

CASE STUDY

GOLD COUNTY HEALTH DEPARTMENT

THE CASE OF DISCRIMINATION REQUIRING ASSESSMENT,
POLICY DEVELOPMENT, AND ASSURANCE PRACTICES

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PROTOCOL

COVERSHEET: Digest/Abstract of Case

- A. Title: The Case of Discrimination Requiring Assessment,
Policy Development, and Assurance Practices
- B. Functional Area Focus: All Three
- C. Major Subjects Involved Ancillary Subjects
- | | |
|---------------------------------|--|
| 1. <u>Legal issues</u> | <u>Cultural sensitivity</u> |
| 2. <u>Political sensitivity</u> | <u>Perception of the Department by the public.</u> |
| 3. <u>Funding issues</u> | |
- D. Setting of the Case
1. Type of Health Department/Agency/Facility
Countywide jurisdiction
including a 503 Mental Health

 2. Relevant Geographic and Demographic Information
Urban population exceeding
500,000

 3. Divisions and Personnel (Positions) Involved
Administration
Clinical

 4. Fiscal Resources
Significant impact; almost
50% of funding in jeopardy.

- E. Authorship Information
1. Gold Group/Gold County Health Department

INTRODUCTION

Gold County Health Department received a discrimination complaint from the Office for Civil Rights necessitating identification, (Assessment Practices), development of policies and plans (Policy Development Practices) and the management of organizational resources (Assurance Practices), to adequately address the complaint which jeopardized significant Federal dollars. Approximately 46% of this large urban health department's budget was funded by grants or reimbursables which was now placed in jeopardy due to a discrimination complaint claiming a lack of adequate interpreter services.

The landmark document, "Healthy People 2000: National Health Promotion and Disease Prevention Objectives" noted that by the year 2000 the racial and ethnic composition of the American population would differ significantly. Whites will decline in population from 76 to 72 percent of the population. The estimated rise in the Hispanic population could rise from 8 to 11.3 percent. Blacks could increase their proportion from 12.4 to 13.1 percent. In addition, other groups are projected to increase from 3.4 to 4.3 percent. The coloring of the American work force is clearly evident by these statistics. That information further grounded the need for this public body to offer adequate interpreter services to meet the needs of its constituency.

STATEMENT OF FACTS

The Office for Civil Rights (OCR) received a complaint filed against Gold County Health Department on October 8, 1992. The complainant, Mr. Peter Citizen who filed on behalf of himself, and non-English and limited English-speaking people, alleged a violation of Title VI of the Civil Rights Act of 1964 and its implementing regulation, 45 CRF Part 80. Specifically, the complainant alleged that the Gold County Health Department discriminated against non-English and limited English-speaking people on the basis of national origin by denying and delaying services, requiring them to provide their own interpreters and treating them in a discriminatory manner as evidenced by negative comments and a hostile attitude and assigning them to Spanish-speaking clinics.

This allegation, if true, would constitute a violation of Title VI and its implementing regulation. OCR has jurisdiction over complaints alleging discrimination on the basis of race, color, and national origin by recipients of Federal financial assistance from this Department. Gold County Health Department is a recipient of substantial Federal financial assistance and is, therefore, subject to the provisions of Title VI which prohibits such discrimination. The millions of Federal financial dollars received by the agency are for Alcohol, Drug Abuse, and Mental Health Block Grant, Medicare and Medicaid.

A prompt investigation to determine whether a violation occurred was scheduled by OCR (within 30 days). During the course of the investigation the OCR representatives advised they would investigate all allegations in the complaint, interview the complainant, contact and develop information from Gold County Health Department and interview any witnesses having information or material relevant to the alleged discrimination.

If a violation had occurred, OCR would attempt to bring the affected institution into voluntary compliance through negotiations. If such corrective action was not secured, OCR would initiate formal enforcement action and perhaps freeze future funding.

The OCR Office notified Gold County Health Department of the following request prior to the investigation scheduled for November 20, 1992.

1. Copies of policies and procedures relating to the provision of translators for people who are non-English or limited English speaking and how this information is disseminated to staff, persons seeking services and relevant community organizations;
2. A description of staff training on how and when to offer and use a translator;
3. A list of bilingual staff (or other translators available to the Recipient) showing:
 - a. Name;
 - b. Position, unit in which employed or name of outside organization, if appropriate, and telephone number;
 - c. Language spoken and level of fluency;
 - d. Hours of availability;
 - e. For each outside organization used, a copy of any agreement or a description of the nature of the arrangement;
4. Copies of brochures, forms and other information in each language in which they are available;
5. An explanation of how written information, policies, consents for treatments, etc., are not fluent in English;
6. A copy of the complainant's job description;
7. Copies of the complainant's past and current work evaluations.

BACKGROUND

Racial, cultural and linguistic Minorities comprise a rapidly increasing percentage of the county population. The number of Hispanics, for example increased by 83.1% since 1980. (See Exhibit B, Gold County 1990 Census)

Gold County Health Department as a major provider of preventive and primary health and mental health services experienced serious difficulties in meeting the needs of non-English speaking clients. During 1992, for example, the ambulatory primary health care clinics alone delivered 23,649 patient visits. Hispanics now account for nearly 30% of visits, with nearly half requiring assistance from bilingual staff.

Other linguistic minorities are also served. In Gold County the number of major languages spoken at home is representative of the challenges face by Federally funded primary care providers:

| LANGUAGES SPOKEN AT HOME (Gold County Census Data) | |
|---|--------------------------|
| <u>LANGUAGE</u> | <u>NUMBER OF PERSONS</u> |
| Spanish | 30,759 |
| German | 5,000 |
| Polish | 3,348 |
| Italian | 3,041 |
| French | 2,599 |
| Tagalog | 2,402 |
| Chinese | 1,635 |
| Indic | 1,397 |
| Korean | 1,248 |
| Slavic | 1,050 |
| Greek | 1,028 |

Despite Gold County Health Department's having spent considerable resources to meet multi-cultural needs through the development of hispanic clinics, bilingual brochures and recruitment of minority staff, the OCR investigation directly advised the Gold County Health Department that, effective immediately, hispanic clinics must cease and clients must be served in their primary language.

OCR requested that Gold County Health Department compile and forward the requested information to their office within twenty days of the date of their written request. This data would be retained by the reviewer as partial documentation of the findings.

This Department was in the midst of an administrative transition, as well. The executive officer had resigned only two and one half months earlier, and the Health Board appointed an interim Director. The recruitment process for the executive officer occurred simultaneously to the complaint investigation.

The pervasiveness of this complaint required that all clinic facilities countywide be audited for multi-cultural sensitivity and ability to meet non-English speaking client needs. In addition, the Health Board recently had approved a hiring freeze to be implemented December 1st which would inhibit increasing the current staff to address this potential need.

An on-site investigation was scheduled for November 20, 1992.

EXHIBIT B

GOLD COUNTY 1990 CENSUS

| COUNTY POPULATION | WHITE | | BLACK | | ASIAN AND PACIFIC ISLANDER | | AMERICAN INDIAN | | OTHER | | |
|----------------------|--------|----------|--------|----------|-------------------------------|----------|-----------------|----------|-------|----------|--------|
| | Total | Hispanic | Total | Hispanic | Total | Hispanic | Total | Hispanic | Total | Hispanic | |
| 516,418 | 38,570 | 450,666 | 20,100 | 34,771 | 1,035 | 12,588 | 453 | 1,198 | 189 | 17,195 | 16,793 |

| <u>HISPANIC POPULATION 1980-90 CHANGE</u> | | |
|---|-------------|----------------|
| <u>1980</u> | <u>1990</u> | <u>Percent</u> |
| 21,064 | 38,570 | +83.1% |

| <u>HISPANIC ORIGINS 1990</u> | | |
|------------------------------|--------|------------------------------|
| Mexican | 27,226 | 5.3% |
| Puerto Rican | 4,829 | 0.9% |
| Cuban | 539 | 0.1% |
| Other Hispanics | 5,976 | 1.2% |
| Hispanic Origin | 38,570 | 7.5% of County Population |

**Discussion Guide for
The Case of Discrimination Requiring Assessment,
Policy Development and Assurance Practices**

I. Leadership

As the executive director of the Gold County Health Department, what leadership practices are necessary to solve this problem and implement the solutions?

- A. Challenging the process
 - searching for opportunities
 - experimenting
- B. Inspiring a shared vision
 - envisioning the future
 - enlisting the support of others
- C. Enabling others to act
 - fostering collaboration
 - strengthening others
- D. Modeling the way
 - setting an example
 - planning small wins
- E. Encouraging the heart
 - recognizing contributions
 - celebrating accomplishments

II. Standards

In order to analyze this case study, the following exercise is helpful:

- A. Identify issues:
 - 1. What did the OCR reviewer advise?
 - 2. How are you going to get the interpretive services?
 - 3. Is the service reliable, accessible, certified?
 - 4. What are the legal implications?
- B. Determine priorities:
 - 1. Identifying alternative solutions
 - 2. Budgeting the cost
 - 3. Contracting for service
 - 4. Implement plan

C. Develop an action plan:

Process Objective: To have 3 options of interpretive services available by an agreed upon date.

Actions: chose most practical solution
Identify cost
Budget for cost
Assure quality of services
Contract for service
Develop policy
Inservice staff on policy
Evaluate policy in the future

III. Assessment Practices

1. What is identified in this case study about what the citizens of Gold County expect from their health department?

Desire for services
Community support
Need for Health Care personalized to be individual

2. What do the governing bodies (i.e. board of health, legislative) expect of the Gold County Health Department?

Cost effectiveness
Protection of the public's health
Accountability

3. What resources are available to solve this problem?

Original money from grants
County taxes
Fees for services
Custom grants to support need

4. Will there be any opposition to the solutions? What and Why?

Opposition from those who do not value services provided from a patient's perspective.
Cost/benefit analysis may prove too costly.

5. What are the key pieces of assessment data presented that shape the magnitude of this problem?

Percentage of Hispanic population
Percentage of population speaking other languages
Current staff available to provide interpretive services
Amount of money which would be lost if the Health Department chose not to comply.

IV. Policy Development Practices

1. Is marketing public health an answer to this problem? To whom? when? why?

Yes - To governing bodies to ethnic communities continuously for awareness.

2. What are the available solutions within and outside the department?

Using current personnel who are able to interpret.

- inform clients of available English classes
- practicum for students who are fluent
- bilingual forms and handouts
- AT & T services
- shared interpretive services

3. When is a citizen's responsibility for themselves considered part of the solution?

When the relationship moves from the client's dependence on the caregiver to self-care.

4. Are there similar situations that this policy will positively or negatively impact?

All other clinics and services in the health department and other municipal government offices.

5. What hardships will the department encounter due to the implementation of this policy?

Costs, staff morale, image

6. A policy to resolve this problem will be presented to the Gold County Board of Health. Will there be any opposition to the policy? Why?

Yes - conservative persons are likely to see the policy negatively. Also, cost may rule whether it is supported.

V. Assurance Practices

1. How can citizen leadership/initiative be strengthened? Is that a desirable goal?

Asking leadership of various ethnic communities to share in the problem resolution. Making them aware of the problem.

2. How long should monitoring of this problem continue? Should a reassessment take place at some point in time?

Monitoring should be continuous and be reviewed if a related incident occurs.

3. What is the role of the news media in this situation? How can the positive impact be enhanced? How can the negative impact be minimized?

Positive image - that the health department is taking great strides to delivering primary health care.

Negative image - if the health department is portrayed as not anticipating the need early enough. Negative impact can be minimized by a planned deliberate contact to the media to provide information regarding the policy.

4. Is the client better served after policy implementation?

For the most part yes. Must watch to make sure the client does not become too dependent on the health department.