

# IMPLICIT BIAS in Healthcare

MCG 2019 STATEWIDE FACULTY DEVELOPMENT CONFERENCE

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**LOCATION:** WESTIN JEKYLL ISLAND HOTEL, JEKYLL ISLAND, GA

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There are no financial disclosures and no commercial influence affecting this presentation.

# Objectives



Learn the Definition of Unconscious Bias (UB)



Describe Examples of How UB Portrays in the Healthcare Arena



Describe Ways to Understand Your UB



Review Intervention Strategies to Address UB



# What Is Bias and How is it Portrayed?

# Bias

## ► Implicit or Unconscious Bias

- ❑ A subconscious automated rapid response, judgement, assessment or decision about people and situations. Automatically activated and often unintentional
- ❑ Reactions are influenced by our family, friends, experiences, cultural background, and environment.
- ❑ Most people are unaware of the impact of their IB/UB

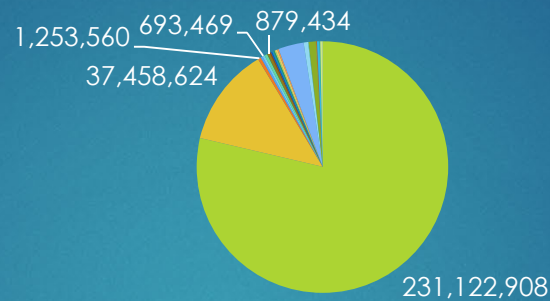
## ► Explicit

- ❑ Conscious and deliberate actions with anticipated control to allow for perceived ideal outcomes and actions.
- ❑ Effortful
- ❑ Slow and often Reflective
- ❑ Takes a lot of mental energy



# Why Is Understanding Bias Important in 21<sup>st</sup> Century Health Care?

# 2006-2013 Language Profile US Census

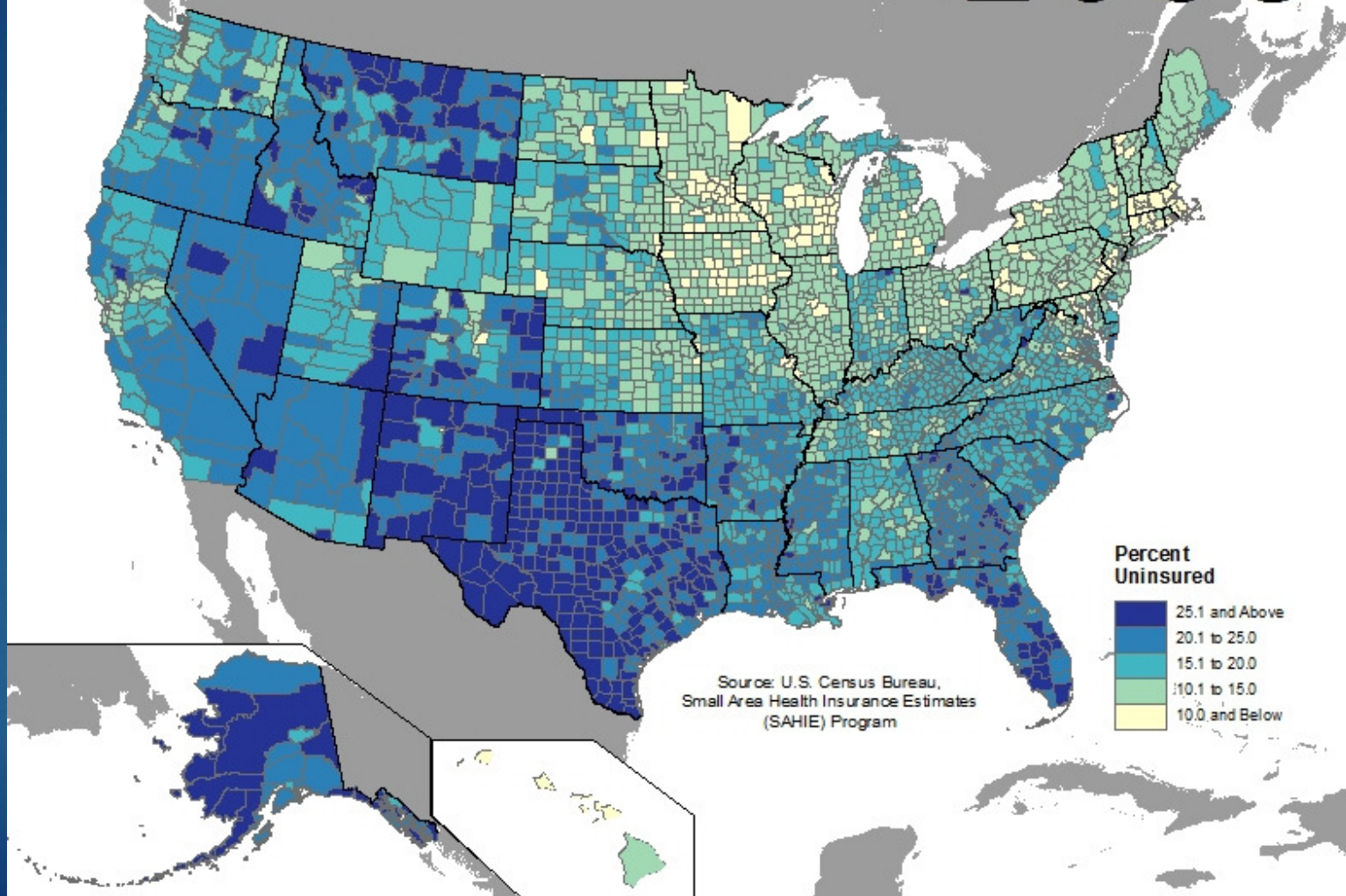


- Speak only English at home
- ..French
- .Portuguese (incl. Portuguese Creole)
- .Greek
- .Polish
- .Hindi
- .Urdu
- .Other Indo-European languages
- .Tagalog
- ALL OTHER LANGUAGES
- SPANISH AND SPANISH CREOLE
- .Italian
- .German (incl. Luxembourgian)
- .Russian
- .Persian
- .Gujarati
- .Other Indic languages
- ASIAN AND PACIFIC ISLAND LANGUAGES
- .Other Pacific Island languages
- .Navajo

