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BLOOMBERG SCHOOL
of PUBLIC HEALTH

Module 2: Cultural Competency: Race, Ethnicity, Language, and Unconscious Bias in Health Care

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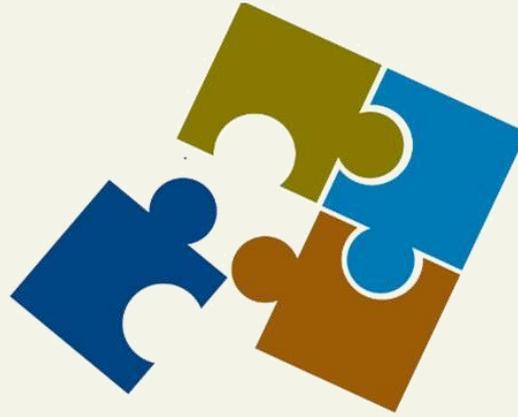
Program Director, Culture-Quality-Collaborative (CQC) and

Clearview Organizational Assessments-360 (COA360)



Hopkins Center for
Health Disparities Solutions

About Us



*Hopkins Center for
Health Disparities Solutions*

*“Exploration and Intervention for Health
Equality...”*

Designated a “National Center of Excellence”
by the National Institutes of Health,
National Institute on Minority Health and Health Disparities



NIMHD





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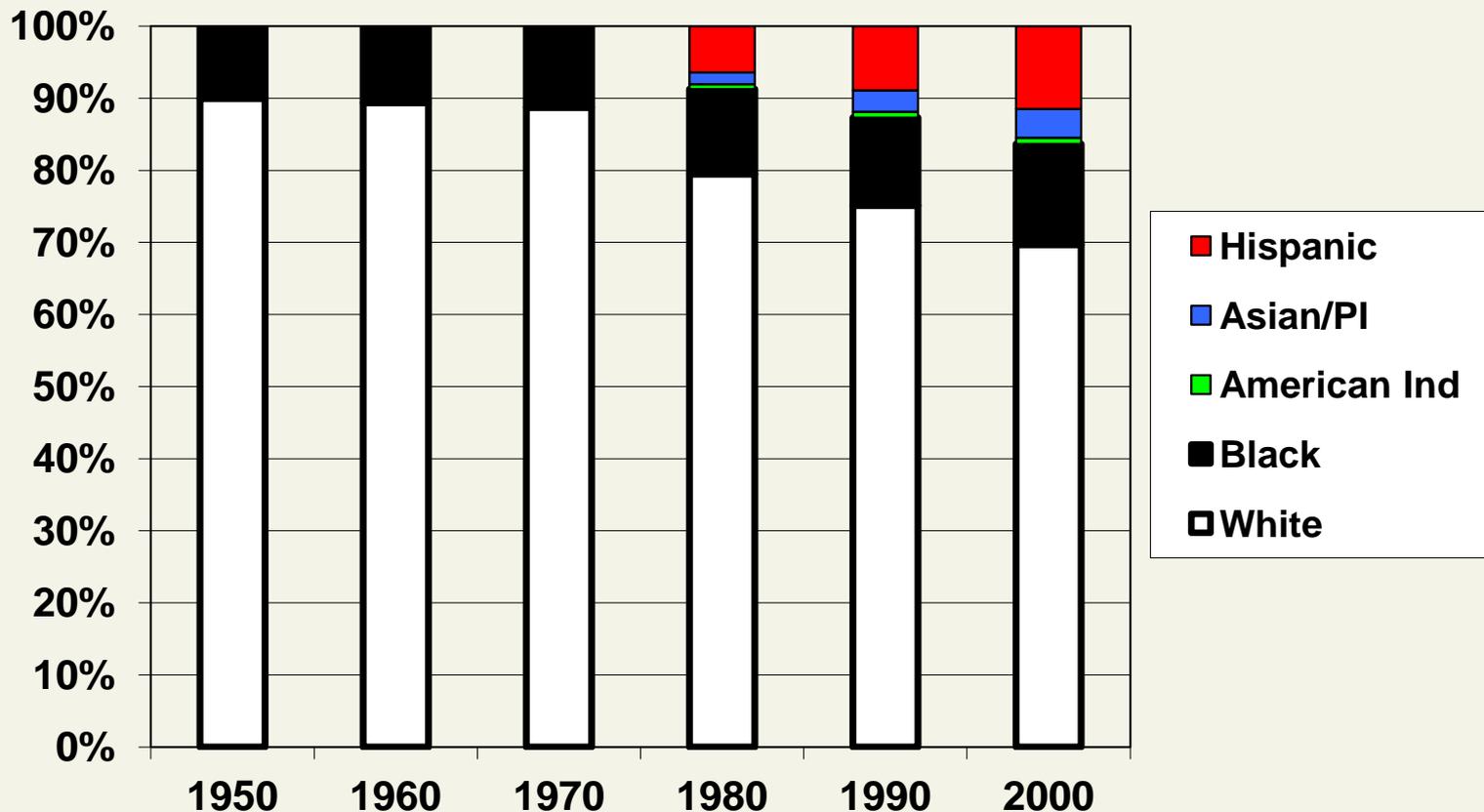
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Cultural Competency: Race/Ethnicity

