



Training Health Professionals to Understand Implicit Bias linked to Racial and Ethnicity-Based Discrimination, and the Implications for Health Equity

Kim Yu, MD, FAAFP

Chair, WONCA, Special Interest Group on Health Equity

March 25, 2021

WONCA Special Interest Group on Health Equity

The SIG HE aims to provide a focus of support, education, research and policy on issues relating to promotion of health equity within primary care settings.

Objectives

1. Define implicit bias (IB) and state its importance in health care
2. Discuss IB and health disparities and how to mitigate bias
3. Discuss tools used in the training of health professionals on IB
4. Identify policies and action items to better address and respond to IB

Definitions

Health Disparity

“A disproportionate difference in health between groups of people.”

By itself, *disparity* does not address the chain of events that produces it.

Health Inequity

“Differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.” - Margaret Whitehead

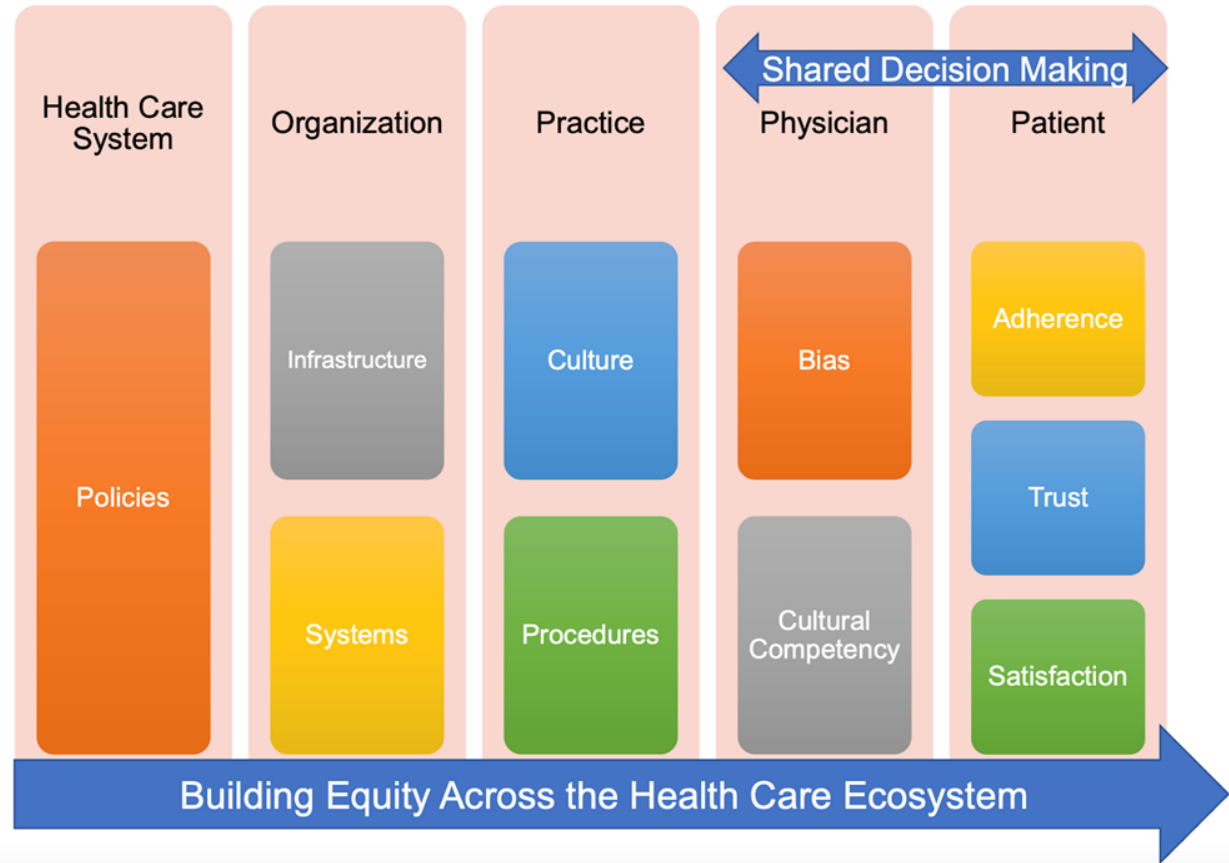
Social Determinants of Health

The conditions under which people are born, grow, live, work, and age.
The non-medical factors that influence health outcomes.

