



Recognizing and Countering Implicit Bias by Changing Practices in Telehealth


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LEARNING
POLICY
TRAINING
EVALUATION
AND RESEARCH

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YOUR TRUSTED 5

NAME					
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YOUR TRUSTED 5

NAME	EDUCATION (GED, BA, MA, Higher)	RACE (Black, White, Asian, Latino, Native American, Biracial)	AGE (millennial, middle age, seniors)	CLASS (educated, working class, poor)	GENDER IDENTITY (men, women, transgender)	SEXUAL ORIENTATION (heterosexual/binary, LGB,AP)
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EXAMINING ONE'S OWN CULTURE & WORLDVIEW

- **No one is culturally neutral.**
- Examination of one's own culture is a critical component of providing culturally responsive services through recognition of how our personal culture plays out in our professional perceptions and practices.
- Often members of the dominant culture find it difficult to identify their own culture because it is so pervasive that it is considered the norm.

A Framework for Providing Culturally Responsive Early Intervention Services (<http://cedar.education.ufl.edu/wp-content/uploads/2019/02/A-Framework-for-Providing-CRP-EI-Services.pdf>)

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CULTURAL RESPONSIVENESS & CULTURAL HUMILITY

- **Cultural Responsiveness:** A set of consistent behaviors, attitudes, services and policies that are respectful of, and relevant to, the beliefs, practices, culture and linguistic needs of diverse families and communities.
- **Cultural Humility:** A lifetime commitment to self- evaluation and self-critique, mitigation and redressing the power imbalances between client and provider, and the implementation establishing institutional and organizational consistency to promote these values and practices.

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C.L.A.S.
Culturally & Linguistically Appropriate Services

- National Standards comprised of 15 action steps developed by Office of Minority Health at DHHS
- Intended to advance health equity, improve quality, and help eliminate health care disparities
- Provides a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services

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CLAS Standards Areas of Assessment


1. Policies & Implementation Practices
2. Culturally Responsive Programs & Services
3. Workforce Composition
4. Workforce Quality & Training
5. Data, Metrics & Continuous Quality Improvement



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**Health Equity:
In Practice**

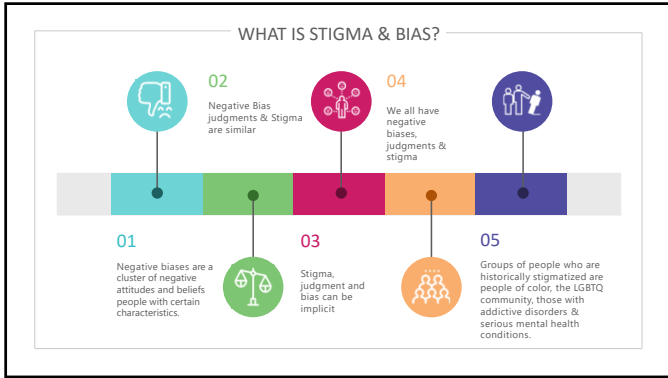



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**What best describes your beliefs about
implicit bias, stigma & negative judgments?**

1. I'm not a judgmental person, and don't have biases
2. I have some biases; I don't try and change those things
3. I know I have conscious, and unconscious biases
4. I actively practice bias awareness and mitigation strategies

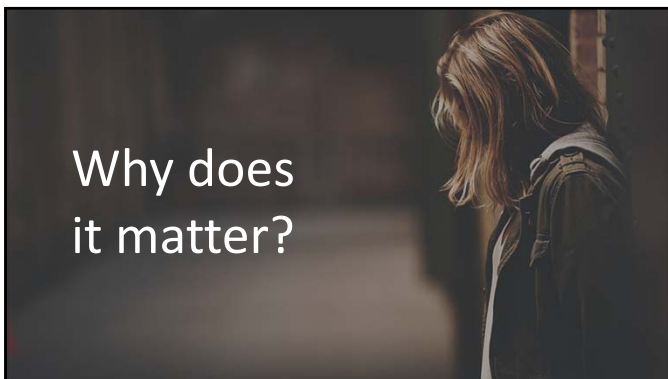
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Bias causes:

