

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

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BACKGROUND

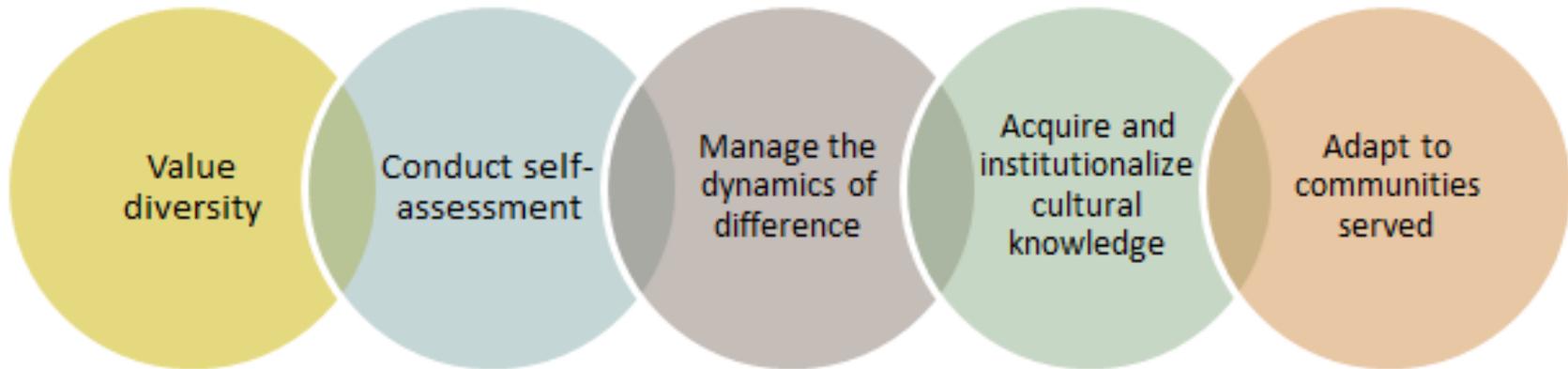
National Council on Disability – Call to Action

- “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*



National Center for Cultural Competence, 1998

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**

About Disability Worldwide.

PWD often **do not receive** needed health care

Children with disabilities are **less likely to attend school** than PWD

PWD are more likely to be **unemployed** than PWD

Disability in Florida

No. 20

in UCP state
ranking of disability
services (2012)

No. 43

in LTC services state
ranking by AARP, the
Commonwealth Fund
and SCAN (2014)

33.3

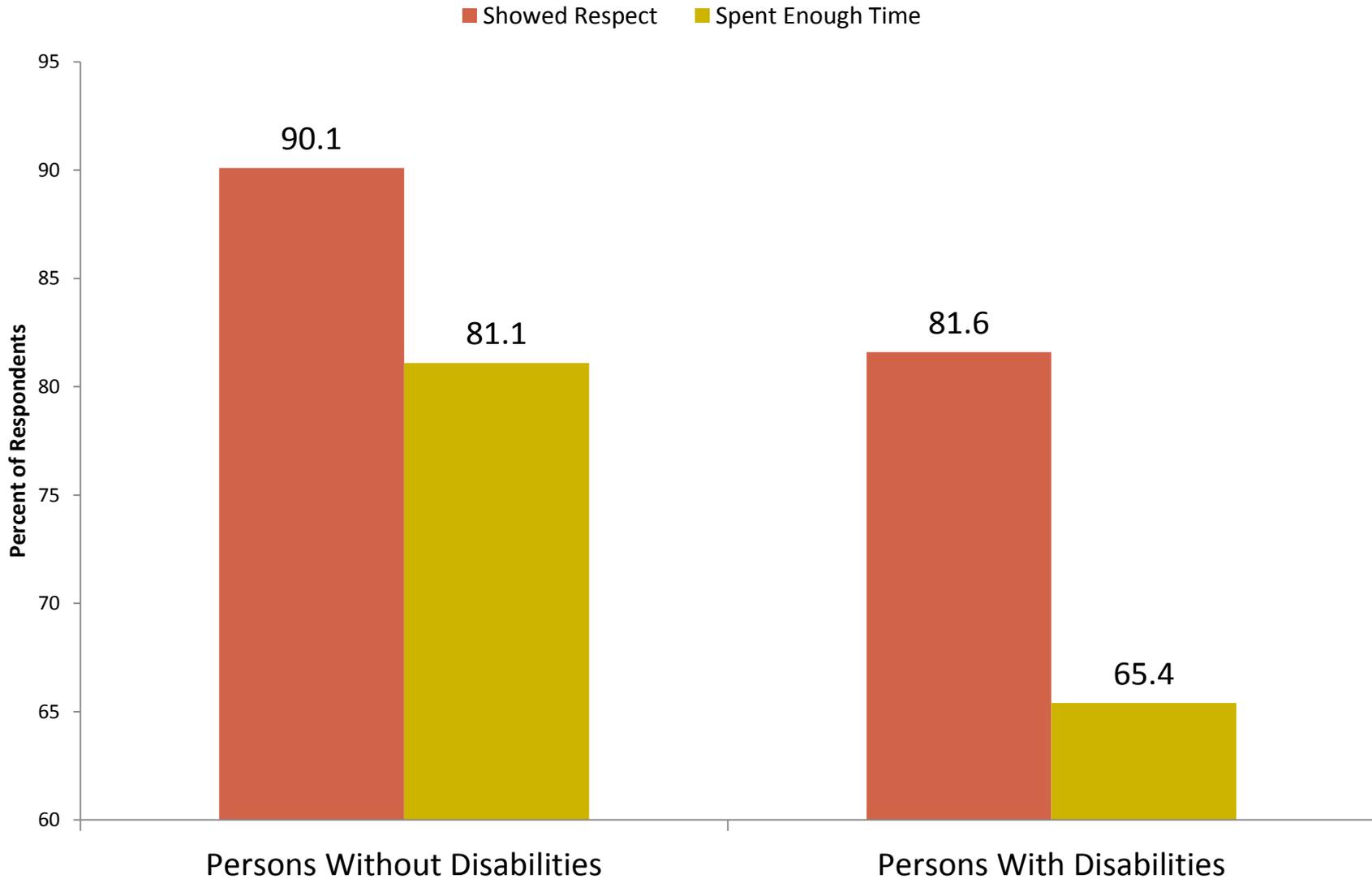
percent of Floridians
age 65+ with
disabilities (2014)

