



**The U.S. Department of Health and Human Services
Office of Intergovernmental and External Affairs
LANGUAGE ACCESS PLAN**

2024

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LANGUAGE ASSISTANCE PRINCIPLES

In furtherance of U.S. Department of Health and Human Services' (HHS) efforts to advance equity through identifying and addressing barriers to equal opportunity that underserved communities may face due to government policies and programs, the Office of Intergovernmental and External Affairs (IEA) shall adopt the following language assistance principles:

- Persons with Limited English Proficiency (LEP) should be advised that a qualified interpreter may be provided by IEA at no cost to the LEP individual or they may choose either to secure the assistance of an interpreter of their own choosing, at their own expense. The provision of this notice and the LEP person's election should be documented in any written record generated with the respect to the LEP person.
- IEA will ensure that it provides interpreter services only through individuals who are competent to provide interpreter services at a level of fluency, comprehension, and confidentiality appropriate to the specific nature, type, and purpose of information at issue.
- IEA will endeavor to expand the range of translated information (including informational material in languages other than those specified in this plan) whenever experience, changes in target or service population demographics, or new program-specific data indicates that the failure to do so may result in a denial of substantially equal and meaningfully effective services to a significant LEP population served by IEA.
- To the maximum extent practical, limited English proficiency shall not act as a barrier or otherwise limit access to vital information, i.e., information publicly available in English as to when, where, or how to access benefits or services from IEA.

OVERVIEW, MISSION AND LANGAUGE ACCESS GOALS

Overview

The Office of Intergovernmental and External Affairs (IEA) serves the Secretary as the primary link between HHS, state, local, territorial, and tribal governments, and non-governmental organizations to facilitate communication related to HHS initiatives with stakeholders. IEA serves as a conduit reporting stakeholder interests and positions to the Secretary for use in the HHS policymaking process.

Mission

In this endeavor, IEA builds trusted relationships with state, local and Tribal governments, and external organizations (academia, private sector, labor unions, profit and not-for profit groups, and faith-based organizations) throughout the nation to advance HHS and the Secretary's priorities and to serve as the hub for elected and external organizations to communicate with the Secretary and HHS officials and access programs and activities.

Language Access Goal

IEA's goals for addressing the needs of persons with Limited English Proficiency (LEP) include maximizing outreach in the most culturally competent manner within available resources while working collaboratively across operation and staff divisions.

This policy covers all federal employees, non-federal workers, and contractors, as defined below, regardless of position.

ELEMENTS AND ACTION STEPS

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

The IEA LAP applies to all IEA employees.

ELEMENT 1: Assessment: Needs and Capacity

ELEMENT 2: Interpretation Language Assistance 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, IEA 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.

IEA 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, the Executive Officer will participate in at least one listening session, hosted by IEA 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 Executive Order 13166, as well as this LAP.
- b) The Executive Officer must regularly participate on at least one inter- and/or intra agency 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) The Executive Officer must 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.

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

- Voluntary self-identification by the individual with LEP or their companion;
- Affirmative inquiry regarding the primary language of the individual if they have self-identified as needing language assistance services;
- Engagement by a qualified multilingual staff or qualified interpreter to verify an individual's primary language; or

- Use of an “I Speak” language identification card or poster;
- Identification of language preference when conducting population health surveillance assessments;
- Inclusion of multilingual disease investigations;
- Use of state demographic mapping tools that include language preference and disability for population prioritization.

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

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

ELEMENT 2: INTERPRETATION LANGUAGE ASSISTANCE SERVICES

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 IEA. Staff must ensure that all interpreters they use are qualified to provide the service and understand and apply interpreter ethics and client confidentiality needs.¹

People with disabilities are entitled to appropriate auxiliary aids and services where necessary to afford them an equal opportunity to benefit from IEA’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. IEA will not enlist children of the individual for language assistance, and family or community members should only be used in exceptional circumstances or when the person with

¹ A qualified interpreter is 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.

