

# New York City Council

## Committee on Hospitals

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

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**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.