

Training Culturally Competent Direct Care Workers: Key Considerations for Long-Term Services and Supports Providers

Direct care workers provide very personal long-term services and supports (LTSS) in a range of settings, often among their clients' family and friends. Cultural competence – the ability to work effectively in cross-cultural situations – therefore is a key part of establishing trust and respect between direct care workers and their clients. Direct care workers trained in culturally competent approaches are better able to deliver person-centered care to individuals from different cultural and linguistic backgrounds, including different races or ethnicities, religions, sexual orientations, or genders. The growing racial and ethnic diversity of the population using LTSSⁱ underscores the urgent need for developing a culturally competent LTSS workforce.

Developing a culturally competent LTSS workforce is particularly important for providers serving individuals dually eligible for Medicare and Medicaid, nearly half of whom need LTSS.ⁱⁱ This brief focuses on strategies for training direct care workers in cultural competence; additional briefs in this series focus on organizational cultural competence and recruiting and retaining a diverse direct care workforce.

Key Considerations

- **Establish or build on existing organization policies and practices.** An organization can support direct care workers provide culturally competent care by:
 - **Emphasizing inclusion.** Set aside time during orientation and routine meetings to review policies that support diversity. Reinforce culturally competent practices by discussing inclusion of all clients regardless of race, ethnicity, sexual orientation, gender identity, religion, or disability.ⁱⁱⁱ
 - **Publicizing commitment.** Post reminders of your organization's commitment to diversity and intolerance of discrimination on your website, in brochures and other public materials, and in the office or reception area.^{iv}

How Culture Impacts Delivery of LTSS

LTSS encompass a range of services to assist individuals with activities of daily living, such as bathing, dressing, and eating. Because these are such intimate services, effective delivery of LTSS requires awareness of the many ways culture impacts clients' needs and preferences, such as:

- Perceptions of, and ways of approaching, health, illness, and death;
- Norms and boundaries related to privacy, physical contact, personal space, age, gender, and relationships;
- Food choices, dietary practices, and traditional foods;
- Decisions regarding end-of-life issues and spiritual beliefs, rituals, and customs;
- Concepts of time and time-keeping practices;
- Caregiving and decision making roles for family and friends; and
- Communication styles and norms (e.g., making eye contact, asking direct questions).

Source: Sue Cragg Consulting and the CLRI Program (2017). *Supporting Cultural Diversity in Long-Term Care Needs Assessment and Work Plan for 2017-18*. Retrieved from https://the-ria.ca/wp-content/uploads/2018/10/Supporting-Cultural-Diversity-Report-final_full_March-30-2017_update_A.pdf.

- **Leading by example.** Supervisors can play a role in bringing policies related to inclusion and diversity to life by providing supportive supervision and helpful feedback to workers.
- **Focus education and training on the cultural elements most important to providing supports and services.** Core cultural elements for training direct care workers include:
 - **Awareness of one’s own cultural identity.** Direct care workers who understand their own cultural identity can better recognize their clients’ distinct cultural identities.
 - **Different communication preferences.** Verbal and nonverbal communication styles reflect cultural differences, so recognizing and respecting differences in communication styles is a key aspect of culturally competent care. In addition, direct care workers may not speak their clients’ and family members’ languages. To train direct care workers in effective communication, you may emphasize:
 - Strategies for working effectively with individuals and families who speak other languages. This can include training on how to work with professional translators, as needed.
 - Skills for effective communication, such as active listening, self-management, asking open-ended questions, and verbal versus nonverbal communication.
 - Understanding and identifying different communication styles and preferences across multiple dimensions, such as:
 - **Physical proximity.** Individuals differ in perceptions of personal space. Some may wish to remain at a farther distance from formal caregivers when hands-on care is not being delivered, such as during conversations.
 - **Touch.** Individuals may interpret body movements and touch differently.
 - **Formality.** Direct care workers can demonstrate respect by greeting clients first using formal titles (such as Mr. or Mrs.) or asking the individual how they prefer to be addressed.
 - **Variations in family involvement in care.** Clients may have specific preferences regarding family participation in their care. Some cultures commonly have a large number of family members participate in caregiving. LGBT older adults are less likely to have children^v to serve as caregivers, and may have experienced discrimination within their families, and so may prefer to have their close friends participating in their care instead.
- **Use adult learner-centered methods of training.** Adult learner-centered training methods emphasize experiential learning and skills development through interactive methods, such as case scenarios and role play.^{vi} Such approaches to training focus on meeting the learning needs of direct care workers. To provide learner-centered methods of training, you may consider:
 - **Assessing your direct care workers’ language and literacy needs.** At least two-thirds of the direct care workforce need help with both print literacy and health literacy skills.^{vii} Translating training materials for direct care workers whose primary languages are not English may also support your training efforts.^{viii}
 - **Offering both initial and ongoing training to promote culturally competent practices.** Initial training can support the foundations of cultural competence, while ongoing training is important to build on and reinforce best practices in culturally competent care.

