

Limited English Proficiency

- I. Local agencies must take reasonable steps to ensure meaningful access to the information and services they provide based on:
 - a. The number or proportion of LEP persons served or encountered in the eligible population.
 - b. The frequency with which LEP individuals come in contact with the program.
 - c. The resources available to the local agency and costs.

- II. Local agencies must have a plan in place to communicate and provide services in the languages spoken in the service area. This plan should include items such as:
 - a. Use of bilingual staff.
 - i. Staffing of bilingual employees should be adequate based on the percentage of LEP clients.
 - ii. Language proficiency of bilingual employees should be sufficient to effectively communicate with LEP clients.
 - iii. When bilingual staff is not available within the WIC clinic, other bilingual health department employees may be used or staff may contact via telephone bilingual WIC staff in another WIC clinic within the local agency.

 - b. Contracting with interpreting services. This may include in-person interpreting services, and telephone interpreting services.
 - i. Local clinics cannot require applicants or participants to provide their own interpreters. If the client chooses to bring a family member or friend to interpret this may be allowed as long as it is a responsible individual.
 - ii. Use of another WIC participant, or any non-professional as an interpreter is not permitted due to confidentiality issues, unless they are brought to the clinic by the participant.
 - iii. Interpreters must be professionals under contract to provide interpreting services.
 - iv. If any volunteer interpreter is used, an MOU/MOA along with a confidentiality agreement must be signed to protect the private health information of the client. The MOU/MOA must also contain a Title VI Civil Rights clause.

 - c. Translation of documents and forms. This should also include:
 - i. Signs and bulletin boards,
 - ii. Printed education materials,
 - iii. Audio visual materials,

- iv. Web based information.
 - d. Use of technology and internet based tools.
 - e. Training of staff in the use of the resources available to serve LEP individuals.
- III. Record the client's preferred spoken language in the VISION system in the "Family/Intake" menu on the "family" screen.
- a. All commonly spoken languages in Utah are listed on the drop down menu. If additional language options need to be added to the drop down list contact the State Office.
 - b. Unless the client is proficient in English, staff should select the native or preferred language of the client to help with statistical reporting of languages spoken in the service area.
 - c. Indication can also be made on this screen if an interpreter is needed for the appointment by checking the check box. This code helps to alert the appointment scheduler of any special needs that must be considered for this family, which might include an interpreter, whether in person or via telephone.
 - d. The print-outs language must also be set to English or Spanish for printed notices. The print-outs language must be set appropriately so that Teletask calls will be made in the correct language.
- IV. Serving different language groups on different days for convenience purposes could be misconstrued as "segregation" and discrimination on the basis of national origin. When services are provided in different languages on certain days and times, attendance to these language specific sessions must be optional. Appointment slots must remain open for anyone. Avoid using terms such as "Spanish Day."