

OREGON HEALTH AUTHORITY, OFFICE OF EQUITY AND INCLUSION

DIVISION 943

CULTURAL COMPETENCY CONTINUING EDUCATION FOR HEALTH CARE PROFESSIONALS

943-090-0000

Purpose

These rules create requirements for the Oregon Health Authority to provide resources and support for improving the cultural competence of regulated health care professionals in Oregon and to report to the Oregon State Legislature as required by 2013 Oregon Law, Chapter 240 about the level of participation in cultural competence education among regulated health-care professionals.

Stat. Auth.: ORS 413.042, 2013 Oregon Law, Chapter 240

943-090-0010

Definitions

The following definitions apply to OAR 943-090-0000 through 943-090-0020:

- (1) “Authority” means the Oregon Health Authority
- (2) “Continuing Education” means a unit or units of education as defined by each board to which this statute is applicable.
- (3) “Cultural competence” means a life-long 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 interactions and preserves the dignity of individuals, families and communities.
 - (a) Cultural competence applies to all patients.
 - (b) 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.
- (4) “Patient” represents individuals in the broadest spectrum of the roles in health and home care services, including but not limited to: patient, consumer, client, patient representative, resident, and patient family or community.
- (5) “Provider” represents individuals in the broadest spectrum of roles in health and home care services, including but not limited to: physicians, nurses, social workers, medical technicians, traditional health workers, and home care and personal support workers.

Stat. Auth.: ORS 413.042, 2013 Oregon Law, Chapter 240

943-090-0020

Cultural Competence Resources, Support and Reporting

- (1) The Authority shall create, maintain and make available a list of approved continuing education opportunities for developing cultural competence for regulated health care professionals.
- (2) The Authority shall collaborate with legislatively designated boards to:
 - (a) Create model rule language for affected boards to document cultural competence continuing education.
 - (b) Create a reporting structure for affected boards to report on the cultural competence continuing education completed by regulated health care professionals.
- (3) The Authority shall establish an advisory committee to:
 - (a) Develop or update criteria for approving cultural competence continuing education opportunities.
 - (b) Discuss and recommend cultural competence continuing education opportunities to the Authority for approval.
- (4) The Authority shall base the list of approved opportunities for cultural competence continuing education on the criteria established by the advisory committee.
- (5) Authority approved continuing education opportunities shall teach attitudes, knowledge and skills enabling health care professionals to care effectively for patients from diverse cultures, groups, and communities.
 - (a) These skills may include:
 - (A) Applying linguistic skills to communicate effectively with patients.
 - (B) Using cultural information to establish therapeutic relationships.
 - (C) Eliciting, understanding and applying cultural and ethnic data in the process of clinical care.
 - (b) Authority approved continuing education opportunities may include:
 - (A) Courses delivered in-person or electronically.
 - (B) Experiential learning such as cultural or linguistic immersion.
 - (C) Service learning.
 - (D) Specially designed cultural experiences.
- (6) The Authority shall compile a biennial report on the participation of health care professionals in cultural competence continuing education, including the number of:
 - (a) Regulated health care professionals who completed cultural competence continuing education.
 - (b) Audited health care professionals who completed cultural competence continuing education from the Authority approved list.
- (7) The affected boards shall report to the Authority no later than 30 days after the close of each biennium.
- (8) On or before August 1 of each even-numbered year, the Authority shall report to the interim committees of the Legislative Assembly about the participation of health-care professionals in cultural competence continuing education as submitted to the Authority by the boards.