LEP requests their language assistance. IEA may not use an adult accompanying a person with a disability to interpret for them unless they request the adult to interpret, the adult agrees, and reliance on the adult is appropriate. IEA 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. IEA shall not require a person with a disability to bring another person to interpret for them. It is also imperative that the public knows that the agency 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. The Executive Officer shall serve as a single point of contact for interpretation at IEA and will develop procedures for the agency to provide interpretation language assistance services and develop or otherwise provide staff training to ensure all employees with public contact can provide interpretation language assistance services as needed and in a timely manner.

Action Steps:

- a) Within 180 days of issuance of this LAP, the Executive Officer or their designee is responsible for establishing IEA-wide procedures for providing interpreting services in a manner that ensures timely communication between persons with LEP and people with disabilities and IEA. Procedures must address the various methods for providing interpreter services, including procedures that ensure provision of effective remote voice and video interpreter services.
- b) Within 90 days of issues of this LAP, the Executive Officer or their designee will identify agency points of contact (POC) who are responsible for developing and administering a remote voice and video interpreting program for each public-facing division that ensures individuals with LEP are aware that IEA 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 (IVP) systems has made it more difficult for individuals with LEP to get through various "phone trees" to get to an interpreter. As requiring responses to automated prompts to obtain in-language assistance may prevent meaningful access, other options to access language service more directly should be explored.
- c) Within 180 days, agency POCs must assess their agency'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) As outlined in Element 5 of this LAP, agency POCs must develop methods and mechanisms for ensuring LEP communities are aware that IEA will provide them with interpretation services at no cost and provide information on how to obtain interpreting services. Methods include, but are not limited to, the convening of listening sessions with health care and human services partners, surveys, and focus groups with LEP communities, and partnerships with non-profit organizations

engaged with LEP communities. Each year after, POCs must advise agency heads whether additional outreach is needed.

- e) Agency POCs must develop methods for tracking and reporting the number of requests for interpretation services, the type of interpretation requested, the languages requested, and the response time in which interpretation was provided. This also includes, but is not limited to number of cases, matters, or outreach initiatives where language assistance was provided, the primary language(s) requested or provided, the type of language assistance services provided, or the cost of any language assistance services provided.
- f) Each fiscal year, submit a budget justification for message dissemination to raise awareness of available interpretation services.
- g) Devise criteria for the assessing of bilingual staff or sign language interpreting staff for their ability to provide interpretation services and ensure such employees are compensated appropriately if they are called to provide interpretation services. Only staff who have been assessed to have advanced language proficiency (according to IEA's definition of bilingual/multilingual staff) may communicate with persons with LEP or people with disabilities who require sign language interpretation. Agencies will also consider criteria for giving points in hiring decisions for bi- and multi-lingual employment candidates.
- h) Consider maintaining an internal list in the IEA shared drive 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 an internal list in the IEA shared drive of all contacts and other resources available to the agency and qualified in providing on-site interpreting (OSI), over-the-phone interpreting (OPI), 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, as outlined in Element 7 of this LAP.
- k) Agencies that directly serve the public or fund programs and activities that serve the public will establish help lines that are supported by OPI and VRI. At minimum, the help lines will quickly connect callers who speak the 15 most commonly spoken languages in the relevant state(s) (according to the most recent relevant data from the U.S. Census Bureau) to telephonic or video interpreters. Based on community and individual needs, more languages may be necessary and should also be included.
- l) Agency POCs 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) IEA will consider including provisions for ensuring that interpretation services are accessible to individuals with disabilities, including those who are deaf or hard of hearing or who have other communication-related disabilities. This may include providing sign language interpreting, captioning, or additional accessible communication support. Some examples of common visual communication modes are found in the following source: [ADA Business Brief: Communicating with People Who Are Deaf or Hard of Hearing in Hospital Settings](#)

