Houston Health Department

Language Access Plan 2019-2020

I.   OVERARCHING GUIDANCE: NATIONAL CLAS STANDARDS

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities.

Principal Standard

1)Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Governance, Leadership and Workforce

2) Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.

3) Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.

4) Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. Communication and Language Assistance

5) Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6) Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7) Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement and Accountability

9) Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.

10) Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.

11) Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

12) Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13) Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.

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14) Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.

15) Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the public.

OVERARCHING GUIDANCE: PUBLIC HEALTH ACCREDITATION BOARD

The PHAB Standards and Measures define expectations for all public health departments that seek initial accreditation. Accreditation demonstrates the capacity of the public health department to deliver the three Core Functions of public health and the ten Essential Public Health Services.

The three Core Functions and the ten Essential Public Health Services describe the functions and responsibilities that all health departments should provide. The Essential Public Health Services provide a fundamental framework for describing public health activities. PHAB standards grew from, and are organized by, the framework of the ten Essential Public Health Services.

Public health departments are responsible for all residents in the health department's jurisdiction, and usually that includes people of various backgrounds and cultures. It is important for health departments to understand how values, norms, and traditions of the populations served affect how individuals perceive, think about, and make judgments about health, health behaviors, and public health services. Those values, norms and traditions affect how populations interact with public health workers and how open they are to health information, health education, and changing health behaviors.

Ensuring that the health department's services, materials, and processes address these social, cultural, and language differences (including low literacy, non-English speaking populations, and the visually or hearing impaired) will enhance the health department's ability to provide the most effective services to meet the needs of the population served.

The objective is to maintain socially, culturally, and linguistically appropriate approaches in health department processes, programs, and interventions, relevant to the population served in its jurisdiction. This guidance includes consideration of providing materials, documents, information and services to our diverse community in the preferred language of the client.

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II. PURPOSE

Administrative Policy AP 2-11 established the Language Access program which mandated that City of Houston's public-facing department establish policies for providing information about City Services, programs and activities to residents and visitors with Limited English Proficiency (LEP). iSpeak Houston is an initiative developed by the Mayor's Office New Americans and Immigrant Communities, a division of Department of Neighborhoods. It is the City's official portal for resources Information and media that promotes public access to essential information and services in languages Other than English.

The language access executive order calls for the translation of essential public information into five languages other than English for which there is the greatest need among Houston residents. The Mayor's Office of New Americans and Immigrant Communities, which oversees the project, conducts data-driven language needs assessments in collaboration with City departments, international community leaders, community stakeholders, and university-based experts to identify the five languages that will be adopted into the plan. The order is aligned with Mayor Parker's commitment to strengthening the city's economy and improving the quality of life for all Houstonians.

In addition to the mandate presented by Executive Order 1-17, federal precedents exist for the provision of language access services relevant to the City. The two main legal bases for language access are Title VI of the Civil Rights Act of 1964, which prohibits discrimination based on national origin, and 2000's Executive Order 13166, which affirms Title VI's language access requirement and outlines additional requirements. Any entity receiving federal support, even indirectly, is required to provide language access. Moreover, Title VI applies to a recipient's entire program or activity, requiring all parts of a recipient's operations be covered, regardless of whether the recipient is only partially funded through federal funds. Language access requirements are therefore relevant to a wide variety of programs, services and activities provided by Houston city agencies.[1]

Per the requirements of Executive Order 1-17, the Houston Health Department (HHD) has prepared this Language Access Plan ("LAP" or "Plan") to create protocols for providing meaningful access to department services, programs, and activities (both written and orally communicated) to LEP individuals.

The Public Health Accreditation Board (PHAB) in Domain 11, the focus is on maintaining administrative and management capacity. This guidance includes standards and measures that direct local health departments to consider "maintaining socially, culturally and linguistically appropriate approaches in health department processes, programs and interventions, releve4nat to the population served in its jurisdiction." These requirements also guide the Language Access Plan.

PHAB guidance: It is important for health departments to understand how values, norms, and traditions of the populations served affect how individuals perceive, think about and make judgments about health, health behaviors and public health services. We are to develop and maintain an operational infrastructure to support the performance of public health functions, this includes consideration of language access.

