



BUILDING BRIDGES: INCREASING LANGUAGE ACCESS FOR THE ASIAN PACIFIC AMERICAN COMMUNITY OF NEW YORK CITY

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In New York City, the Asian Pacific American community is being denied vital services due to the inability of providers to communicate effectively in a language that is comfortable for these children and families. Language access to the education, child welfare, and mental health systems remains grossly unavailable to Asian Pacific Americans, who by percentage are the city's fastest growing community according to the 2000 Census. Of all racial groups in New York City, Asian Pacific Americans have the highest percentage (28 percent) to speak English "not well" or "not at all".¹ More than 50 of the over 200 languages spoken in New York City are Asian languages, including Bengali, Chinese, Hindi, Japanese, Korean, Tagalog, Urdu, and Vietnamese.

Although the city's education, child welfare, and mental health systems are beginning to comply with federal, state, and local laws on language access, these laws remain insufficient in meeting the language needs of Asian Pacific American families. The laws do not clarify how agencies should ensure meaningful communication with limited English proficient individuals at all points of contact in a timely manner. There are also few ways to enforce and monitor compliance with these language access laws. As a result, Asian Pacific American families depend on children to be interpreters, which can place an undue burden on the children and have an adverse effect on parent-child dynamics. Language barriers to essential systems of care in New York City can be devastating to a child's development and future well-being.

This policy brief:

- ❖ Examines the language barriers that Asian Pacific American children and families face when interacting with the education, child welfare, and mental health systems of New York City.
- ❖ Describes the relevant federal, state, and local laws mandating translation and interpretation services.
- ❖ Analyzes the actions being taken in New York City to provide language assistance services.
- ❖ Provides policy recommendations on improving language access for the diversifying and growing Asian Pacific American community.

“No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

Title VI, 1964 Civil Rights Act

Table 1: Federal, State, and Local Language Access Laws

SYSTEM	LAW	PROVISIONS
FEDERAL		
Education	Title I, No Child Left Behind Act of 2001	Requires school systems to offer means for the participation of LEP parents in their child's school in a language that they understand (NCLB, 2001, P.L. 107-110, Title 1, Section 1118).
Education	Title III, No Child Left Behind Act of 2001	Requires school systems to provide services for immigrant and ELL students, including information to parents in a language they understand (NCLB, 2001, P.L. 107-110, Title III, Sections 3302).
Mental Health	Culturally and Linguistically Appropriate Services (CLAS) Standards, U.S. Office of Minority Health	Offers a framework for health care organizations and providers to implement services that are responsive to the cultural and linguistic needs of diverse populations (65 Fed. Reg. 80865).
STATE		
Education	New York State Commissioner's Regulations Part 154	Requires school systems to provide services to ELL students, including notification and explanation of services to parents in a language that they understand (8 N.Y.C.R.R. § 154.3(c)).
Mental Health	New York State Public Health Law	Mandates hospitals to provide interpreter services and translation of significant forms and instructions that are regularly available for non-English speaking groups comprising more than one percent of the total hospital service area population (10 N.Y.C.R.R. § 405.7(f)).
LOCAL		
Education	New York City Regulations of the Chancellor	Requires New York City Department of Education to promote parent involvement and to communicate in languages that parents understand (e.g., CR A-443, CR A-501, and CR A-660).
Child Welfare and Mental Health	Local Law 73, Equal Access to Human Services Act of 2003	Mandates New York City Administration for Children's Services and Department of Health and Mental Hygiene to document the primary language of every individual who seeks benefits and/or services, the number of LEPs seeking or receiving ongoing benefits or services and their primary language, the staff capacity to provide language services, and the accuracy of records and translated written materials (New York City, N.Y. Administrative Code tit. 8 § 1001-1010).

LANGUAGE ACCESS: THE LEGAL FRAMEWORK

A broad array of federal, state and local laws mandates language access across

various government agencies. On the federal level, Title VI of the 1964 Civil Rights Act prohibits discrimination on the basis of race, color, or national origin by any recipient of federal funding, such as state and local educational agencies.

Under this statute, a lack of language assistance to limited English proficient (LEP) individuals can be found to be discrimination on the basis of national origin. The U.S. Department of Justice Policy Guidance, “Enforcement of Title VI of the Civil Rights Act of 1964 – National Origin Discrimination Against Persons with Limited English Proficiency,” outlines the requirements of language assistance with which agencies receiving federal funding must comply under Title VI.

