Addressing Bias in Healthcare

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2020
Understand strategies to address bias in ourselves and institutions

Understand what implicit bias is and how it works

Learn about inequities in our community
### County A

- **Unemployment**: 5%
- **Child poverty rate**: 5%
- **Median Income**: $63,673
- **3rd Grade Not Proficient**: 11%
- **Suspended/Expulsion**: 2%
- **Not Graduating**: 16%
- **Juvenile Detention**: 7/1000
- **Foster Care**: .7/1000
- **Adult Arrests**: 36/1000

### County B

- **Unemployment**: 25%
- **Child poverty rate**: 56%
- **Median Income**: $20,664
- **3rd Grade Not Proficient**: 48%
- **Suspended/Expulsion**: 21%
- **Not Graduating**: 50%
- **Juvenile Detention**: 103/1000
- **Foster Care**: 11/1000
- **Adult Arrests**: 295/1000

Source: Race to Equity October 2013
CHNA 2019: Tale of Two Counties

**White**
- Unemployment = 2.6%
- Child poverty rate = 4.7%
- Median Income = $68,981
- Very Low Birthweight = 6.2%
- Infant Mortality (1,000 births) = 4.3
- Breastfeeding at Discharge = 84.4%

**African American/Black**
- Unemployment = 7.4%
- Child poverty Rate = 45.6%
- Median Income = $30,404
- Very Low Birthweight = 15.6%
- Infant Mortality (1,000 births) = 13
- Breastfeeding at Discharge = 57.7%

Data Sources:
**WI COVID-19 Data by Race & Ethnicity: Cases**

**Health impact of COVID-19 by race and ethnicity**

Updated: 10/21/2020

Total cases: 182,687
Unknown race/ethnicity: 13,469 (7.45%)

Hover over visuals to find more information.

View rates for:
- Cases
- Hospitalizations
- Deaths

This filter changes both the top and bottom charts.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent of Population</th>
<th>Percent of all COVID-19 Cases</th>
<th>Cases per 100,000 people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latinx</td>
<td>7.1%</td>
<td>15.1%</td>
<td>6,189.8</td>
</tr>
<tr>
<td>Multiple or other races</td>
<td>1.7%</td>
<td>2.9%</td>
<td>4,867.9</td>
</tr>
<tr>
<td>American Indian</td>
<td>0.9%</td>
<td>1.2%</td>
<td>3,900.0</td>
</tr>
<tr>
<td>Black</td>
<td>6.4%</td>
<td>8.3%</td>
<td>3,753.0</td>
</tr>
<tr>
<td>White</td>
<td>80.9%</td>
<td>70.4%</td>
<td>2,528.1</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>3.0%</td>
<td>2.2%</td>
<td>2,150.3</td>
</tr>
</tbody>
</table>

Black and Hispanic populations are over-represented among COVID-19 cases, hospitalizations, and deaths. Compared to White Wisconsinites, Hispanic or Latinx Wisconsinites have 2.4 times greater case rates, and Black Wisconsinites have 3.4 times greater hospitalization rates and 2.6 times greater death rates.

[Source](https://www.dhs.wisconsin.gov/covid-19/disparities.htm#disparities)
WI COVID-19 Data by Race & Ethnicity: Deaths

Health impact of COVID-19 by race and ethnicity

Updated: 10/21/2020
Total deaths: 1,681
Unknown race/ethnicity: 28 (1.7%)

Never hover visuals to find more information.

View rates for:
- Cases
- Hospitalizations
- Deaths

This filter changes both the top and bottom charts.

- Black: 8.4% Cases, 14.4% Deaths, 26.1 per 100,000 people
- Hispanic or Latinx: 7.1% Cases, 10.2% Deaths, 40.7 per 100,000 people
- American Indian: 0.9% Cases, 1.0% Deaths, 12.7 per 100,000 people
- Asian or Pacific Islander: 3.0% Cases, 2.7% Deaths, 25.1 per 100,000 people
- White: 80.9% Cases, 70.3% Deaths, 24.9 per 100,000 people
- Multiple or other races: 1.7% Cases, 0.6% Deaths, 9.9 per 100,000 people

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https://www.dhs.wisconsin.gov/covid-19/disparities.htm#disparities
Nationwide, Black people are dying at 2.5 times the rate of white people.

We’ve lost at least 31,602 Black lives to COVID-19 to date. Black people account for 22% of COVID-19 deaths where race is known.

https://covidtracking.com/race
COVID-19 may not discriminate based on race -- but U.S. health care does
Why These Inequities?

One of the factors is known to be

*Implicit bias within our healthcare system and other institutions*
Policies, practices, and procedures that work to the benefit of certain people and to the detriment of others.