# Small Area Health Insurance Estimates (SAHIE)

Percent uninsured under age 65

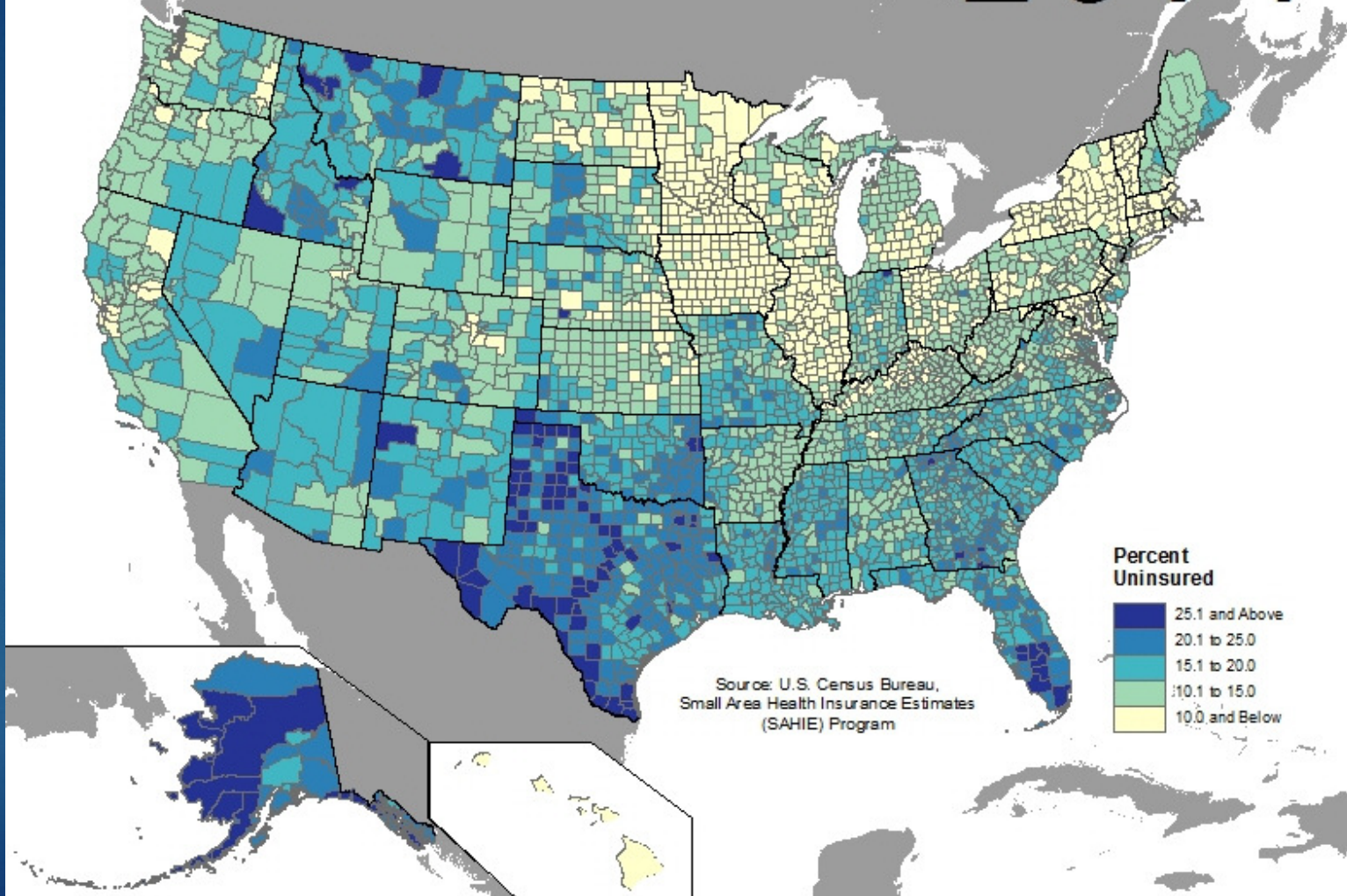
# 2008



# Small Area Health Insurance Estimates (SAHIE)

Percent uninsured under age 65

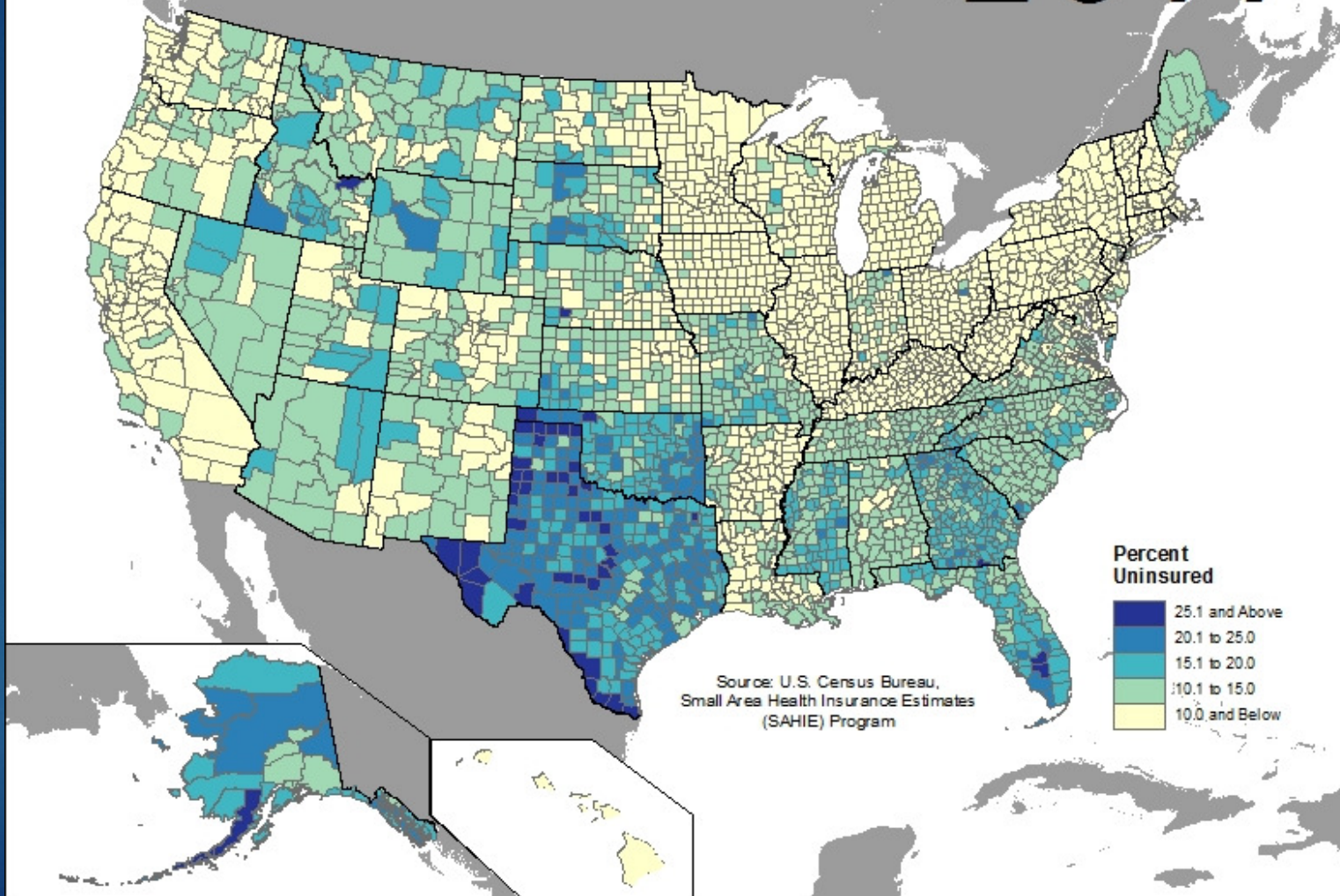
# 2014



# Small Area Health Insurance Estimates (SAHIE)

Percent uninsured under age 65

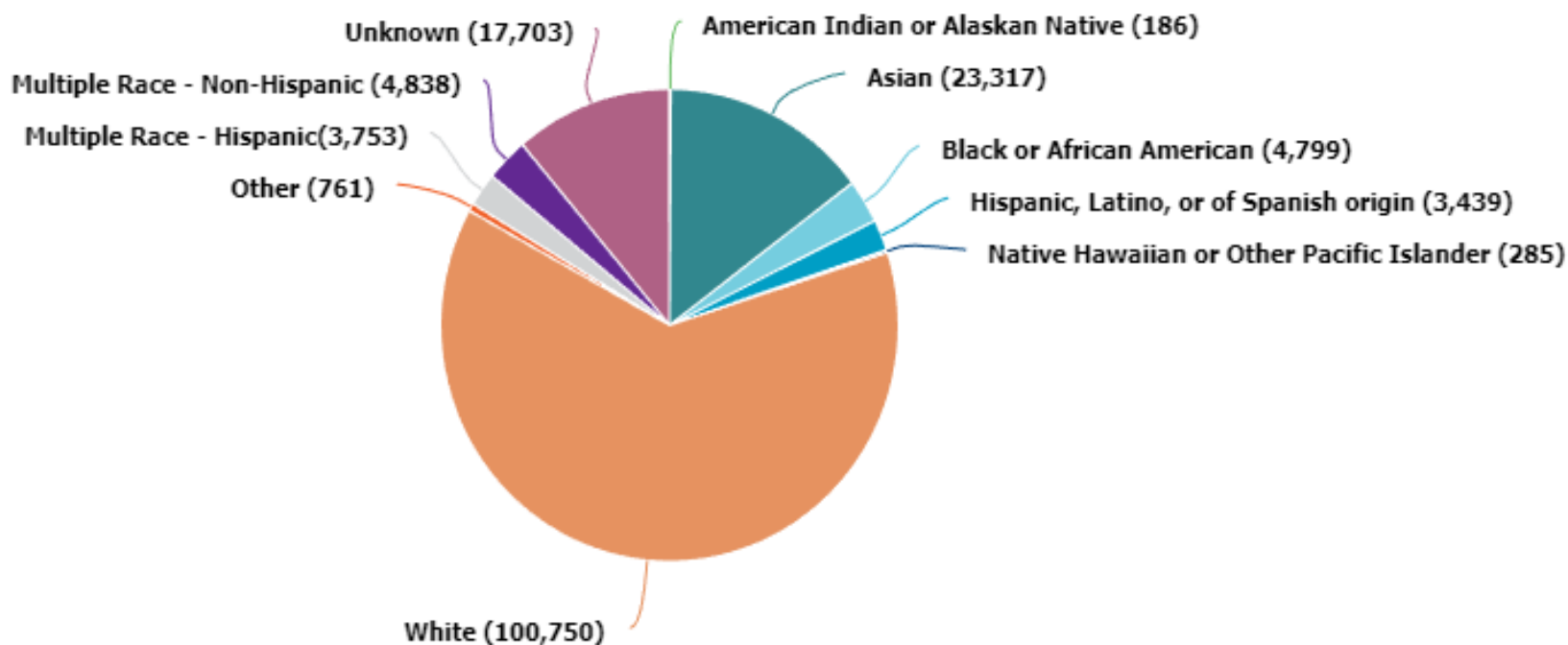
# 2017



### Figure 20. Percentage of full-time U.S. medical school faculty by race and ethnicity, 2015.

Note: To allow for unduplicated counts of faculty, the "Multiple Race – Hispanic" break-out includes all faculty who reported as Hispanic and at least one other race. The "Multiple Race – Non-Hispanic" break-out includes all faculty who are reported as more than one race, but who are not reported as Hispanic.

Source: AAMC Faculty Roster, Dec. 31, 2015. snapshot.



