“When Good Isn’t Good Enough”: How Unconscious Bias Harms Patients… Despite Our Good Intentions

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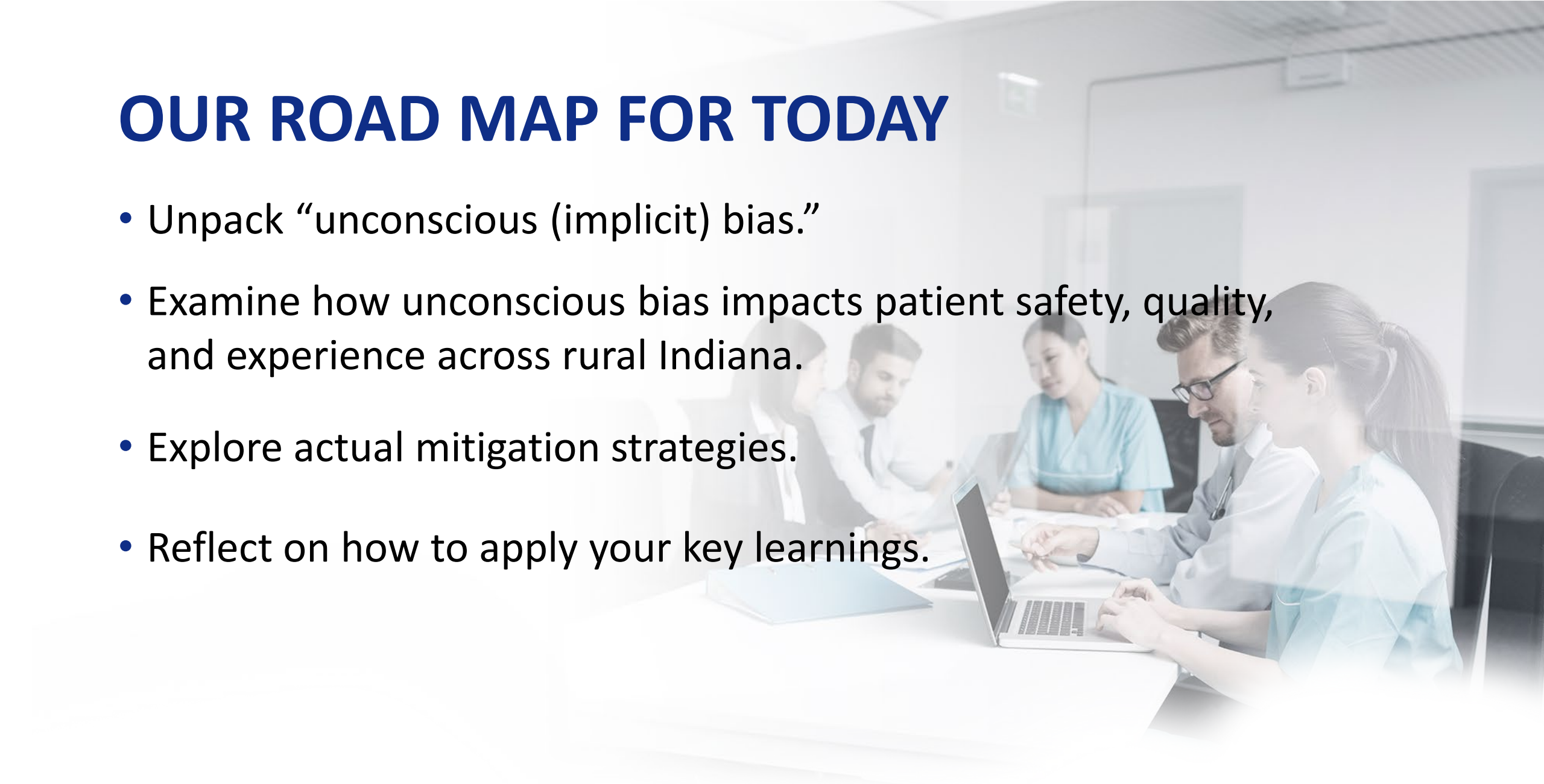
Indiana Hospital Association

KEY ASSUMPTIONS

- All of us joined the health care industry for one or more good reason.
- None of us want to do anything that would intentionally harm our patients or our co-workers.
- We are all committed to providing safe, quality and equitable care to rural communities.
- If there was evidenced-based research that would enable you to better serve your rural patients, you would want to know about it.

