



2024 HRSA LANGUAGE ACCESS PLAN

HRSA

Health Resources & Services Administration

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Introduction

The Health Resources and Services Administration (HRSA), an Operating Division of the U.S. Department of Health and Human Services (HHS), is a federal agency that aims to provide equitable health care to people who are geographically isolated and economically or medically vulnerable. HRSA oversees programs that deliver health services to people with HIV, pregnant people, mothers and their families, those with low incomes, residents of rural areas, American Indians and Alaska Natives, and those otherwise unable to access high-quality health care. Specifically, HRSA’s mission is to improve health outcomes and achieve health equity through access to quality services, a skilled health workforce, and innovative, high-value programs by: 1. Taking actionable steps to achieve health equity and improve public health; 2. Improving access to quality health services; 3. Fostering a health workforce and health infrastructure able to address current and emerging needs; and 4. Optimizing HRSA operations and strengthen program engagement.

Through its seven bureaus, 12 offices, and 10 regional offices, HRSA provides leadership and financial support to health care providers in every state and U.S. territory. Tens of millions of Americans receive affordable health care through HRSA-funded programs, including 30.5 million people in historically underserved communities, more than 58 million pregnant women, infants, and children, over 576,000 people with HIV, and more than 1,800 rural counties and municipalities across the country. As the majority of HRSA’s work is carried out by award recipients (i.e., recipients of federal financial assistance), the agency is deliberate in its efforts to provide technical assistance related to obligations that apply to recipients (e.g., individuals or institutions). One such obligation is Title VI of the Civil Rights Act of 1964 (Title VI),¹ which prohibits discrimination on the basis of national origin against individuals who are limited English proficient (LEP). In accordance with Title VI, recipients of HRSA funding must take reasonable steps to help ensure that these individuals have meaningful access to all of their programs and activities.

Although Title VI does not apply to federally conducted activities, in August of 2000, President Clinton signed Executive Order 13166,² which established a goal for all federal agencies to "examine the services

¹ In accordance with Title VI of the Civil Rights Act of 1964 that prohibits discrimination on the basis of race, color or national origin, including individuals with limited English proficiency (LEP), recipients receiving federal financial assistance from HRSA must take reasonable steps to ensure that all individuals have meaningful access to the agency’s programs and activities.

² [Executive Order 13166](#)

[that they] provide and develop and implement a system by which LEP persons can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency."

Almost a decade after the signing of Executive Order 13166, Congress enacted the Patient Protection and Affordable Care Act (ACA), which included a prohibition against national origin discrimination in its civil rights provision, Section 1557. On May 18, 2016, the HHS Office for Civil Rights (OCR) issued the final rule implementing Section 1557.³ Among other things, Section 1557 requires that health programs or activities, any part of which receives federal funding from HHS (i.e., hospitals that accept Medicare, doctors who receive Medicaid payments, the Health Insurance Marketplaces, and any health program that HHS itself administers) must take reasonable steps to provide meaningful access to each LEP individual who is eligible to be served or likely to encounter the entities' health programs and activities. This Language Access Plan establishes the steps that HRSA will take to help ensure that LEP individuals have meaningful access to HRSA programs and activities in accordance with all relevant federal laws and guidance.

While language access is aimed at preventing discrimination against LEP individuals, it intersects with several other initiatives that focus on communicating information in ways that are clear and effective, as well as non-discriminatory. Some examples of initiatives around enhancing communication include the National Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) Standards,⁴ Effective Communication,⁵ Section 508 of the Rehabilitation Act of 1973,⁶ and the Plain Writing Act of 2010.⁷ Whenever possible, HRSA will implement the actions in this plan in conjunction with other agency initiatives to maximize access to HRSA programs and activities.

Language Access Policy Statement

The policy of HRSA is to provide LEP individuals with timely, meaningful access to HRSA-conducted programs and activities, free of cost, in accordance with the agency's needs, capacity, and this plan.

³ [45 CFR 92, Nondiscrimination in Health Programs and Activities](#)

⁴ The [National CLAS Standards](#) are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

⁵ Section 504 of the Rehabilitation Act of 1973 (Section 504) and Section 1557 of the Patient Protection and Affordable Care Act (Section 1557) require hospitals, health care providers, HRSA-funded health centers and other Federally Qualified Health Centers (FQHC), clinics, medical practices and other entities to provide services to persons with disabilities in a non-discriminatory manner. This includes providing [appropriate auxiliary aids and services to deaf and hard of hearing patients and their family members when necessary to ensure effective communication with service providers](#).

⁶ In 1998, Congress amended the Rehabilitation Act of 1973 to require Federal agencies to make their electronic and information technology accessible to people with disabilities. The law ([29 U.S.C. § 794 \(d\)](#)) applies to all Federal agencies when they develop, procure, maintain, or use electronic and information technology. Under [Section 508](#), agencies must give disabled employees and members of the public access to information that is comparable to access available to others.

⁷ [The Plain Writing Act of 2010](#) requires federal agencies to use plain writing for all public communication, especially public communication about benefits and services. The use of plain language in any language used to communicate with LEP individuals will help ensure accurate, understandable interpretations and translations, and support the overall goal of meaningful access.

