Strategy Brief:

Ombudsman Program Responses to Diversity

Report on National Dialogue Forum #3

Prepared by the National Association of State Units on Aging

National Long-Term Care
Ombudsman Resource Center

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About the Author

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The National Association of State Units on Aging (NASUA) is a private, nonprofit organization whose membership is comprised of the 56 state and territorial offices on aging.

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Foreword

The National Association of State Units on Aging (NASUA), as part of its work in support of the National Long-Term Care Ombudsman Resource Center (NORC), is convening a series of national dialogue forums on issues of importance to long-term care ombudsman programs and state units on aging (SUAs). The National Dialogue Forums provide a venue for state aging directors and state long-term care ombudsmen (SLTCOs) to discuss challenging issues and identify promising practices to more effectively serve long-term care consumers.

NASUA has developed a process for convening the National Dialogue Forums consisting of the steps described below.

Step 1. Convene the Advisory Committee to identify topic areas on which the forums will focus in the coming year. The Advisory Committee consists of equal representation of SUAs and SLTCOs (the membership of the Advisory Committee is listed in Appendix A). At the Advisory Committee's first teleconference in September 2003, three topic areas were identified:

- Ombudsman program connections to home and community based services.
- Ombudsman program involvement in nursing home transition efforts.
- Reaching and serving diverse populations.

Step 2. Convene an Issue Identification Panel (IIP) focused on each topic. The IIP will help identify the primary questions for discussion during the National Dialogue Forums. Each IIP consists of approximately 10 representatives of SUAs, state ombudsman program and other areas germane to the topic (e.g., Adult Protective Services, Centers for Medicare and Medicaid Services, Independent Living Centers, home and community based services, etc.).

Step 3. Identify promising practices. Promising practices and information on strategies ombudsman programs use to address the dialogue topic will be solicited from SLTCOs via email prior to each dialogue forum. Additional promising practices will be identified during the dialogue forum.

Step 4. Invite all SUAs and SLTCOs to participate in the National Dialogue Forums.

Step 5. Convene the National Dialogue Forum, consisting of a series of teleconferences on each dialogue topic.

Step 6. Develop a strategy brief. Strategy briefs provide highlights of the ideas, challenges and promising practices presented during the dialogue forums and obtained via email from state ombudsman programs. A strategy brief for each dialogue topic will be prepared and disseminated to all SUAs and SLTCOs.

Strategy Brief:

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Introduction

This strategy brief presents promising practices and strategies used by ombudsman programs to respond to issues of diversity and the emerging diverse resident populations that they increasingly encounter. The practices and strategies identified through the National Dialogue Forum process, described below, address the following issues:

- Ombudsman programs' efforts to reach out to diverse resident populations.
- Recruitment and training of ombudsman staff to understand diversity and effectively respond to residents in a culturally sensitive manner.
- Efforts to work with community organizations and groups that serve special populations in order to improve the cultural competency of ombudsman programs.

The information presented here is based on promising practices identified by state ombudsmen in response to an email solicitation sent to all programs in July 2004 and information provided during the National Dialogue Forum. The National Dialogue Forum consisted of two teleconferences held on August 24 and 26, 2004.

In preparation for the National Dialogue Forum, an Issue Identification Panel (IIP) was convened on July 15, 2004. The IIP, comprised of state ombudsmen, state aging directors, and representatives from the Administration on Aging (AoA) and the National Ombudsman Resource Center helped develop a set of questions for discussion during the Forum on *ombudsman program responses to diversity*. (See Appendix B for the list of IIP members.)

The questions listed below were emailed to all state aging directors and state ombudsmen prior to the calls, and were used to guide the discussion during the teleconferences.

The National Dialogue Forum addressed the following questions:

What special efforts are you engaged in to reach diverse population groups served by the ombudsman program? Are these efforts broad-based, encompassing cultural issues beyond traditional ethnic and racial diversity? How are you defining diversity?

What challenges has the ombudsman program encountered in effectively communicating with and serving culturally diverse residents in long-term care facilities and their families?

What organizations, key leaders, educational institutions, etc., are you working with to enhance the cultural and linguistic competency of the ombudsman program to effectively serve diverse populations?

A total of 29 individuals from 16 states participated in the National Dialogue Forum, including:

- 3 representatives from state units on aging.
- 25 state ombudsman program representatives.
- The Director of the National Ombudsman Resource Center.

Representatives from both the state unit on aging (SUA) and the ombudsman program in two states (Colorado and Illinois) participated in the Forum. National Dialogue Forum participants are listed in Appendix C.

Introduction to Diversity

Bernice Hutchinson, NASUA staff and expert in issues of diversity and cultural competence, began both calls with a brief presentation on the emerging populations that states have identified and new ways of looking at and approaching the dynamic nature of diversity. Ms. Hutchinson challenged dialogue participants to expand their focus beyond racial, cultural and ethnic diversity to also examine gender issues, physical and mental disability issues, sexual orientation, spiritual practice and other human differences in order to advance their understanding of diversity.

> A fundamental truth about diversity is that it is inclusive of everyone. When we talk about diversity we are really talking about the differences in all of us.
>
> Bernice Hutchinson
> NASUA

Ms. Hutchinson described three ways in which diversity impacts the work of the ombudsman program.

(1) Cultural competence means promoting harmony and balance between individual residents representing diverse cultures and the long-term care

facility. The facility is the resident's home and community, so not only should physical needs be addressed but the resident's life in that community needs to be acknowledged and celebrated. In this way, diversity becomes a quality of life issue. The ombudsman program can employ two types of advocacy strategies to promote quality of life --- *reactive* and *proactive*. Reactive strategies are those perhaps most familiar to the ombudsman program: investigation and resolution of a problem or conflict that has arisen with regard to a resident's care or rights. These situations should compel the ombudsman to examine what role, if any, diversity played in the conflict or problem. Proactive strategies are opportunities to help facilities look more closely at how they embrace diversity through areas such as diet, communication, socialization, religious worship and care of each individual that resides there.

(2) The second way that diversity impacts the ombudsman program's work is in the area of communication. America blends many cultures so the ombudsman must be aware of, and sensitive to, the norms and belief systems of different cultures in order to enhance communication, provide relevant information and services and appropriately intervene in problem situations. Accepting diversity and valuing difference becomes the springboard for more effective communication.

