NEW YORK STATE OF OPPORTUNITY.

Office for People With Developmental Disabilities

Workforce and Talent Management

Training Curriculum Series

Cultural Competence Training

Participant's Manual

Education and Training Online Resource Library

Cultural Competence Training

Office of Diversity Management

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OVERVIEW AND INTRODUCTION

Cultural competence is a journey and process of continual learning.

Today, we will discuss strategies for developing culturally competent services by understanding our biases and recognizing disparities and barriers for individuals and families. Throughout the day, we will explore, through introspection, our own cultural values, beliefs and customs. We will also identify tools and strategies to help enhance our skills to be more culturally competent.

This training will provide Medicaid Service Coordinators and Habilitation providers with an understanding of cultural competence as it relates to working with the individuals they serve.

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Cultural Competence Training

Office of Diversity Management

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Cultural Competence Outline

- Laws and Regulation
- Understanding Barriers, Disparities and Biases
- Cultural Competence
- What's culture got to do with it?
- Effective Communication
- Integrating cultural competence into everyday practice

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Laws and regulation

Module 1

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Культурное разнообразие, все из нас являются частью чего-то большего, чем у нас,-что-то большее значение, что-то в большей необходимости чем нашей мирской жизни. Ваши знания, опыт, верования и ценности формируют уникальный культурной самобытности и самореактивных определение ты решающую лицо для ваших взносов форму мира. Мы должны понять, как общество, построен из целостности, каждый человек обогащает нашу жизнь через разнообразие их культур. Мы должны признать сильные стороны различных культур мира, который мы едины для нашего признания и понимания общих ценностей Фостерс нашего сотрудничества. Давайте работать рука об руку, чтобы выразить нашу благодарность и сделать мир более лучшим местом. Давайте объединим в мире объятия и праздновать наш мир культурного разнообразия ~ Маналапан, NJ

_____ _____
Signature Date

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Title VI of the Civil Rights Act of 1964

- Prohibits recipients of federal funding from discriminating on the basis of race, color, national origin, gender, age, sexual orientation and disability

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14 NYCRR section 633.1 and 633.4

- All persons shall be given the respect and dignity that is extended to others regardless of race; religion; national origin; creed; age; gender; sexual orientation; developmental disability; or health condition.
- An individual/family member cannot be discriminated based on their ability to speak English and this includes individuals who may be deaf and/or hard-of-hearing.
  - Services provided need to be timely and equal to those provided to English speaking individuals.

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Understanding
"Barriers, Disparities and Biases"

Module 2

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National Council on Disability

In 2009 issued *The Current State of Health Care for People with Disabilities*. This report indicated that:

- 54.4 million people have a disability.
- 35 million had a severe disability that requires assistance for functional activities.
- African-Americans and Hispanics typically experience disability at a higher rate than White/Caucasians.
- The life expectancy for an African-American with Down Syndrome is 25 years old, as compared to White/Caucasian, which is 55 years old.

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National Council on Disability

Individuals with disabilities may experience barriers such as:

- Poorer health and use of health care
- Lack of health insurance
- Lack of care-coordination
- Experience stereotypes from healthcare providers about disabilities
- Exclusion from health-related research
- Racial and ethnic disparities
- Limited access to health information

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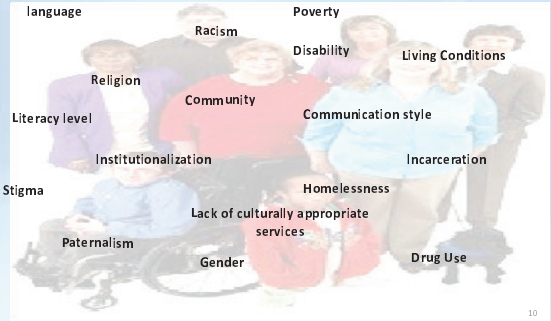
Disparities



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Cultural Jeopardy

- Race
- Stereotype
- Sexism
- Ageism
- Oppression
- Racism
- Heterosexism
- Discrimination
- Ethnicity
- Able-ism

