Information Sharing Breakfast Meeting For Diversity Leadership Teams and Groups

November 8, 2012
Information Sharing Breakfast Meeting  
For  
Diversity Leadership Teams and Groups  

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Agenda  

<table>
<thead>
<tr>
<th>I. Welcome and Introductions</th>
<th>Maria Tucker</th>
<th>9:00 – 9:15</th>
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</thead>
<tbody>
<tr>
<td>II. Review of Agenda Items</td>
<td>Bob Crouch</td>
<td>9:15 – 9:30</td>
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<tr>
<td>III. Diversity Leadership Teams Presentation/Q&amp;A</td>
<td>9:30 – 10:15</td>
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<tr>
<td>IV. Feedback &amp; Q&amp;A</td>
<td>Bob Crouch</td>
<td>10:15 - 10:25</td>
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<tr>
<td>V. Closing Comments</td>
<td>Maria Tucker</td>
<td>10:25 – 10:30</td>
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**NOTE:** Each Diversity Leadership Team will have 15 minutes to present their initiatives and priorities. This will also entail an opportunity for those from other teams in the audience to ask questions, clarify information and create contacts and relationships with their sister institutions.

We will be taking notes and preparing a summary for participants for future reference and plans.

Although various members from each team may speak and contribute to the dialogue, there should be one or two designated spokespersons for each team.
DIVERSITY INITIATIVES

Shifts Over Last Decade

- Diversity broadly defined
- Inclusion
- Outcomes that are measurable
- Subtle bias and stereotyping
- Leadership / Systemic and Organizational Change

What Do The Words Mean?

- Diversity
- Equity
- Opportunity
- Inclusiveness
- Respect

Possible Initiatives

- Recruitment/Retention
- Pipeline
- Learning
- Systems & Processes
- Supplier Diversity
- Local community
- Diversity plan

Selection Of Initiatives

- Should address a critical issue in your area of responsibility
• Clear and structured approach (plan)
• Responsible individual (s)
• Timeline
• Measurable outcomes

The following information is extracted from the Annual Report on Diversity Initiatives prepare by Benjamin Reese, vice president, Office for Institutional Equity based on President Brodhead’s request.
Sample Initiatives

(Categories are not mutually exclusive)

Recruitment/Retention

- Track Duke PhDs who are women or from underrepresented groups and maintain lists
- Establish ties with HBCUs
- Create relationships with particular high schools, such as the High School of Environmental Studies in NY, which has a diverse student population.
- Revise guidelines for make-up of search committees to ensure broad diversity
- Sponsor conferences that are likely to bring diverse participants to campus
- Educate search committees about subtle bias
- Develop new strategies to recruit a diverse student body

Pipeline

- Establish ties with HBCUs
- Special programs with local elementary, middle and high schools
- Creative approaches to mentoring

Learning

- Discussion series and/or outside speakers
- Workshops for staff (Respect in the Workplace, LGBT Issues, Religion, Generations in the Workplace, etc.)
- Creative programs that intentionally bring together students from different backgrounds
- Monthly lunch speakers
- Create opportunities for staff to learn Spanish
- Ensure participation in Guide to Managing at Duke

**Systems/Processes**

- Designate individual/point person for diversity within your unit or school
- Create a diversity task force with specific responsibilities
- Recognition and rewards for individuals and/or teams
- Systems to insure accessibility of brochures and websites
- Changes in the process for providing developmental opportunities for staff to insure equity and opportunity

**Supplier Diversity**

- Strategies to increase “spend” with minority, women owned and local businesses
- Andrea Horn, Supplier Diversity Coordinator (Procurement Department) maintains a database of diverse suppliers

**Local Community**

- Program whereby faculty and staff give talks in the Durham community
- Strategies to encourage volunteer service to areas and programs in Durham

**Diversity Plan**

- Develop School or department diversity mission statement and communicate to all staff and faculty
• Develop a comprehensive diversity plan with goals, strategies and outcome measures for your area or department.
Diversity Initiatives