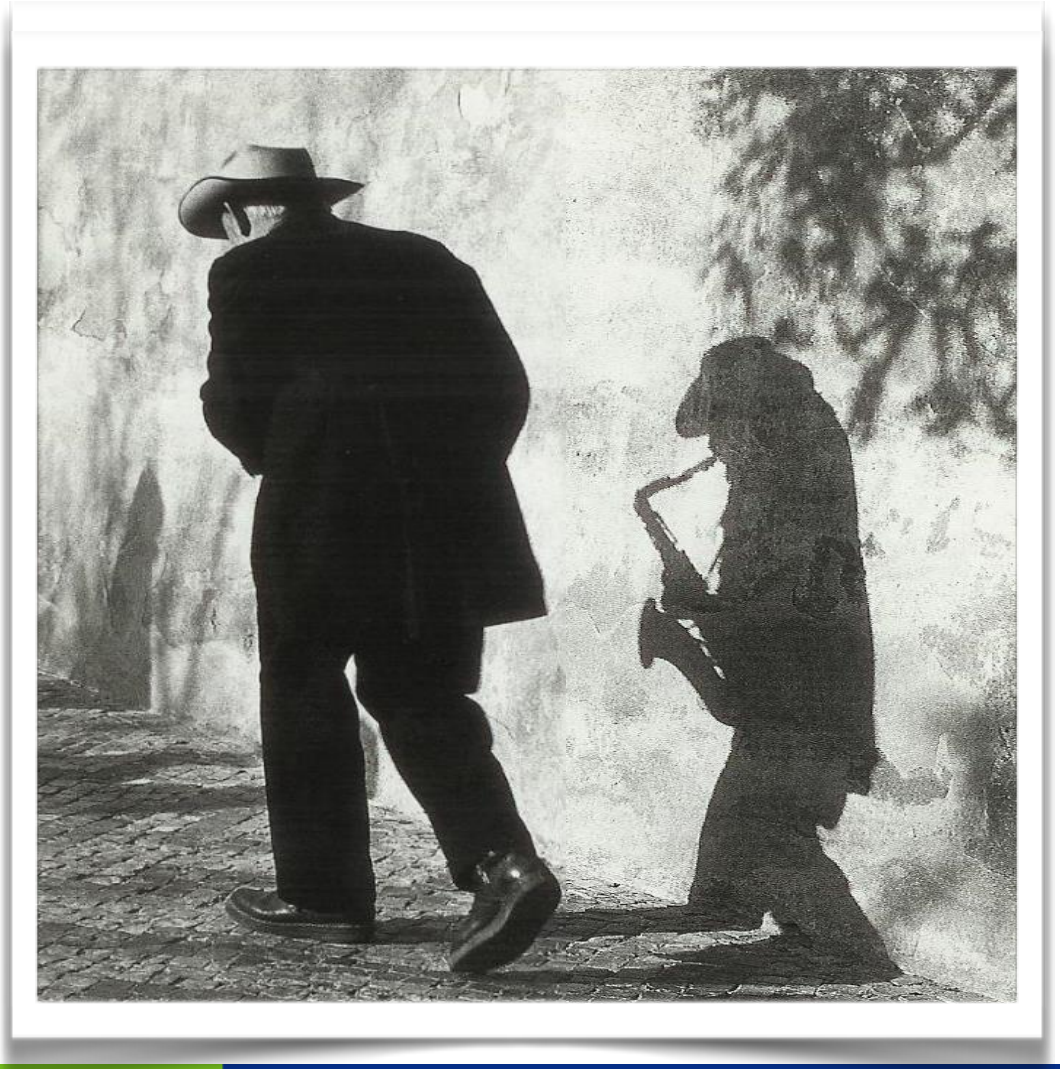
OUR ROAD MAP FOR TODAY

- Unpack “unconscious (implicit) bias.”
- Examine how unconscious bias impacts patient safety, quality, and experience across rural Indiana.
- Explore actual mitigation strategies.
- Reflect on how to apply your key learnings.



SETTING THE STAGE

WHAT DO YOU SEE?



The old saying goes…
“We believe what we see,” but actually…

WE SEE WHAT WE BELIEVE

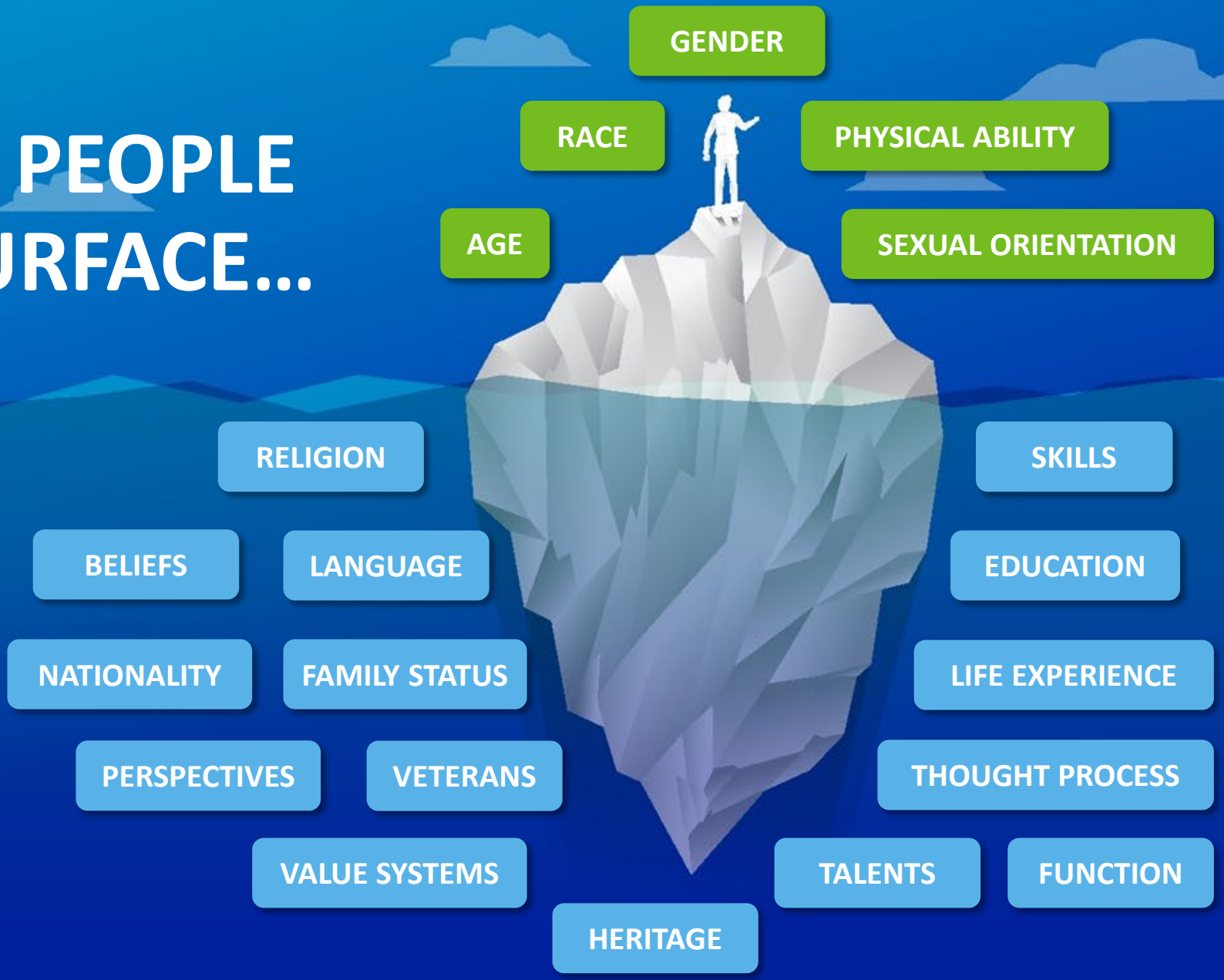
HOW WE THINK:

