

Hi-Touch Healthcare: The Critical Six Soft Skills

Grab-N-Go Independent Training Module:

# Diversity in the Workplace

HEALTH WORKFORCE INITIATIVE STATEWIDE ADVISORY COMMITTEE, CALIFORNIA COMMUNITY COLLEGES CHANCELLOR'S OFFICE, AND ECONOMIC DEVELOPMENT PROGRAM



# Diversity in the Workplace

Grab-N-Go Independent Training Module

This publication was produced pursuant to grant agreement number 14-326-001. This project was supported by Economic and Workforce Development funds awarded to the Butte Community College District by the California Community Colleges Chancellor's Office. Copyright (c) 2016 Chancellor's Office California Community Colleges. Permission is hereby granted to reproduce this work, in whole or part, for educational use only.

# Diversity in the Workplace

#### **Background Information**

The diversity and cultural practices of the United States are in constant change. There is abundant evidence that minorities receive lower quality healthcare and suffer from discrimination. The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards) aim to "improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities." Implementing and embracing these standards is an ongoing commitment and investment for healthcare organizations. Understanding the complexity of our diverse society is a step in the right direction toward cultural competency. The complexity of our diverse society is a step in the right direction toward cultural competency.

Diversity and cultural competency are challenging notions to understand. One might see them as two sides of the same coin. However, diversity speaks to more visible differences (hair color, skin color) while cultural competency requires more nuanced understanding of the interplay of how differences are enacted individually and within cultural communities. When depicted as a metaphor, diversity can be thought of as the branches on a tree and cultural competency as its roots. This training addresses matters of diversity.

Diversity is defined as all of the ways in which we differ. Among these dimensions are age, gender, mental/physical abilities and characteristics, race,

ethnic heritage, sexual orientation, communications style, organizational role and level, first language, religion, income, work experience, military experience, geographic location, education, work style, and family status.

Understanding diversity in the 21<sup>st</sup> century healthcare environment is complex. The U.S Census Bureau reports more than 350 languages are spoken in the United States. The Institute of Medicine advises us that ninety million adult Americans have limited health literacy. Changes in the demographic landscapes of religion, minorities, age, communication preferences, and other socio-economic indicators associated with our diverse society can seem overwhelming. Xi

This training module aims to provide participants with an introduction to diversity awareness.



#### **Training**



**Overall Goal:** Participants will gain a greater understanding and awareness of how diversity influences patient care and interpersonal relationships within all levels of a healthcare organization.

WIIFM: What's in it for me? The 2015 American Psychological Association survey Stress in America<sup>TM</sup>: The Impact of Discrimination reports nearly half of U.S. adults have encountered unfair treatment or discrimination, including being treated unfairly when receiving health care.<sup>xii</sup> In addition, however, such discriminatory practices also included being passed over for promotion or unfairly fired. These acts are reported to increase stress levels and decrease health. Healthcare employees are not immune to discrimination. Yet, according to the aforementioned APA study, emotional support, such as talking about problems and helping with challenging decisions, "appears to improve the way that individuals view their ability to cope with discrimination." Greater diversity awareness can benefit participants in the delivery of patient care and improve peer-to-peer, subordinate, and superior interpersonal relationships



#### **Materials Provided:**

- 1. Diversity in the Workplace: Peers and Patients PowerPoint
- 2. Activity #1: Ground Rules
- 3. Activity #2: Inside/Outside
- 4. Activity #3: Stereotypes
- 5. Activity #4: We Are All Professional
- 6. "First Thoughts" worksheet
- 7. Activity #5: Know Your Terms
- 8. "Know Your Terms" Pop Quiz
- 9. Activity #6: Talk About Talk
- 10. "Talk About Talk" questionnaire



**Directions for the Trainer:** Activity preparation information is included in this document and/or within the PowerPoint presentation notes. Each PowerPoint slide, as appropriate, includes detailed explanations and instructions for the trainer. As with all Grab-N-Go Modules, you can use it all for a more detailed training, or simply use one or two of the many Activities—A la Carte style!