Health Equity

The absence of unfair and avoidable or remediable differences in **health** among population groups defined socially, economically, demographically or geographically

THE BIGGER PICTURE



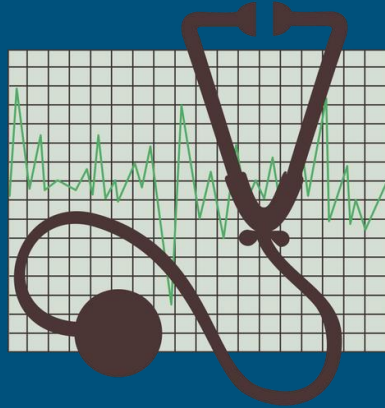
What is implicit bias?

- ❖ Implicit bias is defined as, “The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.”
- ❖ Also known as: Unconscious bias, Implicit social cognition
- ❖ It is a contributing factor to health disparities
- ❖ Exploring our own implicit biases helps to identify unconscious decisions and actions that may negatively affect the communities we serve.

Why is it important?



Personal



Practice



WORLD



Community

Implicit Bias in Healthcare

- ❖ Institute of Medicine report “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,” the authors concluded that “bias, stereotyping, and clinical uncertainty on the part of health care providers may contribute to racial and ethnic disparities in health care” often despite providers' best intentions
- ❖ Fewer prescriptions for pain medication (Hoffman, 2016)
- ❖ Fewer bypass surgeries (Daugherty, 2017)
- ❖ Lower quality prenatal care (Kogan, 1994)
 - Worse maternal morbidity and mortality in Ethnic & Racial Minorities
- ❖ Questions of Bias in COVID19 Treatment Add to the Mourning for Black Families (Eligon and Burch, 2020) - 6 times less likely to be tested or treated.

Ways to Mitigate Implicit Bias

- Increasing self-awareness
- Taking the social perspectives of others
- Building empathy
- Practicing mindfulness techniques that develop self-regulation and monitoring of behaviors
- Activating goals that promote fairness and equality
- Understanding the culture



An ongoing, deliberate process

Social Perspectives

- Complete the handout in prework
- Total the score
- Turn on your camera
- Change to tiled view to see more people
- Enable the option to only see those with their camera on

Additional resources to explore implicit bias:

[Harvard's Implicit Association Test](#)

Identity Signs Walk



For Health Care Professionals

Directions: Read each of the statements below and select those that you feel describe your experience. Count your total number of affirmative responses and write it in the space below. When you are finished, please stand.

- | | |
|---|--|
| <input type="checkbox"/> If I should need to move, I can be pretty sure of renting or purchasing a home in an area that I can afford and in which I would want to live. | <input type="checkbox"/> I can look at the cafeteria menu and expect to see that the special of the day reflects my culture's traditional foods. |
| <input type="checkbox"/> If I ask to talk to the person in charge, I will be facing a person similar to me. | <input type="checkbox"/> My age adds to my credibility. |
| <input type="checkbox"/> If I walk towards a security checkpoint in the airport, I can feel that I will not be looked upon as suspect. | <input type="checkbox"/> My body stature is consistent with an image of success. |
| <input type="checkbox"/> If I walk into an emergency room, I can expect to be treated with dignity and respect. | <input type="checkbox"/> I can bring my spouse or partner to an office gathering without thinking twice. |
| <input type="checkbox"/> If I walk through a parking garage at night, I don't have to feel vulnerable. | <input type="checkbox"/> I can be sure that if I need legal or medical help, my race will not work against me. |
| <input type="checkbox"/> I can easily buy posters, postcards, picture books, greeting cards, dolls, toys, and children's magazines featuring people who look like me. | <input type="checkbox"/> I can take a job with an affirmative action employer without having coworkers on the job suspect that I got it because of race or gender. |
| <input type="checkbox"/> I can easily trust that anyone I'm speaking to will understand the meaning of my words. | <input type="checkbox"/> I feel confident that if I don't understand something then it wasn't written clearly enough for most others to understand. |
| <input type="checkbox"/> I can feel confident that my patients feel that I am qualified upon first impression. | <input type="checkbox"/> I can feel confident that if a family member requires hospital or emergency treatment, they would be treated with dignity and respect even if they don't mention my connection with the hospital. |
| <input type="checkbox"/> When a patient asks where I'm from, I simply think that it's because they're being friendly. | <input type="checkbox"/> I have no medical conditions or cultural/religious dietary restrictions that require special arrangements or that make others see me as different. |
| <input type="checkbox"/> My employer gives days off for the holidays that are most important to me. | |
| <input type="checkbox"/> I can come to work early or stay late whenever needed and know that my children will be cared for. | |
| <input type="checkbox"/> I can speak in a roomful of hospital leaders and feel that I am heard. | |
| <input type="checkbox"/> I can go home from most meetings feeling somewhat engaged, rather than isolated, out-of-place, or unheard. | |

