

# **Title VI: *Compliance Guidance for Local Health Departments***

## ***Los Cincos Amigos***

### **Kentucky Public Health Leadership Institute Scholars:**

#### **Melinda Copenhaver**

*Support Services Coordinator / Office Manager*  
Lake Cumberland District Health Department  
45 Roberts Street  
Somerset, KY 42501  
(606) 679-4416  
[melindah.copenhaver@ky.gov](mailto:melindah.copenhaver@ky.gov)

#### **Christie Green**

*Program Coordinator*  
Madison County Health Department  
P.O. Box 1208  
Richmond, KY 40476-1208  
(859) 626-4274  
[christiel.green@ky.gov](mailto:christiel.green@ky.gov)

#### **Lisa Walls**

*Internal Policy Analyst II*  
Cabinet for Health and Family Services  
Dept. for Mental Health/Mental Retardation  
Division of Substance Abuse  
100 Fair Oaks Dr., 4E-D  
Frankfort, KY 40601  
(502) 564-2880 x4463

### **Mentors**

#### **Swannie Jett, MS, BS**

*Coordinator for Community Health Services*  
Louisville Metro Health Department  
Highview Health Clinic  
7201 Outer Loop  
Louisville, KY 40228  
(502) 231-1459  
[swanniejett@hotmail.com](mailto:swanniejett@hotmail.com)

#### **David Jones**

*Epidemiologist*  
Department for Public Health  
275 East Main Street, HS2E-C  
Frankfort, KY 40621  
(502) 564-7181 x3717  
[davide.jones@ky.gov](mailto:davide.jones@ky.gov)

#### **Dr. John Poundstone**

UK School of Public Health  
121 Washington Ave.  
CAHP Building, RM. 101A  
Lexington, KY 40536  
(859) 323-6778  
[jwpoun2@email.uky.edu](mailto:jwpoun2@email.uky.edu)

#### **Melody Prunty**

*Sr. Community Health Nurse*  
Barren River District Health Department  
P.O. Box 1157  
Bowling Green, KY 42101  
(270) 781-8039 x187  
[melodyf.prunty@ky.gov](mailto:melodyf.prunty@ky.gov)

## INTRODUCTION

Healthy People 2010 states that, although “the diversity of the American population may be one of the Nation’s greatest assets, it also represents a range of health improvement challenges. Healthy People 2010 is firmly dedicated to the principle that - regardless of age, gender, race or ethnicity, income, education, geographic location, disability, and sexual orientation - every person in every community across the Nation deserves equal access to comprehensive, culturally competent, community-based health care systems that are committed to serving the needs of the individual and promoting community health.”

Title VI of the Civil Rights Act of 1964 (Section 601 42 U.S.C. 2000d) provides that no person shall “on the ground of race, color, or national origin, be excluded from participating in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance.” The purpose of Title VI is to prohibit programs that receive federal funds from discriminating against applicants, participants or consumers on the basis of race, color or national origin. Specifically, Title VI addresses the mandate that all recipients of federal funds refrain from national origin discrimination against “Limited English Proficiency” persons.

Individuals who do not speak English as their primary language and who have limited ability to write, read, speak, or understand English are “Limited English Proficient” (LEP). Community members seeking to participate in health promotion or awareness activities and persons who encounter the public health system are two examples of LEP contacts most relevant to Local Health Departments in Kentucky.

In August 2000, the Department of Health and Human Services issued guidance for all recipients of their funding on how to comply with the Title VI mandate. A second, revised, policy guidance document was issued on August 8, 2003. Titled “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons,” this guidance is meant to be the format by which all recipients of federal funds develop individual compliance plans.