(3) Diversity also challenges the ombudsman program to provide relevant advocacy. The ombudsman must not just communicate with a diverse population of residents, but be able to offer appropriate and culturally competent interventions to resolve issues in a way that responds to the uniqueness of each individual.

Ombudsmen should be aware of two main diversity trends. First, *states view diversity as dynamic and evolutionary*, so they are casting a very wide net in terms of how diversity is defined. A NASUA survey of states conducted in the fall of 2001 identified the following new older adult population groups as emerging:

- ✓ older battered women
- ✓ non-English speaking persons
- ✓ older caregivers of adults and children
- ✓ people with physical disabilities
- ✓ people with mental disabilities
- ✓ older adult prisoners
- ✓ older adults with HIV/AIDS
- ✓ new immigrants (Russian, Eastern European)
- ✓ foreign visitors and alien workers
- ✓ gay and lesbian older adults
- ✓ older adults with widely divergent incomes within communities.

Diversity issues can be complex, so they often overlap. It is important to keep in mind that some issues of diversity cut across cultures and population groups.

A second diversity trend is that the face of the most vulnerable is constantly changing. States recognize that there is a need for *continual examination of emerging populations* that need to be targeted for services and assistance within limited resources. This means that resources may need to be refocused as new populations of residents emerge.

Promising Practices and Discussion Highlights

This strategy brief is divided into three sections that correspond to the questions asked during the National Dialogue Forum conference calls. Section I reports on ombudsman program ***efforts to serve diverse resident populations***; Section II describes some of the special ***challenges*** encountered by ombudsman programs trying to serve diverse resident populations; and Section III reports highlights of the dialogue related to ombudsman program ***coordination with other organizations*** to more effectively serve diverse resident populations.

I. Efforts to serve diverse resident populations

Key discussion points:

- Nursing home resident populations are becoming more ethnically and culturally diverse.
- The majority of outreach to diverse populations has focused on improving communications with non-English speaking residents.
- Cultural diversity training for ombudsman staff and volunteers is critical to serving residents in a way that respects their identity and heritage.

The demographics of the nursing home population have undergone significant changes in the past decade. Changes in the ethnic and cultural composition of our society are reflected in the increasingly diverse populations in nursing homes. No longer is there a "typical" nursing home resident. **Ombudsmen and SUA staff identified the following populations that are emerging in nursing homes and adult care facilities**:

- non-English speaking persons
- Hispanic, Asian, Eastern European immigrants
- younger persons with brain injuries
- substance abusers and persons with chemical dependencies
- persons who are deaf or have hearing loss
- convicted sex offenders and criminals
- gay, lesbian, bi-sexual and trans-gender persons (GLBT)
- persons with mental retardation and developmental disabilities (MR/DD)
- persons with mental illness (often younger).

Recognition of these emerging populations is simply the first step. Ombudsman programs are actively working to reach and more effectively serve many of these diverse groups. Often these efforts are in response to specific challenges related to diversity, such as the conflicts that sometimes arise between younger and older residents and quality of care problems resulting from language differences between facility staff and residents. Ombudsman programs' *outreach efforts* and *training activities* to enhance the cultural competency of program staff are highlighted in this section.

Outreach efforts

Ombudsman programs' outreach activities to diverse resident populations have been directed at a variety of groups, including those who do not speak English, younger residents with physical disabilities, persons who are deaf or hard of hearing and newly placed residents and their families. Examples of programs' outreach efforts to these populations are provided below.

1) Non-English speaking residents.

The **Arkansas** Ombudsman Program has reached out to Spanish and other non-English speaking persons, providing classes and training to nursing home activity directors that focus on sensitivity and available services for residents who do not speak English. The state has developed a Spanish version of their residents' rights brochure.

To better serve the numerous non-English speaking populations in **Illinois** the ombudsman program has translated their program brochure into Korean, Polish and Spanish.

> Communicating in the resident's language makes all the difference
>
> A regional ombudsman in Oklahoma encountered a Spanish-speaking female resident who was not eating. The facility was not addressing the issue so the ombudsman found an interpreter to talk with the resident and discovered that she could not eat the kind of food she was being served. Because of the ombudsman's intervention, the facility changed her diet and the resident began eating.

The **Oklahoma** Ombudsman Program has been successful in recruiting volunteers who speak different languages and encourages facilities to find interpreters or have staff on each shift that can help communicate with non-English speaking residents.

The **Washington** Ombudsman Program has developed a language initiative, using volunteers to reach out to non-English speaking residents and to those that are deaf or have hearing loss to inform them about the ombudsman program. The program has also developed a language guide for long-term care facilities that lists selected resources for translation and interpretive services.

2) People with disabilities.

The Arkansas program encourages facilities to use special equipment and communication devices (e.g., TTY, TDD) for residents who are deaf or have hearing loss. The Office of

the State Ombudsman also awarded a grant to a regional ombudsman program to provide training to nursing home staff on physical disabilities associated with the aging process, including vision and hearing loss.

During the past several years the resident population of some nursing homes in **Massachusetts** has become predominantly younger due to the admission of individuals with traumatic brain injuries or disabilities associated with significant substance abuse. Because the psychosocial and activity needs of younger residents are different from older residents, the ombudsman program has made a strategic effort to recruit and train younger volunteers for these facilities. This has proven to be a better match than the older volunteers the program traditionally uses.

3) New residents.

The issue of stress created by moving to a long-term care facility is often overlooked. No matter their cultural or ethnic background most people entering a long-term care facility experience the stress associated with living in a new environment. The stress of placing a relative in a long-term care facility can be compounded by cultural and language differences. The regional ombudsman program in Wilmington, **North Carolina** is addressing this issue by providing support to residents' families as they go through the transition process of moving a loved one into a long-term care facility.

> It doesn't matter what a person's cultural background is when they enter a long-term care facility. The stress it creates crosses cultural, language and economic lines.
>
> Harvin Quidas, Regional Ombudsman
> North Carolina

Training activities

Dialogue participants expressed agreement about the importance of training program staff, including volunteers, to enable them to interact with an increasingly ethnically and culturally diverse population of residents. Ombudsman programs in many areas of the country have focused attention on trying to reach and better serve non-English speaking residents. However, the challenge in serving new populations goes beyond language differences to include developing an understanding of how culture impacts choices of food, activities, dress, religious beliefs, and ways of resolving conflict. For instance, it is important to know if residents' religious affiliations require the observance of special diets either routinely or during religious holidays. Ombudsmen who participated in the dialogue suggested enlisting residents and families to participate in training ombudsmen about their cultural heritage.

