifestyle and a healthy environment and protect against public health threats.

POLICY STATEMENT

The Jefferson County Health Department will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have access to meaningful communication and an equal opportunity to participate in our services, activities, programs and other benefits.

REASON FOR POLICY

The Jefferson County Health Department (Department) recognizes the importance of an effective and accurate communication between its personnel and the citizens seeking the services provided by the Department. Language barriers can sometimes inhibit or even prohibit individuals with Limited English Proficiency (LEP) from accessing and/or understanding important rights, obligations, and services, or from communicating accurately and effectively in difficult situations. Ensuring meaningful communication ability between Department personnel and all segments of the Jefferson County community serves the interest of both.

Because of our commitment to serve LEP individuals, the Department has established standards to ensure effective communication with these individuals. These standards are written in compliance with Title VI of the Civil Rights Act of 1964 and Executive Order 13166 and all related regulations and directives. Compliance with these standards assure that no person shall on the grounds of race, color, national origin, gender, age, genetic information, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any Department-provided or Department supported service, program, or activity.

The Department assures that every effort will be made to prevent discrimination through the impacts of its programs, policies, and activities on minority populations. Accordingly, the Department will take reasonable steps to provide meaningful access to services for person with LEP. On an ongoing basis, the Department will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures.

DEFINITIONS

Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d.et seq. and its implementing regulation at 45 CFR part 80

The law that protects individuals from discrimination based on their race, color, or national origin under any program or activity that receives Federal financial assistance.

Direct "In-Language" Communication

Monolingual communication in a language other than English between a multilingual staff and an LEP person (e.g., Korean to Korean).

Limited English Proficient (LEP) Individuals

Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (e.g., speaking or understanding), but still be LEP for other purposes (e.g., reading or writing).

Effective Communication

Communication sufficient to provide the LEP individual with substantially the same level of access to services received by individuals who are not LEP. For example, staff must take reasonable steps to ensure communication with an LEP individual is as effective as communications with others when providing similar programs and services.

Interpretation

The act of listening to a communication in one language (source language) and orally converting it to another language (target language) while retaining the same meaning.

Language Assistance Services

Oral and written language services needed to assist LEP individuals to communicate effectively with staff, and to provide LEP individuals with meaningful access to, and an equal opportunity to participate fully in, the services, activities, or other programs administered by the Department.

Meaningful Access

Language assistance that results in accurate, timely, and effective communication at no cost to the LEP individual. For LEP individuals, meaningful access denotes access that is not unduly restricted, delayed or inferior as compared to programs or activities provided to English proficient individuals.

Multilingual Staff

A staff person who has demonstrated proficiency in English and reading, writing, speaking, or understanding at least one other language as authorized by his or her supervisor.

Primary Language

An individual's primary language is the language in which an individual most effectively communicates.

Program or Activity

The terms "program" or "activity" mean all of the operations of the Department.

Qualified Translator or Interpreter

An in-house or contracted translator or interpreter who has demonstrated his or her competence to interpret in healthcare through a healthcare certification or is authorized to do so by contract with the Division or by approval of his or her supervisor.

Sight Translation

Oral rendering of written text or a document into spoken language by an interpreter without change in meaning based on a visual review of the original text or document.

Translation

The replacement of written text from one language (source language) into an equivalent written text in another language (target language).

Vital Document

Paper or electronic written material that contains information that is critical for accessing a component's program or activities, or is required by law.

APPROVED THIS DAY 9-1-2014

MEW MD

MARK E. WILSON, MD
HEALTH OFFICER



Providing Meaningful Communication with Persons with Limited English Proficiency

Procedures

Procedure:	Communicating with Persons with Limited English Proficiency Procedure
Number:	5006.1
Effective:	10/15/2014
Approved:	09/01/2014
Last Revised:	New Procedure

IN-PERSON COMMUNICATIONS

Department personnel often interact with members of the public, including responding to requests for assistance or information. During these in-person communications, Department staff members shall inform Limited English Proficiency (LEP) individuals that free interpreter services are available on request to LEP individuals.

