

# Cultural Humility and Unconscious Bias in Healthcare

This presentation is a collaborative effort between the Diversity, Equity and Inclusion Office, Accreditation and Population Health Equity and Centene Institute for Advanced Health Education.

# Relevant Financial Relationships

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		Commercial Interest	Current Relationship	Nature of Relationship
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## Speaker



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## Learning Objectives

1. Define unconscious bias and its impact on patient health outcomes
2. Analyze how cultural humility can improve patient care, safety, and experience
3. Explore the intersectionality between unconscious bias, cultural humility, and health equity

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# What is Bias?

## Bias

Tendency to favor  
one group over  
another



### Explicit Bias

- Explicit form of bias
- Based on discriminatory beliefs/values
- Can be targeted in nature



### Implicit Bias (Unconscious Bias)

- Describes associations/attitudes that unknowingly alter our perceptions
- Affects behavior, interactions, decision-making

# Unconscious Bias

- Biases can exist toward any social group and may include:
  - Race
  - Age
  - Gender
  - Gender identity
  - Physical abilities
  - Sexual orientation
  - Weight
  - Appearance
- Far more common than conscious prejudice, often incompatible with conscious values
- **Bias is a human trait that we all possess, but it is malleable and can be unlearned**

- Office of Diversity and Outreach. (n.d.). *Unconscious Bias*. UCSF Office of Diversity and Outreach. Retrieved November 1, 2021, from <https://diversity.ucsf.edu/resources/unconscious-bias>
- Schnierle, J., Christian-Brathwaite, N., & Louisias, M. (2019). Implicit Bias: What Every Pediatrician Should Know About the Effect of Bias on Health and Future Directions. *Current problems in pediatric and adolescent health care*, 49(2), 34–44. <https://doi.org/10.1016/j.cppeds.2019.01.003>

## Unconscious Bias and Healthcare - Overview

- The increase in diversity of the US population is reflected in patients being treated by healthcare professionals.
- Patients from historically marginalized groups can experience unconscious biases which serve to perpetuate health inequities
- Unconscious bias can also affect patient-clinician interactions and interprofessional interactions, resulting in decreased quality of care

- Marcellin, J. R., Siraj, D. S., Victor, R., Kotadia, S., & Maldonado, Y. A. (2019). The Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate It. *The Journal of infectious diseases*, 220(220 Suppl 2), S62–S73. <https://doi.org/10.1093/infdis/jiz214>
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## Unconscious Bias and the Healthcare Team

- Begins with the first interaction a patient has with the healthcare provider team (welcome call, front office staff, medical assistants)
- Those with more unidentified bias have poorer interpersonal interactions with historically marginalized individuals, often in very subtle ways
- These initial interactions, if negative, contribute to a lack of trust and commitment from the patients – in turn, affecting their overall clinical care and outcomes



# Unconscious Bias – Why It Matters in Medicine

- **Providers:** subjected to fatigue, information overload, time constraints
- Causes healthcare providers to be highly dependent on cognitive short cuts
  - Leads to an increased reliance on stereotypes in clinical settings
  - May result in assumptions being made unintentionally
- **Examples**
  - Lower expectations for medication compliance
  - Assumption of exaggerated symptoms based on socioeconomic status/racial background
- Healthcare professionals have been shown to have the same level of unconscious bias as the general population, with higher levels being associated with lower quality care.



- Marcellin, J. R., Siraj, D. S., Victor, R., Kotadia, S., & Maldonado, Y. A. (2019). The Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate It. *The Journal of infectious diseases*, 220(220 Suppl 2), S62–S73. <https://doi.org/10.1093/infdis/jiz214>
- Schnierle, J., Christian-Brathwaite, N., & Louisias, M. (2019). Implicit Bias: What Every Pediatrician Should Know About the Effect of Bias on Health and Future Directions. *Current problems in pediatric and adolescent health care*, 49(2), 34–44. <https://doi.org/10.1016/j.cppeds.2019.01.003>
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## Individual Strategies to Address Unconscious Bias

The first steps to addressing unconscious bias are **understanding** the nature of bias and **recognizing** one's own biases.

## Questions to ask yourself to help increase understanding:

- What am I thinking?
- Why am I thinking it?
- Is there a past experience that is impacting my current decision?
- Is the past experience applicable now or is it based on a preference or bias?

## Interaction Tips

When interacting with patients, community members, customers, and coworkers:

- Be aware of triggers in yourself and others.
- Remember that you are likely to favor people who are like you.
- Do not make assumptions about individuals.
- Be aware of your body language and verbal language.
- Base decisions on facts and information rather than “gut instinct”.

