

GUIDE TO DEVELOPING

A LANGUAGE ACCESS PLAN

Effective communication is critical to ensuring understanding, empowering patients, and providing high-quality care. A language access plan can help ensure that an organization provides high quality and appropriate language services. A language access plan can also help ensure that an organization's staff members are aware of what to do when an individual with limited English proficiency needs assistance. This Guide identifies ways that providers can assess their programs and develop language access plans to ensure persons with limited English proficiency have meaningful access to their programs.



INTRODUCTION

Nearly 8 percent of Medicare beneficiaries are individuals with limited English proficiency, many of whom need an interpreter or other language assistance to communicate effectively. Communication and language barriers are associated with decreased quality of care and poorer health outcomes. Individuals with limited English proficiency are less likely to have routine health visits, more likely to defer needed health care, and more likely to leave the hospital against medical advice.¹

Entities that receive Federal financial assistance, such as Medicare Parts A, C, and D, must take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency.² This Guide identifies ways that providers can assess their programs and develop plans to ensure persons with limited English proficiency have meaningful access to their programs.³

Effective communication is critical to providing high-quality care. Reliance on unqualified individuals to interpret medical information can lead to misunderstandings, devastating outcomes, or even death.^{4,5} A language access plan can help ensure that an organization provides high-quality and appropriate language services. A language access plan can also help ensure that an organization's staff members are aware of what to do when an individual with limited English proficiency needs assistance.

WHAT IS A LANGUAGE ACCESS PLAN?

A language access plan is a document that spells out how to provide services to individuals who are non-English speaking or have limited English proficiency. Language access plans should be tailored to individual organizations, but may include similar sections, such as a needs assessment, language services offered, notices, training for staff, and evaluation, as described below.

Section 1: Needs Assessment

Information about the needs of current and prospective consumers whose preferred spoken and written language is a language other than English, including the number of individuals with limited English proficiency, places in which consumers with limited English proficiency interact with the organization, and ways in which individuals interact with the organization.

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2078537/#CR2>

² Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act and implementing regulations (Title VI and Section 1557 respectively). See <https://www.hhs.gov/civil-rights/for-individuals/special-topics/needy-families/civil-rights-requirements/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>

³ Entities that receive Federal financial assistance should consult with the U.S. Department of Health and Human Services Office for Civil Rights (OCR) to learn about their legal obligation to take reasonable steps to ensure meaningful access to their programs by persons with limited English proficiency. See OCR website at: <https://www.hhs.gov/civil-rights/index.html>.

⁴ http://www.coloradotrust.org/sites/default/files/CT_LanguageAccessBrief_final-1.pdf

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2150609/>

Section 2: Language Services

Description of the types of services the organization will provide, such as in-person interpretation and remote interpretation.

Section 3: Notices

Description of how the organization will let its patients, clients, customers, or beneficiaries know about the availability of services. Examples may include taglines and signage.






Section 4: Training

Description of how the organization will train staff on its policies and procedures for providing language assistance services, including who and how often.

Section 5: Evaluation

Plan for when and how the organization will monitor and update its plan, policies, and procedures to ensure that needs are met and that there is a framework for continuous quality improvement.⁶

FIGURE 1: COMMON SECTIONS OF A LANGUAGE ACCESS PLAN

 <p>NEEDS ASSESSMENT</p>	Number of individuals with limited English proficiency
	Points of contact
	Level of interaction
	Stakeholder engagement
 <p>LANGUAGE SERVICES</p>	Develop policies and procedures
	Interpretation services
	Translation services
 <p>NOTICES</p>	"I speak" cards
	Patient rights
	Taglines
	Signage
 <p>TRAINING</p>	Front-line staff
	Providers
	Leadership
 <p>EVALUATION</p>	Monitor complaints or suggestions
	Keep current on community demographics
	Track utilization

⁶ U.S. Department of Justice, Civil Rights Division, Federal Coordination and Compliance Section. 2011. "Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs." Available at: https://www.lep.gov/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf

WHO SHOULD HAVE A LANGUAGE ACCESS PLAN?

