IMPLICIT BIAS & CULTURALLY RESPONSIVE HEALTH CARE

ETHICS IN HEALTHCARE 2019
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DISCLOSURES

Dr. David Moser has no conflicts, either financial or otherwise, to disclose regarding today's presentation.

Thank you to Dr. Sherree Wilson, Dr. Denise Martinez, and Ms. Monique Galpin for their significant contributions to the development of this presentation.

TODAY'S SESSION

- Concepts and definitions
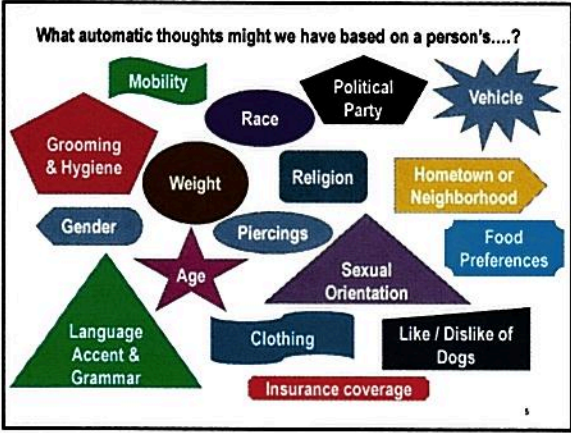- Implications and Application
- Mitigating Bias
- Q & A

IMAGERY EXERCISE

- Was it easy to form an initial image?

- Did any of the descriptors challenge or confirm any of your pre-existing assumptions?

What automatic thoughts might we have based on a person's....?

ARE ASSUMPTIONS AND AUTOMATIC THINKING ALWAYS BAD?

AREN'T DOCTORS AND OTHER HEALTH CARE PROVIDERS TRAINED TO THINK OBJECTIVELY?

2018 REVIEW OF PAST DECADE'S LITERATURE ON IMPLICIT BIAS & RACE IN HEALTH CARE

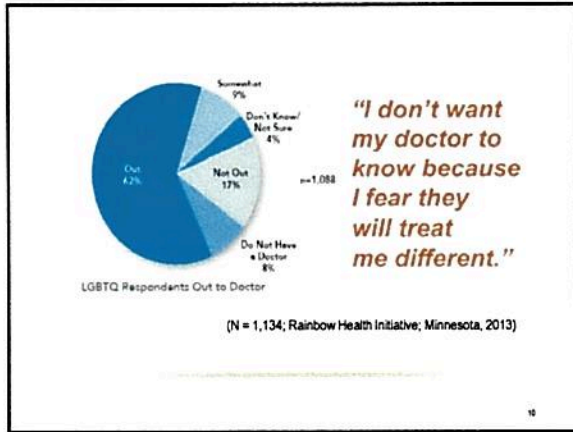**37 studies met inclusion criteria and found:**

- Most providers, across training levels and disciplines, showed bias vs. African-American, Black, Hispanic, Native, and other dark-skinned individuals.

(Maina, I.V. et al., 2018)

"I don't want my doctor to know because I fear they will treat me different."

(N = 1,134; Rainbow Health Initiative; Minnesota, 2013)

- Automatic thinking can be an essential tool in health care and in other settings.

- *But*...we have biases and we are most likely to default to damaging biases and stereotypes when we are:

  - Busy & under time pressure

  - Distracted

  - Tired

  - Anxious

Source: Wasserstein, A. 2016. Unconscious Bias in the Medical Workplace.

BIASES CAN INFLUENCE

- Daily Interactions

- Patient/Clinical Encounters

- Diagnosis and Medication

- Outcomes and Mortality Rates

RACE AND MATERNAL MORTALITY

Black women face significantly higher maternal mortality risk

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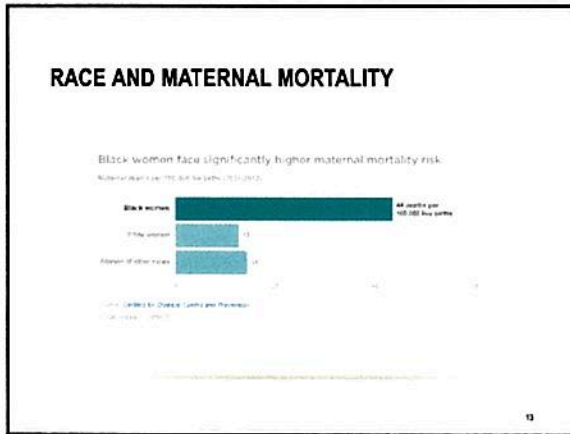
RACE AND MATERNAL MORTALITY