Examples of ombudsman training activities to address specific cultural practices, sensitize staff to cultural/ethnic differences, respond to trans-gender and other sexual issues and meet the needs of persons with mental illness and developmental disabilities are provided below.

The Arizona State Ombudsman reported that respect for cultural heritage is very strong among **Native Americans** and that serving this population requires an understanding of the cultures and traditions of the many different tribes. For instance, attending to grooming in a culturally sensitive manner in a nursing home requires specific knowledge (e.g., hair has a special meaning for Native Americans so the comb one uses is important). The ombudsman program plans to address specific types of **cultural sensitivity training** in the ombudsman curriculum and is also developing training modules for working with residents who have **mental illnesses and developmental disabilities**.

> Addressing cultural differences means more than simply talking a different language. We need ombudsmen who are culturally aware and sensitive to those things that are important to residents of various ethnic backgrounds.
>
> Robert Nixon
> Arizona State Ombudsman

According to Lisa Hartley, regional ombudsman in New Hampshire, a primary fear of many **trans-gender** residents in nursing homes is that staff will not be attentive to their needs. The ombudsman program has provided training on elder trans-gender issues for all division staff at the Bureau of Elderly & Adult Services. (See Appendix D for information and resources on trans-gender issues.)

A regional ombudsman in North Carolina has created a PowerPoint presentation on cultural issues involved in **verbal and non-verbal communication**. The focus of the presentation is on how non-verbal communication such as touch, spatial proximity, tone of voice and gestures can affect how an ombudsman is perceived and either accepted or rejected by residents from various cultures. There is also a discussion of how to avoid certain **cultural or social taboos**. The presentation is now available for other regional ombudsmen to use in workshops and presentations in their local communities. (See Appendix E for a copy of the presentation.)

The Washington State Ombudsman Program conducts a 40-hour ombudsman training that includes a discussion of **diversity issues** and a “white privilege” exercise that highlights a number of daily activities and assumptions that many people take for granted based on race. (White Privilege and Male Privilege: A Personal Account of Coming To See Correspondences through Work in Women's Studies (1988), by Peggy McIntosh; available for $4.00 from the Wellesley College Center for Research on Women, Wellesley MA 02181.)

II. Challenges

> Key discussion points:
>
> - ❑ Recruiting and training ombudsman staff and volunteers to serve diverse populations requires a strategic commitment by the ombudsman program.
> - ❑ Younger residents with mental illnesses and convicted sex offenders were identified as especially challenging populations to serve.

Serving diverse populations in long-term care facilities requires creativity and commitment. Recruiting and training specific types of volunteers to serve residents who do not speak English, who have hearing deficits, who have certain disabilities or who are culturally diverse may require extra time and effort. The program may need to identify new partners and funding and reevaluate how to use current resources to more effectively serve emerging resident populations. This section identifies some of the challenges related to diversity facing the ombudsman program.

Beyond translation. In Washington State, the ombudsman program has discovered that translating residents' rights is more complex than simply translating the words. For instance, the right to have and use personal property is not a concept that immigrants from former Eastern Bloc countries are familiar with, so the fundamental principles on which those rights are based needs to be explained. This additional information must be included in translated residents' rights materials.

Cultural responses to conflict. The program's complaint resolution protocols should be flexible in order to fit the way some cultures traditionally handle conflict. For instance, Asian Americans are reluctant to involve an outside party. The ombudsman must determine the most appropriate way to approach, interview and involve residents so as to handle complaints in a way that is sensitive to residents' cultural norms.

> I am an outsider and non-Asian so immediately there are some potential barriers to be addressed. I realized at that point that becoming culturally competent and serving diverse communities can only happen if there is a strategic commitment to it.
>
> Regional Ombudsman
> Washington State

Sex offenders in long-term care facilities. Several states reported an increase in the number of known sex offenders residing in nursing homes. The state ombudsman in **Massachusetts** reported they have a nursing facility with a level three (highest level of recidivism) sex offender. It is a difficult situation for the facility and the ombudsmen, who are fearful of him and are concerned for the safety of other residents. The facility is trying to determine what information it can share with staff, residents, and visitors about the identity of the sex offender or whether they can or should notify other residents and families that a convicted sex offender is a resident.

Younger residents with mental illness. Several ombudsman programs echoed each other in a shared concern --- the growing number of younger persons with mental illness being placed in nursing homes and assisted living facilities because of a lack of alternative housing options. The closure of state operated facilities may result in the placement of persons with mental illness in nursing homes and assisted living facilities which become the de facto mental health system, albeit often without the training to provide the appropriate interventions. In **Virginia** for instance, persons with mental illness are often discharged from state hospitals into the assisted living system. This has resulted in various quality of care related complaints requiring ombudsman program intervention.

Nursing home discharges of persons with dementia or mental illness. The **Washington** State Ombudsman Program reported numerous cases of residents being sent to local emergency rooms for behavioral issues where the hospital would not admit the individual and the nursing home refused readmission. These situations require a quick response from the ombudsman program, generally involve intervention and advocacy with the licensing and enforcement agency and the nursing home, and sometimes can only be resolved through administrative hearings.

> Ombudsmen frequently get involved in situations where nursing homes discharge residents with dementia or mental illness because of behavioral issues. These situations are often indicative of more systemic problems --- lack of staff, training and adequate care planning. One ombudsman likened the situation to putting out little fires when the whole forest is aflame.

III. Coordination with other organizations

> Key discussion point:
>
> - Ombudsman programs have reached out to a variety of agencies and organizations that serve diverse communities for assistance with recruiting and training program staff and volunteers.

The examples in this section illustrate how ombudsman programs are coordinating with other agencies and organizations that represent various ethnic, cultural and disability groups to recruit and educate volunteers and staff in order to enhance the program's ability to effectively serve all residents.

A number of **tribal groups** in Arizona have requested training to learn about what the ombudsman program does. As more tribal members move off the reservation, some individuals may be interested in serving as ombudsmen to better serve members of their tribe living in nursing facilities.

