



June 2014 Update

State Action Plan to Eliminate Health Disparities

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June 2014

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BACKGROUND and INTRODUCTION

The term “health disparities” is defined as the difference in incidence, prevalence, mortality, or burden of disease and other adverse health conditions that exists between specific population groups. The Governor’s Interagency Council on Health Disparities (Council) was created in 2006 and charged with identifying priorities on an incremental basis and creating recommendations for the Governor and the Legislature to eliminate health disparities by race/ethnicity and gender for those priority health topics.

The Council includes representatives from 14 state agencies, boards, and commissions. Its interagency structure enables it to focus not only on traditional health topics, but also on the social determinants of health, i.e., factors where we live, learn, work, and play that affect health. In recent years, the Council’s focus has been on developing and implementing recommendations that its member agencies could take steps toward implementing within existing resources.

This report highlights new recommendations on language access and aligns Council recommendations with Results Washington. It also provides updates on Council efforts to promote the National Standards for Culturally and Linguistically Appropriate Services and a summary of health impact reviews completed during the 2014 legislative session.

LANGUAGE ACCESS RECOMMENDATIONS

The Council has the statutory responsibility to collect information and make recommendations to improve the availability of culturally and linguistically appropriate services within public and private agencies. It is also authorized to gather information to understand how the actions of state government ameliorate or contribute to health disparities. In alignment with those responsibilities, the Council adopted the state system and its impacts on health disparities as a priority and convened an ad hoc workgroup of Council members to develop recommendations for the full Council’s consideration. Workgroup members agreed to focus on language access to state services and presented draft recommendations to the Council, which it adopted at its May 2014 meeting. The workgroup’s policy paper on language access, which provides context and supporting research that the group used to prepare its recommendations, is included as an appendix in this report.

The following recommendations can assist state agencies in providing meaningful access to information and services for Washingtonians with limited English proficiency.

1. State agencies should develop and implement language access policies and plans containing the following key elements:
 - Assessment of appropriate language assistance needs using the four-factor analysis outlined in the Department of Justice Guidance.¹
 - Identification and translation of essential public documents.
 - Provision of quality and timely interpretation services.
 - Procedures for training staff on the policy and agency procedures.
 - Posting of signage about the availability of interpretation services.
 - Measurement and reporting system to track services provided.
 - Public awareness strategies.
2. State agencies should designate language access coordinators to oversee and implement their agency’s language access plans.
3. The Governor’s Office should identify an individual and/or office (at the executive level if possible) to provide central coordination, including the following key functions:
 - Ensure prioritization of language access across agencies.
 - Oversee implementation of agency language access policies and plans.
 - Develop resources, tools, and templates to facilitate implementation across agencies.
 - Convene regular meetings of agency language access coordinators to leverage resources and share best practices.

The Council has initiated a survey of state agencies to collect information on the degree to which agencies may already be implementing the recommendations. The Council will also continue to work with agencies and the Governor’s Office on strategies to ensure successful implementation.

These recommendations promote health equity and work to reduce health disparities by ensuring people with limited English proficiency have access to the information and services our state agencies provide. 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 helps to ensure all Washingtonians have access to resources that promote health directly or indirectly by contributing to the social determinants of health.

ALIGNMENT WITH RESULTS WASHINGTON

The Council’s 2012 State Policy Action Plan to Eliminate Health Disparities included recommendations for agency actions to address disparities in behavioral health, environmental

¹ [Department of Justice Guidance](#) to Federal Financial Assistance Recipients Regarding Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons.

exposures and hazards, and poverty. Progress toward the implementation of those recommendations has been documented in the June 2013 and December 2013 updates. Those same agency actions also work collectively toward the accomplishment of Results Washington goal areas, outcome measures, and leading indicators.

Results Washington is Governor Inslee’s strategic framework to make state government more effective, efficient, accountable, and transparent. All state agencies are working collaboratively to achieve the goals of world-class education; prosperous economy; sustainable energy and a clean environment; healthy and safe communities; and efficient, effective, and accountable government.