HHS and Language Access

Since taking office, President Biden issued four Executive Orders that support the importance of ensuring language assistance and meaningful access: EO 13985, [Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#);⁸ EO 13995, [Ensuring an Equitable Pandemic Response and Recovery](#);⁹ EO 14031, [Advancing Equity, Justice, and Opportunity for Asian Americans, Native Hawaiians, and Pacific Islanders](#);¹⁰ and EO 14091, [Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#).¹¹

In April 2022, pursuant to EO 13985, the Department developed the [HHS Equity Action Plan](#), which identifies language access objectives, goals, and requirements for the Department beyond actions required by EO 13166¹² and Section 1557 of the Affordable Care Act (Section 1557).¹³ The first section of the Equity Action Plan is entitled “Nondiscrimination in HHS: Civil Rights Protections and Language Access,” and focuses on how HHS can remove barriers to equitable outcomes in HHS programs and activities. The Equity Action Plan requires the Department to “work to restore and strengthen its cross-department Language Access Plan,” and identifies a number of specific language access goals, processes, policies, and responsibilities. The Director of the Office for Civil Rights is charged with establishing a method for monitoring and reporting progress made by the Department to implement the language access requirements in the Equity Action Plan.¹⁴

To support this Department-wide effort, on October 6, 2022, Deputy Secretary Andrea Palm issued a memo to all the leaders within HHS entitled, Secretary Becerra’s Commitment to Provide Language assistance services Under Executive Orders 13166, 13985, and 14031. The memo affirms that OCR’s

⁸ EO 13985 requires each agency to “produce a plan for addressing any potential barriers that underserved communities and individuals may face to enrollment in and access to benefits and services in Federal programs.”

⁹ EO 13995 established the COVID-19 Health Equity Task Force, which is directed to make recommendations for agencies to provide effective, culturally aligned communication, messaging, and outreach to underserved communities.

¹⁰ EO 14031 Directs Secretary Becerra to co-chair the White House Initiative on Asian American (AA), Native Hawaiians, and Pacific Islanders (WHIAANHPI), a federal interagency working group directed to “advance equity, justice, and opportunity for AA and NHPI communities by coordinating Federal interagency policymaking and program development efforts to eliminate barriers to equity, justice, and opportunity faced by AA and NHPI communities.” Language access is one of three key issues that impact the health and well-being of AA and NHPI communities.

¹¹ EO 14091 requires agencies to “consider opportunities to . . . improve accessibility for people with disabilities and improve language assistance services to ensure that all communities can engage with agencies’ respective civil rights offices, including by fully implementing Executive Order 13166 of August 11, 2000 (Improving Access to Services for Persons with Limited English Proficiency).”

¹² EO 13166 directs federal agencies to improve access to federally funded programs and activities by persons with limited English proficiency, and to implement a system by which limited English proficient persons can meaningfully access the agency’s services. Executive Order (EO) 13166, [Improving Access to Services for Persons With Limited English Proficiency \(Dec. 12, 2000\)](#).

¹³ Section 1557 of the Affordable Care Act provides that “an individual shall not, on the grounds prohibited under Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.) [race, color, national origin (i.e., LEP)].” 42 U.S.C. § 18116 (a).

¹⁴ See Equity Action Plan, 3 “(Since the release of EO 13985 on January 20, 2021, HHS has focused on taking steps to continually advance equity, which is a top priority for President Biden and HHS Secretary Becerra.”), 5 (“Under Secretary Becerra’s leadership, HHS has prioritized restoring efforts to provide language assistance services appropriate to their respective programs.”).

Director is in charge of strengthening and leading the Department's language access program and for reporting progress to the Secretary.¹⁵

On October 11, 2022, HHS relaunched the Language Access Steering Committee, which is tasked with incorporating the language access deliverables of the Equity Action Plan into an updated HHS Language Access Plan, and to lead Departmental efforts to fully implement this new HHS Language Access Plan.¹⁶ The Deputy Secretary and OCR Director determined that the Language Access Steering Committee must function at full strength to further the President's and the Secretary's language access goals for the Department.

HHS published an updated Language Access Plan in November 2023, requiring all HHS OpDivs and StaffDivs to update their agency's language access plans as well.¹⁷

Development of HRSA's 2024 Language Access Plan

In 2016, after a cross-collaborative effort led by the Office of Civil Rights, Diversity, and Inclusion (OCRDI) and the Office of Health Equity alongside each of HRSA's Bureaus and Offices, HRSA published its first Language Access Plan. In 2019, HRSA initiated its Language Services Program upon entering an interagency agreement with the National Institutes of Health (NIH) to provide qualified and certified oral interpretation and written translation services in over 50 languages available to all HRSA staff. This program is coordinated through OCRDI and has resulted in significant strides in HRSA's multilingual communication efforts to support LEP communities. To assist HRSA Bureaus and Offices in advancing language access using HRSA's Language Services Program, OCRDI:

- Developed comprehensive Standard Operating Procedures that details each of the services (telephonic interpretation; simultaneous/live interpretation; and written translation) and how to request them;
- Enacted a streamlined process for requesting interpretation and translation services;
- Ensures that requests are answered within 24 hours;
- Conducts one-on-one consultations with HRSA staff across various Bureaus and Offices regarding language access and cultural competency, and utilizing the contract to reach these goals;
- Published an on-demand webinar on accessing these services in 2023; and
- Routinely solicits feedback from HRSA Bureaus and Offices to improve quality of language services.

In 2023, HRSA actively participated and substantially contributed to the HHS Language Access Steering Committee's development of its updated Departmental Language Access Plan. After the new Departmental plan was published in November 2023, HRSA updated its Language Access Plan to reflect the robust changes made in its Language Services Program and in the Departmental plan.

¹⁵ Mem. from Dep. Sec. Andrea Palm to Heads of Operating and Staff Divisions (Oct. 6, 2022) (on file with OCR); see also Press Release, [HHS Takes Action to Break Language Barriers](#) | HHS.gov (Oct. 6, 2022).

¹⁶ Mem. from OCR Dir. Melanie Fontes Rainer to Heads of Operating and Staff Divisions (Oct. 7, 2022) (on file with OCR).

¹⁷ [The U.S. Department of Health and Human Services 2023 Language Access Plan](#)

OCRDI drafted updates to HRSA’s Language Access Plan and circulated it to all HRSA Bureaus and Offices for feedback as well as the HRSA *Abriendo Puertas* Workgroup, which aims to enhance communication with Spanish-speaking communities to increase access to health care and improve health outcomes. The plan was then reviewed and cleared by the HHS Office for Civil Rights, the Assistant Secretary for Public Affairs, the Office of the Assistant Secretary for Planning and Evaluation, the Office of the Assistant Secretary for Financial Resources, and the Office of General Counsel.

