

Question & Answer (Q&A): Culturally Competent Direct Care: Meeting the LTSS Needs of Diverse Dually Eligible Beneficiaries

Webinar participants asked these questions during the July 2019 Culturally Competent Direct Care: Meeting the LTSS Needs of Diverse Dually Eligible Beneficiaries webinar. We have edited speakers' responses for clarity. The webinar recording, slides, and transcript can be found on the Resources for Integrated Care website:

https://resourcesforintegratedcare.com/CulturalCompetency/2019_CC_Webinar/Direct_Care_Workforce

Featured Webinar Speakers:

- MariaElena Del Valle, Organizational Change Consultant, PHI
- Andrew Adams, Chief of Staff, Homebridge
- Melanie Morehead, Specialized Training Coordinator, Homebridge

Hiring and Assigning Direct Care Workers

Q1: Andrew, when hiring direct care workers, do you look for anything specific to ensure you are hiring direct care workers who can effectively serve clients from diverse cultures, or who are open to learning more about how to best meet the needs of diverse clients?

Andrew Adams: One of the most important attributes we look for in a potential caregiver is a sense of compassion and curiosity about other people. We hire individuals from a variety of backgrounds, including those who have never been in the workforce, as well as people who have been direct care workers for 30 years. Regardless of background, we look for individuals who are empathetic and compassionate; these individuals are often very receptive to the cultural competency trainings we do during our new hire orientation.

Q2: Andrew, does Homebridge take any steps to “match” direct care workers and clients based on client needs and preferences?

Andrew Adams: When matching clients with direct care workers, we consider a variety of client needs and preferences, including a client’s primary language and dietary preferences. For example, we match clients with direct care workers who speak their same primary language. We also match clients with direct care workers who have prior experience with their dietary restrictions (e.g. keeping kosher or halal kitchens). Additionally, we respect and meet clients’ requests for a direct care worker of the same gender.

Q3: MariaElena, do you have any strategies to share with home care agencies looking to do this sort of matching between direct care workers and clients?

MariaElena Del Valle: For home care agencies looking to match direct care workers and clients, it is critical to cultivate strong working relationships with both parties, in order to learn more

about them and their preferences. Home care agencies have found it helpful to conduct “meet and greet” sessions with newly hired direct care workers in order to learn more about their caregiving style, clients they have enjoyed working with, and challenges they have experienced with past clients. Similarly, intake nurses and coordinators find it helpful to engage with clients and their families to learn more about their personal style, interests, and preferences. Gathering all the information you can about both the direct care worker and the client leads to the best chance of identifying an appropriate pairing.

Strategies for Meeting Diverse Needs and Preferences

Q4: What are strategies for direct care workers who want to help meet their clients’ preferences around holidays?

Andrew Adams: At Homebridge, we have developed a program called *Homebridge for the Holidays*. As a part of the program, we identify our some of our most isolated clients and give them a meaningful gift during the holidays. We know clients have different cultural practices surrounding holidays like Hanukkah, Kwanzaa, or Christmas, or may not celebrate holidays at all. Bearing this in mind, it is important to train direct care workers on the importance of identifying clients’ practices around celebrating holidays, and the appropriate holiday greeting to use when we give out our annual gifts. For clients who may not celebrate a holiday during this time, we still like to provide them with a gift, to let them know we are thinking about them.

MariaElena Del Valle: From an organizational perspective, activities to help cultivate awareness can be helpful in educating direct care workers about needs and preferences related to holidays. For example, creating a holiday calendar with information on each holiday and suggested greetings, and placing copies in communal locations (e.g., main lobby, elevator, dining areas), or providing electronic or printed copies for home- and community-based direct care workers, can help to provide a visual cue for in-the-moment education.

Q5: Melanie, do you have an example of a way you have understood or been able to respect your clients’ preferences around holidays?

Melanie Morehead: I have had a few clients who were Jehovah’s Witnesses, and thus did not celebrate holidays or birthdays. Through conversations and literature I saw in their homes, I understood more about their needs and preference related to their religion, and was able to be cognizant of this during our interactions around holidays.

