



*For A Healthy Life*



## **Section E:** References and Resources

## Section E: References and Resources

### Reference Resources for Culturally 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.

### Eliminate Health Disparities

Culturally and linguistically appropriate services are increasingly recognized as a key strategy to eliminating disparities in health and health care (e.g., Betancourt, 2004; 2006; Brach & Fraser, 2000; HRET, 2011). Among several other factors, lack of cultural competence and sensitivity among health and health care professionals has been associated with the perpetuation of health disparities (e.g., Geiger, 2001; Johnson, Saha, Arbelaez, Beach, & Cooper, 2004). This is often the result of miscommunication and incongruence between the patient or consumer's cultural and linguistic needs and the services the health or health care professional is providing (Zambrana, Molnar, Munoz, & Lopez, 2004). The provision of culturally and linguistically appropriate services can help providers address these issues by providing knowledge and skills to manage the provider-level, individual-level, and system-level factors referenced in the Institute of Medicine's seminal report *Unequal Treatment* that intersect to perpetuate health disparities (IOM, 2003).<sup>11</sup>

### Health Equity & Culturally and Linguistically Appropriate Services Are Connected

Culturally and linguistically appropriate services (CLAS) are one strategy to help eliminate health inequities. By tailoring services to an individual's culture and language preference, providers can help bring about positive health outcomes for diverse populations. The provision of health care services that are respectful of and responsive to the health beliefs, practices and needs of diverse patients can help close the gap in health care outcomes.<sup>1</sup>

#### This section includes:

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

#### The following materials are available in this section:

- 45 CFR 92, Non-Discrimination Rule
- Title VI of the Civil Rights Act of 1964
- Section 1557 of the Affordable Care Act of 2010 (Section 1557)
- Americans with Disabilities Act of 1990
- National Standards to Provide "CLAS" Culturally and Linguistically Appropriate Services
- Executive Order 13166, August 2000
- Race/Ethnicity/Language (REL) Categories Importance of Collecting REL and Appropriate Use
- Medi-Cal Managed Care All Plan, Policy, and Dual Plan Letters



<sup>11</sup>[www.thinkculturalhealth.hhs.gov](http://www.thinkculturalhealth.hhs.gov)

## 45 CFR 92, Non Discrimination Rule

§ 92.201 Meaningful access for individuals with limited English proficiency. (a) General requirement. A covered entity shall take reasonable steps to provide meaningful access to each individual with limited English proficiency eligible to be served or likely to be encountered in its health programs and activities. (b) Evaluation of compliance. In evaluating whether a covered entity has met its obligation under paragraph (a) of this section, the Director shall: (1) Evaluate, and give substantial weight to, the nature and importance of the health program or activity and the particular communication at issue, to the individual with limited English proficiency; and (2) Take into account other relevant factors, including whether a covered entity has developed and implemented an effective written language access plan, that is appropriate to its particular circumstances, to be prepared to meet its obligations in § 92.201(a). (c) Language assistance services requirements.

Language assistance services required under paragraph (a) of this section must be provided free of charge, be accurate and timely, and protect the privacy and independence of the individual with limited English proficiency. (d) Specific requirements for interpreter and translation services. Subject to paragraph (a) of this section: (1) A covered entity shall offer a qualified interpreter to an individual with limited English proficiency when oral interpretation is a reasonable step to provide meaningful access for that individual with limited English proficiency; and (2) A covered entity shall use a qualified translator when translating written content in paper or electronic form. (e) Restricted use of certain persons to interpret or facilitate communication.

A covered entity shall not: (1) Require an individual with limited English proficiency to provide his or her own interpreter; (2) Rely on an adult accompanying an individual with limited English proficiency to interpret or facilitate communication, except: (i) In an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter for the individual with limited English proficiency immediately available; or (ii) Where the individual with limited English proficiency specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances; (3) Rely on a minor child to interpret or facilitate communication, except in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter for the individual with limited English proficiency immediately available; or (4) Rely on staff other than qualified bilingual/multilingual staff to communicate directly with individuals with limited English proficiency. (f) Video remote interpreting services.

A covered entity that provides a qualified interpreter for an individual with limited English proficiency through video remote interpreting services in the covered entity's health programs and activities shall provide: (1) Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication; (2) A sharply delineated image that is large enough to display the interpreter's face and the participating individual's face regardless of the individual's body position; (3) A clear, audible transmission of voices; and (4) Adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the video remote interpreting. (g) Acceptance of language assistance services is not required. Nothing in this section shall be construed to require an individual with limited English proficiency to accept language assistance service.

## 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 VI, 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.

## Section 1557 of the Affordable Care Act of 2010 (Section 1557)

### Ensuring Meaningful Access for Individuals with Limited English Proficiency

Section 1557 is the civil rights provision of the Affordable Care Act of 2010. Section 1557 prohibits discrimination on the grounds of race, color, national origin, sex, age, or disability in certain health programs and activities. The Section 1557 final rule applies to any health program or activity, any part of which receives funding from the Department of Health and Human Services (HHS), such as hospitals that accept Medicare or doctors who receive Medicaid payments; the Health Insurance Marketplaces and issuers that participate in those Marketplaces; and any health program that HHS itself administers.