Statement of Scope

The HRSA Language Access Plan applies to HRSA federally conducted programs and activities. Under this plan, a HRSA conducted program or activity includes:¹⁸

1. Programs or activities involving the general public as part of ongoing HRSA operations; and/or,
2. Programs or activities directly administered by HRSA for program beneficiaries and participants.

In addition, this plan outlines HRSA’s responsibility to educate and provide guidance to recipients of HRSA federal funding with regard to LEP obligations.

Implementation of HRSA Language Access Plan

HRSA’s Language Access Plan sets out a general strategy for implementation; however, as noted below, each HRSA Bureau and Office is responsible for ensuring the relevant aspects of the Bureau or Office’s operations related to language access are implemented.

HRSA Bureau and Office Self-Assessments

The Bureau and Office language access point of contacts, in consultation with OCRDI, will be responsible for completing a comprehensive needs and capacity assessment for the respective Bureau or Office, in accordance with Element 1 of this plan.

Throughout the assessment process, Bureaus and Offices will identify a variety of action steps, including those that allow implementation to begin immediately. Assessments will be done in accordance with the four-factor analysis established by the U.S. Department of Justice in its original LEP Policy guidance¹⁹ and contained in the HHS LEP Guidance to Recipients.²⁰ The HHS LEP Guidance, which affirms U.S. Department of Justice’s LEP guidance, advises recipients to consider four factors:

1. The number or proportion of LEP persons in the eligible service area;
2. The frequency with which LEP persons come into contact with the program;
3. The importance of the service provided by the program; and
4. The resources available.

¹⁸ This statement of scope is based on the definition of federally conducted programs under Executive Order 13166, which is the same as the definition used under the regulations for application of Section 504 of the Rehabilitation Act of 1973 to federally conducted programs. Activities in the first category include communication with the public (i.e., telephone contacts, access to the main landing pages of the HRSA website) and the public’s use of HRSA’s physical facilities. Activities in the second category include HRSA programs that provide Federal services or benefits. (Please see [28 C.F.R. Pt. 39.102](#) and the “Supplementary Information” portion of the document originally published at 49 FR 35724.)

¹⁹ [Department of Justice's Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons](#)

²⁰ [HHS LEP Guidance to Recipients](#)

Throughout the self-assessment process, OCRDI will provide tools and technical assistance to assist Bureaus and Offices in conducting comprehensive self-assessments that are in compliance with the relevant guidance and consistent across the agency.

Elements and Action Steps

The HRSA Language Access has 10 elements, as established by the HHS Language Access Plan. The elements identify specific action steps that HRSA Bureaus and Offices must take to implement the HRSA plan. These steps are critical for achieving HRSA's objective of providing meaningful access to HRSA-conducted programs and activities for individuals with LEP.

- Element 1: Assessment: Needs and Capacity
- Element 2: Interpretation Language Assistance Services
- Element 3: Written Translations
- Element 4: Policies, Procedures, and Practices
- Element 5: Notification of the Availability of Language Assistance at No Cost
- Element 6: Staff Training
- Element 7: Assessment & Accountability: Access, Quality, Resources, Reporting
- Element 8: Consultations with Health Care and Human Services Partners
- Element 9: Digital Information
- Element 10: Grant Assurance and Compliance by Recipients of HHS Funding

Element 1: Assessment: Needs and Capacity

HRSA will annually assess the extent that language assistance and in-language material was requested and/or accessed or otherwise needed to support LEP individuals and develop a budget request to meet anticipated language assistance needs for the coming year.

OCRDI oversees the agency's Language Services Program and will take the lead in coordinating agency language access efforts across HRSA's Bureaus and Offices.

Description

HRSA will, on an annual basis, assess the language assistance needs of its current and potential LEP customers to inform policy, processes, and budgeting necessary to increase awareness of and implement language assistance services that advance access to their respective programs, activities, and services for persons with LEP.

This assessment will include identifying:

1. Non-English languages spoken by the population likely to access, is in need of, or is eligible for HRSA's services; and
2. Barriers that hinder provision of effective interpretation and written communication with individuals with LEP.

According to the American Community Survey, the top five languages spoken in the United States by individuals with LEP are Spanish, Chinese (including the spoken languages of Mandarin and Cantonese and the written languages of Simplified and Traditional Chinese), Vietnamese, Korean, and Tagalog (including Filipino). HRSA staff are encouraged to review the mapping resources on LEP.gov and consult

with community organizations and stakeholders to ensure its programs adequately reach all communities, regardless of language spoken.

Action Steps

- a. On an annual basis, HRSA will participate in at least one listening session, that it or HHS will host, to learn about challenges and opportunities for improvement in HRSA's language access efforts and consult subject matter experts to improve HRSA's language access program.
- b. HRSA will regularly participate in at least one inter- and/or intra-agency language access working group to identify ways to:
 - a. Improve language assistance services;
 - b. Provide direct "in-language" communication; and
 - c. Ensure the availability and effective use of contracted interpretation and translation services.
- c. HRSA will take specific steps to develop or amend policies or practices to ensure its language assistance services are adequate to meet customer needs.
 - a. OCRDI will work in collaboration with each HRSA Bureau and Office to ensure the agency's Language Services Program and Language Access Plan are tailored to meet the needs of the populations that HRSA serves. These steps include:
 - i. Collecting and sharing best practices with HRSA Bureaus and Offices regarding language access and delivering culturally and linguistically appropriate services to customers;
 - ii. Researching new procedures and practices to enhance the provision of efficient language assistance services and sharing across HRSA; and
 - iii. Providing oversight on the implementation and continued improvement through routine assessment of language access policies and practices.