The Title VI federal mandate for the provision of fair and equitable services to LEP persons is significant for both the Kentucky Department for Public Health and all Local Health Departments across the state. The Kentucky Department for Public Health must develop a plan that outlines the means by which it will assure the compliance of all sub-contractors (or sub-recipients of federal funds) with the Title VI mandate. In that capacity, DPH is responsible for assuring the compliance of all Local Health Departments because they are considered sub-recipients of federal funds. Los Cincos Amigos also recommends that DPH assume responsibility for translating any written material *required* for use in program services at Local Health Departments. Translating materials at the state level reduces the overall cost of Title VI compliance; it also guarantees consistency and quality of written materials statewide.

To ensure *meaningful access*, covered entities *must* provide *language assistance* and *written translation* of documents into regularly encountered non-English languages. Communication must be effective and provided at no cost to client/patient/beneficiary. What does this mean for Local Health Departments? Each LHD must develop a compliance plan that reflects the

demographics of the community in which service is provided. Each LHD must find cost effective ways to employ medically competent interpreters and translators.

Demographics vary from region to region across Kentucky, and sometimes even from county to county. Therefore, a “boilerplate” compliance document from DPH will not be applicable for each Local Health Department. For example, metropolitan areas have larger populations of LEP persons and may have to employ a number of interpreters to carry out their public health activities. On the other hand, a small, rural Local Health Department may have a very tiny population of LEP persons, and their compliance may be simply carried out by means of a telephonic interpreting service contract. Although Spanish is overall the most common language spoken by LEP persons in Kentucky, other languages vary across the state.

For this reason, Los Cincos Amigos determined that developing a guidance document for Local Health Departments would simplify the process and enable LHD’s to tailor their compliance plans to meet the needs of their own communities.

Fourteen (14) National Standards for Culturally Appropriate Health Care (CLAS) have been issued by the U.S. Department of Health and Human Services to ensure that all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner. There are three Categories of Standards:

- Mandates are current Federal requirements of all recipients of Federal funds.
- Guidelines are activities recommended for adoptions as mandates by Federal, State and national accrediting agencies.
- Recommendations are suggested as voluntary adoption by health care organizations.

The following standards apply specifically to the Department for Public Health and the Local Health Departments:

#### ***Standard #4***

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation. The following are acceptable means of providing language assistance:

- Bilingual staff
- Face-to-face interpretation by trained, contract or volunteer staff
- Telephone interpreter services should be used as a supplemental system

#### ***Standard #5***

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services. Notification methods include:

- Language identification or “I speak” cards;
- Posting signs in regularly encountered languages,
- Creating uniform procedures for effective telephone communication, and
- Statements about services available and the right to free language assistance services

### ***Standard #6***

Health care organizations must assure the competence of language assistance provided to LEP patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (*except by request of the patient/consumer*).

### ***Standard #7***

Health care organizations must make available easily understood patient-related materials and post signage in the languages of commonly encountered groups and/or groups represented in the service area. Examples relevant to the public health realm of written materials that must be translated include, applications for services, intake and consent forms, medical treatment instructions, patient history forms, etc.

## **PROBLEM STATEMENT**

Kentucky Department for Public Health and some Local Health Departments are not in compliance with the Title VI mandate for provision of equitable services to Limited English Proficiency persons.

## **SITUATION IN REVIEW**

The number of foreign-born persons living in Kentucky in 2000 was 80,271, or 2% of the total population. This number represents an increase of more than 135% from 1990, when the total number of foreign-born persons was only 0.9% of the total population. Thirty-two percent of foreign-born persons in Kentucky come from Mexico and other Latin American countries.

Across the nation, as states have experienced increases in the number of foreign-born persons, compliance with the Title VI mandate becomes an issue. As Los Cincos Amigos gathered examples of model programs for the provision of LEP services, we became aware that few of the model programs had arisen voluntarily. The majority of these programs were developed as a result of citations from the Department of Health and Human Services for failure to comply.

The secondary goal of Los Cincos Amigos has been to meld straightforward government mandates with the public health role of assurance and the individual bent toward patient advocacy. By providing Local Health Departments with clearly defined guidelines for meeting the Title VI mandate, and by providing examples of model programs, Los Cincos Amigos hope to foster the development of effective Language Assistance Programs without the prodding of governmental mandates.

