

**Concept Paper: Organizational Support Standards for
Culturally and Linguistically Appropriate Services (CLAS)
Core Concepts, Content Knowledge, and Skills**

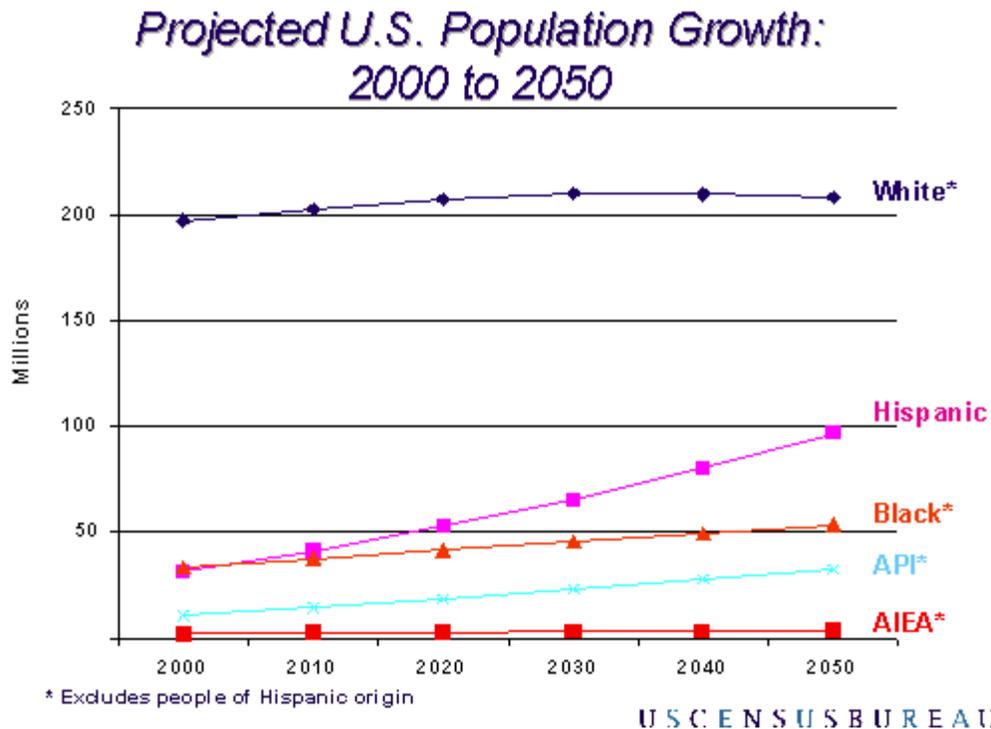
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Purpose: To provide input to the National Project Advisory Committee (NPAC), for the design and definition of curriculum modules on culturally competent care for nurses based on the corresponding subset of National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) standards.

Introduction

The population of the United States (U.S.) is increasing in racial and ethnic diversity (U.S. Census, 2003a). Currently, Hispanics are the largest minority group, with 38.8 million people, and projections indicate that the Hispanic population will continue to be the largest represented minority group (See Exhibit 1) (U.S. Census, 2003b). Not only are minority populations increasing in absolute numbers, but their proportion of the total U.S. population is also increasing (See Exhibit 2). The racial and ethnic groups represented in the Census include Hispanics and non-Hispanic category for the races—White; Black; American Indian, Eskimo, and Aleut; and Asian and Pacific Islander (U.S. Census, 2003b).

