New York City Council Hearing

Access to Language Services and Equitable Care in NYC Hospitals During COVID-19

Committee on Hospitals

Matilde Roman, Esq.

Chief Diversity and Inclusion Officer, Office of Diversity and Inclusion

NYC Health + Hospitals

March 1, 2021

Good afternoon Chairperson Rivera and members of the Committee on Hospitals. I am Matilde Roman, Chief Diversity and Inclusion Officer at NYC Health + Hospitals (Health + Hospitals). I am joined by Margarita Larios, Associate Director of Health Equity and Language Access at Health + Hospitals. Thank you for the opportunity to testify before you to discuss access to language services and equitable care in NYC Hospitals during COVID-19.

Health + Hospitals is *the* safety net for the uninsured and underserved in New York City, providing health care services to over one million New Yorkers each year. Our mission is to extend to all New Yorkers, comprehensive and equitable health services of the highest quality in an atmosphere of humane care, dignity, and respect regardless of their language spoken, immigration status, gender, sexual orientation, disability, or ability to pay. As such, it is a critical part of our mission to provide accessible, culturally, and linguistically appropriate services to ensure full access to comprehensive and quality care for all New Yorkers.

At Health + Hospitals, patients who receive care belong to many different racial and cultural backgrounds. An estimated 30% of patients served are limited English proficient, and more than 60% of patients self-identify as either Black/African American, Hispanic/ Latinx, or Asian. That is why Health + Hospitals offers free

language services 24 hours a day, 7 days a week, 365 days a year in over 200 languages and dialects. We translate key patient documents, such as consent forms and patient education materials, into the top languages requested by limited English proficient (LEP) New Yorkers.

Health + Hospitals is a leader in providing culturally competent and linguistically appropriate services. In Fiscal Year (FY) 2020, Health + Hospitals facilities received more than one million requests for interpretation services that yielded 13 million interpretation minutes. System wide initiatives to support communication for persons who are LEP include:

- Making available language access resources to inform the public of the availability of free language services, and tools to ensure quicker access like language ID desktop displays, and 'I Speak' cards to support facilities in the delivery of language assistance services;
- Creation of a centralized database system to collect language service usage and key performance metrics to monitor for quality assurance and effectiveness; and
- Having a designated Language Access Coordinator at each facility who is responsible for overseeing the provision of language services.

Our provision of culturally competent, equitable health services are guided by:

1) An understanding of the important role of one's culture, race, gender, and other social identity based categories in interpersonal and professional encounters in health care;

2) An awareness of historical and socio-political factors such as racism, ableism, immigration patterns, and human rights violations and their impact on the health and well-being of minority populations; and

3) The value in collaborating with ethnic and racial minority community-based organizations to ensure appropriate responses to individual health needs.

As mentioned, language services is a key component to eliminate barriers to care, improve patient safety, and enhance the patient care experience. As part of our ongoing efforts, Health + Hospitals promotes patient rights to language services by ensuring signage regarding the availability of free language services are posted in public areas, distributing "I Speak" cards to patients, and making available multilingual education and marketing materials.

When COVID-19 arrived in New York City last March, hospitals everywhere had to quickly adjust their service delivery approach, including Health + Hospitals. The pandemic ushered in a rapid expansion of telehealth and technological innovation at Health + Hospitals. With the shutdown order in place and in-person ambulatory

services significantly reduced, Health + Hospitals clinicians turned to telephonic and video communication to serve the over 500,000 patients who rely on Health + Hospitals for outpatient care annually. One of the most emotionally devastating aspects of COVID-19 was the State mandated no-visitor policy. While necessary to curb the risk of spreading the virus, the State's no-visitor policy in hospitals and nursing homes nationwide were heart-wrenching for patients, residents, families, and staff. From April to May 2020, Health + Hospitals deployed 1,000 donated tablets across the system through a patient-family connection program. Over 500 video calls were made a day to keep patients and their loved ones connected, and keep families abreast of the patient's status and care. The system-wide language interpretation service supported our virtual communication with families in 183 languages.

For patients who did not require admission to the hospital, the System launched an at-home COVID-19 text message-based symptom monitoring program in the City's top 13 languages for patients discharged from the Emergency Department. Enrolled patients received secure text messages every 12 to 24 hours to assess their symptoms in their language.

