2024 Language Access Plan

NATIONAL INSTITUTES OF HEALTH

TABLE OF CONTENTS

INTRODUCTION

NIH

The National Institutes of Health (NIH), a division of the U.S. Department of Health and Human Services (HHS), is the nation's biomedical research agency. Its mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. NIH is made up of 27 Institutes and Centers (ICs) and of the Office of the Director, each with a specific research agenda, often focusing on particular diseases or body systems. Research sponsored by the NIH is conducted through its Extramural and Intramural Programs. More than 80% of the NIH's budget goes toward its Extramural Program, which funds more than 300,000 research personnel at over 2,500 universities and research institutions. Approximately 6,000 scientists work in NIH's own Intramural Research laboratories, most of which are on the NIH main campus in Bethesda, Maryland. The main campus is also home to the NIH Clinical Center, the largest hospital in the world dedicated exclusively to clinical research. NIH also encourages and depends on public involvement in federally supported research and activities. NIH's wide ranging public efforts include outreach and education, nationwide events, and special programs designed specifically to involve public representatives in clinical research.

Language Access

In 2014, NIH established the NIH Language Access Plan. Since its inception, the NIH has worked to remove barriers encountered by individuals with Limited English Proficiency (LEP)in accessing NIH resources. In 2024, NIH updated its Plan to ensure individuals with LEP are provided greater access to NIH services, education, programs, and activities.

The 2024 NIH Language Access Plan incorporates the goals of the following laws and Executive Orders. This plan is in furtherance of Title VI of the Civil Rights Act of 1964[1], prevention of discrimination on the basis of national origin against individuals with LEP. Institutions receiving funding from NIH must take reasonable steps to help ensure that these individuals have meaningful access to all programs and activities. Although Title VI does not apply to federally conducted activities, Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" established a goal for all federal agencies to "examine the services [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."[2]

[1] Title VI of the Civil Rights Act of 1964 https://www.justice.gov/crt/fcs/TitleVI

[2] Executive Order 13166 "Improving Access to Services for Persons with Limited English Proficiency" (August 11, 2000) chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.transportation.gov/sites/dot.gov/files/docs/eo13166.pdf

This plan is also in furtherance of the following four (4) Executive Orders: Executive Order 13985, "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government," which requires each agency "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."[3] Executive Order 13995, "Ensuring and Equitable Pandemic Response and Recovery," which established the COVID-19 Health Equity Task Force. The Task Force is charged to provide agencies with recommendations to mitigate inequities due to or exacerbated by the COVID-19 pandemic and to prevent such inequities from occurring in the future.[4] Executive Order 14031, "Advancing Equity, Justice, and Opportunity for Asian Americans, Native Hawaiians, and Pacific Islanders which established the White House Initiative on Asian American, 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."[5] Executive Order 14091, "Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government," which requires agencies to identify 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)."[6]

This plan also adopts DHHS' Equity Action Plan.[7] The Equity Action Plan, pursuant to EO 13985, provides tangible actions to advance health equity via policy actions, progress tracking indicators, and accountability measures. The Equity Action Plan's scope includes goals outside of the requirements articulated in EO 13166 and Section 1557 of the Affordable Care Act, also included in the updated Plan. The 2024 Language Access Plan establishes the steps NIH will take to help to better ensure that individuals with LEP have meaningful access to NIH programs and activities.

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[3] The White House (January 20, 2021) "Executive Order On Advancing Racial Equity and Support for Underserved communities Through the Federal Government" https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/

[4] The White House (January 20, 2021) "Executive Order on Ensuring and Equitable Pandemic Response and Recovery" https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/21/executive-order-ensuring-an-equitable-pandemic-response-and-recovery/

[5] The White House (May 28, 2021) "Executive Order on Advancing Equity, Justice, and Opportunity for Asian Americans, Native Hawaiians, and Pacific Islanders" https://www.whitehouse.gov/briefing-room/presidential-actions/2021/05/28/executive-order-on-advancing-equity-justice-and-opportunity-for-asian-americans-native-hawaiians-and-pacific-islanders/

[6] The White House (February 16, 2023) Executive Order on Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government https://www.whitehouse.gov/briefing-room/presidential-actions/2023/02/16/executive-order-on-further-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/

[7] The U.S. Department of Health and Human Services "Agency Equity Action Plan" chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.hhs.gov/sites/default/files/hhs-equity-action-plan.pdf

Whenever possible, NIH will implement the actions in this plan in conjunction with other agency initiatives to increase access to NIH programs and activities including Section 508 of the Rehabilitation Act of 1973 and The Plain Writing Act of 2010, which 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 individuals with LEP will help ensure accurate, understandable interpretations and translations, and support the overall goal of meaningful access.

LANGUAGE ACCESS POLICY AND IMPLEMENTATION

a. Goal

In furtherance of NIH's efforts to advance equity through identifying and addressing barriers to equal opportunity that underserved communities may face due to government policies and programs, each NIH **Institute and Center**[8] (IC) shall ensure timely, quality **language assistance services** (LAS) for individuals with **limited English proficiency** LEP.[9]

b. Purpose and Authority

HHS' Office of Civil Rights (OCR) enforces Title VI of the Civil Rights Act of 1964 (Title VI)[10] and Section 1557.[11]

These laws prohibit covered entities, including entities receiving federal financial assistance and state and local government entities, from discrimination on the basis of, among other things, race, color, national origin, and disability. Accordingly, reasonable steps must be taken to provide meaningful access to people with LEP.[12] The Plain Writing Act of 2010 is a law which requires that ICs use clear government communication that the public can understand and use. Executive Orders 12866, 12988, and 13563 emphasize the need for plain language.

This plan is designed to ensure meaningful access for individuals with LEP to programs

[8] Terms that are bolded and underlined are included in the glossary in Appendix B.
[9] This Language Access Plan intends only to improve the internal management of NIH and does not create any right or benefit, substantive or procedural, enforceable at law or equity by a party against the United States, its ICs, its officers or employees, or any person.
[10] Title VI of the Civil Rights Act of 1964, as amended (42 USC § 2000d), prohibits discrimination on the basis of race, color, or national origin (including LEP) in programs and activities receiving federal financial assistance. *See* 45 C.F.R. § 80.
[11] Section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. § 18116) prohibits discrimination on the grounds of race, color, national origin (including LEP), sex, age, or disability in any health program or activity that receives federal financial assistance from NIH or is administered by NIH.
[12] Specifically, these laws require reasonable steps must be taken to provide meaningful access to LEP individuals (Section 1557; Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 68 Fed. Reg. 47311, 47320 (Aug. 8, 2003)), and individuals must be provided with an equal opportunity to participate in and benefit from programs (Title VI, Section 1557).

and activities administered and funded by NIH in accordance with Title VI and Section 1557, Executive Orders 13166, 13985, 13995, 14031, and 14091, and the HHS Equity Action Plan issued in April 2022. Collectively, these authorities set overarching goals for NIH to improve access to its programs and activities for persons with LEP and ensure that entities funded by NIH also take reasonable steps to provide meaningful access for persons with LEP.[13]

While this plan is primarily intended to promote meaningful access to IC programs and activities for individuals with LEP, many aspects of this plan also apply to ensuring that ICs are communicating effectively with persons with disabilities, including persons who rely on sign language to communicate.[14] Section 504 requires NIH take appropriate steps to ensure that it communicates effectively with people with disabilities, including people who rely on sign language to communicate. This may include people who are deaf or hard of hearing, blind or low vision, or have speech-related or other disabilities.[15] This plan does not contain an exhaustive list of requirements to comply with Section 504 and other disability rights laws, but the ICs must comply with the requirements for effective communication with persons with disabilities under the Americans with Disabilities Act,[16] Section 504 of the Rehabilitation Act,[17] and Section 1557 of the Affordable Care Act. ICs must also comply with Section 508 of the Rehabilitation Act of 1973 (Section 508),[18] which requires federal ICs to ensure that their electronic and information technology, including websites, electronic documents, and software applications, are accessible to individuals with disabilities.

c. Policy Statement

It is NIH's policy to provide individuals with limited English proficiency (LEP) meaningful access to NIH conducted and funded services, education, programs, and activities, thereby removing barriers to achieving equitable delivery of NIH conducted and funded programs and activities, which will ultimately contribute to

[13] Under Title VI of the Civil Rights Act of 1964 and implementing regulation, failure of a recipient of federal financial assistance to take reasonable steps to provide meaningful access for persons with LEP to covered programs and activities could violate Title VI.