- **Exploring various training modalities.** These can include in-person trainings, online learning formats (e-Learning), or hybrid approaches, depending on your direct care workers' availability and preferences.
 - **Providing additional supports.** To participate in training, direct care workers may need support such as transportation, compensation, or paid time off.
 - **Assessing your direct care workers' knowledge and skills.**^{ix} You can assess competencies through written tests, skills demonstrations, and instructor observation during in-class activities.
- **Identify training programs for direct care workers that work best for the settings and communities in which your organization works.** You may wish to consider the following:
- **Offering multiple training programs.** Education programs can enhance knowledge and skills for working with individuals from diverse cultures.^x Organizations may wish to select multiple trainings from various agencies to secure appropriate expertise, such as specific trainings for particular Asian American cultures or LGBT cultural competence.
 - **Focusing training on your client population's needs.** Training programs may emphasize the most common cultures and languages within the population your organization serves, with the understanding that LGBT cultural competence training applies to all populations.

Additional Resources

These resources provide additional information about training a culturally competent direct care workforce.

[Adult Learner-Centered Training: An Introduction for Educators in Home and Residential Care:](#) This guide from PHI describes strategies for training direct care workers that emphasize interactive learning approaches, including role plays, case scenarios, and small group work.

[Providing Culturally Competent Care: Meeting the LTSS Needs of Dually Eligible Beneficiaries:](#) This Resources for Integrated Care Webinar describes effective approaches for providing culturally competent LTSS to dually eligible beneficiaries and training the LTSS workforce in strategies to achieve cultural competence.

[PHI:](#) PHI works with LTSS providers to deliver training for direct care workers that emphasizes cultural competence; cultural competency is also a central element of the PHI Coaching Approach to Communication curriculum, which builds essential communication and problem-solving skills among all levels of LTSS staff. PHI also offers specialty training in cultural competency to further direct care workers' ability to provide high-quality, individualized care. Contact PHI for more information.

[SAGECare:](#) SAGE offers training for LTSS providers in creating programs that address LGBT cultural competence. Contact SAGE for more information.

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This brief is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to <https://www.resourcesforintegratedcare.com/>

ⁱ Reaves, E.L. & Musumeci, M. (2015). *Medicaid and Long-Term Services and Supports: A Primer*. Kaiser Family Foundation. Retrieved from <https://www.kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/>

ⁱⁱ The Medicare Payment Advisory Committee (MedPAC) and the Medicaid and CHIP Payment and Access Commission (MACPAC) (January 2018). *Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid*. Retrieved from https://www.macpac.gov/wp-content/uploads/2017/01/Jan18_MedPAC_MACPAC_DualsDataBook.pdf

ⁱⁱⁱ National Resource Center on LGBT Aging (2012). *Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies*. Retrieved from https://www.lgbtagingcenter.org/resources/pdfs/NRC_guidebook.pdf.

^{iv} Ibid.

^v Resources for Integrated Care (2018). *Providing Culturally Competent Care: Meeting the LTSS Needs of Dually Eligible Beneficiaries*. Retrieved from https://resourcesforintegratedcare.com/CulturalCompetency/2018_CC_Webinar/LTSS

^{vi} PHI National (2018). *Growing a Strong Direct Care Workforce*.

^{vii} Davis, B.H. & Smith, M.K. (2012). Developing Culturally Diverse Direct Caregivers for Care Work with Older Adults: Challenges and Potential Strategies. *Journal of Continuing Education in Nursing*, 44(1), 22-30.

^{viii} Sokol, W., (2007). Embracing an Immigrant Workforce: The SOREO Perspective. *Impact: Feature Issue of Direct Support Workforce Development*, 20(2). Retrieved from <https://ici.umn.edu/products/impact/202/prof6.html>

^{ix} Stone, R. & Harahan, M. (2010). Improving the Long-Term Care Workforce Serving Older Adults. *Health Affairs*, 29(1). Retrieved from <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2009.0554>

^x National Resource Center on LGBT Aging (2012).