

## **Bryant T. Aldridge Rehabilitation Center Unit Specific Inclusive Diversity Analysis:**

### **CULTURAL COMPETENCY AND DIVERSITY PLAN**

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A Cultural Competency and Diversity Plan was developed for the Comprehensive Integrated Inpatient Rehabilitation Program to demonstrate how the Bryant T. Aldridge Rehabilitation Center (BTARC) will respond to the diversity of our stakeholders, including patients, employees and outside vendors. We want to enable staff to work effectively, cross-culturally with each other, as well as, the patients and families we serve by understanding, appreciating and respecting similarities and differences in beliefs, values and practices within and between cultures.

BTARC maintains a policy of nondiscrimination with all employees and applicants for employment. It is the policy of Nash Hospital's Inc. to offer equal employment and advancement opportunities to qualified individuals on the basis of merit, competence and qualifications and without regard to race, color, sex, religion, ancestry, national origin, age, veteran status, marital status, disability or genetic information. Rehabilitation staff receive cultural diversity training at the time of hire and as needed thereafter.

This Cultural Competency and Diversity Plan addresses the following areas: culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status and language. Cultural competency and diversity is part of staff orientation. The Cultural Competency and Diversity Plan is reviewed annually for relevance and updated as needed by the Rehabilitation Unit Leadership Team. The information in this document is shared with staff and available to patients and other stakeholders on our website.

## **CULTURE**

Our patient demographics vary from year to year. Last year, our patient population was 59.5% Caucasian, 37.7% African American, 1.0% Hispanic/Latino, and 1.0% Native American. Nash County has a large presence of African American and Caucasian in its population. Nash County demographics indicate the following population demographics through census analysis in 2016.

Community Population Demographics	Nash County	NC
White alone, percent, 2016	55.8%	71.70%
Black or African American alone, percent, 2016	40.4%	22.00%
American Indian and Alaska Native alone, percent, 2016	1.0%	1.60%
Asian alone, percent, 2016	1.1%	2.60%
Native Hawaiian and Other Pacific Islander alone, percent, 2016	z	0.10%
Two or More Races, percent, 2016	1.7%	2.00%
Hispanic or Latino, percent, 2016	6.8%	8.90%
White alone, not Hispanic or Latino, percent, 2016	50.4%	64.40%

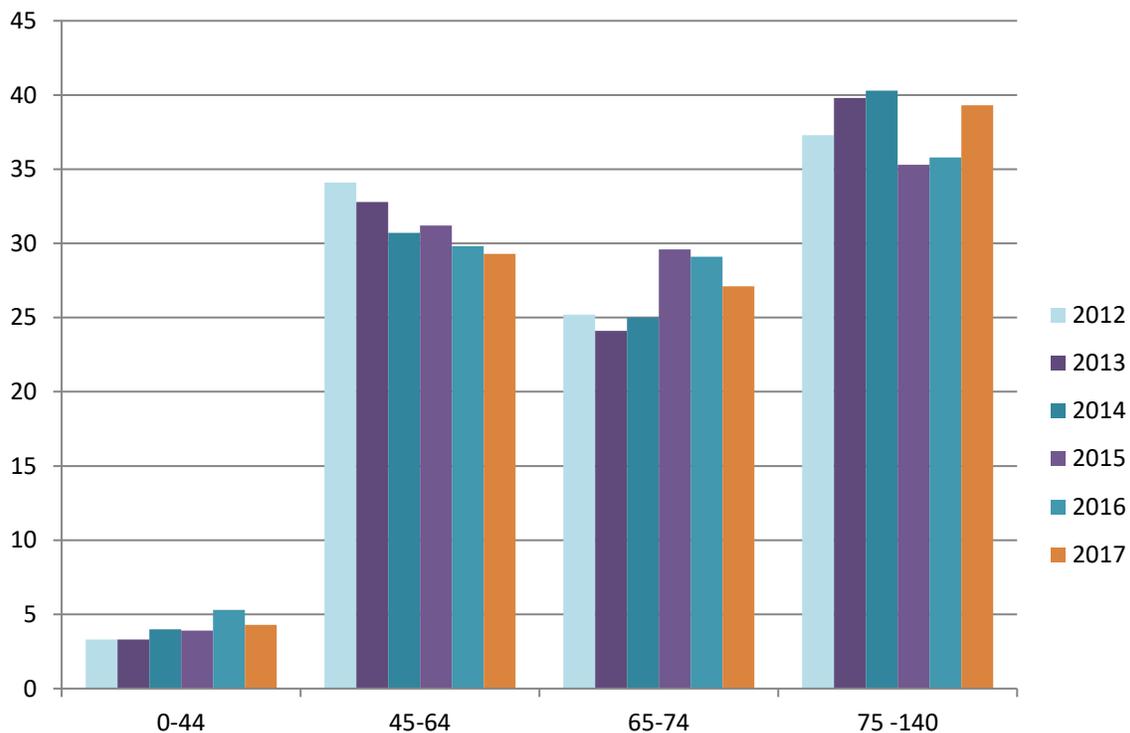
<https://www.census.gov/quickfacts/fact/table/nashcountynorthcarolina/POP060210>

