



U.S. Department of Health and Human Services

Office for Civil Rights

LANGUAGE ACCESS PLAN

2024

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INTRODUCTION



Hello,

I am Melanie Fontes Rainer, a Mexican American and a fifth-generation Arizonan. My family's stories, my roots, and our collective experiences shape who I am, and the work I do as the Director of the Office for Civil Rights at the U.S. Department of Health and Human Services (HHS). I am proud of my heritage and culture. I think about my family every day in our work — what they have experienced and overcome, and how I got here. As a nation of myriad cultures, traditions, and language, diversity is our greatest strength. Making sure that every person has access to health care in every community is critically important.

Approximately 68 million people in the United States speak a language other than English at home, and of those, 8.2% speak English less than very well and meet HHS's definition of limited English proficiency (LEP) - they do not speak English as their preferred language and have a limited ability to read, write, speak, or understand English. Data show there are higher rates of LEP in certain communities of color and among people with lower incomes. There is also a lack of meaningful language access nationally, which can lead to inequitable access to the programs and services we run at HHS. If healthcare providers can't communicate clearly with their patients, how can they establish a relationship of trust, and how can patients appreciate the severity of what's happening to them, or understand what's needed to make them better?

Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, and Section 1557 of the Affordable Care Act prohibit entities receiving federal financial assistance from discrimination on the basis of, among other things, race, color, national origin, and disability. This means health care entities must provide an equal opportunity to people to participate in and benefit from programs, communications with individuals with disabilities must be as effective as with others, and reasonable steps must be taken to provide meaningful access to people with LEP. Obligations to take steps in providing meaningful access to individuals with LEP also apply to subrecipients of federal financial assistance, who must similarly comply with all applicable civil rights laws.

The Biden-Harris Administration and Secretary Becerra are deeply committed to eliminating barriers that people face in obtaining information, services, and benefits from HHS federally conducted and assisted programs. To that end, the Office for Civil Rights has updated this Language Access Plan for the first time since 2014 to better serve our communities. This plan will guide the Office for Civil Rights in ensuring equitable access in our activities and advancing equity for every person.

Sincerely,

Melanie Fontes Rainer
Director, Office for Civil Rights

The Office for Civil Rights (OCR), at the U.S. Department of Health and Human Services (HHS), administers and enforces federal laws that ensure that individuals receiving services from HHS-funded or conducted programs are not subject to discrimination and that the privacy and security of individuals' health information is protected. By working to root out discrimination in the provision of HHS-funded and conducted services and by protecting the privacy and security of, and access to health information, OCR empowers individuals and families, strengthens the integrity of the health care system, and advances the HHS mission of improving the health and well-being of every person across the nation.

As a law enforcement agency, OCR investigates complaints; conducts compliance reviews; develops policy; promulgates regulations; provides technical assistance; and educates the public about federal civil rights and conscience laws that prohibit recipients of HHS federal financial assistance from discriminating on the basis of race, color, national origin, disability, age, sex, religion, conscience, and the Health Insurance Portability and Accountability Act (HIPAA) privacy, security, and breach notification laws that protect the privacy and security of health information. Through its work, OCR endeavors to promote and protect health information privacy and national security of our nation's health care systems, including implementing and regulating the HIPAA Privacy, Security, and Breach Notification Rules, and the Patient Safety Act and Rule. OCR also aims to safeguard non-discriminatory access to our nation's social service and health care systems and provides tools for covered entities and individuals to understand their rights and obligations under the law.

Approximately 68 million people in the United States speak a language other than English at home, and of those, 8.2% speak English less than very well and therefore would meet HHS's definition of limited English proficiency (LEP), as they do not speak English as their preferred language and have a limited ability to read, write, speak, or understand English. Data show there are higher rates of LEP in certain communities of color and among people with lower incomes, and that there's a lack of meaningful language access in this country, which can lead to inequitable access to HHS programs and services.

Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, and Section 1557 of the Affordable Care Act prohibit entities receiving federal financial assistance from discrimination based on, among other things, race, color, national origin, and disability. This means recipients of HHS funding, like health care providers and health plans, must provide an equal opportunity to participate in and benefit from programs; communications with individuals with disabilities must be as effective as with others; and reasonable steps must be taken to provide meaningful access to people with LEP. Obligations to take steps to provide meaningful access to individuals with LEP also apply to subrecipients of federal financial assistance, who must similarly comply with all applicable civil rights laws.

