

**18<sup>th</sup> Annual Sleep Medicine Conference**  
**KENTUCKY SLEEP SOCIETY**  
**Gender and Ethic Sensitivities in Your Sleep**  
**Center**

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# Learning Objectives:

1. Describe regulatory requirements that impact patient needs and sleep center accommodation requirements.
2. Identify gender and ethnic sensitivities.

# Federal Regulations

Federal laws prohibit discrimination based upon gender. Many states have civil rights laws which prohibit discrimination based upon gender and ethnicity. Municipalities, including cities and counties, also enact ordinances and laws related to civil rights.

# Federal Regulations

## List of Federal Laws

- Civil Rights Act of 1964: Title VII (Equal Employment Opportunities) (<http://caselaw.lp.findlaw.com/cascode/uscodes/42/chapters/21/subchapter/s/vi-toc.html>) Prohibits employment discrimination based on race, color, religion, sex and national origin.
- The Equal Credit Opportunity Act (<http://caselaw.lp.findlaw.com/cascode/uscodes/15/chapters/41/subchapter/s/iv-toc.html>) Prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age, or because an applicant receives income from a public assistance program.

# Federal Regulations

- Fair Housing Act  
(<http://caselaw.lp.findlaw.com/cascode/uscodes/42/chapters/45/toc.html>)  
Prohibits discrimination in the sale, rental, and financing of housing based on race, color, national origin, religion, sex, familial status, and disability.
- Equal Pay Act of 1963 (<http://employment.findlaw.com/employment-discrimination/equal-pay-act-of-1963.html>) Requires that employers pay all employees equally for equal work, regardless of whether the employees are male or female.
- Family and Medical Leave  
(<http://caselaw.lp.findlaw.com/cascode/uscodes/29/chapters/28/toc.html>)  
Gives employees the right to take time off from work in order to care for a newborn (or recently adopted child), or to look after an ill family member.

# Federal Regulations

- Pregnancy Discrimination Act  
(<http://www.eeoc.gov/laws/statutes/pregnancy.cfm>) (EEOC) Prohibits employment discrimination against female workers who are (or intend to become) pregnant – including discrimination in hiring, failure to promote, and wrongful termination.
- Title IX of the Education Amendments of 1972  
([http://caselaw.lp.findlaw.com/scripts/ts\\_search.pl?title=20&sec=1681](http://caselaw.lp.findlaw.com/scripts/ts_search.pl?title=20&sec=1681)) Prohibits sex discrimination in education programs that receive federal funds, to increase educational and athletic opportunities for females in schools and colleges nationwide.

# Federal Regulations

- U.S. Code Title 42, Chapter 21 – Civil Rights  
(<http://caselaw.lp.findlaw.com/cascode/uscodes/42/chapters/21/toc.html>)  
Title 42, Chapter 21 of the U.S. Code prohibits discrimination against persons based on age, disability, gender, race, national origin, and religion (among other things) in a number of settings – including education, employment, access to businesses and buildings, federal services, and more. Chapter 21 is where a number of federal acts related to civil rights have been codified – including the Civil Rights Act of 1866, Civil Rights Act of 1964, and the Civil Rights of Institutionalized Persons Act.

# Cultural Sensitivities and Awareness in the Delivery of Health Care

- Communication with staff and patients impact the delivery of sleep medicine and patient care.
- Communication can bridge the divide between the culture of medicine and the beliefs and practices that make up patients' value systems.
- Ethnic heritage, nationality of family origin, age, religion, sexual orientation, disability or socioeconomic status may impact a patient or staff members' value system and the provision of patient care.

# Impact of Culture on Delivery of Health Care

- Culture includes the dynamic and multidimensional context of many aspects of the life of an individual including:
  - Gender
  - Faith
  - Sexual orientation
  - Profession
  - Tastes
  - Age
  - Socioeconomic status
  - Disability
  - Ethnicity
  - Race

# Examples in Clinical Practice

## Cultural Sensitivity in Practice

### Original Scenario – Insurance

An Amish woman undergoes a cesarean delivery. After surgery, the woman and her husband are interviewed by a social worker who was called by a nurse to see the couple because they had no health insurance. The social worker immediately begins to tell them how to enroll in Medicaid. They are visibly upset and will no longer talk to the social worker. They refuse to complete any paperwork for Medicaid. They ask to leave the hospital as soon as possible.

