

# Our Model for Diversity 2017



**St. Elizabeth**  
HEALTHCARE

**Contact: Lisa Blank**  
[lisa.blank@stelizabeth.com](mailto:lisa.blank@stelizabeth.com)  
**Revised September 2016**

“As associates of a Catholic healthcare organization that recognizes God’s love for all people, we have a duty and the honor to respect all who come to us for healing.

Fair, just, and compassionate treatment that embraces cultural differences is a vital part of providing high quality health care and wellness services to a culturally diverse community.

This same kind of treatment is essential for inspiring individuals among our workforce to participate fully in the mission of the Healthcare system.

We must always strive, in word and deed, to honor the dignity of every human being, if we are to remain true to the organization values and merit recognition as the tri-state region’s health care provider and employer of choice.”

# Objectives

After completing this module the learner will be able to :

- Explain St. Elizabeth's Diversity Statement
- Discuss examples of how the following Federal requirement applies to St. Elizabeth Healthcare:
  - Healthcare programs that receive Federal assistance are ***prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability*** in certain health programs and activities.
- Define ethnocentrism and why it is important to be aware of this in ourselves.
- Give examples of how St. Elizabeth promotes non-discrimination in our patient care and in our employment practices.

# Our Diversity Model

Pe**R**sonal  
Languag**E**  
**S**piritual  
**P**sychosocial  
**G****E**nerational  
**C**ultural  
Organiza**T**ional

# Embracing Diversity

- Today, one in four Americans is a member of a racial or ethnic minority group
- By 2070, **one in two** Americans will be a minority
- In 2003, Latinos became the largest minority group in the U.S.



Healthcare programs that receive Federal assistance are ***prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability*** in certain health programs and activities.

# Discrimination based on an individual's race, color, or national origin is prohibited

As a health program that receives Federal assistance, St. Elizabeth Healthcare may ***not***.

- Segregate, delay or deny services or benefits based on an individual's race, color or national origin. For example,
  - St. Elizabeth may not assign patients to patient rooms based on race.
  - St. Elizabeth may not require a mother to disclose her citizenship or immigration status when she applies for health services for her eligible child.
- Delay or deny effective language assistance services to individuals with limited English proficiency (LEP).
  - The term "national origin" includes, but is not limited to, an individual's, or his or her ancestor's, place of origin (such as a country), or physical, cultural, or linguistic characteristics of a national origin group.

# Language & Communication

- Communication is one way we control our worlds.
- Communication goes beyond just the words we share.
- It is estimated that 70% of what is communicated is accomplished with tone, gestures, and facial expressions.
- The inability to communicate easily will increase the level of frustration for both the speaker and the listener.
- An important factor affecting communication is your awareness of people who have Limited English Proficiency (LEP).
- Are you aware that the same law that directs us to provide an interpreter to the deaf also directs us to do so for those with LEP?

# St. Elizabeth Healthcare provides interpreters for our patients

- Pacific Interpreters - telephone interpreters
- Affordable Language
  - in-person interpreters and translations of written documents into language other than English.
- Sign Language Interpreters are available for the deaf and hard-of-hearing.

Contact information is on the Intranet > Business Tools > Interpreter and Translation Services. First item is “How to Access an Interpreter-Quick Reference Guide.”

Book: “Culture and Clinical Care”—in all clinical departments.

# Culture

- Culture guides day-to-day behaviors and helps us to interpret other people's actions.
- In a multicultural environment like ours at St. Elizabeth Healthcare, there are many different cultures operating simultaneously.
- As a result, the chances of a misunderstanding increase the more we interact with one another.



# Culture (Cont.)

- Culture is not always obvious

Only when we meet people functioning with a different set of values do we become aware of our own.

- We tend to be ethnocentric

We tend to relate more to our own ethnic status. We use our own cultural rules as a basis of comparison.

- What perspective do you have?

Are you looking through a window or into a mirror?

- We may not know when we are offending others.

Because we operate based on our own set of assumptions and meanings, we may inadvertently offend others.

- Awareness and knowledge increase understanding

When we become more aware of what previously directed our behavior, we can make more appropriate choices about our future actions and behaviors.

