Outline

● Overview of cultural competency
● Conscious and unconscious bias
● Strategies to mitigate bias
Overview of disparities
Overview of disparities

CDC.gov
“Cultural competency”

“The faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.”

LCME, objective ED-21
“Cultural competency”

Geisel “Cultural Competency” Website

● AAMC recruitment of under-represented minorities

● “culture clues” sheets
  ○ “It is important for Somali women to be able to continue having children throughout their child-bearing years.”

● Resources about and for specific groups
  ○ Medical Ethics in Islam
  ○ Cancer Resources in Languages other than English

“Don’t stereotype people. Remember that information you have about cultural traditions is a starting point for understanding another individual. There are many influences (age, socioeconomic status, education, etc.) on an individual's cultural beliefs. Find out first if the individual fits the generalization - there is always individual variation within a group.”

“Every person is unique; always consider the individual’s beliefs, needs, and concerns.”
“Cultural competency” includes bias

“Medical students must learn to recognize and appropriately address gender and cultural biases in themselves and others, and in the process of health care delivery.”

LCME Objective ED-22
“Cultural competency” includes bias

K3. Recognize physicians’ own potential for biases and unavoidable stereotyping in a clinical encounter.

S1. Demonstrate strategies to assess, manage, and reduce bias and its effects in the clinical encounter.

S2. Describe strategies for reducing physician’s own biases.

A2. Recognize how physician biases impact the quality of health care.

A3. Describe/model potential ways to address bias in the clinical setting.

A4. Recognize importance of bias and stereotyping on clinical decision-making.

A5. Recognize need to address personal susceptibility to bias and stereotyping.
The plan:

● Potential for bias
● Impact on healthcare
● Personal susceptibility
● Manage and reduce bias and its effects
Potential for bias

EXPLICIT PROCESSING (conscious)
- bias is rare - especially among clinicians

IMPLICIT PROCESSING (unconscious)
- may actively conflict with explicit beliefs and desires
- not subject to conscious awareness or control
- bias is pervasive - including among clinicians
### Implicit Association tests

**Percent of web respondents with each score**

<table>
<thead>
<tr>
<th>Preference Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong automatic preference for White people compared to Black people</td>
<td>27%</td>
</tr>
<tr>
<td>Moderate automatic preference for White people compared to Black people</td>
<td>27%</td>
</tr>
<tr>
<td>Slight automatic preference for White people compared to Black people</td>
<td>16%</td>
</tr>
<tr>
<td>Little to no automatic preference between Black and White people</td>
<td>17%</td>
</tr>
<tr>
<td>Slight automatic preference for Black people compared to White people</td>
<td>6%</td>
</tr>
<tr>
<td>Moderate automatic preference for Black people compared to White people</td>
<td>4%</td>
</tr>
<tr>
<td>Strong automatic preference for Black people compared to White people</td>
<td>2%</td>
</tr>
</tbody>
</table>

Click for detailed summary
Assessing bias

Research - rapid prime or response
- Implicit association tests
  - www.projectimplicit.com
- Word recognition (“gonorrhea” vs race)
- Pain perception

Real life = SELF AWARENESS and feedback

Bias DOES NOT correlate with motivation or explicit beliefs
Impact on the clinical encounter

HEALTHCARE

Beliefs and behavior

Communication

PATIENT

CLINICIAN

Beliefs and behavior
Impact on communication

HEALTHCARE DISPARITIES

Beliefs and behavior

Communication
- non-verbal
- length of encounter
talk-time ratio
- patient perceptions and satisfaction

PATIENT
implicit

CLINICIAN
implicit
Impact on subjective decisions

- **HEALTHCARE DISPARITIES**
- **Beliefs and behavior**
  - Pain severity
  - Triage
  - Abuse
  - Responsibility
  - Compliance
  - STI risk
  - Drug

- **Communication**
  - Implicit: Patient, Clinician

- **PATIENT**
  - Implicit

- **CLINICIAN**
  - Implicit
Impact on objective decisions

- HEALTHCARE DISPARITIES
  - Beliefs and behavior
    - Thrombolysis of acute coronary
    - Referral to specialist
    - Opioid prescription

- Communication
  - implicit

- PATIENT
  - implicit

- CLINICIAN
  - implicit

=SUSCEPTIBILITY!
Impact on objective decisions

HEALTHCARE DISPARITIES

Beliefs and behavior
Thrombolysis of acute coronary
Referral to specialist
Opioid prescription

CLINICIAN
implicit

STRESS
Cognitive
Physical
Emotional

PATIENT

Communication
Beliefs and behavior

Stepanikova, 2012
“Manage and reduce” Bias or effects?

HEALTHCARE DISPARITIES

Beliefs and behavior

Communication

CLINICIAN

Erase implicit bias

Compensate for implicit bias

External stressors
Manage and reduce effects

**HEALTHCARE DISPARITIES**
- Limit provider discretion

**Beliefs and behavior**
- Recognition of bias
  - Perspective-taking
  - Individuation
  - Common identities

**Practice communication**

**CLINICIAN**
- Compensate for implicit bias
- Resilience

**Erase implicit bias**
Manage and reduce effects

**Resilience** (be your best self)

**Practice communication**

**Recognition of bias**

- **Perspective-taking**
  - G.R.A.C.E. model (Roshi Joan Halifax)
  - Gathering attention: focus, grounding, balance
  - Recalling intention: the resource of motivation
  - Attuning to self/other: affective resonance
  - Considering: what will serve
  - Engaging: ethical enactment, then ending

- **Individuation**
  - gathering complete information
    - Race as proxy for…?

- **Common identities**
  - activate positive biases
How to reduce bias

Understanding of bias
- Stereotype replacement
- Counter-stereotyping
- Individuation
- Perspective taking
- Increased contact

Erase implicit bias

Communication

Beliefs and behavior

Compensate for implicit bias

HEALTHCARE DISPARITIES

CLINICIAN

STRESS
How to reduce bias

**Stereotype replacement**
- Recognize -> label
  - Wow, that was based on stereotypes
- Reflect
  - I hope I don’t do that again
- Replace
  - Next time I’m going to think about..

**Counter-stereotyping**
- Detailed imaging
- Real (Barack Obama), fiction (Precious)
- Abstract (“smart black people”)

**Individuation**

**Perspective taking**

**Increased contact** (positive interactions)
Review

- Current “cultural competency” education avoids discussion of provider bias
- Unconscious biases are pervasive among clinicians and contribute to disparities
- Proven psychological strategies can
  - reduce effects of bias on healthcare
  - reduce bias itself
Key resources and acknowledgements

- Implicit Association Tests www.projectimplicit.com

- Schwartz Fellowship
- Timothy Lahey
- Martha McDaniels

- Lisa Adams
- Leslie Fall