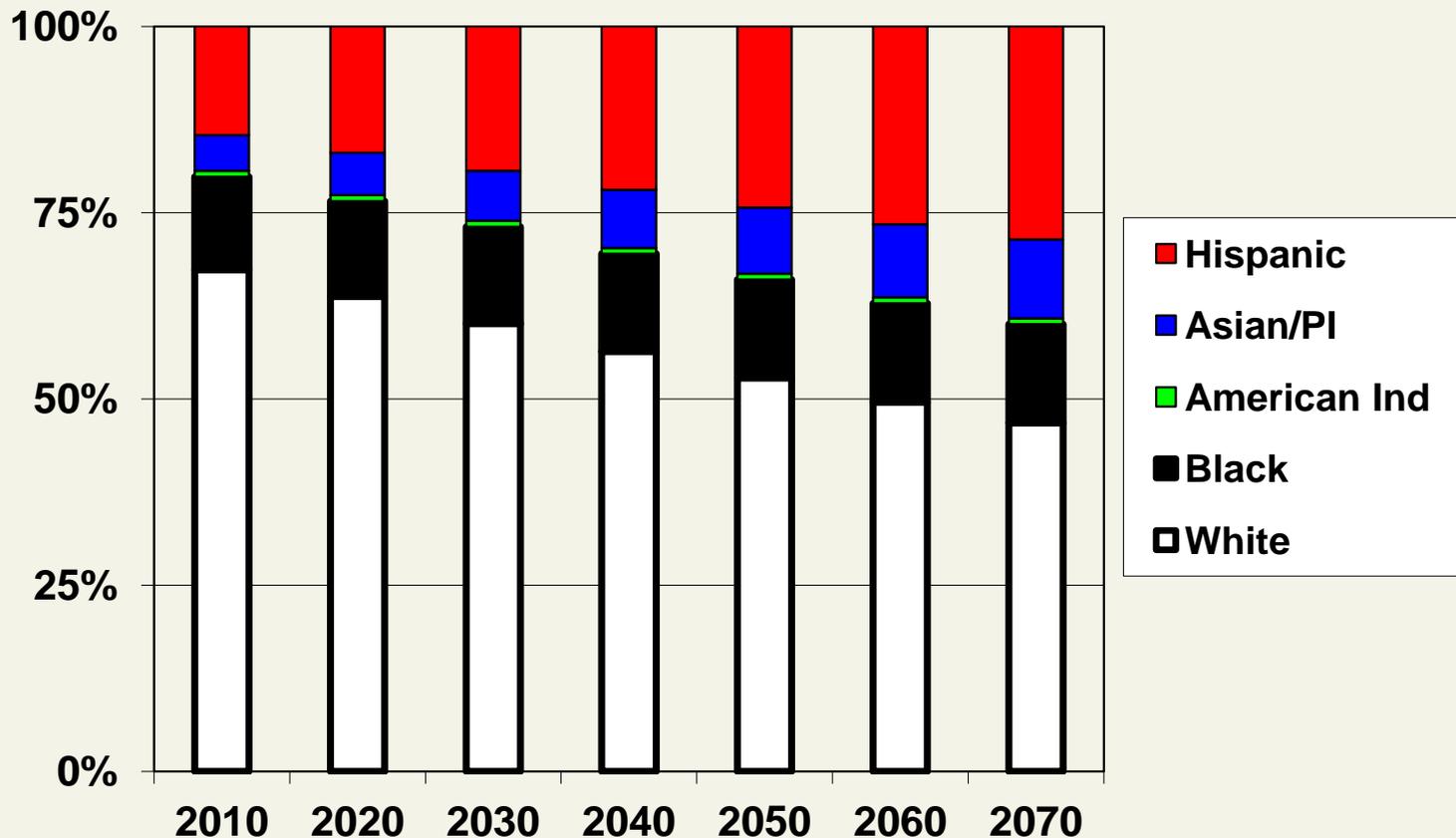


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Changing Demographics: Percentage Resident Population by Race/Ethnicity, U.S. 1950-2000

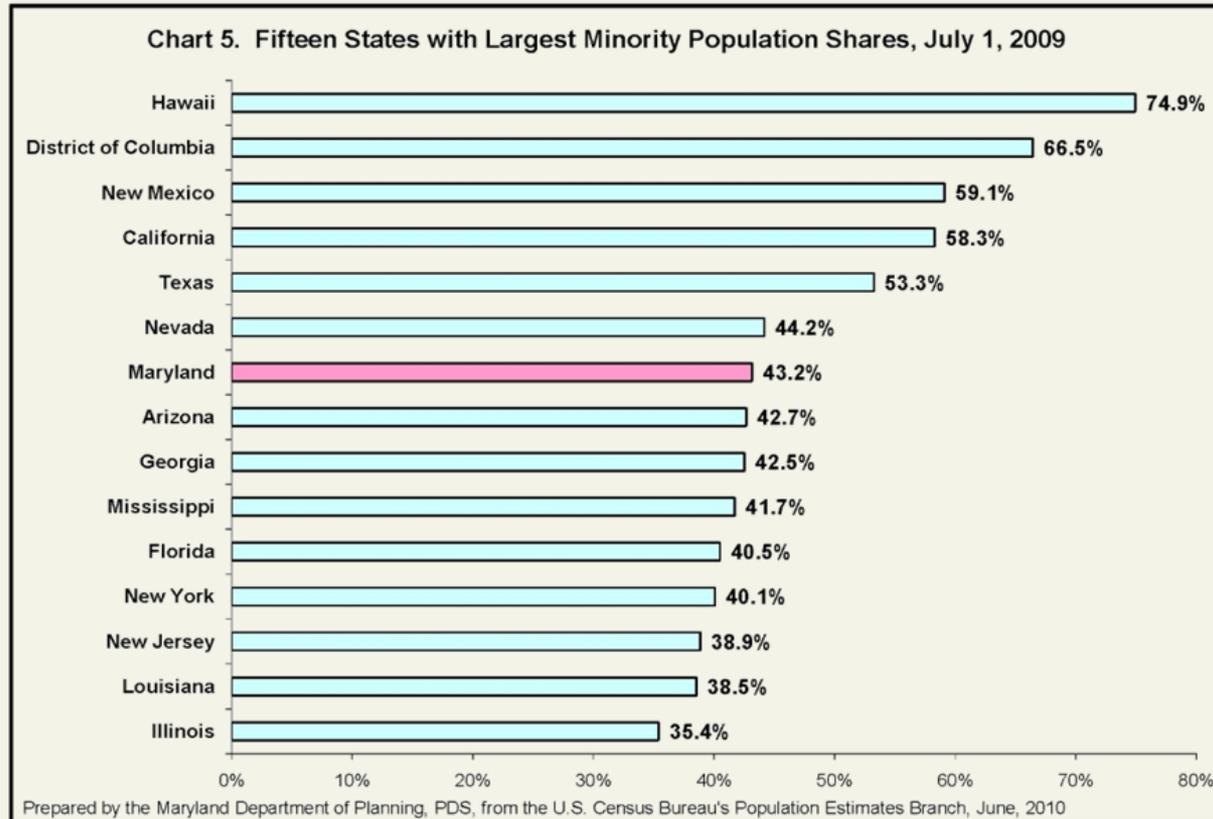


Changing Demographics: Projected Percentage Resident Population by Race/Ethnicity, U.S. 2010-2070



As of July 1, 2011, the U.S. Census Bureau estimated that 50.4% of the population younger than 1 was minority.

Changing State Demographics



- In 2008, four states—Hawaii (77.1%), California (60.3%), New Mexico (59.8%), and Texas (55.2%)—plus the District of Columbia (64.7%) were already majority minority.
- In the rest of the U.S., minorities constitute 36.6% of the population.

Changing State and Demographics

RACE	U.S. CENSUS (CT) 2000	U.S. CENSUS ACS SURVEY (CT) 2012
One Race		
White	81.6%	82.0%
Black or African American	9.1%	11.2%
American Indian and Alaska Native	0.3%	0.5%
Asian	2.4%	4.2%
Native Hawaiian or Pacific Islander	--	0.1%
Some Other Race	4.3%	--
Two or More Races	2.2%	2.1%
ETHNICITY	U.S. CENSUS (CT) 2000	U.S. CENSUS ACS SURVEY (CT) 2012
Hispanic or Latino	9/4%	14.2%

Discussion Questions about Race

- How would you define race? What does it mean to you?
- How many races do you think there are? What are they? How do you decide which race someone belongs to?
- Look around the room. Who do you think is likely to be most similar to you, biologically or genetically? Why?
- Where do your ideas about race come from? What are the sources of your information?