Although Title VI does not apply to federally conducted activities, Executive Order 13166 established a goal for all Federal agencies to "examine the services [they] provide and

develop and implement a system by which individuals with LEP can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency.” Consequently, this Language Access Plan establishes the steps OCR will take to ensure meaningful access to OCR’s services by persons with LEP and effective communication for persons with disabilities. OCR regularly engages in important language access matters that impact significant numbers of individuals with LEP.

- HHS relaunched the Language Access Steering Committee in October 2022. OCR Director Melanie Fontes Rainer chaired the first meeting with Secretary Xavier Becerra and Deputy Secretary Andrea Palm attending the first meeting of the committee, lending their support and underscoring the importance of the committee and its mission. Going forward, the Language Access Steering Committee is now charged with implementing the comprehensive language access goals of the HHS Equity Plan.
- OCR investigated Maricopa Superior Court in Arizona after receiving complaints that it failed to translate vital documents for Spanish speakers involved in the child welfare proceedings with language services. Following the investigation, Maricopa Superior Court agreed to change their practices. Going forward, the Court will notify individuals with LEP that free language services are available and that audio and video recordings of hearings in the top 3 languages encountered by the Court are available to anyone who needs them.¹
- OCR issued guidance to states, reminding them that, as they conduct Medicaid redeterminations as part of the unwinding process following the expiration of the Families First Coronavirus Response Act continuous enrollment condition, they must ensure that eligible individuals with LEP are provided with meaningful language access and individuals with disabilities are provided with effective communication to ensure they do not experience an otherwise unnecessary lapse in Medicaid and Children’s Health Insurance Program coverage.²
- OCR released the first Department-wide Language Access Annual Progress Report summarizing the progress the Department has made on improving the provision of meaningful access to language assistance services to persons with LEP. The report also identifies steps to continue and strengthen this work across HHS moving forward, including: the creation of a new HHS Language Access Coordinator position; the setting up of a centralized language access center hub

¹ Press Release, HHS, News, *HHS Office for Civil Rights Works with Arizona State Court to Ensure Meaningful Access for People with Limited English Proficiency* (Nov. 22, 2022), <https://www.hhs.gov/about/news/2022/11/22/hhs-office-for-civil-rights-works-with-arizona-state-court-to-ensure-meaningful-access-for-people-with-limited-english-proficiency.html>.

² Letter from Melanie Fontes Rainer, Director, HHS Office for Civil Rights, to State Health Officials (April 4, 2023), <https://www.hhs.gov/sites/default/files/medicaid-unwinding-letter.pdf>.

for HHS; updating and revising HHS’s 2013 Language Access Plan; and taking steps to address problems identified in OCR investigations of LEP complaints filed against HHS.³

- HHS released its updated Department-wide Language Access Plan. The updated Language Access Plan sets forth practical guidance, best practices, and action steps in order for HHS Operating and Staff Divisions to develop their own, agency-specific language access plans. This language access plan from OCR conforms to the standards set forth in the HHS Language Access Plan.⁴
- OCR, in cooperation with the Department of Homeland Security and the Federal Emergency Management Agency, finalized a compliance review of 19 states’ COVID-19 pandemic response efforts, and provided technical assistance.⁵

³ *Id.*

⁴ HHS 2023 Language-Access-Plan, <https://www.hhs.gov/sites/default/files/language-access-plan-2023.pdf>.

⁵ Press Release, HHS, News, *HHS, DHS, and FEMA Announce Completion of Multi-Year Review of State Efforts to Provide Language Access During the COVID-19 Public Health Emergency* (Mar. 18, 2024), <https://www.hhs.gov/about/news/2024/03/18/hhs-dhs-fema-announce-completion-multi-year-review-state-efforts-provide-language-access-during-covid-19-public-health-emergency.html>.