ELEMENT 3: WRITTEN TRANSLATIONS

For purposes of this Language Access Plan, IEA must take reasonable steps to provide accurate written translations to ensure meaningful access to and an equal opportunity to receive timely public health and social services information and participate fully in the services, activities, programs, or other benefits administered by the agency as described in Element 1. A universal threshold has not been established, except with regard to notices of nondiscrimination that may potentially be required to be translated in the top 15 languages spoken by persons with LEP in the state. However, in addition to the translations, it is incumbent upon each agency to proactively determine for its programs and activities what constitutes vital documents and implement a translation strategy. IEA will translate vital documents or other critical public information (especially during public health emergencies) based on their respective assessments of need and capacity and develop translation strategies suitable to the medium for distribution. Translated documents should be easy to understand by intended audiences. Matters of plain language, cultural communication, and health literacy should be considered for all documents, including when originally composing in English. Materials that are translated, should be easily accessible on the agency'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.

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

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

Action Steps:

- a) The Executive Director or their designee is responsible for developing a program that ensures individuals participating or attempting to participate in programs and activities funded or administered by IEA are provided written language assistance services in accordance with the agency's needs, capacity, assessment, and this plan.
- b) Conduct a language needs assessment, as outlined in Element 1 of this LAP, to identify literacy skills of LEP populations in their preferred languages and frequency of contact with the agency. 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, the Executive Director or their designee will submit a budget justification for producing and distributing translated vital documents and other critical public information.
- d) The Executive Director or their designee will 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 IEA employees. Revise material as needed to ensure quality and plain language and update the index accordingly. Use a qualified third party to review translations for accuracy, readability, usability, and cultural responsiveness.
- e) The Executive Director or their designee will identify agency staff who are responsible for the translation of the agency's materials, and/or managing the translation and interpretation contract(s) and share their contact information with managers and staff who communicate with the public.

- f) The Executive Director or their designee will 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. IEA 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) IEA will offer translated written materials in other formats such as audio, video with subtitles, video with sign language, infographics, etc., for persons with limited literacy or disabilities, and for those whose language does not have a written form.
- h) All online translated content shall comply with Section 508 of the Rehabilitation Act.

ELEMENT 4: POLICIES, PROCEDURES, PRACTICES

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

Action Steps:

- a) The Executive Director or their designee 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 IEA's respective programs and activities, including during public health emergencies.
- b) The Executive Director or their designee 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. The designated office or official will propose effective practices to the agency head to ensure policies and procedures are effectively administered.
- c) The Executive Director or their designee will 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 IEA and establish policies and procedures to improve services.
- d) The Executive Director or their designee will 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) The Executive Director or their designee will 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) The Executive Director or their designee will continually collect and share metrics to monitor implementation and efficacy of the plan. This may include, but is not limited to: conducting an inventory of languages most frequently encountered, identifying the primary channels of contact with LEP community members (whether telephonic, in person, correspondence, web-based, etc.), reviewing component 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

IEA must take reasonable steps to ensure meaningful access to programs and activities by persons with LEP, including notifying persons with LEP who are current or potential customers about the availability of language assistance at no cost. 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 agency websites. The results from the Element 1 assessment should be used to inform IEA 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 according to the most recent relevant data and vital information to the end user. At minimum, IEA must provide information about rights to nondiscrimination and the availability of language assistance and auxiliary aids in the 15 most commonly spoken languages in the state according to the most recent relevant data from the U.S. Census Bureau. IEA will notify people with disabilities that they are entitled to communication with the agency 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) The Executive Director or their designee is responsible for developing and implementing an agency strategy for notifying individuals with LEP and people with disabilities who contact the agency or are being contacted by the agency, that language assistance is available to them at no cost.
- b) The Executive Director or their designee will 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) The Executive Director or their designee will provide ongoing training and technical assistance necessary to make entities funded by HHS 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, the Executive Director or their designee will submit a budget justification for message development and dissemination to raise awareness of available language assistance services.
- e) Utilize various methods and networks, including public service announcements, non-English media, and community-and faith-based resources to ensure that LEP communities served by the agency 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) 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 Department websites and ensure such materials inform individuals with LEP about available language assistance services.