Sorting People by Race

- Can You Tell Someone's Race by Looking at Him or Her?



Is Race for Real?

- *Race: The Power of an Illusion*
 - *Episode 1: The Difference between Us*



Discussion Questions

- Did the video clip change or challenge any of your assumptions about race?
- Two weeks from now, what will you most remember from the video clip and why?

Understanding Race vs. Ethnicity

Race

- A human population that is believed to be distinct in some way from other humans based on real or imagined **physical** differences
- Rooted in the idea of **biological** classification of humans according to morphological features such as skin color or facial characteristics.

Ethnicity

- Refers not to physical characteristics but **social** traits that are shared by a human population.
- Some of the social traits often used for ethnic classification include:
 - nationality
 - tribe
 - religious faith
 - shared language
 - shared culture
 - shared traditions

Luigi Luca Cavalli-Sforza, Paolo Menozzi, and Alberto Piazza.
The History and Geography of Human Genes. Princeton, NJ:
Princeton University Press, 1996.

Delineating Ethnicity in the U.S.

- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”
- **Non-Hispanic or Latino**

Office of Management and Budget (OMB), “Directive No. 15: Race and Ethnic Standards for Federal Statistics and Administrative Reporting,” 1997.

Delineating Race in the U.S.

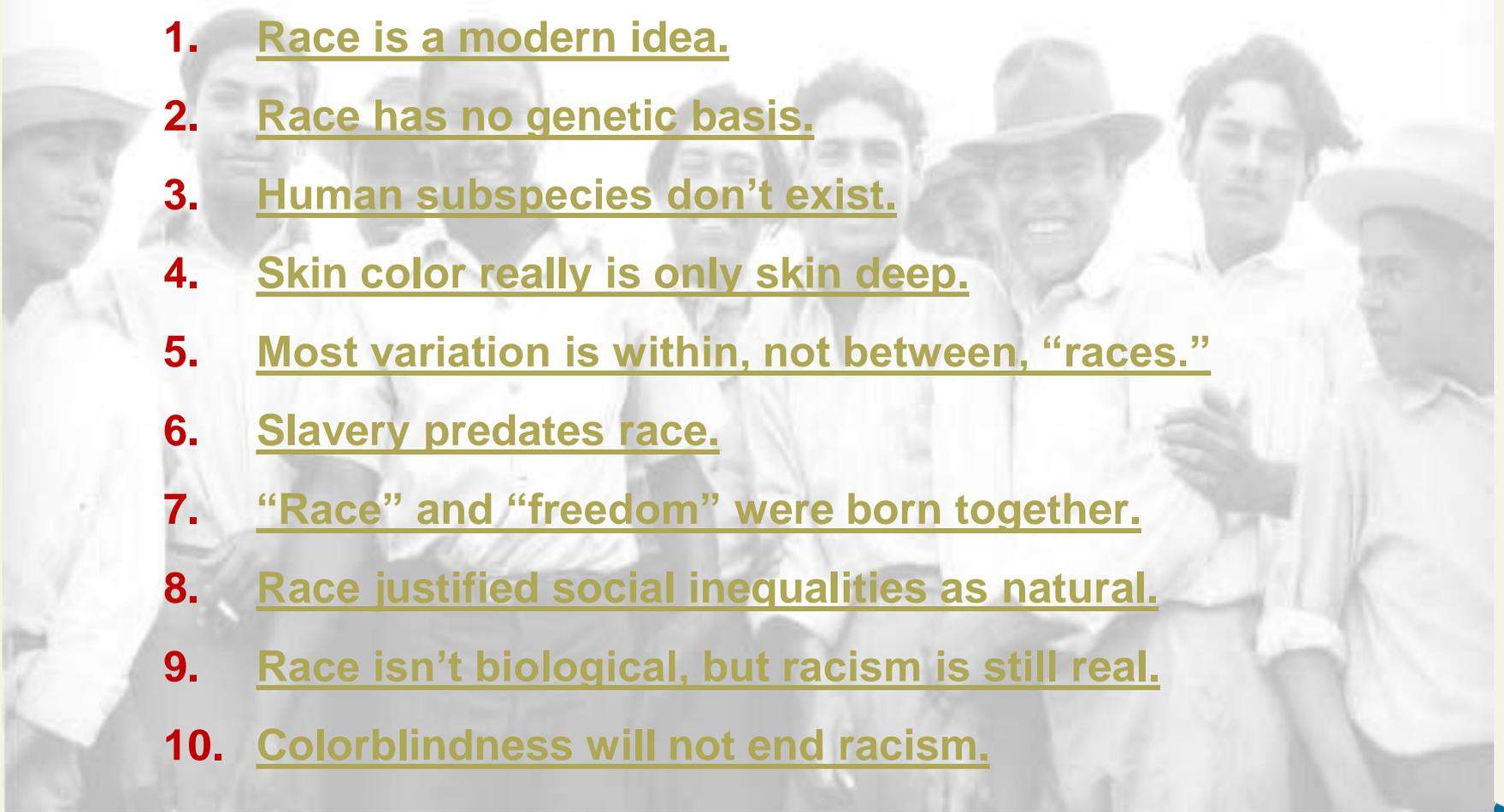
- **American Indian/Alaska Native:** Having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian:** Having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black/African American:** Having origins in any of the black racial groups of Africa. Terms such as “Haitian,” “Dominican,” or “Somali” can be used in addition to “Black or African American.”
- **Native Hawaiian/Other Pacific Islander:** Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White:** Having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Office of Management and Budget (OMB), “Directive No. 15: Race and Ethnic Standards for Federal Statistics and Administrative Reporting,” 1997.

Ten Things Everyone Should Know about Race

1. Race is a modern idea.
2. Race has no genetic basis.
3. Human subspecies don't exist.
4. Skin color really is only skin deep.
5. Most variation is within, not between, "races."
6. Slavery predates race.
7. "Race" and "freedom" were born together.
8. Race justified social inequalities as natural.
9. Race isn't biological, but racism is still real.
10. Colorblindness will not end racism.

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Cultural Competency: Language



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Texas Association of Healthcare Interpreters and Translators (TAHIT)

Public Service Announcement



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Changing Demographics: Language Proficiency

- Increased number of foreign born residents
 - 12.7% of U.S. residents
 - Almost 10% of Maryland residents
 - Almost 6% of Baltimore City residents
- Increased numbers speak a language other than English at home
 - 20.6% of U.S. residents
 - 12.6% of the Maryland population
 - 7.5% of the Baltimore City population
- Increased numbers speak English less than "very well" and are considered limited English proficient (LEP)
 - 8.7% of U.S. residents
 - 3.0% of the Baltimore population

Changing U.S. Demographics

- Between 1990 and 2010, the U.S. LEP population increased **80%**.
- Between 1990 and 2010, the **10** states experiencing the greatest growth in their LEP populations were:
 - Nevada (398.2%), North Carolina (395.2%), Georgia (378.8%), Arkansas (311.5%), Tennessee (281.4%), Nebraska (242.2%), South Carolina (237.2%), Utah (235.2%), Washington (209.7%), and Alabama (202.1%).