### ***Developing an Effective Language Assistance Program***

***Element 1:*** Assess language needs of individual LHD's

***Element 2:*** Develop and implement written policies for language access.

***Element 3:*** Train staff on the Title VI mandate, on the agency's written policies, and on the essentials of cultural competency.

***Element 4:*** Monitor sub-contractors vigilantly and continuously

The problem of non-compliance has a specific public health impact, as well. This is not simply

an issue of federal mandate. It is, more importantly, a matter of assuring the health of the overall community. Health outcomes in general are four times worse for consumers who cannot understand a provider's recommendations, either because of low-literacy, poor communication, or language barriers. As public health providers, an inability to communicate with our patients impedes our ability to monitor communicable diseases; it reduces compliance with treatment regimens for problems such as Tuberculosis or STD's. An inability to communicate with a percentage of our community, and a reduction in the quality of health outcomes and disease monitoring both reduce the health of our communities as a whole.

## **PROJECT DESCRIPTION**

When Los Cincos Amigos began, the goal was simple - to develop a Title VI Compliance Plan for the Kentucky Department of Public Health. However, as we began gathering information about our project, we determined that the most effective work could be done with Local Health Departments, because the bulk of responsibility for compliance with the mandate will fall upon them. Therefore, our goal changed to creating a guidance document and web-based resources that assist Local Health Departments in the development of Title VI Compliance Plans for Limited English Proficiency clients. Title VI exists to ensure that all agencies receiving federal funds provide fair and equitable services to all people regardless of race, culture, or national origin. There are many barriers to the provision of fair and equitable services, ranging from negative attitudes, to lack of training about the means necessary to carry out equitable services (i.e. cultural competency), to the lack of resources for interpreters or translators.

## **OBJECTIVES**

Los Cincos Amigos had the following objectives:

- To assess the current level of Title VI compliance among Local Health Departments.
- To identify local and national resources for the provision of health services to Limited English Proficiency clients.
- To define the level of competency needed for interpreters in a health care setting.
- To identify demographic information on the languages spoken in each county or district.

## **METHODOLOGY**

Los Cincos Amigos met in person six times over the course of the project. In addition, the group held two on-line meetings and carried on regular communication via email. The group developed a survey to determine the current level of compliance. This was sent by e-mail to all Local Health Department Directors. Of the twenty-two respondents, only three confirmed that they had a written compliance plan in place. Others indicated that they had no policy regarding the competency of interpreters, nor a system in place to determine the competency of volunteers, contract workers, or bi-lingual staff for interpreting in the health care setting.

At the first meeting, Los Cincos Amigos divided up tasks related to accomplishing the goal. Some members worked to gather resources from around the state and at the national level. Others researched the competent versus certified question for qualified interpreters, and others

began working with Lori Mills and Phillip Mills to begin planning an intranet site as part of “DPH Info.” At this time, as well, the group reviewed a new state-purchasing contract with CyraCom for the provision of telephonic interpreting service. This service can provide emergency interpretation in the health care setting when no interpreters are available on site. However, at approximately \$1.90 per minute, it is not recommended for use when a large number of LEP clients are to be served. The group also reviewed the results of the LHD survey and began an initial draft of the compliance document.

By the second in person meeting, Los Cincos Amigos had requested input from Dr. Betty Olinger and other staff in LHD Operations who were involved in the state-level compliance work. Dr. Olinger agreed to review the draft guidance document for feasibility. The group also discussed training for interpreters working in Local Health Departments. Several national companies provide “Train the Trainer” workshops for healthcare interpreters; locally, LHD’s with existing compliance plans have methods in place to assess the competency of interpreters that might be duplicated for less cost.