Total _____

Adapted with permission from Holm AL, Rowe Gorosh M, Brady M, White-Perkins D. Recognizing privilege and bias: an interactive exercise to expand health care providers' personal awareness. Acad Med. 2017;92(3):360-364.

Use of Case studies

One person is designated as facilitator

Choose a scribe and one person to report out

1. Describe several scenarios
2. Show various pictures/photos
3. Allow for self reflection
4. Discussion - How would you react? How will you approach this issue as a leader? As a member of your team?
5. What will it mean if you choose not to address the issue for:
 - a. The patient?
 - b. The practice?
 - c. Your community?
 - d. Your country?
6. What resources should you provide or develop, and what action steps will you take?



Photo by [Zach Vessels](#) on [Unsplash](#)

Examples of Bias Worldwide

- Canadian physicians' implicit anti-fat biases, prejudices and stereotypes (Schwartz, 2003 and Vaillis, 2007)
- Chinese doctors and nurses bias towards AIDS patients (Li, 2007)
- French specialists' (oncology and radiology) bias towards the elderly (Protiere, 2010) and Residents' bias towards mentally ill (Neauport, 2012)
- Israeli physicians' gender bias towards women reduced Rx's (Abuful, 2005)
- Asian implicit and explicit bias towards Anglo-Australians (McGrane and White, 2007)
- Bias toward the elderly and Muslims in UK (Turner and Crisp, 2010)

Gaps

Increased Awareness

+

No Motivation

=

No Reduction in Implicit Bias

Increased Awareness

+

High Motivation but
concerned about being
evaluated

=

Unable to prevent
expression of Implicit Bias

Increased Awareness

+

High INTERNAL
Motivation and
Egalitarianism

=

Successful Reduction of
Implicit Bias

Habits are hard to break

5 strategies to decrease Implicit Bias:

1. Stereotype replacement and collecting counter stereotypical imaging
2. Individuating
3. Perspective taking
4. Contact
5. Practice

Training of Health Care Professionals



WONCA Europe 2018, Workshop on Implicit Bias, SIG
Migrant Care, International Health and Travel Medicine
and SIG on Health Equity

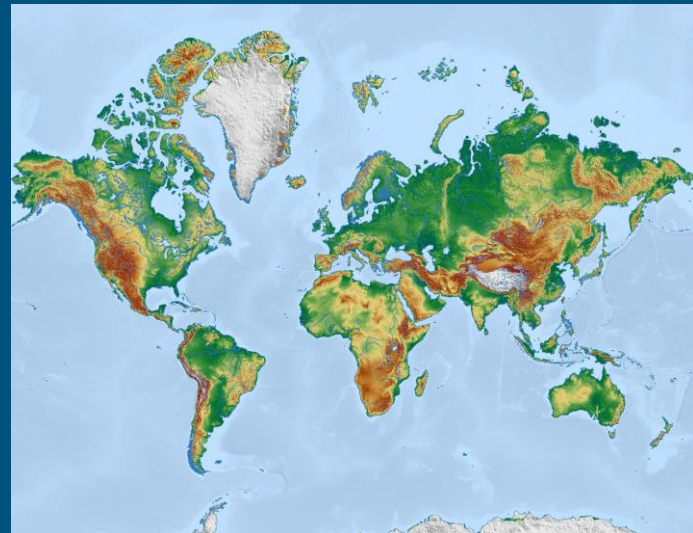
Medical & Nursing Conferences
Webinars/Workshops
Nursing School Curricula
Medical Student Curricula
Residency programs
Post Graduate programs
Hospitals
Clinics or Practices
Organizations
Government

Health Equity in COVID

The following report highlights Health Equity in 13 different countries of the world:

Shadmi, E., Chen, Y., Dourado, I., Faran-Perach, I., Furler, J., Hangoma, P., Hanvoravongchai, P., Obando, C., Petrosyan, V., Rao, K. D., Ruano, A. L., Shi, L., de Souza, L. E., Spitzer-Shohat, S., Sturgiss, E., Suphanchaimat, R., Uribe, M. V., & Willems, S. (2020).

