

# Massachusetts Department of Public Health (MDPH)

## Language Access Plan

February 15, 2013



### **I. Introduction**

The Massachusetts Department of Public Health (MDPH) has prepared this Language Access Plan (LAP) for the purposes of defining the protocol and procedures taken by MDPH. This LAP serves as a means to ensure meaningful and universal access to MDPH services, programs and activities on the part of persons whom self-identify as having a limited English proficiency or preference for materials and services in a preferred language.

Consistent with the definition provided by Administration and Finance Administrative Bulletin number sixteen, a Limited English Proficient (LEP) person is someone who is not able to speak, read, write or understand the English language at a level that allows him/her to interact effectively with Agency staff. A client maintains the right to self-identify as an LEP person, as well as the right to indicate their language of preference, particularly as it relates to health message delivery.

This Language Access Plan is also consistent with MDPH Best Practice Recommendations for Hospital-based Interpreter Services developed to provide guidance to hospitals and affiliated entities required to provide language access under state hospital regulation.

### **II. Purpose**

MDPH is committed to ensuring clients meaningful access to services, programs and activities although they may be limited in their English language proficiency. Therefore, the purpose of this document is to delineate the services, protocol and procedures required to support language access services for MDPH clients. This plan serves to inform MDPH staff, vendors, community constituents and clients about language access services and supports; designates key personnel tasked with supporting languages access services for the benefit of MDPH clients, and offers opportunities to further the reach of MDPH language access provisions.

MDPH will review and update, on a biannual basis, this LAP in order to ensure continued responsiveness to community needs and to maintain compliance with the Executive Office for Administration and Finance Administrative Bulletin number sixteen.

### **III. Agency Description**

The history of public health in Massachusetts is long and prestigious. During the 1700's, the smallpox inoculation was pioneered, the first pure food legislation was enacted, the first public clinics were opened, and Paul Revere chaired the Boston Board of Health. Since then, the public health system has provided critical services that protect and enhance the health of all residents of the Commonwealth.

Today, the Massachusetts Department of Public Health continues this legacy by:

- Providing outcome-driven, evidence-based programs to promote wellness, prevent and control disease and disability through the management of state and federal resources.
- Operating four public health hospitals, the Hinton State Laboratory Institute and the State Office of Pharmacy Services.
- Collecting, maintaining, and publishing vital records and health statistics
- Licensing, certifying, and/or accrediting hospitals, clinics, laboratories, and thousands of health professionals.
- Interpreting and enforcing public health law.
- Providing surveillance of chronic diseases, occupational hazards, injuries, behavioral risks, and other indicators of public health issues.
- Providing 24/7 coverage to detect, prevent, and resolve infectious, environmental, and bio-terrorism threats to the health of the public.

Massachusetts Department of Public Health staff work in diverse posts; as doctors, nurses, epidemiologists; inspectors, administrators and others ensuring the health and wellbeing of more than six and one-half million Massachusetts residents.

### **MDPH Strategic Priorities**

The Massachusetts Department of Public Health has worked hard in recent years to identify its overarching strategic priorities, allowing us to focus our efforts, identify policy opportunities and improve health outcomes for the populations we serve.

These priorities were developed collaboratively in 2007 with input from hundreds of residents, stakeholders and community partners who attended regional meetings around the state. These goals reflect the issues that define public health in the 21st century.

In its programs and policies, the Massachusetts Department of Public Health is committed to:

- Ensuring the success of Health Care Reform.
- Eliminating racial and ethnic health disparities.
- Promoting wellness in the workplace, school, community and home.
- Managing chronic disease.
- Building public health capacity at the local and state levels.

The mission of MDPH is to protect and promote the health of all Massachusetts residents, including those with limited proficiency in English.

In carrying out this mission, there are five specific public-facing DPH functions requiring special attention in ensuring language access:

- **Clinical Services.** Through four public health hospitals, vendor service agreements, and other services, MDPH provides care to populations who may present for care for a variety of health concerns.
- **Programmatic Services.** MDPH aims to prevent and control communicable Diseases, chronic conditions, and decrease health risks associated with emergency events through programs that focus on HIV/AIDS and other sexually transmitted infections, diabetes, asthma, refugee and immigrant health and services specific to emergency preparedness.
- **Health Education and Health Communication.** Through press releases, interactive web-blogs, print publications, and targeted community-based initiatives, MDPH educates the public about important health topics and key resources.
- **Licenses, Permits, and Regulatory Affairs.**
- **Monitoring and Records.** MDPH conducts surveys and maintains disease-specific registries to assess and monitor Massachusetts residents' health and emerging health trends. The agency also maintains Massachusetts births and deaths records.

