Please note that the views expressed are those of the conference speakers and do not necessarily reflect the views of the American Hospital Association and Health Forum.

Dr. Sandra Ogunremi, DHA, MSA, B. Pharm, MPM, SCPM, CLC, CIM, Sr. Diversity, Equity and Inclusion Consultant
CREATING AN ORGANIZATION THAT EMBRACES CULTURAL AWARENESS
Almost three million people visit the National Memorial each year.

Source: https://www.nps.gov/moru/index.htm
OUR GEOGRAPHIC REGION

CRAZY HORSE MEMORIAL

- Crazy Horse was a Native American war leader of the Oglala Lakota.
- The Memorial carving will be 641 feet long and 563 feet high when completed.

It will be the largest sculpture in the world once complete!

Source: https://crazyhorsememorial.org/
OUR GEOGRAPHIC REGION

WIND CAVE NATIONAL PARK

• The first cave to be designated a national park.
• Lakotas believe it is the sacred site where the Pte Oyate – Buffalo Nation/People, emerged from inside Mother Earth and became Ikce Wicasa -- Common People.

JEWEL CAVE NATIONAL MONUMENT

• 173 miles of explored passageways.
• One of the longest caves in the world.

https://www.nps.gov/wica/index.htm
https://www.nps.gov/jeca/index.htm
OUR GEOGRAPHIC REGION

CUSTER STATE PARK

• State park and wildlife reserve in the Black Hills.
• South Dakota's largest and first state park.
• Named after Lt. Colonel George Armstrong Custer.
• Encompasses 71,000 acres

http://www.blackhillsbadlands.com/parks-monuments/custer-state-park

BEAR BUTTE STATE PARK

• Mato Paha or "Bear Mountain" is the Lakota name given to this site.
• American Indians it as a place where the creator communicates through visions and prayer.

https://en.wikipedia.org/wiki/Bear_Butte
OUR GEOGRAPHIC REGION

BLACK ELK PEAK
- The highest point in South Dakota (7,242 feet)
- Formally known as Harney Peak for over 150 years.
- Renamed Black Elk Peak in 2016 in honor of Nicholas Black Elk.

Source: http://harneypeakinfo.com/

DEVILS TOWER
- Proclaimed the nation’s first national monument in 1906 by President Theodore Roosevelt.
- It is considered sacred to the Lakota and other Plains Tribes.

Source: https://en.wikipedia.org/wiki/Devils_Tower
As the leading health care system in western South Dakota, Regional Health serves diverse, growing communities with the very best health care.

- Five Acute Care Hospitals
- Two managed Hospitals
- Twenty Four Clinic Locations
- Four Home Medical Equipment Stores
- One Assisted Living Facility
- Two Nursing Homes
- Three Urgent Care & Occupational Medicine Clinics
- Cancer Care Institute, Rehabilitation Institute, and Behavioral Health Center
- 32 Specialty Areas of Medicine
- Largest Private Employer in Western South Dakota
- Employs Nearly 5,000 Physicians and Caregivers
- Medical Training Partnerships
- Medical Residency Program
- More than 130 Active Research Studies

Regional Health, headquartered in Rapid City, SD, is an integrated health care system with the purpose of helping patients and communities live well.
REGIONAL HEALTH PURPOSE, VISION, VALUES AND GOALS

What we do
PURPOSE: Helping Patients and Communities Live Well

Why we do it
VISION: We aspire to be the best health care system in America

Who we are
VALUES: Compassion | Innovation | Courage | Mutual respect | Integrity

How we get it done
PRIORITIES:
- Patient & Family EXPERIENCE
- Culture of Safety & Quality CARE
- Physician & Caregiver EMPOWERMENT
- Community STEWARDSHIP
- Financial STEWARDSHIP
Treaty of Fort Laramie – 1868

- The Treaty of Fort Laramie (also called the Sioux Treaty of 1868) was an agreement between the United States and the Oglala, Miniconjou, and Brulé bands of Lakota people, Yanktonai Dakota and Arapaho Nation.