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[1] Executive Order 13166 can be found at: http://www.gpo.gov/fdsys/pkg/FR-2000-08-16/pdf/00-20938.pdf and related guidance on implementation of the federal Executive Order can be found at: http://www.gpo.gov/fdsys/pkg/FR-2002-06-18/pdf/02-15207.pdf

III.   DEPARTMENT INFORMATION

The mission of the Houston Health Department (HHD) is to work in partnership with the community to promote and protect the health and social well-being of all Houstonians.

Our goals are to:

1. Protect the community from disease
2. Prepare for, respond to, and recover from disaster
3. Increase opportunities for healthy living
4. Give children a healthy start
5. Align services with national mandates and standards
6. Demonstrate organizational excellence
7. Reduce health disparities

HHD's scope of services includes:

1. **Children and Family Programs**
   - Care Coordination Houston
   - Healthy Families Healthy Futures
   - Houston/Harris County Area Agency on Aging
   - See to Succeed
   - Nurse Family Partnership
   - Project Saving Smiles
   - Women, Infants and Children (WIC) Program/Nutrition Services

2. **Clinical Programs and Services** - preventive health care, treatment, counseling, and referrals for selected diseases are provided at community health centers, through mobile services and community-based organizations. HHD's five health centers include La Nueva Casa De Amigos, Northside, Sharpstown, Sunnyside, and Magnolia (limited to Dental and WIC services).

   Services include:
   - HIV/AIDS testing and prevention
   - Sexually transmitted disease (STD) treatment
   - Tuberculosis screening, diagnosis and treatment
   - Hansen's Disease treatment
   - Disease investigation
   - Childhood immunizations
   - Family planning
   - Dental services
   - Lead screening

   More information at:
   http://www.houstontx.gov/health/HealthCenters/index.html

3. **Community Support** - HHD provides a variety of community support services to the residents of Houston.
   - Birth and Death Certificates (Bureau of Vital Statistics)
   - Community Re-entry Network (CRN) Program
   - Diabetes Awareness and Wellness Network (DAWN)
   - Health Planning/Health Statistics
   - Reference Laboratory/Well Water Analysis
   - Emergency Preparedness

4. **Education and Health Promotion**
   - Community Garden Program
   - Farmers Markets

5. **Emergency Preparedness**
   - Public Health Preparedness
   - Readyhouston.org

6. **Environmental Health Services** - provides a variety of programs and services relating to air and water pollution, occupational health and food establishments.
   - Air Quality
   - Community and Children's Health
   - Consumer Health Services
   - Lead Based Paint Hazard Reduction
   - Water Quality

7. **Human Services** - HHD organizes, coordinates, and manages a variety of internal and external services and resources to help people be reasonably self-sufficient. These include systems of care programming, programming to promote healthy behaviors, social services, conducting/facilitating individual and family assessment and care coordination, community mobilization projects and the coordination of recreational and social activities.
   - Assessment, Intervention, and Mobilization (AIM) projects
   - Community Garden Program
   - Community Health Services on the Road
   - Community Re-Entry Network (CRN) Program
   - Harris County Area Agency on Aging

8. **Multi-Service Centers** - Eleven community-based multi-service centers provide an array of services chosen to meet the needs of the surrounding community. Most multi-service centers include, among other services, child daycare, senior citizen centers, substance abuse counseling, some emergency services, and family counseling. The centers are Acres Homes, Denver Harbor, Fifth Ward, Hiram Clarke, Kashmere, Magnolia, Northeast, Southwest, Sunnyside, Third Ward, and West End.

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IV.   KEY DEFINITIONS

Essential Public Information: Per Executive Order, "Essential Public Information" is any information developed or used by HHD and deemed vital for purposes of public safety, public health, and economic development. This term is used interchangeably with the term "vital documents."

Executive Order 1-17: This is a policy directive signed by the Mayor that mandates all City departments to establish policies for providing information about City services, programs, and activities to residents and visitors with limited English language proficiency (LEP).

