



# Strategies for Developing Cultural and Linguistic Competency Across Systems

## Living Well Grant Background

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*This brief focuses on how grantees are utilizing cultural and linguistic competency strategies in their work with self-advocates and families, direct support professionals (DSPs), and state systems.*

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Grant variations in access to and quality of home and community-based services (HCBS) across the country can put the wellbeing of people with intellectual and developmental disabilities (I/DD) living in their communities at risk. To address these pressing needs, the Administration for Community Living (ACL) issued Living Well-Model Approaches for Enhancing the Quality, Effectiveness and Monitoring of HCBS for Individuals with I/DD (Living Well) grants, with two key goals:

- Increase community integration and independence of individuals with I/DD; and,
- Improve the quality of HCBS.

ACL administers Living Well grants through the Projects of National Significance program. ACL awarded eight five-year grants across two cohorts in 2017 and 2018 to identify, develop, and evaluate model approaches that address the two goals. Grantees are located in the following states: Alaska, Georgia, Idaho, Indiana, Missouri, New Hampshire, Virginia, and Wisconsin. ACL contracted with the Lewin Group, as a subcontractor to New Editions Consulting, to conduct a cross-site evaluation of the eight grants.<sup>1</sup>

Each Living Well grantee is designing and implementing a grant model within the unique context of their own state. This brief focuses on how grantees are utilizing cultural and linguistic competency strategies in their work with self-advocates and families, DSPs, and state systems. Throughout this brief, the recipients of Living Well grants and their respective project teams are referred to as “grantees.”

## Background: The Need for Cultural and Linguistic Competency

Living Well grantees are implementing models that work towards enhanced health and safety of individuals with I/DD and increased workforce capacity and stability, while incentivizing practices related to supported decision making, person-centered thinking, and other similar strategies.<sup>2</sup> Cultural competency is critical to reducing health disparities and improving access to health care that is respectful of and responsive to diverse needs, including to improve the

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<sup>1</sup> For more detailed information on the Living Well grant, grantees, and full evaluation findings, evaluation reports can be found here: <https://acl.gov/programs/program-evaluations-and-reports>

<sup>2</sup> Living Well-Model Approaches for Enhancing the Quality, Effectiveness and Monitoring of Home and Community Based Services for Individuals with Developmental Disabilities; HHS-2017-ACL-AOD-DNIQ-0221. <https://acl.gov/grants/living-well-model-approaches-enhancing-quality-effectiveness-and-monitoring-home-and-1>

health and well-being of individuals with I/DD. In 2013, the U.S. Department of Health and Human Services (HHS) released [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#), which states that its principal standard is “to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.” Application of this standard requires changes in values, policy structures, and practices and by responding effectively to the growing cultural and linguistic diversity among individuals living with I/DD and their families. This could mean, for example, collecting demographic data that could inform service delivery, producing durable products using plain language, or providing professional language interpretation services during learning events at no cost to participants.

## ■ ■ ■ Cultural and Linguistic Competency

Grantees are engaged in efforts to increase cultural accessibility in the DSP workforce, increase engagement of individuals with I/DD and their families, and implement strategies to build cultural competency into their service systems. This brief features examples from Living Well grantees using innovative practices to advance cultural and linguistic competency.

### *Individuals with I/DD and their Families*

#### Overview

Grantees emphasized their practices to increase the accessibility of materials and events for individuals with I/DD and their families. Highlighting a commitment to the use of plain language,<sup>3</sup> grantees worked with self-advocates to produce communication, including durable products, that are clear, straightforward, and use only words that are necessary. Some grantees additionally worked to ensure that these materials were made available in several languages.

#### Example 1: Virginia



The Virginia Living Well team commits to language accessibility in their communications, including through reporting research results to people with I/DD and families in Facebook Live events and to cultural agility in its direct support of people with I/DD and families. For example, a Living Well partner, the Virginia Board for People with Disabilities/Developmental Disabilities (DD) Council, consulted with Partnership for People with Disabilities staff to develop and publish plain language versions of their State Disability Services Trend Reports. One-to-one support was provided to 240 families (40% identified as culturally or linguistically diverse) and 65 DSPs through the Virginia Living Well family support capacity building project. Additionally, two Spanish language support groups met monthly and virtually based out of Virginia Beach and Richmond.

