

# Assessing & Addressing Bias in the Context of Health Equity

Sarah Brinkman, MBA, MA, CPHQ and Liza Nicholson, MSM, CRS-A/D  
Stratis Health

**Fulcrum Health Symposium**

**Conservative Care: Leading the way in Patient Experience**

November 11, 2021

8:30-10 a.m.



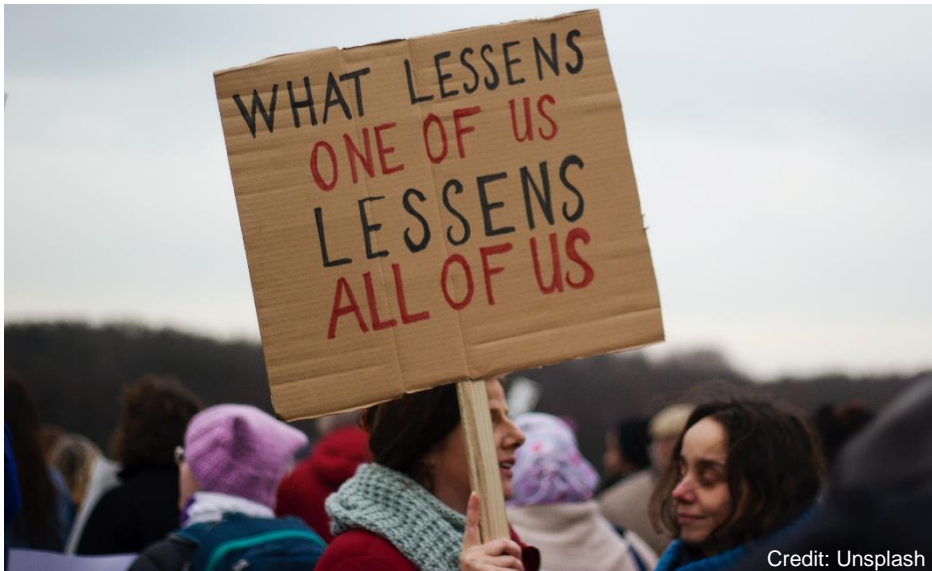
# Agenda

- About Stratis Health
- Objectives
- A common understanding of terminology
- Culturally and linguistically appropriate services (CLAS) in health care
- Culture Care Connection guided tour
- Explicit and implicit bias (Implicit Bias Quiz)
- Heightening awareness and sensitivity
- Putting resources into action

# Stratis Health

- Independent, nonprofit organization founded in 1971 and based in Minnesota
  - Mission: Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Core expertise: design and implement improvement initiatives across the continuum of care
  - Funded by government contracts, private grants, private funding (i.e., consulting)
  - Work at the intersection of research, policy, and practice
- Healthy equity is a long-standing organizational priority
  - Have been working on social determinants of health (SDoH), community health, and Culture Care Connection for two decades+

*“The pandemic and racial justice crises widened already large, persistent gaps in health care benefits and services. Stratis Health bridges health care and community to more holistically meet patient needs, so everyone has an opportunity to achieve their best health in all aspects of their lives.”*



- Sue Severson, vice president of health information technology services for Stratis Health

# Objectives

- Understand that this is a complex and dynamic topic
- Advance awareness and knowledge of equity and bias
- Identify at least two strategies to address implicit bias in your practice



# Our Request of You

# A Common Understanding: Terminology

- Social determinants/drivers of health
  - 80% of a person’s overall health is determined by where they live, learn, work, play, worship, and age
  - Connecting community-based social drivers to the health care system’s 20% influence leads to whole-person care and understanding
  - Examples of social determinants?