Any organization serving individuals with limited English proficiency should develop a language access plan, more specifically:

- Organizations that receive federal funds, such as certain hospitals, health plans, community-based organizations, and others
- Organizations accredited by entities such as the Joint Commission or the National Committee for Quality Assurance

This document focuses on plans for individuals with limited English proficiency. Plans, programs, and policies to meet the communication needs of consumers who are deaf, hard-of-hearing, or blind are also important, and may be covered in an organization's plan addressing regulation and legislation such as [Section 504](#) and the [Section 508](#) Amendment to the Rehabilitation Act of 1973, and [Title II](#) and [Title III](#) of the Americans with Disabilities Act (1990).

ASSESSING PROGRAM ACCESSIBILITY

An organization can assess the level of language assistance services it should provide by conducting an individualized program assessment using a [four-factor analysis](#) (see Figure 2).^{7,8,9} The four-factor analysis is a tool to help an organization determine the extent persons with LEP come into contact with its programs and how it can best provide language assistance services needed to ensure meaningful access.

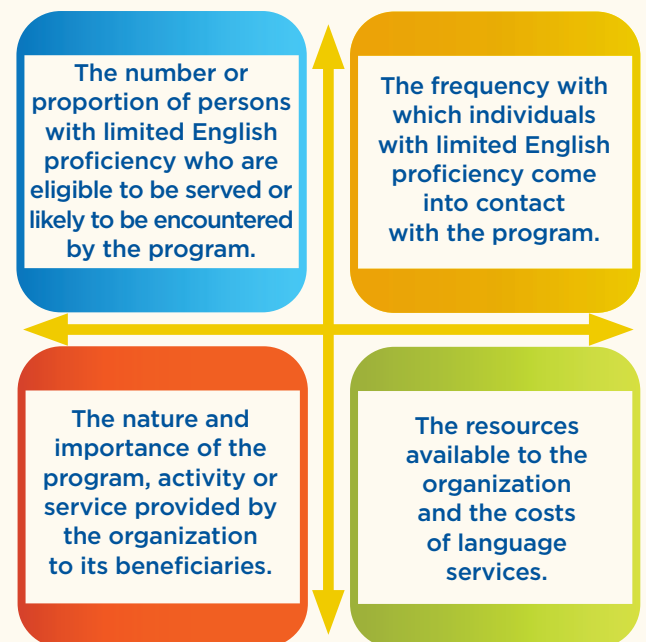
Designate a language access coordinator

Determine who in the organization will lead language assistance efforts. The coordinator may be a single person or committee who oversees the language access plan. Coordinators can respond to questions about the plan's content, help ensure that it is implemented, and monitor its performance. This coordinator will need the resources to accomplish the necessary tasks associated with the language access plan.

There are various [job descriptions for language access coordinators](#), but responsibilities generally include:

- Overseeing the organization's language access plan;
- Maintaining a database of qualified interpreters and translators;
- Training staff on how to utilize language assistance services when serving customers;
- Coordinating and managing requests for interpretation and translation;
- Managing a budget to provide language assistance services; and
- Regularly assessing and improving the language assistance program.

FIGURE 2: THE FOUR FACTORS



⁷ Guidance to Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, <https://www.hhs.gov/civil-rights/for-providers/laws-regulations-guidance/guidance-federal-financial-assistance-title-vi/index.html>. Entities that receive Federal financial assistance should consult with the U.S. Department of Health and Human Services Office for Civil Rights (OCR) to learn about their legal obligation to take reasonable steps to ensure meaningful access to their programs by persons with limited English proficiency. See OCR website at: <https://www.hhs.gov/civil-rights/index.html>.

⁸ https://www.lep.gov/faqs/042511_Q&A_LEP_General.pdf

⁹ <https://www.justice.gov/sites/default/files/crt/legacy/2010/12/14/DOJFinLEPFRJun182002.pdf>

SECTION 1: NEEDS ASSESSMENT

The first section of a language access plan should outline how the organization will assess the language assistance needs of the communities it serves.

NUMBER OF INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY

To understand the needs of current and prospective consumers with limited English proficiency, start by identifying the persons with limited English proficiency whom the organization serves or is likely to encounter. Useful internal data sources may include call center information, information provided by navigators, and electronic health records.

The [Inventory of Resources for Standardized Demographic and Language Data Collection](#) resource provides information and resources around data collection, including for race, ethnicity, and language.

