



# Race, Racism and Implicit Bias: What can we do about it?

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## *Management of Sickle Cell Disease*

Wilder Center

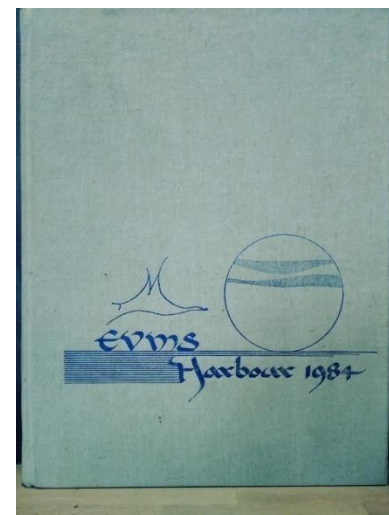
April 20, 2019

Stephen C. Nelson, MD  
Director, Hemoglobinopathy Program

**Children's**  
MINNESOTA

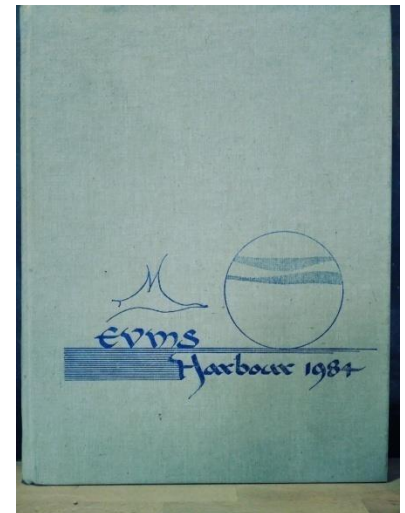
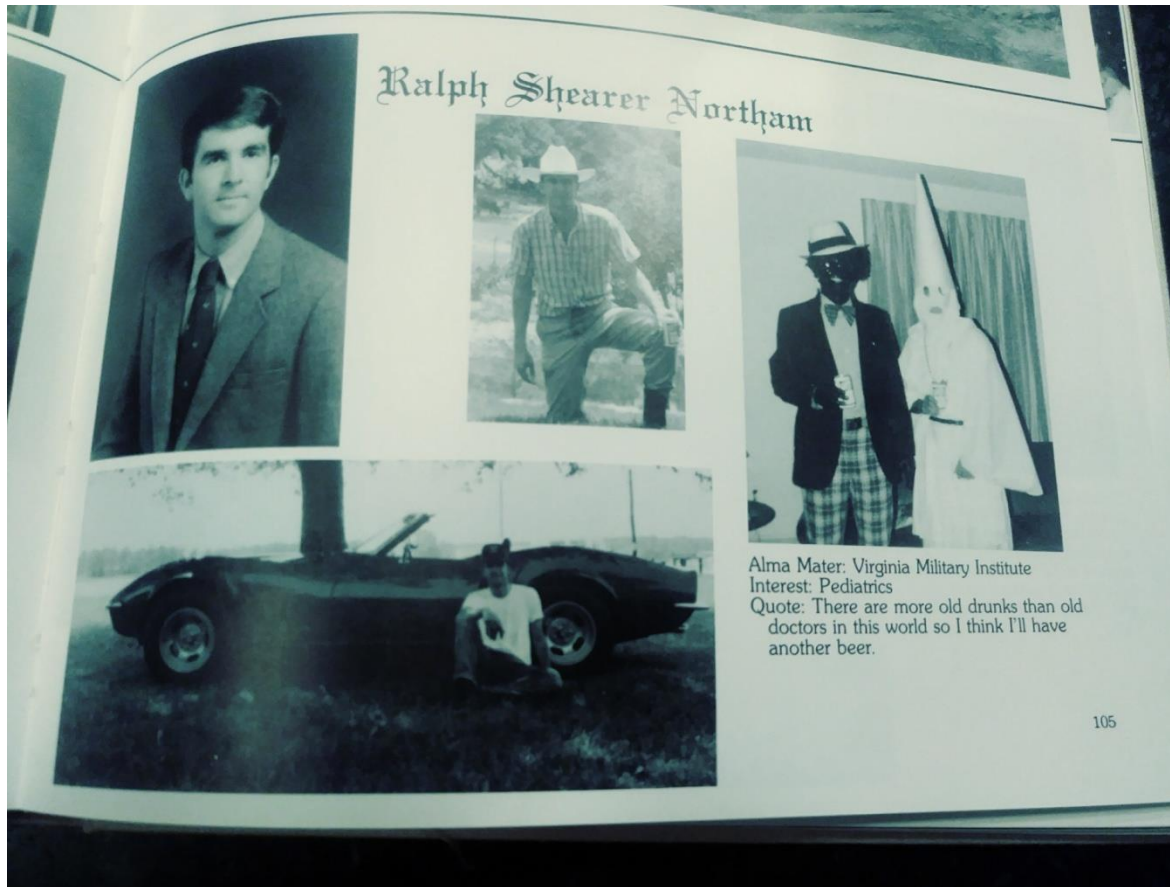
# EVMS 1984