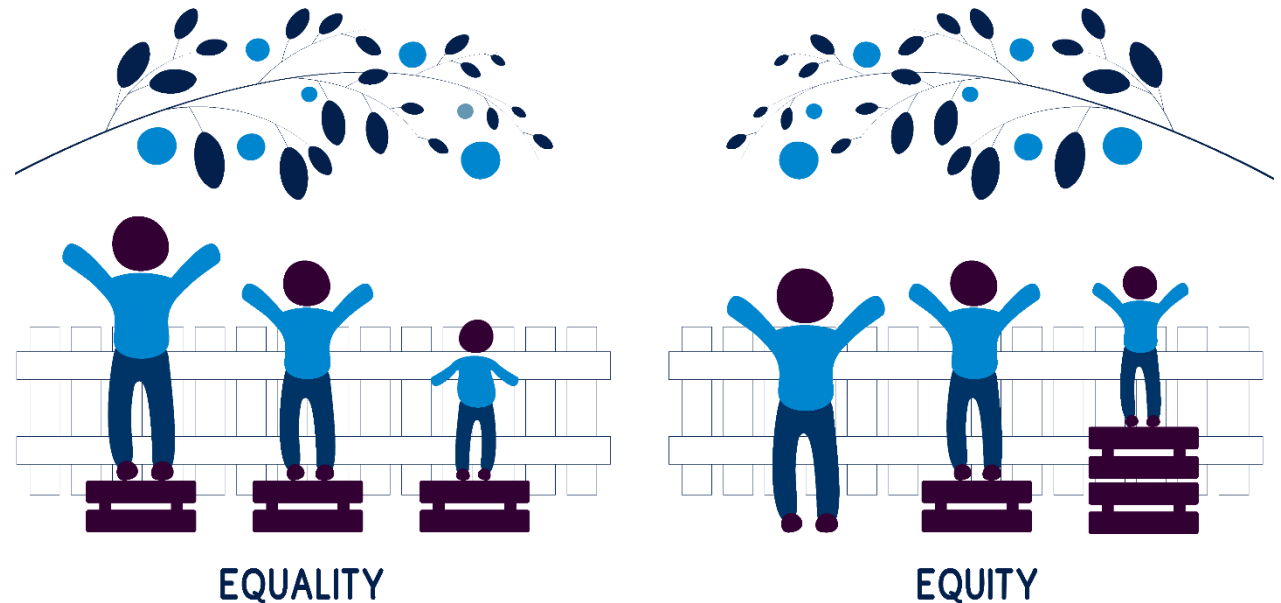


*“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”*

*– Rev. Dr. Martin Luther King Jr.*

# A Common Understanding: Terminology cont.

- Equality and equity are not created equal
  - Equality means everyone is given the same resources/opportunities
  - Equity recognizes that each person has different circumstances and allocates the resources and opportunities needed to reach an equal outcome



Health inequities are avoidable, unjust, and actionable.



# A Common Understanding: Terminology cont.

- Diversity: Multiple identities welcome
- Inclusion: All perspectives matter
- Equity: Individuals get what they need to thrive
- Belonging: The full potential of each person is valued, and everyone feels integrated and visible