- Chronic, toxic stress
- Poor quality care



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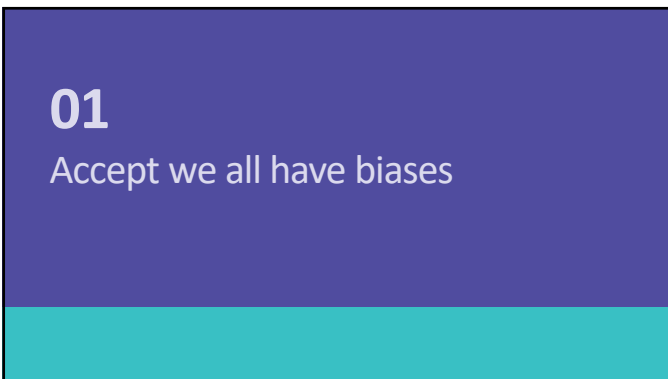
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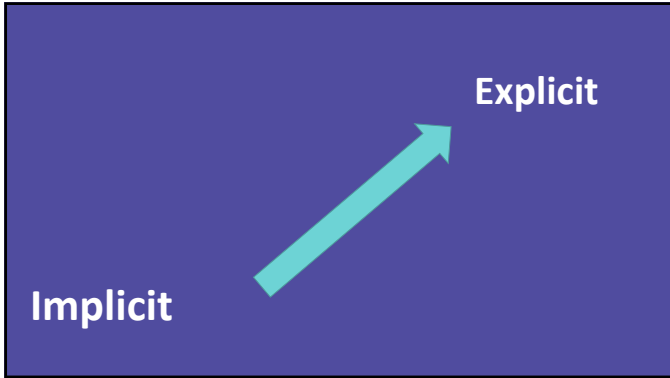
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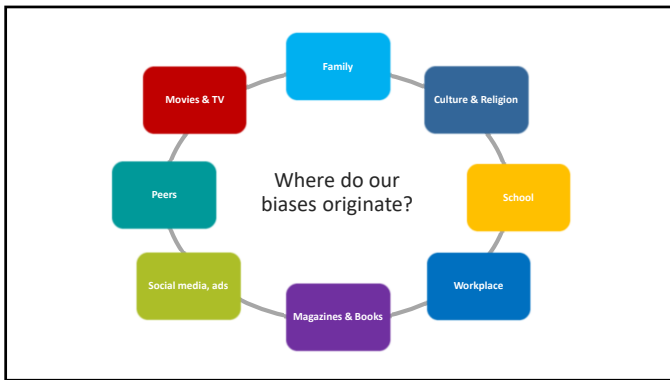
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02

Investigate our own biases

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Identify Cues

- Positive urinalysis
- Parent yelling at child
- Ethnicity, age, gender, clothing

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— **Notice:** feeling patterns around people with particular characteristics or conditions:



Dread



Anxiety & fear



Frustration & Irritation



Holding breath



Sadness or disappointment



Feeling inadequate

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Notice bias thoughts

- Stereotyping
- Dismissal
- Shoulds

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03

Take responsibility for countering our biases, and move into empathy

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Empathy is the opposite of...



Negative judgments



Negative bias




Stigma

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How can we counter our own stigma & biases, in the moment we notice them?

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Use Counter Cues Move into Empathy



Identify commonalities



Wonder what hardships this person has experienced

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Use Counter Cues to Move into Empathy



Imagine what the person is experiencing from their perspective



Imagine the person when they were a child

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04

Commit to talking openly to our kids, co-workers, friends and others about this process

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stop using, words that are stigmatizing, thinly veiled racism, or strengthen implicit bias.

Addicts, thugs, ghetto, crazy,, 'dirty' (drug tests), 'clean' (not using drugs) , illegal aliens, looting, rioting, user, forefathers...

We can continually deepen our understanding of how our language has shaped and perpetuated stigma, bias and judgment.

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Questions

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