



Patient
Navigator
Training
Collaborative

BIAS IN HEALTHCARE; MAKING THE UNCONSCIOUS, CONSCIOUS

BEV WASSERMAN BSN, RN

PATIENT NAVIGATION TRAINING COLLABORATIVE

COLORADO CANCER COALITION

07/23/2020

OBJECTIVES

- ✓ Discuss COVID19 and Cancer outcomes as a context for health equity
- ✓ List Definitions related to racism, bias, health equity and privilege
- ✓ Define Bias –Both Implicit and Explicit
- ✓ Discuss the usefulness of the Harvard Implicit Association Test
- ✓ Discuss how Bias is evident in healthcare
- ✓ Discuss strategies to mitigate Bias and Cancer coalition next steps

DEFINITIONS

- **Racism:** A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), this system unfairly disadvantages some individual and communities, unfairly advantages other individuals and communities. Dr. Camara Phyllis Jones
- **Racist idea:** “My definition of a racist idea is a simple one; it is any concept that regards one racial group as inferior or superior to another racial group in any way.” Dr. Ibram X. Kendi
- **Structural racism:** “....a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with ‘whiteness’ and disadvantages associated with ‘color’ to endure and adapt over time,” The Aspen Institute (2016)
- **Racist policy:** “A racist policy is any measure that produces or sustains racial inequity between racial groups.” Dr. Ibram X. Kendi
- **Racial justice/equity:** The systemic fair treatment of people of all races, resulting in equitable opportunities and outcomes for all. Racial justice or racial equity goes beyond “anti-racism”. It is not just the absence of discrimination and inequities, but also the presence of deliberate systems and supports to achieve and sustain racial equity through proactive and preventative measures. Race Forward, 2015

Source: The Colorado School of Public Health Our Plan for Dismantling Structural Racism and Advancing Inclusive Excellence
Jonathan Samet MD MPH, Dean and Professor (draft for discussion: July 16, 2020).

https://www.ucdenver.edu/docs/librariesprovider151/default-document-library/coloradosph-draft-plan-for-dismantling-structural-racism-and-advancing-inclusive-excellence-7-17-20.pdf?sfvrsn=84dfc2b9_2

POLLING QUESTION-

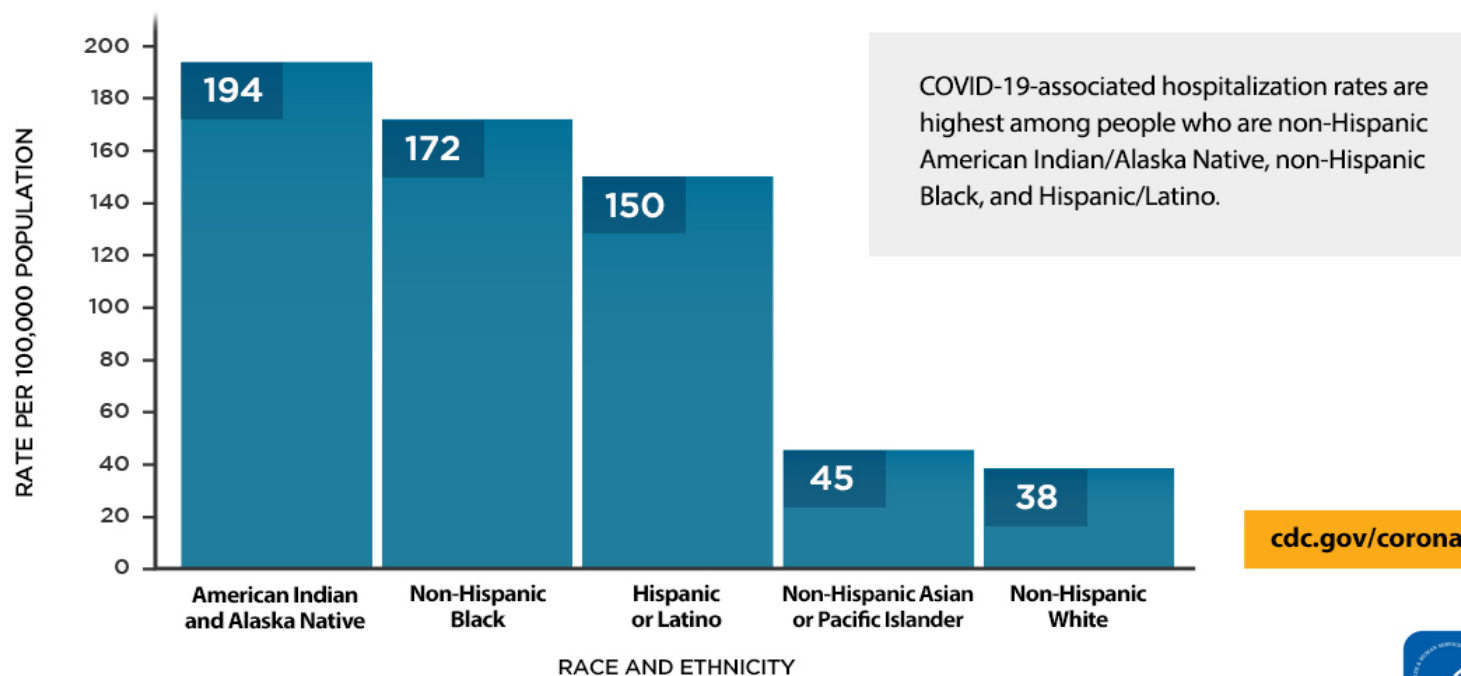
When someone brings up the topic of racism or bias in healthcare I feel...