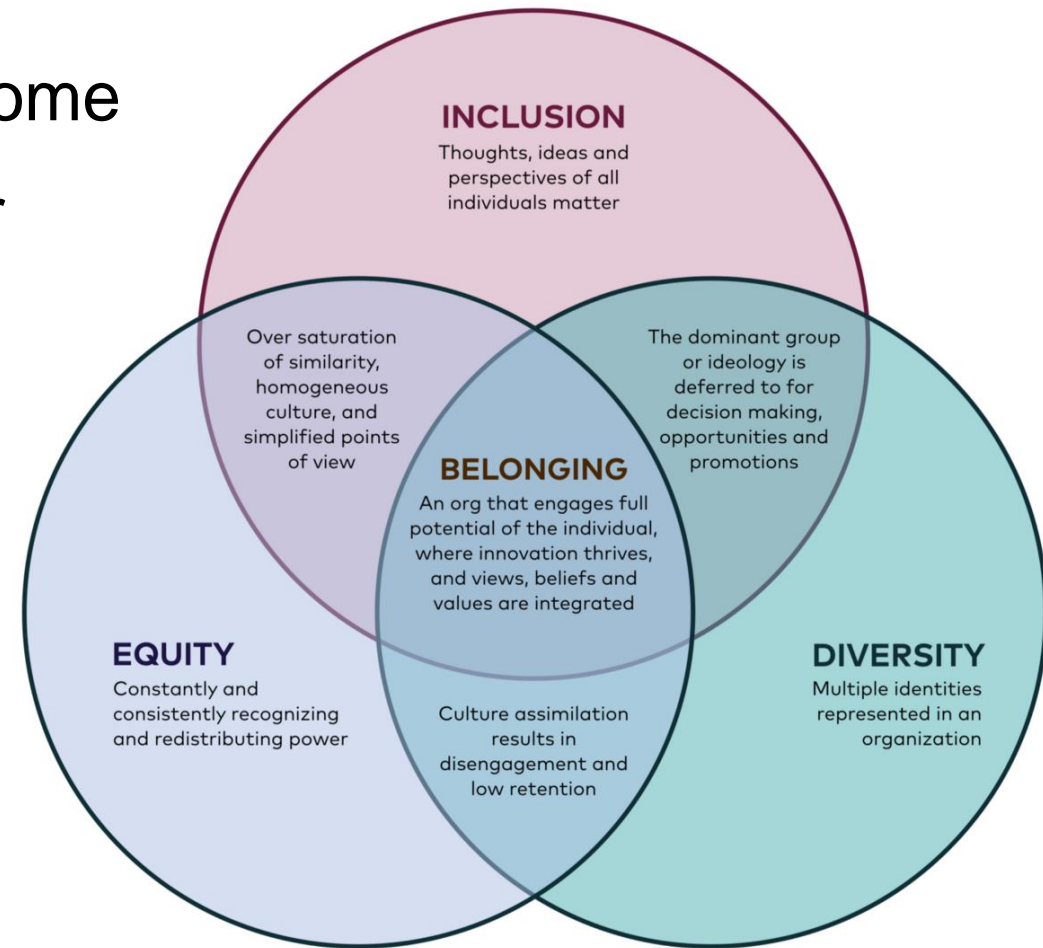


Diagram courtesy of krysburnette.com

# A Common Understanding: Terminology cont.

## What's the buzz?

- **Cultural responsiveness vs. cultural “competence:”** None of us can be fully “culturally competent” because individual and community preferences are continuously evolving.
- **Intersectionality:** The interconnected nature of social categorizations, such as they apply to an individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage (e.g., a person may belong to LGBTQ, Black, Muslim, and senior communities).
- **Anti-racism:** The policy and practice of opposing racism and promoting racial tolerance.
- **BIPOC:** Black, Indigenous, and People of Color.
- **Cultural appropriation:** Using elements of a culture that are not your own (e.g., clothing, symbols, ideas) without demonstrating understanding, respect, or reverence for the culture’s history, experience, wishes, or traditions.

# What Can Healthcare Professionals and Organizations Do?

Provide culturally and linguistically appropriate services (CLAS) which are intended to:

- **Advance** health equity
- **Improve** quality
- Help **eliminate** health care disparities by establishing a blueprint for health and health care organizations to implement and provide effective, equitable, understandable, and respectful quality care and services.

[National CLAS Standards \(hhs.gov\)](https://www.hhs.gov/nclas)

# Governance, Leadership, and Workforce

- Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
- Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

[National CLAS Standards \(hhs.gov\)](https://www.hhs.gov/ohrt/standards)

# Communication and Language Assistance

- Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

[National CLAS Standards \(hhs.gov\)](https://www.hhs.gov)

# Engagement, Continuous Improvement, and Accountability

- Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout your organizations' planning and operations.
- Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.