#### **IV. Language Access Plan:**

MDPH provides accessible services to all residents of the Commonwealth, which includes those with limited English proficiency (LEP). Implementation of this Plan supports MDPH staff in adherence to Language Access protocols and serves to more optimally provide service to Deaf, hard of hearing, LEP and non-English speaking clients.

MPDH currently offers an array of language access services, including:

**Document and Pre-Identified Web Content Translation.** Intake forms and important health information are available in various languages at many offices across the agency. From September 1, 2009 through July 19, 2010, MDPH Office of Public Health Strategy and Communication coordinated 135 translation projects in 18 languages including: Spanish, Portuguese, Haitian Creole, Vietnamese, Chinese, Khmer, French, English, Russian, Arabic, Albanian, Arabic, Thai, Korean, Somali, Swahili, Amharic, and Romanian, for a total of 353 documents. Most documents are translated into Spanish, Portuguese, Haitian Creole, Vietnamese and Chinese.

**Interpretation Access.** Agency wide access to telephonic Interpretation is made available through Qwest Communications, a provider of telephonic interpreter services . American Sign Language Interpretation is also available upon request, and in-hospital interpretation is made available by use of staff interpreter, per-diem staff interpreters, and bilingual employees.

**Integrated Press and Communications Office with Focus on Ethnic Media.** MDPH Office of Public Health Strategy and Communication serves as the central point of contact for managing translation and interpretation contracts, and providing real-time translation and interpretation of press releases, media advisories and other tools for use during breaking news/public health

emergencies. Through non-English media outreach efforts, the MDPH Office of Public Health Strategy and Communication has identified the publication in Spanish and Portuguese of 55 unique newspaper articles made possible by our multilingual press releases, 15 television and 31 radio appearances. The office also maintains blogs in Spanish and Portuguese and regularly produces podcasts about health in Spanish, Portuguese, French, Haitian Creole, Vietnamese, and Chinese.

**Supportive Training and Quality Improvement Mechanisms.** MDPH Office of Public Health Strategy and Communication provides the following trainings to internal programs and bureaus with regard to language access:

- **Working with a Medical Interpreter:** this training details how to best manage the flow of information and support within a triadic encounter which includes a patient or health consumer; medical interpreter, and a provider.
- **Telephonic Interpreter Access:** this training supports an operational understanding of how to implement a telephone-based interpreter into the medical encounter and covers content as dual handset phone operation, patient confidentiality, cost codes and reporting use and/or complaints.
- Other trainings will be developed, contracted for, and a timely information dissemination plan will occur on an as needed basis.

**Maintenance of a Volunteer Language Bank.** This resource is specific to the MDPH Sexual Assault Prevention and Survivor Services Program, and captures the language capacity of seventeen funded rape crises centers that provide critical services to the community. This language access measure ensures all 351 cities and towns in the state providing around the clock rape crisis resources such as hotline operation and hospital responses; in-person, group counseling, and outreach and do so through using internally based face to face interpreters when available.

**Compliance with Federal, State and Local Laws with regard to Language Access.**

MDPH has worked to provide language assistance services to the public consistent with various federal mandate or statewide executive order. This includes the following:

- **Title VI of the 1964 Civil Rights Act** which stipulates that No person in the United States shall on the ground of race, color, or national origin be excluded from participation in, denied benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.
- **Massachusetts Executive Order 13166** Improving Access to Services for Persons with Limited English Proficiency of 2000, and the Limited English Proficiency Policy
- **Culturally and Linguistically Appropriate Services (CLAS) Initiative** supports language provisions via the federal Culturally and Linguistically Appropriate Services (CLAS) Standards. These standards were created in 2001 by the federal Office of Minority Health (OMH) and have also helped to inform to the MDPH Language Access Plan.