- Guaranteeing the Lakota ownership of the Black Hills, and further land and hunting rights in South Dakota, Wyoming, and Montana. The treaty ended Red Cloud's War.
Historical trauma and centuries of racial tension.

Battle of the Little Bighorn/General George Armstrong Custer – 1876
- Commonly referred to as Custer's Last Stand, was an armed engagement between combined forces of the
  Lakota, Northern Cheyenne, and Arapaho tribes and the 7th Cavalry Regiment of the United States Army.

Wounded Knee Massacre – 1890
- Conflict between North American Indians and representatives of the U.S. government.
- Resulted in the deaths of more than 250, and possibly as many as 300, Native Americans.
Siege of Wounded Knee - 1973

- Approximately 200 Oglala Lakota and followers of the American Indian Movement (AIM) seized and occupied the town of Wounded Knee, South Dakota, on the Pine Ridge Indian Reservation.
- Oglala and AIM activists controlled the town for 71 days while the United States Marshals Service, FBI agents, and other law enforcement agencies cordoned off the area.
- During the standoff, two Indians were killed, one federal marshal was seriously wounded and numerous people were arrested.
Standing Rock Reservation and Dakota Access Pipeline – Currently

- 2016 - Grassroots movements began in reaction to the approved construction of Energy Transfer Partners' Dakota Access Pipeline in the northern United States.
- Many in the Standing Rock tribe consider the pipeline and its intended crossing of the Missouri River to constitute a threat to the region's clean water and to ancient burial grounds.

Past/present events have influenced local communities’ stereotypes, biases and attitudes about Native Americans.
THE JOURNEY

January 1, 2015: Brent Phillips, a Senior Healthcare Executive with more than 23 years of leadership experience, joined Regional Health as President and CEO and took a reflective look at our health system.

Regional Health

"I look forward to the opportunity to lead Regional Health and work with community leaders to better serve the health care needs of western South Dakota and the surrounding communities," Mr. Phillips said.
May 10, 2015

• A Regional Health nurse made a racist comment toward Native Americans and minorities in a video that went viral on social media.

May 11, 2015

• Native Americans plan a protest on 5/12/15 at Regional Health to call for the firing of the nurse.
  • Phillips encouraged community and caregiver participation to show solidarity and to make it a unity rally.

May 12, 2015

• First ever Rapid City Solidarity Rally was held.
  • Over 500 community members as well as 300+ Regional Health caregivers gathered.
THE JOURNEY
Solidarity Walk Against Racism – May 2015

The solidarity rally could have been very traumatic, but instead brought the community together and inspired:

- Native American Collaboration

- Regional Health signed the AHA Equity of Care Initiative to Eliminate Health Care Disparities pledge to ensure equitable, safe care is delivered to all persons for its five hospitals.

- Regional Health Strategic Plan (FY 2017, 2018 and 2019)

  - Cultural Competency Training
  
  - Community Engagement

  - Community Outreach Services
Paulette Davidson, joined Regional Health in November 2015 to focus on clinical operations and strengthening corporate culture to benefit patient care and services.

Paulette is the Executive Sponsor for the AHA Equity of Care Initiative to Eliminate Health Care Disparities.

The Regional Health AHA Equity of Care Initiative is a 3-year system wide strategic initiative to eliminate health care disparities by:

- Increasing the collection and use of race, ethnicity and language preference data
- Increasing cultural competency training
- Increasing diversity in governance and leadership

Regional Health signed the AHA Equity of Care Initiative to Eliminate Health Care Disparities pledge to ensure equitable, safe care is delivered to all persons.

Paulette Davidson, FACHE, President of Rapid City Market and COO of Regional Health
2017 – First ever at Regional Health, newly created Senior Diversity Consultant position.