A local ombudsman in Colorado has presented information about the ombudsman program to a **Hispanic** women's organization to which she belongs and has worked to recruit members to become ombudsmen. The state unit on aging is developing a public service announcement for Spanish-speaking radio stations to help recruit more Spanish-speaking volunteers for the ombudsman program. The location of the Colorado Office of the State Ombudsman at the Legal Center, which serves as the **state protection and advocacy agency**, provides the opportunity to involve advocates for persons with mental illness, developmental disabilities, HIV/AIDS and other disabilities in statewide training for ombudsmen, as well as in handling specific cases affecting persons with disabilities. The program has also reached out to the **University** of Colorado to provide training on diversity for ombudsmen.

The Illinois Ombudsman Program regularly contacts **churches and social groups** representative of diverse populations in nursing homes to find interpreters and to obtain needed cultural information. The program has also contacted **university language departments** to obtain information about different cultures.

In Massachusetts, the ombudsman program's staff and volunteers have received training from the **Statewide Head Injury Program** to increase their understanding of the issues impacting persons with head injury in order to better serve this population. The program has also reached out to the **Gay and Lesbian Action Committee** to assist with special training.

In New Hampshire, a **hearing deficit specialist** with the Department of Health and Human Services and a regional ombudsman provided in-service training to a group of nursing home administrators at a quarterly roundtable meeting convened by the ombudsman program. In addition, the ombudsman program encourages facilities to obtain adaptive equipment for residents who are deaf or hard of hearing to enable them to more easily and effectively communicate with staff and others.

The ombudsman program in New York conducts training and community education on Medicare and Medicaid fraud and abuse in different languages through a contract with Empire Medicare, a **fiscal intermediary**. In addition, the program is working with Erie County officials to reach out to **Native Americans** who live in that area.[1]

The North Carolina Department of Health and Human Services, **Division of Deaf and Hard of Hearing** provided an in-depth workshop to ombudsmen in one region of the state designed to introduce them to the world of a person with hearing loss. For two hours, the ombudsmen rotated through a variety of common, everyday tasks trying to communicate or receive information without being able to speak or hear. The workshop also included training on how to use a TTY telephone device. Since the Division of Deaf and Hard of Hearing has regional offices throughout the state, regional ombudsmen now know where to turn for assistance with serving persons who are deaf or hard of hearing.

> The training we received really gave us a new perspective on how frustrating and isolating it can be for an older person with hearing loss.
>
> Kathryn Lanier
> Regional Ombudsman, North Carolina

The ombudsman program in Rhode Island is in contact with various **churches** whose congregations are largely made up of certain ethnic groups in order to develop a system of support for providing interpretive services.

With the exception of Oklahoma, ombudsmen who participated in the Dialogue Forums reported no efforts to coordinate with other organizations representing younger persons with mental illness. In Oklahoma the Department of **Mental Health and Substance Abuse**, the Department of **Health**, the state **Medicaid** Agency, the Office of the **Attorney General** and the ombudsman program have formed a working group to discuss how to address the needs of residents when a state hospital closes and there are limited placement options for persons with mental illness.

[1] Promising practice submitted by the New York Ombudsman Program at the National Ombudsman Training Conference in St. Louis, MO, April 24 –27, 2004.

Summary

Twenty-nine (29) persons representing 16 states participated in the National Dialogue Forum on diversity, which focused on how ombudsman programs are preparing their staff to effectively serve increasingly diverse resident populations. Participants identified an array of emerging resident populations including: non-English speaking persons; Hispanic, Asian, and Eastern European immigrants; younger persons with brain injuries; persons with developmental disabilities; persons with mental illnesses; persons who are substance abusers; persons with hearing loss; sex offenders; and persons who are gay, lesbian, bi-sexual and trans-gender.

Ombudsman programs efforts to serve diverse populations are often in response to specific challenges and conflicts, such as conflicts between older and younger residents or quality of care problems related to facility staff and residents being unable to communicate because of language differences. Dialogue participants identified younger residents with mental illness and sex offenders as two newly emergent resident populations and reported that little has been done so far to address the challenges related to meeting their needs. Currently, the majority of outreach efforts by ombudsman programs are focused on improving communication with non-English speaking residents through translation of materials into other languages or the use of interpretive services.

Ombudsman programs are addressing the challenges associated with serving diverse resident populations in creative ways. Programs are reaching out to agencies and community organizations that serve diverse communities to help educate staff and volunteers on issues of diversity so that they are better able to serve residents in a manner that respects and validates their identities and heritage. Programs are also working to recruit new ombudsman staff and volunteers that are more representative of the increasingly diverse populations they serve.

APPENDIX A

Advisory Committee Members

National Dialogue Forum
Advisory Committee

Advisory Committee Members

SUA Representatives:

Kentucky

Jerry Whitley
Executive Director
Office of Aging Services

Maine

Chris Gianopoulos
Director
Bureau of Elder & Adult Services

New Mexico

Michelle Lujan-Grisham
Secretary Designate
State Agency on Aging

Utah

Helen Goddard
Director
Division of Aging & Adult Services

Ombudsman Program Representatives:

Missouri

Carol Scott
State Ombudsman

Ohio

Beverley Laubert
State Ombudsman

Texas

John Willis
State Ombudsman

Wisconsin

George Potaracke
State Ombudsman

APPENDIX B

Issue Identification Panel Members

Ombudsman Program
Responses to Diversity

Issue Identification Panel Members

Panel Task: Identify primary questions of interest to address during the National Dialogue Forum on How Ombudsman Programs Serve Diverse Populations.

