

New York City Department of Health and Mental Hygiene

Oversight of Language Access Services

Report 2024-N-2 | March 2026

OFFICE OF THE NEW YORK STATE COMPTROLLER

Thomas P. DiNapoli, State Comptroller

Division of State Government Accountability



Audit Highlights

Objective

To determine if the New York City Department of Health and Mental Hygiene is adequately serving the needs of individuals with Limited English Proficiency, complying with State regulations and local laws, and providing sufficient oversight of Language Access Services. The audit covered the period from January 2019 through December 2024.

About the Program

The New York City Department of Health and Mental Hygiene (DOHMH) is New York City's (NYC or City) public health agency. DOHMH's mission is to protect and promote the health of over 8 million New Yorkers. With an annual budget of \$2 billion and over 7,000 employees, DOHMH provides a broad range of services including inspecting food establishments, conducting studies of health inequities across neighborhoods, and operating low- to no-cost health clinics. Currently, DOHMH operates 10 City-wide programs as well as 21 facilities across four of the five boroughs—Manhattan, the Bronx, Brooklyn, and Queens (see Exhibits A and B).

Language Access Services (LAS) are pivotal to DOHMH's work because hundreds of languages are spoken in NYC. The 2023 American Community Survey conducted by the U.S. Census Bureau estimated over 1.7 million NYC residents speak hundreds of languages and have Limited English Proficiency (LEP). DOHMH established its comprehensive Language Access Policy in 2016 to eliminate language barriers and ensure meaningful access to DOHMH services for clients with LEP. The Language Services Unit, within DOHMH's Office of External Affairs, is responsible for creating and disseminating LAS resources to all public-facing DOHMH programs, training staff, and evaluating LAS. DOHMH uses over-the-phone, video-remote, in-person, and American Sign Language interpretation. DOHMH also translates vital public documents such as consent forms and legal notices and facilitates other document translations upon request by programs. The Language Services Unit has in-house translators and vendors that provide translations.

According to Local Law 73 of 2003, DOHMH is one of four City agencies required to provide free LAS to clients with LEP. In 2017, Local Law 30 expanded this requirement to include all City agencies providing direct public services or emergency services and outlined additional details for the implementation of LAS. City agencies subject to Local Law 30 are required to provide services such as telephonic interpretation, multilingual signage, and document translations, and create a language access implementation plan. The language access implementation plan must, among other things, designate a language access coordinator, incorporate an evaluation of the service population's language access needs, and include a process to monitor and timely respond to public complaints regarding language access. Telephonic interpretation must be available in at least 100 languages, and on-hand translations of key documents must be available in the top 10 designated City-wide languages—those spoken by LEP individuals likely to be served by NYC agencies: Spanish, Chinese, Russian, Bengali, Haitian Creole, Korean, Arabic, Urdu, French, and Polish. All public-facing DOHMH programs are required to provide LAS upon identification of LEP needs.

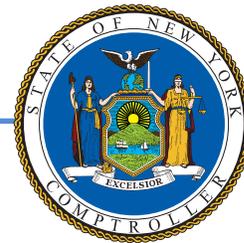
Key Findings

We identified numerous deficiencies in DOHMH's administration and operation of its LAS that led to potential non-compliance with relevant standards and local laws as well as other LAS issues. For example:

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- Although required to maintain records of the LAS it provides, DOHMH does not have a centralized system for recording and tracking LAS. Therefore, LAS requests may be underreported. The absence of a standardized system for documenting and monitoring LAS data can result in incomplete information regarding the needs of LEP clients and the services provided, which hinders DOHMH's ability to deliver effective services and support to these individuals.
 - DOHMH officials are unaware of the number of dropped calls and instances where an interpreter could not be found.
 - DOHMH has a required fluency assessment, but there are uncertified bilingual staff providing clinical services in a non-English language. DOHMH also inconsistently reports the number of bilingual staff who have completed the fluency assessment. Fluency assessments ensure effective and accurate communication, which is vital for client safety, and ensure that people with LEP have meaningful access to City services.
 - DOHMH conducts inspections of food establishments in the City, many of which are owned or staffed by workers who may have LEP. Our survey of 50 restaurants and food establishments and our review of food inspection data found that many owners and workers were unaware of available LAS resources or the Business Owner's Bill of Rights (which states the right to LAS during inspections).
 - Bilingual and multilingual Office of the State Comptroller auditors conducted an unannounced survey of DOHMH facilities' phone lines and encountered several barriers such as:
 - DOHMH staff not attempting to connect callers to an interpreter.
 - Difficulty navigating DOHMH's automated call systems and voicemails, particularly for LEP clients.
 - Disconnected calls and extended wait times.
 - Missing website translations.
 - We conducted in-person site visits to 10 DOHMH public-facing facilities and found:
 - Inadequate or missing signage for LEP to provide LAS feedback and complaints.
 - Installation delays and technical issues with LAS equipment and what appeared to be an insufficient amount of LAS equipment at some sites.

Key Recommendations

- Develop a system-wide database for collecting and tracking clients' language preferences across all facilities, and collaborate with vendors to gather relevant data on LAS delivery and unfulfilled requests.
- Ensure all communications geared toward the LEP community, including automated call and voicemail systems, LAS signage such as the patient satisfaction survey, QR code survey signage, and feedback boxes are available in the appropriate multiple languages, and are always accessible.
- Ensure all bilingual staff who provide interpretation services complete DOHMH's fluency assessment.
- Assess the LAS equipment and connection needs for each program and facility periodically to ensure access to LAS.



**Office of the New York State Comptroller
Division of State Government Accountability**

March 25, 2026

Alister Martin, M.D., M.P.P.
Commissioner
New York City Department of Health and Mental Hygiene
125 Worth Street
New York, NY 10013

Dear Dr. Martin:

The Office of the State Comptroller is committed to helping State agencies, public authorities, and local government agencies manage their resources efficiently and effectively. By so doing, it provides accountability for the tax dollars spent to support government operations. The Comptroller oversees the fiscal affairs of State agencies, public authorities, and local government agencies, as well as their compliance with relevant statutes and their observance of good business practices. This fiscal oversight is accomplished, in part, through our audits, which identify opportunities for improving operations. Audits can also identify strategies for reducing costs and strengthening controls that are intended to safeguard assets.

The following is a report of our audit entitled *Oversight of Language Access Services*. This audit was performed pursuant to the State Comptroller's authority under Article V, Section 1 of the State Constitution and Article III of the General Municipal Law.

This audit's results and recommendations are resources for you to use in effectively managing your operations and in meeting the expectations of taxpayers. If you have any questions about this report, please feel free to contact us.

Respectfully submitted,

Division of State Government Accountability

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Glossary of Terms

Term	Description	Identifier
DOHMH	New York City Department of Health and Mental Hygiene	<i>Auditee</i>
EMR	Electronic Medical Record	<i>Key Term</i>
LAS	Language Access Services	<i>Key Term</i>
LEP	Limited English Proficiency	<i>Key Term</i>
TB	Tuberculosis	<i>Key Term</i>
UEMR	Universal Electronic Medical Record	<i>Key Term</i>

Background

The New York City Department of Health and Mental Hygiene (DOHMH) is New York City's (NYC or City) public health agency. DOHMH's mission is to protect and promote the health of over 8 million New Yorkers. With an annual budget of \$2 billion and more than 7,000 employees, DOHMH provides a broad range of services including inspecting restaurants, conducting studies of health inequities across neighborhoods, and operating low- to no-cost health clinics. Currently, DOHMH operates 10 City-wide programs as well as 21 facilities across four of the five boroughs—Manhattan, the Bronx, Brooklyn, and Queens (see Exhibits A and B).

Language Access Services (LAS) are pivotal to DOHMH's work because hundreds of languages are spoken in NYC. The 2023 American Community Survey (ACS) conducted by the U.S. Census Bureau estimated over 1.7 million NYC residents speak hundreds of languages and have Limited English Proficiency (LEP) (see Figure 1).

DOHMH established its comprehensive Language Access Policy in 2016 to eliminate language barriers and ensure meaningful access to DOHMH services for clients with LEP. DOHMH's Language Access Services Unit implements and enforces the Language Access Policy, which, according to DOHMH, is consistent with the Civil Rights Act of 1964, Executive Order 120, and Local Law 30 of 2017. Key components of the policy include:

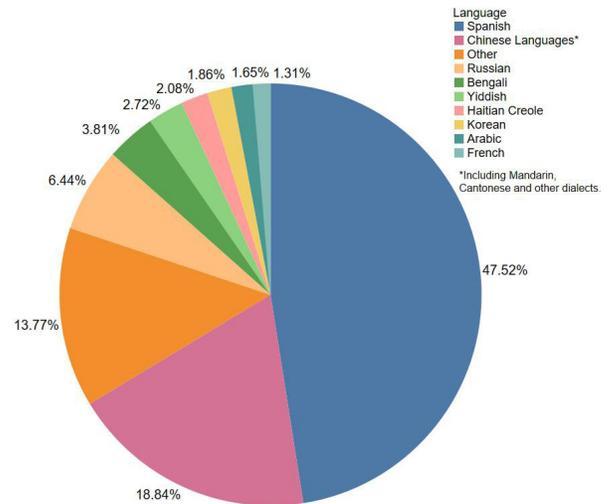


Figure 1 – Top 10 languages spoken by LEP individuals in NYC. Source: 2023 ACS 5-Year Data

Population Needs:

- Emergency communications, legal notices, and priority communications are translated into any language spoken by at least 1% of NYC's population with LEP.
- Other communications are translated into languages spoken by at least 5% of the eligible population based on program or census data.
- Language services are provided upon request or if a need is identified, regardless of population data.

