Overview

Cultural competence continuing education for health professionals has been identified as a key strategy for advancing health equity and achieving the triple aim in Oregon by culturally diverse communities and policy makers alike.

Community-Policy Forums

In February of 2010, the Office of Equity and Inclusion (formerly the Office of Multicultural Health and Services) held two policy forums with community partners from across the state to discuss policy priorities for Oregon's diverse populations. Overwhelmingly, culturally competent health care was prioritized as an effective strategy for eliminating health disparities.

The Oregon Health Policy Board

In September of 2010, The Health Equity Policy Review Committee, a committee of the Oregon Health Policy Board (OHPB), identified a culturally competent workforce as one of the core solutions for eliminating health disparities. This recommendation was adopted by the Health Care Workforce Committee and included in their report to the OHPB. The Health Care Workforce Committee's report highlighted the necessity of cultural competence continuing education in improving health outcomes, improving the delivery of care and lowering related costs. The report identified cultural competency as an essential core skill of the workforce.

Cultural Competence Recommendations from the Oregon Health Policy Boards' Workforce Subcommittee are available in Appendix A.

Oregon's Action Plan for Health

Cultural competency was identified as key strategy for advancing health equity and achieving the triple aim throughout Oregon's Action Plan for Health. The report includes the prioritization of developing a culturally competent workforce in its health equity and reducing barriers to health care strategy areas.

An excerpt of the cultural competence recommendations in Oregon's Action Plan for Health is available in Appendix B.

Health Systems Transformation (HST)

Ensuring a culturally-competent workforce has been established as a requirement for Oregon's newly-formed Coordinated Care Organizations and was included in the CCO request for application (RFA), the transformation plan guidelines and other HST policies.

Given the overwhelming support from both policy makers and community-based organizations, the Oregon Health Authority introduced Senate Bill 97, legislation related to cultural competence continuing education for licensed health professionals, in the 2011 legislative session. Although the bill did not pass, discussions with stakeholders continued to reinforce the importance of cultural competence in health care. As such, in spring 2012, the Cultural Competence Continuing Education Committee (CCCEC) was established by the Oregon Health Authority to explore opportunities to promote cultural competence continuing education for health professionals.

Committee membership was comprised of a group of 23 professionally and culturally diverse stakeholders including representatives from health licensing boards, professional associations, health systems organizations, providers, community based organizations and small business.

The Committee's work plan was divided among three subcommittees, each focused on objectives and activities outlined in Senate Bill 97:

- Refining definitions for cultural competence/linguistic competence, identifying existing standards and proposing standards for cultural competence continuing education (CE) training options in Oregon
- Exploring existing cultural competence CE options, and
- Identifying operational issues for licensing boards to implement cultural competence CE and potential funding opportunities for cultural competence continuing education

The committee charter and roster are available in Appendices C and D.

This report provides an overview of the Committee's work, including a literature review on the effectiveness of cultural competency training, a proposed definition for cultural competence, proposed standards for cultural competence continuing education options, a list of available continuing education options and overarching recommendations to the Oregon Health Authority, Oregon Health Professional Licensing Boards, Coordinated Care Organizations and Continuing Education Curriculum Developers for advancing cultural competence training for health care professionals in the state.

Process

The Cultural Competence Continuing Education Committee was guided by the Oregon Health Policy Board's 2010 report *Oregon's Action Plan for Health*, which identified cultural competence as a critical method for eliminating health disparities and by the Oregon Health Authority's Triple Aim:

- Improving the lifelong health of all Oregonians;
- Improving the quality, availability and reliability of care for all Oregonians, and;
- Lowering or containing the cost of health care so that it is affordable for everyone.

Committee members were appointed by Oregon Health Authority Director, Dr. Bruce Goldberg, to represent a broad spectrum of stakeholder organizations, including: health licensing boards, professional associations, health systems organizations, academia, providers, community based organizations and small business.