Oversees the AHA Equity Initiative for Regional Health and leads organizational initiatives, workshops, diversity and cultural training.

2017- Involvement of Human Resources and Talent Development Division.
The World Health Organization (WHO) defined health in its broader sense in its 1948 constitution as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."
STRATEGIC PLAN

AHA Equity of Care Pledge taken by Regional Health

- Eliminate health care disparities and promote diversity within our organization.

Action Taken (Implement Strategies)

1. Increasing the collection of REAL Data
2. Increasing Cultural Competency Training
3. Increasing Diversity in Leadership and Governance

Educate Others

- Achieve the goals and be recognized.
- Tell our story and share our learnings with others to accelerate progress collectively.
Regional Health has incorporated the following to improve equity:

- Participate in AHA’s Equity of Care Initiative to Eliminate Health Care Disparities programs.

- Develop and deploy consistent health education across Regional Health communities and Indian Health Services.

- Develop and implement a mentoring program which supports the development of future American Indian leaders in healthcare.
EMBRACING CULTURAL AWARENESS

- Lakota Lands and Identities – Cultural Immersion
- Community Unity Day
- Native American Day Parade
- Regular He Sapa Elder Luncheon
- Rapid City Community Conversations (RCCC)
- Healers and Transformers

RECOGNIZE COMPLEXITY

- Recruiting minority board members
- Development of minority resource group
- Creation of Multicultural Center
- Healthcare Leadership Fellowship for Native Americans
- Regional Health Cultural Advocates

COMMUNITY INVOLVEMENT

- Regional Health has provided 5 presentations to hospitals.

ENCOURAGE TRAINING

- Collaboration with external organizations to host routine trainings
- Collaboration with external organizations to present at conferences

INTERNAL & EXTERNAL EDUCATION

- 40 Cultural Awareness classes have been presented internally.

CULTURAL COMPETENCY TRAINING

- Cultural Awareness question every other week for all caregivers to answer to earn points and participate.
- Ongoing cultural awareness presentations
- Cultural intelligence training for all caregivers
- System wide education and training

O minorities on board before Brent Phillips now there are 4.

100% participation in online Cultural Awareness Training.

Regional Health has provided 5 presentations to hospitals.

40 Cultural Awareness classes have been presented internally.

Cultural Awareness question every other week for all caregivers to answer to earn points and participate.
TOTAL RACE OF RH INPATIENTS CY' 16

- WHITE/CAUCASIAN 70.32%
- NAT AMER INDIAN/ALASKAN 24.71%
- HISPANIC 1.09%
- UNKNOWN 1.88%
- ASIAN 0.53%
- BLANK 0.30%
- OTHER 0.20%
- PATIENT REFUSED 0.04%
- NAT HAWAIIAN/PACIFIC ISL 0.01%
- BLACK/AFRICAN AMERICAN 0.92%
- ASIAN 0.53%
- BLANK 0.30%
- OTHER 0.20%
- PATIENT REFUSED 0.04%
- NAT HAWAIIAN/PACIFIC ISL 0.01%
- BLACK/AFRICAN AMERICAN 0.92%
TOTAL ETHNICITY OF RH INPATIENTS CY' 16

- NOT HISPANIC: 85.05%
- BLANK: 8.10%
- PT REFUSED/UNK: 4.41%
- HISPANIC: 2.44%
TOTAL LANGUAGE OF RH INPATIENTS CY’16

- ENG: 90.880%
- BLANK: 8.106%
- UNK: 0.680%
- SPA: 0.128%
- LAK: 0.073%
- OTH: 0.026%
- UKR: 0.017%
- VIE: 0.013%
- NOR: 0.013%
GOAL 1: Increasing collection and use of race, ethnicity and language (REAL) preference data

GOAL 2: Increasing cultural competency training

GOAL 3: Increasing diversity in governance and leadership

Regional Health exceeds the AHA goal set for 2017 in REAL Data Collection and Cultural Competency Training!
COMMUNITY OUTREACH

SOCIAL WELLBEING

• Social Wellbeing is a sense of involvement with other people and our communities. Wellbeing is not just about being happy or content, but also about being actively engaged with life and with other people.
Regional Health helps patient and communities live well.

