New York City
Department of Health and Mental Hygiene’s
Language Access Implementation Plan
2021
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I. Agency Mission and Background

With an annual budget of $1.6 billion and more than 6,000 employees throughout the five boroughs, the New York City Department of Health and Mental Hygiene (NYC Health Department) is one of the largest public health agencies in the world. The NYC Health Department is also one of the nation's oldest public health agencies, with more than 200 years of leadership in the field.

Every day, the NYC Health Department staff protect and promote the health of over 8 million diverse New Yorkers. The agency’s work is broad-ranging: staff members inspect and grade dining establishments, provide dog and food licenses, work in low- to no-cost health clinics across the city, and provide birth certificates for our youngest New Yorkers.

The agency’s disease detectives investigate suspicious clusters of illness, and the agency’s epidemiologists study the patterns, causes and effects of health and disease conditions in New York City neighborhoods. These studies shape policy decisions and the City’s health agenda.

The NYC Health Department addresses many health issues, including obesity, diabetes, heart disease, HIV/AIDS, tobacco addiction, substance abuse and the threat of bioterrorism. The agency also works to address enduring gaps in health between White New Yorkers and Black, Latino and other communities of color. Structural racism is at the root of these health inequities, which is why the NYC Health Department has made racial and social justice a priority. In a city where 40 percent of the population is foreign-born and 24 percent has limited English proficiency (LEP), providing language services is vital to the agency’s mission and goals.

II. Agency Language Access Policy and Goals

The Health Department established its Language Access Policy in the spring of 2016 to eliminate language barriers to agency services. Agency personnel are required to follow this policy when providing services to, or interacting with, LEP clients. The agency’s Publications and Language Access unit implements and enforces the Language Access Policy, which is consistent with the Civil Rights Act of 1964, Executive Order 120 and Local Law 30.

Since 2016, the agency’s Language Access Policy has included the following language assistance measures to ensure that eligible LEP clients receive the same quality services as their English-speaking counterparts:

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1 U.S. Census Bureau, 2018 American Community Survey
A. Population Needs
   a. Emergency communications, legal notices and priority communications intended for all New Yorkers will be translated into any languages spoken by at least 1% of New York City’s LEP population (see Appendix A for details).
   b. All other communications will be translated into any languages spoken by at least 5% of the eligible population, as determined by program or census data. Files may be translated into additional languages if necessary.
   c. Regardless of language, program or census data, staff members will provide language services to LEP New Yorkers upon request or if a need is identified.

B. Required Language Services
   a. The following language services are required when interacting with LEP New Yorkers:
      i. Publications that are written in plain language and professionally translated
      ii. Professional interpretation, including telephonic, in-person and ASL interpretation
   b. The following language services are permitted under certain conditions:
      i. Assistance from multilingual staff members: Multilingual staff members can provide direct language services (services in a non-English language) in non-medical settings. In medical settings, multilingual staff members can provide direct language services when giving general guidance or information (such as hours, directions, etc.).
      ii. Language services from medical staff members: Medical staff members who wish to provide services in a non-English language must have completed a language fluency assessment for medical vocabulary.
   c. The following language services are not permitted because they could be at risk of violating privacy rights, causing confusion and/or placing LEP New Yorkers at risk for medical errors
      i. In-house translations (not including those completed by the professional translators in the Office of External Affairs Language Services unit)
      ii. Interpretation help from children under 18 years of age
      iii. In medical settings, interpretation help from friends or relatives, or from staff members who are not involved in the patient’s care or who have not passed a fluency assessment
   d. If an LEP patient declines interpretation services in a medical setting, staff must:
      i. Reiterate that language assistance is free and is the patient’s right
      ii. Explain that providing language assistance is required by Health Department’s policy
      iii. Call an interpreter even if the patient chooses to use a friend or relative

Although the Health Department honors a patient’s right to decline language services, Health Department staff also should have a qualified interpreter present or on the phone to avoid
miscommunication and to protect the Health Department from potential liability. If the patient chooses to use a friend or relative as an interpreter, the Health Department staff member should call LanguageLine to have a professional interpreter on the line and ask them to speak only to correct any omissions or mistakes in interpretation.

C. **Mandatory Staff Training:** The Health Department will provide the following mandatory trainings to help staff members comply with the Health Department’s policies and provide meaningful access to services for LEP New Yorkers.

   a. **Introduction to language access for new hires:** New-hire orientation covers:
      i. The Health Department’s Language Access Policy
      ii. Required language services, as defined above
      iii. The Office of External Affairs Language Services unit

   b. **Annual language access training:** With support from the Language Services unit each division will provide annual trainings for the following staff:
      i. Staff who have the potential to interact with LEP individuals
      ii. Staff who arrange for language services
      iii. Program directors
      The annual training includes details on how to access language services, how to request written translations of vital documents, request interpretation services and provide services in a non-English language.