### Culturally Sensitive Approach

The social worker is called by a nurse because the couple does not have health insurance. The social worker is aware that this is an Amish couple and knows that generally Amish people do not believe in or accept what they consider to be welfare. When the social worker meets with the couple, she confirms that they are not seeking assistance in acquiring health insurance; she helps them plan transportation home, and she assists them in reaching other members of their Amish community who, by tradition, provide financial and other assistance to their own people.

*Source: The American Congress of Obstetricians and Gynecologists*

# Examples in Clinical Practice

## Cultural Sensitivity in Practice

### Original Scenario – Respect

A 30 year-old physician enters the examination room to see his next patient who is a 50 year-old African American woman; he introduces himself, addresses her by her first name, and asks why she has come to the office today. The patient becomes visually upset and gets up to leave. She tells the office staff as she leaves that she will never return to that doctor.

### Culturally Sensitive Approach

The clinician is aware that addressing patients by their first names may be perceived as disrespectful, especially for certain minority groups. Every patient can be asked an open-ended question about how she would like to be addressed (Miss, Ms. Mrs., Dr., Professor) by the health care provider. The name by which she wishes to be addressed may vary by many factors, including whether the patient resides in a rural or urban setting, whether she knows the health care provider or is a stranger, and what her age is. The patient in this example should be addressed by all members of the health care team by her preferred mode of address. This preference can be noted in the medical record to remind everyone how she wishes to be addressed.

*Source: The American Congress of Obstetricians and Gynecologists*

# Examples in Clinical Practice

## Cultural Sensitivity in Practice

### **Original Scenario – Informed Consent and Medical Decision Making**

A 17 year-old Hispanic woman has an arrest of labor for several hours and it is decided that a cesarean delivery needs to be performed. Labor and delivery is extremely busy, and a nurse brings in the standard surgical consent form, hands the patient a pen, and insists that the patient sign it. She and her family are clearly uncomfortable.

### **Culturally sensitive Approach**

The nurse realizes that there are many members of the family crowded in the patient's room and also understands that for many women of Hispanic heritage, it is customary to involve family members in medical and personal decisions. The nurse and resident caring for the patient explain to the entire family the reason that a cesarean delivery is needed and the family understands. The patient is then asked to sign the surgical consent form.

*Source: The American Congress of Obstetricians and Gynecologists*

# Examples in Clinical Practice

## Cultural Sensitivity in Practice

### **Original Scenario – Concerns Over Medical Tests**

An elderly Chinese woman is asked by her physician to go to the laboratory to have blood drawn for tests. She takes the laboratory slip but does not get the tests, nor does she return to see that physician.

### **Culturally Sensitive Approach**

The primary care physician orders laboratory tests on his patient, but notes the woman's hesitation and asks her why she is worried. She tells the physician that she believes that blood taken from her body will never be replenished and she is weak already. The physician spends time explaining how blood is replaced and the importance of the tests. The patient has the blood tests as the physician requested.

*Source: The American Congress of Obstetricians and Gynecologists*

# Examples in Clinical Practice

## Cultural Sensitivity in Practice

### **Original Scenario – Sexual Orientation**

A lesbian sees a gynecologist for the first time. The patient has marked “sexually active” and “not married” on the intake form, and the physician asks what type of birth control she is using. The patient shrugs, and the physician spends several minutes discussing available options. She is sensitive to her needs but keeps insisting that she consider using birth control. As the woman leaves the office, she is upset and refuses to see this gynecologist again.

### **Culturally Sensitive Approach**

The physician uses intake forms that do not assume heterosexuality. The form asks if the patient is sexually active and then asks with men, women, or both. The form asks if the patient is single or has a partner. The physician takes her time in asking about the patient’s sexual history, and take time to assure confidentiality because many patients will not disclose sexual behaviors, especially on forms that can be viewed by the entire office staff. The physician then learns that the patient is in a lesbian, long-term, committed relationship, and currently has no need for birth control.

*Source: The American Congress of Obstetricians and Gynecologists*

# Examples in Clinical Practice

## Cultural Sensitivity in Practice

### **Original Scenario – Interpretive Services**

A couple has newly arrived in the United States from Afghanistan. The wife is uncomfortable. They do not speak English well, so an interpreter is found. The interpreter appears to be having difficulty interpreting the woman's symptoms; the history that is obtained is non-specific. The physician cannot find any abnormalities on physical examination and discharges the patient home. Later, she returns with a ruptured ectopic pregnancy and is immediately admitted to the operating room.