Exhibit 1: Projected U.S. Population Growth: 2000 to 2050

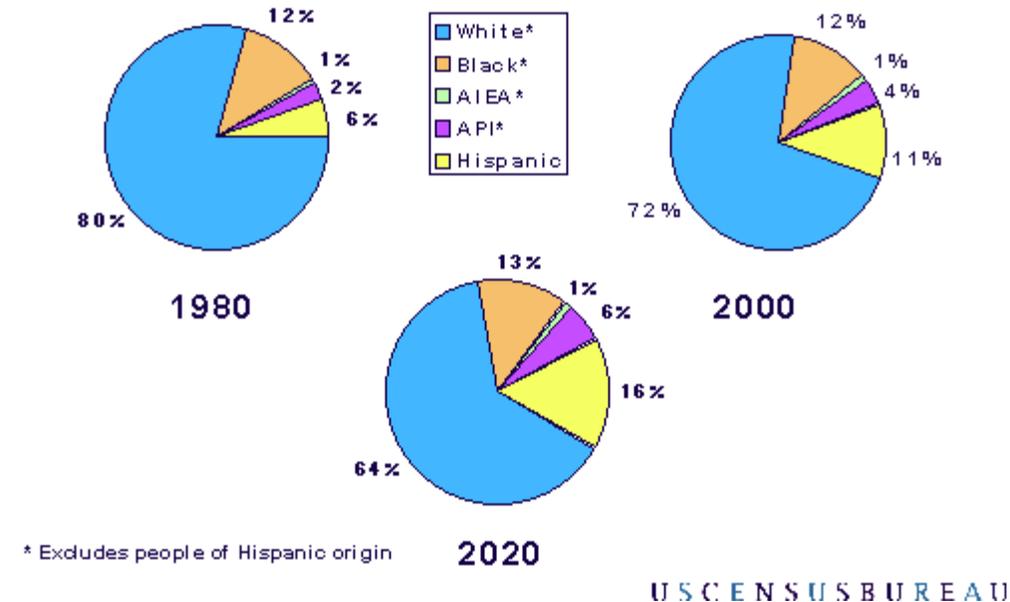


Source: U.S. Census Bureau. *U.S. Population Trends*. September 1999.

The incidence and prevalence of diseases is disparate across racial and ethnic minority populations, and underscores the need for specific initiatives targeting minority populations. To illustrate, the age-adjusted mortality rate for non-Hispanic Blacks is 31 percent higher than for non-Hispanic Whites. The infant mortality rate, a good indicator of population health status, is highest for non-Hispanic Blacks (14.3 infant deaths per 1,000 live births). This is more than twice the infant mortality rate for Whites (Kochanek and Smith, 2004). In addition to differences in mortality rates, specific diseases such as heart disease, diabetes, and cancer, disproportionately affect diverse racial and ethnic groups. Hispanics have higher rates of high blood pressure and obesity than non-Hispanic Whites. The rate of diabetes in American Indians and Alaska Natives is more than twice that of Whites. Furthermore, the rate of heart disease in non-Hispanic Blacks is 40 percent higher than non-Hispanic Whites (U.S. Department of Health and Human Services, 2000).

Exhibit 2: U.S. Population by Race, 1980, 2000, and 2020

U.S. Population by Race: 1980, 2000, and 2020



Source: U.S. Census Bureau. U.S. Population Trends. September 1999.

The sources of racial and ethnic disparities are multifaceted and complex and can be attributed to a number of factors occurring at the individual (provider/patient), institutional, and health system level. The quality of care that racial and ethnic minorities receive has gained increased national attention in recent years and perhaps are best articulated in the landmark document “Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare” (Smedley et. al., 2002). According to this Institute of Medicine (IOM) report “a large body of published research reveals that racial and ethnic minorities experience a lower quality of health services, and are less likely to receive even routine medical procedures than are White Americans” (Smedley et al., 2002, p. 5). In response to these and other health disparities, the Federal government has implemented a number of major initiatives designed to improve the health of racial and ethnic minority populations.

As a part of the Department of Health and Human Services commitment to improving the health and well being of racial and ethnic minorities, the Office of Minority Health (OMH) operates the Center for Linguistic and Cultural Competence in Health Care (CLCCHC) in response to a congressional directive issued within P.L. 101-527. This statute requires the OMH to develop the capacity of health care professionals to address the cultural and linguistic barriers to the health care delivery (Office of Minority Health Resource Center, 2003). To support the work of the CLCCHC, the OMH launched an initiative to develop Culturally Competent Nursing Modules (CCNM). The CCNM project is developing a curriculum that will provide nurses with educational tools to improve skills for effective nurse-patient interaction, thereby enhancing the quality of care for culturally diverse patient populations.

Serving as the framework for CCNM, the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health care were published in the Federal Register in December 2000 (Office of Minority Health, 2001). Developed by OMH, this comprehensive set of standards

provides guidance to organizations in providing cultural and linguistic appropriate services. According to the CLAS project, “cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross- cultural situations” (Office of Minority Health, 2001). Services that are culturally and linguistically appropriate have the potential to address patient needs, improve access to care, reduce health disparities, and ultimately, improve health outcomes. This is particularly true for racial and ethnic minorities and linguistic population groups (Office of Minority Health, 2001). The increased need for and interest in cultural competency is influenced by a number of factors, including the projected changes in demographic trends in the United States; the continuing disparities in health noted among racial and ethnic minority populations; and OMH’s commitment to improving the health and well being of minority populations.

