
PATHWAY TO PERSON- CENTERED HEALTHCARE ENCOUNTERS

REDUCING BIAS AND DISPARITIES
IN HEALTHCARE



SELF-REFLECTIVE JOURNAL

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Session One: The Language of Bias

In the presentation we discussed the difference between explicit and implicit bias. Acknowledging our bias is a key step to reducing their impact upon us and our interactions with each other.

Uncovering bias is not easy, it requires we become uncomfortable with our realizations and then take action to reduce their impact. Discovering unconscious bias is not easy, however there are resources available to assist us in uncovering our bias. In the next few weeks take one of the following online unconscious bias tools and respond to the questions below.

<https://implicit.harvard.edu/implicit/selectatest.html> (13 choices)

1. How do you respond to your results, what emotions do you feel?
2. Were you aware of this potential bias or were the results a surprise?
3. How will you use this information in you work life, personal life, and in general?

According to Harvard University, there are five strategies to overcome implicit bias. Of these five strategies, what will you do to implement each of them? For example, for exploring new perspectives a response may be that you will seek out conversations with people that have different viewpoints from yours.

1. Recognize stereotypical thinking.
2. Substitute assumptions and biases.
3. Get to know and understand individuals.
4. Explore new perspectives.
5. Be open to increasing opportunity for positive contact.

As we discussed in the session one zip code can play a large part in, among other things, life expectancy. Google search the life expectancy in your zip code and at least two of the adjacent zip code communities.

1. What did you learn about the zip codes?
2. Anything surprise you or trouble you?
3. What social determinants of health impact your community and the adjacent communities?
4. What action will you or can you take with this new knowledge?

Session Two: Ableism and Ageism

In this session we reviewed and discovered how bias towards persons living with disability and aging are seen in healthcare. The intersection of these bias and the social determinants of health were also reviewed.

Implicit bias towards those that are differently abled and older are supported, and often, validated through the media. To reduce bias, we must first recognize it. As you respond to the following questions, consider how you can raise awareness and recognition of these bias in your organization, community, and life.

1. Identify one or more examples from television, advertising, literature, or music that promotes negative assumptions or stereotypes of persons living with disability.
2. Now identify one or more examples that promote positive representation of persons living with disabilities. Be prepared to discuss during the first drop-in session.

Often discussion about the environment of care lead to discussions about compliance to the American with Disabilities Act. While those adaptations are essential, important, and necessary consider the following questions.

1. What has your organization, town, or community done to provide a safe experience for those that are living with sensory sensitivity or impairment? Specifically, what adaptations have been made to make the environment sensory neutral or reduce sensory overload?

Aging is a normal and natural part of life if we are each lucky enough to experience it. As we age, and all through life, it is important for us to consider what is important to us in our health care and how we communicate that to others. Please reflect on your own aging process and respond to the following.

1. What is most important to you as you age? Is it independence, finances, disease prevention, or other factors?

2. Given those responses, how will these influence your healthcare and how will you communicate these factors to your provider, family, and others.

3. Advance Care Planning is sometimes viewed in the same way as a living will or healthcare proxy. While an Advanced Care Plan may include those elements, it also includes what is important to you as you die. These thoughts can be difficult for many, honestly it is not something that many want to consider. During this time challenge yourself to write down your thoughts and expectations of your death. For example, who do you want to be with you, do you want music, how do you want to manage visitors, where do you want to spend your last days?

Session Three: Gender Bias

In this session we discussed how historic references to sexism in healthcare are not as inclusive of all gender identities. Gender bias is inclusive of male, female, binary, non-binary, and still other gender identities. This presents an opportunity for healthcare providers and systems to create an inclusive approach and build a foundation for person-centered care health encounters.

It can be challenging to navigate the evolving landscape of gender identities and the accompanying language, however, to truly deliver person-centered care we must adapt to the needs of everyone and start with how they identify.

1. Reflect on a time where you experienced bias based on your gender identification. (Remember that those identifying as male can experience gender bias) What were the signs that the care may be being altered due to your gender? What, if anything, did you do as an intervention? How did this make you feel after the event?

2. Consider your onboarding process for new patients/clients. What questions are asked that may exclude those that have non-traditional gender identities? What methods are used to include gender identification in the process? Additionally, are there ways to identify a person's sexual identity? If not, what might be done to improve these processes?

3. List some open-ended questions that could be used to replace current questioning during a healthcare encounter. Be aware of how the respondent may receive the question, acknowledge what your desired outcome is, and how to engage the individual in being active in the conversation beyond simple answers.