The Relevance of Unconscious Bias In Cultural Competency

May 15, 2013
Before we start...

- Reminders:
  - Letters of commitment
  - IHI Open School
- Provide responses in the chat box
- Your feedback is very important for us.
Important notes

- Within3 Community
**Important notes**

- **HCAHPS Year 2 Reference List**

  [http://tc.nphhi.org/Learn/HCAHPS-Beyond-The-Basics.aspx](http://tc.nphhi.org/Learn/HCAHPS-Beyond-The-Basics.aspx)

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**HCAHPS: Beyond The Basics**

As hospitals continue to improve the experience of care for patients and families, improving scores on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey remains a challenge. With value-based purchasing taking effect and the implementation of health reform, demonstrating progress on these scores and successfully engaging patients and families is more important than ever before.

After our first successful HCAHPS Learning Network, NAPHi has once again partnered with the not-for-profit Health Research and Educational Trust (HRET) in a project funded by the federal Agency for Healthcare Research and Quality (AHRQ) to provide NAPHi members with free education and performance improvement support through an interactive, distance learning program. The nine-month webinar series focuses on themes that have broad application throughout the safety net.

Carrie Brady, an expert in patient and family engagement, will again lead the program along with other national experts.

Please contact Jane Hooker, NAPHi’s assistant vice president for quality, at jhooker@naphi.org for more information.

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**RESOURCES**

**EDUCATE**

**LEADERSHIP**

**WEBINAR**

Office Hours: Maintaining Compassionate Care (2/13 Webinar)

Participants uncovered ways that a simple gesture can make a dramatic difference in the lives of patients.

Compassionate Care Keeping Empathy in Practice

Speakers shared how compassion is key to patient and family centered medical care.

HCAHPS Learning Network Year Two Planning Session

NAPHi shared proposed plans for Year Two of the NAPHi-HCAHPS Learning Network.

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**HCAHPS: Beyond the Basics Save the Date Flyer**

Mark your calendar today to join us for this educational 11-part series! Webinars will be held on select Wednesdays from 2 – 3 pm ET, unless otherwise noted.

**Program Overview and Details**

Learn more about how to participate in Year Two of the HCAHPS Learning Network. You can also share this with leadership to support your participation in this work.

**Letter of Commitment**

Please sign and return this letter to Jane Hooker with contact information for the key staff participating in this program.

**Peer-Reviewed Reference List**

A list of peer-reviewed articles on HCAHPS and essential tips and techniques for improved patient experience.
Important notes

- HCAHPS Learning Network (year 1)

http://tc.nphhi.org/Learn/Patient-Engagement-HCAHPS-Learning-Network.aspx
Experts From the Field

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The Relevance of Unconscious Bias In Cultural Competency

Alexander R. Green, MD, MPH
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Who are you?

Please use the polling function to the right of your screen
It is likely that I have unconscious biases about patients (or others) based on their personal characteristics (race, ethnicity, culture, etc.)?

Please use the polling function to the right of your screen.
Overview

- A little about unconscious thinking and bias
- Exercises looking at our own unconscious assumptions and biases
- How does this relate to patients’ experiences of care?
- What can we do about it?
- Wrap-up and Q & A
So are we in complete control of our decisions and behaviors?
Are doctors, nurses, and other health care professionals susceptible?
Experience the power.

Feel the relief.
Nexium 40 mg offers greater healing power than either omeprazole or lansoprazole; with no compromise in tolerability.
It's got the power. Nexium.

For relief of the signs and symptoms of osteoarthritis

7.5 mg once daily • Specially priced

MOBIC is contraindicated in patients with known hypersensitivity to meloxicam. It should not be given to patients who have experienced asthma, urticaria, or allergic-type reactions after taking aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs). Severe, rarely fatal, anaphylactic-like reactions to NSAIDs have been reported in such patients.

Please see accompanying Brief Summary of Prescribing Information.
What about messages about race, ethnicity and other social groupings?
Jennifer Kearney, general manager of the Natick Collection.

Mandarin Oriental general manager Susanne Hatje told the Globe travelers will be more price-sensitive for a while, but reservations at the hotel are going "very well" and will likely exceed the company’s sales forecasts for rooms as well as events.

Pallotta, who built the mansion in Weston, declined to comment.

But among some who’ve lived through the aftermath of past-plined culture. Referring to the credit crunch and financial bailout, Advent’s Brooke, who’s often called the elder statesman of Boston venture capital, said, “This is a dose of salt. Things have gone a little too far and it will be a painful recovery, but we’ll come through it.”

John Caldwell, an out-of-work Dorchester house painter, leaned against a tree on Boylston Street in the Back Bay recently, flagging down passersby for spare change. Across the street, work-$500 a night.

“There’s more help than customers in every store I’ve been in.”

