



May 20, 2024

RDML Felicia Collins, MD, MPH, FAAP
Deputy Assistant Secretary for Minority Health
Director, Office of Minority Health
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

RE: Comments on Development of a Universal Symbol for Language Assistance Services in Health Settings – [2024-08409]

Dear RDML Collins:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to offer comments on the Development of a Universal Symbol for Language Assistance Services in Health Settings that was released on April 19, 2024.

ASHA is the national professional, scientific, and credentialing association for 234,000 members and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiology treatment, including hearing aids. SLPs identify, assess, and treat speech, language, and swallowing disorders. Audiologists and SLPs are communication specialists who can improve health outcomes and save costs by supporting effective communication early in the episode of care, increasing diagnostic accuracy as well as patient compliance, safety, and satisfaction. Effective communication also mitigates facility and provider risk.

ASHA appreciates the opportunity to comment on the proposed development of a universal symbol for language assistance services. We support the efforts to enhance communication access for individuals with limited English proficiency (LEP) and believe that a well-designed universal symbol could significantly improve the accessibility of health services. However, we also recognize several challenges and considerations that must be addressed to ensure the symbol's effectiveness.

This letter addresses many of the objectives covered in the Request for Information (RFI).

What methods do you or your organization currently use to inform individuals with LEP about the availability of services in their preferred language?

ASHA's vision is to make effective communication, a human right, accessible and achievable for all. Our focus is typically ensuring communication access to individuals who are deaf/hard of hearing or those with communication disabilities, some of whom also have LEP. In keeping with our vision, we proactively ask individuals, at the point of program registration, about effective communication access accommodations needed for events and meetings and offer an avenue to request them (e.g., sign language interpreters, Communication Access Realtime Translation [CART], interpretation). Some of our consumer-facing materials are translated into various

languages, and we grant permissions via a form on our website to translate and distribute our content into additional languages/dialects for a variety of purposes—including, but not limited to—academic training and research, professional development, service delivery, and consumer education.

We ensure that our virtual meeting platforms include options for captioning in additional languages. Finally, we maintain a national database of certified audiologists and SLPs with a filter to help users find language-matched service providers.

How effective are these methods?

These methods are generally effective in alerting individuals with LEP to the availability of language assistance services at the point of registration. However, the services' effectiveness is often dependent on the timing of the request, which impacts the availability of the requested service or accommodation.

What are the challenges to implementing these methods? Do you believe a new graphic symbol informing people about the availability of language assistance services would increase the rate at which people request language assistance services and thereby increase access to information about health services, programs, and/or products?

For events that require registration, the method of asking for accommodation needs in advance is effective. However, we do not yet have a standardized way to inform those with LEP who require language assistance services to access our general content, resources, or staff consultation about their options.

A graphic symbol informing people of the availability of language assistance services would raise awareness and ease identification of where to go to request services for the consumer. However, a symbol alone is unhelpful without the needed internal support to train staff about available services and how to best interact with LEP individuals. A single or standardized access point to request such services across health care systems and a standard mechanism to document access needs in the electronic health record across systems would further facilitate effective language assistance. Message dissemination about what the symbol means is essential not only for people with LEP, but also for health care providers, support staff, care partners, and the general public.

Additional challenges to language assistance can include little lead time to procure assistance or the immediate need for services. In such situations, providers may rely on machine translation, telecommunications relay services, or video/phone interpreting, all of which are more readily available and less costly but may not meet the needs of the patient, family, or provider. Using "I speak..." cards (translations for top languages) with a universal symbol when people need language assistance can help to determine their named language(s).¹

Finally, a universal language symbol can help remind individuals of their rights and how to access the needed services while also reminding staff of their obligations under the law.

Are you aware of any previous or existing symbols used to inform people about the availability of language assistance services (e.g., used in the health sector or other sectors)? Yes, please see the following examples of existing symbols.

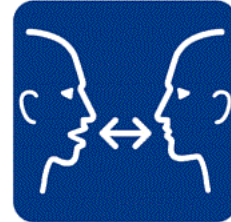
Communication access:



United Kingdom



Australia



Canada

Service and equipment available:



Australia



ISO PF 062



Commercial



California Courts



New York Courts [PDF]

Accessibility symbols
for people with hearing loss

International Symbol of Access for Hearing Loss

Assistive listening devices

Telephone typewriter

Volume control telephone

Sign language interpretation provided

Closed captioning

Open captioning

Healthy Hearing
www.healthyhearing.com

If yes, please share any information you have regarding the development and implementation of the symbol, including best practices, challenges, and effectiveness or impact.