#### **Ground Rules**



**Goal**: This activity will introduce respectful ground rules for participation in the training and reveal aspects of diversity about participant preferences in creating a "safe space."



**Materials Needed** (Quantities vary by how many in the group):

PowerPoint Slide #4
Large chart paper for each group (depends on number of participants)
Large marking pens for each group

(Optional: If time is limited, it may be necessary to list predetermined ground rules for the group. If so, seek agreement on the rules and note any modifications requested before posting. See samples at the end of this section. The organization may have a list of established ground rules for group participation which may need to be added).



#### **Procedures:**

- Explain that this training session will challenge participants to explore and share their personal feelings about sensitive topics related to diversity. While humor and fun are encouraged, it's imperative that we demonstrate respect and compassion for others.
- Ask participants to think about what they, as individuals, need to ensure a safe environment in order to participate in challenging and controversial discussions and honest self-reflection.
- Next ask them to form small groups of 3 5 people per group with one person volunteering as the scribe.
- Give each group a piece of chart paper and marking pens.
- Encourage group members to first discuss and then list 2 4 agreed upon ground rules.
- Prompt them as follows:
  - What behaviors contribute to a respectful setting and open discussion?
  - O What behaviors do not?
  - o What "shuts you down" instantly?
  - o What contributes to your enthusiastic participation?

#### **Ground Rules**

- Have each small group present their list to the large group and explain why
  they think each one is important. Ask the other groups to compare the
  presented lists with their own and place a check mark by the rules that are
  essentially the same.
  - o Discuss any ground rules that are unclear.
  - o Discuss any ground rules that are overly restrictive, or if anyone disagrees.
  - If it's not listed, set a ground rule for how participation will be managed (e.g. raise hands and called on by presenter or speak up without being called on).
- Place a clean chart paper with GROUND RULES written at the top (or dry erase board) at the front of the room and ask each group's scribe to transfer their list to the single sheet. If a rule is already on the sheet, ask them to place a star next to it rather write it out again. The number of stars beside a rule shows level of general agreement.
- When the final list is compiled, ask if everyone agrees and seek consensus. (Optionally, invite each member to sign the sheet.)
- Lead a discussion as follows:
  - o How do we ensure compliance with the rules?
  - What are the consequences if they are broken?
  - What observations did you make during this activity?
- Conclude by posting the Ground Rules so that everyone can see them.

(Note to Trainer: It's important you adhere to the rules. If a ground rule is broken repeatedly, you might bring it back to the group for discussion and if time allows, check in after a few activities to see if any new rules need to be added).

Here are basic considerations for use as samples in making a pre-established list and/or for prompting group discussion:

• **Respectful Communication**: What you say (words) and how you say it (body language and tone of voice): "Say what you mean, mean what you say, but don't say it mean" (Anonymous).



#### **Ground Rules**

- **Mindful Listening:** Be present, open-minded, and receptive to other perspectives.
- Use "I" Statements: Speak from personal experiences and avoid "you should" statements.
- **Full Participation**: Ask questions, pay attention, and offer input.
- Don't Monopolize: Respect everyone's time and don't overly share or dominate the conversation.
- **Keep Confidences:** Keep confidential information secure. Avoid using names or incidences that violate someone's privacy.
- NO Multi-tasking: Remove distractions. Turn off electronic devices.
- **Agree to Disagree**: The goal is to gain understanding not agreement with a position.

(Activity adapted from edChange.org. Retrieved from http://www.edchange.org/multicultural/activities/groundrules.html)



#### Inside/Outside



**Goal**: This activity will provide participants with an opportunity to identify aspects of inclusion and exclusion. This will aid in altering perspectives and encourage perception-checking when faced with negative behaviors of "excluded others."



