



December 2014 Update

State Action Plan to Eliminate Health Disparities

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INTRODUCTION

The Governor's Interagency Council on Health Disparities (Council) is charged with identifying priorities and creating recommendations for the Governor and the Legislature to eliminate health disparities by race/ethnicity and gender. The Council's focus has been on developing recommendations that agencies could take steps toward implementing with existing resources.

This report highlights the Council's partnership with the Healthiest Next Generation initiative and provides updates on the Council's work to ensure meaningful language access across state government, to promote the National Standards for Culturally and Linguistically Appropriate Services, and to collaborate with the State Board of Health on health impact reviews.

HEALTHIEST NEXT GENERATION

In Washington, 23% of 10th graders are overweight or obese. American Indian, Black, Hispanic, and Pacific Islander students are significantly more likely than their non-Hispanic White counterparts to be overweight or obese.¹

In recognition that obesity is a risk factor for many chronic health conditions and that inequities in obesity exist, the Council adopted obesity as a priority and included recommendations in its [2010 State Action Plan to Eliminate Health Disparities](#). With persisting disparities and wanting to find opportunities to align its work with Governor Inslee's priorities, the Council adopted childhood obesity disparities as a priority again earlier this year. In doing so, it expressed a strong interest in ensuring its work supported and did not duplicate the work of the Healthiest Next Generation initiative.

Therefore, the Council decided not to convene an advisory committee to assist with developing its own recommendations for the Governor and Legislature. Instead, it partnered with the Department of Health on the Healthiest Next Generation initiative. Specifically, the Council contributed in the following ways:

- Shared past Council recommendations, including those to reduce obesity disparities from its 2010 action plan.
- Contributed three Council briefing documents: a summary of childhood obesity disparities data, a review of evidence-based and promising practices to reduce disparities and promote healthy weight in children, and a summary of current policies and practices around nutrition and physical activity in schools.
- Assisted with the collection of success stories and other community input related to promoting healthy weight in children and reducing disparities, including input shared during public testimony at past Council meetings.

¹ Washington State Department of Health. Fact Sheet. 2012 Healthy Youth Survey. [Obesity and Risk Factor Summary](#). February 2013. DOH 160-184.

In addition, the Council convened an equity review group to provide input at two points in the Healthiest Next Generation process: a review of community success stories and an initial review of proposed recommendations. The group provided input on gaps and successes that should be elevated statewide, with a focus on ensuring equity. Members of the group included individuals from diverse communities around the state and leaders in childhood obesity disparities prevention.

Equity Review Group Members	
Sofia Aragon	Commission on Asian Pacific American Affairs
Gail Brandt	Department of Health
Kameka Brown	Commission on African American Affairs
Nora Coronado	Commission on Hispanic Affairs
Emma Medicine White Crow	Governor’s Interagency Council on Health Disparities
James Krieger	Public Health–Seattle & King County
Stephen Kutz	American Indian Health Commission
Devon Love	Center for MultiCultural Health
Frankie Manning	Governor’s Interagency Council on Health Disparities
Jason A. Mendoza	University of Washington & Seattle Children’s Research Institute
Susan Millender	Guided Pathways–Support for Youth and Families
Martin Sanchez	Yakima Valley Memorial Hospital
Celeste Schoenthaler	Public Health–Seattle & King County
Gwendolyn Shepard	Governor’s Interagency Council on Health Disparities
Tyati Tufono	Commission on Asian Pacific American Affairs

Feedback from members of the equity review group included:

- Specific strategies should be targeted for American Indian, Asian, Native Hawaiian, Pacific Islander, Hispanic/Latino, African American, and new immigrant communities.
- An approach that combines nutrition and physical activity is most effective and it depends on the community as to which should come first.
- It is important to build the skills of children (and their caregivers) in recognizing new foods, how to prepare them, and ways to make them appealing.
- Community members need to build their skills in organizing together and building capacity to develop and implement programs that will support healthy eating and being physically active. Communities also need to partner with schools.
- Not all communities have access to safe drinking water.
- Interventions should reflect the cultural history of food preparation and preference as a way to educate the community about adopting healthier behaviors.
- Mental and spiritual health issues should be addressed because of the impact of emotions on healthy eating.