The group’s work over the course of the next two meetings centered largely on revision and refinement of the guidance document. The document has gone through many drafts; changes have come about as the group learned more about national models for the provision of interpreter services. Revisions have also arisen from the effort to assure statewide consistency in translated documents.

At the final two meetings, the group worked to finalize the resources that would be offered to Local Health Departments. Work was also done on the web site content, and upon the presentation for KPHLI graduation.

## **ESSENTIAL PUBLIC HEALTH SERVICES**

Los Cincos Amigos’ change master project addresses the issue of providing all public health services in a way that clients with Limited English Proficiency can understand. The provision of meaningful communication that a client can understand touches upon ALL Essential Public Health Services.

Among the Ten Essential Services, Los Cincos Amigos change master project most directly addresses the following:

*Essential Service #3 - Inform, Educate, and Empower People About Health Issues.*

Specifically, information, education, and empowerment must be provided to vulnerable populations and to those at increased risk of negative health outcomes.

*Essential Service #7 - Link People to Needed Personal Health Services and Assure the Provision When Otherwise Unavailable.* Oftentimes, Limited English Proficiency is accompanied by very low socioeconomic status, lack of insurance, and lack of a medical home. Services may need to change to accommodate needs of LEP clients that are not met elsewhere in the community.

*Essential Service #8 - Ensure a Competent Public and Personal Health Care Workforce.* Interpreters in the health care setting **MUST** be medically competent in order to avoid potentially dangerous misunderstandings between provider and client. In addition, cultural competency must be addressed with all staff in order to assure that LEP clients are treated with a measure of respect and dignity, as well as to ensure that cultural differences do not create misunderstandings and barriers to care.

*Essential Service #9 – Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Health Services.* Title VI mandates continual assessment and evaluation of programs to ensure that they continue to comply over time, as well as assessment of changes in the demographics of the LEP population. Effectiveness, accessibility, and quality are the fundamentals of good service to all clients. All community health assessments must take care to include those residents at increased risk for negative health outcomes.

## **RESULTS**

### ***GUIDANCE DOCUMENT***

A tool to assist Local Health Departments in writing their Title VI LEP compliance plans. Our document provides a reader friendly format based on the policy guidance from HHS. The purpose this document is to clarify to providers of health and social services, who receive federal financial assistance from HHS, their responsibilities to Limited English Proficient (LEP) persons, pursuant to Title VI of the Civil Rights Act of 1964. Our guidance document is a product of our change master group's interpretation of the compliance requirements and contains our recommendations for culturally and linguistically appropriate healthcare, which we believe to be "best practice." A sample of the document is included at the end of the summary. ***This guidance document has not yet been adopted for use by DPH.***

### ***WEBPAGE ON THE DPH INTRANET SITE***

This web page contains resources for Local Health Departments to use in the development of their Title VI LEP compliance plans. The resources include links to various websites that deal with Culturally and Linguistically appropriate health care, sample LEP plans, census data, our guidance document and links to information regarding language interpretation and translation. This web page has not yet been included on the DPH Intranet site.

### ***RESOURCE FOLDER***

As our webpage has not yet been included on the DPH intranet site, we have compiled our most important resources to distribute to all local health departments.

### ***DISTRIBUTION OF TITLE VI TRAINING VIDEO***

Copies of the Title VI training video are being made available to all Local Health Departments. This video can be used to meet the requirement for staff training on Title VI.

### ***DPH TITLE VI WORKGROUP***

Members of our change master group were appointed to the DPH Title VI Workgroup. This is a wonderful opportunity to give Local Health Departments a voice in the development of the State compliance plan.

### ***LOCAL COMPLIANCE PLANS***

As a direct result of working on this change master project, two of our members have been appointed to draft the compliance plans for their Local Health Departments.

### **CONCLUSION**

Compliance with the Title VI mandate for the provision of meaningful communication to all clients in a language that each can understand may seem on the surface to be simple. After all, how difficult it is to say that we should simply treat others as we wish to be treated. For many, this is already a basic tenet of daily life.

