

CALIFORNIA ASSEMBLY BILL 1195 - Cultural and Linguistic Competency

GUIDE FOR PLANNERS

Summary of Legislation

A. Requirement

California [Assembly Bill 1195](#) requires continuing medical education activities with patient care components to include curriculum in the subjects of cultural and linguistic competency. The bill requires CME providers to develop standards for this curriculum by July 1, 2006.

B. Intent

It is the intent of the legislature 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.

C. Definition

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.

UCSF CME Initiatives for Compliance

The University of California San Francisco Office of CME (UCSF 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 content of the program and/or by distributing cultural and linguistic resources to CME program attendees.

Following are initiatives UCSF CME has developed or participated in to nurture compliance with AB1195:

A. Legal Summary

The University of California CME Consortium (UC CME) has collaborated with a legislative analyst at the UC Office of the President to develop a summary of pertinent laws for inclusion in CME activity materials for programs provided by the UC system.

B. Speaker Guidelines

The following paragraph was developed to include in course director materials, CME planner materials and speaker letters:

'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.

It is the expectation that all CME planners and speakers participating in UCSF CME activities incorporate linguistic and/or cultural competency issues relevant to the topic of their presentation. Suggested approaches to meet this requirement are as follows:

- 1) Include relevant information on differences in prevalence, diagnosis, and treatment of medical conditions in diverse populations.*
- 2) Apply linguistic skills to communicate effectively with the target population. This may include linguistic translations of common terms in your topic area.*
- 3) Utilize cultural information to establish therapeutic relationships.*
- 4) Elicit and incorporate pertinent cultural data in diagnosis and treatment.*
- 5) Understand and apply cultural and ethnic data to the process of clinical care.*
- 6) Dedicate one or more sessions of the program to cultural and/or linguistic competencies.*
- 7) Include recommendations for appropriate cultural and linguistic resources (websites, handouts, reference cards, patient education, tapes/CDs/handbooks, local resources, etc.) in handout materials. Resources are available at <http://cme.ucsf.edu>.*

A CME planner may offer specifically designed and focused activities within a larger program, or incorporate the elements suggested above into relevant sessions.

C. Distribution of Resources

The UCSF CME office has developed a list of resources and handout materials that can be distributed at live conferences. The resource files are also available on our website at <https://meded.ucsf.edu/cme/resources-presenters/cultural-and-linguistic-competency-cme> for easy access by planners, course-directors, speakers and participants.

D. Information in CME Activity Announcements

The following paragraph was developed for inclusion in syllabus materials:

'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. The planners, speakers and authors of this CME activity have been encouraged to address issues relevant in their topic area. In addition, a variety of resources are available that address cultural and linguistic competency, some of which are included in your syllabus or handout materials. Additional resources and information about AB1195 can be found on our website at <http://cme.ucsf.edu>.

The following paragraph was developed to include in promotional materials and home-study activities:

'This activity is in compliance with California Assembly Bill 1195 which requires continuing medical education activities with patient care components to include curriculum in the subjects of cultural and linguistic competency. 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. Cultural and linguistic competency was incorporated into the planning of this activity. Additional resources on cultural and linguistic competency and information about AB1195 can be found on the UCSF CME website at <http://cme.ucsf.edu>

E. CME Evaluation

The following questions address cultural and linguistic competency and have been added to the standard UCSF CME course evaluation form:

- 1) *Issues in cultural and linguistic competency (e.g. differences in prevalence, diagnosis, treatment in diverse population; linguistic skills; pertinent cultural data) were adequately addressed in this activity*

Strongly Disagree Disagree Neutral Agree Strongly Agree

(Or simply Yes/No)

- 2) *Resources on cultural and linguistic competency have been included in your materials. How can we further meet your educational needs in this area?*



University of California
San Francisco

**CALIFORNIA ASSEMBLY BILL 1195
Cultural and Linguistic Competency**

Supplement for UCSF CME Programs

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 Francisco Office of CME (UCSF 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.ucsf.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.

II. Federal Law – Federal Civil Rights Act of 1964, Executive Order 13166, August 11, 2000, and Department of Health and Human Services (“HHS”) Regulations and LEP Guidance.

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.

III. California Law – Dymally-Alatorre Bilingual Services Act.

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>

**University of California (UCCME)
Cultural and Linguistic Competency Resources
June 2006**

A) Major Resources

1. University of California-Center for the Health Professions
<http://futurehealth.ucsf.edu/TheNetwork/Default.aspx?tabid=387>
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
<http://www.ectaco.com/English-Multilanguage-Dictionary/>
7. Foreign Language Assessment Guide (F.L.A.G.), Produced by Medi-Flag Corporation
www.medi-flag.com

B) Hospital Care

1. National Association of Public Hospitals and Health Systems. "Serving Diverse Communities in Safety Net Hospitals and Health Systems," The Safety Net 2003; 17(3): Fall.
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
<http://futurehealth.ucsf.edu/TheNetwork/Default.aspx?tabid=290>

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.omhrc.gov/assets/pdf/checked/executive.pdf>

2. America's Health Insurance Plans (AHIP), Center for Policy and Research. "Innovations in Medicaid Managed Care," March, 2005.
<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.nccc-curricula.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>
2. Weiss BD. Health Literacy: A Manual for Clinicians Chicago: American Medical Association Foundation, 2003
3. Schwartzberg, JG, VanGeest JB, Wang CC: Understanding Health Literacy: Implications for Medicine and Public Health. Chicago, IL: American Medical Association Pres., 2004