PURPOSE AND AUTHORITY

President Joseph R. Biden has issued four Executive Orders (EO) that reinforce meaningful access through language assistance: EO 13985, [Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#);⁶ EO 13995, [Ensuring an Equitable Pandemic Response and Recovery](#);⁷ EO 14031, [Advancing Equity, Justice, and Opportunity for Asian Americans, Native Hawaiians, and Pacific Islanders](#);⁸ and EO 14091, [Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#).⁹

Pursuant to EO 13985, the Department issued the HHS Equity Action Plan in April 2022, which establishes Departmental language access objectives, goals, and requirements beyond those required by EO 13166 and Section 1557 of the Affordable Care Act (Section 1557).¹⁰ It has long been the policy of OCR to provide meaningful access to OCR programs and services by individuals with LEP.¹¹

OCR has and will continue to play a role in assisting HHS conducted programs to improve access for persons with LEP. OCR works collaboratively with HHS Operating and Staff Divisions to make civil rights and the provision of effective language access services an integral part of HHS programs. OCR's efforts in this regard include:

- Chairing the HHS Language Access Steering Committee responsible for promoting and coordinating ongoing Departmental efforts to improve access by LEP persons to HHS conducted programs and activities.
- Assessing compliance with non-discrimination requirements in national policy formulation or proposed rule-making documents.

⁶ EO 13985 requires each agency to “produce a plan for addressing any potential barriers that underserved communities and individuals may face to enrollment in and access to benefits and services in Federal programs.”

⁷ EO 13995 established the COVID-19 Health Equity Task Force, which is directed to make recommendations for agencies to provide effective, culturally aligned communication, messaging, and outreach to underserved communities.

⁸ EO 14031 Directs Secretary Becerra to co-chair 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.” Language access is one of three key issues that impact the health and well-being of AA and NHPI communities.

⁹ EO 14091 requires agencies to “consider opportunities to . . . improve accessibility for people with disabilities and improve language assistance services to ensure that all communities can engage with agencies’ respective civil rights offices, including by fully implementing Executive Order 13166 of August 11, 2000 (Improving Access to Services for Persons with LEP).”

¹⁰ Section 1557 of the Affordable Care Act provides that “an individual shall not, on the grounds prohibited under Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.) [race, color, national origin (i.e., LEP)].” 42 U.S.C. § 18116 (a).

¹¹ Key terms used throughout this plan are defined in the glossary attached as appendix B.

- Conducting civil rights training for HHS components covering Title VI and LEP. Training programs are designed to ensure that HHS components have a full understanding of their recipients' responsibilities under Title VI to take reasonable steps to provide meaningful access to their programs, activities, and services.
- Providing technical assistance through the dissemination of information to HHS components including office hours, model language for agency-specific language access plans, and feedback on those plans. The model language and feedback provide step-by-step instruction on how to draft and implement agency-specific language access plans.
- Receiving and investigating complaints alleging violations of OCR's delegated legal authorities pertaining to language access and effective communication, including Title VI, Section 1557, and Section 508.
- Conducting outreach and publishing guidance documents to inform regulated communities of their obligations under, e.g., Title VI, Section 1557, and Section 508, and to ensure the communities are in compliance with such authorities.

ELEMENTS AND ACTION STEPS

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

ELEMENT 1: Assessment: Needs and Capacity

ELEMENT 2: Interpretation Services

ELEMENT 3: Written Translations

ELEMENT 4: Policies, Procedures, and Practices

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

ELEMENT 6: Staff Training

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

ELEMENT 8: Consultation with Health Care and Human Services Partners

ELEMENT 9: Digital Information

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

ELEMENT 1: Assessment: Needs and Capacity

In March of each year, OCR will assess the extent that language assistance or in-language material was requested and/or accessed or otherwise needed by 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.

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

This assessment will 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 agency's services, and 2) the barriers—including resource barriers—that hinder provision of effective interpretation and written communication with individuals with LEP.

Action Steps:

- a. Each year, OCR will participate in at least one listening session, hosted by OCR or HHS as a whole, to learn about challenges and opportunities for improvement in the agency's language access efforts, and consult subject matter experts to determine whether the agency's current language access program is effective and complies with Section 1557 of the Affordable Care Act, as well as this Language Access Plan. OCR may also consider assessing the quality of language assistance services rendered.
- b. Participate on at least one inter- and/or intra agency language access working group, such as the HHS Language Access Steering Committee, which the OCR Director chairs, and/or the Federal Language Access Working Group, to identify methods for improving agency 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. Take specific steps to develop or amend policies or practices that ensure the agency's language assistance services are adequate to meet customer needs and advise agency officials on updating the agency language access plan as needed.
- d. OCR 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;
- Use of an "I Speak" language identification card or poster, including dialects for applicable languages;
- 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.

