

**New York City Department of Health and Mental Hygiene**  
**Local Law 73 Implementation Update for 2008**  
**March 2009**

In October 2004, the Department of Health and Mental Hygiene (DOHMH) published an Implementation Plan to outline steps it would take to comply with Local Law 73 of 2003. This Implementation Update describes activities undertaken during 2008 to provide limited English proficient (LEP) clients access to the agency's health services.

In 2008, there were 31 clinical sites covered under Article 28 which worked to comply with Local Law 73. The agency's Local Law 73/LEP Committee met quarterly to address issues related to language interpretation and translation services at these sites. The committee comprises representatives from the Office of Clinical Quality Management and Improvement (CQMI) and the Bureau of Communications, as well as the four bureaus that provide direct patient care services in Article 28 clinics: Sexually Transmitted Disease Control (STDC), Tuberculosis Control (TBC), Immunization and the Oral Health Program (OHP).

In July 2008, Mayor Bloomberg signed Executive Order 120, which requires that all direct public services of city agencies provide meaningful access to services for LEP clients. In response, the agency created a Language Access Plan that strives to standardize the Article 28 clinics' language access- related best practices across the entire agency. This plan will also enhance existing practices in the clinics.

**1. Identification of Primary Language**

The agency will define primary language as the language in which a client prefers to communicate when receiving services. All Article 28 clinics receive Language Access Toolkits that detail instructions on identifying clients' primary language. In all clinics, staff use translated Free Interpretation Services posters to assist in language identification. In addition, language identification cards and bilingual staff are used in most clinics. The Bureau of Communication's Office of Publications and Language Access (PLA) distributes the identification cards and posters to the clinics.

**2. Language Assistance Services**

**Telephone interpretation:** All Article 28 clinics have access to Language Line, the agency vendor for telephone interpretation services, and receive training on how to use the service. Dual-handset telephones are used at 94% of clinical sites to support efficient and confidential exchanges.

**Translated materials:** CQMI partners with PLA to ensure that patient education materials, bureau-specific forms and New York State Department of Health regulatory posters are translated in the languages most common to each clinic. PLA coordinates translation services for the agency, primarily through professional translation vendors. Language specific editors and trained agency staff provide review of translated documents for quality assurance.

During 2008, PLA recorded 376 requests for translation, a decrease of 26% from 506 in 2007. The total includes requests from Article 28 Bureaus. In competing with priorities, the programs utilized bilingual staff more often when available to improve cycle time. Interpretation through bilingual staff moves the patient through the process efficiently with less wait time. This can account for some of the decline seen in language line access. The relative distribution of requested languages shifted slightly, but the top ten languages in 2007 remained the same as in 2008. Spanish accounted for approximately 41.2% of the translations; Chinese was also significant at approximately 33% translations.

**Table 1: Agency-wide Documents Translated by Office of Publications and Language Access**

<b>2008, Languages</b>	<b>Number of Translations</b>	<b>% of Translations</b>	<b>2007, Languages</b>	<b>Number of Translations</b>	<b>% of Translations</b>
Spanish	155	41.2%	Spanish	201	39.6%
Chinese	124	33.0%	Chinese	145	28.6%
Russian	13	3.5%	Russian	26	5.1%
Bengali	12	3.2%	Haitian Creole	21	4.1%
Urdu	12	3.2%	Korean	19	3.7%
Haitian Creole	10	2.7%	French	19	3.7%
Korean	8	2.1%	Bengali	18	3.6%
Polish	8	2.1%	Urdu	17	3.4%
Arabic	7	1.9%	Arabic	16	3.2%
French	6	1.6%	Polish	7	1.4%
Yiddish	6	1.6%	Hindi	6	1.2%
Hindi	3	0.8%	Yiddish	1	0.2%
Other	12	3.2%	Other	11	2.2%
<b>Total</b>	<b>376</b>	<b>100.0%</b>	<b>Total</b>	<b>507</b>	<b>100.0%</b>

**Data monitoring:** In 2008, PLA improved tracking the number of translations through the development of a request tracking database. The agency utilizes Language Line billing data, which include a breakdown of the number of calls per language, to track completed telephonic interpretation requests. Each Bureau tracks interpretation requests completed by bilingual staff; The LEP Committee will address a standardized protocol collecting this data in 2009.

