


PLAN OPERATIONS	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	Cultural Responsiveness Training	Policy ID:	PLANCG-80
	Approved By:	Quality Assurance and Performance Improvement Committee	Last Revision Date:	04/26/2024
	States:	Oregon	Last Revision Date:	04/26/2024
	Application:	Medicaid	Effective Date:	04/27/2024

PURPOSE:

The Dental Care Organization (DCO) strives to provide high quality dental care to enrollees in a way that meets their diverse cultural and linguistic needs. This policy outlines the DCO’s commitment to providing culturally and linguistically appropriate oral health care and services by providing DCO staff with implicit bias and cultural responsiveness training.

POLICY:

All patients deserve to receive culturally and linguistically appropriate oral health care and services from culturally responsive staff and providers. Therefore, the DCO will incorporate cultural responsiveness and implicit bias continuing education and trainings into its organization-wide training plans and programs and require completion by DCO staff. Such training may be offered to Network Providers and Network Provider Staff. New hire and/or annual training offerings will include all or a subset of the fundamental areas listed below:

- a) Implicit bias/addressing structural barriers and systemic structures of oppression,
- b) Language access (including the use of plain language) and working with Health Care Interpreters, including without limitation, working with Certified or Qualified Health Care Interpreters for oral and sign language, deaf and hard of hearing, and interpreters for languages of lesser diffusion (LLD) interpretation services.
- c) The use of CLAS Standards in the provision of services.
- d) Adverse childhood experiences/trauma informed care practices that are culturally responsive and address historical trauma,
- e) Uses of REALD and SOGI data to advance Health Equity,
- f) Universal access and accessibility in addition to compliance with the ADA, and
- g) Health literacy of a population to ensure information is delivered in an accessible and culturally and linguistically appropriate manner.

PROCEDURE:

DCO Staff:

1. DCO staff will receive cultural responsiveness and implicit bias training and education, including the use of health care interpreters within 90 days of hire and no less than annually thereafter. Training will be provided through an OHA approved vendor and tracked via company Learning Management System (LMS).

DEFINITIONS:

- A. Cultural competence is “...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 communication and interaction and preserves the dignity of individuals, families and communities” (OAR 943-090-0010).
- B. Cultural responsiveness (also known as cultural competence/humility/sensitivity/agility): We use the terms cultural competence and cultural responsiveness interchangeably, however our preference for “cultural responsiveness” is due to its implication that one is open to adapting to the cultural needs of those they are working with, rather than assuming that they can become perfectly skilled to work with all members.
- C. Culturally-responsive 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” (OAR 943-090-0010).
- D. Culturally and Linguistically Appropriate Oral Health Care and Services: Oral health care and services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization (regardless of size) at every point of contact.
- E. “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.

NETWORK PROVIDER TRAINING REQUIREMENT:

- 1. Effective January 1, 2021, it is required by the Oregon Board of Dentistry (OBD) that all dentists and dental hygienists receive two credit hours of cultural competence continuing education. All network providers are required to complete these continuing education requirements in accordance with OBD rules and regulations. The DCO will require providers to attest to completion of such training on an annual basis.
 - a. Continuing Education opportunities:
 - b. OHA-approved cultural competence CE opportunities:
<https://www.oregon.gov/oha/OEI/Pages/CCCE.aspx>

FORMS AND OTHER RELATED DOCUMENTS:

N/A

REFERENCES

OAR 410-141-3735 Social Determinants of Health and Equity; Health Equity
OAR 943-090-0010 Definitions

Revision History

Date:	Description
11/18/2020	Approval and adoption.
11/16/2021	Updates based on annual review.
01/18/2022	Updates based on annual review.

12/31/2022	Updates based on annual review.
11/13/2023	Updates based on annual review.
04/26/2024	Updates based on annual review.