Do You Really See Me?

Exploring diversity and facing our biases in healthcare

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Relevant Disclosure and Resolution

Under Accreditation Council for Continuing Medical Education guidelines disclosure must be made regarding relevant financial relationships with commercial interests within the last 12 months.

Pamela Allen, MD

I have no relevant financial relationships or affiliations with commercial interests to disclose.

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Professional Practice Gap

Healthcare professionals and medical learners do not fully understand the barriers that prevent under-represented and underserved communities from receiving health and healthcare equity.

After this presentation, healthcare professionals will gain a better understanding and be part of the solution to achieve health and healthcare equity for under-represented and underserved communities.

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Learning Objectives

Upon completion of this session, participants will improve their competence and performance by being able to:

1. Define Diversity, Equity, and Inclusion (DEI)
2. Describe the impact of bias in the healthcare setting
3. Discuss health disparities and social determinants of health

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What is Diversity?

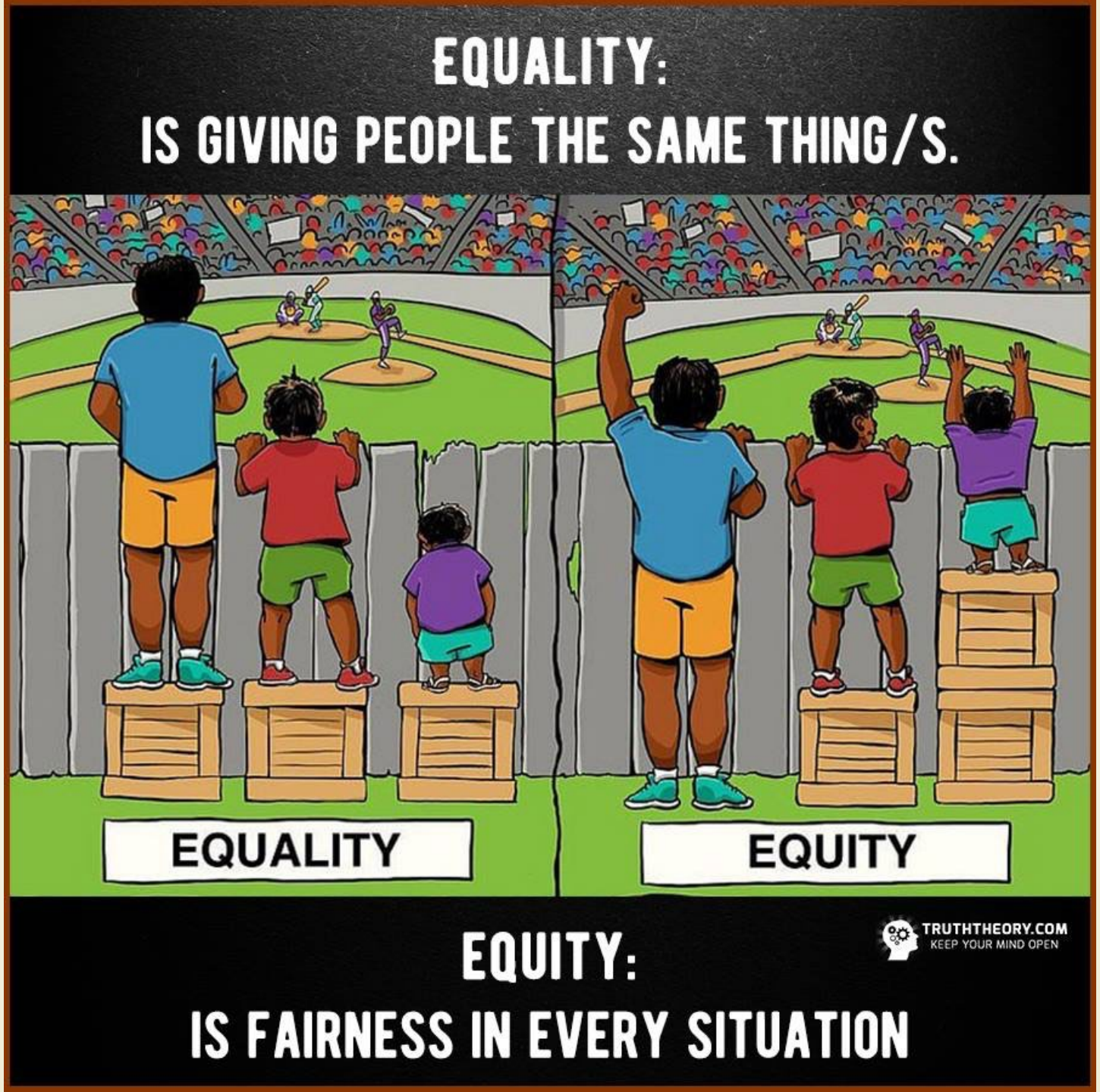
- A workforce made up of individuals with a wide range of characteristics and experiences
- Includes race, ethnicity, gender, age, religion, physical ability, socioeconomic background and sexual orientation
- Increases productivity, creativity, language skills, cultural competence and reputation of a specialty

What is Equity?

Equity is providing various levels of support and assistance depending on specific needs or abilities.

Giving each person what they need to succeed.

The guarantee of fair treatment, access, opportunity, and advancement for all while striving to identify and eliminate barriers that have prevented the full participation of some groups. The principle of equity acknowledges that there are historically under-served and under-represented populations and that fairness regarding these unbalanced conditions is needed to assist equality in the provision of effective opportunities to all groups.


EQUALITY:
IS GIVING PEOPLE THE SAME THING/S.
EQUALITY
EQUITY
TRUTHTHEORY.COM
KEEP YOUR MIND OPEN
EQUITY:
IS FAIRNESS IN EVERY SITUATION

