Increasing Cultural Competence of Healthcare Providers and Public Health Professionals Working with Persons with Disabilities

Danielle N. Scheer
BACKGROUND
National Council on Disability – Call to Action

• “Information related to **disability cultural competency is lacking** in most professional medical education programs”

• “Most federally funded health disparities research **does not recognize or include PWD as a disparity population**”

• “**Limited information is available** for health care institutions and providers [related to disability cultural competency]”

• “**Disability competency is [generally] not a requirement** for medical practitioner licensing, educational institution accreditation, or medical education loan forgiveness”

This lack of training has been marked as one of the most significant barriers to quality care for PWDs.
Cultural Competence

Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations. *Cross et al. 1989*

Cultural competence in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs. *Betancourt et al. 2002*
Over a billion people live with some form of disability.

Between 110-190 million adults have difficulties in functioning.

Disability disproportionately affects vulnerable populations.

PWD often do not receive needed health care.

Children with disabilities are less likely to attend school than PWoD.

PWD are more likely to be unemployed than PWoD.
### Disability in Florida

<table>
<thead>
<tr>
<th>No. 20</th>
<th>No. 43</th>
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<tbody>
<tr>
<td>in UCP state ranking of disability services (2012)</td>
<td>in LTC services state ranking by AARP, the Commonwealth Fund and SCAN (2014)</td>
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<tr>
<td>33.3 percent of Floridians age 65+ with disabilities (2014)</td>
<td>2 of 67 counties in FL reporting percentage of portion of the local population with disabilities below 20%</td>
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Physician Respectfulness

Impression of Physician Respectfulness by Disability Status in Florida, CAHPS 2013

- Showed Respect
- Spent Enough Time

Persons Without Disabilities:
- 90.1%
- 81.1%

Persons With Disabilities:
- 81.6%
- 65.4%
The purpose(s) of this study:

(1) To respond to the NCD call to action by creating a training program that addresses the gap in healthcare professional training

(1) To characterize the response of providers to the training.
METHODS
Methods

1. Create training program
2. Present training program
3. Assess reaction/response to training program
Methods

1. **Create training program**
   - Five sections:
     1. Introduction to Disability
     2. General Health and Chronic Disease
     3. The Care Experience and Communication
     4. Advocating for Accessible Services
     5. Healthy Diet and Exercise
   - Presented via Powerpoint, with accompanying videos
   - Handouts with corresponding information created
   - Data utilized for the training program was extracted from the 2013 BRFSS and CAHPS surveys.
   - Partnership with FLDOH, DCPG, and NCHPAD

2. **Present training program**

3. **Assess reaction/response to training program**
Methods

1. **Create training program**

2. **Present training program**
   - The training seminar was pilot tested at the 2015 North/Central Florida Community Health Worker Annual Training Conference as one of three mandatory seminars

3. **Assess reaction/response to training program**
Methods

1. Create training program

2. Present training program

3. Assess reaction/response to training program
   - Cross-sectional survey study
   - Anonymous questionnaires were administered to course participants (n=32)
   - Survey responses were scaled options from 1-5
   - Survey responses were received as de-identified aggregated data
RESULTS
Survey Responses

Please select the sector which you represent:

- 37 partial surveys
- 19 full response sets

Conference led by Florida Department of Health in Duval County and the Northeast Florida Health Planning Council
<table>
<thead>
<tr>
<th>Topic</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Understanding how the CHW grandparenting certification process works</td>
<td>4.5</td>
</tr>
<tr>
<td>Learning about working with people with disabilities</td>
<td>4.8</td>
</tr>
<tr>
<td>Strengthening skills for motivational interviewing</td>
<td>4.7</td>
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</table>
The presenter(s) made excellent use of the allotted time.

The training was relevant to my work.

The content of the training was accurate and current.

The content of the trainings was useful.

The presenter(s) were effective in conveying information.

Please Rate Your Level of Agreement with the Following Statements:
Broad Reach

- Information and materials were distributed by attendees to their home organizations and places of work, reaching a combined total of **417** individuals (Community Health Worker Coalition)

- Increased statewide Disability Community Planning Group (DCPG) membership by **11.6%**
DISCUSSION/CONCLUSIONS
Provider Response to Training

Useful  Relevant

Effective  Broad Reach
Discussion/Conclusions

• Initial evaluation 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.

• Success of the training program will increase effective 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.
Limitations

- Small sample size
- Limited diversity of attendees
- Most attendees had prior personal experience with PWD
- Aggregated data, non-specific response options
- No data on impact of training on pre-conceived knowledge or long-term practices
Future Plans

• Expand reach and organizational capacity

• Launch expanded (non-pilot) study

• Pre- and post- evaluations and 6 month follow up focus groups

• Rigorous evaluation of program impact on trainees

• Integration of training into educational curriculums

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Questions?

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