A determination of the individual's English proficiency shall be based on the individual's assessment of his/her ability and should not be influenced by the proficiency of a friend or family member accompanying or assisting the individual, except if the individual is a child or an incapacitated adult. To assist in identifying an LEP person's language, the LEP Coordinator ensures that "I Speak" language cards are available in all reception areas, and personally provided to those staff members who most frequently encounter LEP individuals. These cards invite LEP persons to self-identify their language needs to staff members. The federal government has made a set of these cards available online to reduce the costs of compliance. (See <http://www.lep.gov/ISpeakCards2004.pdf>.)

Some LEP persons may prefer or request to use a family member or friend as an interpreter. This practice is allowable if 1) the LEP makes the request and 2) the LEP has been informed and understands an interpreter is available at no charge to the individual. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the department.

A waiver must be obtained and documented in the patient's medical record if the patient or family member refuses the language assistance services. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person.

Note: Children (e.g. persons under 18 years of age) **will not be used** to interpret, in order to ensure confidentiality of information and accurate communication.

TELEPHONE COMMUNICATION

If a staff interpreter is not available or does not speak the needed language, Department staff should contact Tele Language utilizing the following steps:

1. Dial 800-514-9237
2. Say or enter your pre-assigned access code (5233- add your service #) and the language needed.
3. When the interpreter comes on the line proceed with the conversation.

All communication with LEP clients through an interpreter should be recorded in the person's file by stating the name of the interpreter assisting in triadic communication.

All classes offered by the Department for teaching purposes, such food handling, etc., should be given by a bilingual staff member or by using a JCDH interpreter staff as an interpreter.

WRITTEN TRANSLATION

When translations of vital documents is needed, each division or unit in the Department will submit a request for translations through the Request Service tab located in the website of the employees of Department. The document to be translated should be attached electronically to the translation request.

Note: The documents being submitted for translation must be approved by the Pamphlet Committee prior to requesting translation services. Documents uploaded with translation request shall be in final, approved form.

The Department will set benchmarks for translations of vital documents into additional languages over time.

DOCUMENTATION OF TRANSLATION SERVICES

All contacts with language assistance services should be documented according to procedures outlined in the respective area. All translation for medical and/or dental services should be documented in the health record. Federal fund recipients (such as Family Planning services) must also provide the translation of vital documents as part of their language assistance services when necessary to ensure the patient's access to important written information.

MONITORING LANGUAGE NEEDS AND IMPLEMENTATION

On an ongoing basis, the Department will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, the Department will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreters services, equipment used for the delivery of language assistance, complaints filed by LEP persons, and feedback from the public and community organizations.

FORMS

Waiver of Interpreter Services (for medical and dental clinics)

APPENDICES

Appendix: Listing of languages provided by the Language Line

HISTORY

New Policy and procedure – 7/2014

TELELANGUAGE, INC.