Equality vs Equity

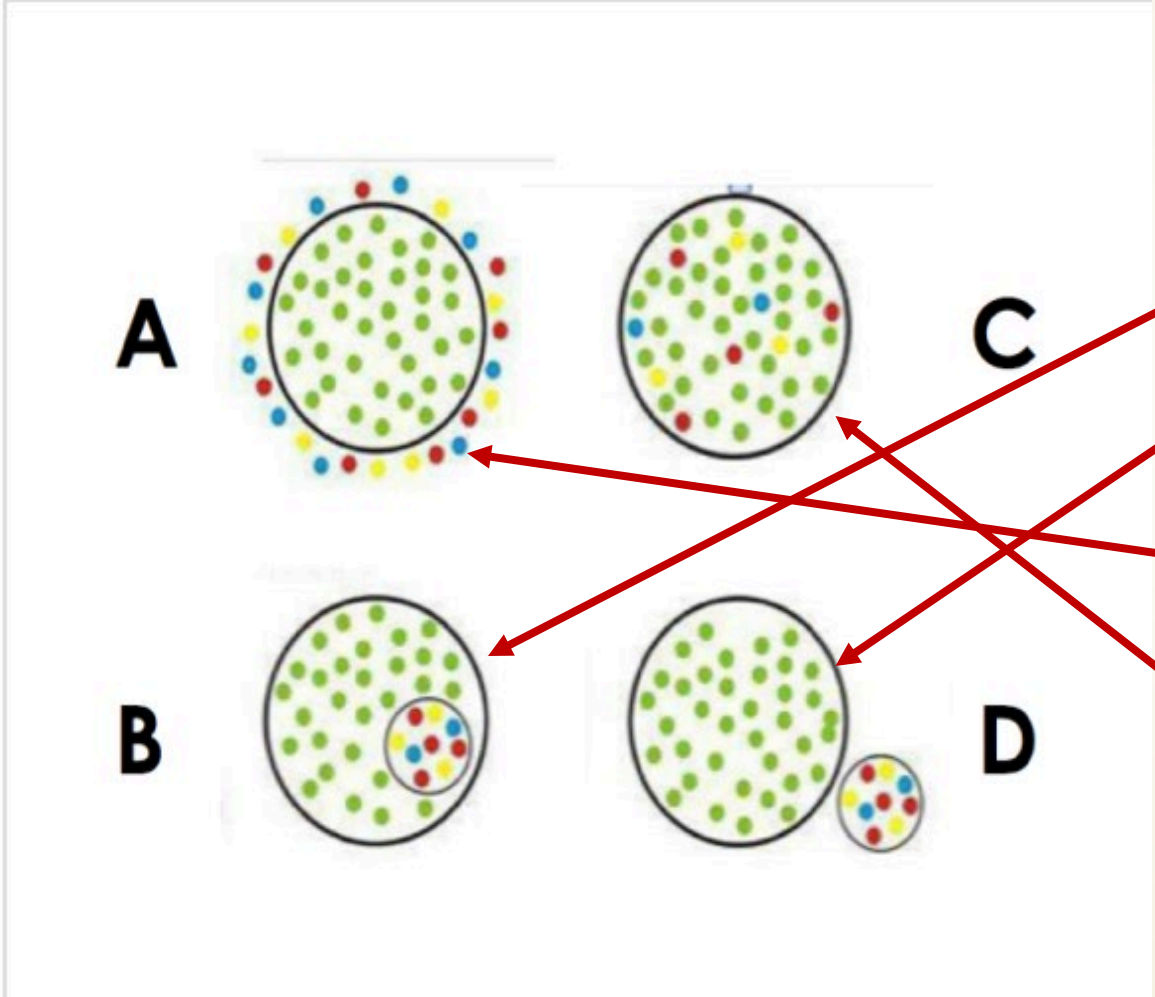
Define Inclusion

Authentically bringing traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power and ensures equal access to opportunities and resources

Diversity advocate *Verna Myers* coined the phrase "**Diversity is being invited to the party. Inclusion is being asked to dance**."

https://community.naceweb.org/blogs/karen-armstrong1/2019/06/25/what-exactly-is-diversity-equity-and-inclusion

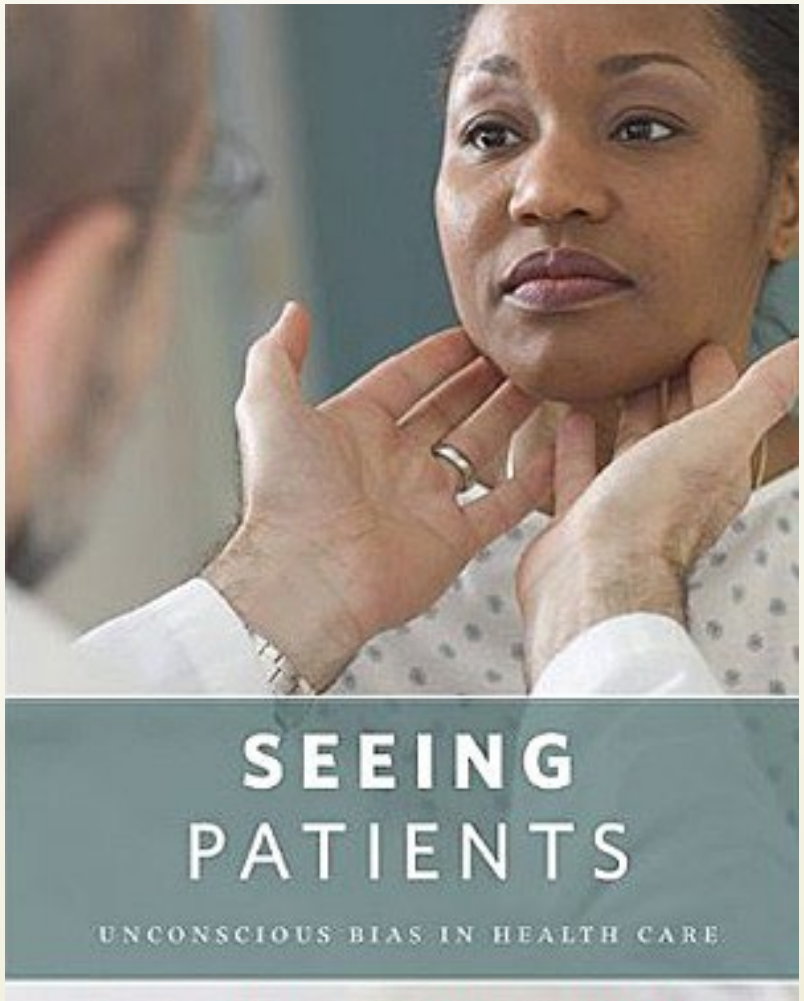
Understanding the difference



- Integration
- Segregation
- Exclusion
- Inclusion

What compromises the achievement of DEI in healthcare?

BIAS



Define Bias

Psychology Today
FOR A HEALTHIER LIFE

A tendency or preference to be *in favor of or against* a particular perspective, ideology, object, individual, or group; especially when the tendency interferes with the ability to be impartial, unprejudiced or objective. Bias may exist towards race/ethnicity, gender, physical disabilities, weight, sexual orientation, religion, and various other characteristics.

Bias can exist in an individual, group, or institution.