The Committee convened in April 2012 and met monthly over a nine-month period to develop their recommendations. The process included conducting a scan of local and national recommendations for cultural competency definitions, trainings and continuing education options, disseminating a survey to Oregon licensing boards to identify existing barriers to implementing cultural competence continuing education, reviewing available continuing education training options and disseminating a survey to over 160 health care providers to receive feedback on the committee's cultural competence proposed definition and standards. With all of this information, the Committee developed their final recommendations.

Why Cultural Competency Continuing Education?

Oregon's population is growing rapidly more diverse statewide. One in five (20%) of Oregonians identify as a person of color. Within Oregon's low-income population, the changing demographics are even more staggering with forty percent (40%) of Oregon Health Plan clients identifying as non-white. Eighteen or half of Oregon counties have a Medicaid population that is more than twenty-five percent (25%) non-white. Of those counties, eight have Medicaid populations that are more than fifty percent (50%) non-white. In three counties, Hispanic citizens make up the majority of Medicaid recipients.

Despite the fact that these populations are growing at a rapid rate, Oregon's diverse communities, including racial and ethnic populations, LGBT communities, low literacy level individuals and rural Oregonians continue to experience severe health disparities. These disparities are unjust and avoidable. In order for Oregon to achieve the triple aim of improving health, improving care, and lowering cost, providers must be responsive to the needs of the diverse populations living in our state. Cultural competence training for health care providers is one solution for helping the health care system adapt to the needs of Oregon's socially and culturally diverse communities.

Evidence of Effectiveness in Improved Service Delivery and Cost Savings

Many studies show that cultural competence training contributes to improved health outcomes and overall health systems savings through its impact on:

- Improved patient-provider communication and patient adherence
- Improved provider's self-reported perception and understanding of cultural competency
- Cost savings through improved service delivery and the reduction of costly inpatient and urgent care costs
- Cost savings through the reduction of patient liability issues
- Cost savings through responding to the growing consumer base of culturally diverse communities

A literature review demonstrating the improved outcomes outlined above, which includes a nationally-recognized study conducted at Oregon State University, is available in appendix E.

Cultural Competency and Cost Savings

Available research associating cultural competence continuing education with improved cost savings is limited. Although, there is a strong hypothesis that cultural competence would result in decreased system costs, findings supporting this are not currently present in the literature. However, it is suggested that cultural competence would result in cost savings through the following:

- **Reduction in costly inpatient and urgent care:** Between 2003 and 2006, the combined direct and indirect cost of health inequalities and premature death in the United States was

$1.24 trillion (in 2008 inflation-adjusted dollars). This is more than the gross domestic product of India and equates to $309.3 billion annually lost to the economy.[1] Because cultural competency improves patient-provider communication and accuracy of diagnosis, it is estimated that this would result in fewer costly inpatient and urgent care visits, therefore reducing inequities and improving savings.

- **Medical Liability:** Culturally competent care can help avoid costly lawsuits related to medical errors. In Oregon, a Spanish-speaking man, who went blind due to misdiagnosis, won a $300,000 medical liability lawsuit against his provider.[2] Because cultural and linguistic competency improves patient-provider communication, it is a concrete strategy for avoiding costly medical errors.
- **Appealing to minority consumer base:** It is estimated that in 2010 the combined buying power of African Americans, Asians, and Native Americans was $1.7 trillion—more than triple the 1990 level.[3] As the population continues to diversify, these markets will grow at much faster rates than the white market. Health care providers and organizations that embrace cultural and linguistic competence and incorporate it into their policies, structures, and practices are well positioned in the current marketplace, and for the future, as the diversity of the Oregon's population continues to increase.

Recommendations from National Health Care and Health Care Professional Organizations

Cultural competence continuing education in Oregon would align with national efforts of health care and health care professional organizations. Organizations that have recommended cultural competence trainings for their providers include, but are not limited to:

- American Medical Association (AMA)
- American Nurses Association (ANA)
- American Dental Association (ADA)
- American Dental Education Association
- Association of American Medical Colleges (AAMC)
- American Academy of Pediatrics (AAP)
- American Academy of Family Physicians (AAFP)
- Oncology Nursing Society
- Society for Public Health Education

Since 2003, **The Joint Commission** has recognized that issues of cultural competence should no longer be considered simply a patient's right, but an essential component of quality care and patient

[1] Thomas LaVeist, Darrell Gaskin and Patrick Richard. (2009). The Economic Burden of Health Disparities in the United States. The Joint Center for Political and Economic Studies.

