IMPLICIT BIAS.....
WITH A LENS TOWARDS HEALTH EQUITY

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DISCLOSURES

• I have no conflicts of interest to disclose
BIAS.......WHAT IS THAT?

• a disproportionate preference for (or, on the other hand, an antipathy towards) an idea or a group of people, usually in a way that is close-minded, judgmental or unfair. This, in turn, can create discriminatory behaviors, practices, and institutional policies.
HOW IS BIAS BORN?

• Bias is born from our tendency to place people into groups and affording more attention to those groups with power and resources in society.

• This “sorting” actually begins by the time we are 5 years of age but is not yet engrained enough in and of itself to lead to bias.

• Race or gender are just two groups that are often parts of a bias agenda.
Explicit bias is the conscious process in which we evaluate another person, deem them “acceptable” or “unacceptable,” and then treat that other person according to how we see them. Unlike implicit bias, which is most often unconscious or automatic, explicit bias is holding a clear and conscious judgement about groups of people based on their identity.
Implicit Bias

• Implicit bias is an unconscious or immediate thought process that may go directly against our conscious beliefs. As noted above, bias comes from natural tendencies coupled with what we learn and observe starting at a very young age.

• We are often biased in favor of people or groups we see as familiar (which makes us think of them as “safe”), and biased against groups we have learned to see as unsafe or “strange.”

• These often unconscious associations can shape our attitudes and comfort levels around people we perceive as different, and can in turn affect how we treat them.
Implicit Bias in Healthcare

• Preferring to socialize or interact with others who only look like you or have similar identities to yours without noticing that you tend to do this.....

• Unconsciously feeling discomfort when you are around individuals or groups that are different from you (e.g. race, sexual orientation, gender, body type e.g. obesity, religion, socioeconomic level)....

• Automatically changing how you speak to members of a certain group – communicating impatiently when ESL, speaking “above” the understanding level of a group and not allowing for reciprocity, or communicating in a dehumanizing manner
SOCIAL RESPONSIBILITY IN HEALTHCARE
66 out of 3600 hospitals (2%) earned an “A”

• The **Lown Institute’s Hospital Index for Social Responsibility** is a report that provides an intense focus on measures related to **health equity, value, and outcomes**.

• COVID-19 revealed steep racial health disparities

• Under the health equity umbrella there were significant disparities in pay equity, inclusivity, and community benefits.

• In terms of value, the organization assessed avoiding of overuse and cost efficiency

• The outcomes measures of patient satisfaction, patient safety, and clinical outcomes.
IMPLICIT BIAS
“MORBIDITY AND MORTALITY CONFERENCES”

IN MEDICINE, WE OFTEN SEE WHAT WE LOOK FOR!!
HOW TO UNLEARN BIASES...ERADICATE

• One manner of addressing this unconscious issue of implicit bias is to incorporate didactic learning regarding implicit bias in all trainings (e.g. the next grand rounds on Cervical Cancer) or monthly organizational clinic meetings.....might include information regarding the Restorative Justice measures that now exist:

• The story portrayed in The Immortal Life of Henrietta Lacks points to several important bioethical issues, including informed consent, medical records privacy, and communication with tissue donors and research participants.
HENRIETTA LACKS (1920-1951)

Born in Roanoke on 1 Aug. 1920, Henrietta Pleasant lived here with relatives after her mother's 1924 death. She married David Lacks in 1941 and, like many other African Americans, moved to Baltimore, Md. for wartime employment. She died of cervical cancer on 4 Oct. 1951. Cell tissue was removed without permission (as usual then) for medical research. Her cells multiplied and survived at an extraordinarily high rate, and are renowned worldwide as the "HeLa line," the "gold standard" of cell lines. Jonas Salk developed his polio vaccine with them. Henrietta Lacks, who in death saved countless lives, is buried nearby.
HOW TO UNLEARN BIASES

• Check your implicit biases .... What do you see when you imagine people in different occupations and rethink stereotypes.

• Show concern...this is where being trauma informed can make a significant difference. COVID impact? Extended family health? Worries outside this health appointment?

• Be circumspect in family history queries and recognize the adversity of racism
A GOAL: REPARATION AND RESTORATION

3 practices that are beneficial..........

1. Give honor to the legacy of the land upon which your medical facility rests and underscore the sacrifices that have happened for you to be where you are. *This is becoming a tradition in more and more national and international conferences.*

2. Be willing to apologize for the past and the present. Many patients appreciate your empathy on their reticence towards medical procedures or practices because of historical travesties.

3. Work on being trauma informed in your practice group. Empathize with family tragedies and avoid saying “I know how you feel”.....
IMPLICIT BIAS, DISCRIMINATION AND MENTAL HEALTH

- LGBTQ+ experience discrimination from multiple sources (family, school systems, and housing); This increases their risk for depression, anxiety, suicidal thoughts and self-injury.

- Racial Discrimination in healthcare, schooling and the criminal justice system creates barriers for communities of color. All of these barriers have negative impacts on physical and mental health.

- Older adults and persons with disabilities are more likely to experience discrimination at work and in healthcare, both of which are associated with depression, low self-image, and overall poor health.

The Jed Foundation
QUESTIONS ???????

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