[14] There are different legal standards for communicating with individuals with LEP and those with disabilities, i.e., "effective communication " and "meaningful access," so we are keeping them distinct throughout.

[15] *See* 45 C.F.R. § 85.51.

[16] Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. §§ 12131-12134), as amended by the ADA Amendments Act of 2008 (ADA Amendments Act) (Pub. L. 110-325, 122 Stat. 3553 (2008)), prohibits discrimination on the basis of disability by public entities. The ADA regulations generally designate HHS as the agency with responsibility for investigating complaints of discrimination in "programs, services, and regulatory activities relating to the provision of health care and social services." 28 C.F.R. § 35.190(b)(3).

[17] Section 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794), prohibits discrimination against otherwise qualified individuals on the basis of disability in programs and activities receiving financial assistance from NIH (45 C.F.R. § 84), and programs or activities conducted by NIH (45 C.F.R. § 85).

[18] Section 508 of the Rehabilitation Act of 1973 (29 USC § 794(d)) prohibits discrimination on the basis of disability in information and communication technology as they relate to programs and activities conducted by NIH.

improved health outcomes and reduced health disparities for underserved communities identified in EO 13985.

d. Plan Development and Implementation

The NIH Language Access Program has three primary responsibilities: 1) update NIH's **language access** policies, procedures, and strategy; 2) develop and maintain an accurate record of the ICs efforts to regularly assess and take necessary steps to improve and ensure the quality and accuracy of language assistance services provided to individuals with LEP by programs and activities funded and administered by NIH; and 3) annually report to HHS on progress made by each IC toward implementing this Language Access Plan and proposing recommendations for improving NIH's ability to fully implement this Language Access Plan.

e. Update NIH Language Access Plan

The NIH Language Access Program will work with the ICs to develop and track implementation methods for measuring improvements in language access in individual programs and activities and take steps to ensure that information, including qualitative and quantitative, as well as **intersectional** and **disaggregated** data, is collected in a manner that increases comparability, accuracy, and consistency across programs and activities. The NIH Language Access Program will compile data for an annual report to HHS' Language Access Steering Committee (LASC) to account for NIH's progress in fully implementing the revised Language Access Plan and make recommendations to the HHS LASC for improving language assistance services available to customers with LEP of NIH programs and activities.

f. Develop Methods to Record the ICs Progress

The NIH Language Access Steering Program will annually provide all ICs with a data call or survey from which the annual report and recommendations can be developed. The data call or survey will request information essential for measuring progress made to implement action steps under each element of the NIH Language Access Plan, including disaggregated and intersectional demographic data. It will also request information about each IC's expected budget request for providing and/or funding language assistance services in coming years. In subsequent years, the NIH Language Access Program will issue the data call by January 31, so that ICs have time to include budget justifications to the HHS LASC for Financial Resources (ASFR).

g. Draft Annual Progress Report and Recommendations

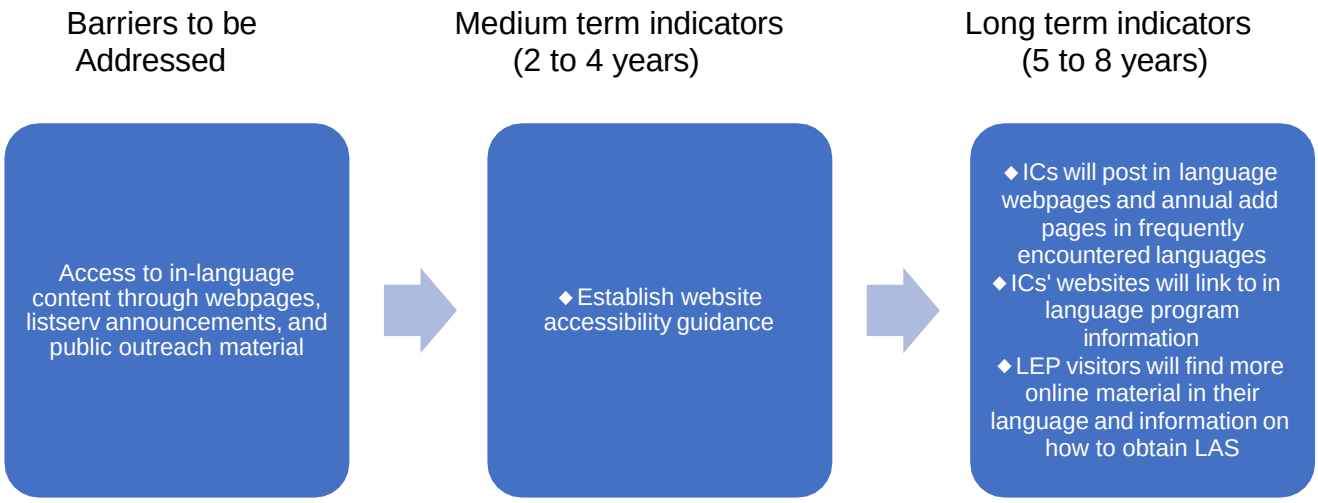
On an annual basis, the NIH Language Access Program will draft and submit the Annual Language Access Progress Report into clearance so that the LASC Chair will receive the report with recommendations before the start of the fourth quarter.

To the extent possible and practical, the report will disseminate data to help ICs facilitate organization-wide learning and coordination, collaboration on high impact outreach, and/or developing cross-cutting audience appropriate and culturally competent responsive messaging to mutual customer communities.

