

Los Angeles County Department of Public Health

Language Access Plan

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The Los Angeles County Department of Public Health (Public Health) Center for Health Equity manages the Language Justice Unit, which oversees the department's Language Access Plan.

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SECTION 1: OVERVIEW & CONTEXT

A. Department Mission

Advance the conditions that support optimal health and well-being for all.

Public Health believes that to improve outcomes for all, efforts need to be focused on those who are most vulnerable and provide them access to what they need to be healthy and well. A key strategy is to offer services and information that are linguistically and culturally appropriate. Doing this allows people to understand information, make informed decisions, participate fully in programs, and stay protected from potential harm. This allows Public Health to enhance public health communication, promote best practices, and improve health outcomes.

B. Department Priority Languages

Public Health serves Los Angeles County, the home of over 10 million residents and a travel destination for millions. To support this diverse community, all information is provided using [plain language principles](#), documents are translated in multiple languages, and clients can receive interpretation services in their preferred language.

Translations

Most documents are prepared in 11 threshold languages: Arabic, Armenian, Cambodian, Chinese (traditional/simplified), English, Korean, Farsi, Russian, Spanish, Tagalog, and Vietnamese. Public Health currently uses the California Department of Healthcare Services' list of [Threshold languages for Los Angeles County](#). However, Public Health programs translate materials in other languages based on several factors, such as 1) the community where the service is provided includes a language(s) spoken beyond the thresholds, 2) based on data, a specific population needs the proposed service, and 3) the community makes a request for materials in a specific language. Since August 2023, translations have been made in 27 other languages beyond the threshold languages.

Interpretations

In 2024 alone, Public Health clinics served about 12,485 patients who spoke in one of 44 distinct primary languages other than English, including multiple Mesoamerican Indigenous languages and multiple sign languages. Regardless of the language, when a scheduled interpreter is unable to make the appointment or when bilingual staff are not available or not proficient in a language, on-demand video platform and telephonic interpretation services are used in public-facing programs. Public Health also works with various language access vendors for interpretation, including providing sign language.



SECTION 2: DEPARTMENT'S LANGUAGE ACCESS POLICY

A. General Policy Statement

Public Health is committed to ensuring that all individuals can access and use services and receive information in their preferred language. Public Health provides free translation and interpretation services to Limited English Proficient (LEP), those who communicate in a Language Other than English (LOTE), and/or those whose communication is affected by a medical condition or due to aging. By providing language support and resources, we promote inclusivity and foster a community where everyone can more fully participate and thrive.

B. Scope of Policy

The Public Health Language Access Policy applies to Los Angeles County Public Health workforce which includes staff, contractors, and volunteers when working with clients and community stakeholders seeking access to Public Health programs and services provided in Public Health facilities, non-clinical settings (e.g., community outreach, patient, or client home visits), telehealth, and Public Health sponsored events).



SECTION 3: KEY TERMS & DEFINITIONS

Certified Bilingual Staff: A bilingual staff member who is certified by Public Health Human Resources to provide language assistance as part of their current, assigned job. This staff person is certified to be proficient in reading, writing, and/or speaking a language other than English. Certified Bilingual Staff who are not Qualified Interpreters, as defined below, cannot provide individualized medical care interpretation.

Interpretation: Rendering spoken or signed language into another language while maintaining the meaning and tone of the language.

Language Access: The provision of free language assistance to Limited English Proficient speakers in their preferred language, including through interpretation and translation services, to enable reasonable access to and an opportunity to fully participate in the services, resources, and programs administered by the County.

Language Access Complaint: When a client experiences an issue with the language access services they received (i.e., Quality of interpretation) or were not provided the services at all. The Public Health complaint process is in section 6.b.

Language Other Than English (LOTE): Also known as Limited English Proficiency (LEP) or English Language Learner (ELL), this designation refers to individuals who do not speak English as their primary language and who do not read, write, and/or speak English. This may include those who are deaf and hard of hearing

Limited English Proficient (LEP): individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, and/or understand English. These individuals may require language assistance services to effectively communicate and understand information.

Medical Care Interpretation: required for clinical counseling, diagnosis, and treatment specific to a particular patient. It does not refer to the interpretation of all medically related information, for example, general health education.

Preferred Language: The primary language in which an individual prefers to read, write, speak, and/or sign.

Translation: Rendering written communication into another language while preserving meaning.



Qualified Interpretation Services Vendor: An individual or company that provides interpreter services with whom Public Health contracts to provide qualified spoken and/or Sign Language Interpretation services.

