

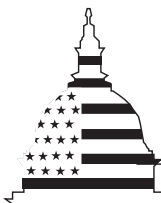
May 2008

VA HEALTH CARE

Facilities Have Taken Action to Provide Language Access Services and Culturally Appropriate Care to a Diverse Veteran Population

This report includes a Spanish translation of the Highlights page,
<http://www.gao.gov/highlights/d08535high.pdf>.

Para ver la versión de “Highlights” en inglés e español,
<http://www.gao.gov/highlights/d08535high.pdf>, oprima aquí.



G A O

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Highlights of [GAO-08-535](#), a report to congressional requesters

Why GAO Did This Study

The Department of Veterans Affairs (VA) faces challenges in bridging language and cultural barriers as it seeks to provide quality health care services to an increasingly diverse veteran population in terms of race, ethnicity, sex, and age. To meet the needs of veterans with limited English proficiency (LEP), VA issued an LEP Directive that provides guidance for medical centers in assessing language needs and, if needed, developing language access services designed to ensure effective communication between English-speaking providers and those with LEP. In addition, VA is also challenged to deliver health care services in ways that are culturally appropriate—that is, respectful of and responsive to the cultural values of a diverse veteran population. In light of these challenges, GAO was asked to discuss the (1) actions VA has taken to implement its LEP Directive and the status of veterans' utilization of language access services, and (2) efforts VA has made to provide culturally appropriate health care services.

GAO reviewed VA's policies and the LEP Directive, interviewed VA officials and reviewed efforts by 6 VA medical centers and 10 other VA facilities to implement VA's LEP Directive and to provide culturally appropriate health care services. GAO also reviewed documents from 17 other VA medical centers related to implementation of the LEP Directive.

To view the full product, including the scope and methodology, click on [GAO-08-535](#). For more information, contact Randall B. Williamson, (202) 512-7114, williamsonr@gao.gov.

VA HEALTH CARE

Facilities Have Taken Action to Provide Language Access Services and Culturally Appropriate Care to a Diverse Veteran Population

What GAO Found

VA reported that as of June 2007, all of its medical centers had taken action to implement the guidance in VA's LEP Directive. Specifically, medical center officials told VA that they had assessed the language needs of their veteran service populations, and, if necessary, developed language assistance policies and offered language access services, including providing translated materials and interpretation services. The VA medical centers GAO reviewed provided translated materials to meet the various language needs of their veteran service populations and offered interpretation services as well. For example, VA medical centers maintained a list of bilingual medical center staff who can provide interpretation services during a clinical encounter between a provider and a veteran with LEP. In addition, five of the six VA medical centers GAO reviewed can access telephone interpretation services that are provided through a contract to help ensure that medical staff can communicate with veterans and their families with LEP. According to officials at medical centers GAO reviewed, utilization of language access services is low. However, VA officials told GAO that they expect the demand for language access services to grow as the increasingly diverse military servicemember population transitions to veteran status.

VA medical centers are addressing the need for culturally appropriate health care services through staff training and tailoring health care services. Medical centers provide training for medical center staff to facilitate the delivery of culturally appropriate health care services including an annual mandatory training on the health care needs of veterans in various age groups. VA medical centers and other VA facilities GAO reviewed have implemented a variety of measures to meet the needs of their culturally diverse veteran populations. For example, three VA facilities GAO reviewed offer spiritual services, such as the use of medicine men and traditional healing rituals, in order to meet the needs of Native American veterans. Also, VA has minority veterans program coordinators at each medical center to identify barriers to health care for minorities and advise medical center officials in developing services to make health care more accessible and culturally appropriate for minority veteran populations. VA medical centers GAO reviewed have also initiated outreach efforts to promote the availability of culturally appropriate care.

In commenting on a draft of this report, VA stated that it agreed with the information presented as it pertained to VA.



Lo más destacado de la [GAO-08-535](#), informe enviado a los legisladores solicitantes.

Motivos de este estudio de la GAO

El Departamento de Asuntos de los Veteranos (VA) se enfrenta a retos en su empeño por sobrepasar barreras culturales y de lenguaje para proporcionar buenos servicios de atención de salud a una población de veteranos que es cada vez más diversa en cuanto a raza, origen étnico, sexo y edad. A fin de satisfacer las necesidades de los veteranos que tienen conocimiento limitado de inglés (LEP, por sus siglas en inglés), el VA emitió una Directiva LEP para guiar a los centros médicos en su evaluación de la necesidad de servicios lingüísticos y, cuando era necesario, establecerlos con el fin de asegurar la comunicación eficaz entre los proveedores anglófonos y los que tienen LEP. Además, el VA también se enfrenta al reto de prestar servicios de atención de salud en formas que sean culturalmente aceptables; es decir, que respeten los valores culturales de una población diversa de veteranos y sean sensibles a esos valores. En vista de estos retos, se pidió a la GAO que analice (1) las medidas que el VA ha tomado para aplicar su Directiva LEP y el estado relativo de la utilización de los servicios lingüísticos por parte de los veteranos y (2) los esfuerzos que el VA ha realizado para proporcionar servicios de atención de salud culturalmente aceptables.

La GAO examinó las políticas del VA y la Directiva LEP, entrevistó a funcionarios del VA y examinó los empeños de 6 centros médicos y 10 establecimientos más del VA dirigidos a la aplicación de la Directiva LEP del VA y a la prestación de servicios de atención de salud culturalmente aceptables.