# Discrimination based on an individual's sex is prohibited

St. Elizabeth Healthcare must:

- Provide equal access to health care, health insurance coverage, and other health programs without discrimination based on sex, including pregnancy, related medical conditions, termination of pregnancy, gender identity and sex stereotypes.
  - Gender identity means an individual's internal sense of gender, which may be male, female, neither, or a combination of male and female.
  - Sex stereotypes means stereotypical notions of masculinity or femininity.
- Treat individuals consistent with their gender identity, including with respect to access to facilities, such as bathrooms and patient rooms.

# Discrimination based on an individual's sex is prohibited (cont.)

- St. Elizabeth cannot deny or limit sex-specific health services based solely on the fact that the gender identity or gender recorded for an individual does not align with the sex of individuals who usually receive those types of sex-specific services (e.g., denying a transgender male a pap smear or denying a transgender woman a prostate exam).
  - For example, a breast cancer program cannot refuse to treat men with breast cancer solely because its female patients would feel uncomfortable.

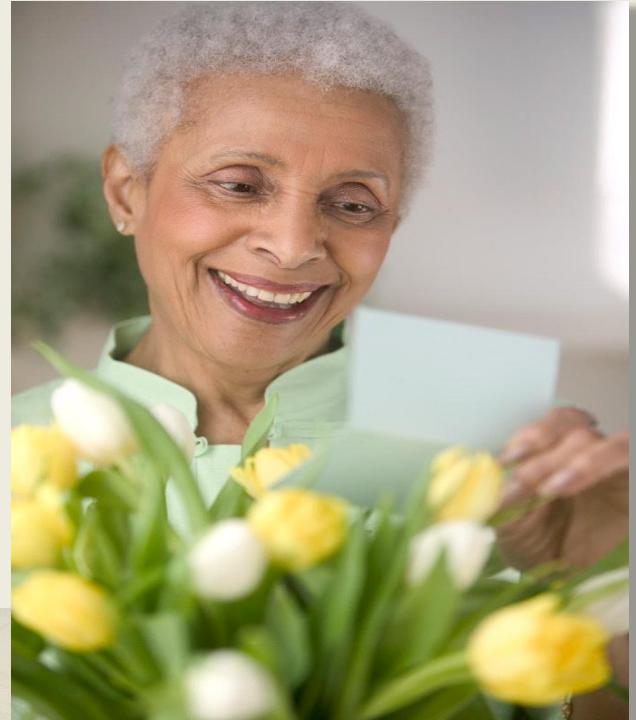
# Examples of sex discrimination

- Multiple staff at a hospital created a hostile environment for a transgender woman because she was transgender. She was also required to share a room with a male patient.
- A pharmacist would not provide a flu vaccine to a woman and questioned her about her non-gender-conforming clothing and hairstyle.
- Staff at a hospital's emergency department ridiculed a male patient who arrived after sustaining injuries in a domestic incident. Staff did not evaluate the patient under a domestic violence protocol because he was male.

# Discrimination based on an individual's age is prohibited

- St. Elizabeth may not exclude, deny or limit benefits and services based on an individual's age (e.g., a physician's practice may not deny a 62-year-old man health services because it only accepts patients under age 60).
- However, a covered entity may provide different treatment based on age when the treatment is justified by scientific or medical evidence (e.g., a physician may decide to deny a mammogram to a woman under a certain age because recent medical studies have suggested that mammograms may be more harmful than helpful to young women), or based on a specialty (e.g., pediatricians are not required to treat adults and gerontologists not required to treat children).

- Generational biases occur when assumptions are made simply because of age.
- Prejudice and bias touch all ages, older and younger generations alike.
- Creating a mixed age workforce brings real benefits to the workplace.



# Facts about today's workforce:

- For the first time there are more people over the age of 60 than under the age of 16
- Already 1/3 of the workforce is over age 45
- The percentage of people over the age of 55 working in traditional jobs has dramatically decreased since the 1960's. Baby Boomers now have more discretionary use of their time than ever before.

# Benefits of a Generational Diverse Workforce

- Employees from different generations can provide insights into the needs and expectations of a greater variety of patients.
- Hospitals with a mixed generation workforce are at an advantage because they can have a better understanding of all their patients.



# Discrimination based on an individual's disability is prohibited

An individual may not be excluded or denied benefits or services because of a disability.