[National CLAS Standards \(hhs.gov\)](https://www.hhs.gov)


# Action Steps

- Assess the culture of the patients and community you serve
- Designate a champion to lead these efforts
- Have a communication and language assistance plan

# Culture Care Connection Guided Tour

Culture Care Connection

Addressing Bias & Driving Equity   Cultural Responsiveness   Data Resources   Social Determinants of Health   



## Culture Care Connection

Culture Care Connection is an online learning and resource center developed by Stratis Health with the support and partnership of UCare. *It is designed to support clinical and non-clinical health care professionals* by providing leading tools and resources to build skills and knowledge -- and to encourage action -- to help them be responsive to and supportive of the diverse patients and communities they serve.

[culturecareconnection.org](http://culturecareconnection.org)

November is Native American Heritage Month

Join us in paying tribute to the rich ancestry and traditions of Native Americans.

[Explore Native American Heritage Month](#)



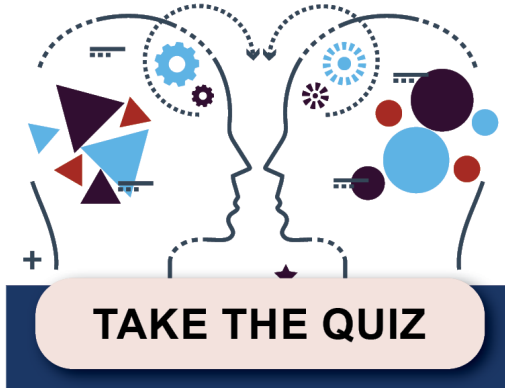
# Explicit and Implicit Bias

- Explicit bias: (Prejudice) refers to the attitudes and beliefs we have about a person on a conscious level.
- Implicit bias: Refers to attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

## DID YOU KNOW?

Bias is a systematic error in judgment and decision-making common to all human beings which can be due to cognitive limitations, motivational factors, and or adaptations to natural environments. It's important to understand hate, discrimination, explicit bias, implicit bias.

## Implicit Bias in Health Care



# Implicit Bias Quiz – Question 1

**Microaggressions are slights or snubs, either intended or not. Which of the following is an example of an ethnicity-related microaggression by a health care professional?**

- a) Avoids discussing or addressing cultural issues
- b) Denies having any cultural biases or stereotypes
- c) Over-identifies with patient experiences related to race or culture
- d) Minimizes the importance of cultural issues
- e) Says “You speak English really well.”
- f) All of the above

# Implicit Bias Quiz – Question 1

**Answer – f) All of the above**

Providers should be aware of these subtle forms of discrimination. Microaggressions undermine patient-centered care. In one study, they were connected to reports of worse mental and physical health for American Indians living with a chronic disease.

Source: Unconscious Biases: Racial Microaggressions in American Indian Health Care. J Am Board Fam Med. 2015 Mar-Apr; 28(2): 231–239.  
Table 3, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4386281/>

# Implicit Bias Quiz – Question 2

**Health care professionals have been observed showing bias through nonverbal cues, such as spending less time touching the patient or more time looking at the nurse or the monitor.**

- a) True
- b) False

# Implicit Bias Quiz – Question 2

## Answer – a) True

A study by University of Pittsburgh School of Medicine researchers found that doctors exhibited different nonverbal behaviors when they went in to see black versus white patients. Doctors made the same treatment decisions and talked about the same treatment choices, risks, and outcomes expected from each treatment choice. But nonverbally, they communicated something else entirely and were less likely to do little things that displayed empathy or built rapport. Other examples of nonverbal bias included arms crossed or hands in pockets and standing further away from a patient in bed.

Source: Racial Bias in Medicine Leads to Worse Care for Minorities. U.S. News & World Report, Feb. 11, 2016.

