Centers for Disease Control and Prevention (CDC)
and
Agency for Toxic Substances and Disease Registry

LANGUAGE ACCESS PLAN

FY 2001 - 2003

April 1, 2001

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CDC LANGUAGE ACCESS PLAN (LAP)
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Centers for Disease Control and Prevention[1]
Language Access Plan (LAP)

I. Background on Limited English Proficiency and Federal Programs

A. Executive Order Directive

August 11, 2000, the President issued an Executive Order directing Federal agencies to ensure their programs and activities are accessible to Limited English Proficiency (LEP) persons, and to develop guidance for recipients of Federal funds that outlines their legal obligations under Title IV of the Civil Rights Act of 1964. The Executive Order also directs each agency to take steps to make sure LEP clients can meaningfully access the agency's services.

The Federal Government provides and funds an array of services that can be made accessible to otherwise eligible persons who are not proficient in the English language. The Federal Government is committed to improving the accessibility of these services to eligible LEP persons, a goal that reinforces its equally important commitment to promoting programs and activities designed to help individuals learn English. To this end, each federal agency has been directed to examine the services it provides and develop and implement a system by which LEP persons can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency. Each federal agency will also work to ensure that recipients of federal financial assistance provide meaningful access to their LEP applicants and beneficiaries. To assist the agencies with this endeavor, the Department of Justice has issued a general guidance document (LEP Guidance), which sets forth the compliance standards that recipients must follow to ensure that the programs and activities they normally provide in English are accessible to LEP persons and thus do not discriminate on the basis of national origin in violation of title VI of the Civil Rights Act of 1964, as amended, and its implementing regulations. As described in the LEP Guidance, recipients must take reasonable steps to ensure meaningful access to their programs and activities by LEP persons.

B. Department of Justice

The Department of Justice (DOJ) issued a directive on August 11, 2000, establishing that recipient/covered entities have an obligation, pursuant to Title VI's prohibition against national origin discrimination, to provide oral and written language assistance to LEP persons. The Title VI regulation issued by DOJ in 1976, "Coordination of Enforcement of Nondiscrimination in Federally Assisted Programs," addresses the circumstances in which recipient/covered entities must provide written language assistance to LEP persons. The DOJ coordination regulations provide that "where a significant number or proportion of the population eligible to be served or likely to be directly affected by a federally assisted program (e.g., affected by relocation) needs service or information in a language other than English in order effectively to be informed of or to participate in the program, the recipient shall take reasonable steps, considering the scope of the program and the size and concentration of such population, to provide information in appropriate languages to such persons.

[1]References to CDC include the Agency for Toxic Substances and Disease Registry (ATSDR)

This requirement applies with regard to written material of the type which is ordinarily distributed to the public."

C. Department of Health and Human Services

The mission of the Department of Health and Human Services (DHHS) is to enhance the health and well-being of Americans by providing for effective health and human services and by fostering strong, sustained advances in the sciences underlying medicine, public health, and social services. Healthy and productive individuals, families, and communities are the very foundation of the nation's security and prosperity. Through its leadership in medical sciences and public health, and as guardian of critical components of America's health and safety net programs, HHS seeks to improve the health and well-being of people in this country and throughout the world.

The Department of Health and Human Services (HHS) is one of the largest federal departments, the nation's largest health insurer, and the largest grant-making agency in the United States Federal Government. The Department promotes and protects the health and well-being of all Americans and provides world leadership in biomedical and public health sciences. HHS accomplishes these objectives through an array of programs in basic and applied science, public health, income support, child development, and the financing and regulation of health and social services. The Department manages this broad range of activities in collaboration with its state, local, tribal, and non-governmental partners, and with the coordination of the staff agencies in the Office of the Secretary. HHS works with a wide range of federal, state, and local service providers to coordinate the planning and delivery of services in a way that maximizes resources and provides clients with an integrated approach to their needs. The discussion of internal and external coordination has been significantly expanded to provide a clearer sense of where the Department's programs and activities interact with Limited English Proficient Persons and how Language Access Plans can be implemented throughout the Department.

Although federally conducted programs and activities are not legally subject to Title VI, HHS recognizes the importance of ensuring that its programs and services are accessible to LEP persons. In order to ensure that all HHS federally conducted programs and activities are accessible to LEP persons, the Secretary has directed an HHS working group to develop and implement a Department-wide plan for ensuring LEP persons meaningful access to HHS programs www.hhs.gov/gateway/language/languageplan.html. This internal HHS initiative was begun prior to the President's August 11, 2000, Executive Order 13166. HHS is a step ahead on each of the obligations outlined in the Executive Order. Therefore, the following has been released by HHS as a Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency.

Over the last 30 years, The DHHS Office of Civil Rights (OCR) has conducted thousands of investigations and reviews involving language differences that impede the access of LEP persons to medical care and social services. Where the failure to accommodate language differences discriminates on the basis of national origin, OCR has required recipient/covered entities to provide appropriate language assistance to LEP persons. For instance, OCR has entered into voluntary compliance agreements and consent decrees that require recipients who operate health and social service programs to ensure that there are bilingual employees or language interpreters to meet the needs of LEP persons seeking services. OCR has also required these recipient/covered entities to provide written materials and post notices in languages other than English. Pursuant to these

investigations, the OCR issued internal guidance to its staff in January 1998 on a recipient's obligation to provide language assistance to LEP persons. That guidance was intended to ensure consistency in OCR's investigation of LEP cases. This current guidance clarifies, for recipient/covered entities and the public, the legal requirements under Title VI.

Those covered by this policy are entities that receive federal financial assistance from HHS, either directly or indirectly, through a grant, contract, or subcontract. Covered entities include: any state or local agency, private institution or organization, or any public or private individual that (1) operates, provides or engages in health, or social service programs and activities, and that (2) receives federal financial assistance from HHS directly or through another recipient/covered entity. Examples of covered entities include but are not limited to hospitals, nursing homes, home health agencies, managed care organizations, universities and other entities with health or social service research programs, state, county and local health agencies, state Medicaid agencies, state, county and local welfare agencies, programs for families, youth and children, Head Start programs, public and private contractors, subcontractors and vendors, physicians, and other providers who receive federal financial assistance from HHS. The term federal financial assistance to which Title VI applies includes but is not limited to grants and loans of federal funds, grants or donations of federal property, details of federal personnel, or any agreement, arrangement, or other contract which has as one of its purposes the provision of assistance. (see 45 CFR Section 80.13(f), and Appendix A to the Title VI regulations, 45 CFR Part 80, for additional discussion of what constitutes Federal financial assistance).

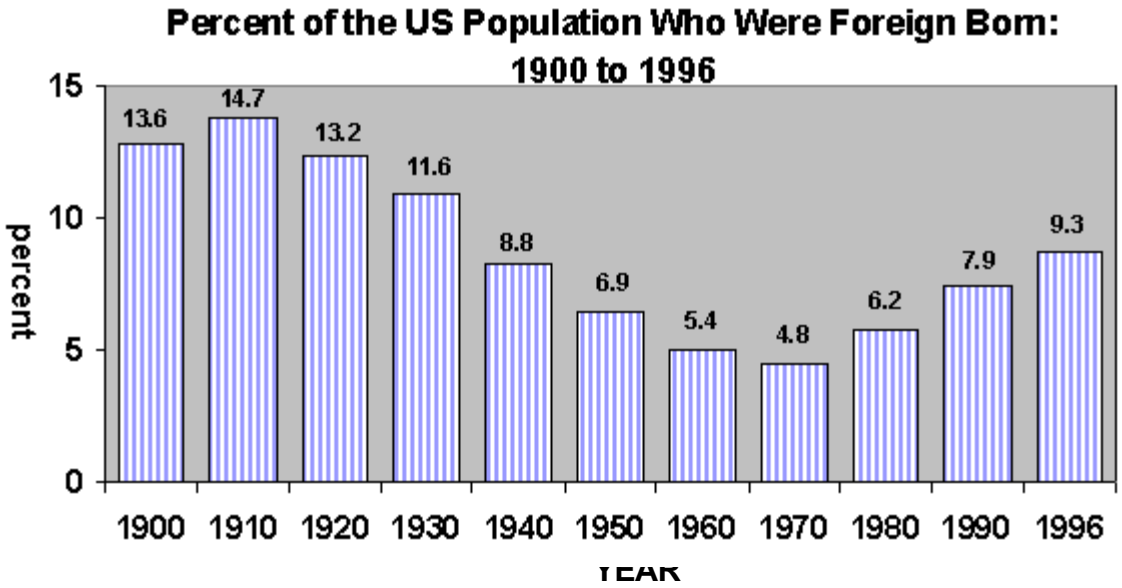
The purpose of the Policy Guidance is twofold: (1) to clarify the responsibilities of providers of health and social services who receive federal financial assistance from HHS, and assist them in fulfilling their responsibilities to Limited English Proficient (LEP) persons, pursuant to Title VI of the Civil Rights Act of 1964; and (2) to clarify to members of the public that health and social service providers must ensure that LEP persons have meaningful access to their programs and services.