- Covered entities **must** take the following steps, unless they would result in an undue financial burden or would fundamentally alter the program:
  - Make reasonable changes to policies, procedures and practices where necessary to provide equal access for individuals with disabilities. For example, a clinic must modify its “no pets” policy to permit an individual with a disability to be accompanied by a service animal. Additionally, a clinic must allow an individual with an anxiety disorder to wait for an appointment in a separate, quiet room if the individual is unable to wait in the patient waiting area because of anxiety.

We ***must*** take the following steps, unless they would result in an undue financial burden or would fundamentally alter the program:

(cont.)

- Make all health programs and activities provided electronically (e.g., through online appointment systems, electronic billing, information kiosks, etc.) accessible to individuals with disabilities. For example, a doctor's office that requires patients to make appointments only online must modify its procedures so that a person with a disability who cannot use the required method can still make an appointment.
- Ensure newly constructed and altered facilities are physically accessible to individuals with disabilities.
- Provide effective communication with individuals with disabilities, including patients and their companions.

# Auxiliary aids and services

St. Elizabeth must provide auxiliary aids and services to individuals with disabilities free of charge and in a timely manner when necessary to ensure an equal opportunity to participate and benefit from our health programs or activities.

Auxiliary aids and services include, but are not limited to:

Qualified sign language interpreters	Large print materials
Text telephones (TTYs)	Captioning
Screen reader software	Video remote interpreting services

St. Elizabeth may ***not***:

- Require an individual to provide his or her own interpreter.
- Rely on a minor child to interpret, except in a life threatening emergency where there is no qualified interpreter immediately available.
- Rely on interpreters that the individual prefers when there are competency, confidentiality or other concerns.
- Rely on unqualified staff interpreters.

# Spiritual Diversity



St. Elizabeth  
HEALTHCARE

better together

# Spiritual Diversity

It would be impossible to know all the traditions of the many cultures and their associated spiritual beliefs.

## **However, here are a few examples:**

- Buddhists believe that foods can assist in healing disease so they may inquire about food choices and express their preferences.
- For Muslims, often a family spokesman or even a community spokesman may represent the patient when dealing with health care providers.
- Based on biblical verses and subsequent rabbinic interpretations, Jewish tradition believes human beings do not own their own bodies. Since each one of us is created in part by God, we do not have an absolute right to do with our bodies what we will.

# Spirituality for Caregivers

## Caregivers should:

- Treat each person as an individual. Avoid making generalizations.
- Find out as much as possible about the traditions of a group including their definition of death, their religious beliefs, as well as their social and familial support system.
- Withhold judgments about the patient's beliefs and practices.
- Establish good and open communication with a patient and their family members this will enable a successful relationship.
- Connect with your common or related beliefs or practices (for example, you may not have used a shaman or faith healer, but you may have prayed for the health or safety of a loved one).
- Learn about the patient's cultural views and traditions, and ask questions to help you learn how they approach the patient's condition.
- Find out what other treatments the patient is using, such as non-traditional, or herbal medicine.
- Assure the important members of their family are involved.

# Spirituality for Non-Caregivers

Non-Caregivers should:

- Reflect on what we share in common in our relationships --- both with our co-workers, and those people who are using services at SEH.
- Be open to the practices and beliefs of others.
- Be aware of, and sensitive to, the similarities and differences between ourselves and others.
- Treat everyone with respect and care — It is the universal language.
- Learn as much as possible and expose yourself to different cultures and traditions.

