Managed Care Moves to the Head of the CLAS

Implementing Culturally and Linguistically Appropriate Services

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As the U.S. population becomes more diverse, medical providers and other people involved in health care delivery must interact with patients from many different backgrounds. Culture and language are new vital factors in how health care services are delivered and received. Today, it is important that health care providers understand and respond with sensitivity to the needs and preferences that diverse patients bring to the health encounter. Providing culturally and linguistically appropriate services (CLAS) to these patients has the potential to improve access to and quality of care, and ultimately, health outcomes.

"The system by which health care is delivered and financed must be designed to ensure the care is safe, effective, efficient, equitable, and tailored to each individual's specific needs and circumstances," recommends the Institute of Medicine Report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, released early last year.

Once thought of as unrealistic goals or expectations, cultural competency programs and initiatives are now being implemented in managed care organizations and other health care settings across the country. The *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, published by the Office of Minority Health (OMH) in late 2000, serves as a springboard for use by providers and others seeking to address cultural issues within their delivery systems.

According to Guadalupe Pacheco, public health advisor at OMH, policy makers, accreditation agencies, purchasers, patients, advocates, educators, and health care communities use CLAS as a vehicle to improve health. "Cultural competence is the ability of health organizations and practitioners to recognize the cultural beliefs, attitudes, and health practices of diverse populations, and to apply that knowledge in every intervention—at the systems level or at the individual level—to produce a positive health outcome," said Pacheco.

"Major HMOs have undertaken CLAS as a vehicle to provide appropriate cultural and linguistic care to a diverse population," added Pacheco. "This is the first time these organizations have seen clear pathways to culturally and linguistically appropriate services. Before, everyone was doing his or her own thing. With CLAS people can make improvements by building on these standards."

Implementing CLAS

In partnership with OMH, the American Institute for Research (AIR) developed curriculum modules for implementing CLAS. The four-year project launched in 2001 is working with family practitioners and plans to pilot test the modules in a variety of health care settings.

The CLAS pilot project will report on guidelines and processes for implementing standards in health care organizations, identify potential barriers, and measure impact on providers and patients.

"In an effort to provide culturally competent care to a multicultural, ethnically diverse population, the pilot project is a way to identify health disparities and deliver case management services, analyze members' health status, educate members about preventive health and improve access to early screening, diagnosis, and treatment," said Pacheco.

In 2002, Alameda Alliance for Health , a managed care health plan serving low-income populations throughout Alameda County in the city of Oakland and Northern California, was chosen by OMH as the first study site for the implementation of the CLAS standards in a managed care organization.

Through more than 1,300 public and private physicians, hospitals, and community clinics, the Alliance provides comprehensive medical and behavioral health services to more than 80,000 members—45 percent with a primary language other than English and 87 percent representing various racial and ethnic minority groups. With a racially and linguistically diverse workforce and membership, and cultural competency standards already in existence, the Alliance was an ideal study site.

Dr. Juanita M. Dimas, cultural and linguistic program manager, said the Alameda Alliance began in 1996 and has always been committed to the culture and health of the population it serves. "Originally chosen as a pilot site, Alameda Alliance is now more of a case study since there were a number of similar standards in place," she said.

"The CLAS standards have been a help in guiding Alameda Alliance, but they are our minimum goal. Our systemic approach helps to avoid defining cultural competency as the final desired outcome, and instead, desired outcomes are defined as quality of care at the member/patient level, provider level, and MCO level," concluded Dimas.

For more information on the Alameda Alliance for Health, go to http://www.alamedaalliance.com❖

For more information on the Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS), go to http://www.omhrc.gov/clas❖

For more information on how to implement a cultural competency program in your organization, see page 18.❖

Managed Care Moves to the Head of the CLAS
is based on the Summit workshop "Cultural Competence of Health Care Organizations."