

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

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Cultural competency has been defined as an “ongoing commitment or institutionalization of appropriate practice and policies for diverse populations” (Brach and Fraser, 2000:183). The national standards for culturally and linguistically appropriate services (CLAS) in health care, set forth by the U.S. Department of Health and Human Services (HHS) Office of Minority Health, provide guidelines on policies and practices aimed at developing culturally appropriate systems of care. Ultimately, the goal of the CLAS standards is to improve access to health services for culturally diverse populations and eliminate racial/ethnic disparities in health. The 14 CLAS standards are categorized into three themes: Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). The purpose of this paper is to propose the administrative competencies needed to implement the policies and programs set forth in standards 8-14.

### **Core Concepts and Content Knowledge**

The proposed administrative competencies can be classified into four core areas:

1. Managerial epidemiology
2. Strategic planning
3. Quality improvement
4. Marketing

These administrative competencies are interrelated as shown in Figure 1. For example, managerial epidemiology provides content knowledge and skills that represent a foundation for strategic planning, marketing and quality improvement. Ultimately, these competencies need to be supported by the organizational context that includes leadership, organizational culture, and control systems. The relationship between the administrative competencies and CLAS is shown on Table 1.

<b>Administrative Competency</b>	<b>CLAS Standards</b>
Managerial Epidemiology	9, 10, 11
Strategic Planning	8, 11, 12, 14
Quality Improvement	9, 11, 13
Marketing	11, 14

### **Managerial epidemiology**

Clinical medicine focuses primarily on the medical care of individuals, while population medicine has the community or population as the primary focus (Mausner and Kramer, 1985). Epidemiology is the study of the distribution and determinants of diseases and injuries in human populations. The goal of epidemiology is to “identify the causal factors that could be eliminated or modified to prevent or control adverse health outcomes and apply the knowledge of these to improve the health status of populations” (Oleske, 1995: 2). Managerial epidemiology is the science and art of using epidemiologic principles to manage the health of populations and to appropriately manage organizational response to the demands that arise from the health needs of populations. The tools of epidemiology are important in planning health services for culturally diverse populations. In addition to the management of population health, the methods of managerial epidemiology can be applied to organizational evaluation and clinical practice improvement. The Council on Graduate Medical Education (COGME) has recognized the importance of epidemiology and population-based care in medical education (COGME, 1999).

Physicians should have mastery of descriptive epidemiology, or the methods used to describe, measure, and analyze health events of populations (Fos and Fine, 2000). Furthermore, physicians should be familiar with the different sources of health information, which include primary data (surveys and focus groups), secondary data (administrative/medical records, census, vital statistics, national health surveys), and community health assessments (Mausner and Kramer, 1985; Smith, 1993). Finally, physicians should understand the information system requirements in order to properly capture health events of culturally and linguistically diverse populations.

If the goal is to improve the health status of culturally diverse populations, it is important that physicians understand the multi-factorial determinants of utilization and health status. In developing proper interventions, it is necessary to account for factors that influence health beyond medical care, such as social and physical environmental, cultural, and behavioral factors (Kindig, 1997). As such, physicians should be familiar with the following epidemiological conceptual frameworks:

1. Epidemiologic model of the factors influencing health status (Oleske, 1995)
2. The force-field and well-being paradigms of health (Blum, 1983)
3. A nested model of health (Collins, 1995)
4. Behavioral model of health services utilization (Andersen, 1968)
5. Health belief model (Janz and Becker, 1984)

Traditionally, medical care has focused on the diagnosis and treatment of disease. However, an important goal of epidemiology is to identify risk factors of adverse health outcomes and use that knowledge to develop preventive interventions. Preventive care constitutes a cost-effective mechanism to reduce the incidence or slow the progress of chronic diseases among historically underserved racial/ethnic groups. There are different levels of preventive care that physicians can use in managing population health: primary, secondary, and tertiary prevention (Mausner and Kramer, 1985; Harper and Lambert, 1994).

