

LANGUAGE ACCESS PLAN FOR LIMITED ENGLISH PROFICIENCY PERSONS

Purpose

Kitsap Public Health District (District) has developed this Language Access Plan to establish and provide greater access and participation for the residents of Kitsap County with limited or no-English proficiency. “Access and participation” means to be informed of, participate in, and benefit from the services, programs, and activities offered by the District. Removing language barriers is critical to achieving access to needed services.

Background and Legal History

Title VI of the Civil Rights Act of 1964 is the federal law which protects individuals from discrimination on the basis of their race, color, or national origin in programs that receive federal financial assistance. In certain situations, failure to ensure that persons who have limited English proficiency can effectively participate in, or benefit from, federally assisted programs may violate Title VI’s prohibition against national origin discrimination. Persons who, as a result of national origin, do not speak English as their primary language and who have limited ability to speak, read, write, or understand English may be entitled to language assistance under Title VI in order to receive a particular service or benefit.

On August 11, 2000, Executive Order 13166 was issued, “Improving Access to Services for Persons with Limited English Proficiency.” In subsequent guidelines, a “safe harbor” was recommended for agencies who want more certainty of whether they are meeting their obligations in providing needed translation of vital written materials. The safe harbor applies only to written vital records which are ordinarily distributed to the public. This does not affect the requirements for oral language services.

Initially, the recommended safe harbor was to translate vital materials for LEP language groups of 5% of the population served or 1,000, whichever is less. However, after federal agencies raised questions regarding the requirements of the Executive Order, new instructions for compliance with the Executive Order were issued by the Civil Rights Division in October 2001. The United States Department of Health and Human Services has since prepared revised guidance¹ consistent with those instructions. Now under the revised guidance, agencies can meet the safe harbor obligation by:

1. Conducting a four-factor analysis;
2. Determining the need for written translation materials for LEP customers/clients (hereafter, “customers”);
3. Adopting a Language Access Plan specifying what types of vital written materials will be translated; and
4. Making necessary written translations.

¹ [Guidance to Federal Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons](#), United States Department of Health and Human Services, Office for Civil Rights, revised October 4, 2006.

If an agency fails to make one or more of these steps, it does not mean there is non-compliance to Title VI. Rather, the safe harbor is a tool to consider whether the number or proportion of LEP persons served calls for written translations. Other ways of providing meaningful access, such as effective oral interpretation of vital documents, may be acceptable upon application of the four factors. Agencies have a great deal of flexibility in achieving compliance, particularly those with smaller budgets.²

Four-Factor Analysis

The District conducted a four factor analysis as recommended by the United States Department of Health and Human Services:

“The Guidance explains that the obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances four factors: (1) the number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee; (2) the frequency with which LEP individuals come into contact with the program; (3) the nature and importance of the program, activity or service provided by the recipient to its beneficiaries; and (4) the resources available to the grantee/recipient and the costs of interpretation/translation services. There is no “one size fits all” solution for Title VI compliance with respect to LEP persons, and what constitutes “reasonable steps” for large providers may not be reasonable where small providers are concerned.”³

Factor 1. Number and Proportion of LEP Persons in Kitsap County

Factor I is an assessment of the number and proportion of LEP persons served or encountered in the eligible service population based on the US Census American Community Survey. The District’s service area includes the entire county. Based on the Census Bureau’s 2009 American Community Survey, the two language groups with the highest population of LEP in Kitsap County are Spanish and Tagalog, as shown on Table 1 below.

Spanish speakers who speak English less than “very well” make up a total of 2,585, or 1.2% of the population of Kitsap County. Tagalog speakers who speak English less than “very well” number 1,502, or 0.7% of the population. Another 2,844 (1.2%) speak English less than “very well,” including European, Asian, Pacific Islander (excluding Tagalog), and other languages. Tagalog speakers who speak English less than “very well” make up the second largest LEP group at 1,507, or 0.7% of the population.

