California Assembly Bill 1195 requires continuing medical education activities with patient care components to include curriculum in the subjects of cultural and linguistic competency. It is the intent of the bill, which went into effect on July 1, 2006, to encourage physicians and surgeons, CME providers in the state of California, and the Accreditation Council for Continuing Medical Education to meet the cultural and linguistic concerns of a diverse patient population through appropriate professional development.

Cultural competency is defined as a set of integrated attitudes, knowledge, and skills that enables health care professionals or organizations to care effectively for patients from diverse cultures, groups, and communities. Linguistic competency is defined as the ability of a physician or surgeon to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient’s primary language.

The University of California San Diego CME (UCSD CME) has developed several initiatives to incorporate cultural and linguistic competency into CME activities with patient care components. Compliance with AB1195 will be ensured by including cultural and linguistic elements into the educational planning and content of the program and/or by distributing cultural and linguistic resources to CME program attendees.

Enclosed in this package you will find a brief review of federal and state law regarding linguistic access and services along with a list of useful resources. For additional resources and a copy of AB1195, please visit our website at http://cme.ucsd.edu.
Brief Review of Federal and State Law
Regarding Linguistic Access and Services for Limited English Proficient Persons
Prepared for the UC CME Consortium
by the UC Office of General Counsel

I. Purpose.

This document is intended to satisfy the requirements set forth in California Business and Professions code 2190.1. California law requires physicians to obtain training in cultural and linguistic competency as part of their continuing medical education and professional development programs. This document and the accompanying attachments are intended to provide physicians with an overview of federal and state laws regarding linguistic access and services for limited English proficient (“LEP”) persons. The document is not comprehensive and there may be additional federal and state laws governing the manner in which physicians and healthcare providers render services for disabled, hearing impaired or other protected categories. We recommend that physicians review the CMA California Physician’s Legal Handbook for a comprehensive review of laws affecting a physician’s medical practice in California.


The Federal Civil Rights Act of 1964, as amended, and HHS regulations require recipients of federal financial assistance to take reasonable steps to ensure that LEP persons have meaningful access to federally funded programs and services. HHS recently issued revised guidance documents for Recipients to ensure that they understand their obligations to provide language assistance services to LEP persons. A copy of HHS’s summary document entitled “Guidance for Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons – Summary” is attached for your review. Additional in-depth guidance is available at HHS’s website at: http://www.hhs.gov/ocr/lep/.

As noted above, Recipients generally must provide meaningful access to their programs and services for LEP persons. The rule, however, is a flexible one and HHS recognizes that “reasonable steps” may differ depending on the Recipient’s size and scope of services. HHS advised that Recipients, in designing an LEP program, should conduct an individualized assessment balancing four factors, including: (i) the number or proportion of LEP persons eligible to be served or by the Recipient; (ii) the frequency with which LEP individuals come into contact with the Recipient’s program; (iii) the nature and importance of the program, activity or service provided by the Recipient; and (iv) the resources available to the Recipient and the costs of interpreting and translation services.

Based on the Recipient’s analysis, the Recipient should then design an LEP plan based on five recommended steps, including: (i) identifying LEP individuals who may need assistance; (ii) identifying language assistance measures; (iii) training staff; (iv) providing notice to LEP persons; and (v) monitoring and updating the LEP plan.
A Recipient’s LEP plan likely will include translating vital documents and providing either on-site interpreters or telephone interpreter services, or using shared interpreting services with other Recipients. Recipients may take other reasonable steps, such as hiring bilingual staff who are competent in the skills required for medical translation, hiring staff interpreters, or contracting with outside public or private agencies that provide interpreter services.


The California legislature enacted the California’s Dymally-Alatorre Bilingual Services Act (Govt. Code 7290 et seq.) in order to ensure that California residents would appropriately receive services from public agencies regardless of the person’s English language skills. California Government Code section 7291 recites this legislative intent as follows:

The Act generally requires state and local public agencies to provide interpreter and written document translation services in a manner that will ensure that LEP individuals have access to important government services. Agencies may employ bilingual staff, and translate documents into additional languages representing the clientele served by the agency. Public agencies also must conduct a needs assessment survey every two years documenting the items listed in Government Code section 7299.4, and develop an implementation plan every year that documents compliance with the Act. A copy of this law may be found at the following url: http://www.spb.ca.gov/bilingual/dymallyact.htm
A) Major Resources
1. University of California-Center for the Health Professions

2. Kaiser Permanente National Diversity Department
   http://kphci.org/resources/links.html

3. The Office of Minority Health
   http://www.omhrc.gov

4. California Academy of Family Physicians
   http://www.familydocs.org/multicultural_health.php

5. Institute for Medical Quality
   www.imq.org

6. On-line dictionary providing translations into 25 different languages

7. Foreign Language Assessment Guide (F.L.A.G.), Produced by Medi-Flag Corporation
   www.medi-flag.com

B) Hospital Care
   http://www.naph.org/Template.cfm?Section=The_Safety_Net_Archive&template=/ContentManagement/ContentDisplay.cfm&ContentID=3407