### **Strategic planning**

Strategic planning constitutes a systematic process that involves a series of steps aimed at defining a situation or problem, setting goals, and developing and implementing strategies to achieve the goals (Jaeger, 1995). Physicians should understand the strategic planning process that includes the following steps (Ginter et al., 1998):

1. Establishing the organization's mission, goals, and objectives
2. Conducting an environmental and organizational assessment
3. Formulating the organizational strategy
4. Implementing the strategy

It is important also that physicians recognize the importance of control systems in implementing the organizational strategy. Control systems include the mechanisms that will ensure accountability in meeting the strategic goals of the organization, such as performance evaluation systems and reward

systems. Finally, leadership and organizational culture are important components of strategy implementation and crucial for organizational change.

According to a population health perspective, the major goal of health care organizations (HCOs) is to improve the health status of populations. As such, the strategic planning process should be responsive to the health needs of populations served, such as culturally diverse populations. This includes incorporating CLAS goals and recognizing the community as an important stakeholder in the strategic planning process. Marketing and epidemiology constitute important tools in strategic planning to identify the needs, demands, and wants of targeted populations or markets served. HCOs can then develop services in response to the health care needs of populations served. An appropriate measure of effectiveness is to use specific population outcomes to assess the degree to which its goal is achieved (Jaeger, 1995).

Physicians should also understand the importance of organizational networks in developing and implementing strategy. Given the multiple determinants of health, HCOs are recognizing the importance of a holistic healthcare delivery model that links healthcare services and human services (Shortell et al. 1996; Weech-Maldonado and Merrill, 2000). Integrated delivery systems and community health partnerships are examples of integrative health care delivery models.

### **Quality improvement**

In order to improve quality of care for culturally diverse populations, physicians should understand the tools used in quality assessment. Donabedian (1988) posits a structure-process-outcome (SPO) framework for quality assessment. Within this framework, structural indicators are defined as the professional and organizational resources that can be associated with providing care, such as facility operating capacities. Process indicators refer to things that are performed on or done to patients, such as the diagnosis and treatment of disease. Outcome indicators are the states that result from care processes, such as decreases in functional status or increases in the quality of life. Despite the medical advances of the last century, there are still disparities in the structure, process, and outcomes of care of racial/ethnic minorities in the US (Williams and Rucker, 2000).

Physicians should also understand the health care industry efforts towards developing quality report cards, such as those based on the Health Plan Employer Data and Information Set (HEDIS) and Consumer Assessments of Health Plans (CAHPS). Report cards can be a useful tool in benchmarking efforts. Recent studies using HEDIS and CAHPS data show disparities in the care received by racial/ethnic minorities (Schneider et al., 2002; Morales et al., 2001; Weech-Maldonado et al., 2001). Total Quality Management (TQM)/Continuous Quality Improvement (CQI) is one of a number of approaches to quality improvement. TQM/CQI refers to “a structured system for creating organization-wide participation in planning and implementing a continuous improvement process to meet and exceed customer needs” (Wilson, 1992: 227). Several major TQM/CQI principles have been identified: customer focus, focus on process, continuous improvement, employee involvement, and teamwork (Dean and Bowen, 1994). Each of these principles is carried out by a number of practices and techniques. Ultimately, the goal of TQM/CQI is to improve the processes of care in order to improve the outcomes of care, whether it is patient satisfaction or clinical outcomes. TQM/CQI is a useful management tool to improve quality of care for culturally diverse populations.

In order for physicians to use TQM/CQI in quality improvement activities they must be familiar with the Plan, Do, Check, Act (PDCA) model of TQM/CQI implementation (Jaeger et al., 1994). In addition, they must understand the TQM/CQI tools (process description, collaborative/team, data collection, data analysis, and benchmarking), which constitute the technical aspect of TQM/CQI implementation (Johnson and McLaughlin, 1994). Finally, physicians must be cognizant of the cultural, strategic, and

structural dimensions of TQM/CQI implementation (Shortell et al., 1995; Wakefield and Wakefield, 1995; Weech-Maldonado et al., 2001).

## **Marketing**

Marketing is a management function that seeks to identify the needs and preferences of consumers and adapt the organization to deliver effective and efficient services to meet consumer preferences (Kotler, 1980). Organizations subdivide a market into distinct subsets of customers, or market segments (for example, demographic and geographic segments), which merit separate marketing programming and effort. For each market segment identified, the marketer determines the most effective way or a marketing plan to reach that population. This includes establishing an effective marketing mix: product, place, promotion, and price. Physicians should understand marketing principles that will enable them to develop culturally and linguistically appropriate services and market those services to the targeted populations.