SUA Representatives:

Arizona

Henry Blanco
Director, Division of Aging
& Adult Services

Robin Jordan
Director of Elder Rights

Florida

Tom Reimers
Director, Division of Volunteer and
Community Services
Department of Elder Affairs

Illinois

Charles Johnson
Director, Department on Aging

New Mexico

Michelle Lujan-Grisham
Secretary, Department of Aging & Long
Term Care Services

Ombudsman Program Representatives:

Arkansas

Kathie Gately
State Ombudsman

Arizona

Robert Nixon
State Ombudsman

California

Joe Rodrigues
State Ombudsman

District of Columbia

Jerry Kasunic
State Ombudsman

New York

Martha Haase
State Ombudsman

Others:

Administration on Aging

Sue Wheaton
Ombudsman Program Specialist

National Ombudsman Resource Center

Lori Smetanka
Director

APPENDIX C

National Dialogue Forum Participants

Ombudsman Program
Responses to Diversity

National Dialogue Forum Participants

Alabama

Virginia Moore-Bell
State Ombudsman

Arizona

Robert (Bob) Nixon
State Ombudsman

Robin Jordan
Local Ombudsman

Arkansas

Kathie Gately
State Ombudsman

Debbie Medley
Ombudsman Program

Carolyn Singleton
Adult Protective Service / Ombudsman Program

Colorado

Pat Tunnell
State Ombudsman

Steve Evans
Division of Aging & Adult Services

Illinois

Neyna Johnson
Assistant State Ombudsman

Michele Piel
Department on Aging

Kansas

Cynthia Bailey
Ombudsman Program

Kentucky

John Sammons
State Ombudsman

Massachusetts

Mary McKenna
State Ombudsman

New Hampshire

Don Rabun
State Ombudsman

Lisa Hartley
Local Ombudsman

North Carolina

Sharon Wilder
State Ombudsman

Kathryn Lanier
Ombudsman Program

Harvin Quidas
Local Ombudsman

North Dakota

Helen Funk
State Ombudsman

Oklahoma

Eleanor Kurtz
Assistant State Ombudsman

Rhode Island

Paula Moreau
Annette Manigan
Ombudsman Program

Texas

Jebron McQue
Ombudsman Program

Virginia

Joani Latimer
State Ombudsman

Washington

Kary Hyre
State Ombudsman

Louise Ryan
Assistant State Ombudsman

Robin Low
Local Ombudsman

Gillian Burlingham
Anti-Racism Coordinator
Multi-Service Center

Others

National Ombudsman Resource Center

Lori Smetanka
Director

APPENDIX D

Information and Resources on Trans-Gender Issues

Contact:
Lisa M. Hartley
Regional Ombudsman
P.O. Box 1354
Derry, N.H. 03038
(603) 434-0888
ollatw@aol.com

The Process of Becoming—A General Overview of the Transgender Journey

[Excerpted from **The Tempest Over Sex Identity**
(revised 6/04), Lisa M. Hartley, CSW-DCSW]

Stage One: *In the Beginning, there was a **Catastrophic Mistake***

---Infant given biological sex identity designation by observation of the external genitals. Stereotypical gender specific reactions by medical staff and parents occurs immediately.
---Infant with ambiguous genitalia (intersexed) may be surgically assigned a sex identity.
---Birth records are completed including the sex identity designation and the name of the child.

Stage Two: *Primary Socialization*

---Parents and family celebrate the child's arrival
---Formal announcements are made in the newspaper and elsewhere.
---Intense Socialization in gender role expectations begins immediately.

Stage Three: *The "Awakening"*----the sex identity quandary is realized*---

---The child awakens to a feeling of being "different" or of not "feeling comfortable" with expectations. (*I thank Dr. Randi Ettner for this term)

Stage Four: *The Internal Struggle to Understand (Internal C.I.S.)*

*This stage will take as long as the person needs in order to identify and resolve the sex identity incongruity. For some, it will take several years. For others, several decades. Common elements seen throughout the internal CIS struggle include:
---Fascination with the opposite sex and gender roles.
---Cross-dress openly or in secret discreet settings.
---Continuous struggle with shame, guilt, fear and low self-esteem.
---The purge/purchase phenomenon.

Some developmental issues that may occur include:

---The child begins to struggle with the need to conform to outside expectations ***versus*** the need to explore and understand the internal true sex identity.
---As the child interacts with others inside and outside the home, there are often experiences of being a victim of bullying and other types of social wounding by others that exacerbates an already low self-esteem.

---Use of magical thinking and fantasy in daydreaming and play to "experience" the gender role that is congruent to the true sex identity.
---The important process of ***homeostasis.***
---Awareness of the social consequences of the desire to "change" results in suppression of desire, fear, guilt, shame, diminished self-esteem, and feelings of futility.
---Decision to:
--Carry on as the world has assigned her/him to be, *OR*
--Demand assistance in sex/gender "change," *OR*
--Act out the inner conflict by:
-Anti-social behavior,
-Exhibiting emotional disturbance,
-Developing addictions to escape the stress,
-Other (e.g. become withdrawn, chronically depressed, or compliant in a passive aggressive way).
---Continued relentless internal struggle compels the person to seek:
--Information, *AND/OR*
--Connection with the "community," *AND/OR*
--Psychotherapy, *OR*
--An escape from the pain through drug/alcohol abuse, a "drop out" marginal lifestyle, acting out behavior, which has social consequences, or, tragically through suicide.

Stage Five: *The Victory---The conflict is resolved within and homeostasis (balance) is achieved!*
---Eventual resolution of the sex identity incongruity and acceptance of one's true sex identity brings profound inner peace and euphoric happiness.

Stage Six: *"Coming Out*"---The formal Courageous fear-filled Step and the experience of External C.I.S.*

*Extremely stressful because, like everyone else, the primary internalized socialization that transgendered people have learned placed a strong prohibition on "sex change." Yet, the fear of punishment is overruled by the power of the need for homeostasis, which relentlessly compels the transgendered person to *be* their genuine self—to express their true sex identity.

---In a formal/legal way, one may make a name change and complete changes in legal documents, such as driver's license, birth records, social security records, etc.
---Who must know:
--Telling family.
--Telling friends.
--Telling the employer and employees.
--Telling others that need to know.
---Responses from others to our "coming out" include:

--Shock

-Attempts to stay “cool” to prevent sending the transgendered person into a “psychotic episode”
-Supportive statements like, “Are you happy? Well. That’s all that counts!”
-Seek out others to spread the word and to find comfort

--Fear

-Fear about what others might say (guilty by association)
-Fear for the transgendered person’s safety
-Fear of cultural pressures to “correct” the transgendered person (enforce conformity to birth assignment of sex identity
-The hope that this is only a phase that will go away

--Anger

-Why is this person putting us through this mess!!?
-Attempts at forcing conformity
-Expressions of caring laced with discontentment (e.g. using the *wrong* pronoun)
-Development of “rumors” about the transgendered person
-Experiencing emotional distress (e.g. depression or anxiety)
-Outright rejection
-Emotional and/ or physical abuse
-Discrimination and hate crimes against the transgendered person

--Estrangement and mourning

-Feeling the loss of the “other” familiar person
-Becoming detached from the transgendered person
-Avoidance of contacts or interaction
-Intimate relationships are seriously strained
-Moving toward a decision about the future relationship with the transgendered person

