

**Language Access & Healthcare Among Spanish & Mam-Speakers
in Lane County, Oregon**
Considerations For A (Post-)Covid Era



Michael R. Woods, MA, CHI™ - Spanish
Lane Community College
woodsm@lanecc.edu

Sabbatical Report for Spring 2024

Sabbatical Overview

During my sabbatical, I conducted an assessment of language access efforts in Lane County, Oregon, working with key healthcare and public service organizations such as PeaceHealth, Lane County Health & Human Services, the Public Health Reserve Corps, the Lane County Equity Office, and Volunteers in Medicine. While progress has been made in expanding language access services for LEP populations, there is still a need for standardized policies and practices. Consistent standards, along with effective assessment and monitoring, are crucial for ensuring equity and quality. Key unresolved issues include how provider and client satisfaction with language services and the quality of interpretation and translation are measured and assessed. Future efforts should focus on partnering with organizations to develop language access plans, including a system to prioritize documents and services for translation or interpretation. Conducting focus groups with providers and language access workers would also be valuable.

Keywords: language access, Spanish, Mam, healthcare, interpretation, translation, LEPs, equity

Personal Reflection

After a productive sabbatical, I am pleased to return and share the findings from my experiences with language access in Lane County, Oregon. During this period, I collaborated with key healthcare and public service organizations in the Eugene, Springfield, and Cottage Grove area, including PeaceHealth, Lane County Health & Human Services, the Public Health Reserve Corps, the Lane County Equity Office, the Refugee Resettlement Coalition, and Volunteers in Medicine to engage in language access work centered on limited English proficiency (LEP) populations.

This sabbatical gave me the time and space needed to seek out opportunities to volunteer and collaborate in meaningful ways. It allotted the flexibility needed to meet with individuals, schedule meetings, and the necessary time to volunteer in my community. I quickly learned that the language access and volunteering process is very slow when working with county and healthcare organizations. Although I started seeking out opportunities and making contacts in early 2024, it really was not until late April to mid May that my schedule filled up. My name and CV were being shared all over Lane County and PeaceHealth and I was really taken back by the amount of people who reached out to me.

Identifying the right person at PeaceHealth who worked directly in language access was more challenging than I initially anticipated. I had to navigate a network of contacts, exchanging numerous emails before finding the appropriate contact. My first point of communication was with Marcy Marshall, the Senior Director of Marketing & Communications for PeaceHealth Oregon. While helpful, it soon became clear that language access was not directly within her scope, and she stated that she would forward my inquiry to other administrators. I then connected with Todd Salnas, the Chief Operating Officer for the PeaceHealth Oregon network, who was supportive and directed me to Yasema Tratz, the Program Manager for Interpreter Services at PeaceHealth Oregon. Yasema's role was directly aligned with the work I was looking to engage in, and from there, the conversations became much more focused and productive. The process highlights how complex and compartmentalized large healthcare systems can be, especially when it comes to language access and identifying key contacts.

While notable progress in expanding language access services has been made, there are areas that require improvement. Specifically, the need for standardized policies and practices across sectors remains evident. Additionally, it is critical to implement effective strategies for assessing and monitoring the quality of these services, which is currently a missing piece. While strides have been made, language access initiatives and budgetary allotment continue to be secondary and do not receive the attention they deserve. I hope my continued work and collaboration will help compliment the work that is already set in motion at the organizations with which I volunteer.

One key takeaway from this experience is that many people, especially in health clinics, are unclear about who is responsible for language access. There is also confusion between the terms "interpretation" (spoken) and "translation" (written). From what I observed, there are no dedicated individuals handling language access specifically for PeaceHealth at the local level, though there is a clear need for this role. When language access issues arise, staff often do not

know whom to contact. This was also observed at McKenzie-Willamette Medical Center as no one could connect me to the individual who oversees language access. For Lane County, however, Latiffe Amado, the County Equity Officer, serves as the point of contact.

As mentioned in my sabbatical application, this experience is the first stepping stone of what I hope will continue to be several language access projects that I will continue to pursue here in Lane County. Some of these activities include authoring a beginning-level medical Spanish Open Educational Resource (OER) and fostering future collaborations between the Languages Department at LCC, the Health Professions Division, and Lane County Public Health as well as other local agencies.

