

Addressing Implicit Bias in Health Care

As Minnesota health care organizations work to provide culturally-competent care, many are recognizing the need to address implicit bias, also called unconscious bias. All people have implicit bias. These positive or negative attitudes and stereotypes affect our understanding, actions, and decisions in an unconscious way. In health care, this can result in inequitable care.

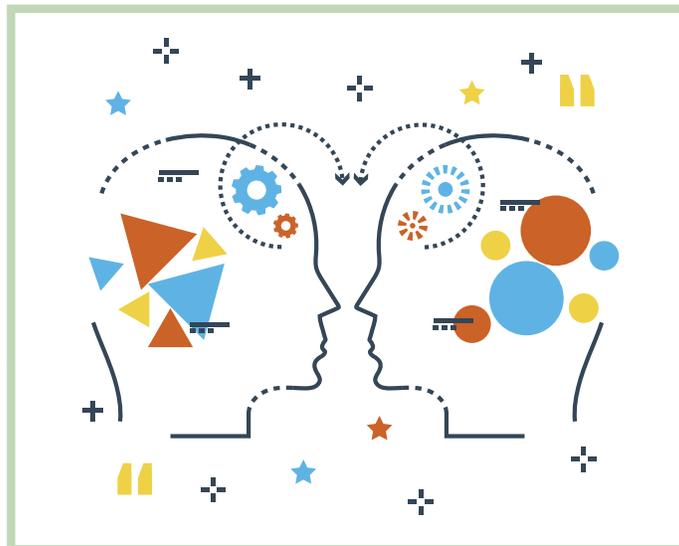
Hidden bias, unintended differences in health care delivery

Numerous studies show that health care professionals are prone to engaging implicit biases. Even the most well-intentioned clinician may unknowingly alter their approach to a patient because of hidden biases. This can impact provider-patient interactions. Clinicians may provide the same information on treatment choices, risks, and outcomes, but their nonverbal cues may counter efforts to display empathy or build rapport.

Watch for these signs of nonverbal bias:

- ✦ Less time touching patient
- ✦ More time looking at the nurse or the monitor
- ✦ Arms crossed or hands in pockets
- ✦ Standing further away from a patient in bed.

A 2015 study in the *American Journal of Public Health* found that physicians with high levels of pro-white bias were 23 percent more likely to dominate the



conversation and engaged in 33 percent less patient-centered communication with Black patients than with white patients. This behavior led Black patients to perceive less respect from



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their physician, which could influence their likelihood of following through with treatment plans and medication prescriptions.

Implicit bias also has been shown to influence clinical decision-making, contributing to variations in the treatment of pain, cancer, and heart problems. In a 2007 study linking implicit biases with the treatment of acute coronary symptoms, researchers found that the stronger the physicians' pro-white biases, the more likely they were to treat white patients with life-saving thrombolysis as opposed to similarly situated Black patients.

Hidden bias, unintended health impact

Research has shown that patient behavior and decisions are impacted when they perceive bias from their clinicians. Bias can change a patient's behavior:

- ✦ Higher treatment dropout
- ✦ Lower participation in screening
- ✦ Delays in filling prescriptions
- ✦ Poorer perception of care quality
- ✦ Avoidance of health care
- ✦ Worse health

Patients also indicate lower ratings of health care quality, after perceiving bias.

The adverse effect a health professional's bias can have on the care they provide is clear and reinforces the importance for clinicians to recognize implicit bias and act to correct for it.

Resources for exploring and addressing implicit bias in health care

The following resources can assist in your ability to address bias on both an individual and organizational level.

- [Implicit Bias in Health Care Quick Quiz](#). Answers to the 10 questions in this Culture Care Connection quiz reveal how implicit bias affects patient care. Practical tips are offered to help correct bias and provide the best care possible.
- [Intercultural Development Inventory](#) (IDI) assesses intercultural competence – the capability to shift cultural perspective and appropriately adapt behavior to cultural differences and commonalities.
- [The Kirwan Institute for the Study of Race and Ethnicity](#) is an interdisciplinary engaged research institute at The Ohio State University that develops original research and reports on how structural racialization and implicit bias create and sustain barriers to opportunity and health.
- [Social Attitudes Implicit Association Test](#) (IAT) measures group-based preferences, stereotypes, and identities that may not be accessible to conscious awareness.
- [What Is Bias, and What Can Medical Professionals Do to Address It?](#) In this Institute for Healthcare Improvement video, Anurag Gupta, MPhil, JD, explains implicit or unconscious bias and how health care providers and others can stop it from negatively affecting people.

CLINICAL CORNER

Reducing Implicit Bias and Improving Disparities in Maternal and Infant Mortality Rates



Centers for Disease Control and Prevention data show that in the U.S., Black women are three to four times more likely than white women to die [pregnancy-related deaths](#). In Minnesota, Black and American

Indian infants are [more than twice as likely](#) as white babies to die in their first year.

Implicit bias can play an adverse role in a pregnant woman's relationship with her physician and the quality of care she receives before giving birth. Black women who feel slighted by their health care providers, or even made to feel sorry for being pregnant, may incur increased stress and be less likely to seek prenatal care.

To reduce the chance of health care providers being influenced by those implicit biases, Mayo medical schools in Arizona and Rochester recently started offering training for their students. *Blindspot: Hidden Biases of Good People*, is required pre-reading for all first-year med students. The book examines perceptions of social groups and was written by the two psychology professors who co-created the [Implicit Association Test](#). Students then take the test to assess their own implicit associations.