ELEMENT 6: STAFF TRAINING

IEA will commit resources and provide employees training as necessary to ensure management and staff understand and can implement the policies and procedures of this plan and the HHS Language Access Plan. HHS and agency-designed training should also ensure all HHS 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 agency's legal obligations to provide language assistance services.
- b. Department and agency language access resources and designated points of contact.
- c. Identifying the language needs of an LEP individual.
- d. Working with an interpreter in person or on the telephone.
- e. Requesting documents for translation.
- f. Accessing and providing language assistance services through multilingual employees, in-house interpreters and translators, or contracted personnel.
- g. Duties of professional responsibility with respect to 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.

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

In order to ensure that IEA employees understand the importance of and are capable of providing both interpretation and written translation language assistance services in all their programs and activities to individuals with LEP, managers and public facing employees will participate in training on how to provide language assistance services to their customers in a timely manner. IEA will must designate an office or official to regularly monitor the efficacy of language assistance training provided to managers and public facing staff.

Action Steps:

- a. The Executive Director or their designee is responsible for developing, implementing, and committing resources necessary to train agency-designated employees to implement elements of this plan that address delivery of language assistance services.
- b. The Executive Director or their designee will develop a process that ensures overall employee awareness of the IEA language Access Plan.
- c. The Executive Director or their designee will determine which staff members should receive training in the provision of language assistance services and related policies, procedures, and effective practices.
- d. Work with the agency's management and communications offices to notify employees that IEA provides language assistance and informs employees on how to provide assistance or otherwise contact the office or official responsible for ensuring the provision of language assistance services.
- e. The Executive Director or their designee will disseminate training materials, whether newly developed or pre-existing, that assist management and staff in procuring and providing meaningful communication for individuals with LEP. The federal learning management system (LMS) could be a useful resource to consult for training materials regarding, for example, Section 508 and CLAS standards.
- f. IEA will 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, IEA must designate an office or official to establish an infrastructure to annually assess IEA's language assistance program and make recommendations for improvements. Specifically, the designated office or official will assess the efficacy

and availability of services provided to individuals with LEP and people with disabilities, including customer waiting time; quality of written translations and interpretation utilization of appropriate communication channels; barriers to providing services; and overall customer satisfaction with the language assistance services provided.

Action Steps:

- a) The Executive Director or their designee is responsible for developing, implementing, and committing resources necessary to regularly monitor and annually assess relevant practices and procedures, focusing on progress made by IEA 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) The Executive Director or their designee will 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) The Executive Director or their designee will implement an agency process to annually report to the Language Access Steering Committee on agency 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 coordination with the Office for Civil Rights and in accordance with policies and procedures developed under Element 4, complaints received regarding language assistance services and products, or other services provided by the agency, 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

IEA 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 agency capacity, and evaluate progress on an ongoing basis. Information provided by them should be widely shared within each agency and the

Department as a whole. IEA should strive to avoid asking them 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 the agency 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 IEA should translate. As documents are translated, community-based organizations may be able to help consider whether the documents are written at an appropriate level for the audience. Community-based organizations may also provide valuable feedback to the agency to help IEA determine whether its language assistance services are effective in overcoming language barriers for persons with LEP.

IEA 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 agencies 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. IEA 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 agency websites for public comment. IEA 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 IEA expect the health care and human services partners to meet at a time and place that is convenient for the government. As public servants, IEA 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, components are encouraged to seek stakeholder input in determining which documents should be prioritized for translation.

