NIDCD LANGUAGE ACCESS IMPLEMENTATION PLAN 2014

NIH National Institute on Deafness and Other Communication Disorders

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OVERVIEW OF IC FUNCTION AND RELATIONSHIP TO LIMITED ENGLISH PROFICIENT INDIVIDUALS

The National Institute on Deafness and Other Communication Disorders (NIDCD) conducts and supports biomedical and behavioral research and research training in the normal and disordered processes of hearing, balance, taste, smell, voice, speech, and language. The Institute also conducts and supports research and research training related to disease prevention and health promotion; addresses special biomedical and behavioral problems associated with people who have communication challenges or disorders; and supports efforts to create devices that substitute for lost or impaired sensory and communication function.

The NIDCD serves as a resource for reliable and accurate research and health information on the normal processes and disorders of hearing, balance, taste, smell, voice, speech, and language. The NIDCD is congressionally mandated to facilitate and enhance knowledge and understanding of hearing and other communication processes and related disorders to health professionals, patients, industry, and health consumers and the public. The NIDCD fulfills this mandate by translating and disseminating science-based health information about these areas. Furthermore, the NIDCD strives to increase awareness of the importance of biomedical and behavioral research and to facilitate opportunities for research outcomes to prevent communication disorders and improve the lives of the millions of Americans who are affected by communication disorders.

More than 46 million people in the United States are estimated to have some form of communication disorder. These conditions include hearing loss; deafness; balance disorders; voice, speech, or language disorders; and impaired or lost sensory function such as taste and smell disorders. These conditions can significantly impact the emotional, social, educational, and cognitive development of the individual, and the cost of these disorders in terms of human suffering, unfulfilled potential, quality of life, and economic factors is incalculable.

Furthermore, these conditions affect people of every socioeconomic group, ethnicity, and geographic location. Overall, there is little or no research evidence indicating that any specific demographic characteristic is at significantly greater or less risk for these conditions. In other words, communications disorders that comprise the mission areas of the NIDCD can affect anyone.

The NIDCD's Office of Health Communication and Public Liaison operates an NIDCD Information Clearinghouse (Bethesda MD, http://www.nidcd.nih.gov/health/misc/pages/clearinghouse.aspx) to provide information and other resources on hearing, balance, taste, smell, voice, speech, and language. The primary functions of the clearinghouse are responding to written and telephone inquiries, and developing and maintaining consumer publications in English and in other languages (primarily Spanish). The clearinghouse also provides language interpretation and translation

services for limited English proficient individuals including health professionals, patients and other health consumers, industry, and others.

In accordance with Title VI of the Civil Rights Act of 1964 and in order to prevent discrimination on the basis of national origin against persons who are Limited English Proficiency, institutions receiving funding from NIH must take reasonable steps to help ensure that these individuals have meaningful access to all of their programs and activities. Although Title VI does not apply to federally conducted activities, Executive Order 13166 established a goal for all Federal agencies to "examine the services [they] provide 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." This Language Access Plan (LAP) establishes the steps NIDCD will take to help ensure that LEP individuals have meaningful access to NIDCD programs and activities.

In addition, the NIH recognizes the need to provide individuals who are deaf or hard of hearing with reasonable accommodations and access to sign language interpreters. In accordance to Title 45, Part 85 of the Rehabilitation Act of 1973, NIH ensures that American Sign Language interpreters are made available to NIH employees and visitors to the NIH who are deaf or hard of hearing. The NIDCD LAP focuses on initiatives related to individuals with limited English proficiency; the institute and the NIH meets the needs of individuals who require sign language or assistive technology through other initiatives.

