

## **Medical Leadership Council on Cultural Proficiency Participation Agreement – 2005-2007**

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**Membership:** The membership in the Medical Leadership Council on Cultural Proficiency is by invitation only, and is comprised of county, ethnic and specialty medical societies, health plans and health plan associations, public and private hospital associations, and patient advocacy groups, among others. Additional members may be invited to join upon recommendation and with the acceptance of the members and The California Endowment (TCE).

**Goal:** The goal of the Medical Leadership Council on Cultural Proficiency has been to explore the operational implications of Federal Executive Order 13166 (August 16, 2000) and the Policy Guidance report issued by the federal DHHS Office for Civil Rights (August 30, 2000) regarding areas for improvement and legal expectations of providers and organizations that serve Limited English Proficiency (LEP) populations. The goal has been expanded to include helping participating organizations educate and engage their memberships on issues of health disparities.

### **Representation:**

Each association shall have representation by the Executive Director/Executive Vice President/CEO and a physician or lay leader (president, immediate past president, president-elect, board chair, etc.). Substitutions may be made on an occasional basis, but each organization is expected to ensure that its representatives have direct access to the organization's governing board so Council issues on language access and disparities in health care can be raised regularly at that level. Continuity of representation is key to ensuring understanding of the issues and facilitating the work of the Council.

### **Participation:**

Each member of the MLC has the opportunity to bring potential projects or activities to the MLC; each member has the opportunity to opt in or opt out of a particular project or activity without jeopardizing membership in the MLC. Activities of the MLC may be administered by any one of the members of the organization, under individual activity agreements with TCE. Participation will be continuous from the inception of this agreement, until a member provides written notification to the MLC that it is withdrawing, the member organization fails to have representation at two consecutive MLC meetings, or the MLC is dissolved. Failure to have representation at two consecutive meetings of the MLC shall be considered notice of withdrawal.

### **Meetings:**

The MLC members shall meet at least twice annually. Conference calls and online meetings may be used in the interim between the meetings of the MLC, as necessary. MLC member input and response mechanisms shall be developed by the convener, the California Academy of Family Physicians (CAFP), with the approval of TCE. All MLC

members are invited to contribute meeting agenda items and to raise issues of common concern to the MLC participants.

**Administration:**

The MLC is administered jointly by TCE and the CAFP.

**Participant Obligations:**

In exchange for attendance stipends, travel stipends and communications stipends, a member is expected to:

- 1) Engage in its best efforts to ensure that its chief executive staff officer and an elected official consistently attend the meetings of the Council;
- 2) Recommend for placement on MLC meeting agendas issues related to addressing language access (ALA) and eliminating health care disparities;
- 3) Regularly publish in organization print bulletins or e-newsletters articles about MLC meetings or ALA/disparities issues (either those provided by the MLC or developed by the organization itself) in order to share meeting results and other information on ALA/disparities issues with their memberships.
- 4) Regularly place issues concerning LEP/disparities on its organization's governing body agendas (at least annually).
- 5) Agree to provide feedback to TCE and CAFP about key aspects of the MLC including Web site utility, useful agenda topics and future direction of TCE efforts within the professional community to eliminate health care disparities;
- 6) Volunteer to serve on MLC subcommittees, and, when feasible, to bring LEP and disparities issues to the attention of its national organization. (This could be accomplished through resolutions to organizations' national congresses, raising issues in discussions with national leaders, etc.)
- 7) Provide appropriate, timely reports to CAFP about the activities in which the organization has engaged to meet the requirements of this agreement.

**Participant Benefits:**

In exchange for the good faith efforts of participating organizations to meet the above criteria, participants will benefit by receiving:

- 1) A \$1,500 per meeting attendance stipend for the association/organization leader (up to \$3,000/year).
  - 2) A \$1,000 per meeting attendance stipend for the association/organization chief staff officer (up to \$2,000/year).
  - 3) A \$750 per meeting travel stipend (up to \$1,500/year).
  - 4) A \$1,000 payment annually upon receipt of a form indicating the good faith efforts of the organization to publicize issues pertaining to language access and eliminating racially- and ethnically-based disparities in care to its membership (due December 1 each year).
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(Name of Organization)

Agrees to the above stipulations for participation in The California Endowment's  
Medical Leadership Council on Cultural Proficiency from 2005-2007.

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Signature of Authorized Representative

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Please print name

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Date