If the organization does not have internal data, there are publicly available resources that estimate the language needs of those individuals the organization is most likely to encounter. For example, the U.S. Census Bureau collects information about non-English languages spoken throughout the U.S. and can serve as an external source of data. On the Census website, there are [language tables](#) that provide detailed information on the top non-English languages spoken throughout the U.S., presented at the national, state, and county level.

POINTS OF CONTACT

Individuals with limited English proficiency will need language services at different points of contact within the organization, such as when they are contacting the call center, checking in with the reception desk, filling out paperwork, documenting a grievance, navigating the hallway, or paying a bill. At each point, the organization will want to ensure that its services are linguistically accessible and appropriate. Examples of points of contact are in Figure 3. Each organization should assess where individuals interact with the organization, and determine what kind of language services would be appropriate at each point of contact. The following examples describe how language access services could be provided at each point.

FIGURE 3: EXAMPLES OF POINTS OF CONTACT



Call center

The language access plan should include a description of how the call center will identify and meet an individual's language needs, whether through use of an automated system (e.g., for English, press 1, for Spanish, press 2), or early identification of the need for an interpreter or information in languages other than English.

Reception

The language access plan should include how the organization will provide language access services when patients check in for an appointment, seek directions, or need other types of information. Providing signage in common languages spoken in the organization's service

SECTION 1: NEEDS ASSESSMENT CONT.

area may help persons with limited English proficiency navigate the reception area. Notices and taglines about the availability of interpreters may help address communication barriers at this point of contact and help ensure that people with limited English proficiency receive accessible care for the duration of their visit.

Written Communications

Individuals with limited English proficiency may also need language assistance to read or complete paperwork, such as signing in for appointments, applying for insurance, reading educational information, or signing discharge paperwork. The language access plan should specify what types of documents will be available in languages other than English, languages in which such documents will be provided, and the process to ensure the accuracy of translations.

LEVEL OF INTERACTION

The plan should describe how individuals with limited English proficiency interact with the organization. Interactions may include:

- Hotlines or information line calls;
- Outreach programs;
- Public meetings and hearings;
- Websites;
- Written materials or complaints; and
- Brochures intended for public distribution.¹⁰

The way individuals with limited English proficiency interact with the organization should dictate how to prioritize language assistance services. The organization may identify and track these interactions to refine its plan and its quality improvement activities.

STAKEHOLDER ENGAGEMENT

The plan should involve a person-centered design with strategies to consult with communities the organization serves. Understanding culture is important as well, and collaborating with community members can help ensure that the organization's efforts are culturally and linguistically appropriate. The organization may consult with stakeholders by:

- Soliciting feedback from community-based organizations and other stakeholders, before the plan is finalized, about the organization's effectiveness and performance in ensuring meaningful access for individuals with limited English proficiency; and
- Conducting customer satisfaction surveys of applicants and beneficiaries with limited English proficiency about their experience accessing the organization's benefits, programs, information, or services.

Including stakeholders in the organization's efforts around communication and language services can help ensure that the organization can provide information about its programs in a manner that will resonate with the community. It will also let the community know that the organization is working to be inclusive and ensure that their language needs are met. By engaging with stakeholders from the community, the organization may be able to foster relationships and form connections with individuals that can be mutually beneficial.

¹⁰ U.S. Department of Justice, Civil Rights Division, Federal Coordination and Compliance Section. 2011. "Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs." Available at: https://www.lep.gov/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf

SECTION 2: LANGUAGE SERVICES

This section of the language access plan should describe how the organization will:

- Provide interpretation services; and
- Provide translated materials.

INTERPRETATION

Interpreters provide **verbal** interpretation. Interpreters may be dedicated staff interpreters, contracted interpreters, qualified bilingual staff, or telephonic and video-remote interpreters. The document [Terminology of Health Care Interpreting: A Glossary of Terms](#) provides definitions of the various types of interpreters.

Bilingual family members often are not well equipped to interpret, and their use is highly discouraged. Linguistic fluency does not guarantee competency in medical terminology, so relying on unqualified individuals can lead to lack of understanding, poor outcomes, and even death. Family dynamics may also complicate a situation where a family member is asked to interpret. Ensuring the competence of the interpretation is of the utmost importance. The document [What's in a Word? A Guide to Understanding Interpreting and Translation in Health Care](#) discusses these and other considerations around the use of different types of interpreters.