2 of 67

counties in FL reporting
percentage of portion of
the local population with
disabilities below 20%

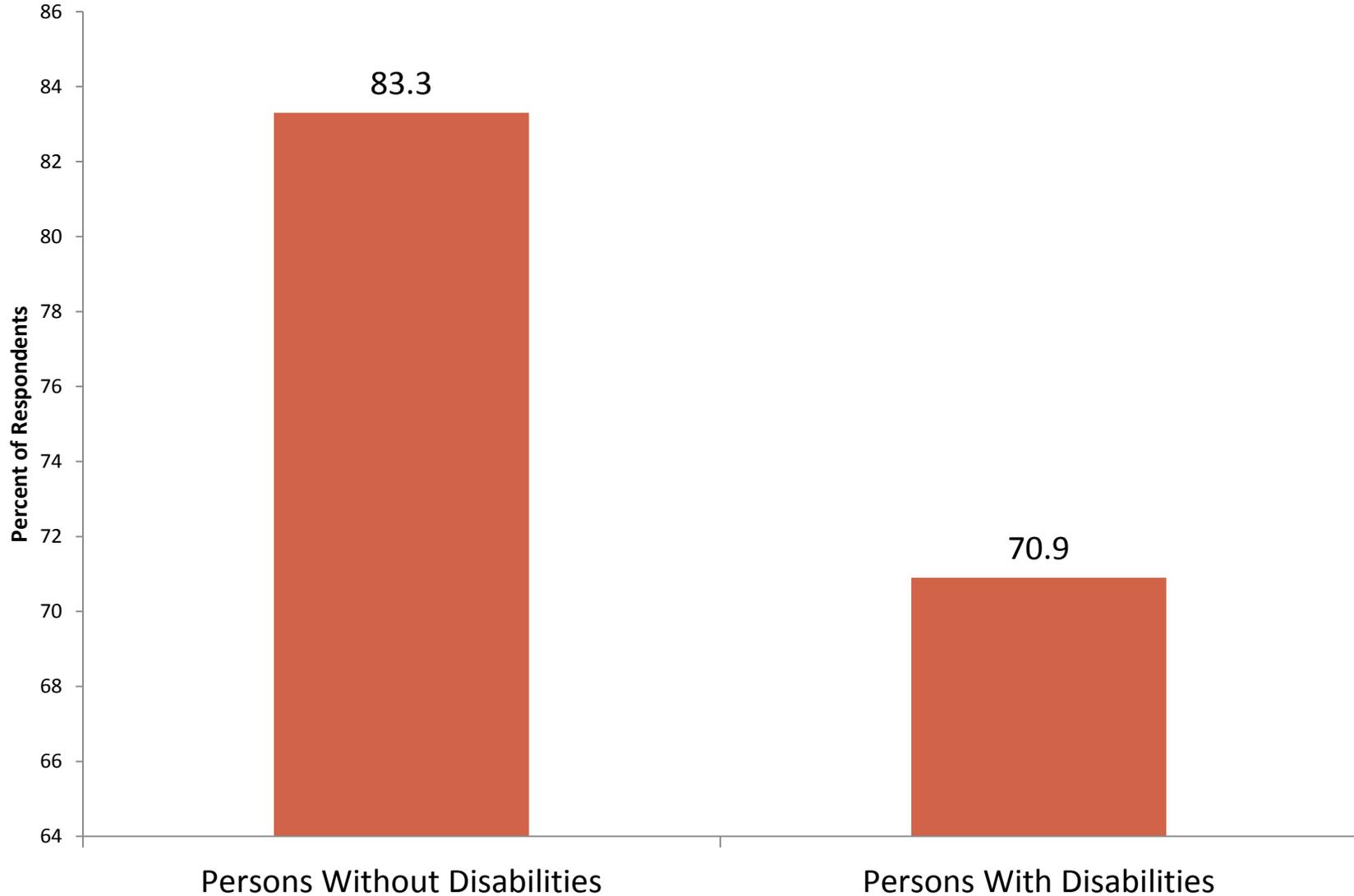
Physician Respectfulness

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



Clarity of Physician Explanations

Clarity of Physician Explanations by Disability Status in Florida, CAHPS 2013



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 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