Faster than the Blinking of an Eye!

- A millisecond is 1/1000 of a second
- 100 milliseconds - how quickly an individual's race/ethnicity is **noticed** a decision made whether or not that person is **trustworthy**
- 300 - 400 milliseconds: time for human eye to blink

Source: Fiske et al, Du Bois Review, 2009

WE ONLY SEE PEOPLE FROM THE SURFACE…



WHAT YOU CAN'T SEE FROM THE SURFACE…

- Studied 4 languages at the same time
- Mother, grandmother, and great grandmother
- Learned how to proficiently ice skate in Miami, Florida
- One of the architects of mandatory ten digit dialing for local calls
- Served as the executive coach for CEO of Bon Secours Health System

WHAT IS UNCONSCIOUS BIAS?

UNCONSCIOUS BIAS DEFINED

"Unconscious (or implicit) bias" occurs when an individual's subconscious beliefs about attributes, such as race, ethnicity, gender, socioeconomic status, age, and sexual orientation, result in an **automatic** and **unconscious** reaction or behavior, **even in the well-intentioned person**.

UNCONSCIOUS BIAS IS HUMAN

Unconscious bias is not inherently bad. It's **natural and a part of our biological make up**.

Biological: Scientists estimate we are bombarded with **11 million** pieces of information at any one time.

Our brain can only deal with **40-50 pieces** of this information at a given time.

KEY CHARACTERISTICS OF UNCONSCIOUS BIAS

- Automatic associations without: awareness, intention or control.
- Our unconscious associations often conflict with our conscious attitudes, behaviors, and intentions.
- We generally tend to hold unconscious biases that favor our own in-group.
- Unconscious biases are malleable.

UNCONSCIOUS BIAS IN ACTION

WHAT DOES UNCONSCIOUS BIAS LOOK LIKE IN SOCIETY?

Drink Temperature Determines Favorable Rating

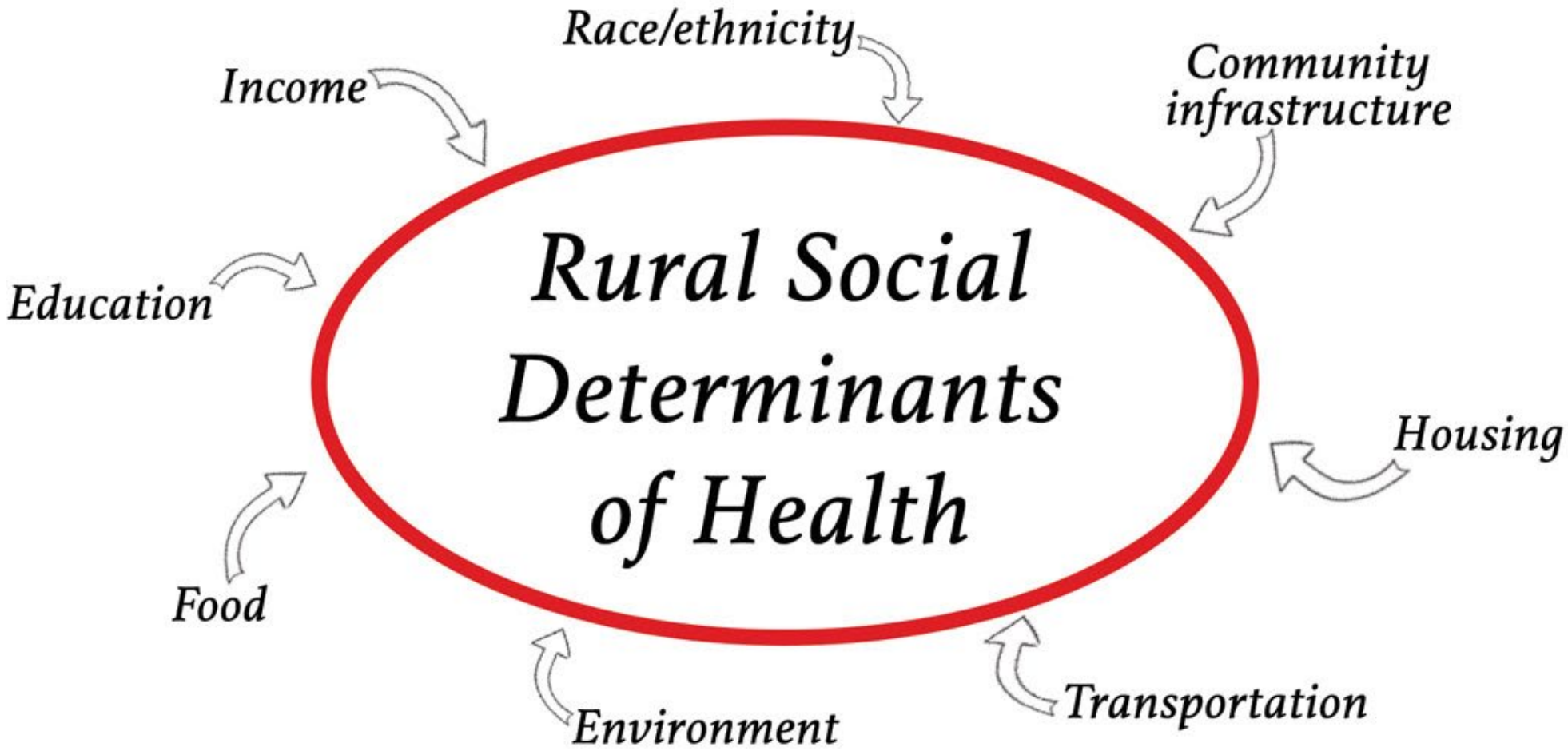
Large Body Candidates Receive Less Favorable Ratings