NIDCD Language Access Team

Name	Title	Description of Role related to LAP Implementation
Susan Dambrauskas	Communications Director, Chief, Office of Health Communication and Public Liaison (OHCPL)	**LAP Liaison**; oversight of NIDCD communications planning, budgets, and functions
Melissa McGowan	Deputy CD, Lead Public Affairs Specialist, OHCPL	**LAP Team Member**; Project officer (COR) on clearinghouse and web management contracts; team lead for public education campaign; oversight of consumer health information and fact sheets development and maintenance
Jean Tiong-Koehler, PhD	Management Analyst/Ethics Specialist, OD	**LAP Team Member;** Research and input on needs and capacity analysis; general support.
Baldwin Wong	Chief, Science Policy and Planning Branch	**LAP Team Member;** Oversight of NIDCD science policy activities; liaison with stakeholder organizations; responsible for NIDCD research strategic plan

PLAN RESOURCES

The NIDCD will continue to make available resources to provide access to federally funded program materials for persons with limited English proficiency. Currently, these services are ongoing and provided for under existing contract vehicles within the Office of Health Communication and Public Liaison.

PERFORMANCE MONITORING

1. The NIDCD will monitor the progress of this implementation plan through the following:
    a. The LAP liaison or other assigned staff will review the status of implementation and assess whether plan revisions are needed annually during the implementation period (FY 2015 and 2016).
    b. The LAP liaison will submit an updated plan to the NIH LAP coordinators by September 30 for each year of plan implementation (FY 2015 and 2016).
    c. The NIDCD LAP implementation team will consider recommendations from the NIH LAP coordinators to ensure that the institute's efforts are adequate to meet NIH requirements. (ongoing)

2. The NIDCD will continue to collect process measures to evaluate trends in requests for non-English language materials or services and online access to materials in languages other than English. The measures are currently captured through the NIDCD Information Clearinghouse and the web management contracts. Some examples of these measures include:
    a. The number of page views on Spanish-language web pages
    b. The number of downloads for non-English publications
    c. The number of orders placed for non-English publications
    d. Reports from the NIDCD Information Clearinghouse for non-English information and publications requests received via phone calls, mail, and emails
    e. Spanish language engagement on social media

3. The NIDCD LAP Team will consider the use of the Foresee survey to evaluate online user satisfaction for both the public site and the NIDCD Spanish web pages.

The timeframes for items 2 and 3 above are addressed in Element 7, Assessment of Accessibility and Quality of Services.

ELEMENTS AND ACTION STEPS

The NIH Language Access Plan (LAP) is comprised of ten main elements. The NIH LAP identifies specific action steps that NIH ICs and OD subcomponents must take to implement the plan. These steps are critical to providing LEP individuals with meaningful access to NIH programs and activities.

ELEMENT 1: Assessment of Needs and Capacity

ELEMENT 2: Oral Language Assistance Services

ELEMENT 3: Translation of Written Materials

ELEMENT 4: Policies and Procedures

ELEMENT 5: Notification of the Availability of Free Language Assistance

ELEMENT 6: Staff Training on the Provision of Language Assistance

ELEMENT 7: Assessment of the Accessibility and Quality of Services

ELEMENT 8: Stakeholder Consultation

ELEMENT 9: Digital Information

ELEMENT 10: Grant Assurance and Compliance

ELEMENT 1: ASSESSMENT OF NEEDS AND CAPACITY

This overarching element encompasses what will be addressed throughout the assessment phase of the Plan.

a. **Each IC will designate a LAP Liaison responsible for implementation of the NIH's Language Access Plan within the Liaison's respective IC.**

   The NIDCD has established an internal LAP team , which includes five individuals from the NIDCD Office of Administration (see Staffing Requirements section above).

b. **Liaisons will develop and implement a process to identify existing capacity to provide language assistance services, such as bilingual and multilingual staff qualified to serve as interpreters and the availability of contract interpreter and translation services.**

   The NIDCD currently provides translation services to limited English proficient individuals through the NIDCD Information Clearinghouse (http://www.nidcd.nih.gov/health/misc/pages/clearinghouse.aspx). Services include responding to written and telephone inquiries, and development and distribution of consumer publications in English and in other languages (Spanish). The clearinghouse staff provides call center specialists proficient in Spanish who can communicate verbally with members of the public as needed. Translation services to understand and respond to written public inquire are also provided.

