

Massachusetts Department of Public Health (MDPH)
Language Access Plan
2019-2021



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 to ensure meaningful and universal access to MDPH services, programs and activities on the part of persons who self-identify as having limited English proficiency or preference for materials and services in a language other than English.

MDPH defines a Limited English Proficient (LEP) person as 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-information delivery.

This Language Access Plan is 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 and Outline

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, protocols, and procedures required to support language access services for MDPH constituents. This plan serves to (a) inform MDPH staff, vendors, community constituents and clients about language access services and supports; (b) designate key personnel tasked with supporting languages access services for the benefit of MDPH clients, and (c) offer opportunities to further the reach of MDPH language access provisions.

MDPH will review and update this LAP, on a biennial (2-year) basis, 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.

Language Access Plan Outline and Current Status.

MPDH intends to further support, increase or refine the language access provisions indicated through strategic implementation, monitoring and evaluation of each element or component of the Language Access Plan. 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 biennial review.

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- (2) Interpretation: Process is currently established, but will undergo biennial 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
 - b. On-board volunteers as translation reviewers and/or interpreters into a volunteer language bank, or both;
 - c. Ensure accuracy in voluntary reviewers and/or interpreters within the volunteer language bank, or both.
- (4) Evaluation: Evaluation measures will undergo biennial review.
 - a. This will include process to identify a volunteer language bank establishment. This process is currently undergoing review, pending creation of a survey, demonstrated voluntary release of information by staff and employees, and creation/updating of a database to capture language data.
- (5) Monitoring: Monitoring of this LAP will occur biennially and will follow the schedule indicated below:
 - a. Twice annual invitation for key-stakeholders' review and/or consultation in first and third quarters of 2020 and 2021.
- (6) Complaints Capturing: A streamlined mechanism to capture complaints from translation and interpretation is currently being drafted.
- (7) 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.
- (8) Periodic Engagement of Stakeholders: to be continually engaged and participate in regular, periodic, or episodic review of Plan as needed.
- (9) Review and Revision of Plan for Appropriateness and Applicability: to occur biannually.

The MDPH 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.

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III. Agency Description

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, campaigns and targeted community-based initiatives, MDPH educates the public about important health topics and key resources.
- **Licenses, Permits, and Regulatory Affairs:** Through communications relative to regulatory policy information, and necessary procedural documentation for licensing and permitting that occur through MDPH, including online resources and forms.
- **Monitoring and Records:** MDPH conducts surveys and maintains disease-specific registries to assess and monitor Massachusetts resident's health and emerging health trends. The agency also maintains Massachusetts births and deaths records.

IV. Language Access Plan Details:

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

1. Written Translation

Definition: Translation is the written or text based rendering of one language into a second language. MDPH's primary goal for translation is to ensure written materials are accessible to 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.

Plan: DPH will identify, translate and make accessible in various formats, including print and electronic media, vital documents in languages other than English.

Determination of vital documents for translation is done within the Commissioner's Office. In most cases, vital documents are at a minimum translated into the five most common languages in the State. However, some materials may need to be translated into other languages depending on

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the demographics of the specific audience or region. For example, if there were a warning about mercury in fish in the Ipswich River, materials may be translated into Portuguese and Greek (based on demographics of the area). When determining translation languages there are four factors that are in play for prioritizing languages¹:

- (1) The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or issue;
- (2) The frequency or likelihood that LEP individuals will come in contact with or be impacted by the program or issue;
- (3) The nature and importance of the program or issue to people’s lives; and
- (4) The resources available.

All translation projects are executed under the direction of the Office of Communications. 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
- Data Briefs
- Press releases
- Surveys
- Other forms

MDPH Office of Communications has developed a series of tools to assist programs prepare for, execute, and verify translations. This includes a [detailed checklist](#) that illustrates 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

(1) 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 follows the following maximum timeframe limits under usual circumstances: The turnaround time for approval of most document text translation, indicated in section four above, will be a maximum of two (2) weeks, but most documents should be turned

¹ <https://www.govinfo.gov/content/pkg/FR-2002-06-18/pdf/02-15207.pdf>

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around within a few (3-4) business days. Website content follows a similar timeframe, as indicated above.

EXAMPLE: Intake forms and important health information are available in various languages at many offices across the agency. Annually, the MDPH Communications Office coordinates translation projects in various languages including: Spanish, Portuguese, Haitian Creole, Vietnamese, Chinese, Khmer, French, English, Russian, Arabic, Albanian, Thai, Korean, Somali and Swahili. Most vital documents are translated into Spanish, Portuguese, Haitian Creole, Vietnamese and Chinese.