### **3. Quality Assurance Measures**

#### **3A. Summary of LEP Review Site Surveys- 2008**

The CQMI staff conducted LEP Review Site Surveys from November to December 2008 at the 31 Article 28 clinical sites within STDC, TBC, Immunization and OHP. The review was conducted to assess the following language assistance resources:

- Bilingual Staff
- Signage/Posters
- Language Identification
- Usage of Interpretation Services

#### **Overall Findings/Summary**

The findings indicated 100% of clinical staff members are trained to recognize when language interpretation services are required and know how to access them. Sites rely most on bilingual staff and Language Line to provide interpretation assistance.

Overall, 30 (97%) clinics have multilingual employees who provide interpretation in at least one non-English language of the LEP population they serve. 97% of clinics that have Spanish-speaking LEP clients have Spanish-speaking staff and 53% that have Chinese-speaking LEP clients have Chinese-speaking staff.

#### **3B. Patient Complaint Management**

On average, there are 5 distinct steps or points of service in a clinic visit. In 71% of clinics, there is an established method of communicating an LEP client's language assistance needs to staff overseeing the next point of service.

Customer service in DOHMH clinics is monitored through a complaint management process. The agency uses an automated process for complaints management through the DOHMH Call Center, which offers free telephone interpretation services to facilitate access. Bureaus reported that there were no patient complaints about LEP customer service for 2008.

#### **3C. LEP Policy and Procedures**

All four Article 28 programs have worked on developing bureau-specific LEP Policy and Procedures. STDC, TBC and Immunization have drafted their Policy and Procedures and are awaiting agency approval. OHP has finalized and implemented LEP Policy and Procedure. It is expected that the plans will be promulgated in 2009.

#### **4. Training**

The Language Access Toolkit, a collection of printed resource materials on language access, is available in all clinics. The Toolkit will be updated in 2009 to include additional material on assisting LEP clients.

PLA continues to provide in-person trainings on the Volunteer Language Bank, telephonic interpretation and Health Literacy. Volunteer Language Bank information is made available during all monthly new hire orientations. Training for telephonic interpretation is held during annual onsite meetings for Article 28 supervisors and clinical staff. Health Literacy trainings, offered monthly, covers topics including plain language and cultural competency.

#### **5. Record Keeping and Monitoring**

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

- STDC: via electronic medical record
- TBC: via electronic medical record
- Immunization: via client data entry system/billing service vendor and in the printed patient screening form
- OHP: via client data entry system and patient medical record

The LEP Committee continues to coordinate the development of consistent and accurate tracking of languages in the patient databases for each Article 28 bureau. In 2009, the agency will develop standardized wording for all Article 28 bureaus to query for primary language. The Committee will aim to provide more detailed accounting of language spoken and type of language assistance provided to clients. As more clinics are moving to electronic medical records, the Committee plans to address data collection methods that are consistent throughout the transition from hard copy to electronic records.

## **Implementation Updates & Annual Reports**

Based on Language Line data, the table below displays the number of interpreted calls for all Article 28 clinics, broken down by requested language.

**Table 2: Interpretation Requests to Language Line from Article 28 Clinics, 2008**

<b>Language</b>	<b>2008 Number of Calls</b>	<b>% of 2008 Calls</b>
Spanish	2,168	43.5%
Mandarin	965	19.4%
Cantonese	399	8.0%
Russian	244	4.9%
Haitian Creole	177	3.5%
Korean	140	2.8%
French	125	2.5%
Tibetan	113	2.3%
Bengali	82	1.6%
Burmese	71	1.4%
Urdu	66	1.3%
Vietnamese	56	1.1%
Other	381	7.6%
<b>Total</b>	<b>4,987</b>	<b>100.0%</b>

## **Bureau of Sexually Transmitted Disease Control**

STDC clinics served 118,590 clients in 2008. Interpretation services are provided at five points of service. The top primary languages for the LEP patient population at the ten STDC clinics are Spanish, Chinese, French and French Creole.