Para ver el informe completo, su ámbito y metodología, pulse en [GAO-08-535](#). Para más información, llame a Randall B. Williamson, (202) 512-7144, williamsonr@gao.gov.

LA ATENCIÓN DE SALUD Y EL DEPARTAMENTO DE ASUNTOS DE LOS VETERANOS (VA)

Algunos centros han tomado medidas para proporcionar servicios lingüísticos y atención culturalmente aceptable a una población diversa de veteranos

Conclusiones de la GAO

El VA informó que en junio de 2007, todos sus centros médicos habían tomado medidas para aplicar lo estipulado en la Directiva LEP del VA. En concreto, los funcionarios de los centros médicos informaron al VA que habían evaluado las necesidades lingüísticas de sus poblaciones de veteranos y que, cuando era necesario, habían elaborado políticas de asistencia lingüística y ofrecido servicios lingüísticos, lo que incluía información traducida y servicios de interpretación. Los centros médicos del VA que la GAO examinó proporcionaron información traducida para satisfacer las diferentes necesidades lingüísticas de los veteranos a los que atienden, y también ofrecieron servicios de interpretación. Por ejemplo, los centros médicos del VA tenían una lista de su personal bilingüe que podía interpretar durante una consulta clínica entre un proveedor y un veterano con LEP. Además, cinco de los seis centros médicos del VA que la GAO examinó tienen acceso a servicios de interpretación telefónica proporcionados por contrato, lo cual ayuda a garantizar que el personal médico pueda comunicarse con los veteranos y sus familiares que tienen LEP. Según los funcionarios en los centros médicos que la GAO examinó, los servicios lingüísticos se utilizan poco. Sin embargo, los funcionarios del VA informaron a la GAO que ellos anticipan un aumento en la demanda de servicios lingüísticos en vista de la diversidad cada vez mayor de los militares que pasan a ser veteranos.

Con manera de abordar la necesidad de atención de salud culturalmente aceptable, los centros médicos del VA ofrecen capacitación de personal y adaptan sus servicios de atención de salud. Los centros médicos capacitan a su personal para facilitar la prestación de servicios de atención de salud culturalmente aceptables, lo cual incluye capacitación anual obligatoria sobre las necesidades de atención de salud de los veteranos en diferentes grupos de edad. Los centros médicos del VA y otras instalaciones que la GAO examinó han puesto en marcha una serie de medidas para responder a las necesidades de sus poblaciones de veteranos culturalmente diversas. Por ejemplo, tres instalaciones del VA que la GAO examinó ofrecen servicios espirituales, como curanderos y rituales tradicionales de curación, para satisfacer las necesidades de los veteranos que sean indios nativos de los EEUU. Así mismo, en cada centro médico el VA tiene coordinadores de programas para los veteranos que forman parte de grupos de minoría. Estos coordinadores identifican los obstáculos que se interponen a la atención de salud de las minorías, y asesoran a los funcionarios de los centros médicos en la elaboración de servicios para que la atención de salud sea más accesible y culturalmente aceptable para los veteranos que forman parte de grupos de minoría. Los centros médicos del VA que la GAO examinó también han iniciado actividades de divulgación para promover la disponibilidad de atención de salud culturalmente aceptable.

El VA, al comentar sobre una versión preliminar de este informe, afirmó que estaba de acuerdo con la información relativa al VA que se presenta.

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Abbreviations

CBOC	community-based outpatient clinic
CMV	Center for Minority Veterans
DOJ	Department of Justice
EEO	Equal Employment Opportunity
EO	executive order
HHS	Department of Health and Human Services
LEP	limited English proficiency
NDAA	National Defense Authorization Act
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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United States Government Accountability Office
Washington, DC 20548

May 28, 2008

The Honorable Michael H. Michaud
Chairman
Subcommittee on Health
Committee on Veterans' Affairs
House of Representatives

The Honorable John T. Salazar
House of Representatives

The Honorable Hilda L. Solis
House of Representatives

The veteran population served by the Department of Veterans Affairs (VA) will become more diverse in terms of race, ethnicity, sex, and age. VA data show that racial and ethnic minorities account for about 20 percent of the veteran population and that about 7 percent of veterans are women.¹ We reported in 2005 that racial and ethnic minorities accounted for about 33 percent of servicemembers in the military; about 16 percent of servicemembers were women.² Based on the higher diversity among servicemembers in the military compared to veterans, VA officials anticipate that the veteran population eligible to receive health care services from VA will become more diverse as current members of the military are discharged or released from active duty and transition to veteran status. In addition to racial and ethnic diversity, VA has seen an increase in the number of younger Operation Enduring Freedom and Operation Iraqi Freedom veterans using VA health care services and officials expect this number to continue to grow.

¹See Department of Veterans Affairs, *VA Benefits & Health Care Utilization* (Washington, D.C., 2007), and Department of Veterans Affairs, *Women Veterans: Past, Present and Future* (Washington, D.C., May 2005). VA data from 2007 show that about 80 percent of veterans are white, non-Hispanic; 11 percent are African American; 6 percent are Hispanic; and 4 percent are other racial groups.

²See GAO, *Military Personnel: Reporting Additional Servicemember Demographics Could Enhance Congressional Oversight*, [GAO-05-952](#) (Washington, D.C.: Sept. 22, 2005). We reported that 67 percent of military servicemembers were white, non-Hispanic; 9 percent were Hispanic, 17 percent were African American; and 3 percent were Asian American/Pacific Islander.