People With Accents Viewed As Less Factual

RISK FACTORS FOR UNCONSCIOUS BIAS

- High emotional states (i.e. stress, anger, disgust)
- Fatigue
- Distracted or pressured decision-making circumstances
- Limited resources
- Lack of feedback or communication

BIAS IN RURAL HEALTH CARE


Race/ethnicity
Income
Community infrastructure
Education
Rural Social Determinants of Health
Housing
Food
Environment
Transportation

DISPARITIES IN RURAL CLINICAL ENCOUNTERS:

The Core Paradox

"How could **well-meaning** and **highly educated** Health Professionals, working in their usual circumstances with diverse populations of patients, **create a pattern of care** that may be discriminatory?"

Source: Alegria, Alvarez and Falgs-Bague, Clinical care across cultures: What helps, what hinders, what to do (2017)

"[H]ealth care institutions and providers might not be aware of how unintentional biases affect patient outcomes. This brings to mind an encounter that I had recently with a Burmese patient with gout. This was the second such encounter. My assistant warned me that since I did such a good job with the first [one], I would be seeing more of "them," and cautioned that I would become the arthritis doctor for Burmese patients in Fort Wayne. It is statements such as these and our unintentional biases that contribute to unequal treatment without us knowing it. By the way, I am learning a dialect of Burmese to provide quality care to my future and present Burmese patients." The Star Press, (Muncie,Indiana)

Published: February 23, 2003

THE ESSENCE OF CAREGIVING

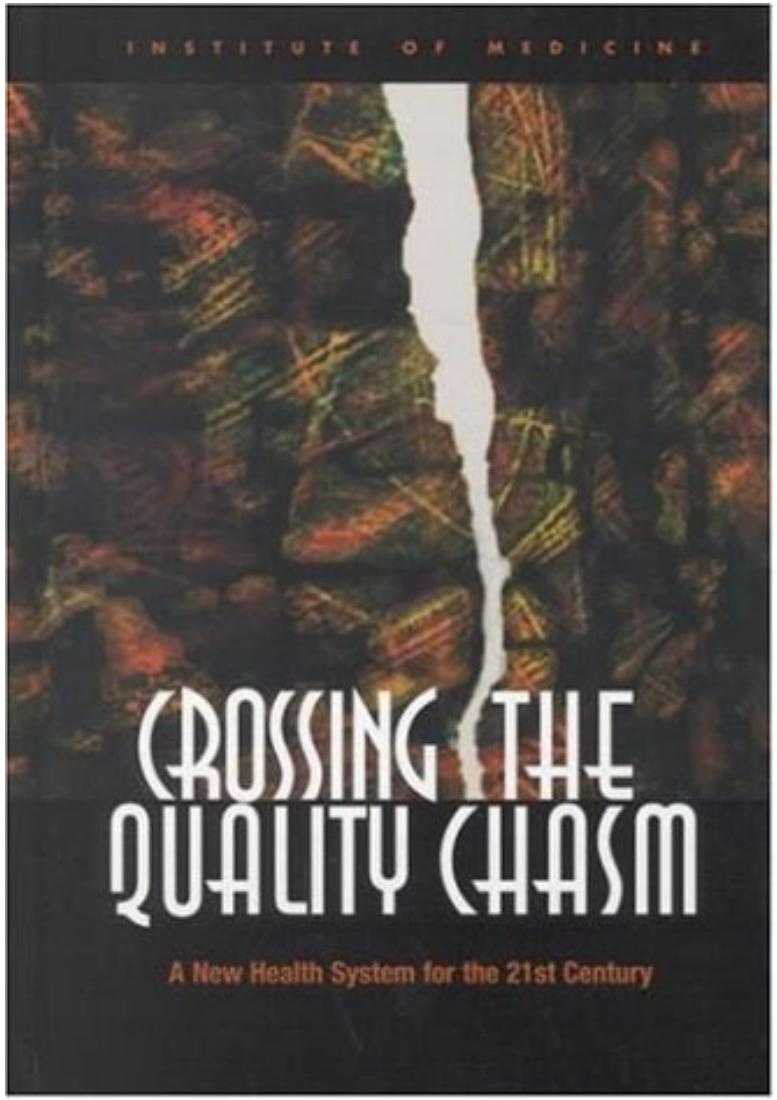
- Providers enter the health profession to help, serve and heal.
- Our desire to help is reinforced during our training; we take an oath to do our best for every patient, to advocate for them, and to provide equitable and safe care.
- We are also taught that we should have blinders on to personal characteristics.