State and local governments have also passed legislation addressing the language access rights of LEP individuals. Table 1 outlines federal, New York State, and New York City laws that provide standards and requirements for language access. These laws form the legal framework to analyze the language access needs of Asian Pacific American families in the education, child welfare, and mental health systems of New York City.

LANGUAGE NEEDS

Education

The New York City Department of Education (DOE) has over 1,200 public schools with over 1 million students. Asian Pacific American students comprise 13 percent of the city’s public school population, or over 139,300 students.ⁱⁱ Of Asian Pacific American elementary and middle school students in 2000-2001,

almost 40 percent were foreign-born, and almost 50 percent of these were recent immigrants, having entered the school system within the last three years.ⁱⁱⁱ

Because most Asian Pacific American students are children of immigrants or immigrants themselves, English is usually not their first language. Nearly 20 percent of the total English language learner (ELL)^{iv} student population in New York City are Asian Pacific American.^v Even students who do speak English may live in linguistically isolated homes because their parents are LEP.

Research has shown that meaningful parent involvement is crucial to ensuring student success in school. However, many Asian Pacific American and immigrant parents are unable to take part in their children’s education because of their limited English proficiency. Talking to their child’s teacher or attending school meetings becomes an almost impossible task for LEP Asian Pacific American parents. Efforts to learn more about their child’s progress are thwarted when parents are unable to read report cards, school notices, and consent forms that are only written in English.

Asian Pacific American parents often feel intimidated and embarrassed to participate in parents’ associations and volunteer at their child’s school because of their limited English proficiency. Parents are often not aware of opportunities to get involved or do not understand how to navigate through the school system due to

The parents of a Korean American student were highly dependent upon their oldest child to interpret and navigate systems. Now that the oldest child is going away for college, the responsibility has fallen upon the younger sibling. This young man with limited Korean conversational skills has devoted every Saturday to attend Korean school to prepare himself as the family interpreter.

Table 2: Linguistic Isolation^{vi} of Asian Pacific American Community of New York City

LANGUAGE GROUP	LINGUISTIC ISOLATION
Korean	49%
Vietnamese	46%
Mandarin	44%
Cantonese	41%
Japanese	40%
Bengali	31%
Punjabi	28%
Arabic	25%
Urdu	22%
Persian	22%
Hindi	13%
Tagalog	11%

Source: Asian American Federation of New York Census Information Center using 2000 U.S. Census Bureau Summary File Four Data

the lack of information in their preferred language. For example, a school in the Bronx with a large number of Vietnamese-speaking families saw their Vietnamese parent participation in the parents’ association drop when they lost their bilingual Vietnamese-English parent volunteer and, thus, their ability to communicate.

Language barriers also exist because schools have a limited number of staff who are fluent in Asian and Pacific Islander languages. Only 4.6 percent of the teaching staff in New York City public schools are of Asian descent, meaning that

an even smaller percentage is fluent in an Asian or Pacific Islander language.^{vii} The use of bilingual staff members as interpreters for LEP parents could be overwhelming to the staff and disruptive to daily responsibilities. The New York City DOE instituted a Parent Coordinator position in every school to improve language access and to act as a liaison between the school and families. However, with only one Parent Coordinator at each school, there have been limitations to providing interpretation services. Many schools have very large groups of parents who speak different languages and dialects, making it difficult for a single Parent Coordinator to handle.

A 2004 study found that parents who needed interpretation to communicate with their child’s school did not receive language assistance 60 percent of the time.^{viii} Without adequate interpreters on-site, Asian Pacific American children are called upon to interpret for their parents at school meetings and to translate messages from school. Teachers have expressed concern with this practice, citing uncertainty about the proper interpretation of the conversation as well as a negative impact on the power dynamics between parent and child.

In 2004, the New York City Department of Education created the Translation and Interpretation Unit to improve the ability of the school system to engage LEP parents and to support parental

involvement.^{ix} The Unit offers translation of central and regional documents in eight languages (Arabic, Bengali, Chinese, Haitian-Creole, Korean, Russian, Spanish, and Urdu). The Unit also contracts with private companies to offer translation in less common languages and provides interpretation services for citywide events. Schools can also make requests to the Unit for translation and interpretation services. However, because the Unit is new, time is needed to ensure that providing language assistance services become a common practice throughout the school system. The Unit will be effective if school personnel prioritize language needs and account for the time necessary to offer proper language assistance services.