As its veteran population becomes more diverse, VA faces challenges in bridging language and cultural barriers as it seeks to provide quality health care services to its veteran population. For example, a study commissioned by the California Endowment and the Robert Wood Johnson Foundation found that to help meet the needs of a diverse patient population, health care institutions, such as VA medical facilities, should provide language access services.³ Language access services are designed to ensure effective communication between English speakers and those with limited English proficiency (LEP). This may include providing translated versions of informational brochures or consent forms and making staff available who can interpret providers' instructions for patients or their family members with LEP. Several studies have found that the implementation of language access services in health care settings can increase access to care, quality of care, and health outcomes.⁴

Research suggests that providing culturally appropriate health care services is an integral part of quality health care, and that cultural factors can have a significant influence on the delivery of health care services and can compromise access for culturally diverse populations.⁵ At the federal level, HHS has published a set of standards for medical facilities that state that health care services should be delivered in ways that are culturally appropriate—that is, respectful of and responsive to the cultural values of a diverse population.⁶ This can mean, for example, recognizing the role of the extended family in medical decisions for a particular ethnic group and including these individuals in discussions of a patient's medical care and treatment. According to HHS's standards, providing culturally appropriate

³See Grantmakers in Health, *In the Right Words: Addressing Language and Culture in Providing Care* (San Francisco, Calif., August 2003).

⁴See Department of Health and Human Services (HHS), *A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations* (Washington, D.C., September 2005); B. D. Smedley, A. Y. Stith, and A. R. Nelson, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, Institute of Medicine Report (Washington, D.C., 2003); Grantmakers in Health, *In the Right Words*; and Edward L. Martinez, Steve Hitov, and Mara Youdelman, *Language Access in Health Care Statement of Principles: Explanatory Guide* (Washington, D.C., October 2006, reissued November 2007).

⁵See Institute of Medicine, *Speaking of Health: Assessing Health Communication Strategies for Diverse Populations* (Washington, D.C., 2002), and The Henry J. Kaiser Family Foundation, *Compendium of Cultural Competence Initiatives in Health Care* (Washington, D.C., and Menlo Park, Calif., 2003).

⁶HHS, Office of Minority Health, *National Standards for Culturally and Linguistically Appropriate Services in Health Care* (Washington, D.C., 2001).

services to culturally diverse patients has the potential to improve access to care, quality of care, and ultimately, health outcomes. Prior to the enactment of the National Defense Authorization Act (NDAA) for Fiscal Year 2008, there was no specific statutory requirement for VA to provide culturally appropriate care. However, several provisions in the 2008 NDAA require the consideration of the gender-, ethnic group-, or age-specific needs of veterans, including a direction to provide age-appropriate nursing home care.⁷

To meet the needs of persons with LEP, the President issued an executive order⁸ in August 2000 that required all federal agencies to develop and implement a system by which persons with LEP can have meaningful access to the services provided by the agency. The order also instructs federal agencies to work to ensure that recipients of federal financial assistance provide meaningful access to their LEP applicants and beneficiaries. According to the order, each agency must develop a plan that outlines the steps the agency will take to ensure that persons with LEP have meaningful access to the programs and services it provides.⁹ In response to this order, in January 2002, VA issued a directive of its own—referred to in this report as the LEP Directive¹⁰—to assist VA programs, including its medical centers, in providing appropriate language access services for veterans with LEP. The LEP directive provides guidance to medical centers and other facilities within VA to help them comply with EO 13166; medical centers and other facilities that do not adopt all of the specific practices outlined in the directive are not necessarily out of compliance with the executive order as long as medical center officials take reasonable steps to assess and meet the language needs of the

⁷See, for example, Pub. L. No. 110-181, §§ 1603, 1661, 1706, 122 Stat. 3.

⁸Exec. Order (EO) No. 13166, *Improving Access to Services for Persons with Limited English Proficiency*, 65 Fed. Reg. 50121 (Aug. 11, 2000).

⁹EO 13166 further states that these plans are to be consistent with the standards set forth in the Department of Justice (DOJ) guidance that was issued at the same time as the EO. See 65 Fed. Reg. 50123 (Aug. 16, 2000). The steps outlined in the plans are required to be consistent with, and not unduly burdensome to, the fundamental mission of the agency. DOJ serves as the central repository for materials related to implementation of EO 13166, including agency plans.

¹⁰In this report, the term “LEP Directive” refers to Veterans Health Administration (VHA) Directive 2002-006, *Limited English Proficiency (LEP) Title VI Prohibition Against National Origin Discrimination in Federally-Conducted Programs and Activities and in Federal Financial Assisted Programs*, renewed as VHA Directive 2007-009, unless otherwise noted.

veteran service population. Additionally, because the diversity of the veteran service population varies across VA medical centers, some medical centers may not have a need to take all the actions identified in VA's LEP Directive.

In light of the increasing diversity of the veteran population in terms of race, ethnicity, sex, and age, you asked for information about the steps VA has taken to provide language access services for veterans and its efforts to deliver health care services in ways that are culturally appropriate for veterans' diverse cultural values. This report discusses the (1) actions VA has taken to implement its LEP Directive and the status of veterans' utilization of available language access services, and (2) efforts VA has made to provide culturally appropriate health care services. We did not assess VA's compliance with EO 13166 and instead describe actions taken under VA's LEP Directive in response to EO 13166.

