



# Language Access Plan

## Massachusetts Department of Public Health (DPH)

January 2024–December 2025

### Contents

A.	Introduction .....	2
B.	Purpose .....	3
C.	Policy .....	3
D.	Applicability.....	4
E.	DPH Description & Role .....	5
F.	Language Access Plan.....	6
(1)	MA DPH Language Access Coordinator.....	6
(2)	MA DPH Language Access Needs Assessment .....	6
(3)	Language Resources Assessment.....	8
(4)	Language Service Procedures.....	10
(5)	TTY (TeleTypewriter) and Videophone Calls .....	14
(6)	Common Notice Solution .....	15
(7)	Community-Based Resources.....	16
(8)	Translating Publications .....	16
(9)	DPH Multilingual Staff .....	19
(10)	Interpreter Services for Walk-in Constituents .....	21
(11)	Hotline & General Phone Lines .....	22
(12)	Vital Document Translation.....	23
(1)	DPH Website/Web Content .....	23
(2)	Accessibility .....	24
(3)	Stakeholder Consultations .....	25
(4)	Staff Training .....	25
G.	LAP Evaluation Strategies .....	26

(1)	Notice to Public .....	26
(2)	DPH Monitoring.....	27
(3)	Complaints.....	28
H.	Approvals .....	29
I.	Appendix: Contact Information .....	30
(1)	MA DPH Points of Contact.....	30
(2)	Massachusetts Public Health Hospitals.....	30
(3)	Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) .....	31
(4)	MA Commission for the Blind.....	32

## A. Introduction

The Massachusetts Department of Public Health (DPH) within the Executive Office of Health and Human Services has prepared this Language Access Plan (LAP or Plan), which defines the actions DPH will take to ensure meaningful access to DPH services, programs, information, and activities on the part of persons who have limited English proficiency (LEP) and for persons with different communication needs. DPH will review and update this Plan or as needed, but at least every two years, to ensure that DPH is continuing to respond to community needs and to comply with Executive Orders 614 and 615, with the Executive Office for Administration and Finance (A&F) Administrative Bulletin (AB) 16, with Section 1557 of the Affordable Care Act, and with federal regulations at 45 CFR 92.201: *Meaningful access for individuals with limited English proficiency*, which requires that DPH provide meaningful access to persons with LEP and persons with different communication needs. EOEA will use federal plain language guidelines in developing its communications with its constituents. See [PlainLanguage.gov](http://PlainLanguage.gov).

DPH has developed and prepared this LAP outlining ongoing efforts taken to provide language services to constituents with LEP and different communication needs. This plan also defines the actions our office is taking to ensure meaningful access to programs, services, activities, and materials for all constituents with LEP and different communication needs.

DPH serves a diverse population of various ages and linguistic origins. A person with LEP is someone who has limited English proficiency or preference for materials and services in a language other than English or cannot speak, read, write, or understand the English language at a level that allows them to interact effectively with DPH staff. A constituent maintains the right to self-identify as LEP, as well as the right to indicate their language of preference, particularly as it relates to health-information delivery.

This LAP is consistent with “DPH Best Practice Recommendations for Hospital-Based Interpreter Services,” developed to provide guidance to hospitals and affiliated entities required to provide language assistance services under state hospital regulation.

## **B. Purpose**

The purpose of this plan is to ensure that clients of DPH have meaningful and equitable access to services, programs, information, and activities although they may be limited in their English language proficiency and/or may have different communication needs. DPH is committed to this Plan as the appropriate response to meeting our clients' needs. The Plan is consistent with the requirements of the [Language Access Guidelines of A&F Administrative Bulletin #16](#). This document is intended to delineate the services, protocols, and procedures required to support language assistance services for DPH constituents. This plan serves to (a) inform DPH staff, vendors, community constituents, and clients about language assistance services and supports; (b) designate key personnel tasked with supporting languages assistance services for the benefit of DPH clients, and (c) offer opportunities to further the reach of DPH language access provisions.

Consistent with the guidance of A&F AB 16, a person with limited English proficiency is someone who is not able to speak, read, write, or understand the English language at a level that allows them to interact effectively with DPH staff. An LEP person may be someone whose first language is not English, but it may also include someone who is deaf, hard of hearing, or speech disabled, or someone with a visual impairment. A constituent maintains the right to self-identify as a person with an LEP.

This LAP does not create new services; rather it strives to eliminate barriers for constituents with LEP to access existing services and ensure that all staff can assist constituents with LEP and different communication needs in accessing those resources. DPH will provide quality language assistance to constituents with LEP and different communication needs in a fair and timely manner, ensuring meaningful access to the agency's services.

This LAP centralizes language access materials for staff and outlines the regular trainings for new hires to ensure that all staff can access the materials and services listed in the sections below.

The objectives of these Language Access Guidelines are to:

- a)** Improve access to and quality of state services, programs and activities for non-English speakers and persons with LEP and for persons with different communication needs;
- b)** Reduce any inequities and delays in the provision of services/programs to eligible persons with LEP and persons with different communication needs; and
- c)** Streamline training and resources for staff to increase effectiveness and ensure public satisfaction.

## **C. Policy**

It is DPH policy to provide meaningful and equitable access to programs and services to persons with LEP and other communication needs.

The DPH Language Access Plan is a living document, and DPH is in the process of implementing this plan. It outlines the tasks the agency will undertake to meet this objective.

## D. Applicability

This policy applies to all bureaus, offices and hospitals within DPH and DPH-contracted service providers.

### Language Access Plan Outline and Current Status:

DPH 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. The Language Access Coordinator or her designee will complete the following elements within the next two to five years, unless otherwise indicated:

- 1) **Translation:** The translation toolkit is currently undergoing revisions; please refer to the DPH Health Communications Policies (accessible for staff at [tinyurl.com/DPHCommsPolicies](https://tinyurl.com/DPHCommsPolicies)) for guidance on translation for DPH.
- 2) **Interpretation:** Process is currently established but will undergo biennial (every two years) review.
- 3) **Training:** Training opportunities are currently available annually. DPH's Office of Workforce Development, in partnership with the Office of Health Equity and the Office of Communications, will create an expanded training schedule to:
  - a. Ensure knowledge and provisions of this LAP
  - b. Onboard volunteers as translation reviewers and/or interpreters into a volunteer language bank
  - c. Ensure accuracy in voluntary translation reviewers and/or interpreters within the volunteer language bank
- 4) **Monitoring:** Monitoring of this LAP will occur semiannually (twice per year) and will follow the schedule indicated below:
  - a. Two annual invitations for review and/or consultation by key staff in the second and fourth quarters of 2023 and 2024. At a minimum, key staff will include the following: DPH's Diversity Equity and Inclusion Officer; Commissioner's Office; Office of Communications; General Counsel's Office; Office of Health Equity CLAS, Hospital-Based Interpreter Services, Community Engagement Programs, and key staff at DPH who provide language assistance services for their program.
- 5) **Evaluation:** Evaluation measures will undergo biannual review led by the Commissioner's Office. Any successes and/or barriers pertaining to the implementation of the LAP across all DPH bureaus and offices will be assessed by the evaluation team, and subsequent recommendations will be offered to bureaus and offices.
- 6) **Complaints Capturing:** A streamlined mechanism to capture complaints from translation and interpretation is currently being managed by the Office of Communications and the Office of Health Equity (see Section IV, part 7, for more information related to the complaint process).

- 7) **Compliance:** The compliance with federal and state language access laws will occur on an as needed basis with a specified timeline indicated under the section on monitoring.
- 8) **Periodic Engagement of Interested Parties:** There will be ongoing engagement of interested parties who will participate in regular, periodic, or episodic review of the LAP, as needed.
- 9) **Review and Revision of Plan for Appropriateness and Applicability:** This will occur biennially (every two years).

#### **E. DPH Description & Role**

The mission of DPH is to protect and promote the health of all Massachusetts residents, including those who have LEP and/or have different communication needs.

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

- **Clinical Services:** Through four public health hospitals, vendor service agreements, and other services, DPH provides care to populations who may present for care for a variety of health concerns.
- **Programmatic Services:** DPH aims to prevent and control communicable diseases and chronic conditions, and decrease health risks associated with emergency events through programs that focus on infectious diseases, HIV/AIDS, diabetes, asthma, refugee and immigrant health, and services specific to emergency preparedness.
- **Health Education and Health Communication:** Through press releases, interactive websites, print publications, campaigns, and targeted community-based initiatives, DPH educates the public about important health topics and key resources.
- **Licenses, Permits, and Regulatory Affairs:** DPH communicates about regulatory policy information and necessary procedural documentation for licensing and permitting that occurs through the department, including online resources and forms.
- **Monitoring and Records:** DPH conducts surveys and maintains administrative surveillance systems and disease-specific registries to assess and monitor Massachusetts residents' health and emerging health trends. The agency also maintains Massachusetts birth, marriage, and death records.

DPH has worked to provide language assistance services to the public consistent with various federal and state laws and executive orders, including but not limited to the following:

- **Massachusetts Executive Order 615**, to increase language access across state government. The Executive Order aims to make the delivery of services and resources more accessible and equitable for residents with limited English proficiency by requiring executive department agencies to develop Language Access Plans.

- **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.
- **Federal Executive Order 13166**: Improving Access to Services for Persons with Limited English Proficiency, and the Limited English Proficiency Policy.
- **Massachusetts General Law, Chapter 151B**, which prohibits discrimination because of race, national origin, sex, religion, disability, age, sexual orientation, or gender identity.
- **Massachusetts Executive Order 592**, ensuring that non-discrimination, diversity, and equal opportunity is a policy of executive branch agencies within the state of Massachusetts.
- **Culturally and Linguistically Appropriate Services (CLAS) Initiative**, which supports language provisions via the federal CLAS Standards, created in 2001 and enhanced in 2003 with equity lens by the federal Office of Minority Health.

#### **F. Language Access Plan**

The Plan will be fully implemented subject to the availability of fiscal resources to implement it. This Plan has been developed to adhere to the Language Access Policy and Guidelines of [A&F Administrative Bulletin 16](#), to Executive Order 614: *Establishing the Digital Accessibility and Equity Governance Board*, and Executive Order 615: *Promoting Access to Government Services and Information by Identifying and Minimizing Language Access Barriers*.

This Language Access Plan represents the Agency's administrative blueprint to provide meaningful access to DPH services, programs, and activities on the part of individuals with LEP and outlines the tasks DPH will undertake to meet this objective.

#### **(1) MA DPH Language Access Coordinator**

Sujata Ghosh  
 Director, Office of Health Equity  
 Massachusetts Department of Public Health  
 250 Washington St, Boston MA 02108  
 Tel: 617-429-2767; email: [sujata.ghosh3@mass.gov](mailto:sujata.ghosh3@mass.gov)

#### **(2) MA DPH Language Access Needs Assessment**

##### **A. Predominant Language:**

The languages most commonly spoken in Massachusetts are English, Spanish, Portuguese, Chinese, and Haitian Creole. DPH will ensure that all vital documents will be translated into these languages to make them accessible to a larger population. Please see table below for other commonly spoken languages.

#### **B. Language Makeup of Client Population:**

The client population of the Department of Public Health is the entire population of the Commonwealth. According to the Census Bureau's American Community Survey<sup>1</sup>, more than 20% of the Commonwealth's residents 5 years of age and older speak a language other than English at home.

The two datasets most often referenced when determining the language needs of the Massachusetts population are the Census Bureau's American Community Survey<sup>2</sup> and DPH's internal Medical Interpreter Services report<sup>3</sup>. The table below presents the top 10 languages that are most frequently encountered in the Commonwealth according to each of these datasets.

<b>Languages Spoken at Home in Massachusetts, American Community Survey 1-Year Estimate (2022)</b>	<b>Top 10 Languages Most Frequently Encountered in Health Care Facilities in FY21, as Reported to MDPH</b>
Spanish	Spanish
Portuguese	Portuguese
Chinese (incl. Mandarin, Cantonese)	Chinese
Haitian Creole	Arabic
Vietnamese	Vietnamese
French (incl. Cajun)	Haitian Creole
Arabic	Russian
Russian	Cape Verdean Creole (not a response option in ACS)
Khmer	Khmer/Cambodian
Hindi	Nepali (not a disaggregated response option in ACS)

In addition, other DPH programs may collect data that reflect specific sub-populations. For example, data from DPH's Registry of Vital Records reflect languages spoken by birthing parents as reported on their child's birth certificate. While not typically included in the public Annual Massachusetts Birth Report, these data can be used as an additional resource for long-term language services planning, as well as planning specifically for language access needs in peripartum health services. Programs are

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<sup>1</sup> U.S. Census Bureau. "Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over." American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B16001, 2022, [https://data.census.gov/table/ACSDT1Y2022.B16001?t=Language Spoken at Home&g=040XX00US25](https://data.census.gov/table/ACSDT1Y2022.B16001?t=Language%20Spoken%20at%20Home&g=040XX00US25)

<sup>2</sup> ibid

<sup>3</sup> Medical Interpreter Services Report: An annual DPH-internal report that includes language data collected by hospitals and associated clinics and health centers for patients who are LEP and who request language access services

encouraged to use a consistent set of questions, as reflected in the Department's internal Data Standards for Race, Ethnicity, and Language, to ensure that language use data are collected accurately and consistently across the Department.

While it is important to consult with all relevant data sources 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. In addition, the specific response options may not match the lived experiences of Massachusetts residents. The Hospital Interpreter Services report is the only true presentation of requests for language services in the state and its regions, but may not be representative of members of the population who do not seek services in acute care hospitals (or who do not feel able to request language services in these settings, regardless of need). Therefore, while the data from the hospital report may be most appropriate for health service providers when developing programs, translating materials, and creating signage for limited English proficient populations, DPH staff are advised to consider all of the above data sources when determining needs for their specific programs.

### **C. Points of Contact between DPH and Client Population:**

Below is a list of the offices within DPH that serve as the direct contact points with the residents of the state:

#### **Main Office**

250 Washington St, Boston MA 02108

Tel: 617-624-6000; TTY: 711

Web: [mass.gov/dph](https://mass.gov/dph)

#### **Office of Health Equity**

250 Washington St, 6<sup>th</sup> FL, Boston MA 02108

Tel: 617-624-5081; TTY: 711

Email: [DPH-healthequity@mass.gov](mailto:DPH-healthequity@mass.gov) or [sujata.ghosh3@mass.gov](mailto:sujata.ghosh3@mass.gov) <mailto:sujata.ghosh3@mass.gov>

#### **DPH Hospital-Based Interpreter Services**

Samuel Louis, Medical Interpreter Services Coordinator

250 Washington St, Boston MA 02108

Tel: 781-531-5060; email: [ohes@mass.gov](mailto:ohes@mass.gov)

#### **Massachusetts Department of Public Health, Office of Communications**

Omar Cabrera, Ethnic Media/Outreach Manager

250 Washington St, Boston MA 02108

Tel: 617-835-3427; email: [omar.cabrera@mass.gov](mailto:omar.cabrera@mass.gov)

### **(3) Language Resources Assessment**



In addition to existing professional translation and interpretation resources, DPH will annually assess the languages spoken by existing staff to better understand opportunities for serving people with LEP directly in their preferred language, as well as the ability to temporarily fill ad hoc language access requests in the interim period before professional interpreters or translators are located. This assessment will allow existing staff to voluntarily indicate whether they 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). DPH will develop appropriate standards to ensure that staff language capacity is appropriately utilized, to monitor the quality of ad hoc interpretation and translation services offered, and to provide necessary professional development and recognition to staff who act in this capacity.

### **Review and Revision of Plan for Appropriateness and Applicability: A Quality Assurance and 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, along with 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 U.S. audience comprises a variety of speakers from many countries and regions. Therefore, DPH must make a conscious effort to include those variations in our translations.
- **Maintain integrity of English text regarding tone and reading level.** Most materials are written in a low reading level (at sixth grade or below). Make sure the translation maintains the same tone and reading level as the original, if this is not inappropriate or offensive for your audience. Look for words and phrases that our U.S. 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 does not have the capacity for certain alphabets

and characters, contact the Office of Communications for assistance. If you are reviewing PDF documents, Adobe Pro 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 handwritten comments as long as they are legible.

- **Footnotes.** Footnotes are used to clarify difficult concepts.

#### **(4) Language Service Procedures**

##### **Interpretation and Translation Definitions**

An interpreter is a person who can provide a spoken translation from English to a target language and from the target language to English. American Sign Language (ASL) interpreters translate from spoken English to ASL and from ASL to spoken English.

A translator converts text that is written in the source language into its equivalent text written into a target language.

##### **Interpreter and Translation Services**

In ensuring that DPH meets the language needs of its constituents with LEP and deaf and hard of hearing, DPH currently provides the following services.

###### **A. General Interpreter Services**

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, style, and tone 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 DPH Language Access Plan around interpretation services is to ensure meaningful and accurate language interpretation and translation to members of the population who are LEP and/or Deaf or hard of hearing, through trained and competent interpreters. DPH has a defined protocol/process to aid staff in ensuring that people requiring interpretation can communicate with DPH staff/programs.

###### **B. In-Person Interpretation**

In-Person Interpretation Feedback Mechanism:

Questions, concerns, or feedback regarding the interpreter session, including the quality and appropriateness of the interpretation, should be made directly to the language access coordinator, Sujata Ghosh (Director, Office of Health Equity), and the DPH Medical Interpreter Services Coordinator Samuel Louis, or both.

When requesting an interpreter for an in-person event, follow these steps:

Bureau/office/program should work with its own bureau/office/program **A&F** to

- Determine budget allocated for these services.
- Encumber fund appropriately including appropriate account code, project code, unit code, and activity code. (Note: all language access service is listed as auxiliary services using object code JJ2.)
- Determine which type of oral interpretation services and identify appropriate state contracted vendors under PRF75. The PRF75 Contract user guide can be found [here](#). Staff must follow the guidelines in PRF75 and all associated state and federal procurement laws.
- For individual meetings: if possible, set up an online interpreter request system like BSAS, which can be found [here](#).
- For trainings/meetings/events/conferences:
  - Engage community to be sure which type of interpretation is effective (consecutive versus simultaneous interpretations).
  - Provide a mechanism for feedback.

C. American Sign Language (ASL) Interpretation and Other Language Access Provisions for Deaf & Hard of Hearing Persons

DPH must ensure language access for deaf and hard of hearing persons when requested. This may take the form of American Sign Language (ASL) interpretation, live captioning (also known as CART, or Computer-Assisted Real-time Transcription), or other less commonly-requested communication access services such as tactile interpretation or Signed English transliteration.

Unlike spoken-language interpretation and translation services, there is a single central referral provider for ASL interpretation, CART, and other communication access services that may be required by deaf or hard of hearing persons: the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH).

When registering attendees for external presentations or events, DPH should provide an option for attendees to request American Sign Language (ASL) interpretation, CART, or other necessary communication access services. (Staff members who are unfamiliar with these services may find it useful to review the [Communication Access Spectrum Tipsheet](#) from MCDHH to familiarize themselves with the different types of requests they may receive).

If such services are requested, follow the instructions from MCDHH at: <https://www.mass.gov/how-to/how-to-request-an-asl-interpreter-or-cart-provider>.