True to its mission, Health + Hospitals puts its patients first connecting them to language services while providing safe and quality health care services. Health + Hospitals will continue to provide health services in a culturally responsive manner to meet the needs of the City's diverse population. Thank you for your attention to this important topic; we are happy to answer any questions you may have.

New York City Council

Committee on Hospitals

Hearing Testimony:
"Oversight: Access to Language Services and Equitable Care in NYC Hospitals During COVID-19."

Lloyd C. Bishop, Senior Vice President, Community Health Equity Policy and Services

GREATER NEW YORK HOSPITAL ASSOCIATION

Introduction

Good morning, members of the New York City Council Committee on Hospitals. My name is Lloyd C. Bishop, Senior Vice President for Community Health Equity Policy and Services at the Greater New York Hospital Association (GNYHA). As you know, GNYHA's membership includes every hospital in New York City, both not-for-profit and public, and hospitals across New York State and in New Jersey, Connecticut, and Rhode Island. Thanks for the opportunity to speak with you this morning on behalf of our members.

GNYHA's member hospitals take their responsibilities to provide language access to patients very seriously. We and our members believe health care is a human right, and certainly, if you can't communicate with your patients, you can't treat them. Hospitals operationalize their belief in the importance of language access by having a strategy in place to deliver interpretation across the enterprise and by having a designated Language Assistance Coordinator to implement the strategy on a day-to-day basis.

While the exact strategy will vary by the number and types of languages spoken by patients who present to the hospital and the communities served, the core ways in which language access services are offered include:

- telephonic services
- video remote interpretation (VRI)
- qualified health care staff interpreters
- professional agency interpreters, and
- document translation

The strategy also includes an annual assessment of the languages a hospital must address, interpreter training, recording language preference information in patient records, and managing language access technology provided by vendors. Hospital coordinators manage all of this as well as services for the hard-of-hearing, deaf, and visually impaired and blind patient populations.

Hospital language coordinators are not ivory tower theorists; they are passionate, trained, mission-driven language access professionals who are very hands-on in the provision of services. GNYHA knows them well because we convene them on a quarterly basis to discuss how they each are addressing challenges in the provision of language assistance and to allow them to share information and best practices with one another. While we certainly discuss Federal and State requirements, the focus is on best practices in meeting patient needs.

Language Access Pandemic Planning and Response

During the height of the COVID-19 patient surge last spring, GNYHA proactively contacted our members to see how they were handling language access during the crush of patients, what lessons they were learning, and how GNYHA could support their work. Those insights include:

- The Importance of VRI as Part of a Language Access COVID-19 Surge Strategy
    - The use of VRI was—and remains—an important tool to support language access—including for patients who communicate through sign language—during the pandemic when visitation was prohibited and to keep patients, clinicians, and interpreters safe. The

devices used to facilitate VRI in hospital settings, largely tablet devices, have also served a critical purpose in supporting family communication when visitation was strictly limited.

- Using Vendors Who Allow Flexibility in the Use of Devices
    - Having the flexibility to use devices for both video remote interpretation and Zoom calls with family provides emotional support for hospitalized patients while keeping loved ones safe. VRI is by no means the only tool used during this time, however. In-person interpretation still plays an important role for complex cases, and interpreters are given appropriate personal protective equipment for these encounters.
- Connecting Language Services to Telehealth
    - As the use of telehealth has grown during the pandemic, hospitals and systems have been connecting interpreters to telehealth platforms for audio interpretation and finding solutions to also connect via video

Language Services and COVID-19 Vaccination

Hospital vaccination priority, determined by the State, has been on the 1a health care worker population; residents and staff of congregate care settings run by the State; and patients 65 and older. Given the current prioritization guidance and vaccine supply shortages, hospitals have had limited opportunities to operate community-facing vaccination sites. When and if they do, the methods used to provide language services would be based on the hospital's basic language access plan supplemented by the strategic use of bilingual staff and volunteers for non-medical communication needs.

COVID-19 Community Outreach

Many hospitals have also translated COVID-19-related educational materials, including vaccine-related material, to keep up with evolving messaging and patient questions. While hospitals look to Federal, State, and local health agencies for communication resources, the need outpaced the speed with which information was being translated by other sources.

GNYHA members have been leveraging existing relationships with community- and faith-based organizations, local businesses, and other community partners to provide information in culturally and linguistically appropriate ways about the importance of COVID-19 safety and the COVID-19 vaccine.