### **Culturally Sensitive Approach**

The physician notices that the interpreter is not able to communicate well with the couple. He asks the interpreter why the history is so difficult to obtain. It takes a few moments to discover that the couple speaks Dari and the interpreter speaks Pashto. The physician seeks an appropriate interpreter and finds the patient has mild pelvic pain and vaginal bleeding; a pelvic ultrasound reveals an unruptured ectopic pregnancy that is treated appropriately.

*Source: The American Congress of Obstetricians and Gynecologists*

# Examples in Clinical Practice

## Cultural Sensitivity in Practice

### **Original Scenario – Social Context**

A young white woman has recently moved to the city from a rural area. She is 4 months pregnant and has four children, whom she brings with her to her prenatal visit. She is always an hour late for her appointments and the office policy is that she must wait until everyone else is seen before she is seen. She refuses to fill out her medical history forms and states that she requested her previous records to be transferred. Her children are impatient in the waiting room. The office staff members complain about this situation and make disparaging comments on days when she is scheduled for a visit.

### **Culturally Sensitive Approach**

When the patient is an hour late for her first appointment, a staff member takes some time to inquire about why she is so late. She explains that she is new to the city, has no reliable transportation, and she has to take two buses to get to the clinic. She explains her living situation and that she has no one to watch her children. She also reveals that she is unable to read. A peer counselor arranges for help with learning the bus route and planning her trips. She also is referred to a literacy program for help. One of her first triumphs is learning to recognize the signs on the buses. Over the course of her pregnancy, she learns to read the bus route map and schedule.

*Source: The American Congress of Obstetricians and Gynecologists*

# Examples in Clinical Practice

## Cultural Sensitivity in Practice

### **Original Scenario – Birth Rituals**

A Chinese couple experiences the birth of their first child. The nurse on the postpartum floor is alarmed to find the room very hot and the couple refuses to have the baby bathed. The mother refuses to eat any hospital food or bathe. In addition, the nurse complains to the physician that the body odor is overwhelming in the patient's room.

### **Culturally Sensitive Approach**

The physician ensures that all personnel involved during the birth and postpartum time understand that many Chinese people believe that cold liquids and baths will harm the mother and baby. Special foods are believed to be of paramount importance for the proper cultural initiation of the baby and mother.

*Source: The American Congress of Obstetricians and Gynecologists*

# Examples in Clinical Practice

## Cultural Sensitivity in Practice

### Original Scenario – Faith

A Latina presents **for the fifth time to labor and delivery for hyperemesis gravidarum**. Her English is limited. She is 14 weeks pregnant and through an ad hoc interpreter (her son) reports that she cannot stop vomiting and that the medicines are not working. The patient is admitted for routine hyperemesis treatment and vomits little. She is discharged home after 24 hours only to return again the next day with the same symptoms. The residents and staff members are frustrated and label her a “frequent flyer.”

### Culturally Sensitive Approach

The staff member and resident obtain the assistance of a certified interpreter to interview the patient on her fifth admission to the hospital. During this interview, the staff member asks if there is anything happening at home that might be contributing to her illness, such as lack of food, inability to purchase the nausea medicines, or lack of social support. The staff member also asks what the patient thinks is making her ill. The patient then relates that her neighbor has told the patient she has cursed her and her pregnancy. This is why the patient says she is vomiting. She says she gets better in the hospital because she is away from the neighbor. When asked if there is anything she believes can be done, the patient states that a Spiritual Healer could lift the curse. After such a healer is located in a nearby community and performs the ritual, the patient’s vomiting ceases.

Source: *The American Congress of Obstetricians and Gynecologists*

# Key Issues for Coping With Gender and Ethnic Issues in the Office

- Sleep centers and staff members need to be educated regarding the needs of their patients and the communities served.
- Sensitivity to patient's reactions and possible behavioral differences will alert sleep professionals to ask appropriate questions and take appropriate actions.
- Language and cultural barriers should be examined and addressed.
- Offering assistance to patients who do not speak English, including appropriately trained interpreters and written translations of forms and patient education materials, is essential and may be required by law.
- Patients and family members interact with many individuals in a sleep center. It is important to educate and train all staff members in cultural sensitivity and regulatory requirements.