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# EVMS 1984

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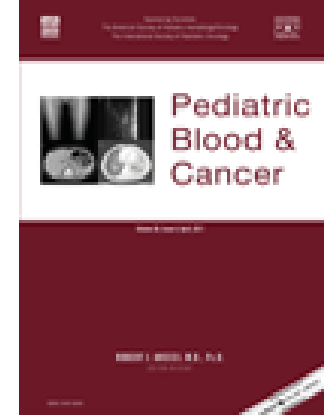
*White People: I don't want you to understand me better, I want you to understand yourselves. Your survival has never depended on your knowledge of white culture. In fact, it's required your ignorance.*

-Ijeoma Oluo  
2017









Pediatr Blood Cancer 2013;60:451–454

## Race Matters: Perceptions of Race and Racism in a Sickle Cell Center

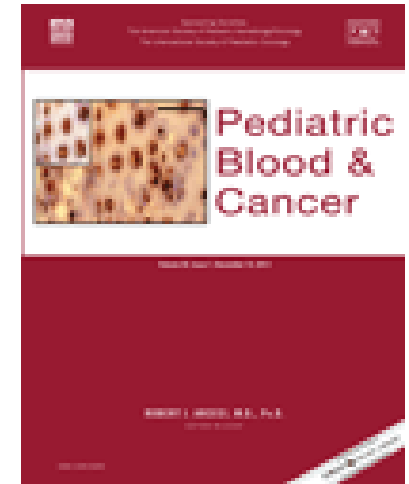
Stephen C. Nelson, MD<sup>1\*</sup> and Heather W. Hackman, EdD<sup>2</sup>

**Background.** Health care disparities based on race have been reported in the management of many diseases. Our goal was to identify perceptions of race and racism among both staff and patients/families with particular attention to provider attitudes as a potential contributor to racial healthcare disparities. **Procedure.** A confidential survey addressing issues of race and health care was given to all patients with sickle cell disease and their families upon arrival to clinic. The survey was made available online to all staff in the hematology/oncology program. Free text comments were obtained. **Results.** We received completed surveys from 112 patients/families. Surveys were completed by 135 of 158 staff members (85% return rate). The majority (92.6%) of patients/families

identified as black, while 94.1% of staff identified as white ( $P < 0.001$ ). More patients/families felt that race affects the quality of health care for sickle cell patients (50% vs. 31.6%,  $P = 0.003$ ). More staff perceived unequal treatment of patients, especially in the inpatient setting (20.9% vs. 10.9%,  $P = 0.03$ ). **Conclusions.** Provider attitudes contribute to continued racial health care disparities. We propose training health care providers on issues of race and racism. Training should provide critical thinking tools for improving medical providers' comfort and skills in caring for patients who are of a different race than their own. *Pediatr Blood Cancer* 2013;60:451–454. © 2012 Wiley Periodicals, Inc.