II. Limited English Proficiency (LEP) in the U.S.

A. The Foreign-Born Population in the United States

Almost 1 in 10 people in the United States population, or 24.6 million people, are foreign born. During this century, the proportion who were foreign born declined from a high of 14.7% in 1910 to a low of 4.8 % in 1970 *(Figure 1)*. Since then, that percentage has increased steadily.

Figure 1



Source: US Bureau of the Census, decennial census and Current Population Survey

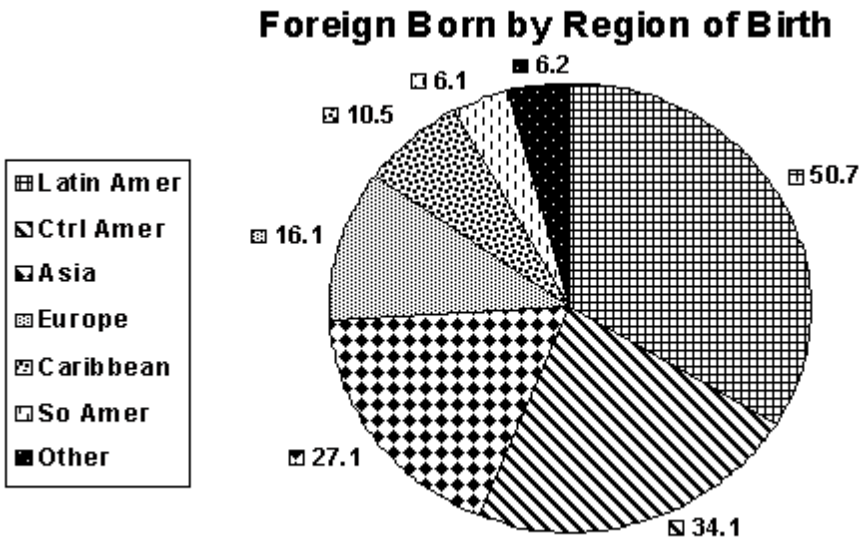
In 1999, 26.4 million foreign-born people resided in the United States, representing 9.7 % of the total U.S. population. Of the foreign-born population, 50.7% were born in Latin America, 27.1% were born in Asia, 16.1% were born in Europe, and the remaining 6.2% were from other areas of the world. The foreign-born population from Central America (including Mexico) accounted for two-thirds of the foreign-born population from Latin America and for one-third of the total foreign-born population. *(Figure 2)*

The Latin American foreign-born population constituted over half of the foreign-born migration. The foreign born from Latin America were more likely to live in the West (41.1%) and South (31.4%). About 57.4% of those from Central America lived in the West and another 27.3% lived in the South. Almost half of the foreign born lived in central cities within metropolitan areas (45.5%), compared with slightly more than one-quarter of the native population (28.1%).

In 1996, over half of the country's foreign born were born in the western hemisphere. More than one-forth of the total were born in Mexico (6.7 million), 10.5% on one of the Caribbean Islands, 7.0%

in Central America, 4.9% in South America, and 2.7% in Canada. One-third of the foreign-born population is from Mexico or another Central American country. Following Mexico, the Philippines was the second largest country of origin, with 1.2 million people having been born there. More than 25% of the foreign born claimed Asia as their birthplace, and 16.9% were born in Europe. Only about 2.6% came from either Africa, Australia, or one of the Pacific Islands, (the remaining 1.6% could not be categorized by country or continent). The percentage living outside central cities but within metropolitan areas was similar for the foreign-born and native populations (49.8% and 51.1%, respectively). The percentage of the foreign born living in non-metropolitan areas (4.7%) was much smaller than the percentage of natives (20.8%).

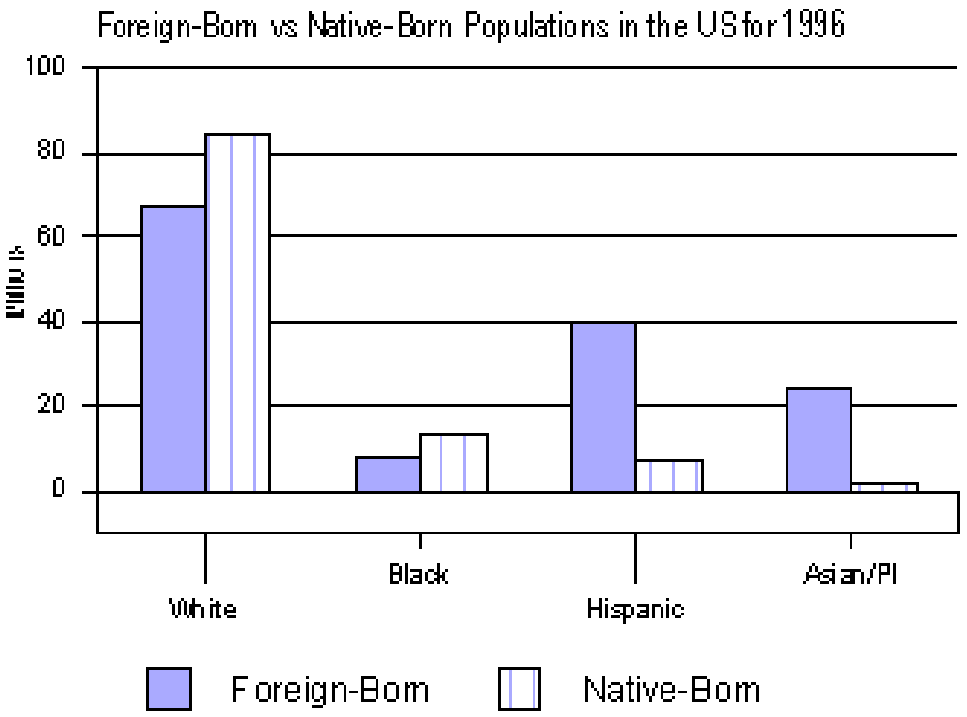
Figure 2



Pie represents: Percent of the total U.S. foreign-born population in millions for the year 1999, in accordance with census data. Population may be counted more than once due to dual origins reported.

The foreign-born population in 1996 included larger proportions of minorities than did the native population. While more than two-thirds of the foreign-born population were White (67.7%), nearly one-fourth were Asian or Pacific Islander (23.8%), and 8.1% were Black. The remainder were American Indian, Eskimo or Aleut. Over 40% of all foreign-born people were Hispanic (of any race). In comparison, 84.2% of the native-born population were White, 13.3% were Black, and 1.6% were Asian or Pacific Islander, while only 7.4% of natives were Hispanic.*(Figure 3)*

Figure 3



B. The Foreign-Born Population by State

The population density reports reflect an overall U.S. population density of approximately 75% of the population living in the central to the north and southeastern regions *(Appendix A).* With 60% or more of the Hispanic-origin persons concentrated in the westernmost parts of the United States, the highest density can be found in Texas and California, *(Appendix B)* where as the density maps depict a higher concentration of the Asian and Pacific Islander persons, about 25% migrating in several regions across the west and northwestern parts of the United States *(Appendix C).*

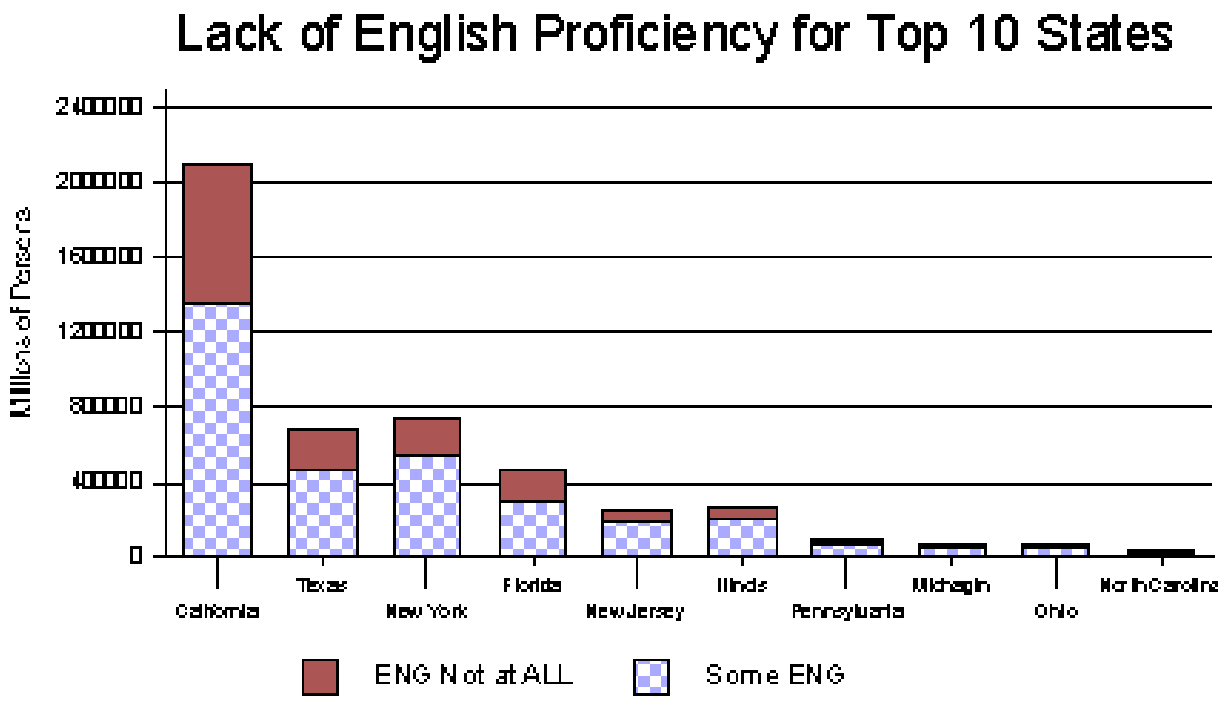
The immigration patterns of the U.S. foreign-born population have shown the Hispanic-origin and the Asian and Pacific Islander populations reflect the highest rates of population increase with an annual growth rate which may exceed 2% until 2030. In comparison, even at the peak of the Baby Boom era, the total U.S. Population never grew by 2% in a year. Additionally, every year from now to 2050, these groups will add the largest number of people to the population. In fact, after 2020 the Hispanic-origin population is projected to add more people to the United States every year than would all other race/ethnic groups combined. By 2010, the Hispanic-origin population may become the second-largest race/ethnic group.