HRSA staff can determine whether a person needs language assistance in several ways, including:

- Voluntary self-identification by the individual with LEP or their companion;
- Affirmative inquiry regarding the primary language of the individual if they have self-identified as needing language assistance services;
- Engagement by a qualified multilingual staff or qualified interpreter to verify an individual's primary language; or
- Use of an "I Speak" language identification card or poster;
- Identification of language preference when conducting population health surveillance assessments (e.g., Uniform Data System (UDS));
- Use of state demographic mapping tools that include language preference and disability for population prioritization.

HRSA staff will not make assumptions about an individual's primary language based on race, color, national origin, or disability status.

Element 2: Interpretation Language Assistance Services

HRSA will take steps to provide appropriate oral interpretation language assistance services, free of charge, that address the needs identified in Element 1. This may be provided face-to-face, virtually (videos/webinars), or telephonically.

Description

HRSA will provide oral interpretation language assistance services to ensure meaningful access to and an equal opportunity to participate fully in the services, activities, programs, or other benefits administered by the agency. HRSA will ensure that all contracted interpreters are qualified and certified to provide the service and understand/apply interpreter ethics and client confidentiality needs. The definition of a qualified interpreter is in the Glossary.

Although appropriateness of an interpreter will vary by performance need, context, and setting, generally, the interpreter should have subject matter competence in the topic(s) that will be interpreted by demonstrating relevant educational background or professional experience in those topics. For example, in a health care setting, agencies should engage an interpreter with subject matter expertise in health and medical terminology. Medical billing and insurance competencies may also be needed, depending on the context. Qualified interpreters are also needed to ensure culturally appropriate and accurate interpreting. Notably, interpreters do not have to be certified to be qualified, as not all languages have certification available.

HRSA will provide language assistance through a variety of means, including qualified bilingual and multilingual staff, and qualified interpreters providing in-person, telephonic, remote voice, and video or any other type of interpreting. HRSA will inform the public that these services are available, free of charge.

OCRDI will maintain procedures for the agency to provide interpretation language assistance services and provide staff training to ensure all HRSA employees with public contact can provide access to interpretation language assistance services as needed and in a timely manner.

OCRDI will track and report the number of requests for interpretation services, the type of interpretation requested, the languages requested, and the response time in which interpretation was provided. This also includes, but is not limited to, the number of cases, matters, or outreach initiatives where language assistance was provided, the quality of the interpretation, the primary language(s) requested or provided, the type of language assistance services provided, or the cost of any language assistance services provided.

Action Steps

- a. OCRDI will identify points of contact (POC) within each Bureau and Office to routinely assess HRSA's interpreting program, consult with subject matter experts, make recommendations for improving the effectiveness of the program, and provide a budget justification for actions that improve the program.
 1. OCRDI, in partnership with Bureau/Office POCs, will develop methods and mechanisms for ensuring LEP communities are aware that HRSA will provide them with interpretation services at no cost and provide information on how to obtain interpreting services to access HRSA-administered programs. Methods include, but are not limited

to, the convening of listening sessions with community partners, surveys and focus groups with LEP communities, and partnerships with non-profit organizations engaged with LEP communities.

- b. HRSA will devise criteria for identifying, assessing, and training bilingual staff for their ability to provide interpretation services. Staff who have been assessed to have advanced language proficiency (according to HHS's definition of bilingual/multilingual staff) may communicate with persons with LEP.
 - 1. HRSA will maintain and routinely update a list of qualified bilingual and multilingual staff capable of providing competent interpretation services that identifies contact information for the employee and the language(s) in which they are competent to interpret.
 - 2. HRSA will develop a policy on considerations regarding appropriate use of bilingual staff and methods to test the competency of prospective or current bilingual staff.
 - 3. HRSA will devise a plan for how staff will be trained to respond to language assistance services requests.
- c. HRSA will promote its language services program available to the agency that is qualified in providing on-site interpreting, over-the-phone interpreting, and video remote interpreting to LEP individuals seeking information on or access to agency programs and activities.
- d. HRSA will consider developing a mechanism for monitoring and evaluating interpretation services.
- e. HRSA will continue to provide a help line to connect callers who speak the 15 most commonly spoken languages in the relevant state(s) (according to the most recent relevant [data from the U.S. Census Bureau](#)) to telephonic or video interpreters.
- f. OCRDI will serve on at least one inter- and/or intra-agency working group to learn and share effective practices for enhancing interpretation language assistance and make recommendations to the HRSA Administrator for improving its interpretation language assistance program.

Element 3: Written Translations

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

At minimum, notice of rights to nondiscrimination and availability of free language and any appropriate auxiliary services will be provided.

Description

HRSA will take reasonable steps to provide accurate written translations to ensure meaningful access to and an equal opportunity to receive timely public health and social services information and participate

fully in the services, activities, programs, or other benefits administered by the agency as described in Element 1.

HRSA will prioritize the translation of vital documents and other critical public information based on its assessments of need and capacity and develop translation strategies suitable to the medium for distribution. Classification of a document as “vital” depends upon the importance of the program, information, encounter, or service involved, and the consequence to the individual with LEP if the information in question is not provided accurately or in a timely manner. HRSA will translate vital documents for the general public into the top languages, as needed, and will consider translating into other languages as appropriate based on the program objective, constituency, and/or geographic region. Matters of plain language, cultural communication, and health literacy will be considered for all documents, including when originally composing in English. Materials that are translated will be easily accessible on HRSA’s website.

Vital documents that are intended for the general public, or a broad audience may include, but are not limited to:

- Public outreach or educational materials.
- Forms or written materials related to individual rights.
- Notices of outreach or community meetings or trainings.
- Press releases announcing activities or matters that affect communities with LEP.
- Notices regarding the availability of language assistance services provided by HRSA at no cost to individuals with LEP, where applicable in light of HRSA’s mission and operations.

