

LANGUAGE ACCESS PLAN FOR THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Language Access Principles

The Agency for Healthcare Research and Quality (AHRQ) will follow the language assistance principles outlined in this plan when assessing and addressing situations in which individuals with limited English proficiency (LEP) request information or resources. This plan applies to all AHRQ staff.

AHRQ will take reasonable steps to provide language assistance through individuals who are competent to provide these services. In determining competency, AHRQ will consider the level of fluency, comprehension and cultural competence appropriate to the nature, type, and purpose of information an individual with LEP requests from AHRQ. Language assistance includes both provision of resources in languages other than English and the use of interpreter services.

As outlined in the HHS Office of Civil Rights' Guidance to Federal Financial Assistance Receipts Regarding the Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, competency does not necessarily mean formal certification as an interpreter, though certification is helpful. The competency requirement contemplates demonstrated proficiency in both English and the other language. For interpreters, it also includes an orientation and training that includes the skills and ethics of interpreting (e.g., issues of confidentiality), fundamental knowledge in both languages of any specialized terms or concepts, sensitivity to the LEP person's culture and a demonstrated ability to convey information accurately in both languages.

AHRQ will endeavor to expand the range or nature of language assistance measures (including provision of information and resources in languages other than those specified in this plan) when a need is identified. To the maximum extent practical, LEP shall not act as a barrier or otherwise limit access to AHRQ consumer information, i.e., information publicly available in English.

AHRQ's Mission and Core Competencies

AHRQ's mission is to produce evidence to make healthcare safer, higher quality, more accessible, equitable, and affordable, and to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used.

AHRQ supports improvements in healthcare delivery via three core competencies:

- Health Systems Research: AHRQ invests in research that generates evidence about how to deliver high-quality, safe, high-value healthcare;
- Practice Improvement: AHRQ creates tools and strategies to help health systems and frontline clinicians deliver high-quality, safe, high-value healthcare; and



- Data & Analytics: AHRQ data and analysis help healthcare decision makers understand how the US healthcare system is working and where there are opportunities for improvement.

AHRQ's Language Access Goals

AHRQ is committed to ensuring that:

1. Individuals with LEP are able to gain access to AHRQ's consumer information either in print or electronically via the AHRQ Website.
2. Its grants and contracts address the needs of individuals with LEP.

Specific Elements for Achieving Language Assistance Goals

AHRQ will strive to implement each of the elements below, as well as the associated action steps, and establish priorities that will best meet the needs of individuals with LEP.

Element 1: Assessment and Needs Capacity

AHRQ will *annually assess* the extent that language assistance or in-language material was requested and/or accessed or otherwise needed by their customers, including beneficiaries and/or other healthcare and human services partners, and develop a budget request to meet anticipated language assistance needs for the coming year.

In March of each year, AHRQ will assess the extent that language assistance or in-language material was requested and/or accessed. Currently, AHRQ translates consumer publications into Spanish, the language most in demand according to AHRQ research. AHRQ's policy is to translate every consumer publication into Spanish and post it on the Agency Website for Spanish speakers. AHRQ will, on an ongoing basis, assess the language assistance needs of current and potential customers to determine if the Agency needs to provide AHRQ consumer information in other languages.

This assessment will include 1) identifying the non-English languages spoken by the population likely to be accessing the Agency's resources, and 2) the barriers – including resource barriers – that hinder provision of effective interpretation and written communication in non-English languages.

Action Steps:

- Participate in at least one listening session, hosted by HHS, to learn about challenges and opportunities for improvement in the agency's language access efforts, and consult subject matter experts to determine whether the agency's current language access program is effective and complies with Section 1557 of the Affordable Care Act, as well as this Language Access Plan.
- Regularly participate on at least one interagency language access working group to identify methods for improving agency proficiency in providing language assistance services.

- Take specific steps to develop or amend policies or practices that ensure AHRQ’s language assistance services are adequate to meet customer needs and advise Agency officials on updating the agency language access plan as needed.

Element 2: Interpretation Language Assistance Services

AHRQ will take steps to provide appropriate interpretation language assistance services (e.g., face-to-face, virtual (video/webinars), and/or telephone encounters), free of charge, that address the needs identified in Element 1.

Action Steps:

- Develop a list of qualified bilingual and multilingual staff who are competent in speaking non-English languages and post it to the Agency intranet as part of the subject matter expert list the Office of the Director updates twice a year. AHRQ will publicize the availability of this list via the Agency newsletter and intranet postings.
- Request that AHRQ staff members who speak languages other than English update their employee profiles on the intranet to expedite searches for this information.
- Enlist the assistance of certified interpreters, should the need or demand arise.

Element 3: Written Translations

AHRQ will identify, translate, and make accessible in various formats, including print, online, and electronic media, vital documents, including important consumer/patient information, in an accessible format, in languages other than English in accordance with assessments of needs and capacity conducted under Element 1.