This section of the report demonstrates how Council recommendations fit into the Results Washington framework. The following five goal maps show the Results Washington Goals, Goal Topics, Sub Topics, and in some cases Outcome Measures and Leading Indicators that the Council’s recommendations align with. Actions that agencies are taking to implement the Council’s recommendations are shown in the dashed boxes.

The Council has also recently adopted two new priorities, inequities in birth outcomes and childhood obesity disparities, and is currently working to develop recommendations to address these challenges. Both priorities support Results Washington Goal 4: Healthy and Safe communities.

Collectively, these strategies help to achieve the five Results Washington goals as well as the Council’s goals to eliminate health disparities and promote health equity.

GOAL 1: WORLD-CLASS EDUCATION

Expecting every child to receive a world-class education that prepares him or her for a healthy and productive life, including success in a job or career, in the community and as a lifelong learner

ACCESS

All Washingtonians have access to education that prepares them to transition to elementary, middle, high school, postsecondary, career and lifelong learning opportunities

EARLY LEARNING

K-12

1.1. Increase the percentage of children enrolled in high-quality early learning programs from 2013 baseline to targets per program

1.2. Increase the percentage of schools rated exemplary or very good on the Washington School Achievement Index from X to X by 20XX

Promoting cultural competence and diversity of early learning providers

1.2.f. Increase project-based, career, workplace, community learning opportunities that provide STEM and 21st century skills from X to X by 20XX

Increasing access to health career development opportunities for kids of color

GOAL 2: PROSPEROUS ECONOMY

Fostering an innovative economy where businesses, workers and communities thrive in every corner of our state

BUSINESS VITALITY <i>Washington is a great place to grow your business</i>	THRIVING WASHINGTONIANS <i>Washington is THE place to work</i>	SUSTAINABLE, EFFICIENT INFRASTRUCTURE <i>Washington's infrastructure meets tomorrow's needs</i>	QUALITY OF LIFE <i>Washington is a great place to live</i>
COMPETITIVE AND DIVERSIFIED ECONOMY	QUALITY JOBS	RELIABLE INFRASTRUCTURE	VIBRANT COMMUNITIES
	EXPANDING OPPORTUNITIES	SUSTAINABLE TRANSPORTATION	

Promoting educational and health equity can increase return on investment and improve economic prosperity.

GOAL 3: SUSTAINABLE ENERGY AND A CLEAN ENVIRONMENT

Building a legacy of resource stewardship for the next generation of Washingtonians

CLEAN AND RESTORED ENVIRONMENT

Keep our land, water and air clean

HEALTHY LANDS

3.1 Increase the number of contaminated sites cleaned up by 17% from 5,185 to 6,803 by 2020

3.1.a. Increase number of contaminated brownfield sites returned to economically productive use from 476 to 641 by 2016

Reduce the amount of waste produced by state agencies by prioritizing reducing, reusing, and recycling

Reduce environmental contamination and waste by increasing environmentally preferred purchasing by state agencies

GOAL 4: HEALTHY AND SAFE COMMUNITIES

Fostering the health of Washingtonians from a healthy start to a safe and supported future

HEALTHY PEOPLE

Provide access to good medical care to improve people's lives

HEALTHY BABIES

HEALTHY YOUTH AND ADULTS

1.1. Decrease percentage of preterm births from 9.6% in 2011 to 9.1% by 2016

1.2. Decrease percentage of adults reporting fair or poor health from 15% in 2011 to 14% by 2017

1.1.b.1: Decrease percentage of infants born with low birth weight among Blacks from 9.6% to 9.3% by 2016 and American Indian/Alaska Native populations from 8.7% to 8.5% by 2016

Developing recommendations to reduce disparities in adverse birth outcomes (in progress)

Limiting barriers to promoting diversity in behavioral health professions

Reducing barriers for behavioral health professionals to obtain cultural competency training as continuing education

Collecting, analyzing, and disseminating behavioral health data disaggregated by race/ethnicity and other demographic variables

Ensuring payment models incentivize culturally competent care coordination and other services

Ensuring requirements for evidence-based screenings allow for cultural and linguistic adaptation

Supporting strategies in the 2012 Rural Health Care Strategic Plan

1.2.Y.b: Increase percentage of 10th graders with healthy weight from 75% to 76% by 2016