Some Promising Practices

- Pipeline programs and strategies to look more broadly for diverse candidates
- Voluntarily adoption of a Minority/Women Business Enterprise Program (MWBE). Contactors hired by Duke for construction must provide minority and woman data about sub-contractors.
- Initiate practice of including at least one article related to diversity & inclusion in each monthly newsletter.
- Development of diversity task forces and working groups.
- Develop cultural sensitivity competencies as part of the selection process
- Highlight diversity in department award or create new award category
- Improve accessibility of parking for mobility impaired individuals
- Duke Leadership Academy, Office Staff Development Program and First Time Supervisor Program with strong representation from women and minorities
- Internal Fellows Program (Duke Hospital) Class 1 had four participants (3 minorities & 3 females)
- “Building our Bench” – Professional development workshop. All women and minorities staff encouraged to attend (budget management, writing, social media development, interview techniques, etc.)
- “Open Door”- one minority male and one minority female from HBCUs- internship and professional development program
- Diversity Leadership Team Retreat
- Minority Recruitment and Retention Committee
- CultureVision: online cultural competency resource for Health System
- Diversity/inclusion speaker for senior leadership group
- Staff training: subtle bias and stereotyping, working across generations, LGBT issues patient care
Duke Raleigh Hospital
Diversity Leadership Team News
DRAH Diversity Initiatives:
- Monthly celebrations/recognition of different cultures/groups
  - Martin Luther King Jr. Day of Service
  - Black History
  - Women's History
  - Disabilities Awareness
  - Asian Pacific American Heritage
  - LGBT Awareness
  - Hispanic Heritage
  - Employment Disabilities Awareness
  - Domestic Violence Awareness
  - Veterans’ Day
  - Native American Heritage
  - Religious Diversity
  - End of Life Issues in relation to cultural/religious practices (new)

DRAH Diversity Initiatives:
- Diabetes Classes at Alliance Medical Ministry (Spanish and English)
- Prayer Shawl/Comfort Cart Project
- Care Transitions Focus on Sickle Cell Patients
- CultureVision – bi-monthly quiz to encourage use of CultureVision to learn about their patients’ cultures, religious beliefs, etc.

• Measures:
  - Attendance at the monthly events
  - Response to CultureVision quiz from staff
  - Post-program evaluation results

• Greatest Barriers:
  - Lack of participation by DLT members
  - Having many competing activities sponsored by various departments
Want to learn more about American Indian Heritage? Use CultureVision to find the answers to this quiz.

Go to the Duke Medicine Intranet - Quick Links - Culture Vision – Find this topic under Ethnic Groups on the right side of the page - ENJOY! Fax your completed form by November 16, 2012, to (919) 954-3785 to enter a drawing for prizes.

1) How many tribes in the U.S. are recognized by the federal government?

2) During which month does the Tswana buffalo dance take place?

3) The medicine wheel is also referred to as:

4) True or False: Sheep brains are considered a delicacy among American Indians.

5) True or False: The Iroquois, Cherokee, Pueblo, Cheyenne and Navaho are some American Indian tribes with matrilineal clans. For these groups, grandmothers have a particular importance as decision makers who should be consulted and respected in important matters including healthcare decisions.

6) True or False: The traditional concept of health and illness is not shared by most Native Americans and Alaska Natives.

7) The mission of this organization is to support the health and well-being of urban Indian communities through information, scientific inquiry and technology.

8) Native Americans are at higher risk for this than other major racial and ethnic groups in the U.S.

9) Doing this vigorously may be considered aggressive behavior or rude.

10) This trait may be considered less important. One reason is planning for one's own future may seem selfish and lacking in humility or family orientation.

11) American Indians/American Indians are 2.6 times more likely to have this than non-Hispanic whites of similar age.

12) Native Americans generally have a _______ response to pain.

13) This could result in different people with the same disease receiving different treatments.

14) This is the leading cause of death among Native Americans.

15) Some Native Americans will use this in addition to Western Medicine.

16) Looking directly at someone who is an elder or who is greatly respected:

17) True or False: Many American Indian tribes formally recognize homosexual and transgender individuals in the role of the "two-spirit" person.

18) Tobacco is often used in healing ceremonies because:

19) ________ and ________ are considered to be a means of gaining honor and respect in the community.