#### **Materials Needed:**

PowerPoint Slide #10
Two flip-charts or dry erase board or chalk board
Markers or chalk

(Trainer Preparation: Label one flip-chart (or side of board) "Excluded" and the other "Included." Draw a vertical line down the middle of each flip-chart. The left hand side of each should be labeled "feelings" and the right hand side labeled "behaviors.")



#### **Procedures:**

- Explain that this exercise will help participants experience what it feels like to be both an outsider and an insider.
- Ask participants to think of a time when they were on a team or in a group and they were different from others members.
  - Ask them to think of one or two words that describes how they felt at that time.
  - After a few minutes, ask them to walk around the room and introduce themselves to as many people as possible, using those words—even if they already know each other (e.g., Hi! I'm awkward and confused).
     (Optionally, have participants turn to the two or three others standing next to them and introduce themselves using those words.)
  - After a few minutes of introductions, ask participants to "call out" what feeling words they heard. Record them under the "excluded" chart in the "feelings" column.
- Repeat the same process for "included" but eliminate the introduction step.
- Then ask participants to come forward and write/list on the "excluded" chart under the "behaviors" column how they behaved when they were excluded by the group. Provide an example (e.g., I would not participate in the discussion if I felt excluded).

#### Inside/Outside

- o Repeat this procedure for behaviors of when they felt **included**. Provide an example (e.g., I might talk to the person next to me if I felt included).
- o Make sure that participants are listing their *behaviors and not their feelings*. (For example, "I feel sad" describes a feeling and "I put my head down or look away" describes the behavior associated with feeling sad.)
- Conclude the activity by asking questions of the large group and/or clarifying the following:
  - Was it easier to recall negative experiences? (If yes, it's because the power of being similar doesn't require one to pay as much attention to their feelings and behaviors.)
  - What observations can be made about positive and negative statements? (Explain after: Although there may be some variations in feelings and behaviors when people feel excluded, the general trend is negative; feelings and behaviors when people feel included tend to be positive.)
  - Do you participate more in an in-group or out-group experience? (There
    is a link between feeling excluded or included and people's behaviors.
    For example, people who feel included participate more and are more
    likely to take on a leadership role.)
- Make the point: Use empathy. Ask participants to recall how they felt when they were different than others in a group. This self-reflection can be very effective in working to include the person who may be feeling different in a situation (e.g., a new employee; new member of a work-team; someone who has just moved from another area or country; someone who is visibly different from others). When participants recognize behaviors of an outsider, instead of naming it, and them, in a negative light, be self-reflective. Think of your own experiences and wonder if that person is possibly feeling like an outsider and ask yourself how you can help him/her feel more included.
  - People don't have to (and they don't!) look like us, act like us, talk like us, and sound like us. When you are part of groups or working with others, do your part--show that you value differences. Everyone can feel like insiders regardless of differences.

(Activity adapted from D. Stringer (2007), Office of Teaching Resources in Psychology, Activities for Teaching about Prejudice and Discrimination. Retrieved from http://www.apadiv2.org/Resources/Documents/otrp/resources/kite13.pdf)



#### **Stereotypes**



**Goal**: This activity provides participants the opportunity to analyze stereotypes and consider how stereotypical statements ignore individual differences.



#### **Materials Needed:**

PowerPoint Slides 12 -14
Flip-charts (one for each group)
Tape or pins to display the flip- chart paper around the room for visibility
Markers



#### **Procedures:**

(Note to Trainer: This activity will introduce three terms and then follow with small group work and large group discussion.)

- Begin this activity by reading the statements below listed on PowerPoint slide 12.
  - o All dogs are vicious.
  - All cities are dirty.
- Ask participants if they believe these statements are true and, if not, what might be the harm in stating something so that it sounds like it's a fact.
- Define the term "generalization." "A generalization is taking one or a few facts and making a broader, more universal statement" (Vocabulary.com, 2016). Explain that many people state their thoughts and opinions in a way that sounds as if they are facts.
- Ask participants to provide a few examples of generalizations.
- Explain that in addition to making generalizations about places and things, similar statements are often made about individuals and groups of people; these generalizations are called stereotypes.

