

2018

# >> Report to the Oregon Legislature:

## Cultural Competence Continuing Education Report: House Bill 2611 (2013)

August 1, 2018



Oregon  
**Health**  
Authority



Office of  
**Equity & Inclusion**

# Acknowledgments

## A special thank you

We appreciate the work of our health care professional boards and our Cultural Competence Continuing Education Advisory and Review Committee members (both past and present). Their collective partnership and engagement continue to make possible this meaningful work of improving health care and health outcomes for all Oregonians.

August 2018

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# Executive summary

During Oregon's 2013 regular legislative session, the Urban League of Portland, the Asian Pacific American Network of Oregon (APANO) and the Oregon Health Equity Alliance\* asked Representative Alissa Keny-Guyer to introduce House Bill (HB) 2611, a cultural competence continuing education (CCCE) bill, on behalf of their organizations, coalitions and communities. The Legislature passed the bill that session, and HB 2611 became law, with a Jan. 1, 2015 operative date to start developing a new CCCE program. The Office of Equity and Inclusion (OEI), a division of the Oregon Health Authority (OHA), implemented this program.



This report fulfills the OHA Office of Equity and Inclusion's and 22 professional boards' requirements to report to the Legislature on their participation levels in CCCE during the legislatively required minimum reporting period of Jan. 1 through June 30, 2017. Specifically, each biennial board report submitted to OHA-OEI in odd years, beginning on July 1, 2017, must include:

- Licensee/membership requirements for CCCE participation
- Number of regulated health care professionals who completed CCCE
- Number of audited health care professionals who completed CCCE from the OHA approved list, available at <https://www.oregon.gov/oha/OEI/Documents/CCCE%20Registry.pdf>
- Level of reporting each board requires of members' CCCE participation.

Subsequently, OHA-OEI biennial reports to the Legislature in even years, beginning Aug. 1, 2018, must include a compilation of 22 health care professional board reports to the interim committees of the Legislature, including those related to health care, audits, information management and information technology about health care professional boards' participation in CCCE, as the boards submitted to OHA.

As Oregon's first cultural competence continuing education (CCCE) legislative report, this is not an all-inclusive report of all 22 health care professional boards affected by HB 2611 (2013), primarily due to diverse timing of license renewal cycles (one- to two-year,

\* Oregon Health Equity Alliance organization members included the Asian Pacific American Network of Oregon, Causa, Unite Oregon (formerly Center for Intercultural Organizing and Oregon Action), the Oregon Latino Health Coalition, the Urban League, and the Oregon Nurses Association.

every odd year, birth month of every odd year, etc.) among the boards, which do not align with the minimum legislatively required reporting period (Jan. 1–June 30, 2017). Eleven boards’ renewal/reporting cycles coincided with the reporting period, while the other boards’ cycles did not. Thus, OHA anticipates it may take up to four years for this legislative report to fully represent the CCCE information gathered by all 22 boards.



## Summary of findings

- Oregon Board of Psychology and Oregon Board of Licensed Professional Counselors and Therapists *require* licensees to complete four hours of CCCE during each two-year reporting period. Beginning fall 2018, Oregon Board of Licensed Social Workers will *require* licensees to complete six hours of CCCE during each two-year renewal cycle.
- Thirteen boards allow CCCE to satisfy general CE requirements (See Appendix 1).\*
- In total, 10,413 health care professionals reported completing CCCE training between Jan. 1 and June 30, 2017. (See Appendix 3.)†
- Boards of psychology and nursing had the highest percentages of CCCE training completion (43%).
- Out of the 22 affected boards, level of reporting requirements‡ are as follows:
  - » 15 boards require licensees to report on CCCE during license renewal.
  - » 14 of 17 boards participating in OHA’s Health Care Workforce Survey chose to add a CCCE question to their survey.
  - » 16 boards require licensees to report on CCCE during audits.
  - » 2 boards have no CCCE reporting requirements of licensees.
- Several boards cited “data not available during reporting period,” “data not collected” or “does not conduct audits,” and the OHA CCCE training approval process overlapped with the required legislative reporting period. As a result, there were no data to report of audited health care professionals who completed CCCE from the OHA-approved list of trainings.

As the list of OHA-approved CCCE trainings increases and additional boards (whose license renewal cycles did not coincide with this first reporting period) submit their audited reports, the agency anticipates this number will grow in future biennial legislative reports.

\* Appendix 1: Health care professional boards’ licensee requirements for CCCE

† Appendix 3: Total number and percentage of health care professionals who completed CCCE

‡ Information was received after the minimum reporting period.

# Background

Oregonians experiencing health disparities have consistently identified culturally competent health care and health care systems as a high priority need through the Governor’s Racial and Ethnic Health Task Force (1999), the Oregon Health Fund Board’s Health Equities Committee (2008), OHA’s Communities of Color Policy Forums (2010), and the Office of Equity and Inclusion’s Health Equity Policy Community Forums and Policy Delphi Community Engagement Initiative (2012-2014). Oregon policy makers continue to prioritize the need for a health care system that respects the cultural differences of individuals and a workforce that understands how to provide culturally and linguistically appropriate patient-centered services and uniquely interact with clients from diverse backgrounds.

## Senate Bill 97 (2011)

In 2010, OHA developed a cultural competence continuing education legislative concept with input from health licensing boards, health professional associations, community-based organizations, advocacy organizations and health systems. Several organizations endorsed the concept for the 2011 legislative session, which became Senate Bill (SB) 97 (2011). Although the bill fell short of passing into law by one vote on the floor, this body of work laid the foundation for the state’s future efforts to advance a more culturally competent health care professional workforce.