20) The festival in preparation for the coming agricultural season, celebrated with prayer, chanting, dancing, and healing.
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Native Americans in North Carolina

Facts from the North Carolina Department of Administration

- North Carolina has the largest Native American population east of the Mississippi River.

- There are more than 80,000 Native Americans living in North Carolina.

- The state of North Carolina recognizes seven tribes. They are:
  - Eastern Band of Cherokee
  - Coharie
  - Haliwa-Saponi
  - Indians of Person County
  - Lumbee
  - Meherrin
  - Waccamaw-Siouan

- The Eastern Band of Cherokee is the state's only tribe also recognized by the federal government. Other groups include the Guilford Native American Association, Cumberland County Association for Indian People, Metrolina Native American Association and Triangle Native American Society.
Durham Regional Hospital
Diversity & Inclusion Priorities – FY2013
Durham Regional Hospital

Diversity & Inclusion Priorities – FY2013

Durham Regional Hospital’s Diversity Committees and Executive Leadership Team (ELT) have identified 3 priorities for FY2013 that focus on our patients, our community and our employees. The priorities include a) addressing health care disparities; b) delivering equal and inclusive services to patients and employees who identify as LGBT; and c) utilizing data from our Work Culture Survey to drive change related to employee diversity and inclusion.

Health Care Disparities

DRH will continue to build upon our health care disparities research and practice at DRH and Lincoln Community Center. The next 6 month focus is to apply and gain approval for a 3 year grant from PCORI (Patient-Centered Outcomes Research Institute). This grant will be used to implement a “Nurse Managed Amputation Prevention Program” to reduce the incidence and disparity with patient amputations in Durham County. The program process includes:

- **Assessment** – Nurses will conduct foot exams, triaging, and provide education to patients in 3 local clinics (Lincoln Community Health Ctr., Duke Outpatient Clinic, and Duke Dialysis Centers) where the highest proportion of patients at risk for amputation present themselves.
- **Patient Care** – Nurses will provide initial wound care, proper shoe fitting, education on proper foot care, assessment of vascular supply and other needs identified.

The task force is first collecting data through focus groups with both patients and providers/physicians. It is anticipated that this data will reflect a significant lack of education around foot care and will serve as an initial forum to provide education around the topic of prevention.

Patient & Employee Diversity & Inclusion: LGBT Focus

The DRH Patient-Focused Diversity Team has identified a continuing priority initiative on providing equal and inclusive services to patients and employees who identify as LGBT.

DRH has already made significant progress with our focus in providing equal and inclusive services to patients and employees who identify as LGBT. We have utilized the Human Rights Campaign Healthcare Equality Index (HEI) framework to help guide our changes and improvements. DRH was recognized this past month by the Human Rights Campaign Healthcare Equality Index (HEI) organization as one of two hospitals in North Carolina as a leader in LGBT equality.
The DRH Patient-Focused Diversity Team will continue to present educational events related to family centered care, clinical issues that impact the LGBT community, administrator responsibilities in creating an inclusive environment, and information on advance directives. Several Durham LGBT community leaders have and will continue to join us serving as advisors in identifying opportunities for growth and improvement. Duke OIE and DRH practicing physicians have and will continue to serve as presenters at these education sessions.

Specific work over the next 6 months will include the following:

- Revise DR-I forms to be more inclusive to all patients
- Complete LGBT Ally training for departmental champions
- Create a CRH LGBT support group for LGBT employees and their straight allies.

Employee Diversity & Inclusion: Work Culture Survey Data Driving Change

DRH’s Employee-Focused Diversity Team specifically is focusing on workforce demographics data within the Work Culture Survey to identify diversity and inclusion priorities.

The number one workforce demographic with the largest employee engagement gap is our night shift and week-end shift employees. The data suggests multiple diversity and inclusion gaps when compared to internal and external benchmarks.