D. **Hiring Multilingual Staff**

   The Health Department encourages divisions to take language skills into account when hiring in order to facilitate serving LEP New Yorkers. Divisions wishing to hire bilingual staff for front-line positions can indicate the desired language skills in the “Preferred Skills” section of the job vacancy notice for provisional and civil service hiring. The Language Services unit will also facilitate a fluency assessment for staff who wish to provide services to New Yorkers in a language other than English.

E. **Communications:** Each Health Department division will designate at least one language access liaison per division. Divisions may also designate additional liaisons per bureau. The liaisons will be responsible for:

   i. Attending quarterly language access meetings to review reporting and assessment data
   ii. Coordinating language access trainings with the Language Services unit
   iii. Collecting and submitting to the Language Services unit data regarding New Yorkers served and in which languages
   iv. Reinforcing the Health Department’s Language Access Policy and protocols throughout the division
III. Agency Language Access Accomplishments and Progress on Goals

The Language Access team was created in 2016, with only one staff member, with the goal of eliminating all barriers to agency services and ensuring meaningful access for the many LEP communities in New York City. The Language Access team has grown to include more staff and is now part of the Language Services unit within the Office of External Affairs. The team has been able to accomplish some of our goals as noted below:

- The Language Services unit was created in 2019 as a distinct and dedicated unit within the NYC Health Department. This has permitted the Language Services unit to concentrate on continuing to build up an agency infrastructure for effective and appropriate delivery of language services to the LEP community we serve.
- The Language Access team has grown to include two language access coordinators, a trainer and a team manager. The increased capacity has permitted the team to increase targeted outreach and support to our agency’s programs.
- Language Services unit hired its first ever Chinese translator and project manager. This has permitted the unit to not only increase capacity for Simplified and Traditional Chinese translations, which has been especially important during the agency’s COVID-19 response, as well as allowed us to improve the quality of agency materials in these two scripts.
- The agency is in compliance with Local Laws 26, 30 and 65 per a recent audit by the Comptroller’s Office.
- The Language Services unit created program-specific and agency glossaries to ensure consistency and high quality of all translated agency documents.
- The NYC Health Department’s Language Access Policy was updated along with other related documents designed to provide guidance to staff when providing direct services to clients.
- The Language Services unit was instrumental during the COVID-19 pandemic in ensuring that LEP New Yorkers received vital, in time and life-saving information in their own language in various media platforms. The unit has managed the translation of more than 500 documents and materials for translations. The unit also provided training and procured interpretation services and all kinds of signs to our vaccination sites.
- The Language Services unit went beyond the top 13 languages and expanded to 26 languages for most COVID-19 translated materials.
- The Language Services unit supported the agency’s COVID-19 activation at our vaccination sites by providing in-person interpretation services, translated signs, documents and all other collateral.
- The Language Services unit supported the agency’s COVID-19 outreach efforts in vulnerable communities in NYC such as the indigenous communities of Latin America by providing census and programmatic data along with agency resources.
• The agency’s speaker’s bureau trained over 70 staff members proficient in English, Spanish, Bengali, Mandarin and Cantonese to deliver presentations throughout the 5 boroughs on COVID-19-related information.

• The Marketing team led the creative development, production, printing, release and placement of 35 large-scale media campaigns in multiple languages including 528 videos developed, of which 496 are in languages other than English.

• The Social Media team developed custom web page and custom translated those web pages to better reach Limited English Proficient New Yorkers.

• The Communications team collaborated with and supported other city agencies, including NYCEM, DOITT, MOIA, NYCHR, DOE, CFB, BOE, Democracy NYC, MOPT.

• Our agency website had 688,856 views in languages other than English.

• Our Press Office did over 100 press events in multiple languages.

We’ve also made progress in some of our long-term goals:

• **Conduct site visits to all public-facing sites annually**
  The NYC Health Department’s Language Access Policy mandates that the Language Services unit assess the progress of Local Law 30 requirements by performing annual site visits to all our public-facing sites to ensure:
  1. Translated documents are available on the premises or ready to print
  2. Translated informational/directional signs are posted
  3. Multilingual sign noting free interpretation signs are posted
  4. Staff are trained in the Health Department’s language access policy and procedures

  Our language access trainer has led and continues the annual the effort to visit all 36 of the agency’s public-facing sites. These site visits are an important component of mission by allowing us to identify any gaps in services and be able to provide technical assistance to staff.

• **Conduct annual training for all public-facing staff**

  As with site visits, our unit is required to conduct annual trainings for all public-facing staff. Our unit was successful in conducting these trainings. We are currently working on revamping this training to include updated language access protocols, visuals and expanding our online/virtual platforms.