Conclusion

Thank you for the opportunity to testify today. GNYHA members take the issue of language access very seriously, and GNYHA is committed to supporting them in this important work. We are working hand in glove with the New York State and City governments, health care providers, unions, community groups, and others to do our part to make New York's COVID-19 vaccination program a success. The biggest obstacle right now is supply, which we hope will ramp up as more vaccines come online. We and our members look forward to the day when this pandemic is over and behind us. In the meantime, we must remain vigilant, wear masks, and social distance.

I am happy to answer any questions you may have.

Testimony of the New York Immigration Coalition
Oversight Hearing of the Committee on Hospitals
Access to Language Services and Equitable Care in NYC Hospitals During COVID-19

Max W. Hadler, MPH, MA

March 1, 2021

My name is Max Hadler and I am the Director of Health Policy at the New York Immigration Coalition (NYIC). The NYIC is an advocacy and policy umbrella organization for more than 200 multi-ethnic, multi-racial, and multi-sector groups across the state working with immigrants and refugees. Thank you to Committee Chair Carlina Rivera and all members of the Committee on Hospitals for the opportunity to submit this testimony.

The NYIC has been involved in many aspects of the city's COVID-19 response to date – we are a contracted outreach partner with Test & Trace, we designed a training for contact tracers on immigrant New Yorkers' health access and public charge concerns, and we are a member of the T2 and vaccine Community Advisory Board (CAB) and several of its workgroups. Many components of our testimony have been provided directly to the Administration through the CAB previously, and we greatly appreciate the opportunity to continue to engage the Council on these concerns today.

The City has done well to eventually ensure that COVID-related materials – from early messages around distancing and masking to testing to contact tracing and now to vaccination – appear in more than a dozen languages. However, delays have been a constant. With vaccine rollout in particular, the City launched websites and a phone line that initially had little to no language accessibility for limited English proficient (LEP) New Yorkers. These delays are unacceptable. If it is merely a matter of translating new language, it does not take long to process. If it is a matter of creating new technological systems so that websites can appear in multiple languages, those systems should have been created long ago. The City consistently acts as if it is learning about new language needs when these needs have been well-articulated, well-documented, and well-established in law for years. Again, we appreciate that new language is created regularly and quickly during the pandemic, and that that language then needs to be translated. But the plans must be in place to activate and incorporate that language into the tech systems the City uses to make time-sensitive information available to LEP New Yorkers more quickly.

Even as language-accessible materials and information become available, the messages in those materials cannot succeed without the right messengers. No matter how good the City's vaccine community engagement may be, it will not be successful unless community-based organizations (CBOs) are more fully integrated into the vaccine process – not only distributing educational materials but also determining where pop-up sites should be and helping with appointment-setting. This requires investing in these CBOs, and doing so significantly and specifically for this work. Contracting has happened to a degree, but in many cases Health + Hospitals has shifted Test & Trace CBO contracts to include vaccine work. This is fine if Test & Trace work is stopping, but of course it is not. We are constantly reminded (and agree) that Test & Trace

New York Immigration Coalition
131 W 33rd St. Fl 6
New York, NY 10001
212 627 2227
nyic.org

continues to be important as vaccine rollout ramps up. If that is the case, we should not be diverting resources from Test & Trace; we should be directing new resources – massively – to CBO vaccine support. And while many of the organizations contracted with Health + Hospitals for Test & Trace are also some of the right organizations to do vaccine work, they do not represent the full universe of CBOs equipped to do vaccine-related work. For one thing, the Department of Health and Mental Hygiene (DOHMH) runs the vaccine effort, not H+H, and DOHMH's CBO network is not the same as H+H's CBO network.

Thinking of equitable COVID-19 care more broadly, nobody here is likely surprised at the degree to which H+H has borne a disproportionate burden of the pandemic relative to the city's functionally for-profit private hospital systems, and the important role H+H has played in particular for the city's immigrant population, so many of whom remain uninsured as a result of the state's discriminatory health insurance eligibility policies. The tale of two hospital systems in this city continues to be a blight on our overall system of care, and COVID-19 has shone an ever brighter light on it. We urge the Council to continue its excellent oversight work and to include private hospital systems in that oversight to the fullest extent that law and jurisdiction allow.

On language access beyond the pandemic, we continue to believe that creating an Office of the Patient Advocate would be a useful new tool in the fight to ensure full implementation of, and respect for, existing language access laws. It would provide an important venue for understanding the depth of language access challenges and systematically tracking health care providers that violate federal, state, and local language access laws, regulations, and orders.