# Flexner Report Published in 1910

## **MEDICAL EDUCATION IN THE UNITED STATES AND CANADA**

**A REPORT TO  
THE CARNEGIE FOUNDATION  
FOR THE ADVANCEMENT OF TEACHING**

**BY  
ABRAHAM FLEXNER**

**WITH AN INTRODUCTION BY  
HENRY S. PRITCHETT  
PRESIDENT OF THE FOUNDATION**

# Flexner Report: “Negro” Medical Education

- *Separate*
  - “the practice of the negro physician will be limited to his own race”
- *Different* education
  - “negro doctors” should become sanitarians
- Close 5 of the 7 historically African American medical schools
- Support only Howard University Medical School and Meharry Medical College
  - Though they will be “unequal to the need”
  - “the medical care of the negro race will never be left wholly to negro physicians”

# Flexner Report: Women's Medical Education

- 80% of women attend “coeducational institutions”
- Close all medical schools for women
- Integrate women into predominantly male medical schools

# How Are Biases Shaped & Influenced?

# What Factors Determine Our Biases?



# Stereotypes & Prejudice



S  
D  
O  
H

# THE INTERRELATED SYSTEM OF OPPRESSION

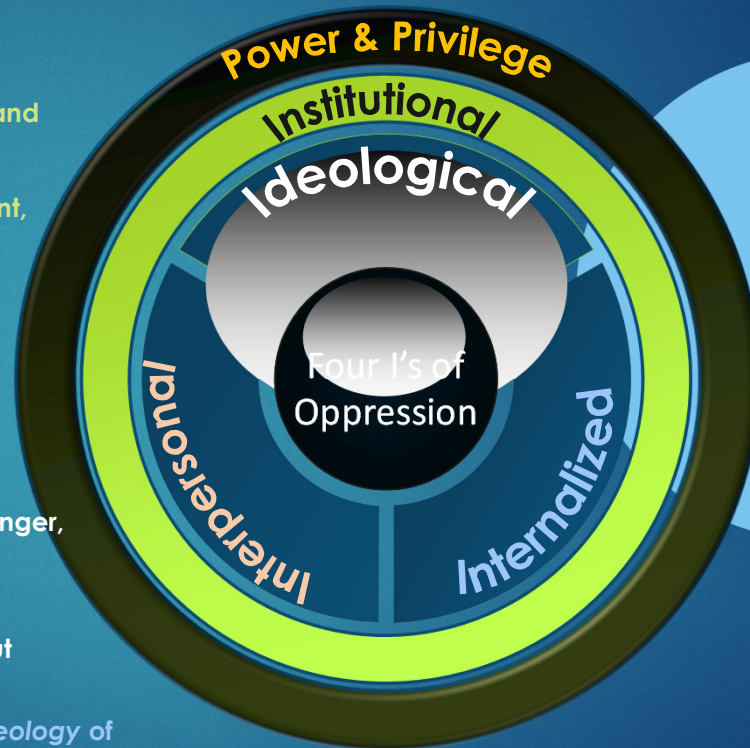
## MONEY, POLITICAL, BALLOT...

Embedded in the institutions of the society--the laws, the legal system and police practice, the education system and schools, hiring policies, public policies, housing development, media images, political power, etc.

Gives permission and reinforcement for individual members of the dominant group to personally disrespect or mistreat individuals in the oppressed group.

More intelligent, harder working, stronger, more capable, more noble, more deserving, more advanced, chosen, normal, superior, and so on. The dominant group holds this idea about itself.

Oppressed people internalize the *ideology* of inferiority, they see it reflected in the *institutions*, they experience disrespect *interpersonally* from members of the dominant group, and they eventually come to *internalize* the negative messages about themselves.



# How Does Racial Bias Exhibit in Healthcare

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

Hoffman, Trawalter, Axt and Oliver PNAS April 2016

- Tested white individuals on the belief that Blacks were biologically different than whites
  - Study 1: 92 lay white people
    - 73% of lay white people endorsed at least one untrue biological difference (black people have thicker skin)
  - Study 2: 194 medical students (yrs1-3) 28 residents
    - 50% endorsed at least one false biologic difference

**Consciously unbiased  
pediatricians were more  
likely to report they  
would prescribe a  
narcotic for pain control  
following surgery for  
white children...**



**...than they were for  
black children - in  
identical clinical case  
vignettes.**

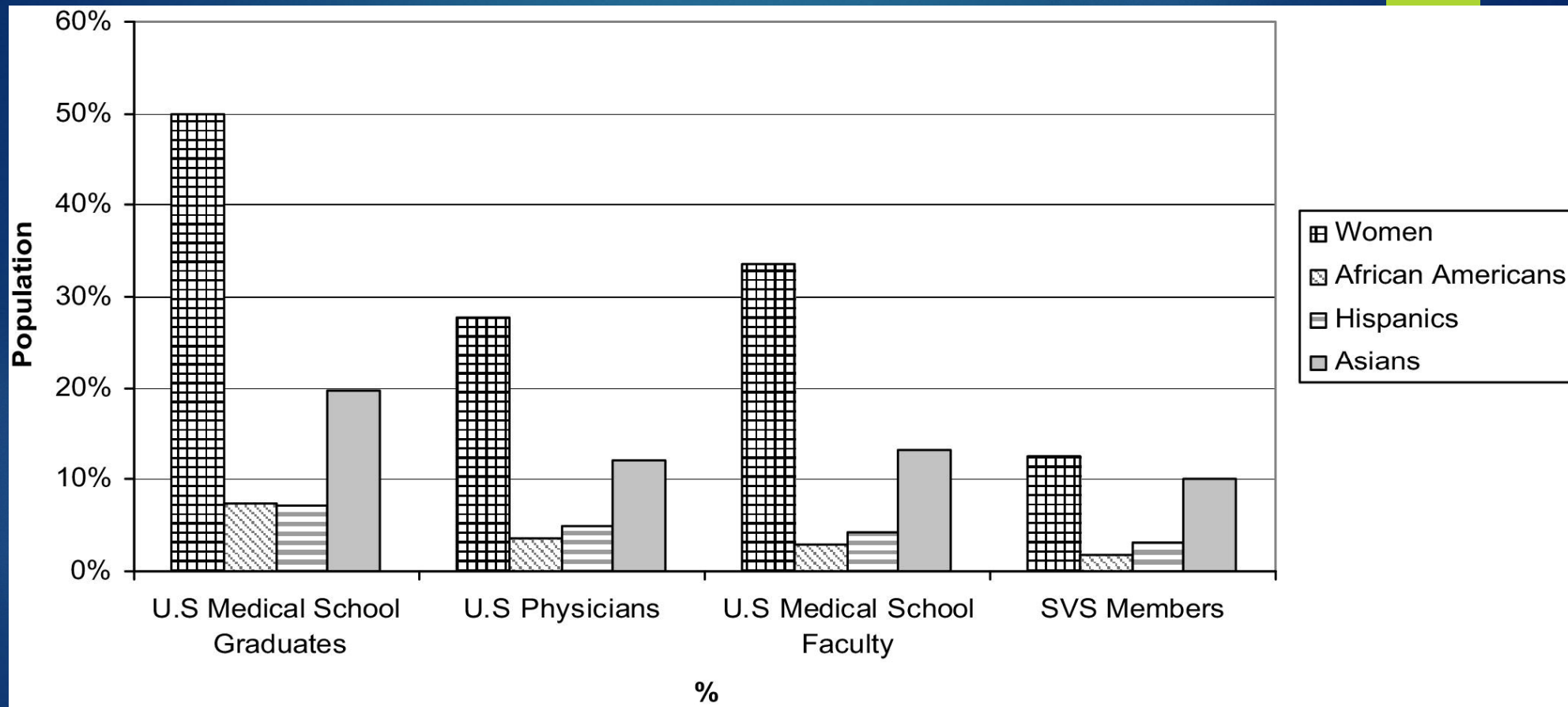
**Table. Definitions of Selected Cognitive Biases**