[2] Kelvin Quan, et al. (2010). The High Costs of Language Barriers in Medical Malpractice. University of California Berkeley, National Health Law Program.

[3] Jeffrey M. Humphrees (2010). The Multicultural Economy. University of Georgia, Selig Center for Economic Growth

safety. In 2011, The Joint Commission began requiring cultural competency as a condition of their accreditation.

The Patient Protection and Care Act of 2010 includes provisions for promoting cultural competency in health care service delivery through training of the health care workforce. It intends to provide support for development of model curricula in cultural competency training.

Six states have passed cultural competence continuing education laws for health care professionals (California, Washington, Connecticut, Maryland, New Jersey, New Mexico, and Washington) and other states are considering such legislation.

The Oregon State Bar requires that all active members shall complete accredited cultural competence continuing legal education (CLE) activity every three years as part of their "access to justice" initiative.

Proposed Definition of Cultural Competence, Guiding Principles for Curriculum Development and Standards for Cultural Competence Continuing Education Options

The Committee recommends the following definition for cultural competence, guiding principles for curriculum development and standards for cultural competence continuing education options. These recommendations were informed by a variety of nationally recognized leaders in the field, including The California Endowment, The Commonwealth Fund and the National Center for Cultural Competence. These influential documents are listed in the works cited on page 21. In addition, the committee surveyed nearly 160 health professionals and licensing board members in Oregon to solicit feedback on the recommendations. The survey results are available in Appendix F.

Recommended Definition for Cultural Competence

A life-long process of examining values and beliefs, of developing and applying an inclusive approach to health care practice in a manner that recognizes the context and complexities of provider[4]-patient[5] interactions and preserves the dignity of individuals, families and communities

This process is applicable to all patients; assumptions will not be made on the basis of a person's expressed or perceived race, color, spiritual beliefs, creed, age, tribal affiliation, national origin, immigration or refugee status, marital status, socio-economic status, veteran's status, sexual orientation, gender identity, gender expression, and gender transition, level of formal education, physical or mental disability, medical condition or any other consideration under federal, state and local law. The term "cultural" is used here in its broadest sense as "the totality of a person's or a group's accumulated experience", and the term "competency" is defined as the "ability to do something well." Based on this document's definition of cultural competency, it would mean to adequately engage in the lifelong process or self-examination, inclusivity, awareness and respect in health care practice in accordance to the principles and standards below.

Recommended Standards for Cultural Competency Continuing Education Options

The Committee recommends the following standards for cultural competence continuing education options. Standards marked "essential" indicate the standards that trainings must meet to receive approval. The criteria for selecting essential standards included (1) topics that apply across all health disciplines and (2) topics that can be reasonably included in brief trainings (e.g./ 1 or 2 hour continuing education credits).

Standards marked "advanced" serve to provide additional guidance for the development and delivery of cultural competence continuing education options. The criteria for selecting

[4] For simplification, the term "provider" is used throughout this document and it intends to represent the broadest spectrum of roles in health care, including but not limited to physician, social worker, medical technician, community health worker or "promotor/a," etc.

[5] For simplification, the term "patient" is used throughout this document and it intends to represent the broadest spectrum of roles in health care, including but not limited to patient representative, client, resident, consumer, patient's family and community, etc.

advanced standards included (1) more specialized topics (e.g./profession-specific or population specific, such as the use of interpreters) and (2) topics that, while also considered essential, are not able to be adequately covered in a brief, 1-2 hour trainings (e.g./self-awareness regarding power and privilege). The standards were organized into 3 domains: awareness, knowledge and skills, according to the most widely used model for understanding, training and researching cultural competence (Sue et al., 1992). For the purposes of training standards, the knowledge domain was divided in two: knowledge for providers and for trainers, thus creating a total of four sets of standards.