However, as one moves deeper into the subject, as one studies the amount of human and fiscal resources required to meet this unfunded federal mandate, the issue becomes a little less clear. Across the nation, health care providers are asking family members or friends to interpret for their clients, volunteers or bilingual staff are used to interpret medical terminology that is beyond their grasp of the language, intake forms, health history forms, medicine teaching sheets, and many other important documents are not made available in the most commonly encountered languages.

It is safe to assume that the majority of these actions are not done out of a sense of ill will toward the client. However, all of the above mentioned situations violate the Title VI mandate for fair and equitable treatment. These actions do more than that. Each time an interpreter is used who is not medically competent, the risk of negative health outcome increases. Communicable disease investigation, TB diagnosis and treatment, prenatal care, prevention screenings, all risk being rendered ineffective through the above-mentioned actions.

The provision of medically competent interpretation and the assurance of consistently translated health documents across the state are an integral part of assuring the overall health of our communities. As the immigrant population in Kentucky continues to grow, Local Health Departments, and the Kentucky Department for Public Health, will need tools and resources to meet the needs of Limited English Proficiency clients. Pooling knowledge and sharing resources will help public health in Kentucky develop programs that eliminate disparities and ensure compliance.

Los Cincos Amigos are hopeful that the work done on our KPHLI change master project will serve to inform others of the scope of requirements for compliance with the Title VI mandate. Perhaps our hours spent condensing and simplifying the information available will ease the process of developing local plans for the provision of services to Limited English Proficiency clients. For those of us that have the opportunity to carry this project on into our daily work in public health, we look forward to continuing to share what we have learned with others.



## **LEADERSHIP DEVELOPMENT OPPORTUNITIES**

### *David Jones*

KPHLI has been a very rewarding and innovative course. It has strengthened my leadership skills and sharpened my interpersonal navigation. Our group project provided opportunities for personal and professional growth. It was an avenue I could have only got from KPHLI. I also enjoyed learning about the different positions out in the state working in Public Health. Being isolated at the state level, KPHLI has really opened the door to other work being done. I know that this experience has been beneficial and I hope to take the tools I learned and apply them to my daily work, protecting and improving the health of Kentucky.

### *Melinda Copenhaver*

Being a KPHLI scholar has been a wonderful learning experience. The opportunity to meet and interact with so many different people is invaluable. The knowledge that I have gained during this experience will benefit my agency and me for years to come. The 360° feedback was a very useful tool and I plan to continue working on the areas identified as my weaknesses. I enjoyed working with our change master team; I only wish we had more opportunities to get together in person to work on our project. Due to my experience working with LEP clients, I understand how frustrating it is for clients and staff to not be able to communicate effectively with each other because of language barriers. This project was very beneficial to me as I work with LEP clients on a regular basis at my Local Health Department. I believe Local Health Departments will find our resources beneficial in their quest to provide culturally and linguistically appropriate healthcare.

### *Melody Prunty*

The concept of leadership can be very intimidating. I've never considered myself a "leader" and couldn't readily identify those qualities that are found in good leaders.

Since beginning this class, I've gotten a much better insight into my own strengths and areas for improvement. It has also given me the tools to improve. I better realize how important it is for each of us to tap into our potential and it has given me the confidence to make changes in my personal and professional life.

### *Lisa Walls*

I really didn't know what to expect when I accepted the nomination to become a scholar in the Kentucky Public Health Leadership Institute. It sounded rather dry and foreboding. I have to say that, as this year draws to an end, it has been anything but. I have had the privilege of hearing great speakers like Ivan C.A. Walks, MD discuss PH Leadership in Times of Crisis and Change, inspiring stories such as "The Man Who Planted Trees" and "Remembering Human Goodness" and last, but not least, the energetic Andy Weiner educating and challenging me on the concept and practice of Systems Thinking. Finally, working on a Change Master Project brought a group of us with various backgrounds together to work on a vision, a dream, that all of us who reside in the Commonwealth of Kentucky would have meaningful access to Public Health services, regardless of our native tongue or lack of comprehension of the English language. I have learned to dialog more with my co-workers, use reflection during conflict, and most of all, to listen more and talk less. My sincerest gratitude to all those who make the Kentucky Public Health Leadership Institute the success that it is.

