Fostering an Inclusive Workspace
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- [Christy] It is my pleasure to welcome back Dr. Natalie Phillips. She's going to be discussing, fostering an inclusive workspace with us today. Thank you Dr. Phillips, and I'll hand the mic over to you.

- Awesome. All right, so thank you guys so much. First of all, I wanted to just make sure that I did say thank you to AudiologyOnline. And I think that I'm super excited about this topic, inclusion; fostering an inclusive workspace. And first of all, I was by no means an expert, but learned a lot in doing research and talking to many people surrounding diversity, equity and inclusion; and what might be helpful for us to be aware of just in our clinical experience. And so I've got some learning outcomes here where we're gonna focus on: what is the definition of diversity, equity and inclusion. We're gonna go through just identifying different populations of individuals who have experienced inequalities, both in society, but then also within the healthcare system.

And then I have some fun case experiences, that's where I would love to have some great interaction. Where we're gonna walk through some different environments that as I was interviewing some different people, I've learned about some different things that have happened as well as some of my own as well. So hopefully we can all kinda come up with some appropriate responses in those particular experiences, as well as I've got some suggestions as well. And then at the end, I've got lots of different resources. Like I said, when AudiologyOnline reached out to me, by no means was I an expert, but I did learn about some great resources that we can use to take to our clinics and help us foster an inclusive workspace.

All right, so let's get started. So I'm gonna start with just thinking about the changing workplace, right? And how is it changing? Because I think that during this time, that there's lots of things that have changed and we have to evolve with those changes. Sometimes it's in the way we communicate; with our patients, with our staff. Different terms, verbiage that we use. Sometimes it's the culture we're trying to keep up with

what's going on around us, as well as the culture of even our own practices, right? And on our own clinics. How we do our jobs is changing. And so in the last year or year and a half or so, we've noticed that there's a lot more tele-health options and things like that, that we're having to change, or maybe it's lockboxes that are outside of our clinics.

So that way it's safe, and we're able to allow people to kinda come and go, or we can leave repairs or whatever it is, right? So our jobs are changing, how we do our jobs. We love technology. So new and updated technology is another way that it's changing, as it always seems to be changing in technology; but it's a good thing, right? And I think we all get excited about new technology and updated technology. And then also, again, it just talking about the last year or two, the changing workplaces, because we're going through and still kinda going through a global pandemic, right? And we've had to maneuver through different things and different ways we operate; both inside and outside of the clinic.

And so those are some of the things that, just thinking about how we have to change and how we have to evolve, it's constantly changing for us. So with that, we wanted to kinda narrow it down a little bit more to basically looking at diversity, equity and inclusion, right? So audiology has a variety of ways that we experience diversity, equity and inclusion. And a lot of times people use these terms as interchangeable or do you think that it's kind of a catch-all term? Well, I was thinking about different ways that audiology has a way that we experience diversity, equity and inclusion. And sometimes it can be in simple, simply stated as in our job title and services.

So it could be an audiology or an audiologist versus an ear nose and throat physician, or a primary care physician, or a hearing instrument specialist, right? And so those are different types of titles that we use in audiology, maybe it's jobs within our own practice, our own industry. So maybe it is the title of a private practice owner or an

audiologist who works for an ENT or an educational audiologist. So there's different titles that we hold within our own, a lot of diverse things, right? Are we treated equitable, right? Or when you look across the way, if you're looking at a private practice owner versus an audiologist that works with, or for an ENT, are we treating each other the same?

So those are some other things as well. Job titles within our own practices; the boss, the owner, the front desk, the manager, the medical assistant, the staff. So there's lots of different titles even within our own practices. And does everybody get equitable, or there's a lot of inclusion in our offices. All right, maybe it's gender; female versus male. We've had different talks about this within our industry already about gender pay equity, right? Or different opportunities. We have women or female groups, we are primarily a female, the population in audiology is primarily female. However, there are great men that do support us as well. And there are people that I've learned both men and women. So, are we inclusive in having both female and male, or do we go overboard and focus on the female and kinda leave the male out?

So there's a fine line. I was having a conversation with somebody, and there's a fine line... actually with my daughter. There's a fine line of saying, okay, this is a diverse population, but we need to recognize it, provide inclusivity and different opportunities. But when it gets to the point when you step over bounds to actually exclude other people because you're trying to include people, it kinda defeats the purpose, right? So just kinda looking at that as well. Also, we deal with disability, right? So we've got people that come in with hearing loss, with developmental disabilities, with brain injuries, with age related cognitive issues. And so are we providing this inclusion in our practices for different types of things like that?

Insurance; insurance is another way that are we looking at different ways that we are providing services that are inclusive for different insurances? So that could be

Medicaid. Workman's Comp, how many times have you seen a Workman's Comp on your schedule? And you're like, "Oh man! Oh, okay." Like you already have these thoughts in your head, thinking that, that particular person is gonna be a certain way because of their insurance. Whether they're self pay as well. And then the last thing that I thought about that we experienced just kind of looking at different diverse populations, is also people of color, right? And so, whether it is the professional or whether it is the patient, and are we providing that inclusivity as well when we're providing services?