I. ***Culturally Competent practice requires self-awareness and self-assessment of beliefs, attitudes, emotions and values.***

Essential Standards:

- Provider is mindful of cultural factors that may influence own and patient's behaviors
- Foster a non-judgmental and respectful environment during the health encounter
- Provider understands relationship between cultural competence and ethics

Advanced Standards:

- Explore concepts of power, privilege and oppression across personal identities
- Provider is proactive in eliminating barriers
- Provider has opportunity to articulate the commitment to equal quality of care

II. ***Culturally Competent practice requires the acquisition of knowledge by providers.***

Essential Standards

- Understanding of cultural competence as a developmental process and not an endpoint and includes lifespan perspective from pre-natal to end of life across diverse experiences
- Knowledge of legal, regulatory and accreditation issues of diversity and linguistic issues and your own professional standards regarding cultural competence
- Knowledge of health disparities and social determinants of health

Advanced Standards:

- Knowledge of meaning of culture, and culture of health care
- Knowledge of a wellness model of health
- Knowledge of ethnocentrism, micro-aggressions, identity, privilege, power, oppression, assumptions and bias as it applies to vulnerable populations
- Knowledge of the limits of cross-language communication and cross-cultural variation in verbal and non-verbal communication
- Knowledge of medical pluralism or integration of traditional and biomedical
- Knowledge of local and national demographics, including local and state history of minority communities

- Knowledge of trauma-informed care principles
- Knowledge of epidemiology and within-group variance, including population specific diseases
- Knowledge of genome research and ethnopharmacology

III. ***Culturally Competent training requires specific educational approaches for knowledge acquisition.***

Essential Standards:

- Trainings include facilitated learning processes
- Trainer skills are not degree dependent, but attitude, knowledge and skill dependent
- Trainings create a spirit of collaboration and inclusion
- Trainings must provide a broad and inclusive definition of diversity, even if it will focus on a specific population
- Trainings are evaluated to assess impact on participants and efficacy of trainers

Advanced Standards:

- Trainers elicit information from target audience to assess provider's existing knowledge and strengths and tailor trainings to meet provider needs
- Trainers obtain informed consent from participants (e.g. strong emotions that may be elicited, plan to respond to adverse outcomes, offer follow-up)
- Trainings should be offered in a wide range of options utilizing multiple education modalities, including case studies
- Trainings are accomplished by an interdisciplinary, multi-cultural team
- Training style and methodology reflect the principles of privilege, power, oppression and bias and the guiding principles of cultural competency outlined in this document
- Trainings offer follow-up through coaching, supervision, mentorship and/or consultation

IV. ***Culturally competent practice requires the acquisition of skills.***

Essential Standards:

- How to collaborate with patients in making health care decisions
- How to develop and/or utilize communication tools and assessment strategies, e.g. patient- and family-centered communication
- How to collect and utilize data to inform clinical practice related to health equity
- How to collaborate effectively with community, providers and other types of healers
- How to access self-assessment tools
- How to access multiple formats of education (including translated, audio, and visual materials) in order to effectively communicate with patients

Advanced Standards:

- How to assess own biases or preconceptions
- How to assess receptivity to knowledge and literacy level of patients
- How to assess own empathic attunement
- How to effectively advocate for cultural competence within own professional setting
- How to adequately intervene if witnessing culturally-insensitive or oppressive behavior
- How to access and interact with diverse local communities
- How to assess own language skills and proficiency
- How to adequately use interpreter services[6]

Guiding Principles:

The Committee outlined principles to provide both the rationale and context to guide its work. Each one is framed as a continuum, recognizing that cultural competency is a developmental and fluid process. The committee recommends the following principles to guide the development of standards and the assessment of cultural competence continuing education options:

I. ***Prevention-Intervention Continuum:*** Culturally competent practice is part of primary, secondary and tertiary prevention by promoting optimal health experiences in the context of differences, and is not limited to reactive responses to specific incidents.