The Employee-Focused Diversity Team has recently completed a series of interviews with night shift and week-end shift employees. The team also conducted some interviews with Morehead best practice hospitals and Baldridge hospitals to better understand potential strategies to more effectively manage and include our week-end and night shift employees. The team is utilizing this information to drive improvement initiatives over the next 6 months. Key areas of focus for week-end and night shift employees include the following:

- Increase leader rounding on the week-end and night shifts
- Develop shift-to-shift hand-off templates and processes to improve communication and operational effectiveness
- Conduct staff meetings at times that include night shift and week-end shifts
- Offer training and education events during all shifts
- Include All Employee Event sessions during all shifts
- Include weekend and night shift employees on the Employee-Focused Diversity Team
- Expand Human Resource hours and services to better accommodate the night shift and week-end shift members
- Develop recognition mechanisms including PULSE column directed to night/week-end shifts
- Utilize various communication methods to communicate with night shift/week-end shifts (i.e. e-mail, meeting minutes, & communication boards)
DIVERSITY HIGHLIGHTS

Diversity Leadership Team-Employee Focused Accomplishments

The Diversity Leadership Team is a representative group of employees from various areas of the hospital, in both non-managerial and managerial roles.

The Employee-Sub-Committee of the Diversity Leadership Team has a principal focus of assisting to bring awareness and understanding of diversity and cultural issues to employees in order to affect better patient outcomes and an environment of openness for all employees whereby differences are valued.

The team's mission is to create a culture of inclusiveness in regards to delivery of care, and employee recruitment, retention and development.

Some accomplishments to date include:

- Leading the design of employee diversity training (pre-2010)
  2009-2011
- Creating tools, resources and training for employee development, including:
  I. Enhancements to the DRH Career Enhancement Program to cover costs up-front enabling employees who cannot afford pre-registration to take advantage of career enhancement.
  II. Partnering with Duke Learning & Organizational Development and the Employee Development Work Culture Committee to provide training to DRH Leaders around developing their employees. One outcome was that the work culture scores for employee development increased in the 2010 work culture survey.
  III. Initiating the 2011 Lunchtime Learning Series and the Diversity & Cultural Awareness Fact Sheets.
  IV. Serving as a resource to the Executive Leadership Team regarding the Work Culture/Audience Response Surveys.

In June of 2010, the hospital participated in the Institute for Diversity in Health Management's "State of Health Care Diversity and Disparities: A Benchmark Study of U.S. Hospital's."

a. The survey assessed diversity initiatives in four categories:
   b. Expanding the diversity of the organization's governance body and leadership team; effectively Engaging the diverse communities that the organization serves:
c. Strengthening a diverse workplace throughout the organization and delivering culturally;
d. Linguistically competent patient care throughout the organization.

Durham Regional, one of 182 participating, was named:

I. “Best in Class for Strengthening the Work Culture” and
II. “Promising Practices for Governance Body and Leadership Team.”

The Diversity Leadership Team Employee-focused and Patient-focused teams contributed to these accomplishments.

2011 Durham Regional Hospital Diversity & Cultural Awareness Series

Durham Regional Hospital is working to achieve a work culture of inclusion, equity, fairness and respect. What does that mean?

I. Diversity includes all the "dimensions" (life experiences, beliefs, etc.) an individual brings to the work place.
II. As an organization, we are striving for an environment of inclusion, which means an environment in which everyone feels that their diversity (or, "dimensions") is included, respected and valued.
III. In addition, we are working to build a workforce that is culturally-competent, which means having a set of attitudes, behaviors and skills to successfully function in a diverse environment.

IN PROGRESS:

The Employee-focused Diversity Leadership Team is recommending a plan to help bring awareness and understanding of diversity and cultural awareness to employees in the hope of helping to provide better care for our patients and facilitating an environment of openness in which differences are valued. Our plan includes a lunchtime learning series, monthly facts sheets and weekly information in the Daily Huddles.

These topics were chosen by the committee based on the hospital's patient and employee population and national diversity observances.