# Researching Unconscious Bias in Health Care

Michelle van Ryn, Ph.D.



## Learning Objectives

1. Define unconscious bias and its impact on patient health outcomes
2. **Analyze how cultural humility can improve patient care, safety, and experience**
3. Explore the intersectionality between unconscious, cultural humility, and health equity

# Terms you might be familiar with: Culture, Cultural Sensitivity and Cultural Competency

## Culture

“The distinctive customs, values, beliefs, knowledge, art, and language of a society or a community. These values and concepts are passed on from generation to generation, and they are the basis for everyday behaviors and practices.”

## Cultural Sensitivity

“Awareness and appreciation of the values, norms, and beliefs characteristic of a cultural, ethnic, racial, or other group that is not one’s own, accompanied by a willingness to adapt to one’s behavior accordingly.”

## Cultural Competency in Healthcare

“Describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of health care delivery to meet patients’ social, cultural and linguistic needs”

- American Psychological Association. (2020). *APA Dictionary of Psychology*. Retrieved November 1, 2021, from <https://dictionary.apa.org/cultural-sensitivity>
- American Hospital Association. (2013, June 18). *Becoming a Culturally Competent Health Care Organization*. Retrieved November 1, 2021, from <https://www.aha.org/ahahret-guides/2013-06-18-becoming-culturally-competent-health-care-organization>

# Transitioning to: Cultural Humility, Cultural Safety and Structural Competence

## Cultural Humility

"lifelong commitment to self-evaluation and critique, to redressing the power imbalances in the physician-patient dynamic, and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations."

## Cultural Safety

"goes beyond the basic notion of cultural sensitivity that characterizes cultural competence to focus on analyzing power imbalances, institutional discrimination, and colonial relationships as they manifest in health care. Cultural safety calls on medical professionals and health care institutions to create spaces for patients to receive care that is responsive to their social, political, linguistic, economic and spiritual realities."

## Structural Competence

"redefines cultural competency in structural terms, and calls for training in "five core competencies": (1) recognizing the structures that shape clinical interactions; (2) developing an extra-clinical language of structure; (3) rearticulating "cultural" formulations in structural terms; (4) observing and imagining structural interventions; and (5) developing structural humility"

# Developing Cultural Humility

The journey to cultural humility  
begins with unpacking your  
own biases.



# Cultural Humility and Patient Safety

- Cultural affiliations - affect how/where patients seek care, describe symptoms, select treatment options, whether care recommendations are followed
- Failing to practice cultural humility in patient care can result in:
  - Individuals not engaging in healthcare services
  - Diagnostic errors
  - Health-care associated infections
  - Adverse birth outcomes
  - Inappropriate care transitions
  - Poor adherence to provider recommendations
- **Practicing cultural humility increases patient engagement to allow patients to be collaborative partners in their care**



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## Health Equity – Expectations for the Future

- **Health equity:** The attainment of the highest level of health for all people
- Health equity is the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically

## Unconscious Bias, Cultural Humility, and their Impact on Health Equity

- Understanding unconscious bias and demonstrating cultural humility will bring healthcare providers closer to achieving the goal of caring for all patients in the best possible way, moving toward the path of attaining health equity throughout communities
- Although disparities in social determinants of health are often beyond the control of a single healthcare provider, **providers can directly impact health equity for their own patients**

## Unconscious Bias and the Healthcare Team – Case Study

Scenario 1: What do you think will be the consequences of “The New Patient” this interaction?

- Patient and young child walk into office
- Child responds for adult – speaks English fluently
- Child serves as interpreter during appointment

Where did bias creep in?

