

Section D



A Guide to Information in Section D

REFERENCE RESOURCES FOR CULTURAL AND LINGUISTIC SERVICES

Cultural and linguistic services have been mandated for federally funded program recipients in response to the growing evidence of health care disparities and as partial compliance with Title VI of the Civil Rights Act of 1964. The major requirements for the provision of cultural and linguistic services for patients in federally funded programs are included in this section.

This section includes:

- Current cultural and linguistic requirements for federally funded programs.
- Guidelines for cultural and linguistic services.
- Web based resources for more information related diversity and the delivery of cultural and linguistic services.

The following materials are available in this section.

Title VI of the Civil Rights Act of 1964	The Civil Rights Act of 1964 text.
Standards to Provide “CLAS” Culturally and Linguistically Appropriate Services	A summary of the fourteen “CLAS” standards.
Executive Order 13166, August 2000	The text of the Executive Order signed in August 2000 that mandated language services for Limited English Proficient (LEP) members enrolled in federally funded programs.
Bibliography of Major Sources Used in the Production of the Tool Kit	A listing of resources that informed the work of the ICE Cultural and Linguistic Workgroup.
Cultural Competence Web Resources	A listing of internet resources related to diversity and the delivery of cultural and linguistic services.
Acknowledgement of Contributors fro the ICE Cultural and Linguistic Workgroup	A listing of the contributors from the ICE Cultural and Linguistic Workgroup.



Title VI of the Civil Rights Act of 1964

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

Under Title IV, any agency, program, or activity that receives funding from the federal government may not discriminate on the basis of race, color or national origin. This is the oldest and most basic of the many federal and state laws requiring “meaningful access” to healthcare, and “equal care” for all patients. Other federal and state legislation protecting the right to “equal care” outline how this principle will be operationalized.

State and Federal courts have been interpreting Title VI, and the legislation that it generated, ever since 1964. The nature and degree of enforcement of the equal access laws has varied from place to place and from time to time. Recently, however, both the Office of Civil Rights and the Office of Minority Health have become more active in interpreting and enforcing Title VI.

Additionally, in August 2000, the U.S. Department of Health and Human Services Office of Civil Rights issued “Policy Guidance on the Prohibition Against National Origin Discrimination As it Affects Persons with Limited English Proficiency.” This policy established ‘national origin’ as applying to limited English-speaking recipients of federally funded programs.



STANDARDS TO PROVIDE “CLAS ” CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES

Below follows an informal summary of excerpts from the Office of Minority Health’s publication entitled “Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda.”

1	Patients/consumers must receive from all staff: effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices of preferred language.
2	Strategies should be implemented to recruit, retain, and promote a diverse staff and organizational leadership that are representative of the demographic characteristics of the service area.
3	Staff at all levels and across all disciplines should receive ongoing education and training in culturally and linguistically appropriate service delivery.
4	Language assistance services must be offered and provided, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner, during all hours of operation.
5	Patients/consumers must be provided verbal and written notices about their right to receive language assistance services; these notices must be in their language of preference.
6	Language assistance provided to Limited English Proficient (known as “LEP”) patients must be provided by competent interpreters and bilingual staff. Family and friends should not be used for interpretation services.
7	Easily understood patient-related materials and signage must be made available/posted in languages of the commonly encountered groups represented in the service area.
8	A written strategic plan should be developed, implemented and promoted, outlining clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
9	Organizational self-assessments must be conducted regarding CLAS-related activities, and cultural and linguistic competence measures should be incorporated into internal audits, performance improvement programs, patient satisfaction assessments, and outcome-based valuations.
10	Data on race, ethnicity, and language difference should be collected in patient/consumer health records, integrated into the information management systems and updated periodically.
11	Current demographic, cultural, and epidemiological profiles of the communities served should be maintained, as well as needs assessments to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
12	Participatory and collaborative partnerships with communities should be established and a variety of formal and informal mechanisms should be used to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.
13	Conflict and grievance resolution processes must be culturally and linguistically sensitive, and capable of identifying, preventing and resolving cross-cultural conflicts or complaints by patients/consumers.
14	Information should be made public regularly regarding progress and successful innovations in implementing CLAS standards, and inform the public and the impacted communities about the availability of such information.