Spanish and French-Creole staff interpreters are available at 100% of clinics with LEP clients from those respective populations. Eighty percent of clinics with Chinese-speaking LEP clients have staff who speak Chinese dialects, and 57% of clinics with French-speaking LEP clients have French-speaking staff. When a patient cannot be assisted by a bilingual staff member, they are referred to Language Line.

Previously, the fields for capturing primary language and language assistance were not “must fill” fields in the EMR. In 2008, the bureau worked to increase staff tracking of these fields. Compared with 2007, there was a 24% increase in 2008 for compliance in filling the primary language and language assistance fields in the EMR. The bureau requested modifications to the EMR so that this would be a required field. The modification was completed by the end of 2008.

The table below displays the top primary languages outside of English for STDC patients.

**Table 3: Primary Language of Patients in STDC Clinics**

Language	2008, Number of Clients	% Total 2008	2007	% Total 2007	2006	% Total 2006	2005	% Total 2005
Spanish	12,237	86.9%	9,889	86.4%	9,898	87.1%	6,985	85.1%
Chinese	471	3.4%	248	2.2%	161	1.4%	132	1.6%
Creole	183	1.3%	153	1.3%	108	1.0%	48	0.6%
French	182	1.3%	198	1.7%	152	1.3%	136	1.7%
Portuguese	165	1.2%	163	1.4%	198	1.7%	213	2.6%
Russian	107	0.8%	141	1.2%	121	1.1%	80	1.0%
Japanese	66	0.5%	56	0.5%	47	0.4%	71	0.9%
Korean	41	0.3%	0	0.0%	0	0.0%	0	0.0%
Tagalog	31	0.2%	0	0.0%	0	0.0%	0	0.0%
Italian	30	0.2%	0	0.0%	0	0.0%	0	0.0%
Other	564	4.0%	603	5.3%	675	5.9%	540	6.6%
<b>Total</b>	<b>14,077</b>	<b>100.0%</b>	<b>11,451</b>	<b>100.0%</b>	<b>11,360</b>	<b>100.0%</b>	<b>8,205</b>	<b>100.0%</b>

Below is a table of the bureau's usage of bilingual staff and Language Line, ranked by the number of interpretation requests per language.

**Table 4: Bureau of Sexually Transmitted Disease Interpretation Requests to Bilingual Staff and Language Line**

Language	2008, Number of Requests	% Total 2008 Requests	2007	% Total 2007 Requests	2006	% Total 2006 Requests	2005	% Total 2005 Requests
Spanish	1,972	91.98%	2,055	91.78%	2,346	93.54%	1,742	95.14%
Chinese	83	3.87%	90	4.02%	50	1.99%	35	1.91%
French	30	1.40%	58	2.59%	60	2.39%	34	1.86%
Creole	27	1.26%	20	0.89%	20	0.80%	3	0.16%
Russian	25	1.17%	8	0.36%	23	0.92%	12	0.66%
Arabic	7	0.33%	8	0.36%	9	0.36%	5	0.27%
<b>Total</b>	<b>2,144</b>	<b>100.00%</b>	<b>2,239</b>	<b>100.00%</b>	<b>2,508</b>	<b>100.00%</b>	<b>1,831</b>	<b>100.00%</b>

### **Bureau of Tuberculosis Control**

TBC clinics served 45,885 clients in 2008. The top languages of clients at the TBC clinics included Spanish, Chinese, French Creole, French and Russian. On average there are ten points of service at the nine TBC clinics in which a client may need language assistance. Patient brochures and forms in the chest centers are available in English, Spanish, French Creole, French, Chinese and Korean. 100% of clinics have Spanish-speaking staff interpreters and 44% have staff interpreters for one of the other top languages of the clinic's LEP clients. In 2008, the bureau enhanced its data collection process by documenting the type of language assistance

provided in the patient's electronic medical record. The table below displays the primary language of clinic patients.

