Making Long Term Care Work for Everybody
Cultural Competency in LTC in the U.S.

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Purpose of the Project:

Stimulate a conversation in Wisconsin about the experience of people of color and LGBT people in the long-term care system, and how we can all join our efforts to improve it.
Focus of the project

People with diverse identities served by the adult long-term care system

- This includes people of color, people from diverse ethnic groups, and people who identify as LGBT (lesbian, gay, bisexual, transgender)
- Groups served in the long-term care system include people with intellectual and developmental disabilities, people with physical disabilities, and older adults
Focus of the Project

• Explore existing inequities between the experience of white people and people of color within the long-term care system

• Explore existing inequities between straight, cis-gendered people and LGBT people within the long-term care system

• Provide examples of promising practices already being used in various states
Today’s Agenda

• Defining Culture, Defining Cultural Competence
• Disparities in Access
• Disparities in Quality of Care
• Promising Practices
Defining Culture & Cultural Competence

• Culture is a dynamic concept, the result of an interplay between multiple factors and identities within the individual, including age, sexual orientation, gender identity, race, ethnicity, language, socioeconomic status, region, and religion\(^1\)
  • Dynamic vs. categorical

• Cultural competence is a combination of sensitivity, attitudes, skills, and knowledge that allow an individual or system to establish and maintain productive relationships with members of a different ethnic group or culture\(^1\)
  • Historical use of term

\(^1\)Robinson & Rathbone, 1999
Findings: Inequality in Access to Long-Term Care Services

Several studies pointed to unequal access to long-term care services

- Underrepresentation of non-white individuals in different systems of support

Other studies found unequal access to healthcare services

- People with intellectual and developmental disabilities (IDD) from diverse racial and ethnic groups were less likely to receive preventive health care, dental services, and general practitioner services
- African American consumers, with and without disabilities, received fewer paid services than white consumers despite higher levels of age-related illness and impairment
Why is access unequal?

Family Factors:
- Diverse communities may face additional barriers including poverty, lack of insurance, and lack of transportation
- Difficulty navigating complex systems

System Factors:
- Lack of essential information about services and lack of effective outreach
- Lack of cultural sensitivity and responsiveness from agencies, providers, and staff
- Fewer services within diverse communities (this was especially true of American Indian communities)

Treatment of Diverse Families:
- Poor past experiences and concerns with formal services can be a significant barrier
Disparities in Quality of Care

How is quality of care measured?

◦ Levels of Public Funding for Supports and Services
  ◦ California study revealed that of adults with IDD served in the LTC system, African American recipients received an average of $2,120 less than white recipients annually
  ◦ Hispanic recipients received $4,480 less than white recipients

◦ Consumer Satisfaction
  ◦ Lower levels of satisfaction for non-white consumers, looking at both adults with disabilities and elders

◦ Outcomes
  ◦ Disparities in health
Factors Impacting Quality of Care

Culturally Unresponsive Care
- Providers often fail to meet the linguistic, cultural, and religious needs of LTC consumers
- Treatment of LGBT individuals in LTC systems

Other Factors
- Neighborhoods with limited services
- Consumer hesitance to question professional judgment
Promising Practice: Effective Outreach

Requires agencies to look critically at current outreach practices:

◦ Are current efforts sufficient (i.e. are they working)?
◦ Are outreach methods appropriate for specific communities?
◦ Does it use a community’s primary language?
◦ Other methods of customization (e.g. to be responsive & establish trust)
◦ Consider what sources of information are used by community members

Location of providers matters

Staff make-up of agencies is important

Welcoming intake process
Promising Practice: Staff Training

LGBT Sensitivity Training
- Seek to increase staff knowledge, challenge attitudes, and give staff concrete skills
- Provide support for LGBT individuals with IDD

Diversity Staff Trainings
- Several models have emerged, many of which have been empirically shown to increase knowledge and skills
- More effective if training is ongoing

Additional Benefits

Limitations
Promising Practice: Culturally Congruent Care

What is culturally congruent care?

A clear preference for care in the community

- Desire to hire family and friends
- Ambivalence toward bureaucracies

Non-traditional providers: community health workers

- Non-licensed members of the community who act as a bridge between the formal health care system and community members
- CHWs have been found to reduce healthcare costs, address health disparities, and improve access to quality healthcare
Promising Practice: Culturally Congruent Care (Continued)

Staff with Shared Cultural Backgrounds
- Racial, cultural, and linguistic matches between providers and consumers are associated with higher levels of consumer satisfaction
- Diverse staff beyond entry-level positions

Self-Directed Support
- Use of self-directed services may improve the cultural match between consumers and providers (MN based study)
Promising Practices: Responsive Policy

Mandated Cultural Competency Training
- Colorado Regional Care Collaborative Organizations (RCCOs)
- Oregon Coordinated Care Organizations (CCOs)
- Accreditation standards

LGBT Policy
- Enforcing existing state and local laws prohibiting discrimination on the basis of sexual orientation and gender identity
- Passing additional protections
- Currently, Area Agencies on Aging; federal, state, and local elder housing care programs; and other providers are not mandated to provide culturally competent services to LGBT consumers
Questions & Answers

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