Advancing Health Equity

October 1, 2019

Mitigating Unconscious Bias

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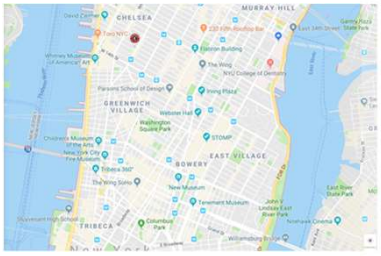
NYU School of Medicine

Advancing Health Equity LLC

Land Acknowledgement



Lenape "Leh-NAH-pay" | **Erie** | **Onondaga**

Social Media

Additionally, feel free to take photos of me/slides and post on social media. Please tag me **@dr_uche_bee** (Twitter).

Please do not share the personal experiences of workshop participants without their explicit consent.

Agenda

1. Welcome & Introductions (9:00-9:05 am)
2. Icebreaker Exercise (9:05-9:20 am)
3. Why are we here? (9:20-9:50 am)
4. Racial Injustice Historical Timeline (9:50-10:35 am)

BREAK (10:35-10:45 am)

1. Privilege Letters (10:45-11:15 am)
2. The 4 I's of Oppression (11:15-11:55am)

LUNCH (11:55 am-12:55 pm)

1. Circle of Trust (12:55-1:20pm)
2. Implicit Association Test Discussion (1:20-2:00pm)
3. Bias Mitigation Strategies (2:00-3:00pm)

BREAK (3:00-3:10pm)

1. Closing & Reflections (3:10-4:00pm)

Accessibility

There will be no significant movement expectations in this workshop.

This workshop is mostly discussion based.

Fixed

Growth

Mindsets

Discomfort Disclaimer:

Take note of and reflect on any discomfort you may feel today.

Group Agreements

P Participate & Be Present

R Respect & Be Mindful

O Open & Honest Communication

C Confidentiality

E Engage with New Ideas

S Space: Make It & Take It

S Seek to Understand

Icebreaker:

Share your name, pronouns, and how you're feeling in your body right now.

Why are we here today?

Background - The Statistics

Black women are more likely than white women to:

- Report lower use of contraception
  - Specifically modern contraceptives, like IUDs and implants
- Avoid methods than change menstruation or require a visit with a provider to stop using them

Prather, et al. Health Equity 2018, 2.1

Background - The Statistics

Black women are more likely than white women to:

- Report experiences of racial discrimination when seeking family planning services
- Be advised to restrict childbearing
- Be recommended by their healthcare provider for intrauterine contraception

Prather, et al. Health Equity 2018, 2.1

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Background - The Statistics

Black women are more likely than white women to:

- Be uninsured before becoming pregnant
- Be exposed to environmental risks
- Receive subpar care based on their location

Prather, et al. Health Equity 2018, 2.1

Background - The Statistics

Black women are more likely than white women to:

- Be disproportionately affected by pregnancy-related morbidity and mortality
- Less likely to receive prenatal care and other preventive services

Prather, et al. Health Equity 2018, 2.1

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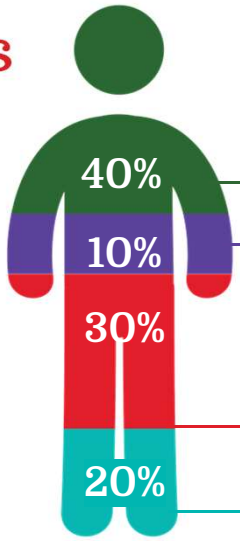
Social Determinants of Health



Job Status | Income

Education | Family/Social Support | Community Safety

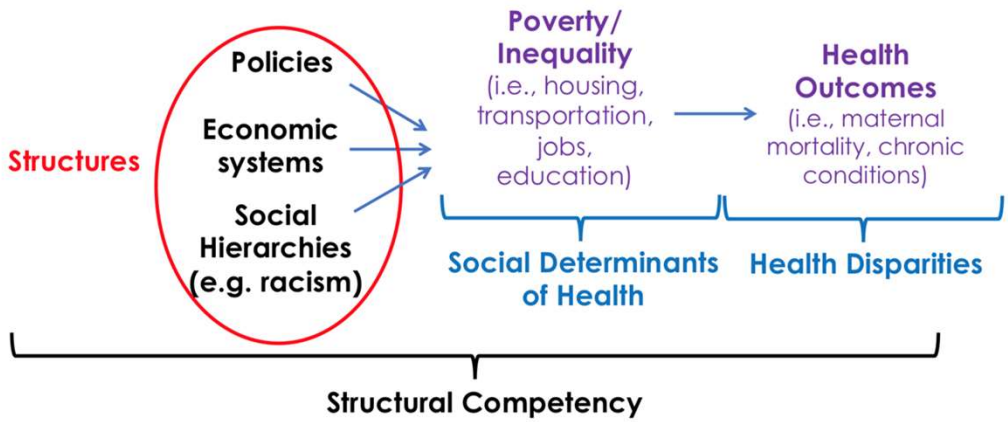
Socioeconomic Factors

Physical Environment

Tobacco Use | Diet & Exercise | Alcohol Use | Sexual Activity

Health Behaviors

Healthcare



"Structural determinants of the social determinants of health"

Health Outreach Partners | SCWG

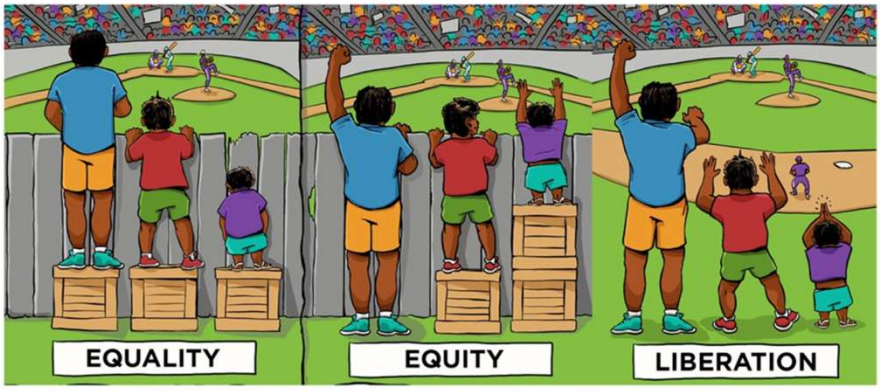
Definitions

- **Health Equity:** The opportunity for everyone to attain their highest health potential.
- **Health Inequities:** Differences in health conditions that are influenced by social, economic, and environmental disadvantage.
- **Health Disparities:** Differences in the presence of disease or health outcomes between population groups.

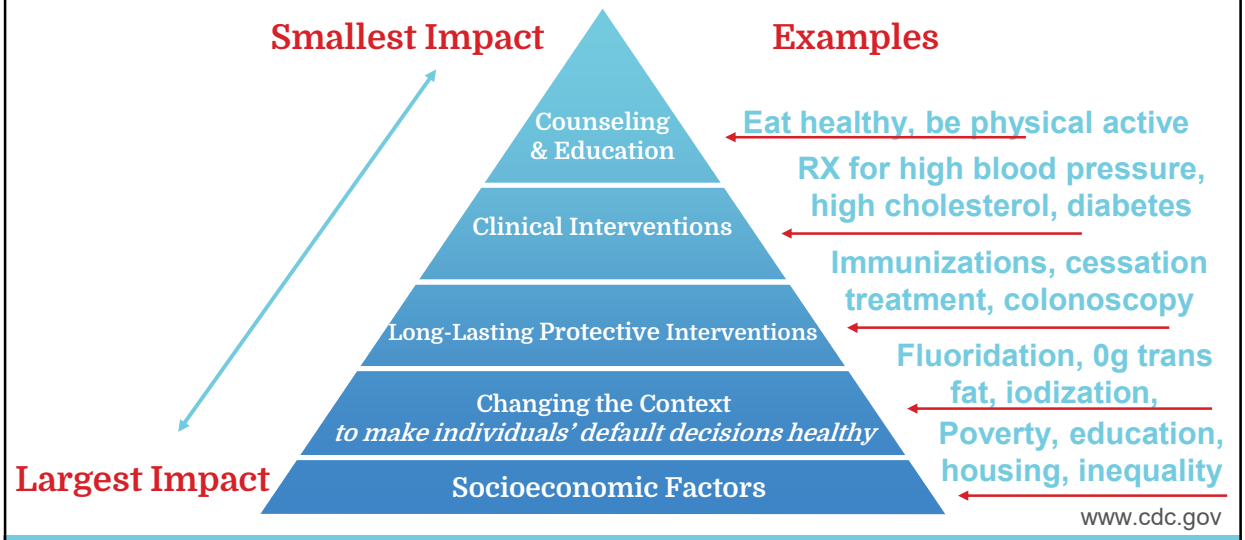
CENTER FOR STORY-BASED STRATEGY

Don't just tell a different version of the same story.

Change The Story!