### Protections for Individuals with Limited English Proficiency

- Consistent with longstanding principles under civil rights laws, the final rule makes clear that the prohibition on national origin discrimination requires covered entities to take reasonable steps to provide meaningful access to each individual with limited English proficiency who is eligible to be served or likely to be encountered within the entities' health programs and activities.
  - An individual with limited English proficiency is a person whose primary language for communication is not English and who has a limited ability to read, write, speak, or understand English.
  - Reasonable steps may include the provision of language assistance services, such as oral language assistance or written translation.
  - The standards in the final rule are flexible and context-specific, taking into account factors such as the nature and importance of the health program and the communication at issue, as well as other considerations, including whether an entity has developed and implemented an effective language access plan.
- Covered entities are required to post a notice of individuals' rights providing information about communication assistance for individuals with limited English proficiency, among other information.
- In each state, covered entities are required to post taglines\* in the top 15 languages spoken by individuals with limited English proficiency in that state that indicate the availability of language assistance.
- Covered entities are prohibited from using low-quality video remote interpreting services or relying on unqualified staff, translators when providing language assistance services.

Covered entities are encouraged to develop and implement a language access plan to ensure they are prepared to take reasonable steps to provide meaningful access to each individual that may require assistance.

### Protections for Individuals with Disabilities

- Consistent with existing requirements, Section 1557 requires covered entities to take appropriate steps to ensure that communications with individuals with disabilities are as effective as communication with others. Section 1557 also requires covered entities to provide appropriate auxiliary aids and services, such as alternative formats and sign language interpreters, where necessary for effective communication.
- Covered entities must post a notice of individuals' rights, providing information about communication assistance among other information.
- Covered entities are required to make all programs and activities provided through electronic and information technology accessible to individuals with disabilities, unless doing so would impose undue financial or administrative burdens or would result in a fundamental alteration in the nature of the covered entity's health program or activity.
- Section 1557 incorporates the 2010 Americans with Disabilities Act Standards for Accessible Design as the standards for physical accessibility of new construction or alteration of buildings and facilities. Almost all covered entities are already required to comply with these standards.
- Covered entities cannot use marketing practices or benefits designs that discriminate on the basis of disability.
- Covered entities must make reasonable changes to policies, practices and procedures where necessary to provide equal access for individuals with disabilities unless the covered entity can demonstrate that making the changes would fundamentally alter the nature of the health program or activity.

\*Below is a sample of a tagline in 16 languages, including English, for the Medi-Cal line of business.

