ADEA / W.K. Kellogg Foundation Minority Dental Faculty Diversity and Inclusion Training Program:
Cultural Competency Training Using CLAS Tool

Marsha W. Beatty, BS, MPH
Oklahoma University College of Dentistry
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Community-Based Dental Education

“Taking dental education from campus to community.”
Mission Statement:

The OUCOD CBDE Program will enhance, expand and extend the clinical education and service-learning experiences of our students in diverse, community-based settings while increasing access to care for underserved populations.
MAJOR CONSIDERATIONS

• Enhanced clinical training opportunities for DS4s
• CODA emphasis on CBDE and service learning
• Persistent oral health disparities and access to care challenges in Oklahoma
• Changing demographics
“Preferred” CBDE Clinical Sites

FQHCs, tribal or I.H.S. facilities, and non-profit community clinics with:

1) Significant unmet need in their patient population
2) Broad scope of practice
3) Capacity and willingness to accommodate students
4) Internet access and distance learning capabilities
Community-Based Experiences and CODA Standards

2-25 Dental education programs must make available opportunities and encourage students to engage in service learning experiences and/or community-based learning experiences.

**Intent:** Service learning experiences and/or community-based learning experiences are essential to the development of a culturally competent oral health care workforce. The interaction and treatment of diverse populations in a community-based clinical environment adds a special dimension to clinical learning experience and engenders a life-long appreciation for the value of community service.
Persistent Challenges

- # Adult Dental Visits in the Last Year
- # Edentulous Adults Aged 65+
- % Third Graders with Dental Caries Experience
- % Third Graders with Untreated Tooth Decay
### OKLAHOMA BRFSS DATA

<table>
<thead>
<tr>
<th>Adults aged 18+ who have visited a dentist or dental clinic in the past year</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td><strong>Oklahoma - All available years</strong></td>
<td><strong>Response: ( All )</strong></td>
<td></td>
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<tr>
<td>Adults aged 18+ who have visited a dentist or dental clinic in the past year</td>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
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<tr>
<td><strong>2014</strong></td>
<td>56.8</td>
<td>43.2</td>
</tr>
<tr>
<td>Percent (%)</td>
<td>55.4 - 58.2</td>
<td>41.8 - 44.6</td>
</tr>
<tr>
<td>CI</td>
<td>4919</td>
<td>3483</td>
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<tr>
<td>n</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2012</strong></td>
<td>58.9</td>
<td>41.1</td>
</tr>
<tr>
<td>Percent (%)</td>
<td>57.5 - 60.3</td>
<td>39.7 - 42.5</td>
</tr>
<tr>
<td>CI</td>
<td>4611</td>
<td>3362</td>
</tr>
<tr>
<td>n</td>
<td></td>
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</table>

## OKLAHOMA BRFSS DATA

### Adults aged 65+ who have lost all of their natural teeth due to tooth decay or gum disease

#### Oklahoma - All available years

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22.4</td>
<td>77.6</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent (%)</td>
<td>20.5 - 24.3</td>
<td>75.7 - 79.5</td>
</tr>
<tr>
<td>CI</td>
<td>611</td>
<td>2370</td>
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<tr>
<td>n</td>
<td>2370</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent (%)</td>
<td>21.0</td>
<td>79.0</td>
</tr>
<tr>
<td>CI</td>
<td>19.1 - 22.9</td>
<td>77.1 - 80.9</td>
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<td>n</td>
<td>595</td>
<td>1986</td>
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### Table 5. Summary of dental health status of Oklahoma third grade students, weighted estimates and 95% confidence intervals