The Council Chair also serves as a member of the Governor’s Council for the Healthiest Next Generation. The group, which is made up of policy makers and leaders from state government, business, health care, and community organizations met on September 18, 2014 and approved a final set of [recommendations](#) for early learning settings, schools, and communities.

The Council fully supports the Healthiest Next Generation recommendations. Further, both the equity review group and the Council advise that equity impacts need to be considered during implementation of any recommendations to avoid unintended negative consequences. For example, unfunded school mandates have the potential to increase disparities as low-income communities are less likely to be able to address the mandate. In addition, any funding to implement recommendations should be specifically prioritized for communities, schools, and early learning settings that experience higher obesity rates.

LANGUAGE ACCESS: STATE AGENCY SURVEY

Washington state is among the top ten states with the largest limited-English proficient (LEP) population and the highest growth in LEP population.² The Washington State Office of Financial Management recently estimated that there were approximately 627,486 limited-English proficient people in Washington State.³

Washington’s growing diversity makes it essential that the state provide meaningful access to information and resources. Title VI of the Civil Rights Act prohibits recipients of federal funding from excluding individuals from participation, denying them benefits, or subjecting them to discrimination on the grounds of race, color, or national origin.⁴ So, for state agencies receiving any federal support, providing language assistance services is a requirement. Just as important, meaningful language access works to reduce health disparities. Equitable access to information on how to obtain housing or nutrition assistance, requirements for school entry, how to apply for unemployment benefits, and how to obtain a small business license help to ensure all Washingtonians have access to resources that promote health directly or indirectly by contributing to the social determinants of health.

Recent headlines have demonstrated how a lack of timely information in languages other than English can lead to disproportionate adverse consequences. For example, poor quality translations from Washington’s Health Benefit Exchange made it difficult for LEP populations to access important consumer information.⁵ As another example, during the 2014 Carlton complex fires, dozens of farm workers and their families lost nearly everything they owned when they fled the orchards. Emergency information broadcast only in English contributed to the orchard

² Migration Policy Institute (2011). National Center on Immigrant Integration Policy. [LEP Data Brief: Limited English Proficient Individuals in the United States: Number, Share, Growth, and Linguistic Diversity](#).

³ Office of Financial Management (2014). [Estimate of population with limited English proficiency \(LEP\) for the state and counties](#). Data tables.

⁴ U.S. Department of Justice. [Title VI of the Civil Rights Act of 1964](#).

⁵ KPLU 88.5. [State’s Translated Health Exchange Fact Sheets Get Poor Marks](#).

workers' delay in obtaining information and the late notice they had to evacuate.⁶ As a final example, the carbon monoxide poisonings among Somali, Vietnamese, and other immigrant communities following the windstorm in 2006, demonstrated how LEP populations can be at risk for disproportionate injury, illness, and even death. Eight of the 15 storm-related fatalities were due to carbon monoxide poisoning as a result of people using charcoal grills indoors to cook and heat their homes. Only five of the 70 people treated in one Seattle hospital's hyperbaric chamber spoke English as their primary language.⁷

The provision of timely and accurate information about state government resources, including meaningful access for Washingtonians with limited-English proficiency, aligns with Results Washington Goal 5, "Effective, Efficient and Accountable Government" and more specifically to measures to improve customer satisfaction and confidence that they are being served well.

In its [June 2014 Update](#), the Council included language access recommendations for state agencies and the Governor's Office. In brief, recommendations were for all agencies to develop and implement language access policies and plans and to designate language access coordinators, as well as for the Governor's Office to appoint an individual or office to provide central coordination to ensure prioritization and alignment across agencies.

In order to understand the extent to which agencies were already implementing the recommendations, the Council conducted a survey in July and August of 2014. The survey was sent to 37 state agencies and 33 agencies responded for a response rate of 89%. The results of the survey demonstrated that with only a few exceptions, state agencies were providing some level of language assistance services; however, most lacked formal agency processes, such as written policies or plans or designated language access staff.