<b>English</b>	Free language assistance services are available. You can request interpreting or translation services, information in your language or in another format, or auxiliary aids and services. Call L.A. Care at <b>1.888.839.9909 (TTY 711)</b> , 24 hours a day, 7 days a week, including holidays. The call is free.
<b>Spanish</b>	Los servicios de asistencia de idiomas están disponibles de forma gratuita. Puede solicitar servicios de traducción e interpretación, información en su idioma o en otro formato, o servicios o dispositivos auxiliares. Llame a L.A. Care al <b>1.888.839.9909 (TTY 711)</b> , las 24 horas del día, los 7 días de la semana, incluso los días festivos. La llamada es gratuita.
<b>Arabic</b>	خدمات المساعدة اللغوية متاحة مجاناً. يمكنك طلب خدمات الترجمة الفورية أو الترجمة التحريرية أو معلومات بلغتك أو بتتسيق آخر أو مساعدات وخدمات إضافية. اتصل بـ L.A. Care على الرقم <b>1.888.839.9909 (TTY 711)</b> على مدار الساعة وطوال أيام الأسبوع، بما في ذلك أيام العطلات. المكالمات مجانية.
<b>Armenian</b>	Տրամադրելի են լեզվական օգնության անվճար ծառայություններ: Կարող եք խնդրել բանավոր թարգմանչական կամ թարգմանչական ծառայություններ, Ձեր լեզվով կամ տարբեր ձևաչափով տեղեկություն, կամ օժանդակ օգնություններ և ծառայություններ: Զանգահարեք L.A. Care <b>1.888.839.9909</b> համարով (TTY 711), օրը 24 ժամ, շաբաթը 7 օր, ներառյալ տոնական օրերը: Այս հեռախոսազանգն անվճար է:
<b>Chinese</b>	提供免費語言協助服務。您可申請口譯或翻譯服務，您使用之語言版本或其他格式的資訊，或輔助援助和服務。請致電 L.A. Care 電話 <b>1.888.839.9909 (TTY 711)</b> ，服務時間為每週7天，每天24小時（包含假日）。上述電話均為免費。
<b>Farsi</b>	خدمات رایگان امداد زبانی موجود می باشد. می توانید برای خدمات ترجمه شفاهی یا کتبی، اطلاعات به زبان خونتان یا فرمت دیگر، یا امدادها و خدمات اضافی درخواست کنید. با L.A. Care شماره <b>1.888.839.9909 (TTY 711)</b> در 24 ساعت شبانه روز و 7 روز هفته شامل روزهای تعطیل تماس بگیرید. این تماس رایگان است.
<b>Hindi</b>	मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। आप दुभाषिया या अनुवाद सेवाओं, आपकी भाषा या किसी अन्य प्रारूप में जानकारी, या सहायक उपकरणों और सेवाओं के लिए अनुरोध कर सकते हैं। आप L.A. Care को <b>1.888.839.9909 (TTY 711)</b> नंबर पर फ़ोन करें, दिन में 24 घंटे, सप्ताह में 7 दिन, छुट्टियों सहित। कॉल मुफ्त है।
<b>Hmong</b>	Muaj kev pab txhais lus pub dawb rau koj. Koj tuaj yeem thov kom muab cov ntaub ntauv txhais ua lus lossis txhais ua ntauv rau koj lossis muab txhai ua lwm yam lossis muab koom pab thiab lwm yam kev pab cuam. Hu rau L.A. Care ntauv tus xov tooj <b>1.888.839.9909 (TTY 711)</b> , tuaj yeem hu tau txhua txhua 24 teev hauv ib hnub, 7 hnub hauv ib vij thiab suab nrog cov hnub so tib si, tus xov tooj no hu dawb xwb.
<b>Japanese</b>	言語支援サービスを無料でご利用いただけます。通訳・翻訳サービス、日本語や他の形式での情報、補助具・サービスをリクエストすることができます。L.A. Careまでフリーダイヤル <b>1.888.839.9909 (TTY 711)</b> にてご連絡ください。祝休日を含め毎日24時間、年中無休で受け付けています。
<b>Khmer</b>	សេវាជំនួយខាងភាសា គឺមានដោយឥតគិតថ្លៃ។ អ្នកអាចស្នើសុំសេវាបកប្រែផ្ទាល់មាត់ ឬការបកប្រែ ស្នើសុំព័ត៌មាន ជាភាសាខ្មែរ ឬជាទម្រង់មួយទៀត ឬជំនួយប្រាំមួយ និងសេវា។ ទូរស័ព្ទទៅ L.A. Care តាមលេខ <b>1.888.839.9909 (TTY 711)</b> បាន 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃ មួយអាទិត្យរួមទាំងថ្ងៃបុណ្យផង។ ការហៅនេះគឺឥតគិតថ្លៃឡើយ។
<b>Korean</b>	무료 언어 지원 서비스를 이용하실 수 있습니다. 귀하는 통역 또는 번역 서비스, 귀하가 사용하는 언어 또는 기타 다른 형식으로 된 정보 또는 보조 지원 및 서비스 등을 요청하실 수 있습니다. 공휴일을 포함해 주 7일, 하루 24시간 동안 L.A. Care, <b>1.888.839.9909 (TTY 711)</b> 번으로 문의하십시오. 이 전화는 무료로 이용하실 수 있습니다.
<b>Lao</b>	ພາສາອັງກິດ ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍບໍລິການນາຍພາສາ ຫຼື ດັບພາສາໄດ້, ສຳລັບຂໍ້ມູນໃນພາສາຂອງທ່ານ ຫຼື ໃນຮູບແບບອື່ນ, ຫຼື ເຄື່ອງມືຊ່ວຍເຫຼືອ ດຸ່ວະ ບໍລິການເສີມ. ໃຫ້ໂທຫາ L.A. Care ໄດ້ທີ່ <b>1.888.839.9909 (TTY 711)</b> , 24 ຊົ່ວໂມງຕໍ່ມື້, 7 ມື້ຕໍ່ອາທິດ, ວອມດັ່ງວັນພັກຕ່າງໆ. ການໂທແມ່ນບໍ່ເສຍຄ່າ.
<b>Panjabi</b>	ਪੰਜਾਬੀ: ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਤੁਸੀਂ ਦੁਆਰਾ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਜਾਂ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿੱਚ, ਜਾਂ ਸਹਾਇਕ ਉਪਕਰਣਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। L.A. Care ਨੂੰ <b>1.888.839.9909 (TTY 711)</b> ਨੰਬਰ ਉੱਤੇ ਕਾਲ ਕਰੋ, ਇੱਕ ਦਿਨ ਵਿੱਚ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਵਿੱਚ 7 ਦਿਨ, ਛੁੱਟੀਆਂ ਸਮੇਤ। ਕਾਲ ਮੁਫਤ ਹੈ।
<b>Russian</b>	Мы предоставляем бесплатные услуги перевода. У Вас есть возможность подать запрос о предоставлении устных и письменных услуг перевода, информации на Вашем языке или в другом формате, а также вспомогательных средств и услуг. Звоните в L.A. Care по телефону <b>1.888.839.9909 (TTY 711)</b> 24 часа в сутки, 7 дней в неделю, включая праздничные дни. Этот звонок является бесплатным.
<b>Tagalog</b>	Available ang mga libreng serbisyo ng tulong sa wika. Maaari kang humiling ng mga serbisyo ng pag-interpret o pagsasalang-wika, impormasyon na nasa iyong wika o nasa ibang format, o mga karagdagang tulong at serbisyo. Tawagan ang L.A. Care sa <b>1.888.839.9909 (TTY 711)</b> , 24 na oras sa isang araw, 7 araw sa isang linggo, kabilang ang mga holiday. Libre ang tawag.
<b>Thai</b>	มีบริการช่วยเหลือภาษาฟรี คุณสามารถขอรับบริการการแปลหรือล่าม ข้อมูลในภาษาของคุณหรือในรูปแบบอื่น หรือความช่วยเหลือและบริการเสริมต่าง ๆ ได้ โทร L.A. Care ที่ <b>1.888.839.9909 (TTY 711)</b> ตลอด 24 ชั่วโมง 7 วันต่อสัปดาห์รวมทั้งวันหยุด โทรฟรี
<b>Vietnamese</b>	Có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Quý vị có thể yêu cầu dịch vụ biên dịch hoặc phiên dịch, thông tin bằng ngôn ngữ của quý vị hoặc bằng các định dạng khác, hay các dịch vụ và thiết bị hỗ trợ ngôn ngữ. Xin vui lòng gọi L.A. Care tại <b>1.888.839.9909 (TTY 711)</b> , 24 giờ một ngày, 7 ngày một tuần, kể cả ngày lễ. Cuộc gọi này miễn phí.