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<thead>
<tr>
<th>Month</th>
<th>Community Service</th>
<th>Coord.</th>
<th>Due Date</th>
<th>Target</th>
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| January | **MLK Commemoration: National Day of Service** Partner with United Way (provide a children-appropriate service project) and CARE Clinic Provide:  
- DRH t-shirt to employees who participate  
- letter of participation to employees’ supervisor for file and | Carol  | Day of Service, Plan by December 17 | January 17 |
<p>|       |                                                                                   |        | January 5         |        |</p>
<table>
<thead>
<tr>
<th>Month</th>
<th>Event Description</th>
<th>Presenter(s)</th>
<th>Date</th>
<th>Details</th>
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<tbody>
<tr>
<td>Jan-Mar</td>
<td>Certificate for children Huddles to include MLK quotes Partner with MLK Commemoration Planning Committee-Scott</td>
<td>Carol Scott</td>
<td>December 17</td>
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<td></td>
<td><strong>Fact Sheets: Diversity &amp; Cultural Awareness</strong></td>
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<td>March</td>
<td><strong>Lunchtime Learning Session</strong></td>
<td></td>
<td>January 7</td>
<td><strong>March 9, First Level Classroom, noon-1 pm &amp; 2-3 pm</strong></td>
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<td><strong>Topics:</strong> Patients’ Stories. Understanding different cultures and how cultures affect the patients' experience Show “Worlds Apart” videos. This includes patient care experiences through the eyes of two patients—each from a different country and show how their origin and experiences affect their care experience and the perception they have of their care. Patients are Mohammad Kochi, a 63-year-old man from Afghanistan, and Alicia Mercado, a 60-year-old woman from Puerto Rico. Each story @ 11 minutes. Facilitate Discussion Afterwards</td>
<td>Katie</td>
<td>January 7</td>
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<td>Apr-June</td>
<td><strong>Fact Sheets: Diversity &amp; Cultural Awareness</strong></td>
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<td>February 25</td>
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<td><strong>Topics:</strong> April: Celebrate Diversity May: Asian/Pacific American Heritage and Medicine June-Disability Awareness</td>
<td>Scott</td>
<td>March 31</td>
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<td></td>
<td><strong>Lunchtime Learning Session</strong></td>
<td></td>
<td>April 29</td>
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<td>May</td>
<td><strong>Submit for credit</strong></td>
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<td>March 31</td>
<td><strong>May 11, First Level Classroom noon-1 &amp; 2-3 pm</strong></td>
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<td><strong>Topic: Generational Differences in the Workplace</strong></td>
<td>Linda</td>
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<td>A motivational focus around generational differences and how these differences affect teamwork and the workplace. Presented by Bob Crouch, Duke OIE.</td>
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<td>Aug</td>
<td><strong>Lunchtime Learning Session</strong></td>
<td></td>
<td>June 24</td>
<td><strong>August 17, First Level Classroom noon-1 &amp; 2-3 pm</strong></td>
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<tr>
<td>Submit for</td>
<td><strong>Topic: Bariatric patient-sensitivity training</strong></td>
<td>Katie</td>
<td></td>
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<td>credit</td>
<td>Tentative presenter: Katherine Applegate, Duke Metabolic and Weight Loss Surgery Center Online SWANK training already developed. Include sensitivity around the causes of obesity (complex combination of reasons); incorporate “walk in someone’s shoes” opportunity</td>
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<td>Aug-Dec</td>
<td><strong>Fact Sheets: Diversity &amp; Cultural Awareness</strong></td>
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The four major faith traditions of our patient population are: Christianity, Islam, Jehovah's Witness and Judaism. Many of the major observances of these religions occur in August-December. Highlight these in the fact sheets.

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<tr>
<td>August</td>
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<td>June 30</td>
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<td>September</td>
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<td>July 29</td>
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<tr>
<td>October</td>
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<td>August 26</td>
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<tr>
<td>November</td>
<td></td>
<td>September 30</td>
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- What are some critical things to know about what this time of year for people of these faiths?
- What are some questions we should ask patients from different faiths?
- How can we serve patients better in terms of meal requirements?
- Include additional resources about various cultures represented in our patient and employee population, faith traditions (major observances during these months) and other information.

### Lunchtime Learning Session

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<tr>
<td>Submit for credit</td>
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<td>August 26</td>
<td>October 12, First Level Classroom, noon-1 pm &amp; 2-3 pm</td>
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**December**

- Continue to partner with Holiday committee to incorporate diversity.

I. Collect contact information of attendees, and build an email list for communicating upcoming events (in addition to other channels).

