

**Office of the Assistant Secretary for Planning and
Evaluation (ASPE)**

U.S. Department of Health and Human Services



Language Access Plan

Fiscal Year 2024

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Overview: Mission and Language Access Goals

ASPE is the principal advisor to the Secretary of HHS on policy development in health, disability, human services, data, and science, and provides advice and analyses on economic policy. ASPE leads special initiatives, coordinates the Department's evaluation, research, and demonstration activities, and manages cross-Department planning activities such as strategic planning, legislative planning, and review of regulations. Integral to this role, ASPE conducts research and evaluations, develops policy analyses, and estimates the costs and benefits of policy alternatives under consideration by the Department or Congress.

Unlike the Operating Divisions of HHS which manage or operate programs that serve a variety of people directly - some of whom may not speak English as a preferred or primary language - ASPE is a Staff Division, whose primary "clients" are the Secretary of HHS and other senior HHS leadership. Given this, ASPE does not face many of the operational issues related to ensuring customers with limited English proficiency (LEP) gain access or eligibility to program services or benefits.

Nevertheless, ASPE's policy development and research activities support the Department's goal of continuing to improve access to our programs and services for diverse populations, including those with LEP. For example, a recent ASPE research project, "Health Insurance Coverage and Access to Care for Immigrants: Key Challenges and Policy Options" (<https://aspe.hhs.gov/reports/insurance-coverage-access-care-immigrants>) discussed barriers to health care and health insurance coverage for LEP clients to access HHS and other key federal programs. This project also suggested additional actions, including targeted outreach efforts, that can be taken to increase health insurance coverage and address challenges related to social determinants of health in order to improve health equity.

Further, ASPE is committed to providing research and tools that facilitate the Department meaningfully engaging the populations that HHS serves in informing policies, programs and processes. ASPE has produced a range of resources to help effectively and equitably engage individuals with lived expertise (e.g. <https://aspe.hhs.gov/reports/equitably-engage-people-lived-experience>) and tips on engaging diverse partners that identify procedural barriers such as lack of accessibility for people with preferred or primary languages other than English (<https://aspe.hhs.gov/sites/default/files/documents/934dada0240465383fb5bee435b57395/Tips-Engaging-Diverse-Partners.pdf>).

ASPE's primary contribution to ensuring language access will be to continue to support the Department's efforts to improve language access to its programs and services by conducting studies such as the above to identify language access barriers and effective strategies to overcome such barriers.

Appendix A provides definitions of terms in this language access plan.

Element 1: Assessment: Needs and Capacity

Each year, ASPE 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 plan to address those needs, including a budget request if necessary, to meet anticipated language assistance needs for the coming year.

ASPE's primary "customers" or clients are the Secretary of HHS and other senior leaders within HHS. Therefore, there are typically no ongoing language assistance needs related to our primary focus and mission, or in our core operations with these clients. Where ASPE is performing work on behalf of the entire Department, such as in developing the quadrennial strategic plan or equity action plan that is intended to inform the public generally about the work of the Department, ASPE will work in partnership with the OS to conform with the HHS LAP.

However, we do receive requests from the public related to our research products or other questions, although it has been rare that such requests are from individuals with LEP. Under this LAP, ASPE will, 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.

ASPE Actions:

- Each year, ASPE will assess the extent that language assistance or in-language material was requested and/or accessed or otherwise needed by our customers and develop a budget request to meet anticipated language assistance needs for the coming year. This assessment shall include identification of barriers, including resources, that hinder provision of effective interpretation and written communication with individuals with LEP.
- Each year, ASPE will participate in a minimum of one listening session, hosted by a particular agency 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, as well as with HHS's Language Access Plan.
- ASPE will take concrete 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.
- The ASPE LAP representative will coordinate these actions by September 30th and March 31st every year with the ASPE office.

Element 2. Oral Language Assistance Services

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 HHS. ASPE does not administer benefits or assistance programs for individuals or families, nor does ASPE manage any programs that are required to determine eligibility for such benefits. Therefore, ASPE's "customers" as understood and referenced in this

element are often internal to HHS or the U.S. Government, which is different from many other HHS agencies.