Cognitive Bias	Definition/Description
Affective bias <sup>1,7</sup>	This occurs when emotions about a patient or situation interfere with objective reasoning and decision making.
Anchoring <sup>1,2,4,5</sup>	This occurs when aspects of the initial information obtained about a patient lead to a premature conclusion before sufficient information is available to permit a logical conclusion.
Availability bias <sup>1,2,5,6</sup>	This occurs when a diagnosis is based on what readily comes to mind, either because the latter is common or was recently encountered.
Confirmation bias <sup>1,4-6</sup>	The tendency to seek and consider only information that confirms one's beliefs. This creates resistance to reconsidering a diagnosis even when more compelling evidence of another diagnosis is available.
Diagnosis momentum <sup>1,4</sup>	A tendency to reinforce a diagnosis that may or may not be well supported. This can lead to the perpetuation of a diagnosis even if the evidence for it is unreliable.
Overconfidence bias <sup>1,4</sup>	The tendency to believe that one knows more than one does, which can lead to confidence in a diagnosis that is unsupported by the clinical data in a particular case.
Sutton's slip <sup>1</sup>	The tendency to evaluate an obvious problem and address it immediately without a thorough examination for other helpful information or additional possible diagnoses. This is named after the bank robber Willie Sutton.
Satisfaction of search <sup>1,5</sup>	The tendency to end a search after it has led to a clinical finding, despite the lack of a thorough examination of the facts in a particular case or instance. This can take the form of physically concluding a search or paying less attention to all of the possibly relevant findings in an examination after something significant has been identified.
Yin-Yang out bias <sup>1,4</sup>	The feeling that one is unlikely to make a diagnosis on a patient with a complaint that has already led to an extensive workup.
Zebra retreat <sup>1</sup>	The hesitation with which one considers a rare diagnosis (zebra) even though it may be the most likely diagnosis.

# Identifying Susceptibility to Unwanted Bias

**Cognitive Load**, also described as mental fatigue, can increase the likelihood that an activated stereotype will be applied when interacting with others. We can experience cognitive load through a variety of experiences and circumstance. Some include having a lot of distractions or time pressure. This can even be related to not getting enough sleep or not having enough to eat.

<http://kirwaninstitute.osu.edu/implicit-bias-training>



**Table 1. Characteristics of US Medical Schools by Individual Faculty Underrepresented Minority Status<sup>a</sup>**

Characteristics	No. (%)		P Value
	Underrepresented Minority Faculty, Person-Years (n=91 091)	Nonunderrepresented Minority Faculty, Person-Years (n=1 114 932)	
<b>Year established</b>			
1765-1859	27 027 (6.8)	373 525 (93.2)	<.001
1860-1909	27 098 (7.1)	354 370 (92.9)	
1910-1959	20 853 (9.1)	209 656 (90.9)	
1960-2000	16 113 (8.3)	177 381 (91.7)	
<b>Public/private status</b>			
Public	43 623 (7.0)	576 774 (93.0)	<.001
Private	47 468 (8.1)	538 158 (91.9)	
<b>Historically black</b>			
Yes	5044 (67.9)	2389 (32.1)	<.001
No	86 047 (7.2)	1 112 543 (92.8)	
<b>Rank quartile<sup>b</sup></b>			
First	38 686 (6.8)	533 935 (93.2)	<.001
Second	25 047 (7.4)	313 731 (92.6)	
Third	11 505 (7.4)	143 226 (92.6)	
Fourth	4907 (13.1)	32 670 (86.9)	
<b>School size<sup>c</sup></b>			
Small	15 053 (10.8)	125 037 (89.2)	<.001
Medium	24 496 (7.2)	315 553 (92.8)	
Large	51 383 (7.1)	672 291 (92.9)	
<b>US region</b>			
Northeast	25 603 (6.8)	350 869 (93.2)	<.001
Midwest	15 602 (5.7)	256 240 (94.3)	
South	38 491 (9.9)	352 220 (90.1)	
West	11 395 (6.8)	155 603 (93.2)	
<b>Minority faculty development programs</b>			
Yes	30 217 (7.1)	394 663 (92.9)	<.001
No	60 874 (7.8)	720 269 (92.2)	

<sup>a</sup> Data are derived from the 2000-2010 faculty roster, a database of all full-time US medical school faculty. Individual faculty were deidentified, reported in yearly panels, and represented as person-years over the 11-year period. All P values were calculated using the  $\chi^2$  test.

<sup>b</sup> Rank quartiles were derived from the 2010 *US News & World Report Best Medical Schools* ranking and divided into quartiles with the last quartile representing unranked schools.

<sup>c</sup> School size was derived from the average number of faculty at a school 2000-2010 and was divided into tertiles.