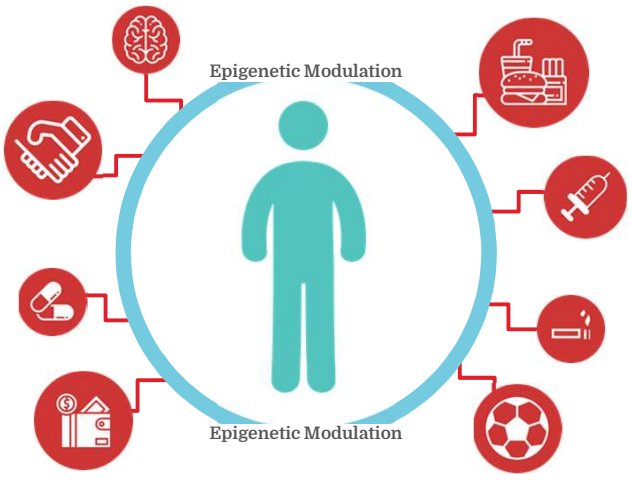


Factors that Affect Health Outcomes



www.cdc.gov

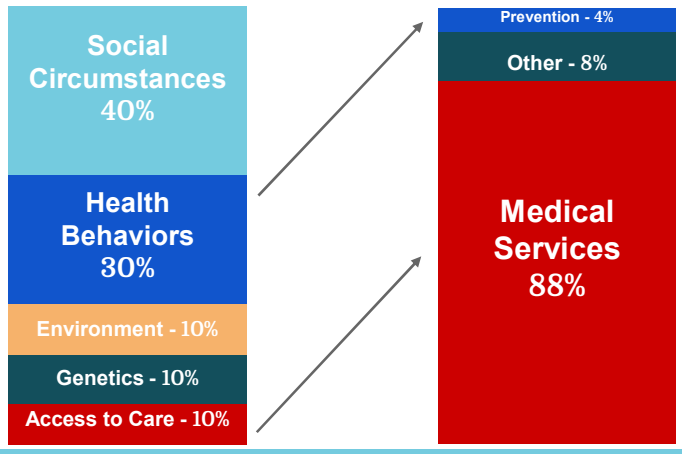
Transgenerational Consequences of Racial Discrimination for Black Health



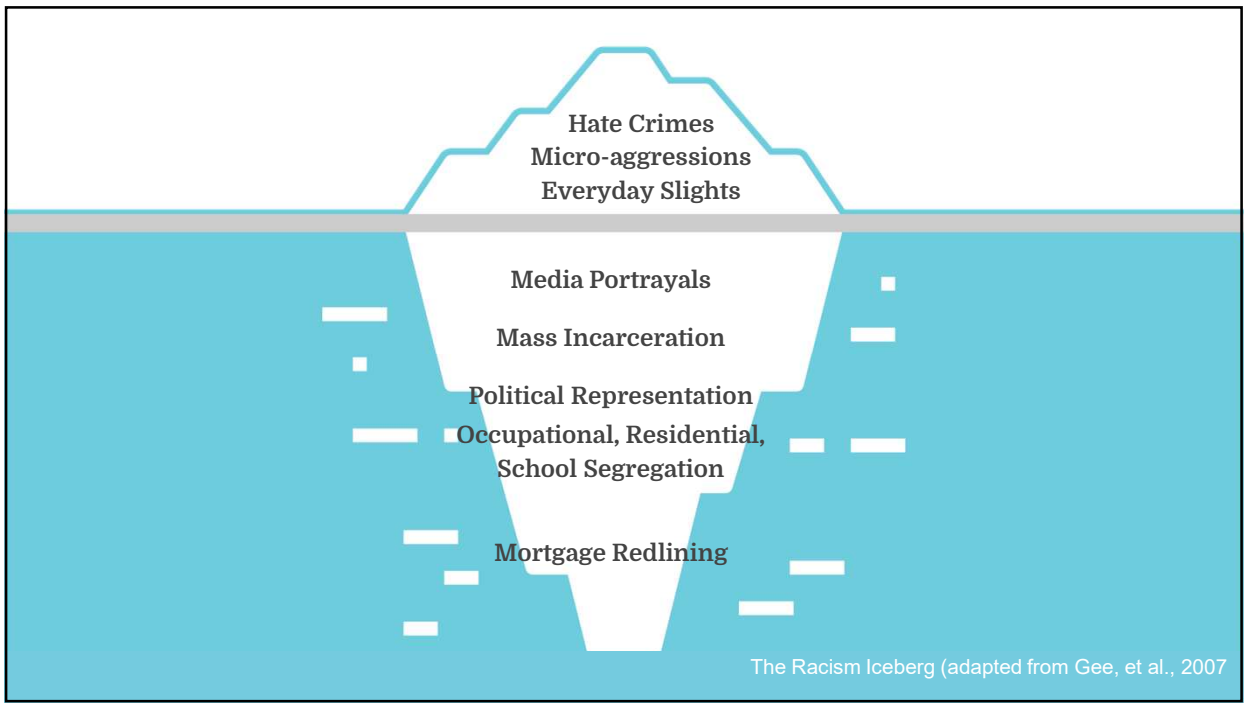
- Insulin resistance
- Immune response
- Atherosclerosis
- Cardiovascular disease
- Accelerated aging

Environmental exposures, stressed, diet and lifestyle can all induce epigenetic changes that determine whether genes are turned on or off.

Spending Mismatch: Health Care & Other Key Determinants of Health

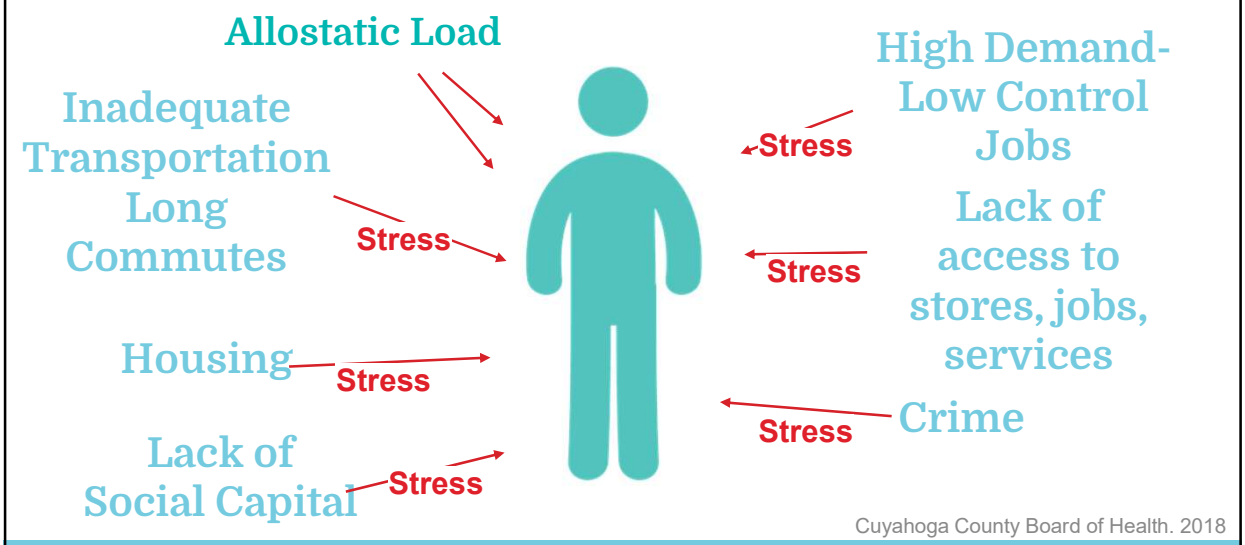


NEHI, 2012



The Racism Iceberg (adapted from Gee, et al., 2007

How We Internalize Our Environment



Cuyahoga County Board of Health. 2018

Unconscious Bias

+

Power

=

Actions Decisions Behaviors

Reinforce systems of oppression "-isms": Racism, sexism, homophobia, transphobia, etc.

Objectives

- **Advance** your understanding of the historical and current-day impact of structural racism on sexual and reproductive health outcomes.
- **Explore** how unconscious bias fits into the oppression framework & influences your communication and decision-making.
- **Equip** you with practical strategies to mitigate the detrimental effects of unconscious bias.

Sit next to someone new and share your response to the following questions: "How do your people gather?"

On a post-it, write down a value that you have inherited from your family or community.

What are some things that keep us from having a **meaningful** conversation about race?

What is race?

Race

Race is a social construct used to categorize human beings, defined by markers, such as skin color, hair texture, eye shape, and ancestry.

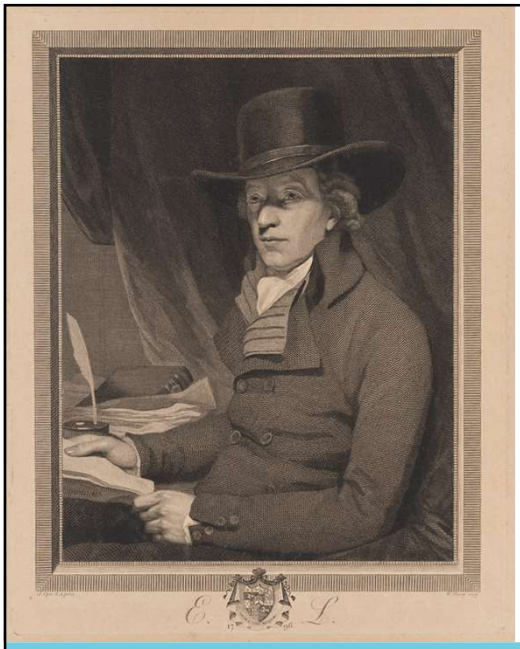
Racism

A system of social structures that provides access, safety, resources and structural power to those with racial privilege and denies it to those without it. The system is sanctioned by the state and designed to produce and reproduce race-based inequality.

Race, is the child of racism, not the father.