OCR 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, specific community, or dialectic preferences, to ensure the correct identification of preferred language and dialect.

ELEMENT 2: Interpretation Services

Interpretation 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 OCR. Staff must ensure that all interpreters they use are qualified to provide the service and understand and apply interpreter ethics and client confidentiality needs. 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 OCR'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.

OCR will not enlist children of the individual for language assistance; family or community members should only be used in exceptional circumstances or when the person with LEP requests their language assistance. Use of a minor child, family or community member for

language assistance are a temporary measure while finding a qualified interpreter in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter for the individual with LEP immediately available. There are very limited situations in which an adult, not qualified as an interpreter, accompanying an individual with LEP can serve as an interpreter. When OCR needs to directly communicate with individuals with LEP, to the extent feasible, OCR should utilize qualified interpreters, qualified translators, or qualified bilingual or multilingual staff.¹²

OCR may not use an adult accompanying a person with a disability to interpret for them unless the person with a disability requests that the adult interprets, the adult agrees, and reliance on the adult is appropriate. OCR 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. OCR 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 OCR 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. 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.

OCR's Language Access Coordinator, or equivalent, shall serve as a single point of contact for interpretation at OCR and will develop procedures for the agency to provide Interpretation Services and develop or otherwise provide staff training to ensure all employees with public contact can provide Interpretation Services as needed and in a timely manner.

Action Steps:

- a. OCR is responsible for establishing OCR-wide procedures for providing interpreting services in a manner that ensures timely communication between persons with LEP and people with disabilities and OCR. Procedures must address the various methods for providing interpreter services, including procedures that ensure provision of effective remote voice and video interpreter services.
- b. OCR is responsible for developing and administering a remote voice and video interpreting program for each OCR division that ensures individuals with LEP are aware that OCR will provide interpreter services at no cost and provide guidance on how to obtain the agency's interpreter services, whenever available. Such programs should account for the fact that the rise in integrated voice prompt systems has made it more difficult for individuals with LEP to get through various

¹² See 45 CFR § 92.201 (e)(3).

“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. OCR must assess OCR’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. For the purpose of activities and services where OCR interacts with individuals and communities with LEP, OCR must develop methods and mechanisms for ensuring LEP communities are aware that OCR 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, the OCR Language Access Coordinator, or equivalent, must advise OCR leadership whether additional outreach is needed.
- e. OCR 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.
- 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 OCR’s definition of bilingual/multilingual staff) may communicate with persons with LEP or people with disabilities who require sign language interpretation. OCR will also consider criteria for giving points in hiring decisions for bi- and multi-lingual employment candidates. Extensive reliance on staff volunteers in lieu of utilizing professional interpreters is discouraged.
- 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 assistance services.

- i. Establish a list of all contacts and other resources available to OCR and qualified in providing on-site interpreting, over-the-phone interpreting, and VRI to LEP individuals and people with disabilities who require sign language interpretation seeking information on or access to agency programs and activities.
- j. Develop a mechanism for monitoring and evaluating interpretation services.
- k. As an office that directly serves the public, OCR will continue to use over the phone interpreting for its help lines. At minimum, the help lines will quickly connect callers who speak the 15 most commonly spoken languages by persons with LEP in the relevant state(s) (according to the most recent relevant data from the U.S. Census Bureau, top 15 nationally from 2017-2022 are: Arabic, Bengali, Chinese, Farsi, French, Haitian Creole, Hindi, Japanese, Korean, Polish, Portuguese, Russian, Spanish, Tagalog, and Vietnamese) to telephonic interpreters. Based on community and individual needs, more languages may be necessary and should also be included.
- l. OCR will serve on at least one inter- and/or intra-agency working group to learn and share effective practices for enhancing interpretation language assistance and make recommendations to their respective agency head for improving their interpretation language assistance program.
- m. OCR will include 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

Vital documents 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 in the top 15 languages spoken by persons with LEP in the United States. Accordingly, OCR will translate its vital documents into the following frequently encountered languages: Arabic, Bengali, Chinese¹³ (traditional and simplified), Farsi, French, Haitian Creole, Hindi, Japanese, Korean, Polish, Portuguese, Russian, Spanish, Tagalog, and

¹³ OCR will take reasonable steps to ensure the translation of traditional Chinese and simplified Chinese are linguistically aligned, consistent, and culturally appropriate.