The CLAS standards include a set of 14 recommendations designed to provide a comprehensive and consistent approach to providing culturally and linguistically appropriate services in health care. These standards were developed with input from a national panel of experts in the field of cultural competence, state and federal agencies, health care accrediting agencies, health care organizations, consumers, and unions (Ross, 2001). The CLAS standards include three themes that focus on: 1) cultural competency (standards 1-3); 2) language access services (standards 4-7); and 3) organizational supports (standards 8-14). While a detailed discussion of all of the three themes is beyond the scope of this paper, the reader is referred elsewhere for a more detailed discussion on the CLAS standards and related issues concerning cultural competence (Campinha-Bacote, 2002; Frusti, Nieson, & Campion, 2003; Ludwig-Beymer, 2003; Marrone, 1999; Narayan, 2002; Newman-Giger & Davidhizar, 2004; Ross, 2001; Ryan, 2003; Salimbene, 1999; Shaw-Taylor, 2002; Shearer & Davidhizar, 2003; Spector, 2003).

The purposes of this paper are to:

- 1) Emphasize core concepts, content knowledge, and skills of the theme- Organizational Supports for CLAS;
- 2) Suggest pedagogical strategies; and
- 3) Highlight implications for nursing practice.

Nursing and Organizational Supports

The Organizational Supports for CLAS comprise the third and final theme of the CLAS standards. These standards address the specific ways in which hospitals, clinics, HMOs and other health care organizations should support culturally and linguistically appropriate care, through their mission statement, operating principles, language and short term strategic plans, data collection, community involvement and grievance processes and public information procedures. Because these standards address the governing bodies and administrators of the institutions nurses work for rather than nurses themselves, they are rarely included in nurse training courses in cultural and linguistic competence. In fact, many nurses are not aware that such supports should or do exist. It is not only vital that nurses should become aware of the specific supports recommended by CLAS, but also nurses should know how to access and utilize these supports in their daily administration of care.

Nurses are key in any organization's implementation of cultural and linguistic competency. Because of their close one-to-one link with individual patients, they represent the institution and the quality of its care to the patient. As key members of an organizational team, nurses should be informed of the overall cultural goals of their organization. Nurses also need to clearly understand

their expected role in assisting the organization to reach these goals and must be fully apprised of the supports that the organization has committed to providing to staff, to the community, and to individual patients. This knowledge should include, but not be limited to, a list of all of the information and resources the organization has gathered in the internal audit of cultural competency, and how to access and utilize these resources to optimize patient care. One reason for the failure of cultural competency initiatives at health care organizations is because they start with, and are predominantly limited to, the training of clinical and non-clinical mid-level staff. Most initiatives neglect to develop the organizational supports recommended by CLAS such as employee training in outreach and self-assessment, which help to establish an organizational commitment to change. Senior administrators need to establish and maintain organizational supports so that staff can implement the competencies that the organization has paid for them to develop.

Nurses may encounter other difficulties in the provision of culturally and linguistically appropriate services at the organizational level. Nurses may express frustration because:

- They may not be included in long-term planning strategies for their organization;
- Rules and policies of the organization may prevent providing culturally competent services;
- They may not be aware of current organizational strategies to support culturally and linguistically appropriate services; and
- They do not have the skills to be a successful advocate within their organization.

Nurses can be strongly supported or greatly hindered in their efforts by the health care organizations for which they work. Nurses can and should serve as cultural competency advocates and leaders of organizational growth in cultural and linguistic competency, requiring adequate knowledge about what supports should be provided by their organization. Nurses can be empowered by knowledge of what supports they should expect from their organization, which supports are already in place, how to access and use those supports, and how to advocate for those not provided. Without this knowledge and skill, nurses committed to implementing their training in cultural and linguistic competence are likely to burnout quickly or abandon their cultural competency efforts because they feel unsupported by their organization.

Core Concepts, Content Knowledge, and Skills

The CLAS Standards can be seen as presenting a detailed road map for the health care organization's journey toward cultural and linguistic competence. The organizational road map begins with the establishment of clear cultural and linguistic competency goals; the creation of a strategic plan to accomplish these goals in an efficient and timely manner; and the creation of policies that promote both goal achievement and maintenance (IQ Solutions, 2000).