California has both the largest number and percent foreign-born population. California had the largest foreign-born population in terms of both numbers (8 million) and percentage, one-fourth of the state's population. This large number of foreign-born in the California region correlates with California having the largest non-English speaking population of foreign-born persons. Spanish is the most frequently spoken language in this region by persons who speak English "not at all," ranging in ages of 5 years and older.

The 1990 census also reported, of the languages spoken at home by persons by state, California ranked number one as the state with the most non-English speaking persons in residence with 31.5% Spanish speaking persons. New York had the second highest number (3.2 million) of foreign born in 1996. Other states with at least 1 million foreign-born residents included Florida, Texas, New Jersey , and Illinois. Additional states with at least 10% of their populations foreign-born were New York, Hawaii, Florida, New Jersey, Nevada, Texas, Arizona, and Rhode Island. Among the foreign-born population in 1999, 35.1% entered the United States in the 1990s, another 30.0% came in the 1980s. *(Figure 4)*

Figure 4

In accordance with the 1990 Census



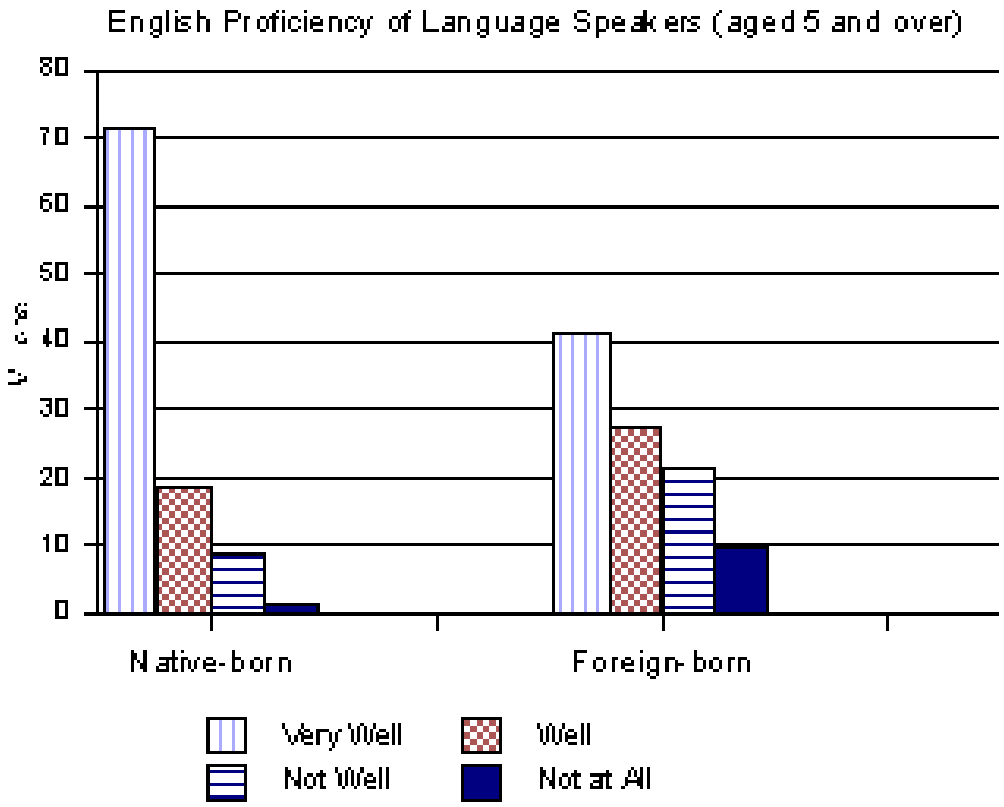
Foreign-born populations have spread across all states within the past decades, therefore making the United States home to millions of national origin minority individuals who are "limited English proficient" (LEP). That is, they cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with health care providers and social service agencies. Because of these language differences and their inability to speak or understand English, LEP persons are often excluded from programs, experience delays or denials of services, or receive care and services based on inaccurate or incomplete information.

C. The Foreign-Born Language Use in the United States

Census data for English proficiency among minority language speakers by nativity show over 70% of the native-born minority language speakers speak English "very well" while only 41% of the foreign-born speakers speak English "very well." In addition, almost 10% of the foreign-born minority language speakers report that they do not speak English "at all" versus about 1% of the native-born speakers.*(Figure 5)* Levels of proficiency in English also vary across age groups. Over 62% of children aged 5-17, for example, who speak a minority language at home report speaking English "very well" versus 55% of minority language speakers aged 18-64 and 53% of those aged 65 and over. In spite of the relatively high levels of English proficiency among children who speak a minority language, a much higher percentage of children live in linguistically isolated households due to their English being negatively impacted by their attempts to accommodate the LEP adults in the household. Linguistically isolated households may contain children who are fluent in English or who speak "only English" because the household adults speak English "not well" or "not at all". Linguistic isolation is a function of the language characteristics of persons with limited English proficiency.

Figure 5

In accordance with the 1990 Census



The Census Bureau has gathered a variety of data on the language characteristics of the American population over the last century. The measures and the populations covered, however, have shifted over time in response to changes in perceived needs and definitions and characteristics of the target population. In 1960, for example, only foreign-born persons were asked about their language characteristics. In 1970, information was gathered about non-English language spoken in the

person's childhood home (often referred to as "mother tongue"). Since 1980, the decennial census has included questions on the current usage of a non-English language and proficiency in English among non-English speakers. The questions were as follows:

- Does this person speak a language other than English at home?
- What is this language? (for those who speak another language)
- How well does this person speak English? --very well, well, not well, not at all.

Data on language use revealed English is the predominant language of the United States. According to the 1990 Census, English is spoken by 95% of residents. Of those U.S. residents who speak languages other than English at home, the 1990 Census reports that 57% above the age of 4 speak English "well" to "very well." Of the 230 million persons aged 5 and over living in the United States in 1990, almost 32 million (13.8%) reported speaking a non-English language at home. Of the minority language speakers, a slight majority were native-born (16 million native-born versus 15 million foreign-born). However, a much larger percentage of foreign-born respondents (79.1%) than of native-born respondents (7.8%) reported speaking a minority language at home. The percentages of persons who speak a minority language varies very little across age group, from 12.2% for the elderly population to 14.1% for the younger adult population. *(Table A)*

***TABLE* A**

Persons Aged 5 and over by Language Spoken at Home

1990 CENSUS

	Number	Percentage of Population	Percentage of Minority Language Speakers
Total Population			
Speaks only English	198,600,798	86.18	
Speaks non-English language at home	31,844,979	13.82	100.00
Total	230,445,777	100.00	
Native-born Populations			
Speaks only English	195,012,484	92.24	
Speaks non-English language at home	16,414,545	7.76	51.55
Total	211,427,029	100.00	
Foreign-born Population			
Speaks only English	4,075,804	20.89	
Speaks non-English language at home	15,430,434	79.11	48.45
Total	19,506,238	100.00	

