

ASPR Language Access Plan

Introduction

Public health emergencies and disasters disproportionately impact underserved communities, including communities with Limited English Proficiency (LEP)¹. In addition, during public health emergencies (PHEs) and disasters, information must be shared equally and effectively with individuals with communication disabilities, which can require interpretation services and other meaningful language assistance. Inadequate language access during PHEs and disasters can lead to inequitable access to emergency services and adverse health outcomes.

Providing language access across the Administration for Strategic Preparedness and Response's (ASPR) preparedness, response, and recovery activities can reduce health disparities across all communities, especially for individuals with LEP and persons with disabilities. This plan provides the policy and action steps for all ASPR employees to ensure language assistance is available for ASPR programs and communications. The specific language assistance needs during PHEs will vary based on the area/jurisdiction being impacted. ASPR's Regional Offices continually coordinate with state, local, tribal, and territorial partners to support preparedness, response, and recovery needs of communities. Additionally, the Medical Reserve Corps (MRC) is a national network of volunteers, organized locally to support public health emergency preparedness and response in communities. The MRCs work within their local communities to facilitate language accessibility and provide translation services for medical services and health information and messaging.

Authorities

This Language Access Plan (LAP) follows the requirements in Title VI of the Civil Rights Act of 1964² and Section 1557 of the Patient Protection and Affordable Care Act.³ While this plan is

¹ 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.

² Title VI of the Civil Rights Act of 1964, as amended (42 USC § 2000d), prohibits discrimination on the basis of race, color, or national origin (including LEP) in programs and activities receiving federal financial assistance. See 45 C.F.R. § 80.

³ Section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. § 18116) prohibits discrimination on the grounds of race, color, national origin (including LEP), sex, age, or disability in any health program or activity that receives Federal financial assistance from HHS or is administered by HHS.

primarily intended to promote meaningful access to ASPR's programs and activities for individuals with LEP, many aspects of this plan also apply to ensuring effective communication with persons with disabilities, including persons who rely on sign language to communicate. ASPR complies with these requirements under the Americans with Disabilities Act⁴ and Section 504 of the Rehabilitation Act.⁵

In addition, this plan aligns with the priorities of the U.S. Department of Health and Human Services (HHS) and the Administration, including Executive Order (EO) 13166, Improving Access to Services for Persons With Limited English Proficiency; EO 13985, Advancing Racial Equity and Support for Underserved Communities Through the Federal Government; and EO 13995, Ensuring an Equitable Pandemic Response and Recovery.

Assessment of Language Assistance Services

ASPR will annually assess the extent that language assistance and/or in-language material was requested and/or accessed or otherwise needed by individuals and public health and health care partners. This assessment will include identifying communities that communicate in non-English languages, including American Sign Language (ASL) and other sign languages, that may need assistance after disasters and barriers that hinder provision of effective interpretation and written communication across languages.

Action Steps

Within 180 days of issuance of this LAP, ASPR will designate an official to lead the annual assessment of ASPR's language assistance activities. The ASPR official will:

- Work with all ASPR program offices engaged in diversity, equity, inclusion, and accessibility activities to identify language access needs and potential solutions.
- Engage with ASPR partners that represent LEP populations and persons with communication disabilities to solicit feedback on needs and gaps of ASPR language assistance services.
- Create a forum for interested ASPR staff to engage on and promote improved language access practices.
- Identify mechanisms, such as listening sessions, to gather stakeholder feedback about challenges and opportunities for improvement in ASPR's language access efforts.
- Consult subject matter experts to determine whether the agency's current language access program is effective and complies with Section 1557, as well as this Language Access Plan.
- Participate in the HHS Language Access Steering Committee and other inter- and/or intra-agency working groups as appropriate to identify methods for improving language assistance services during public health emergencies.
- Ensure ASPR's website and social media profile pages follow the U.S. Web Design System, as required in the 21st Century Integrated Digital Experience Act.