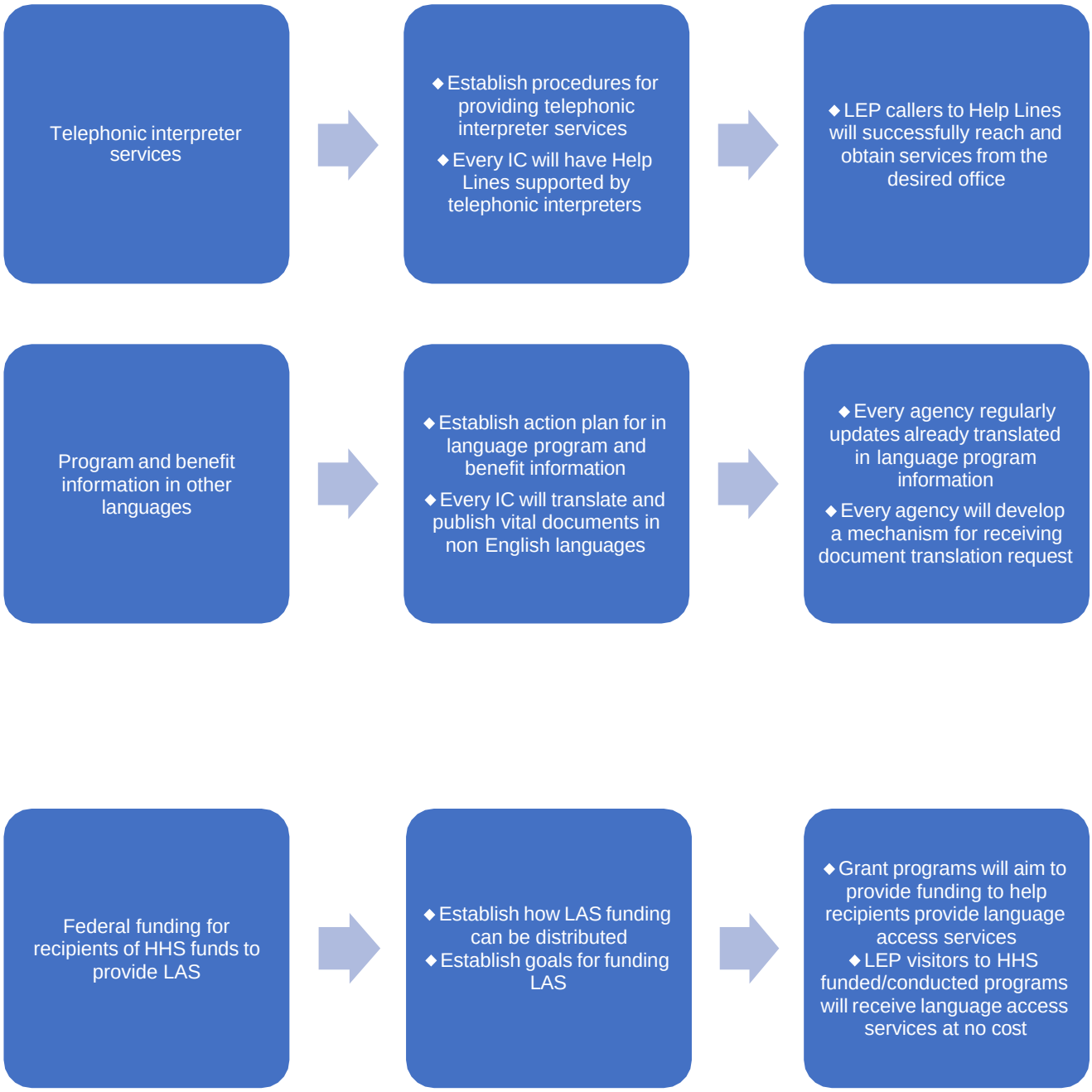
h. Short- and Long-term Benchmarks

To ensure NIH makes progress in the four (4) major areas identified by the 2022 Equity Action Plan, this Language Access Plan incorporates short term action steps designed to significantly enhance NIH's capacity to provide: 1) webpages in languages other than English; 2) telephonic and video or virtual interpreting services; 3) program and benefit information in languages other than English; and 4) federal funding for language assistance services. Benchmarks for measuring progress that were issued in the 2022 Equity Action Plan are illustrated below.[19]

Chart of Benchmarks Established in HHS Equity Action Plan Issued April 2022, and adopted by NIH:



[19] Though these benchmarks specifically address language access barriers for individuals with LEP, effective communication and accessibility obligations for individuals with disabilities may also apply. NIH and its ICs must take appropriate steps to ensure that its communications with individuals with disabilities are as effective as its communications with others.



These pre-established goals and benchmarks are incorporated into the enclosed Language Access Plan as follows: Element 2, Interpretation Language Assistance Services, includes procedures for providing effective telephonic interpreting services. Element 3, Written Translations, provides an action plan for developing program, activities, and benefit information in various spoken languages. In addition, pursuant to Element 9, Digital Information, guidance, policies, procedures, and other tools will be developed so that ICs can produce and post in-language webpages in an efficient and

consistent manner. Finally, Element 10, Grant Assurance and Compliance by Recipients of Federal Funding, is designed to better focus resources on helping entities funded by NIH to provide effective language assistance services.[20]

NOTE: Although the benchmark indicators of the Equity Action Plan range from two (2) to eight (8) years, the NIH Language Access Program will promote quicker implementation of the NIH Language Access Plan action steps by adopting a telephone interpretation line to communicate with individuals with LEP. NIH will also identify key vital documents to ensure that individuals with LEP have meaningful access to NIH programs and as resources and circumstances permit. The 2024 NIH Language Access Plan also includes additional details about the goals and benchmarks.

APPENDIX A: NIH LANGUAGE ACCESS PLAN

Within six (6) months of the issuance of this updated Language Access Plan,[21] with input from **health care and human services partners**, the ICs shall develop and implement **IC**-specific language access plans and policies that incorporate and identify action steps to implement all ten (10) elements of this Language Access Plan. The ICs shall submit their plans to the NIH Language Access Program for review and approval. The NIH Language Access Program will report annually to the HHS LASC Chair on progress made by each IC to implement all elements of this plan. The Office of Equity, Diversity and Inclusion (EDI) will provide technical assistance to ICs needing help developing their strategies for furthering NIH's overall language access program, including any updates needed in the Language Access Plans.

This NIH-wide Language Access Plan will serve as a model for ICs' Language Access Plans. It addresses the language access goals, policies, and requirements established in EO 13166, EO 13985, EO 13995, EO 14031, EO 14091, Title VI, Section 1557, and the 2022 HHS Equity Action Plan. Each of the ten (10) elements contained in the 2014 NIH Language Access Plan were analyzed and updated as necessary to respond to discovered LEP service weaknesses, changes in technology, and priorities of the Administration. For example, in alignment with the HHS Equity Action Plan and in consideration of recent developments including lessons learned during the COVID-19 pandemic, the updated Language Access Plan includes a new focus on website and other electronic means of communication, including video or virtual interpreting when appropriate, as well as increasing language access to IC programs and activities and benefits information, and specific funding for language assistance. The ten (10) elements contained in this updated plan establish practical goals, policies, and action steps for ICs to improve meaningful language access to their programs and activities as well as the programs and activities they fund. The elements also provide

[20] *See* Appendix A for further detail.

[21] While some acronyms are spelled out here for readability, other acronyms and abbreviations used herein are spelled out in the Introduction and Language Access Policy and Implementation sections of the document entitled NIH 2023 Language Access Plan, which also includes citations to authorities.

recommendations to help ICs improve their effective communication with individuals with disabilities.[22]

While ICs have some flexibility in their methods, they must make progress implementing the requirements and relevant procedures prescribed by this plan within the provided timelines. For example, the action steps set forth in each element must be implemented in each IC, and their programs and activities. ICs have flexibility in how these steps are implemented but must demonstrate and report progress each year. Moreover, each IC must incorporate their language assistance goals, including outreach to health care and human services partners, in their annual budget justifications to enhance their capacity for serving persons with LEP and the capacity of those they fund.

ICs shall designate an office or official responsible for implementing each of the elements below. ICs can determine whether it is appropriate for the elements to be implemented by the same office or official responsible for implementing another element. ICs will provide timely update updates to the NIH Language Access Program of changes to the designated office or official, including contact information.

Whenever possible and appropriate, the actions in this plan should be implemented in conjunction with other IC initiatives to increase access to health care and services, improve health quality, and reduce health and healthcare disparities. The ten (10) elements of the Language Access Plan should be implemented holistically and in a complementary manner. To the extent practicable, action steps should occur in tandem and best practices should be shared widely. For questions, concerns, and support, please contact edi.langugage@mail.nih.gov or call 301.496.6301.

ELEMENTS AND ACTION STEPS

This Language Access Plan represents NIH's language access policy and strategy for improving access for persons with LEP to programs and activities funded and administered by NIH. This plan identifies specific steps and timelines to which ICs must adhere to ensure full implementation of NIH's policy at the program level.

