



PLANETREE
INTERNATIONAL

**PATHWAY TO PERSON CENTERED
HEALTHCARE ENCOUNTERS:
THE LANGUAGE OF BIAS**

**Jim Kinsey,
VP Engagement Strategies and
Continuum Care Services**



Conflict of Interest Statement

I have no relevant financial relationships or conflicts of interest with presented material that need to be disclosed.



More About the Series

- Seven Sessions with Drop-In Sessions for further discussions
- Self-Reflective Journal Sheets for each session
 - Builds to complete a series journal of your personal reflections
- Action Oriented Series
 - Each session ends with specific actions individuals can take to address the topic in their life, organizations, and practice



Objectives



IDENTIFY THE DIFFERENCE
BETWEEN IMPLICIT AND
EXPLICIT BIAS



UNDERSTAND THE SOCIAL
DETERMINANTS OF HEALTH



EXPLAIN THE RELATIONSHIP
BETWEEN BIAS AND SOCIAL
DETERMINANTS OF HEALTH

Before We Begin...

disclaimer



Defining Bias



Bias



- A trait from our need to classify individuals, situations
- This unconscious classification occurs through mental maps, from experiences.
- These schemas become templates
- When schemas are used to categorize people, they are called stereotypes:
 - not necessarily negative; the brain is sorting new people into easily recognizable groups.
 - attitudes, on the other hand, are positive or negative feelings and attributes towards a person or a thing.

Implicit and Explicit Bias



Implicit

Subconscious feelings, emotions, prejudices that have developed from previous mental imprints. Hostility does not need to exist to have implicit bias.



Explicit

Aware of the prejudices, bias, and thoughts regarding an individual, a group of individuals, or situations based on our mental maps.

The Impact of Bias in Healthcare Experiences



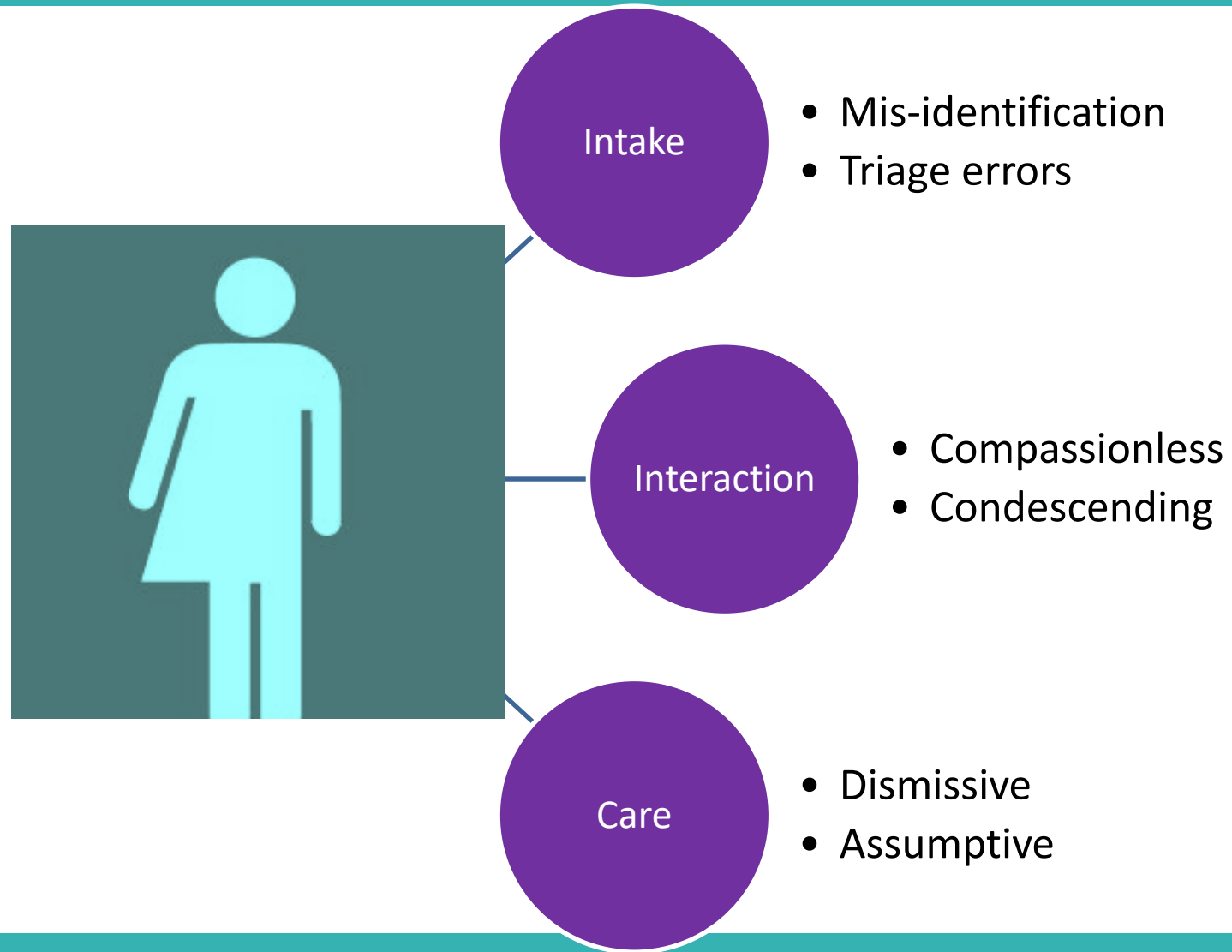
Impact

“Of all forms of inequity, injustice in health care is the most shocking and inhuman.” — Martin Luther King, Jr., National Convention of the Medical Committee for Human Rights, Chicago, 1966

- Non-white patients receive fewer cardiovascular interventions and fewer renal transplants.
- Black women are more likely to die after being diagnosed with breast cancer.
- Non-white patients are less likely to be prescribed pain medications (non-narcotic and narcotic)
- Black men are less likely to receive chemotherapy and radiation therapy for prostate cancer.
- Patients of color are more likely to be blamed for being too passive about their health care.
- Women have a higher incidence of misdiagnosis for heart disease.