--Concern

-Decision to terminate the relationship or to invest in saving the relationship with the transgendered person
-Sharing concerns and fears with the transgendered person
-Beginnings of thought about the phenomenon of transgender

--Need for information and support

-Start to read information provided by the transgendered person
-Seek information from other sources such as:
friends
church
legal resources

internet
therapist/psychiatrist
media (TV, radio, print media)

--**Achieving and integrating a true understanding of transgender**

-Achieved from integrating outside information and personal reflections
-Decision to re-connect with the transgendered person despite the risks of cultural attitudes and responses
-Transgender is no longer an "issue"

--**Re-acquaintance with the "new" person**

-Becoming accustomed to seeing the "other" person
-Valuing the transgendered person

--**Acceptance and love**

-Gradual process toward meaningful acceptance
-Integration of the transgendered person in everyday life

--**Advocate---Ally or a Supportive role**

-Join with the transgender community to achieve the goal of being fully integrated into all aspects of the broader cultural life.

Stage Seven: *Living with C.I.S.---Making a Life*

---Adjusting to and rising above other people's reactions,
---Overcoming the stress of cultural isolation and marginalization,
---Networking within the transgender community, OR
---Finding a new life in as normal a way as possible apart from the "community," OR
---Becoming an advocate, an activist, or an educator/writer
---Developing a normal competency and routine in the true sex identity and gender role, whether living full time (transsexual) or part time(cross-dresser/transgenderists),
---Developing new traditions in celebrating holidays, etc.
---Dating and mating (what is your orientation?),
---Setting goals and making a contribution or legacy for others,
---Adjusting to life developmental stages, including aging gracefully,
---Dealing with illnesses,
---Planning one's end of life including a will, and care and burial,…and
---Other…(because no list involving human beings can be exhaustive!)

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APPENDIX E

Cross Cultural Communication and Advocacy
(PowerPoint slides)

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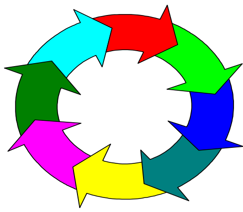
CROSS CULTURAL COMMUNICATION AND ADVOCACY



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CULTURE

- Refers to a group or community with which we share common experiences that shape the way we understand the world.
- It includes groups that we belong to and have no choice over such as gender, race, or national origin.
- It also includes groups that we choose or automatically become a part of by a change in our lives such as, moving to a new city, economic status or becoming disabled.

ETHNICITY

- Relates to membership in a social group based on shared common characteristics such as race, national origin, geographical location, religion and food preferences.
- Culture is an important component of ethnicity.

RACE

- Refers to a population or group of people with physical similarities such as skin tone, or bone structure. Members of an ethnic group may or may not be of the same race.

CULTURE, ETHNICITY, RACE ???

- All of these things play a role in who we are and how our views have been shaped and how we interact with the world around us.
- In many ways they separate us, but they also unite us by the fact that each unique individual still has the same needs, wants, & desires.

How we express them is the beginning of a fascinating journey…

COMMUNICATION PRINCIPLES IN DIVERSITY

Researchers have found that messages are communicated approximately

- 15% by words,
- 25% by intonation
- 60% by non-verbal behaviors

This can make cross cultural communication challenging, because what is commonly understood within or by one group is either unknown or offensive to another.

VERBAL COMMUNICATION

- The way in which we communicate varies broadly across, and even within cultures.
- Even when people speak the same language the meaning of a word or phrase can change the intended message.
- The way in which a word is used based on tone and inflection of voice can play a significant role in either encouraging one to take action or to withdraw and break-off communication.

NON-VERBAL COMMUNICATION

- Kinesics
- Oculesics
- Haptics
- Proxiemics
- Chronemics
- Vocalics

KINESICS

- Kinesics refers to the study of communicating ones feelings, status or relationships through a conscious or unconscious series of muscular activities.
- These movements can range from how the head, face or limbs are used to gesture.

EXAMPLES OF KINESICS

- Pointing with an outstretched index finger to call attention to a person or object
- Victory sign
- Thumbs up
- OK sign
- Gesturing with one's palm up and fingers waving
- Smiling

WHY YOU SHOULDN'T LET YOUR FINGERS DO THE WALKING

- The come here motion in some cultures is the gesture for goodbye.
- Thumbs up to someone of Middle Eastern descent or a Nigerian is an obscene gesture. In Japan the thumb is considered the 5th digit and if you use this symbol you will receive five items.
- The OK sign to someone from some South American countries such as *Brazil, Guatemala and Paraguay* is considered very obscene this also applies to some ethnic groups from the Middle East.

OCULESICS

- The term used to describe the behavior of the eyes. The uses and variation of eye contact differ from culture to culture. Eye behavior dictates and reflects the nature of a relationship, and helps to monitor feedback from the other party. Across cultures, eye contact and the use of gazing can change due to social status, age, gender, level of respect, etc.

» (Gudykunst & Kim1984; Irujo, 1988;Poyatos,1988,Schnell,1991)

EYE CONTACT

Groups that are typically not comfortable having direct connections or holding a gaze for extended periods of time because it's seen as disrespectful, impolite or inappropriate

- Some Asians and Native Americans
  - For the Asian elder not returning the look is governed by gender roles and perceived status.
  - Gender also plays a similar role for some Muslim women.

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EYE CONTACT
CONT'D

- Many people from Middle Eastern countries, Latin America and Southern Europe focus their eyes on the person they are speaking to, while individuals from East Asia, Native Americans and Northern Europeans may use a "peripheral gaze"or no eye contact at all.
- In the African American community direct prolonged eye contact can be perceived as a direct personal threat or challenge.

(Often seen exhibited by males or in the military)

"What are you looking at ?" or "Are you eyeballin' me ?"

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HAPTICS

- The use of touch as a form of communication. The amount and frequency of touch varies from culture to culture.
- Haptic significance primarily follow patterns of intimacy in a relationship. Yet, what is considered acceptable in one culture may not be in another.
- These social norms are learned as children and we are conditioned as to what kind of touching is good, bad or indifferent. Straying from these norms of tactile contact often results in embarrassment.