AHRQ must take reasonable steps to provide accurate written translations to ensure meaningful access to and an equal opportunity to access and use AHRQ information and resources. AHRQ will translate materials based on their respective assessments of need and capacity and develop translation strategies suitable to the medium for distribution. Translated documents should be easy to understand by intended audiences. Matters of plain language, cultural communication, and health literacy should be considered for all documents, including when originally composing in English. Materials that are translated should be easily accessible on the agency’s website.

To improve cultural appropriateness and accuracy of translations, qualified translators and reviewers should be used.

Action Steps:

- Grant permission to organizations that wish to translate its consumer publications into languages other than Spanish.
- AHRQ’s family of patient safety Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys are provided to institutions in Spanish so Spanish-speaking patients can complete surveys. The Hospital CAHPS survey is also available in Russian, Chinese, and Vietnamese on the website of CMS.
- Routinely assess request for information and materials in languages other than Spanish to determine whether the Agency needs to provide translation services in those languages.

- Ensure all online translated content shall comply with Section 508 of the Rehabilitation Act.

Element 4: Policies, Procedures, Practices

AHRQ will annually review and, as necessary, update, and implement its written policies and procedures to ensure it is taking reasonable steps to provide individuals with LEP meaningful access to agency programs and activities.

AHRQ's policy is to translate all AHRQ consumer publications into Spanish. Further, the CAHPS surveys are also translated into Spanish. This policy is not codified but will be considered to be so through the publication of this Language Access Plan.

Action Steps:

- The designated office or official will participate on at least one inter- and/or intra-agency working group that is focused, at least in part, on identifying and implementing effective practices for improving access for persons with LEP. The designated office or official will propose effective practices to the Agency head to ensure policies and procedures are effectively administered.
- Translate AHRQ consumer publications into Spanish and publish the patient surveys called CAHPS in Spanish.

Element 5: Notification of the Availability of Language Assistance at No Cost

AHRQ will proactively inform individuals with LEP that language assistance is available at no cost through HHS or entities funded by HHS.

The AHRQ website has a section for Spanish speakers to access consumer publications.

Action Steps:

- Develop a list of qualified bilingual and multilingual staff who are competent in speaking non-English languages and post it to the Agency intranet as part of the subject matter expert list the Office of the Director updates twice a year. AHRQ will publicize the availability of this list via the Agency newsletter and intranet postings.
- Request that AHRQ staff members who speak languages other than English update their employee profiles on the intranet to expedite searches for this information.
- Enlist the assistance of certified interpreters, should the need or demand arise.

Element 6: Staff Training

AHRQ will commit resources and provide employee training as necessary to ensure management and staff understand and can implement the policies and procedures of this plan and the HHS Language Access Plan.

AHRQ will ensure that staff are informed of the Language Access Plan.

Action Steps:

- The Office of Management Services (OMS) will include a link to the Language Access Plan in the AHRQ News staff email.

Element 7: Assessment & Accountability: Access, Quality, Resources, Reporting

AHRQ will regularly assess the accessibility and quality of language assistance activities available to individuals with LEP and individuals with disabilities, maintain an accurate record of language assistance services provided by the agency, document financial and staff resources dedicated to providing language assistance, and annually report progress made to fully implement the 2023 HHS Language Access Plan.

Action Steps:

- Designate an office or official responsible for developing, implementing, and committing resources necessary to regularly monitor and annually assess relevant practices and procedures, focusing on progress made by AHRQ to improve and ensure the quality and accuracy of language assistance services provided to individuals with LEP and people with disabilities, while also addressing challenges.
- Implement methods for measuring improvements in language access in individual programs and activities and take steps to ensure that such information is collected in a manner that increases comparability, accuracy, consistency across programs and activities and takes into consideration guidance provided by the Language Access Steering Committee.
- Implement an agency process to annually report to the Language Access Steering Committee on agency progress implementing each element of this plan, effective practices, and barriers to improving the language access program, in accordance with the Language Access Steering Committee reporting timelines.

Element 8: Consultations with Health Care and Human Services Partners

AHRQ will consult with healthcare and human services partners, beneficiaries, and customers, in accordance with the 2023 HHS Language Access Plan and other federal policies, to identify language assistance needs of individuals with LEP, implement appropriate language access strategies to ensure individuals with LEP have meaningful access in accordance with assessments of customer need and agency capacity, and evaluate progress on an ongoing basis.

AHRQ will engage in robust dialogue with healthcare and human services partners and consumers, in accordance with this and other federal policies, to identify language assistance needs of individuals with LEP, implement appropriate language access strategies to ensure individuals with LEP have meaningful access in accordance with assessments of customer need and agency capacity, and evaluate progress on an ongoing basis.

