THREE PART SERIES:

1). Introduction to Implicit Bias, Inequities in Health and Approaches to Address these topics. (Dee Le Beau-Hein, MS)

2). Understanding Implicit Bias and Health Inequities (Michele Andrasik, Ph.D)

3). Building Personal and Professional Capacity to Address Inequities in Health (Michele Andrasik, Ph.D.)
Disclosures

No conflicts of interests or relationships to disclose
Introduction to Implicit Bias, Inequities in Health and Approaches to Address these Topics

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PART 1 - OBJECTIVES

- Enhance understanding of implicit bias in healthcare through a diverse lens
- Learn new skills and approaches to address bias in healthcare
- Analyze the perspective of bias as it relates to personal and professional development
What is Implicit Bias?

- Negative associations expressed automatically that people unknowingly hold; also known as unconscious or hidden bias. (Source: University of Washington Department of Epidemiology Equity, Diversity, and Inclusion Committee. Glossary of Equity, Diversity, and Inclusion Terms. 2019. (Retrieved on: 02/07/21).

- Implicit bias occurs without conscious awareness and is often in conflict with our personal beliefs. (Devine & Plant, 2012)

  Implicit biases may explain dissociations between what we explicitly believe (that everyone should be treated equally) and our thoughts and actions (perceiving black patient as less reliable and thus deciding not to refer to a specialist for follow-up)

  1. Develops early in life from repeated social stereotypes.

  2. We are immersed in cultures that provide ongoing and consistent depictions of disadvantaged groups in stereotyped and negative ways.
Implicit bias occurs without conscious awareness and is often in conflict with our personal beliefs. (Devine & Plant, 2012)

3. Even though we may actively reject these negative ideas and images without groups, societal attitudes or stereotype unconsciously affect our understanding, actions and decisions.

4. These depictions:
   a). Influence how information is processed.
   b). Create associations outside of our conscious awareness.
   c). Result in negative evaluations on the basis of characteristics like race and gender.
   d). Lead to unintended biases in decision making.
Implicit bias is associated with negative health outcomes – HOW?

✓ Affect Patient/Provider relationships – Patients will not return for follow up appointments, patients may not contact healthcare provider to report changes in their health.

✓ Patients can sense biases from healthcare providers (verbal or non-verbal)

✓ Providers biases may tell them patients do not have the needed health literacy to engage in their healthcare. This may limit referrals to specialists.

✓ NOTE: NOT INTENTIONAL BY ANY PROVIDER (unconscious biases)

What elements are needed to build positive relationships?

Trust

Respect

Honesty
Why is understanding Biases important?

- Health inequities experienced by Indigenous peoples and people of color are pervasive in the United States.

- Black/African American and American Indian/Alaska Natives have shorter life expectancies than their White peers (Williams & Mohammed, 2009).

- In the early 2000s, an increasing number of researchers observed racial/ethnic differences in care even after economic, educational and access differences were accounted for. These researchers indicated that bias could be a factor (Sheifer et al, 2000; Kressin & Peterson, 2001).

- Despite the numerous advances in health care achieved over the past century, race and ethnicity, disparities persist across health care, quality of care received, disease incidence and prevalence, life expectancy and mortality.
How does Biases play a role?

- Health care providers are committed to providing the best care possible to all patients
- Reducing disparities and inequities are shared responsibilities and as such, we must identify and address all possible contributing factors
- Implicit Bias is one of those factors
- We all have bias. This bias is rooted in:
  - Our privilege
  - Our worldview
  - Our upbringing and socialization
Blind Spots

• Our lived experiences are limited and can create “blind spots” we all have blind spots.

• We may experience challenges recognizing patient vulnerabilities, particularly if our lived experience is largely from socially dominant, privileged spaces.