1. Concerned, but like its not my job
2. Concerned and already in action or ready for action!
3. Uncomfortable, I don't know what to do about it
4. Unclear about why we are discussing this topic-I don't see color or differences
5. Outraged or Numb because nothing ever changes for those impacted by racism and social privilege
6. Other

EQUITY CONTEXT 2020-COVID19

Age-adjusted COVID-19-associated hospitalization rates by race and ethnicity

COVID-NET, MARCH 1 - JUNE 6, 2020



Rates are statistically adjusted to account for differences in age distributions within race/ethnicity strata in the COVID-NET catchment area. Rates are based on available race and ethnicity data which is now complete in 86% of cases from COVID-NET sites. COVID-19-associated hospitalization rates for American Indian and Alaska Natives may be impacted by recent outbreaks among specific communities within this population and the small numbers of American Indian and Alaska Natives cases included in COVID-NET.



CS317587

EQUITY CONTEXT 2020-CANCER

- Individuals from **medically underserved populations** are more likely to be diagnosed with late-stage diseases that might have been treated more effectively or cured if diagnosed earlier.
- For all cancers combined, cancer incidence rates between 2007 through 2011 were the highest overall in **Black Men** (587.7 per 100,000 men) compared to any other racial or ethnic group.
- **American Indians and Alaska Natives** continue to have the poorest 5-year survival rates among all racial and ethnic groups, for all cancers combined.
- **Native Hawaiians/Pacific Islanders** are 30 percent more likely to be diagnosed with cancer compared to non-Hispanic whites.
- Although **Hispanics and Latinos** have lower incidence and death rates for the most common cancers than non-Hispanic whites, they are more likely to be diagnosed with advanced stages of disease.

-National Cancer Institute

POLLING QUESTION

How much training on implicit bias have you received?

1. I have never had implicit bias training
2. I have had training on implicit bias in the past 3 years
3. I have had training and hold expertise on this topic

BIAS DEFINED

- A tendency to believe that some people, ideas, etc., are better than others that usually results in treating some people unfairly
- To have a strong and often unfair influence on (someone or something)

Merriam Webster

THE HUMAN BRAIN AND IMPLICIT BIAS

Implicit Bias | Lesson 1: Schemas

Vice Chancellor Jerry Kang



YouTube: <https://youtu.be/OQGIgohunVw>

EXPLICIT VS IMPLICIT

- Explicit bias: a positive or negative mental attitude towards a person, thing, or group that one is aware of having.
- Implicit bias: a positive or negative mental attitude towards a person, thing, or group at an unconscious level.

Source: Stanford School of Medicine

Center for Research on Minority Health

CRMH

Looting

A person's
perception is a
person's reality
whether real or
not

Finding



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

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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• Katrina's Effects, at a Glance AP - Tue Aug 30, 1:26 PM ET

Hurricanes & Tropical Storms

AM I AWARE OF MY OWN BIASES?



