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Language Access Implementation Plan

The Language Access Implementation Plan explains how the New York City Department of Health and Mental Hygiene (Health Department) will provide services to people who have limited English proficiency (or LEP).

Agency name: NYC Health Department

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Language Access Coordinator title: Assistant Director of Language Access & Research

Published date: July 24, 2024

This Plan includes information about:

1	Agency mission and services	
2	Agency language access policy	
3	Language access needs assessment	How the Health Department assesses the language access needs of the people it serves
4	Notice of the right to language access services	How the Health Department notifies the public about their right to language access services
5	Provision of language services	What language services the Health Department provides
6	Resource planning	How the Health Department ensures that it has the internal and external resources to provide language services
7	Training	How the Health Department trains the staff to provide language services
8	Continuous improvement planning	How the Health Department ensures ongoing improvement of language access
9	Goals and actions planning	How the Health Department will put the plan into action
10	Appendix	

Signatures

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7/24/24

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Date



Section 1. Agency mission and services

With an annual budget of \$2 billion and approximately 7,000 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 mission of the Health Department is to protect and promote the health and wellbeing of all New Yorkers. The Health Department offers a wide range of services and interacts with the public in various ways:

Services, in person and virtual:

- Public Health Clinics for sexual and reproductive health, tuberculosis testing, and immunization
- Mental health and substance abuse treatment services
- Home visiting programs for new parents and children
- Telehealth appointments and consultations

Information resources:

- Comprehensive website with health information and data
- Health publications, brochures, and fact sheets

Licenses, permits, or registrations (LPRs):

- Issues permits for food service establishments, mobile food vendors, childcare facilities, and others.
- Issues licenses for certain health professions like radiologic technologists

Social and electronic media:

- Active presence on platforms like X, Facebook, Instagram
- Health messaging and education campaigns via social media
- Email newsletters and updates

Call centers and information lines:

- NYC Health Department call center for general inquiries
- Specific hotlines, such as the NYC Abortion Access Hub

Public meetings:

- Community forums and town halls on public health topics
- Board of Health meetings open to the public
- Advisory board meetings for specific health areas

The NYC Health Department leverages these various channels to educate the public, provide health services, enforce regulations, gather community input, and disseminate critical health information to New Yorkers. In a city where 40 percent of the population is foreign-born and 24 percent has limited English proficiency (LEP), providing services in the client's language is critical, and language services is vital to the Health Department's mission and goals.

Section 2. Agency language access policy

Policies set forth standards and guidelines that govern the Health Department's delivery of language services. The NYC Health Department established its comprehensive Language Access Policy in 2016 to eliminate language barriers and ensure meaningful access to Health Department services for clients with LEP. The Health Department's Language Services team implements and enforces the Language Access Policy, which is consistent with the Civil Rights Act of 1964, Executive Order 120 and Local Law 30. Key components of the policy include:

Population Needs:

- Emergency communications, legal notices, and priority communications are translated into any language spoken by at least 1% of NYC's population with LEP.
- Other communications are translated into languages spoken by at least 5% of the eligible population based on program or census data.
- Language services are provided upon request or if a need is identified, regardless of population data.

Required Language Services:

- Professionally translated publications, written and translated in plain language.
- Professional interpretation services (telephonic, in-person, American Sign Language).
- Multilingual staff can provide direct language services in non-medical settings.
- Medical staff must pass a language fluency assessment to provide services in non-English languages.

Prohibited Practices:

- In-house translations by non-professional translators.
- Interpretation by minors under 18.
- In medical settings, interpretation by friends/family or non-medical staff.

Note: *If a client with LEP 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 services is required by Health Department's policy.*
- iii. Call an interpreter to listen a conversation even if the patient chooses to use a friend or relative.*

Mandatory Staff Training:

- New hire orientation on language access policy, practices and accessibility protocols
- Annual trainings for staff members who interact with individuals with LEP and arrange language services, and program directors.

Hiring Multilingual Staff:

- Job postings can include preferred language skills.
- Language Services unit facilitates fluency assessments.

Communications:

Each Health Department division should have at least one language access liaison per division. Divisions can also designate additional liaisons. The liaisons are responsible for:

- Attending quarterly language access liaison meetings to review reporting and assessment data.
- Coordinating language access trainings with the Language Access unit.
- Collecting and submitting to the Language Access unit deidentified data regarding New Yorkers served and in which languages.

- Reinforcing the Health Department’s Language Access Policy and protocols throughout the division.

The policy ensures consistent protocols are followed across the Health Department to provide language assistance services and eliminate barriers for New Yorkers with LEP in accessing Health Department services and communications.

Section 3. Language access needs assessment

To plan for and effectively provide language access services, the NYC Health Department constantly assesses the needs of the community with LEP to better understand and serve them. In response to Executive Order 13166 of 2002, “Improving Access to Services for Persons with Limited English Proficiency”¹, the U.S. Department of Justice developed the following “four-factor analysis”² providing agencies with “flexible and fact-dependent” guidelines meant for identifying clients with LEP and their needs:

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

The NYC Health Department took into consideration these four factors and will continue to do so in the planning of the provision of language services to the clients with LEP.

The number or proportion of individuals with LEP in the eligible service population

According to the 2022 American Community Survey which covers estimates for 5 years, 22% (1,780,955) of New York City’s approximately 8 million residents speak English less than very well. The NYC Health Department provides services to all New Yorkers, which means we expect to serve population with LEP whose primary languages span across many different languages and dialects.