Action Steps:

- a) The Executive Director or their designee is responsible for identifying and developing opportunities to include health care and human services partners in the development of policies and practices that enhance access to agency programs and activities for persons with LEP and people with disabilities.
- b) Agency POCs are responsible for planning and coordinating conversations with health care and human services partners to assess the accessibility, accuracy, cultural appropriateness, and overall quality of IEA's language assistance services.
- c) Agency POCs are responsible for sharing HHS and agency Language Access Plans and resources with health care and human services partners in an accessible manner and solicit their feedback. Incorporate health care stakeholder input in IEA's Language Access Plan, as appropriate and consistent with this plan.
- d) Agency POCs are responsible for annually participating in at least one listening session, whether hosted by a particular agency or HHS as a whole, to learn about challenges and opportunities for improvement in the agency's language access program. These listening sessions should result in concrete action steps by IEA.

As outlined in Element 5, post this Language Access Plan and resources on agency websites in accessible formats, and in multiple languages, as well as contact information to receive questions and comments. Where feasible, IEA should share relevant data and information pertaining to language access with health care and human services partners.

Tribal Consultation

IEA serves as the focal point in the Office of the Secretary for the Department's consultation with tribal governments on policy, regulatory and legislative issues that have a significant direct impact on tribal governments and tribal organizations. The complexity of the federal-tribal intergovernmental relationships results from treaties, statutes, executive orders and court decisions. IEA responsibilities for tribal governments are carried out in the same manner HHS facilitates and coordinate all departmental activities with state and local governments.

In response to consultation with tribal leaders requesting a central point of contact in the Department and to elevate tribal issues within HHS, the Department established a permanent position of Principal Advisor

for tribal Affairs. The position was placed within IEA to provide tribal governments access on the same basis as state and local governments.

HHS budget formulation and consultation activities have involved extensive interaction with tribes and tribal organizations over the past several years. Executive Order 13175, which is very similar to the “Federalism Executive Order” for states and local governments, relates to Native American tribal governments. IEA is the principal office responsible for carrying out HHS intergovernmental consultation responsibilities for state, local, and tribal governments. A Department Tribal Consultation Policy was developed jointly with tribal participation in 2004 and then was signed in January of 2005. It was then evaluated and revised in 2021. In September 2023 HHS Secretary Xavier Becerra signed the new and improved tribal Consultation Policy that was in direct response to President Biden’s January 2021 Presidential Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships.

Tribal Consultation Policies

Since the release of Executive Order 13175 in 2000, HHS has revised its Department Consultation Policy three times, to ensure the parameters of the EO are being met and the needs of our Tribal partners are being met. The HHS Tribal Consultation Policy states:

Before any action is taken that will significantly affect Indian Tribes it is the HHS policy that, to the extent practicable and permitted by law, consultation with Indian Tribes will occur. Such actions refer to policies that:

- a) Have Tribal implications, and
- b) Have substantial direct effects on one or more Indian Tribes, or
- c) On the relationship between the Federal Government and Indian Tribes, or
- d) On the distribution of power and responsibilities between the Federal Government and Indian Tribes.

A Tribal government may also request consultation with a Division(s). When such request is received, the Division shall conduct an analysis, as soon as possible, to determine whether consultation is appropriate. If the request for consultation has Tribal implications, consistent with the definition in EO 13175, the Division shall follow the applicable requirements for consultation. The Division shall respond to the Indian Tribe within a reasonable time period. Divisions may still engage in Tribal consultation even if

they determine that a policy will not have Tribal implications, and should consider doing so, to the extent practicable and permitted by law, if they determine that a policy is of interest to a Tribe or Tribes.

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, IEA will designate an office or official responsible for and capable of establishing and maintaining an infrastructure that effectively distributes in-language information online in a manner that promotes meaningful access for individuals with LEP. In addition, the designated office or official will regularly monitor the efficacy, quality, readability, and accessibility of translated materials provided online to promote ease of use and access. IEA 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. IEA 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. IEA shall work with OCIO and its own Section 508 Program Managers to ensure that translated digital content meets Section 508 requirements to improve access for people with disabilities. In addition to the requirements of Section 508, Section 504 requires that 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.

