

Communicating Through Generational Differences

Tackling Bias & Leveraging our Strengths



March 25, 2022 | New Orleans, LA | AIAMC 2022 Annual Meeting

Learning Objectives

- (1) Define bias and explain the difference between implicit and explicit bias
- (2) Identify potential differences among team members/ colleagues based on their generation identification
- (3) Recognize pros/cons of addressing generational preferences in the workplace
- (4) Locate resources for exploring generational differences across the workplace & bias

Conflict(s) of Interest

I am employed by the American Academy of Family Physicians who supplied some of the slides/content via The EveryONE Project™.

Take Home Points

- We are all biased (and that is normal).
- Implicit biases can derail even the best of us.
- To be inclusive you must consider the whole person... and that includes age/generation.
- We are stronger together so intentionally leverage the whole teams' strengths.





Let's Talk About Biases

EXPLICIT (CONSCIOUS)

- The person is very **clear about feelings and attitudes**
- Related **behaviors are conducted with intent.**
- This type of bias is processed neurologically at a **conscious level** as declarative, semantic memory, and in words.
- Conscious bias in its extreme is characterized by overt negative behavior that can be expressed through physical and verbal harassment or through more subtle means such as exclusion.

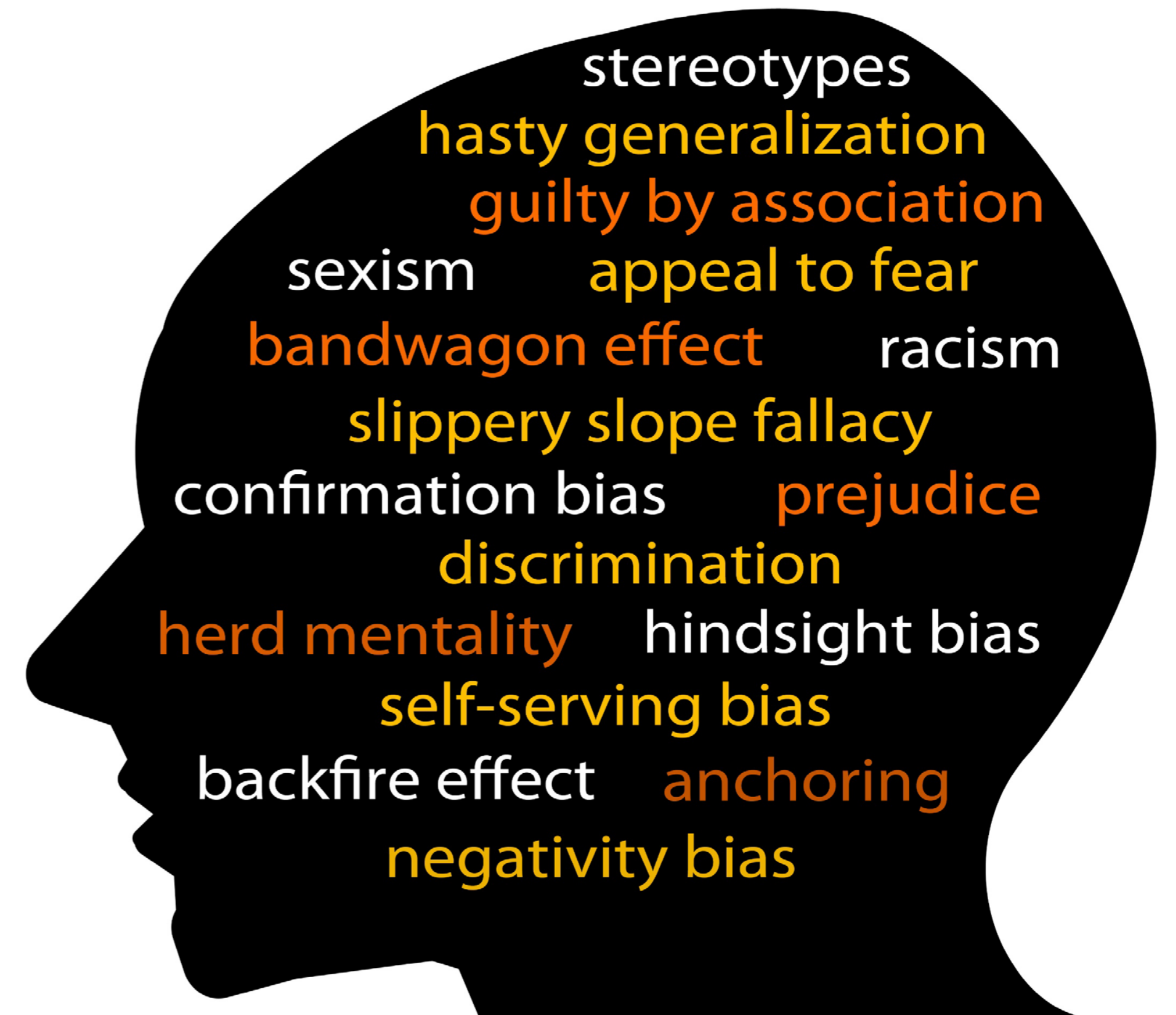
IMPLICIT (UNCONSCIOUS)

- **Outside of the person's awareness and can be in direct contradiction to a person's espoused beliefs and values.**
- Automatically seeps into a person's affect or behavior and is outside of the full awareness of that person.
- Implicit bias can interfere with clinical assessment, decision-making, and provider-patient relationships such that the health goals that the provider and patient are seeking are compromised.

Examples of Implicit Biases

- Affinity
- Anchoring
- Attribution
- Beauty
- Confirmation
- Conformity
- Contrast
- Gender
- Halo
- Horns

UNCONSCIOUS BIASES





Margot, I thought
we were here
to talk about
multigenerational
groups?!?

A Completely Fictional Case Study during a Random Global Pandemic

The Team Leader



“No matter what I do people never seem to know what is going on.”

A Completely Fictional Case Study during a Random Global Pandemic

The Team



“If I have to get on one more zoom call today. Ugh! I can’t get anything done for all the meetings!”



“How many emails can you send in a day for crying out loud?!?”