This sabbatical also helped me reconnect with my passion and what motivated me to become an educator: helping others and teaching language as a tool for inclusion, community building, and fostering cross-cultural understanding. I moved to Lane County about six months before the COVID-19 pandemic and was not able to get to know my community or engage in volunteer work. I am still actively involved in much of my sabbatical work, and as a result, I have created more, though meaningful, work for myself. This sabbatical experience has provided me with this opportunity, and I am excited about the possibilities that lie ahead.

Last spring was the ideal time to take this sabbatical and engage in language access work, as many local initiatives were either already underway or just beginning. This timing allowed me to tap into a growing movement, where language access has become a critical focus for various agencies across Lane County. Without a doubt, language access is actively being discussed at multiple levels of government and healthcare, and it has emerged as a topic of concern for many organizations. These conversations frequently center around how to better serve local LEP (Limited English Proficiency) populations, while also navigating the financial constraints and the current lack of resources dedicated to language access work.

The challenges are clear: insufficient funding, limited staffing, and a need for standardized practices across agencies. However, there is also a collective sense of urgency and commitment to finding solutions. The COVID-19 pandemic, in particular, marked a turning point for language access in Lane County, exposing gaps in communication and highlighting the need for equitable access to information and services for non-English-speaking community members. As a result, agencies are more aware than ever of the importance of addressing these disparities, and the momentum for change around language access is strong. This has made my involvement in language access work feel timely and impactful, knowing that I am contributing to an ongoing effort to make the county a more inclusive place for all.

Objectives/Goals

I am pleased to report that I achieved my sabbatical objectives, though to varying degrees. The project did, as expected, become more complex than I had originally anticipated. While some goals were fully accomplished, others represent the initial steps, laying the groundwork for future work, collaboration, and exploration. Avenues for future sabbatical projects and collaborations will be outlined below in the section titled “Recommendations for Future Sabbaticals.” To recapitulate, the initial goals for this sabbatical included:

- Goal #1 Integrate myself as a bilingual individual into the local community.
- Goal #2 Obtain an in-depth understanding of the sociological and linguistic context of Latinos in Lane County.
- Goal #3 Examine issues surrounding language access and healthcare among Spanish and Mam-speaking communities in Lane County.
- Goal #4 Understand how local clinics and agencies have responded to the COVID-19 Pandemic as related to language access practices.
- Goal #5 Study language access as a social determinant of health.
- Goal #6 Share results and findings with LCC colleagues and offer observations and recommendations to local agencies, community members, and stakeholders with respect to language access efforts.
- Goal #7 Establish professional connections with local agencies and language access coordinators to cultivate future partnerships and collaborations.

In my initial proposal, one component of my sabbatical entailed interviewing providers and those engaged in language access work directly. While I was able to accomplish this to a certain degree through informal conversations, in the future I would like to engage in IRB-approved research to conduct semi-structured interviews as well as co-facilitated focus groups centered on experiences with language access in Lane County.

I also ended up broadening out the scope of my sabbatical to focus on language access in general and hope that future sabbatical projects and community work might hone in on specific aspects to better serve our local speakers of Spanish and Mam.

Community Partners, Contacts, and Activities

PeaceHealth Sacred Heart Medical Center RiverBend

[Patient and Family Advisory Council](#) (PFAC)

Christine Acuna, Human Experience Consultant, cacuna@peacehealth.org

Malissa Glass, Volunteer Services Director , mglass1@peacehealth.org

Activities: As a volunteer with the Patient and Family Advocacy Council (PFAC) at PeaceHealth, I have had the opportunity to tour various clinics, including the new urgent care facility downtown and the RiverBend campus. During these tours, we identified and shared concerns that could impact the quality and accessibility of care. In addition to highlighting areas for improvement, we actively engaged with staff by asking questions and advocating for patients to ensure their voices are heard and their needs are addressed. As a certified healthcare interpreter, my questions center on language access, which included: Is there data for language access (interpretation) data? How many patients are served each month? Which languages are in highest demand? How is PeaceHealth implementing and evaluating language access services?