WIKIPEDIA

2 Types of Bias

National Center for Cultural Competence
AT GEORGETOWN UNIVERSITY

Unconscious Bias or Implicit Bias

Bias that occurs automatically, unintentionally, outside of our awareness or control, that affects judgments, decisions, and behaviors. Quick judgments and assessments of people and situations, influenced by our background, cultural environment and personal experiences. Learned stereotypes that can alter our behavior and interactions with others

Conscious Bias or Explicit Bias

A person is very clear about his or her feelings and attitudes. Related behaviors are conducted with intent. Processed at a conscious level as memory, and in words. Overt negative behavior expressed through physical and verbal harassment or through subtle means; i.e., exclusion

NIH
National Institutes of Health

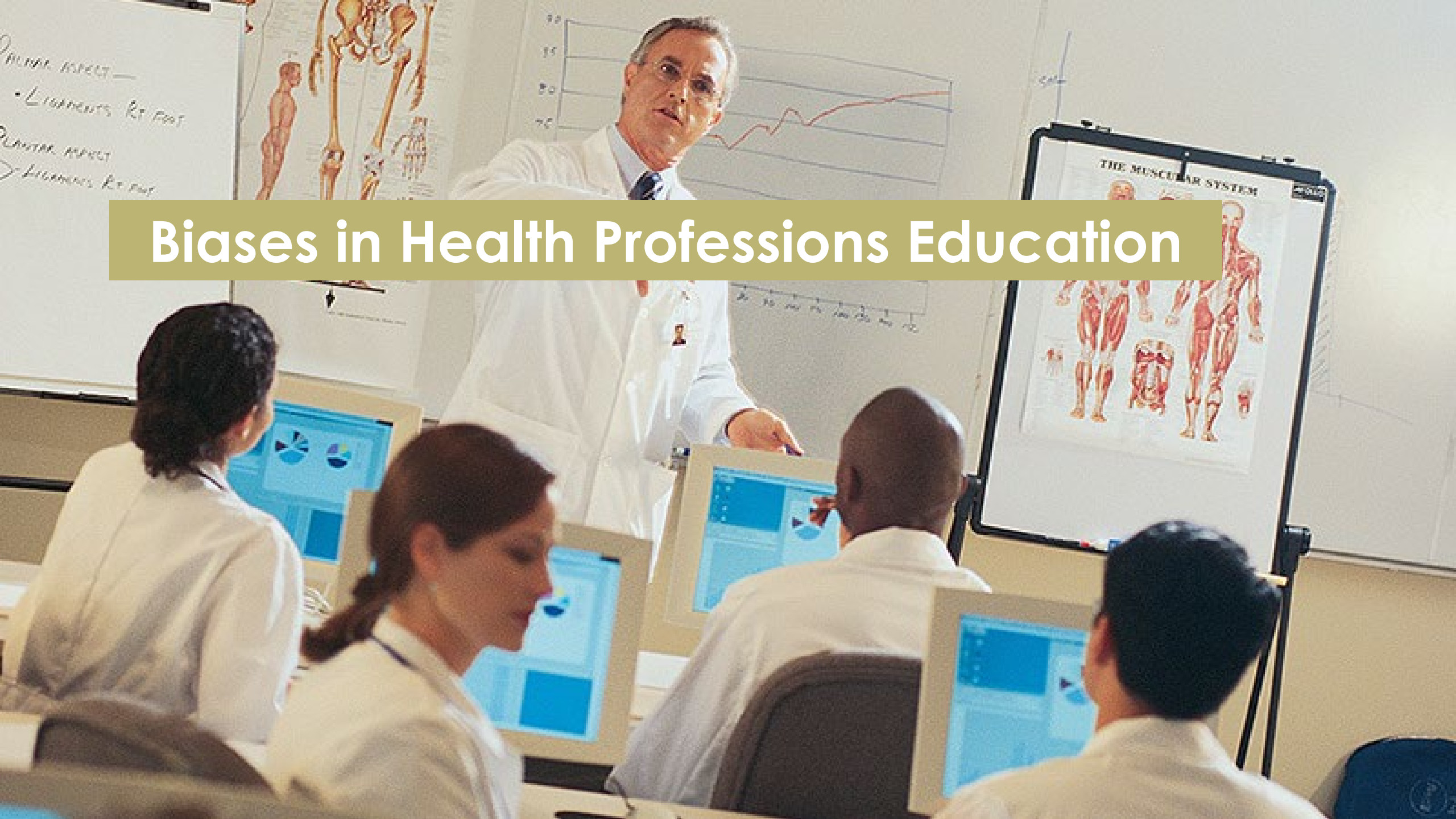
https://diversity.nih.gov/sociocultural-factors/implicit-bias
https://nccc.georgetown.edu/bias/module-3/1.php

Microaggressions

- Everyday biases…subtle actions and behaviors, verbal or non-verbal, conscious or unconscious directed at a member of a marginalized group that has a derogatory, harmful effect.

- Term 1st introduced 1970's by Dr. Chester Pierce, psychiatrist at Harvard University

https://www.thoughtco.com/microaggression-definition-examples4171853#:~:text=A%20microaggression%20is%20a%20subtle%20behavior%20%E2%80%93%20verbal,first%20introduced%20the%20term%20microaggression%20in%20the%201970s.



Biases in Health Professions Education


youre pretty

Educator level

- Talking to students differently based on race, ethnicity, sexual orientation, religion, physical disabilities
- Singling out learners to speak on behalf of an entire race/ethnicity, LGBTQ+ community, religion, physical disability, etc.
- Disregarding learners based on gender, race/ethnicity, etc
- Attributing health disparities to race/ethnicity without discussing social determinants of health and health behaviors