Required Language Services:

- Publications are written in plain language and professionally translated.
- Professional interpretation services are provided for spoken languages and sign languages including American Sign Language: over-the-phone interpretation, video-remote interpretation, and in-person interpretation.
- Multilingual staff can speak in a common language with clients or provide interpretation in non-medical settings.
- In medical settings, all multilingual staff must pass language fluency assessments to provide direct services in non-English languages to patients.

Prohibited Practices:

- In-house translations by staff other than DOHMH's translators.
- Interpretation by minors (people under 18).
- In medical settings, interpretation by friends, family, or staff who have not completed a fluency assessment.

According to Local Law 73 of 2003, DOHMH is one of four City agencies required to provide free LAS to clients with LEP. In 2017, the New York City Council passed Local Law 30, which expanded this requirement to include all City agencies providing direct public services or emergency services and outlined additional details for the implementation of LAS. Local Law 30 requires all City agencies providing direct public services or emergency services to provide services such as telephonic interpretation in at least 100 languages, multilingual signage, and key document translations in the top 10 designated City-wide languages, and to create a language access implementation plan. Under Local Law 30, the language access implementation plan must, among other things, designate a language access coordinator, incorporate an evaluation of the service population's language access needs, and include a process to monitor and timely respond to public complaints regarding language access. The Language Services Unit, within DOHMH's Office of External Affairs, is responsible for receiving, tracking, and resolving language access complaints. Complaints received through 311 (NYC's non-emergency services call center) are automatically uploaded to DOHMH's correspondence tracking system and routed to the Language Services Unit, which has 14 days to respond to a complaint. Additionally, the Language Services Unit has a dedicated inbox where anyone can send a complaint/request. The information on how to submit a complaint is publicly available on DOHMH's website.

To effectively reach and serve all New Yorkers with LEP, DOHMH established a Language Access Policy under which essential communications intended for the general public are translated into any language spoken by at least 1% of the City's LEP population, based on census data. As of March 2024, DOHMH covered 13 languages: Spanish, Russian, Cantonese, Haitian Creole, Korean, Bengali, Mandarin, Italian, Polish, Yiddish, Arabic, French, and Urdu. For other communications or documents, translations should cover languages spoken by at least 5% of the specific program's eligible LEP population, as determined by census or program data.

The Language Services Unit is also responsible for creating and disseminating LAS resources to all public-facing DOHMH programs, training staff, and evaluating LAS. DOHMH provides two types of mandatory language access training: introduction to language access for new hires during their onboarding, and annual language access training for all staff. For medical settings, DOHMH offers fluency assessments in over 30 languages for staff who wish to provide direct services in another language.

DOHMH has contracts with LAS vendors through a Department of Citywide Administrative Services Master Contract (see Table 1).

Table 1 – DOHMH’s Contracts With LAS Vendors

Vendor	Type of LAS	Maximum Contract Amount (until 6/30/2021)	Maximum Contract Amount (7/1/2021–6/30/2024)	Current Contract Amount (as of 7/1/2024)	Contract Expiration Date
Vendor A	Over-the-phone interpretation	\$356,000	\$1,282,598	\$1,885,198	6/30/2025
Vendor B	In-person and/or video-remote interpretation	65,905	1,565,905	1,500,000	8/31/2030
Vendor C	In-person and/or video-remote interpretation	80,353	1,580,353	Not Renewed	-
Vendor D	Document translation services	-	-	1,350,000	10/31/2030
Vendor E	Transcription services	-	-	1,000,000	5/31/2029
Vendor F	American Sign Language and Certified Deaf Interpreters	-	-	500,000	8/31/2029
Totals		\$502,258	\$4,428,856	\$6,235,198	

All public-facing DOHMH programs are required to provide LAS upon identification of LEP needs. Resources available to meet these needs include:

- Contracts with vendors for over-the-phone interpretation, video-remote interpretation, in-person interpretation services, and translation/review vendors to cover over 240 languages, including American Sign Language, Spanish Sign Language (SSL), and Certified Deaf Interpreters.
- Office of External Affairs’ in-house translators for Spanish (two staff), Chinese (two staff), and Russian (one staff).
- Central translation fund.
- Language fluency assessments for staff who wish to provide direct services in non-English languages.

Members of the public with LEP must be informed of these resources and their right to LAS in their preferred language. DOHMH has developed several strategies to inform the public and assist staff in identifying and serving individuals with LEP, including developing multilingual signage intended for posting in a visible, public location. All public-facing clinics and sites are required to have prominently displayed posters stating, “You have the right to free language services.” The posters are written in 19 languages (see Figure 2).



Figure 2 – DOHMH poster indicating available interpretation services. Source: DOHMH

Each site should also have multilingual signs with directions based on the language needs of that site’s service population. Staff are trained to use a 24-Language ID Sheet that informs clients of their right to free interpretation services in their preferred language (see Figure 3).

The Office of the New York State Comptroller (OSC) has developed a dashboard to supplement this report and provide a more visual and interactive experience.

Click on the image below to view an interactive dashboard showing LEP populations by community district and DOHMH locations within those districts.

Language ID Sheet

Español Spanish Tiene derecho a recibir servicios de idiomas gratuitos. Señale su idioma y llamaremos a un intérprete.	Русский Russian У вас есть право на бесплатные языковые услуги. Укажите ваш язык, и мы вызовем вам переводчика.
廣東話/普通話 Cantonese/Mandarin 如有需要，請免費使用傳譯服務。請選擇您使用的語言，以便我們為您提供口譯人員。	Kreyòl ayisyen Haitian Creole Ou gen dwa pou resevwa sèvis lang gratis. Lèje dekw ou sou lang ou pale a epi n'ap rele yon entèprete pou ou.
한국어 Korean お客様은 무료 언어 서비스를 받을 권리가 있습니다. 사용하시는 언어를 선택하십시오. 가려주세요. 드려주세요. 통역사를 무료입니다.	বাংলা Bengali আপনাকে ভাষার উপর নির্ভর করে মূল্যহীন ভাষা সেবা পাওয়ার অধিকার রয়েছে। আপনার মাতৃভাষাটি নির্বাচন করে একটি মুক্ত ব্যক্তিদের সাথে কথা বলুন।
普通话/广东话 Mandarin/Cantonese 如有需要，請免費使用傳譯服務。請選擇您使用的語言，以便我們為您提供口譯人員。	Italiano Italian Hai il diritto di ricevere servizi linguistici gratuiti. Indica la tua lingua e sarò nostra premura contattare un interprete.
Polski Polish Ma prawo do bezpłatnych usług językowych. Wybrać język, a my wywołamy tłumacza.	עברית Yiddish איר האבן א רעכט צו פארען פראכטליכע דינסטן. איר זענען איר שפראך און איר זענען איר שפראך און איר זענען איר שפראך און איר זענען איר שפראך.
العربية Arabic اذ لك الحق في خدمات اللغات المجانية. يرجى اختيار اللغة التي تتحدث بها.	Français French Vous avez droit à des services linguistiques gratuits. Indiquez votre langue et nous vous mettrons en relation avec un interprète.
اردو Urdu آپ کو مفت زبان کی خدمات فراہم کی جاسکتی ہیں۔ اپنی زبان منتخب کریں۔	Ελληνικά Greek Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας. Δείξτε μας τη γλώσσα σας, και θα εκλινοποιήσουμε τον διερμηνέα που θέλετε.
Tagalog Tagalog May karapatan ka sa mga libreng serbisyo sa wikang, iano ang iyong wikang at tawagang kani ng interpretador para sa iyo.	Shqip Albanian Keni të drejtën e shërbimeve gjuhësore falas. Zëdhëni gjuhën tuaj dhe ne do të lidhohemi me një përkthyes për ju.
ਪੰਜਾਬੀ Punjabi ਤੁਹਾਨੂੰ ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਸਹੂਲਤ ਮਿਲ ਸਕਦੀ ਹੈ। ਆਪਣੀ ਭਾਸ਼ਾ ਚੁਣੋ।	Português Europeu Portuguese Tem direito a serviços linguísticos gratuitos. Indique o seu idioma e será chamado um intérprete para si.

Figure 3 – Partial DOHMH Language ID Sheet (showing 18 of 24 languages), intended for posting in public locations. Source: DOHMH



Audit Findings and Recommendations

DOHMH is required to provide timely access to LAS for clients and their designated representatives who exhibit LEP. However, we found deficiencies in DOHMH's administration of LAS, which could lead to the agency's potential non-compliance with relevant standards and local laws. For example, DOHMH does not have a centralized database to record LAS data. Facilities that do record LAS requests potentially underreport them, and we found several data discrepancies. Additionally, DOHMH did not complete LAS performance evaluations for all its LAS vendors, thereby impacting the quality of LAS delivery. Further, food establishment inspectors did not adequately provide or document LAS delivery during their inspections. Through site visits and unannounced surveys of DOHMH phone lines and webpages, we found obstacles to accessing LAS and few strategies for evaluating and addressing these barriers. Additionally, some facilities appeared to have insufficient LAS equipment, and some webpages appeared to have insufficient translations.