Health equity and COVID-19: global perspectives. International journal for equity in health, 19(1), 104. <https://doi.org/10.1186/s12939-020-01218-z>



Advocacy in Action



NCDHHS Advisor Dr. Viviana Martinez-Bianchi stresses the importance of wearing a mask to prevent the spread of COVID-19.

Dr. Viviana Martinez-Bianchi,
WONCA executive
committee member,
WONCA WHO Liaison

<https://vimeo.com/456297447>

- Patient education via social media - webinars, videos made by family doctors for their patients in their language
- Testing - advocating for and providing testing for special populations



Dr. Joy Mugambi, Secretary General
for WONCA Africa Region, Family
Doctor, Kenya

Australia



Outreach to First Nations People

- Pandemic plans developed and implemented with First Nations peoples leading Aboriginal & Torres Strait Islander Advisory Group on COVID 19
- Shared Decision Making, 2 way communication, empowerment, leadership
- Deployed 1st rapid PCR tests to Indigenous regional and remote communities, now in vaccination rollout, leading culturally appropriate delivery

As of late July 2020: Only 60 First Nations cases Nationwide = 0.7% of all cases. As of Nov 2020 149 cases

First Nations make up 3% of the population, should have been 1,000 cases.

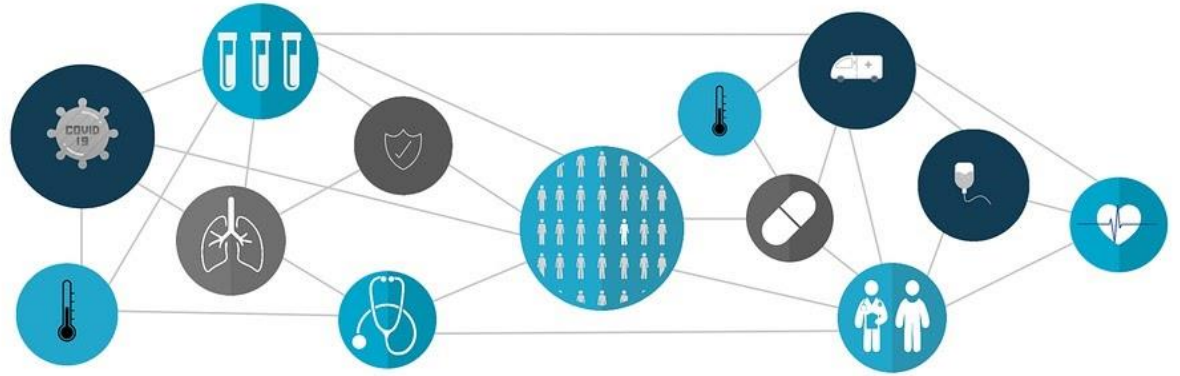
Only 13 people needed hospital treatment, none needed ICU

No deaths



COVID-19 does not discriminate.

Coronavirus can infect anyone, of any age.