To effectively reach and serve all New Yorkers with LEP, the Health Department’s Language Access Policy mandates translating essential communications intended for the general public into any languages spoken by at least 1% of the city’s population with LEP based on Census data. As of March 2024, this covered the 13 designated citywide languages: Spanish, Russian, Cantonese, Haitian Creole, Korean, Bengali, Mandarin, Italian, Polish, Yiddish, Arabic, French and Urdu. For program-specific communications, translations should cover languages spoken by at least 5% of that program’s eligible population with LEP determined by census or program data.

¹ <https://www.gpo.gov/fdsys/pkg/FR-2000-08-16/pdf/00-20938.pdf>

² <https://www.gpo.gov/fdsys/pkg/FR-2002-06-18/pdf/02-15207.pdf>

The frequency with which individuals with LEP come into contact with the Health Department

With such a large, diverse population served, the individuals with LEP frequently interact with the Health Department's public-facing services like public health clinic services, inspections, licensing, hotlines, and more. While no single standardized system exists to track interactions, the Health Department collects deidentified data from client intake forms at clinical facilities, reports on interpretation usage, and program-submitted data to estimate frequency of interactions with clients who have LEP.

The Language Services team uses this data, along with Census figures, to identify potential gaps between LEP-served populations and eligible residents with LEP in different communities. This analysis informs translation and interpretation needs for different Health Department programs and sites.

The importance of benefit, service, information, or encounter to individuals with LEP

The Health Department's mission is to protect and promote the health of all New Yorkers. Providing language access is critical for services that have a direct public health impact or provide legal and commercial licensing information.

For the vital services offered at the public health clinics, by means of disease control efforts, by issuing licenses and permits to clients when insufficient language access could negatively impact health of New Yorkers with LEP, economic opportunities, rights and responsibilities, the Health Department follows its Language Access Policy to ensure meaningful access through professional interpretation and translation of essential documents and communications.

The resources available to the Health Department and the costs of providing various types of language services

To meet the language needs, these are some of the resources available at the Health Department:

- ✓ Over \$2 million in contracts for telephonic/in-person interpretation services and translation/review vendors to cover over 240 languages, including American Sign Language (ASL) and Spanish Sign Language (SSL)
- ✓ In-house translators for Spanish (2 staff), Chinese (2 staff), and Russian (1 staff)
- ✓ Central translation fund
- ✓ Language fluency assessments for staff who wish to provide direct services in non-English languages (General Fluency and Fluency in Medical Settings).

The central funding model allows programs to access these services without requiring separate budgets and purchase orders. Leveraging existing City contracts and program partnerships allows us to cost-effectively and expeditiously expand service capacity when needed, such as for the Health Department's extensive COVID-19 multilingual communications messaging into 27 city-wide designated languages during the emergency phase of the COVID-19 pandemic.

Section 4. Notice of the right to language access services

Members of the public with LEP must be made aware of the resources existing in their preferred language and that they have the right to language service. The Health Department has developed several strategies to inform the public and assist staff in identifying/serving individuals with LEP:

Producing and posting multilingual signage:

- All public-facing clinics and sites have prominently displayed posters stating "You have the right to free interpretation services" in 18 languages (See Appendix D).
- Each site also has multilingual signs with directions based on the language needs of that site's service population.

Using materials to identify individuals with LEP:

- Staff are trained to use a 24-language "Language ID" card (See Appendix B) that informs clients of their right to free interpretation in their preferred language.
- Intake forms at facilities ask for the client's preferred language.
- Staff who have passed fluency assessment (General/Medical Fluency Assessment) can wear "I Speak..." buttons indicating languages they can provide direct service in.

Additionally:

- All agency website content and multilingual webpages are translated by human linguists and Google Translate widget.
- All Health Department outreach and events materials are professionally translated and include a message regarding the availability of free language services.

Section 5. Provision of language access services

A. Interpretation

How we identify interactions requiring interpretation:

- Public-facing staff are trained to identify clients with limited-English proficiency and understand that interpretation services must be offered and subsequently provided during any interactions with individuals who are in need of language access services.

How we identify individuals with LEP and languages:

- Staff members ask about preferred language on intake forms at clinics/facilities.
- Language ID cards are used to identify the language and to inform clients with LEP of their right to services in their preferred language.

- Census and program data is analyzed to determine common languages of the community with LEP for each program/service area.

How we provide interpretation services:

- 24/7 access to telephonic interpretation in over 240 spoken languages.
- Video remote interpretation for over 100 languages including ASL and SSL at all our clinics and facilities.
- In-person interpretation, including spoken languages, ASL and SSL, is available for community events.

How we support public communications and outreach:

- Through coordination with the Bureau of Government Affairs we provide in-person interpretation at public events/hearings based on language needs.
- Translation of outreach materials into common languages of the community with LEP.

Ensuring quality:

- Monthly meetings with vendors to provide feedback and address issues.
- Fluency assessment ensures that staff members who provide direct services in non-English language meet the Health Department standards.
- Health Department's glossaries and style guides to ensure consistent terminology, style and tone.

The Health Department maintains contracts with several vendors including Language Line, Accurate, Human Touch, and Languages to provide telephonic and in-person interpretation services. This ensures access to language services for clients who are not fluent in English. Additionally, the Health Department promotes hiring multilingual staff and offers assessments to evaluate non-English language proficiency of any employee. The Health Department prioritizes language access through these contracted services and a multilingual workforce and demonstrates its commitment to serving a diverse population regardless of the languages spoken.