Interpretation and Translation: Taken verbatim from the U.S. Department of Homeland Security's (DHS) 2012 Language Access Plan[2]:

> "Interpretation involves *oral* communication. Translation involves *written* communication. Interpretation involves the immediate communication of meaning from one language into another. An interpreter conveys meaning orally; as a result, interpretation requires skills different from those needed for translation. Interpreting is a complex task that combines several abilities beyond language competence to enable delivery of an effective professional interpretation in a given setting. From the standpoint of the user, a successful interpretation is one that faithfully and accurately conveys the meaning of the source language orally, reflecting the style, register, and cultural context of the source message, without omissions, additions, or embellishments on the part of the interpreter. Professional interpreters are subject to specific codes of conduct and should be trained in interpretive skills, ethics, and subject-matter language.
>
> When videoconferencing or telephonic interpretation are used, options include connecting directly to a specific professional interpreter with known qualifications or using a company that provides telephonic interpretation services and has in place quality control and privacy safeguards."[3]

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[2] Definition available on pages 2 and 3 of US Department of Homeland Security February 2011 Language Access Plan, available at: http://www.lep.gov/guidance/040312_crcl-dhs-language-access-plan.pdf

[3] For the purposes of this language access plan, the term "DHS Components" in the definition can be substituted for "Agencies"

iSpeak Houston: This is the designee for all language access activities in the City of Houston. As a part of the Department of Neighborhoods, iSpeak Houston oversees the City of Houston Language Access Task Force and liaisons with the City departments through the Language Access Coordinators, who also serve as members of the task force. In addition to serving as the hub for all language access activities, iSpeak Houston offers language access technical support and services to City of Houston staff.

Language Access Coordinators: The Cultural and Linguistic Competence Workgroup at the Houston Health Department shall assign a Language Access Coordinator for the Department. This department coordinator shall represent the department on the City of Houston Language Access Task Force. Each major program in the department should assign a Language access coordinator who will work to ensure this language access plan is implemented. These individuals are responsible for devising and ensuring that the City department they represent follows the Mayor's Executive Order 1-17, and that their division adheres to its language access policy directives, plan, and procedures to provide meaningful access to LEP individuals.

Language Line/Telephone Interpreting: This is a service that connects human interpreters via telephone to individuals who wish to speak to each other but do not share a common language. The Language Line telephone interpreter converts the spoken language from one language to another, enabling listeners and speakers to understand each other. Interpretation over the telephone most often takes place in consecutive mode, which means that the interpreter waits until the speaker finishes an utterance before rendering the interpretation into the other language. The process is very similar to using Facetime or Skype. Telephone interpreting is one modality or delivery mechanism for providing interpreting services.

Other forms of delivering interpreting services include in-person interpreting and Language Line video interpreting for the deaf and hard of hearing and the certified medical interpreters can provide up to 250 languages during normal working hours. For the City of Houston, the service can be accessed through the Language Line Video Insight application which can be loaded on any city device, lap top, city cell phone or tablet and activated with our department code #6.

Language Line Solutions Language Identification Guides: Like iSpeak Cards, these are cards that can be used to help an LEP individual obtain interpretive services. LEP individuals are instructed to find their language on the identification guide, which is organized by geographic region in which each language is spoken. This guide helps HHD employees obtain the best interpretation services for LEP individuals, and notes that these services are provided to them free of charge.

Limited English Proficient (LEP): For the purposes of this plan and the activities to be undertaken in its execution, an LEP individual is not able to speak, read, write or understand the English language at a level that allows him/her to interact effectively with HHD staff. Individuals maintain the right to self-identify as a LEP person and should not in any circumstances be expected to pay for translation or interpretation services to effectively communicate with HHD

V.   LANGUAGES COVERED

Executive Order 1-17 mandates City agencies to consider providing essential public information in the City's top five (5) languages spoken by LEP individuals. However, each department and each program must identify their specific client requirements regarding language. The intent of the Executive Order 1-17 is clear, due to the diverse populations throughout Houston every department should strive to consider providing services and documents in the preferred language of the client whenever possible.   Given the nature of interaction that the City has with the public, both orally and in writing, the City has determined that the following languages should be considered for translation and interpretation services:

