Bridging the Cultural Gaps: Addressing Socioeconomic Diversity in Patient Care, in partnership with the American Academy of Audiology

Presenter: Laurel Gregory, MA, FAAA; Judy Huch, AuD

Hello and thank you everyone for joining us for our webinar today on Bridging the Cultural Gaps, Addressing Socioeconomic Diversity and Patient Care, which is presented in partnership with the American Academy of Audiology. It's my pleasure to introduce our speakers for today's presentation. Judy Hutch has been in private practice since 1998. She owns Oro Valley Audiology and also created Grace Hearing center to provide a model of excellent hearing health care for the underserved and underinsured in Arizona, as well as a practice which offers a holistic approach to auditory processing disorders and tinnitus management.

Laurel Gregory is an audiologist with more than 35 years of experience. She is currently the Director of Education and Research for Entheos Audiology Corporation, where she manages courses, provides workshops, and tracks and reports data for humanitarian initiatives. So I'd like to welcome you both, and the floor is now yours. Thank you so much, Christy. And I'm going to pop over and we'll do a little video from Tish Caffeine.

Welcome. I'm Tish Gaffney, the president of the American Academy of Audiology, and I'm here to share important information about the organization. The Academy is dedicated to achieving recognition of audiologists as the experts in hearing and balance care and the field of audiology as an independent clinical specialty that is integral to the healthcare team. Through our partnership with Audiology Online, we're excited to offer courses like this one to help you broaden your knowledge and skills. We also offer the latest resources in practice management and evidence based clinical practice so you can grow professionally and improve patient care.

We advocate for our members in Washington and across the country to ensure that the voices of audiologists are heard. And we help connect audiologists to one another through our valuable networking opportunities like our annual convention. To learn more about the Academy, make sure to visit audiology.org thank you. All right. And thank you, Tish.

So here are disclaimers and here are the limitations and risks. And with, oh, and one more, our learning outcomes, which you already have.

So I would like to start out with our intention. And so settle in and ease yourself into comfort as you sit here. See if you can recall the last time you pursued something simply because you were curious. And so let's take a deep breath in through our nose hold. And now it's through our mouth still one more time.

So with that curiosity, how did that make you feel?

Now, for the next few, I simply invite you to sit with what comes up as you hear these questions, what are you curious about? What has made you feel joyful lately?

And how can I bring kindness in with my curiosity? One more deep breath and release.

So I thank you for being with us here today and namaste.

Thank you, Judy, for that and for setting the intention for this next 55 minutes or so. As we jump into this presentation, let's just pause for a second because we really want to start with a brain exercise. So we're going to ask you to visualize four scenarios. Now, this visualization is really important for our subject matter. So I want you to close your eyes and I want you to take that deep breath.

And come along with me. You're flying to New York City to see this specialist who's going to talk about diabetes and how it impacts the quality of life for your patients. This is a talk that you've been waiting for for months. You arrive at that airport feeling that, you know, mixture of anticipation and excitement. And you check in and you have some unexpected news.

You've been upgraded to first class. Now, this almost never happens, and it fills you with that warm spark of excitement. So you walk down the jet bridge and you step onto the plane. First class feel spacious, calm, almost luxurious. You find your seat.

You slip your bag under the chair in front of you, and you exhale as you settle in. Few minutes later, someone takes a seat next to you.

You exchange a pleasant greeting. Just two travelers starting the day together.

The flight passes smoothly. Before long, the views of the city appear through the window. Buildings rising through a haze of morning light. You land in New York. You collect your bags, you go outside, and you slide into the backseat of the Uber.

The driver weaves throughout the city, and you feel the energy coming through. And you watch people as they move on the sidewalk. And they look like they're moving with purpose.

You're dropped at the convention center with plenty of time to spare.

So you do a little window shopping. And as you're standing there in front of a window, you look over and see a couple as they're embracing and laughing.

The scene makes you smile.

You walk into the convention center. You make your way down to the front of the hall, and you settle into the seat.