Vietnamese¹⁴. OCR may add additional languages or translate additional documents where impact assessments indicate that doing so would result in providing greater access to individuals with LEP. Where translations are not available or oral communication is more effective, OCR will provide oral language assistance consistent with the respective provisions of this plan.

OCR 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 OCR as described in Element 1. A universal threshold has not been established, except regarding notices of nondiscrimination that may potentially be required to be translated in the top 15 languages spoken by persons with LEP in the target audience.

However, in addition to the translations, it is incumbent upon OCR to proactively determine for its programs and activities what constitutes vital documents and implement a translation strategy. OCR will translate vital documents or other critical public information (especially during public health emergencies) based on its respective assessments of need and capacity and develop translation strategies suitable to the medium for distribution. Translated documents should be easy to understand by intended audiences. Matters of plain language, cultural communication, and health literacy should be considered for all documents, including when originally composing in English. Materials that are translated should be easily accessible on OCR'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 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 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.

¹⁴ ACS 5-Year Estimates Public Use Microdata Sample 2022.

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.¹⁵

The requirement to provide written translations via a qualified translator continue to apply, regardless of whether human or machine translation is provided. A human translator is required to review machine translation under certain circumstances. These include circumstances that are critical to one's rights or benefits and when the underlying text is critical to the rights, benefits, or meaningful access of an individual with LEP; when accuracy is essential; or when the source documents or materials contain complex, non-literal, or technical language. Any machine translation technologies that are developed must include such review if they are to meet the requirements outlined in Section 1557 of the Affordable Care Act.

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

Action Steps:

- a. Develop a program that ensures individuals participating or attempting to participate in programs, services, or activities administered or conducted by OCR are provided written language assistance services in accordance with OCR's needs, capacity, assessment, and this plan.
- b. Conduct an annual language needs assessment to identify literacy skills of LEP populations in their preferred languages and frequency of contact with OCR and make any necessary adjustments to language assistance services in light of such assessment. 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, OCR will 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 OCR's employees. Revise material as needed to ensure quality and plain language and

¹⁵ See 45 CFR § 92.201 (c)(3).

update the index accordingly. Use a qualified third party to review translations for accuracy, readability, usability, and cultural responsiveness.

- e. OCR is responsible for the translation of OCR's materials, and/or managing the translation and interpretation contract(s) and will 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. OCR is responsible for identifying its vital documents for translation, updating translations as needed, and posting vital documents online so that they may be readily available.
- g. Offer translated written materials in other formats such as audio, video with subtitles, video with sign language, infographics or persons with limited literacy or disabilities, and for those whose language does not have a written form.
- h. Online translated content shall comply with Section 508 of the Rehabilitation Act.

ELEMENT 4: Policies, Procedures, Practices

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

Action Steps:

- a. OCR is responsible for developing and implementing written language access policies and procedures to ensure each element of the HHS Language Access Plan is implemented in OCR's respective programs and activities, including during public health emergencies.
- b. OCR will participate in the HHS Language Access Steering Committee, which, among other things, focuses on identifying and implementing effective practices for improving access for persons with LEP. OCR's Language Access Coordinator, or equivalent, will propose effective practices to the OCR Director 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 OCR 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 HHS Language Access Steering Committee policies and procedures, highlighting those that might be more effective or efficient if adopted on a Department- or government-wide basis so the Language Access Steering Committee can include the information in the annual progress report.
- f. 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 OCR's 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

OCR must take reasonable steps to ensure meaningful access to programs and activities by persons with LEP, including notifying current or potential customers with LEP about the availability of language assistance at no cost.

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 OCR's website. The results from the Element 1 assessment should be used to inform OCR on the languages in which the notifications should be translated, but HHS health programs and activities should provide some information in the 15 most commonly spoken languages by persons with LEP according to the most recent relevant data and vital information to the end user.