B. Translation

Identifying and prioritizing document translation:

- The Language Access Policy requires translating "essential public documents", such as consent forms, rights/responsibilities notices, service information, and any documents with immediate health impacts into the 13 designated citywide languages spoken by at least 1% of NYC's population with LEP per Census data. Additional program documents must be translated into languages spoken by >5% of that program's eligible population with LEP.

Incorporating plain language:

- The Bureau of Communications reviews most Health Department English source documents to ensure plain language compliance prior to sending it to the translation team.

Expanding document accessibility:

Currently, the Health Department provides written translation of documents and materials into commonly used languages of the community with LEP, as well as interpretation services for verbal communication:

- The Health Department has contracts for video remote interpretation services in over 100 languages in addition to ASL and SSL. We also use these contracts to create audio files

for communities with LEP and/or with low literacy levels to disseminate important health messaging.

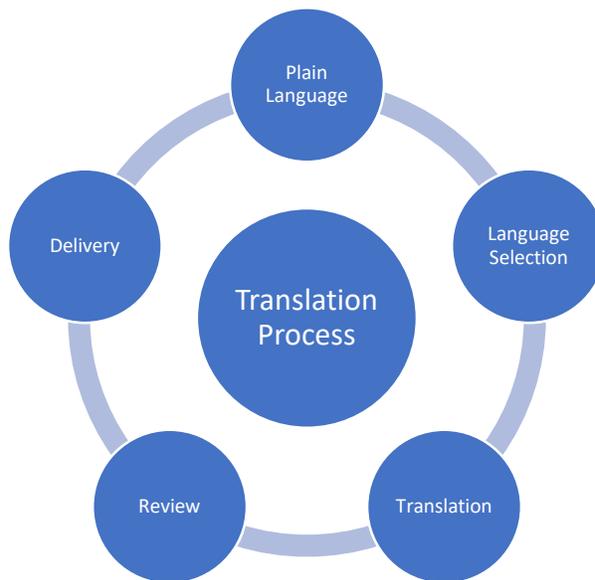
- The Health Department trains staff on delivering culturally and linguistically appropriate services to clients with LEP which equips staff members with appropriate communication methods suitable for the needs of the individual being served, which can include individuals with low literacy levels.
- The Health Department uses professional interpreters, both in-person and remote, which could assist in conveying information orally when no written translation is available or appropriate.

Translation staffing and resources:

- We have contracts in place with one vendor for document translation and another for document translation review.
- Our team currently employs 2 Spanish translators, 2 Chinese translators and 1 Russian translator.
- Central translation budget

Ensuring quality:

- Contracted third-party review vendor reviews vital and/or lengthy documents
- In-house translators review the materials
- Style guides and Health Department glossaries ensure consistency, tone and style



We follow a Plain Language Checklist to ensure that our translations are suitable for any 8th grader to read—in English and in the target language of the community with limited-English proficiency—so that we can reach a broader range of people. The Publications team reviews all English materials before submitting them for translation. Additionally, they provide training on Plain Language writing and resources for Health Department programs.

When selecting languages for translation, we consider both requested languages, data collected by our programs and data derived from NYC ZIP codes and Community Districts.

The Language Services project managers double check if the list of target languages requested is accurate and exhaustive. We leverage Census data and programmatic data, including historical data on previous versions of the same document or similar topic to select the most appropriate languages for translation. For instance, in the case of Chinese translations, we provide both scripts for Chinese translation (Traditional and Simplified) whenever possible to make sure we can get the messages across to as many Chinese readers with limited-English proficiency as possible because the historical demographics in NYC of this population has shown no connection between the most prominent Chinese dialects and their ability to read one script over another.

All translations are performed and reviewed by professional linguists and language experts. This two-level quality assurance process in several languages means that some documents can take days or weeks to be translated and finalized, depending on length, urgency, number of languages, etc.

Most translations undergo at least one round of review before delivery. We have a guideline for which types of files can skip the review process, such as when there is no real need for review, e.g., calendars, flyers, etc due to short shelf-life of documents. All in-house edits are implemented to maintain a consistent official tone and voice. Vendor edits are categorized as error/typo, improves readability, or style guide incompliance. The final decision on accepting/rejecting translation edits is made by the Language Services Project Manager.

C. Digital communication

This section of the LAIP reflects the shifts in how the public and government interact and the heightened importance of digital communications and translations.

In response to the language access needs identified through [Section 3. Language access needs assessment](#), the plan outlines how the Health Department provides digital communications (website, digital media, online transactions, etc.)

Identifying and prioritizing materials for translation:

- All essential public documents like notices, forms, service information are translated into the 13 designated citywide languages per the 1% population with LEP threshold requirement.
- All program-specific documents are translated into languages for 5%+ of that program's clients with LEP.
- Digital materials or those related to licenses/permits/registrations.

Incorporating plain language:

- All English source files are reviewed for plain language before translation requests.
- Website and social media content are written at an 8th grade reading level and follow plain language guidelines.

Ensuring access and navigation:

- The Health Department translates certain website content and creates multilingual web pages to improve access for populations with LEP.

- The Google translation widget is available for machine translation on all Health Department website content.

Distribution channels:

- Language Services unit works with the Digital Strategy team to post translated materials to the website.
- The Health Department posts important messaging weekly in Spanish on Facebook, where we can target Spanish language users for organic posts.
- The Health Department creates social media toolkits in Spanish, Traditional Chinese and Simplified Chinese for campaigns and messaging priorities.