A summary of the survey findings follows and the full summary report, with resources for agencies to obtain information on best practices in providing language assistance services, is provided as an appendix to this report.

Summary of Agency Language Access Survey Findings
<ul style="list-style-type: none">• 24% have an agency-wide, written language access policy.• 36% have an agency-wide language access plan, procedure, or guidance.• 33% have a designated language access coordinator.• 18% have written guidance for identifying vital documents to translate.• 39% provide language access training to staff.• 56% post information about the availability of an interpreter or translated documents.

⁶ Seattle Times. [Laborers lost a lot to fast-moving wildfire, now work to rebuild lives.](#)

⁷ Seattle Times. [Carbon Monoxide: Last Year's Surprise Killer Still Claims Lives.](#)

CLAS STANDARDS

As mentioned previously, meaningful language access is important and required by federal law. Moreover, with the state’s growing racial/ethnic and cultural diversity, it is becoming increasingly important for the state to provide information and services that are not only linguistically appropriate, but culturally appropriate as well.

The provision of culturally and linguistically appropriate services is one strategy to help eliminate health disparities. A recent health impact review completed by the State Board of Health in collaboration with the Council, found strong evidence that culturally relevant health care improves patient satisfaction, improves health and health care outcomes, and decreases health disparities.⁸ Social and environmental factors play a critical role in population health, so all services state government provides should be culturally appropriate, including education, housing, transportation, social service, and environmental, etc.

The Department of Health and Human Services Office of Minority Health has identified the National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) as a priority and is working to increase implementation across the country. Through a grant from the Office of Minority Health, the Council is raising awareness about the CLAS Standards and providing training and technical assistance to state agencies and other organizations. The Council worked collaboratively with health educators at the Department of Health to create a CLAS training curriculum. The training provides an in-depth understanding of the 15 CLAS standards, including adoption and implementation strategies. It consists of five 1.5 hour modules and is based on adult learning theory and principles.

Overview of CLAS Standards Training & Learning Objectives	
Module 1: Introduction to the CLAS Standards	Understand the historical context of CLAS; differentiate between equality and equity; recognize cultural differences that humans experience; and explain the value of implementing CLAS.
Module 2: Governance, leadership, and workforce	Explain the importance of engaging leadership in CLAS adoption and implementation; describe strategies to build a diverse workforce; and list benefits to a diverse workforce.
Module 3: Communication and language assistance	Identify barriers that LEP populations experience in accessing services; list benefits for ensuring competence for translation and interpretation; explain why it is important to consider culture in communication and language assistance.
Module 4: Engagement, continuous improvement, and accountability	Identify how programs could collect data that would help inform efforts to improve CLAS; list potential performance measures that could be used to track progress on implementing CLAS; and list ways programs could partner with and engage communities.
Module 5: Integrating CLAS into policy and practice	Identify the staff needed to adopt and implement CLAS; give examples of the important elements in a policy on CLAS standards; and identify barriers and approaches to integrating CLAS into practice.

⁸ State Board of Health. [Health Impact Review of SB 6170: Concerning Cultural Competency Education for Health Care Professionals](#).

