



Birmingham Regional Chapter

The National Association of Health Services Executives

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Cultural Competency in Practice

By: Kernesha Weatherly, DHA

There is evidence that shows clinicians are less likely to perceive patients with a lower socio economic status as intelligent, independent, responsible, or rational and believe that they are less likely to comply with medical advice and return for follow-up visits (Woo, 2014). There is little to no literature on how altruism affects a healthcare worker's perception of their patient population, particularly amidst the provision of diversified patient-centered healthcare in a multicultural setting.

Multicultural experiences refer to those experiences gained through individuals' contact with other cultures. By sheer definition exposure can introduce new and stimulating things to a person and their environment. Due to the diversity of cultures that one may experience in various settings, particularly that of healthcare, multicultural experience should be multifaceted and inclusive of various nationalities, genders, and religions. Research has suggested that multicultural experiences not only provide individuals with opportunities to learn new concepts and knowledge, but often require the establishment of innovative frameworks, which help to solve the incongruity when the idea of new learning is incompatible with an individuals' prior knowledge structures.

Exposure to things not typical to one's environment forces one to increase their level of inquisitiveness and tolerance. It forces one outside of their perceived comfort zones and typically makes them more receptive to new philosophies and experiences. Exposure forces one to curate a level of independent thinking different from that of their nuclear circle which is a trait desperately needed in the healthcare setting.

Nationwide statistics continuously highlight the need for diversity awareness in healthcare, as cultural competence plays an important role in communication that goes far beyond one's diagnostic skill. Healthcare institutions tend to over emphasize the technical skills required to deliver healthcare and forget the soft skills (non-technical) that create a wholesome experience for the patient. Cultural competence is an underrated skill that needs to be cultivated through training of all care providers and role-modeling by the senior professionals. Social learning, leadership, and role-modeling has been proven to be effective and sustainable ways of promoting cultural competence in an organization.

As leaders in Healthcare; it is our duty.

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President's Message...

I know what you must be thinking right now. Healthcare is in total disarray, and it is stressing me out! We have hospitals declaring mask mandates for their staffs. We have parents in outrage towards school boards expressing their feelings for or against mask mandates. We have FDA approval of the vaccine, yet we still have people vowing to never get vaccinated. Therefore, "How can I be involved in NAHSE at a time like this?"

I'll tell you how. NAHSE presents a great opportunity for you to *Advance, Develop, and Elevate*. In our meetings, now virtual, we have conversations about the topics you read in the first paragraph. In fact, we have programs and initiatives designed to enlighten you about how you should prepare yourself during these times.

NAHSE will host its Virtual Educational Conference October 12th – 14th. Once again, you will have access to hear dynamic speakers in healthcare speak about current issues, motivate you to advance your career, and help you to develop a vision during these troubling times. NAHSE Birmingham will continue to be here for you with local events, and I want you to take the time to register for this national virtual event (\$50 per member and \$75 per non-member).

Lastly, I want you to consider to things. I want you to bring a friend and/or colleague into our NAHSE Birmingham family. AND I want you to consider being more active within our chapter. You do not have to be a chapter officer or a chair of a committee, but you can certainly be an active part of a committee. I want us to grow together. You cannot do that from the outside looking in. You must come in here and get involved in what's going on in this chapter. Otherwise... all the things I said in the first paragraph with overwhelm you.



Verlon E. Salley

Quarterly Project

Due to the successful turnout in the first fundraiser, *The Kickin Kitchen*, the NAHSE Birmingham Regional Fundraising and Scholarship Committee was able to award two scholarships to two deserving individuals. We are pleased to announce the 2021 NAHSE Birmingham Scholarship recipients. We want to first and foremost thank all of our applicants for their very thoughtful responses. The students that applied made the selection process very difficult.

Bianca Godwin is a graduate student in the UAB Doctor of Medicine and UAB Master of Business Administration and Management. She is a full-time student who has successfully maintained a 4.0 GPA. We are excited to support Bianca to continue her education with a \$2,000 scholarship.

Yancey Williams II is an undergraduate student in the UAB Biomedical and Engineering Program. He is a full-time student who has successfully maintained a 3.78 GPA. We are excited to support Yancey to continue his education with a \$1,000 scholarship. Without monies raised from our chapter's fundraising activities, we would not be able to provide student scholarships. We appreciate the support from our chapter members and constituents.

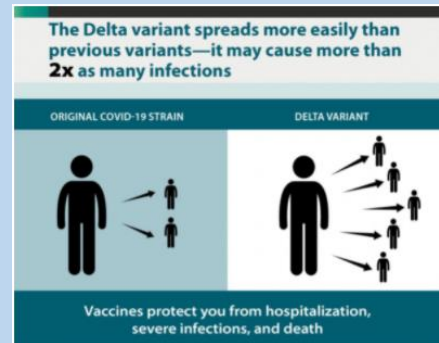
We are so proud of each and every applicant for their dedication to furthering their education. We wish all of our applicant the best of luck on their future academic endeavors.