## OHA-OEI’s first Cultural Competence Continuing Education Committee (2012)

In 2012, informed by the communities’ SB 97 (2011) efforts, OEI established its first Cultural Competence Continuing Education (CCCE) Committee of diverse community stakeholders (e.g., health care professionals, health care professional boards, health care professional associations, academicians, small business owners and communities experiencing health disparities) to explore opportunities to improve cultural competence of the health care workforce. The committee developed an Oregon definition of cultural competence and identified “essential” and “advanced” standards for CCCE trainings, which more than 160 Oregon health care professionals vetted. The committee also produced a list of more than 80 national and local continuing education (CE) options, and provided recommendations to advance CCCE in Oregon for OHA, Oregon’s health care professional licensing boards, coordinated care organizations (CCOs) and continuing education trainers and developers for health care professionals. The final report and recommendations are available at <http://www.oregon.gov/OHA/OEI/Reports/Cultural%20Competence%20Continuing%20Education%20Report.pdf>.

# HB 2611 (2013)\*

## Statute

### OHA requirements

During Oregon’s 2013 regular legislative session, the Urban League of Portland, the Asian Pacific American Network of Oregon (APANO) and the Oregon Health Equity Alliance<sup>†</sup> asked Representative Alissa Keny-Guyer to re-introduce the cultural competency bill on behalf of their organizations, coalitions and communities. Representative Keny-Guyer used recommendations from OHA’s CCCE Committee report. She worked with Representative Joe Gallegos, Representative Lew Frederick, Senator Chip Shields and Senator Jackie Winters, to negotiate a compromise of **voluntary** CE for licensees and requirement of licensing boards to report and track CCCE, which the Legislature passed into law (ORS 413.450) and specifically charges OHA with collecting reports on participation in CCCE from 22 health care professional boards on a biennial basis (beginning July 30, 2017); reporting compiled health care professional board data to the Legislative Assembly on a biennial basis (beginning Aug. 1, 2018); approving CCCE opportunities; and developing a list of approved CCCE opportunities (registry).

### Affected boards

The boards affected by HB 2611 (2013) include:

[Oregon Board of Chiropractic Examiners](#)

[Oregon Board of Dentistry](#)

[Oregon Board of Denture Technology](#)

[Oregon Board of Direct Entry Midwifery](#)

[Oregon Board of Examiners for Speech-Language Pathology and Audiology](#)

[Oregon Board of Licensed Dietitians](#)

[Oregon Board of Licensed Social Workers](#)

[Oregon Board of Licensed Professional Counselors and Therapists](#)

\* See Appendix 4. Note: Although outside of OHA’s purview, Section 18 of HB 2611 (2013) allows certain public universities and community colleges to require specific health care professionals who provide health care services to students on campus to present proof of participating in OHA-approved CCCE trainings.

† Oregon Health Equity Alliance organization members included APANO, Causa, Center for Intercultural Organizing (now Unite Oregon), Oregon Action (now Unite Oregon), Oregon Latino Health Coalition, Urban League, and Oregon Nurses Association

[Oregon Board of Massage Therapists](#)  
[Oregon Board of Medical Imaging](#)  
[Oregon Board of Naturopathic Medicine](#)  
[Oregon Board of Optometry](#)  
[Oregon Board of Pharmacy](#)  
[Oregon Board of Psychology \(formerly Oregon Board of Psychologist Examiners\)](#)  
[Oregon Health Authority, Emergency Medical Services and Trauma Systems \(formerly “Oregon Health Authority, to the extent that the authority licenses emergency medical service providers”\)](#)  
[Oregon Home Care Commission](#)  
[Oregon Long Term Care Administrators Board \(formerly Oregon Nursing Home Administrators Board\)](#)  
[Oregon Medical Board](#)  
[Oregon Occupational Therapy Licensing Board](#)  
[Oregon Physical Therapist Licensing Board](#)  
[Oregon Respiratory Therapist and Polysomnographic Technologist Licensing Board](#)  
[Oregon State Board of Nursing](#)



## Permanent rules\*

Subsequently, in 2014, OHA worked with community stakeholders through the Rules Advisory Committee (RAC) to develop permanent rules (OAR 943-090-0000 to 943-090-0020) that defined cultural competence and further clarified OHA and health care professional board requirements within HB 2611 (2013).

### Cultural competence definition

The RAC defined “cultural competence” to mean a lifelong process of examining values and beliefs and developing and applying an inclusive approach to health care practice in a manner that recognizes the context and complexities of provider-patient communication and interaction and preserves the dignity of individuals, families and communities.

Cultural competence applies to all patients. Culturally competent providers do not make assumptions on the basis of an individual’s actual or perceived abilities, disabilities or traits whether inherent, genetic or developmental including 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, gender transition status, level of formal education, physical or mental disability, medical condition or any consideration recognized under federal, state and local law.

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\* See Appendix 5 for permanent rules.

## OHA requirements

Within the permanent rules, the RAC clarified additional OHA requirements to:

- Establish and work with an advisory committee, whose membership includes communities that experience health disparities due to race, ethnicity or culture, to:
  - » Develop or update criteria for approving CCCE opportunities
  - » Discuss and recommend CCCE opportunities to OHA for approval.
- Collaborate with boards to create model rule language to document CCCE and create a reporting structure to report on completed CCCE by regulated health care professionals
- Create, maintain and make available a list (registry) of approved CE opportunities for developing cultural competence for regulated health care professionals
- Base list of approved opportunities for CCCE on criteria the advisory committee established
- Approve CCCE opportunities that teach attitudes, knowledge and skills enabling health care professionals to effectively communicate with and care for patients from diverse cultures, groups and communities
- Collect reports on the participation in cultural competency continuing education from 22 health care professional boards no later than 30 days after the close of each biennium (first report due July 30, 2017 to include Jan. 1–June 30, 2017 data at a minimum).
- Report compilation of board reports in a biennial report to the interim committees of the Legislature, including those related to health care, audits, information management and information technology about health care professionals' participation in CCCE as boards submitted to OHA.



## Board reporting requirements to OHA

Board reports to OHA must include:

- Licensee/member requirements for participation in CCCE
- Number of regulated health care professionals who completed CCCE
- Number of audited health care professionals who completed CCCE from the OHA approved list, available at
  - » <https://www.oregon.gov/oha/OEI/Documents/CCCE%20Registry.pdf>
- Level of reporting each board requires of licensees/members regarding participation in CCCE.