To describe the actions VA has taken to implement its LEP Directive as well as veterans' utilization of available language access services and the efforts VA has made to provide culturally appropriate health care services, we reviewed an executive order, federal guidance, and VA policy and procedures. We also selected five Veterans Integrated Service Networks (VISN) to review.¹¹ We selected these five VISNs based on the number of racial and ethnic minority veterans living in each VISN and geographic variation.¹² Within these five VISNs we selected a judgmental sample of 16 VA facilities, including six VA medical centers, five community-based

¹¹VA organizes its medical facilities into 21 regional networks, called Veterans Integrated Service Networks (VISN). For this report, we focus exclusively on health care services provided by VA in its medical centers, community-based outpatient clinics (CBOC), and Vet Centers, which are federally-conducted programs. The scope of this report does not include recipients of financial assistance from VA.

¹²There is geographic variation in this group of VISNs: VISN 2 includes upstate New York; VISN 6 includes Richmond, Virginia, and Raleigh-Durham, North Carolina; VISN 12 includes Chicago, Illinois; VISN 18 includes northern Arizona; and VISN 22 includes the greater Los Angeles, California, area. There is also variation in the racial and ethnic composition of veteran service populations in each VISN. For example, VISN 22 has significant Hispanic, African American, Asian/Pacific Islander, and Native American populations whereas the majority of veterans served in VISN 12 is Caucasian with smaller percentages of African American veterans.

outpatient clinics (CBOC), and five Vet Centers, to include in our review.¹³ From our sample of VA facilities, we conducted site visits to medical centers and associated CBOCs, and Vet Centers, located in Chicago, Illinois; Durham, North Carolina; and Los Angeles, California. For the remainder of VA facilities in our sample, we conducted in-depth telephone interviews with medical center, CBOC, and Vet Center officials in Bath, New York; Prescott, Arizona; and Richmond, Virginia.¹⁴ We conducted in-depth interviews with VA officials and staff from each of the 16 VA facilities to learn about actions taken at their facility to provide language access services for veterans with LEP, the utilization of these services, and the efforts the facility has made to provide culturally appropriate health care services. At the six VA medical centers we reviewed in depth, we examined documents related to efforts by the centers to assess the language needs of their service population and, if necessary, provide language access services. In addition, we interviewed officials in each of the five VISNs we selected for review. The information we collected from the six medical centers and five VISNs we reviewed is not generalizable to all VISNs and VA medical centers.

Additionally, in order to obtain information on the steps VA has taken through its medical centers to provide language access services under its LEP Directive, we selected a random sample of 20 VA medical centers and requested copies of language needs assessments conducted by medical

¹³VA's health care system includes different types of health care facilities, including medical centers and community-based outpatient clinics (CBOC). VA medical centers offer services that range from primary care to complex specialty care, such as cardiac or spinal cord injury. VA's CBOCs are an extension of VA medical centers and mainly provide primary care services. VA also operates Vet Centers, which offer counseling services, including psychological counseling and psychotherapy, to combat veterans and their family members. Vet Centers are the only VA medical facilities authorized to provide services to family members. Vet Centers operate outside of the VISN structure but coordinate veterans' services and outreach with nearby VA medical centers.

¹⁴Specifically, we conducted site visits to Jesse Brown VA Medical Center, Auburn Gresham CBOC, and Chicago Vet Center in Illinois; Durham VA Medical Center, Raleigh CBOC, and Raleigh Vet Center in North Carolina; and West Los Angeles VA Medical Center, East Los Angeles CBOC, and East Los Angeles Vet Center in California. We conducted in-depth interviews with officials from Bath VA Medical Center, Rochester CBOC, and Rochester Vet Center in New York; Prescott VA Medical Center, Anthem CBOC, and Prescott Vet Center in Arizona; and Hunter Holmes McGuire Medical Center in Virginia. We conducted interviews with officials from the medical center in Richmond, Virginia, because the medical center operates one of four VA polytrauma centers that provide care to active duty servicemembers as well as veterans. We did not interview CBOC or Vet Center officials from the Richmond area.

center officials and language assistance policies.¹⁵ We received documentation from 17 of the 20 medical centers. We conducted follow-up with the three medical centers that did not provide documentation but did not receive the requested materials from them. We did not evaluate the quality of the language needs assessments or language access policies provided by the 17 medical centers or from the 6 medical centers we visited or reviewed in depth. The information we collected from our sample of 17 medical centers is not generalizable to all VA medical centers. In addition to interviews we conducted with VA officials, we also interviewed officials from the Department of Justice (DOJ), as well as experts in the field of language access services and the provision of culturally competent health care services.¹⁶ We conducted this performance audit from February 2007 through March 2008, in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings based on our audit objectives.

Results in Brief

As of June 2007, all VA medical centers had taken actions to implement VA's LEP Directive, according to VA. Specifically, all medical centers had assessed the language needs of their veteran service populations, and if necessary developed language assistance policies, and offered language access services. These language access services mainly involve providing translated materials and interpretation services. In addition, we found that all VA medical centers have computer software that generates medical treatment consent forms in Spanish and additional software that allows VA staff to access patient education materials in languages other than English. Medical centers offered interpretation services as well. For example, the six medical centers we reviewed maintained a list of bilingual medical center staff who volunteered to provide interpretation services during a clinical encounter between a provider and a veteran with LEP. In addition, five of the six medical centers included in our in-depth review can access telephone interpretation services that are provided through a contract to ensure that medical staff can communicate with veterans with LEP and their families. VA medical center officials reported to us that current

¹⁵This sample did not include the six medical centers that we visited or reviewed in depth.

¹⁶We interviewed experts in the field including staff from HHS's Office of Minority Health; the National Health Law Program; and the National Center for Cultural Competence.

utilization of language access services is low. However, VA officials told us that they expect the demand for language access services to grow as the increasingly diverse military servicemember population transitions to veteran status.