ELEMENT 1: Assessment: Needs and Capacity

ELEMENT 2: Interpretation Language Assistance

Services ELEMENT 3: Written Translations

[22] Institutes/Centers are obligated to take appropriate steps to ensure effective communication with individuals with disabilities under federal nondiscrimination laws, including Section 504 of the Rehabilitation Act and Section 1557 of the Affordable Care Act. This Language Access Plan includes some recommendations to help advance effective communication but does not cover every effective communication obligation required by law.

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 and Accountability: Access, Quality, Resources,

Reporting ELEMENT 8: Consultation with Health Care and Human Services

Partners ELEMENT 9: Digital Information

ELEMENT 10: Grant Assurance and Compliance by Recipients of NIH Funding

ELEMENT 1: Assessment: Needs and Capacity

Each IC will review demographic data of their target populations to determine the number of individuals who with LEP. [23] ICs are encouraged to o review the mapping resources on LEP.gov and consult with community organizations and stakeholders to ensure NIH adequately reaches all communities, regardless of language spoken. In January of each year, each IC will 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 health care and human services partners, and develop a budget request to meet anticipated language assistance needs for the coming year.

Description:

ICs must, on an ongoing basis, assess the language assistance needs of their current and potential customers to inform policy, processes, and budgeting necessary to increase awareness of and implement language assistance services that increase access to their respective programs, activities, and services for persons with LEP. This assessment should include 1) identifying the non-English languages, including American Sign Language (ASL) or other sign languages, spoken by the population likely to be accessing or otherwise in need of and eligible for the IC's services, and 2) the barriers – including resource barriers – that hinder provision of effective interpretation and written communication with individuals with LEP.

Action Steps for IC designated Language Access Liaisons and IC stakeholders to be

[23] 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). https://www.census.gov/library/stories/2022/12/languages-we-speak-in-united-states.html

completed annually by December 31:

a. Each year, the designated office or official responsible for the annual assessment described in this element must participate in at least one (1) listening session, hosted by a particular IC, NIH, or HHS as a whole, to learn about challenges and opportunities for improvement in the IC's language access efforts, and consult subject matter experts to determine whether the IC's current language access program is effective and complies with Section 1557, as well as this Language Access Plan.

b. The designated office or official must regularly participate on at least one (1) inter- and/or intra- IC language access working group to identify methods for improving IC proficiency in providing language assistance services, such as hiring and equitably supporting qualified **bilingual and multilingual** staff, and staff proficient in ASL, to provide **direct "in- language" communication** and also ensuring the availability and effective use of contract **interpretation** and **translation** services.

c. The designated office or official must take specific steps to develop or amend policies or practices that ensure the IC's language assistance services are adequate to meet customer needs and advise IC officials on updating the IC language access plan as needed. IC Language Access Plans should be tailored in a way that makes sense to the IC and the communities they serve. EDI welcomes additional measures undertaken by ICs to serve persons with LEP and encourages ICs to include such measures in their Language Access Plans so that best practices may be shared throughout NIH.

IC staff can determine whether a person needs language assistance in several ways:

- 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;
- Inclusion of multilingual disease investigations;
- Use of state demographic mapping tools that include language preference and disability for population prioritization.

IC staff should not make assumptions about an individual's primary language based on race, color, national origin, or disability status. Individuals who are deaf or hard of hearing may not communicate using ASL and may have limited proficiency in written and spoken English. They may require a different auxiliary aid or service, such as support in a sign language from another region or country or the procurement of a Deaf

or Certified Deaf interpreter.

Additional considerations when identifying language include asking about the individual's region, municipality, village, or specific community, to ensure the correct identification of language.

ELEMENT 2: Interpretation Language Assistance Services

Each IC will take steps to provide appropriate interpretation language assistance services (e.g., face-to-face, virtual (videos/webinars), and/or telephone encounters), free of charge, that address the needs identified in Element One. Each IC will establish a point of contact for individuals with LEP, such as an office, official, e-mail address, or phone number to access this service.

Description:

Interpretation language assistance services are essential to ensure meaningful access to and an equal opportunity to participate fully in the services, activities, programs, or other benefits administered or funded by ICs. ICs must ensure that all interpreters they use are qualified to provide the service and understand and apply interpreter ethics and client confidentiality needs, especially because extensive research showing that lack of qualified interpreting can have negative health consequences and increase contribute to health disparities. The definition of a **qualified interpreter** is in Appendix B.

People with disabilities are entitled to appropriate **auxiliary aids and services** where necessary to afford them an equal opportunity to benefit from NIH's programs and activities. Auxiliary aids and services include, but are not limited to, qualified sign language interpreters on-site or through video remote interpreting (VRI) services.

Language assistance may be provided 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. However, the IC should not enlist children of the individual for language assistance, and family or community members should only be used in exceptional circumstances or when the person with LEP requests their language assistance. Once the emergency or exigent circumstances have been resolved, the IC should verify any information obtained through language assistance services provided by a child or any other unqualified individual. The IC may not use an adult accompanying a person with a disability to interpret for them unless they request the adult to interpret, the adult agrees, and reliance on the adult is appropriate. The IC may not use a child accompanying a person with a disability to interpret except in an emergency involving an imminent threat to safety or welfare where no other interpreter is available. The IC shall not require a person with a disability to bring another person to interpret for them. It is also imperative that the public knows that the IC will provide interpreting services, free of charge.

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, ICs 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. Although certification is not available in all languages, there are clear quality standards that each IC can detail within its language access plan. For example, considerations of competency considering particular tasks may include:

- Demonstrated proficiency in and ability to communicate information accurately in both English and the other language;
- Identifying and employing the appropriate mode of interpreting (e.g., consecutive, simultaneous, or sight translation), translating, or communicating fluently in the target language;
- Knowledge in both languages of any specialized terms or concepts particular to the component's program or activity and of any particularized vocabulary used by the LEP person;
- Understanding and following confidentiality, impartiality, and ethical rules to the same extent as NIH staff; • Understanding and adhering to their role as interpreters, translators, or multilingual staff." We also recommend NIH consider the ICs to the Interagency Working Group on Limited English Proficiency's Foreign Language Services Ordering Guide, available at https://www.gsa.gov/system/files/Foreign_Language_Services_(1).pdf for sample/template minimum linguist qualifications addressing competency. See also, https://www.lep.gov/sites/lep/files/media/document/2020-03/TIPS_Trust_Me_Im_Certified.pdf

A single point of contact for each IC, such as an office or official, should develop procedures for the IC to provide interpretation language assistance services and develop or otherwise provide staff training to ensure all employees with public contact can provide interpretation language assistance services as needed and in a timely manner.