- TA-NEHISI COATES,

"Between the World and Me"

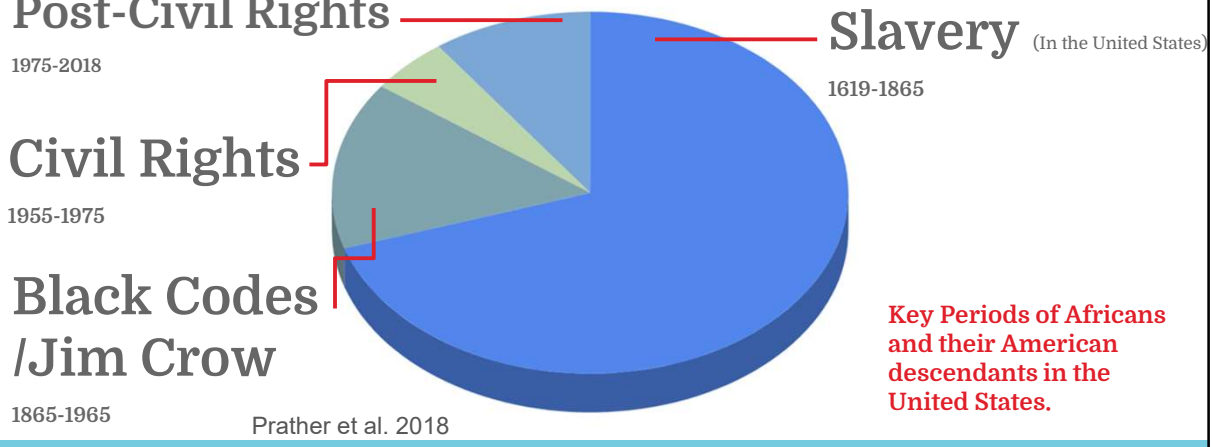


Edward Long (1734 – 1813)

- Owned enslaved people
- Used racism and racial theory to justify slavery
- Stereotypes and pseudoscience codified in books, pamphlets, cartoons and speeches
- Imagery and messages persist in more subtle forms in current day

Creating a Racial Injustice Historical Timeline

Key Periods of Africans and their descendants in the US



Prather et al. 2018

Key Periods of Africans and their American descendants in the United States.

Historical & Contemporary Sexual and Reproductive - Related Health & Health Care Experiences

Prather et al. 2018

Personal experiences that contribute to disparities

Slavery (161[illegible] 1865)

246 Years

- Public, nude auction examinations to determine reproductive ability
- Raped for sexual pleasure and economic purpose
- Jezebel stereotype emerged of Black women being hypersexual
- Generational poverty

Prather et al. 2018

Rape (Pleasure/Economic Purposes)

Reference: Three Young White Men and a Black Woman (1632) by Christiaen van Couwenbergh.

Hypersexualization

Hottentot Venus (Saartjie Baartmant exhibited in Paris - September 1815)

Healthcare experiences that contribute to disparities

Slavery (161[illegible] 1865)

246 Years

- Nonconsensual gynecological and reproductive surgeries performed repeatedly and sometimes without anesthesia
  - C-sections and ovariotomy to perfect medical procedures

Prather et al. 2018

J. Marion Sims (1845-1849)

Personal experiences that contribute to disparities

Black Codes /Jim Crow
(1865-1965) *100 Years*

- **Rape, lynching including genitalia and reproductive mutilation**
- Uncertain/unequal civil rights
- Stereotypes and negative media portrayal continued
- Generational poverty

Prather et al. 2018

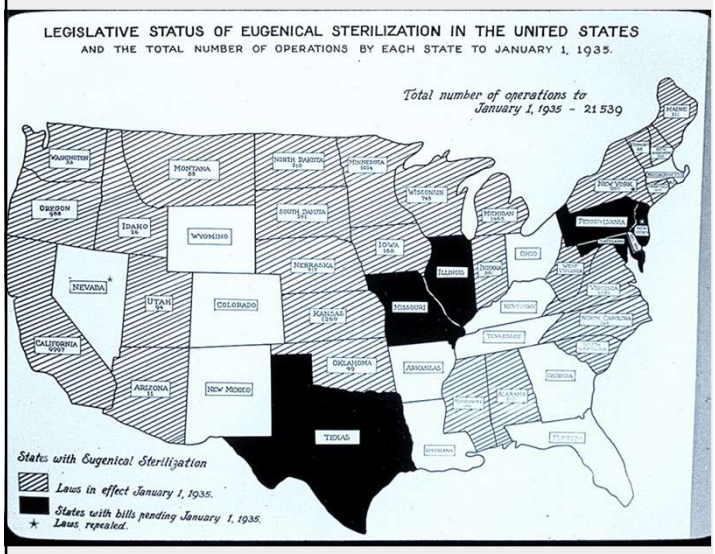
Black Codes /Jim Crow

(1865-1965) *100 Years*

Healthcare experiences that contribute to disparities

- Non-consensual medical experiments continued
- Poor or no healthcare for impoverished Black people
- **Compulsory sterilization**
- Jim Crow laws enforced lack of access to quality healthcare
- **Effects of Tuskegee Untreated Syphilis Study on women**

Prather et al. 2018



Eugenics

- 33 states w/ eugenics programs→ compulsory sterilization 1900-1970s
- State-supported
- Women of color, mentally ill, poor and immigrant women
- Informed consent not obtained

Oral Contraceptive Trials in Puerto Rico

- 1950s - 1st large-scale human trial
- Experimentation without informed consent
- Pill prevented pregnancy, but not that it was a clinical trial

"Tuskegee Syphilis Study of Untreated Syphilis in the Male Negro" (1932-1972)

Civil Rights

(1955-1975) *20 Years*

Personal experiences that contribute to disparities

- Lynching, uncertain/unequal civil rights and violence against women
- Stereotypes and negative media portrayals continued
- Generational poverty

Prather et al. 2018

Civil Rights
(1955-1975) *20 Years*

Healthcare disparities that contribute to disparities

- Non-consensual medical experiments continued
- Compulsory sterilization
- Effects of Tuskegee Untreated Syphilis Study on women
- Unequal healthcare services

Prather et al. 2018

Post-Civil Rights
(1975-2018) *43 years*

Personal experiences that contribute to disparities

- Media's hypersexual images continued
- Generational poverty

Healthcare disparities that contribute to disparities

- Unequal healthcare continued
- **Targeted sterilizations, hysterectomies, abortions and birth control**

Prather et al. 2018

Sterilization

- 1990s
- Norplant and Depo-Provera
- Coercion of poor women, mostly women of color, in order to receive social assistance

Sterilization

- 2006-2010
- 150 incarcerated women in California were sterilized without informed consent

Current Statistics

- Black babies have the lowest birth weights and highest infant mortality
- Black women have highest maternal mortality rates
- Black children have the highest child asthma and obesity rates
- Black people have the highest hypertension and cancer rates
- Black people have the shortest life expectancy www.cdc.gov

Black Infant Mortality

1850s - Black 340/1000 vs. White 217/1000

1915-1990s - Overall infant mortality improved by 90%

- Better hygiene, nutrition, living conditions, and healthcare

1960 - 12th among industrialized countries

2018 - Black 11.3/1000 vs White 4.9/1000

- Wider disparity than 1850

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm

Black Maternal Mortality

- US - 1 of 13 countries with worse maternal mortality now than 25 years ago
- Black women are 3-4x more likely than their white counterparts to die from pregnancy-related complications
  - Higher than that of Mexico, where nearly half the population lives in poverty
- Persists across socio-economic status

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm

Debriefing Questions

What feelings/emotions come up and exist in the room now when remembering the past?

- What surprised you about the timeline? What challenged you?
- What does the future look like for community members interfacing with the healthcare institution?
- What changes would need to happen for them (us) to feel fully seen, held and appreciated?

Reproductive Justice

- The human right to maintain personal bodily autonomy, have children, not have children, and parent children in safe and sustainable communities.
  - Invented in 1994 by a group of Black women in Chicago prior to attending the International Conference on Population and Development