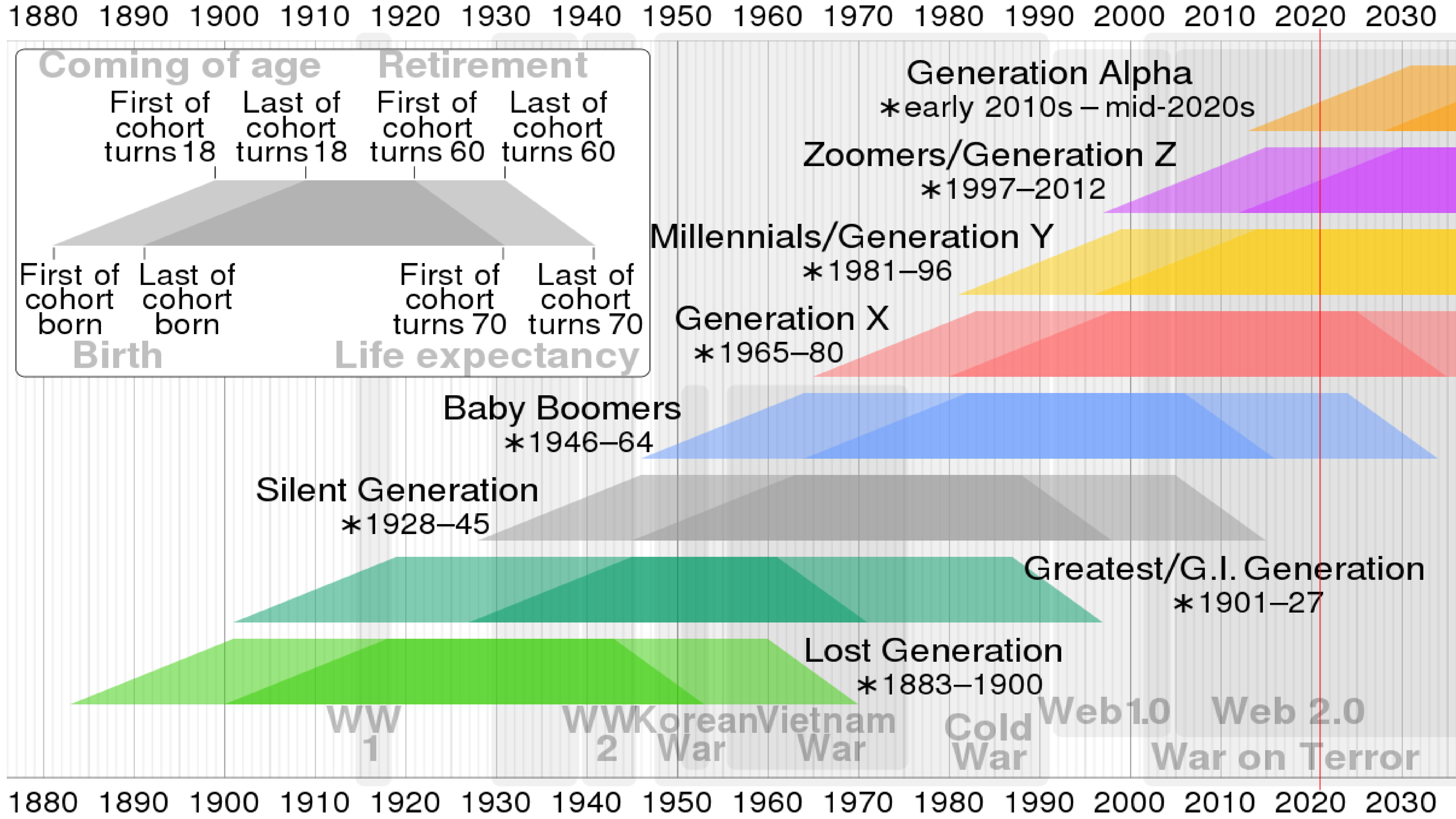
“There is so much going on. I wish someone would send a memo about what is happening or could we just meet in person for once?”



“Email?!? What email? I checked Slack and didn’t see anything posted.”