# What is Sex or Gender Discrimination

Sex or gender discrimination is treating individuals differently in their employment specifically because an individual is a woman or a man. If an individual has been rejected for employment, fired, or otherwise harmed in employment because of their sex or gender, then they may have suffered sex or gender discrimination.

In everyday language as well as in the law, the terms “gender” and “sex” are used interchangeably, but the two terms have different meanings. Social scientists use the term “sex” to refer to a person’s biological or anatomical identity as male or female, while reserving the term “gender” for the collection of characteristics that are culturally associated with maleness or femaleness. Discrimination is generally illegal regardless of whether it is based on sex, or gender, or both sex and gender.

# What is Sex or Gender Discrimination

Here are some examples of potentially unlawful sex/gender discrimination that women, for example, may face:

- **Hiring/Firing/Promotions:** You apply for a job for which you have experience and excellent qualifications, but you are not hired because some of the company's long-time clients are more comfortable dealing with men; you are told that you are laid off due to company cutbacks and reorganization, while men in the same job and with less seniority than you keep their jobs; you have worked for your company for several years, receiving exemplary reviews and an employee-of-the-year award, yet each of the five times you have applied for promotions, the positions you applied for are instead filled by less qualified men.
- **Pay:** You worked your way up from the position of cook's helper to chef. A male chef with similar training and work experience was recently hired, and you find out that he will be paid more than you; you are a top salesperson for your company, but are moved to a less desirable territory while a man with much lower sales is given your territory and client base, enabling him to make much more in commissions than you will make for several years.

# What is Sex or Gender Discrimination?

- **Job Classification:** You work at a company for four years and put in many hours of overtime. After you return from having a baby, you tell your employer that you will not be able to put in as many hours of overtime. Your position is then changed to a lower level and you get less pay, while male coworkers in similar positions are allowed to cut back their overtime hours for personal reasons without any changes to their positions or pay.
- **Benefits:** Your company's health insurance policy does not cover your spouse, because it is assumed that he will have his own benefits, while your male coworkers have their wives covered by the policy. Because your husband is between jobs, you have to pay increased health benefits on his behalf that your co-workers do not pay for their wives.

# Which Federal Law Covers Sex or Gender Discrimination?

Title VII of the Civil Rights Act of 1964 is a federal law that protects individuals from discrimination based upon sex. This law makes it illegal for an employer to discriminate against individuals in hiring, firing, and other terms and conditions of employment, such as promotions, raises and other job opportunities because of their sex.

There are specific laws protecting employees of federal contractors from sex or gender discrimination. Executive Order 11246 forbids federal contractors who do over \$10,000 in government business per year from discriminating in employment decisions on the basis of race, color, religion, sex, sexual orientation, gender identity or national origin. Additionally, Executive Order 13665 protects employees of federal contractors from discrimination based on compensation inquiries, discussions, or disclosures.

# Can An Employer Pay Me Less Because I'm a Woman? Can I Be Paid Less Because I'm a Man?

No. Both Title VII and the Equal Pay Act (EPA) make it illegal to discriminate on the basis of sex in the payment of wages or benefits. The laws against discrimination in compensation cover all forms of compensation, including salary, overtime pay, bonuses, stock options, profit sharing and bonus plans, life insurance, vacation and holiday pay, cleaning or gasoline allowances, hotel accommodations, reimbursement for travel expenses, and benefits.

The EPA requires that men and women be given equal pay for equal work in the same establishment. The jobs need not be identical, but they must be substantially equal. It is the content of the job, not job titles, that determines whether jobs are substantially equal.

# What's the Difference Between Sex Discrimination and Sexual Harassment?

Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964. Although Title VII does not specifically use the words “sexual harassment,” courts have held that sexual harassment is a form of illegal sex discrimination. While the laws of some states specifically use the words “sexual Harassment,” other states have followed the legal developments under federal law by determining that sexual harassment is a form of illegal sex discrimination.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature are all types of sexual harassment when submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment.

# What Does the Term “Glass Ceiling” Mean?

The term “glass ceiling” refers to an artificial barrier based on attitudes or bias that prevents qualified women from advancing into mid-level and senior-level management positions. In other words, women can advance so far, but hit an invisible barrier and can advance no farther. If you feel that you have been discriminated against based on a “glass ceiling” at your company, you may bring a claim under Title VII or state or local anti-discrimination laws. Employers can and should take some or all of the following steps to eliminate the glass ceiling from their companies.

