

**New York City Department of Health and Mental Hygiene
Local Law 73 Implementation Update for 2006
March 30, 2007**

Introduction

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 continuing commitment to provide Limited English Proficient (LEP) customers with full access to ongoing services. The Update addresses activities undertaken during 2006 towards compliance with Local Law 73 and improving language access.

The agency's Local Law 73/Limited English Proficiency Committee meets monthly to address issues related to language access. 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.

Only one element of the DOHMH Implementation Plan had a specified target date in 2006: training in how to elicit and record clients' primary language. However, in concert with efforts to comply with Local Law 73, DOHMH has identified language access as a critical concern for the agency's ongoing clinical quality management process. The Office of Clinical Quality Management and Improvement integrates language access into its performance improvement efforts. These include:

- Annual Clinical Site Assessment surveys
- 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 now available in multiple languages, informed by language data collected from Article 28 clinics.
 - Process improvements around patient complaints include efforts to expand LEP access to the complaint process. The DOHMH Call Center offers free telephone interpretation services to facilitate access.
- Performance Improvement Projects for all Article 28 Bureaus

1. Identification of Primary Language

OCQMI distributed Language Access Toolkits (a collection of instructions and resource materials on language access) to all Article 28 clinics and provided supervisors with instructions on identifying the language spoken by clients.

Cross-Cultural Communications continues to supply language identification cards during telephone interpretation trainings.

2. Notice Regarding Free Language Assistance

As part of the annual Clinical Site Assessment Survey, OCQMI visited all 29 Article 28 clinics and examined practices related to notification of language assistance. OCQMI checked whether the required notification materials were available. The clinics demonstrated 100% compliance in providing the following:

- *A language access poster* located at both registration and waiting room areas. (In November 2006, OCQMI and Cross-Cultural distributed an updated poster, modeled after the language access poster used in facilities of the NYC Health and Hospitals Corporation. The sign states in 16 of the most common New York City languages: “We provide free over-the-phone interpretation services in more than 150 languages.”)
- *Language Identification Cards* to assist staff with identifying the language spoken by a client. The card includes instructions in 66 languages instructions for the patient to “Point to your language. An interpreter will be called.”
- *Language assistance protocols* and *quick reference guides* for answering calls and providing notification of language assistance services. These are also provided during training by staff from Cross-Cultural Communications.

3. 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. 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 2006, Cross-Cultural received 633 requests for translation, a 25% increase from the 506 requests in 2005. This total includes requests from Article 28 Bureaus. The relative distribution of languages requested remained consistent, as the top ten languages in 2005 were also the languages most in demand in 2006. Spanish accounted for approximately 40% of translations; Chinese was also significant at approximately 30%. These numbers also reflect that the agency translates all of its press releases and Health Bulletins into Spanish and Chinese. The total number of languages requested did increase from 18 to 22. Cross-Cultural collaborates with professional language vendors, independent

translators and bilingual staff, including members of the agency’s Volunteer Language Bank, to ensure quality translations.

TABLE 1: Languages of Documents Translated by Cross-Cultural Communications, Agency-wide, 2006

Languages	Number (%)
Spanish	252 (39.8%)
Chinese	185 (29.2%)
Russian	44 (7.0%)
Korean	33 (5.2%)
Haitian	26 (4.1%)
Arabic	18 (2.8%)
Bengali	17 (2.7%)
Urdu	17 (2.7%)
French	16 (2.5%)
Polish	6 (0.9%)
Hindi	3 (0.5%)
Yiddish	3 (0.5%)
Vietnamese	2 (0.3%)
Japanese	2 (0.3%)
Farsi	1 (0.2%)
Greek	1 (0.2%)
Gujarati	1 (0.2%)
Hebrew	1 (0.2%)
Italian	1 (0.2%)
Khmer	1 (0.2%)
Portuguese	1 (0.2%)
Punjabi	1 (0.2%)
Total	633

4. Quality Assurance Measures

Quality Assurance for customer service is monitored through a complaint management process. The agency is developing an automated process for complaints management, which 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.