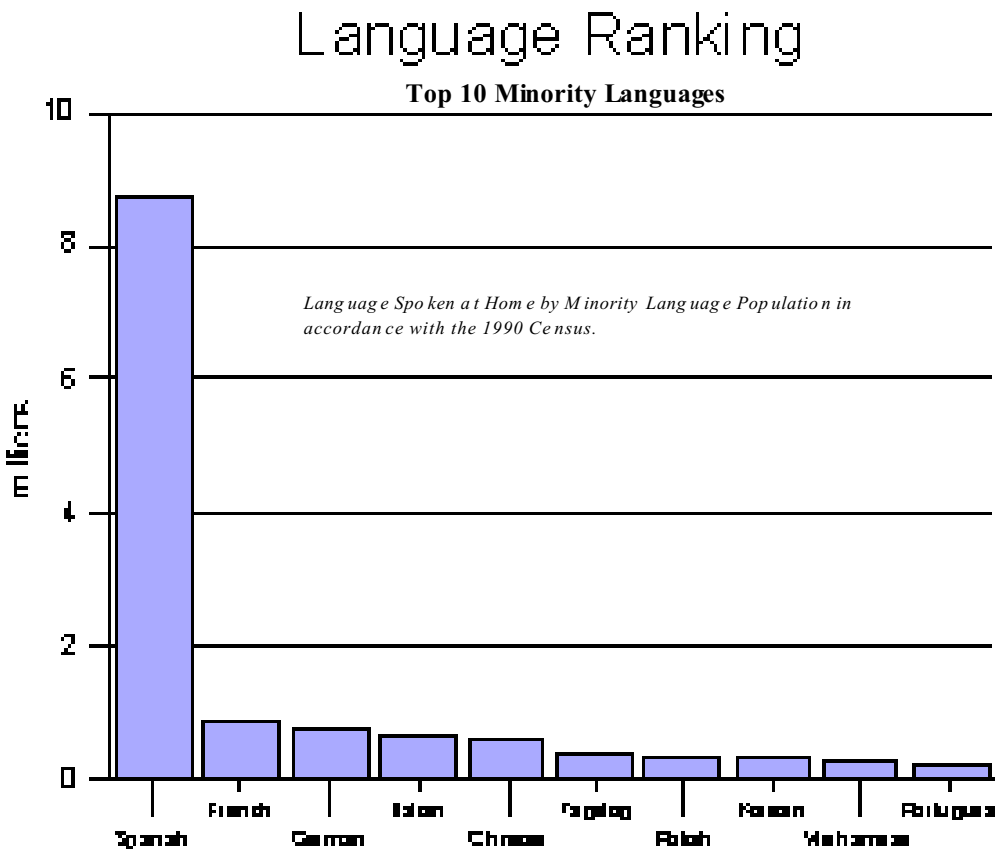
D. Linguistic Diversity in the United States

Linguistic diversity has two components: the array of languages represented in a population and the relative distribution of the speakers of each language. The 1990 Census results show the top 29 non-English languages spoken at home ranked by frequency *(Table B)*.

TABLE B					
DISTRIBUTION OF MINORITY LANGUAGES SPOKEN AT HOME					
29 most commonly spoken languages - 1990 U.S. CENSUS *(ranked by total population)*					
	United States Population	**230,445,777**			
	English Only	**198,600,798**			
	Total Non-English	**31,844,979**			
1990 RANK	**LANGUAGE**	**TOTAL POP**	**ENG Not well**	**ENG Not at All**	**LEP PERCENT**
1	Spanish	17,339,172	3,040,828	1,460,145	25.96%
2	French	1,702,176	149,505	8,219	9.27%
3	German	1,547,099	96,804	4,359	6.54%
4	Italian	1,308,648	134,114	17,148	11.56%
5	Chinese	1,249,213	264,240	108,976	29.88%
6	Tagalog	843,251	58,320	4,708	7.47%
7	Polish	723,483	85,298	13,086	13.60%
8	Korean	626,478	154,617	33,802	30.08%
9	Vietnamese	507,069	118,180	24,993	28.24%
10	Portuguese	429,860	71,305	27,029	22.88%
11	Japanese	427,657	83,276	7,820	21.30%
12	Greek	388,260	38,799	5,236	11.34%
13	Arabic	355,150	31,596	5,896	10.56%
14	Hindi (URDU)	331,484	24,365	5,138	8.90%
15	Russian	241,798	50,365	14,939	27.01%
16	Yiddish	213,064	15,431	2,043	8.20%
17	Thai (Laotian)	206,266	47,374	10,469	28.04%
18	Persian	201,865	19,749	5,464	12.49%
19	French (Creole)	187,658	35,710	6,162	22.31%
20	Armenian	149,694	25,401	13,299	25.85%
21	Navaho	148,530	14,172	7,616	14.67%
22	Hungarian	147,902	12,691	1,136	9.35%
23	Hebrew	144,292	6,471	696	4.97%
24	Dutch	142,684	5,470	390	4.11%
25	Mon-Khmer (Cambodian)	127,441	40,921	13,742	42.89%
26	Gujarathi	102,418	8,998	3,059	11.77%
27	Ukrainian	96,568	11,870	1,234	13.57%
28	Czech	92,485	5,422	292	6.18%
29	Pennsylvania Dutch	83,525	4,112	701	5.76%
	TOTAL	**30,065,190**	**4,655,404**	**1,807,797**	**21.50%**

The top 10 languages other than English are shown in *(Figure 6)*, the first language in the distribution is Spanish: it is spoken by over half (54%) of minority language speakers in the general 1990 U.S. population. Conversely, targeting only Spanish speakers would omit 46% of the minority language population. Including an additional language (French) would reach about 60% of the general minority language population. To reach 80% of the minority language population would require the use of six languages: Spanish, French, German, Italian, Chinese, and Tagalog. Reaching 90% would require the use of 18 languages: the previous six plus Polish, Korean, Vietnamese, Portuguese, Japanese, Greek, Arabic, Hindi, Russian, Dutch, Yiddish, and Thai (Laotian).

Figure 6



Because immigration flows fluctuated widely across the 20th century, both in volume and in countries of origin, the linguistic diversity of the foreign-born population differs widely in the array of languages represented and the relative distributions of speakers from the native-born population. In the language distribution above, again Spanish is the most commonly spoken language. The next four most commonly spoken languages, however, are languages introduced by immigrants from Europe, Canada, and Asia: French, German, Italian, and Chinese. These minority language populations are largely the result of large-scale immigration from the respective countries of origin occurring in the 19th and early part of the 20th century and the transmission of the language to native-born generations. The "American Indian language" population, which includes several hundred different languages, is ranked twelfth among native-born Americans.

Linguistic diversity among the foreign-born differs from linguistic diversity among the native-born in at least three ways. First, less than 50% of the foreign-born minority language speakers speak Spanish. Second, the next four languages include only one European language: French (including Creoles). The other three are Polish, Tagalog (a Philippine language), and Korean. In general, there are fewer European languages and fewer European language speakers among the foreign-born and more Asian languages and Asian language speakers. Third, the degree of linguistic diversity, if

assessed through the number of languages required to reach a given percentage of the population, is higher among the foreign-born population. To reach 80% of the foreign-born minority language population, for example, would require the use of ten languages: Spanish (including Creoles), Chinese, Tagalog, French (including Creoles), Korean, German, Italian, Vietnamese, Hindi and Polish. In contrast, reaching 80% of the native-born population would require the use of only five languages: Spanish, French, German, Italian, and Polish.

In conclusion, the array of non-English languages and the relative numbers of speakers of each language in the American context is the outcome of a wide variety of phenomena and processes which contributed to the presence of indigenous minority language populations, the introduction of new languages through immigration, the intra-generational maintenance (or continued usage) of the language by persons who learned the language in childhood, and the inter-generational transmission of the proficiency in non-English languages across generations. All of these listed factors are representations of the LEP minority language populations which CDC has the opportunity to have direct or indirect contact with daily, to provide services and conduct activities across the United States and abroad.

III. Overview of CDC

A. Mission, Goals, and Performance Measures

The Centers for Disease Control and Prevention (CDC) (http://www.cdc.gov/) serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and health education activities designed to improve the health of the people of the United States. The CDC/ATSDR is headquartered in Atlanta, Georgia, and is an agency of HHS. CDC's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability.

To accomplish this mission, CDC identifies and defines preventable health problems and maintains active surveillance of diseases through epidemiologic and laboratory investigations and data collection, analysis, and distribution; serves as the lead agency in developing and implementing operational programs relating to environmental health problems, and conducts operational research aimed at developing and testing effective disease prevention, control, and health promotion programs; administers a national program to develop recommended occupational safety and health standards and to conduct research, training, and technical assistance to assure safe and healthful working conditions for every working person; develops and implements a program to sustain a strong national workforce in disease prevention and control; and conducts a national program for improving the performance of clinical laboratories.

CDC is responsible for controlling the introduction and spread of infectious diseases, and provides consultation and assistance to other nations and international agencies to assist in improving their disease prevention and control, environmental health, and health promotion activities. CDC administers the Preventive Health and Health Services Block Grant and specific preventive health categorical grant programs while providing program expertise and assistance in responding to federal, state, local, and private organizations on matters related to disease prevention and control activities. CDC's goals, strategies and performance measures can be found at: http://www.cdc.gov/od/perfplan/pp2k01.pdf.

B. CDC Programs and Delivery of Services

CDC conducts its mission through a variety of methods, partnerships, and practices. CDC has over 130 Congressionally appropriated programs and many hundred specific programs addressing various diseases, health conditions, health risks, health determinants, health promotion and education, and health statistics.

CDC's major provision of services, with respect to providing services to the individuals and LEP persons, is indirect through grantees such as state and local health agencies and contractors. Some of CDC's contact with the public is direct such as through the CDC Website, CDC Voice/Fax Information Service, disease outbreak investigations, and health education media campaigns.