Individuals with LEP and/or who are deaf/hard of hearing who want to access HRSA services may not be literate in their country of origin’s prevalent written language, or their languages might not have a written form such that translated material will not be an effective way of communicating with them. For individuals with LEP, HRSA will consider sight translation, interpretation, or audio/video communication. For individuals who are deaf/hard of hearing, HRSA will inquire about the preferred method to deliver information that is typically available in written form.

To improve cultural appropriateness and accuracy of translations, qualified translators and reviewers will be used with at least one of the following qualifications:

- A university-issued degree or certificate in translation in the language combination required.
- Certification by a professional translation association or union, such as the American Translators Association or other translation certification body in the language combination and direction required, when available. When certification is not available in a specific language combination and direction required (e.g., English to an Indigenous language), other minimum requirements can be used to assess qualification, including years of experience, references from individuals who are qualified to attest to the quality of their work, etc.
- At least 3 years of professional experience in a staff position or for a full-time freelance practice dedicated to translation, completing work in the language combination and direction required.

In addition to this experience, the translator should demonstrate professional subject matter expertise in the topic(s) that will be translated by demonstrating relevant educational background or professional

experience in those topics. For example, when translating health care information, translators with subject matter expertise in health and medical terminology should be utilized.

Machine translation or other artificial intelligence applications, or software designed to convert written text from one language to another, will not be utilized without the involvement of a qualified human translator before the text reaches the intended audience.

HRSA will accommodate individuals with LEP who have communication disabilities by inquiring about their preferred method to deliver information that is typically available in written form.

Action Steps

- a. OCRDI will maintain a program that ensures individuals participating or attempting to participate in programs and activities administered by HRSA are provided written language assistance services in accordance with the agency's needs, capacity, assessment, and this plan.
- b. HRSA will conduct a language needs assessment to identify the literacy skills of LEP populations in their preferred languages and frequency of contact with the agency.
- c. Each fiscal year, OCRDI will submit a budget justification for producing and distributing translated vital documents and other critical public information.
- d. HRSA will create an index describing materials already available in non-English languages, including American Sign Language, and post the index to an internal website available to HHS employees. HRSA will revise the material as needed to ensure quality and plain language and update the index accordingly. HRSA will use a qualified third party to review translations for accuracy, readability, usability, and cultural responsiveness.
- e. OCRDI will be responsible for the translation of HRSA's materials and identification of target languages, managing its translation and interpretation contract, and sharing its contact information with managers and staff who communicate with the public to support them in effectively communicating with LEP populations.
- f. HRSA will identify program areas that regularly serve LEP communities (e.g., via UDS data, which tracks and records the number of LEP individuals who engage with HRSA's health center program), which documents qualify as vital documents, ensure vital documents are provided in the preferred languages for the LEP communities served, and produce materials in other languages when requested or otherwise appropriate. HRSA will post these documents online so that they are readily available.
- g. HRSA will offer translated written materials in other formats such as audio, video with subtitles, video with sign language, infographics, etc., for persons with limited literacy or disabilities, and for those whose language does not have a written form.
 - a. HRSA will identify bilingual staff who are able to provide documents and materials in languages other than English. HRSA will maintain a list of qualified bilingual and multilingual staff available to provide services in a language other than English, as well as a list of contract translators.

- h. HRSA will ensure its online translated content complies with Section 508 of the Rehabilitation Act.

Element 4: Policies, Procedures, and Practices

HRSA will 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.

Description

HRSA will maintain an infrastructure designed to implement and improve language assistance services within the agency. The results of the assessment from Element 1 will be used to inform the development of policies, procedures, and practices appropriate for HRSA to promote accessibility for individuals with LEP it serves or is likely to serve.

Action Steps

- a. OCRDI, in partnership with HRSA Bureau and Office POCs, will maintain written language access policies and procedures to ensure each element of the HRSA Language Access Plan is implemented in HRSA's respective programs and activities.
- b. OCRDI 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. OCRDI will propose effective practices to the Administrator to ensure policies and procedures are effectively administered.
- c. HRSA will develop policies and procedures to improve services in response to language assistance concerns or complaints from customers with LEP and establish policies and procedures to improve services.
- d. HRSA will ensure policies, procedures, and all language assistance activities are developed and implemented in alignment with the [CLAS in Health and Health Care](#).
- e. HRSA will share with the HHS Language Access Steering Committee policies and procedures, highlighting those that might be more effective or efficient if adopted at the Department level so the Language Access Steering Committee can include the information in the annual progress report.
- f. HRSA will continually collect and share metrics to monitor implementation and efficacy of the plan. This may include:
 - 1. Tracking and recording the number of LEP individuals who participate or engage with HRSA's programs and activities (e.g., using UDS data);
 - 2. Conducting an inventory of languages most frequently encountered;
 - 3. Identifying the primary channels of contact with LEP community members (whether telephonic, in-person, correspondence, web-based, etc.);
 - 4. Reviewing component programs and activities for language accessibility;
 - 5. Maintaining an inventory of who attended language access training (including topics discussed);

6. Reviewing the annual cost of translation and interpretation services; and
7. Consulting with community partners.

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

HRSA will proactively inform LEP individuals, in plain language, that language assistance is available at no cost.

Description

HRSA will take steps to ensure meaningful access to its programs and activities, including notifying LEP individuals who are current or potential customers about the availability of language assistance at no cost.

Notification methods may include multilingual posters, signs and brochures, as well as statements on application forms and informational material distributed to the public (including electronic forms such as agency websites, taglines in English, written documents, etc.).

The results from the Element 1 assessment will be used to inform HRSA on the languages in which the notifications should be translated.

HRSA will provide information about rights to nondiscrimination and the availability of language assistance and auxiliary aids in the 15 most commonly spoken languages in the state according to the most relevant data from the U.S. Census Bureau.