<table>
<thead>
<tr>
<th>Dental Health Status Indicator</th>
<th>Weighted Estimate</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of third graders in Oklahoma with sealants on at least one permanent molar tooth</td>
<td>35.4%</td>
<td>30.4% - 40.4%</td>
</tr>
<tr>
<td>Percentage of third graders in Oklahoma with dental caries experience</td>
<td>59.7%</td>
<td>55.0% - 64.4%</td>
</tr>
<tr>
<td>Percentage of third graders in Oklahoma with untreated decay (active caries) in at least one permanent or primary tooth</td>
<td>19.0%</td>
<td>14.4% - 23.5%</td>
</tr>
<tr>
<td>Percentage of third graders in Oklahoma with untreated decay in at least one permanent tooth (active caries)</td>
<td>8.1%</td>
<td>4.8% - 11.4%</td>
</tr>
<tr>
<td>Percentage of third graders in Oklahoma with untreated decay in at least one primary tooth (active caries)</td>
<td>16.6%</td>
<td>12.6% - 20.6%</td>
</tr>
<tr>
<td>Percentage of third graders in Oklahoma with at least one missing permanent tooth</td>
<td>0.6%</td>
<td>0.1% - 1.1%</td>
</tr>
<tr>
<td>Percentage of third graders in Oklahoma with at least one missing primary tooth</td>
<td>22.2%</td>
<td>18.3% - 26.1%</td>
</tr>
<tr>
<td>Percentage of third graders in Oklahoma with at least one filled (treated/restored) permanent tooth</td>
<td>15.3%</td>
<td>11.0% - 19.6%</td>
</tr>
<tr>
<td>Percentage of third graders in Oklahoma with at least one filled (treated/restored) primary tooth</td>
<td>46.0%</td>
<td>41.2% - 50.9%</td>
</tr>
</tbody>
</table>
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<th>Dental Health Status Indicator</th>
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</tr>
</thead>
<tbody>
<tr>
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<td>19.1% - 31.2%</td>
</tr>
<tr>
<td>Percentage of third graders in Oklahoma with dental caries experience</td>
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<td>61.4% - 70.6%</td>
</tr>
<tr>
<td>Percentage of third graders in Oklahoma with untreated decay (active caries) in at least one permanent or primary tooth</td>
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<tr>
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<td>14.2% - 22.5%</td>
</tr>
<tr>
<td>Percentage of third graders in Oklahoma with at least one missing permanent tooth</td>
<td>1.3%</td>
<td>0.4% - 2.1%</td>
</tr>
<tr>
<td>Percentage of third graders in Oklahoma with at least one missing primary tooth</td>
<td>8.2%</td>
<td>5.7% - 10.7%</td>
</tr>
<tr>
<td>Percentage of third graders in Oklahoma with at least one filled (treated/restored) permanent tooth</td>
<td>19.3%</td>
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<td>49.7%</td>
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</tr>
</tbody>
</table>

CBDE Program Evaluation

- Online Data Collection and Reporting (eCLAS)
- Post Externship Student Interviews
- Student Reflection Papers
Patient Demographics at CBDE Sites

- Frequently used sites have highly diverse patient populations
- Various ethnic, cultural and socioeconomic backgrounds represented
- Significant % patients with limited English proficiency (LEP)
USE OF A CLAS TOOL
For Cultural Competency Training
WHAT is “CLAS”?
Culturally and Linguistically Appropriate Services

• A way to improve the quality of services provided to all individuals.

• A strategy to help reduce health disparities and achieve health equity.

• Focus is on tailoring services to an individual's culture and language preferences, to foster positive health outcomes for diverse populations.

• Health services that are respectful of and responsive to the health beliefs, practices, and needs of diverse patients can help close the gap in health outcomes.

https://www.thinkculturalhealth.hhs.gov/clas/what-is-clas
National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

• Intended to advance health equity, improve quality, and help eliminate health care disparities

• Provides a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services

https://www.thinkculturalhealth.hhs.gov/clas/standards
National CLAS Standards

Principal Standard:

• 1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

https://www.thinkculturalhealth.hhs.gov/clas/standards
The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations on how to:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural and linguistic needs of patients, families, and communities.

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the population in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization’s planning and operations.

10. Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into management and continuous quality improvement activities.

11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

15. Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Health equity is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health, 2010). Currently, individuals across the United States face various cultural barriers that limit their access to health care services. The enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance health and health care in the United States.