HARVARD IMPLICIT ASSOCIATION TEST SELF-ASSESSMENT



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POLLING QUESTION

Which of the following was your reaction to your results on the Implicit Association Test (IAT)?

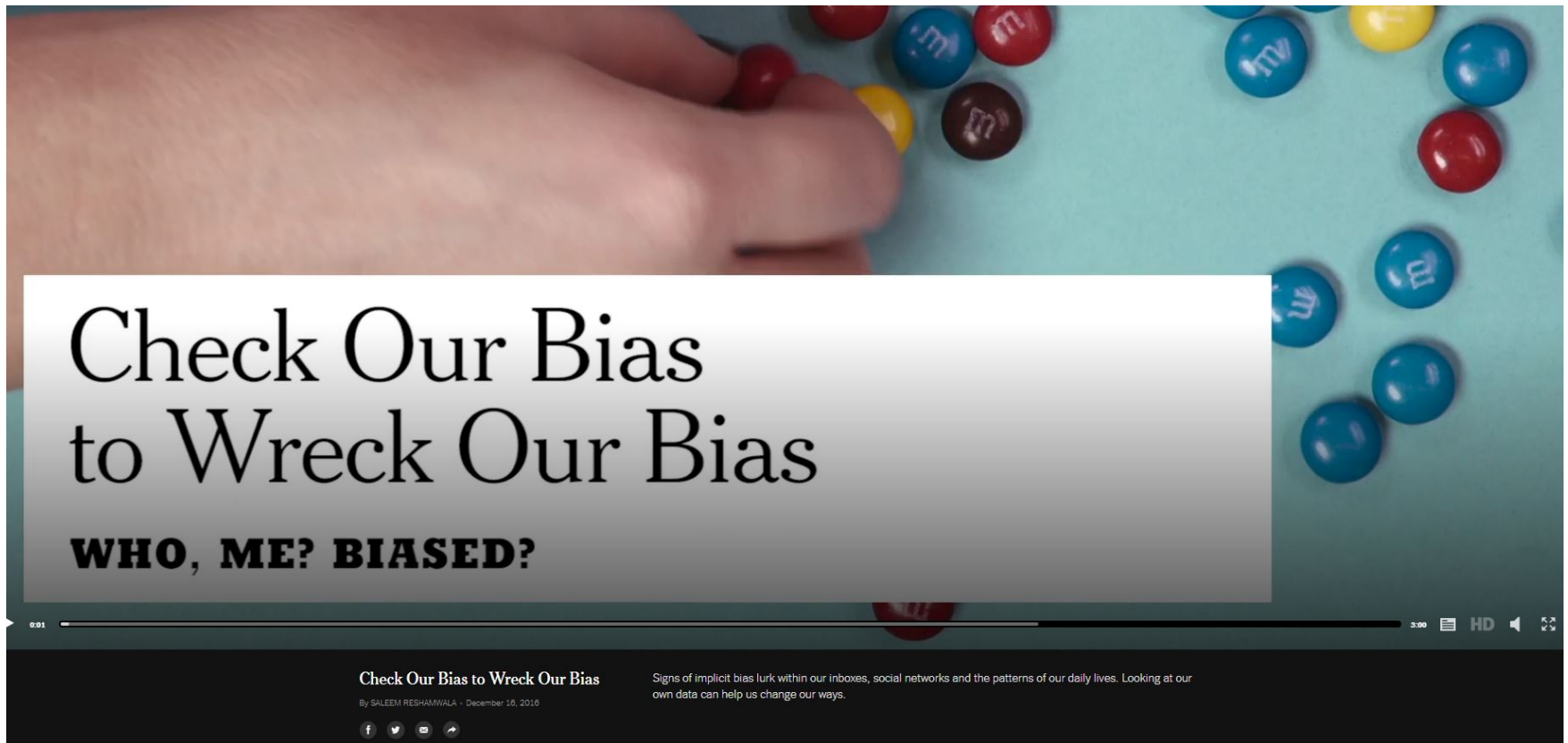
1. I was not surprised by my results on the Implicit Association Test (IAT)
2. I was shocked about the result of my IAT
3. I don't believe the results are true in my case
4. I found the IAT valuable to increase my awareness of implicit associations

PRIVILEGE

“Privilege is not visible to its holder; it is merely there, a part of the world, a way of life, simply the way things are. Others have a lack, an absence, a deficiency.”