Action Steps

- a. HRSA will continue to notify individuals with LEP who contact the agency, or are being contacted by HRSA, that language assistance is available to them at no cost.
- b. HRSA will distribute and make available resources, such as the Department's [*Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*](#) (HHS LEP Guidance) and Federal Plain Language Guidelines, directly and over the internet to all current recipients, providers, contractors, and vendors.
- c. HRSA will provide ongoing training and technical assistance necessary to make entities funded by HRSA aware that language assistance services provided to comply with Title VI of the Civil Rights Act and Section 1557 of the Affordable Care Act must be provided at no cost to those in need of language assistance services.
- d. OCRDI will consider submitting a budget justification for message development and dissemination to raise awareness of available language assistance services to the Administrator.
- e. HRSA will utilize various methods and networks, including public service announcements, non-English media, and community-and faith-based resources to ensure that LEP communities served by HRSA are aware that language assistance services are provided at no cost to them.
 - a. HRSA will identify opportunities to inform community partners and individuals with LEP that the HHS LEP Guidance is available in languages other than English.

- f. HRSA will prominently display appropriate language taglines on vital documents, web pages currently available in English only, technical assistance and outreach material, as well as other documents notifying target audiences that language assistance services are available at no cost and how those services can be obtained.
- g. HRSA will highlight the availability of consumer-oriented materials in plain language and languages other than English on its website and ensure such materials inform individuals with LEP about available language assistance services.

Element 6: Staff Training

HRSA 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. Agency-designed training will help ensure all HRSA employees have access to information and training opportunities that support their capacity and capability to provide meaningful communication to individuals with LEP.

Staff training on language services will cover the following topics:

- HRSA's legal obligations to provide language assistance services.
- HRSA's language access resources and designated points of contact.
- How to identify whether someone is LEP.
- Identifying the language needs of an LEP individual.
- Working with an interpreter in person or on the telephone.
- Requesting documents for translation.
- Accessing and providing language assistance services through multilingual employees, in-house interpreters and translators, or contracted personnel.
- Duties of professional responsibility with respect to LEP individuals.
- Interpreter ethics.
- Tracking the use of language assistance services.
- Tips on providing meaningful assistance to LEP individuals.
- How to request translation and interpretation services.
- How the public can request services or file a complaint.

This training will be available to all employees online through the Learning Management System.

Description

To ensure that HRSA employees understand the importance of and are capable of providing both interpretation and written translation language assistance services in all programs and activities to individuals with LEP, OCRDI will provide training to help managers and public-facing employees on how to provide language assistance services to HRSA customers in a timely manner.

OCRDI will regularly monitor the efficacy of language assistance training provided to managers and public-facing staff.

Action Steps

OCRDI, in partnership with HRSA Bureau and Office POCs, will:

- a. Develop, implement, and commit resources necessary to train agency-designated employees to implement HRSA's Language Access Plan;
- b. Develop a process that ensures overall employee awareness of the respective agency plan;
- c. Determine which staff members should receive training related to policies, procedures, and provision of language assistance services;
- d. Work to notify employees that HRSA provides language assistance, and informs employees on how to provide language assistance or otherwise contact OCRDI for ensuring the provision of language assistance services;
- e. Disseminate training materials that assist management and staff in procuring and providing meaningful communication for individuals with LEP, such as through the Learning Management System;
- f. Develop a dedicated resource webpage on HRSA's intranet that can serve as a repository of Standard Operating Procedures, guidance documents, materials, and training opportunities.

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

HRSA will regularly assess the accessibility and quality of language assistance activities available to individuals with LEP, 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 this Plan.

Description

OCRDI will annually assess its language assistance program regarding the efficacy and availability of services provided to individuals with LEP.

Action Steps

- a. OCRDI, in partnership with HRSA Bureau and Office POCs, will develop, implement, and commit resources necessary to regularly monitor and annually assess relevant practices and procedures, focusing on progress made by HRSA to improve and ensure the quality and accuracy of language assistance services provided to individuals with LEP, while also addressing challenges.
- b. HRSA will 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 HHS Language Access Steering Committee.
- c. HRSA will implement an agency process to annually report to the HHS Language Access Steering Committee on agency progress implementing each element of this plan, effective practices, and barriers to improving their language access program, in accordance with the HHS Language Access Steering Committee reporting timelines.
- d. In partnership with HHS OCR, HRSA will address, in accordance with policies and procedures developed under Element 4, complaints received regarding language assistance services and

products, or other services provided by the agency, in a timely manner, and retain a record of any resolution of such complaints. Whenever feasible, resolutions and agreements should be made public.

Element 8: Consultations with Health Care and Human Services Partners

HRSA will engage with health care 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.

Organizations that have significant contact with persons with LEP, such as schools, religious organizations, community groups, and groups working with new immigrants can be helpful in linking persons with LEP to HRSA programs and its language assistance services. Community-based organizations provide important input into the language access planning process and can assist in identifying populations for whom outreach is needed and who would benefit from HRSA's programs and activities. They may also be useful in recommending which outreach materials HRSA should translate. As documents are translated, community-based organizations may be able to help consider whether the documents are written at an appropriate level for the audience. Community-based organizations may also provide valuable feedback to the agency to help HRSA determine whether its language assistance services are meaningful in overcoming language barriers for persons with LEP.

Description

HRSA can obtain important information and insight from consultation with from healthcare and human services partners. Healthcare and human services partners can provide qualitative and first-hand data on the needs of their current and potential individuals with LEP.

Healthcare and human services partners include beneficiaries, recipients of federal financial assistance, contractors, advocacy groups, religious institutions, non-governmental organizations, hospital administrators, health insurers, translators, interpreters, community health clinics, and representatives from a broad cross-section of the language access community, and individuals with disabilities. HRSA will also use studies, reports, and other relevant materials produced by healthcare and human services partners as forms of input.

Consultations can take many forms, from gathering information through townhall style webcasts, (video) conference calls, letters and in-person meetings with healthcare and human services partners, to posting information to HRSA's website for public comment.