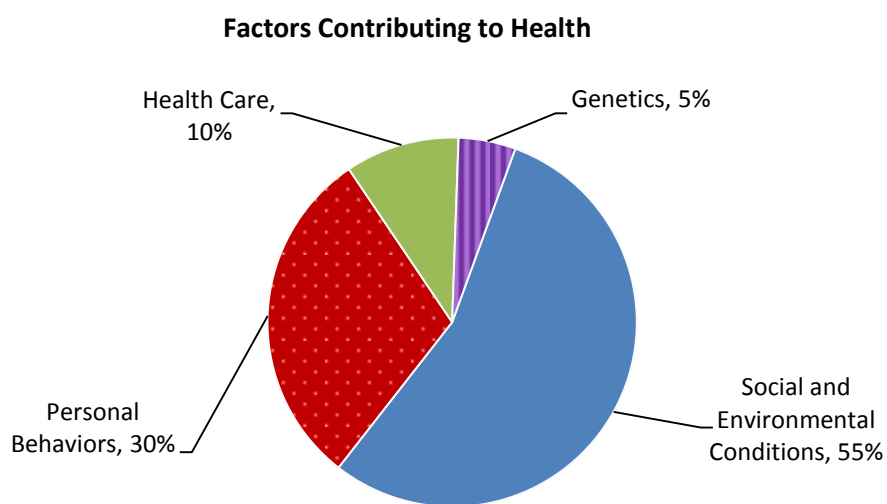
The Health Care Authority has convened an internal CLAS working group with representatives from all divisions to draft an agency-wide CLAS policy. The working group recently received training on Module 5: Integrating CLAS into policy and practice. The Department of Ecology has recently held trainings on all five modules for its staff that provide community outreach and engagement services.

Now through the end of August 2015, when the Council’s grant ends, staff is available to provide information, technical assistance, and training at no cost. To request more information or training, please contact the Council at healthequity@sboh.wa.gov.

HEALTH IMPACT REVIEWS

The State Board of Health collaborates with the Governor’s Interagency Council on Health Disparities to conduct health impact reviews. A health impact review is an analysis of a proposed legislative or budgetary change to determine if it will have an impact on health and health disparities.

Health impact reviews provide information and scientific evidence that policy makers can use to promote health in decision making and minimize any unintended adverse consequences that policies may have on health. This is important because health is more than health care—much more. In fact, the World Health Organization estimates that health care contributes to only 10% of differences in our health outcomes.⁹ The biggest contributors to our health are actually social and environmental conditions—things like access to healthy food, clean air and water, social support, affordable housing, education, and income.



⁹ World Health Organization. Commission on Social Determinants of Health – Final Report. [Closing the gap in a generation: Health equity through action on the social determinants of health.](#)

Therefore, the Council sees health impact reviews as having a significant potential to promote health and health equity in Washington State. Recent health impact reviews have been completed on topics such as education, oral health, mental health, bullying in schools, and cultural competency education for health care providers, to name just a few.

Health impact reviews can only be requested by the Governor or members of the Legislature. During legislative session, staff must complete health impact reviews within ten days. During the interim, staff works with the requester to determine a deadline.

Executive summaries and full reports for each review are available on the State Board of Health's [Health Impact Review Web page](#). For more information or to request a review, please contact the Board at hir@sboh.wa.gov.

COUNCIL MEMBERSHIP

The Council has 17 members: a chair appointed by the Governor; representatives of 14 state agencies, boards, and commissions; and two members of the public who represent health care consumers. A list of current Council members is provided below. The interagency structure of the Council allows it to have a statewide and broad approach to addressing health disparities. The Council considers not only health and health care issues, but also the social factors that influence health, such as education, poverty, employment, and the environment.

Governor’s Interagency Council on Health Disparities Membership	
Governor’s Representative and Council Chair:	Emma Medicine White Crow
Consumer Representative and Council Vice Chair:	Frankie T. Manning
Consumer Representative:	Gwendolyn Shepherd
Commission on African American Affairs:	Kameka Brown
Commission on Asian Pacific American Affairs:	Sofia Aragon
Commission on Hispanic Affairs:	Nora Coronado Diana Lindner (alternate)
Department of Agriculture:	Kim Eads
Department of Commerce:	Diane Klontz
Department of Early Learning:	Greg Williamson
Department of Ecology:	Millie Piazza John Ridgway (alternate)
Department of Health:	Gail Brandt
Department of Social and Health Services:	Marietta Bobba
American Indian Health Commission ¹⁰ :	Willie Frank Jan Olmstead (alternate)
Health Care Authority:	Vazaskia Caldwell
Office of Superintendent of Public Instruction:	Dan Newell Mona Johnson (alternate)
State Board of Health:	Stephen Kutz
Workforce Training and Education Coordinating Board:	Nova Gattman

¹⁰ The Governor’s Office of Indian Affairs delegated authority to the American Indian Health Commission to appoint a representative to the Council.