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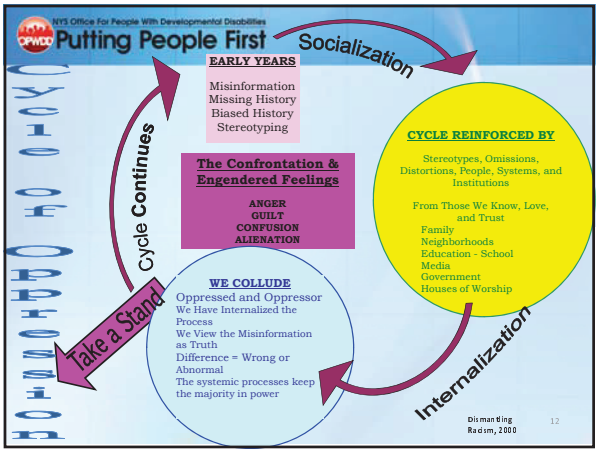

Dismantling Racism, 2000

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*people with disabilities *who are LGBTQ
people who are homeless

people who are elderly are women*
adolescents immigrants*

Marginalization:

"The Club"

Culture, Community, Social or Political Group with Power and Privilege

* people with limited education
*limited English Proficiency

*people who are poor *are overweight
*who have mental illness*people of color

Anthony Porter

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Health and Human Service Action Plan to Reduce Racial and Ethnic Disparities

- Promote culturally competent standards that include:
  - Training
  - Workforce diversity
  - Effective communication
  - Data collection
  - Continued research for evidence-based practices for people of color
  - Adapting services to meet the needs of culturally diverse populations served

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Cultural competence

Module 3

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Cultural Competence

- Cultural Competence is the integration of knowledge about those individuals we serve into a described set of standards, policies, practices, and attitudes that are promoted to enable caregivers at all levels of the organization to work effectively and efficiently with people and families of all cultural backgrounds.

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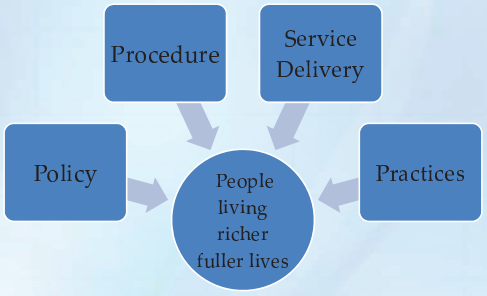
Integrating Cultural Competence



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Cultural landscape

Module 4

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NYS Population By Race

Race	Population
White	65.7%
Black or African American	15.9%
American Indian and Alaska Native	.6%
Asian	7.3%
Native Hawaiian and other Pacific Islander	0% (9, 332)
Some Other Race	7.4%
Two or More Races	3.0%
Hispanic or Latino	17.6%
Not Hispanic or Latino	82.4%

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NYS Cultural Groups

Black	White	Asian	Hispanic	Native American	Native Hawaiian/ Pacific Islander
African	Russian	Vietnamese	Honduran	Cayuga	
West Indian	French	Chinese	Puerto Rican	Mohawk	
Haitian	Italian	Korean	Mexican	Oneida	

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Culture

"The shared values, traditions, arts, history, folklore, and institutions of a group of people that are *unified by* race, ethnicity, nationality, language, religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender, age, disability, or any other cohesive group variable."

(Singh, 1998).

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Culture Influences Beliefs:

- What are the causes of illness?
- What is helpful?
- Who is helpful?
- Where do people go for help?
- What is the pathway to independence and self-sufficiency?

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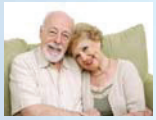

We are our families.

Sandi Cook

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Effective Communication

Module 5

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Effective Communication

- This term refers to the successful joint exchange of information that enables recipients to participate actively in their care from admission through discharge.
- Effective communication is a two-way process in which information is exchanged until an accurate, common understanding is achieved by both parties.
- Effective communication takes place only when providers understand and integrate the information gleaned from recipients, and when recipients of services comprehend accurate, timely, complete, and unambiguous messages from providers in a way that enables them to participate responsibly in their care.

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Health Literacy

- Almost half of all American adults, 90 million people, have difficulty understanding and using health information to make good healthcare decisions.
- Health literacy goes beyond language and the individual. It is the provider's responsibility to ensure that people with developmental disabilities and families understand all aspects of their care.