1.2.A.d.1: Increase percentage of persons with healthy weight among Native Hawaiians/Other Pacific Islanders from 26% to 27%; American Indians/Alaska Natives from 22% to 23%; Blacks from 24% to 25%; Hispanics from 26% to 27% by 2016

Developing recommendations to reduce disparities in childhood obesity (in progress)

1.2.A.f: Increase the percentage of healthier food options being offered to low income families through food pantries, farmers markets, and meal programs by 5% from 2014 baseline by 2017

Ensuring diverse representation on the Food System Roundtable and ensuring the needs of diverse communities are included in the 25 year vision

GOAL 5: EFFECTIVE, EFFICIENT AND ACCOUNTABLE GOVERNMENT
Fostering a Lean culture that drives accountability and results for the people of Washington

CUSTOMER SATISFACTION AND CONFIDENCE
"I'm being served well"

CUSTOMER SATISFACTION

1.1. Increase/maintain customer service satisfaction with accuracy, timeliness, respectfulness from XX% to more than 80% by 20XX

Promoting diversity and cultural competency among state agency staff and management

Using data and incorporating strategies into agency plans to ensure state services are delivered equitably and resources are targeted to those most in need

Ensuring diverse communities are informed and involved in agency decision-making

Ensuring meaningful access to state services and information among Washingtonians with limited English proficiency

CLAS STANDARDS PROJECT UPDATE

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS standards) are a comprehensive set of guidelines that inform and facilitate the provision of culturally and linguistically appropriate services. The goals of the standards are to advance health equity, improve quality of services, and work toward the elimination of health disparities. The standards can be implemented by any entity wishing to provide services that are responsive to the diverse cultural, language, literacy, and other needs of the populations it serves.

Recently the Council adopted CLAS as a priority and member agencies have been working to raise awareness of CLAS and obtain agency support to implement CLAS policies and practices. Following are four examples, which highlight different approaches agencies are taking.

- The Health Care Authority has adopted an agency-wide approach to developing and implementing a CLAS policy. In February 2014, the agency's director, Dorothy Teeter and the Executive Leadership Team approved the creation of the "Health Equity: Culturally and Linguistically Appropriate Services Initiative." The initiative is supported by 12 workgroup members representing different divisions and offices. To date, the workgroup has

developed a charter and has begun work to create an agency CLAS policy, conduct an organizational self-assessment, implement CLAS practices in every division, and educate staff and partners on the importance of cultural competency and language services. The workgroup is also identifying ways to incorporate CLAS into the agency's strategic plan to ensure sustainability and integration of CLAS into all agency activities.

- At the Office of Superintendent of Public Instruction (OSPI), information on CLAS was presented to a few staff members in December 2013, which was followed by a presentation to the OSPI Cabinet in January 2014. Agency leadership approved an approach to explore the creation of a CLAS policy and implementation of CLAS strategies at the division level. In March 2014, agency sector directors received a presentation on CLAS and have been invited to participate in the CLAS project in ways that meet the needs of their sections.
- The Department of Social and Health Services adopted an agency-wide policy on cultural competence with guidelines for implementation within each administration in September 2011. The stated purpose of the policy is to create and maintain an environment within that values and supports cultural competence and embraces respect for the individual differences of employees and clients. Currently, administration workgroups are reviewing alignment of their existing plans with the CLAS standards.
- The Department of Health has adopted an agency-wide approach to developing and implementing CLAS policies and procedures. In January 2014, the agency convened a health equity workgroup with representatives from across the agency. The agency's Chief of Health Equity serves as the executive sponsor for the workgroup and has appointed a lead manager to oversee CLAS planning and integration efforts. Current activities include reviewing existing agency policies and communications standards to identify opportunities to align with the CLAS standards, and developing an overall strategy with immediate actions and long-term initiatives. A presentation on CLAS is scheduled for the agency's senior management team at the end of May.

HEALTH IMPACT REVIEWS

According to RCW 43.20.285, the State Board of Health must conduct health impact reviews in collaboration with the Council. A health impact review is an analysis of how a proposed legislative or budgetary change will likely impact health and health disparities in Washington. It provides objective information that policy makers can use when deciding whether to proceed with a proposal, or to make changes to the proposal to mitigate the harms, maximize the health benefits, and potentially reduce costs. Statute requires that staff complete health impact reviews within 10 days when requested during legislative session. Only the Governor or a member of the Legislature can request a health impact review.