   In addition, the NIDCD LAP Team surveyed NIDCD staff in August 2014 to identify staff who consider themselves proficient in one or more languages other than English and who might consider voluntarily serving as an interpreter or translator on behalf of the NIH for members of the public with LEP. Nine individuals responded; however, their qualifications to serve as interpreters and translators are unknown:
   - Languages spoken: Arabic, Chinese (2), French (2), Greek, Gujarati, Portuguese, Russian, Spanish, and Tagalog. In addition, one individual is fluent in American Sign Language.
   - Languages written: Arabic, Chinese (2), French (2), Greek, Portuguese, Russian, Spanish, and Tagalog.

   The qualifications of these staff to provide competent interpreter services have not been assessed, pending receipt of criteria from the NIH Office of Equity, Diversity, and Inclusion (EDI), which serves as the coordinator of NIH language access implementation. Once the criteria and methods for assessing bilingual staff's qualifications to provide interpreter services have been provided, the NIDCD LAP coordinator will work with EDI to determine which staff are qualified to provide language assistance services as appropriate.

c. **Liaisons will identify gaps where language assistance services are inadequate to meet the need, and identify and take specific steps to enhance language assistance services.**

Below are gaps in language assistance services that the NIDCD has identified and proposed steps to enhance the services:

1. Oral language assistance.
   - No gaps have been identified. NIDCD will continue to review the interpretation services offered through the NIDCD information clearinghouse to ensure needs of LEP individuals are being met. The NIDCD LAP Team will determine which bilingual staff are qualified to provide interpreter services based on assessment tools provided by EDI when available.

2. Translation of written materials.
   - No gaps have been identified based on our recent needs assessment. Under the current process, the NIDCD Information Clearinghouse staff translate new and updated materials into Spanish once those materials are finalized in English.
   - The NIDCD is exploring the possibility of translating some of the most requested information into other languages. (Note: Based on data from the U.S. Census Bureau American Community Survey, the top five languages used by LEP individuals in the United States are Spanish, Chinese, Korean, Vietnamese, and Tagalog.)

3. Policies and procedures.
   - In collaboration with EDI, the NIDCD LAP Team will tailor NIH language access policies and procedures as necessary.

4. Notification of availability of language assistance services.
   - The NIDCD LAP Team will work with relevant staff and contractors to increase the visibility and awareness of currently available language assistance services. For example, implementation activities include promoting translated materials and language assistance services more prominently on the NIDCD website and making vital documents available in in other languages, as necessary.

5. Staff training on the provision of language assistance services.
    - To increase staff awareness of available language assistance services for LEP individuals, NIDCD will post the finalized NIDCD LAP on the Intranet, work with the NIDCD Executive Officer to promote the plan to staff, and include information about the LAP and language assistance services in new employee training.

6. Assessment of accessibility and quality of services.
    - The NIDCD currently uses process measures and monitors customer comments to assess quality of services and accessibility. The NIDCD LAP Team will consider the use of the Foresee survey to evaluate online user satisfaction for both the public site and the NIDCD Spanish web pages.

7. Stakeholder Consultation.
    - The NIDCD will continue to monitor feedback provided to the NIDCD Information Clearinghouse. In addition, NIDCD will engage the National Deafness and Other Communication Disorders (NDCD) Advisory Council on its LAP plan and subsequent implementation steps.

8. Digital Information.
    - The NIDCD plans to enhance its Spanish-language digital presence through continued social media engagement and the development of a Spanish microsite, which will include all available Spanish-language information. The microsite will also include general information about NIDCD, its mission, and how to participate in research studies.