Pandya, Chhandasi, Jeanne Batalova, and Margie McHugh. 2011. "Limited English Proficient Individuals in the United States: Number, Share, Growth, and Linguistic Diversity." Washington, DC: Migration Policy Institute.

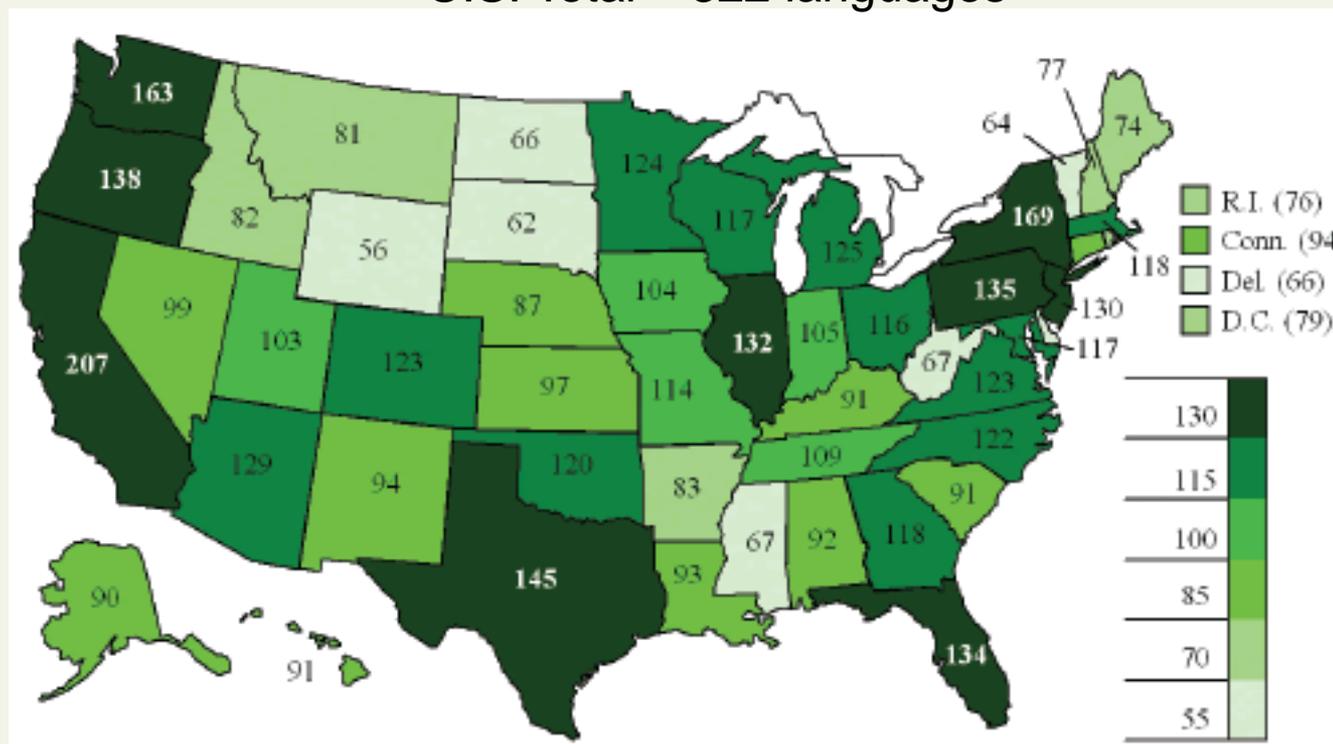
Changing State Demographics

- In **8** states, at least **10%** of the overall population is already LEP.
 - California (19.8%), Texas (14.4%), New York (13.5%), New Jersey (12.5%), Nevada (12.3%), Florida (11.9%), Hawaii (11.8%), and Arizona (9.9%)

Pandya, Chhandasi, Jeanne Batalova, and Margie McHugh. 2011. "Limited English Proficient Individuals in the United States: Number, Share, Growth, and Linguistic Diversity." Washington, DC: Migration Policy Institute.

Number of Languages Spoken in Each State

U.S. Total = 322 languages



Perils for LEP Patients

- Receive lower quality health care
- Poorer compliance with medical recommendations
- Higher risk of medical errors
- Difficulties understanding their diagnosis or why they receive particular types of care

Perils for LEP Patients

- Disproportionately high rates of infectious disease and infant mortality
- Risk factors for serious and chronic diseases such as diabetes and heart disease
- Lower adherence with diabetes and asthma care regimens compared to English speakers

Perils for LEP Patients

- Particularly vulnerable to miscommunication when discharged from the Emergency Department
- Poorer follow-up after Emergency Department visits
- Discordant communication resulting in both lower patient and clinician satisfaction

Patient Safety and Healthcare Quality

- Types of Interpreters
 - Ad hoc interpreter
 - Bilingual staff
 - Contract interpreter
 - Hospital employed (or staff) interpreter
 - Qualified interpreter
 - Volunteer interpreter

Patient Safety and Healthcare Quality

- Research studies have documented that the safety and healthcare quality of LEP patients can be diminished due to language barriers.

Patient Safety and Healthcare Quality

- One study found that in **46%** of emergency department cases, no interpreter was used for LEP patients.
- In addition, only **23%** of teaching hospitals train physicians how to work with an interpreter.

Patient Safety and Healthcare Quality

- A study analyzed **1,083** adverse incident reports from 6 Joint Commission-accredited hospitals for LEP vs. English-speaking patients for 7 months in 2005.
 - This study found that a greater percentage of LEP patients experienced physical harm versus English-speaking patients, **49.1%** and **29.5%** respectively.
 - The LEP patients also experienced higher levels of physical harm ranging from moderate temporary harm to death, **46.8%** and **24.4%** respectively.

Patient Safety and Healthcare Quality

- In an effort to provide language services, healthcare providers have sometimes resorted to drastic measures.
 - At one hospital, the emergency room used the Yellow Pages to find a restaurant that spoke a particular language and would ask one of the restaurant employees to interpret over the phone.

Patient Safety and Healthcare Quality

- Other hospitals have used:
 - untrained support staff,
 - strangers found in the waiting room or on the street,
 - taxi cab drivers, etc.

Patient Safety and Healthcare Quality

- In many instances, a family member serves as an interpreter, which raises privacy and other concerns.
 - For example, California State Senator Leland Yee remembers translating for his mother at the doctor's office when he was only six years old.
- Several states have introduced legislation forbidding children under sixteen from serving as interpreters.

