

Bidder's Reference for Completing The **Culturally and Linguistically Appropriate Services (CLAS)** Section of the RFP

This guide is intended to help New Hampshire Department of Health and Human Services contractors and sub-recipients respond to the Culturally and Linguistically Appropriate Services (CLAS) section of the RFP. It summarizes some of the main requirements for complying with federal civil rights laws. Readers should be cautioned, however, that this guide is not exhaustive. For a more detailed explanation, please refer to the information resources listed at the end of this document.

I. OVERVIEW

As a state-administering agency¹, the New Hampshire Department of Health and Human Services (DHHS) is required not only to ensure its own compliance with all applicable federal civil rights laws, but also to ensure the compliance of its sub-recipients. DHHS sub-recipients are required to sign standard assurances that they will comply with all applicable federal civil rights laws, as a condition of the contract.

In general, the requirement to comply with federal civil rights laws is directly tied to the receipt of federal assistance². The underlying principal is that the revenue people contribute to the federal government cannot be used in a discriminatory manner, in federally assisted programs. Ordinarily, the federal assistance takes the form of a grant or a cooperative agreement with the state. However, it can also be in the form of technical support, training, equipment, or facilities that are being used for the original purpose of the grant.

The federal civil rights laws that are applicable to DHHS and its sub-recipients may include the following.

- **Title VI of the Civil Rights Act of 1964** prohibits discrimination on the basis of race, color, or national origin in the delivery of benefits;
- **Section 504 of the Rehabilitation Act of 1973** prohibits discrimination on the basis of disability both in the delivery of services or benefits, as well as in employment;
- **Title II of the Americans with Disabilities Act of 1990** prohibits discrimination in both the delivery of services and in employment (Note: Title II applies to public entities (state and local government agencies) ***regardless of whether they receive federal financial assistance***. Public entities that receive federal financial assistance are therefore not only subject to Title II but also to Section 504 of the Rehabilitation Act);

¹ A state-administering agency is a component of state government that receives financial assistance from the federal government and then makes sub-awards to other state agencies, units of local government or non-profit organizations.

² Title II of the Americans with Disabilities Act of 1990 applies to public entities (state and local government agencies) regardless of whether they receive federal financial assistance.

- **The Age Discrimination Act of 1975** prohibits discrimination in the delivery of services or benefits (it does not apply to age discrimination in employment);
- **Title IX of the Education Amendments of 1972** prohibits discrimination on the basis of sex in educational programs.

Collectively, the federal civil rights laws prohibit discrimination on the grounds of race, color, national origin, disability, age, sex, and religion. Certain Department of Justice statutes also contain nondiscrimination provisions, including: the Omnibus Crime Control and Safe Streets Act of 1968 (Safe Streets Act), the Juvenile Justice and Delinquency Prevention Act (JJDP) and the Victims of Crime Act (VOCA). The provisions in these statutes apply only to recipients of funding from the Department of Justice.

II. TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 - REQUIREMENT TO PROVIDE LANGUAGE ASSISTANCE TO INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY

Title VI of the Civil Rights Act of 1964 and its implementing regulations prohibit discrimination on the basis of race, color and national origin in programs and activities that receive federal financial assistance. As clarified by Executive Order 13166, *Improving Access to Services for Persons with Limited English Proficiency*, and resulting agency guidance, national origin discrimination **includes** discrimination on the basis of limited English proficiency (LEP). A limited English proficient individual is defined as a person who has a first language other than English, together with a limited ability to read, write, speak or understand English.

There are numerous resources available to help recipients comply with the federal civil rights laws. A key Title VI guidance is the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards), developed by the U.S. Department of Health and Human Services in 2000. The CLAS Standards offer specific steps for organizations to take to make their services more culturally and linguistically appropriate, in compliance with Title VI. ***The enhanced CLAS standards, released in 2013, promote effective communication not only with LEP individuals, but also with persons with other communication needs.*** The enhanced Standards provide a framework for organizations to best serve the nation's increasingly diverse communities. (The CLAS Standards can be accessed at: https://www.thinkculturalhealth.hhs.gov/Content/clas.asp#clas_standards.)