9. Grants assurance and compliance.
    - EDI is working with the NIH Office of Extramural Research (OER) to create an NIH implementation plan to ensure that extramural grant recipients are aware of their obligations under Title VI of the Civil Rights Act of 1964 and implementing regulations, as well as applicable grants policies related to language access and program accessibility. The NIDCD will follow the NIH policy.

d. **Liaisons will use data resources, such as U.S. Census data (e.g. the American Community Survey), when program-specific data are unavailable, to evaluate the extent of need for language assistance services, in particular languages at the national and regional level.**

1. Currently available epidemiological data suggest no significant differences in prevalence of conditions in NIDCD mission areas based on race or ethnic groups. The NIDCD LAP Team consulted the director of the NIDCD Epidemiology and Statistics Program for insights on what, if any, disparities might exist among LEP individuals based on ethnicity.

2. Data from the NIDCD information clearinghouse indicates that the top states for distribution of NIDCD publications were California, Michigan, Pennsylvania, and Arizona. NIDCD will use this data, combined with data on languages most commonly used by LEP individuals in those states and data on clearinghouse inquiries for information in other languages, to determine which additional languages, if any, NIDCD will focus on for future translations.

e. **Liaisons will develop or modify existing satisfaction and other surveys of LEP individuals utilizing NIH services, and other means of obtaining feedback on services delivered, to include collection of data, including at point of entry, on preferred language and English proficiency.**

The NIDCD will explore customer satisfaction using the metrics noted in the Performance Monitoring section above.

ELEMENT 2: ORAL LANGUAGE ASSISTANCE SERVICES

NIH will provide oral language assistance services to help ensure meaningful access to LEP individuals, affording them an equal opportunity to participate in the services, activities, and programs administered by the NIH.

Description of services currently provided:

The NIDCD uses several mechanisms by which oral language assistance services are provided to members of the public who are LEP:

1. The NIDCD Information Clearinghouse (Bethesda MD, http://www.nidcd.nih.gov/health/misc/pages/clearinghouse.aspx) has information specialists who can respond to telephone inquiries from LEP individuals who speak Spanish.

2. The NIDCD intramural staff have access to interpreter services (phone: 301-496-2792 or via CRIS System) available in the NIH Clinical Center for patient care when needed for LEP individuals (patients and guests) in the Clinical Center. The interpreter services cover about 90 languages and are provided to individuals either by direct person-person access or by phone. Individuals involved in providing these services are full-time or part-time government employees, contractors and volunteers.

3. By request of the NIH LAP coordinator, the NIDCD surveyed staff in August 2014 to identify individuals who consider themselves proficient in one or more languages other than English and who might voluntarily serve as an interpreter on behalf of the NIH for members of the public with LEP, if qualified to do so. Based on the nine staff members who responded, language spoken by staff include Arabic, Chinese, French, Greek , Gujarati, Portuguese, Russian, Spanish, and Tagalog.

Identified gaps:

The NIDCD has not identified gaps in oral language assistance services.

The Information Clearinghouse receives only approximately 1. 5 percent of its inquiries in a language other than English, and non-English language requests are predominantly in Spanish. Between June 2013 and September 2014, the only non-English language requests were in Spanish (1.37%) and French (0.04%). Because the clearinghouse contract includes access to bilingual and Spanish-speaking information services and translation services, and the requests are predominately for English- and Spanish-language information, we believe that oral services provided through the clearinghouse are sufficient.

The NIDCD will continue to monitor requests for information in other languages. Should more requests for other languages increase, additional language services through the NIDCD Information Clearinghouse contract may be necessary and may require a contract modification. Alternatively, if a centralized language assistance services contract is established at the NIH level, the NIDCD would use those services. The NIDCD is waiting for additional information from EDI on a centralized contract.

Assessment tools for determining level of competency for bilingual staff to serve as interpreters are needed. The NIDCD will look to EDI for guidance on the assessment process.

Proposed implementation strategy, action steps and estimated timeframe:

1. The NIDCD will continue to ensure that Spanish-speaking information specialists are available for LEP individuals through the information clearinghouse and will continue to monitor requests for information in other languages. *Timeframe:* This is an ongoing effort. Requests and responses in non-English languages will be reported annually at the end of FY 2015 and 2016.