A related concept is that of social marketing where HCOs use marketing principles to design a social-change strategy aimed at reducing high-risk behaviors or encouraging healthy behaviors (Kotler and Roberto, 1989; Walsh et al., 1993). For example, using the media for a public health campaign to reduce smoking.

## **Core Skills**

The ultimate goal of these four administrative competencies is that physicians develop systems thinking, analytical, and leadership skills that will be enable them to successfully implement the organizational support standards. Below is a list of specific skills associated with each administrative competency.

### **Managerial Epidemiology**

1. Use epidemiologic data to describe the health care needs and utilization of culturally diverse populations.
2. Describe data sources in assessing the health care needs and utilization of culturally diverse populations.
3. Develop health interventions that account for the multifactorial determinants of utilization and health status.
4. Apply concepts of preventive medicine (primary, secondary, tertiary levels) in designing interventions aimed at reducing health disparities.

### **Strategic Planning**

1. Use strategic planning to improve access to care and health status of culturally diverse populations.
2. Evaluate leadership and organizational cultural issues in strategy implementation and organizational change.
3. Develop evaluation/control systems to ensure meeting strategic objectives related to culturally diverse populations.
4. Analyze the role of organizational networks in meeting the needs of culturally diverse populations.

## **Quality Improvement**

1. Apply the structure, process, and outcomes model in assessing quality of care for culturally diverse populations.
2. Describe how CLAS standards can be incorporated into the quality assessment process.
3. Apply the TQM/CQI management model for the quality improvement of culturally diverse groups.
4. Discuss critical factors in TQM/CQI implementation: cultural, technical, strategic, and structural dimensions.

## **Marketing**

1. Apply marketing principles in the planning of culturally and linguistically appropriate services.
2. Use social marketing concepts to design preventive interventions for culturally diverse populations.

## **Pedagogical Strategies**

There are different methods that can be used in achieving teaching objectives: lecture, discussion, collaborative activities, and problem-solving methods (Enerson et al., 1997). Ultimately, a combination of methods should be used to maximize learning. In this section, I focus on the last three methods: discussion, collaborative activities, and problem-solving methods. These methods are considered to be particularly useful in promoting active learning and critical thinking.

The discussion method provides an opportunity for the student to work actively with the concepts being learned and apply principles to every day problems. Students are also able to enrich their learning experience through their interactions with the instructor and other students. Discussion methods are particularly helpful in learning new skills (Enerson et al., 1997).

Collaborative or group activities range from small groups working together during class on exercises to formal semester-long group projects. Collaborative activities promote individual learning through the group process (Enerson et al., 1997: 57). Field projects can be particularly useful in integrating the administrative competencies and applying the acquired knowledge and skills to real-life situations. Problem-solving methods include a variety of classroom activities that include case studies/scenarios, role-playing, and problem-based learning. All these activities require that students apply the knowledge learned to make decisions and solve problems. These methods are commonly used in medical education and should be particularly appropriate in teaching medical students and physicians. There are several resources for case studies and scenarios that can be used in teaching managerial epidemiology, strategic planning, quality improvement, and marketing (Dever, 1984; McLaughlin and Kaluzny, 1994; Oleske, 1995; Fos and Fine, 2000). However, there is a paucity of resources focusing on culturally diverse populations.

## **Implications for General Medical Education and Residency Training of Family Physicians**

Significant changes have been taking place in the US health care system in the last two decades that include increasing costs of care, the rise in the uninsured, the growth of managed care, greater emphasis on quality measurement and improvement, and increased racial/ethnic diversity (Louis et al., 2002;

Weech-Maldonado et al., 2002). Both the American Association of Medical Colleges (AAMC) and the Council on Graduate Medical Education (COGME) have raised questions about the adequacy of medical education in preparing students for the changing health care environment (AAMC, 1994; COGME, 1995). Clinical medicine has focused on the medical care of individuals, and more specifically on the diagnosis and treatment of disease. The environmental challenges of the health care system demand greater emphasis on population-based care and preventive care. It is necessary that both the undergraduate and graduate medical curriculum be modified so that medical students and residents can acquire the necessary administrative competencies in organizational supports that will ensure culturally appropriate care.

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**Figure 1: Administrative Competencies in Organizational Supports for CLAS**

Leadership, Organizational Culture, Control Systems

