

New York City Department of Health and Mental Hygiene
Local Law 73 Implementation Update for 2007
March 31, 2008

The Department of Health & Mental Hygiene (DOHMH) published an Implementation Plan in October, 2004, to outline steps that the agency would take to ensure compliance with Local Law 73 of 2003. This Implementation Update conveys the agency's continued commitment to provide Limited English Proficient (LEP) customers with full access to ongoing services. The Update addresses activities undertaken during 2007 toward compliance with Local Law 73 and improving language access.

Initially the agency's Local Law 73/ Limited English Proficiency (LEP) Committee met monthly as the need to meet more frequently was required to establish and rollout the agency's LL73 Implementation Plan. The LEP Committee will be meeting on a quarterly basis to address issues related to language interpretation and translation access and services, with Adhoc committee meetings established as the need arises; commencing in 2008.

The Committee is comprised of representatives from Bureaus that provide direct patient care services in the Article 28 clinics, including the following Bureaus: Sexually Transmitted Diseases Control, Tuberculosis Control, Oral Health Programs & Policy and Immunization. Also on the Committee are representatives from the Office of Clinical Quality Management and Improvement (OCQMI) and the Office of Cross-Cultural Communications.

In concert with efforts to comply with Local Law 73, the Office of Clinical Quality Management and Improvement integrates language access services into its performance improvement efforts. These include:

- Annual Clinical Site Assessment surveys
- LEP Review Site Surveys
 - Article 28 clinics are mandated to ensure that language assistance services are available whether the interaction is by telephone or in person. In an effort to ensure compliance a survey was conducted with methodology of both interviews of staff and direct surveyor observation.
- Patient Satisfaction/Customer Service Committee
 - The annual Patient Satisfaction Survey, mandated by the NY State Department of Health, will include LEP issues. The survey is conducted in multiple languages at Article 28 clinics.
 - Process improvements around patient complaints include efforts to expand LEP access to the complaint process.
 - Performance Improvement Projects for all Article 28 Bureaus

1. Identification of Primary Language

Language Access Toolkits (a collection of instructions and resource materials on language access) were provided to all Article 28 clinics and supervisors with instructions on identifying the language spoken by clients. Cross-Cultural Communications continues to supply language identification cards during telephone interpretation trainings.

2. Language Assistance Services

Telephone interpretation: All Article 28 Bureaus have access to the agency contract for telephone interpretation services and have been provided training on how to access interpretation through a toll-free number. Also available are dual-handset telephones at certain clinical sites to assist staff with accessing Language Line and to support confidential exchanges.

Translated materials: The Cross-Cultural Communications unit coordinates translation services for the agency. During 2007 as indicated in Table 1, the Office of Cross-Cultural Communications recorded 506 requests for translation, a decrease of 20% from 633 in 2006. The total includes requests from Article 28 Bureaus. Much of decrease may be attributable to change vendors and data tracking systems. The relative distribution of languages requested remained consistent, as the top ten languages in 2006 were also the languages most in demand in 2007. Spanish accounted for approximately 40% of the translations; Chinese was also significant at approximately 29% translations.

Data tracking and project initiation changed the way projects are measured, and requested service bureaus to request translations in bulk (i.e. more than one language at a time per request, to multi-language requests). Too, vendor changes did affect work-flow as the Unit finalized a multi-year RFP for more robust language services. The resultant vendor from this RFP, Eriksen Translations is a firm that provides rapid and dynamic translations, however was subject to our internal processes of contract registration, which affected our capacity to utilize vendor as a primary resource for a period of approximately 3-5 months in 2007. In the interim, the Unit relied heavily on Purchase Orders as a primary method of payment until the contract was officially registered in November 2007 Following registration, positive outcomes were measured by increased rush translation turn around (moving from 4 days to 1-2 days) and greater capacity for non rush translation documents (moving from an average of 11+ days for longer documents, to fewer one and half business weeks). Our current vendor continues to work as a primary resource for initial document translation in a method that is consistent and supportive of our translation editing process, which largely utilizes smaller vendors as language specific editors. These processes and the rapid turnaround contribute to improved translation quality and increased language access, particularly in a timelier fashion than in the past.