PeaceHealth Cottage Grove Community Medical Center

Latisha Gillock, Executive Assistant to CAO, LGillock@peacehealth.org

Activities: I attempted to volunteer at PeaceHealth Cottage Grove Community Medical Center and had several meetings and email exchanges with Latisha Gillock, the Executive Assistant. While she was excited about having a bilingual volunteer, we were unable to establish a suitable volunteer role. Part of the challenge involved navigating the politics of volunteering, particularly around ensuring that new volunteers would not displace existing ones or create conflicts in roles. It became clear that negotiating how volunteers can contribute effectively while respecting the structure of the current volunteer program was a complex process.

PeaceHealth Oregon

Yasema Tratz, Program Manager for Interpretation Services, YTratz@peacehealth.org

Activities: In my email exchanges and meetings with Yasema Tratz, Program Manager for Interpretation Services at PeaceHealth Oregon, I learned that language access is just one of many responsibilities she oversees across Oregon clinics. Notably, there are no dedicated individuals on the ground in Lane County who focus solely on language access. During our discussions, I raised several important questions, such as what mechanisms PeaceHealth has in place to evaluate patient and provider satisfaction with language access services, and who reviews and approves translated forms and materials before they

are implemented in clinical settings. Yasema acknowledged that these are critical questions that have not yet been fully addressed. However, with a new manager recently appointed, they are actively working on how to tackle these issues as a result of a recent statewide gap analysis.

[Lane County Equity Program](#)

Latiffe Amado, County Equity Officer, latiffe.amado@lanecountyor.gov

Activities: Volunteering with the Lane County Equity Office has given me the opportunity to contribute to important work by translating documents for departments such as Taxation & Assessment, Emergency Management, and Elections under the supervision of Latiffe Amado, Equity Officer. I meet regularly with representatives from these offices to understand their specific translation needs, help them set realistic timelines, and prioritize which documents should be addressed first. While we have been using Monday (a cloud-based project management software) for project management, we are still in the process of refining how we identify and streamline translation requests to make the process more efficient and equitable.

[Lane County Health and Human Services \(H&HS\)](#)

Kachina Inman, Asst. Dir. of Health & Human Svcs, Kachina.Inman@lanecountyor.gov

Activities: My initial contact was Kachina Inman, the Assistant Director of Health & Human Services. We discussed ongoing projects and potential areas for collaboration around language access. She mentioned a CHANGE group focused on language access issues within H&HS, and shared their early 2024 efforts, which primarily centered on clarifying the distinction between interpretation and translation and reiterating their current practices. At the end of our meeting, Kachina introduced me to Jeanine Campos, Communication Specialist, and Selene Jaramillo, Preparedness & Response Coordinator. We met multiple times, both on Zoom and in person, to address language access issues and collaborate on creating a standardized glossary for H&HS. A key issue raised was that translation agencies often used high-register or dialect-specific terms that were unclear to the local Spanish-speaking community. The glossary aims to facilitate consistent translations across H&HS and to accompany future translation requests with preferred terms and continues to be work in progress. Jeanne, Selene, and I also reviewed the current Limited English Proficiency plan and provided feedback to Kristen Lee, Senior Program Services Coordinator. We also examined the existing interpretation services policy and discussed the need to develop and draft a translation services policy, which is currently in development.

We also held important discussions advocating for bilingual employees and fair compensation, as their language skills are often undervalued and, sometimes, uncompensated. Many bilingual employees are hired for roles to provide services in their non-English language but are frequently asked to provide interpretation or translation services outside their job scope. These tasks require specialized skills beyond conversational fluency, including cultural sensitivity and professional training in best practices and ethical considerations around interpretation and translation. I emphasized the need to distinguish between bilingual work and translation/interpretation, advocating for appropriate compensation when merited. Conversations are ongoing about identifying employees qualified for translation and interpretation. Currently, bilingual designation and pay differential for Lane County employees require passing the 4-hour Avant STAMP exam, but efforts are underway to improve how translation and interpretation skills are assessed.