CLINICAL SERVICES

- Chadron, NE (Nephrology) – 202 miles round trip
- Eagle Butte (Nephrology) – 360 miles round trip
- Fort Meade VA (Sturgis) (Nephrology) – 62 miles round trip
- Hot Springs VA (Nephrology) – 114 miles round trip
- Pine Ridge (Nephrology) – 188 miles round trip
- Rosebud (Nephrology) – 376 miles round trip
COMMUNITY OUTREACH

MEDICAID ENROLLMENT

Regional Health caregivers visit underserved medical facilities and Native American communities to help patients utilize the resources available to them to ensure they have access to the best health care.

- IHS is chronically underfunded. It receives a set amount of money each year to take care of 2.2 million native people — no matter how much care they may need. On the reservation, IHS facilities often don’t have services that people elsewhere expect.

- In 2013, Indian Health Service spending for patient health services was $2,849 a person, compared with $7,717 for health care spending nationally, according to a report from the National Congress of American Indians.

- Native Americans typically have more serious health problems than the general public, including higher rates of diabetes, liver disease and unintentional injuries.

Source:
IMPORTANT WAYS TO EMBRACE CULTURAL AWARENESS
DON’T DUCK YOUR HEAD IN THE SAND
how do you eat an elephant?
one bite at a time
SWOT Analysis

STRENGTHS

WEAKNESSES

OPPORTUNITIES

THREATS
WHAT IS CULTURAL AWARENESS?

Cultural Awareness is the foundation of communication and it involves the ability of standing back from ourselves and becoming aware of our cultural values, beliefs and perceptions.

- Sherwood Fleming

Source: www.culturosity.com/articles/whatisculturalawareness.htm
Visible & Invisible Parts of Culture

Visibles:
- what people see, hear, touch, taste, smell
- explicitly learned
- conscious
- easily changed
- objective knowledge

Invisibles:
- what people believe, value, think, feel
- implicitly learned
- unconscious
- difficult to change
- subjective knowledge

EDUCATE ON CULTURAL AWARENESS

• Developing sensitivity and understanding of other ethnic groups.
• It involves internal changes in terms of attitudes and values.

Source: https://image.slidesharecdn.com/culturalawareness-140328071620-phpapp01/95/cultural-awareness-9-638.jpg?cb=1395991585
EDUCATE ON LEVELS OF CULTURAL AWARENESS

I. Unconscious Incompetence
- This has also been called the state of blissful ignorance. At this stage, you are unaware of cultural differences. It does not occur to you that you may be making cultural mistakes or misinterpreting much of the behavior going on around you.

II. Conscious Incompetence
- You now realize that differences exist between the way you and the local people behave, though you understand very little about what these differences are, how numerous they might be, or how deep they might go.

III. Conscious Competence
- You know cultural differences exist, you know what some of these differences are, and you try to adjust your own behavior accordingly. It doesn’t come naturally yet—you have to make a conscious effort to behave in culturally appropriate ways.

IV. Unconscious Competence
- You no longer have to think about what you’re doing in order to do the right thing. Culturally appropriate behavior is now second nature to you; you can trust your instincts because they have been reconditioned by the new culture.

Source: http://www2.pacific.edu/sis/culture/pub/1.6.2-_the_four_level_of_cul.htm
EDUCATE ON IMPORTANCE OF CULTURAL AWARENESS

• If a patient, because of cultural “disconnect,” can’t appreciate what we’re prescribing or why it’s necessary, or if the information is delivered in a way that inadvertently frightens or offends the patient, how can we fulfill our mission as health care providers?