II. ***Systemic-Individual Continuum:*** Culturally competent practice requires systemic support, organizational implementation and integration of culturally competent practice with corresponding strategic goals in conjunction with individual provider education in order to maximize patient outcomes and ultimately reduce health disparities.

III. ***Evidence-Assumption Continuum:*** Culturally competent practice emphasizes integration of best available empirical knowledge, emerging best practices, local outcome data, community involvement, and clinical expertise in the context of client characteristics, culture, and preferences while avoiding uninformed assumptions about patients.

IV. ***Strength-Deficit Continuum:*** Culturally competent practice promotes a cultural identity centered approach that identifies and respects the strengths and resources that patients bring to the health encounter.

V. ***Collaboration-Unilateral Continuum:*** Culturally competent practice creates an environment where providers, patients, and community members work collaboratively as equal partners in the decision making process to promote lifelong health and well being.

[6] This standard is essential for continuing education options focused on Limited English Proficiency (LEP) populations

Cultural Competence Continuing Education Options

The Committee was also charged with exploring local and national cultural competence continuing education (CE) training options, currently available to Oregon's licensed health professionals. The Committee's review was informed by key health publications, web-based resources, telephone and email inquires involving at least 12 Oregon hospital and health systems, and references from Committee members and state agency staff whose mission is to advance health equity. Through this exploration, the Committee began building a resource list of frequently cited CE options, with the purpose of assisting health professionals, licensing boards and other stakeholders in improving their cultural competence and identifying training options that would meet the Committee's proposed standards.

Available Continuing Education options vary greatly from a thirty-minute video to a 10-week course and include provider-specific workshops, national association conferences, distance learning options, and health plan training. Trainings are available in-person or electronically, and can include experiential learning (e.g./cultural/linguistic immersion), service learning and specially designed cultural experiences. Although there is a wide range of costs associated with CE options, many are free, including those made available internally to staff of some specific health systems organizations. A list of these options is available in Appendix G.

The Committee was especially interested in identifying trainings that would be accessible to providers from geographically diverse communities in Oregon Thus, as a starting point, the Committee determined the location of Oregon's hospitals and health systems, and identified the service areas of Oregon's fifteen, newly formed Coordinated Care Organizations (CCOs), associated with the state's health systems transformation efforts. A Map of Oregon's CCOs and of Oregon's Hospitals and Health Systems are available in Appendices H and I.

Through this exploration, it is clear that health professionals need a variety of cultural competency trainings and educational approaches. This is especially true in Oregon where the patient population is becoming increasingly culturally and linguistically diverse.[7] No single training, nor single educational approach, can meet the diverse and on-going needs of health professionals and the communities they serve.

Through the process of developing the Committee's recommendation for cultural competency standards, a small group of Committee members and colleagues helped to evaluate the rigor of the standards by assessing a select group of national and local CE trainings available electronically. Findings from this process informed final revisions to the recommended standards.

The Committee's exploration of cultural competence continuing education options revealed significant challenges that will require additional time and effort to sufficiently address. Within the context of an increasingly diverse U.S. population, there is a growing number of related training

[7] State of Oregon Department of Administrative Services (2011).

options (accredited and non-accredited). This is especially true during an era of providing resources through the web and multimedia, which may prove challenging for health care providers to navigate. The Committee identified over eighty related CE training options available through the public domain. A list of these options is available in Appendix H. They also identified upwards of 47 options available to staff of Oregon's health systems (e.g./ Oregon Health and Sciences University, Kaiser Permanente, Oregon Center for Nursing, etc.)

The Committee's findings suggest that few of these training options have been evaluated for their direct link to positive patient health outcomes (e.g./ improvements in equity of services, patient adherence to therapy, and patient health status for culturally and racially diverse populations). Thus, while the Committee was mindful of the importance of incorporating this evaluative concept into our efforts to identify quality CE training options, additional work is needed in this area, which was beyond the scope of the Committee's charter. Evaluation details associated with training options were not always clear through the descriptions of the trainings the Committee received. Consequently, initial evaluative work was limited to whether there was knowledge of a participant evaluation conducted during and/or several months after the training, as is required for CEU/CME credits. Lastly, as with other efforts to make resources available to health professionals, modifications and updates to existing trainings occur frequently. The Committee, therefore, recommends the Oregon Health Authority charter a committee, whose charge would include reviewing and approving cultural competence continuing education training options for health care professionals in Oregon.