TABLE 1: Languages of Documents Translated by Cross-Cultural Communications, Agency-wide, CY 2007

	Languages	Number (%)
1	Spanish	201 (39.7%)
2	Chinese	145 (28.7%)
3	Russian	26 (5.1%)
4	Korean	19 (3.8%)
5	Haitian	21 (4.2%)
6	Arabic	16 (3.2%)
7	Bengali	18 (3.6%)
8	Urdu	17 (3.4%)
9	French	19 (3.8%)
10	Polish	7 (1.4%)
11	Hindi	6 (1.2%)
12	Yiddish	1 (0.2%)
13	Vietnamese	0
14	Japanese	2 (0.4%)
15	Farsi	2 (0.4%)
16	Greek	0
17	Guiarati	0
18	Hebrew	1 (0.2%)
19	Italian	0
20	Khmer	0
21	Portuquese	0
22	Puniabi	2 (0.2%)
23	Nepalese	1 (0.2%)
24	Tibet	1 (0.2%)
25	Thai	1 (0.2%)
	Total	506

3. Quality Assurance Measures

A. Summary of LEP Review Site Surveys- 2007

In an effort to ensure compliance the Offices of Clinical Quality Management and Improvement (CQMI) and Cross Cultural Communications (CCC) staff conducted LEP Review Site Surveys of Article 28 clinics that provide direct patient care services. The review surveys were conducted from June 29, 2007 - July 30, 2007.

The survey covered four Article 28 bureaus: TBC, STDC, Immunization and Oral Health Planning and was conducted at twenty nine (29) clinical sites to assess each clinic's overall LEP compliance process.

Article 28 clinics are mandated to ensure that language assistance services be made available whether the interaction is by telephone or in person.

The review was conducted to ensure and assess the following language assistance tools/resources:

- Signage/Posters
- Language ID Cards
- Usage of Interpretive Services
- Querying of staff on the LEP process (which included LEP training conducted by CCC)
- Bilingual Staff

The Office of CQMI in concert with the Office of CCC developed an LEP compliance review survey tool based on City, State and National LEP standards and requirements. The questionnaire consists of nine (9) questions with sub sets of both quantitative and qualitative questions.

The responses were based on both interviews with staff personnel and direct surveyor observations.

Overall Findings/Summary

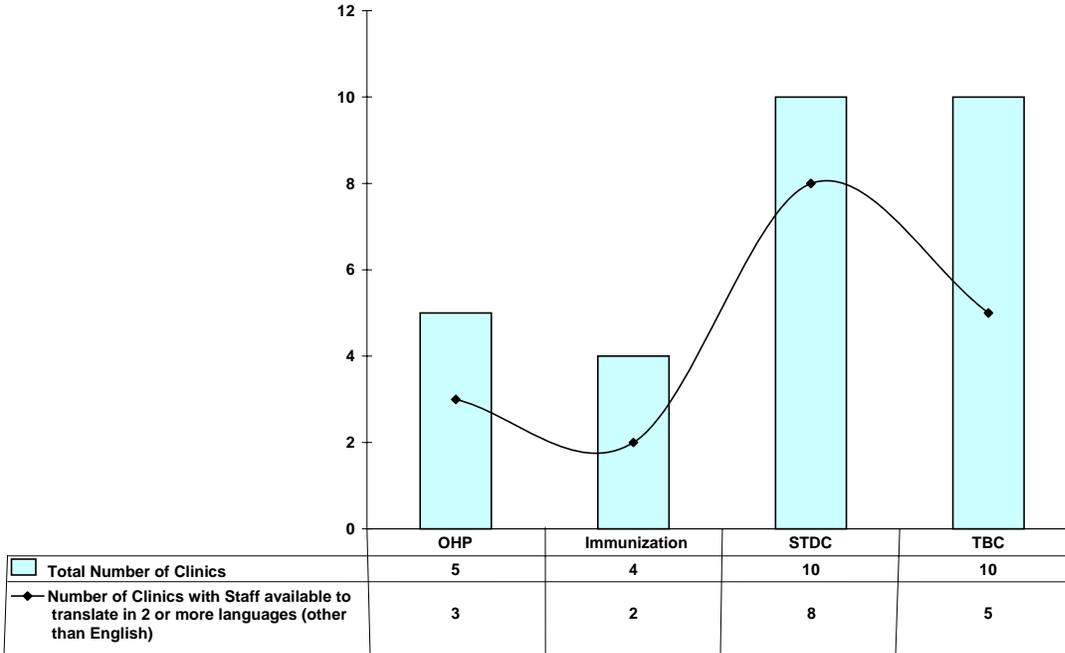
Based on overall observations and interviews all clinics use the following method/tool to identify the language required for interpretation service: 1) free interpretation wall poster, 2) language ID card, 3) free interpretation desktop poster and 4) bilingual staff. The methods/tools used most frequent for identifying interpretation needs among the sites were the interpretation wall posters and bilingual staff.