<https://health.usnews.com/health-news/patient-advice/articles/2016-02-11/racial-bias-in-medicine-leads-to-worse-care-for-minorities>

# Implicit Bias Quiz – Question 3

**The following are all examples of aggressions against an LGBTQ person. Which is considered more than a microaggression and has been deemed unethical?**

- a) Not using preferred pronouns (e.g., him/her)
- b) Using name on insurance card, rather than preferred name
- c) Suggesting conversion therapy
- d) Asking marital status in states where same-sex marriage is not legal
- e) Asking a man whether he has a wife or girlfriend
- f) Having male and female as options for a gender identifier

# Implicit Bias Quiz – Question 3

## Answer – c) Suggesting conversion therapy

All the examples show a bias toward heterosexual orientation. However, suggesting conversion therapy is more extreme than a slight or snub. It is considered an unethical practice by the American Psychiatric Association. A University of Washington study reports that heterosexual providers carry a moderate to strong implicit preference for straight patients. The research did not assess whether this bias translates to a poorer health care experience for LGBT patients. Practitioners may not express this preference as overt prejudice. Some practitioners may favor treating heterosexuals simply because they do not feel they have received adequate training in how to meet the particular needs of LGBT patients.

### Sources:

- American Psychiatric Association. Position Statement on Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies), March 2000. <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-2000-Therapies-Change-Sexual-Orientation.pdf>
- How Do We Combat Implicit Bias Against LGBT Patients? Care2, July 2015. <https://www.care2.com/causes/how-do-we-combat-implicit-bias-against-lgbt-patients.html>

# Implicit Bias Quiz – Question 4

**Which of the following is an example of bias in health care experienced by people with disabilities?**

- a) A patient who uses a wheelchair is examined in the wheelchair instead of on the exam table.
- b) During an annual checkup, a person who has trouble walking is not asked about smoking history.
- c) Patient waits longer than others to be seen, since their appointment is expected to take longer.
- d) Without asking, a nurse helps a disabled person onto a scale.
- e) A clinic practice is not physically accessible.
- f) All of the above are examples of bias.



# Implicit Bias Quiz – Question 4

**Answer – f) All of the above are examples of bias**

Although bias toward people with disabilities might be good intentioned, health care providers should ask patients if they need assistance, what works best for them, and what is the best way to help. Assisting people with disabilities without first asking sends the message “You can’t function independently.”

Some bias may result in less effective care. For example, one study found that people who had trouble walking were 20 percent less likely than other smokers to be asked about their smoking histories during annual checkups.

**Source:** 7 Microaggressions Disabled Folks Face at the Doctor’s Office—and 6 Ways to Fix Them, December 2014,  
<http://www.adiosbarbie.com/2014/12/7-microaggressions-disabled-folks-face-at-the-doctors-office-and-6-ways-to-fix-them/>

# Implicit Bias Quiz – Question 5

**Which of the following is an example of the impact of implicit bias toward non-white patients, compared to white patients?**

- a) Receive fewer cardiovascular interventions
- b) Less likely to be prescribed pain medications
- c) More likely to be blamed for being too passive about their health care
- d) Less likely to receive chemotherapy and radiation therapy for prostate cancer and more likely to have testicle(s) removed
- e) All of the above

# Implicit Bias Quiz – Question 5

## Answer – f) All of the above

Implicit race and social class biases held by physicians are increasingly recognized as potential factors contributing to disparities in health care. Numerous studies have shown disparities in patient treatment, in attitudes, clinical treatment, and health outcomes. For example, studies have found that physicians prescribe fewer painkillers for black and Hispanic patients seen in the emergency department despite similar estimates of pain. Another study showed that physicians who were more racially biased were less likely to prescribe aggressive heart-attack treatment for black patients than for white patients.

### Sources:

- Association of Unconscious Race and Social Class Bias With Vignette-Based Clinical Assessments by Medical Students. JAMA. 2011;306(9):942-951. doi:10.1001/jama.2011.1248, <https://jamanetwork.com/journals/jama/fullarticle/1104296>
- Implicit Bias in Health Care. The Joint Commission, April 2016. [https://www.jointcommission.org/assets/1/23/Quick\\_Safety\\_Issue\\_23\\_Apr\\_2016.pdf](https://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_23_Apr_2016.pdf)
- The Color of Health Care: Diagnosing Bias in Doctors. WashingtonPost.com, August 2007. <http://www.washingtonpost.com/wp-dyn/content/article/2007/08/12/AR2007081201048.html>

