



## Office for People With Developmental Disabilities



# People First Care Coordination MSC Information Session



# 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](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



# Workshop Agenda

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)*



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# Would you support an individual with severe cognitive impairment the same way you would support an individual with more abilities?

A purple circular button with the word "YES" in white capital letters.A purple circular button with a yellow border and the word "NO" in white capital letters.

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

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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.

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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.

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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.

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## 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.

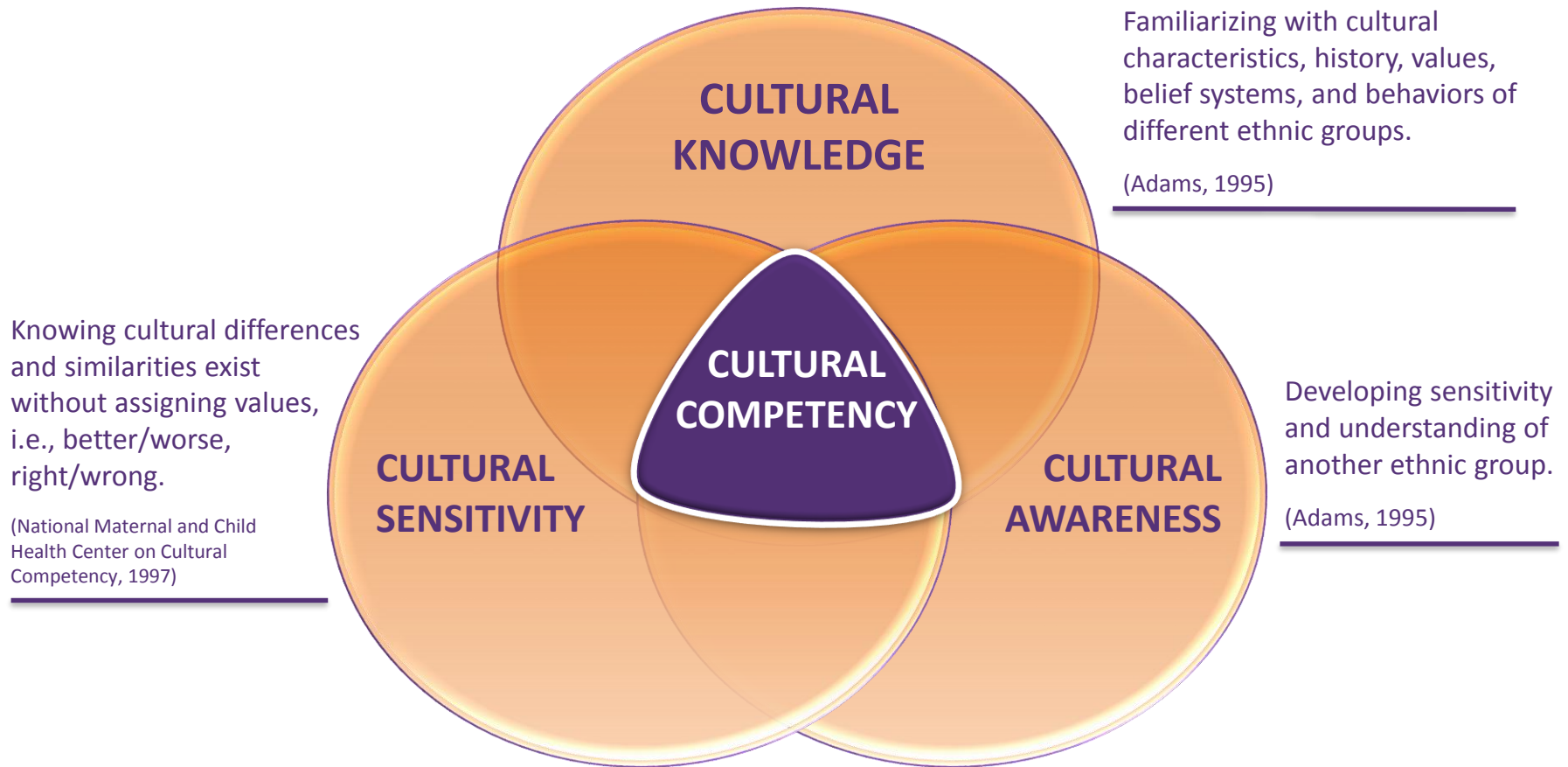
(National Quality Forum, 2008)