For translation feedback: Questions, concerns or feedback with regard to the translation of MDPH materials, including the quality of the translation should be made to the Massachusetts Department of Public Health - Communications Office:

Omar Cabrera, Ethnic Media/Outreach Manager
Office of Communications
Massachusetts Department of Public Health
250 Washington St, Boston MA 02108
Tel (617) 624-5089, TTY (617) 624-5992, email: Omar.Cabrera@mass.gov

2. Interpretation Access.

Definition: Interpretation is the rendering of one spoken or signed language into that of another language. Interpreting requires fully understanding, analyzing, and processing a spoken message and then faithfully rendering it into another spoken or signed language. Interpreters must be able to accurately convey the meaning from one language to another in a culturally appropriate manner, mindful of the setting in which they are rendering their services. The primary goal of the MDPH Language Access Plan around Interpretation Services is to ensure meaningful and accurate language interpretation and translation to members of the population who are Limited English Proficient and/or Deaf or hard of hearing, via use of trained and competent interpreters.

Plan: MDPH has a defined protocol/process to ensure that people requiring interpretation can communicate with MDPH staff/programs.

Face-to-Face Interpretation

MDPH operates four public health hospitals that provide face-to-face interpretation—Lemuel Shattuck Hospital, Massachusetts Hospital School, Tewksbury Hospital and Western Massachusetts Hospital—each of which serve diverse racial, ethnic and linguistic populations. Interpreter services to clients within these hospitals are provided primarily by use of trained and competent staff or per-diem medical interpreters during clinical encounters with a physician, nurse, or other care provider.

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In-Person 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 language access coordinator (Sabrina Selk), the MDPH Hospital Based Interpreter Services Coordinator (Samuel Louis), or both.

American Sign Language Interpretation

Definition: American Sign Language (ASL) interpretation is provided by MA Commission for the Deaf and Hard of Hearing (MCDHH) referral service. Requests can be made through their online portal at: <https://www.mcdhh.net/request/>. Requests for ASL interpreters are made through MCDHH, which maintains a database of sign language, spoken English, oral, tactile and close vision interpreters for Deaf and Deaf-Blind individuals. MCD-referred interpreters undergo one of two certifications: via Registry of Interpreters for the Deaf, Inc. (RID) or via MCD screening and approval.

Process: Requests for ASL interpretation are made by (a) submitting a request for services via Virtual Gateway, (b) submitting an online request form at least two weeks in advance, (c) telephonically, during normal business operating hours or (d) using the request form via fax. For emergency interpretation needs, to provide after-hours or short-turn-around interpretation, a phone request for services can be made by calling 800-249-9949.

NOTE: The MCD interpreter request service also provides referrals to freelance CART providers (a spoken-word to text translation), to accommodate hard of hearing and/or late deafened individuals, most commonly used in group settings, including webinars.

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
600 Washington Street
Boston, MA 02111
617-740-1600 Voice, 617-740-1700 TTY
617-326-7546 Video Phone @ Front Desk
Toll Free: 800-882-1155 Voice, Toll Free: 800-530-7570 TTY
617-740-1810 Fax
Link to Access Interpreters: <https://www.mass.gov/how-to/request-an-interpreter>

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Telephonic Interpretation

Definition: If/when anyone who does not speak English calls a MDPH office, hospital or program, a qualified interpreter must be contacted to provide real-time interpretation during the call. MDPH, in adherence with state and federal language access mandates, requires that LEP members of the general public with Limited English Proficiency have communication access that is equally effective as that provided to people who are proficient in English. The goal of MDPH telephonic interpretation is to ensure all departmental telephonic communication with the public is accessible to all populations and to comply with federal language access regulations.

Plan: To ensure that telephonic interaction with the public is be accessible to all residents, regardless of their ability to speak English, MDPH is in the process of establishing one central administrative account for MDPH for interpreter services, so each telephonic interpreter services (TIS) provider on PRF063 that is interested can give us one general client code for MDPH. MDPH will monitor call-volume and cost from each Bureau/Office to each TIS provider for a period of 3-6 months, after which, a single TIS provider will be chosen and a long-term budget will be set. MDPH may require that all Bureaus/Offices contribute to this TIS budget.

Any MDPH staff person who answers the telephone will be trained and expected to access instant telephonic interpreter services (TIS), as needed, by following this simple protocol:

1. Place the person on hold
2. Call a TIS and say you are from the MA Dept. of Public Health
3. Ask for the language you need (if you know it) and they will connect you to an interpreter
4. When you have the interpreter, conference in the caller
5. If you don't know which language you need, say so, and the TIS staff will guide you

These services will be 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 Communications assist MDPH programs in establishing TIS services and recommend 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

NOTE: Department programs that receive a high call volume from the public are required to set up their own TIS account of contract with a state-approved provider.