(Transition to the next slide which defines stereotypes.)

- Read the definition of stereotypes from "Teaching Tolerance" on PowerPoint slide 13.
  - Also read this brief definition and emphasize the final sentence: "A
    stereotype is a preconceived notion, especially about a group of people. Many
    stereotypes are racist, sexist, or homophobic" (Vocabulary.com, 2016).
- Summarize: A stereotype is an oversimplified generalization about a person or group of people without regard for individual differences. Even seemingly positive stereotypes that link a person or group to a specific positive trait can have negative consequences.

#### **Stereotypes**

(Transition to the next slide to begin group work.)

- Ask participants to form groups of 3 5 people per group (can also be an individual activity if working with a small number of participants).
  - Give each group a flip- chart and markers and tape or push-pins for hanging the papers for display.
- Ask participants to think about some of the groups they belong to and if they have ever heard a stereotype about one of those groups.
- Next tell participants to first discuss and then write a list of stereotypes on their chart paper.
- After a few minutes, ask each group to post their chart paper around the room so that they are visible for all to see.
- Once finished, ask participants to walk around the room and critically review
  each stereotype listed on the charts. In doing so, ask that they think about if
  any of the statements make them feel bad or good (e.g., wouldn't/would want
  to be the exception to the stereotype; you see yourself in one of the
  stereotypes). Advise them that no one will need to share these personal
  reflections.
- Lead a large group discussion with these prompts.
  - Why are stereotypes hurtful? (Clarify as needed: They group people into one category and do not allow for individual differences.)
  - Why are some stereotypes dangerous to quality patient-care? (Clarify as needed: They are dangerous because they express very negative things about a group of people making it difficult to listen and see the person as an individual needing care; we may have unconscious-bias that impacts, unintentionally, how we interact.)
  - What are some words that often indicate a stereotypical statement? (E.g., all, many, few, none.)
  - Why is it important to use such words carefully when talking about coworkers, bosses, and patients?

(Activity adapted from Anti-Defamation League. Retrieved from http://archive.adl.org/education/9-11\_committing\_to\_respect.pdf)



#### We Are All Professionals



**Goal**: This activity provides participants with the opportunity to consider stereotypes based on gender. It also challenges them to consider their own language choices and how these choices help or hinder the perpetuation of stereotypes.



#### **Materials Needed:**

PowerPoint Slides 15 -16
"First Thoughts" worksheetone per each participant plus one per group
Pens/pencils for each participant
"First Thoughts" master copy on large chart paper or dry erase-board and
markers
Calculator

(Note to Trainer: This is an individual and small group activity.)



#### **Procedures:**

- Distribute the "First Thoughts" worksheet and instruct participants to individually complete the worksheet. Read the directions at the top of the worksheet and emphasize that there is NO correct response. Ask them to be honest in how they complete the task.
- Once finished, tell them to form groups of 3 5 people and give each group a new, unused, "First Thoughts" worksheet. Ask them to total for their small group how many put down M or F for each profession. Provide a little time for the groups to discuss the outcomes.
- Use a master copy of the "First Thoughts" worksheet and group by group record the totals of how many M's or F's for each profession. (It may be helpful to use a calculator or alternatively ask a participant to tally the totals for you and then write them on the master copy.)
- Lead the large group discussion using the following questions.
  - What patterns do you see? What does that tell you about the professions?
  - Where do people learn stereotypes about gender (e.g., advertisements, other people)?
  - How does gender-specific language (e.g., fireman, stewardess) hinder patient-care and workplace communication?

#### We Are All Professionals

- Explain that gender-neutral language does not specify male or female when it is not necessary or relevant. Gender-neutral language helps to dispel stereotypes about males and females.
  - What is the benefit of gender-neutral language? (Clarify: We sometimes use labels that hurt or offend others and it might reveal hidden biases we hold.) Remember: trying to take back our words, in person or in mediated forms of communication, is like trying to squeeze toothpaste back into the tube.xiv

(Transition to next PowerPoint slide and review the humorous stereotype images of boys' toys.)