MPDH intends to further support, increase or refine the language access provisions indicated through strategic implementation, monitoring and evaluation of each element or component. MDPH intends to have the following components functional within the next two to five years, unless otherwise indicated:

- (1) Translation: Process is currently established, but will undergo biannual review.
- (2) Interpretation: Process is currently established, but will undergo biannual review.
- (3) Training: Annual training opportunities are currently available. A training schedule will be put in place to:
  - a. Ensure knowledge and provisions of this LAP (by 06/1/2011)
  - b. To on-board volunteers translation reviewers and/or interpreters into a volunteer language bank, or both; (by January, 2012)
  - c. To ensure accuracy in voluntary reviewers and/or interpreters within the volunteer language bank, or both (by January, 2012)
- (4) Evaluation: Evaluation measures will be in place by January 2012.
- (5) Monitoring: Monitoring of this LAP will occur biannually and will follow the schedule indicated below:
  - a. Annual invitation for key-stakeholders' review and or consultation December 2010 and again January 2012
- (6) Complaints Capturing: A streamlined mechanism to capture complaints from translation and interpretation is currently being drafted.
- (7) Volunteer Language Bank Establishment: Process is currently undergoing review, pending creation of a survey, demonstrated voluntary release of information by staff and employees, and database to capture language data.
- (8) Compliance with Federal, State and Local Language Access Laws to occur on an as needed basis with a specified timeline indicated under monitoring sub-header.
- (9) Periodic Engagement of Stakeholders: to be continually engaged and participate in regular, periodic, or episodic review of Plan as needed.
- (10) Review and Revision of Plan for Appropriateness and Applicability: to occur biannually.

The Agency Language Access Plan shall be fully implemented subject to the availability of fiscal resources to implement said language access plan. This Language Access Plan has been developed to adhere to the Language Access Guidelines of ANF Administrative Bulletin #16. This Language Access Plan (LAP) represents MDPH administrative blueprint to provide meaningful access to Agency services, programs and activities on the part of LEP individuals. This Language Access Plan outlines the tasks Agency will undertake to meet this objective.

(1) Massachusetts Department of Public Health, LAP Point of Contact:  
Language Access Coordinator  
Omar Cabrera, Health Education Manager  
Office of Public Health Strategy and Communications  
Massachusetts Department of Public Health  
250 Washington St, Boston MA 02108  
Tel (617) 624-6000, TTY (617) 624-5992, email: [omar.cabrera@state.ma.us](mailto:omar.cabrera@state.ma.us)

(2) Agency Language Access Needs Assessment:

MDPH will promote identification of language assistance needs at strategic points of contact. This serves to ensure that individuals indicating a need for services in languages other than English, as well as those who indicate a need for sight based interpretation such as ASL, are informed at medical and non-medical points of contact that interpretation services are available at no cost to them. MDPH will facilitate the access to such services. These services may differ depending upon location of exchange between LEP health consumer and MDPH member of staff. MDPH seeks to ensure language access provisions meet or exceed a 5% minimum threshold.

#### **Regional Offices**

We will further prioritize and describe next steps specific to the MDPH regional offices annually.

#### **MDPH Administrative and Local Offices**

We will further prioritize and describe next steps specific to the MDPH administrative and local offices annually.

#### **State-wide Public Health Hospitals**

Our statewide public health hospitals are in compliance with the MDPH Best Practices Recommendations for language access as well as state and federal law for the provision of language access services in hospital settings.

##### **a. Language Makeup of Client Population**

Massachusetts foreign-born residents accounts for 14% of the state's population - an increase of 18% from the 2000 Census <sup>(1)</sup>. More than 20% of the Commonwealth's residents 5 years of age and older spoke a language other than English at home; of this population, 44% spoke English less than "very well" <sup>(1)</sup>. Moreover, the numbers of Massachusetts residents who are Limited English Proficient (LEP) continue to increase.

These are the top three reports that are often referenced when determining the language needs of the Massachusetts’ population: the Census, the FLNE and the Hospital Interpreter services report. The table below presents the top ten languages that are most frequently encountered in the state from each of these individual reports.

Top Ten Languages Spoken in MA by Census	Top Ten Languages Most Frequently Encountered by ACH	Top Ten Languages Reported in the FLNE
<b>Spanish</b>	Spanish	<b>Spanish</b>
<b>Portuguese</b>	Portuguese	<b>Portuguese</b>
<b>French</b>	Russian	<b>Chinese</b>
<b>Italian</b>	Chinese	<b>Haitian Creole</b>
<b>Chinese</b>	Haitian Creole	<b>Vietnamese</b>
<b>French Creole</b>	Cape Verdean Creole	<b>Khmer</b>
<b>Russian</b>	Vietnamese	<b>Cape Verdean Creole</b>
<b>Vietnamese</b>	Arabic	<b>Russian</b>
<b>Greek</b>	American Sign Language (ASL)	<b>Arabic</b>
<b>Polish</b>	<b>Albanian</b>	<b>Korean</b>

While it is important to consult with all three of these reports when determining language needs, it is worth noting that the census data mostly reflects language spoken in a region or community; not necessarily needs for services. The FLNE report only reflects possible demands for language services in the state or its regions. The hospital interpreter services report is the only true presentation of direct needs for language services in the states and its regions. Therefore, the data from the hospital report may be more appropriate not only for hospitals, but for all health service providers when developing programs, translating materials and creating signage for limited English proficient populations.

The table below presents the top ten languages that represent direct needs for services.

LANGUAGE	TOTAL	PERCENT	CUMULATIVE %
Spanish	512,221	43%	<b>43%</b>
Portuguese	260,510	22%	<b>65%</b>
Russian	82,663	7%	<b>72%</b>
Chinese	69,761	6%	<b>78%</b>
Haitian Creole	56,770	5%	<b>83%</b>
Cape Verdean	50,652	4%	<b>87%</b>
Vietnamese	45,069	4%	<b>91%</b>
Arabic	16,224	1%	<b>92%</b>
American Sign Language (ASL)	11,403	1%	<b>93%</b>
Albanian	<b>9,593</b>	<b>1%</b>	<b>94%</b>

Spanish accounts for 43% of the needs for services in the state – these numbers suggest that Spanish speakers are numerous and perhaps increasing in the Commonwealth. The other nine languages account for 51%. Together these top ten languages account for 94% of all direct demands for language services. This finding should serve as a guide to all programs when conducting language needs assessments for their service area.

\*U.S. Census Report: [Federation for American Immigration Reform](#)

\*\**FLNE - a bi-annual publication of MDPH with language data collected by the Massachusetts Department of Education for students whose primary language is not English.*

\*Hospital Services Report is an annual publication of MDPH which includes language data collected by hospitals and associated clinics and health centers for patients who are Limited English Proficient.

(Each language and the percentage of the language’s presence should be identified and listed in this section)

b. Points of Contact between Agency and Client Population

**Massachusetts Department of Public Health**

Main Office

250 Washington St, Boston MA 02108

Tel: (617) 624-2000 TTY: (617) 624- 5990 Web: [Department of Public Health](#)

Office of Health Equity

250 Washington St, 5<sup>th</sup> FL, Boston MA 02108

Tel: (617) 624-2000 TTY: (617) 624- 5990

Email: [DPH-HealthEquity@state.ma.us](mailto:DPH-HealthEquity@state.ma.us)

Office of Public Health Strategies and Communication  
250 Washington St, 2<sup>nd</sup> FL, Boston MA 02108  
Tel: (617) 624-2000 TTY: (617) 624- 5990

Hinton Laboratory  
305 South Street  
Jamaica Plain, MA 02130  
Tel: (617) 983-6200

**Refugee and Immigrant Health Program**

State Laboratory Institute  
305 South Street  
Jamaica Plain, MA 02130  
Tel. (617) 983-6590

**Massachusetts Public Health Hospitals**

Lemuel Shattuck Hospital  
170 Morton Street  
Jamaica Plain, MA 02130  
Tel: (617) 522-8110, Fax: (617) 971-3850

Massachusetts Hospital School  
Katherine Chimiel, CEO  
3 Randolph Street  
Canton, MA 02021  
(781) 828-2440

Tewksbury Hospital  
Sandra Akers, CEO  
365 East St, Tewksbury, MA 01876-1998  
(978) 851-7321