DESPITE OUR GOOD INTENTIONS…

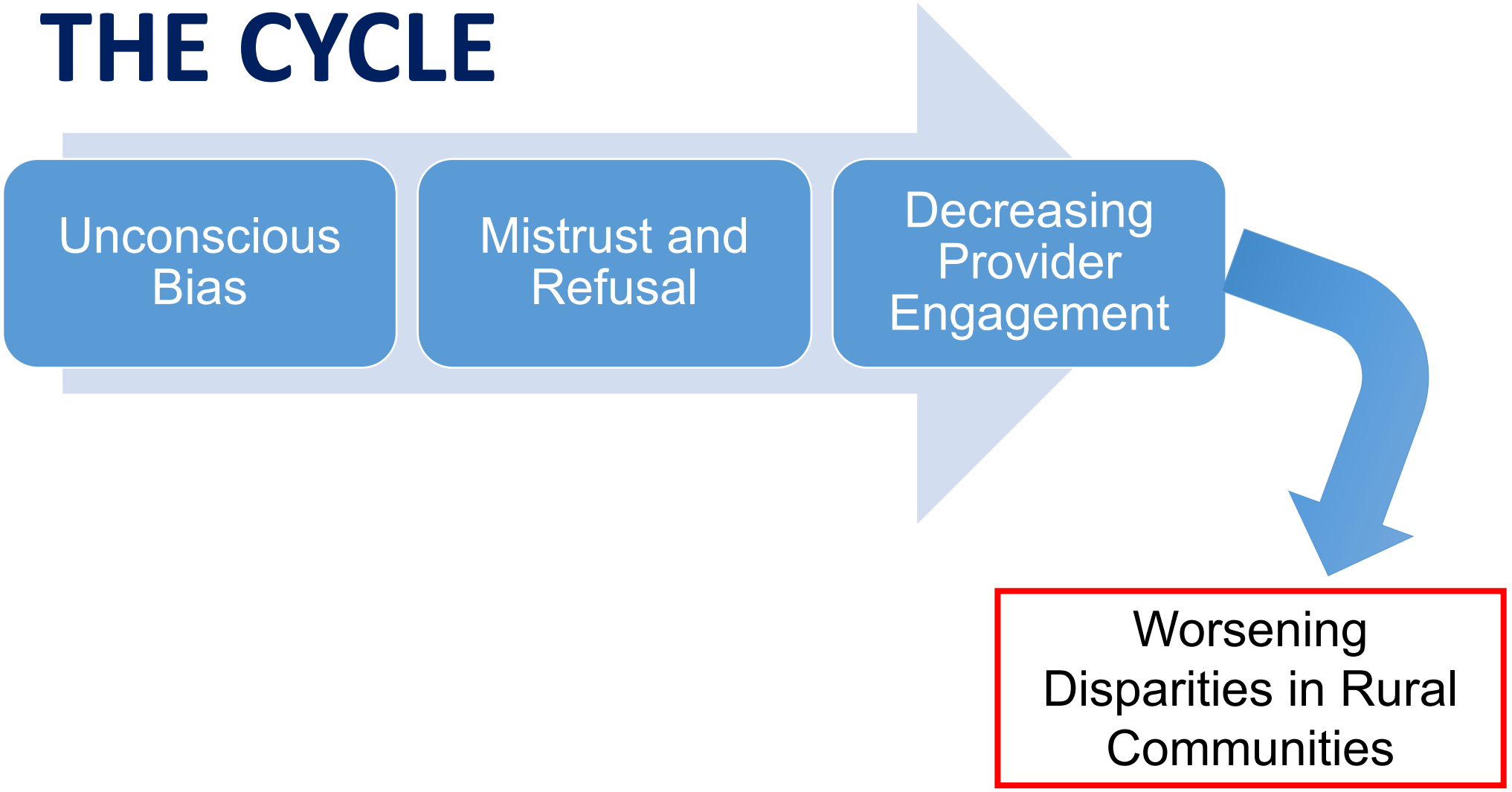
- Low-income women in Mid-West rural communities are often stigmatized because of their weight. (Watson et al, 2021)
- People with lower incomes and education levels are more likely to get cancer, and to die from it. (Montez et al, 2012)
- Opioid overdose deaths are as much as 45% higher in rural communities. (AAMC, 2017)
- Physicians in rural areas found to have higher levels of bias toward patients with opioid use disorder (Franz, 2021)
- Rural communities of color have by far the worse health outcomes (Ziller, 2020)

HOW DISPARATIES LINK TO QUALITY AND SAFETY

- Safety
- Effectiveness
- Patient-centered Care
- Timely
- Efficient
- Equitable
- Quality



THE CYCLE


Unconscious Bias
Mistrust and Refusal
Decreasing Provider Engagement
Worsening Disparities in Rural Communities

Clinical decision-making can be as much a function of **who the patient is** as much as **what the patient has**.