The speaker is introduced and walks out on the stage.

The room fills with applause, and you join in.

A wave of excitement rushes over you. You're here. You made it. And you're exactly where you'd hope you'd be.

So now I'd like to open your eyes.

A few questions for you.

When you walked onto that plane and sat down, and the stranger sat down next to You. Who did you see?

So I'd invite you to take a piece of paper out and a pencil and I want you to write down what that person looked like sitting right next to you.

Now, you entered into New York and you got into the backseat of the Uber.

What did the Uber drive driver, the Uber driver look like to you?

You're window shopping, you hear some laughter. You look over and you see two people hugging.

What are those two people look like to you?

Now you're entering the convention hall, you're walking down to the front and getting into the seat, waiting, and the speaker comes out.

What did that specialist look like to you?

So the first one, the person sitting next to you, was that person a young black male?

The Uber driver. Was that Uber driver a white middle aged woman?

Was a hugging couple, two men.

And the specialist was that a white British woman?

Now you might have said no to one of these or maybe all of these, because guess what? Our brain does this fantastic thing of creating images that are really familiar to us. Our brain doesn't like things that are not familiar. It's not a fan of those things. So, Judy, what did you envision when you were sitting in your chair, in your seat in first class and that person sat down next to you?

I envision an older woman, but just quickly looked at her because I was too busy putting in my headphones so I didn't have to talk to anybody.

Well, hopefully that worked well for you. And when you got into the Uber. So in the Uber, it was a younger woman who had a very small dog in her lap.

Okay, because that has happened before. Yeah. Something familiar to you then. And then the couple that was laughing and so I, I thought of a winter scene. So people were really bundled up.

I actually couldn't even tell the sex of the couple because it was winter time and, and I was just so happy to see somebody embracing in New York. In the last scene, the last scenario, the specialist who walked up on the stage, you know, I envision Gail Whitelaw because I love being able to see her. And so somebody who I know and love, I know I would tune into them really, really well. And, you know, it's familiar. Oh, well, I, I certainly the Uber driver was a big one for me.

Right. Because it, it immediately when I was writing these out, the sense of somebody from Somalia popped into my mind because that was, that's been my experience. And so that's who I put in that place. The specialist Hate sad. But a specialist was a male from India who wanted to talk about who was going to, you know, come and talk about diabetes?

Because that's my experience, and that's what I'm familiar with. And so that's the gaps that my brain, you know, filled in and made it such.

So our agenda today, we did that little unconscious thing because. Or I guess visualization, because our unconsciousness fills in all of these gaps. And we're going to do another exercise soon. But today for the agenda, we're going to really delve into unconscious bias and what it is and why all of us have unconscious bias. That's going to help us look at our patients differently.

We're going to talk about social, economic diversity. Then we're going to talk about, you know, how do you talk to your staff about this because it's a big deal, or your co employees or your, you know, employees that you work with, because we all have to watch out for one another and then how to bridge that, that with our patients.

And so in the next few minutes, we will be. I will be bringing up different visualizations of people on the screen, and with that same piece of paper, since this is recorded in the real future, people. People in the future will also be doing this exercise. And it's important that you do not overthink this exercise, that you write down the very first thought and again, don't think about it. I'm going to only have a few seconds to each slide, and I just can't stress enough.

Do not overthink this. All right, so here we go.

Okay. And this is our very last one.

So when I was choosing these images, it's really. I grew up in a very small town in Wyoming. It was not a very diverse place at all. And my mother was brought up in the south, which brought in a whole host of things. And so we have our unconscious bias.

And that encapsulates of how we were raised, who and what our environment is, the media and entertainment. Because in the 70s and 80s, you know, I had, I think, 13 channels on the TV and we had one radio station. So I had a very limited worldview.

And so it's sometimes our unconsciousness is the reaction that we first have, and it is a part of us. And I'm not saying that anything is good or bad. And I should have prefaced that. There's nothing right or wrong on the things that you have just written down. And when it is down into our unconsciousness, we really have no control over it.