1. Spanish
2. Vietnamese
3. Chinese
4. Arabic
5. French

The selection for the five languages was approved by the Mayor. The languages were determined using the U.S. Census Bureau data compiled by the City's Planning and Development Department. From the 2010-2012 American Community Survey, data was based on the table "Language Spoken at Home by Ability to Speak English for Population 5 Years and Over". Limiting it to the City census tracts, the data was further delineated to the City population determined by "Language Spoken at Home (other than English)" and further classified to "Speak English Very Well" and "Speak English Less Than Very Well." The table in the Appendix details the City population per language and is ranked accordingly by total per specific language in the "Speak English Less Than Very Well" column.

The top five languages in the above list might not necessarily cover the languages of all individuals seeking programs, services, and activities from the department. To avoid the misperception of unequal services or uneven coverage of language access services to communities who speak languages not identified in the list, HHD will follow the City-wide protocol for handling LEP individuals. Other languages will be available through the City-wide contract and/or Language Line.

If a request is made for an essential document that is not available in the above list of languages, when feasible, the department will utilize a translation vendor to translate the requested essential document. The decision to translate the document will be determined by the Department Director, or designee.

HHD programs ideally should determine the language needs of their respective programs on an annual basis and then pursue getting program materials translated into the client's preferred language. Each program should consider both existing clients that are served as well as potential clients that could benefit from the program services.

VI. LANGUAGE ACCESS SERVICES

HHD proposes several activities to fulfill its responsibilities, below describes HHD's approach to determine what to translate, best practice regarding translation, best practices for interpretation and implementation of interpretation services, audio and video.

A. TRANSLATION OF WRITTEN MATERIALS, FORMS, DOCUMENTS

CRITERIA THAT SHOULD BE CONSIDERED:

- Each department and program, division should make their own assessment of which program services require materials to be translated, and in what languages;
- Each program should consider and determined what is essential Public Information: information about the department services provided to the public;
- The department should evaluate and identify vital documents: information crucial for public health (health services, patient care/treatment, consumer health, confidentiality statements and environmental services);
- Department programs should identify documents that they consider essential/vital information. They should consider the *functional literacy* of those who will review the document. And whether the document shall be provided to the client or read to the client. This type of information should be provided to the vendor that will be providing the translated documents.

The following are examples of vital information, but not all:

Essential Public Information
- General information sheet on the Clinics and Multi-Service Centers
- Services by Bureau of Vital Statistics
- Public health preparedness
- Emergency preparedness
- Public events information
- Information sheet on clinic services, addresses and hours
- Immunization information for both adults and children
- Women Infant and Children (WIC) program information and benefits, locations and hours

Vital Documents
- Patient Registration form
- General Consent / Acknowledgement of Receipt of Privacy Notice Form
- Change of Information Form
- Authorization for Release of Information
- Notice of Privacy Practices (effective 09/2009)
- Medical History Questionnaire
- Family Planning - History Questionnaire (E/S)
- Family Planning - Annual History Update
- Male Medical History Form
- STD Intake/Risk Assessment/Medical History Form
- STD Referral Letter
- Female Risk Assessment (Communicable Disease)

- ☐ Referral slip
- ☐ Form Letter - "One of the tests done on your last visit requires further action."
- ☐ Texas Vaccines for Children (TVFC) Program Patient Eligibility Screening Record Screening Questionnaire for Adult Immunization
- ☐ TB Disclosure and Consent for Medical and/or Dental Treatment Rendered
- ☐ Missed Appointment Notification Letter
- ☐ Schedule of Food Service Manager's Certification classes (English, Spanish, Vietnamese, Chinese, Indian dialects (Bengali, Gujarati, Hindi, Kannada, Marathi, Punjabi, Urdu)
- ☐ Food Service Manager's Certification Manual (Spanish, Chinese)
- ☐ Foodborne Illness Complaint Intake Form (online)
- ☐ Fats, Oils and Grease (FOG) educational information (Spanish)