Digital accessibility guidelines:

- The Health Department website, NYC.gov/health, is largely compliant with WCAG 2.1 AA. We have a procedure³ to solicit complaints regarding accessibility. Website team members are trained in conducting accessibility reviews and remediating common content issues.

Translation staffing/resources:

- Health Department contracts vendors like LanguageLine for document translation and proofreading
- In-house Spanish, Chinese and Russian translators.

Ensuring quality:

- Health Department utilizes existing quality assurance processes like third-party review vendors and glossaries.
- Machine translations disclaimer on the Services In Your Language page⁴ that says Google may not always provide an accurate translation.

D. Emergency communications

NYC Emergency Management and other agencies as specified in the Citywide Incident Management System ([CIMS](#)) lead the city's response to large-scale emergencies. Many agencies provide specific resources to aid individuals and families in crisis. The Health Department does its best to anticipate language needs and maintain Health Department operational capabilities so that emergency communications can be delivered quickly and efficiently to meet these needs in an equitable manner.

The Health Department has established protocols to ensure meaningful language access during public health emergencies, recognizing that 1 in 4 New Yorkers has limited English proficiency. These protocols effectively facilitate access of the communities with LEP to vital public health information and services.

Existing language services infrastructure allows for the rapid dissemination of multilingual information in the event of an emergency, which includes:

³ <https://www.nyc.gov/site/doh/about/about-doh/website-accessibility-statement.page>

⁴ <https://www.nyc.gov/site/doh/about/about-doh/language-services.page>

- Annual language access trainings to prepare frontline staff
- Contracts with interpretation/translation vendors already in place
- In-house translators for Spanish, Chinese, and Russian

The Health Department operates multiple community-based sites that provide services to the public during both normal operations and an emergency. Additionally, in the event of an emergency that requires the deployment of field sites in NYC communities, such as points of dispensing (PODs) that rapidly distribute medication, vaccination, and/or medical supplies to members of the public, the Health Department's language services infrastructure supports the following:

- Translation of materials (forms, posters, palm cards, etc.)
- Interpretation services (in-person and video remote)
- Placement of multilingual staff at sites

Some of the key materials the Health Department may disseminate in multiple languages during an emergency include:

- Fact sheets and FAQ documents explaining the nature of the emergency, health risks, preventive measures, etc.
- Public health guidelines and instructions (e.g., evacuation procedures, shelter protocols, how to access emergency services/supplies)
- Health advisories and alerts
- Situation updates and press releases
- Resource lists (e.g., locations of emergency clinics, supply distribution sites)
- Mental health and crisis counseling information
- Posters and signage for emergency facilities/shelters
- Forms for screening, registration at emergency facilities, etc.
- Audio/video public service announcements
- Social media updates and graphics

In response to recent emergencies, the Health Department has built on this key infrastructure with enhancements to the speed and scale of its language services, which include:

- Increased contract capacity with vendors for faster turnaround times
- Initial translations of essential documents into 13 designated citywide languages, often within 1 day
- Expanded to 26 languages based on consultations with community partners
- Multilingual content distributed via website, social media, and community outreach teams
- Significant capacity to organize and implement many multilingual media campaigns at once
- Increased capacity of the Health Department's Speaker's Bureau to provide presentations in multiple languages
- Developed guidance for all Health Department emergency response staff on how to access language services during an emergency
 - Updated various Health Department emergency response all hazard plans and protocols with content from guidance.

The Health Department identifies language needs during emergencies in alignment with its Language Access Policy, which requires translation of emergency communications and priority messages intended for all New Yorkers into any language spoken by >1% of the city's population with LEP based on census data.

The types of materials for the public that are translated include essential informational documents, guidelines, and other materials related to the emergency event.

Section 6. Resource planning

Bi-/multi-lingual staffing

Identifying multilingual staff:

- The Language Access Policy allows bi-lingual and multi-lingual staff to provide direct services to clients with LEP in non-medical settings, and in medical settings when providing general guidance/information (not direct clinical care). Medical staff must pass a fluency assessment to provide services in a non-English language.

Assessing staff language skills:

- The Health Department offers fluency assessments in over 30 languages for clinical and non-clinical staff who wish to provide direct services in another language. It has assessed and certified 90 staff members in FY24 as fluent. Wearing "I Speak..." buttons allows identified bi-lingual and multi-lingual staff to signal their language abilities to clients with LEP.

Ensuring fair HR practices:

- The Health Department encourages hiring bi-lingual and multi-lingual staff for front-line positions.

Job postings can include preferred language skills.

When advertising open positions, especially those that are public-facing or front-line roles, the Health Department can explicitly state a preference for candidates with bilingual/multilingual abilities in the job descriptions and requirements. The Health Department wants the applicants to be aware that the ability to speak languages other than English is an asset valued by the Health Department.

The Language Services unit facilitates fluency assessments.

We offer fluency assessments in over 30 languages for clinical and non-clinical staff who wish to provide direct services in non-English language. This enables us to identify and verify multilingual capabilities of staff members during the hiring process or for existing employees.

Tracking bilingual staff (LL73/LL14):

- The Health Department keeps track of the language skills of its staff at various points. During the hiring process, the HR department asks questions about language skills and keeps the record in their database. The Language Services team also administers a

fluency assessment test for all staff members and maintains a record of those who have passed the test, regardless of their score.

B. Language service vendor contracts

The Health Department has contracts for the following language services from vendors:

- Telephonic interpretation services in over 240 languages
- Video remote interpretation for over 100 languages including ASL
- Document translation and review services
- CART⁵ services and Transcription services

The Health Department monitors the language service vendor contracts to ensure compliance with service-level agreements.