Western Massachusetts Hospital  
91 East Mountain Rd.  
Westfield , MA 01085  
(413) 562-4131

**State Office of Pharmacy Services**

Louis Dell'Olio, Director  
Commonwealth of Massachusetts  
Office of Pharmacy Services  
365 East Street  
Tewksbury, Massachusetts 01876  
(978) 858-2100

MDPH Hospital Based Interpreter Services  
James Destine, Hospital Based Interpreter Services Coordinator  
250 Washington St, Boston MA 02108  
(617) 624- 6011

(3) Language Resources Assessment:

MDPH will have in place mechanisms to organically, regularly and consistently assess the needs of the LEP populations for which we serve regionally at the state-wide public hospitals, as well as through the services provided by funded vendors, as well as through implementation and monitoring of MDPH's language access resources appropriateness. This will occur through the following mechanisms:

- a) MDPH will investigate a survey tool which may be used for current employees to voluntarily indicate both their language skills with regard to what language, and their perceived level of oral, written communication or both.
- b) MDPH will investigate adjusting scope of services of all contracts with translation and interpretation services, to include provision of surge capacity for linguistic services as requested by MDPH.

The timeframe for these plan elements are to be in place by **January, 1, 2014.**

**Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH)**

MCDHH - Executive Office

150 Mount Vernon Street,  
Fifth Floor, Suite 550  
Dorchester, MA 02125  
617-740-1600 Voice, 617-740-1700 TTY, 866-970-7177 Video Phone at Front Desk  
866-470-2515 Video Phone at Interpreter Referral Department  
617-740-1810 Fax, Toll Free: 800-882-1155 Voice, Toll Free: 800-530-7570 TTY

**MCDHH - Southeastern Massachusetts Regional Office**

61 Industrial Park Road  
Plymouth , MA 02360  
508-830-9433 Fax - Send Fax with Cover Sheet - Attn: MCDHH

**MCDHH - Western Massachusetts Regional Office**

Springfield State Office Building  
436 Dwight Street, Suite 204  
Springfield, MA 01103  
413-788-6427 Voice/TTY, 866-948-9190 Video Phone, 413-731-5177 Fax

**MCDHH - Central Massachusetts Regional Office**

2 Foster Street , Second Floor  
Worcester, MA 01608  
413-788-6427 Voice/TTY  
866-948-4360 Video Phone, 508-860-4000 Fax –  
Send Fax with Cover Sheet - Attn: MCDHH

**MCDHH - Berkshire Massachusetts Regional Office**

160 North Street, Suite 201  
Pittsfield , MA 01201  
413-788-6427 Voice/TTY  
866-327-0668 Video Phone  
413-448-2466 Fax - Send Fax with Cover Sheet - Attn: MCDHH

**(4) Language Service Protocols:**

The primary goal of the MDPH Language Access Plan is to ensure meaningful and accurate language interpretation and translation to members of the population who are Limited English Proficient, Deaf or hard of hearing via use of trained and competent interpreters.

**Interpretation.**

Interpretation is the rendering of one spoken or signed language into that of another language. MDPH provides the following services to support interpretation for MDPH clients, patients and staff.

**Face-to-Face Interpretation.**

MDPH operates four public health hospitals; Lemuel Shattuck Hospital, Massachusetts Hospital School, Tewksbury Hospital and Western Massachusetts Hospital; each of which serve diverse racial, ethnic and linguistic populations. An overview of the services provided to patients of these four hospitals includes: acute care, ambulatory care, behavioral health services, correctional healthcare, and both short and long term rehabilitation for medical patients. Interpreter services to clients within these hospitals are provided primarily by use of trained and competent on-staff or per-diem medical interpreters operating face-to-face interpretation sessions during a clinical encounter with a physician, nurse, or other health care provider.

**Face-to-Face Interpretation Feedback Mechanism.**

Questions, concerns or feedback with regard to the interpreter session, including the quality of the interpretation should be made directly to the hospital interpreter coordinator, MDPH Hospital Based Interpreter Services Coordinator, or both.