## Americans with Disabilities Act of 1990

The Americans with Disabilities Act (ADA) of 1990 is a law that protects people with disabilities from being treated unfairly. A disability is a physical or mental condition that totally or seriously limits a person's ability in at least one major life activity. This law protects people who:

- Are any age, including seniors (65 years of age or older), who have disabilities
- Have disabilities such as hearing, speech or vision loss, developmental disabilities and other types of disabilities
- May not look like they have a disability or had a disability in the past

The ADA law makes sure there are equal chances for people with disabilities in employment and in state and local government services, including healthcare. The ADA requires public entities to take appropriate steps to ensure effective communication with individuals with disabilities, including the provision of auxiliary aids and services.

Here are some telephone numbers that can help you if you have a disability or want more information about the Americans with Disabilities Act (ADA):

**ADA Information Line:**

**1.800.514.0301** (Voice) or

**1.800.514.0383** (TTY/TDD)

## National Standards to Provide “CLAS” Culturally and Linguistically Appropriate Services

The purpose of the enhanced National CLAS Standards is to provide a blueprint for health and health care organizations to implement CLAS that will advance health equity, improve quality, and help eliminate health care disparities. All 15 Standards are necessary to advance health equity, improve quality, and help eliminate health care disparities.

### *Principal Standard:*

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

### *Governance, Leadership, and Workforce:*

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate **policies and practices on an ongoing basis.**

### *Communication and Language Assistance:*

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

### *Engagement, Continuous Improvement, and Accountability:*

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization’s planning and operations.
10. Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

## 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:

#### *Sec. 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.

#### *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: [www.justice.gov/crt/executive-order-13166](http://www.justice.gov/crt/executive-order-13166)

## Race/Ethnicity/Language (REL) Categories Importance of Collecting REL and Appropriate Use

Collecting REL information helps providers to administer better care for patients. Access to accurate data is essential for successfully identifying inequalities in health that could be attributed to race, ethnicity or language barriers and to improve the quality of care and treatment outcomes.

The health plans collect this data and can make this data available to providers upon request. Provider must collect member spoken language preference and document this on the member's record. Below is the listing of the basic race and ethnicity categories used by health plans.

### *Office of Management and Budget (OMB) Ethnicity Categories:*

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Non-Hispanic or Latino: Patient is not of Hispanic or Latino ethnicity.
- Declined: A person who is unwilling to provide an answer to the question of Hispanic or Latino ethnicity.
- Unavailable: Select this category if the patient is unable to physically respond, there is no available family member or caregiver to respond for the patient, or if for any reason, the demographic portion of the medical record cannot be completed. Hospital systems may call this field "Unknown", "Unable to Complete," or "Other"

### *Office of Management and Budget (OMB) Race Categories:*

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Some Other Race: A person who does not self-identify with any of the OMB race categories. \*OMB-Mod
- Declined: A person who is unwilling to choose/provide a race category or cannot identify him/herself with one of the listed races.
- Unavailable: Select this category if the patient is unable to physically respond, there is no available family member or caregiver to respond for the patient, or if for any reason, the demographic portion of the medical record cannot be completed. Hospital systems may call this field "Unknown," "Unable to complete," or "Other."

Source: <https://www.whitehouse.gov/omb/federal-register/>

## Medi-Cal Managed Care All Plan, Policy, and Dual Plan Letters

Medi-Cal Managed Care communicates with Medi-Cal managed care contractors and Duals Plans participating in the Dual-Eligible Demonstration Project, by means of All Plan, Policy, and Duals Plan Letters.

- All Plan Letters (APLs) are the means by which Medi-Cal Managed Care Division (MMCD) conveys information or interpretation of changes in policy or procedure at the Federal or State levels, and provides instruction to contractors, if applicable on how to implement these changes on an operational basis.
- Policy Letters (PLs) provide instruction to contractors about changes in Federal or State law and Regulation that affect the way in which they operate, or deliver services to Medi-Cal beneficiaries.
- The Dual Plan Letters (DPLs) convey information or interpretation of changes in policy or procedure at the Federal or State levels, and about changes in Federal or State law and Regulations. DPLs provide instruction to Dual Plans, if applicable on how to implement these changes on an operational basis, and about how Federal or State law affect the way in which they operate, or deliver services to dual-eligible beneficiaries.