www.sistersong.net

Reproductive Justice

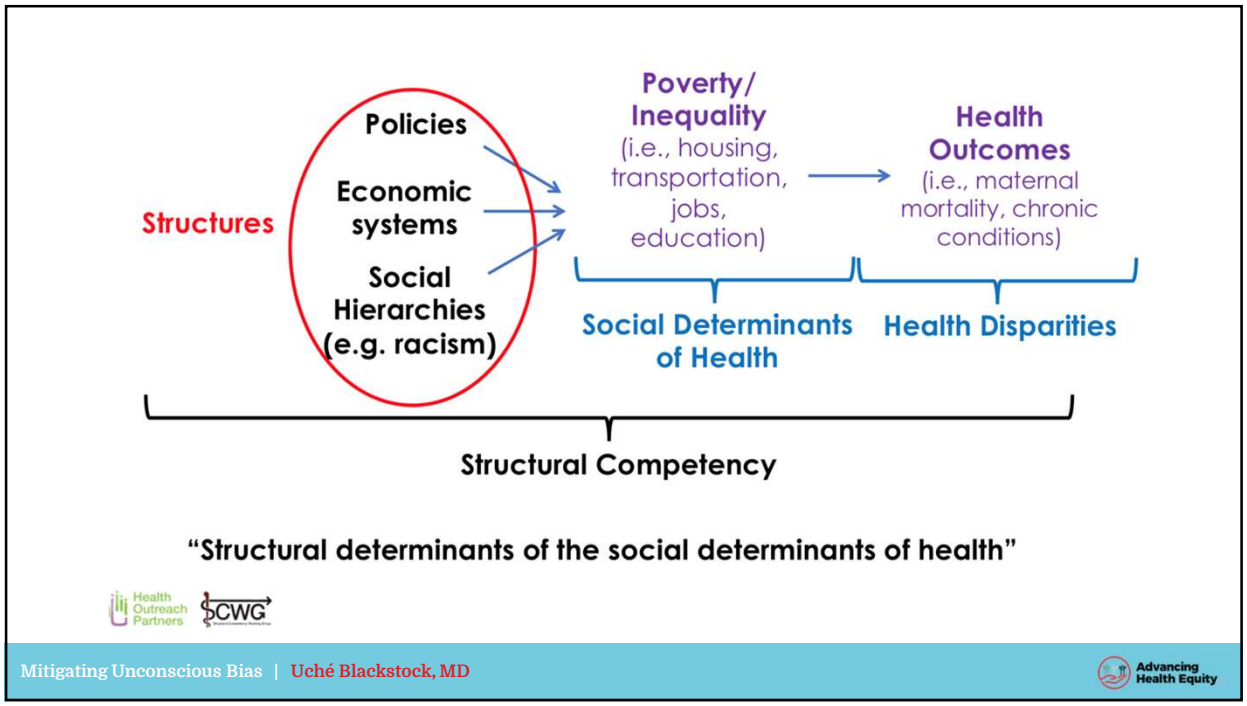
- RJ is a human right
  - About access, not only choice
  - Not only about abortion, also about…
    - Contraception
    - Comprehensive sex education
    - STI prevention
    - Alternative birth options
    - Adequate prenatal care….

www.sistersong.net

Reproductive Justice

- To achieve RJ….
  - Analyze power systems
  - Address intersecting oppressions
  - Center the most marginalized
  - Join together across issues and identities

www.sistersong.net


Structures
Policies
Economic systems
Social Hierarchies (e.g. racism)
Poverty/ Inequality (i.e., housing, transportation, jobs, education)
Health Outcomes (i.e., maternal mortality, chronic conditions)
Social Determinants of Health
Health Disparities
Structural Competency
"Structural determinants of the social determinants of health"
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BREAK

Activity - Privilege Letters

Privilege Letters

In your group, create as many words as possible with the letters in your folder.

Privilege Letters

- What did you think of this activity?
- What did you notice happen in your group?
- Was it fair or unfair? How come?
- Using this activity, how would you define privilege?

Oppression, Power and Privilege

Oppression, Prejudice, & Power

Oppression = Prejudice + Institutional Power

- Prejudice = Internally-held biases
- Institutional Power = The ability to decide what is best/who will have access to resources/exercise control over others

Oppression

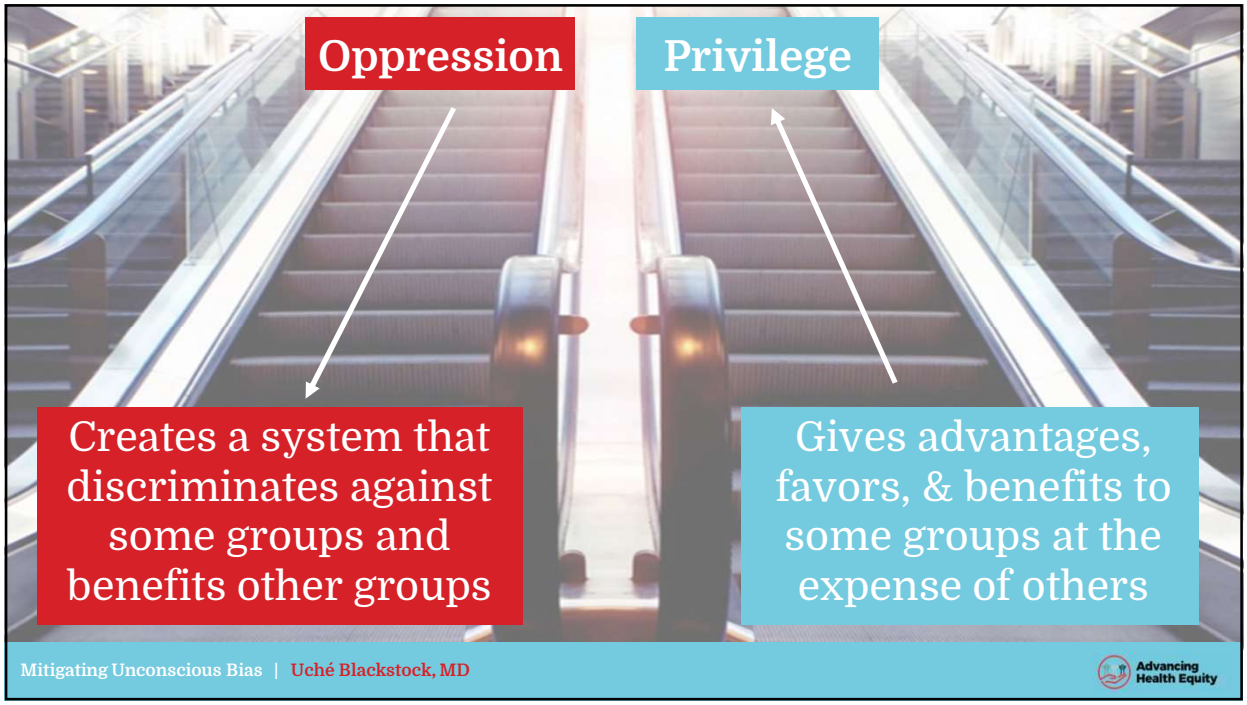
Oppression creates a system that discriminates against some groups and benefits other groups

- Examples: Racism, sexism, ableism, classism, heterosexism, cissexism, homophobia, transphobia, etc.

Oppression, Privilege, & Power

Privilege = Gives advantages, favors, & benefits to some groups at the expense of others

- Operates on ideological, institutional, interpersonal and internalized levels



Four I's of Oppression

IDEOLOGICAL

INSTITUTIONAL

INTER-PERSONAL

INTERNALIZED

Unconscious Bias

+

Power

Actions
Decisions
Behaviors

=

Reinforce systems of oppression "-isms":
Racism, sexism, homophobia, transphobia, etc.

Activity:
4 I's of Oppression

4 "I's of Oppression

- Discuss with your group the type of oppression (ideological, institutional, interpersonal or internalized) that applies to each example.
- An example may encompass more than one type of oppression.

Debrief : 4 I's of Oppression

- How do the 4 I's help you to understand the challenges in your clients' lives & community?
- Does this activity make you feel empowered or make you feel that oppression is everywhere and too big to change?
- How can we use the 4 I's to help us envision change?

LUNCH

Implicit Association Test:
https://implicit.harvard.edu/implicit/takeatest.html
-Choose Race IAT

Activity:
Circle of Trust

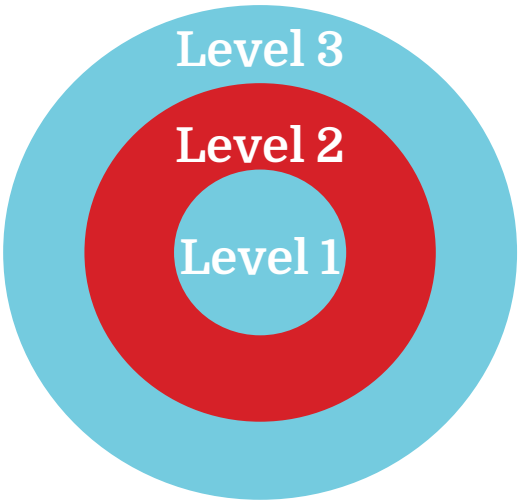
Circle of Trust

In the first row, write the initials of the six people whom you trust the most who are NOT your partner or family members.

Circle of Trust

Place a check mark beside those members of your trusted circle who are similar in each category dimension to you.

Circle of Trust



Level 3: Know well enough to pass time of day with **(acquaintances)**

Level 2: Comfortable inviting them in to your home **(friends)**

Level 1: Made it into your inner circle **(the trusted ones)**

Circle of Trust

- How do you think this phenomenon influences the clinical care that you provide?

NIH Public Access
Author Manuscript
J Health Care Poor Underserved. Author manuscript; available in PMC 2014 May 06.

Published in final edited form as:
J Health Care Poor Underserved. 2010 February ; 21(1): 229–236. doi:10.1353/hpu.0.0236.

Perioperative Analgesic Treatment in Latino and non-Latino Pediatric Patients

Science faculty's subtle gender biases favor male students

Corinne A. Moss-Racusin, John F. Dovidio, Victoria L. Brescoll, Mark J. Graham, and Jo Handelsman

PNAS October 9, 2012 109 (41) 16474-16479; https://doi.org/10.1073/pnas.1211286109

Edited* by Shirley Tilghman, Princeton University, Princeton, NJ, and approved August 21, 2012 (received for review July 2, 2012)

JOURNAL OF SCHOOL HEALTH

RESEARCH ARTICLE

Attitudes and Beliefs of Nonspecialist and Specialist Trainee Health and Physical Education Teachers Toward Obese Children: Evidence for "Anti-Fat" Bias

Marita Lynagh PhD, Ken Cliff PhD, Philip J. Morgan PhD

First published: 22 July 2015 | https://doi.org/10.1111/josh.12287 | Cited by: 17

The authors thank Della Roach for her assistance with coding and data entry, CReDITTS (Clinical Research Design, Information Technology and Statistical Support) from the University of Newcastle for assistance with data analysis, and the preservice teachers who participated in the study.