We found that the six VA medical centers we reviewed in depth are addressing the need for culturally appropriate health care services through staff training and tailoring health care services. The six medical centers we reviewed provided training for medical center staff to facilitate the delivery of culturally appropriate health care services, including a mandatory training on the health care needs of veterans in various age groups. We found that VA medical centers and other VA facilities we reviewed in depth implemented a variety of measures to meet the needs of their culturally diverse veteran populations. For example, some locations offered spiritual services to meet the needs of Native American veterans, including the use of medicine men and traditional healing rituals. Another offered a counseling group exclusively for African American veterans; another offered counseling groups specifically for women veterans. Also, minority veterans program coordinators at all VA medical centers are charged with identifying barriers to health care for minorities and advising medical center officials in developing services to make health care more accessible and culturally appropriate for minority veteran populations. Some VA medical centers have also initiated outreach efforts to promote the availability of culturally appropriate care. For example, at two VA medical centers we reviewed in depth, staff told us that they worked closely with military and National Guard bases located near the medical center to increase the awareness of VA health benefits among younger veterans and their families. According to VA officials, these outreach efforts helped younger veterans understand that VA serves veterans of all ages and from all military conflicts.

In commenting on a draft of this report, VA stated that it agreed with the information presented as it pertained to VA.

Background

EO 13166, *Improving Access to Services for Persons with Limited English Proficiency*, requires that all federal agencies take reasonable steps to ensure meaningful access to their programs and services for people with LEP. DOJ has issued guidance that spells out four factors agencies need to consider in determining whether they are taking reasonable steps in this regard: (1) the number or proportion of LEP persons in the eligible service population; (2) the frequency with which LEP individuals come in contact with the program; (3) the importance of

the services provided by the program; and (4) the resources available.¹⁷ Reasonable steps to ensure meaningful access could include developing language access services and guidance for implementing these services. The EO required that each federal agency create a plan outlining steps it will take consistent with DOJ guidance to ensure meaningful access to its services by LEP individuals. The EO did not require DOJ to evaluate the plans or to monitor the implementation of these plans.

In 2002, in response to EO 13166, VA created and implemented VHA Directive 2002-006. It provided a framework for VA medical centers to assess and determine if there was a need to develop language assistance policies and language access services. The medical centers retain flexibility to determine exactly how they will comply with the EO, but they must do so in accordance with the four factors as outlined by DOJ and reiterated in the LEP Directive. In February 2007, VA issued VHA Directive 2007-009, which renewed VA's guidance on language assistance policies.¹⁸ In its LEP Directive, VA outlined the steps that constitute an effective language assistance program at its medical centers, including an assessment of the language needs of the veteran population served and identification of the non-English languages encountered by medical center staff. If a VA medical center identifies a specific language need among its veteran service population, VA's LEP Directive also indicated that the medical center should develop and implement a language assistance policy to ensure meaningful communication. According to the directive, the policy should describe how the medical center plans to provide language access services and ensure that all veterans receive meaningful access to VA health care services, regardless of the veterans' level of English proficiency. VA's LEP Directive also provided medical centers with examples of ways to provide language access services—including,

¹⁷See 65 Fed. Reg. 50123 (Aug. 16, 2000). EO 13166 indicated that the agency plans for their own programs should be consistent with this DOJ guidance.

¹⁸VHA Directive 2002-006 expired in January 2007. The current VHA Directive 2007-009, which contains the same guidance as the 2002 directive, expires in February 2012.

translating written materials,¹⁹ hiring bilingual staff, and contracting with interpreter services.

VA's Equal Employment Opportunity (EEO) office is responsible for overseeing the implementation of VA's LEP Directive. As such, this office conducted surveys of VA medical centers to assess whether medical center officials were following the steps outlined in the LEP Directive, such as conducting an assessment of language needs, or otherwise taking reasonable steps to provide language access services for veterans being served. VA's Center for Minority Veterans (CMV)²⁰ is also involved in helping medical centers meet the language and cultural needs of the veteran population. CMV is responsible for ensuring that eligible minority veterans receive VA benefits and services.

Culturally appropriate health care is care that is respectful of and responsive to the cultural needs of patients. According to HHS, providing culturally appropriate services to culturally diverse patients has the potential to improve access to care, quality of care, and ultimately, health outcomes. HHS has published a set of standards²¹ for all medical facilities regarding the delivery of culturally appropriate care. Other national organizations also recognize the importance of culturally appropriate care and have established standards or recommendations for its provision. For example, the Joint Commission has standards related to culturally

¹⁹VA's LEP Directive prescribes standards for written translations that, if implemented by medical centers, would constitute a "safe harbor" for the center. That is, VA will consider those facilities that adopt the LEP Directive's standards to be in compliance with EO 13166. For example, if a medical facility has a population of at least 3,000 veterans with LEP who speak the same primary language that facility will be considered in compliance with the EO if it provides translated written materials including vital documents in that primary language.

²⁰The Veterans Benefits Improvement Act of 1994 required VA to create the CMV, which is organizationally aligned to VA's Office of the Secretary. See Pub. L. No. 103-446, § 509, 108 Stat. 4645, 4665-66 (codified as amended at 38 U.S.C. § 317). As required by law, CMV's primary emphasis is on minority veterans, specifically veterans in the following groups: Pacific Islander, Asian American, African American, Hispanic/Latino, and Native American, including American Indian, Alaska Native, and Native Hawaiian.