For example, at virtual meetings this means that HHS may be required to provide a sign language interpreter and that the virtual meeting platform used should be able to accommodate a screen for a sign language interpreter that can be seen by the person with a disability who requires the interpreter. IEA is also encouraged to provide timely information, such as deadlines or significant policy shifts, through videos in sign language.

Action Steps:

- a) The Executive Director or their designee 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) As outlined by the U.S. Web Design System (USWDS), prominently display links and/or symbols at the agency's English language website, to pages and documents that are also available for viewing or downloading in languages other than English including sign language.
- c) Prominently display links on the agency's English language homepage that effectively steers visitors to telephonic interpreter services in the visitor's language.
- d) Notify visitors with LEP to HHS webpages that language assistance is available at no cost in alignment with the action steps outlined in Element 5, including multilingual technical support and alternatives for individuals who cannot navigate digital spaces.
- e) Serve on at least one 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.
- f) Use and promote the resources on www.lep.gov by providing links to the LEP.gov website on agency and program websites.
- g) Develop procedures for creating, posting, and updating multilingual web content, digital materials, and social media posts that are accessible to all audiences.
- h) Leverage social media, email dissemination, and/or text message services to increase awareness and utilization of agency programs, activities, language assistance services, and products available in non-English languages by individuals with LEP and people with disabilities.
- i) Leverage HHS digital policies and U.S. Web Design Standards for guidance on multilingual display guidance and options: <https://designsystem.digital.gov/components/language> selector/.
- j) Conduct a usability test with visitors with LEP every two (2) years to collect data (including intersectional and disaggregated demographic data), identify features, and components that might need to be addressed to improve access and navigation of webpages, products, or services online. Manage visitors' expectations by also considering URL best practices and general site functionality. If displaying or showcasing forms, consider what the experience is for the user clicking on call-to-action buttons and their journey across the digital ecosystem. Ensure that multiple last names, short names, and/or diacritics are acceptable by the fields created.
- k) Regularly monitor the efficacy, quality, readability, and accessibility of translated materials provided online to promote ease of use and access. Regularly consider and evaluate advancements

in technology such as artificial intelligence, including machine learning, to expedite translation while committing qualified human translators and editors for review.

- l) Develop benchmark efforts and regularly evaluate through data (including intersectional and disaggregated data), analytics, user feedback, and customer feedback mechanisms such as customer satisfaction surveys (in-language) to assess the usefulness of information to determine and address gaps and focus resources on critical online information and services.
- m) Maintain a list of all in-language content provided on the agency's webpages or separate websites.
- n) For virtual meetings, ensure that the platform being used provides for closed captioning and that the captioning function is enabled by the host. As a best practice, consider using real time translation services such as Communication Access Realtime Translation (CART) to ensure better accuracy of captions.
- o) For virtual meetings, ensure that participants are able to highlight another participant's screen and keep focus on that screen so that sign language users can focus on a sign language interpreter, even if the interpreter is not speaking.
- p) As a best practice for virtual meetings, provide attendees the option to request auxiliary aids and services or reasonable modifications in the meeting invitation so that individuals with disabilities may take part in the meeting. In practice, this will generally amount to requests for captioning and/or sign language interpreters so that attendees with disabilities may participate. The invitation

may require that any requests for auxiliary aids and services or reasonable modifications be made by a certain date prior to the meeting to allow the meeting organizer sufficient time

ELEMENT 10: GRANT ASSURANCE AND COMPLIANCE BY RECIPIENTS OF HHS FUNDING

IEA does not administer any grants whatsoever.

DEFINITIONS

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.

Auxiliary Aids and Services

Tools or assistance provided to communicate with people who have communication disabilities.

Beneficiary

Anyone who has applied for and is receiving Medicare, Medicaid, or other health benefit.