Qualified Interpreter: An individual certified in Healthcare/Medical interpretation who mediates spoken or signed communication between people speaking different languages, without adding, omitting, or distorting the meaning or editorializing.

Vital Documents: These are written document that affects enrollment, continued participation, or termination from a County program, benefit, or service.

Vital Records: Official documents maintained by state and local governments that record significant life events, such as births, deaths, fetal death/stillbirth, marriages/domestic partnerships, and divorces.



SECTION 4: PROCEDURES & POLICIES

A. Procedures

Document Translation

- Public Health Program staff (requestor) submit a request through the internal Hub for Interpretation and Translation portal.
- The Language Justice Unit (LJU) will work with the requestor and send the document to one of the in-house translators (contracted staff) or a vendor with a contract through the Public Health Language Access Service Master Agreement (LASMA).
- All documents are required to be developed using [plain language principles](#) and reviewed by the Office of Communications and Public Affairs (OCPA) for branding. Requestors can opt to have their documents reviewed by the Health Education Administration Unit for plain language usage and OCPA through the HIT system.

Interpretation Service

Public Health provides a range of services with different entry points and methods for interacting with community members.

Public Health InfoLine or program-specific call centers

The [Public Health InfoLine](#) provides resources and services over the phone to Los Angeles County residents related to COVID-19, immunizations, reproductive, mental, healthcare, and wellness resources. Some Public Health programs have their own subject-specific call centers for the community (See Appendix A).

- They have a built-in language selection option when the caller dials in. When a selection is made, they are either connected with a bilingual staff person to respond, or the team works with an external interpretation vendor.
- When working with an external vendor, a three-way call is set up with the vendor to provide live interpretation.
- If more time is needed to connect with the interpreter, the program staff will take the caller's information and set up an appointment for later.

Public Health Clinics, Regional Health Centers, and other public-facing programs

- When a client checks in at the information desk or with the receptionist, they are asked their preferred language. If needed, staff may use signage to determine the language spoken (See Section 4b below).
- Any forms to be completed will be provided in their preferred language, and a bilingual staff member will be called upon to assist. If there are no bilingual staff available, then the site will connect with an external interpretation vendor.



- If medical care interpretation is needed, the site will need to assign a staff member who is a Qualified Medical Interpreter or connect with an external interpretation vendor.

For clinical appointments, this information will be in the client's electronic medical record, and thus, staff will be prepared to offer services in their preferred language, including, if necessary, connecting with an external interpretation vendor.

Community Meetings

Virtually or in person, meetings may occur once, on an ad hoc basis, or be long-standing.

- Programs determine interpretation needs during the meeting registration or onboarding process.
- If an interpreter is needed, programs will follow the process below.

Options for connecting with an external interpretation vendor

Public Health programs that need interpretation services on a more frequent basis utilize an On-Demand Video and Telephonic Interpretation account. All others will go through the HIT system to request interpretation services.

a. On-demand video and telephonic interpretation

- Several public-facing programs have an account to directly connect with On-Demand services, including Acute Communicable Disease Control, Clinic Services, Community Field Services, Substance Abuse Prevention and Control, Veterinary Program, and Division of HIV and STD Programs.
- Staff can connect with an interpreter immediately as needed through their accounts on their computers or phones.

b. Hub for Interpretation and Translation (HIT) System

- Public Health program staff (requestor) submit a request through the Public Health's internal Hub for Interpretation and Translation portal, usually at least 2 weeks in advance.
- The Language Justice Unit (LJU) will work with the requestor and confirm an interpretation vendor who is contracted with Public Health through the Language Access Service Master Agreement (LASMA).
- See Appendix B for guidance on working with an interpreter.

B. Identifying Preferred Languages

Public Health identifies preferred language(s) in several ways.



Call Centers:

- These call centers have the option for callers to select their language by pressing a button or saying their language.

Public-Facing Programs

- Multilingual Staff: Public Health has a list of certified bilingual staff. Certification requires the staff to go through testing with Public Health Human Resources or a language vendor. These staff are placed in many of our public-facing sites and can help provide translation/interpretation where needed.
- Language Preference Posters: These are printed out posters at our public sites that are readily visible for a community member to point to their preferred language. (See Appendix B)
- Language Preference Cards: These are similar to the posters, but smaller and can be easily carried. Community members can point to the language they are requesting. (See Appendix B)

Community Meetings

- For meetings with a registration process, a question is included about interpretation and other accessibility accommodations needs.
- For open public meetings especially those under Brown Act, information on how to request accommodations is listed on the meeting agenda or webpage.