2. The NIDCD LAP will continue to work with EDI to identify opportunities to use the centralized contract, if/when it is available. The NIDCD LAP Team will maintain a list of bilingual staff qualified to serve as interpreters after their competencies are assessed using tools provided by EDI when available. *Timeframe:* The NIDCD has completed a survey of bilingual staff. Assessment of their competencies to serve as interpreters will be completed after we receive new guidance from EDI.

3. The NIDCD will review the implementation strategies for oral language assistance annually. *Timeframe:* Results will be reported at the end of FY 2015 and 2016.

ELEMENT 3: TRANSLATION OF WRITTEN MATERIALS

NIH will identify, translate, and make accessible in various formats (including print and electronic media) vital documents in languages other than English, in accordance with assessments of needs and capacity conducted under Element 1.

Description of services currently provided:

The NIDCD offers science-based health education materials to the public as part of its mission to translate and disseminate research results. Fact sheets and other reference materials that target health consumers are currently translated in Spanish by a contractor. The documents are then reviewed by an OHCPL staff member who is a native Spanish speaker.

Health education material is available in printed publications and through the website and other digital sources (e.g., social media). Most NIDCD factsheets are available in Spanish, and one in Vietnamese,. The factsheets typically focus on a single disease or disorder including signs or symptoms, diagnosis, available therapies or treatments, and current research in that area. Relevant screening programs (e.g., hearing screening of newborns) and prevention are also discussed. The information is available in HTML and PDF formats. Once a fact sheet is finalized in English, a Spanish translation is produced. Available Spanish language fact sheets are listed on the NIDCD website under a webpage called Información en español.

Identified gaps:

The NIDCD has not identified a gap in this area based on a recent needs assessment. The NIDCD has not identified a linguistic minority with a higher prevalence of the conditions included in its research portfolio. We currently translate most of our materials into Spanish. The NIDCD information clearinghouse tracks all information requests, including inquiries for materials in different languages. From June 2013 to October 2014, the information clearinghouse received requests for materials in two languages other than English: Spanish (1.29%) and French (0.04%).

The NIDCD is exploring the possibility of translating some of the most requested materials that have the greatest potential public health significance into the top languages of LEP individuals used in the United States (Chinese, Korean, Vietnamese, and Tagalog based on U.S. Census data).

Proposed implementation strategy, action steps and estimated timeframe:

1. The NIDCD will continue to procure translation services through its information clearinghouse contract and review and update Spanish-language materials as appropriate. *Timeframe:* This effort is ongoing; the NIDCD will continue to update translations of existing health information materials. Translations of new health information materials will be completed within 6 months of completion of English versions.

2. Data from the NIDCD Information Clearinghouse indicates that the top states for distribution of NIDCD publications were California, Michigan, Pennsylvania, and Arizona. NIDCD will use this data, combined with data on languages most commonly used by LEP individuals in those states, data on clearinghouse inquiries for information in other languages, stakeholder input, and evolving epidemiological data, to determine which languages NIDCD will focus on for future translations. *Timeframe*: The NIDCD will identify which materials will be translated into languages other than Spanish by September 30, 2015. Translations will be completed by the end of FY 2016.

3. The NIDCD LAP Team will also work with other NIH ICs and the Information Clearinghouse to discuss strategies for enhancing information for LEP individuals. The NIDCD LAP Team reviewed the National Institute of Musculoskeletal and Skin Diseases' (NIAMS) distribution metrics for their Asian-language publications for additional guidance on materials translation. The NIDCD will continue to work with NIAMS and other ICs to identify which, if any, materials should be translated into other languages.

4. The NIDCD will also seek opportunities to partner with other agencies (e.g., CDC) and stakeholders to provide health information materials in common interest areas, as appropriate. *Timeframe:* NIDCD will look for new opportunities to collaborate with other Federal agencies, based on need and priorities, in each year of implementation.

