

Increasing Cultural Competence of Healthcare Providers and Public Health Professionals Working with Persons with Disabilities: A Pilot Training Program

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Abstract

Research Objective

To design a novel training program to address deficits in cultural competence among health professionals in North/Central Florida who provide services to persons with disabilities (PWDs), especially inclusion necessities and awareness of health disparities.

Study Design

The Disability and Health Program (DHP), housed jointly at the Florida Department of Health (DOH) and University of Florida (UF), has developed a novel, interactive training program for health professionals to increase their understanding of, and knowledge for working with, PWDs. The training program has various modules that range from 30 minutes to two hours, with flexibility to fit specific needs of organizations seeking training. It comprises up to five sections: (I) Introduction to Disability, (II) General Health and Chronic Disease, (III) The Care Experience and Communication, (IV) Advocating for Accessible Services, and (V) Healthy Diet and Exercise. The program is presented via Microsoft PowerPoint, and longer modules include up to three videos created by the DOH.

Data utilized for the training program was extracted from the 2013 Behavioral Risk Factor Surveillance Survey (BRFSS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS), analyzed by the DHP. The training seminar was pilot tested at the 2015 North/Central Florida Community Health Worker Annual Training Conference, and anonymous questionnaires were administered to course participants.

Population Studied

The training program development involved three study populations. The first and second populations comprised individuals extracted from the BRFSS and CAHPS data. Survey responses were compared between individuals who identified as PWDs and persons without disabilities to identify inequalities in healthcare experiences as well as health status disparities. The third population comprised healthcare professionals attending the Community Health Worker Conference. Attendees included community health workers, nurse navigators, patient navigators, local and state department of health employees, and individuals self-classified as “other,” but still within the healthcare field.

Principal Findings

The PWD competency seminar received a 4.5 ranking (out of 5) for relevancy and usefulness, a 4.6 ranking (out of 5) for effectiveness and thoroughness, and the highest overall ranking from conference attendees among offered seminars.

Conclusions

The research objective of creating a training program to increase cultural competence skills among health professionals for PWD was successfully completed. Moreover, initial evaluation of the PWD competency seminar suggests an increased awareness of health disparities and inclusion necessities among healthcare providers. The program evaluations also suggest improved attitudes and skills of providers working with PWD. Expanded evaluation to determine long-term retention of training materials is warranted. Future challenges include outreach and sustainability of the training program in order to meet the program's goals of addressing healthcare inequalities and reducing disparities for PWD.

Implications for Policy and Practice

Dissemination efforts for the training program will allow implications of diverse representation of health needs for PWD, and the cultural competence of health professionals working with PWD, to be realized. Success of the training program will increase communication between providers and patients, increase accessibility to resources for PWD, increase provider comfort and confidence in speaking to PWDs, and ultimately contribute to better health outcomes.