Some additional tips:

- Requests from DPH programs should list the program as the requestor, and MCDHH Accounts Payable (MCDHHAP@mass.gov) as the billing contact.
- Under “Service Information,” select the service that the event registrant has requested (e.g. “ASL Interpreting,” “CART,” etc.). If the event is being held virtually, select the “remote” version of the service.
- “Deaf Interpreting” refers to a service provided by interpreters who are themselves Deaf, sometimes working in a team with a hearing interpreter, to ensure extra accuracy and cultural appropriateness in particularly complex or sensitive situations. If you are uncertain whether a Deaf interpreter is necessary for your event, MCDHH Interpreter Referral Service staff are trained to provide guidance; however, if an event registrant indicates that they need an ASL interpreter, “ASL Interpreting” is usually the default service to request.
- “Number of resources” refers to the number of people needed to provide the requested service. For an event with no multiple tracks or breakout rooms, a single CART provider is usually sufficient. Similarly, a simple event with a duration shorter than one hour may only require one interpreter; however, longer or more complex events will require two or more interpreters to prevent cognitive and physical fatigue. If you are unsure what to select under “number of resources,” an MCDHH Interpreter Referral Service staff member will be able to provide specific guidance for your situation.
- Requests should be made at least two weeks or more in advance of the event. If the services are no longer needed or the event is cancelled, you should provide notice to MCDHH at least three days before the scheduled date to avoid fees.
- <https://www.mass.gov/how-to/how-to-request-an-asl-interpreter-or-cart-provider> For emergency interpretation needs, to provide after-hours or short-turnaround interpretation, a phone request for services can be made by calling 800-249-9949.

#### **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

#### **D. Telephonic Interpretation**

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

To ensure that telephonic interaction with the public is accessible to all residents, regardless of their ability to speak English, DPH is exploring the process of establishing one central administrative account for all telephonic interpreter services. This will take the form of an initial trial period of three to six months, to allow DPH to monitor call volume and cost from each bureau/office. At the end of this period, DPH will explore the feasibility of a longer-term single TIS contract to streamline service provision and billing at the programmatic level.

Until this account is established, bureaus/offices may use any contracted TIS provider, but must be able to demonstrate adequate levels of service for callers whose primary language is not English. Department programs that receive a high call volume from the public are required to set up their own TIS account or contract with a state-approved provider.

Any DPH staff person who answers the telephone will be trained and expected to access instant TIS, as needed, by following this simple protocol:

- Place the person on hold.
- Call a TIS and say you are from the Massachusetts Department of Public Health. (If you are unsure which TIS your program uses, confirm with your program's assigned contact in Purchase of Services.)
- Ask for the language you need (if you know it), and they will connect you to an interpreter.
- When you have the interpreter, conference in the caller.
- If you don't know which language you need, say so, and the TIS staff will guide you.

Note that the number the staff person will call depends on the TIS provider with which their program has an account; information on existing contracts at the program level may be obtained from a program's assigned contact in Purchase of Services.

These services will be made readily available should a non-English-speaking resident of the Commonwealth call DPH or a DPH-sponsored program. This includes, but is not limited to:

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

Additional protocols for callers who are unable to communicate their language-access needs in English are in development and will be completed by the Language Access Coordinator or her designee within the next two years.

Centrally located supports provided by the DPH Office of Communications assist DPH programs in establishing TIS services and recommend DPH programs follow the steps below:

- Include costs for telephonic interpreter services in their budget plans (see [equity toolkit](#)).
- Open a TIS account (with the assistance of the program's assigned Purchase of Services contact).
- Train staff on TIS procedures.
- Include TIS availability on print materials, immediately after phone number is listed.
- Attend periodic refresher training.

**Telephonic Interpretation Feedback Mechanism:**

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

**Example: Integrated Press and Communications Office with Focus on Ethnic Media**

The DPH Office of Communications serves as the central point of contact for managing translation and interpretation contracts, as well as 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 Office of Communications has identified television/radio appearances and the publication in Spanish and Portuguese newspaper articles made possible by our multilingual press releases.

For additional information on interpretation, see the Health Communications Policies Appendix H. (Staff can access the Health Communications Policies at [tinyurl.com/DPHCommsPolicies](https://tinyurl.com/DPHCommsPolicies).)

**(5) TTY (TeleTypewriter) and Videophone Calls**

Historically, DPH used to maintain multiple TTY lines for D/deaf or hard of hearing public. Each office and bureau with a general number or receptionist had a TTY machine, and staff were trained to use them. However, callers who use TTYs now typically place and receive calls via MassRelay, allowing them to connect to any telephone number whether or not there is a TTY on the other end.

In addition, many people who would previously have used TTYs now choose to use videophones, which allow them to communicate directly in a signed language (typically American Sign Language) rather than

written English. Videophone users may call each other directly, or communicate with users of voice telephone lines via a Video Relay Service (VRS).

The instructions below describe how to call a videophone or TTY user, and receive their calls, using a voice telephone line.

### **Placing a call**

If you are calling a person who uses a videophone, simply call the number they have given you. If you call using a voice telephone, you will automatically be connected to a VRS interpreter who will assist you in completing the call.

If you are calling a person who uses a TTY, call 711 to be connected to MassRelay. You will be connected to a relay operator who will assist you in completing the call. (Note that 711 is a standard nationwide relay number. If you are calling from a cell phone or internet-based phone line, the 711 system may not be able to recognize that you are calling from Massachusetts. If this happens, you can call directly at 800-439-0183.)

### **Receiving a call**

For users of a voice telephone, the process for receiving a call via MassRelay or VRS is similar to receiving a direct call. The phone rings on DPH's end, and you pick it up — no additional equipment or procedures are required.

However, there are some important tips:

- When you pick up the phone, the relay operator or interpreter will say something along the lines of "This is the relay service" or "This is Communication Assistant #1234 with a relay call for this number." **Do not hang up!** This may sound like a spam call to people who are not used to communicating via relay, but in fact it is a real person trying to contact DPH. **Their ability to communicate with the agency depends on our taking the call in the first place.**
- Turn-taking is important! TTY and interpreted calls have slightly different etiquette for signaling when each person is done speaking; if this is your first relay call, let the operator or interpreter know and they can explain how it works. (Don't be embarrassed — they are trained to facilitate phone calls, and this explanation is part of the job!)

Learn more in the [Update on TTY \(Teletypewriter\) Policy](#).

### **(6) Common Notice Solution**

See section on page 23 for "Vital Document Translation."