Individual learner level

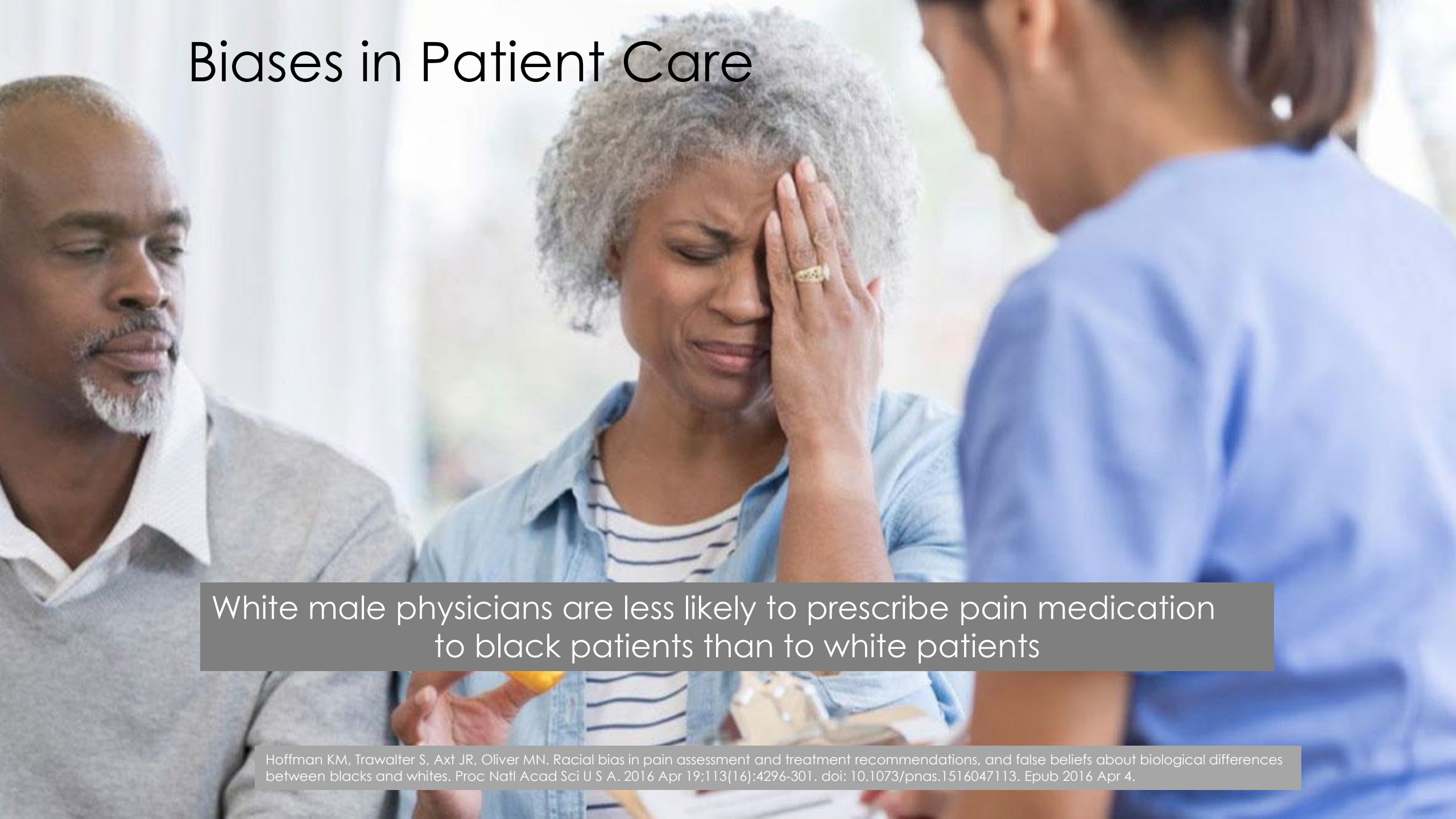
- URiMs at greater risk of
  - poor personal well-being
  - Increased stress, depression, & anxiety
- URiMs report race/ethnicity adversely affects their medical school experience
- Concerns raised about racism and bias in assessments/evaluations by faculty who have inadequate training in cultural competence and bias

Unconscious

Biases in Patient Care

- Lead to false assumptions
- Negative outcomes (esp. minority groups) /life or death decisions
- Lead to health disparities
- Non-medical factors that influence medical decision-making
  - Patient's style of dress
  - Age
  - Race
  - Ethnicity
  - Gender
  - Sexual identity
  - Religion
  - Disability
  - Insurance status
  - Clinical setting ("bad" vs "good" neighborhood, free clinic)

Biases in Patient Care



White male physicians are less likely to prescribe pain medication to black patients than to white patients

Hoffman KM, Trawalter S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. Proc Natl Acad Sci U S A. 2016 Apr 19;113(16):4296-301. doi: 10.1073/pnas.1516047113. Epub 2016 Apr 4.

Clinical Trial > Proc Natl Acad Sci U S A. 2016 Apr 19;113(16):4296-301.
doi: 10.1073/pnas.1516047113. Epub 2016 Apr 4.

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

University of Virginia

Abstract

Black Americans are systematically undertreated for pain relative to white Americans. We examine whether this racial bias is related to false beliefs about biological differences between blacks and whites (e.g., "black people's skin is thicker than white people's skin"). Study 1 documented these beliefs among white laypersons and revealed that participants who more strongly endorsed false beliefs about biological differences reported lower pain ratings for a black (vs. white) target. Study 2 extended these findings to the medical context and found that half of a sample of white medical students and residents endorsed these beliefs. Moreover, participants who endorsed these beliefs rated the black (vs. white) patient's pain as lower and made less accurate treatment recommendations. Participants who did not endorse these beliefs rated the black (vs. white) patient's pain as higher, but showed no bias in treatment recommendations. These findings suggest that individuals with at least some medical training hold and may use false beliefs about biological differences between blacks and whites to inform medical judgments, which may contribute to racial disparities in pain assessment and treatment.

JAMA Pediatrics

Racial Disparities in Pain Management of Children With Appendicitis in Emergency Departments