• **Continue providing fluency assessment to clinical providers who wish to provide direct services in a different language**

  The agency continues to be committed to eliminating language barriers and ensuring meaningful access to health services for all LEP New Yorkers. In this spirit, the agency continues to offer fluency assessments in over 30 languages to all clinical and non-clinical providers wishing to provide direct services in a different language. 352 clinical staff have taken a fluency assessment and passed.
IV. LEP Population Assessment

In response to Executive Order 13166, “Improving Access to Services for Persons with Limited English Proficiency” in 2002, the U.S. Department of Justice developed the following “four-factor analysis” providing agencies with “flexible and fact-dependent” guidelines meant for identifying LEP client populations and their needs:

1. The number or proportion of LEP persons in the eligible service population
2. The frequency with which LEP individuals come into contact with the agency
3. The importance of the benefit, service, information, or encounter to the LEP person (including consequences of lack of language services or inadequate interpretation/translation) and,
4. The resources available to the agency and the costs of providing various types of language services.

As dictated by Local Law 30, the NYC Health Department took into consideration these four factors in writing and implementing our Language Access Policy and will continue to do so in the planning of the provision of language services to our LEP clients.

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the program.

New York City has a limited English proficient (LEP) population of 24 percent according to the U.S. Census Bureau’s 2018 American Community Survey. As the Health Department provides benefits and health services to all New Yorkers, we expect to serve all of New York City’s eligible LEP population. The profile of our LEP clients, however, varies across our myriad agency programs and neighborhoods and, in many instances, differs from the city’s overall LEP residents. As a result, the agency’s Language Access Policy mandates that all direct public services directed at all New Yorkers be provided in languages supplemental to the 10 designated citywide languages required in Local Law 30. The Policy requires that these supplemental languages be any languages spoken by at least 1 percent of New York City’s LEP population based on U.S. census data. As of 2017 these languages (including the designated citywide languages) were: Spanish, Russian, Cantonese, Haitian Creole, Korean, Bengali, Mandarin, Italian, Polish, Yiddish, Arabic, French and Urdu. All other communications or documents will be translated into any languages spoken by at least 5 percent of a program’s eligible population, as determined by programmatic or census data. The Language Services unit evaluates the American Community Survey annually to ensure the language services list for essential communications remains current and serves the needs of the city’s LEP residents. It also works with bureau liaisons to obtain up-to-date data from programs.

2. The frequency with which LEP individuals come in contact with the program.

The agency serves more than 8 million New Yorkers from diverse, cultural and economic backgrounds. The agency’s services range from performing inspection grades for dining

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establishments and street food vendors to providing birth certificates to offering sexual health, immunization and tuberculosis services at our low- to no-cost health clinics in all five boroughs. All agency public-facing staff are trained by the Language Services team to contact our telephonic interpreter vendor during LEP client interactions. The Health Department uses vendor data, demographic data survey, agency intake forms, as proxy for frequency of agency interactions with which LEP individuals come in contact with agency programs.

3. **The nature and importance of the program, activity or service provided by the program to people’s lives.**

The agency provides many direct services to the public. Through its clinics, hotlines, restaurants and child care inspectors, Action Centers and disease detectives, the NYC Health Department plays a strong and active role in protecting and promoting the physical and mental health and well-being of all New Yorkers. The importance of this mission to the continued health and productivity of New York City cannot be overstated. As such, it is critical for the agency to provide language access to public services that have a direct public health impact or that provide legal and commercial licensing information. The agency provides language services to all Article-28-covered clinical services and all other walk-in facilities and their related public (essential) documents in the agencywide 13 LEP languages. Moreover, the language access coordinator helps each division assess translation and interpretation needs for each site’s target population and provide those services accordingly.

4. **The resources available to the agency and costs.**

The NYC Health Department provides telephonic interpretation in more than 240 languages, as well as in-person interpretation (spoken and ASL) to its clients. The agency also provides professional translations of materials for target populations and the general public through the use of a professional translation vendor and one review vendors. The agency has contracts and purchase orders to facilitate language access services of over $2 million dollars. Most of these services are centrally funded, and do not require programs to have independent funding to offer them or clients to pay for them. The agency also employs two full-time Spanish translators and one Chinese translator.

As part of the Language Access Policy, the agency developed, with the help of a vendor, a clinical fluency assessment for staff tailored to the specific needs of each bureau providing direct clinical services. This clinical fluency assessment, along with a general fluency assessment, is available to all public-facing staff in an effort to improve the quality of language access services to the LEP populations in the city. To date, more than 352 clinical and nonclinical staff have taken the assessment and passed with high scores.

V. **Provision of Language Access Services**

1. Interpretation Services

   a. How will you provide interpretation – both over the phone and at service centers?

      All agency public-facing sites and staff have 24/7 access to telephonic interpretation services covering more than 240 languages from a professional citywide vendor, LanguageLine Solutions.
Our health clinics and Neighborhood Health Action Centers also have access to video-remote interpretation for over 100 languages in addition to American Sign Language (ASL) interpretation. Front-line staff are made aware of these language services resources and how to request these services at their annual language access trainings. We are currently working with our contracted vendors, Accurate, to expand services to all of our sites and have it available to all field staff. In-person interpretation services are also available for public community events through our vendors, Geneva. As public community events and hearings are under the purview of the Community Affairs team within the Office of External Affairs, the language access team coordinates between programs and Community Affairs. The language access coordinators help programs assess their language service needs using previously collected programmatic data and community-level data. This allows the program to not only request the appropriate in-person interpreter from Community Affairs but also to be able to advertise the event to the target populations by translating flyers prior to the event.