²¹HHS, Office of Minority Health, *National Standards for Culturally and Linguistically Appropriate Services in Health Care* (Washington, D.C., 2001).

appropriate health care that must be met by hospitals, including VA medical centers, to receive accreditation.²²

VA Medical Centers Are Implementing VA's LEP Directive; However, Utilization of Language Access Services Is Low

VA medical centers are implementing VA's LEP Directive in terms of assessing the language needs of its veteran service population, and, if necessary, developing language assistance policies. VA medical centers and facilities have offered language access services that include providing translated materials and interpretation services to meet the needs of veterans with LEP. VA medical center officials reported a low utilization of these language access services. However, VA and medical center officials told us that they expect the demand for language access services to grow as the increasingly diverse servicemember population transitions to veteran status.

VA Medical Centers Have Implemented the LEP Directive

VA stated that by June 2007 all of its medical centers had taken actions to implement the guidance in VA's LEP Directive. According to VA, all of its medical centers have assessed the language needs of its veteran service population, and, as necessary, developed language assistance policies. Our visits to three VA medical centers and in-depth telephone interviews with staff at three VA medical centers provided a more detailed account of the variety of language access services being offered at VA medical centers.

VA first surveyed each of VA's medical center directors in December 2005 to assess if medical centers were following the guidance in VA's LEP Directive.²³ The survey contained 10 "yes" or "no" questions to gauge the extent of medical centers' efforts to implement the LEP Directive. The questions ranged from issues such as overall language assistance policies to efforts to provide language access services. If a "no" response was provided for any question, the medical center directors completing the

²²The Joint Commission, previously known as the Joint Commission on Accreditation of Healthcare Organizations, is a not-for-profit organization that evaluates and accredits health care organizations throughout the United States to help assure the quality of care provided to patients. Accreditation is an assessment process by which an organization's performance is measured against certain standards defined by industry experts. VA requires its medical centers to obtain and maintain accreditation from the Joint Commission.

²³VA initiated its survey in response to a November 2005 letter from members of Congress to VA's Secretary, which requested that VA monitor the implementation of VA's LEP Directive to help ensure that medical center's actions were consistent with the steps outlined in the directive.

survey were instructed to indicate a tentative date by which they would take action to address the item. VA required medical center directors and VISN directors to ensure that the responses for individual medical centers were completed. However, VA did not require that VISN or medical center directors provide documentation to support their “yes” responses to the survey.

The results of the 2005 survey showed that 65 percent of VA medical centers had assessed the language needs of their veteran service population and that 60 percent of the centers had developed a language assistance policy.²⁴ While completing the survey, VA medical center directors reported information about other medical center efforts to meet the needs of LEP veterans, including efforts to translate documents and hire bilingual interpreters. For example, 87 percent of VA medical center directors reported establishing a list of staff available for interpretation services and that 24 percent of VA medical centers had translated written documents into languages other than English.

After conducting its initial survey, VA took several steps to help medical centers improve their efforts to implement the LEP Directive, according to a VA official. VA staff made follow-up calls to VA officials from the medical centers that did not respond to the survey or that were identified by the survey as not conducting efforts consistent with the LEP Directive.²⁵ During these follow-up efforts, VA staff offered guidance to medical center officials on conducting language needs assessments and developing language assistance policies in ways that were consistent with the LEP Directive. According to officials we interviewed at two VA medical centers, the guidance was helpful in their facilities’ assessment of language needs among their service population and development of language assistance policies.

According to VA, the follow-up efforts proved successful, as all medical centers reported that they had assessed the language needs of their veteran service population, and, as necessary, developed language assistance policies. In July 2007, VA reported that as a result of its follow-up efforts, all of VA’s medical centers, in accordance with the LEP

²⁴This survey showed that four of the medical centers we reviewed in depth assessed the language needs of their veteran service population and that three of the medical centers we reviewed in depth developed a language assistance policy.

²⁵Staff from VA’s EEO office conducted the follow-up calls to VA medical centers.

Directive, had assessed the language needs of their veteran service population and developed language assistance policies as needed. VA concluded that because of the progress and efforts made by its medical centers to implement the LEP Directive, VA would not conduct any additional evaluations of medical center implementation of the LEP Directive. Instead, VA said it would rely on the medical centers to monitor their own LEP language access needs and programs.

VA Medical Centers and Facilities Offer a Variety of Language Access Services for Veterans with LEP

VA medical centers and other VA facilities have access to a variety of translation services. At the national level, VA has translated its widely distributed benefits publication into Spanish and makes information from this publication available in Spanish on its Web site.²⁶ All VA medical centers have computer software that offers medical treatment consent forms in Spanish and additional software that allows VA staff to access patient education materials in several languages other than English, such as Spanish and Korean.²⁷

The VA medical centers and facilities included in our in-depth review also provide translated materials to meet the various language needs of their veteran service populations. We found that all six medical centers in our in-depth review translate written materials on their own. For example, staff at one medical center we interviewed told us that they translated educational materials on traumatic brain injuries into Spanish. However, staff at the medical centers reported that they primarily rely on publicly available translated documents rather than translating written materials on their own because of the cost of independently translating documents. The sources of these publicly available materials range from other federal agencies to results of an Internet search. For example, according to VA officials, patient educators at some medical centers use patient education materials on a range of topics including heart disease and diabetes that

²⁶Department of Veterans Affairs, *Federal Benefits for Veterans and Dependents* (Washington, D.C., 2008). This publication is available in Spanish at <http://www.va.gov/opa/vadocs/fedbensp.pdf> (accessed May 27, 2008).