Below is a brief description of each of the Organizational Support Standards, followed by a brief comment on the awareness, knowledge and skills nurses should acquire if they are to effectively advocate, promote and administer culturally competent care to their patients. These learning and teaching goals are listed in Exhibit 3.

Standard 8: Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

The standard recommends that the strategic plans for providing culturally and linguistic services be "developed with the participation of consumers, community, and staff who can convey the needs and concerns of all parts of the organization affected by the strategy."¹ Yet, non-supervisory nurses are often excluded from this stage. Nurses are the staff members who have the most frequent, and often the closest contact with culturally diverse patients and their families. They are in the best position to convey the needs and concerns of the population for which the strategic plan is directed. Nurses should not only be active in their organization's goal-setting process and the development of the strategic plan to achieve these goals, but also be asked to serve as the institution's primary informants of patient/consumer needs and concerns.

To successfully perform these tasks, nurses must first be made aware of the organization's need to develop a plan for cultural and linguistic competence backed up by clearly defined goals and policies which support it. They need to be made aware of the important role that they should play in the development and the execution of this plan and develop the knowledge and skills required to fulfill this important function.

Standard 9: Health care organizations should conduct initial and ongoing organizational self-assessment of CLAS related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

The "A-Z Guide to Culturally and Linguistically Appropriate Services" provides checklists and tables to guide institutions in gathering and interpreting information for the institutional audit (Salimbene, in press). Because of their proximity to patients, nurses are in an excellent position to both assist their organization in gathering information and evaluating the accuracy of the audit. They can only accomplish these tasks if they are apprised of the purpose and importance of the audit and are active participants in the self-examination process. Nurses should know how to access that information, how to evaluate the strengths and weaknesses of processes already in use, and, most important, how to report weaknesses and failures, and make suggestions for change. In summary, the nurse can be an important asset to the organization in data collection and evaluation for the institutional audit. To fulfill this role, the nurse should have knowledge and access to institutional supports and be trained to utilize them to foster culturally and linguistically appropriate care to the patients to whom they are assigned.

Standard 10: Health care organizations should insure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Nurses can and should play a central role in the collection and checking of this data. They should know how to access and use this data to assure better communication with their patients and care that is culturally and linguistically appropriate. It is important that they learn to refrain from making assumptions about the patient based upon the data collected and learn how to identify the degree of influence membership in a particular ethnic, racial or religious group influences the individual patient.

¹ U.S. Department of Health and Human Services Office of Minority Health. (2001). *National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report*. Washington, D.C.: Author, p. 83.

Standard 11: Health care organizations should maintain current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Nurses should participate in the gathering of this information, know that this information exists and where they can access it within their management system, and understand the value of assisting the organization to keep this information accurate and up to date. As one of the main patient "entry contact points," nurses need to develop an awareness of changes and trends in the populations they serve and learn how to inform the appropriate person(s) within the organization of observed changes in patient populations served by their departments.

Standard 12: Health Care Organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS related activities.

Nurses often provide the primary health care institutional outreach to the community through their participation in health screenings, vaccinations, etc. They should understand why these activities demonstrate important culturally appropriate behavior for interacting with members of a particular cultural group, and appreciate the health issues important to individual communities. As those closest to individual patients and the community at large, nurses should have knowledge of which community leaders have been involved in the design of appropriate services. They should know how they might call upon these leaders to access cultural and linguistic information, and they should work with them to support the care and care management of patients who are members of that community.

Standard 13: Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Nurses are, in a sense, the eyes and ears of the health organization for which they work. In their close proximity to patients, they should learn to identify possible cultural conflicts and issues before they get to the grievance stage and know whom to contact about pending or existing problems. To do this effectively, they need to be familiar with existing conflict and grievance processes, know whom to contact about possible problems, and be sure that their organization will be willing to investigate and support their reports in a timely manner.

Standard 14: Health Care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS Standards and to provide public notice in their communities about the availability of this information.

While nurses are not responsible for making this information public, they will often be asked to serve as the vehicle for making this information known by being asked to participate in community outreach activities. Therefore, nurses need to know what information is available, how to access this information, and when and how they are expected to give out specific information at outreach activities.