And that's part of what we will be discussing is if it's in our unconsciousness, we don't just say, well, that's the way it is. We want to give you ways to identify that, move it up into your consciousness so then you can make choices on the reactions that you have. And so Laurel and I were going through on some of these. And when I go back, you know, when we. When we look at this gentleman, you know, sometimes when I look at that, has he washed his hair?

Is he unkept? Um, should he really be panhandling? You know, those were some of my first reactions with this image. Laurel, what about you and I? You know, it's funny when we talk about this, because I had totally a different reaction.

Mine was, is he faking it? Is he really a vet? Or is he just borrowed somebody's sign to, you know, panhandle?

Yep. And, you know, when. When I looked at this, the first thing that popped in my mind was experts. And part of my worldview has changed because Laurel and I go on so many humanitarian trips, and I think I've done 18 of them in many, many different countries. And so I've been able to see many experts who don't look like me.

And this one, both of us. I specifically pick. Picked this one because she's a woman. She happens to be a transgender woman, and she serves in Congress.

And I thought, happy on this one, Laurel, you had something totally different, right? I looked at this picture, or if I saw this child on the street, I. My immediate thought was, where's her mother? And why is, you know, she as dirty as she is? Who's taking care of her?

And this one, the first thing that popped in my head was curmudgeon.

So for me, I. When I looked at this, I didn't see curmudgeon. Right. I saw something totally different. I saw a guy who was going, look, you know, contemplating.

What I was stating was what I was talking to him about. So we read two totally different expressions on this person's face and came up with our unconscious bias of what's going on. And this one, power sat with me. And. And I love this one, too, because it.

You know, it's power is definitely there. But my first thing was obstinance. Right? Is there. Is there some kind of.

Well, no other word for it. Obstinate. All right?

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It's not always negative. Our biases can trigger positive or merely descriptive assumptions about Others, but they are assumptions. And the question is, what happens when those assumptions, when biased goes unchecked? Okay, I didn't advance. Here we go.

People can make assumptions about others by just looking at them.

It's amazing. Sometimes what we think we know in an instant at a glance.

The fact is, our brains are hardwired to use shortcuts. It's a normal human characteristic.

It's not always negative. Our biases can trigger positive or merely descriptive assumptions about others, but they are assumptions. And the question is, what happens when those assumptions, when bias goes unchecked?

That's a big question, right? And why? I think, taking a step back first, why it happens. And when we think about our brain and we think about the millions and billions bits of information, in fact, they say there's 400 billion bit bits of info per second per second that's bombarding our brain. So if we had, if we were conscious the whole time there, there's no way we could survive that.

Right. Our brains would explode, essentially. So our brains are just so spectacular to keep us intact that it does these shortcuts within the brain to help us really understand what's going on in our environment and to keep us safe. And those shortcuts are when we think about wiring of the brains and we know this about hearing. So it has to do with everything else also in the brain.

It's creating these lines of communication or lines of wiring, so to speak, that become hardwired in our brain or shortcuts so that we can handle our environments every day. And Judy mentioned earlier, you know, the stuff you watch on tv, the media played over and over, or our own experiences or where we live, and we have those same hard wires, so to speak, being built into our brain. So when we turn our attention to health care and what we do every day in our practices, we need to then take a step back and go, okay, what is hardwired in our brain and how do we undo that?

And so we have to bring up racism in healthcare.

Right? And it's not racism. And biases can be intentional or unconscious. You know, the Institute of medicine, the IOM, released a report in 2004 on unequal treatments. What they found was that minorities like black and Latinos, they did receive poorer quality of care and less intensive care, although given the same access to care.

I don't believe that we intentionally wake up in the morning and say, how can I discriminate against my patients today? But some of the things that we look at that get ingrained into healthcare and we can take two examples that we had come up with. One of them was pain medication and how it's prescribed. It is built into the system and has become a truth of what type of race then how much pain medication to prescribe. So just recently in the news, there were two black women who was denied care into the hospital.