• Blind spots can be exacerbated by negative messages we have received about certain identities and stored unconsciously, resulting in Implicit Bias.
Microaggression

…the chronic and commonplace verbal, behavioral or environmental indignities and injustices, intentional and unintentional, that communicate hostile, derogatory, demeaning, invalidating, and/or negative slights and insults toward people (of color, homosexual individuals, incarcerated individuals, people living with HIV etc.) (Sue, 2007).

Three types of Microaggressions:

1). Microassaults: characterized by explicit racial derogatory verbal or nonverbal attacks or purposeful discriminatory action. With microassaults the intention is clear, and they are most likely to be deliberate.

Examples:

• deliberately serving a White patron before a Black patron
• Saying that being gay is a sin
• Kicking a transgender persona out of a public bathroom
Types of Microaggressions:

2). Microinsults: Microinsults are behaviors that convey rudeness, insensitivity, reflect unfair treatment, or demean identity or heritage. These are often subtle snubs that the perpetrator may not realize they are doing.

Examples:
- a White teacher fails to call on students of color in the classroom
- a person of color is ignored while waiting in line for service
- a racial/ethnic minority is followed or observed in stores

3). Microinvalidations: Microinvalidations are communications that nullify, exclude, or negate the experiences, identity, thoughts, and feelings of a person.

Examples:
- a person of color is told, “I don’t see color” or “We are all human beings"
- a gay adolescent is told, “You are just going through a phase.”
- a transgender woman is told, “You are not a real woman.”
- an indigenous person is told to, “get over it” when their images are used as mascots
Experiences of microaggressions have been associated with anger, mistrust, loss of self-esteem, the triggering of old wounds, thinking about and replaying the event (“Did that really happen?”), and triggering feelings of internalized colonization, racism and homophobia, stress, self-doubt, frustration, isolation, and shame (Solorzano et al, 2000).
OPEN DISCUSSION

COMMENTS
Understanding Implicit Bias and Health Inequities

- Understanding of how implicit bias is associated with negative health outcomes across the life span.
- Obtain critical self-reflection strategies to assist in reducing the impact of bias.
- Practice critical self-reflection skills
- Develop a plan to utilize critical self-reflection skills going forward.
Critical Self-reflection

Critical self-reflection refers to the process of questioning one's own assumption, presuppositions, and meaning perspectives (Mezirow, 2006).

According to Stein (2000), critical self-reflection is different from other types of reflection since this involves individuals having not only an understanding of the assumptions that govern their actions but questioning their meaning and developing alternative ways of acting.
Critical Self-Reflection Process

What am I uncomfortable with (why or why not)? Person, place, thing...

How do I respond to these situations? Am I patient, understanding, intolerant? (explore responses)

How do I express my thoughts, feelings, behaviors?

Can I change the situation? If so, how? If not, why?

Do I have known stereotypes of other ethnic groups? (explore)
OTHER APPROACHES SKILL BUILDING
Motivational Interviewing is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes.

- **Providing Affirmations**: Shows respect, Compliments, Statements of Appreciation and Understanding

- **Normalizing**: Communicates that concerns are not uncommon, that they are not alone in their experience and that many people have the same concerns

- **Avoid Argumentation**: Arguments are counterproductive

- **Roll with Resistance**: Reluctance and ambivalence are natural and understandable. Resistance is expected and should not be viewed as a negative outcome.
Motivational interviewing requires four key communication skills that support and strengthen the process of eliciting change talk, also known as OARS:

**Open-ended questions** - allow us to find out more about the client’s perspective and ideas about change. (Example: Tell me more about that..., How was that helpful..., Explain how important this is for you...)

**Affirming** – Is excellent for rapport building. “Sounds like this is really challenging for you. No wonder you feel overwhelmed”.

**Reflective listening** - When we repeat what the client has told us in our own words and in the form of a statement rather than a question, we encourage them to continue talking. Example: Here is what I hear you saying...