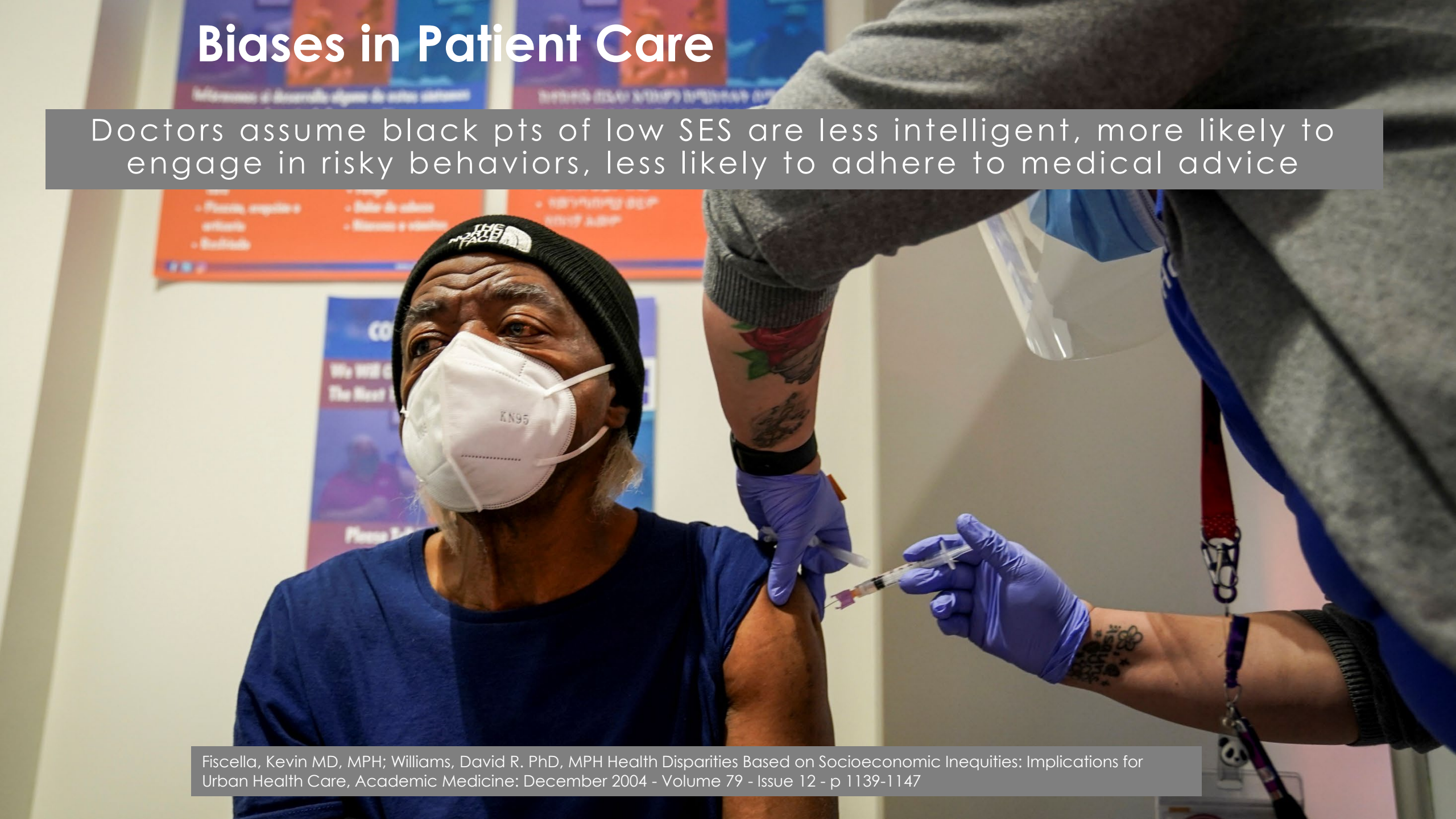
Goyal MK, et al. 2015 Nov;169(11):996-1002.
doi: 10.1001/jamapediatrics.2015.1915.

- Cross-sectional study of patients 21 years or younger in ED w/diagnosis of appendicitis. (~ 1M children)
- National Hospital Ambulatory Medical Care Survey from 2003-2010
- Calculated frequency of both opioid and nonopioid analgesia administration
- 56.9% received analgesia of any type
- 41.3% received opioid analgesia (**20.7%** black patients vs **43.1%** of white patients)

Black children are less likely to receive any pain medication for moderate pain and less likely to receive opioids for severe pain, suggesting a different threshold for treatment

Biases in Patient Care

Doctors assume black pts of low SES are less intelligent, more likely to engage in risky behaviors, less likely to adhere to medical advice

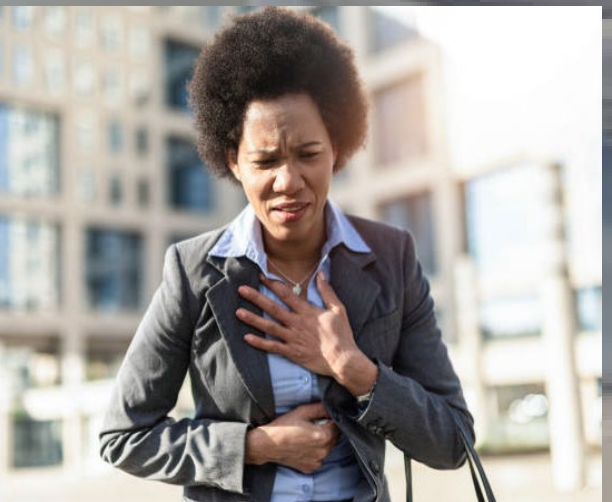


Fiscella, Kevin MD, MPH; Williams, David R. PhD, MPH Health Disparities Based on Socioeconomic Inequities: Implications for Urban Health Care, Academic Medicine: December 2004 - Volume 79 - Issue 12 - p 1139-1147

Biases in Patient Care

Women presenting with cardiac heart disease symptoms less likely to receive diagnosis, referral and treatment than men…d/t misdiagnosis of stress/anxiety

Okunrintemi V, et al. Gender Differences in Patient-Reported Outcomes Among Adults With Atherosclerotic Cardiovascular Disease. JAHA10 Dec 2018

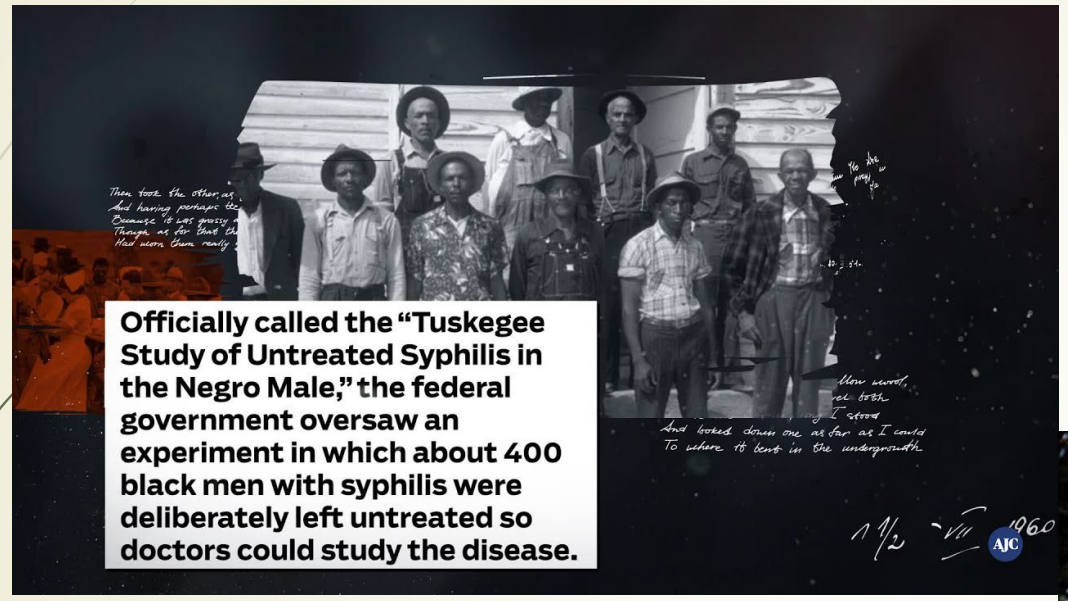


Biases in Research

- Gender, race/ethnicity inequalities in science
- Multi-cultural researchers working in lab.
- Speaking in native tongue