Two Strikes: Race and the Disciplining of Young Students

Jason A. Okonofua, Jennifer L. Eberhardt

First Published April 8, 2015 | Research Article | Check for updates
https://doi.org/10.1177/0956797615570365

Article information

Altmetric 168

Abstract

There are large racial disparities in school discipline in the United States, which, for Black students, not only contribute to school failure but also can lay a path toward incarceration. Although the disparities have been well documented, the psychological mechanisms underlying them are unclear. In two experiments, we tested the hypothesis that such disparities are, in part, driven by racial stereotypes that can lead teachers to escalate their negative responses to Black students over the course of multiple interpersonal (e.g., teacher-to-student) encounters. More generally, we argue that race not only can influence how perceivers interpret a specific behavior, but also can enhance perceivers' detection of behavioral patterns across time. Finally, we discuss the theoretical and practical benefits of employing this novel approach to stereotyping across a range of real-world settings.

Research

Sex matters: gender disparities in quality and outcomes of care

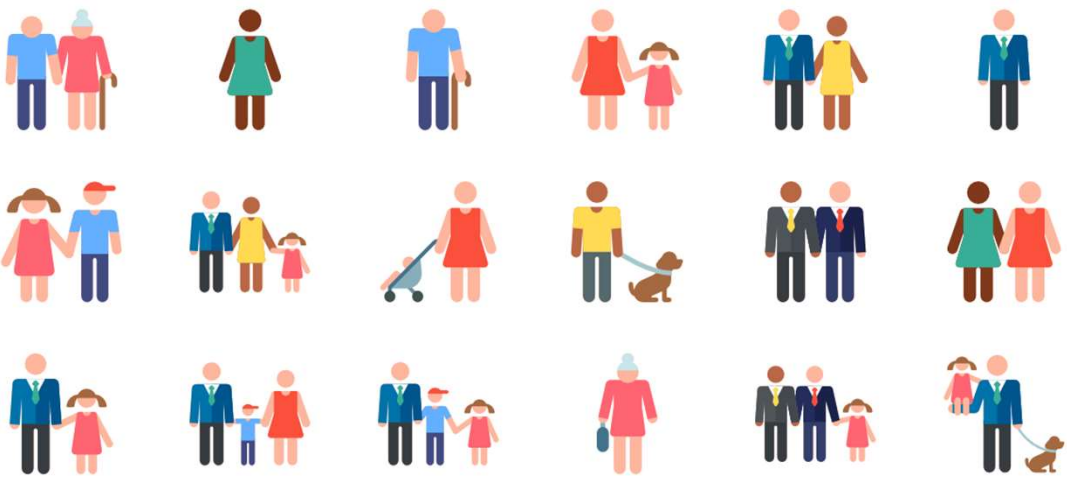
Arlene S. Bierman MD MS

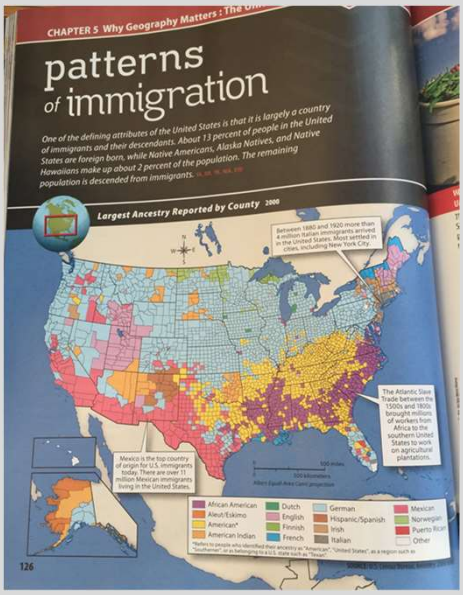
∞ See related article page 1513

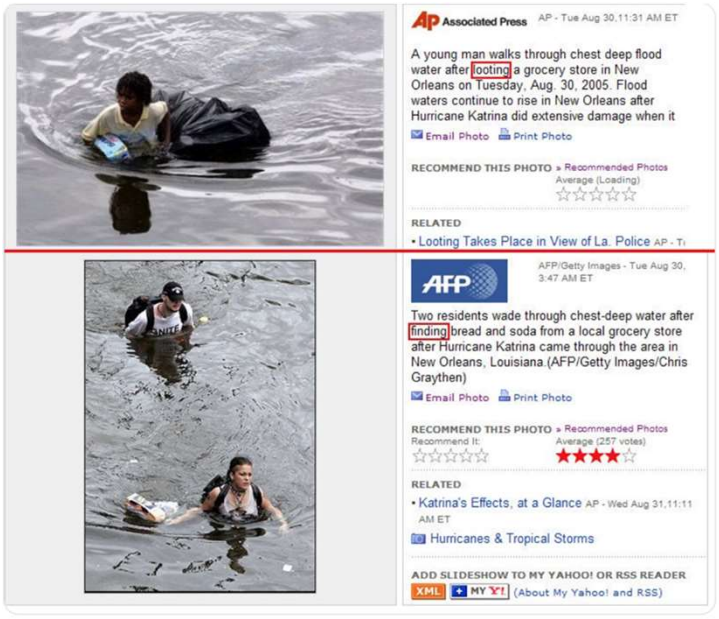
Published at www.cmaj.ca on Nov. 14, 2007.

What is Bias?

- A bias is a tendency or inclination toward or against something or someone.
- Some biases are positive and helpful.
- Some biases are negative and detrimental.




CHAPTER 5 Why Geography Matters : The
patterns of immigration
One of the defining attributes of the United States is that it is largely a country of immigrants and their descendants. About 13 percent of people in the United States are foreign born, while Native Americans, Alaska Natives, and Native Hawaiians make up about 2 percent of the population. The remaining population is descended from immigrants.
Largest Ancestry Reported by County 2000
Between 1880 and 1920 more than 4 million Italian immigrants arrived in the United States. Most settled in cities, including New York City.
The Atlantic Slave Trade between the 1500s and 1800s brought millions of workers from Africa to the southern United States to work on agricultural plantations.
Mexico is the top country of origin for U.S. immigrants today. There are over 11 million Mexican immigrants living in the United States.
African American
Aleut/Eskimo
American*
American Indian
Dutch
English
Finnish
French
German
Hispanic/Spanish
Irish
Italian
Mexican
Norwegian
Puerto Rican
Other
126


AP Associated Press AP - Tue Aug 30,11:31 AM ET
A young man walks through chest deep flood water after looting a grocery store in New Orleans on Tuesday, Aug. 30, 2005. Flood waters continue to rise in New Orleans after Hurricane Katrina did extensive damage when it
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AFP
AFP/Getty Images - Tue Aug 30, 3:47 AM ET
Two residents wade through chest-deep water after finding bread and soda from a local grocery store after Hurricane Katrina came through the area in New Orleans, Louisiana.(AFP/Getty Images/Chris Graythen)
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Hurricanes & Tropical Storms
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(About My Yahoo! and RSS)

Bias affects us….

- Our perception
- Our attitude
- Our behaviors
- Our attention
- Listening skills
- Micro-affirmations

Explicit

vs.

Implicit Bias

What is Explicit Bias?

Explicit bias is conscious bias.

- Aware, voluntary, intentional

Explicit bias can often be checked and controlled.

What are examples?

What is Implicit Bias?

Implicit bias is unconscious bias.

- Unaware, involuntary, unintentional

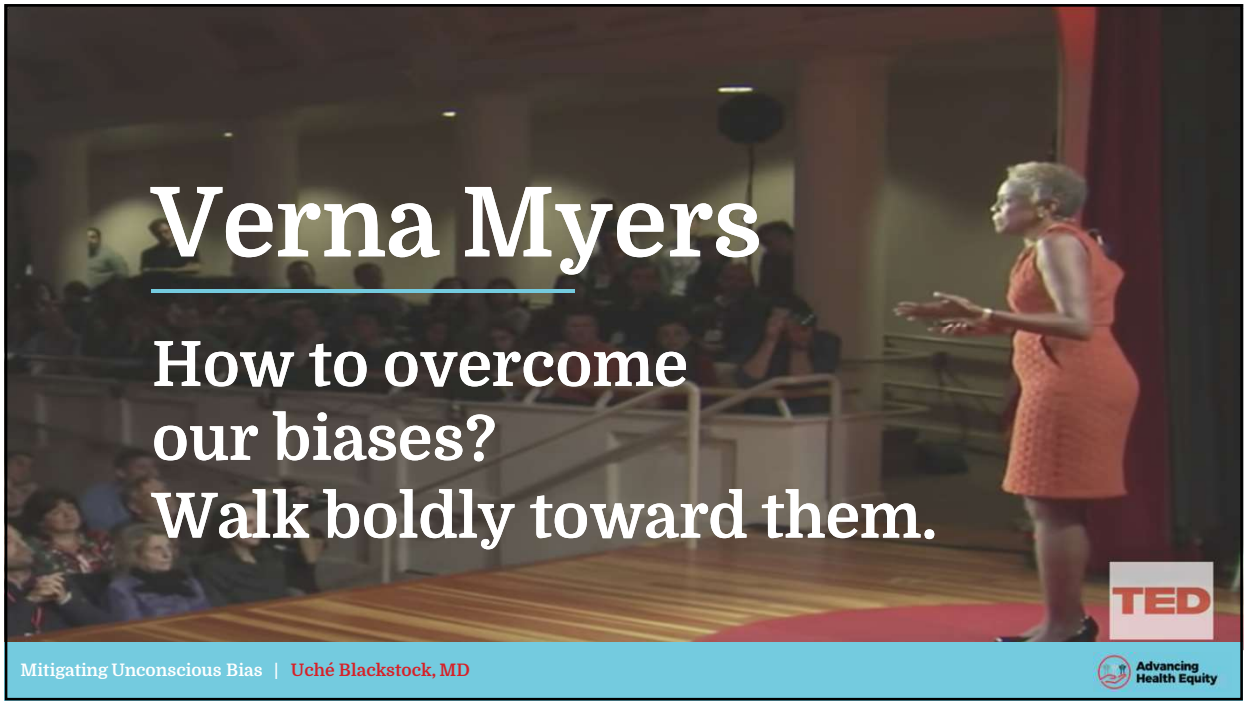
More complex due to its ingrained and subconscious nature.