Scholarship Committee Chair

Covid-19: The Resurgence

As many states were lifting its Covid mask mandates because of the availability of the vaccination another strain was slowly making its impact. The time at which mask mandates were lifted 41.9% of the U.S. population were vaccinated. Now we are in a resurgence due to a more contagious strain, the delta variant and only 52% of the U.S. population have been fully vaccinated. The Delta variant is causing more than two times as many infections. The percentage of Alabamians fully vaccinated is 36.79%, and Jefferson County is 43.09%. Alabama is close to 2,900 COVID-19 hospitalizations with 40 waiting for ICU beds.



COVID -19 Booster shot

1. Who is eligible?

- Individuals 65 years of age and older **should** receive a booster shot
- Residents in long-term care settings **should** receive a booster shot
- People aged 50-64 with underlying medical conditions **should** receive a booster shot
- People aged 18-49 with underlying medical conditions **may** receive a booster shot, based on their individual benefits and risks
- Individuals 18 through 64 years of age who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting **may** receive a booster shot based on their individual benefits and risks.

****People who are eligible for boosters because of their higher risk for COVID-19 exposure and transmission due to their workplaces or congregate settings may include health care workers, teachers and day care staff, grocery workers, and those in homeless shelters or prisons based on their actual risk, for example, if they are around the public.*

2. What if I got Moderna or Johnson and Johnson for the initial series?

- Neither FDA nor ACIP (CDC) has weighed in on this yet and boosts are not recommended yet. However, Moderna will give a third dose for those that immunosuppressed. Must be at least 28 days from dose #2.

3. Can I get my flu shot at the same time I get the booster?

- YES



Tiffany C. Chaney, MBA, MSHA, M.Div, FACHE

Name: Tiffany C. Chaney (she/her)

Hometown: Mobile, AL

Years in healthcare: Twenty-three (23)

Specialty: Diversity, Equity, and Inclusion; Strategic Planning

By: KERNESHA WEATHERLY

Why did you choose your field?

In many ways, health administration chose me. When I was an undergraduate, my Business Calculus professor connected me with her neighbor who was looking for someone to work in the business office of an ENT practice. Through this part-time job, I discovered health administration gave the opportunity to marry my interest in using data to make strategic business decisions with my passion for engaging people in a way meaningful for their lives. That has led to a health career focused first in strategic planning and now in diversity, equity, and inclusion.

In your opinion, what is one way to reduce health disparities in the Black community?

There are many community-based approaches to addressing social determinants of health that can be helpful in reducing health disparities for the Black community. However, one hospital-based approach not discussed as frequently is the use of Race, Ethnicity, and Language (“REAL”) data for decision-making. Health care organizations often collect REAL data but don’t necessarily put the data in use for outcomes analysis. Without stratifying data by REAL variables and using these data for decision making, disparities within our health system can be missed. I advocate for normalizing the inclusion of REAL data in

our regular reporting to increase the opportunities for health care leaders to see where there might be disparities in our patient care processes and outcomes and form care interventions that meet the diverse needs of our patient populations. Once we are aware of disparities in outcomes, we can engage in quality improvement efforts to better meet the needs of patients and also have a more informed approach for engaging community partners in addressing social determinants of health.

What is your greatest accomplishment?

Using my voice to make a difference for our patients and community. Part of the reason I was promoted to my current role is because I spoke up when observing a preview of a project that was presented in a way that could be concerning to community members from underrepresented groups. When I spoke up, it felt risky and I certainly did not have the expectation that there would be personal benefit for me in doing so; but, it was the right thing to do for our patients and community. I am grateful to work for an organization that took my perspective seriously and acted quickly to adjust our work to reflect the care, which was the original intent, in a more culturally effective way.

What is the best advice you have ever received?

When I was in undergrad, I shadowed leaders at University Hospital in Birmingham. One of those leaders told me to always do what I love and the money will follow. I remembered this at times throughout my career when I made decisions that

might have a reduced financial impact, like certain job choices and going to seminary full-time, but connected with my passion. Choosing to do what I love and what I feel called to do has resulted in a fulfilling career.

How have you navigated micro/macro aggressions in the workplace?

Pause first, then ask questions. I always pause first; because, if I say the first thing that comes to mind, odds are we are going to have a very different conversation – one far less productive. Then, I ask questions (i.e., “What do you mean by that?”, “How have you come to think that?”). Asking questions causes the person to hear and think about what they said or did, which, for some people, is enough for them to realize the harm of the encounter. For others, it opens the entryway for further conversation.