- Lack of diversity in research studies
- Reticence of people of color to participate in research due to past scientific traumas

Legacy of Mistrust: Research & People of Color



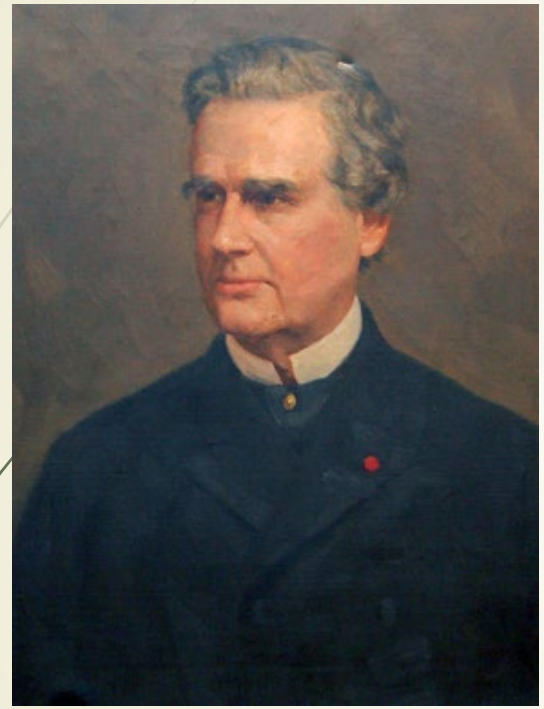
Tuskegee Syphilis Study
1932-1972
Exposed by NYT in 1972

1979 Belmont Report
Establishment of the Office for Human Research Protections (OHRP) and federal laws and regulations requiring institutional review boards for the protection of human subjects in studies. **www.HHS.gov**

Legacy of Mistrust: Research & People of Color

1951 - 31 y/o BF w/advanced cervical ca. Treated w/radium. Died. Cells saved for research w/o consent. World's 1st "immortal cell line" aka**. HeLa cells**. Used for cloning, develop polio vaccine, study of HIV, herpes, Parkinson's disease, other cancers
https://www.hopkinsmedicine.org/henriettalacks/

Legacy of Mistrust: Research & People of Color



James Marion Sims
"Father of Modern Gynecology"
1813-1883

Controversial experimental surgeries on enslaved women – urogynecologic fistula repairs - without anesthesia nor consent. Notion that black women feel less pain.

http://www.encyclopediaofalabama.org/article/h-1099

U.S. government's role in sterilizing women of color
"EUGENICS"

(protecting society from offspring of those deemed dangerous, inferior – poor, disabled, mentally ill criminals, BIPOC)

African Americans
- North Carolina 1929-1974
- 7600 sterilized – 85% women & girls; 40% Black
- No consent

Puerto Ricans
- 1930s-1970s
- 1/3 women sterilized
- No consent or understanding
- 1950s – experimental human exploitation: BCP trials without proper consent

Native Americans
- 1970s-1980s
- Gov't-ordered sterilizations at IHS
- 25% women ages 15-44
- No consent

https://www.pbs.org/independentlens/blog/unwanted-sterilization-and-eugenics-programs-in-the-united-states/
https://www.nlm.nih.gov/nativevoices/timeline/543.html
https://www.pbs.org/wgbh/americanexperience/features/pill-puerto-rico-pill-trials/

Biases in Healthcare lead to Health Disparities

Definition of Health Disparities

Differences in health outcomes and their causes among groups of people.

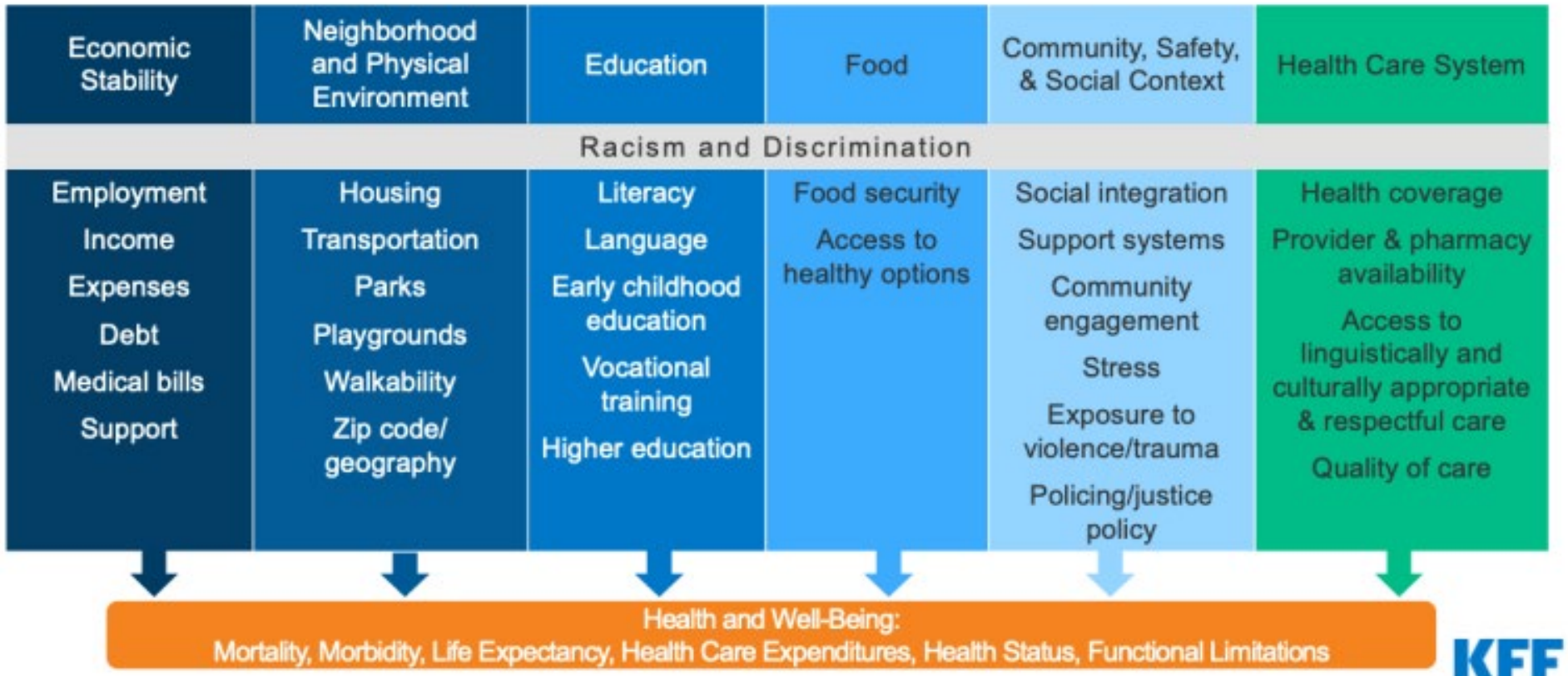
Inequities that encompass a wide range of diseases, behavioral risk factors, environmental exposures, social determinants, and health-care access by race and ethnicity, income, education, disability status and other social characteristics.

