



CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
LANGUAGE ACCESS PLAN
2024

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Letter from the CDC Director

To: Melanie Fontes Rainer
Director, Office for Civil Rights, HHS

From: Mandy Cohen, MD. MPH
Director, Centers for Disease Control and Prevention (CDC) and the Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR).

Date: July 22, 2024

Subject: U.S. Centers for Disease Control and Prevention (CDC) 2024 Language Access Plan

CDC is pleased to submit the following 2024 CDC Language Access Plan. In November of 2023, the U.S. Department of Health and Human Services (HHS) updated its 2013 Language Access Plan in an effort to “ensure greater access to the life-saving services that it provides for people with Limited English Proficiency (LEP) and people with disabilities.”

Consistent with the updated 2023 HHS plan, this plan updates CDC’s 2016 Language Access Plan and outlines the action steps the agency will take to meet the language access needs of the public that CDC serves while continuing to support the presidential executive orders to advance equity, support underserved communities, and improve access to benefits and services across the Administration, including for people with LEP and people with disabilities. The 2024 CDC Language Access Plan also furthers the CDC Office of Communication’s mission “to enhance CDC’s communication impact and guide public health messaging through support to programs, as well as to promote clear, accessible, and inclusive communication,” and our Office of Health Equity’s mission to “ensure health equity is embedded in an all-of-public health approach to overcoming persistent health disparities and health inequities across a range of population groups that disproportionately experience poor health outcomes.”

We hope that you will find this plan helpful and look forward to CDC’s continued participation on the HHS Language Access Steering Committee in advancing this important initiative.



Introduction

This document summarizes the agency priorities for FY 2024 in support of the advancement of language access in CDC funded initiatives and programs. This also serves as a reference point for how specific language access advancing strategies, initiatives, activities, and products are related to and aligned with the Department of Health and Human Services (HHS) Language Access Plan (LAP) Guidance ([Guidance for Federal Financial Assistance Recipients - Title VI | HHS.gov](#)).

This should be considered a living document that will be reviewed, revised, and updated in support of the development and submission of an annual report to the HHS Office of Civil Rights (OCR) as it pertains to the agency's progress towards the continued development, implementation, monitoring, and assessment of the progress made by the agency in the implementation of the plan. This plan should not be considered exhaustive of all of the activities and products that are led by each of CDC's centers, institutes, and offices (CIOs), but instead, a comprehensive reference point for the types of efforts and outcomes in place in support of advancing language access and how these are reflective of an overall agency plan towards this end that can be tracked, monitored, and assessed as to its meaningful contribution towards the intent of the HHS LAP.

Implementation

The plan is developed and managed by CDC's Office of Health Equity (OHE) and Office of Communication (OC) with the following CDC components, Office of the Chief Information Officer, Office of the Chief of Staff, and Office of the Chief Operating Officer. CDC will sustain communications and assess implementation of the broad operational components of the CDC LAP.

Development of the Plan

The development of the plan is based on the HHS LAP reference documents below. The plan is also informed by other federal initiatives that serve as a compliment as indicated by the following:

- [HHS Language Access Plan 2023](#)
- [Advancing Equity and Racial Justice Through the Federal Government | The White House](#)
- [HHS Equity Action Plan](#)
- [Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government | The White House](#)

CDC PRIORITY LANGUAGE ACCESS SUMMARY

The CDC 2024 LAP builds on the agency's past LAP accomplishments and is aligned with CDC's [CORE Commitment to Health Equity](#) and our strategy to embed equity into the systems and culture of public health to drive meaningful change. Through CORE, CDC is transforming our public health research, surveillance, and implementation science efforts to shift from simply listing the markers of health inequities to identifying and addressing the drivers of these disparities.

CORE is the framework to address organizational challenges for the integration of health equity at the CIO levels throughout the organization's structure and operations.

Specific language access actions by the agency for 2024 will involve the following items integrated into the CORE planning framework. These actions address multiple areas across the ten essential HHS Language Access Guidance elements:

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

These cross-cutting strategic actions are intended to build the agency's operational capacity and capability to sustain and learn from the sum of LAP actions. With this operational goal in mind, these actions will be monitored and included in agency report updates produced by the CDC Immediate Office of the Director (IOD), CDC OHE, and CDC OC, with input from other CDC Offices, as needed.