What are examples?

Mama = Good

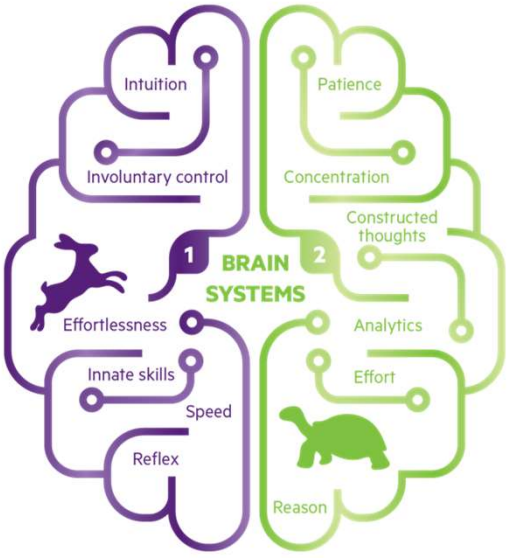
Fire = Bad

Good or Bad?


Verna Myers
How to overcome
our biases?
Walk boldly toward them.
TED

System 1: Limbic System

Implicit Effortless Reflexive



System 2: Prefrontal Cortex

Explicit Effortful Analytic

Unconscious Bias: Pervasive and Necessary

Everyone has it!

Helpful & Adaptive

- Natural tendency to make associations
- Conserves energy
- Useful to categorize information

Unconscious Bias: Pervasive and Necessary

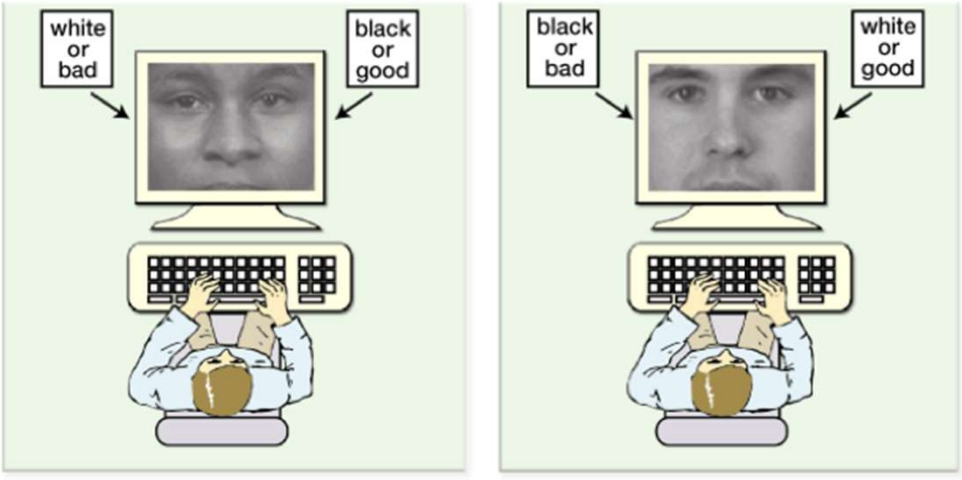
Not error-free

- Tends to replicate the social hierarchy
- Can conflict with conscious attitudes and intentional behavior

Everyday decisions and behaviors

- Interpersonal and institutional
  - Interactions with patients
    - Communication and clinical-decision making
  - Who/how you hire, supervise & evaluate
  - Your physical workplace
  - Organizational practices and procedures

Implicit Association Test (IAT)



Implicit Association Test (IAT)

- 1998 by social psychologists
- An individual's will to unconsciously associate two individual concepts (black/white vs. good/bad)
  - Individual response latency=strength of implicit association
- The black-white Race IAT

Discussion:
Implicit Association Test

Implicit Association Test

- What was it like to take the IAT?
- How did you feel when you got your IAT results?
- Were your results what you expected? Why or why not? How so?
- How has implicit bias affected you personally?

The IAT

- Weak relationship bet. the IAT--> behavior
- High “test-retest” reliability
- Results can change over time
- Difficult to fake out test
- One of many tools
- Makes the unconscious conscious

"We hear with our eyes"

Orchestra members handpicked

Early 1970s –
introduction of screens → "blinding"

Increased numbers of women advanced – 50%

Rouse & Goldin 2000 American Economic Review

The Power of the Resume: "Emily" or "Lakisha"

Study

Fictitious resumes (n=4980) sent in response to actual "help wanted" ads in Boston & Chicago

"Are Emily And Greg More Employable Than Lakisha And Jamal? A Field Experiment On Labor Market Discrimination," American Economic Review, 2004, v94(4,Sep), 991-1013.

The Power of the Resume: "Emily" or "Lakisha"

Resumes

2 high-quality, 2 low-quality

Black- or White- sounding names randomly assigned

"Are Emily And Greg More Employable Than Lakisha And Jamal? A Field Experiment On Labor Market Discrimination," American Economic Review, 2004, v94(4,Sep), 991-1013.

The Power of the Resume: "Emily" or "Lakisha"

Findings

Callback Rate

10% for resumes with white sounding names

6.6% for resumes with black sounding names

"Are Emily And Greg More Employable Than Lakisha And Jamal? A Field Experiment On Labor Market Discrimination," American Economic Review, 2004, v94(4,Sep), 991-1013.

Mitigating Unconscious Bias | Uché Blackstock, MD

Advancing Health Equity

The Power of the Resume:
"Emily" or "Lakisha"

Findings

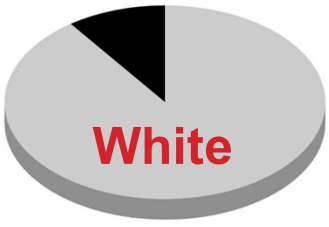
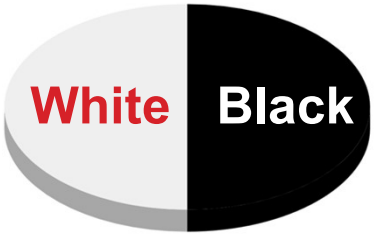
Higher Quality

White sounding names:
30% more callbacks

Black sounding names:
9% more call backs

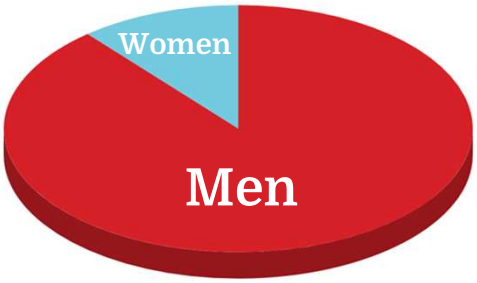
"Are Emily And Greg More Employable Than Lakisha And Jamal? A Field Experiment On Labor Market Discrimination," American Economic Review, 2004, v94(4,Sep), 991-1013.

Implicit Racial Bias

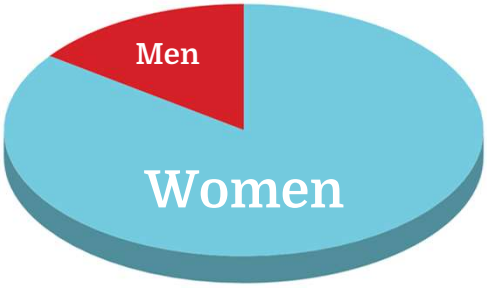
White Respondents	Asian Respondents	Black Respondents
		

Implicit Gender Bias

Careers, Leaders & Sciences



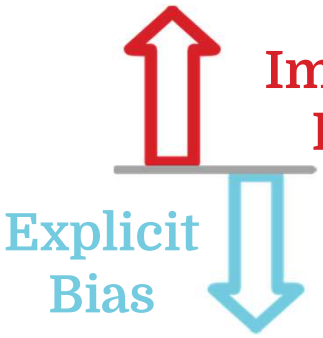
Families, Supporters & Arts



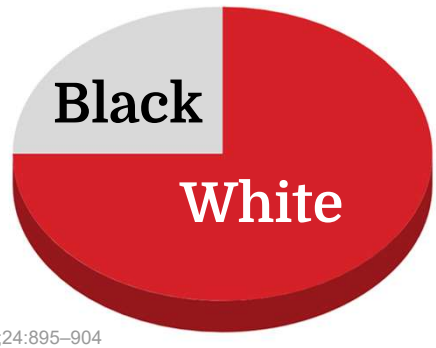
Both Male & Female Respondents

Clinicians' Implicit vs. Explicit Racial Bias

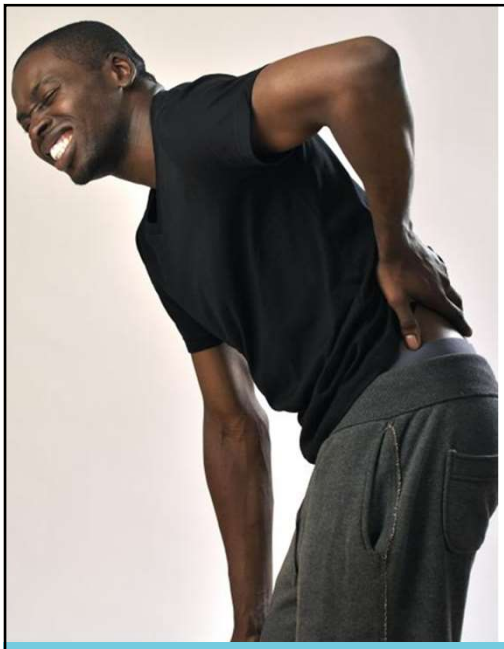
White Clinicians



Most Clinicians with Implicit Bias



Academic Emergency Medicine 2017;24:895–904



Case

What is one major factor that will determine whether he receives the standard of care for his back pain?