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CONTACT CULTURES

- **United Arab Republic-**
  - Iraq, Kuwait, Saudi Arabia, Syria
- **Latin America-**
  - Bolivia, Cuba, Ecuador, El Salvador, Mexico, Paraguay, Peru, Puerto Rico, Venezuela, Columbia, Dominican Republic
- **Southern Europe**
  - France, Italy

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NON-CONTACT CULTURES

- **Asia-**
  China, Indonesia, Japan, Philippines, Thailand
- **Northern Europe-**
  Australia, England, Germany,
  The Netherlands, Norway, Scotland.
- **North America**
  United States

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PROXEMICS

- The study of the use of space. Differences in the use of space presents a clear potential for conflict. Territory may be considered a culturally defined aspect of personality.
- According to Gudykunst (1984) "People of differing cultures "…not only use space differently, they actually experience it differently."

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PROXEMICS

- Fixed Feature
- Semi-Fixed Feature
- Dynamic Feature

PROXEMICS
CONT'D

- Fixed features and Semi-fixed features are combined to create the environment, such as the town, architecture of buildings, layout of streets, houses, arrangement of rooms, objects, etc.This spatial relationship is believed to influence behavior.
- Dynamic feature - Interpersonal space is the determining factor when individuals decide how close to one another to place themselves.

PROXEMICS

- Western furniture arranging typically has objects on the edge of the room, and each room has a single purpose, ie. *Kitchen. Living Room, Dining Room, etc*.
- Rooms in many Asian cultures are communal, and multipurpose with the center space utilized specifically.
- Dynamic feature is often experienced or expressed as "invasion of my personal space."

AMERICAN SPATIAL NORMS

- *Intimate Distance* (0-18 inches) usually is maintained only between intimates or close associates and not often exhibited in public.
- *Personal Distance* (1.5 - 4 feet) is a transitional distance where rich communication possibilities exist.

- *Social Distance* (4-12 feet) is the distance in which business and general public contact is made. This is the distance where you will see things such as office desks, furniture arrangements in public settings and location of furniture in homes. One can still receive a fair number of communication cues, but they are not as fine tuned.
- *Public Distance* (12-25 feet) usually is reserved for formal occasions, public speakers or high status figures. In this realm only gross cues are available and all the finer nuances are lost.

Gudykunst & Kim, 1984, p. 152)

CHRONEMICS

- The study of the contribution of time to the puzzle of non-verbal communication. Time and timing communicate as much if not more than verbal messages.
- The characteristic tempo of a culture is from when periodic time and cycles interact with personal, social, and cultural events within a given society.

TYPES OF TIME OBSERVANCE

- M-time
- Monochronic time tends to emphasize structured timing, schedule and promptness.

- P-time
- Polychronic emphasizes involvement in and qualified completion of tasks, instead of adhering to schedules of task completion.

TYPE M-CULTURES

- North America, Northern and Western Europe
- Terms to describe time
  - "Save time, Kill Time, Divide Time, Living on borrowed time."
  - M-time cultures treat time as if it were an object, tangible, able to be molded or shaped to fit ones needs, or adhering to boundaries of past and future.

TYPE P-CULTURES

- **Africa, Latin America, Southern Europe**
- In P-time cultures it would be odd to witness enjoyable activity coming to an abrupt halt because, "time is up."
- In this cultural format, punctuality is not typically held in as high regard as Western society.
- Emphasis is place on involvement in and qualified completion of tasks instead of adhering to schedules of task completion.

VOCALICS

- Paralanguage is the study of non-verbal attributes, or vocal cues that directly accompany verbal language.
- The primary paralinguistic categories include rate, pitch, inflection,volume, quality, tempo, rhythm, resonance and enunciation.
- Other elements of language that play a crucial role are intonation, syllabic stress and other conversational inclusions such as grunts, and hisses.

VOCALICS

cont'd

- Latinos, Middle Easterners, African Americans and other groups often speak in relatively high volumes and emotions. The rate and pitch can sometimes be misinterpreted as aggression, when it is the reflection of a highly spirited and engaging conversation.
- Hissing is an example of how cultures differ; In most cultures it is a sign of derision or displeasure, like booing, but in some Asian cultures it is a sign of approval.

WHAT DOES THE UNSPOKEN WORD TELL US ?

- Non-verbal behavior and communication make up a large portion of what comprises culture.
- If we are able to draw on our own culture's influences and understand that of the people we serve, then we can begin to build bridges to more meaningful interaction and dialogue.

BUILDING BRIDGES

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SIX FUNDAMENTAL PATTERNS OF CULTURAL DIFFERENCES

- Styles of Communication
- Attitudes Toward Conflict
- Approaches to Task Completion
- Styles of Decision Making
- Attitudes Toward Disclosure
- Approaches to Knowing

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STYLES OF COMMUNICATION

WHAT DOES IT ALL REALLY MEAN ?

The word **(Yes)** varies in meaning from ...

- ➢ Maybe
- ➢ I'll think about it
- ➢ I'll definitely do it

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CULTURE IMPACTS THE WAY WE ENGAGE THE WORLD

Ethnic seniors are strongly influenced by their culture and what their life experiences have been when interacting with the majority culture. These interactions determine the following in terms of disclosure and communication with service providers.

- Who I tell
- What I tell you
- When I tell you
- How I tell you

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CONFLICT

- In Western culture, we are taught to address conflict head on "Get things out in the open" "Clear the air"
- In many Eastern countries, open conflict is experienced as embarrassing or demeaning. Matters of this nature should typically be worked out quietly, behind the scenes. The individual may favor addressing the issue via a written note.

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TASK COMPLETION

The manner in which change is brought about will vary from culture to culture.

- Reasons for variability
- Different access to resources
- Different judgments of the rewards associated with completion
- Different notions about time
- Different ideas about relationship building and task related work coexist

Waging Peace in Our Schools
Linda Lantierei and Janet Patti (Beacon Press, 1996)

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DECISION MAKING

- Individualism vs. Collectivism
- Some Latinos place a strong value on the individual exercising decision-making responsibility, but also rely on input from those closest to them.
- Some Japanese prefer the group or consensus method of decision making.

DECISION MAKERS

- Decision makers in the family may vary from the resident, spouse, oldest son, daughter, sibling, and even clergy or spiritual advisor.
- Many times one of these individuals will be the designated spokesperson for the family.