Action Steps for IC designated Language Access Liaisons and IC stakeholders:

a. Within 180 days of issuance of this Language Access Plan, designate an office or official responsible for establishing IC-wide procedures for providing interpreting services in a manner that ensures timely communication between persons with LEP and NIH ICs people with disabilities and NIH IC. Procedures must address the various methods for providing interpreter services, including procedures that ensure

provision of effective remote voice and video interpreter services.

b. Identify IC points of contact (POC) who are responsible for developing and administering a remote voice and video interpreting program for each public-facing division that ensures individuals with LEP are aware that NIH will provide interpreter services at no cost and provide guidance on how to obtain the IC's interpreter services, whenever available. Such programs should account for the fact that the rise in integrated voice prompt (IVP) systems has made it more difficult for individuals with LEP to get through various "phone trees" to get to an interpreter. As requiring responses to automated prompts to obtain in-language assistance may prevent meaningful access, other options to access language service more directly should be explored.

c. IC POCs must assess their IC's remote voice and video 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.

d. IC POCs must develop methods and mechanisms for ensuring LEP communities are aware that NIH will provide them with interpretation services at no cost and provide information on how to obtain interpreting services. Methods include, but are not limited to, the convening of listening sessions with health care and human services partners, surveys and focus groups with LEP communities, and partnerships with non-profit organizations engaged with LEP communities. Each year after, POCs must advise IC heads whether additional outreach is needed.

e. IC POCs must develop methods for tracking and reporting 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 number of cases, matters, or outreach initiatives where language assistance was provided, the primary language(s) requested or provided, the type of language assistance services provided, or the cost of any language assistance services provided.

f. Each fiscal year, submit a budget justification for message dissemination to raise awareness of available interpretation services.

g. Devise criteria for the assessing of bilingual staff or sign language interpreting staff for their ability to provide interpretation services and ensure such employees are compensated appropriately if they are called to provide interpretation services. Only staff who have been assessed to have advanced language proficiency (according to NIH's definition of bilingual/multilingual staff) may communicate with persons with LEP or people with disabilities who require sign language interpretation. ICs will also consider criteria for giving points in hiring decisions for bi- and multi-lingual employment candidates. Extensive reliance on bilingual staff in lieu of utilizing professional interpreters is discouraged. To the extent that ICs rely on bilingual

staff, each IC's plan should address:

- the appropriate use of bilingual staff,
- prescribes the hiring process for bilingual staff,
- provides a mechanism for designating jobs as bilingual,
- clarifies when and how to test the competency of prospective or current bilingual staff,
- and describes additional remuneration for bilingual staff.

h. Consider maintaining 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. Devise a plan for how staff will be trained to respond to language assistance services requests and who may call upon staff to perform language access services language assistance services. ICs should also establish a process by which staff can gain access to the list and bilingual staff on that list.

i. Establish a list of all contacts and other resources available to the IC and qualified in providing on-site interpreting (OSI), over-the-phone interpreting (OPI), and VRI to individuals with LEP and people with disabilities who require sign language interpretation seeking information on or access to IC programs and activities.

j. Develop a mechanism for monitoring and evaluating interpretation services.

k. ICs that directly serve the public or fund programs and activities that serve the public will establish help lines that are supported by OPI and VRI. At minimum, the help lines will quickly 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. Based on community and individual needs, more languages may be necessary and should also be included.

l. IC POCs will serve on at least one (1) inter- and/or intra-IC working group to learn and share effective practices for enhancing interpretation language assistance and make recommendations to their respective IC head for improving their interpretation language assistance program.

m. ICs should consider including provisions for ensuring that interpretation services are accessible to individuals with disabilities, including those who are deaf or hard of hearing or who have other communication-related disabilities. This may include providing sign language interpreting, captioning, or additional accessible communication support. Some examples of common visual communication modes are found in the following source: ADA Business Brief: Communicating with People Who Are Deaf or Hard of Hearing in Hospital Settings.

ELEMENT 3: Written Translations

Each IC 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. For purposes of this Language Access Plan, Appendix B lists examples of vital documents, which include important program information, documents that are essential for obtaining consent, complaint forms, applications for participation in a program or activity or to receive services or benefits, written notices of language assistance services, eligibility criteria, and notices of rights or notices of denial, loss, or decrease of services or benefits. At minimum, notice of rights to nondiscrimination and availability of free language and any appropriate auxiliary services shall be provided, and EDI will provide translations of model notices in the top 15 languages spoken by persons with LEP in each state.

Description:

ICs must 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 IC as described in Element 1. Given the disparate activities and areas of focus within NIH, a universal threshold has not been established, except with regard to notices of nondiscrimination that may potentially be required to be translated in the top 15 languages spoken by persons with LEP in the state. However, in addition to the translations, it is incumbent upon each IC to proactively determine for its programs and activities what constitutes vital documents and implement a translation strategy.

ICs will translate vital documents or other critical public information (especially during public health emergencies) based on their respective assessments of need and capacity and develop translation strategies suitable to the medium for distribution. ICs should establish a process for identifying and translating vital documents into select target languages based on population or case/matter need. Vital documents must be translated when a significant number or percentage of the population eligible to be served, or likely to be directly affected by the program/activity, needs services or information in a language other than English to communicate effectively. There are two types of vital documents that are relevant for NIH's work: those that are meant for the general public or a broad audience and those that are specific communications regarding a case or matter between an individual and the Department.

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

- Public outreach or educational materials.
- Claim or application forms including their instructions.
- Forms or written material 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 the component at no cost to individuals with LEP, where applicable in light of the component's mission and operations.

Vital documents specific to a case or matter between an individual and NIH may include, but are not limited to:

- Administrative complaints, release, or waiver forms.
- Letters of findings.
- Letters or notices pertaining to statutes of limitations, referrals to other federal agencies, a decision to decline to investigate a case or matter, or closure of an investigation, case, or matter.
- Written notices of rights, denial, loss, or decreases in benefits or services, parole, and other hearings.
- Notices of case-related community outreach.

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 IC's website.

To improve cultural appropriateness and accuracy of translations, qualified translators and reviewers should be used. It is preferred, though not required, that qualified translators and reviewers possess at least one (1) 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 (ATA) 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 three (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. Translation of eligibility and insurance issues may require additional expertise.

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

Individuals with LEP and/or who have certain communication disabilities who want to access NIH 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 effective way of communicating with them. For such individuals with LEP, ICs may want to consider sight translation, interpretation, or audio/video communication. For individuals with disabilities that affect communication, ICs should inquire about the preferred method to deliver information that is typically available in written form.

Action Steps or IC designated Language Access Liaisons and IC stakeholders:

a. Designate an office or official responsible for developing a program that ensures individuals participating or attempting to participate in programs and activities funded or administered by NIH are provided written language assistance services in accordance with the IC's needs, capacity, assessment, and this plan.

b. Conduct a language needs assessment to identify literacy skills of LEP populations in their preferred languages and frequency of contact with the IC. (Please refer to assessments noted in Element 1). Note that there may be LEP populations speaking a language for which there is no written form or in which literacy is generally very low. In such cases, whenever possible alternative methods for providing meaningful language access to vital documents must be provided, such as **sight translations** or video explanations of the documents.

c. Each fiscal year submit a budget justification for producing and distributing translated vital documents and other critical public information.

d. 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 NIH employees. Revise material as needed to ensure quality and plain language and update the index accordingly. Use a qualified third party to review translations for accuracy, readability, usability, and cultural responsiveness.

e. Identify IC staff who are responsible for the translation of the IC's materials, and/or managing the translation and interpretation contract(s) and share their contact

information with managers and staff who communicate with the public.

f. Identify program areas that regularly serve LEP communities, 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. Each IC is responsible for identifying its vital documents for translation, updating translations as needed, and posting vital documents online so that they maybe be readily available.

g. 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.

h. All online translated content shall comply with Section 508 of the Rehabilitation Act.

ELEMENT 4: Policies, Procedures, and Practices

Each IC 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 IC programs and activities.

Description:

ICs must establish and maintain an infrastructure designed to implement and improve language assistance services within the IC. The results of the assessment from Element 1 should be used to inform the development of policies, procedures, and practices appropriate for the IC to promote accessibility for individuals with LEP they serve or are likely to serve.