The NYC Health Department is committed to reducing racial and health disparities among our LEP clients by providing them with timely and quality services. The agency has long offered professional interpretation services to New York City’s LEP population using the DCAS citywide contracts. However, the agency is currently in the process of creating and issuing RFPs to increase the breadth and increase the pool of vendors we can utilize for these services. The agency currently uses three primary vendors: LanguageLine, Accurate and Geneva.

In addition to vendor-provided interpretation and translation services, multilingual medical and non-medical staff also provide services to LEP clients. The language access policy encourages agency leadership to continue to hire multilingual staff in all service areas. Medical staff who wish to provide medical services in a language other than English must pass a professional fluency assessment which will be administered by the Language Access Manager. Non-medical staff also have the option to take a standard fluency assessment to prove competency in a certain language. Non-medical staff who wish to provide competent services in a different language, other than basic information and directions, must pass the fluency assessment to do so. The Language Access Policy requires all public-facing staff to go through annual trainings on how to provide meaningful, competent and culturally sensitive services to all LEP clients. These trainings also include a best-practices module on providing proper interpreter services which allows front-line staff to determine which type of interpretation (telephonic interpretation vs in-person interpretation vs bilingual staff) to use under varied circumstances.

b. How will you identify the primary language of your customers?

In the U.S. Census Bureau’s American Community Survey (ACS), LEP individuals are people 5 years or older who self-identify as speaking English less than “very well.” The agency uses this designation to identify LEP clients and their primary language when providing services. While the agency does not have a standardized system of collecting and tracking a client’s primary or preferred language, all Article-28-covered clinical facilities and all other walk-in facilities currently collect this information from their eligible clients. The language access coordinator collects this de-identified information from these facilities and sites and helps them track it. We are currently looking for ways to create a standardized system of collecting language access data.
for agency programs currently not doing so. The agency utilizes the community district data from the ACS not only to identify the different LEP communities in New York City but also to identify gaps in services between active (currently enrolled) and eligible community clients within those communities. ACS data, along with data submitted by agency programs, have allowed the language access team to create language lists for most programs (see example in Appendix B) with the languages spoken by at least 5 percent of the LEP eligible population.

Agency public-facing staff identify the client’s primary or preferred language at initial encounters either by asking “What is your primary language?” or “What is your preferred language?” on intake or enrollment forms. Staff can also utilize a language ID sheet (see Appendix C) which informs clients in 24 languages of their right to receive free services in their preferred language. This tool is especially useful for our field staff. Additionally, medical and non-medical staff who have passed a professional fluency assessment are able to wear an “I Speak…” button, which lets clients know they are able to communicate in a specific language other than English.

The Language Services unit works with the digital communications department to upload all essential program documents and notices to the agency’s website. The agency is currently translating content into the top 13 languages and re-designing our Language Services webpage where LEP clients, who have access to Internet, can find our resources and services in their respective language. The unit also works with all public-facing programs to help with the printing and distribution of many of our translated materials and documents.

c. How will you ensure that your contractor provides quality services?

The Language Services unit will ensure that our interpretation and translation vendors provide quality services by continuing to have monthly or quarterly meetings with our vendors. The Language Services unit has created a shared document, available to all agency staff, where staff can report poor or insufficient services provided by our vendors. The monthly or quarterly meetings are designed to hold our vendors accountable for their services.

2. Translation of Written Material

a. How will you identify and translate essential public documents?

The agency’s Language Access Policy requires that each division and bureau designate a language access liaison. The language access team meets with each liaison monthly and with all liaisons on a quarterly basis. Each liaison is tasked with helping each program identify essential or vital public documents. The agency defines “essential public documents” as:

- Consent forms
- Written notices of clients’ rights and responsibilities
- Notices advising LEP persons of free language assistance
- Applications or intake forms to receive public services that have immediate or large-scale health impact
- Notices of services provided
After careful vetting and review, the Language Services team translates these documents into the top languages (1 percent threshold) spoken by New York City’s LEP population using our contracted vendors.

All other communications or documents will be translated into any languages spoken by at least 5 percent of a program’s eligible population, as determined by programmatic or census data. The Language Services unit evaluates the American Community Survey annually to ensure the language services list for essential communications remains current and serves the needs of the city’s LEP residents. It also works with bureau liaisons to obtain up-to-date data from programs.