JAMA. 2013;310(21):2297-2304.  
doi:10.1001/jama.2013.282116

**Black or African American applicants have lower medical school acceptance rates than peer applicants**

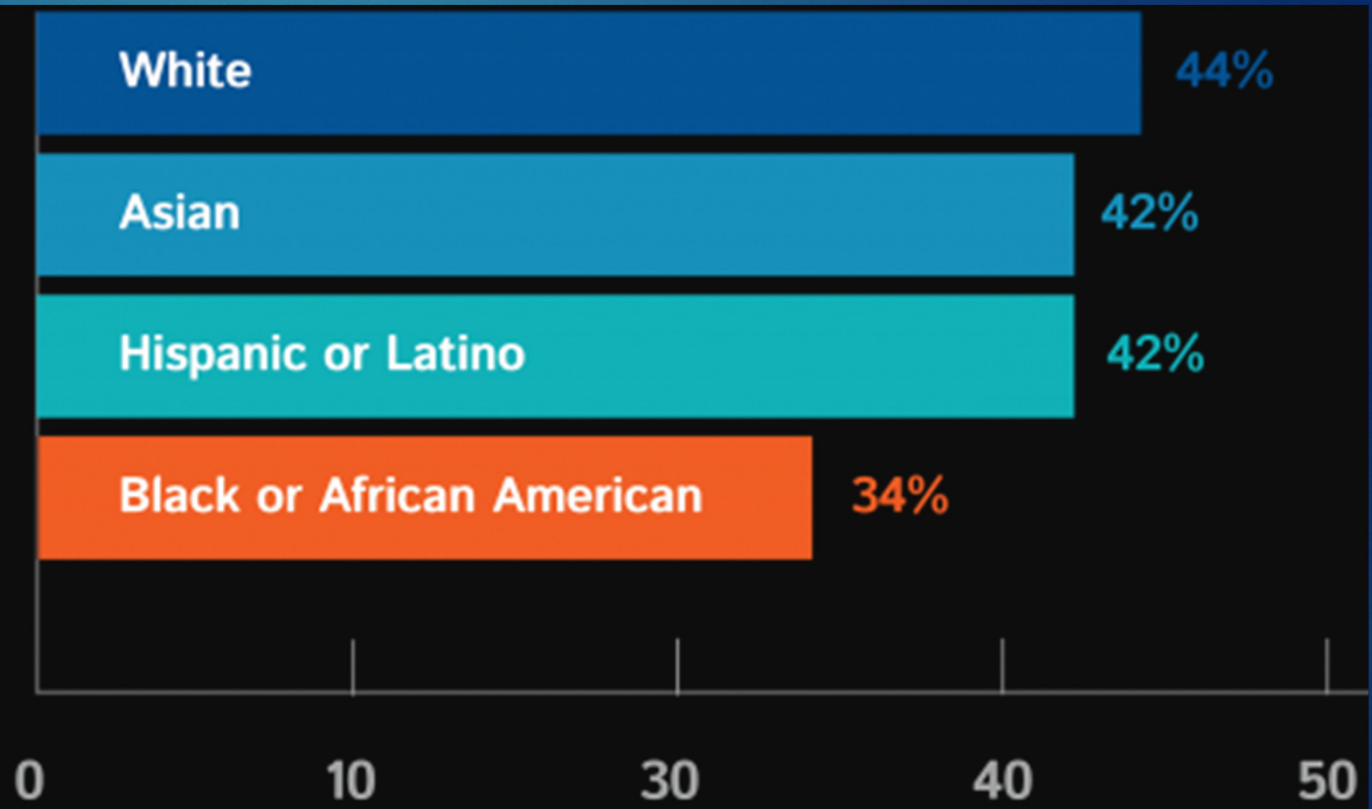
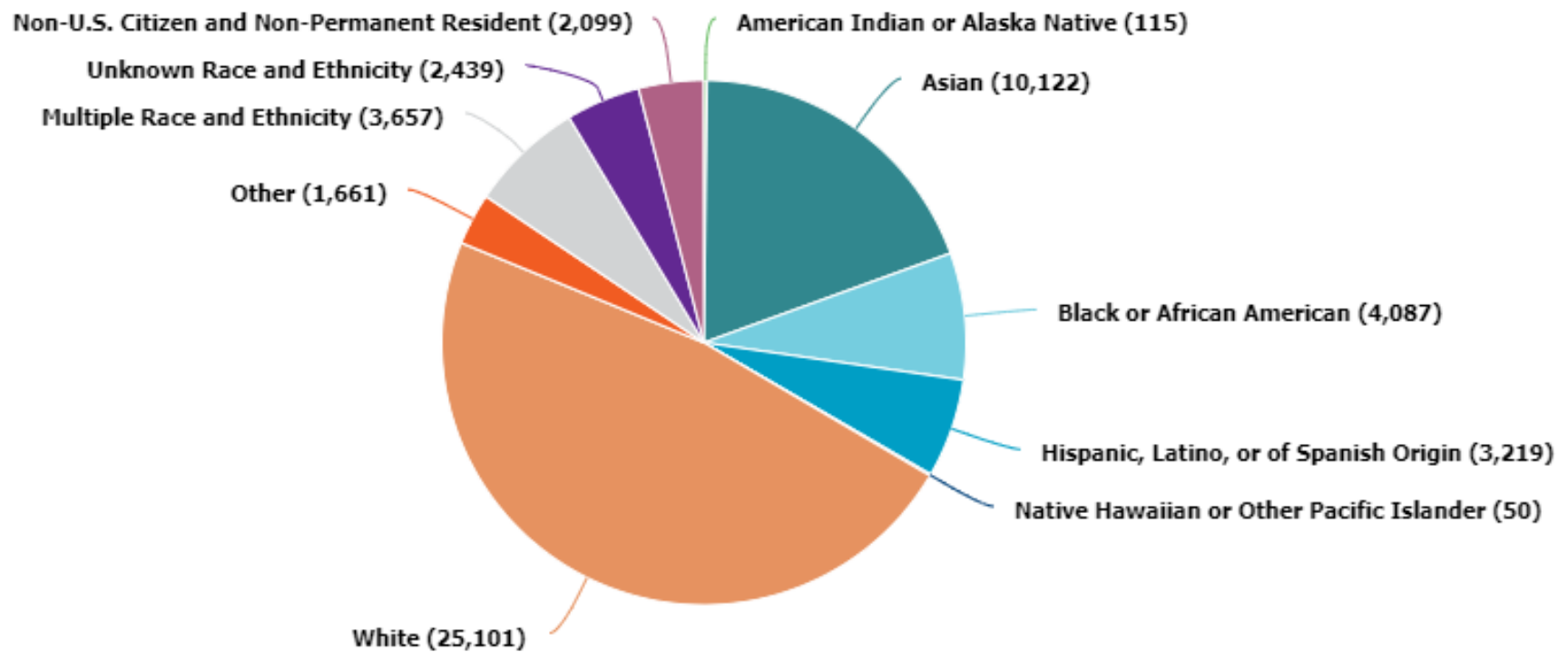


Figure 2. Percentage of U.S. medical school applicants by race and ethnicity, 2015.