Action Steps:

- Participate in conversations with healthcare and human services partners to assess the accessibility, accuracy, cultural appropriateness, and overall quality of AHRQ's language assistance services.
- Annually participate in at least one listening session hosted by HHS to learn about challenges and opportunities for improvement in the agency's language access program. These listening sessions should result in concrete action steps by AHRQ.
- Post this Language Access Plan on the public website.

Element 9: Digital Information

AHRQ will develop and implement written policies and procedures to ensure that, in accordance with assessments of LEP needs, the needs of people with disabilities, and agency capacity, digital information is appropriate, available, and accessible in languages other than English.

The AHRQ Office of Communications (OC) manages and staffs the public AHRQ website that provides access to information about the Agency. The website has a section for Spanish speakers so they can access consumer materials.

Action Steps:

- Provide AHRQ consumer materials in Spanish on the public website.
- Prominently display links and/or symbols at the top-right corner of the agency's English language website, to pages and documents that are also available for viewing or downloading in Spanish.
- For virtual meetings, ensure that the platform being used provides for closed captioning and that the captioning function is enabled by the host. As a best practice, consider using real time translation services such as Communication Access Realtime Translation (CART) to ensure better accuracy of captions.

Element 10: Grant Assurance and Compliance by Recipients of HHS Funding

AHRQ will ensure that award recipients understand and comply with their obligations under civil rights statutes and regulations enforced by HHS and that require them to provide language assistance services. Agencies are encouraged to provide funding specifically for language access to increase the resources needed to reach the goals and benchmarks in the 2023 HHS Language Access Plan.

The AHRQ Office for Extramural Research, Education and Priority Populations (OEREP) issues funding opportunity announcements and trains AHRQ project officers to oversee the work of AHRQ grantees. Currently, the Initial Review Groups examine grant applications to ensure they meet and comply with the criteria for the protection of human subjects, 45 CFR Part 46, and the inclusion of women, minority, and priority populations. AHRQ encourages grant applications involving AHRQ's priority populations, 42 U.S.C. 299(c), which includes racial/ethnic minorities that may speak languages other than English.

AHRQ policy requires applicants to write informed consent and HIPAA authorization documents for research to be understandable to all potential research participants, including those with low literacy levels and LEP. AHRQ recommends that informed consent and authorization documents be written in accordance with health literacy principles and be available in multiple languages if potential research participants include individuals with LEP. AHRQ also recommends grantees adopt a process to verify potential research participants' understanding of informed consent and authorizing documents. AHRQ policy specifies that all consumer products produced under an AHRQ-funded grant be appropriate for the intended audience. This includes individuals from diverse cultural, language, and literacy backgrounds. AHRQ encourages grantees to test consumer products with intended audiences.

Action Steps:

- OEREP will continue to ensure that grant applications comply with civil rights and human subjects' regulations and study section members receive training on informed consent and authorization for LEP.

Appendix: Definitions

Note: Any related definitions that may be issued under Section 1557 will complement or supersede the broad working definitions set forth below.

Term	Definition
Agency	Agency refers to HHS Operating Divisions (such as CDC, FDA or NIH) and Staff Divisions (such as the Office for Civil Rights or the Office of the Assistant Secretary for Public Affairs). Operating Divisions focus on specific programs and activities as authorized by Congress. Staff Divisions are part of the Office of the Secretary and serve in a coordinating role for the Department.
Applicant	Any person who inquires about or submits an application for public assistance benefits under any program or service.
Beneficiary	Anyone who has applied for and is receiving Medicare, Medicaid, or other health benefit.
Bilingual/Multilingual Staff	<p>A staff member who has advanced proficiency (e.g., proficiency at or above the Federal Interagency Language Roundtable (https://www.govtilr.org/) level 3 in listening, reading, and speaking or above the American Council on the Teaching of Foreign Languages “Superior” level in listening, reading, and speaking)) in English and at least one other language and has knowledge of and experience with specialized terminology necessary for meaningful communication. A staff member who only has a rudimentary familiarity with a language other than English shall not be considered Bilingual/Multilingual Staff.</p> <p>Bilingual/Multilingual Staff should not interpret or translate unless they have separately met the requirements of being a qualified interpreter or translator. Bilingual/Multilingual Staff must be given clear roles and expectations regarding whether they are performing their job duties in-language or serving as qualified interpreters or translators.</p> <p>A distinction should be made between Bilingual/Multilingual Staff who provide services directly in a non-English language (e.g., call center staff) and those who interpret, as the assessment and skills required for each differ.</p>
Certificate	An academic recognition demonstrating the successful completion of a program of study, usually based on amount of instructional time and a minimum grade.
Certification	Institutional recognition demonstrating successful passing of an examination that tests knowledge, skills, and abilities related to an occupation.