Language barriers to the New York City public school system can be detrimental to the academic success of Asian Pacific American students. Nearly one-third of Asian Pacific American students fail to graduate from high school on time or at all. Current ELL students have a drop-out rate of 26.1 percent, and 42 percent of ELL students are still enrolled in school. Both percentages are higher than that of any group of students in the school system.^x Language barriers will remain if resources are not increased to meet the overwhelming language needs of Asian Pacific American parents and students.

Child Welfare

The Administration for Children's Services (ACS), New York City's child welfare

system, has reported a steady decline in the number of children in foster care over the last decade, going from 43,000 in 1995^{xi} to less than 20,000 in 2005.^{xii} Unfortunately, while the general number of children in foster care has declined, the number of Asian Pacific American children in foster care and preventive services continues to rise.^{xiii}

Currently, ACS is not fully equipped to meet the language needs of Asian Pacific American families due to the lack of bilingual staff. Families who are investigated for reported child abuse or neglect rarely come in contact with ACS agency staff who can communicate with them in their preferred language. A recent study on ACS Neighborhood Networks found that 82 percent of providers cited language barriers to serving Asian Pacific American families.^{xiv} According to the ACS Interpretation and Translation Services Report for 2004, six of the top 10 language requests for interpretation and translation are for Asian languages.^{xv} When interpreters are available, the quality of interpretation is usually poor. Interpreters sometimes use a literal translation and fail to convey the nuances and context of a situation, resulting in miscommunication between families and service providers.

ACS does not contract with enough agencies that can adequately meet the language needs of Asian Pacific American families. ACS contracts with nearly 75 agencies serving 200 sites to provide preventive services to keep children safely

When ACS took the young children from Chinese parents, the agency placed them in a non-Asian foster home far from their neighborhood, which limited the number of regular visits they could have with their children. The children over time forgot their Chinese language and heritage. During the family visits, the parents could not communicate with their children and felt estranged from them. Ultimately, the family was never able to reunite, and parental rights were terminated.

at home. ACS also contracts with over 60 agencies to provide foster care services.^{xvi} However, there are only five contracted preventive agencies that can provide linguistically and culturally appropriate services to Asian Pacific American families. Unfortunately, these contracted agencies largely serve Chinese-speaking families, leaving an enormous gap in services for families of other Asian Pacific American ethnic groups. Many Chinese speaking-families also experience long delays in accessing services.

ACS currently does not provide translated publications like The Parents' Handbook, Parents' Guide to State Laws, and Children's Rights Pamphlet into Asian and Pacific Islander languages. Asian Pacific American parents who are LEP therefore do not understand their rights and cannot advocate for the well-being of their children or themselves. For example, there have been instances where parents did not know how to locate their children after they were removed from the home due to language barriers.

In 2003, New York City passed Local Law 73 to improve language access for people seeking social services. Local Law 73 requires the Human Resources Administration (HRA), which includes welfare and food stamp offices, to provide free language assistance to LEP individuals seeking services. While Local Law 73 represents an improvement in the language assistance services available to

LEP individuals in New York City, the law is significantly limited in its reach. Specifically, the law does not require ACS, Department of Health and Mental Hygiene, and Department of Homeless Services to provide language assistance services to LEP individuals. Rather, the law only requires these three agencies to fulfill a series of recordkeeping requirements on the numbers of LEP individuals seeking services from the agency. Local Law 73 fails to recognize that Asian Pacific American and LEP families have as much contact with these three agencies as with HRA, therefore necessitating language assistance.

Language barriers to the child welfare system can have devastating consequences for Asian Pacific American families who cannot access services in their primary language in a timely manner. Families who are mandated to receive child welfare services have difficulty fulfilling their requirements because of language barriers or long waitlists. For families in preventive services, this can lead to the removal of their children. For families with children in foster care, this can lead to the termination of parental rights. The well-being of a child will continue to be compromised if interpretation and translation services for LEP families are not improved.