Bilingual/Multilingual Staff

A staff member who has advanced proficiency (e.g., proficiency at or above the Federal 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. Bilingual/Multilingual Staff should not interpret or translate unless they have separately met the requirements of being a qualified interpreter or translator. Bilingual/Multilingual Staff must be given clear roles and expectations regarding whether they are performing their job duties in-language or serving as qualified interpreters or translators. A distinction should be made between Bilingual/Multilingual Staff who provide services directly in a non-English language (e.g., call center staff) and those who interpret, as the assessment and skills required for each differ.

Certificate

An academic recognition demonstrating the successful completion of a program of study, usually based on amount of instructional time and a minimum grade.

Certification

Institutional recognition demonstrating successful passing of an examination that tests knowledge, skills, and abilities related to an occupation.

Contractor

Any entity that performs work or provides services on behalf of an 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 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.

Direct “in-language” communication

Monolingual communication in a language other than English between a multilingual staff and a person with LEP (e.g., Korean to Korean).

Disaggregated Data

Data that separates out subgroups to provide the most descriptive and detailed information possible; for example, rather than using data about “Asian languages” or “Native American languages,” disaggregated data would indicate which specific languages are spoken by an individual or at the community level. Disaggregated data may also include information about varied dialects, as well as more specific national origin information.

Effective Communication

For communication disabilities, it refers to aids and services to ensure that communication with people with disabilities, such as people who are deaf or hard of hearing, is as effective as communication as for people without disabilities. Auxiliary aids and services must be provided when needed to achieve effective communication.

Health Care and Human Services Partner

Beneficiaries, including recipients of federal financial assistance, contractors, vendors, advocacy groups, religious institutions, non governmental organizations, hospital administrators, health insurers, translators, interpreters, community health clinics, and representatives from a broad cross-section of the language access community, individuals with disabilities, etc.

Interpretation

The act of listening, understanding, analyzing, and processing a spoken communication in one language (source language) and then faithfully orally rendering it into another spoken language (target language) while retaining the same meaning. For individuals with certain disabilities that affect communication, this can include understanding, analyzing, and processing a spoken or signed communication in the source language and faithfully conveying that information into a spoken or signed target language while retaining the same meaning.

Intersectional Data

Data that combines or otherwise includes information about more than one demographic or other characteristic; for example, intersectional data would include data regarding national origin and LEP

status, and/or data regarding Native American women (thus analyzing data about the intersection of race and gender). It may also include data about literacy rates, poverty rates, familial status or other characteristics relevant to social determinants of health.

Language Access

The ability of individuals with LEP to communicate with 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

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.

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. In the context of disabilities, a qualified interpreter is one who is able to interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. A child shall not be considered a qualified translator or interpreter, nor shall a family member or employee who does not meet the minimum qualifications specified above.

Sight Translation

The oral or signed rendering of written text into spoken or signed language by an interpreter without change in meaning based on a visual review of the original text or document.

Sign Languages

Languages that people who are deaf or hard of hearing use in which hand movements, gestures, and facial expressions convey grammatical structure and meaning. There is no universal sign language. Different sign languages are used in different countries or regions. For example, British Sign Language (BSL) is a different language from ASL, and Americans who know ASL may not understand BSL.

Sub-recipient

An entity that, on behalf of and in the same manner as a recipient of federal financial assistance, provides services to and has contact with applicants to and participants in a program administered by a recipient of federal financial assistance, but does not include an individual applicant or participant who is a beneficiary of the program.

Tagline

Brief message that may be included in or attached to a document. Taglines in languages other than English are used on documents (including websites) written in English that describe how individuals with LEP can obtain translation of the document or an interpreter to read or explain the document. Section 1557 and Title VI will prescribe the languages that must be included in such tagline notices but covered entities may also add more languages.

Translation

The process of converting written text from a source language into an equivalent written text in a target language as fully and accurately as possible while maintaining the style, tone, and intent of the text, while considering differences of culture and dialect.

Vital Document

Paper or electronic written material that contains information that is critical for accessing 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.