Recommendations for Advancing Cultural Competence Continuing Education for Health Professionals

The Cultural Competence Continuing Education Committee makes the following recommendations to the Oregon Health Authority, Oregon Health Professional Licensing Boards, Coordinated Care Organizations and developers of continuing education curriculum for advancing cultural competency training for health professionals in Oregon. These recommendations were developed through nine months of discussion and an anonymous survey collected among committee members. They were identified through a majority voting process and do not represent the complete consensus of all committee members.

Recommendations to the Oregon Health Authority:

1. **Adopt and apply standards for cultural competence continuing education**
   The OHA should adopt the Committee's proposed definition for cultural competency and standards for cultural competence continuing education and apply the adopted standards for developing, approving, and providing cultural competence continuing education and professional development for OHA staff and contractors.

2. **Require cultural competence continuing education for agency staff and contractors**
   The OHA should require agency staff at all levels of the organization, as well as providers, contractors and sub-contractors who provide services to clients or the general public, to pursue ongoing training for cultural competence.

3. **Support curriculum development**
   The OHA should provide training to continuing education trainers and curriculum developers to communicate the adopted standards and support and encourage implementation of updates and modifications to existing continuing education opportunities. The OHA should develop funding opportunities to support collaboration in developing multidisciplinary cultural competence continuing education options that bring together the perspective of culturally diverse communities, health providers and health systems organizations.

4. **Develop centralized website with a training registry of existing and approved cultural competence continuing education options**
   The OHA should develop a centralized web site that is publically available and easily accessible to licensing boards, CCOs, and other entities interested in identifying cultural competence continuing education options that meets the adopted standards.

5. **Provide funding to support licensing board implementation of cultural competence continuing education for re-licensure**
   The OHA should develop funding opportunities to support licensing boards' operational needs related to communicating, tracking, auditing, and assuring ongoing training for cultural competence.

6. **Staff an standing Cultural Competence Continuing Education Committee for ongoing assessment of continuing education options**
   The OHA should staff a Cultural Competence Continuing Education Committee that identifies cultural competence continuing education opportunities for health care professionals that meet or exceed the adopted standard.

Recommendations to the Oregon's Health Professional Licensing Boards:

1. **Adopt and apply standards for cultural competence continuing education**
   Oregon's Health Professional Licensing Boards should adopt the Committee's proposed definition for cultural competence and standards for cultural competence continuing education and apply the adopted standards for approving cultural competence continuing education.

2. **Include cultural competency in ethics requirements for re-licensure**
   Oregon Health Professional Licensing Boards should accept cultural competence continuing education hours as part of current continuing education requirements for licensure. For instance, this can be integrated as a portion of ethics trainings for licensing boards that currently have ethics requirements.

3. **Encourage licensees to pursue any current cultural competence continuing education opportunities and if board support exists, a mandate for all licensees**
   Oregon Health Professional Licensing Boards should recommend and encourage licensees to pursue ongoing continuing education opportunities for cultural competence and track engagement to monitor how voluntary cultural competence continuing education recommendations are adopted by professionals. Oregon Health Professional Licensing Boards interested in pursuing a cultural competence continuing education mandate should do so and track engagement to cross-compare outcomes with boards that implemented a voluntary process.

4. **Establish infrastructure to monitor licensee engagement in cultural competence continuing education**
   Oregon Health Professional Licensing Boards should make the necessary infrastructure and process changes to facilitate tracking of mandatory or voluntary cultural competence continuing education (e.g./ Change electronic forms, conduct periodic audits, etc).