Source: Non-medical influences on medical decision-making (Mckinaly, Porter and Feldman 1996)

BIAS IN THE AGE OF COVID-19

- COVID-19 revealed and exacerbated health challenges in rural communities.
- People of color are contracting and dying at a much higher rate.
- Physical and verbal attacks on Asian Pacific Islanders increased 150%.
- Bias impacts the allocation of limited resources.
- Some vaccine sites used credit reporting tools for appointments.

KNOWLEDGE CHECK:

How Prevalent is **Conscious Bias**?

What percentage of emergency room physicians openly admitted to having conscious biases against certain groups of patients?

Source: http://www.cnn.com/2016/01/19/health/doctor-patient-bias-survey/

A. 15% B. 35% C. 62%

THE VOICE OF THE PATIENTS

DEFINITION OF “PATIENT”

The word **patient** originally meant ‘‘**one who suffers**’’. This English noun comes from the Latin word patiens, the present participle of the deponent verb, patior, meaning ‘**I am suffering**’, and akin to the Greek verb πάσχειν (= paskhein, to suffer) and its cognate noun πάθος (= pathos).

(Wikipedia, 2016)

A TALE OF TWO CITIES:

My Personal Patient Story

CITY A

CITY B

The overwhelming body of research on discrimination and health indicates that **self-reported experiences** of discrimination are an important risk factor for poor mental and physical health.

Source: Racial Bias in Medicine Leads to Worse Care for Minorities (Schroeder, 2016)

WHAT CAN WE DO?

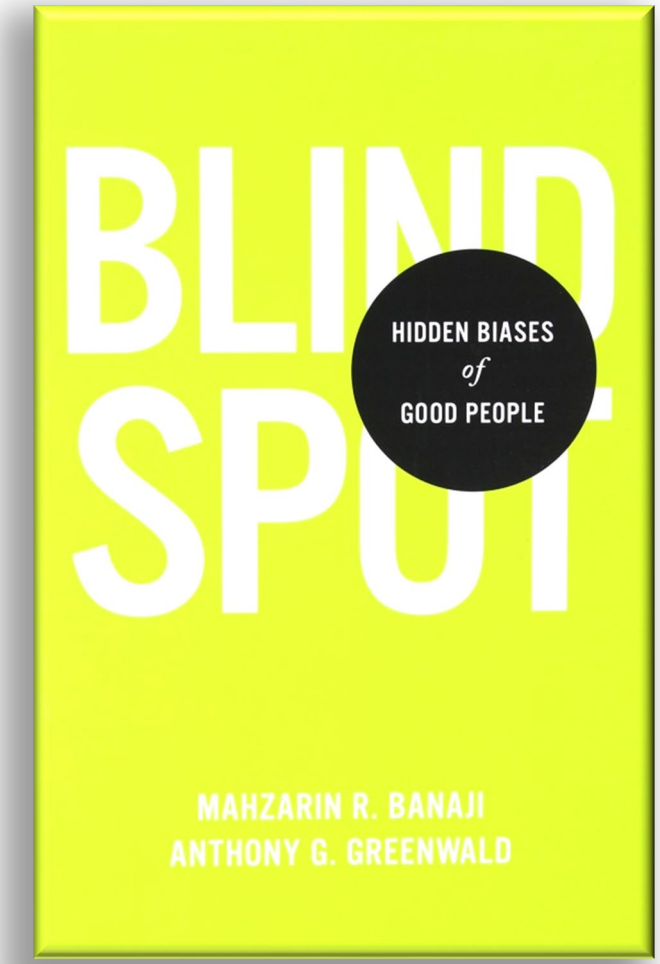
SELF AWARENESS IS KEY

"You must try to truthfully understand what makes you do things or feel things. Until you have been able to face the truth about yourself, you cannot be really sympathetic or understanding in regard to what happens to other people."

Eleanor Roosevelt
Former First Lady of the U.S.

BE AWARE OF YOUR BLIND SPOTS

- In early 1990s, Banaji, Greenwald, et.al. began work on a tool called the Implicit Association Test (IAT)
  (https://implicit.harvard.edu/implicit)
- Now a well accepted tool for measuring unconscious biases
- Not strongly correlated with conscious bias
- Recent study in rural North and South communities showed no connection to implicit-explicit bias (Fisk, Haase 2020)