Action Steps for IC designated Language Access Liaisons and IC stakeholders:

a. Designate an office or official responsible for developing and implementing written language access policies and procedures to ensure each element of the NIH Language Access Plan is implemented in the IC's respective programs and activities, including during public health emergencies.

b. The designated office or official will participate on at least one (1) inter- and/or intra-IC 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 IC head to ensure policies and procedures are effectively administered.

c. Develop policies and procedures for receiving and addressing language assistance concerns or complaints from customers with LEP and customers with disabilities who require auxiliary aids or services for effective communication of programs and

activities that are funded or administered by NIH and establish policies and procedures to improve services.

d. Ensure policies, procedures, and all language assistance activities are developed and implemented in alignment with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

e. Share with the NIH Language Access Program policies and procedures, highlighting those that might be more effective or efficient if adopted on a NIH- or HHS-wide basis so the NIH Language Access Program can include the information in the annual progress report.

Continually collect and share metrics to monitor implementation and efficacy of the plan. This may include, but is not limited to: conducting an inventory of languages most frequently encountered, identifying the primary channels of contact with LEP community members (whether telephonic, in person, correspondence, web-based, etc.), reviewing IC programs and activities for language accessibility, maintaining an inventory of who attended language access training (including topics discussed), reviewing the annual cost of translation and interpretation services, and consulting with outside partners or health care and human services partners.

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

In plain language, each IC will proactively inform individuals with LEP that language assistance is available at no cost through NIH or entities funded by NIH.

Description:

ICs must take reasonable steps to ensure meaningful access to their programs and activities by persons with LEP, including notifying persons with LEP who are current or potential customers about the availability of language assistance at no cost. The notification must be in a language that a person with LEP understands. Notification methods should include multilingual posters, signs, and brochures, as well as statements or **taglines** on English written application forms and other informational material distributed to the public, including electronic forms such as IC websites. The results from the Element 1 assessment should be used to inform the IC on the languages in which the notifications should be translated, but NIH health programs and activities should provide some information in the 15 most commonly spoken languages according to the most recent relevant data and vital information to the end user. At minimum, ICs must 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 recent relevant data from the U.S. Census Bureau. EDI will provide model notices in all such languages.

EDI also recommends that ICs notify people with disabilities that they are entitled to

communication with the IC that is as effective as communication with others, including through the free and timely provision of vital information through appropriate auxiliary aids and services.

Action Steps for IC designated Language Access Liaisons and IC stakeholders:

a. Designate an office or official responsible for developing and implementing an IC strategy for notifying individuals with LEP and people with disabilities who contact the IC or are being contacted by the IC, that language assistance is available to them at no cost.

b. Distribute and make available resources, such as the HHS' *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons* (HHS LEP Guidance)[24] and Federal Plain Language Guidelines, directly and over the internet to all current recipients, providers, **contractors**,[25] and vendors.

c. Provide ongoing training and technical assistance necessary to make entities funded by NIH aware that language assistance services provided in order to comply with Title VI and Section 1557 must be provided at no cost to those in need of language assistance services.

d. Each fiscal year, submit a budget justification for message development and dissemination to raise awareness of available language assistance services.

e. 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 the IC are aware that language assistance services are provided at no cost to them. In addition, find opportunities to inform health care and human services partners and individuals with LEP that the NIH LEP Guidance is also available in languages other than English.

f. Develop and prominently display appropriate language taglines on vital documents, web pages currently available in English only, or only available in a limited number of non- English languages, technical assistance, and outreach materials, as well as other documents notifying intended audiences that language assistance is available at no cost and how it can be obtained.

g. Highlight the availability of consumer-oriented materials in plain language and languages other than English on NIH websites and ensure such materials inform individuals with LEP about available language assistance services.

ELEMENT 6: Staff Training

[24] 68 Fed. Reg. 47311 (Aug. 8, 2003).
[25] Accordingly, language access requirements should be included in statements of work to ensure it is contractually mandated. To ensure contract provisions comply with federal contracting law, the Office of the Assistant Secretary for Financial Resources should be consulted.

Each IC will commit resources and provide employees training as necessary to ensure management and staff understand and can implement the policies and procedures of this plan and their respective IC Language Access Plan. NIH and IC-designed training should also ensure all NIH employees have access to performative information and training opportunities that support their capacity and capability to provide meaningful communication to individuals with LEP.

The staff training should include the following components:

a. The NIH and IC's legal obligations to provide language assistance services.
b. NIH and IC language access resources and designated points of contact.
c. Identifying the language needs of an LEP individual.
d. Working with an interpreter in person or on the telephone.
e. Requesting documents for translation.
f. Accessing and providing language assistance services through multilingual employees, in-house interpreters and translators, or contracted personnel.
g. Duties of professional responsibility with respect to individuals with LEP.
h. Interpreter ethics.
i. Tracking the use of language assistance services.
j. Tips on providing meaningful assistance to individuals with LEP.
k. How to request translation and interpretation services.
l. How the public can request services or file a complaint.
m. How to identify an LEP individual. IC staff can determine whether a person needs language assistance in several ways:

- 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;
- Inclusion of multilingual disease investigations;
- Use of state demographic mapping tools that include language preference and disability for population prioritization.

Online training should be available to all employees on a regular basis.

Description:

In order to ensure that NIH employees understand the importance of and are capable of providing both interpretation and written translation language assistance services in all

their programs and activities to individuals with LEP, managers and public facing employees consider training on how to provide language assistance services to their customers in a timely manner.

ICs must designate an office or official to regularly monitor the efficacy of language assistance training provided to managers and public facing staff.

Action Steps for IC designated Language Access Liaisons and IC stakeholders:

a. Designate an office or official responsible for developing, implementing, and committing resources necessary to train IC-designated employees to implement elements of this plan that address delivery of language assistance services.

b. Develop a process that ensures overall employee awareness of the respective IC plan.

c. Determine which staff members should receive training in the provision of language assistance services and related policies, procedures, and effective practices.

d. Work with the IC's management and communications offices to notify employees that their IC provides language assistance and informs employees on how to provide assistance or otherwise contact the office or official responsible for ensuring the provision of language assistance services.

e. Disseminate training materials, whether newly developed or pre-existing, that assist management and staff in procuring and providing meaningful communication for individuals with LEP. The federal learning management system (LMS) could be a useful resource to consult for training materials regarding, for example, Section 508 and CLAS standards.

f. Develop a dedicated resource webpage in the IC's intranet that can serve as a repository of Standard Operating Procedures, guidance documents, materials, training opportunities, etc.

ELEMENT 7: Assessment and Accountability: Access, Quality, Resources, Reporting

Each IC 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 IC, document financial and staff resources dedicated to providing language assistance, and annually report progress made to fully implement this plan.

Although certification is not available in all languages, there are clear quality standards that each IC can detail within its language access plan. For example, considerations of competency considering particular tasks may include:

- Demonstrated proficiency in and ability to communicate information accurately in both English and the other language;

- Identifying and employing the appropriate mode of interpreting (e.g., consecutive, simultaneous, or sight translation), translating, or communicating fluently in the target language;

- Knowledge in both languages of any specialized terms or concepts particular to the component's program or activity and of any particularized vocabulary used by the LEP person;

- Understanding and following confidentiality, impartiality, and ethical rules to the same extent as NIH staff; • Understanding and adhering to their role as interpreters, translators, or multilingual staff." We also recommend NIH consider the ICs to the Interagency Working Group on Limited English Proficiency's Foreign Language Services Ordering Guide, available at https://www.gsa.gov/system/files/Foreign_Language_Services_(1).pdf for sample/template minimum linguist qualifications addressing competency. See also, https://www.lep.gov/sites/lep/files/media/document/2020-03/TIPS_Trust_Me_Im_Certified.pdf

Description:

To increase availability and quality of language assistance services, ICs must designate an office or official to establish an infrastructure to annually assess their IC's language assistance program and make recommendations for improvements. Specifically, the designated office or official will assess the efficacy and availability of services provided to individuals with LEP and people with disabilities, including customer waiting time; quality of written translations and interpretation utilization of appropriate communication channels; barriers to providing services; and overall customer satisfaction with the language assistance services provided.