-National Association of School Psychologist

CHECK OUR BIAS TO WRECK OUR BIAS



Video: <https://www.nytimes.com/video/us/100000004818668/check-our-bias-to-wreck-our-bias.html>

TECHNOLOGY IS NOT IMMUNE TO BIAS

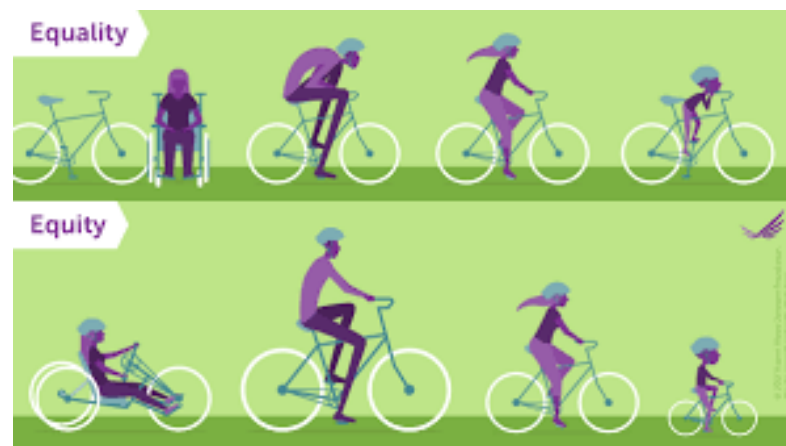
“Among all patients classified as very high-risk, black individuals turned out to have **26.3 percent more chronic illnesses** than white ones (despite sharing similar risk scores).

Because their recorded health care costs were on par with those of healthier white people, the program was **less likely to flag eligible black patients** for high-risk care management.”



IMPLICIT BIAS IN HEALTHCARE

“Research suggests that implicit bias may contribute to healthcare disparities by shaping physician behavior and producing differences in medical treatment along the lines of race, ethnicity, gender or other characteristics.”



HOW IMPLICIT BIAS CONTRIBUTES TO HEALTH DISPARITIES

- Age
- Race
- Ethnicity
- Weight/Obesity
- Gender Identity and Expression
- Mental Health and Substance Use
- Poverty
- Low Health Literacy