[Lane County Public Health Reserve Corps \(LCPHRC\)](#)

Cayetana Gómez. Reserve Corps Coordinator, cayetana.gomezdesoler@lanecountyor.gov

Activities: As a volunteer with the Public Health Reserve Corps, I have been actively involved in supporting CPR (non-certification) and AED basics classes to Spanish-speaking community members, helping them gain valuable emergency response skills. This initiative was prompted by a study published in 2022, which found that Blacks and Hispanics were less likely than white peers to receive CPR at home or in public settings. Below, I include some of the most relevant excerpts from the study.

Excerpts “[Black, Hispanic adults less likely to receive CPR, especially in public](#)”:

- The initial findings showed that if their hearts stopped at home, Black and Hispanic adults were 26% less likely to receive bystander CPR than white people. If the cardiac arrest occurred in public, they were 41% less likely.
- According to the new data, when Black and Hispanic people had a cardiac arrest in the workplace, they were 27% less likely to receive CPR from a bystander than their white co-workers. If they experienced a cardiac arrest at a public transportation center, they were 57% less likely.
- The findings suggest it's not just CPR skills that need to be taught, she said. "It's about preparing people psychologically – including overcoming issues like racism – to respond to a human being in distress," she said. "For a very long time, the message has been that we just need to train more people. And that's great, but what we really need to look at is why even trained individuals aren't responding."

I have also participated in tabling at various events to increase visibility and recruit new volunteers. In addition, I registered with [SERV-OR](#) and completed initial trainings, which has deepened my readiness to assist in public health emergencies. While this summer’s focus was primarily on CPR, this fall we will transition to teaching Stop The Bleed, focused on how to stop bleeding in a severely injured person.



Tiffany Eckert / KLCC

Community volunteers of Lane County Public Health Reserve Corps get ready to pack up CPR training gear after a 2-hour class in Eugene. From left to right, Neyo Leon, Luz Fandino, Gatlin Fasane Alshuyulch, Connie Sullivan (in rear) Mariela German Hernandez, baby Ali Hernandez, Supervisor Sarah Swofford, Michael Wood and Edwardo Tapia.

Una vida sobre cómo salvar una vida.
CPR
 Paso a paso

Realizar RCP mientras se espera asistencia médica puede aumentar en gran medida las posibilidades de supervivencia de una persona tras un paro cardíaco.

Entrenamiento de reanimación cardiopulmonar (RCP) en Español

Esta es una capacitación educativa que no está destinada a certificación en este momento.

MIÉRCOLES 14 AGOSTO, 2024
 6:00pm - 8:00pm
 151 W. 7th Ave
 2do Piso, Sala 258.

PLAZA DE NUESTRA COMUNIDAD
 Sete de Salud
 PUBLIC HEALTH RESERVE CORPS
 EUGENE SPRINGFIELD HEARTsafe
 The Arc en conexión

Inscripción limitada para las primeras 40 personas. Tenemos limitado cuidado de niños. Tendremos bocadillos.
 Regístrate con Mariela (541) 206-3951, antes del 9 de AGOSTO.

STOP THE BLEED
 SAVE A LIFE

ACS THE COMMITTEE ON TRAUMA
STOPTHEBLEED.ORG

1 Aplicar Presión Con Las Manos

2 Aplicar Vendaje y Presionar

3 Aplicar Torniquete

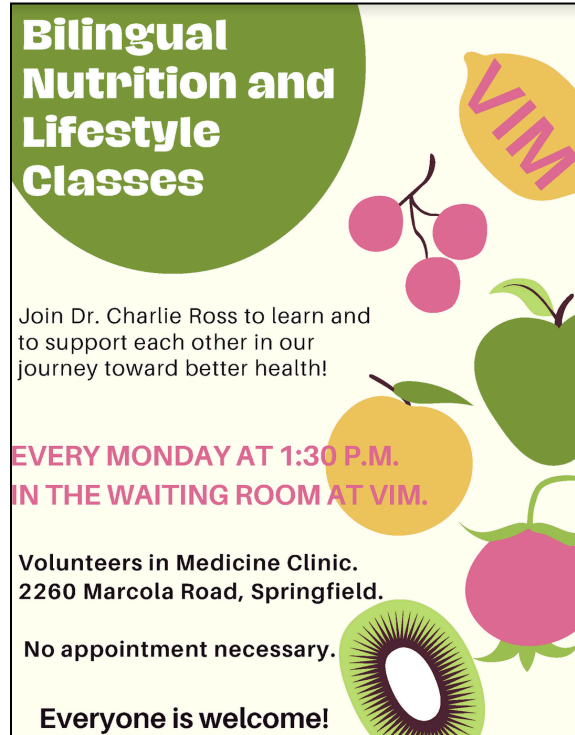
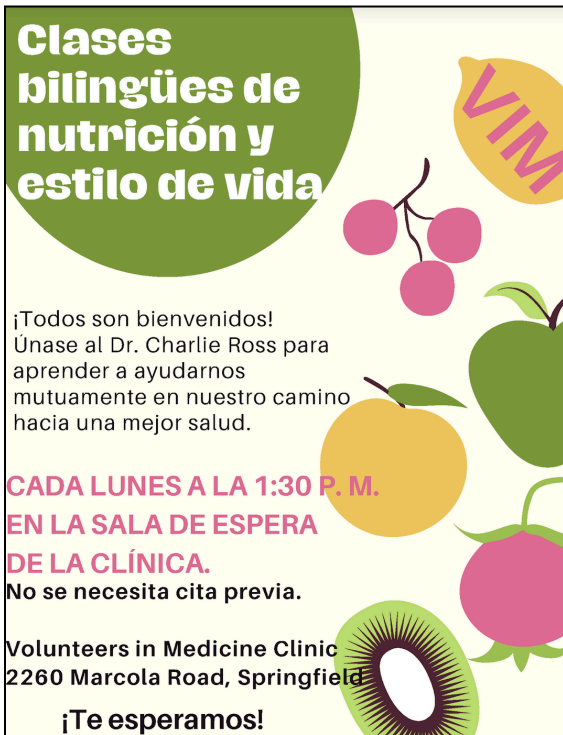
Envolver Enrollar Asegurar Escribir la Hora

LLAME AL 911

Volunteers in Medicine

Julia Robleto, Community Health & Interpreter Coordinator, jrobletoflores@vim-clinic.org

Activities: As a volunteer healthcare interpreter at the Volunteers in Medicine Clinic, I provided interpretation services for both primary care providers and patients, ensuring clear communication during medical consultations. In addition, I also interpreted nutrition and lifestyle talks (Spanish<->English) given by Dr. Charlie Ross. I also collaborated with the Community Health & Interpreter Coordinator in refreshing and redesigning their materials for onboarding new volunteer interpreters.



Refugee and Immigrant Services Program (RISP)

Zoë Livelybrooks, RISP Volunteer Coordinator, zlivelybrooks@ccslc.org

Activities: Over the summer, I volunteered as an advocate with the Refugee Resettlement Coalition to provide support to refugees and asylum seekers in Lane County, helping them navigate challenges in their new community. I assisted families with accessing medical care, enrolling in English classes, learning the bus system, and integrating into the community. I am also on the Languages Resource Team and focus on fielding interpretation-specific questions as well as running periodic interpreter trainings to onboard new volunteers.

[Lane County Community Advisory Council Health Equity Committee \(HEC\)](#)

Kayla Watford, Community Engagement Coord., Kayla.WATFORD@lanecountyor.gov

Activities: This is a new activity that is just starting in September 2024. I had applied and interviewed for a position on the Lane County Coordinated Care Organizations' Community Advisory Council (CAC) in late July, however, I was not chosen. Instead, Kayla Watford reached out to me directly and invited me to serve on the Health Equity Committee. Specifically, some of my duties include recommending strategies for community engagement with populations experiencing health inequities, offering feedback on the Lane County Community Health Improvement Plan, and providing feedback on collecting and sharing community health data in diverse, accessible formats.




[Community Health Centers of Lane County South Lane Clinic](#)

Jenny Dail, Operations Manager, Jenny.DAIL@lanecountyor.gov

Lane County Public Health will be opening the South Lane Clinic later this fall. I have been in contact with Jenny Dail, Operations Manager, about ways in which to support their work as the clinic gets off the ground. During my sabbatical, I was able to visit the mobile clinic in Cottage Grove and talk in-person with Jenny and a couple of healthcare providers. There was a slight misunderstanding, however, as initially they thought I was a speaker of Mam, which is a very essential need at the moment. Although I was not able to support them at the time of my sabbatical, I am excited for the future opportunities to support this clinic.