We also continue to propose that the Council support the creation a Community Legal Interpreter Bank (CLIB) modeled after the one that has been used successfully since 2007 in the District of Columbia to expand language access and increase the supply of trained, vetted immigration legal interpreters by committing funds through a City Council budget initiative to be provided to CBOs. To better serve New Yorkers who speak languages of limited diffusion (LLDs) we are also proposing that the funding for the NYC Council's Worker Cooperative Business Development Initiative be increased to enable immigrant CBOs to develop and launch three language services worker-owned cooperatives—one each for African, Asian, and indigenous Latin American LLDs. The existence of both the CLIB and the cooperatives could have been an additional resource for individuals, community organizations, and even the City government to rely on during the current crisis caused by COVID-19. While we can't claim to have known that we would have to endure a global pandemic this year, the NYIC, Masa, Asian American Federation and African Communities Together have been trying to bring attention to these issues and offering these very same solutions for over three years now. We hope that this time our warning will be heeded and our solutions implemented.

To underscore the connection between legal and health services, these language services could make the difference for an LLD speaker identifying a pathway to immigration relief that would facilitate eligibility for health insurance coverage and better access to care. The legal services language access model, if funded and implemented successfully, could also provide insight into how best to incorporate a similar program into health care systems in the City.

Thank you again for the opportunity to testify today and for all of your work to improve access to care for immigrant New Yorkers. We look forward to continuing to work with you on all of the issues outlined here.

Testimony of NewYork-Presbyterian on the topic of
"**Access to Language Services and Equitable Care in NYC Hospitals During COVID-19"**
to the New York City Council Committee on Hospitals

March 2nd, 2021

Thank you for the opportunity to submit testimony on the important issue of access to language services and equitable care in New York City hospitals during the COVID-19 pandemic. The past year highlighted health disparities and the need to focus on providing equitable care to all New Yorkers like never before. At NewYork-Presbyterian (NYP), providing access to equitable care and language services to an incredibly diverse patient population has always been fundamental to our mission. We are one of the nation's most comprehensive, integrated academic healthcare systems, encompassing 10 hospital campuses across the Greater New York area, seven of which are located in the City. NYP also provides New Yorkers with an extensive array of outpatient care services, with more than 200 primary and specialty care clinics and medical groups, and an array of telemedicine services.

When our City became the epicenter of the COVID-19 pandemic, the doctors, nurses, and other staff at NYP came together as a united front. Our front-line staff and other teams - in collaboration with our medical school partners at Weill Cornell Medicine and Columbia University Vagelos College of Physicians and Surgeons - worked around the clock to serve our fellow New Yorkers and save lives, caring for and protecting our patients, employees and volunteers. We are exceptionally proud of our teams who responded in exceptional ways to support New Yorkers in this time of crisis.

Given the impact of COVID-19 on New Yorkers, we have increased the support and information we provide to our patients and communities over the past year. Some examples of these efforts include:

- Establishing a COVID-19 hotline and distributing materials on COVID-19 in multiple languages to our communities;
- Distributing monthly community newsletters containing vital health information to thousands of New Yorkers;
- Collaborating with local organizations and businesses to increase access to healthy food for communities facing increased food insecurity;
- Providing access to vaccinations at our Fort Washington Armory vaccination site;
- Offering multi-lingual vaccine education to our staff and communities to help combat hesitancy; and
- Providing grant funding, personal protective equipment, and educational information to local businesses.

<u>Access to Language Services</u>
Our goal is for every patient to be comfortable and confident in understanding the information provided by their health care team. NYP provides access to appropriate communication for patients and their companions with Limited English Proficiency, Speech Impairment, Visual Impairment, and Deaf/Hard of Hearing Patients. Translation (written) and interpretation (verbal) services are available. In 2020, interpretation services were provided in more than 100 languages. NYP offers communication assistance free of charge.

We also use innovative technology to offer interpretation services to improve the patient experience. In 2020, we significantly increased usage of video remote interpreter devices - necessitated in part by

COVID-19. In addition, a mobile phone app was designed and made available so that staff have one-click access to telephonic interpretation services, in order to communicate more easily with patients in their preferred language. Interpretation services are available for our telehealth program, which allows patients to receive the same quality health care in a virtual setting. There are also bilingual providers who can communicate directly with patients during their telehealth visit.