Inadequate Oversight of LAS Data

New York City Local Law 30 of 2017 requires DOHMH to collect and evaluate LAS data and Local Law 73 of 2003 requires DOHMH to maintain records of the LAS it provides. DOHMH has also committed to tracking the needs of LEP clients agency-wide and has developed protocols for staff to document LAS data. However, DOHMH does not have a centralized system for collecting LAS data (e.g., number of requests for LAS, languages requested, duration of interpretation provided, cost, and unfulfilled requests) or consistent procedures for documenting such data. As a result, we found inaccurate records of LAS requests and a potential underreporting of services provided.

Lack of System-Wide LAS Database

The 2019 DOHMH Annual Report on the Implementation of Language Access stated that DOHMH strives to continue improving agency-wide standards for tracking the intake of LEP client data. However, DOHMH does not have a system-wide mechanism for collecting LAS data, and its facilities and programs do not have consistent procedures for documenting the data. Of its 21 public-facing facilities, it appears that only the 12 clinical facilities maintain LAS data although they use different systems: the eight Sexual Health Clinics use the Electronic Medical Record (EMR), the three Tuberculosis Chest Clinics (TB Chest Clinics) use the TB Universal EMR (TB UEMR), and the Fort Greene Health Center Immunization Clinic uses the Screening and Immunization System.

For the remaining nine public-facing facilities (non-clinical), as well as all 10 public-facing programs, there appears to be a lack of formal systems in place to record and/or maintain LAS data. By reviewing a judgmental sample of three of nine non-clinical facilities and five of 10 public-facing programs, we found that none of them record and/or maintain LAS data as follows:

-
- **The Newborn Home Visiting Program** is for families with newborns who live in a neighborhood that is part of the Taskforce on Racial Equity and Inclusion. However, the program does not record LAS.
 - **The Nurse-Family Partnership** is for first-time, low-income parents. Even though partnership staff estimate 10–20% of their clients require LAS, they do not separately record LAS data. Instead, partnership staff indicate (in the case notes) that LAS was used. However, case notes cannot be used to generate LAS reports.
 - **The Food Establishment Inspection Unit** lacks a system to document LEP status, preferred languages, or any instances in which LAS was provided. As a result, it cannot generate summary reports for review.
 - **The Health Academy** provides food protection courses and training for all NYC food establishment workers. However, it does not record phone calls during which LAS was provided.
 - **NYC Teenspace**, an online DOHMH program that offers free mental health services for teenagers living in NYC, does not record the languages in which the therapy is provided.
 - **The Brownsville Neighborhood Health Action Center** hosts programs and activities focused on health and wellness in an effort to promote health equity and reduce health disparities. However, it does not document clients' preferred languages or track the provision of LAS.
 - **The Customer Service Center** (Bureau of Food Safety and Community Sanitation), which provides support to food establishment owners and employees, stated it manually records calls received in an internal log; however, it cannot generate summary reports of LAS for review.
 - **The Office of Vital Records** issues birth and death records for all NYC residents. However, it does not track the number of LEP individuals it served or the interpretation services and languages provided.

The absence of a standardized system for documenting and monitoring LAS data can result in incomplete information regarding the needs of LEP clients and the services provided, which hinders DOHMH's ability to deliver effective services and support to these individuals.

In addition, without a standardized system, there are potential gaps in oversight of the delivery of LAS (delivery failures). For example, DOHMH is unaware of dropped calls or instances where an interpreter cannot be found for over-the-phone interpretation or video-remote interpretation. Furthermore, LAS invoices from vendors appear to be the only consolidated record of LAS that is accessible; however, these invoices are only a record of billed and delivered services—they do not include delivery failures. DOHMH's Office of External Affairs officials stated they requested information on LAS delivery failures from over-the-phone interpretation and video-remote interpretation vendors, but were told the information was not available. While DOHMH programs can report issues to the Office of External Affairs, they do not have the ability to identify and review gaps in LAS delivery.

In response, DOHMH officials stated they will assess whether there is a cost-justifiable way to automate the collection of client language preferences. However, DOHMH did not elaborate on whether this would also include the collection of LAS services requested and rendered.

Data Discrepancies and Potential Underreporting of LAS

We reviewed the available LAS data for the 12 clinical facilities: eight Sexual Health Clinics, three TB Chest Clinics, and the Fort Greene Health Center Immunization Clinic from January 2019 to June 2024. We found that inconsistent systems and procedures for appropriately documenting LAS resulted in inaccurate records and underreporting of LAS. Additionally, insufficient training of staff on how to comprehensively document LAS may result in staff being unable to recognize the needs of LEP patients. Specifically, we found:

- **Language fields that cannot be updated:** The Fort Greene Health Center Immunization Clinic uses the Citywide Immunization Registry (Registry) to populate patient information in its Screening and Immunization System. The Registry draws information from vital records that cannot be updated by Fort Greene staff, including the language field. If the language field is filled as “unknown” in the Registry, all LAS recorded in the Screening and Immunization System will be documented for an “unknown” language. This obscures the actual language interpretation that is requested and provided. DOHMH’s Fort Greene Health Center Immunization Clinic stated it will work with DOHMH’s Bureau of Public Health Clinics to rectify this issue, but it remains unclear whether this process would correct past LAS records.
- **Interpretation data for English incorrectly recorded:** According to Screening and Immunization System data, English was listed as the second most-common language, after Spanish, for which interpretation was provided, with 1,304 English interpretations out of a total of 21,586. According to DOHMH officials, American Sign Language interpretation is the only known situation that would necessitate English interpretation. However, DOHMH officials affirmed that the Fort Greene Health Center Immunization Clinic has served only one or two patients requiring American Sign Language. DOHMH officials were unaware of this discrepancy in the Screening and Immunization System data until we brought it to their attention. They stated they will work to determine the cause and implement corrective measures to address this apparent data entry error.
- **Uncertified staff interpretations:** The Fort Greene Health Center Immunization Clinic has bilingual staff members who completed DOHMH’s fluency assessment in seven languages.¹ However, Screening and Immunization System records from January 2019 to June 2024 show that Fort Greene Health Center Immunization Clinic staff provided interpretation

¹ As of September 2024, the Fort Greene Health Center Immunization Clinic had qualified staff who spoke Spanish, Russian, Ukrainian, Haitian Creole, French, or Korean, and a former staff member who was qualified to speak Chinese.

for 28 languages other than the seven languages spoken by the qualified staff. DOHMH officials were unaware of this issue until we brought it to their attention, and affirmed that only bilingual staff who complete the fluency assessment are allowed to provide interpretation. However, the inconsistencies we found in LAS documentation do not provide assurance that staff are in compliance. Fluency assessments ensure effective and accurate communication, which is vital for client safety, and ensure that people with LEP have meaningful access to City services.

- Underreporting of LAS:** TB Chest Clinics must record a patient’s preferred language in the demographic section of the TB UEMR. This language information is used to identify patients who have LEP. The delivery of LAS is recorded separately in the TB UEMR if a patient requires interpretation, but the field is not required to be filled in by staff if a patient does not need LAS. Our review found that the number of patients documented as receiving LAS was significantly lower than the recorded number of patients with LEP in the TB UEMR. It is unclear if LAS was being underreported or if LAS was not provided. For example, 62.9% of patients were recorded as having LEP in 2023; however, only 12.2% of patients were provided with LAS. Officials at the Bureau of Public Health Clinics explained that prior to 2018, the TB UEMR did not have any fields to record LAS and that from 2019 to 2021, the system was updated and staff were trained to include this information. However, we found even after 2021, this remains an issue (see the highlighted difference in Table 2).

Table 2 – TB UEMR: Patient-Level Language Data*

Year	Patients With LEP		Patients Provided With LAS	
	Total	Percentage of All Patients	Total	Percentage of All Patients
2019	361	5.0%	0	0.0%
2020	927	26.6%	0	0.0%
2021**	733	26.6%	28	1.0%
2022	2,412	54.1%	536	12.0%
2023	4,341	62.9%	840	12.2%
Q1 and Q2 2024	2,805	63.5%	497	11.3%

* The record of patients provided with LAS was not fully implemented in 2019 and 2020; that is why a 0 is recorded for those years.

** The 2021 value is only reflective of Q2–Q4 2021, because the Bureau of Public Health Clinics stated that, due to data migration issues and entry errors during the transition period, data is missing and incomplete up to Q1 2021.

In response, DOHMH officials stated they planned to incorporate a required language preference field in the TB UEMR, effective August 2025. However, we have no assurance that past records will be reviewed and revised.

Conversely, the Sexual Health Clinics’ EMR has always had required fields to record both patients’ preferred languages and the delivery of LAS. However, similar to the data from TB Chest Clinics, we found that the number of patients who were provided LAS in the Sexual Health Clinics’ EMR was significantly lower than the number of patients with LEP (see the highlighted difference in Table 3).