B. PROCEDURES FOR TRANSLATION

Best Practice for Translation
1. Avoid informal language and style, culture-based expressions, slang, idioms, colloquialisms or figurative languages.
2. Use consistent, standardized terminology (i.e.: one word = one concept)
3. Write complete, well-structured sentences with clear syntax and correct pronunciation.
4. Use words with their primary dictionary meanings.
5. Explain abbreviations and acronyms.
6. Beware of noun strings. (i.e.: focus area strategy development)
7. Define company or project specific terminology.
8. Provide reference or source materials whenever possible.
9. Allow for text expansion or reduction.
10. Separate text from graphics

Program identifies documents that require translation based on clients and funding

- Program identifies documents that need to be translated, establishing a priority order for those documents
- Program provides documents in Microsoft Word and uploads into the Language Access SharePoint site The Language Access Translation Tracker can be found at http://citypointe/dept/hhd/do/pd/clc/lat/default.aspx.

- Program documents should be loaded in the Language Access SharePoint site by language, year, division, name of document, name of program
- CLC workgroup will provide training on the Language Access Share Point site and provide access

Program works with the Office of Program Support

- Program completes the required Office of Program Support (OPS) Procurement Request Form and Cooperative Interlocal Agreement Form
- Program identifies funding for translation and provides justification memo to OPS
- Once OPS and Program have selected vendor, vendor receives documents and translation begins
- Once vendor provides translation, CLC workgroup evaluation team reviews a percentage of documents or if only one document, the entire document will be reviewed
- CLC Evaluation team will work with vendor and OPS to revise final document

- Once final translation accepted, vendor can be paid, OPS uploads final translated document into SharePoint. Program can publish and distribute

- The Department maintains both the original material, document that requires translation and the final approved Translated materials within the Language Access Share Point site.

C. INTERPRETATION SERVICES: WHY THIS IS IMPORTANT

Where HHD conducts in-person, telephonic, or otherwise orally-communicated business with the community, when feasible, it will provide interpretation services for LEP individuals.

Reasons for working with a professional interpreter: allow clients to exercise their rights to confidentiality and privacy of their personal information. Active participation and decision making in their own needs.

From a provider's perspective, using a professional interpreter ensures effective communication, allows the provider to develop rapport with the client, prevent errors in medication, treatment, procedures. Avoids unnecessary diagnostic procedures and return to care and avoids compliance risks.

There is also a regulatory perspective: we are required to provide language access at no cost to the client to comply with the following laws:

- Title VI of the Civil Rights Act of 1964

- Executive Order 13166 of 2000 -Former President Clinton

- American with Disabilities Act (ADA)

- State Law-Most states maintain laws and regulations, which require that interpreters be provided.

- Department of Health & Human Services -*Standards for Culturally & Linguistically Appropriate Services (CLAS)*

- Section 1557 of the Patient Protection and Affordable Care Act

D. BEST PRACTICE FOR WORKING WITH INTERPRETER

Below we provide best practices for working with an interpreter, whether using Language Line audio or Language Line Video interpretation. These guidelines will assist all programs in provide quality interpreter services to our diverse populations.

- Use skilled, trained interpreters for the language that was identified. Appropriate interpreters can be trained bilingual staff that have passed certification tests, contract interpreters, telephone interpreters, or video remote interpreters.

- Never use a client's family and friends, children under 18 years old, other clients or visitors, or untrained volunteers as interpreters.

- If possible, clearly explain to the interpreter the nature of the upcoming session and any concerns that the provider would like to address regarding the client's condition. This provides the interpreter with the information necessary to make any adjustments in his/her interpreting.

    o For example, you may discuss whether the interpreting will be done in consecutive or simultaneous mode, whether there will be highly technical language that will be used, whether subsequent adjustments in register will need to be made, and whether the content of the session is going to be highly emotional or intense.

    o It is also an opportunity to raise any cultural concerns that may be pertinent to the client's presenting problem.

- Introduce yourself to the client and the interpreter. Allow the interpreter to introduce him/her self. Request that the interpreter interpret everything into the first person (to avoid "he said, she said").