These services have been especially important over the past year as patients and their families faced unique challenges, including limited visitation. The programs we had in place prior to the pandemic allowed us to provide critical support for our non-English speaking patients during an unprecedented time.

Center for Community Health Navigation

One of the unique ways NYP maintains strong connections to patients is through our Center for Community Health Navigation (CCHN). CCHN is dedicated to supporting the health and well-being of patients through the delivery of culturally competent, peer-based support in the emergency department, inpatient, outpatient, and community settings. CCHN offers patient navigators that speak multiple languages, including Spanish, Chinese, Haitian/Creole, and Russian.

CCHN also offers Community Health Workers (CHWs) who conduct home visits and provide culturally sensitive support and education. Shortly after the pandemic began, these CHWs began reaching out to patients to address their needs and provide COVID-related information. Video visits are now used by CHWs to complement phone calls, giving NYP another way to connect with our patients in a safe way.

Advocating for Health Justice and Equity

The COVID-19 pandemic exposed enduring health inequities in a new and alarming way, at the same time that our country was coming to terms with broader issues of inequality. NYP took steps to address these critical issues by launching the Dalio Center for Health Justice in October 2020. The Center is dedicated to understanding and improving health equity, addressing health justice, and driving action that results in measurable improvements in health outcomes for all. Among the priorities are those focused on reducing health disparities that disproportionately affect communities of color, improving community relationships and programming, and looking at all clinical programming and understanding where there are areas of unequal care.

Currently, the Dalio Center is working to address vaccine hesitancy among our staff and communities. These efforts include an internal vaccine hesitancy campaign to address the questions and concerns of employees who are more hesitant in a culturally competent way. The Center is now working on a broader education campaign to address hesitancy among our local communities.

COVID-19 Vaccination Efforts

Since opening in mid-January, NYP has undertaken a series of community engagement activities for our Fort Washington Armory mass vaccination center in Washington Heights. Our goal is to vaccinate as many members of our local community as quickly as possible. To meet that goal, we are working in collaboration with more than 70 community-based and faith-based organizations, our local elected officials. The focus is on providing access, overcoming hesitancy, and addressing persistent inequities that too frequently result in people not getting the care they need.

Since the end of January, a minimum of 60% of all appointments at the Armory are reserved for eligible residents of the Washington Heights, Inwood, Harlem, and South Bronx communities. Currently, approximately 70% of patients being vaccinated at the Armory are coming from these communities. We have a large team of outreach workers and schedulers who call community members to address questions about the vaccine and schedule appointments.

We continue to explore new outreach efforts and initiatives. Last week we launched a bilingual vaccine scheduling hotline (646-838-0319) with the Northern Manhattan Improvement Corporation (NMIC) to help those for whom language has been a barrier or those who are having difficulty navigating an online scheduling system. We have also launched a bilingual text campaign to reach eligible community members and tell them how to schedule an appointment.

NYP clinical staff are leading community forums on COVID-19, vaccinations, and other timely health topics in a variety of languages. They are available to speak at virtual town halls and community forums about the health benefits of the COVID-19 vaccine and how it will help end the pandemic sooner. Presentations can be requested by any group, simply by emailing community@nyp.org.

At NYP, we continuously strive to provide high quality care to all of our patients in languages they are comfortable communicating in and in ways that increase health care equity and reduce disparities. We look forward to working with the New York City Council on ways we can provide New Yorkers even better care.

Thank you for the opportunity to submit testimony. For more information, please contact John Jurenko, Director of Government Affairs & Grants at joj9085@nyp.org.

Testimony of Arab-American Family Support Center Before the New York City Council Committee on Hospitals

Monday, March 1st, 2021

I want to begin by thanking the Committee on Immigration, the Committee Chair, Carlina Rivera, and the entire New York City Council for holding this important oversight hearing on Language Services and Equitable Care during COVID-19 and for giving the opportunity for community-based organizations to comment. My name is Aniqa Chowdhury, Priority Areas Specialist, External Engagement at the Arab-American Family Support Center (AAFSC). I am honored to testify today alongside CACF on behalf of marginalized immigrant and refugee families throughout New York City.