Exhibit 3: CLAS Organizational Supports Theme (Standards 8-14): Summary of Nurse Training Needs

1. Standard 8: Goals, Strategic Plan

- **Awareness**

- The standard and its implication for patient care and their role as nurse
- That the organization has set goals and a strategic plan to achieve them
- The nurse's role in planning stage
- Nurses' roles as patient advocate and as informant in organizational oversights and/or failure to meet goals

- **Knowledge**

- Procedures involved in organizational planning and goal setting
- How to identify what their organization wishes to accomplish in cultural and linguistic competency
- The organization's strategic plan to achieve goals
- The nurse's specific roles in goal setting, planning, and achieving these goals
- What the organization can/should do to support them in their daily administration of culturally/linguistically appropriate patient care
- What management accountability/oversight mechanisms are in place and how and whom they inform of problems and oversights

- **Skills**

- Communication/leadership skills to allow nurses to play an active role in planning and in articulating patients needs and expectations
- Leadership skills to assist nurses in becoming forceful and successful advocates for culturally and linguistically appropriate care and services

2. Standard 9: Institutional Audit

- **Awareness**

- What an audit is
- What the audit contains and what information it can provide to nurses as direct caregivers
- What is the audit process
- How nurses can contribute to the accuracy of information collected

- **Knowledge**

- What sections of the audit pertains to nursing staff
- What the individual nurse can do to provide input on such things as demographics, in evaluating the organization's current actions to enhance cultural and linguistic competence, the degree of patient/community access to appropriate care and the community involvement and support of the organization's efforts
- How to gather information within the nurses professional and departmental domain

- The designated person(s) to whom information should be submitted
- How to access and utilize the information to anticipate, prepare for, and administer appropriately to patient needs

- **Skills**

- Communication skills
- Computer skills to access available data
- Skills in evaluating data
- Ability to "transfer" data into specific practices in patient care

3. **Standard 10: Patient Data**

- **Awareness**

- The existence of patient data collection process
- How data on patient's race, ethnicity and language can impact patient care
- The nurse's role in collecting and checking accuracy of patient data
- That patient race, ethnicity should only be used as a starting point in assessing individual patients belief system, not to define it.

- **Knowledge**

- How to access patient data
- How to collect patient data
- How to check accuracy of individual patient data and report error
- How to use racial/cultural/linguistic data in administering appropriate patient care
- How to interpret and utilize epidemiological data as a tool in taking a patient's case history and current medical complaints
- How to access organizational supports (such as language assistance) to assure patients of culturally and linguistically appropriate care

- **Skills**

- Computer skills for accessing data
- Interview skills to check accuracy of data
- Translating raw data into specifics of patient care

4. **Standard 11: Demographic and Epidemiological Profile of Community**

- **Awareness**

- Why/how community demographics are collected
- The impact of community demographics on planning for future patient care

- **Knowledge**

- How changes in community demographics require adjustments in patient facilities and care
- Epidemiological information on specific population groups

- How to use this information to acquire knowledge about new population groups
- How to become aware subtle changes in populations served

- **Skills**

- Reading and interpreting demographic tables and charge
- How to use demographics to assure department's readiness for new population groups

5. **Standard 12: Partnerships With Communities**

- **Awareness**

- That the organization should and does develop community partnerships
- How community leaders can serve as supports to patient access to care, patient education, and to the organization's assessment of patient needs

- **Knowledge**

- Who are the groups, contacts?
- How to contact and utilize specific communities and community leaders in patient education (i.e. needed changes in lifestyle, self-care, etc.) as cultural informants, etc.

- **Skills**

- Communication skills
- How to plan/carry out community outreach

6. **Standard 13: Grievance Resolution Process**

- **Awareness**

- That these processes exist

- **Knowledge**

- What the grievance process is for patients, for nurses
- How /whom in the organization to notify if they think a patient or colleague may have a grievance

- **Skills**

- Communication with patients/with organization

7. **Standard 14: Public Information on Progress**

- **Awareness**

- How/when organization makes progress known to the public

- **Knowledge**

- How to provide constructive information to the organization regarding progress made in patient access to care and the cultural and linguistic appropriateness of care.
- How and whom to provide suggestions for changes and improvements in quality of care

- **Skills**

- How to appropriately inform individual patients of information available on progress in these areas
- Assessment skills in changes and improvements to care
- Skill in communicating these in a constructive manner

Suggested Pedagogical Approach

Training in the organizational support standards will have the greatest impact on the nurses' ability to administer culturally and linguistically appropriate care within the organizations they serve if the awareness, knowledge and skills described in Exhibit 3 are integrated into nurse training in cultural competency and language access rather than taught in isolation from the general duties of the nurse. The **three skills** that continually surfaced during the above analysis of the Organizational Supports Standards above were:

- 1) Leadership,
- 2) Communication skills, and
- 3) Computer skills for accessing information.