ELEMENT 4: POLICIES AND PROCEDURES

NIH will develop, implement, and regularly update written policies and procedures that help ensure individuals with LEP have meaningful access to agency programs and activities.

Description of services currently provided:

NIDCD follows NIH policy on LAP requirements.

In addition, NIDCD has the following procedures in place to meet the needs of LEP individuals:
- Translation (to Spanish) and review of consumer publications (e.g., fact sheets) following scientific review of English-language publications and digital content (e.g. web pages, social media messages);
- Oral language assistance for study volunteers in the intramural research program, such as the use of Interpreter Services in the Clinical Center;
- Oral language assistance and written translation to understand and respond to Spanish-language inquiries (phone, email, or other written) from consumers and other stakeholders who contact the NIDCD Information Clearinghouse.
- Translation of public inquiries in languages other than Spanish using Google translate to determine the nature of the inquiry and how to respond.

Identified gaps:

1. Written policies and procedures describing available mechanisms and appropriate use of contractor services are needed at the NIH level.

2. NIDCD has identified several bilingual staff members who are willing to serve as translators and interpreters. Standards for the use of interpretation services by bilingual NIDCD staff are needed.

Proposed implementation strategy, action steps and estimated timeframe:

1. In collaboration with EDI, the NIDCD LAP Team will tailor NIH language access policy and procedures as necessary. The policy and procedure will be cross-referenced with the NIDCD policy for responding to public and stakeholder inquiries, established in September 2014. *Timeframe*: The NIDCD public and stakeholder inquiries policy, including LAP policies and procedures, will be reviewed on an annual basis. The next review is due September 2015.

2. The policy and standards regarding interpretation services by bilingual NIDCD staff will be established based on criteria and assessment provided by EDI. *Timeframe:* To be determined, pending guidance from EDI.

ELEMENT 5: NOTIFICATION OF THE AVAILABILITY OF FREE LANGUAGE ASSISTANCE SERVICES

NIH, in accordance with agency needs and capacity and in plain language, will inform individuals with LEP that language assistance is available at no cost to them.

Description of services currently provided:

The NIDCD offers free access to Spanish-language health information through its public website, science-based factsheets, and health education campaign. The availability of Spanish-language digital and print materials is noted on the NIDCD website homepage and in other pages.

Spanish speakers can call the NIDCD Clearinghouse and talk to an information specialist in their native language. The availability of this service is promoted on the Spanish-language landing page for NIDCD's factsheets.

Identified gaps:

1. Availability of language assistance services available to LEP visitors and consumers, including the availability of bilingual communication specialists in the NIDCD Information Clearinghouse to help members of the public access relevant health information in languages other than Spanish, is not well promoted on the NIDCD website and relevant materials.
2. Information about NIH Language Interpreter Services available in the NIH Clinical Center for study volunteers, family members, and healthcare providers is not prominent.

3. Vital documents, such as the NIDCD's photo/video release form, are currently available in English only.

Proposed implementation strategy, action steps, and estimated timeframe:

Availability of oral language assistance services offered by the NIDCD, in compliance with NIH policies, will be made more visible and accessible to the public.

1. Information about free access to language assistance services on the NIDCD and campaign websites will be enhanced. The NIDCD website will be restructured to better highlight language assistance services available to LEP visitors, and how to access these services.
   a. Post the NIDCD language access plan and related information, as identified in the gaps above, on the website. *Timeframe:* The NIDCD LAP will be posted on our website by September 30, 2015.

b. Revise the NIDCD and education campaign websites to highlight the availability of Spanish resources based on best practices. For example, on the main page of the NIDCD public website, display information prominently and in a location typical of other websites to highlight the availability of free health information and specialists in Spanish and other languages as appropriate. *Timeframe:* This action step will be taken when the NIDCD website is migrated to a new web content management system, expected to be completed in September 2015.

c. Indicate on the website publications order form that requests can be made in Spanish or other languages. *Timeframe:* This will be completed by the end of March 2015.

d. Revise the language on the NIDCD Information Clearinghouse ([Contact Us](#)) page of the NIDCD website to specify the availability of Spanish-language information and the availability of bilingual communication specialists to help LEP customers find relevant materials. *Timeframe:* This will be completed by the end of March 2015.