At the Arab-American Family Support Center, we have dedicated ourselves to creating an inclusive haven for immigrants and refugees for over 25 years. We promote well-being, prevent violence, and get families ready to learn, work, and succeed. Our organization serves all who are in need, but with over 25 years of experience, we have gained cultural and linguistic competency serving New York's growing AMEMSA (Arab, Middle Eastern, Muslim, and South Asian) communities. As a culturally and linguistically competent, trauma-informed organization, AAFSC has expanded to offer services throughout the five boroughs and hired additional staff in response to growing community needs. Our team now speak over 27 languages and over 30 different dialects including Arabic, Bangla, Hindi, Urdu, Nepali, Pashto, and Punjabi.

As a community-based organization providing vital services to the most marginalized among us, AAFSC has remained opened during COVID-19, offering uninterrupted service delivery throughout this crisis. Understanding that our services are more essential than ever, we expanded our outreach across programs and launched new initiatives to meet the heightened need for mental health services, support for survivors of domestic violence, academic enrichment for youth, cash assistance, access to health insurance and food safety, and linguistically competent health information. For home-based programs like our Preventive Services Program, we have provided our robust team of Case Planners with personal protective equipment (PPE), and pivoted other programs to deliver services using a HIPAA-compliant, confidential teleconferencing platform.

While COVID-19 is threatening the well-being of all, vulnerable communities, like the immigrants and refugees we serve, are facing acute difficulties because of pre-existing housing, food, and economic instability. At a time when public guidance and resources about proper public safety guidelines are crucial to avoid infection and illness, community members find themselves battling barriers to access high quality health care and information.

COVID-19 has highlighted the barriers the most marginalized APAs face to language access. The mere availability of languages is not enough without effective outreach and implementation of language access policies, preventing vital communication about the pandemic from reaching the community. Outreach to the most marginalized pockets of the community must be prioritized, and limited English proficient patients need the availability of quality and consistent interpretation within the healthcare systems - without it, their health and very lives are endangered.

The general lack of in-language information about the pandemic, including the social distancing guidelines has led to a higher risk of exposure to the virus for the most vulnerable in the APA

community. While the Health and Hospitals Corporation provides intake forms in the top 10 languages in New York City, many individuals have reported that there is lack of language assistance throughout other hospital systems, the COVID-19 City Hotline, and mobile test centers.

This gap in language access has led to our communities to rely once again upon the community-based organizations (CBOs) who serve them in the absence of proper resources by the City as CBOs act as interpreters and crowdsource translated materials regarding even the most basic of information on the pandemic. In fact, AAFSC has distributed a COVID resource guide in Arabic, Bangla, Hindi, and Urdu, which has been utilized by over 1,000 New Yorkers. We cannot continue to do this work alone and without the necessary funding.

AAFSC, alongside CACF, requests the city to:

- Provide accurate data collection & disaggregation of data on infection rates, hospitalizations, and deaths in the APA community. In order to best respond to this pandemic, we must at least be able to track race/ethnicity and languages spoken for those who are tested, so we can appropriately trace and take care of families.
- ·Beyond the intake forms that the Health and Hospitals Corporation has provided in the top 10 languages in NYC, we must ensure that critical information gets to families in the language they need at their hospital visits, test center visits, as well as updated information on the current state of the pandemic.
- Address the mental health needs of children and families who have been targeted during this pandemic. There needs to be a system in place that can be prepared to help our communities—who have faced loss, isolation, discrimination, xenophobia, and more—as they return to daily life.

Thank you for this opportunity to testify. As always, the Arab-American Family Support Center stands ready to work with you in ensuring that all New Yorkers have access to the services and support they need to lead healthy, safe, and fulfilling lives.

SOUTH ASIAN COUNCIL FOR SOCIAL SERVICES (SACSS)

Testimony at Committee on Hospitals, Oversight of Access to Language Services and Equitable Care in NYC Hospitals During COVID-19, March 1, 2021

Honorable Members:

I am Rehan Mehmood, Director Health Services at South Asian Council for Social Services (SACSS). Thank you for this opportunity to present our work to the Honorable Chair and Members of the Committee

Our major areas of focus are healthcare access and benefits, food security and senior support services. We also provide free English and computer classes. Our culturally competent staff speaks 18 different languages, which include 12 South Asian Languages, Hindi, Bengali, Urdu, Punjabi, Nepali, Gujarati, Kannada, Marathi, Malayalam, Telugu, Tibetan, Tamil, and Cantonese, Mandarin, Malay, Creole and Spanish. In 2020 we **served over 25,000** clients through all our programs.