Term	Definition
Contractor	Any entity that performs work or provides services on behalf of an agency or division under a contractual agreement with reimbursement.
Customer	Individuals, businesses, and organizations that interact with an HHS agency or program. The term customer is inclusive of beneficiaries and interested parties.
Digital Information	Information, as defined in OMB Circular A-130, which the government produces and provides digitally to help individuals access HHS conducted programs and activities for which they are individually eligible to participate. OMB Circular A-130 defines digital information as any communication or representation of knowledge such as facts, data, or opinions in any medium or form, including textual, numerical, graphic, cartographic, narrative, or audiovisual forms.
Direct “in-language” communication	Monolingual communication in a language other than English between a multilingual staff and a person with LEP (e.g., Korean to Korean).
Disaggregated Data	Data that separates out subgroups to provide the most descriptive and detailed information possible; for example, rather than using data about “Asian languages” or “Native American languages,” disaggregated data would indicate which specific languages are spoken by an individual or at the community level. Disaggregated data may also include information about varied dialects, as well as more specific national origin information.
Effective Communication	For communication disabilities, it refers to aids and services to ensure that communication with people with disabilities, such as people who are deaf or hard of hearing, is as effective as communication for people without disabilities.
Interpretation	The act of listening, understanding, analyzing, and processing a spoken communication in one language (source language) and then faithfully orally rendering it into another spoken language (target language) while retaining the same meaning. For individuals with certain disabilities that affect communication, this can include understanding, analyzing, and processing a spoken or signed communication in the source language and faithfully conveying that information into a spoken or signed target language while retaining the same meaning.
Language Access	Is achieved when individuals with LEP have meaningful access to and can communicate effectively with HHS employees and contractors and participate in HHS programs and activities.

Term	Definition
Language Assistance	All oral, written, and signed language services needed to assist individuals with LEP and people with disabilities to communicate effectively with HHS staff and contractors and gain meaningful access and an equal opportunity to participate in the services, activities, programs, or other benefits administered by HHS.
Limited English Proficiency (LEP)	An individual who does not speak English as his or her preferred language and who has a limited ability to read, write, speak or understand English in a manner that permits him or her to communicate effectively with HHS and have meaningful access to and participate in the services, activities, programs, or other benefits administered by HHS. Individuals with LEP may be competent in English for certain types of communication (e.g., speaking or understanding), but have limited proficiency in English in other areas (e.g., reading or writing). LEP designations are also context-specific; an individual may possess sufficient English language skills to function in one setting (e.g., conversing in English with coworkers), but these skills may be insufficient in other settings (e.g., addressing court proceedings). An individual who is D/HOH may also have limited proficiency in spoken or written English and may not be proficient in ASL or any other recognized sign language.
Meaningful Access	Language assistance that results in accurate, timely, and effective communication at no cost to the individual with LEP needing assistance. Meaningful access denotes access that is not significantly restricted, delayed, or inferior as compared to programs or activities provided to English-proficient individuals.
Participant	Any person who has applied for and is receiving public assistance benefits or services under any HHS program or service.
Plain Language	Plain language as defined in the Plain Writing Act of 2010 is writing that is “clear, concise and well organized.”
Preferred/Primary Language	The language that LEP individuals identify as the preferred language that they use to communicate effectively. The language that LEP individuals identify as the preferred language that they use to communicate effectively.

Term	Definition
Qualified Interpreter or Translator	A bilingual/multilingual person who has the appropriate training and experience or demonstrated ability to fully understand, analyze, and process and then faithfully render a spoken, written, or signed message in one language into a second language and who abides by a code of professional practice and ethics. A child shall not be considered a qualified translator or interpreter, nor shall a family member or employee who does not meet the minimum qualifications specified above.
Sight Translation	The oral or signed rendering of written text into spoken or signed language by an interpreter without change in meaning based on a visual review of the original text or document.
Sign Language	Method of communication for people who are deaf or hard of hearing in which hand movements, gestures, and facial expressions convey grammatical structure and meaning. There is no universal sign language. Different sign languages are used in different countries or regions. For example, British Sign Language (BSL) is a different language from ASL, and Americans who know ASL may not understand BSL.
Translation	The process of converting written text from a source language into an equivalent written text in a target language as fully and accurately as possible while maintaining the style, tone, and intent of the text, while considering differences of culture and dialect.
Vital Document	Paper or electronic written material that contains information that is critical for accessing a component's programs or activities or is required by law. Vital documents include, but are not limited to: critical records and notices as part of emergency preparedness and risk communications; online and paper applications; consent forms; complaint forms; letters or notices pertaining to eligibility for benefits; letters or notices pertaining to the reduction, denial, or termination of services or benefits that require a response from an individual with LEP; written tests that evaluate competency for a particular license, job, or skill for which knowing English is not required; documents that must be provided by law; and notices regarding the availability of language assistance services for individuals with LEP at no cost to them.