# Key findings from board reports



Per HB 2611 (2013), the first health care professional board reports on CCCE participation were due to OHA by July 30, 2017. This section reviews key findings from the first of a biennial series of required reports OHA received from 22 affected health care professional boards.\* Table 1 shows CCCE participation levels reported by health care professional boards inclusive of the minimum required period of Jan. 1 through June 30, 2017.

## How to interpret the data in table

<b>Licensee/member requirements for CCCE</b>	<b>Boards reported whether licensees/members are required to complete CCCE coursework, as determined by each board.</b>
<b>Number of regulated health care professionals who completed CCCE</b>	Boards reported the number of licensees/members who completed CCCE coursework between Jan. 1 and June 30, 2017. Since many boards did not have this information available, the data table includes the following notes: <ul style="list-style-type: none"> <li>• <b>Data not collected:</b> Board does not collect this information.</li> <li>• <b>Data not available during reporting period:</b> Board routinely collects this information but did not do so within the CCCE reporting period due to a license renewal cycle outside of the reporting period.</li> </ul>
<b>Number of audited health care professionals who completed CCCE from OHA approved list</b>	Boards reported the number of licensees/members who completed OHA-approved CCCE coursework <sup>†</sup> between Jan. 1 and June 30, 2017. Since many boards did not have this information available, the data table includes the following notes: <ul style="list-style-type: none"> <li>• <b>Data not collected:</b> Board does not collect this information.</li> <li>• <b>Data not available during reporting period:</b> Board routinely collects this information but did not do so within the CCCE reporting period due to having a different audit cycle.</li> </ul>

\* Note: Oregon Home Care Commission is not a regulating authority with licensees like the other 21 health care professional boards. However, for purposes of this reporting law, the commission is considered a “board” that provides training for home care workers and personal support workers.

† The OHA approved list of cultural competence continuing education coursework is available at <https://www.oregon.gov/oha/OEI/Documents/CCCE%20Registry.pdf>.

<b>Level of reporting required<sup>†</sup> of licensees/ members on CCCE</b>	<p>Boards reported how licensees/members are required to report about their participation in CCCE, as determined by each board. Most boards indicated one or more of the following ways in which licensees/members must report on their completion of CCCE coursework:</p> <ul style="list-style-type: none"> <li>• <b>During renewals:</b> When applying to renew their license, licensees are asked to report to their board on participation in CCCE.</li> <li>• <b>OHA Health Care Workforce Survey<sup>‡</sup>:</b> Some boards' licensees must complete this survey at each license renewal. Boards that are part of this program can opt for integrating the CCCE data elements into their surveys. For boards that have chosen to add a CCCE question to the survey, the data table shows the date of when licensees started reporting this information.</li> <li>• <b>During audits:</b> Boards select licensees/members for a continuing education audit report on participation in CCCE.</li> <li>• <b>None:</b> Licensees/members are not asked to report to their board on their participation in CCCE.</li> </ul>
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**Table 1: Cultural competence continuing education (CCCE) participation levels of regulated health care professionals: Jan. 1–June 30, 2017**

(For this reporting period, health care professional boards provided data in this table.)

Board	Licensee/ member requirements for CCCE	Number of regulated health care professionals who completed CCCE	Number of audited health care professionals who completed CCCE from OHA approved list	Level of reporting required <sup>†</sup> of licensee/member for CCCE	Number of licensees renewing their license <sup>*</sup>
<b>Chiropractic Examiners</b>	None	109	0	<ul style="list-style-type: none"> <li>• During renewals and audits</li> <li>• OHA Health Care Workforce Survey</li> </ul>	914
<b>Dentistry</b>	None	129	Data not collected.	During renewals and audits	1,678
<b>Denture Technology</b>	None	Data not collected.	Data not collected.	None	54
<b>Direct Entry Midwifery</b>	None	Data not collected.	Data not collected.	During renewals and audits	34
<b>Examiners for Speech-Language Pathology and Audiology</b>	None	Data not available during reporting period.	Data not available during reporting period.	<ul style="list-style-type: none"> <li>• During renewals and audits</li> <li>• OHA Health Care Workforce Survey</li> </ul>	0

<sup>†</sup> Information was received after the minimum reporting period.

<sup>‡</sup> More information on the OHA Health Care Workforce Survey is available at <http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Health-Care-Workforce-Reporting.aspx>.

<sup>\*</sup> Note: HB 2611 (2013) does not require boards to report on the number of licensees renewing their license. However, this information is included in the data table to provide context on the diversity across the 22 boards in the number of licensees per board and the ability to calculate board-specific percentages of those who had completed CCCE training during Jan. 1–June 30, 2017.

Board	Licensee/ member requirements for CCCE	Number of regulated health care professionals who completed CCCE	Number of audited health care professionals who completed CCCE from OHA approved list	Level of reporting required <sup>†</sup> of licensee/member for CCCE	Number of licensees renewing their license*
<b>Licensed Dietitians</b>	None	Data not collected.	Data not collected.	OHA Health Care Workforce Survey	353
<b>Licensed Professional Counselors and Therapists</b>	Active licensees must complete four clock hours of CCCE before their 2018 renewal deadline.	Data not available during reporting period.	Data not available during reporting period.	<ul style="list-style-type: none"> <li>• During renewals and audits</li> <li>• OHA Health Care Workforce Survey</li> </ul>	1,756 active 86 inactive
<b>Licensed Social Workers</b>	Starting in fall 2018, licensees must complete six hours of CCCE during each two-year renewal cycle.	27 audited licensees reported completing CCCE.	0	<ul style="list-style-type: none"> <li>• During renewals and audits</li> <li>• OHA Health Care Workforce Survey</li> </ul>	1,243
<b>Long Term Care Administrators</b>	None	Data not collected.	Data not collected.	None	159
<b>Massage Therapists</b>	None	75	0	<ul style="list-style-type: none"> <li>• During audits</li> <li>• OHA Health Care Workforce Survey</li> </ul>	1,791 active 225 inactive
<b>Medical Imaging</b>	None	Data not collected.	Data not collected.	<ul style="list-style-type: none"> <li>• During renewals and audits</li> <li>• OHA Health Care Workforce Survey</li> </ul>	1,350 (estimated)
<b>Naturopathic Medicine</b>	None	Data not available during reporting period.	Data not available during reporting period.	<ul style="list-style-type: none"> <li>• During renewals and audits</li> <li>• OHA Health Care Workforce Survey</li> </ul>	0
<b>Nursing</b>	None. No CE coursework is required of RN/LPNs for renewal other than a Pain Management CE. National advanced practice nursing certification bodies determine required CE coursework.	8,288	Data not collected.	<ul style="list-style-type: none"> <li>• OHA Health Care Workforce Survey</li> </ul>	18,861

<sup>†</sup> Information was received after the minimum reporting period.