They were pregnant and they were about to give birth and they were not admitted. And one of them did that die from this. And so women who die due to childbirth, statistically black women are three times more likely to die than white women are. And so we really have to go into our, this systemic part of health care to really take dig into this. There is an influen influencer that I follow on Instagram.

He's a physician, Joel Burvel, B E R V E L L and he makes it a point to show different skin conditions or different medications or different ways that diseases can show up between whites and blacks and goes into the history of things. So I highly recommend that you follow him.

And Judy, you know, I just have a really hard time thinking that this seeps into health care, into our health care. So I kind of understand the whole health care system that, you know, are we make assumptions that research that's been out there for whatever might be heart attacks or, or some kind of congenital disease or, you know, whatever it might be, even, even appendicitis. Right. That there might be some biases that we're unaware of because of the research that's been done on a very specific population. Even in health care.

Anything in hearing health care, we look at young people when we do research, when it's actually mostly older people that were helping and hearing health care. So there's a bias there because we go in with information that's essentially incorrect. Right. Which is kind of what you're saying. But I still have a really hard time thinking that I'm going to treat somebody who walks in my door differently than a black individual or Hispanic.

Latino versus the white, you know, the white person. I, I, I just can't believe that we would do that. I know you said we don't wake up intentionally in the morning thinking we're going to do this, but can you kind of go through that a little bit more? Well, a little bit more. So it's, it's very deeply embedded in us.

It's the stereotypes, it's our upbringing, it's our education and personal experiences that all shape the way our brains are already wired. And to a large extent it reflects the culture that we live in. There's an implicit bias test, and it showed 77. 0. 70% of all Americans have a negative bias towards blacks.

This included the black people who were answering these questions as well. So, so they're, it's the culture that they're brought up in. So in audiology, one of the examples that I have is we do, like I said,

a lot of humanitarian work. And in Arizona, I do a lot of work and I work with indigenous migrant farm workers, a lot of Latinos, and they're not as wide as I am. And so a lot of times I go to the manufacturers and see if they would donate hearing aids.

And I ask for at least 70% of darker colors of hearing aids so it blends more. And what I receive is actually maybe 10% of different colors and the other 90% are beige. I did a social media post on this last year on it. On the one hand, I'm so very, very grateful that I get these donations, but on the other hand, it's frustrating that all I get is beige. And so beige has always been the go to color.

And there was a study, wasn't there, that just came out, Laurel Right. Yes. You know, it's interesting, right, because Market Track just came out most recently and they had talked about that people of color are less likely to seek hearing health care than white people are, or they're taking a lot longer to seek health care for their hearing. And so I kind of wonder about that, Judy, if it's something feeding something, right? So you have a lot of hearing aids that were donated because there's more white people who get hearing aids.

And so the manufacturers make more beige hearing aids. And then what you have to offer are more beige hearing aids, which feeds into why people don't get hearing aids, which is that they look conspicuous on people that, that they're going to get something that doesn't that that's going to stand make them stand out in their culture and their population that they live in. So you wonder if one feeds the other and it keeps it keeps it going, right? It keeps this. I mean, it might be that.

I don't know. There certainly are other reasons that could be that are out there that people of color or Latinos or might not be seeking hearing health care because of cultural issues that we're also not aware of, that somehow or another we have to break down that wall and we have to start by asking questions, correct? Yeah. All right. So going back to our brain, and it's not just about race to manage all of this information that bombards us, we start to put all of this information into boxes in our brain.

So, you know, maybe we have a race box, a gender box, and disability box, those types of things, and that helps us manage the world. So what buckets do our brains create to classify quickly? We have the connection with age, but what about the race? But what about race and the intersection of socioeconomic struggles?