CDC's mission and program activities have been growing and expanding significantly over the past two decades. Similarly, CDC's extramural grants program has dramatically changed in its scope, complexity, breadth, and diversity in alignment with the agency's mission and programs. CDC has been a grants-making agency for over four decades. However, over the course of that time, grants have become an ever-increasing aspect of the agency's mission. For example, grants represented 33% of expenditures in FY 1981, 46% in FY 1990 and >70% in FY 1999. Grants awards have increased from $105M in FY 1981 to over $2.3B in FY 1999. The nature of CDC's grants have also changed over time, going from largely public health service-oriented grants to a more diverse mixture of service and applied research grants. The grant recipient population has also substantially broadened from state and local health departments traditionally to a wide array of academic medical centers, prevention research centers, universities, hospitals, community-based organizations, other non-profit organizations, and others. Moreover, CDC has a unique financial assistance program in contrast to most other federal agencies. Some of the unique characteristics of CDC's grants portfolio include:

- focus on applied research versus basic research
- focus on public health program implementation versus development
- federal-state partnerships for many programs and collaborative research projects
- state requests for CDC technical assistance in the form of direct federal assignees to leverage CDC expertise
- need to ensure national consistency, integration, and standards for certain programs and systems such as public health surveillance, vital statistics, health surveys, etc.

C. ATSDR Mission, Goals and Programs

The mission of the Agency for Toxic Substances and Disease Registry (ATSDR) (http://www.atsdr.cdc.gov/) is to prevent or mitigate the adverse human health effects and diminished quality of life that result from exposure to hazardous substances in the environment. ATSDR works closely with state, local, and other federal agencies to provide services in both a direct and indirect fashion to the public and LEP persons.

To carry out its mission, ATSDR evaluates data and information on the release of hazardous substances into the environment to assess any current or future impact on public health, develops health advisories or other health recommendations, and identifies studies or actions needed to evaluate and mitigate or prevent adverse human health effects; summarizes and interprets available data on the health effects of hazardous substances in consultation with the Environmental Protection Agency (EPA) and other programs and agencies of HHS, and in cooperation with the National

Toxicology Program (NTP), initiates toxicologic research to determine the health effects of designated hazardous substances, where needed; provides health-related support in public health emergencies, including public health advisories involving exposure to hazardous substances; establishes and maintains a registry of persons exposed to hazardous substances and a registry of serious diseases and illnesses in persons exposed to toxic substances as a result of environmental exposure; expands knowledge of the relationship between exposure to hazardous substances and adverse human health effects, through epidemiologic, toxicologic, laboratory, and other studies on hazardous substances; provides education to communities and health care providers the health effects of hazardous substances and how to prevent or minimize exposure; establishes and maintains a publicly accessible inventory on hazardous substances; assists service and research programs in occupational safety and health to protect workers at Superfund sites and workers who respond to emergency releases of hazardous substances; maintains a nationwide list of sites that are closed or restricted to the public because of contamination by hazardous substances.

IV. CDC Language Access Plan Process

CDC conducted a four stage process to develop its language access plan for persons with limited English proficiency:

- Assessment - conducted the HHS "snapshot" assessment of the agency's current LEP status.
- Analysis - reviewed and analyzed LEP populations geographically, CDC's national programs that provide direct client services, and LEP best practices.
- Development - program planners and officials throughout the agency reviewed these findings and assisted in developing the CDC LAP Plan for their programs and clientele served.
- Resources - based on the LAP Plan, resource estimates were developed to address the strategies identified in the plan.

A. CDC LEP Snapshot Assessment

In our attempt to fulfill our obligation to provide meaningful access to benefits and services for LEP persons, CDC conducted the snapshot in October 2000 across an array of selected agency programs that are national in scope and provide direct or indirect services to the public. This snapshot provides an assessment of the agency's current LEP program, possible best practices, and potential gaps. The snapshot was completed on state health department-based grant programs national in scope, key community-based organization grant program, and national hotline or clearinghouse functions that directly serve the calling public. Similarly, the CDC Website and the CDC Voice/Fax Information Service which serve the public directly were also selected for the snapshot.

The following table summarizes the results of the CDC snapshot.

B. SNAPSHOT RESULTS - CDC LIMITED ENGLISH PROFICIENCY (LEP) PROGRAMS

CIO	PROGRAM/ACTIVITY *(INDICATE DIRECT vs INDIRECT Public Contact)*	LANGUAGE ASSISTANCE PROVIDED	PROGRAM IN COMPLIANCE *(with population thresholds given?)* Y/N
Office of the Director (OD)	**DIRECT**. IRMO - Hispanic Website. The mission of CDC's Hispanic Website, **CDC En Español**, is to provide Hispanic visitors with language-friendly access to comprehensive public health information. In addition, the CDC Hispanic Website is intended to promote referrals of Hispanic visitors to linked health-related websites of CDC partners whose sites complement information at the CDC Website.	The CDC Hispanic Website includes approximately 350 pages of text with all aspects of the website (documents, navigation aids, menus, linked documents) in Spanish. The Hispanic Website currently (November/2000) contains: approximately 172 health information documents and public service announcements, 75 links to other "Resources", e.g., partners, 24 menus/sub menus. Of the 172 documents, 99 were authorized by CDC, and 73 were authorized by sister agencies, e.g., NIH. 22 CDC-authored English health information documents are now being translated into Spanish and should be posted on the Hispanic Website within four weeks. By early Spring, an additional 60 CDC-authored English health information documents and ten more public service announcements will have been translated and posted. By early Spring the totals should be: 264 total documents and public service announcements--191 authored by CDC however, anecdotal information would seem to indicate a need for French and Chinese language assistance.	Yes. The target audiences are Latino populations in the United States (Spanish-speaking only and bilingual, those who serve the health care needs of Latino populations including state and local public health care providers and Hispanic national and community organizations, and Spanish speaking audiences internationally.
	CDC Speakers Bureau for LEP: provision of foreign language translators/speakers to facilitate oral face to face communications with professionals as well as customer groups with LEP.	The Speakers Bureau will be utilized as a predesignated group of individuals who are available to speak to audiences on a variety of topics in a variety of languages. These speakers may occasionally serve simply as oral translators for CDC presenters or, where they are used as "speakers," they will make oral presentations in a foreign language (the	The service is to be provided for CDC CIOs, whose primary customers are their targeted domestic audiences for CDC health information campaigns, as well as the professional audiences who are the target of CDC's Global Health Strategic Plan.

		content of their presentations will always be material produced or chosen by CDC). Occasionally speakers may be asked to serve as discussants in symposia, conferences, and panel discussions conducted in foreign languages.	
	INDIRECT. Voice/Fax Information Service (CDC VIS)	VIS callers can obtain information on a full range of public health topics. There are several topics available in Spanish language versions.	The target audience of the Spanish language VIS services is members of the general public in the United States requiring Spanish language public health information. Users of the Spanish language VIS services have not been profiled separately; however, VIS customers have included the general public, press, health practitioners, public health officials, travel agents, academicians, and others.
National Center for Chronic Diseases Prevention and Health Promotion (NCCDPHP)	**DIRECT.** Office of Smoking and Health (OSH). The mission of OSH is to lead and coordinate strategic efforts aimed at preventing tobacco use among youth, promoting smoking cessation and protecting nonsmokers from environmental tobacco smoke (ETS).	OSH operates a toll-free information request line, with the option to receive information by mail or fax, and serves as a clearinghouse for media campaign resources. The toll-free request line includes an option for receiving information in Spanish. Many of the media campaign resources are available in Spanish and some materials are available in Chinese, Korean, Vietnamese, and Tagalog.	No. The data about LEP status of customers are not collected, except for counts of requests that are made for Spanish materials. In calendar year 2000, 15,620 requests on the voice fax system for English language materials and 214 requests for Spanish language materials were received. OSH received 379 requests for English language publication catalogs and 52 requests for Spanish language catalogs.
	Division of Diabetes Translation (DDT). The mission of CDC's National Diabetes Prevention and Control Program is to eliminate the preventable burden of diabetes through the application of science to produce public health programs that educate the public and health professionals; and to influence policies and systems that support health promotion and disease prevention and control.	To help grantees reach Spanish-speaking communities, CDC has developed materials and resources in Spanish where there is a need for broad dissemination. A list of these materials and resources may be found on CDC's Diabetes Public Health Resource Website. Division representatives staff English and Spanish exhibits at conferences and talk to attendees about diabetes and about CDC. CDC/DDT operates a toll-free telephone	No. Of the toll-free telephone calls answered, 2075 were in English; approximately 2% were in Spanish. Though questions from other languages are addressed, a record of which languages is not kept.