So those are some of the things that I thought about what we experienced as audiologists. All right, so, when I started forming this course, I interviewed a lot of people and I'll introduce you to some of the people that I interviewed. But the question is, what does diversity mean to you? And what I found was a lot of different answers. So these are answers for people that I actually interviewed to do some research for this course. And somebody said, meeting someone where they are and letting them teach you. Character or physical traits that differ from someone else. So outward appearance, right? Not only the skin tone, but what we are feeling and preferences because of those physical attributes.

So we're gonna dive into that a little bit more, because now it's not just the outer appearance, but you're talking about how does that outer appearance now formulate these emotional associations, right? Because of those physical attributes. Differences in upbringing, how we see the world, opinions. So depending on where you grew up, what kind of population did you grow up in? That can make diversity mean something different to you as well. Maybe it's differences that you can't see. So it might not be outer appearances, but it's other differences that you can't see. Understanding the value of each other. I think that was a really kinda cool definition that somebody came up with, as well as, everyone is unique or different, but we all are still together; like we still function together, right?

So I thought that was a really cool definition of diversity. Okay, so looking up the definition of diversity, it is really all the ways in which people differ. So it's not really a way to refer to somebody as diverse, like that, oh, that person's diverse; because that really then takes them out of the majority of who you're talking about. But it's really the ways that people differ and we'll dive into that. And the perception of diversity is really not the same across the board. So when you talk about workplace diversity, it's really interesting because, again, millennials might define it more as a combination of people from many different backgrounds; whereas an older generation, might categorize diversity more as fair and equal representation, which technically is a little bit more about equity than diversity, right?

But it's the definition. And so again, it goes back to that question of, is this a catch-all term that can be used interchangeably, or do they actually mean something different? Diversity also is really about, less about what makes people different, and more about understanding what is, or understand the similarities, accepting and then valuing the differences. And really it's a composition of a group of people, is what we're getting at. All right, so with common types of diversity; these are easy, right? These are some of the things that as you're thinking about diversity, or maybe some of the things that you're noticing in your clinics, it's easy to see some of the outward things; race, age, nationality, ethnicity, right?

Gender identity, sometimes education, professional experience. And you might not necessarily see that outwardly, political views, it depends if they start talking about it. Then there's other types of diversity as well. So whether it's religion or citizenship, or married status, socioeconomic status. So there's a lot of different types of diversity that we are experiencing. Okay, so now we're gonna head to, talking a little bit more about equity. So again, when we talk about equity, it really is looking at fair treatment across the board. So fair treatment, access opportunity for all people, right? And it

doesn't matter your identity, but you're creating an environment where there's a fair playing field. So a little bit different from diversity. And I talked to a lot of people in preparing for this course, and I spoke about the bias and inequities that these colleagues experienced.

And we've talked about things that happened when they were growing up, because those are some of the things as a child, you don't necessarily notice, right? You don't notice the bias as much when you're not looking for it. But what happens is when you're growing up, and you're experiencing these things, you become more aware and conscious that it could happen. So growing up, people have lots of different conversations of just, with their parents, right? Or somebody that's older than them in creating what they believe is an equitable environment or bias. And I'm sure they don't use those terms because you'd be looking at a five-year old going, the five-year-old be like, "I don't know what you're talking about;" right?

But in growing up, the people that guide that young person into thinking what they think or believe, are the people that go before them, which are the older people. And so even though they might miss the bias because they're not looking for it, they're still learning of how to be more aware of it. And then also, with the colleagues that I have talked to, obtaining a degree was interesting. Because although they felt welcome, whether it was in their school environment, education; whether it is in a professional environment, in a clinic, they could always tell that there was something just a little bit different. And not necessarily that it has to be outwardly said like I am this person of color.

Obviously that's something that you see outwardly, right? But it's really about, there was a lot of issues about meeting a quota when they were going through school. But really, I think the one thing that they said, is to make sure that when you've got people coming into your clinic, you don't have to outwardly say, this is what's available. But to

allow the patient to know that there is somebody here that's going to advocate for them. Whether it is that person of color, whether it is that person that has a disability; a lot of people that work in our different clinics, they might have a hearing loss. So just to know, hey, I've got a hearing loss too, look at my hearing aid.

That really evens that playing field so that they know that there's somebody that's gonna advocate for them, right? All right, so then we talk about inclusion. And so inclusion is still different from diversity and equity. So inclusion really means, a variety of people that have the power, the voice and the decision-making. So there could be various team members and employees that are put at senior management levels, or wherever it is, is having a seat at the table; but is it inclusive, if they still don't, aren't given their voice to be part of the meeting. Like they could be there at the meeting, but they don't talk. Or when they do have an idea, they're shut down really quickly.

And so, again, even though that you have people, maybe it's, let's say women, might be represented, do they still feel included? And it could be due to maybe longstanding gender norms or salary discrepancy, or maybe other factors. And so that's something that you wanna make sure when you're thinking about inclusion and having an inclusive workspace, that not only are you giving a variety of people a seat at the table, but also allowing them to have that voice at the seat of the table. Maybe it's employees, maybe it is their point of view. The common misconception too, is that, environments that have diversity and equity, naturally have inclusion; and that's not necessarily true. You actually have to take those steps.