- Disparity evident across incomes
- Unconscious biases are prevalent throughout the medical system, impacting how medical professionals perceive and respond to Black compared to White patients' pain.
- Limited diversity in the medical profession has been shown to lead to culturally inappropriate treatment as well as Black mothers' feelings of isolation.

HOFFMAN, M. K., TRAWALTER, S., AXT, R. J., & OLIVER, N. (2016). RACIAL BIAS IN PAIN ASSESSMENT. *PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES* 113 (16), 4296-4301. AAMC FACTS & FIGURES (2016). DIVERSITY IN MEDICAL EDUCATION. RETRIEVED FROM HTTP://WWW.AAMCDIVERSITYFACTSANDFIGURES2016.ORG/REPORT-SECTION/SECTION-3/#FIGURE-20

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So...it is safe to assume that you have some biases.

The question is which ones?

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Implicit Association Test

- Measures strength of association between concepts;
- Enables us to reveal hidden-bias blind spots;
- Based on premise that associated concepts will be easier to categorize.

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IAT FINDINGS
(SOURCE: BANAJI, M.R. & GREENWALD, A.G., 2013)

Gender IAT	Gender-Science IAT	Race IAT	Disability IAT
76%	70%	75%	76%
more readily associate "males" with "careers" and "females" with "family"	more readily associate "male" with science and "female" with the arts	have an implicit preference for white people over black people	have a preference for able-bodied people

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RACE IAT (CCOM)

Answer	Percentage	Count
Strong automatic preference for White people compared to Black people.	12.50%	12
Moderate automatic preference for White people compared to Black people.	28.13%	27
Slight automatic preference for White people compared to Black people.	20.83%	20
Little to no automatic preference between Black and White people.	32.29%	31
Slight automatic preference for Black people compared to White people.	6.25%	6
Strong automatic preference for Black people compared to White people.	0.00%	0
		96

IMPLICIT BIAS AND HEALTH CARE

- Health care professionals implicitly associated obese people with negative cultural stereotypes (Schwartz, M.B., et al, 2003; Chapman, E. et al, 2013)

- Implicit gender bias among physicians may sway treatment decisions (Hawker, G.A., et al 2000; Coyte, P.C. et al 1996; Wright, J.G. et al 1995)

- Black Americans systematically undertreated for pain relative to White Americans (Hoffman, K.M., et al 2016)

IMPLICIT BIAS AND HEALTH CARE

- Findings re: implicit bias and health care (van Ryn M., et al, 2011).
  - Black women more likely to die after being diagnosed with breast cancer
  - Black men less likely to receive chemotherapy and radiation therapy for prostate cancer and more likely to have testicle(s) removed
  - Black patients more likely to be blamed for being too passive about their health care

WAYS TO MITIGATE BIAS

- Recognize that we all have biases.
- Develop capacity to use a flashlight on yourself.
  - Pay attention to what's actually happening beneath the judgments and assessments.
  - Acknowledge your own reactions, interpretations and judgments.
- Explore awkwardness and discomfort.
- Understand the other reactions, interpretations and judgments that may be possible.
- Engage with people you consider "others"; listen and learn.
- Explore stories, film and literature, where different voices are at the center of the narrative.
- Focus on shared humanity and commonalities, but acknowledge/celebrate the differences!

RECOMMENDATIONS

- If you've not done so, take the IAT (https://implicit.harvard.edu/implicit/)
- Becoming aware of biases, provides opportunity to work against them, it's how we grow!
- Interact regularly with those whom you have biases toward
- Slow down your decision-making when possible
- Strive to minimize fatigue, overload, time pressure – which cause default to stereotypes. Take care of yourself!
- Create structures/processes to mitigate biases
- Encourage/engage in discussions re: implicit bias
- Like CME, consider it lifelong learning

Questions?

Feel free to contact me at:

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Thank you!

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