Info Session Updates

• Sessions 1-7
  – Posted on the OPWDD Website.

• Session 9 – April 11, 2018
  – Enrollment and Consent: Answers to Your Questions

• Session 10 – April 25, 2018
  – Topic - TBD

For viewing or registration go to the OPWDD website at:
https://opwdd.ny.gov/opwdd_services_supports/care_coordination_organizations

Information sessions count towards current annual MSC professional development hours.
MSC Information Session 8

CULTURAL COMPETENCE
FOR CARE MANAGERS

Presented by: Noelia Mango
Panelists: Dr. Gilbert Louis, Dr. Elizabeth Corrigan, Noelia Mango
New York Association of Emerging & Multicultural Providers
1. Cultural Competence & Cultural Humility
2. Stages and Levels of Cultural Competency Development
3. Identity Development Models
4. Diversity and its Seven Dimensions
5. Health Care Disparities
6. Social Determinants of Health
7. Shared Values (National League for Nursing, 2007)
Would you support an individual with severe cognitive impairment the same way you would support an individual with more abilities?

Four medical conditions that are common among individuals with IDD: constipation, aspiration, dehydration, and seizures.

Individuals with severe cognitive impairments have insufficient mechanical means to chew food, which may lead to constipation, dehydration and aspiration-related issues; these can be fatal if not recognized timely and treated appropriately.

Among people with IDD: women, people with Down’s syndrome, people with more ability, and people living in less restrictive settings are at increased risk of obesity.

Aggressive treatment may be required for individuals with severe IDD due to the difficulties they have in communicating worsening symptoms, which may lead to a rapid worsening of their condition.
CULTURAL COMPETENCE

The ongoing capacity of health care systems, organizations, professionals to provide diverse populations with high quality care that is safe, person and family centered, evidence-based and equitable.

(National Quality Forum, 2008)

CULTURAL HUMILITY

Refers to a lifelong process of self reflection, self critique and respectful partnering with service recipients.

(Tevalon & Garcia, 1998)

A culturally sensitive care manager recognizes specific cultural needs and is sympathetic, not resistant to them.
Stages and Levels of Cultural Competency Development

- **Cultural Knowledge**: Familiarizing with cultural characteristics, history, values, belief systems, and behaviors of different ethnic groups. (Adams, 1995)

- **Cultural Competency**: Knowing cultural differences and similarities exist without assigning values, i.e., better/worse, right/wrong. (National Maternal and Child Health Center on Cultural Competency, 1997)

- **Cultural Sensitivity**: Developing sensitivity and understanding of another ethnic group. (Adams, 1995)

Stages and Levels of Cultural Competency Development

- **DESTRUCTIVENESS**
  - Purposeful destruction and dehumanization of other cultures
  - Eradication of other cultures

- **INCAPACITY**
  - Unintentional cultural destructiveness
  - Fear of other groups and culture

- **BLINDNESS**
  - The realization of weaknesses in working with other cultures

- **PRE-COMPETENCE**
  - Acceptance and respect for differences
  - Diverse and unbiased staff

- **COMPETENCE**
  - Cultures are held in high esteem
  - Seeking to add to knowledge base

- **PROFICIENCY**
  - Cultures are held in high esteem
  - Seeking to add to knowledge base

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The Migrant Experience. Addressing Health Disparities through Cultural Competency Initiatives.
Corrigan, Louis & Mango. 2018
Identity Development Models

- Effective care management ➔ Knowing unique experiences of members of diverse populations

- Identity development models ➔ provide care manager with a lens through which to examine and understand their own stage of cultural development as well as that of others.

- Examples of major identity models:
  - Racial/Cultural Identity Development Model (Atkinson, Morten, & Sue, 1993)
  - Homosexual (Gay/Lesbian) Identity Model (Troiden, 1988)

NOTE: Please refer to the references to learn more about these models.
DIVERSITY

Refers to differences that make each person or group unique when compared to other persons or groups.

LEARNING OBJECTIVE

Identify personal biases and how they affect your role as a care manager

LEARNING OBJECTIVE

Promote a culturally sensitive and competent work environment
Cross-Cultural Care

• When supporting individuals of any background different from your own, maintain **curiosity, empathy, and respect:**
  o Be curious about their beliefs, practices, fears, and customs
  o Put yourself in their position
  o Think about why they are acting in a certain way
  o Be respectful of what you may hear

• Start by understanding the individual’s:
  o Values, meaning of her or his illness, sexual orientation, gender identity, cultural myths/folk beliefs, immigration status and country of origin, education level, and relationships with others
During the intake process, would you interview all individuals and their families using different approaches? Would you treat all individuals with respect, dignity and humility understanding that each person is unique?

