



# ASSESSING CULTURAL, LINGUISTIC, & DISABILITY COMPETENCY OF A DISABILITY ORGANIZATION

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## Background

- ❖ Cultural, linguistic, and disability competencies involve healthcare organizations and providers having the ability to understand and accommodate the cultural, linguistic, and disability-related needs and values of the individuals with disabilities that they serve.
  - These competencies can:
    - Improve communication between patients and clinicians.
    - Increase trust among patients.
    - Increase the quality of provided care and outcomes.
- ❖ The objectives of this project are:
  1. Assess strengths and areas for growth in WIHD’s cultural, linguistic, and disability competencies.
  2. Utilize this information to reduce health disparities and promote health equity for individuals with developmental disabilities and their families.

## Methods

- ❖ Two focus groups were conducted simultaneously in-person and on Zoom with:
  - Clinical Program Staff [CP] (n=12)
    - Provides patients with clinical services
  - Community Based Program Staff [CBP] (n=6)
    - Provides support, training, technical assistance and professional development to families, school districts, preschool programs, and other community partners.
- ❖ Interview questions focused on identifying the cultural, linguistic, and disability competencies within departments of a disability/health organization.

## Results

### Demographic Profile

	National	New York	Westchester County	WIHD Staff	Clinical Program Clients
Male	49.5%	48.9%	48.8%	11.1%	61%
Female	50.5%	51.1%	51.2%	88.9%	39%
Disability	8.7%	7.6%	5.8%	0.9%**	—
Age <18	22.2%	20.7%	21.4%	Median Age = 48	7.8%
Age 18+	77.8%	79.3%	78.6%		92.2%
White	75.8%	69.1%	72.9%	65.1%	30.1%
Black or African American	13.6%	17.6%	16.7%	12.8%	14.3%*
Asian	6.1%	9.3%	6.6%	15.8%	1%*
Hispanic	18.9%	19.5%	25.9%	15.8%	1%*
Language other than English	21.7%	30.5%	33.9%	10 Spoken	3.6%*

\* Clinical Program (CP) Clients:

❖ 46.5% no answer re: race

❖ 42.2% no answer re: other languages spoken

\*\* 20.4% of WIHD Staff have a family member with a disability.

### Cultural Competency Themes

CP: WIHD has a variety of different providers who address different needs.

**CBP: State-level partnership with Special Education for technical assistance of parent trainings.**

CP: WIHD is very similar to private practice. The only difference really is the special needs piece.

**CBP: Trainings for families need to be more culturally responsive.**

### Linguistic Competency Themes

CP: Team uses a positive body language to break down barriers.

**CBP: Understand importance of shared experiences, effective communication, translated materials, and reviewing trainings to decrease language barriers.**

CP: WIHD has an English-only website.

**CBP: Recognize inability to offer training and support to certain communities because grant funding does not address linguistic competence.**

### Disability Competency Themes

CP: Providers help ensure all patients with disabilities receive the care they need to maintain optimal health.

**CBP: Offer remote training with community partners to reach distant counties.**

CP: Need to improve outreach to rural districts.

**CBP: Need awareness of patients’ psychological and emotional needs, may involve extra time to explain procedures to all involved in treatment process.**

**KEY:**  
Blue (Left) = Strength  
Green (Right) = Growth Area

## Respondents’ Quotes

### Cultural

- ❖ **CP** - “There’s people of all religions and races.”
- ❖ **CBP** - “You need to have...the cultural competency to [understand] what their family structure looks like.”

### Linguistic

- ❖ **CP** - “We do have our [communication] board now, which we’re trying to remember to use more frequently.”
- ❖ **CBP** - “For us the biggest challenge has been the linguistic...We work under a NY State grant, and it doesn’t prioritize the linguistic piece of it.”

### Disability

- ❖ **CP** - “[We have] a lot of patients who are in wheelchairs and we do try to get them into our chair, which is sometimes challenging.”
- ❖ **CBP** - “Our services are not referred to, or referred from, other WIHD resources under our own roof.”

## Conclusions

### Strengths

- ❖ Staff is linguistically and culturally diverse.
- ❖ Staff provide and receive relevant trainings and actively work to follow best practices.

### Growth Areas

- ❖ Increased outreach to distant/rural communities.
- ❖ Access to sufficient funding for interpretation and translation of paperwork, resources, websites, etc.
- ❖ Provide more culturally responsive trainings.

*Results will inform organizational strategic efforts in providing cultural-, linguistic-, and disability-competent services to promote equitable treatment and reduce health disparities for individuals with disabilities.*