Source: AAMC Fact Table A-12. <https://www.aamc.org/download/321480/data/factstablea12.pdf>.



Race/Ethnicity	Professor #	Professor %	Associate Professor #	Associate Professor %	Assistant Professor #	Assistant Professor %	Instructor #	Instructor %	Other #	Other %	Total #	Total %
American Indian or Alaskan Native	7	0.0%	33	0.1%	108	0.1%	32	0.2%	6	0.1%	186	0.1%
Asian	3,356	9.5%	4,555	14.2%	12,353	17.1%	2,536	15.9%	501	11.9%	23,301	14.6%
Black or African American	540	1.5%	837	2.6%	2,817	3.9%	503	3.2%	99	2.3%	4,796	3.0%
Hispanic, Latino, or of Spanish origin	549	1.6%	620	1.9%	1,794	2.5%	393	2.5%	76	1.8%	3,432	2.1%
Native Hawaiian or Other Pacific Islander	12	0.0%	40	0.1%	146	0.2%	82	0.5%	4	0.1%	284	0.2%
White	27,866	79.2%	21,773	68.0%	40,487	56.0%	8,475	53.1%	2,102	49.8%	100,703	63.1%
Other	47	0.1%	116	0.4%	339	0.5%	234	1.5%	22	0.5%	758	0.5%
Multiple Race - Hispanic	777	2.2%	944	2.9%	1,792	2.5%	199	1.2%	40	0.9%	3,752	2.3%
Multiple Race - Non-Hispanic	800	2.3%	1,260	3.9%	2,403	3.3%	321	2.0%	54	1.3%	4,838	3.0%
Unknown	1,229	3.5%	1,838	5.7%	10,072	13.9%	3,191	20.0%	1,313	31.1%	17,643	11.0%

Showing 1 to 10 of 11 entries

Note: These tables exclude 138 faculty with missing sex data. To allow for unduplicated counts of faculty, the "Multiple Race - Hispanic" break-out includes all faculty who are reported as Hispanic and at least one other race. The "Multiple Race - Non-Hispanic" break-out includes all faculty who are reported as more than one race, but who are not reported as Hispanic. Source: AAMC Faculty Roster, December 31, 2015 snapshot



## Four Reasons Companies Can't Afford to Ignore Unconscious Bias in the Workplace

**Sonya Hughes**, owner of **Inclusive Outcomes LLC** and former Vice President of Inclusion for the Grand Rapids Chamber of Commerce.


By: Samantha Suarez / Oct 1, 2018

1. Research has shown us that diversity within organizations promotes innovation and creativity. McKinsey's Delivery Through Diversity report even indicates with the most diverse executive teams are 33% more profitable.

If organizations do not promote a culture that is genuinely inclusive to diverse employees, they surely won't be around for long. Say goodbye to that 34% higher return to shareholders that is correlated with companies that have more women in executive positions, according to a Catalyst study.

2. Unconscious bias can affect a company's reputation. "An employer's poor reputation as an inclusive place to work will eventually be discovered by prospects, whether through word of mouth, websites like Glassdoor, or social media.

As a result, the negative employer brand will drive away prospective talent." – Excerpt from a blog by **Allegis Group**, an international talent management firm headquartered in Hanover, Maryland. As of 2016, they had US\$11.2 billion in revenue.



3. Bias at work can affect an organization's diversity and inclusion initiatives in just about every way, but it shows up most often in recruiting, screening, performance reviews, coaching and development, and promotions.

“If an interviewer is meeting someone and thinks, ‘I really like this person and I think they’d fit in here’ by just going with their gut, it’s because they connect to them somehow,” Hughes explained. “They’re seeing their reflection in that person and like them more than another candidate because there’s something familiar or similar there. If I were to primarily hire people that are all like me in some way, we would not be as effective of a team or organization. It limits our ability.”

4. Two million professionals and managers voluntarily leave their jobs solely due to unfairness, according to the Corporate Leavers Survey.

This costs US employers \$64 billion in turnover annually.

## “PAUSE”

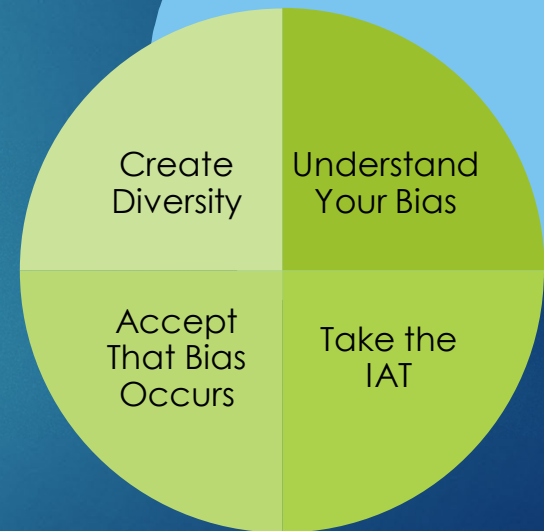
In his book, *Everyday Bias* (2014), Howard J. Ross discusses what he calls the need for constructive uncertainty to help overcome the risks from our fast, reflexive biases. We need, he says, to be able to pause and evaluate the circumstances we are in. To this end, Ross uses the word PAUSE as an acronym to act as a reminder.