The top five languages requiring translation services of patient population among the clinics were Spanish, Chinese, Arabic, Russian, and French Creole.

The findings also indicated 100% of clinical staff is trained to recognize when language interpretation services are required and how to access translation services.

Sites rely most on bilingual staff (either from within or outside their bureau) and Language Line[®] to provide translation assistance.

Total Clinics vs. Clinics with Languages Spoken by Employees Conducive to Patient Population



Overall 62% of the clinics are staffed with bilingual employees who speak the languages conducive to the patient population they serve.

B. Patient Complaint Management

Quality Assurance for customer service is monitored through a complaint management process. The agency has developed an automated process for complaints management, through the DOHMH Call Center that offers free telephone interpretation services to facilitate access. This will improve the capacity for patients to effectively communicate concerns.

OCQMI ensures that patient education materials, bureau-specific forms and NYSDOH regulatory posters are translated in the covered languages most common to the population serviced at the clinics. OCQMI partners with Cross-Cultural Communications to ensure the appropriateness of the translations.

C. LEP Policy and Procedures

All four Article 28 bureaus have their bureau-specific LEP Policy and Procedures established and plan to promulgate P&Ps in 2008--the Bureaus of Sexually Transmitted Disease Control, Tuberculosis Disease Control, Oral Health Program and Immunization.

4. Training

Cross-Cultural Communications continues to provide periodic training on Volunteer Language Bank, telephonic interpretation, and Health Literacy trainings, at regular intervals. Volunteer Language Bank information is made available during all monthly new hire orientation. Telephonic interpretation is held during onsite training sessions for Article 28 supervisors and clinical staff on an annual basis (includes refresher). These sessions reinforce the importance of language access and knowledge about resources available to staff. Health Literacy Trainings, supported by the Health Workers Literacy Grant, supports the coordination and delivery of trainings in collaboration with the Literacy Assistance Center

(LAC). These trainings are offered as a two part series; an introductory course of 1 day (7 hours) of training, and a 2 day (14 hour) progressive training regarding elements of health education, health literacy, plain language, and content for LEP and other diverse populations.

5. Record Keeping and Monitoring

Currently, records of primary language are maintained by all Article 28 bureaus:

- STD Control: via Electronic Medical Record
- TB Control: via Electronic Medical Record
- Immunization: via data entry/billing service vendor
- Oral Health: via data entry, bureau is revising consent and registration forms

The LL 73 Committee continues to coordinate the development of consistent and accurate tracking of languages, in the patient databases for each Article 28 bureau. While each has a separate patient tracking system, the Committee will standardize how language assistance requirement is captured by staff and recorded in the databases. A consensus was reached to standardize the wording for all Article 28 Bureaus to query for primary language and its definition. This is being revisited as a 2008 LEP committee initiative.

6. Implementation Updates & Annual Reports

See the included tables detailing patient counts by primary language and language assistance provided for the Article 28 clinics.

Bureau of Tuberculosis Disease Control

The table below represents the number of patients seen, broken down by primary language (language spoken at home).