Q6: MariaElena, you shared some examples of paying attention to clients’ non-verbal cues, and the importance of non-verbal communication. What are some strategies you might suggest for training direct care workers on non-verbal cues?

MariaElena Del Valle: PHI’s training session on non-verbal cues in communication features a role play activity on active listening. During the role play, we will have PHI facilitators in both a speaking role and a listening role. The person in the listening role will first demonstrate poor listening (e.g., lack of eye contact, looking pre-occupied), and then will demonstrate active

listening (e.g., making eye contact, paraphrasing to ensure understanding, using facial expressions and gestures to match what the speaker is saying, using open-ended questions) in a second demonstration. When the trainees see the difference between the two demonstrations, they realize that their clients may have previously perceived them as not listening due to their non-verbal cues. This often prompts them to change their communication style, so that their clients know they care and are listening, while allowing direct care workers to pick up on important information they may have otherwise missed.

Q7: Melanie, do you have any recommendations for other direct care workers on reading clients' non-verbal cues?

Melanie Morehead: When working with clients who may not be comfortable with a lot of verbal communication, I use questions that empower them to communicate their preferences and needs. For example, I will ask “May I go work in this room?” or “Can I work on this particular task?” or “Do you need something to drink?” to make sure I am understanding what my client needs.

Additionally, we note clients' cultural needs and preferences in their care plan, so we are sure to acknowledge and respect these considerations when we enter clients' homes. The ability to pair this prior knowledge with any visual and non-verbal cues we notice is important to meeting clients' needs and preferences. For example, many Asian and Pacific Islander clients prefer people remove shoes before entering their home. Visual cues, like shoes at the front door, are important reminders for direct care workers.

[Training Direct Care Workers in Cultural Competence](#)

Q8: Melanie, earlier you spoke about the training you received, and the importance of professional boundaries. Can you share about other key lessons learned during your training?

Melanie Morehead: Overall, I learned that being respectful and having patience is key. Additionally, I learned that asking open-ended questions, and reflecting back on what a client has said, helps me make sure I have a clear understanding of what my clients want and need.

Q9: MariaElena, you shared an example of a direct care worker, Carmen, learning that a comment she made about her client's hair was offensive, and how she took action to be responsive and more culturally competent. Can you share more about how Carmen learned to be more culturally competent?

MariaElena Del Valle: I think this example helps to show that direct care workers can become more culturally competent by understanding that intent does not always shape impact. After the client filed the grievance related to this incident, the grievance department facilitated a meeting between the client and Carmen to gather more information. This meeting provided an opportunity for Carmen to understand the negative impact of her comment, even though she did not intend to offend her client. This understanding helped her pay more attention to the

impact her words may have in future interactions with this client, and others. Moving from awareness to action helped Carmen start to rebuild the relationship with her client, and the client expressed gratitude for Carmen's ability to learn from the experience.

Supporting Diverse Direct Care Workers

Q10: Andrew, how do you support Homebridge direct care workers who may be experiencing discrimination or racism from their clients?

Andrew Adams: Unfortunately, we have had to address this issue in the past. In order to provide support to our direct care workers in these situations, we train them on a variety of ways to respond to this sort of mistreatment. As Melanie mentioned, we train our direct care workers on the importance of professional boundaries. In instances of clients making discriminatory or racist remarks, we train direct care workers to try and gauge whether their client is fully cognizant of what they are saying. In these situations, we ask direct care workers to work compassionately with the client to help them learn why their comments were hurtful and demeaning.

However, there are situations in which this response is not appropriate, so we also train our direct care workers to feel empowered to leave a situation if they feel unsafe, and to contact their supervisor. If this occurs, their supervisor will meet with the client to discuss the issue in more detail. In some circumstances, this communication may help to rectify the relationship between the caregiver and the client. In others, supervisors may determine that it is unsafe for a caregiver to return to that client's home, and we need to notify the City and County of San Francisco (our funder) that we can no longer provide services for that person.