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Limited-English Proficiency

- Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP."
- Remember this includes parents/guardians, family members, proxies and any person designated to act on behalf of the people we serve.

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Individuals who are Blind and/or deaf or Hard of Hearing

- **Deaf**: This refers to an individual whose hearing is totally impaired or whose hearing, with or without amplification, is so seriously impaired that the primary means of receiving spoken communication is through visual input such as lip-reading, sign language, finger spelling, reading or writing, or a combination of modes. An individual may be identified as being "deaf" based on language use, cultural affiliation, social preferences, or self determination.
- **Hard of hearing**: This term refers to an individual whose hearing is impaired to such an extent that hearing is difficult, but such impairment does not preclude the understanding of spoken communication through the ear alone, with or without a hearing aid or other prosthetic device (e.g., cochlear implant).
- **Blind**: is the condition of lacking visual perception due to physiological or neurological factors.
- **Visually impaired**: functional loss of vision.

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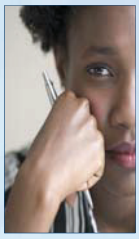
Types of Language Assistance

There are two primary types of language assistance services:

•Oral communication = *interpreting*
•Written communication = *translation*



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We must check for Language Access Services Needs

If…

- The individual asks very few questions or rarely starts a conversation
- The person simply nods or says "yes" in response to questions or comments
- The person gives inappropriate or inconsistent answers to questions

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Language Services

- In person
  - Face to face interpreter
- Telephonic
  - Via telephone conference or speaker phone
- Video
  - Via computer webcam or other device that allows an interpreter to be visual at a remote location
- Translation
  - Written documents translated into spoken language

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Translated Documents

- OPWDD has translated more than 50 documents in Spanish, Russian, Haitian (Creole), Italian, Yiddish, Korean, Urdu and Chinese (Simplified)

http://www.opwdd.ny.gov/resources/language-access/translated-documents

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Outreach and engagement

Module 6

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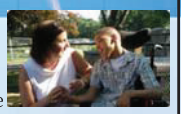
Cultural Broker



- Gatekeepers or change agents who provide information/resources to the community

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Outreach

- Cultural demographics
- Know the diverse groups in your community
- Cultural brokering
- Community networking (e.g. faith based organizations, community centers)
- Education
- Peer groups
- Family involvement

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Cultural and Linguistic Competence Assessment

- Individual Provider Assessments

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Assess – Plan – Access - Approach

Assessment	Planning
- What language is spoken in the home? - Do you understand the relevant cultural considerations? - Does the person read and write? - Are there barriers to engagement? - Share yourself in small steps	- Search for strengths - Recognize existing individual, family and community resources - What does this person know and believe about illness and their recovery? - Person guides identification of needs
Access	**Approach**
- Systems navigation - Entitlements and applications - Community-based services and supports - Healthcare and behavioral health care - Employment - Health Insurance - Education - Daycare/family care needs	- Deliver tailored assistance and advocacy - Recognize and acknowledge differences - Provide language assistance services - Adapt the approach and environment - Respect autonomy and independence - Build upon existing strengths - Self-determination - Person Centered Planning

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Person Centered Planning

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Resources and references

Office for People With Developmental Disabilities (OPWDD)
http://www.opwdd.ny.gov/resources/language-access

Office of Minority Health
http://www.omhrc.gov

The Cultural Competence Centers of Excellence are:
New York State Psychiatric Institute
http://www.nyspi.org/culturalcompetence/

Nathan Kline Institute
http://ssrdqst.rfmh.org/cecc/

National Center for Cultural Competence
http://www11.georgetown.edu/research/gucchd/nccc/

National Council on Disability
http://www.ncd.gov/

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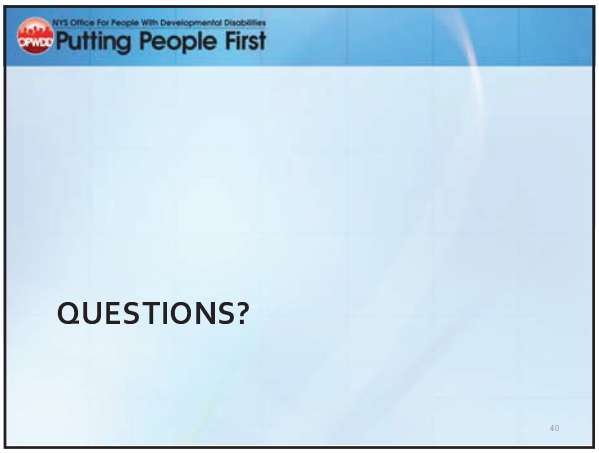
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OPWDD
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QUESTIONS?
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Connections / *Disconnections*

Choose a person. Then, for each cultural consideration write your information in the "self" box and their information in the "other box.