# Organizational Diversity



St. Elizabeth  
HEALTHCARE

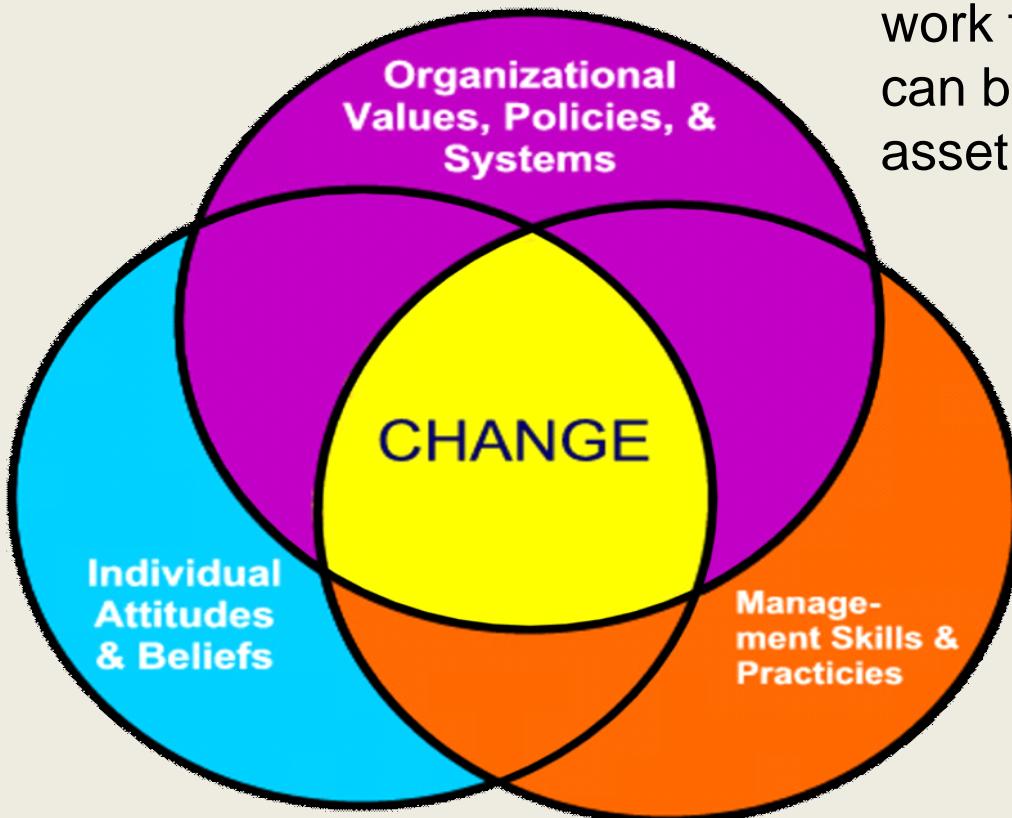
# Organizational Diversity

The diversity goal at St. Elizabeth Healthcare is to create an atmosphere in which there is an understanding and respect of all cultures, values, traditions and beliefs.

## Benefits of a Diverse Workforce

- Different perspectives along with higher creativity enhance company performance
- Employee morale increases while turnover rates decrease
- Integrated work environments help eliminate discriminatory practices
- Stress-related illnesses and related benefit claims are reduced

# Getting Commitment from the top three focus areas



When these three areas work together, diversity can become a strategic asset.

# The Joint Commission

- The Joint Commission has several standards that support provision of care, treatment and services in a manner conducive to the cultural, language, literacy, and learning needs of individuals\*

\* Source: [www.jcaho.org/about+us/hlc/hlc\\_jc\\_stds.pdf](http://www.jcaho.org/about+us/hlc/hlc_jc_stds.pdf)

# Joint Commission Standards relating to Cultural Competency

- Values, beliefs respected
- Appropriate communication (interpreter and translation services)
- Patient involvement in care
- Informed consent
- Patient education
- Food preferences
- End of life care
- Compliance with Laws and Regulations
- Planning for services to meet patient needs
- Equal standard of care provision
- Effective communication throughout organization
- Provision of adequate resources
- Staffing-appropriate mix, adequately trained, competence is assessed
- Orientation and ongoing staff education is appropriate to the needs of the patient population
- Appropriateness of environment
- Collection of data and documentation of needs

# Putting it all together...

- We are all unique and have our own values, beliefs and practices.
- We must recognize that everyone's culture is unique and special.
- We must learn to treat everyone with the same respect that we expect for ourselves.



- We hope this computer based learning module has been helpful and informative.
- Please proceed to the test in order to receive credit for the module.
- Thanks!!



# References

- Lee Gardenswartz and Anita Rowe, *Managing Diversity in Healthcare*. San Francisco: Jossey- Bass, 1998.
- \* Ron Crouch, ‘*Kentucky-An Edge State with Numerous Opportunities*”, Kentucky State Data Center: University of Louisville.
- Juliene G Lipson and Suzanne L Dibble, *Culture and Clinical Care*. San Francisco: UCSF Nursing Press, 2005.
- *Pope and Associates, “Creating an Inclusive & Respectful Workforce, Intellectual Property, 2005*
- *Emily Friedman, “White Coats & Many Colors”*
- [www.jcaho.org/about+us/hlc/hlc\\_jc\\_stds.pdf](http://www.jcaho.org/about+us/hlc/hlc_jc_stds.pdf)