		line answered in English and Spanish. Four full time staff are native Spanish speakers. Two contracted staff speak Spanish fluently. The division has identified a staff person to head the Hispanic program for diabetes.	
	INDIRECT. Division of Cancer Prevention and Control (DCPC). The purpose of the National Breast and Cervical Cancer Early Detection Program is to establish a state/territorial/tribal comprehensive public health approach to reduce breast and cervical cancer morbidity and mortality.	Although there are no requirements that recipients assess the language needs of customers, many recipients do consider language barriers. Recipients have been offered Outreach Workshops where barriers to language have been discussed.	No. The assurance of proficiency of bilingual staff and interpreters is handled at the local level by grant recipients.
National Center for Environmental Health (NCEH)	**INDIRECT.** NCEH, Lead Poisoning Prevention Program. Through cooperative agreements, the Lead Poisoning Prevention Branch funds state and local health department programs to develop, implement, expand and evaluate childhood lead poisoning prevention programs to determine areas at high risk for lead exposure.	CDC funding may be used by state and local health departments to support the development of materials to meet the language-specific needs of the identified high-risk area. This has included the development of prevention materials in numerous languages. For instance, The Boston Childhood Lead Poisoning Prevention Program has produced a number of educational brochures in various languages. This information is disseminated directly by the Boston program and by the National Lead Information and Clearinghouse (jointly supported by EPA, HUD and CDC). These materials were developed prior to a direct funding relationship between the Boston program and the CDC. The primary languages are: Spanish and Vietnamese; however, Haitian, Creole, Laotian, and Albanian are also requested	Yes. However, this data (census data) is not specifically for the purpose of assessing language needs. As the primary recipient of CDC lead funding, state and local health department programs identify their individual high-risk areas and focus appropriate interventions determined by the demographic make-up of the high-risk areas occasionally. The source is anecdotal.
National Center for Health Statistics (NCHS)	**DIRECT.** The National Health and Nutrition Examination Survey (NHANES) is the only national examination study conducted by the National Center for Health Statistics (NCHS). The primary goal of NHANES is to assess the	The NHANES program provides a Spanish version of all questionnaires and written materials to Hispanic sample persons (SPs) with limited English proficiency. NHANES program has hired	Yes. The latest NHANES studies have over-sampled African Americans and Mexican Americans. Various efforts have been made by the NHANES program to ensure adequate representation of other

	health and nutritional status of the noninstitutionalized U.S. population.	interpreters for SPs who speak Chinese (Mandarin and Cantonese), Korean, Vietnamese, Farsi, Hebrew, Yiddish, French, Russian, Polish, Hungarian, and other East European languages. So far, the NHANES program has never given up an interview due to language problems Translations from English to Spanish are completed by qualified translators from Mexican, Cuban, and Puerto Rican backgrounds. Although neither questionnaires nor other written materials are available in languages other than Spanish, NHANES has used NCHS staff members to translate letters into Russian and Chinese in its effort to convince reluctant SPs to participate.	language minorities. In the future, NHANES will be able to develop more outreach materials in different languages to accommodate a more diverse population.
National Center for Injury Prevention and Control (NCIPC)	**INDIRECT.** Prevention of Fire Related Injuries. The purpose of this cooperative agreement is to prevent fire-related injuries through the distribution and installation of smoke alarms in high-risk homes that do not have adequate smoke alarm coverage.	There is not a requirement that states provide language assistance services; however, each state has ensured that either a community volunteer or staff person is able to effectively communicate with target residents. Educational materials and questionnaires are developed and printed to match the specific needs of the target community. If the community is Hispanic, materials are printed in Spanish and so on. Most common languages are Spanish, Vietnamese and Japanese.	No. this is not required. However, state health departments, working with local entities, get a good picture of the ethnic make-up of the targeted communities and develop appropriate educational material based on that assessment through state and local data, plus census numbers. Concerning language needs of their customers, Project Officers will assist states, if asked, by researching past and current resources available to see if something is already available that can be utilized.
National Center for HIV, STD, and TB Prevention (NCHSTP) Office of the Director	**DIRECT.** CDC National Prevention Information Network (NPIN), is the U.S. national reference, referral and distribution service for information on HIV/AIDS, immunodeficiency sexually transmitted diseases (STDs), and tuberculosis (TB), sponsored by the Centers for Disease Control and Prevention (CDC)	Spanish is the most encountered language. Callers using the NPIN toll-free numbers are given the option of Spanish services. Spanish-speaking staff are available upon request year-round during business hours. NPIN is translating or obtaining translations of relevant materials pertaining to HIV, TB, and STD prevention.	Yes. Organizations and individuals working in HIV, STD, and TB prevention, treatment, and support services, as well as the American public.

	INDIRECT. CDC National Prevention Information Network (NPIN)	The contractor is expected to provide Spanish language services at all times. NPIN utilized in-house staff and contracted translation services, and Spanish language telephone services. NPIN utilizes contract personnel to translate written materials, publications, etc. on an as-needed basis. Our contract language requires NPIN to provide Spanish language general reference and referral services and also an inventory of selected Spanish language publications.	Yes. Organizations and individuals working in HIV, STD, and TB prevention, treatment, and support services, as well as the American public.
NCHSTP Division of HIV	**INDIRECT.** Capacity-Building Assistance (CBA). To Improve the Delivery and Effectiveness of Human Virus (HIV) Prevention Services for Racial/Ethnic Minority Populations	For many racial/ethnic minority CBOs, a majority of the staff is bilingual. This is necessary to fulfill our program goals of providing linguistically and culturally appropriate services to LEP customers. In addition, during conferences and workshops with recipients, headsets (for translation) and personal translators are available. Spanish, French, Creole, a wide variety of Asian languages, and a wide variety of Native American tribal languages are the most frequently encountered languages. Recipients are translating newsletters, educational pamphlets on HIV prevention and services, website materials, peer training protocols. These can be available in a variety of languages including Spanish, French, Vietnamese, Creole, and Native American tribal languages.	Yes. Organizations perform a needs assessment to determine language needs of their HHS customers. This is to ensure that the target population receives quality service when capacity building activities are being implemented. Recipients are encouraged to use demographic data on target populations obtained from state program plans, state HIV prevention plans, previous community research studies, other racial/ethnic minority organizations, census data, and the Internet. Organizations may ask if there is any information (pamphlets, educational materials, website information, town hall meetings) where translation services are necessary.
National Institute for Occupational Safety and Health (NIOSH)	**DIRECT.** The National Institute for Occupational Safety and Health (NIOSH) mission is to provide national and world leadership to prevent work-related illness, injury, and death by gathering information, conducting scientific research, and translating the knowledge gained into products and services.	The NIOSH Website includes three databases that contain materials specific to meeting the needs of individuals with LEP.	Yes. The NIOSH program covers workers of whom a significant number are of minority and Hispanic populations. Yes.

	NIOSH Human Subjects Review Board	The Human Subjects Review Board requires informed consent documents to be prepared in native language of the study participants of research in which it is anticipated that there will be non-English speaking populations or sub-population groups.	
	The NIOSH Technical Information Service (800-Number and Internet Inquiry)	The NIOSH Technical Information Service provides public access to NIOSH and its information resources. This service is currently available in English with limited access to individuals with LEP. Spanish speaking callers who attempt to use the 800-Number are forwarded to NIOSH staff fluent in Spanish and materials are provided in Spanish when available. Internet inquiries sent in Spanish are answered in Spanish.	No. We presently do not have a formalized mechanism for taking calls from non-English speaking persons. However, we are in the process of developing a Spanish strategy for the Institute which will include the NIOSH Technical Information Service.
	INDIRECT. NIOSH Cooperative Agreements, Grants and Contracts	The Centers in Colorado, California, Florida, Kentucky, New York, Texas, and Washington have routinely included projects in their programs which are specifically designed to provide occupational health and safety materials to Spanish-speaking populations.	Yes. The ethnic breakdown of the regions served by the Centers is estimated to be 25% Hispanic.
National Immunization Program (NIP)	**INDIRECT.** The National Immunization Program (NIP) is responsible for preventing morbidity and mortality from vaccine-preventable diseases.	California and Minnesota receive federal grant funds and have contractual arrangements with local translation companies to provide translation services for all Vaccine Information Sheets (VIS) developed by NIP. Even though only two state programs have taken the initiative to provide the VISs in foreign languages, each is obligated to provide copies to any public or private organization in need of these specific languages. Also, The Immunization Action Coalition (IAC), provides the VIS translations to anyone who wants	Yes. The following 22 languages: Arabic, Armenian, Cambodian, Chinese, Croatian, Farsi, French, German, Haitian Creole, Hmong, Japanese, Korean, Laotian, Portuguese, Romanian, Russian, Samoan, Serbo-Croatian, Somali, Spanish, Tagalog, and Vietnamese are the most commonly requested language translations in NIP.

		them by mail and by posting on their Internet site. In some cases, the legal guardian or vaccine recipient may have LEP. In these cases, NIP has provided federal immunization grants funds to state grantees to have the VISs translated into common and regionally-specific foreign languages. NIP has developed a training manual on Epidemiology and Prevention of Vaccine-Preventable Diseases. Recently, due to requests of Spanish language health care providers, this textbook has been translated into Spanish and will be available for distribution by January 2001.	
Agency for Toxic Substances and Disease Registry (ATSDR)	**INDIRECT.** State health departments are funded through cooperative agreements to conduct site-specific health activities to determine the public health impact of human exposure to hazardous substances at hazardous waste sites or releases.	Many of the activities funded under grants have included the expenditure of resources to reach targeted communities. Specific examples include Hmong and other Southeast Asian populations in Wisconsin and Minnesota, Portugese populations in the Northeast and Florida, Hispanic populations in California, Arizona, Texas, and other states, and Native Alaskan and Native American populations in Alaska, Minnesota, New York, and Washington.	Yes. A dimension of the needs assessments includes assessing the culture and languages spoken at home. Literacy issues are woven into the site response plan and documents, when appropriate.

C. Snapshot Summary Findings and Highlights

CDC Hispanic Website

The CDC Website, reported by *Government Computer News* (10/23/00) as "the best practice in government Internet space" following a comparative study by Jupiter Media Metrix, contains more than 90,000 pages of public health information and receives over 3 million unique visitors per month. CDC En Español, CDC's Hispanic Website that is available as a link off the main CDC Web page, was also cited by *Government Computer News* as the only government site in the Jupiter survey that offers a choice of Spanish language content.

CDC's Hispanic Website is a growing Web information service with the purpose of disseminating public health information from the agency's Centers, Institute, and Offices in support of CDC's Hispanic outreach efforts.

CDC Speakers Bureau for LEP

The CDC Speakers Bureau for LEP is a term commonly understood to apply to a predesignated group of individuals who are available to speak to audiences on a variety of topics. The key difference in this case is that these speakers may occasionally serve simply as oral translators for CDC presenters or, where they are used as "speakers," they will make oral presentations in a foreign language (the content of their presentations will always be material produced or chosen by CDC). Occasionally speakers may be asked to serve as discussants in symposia, conferences, and panel discussions conducted in foreign languages to assist in CDC global efforts.

CDC plans to develop this provision of foreign language translators/speakers to facilitate oral face-to-face communications with professional as well as customer groups with LEP. The service is to be provided for CDC CIOs, whose primary customers are their targeted domestic audiences for CDC health information campaigns, as well as the professional audiences who are the target of CDC's Global Health Strategic Plan. Currently, plans are in place to expand, including major languages of sub-Saharan Africa and the Indian sub-continent which would be beneficial for support of CDC's Life Initiative for HIV/AIDS.

Oral foreign language services to be provided are:

- Live oral translation services on behalf of CDC officials and/or grantees involved with face-to-face presentations to groups of individuals with LEP.

- Conference planning and management in collaboration with foreign language partner/collaborators who have LEP and are involved with audiences and participants with LEP, e.g., PAHO, WHO.

- Panel participants, presenters and/or discussants of reports and studies.

CDC Workforce Development

The *CDC/ATSDR Strategic Plan for Public Health Workforce Development* identifies cultural competence as a cross cutting or core competency which enables effective delivery of one or more of the ten essential services of public health. The goal of CDC's workforce preparedness initiative is a competent workforce able to deliver essential services; therefore, promoting the cultural competence of front-line public health practitioners would be an integral component of our programmatic efforts.

The overall goal of this plan is (a) to develop a culturally competent public health workforce and cadre of culturally competent communication specialists/coordinators to work with local and state health departments, and (b) to work to support all CDC programs, as well as partner organizations, to ensure that they possess culturally appropriate materials and resources for their customers.

The benefits of a culturally competent public health workforce would be far reaching – benefitting practitioner and individuals, and further strengthening the public health infrastructure.

V. CDC Language Access Plan (LAP)

A. CDC Language Access Strategies

The key to providing meaningful access for LEP persons is to ensure that the relevant circumstances of the LEP person's situation can be effectively communicated to the service provider, and the LEP person is able to understand the services and benefits available, and is able to receive those services and benefits for which he or she is eligible in a timely manner. Access to information about program benefits, rights, and protections is a key consumer protection. Removing language barriers is critical to achieving access to needed services.

The key strategies of CDC's plan are:

- determining language needs by program clientele geographically
- providing interpreting services at the point of encounter
- translating written and electronic documents into appropriate languages
- training employees on LEP and related issues
- monitoring and evaluating the plan's progress

Language Access

In designing an effective language assistance program, CDC will develop procedures for obtaining and providing trained and competent interpreters and other oral language assistance services, in a timely manner, by taking some or all of the following steps:

- work in cooperation with HHS to develop a department-wide translation contract for oral and written translations;
- solicit for quality interpreter contractor services and investigate other sources for providing language services;
- hire bilingual staff who are trained and competent in the skill of interpreting and cultural competency issues;
- hire staff interpreters who are trained and competent in the skill of interpreting;
- contract with an outside interpreter service for trained and competent interpreters;
- arrange formally for the services of voluntary community interpreters who are trained and competent in the skill of interpreting;
- arrange and/or contract for the use of a telephone language interpreter service.

Vital Documents

To guarantee an effective language assistance program, CDC will ensure written materials that are routinely provided in English to applicants, clients, and the public are available in regularly encountered languages other than English. Of particular importance, CDC will ensure that vital documents, such as applications, consent forms, letters containing important information regarding participation in a program, notices pertaining to the reduction, denial or termination of services or benefits and documents discussing the right to appeal such actions or that require a response from beneficiaries, notices advising LEP persons of the availability of free language assistance, and other outreach materials be translated into the non-English language of each regularly encountered LEP group eligible to be served or likely to be directly affected by the program.

Where written translations of certain documents or set of documents would be required, CDC will provide the means of ensuring that LEP persons have meaningful access to the information provided in the document (such as timely, effective oral interpretation of vital documents); and CDC will be in compliance with the VI obligation to provide written materials in non-English languages for each eligible LEP language group that constitutes ten percent (10%) or 3,000, whichever is less, of the population of persons eligible to be served or likely to be directly affected by the program in accordance with the OCR guidance.

Employee Training

A vital element in ensuring that the plan is successful is the training of CDC staff who are likely to have contact with LEP persons or who administer programs through intermediaries who have direct contact with LEP persons. CDC will:

- ensure that employees are knowledgeable and aware of LEP policies and procedures,
- ensure employees are trained to work effectively with in-person and telephone interpreters,
- ensure employees understand the dynamics of interpretation between clients, providers, and interpreters.

Monitoring

CDC will monitor its language assistance program at least annually to assess the current LEP makeup of its service area, the current communication needs of LEP applicants and clients, whether existing assistance is meeting the needs of such persons, whether staff is knowledgeable about policies and procedures and how to implement them, and whether sources of and arrangements for assistance are still current and viable. It is CDC's intent to continually evaluate effectiveness and based on the results, make modifications where necessary. A senior-level agency official will be appointed to coordinate the language assistance program, and ensure that there is regular monitoring of the program.

These strategies are in direct alignment with the following seven elements which are components of the overall HHS goals. In the context of available resources, CDC will strive to implement each element and establish priorities that will best meet the needs of LEP customers.

HHS Plan Elements

Element 1. Assessment: needs and capacity

Each agency, program, and activity of HHS will have in place mechanisms to assess, on an ongoing basis, the LEP status and language assistance needs of current and potential customers, as well as mechanisms to assess the agency's capacity to meet these needs according to the elements of this plan.

Element 2. Oral language assistance services

Each agency, program, and activity of HHS will arrange for the provision of oral language assistance in response to the needs of LEP customers, in both face-to-face and telephone encounters.

Element 3. Written translations

Each agency, program, and activity of HHS will produce vital documents in languages other than English where a significant number or percentage of the customers served or eligible to be served has limited English proficiency. These written materials may include paper and electronic documents such as publications, notices, correspondence, websites, and signs.

Element 4. Policies and procedures

Each agency, program, and activity of HHS will have in place specific written policies and

procedures related to each of the plan elements and designated staff who will be responsible for implementing activities related to these policies.

Element 5. Notification of the availability of free language services

Each agency, program, and activity of HHS will proactively inform LEP customers of the availability of free language assistance services through both oral and written notice, in his or her primary language.

Element 6. Staff training

Each agency, program, and activity of HHS will train front-line and managerial staff on the policies and procedures of its language assistance activities.

Element 7. Assessing accessibility and quality

Each agency, program, and activity of HHS will institute procedures to assess the accessibility and quality of language assistance activities for LEP customers.

B. Specific Programmatic Goals

CDC LANGUAGE ACCESS PLAN - SUMMARY OF ACTIVITIES BY PLAN ELEMENTS & PROGRAM

PLAN ELEMENTS	PROGRAM	ACTIVITY DESCRIPTION
Element 1: <u>Assessment needs and capacity</u> *(Direct Public Contact)*	CDC Hispanic Website	CDC will broaden and enhance the Hispanic Website by providing additional content that is audience-responsive, reliable, and culturally sensitive through continuation of creative design, translation, and site evaluation programs.
	CDC Speakers Bureau	CDC will assess the need for and further develop a bureau which will provide language assistance to professionals for opportunities to address LEP audiences and/or professionals with limited English proficiency when delivering speeches, conducting symposiums, and professional training.
	Agency-wide	CDC plans to coordinate an in-depth assessment of division program activities including cooperative agreements to identify existing procedures and plans to meet the intent of the Executive Order; evaluate regularly encountered languages other than English and identify resource needs in order to comply with the Executive Order; and share best practices currently in place.
(Indirect Public Contact)	Agency-wide	CDC will ensure each cooperative agreement partner shall have in place mechanisms to assess, on an ongoing basis, the LEP status and language assistance needs of current and potential customers, as well as mechanisms to assess the agency's capacity to meet these needs according to the elements of this plan.