Patient Safety and Healthcare Quality

- Untrained interpreters are more likely to commit errors in interpretation that can lead to adverse clinical consequences.

Patient Safety and Healthcare Quality

- Concerns about untrained interpreters include:
 - Lack of knowledge of medical terminology and confidentiality,
 - Their priorities may conflict with those of the patients, and
 - Their presence may inhibit discussions of sensitive issues, such as:
 - domestic violence, substance abuse, psychiatric illness, and sexually transmitted diseases.

Patient Safety and Healthcare Quality

- Even at healthcare organizations with ample CLAS resources, providers chose to “get by” without an interpreter by:
 - Communicating through gestures
 - Using limited second language skills
 - Relying on histories obtained by other physicians
 - Using patients’ family members as ad hoc interpreters.

Patient Safety and Healthcare Quality

- Occasionally, a bilingual healthcare provider may be present.
- However, this is not without its problems as well.
 - For example, in one case, a mother whose daughter had fallen off her tricycle, lost custody for 48 hours because the doctor misinterpreted two Spanish words (**Se pegó**) as "I hit her" instead of "She hit herself."

Patient Safety and Healthcare Quality

- Care can be compromised or delayed in the absence of any language service (trained or untrained).
- In other instances, the consequences can be catastrophic.

Patient Safety and Healthcare Quality

- A healthcare team misunderstood an eighteen year old man who said that he was *intoxicado*.
 - The team misunderstood the term to mean "intoxicated" rather than "nauseated."
 - As a result, the patient was treated for a drug overdose for thirty-six hours before the doctors realized that he had a brain aneurysm.
 - He ended up being a quadriplegic and his family was awarded \$71 million in a malpractice settlement.



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Video Clip:
Vietnamese Patient Visits
the ED
(no interpreter)



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Reflection

- What issues arose during this scenario?



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Video Clip:
Vietnamese Patient
Visits the ED
(interpreter)



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Reflection

- How was this scenario improved with the assistance of a qualified medical interpreter?

Patient Perspectives on the Need for an Interpreter

Childhood in Translation – 5th Grade Interpreter

Reflection

- What concerns were raised?
- How could the situation have been improved?



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Video Clip: Chinese Woman Wants to Apply for Food Stamps (no interpreter)



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Reflection

- What issues arose during this scenario?



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Video Clip: Chinese Woman Wants to Apply for Food Stamps (interpreter)



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Reflection

- How was this scenario improved with the assistance of a qualified bilingual staff person?



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Video Clip: 911 Call (no interpreter)



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Reflection

- What issues arose during this scenario?



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Video Clip: 911 Call (interpreter)



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Reflection

- How was this scenario improved with the assistance of a qualified medical interpreter?



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Working with Interpreter Exercise: Memory Development Activity



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Reflection

- How did you feel during this exercise?
- What will you take away from this exercise?

Best Practices: Language Aids

Your Right to Language Assistance Services

Todos los pacientes del Hospital Johns Hopkins tienen derecho a recibir servicios de interpretación en su idioma. Por favor, solicite información adicional en la Recepción.

جميع مرضى مستشفى جونز هوبكينز لهم حق استخدام خدمات ترجمة اللغات الأجنبية. لمزيد من التفاصيل الرجاء مراجعة مكتب التسجيل.

존스 홉킨스 병원의 모든 환자들은 외국어 통역 서비스를 받을 권리가 있습니다. 자세한 내용은 등록 처에서 문의해 주십시오.

约翰·霍普金斯医院的所有病人有权获得外语口译服务。有关详情，请向登记处查询。

Все пациенты больницы Джонса Хопкинса (Johns Hopkins Hospital) имеют право на услуги устного переводчика иностранного языка. За дополнительными сведениями обращайтесь в регистратуру.

Tous les patients de l'hôpital de Johns Hopkins ont droit aux services d'interprétation. Pour plus d'information, veuillez vous adresser à la réception de l'hôpital.

همه بیماران بیمارستان جانز هاپکینز از امکان خدمات مترجمی زبان برخوردار می باشند. لطفاً برای اطلاعات بیشتر با میز ثبت نام تماس بگیرید.

**All Johns Hopkins Hospital patients
have the right to language interpretation services.**
Please check with the registration desk for more details.



Best Practices: Language Aids

I Speak Card

Best Practices: Language Aids

I Speak Card (California Department of Social Services)

Best Practices: Language Aids

Slot-Does not print

Directory of Linguistic and Cultural Competence Services



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MEDICINE
INTERNATIONAL

Interpretation and Translation Services 4-4685
 Cultural Competence Services 410-735-6582
 Non-English Patient Education Materials:
www.insidehopkinsmedicine.org/nursing/pe/International/TOC.html
 Community Services 2-5782
 Sign Language Services 5-2273
 TTY 5-6446

Slot-Does not print

Use this simple tool to determine the native language of your patients. Ask your patients to point to the language they speak. I speak...

Arabic	أنا أتكلم العربية	Chinese	我说汉语
Croatian	Govorim hrvatski	Polish	Mówię po polsku
English	I speak English	Portuguese	Eu falo Português
Farsi	من فارسی صحبت میکنم.	Punjabi	ਮੈਂ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹਾਂ।
French	Je parle le français	Russian	Я говорю по-русски
Greek	Μιλώ Ελληνικά	Spanish	Hablo español
Hebrew	אני מדברת/עברית	Turkish	Türkçe konuşuyorum
Hindi	मैं हिन्दी बोलता/बोलती हूँ	Urdu	میں اردو بولتا ہوں۔
Japanese	私は、日本語を話します	Vietnamese	Tôi nói tiếng Việt
Korean	저는 한국어를 합니다		



The International Call Center

Johns Hopkins Medicine International
 Language interpretation for non-English
 Speaking patients and their families.

410-614-INTL (4-4685)

24/7 Language Interpretation Assistance



Best Practices: Language Aids

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MEDICINE
INTERNATIONAL

SPANISH COMMUNICATION CHART

<p>Sed (Thirsty)</p> 	<p>Baño (Bathroom)</p> 	<p>Dolor (Pain)</p> 
<p>Nausea (Nausea)</p> 	<p>No Puedo Respirar (Difficulty Breathing)</p> 	<p>Dolor de Pecho (Chest Pains)</p> 
<p>Hambre (Hungry)</p> 	<p>Pastilla Para Dormir (Sleep Medicine)</p> 	<p>Estreñimiento (Constipation)</p> 

Best Practices: Language Aids



Best Practices: LEP.gov

- LEP.gov

Best Practices: Kaiser Permanente

- Qualified Bilingual Staff Model and Program

Best Practices: Adventist HealthCare (Rockville, MD)

- Qualified Bilingual Staff (QBS) Training Program
 - Targets bilingual, dual role staff.
 - Trains staff in proper interpreting skills.
 - 3-day training (24 hours total)
 - Prior to participation in the program, all applicants are tested through an oral exam to assess their level of language competency.
 - After passing the exam, participants are eligible to sit for certification as a QBS Level 1 or Level 2.