Agency staff are informed of language services resources and translation request processes during annual language access trainings and divisional liaisons. Divisional communications liaisons are responsible for submitting translation requests to the Language Services unit through the agency’s electronic Communications Project Request system (eCPR). The request is then assigned to a Language Services team member who manages the translation request. Programs are then responsible for dissemination of translated materials to their target populations.

b. How will you ensure that your contractor provides quality services?

The agency has a review process in place to ensure quality translation services. A third-party review vendor reviews the following types of documents translated by LanguageLine: newsletters, legal documents/notices, vital documents, factsheets, handouts, items with a longer shelf life, high priority or politically sensitive items and items for a broad audience. Translated documents are then sent back to LanguageLine for final changes. We have two professional Spanish translators and one Chinese translator who also review LanguageLine-translated documents.

To ensure consistency and high-quality language services in agency translations, the Language Services unit has also created, and has continued to expand, a glossary of key terms for each division and a style guide for the 13 agencywide languages.

Also, to ensure accuracy and a high-quality on all of our public-facing translated documents, in-house translations, other than those completed by the professional translators in the Language Services unit, are not permitted.

3. Notification of Free Interpretation Signage

a. How will you produce or post public notices regarding your agency’s provision of free language assistance?

All of our public-facing clinics and sites have a poster that states “You have the right to free interpretation services” in 18 languages visibly posted (see Appendix E). Each public-facing site also has bilingual and multilingual signs posted based on that site’s language list and eligible population that provide direction to clients and services offered to them at that particular site. The Language Access team works with the agency’s programs to inform and provide agency resources to not only be able to identify New Yorkers with LEP, but also to be able to assist
them to the best of our ability. Additionally, every agency flyer or document that advertises our services or events, on any platform, promotes our free interpretation services and the fact that we provide services without regard to a person’s immigration status.

4. Language Access in Agency Communications

The language lists created by the language access team, using census and programmatic data, inform the agency and each program’s outreach efforts. Based on these lists, the agency translates agency communications, including outreach events, hearings, websites, social media, online transactions, or press releases into languages spoken by at least 5 percent or 1 percent of eligible or active population in NYC. Our marketing and social media team also develop and advertise media campaigns in different languages on radio, television and various social media platforms and our Publications team promotes on flyers and other event promotion materials that interpretation services can be requested for events. Please see Section III for the immense work the agency’s Communications team has done during the COVID-19 pandemic especially with regards with peoples with LEP.

5. Plain Language

Any agency program that requests a translation of a document must first send the document to the Publications unit. The Publications team then incorporates the following plain language principles during their review process:

- Write for your audience
- Organize the information
- Choose your words carefully
- Be concise
- Keep it conversational
- Design for reading
- Follow web standards
- Test your assumptions

The NYC Health Department recognizes that an English source document should be clear and at a proper literacy level in order for the translation vendor to provide a quality and appropriate translation.

The Publications unit also provides proper protocols to ensure that programs are aware of these principles when creating agency materials.

6. Agency’s Emergency Preparedness and Response

The goal of the NYC Office of Emergency Preparedness and Response (OEPR) team, under the NYC Health Department, is to prevent, protect against, respond to and increase NYC’s ability to recover from the public health impacts of any emergencies. OEPR understands that as a City where 1 in 4 people don’t speak English very well it is imperative that the needs of people with LEP be integrated into the agency’s emergency response formal plans or protocols. OEPR has been consulting with the Language Services unit for years to create and (re)evaluate language access protocols for use during and after a public health emergency. The protocols we have in
place to ensure meaningful language access for services and communications during public health emergencies have been very useful during the COVID-19 pandemic and continue to serve the agency’s recovery efforts.

In early January 2020, the NYC Health Department activated its Incident Command System (ICS) to respond to the COVID-19 emerging pandemic. This activation prompted the activation of the Office of External Affairs staff which include the four Communications units (the Language Services unit falls under this unit), the Intergovernmental Affairs unit, the Information Support unit, Community Affairs, and the Press Office. OEA has been central to agency’s dissemination of vital COVID-19 information to New Yorkers, including the diverse LEP communities of NYC.

Fortunately, the existing language services infrastructure allowed the agency to respond quickly and disseminate multilingual content to New Yorkers. Annual language access trainings have been conducted for all front-line agency staff, including in OEPR, on not only how to deliver culturally and linguistically appropriate services to LEP clients and what resources are available to them, especially during a public health emergency, but also on the processes and mechanism set in place for a faster delivery of services.

As noted earlier, we have existing contracts with vendors for telephonic and in-person interpretation as well as vendors for translations and translations review. Additionally, we have in-house linguistic talent with two Spanish translators and one Chinese translator. The emergency activation enabled the Language Services team to not only increase our contract ceiling amounts with our interpretation and translation vendors, but also to choose the vendors with the fastest turnaround times and best quality of services. As a result, translations of essential COVID-19 informational documents and guidelines were initially translated into the City’s top 13 languages often with a turnaround time of one day. Upon consultation with other agencies, such as the Mayor’s Office of Immigrant Affairs and their community outreach team, the agency expanded the translation of key COVID-19 documents into 26 languages thereby expanding our reach to most LEP New Yorkers. These translated documents and information were then distributed by our community outreach teams and posted on our agency’s website and included in our social media platforms.