https://www.cdc.gov/healthequity/index.html

https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/

Figure 1

Health Disparities are Driven by Social and Economic Inequities



https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/

Structural Racism is a Public Health Crisis

leads to chronic stress, anxiety, HTN Heart Disease
(increase urinary catecholemines)

Homandberg LK, et al. Experiences of Discrimination and Urinary Catecholamine Concentrations: Longitudinal Associations in a College Student Sample. Ann Behav Med. Volume 54, Issue 11, November 2020, Pages 843–852

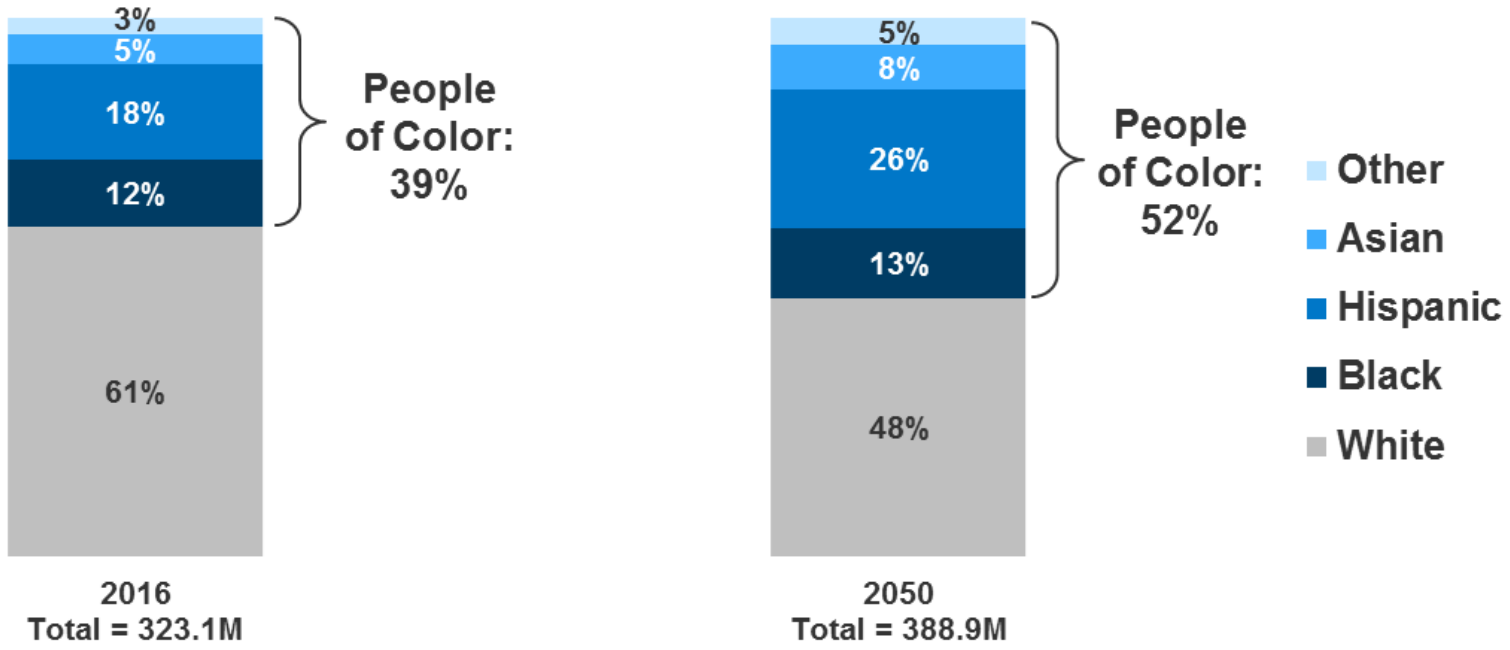
the ways in which society is set up in such a way that advantages and opportunities are preferentially given to those of one race rather than to another

https://www.cdc.gov/minorityhealth/chdireport.html
https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2021/01/13/structural-racism-is-a-public-health-crisis

Figure 2

Distribution of U.S. Population by Race/Ethnicity, 2016 and 2050

Minority health determines the health of our nation



NOTE: All racial groups are non-Hispanic. Other includes Native Hawaiians and Pacific Islanders, American Indian and Alaska Natives, and individuals with two or more races. Data do not include residents of Puerto Rico, Guam, the U.S. Virgin Islands, or the Norther Mariana Islands.

SOURCE: U.S. Census Bureau, 2017 National Population Projections, Race by Hispanic Origin, 2017-2060. Available at: https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html.

KFF
HENRY J KAISER FAMILY FOUNDATION

THE AVENUE

The US will become 'minority white' in 2045, Census projects

Youthful minorities are the engine of future growth

Health Disparity Stats

African Americans are **30% more likely** than non-Hispanic Whites to **die prematurely from heart disease** and AA men **are twice as likely** as whites to **die prematurely from strokes**.

https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlID=19#:~:text=Heart%20Disease%20and%20African%20Americans%20In%202018%2C%20African,whites%20to%20have%20their%20blood%20pressure%20under%20control

Health Disparity Stats

Native Americans and Native Alaskans have **2X higher rate of infant mortality rate** than non-Hispanic whites **and high rate of smoking**. African American mothers also have high rates of infant mortality**.** https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlID=38

Health Disparity Stats

African American females twice as likely to die from breast cancer than White counterparts.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2443578/