Consider The Experience



Understanding Social Determinants of Health



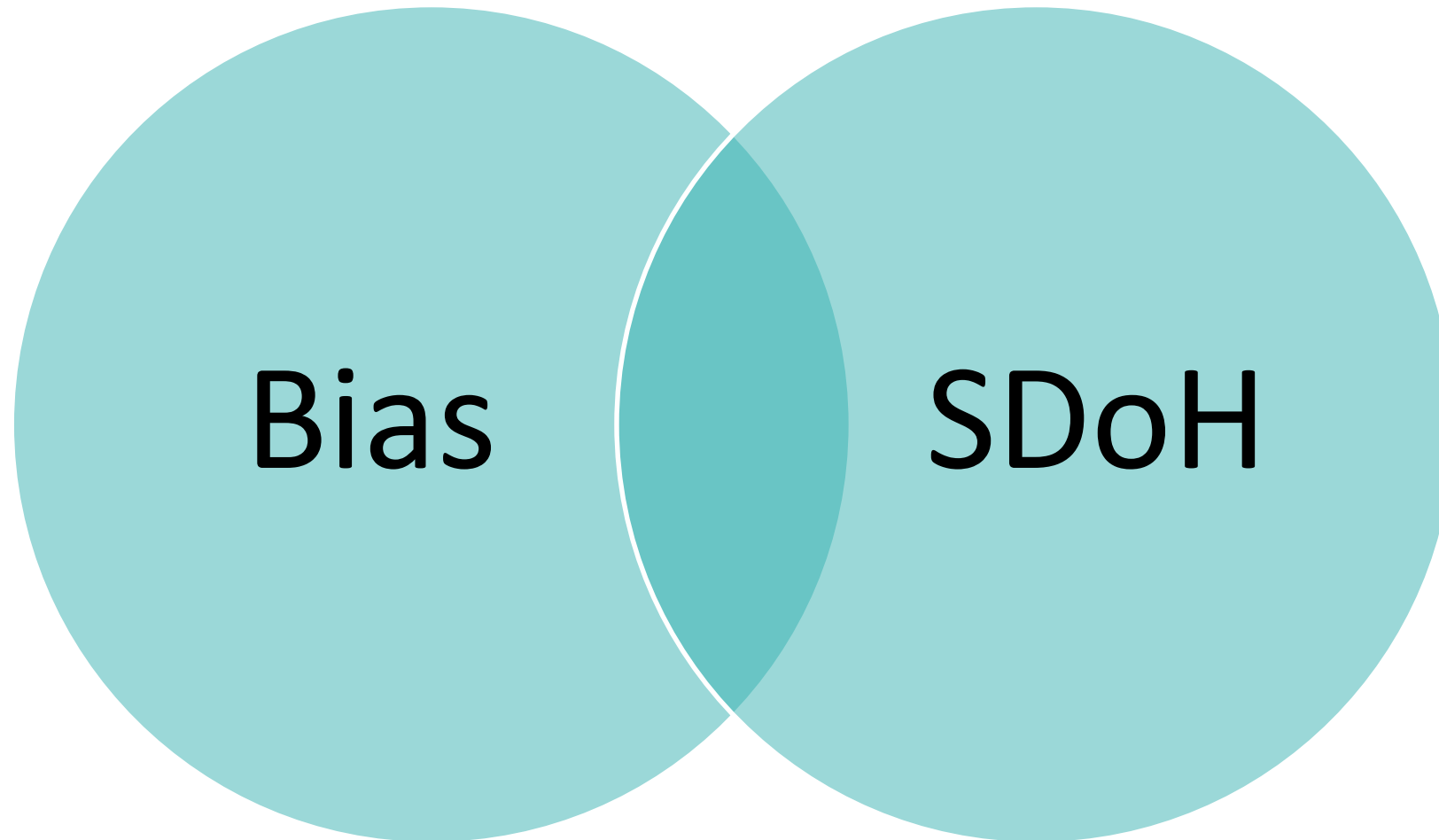
The CDC defines social determinants of health as the conditions of the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.

Identified Social Determinants of Health

- **Economic Stability**
 - Employment, medical cost, debt, income vs. expenses
- **Neighborhood/Physical Environment**
 - Zip code, outdoor areas, housing, transportation, safety
- **Education**
 - Literacy, language, early childhood programs, vocational, higher education
- **Food**
 - Hunger, access to healthy food
- **Community/Social Context**
 - Social support, discrimination, stress, social integration
- **Healthcare**
 - Access, availability, culturally and linguistic appropriate providers, coverage, quality



The Crossroads



Knowledge to Action



Actions to Take

- Having a basic understanding of the cultures from which your patients come from.
- Avoiding stereotyping your patients; individuate them.
- Understanding and respecting the magnitude of unconscious bias.
- Recognizing situations that magnify stereotyping and bias.
- Practicing evidenced-based medicine.
- Using techniques to de-bias patient care, which include training, intergroup contact, perspective-taking, emotional expression, and counter-stereotypical exemplars.

Resources: 1. Institute of Medicine, Committee on Quality of Health Care in America. Crossing the Quality