Under Title VI, recipients are legally required to take reasonable steps to ensure **meaningful access** by persons with limited English proficiency (LEP) to programs and activities. The extent of an organization's obligation to provide language assistance services to individuals with Limited English Proficiency (LEP) is based on an individualized assessment involving the balancing of the following four factors:

- A. Factors Used To Determine The Extent of the Title VI Obligation to Ensure Meaningful Access For LEP Persons:

(1) The number or proportion of LEP persons served or encountered in the population that is eligible for the program;

Note: The eligible population is specific to the program, activity or service. It includes LEP persons serviced by the program, as well as those directly affected by the program, activity or service. In order to answer this question, it is necessary for recipients to examine data on LEP persons served by their program, as well as those in the community, who are eligible for the program. Relevant data sources may include information collected by program staff (such as ethnicity, race and preferred language), as well as external data, such as the latest Census Reports. Recipients are required to apply this analysis to each language in the service area. When considering the number or proportion of LEP individuals in a service area, recipients should consider whether the minor children their programs serve have LEP parent(s) or guardian(s) with whom the recipient may need to interact. It is also important to consider language minority populations that are eligible for the programs or services, but are not currently served or participating in the program, due to existing language barriers. An effective means of determining the number of LEP persons served is to record the preferred languages of people who have day-to-day contact with the program. It is important to remember that the focus of the analysis is on the lack of English proficiency, not the ability to speak more than one language.

(2) The frequency with which LEP individuals come in contact with the program, activity or service;

Note: The more frequently a recipient entity has contact with individuals in a particular language group, the more likely that language assistance in that language is needed. For example, the steps that are reasonable for a recipient that serves an LEP person on a one-time basis will be very different from those that are expected from a recipient that serves LEP persons daily. But, even recipients that serve people from a particular language group infrequently or on an unpredictable basis should use this four-factor analysis to determine what to do if an LEP person seeks services from their program. The resulting plan may be as simple as being prepared to use a telephone interpreter service. The key is to have a plan in place.

(3) The importance or impact of the contact upon the lives of the person(s) served by the program, activity or service;

Note: The more important a recipient's activity, program or service, or the greater the possible consequence of the contact to the LEP persons, the more likely language services are needed. When considering this factor, the recipient should determine both the importance, as well as the urgency of the service. For example, if the communication is both important and urgent (such as the need to communicate information about an emergency medical procedure), it is more likely that immediate language services are required. If the information to be communicated is important but not urgent (such as the need to communicate information about elective surgery, where delay will not

have any adverse impact on the patient's health), it is likely that language services are required, but that such services can be delayed for a reasonable length of time. Additional examples can be found in the Title VI guidance, *U.S. Department of Health and Human Services Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*.

(4) The resources available to the organization to provide effective language assistance.

Note: A recipient's level of resources and the costs of providing language assistance services is another factor to consider in the analysis. Resources and cost issues can often be reduced, for example, by sharing language assistance materials and services among recipients. Therefore, recipients should carefully explore the most cost-effective means of delivering quality language services prior to limiting services due to resource limitations.

B. Effective Communication

The key to providing meaningful access to LEP persons is to ensure that effective communication exists between the program, activity or service and the LEP person. Effective communication may include the following actions:

- Providing oral language assistance (interpretation)
- Notifying LEP customers of the availability of language assistance services
- Translating vital documents in languages other than English
- Training staff as to the policies and procedures for providing language assistance
- Developing written policies and procedures
- Monitoring and evaluating access to language assistance and updating policies and procedures, as needed.

C. Language Assistance Services for Limited English Proficient Persons³

Types of Language Assistance

There are two main types of language assistance services for LEP persons:

- Oral interpretation (either in-person, by video-conference, or over the telephone); and
- Translation of written materials.

Quality and Accuracy of Language Assistance

It is critical to ensure the quality and accuracy of the service being provided. Although formal certification is not required, the mere fact that an individual is bilingual does not automatically render him or her, a competent interpreter/translator.

³ This section summarizes some of the main points listed in Department of Health and Human Services (HHS)- [LEP Policy Guidance for HHS Recipients](#) - August 8, 2003.

When using interpreters, subrecipients should take reasonable steps to determine whether the interpreter:

1. Shows proficiency in and the ability to communicate information accurately in both English and the other language, and to identify and use the appropriate mode of interpreting (e.g., consecutive, simultaneous, summarization or sight translation);
2. Has knowledge in both languages of any specialized terms or concepts peculiar to the subrecipient's program, and of any phraseology used by the LEP person. (For example, a certain Spanish word may have one meaning to someone from Cuba and another, different meaning to someone from the Dominican Republic. And, some words have no direct translation from English to another language.)
3. Understands and follows confidentiality and impartiality rules.
4. Understands and adheres to the role of interpreter without deviating into another role.