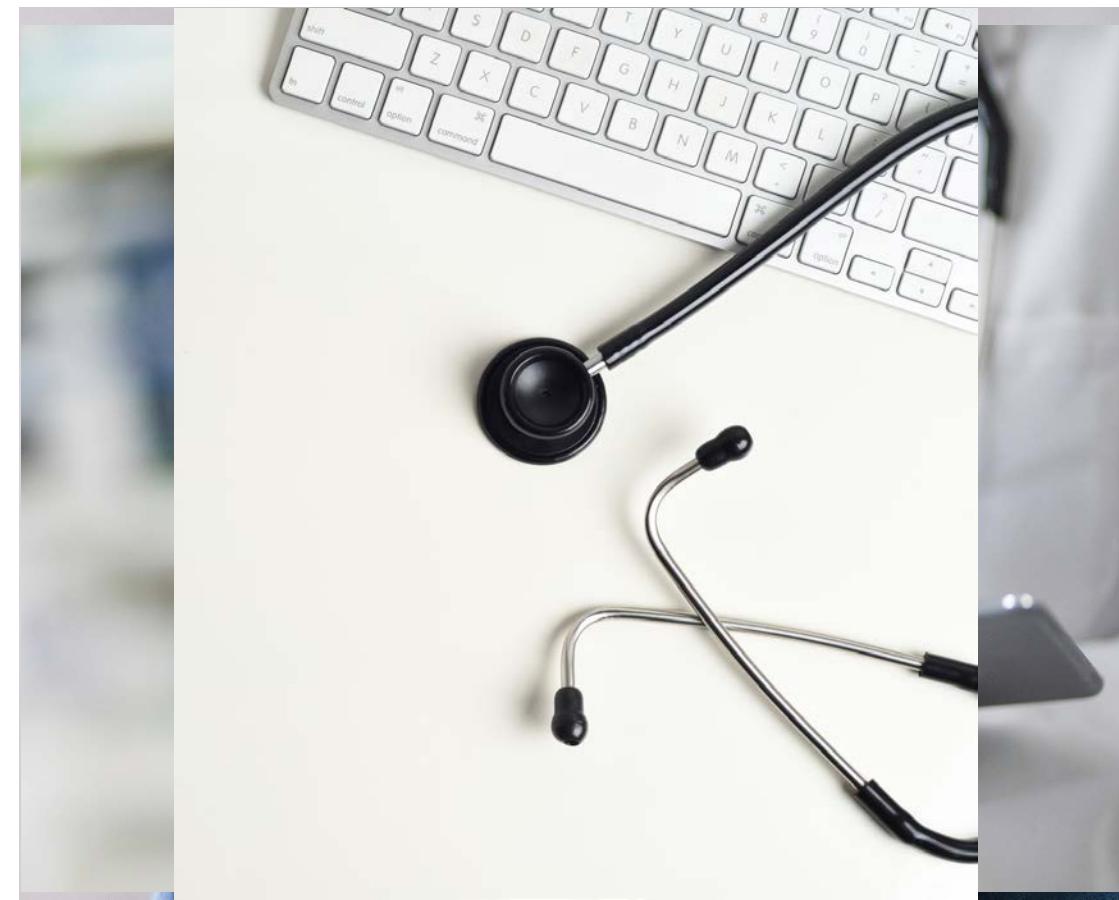


## Unconscious Bias and the Healthcare Team – Case Study

### Scenario 2:

#### “The Frequent Flyer”

- Patient presents with acute pain in his hand
- Brief assessment completed with no findings; patient sent home
- Results from ER visit confirm broken bones in hand



Where did bias creep in?



"To eliminate disparities, we must know enough (research); do enough (deliver the outcomes); care enough (commitment); and persevere enough (do not get discouraged)."

- *David Satcher, MD, PhD*

*Founding Director and Senior Advisor, Satcher Health Leadership Institute, Morehouse School of Medicine, four-star admiral in the United States Public Health Service Commissioned Corps, 11th United States Assistant Secretary for Health, 16th Surgeon General of the United States and 13th Director of the Centers for Disease Control and Prevention*

## Summary

1. Defined unconscious bias and its impact on patient health outcomes
2. Analyzed how cultural humility can improve patient care, safety and experience
3. Explored the intersectionality between unconscious bias, cultural humility, and health equity



## Resources for Ongoing Learning

- Think Cultural Health: <https://thinkculturalhealth.hhs.gov/>
  - eLearning programs, testimonials, articles, presentations about culturally and linguistically appropriate services (CLAS) and National CLAS Standards
- Racial Disparities in Clinical medicine:  
[NEJM Group Racial Disparities in Clinical Medicine.pdf](#)
  - “Conversations, perspectives, and research on advancing medical equity”

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## DEI Resources

[Unconscious Bias Resources for Health Professionals – AAMC](#)

[Unconscious Bias in Clinical Care and Medical Education – Stanford](#)

[Unconscious Bias in Academic Medicine: Overcoming the Prejudices We Don't Know We Have – AAMC](#)

[Combating Bias in Medicine - Harvard](#)

[Exploring Unconscious Bias in Academic Medicine – AAMC](#)

[Health Equity – CDC](#)

[Unconscious Bias – National Institutes of Health](#)



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