**Table 5: Primary Language in Tuberculosis Control Clinics**

Language	2008, Number of Clients	% Total 2008 Clients	2007	% Total 2007 Clients	2006	% Total 2006 Clients	2005	% Total 2005 Clients
Spanish	9,489	60.3%	9,250	64.3%	8,895	72.8%	8,243	78.1%
Chinese*	1,538	9.8%	1,367	9.5%	1,346	11.0%	1,266	12.0%
French Creole	793	5.0%	441	3.1%	1,198	9.8%	690	6.5%
French	559	3.6%	683	4.7%				
Russian	483	3.1%	323	2.2%	202	1.7%	239	2.3%
Hindi	351	2.2%	184	1.3%	87	0.7%		
Tibetan	308	2.0%	249	1.7%				
Bengali	265	1.7%	208	1.4%	119	1.0%	121	1.1%
Arabic	219	1.4%	181	1.3%	155	1.3%		
Korean	207	1.3%	181	1.3%	153	1.3%		
Urdu	247	1.6%	129	0.9%	65	0.5%		
Other	1,279	8.1%	1,188	8.3%				
<b>Total</b>	<b>15,738</b>	<b>100.0%</b>	<b>14,384</b>	<b>100.0%</b>	<b>12,220</b>	<b>100.0%</b>	<b>10,559</b>	<b>100.0%</b>

\*"Chinese" in these tables includes multiple dialects (Mandarin, Cantonese, etc.)

In 2008, 2,389 patients received language interpretation, which equaled 6,161 total requests when accounting for patients with multiple visits. Interpretation requests are provided by bilingual staff and Language Line. The staff utilizes dual-handset phones when using Language Line. The table below represents the number of patients who received interpretation through bilingual staff and Language Line at the chest centers.

**Table 6: Bureau of Tuberculosis Interpretation Requests to Bilingual Staff and Language Line**

<b>Language</b>	<b>2008, Number of Requests</b>	<b>% of 2008 Requests</b>	<b>2007, Number of Requests</b>	<b>% of 2007 Requests</b>
Spanish	4,057	65.8%	3,984	64.81%
Chinese	1,005	16.3%	588	9.57%
French Creole	284	4.6%	144	2.34%
Tibetan	124	2.0%	83	1.35%
Hindi	107	1.7%	51	0.83%
Russian	101	1.6%	91	1.48%
Korean	78	1.3%	59	0.95%
French	44	0.7%	158	2.57%
Bengali	35	0.6%	58	0.94%
Arabic	17	0.3%	49	0.80%
Other	309	5.0%	882	14.4%
<b>Total</b>	<b>6,161</b>	<b>100.0%</b>	<b>6,147</b>	<b>100.00%</b>

**Bureau of Immunization**

In 2008, 52,887 clients were served in the six Immunization clinics. The clinics use bilingual staff and Language Line for interpretation services at three points of service—triage, screening, and inoculation. All clinics have brochures and patient forms translated into the languages most common to the clinic.

Eighty-three percent of clinics have Spanish- speaking staff that can provide interpretation. One third of clinics that have Russian, Chinese, French or French Creole clients have bilingual staff interpreters of those respective languages. Patients requiring assistance outside of these language groups are referred to Language Line.

Immunization has increased compliance with data collection on language assistance provided to clients, and plans to address obstacles in data output and analysis from the tracking systems in 2009. Because of staff shortage that led to inconclusive data compilation, the bureau was unable to summarize the annual data on the primary language of all patients. More efficient data collection measures will be explored in 2009. Clinic staff members have noted an increase in numbers of total clients and LEP clients and believe that it is caused by increasing rates of New York residents who are unable to pay for private medical care and an increased number of referrals from private care physicians.

The table displays the Bureau’s usage of Language Line, ranked by the number of interpretation requests per language.