Recognizing that translating vital documents can be costly and time intensive, HRSA will seek stakeholder input in determining which documents should be prioritized for translation.

Action Steps

- a. OCRDI, in partnership with HRSA Bureaus and Office POCs, will identify opportunities to include health care and human services partners in developing policies and practices that enhance access to HRSA's programs and activities for persons with LEP.

- b. HRSA will consult with health care and human services partners to assess the accessibility, accuracy, cultural appropriateness, and overall quality of the agency's language assistance services.
- c. HRSA will share its Language Access Plan and informational resources with health care and human services partners in an accessible manner and welcome their feedback.
- d. HRSA will participate in at least one listening session, whether hosted by HHS, another Operating or Staff Division, or HRSA, to learn about challenges and opportunities for improvement in the agency's language access program.
- e. HRSA will post its Language Access Plan and informational resources on HRSA's website in accessible formats, and in multiple languages, as well as contact information to receive questions and comments (see Element 5 for more information regarding notification of the availability of language services at no cost). Where feasible, HRSA will share relevant data and information pertaining to language access with health care and human services partners.

Element 9: Digital Information

HRSA will develop and implement written policies and strategic procedures to ensure that, in accordance with assessments of LEP needs and agency capacity, digital information is appropriate, available, and accessible to people with LEP in need of language assistance services in languages other than English.

Description

To help ensure individuals with LEP have digital/online access to in-language program information and services, and to help ensure they are aware of and can obtain language assistance needed to access important program information and services, HRSA will continue establishing and maintaining an infrastructure that effectively distributes in-language information online in a manner that promotes meaningful access for individuals with LEP. In addition, HRSA will monitor the efficacy, quality, readability, and accessibility of translated materials provided online to promote ease of use and access.

HRSA's Office of Communications, in partnership with the OCRDI, will periodically assess and monitor translated digital content to improve meaningful access for persons with LEP.

HRSA will continue to comply with Section 508 of the Rehabilitation Act of 1973 (Section 508), which requires federal agencies to ensure that their information and communication technology, including websites, electronic documents, and software applications, are accessible to individuals with disabilities. HRSA, through its Office of Information Technology, will ensure that translated digital content meets the Office of the Chief Information Officer's applicable Section 508 requirements to improve access for people with disabilities who are LEP.

Action Steps

- a. HRSA will continue establishing and maintaining an infrastructure that effectively distributes in-language information online in a manner that promotes meaningful access for individuals with LEP, and regularly monitor efficacy, quality, readability, and accessibility of translated materials.
- b. HRSA will prominently display links at the top-right corner of its English language website to pages and documents that are also available for viewing or downloading in languages other than

English, such as the [HRSA en Español](#) webpage (per [U.S. Web Design System guidance](#)). HRSA will continually monitor, update, and expand this site as vital materials are identified for translation.

- c. HRSA will continue to prominently display links on the agency's English language homepage that effectively steers visitors to telephonic interpreter services in the visitor's language.²¹
- d. HRSA will notify visitors with LEP through HRSA's webpages that language assistance is available at no cost in alignment with the action steps outlined in Element 5, including multilingual technical support and alternatives for individuals who cannot navigate digital spaces.
- e. OCRDI will serve on at least one inter- and/or intra-agency working group that focuses in part on making government websites more accessible to persons with LEP in multiple languages and people with disabilities through various multimedia formats.
- f. HRSA will use and promote the resources on LEP.gov by providing links to the LEP.gov website on the HRSA website.
- g. HRSA will develop procedures for creating, posting, and updating multilingual web content, digital materials, and social media posts that are accessible to all audiences.
- h. HRSA will leverage social media, email dissemination, and/or text message services to increase awareness and utilization of agency programs, activities, language assistance services, and products available in non-English languages by individuals with LEP.
- i. HRSA will leverage HHS digital policies and U.S. Web Design Standards for guidance on multilingual display guidance and options:
<https://designsystem.digital.gov/components/language-selector/>.
- j. HRSA will conduct a usability test with bi- or multi-lingual employees to collect data, identify features, and components that might need to be addressed to improve access and navigation of webpages or products online. HRSA will also plan to conduct usability testing with visitors with LEP every 2 years.
- k. HRSA will regularly monitor the efficacy, quality, readability, and accessibility of translated materials provided online to promote ease of use and access. HRSA will consider and evaluate advancements in technology such as artificial intelligence, including machine learning, to expedite translation while using qualified human translators and editors for review, as resources allow.
- l. HRSA will benchmark efforts and evaluate through data (including intersectional and disaggregated data), analytics, user feedback, and customer feedback mechanisms, such as customer satisfaction surveys (in-language), to assess the usefulness of information and address gaps and focus resources on critical online information and services.

²¹ See [LEP.gov Digital Services and Websites](#) for more information.

- m. For virtual meetings, HRSA will ensure that the platform being used provides for closed captioning and that the captioning function is enabled by the host. HRSA will also ensure that participants are able to highlight another participant's screen and keep focus on that screen.
 - a. As a best practice for virtual meetings, HRSA meeting coordinators will provide attendees the option to request auxiliary aids and services or reasonable modifications in the meeting invitation so that individuals with disabilities may meaningfully participate in the meeting.

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

HRSA will ensure that its recipients understand and comply with their obligations under civil rights statutes and regulations enforced by HHS that require them to provide language assistance services.

HRSA will consider how to provide funding specifically for language access, to increase the resources needed to reach the goals and benchmarks herein.

Description

Recipients of HRSA funds must comply with federal civil rights laws and provide written notice of their legal obligation and compliance with regulations as they relate to language access.

OCRDI will offer technical assistance, consultations, and informational resources to help recipients of HRSA funding meet their program and civil rights obligations.