COUNCIL REPORTS

The Governor’s Interagency Council on Health Disparities is required to create an action plan to eliminate health disparities by race/ethnicity and gender and to update the plan biannually. A description of past Council action plans and report updates are included below.

Council Reports	
2010 State Policy Action Plan to Eliminate Health Disparities (June 2010)	Includes recommendations on education, health insurance coverage, health care workforce diversity, obesity, and diabetes.
2012 State Policy Action Plan to Eliminate Health Disparities (December 2012)	Includes recommendations on behavioral health, environmental exposures and hazards, and poverty.
June 2013 Update: State Policy Action Plan to Eliminate Health Disparities	Highlights progress toward implementing the recommendations in the 2012 action plan.
December 2013 Update: State Policy Action Plan to Eliminate Health Disparities	Highlights Council work on the CLAS Standards and health impact reviews and provides status updates on select recommendations.
June 2014 Update: State Policy Action Plan to Eliminate Health Disparities	Includes recommendations on language access; aligns Council work with Results Washington; and provides status updates on CLAS standards and health impact reviews.
<p>All reports are available on the Council’s Web site: HealthEquity.wa.gov</p>	

I. BACKGROUND

The Governor's Interagency Council on Health Disparities is charged with developing recommendations for the Governor and Legislature to eliminate health disparities by race/ethnicity and gender. In accordance with RCW 43.20.275(3), it is also responsible for recommending initiatives for improving the availability of culturally appropriate language assistance services.

In May 2014, the Health Disparities Council approved a [Language Access Policy Paper](#), which included language access recommendations along with information on Washington demographics, a summary of state and federal requirements for providing language assistance services, and an overview of statewide language access policies adopted in other states. The recommendations were submitted to the Governor and Legislature in its [June 2014 Update](#) to its State Action Plan to Eliminate Health Disparities.

In brief, the recommendations were for state agencies to develop and implement language access policies and plans and to designate language access coordinators, and for the Governor's Office to identify an individual or office to provide central coordination of state language access activities. The recommendations can assist state agencies in providing meaningful language access to information, benefits, and services to help ensure compliance with Title VI of the Civil Rights Act. They also align with Results Washington Goal 5, "Effective, efficient and accountable government", and specifically the sub topic of customer service.

In order to understand the extent to which agencies were already implementing the recommendations, the Health Disparities Council conducted a survey in July and August of 2014. This summary of findings also provides resources for agencies to obtain information on best practices in providing language assistance services.

II. SURVEY FINDINGS

The survey was sent to 37 state agencies¹—33 agencies responded for a response rate of 89%. Box 1 provides a summary of survey findings and Box 2 lists the agencies that responded to the survey. Most agencies are providing some level of language assistance services; however most currently lack formal agency processes, such as having written policies or plans or having designated language access staff. Several agencies, though, are in the process of developing written policies and/or plans. It appears that only two agencies that responded do not provide any language assistance. Both of those agencies indicated that they do not provide direct client services, though one agency does provide some services to the public, such as licensing and permitting.

Box 1: Summary of Agency Language Access Survey Findings

- 24% have an agency-wide, written language access policy.
- 36% have an agency-wide language access plan, procedure, or guidance.
- 33% have a designated language access coordinator.
- 18% have written guidance for identifying vital documents to translate.
- 39% provide language access training to staff.
- 56% post information about the availability of an interpreter or translated documents.

¹ The survey was sent to most agencies that responded to the Office of Financial Management's [Survey of Procurement of Interpreter Services](#)—surveys were not sent to some of the smaller agencies or some non-Executive branch agencies. The survey was also sent to a few agencies that did not respond to the OFM survey. This process was not meant to be completely comprehensive or scientifically rigorous but rather to get a general sense of the extent to which state agencies may already be implementing the Council's recommendations.