## **(7) Community-Based Resources**

### **Statewide Public Health Hospitals**

Our public health hospitals are in compliance with the DPH best practices recommendations for language access as well as state and federal law for the provision of language access services in hospital settings.

## **(8) Translating Publications**

DPH is committed to maintaining all its widely applicable publications in the five most spoken languages in the Commonwealth: English, Spanish, Portuguese, Haitian Creole, and Chinese (Simplified or Traditional). When reaching out to specific communities in the Commonwealth, DPH staff should ensure that these publications will be accessible in the languages prevalent in each community. Longer and more specific publications should be translated when there are accessibility concerns for the intended audience.

### **Written Translation Guidelines**

*Definition:* Translation is the written or text-based rendering of one language into a second language. DPH'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 LEP and different communication needs, and to comply with state and federal language-access requirements.

Materials should be culturally and linguistically appropriate and should reflect the needs of the target audience. Plain language should be used wherever possible. This includes short sentences and paragraphs and use of common words and grammar. For further guidelines on using plain language, go to [PlainLanguage.gov](https://www.plainlanguage.gov).

The Culturally and Linguistically Appropriate Services (CLAS) standards were developed to provide guidance on how to improve service delivery to clients who may not have sufficient access to care based on race, ethnicity, linguistic capacity or cultural background. [Visit mass.gov/service-details/clas-national-standards](https://www.mass.gov/service-details/clas-national-standards).

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

When translating a document, follow these steps:

1. Determine target audience, their language, ethnicity, reading level, health literacy and other factors. Keep in mind that broadly applicable flyers should, at a minimum, be translated into Spanish, Portuguese, Haitian Creole, and Chinese (Simplified or Traditional). In addition, because Deaf users of American Sign Language (ASL) may not have native fluency in written English, programs should consider providing video versions of written documents interpreted into ASL where appropriate.



2. Contact the Office of Communications to coordinate translation of materials. All materials should go through a review process before being translated.
3. Choose potential translators from the statewide contract PRF75 or contracted media services agency that has this capacity.
4. Obtain an itemized estimate in writing from the translator/agency to establish cost (whether per word, per page, or per project), turnaround time, and project management fees, and document any special instructions prior to assigning the project to the translator.
5. Make arrangements to ensure translation will be proofread/edited by DPH staff or by requesting a second translation vendor to perform proofreading/editing services.
6. Review the first draft of the translation with representatives of the target audience (community providers, community residents, and/or DPH staff)
7. Make a backup copy of final translation, image files, and fonts — especially non-roman characters. Be sure to have alternative formats (e.g., PDF and Rich Text) for all documents.

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 the demographics of the specific audience or region, or to provide access to services offered by DPH for a specific individual. For example, if there was 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 languages<sup>4</sup>:

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

All translation projects are executed under the direction of the Office of Communications. Translation guidelines are followed by all DPH programs and applied to all DPH-sponsored print materials, including but not limited to:

- Brochures
- Flyers
- Press releases
- Consent forms

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<sup>4</sup> Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 67 Fed. Reg. 41455 (June 18, 2002), available at [govinfo.gov/content/pkg/FR-2002-06-18/pdf/02-15207.pdf](https://www.govinfo.gov/content/pkg/FR-2002-06-18/pdf/02-15207.pdf).

- Posters
- Surveys
- Fact sheets
- Data briefs
- Other forms

The Office of Communications has developed a series of tools to assist programs in preparing for, executing, and verifying translations. These tools are available on the DPH intranet, or by request from the Office of Communications.

Health consumers and patients of the four DPH 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

*Translation Feedback Mechanism:*

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

**Omar Cabrera, Ethnic Media/Outreach Manager**

Office of Communications

Massachusetts Department of Public Health

250 Washington St, Boston MA 02108

Tel: 617-624-5089; email: [Omar.Cabrera@mass.gov](mailto:Omar.Cabrera@mass.gov)

**Correspondence**

Vital documents sent to members of the public by mail should be translated according to the requirements in the section on “Vital Document Translation” below. If the recipient’s preferred language is unknown, written communication with members of the public should include a notice that the document is important and should be translated.

The example below, used across many Commonwealth agencies and programs, is one form such a notice could take. If DPH contracts to provide free interpretation or translation services to its

constituents, the below should be updated with phone number for those services.

This document contains important information. Please have it translated immediately.	Questo documento contiene informazioni importanti. La preghiamo di tradurlo immediatamente.	ខេត្តសានសេប៊ីប័នី ប័នឌុំមូនឌីនស៊ីត័ន. ភាសាខ្មែរខេត្តសានសេប៊ីប័នី ប័នឌុំមូនឌីនស៊ីត័ន។
В данном документе содержится важная информация. Вам необходимо срочно сделать перевод документа.	Este documento contém informações importantes. Por favor, traduzi-lo imediatamente.	ឯកសារនេះមានព័ត៌មានសំខាន់ៗ ។
Este documento contiene información importante. Por favor, consiga una traducción inmediatamente.	此文件含有重要信息。請立即找人翻譯。	សូមបកប្រែជាបន្ទាន់ ។
تحتوي هذه الوثيقة على معلومات هامة. يرجى ترجمتها فوراً.	본 문서에는 중요한 정보가 포함되어 있습니다. 본 문서를 즉시 번역하도록 하십시오.	Ce document contient des informations importantes. Veuillez le faire traduire au plus tôt.
Docikman sa gen enfòmasyon enpòtan. Tanpri fè yon moun tradwi l touswit.	Tài liệu này có chứa thông tin quan trọng. Vui lòng dịch tài liệu này ngay.	

In addition to English, the text is translated into Russian, Spanish, Arabic, Haitian Creole, Italian, Chinese, Korean, Vietnamese, Thai, Khmer, and French. Programs who require this notice in a language not included in this standard example may consult with the Office of Communications to develop a version that suits their specific circumstances.

## (9) DPH Multilingual Staff

When it comes to using staff to provide language services, and where compatible with applicable provisions in collective bargaining agreements, DPH will follow guidance from the Federal Coordination and Compliance Section of the U.S. Department of Justice as outlined in “[TIPS on Building an Effective Staff Language Service Program](#),” reproduced in text below:

- **KNOW YOUR LANGUAGE SERVICE NEEDS:**
  - Does your organization interact directly with LEP individuals?
  - If so, in what capacity? In person? Online? By phone?
  - What are the most common languages spoken by limited English proficient (LEP) individuals in your community? To find out, check out the Language Map App at [www.lep.gov/maps](http://www.lep.gov/maps)
- **BEFORE USING MULTILINGUAL PERSONNEL:**
  - Do not assume that being a native speaker qualifies someone to interpret conversations or translate written documents. Interpretation, translation, and other in-language tasks often require the use of industry-specific terminology, specialized skills, and experience.
  - Competency requires more than self-identification as bilingual. The most accurate way to validate language proficiency is through an independently administered language assessment and periodic reassessment.
  - Consider creating and disseminating standard policies and procedures to assess and track the language proficiency of multilingual personnel. The policy could include who has the authority to access the agency’s list of multilingual personnel and who may use multilingual personnel for certain language tasks.
- **KNOW YOUR LANGUAGE SERVICE RESOURCES:**
  - Does your organization employ capable, qualified multilingual personnel?
    - What languages do your multilingual personnel speak?