The knowledge base that presented a common thread throughout the analysis was knowledge of how to *translate* information, which was accessed into essentials of patient care. Training in areas should not be separated from training in how nurses can most effectively care for patients in a culturally and linguistically appropriate manner. These are essential tools in the successful implementation of the nurses' daily tasks. As such, training in these areas can best be accomplished by incorporating them into the modular case studies designed to illustrate and teach cultural competency and language access.

Awareness of the organizational support standards in CLAS should be woven in to the pattern of what nurses should do on a daily basis to provide culturally and linguistically appropriate care. If the organizational support themes of CLAS are taught in separate modules, they run the distinct risk of being viewed as "disconnected" from nurse functions and thus being omitted during nurse training. It is important, therefore, to connect, at every junction of training, the fact that, without the support of the organization as defined in these standards, nurses will be hindered in implementing what they have learned about culturally and linguistically appropriate care.

Nurses should be made fully aware of each of the ways in which their organization supports (or should support) them in providing care that is culturally and linguistically appropriate; how they should request and access this support; how to utilize it in administering care to individual patients; and how to identify and report lack of support to the appropriate entity. This training will achieve the greatest learning impact if it is illustrated within the framework of nurses' daily duties. It should be included within case studies or vignettes which nursing participants are asked to solve or critique. The curriculum should address:

- What should the nurse do or have done in that situation?
- What supports should the nurse expect the organization to provide?
- How are these accessed?
- How can they be utilized in the improvement of care in that particular case?
- What should the nurse do if the supports are not operational or not present?

Once the "scene" is set with a particular problem or situation, knowledge about pertinent organizational supports (and how these are recommended by CLAS) pertinent to one or both of the cultural or linguistic competency themes might be presented in a lecture/ discussion format. Nurses might first be asked what, in the organization structure or policies was preventing or hindering the nurse's efforts to provide that patient with culturally or linguistically competent care? These teaching moments could be related to the recommendations in the standards.

As a means of "testing" knowledge, nurses might be asked to describe:

1. What organizational support information they would like to access?
2. How they would go about accessing it?
3. How that information/support should be utilized in the care of the particular patient in the vignette?
4. What they would do, or whom they would contact, should the information they are searching for be unavailable, incomplete, or faulty?

Nurses could be given actual computer instructions and practice for accesses and using data the standards suggest the organization provides. This practice exercise might be followed by short vignettes that illustrate how the nurse in the original vignette accessed the information and utilized it effectively. Within the general framework of training modules, it would be helpful to illustrate how nurses can and should play an active role in their organization's goal setting and planning process. This might be the topic of the introductory module, which then sets the scene for illustrating just what cultural and linguistic competency is, and how nurses are part of a team responsible for organizational as well as individual commitment to providing this care. It is suggested that at the end of each training module, that nurses are asked to identify these supports and information that their own institution provides, what portions of the suggested supports their organization does not provide, what other kinds of supports they would like their organization to provide them with. They might then be asked to identify the steps, which they might take to advocate or encourage their organization to provide them.

Implications for Nursing Practice

Nurses are ideally positioned to play a pivotal role as organizations move forth to provide culturally competent and linguistically appropriate services. Kerr and colleagues (2001) provided a detailed checklist that organizations can use as they prepare to adopt the CLAS standards. A modified version of this checklist is depicted in Exhibit 4. Although targeted towards organizations, these recommendations will not be fully realized without nursing involvement. Thus, when appropriate, nurses are encouraged to participate in all of the suggested activities outlined in this checklist. In doing so, nurses will be an integral partner in developing and evaluating organizational supports for cultural competence. For example, nurses are encouraged to serve as representatives on organizational cultural competence committees or workgroups. Given that nurses are the most frequent point of contact for patients and their families, nursing input on any suggested guidelines/policies focused on enhancing cultural competence is imperative.