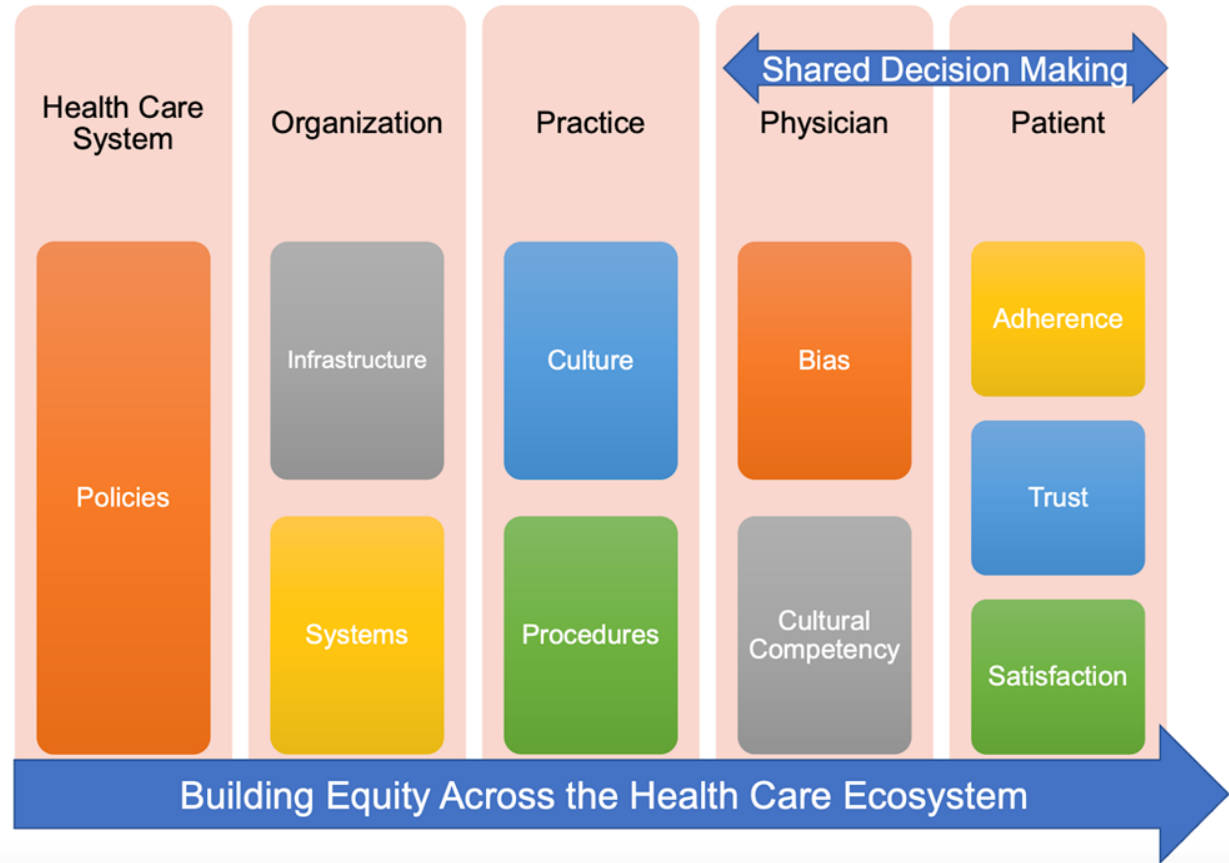


Share Kindness

We can spread kindness further than the virus. By helping each other, both locally and across the world, we can get through this and build the foundations for recovery. Contact the lonely. Look after each other. And listen to your government's advice on isolation and hygiene.



THE BIGGER PICTURE



Action Steps

- Role of Government
- Organizational Equity and Resources for IB work
- Develop training programs and disseminate
- Reviewing the data and effectiveness of education and intervention
- Participation and Engagement
- Individual responsibility, humility and curiosity
- Commitment to ongoing self reflection, awareness and internal motivation

References

- [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30846-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30846-1/fulltext)
- A call for grounding implicit bias training in clinical and translational frameworks, Nao Hagiwara, PhD, Frederick W Kron, MD, Prof Mark W Scerbo, PhD, Ginger S Watson, PhD
- A decade of studying implicit racial/ethnic bias in healthcare providers using the implicit association test
- Maina et al, Social Science and Medicine, Feb 2018
- An Evaluation of Implicit Bias Training in Graduate Medical Education
- Katri et Al, 2019, <https://www.mededpublish.org/manuscripts/2399>
- <https://www.scientificamerican.com/article/the-problem-with-implicit-bias-training/>
- <http://kirwaninstitute.osu.edu/implicit-bias-training/resources/2016-implicit-bias-review.pdf>
- <http://www.ihl.org/communities/blogs/how-to-reduce-implicit-bias>
- Institute of Medicine, Committee on Quality of healthcare in America. (2001). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington. DC: National Academy Press.
- Institute of Medicine. (2002). Unequal Treatment: Confronting Racial and Ethnic Disparities in healthcare Washington, DC: National Academy Press.
- Peck, T. C., et al. (2013). "Putting yourself in the skin of a black avatar reduces implicit racial bias." Conscious Cogn 22(3): 779-787.
- <https://implicit.harvard.edu/>
- https://www.aafp.org/dam/AAFP/documents/patient_care/health_equity/implicit-bias-training-facilitator-guide.pdf
- https://www.jointcommission.org/-/media/deprecated-unorganized/imported-assets/tjc/system-folders/joint-commission-online/quick_safety_issue_23_apr_2016pdf.pdf?db=web&hash=A5852411BCA02D1A918284EBAA775988
- Contact info: drkkyu@gmail.com; Twitter: @KimYuMD