The Language Services unit holds quarterly meetings with the language service vendors. During these meetings, the unit provides feedback to the vendors and addresses any issues or complaints that have been submitted about the vendor services.

Specifically, Language Services unit reviews performance data from the vendors as well as any client feedback or complaints that have been submitted. The unit uses this information to ensure the vendors are meeting the service-level agreements outlined in the contracts.

Vendor name	Procurement method	Purpose of the contract	Language(s) provided by the vendor	Period of contract	Total award amount of contract
Language Line	TO	Telephonic interpretation	173 languages (including designated City-wide languages)	7/1/2024 – 6/30/2025	\$1,885,198.00
Human Touch Translations	MWBE	Translation; Translation review	173 languages (including designated City-wide languages)	12/1/2023 – 11/30/2024	\$1,500,000.00
Human Touch Translations	MWBE	ASL Services	American Sign Language	9/1/2023 – 8/31/2029	\$500,000
Accurate Communications	MWBE	In-person interpretation; VRI interpretation	173 languages (including designated	11/1/2024 -- 10/31/2030	\$1,865,348.00

⁵ Communication Access Real-time Translation, a system that translates speech into text that can be read on a screen or device.

			City-wide languages)		
Eriksen	MWBE	Fluency Assessment	Amharic Arabic Armenian Bengali Burmese Cambodian Chinese, Mandarin Chinese, Cantonese Farsi French German Greek Gujarati Haitian Creole Hebrew Hindi Hmong Italian Japanese Korean Lao Polish Portuguese (Brazil) Portuguese (Portugal) Punjabi (Eastern) Punjabi (Western) Russian Somali Spanish Tagalog Thai Urdu Vietnamese	7/1/2024 – 6/30/2025	\$20,000
Eriksen	MWBE	Translation	Over 173 languages	11/01/2024 – 10/31/2030	\$1,350,000

aLanguageBank	MWBE	Transcription	173 languages	06/01/2024 – 05/31/2029	\$1,000,000
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C. Partnership with CBOs

The Health Department doesn't currently have any partnerships with community-based organizations (CBOs) as a resource for language access as we are focused on the Health Department's internal language access services and resources, as well as its contracts with language service vendors.

However, the Health Department has an example of how we were engaged and worked with CBOs to provide linguistically and culturally appropriate outreach and information. During the COVID-19 pandemic response, the Health Department collaborated with the Endangered Language Alliance⁶ to record COVID-19 health information and guidance into several indigenous languages spoken by communities with LEP. This kind of partnership involved:

1. Identifying the specific indigenous language needs of certain populations through community outreach and data.
2. Working with the CBO's linguistic experts and native speakers to ensure accurate and culturally appropriate translations of COVID materials.
3. Leveraging the CBO's community connections and trust to effectively disseminate the translated information.
4. Providing resources to support the CBO's translation and outreach efforts.

Engaging CBOs in this way allows the Health Department to tap into their deep language expertise and cultural competencies when normal language services may not adequately cover less commonly spoken/indigenous languages.

CBO name	Procurement method	Purpose of the contract	Language(s) provided by the CBO	Period of contract	Total award amount of contract
	<i>Please refer to PASSPort data or Discretionary Award Tracker to indicate the procurement method</i>	<i>Provide what the CBO will do to advance language access</i>	<i>List languages provided through the contract</i>	<i>To the extent possible, input month and year of start and end period of the contract. [Month/Year - Month/Year]</i>	

⁶ A CBO focused on preserving and revitalizing endangered languages. <https://www.elalliance.org/>

Section 7. Training

In order for language access policies and procedures to be effective, staff must be familiar with their obligations, know about resources and how to use them, and ultimately communicate effectively with individuals with LEP. New and existing staff should periodically receive training relevant to their duties.

The Health Department provides 2 types of mandatory language access training:

Introduction to language access for new hires:

- Introduces the Language Services unit
- Outlines the required language services the Health Department is mandated to provide to all clients

Annual language access training:

- Provided to staff who interact with individuals with LEP, program directors and staff who arrange language services
- Covers how to access language services, request translations, and provide services in non-English languages

The training topics covered include:

- Federal, State and Local legal obligations and Health Department policy on language access
- Proper use of telephonic, video remote and in-person interpretation
- Requesting language services, utilizing Health Department resources
- Writing in plain language
- Appropriate use of bilingual staff
- Identifying and tracking an individual's preferred language
- Providing culturally and linguistically appropriate customer service

The annual training is provided at the divisional level, which allows some customization.

Example:

Training topic	Target staff	Training method & frequency	Trainer
<i>What topic will be covered in the training? Is the training a part of existing trainings (such as new hire orientation)?</i>	<i>Which internal and contracted staff will be trained?</i>	<i>What mode will the training be in? (self-paced virtual, in-person, etc.) How frequent will the training be provided?</i>	<i>Who will conduct the training?</i>
Federal, State and Local legal obligations and Health Department policy on language access	Staff who interact with individuals with LEP, program directors and staff who arrange language services	In person, virtually. Annually.	Language Access Trainer, Language Access Coordinator