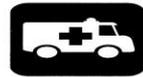
Best Practices: Adventist HealthCare (Rockville, MD)

- QBS Level 1
 - Can speak at a conversational level only.
 - Requires additional training in interpretation techniques and medical interpretation to progress to QBS Level 2.
- QBS Level 2
 - Understands basic interpretation and medical terminology.
 - Must attain QBS Level 2 status in order to interpret in the exam room.

Best Practices: Adventist HealthCare (Rockville, MD)

- Training modules include:
 - Ethics of Interpreting
 - Legal and Regulatory Requirements
 - Medical Terminology
 - Cultural Competency
 - Diversity
 - Modes of Interpretation
 - Managing the Session
 - Transparency in a Patient-Provider Relationship
 - Cultural Broker Role

Best Practices: Hablamos Juntos: Universal Symbols in Health Care



Ambulance Entrance
Ingreso de Ambulancias



Billing Department
Departamento de Facturación



Cardiology
Cardiología



Care Staff Area
Área del Personal de Cuidado



Chapel
Capilla



Diabetes (Education)
Diabetes (Educación)



Emergency
Emergencia



Family Practice Clinic
Clinica de Práctica Familiar



Immunizations
Inmunizaciones



Infectious Disease
Enfermedades Infecciosas



Intensive Care
Cuidado Intensivo



Internal Medicine
Medicina Interna



Interpretive Services
Servicios Interpretación



Laboratory
Laboratorio



Mammography
Mamografía



Medical Records
Archivos Médicos



OB Clinic
Clinica de Obstetricia



OB/GYN
Obstetricia/ Ginecología



Oncology
Oncología



Outpatient
Paciente Ambulatorio



Pediatrics
Pediatría



Pharmacy
Farmacia



Physical Therapy
Terapia Física



Radiology
Radiología



Registration
Registro



Social Services
Servicios Sociales



Surgery
Cirugía



Waiting Area
Área de Espera

Symbols for Use in Health Care

Hablamos Juntos, an initiative of The Robert Wood Johnson Foundation, was launched to eliminate language barriers and improve the quality of health care for people with Limited English Proficiency (LEP). In a research endeavor with JRC Design, they examined the history and usage of visual symbols as communication tools in health care settings throughout the world.

The research showed that symbols can be an effective communications tool, particularly for LEP individuals. Further, a thoughtful, well-designed symbol system could assist English speakers as well as LEP people of many languages and cultures.

The symbols shown on this poster are the results of rigorous design and testing. It is a system with broad aesthetic, as well as practical, appeal.

Symbols are not the panacea for a poor signage system, nor will they solve wayfinding issues. But they can be part of a viable and dynamic system that can assist all people, regardless of their reading skill level, to feel more comfortable and confident within a health care facility.



Copyright (c) 2005 The Robert Wood Johnson Foundation. All symbols are copyright registered to protect the image. The symbols may be used free of charge in health care facility signage systems, wayfinding programs and supportive materials such as documents for information and directional purposes, and health care facility department identification.

Best Practices: AIGA Universal Symbols

AIGA Universal Symbols

Best Practices: RWJF Speaking Together: National Language Services Network

- 10 healthcare organizations were selected to participate in the RWJF Speaking Together program (November 2006-December 2008)
 - This was an expansion of a previous program, *Hablamos Juntos*, which only focused on Spanish-speaking LEP patients.
 - Designed to use QI tools and techniques to improve the provision of language services.

Best Practices: RWJF Speaking Together: National Language Services Network

- Bellevue Hospital Center (New York, NY)
- Cambridge Health Alliance (Cambridge, MA)
- Children's Hospital and Regional Medical Center (Seattle, WA)
- Hennepin County Medical Center (Minneapolis, MN)
- Phoenix Children's Hospital (Phoenix, AZ)
- Region's Hospital (St. Paul, MN)
- UMass Memorial Healthcare (Worcester, MA)
- UC Davis Health System (Sacramento, CA)
- University of Michigan Health System (Ann Arbor, MI)
- University of Rochester Medical Center (Rochester, NY)

Best Practices: RWJF Speaking Together: National Language Services Network

TABLE 1
SPEAKING TOGETHER PARTICIPATING INSTITUTIONS

	Bellevue Hospital Center	Cambridge Health Alliance	Hennepin County Medical Center	Phoenix Children's Hospital
LOCATION	New York, NY	Cambridge, MA	Minneapolis, MN	Phoenix, AZ
NUMBER OF BEDS*	771	350	434	285
TOTAL ADMISSIONS*	26,068	15,263	22,117	11,712
ANNUAL INTERPRETER ENCOUNTERS‡	58,962	140,556	120,000	48,043
TOTAL FTE FOR LANGUAGE SERVICES‡	34.0	63.1	53.0	13.9
PERCENT OF INTERPRETATION ENCOUNTERS IN TOP 5 LANGUAGES‡	60% Spanish 26% Mandarin 6% Cantonese 3% Polish 2% French	55% Brazilian Portuguese 24% Spanish 7% Haitian Creole 2% European Portuguese 2% Hindi	60% Spanish 12% Somali 4% Russian 3% Hmong 1% Laotian	>99% Spanish

* Data from an analysis of American Hospital Association Annual Survey data, FY 2005. *AHA Annual Survey Database*. FY2005 ed. Chicago, IL: American Hospital Association; 2007.

‡ Data from a *Speaking Together: National Language Services Network* internal survey, 2006.

Best Practices: RWJF Speaking Together: National Language Services Network

Regions Hospital	University of Michigan Health System	University of Rochester (Strong Memorial Hospital)	Children's Hospital and Medical Center	University of California Davis Medical Center	University of Massachusetts Memorial Health Care
St. Paul, MN	Ann Arbor, Michigan	Rochester, NY	Seattle, WA	Sacramento, CA	Worcester, MA
399	802	973	250	526	731
22,827	42,811	36,321	11,608	27,946	44,231
28,887	21,503	14,885	40,690	65,000	59,134
12.1	16.0	10.4	7.9	22.8	28.5
50% Spanish 12% Hmong 10% Somali 9% Vietnamese 4% ASL	22% Spanish 18% Chinese 14% Japanese 12% Arabic 10% Russian	46% Spanish 35% ASL 3% Vietnamese 2% Russian 2% Arabic	55% Spanish 7% Vietnamese 4% Somali 4% Russian 2% Cantonese	58% Spanish 20% Russian 8% Mien 5% Hmong 5% Cantonese/Mandarin	62% Spanish 13% Portuguese 7% Vietnamese 5% Albanian 3% ASL

Best Practices: RWJF Speaking Together: National Language Services Network

Toolkit



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Cultural Competency: Unconscious Bias in Health Care



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What is Unconscious Bias?