Table 3 – Sexual Health Clinics’ EMR: Patient-Level Language Data

Year	Patients With LEP		Patients Provided With LAS	
	Total	Percentage of All Clients	Total	Percentage of All Clients
2019	1,656	2.8%	350	0.6%
2020	825	3.0%	318	1.2%
2021	762	2.9%	311	1.2%
2022	1,061	3.3%	408	1.3%
2023	2,185	5.7%	712	1.9%
Q1 and Q2 2024	2,130	8.1%	607	2.3%

DOHMH stated that by the end of 2025, it planned to implement language preference as a required field in the Sexual Health Clinics’ EMR. However, it is unclear how this action plan addresses the issue of underreporting as, according to staff explanations, the LAS fields were always required fields.

Missing Vendor Evaluations

Section 4-01 of the New York City Procurement Policy Board Rules (Evaluation and Documentation of Vendor Performance) states that “the agency shall monitor the vendor’s performance against such standards and indicators on an ongoing basis and sufficiently far enough in advance of the end of the contract term to determine whether an existing contract should be extended, renewed, terminated, or allowed to lapse. A performance evaluation shall be done no less than once annually, except that for procurements of goods by competitive sealed bid other than sealed bids awarded based on best value and procurements below the small purchase limits, an evaluation report shall be prepared only in cases of deficient performance.” Section 3-08 of the New York City Procurement Policy Board Rules generally defines “small purchases” as those procurements valued at no more than \$100,000.

DOHMH stated that it submits annual PASSPort² performance evaluations of its LAS vendors. However, we noted that evaluations for certain time periods were missing (see Table 4).

Table 4 – Missing PASSPort Performance Evaluations

Vendor	Contract Type	Missing PASSPort Performance Evaluations
Vendor A	Over-the-phone interpretation/translation	6/3/18–6/2/19 and 6/3/22–6/2/23
Vendor B	In-person and/or video-remote interpretation	7/1/22–6/30/23 and 7/1/23–6/30/24
Vendor C	In-person and/or video-remote interpretation	7/1/22–6/30/23 and 7/1/23–6/30/24
Vendor F	American Sign Language and Certified Deaf Interpreters	5/17/22–5/16/23 and 5/17/23–5/16/24

² Procurement and Sourcing Solutions Portal (PASSPort) is New York City’s end-to-end procurement platform, designed to streamline every stage of the contracting process.

According to DOHMH officials, they were not required to submit performance evaluations for Vendor B and Vendor C—both Department of Citywide Administrative Services contracts—as they were under the small purchase limit of \$100,000. While these contracts were below \$100,000 until June 30, 2021, they increased by \$1,500,000 each starting on July 1, 2021 and were, therefore, above the small purchase limit. Therefore, PASSPort performance evaluations were not submitted as required by the Procurement Policy Board Rules, impacting DOHMH’s ability to assess the quality of LAS delivery.

In response, DOHMH officials stated that all but two evaluations since 2019 were complete; however, they did not provide the missing evaluations to support their assertion.

Oversight of Staff and Delivery of LAS at Facilities and Programs

Local Law 30 requires every City agency that provides direct public services or emergency services to provide LAS. DOHMH employs bilingual staff and requires a fluency assessment for staff who wish to provide services in a language other than English. However, during site visits to a judgmental sample of 10 DOHMH public-facing facilities, we found bilingual staff who were unaware of DOHMH’s fluency assessments and were providing clinical interpretation without completing the fluency assessment. At multiple DOHMH public-facing facilities, we found delays in installation of LAS equipment, technical issues, and what appeared to be insufficient amounts of LAS equipment such as dual-phones (used for over-the-phone interpretation) and tablets, all of which can hinder access to LAS. Local Law 30 also requires the posting of multilingual signage indicating the availability of LAS; however, we found the Morrisania Chest Center did not have these signs posted. In addition, Local Law 30 requires DOHMH to implement a process to monitor and timely respond to public complaints regarding LAS. However, during site visits, we found two of the 10 facilities did not have information for the public about filing a complaint. Of the remaining eight facilities that had information, it was either only in English and/or Spanish. For online services, we found the availability of LAS was not indicated for Teenspace, DOHMH’s mental health program for teenagers.

Fluency Assessments of Personnel Providing LAS

We selected a judgmental sample of 10 of the 21 public-facing DOHMH facilities to gauge how staff provide LAS and the available resources (see Exhibit A for a complete list of public-facing DOHMH facilities). We conducted 10 site visits across four boroughs from April through September 2024 (see Table 5).³

³ There are no DOHMH facilities in Staten Island.

Table 5 – DOHMH Site Visit Locations

DOHMH Bureau	Facility Visited	Location
Public Health Clinics	Morrisania Chest Center	Bronx
	Morrisania Sexual Health Clinic	Bronx
	Fort Greene Express Clinic (<i>Sexual Health</i>)	Brooklyn
	Fort Greene Health Center Immunization Clinic	Brooklyn
	Central Harlem Sexual Health Clinic	Manhattan
	Corona Chest Center	Queens
	Jamaica Sexual Health Clinic	Queens
Bureau of Food Safety and Community Sanitation	Customer Service Center	Manhattan
Bureau of Vital Statistics, Center for Population Health Data Science	Office of Vital Records	Manhattan
Brooklyn Neighborhood Health, Center for Health Equity & Community Wellness	Brownsville Neighborhood Health Action Center	Brooklyn

In medical settings, DOHMH requires all multilingual staff to pass language fluency assessments to provide direct services in non-English languages to patients. This ensures effective and accurate communication, which is vital for patients’ safety, and makes sure that people with LEP have meaningful access to City services. During site visits, we found uncertified bilingual staff providing clinical services in a language other than English. For example, we found a nurse at the Corona Chest Center and a nurse supervisor at the Morrisania Sexual Health Clinic providing services in languages other than English; however, neither had completed DOHMH’s fluency assessment. The nurse supervisor was unaware that DOHMH had a fluency assessment. Senior staff at Morrisania Chest Center stated that they were aware of DOHMH’s fluency assessment but allowed their bilingual staff to speak directly with patients and provide interpretation in languages other than English without completing the fluency assessment.

According to the data reported on the addendums of Local Law 73 for calendar years 2021 and 2024, there was a significant increase in bilingual and interpreter personnel—from 265 staff in 2021 to 3,009 staff in 2024. However, the total number of staff who passed the fluency assessment was not stated in the addendums; therefore, we were unable to determine the total number of bilingual and interpreter personnel who passed the fluency assessment. Inconsistent application of standards for staff providing LAS as well as uncertified bilingual staff can result in patients with LEP not receiving adequate LAS.

Insufficient Equipment

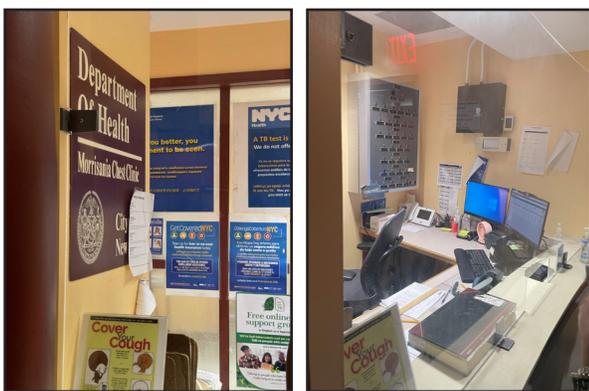
During our site visits to the 10 DOHMH facilities, we found equipment issues that could delay access to LAS. For example, at the time of our site visit in April 2024, the Central Harlem Sexual Health Clinic had had new dual-phones for 5 months but was not able to use them because an additional connection port for each phone was needed, and staff were still awaiting approval from their procurement department. Staff also expressed that, after reopening in July 2023, they had difficulty providing American Sign Language interpretation through video-remote interpretation due to

poor Wi-Fi at the facility. In fact, it took the Office of External Affairs approximately 10 months to approve a Wi-Fi hotspot for this clinic to address this issue.

We also encountered DOHMH public-facing sites that appeared to have an insufficient amount of LAS equipment. The Office of Vital Records and the Brownsville Neighborhood Health Action Center did not have tablets for accessing video-remote interpretation. The Office of Vital Records had only three dual-phones for over-the-phone interpretation—one per service area (e.g., birth certificate corrections)—while staff expressed that, out of all DOHMH programs, it has the highest volume of daily clients, seeing hundreds of people daily. At the time of our site visit to the Office of Vital Records, we observed two of the three service areas with multiple clients seeking LAS and waiting for access to the single dual-phone. Additionally, during our site visit in July 2024, staff at the Fort Greene Express Clinic said they shared one iPad for video-remote interpretation with the Sexual Health Clinic at the Fort Greene Health Center. DOHMH does not conduct a risk assessment of LAS to identify potential challenges to providing LAS, potentially leaving programs without enough resources.