Timeliness of Language Assistance

In cases where interpretation is needed and is reasonable, Title VI guidance requires that it be provided in a **timely** manner. While there is no single definition of timely, one clear guide is that the language assistance should be provided at a time and place that avoids the effective denial of the service, benefit or right at issue or the imposition of an undue burden or delay in important rights, benefits or services to the LEP person. For example, in a medical emergency, language assistance probably cannot be delayed. By contrast, when an LEP person is seeking to apply for certain benefits, and has ample time to do so, it might not be unreasonable to delay the provision of language services by requesting the LEP individual schedule an appointment when an interpreter will be available.

Oral Language Services Options

There are numerous options for providing oral language services in a timely manner.

- Hiring Bilingual Staff / Staff Interpreters: This can be especially cost effective when certain languages are encountered frequently in the program.
- Contracting with Interpreters: This option may be cost-effective in cases where there is no regular need for a particular language skill.
- Using Telephone Interpreter Lines or Video Conferencing: Telephone interpreter service lines offer many advantages, including speedy service in many different languages. However, they are not appropriate for all situations. As rule of thumb, it is best to use telephone interpreter services in situations where communication with an English proficient person would also be over the telephone.
- Using Community Volunteers: Use of community volunteers is an economical way of providing language assistance. However, it's important to have a method in place for assessing the **competency** of the volunteers.
- Special Note on the Use of Family or Friends as Interpreters: Under the vast majority of circumstances, sub-recipients should avoid the use of family or friends as interpreters. In cases where an LEP person asks to use a friend or family member as an interpreter, the sub-recipient or vendor should, with the

assistance of a qualified interpreter, inform the LEP person that he or she is entitled to qualified interpreter services at no charge. If the LEP person continues to insist on using a friend or family member, the sub-recipient should document the client's choice and its offer of assistance, and to ask the client to sign a waiver. (A Sample Waiver is included in the Resource Section.) If, at any point during the encounter, the sub-recipient feels that a friend or family member is not providing adequate or appropriate interpretation services, the sub-recipient should provide competent interpreter services in place of, or as a supplement to, the LEP person's interpreter.

Note: As a general rule, ***minor children should never be used to interpret.*** When minors are involved, there are additional considerations, including competency, conflict of interest, privacy, and confidentiality.

Written Translation – Which documents need to be translated?

Title VI guidance provides for the translation of “vital” written materials. Whether or not a document (or the information it solicits) is vital depends on the importance of the program, information, encounter, or service involved, and the consequence to the LEP person if the information in question is not provided accurately or in a timely manner.

Examples of vital written materials could include:

- Consent and complaint forms
- Intake forms with the potential for important consequences
- Written notices of eligibility criteria, rights, denial, loss, or decreases in benefits or services, actions affecting parental custody or child support, and other hearings
- Notices advising LEP persons of free language assistance
- Written tests that do not assess English language competency, but test competency for a particular license, job, or skill for which knowing English is not required
- Applications to participate in a recipient's program or activity or to receive recipient benefits or services.

Examples of nonvital written materials could include:

- Hospital menus
- Third party documents, forms, or pamphlets distributed by a recipient as a public service
- For a non-governmental recipient, government documents and forms
- Large documents such as enrollment handbooks (although vital information contained in large documents may need to be translated)
- General information about the program intended for informational purposes only

Into what languages should documents be translated?

As a general rule, documents should be translated into languages that are frequently encountered by the program. The extent of a sub-recipient's obligation to provide written translation of documents should be determined on a case-by-case basis, looking at the totality of the circumstances in view of the four-factor analysis (listed on pages 2-3 above.)

Safe Harbor:

For recipients and sub-recipients who wish to ensure with greater certainty their compliance with the Title VI requirement to provide written translations, the following paragraphs describe the circumstances that can provide a "safe harbor" for recipients regarding the translation of vital materials. A "safe harbor" means that if a recipient provides written translations under the circumstances described in the paragraphs, such action will be considered strong evidence of compliance with the recipient's obligations. It is important to note that the failure to provide written translations under the circumstances described in the paragraphs does not necessarily mean there is non-compliance.