⁴ Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. §§ 12131-12134), as amended by the ADA Amendments Act of 2008 (ADA Amendments Act) (Pub. L. 110-325, 122 Stat. 3553 (2008)), prohibits discrimination on the basis of disability by public entities.

⁵ Section 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794), prohibits discrimination against otherwise qualified individuals on the basis of disability in programs and activities receiving financial assistance from HHS (45 C.F.R. § 84), and programs or activities conducted by HHS (45 C.F.R. § 85).

- Coordinate with Human Resources to identify and assess needs for qualified bilingual/multilingual staff and staff proficient in ASL.
- Develop or amend ASPR's language assistance policies.

Implementation of Language Assistance Services

It is vital for individuals with LEP and persons with communication disabilities to have equitable access to ASPR's public health emergency information and resources. ASPR will provide free interpretation services for those who need it. The ASPR language access official will ensure that ASPR-funded programs understand and comply with civil rights statutes and regulations enforced by HHS that require them to provide language assistance services.

Short-term Action Steps

The ASPR language access official will:

- Within 180 days of issuance of this LAP, establish a resource mailbox to manage and coordinate requests for interpretation language assistance of ASPR information and resources.
- Promote, in plain language, the availability of interpretation language services and the resource mailbox through ASPR's website and other communication channels.
 - Include contact information of the ASPR language access official in communications promoting language access services.
- Annually track interpretation requests to inform staffing and training needs and future improvements in delivery of services.
- Within one year of the issuance of this LAP, identify ASPR's print, online, electronic media, and vital documents that require translation based on assessments of need and capacity.

Medium- and Long-term Action Steps

- Explore opportunities for using machine translation or other artificial intelligence applications to convert written text from one language to another (with the involvement of a qualified human translator).
- Provide ASPR's deployable medical personnel staff with training on language access services during disasters, including the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.
- Include language access services as an element of ASPR's after-action and improvement plan processes.
- Develop a procedure 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 ASPR programs and activities.

Assessment and Accountability

ASPR will socialize this Language Access Plan and provide employees training as necessary to ensure management and staff understand and can implement the policies and procedures of this plan. An ASPR official will be designated to develop and implement training and communication around language assistance services offered by ASPR.

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

Appendix A: Definitions

Document Terminology	Definition
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/https://www.govtilr.org) level 3 in listening, reading, and speaking or above the American Council on the Teaching of Foreign Languages “Superior” level in listening, reading, and speaking) in English and at least one other language and has knowledge of and experience with specialized terminology necessary for meaningful communication. A staff member who only has a rudimentary familiarity with a language other than English shall not be considered Bilingual/Multilingual Staff.</p> <p>Bilingual/Multilingual Staff should not interpret or translate unless they have separately met the requirements of being a qualified interpreter or translator. Bilingual/Multilingual Staff must be given clear roles and expectations regarding whether they are performing their job duties in-language or serving as qualified interpreters or translators.</p> <p>A distinction should be made between Bilingual/Multilingual Staff who provide services directly in a non-English language (e.g., call center staff) and those who interpret, as the assessment and skills required for each differ.</p>
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;

	<p>an individual may possess sufficient English language skills to function in one setting (e.g., conversing in English with coworkers), but these skills may be insufficient in other settings (e.g., addressing court proceedings). An individual who is deaf or hard of hearing may also have limited proficiency in spoken or written English.</p>
<p>Public Health Emergency</p>	<p>An occurrence or imminent threat of an illness or health condition, either causing a significant number of human illness cases and/or fatalities or permanent or long-term disability, and/or disruption severely impacting the population, infrastructure, or environment such that routine public health and medical capabilities are at risk of being inadequate. A cause may be any human-made or naturally occurring incident, including accidental or deliberate (terrorism-related), or an epidemic or pandemic that poses a substantial risk to humans.</p>
<p>Underserved Communities</p>	<p>Populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, such as: Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Moreover, the HHS Equity Action Plan, issued pursuant to Executive Order 13985, identifies the need to provide language access services to individuals with Limited English Proficiency (LEP) as necessary in order to achieve equity in the provision of federally funded health programs and services.</p>