Below is a list of Cultural and Linguistic notices:

- PL 99-001 – Community Advisory Committee (CAC)
- APL 99-005 – Cultural Competency in Health Care - Meeting the Needs of a Culturally and Linguistically Diverse Population
- APL 02-003 – Cultural and Linguistic Contractual Requirements: Threshold and Concentration Standard – Languages Update
- APL 14-008 – Standards for Determining Threshold Languages
- APL 17-011 – Standards for Determining Threshold Languages and Requirements for Section 1557 of the Affordable Care Act
- APL 17-002 – Health Education and Cultural and Linguistic Group Needs Assessment (GNA)
- PL 10-012 – Health Education and Cultural and Linguistic Group Needs Assessment (GNA)
- PL 99-002 – Health Education and Cultural and Linguistic Group Needs Assessment (GNA)
- PL 99-003 – Linguistic Services
- PL 99-004 – Translation of Written Informing Materials

These are available for download on the California Department of Health Care Services (DHCS) website: [www.dhcs.ca.gov/formsandpubs/Pages/MMCDAPLPLSubjectListing.aspx](http://www.dhcs.ca.gov/formsandpubs/Pages/MMCDAPLPLSubjectListing.aspx). If you have questions concerning a specific All Plan, Policy, or Duals Plan Letter, please call **916.449.5000**.

# Bibliography of Major Sources Used in the Production of the Toolkit

- Aguirre-Molina, M., et al. (2001). *Health Issues in the Latino Community*. San Francisco: Jossey-Bass.
- Avery, C. (1991). Native American Medicine: Traditional Healing. *JAMA*, 265, 2271-2273.
- Baer, H. (2001). *Biomedicine and Alternative Healing Systems in America*. Madison, WI: University of Wisconsin Press.
- Bonder, B., Martin, L., & Miracle, A. (n.d.) *Culture in Clinical Care*. Thorofare, NJ: SLACK, Inc.
- Carillo, J.A., Green., & J. Betancourt. (1999). Cross-Cultural Primary Care: A patient-based approach. *Annals of Internal Medicine*, 130, 829-834.
- California Healthcare Interpreters Association & CHIA Standards and Certification Committee (Eds.). *California Standards for Healthcare Interpreters: Ethical Principal, Protocols, and Guidance on Roles and Interventions*. Oxnard, CA: The California Endowment.
- Cross, T., Dennis, KW., et al. (1989). *Towards a Culturally Competent System of Care*. Washington, DC: Georgetown University.
- Doak, C., et al. (1996). *Teaching Patients with Low Literacy Skills*. Philadelphia: J.B. Lippincott Co.
- Duran, D., et al. (Eds.). (2001). *A Primer for Cultural Proficiency: Towards Quality Health Services for Hispanics*. Washington D.C.: National Alliance for Hispanic Health.
- Fadiman, A. (1997). *The Spirit Catches You and You Fall Down*. New York: Farrar, Strauss & Giroux.
- Galanti, G. (1997). *Caring for Patients from Different Cultures*. Pennsylvania, PA: University of Pennsylvania Press.
- Goodman, A., et al. (2000). *Nutritional Anthropology: Biocultural Perspectives on Food and Nutrition*. Mountainview, CA: Mayfield Publishing Company.
- Hall, E.T. (1985). *Hidden Differences: Studies in International Communication*. Hamburg, Germany: Gruner & Jahr.
- Hall, E.T. (1990). *Understanding Cultural Differences*. Yarmouth, ME: Intercultural Press.
- Harwood, A. (Eds.). (1981). *Ethnicity and Medical Care*. Cambridge, MA: Harvard University Press.
- [ddtp.cpuc.ca.gov/homepage.aspx](http://ddtp.cpuc.ca.gov/homepage.aspx)
- [definitions.uslegal.com](http://definitions.uslegal.com)
- [en.wikipedia.org/wiki/Limited\\_English\\_proficiency](http://en.wikipedia.org/wiki/Limited_English_proficiency)
- [minorityhealth.hhs.gov](http://minorityhealth.hhs.gov)
- [minorityhealth.hhs.gov/npa/files/Plans/NSS/NSS\\_05\\_Section1.pdf](http://minorityhealth.hhs.gov/npa/files/Plans/NSS/NSS_05_Section1.pdf)
- [minorityhealth.hhs.gov/npa](http://minorityhealth.hhs.gov/npa)
- Kaiser Permanente National Diversity Council. (1999). *Provider's Handbook on Culturally Competent Care*. Oakland, CA: Kaiser Permanente.
- Kleinman, A. (1980). *Patients and Healers in the Context of Culture*. Berkeley, CA: University of California Press.
- Kleinman, A. (1990). *Illness Narratives*. New York: Perseus Publishing.
- Kleinman, A., & Good, B. (Eds.). (1985). *Culture and Depression*. Berkeley, CA: University of California Press.