The COVID-19 pandemic has played havoc with the lives of our communities and food insecurity, hunger and access to medical services have become the most pressing needs. **Every week our pantry serves over 5,000 individuals.**

SACSS has translated and distributed literature on COVID19 Testing and vaccinations in various languages to underserved communities living in different neighborhoods of Queens. Our staff has tabled outside many stores, subway lines and bus stops, providing vital information in different languages about prevention and resources available to everyone during this pandemic. Rumors about public charge, especially during the peak of the pandemic created more fear and more disparities in communities who were already going through a lot of emotional and financial stress. It was CBOs like SACSS who increased their outreach efforts and made sure that the right information, in the appropriate language that clients speak is provided so that they can use all the health benefits available to them without any fear. NYC Care which provides access to healthcare to those who are undocumented or underinsured, has become a major success, 1,000s of clients throughout NYC have benefited from this program, one of the major reasons of our success in spreading out the word is that we provide information to clients in a culturally and linguistically appropriate way.

Using these case studies and creating a collaboration between CBOs and Hospital systems we can further create a better way of making sure that every New Yorker has access to information in their own language when they enter a Medical facility in this great City. Especially during these testing times when we all need to show more strength to assist those who need vital services.

Thank You

Rehan Mehmood

South Asian Council for Social Services (SACSS)

Asian American Federation

Testimony to the New York City Council
Committee on Hospitals

March 1, 2020

Written Testimony

I want to thank Committee Chair Rivera and Councilmembers Levine, Ayala, Reynoso, Moya, Eugene. and Maisal for holding this important hearing. I am Ravi Reddi, and I am the Associate Director of Advocacy and Policy at the Asian American Federation (AAF). AAF represents the collective voice of more than 70 member nonprofits serving 1.3 million Asian New Yorkers.

By now, it should be no secret that the Asian American community, and communities of color writ-large, have been hit especially hard by this pandemic and its after-effects. From small businesses grappling with continued collateral damage of the pandemic-related economic shutdown, to unprecedented challenges facing our seniors seeking to secure their basic needs, to continued language and process access issues for our limited-English-proficient and otherwise-isolated community members, the pandemic has left many Asian New Yorkers reeling.

And this last point is why we're testifying: language access has, and will continue to be, a consistent bottleneck between the services the City provides and its Asian American constituents who need them, especially as it comes to healthcare.

Since 2000, the Asian population in New York City increased by 51%, growing from just under 873,000 in 2000 to over 1.3 million in 2019, making up 16% of our city's total population. Overwhelmingly, Asian New Yorkers are immigrants, with two out of three in the city being foreign-born. Of those Asian immigrants, 27.3% arrived in 2010 or after. Additionally, language barriers remain high among Asian New Yorkers. Overall, 44.2% of Asians have limited English proficiency in New York City, compared to a citywide rate of 22.2%.

Information Access

Amidst an ongoing pandemic and an unprecedented vaccination effort, language barriers present a make-or-break ultimatum for the success of our healthcare system. From routine hospital visits to making an appointment for the COVID-19 vaccine, language barriers are a significant impediment to Asian Americans seeking out the healthcare they need in the ways they need it.

Language barriers present a formidable challenge but one our community-based organizations are uniquely equipped to deal with. Amongst speakers of South Asian languages, 77% of Bengali speakers, over 65% of Urdu speakers, and half of Hindi speakers have limited English proficiency (LEP). Even among Filipinos, who have a reputation of high English proficiency, 39% of Tagalog speakers identified themselves as LEP. And for Asian American seniors living in poverty, LEP rates were 83% for Asians, compared to 48% for non-Asians. More broadly, more than 90% of Chinese- and Korean-speaking seniors had LEP.

Healthcare, and especially an effective vaccination effort, requires a well-rounded communications effort, in multiple languages, that can effectively mobilize our community with clear safety and logistical guidance. And it won't simply be enough to have information translated in multiple languages. More than at any other time, translations will need to be timely. Community education requires the outreach efforts of the Census, which delivered timely, accurate information using messaging that was accessible to immigrant populations. Community organizations, faith-based institutions, local health clinics, private doctors' offices, small business leaders, and other stakeholders need to be engaged not only to educate our community on the necessity of the vaccine but also to increase access to everyday healthcare.