- Explain that stereotypes are frequently perpetuated through visual images. Provide examples (e.g., advertisements) that show nurturing done by women and scientists and doctors as men. Explain in one study participants were shown two social robots. One had longer hair and a curved lip (feminine); the other shorter hair and straight lip (masculine). Participants of the study perceived the long-haired robot "as more suited for household chores and caring for children and the elderly and the short-haired one as ready to repair technical devices or guard a house."xv
- Lead a large group discussion with these questions:
  - o When women are depicted in media as doctors, what types of other stereotypes coexist? Why might they be?
  - o What happens between a patient and a care-giver when stereotypes are breached? (For example, the male patient assumed his proctologist would be a man; a father wants a female nurse for his daughter; the dietician just hired is overweight—ask how many think the dietician is a woman.)
  - What happens when coworkers breach a stereotype? (For example, see a
    wedding ring and assume heterosexual relationship; don't see a ring and
    assume availability to date in heterosexual context or homosexual contexts.)
- Conclude by reinforcing the notion that communication is powerful between and among people as a tool for reinforcing stereotypes (visual, written, spoken and nonverbal) and that practice with using gender-neutral language is one way to combat and challenge these systems of bias, which lead to discrimination and oppression.



#### We Are All Professionals

- Challenge them (and to lighten the mood) to quit using the term "guys" as a generic acceptable term for use in mixed crowds and ask them to try and use "everyone" or "all" or for fun, "y'all." **Punctuate this challenge by asking these questions:** 
  - o By show of hands, when is the last time at a meeting with both men and women present that the person leading the meeting began with a greeting such as: "Hi *gals*, we have a lot to do so let's jump in..."
  - O By show of hands, how many have heard something similar to that but with a different noun: "Hi guys!?..."
  - Language doesn't just reflect reality; it helps to creates reality (Lucas, 2012).

(Activity adapted from ADL. Retrieved from http://archive.adl.org/education/9-11\_committing\_to\_respect.pdf © 2011 Anti-Defamation League



#### We Are All Professionals

#### "First Thoughts" Worksheet

**Directions:** Quickly read each profession listed below and write down whether a man or woman is *the first person that comes to mind*. For each profession listed, tally the gender of the first person you picture in your mind. Put tally marks under the correct letter indicators of M for male and F for female in the box beside each profession. Do not write what you think is the correct (or politically correct) answer.

Profession	М	F	Profession	M	F	Profession	М	F
Doctor			Nurse			Chef		
Hairstylist			Lawyer			Scientist		
Cook			Teacher			Mechanic		
Teacher			Judge			Plumber		
Senator			Police Officer			Firefighter		
Professional Athlete			Principal			Reporter		
Construction Worker			President			Pilot		
Computer Programmer			Writer			Minister		



#### **Know Your Terms**



**Goal**: This activity provides participants with the vocabulary often associated with bias and stereotypes. Participants are asked to test their knowledge with a pop quiz.



#### **Materials Needed:**

- □ PowerPoint Slides 18 -22
- ☐ Option: writing instrument and paper for each participant (if quiz is conducted using the PowerPoint slide) or one copy per participant of "Know Your Terms" pop quiz.



#### **Procedures:**

- Review and discuss the definitions on PowerPoint slides 18 and 19
  - o Race: is associated with biology.
    - In biology, races are genetically distinct populations within the same species...
  - Ethnicity: is associated with culture.
    - Ethnicity is the term for the culture of people in a given geographic region, including their language, heritage, religion and customs. To be a member of an ethnic group is to conform to some or all of those practices.
  - Religion: has two related meanings: it's the belief that one or more divine beings are responsible for the fate of all human life, and it's also an organization where people of a specific religion can express their beliefs.
- Give pop quiz either as a whole group discussion, individuals simply writing down T/F on a sheet of paper, or by distributing a copy of the quiz to each participant.