CROSS-CULTURAL COMPETENCY IN RURAL HEALTH CARE

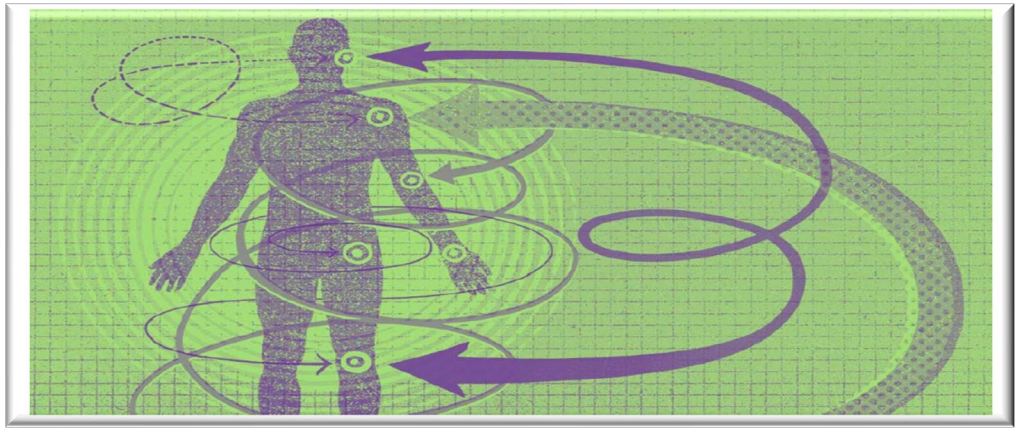
Harvard Business Review

DIVERSITY

Why More Hospitals Should Prioritize Cultural Competency

by Olympia Duhart

MAY 26, 2017



WHAT IS CULTURAL COMPETENCY?

- Ability to adapt – or bridge – across various cultural differences
- Deep cultural self-awareness
- Deep understanding of the experiences of people from different cultural communities – in perceptions, values, beliefs, behavior and practices

The National Quality Forum defines "**cultural competency" as "the ongoing capacity of healthcare systems and professionals to provide diverse patient populations with high-quality care that is patient and family centered, evidence-based and equitable."**