## **American Sign Language Interpretation.**

American Sign Language (ASL) interpretation sessions provided by the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) through its statewide Interpreter and Computer Assisted Realtime Translation (CART) Referral Service. This service provides referral services for sign language, spoken English, oral, tactile and close vision interpreting for Deaf and Deaf - Blind individuals. The services also provides referrals to freelance CART providers for CART provision on behalf of heard of hearing and/or late deafened individuals. MCDHH referred interpreters undergo one of two certification entry points: via Registry of Interpreters for the Deaf, Inc. (RID) or have been screened and approved by MCDHH.

Requests for ASL interpretation are made by submitting a request for services by submission of a request via Virtual Gateway; submitting an online request form during normal business operating hours telephonically or via TTY; or using the approved form via fax. For emergency interpretation needs, a phone request for services can be made to provide after-hours or short-turn-around interpretation.

## **ASL Interpreter Feedback Mechanism**

Questions, concerns or feedback with regard to the interpreter session, including the quality of the interpretation should be made to the Massachusetts Commission for the Deaf and Hard of Hearing - Executive Office:

MCDHH

150 Mount Vernon Street,

Fifth Floor, Suite 550

Dorchester, MA 02125

617-740-1600 Voice, 617-740-1700 TTY, 866-970-7177 Video Phone at Front Desk

866-470-2515 Video Phone at Interpreter Referral Department

617-740-1810 Fax, Toll Free: 800-882-1155 Voice, Toll Free: 800-530-7570 TTY

Complaints may also be made to the MDPH Language Access Coordinator:

Omar Cabrera, Health Education Manager

Office of Public Health Strategy and Communications

Massachusetts Department of Public Health

250 Washington St, Boston MA 02108

Tel (617) 624-6000, TTY (617) 624-5992 , email: [omar.cabrera@state.ma.us](mailto:omar.cabrera@state.ma.us)

## **Telephonic Interpretation.**

The goal of MDPH telephonic interpretation measures are to ensure all departmental telephonic communication with the public is accessible to all populations and to comply with federal language access regulations.

Interaction with the public over the telephone must be accessible to all residents, regardless of their ability to speak English. DPH, in adherence with state and federal language access mandates, requires that members of the general public with Limited English Proficiency (LEP) have communication access that is equally effective as that provided to people who are proficient in speaking English.

Telephonic Interpreter Services (TIS) are made available for all telephone contact with the public. Department programs are required to set up TIS with the MDPH state-approved provider Quest Interpreter Services listed under contract ITT09. These services are made readily available should a non-English speaking resident of the Commonwealth call MDPH or an MDPH-sponsored program. This includes, but is not limited to:

- 800 numbers owned or funded by MDPH
- MDPH phone number listed on program materials
- MDPH -funded hotlines and call centers

Centrally located supports provided by the MDPH Office of Public Health Strategy and Communications, assists MDPH programs in establishing TIS services and recommends MDPH programs follow the steps below:

- Include costs for telephonic interpreter services in their budget plans
- Open a TIS account
- Train staff on TIS procedures
- Include TIS availability on print materials, immediately after phone number is listed
- Attend periodic refresher training

As a mechanism for ensuring TIS services in new contracts or vendors seeking funding through MDPH specific language has been included with regard to telephonic interpreter services in RFRs. Bidders are therefore supported in the inclusion of the provision of these services in their proposal, and the line is built into the proposed budget.

### **Telephonic Interpretation Feedback Mechanism**

Questions, concerns or feedback with regard to the telephonic interpreter session, including the quality of the telephonic interpretation should be made directly to the MDPH Interpreter and Translation Services Coordinator. The case report should include the date, time, requested language, and ID number of the telephonic interpreter (if possible). The MDPH Interpreter and Translation Services Coordinator will forward this case report to the DPH contractual liaison at Qwest Communications, who will research and report back on the complaint.

## **Translation.**

Translation is the written or text based rendering of one language into that of a secondary language. Translation services serve to meet the DPH mission of serving all the people in the Commonwealth, particularly the underserved, and to promote healthy people, families, communities and environments through education and prevention, materials must be accessible to residents with LEP.

MDPH's primary goal through translation is to ensure written materials are accessible a minimum of 90% of the target audience, including residents who have Limited English Proficiency (LEP), and to comply with state and federal language access regulations.