# Implicit Bias Quiz – Question 6

**Clinician bias can impact a patient's behaviors toward their own health care in which of the following ways?**

- a) Higher treatment dropout
- b) Lower participation in screening
- c) Avoidance of health care
- d) Delays in filling prescriptions
- e) All of the above

# Implicit Bias Quiz – Question 6

**Answer – e) All of the above**

Studies have concluded that implicit biases can affect clinician behavior and decisions and in turn, patient behavior and decisions. Patients also indicate lower ratings of health care quality.

**Source:** Implicit Bias in HealthCare. The Joint Commission, April 2016. [https://www.jointcommission.org/assets/1/23/Quick\\_Safety\\_Issue\\_23\\_Apr\\_2016.pdf](https://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_23_Apr_2016.pdf)

# Implicit Bias Quiz – Question 7

**Provider-patient interactions that felt demeaning to low-income patients were associated with which of the following?**

- a) Unmet health needs
- b) Poorer perceptions of quality of care
- c) Worse health across several self-reported measures
- d) All of the above

# Implicit Bias Quiz – Question 7

**Answer – d) All of the above**

A study on barriers to health care access and quality reported several nonfinancial barriers to health, including stigma associated with Medicaid or poverty. When patients felt this stigma, 80 percent of the time it was the result of a provider-patient interaction that seemed demeaning to the patient.

**Source:** The Role of Stigma in Access to Health Care for the Poor. *Milbank Q.* 2014 Jun; 92(2): 289–318. 2014 Jun 3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4089373/>

# Implicit Bias Quiz – Question 8

**Which of the following can contribute to a clinician's implicit bias toward patients?**

- a) Working under time pressure
- b) Dealing with complex cognitive information
- c) Training that emphasizes group level information, like population risk factors
- d) Strong belief in their own personal objectivity because of vast knowledge of scientific data
- e) All of the above



# Implicit Bias Quiz – Question 8

## Answer – e) All of the above

Many of the factors of a typical encounter between a patient and a health care provider maximize the processes of implicit bias. When people do not have time to think they are more likely to default to social categorization processes. It's more likely to occur when providers are dealing with complex cognitive information.

Physician training emphasizes group level information, like population risk factors, and may expose trainees to minorities in unfavorable circumstances of illness or addiction, reinforcing stereotypes. Also, physicians' vast knowledge of scientific data may create a strong belief in their personal objectivity, promoting bias in decision-making.

### Sources:

- Physicians and Implicit Bias: How Doctors May Unwittingly Perpetuate Health Care Disparities. J Gen Intern Med. 2013 Nov; 28(11): 1504-1510. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3797360/>
- IHI video How Can Providers Reduce Unconscious Bias? Posted February 2016. <https://www.youtube.com/watch?v=3KoTi3LRBXI>

# Implicit Bias Quiz – Question 9

**Which of the following is an example of ageism in health care?**

- a) Expecting older people to be frail, confused, depressed, overly talkative, needy, or quarrelsome
- b) Assuming many serious medical conditions in older people are simply a natural part of getting older
- c) Not assessing older adults for hearing loss
- d) Assuming late-age depression and suicidal statements are normal and acceptable in older patients
- e) All of the above

# Implicit Bias Quiz – Question 9

## Answer – e) All of the above

Studies show that many health professionals expect older people to be frail, confused, depressed, overly talkative, needy, or quarrelsome and so often begin a medical exam defensively. Clinicians attribute many medical conditions as typical issues for aging and treat older patients less vigorously than younger patients. For example, most older Americans are not assessed or treated by physicians for hearing loss, even though 25 to 40 percent of Americans over 65 have some hearing impairment.