EXECUTIVE ORDER 13166, AUGUST 2000

IMPROVING ACCESS TO SERVICES FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY]

(Verbatim)

By the authority vested in me as President by the Constitution and the laws of the United States of America, and to improve access to federally conducted and federally assisted programs and activities for persons who, as a result of national origin, are limited in their English proficiency (LEP), it is hereby ordered as follows:

Section 1. Goals.

The Federal Government provides and funds an array of services that can be made accessible to otherwise eligible persons who are not proficient in the English language. The Federal Government is committed to improving the accessibility of these services to eligible LEP persons, a goal that reinforces its equally important commitment to promoting programs and activities designed to help individuals learn English. To this end, each Federal agency shall examine the services it provides and develop and implement a system by which LEP persons can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency. Each Federal agency shall also work to ensure that recipients of Federal financial assistance (recipients) provide meaningful access to their LEP applicants and beneficiaries. To assist the agencies with this endeavor, the Department of Justice has today issued a general guidance document (LEP Guidance), which sets forth the compliance standards that recipients must follow to ensure that the programs and activities they normally provide in English are accessible to LEP persons and thus do not discriminate on the basis of national origin in violation of title VI of the Civil Rights Act of 1964, as amended, and its implementing regulations. As described in the LEP Guidance, recipients must take reasonable steps to ensure meaningful access to their programs and activities by LEP persons.

Sec. 2. Federally Conducted Programs and Activities.

Each Federal agency shall prepare a plan to improve access to its federally conducted programs and activities by eligible LEP persons. Each plan shall be consistent with the standards set forth in the LEP Guidance, and shall include the steps the agency will take to ensure that eligible LEP persons can meaningfully access the agency's programs and activities. Agencies shall develop and begin to implement these plans within 120 days of the date of this order, and shall send copies of their plans to the Department of Justice, which shall serve as the central repository of the agencies' plans.

(Cont. Executive Order 13166)

Sec. 3. Federally Assisted Programs and Activities.

Each agency providing Federal financial assistance shall draft title VI guidance specifically tailored to its recipients that is consistent with the LEP Guidance issued by the Department of Justice. This agency-specific guidance shall detail how the general standards established in the LEP Guidance will be applied to the agency's recipients. The agency-specific guidance shall take into account the types of services provided by the recipients, the individuals served by the recipients, and other factors set out in the LEP Guidance. Agencies that already have developed title VI guidance that the Department of Justice determines is consistent with the LEP Guidance shall examine their existing guidance, as well as their programs and activities, to determine if additional guidance is necessary to comply with this order. The Department of Justice shall consult with the agencies in creating their guidance and, within 120 days of the date of this order, each agency shall submit its specific guidance to the Department of Justice for review and approval. Following approval by the Department of Justice, each agency shall publish its guidance document in the Federal Register for public comment.

Sec. 4. Consultations.

In carrying out this order, agencies shall ensure that stakeholders, such as LEP persons and their representative organizations, recipients, and other appropriate individuals or entities, have an adequate opportunity to provide input. Agencies will evaluate the particular needs of the LEP persons they and their recipients serve and the burdens of compliance on the agency and its recipients. This input from stakeholders will assist the agencies in developing an approach to ensuring meaningful access by LEP persons that is practical and effective, fiscally responsible, responsive to the particular circumstances of each agency, and can be readily implemented.

Sec. 5. Judicial Review.

This order is intended only to improve the internal management of the executive branch and does not create any right or benefit, substantive or procedural, enforceable at law or equity by a party against the United States, its agencies, its officers or employees, or any person.

WILLIAM J. CLINTON
THE WHITE HOUSE

Office of the Press Secretary
(Aboard Air Force One)

For Immediate Release August 11, 2000

Reference: <http://www.usdoj.gov/crt/cor/Pubs/eolep.htm>



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Please refer to the "Web Resources" pages of this toolkit to find the internet resources that informed the work of the Committee.



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www.cms.hhs.gov/healthplans/opl/opl133.pdf: Department of Health and Human Services Centers for Medicare & Medicaid Services. Operational Policy Letter #: OPL 2001.133. July 16, 2001.