Racial bias in pain assessment & treatment

If he is Black, then his pain will likely be underestimated and undertreated.

- Less likely to be given pain medications.
- Will receive lower quantities.

Racial bias in pain assessment & treatment

Black patients less likely than white to receive analgesics for extremity fractures (57% vs 74%) in the ED despite similar self-reports of pain.

- **Even among young children**

1. Anderson KO, Green CR, Payne R (2009) Racial and ethnic disparities in pain: Causes and consequences of unequal care. J Pain 10(12):1187–1204.

2. Bonham VL (2001) Race, ethnicity, and pain treatment: Striving to understand the causes and solutions to the disparities in pain treatment. J Law Med Ethics 29(1): 52–68.

3. Cintron A, Morrison RS (2006) Pain and ethnicity in the United States: A systematic review. J Palliat Med 9(6):1454–1473.

4. Cleeland CS, Gonin R, Baez L, Loehrer P, Pandya KJ (1997) Pain and treatment of pain in minority patients with cancer. The Eastern Cooperative Oncology Group Minority Outpatient Pain Study. Ann Intern Med 127(9):813–816.

5. Freeman HP, Payne R (2000) Racial injustice in health care. N Engl J Med 342(14): 1045–1047.

6. Goyal MK, Kuppermann N, Cleary SD, Teach SJ, Chamberlain JM (2015) Racial dis- parities in pain management of children with appendicitis in emergency depart- ments. JAMA Pediatr 169(11):996–1002.

7. Green CR, et al. (2003) The unequal burden of pain: Confronting racial and ethnic disparities in pain. Pain Med 4(3):277–294.

8. Shavers VL, Bakos A, Sheppard VB (2010) Race, ethnicity, and pain among the U.S. adult population. J Health Care Poor Underserved 21(1):177–220.

9. Smedley BD, Stith AY, Nelson AR (2013) Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (National Academies Press, Washington, DC).

10. Todd KH, Deaton C, D'Adamo AP, Goe L (2000) Ethnicity and analgesic practice. Ann Emerg Med 35(1):11–16.

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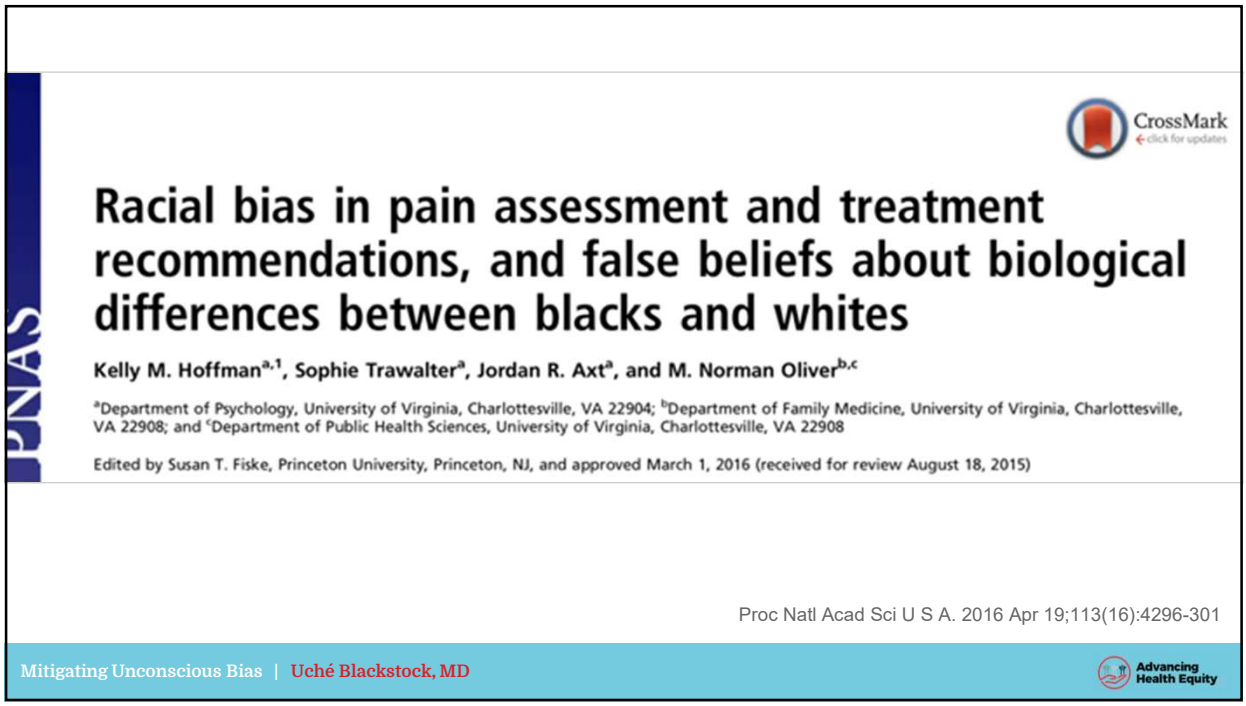

PNAS

CrossMark click for updates

Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

Kelly M. Hoffman[a,1], Sophie Trawalter[a], Jordan R. Axt[a], and M. Norman Oliver[b,c]

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Edited by Susan T. Fiske, Princeton University, Princeton, NJ, and approved March 1, 2016 (received for review August 18, 2015)

Proc Natl Acad Sci U S A. 2016 Apr 19;113(16):4296-301

Racial bias in pain assessment & treatment

- 418 medical students and residents
- Two mock cases about a black and a white patient
  - Made pain ratings and medication recommendations
  - Asked about false beliefs

Racial bias in pain assessment & treatment

50% reported that at least one of the false beliefs items were possible, probably or definitely true

- Blacks' nerve endings are less sensitive than whites'
- Blacks' skin is thicker than whites'
- Blacks' age more slowly than whites'

Racial bias in pain assessment & treatment

Participants who held the false beliefs more likely to rate pain lower and made less accurate treatment recommendations

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SYSTEMATIC REVIEWS AND META-ANALYSES (OTHER THAN EVIDENCE-BASED DIAGNOSTICS)

A Systematic Review of the Impact of Physician Implicit Racial Bias on Clinical Decision Making

Erin Dehon, PhD, Nicole Weiss, PhD, Jonathan Jones, MD, Whitney Faulconer, MD, Elizabeth Hinton, MSIS and Sarah Sterling, MD

- Time pressure
- Lack of solid information to make a decision
- Cognitive overload
- Fatigue

Patient-Provider Communication:
The Effect of Race and Ethnicity on Process and Outcomes of Healthcare

Clinician visits with black patients:

- **23%** more verbally dominant
- **33%** less patient-centered

Overall lower levels of positive affect (physician and patient)

Activity:
Insider/outsider

Insider/Outsider

In pairs, share your own experience of the following:

When did you feel excluded – in the 'out-group'?

When did you feel included – in the 'in-group'?

Insider/Outsider

Write two words each on **'out-group'** and **'in-group'** to describe your feeling or experiences.