**Summarizing** - reflective listening and combine it with effective summarizing, the clients find themselves hearing themselves talk about change.
A trauma-informed approach to care acknowledges that health care organizations and care teams need to have a complete picture of a patient’s life situation — past and present — in order to provide effective health care services with a healing orientation. Adopting trauma-informed practices can potentially improve patient engagement, treatment adherence, and health outcomes, as well as provider and staff wellness. (Trauma Informed Care Resource Center)

**Trauma-informed care seeks to:**

- Recognize the signs and symptoms of trauma in patients, families, and staff
- Actively avoid re-traumatization

(Adapted from the Substance Abuse and Mental Health Services Administration’s “Trauma-Informed Approach.”)
# Trauma Informed Care

*Shifts the focus from “What’s wrong with you?” to “What happened to you?”*

<table>
<thead>
<tr>
<th>Types of Trauma</th>
<th>Symptoms of Trauma</th>
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<tbody>
<tr>
<td><em>Unexpected losses</em></td>
<td><em>Substance Use Disorder</em></td>
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<tr>
<td><em>Tragic events</em></td>
<td><em>Mental Illnesses (Anxiety, Depression)</em></td>
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<td><em>Chronic Illness diagnosis</em></td>
<td><em>Physical health disorders (Crohn’s disease, Rheumatoid arthritis)</em></td>
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<td><em>Physical/sexual assaults</em></td>
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Promoting resilience requires a shift away from disorder. Most health professionals are trained to identify and treat disorder. This may facilitate a deficit perspective. At the foundation of a trauma informed care approach is a focus on resiliency.

**Resiliency** the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors. (apa.org)

- **Self-Efficacy** - People who feel in control of their lives may be more likely to engage in health affirming activities, seek help and practice a lifestyle that promotes health (Brown et al, 2011)

- **Self-Esteem** - the overall evaluation of one’s worth
Resiliency

- **Building Trust and Empowerment** - building pride, economic empowerment, consciousness raising

- **Social Support** – types of assistance or help received from others that promotes health and have a positive effect in times of stress. Most people think of social support as emotional support. All types of social support are needed

In marginalized communities with devalued identities, there are many people who not only carry the burden of historical trauma but must also navigate a disproportionate number of daily stressors. To improve the health of our collective community, we must strive to make every effort to understand how human beings take in and hold onto trauma and stress so that we can avoid traumatizing and re-traumatizing one another.
CLOSING QUESTION AND ANSWERS
Details for the second and third parts of this sessions:

**Feb 19**

**Recognizing and Reducing the Impact of Implicit Bias on Health Outcomes**  
February 19, 2021 | 11:00 AM - 12:30 PM MT / 12:00 - 1:30 PM CT  
Presenter: Dr. Michele Andrasik

A brief high-level overview of implicit bias and its association to negative health outcomes throughout the lifespan is followed by introducing and practicing critical self-reflection skills. The session will end with the development of a plan to incorporate critical self-reflection skills.

**Objectives:**
- Understand how implicit bias is associated with negative health outcomes across the life span
- Obtain critical self-reflection strategies to assist in reducing the impact of bias
- Practice critical self-reflection skills
- Develop a plan to utilize critical self-reflection skills going forward

**Feb 26**

**Building Personal and Professional Capacity to Address Inequities in Health**  
February 26, 2021 | 11:00 AM - 12:30 PM MT / 12:00 - 1:30 PM CT  
Presenter: Dr. Michele Andrasik

Participants are provided motivational interviewing, communication, and advocacy skills. A discussion of incorporating resiliency and trauma-informed care will follow, and time will be allocated to practice skills. The session will end with the development of a plan to improve communication skills and utilize motivational interviewing, resiliency, and trauma-informed care skills.

**Objectives:**
- Obtain Motivational Interviewing Skills
- Understand the importance of resiliency
- Understand the importance of trauma-informed care
- Practice motivational interviewing, resiliency, and trauma-informed care skills
- Develop a plan to utilize motivational interviewing, resiliency, and trauma-informed care skills going forward