ACTUAL PRACTICES

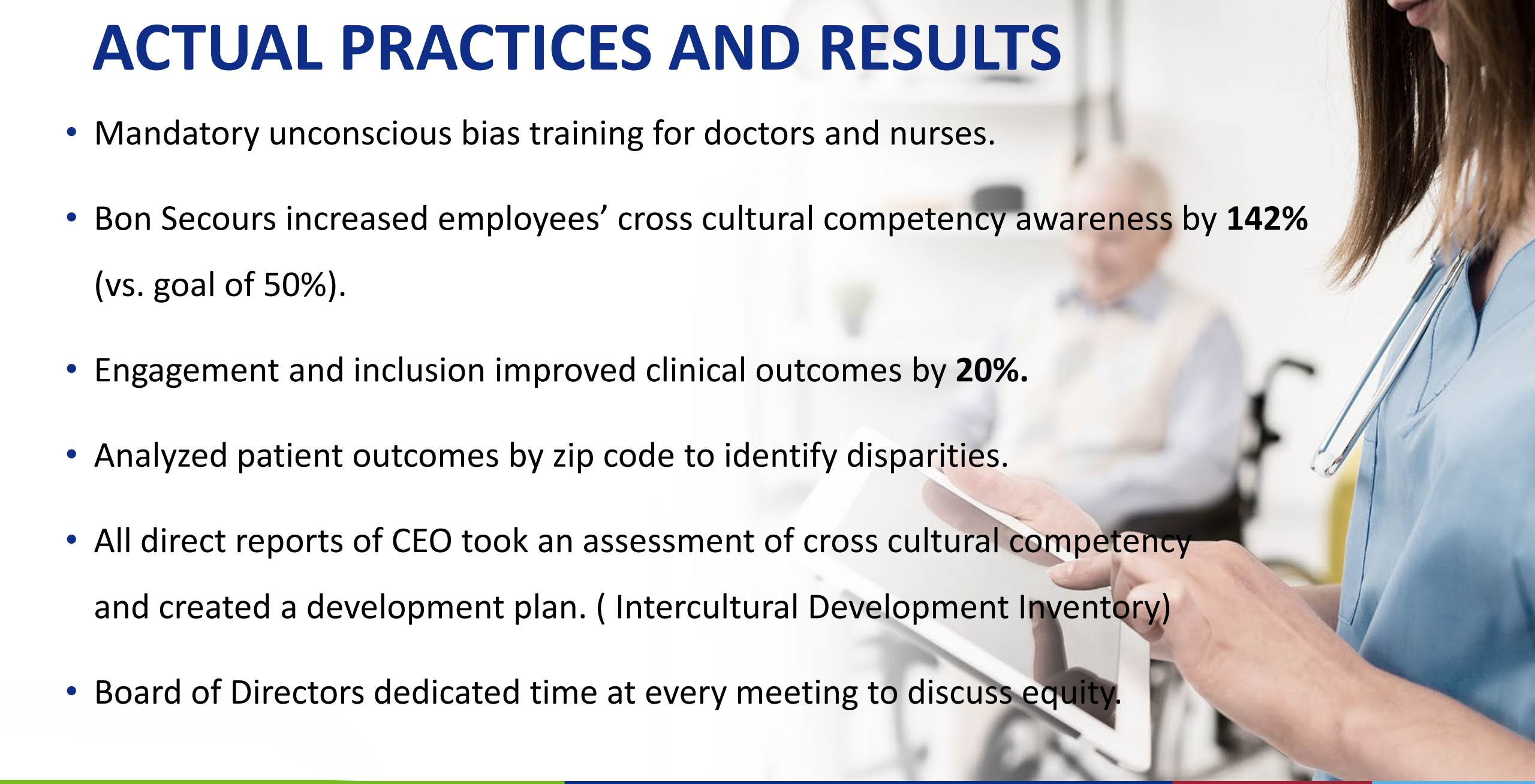
ADDRESSING UNCONSIOUS BIAS

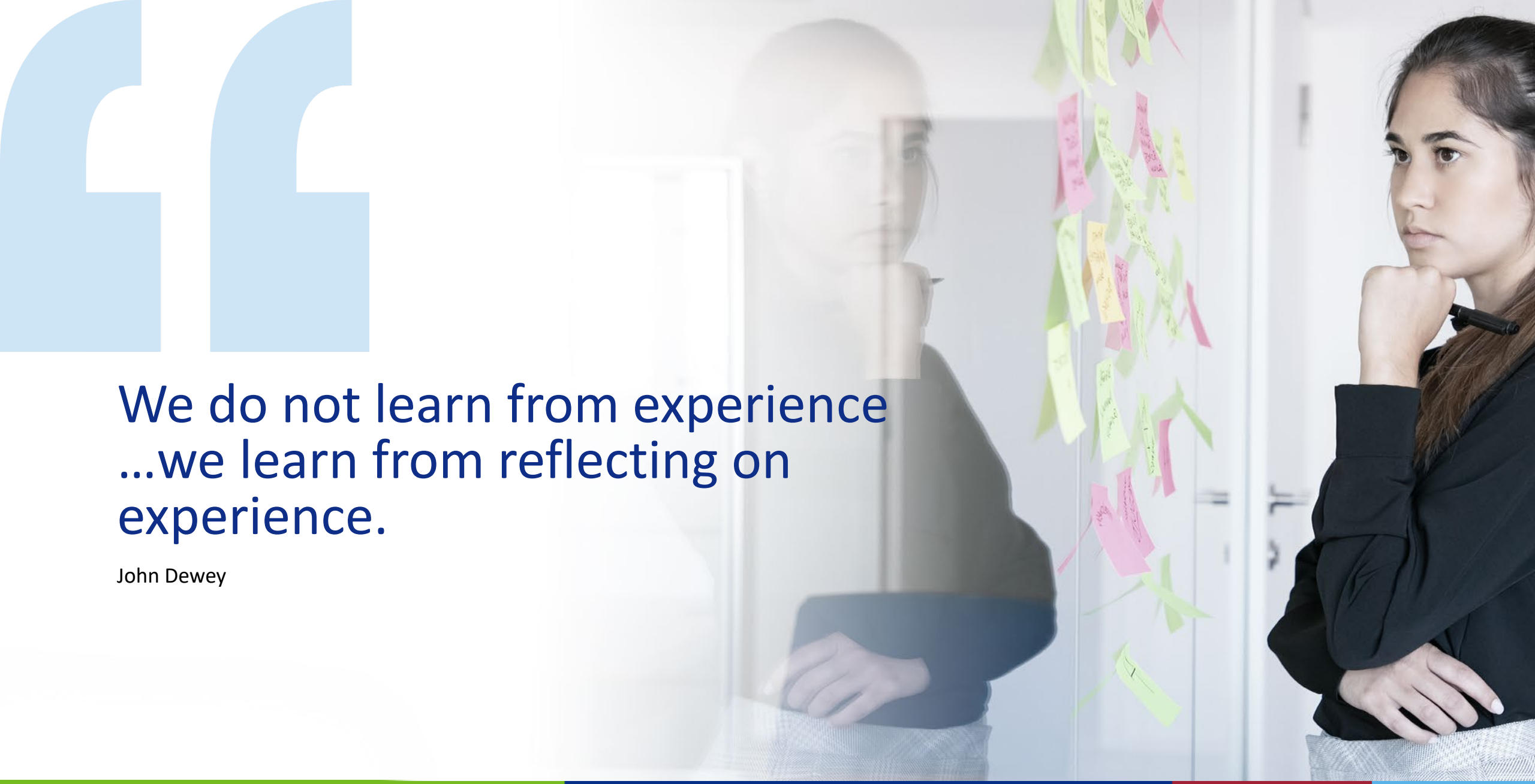
- Understand and respect the magnitude of unconscious bias.
- Avoid stereotyping your patients.
- Recognize the situations that magnify stereotyping and bias.
- Know the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care.
- Consistently practice "evidenced-based medicine.“
- Use techniques to de-bias patient care, which include training, intergroup contact, perspective-taking, emotional expression, and counter-stereotypical exemplars.

(Joint Commission, 2016)

ACTUAL PRACTICES AND RESULTS

- Mandatory unconscious bias training for doctors and nurses.
- Bon Secours increased employees' cross cultural competency awareness by **142%** (vs. goal of 50%).
- Engagement and inclusion improved clinical outcomes by **20%.**
- Analyzed patient outcomes by zip code to identify disparities.
- All direct reports of CEO took an assessment of cross cultural competency and created a development plan. (Intercultural Development Inventory)
- Board of Directors dedicated time at every meeting to discuss equity.





We do not learn from experience …we learn from reflecting on experience.

John Dewey

REFLECTING ON YOUR NEW INSIGHTS

- What were the most meaningful insights for you?
- What one new thing will you personally commit to doing?
- What one new thing will you recommend that your organization do?

The mind, once stretched by a new idea, never returns to its original dimensions.”

Ralph Waldo Emerson

THANK YOU!


Kamsa hamaida
Grazie
Toda Raba
Xie Xie
Shukran
Dziękuję
Dank je
Terima kasih
Arigato
MAHALO
Dankon
Danke
Thank you
Gracias
Merci
Kiitos
Spasiba
Ju lutem
Ďakuju
Tanggio