And we don't have to believe the other person that's in front of us if they come into our office and they're sharing a story with this. You know, sometimes my first go to is, I don't think that happened type of thing. But we don't have to believe, but we have to honor their perspective. Right? And so when we honor and give space to that person's perspective and start to think about walking, you know, in their shoes, and so a little bit.

A little bit of stepping back, like, feeling that first reaction emotion that the. Of the very first, and not reacting to it, but taking a moment to recognize it, but honoring the person across from you.

And we all have implicit biases, and it is. And it's beyond our consciousness or our awareness. And while we're putting people into categories, we're not really seeing them as an individual. And so we have to start looking at. Flipping at the conscious strategies.

And when I was thinking through this, if you recall the older gentleman, when I said curmudgeon, well, that picture kind of reminded me of my father. And my dad was a kind man, but he was a bit of a curmudgeon. And he was also a World War II vet. He was stationed in Guam right at the end of the war. He was a Seabee, so he was a carpenter, and that's where they held the Japanese prisoner of war.

So he had many, many stories. You know, now I would recognize it as having ptsd, but I was the youngest of five. Our house was maybe around a thousand square feet. So with seven people in there,

was it ever quiet? Absolutely not.

But looking back, all of the noise that we had created was a bit of a trigger for my father. So my mother would have to, you know, jump in, try to get us to go outside to play.

And. And that taught me to then watch people see what their root actions are, and then change my behavior. Well, now, one of the main things that I do in my job is to work with veterans, and I get to hear their stories and how PTSD has shaped them and has created a different life for them, as before they entered the military, and some of them have been homeless. But I get to hear that story, and I get to uncover the system that may have failed them, especially when they've been combat veterans. So I wish my younger self had the experiences that I have now.

I may have been able to meet my father on a completely different level and honor what he went through in World War II.

So, Judy, I have a question about that.

It sounds like this unconscious bias thing that we're talking about. If we widen our experiences with people that we feel like we have an unconscious bias towards, if we widen our experience with whatever that group might be, yours being Vietnam vets, you know, you've definitely widened your experience so that you don't have the same unconscious bias that you had before. So if we widen our experience with whatever population that is, we're going to have, we're going to fill those, or we're going to cut those lines maybe in our brain, or we're going to broaden those lines in our brain so we don't have these unconscious biases really popping up that we're unaware of because we've become aware of. That's not really even the way to put it. But now you've become so much broader in your experience.

So it broadens what your unconscious bias used to be. That doesn't even make sense. It shortens your unconscious bias. Right. I mean, it's hard.

It's a hard discussion. It is a hard discussion. And. But it also shows, you know, my reaction to older white men, and it was a place of I should hide, I should make myself small, I should be quiet. But then when I started to work with this population, it was.

It brought more empathy out in me because that's also a muscle that we have to flex. I've taken every, like, disc, Briars Mitt, I can't remember the name of that, but Myers Briggs, Myers Briggs, that's it. And all of them, when I would take it and Clifton, empathy was like, dead last with me. And in a way that bothered me that, that other people didn't see me or I didn't present myself as empathetic. So probably over the last 12 years, I have worked very, very hard to be more empathetic, to walk in the other person's shoes.

Right. And also going into the stereotypes, you know, now we're going to start talking about socioeconomic things. And, you know, growing up, there were certain parts of town that my family, my mom said, never walk on the south side and absolutely never alone. But now I find my work going into areas of poverty. I don't do it alone.

But I go in because that's the only way I'm going to learn and grow. So Laurel, tell me a little bit.

Yeah, I think, you know, we're turning our attention a little bit away from unconscious bias to, I mean, it's always under there, but also learning about cultures. Right. And so within our, within the United States, we have different cultures. We have, we have culture of poverty, we have middle class culture, we have higher economic cultures. And when we practice at our practices and we have somebody from a culture of poverty come in, it reminds us to take a step back and try to put ourselves in their shoes.