G) Movies, Videos, and CD-ROM Resources

1. Alexander M. Cinemeducation: An Innovative Approach to Teaching Multi-Cultural Diversity in Medicine. Annals of Behavioral Science and Medical Education 1995; 2(1):23-28.
2. Communicating Effectively Through an Interpreter (1998) (Available from the Cross Cultural Health Care Program, 270 South Hanford Street, Suite 100, Seattle, Washington 98134; Phone (206)-860-0329; Website www.xculture.org).
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.
5. Quality Care for Diverse Populations. Video/CD-ROM/Facilitator's Guide, Contributors: K. Bullock, L.G. Epstein, E.L. Lewis, R.C. Like, J.E. South Paul, C. Stroebe, et al) This educational program includes five video vignettes depicting simulated physician-patient visits in an office setting as a means to explore ethnic and sociocultural issues found in today's diverse health care environment. Produced by the American Academy of Family Physicians (AAFP), with partial funding by the Bureau of Primary Health Care, Health Resources and Services Administration, June 2002. (Available from the American Academy of Family Physicians, AAFP Order Dept., 11400 Tomahawk Creek Parkway, Leawood, KS 66211; Phone (800) 944-0000; Fax (913) 906-6075; <http://www.aafp.org/x13887.xml>).

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).
7. Worlds Apart. A Four-Part Series on Cross-Cultural Healthcare. By Maren Grainger-Monsen, MD, and Julia Haslett, Stanford University, Center for Biomedical Ethics (available from Fanlight Productions, www.fanlight.com)
8. The Angry Heart: The Impact of Racism on Heart Disease Among African-Americans, Jay Fedigan. (Available from Fanlight Productions, www.fanlight.com).
9. The Culture of Emotions: A Cultural Competence and Diversity Training Program . Harriet Koskoff, Producer/Co-Coordinator, 415 Noe Street, #5, San Francisco , CA 94114 ; Phone 415-864-0927; Fax 415-621-8969 (Available from Fanlight Productions, www.fanlight.com).
10. Ohio Department of Health and Medical College of Ohio. Cultural Competence in Breast Cancer Care (CD-ROM), 2000.

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

6. Quality Care for Diverse Populations. Video/CD-ROM/Facilitator's Guide, Contributors:

K. Bullock, L.G. Epstein, E.L. Lewis, R.C. Like, J.E. South Paul, C. Stroebel, et al) This educational program includes five video vignettes depicting simulated physician-patient visits in an office setting as a means to explore ethnic and sociocultural issues found in today's diverse health care environment. Produced by the American Academy of Family Physicians (AAFP), with partial funding by the Bureau of Primary Health Care, Health Resources and Services Administration, June 2002. (Available from the American Academy of Family Physicians, AAFP Order Dept., 11400 Tomahawk Creek Parkway, Leawood, KS 66211; Phone (800)-944-0000; Fax (913)-906-6075; <http://www.aafp.org/x13887.xml>).

7. Cultural Competency Challenge CD-ROM Educational Program (AAOS Product #02735). American Academy of Orthopaedic Surgeons, 6300 North River Road, Rosemont, IL 60018-4262 www.aaos.org/challenge).

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

9. Measuring Health Disparities, Interactive CD-ROM. John Lynch, PhD, and Sam Harper, PhD, McGill University. Produced by the Michigan Public Health Training Center (MPHTC)

<http://measuringhealthdisparities.org>

I) Recent Articles and References on Cultural and Linguistic Competency

1. Brach C, Fraser I, and Paez K. "Crossing the Language Chasm," Health Affairs 2005 (March); 24(2):424-434.

2. Betancourt, J.R., Green, A.R., Carrillo, J.E. et al. (2005). Cultural competency and health care disparities: Key perspectives and trends. Health Affairs, 24(2), 499-505.

3. Brach, C., Fraser, I., Paez, K. (2005). Crossing the language chasm: An in-depth analysis of what language-assistance programs look like in practice. Health Affairs, 24(2), 424-434.

4. Betancourt J.R., Green A.R., Carrillo J.E., et al. (2003). Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. Public Health Reports, 118(4), 293-302.

5. AB 801 Assembly Bill – Chaptered. Official California Legislative Information website. http://www.leginfo.ca.gov/pub/03-04/bill/asm/ab_0801-0850/ab_801_bill_20030925_chaptered.html (cited 7 Nov. 2005).

6. AB 1195 Assembly Bill – Chaptered. Official California Legislative Information website.

http://www.leginfo.ca.gov/pub/bill/asm/ab_1151-1200/ab_1195_bill_20051004_chaptered.html (cited 7 Nov. 2005).

7. Youdelman M, Perkins J. “Providing Language Interpretation Services in Health Care Setting: Examples from the Field,” National Health Law Program, May 2002

8. Youdelman M, Perkins J. “Providing Language Services in Small Health Care Provider Settings” Examples from the Field,” National Health Law Program, April 2005 (The latter two reports can be obtained at www.cmwf.org or www.healthlaw.org).

Compiled by:

*The University of California, Continuing Medical Education Consortium
University of California @ Davis, Irvine, Los Angeles, San Diego, and San Francisco.*

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