<sup>3</sup> The Plain Writing Act of 2010 defines plain language as: “writing that is clear, concise, well-organized, and follows other best practices appropriate to the subject or field and intended audience. More information can be found here: <https://www.plainlanguage.gov/about/definitions/>

## Example 2: Alaska



In alignment with the [Alaska Developmental Disabilities Shared Vision](#), which includes “supported families, professional staff and services available throughout the state now and into the future”, the Alaska Living Well team sought means to sustainably expand accessibility to its resources and events.<sup>4</sup> For example, to better advertise their advocacy events, the Alaska Living Well team developed plain language flyers for promoting Empower Hour (i.e., self-advocate meetings) events to go alongside messages shared via the email listserv and on social media. Additionally, the Alaska Living Well team recorded stakeholder meetings and incorporated graphically-oriented notes to expand the accessibility of meeting materials for individuals who learn best through visual representation. Graphic recording can easily be pulled into reports and other shared materials for distribution.

## Example 3: Wisconsin



The COVID-19 pandemic raised concerns surrounding the health, safety, and social connectedness of individuals with I/DD. The Wisconsin Living Well team created the [COVID-19 Toolkit](#) to provide guidance on COVID-19 and strategies for staying connected. The toolkit also includes a number of products targeted at increasing awareness of individuals’ rights and how to report abuse since the COVID-19 pandemic changed how many people with I/DD live and work. All resources are written in plain language and developed by self-advocates. The materials were then reviewed by People First Wisconsin, a statewide self-advocacy organization. The team developed four training sessions based on the toolkit, and the training was piloted by more than 150 individuals including self-advocates, provider agencies, and managed care organizations. The pilot included an evaluation component, which was used to compile detailed recommendations to improve the toolkit and prepare it to be expanded into a broader toolkit addressing ways to stay healthy, safe, and connected.

## Example 4: Idaho



The Idaho Living Well team hired a staff member focused on producing materials in plain language, Spanish-language, and which are 508-compliant (i.e., accessible to individuals using a screen-reader).

<sup>4</sup> The Shared Vision for Developmental Disabilities can be found on the Alaska Association on Developmental Disabilities website here: <http://www.aaddalaska.org/>

## Example 5: Wisconsin



Wisconsin Living Well has additionally developed [COVID-19 vaccine resources](#) in collaboration with the Wisconsin Department of Health Services. These resources were translated into Hmong, Spanish, and Somali, which they identified to be the three predominant languages after English in Wisconsin's underserved communities. These documents include resources to support individuals and their supporters on who could receive a vaccination, where they could access a vaccination, and answer questions about the safety of the vaccine.

### Intended Outcomes

The efforts to offer events and materials in plain language and expand service offerings in languages other than English effected by Living Well grantees showcase a commitment to engaging self-advocates and families in grant activities in an active and meaningful way. The accessibility of the language used in trainings, communications, and durable products support the goal of building knowledge and advocacy skills among individuals with I/DD and their families and allows for a means to receive meaningful feedback from these individuals in all aspects of grant work.

## ■ ■ ■ DSP Workforce

### Overview

Grantees can embed cultural and linguistic competency into their governance, leadership, and workforce by recruiting, promoting, and supporting a culturally and linguistically diverse workforce responsive to the population in the service area and providing education and training on policies and practices on an ongoing basis. One means to reduce the barriers to accessible training is to collect data on the workforce's first languages and provide professionally translated training materials.

## Example: New Hampshire



Early in their grant design, the New Hampshire Living Well team, in collaboration with the state DD agency, identified medication administration as an important factor for promoting health and safety among people with I/DD using HCBS. The original training was only provided in English and had not been updated in over a decade. This attention to medication administration came as the team learned that individuals that do not speak English as their first language are more likely to make medication errors that result in the revocation of medication administration privileges, resulting in DSPs and other support staff struggling to meet foundational requirements for their job and often being terminated from their positions. The team worked with a retired nurse to update the state's medication administration training, reduce the amount of technical and clinical language, and then translate it into Spanish and Nepalese, the two most spoken languages within the workforce following English.