Interpretation services	Staff who interact with individuals with LEP, program directors and	In person, virtually. Annually.	Language Access Trainer, Language Access Coordinator
Requesting language services, utilizing Health Department resources	Staff who interact with individuals with LEP, program directors and	In person, virtually. Annually.	Language Access Trainer, Language Access Coordinator
Appropriate use of bilingual staff	Staff who interact with individuals with LEP, program directors and	In person, virtually. Annually.	Language Access Trainer, Language Access Coordinator
Identifying and tracking an individual's preferred language	Staff who interact with individuals with LEP, program directors and	In person, virtually. Annually.	Language Access Trainer, Language Access Coordinator
Providing culturally/linguistically appropriate customer service	Staff who interact with individuals with LEP, program directors and	In person, virtually. Annually.	Language Access Trainer, Language Access Coordinator

Section 8. Continuous improvement planning

The Health Department regularly assess and evaluate its LAIP implementation, to ensure that the services provided meet the changing needs of the public and changing landscapes (i.e., technology, best practices, resources, etc.). While the Mayor’s Office of Immigrant Affairs (MOIA) leads in monitoring and collecting information for the Language Access Annual Report, the Health Department collects relevant data and creates indicators to inform our planning for continuous improvements.

A. Data collection and monitoring

How the Health Department continuously collects and maintain accurate and reliable data on relevant demographic data and language services:

The Health Department collects and maintains data on language services through several mechanisms:

- Periodic reports from language services vendors on interpretation and translation services provided are available on demand
- Language Services unit uses an internal system to track above mentioned language services
- Programmatic data submitted by Health Department programs on services provided to clients with LEP
- Tracking of staff who have passed the language fluency assessments in the employee database
- Annual review of the American Community Survey data to update the list of designated citywide languages spoken by the population with LEP in NYC

How the collected data is used to inform Health Department’s decision-making processes and strategies on improving access for individuals with LEP:

The Health Department uses the collected data to:

- Identify gaps in language access services across programs and service areas
- Inform decisions on resource allocation and budget planning for language services
- Evaluate the effectiveness of current language access strategies and identify areas for improvement
- Update the language access policy and implementation plan to address changing needs

How the collected data is used to identify and close the gaps in language access services:

The Health Department uses the data to:

- Work with program liaisons to assess their specific language access needs based on their target population
- Allocate funding and resources to expand language services in areas with identified gaps
- Conduct targeted outreach and training for staff in programs serving high numbers of individuals with LEP

How the collected data is used to feed back into language access needs assessment.

The Health Department uses the data collected through various sources and platforms to regularly update the language access needs assessment, which informs the following elements:

- Identifying the designated citywide languages spoken by the population with LEP
- Determining the frequency of contact between the Health Department and individuals with LEP
- Assessing the importance of the Health Department's programs and services to communities with LEP
- Evaluating the resources and costs required to provide language access services

By continuously collecting, monitoring, and using this data, the Health Department is able to adapt its language access strategies and implementation plan to ensure it is meeting the changing needs of the population with LEP it serves.

B. Language access complaints

Who is responsible at the Health Department for receiving, tracking, and resolving complaints:

The Assistant Director of Language Access and language access coordinators are responsible for receiving, tracking, and resolving language access complaints. Complaints received through 311 are automatically uploaded to the Health Department's correspondence tracking system and routed to the language access team and the responsible Health Department program. They have 14 days to respond to a complaint. Additionally, language access unit has a dedicated inbox where anyone can send a complaint/request. This information is publicly available on the Health Department's website.

How the Health Department will monitor, resolve, and prevent language access complaints in culturally and linguistically appropriate manners:

The language access team reviews all complaints received and discusses them with the interpretation and translation vendors during monthly meetings. This allows the team to provide feedback to the vendors, identify any systemic issues, and work towards resolving complaints in a timely manner. The team also conducts annual trainings for front-line staff on how to properly access and utilize language services, which helps prevent future complaints.

How the Health Department informs individuals of their right to file language access complaints:

The Health Department informs individuals of their right to file language access complaints through the following methods:

- Posting multilingual signage at all walk-in sites about the availability of language access services and the complaint channel (311)
- Disseminating multilingual flyers about language access services and the complaint process during outreach events and at service locations

- Providing in-language presentations to community groups about the Health Department's language access services, including information on how to file complaints
- Posting multilingual information about the language access complaint process on the Health Department's website

How the Health Department will include information on complaints as part of the Language Access Annual Report:

The Health Department will include the following information on language access complaints in its annual report:

- Total number of complaints received
- Breakdown of complaints by type (e.g., interpretation services, translation of materials, staff knowledge of procedures)
- Summary of actions taken to resolve complaints
- Trends or recurring issues identified through the complaint process
- Steps the Health Department has taken or plans to take to address any systemic problems and prevent future complaints

By having a comprehensive system for receiving, tracking, and resolving language access complaints, the Health Department demonstrates its commitment to providing equitable services to its constituents with limited-English proficiency and continuously improving its language access capabilities.

Section 9. Goals and actions planning

This section outlines the ways the Health Department can effectively implement its LAIP. By outlining specific goals and timelines, this process ensures we take practical steps. Additionally, these goals and actions serve as vital metrics for MOIA to monitor progress and provide targeted technical assistance where needed.

Monitoring the efficacy of the plan and compliance with LL30:

The Language Services unit, led by the Director of Language Services, is responsible for monitoring the implementation and effectiveness of the Language Access Implementation Plan. The unit conducts the following activities:

- Periodic meetings with language access liaisons from each division to track progress on goals and metrics
- Quarterly meetings with all language access liaisons to review reporting and assessment data
- Annual review of the implementation plan to evaluate if goals are being met and make necessary revisions

The Language Access unit compiles the data from these meetings, site visits, staff surveys, and client feedback to assess the Health Department's compliance with Local Law 30 and the efficacy of the language access strategies.

Process for providing implementation updates and revising the plan:

The Health Department will include updates on the implementation of the Language Access Implementation Plan as part of its annual reporting requirements to MOIA. This will include:

- Progress made on the goals and actions outlined in the plan
- Quantitative data on language services provided (e.g., number of translations, interpretation sessions, etc.)
- Qualitative feedback from staff, clients, and community partners
- Identified challenges and plans to address them
- Proposed revisions to the plan based on changing needs and best practices

By establishing clear goals, action steps, and monitoring processes, the Health Department demonstrates its commitment to continuously improving language services and compliance with Local Law 30.

The flow chart below illustrates the Health Department's key language access priorities, the underlying root causes behind these needs, and the corresponding goals to address them.

The first box in the flow chart represents the "Priority Language Access Need." These are the critical areas of language access that have been determined by the Language Access team as priorities, and if resolved, will significantly advance equity and inclusion for individuals with LEP. Recognizing and prioritizing these needs is the first step in addressing language barriers and ensuring equitable access to information and services.

The second box in the sequence identifies the "Root Cause" associated with a priority need. These are the underlying factors or contributing causes that explain the existence of the current language access challenges. By analyzing and understanding the root causes, the Health Department can develop more targeted and effective solutions to address the core issues rather than just treating the symptoms.

The third and final box in the flow chart outlines the "Language Access Goal" corresponding to each priority need and its root cause. These goals are the Health Department's proposed strategies and actions to directly tackle the identified root causes and resolve the priority language access needs. By aligning the goals with the root causes, the Health Department can implement focused and impactful solutions that address the fundamental issues and drive meaningful progress towards equity and inclusion for individuals with LEP.

Based on each goal the Language Access unit set up action steps the Health Department will take in the next three FYs. These action steps follow each flow chart, and include stakeholders and timeline.



- ✓ Determine priority languages
- ✓ Develop job descriptions and post openings for the translator positions
- ✓ Conduct interviews, and make hiring selections
- ✓ Onboard new translators and provide training on Health Department style guides, glossaries, etc.

Stakeholders: Translation team, HR, Director of Language Services

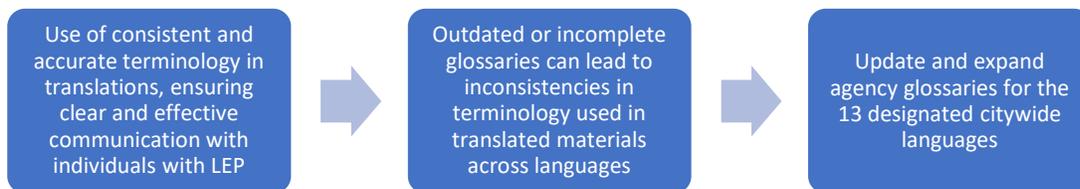
Timeline: FY25



- ✓ Identify language access liaisons from each division/program
- ✓ Develop meeting agenda templates and discussion topics
- ✓ Schedule recurring meetings (e.g., monthly, quarterly) with liaisons
- ✓ Document and follow up on action items from the meetings

Stakeholders: Language access liaisons from various divisions/programs, program directors

Timeline: FY25



- ✓ Review existing glossaries and identify gaps or outdated terminology with the assistance of Health Department programs
- ✓ Engage subject matter experts and linguists to update and expand glossaries
- ✓ Implement an agreed-upon process for ongoing glossary maintenance and updates
- ✓ Share them with the vendors

Stakeholders: Language services team, staff members, language services vendor

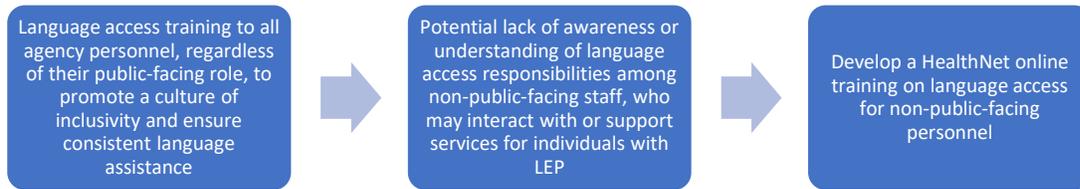
Timeline: FY26



- ✓ Analyze current interpretation needs and project future demand
- ✓ Research compensation practices at other agencies/organizations
- ✓ Develop a proposal for compensating multilingual staff
- ✓ Secure necessary approvals and funding for the compensation program
- ✓ Communicate the compensation program's details to staff
- ✓ Provide training to in-house linguists/multi-lingual staff on protocols and Health Department standards
- ✓ Establish processes for utilizing in-house and vendor interpretation services in tandem

Stakeholders: Language services team, bilingual/multilingual staff,

Timeline: End of FY25



- ✓ Identify the target audience and their training needs
- ✓ Develop the training content and materials
- ✓ Build the online training module
- ✓ Communicate and assign the training to non-public-facing staff
- ✓ Monitor training completion rates and provide reminders as needed
- ✓ Gather feedback and make improvements to the training

Stakeholders: Training department, language services team, non-public-facing staff

