

Cultural Competency for Health Care Providers: *The State's Role in Collaborating with Diverse Stakeholders to Advance Health Equity*



Oregon
Health
Authority



Office of
Equity & Inclusion

Office of Equity and Inclusion

Vision

All people, communities and cultures co-creating and enjoying a healthy Oregon.

Mission Statement

To engage and align diverse community voices and the Oregon Health Authority to assure the elimination of avoidable health gaps and promote optimal health in Oregon.

Communities of Color Policy Forums February and April 2010

Policy Priorities:

- Equal access to health care regardless of documentation status or disability
- Culturally sensitive/competent health care systems
- Diverse and culturally competent health care providers

Recommendations for Advancing Cultural Competency



OEI Policy Process

Work with community to identify priority

Draft legislation based upon community recommendations

Bring back legislation to community partners and other stakeholders and amend to meet needs

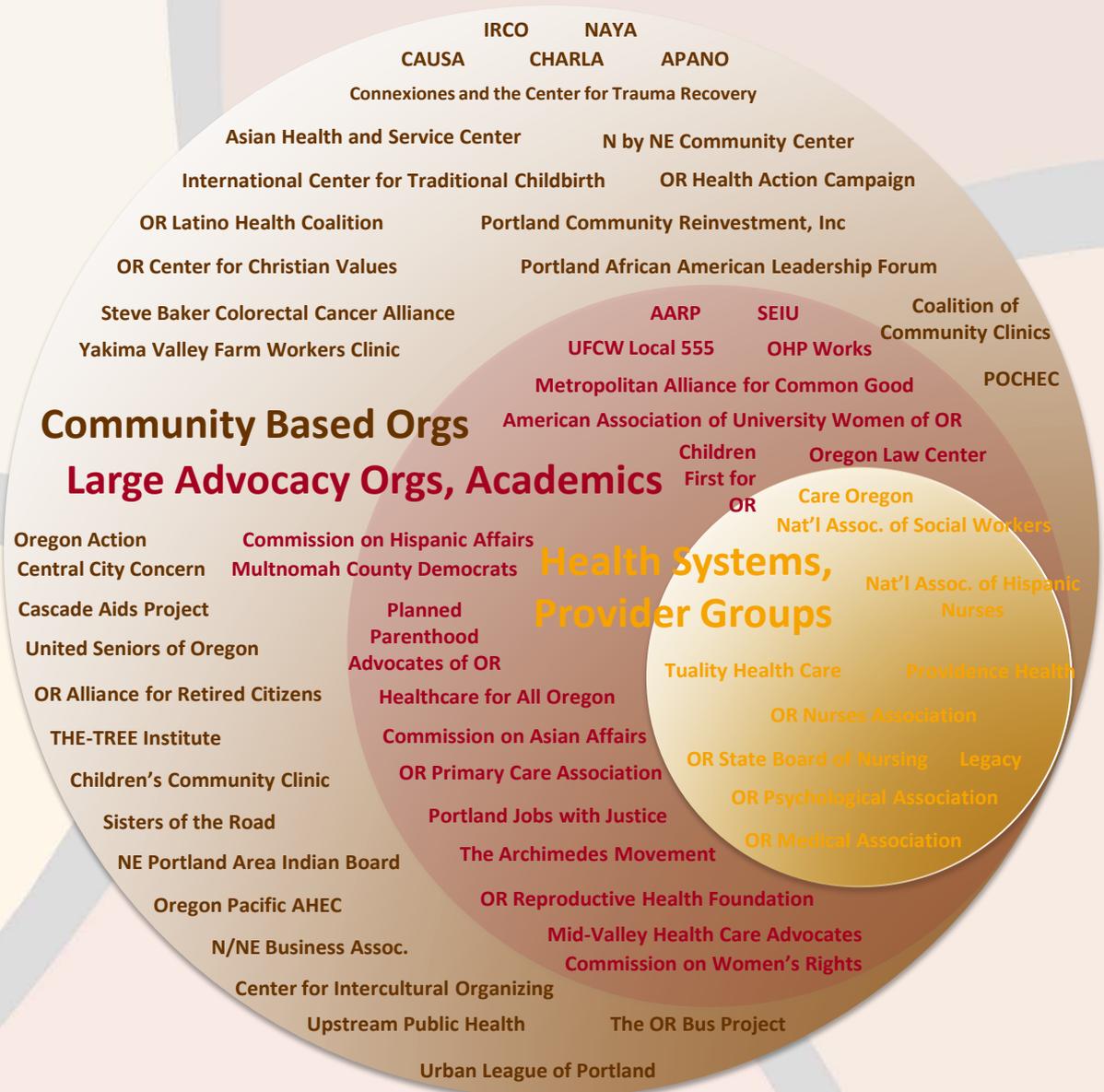
Build capacity in community based organizations to do advocacy through training and funding

Facilitate strategic coalition building btwn CBOs and health systems professionals

OEI steps back to allow CBOs to serve in leadership role

Coalition Building

- Health Equity Policy Committee
- Collaborative Processes



Community Capacity Building

- Legislative Advocacy Trainings
- One-on-One Consultation and Support
- Small Grant Funding: Community listening sessions
- Provide “insider’s perspective” on government policy
- Connecting with “seasoned” lobbyists

Communications and Framing

- **Message 1: Health disparities in Oregon are well documented for numerous communities of color**
 - Characterizing cultural competency as a “people of color issue:” minimized the ways in which it is truly a policy designed to improve health care delivery and communication for Oregonians
 - Δ Frame as patient-centered care
- **Message 2: Our population is growing rapidly more diverse, and our health care system must be prepared to meet the needs of a changing Oregon**
 - Hard to dispel misconceptions in Oregon that diverse populations live primarily in the Portland metropolitan area.
 - Δ Needed to mobilize more people of color statewide (ie/Oregon tribes, REC model, etc)

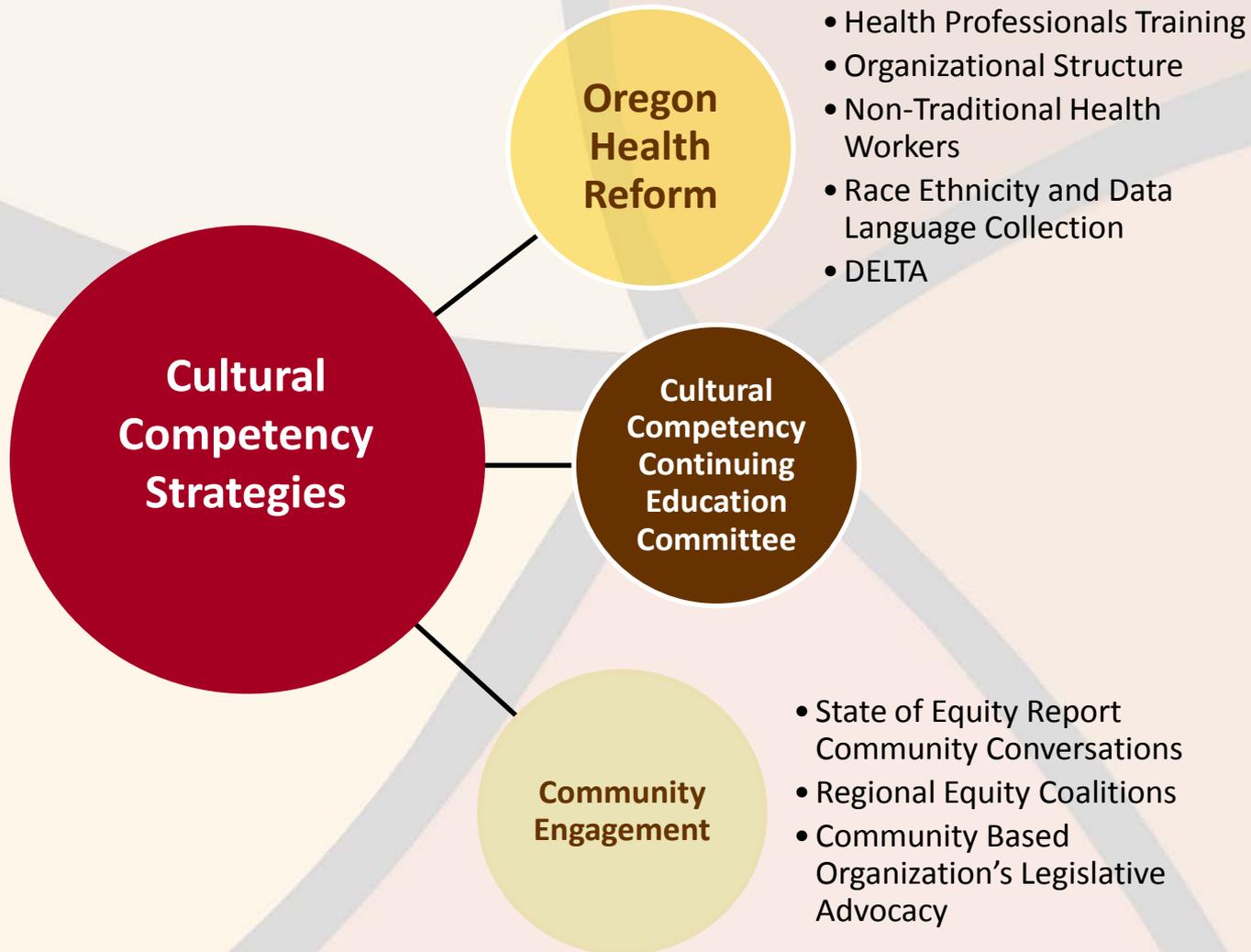
Communications and Framing

- **Message 3: Cultural Competency Reduces Costs**
 - Opponents viewed SB97 as another expensive “handout” program to help minorities, who “already drain our public funds with welfare dependency.”
 - Δ We needed to lead with a cost-savings argument to counter this argument.
- **Message 4: Cultural Competence Continuing Education in Oregon would align with National Efforts of Health Care and Health Care Professionals Organizations**
 - Legislators and other stakeholders questioned the effectiveness of cultural competency continuing education.
 - Δ Needed to engage health care providers, including more health care providers of color, to speak on the effectiveness on training

Outcome of Legislation

- Bill died on the House floor, after having successfully passed the Senate.
- However, many successes identified:
 - **Culturally and professionally diverse coalition building**
 - Forced conversation about race in a very white Capitol
 - **Increased capacity for advocacy in CBOs**
 - Relationship building with communities of color and legislators

Next Steps for Advancing CC



Cultural Competency Continuing Education Committee

Diverse Committee Membership:

- Cultural and Social Diversity
- Curriculum Developers