## CULTURAL HUMILITY

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

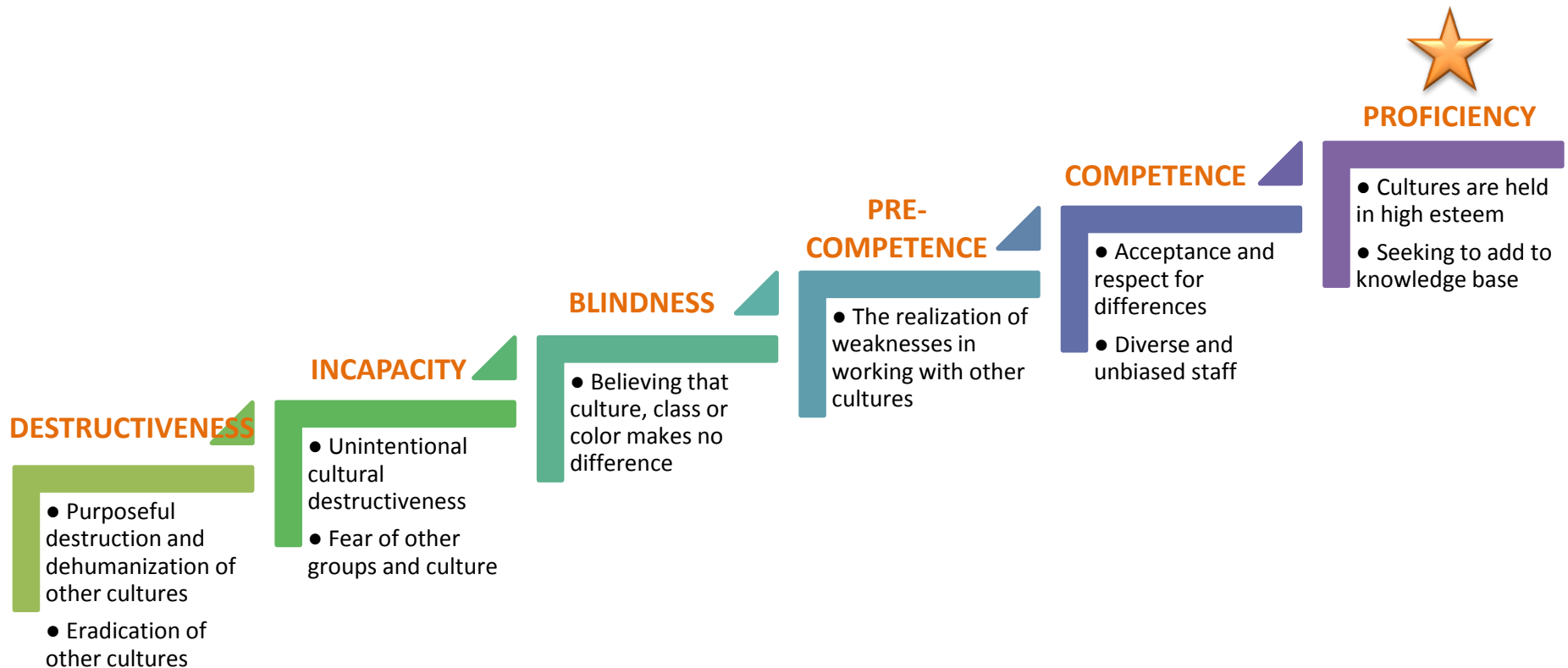
(Tevalon & Garcia, 1998)

A culturally sensitive care manager recognizes specific cultural needs and is sympathetic, not resistant to them.



Adams, D. (Ed.). (1995). Health issues for women of color: A cultural diversity perspective.  
Texas Department of Health, National Maternal and Child Health Resource Center on Cultural Competency. (1997).

## Stages and Levels of Cultural Competency Development



## Stages and Levels of Cultural Competency Development



# 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)
  - Black Racial (Nigrescence) Identity Development Model (Cross 1971, 1991, 2001)
  - White Racial Identity Development Model (Helms, 1990, 1995)
  - 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:
  - Be curious about their beliefs, practices, fears, and customs
  - Put yourself in their position
  - Think about why they are acting in a certain way
  - Be respectful of what you may hear
- Start by understanding the individual's:
  - 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?**

**YES**

**NO**

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)

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.

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 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)





# SEVEN DIMENSIONS OF DIVERSITY

## IMMUTABLE DIMENSIONS

1. Race and Ethnicity
2. Gender
3. Sexual Orientation

## CROSS-CUTTING DIMENSIONS

1. Age
2. Language
3. Socioeconomic Status
4. Religion

## KEY TACTICS FOR HEALTH CARE PROFESSIONALS



Health Profession Education A Bridge to Quality (Greiner& Knebel, 2003)

Corrigan, Louis & Mango. 2018



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# Would you support male individuals different than female individuals?

**YES****NO**

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

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

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

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

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# 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.



**Socioeconomic  
circumstances  
decrease, risk  
increases for:**

*Mortality, morbidity,  
unhealthy behaviors,  
poor quality of care*

**Health disparities  
can be seen as a  
constellation of  
risk factors and  
behaviors that  
occur more for  
some groups of  
people than for  
others.**

## **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?**



**YES**



**NO**

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

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

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South Asian men are 50% more likely to have coronary heart disease than men in the general population.

(Patient Platform, 2015)

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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)

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# 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





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**Thank you – Questions?**  
**[Care.coordination@opwdd.ny.gov](mailto:Care.coordination@opwdd.ny.gov)**





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