Jerry Gordon, shopping in Natick

“Five hundred dollars a night?” Caldwell said, shaking his head. “People are barely making it right now.”

Others nearby said they were amazed to learn condominiums at the Mandarin Oriental have sold for as much as $14 million.

“Whoever buys those condos, it will have to be cash,” said Jeannette Zarbano of Medford, an employee of the Massachusetts Convention Center Authority. “You’d better have the money.”
Man charged in T murder

Expected to be arraigned this week for shooting 18-year-old on an MBTA bus

A Dorchester man was charged yesterday with a shocking midday murder aboard an MBTA bus last spring, part of a spate of violence that gripped the city at the time.

Jonathan Sanders, 19, who is already in custody on an unrelated probation violation, is accused of fatally shooting 18-year-old Dwayne Graham in the head aboard the No. 23 bus on March 30, 2007.

Sanders is expected to be arraigned this week in Dorchester District Court. His arrest was made "amid an ongoing investigation on the streets of Boston and behind the closed doors of the Suffolk County Grand Jury," according to authorities.

"Though more than a year passed, we never abandoned our shared efforts to find justice for Dwayne Graham and his loved ones," said Suffolk County District Attorney Daniel Conley.

The shooting occurred around 3:45 p.m. at the busy intersection of Washington Street and Columbia Road in Dorchester.

Dwayne Graham was murdered on the No. 23 bus last year.

Graham died the next day, one of a series of victims the last week of that month.

On March 24, 2007, a 22-year-old college student from Kentucky who was in town visiting family was slain amid crossfire outside a Dorchester house party. Four nights later a 24-year-old male was gunned down on Blue Hill Avenue in Dorchester.

And hours after Graham was shot, a 27-year-old Iraq War veteran was killed on McLellan Street in Dorchester.

Boston Police put three "Safe Street Teams" on the ground that month and added nine more in hot spots last summer. And the Guardian Angels, a citizen patrol that roamed Boston through the 1980s, returned to a tepid welcome from the community.
"Race and Poverty in America: Public Misperceptions and the American News Media"
Dr. Martin Gilens - Yale University

• While African-Americans make up 29 percent of the nation's poor, they constitute 62 percent of the images of the poor in the leading news magazines, and 65 percent of the images of the poor on the leading network television news programs.
Negative messages about Blacks and Latinos portrayed in the media

- Crime (untrustworthy)
- Drugs (immoral)
- Violence (dangerous)
- Poverty (lazy)
- Welfare (undeserving)
But these are just some of the stereotypes we have internalized

Imagery exercise

• Clear your mind and close your eyes and imagine the individuals who I am about to describe

• Try to conjure up the most detailed and textured images of each individual you can including physical characteristics, dress, setting and context
Imagery exercise

• African American Woman
• Single Mother
• Extremely Wealthy
• Chief of Cardiology
Imagery exercise

- Gay Man
- Japanese Ancestry
- Father of Two
- Just Celebrated 82nd Birthday
Imagery exercise

- Female Lawyer
- 26 Years Old
- American Indian
- Chippewa Nation
Imagery exercise

• White Male
• World Class Athlete
• Engineer
• Requires Wheelchair for Mobility
What surprised you about what happened in your mind automatically? What did you find interesting about this exercise?

Please share your response in the chat box.
Imagery exercise

Common responses:

• “I pictured the African-American woman who was a single mother to be poor, not wealthy.”

• “I didn’t imagine the gay man being Asian, or having kids, or being that old.”

• “I tended to picture people as young in general”

• “I don’t have any experience with the Chippewa nation so my image of the American-Indian lawyer didn’t change.”

• “I didn’t picture the white male athlete in a wheelchair.”
First impressions exercise

• First impressions are clues to unconscious biases

• Take a look at the following pictures and pay attention to the very first thoughts about the characteristics of the person that come into your mind
Stereotypes and decision-making

• Normal, functional, adaptive (but often unconscious) cognitive process

• Applied most to:
  1) Race   2) gender   3) age

• Activated most often in situations of:
  1) Stress   2) time pressure   3) multi-tasking
What do these unconscious associations do?

Can they affect the way health care professionals interact with and make decisions about patients?

Can they impact patients’ experience of care?
Paved With Good Intentions: Do providers contribute to racial/ethnic disparities in health care?

VanRyn, et al., AJPH, 2003

- Over 30 studies supporting provider contribution
- Model for stereotypes/biases leading to disparities
  - Lower expectations for minority patients (e.g. tight control of diabetes)
  - Less effort spent communicating with minority patients (e.g. influenza vaccine)
  - Gatekeeper - (e.g. African-Americans with renal failure less likely to be placed on renal transplant list - not related to preference)
The Effect of Race and Sex on Physicians’ Recommendations for Cardiac Catheterization
Schulman, et.al. NEJM 1999

- 720 physicians at ACP, AAFP
- Identical video vignettes of pt w/chest pain randomized by pt characteristics (race, sex, age)
- Asked about perceptions of patient and how they would treat patient
- Black patients referred less often for cardiac catheterization

- Race of patient affected physicians’ perceptions of and attitudes towards patients after controlling for covariates
- African Americans perceived less: pleasant, intelligent, educated, adherent to medical advice
Physicians less likely to prescribe antiretrovirals to patients that are likely to be non-adherent.

Same physicians felt that African-Americans less likely to be adherent to treatment.
“I treat all patients the same”
(The “not me!” phenomenon)

Maybe the biases that are contributing to racial/ethnic disparities in health care are primarily unconscious.
Background: IAT

- In early 1990s Banaji, Greenwald, et.al. began work on a tool called the *Implicit Association Test (IAT)*
- Tests response times to certain categorizing tasks
- Now a well accepted tool for measuring biases that people may not be aware of
- Not strongly correlated with conscious bias
European American or Good

African American or Bad
European American or Good

African American or Bad

Peace
African American or Good

European American or Bad
Background: IAT

General race IAT scores are a normally distributed continuous variable ranging from about -1 to +1

– Negative scores reflect pro-Black bias, positive scores reflect pro-White bias (can be categorized as slight, moderate, or strong)

www.implicit.harvard.edu
Two important books that feature the IAT
Implicit Bias among Physicians and its Prediction of Thrombolysis Decisions for Black and White Patients

Green AR, Carney DR, Pallin DJ, Ngo LH, Raymond KL, Iezzoni LI, Banaji MR.

J Gen Intern Med. 2007 Sep;22(9):1231-8.
Vignette pictures
Mean IAT scores (n=220)

<table>
<thead>
<tr>
<th></th>
<th>IAT Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>All residents:</td>
<td>+0.36</td>
</tr>
<tr>
<td>MD race/ethnicity</td>
<td></td>
</tr>
<tr>
<td>White:</td>
<td>+0.40</td>
</tr>
<tr>
<td>Black/AA:</td>
<td>-0.04*</td>
</tr>
<tr>
<td>Hispanic:</td>
<td>+0.36</td>
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<tr>
<td>Asian/PI:</td>
<td>+0.38</td>
</tr>
<tr>
<td>Other:</td>
<td>+0.22</td>
</tr>
</tbody>
</table>

No differences by:
- Age
- Sex
- Training year
- Specialty
- City
- %black pts seen
- Socioeconomic background

* P<0.05
IAT Score Predicts Thrombolysis Decisions

Degree of implicit anti-black bias (IAT score)

Low

High

Treatment with thrombolysis

Black pt

White pt

β = 0.17

P = 0.009

β = -0.19
More recent studies on unconscious bias and clinical care

• “Black patients perceived physicians who had more implicit bias (assessed with the Implicit Association Test) as less warm and friendly in their encounter”


• “Black patients feel less respected by the physician, like the physician less, and have less confidence in the physician regarding their medical encounters when the physician exhibits greater implicit racial bias”

• “black patients rate their primary care physicians as less patient-centered when those physicians are more unconsciously biased against them”

What can we do?
Dealing with unconscious biases

• Recognize our own unconscious biases
  – Awareness allows us to prevent unconscious biases from unknowingly impacting our behaviors
  – Try IATs (www.implicit.harvard.edu)
What can we do?
Dealing with unconscious biases

• Mindfulness – being aware of our internal thought processes – “beginner’s mind”
What can we do?
Dealing with unconscious biases

- Culturally Competent Care: 3 key attitudes
  
  Respect

  Curiosity

  Empathy
What can we do?
Culturally competent care

• Address each person as an individual (patient-centered care)
• Build Trust
• Understand core cross-cultural issues
• Language and health literacy
• Health beliefs
Negotiating management options: striving for cooperation

Patient’s perspective

Provider’s perspective

Mutual understanding

Improved cooperation
What can we do?
Changing unconscious biases

• Exposure to individuals from various backgrounds
• Stereotype breaking examples and case studies
Summary

• Racial/ethnic disparities in health care are widespread and health care providers may contribute

• Negative images, messages, and other experiences about race/ethnicity (and culture, language, age, etc.) may lead to unconscious biases

• Unconscious biases may influence the care we provide patients and the way we are perceived by our patients

• We’ve discussed some ideas on how to deal with or change unconscious biases but more work to be done
Questions?
Next Steps

- Please look forward to our next Webinar June 5th: *Words that Wound, Words that Work, and Words that WOW!*

- What topics would you like to read about on our community? Help us provide you with what you want.

- Should you have any further questions, please contact:
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