Mental Health

The Department of Health and Mental Hygiene (DOHMH), New York City's

public health system, provides public health and mental hygiene services directly and through contracts with community based organizations. However, despite having an extensive network of mental health programs serving children and their families, there remains a disparity among the populations accessing these programs. The New York State Office of Mental Health reported that only 2 percent of children receiving licensed mental health services are Asian Pacific American, even though Asian Pacific American children account for almost 10 percent of all children in New York City.^{xvii}

Language barriers adversely affect one's ability to make informed medical decisions and to access appropriate care. A 2004 study found that in four New York City hospitals, 25 percent of LEP patients did not understand their diagnosis or treatment, and 9 percent of LEP patients had medical decisions made without their consent.^{xviii} These situations are even more pronounced among Asian Pacific American patients. Limited English proficient parents in these situations find themselves relying heavily on their children or other family members to interpret medical information presented by the physician, often leading to misinterpretation of the information presented.

Parental English proficiency has been shown to impact a child's health and can promote or hinder access to appropriate, timely care for children. In a recent study, children of LEP parents were three times

more likely to be in "fair to poor health" than children of English proficient parents.^{xix} LEP Asian Pacific American parents tend to delay seeking medical attention for themselves and their children until symptoms reach crisis proportions. According to Asian Life Net, an Asian language mental health hotline, one in every 30 Asian language calls received by the hotline required emergency response, compared to one in 60 for Spanish and one in 70 for English. Waiting until the problem becomes a crisis situation not only has more severe psychological effects on the children and family, but also requires more intensive and often more costly care to resolve the issue.

Language barriers also complicate scheduling routine or follow-up appointments and navigating the payment system. In situations where language is not an obstacle to seeking care, Asian Pacific American families experience long delays – often weeks or months – before they are able to schedule an appointment with a provider with the appropriate language skills.^{xx}

Similar to ACS, DOHMH is mandated by Local Law 73 to fulfill a series of recordkeeping requirements on the numbers of LEP individuals seeking services from the agency. Yet, the law does not require DOHMH to provide language assistance services to LEP individuals. DOHMH does have the Cross-Cultural Communications Unit to coordinate the translation of public health materials and

“We found the clients most in need of services were not coming into the office. That’s why we created a home-based counseling program and sessions were conducted in the client’s primary language. At home and in their native language, clients were more comfortable talking about family issues related to September 11th.”

Sudha Acharya,
Executive Director,
South Asian Council
for Social Services

messages and to promote the use of telephone-based interpretation. However, the Unit has a small budget and translates most materials into only 2 languages (Chinese and Spanish). Local Law 73 is limited in its reach, as DOHMH has limited authority over hospitals and community health clinics.

Language barriers in mental health services can lead to dramatic and life-threatening consequences. The lack of knowledge about Asian Pacific American languages and cultures can often lead to misdiagnosis and inability to provide proper mental health care. Compared to other racial and ethnic groups, Asian Pacific American adults are most likely to report that their health care provider did not understand their background and issues.^{xxi} In many cases, language barriers further exacerbate mental health issues because appropriate services cannot be efficiently provided to Asian Pacific American children and families. The health status of Asian Pacific American children and families will continue to decline if culturally appropriate translation and interpretation services are not increased in the New York City health system.

RECOMMENDATIONS

Quality services begin with meaningful communication. LEP individuals must receive services in their most comfortable

language at all points of contact with providers in order to ensure effective access. Despite federal, state and local laws, many Asian Pacific American children and families are still denied their rights to equal access. The existence of these laws cannot alone prevent discrimination against LEP individuals. The first step to improve language access is for policymakers to strengthen the scope, implementation, and monitoring of these laws.

The second step is for city agencies to commit resources to providing translation and interpretation services. Critics of language access often cite cost as a major barrier to providing comprehensive translation and interpretation services to LEP individuals. However, under no other circumstance is an individual denied their rights because those rights are too expensive to provide.

It is a known fact that not providing translation and interpretation services can become more costly in the long run. Communication failures in the education, child welfare, or mental health systems can have dramatic and life-altering consequences. Students may not graduate from high school and may not become productive members of society. Parents may lose custody of their children. Patients may receive poor health care and may die. Greater investment in language access will therefore lead to our children’s success in New York City.

To ensure that LEP individuals receive the highest quality of care, CACF makes the following specific and practical recommendations:

1. Staffing – Recruit and retain more bilingual, bicultural staff at all points of contact with Asian Pacific American children and families.

Having bilingual and bicultural staff is an important strategy to provide translation and interpretation services for LEP individuals. Employers in New York City, including city agencies, schools and hospitals, must prioritize the hiring of bilingual and bicultural staff to meet the language needs of the Asian Pacific American community. City agencies, schools, and hospitals must work directly with Asian Pacific Americans to increase this community's representation in the social service, education, and health professions. It is also important to work with colleges and universities to recruit and financially support the education of bilingual students. These employers must develop a compensation plan for staff who are bilingual. With bilingual and bicultural staff, these agencies will tremendously increase the effectiveness of their outreach and service delivery to Asian Pacific American children and families.

