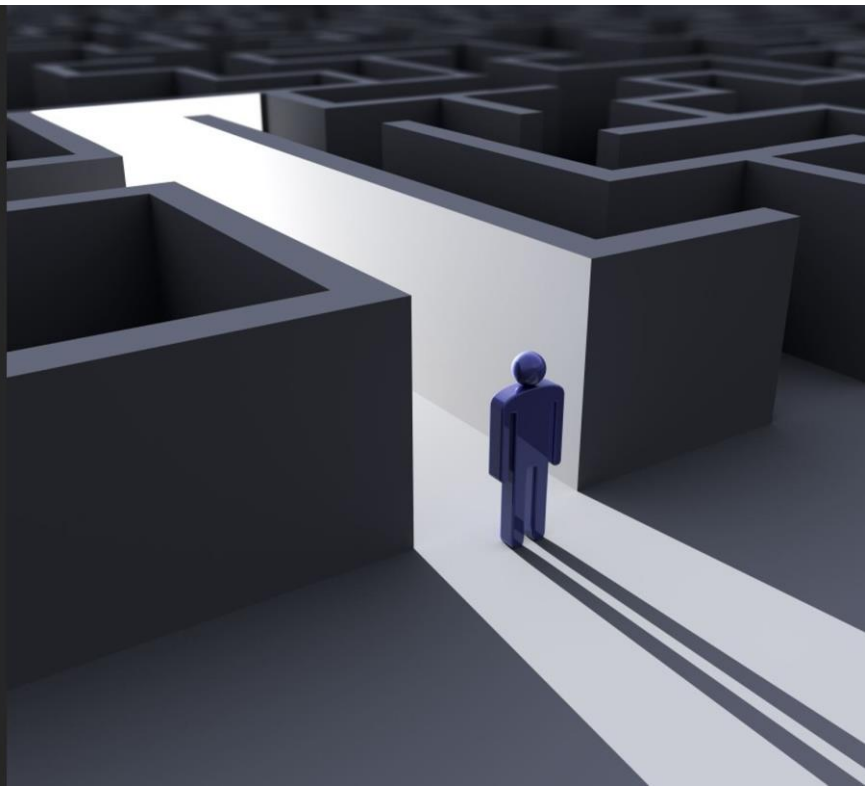
PATHWAY TO PERSON-CENTERED HEALTHCARE ENCOUNTERS

REDUCING BIAS AND DISPARITIES IN HEALTHCARE



SELF-REFLECTIVE JOURNAL

Contents

SELF-REFLECTIVE JOURNAL 0

Session One: The Language of Bias 2

Session Two: Ableism and Ageism 5

Session Three: Gender Bias 8

Session Four Behavioral Health and Cognitive Impairment Bias 10

Session Five Systemic Racism and Othering: The Impact on the Healthcare Experience 12

Session Six: Indigenous Persons and Refugee Bias 14

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 mal, 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.

Session Four Behavioral Health and Cognitive Impairment Bias

In this session the challenging aspects of behavioral health and cognitive impairment bias were discussed. These biases are particularly challenging due to the stigma attached to both diagnoses. The reduction of these biases rests within the control of the healthcare system; however, as with other biases, they remain significantly impacted by society and socially accepted discrimination. Person-centered care requires that we identify opportunities to collaborate with patients and their care partners. As you reflect on the content, consider the following:

1. Living with a mental illness is a daily challenge and is often wrought with new stressors and anxieties that the individual may not have experienced before. Consider where you work or experience healthcare. What improvements to the following could be made to improve the experience of the person living with mental illness?
    a. Environment

    b. Communication Skills

    c. Empathetic Curiosity Implementation

    d. Privacy

    e. Discharge and Follow-up

2. Reducing the incidence of assuming a person has a cognitive impairment relies on the healthcare systems ability to properly interact and engage with the individual. Consider where you work or experience healthcare. What improvements to the following could be made to improve the reduction of assuming individuals are living with cognitive impairment?
    a. Environment

    b. Communication Skills

    c. Empathetic Curiosity Implementation

    d. Privacy

    e. Discharge and Follow-up

Session Five Systemic Racism and Othering: The Impact on the Healthcare Experience

This session covered issues of race and othering and how that impacts the healthcare experience. Within the session we discussed how COVID-19 amplified the disparities in healthcare between races in America. The impact of this cannot be understated, however we must simultaneously recognize the history of othering and the challenges that history brings to current practice.

1. Understanding the how individuals are othered can make a profound impact on our own personal interactions with individuals. Othering, however, is not limited to only racial and ethnic groups. Many people have been othered in their life, for example how we are viewed in high school, jock, geek, stoner. These groupings influence the way we are engaged with in the larger group. Reflect on a time where you were othered, what emotions did you feel and how can you use that emotional recognition to decrease your implicit bias related to race and ethnicity.

2. During this session it should become clearer how each segment intersects with another. Consider a person of color, identifying as non-binary, and is living with a mental illness experiences your healthcare system. What goes well for this individual and where are the gaps. Knowing that many gaps are organizational, what gaps can you identify that you can influence in your position?

3. Now consider and older female patient, age 85 with some forgetfulness at times and multiple diagnosis experiences your healthcare system. What goes well for this individual and where are the gaps. Knowing that many gaps are organizational, what gaps can you identify that you can influence in your position?

4. Finally, what actions will you take to become an ally of those that are othered, how will you help give voice to those that may be voiceless?

Session Six: Indigenous Persons and Refugee Bias

In this session the timely topic of healthcare related to refugees and indigenous persons. Within the context of the session, we discussed how the Healthcare is a Human Right and demonstrated how those rights are experienced by these groups. With the current situation on Afghanistan and the amplification of the needs of indigenous and Native American persons, this topic has much relevance for the healthcare systems we represent.

1. What resources in your community are available to refer patients to that have a refugee status or represent an indigenous population? How are these referrals made and how are patients made aware of those partnerships?

2. What community groups are available in your community to make referrals to? How might you, in your role, advocate for those partnerships?

3. Education is one way of reducing bias. Many organizations have undertaken the process of education staff on issues of race and gender. How has your organization approached education for staff to understand the refugee and indigenous person experience? If not, what education do you feel would be most valuable?

4. How do the intersections with other bias impact the care experience of the groups discussed? Why, do you feel, reducing other bias is not enough of a reduction for these groups? What impact does ***not*** addressing this bias have?