\* Note: HB 2611 (2013) does not require boards to report on the number of licensees renewing their license. However, this information is included in the data table to provide context on the diversity across the 22 boards in the number of licensees per board and the ability to calculate board-specific percentages of those who had completed CCCE training during Jan. 1–June 30, 2017.

Board	Licensee/ member requirements for CCCE	Number of regulated health care professionals who completed CCCE	Number of audited health care professionals who completed CCCE from OHA approved list	Level of reporting required <sup>†</sup> of licensee/member for CCCE	Number of licensees renewing their license*
<b>Occupational Therapy Licensing</b>	None	Data not available during reporting period.	Data not available during reporting period.	<ul style="list-style-type: none"> <li>• During renewals and audits</li> <li>• OHA Health Care Workforce Survey</li> </ul>	0
<b>Optometry</b>	None	6	0	<ul style="list-style-type: none"> <li>• During renewals and audits</li> <li>• OHA Health Care Workforce Survey</li> </ul>	364
<b>OHA Emergency Medical Services and Trauma Systems</b>	None	1	Data not collected.	During renewals and audits	8,295
<b>Oregon Medical Board<sup>‡</sup></b>	None	3	0	During renewals and audits	18
<b>Pharmacy</b>	None	1,391	Data not available during reporting period.	<ul style="list-style-type: none"> <li>• During renewals and audits</li> <li>• OHA Health Care Workforce Survey (April 2019)</li> </ul>	7,149
<b>Physical Therapist Licensing</b>	None	Data not available during reporting period.	Data not available during reporting period.	<ul style="list-style-type: none"> <li>• During renewals and audits</li> <li>• OHA Health Care Workforce Survey</li> </ul>	0
<b>Psychology</b>	Active licensees must complete four hours of CCCE in each biennial reporting period.	134	Data not available during reporting period.	<ul style="list-style-type: none"> <li>• During renewals and audits</li> <li>• OHA Health Care Workforce Survey</li> </ul>	310
<b>Respiratory Therapist and Polysomnographic Technologist Licensing</b>	None	Data not collected.	Data not collected.	<ul style="list-style-type: none"> <li>• OHA Health Care Workforce Survey</li> </ul>	854

\* Note: HB 2611 (2013) does not require boards to report on the number of licensees renewing their license. However, this information is included in the data table to provide context on the diversity across the 22 boards in both the number of licensees per board and the ability to calculate board-specific percentages of those who had completed CCCE training during Jan. 1–June 30, 2017.

† Information was received after the minimum reporting period.

‡ Oregon Medical Board (OMB) also submitted data collected prior to HB 2611 (2013)'s required minimum reporting period of Jan 1–June 30, 2017. For July 1–Dec 31, 2016, OMB shared 136 (19%) of renewing licensees self-reported participation in CCCE.

Board	Licensee/member requirements for CCCE	Number of regulated health care professionals who completed CCCE	Number of audited health care professionals who completed CCCE from OHA approved list	Level of reporting required <sup>†</sup> of licensee/member for CCCE	Number of licensees renewing their license*
<b>Oregon Home Care Commission<sup>‡</sup></b>	The commission provides training opportunities for home care and personal support workers that includes CCCE coursework.	250 home care and personal support workers completed a diversity training.	N/A	The commission provides credits and tracks all courses completed by home care and personal support workers.	N/A

<sup>†</sup> Information was received after the minimum reporting period.

\* Note: HB 2611 (2013) does not require boards to report on the number of licensees renewing their license. However, this information is included in the data table to provide context on the diversity across the 22 boards in the number of licensees per board and the ability to calculate board-specific percentages of those who had completed CCCE training during Jan. 1–June 30, 2017.

<sup>‡</sup> The Oregon Home Care Commission is not a regulating/licensing board with licensees, like the other boards. Rather, it maintains a statewide registry of home care and personal support workers and provides training to this workforce.

## Licensee/member requirements for CCCE participation<sup>§</sup>

### Requiring CCCE

Licensee requirements for CCCE varied across the 22 affected boards from requiring CCCE, to allowing CCCE to satisfy general CE requirements, to having no CCCE requirements. Oregon Board of Psychology and Oregon Board of Licensed Professional Counselors and Therapists require licensees to complete four hours of CCCE during each two-year reporting period. Beginning in fall 2018, Oregon Board of Licensed Social Workers will require licensees to complete six hours of CCCE each two-year renewal cycle. These three boards affect a significant proportion of the state’s mental/behavioral health workforce. This relates to the following Health Resources and Services Administration (HRSA) and the Department of Health and Human Services (HHS) identification of “core mental health professionals” from largest to smallest in number: clinical social workers, clinical psychologists, marriage and family therapists, and advanced practice psychiatric nurses.(1) Social workers make up the largest percentage of mental health providers and tend to be one of the most racially and ethnically diverse health-related professions in the United States.(2) As a health profession who typically provides services to underserved populations at the nexus between patient and service systems (e.g., schools, housing, senior centers, nursing homes and other public and private agencies), social workers can play a pivotal role in the elimination of health disparities, within the context of social determinants of health and social determinants of health equity.