**Key words:** health care disparity; race; sickle cell disease

Pediatr Blood Cancer 2013;60:349–350



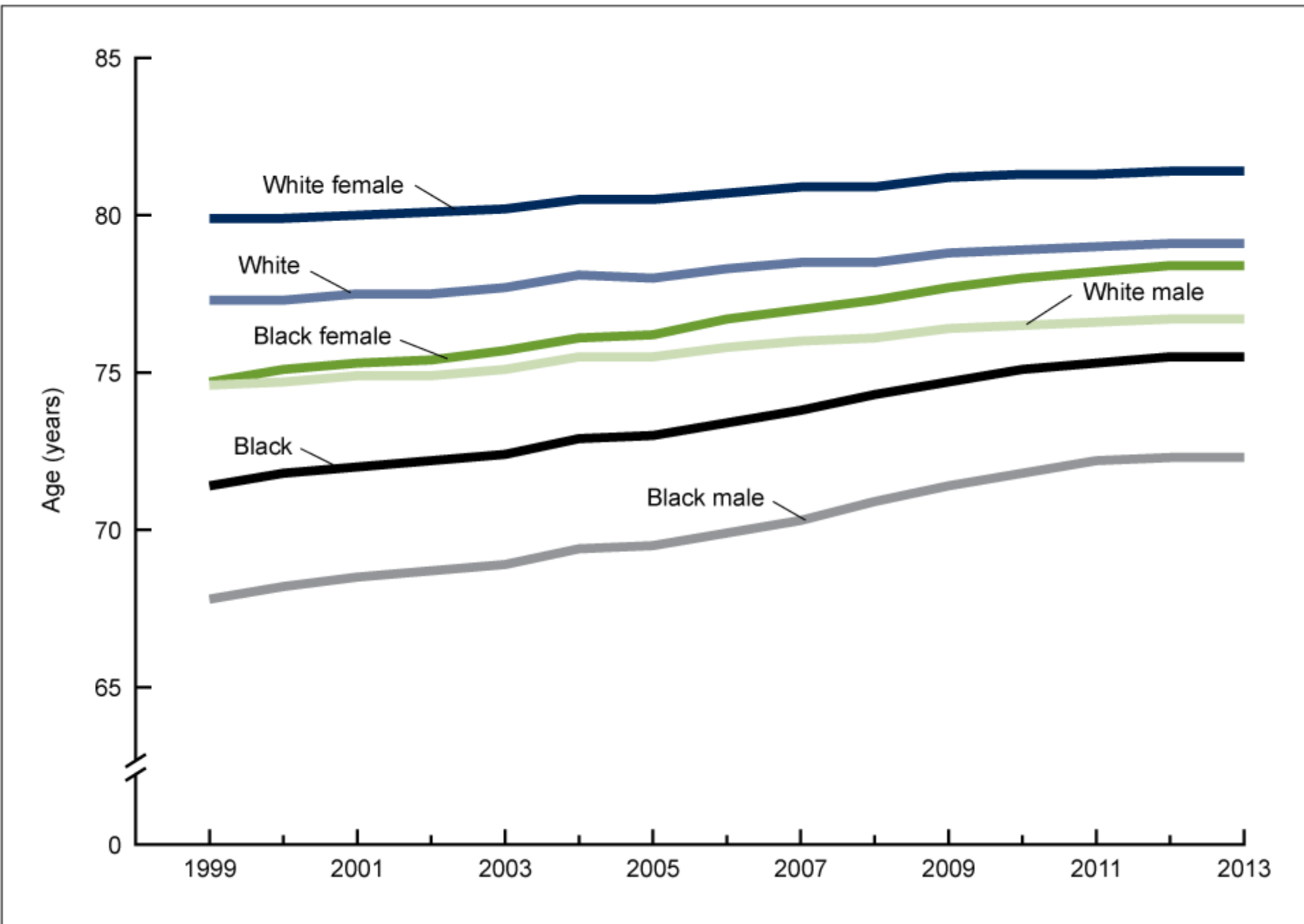
## HIGHLIGHT

by Alexis A. Thompson, MD, MPH\*

Sickle Cell Disease and Racism: Real or False Barriers?

“It is less useful to continue to characterize an insidious problem if these efforts do not result in the design and implementation of interventions that lead to meaningful change.”

Figure 1. Life expectancy, by race and sex: United States, 1999–2013



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.



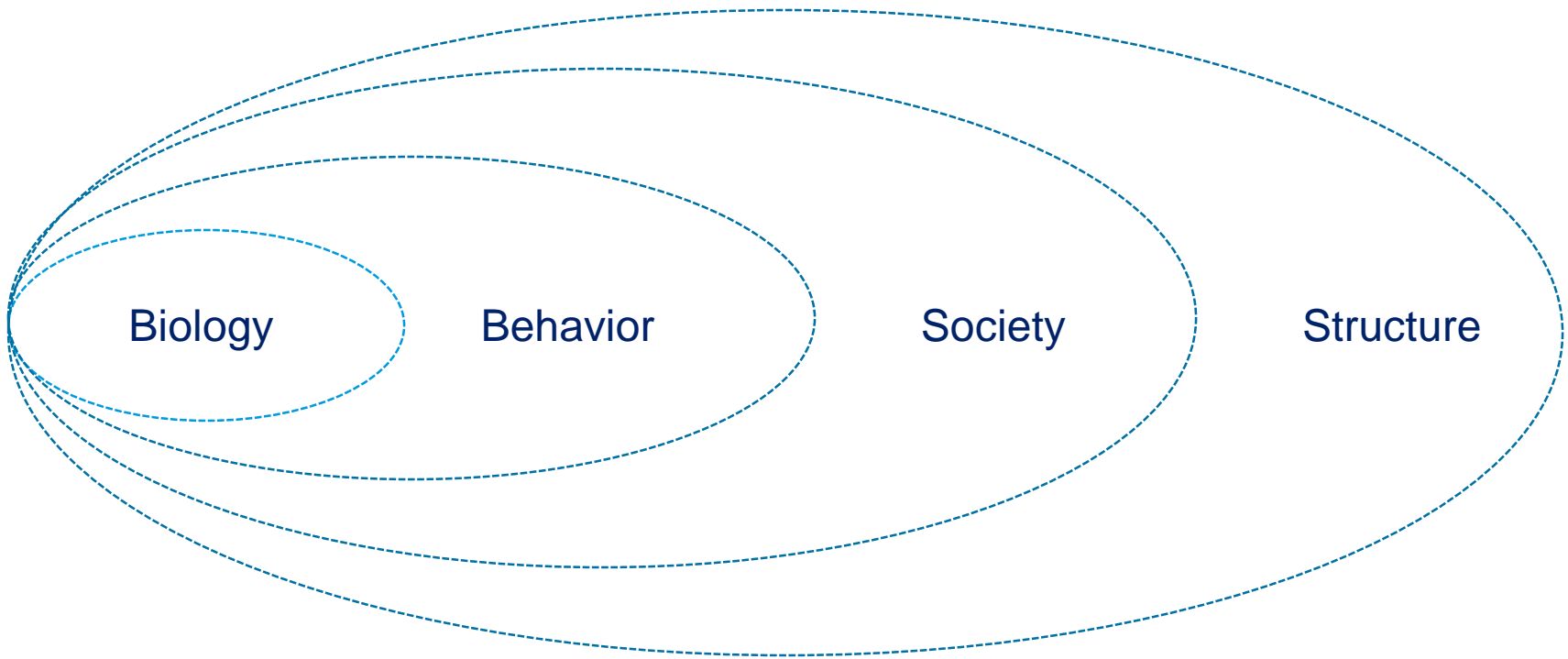
# Why?