2. Post information about NIH Language Interpreter Services to inform clinical research volunteers, family members, and healthcare providers of the availability of such services within NIDCD's clinical offices and laboratories on relevant NIDCD web pages. *Timeframe:* This will be completed by the end of March 2015.

3. Identify and translate vital documents into Spanish, and other languages, as necessary. *Timeframe*: This process will take place on an ongoing basis, as needs for these documents arise.

ELEMENT 6: STAFF TRAINING ON THE PROVISION OF LANGUAGE ASSISTANCE SERVICES

NIH will provide employees with training, as necessary, to help ensure that appropriate staff understand and can implement the policies and procedures of the NIH Language Access Plan and each IC Implementation Plan.

Description of services currently provided:

General training for Spanish information specialists will continue as part of the information clearinghouse contract.

Identified gaps:

The NIDCD does not specifically train staff on how to provide language assistance services to individuals with LEP.

Proposed strategy, action steps and estimated timeframe:

To increase NIDCD staff awareness of available language assistance services, the NIDCD will take the following steps:

1. NIDCD will make the NIDCD LAP policy and related information available on the Intranet. *Timeframe*: The NIDCD will make the LAP available to all staff under the Policies, Standards, and Procedures web page on the Intranet no later than September 30, 2015.

2. The NIDCD Executive Officer will email all staff to explain the LAP and how to provide guidance to LEP individuals requesting access the available health information resources. *Timeframe*: Once the LAP is available on the Intranet, this email will be sent out.

3. Information about the NIDCD LAP and resources available to help LEP individuals access information will be incorporated into training for new NIDCD employees. *Timeframe*: The NIDCD LAP team will work with the Administrative Management Branch to include information on the LAP and on providing access to information for members of the public with LEP in any new or updated materials or policies for new staff.

ELEMENT 7: ASSESSMENT OF ACCESSIBILITY AND QUALITY OF SERVICES

NIH will regularly assess the accessibility and quality of language assistance services for individuals with LEP.

Description of services currently provided:

The NIDCD has consumer educational materials available in Spanish on its websites, which provides information on NIDCD research and treatment for communication disorders. Visitors with questions about this website can contact NIDCD, or a NIDCD public affairs specialist that is proficient in Spanish responds to the visitor's comments.

The NIDCD will continue to monitor and update English health education materials on a regular basis. Materials are tailored to be culturally and linguistically appropriate for non-English publications and are occasionally tested with the target audience. Materials may also be back-translated to ensure scientific content. For Spanish publications we use bilingual contract staff for translation, and, in most cases, have an NIDCD bilingual staff person review the translation to complete quality control.

The NIDCD has ongoing processes to assess the quality and accessibility of language services as noted in the Performance Monitoring section of this report.

Identified gaps:

NIDCD uses process measures to measure the accessibility and quality of language assistance services for individuals with LEP. NIDCD will explore additional methods to measure customer satisfaction and survey LEP individuals to obtain feedback.

Proposed implementation strategy, action steps and estimated timeframe:

1. Continue the use of process measures and monitor customer comments regarding language assistance services as noted in the Performance Monitoring section of this report. *Timeframe*: Starting in January 2015, the NIDCD will review quarterly the number of Spanish-language web pages viewed and non-English publications downloaded; also, how many calls come in and social media engagement in other languages.

2. The NIDCD LAP Team will consider the use of the Foresee survey to evaluate online user satisfaction for both the public site and the NIDCD Spanish web pages. *Timeframe*: By FY 2016—the second year of full implementation—the NIDCD will work with EDI and other ICs to determine feasibility of using Foresee to evaluate user satisfaction of Spanish-language web pages.