### *Christie Green*

I've looked forward to participating in the Kentucky Public Health Leadership Institute since my director loaned me some of his textbooks in 2000, and it has exceeded my hopes for shared learning. Over the past year, I have had the chance to study subjects about which I feel passionate, and to see my studies come to fruition with the completion of our Los Cincos Amigos change master project. I am sad to see our time working together come to an end. The methods of strategic planning, systems thinking, and leadership development that KPHLI has shown me are invaluable tools, not only in my work at Madison County Health Department but also in my personal endeavors. I hope that my actions in the future reflect the wealth of knowledge that I've been exposed to over the past year, that I can manage to do more inquiry and less advocacy, and that I never forget to practice "moments of awareness" as I go through my days. Most importantly, I am grateful to have had this opportunity to interact with such a diverse and wise group of fellow scholars. Even when our class time was over, we continued to learn from each other and our myriads of experiences in public health across the state.

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## *Web Resources for Title VI Compliance And Linguistic Services*

### **Diversity RX**

[www.diversityrx.org](http://www.diversityrx.org)

Promotes language and cultural competence to improve the quality of health care for minority, immigrant, and ethnically diverse communities. The site serves as a resource center for cultural competency programs, model programs of linguistic services, etc.

### **Cross Cultural Health Care Program**

[www.xculture.org](http://www.xculture.org)

Through a combination of cultural competency trainings, interpreter trainings, research projects, community coalition building, and other services, the CCHCP serves as a bridge between communities and health care institutions to ensure full access to quality health care that is culturally and linguistically appropriate.

### **Hablamos Juntos**

[www.hablamosjuntos.org](http://www.hablamosjuntos.org)

This site focuses on developing affordable models and demonstration sites to share innovations and knowledge among health care organizations. It is funded by the Robert Wood Johnson Foundation and administered by the Tomás Rivera Policy Institute.

### **National CLAS Standards**

[www.omhrc.gov/CLAS/indexfinal.htm](http://www.omhrc.gov/CLAS/indexfinal.htm)

Standards compiled by the Office of Minority Health for the provision of Culturally and Linguistically Appropriate Services.

### **Henry J. Kaiser Family Foundation**

[www.kff.org/minorityhealth/index.cfm](http://www.kff.org/minorityhealth/index.cfm)

This section provides data and information on Latinos, African Americans, Asian/Pacific Islanders and American Indian/Alaska Natives, who together make up nearly a third of the U.S. population. The fact sheets, chart packs, reports, surveys and webcasts gathered here can help to inform efforts to reduce disparities in health care access and quality. This site also has a compendium of cultural competence initiatives.

### **Federal Citizen Information Center**

<http://www.pueblo.gsa.gov/multilanguage/multilang.htm>

A great deal of general information about many federal programs is available here in other languages.

### **National Center for Interpreting in Health Care**

[www.ncihc.org](http://www.ncihc.org)

NCIHC has collaborated with the Department of Health and Human Services and with Hablamos Juntos to develop talking papers on a range of interpreting issues.

### **Limited English Proficiency**

[www.lep.gov](http://www.lep.gov)

Provides the federal documentation in other languages than English, gives resources for demographic data, and provides information for federal agencies, recipients of federal funds, and general communities.