Best practice includes consideration of how culture may influence symbol comprehensibility. To ensure a symbol is effectively conveying the desired message, user testing/feedback is highly recommended.²

We encourage review of the following resources:

- [Communication Access UK](#)
- [Australia's Communication Hub](#)
- [Communication Disabilities Access Canada](#)
- [International Deafness Symbol - Deafness Forum of Australia](#), an international symbol of access for hearing loss
- [The U.S. Access Board's ADA Accessibility Standards, Chapter 7: Signs](#)

What should be considered in the development of a new graphic symbol informing people about the availability of language assistance services in health settings? Please add any specific suggestions you have for the symbol design and usability testing.

"Nothing about us without us" highlights that no policy should be decided by any representative without the full and direct participation of members of the group(s) affected by that policy. In addition, it is important to consider intersectionality as some people with LEP also may have communication disabilities. The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act only apply to those with disabilities (e.g., sign language interpreters for deaf), while Section 1557 of the Affordable Care Act considers both LEP and disability. Therefore, we strongly recommend including people with LEP and disabilities from the start in the development, design, dissemination, and implementation process to ensure their needs are met.

The adopted symbol must be transparent so that all people, including users of additional languages—with and without communication disabilities—clearly understand the concept being conveyed. Most often, interpreters/translators serve as liaisons to promote cross-linguistic communication, so a symbol indicating three parties may best resemble the concept of language assistance/access. To be inclusive, consider adopting a symbol that minimizes text or characters, which are not universal for world languages or accessible for persons with low literacy. ASHA also recommends including interpreters and translators representing the top 15 languages used in the U.S. during the development phase. They can provide feedback on the cultural appropriateness of symbol options for diverse language communities. Consider working with national organizations, such as the [International Medical Interpreters Association](#); [National Council on Interpreting in Health Care](#); [Certification Commission for Healthcare Interpreters](#); and [American Translators Association](#).

What steps do you recommend for implementing, disseminating, and ensuring effectiveness of a new symbol for language assistance services, including utilization by LEP individuals, healthcare providers, public health departments, and other entities engaged in health care?

Primarily, ASHA recommends field testing and/or focus groups with the intended audience to ensure comprehensibility and cultural appropriateness so that any developed symbol will not

have to undergo revision. Next, a robust public awareness and education campaign would encourage all stakeholders, as well as the public, to associate the new symbol with its intended meaning and services. Codifying the symbol in regulations, government documents, and guidance on language assistance/language access would facilitate uptake by necessary stakeholders. Finally, funding for language access services and trainings is essential. Lack of budget is one of the biggest barriers that health systems report when trying to implement communication access accommodations.

Consider the resources at [Translating and Interpreting Service \(TIS National\)](#) for examples of widespread promotion and support for a new universal symbol in Australia.

Are there frameworks or standards that should be considered to support the development, testing, implementation, and dissemination of a new symbol for language assistance services?

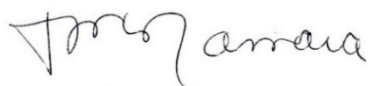
ASHA recommends reviewing the International Organization for Standardization (ISO) 7001: Public Information Symbols. The symbols are the result of extensive testing in several countries and cultures and have met ISO's comprehensibility criteria.³

We also recommend considering the visual accessibility of any symbol developed to ensure that the size, contrast, etc. is widely accessible for those with a variety of visual abilities in line with ADA Standards for Accessible Design.

ASHA applauds the Office of Minority Health for this thoughtful RFI aimed at language assistance services for those with LEP. We also wish to raise awareness of the concept of language access that includes individuals with communication disorders. While LEP is not a communication disorder, some people who use additional languages may have communication disabilities.

Thank you for your consideration of our recommendations. If you or your staff have questions, please contact Rebecca Bowen, M.A., CCC-SLP, PNAP, ASHA's director of health care policy value and innovation, at rbowen@asha.org.

Sincerely,



Tena L. McNamara, AuD, CCC-A/SLP
2024 ASHA President

¹ U.S. Department of Agriculture, Food and Nutrition Service. (August 2023). *I Speak Statements Card*. <https://www.fns.usda.gov/civil-rights/ispeak>

² Cowgill, J. and Bolek, J. (April 2003). *Symbol Usage in Health Care Settings for People with Limited English Proficiency*.

https://www.migrationpolicy.org/sites/default/files/language_portal/symbol%20usage%20in%20healthcare1_0.pdf

³ International Organization for Standardization. *ISO 7001:2023(en), Graphical symbols — Registered public information symbols*. <https://www.iso.org/obp/ui/fr/#iso:std:iso:7001:ed-4:v1:en>