Action Steps

- a. HRSA will consider how to develop a mechanism for funding language assistance services provided by recipients and establish a reasonable schedule for providing language assistance services funding depending on the recipient's size, service population, and capacity for covering costs for language assistance services through non-federally funded resources.
- b. HRSA, in consultation with OCRDI, will ensure its recipients:
 - a. Are aware of their language access obligations under Title VI of the Civil Rights Act and Section 1557 of the Affordable Care Act;
 - b. Have plans for effectively serving persons with LEP and persons with disabilities;
 - c. Understand the process for including budget lines in their proposals for providing language assistance services, if applicable;
 - d. Annually report the amount and type of language assistance services provided to their customers and the languages in which the services were provided, if feasible and applicable;
 - e. Receive, resolve, and document complaints in a timely manner; and
 - f. Follow guidance and technical assistance provided by OCRDI.
- c. OCRDI, in consultation with the Office of Federal Assistance and Acquisition Management, will consider developing and incorporating LEP requirements or best practices, as appropriate and applicable, in certain funding opportunity announcements, e.g., requesting applicants to submit language access procedures or policies with their applications, providing notices of the

availability of language assistance services at no cost, providing vital program documents in the top languages spoken by the communities they serve, including budgets in their applications to provide language assistance services, or demonstrating the ability to serve communities with LEP and people with disabilities.

- d. HRSA will develop trainings to assist agency staff, such as project officers and grants management specialists, who communicate with HRSA-funded entities about the requirements of Title VI of the Civil Rights Act and Section 1557 of the Affordable Care Act and will offer training resources to promote awareness of the HHS LEP Guidance (see Element 6 for more information on staff training).
 - a. HRSA will help enable program staff to make current and prospective recipients of agency funds aware of their obligations under federal civil rights statutes and regulations.
- e. HRSA will consider incorporating questions about language accessibility and meaningful communication in the agency’s onsite program reviews, questionnaires, or surveys designed to determine compliance with grant obligations.
- f. HRSA will incorporate civil rights compliance language in program outreach materials, as applicable.
- g. OCRDI will develop recipient-oriented materials that will explain recipient responsibilities for compliance with federal civil rights statutes and regulations. These materials will be posted on HRSA’s website.

Appendix A: Glossary

For the purposes of this Language Access plan, the terms listed below shall have the following meanings:

Document Terminology	Definition
Agency	Agency refers to HHS Operating Divisions and Staff Divisions. 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.
Auxiliary Aids and Services	Tools or assistance provided to communicate with people who have communication disabilities.
Beneficiary	Anyone who has applied for and is receiving Medicare, Medicaid, or other health benefit.
Bilingual/Multilingual staff	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.

Document Terminology	Definition
	<p>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.
Contractor	Any entity that performs work or provides services on behalf of an agency or division under a contractual agreement with reimbursement.
Culturally and Linguistically Appropriate Services	Culturally and linguistically appropriate services is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is services that are respectful of and responsive to each person’s culture and communication needs.
Customer	Individuals, businesses, and organizations that interact with an HHS agency or program. The term customer is inclusive of beneficiaries and health care and human services partners.
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.

Document Terminology	Definition
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 as for people without disabilities. Auxiliary aids and services must be provided when needed to achieve effective communication.
Health Care and Human Services Partner	Beneficiaries, including recipients of federal financial assistance, contractors, vendors, advocacy groups, religious institutions, non-governmental organizations, hospital administrators, health insurers, translators, interpreters, community health clinics, and representatives from a broad cross-section of the language access community, individuals with disabilities, etc.
Health Literacy	<p>Personal Health Literacy: The degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.</p> <p>Organizational Health Literacy: The degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.</p>
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.
Intersectional Data	Data that combines or otherwise includes information about more than one demographic or other characteristic; for example, intersectional data would include data regarding national origin and LEP status, and/or data regarding Native American women (thus analyzing data about the intersection of race and gender). It may also include data about literacy rates, poverty rates, familial status or other characteristics relevant to social determinants of health.
Language Access	The ability of individuals with LEP to communicate with HHS employees and contractors, and meaningfully learn about, apply for, or participate in HHS programs, activities, and services.
Language Assistance Services	All oral, written, and signed language services needed to assist individuals with LEP and people with disabilities to communicate effectively with HRSA staff and contractors and gain meaningful access and an equal opportunity to participate in the services, activities, programs, or other benefits administered by HRSA.
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,

Document Terminology	Definition
	<p>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 deaf or hard of hearing may also have limited proficiency in spoken or written English.</p>
Machine Translation	<p>Automated translation that is text-based and provides instant translations between various languages, sometimes with an option for audio input or output.</p>
Meaningful Access	<p>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.</p>
Participant	<p>Any person who has applied for and is receiving public assistance benefits or services under any HRSA or HHS program or service.</p>
Plain Language	<p>Plain language as defined in the Plain Writing Act of 2010 is writing that is “clear, concise and well organized.”</p>
Preferred/Primary Language	<p>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.</p>
Qualified Interpreter or Translator	<p>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. In the context of disabilities, a qualified interpreter is one who is able to interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. 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.</p>
Sight Translation	<p>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.</p>
Sign Languages	<p>Languages that people who are deaf or hard of hearing use 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 is a different language from American Sign Language, and Americans who know American Sign Language may not understand British Sign Language.</p>

Document Terminology	Definition
Sub-Recipient	A non-federal entity that, on behalf of and in the same manner as a recipient of federal financial assistance, provides services to and has contact with applicants to and participants in a program administered by a recipient of federal financial assistance, but does not include an individual applicant or participant who is a beneficiary of the program. A subrecipient may also be a recipient of other federal awards directly from a federal awarding agency.
Tagline	Brief message that may be included in or attached to a document. Taglines in languages other than English are used on documents (including websites) written in English that describe how individuals with LEP can obtain translation of the document or an interpreter to read or explain the document. Section 1557 and Title VI will prescribe the languages that must be included in such tagline notices but covered entities may also add more languages.
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.