For the 2014 legislative session, staff completed six health impact reviews –one received just prior to session, four during, and one at the close. Table 1 provides a summary of health impact review requests and findings. Executive summaries and full reports for each review are available on the State Board of Health’s [Health Impact Review Web page](#). The most recent information on a bill’s status is available by clicking on each individual bill link.

Table 1: Health Impact Reviews Requested For the 2014 Legislative Session

Subject of Request	Requester	Overall Findings
SHB 1680 – Relating to implementing strategies to close the educational opportunity gap	Representative Sharon Tomiko Santos	SHB 1680 has potential to decrease disproportionate representation of students of color in disciplinary action in schools; increase cultural competence among educators; increase the number of teachers with endorsements in special education, bilingual education, and English language learner education; increase recruitment and retention of teachers of color; decrease educational opportunity gaps; and decrease health disparities.
SB 6170 – Concerning cultural competency education for health care professionals	Senator Karen Keiser	SB 6170 has potential to increase cultural competency among health care personnel, improve health and healthcare outcomes for diverse patient populations, and decrease health disparities.
SSB 6439 – Concerning preventing harassment, intimidation, and bullying in public schools	Senator Marko Liias	SSB 6439 has potential to decrease bullying in schools; improve student health outcomes (particularly for lesbian, gay, bisexual, transgender, queer, and questioning students and students who are underweight or overweight); and decrease health disparities.
HB 2451 – Restricting the practice of sexual orientation change efforts	Senator Marko Liias	HB 2451 has potential to mitigate harms and improve health outcomes among lesbian, gay, bisexual, transgender, queer, and questioning patients and decrease health disparities.
Capital Budget Request – Request to partially fund the construction of five community health centers	Representative Cindy Ryu	Partially funding the five community health centers has potential to increase access to culturally and linguistically appropriate health care and improve health outcomes for an estimated 42,300 underserved patients and to decrease health disparities.
SB 5571 – Increasing public awareness of mental health illness and its consequences	Senator Rosemary McAuliffe	SB 5571 has potential to increase knowledge of mental health issues, decrease mental health stigma, lead to positive behavior changes (e.g., increased help-seeking), improve health outcomes, and decrease health disparities.

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 the interests of health care consumers. A list of current Council members is provided in Box 2. 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 healthcare issues, but also the social factors that influence health, such as education, poverty, employment, and the environment.

Box 2: 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:	Jonathan Green
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 ² :	Willie Frank Jan Olmstead (alternate)
Health Care Authority:	Vazaskia Caldwell
Office of Superintendent of Public Instruction:	Dan Newell Greg Williamson (alternate)
State Board of Health:	Stephen Kutz
Workforce Training and Education Coordinating Board:	Nova Gattman

² The Governor’s Office of Indian Affairs delegated authority to the American Indian Health Commission to appoint a representative to the Council.

COUNCIL REPORTS

In accordance with RCW 43.20.280 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 in Box 3.

Box 3: Council Reports	
<u>2010 State Policy Action Plan to Eliminate Health Disparities (June 2010)</u>	Includes recommendations on education, health insurance coverage, healthcare workforce diversity, obesity, and diabetes.
<u>2012 State Policy Action Plan to Eliminate Health Disparities (December 2012)</u>	Includes recommendations on behavioral health, environmental exposures and hazards, and poverty.
<u>June 2013 Update: State Policy Action Plan to Eliminate Health Disparities</u>	Highlights progress toward implementing the recommendations in the 2012 action plan.
<u>December 2013 Update: State Policy Action Plan to Eliminate Health Disparities</u>	Highlights Council work on the CLAS Standards and health impact reviews and provides status updates on select recommendations.
<p>All reports are available on the Council’s Web site: <u>HealthEquity.wa.gov</u></p>	

Background:

In accordance with RCW 43.20.275, the Governor's Interagency Council on Health Disparities (Council) is authorized to collect information and make recommendations to improve the availability of culturally and linguistically appropriate services within public and private agencies. It is also authorized to gather information to understand how the actions of state government ameliorate or contribute to health disparities. In alignment with those statutory responsibilities, in May 2011, the Council passed a motion to select the state system as a priority and convened an ad hoc workgroup of Council members to develop recommendations for the full Council's consideration. The workgroup first convened on August 1, 2012 and agreed to focus on language access to state services. This policy paper provides context and supporting research that the workgroup used to prepare its recommendations for the Council.