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Cultural Competence Web Resources

General Cultural Competence

- Resources for Cross-Cultural Health Care <http://www.diversityrx.org>
- Provider's Guide to Quality and Culture <http://erc.msh.org/quality&culture>
- HRSA <http://bphc.hrsa.gov/cc/3.htm>
- University of Pennsylvania Health Systems <http://www.uphs.upenn.edu/aging/diverse/direct.shtml>
- World Education Culture health, literacy <http://www.worlded.org/us/health/docs/culture/>
- National Academy Press <http://books.nap.edu/books/0309071542/html/index.html>
- Oregon State University http://osu.orst.edu/dept/ehe/nu_diverse.htm
- National Center For Cultural Competence, Georgetown University <http://gucdc.georgetown.edu/nccc/>
- National Council on Interpreting in Health Care <http://www.ncihc.org>
- Department of Justice – Office of Civil Rights <http://www.usdoj.gov/crt/cor/13166.htm>
- The State of Literacy in America <http://www.nifl.gov/readers/reder.htm>
- Nhelp Racial/ Cultural Issues <http://www.nhelp.org/race.shtml#ling>
- Office of Minority Health <http://www.omhrc.gov/>
- DHHS Office of Civil Rights <http://www.hhs.gov/ocr/>
- The Cross Cultural Health Care Program <http://www.xculture.org/index.cfm>
- The Plain Language Association International <http://www.plainlanguagenetwork.org/>
- Kaiser Family Foundation Minority Health <http://www.kff.org/content/2001/6012/>
- Federal Registry (enter key word "linguistic") http://www.access.gpo.gov/su_docs/aces/aces140.html
- Yale University Cultural Competence Resources <http://www.med.yale.edu/library/education/culturalcomp>
- Medical Policy Institute <http://www.medi-cal.org/publications/>
- Providing care to diverse populations <http://www.ahcpr.gov/news/ulp/ulpcultr.htm>
- National Institutes of Health <http://www.health.nih.gov>
- Culture and nutrition <http://www.nal.usda.gov/fnic>
- AMSA Diversity in Medicine <http://www.amsa.org/div>
- Center for Cross Cultural Health <http://www.crosshealth.com>

Aging

- Administration on Aging <http://www.aoa.gov/prof/aoaprogram/healthpromo/healthpromo.asp>
- Culture and Aging <http://www.stlcc.cc.mo.us/mc/users/vritts/aging.html>
- Center on an Aging Society <http://ihcrp.georgetown.edu/agingsociety/>
- AARP Aging and Minorities <http://www.research.aarp.org/general/portmino.html>

African American

- Congress of National Black Churches <http://www.cnbc.org/>
- NAACP National Health Committee <http://www.naacp.org/health/>
- National Association of Black Cardiologists <http://www.abcardio.org/>
- National Black Nurses Association <http://www.nbna.org/>
- National Caucus and Center on Black Aged, Inc. <http://www.ncba-blackaged.org/>
- National Medical Association <http://www.nmanet.org/>



Cultural Competence Web Resources (continued)

American Indian/Alaskan Native

- Association of American Indian Physicians <http://www.aaip.com/>
- Native American Cancer Research <http://members.aol.com/natamcan/>
- National Indian Council on Aging <http://www.nicoa.org>
- National Indian Health Board <http://www.nihb.org/>
- Breast Cancer Survivors Network <http://members.aol.com/natamcan/network.htm>

Asian American/ Pacific Islander American

- Asian & Pacific Islander American Health Forum <http://www.apiahf.org/>
- Chinese American Medical Society <http://www.camsociety.org/>
- National Asian Pacific Center on Aging <http://www.napca.org>
- National Asian Women's Health Organization <http://www.nawho.org/>
- National Resource Center on Native American Aging (Native Hawaiian) <http://www.und.nodak.edu/dept/nrcnaa/>

Hispanic/Latino American

- Hispanic Center for Excellence UI Chicago <http://uic.edu/depts/mcam/hce>
- Inter-American College of Physicians and Surgeons <http://users.rcn.com/icps>
- National Alliance for Hispanic Health <http://www.hispanichealth.org/>
- National Association of Hispanic Nurses <http://www.nahnhq.org>
- National Council of La Raza <http://www.nclr.org>
- National Hispanic Council on Aging <http://www.nhcoa.org>
- National Hispanic Medical Association <http://home.earthlink.net/~nhma/>

Remember- web can pages expire often. If the web address provided does not work use Google and search under the organization's name.



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