Box 2: Agencies Responding to the Survey	
Board of Industrial Insurance Appeals	Commission on African American Affairs
Commission on Asian Pacific American Affairs	Commission on Hispanic Affairs
Department of Agriculture	Department of Commerce
Department of Corrections	Department of Ecology
Department of Fish and Wildlife	Department of Health
Department of Licensing	Department of Transportation
Department of Early Learning	Department of Financial Institutions
Department of Labor and Industries	Department of Retirement Systems
Department of Revenue	Department of Social and Health Services
Employment Security Department	Health Care Authority
Human Rights Commission	Liquor Control Board
Office of Administrative Hearings	Office of the Family and Children's Ombuds
Office of the Insurance Commissioner	Office of the Attorney General
Office of the Secretary of State	Office of Superintendent of Public Instruction
Utilities and Transportation Commission	Washington State Board of Health
Washington State Gambling Commission	Washington State Patrol
Workforce Training and Education Coord. Board	

Language Access Policy

Eight (24%) of the 33 agencies that responded to the survey currently have an agency-wide, written language access policy. Twenty-two (67%) indicated they do not have a policy and three responded "other." Those that responded "other" are currently reviewing and updating existing policies, providing language assistance services in the absence of having a policy, or following related rules outlined in Washington Administrative Code. Eight agencies are currently considering or actively working to develop language access policies. Two indicated they don't have an agency-wide policy, but certain programs or divisions within the agency do have such policies.

Language Access Plan

Twelve agencies (36%) have an agency-wide, written language access plan, procedures, or guidance (i.e., processes and instructions to guide agency staff in determining when and how to provide language assistance services). Thirteen (39%) indicated they do not have a plan, seven (21%) responded "other," and one agency did not respond to the question. Among the eight agencies that did not respond or responded "other," six provide some level of language assistance services—one of which indicated they have a full language access program with a written language access plan within one of its programs.

Language Access Coordinator

Eleven agencies (33%) indicated they have a designated language access coordinator (i.e., a primary contact on agency-wide language access issues). Sixteen (48%) responded that they do not. Among the six agencies that responded "other," two have designated coordinators at the division/program level and three have an employee or employees who have some language access responsibilities though not formally designated.

Vital Documents

Six agencies (18%) have written guidance for identifying vital documents to translate, 23 (70%) do not, three responded “other,” and one agency did not respond to the question. Among those that responded “other,” one indicated they are working on vital documents guidance, one responded that their guidance is included in their language access plan, and one responded that they follow federal guidance on vital document translation.

Staff Training

Thirteen agencies (39%) responded that they provide language access training to staff, 17 (52%) do not, and three responded “other.” Most of the agencies that provide training or that responded “other” indicated that training is provided to select employees only (often customer service staff), typically focused on how to use telephonic interpreter services, and provided on an as needed basis. One agency plans to make its telephonic interpreter services training online for all agency staff and will include information and instructions in new employee orientation materials.

Notification of Language Assistance Services

Agencies were asked, “If your agency provides direct client services, does it post information about the availability of an interpreter or translated documents.” Seven of the 33 agencies that responded to the survey (21%) indicated that they do not provide direct client services, and one agency responded that they were unsure what was meant by direct client services. Fourteen of the twenty-five agencies that provide direct client services (56%) post information about the availability of an interpreter or translated documents, four (16%) do not, and seven (28%) responded “other.” Five of the agencies that responded “other” provide notification of the availability of language assistance services in some of their agency’s divisions/programs or provide such notification on a project-by-project basis.

Agency Practices

The survey offered several opportunities for agencies to provide comments on their language access activities. Below is a list of potentially promising practices abstracted from these qualitative comments.

- *Bilingual Employees.* Several agencies employ bilingual employees—often, though not always, in customer service positions. Some of these agencies maintain a list of their bilingual employees along with the languages spoken and these employees serve as a resource throughout the agency.
 - Note: Bilingual employees who are skilled in providing service to customers in a language other than English may not necessarily have the training, skills, and ability to provide interpretation or translation services. Interpretation and translation require specific skills in addition to being fluent in two languages. For interpretation and translation needs, agencies should employ the services of certified interpreters and translators.
- *Language Teams.* One agency uses internal language teams –formal teams of agency employees who provide translation, interpretation, and cultural expertise in four languages. Employees are required to pass an internal testing and certification process in order to serve on the teams.
- *Web Site Resources.* Many agencies provide documents translated into a number of languages on their agency Web sites. A few have Spanish-language Web pages. One agency indicated it maintains audio recordings of agency access information in different languages on its Web site.