- What language tasks do your multilingual personnel perform?
  - Does your organization assess the competency of multilingual personnel?
  - Do your linguists receive additional language-skill training?
  - Does your organization pay or provide bonuses for in-language assistance?
- Do you hire people who interpret or translate for your organization?
- How much funding is available for paying interpreters, translators, or multilingual staff?
- Do you or your staff know where to go if you need language services in an unfamiliar language?
- For additional information on the certification and assessment of linguists, see our TIPS tool: [What Does it Mean to be a Certified Linguist?](#)
- RECRUITING, HIRING, AND RETAINING MULTILINGUAL PERSONNEL: In the process of recruiting, hiring, compensating, and retaining qualified multilingual personnel, consider the following:
  - RECRUITING MULTILINGUAL PERSONNEL:
    - Could your organization reach out to local language communities in order to solicit suggestions for hiring qualified speakers of that language?
    - Are there recruitment sources and networks your organization can work with to promote your hiring needs and attract qualified linguists?
  - HIRING AND RETAINING MULTILINGUAL PERSONNEL:
    - Will language proficiency be a requirement or just an ability that would make an applicant more appealing? Does the job analysis support language proficiency and will it be documented in the position description?
    - Will in-house language tasks be part of an employee's performance plan or are they collateral duties?
    - Will staff linguists receive pay differentials, workload adjustments, or other incentives intended to recruit and retain multilingual personnel?
    - A multilingual employee hired for a non-language specific task (e.g., accountant) may be inundated with requests for language assistance. How will management ensure the employee's personal career growth while continuing to be responsive to in-house language requests?
    - Could you exchange, share, and review sample job descriptions with others in your industry to maintain consistency regarding language proficiency skills?
    - Could labor unions or other bargaining units affect your agency's decision to recruit, hire, assess, or retain multilingual employees?
- HOW DO I ASSESS THE LANGUAGE SKILLS OF MY MULTILINGUAL PERSONNEL? To ensure effective communication between multilingual employees and LEP persons, agencies should assess the oral and/or written proficiencies of multilingual employees. There are many forms of assessment, and many considerations such as time, cost, efficiency, accuracy, and consistency.
  - STRUCTURED TESTING AND ASSESSMENT: Effective testing and assessment often involves either (1) an independently administered test, or (2) a structured in-language interview conducted by a linguist qualified to assess language proficiency. Independent

verification is the most accurate way to determine whether a linguist is proficient. Independent assessments also tend to be quite rigorous, independently testing and scoring individual language skills such as reading, speaking, listening, writing, interpreting, and translating. The federal government uses the Interagency Language Roundtable scale as its metric for measuring language skill and proficiency (see, [www.govtilr.org](http://www.govtilr.org)). Periodically reassess your multilingual employees because, if not used, language skills may erode over time.

- UNVERIFIABLE ASSESSMENT: Occasionally, organizations employ other methods to verify linguistic qualifications, for example reviewing translated work samples, administering a self-assessment language questionnaire, or reviewing educational linguistic background or credentials. It is important to note that these methods may not provide an organization with an independent or verifiable baseline of an employee's language skill.
- The ILR Scale is a metric for measuring an individual's language proficiency. There is no "ILR test," but several agencies and private organizations have adapted the ILR Scale's skill level descriptions into a proficiency test.

DPH's Office of Communications, Office of the Commissioner, and Workforce Development and Resilience will work collaboratively to create:

- A. A plan to offer specific guidance and training to all DPH staff to serve as multilingual staff volunteers, on an as-needed basis, across the Department. These volunteers will receive ongoing practice and training guidance from their direct supervisors as well as the Office of Health Equity, General Counsel's Office and the Office of the Commissioner, DPH. See section title "Staff Training" for more information on training staff at DPH for language access.
- B. A centralized online directory across the Department, which is updated bi-annually, which enlists the necessary contact information for all DPH multilingual staff volunteers.
- C. A guidance documentation on the use of multilingual staff as interpreters.

All elements of this section will be implemented in accordance with the provisions of relevant collective bargaining agreements pertaining to compensation of multilingual staff.

#### **(10) Interpreter Services for Walk-in Constituents**

While many DPH locations do not have a high volume of public interaction, DPH sites and programs that do interact face-to-face with the public are obligated to provide interpretation upon request. In particular, DPH operates four public health hospitals that provide face-to-face interpretation — Lemuel Shattuck Hospital, Pappas Rehabilitation Hospital for Children, 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.

DPH will strive to ensure that individuals seeking DPH-funded or -operated services 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 (described in more detail in Section 3), are informed at point of contact that interpretation services are available at no cost to them. DPH will facilitate the access to such services via its contracted interpreter-services providers (to be requested as described in Section 4), as well as any qualified interpreters who may be on staff and available at the time of the encounter (as described in Section 9). If face-to-face interpretation is not available in a given circumstance, telephonic or video remote interpretation will be offered following the procedure described in the next section.

## **(11) Hotline & General Phone Lines**

There are currently at least 10 hotlines funded or operated by the Department:

- Bureau of Climate and Environmental Health — Child lead poisoning prevention: (800) 532-9571
- Bureau of Community Health and Prevention — (1.) [Massachusetts Quitline – Call 1-800-QUIT-NOW](#) (2.) SafeLink Domestic Violence Hotline (3.) Suicide Prevention and Mental Health Crisis Line
- Bureau of Family Health and Nutrition — (1.) [Community Support Line](#): (800) 882-1435 or (617) 624-6060 (2.) Early intervention Family TIES, Central Directory (800) 905-8437
- Bureau of Substance Addiction Services — [Massachusetts Substance Abuse Information and Education Helpline](#): (800) 327-5050
- Office of Preparedness and Emergency Management — (1.) Mass 211 Vaccine Hotline: 211 or 877-211-6277 (2.) [Crisis Counseling Assistance Program](#): (888) 215-4920
- Office of Problem Gambling Services — [Massachusetts Council on Gaming and Health](#): (800) 426-1234

All these existing DPH hotlines use telephonic interpretation to respond to residents speaking languages other than English.