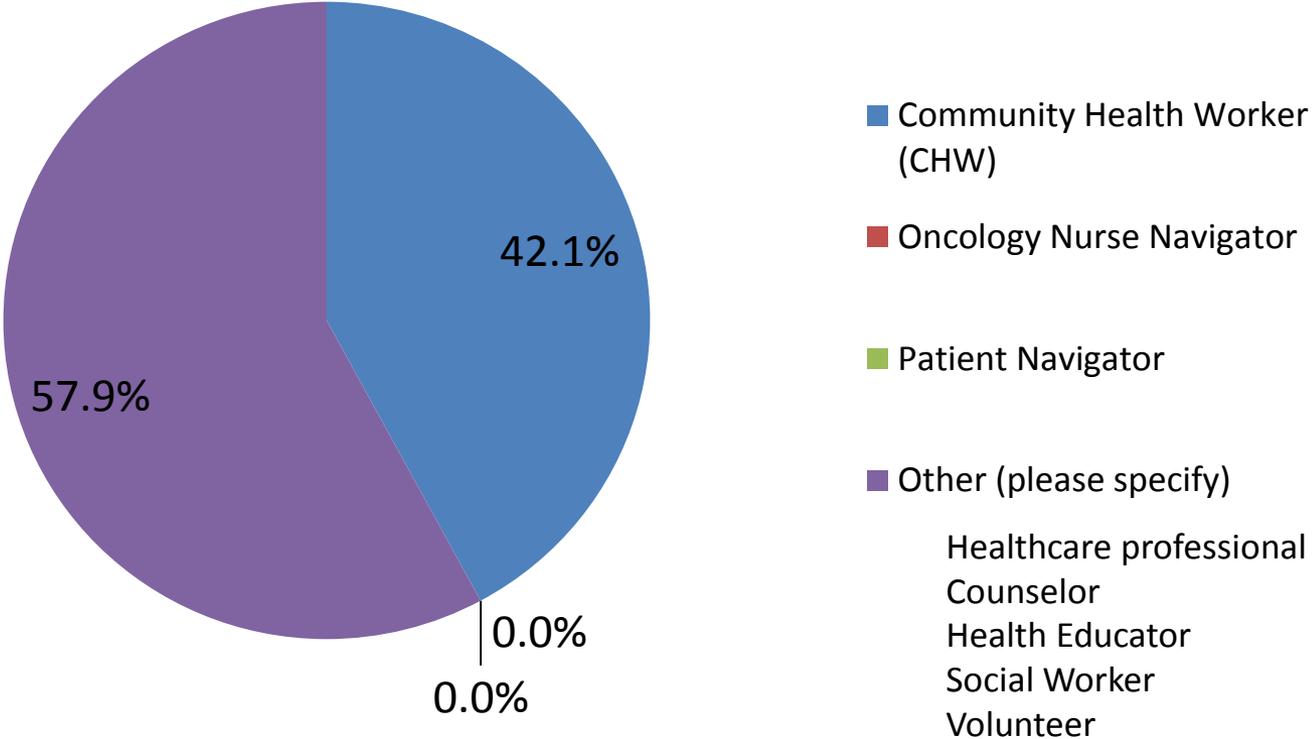
1. Create training program
2. Present training program
3. Assess reaction/response to training program
 - Cross-sectional survey study
 - Anonymous questionnaires were administered to course participants (n=32)
 - Survey responses were scaled options from 1-5
 - Survey responses were received as de-identified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

RESULTS

Survey Responses

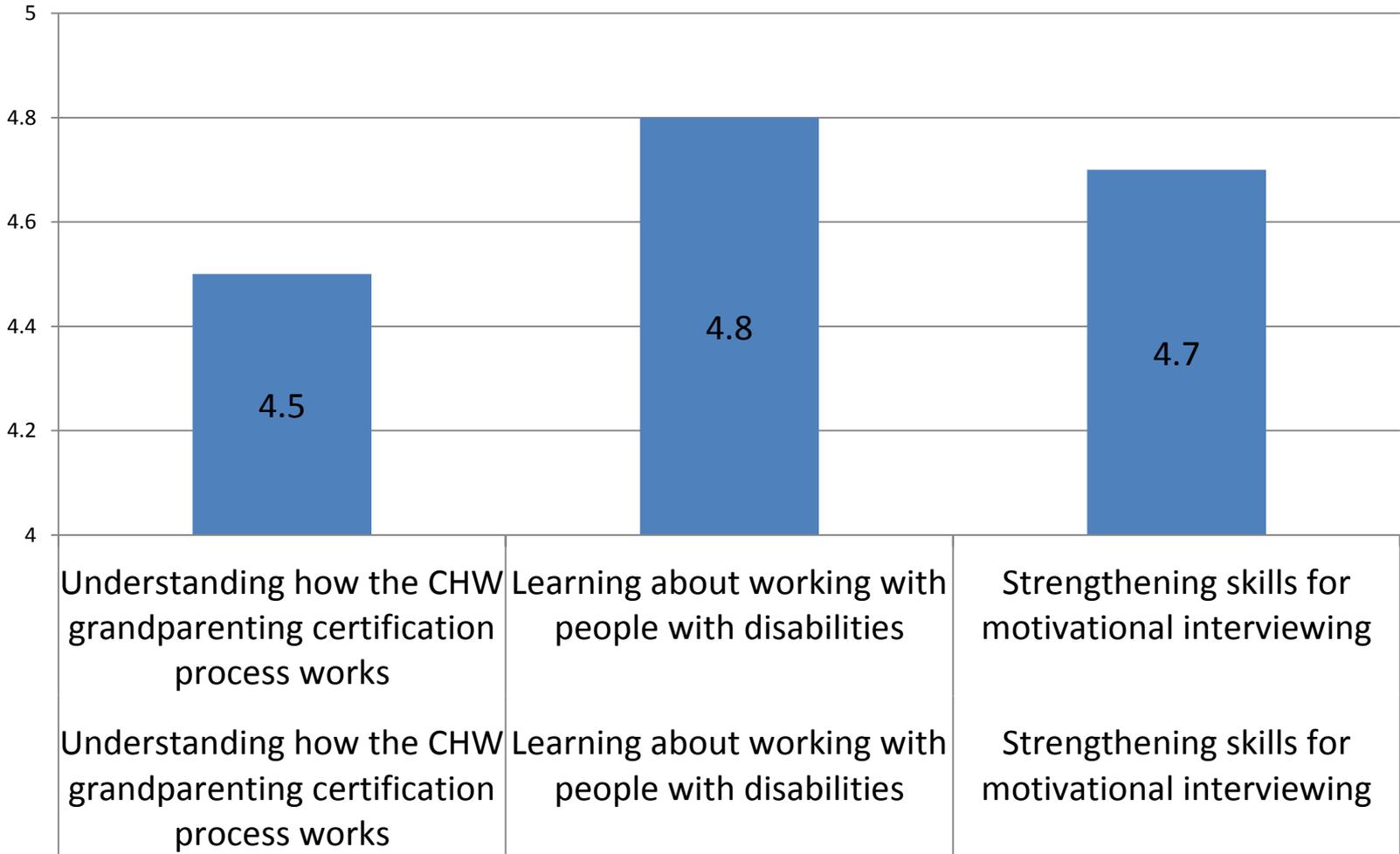
Please select the sector which you represent:

- 37 partial surveys
- 19 full response sets

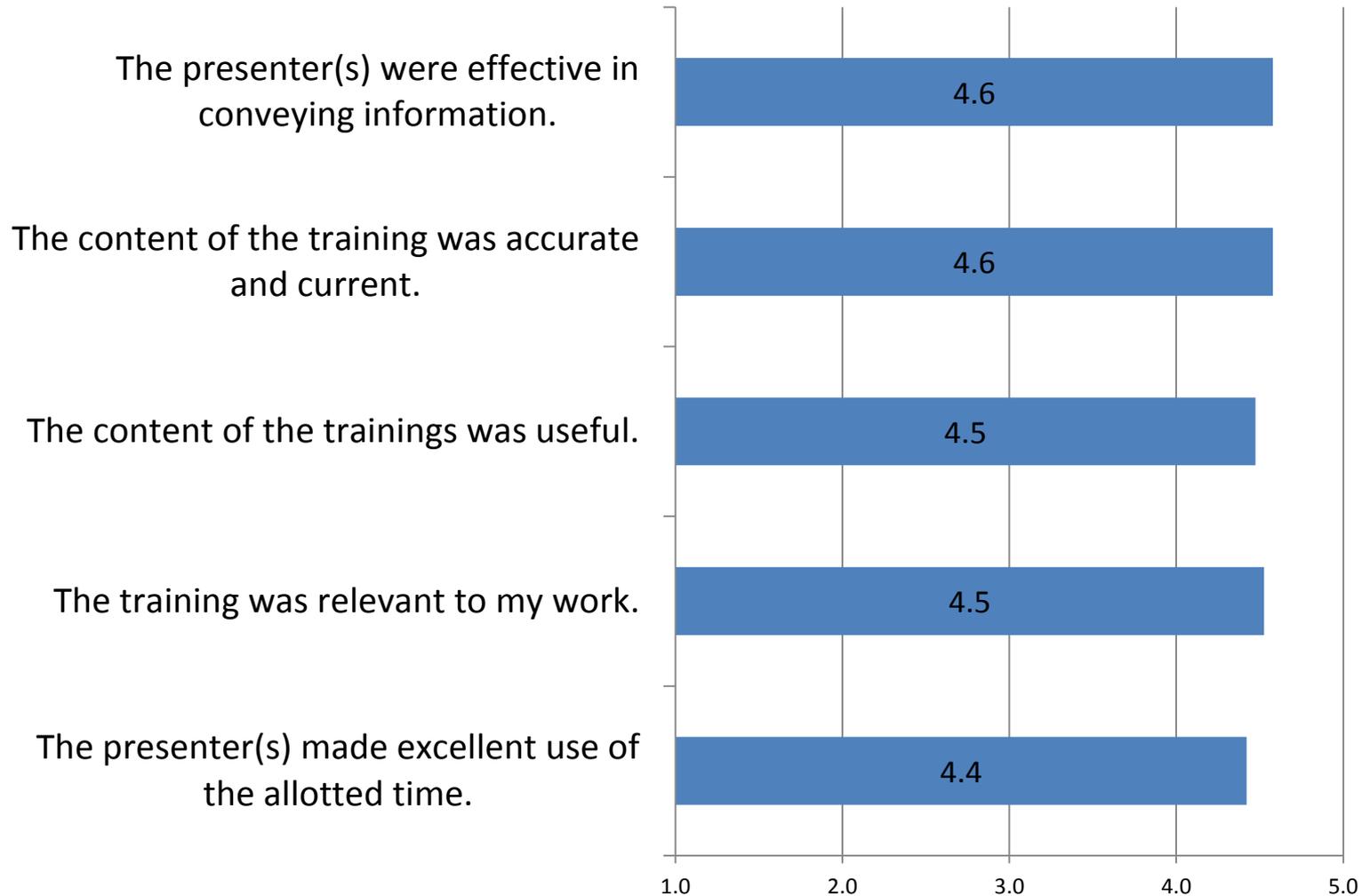


Conference led by Florida Department of Health in Duval County and the Northeast Florida Health Planning Council

Please rate your level of agreement with the following statement: The presenter thoroughly covered the topic they were addressing



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

**nothing
about us**

**WITHOUT
US** 

#2055 SyracuseCulturalWorkers.com

Questions?



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