FOUNDATION OF CDC LANGUAGE ACCESSIBILITY EFFORTS

This plan builds from the existing initiatives the agency has been engaged in to advance greater language accessibility of critical public health information for more than two decades. The work that this plan builds from includes, but is not limited to, the following:

- 2001: Developed a foundational landscape analysis of the language access needs in the United States.
- 2001: Established the Multilingual Services Team (MLS) to coordinate translation and interpretation services for programs and CIOs.
- 2003: Created a multilanguage, public-facing agency website.
- 2010 – Present: Awarded Language Services contracts to provide cross-agency language services, including for CIOs and programs, including translation and interpretation, into more than 100 languages for routine agency work as well as for public health emergency activations.
- 2013 and 2015: Implemented an agency language access survey.
- 2014 – Present: CDC’s Office of the Director has consistently engaged in HHS language access planning and initiative implementation.
- 2016: Developed a language access policy for the agency in support of a systematic and sustained commitment to complying with HHS language access guidance.
- 2016: Integrated multilanguage principles in agency-wide plain language training and plain language assessment surveys.
- 2016: Added language accessibility as part of health literacy topic area in Healthy People 2030. Specific Healthy People objectives were created and are assessed for national health improvement assessment methods. For more information on Language and Literacy in Healthy People 2030 as a social determinant of health, visit <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/language-and-literacy>.
- 2017: Added a [web index](#) of all available translated content to the CDC public-facing website.
- 2018: Included language access expectations as part of integrating health equity into notices of funding opportunity announcements (NOFOs).
- 2021: Conducted a pilot project for the multilingual cultural linguistic review (CLR) of CDC emergency response materials produced during the COVID-19 global pandemic.
- 2021: Included language access expectations as part of advancing [health equity inclusive communication principles](#).
- 2022: Created the Inclusive Communication and Training Team as part of CDC’s OC.
- 2023 – 2024: Launched and executed the agency-wide Clean Slate website initiative in English and Spanish as part of the CDC Moving Forward initiative to relaunch optimized web content, remove excess web content, and affirm valuable content for users.
- 2024: Launched American Sign Language (ASL) YouTube playlist.

THE CDC LANGUAGE ACCESS PLAN: ELEMENTS AND ACTION STEPS

ELEMENT 1—ASSESSMENT: NEEDS AND CAPACITY

CDC routinely takes steps to assess the language assistance needs of the public under various conditions, such as during a public health emergency. Information gathered from this routine assessment informs health policy, processes, and budgeting necessary to increase public awareness and implementation of language assistance services that increase access to CDC programs, activities, and services for people with LEP and people with disabilities.

This assessment can include: 1) identifying the non-English languages, including ASL, spoken by the population likely to need access or otherwise in need of and eligible for the relevant services by the agency, funded partners, and sub-recipients (e.g., employing tools and resources, such as [CDC Resources in Languages Other than English](#)); and 2) the service resource barriers that hinder the agency from providing effective communication with individuals with LEP and people with disabilities.

Action Steps:

- 1) Monitor and report on response to HHS LAP Communications Data Call.
- 2) Conduct a 2024 inventory of CDC CIO-level LAP initiatives and activities.
- 3) Establish and host a regular agency LAP Community of Practice with CDC CIOs to identify methods for implementing the LAP and sharing best practices across offices. Encourage CDC CIOs to include broad representation in CDC's LAP Community of Practice. CDC's LAP Community of Practice will:
 - a) Conduct an inventory of CIO-level initiatives and activities (e.g., specific NOFOs and campaigns).
 - b) Examine past assessment efforts to identify and disseminate operational learnings to agency management officials and other senior leadership.
 - c) Recommend new or amended practices that ensure the agency's language assistance services are adequate to meet customer needs and advise agency officials on updating the CDC LAP, as needed.
- 4) Participate in at least one inter- and/or intra-agency language access working group to identify methods for improving agency proficiency in providing language assistance services.
- 5) Participate in at least one non-CDC listening session to learn about challenges and opportunities for improving the agency's language access efforts and collaborate with agency subject matter experts to determine whether the agency's current language access program is effective. Any listening sessions that CDC holds with non-CDC partners or participants will follow appropriate federal statutes and department and agency policies and guidelines for such engagements.
- 6) Raise awareness agency-wide of the importance of this LAP to CDC's mission (e.g., All staff presentation, internal CDC website article).

ELEMENT 2—INTERPRETATION: LANGUAGE ASSISTANCE SERVICES

CDC will take steps to provide appropriate interpretation language assistance services (e.g., face-to-face, virtual (videos/webinars), and/or telephone encounters) to address the needs identified in Element 1.

CDC will continue to provide CDC-INFO (CDC's national contact center which responds to inquiries on more than 1,200 health-related topics) as a point of contact for individuals with LEP and people with disabilities. CDC will respond in a timely and effective manner to persons with LEP and those with

disabilities who contact the agency seeking assistance or information. CDC will continue to inform staff about resources available to provide the public language assistance services in a timely manner. CDC will also aim to provide language assistance through qualified interpreters to ensure culturally appropriate and accurate interpretation. CDC provides free aids and services to people with disabilities to communicate effectively (e.g., qualified sign language interpreters, written information in other formats, such as large print, audio, accessible electronic formats, other formats), and free language services to people whose primary language is not English (e.g., qualified interpreters, information written in other languages) by contacting CDC at 800-232-4636.

Action Steps:

- 1) Continue to provide language services during public health emergencies.
- 2) Continue to provide remote voice and video interpretation to people with LEP and people with disabilities. This includes, but is not limited to, providing information about the availability of language services as part of the initial recorded options on CDC's telephone line (CDC-INFO 800-CDC-INFO **(800-232-4636)** TTY 888-232-6348).
- 3) Continue to maintain, add to, and promote ASL content.
- 4) Designate an office(s) or official(s) who will serve on at least one inter- and/or intra-agency working group to learn and share effective practices for enhancing interpretation language assistance and make recommendations to the respective agency head for improving the interpretation language assistance program.
- 5) Continue to provide reasonable accommodations to its employees and applicants for employment to help ensure that individuals with disabilities have equal access to employment opportunities.

ELEMENT 3—WRITTEN TRANSLATIONS

CDC will work to identify, translate, and make accessible in various formats, including print, online, and electronic media, vital documents in accordance with assessments of needs and capacity conducted under Element 1. CDC will continue to provide notice of rights to non-discrimination and availability of free language assistance, and any appropriate auxiliary services. CDC programs will continue to proactively determine what constitutes vital documents, based on assessments of need and capacity, and implement a translation strategy. CDC will prioritize translating these vital documents or other critical public health information (especially during public health emergencies) and develop translation strategies suitable to the medium for distribution.

Action Steps:

- 1) Maintain a mechanism, consistent with agency practices and requirements, to support translation (written) and interpretation (oral) services for Spanish and other languages for the agency and its CIOs, including ASL (e.g., employing tools and resources, such as [CDC Resources in Languages Other than English](#)).
- 2) Continue to provide translated content on the agency website, including during public health emergencies.
- 3) Increase awareness across CDC CIOs of the importance of creating translated versions of vital documents including surveys (data collection instruments) to improve capturing data from people with LEP and people with disabilities.
- 4) Conduct a language needs assessment or use other appropriate findings to identify literacy skills of LEP populations in their preferred languages. 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, CDC will aim to provide meaningful language access to vital documents through alternative methods, such as video explanations of the documents.

- 5) Provide information to help individuals participating or attempting to participate in programs and activities funded or administered by CDC receive written language assistance services in accordance with the agency's needs, capacity, assessment, applicable law and policies and this plan.
- 6) Continue to maintain CDC's publicly available [web index](#) of materials in non-English languages.
- 7) Identify program areas that regularly serve LEP communities and documents they use that 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. Identify the vital documents for translation, update translations as needed, and post vital documents online so that they may be readily available.
- 8) Develop a strategy to offer translations in other formats such as audio, video with subtitles, video with sign language, infographics, etc., for persons with limited literacy or disabilities, and for those whose language does not have a written form.
- 9) Ensure all online translated content complies with Section 508 of the Rehabilitation Act as amended in 1998.

ELEMENT 4—POLICIES AND PROCEDURES

CDC will annually review and, as necessary, update and recommend policies, procedures, and practices to ensure CDC staff are taking reasonable steps to ensure that individuals with LEP and people with disabilities have meaningful access to vital health information, guidance, and activities from CDC programs.

CDC will establish and maintain methods designed to implement and improve language assistance services within the agency. CDC should use the results of the assessment from Element 1 to develop policies, procedures, and practices that promote language access for individuals with LEP and people with disabilities.