Language spoken at home	2007	%Total	2006	%Total	2005	%Total
English	28,278	66.3%	28,074	69.7%	22,950	68.5%
Spanish	9,250	21.7%	8,895	22.1%	8,243	24.6%
Chinese-	1,367	3.2%	1,346	3.3%	1,266	3.8%
French Creole	441	1.0%	1,198	3.0%	690	2.1%
Russian	323	0.8%	202	0.5%	239	0.7%
Bengali	208	0.5%	119	0.3%	121	0.4%
Arabic	181	0.4%	155	0.4%		
Korean	181	0.4%	153	0.4%		
Hindi	184	0.4%	87	0.2%		
Urdu	129	0.3%	65	0.2%		
French	683	1.6%				
Tibetan	249	0.6%				
Tagalog	119	0.3%				
Nepali	115	0.3%				
Polish	103	0.2%				
Albanian	66	0.2%				
Cree	61	0.1%				
All Other Languages	724	1.7%				
Total	42,662	100.0%	40,294	100.0%	33,509	100.0%

"Chinese" in these tables includes multiple dialects (Mandarin, Cantonese, etc.); future tracking will break out these dialects.

The table below represents the number of patients who received language interpretation at the chest centers. While over 14,000 patients reported speaking a language other than English at home, only 43% were recorded as receiving interpretation services. A couple of possible reasons for this are:

- a. As of the second quarter of 2007 vendor completed the feature in the EMR allowing the Bureau to capture whether or not language interpretation was provided to the patients.
- b. Although patients reported speaking a language other than English at home, they may still speak English well enough that they can communicate with the providers regarding their care.

Bureau of Tuberculosis Disease Control

<i>Language Interpretation Provided</i>	<i>2007</i>	<i>%Total</i>
Spanish	3,984	64.81%
Chinese-	588	9.57%
French	158	2.57%
French Creole	144	2.34%
Russian	91	1.48%
Tibetan	83	1.35%
Bengali	58	0.94%
Hindi	51	0.83%
Arabic	49	0.80%
Korean	59	0.95%
Urdu	27	0.44%
Tagalog	14	0.23%
Nepali	36	0.59%
Polish	27	0.44%
Albanian	15	0.24%
Cree	17	0.28%
All Other Languages	746	12.14%
Total	6,147	100.00%

In the BTBC, interpretation is done by bilingual staff and the over-the-telephone interpretation service (Language Line). The bureau is revisiting its data collection process to include capturing/documenting the method of interpretation provided.

Regarding availability of literature for patients, patient brochures in the chest centers are currently available in English, Spanish, Creole, French, Chinese and Korean.

Bureau of Immunization

The table below represents data available for the Chelsea, Homecrest and Fort Greene clinics. The interpretative services provided are a combination of bilingual staff and the language line.

The Fort Greene Immunization Walk-In Clinic was renovated and reopened as of November 5, 2007.

The primary languages identified for patient population at the Corona and Tremont Clinics are English, Spanish, French and Chinese. These sites have bilingual staff in Spanish and French. Patients requiring assistance outside of these language groups are referred to the Language Line.

Bureau of Immunization

<i>Language Interpretation Provided</i>	<i>2007</i>	<i>% Assist</i>
# of Patients	33,749 (three clinics)	
Spanish	6,324	46%
Russian	3,599	26%
Chinese	3,258	24%
Arabic	492	4%
French	45	0.33%
Korean	30	0.22%
French Creole	11	0.08%
Total	13,759	100.00%

In addition to the Bureau of Immunization's continued efforts toward filling current vacancies, it has also put in place a corrective action plan to improve stats completeness and comply with the Mayor's directive on Language Access. The bureau has requested that all six clinics (Chelsea, Homecrest, Fort Greene, Tremont, Corona, including Richmond-which operates approximately six months of the year) conduct a daily tally utilizing a standardize data collection grid to be completed and submitted by person who conducts the vaccine count. The clinics are to submit monthly reports of data collection that includes number of patients and their primary languages, number provided language interpretation, and method of assistance. In addition the bureau also translates foreign immunization records. The data for these translations will also be captured.

