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

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Leadership Education in Neurodevelopmental and related Disabilities (LEND) Program

Westchester Institute for Human Development, University Center for Excellence in Developmental Disabilities, and New York Medical College

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:
  - Assess strengths and areas for growth in WIHD's cultural, linguistic, and disability competencies.
  - 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)
  - Community Based Program Staff [CBP] (n=6)
  - Providers 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.

Demographic Profile

<table>
<thead>
<tr>
<th>National</th>
<th>New York</th>
<th>Westchester County</th>
<th>WIHD Staff</th>
<th>Clinical Program Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>49.5%</td>
<td>48.9%</td>
<td>48.8%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Female</td>
<td>50.5%</td>
<td>51.1%</td>
<td>51.2%</td>
<td>88.9%</td>
</tr>
<tr>
<td>Disability</td>
<td>8.7%</td>
<td>7.6%</td>
<td>5.8%</td>
<td>0.9%**</td>
</tr>
<tr>
<td>Age &lt;18</td>
<td>22.2%</td>
<td>20.7%</td>
<td>21.4%</td>
<td>Median Age = 48</td>
</tr>
<tr>
<td>Age 18+</td>
<td>77.8%</td>
<td>79.3%</td>
<td>78.6%</td>
<td>92.2%</td>
</tr>
<tr>
<td>White</td>
<td>75.8%</td>
<td>69.1%</td>
<td>72.9%</td>
<td>65.1%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>13.6%</td>
<td>17.6%</td>
<td>16.7%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>6.1%</td>
<td>9.3%</td>
<td>6.6%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>18.9%</td>
<td>19.5%</td>
<td>25.9%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Language other than English</td>
<td>21.7%</td>
<td>30.5%</td>
<td>33.9%</td>
<td>10 Spoken</td>
</tr>
</tbody>
</table>

* 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.

Linguistic Competency Themes

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

Disability Competency Themes

- CP: WIHD has an English-only website.

Respondents’ Quotes

Cultural

- CP: “There’s people of all religions and races.”
- CP: “You need to have… the cultural competency to [understand] what their family structure looks like.”
- CP: “We do have our [communication] board now, which we’re trying to remember to use more frequently.”
- CP: “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.”

Linguistic

- 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.”
- CP: “Our services are not referred to, or referred from, other WIHD resources under our own roof.”

Disability

- CP: “Our services are not referred to, or referred from, other WIHD resources under our own roof.”

Respondents’ Quotes

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.

Conclusions

- 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.