Insufficient LAS Signage and Translations

We found the LAS signage at the Morrisania Chest Center was not prominently displayed, as required by Local Law 30. Consequently, patients with LEP may be unaware that they could communicate their need for LAS (see Figures 4 and 5). While the Morrisania Chest Center has signage and Language ID Sheets regarding the availability of LAS, these signs were not visible at the front desk entrance or at the registration desks (see Figures 6 and 7). While staff stated that the Office of External Affairs conducts a walkthrough of the facility at the time of the annual LAS training to review signage, the issue remains.



Figures 4 and 5 – The front desk at the Morrisania Chest Center has no LAS poster or Language ID Sheet posted.

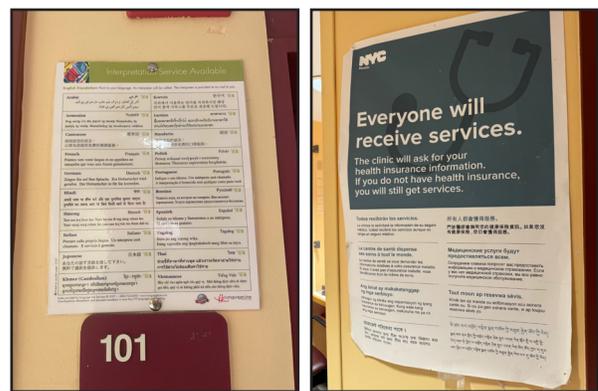


Figure 6 (left) – The Language ID Sheet (listing 20 languages) is posted in a hallway at the Morrisania Chest Center, but is not near a registration window. **Figure 7 (right)** – One registration window at Morrisania Chest Center has a poster stating, “Everyone will receive services.” However, only eight languages are listed.

Public Feedback Complaints

We conducted site visits to 10 DOHMH facilities between April and September 2024 and interviewed program managers and staff to gather information on how they collect feedback or complaints from clients. We found that while eight of the 10 facilities displayed feedback signage, two did not. However, among the eight facilities that did display feedback signage, five posted feedback information only in English.

QR Code Complaints

DOHMH’s 2019 Annual Report on the Implementation of Language Access states that the public can submit a complaint by completing the “Email the Commissioner” webform available on the “Contact the Health Department” webpage. We observed that the Office of Vital Records had a QR code to this DOHMH webpage posted in English in one of three service areas (Public Service Operations unit). DOHMH officials emphasized that clients can also provide feedback through the vendor’s system in addition to emailing DOHMH directly. However, DOHMH does not maintain separate records for complaints related to LAS, regardless of how they are submitted.

In addition, we visited four Sexual Health Clinics and the Fort Greene Health Center Immunization Clinic and observed that all five facilities had a QR code linking to a “Patient Satisfaction Survey.” However, the signs were only in English (see Figure 8). In response, DOHMH officials stated they were reviewing the signage layouts in order to add multilingual prompts, which were implemented across all clinics in February 2025.

At facilities without the QR code survey visibly posted, alternative feedback options were available, but these options lacked accessibility for LEP clients. For example, the Corona Chest Center provided a feedback box, but this box did not include multilingual signs, potentially limiting accessibility for non-English speakers (see Figure 9).

311 and Other Complaints

DOHMH’s Language Access Implementation Plan also states that complaints about LAS can be submitted through 311 and will automatically be routed to the LAS manager and coordinator. During our site visits, we observed that only two of the 10 facilities—the Morrisania Chest Center and the Jamaica Sexual Health Clinic—displayed signage about the 311 complaint channel. However, the signs were only in English and Spanish.

In addition, we also found the Customer Service Center (Bureau of Food Safety and Community Sanitation) and the Brownsville Neighborhood Health Action Center did not have visible signage for submitting complaints or providing feedback. The absence of posted complaint options limits clients’ awareness of available feedback options, not only for LEP clients, but for all visitors.

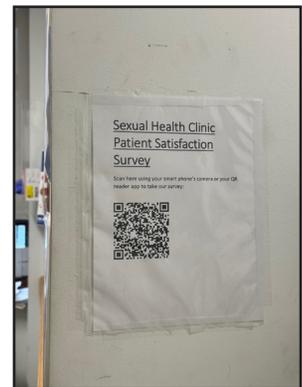


Figure 8 – DOHMH’s Sexual Health Clinic Patient Satisfaction Survey QR code sheet.



Figure 9 – Complaint poster and feedback box at Corona Chest Center, in English.

Teenspace (Online) Language Access Challenges

NYC Teenspace, powered by Talkspace and launched in November 2023, is a DOHMH program that offers free online mental health services for teenagers ages 13–17 living in New York City. However, the program’s website currently restricts sign-up options to only two languages: English and Spanish. Despite Talkspace representatives stating they provide therapy in over 30 different languages, the Teenspace website does not have a diverse set of available language options during the sign-up process. Although clients can reach out to Talkspace’s customer service to request services in other languages, this option is not clearly indicated online, creating a barrier for non-Spanish and non-English speakers. This lack of accessibility could lead to many teens with LEP not utilizing the available services.

DOHMH stated it will ask Talkspace to post a statement in the top languages spoken in NYC on the page directing users to customer service if they need languages other than English and Spanish.

Oversight of Staff and Delivery of LAS at Food Establishments

Food Service Establishment Survey

LAS is critical to DOHMH’s food establishment inspection process, ensuring both consistent enforcement of food safety regulations and equitable treatment for operators with LEP. Without providing LAS, DOHMH cannot guarantee all operators a fair opportunity to understand and comply with the rules, regardless of their native language.

Local Law 14 of 2023⁴ states that City agencies have to distribute “a physical copy of the bill of rights to business owners, managers, or relevant employees at the beginning of every inspection...If the business owner or manager is not present at the time of inspection, the relevant agency shall leave such physical copy at the establishment at the time of inspection and may also provide an electronic copy.” The Business Owner’s Bill of Rights is a document that informs business owners that they will receive polite and professional treatment from City workers, fair and knowledgeable inspectors, information about inspections, and the right to contest violations. The Business Owner’s Bill of Rights also states that if needed, the inspector will use a language assistance program to communicate with the relevant business owner or employee. DOHMH food establishment inspectors should, therefore, ensure the business owner/manager and relevant employees have a copy of the Business Owner’s Bill of Rights and that clients with LEP know about DOHMH’s LAS.

⁴ Local Law 14 of 2023 amended Local Law 90 of 2013. While Local Law 90 did not explicitly reference a “Business Owner’s Bill of Rights,” it included similar requirements for informing food establishment owners and operators of their rights.

We selected and visited a judgmental sample of 50 food establishments—restaurants, grocery stores, bakeries, cafeterias, and delicatessens—across the five boroughs, that specialized in Chinese and Spanish food, and spoke with a cross-section of owners and employees. Thirty-one individuals identified themselves as having LEP, and 12 of the 31 told us they were unaware of the availability of LAS. Food establishment employees also explained that if an interpretation was needed, inspectors would usually call the establishment owner to interpret or find an employee who spoke English. We noted that DOHMH food inspectors’ training materials prioritize using Vendor A (one of DOHMH’s interpretation vendors) when interpretations are needed, rather than relying on food establishment staff, as indicated in the Language Access Protocols. We informed DOHMH of this discrepancy but did not receive confirmation about the appropriate order of operations. We also showed the Business Owner’s Bill of Rights—a legally mandated DOHMH document—to individuals at all 50 of the surveyed food establishments and asked them if they had seen this document or were aware of it. Forty-seven (94%) stated they had never seen the document.

Food Establishment Inspection Data

We judgmentally selected 6 months of food establishment inspection data from the five boroughs for 1 month in each year of our scope period (2019–2024). We reviewed a total of 3,664 food establishment inspection records over the 6 years. This data was provided by DOHMH’s Bureau of Food Safety and Community Sanitation. Our analysis focused on the availability of LAS and whether business owners received the Business Owner’s Bill of Rights or were otherwise informed of their rights, as reported by food inspectors.

We found the inspection reports did not have a dedicated field for documenting language-related information, making it difficult to track if LAS was provided and to identify trends. Instead, food inspectors told us they would make note of the food operator’s English proficiency in the reports. Of the 3,664 inspection reports we reviewed, we found that 3,451 reports stated that the food operators were comfortable with English, 91 indicated they were not comfortable with English, and 122 contained no such information. In addition, we found the existing training guidelines lack clarity regarding bilingual inspectors directly communicating with or providing interpretation for food operators with LEP, potentially leading to inconsistent practices. For example, Vendor A was only used 44 of the 91 times that an interpreter was requested for an inspection. Finally, we also found that 3,503 inspection reports (96%) did not indicate that the Business Owner’s Bill of Rights was provided or that owners were informed of their rights.

Many food operators were unaware of the available LAS options due to a lack of multilingual communication from DOHMH inspectors, which could lead to misunderstandings, compliance issues, and increased stress for food operators. Also, insufficient access to translated versions of the Business Owner’s Bill of Rights leaves non-English-speaking food establishments without crucial information. DOHMH responded that it will remind food safety inspectors of its commitment to LAS and to provide the Business Owner’s Bill of Rights during inspections.

Regarding the recording of LAS issues in the inspection data, DOHMH officials advised us they will assess the cost and the benefit of adding a field to record English proficiency. Further, DOHMH officials stated they will update training and protocols to ensure consistency.