Action Steps for IC designated Language Access Liaisons and IC stakeholders:

a. 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 the IC 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.[26]

b. Implement methods for measuring improvements in language access in individual

[26] See Interagency Working Group on Limited English Proficiency's Foreign Language Services Ordering Guide, https://www.gsa.gov/system/files/Foreign_Language_Services_(1).pdf

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 NIH Language Access Program.

c. Implement an IC process to annually report to the NIH Language Access Program on IC progress implementing each element of this plan, effective practices, and barriers to improving their language access program, in accordance with the NIH Language Access Program reporting timelines.

d. 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 IC, in a timely manner, and retain a record of any resolution of such complaints. Whenever feasible, resolutions and agreements should be made public.

e. Implement methods for measuring improvements in language access in individual programs and activities and take steps to ensure that such information is collected and reported to the NIH Language Access Program.

To improve cultural appropriateness and accuracy of translations, qualified translators and reviewers should be used. It is preferred, though not required, that qualified translators and reviewers possess at least one (1) 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 (ATA) 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 three (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. Translation of eligibility and insurance issues

may require additional expertise.

ELEMENT 8: Consultations with Health Care and Human Services Partners

Each IC will engage in robust dialogue 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 IC capacity, and evaluate progress on an ongoing basis. Information provided by them should be widely shared within each IC and the NIH as a whole. ICs should strive to avoid asking them for information they previously shared with NIH.

When language assistance services are not readily available or an individual with LEP or a person with a disability does not know about the availability of language assistance services, individuals with LEP and people with disabilities will be less likely to participate in or benefit from NIH's programs and services. As a result, many persons with LEP and people with disabilities may not seek out NIH's benefits, programs, and services; may not file complaints; and may not have access to critical information provided by the NIH because of limited access to language assistance services. Organizations that have significant contact with persons with LEP, such as schools, religious organizations, community groups, and groups working with new immigrants can be very helpful in linking persons with LEP to NIH programs and its language assistance services. Community-based organizations provide important input into the language access planning process and can often assist in identifying populations for whom outreach is needed and who would benefit from NIH's programs and activities. They may also be useful in recommending which outreach materials NIH 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 IC to help NIH determine whether its language assistance services are meaningful in overcoming language barriers for persons with LEP.

Description:

ICs can obtain important information and insight from health care and human services partners. This information may be critical for conducting needs assessments, capacity, and accessibility under Elements 1 and 7. Health care and human services partners can provide ICs with qualitative and first-hand data on the needs of their current and potential individuals with LEP.

The term "health care and human services partners" should always include **beneficiaries**, but it should also be viewed more broadly to include not only recipients of federal financial assistance, but also 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, individuals with disabilities, etc. ICs may also use studies, reports, or other relevant materials produced by health care 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 health care and human services partners, to posting information to IC websites for public comment. ICs should not wait to be approached by the health care and human services partners but should take the initiative and actively seek out opportunities to engage them. Nor should ICs expect the health care and human services partners to meet at a time and place that is convenient for the government. As public servants, ICs should be willing to consult with health care and human services partners at a time, place, and manner that will best facilitate open communication.

Recognizing that translating vital documents can be costly and time intensive, ICs are encouraged to seek stakeholder input in determining which documents should be prioritized for translation.

Action Steps for IC designated Language Access Liaisons and IC stakeholders:

a. Designate an office or official responsible for identifying and developing opportunities to include health care and human services partners in the development of policies and practices that enhance access to IC programs and activities for persons with LEP and people with disabilities.

b. Plan and coordinate conversations with health care and human services partners to assess the accessibility, accuracy, cultural appropriateness, and overall quality of the IC's language assistance services.

c. Share NIH and IC Language Access Plans and resources with health care and human services partners in an accessible manner and solicit their feedback. Incorporate health care stakeholder input in NIH and IC Language Access Plans, as appropriate and consistent with this plan.

d. Annually participate in at least one (1) listening session, whether hosted by a particular IC, NIH, or HHS as a whole, to learn about challenges and opportunities for improvement in the IC's language access program. These listening sessions should result in concrete action steps by the IC.

e. Post IC Language Access Plans and resources on IC websites in accessible formats, and in multiple languages, as well as contact information to receive questions and comments. (Please refer to Element 5.) Where feasible, ICs should share relevant data and information pertaining to language access with health care and human services partners.

ELEMENT 9: Digital Information

Each IC will develop and implement specific written policies and strategic procedures to ensure that, in accordance with assessments of LEP needs, the needs of people with disabilities, and IC 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, each IC will designate an office or official responsible for and capable of 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, the designated office or official will regularly monitor the efficacy, quality, readability, and accessibility of translated materials provided online to promote ease of use and access.

ICs are encouraged to work with their internal web content staff and the Office of the Chief Information Officer (OCIO) to periodically assess and monitor translated digital content to improve meaningful access for persons with LEP.

NIH and the ICs must also comply with Section 508 of the Rehabilitation Act of 1973 (Section 508),[27] which requires federal agencies ensure that their information and communication technology, including websites, electronic documents, and software applications, are accessible to individuals with disabilities. ICs shall work with OCIO and their own Section 508 Program Managers to ensure that translated digital content meets Section 508 requirements to improve access for people with disabilities.

In addition to the requirements of Section 508, Section 504 requires that NIH take appropriate steps to ensure effective communication with people with disabilities, including through the provision of appropriate auxiliary aids, application of plain language principles, and services such as sign language interpreters. For example, at virtual meetings this means that NIH may be required to provide a sign language interpreter and that the virtual meeting platform used should be able to accommodate a screen for a sign language interpreter that can be seen by the person with a disability who requires the interpreter.[38] ICs are also encouraged to provide timely information,

[27] 29 U.S.C. 794d. Section 508 requires HHS to meet Web Content Accessibility Guidelines (WCAG) 2.0 Level A and AA for web content, including virtual meetings hosted by HHS. WCAG 2.0 is a collection of recommendations to make web content more accessible. WCAG 2.0 is available at https://www.w3.org/TR/WCAG20/https://www.w3.org/TR/WCAG20/.

such as deadlines or significant policy shifts, through videos in sign language.[28]

Action Steps for IC designated Language Access Liaisons and IC stakeholders:

a. Designate an office or official responsible for and capable of 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. Please refer to the U.S. Web Design System for guidance Language selector | U.S. Web Design System (USWDS) (digital.gov)

b. Prominently display links and/or symbols at the top-right corner of the IC's English language website, to pages and documents that are also available for viewing or downloading in languages other than English including sign language.

c. Prominently display links on the IC's English language homepage that effectively steers visitors to telephonic interpreter services in the visitor's language. For more information on best practices regarding digital content visit https://www.lep.gov/digital-services-and-websites

d. Notify visitors with LEP to NIH 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. Serve on at least one (1) inter- and/or intra-IC 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. Use and promote the resources on www.lep.gov by providing links to the LEP.gov website on IC and program websites.

g. Develop procedures for creating, posting, and updating multilingual web content, digital materials, and social media posts that are accessible to all audiences.

h. Leverage social media, email dissemination, and/or text message services to increase awareness and utilization of IC programs, activities, language assistance services, and products available in non-English languages by individuals with LEP and people with disabilities.

i. 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/.