5. Training

The Cross-Cultural Communications unit developed and delivered a training module for supervisors and staff of Article 28 programs. The training sessions included the following elements:

- Discussion of features required at the point of service to promote language access and comply with Local Law 73 (posters, language identification tools)
- Instructions how to use tools to elicit and record the client's primary language.
- Extensive training on how to use telephone interpretation appropriately, including role play, mock calls. and guidelines for working with an interpreter. Resource collaterals were provided to staff.
- Introduction of cultural competency and impact on healthcare outcomes

As of January 1, 2007, DOHMH switched to a new vendor for telephone interpretation services. During the rollout of the new service in Fall 2006, Cross-Cultural provided information and training to all existing users of the interpretation service, with particular emphasis on the Article 28 bureaus (six for TB Control; 3 for Oral Health; 3 for Immunization; 6 for STD Control). Cross-Cultural Communications continues to provide periodic training on telephone interpretation at new hire orientations, as well as onsite training sessions for Article 28 supervisors and clinical staff. These sessions reinforce the importance of language access and knowledge about resources available to staff.

6. Record Keeping and Monitoring

The LL73 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 preferences are 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, as follows: "What is the language in which you would like to receive your healthcare information?"

Currently, records of primary language are maintained by all Article 28 bureaus with the exception of Oral Health.

- STD Control: via Electronic Medical Record
- TB Control: via Electronic Medical Record
- Immunization: via data entry/billing service vendor
- Oral Health: in development

The Oral Health Program staff has met with the LL73 Committee to address issues pertaining to language access, data collection and reporting goals for end of calendar year 2007 and subsequent years. Updated forms that collect language preferences will be in use at dental clinics by mid-2007.

7. Coordination

OCQMI and Cross-Cultural Communications lead the implementation of Local Law 73. Vivian Moore-Brown of OCQMI is the Language Access Coordinator.

8. Implementation Updates & Annual Reports

See the included tables detailing patient counts by language for the Article 28 clinics.

TB Control

Language spoken at home	2006		2005	
English	28,074	69.7%	22,950	68.5%
Spanish	8,895	22.1%	8,243	24.6%
Chinese*	1,346	3.3%	1,266	3.8%
French Creole	1,198	3.0%	690	2.1%
Russian	202	0.5%	239	0.7%
Arabic	155	0.4%		
Korean	153	0.4%		
Bengali	119	0.3%	121	0.4%
Hindi	87	0.2%		
Urdu	65	0.2%		
Total	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.

Immunization

Language spoken at home	#			2005
	2006	Assist	% Assist	
English	24,822	0	0	32,575
Spanish	9,005	1,351	15%	6,374
Chinese	2,076	208	10%	1,849
Korean	836	125	15%	510
French	701	105	15%	345
Russian	1,036	207	20%	721
Arabic	387	97	25%	218
Other/Unknown	10,839	0	0	6,487
Total	49,702	2,093	100%	49,079

STD Control

Language spoken at home	2006	% Total	2005	% Total
English	75,144	72.2%	50,560	71.5%
Spanish	9,898	9.5%	6,985	9.9%
Arabic	34	0.0%	42	0.1%
Chinese	161	0.2%	132	0.2%
Creole	108	0.1%	48	0.1%
French	152	0.1%	136	0.2%
Japanese	47	0.0%	71	0.1%
Portuguese	198	0.2%	213	0.3%
Russian	121	0.1%	80	0.1%
Other	641	0.6%	498	0.7%
Not answered	17,572	16.9%	11,994	17.0%
Total	104,076	100.0%	70,759	100.0%

Received Language Assistance				
Language	2006	% Total	2005	% Total
None	91,723	88.1%	60,843	86.0%
Spanish	2,346	2.3%	1,742	2.5%
Arabic	9	0.0%	5	0.0%
Chinese	50	0.0%	35	0.0%
Creole	20	0.0%	3	0.0%
French	60	0.1%	34	0.1%
Russian	23	0.0%	12	0.0%
Not answered	9,845	9.5%	8,085	11.4%
Total	104,076	100.0%	70,759	100.0%

For 2006, data on patient language and language assistance needs was not available for the Bureau of Oral Health Programs & Policy. For 2007, data will be available for the Bureau.

9. Plans for 2007

- CQMI and Cross-Cultural will conduct clinical site visits that focus on language access.
- The LL73 Committee will develop a standardized data collection tool that is consistent between Bureaus and, to the degree possible, consistent with data collection protocols around language for other healthcare providers. The data collection tool 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.
- 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.

CONFIDENTIAL