The plan should outline the type and qualifications of interpreters the organization will require. Often, organizations use a combination of approaches to provide language access services. The plan may include details on the use of different types of interpreters in different scenarios. It is important to tailor the approach based on both need and available resources.

Interpreter testing/qualifications

Although many qualified interpreters are not certified, many states have licensing and certification requirements, and qualifications and testing can vary.

TRANSLATION

Translation focuses on **written** communication. The plan should describe the materials to be translated and the languages to be used.

Consider which documents are “vital” documents, or those that “contain information that is critical for obtaining services and/or benefits.” Vital documents and/or health materials may include:

- Application forms including those for benefits;
- Consent forms, including consent to treat, release of information, or consent to immunize;
- Complaint forms;
- Eligibility forms;
- Financial payment policies;
- Patient rights and responsibilities, including the availability of language access services as discussed in the Notices section;
- Intake/information forms; and
- Patient instructions, including what to do in follow-up from an appointment, such as in a discharge summary, or what to do in preparation for a procedure, such as fasting prior to bloodwork.

Translation process and resources

It is important to ensure that documents are translated accurately and effectively. Some sections of the organization's documents will need to be translated verbatim. It is also critical to ensure that, once translated, the content is conceptually, linguistically, and culturally accurate. It is also helpful to work directly with the communities served to ensure that translations are culturally relevant. This [Guide on Medical Translation](#), as well as [Translation Guidelines for Written Materials](#), may be helpful resources.

SECTION 3: NOTICES

Posting notices about the availability of language assistance services is an effective way to ensure persons with limited English proficiency can meaningfully access program services.¹¹ It is helpful to post notices in the reception area and other areas where patients and staff interact. The organization can also consider posting notices on its website, at entrances to the organization, in examination rooms, and at other locations where individuals with limited English proficiency may interact with the organization and need assistance. Information on a variety of different types of notices are included below.

"I speak" cards

["I speak" cards](#) are cards to help identify what language an individual speaks, and to identify what language an interpreter will need to speak to communicate effectively with that individual. "I speak" cards are also called language identification cards and contain the text "I speak <insert name of language>" in a variety of languages. They are intended to help an individual point to a language he or she understands. Organizations may create their own version of the "I speak" card that contains languages most commonly spoken in their area.

Patient notices

The organization should provide notice to patients in their own language that an interpreter will be provided at no cost to them. Similar to the "I speak" cards, patient notices contain a statement in English and a variety of languages to allow individuals to point to the language they speak and assist the organization in identifying an interpreter who speaks that language.

Taglines

Another way to provide notices is through use of taglines on printed and electronic materials. Taglines, such as other notices discussed above, are designed to inform individuals with limited English proficiency about the availability of language assistance services. For example, a tagline written in Spanish might say: "If you speak Spanish, language assistance services are available free of charge. Call XXX-XXX-XXXX for assistance." The Department of Health and Human Services (HHS) Office for Civil Rights offers [sample notices and taglines](#) in various languages for public use.

¹¹ Note: Entities covered by Title VI and Section 1557 are also required to post nondiscrimination notices and should consult with the U.S. Department of Health and Human Services Office for Civil Rights (OCR) to learn more about their notice requirements. See OCR website at: <https://www.hhs.gov/civil-rights/index.html>.

SECTION 4: TRAINING

Staff training is an important step in providing language assistance services to individuals with limited English proficiency. Trainings should include everyone who interacts with consumers, including receptionists, security guards, medical assistants, and clinicians.

Trainings should focus on:

- Why it is important to provide language assistance services;
- How to effectively and respectfully communicate and interact with individuals with limited English proficiency;
- The organization's policies and procedures related to providing language access services, including the availability of interpretation and translation services at no cost to the consumer;
- How staff can capture data around consumers' language needs and preferred language;
- Procedures to request and work with an interpreter, including when to use an interpreter; and
- What type of translated information is available to consumers and where it can be found.

Many organizations include training about communication and language services as part of the onboarding process for new hires. It is also important that all staff members periodically receive refresher courses as policies, processes, and resources are improved to meet evolving needs.

Resources for training

The HHS Office of Minority Health's Think Cultural Health program developed [*The Guide to Providing Effective Communication and Language Assistance Services \(the Guide\)*](#). The *Guide* addresses a number of the elements that should be included in the organization's language access plan, including staff training.