2. Training – Ensure that all individuals who have contact with Asian Pacific American children and families are knowledgeable about the availability of language assistance services and on the procedures for accessing these services.

Agencies must ensure meaningful language access for all interactions with Asian Pacific American families by training staff on how to identify language and dialect needs. Agencies must develop clear protocols on language assistance services. These protocols must include instructions on accessing and utilizing translation services for all written correspondences and interpretation services for all verbal communication, home visits, and meetings. Language assistance services must be made consistently available throughout city agencies and their contracted agencies. Having protocols that are easily and readily accessible to all staff will reduce confusion about how, when, and where language assistance services are available.

3. Implementation – Develop a systematic plan to ensure prompt, efficient translation and interpretation services.

Agencies must create a systematic means of providing efficient and effective translation and interpretation services for LEP individuals, including the timely dissemination of translated materials and

the availability of interpreters. There must be a consistent protocol for language assistance services at all levels of an agency, including identifying, addressing, and monitoring language needs. In addition to quality language assistance services, agencies must educate the community about their rights to these services. The Asian Pacific American community must be educated on the availability of and the means to access translation and interpretation services. Widespread publicizing of available services can be achieved through the ethnic media, community based organizations, and places of worship. The Mayor’s Office of Immigrant Affairs must facilitate interagency communication to share best practices in providing translation and interpretation services. A systematic plan for translation and interpretation services will meet the needs of LEP individuals throughout New York City in a cost-efficient manner.

4. Data Collection – Collect and make easily available disaggregated data on primary language, country of origin, and ethnicity of community members served.

Current data collection does not recognize or address the multifaceted needs of the diverse Asian Pacific American community. Asian Pacific Americans are diverse in terms of language, national origin, immigration history, ethnicity, and culture. Agencies must track all requests for translation and interpretation services.

Agencies must use the disaggregated data to provide accurate and meaningful counts of the numbers, needs, and demographics of immigrants and LEP individuals. Self-identification and self-reporting must be encouraged, and the option to choose multiple racial/ethnic categories must be provided. The data can be used to design, monitor, and evaluate service delivery for immigrants and LEP individuals. There must be consistent categories across federal, state, and local systems so that information can be easily shared and compared. With information that is public and easily obtainable, there will be a greater awareness of social trends, and community stakeholders will be better able to partner with agencies to improve access to services.

5. Quality Assurance – Enact and monitor quality standards for translation and interpretation services to which city agencies and their contracted providers will be held accountable.

To prevent further inequalities in service delivery in New York City, a standard of care must be developed to ensure that translation and interpretation services for LEP individuals are provided in an accurate, consistent manner by all city agencies and their contracted providers. Quality standards must include measures related to accuracy of translation and interpretation. Advocates, community based providers, and consumers agree that

there is inconsistency and inadequacy in the quality and accuracy of translation and interpretation services available in the education, child welfare, and mental health systems. City agencies can learn from the court system, which requires certification of all interpreters. Agencies must establish a standard to determine an interpreter's language skills and ability to interpret in an accurate manner.

Interpreters must have the ability to speak the LEP individual's language and must know the cultural context of the information being translated or interpreted. There must also be an external monitoring body to oversee the implementation of these standards and to examine the compliance of city agencies and contracted providers with these standards. Monitoring information should be regularly and easily accessible to the public. Quality standards will allow city agencies to recognize their strengths and to improve their performance.

CONCLUSION

By linking together data and research with the experiences of Asian Pacific American children and families, this policy brief has provided a more comprehensive view of the extent to which language barriers hinder limited English proficient individuals when trying to access essential systems of care in New York City. Too often, children have the immense responsibility to be the sole translator and

interpreter for their families, as opposed to trained professionals who should have this role. As the city's fastest growing population, Asian Pacific Americans play an important role in supporting the vitality and economy of New York City. We hope that policymakers and city agencies fulfill their legal and ethical responsibility to ensure that Asian Pacific American children and families have equal access to services.

Coalition for Asian American Children and Families

The Coalition for Asian American Children and Families (CACF), the nation's only pan-Asian children's advocacy organization, aims to improve the health and well-being of Asian Pacific American children and families in New York City.

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