II. In the beginning, success in terms of attendance would be approximately 50 attendees for each session.
DIVERSITY TRAINING

Course: Diversity

Offered: On-going

Target Audience: Mandatory – All staff managers

- 4 hour module for staff
- 8 hour module for managers

Facilitators @ DRH: Felicia Street          Denise Guerrier
                                      Robert Moss          Ron Thomas

Participation: 2005 to date… 1,165

Goals/Objectives:

a. Define diversity, cultural competence, and the various dimensions of diversity.
b. Show how diversity is an everyday part of your general workplace responsibilities.
c. Become aware of how certain beliefs and attitudes about cultural differences often prevent the achievement of exceptional patient care and high performance.
d. Learn how to effectively resolve interpersonal conflicts where diversity issues are involved.
e. Design strategies for creating a diverse, culturally competent organization.

Diversity Defined:

Diversity is a caring and inclusive environment wherein differences are valued and integrated into every part of an organization’s day-to-day operation in order to:

a. Provide the best possible patient care
b. Achieve exceptional workplace and business performance
c. Ensure the mental, physical, and emotional well-being of staff
d. Ensure community outreach and involvement
Duke University Hospital
Diversity Initiatives
Duke University Hospital – Diversity Initiatives

CultureVision:
- Develop program to sustain and monitor use.
  - Additional employee presentations.
  - Provide a CultureVision tip in the Monday Morning Update that managers may share at staff meetings.
  - Staff “Fun Fact” search that requires using the CultureVision software program. With completion of the “Fun Fact “ search, staff members would be eligible to participate in a prize drawing.

Transgender Healthcare Forum

February, 2013 - new medical school Learning Center. The forum will feature a brief didactic session on topics in caring for transgender patients. Evening event will be open to all Duke health professionals, students, faculty, and staff.

A panel of transgender community members will discuss their experiences in the healthcare system.

Forum will include time for questions and discussion.
Duke University Hospital – Diversity Initiatives

**Limited English Proficiency Program (Pilot)**

Clinicians have an opportunity to gain insights on providing clinical care to the LEP patient. Clinicians converse and hear from peers regarding clinical issues and resources in enhancing care for the LEP patient/family.

Six cases studies will be presented for discussion. Case studies will be pediatric, adult, inpatient and outpatient. Articles and resources will also be utilized in the discussion.

Goal is to increase awareness of unique cultural and distinct clinical skills utilized in working with LEP patients/families.

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**Diversity Ambassador (Under Development)**

Ambassadors assist in integrating and promoting diversity and inclusion in their work units. Examples include:

- Provide cultural education programs on unit
- Keep staff aware of changes that impact patients of different cultures
- Assist in providing assessment for improving work unit culture
- Demonstrating and role modeling diversity on a on-going basis
Employee Forum Presents: Introduction to Culture Vision
Ashley Crowe & Brian Anderson

Culturally Competent Care & Inclusion
- Ability of health organizations and practitioners to recognize the cultural beliefs, attitudes and health practices of diverse populations
- A climate where diversity is valued and people perceive that they are valued because of and not in spite of their differences
- An understanding and acceptance of the beliefs, values, and ethics of others as well as the demonstrated skills necessary to work with and service diverse individuals and groups
- Caring for our patients, their loved ones, and each other

10 things to know about cultural competency
1. Cultural competency begins in the parking lot – everyone must be involved
2. Health care organizations that are responsive to the changing demographics in the US will be most successful
3. The regulatory environment will continue to set increasingly more stringent cultural competency standards
4. Culture is the predominant factor in shaping and individual’s response to health & illness
5. Understanding one’s own culture is important to working effectively with people with different cultural backgrounds.

10 things to know about cultural competency
6. Cultural competence skill are also needed for working effectively with co-workers
7. Culturally competent care increases both patient/family satisfaction and employee satisfaction
8. The concept of constructive inquiry, asking the right questions, is a central cultural competence skill set
9. Interacting with others in a culturally competent manner helps establish trust
10. The path to cultural competence is a lifelong journey, not a destination
CultureVision

- CultureVision supports the provision of culturally competent care to our patients and their loved ones. It is a comprehensive, user-friendly database intended to give frontline healthcare providers access to information for more than 50 ethnic, cultural, religious and ability groups.
- Tool to help you know the correct questions to ask
- Questions not answers