

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.
 - d. The nature and importance of the Program or Activity or service of the Program.
- 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. 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.
 - iii. Language proficiency of bilingual employees should be sufficient to effectively communicate with LEP clients. These employees should be qualified to interpret Program related information. Employees must be able to communicate effectively and should have knowledge of specialized terms and concepts used in the Program.
 - b. Contracting with interpreting services. This may include in-person interpreting services, and must include on demand telephone or video interpreting services.
 - i. Interpreters must be professionals under contract to provide interpreting services. 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.
 - ii. 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. 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.

1. Minors should not be used as information may not be relayed adequately.
 2. If a participant chooses to use a family or friend as an interpreter the agency should ensure that LEP persons are aware of the possible problems of information not being relayed correctly and that the clinic is able to provide a preferred interpreter at no cost to the participant. If the client insists to use their own interpreter their choice should be respected.
 3. If a family or friend is used as an interpreter it is strongly suggested that a waiver form be signed stating that *there is a risk the participant does not receive the appropriate health and nutrition related information which can be of risk to the participant*. This form would waive legal responsibility in the possibly of the client filing a discrimination complaint.
- 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.
- f. For verbal communication, on demand telephone or video interpreting services are required to be used unless a better option is available.
- 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. Staff should select the preferred spoken language of the client. This is normally their native language. Staff should communicate with the participant in their preferred language using bilingual staff or an interpreter. Mark English as the preferred spoken language only if the participant is comfortable communicating with clinic staff in English and has a proficiency level sufficient to understand what is being communicated. Marking the preferred language also helps with statistical reporting of languages spoken in the service area.

- c. If the family needs an interpreter for the appointment, check the Needs Interpreter check box on the Family screen. This adds an “IN” code which helps to alert the appointment scheduler of the need for an interpreter, whether in person or via telephone.
 - d. The printouts language must be set to English or Spanish for printed notices. The printouts language must also be set appropriately so that reminder texts/calls will be made in the correct language. The printouts language may only be marked as English if the participant wants system printouts, the Shopping Guide, other printed materials, text messages and reminder phone calls to be received in English.
- 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.”