**Table 7: Bureau of Immunization Interpretation Requests to Language Line**

<b>Language</b>	<b>2008, Number of Requests</b>	<b>% of 2008 Requests</b>	<b>2007, Number of Requests</b>	<b>% of 2007 Requests</b>
Chinese	78	39.8%	56	36.40%
Russian	33	16.8%	20	13.0%
Spanish	31	15.8%	19	12.3%
Korean	17	8.7%	22	14.3%
Greek	5	2.6%	0	0.0%
Haitian Creole	5	2.6%	0	0.0%
Bengali	4	2.0%	6	3.9%
Hindi	4	2.0%	1	0.6%
Arabic	3	1.5%	4	2.6%
Farsi	2	1.0%	0	0.0%
Other	14	7.1%	26	16.9%
<b>Total</b>	<b>196</b>	<b>100.0%</b>	<b>154</b>	<b>100.0%</b>

**Oral Health Program**

OHP clinics received 18,192 clients in 2008. Staff members at the six clinics provided language assistance services to LEP clients at an average of three points of service. Clinic forms are available in Spanish, Chinese, Haitian Creole, Russian and French. The most common languages of LEP clients were Spanish, Haitian Creole, and Chinese. Spanish and Chinese– speaking staff members work in 67% of clinics that have LEP clients of those respective populations. 25% of clinics with Haitian Creole- speaking LEP patients have staff interpreters who speak their language. Most interpretations for OHP patients are handled by bilingual clinic staff. When using Language Line, five out of six clinics use dual-handset phones. The remaining clinic uses a single handset phone that is passed back and forth between the client and staff member.

In 2008, OHP revised its parent/guardian dental consent form and patient encounter form to collect language access information. Staff members enter the registration data from the forms into the client tracking system and submit to Data Line, the agency’s contracted client encounter and billing agent. The table below displays the primary languages outside of English spoken by OHP patients.

**Table 8: Primary Language of Patients in Oral Health Clinics**

<b>Language</b>	<b>2008, Number of Clients</b>	<b>% Total 2008 Clients</b>	<b>2007, Number of Clients</b>	<b>% Total 2007 Clients</b>
Spanish	2,120	69.0%	1,802	76.9%
Chinese	452	14.7%	218	9.3%
Creole	65	2.1%	86	3.7%
Arabic	43	1.4%	51	2.2%
Russian	39	1.3%	26	1.1%
French	37	1.2%	51	2.2%
Hindi	29	0.9%	27	1.2%
Korean	10	0.3%	5	0.2%
Other	276	9.0%	77	3.3%
<b>Total</b>	<b>3,071</b>	<b>100.0%</b>	<b>2,343</b>	<b>100.0%</b>

The table below displays Language Line usage for OHP.

**Table 9: Oral Health Program's Interpretation Requests to Language Line**

<b>Language</b>	<b>2008, Number of Requests</b>	<b>% of 2008 Requests</b>	<b>2007, Number of Requests</b>	<b>% of 2007 Requests</b>
Spanish	6	37.5%	5	18.5%
Chinese	4	25.0%	1	3.7%
Urdu	3	18.8%	1	3.7%
Russian	1	6.3%	0	0.0%
Bengali	1	6.3%	0	0.0%
Albanian	1	6.3%	0	0.0%
Arabic	0	0.0%	7	25.9%
Hindi	0	0.0%	6	22.2%
Romanian	0	0.0%	3	11.1%
Tagalog	0	0.0%	2	7.4%
Tibetan	0	0.0%	1	3.7%
Italian	0	0.0%	1	3.7%
<b>Total</b>	<b>16</b>	<b>100.0%</b>	<b>27</b>	<b>100.0%</b>

## **6. Plans for 2009 pending update**

- DOHMH will release an updated version of the Language Access Toolkit to agency staff members.
- The LL 73 Committee will continue to work toward development of standardized data collection tools that are consistent across bureaus and, to the degree possible, consistent with data collection protocols around language for other healthcare providers. The Committee will aim to provide more detailed accounting of languages spoken and types of assistance.
- All bureaus will distribute their bureau-specific LEP Policy and Procedures.
- DOHMH will establish standardized system for collecting data on patients' language, including a standard method of inquiring of patients' primary language.
- DOHMH will develop a Train the Trainer curriculum for clinic managers on instructing staff to use Language Line and manage LEP staff with adequate customer service.