• Core causes for cultural “disconnects” between health care providers and patients include:
  - VALUES
  - INDEPENDENCE
  - PRIVACY
  - SELF-CONTROL
  - TIME ORIENTATION

Source: https://books.google.com/books?id=5Vr_IrJe3n0C&pg=PP3&lpg=PP3&dq=if+a+patient+because+of+cultural+disconnect&source
EDUCATE ON DEVELOPING CULTURAL AWARENESS

- **Commit to boosting your own cultural competency**
  Cross-cultural communication is an invaluable workplace skill.

- **Actively seek out new perspectives and ideas**
  Creating an environment where different perspectives are valued and embraced can go a long way to foster productive relationships.

- **Treat others how they want to be treated**
  Being respectful of personal and cultural boundaries, and encouraging others to do the same.

- **Observe diverse traditions, celebrations, and holidays from other cultures**
  Beyond major holidays, sensitivity to regular cultural or religious practices is also important.

- **Contribute to the cultural diversity**
  The best way to promote diversity is by embracing it and working to build an understanding.

Source: www.hult.edu/news/promoting-diversity-in-workplace/
EDUCATE ON DEVELOPING CULTURAL AWARENESS

Source: https://magnussonllc.files.wordpress.com/2011/01/lewis-model.jpg
## Cultural Categories

<table>
<thead>
<tr>
<th>LINEAR-ACTIVE</th>
<th>MULTI-ACTIVE</th>
<th>REACTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talks half the time</td>
<td>Talks most of the time</td>
<td>Listens most of the time</td>
</tr>
<tr>
<td>Does one thing at a time</td>
<td>Does several things at once</td>
<td>Reacts to partner’s action</td>
</tr>
<tr>
<td>Plans ahead step by step</td>
<td>Plans grand outline only</td>
<td>Looks at general principles</td>
</tr>
<tr>
<td>Polite but direct</td>
<td>Emotional</td>
<td>Polite, indirect</td>
</tr>
<tr>
<td>Partly conceals feelings</td>
<td>Displays feelings</td>
<td>Conceals feelings</td>
</tr>
<tr>
<td>Confronts with logic</td>
<td>Confronts emotionally</td>
<td>Never confronts</td>
</tr>
<tr>
<td>Dislikes losing face</td>
<td>Has good excuses</td>
<td>Must not lose face</td>
</tr>
<tr>
<td>Rarely interrupts</td>
<td>Often interrupts</td>
<td>Doesn’t interrupt</td>
</tr>
<tr>
<td>Job-oriented</td>
<td>People-oriented</td>
<td>Very people-oriented</td>
</tr>
<tr>
<td>Uses mainly facts</td>
<td>Feelings before facts</td>
<td>Statements are promises</td>
</tr>
<tr>
<td>Truth before diplomacy</td>
<td>Flexible truth</td>
<td>Diplomacy over truth</td>
</tr>
<tr>
<td>Sometimes impatient</td>
<td>Impatient</td>
<td>Patient</td>
</tr>
<tr>
<td>Limited body language</td>
<td>Unlimited body language</td>
<td>Subtle body language</td>
</tr>
<tr>
<td>Respects officialdom</td>
<td>Seeks out key person</td>
<td>Uses connections</td>
</tr>
<tr>
<td>Separates the social and professional</td>
<td>Interweaves the social and professional</td>
<td>Connects the social and professional</td>
</tr>
</tbody>
</table>

EDUCATE ON DEVELOPING CULTURAL AWARENESS

Source: http://i.ytimg.com/vi/wKydiMWHwSc/maxresdefault.jpg
Return on Investment

- Satisfaction
- Engagement
- Retention
- Reinvestment

- Productivity
- Cost Savings
- Profits
SUMMARY OF KEY POINTS

Senior Leadership Support

Resources

Dedicated Teams (Internal/External)

Partnerships (Internal/External)
QUESTIONS