Now looking at this report here, it's really important to stop and evaluate what you're doing in your particular clinic. To see if you are having that inclusive environment. Or, if you can get your employees involved to talk about that. Because employees' points of views are super important. You wanna ask them maybe, do they feel a sense of community and connection, or do they feel that they contribute on a daily basis, or do

they feel that they share a sense of purpose with their coworkers and peers? So these are all different things that as you're thinking about having more of an inclusive workspace, that these are things that you can have maybe in a staff meeting. Have a question here there and get that input.

And again, that's allowing your workspace to be a little more inclusive of other people, variety of people to have a seat at that table. So that's a great idea. All right, so this was a resource by the Social Justice Resource Center, and the cost of bias or racism in the U.S., there's lots of different biases, right? There's wage and hiring discrimination, maybe on what services that are available, even what I thought was shocking was capital investment discrimination too. I had one of the people that I had talked to, he said that in some cities and populations where there are not a lot of Asians, where he works, some patients came in and asked if it was okay for them to speak English to him and just assume that he was an immigrant.

Or I was thinking about some corporate organizations, make it much more lucrative to hire somebody that's younger, based on the benefits that they have to pay out. And so they offer younger employees a higher wage or more lucrative options or benefits. And so again, this is the cost. And according to this Social Justice Resource Center, the cost of racism or bias in the U.S. based on some of these forms of bias, is costing the U.S. $2 trillion. And so it's crazy to think that there wasn't a lot of attention paid to this because there's so many ways that we can improve this. And so, again, thank you to AudiologyOnline for covering some of these issues, because I think that it's important to at least have that awareness that that's out there and that's happening.

And then I wanted to look at the cost of bias on these particular diverse populations. And so, again, briefly, I talked about how some of the people that I had interviewed, felt like they were really the token something or the someone when being in a particular environment. Whether it is living, whether it is working, but they were considered kind

of like the token individual. And you have to look a little bit further than just that title of being the token, but how is it gonna affect the professional past that? And some of the professionals that I did speak to, did say that over time, it did develop some low self-esteem because of the name calling due to people not being aware of appropriate verbiage that has changed.

That first slide, how are we communicating? How are things changing around us? And are we changing with them? So the appropriate verbiage, or maybe teasing somebody as they were growing up because of the food that they brought or the way that they dress, right? And so the effective professional really over time, has more low self-esteem and has to struggle more with acceptance, right? I had a story of someone who shared that growing up, they used to bring a sandwich that had chutney on it; which to that person, it was something that was just a culture thing. But over time, they got teased saying that it was, "Oh, they brought that green slime again." And so, again, over time in that particular environment, he tried to trade or his lunch, or actually actually asked his parents not to make that anymore.

And again, trying to be more accepted. And you wonder if it really is that people are racially insensitive, or that just people just don't know things, right? Maybe it's just ignorance and immaturity. And so one odd perk that I found though is that, that token or that affirmative action is what people have in place in different policies can actually be in favor of the person of color, or the race or the gender, depending on if they use it or not, in the educational program. And so again, one of the people that I interviewed, really sat with an application and decided whether or not they should list their race; because they didn't want to be taken on as that token person in that particular environment.

And so these are some of the issues that diverse populations have to think about. All right, so kinda want to pause a little bit and talk about code-switching. This is

something that people have talked about and are not necessarily, I'm not necessarily sure if people know about it. But code-switching really is, the definition is really like a strategy of behavioral adjustment to successfully navigate interactions that can affect well-being, economic advancement, and or physical survival. And so this can include maybe a stylist speech, behavior, appearance, maybe expression to optimize comfort of others, or quality of service, or even employment opportunities. And it often occurs when there's a negative stereotype. So code-switching for people that have to code-switch, it's mentally draining because they always have to be on and they always have to be aware because it's this strategy of behavioral adjustment.

And it's interesting because the people that I talk to, it comes naturally to them because they have this feeling, they know when they have to adjust and they adjust just quickly. They don't say in their heads, "I'm going to code-switch now;" right? But it has been ingrained in them to say, you need to survey what's going on. And you're the person that has to actually change because of what's going on in the environment. And so code-switching is really interesting. And again, the reason why people do it, is because, maybe they're trying to increase that perception of their professionalism or their leadership; because maybe they'll be looked upon as not knowing enough, or whatever it is.

Whatever the reason is that they feel like they have to go into this code-switching. Or maybe they are trying to fit in because they're tryna be hired, right? Or trying to get a promotion, different things like that. And so there's a lot of people in diverse populations who have to actually learn and automatically code-switch, which can be mentally and emotionally draining. All right, so going back to the cost of the bias on diverse populations and what can we do; companies need to begin to understand why there's a segment of people that can't truly be themselves and code-switch. We just talked about that. And really address with the company, how we can change this.

And so a lot of the times, if we are practice owners, if we are people who need to stop and pay attention to this, you really have to stop and think, okay, let's evaluate what our culture looks like. Get those people on around a table and have that inclusive type of conversation, right? Try to figure out how people feel at that particular workspace environment. And then really consider if there's things that you can change; behaviors or policies that you can change to create that inclusive environment for everybody. A lot of the times it can come just as quick office education. It could be a monthly meeting where maybe there's one or two things that you bring up and you have a check-in with some of the employees and staff to make sure that everybody's still feels that inclusive workspace, right?