Bureau of Sexually Transmitted Disease Control

<i>Language spoken at home</i>	<i>2007</i>	<i>%Total</i>	<i>2006</i>	<i>% Total</i>	<i>2005</i>	<i>% Total</i>
English	86,803	79.62%	75,144	72.2%	50,560	71.5%
Spanish	9,889	9.07%	9,898	9.5%	6,985	9.9%
Arabic	53	0.05%	34	0.0%	42	0.1%
Chinese	248	0.23%	161	0.2%	132	0.2%
Creole	153	0.14%	108	0.1%	48	0.1%
French	198	0.18%	152	0.1%	136	0.2%
Japanese	56	0.05%	47	0.0%	71	0.1%
Portuguese	163	0.15%	198	0.2%	213	0.3%
Russian	141	0.13%	121	0.1%	80	0.1%
*Other	550	0.50%	641	0.6%	498	0.7%
**Not answered	10,762	9.87%	17,572	16.9%	11,994	17.0%
Total	109,016	100.0	104,076	100.0%	70,759	100.0%

*Other languages were reported as primary languages: African languages, Middle Eastern languages, Southeast Asian languages, Eastern European languages, Hebrew.

Bureau of Sexually Transmitted Disease Control

<i>Language Interpretation Provided</i>						
<i>Language</i>	<i>2007</i>	<i>%Total</i>	<i>2006</i>	<i>% Total</i>	<i>2005</i>	<i>% Total</i>
None	98,645	90.5%	91,723	88.1%	60,843	86.0%
Spanish	2,055	1.9%	2,346	2.3%	1,742	2.5%
Arabic	8	0.0%	9	0.0%	5	0.0%
Chinese	90	0.1%	50	0.0%	35	0.0%
Creole	20	0.0%	20	0.0%	3	0.0%
French	58	0.1%	60	0.1%	34	0.1%
Russian	8	0.0%	23	0.0%	12	0.0%
**Not answered	8,132	7.5%	9,845	9.5%	8,085	11.4%
Total	109,016	100.0%	104,076	100.0%	70,759	100.0%

**Currently the fields for capturing primary language and language assistance are not “must fill” fields in the EMR. To improve compliance in filling this field, staff will be reminded that it is a data input requirement. The bureau will request that this field be a must enter field in the EMR. This request will be added to the list of EMR changes (modifications) planned and to be completed by 2009.

Bureau of Oral Health Planning

Currently the data is collected by “Languages by Region” which is generated from data collected on registration forms, which are submitted to DOHMH’s contracted clinic encounter/billing agent (Data Line). The Registration Form is completed by OHP staff, based on a Consent Form which is completed and submitted by parent/guardians.

<i>Language spoken at home</i>	<i>5/1/07 - 12/31/07</i>	<i>% Total</i>
Arabic	30	0.25%
Chinese	127	1.07%
Creole	50	0.42%
English	4023	34.00%
French	30	0.25%
Hindi	16	0.14%
Korean	3	0.03%
Russian	15	0.13%
Spanish	1051	8.88%
Missing	1518	12.83%
Other	45	0.38%
Total	11,831	100.00%

<i>Language Interpretation Provided</i>	<i>2007</i>	
Language Line Usage		
Language		
Arabic	7	
Mandarin	1	
Tibetan	1	
Tagalog	2	
Urdu	1	
Hindi	6	
Romanian	3	
Italian	1	
Spanish	5	
Total	27	

The process for collecting this information is new to the clinics, having just started in May. The bureau is working with clinic staff to improve data gathering. Some reasons the data might be missing are: (1) the parent/guardian did not complete this part of the Consent form (2) the family speaks English, and so the "English" box was not checked, as if it were a default (3) it's a newly revised form and staff are not yet accustomed to it.

The above table shows when translation assistance that could not be provided by staff was accessed. Bureau of OHP has many staff that are bilingual in languages that are useful in their clinics, and so used translation services relatively infrequently. Additionally, the clinics did not have access during parts of the year to either Language Line, Nextel phones, or other phones with speakers, and so did not use Language Line to the extent that they might have. (This has since been addressed in many sites).

7. Plans for 2008 pending update

- The LL 73 Committee will continue to work toward development of standardized data collection tools that are consistent between Bureaus and, to the degree possible, consistent with data collection protocols around language for other healthcare providers. The data collection tools will be integrated into electronic medical records or other patient records. The Committee will aim to fill gaps in data collection and provide more detailed accounting of languages spoken and types of assistance.
- DOHMH will release an updated version of the Language Access Toolkit. Oral Health will revise its parent/guardian dental consent form and patient encounter form to collect language access information.
- Cross-Cultural Communications will work with Vital Records to improve language access for public interactions related to Birth and Death Records.