

Government of the District of Columbia



Department of Health

TESTIMONY OF

LAQUANDRA S. NESBITT, MD, MPH
DIRECTOR

BEFORE

COUNCILMEMBER YVETTE ALEXANDER, CHAIRPERSON
COMMITTEE ON HEALTH AND HUMAN SERVICES

B21-168 LGBTQ CULTURAL COMPETENCY CONTINUING EDUCATION AMENDMENT ACT OF 2015

WEDNESDAY, OCTOBER 28, 2015

COUNCIL CHAMBERS, ROOM 412

11:00 A.M.

Good morning Councilmember Alexander and members of the Committee on Health and Human Services. I am Dr. LaQuandra S. Nesbitt, Director of the District of Columbia Department of Health. I am pleased to join you today to present testimony on Bill 21-168, the LGBTQ Cultural Competency Continuing Education Amendment Act of 2015.

The proposed legislation will require continuing education for licensed health professionals on the subject of cultural competence and appropriate clinical treatment for individuals who are lesbian, gay, bisexual, transgender, gender nonconforming, queer, or questioning (LGBTQ) their sexual orientation or gender identity and expression. Specifically, the bill will require that continuing education requirements for any license, registration, or certification include two credits of instruction on cultural competency or specialized clinical training, focusing on patients who identify as LGBTQ.

As you know, the Department of Health fosters excellence in health professional practice through an effective regulatory framework. Health professional boards help assure that the public receives safe and effective services by ensuring that anyone who is licensed has the appropriate educational background and training and that they maintain their skills at the appropriate level as a condition of re-licensure. The Boards play an important role in helping licensees to pursue education in topics of importance to the community.

The collective work of the Department of Health and the health professional boards is paramount to the health and well-being of our city, and the numbers speak for themselves -- in total, 19 health licensing boards are currently responsible for regulating 48 professions, representing nearly 100,000 District healthcare professionals. This work helps assure a competent, informed and current cadre of District of Columbia health professionals.

Relevant to the legislation before us today, one of the many charges of a health professional board is to determine the competency of a practitioner upon entry and as they continue their practice. Boards are responsible for ensuring that professionals have specific knowledge, skills, and abilities upon entry to practice and that they remain current in their knowledge by engaging in relevant education. Boards also assure periodic evaluation throughout a practitioner's career, for competence and professional growth.

Generally, upon entry to practice, boards determine competency by examining the following: academic qualifications/credentialing, entrance exams, work experience/training, language assessments, suitability to practice (character and criminal background checks), and other relevant factors as deemed appropriate by the board. Health professional boards determine ongoing competency by examining the following: Continuing Medical Education (CME) or Continuing Education Units (CEU), recertification, practice review/audits, self-assessments, professional portfolio, or peer assessments.

Currently, District of Columbia health professional boards maintain ongoing competence through continuing education (CEU and CME). Continuing education programs are diverse and may be offered in workshops, conferences, at higher education institutions, in home study products, and in internet-based distance-learning modules. Continuing education programs must meet established standards with regard to learning objectives, program content and quality, instructor expertise and qualification, subject matter relevance to practice, attendance records maintained, and participant evaluations. Boards may approve programs or recognize programs that have been approved by external entities determined to have appropriate standards for assessing the quality of continuing education programs. For example, the Board of Audiology,

Speech and Language Pathology may accept CEU from a licensee who attended a program approved by the American Speech Language Hearing Association (ASHA).

As a condition of licensure, District of Columbia health professional boards currently mandate that practitioners demonstrate that he or she has obtained continuing education credits, ranging from 12 – 50, every two years. Currently, 4 boards require licensees to complete an ethics course, 3 boards require licensees to complete courses in HIV and AIDs and the Board of Psychology requires 3 hours in cultural competency.

The Association of American Medical Colleges defines cultural and linguistic competence as a set of congruent behaviors, knowledge, attitudes, and policies that come together in a system, organization, or among professionals that enables effective work in cross-cultural situations. “Culture” refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and institutions of racial, ethnic, social, or religious groups. “Competence” implies having the capacity to function effectively as an individual or an organization within the context of the cultural beliefs, practices, and needs presented by patients and their communities. Cultural competence in health care combines the tenets of patient/family-centered care with an understanding of the social and cultural influences that affect the quality of medical services and treatment.

The ever-evolving cultural diversity within the District of Columbia necessitates a nimble approach to cultural competency and is critical to achieving health equity beyond simple measures of disparity, or lack thereof. For example, health data suggests that the District’s LGBTQ population, in general, enjoys robust physical health. However, as health professionals, we understand the challenges individuals might experience when accessing needed health services. These challenges can include stigma, discrimination, the provision of substandard care

or outright denial of care because of a person's perceived differences. Any of these factors can contribute to worse health outcomes and a diminished quality of life.

As such, Mayor Bowser supports the general intent of the proposed legislation to require continuing education for licensed health professionals on cultural competence and appropriate clinical treatment for LGBTQ individuals. However, we believe that the legislation, as written, has a narrow focus and may unintentionally exclude assurance of cultural competency for all populations and sub-groups to whom health care professionals provide services. Therefore, we propose fully expanding the scope of the legislation to assure protection to all others who may be discriminated against and/or may suffer from cultural biases when accessing health care services.

Boards currently require their licensees to complete continuing education to maintain their licensure. By broadening the language with a focus on cultural competency for all populations a health care provider may encounter in their respective practices, all recipients of health care service can expect appropriate treatment and quality of care.

This recommendation aligns with current practices in other states; currently, New Jersey, California and Connecticut require cultural competency continuing medical education for physicians, but not specifically focused only on the LGBTQ community. Connecticut requires advanced practice registered nurses, social workers, licensed professional counselors, and alcohol and drug counselors to obtain continuing education in cultural competency. As of last year, California began requiring physicians to attain continuing education credits in cultural and linguistic competency. New Jersey similarly enacted this requirement for physicians in 2008. But generally, the majority of states do not mandate cultural competency as part of the CME curriculum for licensed health care practitioners, and in particular, physicians.

Finally, as Director of Health, I am also informed by my experience and perspective as a licensed physician. In speaking with my colleagues, I am assured that they are fully committed to seeking and selecting CME opportunities related to their patient base. As cultural competency in health care touches the lives of many District residents, I believe that amending the current legislation to fully embrace the diversity of our city is an important step in securing good health for the whole population and further helps us achieve health equity.

I appreciate the opportunity to testify and look forward to working with Council as this legislation moves forward. I am available to respond to questions at this time.