<sup>§</sup> Appendix 1: Health care professional boards’ licensee requirements for CCCE

## Allowing CCCE to satisfy CE requirements

Thirteen boards allow licensees to use CCCE to satisfy general CE requirements. (The number of general CE requirements varies from 0 to 40 hours among boards.) These boards include:

- Oregon Board of Chiropractic Examiners
- Oregon Board of Dentistry
- Oregon Board of Direct Entry Midwifery
- Oregon Board of Examiners for Speech-Language Pathology and Audiology
- Oregon Board of Massage Therapists
- Oregon Board of Medical Imaging
- Oregon Board of Naturopathic Medicine
- Oregon Board of Optometry\*
- Oregon Board of Pharmacy
- Oregon Health Authority – Emergency Medical Services and Trauma Systems
- Oregon Medical Board
- Oregon Occupational Therapy Licensing Board
- Oregon Physical Therapist Licensing Board



See Appendix 1, Health care professional boards' licensee requirements for CCCE.

## Number of licensees renewing their license

Although not required by HB 2611 (2013), OHA also collected data from health care professional boards on the number of their respective licensees renewing their licenses. This provided context for the numbers of health care professionals who completed CCCE training, and the ability to calculate board-specific percentages of those who had completed CCCE training during Jan. 1–June 30, 2017, the reporting period for HB 2611 (2013). For this first report, nursing, emergency medical services and trauma systems, and pharmacy boards reported the largest number of licensees renewing their licenses at 18,861, 8,295 and 7,149, respectively. Boards of massage therapists, licensed professional

\* The Oregon Board of Optometry allows licensees to use one hour of board-approved CCCE to satisfy the required number of non-treatment and management of ocular disease CE hours during each license year.

counselors and therapists, dentistry, medical imaging, and licensed social workers followed with lower numbers at 1,791, 1,756, 1,678, 1,350 and 1,243, respectively.

See Appendix 2 for related information on all boards.

## Number of health care professionals who completed CCCE training

A total of 10,413 health care professionals reported completing CCCE training between Jan. 1 and June 30, 2017. This is an undercount because five boards cited “data not available during reporting period”: Oregon Board of Licensed Professional Counselors and Therapists, Oregon Board of Naturopathic Medicine, Oregon Occupational Therapy Licensing Board, Oregon Physical Therapist Licensing Board, and Oregon Board of Examiners for Speech-Language Pathology and Audiology. In addition, six other boards cited “data not collected”: Oregon Board of Denture Technology, Oregon Board of Direct Entry Midwifery, Oregon Board of Licensed Dietitians, Oregon Board of Medical Imaging, Oregon Long Term Care Administrators Board, and Oregon Respiratory Therapist and Polysomnographic Technologist Licensing Board.

### Highest percentages of CCCE training completion among psychologists and nurses

Approximately 43.2% (134 of 310) of Oregon Board of Psychology licensees renewing their license completed CCCE training. As the first board in the state to make CCCE a requirement, this rate will most likely increase as the board has made four hours of CCCE a continuous requirement for every biennial reporting period.

Approximately 43.9% (8, 288 of 18, 861) of Oregon State Board of Nursing (OSBN) licensees renewing their license completed CCCE training. This is a relatively high percentage given no CE coursework is required of RNs or LPNs for renewal, other than CE for pain management. For nurses, national advanced practice nursing certification bodies determine required CE coursework rather than OSBN.

Boards with lower percentages of CCCE completion were Oregon Board of Pharmacy at 19.6% (1,391 of 7149) and Oregon Medical Board at 16.7% (three of 18), followed in descending order by Oregon Board of Chiropractic Examiners, Oregon Board of Dentistry, Oregon Board of Massage Therapists, Oregon Board of Licensed Social Workers, Oregon Board of Optometry and OHA Emergency Medical Services and Trauma Systems. See Appendix 3 for related information on all boards.



## Number of audited health care professionals who completed OHA-approved CCCE training

Since several boards cited “data not available during reporting period,” “data not collected” or “does not conduct audits” of their licensees/members, there is no data to report of audited health care professionals who completed CCCE from the OHA-approved list of trainings. Also, the CCCE training approval process overlapped with the required legislative reporting period. In other words, by December 2016, there were only four OHA-approved trainings — two geared toward more than 20 health care professional types, and two designed for counselors, therapists, social workers and naturopaths. As the list of OHA-approved CCCE trainings increases and additional boards (whose license renewal cycles did not coincide with this first reporting period) submit their audited reports, the agency anticipates this number will grow in future biennial legislative reports.

## Level of board reporting required of members related to CCCE participation

Of the 22 affected boards, the level of CCCE reporting requirements,\* based upon data submitted to OHA by the boards, are as follows:

- Fifteen boards require licensees to report on CCCE during license renewal.
- Seventeen boards are required to complete the Health Care Workforce Survey (HCWF) at each license renewal. Beginning July 1, 2017, HB 2611 (2013) affected boards could opt to add a CCCE question to their board-specific survey. Fourteen boards have chosen to add this question.
- Sixteen boards require licensees to report on CCCE during audits.
- Two boards have no CCCE reporting requirements of licensees.

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\* Information was received after the minimum reporting period.

# Other board and OHA actions to promote CCCE

## Board position statements on CCCE

The Oregon Medical Board\* and the Oregon Board of Pharmacy have adopted position statements emphasizing the importance of cultural competency and encouraging licensees to pursue CCCE.

- Oregon Medical Board 2013 CCCE position statement: <http://www.oregon.gov/omb/board/philosophy/Pages/Cultural-Competency.aspx>
- Oregon Board of Pharmacy 2014 CCCE position statement: <http://www.oregon.gov/pharmacy/Imports/Memos/CulturalCompetencyContinuingEducation.pdf>