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What is Unconscious Bias?

- In 1995, Anthony Greenwald and M.R. Benaji hypothesized that our social behavior was not entirely under our conscious control.
- According to their study, the concept of ***unconscious bias (hidden bias or implicit bias)*** suggests that:

“Much of our social behavior is driven by learned stereotypes that operate automatically—and therefore unconsciously—when we interact with other people.”

Implicit Social Cognition: Attitudes, Self-Esteem and Stereotypes (1995)

Applying Unconscious Bias

“Schemas are simply templates of knowledge that help us organize specific examples into broad categories. Schemas exist not only for objects, but also for people. Automatically, we categorize individuals by age, gender, race and role. Once an individual is mapped into that category, specific meanings associated with that category are immediately activated and influence our interaction with that individual.”

UCLA Law Professor, Jerry Kang

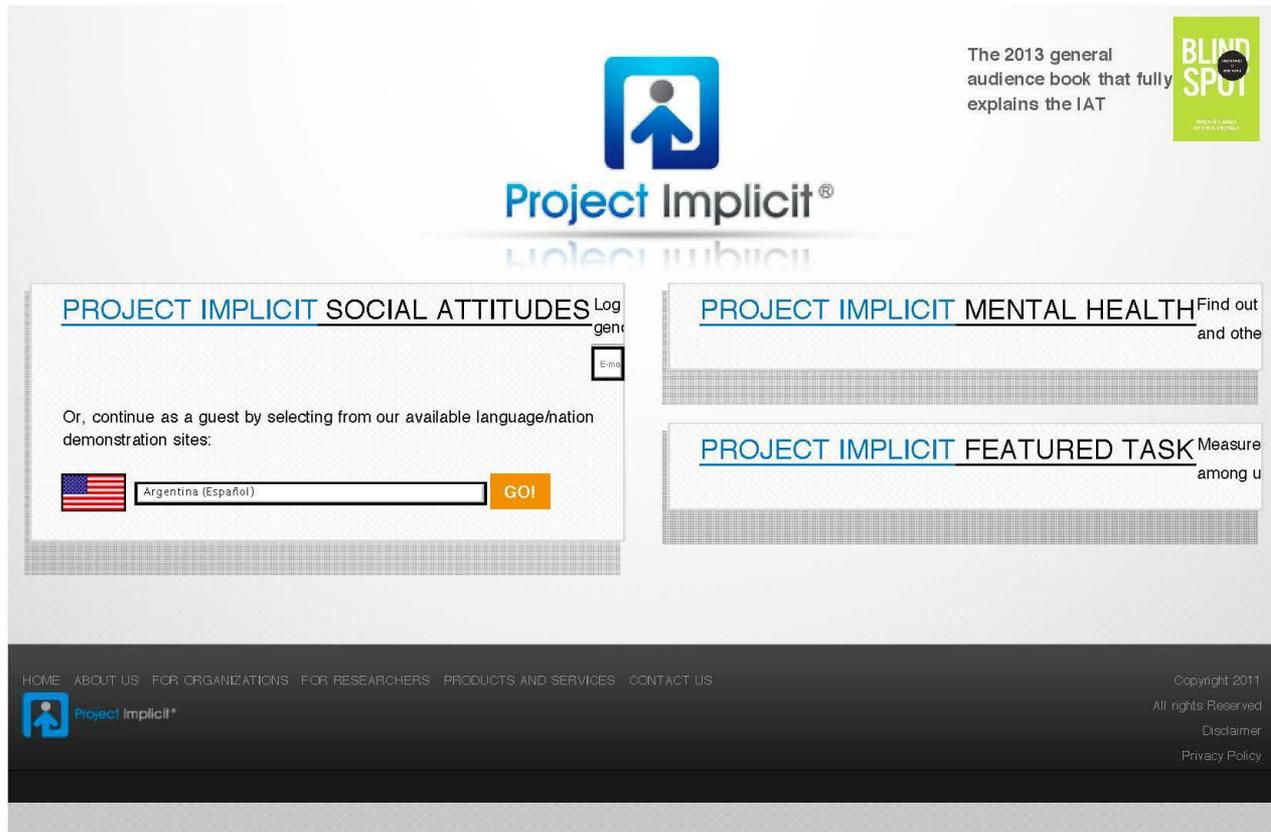
How Does Unconscious Bias Work in Everyday Life?

Shankar Vedantam, *Hidden Brain: How Our Unconscious Minds Elect Presidents, Control Markets, Wage Wars, and Save Our Lives* (2010)

“The Story of Alex, Joel, and Zachariah”

Implicit Association Test (IAT)

ProjectImplicit



The 2013 general audience book that fully explains the IAT



Project Implicit[®]

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Implicit Association Test: Understanding the Tool

- How does the IAT work?
 - The tool presents a method that demonstrates the conscious-unconscious divergences.
- What is *Project Implicit*?
 - Project Implicit is a collaborative investigation effort between researchers at Harvard University, the University of Virginia, and University of Washington.
 - The studies examine thoughts and feelings that exist either outside of conscious awareness or outside of conscious control.
- The goal of this project is to make this technique available for education (including self educations).

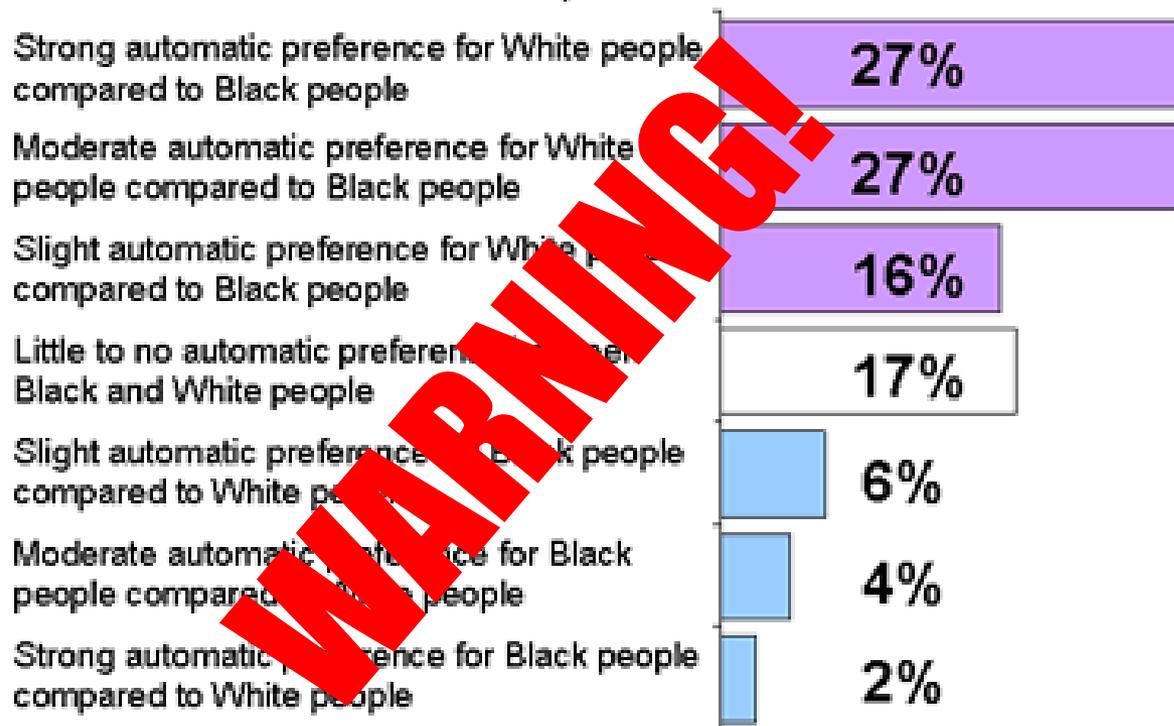
Implicit Association Test (IAT): Discussion