Action Steps:

- 1) Detail, promote, and implement processes on how CDC will comply with digital accessibility, translations of web content and documents, as well as interpretation of agency priority events and conferences.
- 2) Explore integrating language access best practices and reporting mechanisms into the CDC Health Literacy Council and other work groups.
- 3) Assign CDC office(s) or official(s) responsible for developing and implementing written language access policies and procedures to ensure each element of the CDC LAP is implemented in CDC's respective programs and activities, including during public health emergencies (i.e., OC and OHE).
 - a) The assigned office(s) or official(s) will participate on at least one inter- and/or intra-agency working group that is focused, at least in part, on identifying and implementing effective practices for improving access for persons with LEP and people with disabilities. The assigned office or official will propose effective practices to the CDC Director to ensure policies and procedures are effectively administered.
- 4) Develop, review and, as necessary, make recommendations to update policies, procedures, and practices for implementation to ensure CDC is taking reasonable steps to provide people with LEP and people with disabilities (who require auxiliary aids or services for effective communication of

programs and activities that are funded or administered by CDC) to have meaningful access to vital public health information and guidelines from CDC.

- 5) Ensure language assistance policies, procedures, and activities are developed and implemented in alignment with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.
- 6) Share policies and procedures with the HHS Language Access Steering Committee, highlighting those that might be more effective or efficient if adopted on an HHS- or government -wide basis so the HHS Language Access Steering Committee can include the information in the annual progress report.
- 7) Routinely collect and share metrics to monitor implementation and efficacy of the CDC LAP. This may include, but is not limited to, identifying the languages most frequently encountered by staff at CDC who work with the public, identifying the way people with LEP and people with disabilities prefer to communicate with CDC (whether telephonic, in person, correspondence, web-based, etc.), reviewing offices' activities related to language access, and maintaining an inventory of staff 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 SERVICES AT NO COST

CDC provides all language access services free to the public. CDC will take reasonable steps to ensure that funded recipient programs inform individuals with LEP and people with disabilities that language assistance is available at no cost to the public, as required by law and consistent with applicable federal grant regulations and policy. The results from the Element 1 assessment will be used to inform the agency on the languages in which the notifications should be translated, and CDC health programs and activities will provide some of its public-facing information in the 15 most commonly spoken languages. At minimum, CDC will provide information about rights to nondiscrimination and the availability of language assistance and auxiliary aids on the CDC website according to the most recent relevant data from the U.S. Census Bureau.

Action Steps:

- 1) Continue to include HHS language access information in all CDC NOFOs.
- 2) Continue to develop multilanguage content and resources on the CDC website (i.e., CDC program-specific content).
- 3) Continue to manage CDC's non-English language website home pages and top navigation pages (i.e., centralized CDC webpage).
- 4) Develop a strategy for notifying individuals with LEP and people with disabilities who contact CDC or are being contacted by CDC that language assistance is available to them.
- 5) Develop a strategy for distributing and making available resources, such as the CDC'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 funding recipients, contractors, and vendors, as required by law and consistent with applicable federal grant regulations and policy.
- 6) Provide LEP audiences and people with disabilities with information about how to access language assistance. CDC will post this information on vital documents, web pages currently available in English only or in a limited number of non-English languages, technical assistance and outreach materials, and other documents.

- 7) CDC will develop an ongoing strategy for providing information and technical assistance to entities funded by CDC to make them aware that language assistance services must be provided at no cost to those in need of such services, in compliance with Title VI of the Civil Rights Act and Section 1557 of the Patient Protection and Affordable Care Act (ACA).
- 8) CDC will highlight the availability of consumer-oriented materials in plain language and languages other than English on CDC's websites and ensure such materials inform individuals with LEP and people with disabilities about available language assistance services.
- 9) Post the CDC LAP and resources on the CDC website in accessible formats, and in multiple languages, as well as contact information to receive questions and comments. Where feasible, CDC should share relevant data and information pertaining to language access with health care and human services partners.

ELEMENT 6—STAFF TRAINING

CDC will offer employee training as necessary to increase awareness of CDC's efforts to support language access. The offered training will support the capacity and capability of CDC employees to communicate effectively with individuals with LEP and people with disabilities and raise awareness of the importance of communicating effectively with such individuals in CDC programs and outreach activities. Online training will be available to all employees on a regular basis, including on-demand recorded training.