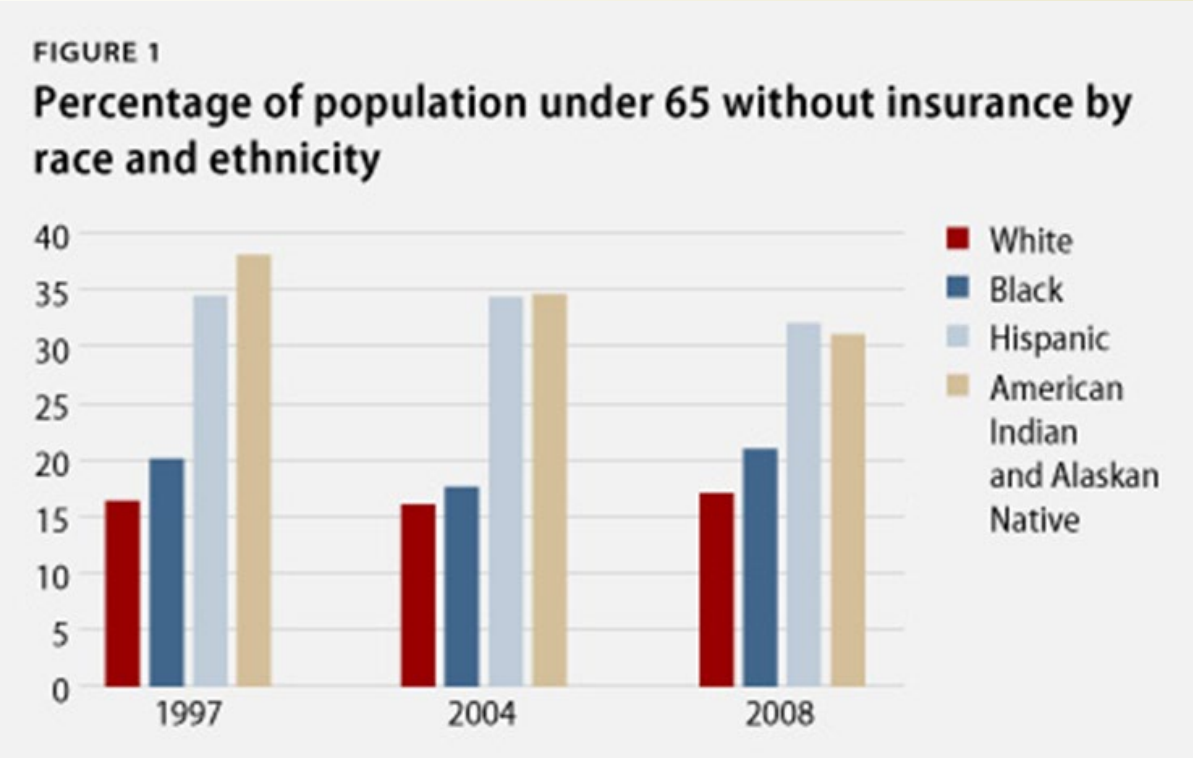
Health Disparity Stats

Compared to Whites: Blacks, Hispanics, American Indians/Alaska Natives, Asians and Native Hawaiian/Pacific Islanders bear a disproportionate burden of chronic diseases (HTN, DM, heart disease, obesity), cancer, injury, premature death, and disability, lower life expectancy, decreased quality of life, loss of economic opportunities, and perception of injustice.

Which Racial/Ethnic Groups Have the Greatest Healthcare Disparities?

Compared to Whites, **Hispanics** and **African Americans**

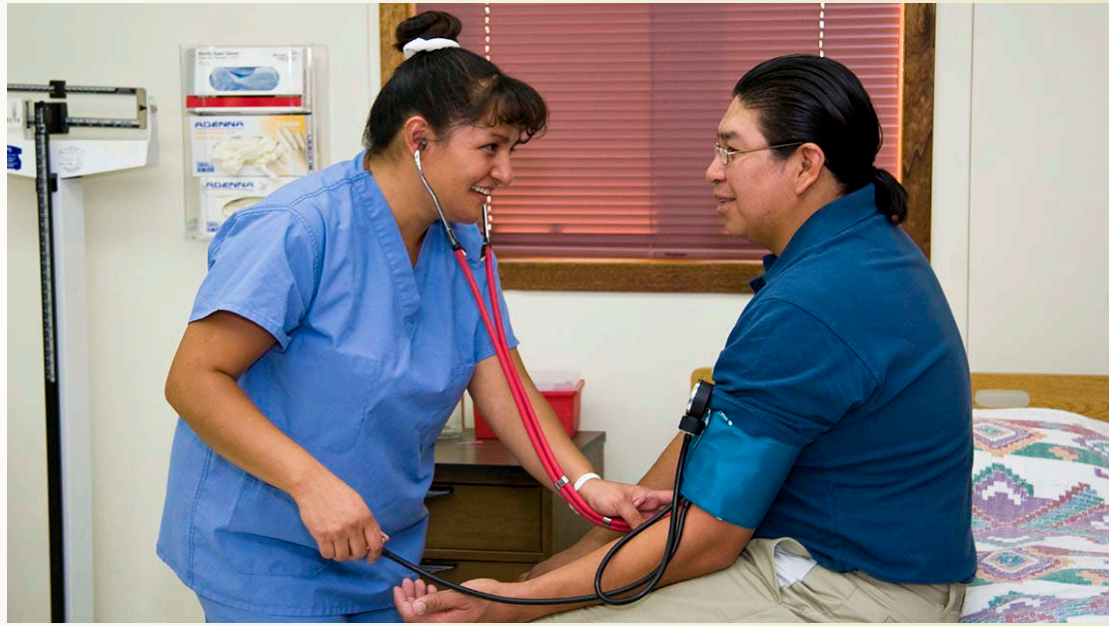
- Comprise >50% of uninsured
- Have poorer health outcomes
- Have higher infant mortality
- Are more likely to go without a doctor visit in the last year
- Experience more bias, stereotyping, prejudice and clinical uncertainty on the part of healthcare providers
- Have lower quality of care
- Are under-represented in medicine



Institute of Medicine, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, 2002

Diversity Improves Patient Care

- Race-concordant visits
  - Were longer and had higher ratings of patient positive affect than race-discordant visits
  - Patients were more satisfied, and rated their physicians as more participatory
- Higher patient ratings independent of patient-centered communication
- Patient and physician attitudes may mediate the relationship
- Recommendations
  - Increase ethnic diversity among physicians
  - Engender trust and comfort between patients and physicians of different race/ethnicity



Cooper LA, et al, Patient-Centered Communication, Ratings of Care, and Concordance of Patient and Physician Race, Ann Int Med 2003 139:907–15 252 pts (142 AA, 110 White) / 31 physicians (18 AA / 13 White)

Key Takeaways

Diversity, Equity, & Inclusion are essential ingredients in making a multi-cultural environment the norm and not the exception

Biases in healthcare can negatively impact medical education, patient care, and research

Social determinants of health address the underlying causes of health disparities and resulting health outcomes in different groups of people

Race-concordance between patient and physician increases minority patient-physician trust

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Thank you!

Questions?