In most cases, materials are at a minimum translated into Spanish and Portuguese. However, some materials may need to be translated into other languages depending on the demographics of the specific target audience. For example, if there were a warning about mercury in fish in the Ipswich River, materials may be translated Portuguese and Greek (based on demographics of the area).

All translation projects are executed under the direction of Office of Public Health Strategy and Communication. Translation guidelines are followed by all MDPH Programs and applied to all DPH-sponsored print materials, including but not limited to:

- Brochures
- Consent forms
- Fact sheets
- Flyers
- Posters
- Other forms

MDPH Office of Public Health Strategy and Communication has developed a series of tools to assist programs prepare for, execute, and verify translations. This includes a detailed checklist that illustrates captures and documents the life-cycle of a written document or text based project being translated.

Health consumers and patients of the four (4) MDPH Public Health Hospitals are able to access and utilize language access resources indicated above by:

- Indicating a preferred language at the point of contact;
- Posting and implementation of “point and speak” boards indicating language availability by hospitals;
- Noting preferred language at time of appointment scheduling.

(5) Vital Document Translation:

For the purposes of ensuring language access, vital documents are written documents that are “vital” to programs, limited English proficient populations or both. Examples include signs, directions and notices about the availability of interpreter services, legal documents (consent forms, client rights and responsibilities, privacy notices, complaint forms, grievance policies) and client intake forms.

The process of document text translation, indicated in section four above, follows the following maximum timeframe limits under usual circumstances: The turn around time for approval of most documents will be a maximum of two weeks, but many documents are able to be turned around within a few business days. Website content also follows a similar timeframe as indicated above.

(6) Stakeholder Consultations:

Input from community members external to MDPH is central to supporting language access services operationally. These community members have included MDPH funded contractors and partners who provide direct services to the community as well as members of community based organizations not receiving funding, and individuals around the state. These stakeholders help to evaluate training and awareness level interventions, give feedback on currently provided services, participate in focus and key-informant groups to further inform processes, develop products specific to the needs of language access services, and overall support culturally and linguistically appropriate services. MDPH has engaged various stakeholders in the development of this language access plan from around the state.

Key stakeholders were incorporated into the development and review of this plan including: MDPH Diversity Council, MDPH Office of the Commissioner, Office of Refugee and Immigrant Health, Hospital-Based Interpreter Services Program, MDPH Division Offices, Office of Health Equity staff, Bureau Director for State Public Health Hospitals as well as MDPH General Counsel.

Stakeholders will be continually engaged to support periodic review of this LAP as per the Plan’s biannual review schedule.

Staff Training:

Training is a critical operational piece to ensuring language access services and provisions are supported. The following trainings are provided to MDPH staff and vendors:

- Culturally and Linguistically Appropriate Services (CLAS) 101, available in online format;
- Working with Medical Interpreters, offered by the MDPH Office of Public Health Strategy and Communication

- Orientation to use of Telephonic Interpreter Services/ Dual-Handset phone, offered by the MDPH Office of Public Health Strategy and Communication as requested by DPH programs, administration and front desk staff.

(7) Notice to Public:

Information regarding the LAP and/or the provisions will be available to health consumers, and others seeking health related information from MDPH local administrative offices, regional centers, and four public health offices. Public health offices currently have in place messaging in the form of multilingual “point and speak” boards as a point of entry for individuals who are LEP to indicate language preferences. **Notice to the public regarding MPDH Language Access Plan and provisions will occur by or before June 2013.**

In addition, currently posted on the MDPH website as of 2009 is a public awareness campaign that promotes medical interpreter use among Limited English Proficient (LEP) individuals seeking emergency medical care. The centerpiece of the campaign is a public service announcement relating the story of a patient who does not seek emergency care for her injury, due to an inability to speak English. This common scenario was chosen as an informational tool informing the public of the legal requirements of Massachusetts hospital emergency departments in the provision of medical interpreter services to individuals requiring language access services. [MPDH Interpreter Services](#)

(8) Agency Monitoring:

As indicated, one of the primary elements of an effective and appropriate language access plan is monitoring of the plan. To that end, on an annual basis MDPH will:

- Assess the LEP demographics of the relevant service areas serviced by the local, regional and hospital based offices
- Review the language needs of consumers and others who access language access services
- Assess staff knowledge and implementation capacity with regard to language access policies and procedures
- Assess continued viability of language access provisions currently in place

(10) Quality Assurance & Quality Improvement Strategy

**In-House Translation Review and Feedback Mechanism**

Employees reviewing translations and those requesting internal reviews are required to follow these guidelines to ensure quality and to record translation vendor performance.