An example of being culturally competent for the needs of our patients is the awareness of the Native American culture for our patients. We have hired staff that are of Native American descent. In our rehab department, we utilize Marti, an electronic/video interpretation service, for ongoing translation services within any language. Cultural requests related to diet are always considered unless the dietician indicates otherwise due to medical constraints. Many of our commonly used forms/written materials are available in Spanish, and other worksheets and therapeutic tasks are utilized that contain culturally enriching information. In the event a form is not available in Spanish, we would utilize Marti for translation of said document.

Our rehabilitation social worker and case manager work regularly with external stakeholders such as nursing homes, home health agencies and DME vendors to ensure that patients with different cultural and language needs are communicated with to ensure the services are well transitioned to the next level of care.

As noted in the introduction to this plan, Nash Hospital's, Inc. does not discriminate in hiring practices or in advancement based on race, color, national origin or ancestry.

### **AGE**



Our patient ages have remained very consistent over the past 6 years. Our largest age demographic is greater than 75 years and accounts for nearly 40% of our patient population. Our rehab unit trends in-line with national benchmarks for inpatient medical rehabilitation units. The national average is greater than 75 years on admission...this being 37.6%. We have a high adult and geriatric population and one of the main goals for our program is to return them to a

community setting with the support of family. Discharge to community setting is a strong area of focus beginning on admission and evolves through the duration of the stay.

**2013 Estimated Nash County Population by Age (94,005 total)**

2019 Proj Median Age: 42

2014 Proj Median Age: 41	Total Population	% o population
2014 Proj Total Pop under 18	21,057	22.4%
2014 Proj Total Pop 19-59	56,497	60.1 %
2014 Proj Total Pop 60+	16,451	17.5%

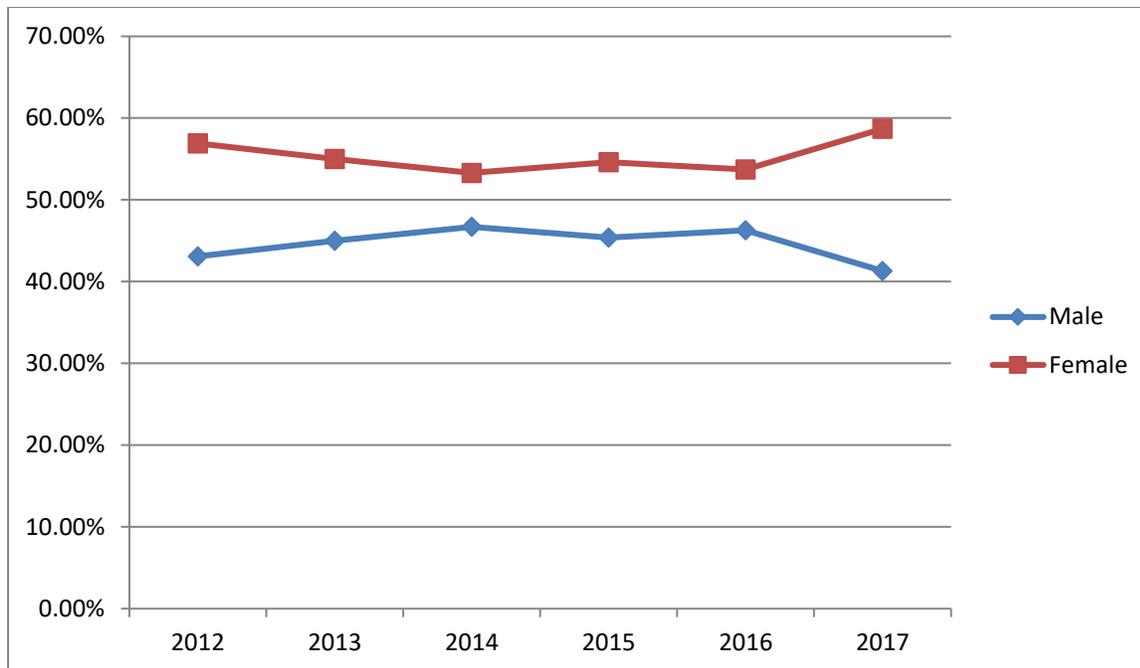
Our rehab unit does not accept patients under the age of 18. Because our patients are of an adult/senior age, we focus on return to home and self-care/safe mobility tasks during the rehabilitation process, as appropriate.

In addition to cultural and language awareness when working on discharge needs, our social worker and discharge planner are sensitive to a patients need for placement and services based on age as well.