Definitions and Acronyms

LEP: Limited-English Proficiency

Interpretation and Translation:

Interpretation involves the immediate communication of meaning from one language (the source language) into another (the target language). An interpreter conveys meaning orally, while a translator conveys meaning from written text to written text.

Language Access Recommendations for the Council's Consideration:

The following recommendations can assist state agencies in providing meaningful language access to information and services in order to help ensure compliance with Title VI of the Civil Rights Act. The recommendations align with [Results Washington Goal 5](#), "Effective, efficient and accountable government", and specifically the sub topic of customer satisfaction.

1. State agencies should develop and implement language access policies and plans containing the following key elements:
 - Assessment of appropriate language assistance needs using the four-factor analysis outlined in the Department of Justice Guidance.¹
 - Identification and translation of essential public documents.
 - Provision of quality and timely interpretation services.
 - Procedures for training staff on the policy and agency procedures.
 - Posting of signage about the availability of interpretation services.
 - Measurement and reporting system to track services provided.
 - Public awareness strategies.
2. State agencies should designate language access coordinators to oversee and implement their agency's language access plans.
3. The Governor's Office should identify an individual and/or office (at the executive level if possible) to provide central coordination, including the following key functions:
 - Ensure prioritization of language access across agencies.
 - Oversee implementation of agency language access policies and plans.
 - Develop resources, tools, and templates to facilitate implementation across agencies.
 - Convene regular meetings of agency language access coordinators to leverage resources and share best practices.

¹ [Department of Justice Guidance](#) to Federal Financial Assistance Recipients Regarding Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons.

Washington Demographics:

Washington's population continues to become more diverse. In 2010, the Office of Financial Management estimated that 27.2% of Washingtonians were people of color, up from 23.8% in 2008 and 20.6% in 2000. Washington's Hispanic population has been the fastest growing group, increasing from 9.3% in 2008 to 11.2% in 2010. The Asian and Pacific Islander population increased from 6.9% to 7.7% over the same period. In 2010, the Black and American Indian/Alaska Native populations accounted for 3.4% and 1.4% of the total population, respectively.²

Moreover, the foreign-born population in Washington State is growing. Between 2000 and 2011, the foreign-born population grew by 48.0% and in 2011, made up 13.3% of Washington's total population.³ The largest share of the foreign-born population was from Asia (39.8%) and the second largest was from Latin America (30.7%). The growth in the foreign-born population is important since in 2011, 46.7% of Washington's total foreign-born population was LEP.⁴ Further, in 2011, 4.2% of all households in Washington were linguistically isolated (i.e., all persons in the household age 14 and over were LEP). Washington State is among the top ten states with the largest LEP population and the highest growth in LEP population.⁵ Currently, there are more than half a million LEP persons in Washington State and the percent of the population age 5 and above living in households where English is spoken less than "very well" has risen from 2.7% in 1980 to 8.0% in 2011.⁶ The most prevalent languages spoken are Spanish, Chinese, Vietnamese, Korean, and Russian.

Federal Requirements for Providing Language Assistance Services:

- [Title VI of the Civil Rights Act](#) ensures no person can be excluded from participation, denied benefits, or subjected to discrimination on the grounds of race, color, or national origin by any recipient of federal financial assistance.
- In *Lau v. Nichols* (1974), the Supreme Court interpreted Title VI as ensuring that LEP individuals are not excluded from participation in federally-funded programs, establishing a link between discrimination based on national origin and discrimination based on language.
- On August 11, 2000, the President signed [Executive Order 13166](#), which required each federal agency to develop a plan to improve access to programs and activities for LEP persons and to draft guidance for its recipients of financial assistance based on guidance from the Department of Justice.
- In February 2011, U.S. Attorney General Eric Holder, issued a [memorandum](#) reaffirming the federal government's commitment to language access obligations under Executive Order 13166. The memorandum listed specific requirements each federal agency must comply with, including developing agency language access working groups and regularly updating agency policies, plans, and protocols.