- Assume, and insist, that everything you say, everything the client says, and everything that family members say is interpreted.

- Start the session with making a commitment to confidentiality. Your client needs to know that the information he/she shares with you will remain confidential.

- Address the client directly, NOT the interpreter. Speak at an even pace in relatively short segments. Pause so the interpreter can interpret. Remember to pause regularly at the end of concepts or between units of meaning.

- Avoid slang, idiomatic speech, jargon, and complicated sentence structure. Avoid sentence fragments, changing your Idea in the middle of a sentence, and asking multiple questions at one time.

- Give the interpreter time to restructure information in his/her mind and present it in a culturally and linguistically appropriate manner. Speaking English does not mean thinking in English.

- Communicate with the client at the language level he or she can understand. Avoid side conversations, interruptions and asking multiple questions at one time. Ask the client to repeat back important information that you want to make sure is understood.

- Be aware of differences. Some concepts, systems or processes that we use in the United States may not exist in other countries. Many things you express may have no linguistic or conceptual equivalent in other languages. The interpreter may have to paint word pictures of many terms you use. This may take longer than your original speech.

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- Avoid making assumptions or generalizations about your client or their experiences. Common practices or beliefs in a community may not apply to everyone in that community. Respect an interpreter's judgment that a question is culturally inappropriate and either rephrase the question or ask the interpreter's help in eliciting the information in a more appropriate way.

- Do not hold the interpreter responsible for what the client says or doesn't say. The interpreter is the medium, not the source, of the message. If you feel that you are not getting the type of response you were expecting, restate the question or consult with the interpreter to better understand if there is a cultural barrier that is interfering with communication.

- Allow time for questions. Before ending the conversation, always ask the client if they have any questions or need to get clarification on what was discussed.

- Avoid patronizing or infantilizing the client. A lack of English language skills is not a reflection of low cognitive function or a lack of education. Your client may be a college professor or a medical doctor in her own country just as easily as she may be a farm worker.

- remember that your client may have been a victim of torture or trauma. (This may also be true for the interpreter.) If you need to ask questions that may be extremely personal or sensitive, explain to the client that doing so is part of your evaluation and reiterate that the information will remain confidential.

- Practice patience. Everyone wants to be treated with dignity and respect. Your patience and warmth will help your client communicate more openly, thoroughly and honestly about his or her needs. Providing care across a language barrier takes time. However, the time spent up front will be paid back by good rapport and clear communication that will avoid wasted time and dangerous misunderstandings.

E. PROCEDURES FOR INTERPRETATION SERVICES

Option 1 Audio: Accessing Language Line Video Interpreter Software:

- To access Language Line, use must use an HHD-issued device (Android phone, tablet, or laptop) that has Language Line software installed by IT. (Note: if you do not have access to a HHD-issued device that has been equipped with Language Line, you will not be able to use the video remote interpretation service.)

   The client code, the language option and the department are all done before the interpreter is on the phone.

   - You can access a Language Line interpreter over the phone:
   - **Dial 1-866-874-3972**
   - **Provide client ID: 504549 City of Houston**
   - Provide when asked:
      - **Department Code: 6 (Health Dept.)**
      - **Your employee ID** (EXXXXXX)
      - Please use best practice for use of an interpreter, introduce yourself and provide the interpreter context.

Option 2: Communicating with the Language Line Video Interpreter: Need camera on device

The Cultural and Linguistic Competence Workgroup is available to provide any program, area or service a 30-minute contextualized demo on video interpretation. This is an important first step. Please contact the CLC workgroup directly to schedule.

After the training is complete please provide HHD IT division an excel file that contains the names of the program staff that are authorized to use the video interpretation application: last name, first name and Employee ID. We track usage by program.

Please schedule directly with HHD IT when to bring your city cell phone, laptop or tablet to have the application loaded and activated.

Once these steps are complete you are ready to use the Language Line Video Interpretation.