SUPPORTING OVER
200 LANGUAGES
24/7/365

 Aderi	 Estonian	 Kinyarwanda	 Poqomchi
 Afghani	 Ewe	 Korean	 Portuguese
 African Creole/Krahn	 Fanti	 Kurdish	 Pulaar
 Afrikaans	 Farsi	 Lao	 Punjabi
 Akan	 Finnish	 Latvian	 Quiche
 Albanian	 Flemish	 Lingala	 Romanian
 Amharic	 French	 Lithuanian	 Russian
 Arabic	 French Canadian	 Macedonian	 Samoan
 arabic juba	 French Creole	 Malaysian	 Shona
 Armenian	 Fukienes (Chinese)	 Malayalam	 Sichuomese
 Ashanti	 Fulani	 Malinke	 Singhalese
 Assyrian	 Fuqing	 Maltese	 Slovak
 Badini	 Ga	 Mam [Myam]	 Slovenian
 Bajuni	 Georgian	 Mandarin	 Somali
 Balochi	 German	 Mandingo	 Soninke
 Bambara	 Ghag	 Marathi (Indian)	 Spanish
 Bangladeshi	 Grebo	 Marshalese	 Swahili
 Bantu	 Greek	 Masalit	 Swedish
 Basque	 Gujarati	 May May	 Sylheti
 Bengali/Bangla	 Hakka	 Mende	 Tagalog
 Bulgarian	 Hausa	 Micromesian Kosrae	 Taiwanese
 Burmese	 Hebrew	 Micronesian Pingelapese	 Tamil
 Buryat	 Hindi	 Micronesian Pomphei	 Tatar
 Cambodian	 Hmong	 Mien	 Telugu
 Cape Verdian	 Hunan	 Mina (Togolese)	 Thai
 Carolinean	 Hungarian	 Mixteco Alto	 Tibetan
 Cebuano	 Ibo	 Mixteco Bajo	 Tigre
 Chaldean	 Icelandic	 Moldovian	 Tigrinya
 Chamorro	 Ilocano (Filipino)	 Mon	 Toishan
 Chinn	 Indonesian	 Mongolian	 Tongan
 Chinese	 Italian	 Navajo Indian	 Trukese
 Chinese Shanghaiese	 Japanese	 Ndebele	 Tshiluba
 Chinese Sichuan	 Jawi	 Nepali	 Turkish
 Chinese Taiwanese	 Kabye	 Nigerian	 Turkman
 Chinese Toisanese	 Kachin	 Norwegian	 Twi
 Chiu	 Kambojian	 Nuer	 Ukrainian
 Chuukese	 Kanjoval [Myan]	 Oriya	 Urdu
 Cree	 Kannada	 Oromo	 Uzbek
 Croatian	 Kaqchikel	 Palau	 Vietnamese
 Czech	 Karen	 Pashtu	 Visayan
 Danish	 Karenni	 Pokomchi	 Welsh
 Dari	 Kaya	 Pangasina (Filipino)	 Wolof
 Dinka	 Kazak	 Pango	 Yiddish
 Dutch	 Khmer	 Pashto	 Yoruba
 Dyula	 Kikuyu	 Polish	 Zulu

Interesting Facts: There are over 6000 languages in the world and only 230 are spoken in Europe, while 2,197 are spoken in Asia. In Papua-New Guinea, where there are an estimated 832 languages spoken by a population of around 3.9 million. Of about 165 indigenous languages, in North America, only eight are spoken by as many as 10,000 people.

WWW.TELELANGUAGE.COM 888-983-5352

YOUR SECRET

Jefferson County Department of Health

WAIVER OF INTERPRETER SERVICES

PATIENT NAME _____ PT # _____

I, _____ understand that under federal law, I have a right to have a qualified medical interpreter provided, free of charge, by the Jefferson County Health Department. This interpreting service may be provided by using an in house, qualified medical interpreter or by speaking over the phone or through another device. This interpreter would explain, in my native language, information concerning personal or family medical treatment.

JCDH provides this service for limited English and non-English speaking patients and has encouraged me to use the interpreting service they offer. JCDH has explained to me in my native language the importance of having medical information and treatment explained to me by a qualified medical interpreter in order for me to understand and knowingly participate in decisions regarding medical treatment.

I acknowledge that the staff of JCDH has discussed with me the risks of using friends and family members as my medical interpreters. These risks, as explained to me by JCDH, include but are not limited to the following:

- Family member or friends may not have the bilingual language skills and technical vocabulary required to interpret information completely and accurately concerning medical information or treatment. I also understand that my medical treatment may be delayed if he/she is not present when needed.
- Family member or friends may not feel bound to uphold the same standards of privacy, confidentiality, ethics, and linguistic accountability as a professional, qualified, medical interpreter. I understand that confidential information will be disclosed and I agree that this disclosure can be made.
- Issues may arise concerning medical information or treatment that may be sensitive and/or difficult to discuss through a family member or friend.

However, I have freely, voluntarily and knowingly decided to use a friend and/or family member as my interpreter concerning information regarding medical treatment. I fully understand the risks of using friends or family members to interpret but I freely, voluntarily and knowingly decline the interpreter services JCDH has offered to provide for me.

I understand that at any time, I may change my mind and ask the nurse, doctor or other medical professional for a medical interpreter to be provided by JCDH.

I, _____, have read the above and received a copy.

Patient's Signature

Date

Patient's Name – Please Print

Witness Signature

Date

Witness Name – Please Print

This form was sight translated for the patient/legal representative in _____,
(Language used)

by _____,
(name of qualified interpreter)