²⁷The iMed Consent application allows VA medical center staff to create medical consent forms in Spanish. Similarly, the KRAMES-on-Demand program allows medical center staff to provide patient education materials in several languages other than English. KRAMES-on-demand provides all its education materials and drug information sheets in English and Spanish. Additionally, education materials covering 10 critical health topics are available in 10 languages: English, Spanish, Armenian, Chinese, Farsi, Hmong, Korean, Russian, Tagalog, and Vietnamese.

have been translated into Spanish by HHS's Food and Drug Administration. VA medical center staff can also use materials translated by staff at other medical centers. For example, staff at one medical facility we reviewed reported that the VA medical center located in San Juan, Puerto Rico, has shared patient education materials they have translated into Spanish with other VA medical centers. Medical center staff we interviewed also reported using professional groups within VA, such as EEO managers or patient educators, to identify and share existing translated materials. However, these groups are limited in their membership and, as such, might not be aware of all translated materials available at VA medical centers. Additionally, VA medical facilities included in our review generally offer translated materials specific to the services they provide, when needed. For example, one Vet Center we reviewed translated a pamphlet on post-traumatic stress disorder into Spanish for its largely Hispanic veteran service population.

As part of language access services, VA medical centers we reviewed in depth provide language interpretation services to help address the language needs of veterans with LEP. Staff we interviewed at all six medical centers we reviewed had the ability to provide interpretation services to veterans with LEP and were doing so in several different ways. For example, staff members at all six of these medical centers maintained a list of bilingual medical center staff who volunteered to provide interpretation services during a clinical encounter between a provider and a veteran with LEP. Medical center staff primarily used people from this list to provide needed interpretation services. In addition, staff at five of the six VA medical centers had contract telephone interpretation services available as a means to help effectively communicate with veterans and their families with LEP. Moreover, two of the three medical centers we visited advertised within the medical center, in languages other than English, the availability of language interpretation services to veterans and their families with LEP. In these medical centers, we observed signs posted near entrances and elevators that advertised, in multiple languages, free language interpretation services for veterans and their family members.

In addition to efforts made by VA's medical centers to provide language access services, some of VA's Vet Centers have also made efforts to provide language access services to ensure that veterans with LEP have meaningful access to counseling and other services. Vet Centers provide language access services to veterans' family members with LEP to ensure that they are able to participate in counseling sessions, such as marital and family counseling. For example, at one Vet Center we visited, the entire

staff was bilingual to help accommodate the needs of its mostly Hispanic veteran service population. In cases where bilingual staff were not available, four of the five Vet Centers where we conducted interviews had agreements with the local VA medical center to access its list of bilingual staff available for interpretation services.

VA Medical Center Officials Report Low Utilization of Language Access Services; However, Officials Expect the Demand for These Services to Grow

Officials at the VA medical centers and facilities included in our in-depth review reported that veterans seldom use VA's language access services. For example, officials and staff we interviewed from five of the six medical centers in our review stated that their facility had a contract in place for telephone interpretation services but only one medical center reported ever utilizing these services. Staff at the medical center that reported utilizing the interpretation service stated that the use was infrequent. Moreover, staff we interviewed at the six VA medical centers we reviewed reported that most veterans speak English and staff at one medical center reported that veterans prefer to receive written materials in English. Staff at one medical center told us that they stopped routinely offering translated materials after veterans—for whom English was not their primary language—stated their preference for materials in English. However, translated documents were made available upon request. Despite the low utilization of interpretation services, such as the use of a contracted telephone interpretation service, officials at all six medical centers in our in-depth review reported using bilingual staff to serve as volunteer interpreters when needed.²⁸ In addition, in our review of 17 other medical centers' language needs assessments, officials from one medical center volunteered utilizing telephone interpretation services four times in the 2 years prior to our request in July 2007, while another medical center volunteered in its assessment that veterans at the facility never used the facility's contracted telephone interpretation service.

VA medical center officials told us that they expect the demand for language access services to grow as the increasingly diverse servicemember population transitions to veteran status. The servicemember population is more diverse—in terms of race, and ethnicity—than the current veteran population.²⁹ VA officials we

²⁸According to VA medical center staff we interviewed, the use of volunteer staff interpreters is often not reported to medical center officials and as a result may be undercounted.

²⁹See [GAO-05-952](#) and Department of Veterans Affairs, *VA Benefits & Health Utilization* (Washington, D.C., 2007).

interviewed projected that the increased diversity of the military servicemember population will directly translate to an increased level of diversity in the veteran population as these servicemembers end their military careers and become veterans who may be eligible for VA health care services. Staff from several VA facilities told us that they have recently witnessed demographic changes in their service population. For example, two Vet Centers we visited told us that they have experienced an increase in the number of veterans and family members needing language access services in Spanish to facilitate marital and family counseling sessions.

VA Medical Centers Are Addressing the Need for Culturally Appropriate Health Care Services through Staff Training and Tailoring Health Care Services

In an effort to address the cultural differences represented in its veteran service population, VA medical centers have conducted training programs to increase staff awareness about cultural diversity and the need for culturally appropriate health care services. Additionally, VA medical centers and facilities tailored a variety of health care services to different segments of the veteran population and promoted the availability of culturally appropriate health care services by targeting outreach efforts to different segments of the veteran population.

