

# Civil Rights Policy in Practice:

## Provision of Language Assistance Services in Health Care

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# How great is the need for LAS?

**80 percent of US hospitals** report seeing limited English proficient (LEP) patients on a regular basis.

**22.3 million US residents** (8.4%) have limited English proficiency (LEP) and this number grew by 53% from 1990 to 2000.

# What policies govern the provision of LAS?

Civil rights policies have been created at the state and national level to prevent discrimination and ensure LEP patients have equal access to health care services.

- Title VI of the Civil Rights Act (1964)
  - Executive Order 13166 (2000)
- Language Assistance Services Act of Illinois (1994)
- Section 1557 of the Affordable Care Act (May 2016)

# What do these policies require of a hospital?

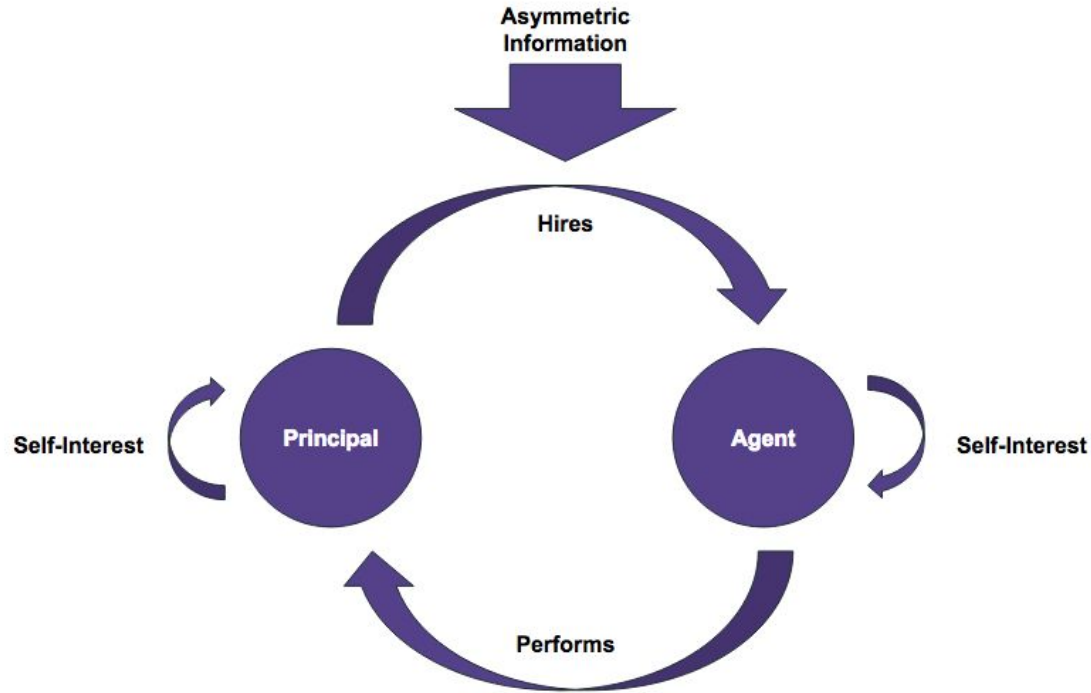
1. Assess the language needs of the population served.
2. Use interpreters fluent in both English and the patient's primary language.
3. Develop a comprehensive written LEP policy and review it annually.
4. Train staff on the written LEP policy.
5. Monitor compliance with the written LEP policy.
6. Post notices in high-traffic areas informing LEP patients of their right to LAS.
7. Include taglines in the top 15 non-English languages in the state.
8. Institute a grievance procedure.
9. Have a compliance coordinator on staff.

# How are these policies enforced?

In the case of inadequate LAS provision, LEP patients may file a complaint with the Office for Civil Rights (OCR) or the Illinois Department of Public Health (IDPH).

They may also or alternatively file a lawsuit under Section 1557 or make a medical malpractice claim.

# What does policy implementation look like in theory?





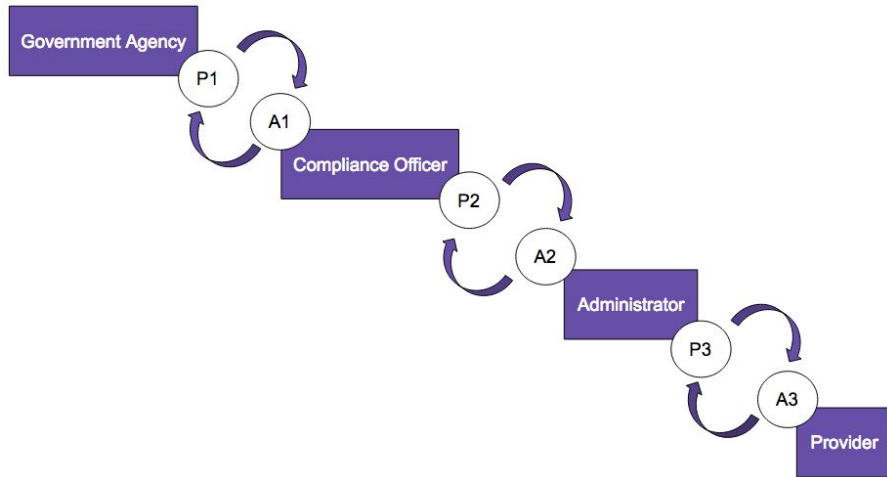
# What does policy implementation look like in practice?

The Illinois Advisory Committee to the US Commission on Civil Rights insists local health systems do not adequately comply with LAS civil rights policies.

**How do principals' and agents' self-interests affect the implementation of language assistance services policies?**

# Methods

# Semi-structured interviews



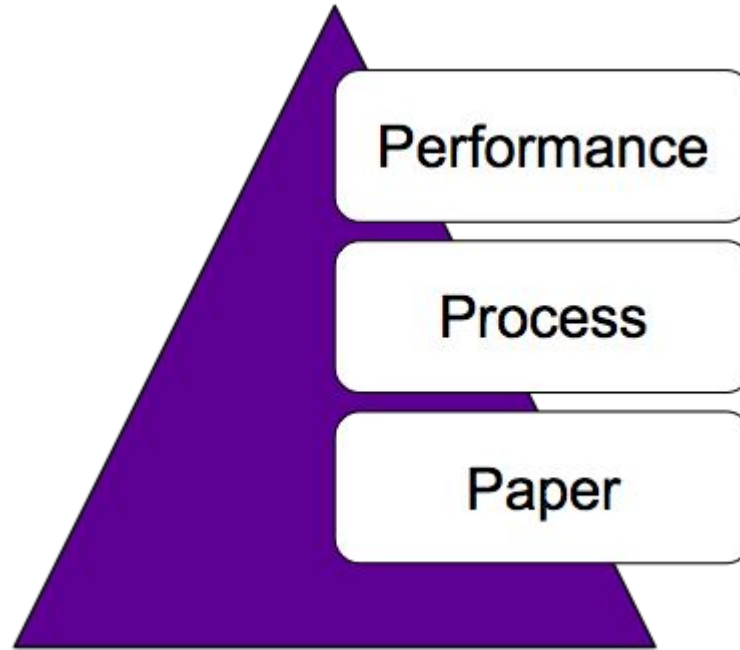
Health System	Principal 2/Agent 1	Principal 3/Agent 2	Agent 3
A	Compliance Officer A	Administrator A	Healthcare Provider A
B	Compliance Officer B	Administrator B	Healthcare Provider B
C	Compliance Officer C	Administrator C	
D	Compliance Officer D	Administrator D	
E		Administrator E	Healthcare Provider E

# Coding for self-interests

Self-Interest	Informant's Response
Prudentiality	<ul style="list-style-type: none"><li>➤ Time, cost, availability</li><li>➤ Good communication provides good care</li></ul>
Law	<ul style="list-style-type: none"><li>➤ LAS policies (and the sanctions that come with them)</li></ul>
Culture	<ul style="list-style-type: none"><li>➤ Health system mission to provide equal access to care</li></ul>
Morality	<ul style="list-style-type: none"><li>➤ Interpretation is the 'right thing to do'</li></ul>

# Coding for implementation

'Keys' to Implementation
1. Assess
2. Fluency
3. Policy
4. Train
5. Monitor
6. Notices
7. Taglines
8. Grievance Procedure
9. Compliance Coordinator



# Findings

# Self-interests guiding principals and agents

- Prudentiality was the sole universal self-interest influencing all principals and agents in the study.
- Each compliance officer (P2/A1) and administrator (P3/A2) reported an interest in both prudentiality and the law.



# Reported implementation

- Each health system's overall implementation of LAS civil rights policies was categorized at the process level.
- The one 'key' to compliance categorized at the process level at each health system was fluency.

# Process level implementation explained

- This process level implementation of fluency is explained by compliance officers' (P2/A1s') and administrators' (P3/A2s') secondary interest in the law and healthcare providers' (A3s') primary interest in prudence.
- All A3s were unaware any civil rights policies governing the provision of LAS exist; they reported no consequences for process level implementation.
  - All health systems reported no complaints with OCR or IDPH and no lawsuits (medical malpractice or Section 1557 claims) filed in recent years.

# Conclusion

## How do principals' and agents' self-interests affect the implementation of language assistance services policies?

- P2/A1s' and P3/A2s' secondary interest in the law coupled with the universal A3 interest in prudence leads to the use of unofficial interpreters and process level implementation of the fluency key.
- Non-performance level implementation and lack of awareness and interest in these civil rights policies is fostered by inadequate accountability mechanisms between health systems, patients, and government agencies, as well as inadequate accountability mechanisms within health systems.

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