We also found the Bureau of Food Safety and Community Sanitation, where DOHMH provides customer service to the food operators, did not have a satisfaction QR code survey or a complaint box, further restricting accessible feedback options for clients with LEP. Without translated signage about various feedback methods, people with LEP clients working at or owning food establishments may be discouraged from filing complaints about LAS offered during inspections.

OSC LAS Survey

DOHMH Language Access Protocols (2020) prohibit staff from turning away a client on the basis of their preferred language, and require staff to determine and provide LAS to meet LEP needs. DOHMH’s Language Access Policy mandates translating essential communications intended for the general public into any language spoken by at least 1% of the City’s population with LEP, based on census data.

To further assess the availability and efficiency of LAS provided by DOHMH, we conducted an anonymous unannounced survey of a judgmental sample of four of the 21 DOHMH public-facing facilities. Our survey entailed telephone calls and webpage reviews by bilingual and multilingual OSC auditors who attempted to receive interpretation services and basic information about the programs (see Table 6). The survey was conducted in July, August, November, and December of 2024. The surveyors contacted DOHMH programs and spoke a non-English language or minimal English to experience, as closely as possible, what an LEP individual experiences when trying to access LAS and get information in their languages. OSC auditors also reviewed DOHMH program webpages for translated fact sheets and applications. In total, 18 OSC auditors participated, covering 12 different languages and dialects,⁵ making 38 calls, and reviewing 22 webpages.

Table 6 – Office of the State Comptroller’s LAS Survey

Facility	Location	Languages
Office of Vital Records	Manhattan	Chinese (Fuzhounese), French, Haitian Creole, Mandarin, Polish, Russian, Spanish
Customer Service Center (Bureau of Food Safety and Community Sanitation)	Manhattan	Chinese (Fuzhounese), Mandarin, Punjabi, Russian, Sicilian, Spanish
Fort Greene Health Center Immunization Clinic	Brooklyn	Chinese (Fuzhounese, Hakkanese), Hindi, Mandarin, Polish, Tagalog, Yoruba
East Harlem Asthma Center of Excellence	Manhattan	Mandarin, Spanish, Yoruba

⁵ Chinese dialects (Fuzhounese, Hakkanese), French, Haitian Creole, Hindi, Mandarin, Polish, Punjabi, Russian, Sicilian, Spanish, Tagalog, and Yoruba.

LAS Survey Results

While auditors were provided with interpretation and received requested information on 13 calls, they encountered difficulties on the remaining 25 calls (66%). Barriers to accessing information included DOHMH staff not attempting to connect the caller to an interpreter and complicated voicemail systems for clients with LEP to navigate. Specifically, we found:

- **No attempt by DOHMH staff to connect to an interpreter on five calls:** DOHMH staff hung up on and claimed they could not assist several auditors who stated that they did not speak English. Some auditors were told to call back on a different day when bilingual DOHMH staff would be present, with no attempt to connect to an interpreter.
- **DOHMH’s automated call systems and voicemails were challenging to navigate on 12 calls, and six other calls were abruptly disconnected:** Auditors who speak Chinese, Spanish, and Yoruba called the East Harlem Asthma Center of Excellence and found its voicemail system had prompts only in English, no available operator, and no way to leave a voicemail because the mailbox was full. An auditor who speaks Spanish called the Office of Vital Records, and while the recorded message had an option for Spanish, the call dropped after they selected Spanish; this occurred several times.
- **Extended wait times for dialects on two calls:** Auditors who speak Fuzhounese and Hakkanese called the Fort Greene Health Center Immunization Clinic and were informed the interpreter was working with other clients. A Fuzhounese interpreter was connected to the call after 20 minutes. A Hakkanese interpreter was not found after 20 minutes, and the Fort Greene Health Center Immunization Clinic ended the call.
- **Missing translations on webpages:**⁶ We reviewed 22 webpages related to the four programs called during the LAS survey and found that multiple documents on DOHMH’s website have translated fact sheets and applications available. However, some documents do not have translations for all designated City-wide languages or had no translations at all. The “Mother/Parent Worksheet” and “Certificate of Still Birth or Spontaneous Termination of Pregnancy Application” are only available on the Office of Vital Records’ site in English. On the Food Safety webpage, the “Mobile Food Vending Inspection Scoring Parameters: A Guide to Conditions” is also only available in English. The “Letter Grading for Mobile Food Vending Units: What Vendors Need to Know” is only available in English, Arabic, and Bengali. Untranslated documents can limit the access of LEP clients to important health, legal, and business-related information.

Overall, we found that not all DOHMH staff were aware of or adhere to the agency’s Language Access Protocols (2020), and the accessibility of messaging systems for LEP clients had not been evaluated. Inaccessible phone lines and voicemail systems can complicate the process of contacting DOHMH and accessing services.

6 Website information as of April 2025.

Recommendations

1. Develop a system-wide database for collecting and tracking clients' language preferences across all facilities, and collaborate with vendors to gather relevant data on LAS delivery and unfulfilled requests.
2. Develop procedures for updating language information received from City-wide sources.
3. Ensure that PASSPort performance evaluations are completed timely, and complete the missing evaluations.
4. Ensure all communications geared toward the LEP community, including automated call and voicemail systems, LAS signage such as the patient satisfaction survey, QR code survey signage, and feedback boxes are available in the appropriate multiple languages, and are always accessible.
5. Improve the documentation of preferred languages and the provision of LAS.
6. Ensure all bilingual staff who provide interpretation services complete DOHMH's fluency assessment.
7. Assess the LAS equipment and connection needs for each program and facility periodically to ensure access to LAS.

Audit Objective, Scope, and Methodology

The objective of this audit was to determine if DOHMH is adequately serving the needs of individuals with LEP, complying with State regulations and local laws, and providing sufficient oversight of LAS. The audit covered the period from January 2019 through December 2024.

To accomplish our objective and evaluate internal controls, we interviewed DOHMH officials, including facility-level staff such as Nurse Supervisors, Clinic Managers, and Directors. We also reviewed relevant laws, vendor contracts, facility-level LAS data, LAS invoices, food inspection data, Annual Reports, PASSPort performance evaluations, and DOHMH procedures to support our conclusions.

We used a non-statistical sampling approach to provide conclusions on our audit objectives and to test internal controls and compliance. We judgmentally selected different samples to review DOHMH's oversight of LAS. Because we used a non-statistical sampling approach, the results of our judgmental samples cannot be projected to the respective populations. Our samples, which are discussed in detail in the body of our report, include:

- A judgmental sample of 15 of 21 DOHMH public-facing facilities and five of 10 DOHMH public-facing programs to assess the documentation of LAS based on the LAS demand.
- A judgmental sample of 10 of 21 DOHMH public-facing facilities for site visits, in communities that have relatively high demand for LAS, to better assess compliance with and effectiveness of the LAS operations and learn how staff provide LAS, including the resources made available to LEP clients.
- A judgmental sample of five commercial areas selected based on borough and language spoken (Chinese or Spanish) in that area, with 10 food establishments (e.g., restaurants, grocery stores, delicatessens) visited in each commercial area for a total of 50 food establishments to survey.
- A judgmental sample of 6 of 69 months of food establishment inspection data from the five boroughs covering the period from January 2019 through September 2024. The sampled months were chosen from different months across the years to provide broad coverage of inspection activity. We had to revise our initial sample selection because there was no inspection data for the beginning of 2020.
- A judgmental sample of four of 21 DOHMH facilities based on type of program and location to survey access to over-the-phone interpretation and the availability of translated documents online.

We obtained data from various systems maintained by DOHMH (TB UEMR, Sexual Health Clinics' EMR, and Screening and Immunization System). We assessed the reliability of the data by reviewing existing information and interviewing officials knowledgeable about the information in the various systems. We determined that the data from these systems (TB UEMR, Sexual Health Clinics' EMR, and Screening and Immunization System) was sufficiently reliable for the purposes of this report. We relied on data from the food establishment inspection records.

However, because the data is directly entered into the system, we could not test accuracy and completeness. We restricted our findings to the fields within the data and not the data itself. Certain other data in our report was used to provide background information. Data that we used for this purpose was obtained from the best available sources, which were identified in the report. Generally accepted government auditing standards do not require us to complete a data reliability assessment for data used for this purpose.

As part of our audit procedures, the audit team used data visualization software to enhance understanding of our report (see our interactive maps linked in the Background).

Statutory Requirements

Authority

The audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article III of the General Municipal Law.

We conducted our performance audit in accordance with generally accepted government auditing standards. These standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained during our audit provides a reasonable basis for our findings and conclusions based on our audit objective.

As is our practice, we notify agency officials at the outset of each audit that we will be requesting a representation letter in which agency management provides assurances, to the best of their knowledge, concerning the relevance, accuracy, and competence of the evidence provided to the auditors during the course of the audit. The representation letter is intended to confirm oral representations made to the auditors and to reduce the likelihood of misunderstandings. Agency officials normally use the representation letter to assert that, to the best of their knowledge, all relevant financial and programmatic records and related data have been provided to the auditors. They affirm either that the agency has complied with all laws, rules, and regulations applicable to its operations that would have a significant effect on the operating practices being audited, or that any exceptions have been disclosed to the auditors. However, officials at the New York City Mayor's Office of Operations have informed us that, as a matter of policy, mayoral agency officials do not provide representation letters in connection with our audits. Therefore, we lack assurance that the information provided to us during the course of our audit was reliable, accurate, and complete.