Communicating with a LEP Person and Interpreter

- Introduce yourself to the LEP person and give them a brief explanation of what you will be doing: "Hello, my name is _____. I work for the City of Houston Health Department's _____ program. I'm going to talk to you about (explain the visit, the service or program)
- Explain the services, the form you are using.... provide the interpreter and the client context.
- Next, ask the LEP person if they have any questions before you begin your session/meeting. Take time to answer their questions or concerns politely and respectfully.

- As you proceed through your session/meeting with the interpreter:
  - ALWAYS speak directly to the LEP person, not the interpreter.
  - Make sure you speak slowly and clearly and in short sentences. This helps the interpreter do his/her job more effectively. Please do not use acronyms.
  - Interpreting requires time and patience. Make sure that you give the interpreter sufficient time to translate the information you are requesting into the LEP person's native language.
  - For more tips on using interpreters, see the "Best Practices for Using Interpreters" pg. 14.
- After you finish your session/meeting, ask the LEP person if they have any additional questions/concerns.
- When you are finished communicating with the LEP person, inform the interpreter: "Thank you for your help and time. We are now finished with the session/meeting."

- Click the "end call" icon. You will see a pop-up requesting feedback on the interpreter. You can rate the interpreter (1-5 stars) or simply skip the feedback request.

REPORTING REQUIREMENTS AND EMPLOYEE TRAINING

Per the requisites in Executive Order 1-17, HHD understands that reporting requirements and employee training will be facilitated through the Mayor's designee, the Office of New Americans and Immigrant Communities. These items have been or will be provided separately to HHD and staff.
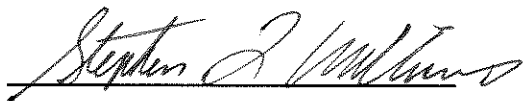
A. Staff Training
Per Executive Order:

City employees who routinely have direct, substantive interaction with the public (front- line employees) and their immediate supervisors shall be trained in language access policies and procedures that shall include best practices protocols for assisting LEP populations. This training should take place at a minimum every other year. This training should be tracked in the Talent Management System under the employee's profile.

The Department will comply with all training requirements to best train staff on effective use of interpreters with LEP populations. Each department will determine best approach to provide this training to their employees.

HOUSTON HEALTH DEPARTMENT SIGNATURE

Stephen L. Williams, M.Ed., MPA

Director, Houston Health Department

APPENDIX

TOP FIVE LANGUAGES OF NEED SPOKEN IN HOUSTON

Ability to Speak English "Less Than Very Well" in City of Houston

PLANNING & DEVELOPMENT DEPARTMENT

Introduction

Data on 'Language spoken at home by Ability to Speak English' were derived from the U.S. Census Bureau's 2008-2012 American Community Survey (ACS) 5-year estimates. The data includes only population 5 years and over who can speak a language. This data is collected to measure the current use of languages other than English. The ACS collects information from a large annual sample of approximately 3 million housing unit addresses and therefore provides more reliable statistics. The usefulness of the self-rated English-speaking ability question was established in the 1980s.

Respondents were instructed to print the name of the non-English language spoken at home. If the person spoke more than one language other than English, the person was to report the language spoken more often.

City of Houston

English-speaking ability varied widely among the speakers of the top ten languages spoken in the City of Houston. The top ten languages spoken in Houston are: English, Spanish, Vietnamese, Chinese, French or Creole, Urdu, Arabic, Hindi, Tagalog (Philippines), and Korean.

The Census Bureau distinguishes the ability to speak English between "Very Well" and "Less Than Very Well". In Houston, the "Less Than Very Well" category ranked numerically are Spanish, Vietnamese, Chinese, Arabic, Urdu, Korean, French or Creole, Hindi, and Tagalog (Philippines). Those who speak "Less Than Very Well" category varies between 397,429 persons (Spanish) being the highest and 1,551 persons (Philippines-Tagalog) being the lowest. The higher proportion indicates that they have a huge difficulty in conveying information clearly in English from normal conversations to obtaining assistance from non-profit organizations, Government etc.