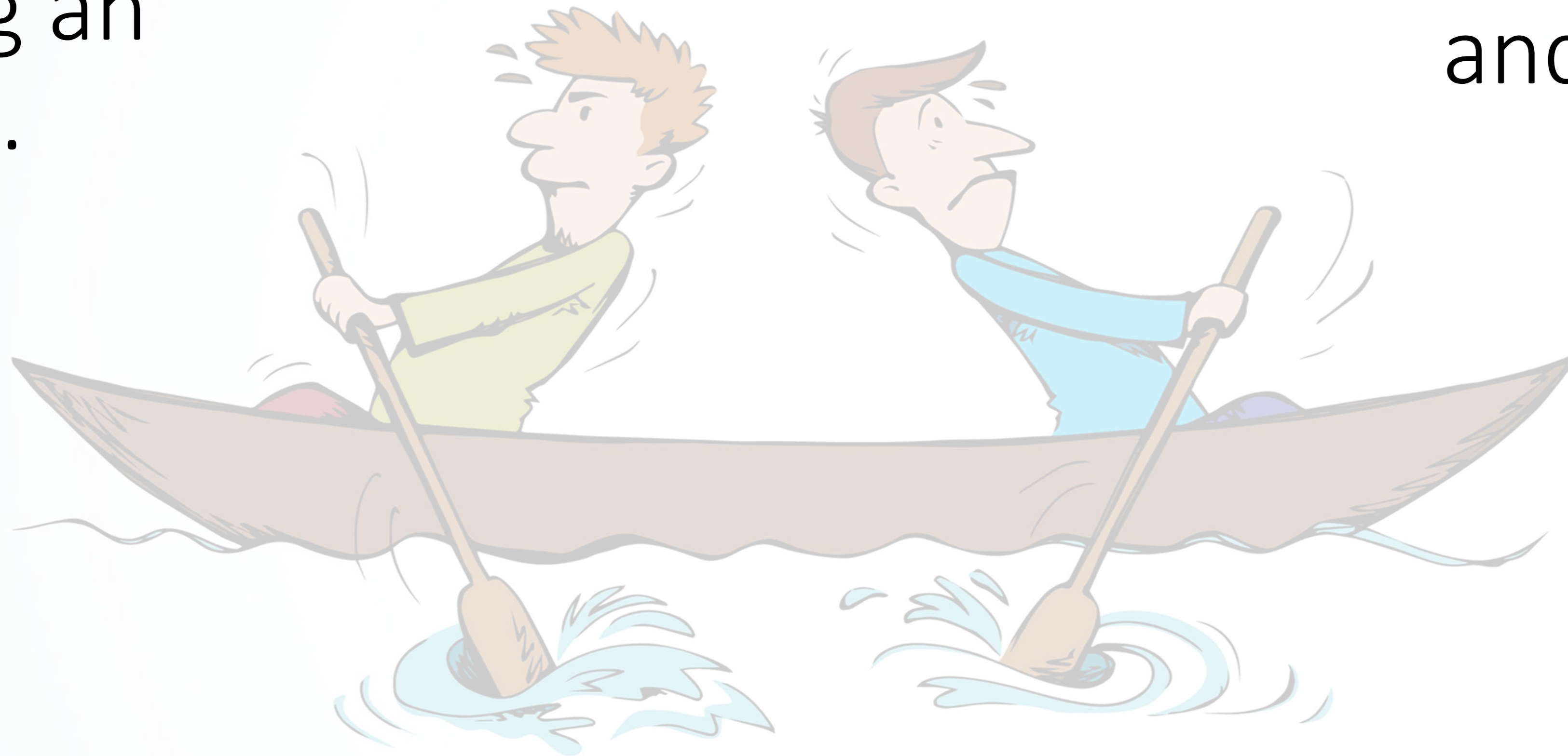


**What are
these
generations
anyway?**



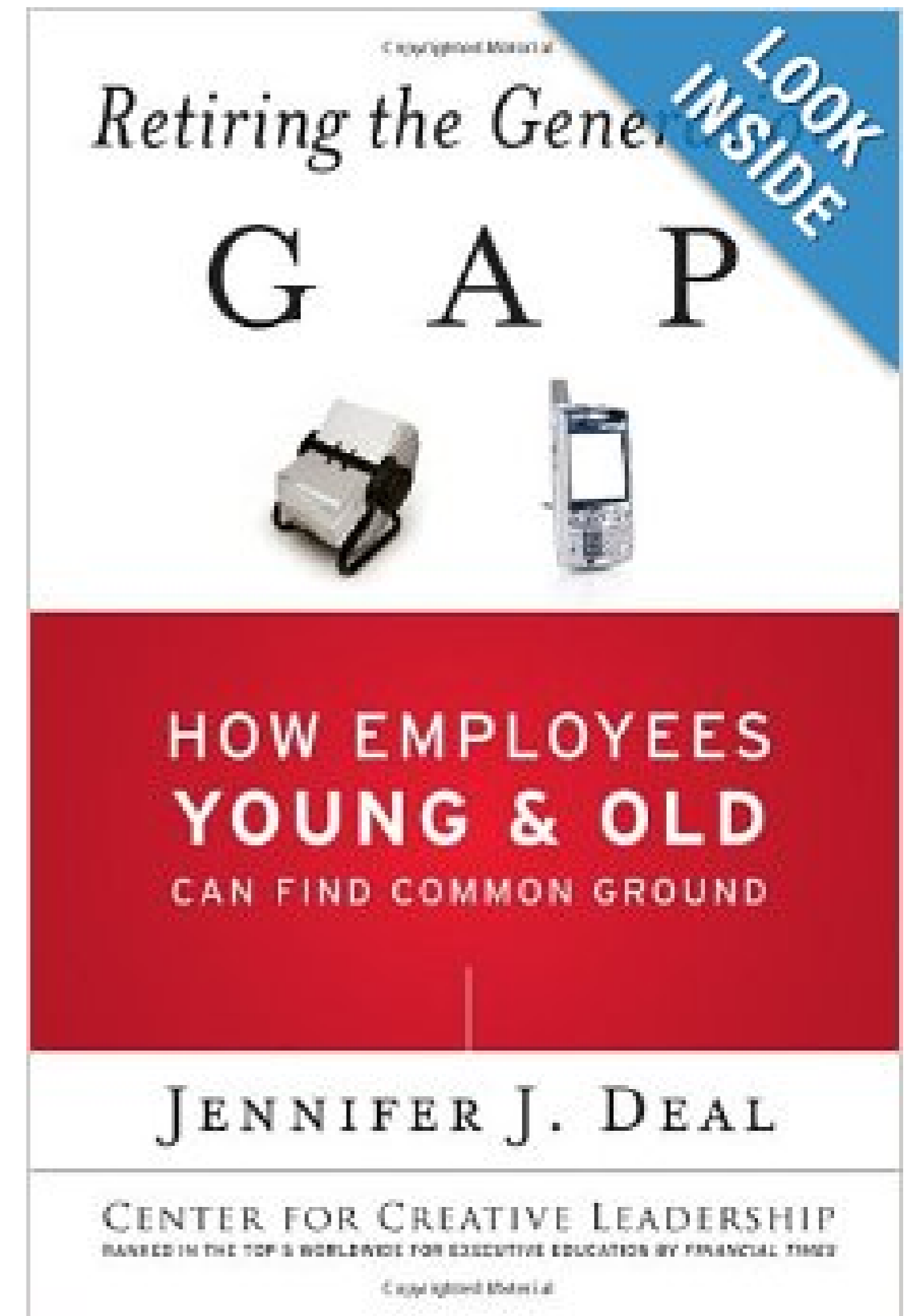
Generations are real, but they are as goofy as horoscopes for describing an individual.

Shared experiences of a generation shape how the individual thinks and behaves.



The perceived **gap isn't about age but is about clout**... who has it and who wants it.

Interviewed 3000 leaders across generations and found priorities were similar across generations.



