CALL TO ACTION FOR HEALTH EQUITY

DATA DRIVEN INTERVENTIONS

We can use data to discover which groups of people may need extra support from our organization and partners.

CULTURAL COMPETENCE & RESPONSIVENESS
We can assess and train ourselves to have more empathic relationships with people of different backgrounds.

COMMUNITY ENGAGEMENT
We can partner with communities to increase the impact of health improvement interventions.

INCLUSIVE DECISION MAKING
We can invest in maximizing opportunity for diverse groups of the population to be included at all levels of decision making.

Health Equity Lunch and Learn Series: The Impact of Implicit Bias and Microaggressions in Healthcare

Anton Gunn
Chief Diversity Officer
MUSC
The Impact of Implicit Bias and Microaggressions in Healthcare
Anton J. Gunn, MSW, CDM
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Goals

Broaden the discussion about diversity and inclusion by addressing implicit bias and microaggressions, and expose the multifaceted impact that they can have in the workplace, community, and on patient experiences.
Bias…

• A tendency or inclination
• Some biases – like preferring one food over another or preferring one seating location over another – can be helpful
• Bias usually leads to someone being treated unfairly
• In the past, having bias was believed to be rare, intentional and conscious
• We now understand that bias is normal, unconscious and largely unintentional
• It is something we all have
Implicit Bias

• Implicit (unconscious) bias refers to the subconscious attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner.

• These biases, which encompass both favorable and unfavorable assessments, are involuntarily activated and without our awareness or intentional control.
Implicit Bias

Our biases are most likely to be activated:

- under stress
- under time constraints
- when multi-tasking
- seeking need for closure
Implicit Association Test

https://implicit.harvard.edu/implicit/

The IAT is part of Project Implicit, a collaborative investigation effort between researchers at Harvard University, University of Virginia, and University of Washington.

Between October 1998 and October 2006, more than 4.5 million IAT tests were completed on the IAT website.

The project found that:
• Implicit bias is pervasive
• People are often unaware of their implicit biases
• Implicit biases predict behavior
• People differ in levels of implicit bias
Implicit Bias in Healthcare?

• Yes, bias is inherent in all of our perceptions

• Many health care organizations have begun administering the IAT and when it is applied to physicians, significant pro-white racial bias has been found

• However, implicit bias is not limited to race…

• Research has shown that bias applies with gender, age, sexual orientation, gender identity and even body size

• Obese people associated with negative cultural stereotypes
Disparities in Healthcare

Source: Unequal Treatment, Institute of Medicine, 2002

• People of Color receive lower-quality health care than whites do, even when insurance status, income, age and severity of conditions are comparable.

• People of Color more likely to be treated with disrespect by the health care system and more likely to believe that they would receive better care if they were of a different race.

• Major disparities found in many key diagnostic areas: cardiovascular disease, cancer, stroke, kidney dialysis, HIV/AIDS, asthma, diabetes, mental health, maternal and child health.
Implicit Bias in Healthcare

• Research has shown that Implicit Bias among physicians also may unknowingly sway treatment decisions.

• This difference in treatment and clinical decision-making, even though it’s unintentional could lead to failures in patient-centered care, communications, trust, contextual knowledge.

• How a physician communicates, his or her body language and verbal cues can be an expression of subconscious bias.
Racial Bias and Patient Care
What About the Patient?

A patient’s background experiences and implicit bias can also influence their behavior and judgments. This can affect the patient’s perception of their clinician, and also contribute to lack of visit or medication adherence, further complicating communication, treatment, and achievement of mutual clinical goals.
Black Americans are systematically undertreated for pain relative to white Americans.

In 2015, researchers at UVA examined whether racial bias was influenced by false beliefs about biological differences between blacks and whites (e.g., "black people's skin is thicker than white people's skin").

The first study documented that white clinicians with those false beliefs reported lower pain ratings for black patients.

The second study showed white clinicians who more strongly endorsed those false beliefs made less accurate treatment recommendations for black patients.

This signifies Implicit Bias’ contribution to racial disparities in pain assessment and treatment.
Gender Bias in the Workplace
Bias & Health Disparities…

• *Healthy People 2020* designates that eliminating health disparities is of national importance.

• The National Institute of Health ranks the issue third among its top five priorities.

• As part of this effort, health care professionals are encouraged to consider how biases may contribute to disparities.

• The demands of modern life leave little time for reflection and fulfillment of even the best of intentions.
  • Biases must be rendered less implicit and unconscious to foster real reflection, analysis, and change.
Identity Bias in Patient Care
Microaggressions

- The everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to target persons based solely upon their identity.

Implicit Bias
Stereotypes
Prejudice
Discrimination
Microaggressions
Examples of Microaggressions:

Verbal:
• “You speak good English.”
• “You are so articulate.”
• “There is only one race, the human race.”
• “I’m not a racist. I have several Black friends.”
• “You people….”
• “Indian giver”
• “That’s so gay.”
• “What’s your real name?”
• “When did you decide to be a woman/man?”
• Imitating accents or dialects
MUSC Health: Addressing Implicit Bias & Microaggressions

- Implicit Bias Test
  - https://implicit.harvard.edu/implicit/takeatest.html
- Leadership Training ~4 Hours
  - Managing a Diverse Workforce
  - Health Disparities
  - Implicit Bias
- New Employee & New Physician Orientation
  - Diversity & Cultural Competency Training
- U-Turn → MUSC
- Peer Interview Training
- Healthcare Theater
What Can Your Organization Do?

✓ Collect REaL (racial, ethnic, & language) data
✓ Understand impact of implicit bias
✓ Address your healthcare disparities
✓ Understand global medicine
✓ Improve cultural competence of clinicians, staff and leaders
What Can Your Organization Do?

✓ Patient Experience/ Engagement/Patient-Centered Care
✓ Make Learning as a Team a Priority
✓ Know Civil Rights and ADA Law
✓ Joint Commission Standards & Culturally & Linguistically Appropriate Services (CLAS) Standards
✓ Know Section 1557 of the Affordable Care Act
Final Note

As important as these interventions are, we will not completely end implicit bias and that should not be our aim. The goal is not to end all bias but to change behavior and outcomes. We must continue to look for better interventions and engage the structural and social context where decisions are being made.

We can gain a better understanding of the dynamics that produce and exacerbate inequity/disparities – as well as learn how to overcome them – by applying the insights of mind science to race, gender and other areas subject to implicit bias.
Questions
Anton J. Gunn, MSW, CDM
Executive Director of Community Health Innovation & Chief Diversity Officer
gunn@musc.edu

Stephanie Taylor, MPS
Director, Diversity and Inclusion
taylorst@musc.edu