Ethnicity		Gender		Sexual Orientation	
Self	Other	Self	Other	Self	Other
Language At home, with friends and atwork		**Parenting Status** Are there children, who parents them where are they?		**Employment** Past and present. Any changes due to educaiton or migration?	
Self	Other	Self	Other	Self	Other
Communication Style		**Family Involvement**		**Education and Literacy**	
Self	Other	Self	Other	Self	Other

Time in America First generation? Immigration status?		Spirituality Beliefts, practices, affiliations		Community Connections Groups, service clubs, hobby-related clubs, gangs	
Self	Other	Self	Other	Self	Other
Health/Disease Physical, mental, substance abuse		**Criminal Justice System Involvement**		**Homelessness** **Out of home placement**	
Self	Other	Self	Other	Self	Other
Age		**Physical Ability**		**Migration/CurrentLocation**	
Self	Other	Self	Other	Self	Other
Helpers and Healers		**Country of Origin**		**English Proficiency**	
Self	Other	Self	Other	Self	Other

Promoting Cultural Diversity and Cultural Competency

Self-Assessment Checklist for Personnel Providing Behavioral Health Services and Supports

Directions: Please select A, B, or C for each item listed below.

A=Things I do frequently
B=Things I do occasionally
C=Things I do rarely or never

Physical Environment, Materials & Resources

1. I display pictures, posters and other materials that reflect the cultures and ethnic backgrounds of individuals and families served by my program or agency.

2. I insure that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of individuals and families served by my program or agency.

3. When using food during an assessment, I insure that meals provided include foods that are unique to the cultural and ethnic backgrounds of individuals and families served by my program or agency.

Communication Styles

4. For individuals and families who speak languages or dialects other than English, I attempt to learn and use key words on their language so that I am better able to communicate with them during assessment, treatment or other interventions.

5. I use visual aids, gestures, and physical prompts in my interactions with individuals who have limited English proficiency.

6. I use bilingual staff or multilingual trained/certified interpreters during assessments, treatment sessions, meetings, and other events for individuals and families who would require this level of assistance.

7. When interacting with individuals/families who have limited English proficiency I always keep in mind that:

a. Limitations in English proficiency are no way a reflection of their level of intellectual functioning.
b. Their ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin.
c. They may or may not be literate in their language of origin or English

8. When possible, I insure that all notices and communiqués to parents, guardians and caretakers are written in their language of origin.

9. I understand the principles and practices of linguistic competency and apply them within my program or agency.

10. I understand the implications of health/behavioral health literacy within the context of my roles and responsibilities.

Values and Attitudes

11. I use alternative formats and varied approaches to communicate and share information with individuals and their families who experience disability.

12. I avoid imposing values that may conflict or be inconsistent with those of cultures or ethnic groups other than my own.

13. In group therapy or treatment situations, I discourage individuals from using racial and ethnic slurs by helping them to understand that certain words can hurt others.

14. I intervene in a appropriate manner when I observe other staff or parents/guardians within my program or agency engaging in behaviors that show cultural insensitivity, bias or prejudice.

15. I understand and accept that family is defined differently by different cultures (e.g. extended family members, fictive kin, godparents).

16. I recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of acculturation into the dominant or mainstream culture.

17. I accept and respect that male-female roles in families may vary significantly among different cultures (e.g. high value placed on the decisions of elders or the role of the eldest male in families).

18. I understand that age and life cycle factors must be considered in interactions with individuals and families (e.g. high value placed on the decisions of elders or the role of the eldest male in families).

19. I recognize that the meaning or value of behavioral health prevention, intervention and treatment may vary greatly among cultures.

20. I understand the impact of stigma associated with disability and behavioral health services within culturally diverse communities.