## Incentive to access first OHA-approved CCCE training

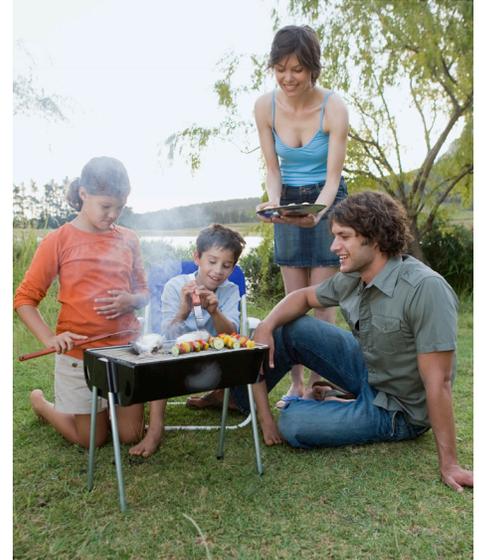


In Spring 2017, to encourage health care professionals to take CCCE training that meets OHA's criteria for approval, OEI purchased a limited number of licenses (120) for [Quality Interactions'](#) "Building Foundations — Cross Cultural Care: A Person-Centered Approach" online training opportunity. This enabled affected health care professionals to access one of the first OHA-approved CCCE trainings, at no cost to them. To take the training at no cost, OEI created a time-limited and first-come, first-serve training opportunity from April 27, 2017 through Sept. 1, 2017. The information about this opportunity was shared in a memorandum dated April 27, 2017, with the 22 legislatively specified regulating bodies. OEI asked these organizations to announce this opportunity to their respective members. Health care professionals interested in taking this OHA-approved course received special online registration instructions so they could register directly through Quality Interactions' online catalogue. Health care professionals used all 120 licenses by mid-June, much in advance of the Sept. 1 deadline. This signifies health care professionals' interest in and demand for CCCE. Health care professional types who took advantage of the free training included occupational therapists (51), naturopathic doctors (33), chiropractors (27), professional counselors and therapists (6), psychologists (1), home care workers (1), and one unidentified health care professional type (1).

\* The Oregon Medical Board has published and distributed CCCE-related educational materials directly to 17,257 physicians, physician assistants and acupuncturists licensed in Oregon. An additional 175 booklets have been sent to interested parties, health care programs and facilities. The booklets are now used as an example and resource for other organizations. The board also provides online CCCE materials and resources.

# Challenges

There have been some challenges in meeting legislative requirements for HB 2611 (2013) given the minimum reporting period did not always align with the 22 affected health care professional boards' diverse timing of license renewal cycles (one- to two-year, every odd year, birth month of every odd year, etc.). Boards also varied significantly by number of license renewals during required reporting period (from 0 to 18,881); staff resources (from 0 to 50 people); audits (if conducted) and continuing education requirements (from 0 to 40 hours). Furthermore, the boards represent a wide range of physical health, mental and behavioral health, dental, and other health care professional types and disciplines who calculate continuing education requirements differently and use varying continuing education units (e.g., CEU, CME, CCM, LSW).



HB 2611 (2013) assumed all health care professional boards have continuing education and auditing requirements. However, the Oregon State Board of Nursing (OSBN) does not require any continuing education requirements because the national advanced practice nursing certification body rather than OSBN determines required CE coursework. Also, some of the boards do not conduct audits, which made it difficult for these boards to answer the required questions about continuing education requirements and audited health care professionals.

The Oregon Home Care Commission is distinct from the rest of the boards in that the agency does not regulate/license its members, who are typically family members of the clients who require their care, rather than health care professionals. These home care and personal support workers are eligible to participate in diversity-related training opportunities the commission develops for them. The commission also provides credits and tracks all courses the home care and personal support workers complete.

Boards with limited staffing resources and large numbers of renewing licensees asked OHA to explore using the agency's current Health Care Workforce Survey as an alternate mechanism for collecting the required CCCE data directly from health care professionals, who must complete this survey. As a result, a new optional CCCE

question was added to the annual Health Care Workforce Survey on July 1, 2017, to determine whether participating health care professionals completed CCCE. However, the requirements for CCCE and the Health Care Workforce Survey are not completely compatible because:

- Not all 22 affected boards participate in the Health Care Workforce Survey (see pages 12 through 15 for participating boards).
- Participating health care professional boards independently determine if they will integrate the CCCE question into their Health Care Workforce Survey (e.g., some boards decide to add this CCCE question and some do not).
- Some boards believe self-report CE data may be less accurate than audited CE data.

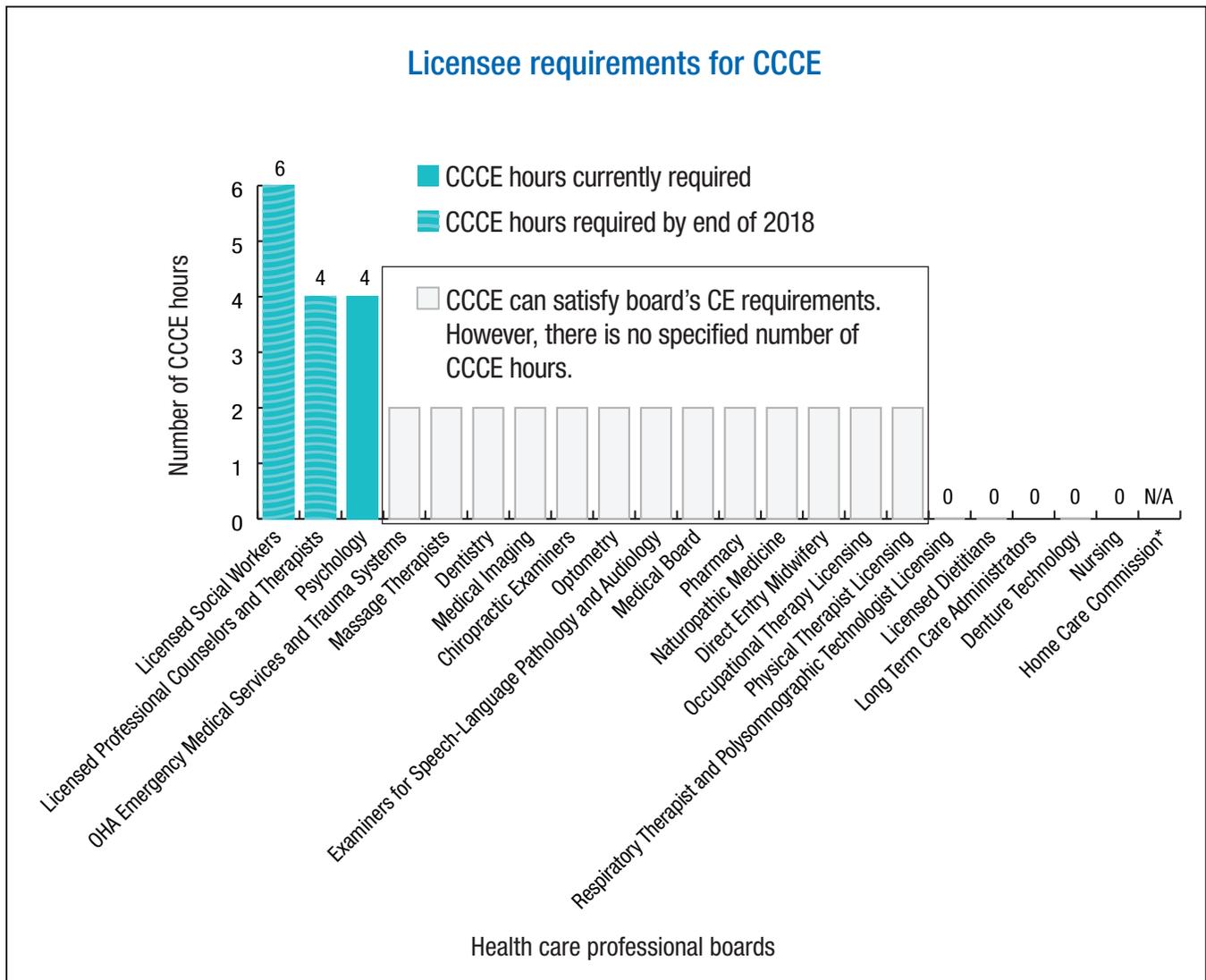
OHA anticipates it may take at least four years (two biennial legislative report cycles) to provide a complete baseline of data for CCCE reporting purposes, primarily due to various license renewal cycles of boards, which do not align with the legislatively required biennial reporting period.