Our Digital Communications unit has made our agency website and social media platforms accessible to the LEP populations in NYC by providing custom translation information in the top 13 languages. The Marketing unit has also led the creative development, production, printing, release, and placement of over 35 large-scale media campaigns in multiple languages. Additionally, our Speaker’s Bureau trained staff with expertise on the subject matter to present on COVID-19 related topics and answer questions New Yorkers had in multiple languages.

The Communications unit continues to support the agency’s COVID-19 response efforts especially with the distribution of vaccinations through NYC Health Department Vaccine Hubs. We have and continue to support the creation and distribution of any materials necessary to facilitate delivery of services at these sites including posters, banners, palm cards, registration forms, “I Speak” cards and others. Vaccine Hubs have also utilized our existing language services contracts for in-person and VRI interpretation services. This is in addition to utilizing the hundreds of bilingual staff working at these sites.
VI. Training

The Health Department will provide the following mandatory trainings to help staff comply with agency policies and provide meaningful access to services for LEP New Yorkers.

a. Introduction to language access for new hires: New-hire orientation covers:
   1. The Health Department’s Language Access Policy
   2. Required language services, as defined above
   3. The Office of External Affairs Language Services unit

b. Annual language access training: With support from the Language Services unit each division will provide annual trainings for the following staff:
   1. Staff who have the potential to interact with LEP individuals
   2. Staff who arrange for language services
   3. Program directors

   The annual training includes details on how to access language services, how to request written translations of vital documents, request interpretation services and provide services in a non-English language.

VII. Record Keeping and Evaluation

A. How will you ensure the quality of your language access services?

   The Health Department has quality assurance processes in place to ensure the quality of our language access services. In terms of interpretation services, the Language Services unit has monthly check-in meetings with our interpretation vendors. The meetings are designed to not only provide feedback to the vendors, submitted to us by our programs (see Language Access Complaints section), but also to find creative and practical solutions to complaints filed by them.

   The annual medical and standard fluency assessment coordinated by the Language Access coordinator also ensures that our staff provide a level of interpretation services equal to that provided to our English-speaking clients.

   The Language Services unit has instituted a review process that includes reviewing documents to make sure they abide by plain language guidelines and using review vendors to review all important and vital documents. Furthermore, as previously stated, in-house translations by any agency program are not allowed.

   The agency will also foster high-quality language access services by expanding the existing agency glossary of divisional key terms so that translations can be consistent and by reviewing the Implementation Plan on an annual basis to assess the consistency of the plan’s goals with agency resources and client needs.

B. How will you maintain records of the language services your agency provides?
The Language Services unit receives monthly reports from its translation and interpretation vendors. Additionally, agency programs submit programmatic data of services provided to LEP clients. These reports and programmatic data allow the agency to monitor and assess the language access services it is providing and be able to identify any gaps in access.

Staff who pass the fluency assessment will have a certification in that language on our employee website, Employee Data Bank, EDB. This will allow facility managers and leadership to identify fluent staff interpreters to provide services to LEP clients.

The Language Services unit also keeps records of new-hire orientation and annual staff trainings and of all the programs’ translated vital documents.

**Evaluation**

The language access coordinators will evaluate the progress of the language access implementation plan by:

- Surveying staff on their understanding of language access procedures. The language access coordinator will conduct random surveys on an annual basis.
- Conducting client satisfaction surveys of LEP clients. Several divisions across the agency already conduct client satisfaction surveys as a way to evaluate service quality. The language access coordinator will work with these divisions to locate the survey responses of LEP clients.
- Requesting annual language services and access data from agency programs. This will allow us to identify any gaps in services to LEP New Yorkers.

The language access coordinator will compile the data from these various sources and will include a summary of these evaluation results in the annual updates of the Language Access Implementation Plan.

**VIII. Resource Analysis and Planning**

**A. How will you leverage current agency resources to implement your plan?**

The agency approved its language access policy in 2016. As a result, some agency resources have already been allocated to reduce language barriers. A central translation fund was created to fund program interpretation and translation services. This fund is also used to fund the staff fluency assessment and for the creation of language access toolkit materials like the free interpretation services poster, language ID sheet and multilingual booklets for clients. The agency encumbered over $1,336,400 for translations and translation reviews and over $1.02 million for interpretation services. The Language Services unit will also continue to coordinate with language access units from other City agencies to learn best practices and provide guidance.