And I find this really interesting because a friend of mine who grew up in middle class culture is down on his luck and he. These, this is where he lives, this picture. So he lives with people who have pretty much generational culture of poverty and he's experienced some mismatches that are really hard for him to understand. But it's the same stuff that we have in our practices. So I find it very interesting.

So he will tell me things like he happens to be the only one with a car in this compound, and it's an old car and it barely works, yet everybody wants him to drive them every place because he's got the car. And they don't think anything of, you know, that he shouldn't. In fact, they get angry if he doesn't do it because in that culture they share in, in the culture of poverty, especially in a close knit community, they share everything. And so then it becomes this thing of, okay, well what does that have to do with healthcare? Well, if I have batteries or if I give my patients batteries or if I give my patients whatever it might be, we can understand that they're probably going to share it within their community because what's mine is yours and what yours is mine.

And so there's pieces of that that we have to start looking at. And I think that brings us to some questions of economics, like what do we, how do we save our money in this culture? Well, they're not going to be saving their money for the future. They're going to be paying for whatever it is they need immediately right now. And that poses a problem for the hearing healthcare, right.

And bringing up the battery thing is they can come back into the office and say, gosh, I'm out of batteries. And you're thinking, golly, I just gave you two boxes that should have lasted you six plus months. And what would our reaction be if, oh my gosh, Jenny, down the way, you know she needed some of the batteries I have to share with her. And. And when we go.

And I was raised in middle class and it's a little quid pro quo in middle class. And I'm not saying everything, and I'm not saying that there's not giving people in it, but it's a little bit more of a give and take scenario in that. And also when we're looking at transportation, I, with my nonprofit Grace Hearing

center, trying to figure out the day of the week that we should be open all day was a bit of a challenge to land on. And so we ended up landing on a Saturday because fewer people went to work, there was less stress on, well, gosh, Uncle Joe needed the car to get to work, so I had no way to get in to my appointment. And it decreased the no show rate significantly when we moved it to Saturday.

You know, some of the other things that we ended up doing was figuring out how to better serve through telehealth. And sometimes that was just with the HIPAA compliant video chat if we needed to see each other or on the phone, but really trying to think and not judging them if all of a sudden they couldn't show up to the appointment. Right. Or even thinking of ways how to save for hearing aids. Because most of that population, like Laurel had said, they're using that for their immediate needs, not for the future.

The other part is what we're experimenting with is doing just a walk in time, that there's no appointments needed and it's open consistently at that time, either on a weekly or a monthly basis. So then people would be able just to pop in to get what they need and that we have to be open to taking care of that, which is a shift from my for profit office. We have the appointment, you stick with the appointment. And sometimes I have to remind myself and my staff to keep an open mind. Why did they miss the appointments?

You know, let's not jump in right, right away with guns blazing and. And also connecting with others in your community. Just last week I met with some other audiologists at the University of Arizona and there was two people from Catholic Community Services there because some of their programming can help with getting hearing aids to the population that is at the poverty line. And during that conversation, I found out that they had a county grant for transportation that they didn't even have to be enrolled with Community Outreach for the Deaf or Catholic Community Services that I could arrange rides through this transportation grant. And that was news to me.

So without connecting and without broadening my Net I never would have learned about that. Grant and Laurel, you had something about somebody was sharing a story about an office and, and what somebody was eating during lunch. Yeah. So we, when we had the discussion with another group, they brought up that one of their co workers came in and she always had really nice nails. And so she looked great.

She had great nails, but she never had enough to eat. And the question was, you know, well, why is she doing that? You know, for me, my priority would have been food or eating the right things, where her priority was nails. Well, unbeknownst to me, until there's discussion. Right.

Or this practitioner had the discussion with, with the employee is that this is, you know, really important in her culture. She has to look a certain way in order to fit in. And we have our expectations or our bias of what it should look like. And she has her own right of what it should look like. On another note, we have a question from Gabriella, who states, how exactly can we as clinicians help those individuals who face stigma and need hearing health care?