# Title VI Limited English Proficiency (LEP) Compliance Guidance for Local Health Departments

As recommended by Los Cincos Amigos  
2004 KPHLI Change Master Project

In order to ensure compliance with Title VI of the Civil Rights Act of 1964: Policy Guidance on the Prohibition Against National Origin Discrimination as it Affects Persons With Limited English Proficiency, a Local Health Department (LHD), and its subcontractor(s), must take reasonable steps to ensure that a person identified as having Limited English Proficiency (LEP) and who is eligible for services in the LHD have meaningful access to the benefits. To facilitate the relationship between client and provider and to guarantee the best possible health outcomes, the LHD shall have interpreter services and translated documents made available at no cost to the LEP client.

In order to ensure that appropriate assistance is provided, a LHD must:

1. Conduct an assessment utilizing the following four factors outlined in Federal Register/Vol.68,No.153/Friday, August 8, 2003.
  - a. The number or proportion of LEP persons served or encountered in the eligible service population.
  - b. The frequency with which LEP individuals come in contact with the LHD's program, activity or service.
  - c. The nature and importance of the LHD's program, activity, or service.
  - d. The resources available to the LHD and the costs of providing linguistically appropriate services for LEP persons.
2. Utilize information obtained in assessment to develop and submit, for approval, a comprehensive written compliance plan for providing services to LEP clients. This plan should be submitted in accordance with the deadline established by DPH to the Department Title VI Coordinator at:

Cabinet for Health and Family Services  
Department for Public Health  
Division of Local Health Operations  
275 East Main Street HS1W-B  
Frankfort, KY 40621

The plan shall identify the following components.

- a. The languages for which interpreter (oral language) assistance will be needed.
- b. The languages for which translated documents will be needed.
  - (i) See "Safe Harbor" section of Federal Register, Vol. 68, No. 153, for the formula by which written translation obligations are determined.
- c. The methodology that will be used to be able to provide interpreting services for LEP clients.
  - (i) Steps to serve LEP clients that are seen on an infrequent or unpredictable basis must be included. Utilizing one of the commercially available telephonic interpretation services may be useful in this circumstance.
- d. The staff that needs to be trained and the manner in which training will be provided.

- e. The manner in which LEP clients will be provided notice of the services available.
  - f. The procedure for complaints regarding inappropriate provision of services.
  - g. The process for the LHD to monitor implementation of the plan and the procedure for updating as necessary.
3. Each LHD compliance plan shall demonstrate the ability to provide Culturally and Linguistically Appropriate healthcare Services (*see CLAS at [www.OMHRC.gov/CLAS](http://www.OMHRC.gov/CLAS)*) by selecting one or more of the following options:
- a. Hiring trained and competent bilingual staff.
  - b. Hiring interpreters who are competent to interpret medical information.
  - c. Contracting with an outside interpreter service.
  - d. Arranging for the services of voluntary community interpreters.
  - e. Arranging for the use of a telephone language interpreter service.
    - (i) LHD may contact DPH for price contract information for telephonic interpreter services.
4. Interpreters must attend competency training coordinated or approved by DPH Local Health Operations.
- a. Oral interpretation may be provided by onsite interpreters or by telephonic means. It is strongly recommended that onsite, medically competent interpreters be used for critical services, particularly for the group(s) of LEP persons most prevalent in a LHD service area.
5. Each LHD must initially train staff on the LEP plan and ensure that the plan is understood and carried out.
- a. This training should be part of orientation for each employee.
  - b. After the initial training, annual cultural competency training must be conducted for all employees.
6. Each LHD must conduct a yearly Title VI LEP self-assessments survey and submit to DPH Title VI coordinator, due May 1<sup>st</sup> for the current year of operation.
7. For statewide uniformity and assurance of quality, any forms, information sheets, posters, etc., required for local use shall be translated by DPH. The translation of any additional print materials, not required by DPH, shall be the responsibility of LHDs.
8. After the initial compliance plan is approved by the DPH Title VI Coordinator, it shall be considered in force until such time that a LHD revises it or notifies DPH that they are no longer able to comply with the provisions set forth.

Resource materials are available at DPH information web site.