The following actions will be considered strong evidence of compliance with the recipient's written-translation obligations:

- (a) The HHS-recipient provides written translations of vital documents for each eligible LEP language group that constitutes 5 percent or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. Translation of other documents, if needed, can be provided orally;
- (b) If there are fewer than 50 persons in a language group that reaches the five percent trigger in (a), the recipient does not need to translate vital written materials but may provide written notice in the primary language of the LEP group of the right to receive competent oral interpretation of those written materials, free of charge.

Note: These safe harbor provisions apply to the translation of written materials only. They do not affect the requirement to provide meaningful access to LEP individuals through oral interpreters where an application of the four-factor analysis leads to the conclusion that oral interpreter services are both needed and reasonable. By contrast, oral interpretation of documents may not substitute for translation of vital written documents.

III. AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) – REQUIREMENT TO COMMUNICATE EFFECTIVELY WITH PEOPLE WHO HAVE COMMUNICATION DISABILITIES

The ADA requires covered entities to **communicate effectively** with people who have communication disabilities. Covered entities include state and local governments (Title II entities) and businesses and nonprofit organizations (Title III entities).

The **goal** is to ensure that communication with people with these disabilities is **equally effective** as communication with people without disabilities.

Covered entities must provide **auxiliary aids and services** when needed to communicate effectively with people who have communication disabilities. There are a variety of services that can be used to communicate, including using qualified readers for people who are blind, have vision loss or are deaf-blind, and providing qualified sign language interpreters, oral interpreters, cued-speech interpreters or real-time captioning for people who are deaf, have hearing loss, or are deaf-blind. Aids and services also include a wide range of technologies, including assistive listening systems and devices, open captioning, closed captioning, real-time captioning, text telephones, and videotext displays,

The **key** to deciding what aid or service is needed to communicate effectively is to consider the nature, length, complexity, and context of the communication, as well as the person's normal method(s) of communication.

Covered entities are also required to accept telephone calls placed through **TRS** (telephone relay service – a free nationwide service which uses communication assistants who serve as intermediaries between people who have hearing or speech disabilities who use a text telephone or text messaging and people which use standard voice telephones), and **VRS** (video relay service, a free subscriber based service for people who use sign language and have videophones, smart phones or computers with video communication capabilities).

A. Rule regarding companions

Covered entities are required to provide effective communication for **companions** who have communication disabilities. The term companion includes any family member, friend, or associate of a person seeking or receiving an entity's good or services who is an appropriate person with whom the entity should communicate.

B. Exceptions

The ADA places responsibility for providing effective communication, including the use of interpreters, directly on covered entities. They cannot require a person to bring someone to interpret for him or her. A covered entity may rely on a companion to interpret only in two situations:

- (1) in an emergency involving an imminent threat to the safety or welfare of an individual or the public, an adult or minor child accompanying a person who uses sign language may be relied on to interpret or facilitate communication only when a qualified interpreter is not available.
- (2) In situations not involving an imminent threat, an adult accompanying someone who uses sign language may be relied upon to interpret or facilitate communication when a) the individual requests this, b) the accompanying adult agrees, and c) reliance on the accompanying adult is appropriate under the circumstances. This exception does not apply to minor children.

Even under exception (2), covered entities may not rely on an accompanying adult to interpret when there is a reason to doubt the person's impartiality or effectiveness.

C. Who Decides Which Aid or Service is Needed?

Title II entities are required to ***give primary consideration to the choice of aid or service requested by the person who has the communication disability.*** The state or local government must honor the person's choice unless it can demonstrate that another equally effective means of communication is available, or that the use of the means chosen would result in a fundamental alteration or in an undue burden (see limitations below). If the choice expressed by the person with a disability would result in an undue burden or a fundamental alteration, the public entity still has an obligation to provide an alternative aid or service that provides effective communication if one is available.

Title III entities are encouraged to consult with the person with a disability to discuss what aid or service is appropriate. The goal is to provide an aid or service that will be effective, given the nature of what is being communicated and the person's method of communicating.

Covered entities may require reasonable advance notice from people requesting aids or services, based on the length of time needed to acquire the aid or service, but may not impose excessive advance notice requirements. "Walk-in" requests for aids or services must also be honored to the extent possible.

D. Limitations

Covered entities are required to provide aids and services unless doing so would result in an "undue burden", which is defined as significant difficulty or expense. (Please see Revised ADA Requirements: Effective Communication⁴ for further information on factors to consider when making this determination.)