[28] This is not an exhaustive list of the requirements of Section 508 or Section 504.

j. Conduct a usability test with visitors with LEP every two (2) years to collect data (including intersectional and disaggregated demographic data), identify features, and components that might need to be addressed to improve access and navigation of webpages, products, or services online. Manage visitors' expectations by also considering URL best practices and general site functionality. If displaying or showcasing forms, consider what the experience is for the user clicking on call-to-action buttons and their journey across the digital ecosystem. Ensure that multiple last names, short names, and/or diacritics are acceptable by the fields created.

k. Regularly monitor the efficacy, quality, readability, and accessibility of translated materials provided online to promote ease of use and access. Regularly consider and evaluate advancements in technology such as artificial intelligence, including machine learning, to expedite translation while committing qualified human translators and editors for review.

l. Develop benchmark efforts and regularly 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 to determine and address gaps and focus resources on critical online information and services.

m. Maintain a list of all in-language content provided on the IC's webpages or separate websites.

n. 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.

o. For virtual meetings, ensure that **participants** are able to highlight another participant's screen and keep focus on that screen so that sign language users can focus on a sign language interpreter, even if the interpreter is not speaking.

p. As a best practice for virtual meetings, provide attendees the option to request auxiliary aids and services or reasonable modifications in the meeting invitation so that individuals with disabilities may take part in the meeting. In practice, this will generally amount to requests for captioning and/or sign language interpreters so that attendees with disabilities may participate. The invitation may require that any requests for auxiliary aids and services or reasonable modifications be made by a certain date prior to the meeting to allow the meeting organizer sufficient time.

ELEMENT 10: Grant Assurance and Compliance by Recipients of NIH Funding

Each granting IC will ensure that award recipients understand and comply with their obligations under civil rights statutes and regulations enforced by NIH that require them

to provide language assistance services. Further, each such IC shall strive to provide direct funding specifically for language access, to increase the resources needed to reach the goals and benchmarks herein.

Description:

Recipients of federal 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.
Program reviews can present opportunities for reviewers to determine if recipients are complying with program and civil rights regulations. To help ensure recipients of NIH funding meet their program and civil rights obligations, civil rights guidance and increased compliance monitoring should be included in grant announcements, requirements, and policies. Complaints should be addressed in a timely and reasonable manner.

Action Steps for IC designated Language Access Liaisons and IC stakeholders:

a. Designate an office or official responsible for working with ASFR or the relevant budget office and ensure 1.) development of a mechanism for funding language assistance services provided by recipients; and 2.) establishment of 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. Designate an office or official responsible for ensuring recipients: 1) are aware of their language access obligations under Title VI and Section 1557; 2) have plans for serving persons with LEP and persons with disabilities that ensure their programs and activities are capable of complying with the assurances they give in exchange for NIH funds;[29] 3) understand the process for including budget lines in their proposals for providing language assistance services;[30] 4) annually report the amount and type of language assistance services provided to their customers and the languages in which the services were provided; [31] 5) receive, resolve and document complaints in a timely manner; and 6) follow guidance and technical assistance provided by the IC. The IC will work in partnership with HHS OCR in completing this task.

c. In consultation with the grants office, develop and incorporate LEP requirements or

[29] All recipients of HHS funds must sign a form HHS 690 that states they will comply with federal civil rights laws; Title VI and Section 1557 include LEP requirements and are included on the HHS 690. However, recipients of financial assistance from NIH often do not fully understand their LEP obligations under these laws.
[30] Designated offices or officials will need to coordinate with ASFR on this deliverable.
[31] Offices or officials responsible for implementing Element 10 will need to coordinate with the office or official responsible for implementing Element 7.

best practices in funding opportunity announcements, e.g., requiring **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, demonstrating the ability to serve communities with LEP and people with disabilities, etc. Please note that this is a requirement with HHS OCR in light of pending Department of Justice litigation.

d. Train IC staff who communicate with NIH-funded entities about the requirements of Title VI and Section 1557 and offer training resources to promote awareness of the NIH LEP Guidance. Ensure IC program staff can make current and prospective recipients of IC funds aware of their obligations under federal civil rights statutes and regulations, especially obligations under Title VI and Section 1557 with respect to LEP accessibility, including ensuring persons with LEP can utilize language assistance services.

e. Incorporate questions about language accessibility and meaningful communication in the IC's onsite program reviews, questionnaires, or surveys designed to determine compliance with grant obligations.

f. Ensure civil rights compliance language and guidance is included in each grant-making IC's program outreach materials to the extent feasible, including ensuring compliance by the recipient's program staff, **sub-recipients**, and contractors.

g. Develop recipient-oriented materials explaining recipient responsibilities for compliance with federal civil rights statutes and regulations with links to relevant guidance and civil rights complaint forms in multiple languages and multimedia formats.

Provide and promote links to resources and technical assistance documents on the grant-making IC's program website(s).

APPENDIX B: Definitions

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

Document Terminology	Terminology Defined
Applicant	Any person who inquiries 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 InterIC Language Roundtable (https://www.govtilr.org/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. 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. 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.
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 IC or IC under a contractual agreement with reimbursement.
Customer	Individuals, businesses, and organizations that interact with an NIH IC 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 NIH 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 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.
Institute/ Center (IC)	Institute/Center (IC) refers to NIH's ICs 27 Institutes and Centers, each with a specific research agenda, often focusing on particular diseases or body systems

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 NIH employees and contractors, and meaningfully learn about, apply for, or participate in NIH 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 NIH staff and contractors and gain meaningful access and an equal opportunity to participate in the services, activities, programs, or other benefits administered by NIH.
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 NIH and have meaningful access to and participate in the services, activities, programs, or other benefits administered by NIH. 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.

Machine Translation	Automated translation that is text-based and provides instant translations between various languages, sometimes with an option for audio input or output.
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 NIH 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.
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. 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.
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 Languages	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 (BSL) is a different language from ASL, and Americans who know ASL may not understand BSL.

Sub-recipient	An 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.
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 an IC'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.

APPENDIX C: Language Access Related Resources

- **Agency for Healthcare Research and Quality:** https://www.ahrq.gov/teamstepps-program/resources/additional/check-back.html https://www.ahrq.gov/teamstepps-program/resources/additional/cus-

words.html

- **American Translators Association**
  https://www.atanet.org/

- **Certification Commission for Healthcare Interpreters**
  https://cchicertification.org/

- **Department of State Office of Language Services:** Frequently Asked Questions - United States Department of State
  https://www.state.gov/frequently-asked-questions-office-of-language-services/

- **Federal Interagency Working Group on Limited English Proficiency (LEP)**
  www.lep.gov

- **Federal Plain Language Guidelines**
  www.plainlanguage.gov/howto/guidelines/FederalPLGuidelines/TOC.cfm

- **Health Literacy Online: A Guide to Writing and Designing Easy-to-Use Health Web Sites**
  https://health.gov/healthliteracyonline/2010/Web_Guide_Health_Lit_Online.pdf

- **Interagency Language Roundtable**
  www.govtilr.org/

- **International Organization for Standardization**: Standards for Translation, interpreting and related technology (ASTM F43, ISO/TC 37/SC 5)
  https://www.iso.org/committee/654486.html

- **National Action Plan to Improve Health Literacy**
  www.health.gov/communication/HLActionPlan/

- **National Board of Certification for Medical Interpreters**
  https://www.certifiedmedicalinterpreters.org/

- **National Council on Interpreting in Healthcare**
  https://ncihc.memberclicks.net/

- **Office for Civil Rights:** Language Access Resources www.hhs.gov/lep

- **Office of Equity, Diversity, and Inclusion:** Language Access Program
  https://www.edi.nih.gov/consulting/language-access-program

- **Office of Minority Health**: National CLAS

Standards https://thinkculturalhealth.hhs.gov/clas