

Implicit Bias Toolkit

Office Of Health
Equity

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DEPARTMENT OF HEALTH

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Message from the Director of the Office of Health Equity

The healthcare industry is made up of individuals who are saving lives on the front lines. The COVID-19 epidemic has highlighted the importance of the role health professionals play with delivering care.

This toolkit aims to address a topic that may affect how health care is delivered: Implicit bias. Implicit bias is the unconscious attribution of particular qualities to a member of a certain social group¹. Studies show implicit bias contributes to differences in care and treatment based upon race, ethnicity, disability status, and sexual orientation.²

This toolkit is filled with resources that aide in reducing the impact of implicit bias and can contribute to eliminating health disparities and increasing health equity. We hope you will join the Office of Health Equity as we move from momentum to action.

Sincerely,



David Saunders
Director, Office of Health Equity

Executive Summary

This toolkit provides resources on topics such as bias in medicine, the effect of implicit bias on topics like COVID-19 disease and this toolkit highlights the disparities experienced by communities, maternal child health and morbidity, life expectancy, lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, two-spirit (LGBTQIA2+) health, refugee and migrant health. This toolkit offers examples on topics like evidence-based research, commitments, and points of entry that local, state, and national organizations have used to understand and advance racial equity practices and policies.

Every community experiences the impacts of systemic racism and systemic inequities differ, therefore, community specific approaches to address systems of inequity are crucial in public health. The Pennsylvania Department of Health (PA DOH) seeks to support these community-led racial equity practices. Please use the resources in this document as inspiration to start, refine, and/or support the development of your organization's racial equity statement and practices.

The resources provided in this toolkit are suggested to initiate actively incorporating tools to learn about implicit bias and identify potential areas of change for individuals and organizations. The resources in each category may not be exhaustive. Racial equity work is an ongoing learning process, and we offer this resource as a catalyst to support your learning and transformation.

Introduction

Implicit biases involve associations outside conscious awareness that lead to a negative evaluation of a person based on irrelevant characteristics.³ Bias in medicine is based on race, sex, age, disability, sexuality, culture, and language. The term 'bias' in this document is typically used to refer to both implicit stereotypes and prejudices which leads to serious concerns in healthcare. A patient should not expect to receive a lower standard of care because of his/her race, age, or any other characteristic. However, implicit associations (unconscious) may influence our judgements resulting in bias. Implicit biases occur between a group or category attribute, such as being Black, and a negative evaluation (implicit prejudice) or another category attribute, such as being violent (implicit stereotype)⁴. It's a problem because the health care system has historically marginalized the medical concerns of people of color. As a demonstration of this, American-Indian/Alaska Native (AIAN) and Black women, live fewer years on average leading to worse health outcomes than white people.⁵ They are also more likely to die from treatable conditions; more likely to die during or after pregnancy and to suffer serious pregnancy-related complications; and more likely to lose children in infancy.⁶ Black and AIAN people are also at higher risk for many chronic health conditions such as diabetes and hypertension.⁷ Total cumulative data shows Black, Latinx/Hispanic and American-Indian or Alaskan Native (AIAN) or other Pacific Islander (NHOPI) people have experienced higher rates of COVID-19 cases and mortality in comparison to white Americans when data are adjusted to account for differences in age by race and ethnicity.⁸ Decades of policy choices made by

federal, state, and local leaders have led to structural economic suppression, unequal educational access, and residential segregation, all of which have contributed in their own ways to worsen health outcomes for many people of color.⁹ In addition, implicit bias in medicine has exacerbated health outcomes for these groups.

There are several definitions of implicit bias, but each communicates the same message: attitudes or decisions that lead to unintended disparities and inequalities and reinforce cultural biases, resulting in "unintended consequences".¹⁰ It also contributes to health disparities by potentially influencing how health professionals make decisions and communicate within their clinical practice.

Structural racism, unfair criminal justice practices, and other systems of oppression result in inequitable access to Social Determinants of Health (SDOH) which, in turn, play a significant role in individual and community health outcomes. To combat these realities, there are several things we can do, such as assessing SDOH at baseline and annually. Other examples include making needed referrals to community resources for assistance with housing; assessing healthy food; providing transportation, vocational services, income maintenance, health coverage, social support, etc.; and actively collaborating with care managers, peer workers and community health workers in efforts to address SDOH for each patient to overcome biases that can lead to unfair and avoidable differences in health outcomes.¹¹

Purpose

The purpose of this toolkit is to promote awareness of implicit bias among health care teams, provide tools to adjust patterns of thinking, suggest adjustments to eliminate discriminatory behaviors, and provide resources for instructing health care professionals on how to reduce negative effects on patients. The Office of Health Equity (OHE) was charged with increasing awareness of implicit bias within the healthcare systems, and this toolkit is one of several ways that the office and the PA DOH are ensuring Pennsylvania stays at the forefront of health equity across the state. This toolkit is designed to support individuals who work in the healthcare field who wish to implement diversity, equity, inclusion, and belonging within their programs and initiatives.

Intended Audience

In the practice of healthcare, bias-driven discriminatory practices and policies not only negatively affect patient care and the medical training environment, but also limit the diversity of the health care workforce, lead to inequitable distribution of research funding, and can hinder career advancement. This toolkit can be used in a variety of healthcare delivery settings and was created by the OHE within the PA DOH. Members of the health and healthcare community can benefit from the resources and tools compiled in this toolkit to mitigate unconscious bias within health systems.