When the COVID-19 pandemic prompted closures and physical distancing requirements, the state DD agency sought help converting the training to a virtual format. Within four days, the New Hampshire Living Well team responded to the request and produced the training virtually, including a series of videos created by self-advocates, a state developmental disability nurse, and home provider. The New Hampshire Living Well team intends to share the training with other states.

### Intended Outcomes

The goal of the new training is to facilitate community capacity building by improving the accessibility of required training materials. The New Hampshire Living Well team believes this effort will help attract and retain providers in the DSP workforce, which sees an increasing demand for labor.

## ■ ■ ■ Service Systems

### Overview

Two grantees, the Idaho and Indiana Living Well teams, have worked to build cultural and linguistic competency across their service systems by embedding these principles in their models.

### Example 1: Idaho



The Idaho Living Well team worked with [Community Now!](#) (CNOW!) to review, modify, and approve recommendations moved forward from each of the Idaho Living Well workgroups associated with their grant objectives.<sup>5</sup> This partnership expanded to include the Culturally Responsive Advisory Group (CRAG), which includes five parent advocates and five self-advocates with Latinx background. The CRAG engages meaningfully in grant activities to:

- Shape policy recommendations that are culturally and linguistically relevant to the Latinx population;
- Provide feedback on material introduced during CNOW! meetings, on the Quality Assurance workgroup's scope of work related to abuse and neglect reporting and monitoring, proposed research studies, and DSP competencies, including on what DSPs need to know to be more culturally competent;
- Join with the Quality Assurance subcommittees to provide feedback on trainings, and;
- Work with a new Spanish-speaking project coordinator hired by the Idaho Council on Developmental Disabilities (ICDD) in March on future recommendations.

### Example 2: Idaho



The Idaho Living Well team also contracted with Vivian Jackson from the National Center for Cultural Competence at Georgetown University to adapt a one-day cultural competency training into a five-part webinar series. The webinar series aims to create a greater understanding of cultural differences within the current service system. Participants included individuals from the ICDD, Idaho Center on Disabilities and Human Development, DisAbility Rights Idaho, Vocational Rehabilitation, State Independent Living Council, service provider agencies, self-advocates, and family member advocates. Attendees were asked to complete post-event surveys after each webinar, with satisfaction rates ranging from 95% to 100%.

<sup>5</sup> More information about Community Now! can be found here: <https://healthandwelfare.idaho.gov/services-programs/community-now>

### Example 3: Indiana



The Indiana Living Well team is engaged in a system-wide effort with stakeholders towards a common vision. They continued efforts to align their work in the [Community of Practice \(CoP\) for Cultural and Linguistic Competency in Developmental Disabilities](#) with the Charting the Life Course framework and the Living Well grant work to ensure adequate consideration of people's backgrounds and cultures. The premise of the CoP is that collaboration is required for integration, a culture shift requires partnerships across siloes that are communicative, and monitoring is vital to understand how efforts could impact other partners. To achieve this, they are integrating their Living Well grant with other state initiatives, such as their HCBS waiver redesign, supported decision making, Culture of Quality, and communities of practice for supporting families and cultural and linguistic competency. The Indiana Living Well team recognizes that cultural and linguistic competency is foundational to their vision that "all people are empowered to live, love, work, learn, plan, and pursue their dreams."

#### Intended Outcomes

The Idaho and Indiana Living Well teams both designed interventions meant to reach across their service systems. The Idaho Living Well team structured their grant operations around meaningful partnerships with self-advocates and their families, including by creating purposeful leadership positions in the CRAG for Latinx individuals with I/DD and their families. Because of their advisory capacity, the CRAG is able to influence grant activities across both core components. The Indiana Living Well team is engaging stakeholders towards a shared vision of system transformation.

#### Conclusion

Living Well grantees show a commitment to cultural and linguistic competency in many of their grant activities, including in their efforts to:

- Remove barriers to required trainings for DSPs and HCBS providers;
- Engage self-advocates and family members in grant activities through the use of plain language and professional translation services, and;
- Create leadership positions for self-advocates and family advocates, ensuring that the advisory groups are representative of the community at-large (including consideration by race, ethnicity, language, gender, sexuality, religion, education, and income level).

This attention to cultural and linguistic competency within the system of services, supports, and assistance recognizes the capacity of individuals, removes barriers, and thus maximizes the ability of providers, self-advocates, and family members to participate more effectively.