Another challenge in completing this legislative report was the difficulty in providing an accurate and complete demographic picture of the state and the Oregon Health Plan (Medicaid) population due to the lack of standardization of race, ethnicity, language, disability status, gender identity and sexual orientation data among multiple sources. For decades, the state has had to rely on inconsistent, aggregated, incomplete and English-only data collection efforts to inform evaluations of health programs and policies. This often masks the cultural and linguistic needs of populations experiencing the greatest health disparities. To determine how well the state is supporting the regulated health care workforce's cultural competence, we need to measure our progress by reviewing cultural and linguistic data in an accurate, complete, consistent, reliable and meaningful way. Oregon is one of the few states in the country that passed a law, HB 2134 (2013), to develop uniform standards for the collection of race, ethnicity, language and disability status data for OHA and Oregon Department of Human Services (DHS). Given that an OHA operational policy for implementing these data collection standards has recently been approved — including creating a process for developing gender identity and sexual orientation standards per Affordable Care Act (ACA) Rule 1557 — we anticipate the agency will provide more accurate and complete cultural and linguistic data for future biennial CCCE legislative reports.



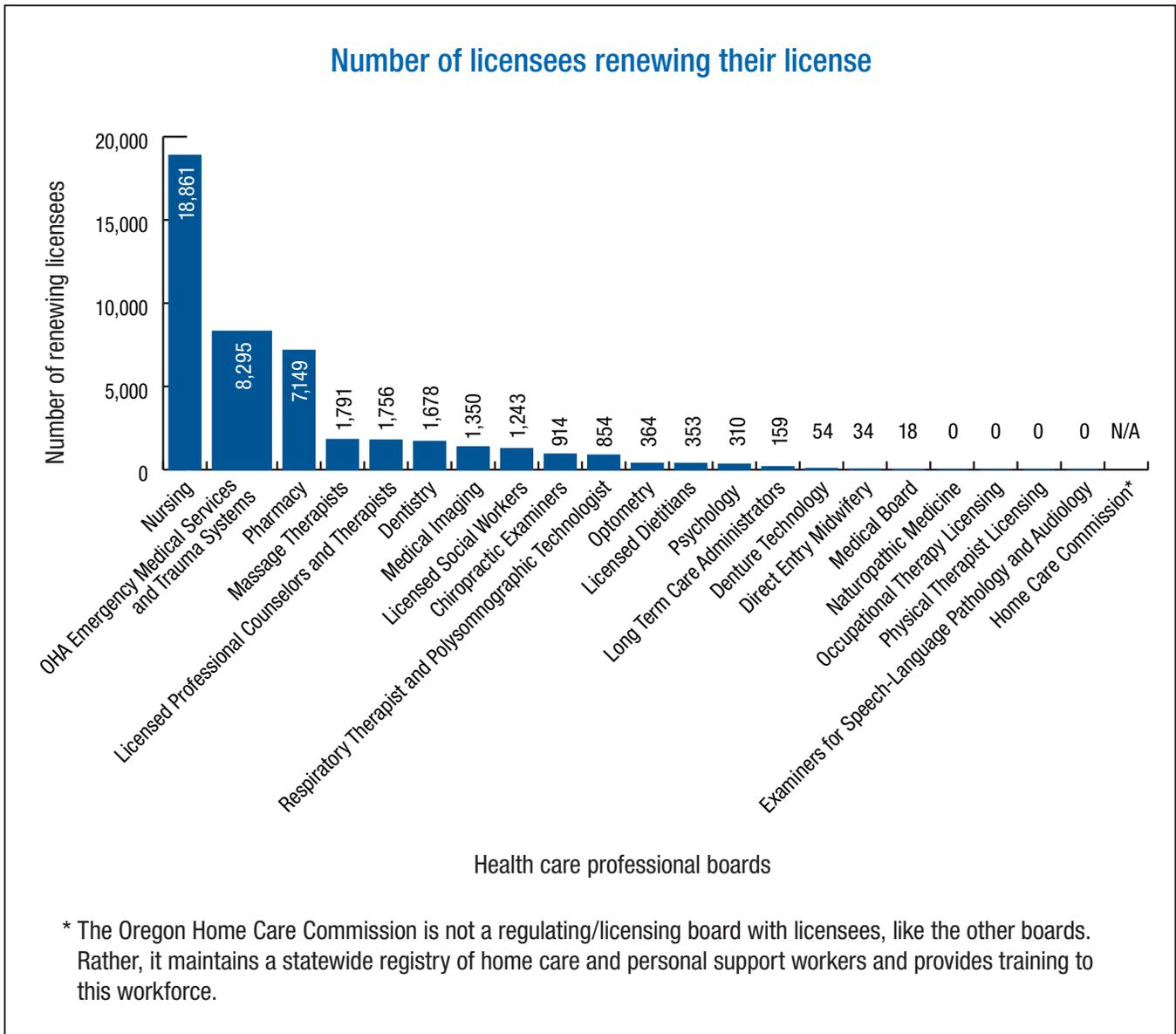