References:


“Effective Communications Tools for Health Care Professionals”

- **Course ID:** 1010508

- **Course description:** “… (HRSA) developed this course to improve patient-provider communication skills by increasing participants’ awareness and knowledge of the three main factors contributing to Effective Health Communication: health literacy, cultural competency, and limited English proficiency. This training is a free, accredited online cultural competency curriculum that equips physicians with awareness, knowledge, and skills to better treat the increasingly diverse U.S. population they serve.”

[https://www.train.org/main/course/1010508/](https://www.train.org/main/course/1010508/)
• Self-paced, online format via www.train.org*

• Target audience: physicians, nurses, dentists, pharmacists, physician assistants, hospital and health care administrators, health educators, community health and outreach workers, social workers, academic faculty, staff such as receptionists and office management staff.

• Presented in 5 different modules

• ~ 5 hours in length

• Included reading content, video vignettes, knowledge checks, and a capstone module to apply principles in various patient scenarios

https://www.train.org/main/course/1010508/
Course Objectives: Participants will be able to implement patient-centered communication practices that demonstrate cultural competency and appropriately address patients with limited health literacy and LEP.

1. Module One: Introduction to Health Communication
Participants will be able to explain that a unified approach to health communications includes addressing limited health literacy, cultural competency, and limited English proficiency.

2. Module Two: Health Literacy
Given a scenario, participants will be able to identify patients with different levels of health literacy (including limited health literacy) and evidence of appropriate communication with these patients.

3. Module Three: Cultural Competency
Given a scenario, participants will be able to identify evidence of culturally competent care.

4. Module Four: Limited English Proficiency
Given a scenario, participants will be able to identify behaviors that contribute to effective patient-provider communication with LEP patients.

5. Module Five: Capstone Activity
Given a scenario, participants will be able to apply an effective health communication approach to interactions with patients with limited health literacy, LEP, and/or cultural differences.

https://www.train.org/main/course/1010508/
Module 1—Introduction to Health Communication

The key points to take away from this module are:

- To address health communication effectively, you should use an Effective Communication Tools for Healthcare Providers approach. This means being aware of your patients’
  - Level of health literacy
  - Culture
  - Language skills

References

Module 1—Introduction to Health Communication

<table>
<thead>
<tr>
<th>Screen #</th>
<th>References Used</th>
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</table>
How Effective Healthcare Communication Contributes to Health Equity

Effective healthcare communication policies and practices, including provider health literacy, contribute to improving the quality of services for culturally and linguistically diverse populations as well as people with limited health literacy skills.

An elderly woman and a nurse are discussing the woman’s medications, speaking in Spanish.

Patient: I take one of that and one of the other.
Nurse: In the morning?
Patient: In the morning.
Nurse: Like this.
Patient: Okay.

They continue to interact as the narrator’s voice is heard.

Narrator: Effective healthcare communication policies and practices, including provider health literacy, contribute to improving the quality of services for culturally and linguistically diverse populations, as well as people with limited health literacy skills.
Teach-Back / Show-Me Method

Confirming Your Message is Understood

New Concept: Health Information, Advice, Instruction or Change in Management
- Clinician explains new concepts
- Patient recalls and comprehends
- Demonstrates mastery
- Clinician assesses recall & comprehension
- Asks patient to demonstrate
- Clinician clarifies & tailors explanation
- Clinician reassesses recall & comprehension
- Asks patient to demonstrate

Advance Error Reduction

The content for this material was excerpted from Schlingier, D.—Case and Commentary: Lethal C0p: Heterosexually & Mentally. Points on the Web, Agency for Healthcare Research and Quality. Available at: https://psnet.ahrq.gov/webmm/case/53#figure1

Selected Training Module Resources

Plain Language G.R.I.D.
If the answer to more than three of these questions is no, many adults with low literacy skills may find the material difficult to read and use.