Topic	Description	Tools/Resources
<p>Bias in Medicine</p>	<p>Implicit bias has been described by Banaji and Greenwald as our “blindspot.”¹² Being aware of is brought to interactions with patients and being intentional about engaging patients to build trusting relationships are key to avoiding those blind spots. Clinicians are the most important tool when interacting with patients. It is important that everyone start where the client is and practice from a patient-centered care model. This often allows the clinician to see and consider the whole person versus negatively labeling the patient or making assumptions.</p>	<p>Articles-</p> <ul style="list-style-type: none"> • Meet the student bringing Black illustrations to the medical field (nbcnews.com). • <u>Understanding Implicit Bias and Its Impact on Clinical Practice, Decision-Making and Achieving Optimal Health Outcomes-</u> Jillian Rose, PhD, MPH, LCSW • <u>Impact of Mindful Practice by Physicians and Patients,</u> HSS Playbook - C. Ronald Mackenzie, MD. • <u>Assessing and Addressing Health Literacy: A Critical Skill for the Healthcare Team to Improve Patient Outcomes-</u> Juliette Kleinman, LCSW, ACSW. • Motivational Interviewing: Creating Nancy Violette, PhD, LCSW, LCADC, ICCS – <u>Collaborative Conversations with Patients and Their Families to Enhance Healthcare Outcomes.</u> Presentation at HSS, March 4, 2014. • <u>Take a Test (harvard.edu)</u> <p>Videos-</p> <ul style="list-style-type: none"> • <u>The Tuskegee Experiment: Crash Course Black American History</u>
<p>COVID-19</p>	<p>The COVID-19 pandemic exposed long-standing inequities by race, ethnicity, and income.¹³ A Commonwealth Fund analysis from April 2020 showed that confirmed COVID-19 cases and deaths were disproportionately higher in communities with large Black populations. Contributing to these poorer outcomes is the far greater likelihood for Black and Latino Americans who live in poverty and reside in neighborhoods with overcrowded households,</p>	<p>Articles-</p> <ul style="list-style-type: none"> • <u>ORE+SF+COVID+Racial+Equity+Toolkit.pdf (squarespace.com)</u> • <u>toolkit-to-address-health-inequities-pdf.pdf (idsociety.org)</u>

	air pollution, and inadequate access to health care. ¹⁴	
Maternal and Child Health and Morbidity	Some of the drivers of racial disparities in maternal mortality rates may include variation in hospital quality, underlying chronic conditions, access to risk-appropriate/quality care, and the impacts of structural and implicit biases on health. The well-being of a community's mothers, infants and children is not only a sign of their current health status but also a predictor of the health of the community's future generations. Thus, maternal and child health (MCH) represents an important sector of the public health system in Pennsylvania.	<p>Articles-</p> <ul style="list-style-type: none"> • <u>National Black Disability Coalition</u> • <u>Biological Weathering and Its Deadly Effect on Black Mothers SELF</u> • <u>Separate and unequal: Structural racism and infant mortality in the US - ScienceDirect</u> • <u>Toolkits - Black Mamas Matter Alliance</u> • <u>Creating a Patient and Family Advisory Council: A Toolkit for Pediatric Practices (nichq.org)</u>
Life Expectancy	Racial and ethnic disparities are arguably the most obstinate inequities in health over time, despite the many strides that have been made to improve health in the United States. Moreover, race and ethnicity are extremely salient factors when examining health inequity. Therefore, solutions to increase health equity need to consider the social, political, and historical context of race and ethnicity in this country. Life expectancy at birth has increased steadily from 77.3-74.5 years for men and 80.2 for women	<p>Articles-</p> <ul style="list-style-type: none"> • <u>Life Expectancy by ZIP Code: Where You Live Affects How Long You Live - RWJF</u> • <u>National Vital Statistics Reports Volume 70, Number 12 November 09, 2021 (cdc.gov)</u> • <u>Climate Effects on Health CDC</u> • <u>Provisional Life Expectancy Estimates for 2020</u>

	in the U. S in 2020. ¹⁵ But differences in life expectancy between the white and Black populations still exist, despite a decrease in the life expectancy gap from 7.1 years in 1993 to 4,1 years in 2019. ¹⁶	
LGBTQIA2S+ Health	Developing awareness and to accept that health care workers may have biases is not easy, especially as people who have chosen a helping career. However, studies have shown that no matter how one feels about prejudiced behavior, we are all susceptible to biases based on cultural stereotypes that are embedded in our belief systems from a young age. Even when institutions and providers make commitments to equitable care explicit, implicit biases operating outside of conscious awareness may undermine that commitment. Healthcare providers are encouraged to be prepared to identify and address implicit biases, assuring they do not contribute to the health care disparities experienced by LGBTQIA2S+ and other vulnerable populations.	<p>Articles-</p> <ul style="list-style-type: none"> • An Online Guide to Creating LGBTQIA2S+IA+ Friendly Communities in Healthcare & Education (edumed.org) <p>Survey-</p> <ul style="list-style-type: none"> • https://www.thetrevorproject.org/survey-2022/assets/static/trevor01_2022survey_final.pdf
Refugee and Migrant Health	Refugees, migrants, and asylum seekers have unique and complex needs related to their experiences of forced displacement and	<p>Articles-</p> <ul style="list-style-type: none"> • Culturally and Linguistically Appropriate Services - Think Cultural Health (hhs.gov) • External CLAS Toolkit.pdf (pa.gov)

	<p>resettlement. Cultural competence is widely recognized as important for the provision of effective and equitable services for refugee populations. However, the delivery of culturally appropriate service including health care and social services is often complicated by unclear definitions and operationalization of cultural competence.¹⁷</p>	<ul style="list-style-type: none">• <u>Culturally Effective Care – Washington State Medical Home</u>
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