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Sun-setting TTY lines: Historically, MDPH maintained a large number of telephone lines dedicated to TTY. Every Bureau/Office that had a general number and/or receptionist was expected to keep a TTY machines connected to their TTY line, and staff who answered these lines were trained and expected to know how to use TTY machines. However, in the past ten years, TTY usage has decreased to the point of obsolescence. As a result, these TTY machines fell into disuse and staff were not being trained on how to operate them.

Plan: MDPH is exploring the possibility of keeping one central dedicated TTY line. The TTY number will be added to this language access plan, included in MDPH's general contact website, and shared broadly among MDPH staff. The TTY line will have a functional TTY machine and those who answer it will be regularly trained on how to operate it.

For MDPH-funded vendors: To ensure access to health services funded by MDPH, language has been included with regard to telephonic interpreter services in RFRs, requiring that vendors seeking funding through MDPH guarantee the provision of these services in their RFR proposal, and the line from which these costs will be covered is built into their proposed budget.

Telephonic Interpretation Feedback Mechanism

Questions, concerns or feedback with regard to the telephonic interpreter session, including the quality of the telephonic interpretation for DPH central services should be made with the MDPH Communications Office. The case report should include the date, time, requested language, and ID number of the telephonic interpreter (if possible). The MDPH Communications Office will forward this case report to the appropriate staff internally who will research and report back on the complainant.

EXAMPLE: Integrated Press and Communications Office with Focus on Ethnic Media. MDPH Communications Office 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 Communications Office has identified television/radio appearances and the publication in Spanish and Portuguese newspaper articles made possible by our multilingual press releases.

3. Supportive Training and Quality Improvement Mechanisms. MDPH Office of Communications will work with the Office of Health Equity to consider what trainings internal programs and bureaus require with regard to language access. These trainings might include offerings such as:

- Working with a Medical Interpreter: this training would detail 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 would support an operational understanding of how to implement a telephone-based interpreter into the medical encounter and covers such

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content as dual handset phone operation, patient confidentiality, cost codes and reporting use and/or complaints.

- Any necessary trainings will be developed, contracted for, and a timely information dissemination plan will occur on an as needed basis.

MDPH Staff training is a critical operational piece to ensuring language access services and provisions are supported. The following trainings are currently 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 Health Equity.
- Orientation to use of Telephonic Interpreter Services/ Dual-Handset phone, offered by the MDPH Office of Communications as requested by DPH programs, administration and front desk staff.

4. Evaluation

Evaluation measures will undergo biannual review

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 and at MDPH, as well as through the services provided by funded vendors, as well as through implementation and monitoring of MDPH's language access resources appropriateness.

Language Resources Assessment

Identification of existing staff who are linguistically, culturally, and technically able to deliver services in a language other than English and/or to serve as interpreters (actual staff need not be identified; languages spoken should be). 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.

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.

EXAMPLE: Maintenance of a Volunteer Language Bank in the SANE program. 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.

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5. Agency Monitoring

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.

- (1) Monitoring: Monitoring of this LAP will occur biennially and will follow the schedule indicated below:
- a. Annual invitation for key-stakeholders' review and or consultation on January 2020 and again January 2021

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

6. Complaints Capturing

MDPH Language Access Complaint Procedure

Quality control is a priority 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 an in-house translation review, and 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 Health Interpreter Services Coordinator at the hospital and/or representatives at the 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:

Sabrina Selk, Language Access Coordinator

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Office of Health Equity, 6th Floor
Massachusetts Department of Public Health
250 Washington St, Boston MA 02108
Tel (617) 624-5081, TTY (617) 624-5992, email: Sabrina.Selk@state.ma.us

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

Office of Access and Opportunity
Anthony Richards State House, Room 373
24 Beacon Street
Boston, MA 02133
Email Address: Anthony.W.Richards@state.ma.us

7. 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**, which supports language provisions via the federal Culturally and Linguistically Appropriate Services (CLAS) Standards, created in 2001 by the federal Office of Minority Health (OMH).

8. Periodic Engagement of Stakeholders

Stakeholder Consultations

Input from stakeholders external to MDPH is central to supporting language access services operationally. 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, including MDPH-funded contractors and partners who provide direct services to the community as well as members of community-based organizations not receiving funding, and individual advocates and experts from around the Commonwealth.

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Key stakeholders have been vital to the creation and review of this plan including: MDPH Diversity Council, MDPH Communications Office, Office of Refugee and Immigrant Health, Hospital-Based Interpreter Services Program, MDPH Bureau Leadership, Office of Health Equity staff, 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.