The agency is aware of the constant demographic changes in New York City. This is the reason it goes above and beyond providing language services in the city’s designated citywide languages. As
IX. Outreach and Public Awareness of Language Access Services

The agency will provide information about language services to public, media, community leaders and LEP residents. The agency will also inform the public about language access services by implementing the following protocols:

- In translated flyers and promotional materials about public events, mentioning that interpretation services are available.
- Providing listings in 311 and the agency’s Call Center for all agency programs that offer language access services.
- Reaching out to local organizations that represent LEP residents within target populations with assistance from the Language Services unit, Office of Intergovernmental Affairs, and Community Affairs.
- Advising that language services are available by making visible posters and flyers at the agency’s public spaces.

The agency will implement outreach for services on a rolling basis, beginning after a service’s staff members have received training in assisting LEP clients with language access services.

X. Language Access Complaints

Complaints about language access received through 311 are automatically uploaded to our correspondence tracking system. Complaints are routed to the language access manager and language access coordinator. The language access team has also created a shared Excel spreadsheet where program staff can describe any deficiencies in interpretation services with LanguageLine. Language access trainings and liaison meetings are also ways language access complaints are communicated to the language access team. These complaints are then discussed with the vendor at monthly meetings.

XI. Implementation Plan Logistics

The Language Services unit is comprised of the language access manager, the language access coordinator, a language access trainer, a translations manager, a Spanish translator and a Chinese translator. Given the myriad of services the agency provides to New Yorkers and the
size of the Language Services unit, it is essential that the unit continue to work closely with bureaus’ language access liaisons and their respective leadership to build the infrastructure needed to provide more equitable services to LEP New Yorkers.

Over the next few years, we expect to be able to expand the unit to include a full-time Director and more in-house full-time Translators as well as a Project Manager to support the provision of increased number of translation and interpretation service requests.

Monthly and quarterly liaison meetings are designed with the goal of supporting and tracking a bureau’s progress towards completing the Local Law 30 requirements. We work with bureaus to implement quarterly language access goals and those goals are monitored regularly for progress or possible re-evaluation. We plan on making progress on the goals below for the next fiscal year.

**FY2022-FY2025**

The Language Services Unit plans to:

Expand the Language Services unit by hiring a full-time Director and additional staff to better serve LEP New Yorkers by end of FY22

Increase the Agency’s centralized Language Services’ budget to be able to increase the number of written translations and interpretation services it is able to provide by the end of FY22. Evaluate that budget in FYs 23-25.

<table>
<thead>
<tr>
<th>Language Access Goal</th>
<th>Milestones</th>
<th>Responsible staff</th>
<th>Deadline</th>
</tr>
</thead>
</table>
| Expand the Language Services unit by hiring a full-time Director and additional staff to better serve LEP New Yorkers by end of FY22 | Hire director by end of FY22  
Hire additional staff by end of FY22                                                | Assistant Commissioner for Communications                             | End of FY22      |
| Increase the Agency’s centralized Language Services’ budget to be able to increase the number of written translations and interpretation services it is able to provide by the end of FY22. Evaluate that budget in FYs 23-25 | FY22                                                                      | Assistant Commissioner of Communications                 | FY23-FY25        |
| Implement an agency-wide survey to measure the agency’s knowledge of language access policy goals and each division’s progress on metrics implementation | Completion: Create comprehensive survey for each division that measures progress of LL30 metrics implementation – FY22 | Language Access Team | End of FY25 |
| Complete implementation of the Language Services HealthNet Training | Finalize HealthNet Training Course – FY22 | Language Access Coordinator | End of FY22 |
Appendix A. Top Languages Spoken by New York City’s Limited English Proficient Population

Emergency communications, legal notices and administration priority communications intended for all New Yorkers will be translated into any languages spoken by at least one percent of New York City’s Limited English Proficiency population. The Publications and Language Services unit will review this list annually and update it as needed.

<table>
<thead>
<tr>
<th>New York City</th>
<th>% of LEP Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Spanish</td>
<td>49.54</td>
</tr>
<tr>
<td>2  Russian</td>
<td>6.53</td>
</tr>
<tr>
<td>3  Cantonese</td>
<td>3.09</td>
</tr>
<tr>
<td>4  Haitian Creole*</td>
<td>2.70</td>
</tr>
<tr>
<td>5  Korean</td>
<td>2.57</td>
</tr>
<tr>
<td>6  Bengali</td>
<td>2.50</td>
</tr>
<tr>
<td>7  Mandarin</td>
<td>2.47</td>
</tr>
<tr>
<td>8  Italian</td>
<td>1.75</td>
</tr>
<tr>
<td>9  Polish</td>
<td>1.61</td>
</tr>
<tr>
<td>10 Yiddish</td>
<td>1.50</td>
</tr>
<tr>
<td>11 Arabic</td>
<td>1.43</td>
</tr>
<tr>
<td>12 French</td>
<td>1.24</td>
</tr>
<tr>
<td>13 Urdu</td>
<td>1.04</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates
Appendix B. Language Lists for the Nurse-Family Partnership (NFP) program. Active clients denoted in the first list are current clients receiving services whereas eligible population consists of potential clients who live in the program’s service area.