Family was a high priority across generations

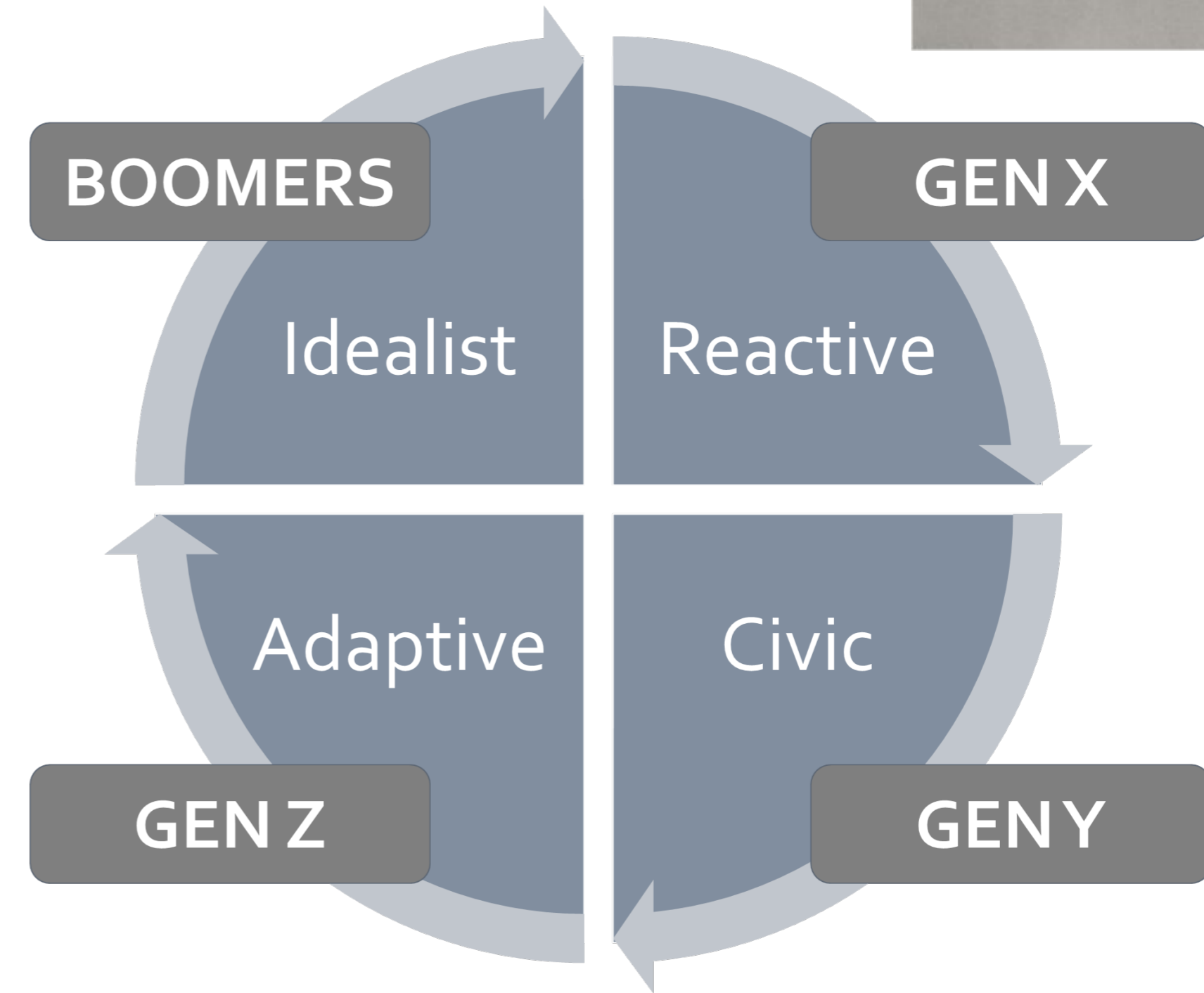
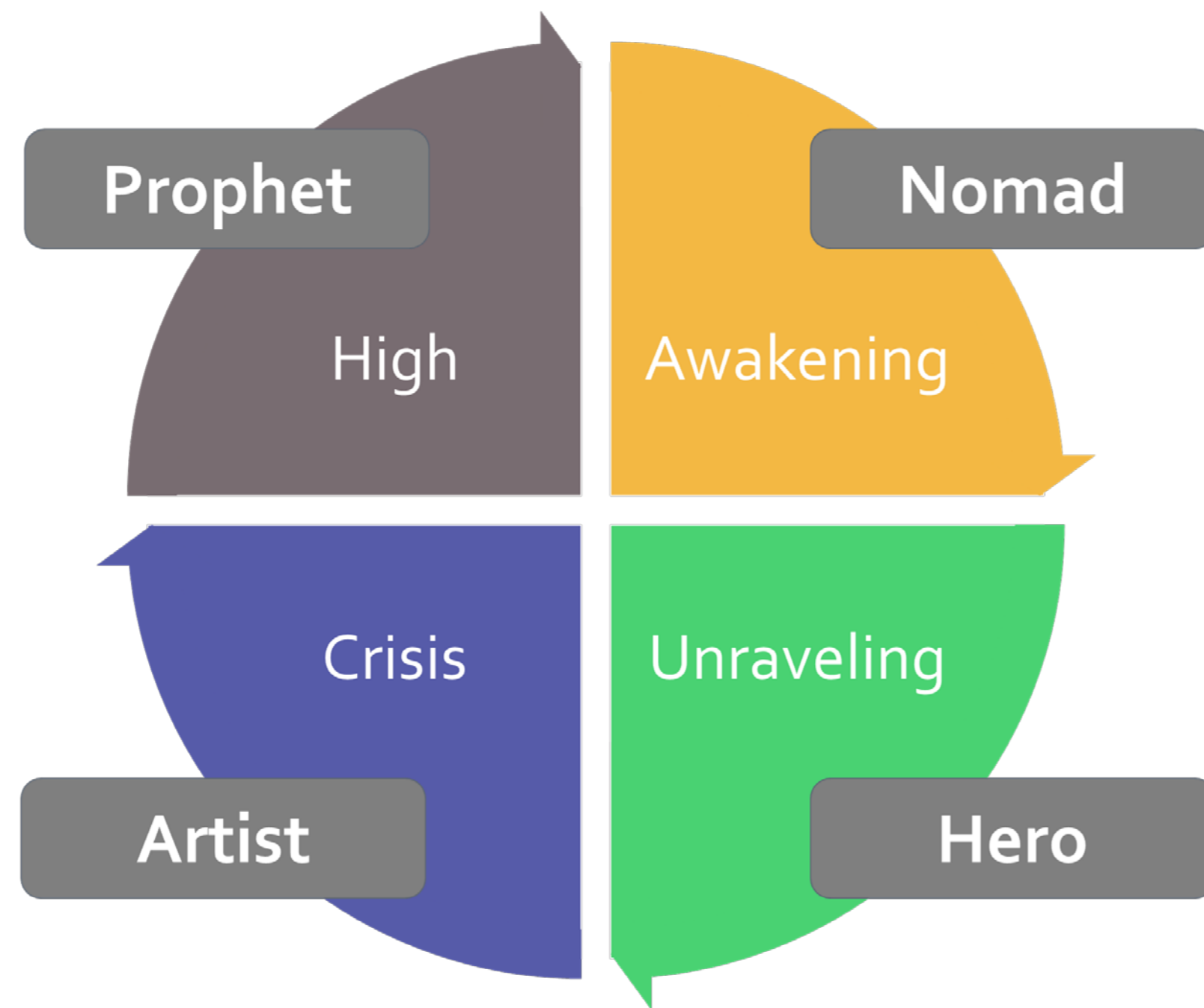
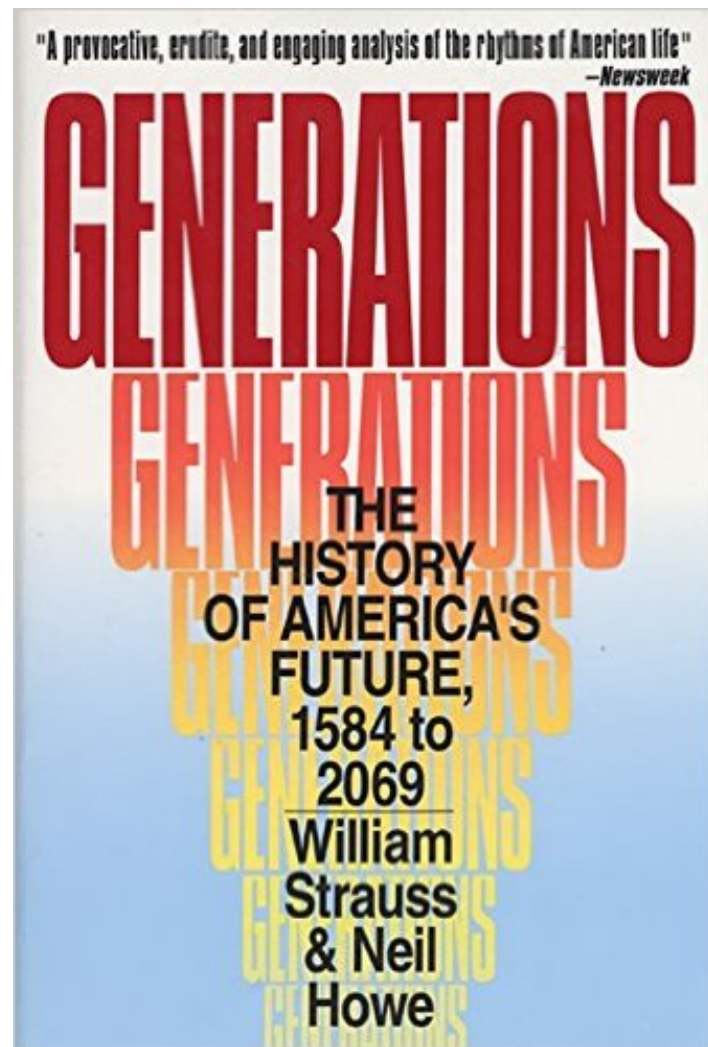
