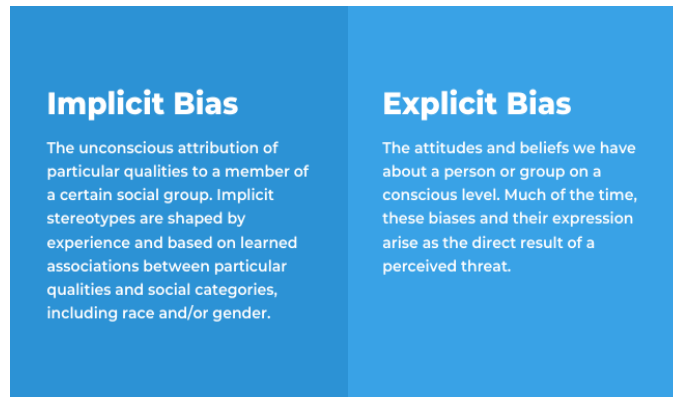


IMPLICIT BIAS IN HEALTHCARE

Examining the Intersections of Race and Disability



- Physicians who perceived less cooperative relationships with their Black patients were more likely to show high levels of implicit anti-Black bias (on the Implicit Attitudes Test). At the same time, patients with whom relationships are perceived to be more cooperative are more likely to adhere to treatment recommendations.
- Black patients reported feeling less respected and having less confidence in primary care clinicians who, when tested independently, showed higher implicit racial biases.
- In one study, trauma surgeons were more likely to believe there was a hidden history of alcohol abuse in Black patients compared to White patients, and that the Black patients posed a threat to themselves or others.
- Asian Americans are more likely than any other population to die from cancer, yet they are least likely to be recommended for cancer screening.

IMPLICIT DISABILITY BIAS: QUESTIONS TO ASK YOURSELF

Reflect on each of the questions below. Consider whether and to what extent your response may be influenced by stereotypes and biases about people with disabilities and/or informed by objective facts and evidence and actual experiences with them.

- 1) When you think of an individual with a disability, do you focus on the things the individual can do or cannot do? Where do you get the information on which you base your views? Do you ask or observe the individual with a disability?

- 2) Do you think “disabled” is a negative word? If so, which words should be used instead?
- 3) Do you think of an individual with a disability as working in certain careers? If so, which careers and why?
- 4) When you think of an individual with a disability, do you have sympathy or feel pity for that individual?
- 5) When you meet an individual with a disability, do you see the individual’s disability before you see the individual?
- 6) Do you think about individuals with disabilities as a group or as individuals? If as a group, what characteristics do you think members of the group share?
- 7) Do you consider individuals with disabilities as different from individuals without disabilities? If so, how are they different?
- 8) What traits do you believe individuals with disabilities share?
- 9) Do you believe that the lives of individuals with disabilities are different from the lives of individuals without disabilities? If so, how are they different?
- 10) Do you use terms (e.g., “normal” or “able-bodied”) to differentiate between individuals without disabilities individuals with disabilities?
- 11) Do you speak to and interact with individuals with disabilities differently than you do with individuals without disabilities? If so, how and why?
- 12) Do you perceive individuals with disabilities as dependent or in need of assistance as compared to individuals without disabilities? Do you base your belief on personal experiences or other sources? If the latter, what are the sources?
- 13) Do you view individuals with disabilities as vulnerable and at risk of being victimized compared to individuals with disabilities? If so, in what way?
- 14) Would you describe individuals with disabilities as exceptional, brave, courageous, inspirational, superhuman, and heroic for living with their disabilities? If so, why?
- 15) Do you view individuals with disabilities as angry or bitter because of their disabilities? If so, in what way?
- 16) Do you perceive individuals with disabilities as productive or competent as individuals without disabilities? If so, why?
- 17) Do you view individuals with disabilities as too costly for employers to hire? If so, please explain.
- 18) Do you view disability as an abnormality or sickness or as a challenge that needs to be overcome or corrected?

- 19) When you see an individual with a disability, do you automatically want to help them?
- 20) Do you think that individuals are disabled by their impairment or by society's systemic barriers, derogatory attitudes, and exclusion?
- 21) Do you think workers with disabilities receive special advantages or are held to a lesser standard than workers without disabilities? If so, please explain.
- 22) Do you think individuals who receive reasonable accommodations at work are given special treatment or an advantage to persons without disabilities?
- 23) Do you speak to an individual with a disability directly or to the person that accompanies them or a caretaker?
- 24) Do you view individuals with disabilities as being ill, in pain, and having a poor quality of life?

CASE STUDY #1

DIDACTIC: MIRIAM'S STORY

Pregnant female "Miriam", comes to the emergency department (ED) for unidentified illness, has a high fever. Upon examination is discovered to be pregnant approximately 30 weeks. Is subsequently admitted to hospital to check on baby etc. Further interviews reveal that Miriam is a visitor to the United States attending a conference with a group of other foreign nationals. She became ill during the event and was directed to seek medical attention at the nearest Emergency Dept.

Ultrasound and other testing ordered reveal baby to have a diagnosis of Spina Bifida. Miriam is informed and it is discovered she did not seek regular prenatal visits in her home country and was unaware of baby's diagnosis. She does not understand what Spina Bifida and when advised that the best thing for the baby is immediate surgery, she screams inconsolably and utters out: " Oh my God, oh my God, I am cursed, they are going to kill my baby!!!" She is inconsolable and utters the same words over and over and through the next several days, causing her to be placed on a safety watch.

Subsequently, a referral to DCF is made, the baby is removed Miriam is informed that she will not have access to the baby without DCF involvement.

Discussion questions:

1. Were there any biases at play here? If so, what?
2. Were cultural norms/taboo considered?
3. What could have been done to make this situation better for Miriam and her baby?

*Thankfully, this story has a happy ending!! It took 2-years and a lot of education for everyone involved but Miriam got her baby back.

“Indirect evidence indicates that bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may be contributory factors to racial and ethnic disparities in healthcare.”

CASE STUDY #2: THIS IS WHAT IT LOOKS LIKE

Two men arrived at the same hospital with chronic knee pain and swelling. Both had comparable health insurance and nearly identical symptoms. Both were diagnosed with osteoarthritis.

WHITE MALE EXPERIENCE	AFRICAN AMERICAN MALE EXPERIENCE
Offered pain med’s immediately Seen quickly by a doctor Recommended for total knee replacement Received total knee replacement	African American male experience Was told he could not receive pain med’s until the doctor arrived Waited more than 2 hours, receptionist responded with annoyance when he asked about wait time Told to work out and lose weight Did not follow doctor recommendations due to pain and distrust of experience with doctor, who had done most of the talking, never asked how patient felt. Osteoarthritis never improved, knee further deteriorated

Reflections & Questions:

- 1) Take a minute for initial reactions and reflections:
 - Is this information new to you?
 - What about it makes sense, or doesn’t, in the context of your work?
- 2) Identify some ways your implicit biases might show up in your work or everyday life.

DEEPER DIVE RESOURCES

IMPLICIT BIAS TRAINING: <http://kirwaninstitute.osu.edu/implicit-bias-training/>

*Credits: PATH CT: Cultural Implications Training 2021. Susan Niamark: Introduction to Implicit Bias.
 ABA: Commission on Disability Rights. Kirwan Institute for the Study of Race and Ethnicity*