Individual Bias: Pre-judgment, bias, or discrimination by an individual based on race, gender, sexual orientation, etc.

Institutional Bias: Policies, practices, and procedures that work to the benefit of certain people and to the detriment of others.

Structural Bias: A history and current reality of institutional bias across all institutions. This combines a system that negatively impact historically marginalized groups: people of color, women, LGBT people, etc.
Biases are Simply...

What we make up about people before we know who they are.
We React Before We Realize It

11 million bits of information every second

SORT INTO CATEGORIES
CREATE ASSOCIATIONS based on PRIMING from previous experiences
FILL IN GAPS Unconsciously
CREATE SCHEMAS based on STEREOTYPES

bias

Only 40 bits of information get absorbed
List of False Beliefs about Biological Differences from the study:

• Blacks age more slowly than whites
• Blacks’ nerve endings are less sensitive than whites’
• Black people’s blood coagulates more quickly than whites
• Whites have larger brains than blacks
• Whites have a better sense of hearing than blacks
• Blacks’ skin is thicker than whites
• Blacks have a more sensitive sense of smell than whites
• Whites have a more efficient respiratory system than blacks
• Black couples are significantly more fertile than white couples
• Blacks are better at detecting movement than whites
• Blacks have stronger immune systems than whites

The disturbing reason why African American patients may be undertreated for pain

SO...

HOW DO WE ADDRESS BIAS?
Structural Society:
Think of the institutions and systems such as governance, education, healthcare, economy, etc. needed to impact structures in society.

Organizational Culture:
Think of the personal and professional relationships and culturally normalized and institutional values, beliefs, behaviors, mindsets, practices, policies, emotions that you have influence over.

Relationships:
Identify practices and patterns that you can directly encourage/interrupt in your relationships with colleagues, family, friends, neighbors, etc.

Self:
Identify practices and patterns in your emotions, mind, spirit, and body, that you can directly encourage/interrupt in yourself.
Strategies to Counter your Biases

Accept that the brain is biased. We all internalize unconscious assumptions, and this can lead us to overlook certain information. One way to find out more is to take the Implicit Association Test, found [https://implicit.harvard.edu/implicit/selectatest.html](https://implicit.harvard.edu/implicit/selectatest.html) and by selecting the RACE IAT.

Practice “Constructive Uncertainty”. I don’t know what I don’t know. I don’t know what it’s like to be you.

Explore your awkwardness and discomfort. Where do you notice discomfort? With whom are you interacting? What spaces are you in? This is a good way to gather data about areas where bias may be creeping into your interactions.

Amplify Marginalized Voices and Perspectives and expose yourself to positive role models.

Get feedback from someone who has agreed to do that labor for you. Additionally, seek out anecdotes and feedback from employees and patients to investigate how implicit biases affect staff experience and care delivery.

Analyze data by race and ethnicity to identify disparities and look for situations where bias might be impacting care.

Label biases as they occur to acknowledge that they’re there and decide the most effective strategy to mitigate that type of bias.

Use an Equity Impact Assessment tool to bypass bias and make more informed decisions.

One size does NOT fit all. Remember that each person is different and may need something different; equity not equality.

Stereotype Replacement. What images or stories can you replace with those that run counter to the stereotype?

Act. Saying you care about diversity is not enough. We know that training works best when people participate and address their biases in everyday situations. So do something!
Use an Equity Tool

<table>
<thead>
<tr>
<th>Equity Tools guide leaders through a process of reflection and evaluation to improve workplace culture and mitigate unintended consequences of bias in decision-making in daily tasks, project implementation, policy creation and strategic planning.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Who is this policy/practice/decision going to help the most, who will it help the least and who not at all?</td>
</tr>
<tr>
<td>2. Are all racial and ethnic groups that are impacted by the policy, practice or decision at the table?</td>
</tr>
<tr>
<td>3. How might our unconscious attitudes and assumptions be playing out as we evaluate this policy/practice/decision?</td>
</tr>
<tr>
<td>4. Does the data being used detail race, ethnicity, socioeconomic information?</td>
</tr>
<tr>
<td>5. Are there ways we can mitigate harm to/unintended consequences on staff, patients and communities of color?</td>
</tr>
<tr>
<td>6. How does this proposal support our vision dismantling racism in ourselves, in our system and in our community?</td>
</tr>
<tr>
<td>7. Does the policy, practice or decision worsen or ignore existing disparities?</td>
</tr>
<tr>
<td>8. Based on the above responses, what revisions are needed in the policy, practice or decision under discussion?</td>
</tr>
</tbody>
</table>
Contact ntakahashi@uwhealth.org with questions

Thank You