At minimum, OCR must provide information about rights to nondiscrimination and the availability of language assistance and auxiliary aids and services in the 15 most commonly spoken languages by persons with LEP in the target audience according to the most recent relevant data from the U.S. Census Bureau. OCR will notify people with disabilities that they are entitled to communication with OCR 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:

- a. OCR is responsible for developing and implementing a strategy for notifying individuals with LEP and people with disabilities who seek services from OCR or whom OCR contacts for mission-related purposes (e.g., investigations and compliance reviews) that language assistance is available to them at no cost.
- b. Distribute and make available resources, such as the [Department's Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons \(HHS LEP Guidance\)](#) and Federal Plain Language Guidelines, directly and over the internet to all current recipients, providers, contractors, and vendors.
- c. Provide technical assistance as appropriate and support HHS components to make their funded entities 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, as part of its budget justification, OCR will include a proposal regarding the availability of language assistance services for persons with LEP and persons with disabilities.
- e. Utilize various methods and networks, including public service announcements, non-English (in-language) media, and community- and faith-based resources to ensure that LEP communities served by OCR 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 HHS LEP Guidance is also available in languages other than English.
- f. Assess whether to 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 OCR's website.

ELEMENT 6: Staff Training

OCR will commit resources and provide its employees and contractors training as necessary to ensure management and staff understand and can implement the policies and procedures of this plan and the HHS Language Access Plan. Training should also ensure all OCR 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 Department and OCR's legal obligations to provide language assistance services.
- b. Department and OCR's language access resources and designated points of contact.
- c. Identifying the language needs of an LEP individual this includes identifying and sourcing the preferred written, signed and/or oral language, including dialects for applicable languages.
- 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 LEP individuals.
- h. Interpreter ethics.
- i. Tracking the use of language assistance services.
- j. Tips on providing meaningful assistance to LEP individuals.
- k. How to request translation and interpretation services.
- l. How the public can request services or file a complaint.
- m. Online training should be available to all employees on a regular basis.
- n. Effective communication with individuals with communication disabilities, such as those who are deaf or hard of hearing.

In order to ensure that OCR's employees and contractors 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 will receive training on how to provide language assistance services to their customers in a timely manner. OCR will regularly monitor the efficacy of language assistance training provided to managers and public facing staff.

Action Steps:

- a. OCR is responsible for developing and implementing resources necessary to train all employees to implement elements of this plan that address delivery of language assistance services.
- b. Develop a process that ensures OCR employee awareness of OCR's Language Access 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 OCR's staff to notify employees that OCR provides language assistance and informs employees on how to provide assistance or otherwise contact the OCR Language Access Coordinator, or equivalent, 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 and effective communication for people with disabilities. 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 intranet that can serve as a repository of Standard Operating Procedures, guidance documents, materials, training opportunities, etc.

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

To increase availability and quality of language assistance services, OCR will establish an infrastructure to annually assess OCR's language assistance program and make recommendations for improvements. Specifically, OCR 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:

- a. OCR is responsible for developing, implementing, and committing resources necessary to regularly monitor and annually assess relevant practices and procedures, focusing on progress made by OCR 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.

- b. Implement methods for measuring improvements in language access in individual programs and activities and take steps to ensure that such information is collected in a manner that increases comparability, accuracy, consistency across programs and activities, and takes into consideration guidance provided by the Language Access Steering Committee.
- c. Implement an OCR process to annually report to the Language Access Steering Committee on OCR's progress implementing each element of this plan, effective practices, and barriers to improving the language access program, in accordance with the Language Access Steering Committee reporting timelines.
- 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 OCR, 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 Language Access Steering Committee.

ELEMENT 8: Consultations with Health Care and Human Services Partners

OCR 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 OCR's capacity, and evaluate progress on an ongoing basis. Information provided by health and human service partners should be widely shared within OCR and the Department as a whole. OCR will strive to avoid asking partners for information they previously shared with the Department.

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 HHS's programs and services. As a result, many persons with LEP and people with disabilities may not seek out HHS's benefits, programs, and services; may not file complaints; and may not have access to critical information provided by OCR 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 HHS 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 HHS's programs and activities. They may also be useful in recommending which outreach materials OCR 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 OCR to help determine whether its language assistance services are meaningful in overcoming language barriers for persons with LEP.

OCR 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 OCR 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. OCR 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 OCR’s website for public comment.

OCR 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 OCR expect the health care and human services partners to meet at a time and place that is convenient for the government. As public servants, OCR 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, OCR will seek health and human services partner input in determining which documents should be prioritized for translation.

Action Steps:

- a. Work with health care and human services partners in the development of policies and practices that enhance access to OCR’s 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 OCR’s language assistance services. Update plan as needed and appropriate.
- c. Annually participate in at least one listening session, whether hosted by OCR, a particular agency, or HHS as a whole, to learn about challenges and opportunities for improvement in OCR’s language access program. These listening sessions should result in concrete action steps by OCR.