Health-Related Educational Experiences

1) I pursued BLS Provider Certification:

BASIC LIFE SUPPORT		
		
<p>Michael Woods has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.</p>		
Issue Date 6/15/2024	Renew By 06/2026	eCard Code 245419535785
To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards .		
Training Center Name LifeSavers Inc. Training Center ID NJ20314 TC City, State Fairfield, NJ TC Phone (973) 244-9111 Training Site Name Oregon CPR Instructor Name Trevver D'Auteuil Instructor ID 23110132035		© 2023 American Heart Association 20-3001 R3/23

During my sabbatical and as a requirement for the Public Health Reserve Corps, I was able to complete the BLS training. This was, for me, a difficult and personal goal to overcome as my father passed away in December 2007 and I had tried to give him CPR. Since then, I had been hesitant and lived with a sort of trauma, to complete another CPR training. But I did it! I also hope to become an EMR (Emergency Medical Responder) by the end of 2025.

2) I renewed my certification as a nationally certified healthcare interpreter.


<p>The Certification Commission for Healthcare Interpreters (CCHI) is pleased to confirm that Michael Woods received CCHI's CHI™-Spanish certification on 8/6/2020. CCHI certification - either at the <i>knowledge</i> tier (CoreCHI™) or the <i>performance</i> tier (CoreCHI-Performance™ or language-specific CHI™) - is valid for four years provided that the credential holder adheres to CCHI's requirements regarding maintaining their certification and renews their certification in a timely manner. This certification was renewed on 8/6/2024. As of today, this interpreter's certification expires on 8/5/2028.</p>

3) I recently started an Integrative Nutrition Certificate program, which emphasizes using food as medicine and understanding the role of nutrition in promoting health, enhancing wellness, and preventing and treating disease. I hope to finish the certificate by the end of 2025.

Considerations for a (Post-)Covid Era

In the (post-)COVID-19 era, several key considerations for language access have emerged as critical for ensuring equitable healthcare:

Telehealth and Digital Accessibility

The pandemic significantly expanded telehealth, but many LEPs may face barriers with technology, such as language-specific interfaces, limited access to interpreters during virtual appointments, and challenges understanding digital consent forms and navigating tablet-based intake forms.

Establishing Evaluation Mechanisms

Design systems to regularly assess both provider and client satisfaction with language services.

Health Literacy and Misinformation

COVID-19 shed light on the need for clear, accurate, and accessible health information. In this (post-)pandemic era, it is important that public health agencies provide multilingual, culturally relevant education to dispel misinformation and ensure that communities receive accurate guidance on vaccines, treatments, and preventive care.

Emergency Preparedness

As healthcare systems prepare for future public health crises, it is essential to incorporate language access into emergency preparedness plans. This includes multilingual messaging based on community demographics, streamlined access to interpreters and translators, and collaboration with community leaders to disseminate critical information to LEP populations.

Community Engagement and Feedback

Create more opportunities for community input on language access services, particularly from LEP populations, to better understand their needs.

Equitable Funding for Language Access Services

Advocate for dedicated funding to support the expansion and sustainability of language access services.

Collaboration with Educational Institutions

Partner with universities and training centers to incorporate language access into healthcare training programs, raising awareness of its importance among future healthcare professionals.

Continued Engagement

Now that I have concluded my sabbatical, I am working on different ways to share my experiences. Below are some ideas initially outlined in my sabbatical application:

Faculty Sabbatical Report and Presentation

I will present my experience, learnings, and recommendations at the Fall Faculty Colloquium and submit a written report. I also would like to share ideas for future sabbatical projects either for myself or my LCC colleagues.

Educational brochures/fliers/Zines

As requested, or deemed fit, design educational brochures and fliers about language access in Lane County, patient rights and language access laws, how to work with interpreters, what is interpretation vs. translation, etc. This might also entail crafting a Zine in Mam about language access in healthcare settings or other topics identified by the community.