Grade Level:
- ☐ Y ☐ N Is the information written at a 6th grade level or below?
- ☐ Y ☐ N Is the information accurate, up-to-date, and complete?
- ☐ Y ☐ N Is the information what your client needs and wants to know?
- ☐ Y ☐ N Is the information sensitive to your client's gender, age, and cultural or ethnic background?

Interest:
- ☐ Y ☐ N Is the information written in a friendly and conversational style?
- ☐ Y ☐ N Is the information organized in a logical way?
- ☐ Y ☐ N Is the information written in plain words?
- ☐ Y ☐ N Are important ideas or key messages repeated?

Design:
- ☐ Y ☐ N Does the design make good use of white space?
- ☐ Y ☐ N Is the font size 12 point, or larger?
- ☐ Y ☐ N Is the text written in serif font?
- ☐ Y ☐ N Does the text have a ragged, rather than justified, right margin?
- ☐ Y ☐ N Do illustrations help make the message clear?
- ☐ Y ☐ N Are the illustrations properly labeled and the caption close to the picture?

The content for this material was excerpted from the Canadian Public Health Association, National Literacy and Health Program – Plain Language G.R.I.D. Available at: http://www.cpha.ca/uploads/portals/hl/easy_does_it_e.pdf (page 36)

The views expressed in these documents, Web sites, or other products do not necessarily reflect the official policies of the U.S. Department of Health and Human Services, the Health Resources and Services Administration, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

https://psnet.ahrq.gov/webmm/case/53#figure1

HRSA Training Quiz Results

- Class of 2016 (n=57)
  - Fall 2015 semester
  - Online quiz via D2L course website
  - High Score = 100.0%
  - Low Score = 70.0%
  - Avg. Score = 93.6%
  - Std Dev = 6.98 %

- Class of 2017 (n=60)
  - Summer 2016 semester
  - Online quiz via D2L course website
  - High Score = 100.0%
  - Low Score = 70.0%
  - Avg. Score = 89.5%
  - Std Dev = 7.23 %
Follow-Up Observations

- Students reported greater appreciation for impact of culture, health literacy skills, limited English proficiency (LEP) and translation services on provider/patient interactions.

- Language barriers in working with LEP patients were significantly reduced when clinic staff served as translators.

- Results with staff translators were more effective vs. when family members served as translators.

- Patient-provider connections were clearly stronger when students were able to speak directly to LEP patients in their native tongues.
Cultural Competency Program for Oral Health Professionals

- Represents the Office of Minority Health's participation in the HHS Oral Health Initiative
- Offered through the Think Cultural Health website
- Designed exclusively for oral health professionals
- Introduces cultural and linguistic competency skills every member of the dental team can use in everyday practice
- Developed using the National CLAS Standards
- Self-paced, e-learning format with Small Group Facilitation Option
- ~ 6 hours in length with ADA/CERP CEUs available

The mission of Think Cultural Health is to **Advance Health Equity at Every Point of Contact** through the development and promotion of culturally and linguistically appropriate services.

https://www.thinkculturalhealth.hhs.gov/about
Cultural Competency Program for Oral Health Professionals

• **Course ID:** 1059117

• **Course description:** “Launched in April of 2014, Cultural Competency Program for Oral Health Professionals offers a wealth of information on key cultural and linguistic concepts in a practical and meaningful way, using case studies, pre- and post-tests, self-assessment exercises, and more. The program is accredited for Dental Assistants, Dental Hygienists, Dentists, Dental Specialists, providing instant online grading and up to six CME/CEU hours at no cost.”
Course Goals:

Provide practitioners with basic cultural and linguistic knowledge and skills to:

• 1. Expand patient base pool by providing more culturally and linguistically appropriate care to a diverse population;

• 2. Deliver a higher quality of care to meet oral health care needs, while honoring and respecting patients’ cultural beliefs and practices;

• 3. Decrease clinical errors that may arise due to cultural and linguistic differences in communication and differences in oral health literacy;

• 4. Gain essential tools to help recognize and lessen the racial and ethnic health care disparities that persist in oral health.