### Sources:

- Age Discrimination - Older Patients In The Health Care System - Aging, Physician, People, and Aging - JRank Articles  
<http://medicine.jrank.org/pages/48/Age-Discrimination-Older-patients-in-health-care-system.html#ixzz54en3qPoX>
- Ageism: How Healthcare Fails the Elderly, Alliance for Aging Research, May 2003. [http://www.agingresearch.org/backend/app/webroot/files/Pressroom/51/Ageism\\_How%20Healthcare%20Fails%20the%20Elderly.pdf](http://www.agingresearch.org/backend/app/webroot/files/Pressroom/51/Ageism_How%20Healthcare%20Fails%20the%20Elderly.pdf)

# Implicit Bias Quiz – Question 10

**Discovering one's hidden biases and making a conscious commitment to change them can correct for the biases. To counter implicit bias in health care, which of the following can clinicians do?**

- a) Understand your patients' cultures.
- b) Treat patients as individuals rather than stereotype them based on outward characteristics.
- c) Use “Teach Back.”
- d) Practice evidence-based medicine.
- e) Understand your own implicit bias.
- f) All of the above

# Implicit Bias Quiz – Question 10

## Answer – f) All of the above

In *Seeing Patients: Unconscious Bias in Health Care*, Dr. Augustus White offers these tips:

- Have a basic understanding of the cultures your patients come from.
- Don't stereotype your patients; view and treat patients as individuals.
- Understand and respect the power of unconscious bias. If people are aware of their hidden biases, they can monitor and attempt to alter hidden attitudes before they are expressed through behavior. This can include attention to words, actions, and body language when interacting with others.
- Recognize situations that magnify stereotyping and bias.
- Know the National Culturally and Linguistically Appropriate Services (CLAS) Standards.
- Use “Teach Back”—a method to confirm patient understanding of health care instructions that is associated with improved adherence, quality, and patient safety.

### Sources:

- How to Reduce Implicit Bias, <http://www.ihl.org/communities/blogs/how-to-reduce-implicit-bias> and Reconciling evidence-based medicine and patient-centered care: defining evidence-based inputs to patient-centered decisions. *J Eval Clin Pract.* 2015 Dec;21(6):1076-80. <https://www.ncbi.nlm.nih.gov/pubmed/26456314>
- Hidden/Unconscious Bias: A Primer. The University of Arizona, Diversity Resource Office, excerpted from Tolerance.org, 2001. [http://diversity.arizona.edu/sites/diversity/files/hidden\\_unconscious\\_bias\\_a\\_primer.pdf](http://diversity.arizona.edu/sites/diversity/files/hidden_unconscious_bias_a_primer.pdf)

# About the Implicit Bias Quiz

- Things we commonly hear from people who take the quiz:
  - I learned how little I know about my own bias or choose to acknowledge.
  - I thought about how prevalent it is.
  - It made me think of assumptions I have, right or wrong, about people based on cultural differences or backgrounds.
- What did you learn or think about after you took the test?



# Resources for Continuous Learning

- Culture Care Connection ([culturecareconnection.org](https://culturecareconnection.org))
- Minnesota Doctors for Health Equity ([mdheq.org](https://mdheq.org))
- AAFP: Health Equity Curricular Toolkit ([aafp.org/family-physician/patient-care/the-everyone-project/health-equity-tools.html](https://aafp.org/family-physician/patient-care/the-everyone-project/health-equity-tools.html))
- AMA Center for Health Equity ([ama-assn.org/about/ama-center-health-equity](https://ama-assn.org/about/ama-center-health-equity))
- National CLAS Standards([thinkculturalhealth.hhs.gov/clas/standards](https://thinkculturalhealth.hhs.gov/clas/standards))
- Coming in 2022: Minnesota Medical Association health equity tools and resources for medical professionals

# For More Information/To Get Involved

**Sarah Brinkman 952-853-8552**

[sbrinkman@stratishealth.org](mailto:sbrinkman@stratishealth.org)

**Liza Nicholson 952-853-8525**

[lnicholson@stratishealth.org](mailto:lnicholson@stratishealth.org)