Mayo's methods also include the use of evidence-based practices. This includes having providers follow checklists for each patient, so they do not accidentally skip over something, and reminding providers that self-care – getting more sleep and eating healthier – may make them less vulnerable to falling prey to their hidden stereotypes.

Providing culturally centered care is another approach being tried to reduce bias and improve care for Black mothers. In 2017, the American College of Obstetricians and Gynecologists came out in support of using doulas — trained birth assistants — during pregnancy and childbirth. Research indicates such support can improve outcomes for women in labor.

Recently, in new programs like ones in [Minnesota](#) and [Texas](#), Black doulas are being trained specifically to serve Black women. Developing a relationship with a person who shares their culture and can relate to them can lead to mothers seeking more care during and after pregnancy.

Addressing bias from a cultural as well as clinical process perspective may prove to be an effective strategy to reduce disparities in maternal and infant mortality rates.

NEWS AND RESOURCES



Many Faces of Community Health Conference Registration Opens July 25

Many Faces of Community Health is a two-day conference that explores improving care and reducing health disparities in underserved populations and among those living in poverty. Many Faces brings information and resources on clinical care, public policy, and health innovations to Minnesota's health care community, with a focus on safety net providers.

The conference examines community care innovations, health care delivery models, and other health care reform initiatives that promote health equity, prevent and manage chronic diseases, and assure access for all. [More >>](#)

Sexual and Gender Minority Clearinghouse



The Centers for Medicare & Medicaid Services (CMS) Sexual and Gender Minority Clearinghouse is designed to help improve the understanding of sexual and gender minority health and disparities and provide information on health care access, health-related risk behaviors, chronic health conditions, and use of preventive services. Use this clearinghouse as a resource to find surveys that include questions about sexual identity, attraction, and behavior. [More >>](#)

AHRQ Offers Free Printed Patient Brochures in English and Spanish

Free copies of the patient brochures listed below, in both English and Spanish, are now available from the Agency for Healthcare Research and Quality (AHRQ) to help clinicians and patients discuss treatment options for certain health conditions. Contact the AHRQ Clearinghouse at 1-800-358-9295 or AHRQPubs@ahrq.hhs.gov to order up to 500 copies of each at no cost. Reference AHRQ Promo code 44 to receive free shipping.

- ♦ Keeping Children at a Healthy Weight
[English](#) [Spanish](#)
- ♦ Treatment Options for Children with Undescended Testicles
[English](#) [Spanish](#)
- ♦ Allergy Shots for Adults and Children
[English](#) [Spanish](#)
- ♦ Treating Infantile Hemangiomas
[English](#) [Spanish](#)
- ♦ Measuring Your Blood Pressure at Home
[English](#) [Spanish](#)
- ♦ Having a Breast Biopsy
[English](#) [Spanish](#)



AMA Training Module – Collecting Patient Data: Improving Health Equity In Your Practice

This free 15-minute module from the American Medical Association (AMA) shows the value of instituting a standardized process for collecting

patient demographic data. Included is a case study on how to use such information to analyze hypertension-control treatment outcomes across populations in clinical care and mitigate gaps in treatment outcomes. [More >>](#)

Study: Economic Benefit of Achieving Health Equity in Minnesota

A study by University of Minnesota researchers shows health inequities for American Indians and other minority groups are costing Minnesota businesses and the entire state economy as much as \$2.26 billion each year. Just as important, research findings showed that annually 766 lives could be saved if Minnesota eliminated health inequities for its marginalized ethnic groups. To show inequitable health conditions affect everyone, researchers concluded inequities place an economic burden of \$407 on every adult and child in the state. [More >>](#)

Study: First-Year PA Students Have Lower Levels of Perceived Cultural Competence

A recent study involving 239 physician assistant (PA) students showed them to have lower levels of perceived cultural competence. Specific areas of identified perceived weaknesses in cultural competency education included: knowledge regarding the cultural context of care; skills associated with managing cross-cultural clinical challenges; and encounters related to coping with aggressiveness and bias. Further analyses indicated that second-year students and non-white students reported higher personal ratings for levels of cultural competence. [More >>](#)

EVENTS



24th Annual Hmong Health Fair June 30 & July 1, 2018 McMurray Field, Como Park St. Paul

Presented by the [Hmong Health Care Professionals Coalition](#), this event offers free medical and dental consultations and health screenings, including blood pressure, diabetes, and Hepatitis B and C.



International African Mental Health Summit July 12-14, 2018 Metropolitan State University St. Paul

The summit will help map out practical and realistic pathways for the management and treatment of mental illness among the Africans in diaspora without prejudice. [More >>](#)

Positive Interactions Training Tuesday, August 21, 2018 2511 East Franklin Ave. Minneapolis \$45 – \$60

The Council on American Islamic Relations of Minnesota will be hosting an in-house training that will prepare you as an educator, employer, co-worker, or simply individual in your interaction and with Muslims.

Training will consist of three sessions:

- How to Work Effectively with Muslims
- Understanding Somali Culture
- Understanding Islamophobia

A Somali lunch is included. People are welcome to attend one, two, or all three sessions. [More >>](#)

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Stratis Health works toward its mission through initiatives funded by federal and state government contracts, and community and foundation grants, including serving as Minnesota's Medicare Quality Improvement Organization.

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