Although the largest LEP language group that may need written translations is Spanish speakers, that group is still a small percentage of the population at only 1.2%. Thus, further review follows in the section on Factor 2 for LEP Spanish speakers. The other LEP languages, however, make up such small proportions of Kitsap County that written translation of vital documents should not normally be necessary for District programs. Instead, the District will utilize effective oral interpretation of vital documents for those languages.

² [Appendix A, Questions and Answers Regarding the Department of Health and Human Services Guidance to Federal Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons](#), Office for Civil Rights, revised October 4, 2006.

³ [Summary Guidance](#), Guidance to Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, Office for Civil Rights website.

Table 1

KITSAP COUNTY: Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over			
	Estimate	Margin of Error	Percentage
Total Individuals:	224,187	+/-42	100%
Speak Only English:	203,846	+/-1,050	90.9%
Speak English Less Than Very Well:			
Spanish	2,585	+/-503	1.2%
French	156	+/-91	0.1%
French Creole	0	+/-119	0.0%
Italian	19	+/-22	0.0%
Portuguese	32	+/-33	0.0%
German	208	+/-97	0.1%
Yiddish	0	+/-119	0.0%
Other West Germanic	0	+/-119	0.0%
Scandinavian Languages	10	+/-14	0.0%
Greek	0	+/-119	0.0%
Russian	103	+/-86	0.0%
Polish	46	+/-45	0.0%
Serbo-Croatian	0	+/-119	0.0%
Other Slavic	44	+/-41	0.0%
Armenian	0	+/-119	0.0%
Persian	11	+/-18	0.0%
Guharati	18	+/-27	0.0%
Hindi	19	+/-31	0.0%
Urdu	0	+/-119	0.0%
Other Indic	44	+/-54	0.0%
Other Indo-European	71	+/-75	0.0%
Chinese	290	+/-147	0.1%
Japanese	385	+/-153	0.2%
Korean	371	+/-184	0.2%
Mon-Khmer, Cambodian	0	+/-119	0.0%
Hmong	0	+/-119	0.0%
Thai	42	+/-43	0.0%
Laotian	11	+/-17	0.0%
Vietnamese	280	+/-162	0.1%
Other Asian	28	+/-46	0.0%
Tagalog	1,502	+/-315	0.7%
Other Pacific Island	440	+/-202	0.2%
Navajo	17	+/-29	0.0%
Other Native American	53	+/-65	0.0%
Hungarian	11	+/-18	0.0%
Arabic	13	+/-20	0.0%
Hebrew	22	+/-34	0.0%
African Languages	83	+/-114	0.0%
Other and Unspecified	17	+/-26	0.0%
Speak English Less Than Very Well (LEP)	6,931		3.1%

Source: U.S. Census Bureau, 2009 American Community Survey

Factor 2. Frequency of Contact with LEP Customers

Factor 2 demonstrates the frequency of contact with LEP customers based on a survey of District employees. The survey was conducted in February 2012, with responses from 100% of the 91 employees surveyed. When asked how often they typically encounter District customers who have limited English language ability, staff responded as follows:

- 41.1% Rarely or never
- 23.3% Less than once a month
- 23.3% A few times a month
- 5.6% A few times a week
- 6.7% A few times a day

Thus, a majority of staff, 64.4%, encounter LEP customers less than once a month, rarely or never. Of the staff members who encounter LEP customers more frequently, a combined total of 12.3% do so a few times per week or more often.

As to which languages District staff encounter with LEP customers, the most frequently encountered group by far is Spanish speakers at 81.1%, as shown on Table 2. The next most frequently encountered languages are Spanish/Creole dialects at 28.9% and Tagalog at 27.8%.

Table 2

81.1%	Spanish
28.9%	Spanish Creole/Dialects (e.g., Mam)
27.8%	Tagalog
25.6%	Vietnamese
20.0%	Chinese
13.3%	Korean
5.6%	Other Pacific Islander
4.4%	Japanese
2.2%	French
1.1%	German
14.4%	I don't remember customers/clients speaking any languages other than English

The frequency of encountering LEP customers also depends on the program. Staff reported encountering LEP customers by program as shown in rank order on Table 3. Based on the frequency of contact, the Division Directors and Program Managers for the following highlighted programs must determine whether they have vital written documents (see Factor 3) that should be translated into Spanish.