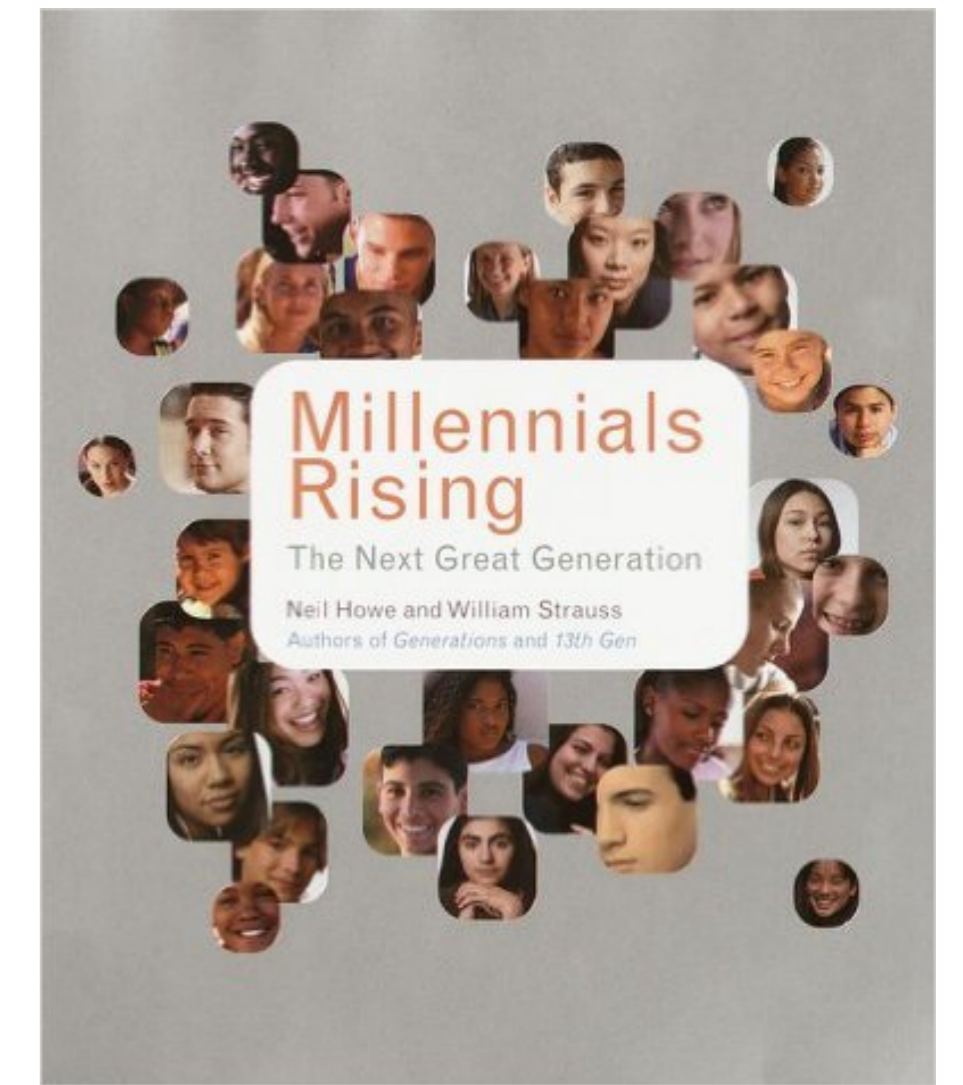
- Everyone wants respect.
- Leaders must be trustworthy.
- No one like change.
- Loyalty depends on context.
- Everyone likes to learn.
- Everyone likes feedback.