Actions Steps:

- 1) Integrate language access concepts, policies, and requirements into existing CDC health equity training modules.
- 2) Conduct trainings with CIOs and staff about writing NOFOs with health equity and language access content.
- 3) Share potential and promising practices for inclusive and accessible communications within the CDC Partnership Training Curriculum and/or the CDC Partnership Community of Practice.
- 4) Designate an office or official responsible for developing, implementing, and committing resources necessary to train agency-designated staff to implement elements of this plan that address delivery of language assistance services.
- 5) Develop a process that ensures overall staff awareness of CDC's LAP plan.
- 6) Determine which staff members should receive training in the provision of language assistance services and related policies, procedures, and effective practices.
- 7) Work with CDC's management and communications offices to notify staff that CDC provides language assistance and informs staff on how to provide assistance or otherwise contact the office or official responsible for ensuring the provision of language assistance services.
- 8) 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 people with disabilities. The federal learning management system could be a useful resource to consult for training materials regarding, for example, Section 508, and culturally and linguistically appropriate services (CLAS) standards.

- 9) Develop a dedicated resource webpage on CDC’s intranet that can serve as a repository of standard operating procedures, guidance documents, materials, training opportunities, etc.
- 10) Encourage CDC staff to take live and self-paced online communication trainings, such as Plain Language, Clear Communication Index, and Communicating Science Clearly.

ELEMENT 7—ASSESSMENT & ACCOUNTABILITY: ACCESS, QUALITY, RESOURCES, REPORTING

CDC will regularly monitor and annually assess the language assistance services available to individuals with LEP and people with disabilities, maintain an accurate record of language assistance services provided by the agency, document financial and staff resources dedicated to providing language assistance. Annually and as requested by HHS, CDC will report progress to HHS about implementation on the HHS 2023 HHS LAP as reflected in its 2024 CDC LAP.

Action Steps:

- 1) Regularly monitor and annually assess, in coordination with its Language Access Community of Practice, relevant practices and procedures, focusing on progress made by CDC 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.
- 2) Annually report to the HHS Language Access Steering Committee on agency progress implementing each element of this plan, effective practices, and barriers to improving language access services, in accordance with the HHS Language Access Steering Committee reporting timelines.
- 3) Address complaints received regarding language assistance services, in a timely manner and retain a record of the resolution of such complaints.
- 4) 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 CDC LAP Community of Practice

ELEMENT 8—PARTNER/COMMUNITY CONSULTATION

CDC will engage in HHS’s hosting of listening sessions with public health, health care, and service partners and consumers in accordance with applicable federal laws, rules and policies, to identify language access needs of people with LEP and people with disabilities, implement appropriate language access strategies to ensure people with LEP and people with disabilities have meaningful access in accordance with assessments of customer need and agency capacity, and evaluate progress on an ongoing basis. The information obtained from public health, health care, and human services partners, including consumers, may be critical for CDC to adequately assess the needs, capacity, and accessibility under Elements 1 and 7 of this plan.

Action Steps:

- 1) Annually participate in at least one listening session, whether hosted by a particular agency or HHS, to learn about ways to improve the agency’s language access program. These listening sessions may result in concrete action steps to be taken by CDC.
- 2) Conduct listening sessions in multiple languages in response to emergency preparation practices on various information needs in communities.

- 3) Continue to use CDC’s Emergency Partners Information Connection (EPIC) [network](#) to connect with community- and faith-based organizations, professional associations, non-governmental organizations, and government agencies to provide better access to information during public health emergencies. Continue to focus on reaching people who may have limited access to information.
- 4) Identify and develop opportunities to include health care and human services partners (as well as consumers and patients) in the development of policies and practices that enhance access to CDC programs and activities for people with LEP and people with disabilities.
- 5) Plan and coordinate conversations with health care and human services partners (including consumers and patients) to assess the adequacy, accessibility, accuracy, cultural appropriateness, and overall quality of the CDC’s language access services.
- 6) Post the CDC LAP and resources on the CDC website in accessible formats, and in multiple languages, as well as contact information to receive questions and comments. Where feasible, CDC should share relevant data and information pertaining to language access with health care and human services partners.

ELEMENT 9—DIGITAL INFORMATION

CDC will ensure that its website is effective for LEP populations. In accordance with needs assessments of LEP populations and people with disabilities, agency-wide digital information shall be culturally and linguistically appropriate, timely, quickly available, and easily accessible to people in need of language assistance services in languages other than English.

To help ensure individuals with LEP and people with disabilities have effective 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, CDC will be responsible for maintaining its existing infrastructure that already aligns with the 21st Century Integrated Digital Experience Act (IDEA). CDC will continue to comply with Section 508 of the Rehabilitation Act of 1973, 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, including translated digital web content.