Table 3

16.5%	Family Planning
15.4%	Food and Living Environment
15.4%	Pollution Identification and Control
13.2%	Communicable Disease
13.2%	On-site Sewage
12.1%	Vital Statistics
12.1%	Parent Child Health
12.1%	Sexually Transmitted Infections
9.9%	Administrative Services
9.9%	Tuberculosis
9.9%	HIV
9.9%	Breast and Cervical Health
9.9%	Environmental Health - Admin
9.9%	Solid and Hazardous Waste
7.7%	Drinking Water
7.4%	Other
5.5%	Community Health - Admin
2.2%	Children with Special Health Care Needs
2.2%	Accounting
2.2%	Nurse Family Partnership
1.1%	Tobacco
1.1%	Juvenile Detention
1.1%	PHEPR (Emergency Preparedness/Response)
0.0%	Information Technology
0.0%	Count on Kitsap
0.0%	Assessment/Epidemiology
24.2%	I have not encountered LEP customers/clients in my work

Factor 3. Nature and Importance of the Program, Activity, or Service

The District provides many services directly to the public. These include, but are not limited to, clinical services, programs, in-person educational services, printed educational materials on health topics, and websites.

Programs with more frequent contact with LEP customers (highlighted in Table 2) should identify the nature and importance of the program, activity, or service to people's lives. The more important the program, or the greater the possible consequences of the contact to the LEP customer, the more likely written translations are needed. Those programs need to determine whether denial or delay of access to services or information could have serious or even life-threatening implications for the LEP customer. Examples of such vital documents include:

- Signs, directions and notices about the availability of free interpreter services.
- Consent and complaint forms.
- Intake forms with the potential for important consequences.
- Written notices of eligibility criteria, rights, denial, loss, or decreases in benefits or services.
- Written tests that do not assess English language competency, but test competency for a particular license, job, or skill for which knowing English is not required.
- Applications to participate in a program or activity or to receive benefits or services.
- Health information that is issued to guide individual behavior for the purpose of preventing or lessening the risk and impact of disease and injury.

Factor 4. The Resources Available and Costs to the District.

The District uses several resources to provide language access services to customers. The District currently has a contract to use Telelanguage for telephonic interpretation, and a contract with Culturally Speaking to provide interpretation and translation services. District employees are an additional language resource. Currently, 7% of District employees are bilingual, providing language assistance in Spanish, German, and Vietnamese. Those employees currently include the main receptionist, whose Spanish skills are an asset in greeting the public as they arrive at the District.

Vital Written Materials to be Translated

Using the above four-factor analysis, each program will identify which key written documents should have written translations into the language of frequently encountered LEP group(s) likely to be served by the program. If a translated version of a written document is not available, information in the document should be translated orally. Examples of key documents that need written translations include:

- Consent and complaint forms.
- Intake forms with the potential for important consequences.
- Written notices of eligibility criteria, rights, denial, loss, or decreases in benefits or services.
- Applications to participate in a program or activity or to receive federal benefits or services.
- Health information that is issued to guide individual behavior for the purpose of preventing or lessening the risk and impact of disease and injury.

Monitoring and Updating the Language Access Plan

This plan is designed to be flexible and easily updated. Each update should examine plan components such as:

- How many LEP persons are encountered?
- Were their needs met?

- What is the current LEP population in Kitsap County?
- Has there been a change in the types of languages where translation services are needed?
- Is there still a need for continued language assistance for previously identified programs? Are there other programs that should be included?
- Have the District's available resources, such as technology, staff, and financial costs, changed?
- Has the District fulfilled the goals of the Language Access Plan?
- Were there any complaints received?

Dissemination of the Language Access Plan

This plan will be posted on the District website at www.kitsappublichealth.org. For those without personal Internet access, copies of the Language Access Plan will be provided upon request. Copies of the plan will be provided to any LEP person upon request. Any questions or comments regarding this plan should be directed to:

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