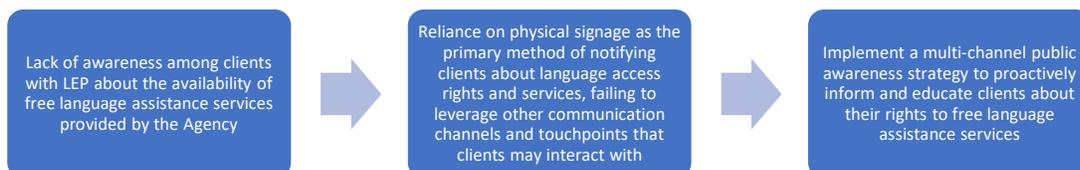
Timeline: FY25



- ✓ Define the roles, responsibilities, and qualifications for the IT liaison role
- ✓ Identify and assign a suitable individual from the IT team
- ✓ Establish regular communication channels between the liaison and language services team
- ✓ Develop processes for the liaison to gather requirements, prioritize needs, and escalate issues
- ✓ Provide training to the liaison on language services operations and Local Law 30 requirements
- ✓ Monitor the effectiveness of the liaison role and make adjustments as needed

Stakeholders: IT department, language services team

Timeline: FY25



- ✓ Determine/Confirm potential areas of the strategy: Outreach/Events, Call Centers/Hotlines, Digital Communications, On-Site Interactions, Community Partnerships, Public Advertising
- ✓ Develop/Propose actions for each area with stakeholders, e.g.:
 - Outreach/Events

- Printed Materials (outreach flyers, brochures, factsheets) distributed at events
- Multilingual staff present at events to inform public
- Call Centers/Hotlines
 - Multilingual voice prompts on call center phone trees
- Digital Communications
 - Website notice about LA
 - Social Media
- On-Site Interactions
 - “I Speak” pin
 - Notice on printed forms that clients fill out
 - Waiting Room screen
 - Handouts
- Community Partnerships
 - Distribute handouts thru community centers, faith-based orgs, CBOs, ethnic businesses
 - Ask community partners to include LA info in their comms and outreach materials
- Public Advertising
 - Ethnic media

Stakeholders: Members of respective teams (Publications, Digital, Call center), CBOs, language access team, public-facing location staff.

Timeline: FY25 – FY26

Section 10. Appendix

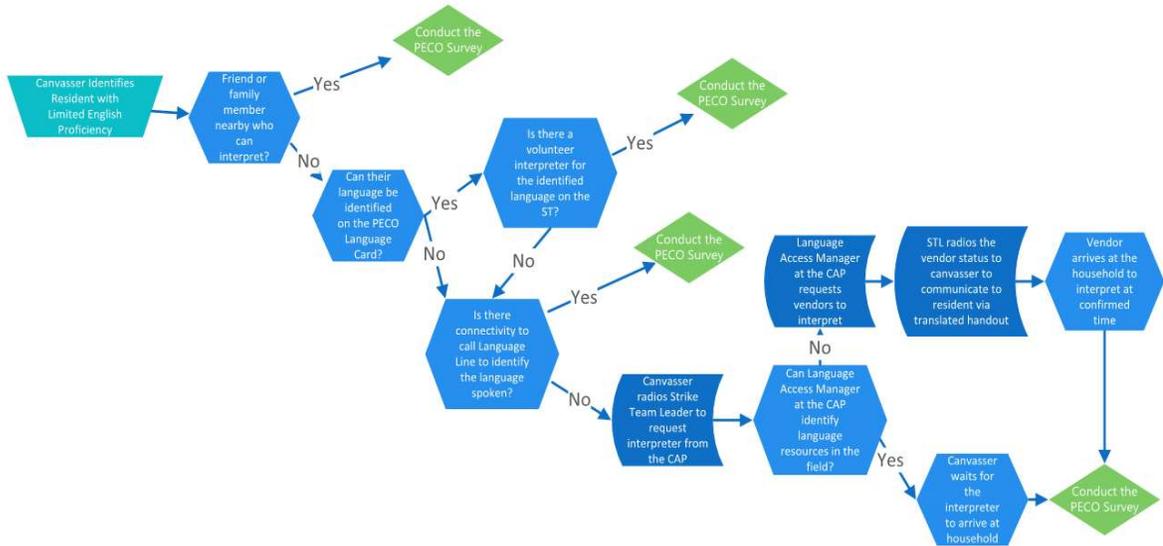
Appendix A: Designated citywide Languages Spoken by New York City's Population with LEP

	Language	% of Population with LEP
1	Spanish	47.49
2	Chinese (Incl. Mandarin, Cantonese)	19.61
3	Russian	6.65
4	Bengali	3.41
5	Yiddish	2.12
6	Haitian Creole	2.05
7	Korean	1.96
8	Arabic	1.55
9	Polish	1.23
10	Yoruba, Twi, Igbo, or other languages of Western Africa	1.31
11	Urdu	1.20
12	Italian	1.14
13	French	1.07

Source: U.S. Census Bureau, 2019 American Community Survey, 5-Year estimate

Appendix C. Post Emergency Canvassing Operation Language Access Plan to be used during and after a city emergency.

PECO Language Access Plan



Appendix D. 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 *বিনামূল্যে* ভাষা 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.
איר האט די רעכט צו באקומען *אומזיסטע* שפראך סערוויסעס.
لديك الحق في الحصول على خدمات اللغات المجانية.

Vous avez droit à des services linguistiques *gratuits*.
آپ کو مفت لساني خدمات کا حق حاصل ہے۔

Δικαιούστε δωρεάν υπηρεσίες διαμενείας.
May karapatan ka sa mga *libreng* serbisyo sa wika.
Keni të drejtën e shërbimeve gjuhësore *falas*.
ਤੁਹਾਨੂੰ ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦਾ ਹੱਕ ਹੈ।
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。