STRATEGIES FOR REDUCING IMPLICIT BIASES AT THE INDIVIDUAL LEVEL

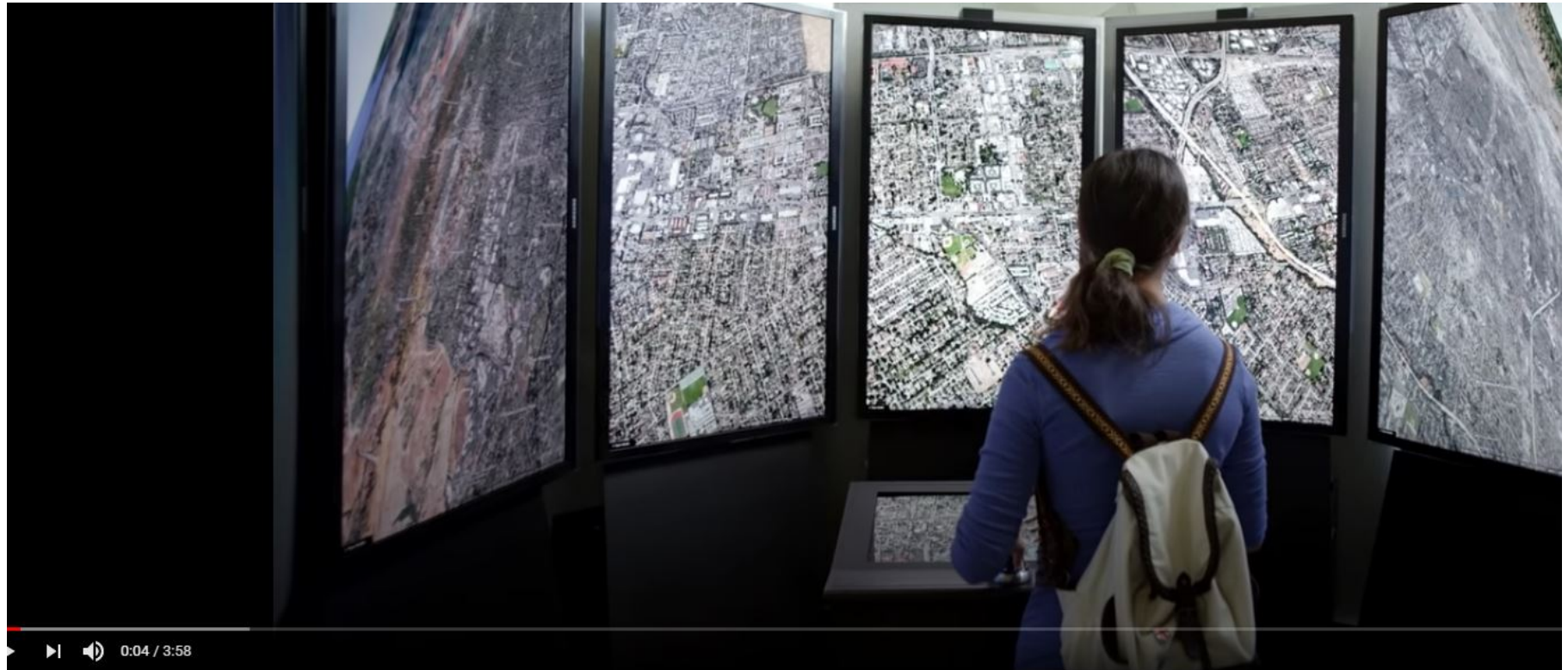
- Stereotype replacement
- Counter-stereotypic imaging
- Individuation
- Perspective taking
- Increasing opportunities for contact



STRATEGIES TO MITIGATE BIAS AT THE ORGANIZATIONAL LEVEL

- Use Quality Improvement (QI) to drive equitable care
- Implicit Bias Rounds-“Examining Provider Bias In Health Care Through Implicit Bias Rounds” Health Affairs Blog, July 17, 2017.
- Equal is not equitable: *Nothing About Us without Us is for Us...(Community perspective is invaluable)*
- Journal or book club is valuable to continue learning about cultures and communities experiencing racism and disparities
- Be willing to “call in” people or ideas that support (& allow to continue) racism, bias and other forms of inequitable care that negatively impact our patients and communities
- Coalitions can use their Privilege and Power to impact decision making

MAKING THE UNCONSCIOUS CONSCIOUS



#LifeAtGoogle

Unconscious Bias at Work – Making the Unconscious Conscious

YouTube: https://www.youtube.com/watch?v=NW5s_-NI3JE&feature=em-share_video_user

REFERENCES & TRAININGS

Books-20 Best Books About Anti-Racism to Educate Yourself

<https://www.goodhousekeeping.com/life/entertainment/g32745719/best-books-about-anti-racism/>

Dr. Jennifer L. Eberhart, PhD. *Biased; Uncovering the Hidden Prejudice that Shapes What We See, Think and Do.*

Training and Workshops

- Patient Navigation Training Collaborative
- Creative Strategies for Change <https://creativestrategiesforchange.com> (Rachel Sharp)
- Dr. Nita Tyler-Deconstructing Equity <https://theequityprojectllc.com>
- University of Colorado, School of Public Health

REFERENCES ON BIAS IN HEALTHCARE

Chapman, E. N., Kaatz, A., & Carnes, M. (2013). *Physicians and implicit bias: how doctors may unwittingly perpetuate health care disparities*. Journal of general internal medicine, 28(11), 1504–1510.

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FitzGerald, C., & Hurst, S. (2017). *Implicit bias in healthcare professionals: a systematic review*. BMC medical ethics, 18(1), 19.

Vartan, R. (2019). *Racial Bias Found in a Major Health Care Risk Algorithm*. <https://www.scientificamerican.com/article/racial-bias-found-in-a-major-health-care-risk-algorithm/>

Thank You!



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