- d. Post this Language Access Plan in accessible formats, and in multiple languages, as well as contact information to receive questions and comments.

ELEMENT 9: Digital Information

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, OCR is 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, OCR will monitor the efficacy, quality, readability, and accessibility of translated materials provided online to promote ease of use and access. OCR is encouraged to work with its 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. OCR must also comply with Section 508 of the Rehabilitation Act of 1973 (Section 508), which requires federal agencies to ensure that their information and communication technology, including website, electronic documents, and software applications, are accessible to individuals with disabilities.

OCR shall work with OCIO and those responsible for compliance with Section 508 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 OCR takes appropriate steps to ensure effective communication with people with disabilities, including through the provision of appropriate auxiliary aids and services, application of plain language principles, and services such as sign language interpreters.

For example, at virtual meetings, OCR may need to provide closed captioning and a sign language interpreter on a platform that allows the person requiring interpretation to constantly see the interpreter. Also, whenever feasible, OCR should provide timely information, such as deadlines or significant policy shifts, through videos in sign language.

Action Steps:

- a. OCR is 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.
- b. Prominently display links and/or symbols at the top-right corner of OCR'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. Notify visitors 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.
- d. Serve on at least one inter- and/or intra-agency working group that focuses in part on making government websites more accessible to persons with LEP in multiple languages and people with disabilities through various multimedia formats.
- e. Use and promote the resources on www.LEP.gov by providing links to the LEP.gov website on OCR's website.
- f. Develop procedures for creating, posting, and updating multilingual web content, digital materials, and social media posts that are accessible to all audiences.
- g. Leverage social media, email dissemination, and/or text message services to increase awareness and utilization of OCR's programs, activities, language assistance services, and products available in non-English languages by individuals with LEP and people with disabilities.
- h. 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/>.
- i. Conduct a usability test with visitors with LEP every two 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.
- j. Monitor the efficacy, quality, readability, and accessibility of translated materials provided online to promote ease of use and access. 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.
- k. 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.

- l. Maintain a list of in-language content provided on OCR's webpages or separate in-language websites.
- m. 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, and when available, consider using real time translation services such as Communication Access Realtime Translation (CART) to ensure better accuracy of captions.
- n. 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.
- o. As a best practice for virtual meetings, provide attendees the option to request 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 HHS Funding

While OCR does not issue grants, it plays a vital role in enforcing civil rights statutes, such as Title VI, Section 1557, Section 504, and HHS grants programs by receiving complaints and conducting investigations and compliance reviews where recipients of HHS funding have allegedly violated the requirements of certain laws and programs. OCR also assists HHS components with developing agency-specific language access plans to promote broader access by LEP persons to HHS conducted and assisted programs and activities. OCR provides technical assistance to grant-issuing HHS agencies and Federally funded organizations in accordance with best practices as outlined in action steps a-h.

Action Steps:

- a. In consultation with the grants office, consult on LEP requirements or 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.

- b. Work with agencies on federal compliance by assisting in their training to communicate with HHS-funded entities about the requirements of Title VI and Section 1557 and offer training resources to promote awareness of the HHS LEP Guidance.
- c. Incorporate questions about language accessibility and meaningful communication in the funding component's onsite program reviews, questionnaires, or surveys designed to determine compliance with grant obligations.
- d. 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.
- e. Provide and promote links to resources and technical assistance documents on the grant making agency's program website(s).

APPENDIX A: [2023 HHS Updated Language Access Plan](#)

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.