But again, going back to what I talked about with the person of color, having that experience saying that, okay, I don't have to see every African-American patient, but I would like patients to know that walk in, that are people of color, to know that I am here so that I can advocate, or maybe it's not the color of the skin. Maybe it is what we talked about. Another diverse population is hearing loss. And so again, when a person comes in, you don't have to be showing your hearing aid, but allowing somebody to know that there's an advocate for them at that particular environment is super helpful. And it really breaks down those walls and those barriers as well and having that inclusive workspace.

All right, so then I wanted to kind of look a little bit more at, are there healthcare disparities for patients? And what I found was it's interesting, there was a resource from dosomething.org, and they looked at the years between 2013-2017. And what they found out was, unfortunately, 34-40% of black native American and Hispanic patients, receive lesser quality healthcare than White or Caucasian patients. And it's kind of shocking to hear that, but I started to think like, why do you think that that would happen? Maybe is it based on what they have for insurance. I'm trying to really

rack my brain of why would that happen? Maybe is it socioeconomic status, right? That they may not be as proactive for prevention of health issues.

It's so hard to tell, why over four years that just less than half, 34-40% of black native American and Hispanic patients receive lesser quality healthcare. And if you think about people walking into your offices, it's not that we say, "Oh, okay, I see the color of your skin. So I'm gonna treat you with lesser value," right? Because we don't. But the truth is that they did this research and they did find, that they did receive lesser quality healthcare. So hopefully again, having some numbers and some research and some percentages behind you, will really get you guys to start thinking about having more of a, we already have a diverse population, but having a little bit more equity or inclusion, I should say, inclusion or inclusivity in that workspace is gonna be super helpful for us going forward as audiologists.

All right, then not only for patients, but I wanted to look at other healthcare disparities for professionals and service providers. So this is kind of interesting. So the Naval officer nurse that I spoke to, had a great perspective on equity in healthcare. And he explained that, when you're in the military, they like to make a good first impression, right? So everything is very clean, neat. They have a professional experience, especially 'cause he's a nurse. And so people immediately know that they can trust them that they care, and that they can help them. And so really establishing this when you first walk into the room, whether you wear a white coat or whether you're not wear a white coat.

It's not about the white coat, it's about how are you dressed, right? And I know that there was a question on one of the audiology boards about a front office staff wanted to have her hair color a certain color. And there were so many people in support of yes, let them be creative. I've got a solution for that though, too because as you're thinking about that, yes, have a different hair color, but try to still be neat and professional. And

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so, going back to this Naval officer nurse that I was talking about, really though, the thing that people care about is, do they trust you, are you gonna care for them and can you help them?

And so having that first meet impression for them as military, they have to wear certain uniforms when they're caring for executive medicine, like when they're caring for the president or for senators. And so they're only allowed to wear their white uniform in the Navy or their tan uniform. They can't use their camouflage. And because they go through an interview with CIA and with the Secret Service and they wanna know how well you take care of yourself. And he was explaining that those particular uniforms, the white uniform, or that tan uniform shows everything. And so if you're not fit, if you are, you don't have a stain, which I doubt they would have a stain, but things like that.

They wanna know that you're taking care of yourself so that you can take care of people at an executive level. So it is super, they get judged on the neatness and the cleanness of how they are providing services. And depending on how they're providing services and who they provide services to. So I thought that was really kind of interesting. When you're talking about hiring and employment opportunities too, it seems like there are already equal opportunity protocols in place for workplace hiring and employment. And so again, if you're in a private practice, having those particular protocols in place are gonna be helpful. And according to the International Labor Organization, companies with more of an inclusive business culture and policies see a 59% increase in innovation, and a 37% better assessment of consumer interest and demands.

So it really is, evaluating your business culture is so important because it allows your employees, it allows your staff, it allows you, to really be able to have some great ideas or have some innovative ideas to be better as a business. So again, according to the International Labor Organization, companies with more inclusive business cultures and

policies, see a 59% increase in innovation and a 37% better assessment of consumer interest and demand. All right, so I kinda wanna pause here to thank my fellow professionals. These are the people that I spent time interviewing and really learning about some of the things that they have gone through. They've given me some suggestions and resources on the next few slides as well.

And it's interesting because some of these faces might look familiar to you, some you may not know. And I thought what would be interesting is to kinda give you a little snapshot of who said what, but I'm not gonna tell you who said what. And so one person get stopped regularly to be asked whether diversity and inclusion department is on campus, because they think that that person knows. So on campus, in more of an educational environment, they always get stopped to ask, where's the diversity and inclusion department? So that was one person that I talked to. One person advocates for disability awareness. Like full-on made a film, everything that we'll talk about as well. One did not use his or her race on an application process.

That's what we had talked about. One traded his or her lunch in school to be more accepted. One had his or her child be told that unfortunately, he did not have enough money to afford a book at a book fair because of the way he looked. One gets asked almost daily, "What are you?" And I think that was so funny when I laugh, because if you are a person of color and you can't necessarily tell exactly what ethnicity you are, you get that question a lot. And so this person almost daily says that they're asked, "What exactly are you?" Because they can't figure it out. So I thought that was kinda funny. So thank you to these fellow professionals.

Hopefully you get to see who they are, what they do, with some of the familiar faces that are in our own industry as well as what we've learned from outside of our industry. So the next few slides, we're gonna open up to the chat. Because I wanna make this a little bit more interactive. And so you should see, I'm hoping that there are people here.