Community Conversations Series

It might also be of interest to collaborate with organizations and implement a series of community conversations around language access and healthcare to co-construct ways to better support both Spanish and Mam speakers.

Continued partnership with organizations

One of the core objectives of this sabbatical is to network with local agencies. The intention is to establish myself and LCC as partners for working toward language access and health equity in our community. I hope that my work will set the stage for future collaborations.

Beginning Medical Spanish OER

The culmination of my sabbatical experience is to author a beginning medical Spanish OER centered on Latinos in Lane County drawing on local varieties (dialects) of Spanish. Not only would it cover basic medical Spanish, but also relevant cultural insight and considerations, community profiles and dynamics, among other topics. I plan to use it in my own Spanish for Health Professions course at LCC and to share it with local agencies for feedback, insight, and recommendations.

Recommendations for Future Sabbaticals

Cultural Competency Workshops for Healthcare Providers

- Design and implement a series of workshops for healthcare providers on cultural competency.
- Include modules on understanding the cultural contexts of healthcare for Spanish and Mam speakers, as many come from rural areas where traditional medicine is practiced and healthcare expectations may differ.

Create a Healthcare Interpreter Training Program at Lane Community College

- Create a training program for bilingual individuals, especially native speakers of Spanish and Mam, to become qualified healthcare interpreters. This might take the form of a certificate which requires coursework such as medical terminology, Spanish↔English interpretation, communication in healthcare settings, and legal aspects of healthcare.

Advocacy for Language Access Policy Changes

- Advocate for local, state, or institutional policy changes that mandate, enforce, and assess language access services for both Spanish and Mam speakers in healthcare settings.
- Conduct interviews or surveys with Spanish and Mam-speaking patients to document their experiences with language barriers in healthcare, using this data to push for more robust and inclusive language access policies.

A History of Language Access in Lane County

- Research the historical context of language access efforts and initiatives at the local and state level, taking into consideration relevant historical events and shifting demographics.

Telehealth and Digital Health Access for Spanish-Speaking Communities and Speakers of Indigenous Languages

- Explore the barriers that Spanish and Mam speakers face in accessing telehealth services and work to develop strategies for improving digital health literacy.
- Partner with local health departments or clinics to create accessible, multilingual digital tools (e.g., telehealth tutorials, mobile apps) that facilitate healthcare access for these populations.

Creating Medical Terminology Resources

- Develop bilingual (Spanish-English) or trilingual (Mam-Spanish-English) glossaries or guides for healthcare professionals, focusing on common medical terms and phrases.

Recommended Bibliography

Garcia, R. A., Spertus, J. A., Girotra, S., Nallamotheu, B. K., Kennedy, K. F., McNally, B. F., Khadijah Breathett, M. R., Sasson, Camila, & Chan, P. S. (2022). Racial and ethnic differences in bystander CPR for witnessed cardiac arrest. *New England Journal of Medicine*, 387(17), 1569-1578.

King, Mary Beth. (2021). Students find important pandemic information lost in translation. Published at http://news.unm.edu/news/students-find-important-pandemic-information-lostin-translation?fbclid=IwAR3WwvZfeDXnvMSJib4nO3c7oWt6rlqF3V_FxeX3rsrVsJvkYdF_BvKKc, last accessed January 20th, 2024.

Stephen, Lynn. Guatemalans in Oregon: Seeking Asylum, Surviving COVID-19. In “A State of Immigrants”: A New Look at the Immigrant Experience in Oregon, edited by Bob Bussell. Labor Education Research Center (LERC), University of Oregon, 2021.

Tensmeyer, N. C., Dinh, N. N. L., Sun, L. T., & Meyer, C. B. (2022). Analysis of Language Translations of State Governments' Coronavirus Disease 2019 Vaccine Websites. *Health equity*, 6(1), 738–749. <https://doi.org/10.1089/hecq.2021.0189>

Language Access Documents:

[Lane County Public Works Limited English Proficiency Plan](#)

[Lane County Limited English Proficiency Plan](#)

[Healthcare Equity Policy for Lane County Health & Human Services](#)