5. **Encourage related professional associations to leverage funds to support licensing boards in implementing cultural competence continuing education and the development of training options**
   Oregon Health Professional Licensing Boards should work with their related professional associations to identify funding opportunities to develop training options and support the

necessary infrastrucuture changes of implementing cultural compenetce continuing education requirements.

Recommendations to Coordinated Care Organizations

1. **Adopt and apply standards for cultural competence continuing education**
   Coordinated Care Organizations should apply the adopted standards for developing, approving, and providing cultural competence continuing education and professional development.

2. **Require cultural competence continuing education for providers and staff**
   Coordinated Care Organizations should require all staff at all levels of the organization, as well as providers and contractors who provide services to clients, to pursue ongoing training for cultural competence in a variety of formats

3. **Support funding to develop continuing education options**
   Coordinated Care Organizations should support the development of funds to support collaboration in developing cultural competence continuing education options

Recommendations for Trainers and Developers of Continuing Education Curriculum for Health Care Professionals

1. **Apply the recommended standards for cultural competence continuing education when developing trainings and embed in to currently available trainings.**
   Curriculum developers should use the recommended essential and advanced standards when developing new training options and should embed standards into trainings that already available.

Recommendations for Advancing Cultural Competency at an Organizational Level

Although the committee was chartered to explore cultural competency training for individual health professionals, the committee recognizes that creating a culturally competent health system requires both an individual and organizational approach. It is not enough to simply train individuals. If cultural competency is not embedded within organizations, then health professionals working at an individual level may experience barriers in reaching their highest potential to improve outcomes for their client base. Organizational cultural competency requires ongoing assessment in all aspects of the organization from the waiting room to the exam room to the back office.

Recommendation to the Oregon Health Authority*:*

Given the need for an organizational approach to advancing cultural competency, the Committee recommends that the Oregon Health Authority charter a committee to:

- Explore promising culturally competent organizational models
- Develop a definition and standards for organizational cultural competence

- Explore models that could support organizational cultural competence within Oregon's health systems
- Develop recommendations for advancing organizational cultural competency in Oregon

Elements of a culturally competent organization for consideration by a future committee include:

1. Organizational Values:
   - An organization's perspective and attitudes about the worth and importance of cultural competence and an organization's commitment to provide culturally competent care.

2. Organizational Structure
   - The diversity and cultural competence of the organization's governing structures (e.g./ board, advisors, directors, consultants, and policy or decision-making bodies generally)
   - The cultural appropriateness of the physical structure (e.g./access, artwork and office decor, program name, location, what is available in the waiting room to read).

3. Staff Development
   - Trainings on providing culturally-competent, equitable care
   - Diversity recruitment strategies for workforce and organizational leadership
   - Retention - workforce development and career pipelines

4. Community Engagement
   - Assessing community needs and developing effective engagement
   - Partnering and contracting with diverse community based organizations
   - Sponsoring or hosting events that celebrate local culture, traditions, history and elders

5. Service Provision
   - Culturally-competent services
   - Culturally-specific services
   - Language access
   - The use of non-traditional health care workers
   - Tools for effective, culturally-competent patient navigation
   - Integration of traditional healing practices

6. Planning, Monitoring and Evaluation
   - Processes for detecting medical errors that result from lack of systemic cultural competence
   - Cultural competence and quality improvement strategies
   - Collecting and utilizing race, ethnicity and language data
   - Assessment tools

Conclusion

Based on recommendations from local and national policy makers and health organizations, the available research demonstrating the effectiveness of cultural competence continuing education and discussions among a diverse group of stakeholders, the Committee recommends cultural competence continuing education as a strategy to improve health equity and advance the triple aim in Oregon. The Committee recommends that the Oregon Health Authority, health professional licensing boards and Oregon's Coordinated Care Organization implement the above recommendations to ensure a coordinated and systemic approach to address the need for cultural competency for all health professionals.

Recognizing that this work contributes to a national movement and represents a significant scope and body of work, the Oregon Health Authority offers its heartfelt appreciation of the Committee for its leadership and to all the participants in the work of the Committee.

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