That's a huge, probably a whole other course on this. But she does ask specifically, would this be a community outreach efforts, and if so, how would that, what would that look like? Exactly.

So you can answer a little bit of that. Judy, you've been, you've been doing this. Yeah. So my Nonprofit will turn 10 years next year. And it's.

I. It's ever evolving. We do happen to have the University of Arizona, but there's also an audiologist who they own. It's called the Blake House. And so they can have weddings there.

And it's. But it's in downtown Tucson. What they have started to do is on Sundays they've been able to get the, through the School of Medicine, the residents to come out for kind of a health check. And so

they serve food, whatever was left over from the wedding parties, the events, things like that, they save them and they give the food out every Sunday and then do the health clinic. So we're also talking about that's going to be our walk in time is every Sunday with that.

There's also nonprofits, El Rio Healthcare, and they're the largest nonprofit health center in all of Southern Arizona. And they have about 180,000 enrollees. And I've connected with them on how can we do outreach. One of the things that we did is we set up a weekly clinic right next to the Diabetes Education center. So when people would go to the pharmacy there, we would be able to capture them in, check their hearing, talk to them about it, you know, bring up that it's good cognitive health to do things.

And then having my 501C3 status, we were able to then get hearing aids on them. But it's all relationship driven, and you would never know it meeting me. But I am quite an introvert, and it's challenging for me to talk to other people. But that's slowly over the last. The course of the last 10 years of how I've gone in to change the course for that.

I expect it takes a long time. Right. I mean, to build the trust in the community of who you are. So it's not an overnight thing that's going to happen, which is, I think, where Gabriella's coming from, is that it's going to take some time and you're going to need to get the right people in so that the population you're wanting to help has some similarities, some commonalities. You know, whether it's language or somebody of the.

Of perhaps the same group is there helping to advocate within that community.

Yes. And. And I just didn't show up with the migrant farm workers to do the hearing test. I was invited by another audiologist from University of San Diego Hearing, and through her work, she made those connections and then invited me. So, honestly, dream out loud, and when you talk about it, it manifests.

So talk about it. All right. So when we're looking at our patients, what did it take for them to get in? Because many of them have fear and anxiety and grief. They have to accept something that they've lost.

And so we're looking at this image. What I want us to bring right now is I want us to breathe in curiosity and love. What questions would you ask to have a better connection with the woman in front of you? Are we thinking of her as a complete individual, and are we showing up as curious? You know, another love of mine is Ted Lasso.

And one of the things that Ted Lasso said, if we're curious, we're not judgmental. So I've tried to practice over the last few years of bringing up with my curiosity, and it has helped me not be quite as judgmental. Laurel, what are your thoughts? Well, my. My first initial thought when you brought that up was, gosh, it takes a lot of time.

You know, most practices are busy and want to go through their patient list as quick as they can because they're overbooked. And this takes time. Right. For me to be curious, it means that I need to ask questions. It means that I need to create the relationships and that takes time, but there's no other way.

I mean, frankly, we can't hurry the process. When we have a crisis on our hand. When we have a crisis of not serving a population because nobody has taken the time to serve this population, what else are we going to do? We have to slow down and take the time. Right.

How else, as healthcare providers, hearing healthcare providers, are we going to tackle this situation?

Yep. So I'm just letting you peek at this one.

So, you know, Laurel, what can we do with our team? Well, let's just move to the next slide because I think this is a big. This is a big deal.

When we go back to our teams, when we go back to our co workers and we talk about unconscious bias and we talk about culture differences, we need to really get down to the behavioral piece of this. What typically happens, and I think this is an easy way to talk to your group about it, is that we see or hear something. Right. We saw the pictures of how to be. You know, one of the exercises we did earlier, we heard a story.

So we hear and see things, and we build these beliefs based on that. So you can click through the. I guess I can click to the next slide. Yeah. So we have a belief, and that belief is made up of all of the things that we've grown up with.

Our environments, our. The impact of our parents, the impact of our education. All of that forms our beliefs. And that's an immediate thing. That's the unconscious bias thing.