## **Hiring:**

- Make sure that non-discriminatory practices and requirements are used.
- Examine subjective or neutral criteria to ensure that they do not have a disproportionate impact on women.
- Set up workforce diversity programs to eliminate disadvantages and create a work environment where all employees feel comfortable.
- Make sure to hire employees based on true qualifications, not stereotypical ideas of a candidate’s qualifications.

## **Promotion:**

- Monitor and ensure the development of female employees.
- Establish network and mentoring programs to help train and inform employees of opportunities for promotion.
- Require all job postings to state promotion criteria and affirm the employer’s commitment to diversity in management.

# What is the Difference Between Sex Discrimination and Gender Identity Discrimination?

The phrase “gender identity” refers to one’s self-identification as a man or a woman, as opposed to one’s anatomical sex at birth. Usually, one’s gender identity matches one’s anatomical sex: people born with the physical characteristics of males usually identify as men and those with physical characteristics of females identify as women. However, for some people, gender identity does not always align with one’s anatomical sex. Thus, for transsexual people, gender identity and anatomical sex are not in agreement. Someone born male may have a strong internal self-image and self-identification as a woman, or someone born female may have a strong internal self-image and self-identification as a man. Some transsexual people seek medical treatment in the form of hormone therapy or surgery to correct their physical sex to agree with their gender identity. The term stereotypes of gender identity and/or gender expression.

# Who Enforces The Law?

The Equal Employment Opportunity Commission (EEOC) is the agency of the federal government responsible for investigating charges of job discrimination related to sex discrimination in workplaces of 15 or more employees. Most states have their own agencies that enforce state laws against discrimination.

# How to be Sensitive to Diversity in Your Sleep Disorder Center

## **How to be sensitive to diversity in general:**

1. Realize that you have the responsibility to be a role model. Refrain from making stereotypical comments. Watch your humor; avoid ethnic jokes or any type of humor that demeans others. Confront others on this as well.
2. Educate yourself by taking classes or attending events that focus on ethnic or racial groups about which you have limited knowledge.
3. Identify resources that support minority groups. Provide this information to staff members.

## **How to be sensitive to diversity when operating your sleep disorder center and providing services:**

1. When making presentations and providing information about your services, use a variety of modes - informal discussions, presentations, printed, audio, and visual materials.
2. Ensure that staff members are exposed to a variety of presenters, with respect to race, ethnicity, and gender, as well as different presentation styles.
3. Make sure your sleep disorder center is wheelchair-accessible.
4. Advertise your programs visually and audibly.

# How to be Sensitive to Diversity in Your Sleep Disorder Center

## **Sensitivity to religions:**

1. Know which religions are represented in your sleep disorder center, including staff and patients.
2. Find out about the holidays your staff members would like to celebrate.
3. Familiarize yourself with days that are considered a time for serious reflection (Yom Kippur, Good Friday, etc.) and avoid planning activities on those days.
4. Avoid scheduling too many events on days considered the Sabbath or holy days (Sunday mornings, Friday sundown-Saturday sundown).

## **Sensitivity to race:**

1. Identify racial/cultural groups that may be represented in your sleep disorder center, including staff and patients.
2. Do not limit programs about the positive contributions of various cultural groups to certain times of the year such as Black History month, Women's History Month, etc.

# How to be Sensitive to Diversity in Your Sleep Disorder Center

## **Sensitivity to gender:**

1. Be careful to avoid sexist language or graphics in published materials.
2. When delegating responsibilities for activities, do you notice sex-typed behavior? Do the women always volunteer to cook and shop? Do the men always handle the money? If so, call this to the attention of your staff, and discuss sex-role issues.
3. Are the activities planned seem to reflect the interests or needs of one gender over the other? If so, check out the needs of the other group.
4. Identify any issues with the provision of care by one gender to another gender during a sleep study.

## **Sensitivity to sexual orientation:**

1. The assumption of heterosexuality permeates our society. However, research indicates that 10% or more of the population is gay. It is likely that members of your organization are gay, even if you are not aware of this fact. Avoid homophobic language and the assumption that all staff members and patients are straight.
2. If you sponsor programs that require taking a date along, realize that you might be excluding a portion of your organization, those that do not date, or are gay. Work within your organization to create a culture where it is acceptable to not bring a date, or bring a date of the same gender.

# Questions?

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