Exhibit 4: Checklist for Cultural Competence Development.

- Convene a cultural competence committee, workgroup, or task force within the organization.
- Ensure that the organization's mission statement commits to cultural competence as an integral component of all its activities.
- Determine the racially, ethnically, culturally, and linguistically diverse groups served by the organization.
- Determine what percentage of the population served by the organization is affected by the following six health disparities: cancer, cardiovascular disease, infant mortality, diabetes, HIV/AIDS, and child and adult immunizations.
- Conduct a comprehensive organizational cultural competence self-assessment.
- Conduct an assessment of staff to determine their perceived development needs that will enable them to provide culturally and linguistically appropriate services.
- Convene focus groups to solicit consumer input on professional or staff development needs related to culturally and linguistically appropriate services.
- Network and dialog with other organizations about culturally competent delivery systems.
- Seek resources from federally and privately funded technical assistance centers.
- Convene "brown bag" lunches to engage organizational personnel in discussions and activities related to cultural and linguistic competence.
- Identify and include budgetary expenditures each fiscal year for resource development and professional development.
- Gather and categorize resource materials related to health care and culturally diverse groups.
- Build and use a network of natural helpers, community informants, and other "experts" who have knowledge of the diverse groups served by the organization.
- Network with advocacy organizations concerned with specific healthcare and social and economic issues impacting racially, ethnically, culturally, and linguistically diverse communities.

Source: Adapted from Kerr MJ, Struthers R, Huynh WC. Work force diversity: implications for occupational health nursing. *AAOHN J* 2001;49:14–20.

In addition to serving as an advocate for culturally competent services within ones own institution, Exhibit 5 provides a description of more specific activities that nurses may pursue as they work to promote the CLAS standards and integrate cultural competence within their organizations. These activities should be viewed as an integral component of what nurses already do to provide quality health care to patients, families, and communities. Given the current nursing shortage and other challenges nurses face in today's health care environment, it is our hope that nurses will be able to weave the suggested activities into their everyday activities. For example, initiating a cultural/linguistic cultural journal could perhaps be initiated once a month during a brown bag lunch or in concert with a staff meeting. Goodfellow (2004) offers suggestion as to how to start a journal club. Journal clubs offer a cost effective approach to enhancing professional development in the workplace.

Another example may include partnering with local schools of nursing to conduct cultural/organizational assessments or pursue other projects that may benefit organizations as they move towards becoming cultural competent. Phillips and Belcher (1999) highlighted their experience in integrating cancer risk assessments into a community health course. Students enrolled in a Community Health Nursing course worked with a local hospital to conduct employee cancer risk assessments and design a cancer related health fair targeting hospital employees. In doing so, students fulfilled course requirements, learned more about cancer risk assessments, and collected vital information that was used to develop employee health related services.

Exhibit 5: Activities to Incorporate Cultural Competency

- Participate in community health fairs to provide education, enhance outreach efforts, build trust and establish community partnerships
- Initiate cultural/linguistic competency journal clubs
- Assist in the selection of members to serve on institutional community advisory boards and committees.
- Develop a cultural competence resource center
- Seek resources from professional nursing organizations to develop educational materials and outreach activities that meet the needs of specific populations
- Develop indicators of cultural competencies for nursing practice and performance appraisal
- Utilize key components outlined in Healthy People 2010 when targeting specific populations
- Serve as a volunteer for community-based organizations
- Implement cultural health fairs/seminars for staff and patients
- Collaborate with schools of nursing to conduct community/organizational assessments
- Participate in interdisciplinary grand rounds to explore issues related to cultural and linguistic competencies
- Formulate plans of care for culturally diverse patients using information systems
- Assist in developing mentorship programs for culturally diverse nursing staff
- Assist in incorporating cultural content into quality improvement, program evaluation, critical pathways, and case management activities

Source: J. Phillips, PhD, RN, personal communication, July 26, 2004

Conclusion

This paper provides background on third theme of the CLAS Standards for the CCNM project, highlighting core content knowledge, pedagogical strategies, and implications for nursing practice. The nurse's role in implementing culturally and linguistically appropriate services is essential at the organizational level, and nurses should be included in their organizations' strategic plan, data collection procedures, community outreach, and partnerships with community organizations.

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