Four-Factor Analysis

The Department of Justice guidance document ([DOJ Guidance](#)) outlines a four-factor analysis for agencies to consider when developing a plan to ensure meaningful access to the information and services they provide. The four-factor analysis includes:

1. The number and proportion of LEP individuals served.
2. The frequency of contact LEP individuals have with the program or service.
3. The nature and importance of the program.
4. The resources available.

² Washington State Office of Financial Management. [Total Population by Race, age, sex and Hispanic Origin: 2010](#).

³ Migration Policy Institute (2012). MPI Data Hub: [Washington Social and Demographic Characteristics](#).

⁴ Migration Policy Institute (2012). MPI Data Hub: [Washington Language and Education](#).

⁵ 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](#).

⁶ Washington State Office of Financial Management. [Languages Spoken at Home](#) (modified May 1, 2013).

Washington Statewide⁷ Requirements for Providing Language Assistance Services:

- Washington State law against discrimination ([RCW 49.60](#)) prohibits discrimination based on race, creed, color, national origin, sex, honorably discharged veteran or military status, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability.
- Washington State policy on diverse cultures and languages ([RCW 1.20.100](#)) welcomes and encourages the presence of diverse cultures and the use of diverse languages in business, government, and private affairs in the state.

Recent Washington Statewide Activities:

- The 2012 Supplemental Budget included a proviso requiring the Office of Financial Management to determine if interpretive services could be contracted in a more effective manner. In response, the office conducted a survey of state agencies to determine which agencies use interpretation services, how those services are obtained, and the cost of such services. The final report, [Study of Procurement of Interpreter Services](#) was submitted in February 2013.
- The Council, through a federal grant, convenes an Interagency LEP Workgroup. This is an informal workgroup of state agency staff who work on language access issues in their respective agencies. The workgroup serves as a forum for staff to learn from each other and leverage resources.
- Recent legislative proposals related to language access have focused on consolidating procurement of language assistance services, collective bargaining for interpreters, and improving access to language services in the education sector. To date, no comprehensive proposals to ensure access to all state services for LEP persons have been introduced.

Washington State Agency-specific Activities:

- Known examples of state agencies with written language access policies and plans include: Transportation, Corrections, Social and Health Services, Health Care Authority, and Employment Security. Several other agencies are currently working to develop written policies and plans.
- Knowledge of language access issues and provision of services among state agencies is uneven. Agencies providing language services are doing so in unique ways to meet agency-specific needs.

Comprehensive Language Access Policies in Other States:

- **Minnesota** law includes [communications service provisions](#) related to hiring of bilingual employees and interpreters and translating materials.
- In 2001, the **Maryland** General Assembly passed a bill requiring a survey to assess the need for interpretation and translation services by state departments, agencies, and programs. In 2002, Maryland adopted a law ensuring equal access to public services for individuals with limited English proficiency ([Title 10-1101](#), [10-1102](#), [10-1103](#), [10-1104](#), and [10-1105](#)).
- In 2004, the **District of Columbia** adopted the [Language Access Act of 2004](#).
- In 2006, the **Hawaii** Legislature enacted the Language Access Law (Act 290) – the law was later amended in 2008, 2009, 2012, and 2013 ([Hawaii Revised Statute 321C](#)).
- In 2011, **New York** Governor Cuomo issued [Executive Order No.26](#) creating a Statewide Language Access Policy.
- In 2012, the **Massachusetts** Office of Access and Opportunity issued [Administrative Bulletin #16](#) - Language Access Policy and Guidelines for executive branch agencies to develop and implement language access plans.

Table 1 provides a list of elements common to many of the statewide policies listed above.

⁷ This briefing document focuses on statewide efforts. Policies that require the provision of language assistance services and/or prohibit discrimination in certain settings (e.g., courts), sectors (e.g., education), or by certain agencies are beyond the scope.