Lots of different factors make up an individual's personal experience- not just when they were born.



*One study showed that education level was as much of a determinant in preferences between races as age. We just happen to be talking about age.

Of course it's real. It's **normal generational cycling.**



Strauss-Howe generational theory

Every generation is convinced that
the one before it is “too old to
understand” and the one after it
“needs to grow up.”

-Everybody Everywhere Every day



How we can
all work
together?

Hint: It rhymes with confusion...

Inclusion



Leverage each generation's talent to optimize the strength of the whole team.

How can I better leverage our strengths?



- Check your own preferences (aka biases).
 - Are you overusing your preferences?
 - Are you favoring some team members over others?
- Consider how your team may have preferences (aka biases) that differ from yours.
- Intentionally consider how their preferences can actually be used creatively to move the whole team forward. (EQ)
- Flex your communication styles to be heard easily by a wide range of people (even more important when you/team are stressed).

Check your own preferences (aka biases)

Examples of Implicit Biases

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UNCONSCIOUS BIASES



Mitigating Implicit Bias



An ongoing, deliberate process

- Increasing self-awareness and taking the social perspective of others
- Building empathy
- Practicing mindfulness techniques that develop self-regulation and monitoring of behaviors
- Activating goals that promote fairness and equality
- Collecting counter-stereotypical information

Consider how your team may differ...

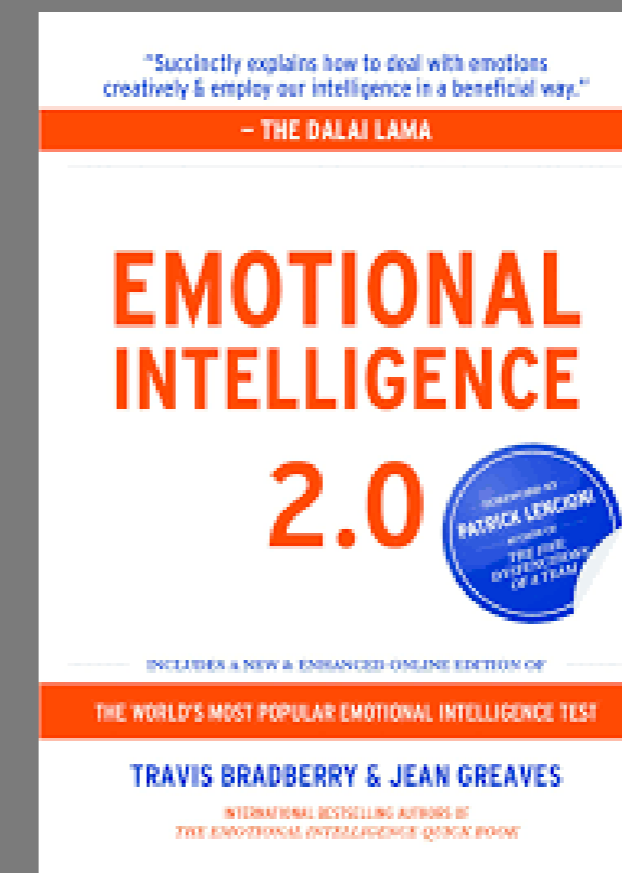
Team Member	Sample Techniques
Mature	Schedule <u>face to face meeting</u> early in project to ask about the history of the problem in your area. What did they try before and how did it go?
Baby Boomer	Schedule <u>face to face meetings</u> to share project plans and give them your undivided attention (no i-pad or email- just pay attention)
Gen X	<u>Send an email</u> with specific areas you believe they can help <u>and offer to follow up if needed</u> (give them space and respect their individualism)
Gen Y	<u>Include them especially in the brainstorming process</u> and challenge them to create out of the box ideas. Once you have a plan, circle back and let them know how they contributed to the outcome (feedback!!)

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“**Emotional intelligence** is your ability to recognize and understand emotions in yourself and others, and your ability to **use this awareness to manage** your behavior and relationships.”



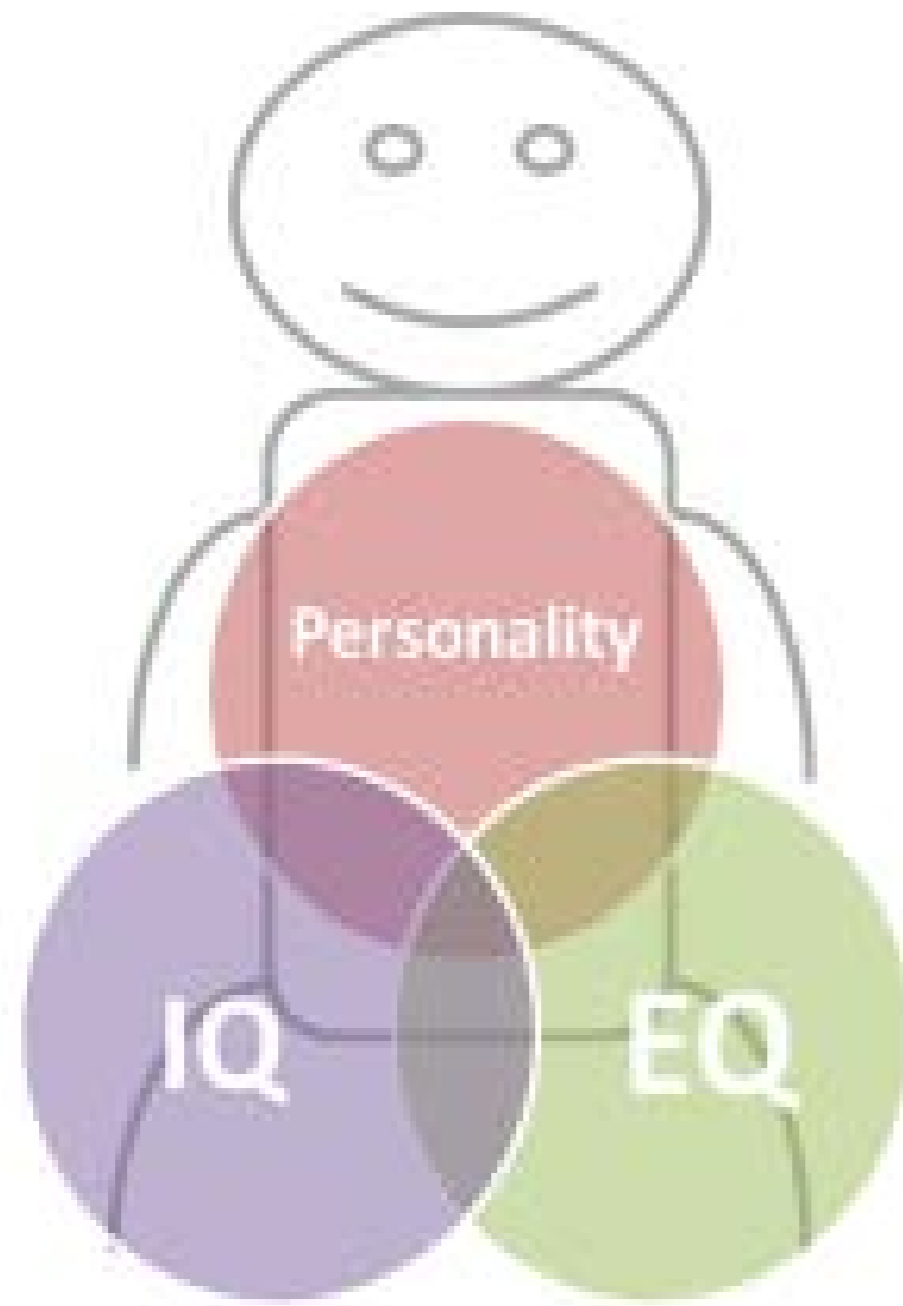
Dr. Travis Bradberry

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- **Flex your communication styles to be heard easily by a wide range of people (even more important when you/team are stressed).**

Same you. Different views.