For other telephonic interactions with members of the public, each bureau/office/program should work with its assigned contact in the DPH Office of Administration and Finance to procure the services of a state-contracted provider of telephonic interpretation services and encumber a level of funding appropriate to the anticipated need for services. (Program staff who are unsure how to determine the appropriate services/funding for their specific circumstances may contact the Office of Health Equity to request technical assistance or guidance using the internal “Budgeting for Equity” tool.)

Programs with contracts for telephonic interpretation services should ensure that all staff who use the telephone to interact with members of the public are provided with training on how to use these services, ideally during onboarding and with an annual reminder/refresher thereafter. Many vendors also provide a “quick start guide” or “cheat sheet” that lists the procedure for connecting to telephonic interpretation services when placing or receiving a call; these guides should be shared with all staff who

may be using the telephone to interact with members of the public and displayed near phones used by their programs.

## **(12) Vital Document Translation**

The Office for Civil Rights in the U.S. Department of Health and Human Services defines vital documents as “documents that affect access to, retention in, or termination or exclusion from a recipient’s program services or benefits.”

Examples of vital documents include:

- Applications
- Consent forms
- Complaint or grievance forms
- Forms with potential for important health consequences
- Letters or notices relating to eligibility for benefits
- Letters or notices relating to rights and the reduction, denial or termination of services or benefits or that require a response from the LEP person
- Documents that have to be provided by law
- Notices about the availability of free language assistance services for LEP individuals

The vital document translation process follows these 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 around within a few (2-4) 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 Office of Communications coordinates translation projects in various languages, including Spanish, Portuguese, Haitian Creole, Vietnamese, Chinese, Khmer, French, English, Russian, Arabic, Albanian, Arabic, Thai, Korean, Somali, and Swahili. Most vital documents are translated into Spanish, Portuguese, Haitian Creole, Vietnamese, and Chinese.

## **(1) DPH Website/Web Content**

DPH requires that communication access is provided with equal effectiveness to all residents of the state, across all languages and abilities. This is true for both verbal and written communication. Materials should be designed for diverse audiences, including people with disabilities.

Automatic (machine) translation is available on all mass.gov websites via the “Select Language” option at the top of the page. However, DPH programs are encouraged to consider this a minimum standard. Web content that meets the description of “vital documents” in section (12) above must be

professionally translated accordingly; programs are also encouraged to pursue professional translation for other stable web-based content such as surveys and data products intended for public use.

Accessibility must be considered when developing any materials to be hosted on the web. Specific requirements differ depending on the format, but programs should take web accessibility into consideration when drafting an RFQ, writing a scope of service for contractors, and developing the timeline for a web-based project. Communications can work with programs to help determine needs and outline requirements for vendors to include in their scope of service. Website content must, at a minimum, be provided in compliance with the design guidelines for mass.gov websites.

## **(2) Accessibility**

Materials should be designed for diverse audiences, including people with disabilities. DPH, in adherence with the Americans with Disabilities Act (ADA), requires that people with disabilities have communication access that is equally effective as that provided to people without disabilities. DPH aims to make its documents easy for members of the public to read and understand.

### **A. Accessible Documents**

During all phases of the material development process, including initial discussions, concept testing, and focus groups, the target audience sample should include people with disabilities. This will ensure that people with disabilities can comprehend all materials. (Please refer to the Health and Disability Program's website to access Accessible Print Materials guide).

### **B. Plain Language**

Materials should be culturally and linguistically appropriate and should reflect the needs of the target audience. Plain language should be used wherever possible and comply with [Federal Plain Language Guidelines](#). This includes short sentences and paragraphs and use of common words and grammar.

What are the most common techniques that can help you achieve this goal?

- Active voice, not passive
- Short sentences and paragraphs
- Common, everyday words
- "You" and "We" and other pronouns

### **C. Making Print Materials Accessible for Screen Reader Users**



- Use built-in headings and styles — To preserve tab order and to make it easier for screen readers to read your documents, use a logical heading order and the built-in formatting tools in Word.
- Include alt text with all visuals — Elements such as a graphics, images, charts, or photos need to be described. Alt text helps people who can't see the screen to understand what's important in images and other visuals.
- Ensure that color is not the only means of conveying information — People who are blind, have low vision, or are colorblind might miss out on the meaning conveyed by particular colors.

### **(3) Stakeholder Consultations**

#### **Periodic Engagement and Consultations with Stakeholders, Organizations and Communities:**

Input from organizations, communities, community-based organizations, and other interested parties external to DPH is central to supporting language access services operationally. These groups help to evaluate training and awareness 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. DPH has engaged various groups and individuals from around the state in the development of this language access plan, including DPH-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 throughout the Commonwealth.

Key internal staff have also been vital to the creation and review of this plan, including DPH's Diversity Equity and Inclusion Officer, Commissioner's Office, Office of Communications, General Counsel's Office, Office of Health Equity CLAS, and Hospital-Based Interpreter Services Programs.

Both internal and external interested parties will be continually engaged to support periodic review of this LAP as per the plan's biannual review schedule.

### **(4) Staff Training**

The Language Access Plan (LAP) will be:

- a. Posted internally for all employees.
- b. Incorporated into the orientation for new employees.
- c. Presented to management so they are fully aware of and understand the LAP, in order to reinforce the plan's importance and ensure its implementation by staff.
- d. Presented to DPH staff having contact with the public, so such staff is trained to work effectively with LEP constituents and telephone interpreters.

The DPH Office of Communications will work with the Office of Health Equity and the Office of Workforce Development to consider what trainings internal program and bureau staff require regarding language access. These trainings might include offerings such as:

- I. Working with an Interpreter: This training would detail how to best manage the flow of information and support within a triadic encounter that includes a patient or consumer, interpreter, and service provider.
- II. Telephonic Interpreter Access: This training would support an operational understanding of how to integrate a telephone-based interpreter into encounters with the public. It would cover such content as dual handset phone operation, confidentiality, cost codes, and reporting use and/or complaints.
- III. Budgeting and contracting for language assistance services, including use of the statewide translation and interpretation blanket contracts and forecasting language assistance needs at the beginning of the budget cycle.

Any necessary trainings will be developed and contracted for, and a timely information dissemination plan will occur on an as-needed basis. New trainings will be uploaded to the Department's internal learning management system to allow self-paced asynchronous training on demand.