- Community Based Organizations
- Academics
- Small Business
- Licensing Boards
- Professional Associations
- Health Care Providers

Definitions and Standards

Develop definitions and standards for cultural competency

Survey to glean feedback on proposed definition and standards from over 160 health professionals

Explore Existing CE Options

Scan existing CE options to identify currently available trainings by cost, provider type, population, etc

Review these trainings with proposed standards to ensure they meet needs.

Explore Operational Issues

Survey licensing boards to identify feasibility of implementing cultural competency and to better understand operational issues for implementation

Develop recommendations for advancing cultural competency in conjunction that meet licensing board concerns

Cultural Competency Definition

Life-long Process

Examining
values
and
beliefs

Developing
and applying
an inclusive
approach to
health care
practice

Recognizing
the context
and
complexities
of provider-
patient
interactions

Preserves the
dignity of
individuals,
families and
communities

Cultural Competency Standards

- Culturally Competent practice requires self-awareness and self-assessment of beliefs, attitudes, emotions and values
- Culturally Competent practice requires the acquisition of knowledge by providers
- Culturally Competent training requires specific educational approaches for knowledge acquisition
- Culturally competent practice requires the acquisition of skills

Committee Recommendations

- **Licensing Boards**

- If interested, implement mandate for licensee cultural competency training
- If unable to implement mandate, implement voluntary process and track progress of licensees

- **Oregon Health Authority**

- Require training for all staff, contractors and subcontractors
- Leverage funds to support implementation of CCCE for licensing boards
- Develop website with training registry
- Convene a new committee to advance organizational approaches

- **Coordinated Care Organizations**

- Require training for all staff

- **Curriculum Developers**

- Update curriculum to meet proposed CC standards

2013 Legislative Session: HB 2611

- Urban League of Portland re-introduces cultural competency bill
 - Using committee recommendations to engage in dialogue about compromise with opposition
 - Engaging power brokers to negotiate an effective compromise (not a symbolic victory)

Questions?

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