9. Review and Revision of Plan for Appropriateness and Applicability: A Quality Assurance & Quality Improvement Strategy

In-House Translation Review and Feedback Mechanism: Employees reviewing translations and/or 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, and these guidelines.

- **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 preference?
- **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 8th 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 Communications 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.

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- **Maintain consistency via use of language glossaries.** The Office of Communications keeps glossaries of terms in Spanish, Portuguese, and French commonly used by MDPH programs, including dictionaries and reference materials.
- **Footnotes.** Footnotes are used to clarify difficult concepts.

EXAMPLE: Best Practices in the public health hospital system

State-wide Public Health Hospitals

Our 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.

Language Makeup of Client Population: Massachusetts foreign-born residents accounts for 15% of the state’s population. 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, 40.5% spoke English less than "very well" ⁽¹⁾. Moreover, the numbers of Massachusetts residents who are Limited English Proficient (LEP) continue to increase.

The three reports often referenced when determining the language needs of the Massachusetts population are: The Census, the First Language is not English (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 Massachusetts By Census	Top Ten Languages Most Frequently Encountered by Acute Care Hospitals	Top Ten Languages Reported in the FLNE
Spanish	Spanish	Spanish
Portuguese	Portuguese	Portuguese
French	Russian	Chinese
Chinese	Chinese	Haitian Creole
French Creole	Haitian Creole	Vietnamese
Italian	Cape Verdean Creole	Khmer
Russian	Vietnamese	Cape Verdean Creole
Vietnamese	Arabic	Russian
Greek	American Sign Language (ASL)	Arabic
Arabic	Albanian	Korean

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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.

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

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: http://www.fairus.org/site/PageNavigator/facts/state_data_MA

***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)

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V. Contact Information

MDPH Points of Contact:

Main Office

250 Washington St, Boston MA 02108
Tel: (617) 624-6000 TTY: (617) 624-6000
Web: www.mass.gov/dph

Office of Health Equity

250 Washington St, 6th FL, Boston MA 02108
Tel: (617) 624-5081 TTY: (617) 624-5990
Email: DPH-HealthEquity@state.ma.us

Office of Communication

250 Washington St, 2nd FL, Boston MA 02108
Tel: (617) 624-5089 TTY: (617) 624-5992

Hinton Laboratory

305 South Street
Jamaica Plain, MA 02130
Tel: (617) 983-6800

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

Joel Skolnick, CEO
170 Morton Street
Jamaica Plain, MA 02130
Tel: (617) 522-8110

Pappas Rehabilitation Hospital for Children Brian Devin, CEO

3 Randolph Street
Canton, MA 02021
(781) 828-2440

Tewksbury Hospital

Betsy Schwechheimer, CEO
365 East St, Tewksbury, MA 01876

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(978) 851-7321

Western Massachusetts Hospital

Valenda M. Liptak, CEO
91 East Mountain Rd.
Westfield , MA 01085
(413) 562-4131

State Office of Pharmacy Services

Donald Rogers, PharmD, BCPS
Chief of Pharmacy
365 East Street
Tewksbury, Massachusetts 01876
(978) 858-2114

MDPH Hospital-Based Interpreter Services

Samuel Louis, Healthcare Interpreter Services Coordinator
250 Washington St, Boston MA 02108
(617) 624-5905

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

Executive Office

600 Washington Street
Boston, MA 02111
617-740-1600 Voice, 617-740-1700 TTY
617-326-7546 Video Phone @ Front Desk
Toll Free: 800-882-1155 Voice, Toll Free: 800-530-7570 TTY

MCDHH - Southeastern Massachusetts Regional Office

61 Industrial Park Road
Plymouth, MA 02360
617-740-1600 Voice, 617-740-1700 TTY
Toll Free: 800-530-7570 TTY, Toll Free: 800-882-1155 Voice
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
413-301-0915 Video Phone

MCDHH - Central Massachusetts Regional Office

Massachusetts Department of Public Health (MDPH)
Language Access Plan
2019-2021

2 Foster Street, Second Floor
Worcester, MA 01608
413-788-6427 Voice/TTY
508-762-1124 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
413-347-4094 Video Phone
413-448-2466 Fax - Send Fax with Cover Sheet - Attn: MCDHH

VI. 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 MDPH Language Access Plan and provisions will occur within 90 days of this version’s approval by the MDPH Commissioner and within 30 days of it being posted on the MDPH website.

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. <https://www.mass.gov/interpreter-services-at-health-care-facilities>

Commissioner Monica Bharel
MA Department of Public Health

Date

Secretary Marylou Sudders
Executive Office of Health and Human Services

Date