DISCLOSURE

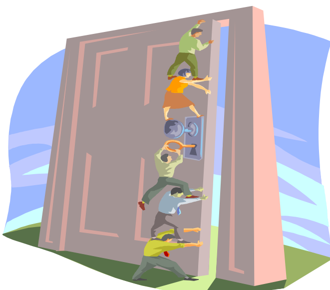
- Recognize that some cultures do not offer personal information as readily as Westerners.
- Some cultures view conflict as a positive thing, while others view it as something to be avoided at all costs even when it could be to their detriment.
- If this is the residents' manner of handling conflict, it will require flexibility,creativity and patience on the part of all parties involved.

HOW DO YOU KNOW ?

- Western culture validates knowledge through cognitive functions, such as counting and measuring.
- Other cultures gain enlightenment through symbolic imagery, intuitiveness, interaction and engagement.

OMBUDSMEN

WHEN AND WHERE WE ENTER…



FACTORS AFFECTING THE OMBUDSMAN'S PERFORMANCE

- RAPPORT BUILDING
  - Crucial first step in gaining the resident and their families trust and acceptance
- ROLE OF THE FAMILY
  - Decision Making Process
  - Care Planning
  - Effective Communication with the facility

RAPPORT BUILDING

Groups that require establishing a sense of connection before addressing the issue(s) of importance.

- Latinos
- Native Americans
- Asians
- African Americans
- Southerners
- Those who live in Rural Communities

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ROLE OF FAMILY

- Be prepared for greater involvement in virtually all aspects of the resident's care from the "family."
- Family may not always be blood relatives, but these selected individuals still play an integral role in the residents' life. In many instances due to geographic dispersion or familial estrangement they become the "safety net" for seniors who do not have a strong family network.

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THE MYTH OF ETHNIC FAMILY

SELF-SUFFICIENCY & REJECTION OF LTC

- Be careful **not** to fall into the trap of thinking that ethnic families "take care of their own," therefore, they don't want or need LTC services. This erroneous assumption creates unnecessary limitation on choices.
- The options or methods of accessing services may not be presented to ethnic families or if they are, it isn't done in a manner readily received by the family.
- Due to conscious and unconscious biases ethnic seniors are not represented in the LTC setting proportionate to the general population.

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THE MYTH DISPELLED

Among white families the decision for placement comes as a result of a physician saying, "Your mother is at a point where she cannot go home and I will not discharge her from the hospital until we get a placement for her."

vs.

African American families decision to place is based on "We have done all that we can and used up all resources available to us."

Dr. Stephen P. Wallace, Assoc. .Professor of Public Health, UCLA

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OMBUDSMAN AS TRANSITIONAL GUIDE

- This is an opportunity to help educate and guide families in understanding the LTC process.
- This is the opportunity to get ethnic residents and families connected w/R&F Councils and making them aware of our program.

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THE OMBUDSMAN AS EDUCATOR

- Provide In-Service and Topic Specific Workshops to LTC Staff & Administration.
- Train the Trainer Programs with other Partner Agencies we interact with on a regular basis.
- Educate the public and other community based service providers on issues of diversity.

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EDUCATION
cont'd

- Emphasize the importance of translating important facility documents into the various languages of residents as needed.
- Employ staff that are representative of society at large as well as the ethnic seniors in the facility.
- Encourage administrators to develop relationships with ethnic, community, religious and civic organizations to enhance the social & spiritual well-being of residents.

ADVOCACY ISSUES ON BEHALF OF DIVERSE ELDERS

- Broaden the scope of activity programming and services to be inclusive of the interests of ethnic seniors.
  - Gospel Music for worship services
  - Armchair Travel Videos of countries of origin
  - Celebration of ethnic/religious holidays
  - Provide access to cultural media for residents such as Newspapers, Magazines, Books, and purchase subscriptions to language Radio and Television stations.

WAYS IN WHICH WE DIFFER

- Assist staff in understanding the care needs and/or preferences of residents and how easily misunderstandings can occur due to variance in beliefs about the following topics:
  - PERSONAL HYGENIE
  - DIETARY PRACTICES
  - RELIGIOUS PRACTICES

PERSONAL CARE & HYGENIE

- In general, elderly Latinos and Asians find running water important for bathing and washing. For some Japanese elders they may expect to shower before soaking in a bath.
  - For many Muslims, and Hindus "personal" washing after using the toilet is a religious obligation. The left hand is used for this purpose, which is why the right hand is always used for cooking, serving and greeting.

PC & H
CONT'D

- Blowing one's nose for Asians, Native Americans, Latinos, and African Americans is something that should be done discreetly, but especially frowned upon when eating or where food preparation takes place.
- Kleenex is the preferred method for this need because the thought of a handkerchief is unappealing and unacceptable.

PC & H
CONT'D

- Stock and use ethnic beauty and hair care products.
- Hire and/or seek out cosmetologists who have experience managing the hair and skin care needs of ethnic seniors.
- Be respectful of cultural or religious grooming practices

  Example-
  - Male facial hair-Moustaches and beards
  - Ritual bathing or cleansing routines

DIETARY CONCERNS

- Many ethnic groups serve bread as a dietary staple at main meals. The presence of it will enhance the dining experience for those who don't have dietary restrictions.
- Fresh salads are often a key component in the diet of ethnic seniors. Ethnic seniors typically prefer a vinegar and oil base dressing vs. creamy salad dressings that most Americans enjoy.
- When drinking beverages and eating, in many cultures it is a sign of good manners to leave a small portion in the glass or on the plate.

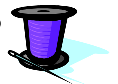
DIETARY CONCERNS
CONT'D

- Residents will have dietary restrictions or prohibitions on certain foods that need to be considered.
- The preparation of specific foods may be an issue.
- The ability to obtain certain foods, fruits, and beverages may be a concern for residents.

RELIGIOUS OBSERVATION

- Assist staff and other residents in learning about religious beliefs and customs different from their own.
- Ensure resident's religious leaders and members are invited into the facility and have access to the residents and space to exercise their religious beliefs.

THE UNIFYING THREAD



- We may look different from each other, speak another language, or have a different belief system.

BUT…

- Every resident wants to be **cared for, have their rights respected** and **be appreciated** for their innate unique qualities that make them who they are as individuals and connects them to their community and world at large.

OMBUDSMEN FACILITATE AWARENESS AND ACCEPTANCE OF ALL RESIDENTS BY HELPING PUT THE PIECES TOGETHER