3. Collecting feedback from NDCD Advisory Council members. *Timeframe*: Input will be sought in conjunction with the May 2015 meeting (tentative). See also Element 8, Stakeholder Consultation.

ELEMENT 8: STAKEHOLDER CONSULTATION

NIH will consult external stakeholder communities to identify language assistance needs of individuals with LEP.

Description of services currently provided:

The NIDCD offers ways for public stakeholders to contact the institute through telephone calls or emails. These contacts are made through the NIDCD website or the NIDCD Information Clearinghouse.

Identified gaps:

The NIDCD continues to explore ways to seek public input, which includes obtaining insight from external stakeholders about the provision of language assistance services to LEP individuals.

Proposed implementation strategy, action steps, and estimated timeframe:

1. Continue to respond to and track public comments to NIDCD through phone calls, emails, and inquires to the NIDCD Information Clearinghouse. *Timeframe*: This is an ongoing effort.

2. Share the draft NIDCD LAP with the NDCD Advisory Council and incorporate suggestions based on members' feedback. *Timeframe*: The NIDCD LAP team will share the draft LAP plan in conjunction with the May 2015 meeting (tentative) and incorporate, as appropriate, changes by September 30, 2015.

ELEMENT 9: DIGITAL INFORMATION

NIH will develop and implement strategies to help ensure that digital information is accessible to LEP individuals.

Description of services currently provided:

As previously noted in Element 3: Translation of Written Materials, NIDCD provides health information in English and Spanish through its website and through various social media platforms.

Identified gaps:

Currently, NIDCD has one webpage that lists all available Spanish-language health information for the general public. Based on best practices, the NIDCD website should have a Spanish microsite that would include health information as well as background information about NIDCD, including a description of the Institute's mission, its organization, news and events, how to participate in research studies, statistics, and how to contact us.

Proposed implementation strategy, action steps, and timeframe:

1. As noted in Element 3, NIDCD will follow the same implementation strategy and timeline for digital information. *Timeframe*: This is an ongoing effort. See the timeframe described in Element 3.

2. For the Spanish microsite, the NIDCD will work with our contractors to look at currently available Spanish information and implement a plan to translate additional information addressed above. Implementation of the plan will be dependent on resources available and competing priorities. *Timeframe*: The NIDCD will draft a strategy for a Spanish-language microsite by December 31, 2014. The strategy will be implemented in conjunction with the NIDCD website migration to a new web content management system, expected to be completed by September 2015.

ELEMENT 10: GRANTS ASSURANCE AND COMPLIANCE

NIH will help ensure that extramural grant recipients are aware of their obligations under Title VI of the Civil Rights Act of 1964 and implementing regulations, as well as applicable grants policies related to language access and program accessibility.

Description of services currently provided:

An authorized official of an applicant institution seeking NIH grants must sign an HHS 690 Assurance of Compliance form (http://www.hhs.gov/forms/HHS690.pdf) with the HHS Office for Civil Rights, assuring that they will comply with federal civil rights laws including Title VI; however, Program Directors and/or Principal Investigators and their staffs may not be aware of, or fully understand their obligations.

Identified gaps:

The Office of Equity Diversity and Inclusion (EDI) is working with the Office of Extramural Research (OER) to create an implementation Plan for Element 10.

Proposed strategy:

1. EDI is working with OER to ensure that NIH grantees are aware of their obligations under Title VI of the Civil Rights Acts which prohibits discrimination on the basis of language ability.

2. The NIDCD will follow NIH policy and guidance. *Timeframe*: This is an ongoing effort.

APPENDIX A: NIDCD Language Access Implementation Plan 2014 Approval

The undersigned acknowledges that he/she has reviewed the Language Access Implementation Plan presented within this document. Changes to this **NIDCD Language Access Implementation Plan 2014** will be coordinated with, and approved by, the Chair of the IC Liaison Committee, or their designated representatives.

Signature: [Original draft signed 10/7/14]   Date: 11/24/14

Print Name: Timothy J. Wheeles

Title: Executive Officer