Reporting Requirements

A draft copy of this report was provided to DOHMH officials for their review and comment. Their comments were considered in preparing this final report and are attached in their entirety at the end of the report. DOHMH officials generally agreed with the report's recommendations and indicated actions they have taken or will take to implement them. Our response to certain remarks is embedded in DOHMH's response as a State Comptroller's Comment.

Within 180 days after final release of this report, we request that the Commissioner of the New York City Department of Health and Mental Hygiene report to the State Comptroller, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons why.

Exhibit A

DOHMH Public-Facing Facilities

Bureau	Type	Facility Name	Borough
Food Safety and Community Sanitation	Non-Clinical	Customer Service Center	Manhattan
Bronx Neighborhood Health	Non-Clinical	Tremont Neighborhood Health Action Center	Bronx
Brooklyn Neighborhood Health	Non-Clinical	Bedford Health Center	Brooklyn
	Non-Clinical	Brownsville Neighborhood Health Action Center	Brooklyn
	Non-Clinical	Bushwick Health Center	Brooklyn
Harlem Neighborhood Health	Non-Clinical	East Harlem Neighborhood Health Action Center	Manhattan
	Non-Clinical	East Harlem Asthma Center of Excellence (EHACE)	Manhattan
Finance and Administration Services (BFAS)	Non-Clinical	Jamaica Health Center: Office of Health Insurance Services*	Queens
Public Health Clinics (BPHC)	Clinical	Fort Greene Health Center Immunization Clinic (FGIC)	Brooklyn
	Clinical	Central Harlem Sexual Health Clinic	Manhattan
	Clinical	Chelsea Express Clinic (<i>Sexual Health</i>)	Manhattan
	Clinical	Chelsea Sexual Health Clinic	Manhattan
	Clinical	Corona Sexual Health Clinic	Queens
	Clinical	Fort Greene Express Clinic (<i>Sexual Health</i>)	Brooklyn
	Clinical	Fort Greene Sexual Health Clinic	Brooklyn
	Clinical	Jamaica Sexual Health Clinic	Queens
	Clinical	Morrisania Sexual Health Clinic	Bronx
	Clinical	Corona Chest Center (<i>TB Chest</i>)	Queens
	Clinical	Fort Greene Chest Center (<i>TB Chest</i>)	Brooklyn
	Clinical	Morrisania Chest Center (<i>TB Chest</i>)	Bronx
Vital Statistics, Center for Population Health Data Science	Non-Clinical	Office of Vital Records	Manhattan

* DOHMH health insurance counselors are also located at these DOHMH facilities: Morrisania Health Center, Tremont Neighborhood Health Action Center, Bedford Health Center, Bushwick Health Center, and Fort Greene Health Center.

Exhibit B

DOHMH Public-Facing Programs

Bureau	Program Name
Child Care	Child Care Inspections
Children, Youth and Families	NYC Teenspace
Environmental Health Administration	Office of Permits and Licenses*
Food Safety and Community Sanitation	Health Academy
	Food Establishment Inspections
Maternal, Infant and Reproductive Health	Early Intervention Program
	Nurse Family Partnership
	Newborn Home Visiting Program
Mental Health	Resilience Trainings and Workshops
Veterinary and Pest Control Services	Rat Academy

* Oversees all permits and licenses DOHMH is responsible for issuing, e.g., dog licenses, animal shelter permits, restaurant permits, and barbershop permits.

Agency Comments and State Comptroller's Comment



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Michelle Morse, MD, MPH
Acting Commissioner
Gotham Center

42-09 28th St.
Long Island City, NY 11101

January 23, 2026

Andrea C. Miller
Executive Deputy Comptroller for
State Government Accountability
Office of the New York State Comptroller
110 State Street, 11th Floor
Albany, NY 12236

Re: Response to Draft Audit Report on The Department of
Health and Mental Hygiene's Oversight of Language
Access Services
Report 2024-N-2

Dear Andrea Miller:

The NYC Department of Health and Mental Hygiene (the Health Department) reviewed the draft audit report on Oversight of the Health Department's Oversight of Language Access Services. The objective of the audit was to determine whether the Health Department is adequately serving the needs of individuals with limited English proficiency (LEP), complying with State regulations and local laws, and providing sufficient oversight of LAS. The audit covered the period from January 2019 through December 2024.

The Health Department appreciates the auditors' efforts during the audit process and their courtesy and professionalism.

Attached is the Health Department's response to the draft audit report. If you have any questions or need further information, please contact Sara Packman, Assistant Commissioner, Audit Services, at spackman@health.nyc.gov or at (347) 396-6679.

Sincerely,

A handwritten signature in black ink, appearing to be 'Michelle Morse'.

Michelle Morse MD, MPH
Acting Commissioner

CC:

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Response to the Office of the New York State Comptroller on the New York City Department of Health and Mental Hygiene’s Oversight of Language Access Services

Audit Number 2024-N-2

The New York City Department of Health and Mental Hygiene (NYC Health Department or Health Department) reviewed the draft report on the Health Department’s oversight of language access services (LAS). The objective of the audit was to determine whether the NYC Health Department is adequately serving the needs of individuals with limited English proficiency (LEP), complying with State regulations and local laws, and providing sufficient oversight of LAS. The audit covered the period from January 2019 through December 2024.

The State Comptroller’s auditors conclude that the NYC Health Department’s administration and operation deficiencies could lead to the agency’s potential noncompliance with relevant standards and local laws. The Health Department does not have a centralized system for collecting LAS data and consistent procedures for documenting requests and provisions of LAS. Through site visits and unannounced surveys of the NYC Health Department phone lines and webpages, the auditors found obstacles to accessing LAS.

We thank the auditors for their comprehensive report and for identifying opportunities for improving LAS.

The NYC Health Department’s goal is to provide meaningful and equitable access to agency services to LEP New Yorkers by providing translation and interpretation services. The Health Department provides a broad range of services, from inspecting restaurants and supporting neighborhoods on public health issues, to operating no-cost health clinics and performing health surveillance and research. Each program at the Health Department interacts with LEP New Yorkers in different ways. To enable quality language services, the Health Department created a consistent process and reliable mechanism for all agency programs to submit requests in order to provide quality translation and interpretation services. The Health Department is committed to providing quality LAS and will continue to enhance its systems and standardize processes.

The auditors make seven recommendations; the NYC Health Department generally agrees with all seven. The following pages contain the Health Department’s response to the auditors’ recommendations.

The NYC Health Department’s Response to the Auditors’ Recommendations

1. Develop a systemwide database for collecting and tracking clients’ language preferences across all facilities and collaborate with vendors to gather relevant data on LAS delivery and unfulfilled requests.

The Health Department’s Response: We agree in part with this recommendation.

The Health Department acknowledges that improved data collection of clients’ language preferences across the agency is essential for meaningful oversight of LAS delivery. However, given the Health Department’s large number of programs, some with very different collection and reporting data systems, a single centralized system may not be technically feasible or cost effective. Instead, we will design and implement a coordinated approach in which each program captures a client’s language preference data in their existing systems or data collection mechanisms with standardized reporting to the Health Department’s Office of External Affairs (OEA).

The Health Department will collaborate with our LAS vendors to obtain relevant data on LAS delivery and unfulfilled requests (such as calls with long wait times and dropped calls). We will do this to the extent feasible. For example, the database used for restaurant inspections was launched in 2010, and making changes in this outdated technology is difficult and costly. Currently this information is captured manually, and we are not able to generate reports.

State Comptroller’s Comment – We encourage DOHMH officials to continue exploring and developing new systems and technologies that better centralize LAS data reporting, enabling adaptability to the evolving needs of LEP clients and strengthening oversight of services.

2. Develop procedures for updating language information received from citywide sources.

The Health Department’s Response: We agree with this recommendation.

Our current immunization records system, the Citywide Immunization Registry (CIR), electronically feeds the Immunization Clinic’s electronic medical records (EMRs). Thus, our staff at the Immunization Clinic can’t update the language field if it comes over as “unknown” from the CIR. As reported to the auditors, the Health Department will be implementing a new electronic health record system with industry standards for documenting patients’ demographic data. The new system will replace the Immunization Clinic’s EMR system and will allow us to include a language preference field to collect this data.

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3. Ensure that PASSport performance evaluations are completed on time and complete the missing evaluations.

The Health Department’s Response: We agree with this recommendation.

The Health Department will complete the two missing performance evaluations. Going forward, we will ensure that performance evaluations are completed timely in the City’s Procurement and Sourcing Solution Portal (PASSPort).

4. Ensure all communications geared toward the LEP community, including automated call and voicemail systems, LAS signage such as the patient satisfaction survey, QR code survey signage, and feedback boxes, are available in the appropriate multiple languages and are always accessible.

The Health Department’s Response: We generally agree with this recommendation and corrected some of the findings as follows.