Why are you resisting the change?

Think they are already doing it
Don't know what to do

Don't know why they should do it
Believe consequences are beyond their control



Don't know how to do it
Don't know when to do it

There are no positive consequences for doing it.
Don't know how it will affect others if they don't do it.

Anyone: Turned off by the task; other priorities

A Completely Fictional Case Study during a Random Global Pandemic cont.

The Team Leader



The Team



- How can we improve the communication with the team?
- What could she try differently?

A Completely Fictional Case Study during a Random Global Pandemic cont.

The Team Leader



The Team



- Hold a (zoom) meeting to talk about how we want to communicate as a team.
- Consider adding (zoom) drop-ins for those who need them
- Consider messaging that connects (eg. write a memo that is sent in email, linked to slack/chat)
- Consider brief video if unable to do 1:1 regularly and embed in email/slack messaging
- 1:1 meetings with those who need them to clarify.
- Redundancy is actually helpful in crisis times.

Resources & Tools

Implicit Association Test (IAT)

Available online at <https://implicit.harvard.edu/implicit/takeatest.html>

- Series of free, publicly available computer-based exercises

- Developed by Project Implicit[®], a long-term research project based at Harvard University

- Asks participants to associate words with images to assess automatic associations between concepts by measuring the time and latency of their responses



The screenshot shows the Project Implicit website interface. At the top, there is a logo for Project Implicit and a small book cover titled "BLIND SPOT". Below the logo, there are three main sections: "PROJECT IMPLICIT SOCIAL ATTITUDES" with a login/register form, "PROJECT IMPLICIT MENTAL HEALTH" with a "GO!" button, and "PROJECT IMPLICIT FEATURED TASK" with a "GO!" button. The login form includes an "E-mail Address" input field, "LOGIN" and "REGISTER" buttons, and a dropdown menu for language/nation with "United States (English)" selected and a "GO!" button. Below these sections is a list of IAT tests, each with a blue button and a description:

- Gender-Career IAT**: *Gender - Career*. This IAT often reveals a relative link between family and females and between career and males.
- Skin-tone IAT**: *Skin-tone ('Light Skin - Dark Skin' IAT)*. This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.
- Presidents IAT**: *Presidents ('Presidential Popularity' IAT)*. This IAT requires the ability to recognize photos of Donald Trump and one or more previous presidents.
- Weight IAT**: *Weight ('Fat - Thin' IAT)*. This IAT requires the ability to distinguish faces of people who are obese and people who are thin. It often reveals an automatic preference for thin people relative to fat people.
- Native IAT**: *Native American ('Native - White American' IAT)*. This IAT requires the ability to recognize White and Native American faces in either classic or modern dress, and the names of places that are either American or Foreign in origin.
- Weapons IAT**: *Weapons ('Weapons - Harmless Objects' IAT)*. This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects.
- Disability IAT**: *Disability ('Disabled - Able' IAT)*. This IAT requires the ability to recognize symbols representing abled and disabled individuals.
- Age IAT**: *Age ('Young - Old' IAT)*. This IAT requires the ability to distinguish old from young faces. This test often indicates that Americans have automatic preference for young over old.
- Asian IAT**: *Asian American ('Asian - European American' IAT)*. This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.

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Self-Assessment



- Individual self-assessment is great
 - Separate but together with debriefs are common
 - Consider outside facilitator
 - Don't forget staff/team members
- Practice self-assessment
 - Include patient voice
 - There are some tools available

- https://nhchc.org/wp-content/uploads/2019/08/organizational-self-assessment-related-to-racial-equity_oct-2013.pdf

Tool for
Organizational Self-Assessment
Related to Racial Equity
October 2013

From the Eliminating Disparities
in Child and Youth Success Collaborative



all hands raised
Education, Equity and Excellence
from Cradle to Career

The EveryONE Project Toolkit



Advancing Health Equity through Family Medicine

As the primary health care provider for underserved populations, you see the impact of social determinants of health (SDOH) every day. The AAFP's [EveryONE Project](#) promotes diversity and addresses SDOH to advance health equity in all communities.

This toolkit offers strategies for use in your practice and community to improve your patients' health and help them thrive.



Implicit Bias Training

Educate your practice team on the impact of unconscious bias and offer resources to help them reduce negative effects on patients.



Practice Leadership for Health Equity

Work with your practice team to create a culture of health equity and a team-based approach to address SDOH.

Racial Equity: Getting to Results



LOCAL AND REGIONAL
GOVERNMENT ALLIANCE ON
RACE & EQUITY

Racial Equity: Getting to Results



by Erika Bernabei

- **Racial Equity: Getting to Results** connects a racial equity lens to the Results-Based Accountability (RBA) methodology to help empower jurisdictions to make good decisions and advance racial equity.
- An anti-racist, racial equity-focused RBA starts with the desired end results and works backwards towards the “how” to ensure that Racial Equity Action Plans move toward community results with stakeholder-driven implementation.

Allegories on race and racism

Camara Jones, MD, MPH, PhD via TEDx Talks



- [Allegories on race and racism \(20:31, video autoplays\)](#) uses storytelling to discuss race and racism in the United States, and to empower people to take action to reduce racism.
- In this 20-minute TEDx event video, Dr. Camara Jones, MD, MPH, PhD, shares four allegories on race and racism. The goal is that these stories empower people to take action to reduce racism and its impact on health.
- The four allegories are:
 1. Japanese lanterns: Racial constructs color our imaginations of who we are; race is a social classification not a biological descriptor.
 2. Dual reality—a restaurant saga: Racism structures "Open/Closed" signs in our society. This allegory defines racism and briefly describes the impact.
 3. Levels of racism—a gardeners tale: The relationship between three levels of racism and may guide thinking about how to intervene to mitigate the impacts of racism on health. Read more: [Jones, CP. \(2000\). Levels of Racism: A Theoretic Framework and a Gardener's Tale. Am J Public Health 90, 1212-1215. \(PDF\).](#)
 4. Life on a conveyor belt—moving to actions: Three possible actions that can be taken to be actively anti-racist.