Please forward the translated documents to your internal reviewer, a copy of the English originals, these guidelines, and the Office of Public Health Strategy and Communication’s Translation Quality Assurance form.

- **Peer reviewers focus on two areas: errors and context barriers.** The reviewer’s task is to correct mistakes and to point out contextual barriers by offering constructive feedback and suggestions for improvement. Reviewers should not concentrate on style. Ask yourself: is this really an issue or is it a matter of taste?
- **Peer reviewers are required to be native speakers.** Please consider regional differences of the language. For example, Spanish varies greatly among countries and regions. Before deciding that a word or expression is incorrect, double check to make sure that word is in fact incorrect and not a word that sounds foreign only because you are not accustomed to using it. Remember that our US audience comprises a variety of speakers from different countries and regions. Therefore, we must make a conscious effort at including those variations in our translations.
- **Maintain integrity of English text with regard to tone and reading level.** Most materials are written in a low reading level (below 8<sup>th</sup> grade). Make sure the translation maintains the same tone and reading level as the original, as long as this is not inappropriate or offensive for your audience. Look for words and phrases that our US immigrant population may not understand because of literacy issues.
- **Use the track changes and commenting tool to annotate changes.** Click on the “tools” menu and choose “track changes”. If your computer doesn’t have the capacity for certain alphabets and characters, contact the Office of Public Health Strategy and Communication for assistance. If you are reviewing PDF documents, Adobe complete has commenting tools. If you do not have the full version of Adobe, print out the documents and hand mark them. Most translators/translation agencies accept hand written comments as long as they are legible.
- **Maintain consistency via use of language glossaries.** The Office of Public Health Strategy and Communication keeps glossaries of terms in Spanish, Portuguese, and French commonly used by MDPH programs. Visit: [Department of Public Health translation-services-and-materials](#). The Office of Public Health Strategy and Communication has dictionaries and reference materials.
- **Footnotes.** Footnotes are used to clarify difficult concepts.

## MDPH Language Access Complaint Procedure

Complaints:

Quality is of central concern to MDPH. As a mechanism to capture inaccuracies in translation rendering, cultural appropriateness in messaging, or other concerns with regard to telephonic interpretation sessions, MDPH has established protocol to capture complaints both prior to press, and documents and other text that has already been shared internally or with the public. This protocol is captured in in-house translation review, and in an external complaint process.

Separately, live interpretation complaints, both for American Sign Language (ASL) and oral language interpretations, complaints should be made both to the MDPH Language Access Coordinator and the Interpreter Services Coordinator at the hospital and/or representing Massachusetts Commission for the Deaf and hard of hearing.

You may file a complaint with the Massachusetts Department of Public Health Language Access Coordinator, or the Office of Access and Opportunity if you believe you have been denied the benefits of this Plan. You must file your complaint within 6 months of the alleged denial. You must file a written complaint. To file a complaint with the Massachusetts Department of Public Health Language Access Coordinator, submit the written complaint to:

Massachusetts Department of Public Health  
Language Access Coordinator  
Omar Cabrera  
Office of Public Health Strategy and Communications  
Massachusetts Department of Public Health  
250 Washington St, Boston MA 02108  
Email Address: [omar.cabrera@state.ma.us](mailto:omar.cabrera@state.ma.us)

To file a complaint with the Office of Access and Opportunity, please submit the written complaint to the attention of:

Office of Access and Opportunity  
Executive Office of Administration and Finance  
State House, Room 373  
Boston, MA 02133  
Email Address: [Ronald.Marlow@state.ma.us](mailto:Ronald.Marlow@state.ma.us)

---

Lauren Smith, MD, Interim Commissioner  
MA Department of Public Health  
Date:

---

Secretary John Polanowicz  
Executive Office of Health and Human  
Date: