



2.2.2 DIVERSE POPULATIONS

POLICY:

Services must be provided in a manner that does not discriminate against any client based on religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status. (42 CFR 59.5 (a)(4)).

Identify and execute strategies for delivering services that are responsive to the diverse needs of the clients and communities served. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements)

Title X programs must provide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed; protects the dignity of the individual; and ensures equitable and quality service delivery consistent with nationally recognized standards of care. (42 CFR 59.5(a)(3)).

- **Client-centered care** is respectful of, and responsive to, individual client preferences, needs, and values; client values guide all clinical decisions. (42 CFR § 59.2)
- **Culturally and linguistically appropriate services** are respectful of and responsive to the health beliefs, practices and needs of diverse patients. (42 CFR § 59.2)
- **Inclusive** is when all people are fully included and can actively participate in and benefit from family planning, including, but not limited to, individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. (42 CFR § 59.2)
- **Trauma-informed** means a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (42 CFR § 59.2)

Clinic staff must be trained on cultural competency at least once every project period and record of training must be documented. Annual training is recommended. [Cultural Competency in Family Planning Care eLearning | Reproductive Health National Training Center \(rhntc.org\)](#)

PROCEDURE:

Client satisfaction surveys or other assessments are used to assess the degree to which clients feel staff is sensitive to and able to deal effectively with the client population and survey results are used for continuous quality improvement.

Project staff receive training in culturally competent care in order to be sensitive to, and able to deal effectively with, the needs of key populations, including LGBTQ, adolescents, individuals with limited English proficiency, and people with disabilities.



The clinic environment is arranged with inclusivity, accessibility, and a trauma-informed perspective, including colors, images, layout, etc.

Materials are translated into languages that the clients within the service population speak.

Racial/Ethnic Minorities

Cultural competency within a healthcare setting refers to attitudes, practices, and policies that enable professionals to work effectively in cross-cultural situations.

Subrecipients should offer a robust referral linkage with culturally appropriate primary health providers who are in close physical proximity to the Title X site in order to promote holistic health and provide seamless care.

Racial and ethnic minority population along with relevant health trends pertinent to Title X programs, is assessed with each competing grant. FPAR reporting assesses services to racial and ethnic minorities.

Subrecipients are encouraged to include programs that work with racial and ethnic minorities in community outreach activities to coordinate services to clientele.

LGBTQ+

LGBTQ+ individuals experience challenges in accessing LGBTQ+-friendly care in their communities. Transgendered individuals can experience discrimination and barriers to adequate health care services.

Title X clinics must provide access to confidential, culturally competent health care services, including care to LGBTQ+ individuals, which includes access to a broad range of contraceptive methods, breast, and cervical cancer screenings, STI and HIV testing and referral, and other prevention services.

Providers should avoid making assumptions about a client's gender identity or sexual orientation.

The transgender client's gender identity should always be honored, and the client's preferred pronouns and terminology should always be used.

LEP

A Limited English Proficient (LEP) person is an individual who does not speak English as their primary language and who has a limited ability to read, write, speak, or understand English. Such a person may be eligible to receive language assistance with respect to services or benefits.

All subrecipients must have "taglines" posted in at least 15 languages for LEP persons. The right to interpretation services and a "non-discrimination statement" must be posted on your website.

Each service site must have written documentation that a client's need for language assistance has been assessed.

Where interpretation is needed and is reasonable, programs should consider some or all of the following options for providing competent interpreters in a timely manner:



- Hiring bilingual staff
- Hiring staff interpreters
- Contracting for interpreters
- Using telephone interpreter lines
- Using community volunteers
- Use of family members or friends as interpreters

Although some LEP persons may feel more comfortable when a trusted family member or friend acts as an interpreter, this is strongly discouraged. The ND FPP strongly recommends using alternate services to accommodate the interpreting needs of LEP clients. Clinics should make the LEP person aware that they can have an interpreter provided at no cost. Using Language Line Solutions (LLS) or other interpretation options helps ensure that the client receives competent, appropriate, and confidential interpretation without the possible conflict of interest and confidentiality breach that may arise when using friends or family members as interpreters.

Disabilities

Service site locations must be accessible to disabled clients.

Observation of the service site demonstrates that it is physically accessible to persons living with disabilities and is open at a time that is convenient to clients. It is recommended that hours include evenings and weekends when possible.

Data from client surveys document that clients perceive providers and other clinic staff to offer services in a non-discriminatory manner.

RESOURCES:

ND FPP policy 2.3 Non-Discriminatory Services

ND FPP policy 1.6 Project Personne

ND FPP policy 1.7 Staff Training and Project Technical Assistance

LGBTQ+ [Search | Reproductive Health National Training Center \(rhntc.org\)](#)

Client-Centered [Search | Reproductive Health National Training Center \(rhntc.org\)](#)

[Federal Title X Training Requirements Summary \(rhntc.org\)](#)

[Welcome to LEP.gov](#)

[Disability | HHS.gov](#)

[Provider Obligations | HHS.gov](#)

[Sex Discrimination | HHS.gov](#)