- Note: Automated Web site translation services (such as Google Translate) are not considered a best practice and should not be used as a sole solution.
- *Language Access Workgroups.* A few agencies have (or are in the process of developing) language access workgroups. In one of these agencies, each division has a designated language access coordinator and the group meets every other month to discuss language access issues and ensure coordination of language assistance services across the agency. Another agency has a language access steering committee with an executive sponsor and representatives from across the agency.
- *Community-Based Organizations.* A few agencies partner with community-based organizations to provide language assistance services. Sometimes these are formal partnerships through contracts, while other agencies use less formal partnerships. As an example, one agency has a program where they want to reach out to communities of color and immigrant communities, so they partner directly with local community-based organizations to provide the services in the languages spoken by the community members.
- *Telephone Menus.* One agency indicated that it has a Spanish language menu option for all regional offices and primary program phone numbers.
- *Data Collection and Monitoring.* One agency indicated that it is developing processes and indicators to collect and monitor information on the language assistance services it provides.

III. SELECT RESOURCES

[LEP.gov](#). A clearinghouse for information, tools, and technical assistance regarding language access.

[Why is it important to have a Language Access Implementation Plan, Policy Directives, and Procedures in place?](#)

Question and answer from the LEP.gov Web site. In brief, the response states that policy directives are designed to “require the agency and its staff to ensure meaningful access,” while the plan defines how the agency will “effectuate the service delivery standards delineated in the policy directives.” [Department of Justice Guidance](#) provides the following rationale for why it is important to have a written plan: **“The development and maintenance of a periodically updated written plan on language assistance for LEP persons (“LEP plan”) for use by recipient employees serving the public will likely be the most appropriate and cost-effective means of documenting compliance and providing a framework for the provision of timely and reasonable language assistance.”**

[Language Access Assessment and Planning tool for Federally Conducted and Federally Assisted Programs](#) (May 2011). A step-by-step guide for developing and implementing language access policies, plans, and procedures. This guide includes information on the role of an agency language access coordinator.

[Federal Agency LEP Guidance for Recipients](#). Each federal agency that provides financial assistance has developed LEP guidance for its grantees that provide information on what to include in an effective LEP plan.

[Language Access 2.0: Sharing Best Practices, Improving Services, and Setting Future Goals](#) (December 2011). White paper prepared by the New York City Mayor’s Office of Immigrant Affairs and the Mayor’s Office of Operations, which identifies best practices for states and municipalities to include in comprehensive language access policies and plans.

[What is the difference between a bilingual staff person and an interpreter or translator?](#) Frequently asked question and answer from the LEP.gov Web site.

[Lost in Translation](#). An article from DigitalGov that discusses translation and the pitfalls of automated translation services (such as Google Translate).

[Interpretation and Translation](#). Resource page on the LEP.gov Web site that provides information and guidance on ensuring high quality interpretation and translation services.

[Interpreting: Getting it Right. A Guide to Buying Interpreting Services](#) (2011). A guide from the American Translators Association.

[Translation: Getting it Right. A Guide to Buying Translation Services](#) (2011). A guide from the American Translators Association.

[WASCLA](#). The Washington State Coalition for Language Access is a coalition of interpreters, translators, and others dedicated to assisting state and local agencies within Washington State understand and comply with their obligations under Title VI of the Civil Rights Act. The WASLCA Web site includes a number of resources including an interpreter and translator directory, training materials, and other informational resources.

[Migration Policy Institute](#). The Migration Policy Institute has a Language Access: Translation and Interpretation Policies and Practices project, which was created to assist local government administrators, policymakers, and others who are looking for ways to provide high-quality and cost-effective translation and interpretation services.