https://www.thinkculturalhealth.hhs.gov/education/oral-health-providers
Course Objectives:

- Recognize issues related to cultural competency in oral health care
- Describe the benefits of providing culturally & linguistically appropriate oral health care
- Identify strategies to promote self-awareness about attitudes, beliefs, biases, and behaviors
- Describe step to take to provide culturally and linguistically appropriate services
- State key factors in enhancing prevention and treatment services in oral health care
- List the components of culturally and linguistically appropriate oral health care and services
Course Objectives, Cont’d:

- Identify/describe culturally and linguistically appropriate practice management strategies
- Explain the meaning of communication and the characteristics of effective communication
- Articulate why effective communication is important in providing culturally and linguistically appropriate oral health care and services
- Identify barriers to effective communication
- Describe how differences in communication style affect the ability to provide culturally and linguistically appropriate services in oral health
Explain that a unified approach to health communications includes addressing limited health literacy, cultural competency, and limited English proficiency.

Identify patients with different levels of health literacy (including limited health literacy) and evidence of appropriate communication with these patients.

Identify evidence of culturally competent care.

Identify behaviors that contribute to effective patient-provider communication with LEP patients.

Apply an effective health communication approach to interactions with patients with limited health literacy, LEP, and/or cultural differences.

• Recognize issues related to cultural competency in oral health care
• Describe the benefits of providing culturally & linguistically appropriate oral health care
• Identify strategies to promote self-awareness about attitudes, beliefs, biases, and behaviors
• Describe step to take to provide culturally and linguistically appropriate services
• State key factors in enhancing prevention and treatment services in oral health care
• List the components of culturally and linguistically appropriate oral health care and services
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• Articulate why effective communication is important in providing culturally and linguistically appropriate oral health care and services
• Identify barriers to effective communication
• Describe how differences in communication style affect the ability to provide culturally and linguistically appropriate services in oral health care
Divided into three different courses:

- **Course 1** - Fundamentals of Culturally & Linguistically Appropriate Oral Health Care and Services

- **Course 2** - Culturally & Linguistically Appropriate Oral Health Practice Management

- **Course 3** - Communication and Messaging in the Dental Chair

https://www.thinkculturalhealth.hhs.gov/education/oral-health-providers
Skills and concepts are reinforced online:

- "Filling in the Gaps" boxes that provide additional information, resources and applications of the course material
- "Think About It" questions that encourage reflection on the information
- "Cultural Connections" boxes that provide additional, culturally specific information about issues related to oral health
- Video vignettes that show how to adopt skills and concepts into specific environments.
- An Index of Resources
- A Glossary with definitions for all bolded terms in each of the courses.
Additional Reinforcement through CCPOHP Small Group Program

CBDE faculty completed the CCPOHP training and Small Group Facilitators training.
Small Group Facilitator Training and Resources

- *Facilitator’s Handbook* in PDF format
  - Includes learning objectives, talking points, activities and handouts to supplement the material presented in each session

- PowerPoint presentations for each course

- Web links for video case studies used in each course

- Other useful resources and references
### Small Group Facilitator Training and Resources

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<th>Photo</th>
<th>Description</th>
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<tr>
<td><img src="image2.png" alt="Person &amp; Speech Bubble" /></td>
<td>Opening Discussion Points – key points to start the discussion</td>
</tr>
<tr>
<td><img src="image3.png" alt="Key" /></td>
<td>Key Talking Points – key content to present</td>
</tr>
<tr>
<td><img src="image4.png" alt="Star" /></td>
<td>Hint – additional information to help you present learning content</td>
</tr>
<tr>
<td><img src="image5.png" alt="Paper" /></td>
<td>Handout – handouts to supplement PowerPoint presentation</td>
</tr>
<tr>
<td><img src="image6.png" alt="Question Mark" /></td>
<td>Discussion Questions – discussion questions to stimulate further discussion</td>
</tr>
<tr>
<td><img src="image7.png" alt="Pencil" /></td>
<td>Activity/Suggested Activity – activities that you can use to enhance your training sessions</td>
</tr>
</tbody>
</table>
Small, live interactive groups of 6 – 12 students will be created.