Recommended five languages based on numerical rank of Speak English "Less Than Very Well" are: Spanish, Vietnamese, Chinese, Arabic, and Urdu. (Please note that Urdu has been replaced with French)

LANGUAGE LINE VIDEO REMOTE INTERPRETATION

FREQUENTLY ASKED QUESTIONS (FAQs)

1. **Who can use Language Line software?**

   Language Line is intended for use by HHD staff who work directly with the public and may encounter Limited English Proficient (LEP) clients/patients. Authorization for Language Line installation is at the discretion of program supervisors/ managers. Your supervisor will determine who in your program needs access to Language Line and on what city devices.

2. **How do I get Language Line software installed on my city-issued device(s)?**
   Once your area has had the contextualized training, your supervisor has submitted a request to IT to install Language Line software on your device(s), IT will set up an appointment with you. You will bring your devices to IT at 8000 North Stadium and staff will install the program on your pre-approved devices. It usually takes about 10-15 minutes to install. And then you're ready to go!

3. **What devices support Language Line software?**
   You can use Language Line video software on your city-issued Android phone, tablet, laptop, or desktop with a camera.

4. **Can I use Language Line software on my personal smart phone?**
   No, you should not use Language Line video software on your personal phone. It is only to be installed on city-issued devices by IT.

5. **What if I have a city-issued flip phone but not a city-issued smart phone, tablet, or laptop? Can I still use Language Line with LEP clients/patients?**
   You can use Language Line software on a desktop computer if it has a camera. If you have a   flip phone, you can use Language Line's over-the-phone interpreter service. Directions for using phone interpreters is available in HHD's "Procedure for Using Language Line" document. If the program manager believes that the service, program would benefit from the use of Language Line video interpretation, please contact your leadership to determine if IT division can assist your program in providing a city tablet with a camera.

6. **In my program, we share laptops and tablets. Is there a way for multiple users to access Language Line on a shared device?**
   Yes, IT can configure a shared device (such as a laptop or tablet) for multiple users upon request.

7. **How do I know that the interpreter will keep my client/patient's information confidential?**
   Language Line Solutions only uses certified, trained interpreters. All interpreters go through HIPAA training and are bound by the interpreter code of ethics which emphasizes client confidentiality. Language Line does not keep copies of the videos.

8. **What if I'm not happy with an interpreter I use?**
   Each time you use Language Line, the interpreter will provide his/her ID number. Be sure to write this number down in case you need to provide Language Line with feedback about the quality of services. Immediately after you complete a call with an interpreter, you will be asked to rate the interpreter and provide feedback in a comment box. Feedback is optional.

9. **How do I know if I am using an interpreter correctly?**
   Working with interpreters effectively takes a lot of practice and patience! HHD has created a "Best Practices for Using Interpreters "on pg. 14 of the Language Access Plan. that will give you helpful tips. The Cultural and Linguistic Competency (CLC) group can also be a resource. If you would like additional training on using interpreters or guidance on interpreter use, please reach out to CLC.

10. **Who do I contact if I have any other questions about Language Line?**

    Mary Say at Mary.Say@houstontx.gov or Barbara Sudhoff McGill with the Director's Office is over the Health Department's Language Line operations. If you have any additional questions, please contact her at Barbara.Sudhoff@houstontx.gov

Top 25 Languages Spoken in Houston

Rank	Languages Spoken	Houston City
	Total:	2,045,556
1	Speak only English	1,082,042
2	Spanish or Spanish Creole	774,763
3	Vietnamese	31,851
4	Chinese	27,297
5	Arabic	12,161
6	French (incl. Patois, Cajun)	11,354
7	Hindi	9,193
8	Tagalog	7,643
9	Urdu	7,546
10	Persian	6,121
11	Korean	4,968
12	German	3,808
13	Portuguese or Portuguese Creole	3,524
14	Russian	3,354
15	Gujarati	2,772
16	Japanese	2,318
17	Italian	1,673
18	Hebrew	1,488
19	French Creole	1,430
20	Greek	1,198
21	Serbo-Croatian	1,184
22	Thai	1,127
23	Polish	909
24	Mon-Khmer, Cambodian	660
25	Hungarian	391