Occasionally ASPE receives telephone or internet inquiries or requests from the public, mostly related to our various research products or initiatives, and sometimes related to other issues. Our experience until now has been that only rarely are such requests or inquiries from LEP persons. ASPE will monitor these requests closely, as described in Element 1, and will make appropriate adjustments as needs arise.

ASPE conducts some convenings and webinars that may include participants and audience members who are not federal or local government staff. These are often conducted in partnership with a contractor who is providing logistical support. ASPE will ensure that new contracts that have provisions for presentation of ASPE material to a public audience assess for oral translation needs and work with ASPE to provide such a service.

ASPE Actions:

- ASPE will document the frequency of any telephone or internet communications with individuals with LEP and, to the extent possible, identify the language needs related to such encounters.
- Relevant ASPE staff who manage communications with the public will notify the ASPE-designated LEP point person (Element 4) of any such encounters, and if possible, identify the language needs of such persons.
- Based on this encounter data, ASPE will evaluate how best to ensure we effectively communicate with the public, including LEP clients, and update our LAP and action steps as needed.
- Any oral language assistance including sight translation will be conducted by a qualified interpreter and/or translator. The definition of a qualified interpreter/translator is included in Appendix A.
- The ASPE LAP representative will coordinate with ASPE Web Posting on the notices by September 30th and March 31st of each year.

Element 3. Written Translations

ASPE does not administer benefits or assistance programs for individuals or families, nor does it manage any programs that are required to determine eligibility for such benefits, and therefore does not have or produce any vital documents¹ as referenced in this element. ASPE commits to improving compliance of our products posted on our public facing website going forward shall be in compliance with Section 508 of the Rehabilitation Act for items posted on ASPE website.

ASPE will collaborate with other agencies to share resources, improve efficiency, standardize federal terminology, and streamline processes for obtaining community feedback on the accuracy and quality of professional translations intended for mass distribution.

¹ Vital documents are defined more extensively in Appendix B of the HHS Language Access Plan (accessible here: https://www.hhs.gov/sites/default/files/Language-Access-Plan-2023_0.pdf) but generally refer to all paper or electronic written material that contains information that is critical for accessing a component's programs or activities or is required by law.

ASPE Actions:

- ASPE will develop a budget request and justification for producing and distributing translated and plain English materials that are accessible and in compliance with this policy and applicable laws. Translations will be made by a qualified translator.

Element 4. Policies and Procedures

ASPE will annually review and, as necessary, update, and implement its written policies and procedures to ensure it is taking reasonable steps to provide individuals with LEP meaningful access to agency programs and activities. These policies and procedures apply to all ASPE staff. ASPE Offices will contact the ASPE representative on monitoring of public interactions and any other issues related to LEP policies or procedures. The ASPE representative will work with the Deputy Assistant Secretary for Planning and Evaluation with implementation and any updates on LEP policies and procedures.

ASPE Actions:

- ASPE has designated Rose Chu as the ASPE representative for coordinating the monitoring of public interactions as referred to in Element 2, as well as any other issues related to LEP policies or procedures (Rose.Chu@hhs.gov).
- The ASPE representative will participate in the Language Access Steering Committee and applicable meetings or trainings.

Element 5. Notification of the Availability of Free Language Services

HHS is committed to ensuring meaningful access to its programs and activities by persons with LEP, including raising awareness of the availability of language assistance at no cost.

ASPE does not administer benefits or assistance programs for individuals or families, nor does it manage any programs that are required to determine eligibility for such benefits, and therefore does not have or produce any vital documents that assist in accessing programs. In plain language, ASPE will proactively inform individuals with LEP that language assistance is available at no cost through HHS.

ASPE Actions:

- ASPE will post a notice on its website that language assistance is available at no cost to the customer and provide instruction on how to access that assistance, including under Section 508 of the Rehabilitation Act.

Element 6. Staff Training

ASPE does not administer benefits or assistance programs for individuals or families, nor does it manage any programs that are required to determine eligibility for such benefits, and therefore has no "front line" or "managerial staff as understood and referenced in this element.

Nonetheless, as referenced under Elements 2 and 4 above, ASPE will begin monitoring telephone and internet encounters with the public in order to determine the frequency of any contacts with LEP persons and develop policies to ensure effective communication with such persons.