VA Medical Centers Provided Training to Staff to Increase Awareness about the Need for Culturally Appropriate Health Care Services

VA medical centers have provided a variety of training programs for staff to both raise cultural awareness and to assist medical center staff in providing culturally appropriate health care services. According to VA medical center officials we interviewed, medical center staff are required to annually complete one mandatory VA-developed training course on the health care needs of veterans of various age groups.³⁰ The six VA medical centers we reviewed have offered training to help staff understand cultural diversity as well as appreciate the need for culturally appropriate health care. These training efforts included locally-developed training on

³⁰Training of medical center staff on the health care needs of various age groups is an accreditation requirement from The Joint Commission. VA established a Cultural Competency Taskforce to identify and provide resources and training materials to medical centers to help facilitate the delivery of culturally appropriate health care. The taskforce is reviewing training modules on culturally appropriate health care in an effort to find a module that can be distributed to all VA medical centers for use in their efforts to provide culturally appropriate health care to veterans. The taskforce began work in spring 2006.

diversity given to new staff during orientation and on-line diversity training that is available to all staff. One of the six medical centers we reviewed in depth also developed training to help staff better understand what it was like for a veteran in general to serve in the military, as well as what it was like for a veteran who served during a particular military service era, such as the Vietnam War. The training materials also provided information on the types of medical diagnoses that may be related to a veteran's service, such as exposure to environmental hazards. Additionally, individual medical centers developed programs designed to increase awareness of veteran diversity and different cultural practices. For example, four VA medical centers we reviewed reported using celebrations and events in conjunction with heritage months (e.g., African American Heritage Month and Women's History Month) as educational opportunities to increase medical center staff awareness of veteran cultures and diversity. Programs included speakers, cultural fairs, and presentations open to staff and veterans at the individual VA medical centers.

VA Medical Centers and Facilities Have Provided Health Care Services Tailored to Meet the Needs of a Culturally Diverse Veteran Population

VA medical centers and facilities have provided numerous health care services designed to meet the needs of the culturally diverse veteran population that differs in terms of race, ethnicity, sex, as well as age. According to VA officials, these services have varied across VA medical centers, CBOCs, and Vet Centers, depending on the needs of the veteran populations served. During our in-depth review of 16 VA medical centers and facilities, officials identified a number of health care services that are provided in a culturally appropriate manner:

- Two medical centers and one Vet Center offer spiritual services, which include the use of medicine men and traditional healing rituals, in order to meet the needs of Native American veterans.
- Three medical centers and one CBOC have increased the use of modern technology, such as text-messaging appointment reminders, to communicate more effectively with younger veterans, who are typically accustomed to such means of communication.
- One Vet Center offered a counseling group exclusively for African American veterans and one Vet Center offered counseling groups for women veterans.

According to staff we interviewed, services tailored to different segments of the population are often designed using information gained from specific veteran requests, veteran focus groups, or through recommendations of special-emphasis population groups.³¹

To facilitate the delivery of culturally appropriate health care services, all VA medical centers have a minority veterans program coordinator.³² The role of the minority veterans program coordinator is to identify barriers to health care and advise medical center officials in developing services to make health care more accessible and culturally appropriate for minority veteran populations. Minority veterans program coordinators also work directly with minority veterans in an effort to facilitate access to and use of VA health care services.

To promote the availability of culturally appropriate care, the six VA medical centers included in our in-depth review have implemented a variety of targeted outreach efforts to different veteran populations. For example, officials at two of the six medical centers we reviewed reported working closely with military and National Guard bases located near the medical center to increase awareness of VA health benefits among younger veterans and their families. According to VA staff, these outreach efforts helped younger veterans understand that VA was not just “their grandfather’s VA” and that VA medical centers serve veterans from all military conflicts. At one medical center, officials we interviewed reported outreach efforts to help Hispanic, younger, and female veterans recognize when they might need medical services, for example treatment for post-traumatic stress disorder or depression. These outreach efforts included participating in community health fairs and ceremonies held to welcome home servicemembers from the combat theaters. VA staff said they tailored these efforts to different communities, and staff at one medical center reported including materials in Spanish.

³¹Special-emphasis population groups are advocacy groups comprised of VA staff and focus on understanding the needs and promoting awareness of certain groups including Native Americans, Asian Pacific/Islanders, African Americans, Hispanics, women, and people with disabilities.

³²Minority veterans program coordinators have been placed at each VA medical center by CMV as part of its systemwide effort to improve services for minority veterans.

Agency Comments and Our Evaluation

VA reviewed a draft of this report and sent us comments by email. VA agreed with the information presented as it pertained to VA. In commenting on the development of resources and education to help facilitate the delivery of culturally competent care, VA noted that there are different solutions based on local needs and supports a multimodality strategy as opposed to a “one module fits all” approach. We agree and as we discussed in our report, VA medical facilities do conduct training for staff and tailor health care services in an effort to address the differing needs for culturally appropriate health care services in particular locations. These efforts and services are often locally developed in response to the characteristics and needs of the veteran population served.

As arranged with your office, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days after its issuance date. At that time, we will send copies of this report to the Secretary of Veterans Affairs. We will also provide copies to others upon request. In addition, the report is available at no charge on the GAO Web site at <http://www.gao.gov>. If you or your staff have any questions about this report, please contact me at (202) 512-7114 or williamsonr@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff that made major contributions to this report are listed in appendix I.



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Appendix I: GAO Contact and Staff Acknowledgments

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In addition to the contact above, Marcia Mann, Assistant Director; Melanie Anne Egorin; Krister Friday; Adrienne Griffin; Samantha Poppe; and James Walker made contributions to this report.

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