RE: HB 7222 AAC the Department of Public Health’s Various Revisions to the Public Health Statutes. Sections 3 and 4

Dear Senators Gerratana and Somers, Representative Steinberg, and members of the Public Health Committee:

As the Executive Director of the Connecticut Oral Health Initiative (COHI), representing oral health care for all, I urge you to support HB 7222 that includes requiring training in cultural competency for dental hygienists. This bill represents our efforts that started last year with 2016 HB 5459 AAC Training in Cultural Competency of Dental Hygienists, which passed the House. We have worked with the Department of Public Health to include it in the proposal and excited to see it included.

This bill is an effort to recognize the increasingly diverse population in Connecticut and mitigate the gaps in care that often result from between-group variations.

There are 85 languages spoken in homes in the state, and we can assume, even more cultures represented in Connecticut. Cultural competency is a key factor in enabling health care providers to deliver services effectively to patients from cultures other than their own. Particularly, cultural competency training enables healthcare providers to deliver services that are respectful of the health beliefs, practices, cultural and linguistic needs of the patient.

This bill originated in 2015 with an inquiry from staff with the Commission on Health Equity, who approached me as the Executive Director of COHI and a dental hygienist. Jose Ortiz, the Executive Director of the Hispanic Health Council, and I discussed cultural competency for dental hygienists as a requirement rather than an elective, as it is presently in the Dental Hygiene Practice Act, Chapter 379a: Dental Hygienists.

After approaching the Connecticut Dental Hygienists’ Association in November 2015, that organization adopted a policy to support the inclusion of one hour of continuing education credit in cultural competency with the continuing education requirements for all dental hygienists.

Likewise, the American Dental Hygienist Association (ADHA) requires cultural competence in its Standards for Clinical Dental Hygiene Practice, which reads as follows:

Recognize diversity. Incorporate cultural and religious sensitivity in all professional interactions. ²

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2 https://www.adha.org/resources-docs/7261_Standards_Clinical_PRACTICE.pdf
The ADHA also advocates for “cultural and linguistic competence for health professionals” and promotes “[a]wareness of cultural difference among all populations, respect of those differences and application of that knowledge to professional practice.”

Further, the Commission on Dental Accreditation created standards for Dental Hygiene Education Programs and included the following within:

Dental Hygienists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs).

Most importantly, cultural competence is a health equity measure; specifically, cultural competence training is one way to ensure that everyone has equal opportunity to be healthy, no matter the race, ethnicity, or nationality.

As a member of the Public Health Committee, I know you share my concern for oral health care measures that affect all of us as a community. **I urge you to support this very important measure that will ensure healthier children and adults in our state.** If I can be of any assistance, please contact me. Thank you for your time and your commitment to the health of all Connecticut residents.

Sincerely,

Mary Moran Boudreau
Executive Director, COHI
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