C. Vital Documents

Public Health's operations include:

- health centers, laboratory services,
- environmental health permitting and inspection operations,
- communicable disease surveillance,
- issuing public health orders (e.g. orders to isolate or quarantine), and
- other programs and services that require ongoing interaction and communication with our patients, clients, and the County of Los Angeles community.

Vital documents for Public Health programs and services range from patient education and medical follow-up instructions and communicable disease alerts (e.g., West Nile Virus, Bird Flu, Ocean Water Quality) to public health orders. We understand the value of these documents in supporting and protecting the health and well-being of the communities we serve, and as such, ensure they are available in languages and formats convenient for use by our patients and clients, and the public.



Vital documents include:

- Notices of rights and obligations
- Patient and client communications
- Health notices and alerts
- Forms and applications
- Legal and policy documents
- Programmatic documents and materials

Here are a few Public Health webpages:

- Public Health Centers: <http://publichealth.lacounty.gov/chs/phcenters.htm>
- Educational Materials Library: <http://publichealth.lacounty.gov/chel/library/index.htm>
- Public Health Info line: <http://publichealth.lacounty.gov/chel/PHIL.htm>

The Public Health Website will be updated to make improvements related to navigation, accessibility, and language access. Additionally, LJU continues to work with Public Health Program teams to translate all vital documents and critical fact sheets.

D. Policy on Untrained Interpreters

An excerpt from Public Health Policy 362 – Language Interpretation Policy

A patient may not be asked to bring their own interpreter. The use of a family member or friend may result in a breach of confidentiality and/or reluctance from the patient to reveal personal information that is critical to the services being provided. The use of family members and/or friends as interpreters is highly discouraged.

A family member or friend may be used to interpret only during medical emergencies where any delay could result in harm to a patient, and only until a Qualified Interpreter is available.

If, after clearly informing the patient that free Qualified Interpretation Services are available, the patient may specifically request that they prefer their family/friend facilitate communication. The family/friend would also need to agree to provide such assistance, AND reliance on that adult for such assistance would need to be deemed appropriate under the circumstances by Public Health staff.

Minor children (under the age of 18 years) should not be used as interpreters, except in extraordinary situations, such as medical emergencies where any delay could result in harm to a patient or the public, and only until a Qualified Interpreter is available.

Use of family, friends, or minor children to interpret under the above circumstances should be documented in the medical record.



Section 5: Notification of Language Assistance

An excerpt from Public Health Policy 362 – Language Interpretation Policy* Procedures Section, Part A: Notification of Availability of Language Assistance Services (LAS)

Clients should be informed of their rights to 1) receive interpretation services at no cost (including Sign Language Interpretation), 2) access interpreter services, and 3) file complaints about Interpretation services.

Public Health will promote LAS through facility signage, taglines, required posting, and other patient materials.

In practice, notifications show up in several ways at our public sites:

- Multilingual Flyers and Posters: We design and distribute multilingual flyers and posters in public health offices, clinics, and department buildings.
- Department Website: Our website features a dedicated page for language services, with information in multiple languages. We provide easy navigation with translated buttons and instructions, and our homepage regularly displays banners promoting language assistance.
<http://publichealth.lacounty.gov/language/index.htm>
- On-Hold Phone Messaging: Our on-hold phone messages inform callers about the availability of language services in multiple languages, along with instructions on how to request assistance.
- Lobby and Waiting Rooms: We display posters and signage in various languages about the availability of language services in lobbies and waiting rooms at our public sites.



Section 6: Monitoring Language Assistance Effectiveness

A. Evaluation of Language Assistance

Language Assistance is currently evaluated in several ways, but the team is assessing additional methods to assess this service:

1. **Requestor Satisfaction Survey:** Public Health staff who make translation and interpretation requests receive a survey that captures both their experience with the HIT System and their satisfaction with translation or interpretation services (in-house and vendor) overall. The data is collected and reviewed to determine quality improvement needs. As appropriate, the data is shared with LJU staff and individual vendors to address immediate concerns but is also reviewed along with other data on a quarterly and annual basis as part of the overall process improvement strategy.
2. **Translation Quality Assessment:** To assess translation quality, a randomized sample of 10% of requests is assessed for quality (error rate) across multiple measures by a different translation provider (translator or vendor). Feedback given by the reviewers is reviewed with the LJU staff and translation vendors (translator or vendor), and the Language Justice Unit works to help address any changes in practice needed to ensure more accurate translations moving forward.
3. **Patient Satisfaction Survey:** The Office of Health Assessment & Evaluation Rapid Assessment and Training Evaluation unit administers an annual patient satisfaction survey at 14 Public health clinics, which includes questions that assess staff cultural competency, such as providing services and materials sensitive to patients' cultural background, race, religion, and language. Surveys are provided in a paper format in English and Spanish. Chinese, Armenian, and Farsi were prepared for clinics that serve those populations. The results are used to improve program quality, make potential changes to clinic practices, and determine staff training needed.
4. **Quality Control Plans of Vendors:** Annually, the Language Justice Unit reviews the Quality Control Plans for each of the vendors on the Language Access Services Master Agreement. The review determines if the vendors are fulfilling the core requirements for continued master agreement eligibility, including regular assessment of their translators/interpreters, providing annual training for their staff, and more.



5. **Language Access Data:** Data is collected monthly and imported into an internal PowerBI interface, where the team can review overall patterns and as provide program-level data. The team is working to develop public reports of this data.
- a. *Translation and Interpretation Requests:* The HIT System collects important data on all service requests, including languages requested, translators or vendors used, types of documents translated, or turnaround time.
 - b. *On-Demand Video and Telephonic services:* Through the vendor that provides these services, Public Health receives a monthly report of usage by account, including the languages utilized and how long the calls were. Additionally, each program with an account can see its usage.
 - c. *Vendor Invoices:* The team tracks invoices received, reviewed by program staff, sent to finance, and finally paid.
 - d. *Clinic Electronic Records:* As part of intake and updated as appropriate, Public Health Clinic staff obtain information on a client's preferred language and document if interpretation services were needed, offered, and provided.
 - e. *Complaints:* Data is also collected from the complaint process (See Section 6.b) to determine trends.

B. Process for Responding to Language Access Complaints

This process is designed to collect information needed to resolve complaints regarding alleged violations of the Americans with Disabilities Act (ADA) and Language Access Services within the Los Angeles County Department of Public Health (Public Health). This will help Public Health improve services and ensure that everyone can access the services they need.

A complaint can be made whenever a Public Health client feels that they were not provided with accommodations under the ADA or the appropriate Language Access Services. This process is for alleged violations that occurred in a Public Health building, as part of a Public Health program/service, or with a Public Health workforce member or partner.

1. The online complaint form can be accessed at <http://publichealth.lacounty.gov/ADA.htm> to access all forms and resources

This page can also be accessed through

<http://publichealth.lacounty.gov/language/index.htm>



2. Once all the information is submitted, Public Health will acknowledge receipt of your complaint in writing within five (5) workdays from the date the complaint was filed.
3. Public Health will address all complaints as soon as possible. For Language Access Complaints, Public Health will be addressed no later than 90 business days from the date we receive your complaint.

ADA complaints will be addressed as promptly as possible and no later than 90 business days from the date the complaint is received. If the requested modification involves significant cost or structural changes, Public Health will assess the feasibility and explore alternative solutions that ensure access while considering available resources.

For any questions, to follow up on the status of a complaint, or to request an informal meeting to discuss concerns regarding the Department's Americans with Disabilities Act (ADA) and Language Access, clients can contact the Public Health ADA Compliance Coordinator at the following:

ADA Compliance Coordinator

Telephone: (844) 914-1006

TTY: (800) 897-0077

Email: DPH-ADA@ph.lacounty.gov

Clients may also choose to reach out to the CEO, Disability Civil Rights Section at:
Chief Executive Office, Disability Civil Rights Section
500 West Temple Street, Room 754, Los Angeles, California 90012
Telephone: (213) 202-6944
TTY: (855) 872-0443
Email: Adavis@ceo.lacounty.gov

Please Note:

- Using this informal complaint procedure is not a requirement, nor does it prevent the filing of a complaint with the appropriate enforcement agency.
- Any retaliation, coercion, intimidation, threat, interference, or harassment for filing of a complaint is prohibited and should be reported immediately to the Public Health ADA Compliance Coordinator: (844) 914-1006 or to the County's Chief Executive Office (CEO), Disability Civil Rights Section: (213) 202-6944.



Section 7: Training

Public Health is committed to ensuring that the Public Health workforce is knowledgeable about their responsibilities and roles in language access procedures, fostering an inclusive environment for non-English speaking and LEP individuals. Public Health is constantly reviewing training opportunities and seeks to incorporate new best practices, emerging technologies, and feedback from staff and the communities we serve.

Language Access Training

Once this plan goes into effect, the workforce will receive a copy and training on key elements of the plan. These resources will also be posted on the Public Health intranet with other policies and plans. This will be shared with all new hires and volunteers as they are onboarded. Updates to the training will be made as the plan is updated.