Persons with disabilities reported 10.2 days of poor physical health in a span of 30 days, whereas persons without disabilities reported 1.8 days of poor physical health. (Centers for Disease Control and Prevention, 2016)

In 2016, 17.9% of persons with a disability were employed (U.S. Dept. of Labor, 2017). Of this group, people with developmental disabilities experience the highest rates of unemployment (estimated at 85%, National Core Indicators).

Care manager would identify individual’s primary language and ensure all information is communicated and distributed in preferred language(s). Care manager would ensure that language is not a barrier to access services.

Care manager should be aware that LGBT adolescent individuals are at greater risk for depression, suicide, and substance abuse. Nearly one-third (29%) of LGBT youth attempt suicide at least once compared to 6% of heterosexual youth. (Centers for Disease Control and Prevention, 2015)
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<thead>
<tr>
<th>IMMUTABLE DIMENSIONS</th>
<th>CROSS-CUTTING DIMENSIONS</th>
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<tbody>
<tr>
<td>1. Race and Ethnicity</td>
<td>1. Age</td>
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<td>2. Gender</td>
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<td>3. Sexual Orientation</td>
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<td>Key Tactics for Health Care Professionals</td>
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<td>------------------------------------------</td>
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<tr>
<td>1. Learn about other discipline’s areas of expertise, background and values</td>
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<td>2. Identify individual roles and processes</td>
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<td>3. Acquire basic group collaboration skills: communication, negotiation, delegation, and time management</td>
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<td>4. Manage transitions and hand-offs</td>
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<td>5. Acquire conflict resolution techniques</td>
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<td>6. Learn to communicate a common language</td>
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<td>7. Create and adhere to shared guidelines</td>
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Health Profession Education A Bridge to Quality (Greiner & Knebel, 2003)

Corrigan, Louis & Mango. 2018
Would you support male individuals different than female individuals?

The three most common causes of death in males with IDD are cardiovascular diseases, respiratory diseases, and neoplasms.

In adults with IDD, males have more cardiovascular problems than females, and females have more visual problems than males.

In adults with IDD, females are more likely to have endocrine, infectious, and respiratory diseases than males.

Females with IDD often have difficulty following text-based medical advice. Instructions should be delivered using accessible language, and written material should be avoided.
HEALTHCARE DISPARITIES

• Refers to health differences closely linked with social, economic, and/or environmental disadvantage.

• Health disparities adversely affect people based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

LEARNING OBJECTIVE

Explain how health disparities affect access to and engagement in services.

LEARNING OBJECTIVE

Describe effective interviewing skills to better understand an individual’s culture.

Corrigan, Louis & Mango. 2018
SOCIAL DETERMINANTS OF HEALTH

- Conditions in which people are born, grow, live, work and age are shaped by the distribution of money, power and resources at global, national and local levels.

- Socioeconomic circumstances strongly influence health:
  - Income/poverty → being uninsured
  - Not having a primary care provider, not receiving or seeking preventive services → access
  - Where a person lives and works, community behavior, neighborhood safety
  - Educational attainment, literacy level
Would you agree that an individual of African American descent may have different diets and food interests than someone with Asiatic roots? Could foods from these two cultures maintain their integrity and still be healthy?

African Americans are at the highest risk for heart disease, stroke, and diabetes than Asian Americans.

Deaths per 100,000 for diabetes: African Americans – 42.8%, Asian Americans – 16.2%. (Centers for Disease Control, 2010)

South Asian men are 50% more likely to have coronary heart disease than men in the general population. (Patient Platform, 2015)

Cancer is the leading cause of death among Asian Americans. They have the highest rates of liver and stomach cancers. (Asian American Health Initiative, 2010)
SHARED VALUES

**CARING**
Promoting health, healing, and hope in response to the human condition

**INTEGRITY**
Respecting the dignity and moral wholeness of every person without condition or limitation

**DIVERSITY**
Affirming the uniqueness of and differences among persons, ideas, values, or limitation

**EXCELLENCE**
Creating and implementing transformative strategies with daring ingenuity

National League for Nursing, 2007
Corrigan, Louis & Mango. 2018
Thank you – Questions?
Care.coordination@opwdd.ny.gov
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    https://www.youtube.com/watch?v=5mR0Vk2zHqs
  o Improving Patient-Provider Communication Part 2
    https://www.youtube.com/watch?v=JlC6NQ4PzyM
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Identity Development Models: