



TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

§ 2000D. Prohibition against exclusion from participation in, denial of benefits of, and discrimination under Federally assisted programs on ground of race, color, or national origin.

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.

Discrimination based on a person's ability to speak read write or understand English may be a type of National Origin Discrimination. All federal government entities, as well as all state and local government and all other entities that receive federal funding or assistance are called recipients.

HHS funds recipients must take Reasonable Steps to provide Meaningful Access.

Criteria (The Four Factor Analysis, from HHS):

1. The number or proportion of LEP persons in the community
2. The frequency of contact a recipient has or should have with LEP persons
3. The nature and importance of the benefit, service, communication, encounter, or information to the LEP person
4. The resources available to the participant

The goal of Title VI is voluntary compliance. Recipients must be given the opportunity to comply when violations are found. But if compliance is not achieved, federal assistance can be withdrawn.

Top Priority: Preventing discrimination in the first place.

The Federal Civil Rights Laws Apply to Most Healthcare Organizations

- Hospitals
- Ambulatory care centers

- Behavioral health care
- Home care
- Long term care

LEP Guidelines

1. Determine if any individual/individuals speak English.
2. If the person does not speak English well enough to communicate, give them the "I Speak" cards located at the front desk.
3. After determining what language the person speaks, contact Amerigo Global for an interpreter.

It is in the interest of all health facilities to communicate effectively with their patients

Ineffective communication between patients and providers can result in:

1. Misdiagnosis
2. Inappropriate treatment
3. Medication Errors
4. Patient's inability to follow discharge instructions

Case: 18 year old misdiagnosed as intoxicated. Patient complained of being "intoxicado." Misdiagnosis resulted in paralysis and \$71 million dollar settlement.

47 million Americans speak a language other than English at home

63% of hospitals in America report that they encounter LEP patients daily or weekly

Many hospitals have LEP policies in place, however, it has been found that often LEP patients are not provided with language services because staff is unaware/untrained in the policy so patient provider do not access the services that are available.

The Joint commission found these to be factors that contribute to problem of ineffective communication:

Staff not trained/informed of available language services

1. Resources available are not user friendly
2. Resources available are difficult to access

The DOJ has published an excellent business brief where interpreters are necessary:

Discussing Symptoms
Discussing a diagnosis
Conducting medical tests
Discussing prognosis
Explaining treatment options
Discharge instructions
Obtaining informed consent
Conducting medical tests
Providing information during physicians rounds
Providing mental health services
Discussing complex billing or insurance information

Joint Commission Standards

Patient has right to effective communication
Translation/ Interpreting provided as necessary
Sees LEP issue as more than just patient rights, but as essential to providers ability to provide care

What surveyors look for to determine compliance :

Surveyors come to the facility with an understanding of the demographics of that area
Surveyor will want to take a look at hospital policies
Surveyor will want to observe how these policies are implemented
Surveyor will want to see how you contact your interpreters
Surveyor will want to see what documents you have translated

What mode of language service does the Joint Commission recommend?

They don't specifically endorse one over another. They have found that a mix of modes is best. The most important thing is that interpreters be properly trained. They must be assessed in both the target language and English. Relying on ad hoc interpreters such as family members or friends is not acceptable. There is no way to be sure that family members or friends are competent interpreters. Federal guidelines state that an interpreter is qualified if they can interpret:

- Competently
- Accurately
- Impartially

The HHS guidance states that healthcare providers cannot require an LEP person to use a family member or friend as an interpreter.

Under no circumstances should a minor be allowed to interpret.

Which written documents should be translated :

HHS Guidance: Create a plan to determine which documents are vital.

Examples:

Consent and complaint forms

Intake forms

Notices of eligibility criteria, rights, denial, loss or decreases in benefits or services

Notices advising LEP persons of free language assistance

Applications for provider programs or activities or to receive benefits or services

Examples of Nonvital Written Materials

-Hospital Menus

-Large documents such as enrollment handbooks (although vital information contained in large documents may need to be translated)