The multilingual signage with the QR codes was implemented in all the public health clinics in February 2025. At the end of September 2025, the previous Feedback posters posted in various clinics were replaced and placed in areas visible to patients. Additional Feedback posters were posted throughout the Health Department’s public health clinics and facilities. The attachment to our response includes pictures taken to demonstrate the Health Department’s consideration and commitment to obtain feedback from New Yorkers with LEP.

Multilingual “Talk to Us” posters are visibly posted at patient-facing areas across all of our clinical sites. These posters explain how patients can provide feedback, which includes submitting the patient satisfaction survey, and how to file a complaint or a compliment. Signage is translated into more than a dozen languages and is accessible via a QR code. We have previously provided a list of the 13 languages in which we translate all of our essential agency documents but can provide the list again if requested.

Regarding the Bureau of Food Safety office and communication: Following feedback from the auditors, a sign with a QR code for the NYC Customer Service Survey was posted in the Bureau of Food Safety’s Customer Service Office. Signage that directs customers to the Customer Service Office promotes accessibility by using pictures of restaurants and mobile food vending carts. The Office also is staffed by bilingual customer service experts.

All required language access signage is posted in the Customer Service Office:

- I Speak Cards
- Language Access Client Brochures
- Language Access Right to Free Language Services Poster
- Language ID Sheets Sign
- LanguageLine Dual Headset Phones

5. Improve the documentation of preferred language and the provision of LAS.

The Health Department's Response: We agree with this recommendation.

The Health Department is committed to providing LAS and providing a copy of the Business Owner Bill of Rights at any inspection and will continue to train staff about these mandates.

Regarding the recording of LAS issues in the restaurant inspection data, as noted in the draft report, the Health Department will update its training and protocols and assess the cost and the benefit of adding a field to record a client's English proficiency.

Regarding the auditor's surveys, the Health Department cannot evaluate the auditor's assessment that some restaurant operators or staff were not aware of LAS or the Business Owner Bill of Rights because the auditor did not share details of the interviews, such as whether the person interviewed was the same person who was at the inspection or the time between the inspection and the auditor interview.

The Bill of Rights is printed in multiple languages and is provided at the beginning of inspections, posted on the Food Operators webpage of the Health Department's website, and made available in print in the Bureau of Food Safety's Customer Service Office.

The Health Department's Nurse-Family Partnership's electronic documentation system (called FLO) currently allows the agency to write a note when language access services have been used; however, the program is unable to generate a report. The Health Department will work with the vendor (Bonterra) to make preferred language a reportable field.

The Health Department's public health clinics have updated one of its three EMR systems, which now has integrated the required language preference field in the Tuberculosis Chest Centers clinic system as of fall 2025. Each medical provider will now be required to fill the required field and answer whether language services were requested. In addition, a weekly report has been implemented to assess language support services documentation by clinic location and provider in order to identify any oversight in documentation and address oversight in a timely manner.

The Health Department's Sexual Health Clinics EMR is being upgraded and will incorporate language preference as a required field by the middle of calendar year 2026.

The Health Department's Health Action Centers provide services in multiple languages on phones through LanguageLine and through in-person interpretation at the service delivery point. The Health Action Centers have high utilization of in-person interpreters. However, documentation of language preferences has not been systematic. The Health Department aims to have the language preference field on paper and virtual formats at all the Health Action Centers by Fall 2026.

In response to the auditor's observation regarding sign-up options on the NYC Teenspace program's website, the Health Department's Bureau of Children, Youth and Families reached out to its provider Talkspace and requested that Talkspace more clearly instruct users on how to access support in languages other than English and Spanish. Talkspace has been responsive to the Health Department's request and will update the website's landing page with questions and answers that include "Are there providers who speak languages other than English?" The response now includes a link and a number to call if the user needs languages other than English:

"Talkspace has therapists that can provide therapy in over 30 different languages and has translation support available in 120 languages. If your teen would like a provider who speaks a language other than English, or requires translation support, contact our team here or call +1 (888)-846-4821."

The Health Department's Bureau of Early Intervention conducts Individualized Family Service Planning (IFSP) meetings with families in the family's preferred language, using LanguageLine. Effective immediately, Health Department staff will document the language of the meeting and the use of LanguageLine in the final IFSP document, which is provided to the family and maintained in Health Department records.

6. Ensure all bilingual staff who provide interpretation services complete the Health Department's fluency assessment.

The Health Department's Response: We agree with this recommendation.

The Health Department agrees that only staff who have completed the agency's fluency assessment and have been approved to provide interpretation services should provide those services. OEA's Language Services team will work with relevant programs to remind leadership about the mandated requirements and to promote participation in the fluency assessment program.

The Health Department's Nurse-Family Partnership will ascertain that all staff providing interpretation services have completed the fluency assessment and have been approved to provide interpretation services.

The Health Department's public health clinics staff have also been informed that only certified interpreters are allowed to interpret during a medical visit and document it accordingly in the EMR. The list of all certified public health clinic staff has been shared with managers to allow only certified interpreters to interpret. For staff who are not yet certified but wish to be, we are currently working with OEA's Language Services team to arrange for those individuals to become certified.

The Health Action Centers have high utilization of in-person professional interpreters. However, we will revisit these processes with bilingual staff and explore the option of having bilingual staff take the fluency assessment to ensure quality of interpretation services.

As mentioned, the Health Department's Bureau of Early Intervention conducts IFSP meetings with families in the family's preferred language, using LanguageLine. Health Department staff do not facilitate meetings in a language other than English, even if they speak the family's preferred language, but rely on simultaneous interpretation of the meeting conversation via our telephonic vendor LanguageLine.

7. Assess the LAS equipment and connection needs for each program and facility periodically to ensure access to LAS.

The Health Department's Response: We agree with this recommendation.

The Health Department's OEA has centralized translation services within the agency and oversees and supports the Health Department's use and delivery of language services throughout the agency, including the acquisition of LAS equipment.

Each program, however, budgets for and funds language services, including equipment and infrastructure to support language services. Technical equipment-related challenges or support issues are addressed by the Division of Information Technology. OEA has, however, been able to support several sites with overcoming their technical challenges. The Morrisania and Jamaica Sexual Health Clinics were having issues with Wi-Fi connectivity, so OEA helped them procure a hot-spot router for each clinic, which has allowed these clinics to provide video interpretation and ASL services to clients.

The issues mentioned in this preliminary report regarding LAS equipment were due to lack of funding or procurement challenges within the program and physical barriers to connectivity in the clinics.

To address the auditors' findings, OEA's Language Access team will work with the Health Department programs to conduct periodic risk assessment evaluations to identify LAS challenges throughout the agency.

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THE HEALTH DEPARTMENT'S OVERSIGHT OF LANGUAGE ACCESS SERVICES**

The following pictures were taken at various clinics to demonstrate our consideration and commitment to obtain feedback from New Yorkers with LEP. These pictures present evidence that the Health Department has been addressing the auditors' findings.

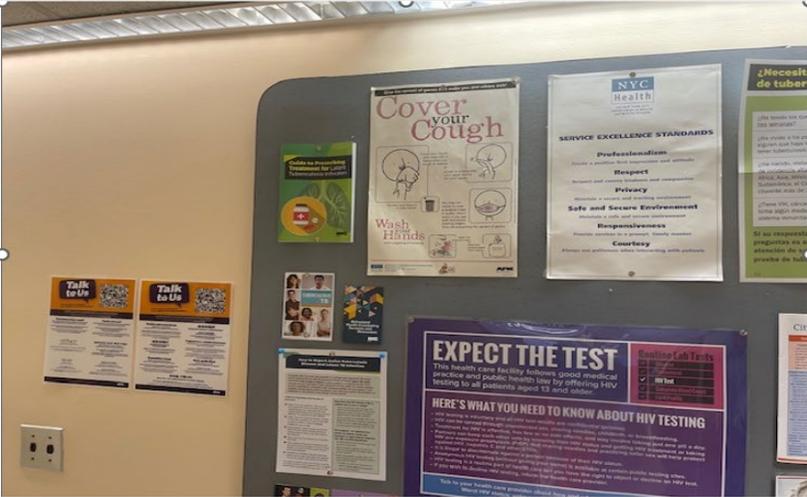
Multilingual "Talk to Us" Posters are visibly posted at patient-facing areas across clinical sites. These posters explain how patients can provide feedback, which includes submitting patient satisfaction survey, file a complaint and a compliment. Signage is translated into more than a dozen languages and accessible via QR code.

Picture of- Talk to Us Poster with QR Code	Location / Program	Date Picture taken
	Fort Greene- front security entrance	10/3/2025
	Fort Greene- Immunization front desk	10/3/2025

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		Fort Greene- Sexual Health Clinic	10/3/2025
		Fort Greene- Elevator	10/3/2025
		Riverside- Tuberculosis Clinic- near waiting area	9/30/2025
		Chelsea- Sexual Health Clinic waiting area	9/30/2025

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	<p>Central Harlem-Sexual Health Clinic waiting area</p>	<p>9/30/2025</p>
	<p>Morrisania-Tuberculosis Clinic</p>	<p>9/25/2025</p>

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Jamacia- Sexual Health	9/25/2025
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