In addition to the requirements of Section 508, Section 504 of the Rehabilitation Act of 1973 requires that HHS/CDC take steps to ensure effective communication with people with disabilities, including people with LEP, providing appropriate auxiliary aids, applying plain language principles, and offering services such as sign language interpreters. For example, at high-profile live or virtual meetings, CDC may provide a sign language interpreter or live captioning and the virtual meeting platform will accommodate a screen for a sign language interpreter that can be seen by the person with the hearing impairment. CDC staff are also encouraged to provide timely information, such as deadlines or significant policy shifts, through videos in sign language and/or captioning.

Actions Steps:

- 1) Continue to support the accessibility and availability of vital information on the agency’s website.
- 2) Continue to increase the number of content areas on the CDC website that are available in multiple languages. CDC’s website should provide effective access to content in other languages as well to request interpreter services in the visitor’s language through CDC-INFO.
- 3) Conduct website user testing with LEP audiences and people with disabilities to ensure website effectiveness.

ELEMENT 10—GRANT ASSURANCE AND COMPLIANCE

Recipients of federal funds must comply with federal civil rights laws and all regulations related to language access services, including, Title VI of the Civil Rights Act and Section 1557 of the Patient Protection and Affordable Care Act. CDC's Office of Acquisitions Services (OAS), Office of Grants Services (OGS), and OHE will work together to ensure that compliance language is included in funding announcements and that notices of award and potential recipients of agency funds are aware of their legal obligations. These offices may consult and coordinate with other HHS Offices, as needed or required.

Action Steps:

- 1) Integrate language access concepts, policies, and requirements into existing CDC health equity NOFO training modules.
- 2) Follow the HHS LAP 2023 operational guidelines through the award and execution of grants and cooperative agreements.

DEFINITIONS

The following definitions apply for the purpose of this plan.

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.

American Sign Language (ASL) - ASL is a complete, natural language that has the same linguistic properties as spoken languages, with grammar that differs from English. ASL is expressed by movements of the hands and face. It is the primary language of many North Americans who are deaf and hard of hearing and is used by some hearing people as well.

Applicant – An individual who inquires about or applies for public assistance benefits and services under any program or service.

Bilingual/Multilingual Staff – A staff member who has proficiency in English and at least one other language with knowledge of specialized terminology necessary for effective communication. A staff member who only has a rudimentary familiarity with a language other than English will not be considered bilingual/multilingual staff.

Contractor – Entity or person that performs work or provides services on behalf of an agency or division under a contractual agreement with reimbursement.

Cultural Competence – Cultural competence is the capacity to identify, respect, and understand differences in cultural beliefs, behaviors, and needs of consumers.

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.

Health Literacy – The definition of health literacy was updated in August 2020 with the release of the U.S. government’s Healthy People 2030 initiative. The update addresses personal health literacy and organizational health literacy and provides the following two-part definition:

- **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Interpretation – The process of first fully understanding, analyzing, and processing a spoken or signed message and then faithfully rendering it into another spoken or signed language.

Interpreter – An individual assessed for professional interpretation skills with a high level of proficiency in at least two languages and has the appropriate training and experience to render a message spoken or signed in one language into a second language, and who abides by a code of professional ethics.

Language Access – When people with LEP and people with disabilities can communicate effectively with CDC employees and contractors and can participate in CDC programs and activities and understand CDC information.

Language Assistance – All oral and written language services needed to assist individuals with LEP and people with disabilities to communicate effectively with CDC staff and contractors and gain meaningful access and an equitable opportunity to participate in the services, activities, programs, or other benefits administered by CDC.

Linguistic competence – Linguistic competence is the ability to speak consumers' preferred languages or offer interpreter services when needed.

Limited English Proficient (LEP) Individuals – People who do not speak English as their primary language and have a limited ability to read, write, speak, and/or understand English. People with LEP may be competent in English for certain types of communication (e.g., speaking or understanding), but still be LEP for other purposes (e.g., reading or writing). People with LEP includes people with disabilities who may require auxiliary aids or services for effective communication of programs and activities that are funded or administered by CDC.

Participant – An individual who receives public assistance benefits or services under any CDC program.

Plain Language – Plain language as defined in the Plain Writing Act of 2010 is writing that is “clear, concise, and well organized”.

Preferred Language – The language a person with LEP or a person with a disability identifies as the language that they use to communicate effectively.

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.

Translation – Process comprising the creation of a written target text based on a source text in such a way that the content and in many cases, the form of the two texts, can be considered to be equivalent.

Translator – An individual who has been assessed for professional skills, demonstrates a high level of proficiency in at least two languages, has the appropriate training and experience to render a written message into a second language, and who abides by a code of professional ethics.