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

Contractor	Any entity that performs work or provides services on behalf of an agency or division under a contractual agreement with reimbursement.
Customer	Individuals, businesses, and organizations that interact with an HHS agency or program. The term customer is inclusive of beneficiaries and interested parties.
Digital Information	Information, as defined in OMB Circular A-130, which the government produces and provides digitally to help individuals access HHS conducted programs and activities for which they are individually eligible to participate. OMB Circular A-130 defines digital information as any communication or representation of knowledge such as facts, data, or opinions in any medium or form, including textual, numerical, graphic, cartographic, narrative, or audiovisual forms.
Direct “in-language” communication	Monolingual communication in a language other than English between a multilingual staff and a person with LEP (e.g., Korean to Korean).
Disaggregated Data	Data that separates out subgroups to provide the most descriptive and detailed information possible; for example, rather than using data about “Asian languages” or “Native American languages,” disaggregated data would indicate which specific languages are spoken by an individual or at the community level. Disaggregated data may also include information about varied dialects, as well as more specific national origin information.
Effective Communication	For communication disabilities, it refers to aids and services to ensure that communication with people with disabilities, such as people who are deaf or hard of hearing, is as effective as communication for people without disabilities.
Interested Party	Beneficiaries, including recipients of federal financial assistance, vendors, advocacy groups, non-governmental organizations, and representatives from a broad cross-section of the language access community, individuals with disabilities, etc.
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	Is achieved when individuals with LEP have meaningful access to and can communicate effectively with HHS employees and contractors and participate in HHS programs and activities.
Language Assistance	All oral, written, and signed language services needed to assist individuals with LEP and people with disabilities to communicate effectively with HHS staff and contractors and gain meaningful access and an equal opportunity to participate in the services, activities, programs, or other benefits administered by HHS.
Limited English Proficiency (LEP)	An individual who does not speak English as his or her preferred language and who has a limited ability to read, write, speak or understand English in a manner that permits him or her to communicate effectively with HHS and have meaningful access to and participate in the services, activities, programs, or other benefits administered by HHS. Individuals with LEP may be competent in English for certain types of communication (e.g., speaking or understanding), but have limited proficiency in English in other areas (e.g., reading or writing). LEP designations are also context-specific; an individual may possess sufficient English language skills to function in one setting (e.g., conversing in English with coworkers), but these skills may be insufficient in other settings (e.g., addressing court proceedings). An individual who is D/HOH may also have limited proficiency in spoken or written English and may not be proficient in ASL or any other recognized sign language.
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 HHS program or service.
Plain Language	Plain language as defined in the Plain Writing Act of 2010 is writing that is “clear, concise and well organized.”
Preferred/Primary Language	The language that LEP individuals identify as the preferred language that they use to communicate effectively. The language that LEP individuals identify as the preferred language that they use to communicate effectively.
Qualified Interpreter or Translator	A bilingual/multilingual person who has the appropriate training and experience or demonstrated ability to fully understand, analyze, and process and then faithfully render a spoken, written, or signed message in one language into a second language and who abides by a code of

	professional practice and ethics. A child shall not be considered a qualified translator or interpreter, nor shall a family member or employee who does not meet the minimum qualifications specified above.
Sight Translation	The oral or signed rendering of written text into spoken or signed language by an interpreter without change in meaning based on a visual review of the original text or document.
Sign Language	Method of communication for people who are deaf or hard of hearing in which hand movements, gestures, and facial expressions convey grammatical structure and meaning. There is no universal sign language. Different sign languages are used in different countries or regions. For example, British Sign Language (BSL) is a different language from ASL, and Americans who know ASL may not understand BSL.
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.
Taglines	Brief messages that may be included in or attached to a document. Taglines in languages other than English are used on documents (including websites) written in English that describe how individuals with LEP can obtain translation of the document or an interpreter to read or explain the document. Section 1557 and Title VI will prescribe the languages that must be included in such tagline notices, but covered entities may also add more languages.
Translation	The process of converting written text from a source language into an equivalent written text in a target language as fully and accurately as possible while maintaining the style, tone, and intent of the text, while considering differences of culture and dialect.
Vital Document	Paper or electronic written material that contains information that is critical for accessing a component's programs or activities or is required by law. Vital documents include, but are not limited to: critical records and notices as part of emergency preparedness and risk communications; online and paper applications; consent forms; complaint forms; letters or notices pertaining to eligibility for benefits; letters or notices pertaining to the reduction, denial, or termination of services or benefits that require a response from an individual with LEP; written tests that evaluate competency for a particular license, job, or skill for which knowing English is not required; documents that must be provided by law; and notices regarding the availability of language assistance services for individuals with LEP at no cost to them.

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 LEP (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
- **Health Literacy Online: A Guide for Simplifying the User Experience**
<https://health.gov/healthliteracyonline/>
- **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**
https://health.gov/sites/default/files/2019-09/Health_Literacy_Action_Plan.pdf
- **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 Minority Health:** National CLAS Standards
<https://thinkculturalhealth.hhs.gov/clas>