2. Andrulis DP. “Study of How Urban Hospitals Address Sociocultural Barriers to Health Care Access”:
   http://www.rwjf.org/portfolios/resources/grantsreport.jsp?filename=023299s.htm&iaid=133

C) Ambulatory Care
1. Center for the Health Care Professions- Towards Culturally Competent Care: Toolbox for Teaching Communication Strategies

2. National Center for Cultural Competence, Georgetown University. “Self-Assessment Checklist for Personnel Providing Primary Health Care Services”
   http://gucchd.georgetown.edu/nccc/documents/Checklist%20PHC.pdf
3. National Initiative for Children’s Healthcare Quality (NICHQ), Improving Cultural Competency in Children’s Health Care: Expanding Perspectives
http://www.nichq.org/NR/rdonlyres/5B534B7B-0C38-4ACD-8996-EBB0C4CB2245/0/NICHQ_CulturalCompetencyFINAL.pdf

4. “Cultural Positivity – Culturally Competent Care For Diverse Populations”
http://www.gvhc.org/

D) Managed Care

1. “National Standards For Culturally And Linguistically Appropriate Services In Health Care Executive Summary”

http://www.ahip.org/content/default.aspx?docid=8414

E) Caring for Individuals with Limited English Proficiency

1. Center for the Health Professions-Common Sentences in Multiple Languages (ICE) Tool for Office Staff
http://futurehealth.ucsf.edu/TheNetwork/Portals/3/CommonSentences.pdf

2. National Council on Interpreting in Health Care
http://www.ncihc.org

3. Addressing Language Access in Your Practice Toolkit, California Academy of Family Physicians
http://www.familydocs.org/multicultural_health.php

4. Hablamos Juntos: Improving Patient-Provider Communication for Latinos
http://www.hablamosjuntos.org

5. Process of Inquiry: Communicating in a Multicultural Environment, Georgetown University National Center for Cultural Competence
http://www.nccccurricula.info/

6. Cross-Cultural Communication in Health Care: Building Organizational Capacity
http://www.hrsa.gov/reimbursement/broadcast/default.htm

F) Health Literacy

1. AMA/AMA Foundation’s Health Literacy toolkits, videos, partnerships
http://www.ama-assn.org/ama/pub/category/8115.html


G) Movies, Videos, and CD-ROM Resources


3. The Bilingual Medical Interview I (1987) and The Bilingual Medical Interview II: The Geriatric Interview, Section of General Internal Medicine, Boston City Hospital, in collaboration with the Department of Interpreter Services and the Boston Area Health Education Center (Available from the BAHEC, 818 Harrison Ave., Boston, MA 02118; Phone (617) 534-5258).

4. The Kaiser Permanente/California Endowment Clinical Cultural Competency Video Series. In 2000, Kaiser Permanente, with funding from The California Endowment, embarked on a project to create "trigger" videos as teaching tools for training healthcare professionals in cultural competence. These now completed videos comprise three sets, each with accompanying facilitator's guide and contextual materials. Each set costs $35.00 or $105 for all 20. The scenarios are from eight to fourteen minutes long.


6. Community Voices: Exploring Cross-Cultural Care Through Cancer. Video and Facilitator's Guide by Jennie Greene, MS & Kim Newell, MD (Available from the Harvard Center for Cancer Prevention, Harvard School of Public Health, 665 Huntington Avenue, Bldg 2, Rm 105, Boston, MA 02115; Phone (617) 432-0038; Fax: (617) 432-1722; hccp@hsph.harvard.edu , or Fanlight Productions, www.fanlight.com).


H) Continuing Education Programs

1. Office of Minority Health
A Family Physician's Guide to Culturally Competent Care
http://cccm.thinkculturalhealth.org

2. Quality Interactions: A Patient-Based Approach to Cross-Cultural Care
Manhattan Cross Cultural Group and Critical Measures
http://www.criticalmeasures.net/cross_cultural/elearning.htm

3. Delivering Culturally Effective Care for Patients with Diabetes
Medical Directions - The Virtual Lecture Hall and Department of Family Medicine, University of Arizona College of Medicine at the Arizona Health Sciences Center
http://www.vlh.com/shared/courses/course_info.cfm?courseno=1786

4. Communicating Through Health Care Interpreters
Medical Directions - The Virtual Lecture Hall and Rush University Medical Center
http://www.vlh.com/shared/courses/course_info.cfm?courseno=1705

5. Culture and Health Care: An E-Learning Course (based on Cultural Sensitivity: A Guidebook for Physicians and HealthCare) Doctors in Touch (DIT)
http://www.doctorsintouch.com/courses_for_CME_credit.htm


8. Cross-Cultural Health Care: Case Studies
Pediatric Pulmonary Centers: A Collaborative Web Site of the MCH Training Network
http://ppc.mchtraining.net/custom_pages/national_ccce


I) Recent Articles and References on Cultural and Linguistic Competency


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For questions, please call Gwenn Welsch, UC CME Website Coordinator at (916)734-5773 or email gwenn.welsch@ucdmc.ucdavis.edu.