Funding Inequities

More than 20 Asian ethnic groups are represented within our city, speaking dozens of languages. And community organizations will be critical to the vaccination effort, just as they continue to be a critical bridge between our community and the healthcare services they need, such as providing translated information on the COVID-19 vaccine to helping seniors access telehealth appointments. But Asian-led, Asian-serving organizations continue to struggle to receive the funding they need to provide services the way our community members best receive them. From Fiscal Year 2002 to 2014, the Asian American community received a mere 1.4% of the total dollar value of New York City's social service contracts. Our analysis showed that over that 12-year period, the Asian American share of DOHMH funding was 0.2% of total contract dollars and 1.6% of the total number of contracts. This was over a 12-year period, representing a trend.

Recommendations

- The City should invest in and prioritize Asian-led, Asian-serving community-based organizations that are already doing the work of getting healthcare information to our community, including urgent information around COVID-19 and the vaccine. This entails partnering with Asian organizations to establish vaccine pop-up sites in neighborhoods with a significant Asian population in order to increase access to the vaccine itself, rather than forcing immigrant communities to navigate complicated online processes to secure an appointment.
- Now is the time to push for funding of a community legal interpreter bank (CLIB) and worker co-ops that can help address the demand for quality translation services in critical areas like immigration legal services and healthcare. A CLIB and worker co-ops can provide job opportunities in our immigrant communities while addressing language access shortfalls in critical service areas.
- Finally, Local Law 30 implementation must be fully-funded across city agencies falling under its purview.

On behalf of AAF, I want to thank this committee for giving us the opportunity to discuss the critical importance of language access in our healthcare system.

New York City Council
Committee on Hospitals- Oversight of Access to Language Services and Equitable Care in NYC Hospitals During COVID-19
February 26, 2021

Testimony of Saba Naseem
Assistant Director, Sapna NYC

As Assistant Director of Sapna NYC, I am submitting a testimony on behalf of Sapna NYC and our South Asian community. Sapna is the only CBO in the Bronx that offers linguistically accessible and culturally attuned programming and services to the pan-South Asian community in Bangla, Sylheti, Hindi, and Urdu. Our community has grown significantly in the last decade, yet resources and funding for our communities remain low. COVID-19 has highlighted the barriers our South Asian immigrant community faces in language access in the city's health and hospital systems. Last March and April, COVID tore through our communities. And now, with new variants spreading, everyday we hear from members telling us they have COVID, with most often their entire families testing positive. Yet throughout this entire pandemic, language and digital access barriers have made it difficult for our communities to understand the virus and health recommendations, government policies around the pandemic, COVID-19 test and trace, and now, vaccinations. In fact, this lack of language access and cultural competency has led to a higher risk of exposure, infection, and mortality.

As a trusted CBO that has invested in building relationships with the community we serve, our community has turned to us as they continue to bear the brunt of the pandemic, physically, economically, and mentally. From the very beginning of the pandemic, Sapna has been creating and disseminating materials around COVID-19 and related policies to the community in ways we know will reach them immediately. And now, Sapna is doing that same work around vaccinations, educating on the vaccine itself, addressing fears and hesitancy, and helping our community understand eligibility and to make appointments. Already we see the discrepancy in vaccines administered, with low-income communities of color being vaccinated at lower rates, despite being the most vulnerable and most impacted.

Just the other day, one of our older community members came to get food from our pantry. When she came inside to say hello, we asked if she had made a vaccine appointment, as she is eligible. She has been coming to us for years now for various services and trusts our staff. She related her fears around the vaccine so we assured her it is safe and let her know what to expect. Given her limited English and computer skills we scheduled her appointment right then and today she is happily vaccinated.

Unfortunately, there are so many others like her who have not received trusted information, do not have English proficiency or the digital literacy to book their appointments by themselves online.

We recommend the city and state can ensure that critical information gets to families in the language they need and understand. Many times, translated materials sent to us are written in academic or jargon-filled language, making it difficult for our community members to understand even if it is in their own language. Our staff then must re-write these translated materials so that they present information in a way our community can understand.

We ask the state and city to invest resources and funding in small, trusted Asian Pacific American CBOs like Sapna that are on the frontline reaching the most marginalized communities to ensure their health, safety, and livelihood.

Thank you for this opportunity to testify, and we look forward to working with the City Council to ensure that all New Yorkers have access to the services and support they need to lead healthy, safe, and fulfilling lives.