⁴ <http://www.ada.gov/effective-comm.htm>

IV. BIDDER RESPONSE ITEMS

All DHHS bidders are required to complete the following two (2) steps as part of their proposal:

- (1) Perform an individualized organizational assessment, using the four-factor analysis, to determine the extent of language assistance to provide for programs, services and/or activities; and;
- (2) Taking into account the outcome of the four-factor analysis, respond to the questions below regarding their efforts to provide language assistance.

Note: Successful bidders will be required to submit a detailed description of the language assistance services they will provide to LEP persons to ensure meaningful access to their programs and/or services, within ten (10) days of the date the contract is approved by Governor and Council.

| 1. IDENTIFICATION OF LEP PERSONS SERVED OR LIKELY TO BE ENCOUNTERED IN YOUR PROGRAM | | |
|--|-----|----|
| a. Do you make an effort to identify LEP persons served in your program? (One way to identify LEP persons served in your program is to collect data on ethnicity, race, and/or preferred language.) | Yes | No |
| b. Do you make an effort to identify LEP persons likely to be encountered in the population eligible for your program or service? (One way to identify LEP persons likely to be encountered is by examining external data sources, such as Census data) | Yes | No |
| c. Do you make an effort to use data to identify new and emerging population or community needs? | Yes | No |
| 2. NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE | | |
| Do you inform all applicants / clients of their right to receive language / communication assistance services at no cost? (Or, do you have procedures in place to notify LEP applicants / clients of their right to receive assistance, if needed?) <u>Example:</u> One way to notify clients about the availability of language assistance is through the use of an "I Speak" card. | Yes | No |
| 3. STAFF TRAINING | | |
| Do you provide training to personnel at all levels of your organization on federal civil rights laws compliance and the procedures for providing language assistance to LEP persons, if needed? | Yes | No |

| 4. PROVISION OF LANGUAGE ASSISTANCE | | | |
|---|-----|----|-----|
| <p>Do you provide language assistance to LEP persons, free of charge, in a timely manner? (Or, do you have procedures in place to provide language assistance to LEP persons, if needed)</p> <p>In general, covered entities are required to provide two types of language assistance: (1) oral interpretation and (2) translation of written materials. Oral interpretation may be carried out by contracted in-person or remote interpreters, and/or bi-lingual staff. <u>(Examples</u> of written materials recipients may need to translate include consent forms and statements of rights.)</p> | Yes | No | |
| 5. ENSURING COMPETENCY OF INTERPRETERS USED IN PROGRAM AND THE ACCURACY OF TRANSLATED MATERIALS | | | |
| <p>a. Do you make a reasonable effort to assess the language fluency of all interpreters used in your program to determine their level of competence in their specific field of service? (Note: A way to fulfill this requirement is to use certified interpreters only.)</p> | Yes | No | |
| <p>b. As a general rule, does your organization avoid the use of family members, friends, and other untested individual to provide interpretation services?</p> | Yes | No | |
| <p>c. Does your organization have a policy and procedure in place to handle client requests to use a family member, friend, or other untested individual to provide interpretation services?</p> | Yes | No | |
| <p>d. Do you make an effort to verify the accuracy of any translated materials used in your program (or use only professionally certified translators)? (Note: Depending on the outcome of the four-factor analysis, N/A (Not applicable) may be an acceptable response to this question.)</p> | Yes | No | N/A |
| 6. MONITORING OF SERVICES PROVIDED | | | |
| <p>Do you make an effort to periodically evaluate the effectiveness of any language assistance services provided, and make modifications, as needed?</p> | Yes | No | |
| <p>If there is a designated staff member who carries out the evaluation function? If so, please provide the person's title: _____</p> | Yes | No | |

V. DHHS CONTRACTOR/SUBRECIPIENT/VENDOR CIVIL RIGHTS TRAINING AND MONITORING REQUIREMENTS

All DHHS contractors, subrecipients, and vendors are required to:

- Undergo mandatory **training** on civil rights obligations. Training is in the form of a webinar on the DHHS website. Training topics include:
 - Federal civil rights laws compliance, including the requirement to provide effective communication assistance to persons with Limited English Proficiency and the deaf and hard of hearing;
 - Policies and procedures for responding to **discrimination complaints** made by employees, clients, customers, program participants or consumers; and
 - The requirement to provide DHHS and the federal Office for Civil Rights with any findings of discrimination issued by a federal or state court or federal or state administrative agency, based on race, color, national origin, sex or disability.

- Undergo **monitoring** by DHHS on compliance with the applicable civil rights laws.
Please refer to the accompanying Federal Civil Rights Compliance Checklist, for a list of the questions contractors are required to answer.