Join

Renew

Enter Search Term



Member Benefits



Sign In



ABOUT

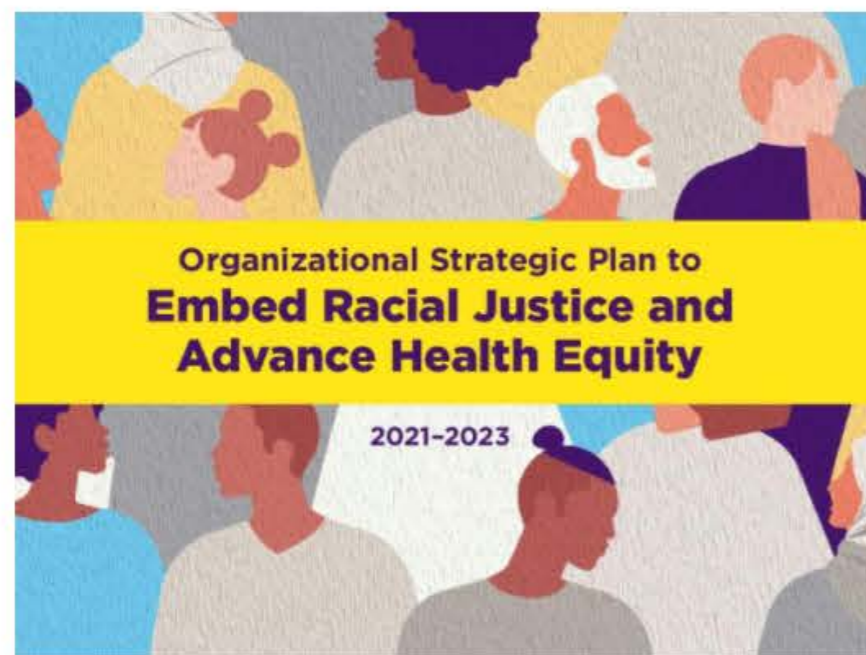
AMA Center for Health Equity

The AMA Center for Health Equity works to embed health equity across the AMA organization so that health equity becomes part of the practice, process, action, innovation, and organizational performance and outcomes.



Explore Topics: AMA Center for Health Equity | External Equity & Innovation Advisory Group

OPTIMAL HEALTH FOR ALL



https://www.ama-assn.org/about/ama-center-health-equity?gclid=CjwKCAjwyvaJBhBpEiwA8d38vH4bSF_VVXAA6P1_FVVCfr8QvVvyZhBI7I2bYSO-BH2X02FvgKzI7xoCV7MQAvD_BwE



Equity, Diversity, & Inclusion

The AAMC is committed to equity, diversity, and inclusion.

We develop strategic initiatives to cultivate a diverse and culturally prepared workforce, advance inclusion excellence, imbue equity-mindedness, and enhance engagement with local communities.

SEARCH

STUDENTS & RESIDENTS

NEWS & INSIGHTS >

DATA & REPORTS

ADVOCACY & POLICY >

PROFESSIONAL DEVELOPMENT >

SERVICES >

WHO WE ARE >

WHAT WE DO >



What's New in Equity, Diversity, & Inclusion

New Tool Alert: Diversity, Inclusion, Culture, and Equity (DICE) Inventory

AAMC Virtual Medical School Fair: Strategies and Resources for Minority Premeds and Applicants



<https://www.aamc.org/what-we-do/equity-diversity-inclusion>



LOG INTO

Accreditation Data System (ADS)

ACGME Surveys

Case Log System

Institution and Program Finder

What We Do

Designated
Institutional Officials

Program Directors
and Coordinators

Residents and Fellows

Meetings and
Educational Activities

Data Collection
Systems

Specialties

Home > What We Do > Diversity, Equity, and Inclusion

Diversity, Equity, and Inclusion

Accreditation Information and Other Resources for Institutional and Program Leaders and Staff Members; Diversity, Equity, and Inclusion Officers; and Residents and Fellows



Quick Links

Overview >>

ACGME Equity Matters >>

Diversity and Inclusion Award >>

Newsroom and Blog Updates on
Diversity, Equity, and Inclusion

2020-2021 Recruitment Cycle:
Issues for Programs Considering
Diversity and the COVID-19
Pandemic

Department of Diversity Equity and
Inclusion Updates >>

Disability and Health Promotion

Disability & Health Home



 Disability & Health Home

Disability & Health
Overview


Disability Inclusion

Disability Barriers to
Inclusion

Disability Inclusion
Strategies

Disability Inclusion in
Programs & Activities

Disability & Health
Resources for Facilitating
Inclusion and Overcoming
Barriers

Disability & Health 

Disability Inclusion

[Spanish](#)

What is Disability Inclusion?

Including people with disabilities in everyday activities and encouraging them to have roles similar to their peers who do not have a disability is *disability inclusion*. This involves more than simply encouraging people; it requires making sure that adequate policies and practices are in effect in a community or organization.

Inclusion should lead to increased participation in socially expected life roles and activities—such as being a student, worker, friend, community member, patient, spouse, partner, or parent.

Socially expected activities may also include engaging in social activities, using public resources such as transportation and libraries, moving about within communities, receiving adequate health care, having relationships, and enjoying other day-to-day



Disability Inclusion: Making sure everybody has the same opportunities to participate in every aspect of life to the best of their

Take Home Points

- We are all biased (and that is normal).
- Implicit biases can derail even the best of us.
- To be inclusive you must consider the whole person... and that can include age/generation.
- We are stronger together so intentionally leverage the whole teams' strengths.



A Closing Word of Caution...

WAIT!
HAMMER
NO!

QUIET
NAIL.



Selected Additional Bias References

- Centers for Disease Control and Prevention, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. Infant mortality. Accessed September 20, 2019. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>.
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Maternal health: at a glance 2016. Accessed September 20, 2019. <https://www.cdc.gov/chronicdisease/resources/publications/aag/maternal.htm>.
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- Kogan MD, Kotelchuck M, Alexander GR, Johnson WE. Racial disparities in reported prenatal care advice from health care providers. *Am J Public Health*. 1994;84(1):82-88.

Additional Generational Resources



Lim A, Epperly TD . Generation
Gap: Effectively Leading
Physicians of All Ages. Family
Practice Management. **May/June
2013 Vol. 20 No. 3**

Brunswick, AF. What Generation
Gap? A Comparison of Some
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371.

Jovic E, Wallace JE, Lemaire J.
The generation and gender
shifts in medicine: An
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medicine physicians. *BMC
Health Services
Research* 2006, **6:55.**

Mangold K Educating a new
generation: teaching baby boomer
faculty about millennial students.
Nurse educator [2007 Jan-
Feb;32(1):21-3]

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