All right, so we're gonna open up this chat so that people can be interactive really with some of these case experiences. So thinking about diverse populations, these case experiences that I have, are really from one of these professionals, or myself as well. And so, I think it's quite interesting. So hopefully we can open that up and I can kinda say what people are recommending, because I wanna get people involved in this process here.

All right, so the first case experience is a patient comes in and openly talks about politics with other people in the waiting room, as well as ask them and you about your political stance. So the question really is, and so as you're reading this, if you've got recommendations of maybe what you could do in this situation, please put it in the chat so that I can add this to the actual seminar or webinar. But do you actually let them speak freely? Is accepting their diverse opinion something you need to allow in this particular situation? Does it come down to really allowing their free speech, or does it come to where you have to think, is it making somebody in your office uncomfortable?

And can you assume that it is, so then do you step in at that moment? And so really in this particular situation, my recommendation is, and I'm hoping that people are also able to add to the chat, great, that is know what you're willing to talk about and what you allow in your workplace. And if that means letting the patient know of policies that you have in place, both in the waiting area and in your back office, like maybe you don't have to talk about it in front of anybody, but when you take your patient back to the back office, if it differs. I've got somebody here who says, they redirect to focus on their appointment.

I do not share my political beliefs. Exactly, so really know what you're going to share and what you're not going to share. Somebody else had said, as far as the waiting room, if the other patients are noticeably uncomfortable, I call the patient who was

discussing politics to the back room, absolutely. All right, so thank you so much for your input. Somebody else that I don't discuss politics and religion at work. You try to divert the subject matter regarding the importance of voting. Yeah, absolutely. And again, this also goes for social media, right? I have rules where I will not go into politics or religion. Somebody said at work, but also for me on social media. So thank you guys so much for some other recommendations.

We're gonna go through some more so that we can get to some of these. The next one that I've got for you, is, this patient continuously compliments the women at the front desk about their dresses and skirts; so much that it makes them uncomfortable and they have to look ahead on the schedule to make sure they wear slacks that day. Also, this is another issue, right? Patient asks for a female doctor to do otoscopy so he can smell her. I know that sounds weird, but this was a real story. The supervisor at the time, 'cause this professional was actually a student at the time, chalked it up to the patient's age and adjusted schedules to accommodate so the female doctor did not have to see them.

So that's kind of diversion, right? So again, this sounds like a little bit more like harassment, right? But is it that, or then does it become a male female diversity issue within the office that you can actually take a look at? Is it really age? Do you think it's about equity representation? So for me as people are typing in the chat here, your recommendations for me, I say, no schedules should be re-arranged around these types of workplace experiences. And a quick, this is really inappropriate and we need to keep this professional. So just a quick comment like that, to that particular patient would help. Maybe educating your front desk about policies towards any inappropriate comments or behaviors because what happened?

Okay, so the one on the top, that was actually my case experience. And a lot of the times, I didn't know that was happening until the patient left. And then my front desk

would come up to me and say, "Oh my gosh, that person made me so uncomfortable because this." And I said, "Oh my gosh, you guys have to tell me this so I can address it at the time." So again, equip your front desk about policies, give them appropriate responses, have a plan to follow up, but also to stop those comments and behaviors at the time that it's happening. And it looks like we've got some people here that I'm gonna have to go back up added to the chat.

And it says that... I'm hoping I catch up here. So it says I... okay, that's still about... Management needs to have a conversation with the patient about his inappropriate behavior. Someone needs to educate the patient about how he is making them uncomfortable, right. So that someone or management, if you are the practice owner, or you have somebody who is a manager, an office manager, that would be that person, which means you also have to make sure that you have a protocol or a plan in place for that upper management to have that discussion with that patient. Absolutely inappropriate to constantly compliment male or female. It happens to both males and females. Great point. As well as I would have the supervisor pull the patient aside and speak to him about the excessive complimenting.

I agree with changing the schedule unless the patient becomes belligerent. Another person says agree and not adjusting the schedule. I think discreetly addressing is most appropriate. So many different options. I definitely address these with patients. I would directly say that we do not make those kinds of accommodations regarding the request about the, I'll just say the perfume. And then educate the patient discreetly, yep. And tell him that he's making the staff uncomfortable. So really it comes down to taking proactive, or taking action and making sure that again, it is not acceptable; but it still goes back to making sure that this is either in your employee handbook. It is discussed at an employee meeting, maybe once a month, so that these policies are in place.

And sometimes, again, this might be something that's new. And so it has to be written in, right? Somebody also says, knowing what you're going to say before the issue arise is so important. Yes, I totally agree with that as well. Thank you guys so much. Keep the chat coming, I love this. You guys are awesome. Okay, so we're gonna go to the next one. This one's kind of interesting. Okay, so the patient is a person of color and you're not sure what color to choose for a RIC or earmold. So you have another colleague who is a person of color and you run an ask him or her to give you advice on which color would look best.

Okay, so this one was kind of funny because the recommendations really for an equitable environment is, do your due diligence and research colors. You know what happens if you didn't have somebody, a person of color in your office, you would have had to do it anyway, right? And now it's crazy because I put these pictures in here. We have makeup and foundation that you can take a quiz online to find your best match of your skin color. And that pencil, I couldn't find one, but I remember coloring and going to a skin color crayon and it was one color. But now you can purchase a 24-choice crayon box of just skin colors. So do the best you can.