What advice would you give your younger self?

Trust God; trust yourself. You are enough – no matter what imposter syndrome might try to convince you to believe.

How has the lack of diversity in your field affected you?

I have spent my share of time as the only or one of only a few BIPOC people at tables throughout my career. This has resulted in my passion for seeing increased diversity and inclusion in health care, particularly in senior leadership roles. There are plenty of gifted people from underrepresented groups who, if at the table, would widen the perspective of voices and lived

experiences in brainstorming and decision-making, enhancing creativity, problem-solving, and solutions for the patients and families served. I am committed to being a part of the solution to dismantle barriers that have led to a lack of diversity in health care administration.

If given a “re-do” what is one thing you would have done differently in your career?

There is not much I would do differently in my career. The only thing I would have added is an internship or similar experience in hospital operations. My experience prior to graduate school was in physician practice management and my administrative residency was focused in strategic planning because I had already discovered an interest in this area. I would have added early in my career an experiential learning opportunity in hospital operations.



Enjoying the beautiful island of Bermuda

While I would have still likely chosen to specialize in strategic planning, this additional learning experience would have helped to inform it. Other than that, while there have been many circuitous aspects of my journey, they all play a role in my career today and I am grateful for them all!

If you were forced to listen to one for 24 hours, which song would you choose?

“Grace” by Jonathan McReynolds.

The National Association of Health Service Executives Birmingham Regional Chapter (NAHSE BRC) is a nonprofit association committed to promoting the advancement and development of Black healthcare leaders. As we launch our new series entitled *Center Stage*, we are looking to highlight successful black leaders in the Birmingham Regional Area.

To nominate someone, send an email to admin@nahsebr.com today



COVID-19: What's the hesitation?!



Five things you need to know

- The vaccines were extensively tested by scientist and more than 335 million people in the U.S. have been safely vaccinated.
- Diversity was considered in the testing of the COVID-19 vaccine. The clinical trials for the first two COVID-19 vaccines included 13% Black and 15% Hispanic people, older participants, and individuals with medical conditions such as diabetes, obesity, heart and lung conditions.
- Getting the vaccination is a great move towards taking charge of your health. The vaccine works to boost your immune system and ready the body to fight the coronavirus is there is an exposure including strains as the delta variant. The vaccines can prevent severe COVID-19 symptoms and death.
- The side effects of the Covid vaccination are temporary and does not contain live coronavirus, and you will not get COVID-19. After the shots, you may experience a sore arm, body aches or fever for only a day or two. When this occurs, it is the body's natural response as the immune system learns to recognize and fight the virus.
- The CDC suggests that common allergies to latex, insects and certain foods does not mean you should not get the COVID-19 vaccine. If you are severely allergic to any of the vaccine ingredients, you should not be vaccinated. If you have ever had a severe allergic reaction to a vaccine, discuss your concerns with a physician, who can assess and evaluate your risk factors.

To Retire or Not to Retire

With COVID variants looming, vaccination requirements, many are contemplating retirement. Below is a list of steps you should consider before you take that big leap.

- Know when you should start retirement planning?
 - The earlier you started planning the more you are invested.
 - If you did not start early, have no fear it is not too late. You can strategically invest by contacting a financial advisor to advise you on your options.
- Assess how much money you will need to retire.
 - It is recommended to save 10%-15% of your pre-taxed income each year.
- Prioritize your financial goal(s).
 - If you have an employer retirement plan that matches your contribution you can save for your retirement as you are growing your emergency funds.
- Choose the best retirement plan to meet your needs.
 - The best plans provide tax advantages, and employer matching contributions. This includes, determining the right mix of stocks, bonds, and mutual funds can depend on when you are considering retiring. In our twenties were told to invest more aggressively then decrease to a more conservative investment as we get older.



Five things you should know about retiring early

- Retiring before the age of 65 can lead to paying for private health insurance before Medicare kicks in.
- Home expenses may still be a factor. Home maintenance and increasing property taxes can cut into your budget.
- You have a long life to live. According to the Society of Actuaries, woman and men who retire at 55 will have to make their savings last 28.6 years and 25.4 year, respectively.
- Dipping into your nest egg early before 59 ½ can cost you 10 percent penalties from traditional IRAs and 401(k) plans.
- Retirees think that part-time work would be more flexible, but it can come with an inflexible schedule which can affect travel plans.





[Renew your NAHSE Birmingham Membership](#)

Stay connected to our [local chapter](#), and lean on the NAHSE BRC member network. Together we will Advance. Develop. And Elevate.