- **P**– Pay Attention to what’s happening beneath the judgement (Event vs Interpretation)
- **A**– Acknowledge or identify your reaction / interpretation / judgements
- **U**– Understand other possible reactions / interpretations / judgements
- **S**– Search for the most constructive / empowering or productive way to deal with the situation
- **E**– Execute your action plan (Act consistently with what makes the most sense)

## Proceedings of the Diversity and Inclusion Innovation Forum: Unconscious Bias in Academic Medicine

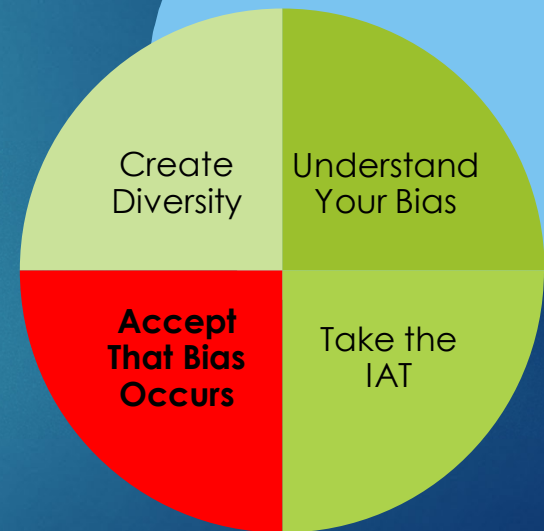
How the Prejudices We Don't Know We Have Affect  
Medical Education, Medical Careers, and Patient Health

# Breaking the Cycle of Bias



- Implicit bias operates outside of our conscious awareness.
- Implicit bias is unconscious, automatic, and relies on associations that we form over time.

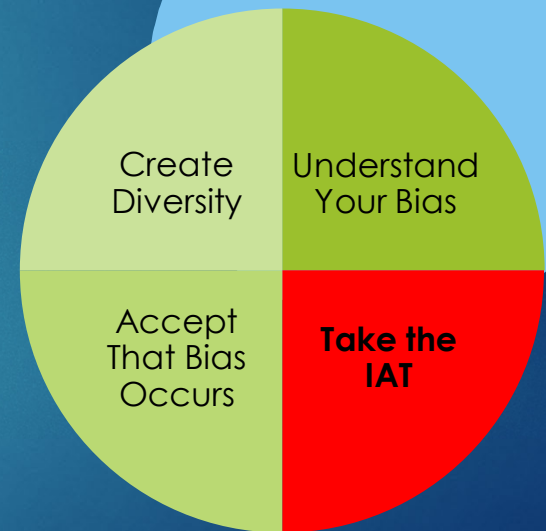
## Breaking the Cycle of Bias



<https://implicit.harvard.edu/implicit/takeatest.html>

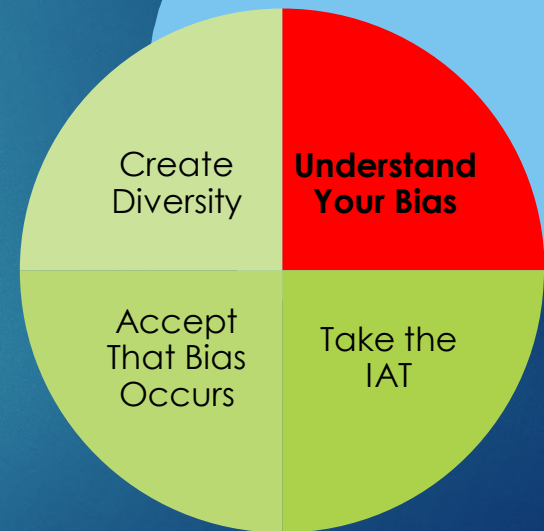


## Breaking the Cycle of Bias



- We can form bias toward groups of people based on what we see in the media, our background, and experiences.
- Our biases reflect how we internalize messages about our society rather than our intent.

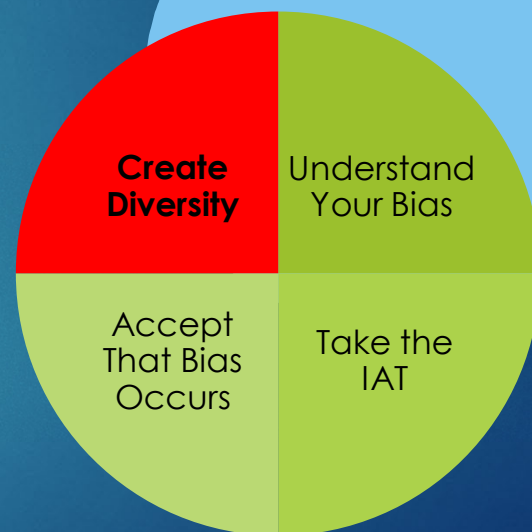
## Breaking the Cycle of Bias



<http://kirwaninstitute.osu.edu/implicit-bias-training/resources/K12-scenario-workbook.pdf>

Now that you have an understanding of how implicit bias operates, manifests in the real world, and ways to mitigate your biases, it is important to put theory into practice. The scenario workbook provides you with a series of case studies, scenarios, and reflection questions that will assist you in thinking about how to apply what you have learned to your work as an educator.

## Breaking the Cycle of Bias





Let's Summarize What We Learned  
in the Next Video Clip

***“...being excluded from a group triggers activity in the same regions of the brain associated with physical pain.”***



Kipling D. Williams, Purdue University



# Thank You!

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# RESOURCES

- ❑ *Kirwan Institute Implicit Bias Training*  
<http://kirwaninstitute.osu.edu/implicit-bias-training/>
- ❑ *State of the Science: Implicit Bias Review 2014*  
[http://kirwaninstitute.osu.edu/docs/SOTS- Implicit\\_Bias.pdf](http://kirwaninstitute.osu.edu/docs/SOTS- Implicit_Bias.pdf)
- ❑ Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016
- ❑ *Implicit Bias and Its Relation to Health Disparities: A Teaching Program and Survey of Medical Students* by Cristina M. Gonzalez , Mimi Y. Kim & Paul R. Marantz, Pages 64-71 | Published online: 09 Jan 2014.
- ❑ *Implicit Bias May Account for Glaring Disparity in Health Care Screening* by Cristina Quinn. *PRI's The World*.  
<https://www.pri.org/stories/2017-02-09/implicit-bias-may-account-glaring-disparity-health-care-screening>
- ❑ *The Four "I's" Of Oppression*  
[http://www.coloradoinclusivefunders.org/uploads/1/1/5/0/11506731/the\\_four\\_is\\_of\\_oppression.pdf](http://www.coloradoinclusivefunders.org/uploads/1/1/5/0/11506731/the_four_is_of_oppression.pdf)
- ❑ IAT- <https://implicit.harvard.edu/implicit/takeatest.html>
- ❑ *Seeing Patients: Unconscious Bias in Health Care*  
Chanoff & White - Harvard University Press - 2011