#### **Know Your Terms**

### "Know Your Terms" Pop Quiz

Of the nearly 6000 single-bias hate crimes reported by the Federal Bureau of Investigation (FBI), which of the following statements are true? Or false?

- 1. Race is the highest percentage category. T F
- 2. Fewer than 12% are related to sexual orientation. T
- 3. Ethnicity is largest percentage after race. T
- 4. There were more reported in religion category than those reported for sexual orientation. T F
- 5. Fewer than 1% were based on gender or gender identity. T
- 6. Disability ranked as one of the top three reported. T F

(Quiz statements from: Federal Bureau of Investigation. (November 16, 2015). [Graph illustration showing single-bias hate crime statistics]. Uniform Crime Reporting Program 2014. Retrieved from https://www.fbi.gov/news/stories/latest-hate-crime-statistics-available)



#### Talk About Talk



**Goal**: This activity provides participants with an opportunity to learn about and reflect upon their own preferences for talk and silence. It also demonstrates another form of diversity and draws attention back to influences interacting with cultural competency. Materials Needed:



#### **Materials Needed:**

PowerPoint Slides 23 - 24
"Talk About Talk" questionnaire (one copy for each participant)
Pen or pencil for each participant
(Optional: provide each participant a copy of PowerPoint slide #23)



#### **Procedures:**

- Hand each participant a copy of the "Talk About Talk" questionnaire.
- When done, clarify as follows: Explain that interprofessional collaborations and simply working with other people cause us to notice variations in how we communicate. We all have observed some people who talk a lot and some who talk very little. (If appropriate, ask participants to think back to the rules from "Activity One": "Did you have a rule about letting everyone have a chance to speak?" "If not, do you wish you had?")

(Transition to PowerPoint slide 24 to continue and conclude.)

- Reveal, one at a time, the meaning for each score.
- Explain that being a competent communicator means being both appropriate to the situation and effective in intended outcomes. How we communicate with one another is a form of diversity and different cultures value talk in different ways.xvi Learning a little about your own "talk" and "silence" preferences is another point on the continuum of cultural competency.xvii
- Conclude: Explain that one's awareness of their own preferences, hopefully, causes awareness of others' preferences. When working with others, be they patients or peers, subordinates or superiors, try to modify your talk so that you are appropriate to the situation, including context and cultural expectations/norms and that you are effective in meeting the intended goals for the talk.
- If time allows, ask for participants to share "horror stories" and "great moments" when their talk or silence was center stage in an event.

## "Talk About Talk" Questionnaire

**Directions:** Complete the following questionnaire about your own beliefs about talking and language use (not including public speaking situations) and rate the frequency that you engage in each behavior. When done, total your scores.

Use the following scale:

Score	Questions
	1. I enjoy meeting people and talking with people.
	2. In general, I consider myself quite a talker.
	3. I don't mind initiating conversations with strangers.
	4. I like to voice my opinion.
	5. In general, I enjoy talking.
	6. I enjoy small talk.
	7. I like people who talk a lot.
	8. When talking, I find myself trying to influence others' opinions and feelings.
	9. I believe talk is one way to increase intimacy.
	10. Small talk is an enjoyable use of time.
	11. I don't mind taking responsibility for breaking the ice when meeting someone for the first time.
	12. I talk more when I feel I'm in control of a situation.
	13. I feel uncomfortable with silences in conversations.
	14. In general, I like to be the first one to speak in a discussion.
	15. I feel comfortable asking a stranger for information.
	16. When in a discussion, I talk even if I'm unfamiliar with the topic.
	17. I enjoy going out to meet and talk with people.
	18. I find myself turning on the radio or TV just to hear the sound of someone's voice.

Total Score: \_\_\_\_\_

Circle which range it matches below:

67-90

43-66

18-42

(Activity adapted from: O'Hair, D., Wiemann, M., Mullin. D., & Teven, J. (2015). Real communication and introduction (3rd ed.). Boston: Bedford/St. Martin.)