Do not share your individual results.

- Which IAT tests did you complete?
- What were your reactions to completing the tests?
- Were you surprised by the results?

IAT: What do the results tell you?

Percent of web respondents with each score



[Click for detailed summary](#)

Findings Observed of the Project Implicit Study

- Implicit biases are pervasive.
- People are often unaware of their implicit biases.
- Implicit biases predict behavior.
- People differ in levels of implicit bias.



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Understanding Unconscious Bias in Health Care



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Unconscious Bias in Healthcare

- **Unconscious Bias studies in clinical care show indication of patient preference and issues related to clinical decision-making**
 - Psychological testing shows white physicians have friendlier attitudes toward anonymous white people than toward black people.
 - Healthcare providers' unconscious racial biases leave patients dissatisfied.
- **Unconscious Race and Social Bias among Medical Students**
 - Study shows no significant relationship between implicit biases and clinical assessments in first year medical students



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How Does This Work in Our Daily Lives?



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Health Disparities Solutions*

Hi, my name is Monica Soni.



Hi, my name is Sarah Oo.

Hi, my name is Sarah Oo.



Hi, my name is Anuj Goel.



Hi, our names are Daeven and Riyan.



Case Study: BiDil



Who gets BiDi?

Vijay Singh
Colin Powell
Barack Obama



Tiger Woods

Clinical Examples



Clinical Examples

SICKLE CELL IS MOST COMMON IN PEOPLE OF ANCESTRY FROM AFRICA, SOUTH OR CENTRAL AMERICA, CARIBBEAN ISLANDS, INDIA, SAUDI ARABIA AND MEDITERRANEAN COUNTRIES SUCH AS TURKEY, GREECE, AND ITALY.

2009 SCDAA POSTER CHILD GIOVANNA POLI

Clinical Examples



What's the Problem?: How Doctors Think? (2007) Jerome Groopman, M.D.

“I long believed,” he writes, “that the errors we made in medicine were largely technical ones.. But as a growing body of research shows, technical errors account for only a small fraction of our incorrect diagnoses and treatments. Most errors are mistakes in thinking. And part of what causes these cognitive errors is our inner feelings, feelings we do not readily admit to and often don’t recognize” (p. 40)



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How Does Unconscious Bias Contribute to Health and Healthcare Disparities?



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What are Health Disparities?

- “A particular type of **health difference** that is closely linked with **social, economic, and/or environmental disadvantage**. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their **racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location**; or other characteristics **historically linked to discrimination or exclusion.**”

Healthy People, 2020

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Healthy People 2020

Examples of Healthcare Disparities: Blacks/African Americans

- Lower rates of cardiac surgeries
- Fewer hip and knee replacements
- Fewer kidney and liver transplants
- Diabetic and non-diabetic Blacks amputated more often.
- More likely to receive open surgeries than laparoscopic surgeries
- Less likely to receive lung cancer surgery
- Received less pain medication for same injuries and diseases

Unequal Treatment, 2003.

Examples of Healthcare Disparities: Blacks/African Americans

Even with same insurance as Whites:

- Black cardiac patients received
 - Less catheterization, less angioplasty, less bypass surgery
 - Less likely to receive beta blockers, anticlotting drugs or aspirin
- Black ER patients more likely referred to residents rather than attendings
- Black ER patients with long bone fractures less likely to receive opioids and other analgesics

Unequal Treatment, 2003.

Examples of Healthcare Disparities: Latinos/Hispanics

- Less angioplasty and bypass surgery
- Less access to mental health care
- Don't receive basic recommended preventive screenings
 - Mammograms, Pap smears, colonoscopies, cardiovascular screening, influenza vaccines, and diabetes screening

Unequal Treatment, 2003.

Examples of Healthcare Disparities: Latinos/Hispanics

- Latino/Hispanic ER patients with long bone fractures less likely to receive opioids and other analgesics
- Less likely to receive pain medication for cancer pain
- Less likely to receive pain medication during childbirth, e.g. epidurals

Unequal Treatment, 2003.

Examples of Healthcare Disparities: Women

- Less angioplasty and bypass surgery
- Less aspirin, beta-blockers, cholesterol-lowering drugs after having a heart attack
- Can take significantly longer for EMS to get women with heart attacks to the hospital
- Fewer organ transplants after age 45
- Receiver fewer joint replacements

Unequal Treatment, 2003.

Identify If You See an Element of Unconscious Bias in Health Care



Identify If You See an Element of Unconscious Bias in Health Care



In what ways did Mrs. Smith's beliefs, biases, or behaviors influence her ability to treat the Holly?



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Practical Tips to Combat Unconscious Bias in Health Care



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Practical Tips to Combat Unconscious Bias in Health Care

1. Have a basic understanding of the cultures your patients come from.
2. Don't stereotype your patients, Individuate them
3. Understand and respect the tremendous power of unconscious bias
4. Recognize situations that magnify stereotyping and bias

Augustus White, MD, *Seeing Patients: Unconscious Bias in Health Care*,
2011

Practical Tips to Combat Unconscious Bias in Health Care

5. Know the CLAS Standards

Augustus White, MD, *Seeing Patients: Unconscious Bias in Health Care*,
2011

CLAS Standards (2013)

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Practical Tips to Combat Unconscious Bias in Health Care

6. Do a “Teach Back”
7. Assiduously Practice “Evidence-Based Medicine”

Augustus White, MD, *Seeing Patients: Unconscious Bias in Health Care*,
2011

The Impact of Racism on Health Care

Dr. Camara Jones,
The Gardener's Tale: The Three Levels of Racism

The Impact of Racism on Health Care

Dr. Camara Jones,
The Cliff Analogy

Q & A