Students will access online material and complete the pre tests prior to their externship rotations.

Small groups will meet prior to each externship cycle to reinforce online training and enhance student skills.

Students will complete the post tests after their externship rotations.
OUCOD Cultural Competency Training Goals

- To adequately prepare students for the diverse populations they will serve after graduation
- To assess and analyze the students’ knowledge and understanding of cultural and linguistic competency issues before and after application in the clinical setting
- To identify students who may need extra assistance with providing dental care to culturally diverse populations and to provide mentoring as needed
- To analyze results and report on findings
Links to Helpful Tools and Resources
QUESTIONS?
Contact Information

Dunn H. Cumby, DDS, MPH
Professor and Division Chair
Community Dentistry Division
Dunn-Cumby@ouhsc.edu
DCSB Room 568

Marsha W. Beatty, BS, MPH
Assistant Professor of Research,
Director, Senior Externship Program
Community Dentistry Division
Marsha-Beatty@ouhsc.edu
DCSB Room 564

405-271-4919
Resources from Cultural Competency Program for OHPs
(taken from https://oralhealth.thinkculturalhealth.hhs.gov/Content/Toolkit/Resources.asp)


- A Federal Interagency website that promotes a positive and cooperative understanding of the importance of language access to federally conducted and federally assisted programs. This website supports fair, reasoned and consistent implementation of Executive Order 13166, Title VI of the Civil Rights Act of 1964 (Title VI), and the Title VI regulations regarding language access. Also acts as a language access clearinghouse, regarding limited English proficiency and language services for federal agencies, recipients of federal funds, users of federal programs and federally assisted programs, and other stakeholders. http://www.lep.gov/


Resources on Interpretation and Translation Services


- International Medical Interpreters Association (IMIA) [www.imiaweb.org](http://www.imiaweb.org)


- Hablamos Juntos Language Policy and Practice in Health Care - Interpreters & Interpreting Services [http://www.hablamosjuntos.org/is/default.index.asp](http://www.hablamosjuntos.org/is/default.index.asp)


• National Council on Interpreting in Healthcare (NCIHC) [www.ncihc.org](http://www.ncihc.org)


• Roat, C. (2005). *Addressing language access issues in your practice.* Retrieved from the California Academy of Family Physicians website: [http://www.familydocs.org/assets/Multicultural_Health/Addressing%20Language%20AccessToolkit.pdf](http://www.familydocs.org/assets/Multicultural_Health/Addressing%20Language%20AccessToolkit.pdf) A guide sponsored by the California Academy of Family Physicians Supported by an educational grant from The California Endowment - though targeting Family Physicians, the information included herein may be applicable to private practice oral health professionals as well.


• "How much does an interpreter cost?" - estimates of how much an interpreter costs for small businesses http://smallbusiness.costhelper.com/interpreters.html

Resources on Disparities and Cultural & Linguistic Competency


• DiversityRx http://www.diversityrx.org/


• Modern Language Association. An easy-to-use map developed by the Modern Language Association to display the locations (state, county, and zip code) and numbers of speakers of the thirty languages most commonly spoken in the United States. Also uses 2000 Census data. [http://arcgis.mla.org/mla/default.aspx](http://arcgis.mla.org/mla/default.aspx)

• Transcultural C.A.R.E. website - a private organization website containing useful resources, links, and networking opportunities related to cultural competence. [http://www.transculturalcare.net/](http://www.transculturalcare.net/)


• U.S. Department of Health and Human Services, Office of Minority Health - Think Cultural Health website [https://www.thinkculturalhealth.hhs.gov/](https://www.thinkculturalhealth.hhs.gov/)
• HHS Office of Minority Health enhanced *National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care*
  o Enhanced *National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care* (PDF - 48 KB)
  o *The Blueprint for the Enhanced National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care* (PDF - 1299 KB)