An extensive training on the Basics of Language Access & Language Justice is also in development and will be launched for the Public Health Workforce in the Fall of 2025. Topics will include:

- Legal requirements and regulations regarding language access (e.g., Title VI of the Civil Rights Act of 1964)
- Defining Language Access & Language Justice and their importance
- Defining and Roles in Providing Meaningful Access
- Best Practices

Implicit Bias Training

Public Health requires all workforce members to complete an Implicit Bias and Cultural Competency training within 90 days of hire. This curriculum introduces the fundamental concepts of implicit bias and cultural competency. It also provides practical techniques that each learner can use to develop an individualized development plan to mitigate implicit biases and improve their cultural competence.

Other Related Training

Public Health often works with partners to provide additional training that builds the workforce's cultural competency and ability to work with diverse communities. Some examples have included:

- *Planning for Impact: How to Apply Community Engagement Principles and Strategies* delivered by [Rising Communities](#): Discussions included how to maintain sustainable community relationships, navigate barriers, and develop an empathy-first mindset to support resilient communities. The training focused on



anti-racist, culturally humble, and trauma-informed approaches to inform your community engagement approach.

- *Embodied Trauma-Informed Resilience-Oriented (eTIRO)* delivered by [Lumos Transforms](#): Participants learned about eTIRO and began to develop the embodied resilience needed for the implementation of this approach. Participants learned practical skills to identify, track, and attune to stress, trauma, and relaxation responses in themselves and others.
- *Cultural Transformation Training* delivered by [Translatin@ Coalition](#). Training sessions include an awareness of and best practices on the following topics: Sexual orientation, gender identity and expression, and sexual characteristics (SOGIESC) 101, Inclusive language and pronouns, Legal protections and policies, Systemic discrimination and implicit bias, Social Determinants of Health for TGI (Transgender, Gender Expansive, and Intersex) people, and Cultural humility.

Resources and Technical Assistance:

- **Access to Materials:** A repository of resources, including guidelines, glossaries of common terms, and contact information for language service providers, is readily available to staff in the Department's Intranet.
- **Technical Assistance:** Public Health's Language Justice Unit is available to provide ongoing support, answer questions, and address any challenges staff may encounter in the field.



Section 8: Community Outreach & Engagement

Public Health seeks to consistently involve community members and partner organizations in all efforts to close gaps in health outcomes and improve the health of all who live, work, and play in Los Angeles County.

Community Engagement Policy

Public Health Policy 407: Community Engagement Policy *“...ensures coordinated and strategically planned community engagement across all programmatic efforts to demonstrate an organizational culture that is continuously responsive to the needs, priorities, values, and concerns of the public.”*

The policy directs all Public Health programs to use the Continuum of Community Engagement in their program planning, to internally review and document community engagement activities annually, and to follow a defined procedure for collaboration across Public Health activities. The policy outlines four levels of engagement:

- Consult: Information is shared with, and feedback gathered from, the community to inform decisions.
- Involve: there is an exchange of information with the community, whose participation is part of the program development
- Collaborate: includes a high level of partnership and shared decision making with the community.
- Shared Leadership: establishes a partnership with the community that shares decision-making.

Language Justice Workgroup

The Language Justice Workgroup was created in 2021 to advise Public Health on ways to improve services for highly impacted communities with language access barriers. This included addressing operational challenges related to developing and disseminating culturally, linguistically, and literacy-appropriate COVID-19 response and recovery resources.

The Workgroup has continued to meet with the Center for Health Equity Language Justice Unit to strengthen Public Health’s Language Access infrastructure. The workgroup meets quarterly and consists of 14 leaders from community-based organizations who have experience and knowledge of linguistic communities.



Appendix A: Public Health Call Centers

DPH Call Center	Audience	Phone Number
Public Health InfoLine	Community, staff	1-833-540-0473
Environmental Health (EH) Customer Call Center	Community	1-888-700-9995
LA County Domestic Violence Hotline	Community	1-800-978-3600
Substance Abuse Prevention Control (SAPC) – SASH	Community	1-844-804-7500
Health Facilities Inspection Division	Healthcare facilities	1-800-228-1019
Acute Communicable Disease Control (ACDC) Provider Line	Healthcare providers and facilities	1-213-240-7941
Children’s Medical Services (CMS)	Healthcare providers and facilities, community	1-800-288-4584
Division of HIV & STD Programs (DHSP)	Healthcare providers and facilities, community	1- 800-758-0880



Appendix B: Resource Documents (forthcoming)

- Guidance on preparing for an interpreter
- Language posters
- Language cards