And if you have, and get the patient involved. And so those are some of my recommendations. And if you have to bring that person of color, that's your colleague in, announce to them as, "Oh, this is Dr. so-and-so that's gonna kinda just look over and we'll make this decision altogether." So somebody said that was a party fault, ask the patient, give them choices. Yes, absolutely. This is easy for me because I am color blind, okay. I always ask opinion of others regardless of the skin color. That's great. And so I think that maybe, that might be a great recommendation to tell your patients too. And again, people are saying, get the patient involved, get the patient, the family, right?

Some people, get the front office, the people in the lobby. I would hope the professional would be comfortable enough to discuss their preference. I always offer the color wheel to every patient that I fit so that it is equal to all patients. And try to inspire dialogue with the patient to determine their preference based on different color samples. Yeah, obviously, again, getting other people involved, if you're color blind, if you're not color blind, you could say, "I'm a little color blind." You could also say that as well. But really getting patients, family members involved would be the way to go. So I love your guys' recommendations as well. Okay, the next one, person of color is a student and struggles to decide whether to apply for a placement or a job and list their race.

This decision is because as a student, they were told that they were accepted to the program because of the diversity quota that had to be filled. Okay, so this one was a more of a personal one. And so from this person, came these recommendations is that, really try to surround yourself with people who are gonna help with your confidence as it continues to grow through these different experiences. And to know that some people have some insecurities and that, again, going back to maybe they don't know, but to have that comment say to you or to have somebody say that comment to you, really go back to the focus and the intent of why you're applying for that job or that placement.

I don't know if there's much recommendations on this one as well, because I think this one was a little bit more of a personal one for that particular person that I had talked to. So we're gonna move on. Okay, this one, person of color is a professional and a patient walks in and says they see the either oriental doctor or the colored doctor. Okay, so this one recommendations really is to have an open conversation again, with staff to educate them on what is the particular verbiage or term to use. And then to teach people along the way, to see you as a doctor first and not the oriental doctor or the colored doctor or whatever it is.

And have that script ready for staff to address the situation and say, "Hey, oh yeah, he or she has a name and it's Dr. Phillips." And it doesn't have to be an issue, but just say... don't make it into a problem, but just be very diplomatic about it. And hopefully aiming for a positive outcome because sometimes when patients come in and they know there's a person of color, they can let their guard down. So look at every opportunity as sharing and learning about respect. All right, so I'm keeping an eye on the chat here, and I'm gonna move on to the next case experience. Okay, patient has a habit or a hijab that needs to be removed for evaluation.

Okay, so recommendations for an equitable environment is, don't assume that the patient will be upset if you ask them to remove their head dress. And I think one of the biggest questions that you can ask when you're walking into the booth and about ready to start the testing would be, what can I do to make you more comfortable? I thought that was the easiest question that you can ask is, is there anything that I can do to make you more comfortable? So if you have any other recommendations, please continue to put them in the chat. You guys are awesome, I'm loving this as well. But again, we've had some of these different things, right? Where it happens to us.

All right, so next case experience, I've got somebody that says, I would explain why we're asking for it to be removed. And is there anything I need to know to make you comfortable doing this? Awesome, I love how you added that in. Explain to you then what we're doing, why we need to have you remove that part. Okay, perfect. All right, this one is, one of your staff went through some changes in his or her life and no longer has their own transportation to work, and will have to use public transportation, a carpool or possible like Uber or taxi to work. All right, so this one is a little bit different. We did a lot on different race and maybe gender things.

But this one recommendations for an equitable environment, I thought would be kind of interesting, if there were policies in place that surrounded maybe start times and working hours, or stipends for both auto and public transportation. So that's something that's super easy that you can provide as an equitable environment if you have that and whether it's your employee handbook or just the policies, or procedures of your office. And so thinking about those types of things too, it's the equitable environment, making it an even playing field for people that have had changes in their lives, right? Again, somebody says the office can provide a benefit to help. Absolutely, absolutely. Okay, so moving on, I believe that might be my last case experience, is, I'm now looking at some resources.

I wanna make sure that we get you guys some resources here. All right, oh, no, I've got one more. I'm so sorry. Okay, so this one was, I think the last one, but during the election, a professional was told that depending on how the results turn out that day to consider leaving early to pick up your kids if they look anything like you; as the patient knew that people may be upset from the election results and they were heading to get guns that day. Okay, so on this particular one... Somebody says move, okay. On this particular one, the professional didn't actually go there and just let it go that day and did not respond and said, "Thank you for the heads up.

" Yes, this actually happened. So I thought that was kind of interesting to put in there as well. That one, there are times you just have to let it go and you just have to. Exactly, yeah, so somebody agrees with me to just let it go and stay professional, see the next patient. Okay, so that's what I wanted to put in. Okay, so I'm gonna kinda make sure that we get through some of these resources, 'cause I wanna make sure that you guys already have some resources at your fingertips. So Doctors for America is a national 501C organization that promotes advocacy and education. If you look them up, I think that it's really kinda cool because they'll have a lot of different

resources for you to either use in your office, or whether or not you want to use it for working with patients as well.