DPH staff training is a critical operational piece to supporting language access services and provisions. The following trainings are currently provided to MA DPH staff and vendors:

- Culturally and Linguistically Appropriate Services (CLAS) 101, available in online format
- Working with Medical Interpreters, offered by the DPH Office of Health Equity
- Orientation to use of Telephonic Interpreter Services, offered by the DPH Office of Communications as requested by DPH programs, administration, and front desk staff

## **G. LAP Evaluation Strategies**

DPH will regularly and consistently assess the needs of the LEP populations whom we serve regionally at the statewide public hospitals and at DPH, through the services provided by funded vendors, as well as through implementation and monitoring of utilization and appropriateness of DPH's language access resources.

The Office of Communications 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 DPH.

Evaluation measures will undergo biannual review.

### **(1) Notice to Public**

Information regarding the LAP and/or the provisions will be available to health consumers and others seeking health-related information from DPH local administrative offices, regional centers, and four public health hospitals. Public health hospitals 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 DPH Language Access Plan and provisions will occur within 90 days of this version’s approval by the DPH Commissioner and within 30 days of it being posted on the MDPH website.

In addition, currently posted on the DPH website, as of 2009, is a public awareness campaign that promotes medical interpreter use among 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. Please visit [mass.gov/interpreter-services-at-health-care-facilities](http://mass.gov/interpreter-services-at-health-care-facilities).

## **(2) DPH Monitoring**

DPH will review and update its Language Access Plan at least every two years or more frequently, as needed. The review assesses:

- a. Whether there have been any significant changes in the composition or language needs of the population served;
- b. Whether the staff knows and understands the LAP document, and is comfortable using the services described within;
- c. Whether additional documents require translation;
- d. Identification of any issues or problems related to serving LEP persons which may have emerged during the past year; and
- e. Identification of any recommended actions to provide more responsive and effective language services (e.g., adding documents to be translated, creating, or expanding partnerships with community organizations, or changing staffing priorities).

Monitoring the effectiveness of a Language Access Plan may include:

- a. Analyzing current and previous data on language assistance usage, including languages served;
  - i. Agency staff should consider whether the data indicates that any particular language groups are not being served or are being under-represented (i.e., served disproportionately to their presence in the service population).
  - ii. Agency staff should develop an understanding of the proportion of the service population eligible for a particular program, service, or activity and who are non-English speakers or are persons with LEP and with communication needs, the frequency with which the agency provides services to non-English speakers and persons with LEP and other communication needs, and the languages most frequently encountered.
- b. Surveying staff on how often they use language assistance services, if they believe there should be changes to the services provided or the providers used, and if they believe that the language

assistance services in place are meeting the needs of the LEP communities in their service area; and

- c. Monitoring feedback from community-based organizations, legal services, and other stakeholders about the agency's effectiveness and performance in ensuring meaningful access for persons with LEP and other communication needs.
- d. Monitor all points of contact between the agency and the public and all potential language or language-related barriers to services and programs, including the location of offices.

### **(3) Complaints**

#### **Language Access Complaint Procedure**

Quality control is a priority for DPH. As a mechanism to capture inaccuracies in translation rendering, cultural appropriateness in messaging, or other concerns about telephonic interpretation sessions, DPH has established an in-house translation review and an external complaint process, which can be accessed through the Office of Communication. The Health Interpreter Services Coordinator separately reviews complaints made to hospital- and clinic-based interpreter services programs.

In addition to in-house quality control measures, any member of the public may file a complaint directly with DPH or the State Office of Access and Opportunity if they believe they have been denied effective language access to services operated or funded by the Department.

To file a complaint with DPH, please submit a written<sup>5</sup> complaint to the attention of:

Sujata Ghosh  
Director, Office of Health Equity  
Massachusetts Department of Public Health  
250 Washington St, Boston MA 02108  
Email: [sujata.ghosh3@mass.gov](mailto:sujata.ghosh3@mass.gov)

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  
Attn: Yarlennys Villaman—Office of the Governor  
State House, Room 280  
Boston, MA 02133  
Email: [yarlennys.k.villaman@mass.gov](mailto:yarlennys.k.villaman@mass.gov)

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<sup>5</sup> For reasonable accommodations regarding the written complaint requirement, please contact the MDPH Language Access Coordinator.

## H. Approvals



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Robbie Goldstein, MD, PhD  
Commissioner of the  
Massachusetts Department of Public Health

2/27/2024

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Date



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Kathleen E. Walsh  
Secretary of the  
Executive Office of Health and Human Services

3/7/24

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Date

## **I. Appendix: Contact Information**

### **(1) MA DPH Points of Contact**

#### Main Office

250 Washington St, Boston MA 02108

Tel: 617-624-6000; TTY: 711

Web: [mass.gov/dph](https://mass.gov/dph)

#### Office of Health Equity

250 Washington St, 6<sup>th</sup> FL, Boston MA 02108

Tel: 617-624-5081; TTY: 711

Email: [DPH-healthequity@mass.gov](mailto:DPH-healthequity@mass.gov)

#### Massachusetts Department of Public Health, Office of Communications

Omar Cabrera, Ethnic Media/Outreach Manager

250 Washington St, Boston MA 02108

Tel: 617-624-5089; email: [Omar.Cabrera@mass.gov](mailto:Omar.Cabrera@mass.gov)

#### Bureau of Infectious Disease and Laboratory Sciences

305 South Street, Jamaica Plain, MA 02130

Tel: 617-983-6800

### **(2) Massachusetts Public Health Hospitals**

#### Lemuel Shattuck Hospital

Justin Douglas, CEO

170 Morton Street

Jamaica Plain, MA 02130

Tel: 617-522-8110

#### Pappas Rehabilitation Hospital for Children

Fatima Watt, CEO

3 Randolph Street

Canton, MA 02021

Tel: 781-828-2440

#### Tewksbury Hospital

Amy Dumont, CEO

365 East Street

Tewksbury, MA 01876

Tel: 978-851-7321

Western Massachusetts Hospital  
Anthony DiStefano, CEO  
91 East Mountain Road  
Westfield, MA 01085  
Tel: 413-562-4131

### **(3) Massachusetts Commission for Deaf and Hard of Hearing**

#### **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**

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

**(4) MA Commission for the Blind**

600 Washington Street, Boston, MA 02111

Western Massachusetts - Region 1 (413-781-1290)

436 Dwight Street, Room 109, Springfield, MA 01103

Phone: Main 617-727-5550

Toll Free: 800-392-6450

Central Registration: 617-626-7415