ASPE Actions:

- ASPE will permit the use of training budgets to be used for staff training requested that support the capacity and capability to provide meaningful communication to individuals with LEP and encourage staff to participate in this type of training. This could include training on tracking the use of language assistance services or providing meaningful assistance to individuals with LEP, among others.
- ASPE will highlight this language access plan in all staff and division meetings on a yearly basis at a minimum to maintain awareness of the plan.
- The ASPE LAP representative will coordinate these actions with the ASPE Office by September 30th each year.

Element 7. Assessing Accessibility and Quality

To increase availability and quality of language assistance services, HHS is committed to establishing an infrastructure to annually assess its language assistance program and make recommendations for improvements.

As referenced under Elements 2 and 4 above, ASPE will monitor encounters with the public in order to determine the frequency of any contacts with LEP persons and develop policies to ensure effective communication with such persons. ASPE will maintain an accurate record of language assistance services provided, document financial and staff resources dedicated to providing language assistance, and annually report progress made on implementation of this plan to the Language Access Steering Committee. The ASPE LAP representative will coordinate these actions by September 30th and March 31st each year.

Element 8. Stakeholder Consultation

As referenced under Elements 2 and 4 above, ASPE will monitor encounters with the public in order to determine the frequency of any contacts with LEP persons and develop policies to ensure effective communication with such persons. As applicable, ASPE will engage in a dialogue with health care and human services partners² to identify language assistance needs of individuals with LEP as it relates to ASPE's public facing work and communications, implement appropriate language access strategies as applicable, and assess needs on an ongoing basis. The ASPE LAP representative will coordinate stakeholder consultation by September 30th and March 31st each year.

² According to HHS's LAP, "[t]he 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." (accessible here: https://www.hhs.gov/sites/default/files/Language-Access-Plan-2023_0.pdf)

Element 9. Digital Information

HHS is committed to helping 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.

ASPE does not administer benefits or assistance programs for individuals or families, nor does it manage any programs that are required to determine eligibility for such benefits, and therefore does not have or produce any vital documents that would typically require translation services

Additionally, HHS 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 websites, electronic documents, and software applications, are accessible to individuals with disabilities. ASPE does have a public facing website with many reports, issue briefs, and other applicable publication types.

In addition to the requirements of Section 508, Section 504 requires that HHS 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.

Action Steps:

- ASPE will work with OCIO to ensure that translated digital content meets Section 508 requirements to improve access for people with disabilities.
- For ASPE-hosted public meetings such as advisory committees or webinars, ASPE will work with HHS to provide a sign language interpreter and ensure 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.
- ASPE will promote the resources on www.lep.gov by providing links to the LEP.gov website on its website.
- Develop procedures for creating, posting, and updating accessible web content, digital materials, and social media posts that are accessible to all audiences.
- The ASPE LAP representative will coordinate these action steps by September 30th and March 31st each year.

Element 10. Grant Assurance and Compliance

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

ASPE does not manage any programs or grants that provide direct benefits or assistance to any persons, or that are required to determine eligibility and ensure access to such benefits, and therefore has no "award recipients" as understood and referenced in this element.

APPENDIX A: 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
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.
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.
Contractor	Any entity that performs work or provides services on behalf of an agency or division under a contractual agreement with reimbursement.

Document Terminology	Terminology Defined
Customer	Individuals, businesses, and organizations that interact with an HHS agency or program. The term customer is inclusive of beneficiaries and health care and human services partners.
Digital Information	Information, as defined in OMB Circular A-130, which the government produces and provides digitally to help individuals access HHS conducted programs and activities for which they are individually eligible to participate. OMB Circular A-130 defines digital information as any communication or representation of knowledge such as facts, data, or opinions in any medium or form, including textual, numerical, graphic, cartographic, narrative, or audiovisual forms.
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.
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.

Document Terminology	Terminology Defined
	characteristics relevant to social determinants of health.
Language Access	The ability of individuals with LEP to communicate with HHS employees and contractors, and meaningfully learn about, apply for, or participate in HHS programs, activities, and services.
Language Assistance Services	All oral, written, and signed language services needed to assist individuals with LEP and people with disabilities to communicate effectively with 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 deaf or hard of hearing may also have limited proficiency in spoken or written English.
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. In the context of disabilities, a qualified interpreter is one who is able to interpret effectively, accurately and impartially, both receptively and expressively, using

Document Terminology	Terminology Defined
	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.
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.