# Appendices

## Appendix 1: Health care professional boards' licensee requirements for CCCE, Jan. 1–June 30, 2017

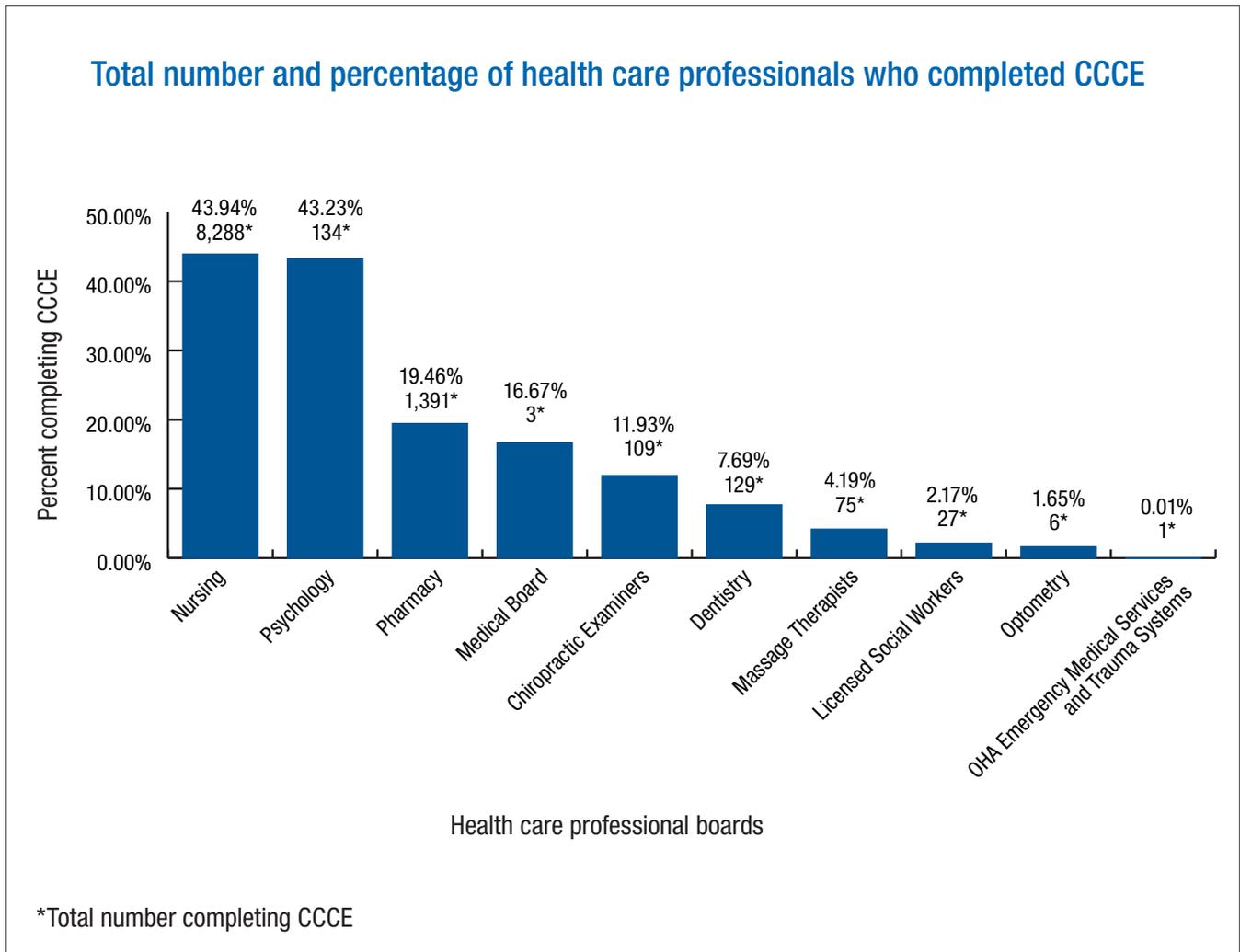


\* The Oregon Home Care Commission is not a regulating/licensing board with licensees, like the other boards. Rather, it maintains a statewide registry of home care and personal support workers and provides training to this workforce.

## Appendix 2: Number of health care professional licensees renewing their license, Jan. 1–June 30, 2017



## Appendix 3: Total number and percentage of health care professionals who completed CCCE, Jan. 1–June 30, 2017



## Appendix 4: HB 2611 (2013)/ORS 413.450 Statute

<https://olis.leg.state.or.us/liz/2013R1/Downloads/MeasureDocument/HB2611>

## Appendix 5: HB 2611 Permanent Rules

[https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID\\_OARD=CpiVDpf4cUn0UsrpgMUuFSVpMzH2z6\\_KHUkd35gAoLY\\_8WaCjW27!568786841?selectedDivision=4207](https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=CpiVDpf4cUn0UsrpgMUuFSVpMzH2z6_KHUkd35gAoLY_8WaCjW27!568786841?selectedDivision=4207)

# Endnotes

1. Heisler EJ, Bagalman E. (2015). The mental health workforce: A primer. Washington, DC: Congressional Research Service.
2. U.S. Department of Health and Human Services Office of Minority Health. (2011). National Partnership for Action to End Health Disparities. [Accessed 2018 July 19] Available at: <https://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=11>.







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