So wanted to put that up as a resource. The next resource is, I don't know if you guys knew this, but Certification in Diversity, Education and Inclusion." As a business, so there are online programs, there are programs that are either paid or free. So I think the University of South Florida is a free program, but you can actually get a certification in this. And then you can say whether it is on your social media or on your website, that we are an office that promotes diversity and continuous learning, right? And so look into, if you want to, getting a Certification in Diversity, Equity and Inclusion for your office. All right, the last one that I've got here for you, is I'll just say, so Dr.

Sandy , who was the optometrist in the people that I actually had interviewed, she actually was the producer of this film and it was called "Because of Sam." And so what happened was, they interviewed Sam and his mother and found out that a lot of medical professionals did not know how to treat him. He had a developmental disability. And so they created this particular film. And what I love about this film, is that, it really is, it's licensed so that you can actually purchase this and have your office, watch it together. There is an enterprise level for more of a bigger corporate business. Then there is a nonprofit charge as well as there is a for-profit charge.

And it's a 50-minute movie and there's a 30-45 minutes study guide that you can actually sit with your staff and actually go through it all and talk about some different things. And I think that what's really cool is whether you're local or not, and I believe this might be in Florida, whether you're local or not, if you want the producer, the filmmaker or the star of the show, which is Sam, come out to your organization or to your practice, to do a Q&A, or to meet people and actually talk. Or maybe it's something that you put on as a practice and you're doing this out in your community,

just to have that disability awareness out. They will do that, there's a fee obviously to come out.

But it's a really interesting thing to do together, especially because we work with a diverse population that is a disability, which has hearing loss, right? To actually allow your staff to have this opportunity, to go through something like this, which is this program, which will teach you about inclusive environments with developmental disabilities. So that's an inclusion program that you can purchase and actually go through with your particular business or your staff. All right, so other things that have come up as well for resources, is, some of the things that I, the people that I talked to said, it really has to start at the interview process or the application process of people coming into your office, right?

This is for office protocol for inclusive workspaces. So having different interview questions on their interview or the application process, whether you're hiring for a front desk. The dentist that I talked to, Dr. Co, he actually had, this is really interesting. He actually has a Resume Builder program, it's an app. He had it, that's the actual link there: profilerdothappierdentists.com; for front office, back office, manager. And he's working on other specialties as well. But really this was developed so that people can generate a resume without a name or gender, but you use initials. That asked some questions that it doesn't matter if the person is male or female. They're asking more human questions. Like, what are the hours that you prefer to work?

Do you have body modifications, right? How do you like to express yourself? What is your music preference? Are you comfortable around large groups of people, or small groups of people? And then once you find out if it's a good fit for your company, then the interview is scheduled. And so, again, if you're thinking about when it starts at the interview process or the application process, or even the resume, try to develop questions that maybe examine that person, more with an empathetic mindset, versus,

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okay, this is your name, this is your age, this is... anything that would be identifying them as a diverse population, but really getting to that human level when you're asking some questions. Another suggestion for resource, is make sure that there are photos of the providers.

So put it on the actual patient responsibility. If on your brochures, which I'm not sure people actually have brochures anymore, but on your website, your social media, that you have photos of your providers there. That way, it is the responsibility of the patient, not the provider. Maybe in your about me section about some of the things that they'd like to do to say, if they really want to see a person of color, if they don't wanna see a person of color, whatever it is, that that is their responsibility, you've got everything out there, right? And so those are some resources that you can possibly do. Again, intake forms, these are other ideas that you can change in how you have your intake forms.

The APSO, which is a great organization that has created intake forms for us as audiologists; have put standards together, right? So you can check out their standards, but maybe you might wanna just put a little tweak to make sure that they see that this is an inclusive environment, whether it is asking that question, if you want a male or female provider. Whether there's a certain identity pronoun that they go by. However, what's interesting is when I interviewed somebody that recommended having identity pronouns on their intake forms, you wanna make sure though that even though their identity pronoun is a certain pronoun, that you make sure you bill your insurance on how their legal name and pronoun is; because then that becomes a little confusing and you might have some insurance issues to do with later.

So just wanted to point that out as well, that even though you're providing this inclusive work space and environment for both patients and professionals, that you make sure that they understand that this is what's gonna happen in the office, but anything we have to do legal will have to be off of your particular ID, which is, this is the way that

you're represented legally. And so that's something that you wanna make sure that you keep track of as well. Other options as well and some different ideas is obviously don't push any opinions or agendas, and ask questions. Don't just assume from people that they're comfortable, they're not comfortable. Make sure that when you answer, like we had gone through some of those case experiences, that they're direct and informative and very respectful.

And don't make it an issue any further and just say, nope, this is the way it is. And that's it. You don't have to give out more information. So instead of saying, "Oh my gosh, I can't believe he said that;" don't ever say, you wanna see the color doctor here, right? Just say, "'Oh yeah, well, her name is, or his name is," and just say the doctor's name, right? Create scripts responses. These are stuff that you can do beforehand to get your office just a little more inclusive and get in office meeting, get people to give you input as well. Because the people that are frontline, which is our front desk, they're gonna have some great opportunities to give their ideas and have these protocols put in place with our changing workplace.

Again, I've talked about that before, make sure you're careful not to engage in exclusivity, which is the total opposite; by giving special treatment to those diverse populations as well. And then again, this one was interesting, I think as well is, having some staff solutions, but then also working with whether it's students or other colleagues to have transition trainings. So one of our colleagues had talked to me about how he has taught his students that he takes on, his audiology students, to learn how to transition the topic or change the topics. So for example, somebody comes in and has a Make America Great hat on, or Black Lives Matter. So instead of talking about Trump, to start moving that conversation to say, "Oh, by the way, did you know that Ronald Reagan had a hearing loss and that he had hearing aids?"