Our staff must be 18 years of age and a high school graduate to be qualified to work in any role at Nash Hospitals, Inc. The largest demographic for our staff falls in the 25 - 50 range, which allows for better understanding for the majority of clients we serve who are of a similar age. We have not encountered an issue with an elderly patient having concerns with having a younger staff member. Should that arise, we would modify staff assignments to an older staff member, if possible.

**GENDER**

Our patient demographics in 2017 indicated 41.3% were male and 58.7% were female. We traditionally have always had an evenly split population as it relates to gender. Our staff demographics, however, indicate that we have a higher number of female staff at 92% compared to 8% male staff.



Care is taken to accommodate the request if a male patient prefers a male staff member to assist with toileting, etc. We have not encountered a sexually inappropriate male/female patient. If this behavior did occur, it would be managed through a Licensed Medical Social Worker consult, discussed with staff, and addressed with training.

As noted in the introduction to this plan, we do not discriminate in hiring or advancement based on gender.

### **SEXUAL ORIENTATION**

We respect patients of all sexual orientation. When we have patients with a need for additional support or concern regarding sexual orientation, this can be addressed through the Licensed Medical Social Worker or we will locate community resources to address this. There is not a Gay, Lesbian, Bisexual and Transgender organization in our county. If resources were needed, we would reach out to our affiliate Health System, UNC Health Care for further assistance. We would facilitate assistance with social, educational and advocacy services. Dr. Terri Phoenix, completed an on-site leadership education session in July 2016 at UNC Nash. Dr. Terri Phoenix is the Director of the LGBTQ Center at UNC-Chapel

Hill. Terri is an alumnus of East Carolina University (BA), UNC-Greensboro (MS), and University of Georgia (PhD) and served on the Executive Board for the Consortium of Higher Education LGBT Resource Professionals. Dr. Phoenix has 20 years' experience working with youth in various settings including therapeutic group homes, detention centers, psychiatric hospitals, high schools, and non-profit organizations. Terri has given numerous invited and peer-reviewed presentations on cultural competency and inclusive practices at local, regional, and national conferences. Dr. Phoenix lives in Durham, North Carolina and can be reached at [tphoenix@email.unc.edu](mailto:tphoenix@email.unc.edu)

Sexual orientation is not a demographic that is tracked/trended for patients or staff due to privacy issues.

### **SPIRITUAL BELIEFS**

We respect patients' spiritual beliefs and admit patients with a variety of spiritual beliefs and many with no particular spiritual belief. We have chaplaincy services available for consultation for every patient. If patients have certain spiritual holidays, we make every effort to adapt the care plan for nursing and therapy to accommodate the identified need.

If we have patients who need special foods related to their spiritual beliefs, we will accommodate that request, if possible, through our dietary department. If appropriate, family members may bring in foods that fit the spiritual beliefs of the patient but first it must be medically cleared by the physician.

Regarding employees, we rarely have a request for religious accommodations relating to attire. After evaluating for any safety issues, we will work to accommodate the request (i.e. wearing a head scarf). Staff have made special requests to work or not work certain days of the week and/or holidays based on religious beliefs and rehab leadership makes every effort to accommodate these requests.

As an employer, we cannot discriminate based on the spiritual beliefs or religion of our staff. Due to privacy issues, this is not a demographic that is tracked for patients or staff.

### **SOCIOECONOMIC STATUS**

Patients receive services regardless of their or their family's socioeconomic status. Services are typically funded through Medicare (71.3%) BTARC population, Medicaid (10.4%) BTARC population or Commercial Insurance (10.6 %) BTARC population. This past year, we observed an increase in Medicaid population from 8.3% to 10.4%. This increase resulted from a lack of funding for home health and outpatient rehabilitation services through North Carolina Medicaid. We are fortunate to have a very active financial counselling program at Nash Hospital's, Inc. We assist those persons served with achieving any possible benefit or funding in their IRF stay. Financial counselors screen patients and complete on site visit while patients are at our facility. Nash Hospitals', Inc. also has a robust transitional care program. We are fortunate to have a certified rehabilitation nurse, Beth Brown, RN formerly employed at BTARC as an RN, on the transition care team. When a patient is discharged from the program, if socioeconomic status is a barrier, the case managers will assist the patient and family with accessing social services such as disability access, social security, etc. They also work very closely with the transition care team for support at the time of discharge to assist with improving the discharge disposition.

### **LANGUAGE**

On a rare occasion, we have a patient who does not recognize English as their primary language. The main non-English language spoken is Spanish. We are able to accommodate their need by providing certified translation services through our Marti application. Our Marti translator service can accommodate any patient that we admit to our program. Many documents have been translated into Spanish for our patients and families to utilize. Additionally, at discharge, our social work and discharge planner make efforts to find outside vendors who speak the language of the patient whenever possible.

Regarding employees, staff must be able to speak, read and write English. We have some staff within our hospital system that are bilingual.

Implemented July 21, 2014

Revised 2/2015, 2/2016, 2/2017, 2/2018