The U.S. Department of Justice developed [this video](#), which focuses on communicating effectively with individuals with limited English proficiency. These [LEP \(Limited English Proficiency\) and Title VI Videos](#) also discuss approaches to ensuring language access for individuals with limited English proficiency.

SECTION 5: EVALUATION

Finally, language access plans should include a section on monitoring and continuous improvement. The organization will want to periodically evaluate and monitor its language access plan to ensure that it continues to work effectively for the organization.

Policies and procedures

This section should include a description of the internal policies and procedures. The organization can assess and update its policies and procedures by:

- Monitoring the organization's responses to complaints or suggestions by individuals with limited English proficiency, community members, and employees regarding language assistance services provided;¹²

¹² https://www.lep.gov/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf

SECTION 5: EVALUATION CONT.

- Keeping current on community demographics and needs by engaging local public health authorities, school districts, faith communities, refugee resettlement agencies, and other local resources;
- Surveying staff members about their use of language assistance services, suggestions for improvement, and if the services provided meet the language needs of the local communities;
- Monitoring utilization rates of the different types of language access services being used throughout the organization;
- Conducting surveys of the organization's consumers about their experiences using its services, including language assistance services; and,
- Collaborating with other agencies, using emerging technology, staff development, and other mechanisms for ensuring improved access for individuals with limited English proficiency.

Assessment resources

These [Language Services Program Assessment Questions](#) from the Robert Wood Johnson Foundation's *Speaking Together Toolkit* focus on monitoring and data collection. The questions can be used or adapted to routinely assess the provision of language assistance services and many of the elements of the organization's language access plan. The *Speaking Together Toolkit* also contains an [Interpreter Satisfaction Survey](#), which may be helpful as the organization works to assess how satisfied staff members are with the various types of language assistance available.

Monitoring the plan

The *Speaking Together Toolkit* also provides advice on improving quality and accessibility of language assistance services. [Chapter 7](#) specifically highlights strategies for measuring effectiveness and improving services.

CONCLUSION

Without appropriate interpretation and translation services, it can be difficult to communicate effectively with individuals with limited English proficiency, which can result in: liability related to poor health outcomes; lower patient satisfaction; and violation of Federal laws prohibiting discrimination on the basis of national origin. There is lower patient satisfaction among individuals with limited English proficiency who need interpreters but do not receive them, and among individuals who received language services either from ad hoc interpreters or from non-medical or untrained support staff.¹³ Providing high-quality language access services at each point of contact along the health care continuum is a critical component of high-quality care. Working through the steps described can help ensure that an organization is well prepared to provide language assistance services and care to individuals with limited English proficiency. Developing a language access plan that includes the sections described can provide helpful guidance to an organization as it works to meet its legal requirements and ensure high-quality, equitable care for its consumers with limited English proficiency.

¹³ Flores, G. (2005). The Impact of Medical Interpreter Services on the Quality of Health Care: A Systematic Review. *Medical Care Research and Review*. 62(3): 255-299. Available at: <https://www.researchgate.net/publication/7846174>

APPENDIX: **SELECTED RESOURCES**

LANGUAGE ACCESS PLAN RESOURCES

- www.lep.gov

NOTICE EXAMPLES

- [Multilingual Materials](#)
- [Massachusetts Your Right to An Interpreter Poster](#)
- [I Speak Cards](#)
- [CMS Sample Translated Taglines](#)

CONSULTING WITH STAKEHOLDERS RESOURCES

- [U.S. DOJ Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs](#)

LANGUAGE DATA EXAMPLES

- [HHS Resource for Entities Covered by Section 1557 of the Affordable Care Act - Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency for the 50 States, the District of Columbia, and the U.S. Territories](#)
- [CMS Guidance and Population Data for Exchanges, Qualified Health Plan Issuers, and Web-Brokers to Ensure Meaningful Access by Limited-English Proficient Speakers](#)
- [CMS Top 15 Non-English Languages by State](#)

CMS OFFICE OF MINORITY HEALTH RESOURCES

- [Disparities Impact Statement](#)
- [Inventory of Resources for Standardized Demographic and Language Data Collection](#)
- [CMS Framework for Health Equity](#)

SELF-ASSESSMENT EXAMPLE

- [Sample self-assessment from U.S. DOJ Language Access Assessment and Planning Tool](#)