- Leslie, C., & Young, A. (Eds.). (1992). *Paths to Asian Medical Knowledge*. Berkeley, CA: University of California Press.
- Leigh, JW. (1998). *Communicating for Cultural Competence*. New York: Allyn and Bacon. Lipson, J., Dibble, S., et al. (Eds.). (1996). *Culture and Nursing Care: A Pocket Guide*. San Francisco: UCSF Nursing Press.
- O'Conner, B. (1995). *Healing Traditions: Alternative Medicine and the Health Professions*. Philadelphia: University of Pennsylvania Press.
- Office of Minority Health, Department of Health and Human Services (2000). *Assuring cultural competence in health care: Recommendations for national standards and an outcomes focused research agenda* (Federal Register Volume 65, No. 247, pp. 80865-80879).
- Office of Minority Health, Department of Health and Human Services (2001). *National standards for culturally and linguistically appropriate services in health care: Final Report*.
- Purnell, L.D., & Paulanka, B.J. (1998). *Transcultural Health Care: A Culturally Competent Approach*. Philadelphia, PA: F.A. Davis Company.
- Salimbene, S. (2000). *What Language Does Your Patient Hurt In? A Practical Guide to Culturally Competent Care*. Northampton, MA: Inter-Face International, Inc.
- Smedley, B., Stith, A., & Nelson, A. (Eds.). (2002). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: National Academy Press.
- Spector, R. (1996). *Cultural Diversity in Health and Illness: a Guide to Heritage Assessment and Health Traditions*. Boston: Appleton & Lange.
- Spector, R. (2000). *Cultural Diversity in Health and Illness*. Upper Saddle, NJ: Prentice Hall Health.
- U.S. Code. (1964). Title VI of the Civil Rights Act of 1964. Title 42 - The Public Health and Welfare. 42 U.S.C. § 2000d et seq.
- Walzer, J. (2002, May 2). *The Health of Hispanic Elders: The Intersection of Nutrition, Culture and Diabetes*. Tufts Nutrition. Centers for Medicare and Medicaid Services. The Medicare Advantage Organization National QAPI Project for 2003. (2004).
- Department of Health and Human Services Centers for Medicare & Medicaid Services. Operational Policy Letter #: OPL 2001.133. July 16, 2001.
- [www.ada.gov/effective-comm.htm](http://www.ada.gov/effective-comm.htm)
- [www.ahrq.gov/cpi/about/index.html](http://www.ahrq.gov/cpi/about/index.html): Oral, Linguistic, and Culturally Competent Services: Guides for Managed Care Plans. Agency for Healthcare Research and Quality. Rockville, MD. (2003).
- [www.ama-assn.org/about/ama-foundation](http://www.ama-assn.org/about/ama-foundation)
- [www.floridablue.com](http://www.floridablue.com): Blue Cross and Blue Shield of Florida. Healthy People 2010. (2002).
- [www.bphc.org](http://www.bphc.org): Culturally and Linguistically Appropriate Standards of Care. As approved by the Boston HIV Health Services Planning Council on January 11, 2001.
- [www.differencebetween.net/language/difference-between-equity-and-equality](http://www.differencebetween.net/language/difference-between-equity-and-equality)
- [www.dictionary.com/browse/teletypewriter?s=t](http://www.dictionary.com/browse/teletypewriter?s=t)
- [www.ecfr.gov/cgi-bin/text-idx?node=sp45.1.92.c#se45.1.921201](http://www.ecfr.gov/cgi-bin/text-idx?node=sp45.1.92.c#se45.1.921201)

[www.msh.org](http://www.msh.org): Management Sciences for Health. Culturally Competent Organizations. CLAS Standards. (2003).

[www.glma.org](http://www.glma.org)

[www.healthypeople.gov/2020/about/foundation-health-measures/Disparities](http://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities)

[www.lep.gov](http://www.lep.gov): Department of Justice, Civil Rights Division, Executive Order 13166. Information and Guidance for Recipients of Federal Funds on Language Access to Federally Assisted Programs and Activities. (2003).

[www.ihl.org/resources/Pages/Tools/Ask-Me-3-Good-Questions-for-Your-Good-Health.aspx](http://www.ihl.org/resources/Pages/Tools/Ask-Me-3-Good-Questions-for-Your-Good-Health.aspx)

[www.thinkculturalhealth.hhs.gov/](http://www.thinkculturalhealth.hhs.gov/)

[www.thinkculturalhealth.hhs.gov/clas/standards](http://www.thinkculturalhealth.hhs.gov/clas/standards)

[www.justice.gov/crt/executive-order-13166](http://www.justice.gov/crt/executive-order-13166): Department of Justice, Civil Rights Division, Executive Order 13166. Improving Access to Services for Persons with Limited English Proficiency. Verbatim as released by the Office of the Press Secretary, The White House (August 11, 2000).

[www.whitehouse.gov/omb/federal-register/](http://www.whitehouse.gov/omb/federal-register/)

[www.who.int/healthsystems/topics/equity/en/](http://www.who.int/healthsystems/topics/equity/en/)

Please refer to the “Web Resources” page of this toolkit to find the internet resources that informed the work of the Committee.

## Cultural Competence Web Resources

U.S. Department of Health and Human Services - Think Cultural Health  
[www.thinkculturalhealth.hhs.gov](http://www.thinkculturalhealth.hhs.gov)

Diversity RX  
[diversityrx.org/resources](http://diversityrx.org/resources)

Institute for Healthcare Improvement  
[www.ihl.org/Pages/default.aspx](http://www.ihl.org/Pages/default.aspx)

U.S. Department of Health and Human Services - Office of Minority Health  
[www.minorityhealth.hhs.gov](http://www.minorityhealth.hhs.gov)

Cross Cultural Health Care Program  
[xculture.org](http://xculture.org)

National Institute of Health  
[www.nih.gov](http://www.nih.gov)

U.S. Department of Health and Human Services – Health Resources and Services Administration  
[www.hrsa.gov/culturalcompetence/index.html](http://www.hrsa.gov/culturalcompetence/index.html)

Provider's Guide to Quality & Culture  
[www.msh.org/resources/providers-guide-to-quality-culture](http://www.msh.org/resources/providers-guide-to-quality-culture)

U.S. Department of Justice – Civil Rights Division  
[www.justice.gov/crt](http://www.justice.gov/crt)

National Center for Cultural Competence – Georgetown University  
[nccc.georgetown.edu](http://nccc.georgetown.edu)

Industry Collaboration Effort (ICE)  
[iceforhealth.org/aboutice.asp](http://iceforhealth.org/aboutice.asp)

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

This information is intended for educational purposes only, and should not be interpreted as medical advice. Please consult your doctor for advice about changes that may affect your health.

Linkage to the websites listed is for educational purposes only and is not intended as a particular endorsement of any organization.

# Glossary of Terms

## **Alternative Format**

A format of written materials that includes larger size print, Braille, and audio, for people with low or no vision, cognitive disabilities, or low literacy.

## **American Sign Language (ASL)**

A nonverbal method of communication with deaf and hard-of-hearing patients where hands and fingers are used to indicate words and concepts.

## **Audio**

A type of an alternative format provided as an audio recording.

## **Bilingual**

An individual who is able to use more than one language to communicate directly with patients in a language other than English.

## **Braille**

A type of an alternative format allowing to access information by touch.

## **California Relay Service (CRS)**

A telephonic system that allows to communicate with patients who have a hearing or speech impairment through a relay operator.

## **Complaint (Grievance)**

A patient's verbal or written expression of dissatisfaction about L.A. Care, a provider, or the quality of care or services provided. A complaint is the same as a grievance.

## **Cultural Competence**

Sensitivity to the cultural, philosophical, religious, and social preferences of people of varying ethnicities or nationalities. A professional skill in the use of such sensitivities facilitates the giving of optimal patient care.

## **Culture**

Shared human artifacts, attitudes, beliefs, customs, entertainment, ideas, language, laws, learning, and moral conduct.

## **Department of Health Care Services (DHCS)**

The state agency that is responsible for administration of the federal Medicaid (referred to Medi-Cal in California) Program.

## **Disability**

Any physical, mental, or functional impairment that limits a major activity. It may be partial or complete.

## **Discrimination**

1. The process of distinguishing or differentiating.
2. An unequal and unfair treatment or denial of rights or privileges without reasonable cause.

## **Diverse**

1. of a different kind, form, character, etc.; unlike.
2. Including representatives from more than one social, cultural, or economic group, especially patients of ethnic or religious minority groups.

## **Ethnicity**

A shared culture and way of life, especially reflected in language, religion and material culture products.

**Health Literacy**

1. The ability to understand the causes, prevention, and treatment of disease.
2. The degree of communication that enhances people's related information.

**Interpreter**

A qualified professional individual who converts one spoken (or sign) language into another spoken (or sign) language.

**Interpreting Services**

Coordination of efforts to provide language appropriate services that can encompass telephonic, face-to-face interpreting and utilize various assistive technologies in order to assist patients to communicate effectively with health care providers.

**Large Print**

A type of an alternative format where a document is printed in larger text than normal.

**Limited English Proficient (LEP) Patients**

Patients who cannot speak, read, write or understand the English language at a level that permits them to interact effectively with health care providers and social services agencies.

**Member Services Department**

An L.A. Care department that is responsible for answering patients' questions about membership, benefits, grievances, and appeals.

**Teletypewriter (TTY)**

An assistive device that enables a patient with hearing or speech loss to contact, or be contacted by an entity with the assistive device in which communication can be typed and read by either party similar to a typewriter or computer.

**Threshold Languages**

Primary languages spoken by Limited English Proficiency (LEP) populations meeting a numeric threshold.

**Translator**

A qualified professional individual who converts one written language into another written language.

## Acknowledgements – Cultural and Linguistics Work Group

The ICE for Health Cultural and Linguistic Work Group would like to acknowledge the individuals listed below for the knowledge they shared in the creation of the materials for the tool kit. Each member contained in this kit. Each member contributed their time, experience and skills to the process of developing and testing the resources contained in this kit.

<p>Peggy Payne MA, CDE ICE C&amp;L Chair, Editor coordinator/team Director of Diversity &amp; Mbr. Ed. SCAN Health Plan® Long Beach, CA 90801</p>	<p>Margie Akin, PhD Editor team Cultural and Linguistic Specialist Molina Health Care, Colton, CA Associate Research Anthropologist University of California, Riverside</p>	<p>Lee Kervin C&amp;L Program Specialist Blue Cross of California Camarillo, CA 93012</p>	<p>Sunny Pak Project Manager National L&amp;C Programs National Diversity Kaiser Permanente Oakland, CA 94612</p>
<p>Diana Carr, MA Tool Kit Work Group Chair, Editor coordinator/team Cultural and Linguistic Specialist Health Net of California, Inc. Glendale, CA 91106</p>	<p>Claudia Brauer Editor team/layout Senior Quality Compliance Analyst Blue Cross and Blue Shield of Florida Miami, FL 33122</p>	<p>Lisa M. Kregel, MBA, Manager, Geriatric Research &amp; Health Ed. Dep. of Healthcare Informatics SCAN Health Plan Long Beach CA 90801 5616</p>	<p>Susana Razo MPA, Health Education &amp; Cultural and Linguistic Manager Santa Clara Family Health Plan San Jose, CA</p>
<p>Nhu-Hao T. Duong, MBA Tool Kit Team Lead Director, Customer Service CalOptima Orange, CA 92868</p>	<p>Amy Bussian Bennett Director, Medicare/Medicaid Blue Cross and Blue Shield Association Chicago, IL 60601</p>	<p>Elizabeth Le Editor team Manager Customer Service CalOptima Orange, CA 92868</p>	<p>Silvana Ricci RN, BA HSA, CPHQ, Quality Improvement Specialist Santa Clara Family Health Plan San Jose, CA</p>
<p>Janie Tyre MPA Tool Kit Team Lead VP Marketing and Mbr. Services Santa Clara Family Health Plan San Jose, CA</p>	<p>Smita S. Dandekar Clinical Research Manager Blue Cross of California Woodland Hills, CA 91367</p>	<p>Jerilou Livingston Independence Blue Cross, Philadelphia Philadelphia, PA 19103</p>	<p>Nancy Rodriguez, BSN, RN, CPHQ, PAHM – Sr. Quality Mgmt. Compliance Specialist Blue Cross Blue Shield of Georgia Atlanta, GA 30326</p>
<p>Regina Ziashari, MPH, CHES Tool Kit Team Lead Cultural &amp; Linguistics Specialist Care1st Health Plan Alhambra, CA 91803</p>	<p>Sandi Deckinger, MPA, RN Quality Assessment Director Chinese Community Health Plan San Francisco, CA 94133</p>	<p>Gloria Orellana, MPH Manager of Health Ed. and C&amp;L Services Universal Care Signal Hill, CA 90755</p>	<p>Philip Smeltzer HealthNow NY Buffalo, NY 14240</p>
<p>Tina Vu Senior Health Education/C&amp;L Coordinator UHP Healthcare Inglewood, CA 90303</p>	<p>Nancy C. Walker Manager, QI Blue Cross of California Walnut Creek, CA 94596</p>		

The 2016 ICE Cultural and Linguistic Focus Group would like to acknowledge the individuals listed below for the knowledge they shared in the creation of additional materials for the tool kit. Each member contributed their time, experience and skills to the process of developing and testing the additional resources added to this kit.

<p>Peggy Payne MA, CDE ICE C&amp;L Co-Chair, Editor coordinator/team Director, Health Equity Strategy</p> <p>Cigna Irvine, CA 92614</p>	<p>Lali (Eulalia) Witrigo, MPH Tool Kit Team Co-Lead Sr. Cultural and Linguistics Consultant</p> <p>Health Net of California, Inc. Fresno, CA 93711</p>	<p>Valencia Walker CTT+ Tool Kit Team Co-Lead Manager of Language Assistance Services</p> <p>Cigna Glendale, CA 91203</p>
<p>Diana Carr, MA ICE C&amp;L Co-Chair Editor coordinator/team</p> <p>Medical Anthropologist Health Net of California, Inc. Glendale, CA 91203</p>	<p>Amanda Cruz Editor Team Business Project Analyst Language Assistance Program Compliance</p> <p>Cigna Glendale, CA 91203</p>	<p>Virginia Cullop Editor Team Commercial/Marketplace Liaison Multicultural Health Programs</p> <p>Anthem Richmond, VA</p>
<p>Bradley Bonilla, MPH, CHES Patient Experience Supervisor</p> <p>SynerMed Monterey Park, CA 91754</p>	<p>Jodi Cohn, Director Research and Planning, Health Care Services</p> <p>SCAN Health Plan Long Beach, CA, 90806</p>	<p>Kristen Barela Health Education Specialist SCAN</p> <p>Health Plan Long Beach, CA, 90806</p>
<p>Jane Lears Multicultural Health Programs</p> <p>Anthem Inc.</p>	<p>Cassandra Caravello, MPH Program Manager, Population Health</p> <p>San Francisco Health Plan San Francisco, CA 94105</p>	<p>Gloria Orellana-Frankhan, MPH Director, Health Education and Cultural &amp; Linguistic Services</p> <p>CareMore Cerritos, CA 90703</p>
<p>Terri Amano, MPH Director, Multicultural Health Programs</p> <p>Anthem Inc.</p>	<p>Nicole C. Rodriguez, MPH Multicultural Health Programs</p> <p>Anthem Inc.</p>	<p>Angela Seney Multicultural Health Programs</p> <p>Anthem Inc.</p>
<p>Sydney Lee Design/Layout Lead Director, Quality Management</p> <p>LIBERTY Dental Plan Irvine, CA 92602</p>	<p>Crystal Tran Design/Layout Coordinator Health Ed/ Cultural Competency Coordinator</p> <p>LIBERTY Dental Plan Irvine, CA 92602</p>	<p>Sandra M. Bello, MPH Health Equity Sr. Specialist</p> <p>Cigna Glendale, CA 91203</p>