VI. ENFORCEMENT OF FEDERAL CIVIL RIGHTS LAWS

The U.S. Department of Health and Human Services Office for Civil Rights (OCR) is responsible for enforcing the federal civil rights laws. OCR is also responsible for enforcing the nondiscrimination provisions in certain program statutes of the Department of Justice, including: the Omnibus Crime Control and Safe Streets Act of 1968 (Safe Streets Act), The Juvenile Justice and Delinquency Prevention Act (JJDPA), and the Victims of Crime Act.

OCR uses the following five methods of enforcement:

1. Providing technical assistance: OCR is committed to providing technical assistance to recipients, so they can take pro-active steps to comply with their civil rights obligations. OCR believes that the most effective way to safeguard rights of both employees of recipients and subrecipients, as well as their beneficiaries, is to prevent, rather than to police.
2. Investigating Administrative Complaints: OCR accepts civil rights complaints not only from employees and beneficiaries of recipients, but also from employees and beneficiaries of subrecipients of federal financial assistance. Individuals may file complaints directly with OCR. They are not required to exhaust the organization's internal procedures prior to filing a complaint with OCR.

3. Conducting Compliance Reviews: OCR initiates its own compliance reviews based on objective criteria.
4. Reviewing Findings of Discrimination: OCR reviews findings of discrimination against recipients that have been issued by Federal or State administrative agencies.
5. Reviewing EEOPs: OCR reviews Equal Employment Opportunity Plans, which certain recipients are required to provide.

RESOURCE MATERIALS

Additional information on the Federal civil rights laws, communication access, and culturally and linguistically appropriate services can be found in the resources listed below.

1. U.S. Department of Health and Human Services Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons - <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/hhslepguidancepdf.pdf>
2. Office for Civil Rights (OCR) - www.hhs.gov/ocr
The Office for Civil Rights conducts outreach activities and develops products that can be used to understand how to comply with the civil rights laws it enforces. It offers fact sheets and information about specific topics for the general public and for providers. To review these products, please review the OCR [Resources](#) page.
3. LEP.gov - www.lep.gov
LEP.gov promotes a positive and cooperative understanding of the importance of language access to federal programs and federally assisted programs, by providing resources, guidance and training materials.
4. Department of Justice Technical Assistance on Effective Communication under the Americans with Disabilities Act - <http://www.ada.gov/effective-comm.htm>
5. ADA Website: www.ada.gov
The ADA website provides information and Technical Assistance on the Americans with Disabilities Act from the US Department of Justice Civil Rights Division.
6. Think Cultural Health - www.thinkculturalhealth.hhs.gov
Think Cultural Health (TCH) is dedicated to advancing health equity at every point of contact. With growing concerns about health inequities and the need for health care systems to reach increasingly diverse patient populations, cultural competence has become more and more a matter of national concern.
This site, sponsored by the Office of Minority Health, offers the latest resources and tools to promote cultural and linguistic competency in health care. You may access

free and accredited continuing education programs as well as tools to help you and your organization provide respectful, understandable and effective services.

7. Refugee Health Technical Assistance Center - www.refugeehealthta.org
The Access to Care/Language Access section of the website provides a history of Language Access in Healthcare (including links to Title VI of the Civil Rights Act of 1964, Executive Order 13166, and National Standards on Culturally and Linguistically Appropriate Services (CLAS). It also provides the following articles: Interpreters vs. Translators, Interpreter Best Practices, Preparing for a Remote Interpreted Session.
8. Health Resources and Services Administration (HRSA) Culture, Language and Health Literacy Website – <http://www.hrsa.gov/culturalcompetence>
Lists cultural competency and health literacy tools, resources and definitions for a more inclusive audience of both health and health care organizations.
9. Data Collection Standards for the Collection of Race, Ethnicity, Primary Language, Sex, and Disability Status - <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208>
The Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity are the standards for the classification of federal data on race and ethnicity whose development stemmed in large measure from new responsibilities to enforce civil rights laws. In October 2011, The U.S. Department of Health and Human Services released final standards to more consistently measure race, ethnicity, sex, primary language, and disability status, as required by [Section 4302 of the Affordable Care Act](#), thereby improving the ability to highlight disparities in health status and target interventions to reduce these disparities. HHS will begin implementation of these new data standards in all new surveys and at the time of major revisions to current surveys.