What we don't realize is that we don't see the belief. We just feel an emotion. And when that emotion happens, we have a reaction. So now we have to sever something. We have to stop something.

So when we go back, we go, okay, we have to stop the. Let's go back to the next slide right before Judy. We have to go backwards. So we have a reaction, we have an emotion. So we have to first recognize when we have an emotion, because that's the trigger and that's when we have to stop and go, let's take a step back.

Because it's probably an unconscious bias or. Or a cultural difference that we're not addressing, that we're not acknowledging. And it's only if we can stop there that we can start something new. So if we

go to the next slide, and this was a piece that Judy mentioned earlier, recognizing the others as having their own truth, Right? Not your bias, not your belief, staying out of judgment of what they tell you, because again, then you're going to create your own belief on top of that which is going to cause you emotion, what's going to cause your reaction.

Then on the flip side of it, they're going through the same stuff. Right. So they're going to have an emotion, and we're not going to tell them how to behave. We're not going to tell them, oh, you have to stop and recognize your unconscious bias. We have to just recognize that they're going to have their own emotion and then take some time and communicate with people.

We need more time. But we're. And we're going to have to do it to change this cycle that we're in. Yep. And honestly, I look them in the face and just know that you're sitting with them in that moment.

And you know what we're talking about. It's not really equality. It isn't. It's equity. And so if we're looking at these pictures and let's say that on the dotted line, that's where we all need to be right now.

And the dotted line just happens to be up high. But when we're looking at equity, then each person gets raised so they can each get to that line. But I want us to be a little bit more challenged and include justice in this. And if we're looking at justice, then that dotted line would be lowered to where all three of them could reach it before the boxes even.

Well, Laurel, this was something interesting that you introduced me to back in during the pandemic. Yeah. So I invite anybody who's listening or watching the review of this is to take your phone and snapshot this and go to this link. It's the Harvard implicit association test. And what you're going to find out is a bunch of different tests that you can look at and go, okay, do I have any biases towards ageism?

Okay, I'm going to put that out there. Right. Because we deal with older people, and heaven forbid we have unconscious biases towards the elderly. Well, guess what? A lot of us do.

So you can take an unconscious bias, an implicit association test, or an unconscious bias test for ageism, for working with Latinos or working with people of color or working with a different religion group or disabilities. Disabilities, yes, that word. Right. I mean, you might be struck by going, oh, my gosh, I didn't realize. So if you think you don't have an unconscious bias, I, you know, we both.

Judy and I both invite you to go to this website, take a couple of their tests, and figure out where your unconscious biases actually lie. Yep. And I have retaken them since then. And I'm going to say that I have improved in some of them.

But this brings us to the end. And that hour went by so very, very fast.

Does anybody have any other questions for us?

Well, we're waiting to see if there's another question or two that pops up. I want to thank you both for this presentation. Very thought provoking and interesting and enjoyable. And I have to say, I really. The battery example really resonates, resonated with me.

It would never in a million years have occurred to me that someone who came in and asked for batteries and then came in a few days later and asked for more batteries would have been sharing them with, with other folks who needed them. So that was very, very enlightening for me. If you wouldn't mind advancing to the last slide, Dr. Hutch. Again, I'd like to thank you both for sharing your time. Oh, wait, there is another question that just popped up from Rose.

Oh, another. Thank you. Yes, for opening our eyes and to thinking of things in new ways. So thank you very much, Rose, for sharing those thoughts. And thank you again for sharing your time and expertise with us today.

And thank you, everyone, for participating in today's course. I just want to remind you that the exam will be available in your pending courses page in about 10 to 15 minutes. And please do remember to complete the exam in the next seven days to earn the CEUs. We also look forward to your feedback on the course evaluations. This helps us to improve our courses and bring you topics of interest in the future.

This concludes today's webinar. Thank you again for attending. We hope to see you again in future courses and have a great rest of your day.