Table 1: Common Provisions of Statewide Language Access Policies

	Assessment, Translation, Interpretation	Coordinating Entity	Agency Points of Contact	Agency Plans
Minnesota	Directs agencies to assess needs using the four-factor analysis, to employ enough bilingual persons or interpreters, and to translate materials to ensure provision of information and services in the language spoken by a substantial number of LEP individuals.	The Commissioner of Administration is charged with determining application of the law to each state agency.	No provision.	No provision.
Maryland	Directs agencies (in a phased-in schedule) to provide interpretation services and translate vital documents for languages spoken by 3% of the service area.	Assigns central coordination and technical assistance to the Department of Human Resources in consultation with the Office of the Attorney General.	No provision.	No provision.
District of Columbia	Directs agencies to utilize the four-factor analysis and provide interpretive services based on results. Directs agencies to translate vital documents in languages spoken by 3% of the population served (or 500 people), whichever is less.	Establishes the position of Language Access Director in the Office of Human Rights to provide oversight, central coordination, and technical assistance.	Directs agencies to designate a language access coordinator who reports directly to the agency's Director. The coordinator is responsible for providing public outreach and obtaining input to guide the agency's plan development.	Directs agencies to establish language access plans and to update the plans every 2 years. Provides for a phased in implementation schedule.
Hawaii	Directs agencies to assess language needs using the four-factor analysis, to provide interpretation services, and to translate vital documents for languages spoken by 5% of the population served (or 1,000), whichever is less.	Establishes an Office of Language Access within the Department of Health and assigns oversight to the Office's Executive Director (ED). Requires the ED to maintain a resource center, provide training, and work to create a certification process among other requirements. Establishes a language access advisory council.	Directs agencies to designate a language access coordinator.	Directs agencies to establish a language access plan.
New York	Directs agencies to translate vital documents into the six most common languages and to provide interpretation services.	Assigns oversight and coordination to the Deputy Secretary for Civil Rights.	Directs agencies to appoint a language access coordinator to monitor compliance.	Directs agencies to publish a language access plan to include an employee training plan among other requirements.
Massachusetts	Directs agencies to use the 4-factor analysis, provide interpretation services, and to translate vital documents (including website information) for languages spoken by 5% of the population served.	The Office of Access and Opportunity within the Executive Office for Administration and Finance created a policy and guidelines and serves in a coordinating, oversight, and technical assistance role.	Directs agencies to designate a language access coordinator who reports to the agency head and is responsible for agency implementation and compliance.	Directs agencies to develop a language access plan consistent with the guidelines and to update every two years. Plans must include a needs assessment, resource assessment, protocols, and a training plan among other requirements.

Select City and Other Local Activities:

- A growing number of cities, including San Francisco, Oakland, Philadelphia, and New York City (to name just a few) have ordinances and/or executive orders in place related to language access to city services.
- In October 2010 in Washington State, King County Executive Dow Constantine issued an [Executive Order](#) on written language translation processes. The executive order establishes a translation process and sets minimum requirements for determining which documents must be translated.
- The New York City Mayor's Office of Immigrant Affairs and Office of Operations recently released a white paper, titled [Language Access 2.0 – Sharing Best Practices, Improving Services, and Setting Future Goals](#), which provides guidance to other states and municipalities considering the adoption of comprehensive language access policies and plans. In 2013, the New York City Office of Immigrant Affairs released a [Blueprint for Language Access](#).

Best Practices

The New York City Office of Immigrant Affairs has identified the following best practices for states and municipalities to include in comprehensive language access policies and plans:

- Requiring all agencies to develop and implement language access plans with deadlines and containing key elements:
 - Assessment of appropriate language assistance needs using the four-factor analysis
 - Identification and translation of essential public documents
 - Provision of quality and timely interpretation services
 - Procedures for training staff on the policy and agency procedures
 - Posting of signage about the availability of interpretation services
 - Measurement and reporting system to track services provided
 - Public awareness strategies
- Providing central coordination at a high level (executive level if possible) to ensure prioritization of language access across agencies. The central coordinating entity should oversee implementation and compliance and develop resources, tools, and templates to facilitate implementation across agencies.
- Requiring all agencies to designate a language access coordinator to oversee and implement their respective agency plans. The central coordinating entity should convene regular meetings of the agency coordinators.