### Nurse-Family Partnership (Active Clients)

<table>
<thead>
<tr>
<th>Language</th>
<th>% of LEP Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Spanish</td>
<td>78.59</td>
</tr>
<tr>
<td>2 French</td>
<td>7.07</td>
</tr>
<tr>
<td>3 Haitian Creole</td>
<td>3.64</td>
</tr>
<tr>
<td>4 Bengali</td>
<td>3.03</td>
</tr>
</tbody>
</table>

*Source: Program data for current active NFP clients as of 3/31/16, including “Other” languages.*

### Nurse-Family Partnership (Eligible Population)

<table>
<thead>
<tr>
<th>Languages</th>
<th>% of LEP Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>74.13</td>
</tr>
<tr>
<td>Chinese (TC and SC)</td>
<td>4.17</td>
</tr>
<tr>
<td>Bengali</td>
<td>3.13</td>
</tr>
<tr>
<td>Haitian Creole</td>
<td>1.91</td>
</tr>
<tr>
<td>French</td>
<td>1.67</td>
</tr>
<tr>
<td>Korean</td>
<td>1.15</td>
</tr>
<tr>
<td>Kru</td>
<td>1.03</td>
</tr>
<tr>
<td>Arabic</td>
<td>1.06</td>
</tr>
</tbody>
</table>

*Source: Combined ACS data for the following CDs: BK 3, 4, 16, 17; BX 1, 2, 3, 4, 5, 6, 7, 9; MH 9, 10, 11; QN 2, 3, 8; SI 1*
# Appendix C. Language ID Sheet

<table>
<thead>
<tr>
<th>Language</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Español</strong></td>
<td>Spanish</td>
</tr>
<tr>
<td><strong>Русский</strong></td>
<td>Russian</td>
</tr>
<tr>
<td><strong>한국어</strong></td>
<td>Korean</td>
</tr>
<tr>
<td><strong>বাংলা</strong></td>
<td>Bengali</td>
</tr>
<tr>
<td><strong>Польский</strong></td>
<td>Polish</td>
</tr>
<tr>
<td><strong>Итальянский</strong></td>
<td>Italian</td>
</tr>
<tr>
<td><strong>العربية</strong></td>
<td>Arabic</td>
</tr>
<tr>
<td><strong>Français</strong></td>
<td>French</td>
</tr>
<tr>
<td><strong>Punjabi</strong></td>
<td>Punjabi</td>
</tr>
<tr>
<td><strong>Tagalog</strong></td>
<td>Tagalog</td>
</tr>
<tr>
<td><strong>Shqip</strong></td>
<td>Albanian</td>
</tr>
<tr>
<td><strong>Português Europeu</strong></td>
<td>Portuguese</td>
</tr>
</tbody>
</table>

Note: The table above represents a list of languages and their translations. Theilingual services are available for these languages.
INSTRUCTIONS FOR STAFF

Allow the client to review the sheet and point to a language. If the client does not select a language from the sheet, LanguageLine can help identify the language (see step #2 below).

1. Call 1-866-874-3972 from any phone and enter your program's client ID number. Write your 6-digit client ID number below.

   

2. Press 1 for Spanish, and 2 for all other languages.
   • You will be prompted to say the language the customer has selected.
   • For help identifying the customer's language, press 0 and wait for an operator.

3. Once the interpreter is on the line, place the phone on speaker and briefly explain the nature of the call to the interpreter.

WHEN WORKING WITH AN INTERPRETER:

• Speak directly to the limited English proficient client, not to the interpreter.
• Pause at the end of a complete thought to give the interpreter time to translate the message.
• Note that the Interpreter will respond in the same tone as the client, and may sometimes ask for clarification or repetition to ensure accuracy.
Appendix D. Post Emergency Canvassing Operation Language Access Plan to be used during and after a city emergency.
Appendix E. You Have the Right to free Language Services posters are displayed in all of our public-facing sites throughout New York City.

You have the right to free language services.
Tiene derecho a recibir servicios de idiomas gratuitos.
У вас есть право на бесплатные языковые услуги.
您有權申請免費的語言服務。
Ou gen dwa pou resevwa sèvis lang gratis.
여러분은 무료 언어 서비스를 받을 권리가 있습니다.
আপনার বিভিন্ন ভাষায় পরিষেবা পাওয়ার অধিকার আছে।
您有权利享受免费的语言服务。
Hai il diritto di ricevere servizi linguistici gratuiti.
Każdy ma prawo do korzystania z bezpłatnych usług językowych.
언어 서비스를 무료로 이용하는 권리를 가지고 있습니다.
Vous avez droit à des services linguistiques gratuits.
 Ae ko mukt language services ka mukhto te bhalo.
Δικαιούστε δωρεάν υπηρεσίες διερμηνείας.
May karapatan ka sa mga ilbrent serbisyo sa wikang.
Keni të drejtën e shërbimeve gjuhësore falas.
あなたは無料の言語サービスへのアクセス権があります。