And then you talk about the hearing aids and then all of a sudden, you're back to hearing aids again. So you get off the topic of that particular political topic and you get it back to hearing and what they're there for. Another way that they practice transition training, is that maybe this particular professional is not good with sports references. And so instead of saying, "Oh, okay, I don't know where to go. Like, I don't know enough about Michael Jordan," or whatever it is to stop and transition. You don't have to stop and transition away from talking about sports, because we're tryna develop rapport, right? But instead say, "Oh, by the way, did you know that if you go into a loud arena, typically the level of loudness is x amount of decibels? And there's a lot of hearing losses due to loud noise exposure."

And then, "Oh, and by the way, so your particular hearing loss looks like this;" and again, you've just transitioned without dropping that connection with that patient. And so again, looking at transition training with staff, looking at transition training for the providers, I think that it's super important to do. All right, we're gonna try to finish up as well and go to a few more of these, and I'll just kinda put them all up here, right? So again, as away from your office, but what you can do to learn a little bit more, is to read and research. Have open conversations with people who don't share the same values and views.

So that way you learn more, right? Set your expectations early, never lower your standards. These are actually from people, the people that I interviewed as well. We always do this, I always do this as well; is ask yourself, is this really how you would treat a family member. To think about how you would work with diverse populations and then open that up to have an inclusive workspace, right? And again, connect to that person, focus on similarities versus seeing the differences. So again, having that transition training is super helpful, as well as talking openly, changing that verbiage, if there's something that changed with our workplace and how we use different words,

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right? Making sure that you're aware of different ways that things are changing in the way that we communicate.

And then one particular person had a great idea, of possibly even having audiology round table discussions and conferences about diversity, equity and inclusion. And really talk about some of the things that we need to work on. Some of the things that people have put in place, sharing policy, sharing procedures. Things in the office that will help out as well. This last slide are some different books that are out there. I think that, I'll leave this up as I kinda talk about it, but really there are tons of books out there. These book resources were from bustle.com, back in 2020, May, 2020. Also the Easter Seals because of the disability one as well. A lot of them just kinda show racial hierarchy, how the American society looks at racial discrimination and the justice system, that is in that "New Jim Crow" book; "White Fragility" is also another one, just looking at unconscious bias and a defensive behaviors toward racism.

"Pride Against Prejudice" challenges the reality of being different with current and historical debates on the quality of disabled people's lives. The way disability is represented. "Me and White Supremacy;" so again, going back to my friend, Dr. Sandy, who was the optometrist, she actually did this course online. And she said that it stemmed great and tough conversations with her staff, to really look at this. And it was as good for every race. She said not just white privileged, but she said that it was really important to have some of these conversations. And then the last book that I have listed here, the "Fundamentals of Disability Inclusion," really reviews disability sensitivity in the 21st century for individuals and organizations.

And it looks at culture, special needs, provides tools and techniques for different settings, where conflict and communication arise. And so those are some of the different resources that are out there. And I think that is really it. So I kind of left just a little bit of time. I know that we're right at the hour, if there were any quick questions

other than that, I'm gonna hand it back over to the moderators to make sure that I see it. Just a few questions here, to see if there's anything else. All right, so I'm gonna hand it back to Christy and take it from there.

- [Christy] Thank you Dr. Phillips. That was such an engaging course on a topic that is really crucial nowadays. So we really appreciate your time and all the research that you really dived in to collect and bring to us today on AudiologyOnline. We're just seeing a couple of comments come in saying that it was just a great course and I would concur with all of these members. We are going to leave the floor open for any questions that you guys might have. You have a couple of minutes here.

- Okay, so it looks like there's a question between, how would you differentiate equity versus equality? So equality really is just kind of the state of being equal. It's very similar. However, when it becomes, when you talk about equity, I think that's really looking at, are you providing an even playing field to the people that are already there? So depending on what's, I should say, let's see, what's going on in their lives, might change the way that they're able to either work, going back to the same, I think the transportation example is probably the best; is that things that are external have change. And when you're looking at equity, is it giving the person the same chance?

Whether they have a car or they do not have a car to get to work and perform what they need to do? So to me, that's more equity, is looking at the level playing field, versus equality is, they're not really interchangeable, but they kind of mean the same thing; because equality really is a state of being equal, right? And so, again, it's kind of a short, to me it's a short answer, versus equity is really looking at, no matter who is in that particular role, do they have the same chance, right? Or that equal playing field. That's how I look at it. So hopefully that actually helped out. Somebody had also asked about the percentage of increase in innovation and the percent better assessment.

And so really again, you're looking at a 59% increase in innovation, and a 37% better assessment of consumer interest and demand. And that was according to the International Labor Organization. So hopefully that was helpful.

- [Christy] Thank you Dr. Phillips. That was such an engaging course. We're gonna go ahead and wrap up today's webinar. Thank you so much everyone for joining us today. And we hope that you found and took away really important facets to this presentation. Thank you so much Dr. Phillips, and I hope everyone has a great day.

- You're welcome.

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