Element 2: **<u>Oral language assistance services</u>** *(Direct Public Contact)*	State Health Departments Cooperative Agreement activities	CDC will require each cooperative agreement partner to review their existing procedures and ensure that their plan meets the intent of the executive order.
	The *CDC/ATSDR Strategic Plan for Public Health Workforce Development*	CDC plans to conduct an assessment of resources available to the public health workforce. Design and develop culturally competent training module(s) and products. Collaborate with all centers of preparedness to implement and evaluate training plans agency-wide.
	CDC Hispanic Website	CDC will complete transition of the CDC Hispanic Website from a volunteer effort to an established program by hiring staff to manage the day-to-day site activities and provide training.
	CDC Speakers Bureau	CDC plans to identify current and projected program needs for provision of oral language assistance in the conduct of health information campaigns, conferences, and initiatives that involve face-to-face contact with individuals of LEP.
	The National Health and Nutrition Examination Survey (NHANES)	<u>Language line service</u>: CDC has set up a toll-free telephone line for respondents to call for their test results which are sensitive or confidential (i.e. HIV/STD) tests. Sample persons who speak either English or Spanish can call the STD line and verify their identity with a pre-selected password and receive their results and counseling from an NHANES physician or specially trained bilingual staff.
(Indirect Public Contact)	Agency-wide	CDC will ensure that each cooperative agreement partner will arrange for the provision of oral language assistance in response to the needs of LEP customers, in both face-to-face and telephone encounters.
	State Health Departments Cooperative Agreement activities	CDC will work with the cooperative agreement partners to develop guidance that insures that LEP persons are consistently considered as site-specific efforts are implemented.

	The *CDC/ATSDR Strategic Plan for Public Health Workforce Development*	CDC will provide appropriate guidance to grantees and constituents in the area of cultural competence. CDC will also maintain a nationwide cadre of culturally competent communication specialists/coordinators as a resource for state and local health departments.
Element 3: <u>Written translations</u>	Agency-wide	CDC will define and identify its "vital documents" and take steps to insure that vital documents are translated where the programs regularly encounter languages other than English in serving LEP customers.
(Direct Public Contact)	Voice/Fax Information Service (CDC VIS)	CDC plans to augment the VIS Spanish language information simultaneously with a full system conversion to the new carrier. This will include establishing a separate number for Spanish information and, if translation funds are available, translating and recording appropriate VIS text into Spanish.
(Indirect Public Contact)	Agency-wide	CDC will ensure that each cooperative agreement partner will produce vital documents in languages other than English where a significant number or percentage of the customers served or eligible to be served are limited English proficient. These written materials may include paper and electronic documents such as publications, notices, correspondence, websites, and signs.
	State Health Departments Cooperative Agreement activities	CDC and the state partners will develop vital documents such as consent forms for studies in languages appropriate for the community, and ensure that translating services are on hand to fully explain the nature of the consent or access agreement before signature is solicited from an LEP person.
	The *CDC/ATSDR Strategic Plan for Public Health Workforce Development*	CDC will provide an up-to-date list of CDC multi-lingual material/resources available for state and local health departments

		and consumers to public health practitioners, consumers, and CDC Centers, Institute, and Offices (CIO) staff.
Element 4: **Policies and procedures** *(Direct Public Contact)*	CDC Hispanic Website	CDC plans to implement a CDC Website marketing plan and augment the scope of CDC's non-English language Web services to include materials in other languages through establishment of relevant market analyses, creative design, translation, and site evaluation initiatives.
	Agency-wide	CDC will develop and implement written policies and procedures related to each of the plan elements, modified as needed for each program or activity involved in public contact with LEP persons. CDC has future plans to provide on-going training to front-line staff with direct contact with sample persons to raise their awareness and cultural competency in serving LEP persons. The division directors will be responsible for developing policies related to the provision of future language services.
(Indirect Public Contact)	Agency-wide	CDC will ensure that each cooperative agreement partner will have in place specific written policies and procedures related to each of the plan elements, and designated staff who will be responsible for implementing activities related to LEP policies. CDC will also develop written policies and procedures related to, and consistent with, each of the plan elements with designated staff responsible for implementing and overseeing activities related to these policies.
Element 5: Notification of the availability of free language services	CDC Hispanic Website	CDC will highlight the availability of consumer-oriented materials in languages other than English on all CDC websites.

(Direct Public Contact)	The National Health and Nutrition Examination Survey (NHANES)	CDC programs will proactively inform LEP sample persons of the availability of free language assistance services through both oral and written notice, especially with NHANES survey participants.
(Indirect Public Contact)	State Health Departments Cooperative Agreement activities	CDC will ensure that each cooperative agreement partner will proactively inform LEP customers of the availability of free language assistance services through both oral and written notice, in his or her primary language. To help ensure this, CDC will develop a marketing plan to advertise the availability of their services and documents.
	The *CDC/ATSDR Strategic Plan for Public Health Workforce Development*	CDC will provide complete information to external (public health practitioners) and internal (CIOs) partners on the range of available free language services available, using existing information mechanisms for dissemination.
Element 6: <u>Staff Training</u> *(Direct Public Contact)*	Agency-wide	CDC will take steps to train front-line and managerial staff concerning the policies and procedures of its language assistance activities, and the resources available in each program. CDC will also take steps to train staff who communicate with funded entities about the requirements of Title VI and the OCR policy guidance.
(Indirect Public Contact)	The *CDC/ATSDR Strategic Plan for Public Health Workforce Development*	CDC will maintain a public health workforce with a well- rounded realm of knowledge, skills, and abilities of cross-cutting (core) competencies in response to the expanding scope and functions of public health practice. To ensure a well-rounded culturally competent CDC staff, CDC will support staff training of basic cross-cutting (core) competencies that support technical assistance provided by CDC.

Element 7: <u>Assessing accessibility and quality</u> *(Direct Public Contact)* *(Indirect Public Contact)*	CDC Hispanic Website	CDC will analyze CDC's Website of approximately 90,000 pages to identify existing non-English language resources other than Spanish.
	The National Health and Nutrition Examination Survey (NHANES)	NHANES staff will constantly monitor the needs of language assistance in the survey field. The program plans to institute procedures to monitor the accessibility and quality of language assistance activities for LEP sample persons, and conduct evaluation studies periodically to assess the quality of oral and written language services by surveying interviewers and by first-hand field observations. NHANES staff will constantly monitor the needs of language assistance in the survey field.
	Agency-wide	CDC will take the proper steps to regularly assess the accessibility and quality of language access services.
	State Health Departments Cooperative Agreement activities	CDC will include language in the application that encourages our state partners to define specific objectives for meeting the LEP needs within their states.
	The *CDC/ATSDR Strategic Plan for Public Health Workforce Development*	CDC will maintain systematic and ongoing monitoring of public health workforce cultural competence. Maintain training, dissemination, evaluation of products/modules/programs as discussed in Elements 1 through 6, and modify as appropriate. Provide appropriate staff support and oversight to ensure the quality and usefulness of the activities.

C. Resource Requirements

To carry out the programmatic activities identified in B above, the following table is being submitted as a summary of required resources and/or funding in CDC/ATSDR.

CDC LEP RESOURCES/FUNDING REQUIREMENTS				
C/I/O	**FY2001**	**FY 2002**	**FY 2003**	**Total CIO Cost**
Office of the Director (OD)	**$ 1,125,000**	**$ 1,340,000**	**$ 1,440,000**	**$ 3,905,000**
***National Center for Chronic Diseases Prevention and Health Promotion (NCCDPHP)**	**$ 300,000**	**$ 300,000**	**$ 300,000**	**$ 900,000**
National Center for Health Statics (NCHS)	**$ 114,000**	**$ 119,000**	**$ 124,000**	**$ 357,000**
***National Center for HIV, STD, and TB Prevention (NCHSTP)**	**$ 4,280,000**	**$ 4,280,000**	**$ 4,280,000**	**$ 12,840,000**
National Institute for Occupational Safety and Health (NIOSH)	**$ 503,000**	**$ 2,303,000**	**$ 2,303,000**	**$ 5,109,000**
***National Immunization Program (NIP)**	**$ 300,000**	**$ 300,000**	**$ 300,000**	**$ 900,000**
Agency for Toxic Substances and Disease Registry (ATSDR)	**$ 1,015,000**	**$ 945,000**	**$ 975,000**	**$ 2,935,000**
Public Health Practice Program Office (PHPPO)	**$ 965,000**	**$ 415,000**	**$ 415,000**	**$ 1,795,000**
TOTAL COSTS	**$ 8,602,000**	**$ 10,002,000**	**$ 10,137,000**	**$ 28,741,000**

Figures for Yr 01, 02, 03 does not reflect the scope nor the resources of current or projected activities for the Center as a whole.