#### References

<sup>i</sup> McCorry, L.K., & Mason, J. (2011). *Communication skills for the healthcare professional*. Philadelphia: Lippincott Williams & Wilkins.

ii American Psychological Association. (2016). <u>Stress in America: The impact of discrimination.</u> Stress in America<sup>TM</sup> Survey. Retrieved from http://www.apa.org/news/press/releases/stress/index.aspx

ii American Psychological Association. (2016). Discrimination linked to increased stress, poorer health, American Psychological Association survey finds [Press release]. Retrieved from http://www.apa.org/news/press/releases/2016/03/impact-of-discrimination.aspx

iii U.S. Department of Health and Human Services Office of Minority Health. (June, 6, 2016). The national CLAS standards. Retrieved from http://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53

<sup>&</sup>lt;sup>iv</sup> Diversityrx.org. (January 18, 2011). Diversity training v. cultural competency training [Web log comments]. Retrieved from http://www.diversityrx.org/blog/qa/diversity-training-v-cultural-competency-training

<sup>&</sup>lt;sup>v</sup> Diversityrx.org. (January 18, 2011). Diversity training v. cultural competency training [Web log comments]. Retrieved from http://www.diversityrx.org/blog/qa/diversity-training-v-cultural-competency-training

vi Troxel-Andreas, S. Personal communication, July 28, 2016.

vii U.S. Census Bureau. (November 19, 2014). Diversity and inclusion. Retrieved from http://census.gov/about/census-careers/diversity.html

viii Castillo, J. (2015, November, 4). At least 350 languages spoken in US homes: New report. *NBC News*. Retrieved from http://www.cnbc.com/2015/11/04/at-least-350-languages-spoken-in-us-homes-new-report.html

<sup>&</sup>lt;sup>ix</sup> National Institute of Health. (2016). *Clear communication: Health literacy*. Retrieved from https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication

<sup>&</sup>lt;sup>x</sup> Cohn, D. & Caumont, A. (March 31, 2016). *10 demographic trends that are shaping the U.S. and the world.* Pew Research Center. Retrieved from http://www.pewresearch.org/fact-tank/2016/03/31/10-demographic-trends-that-are-shaping-the-u-s-and-the-world/

xi Perrin, A. (October 8, 2015). *Social media usage: 2005-2015*. Pew Research Center. Retrieved from http://www.pewinternet.org/2015/10/08/social-networking-usage-2005-2015/

xii American Psychological Association. (2016). <u>Stress in America: The impact of discrimination.</u> Stress in America<sup>TM</sup> Survey. Retrieved from http://www.apa.org/news/press/releases/stress/index.aspx

xiii American Psychological Association. (2016). Discrimination linked to increased stress, poorer health, American Psychological Association survey finds [Press release]. Retrieved from http://www.apa.org/news/press/releases/2016/03/impact-of-discrimination.aspx



#### References

- xiv Adler, R. B., & Proctor, R. F. (2011). *Looking in, looking out.* (13th ed). New York: Cengage Learning.
- xiv O'Hair, D., Wiemann, M., Mullin. D., & Teven, J. (2015). *Real communication and introduction* (3<sup>rd</sup> ed.). Boston: Bedford/St. Martin.
- <sup>xv</sup> O'Hair, D., Wiemann, M., Mullin. D., & Teven, J. (2015). Real communication and introduction (3rd ed.). Boston: Bedford/St. Martin.
- xvi National Communication Association. (2007). Assessing motivation to communicate. Retrieved from http://www.natcom.org/uploadedFiles/Teaching\_and\_Learning/Assessment\_Resources/PDF-assessing Motivation to Communicate 2ndEd.pdf
- xvii O'Hair, D., Wiemann, M., Mullin. D., & Teven, J. (2015). Real communication and introduction (3rd ed.). Boston: Bedford/St. Martin.