Activity: Exclusion through bias

Exclusion through bias

- Halo bias
- Perception bias
- Confirmation bias

Halo bias

Perception bias

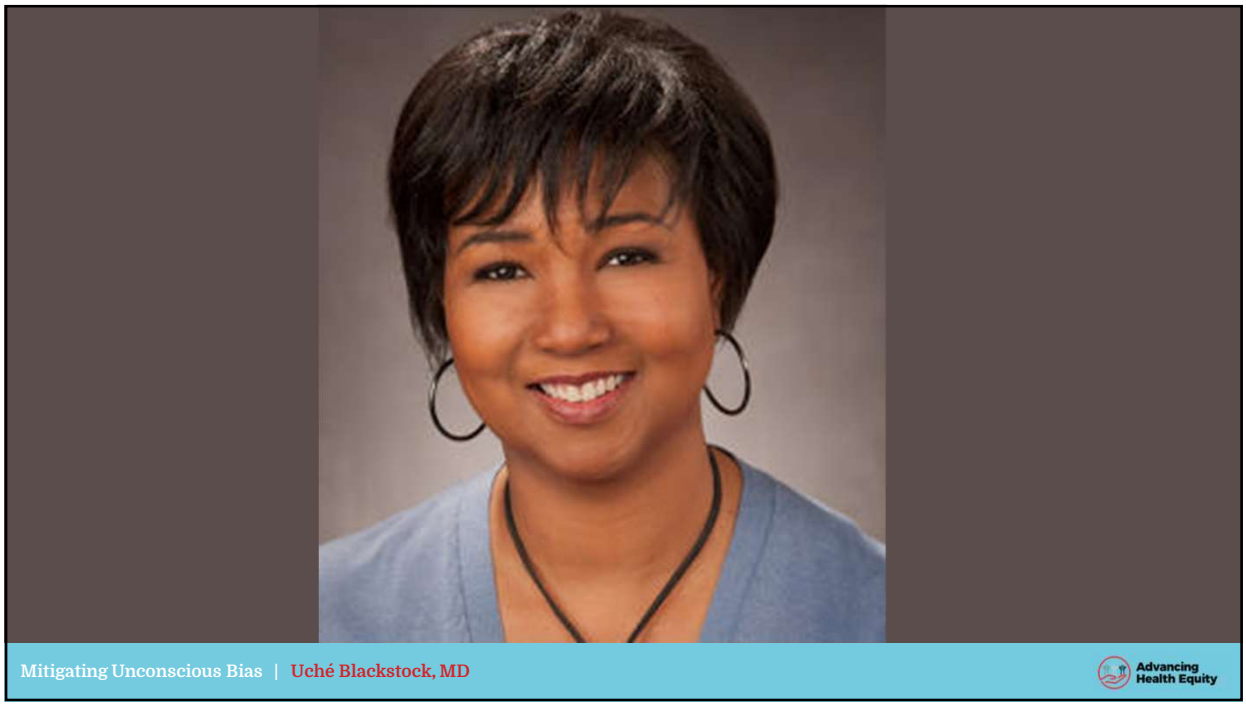
Confirmation bias

Exclusion through bias

- In pairs, discuss where might these biases show up in your work?
- What examples can you think of?

Questions?

Activity:
Describe These People

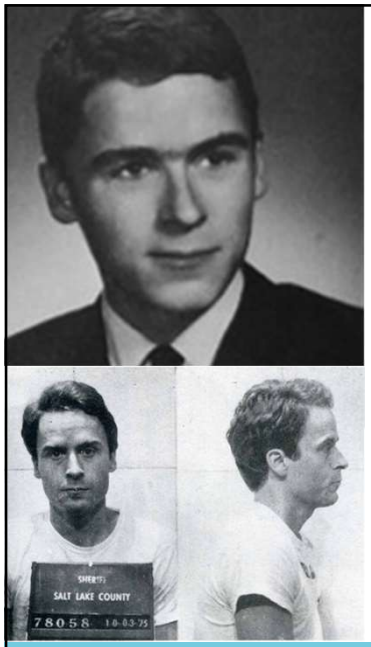


Mayor John Fetterman

- Mayor of Braddock, PA
- Worked on revitalizing the city
- Known for working with art to revitalize and reinvigorate the poor
- Great crime reduction strategies

President Pratibha Patil

- 12th President of India
- Served from 2007 to 2012



Ted Bundy

- Serial Killer

Mae C. Jemison, MD

- First Black woman to travel in space
- Also a physician

Questions?

Bias Mitigation Strategies

How does unconscious bias manifest in everyday decisions and behavior?

Everyday decisions and behaviors

- Interpersonal and institutional
  - Interactions with patients
    - Communication and clinical-decision making
  - Organizational practices and procedures
    - Who/how you hire, supervise & evaluate
    - Your physical workplace

Making the Unconscious Conscious

- Practice self-reflection
  - Recognize and accept that we all have bias
  - Develop the capacity to use a flashlight on yourself
  - Explore awkwardness and discomfort
  - Acknowledge the history.

Cook Ross Model of Mitigating Bias

Making the Unconscious Conscious

- Priming around contraceptive care and pregnancy decision
  - Which scenarios in my work do I find difficult?
  - Which contraceptive pregnancy decisions do I find myself wanting to make?
  - What decisions do I think are foolish?

Making the Unconscious Conscious

- Practice constructive uncertainty
  - Check the assumptions and "truths" you have about yourself and others.
  - Remain open and curious about individual's experiences.
  - Ask questions from a non-judgmental place.
    - Specifically ask open-ended questions

Making the Unconscious Conscious

- Practice shared decision-making
  - Trust your patient knows what's best for them.
  - "A collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient's values and preferences…" - Dehlendorf: Contraception, 2013

Making the Unconscious Conscious

- Seek (and accept) feedback
  - Helps to identify individual or organizational blind spots
  - Anonymous surveys, interviews or focus groups
  - Collect and analyze metrics on patient satisfaction and outcomes
    - Disaggregate data by race, income, gender, sexual orientation, etc.

Making the Unconscious Conscious

- Develop structured processes
  - Creates consistency in how certain processes are carried out
  - Structured interviews based on predetermined questions
  - Structured evaluation based on predetermined criteria

More Advanced Strategies

- Stereotype replacement
- Counter stereotype imaging
- Individuating
- Perspective taking
- Increasing opportunities for contact

Scenario

You are approaching the conference center for your society's annual meeting, and are walking towards a tall Black man carrying a duffel bag. At first glance, you assume he is homeless and might ask you for money.

Scenario

You feel nervous, and cross the street to avoid contact. Later, you see him at one of your sessions, and realize the man is actually a prominent young scientist in your field. The duffel bag was full of items for the Society's exhibit hall booth.

Stereotype Replacement

- Label
- Evaluate
- Replace

Counter Stereotype Imaging

Think of examples of either famous or personally known people

Individuating instead of generalizing

Individuating involves going beyond racial categories by attending to the individual characteristics of others.

Perspective Taking

Perspective taking involves imagining what it would feel like to be in another person's situation.

Increasing Opportunities for Contact

Seeking out interactions will allow you to meet people who disconfirm stereotypes.

Activity: Bias Mitigation Strategies

Everyday decisions and behaviors

- Interpersonal and institutional
  - Interactions with patients
    - Communication and clinical-decision making
  - Organizational practices and procedures
    - Who/how you hire, supervise & evaluate
    - Your physical workplace

Bias Mitigation Strategies

Strategy	Descriptions
Self-reflection & priming	Asking questions of yourself to be more consciously aware of your own bias.
Constructive uncertainty	Check the assumptions and "truths" you have about yourself and others.
Shared decision-making	A collaborative process that allows patients and their providers to make decisions together.
Seek feedback	Use anonymous surveys, interviews & focus groups help to identify blind spots.
Structured processes	Create consistency in how certain processes get carried out thereby encouraging less biased behavior.
Counter stereotype imaging	Keep positive exemplars accessible to challenge stereotypes.
Individuation	Gain information about the whole person, not only one aspect of them.
Perspective taking	Take perspective of stereotyped person.
Increased contact opportunities	Seek out opportunities for contact with outgroup members.

Small Group Activity

Bias Mitigation Strategies:

Choose 3 strategies from the bias mitigation chart and create steps for implementing them in your organization. *These strategies can apply to operational processes within your organization or direct patient care.*

Large Group Discussion

Share ideas/thoughts/action plan with the larger group.

Questions?

BREAK

Unconscious Bias

\+

Power

Actions
Decisions
Behaviors

=

Reinforce systems of oppression "-isms": Racism, sexism, homophobia, transphobia, etc.

In Summary

- Be motivated to overcome your unconscious bias.
- Become aware of your bias and why it exists.
- Be able to detect the subtle influence of stereotypes.
- Learn and practice strategies that help reduce your unconscious bias.

Take Home Points

1. Health inequity exists due to structures and systems of oppression.

2. Unconscious bias is a type of interpersonal oppression.

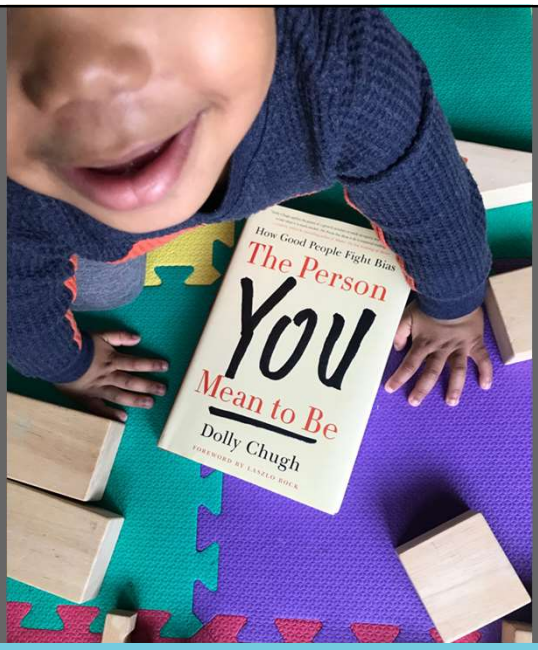
3. Unconscious bias + Power = Perpetuates larger systems of oppression.

What now?

- What are the practices and protocols of structural racism that you are upholding and bearing witness to?
- What does it mean that the history you have been taught is intentionally fragmented?
- How do you make the invisible visible by looking for the racial narratives that exist in our culture, communities & workplaces?

Share with a partner

1. Something that you learned today that you did not know previously.
2. A practice or way of thinking that you can apply immediately.
3. Something you would like to explore further or more deeply.


How Good People Fight Bias
The Person
You
Mean to Be
Dolly Chugh

Questions?

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