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- Genetics
- SES, insurance, access, education
- Racism, Unconscious bias, Stereotypes



# Health Care and Medical Education



DOWNSTREAM

UPSTREAM

# Why?

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- Genetics

# Human Genome Project

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- 1990s
- > 60 families' genes analyzed
- NO people of African descent
- Howard University belatedly invited
  
- Race has no genetic basis
- Human subspecies do not exist
- Most variation is within, not between “races”
- [www.understandingrace.org](http://www.understandingrace.org)

# Why?

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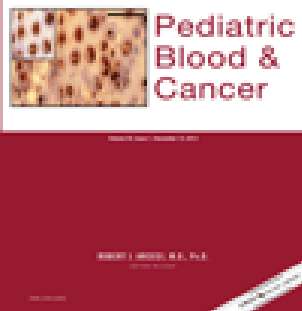
- SES, insurance, access, education





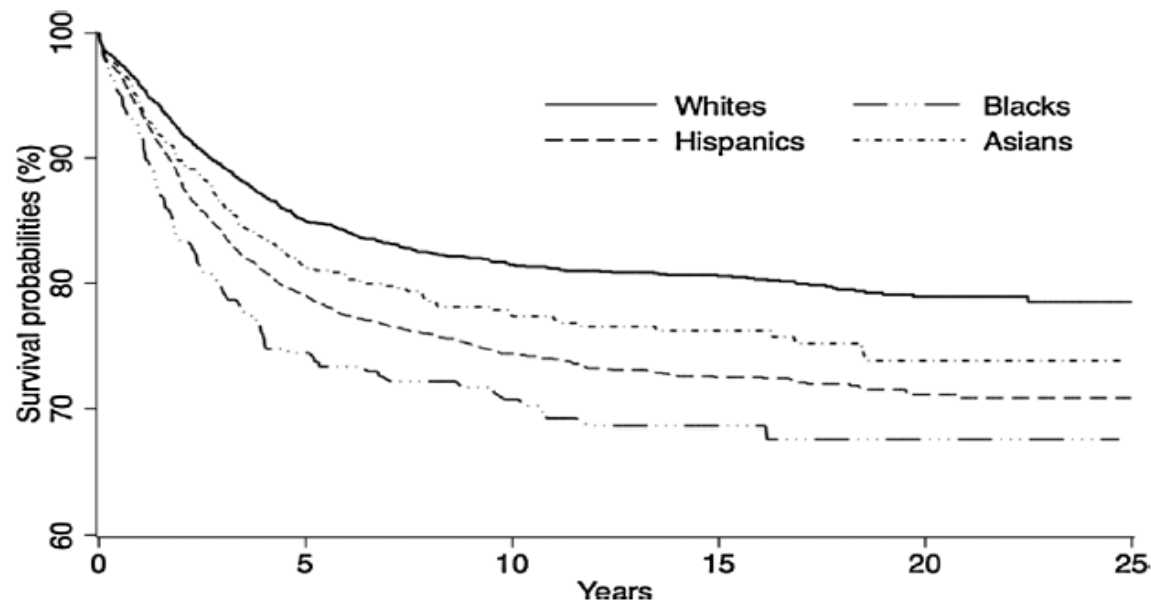
A service of the National Library of Medicine  
and the National Institutes of Health

- “racial disparities”
- 2003- present
- 9455 citations!!
- 550 per year
- Over 10 articles per week



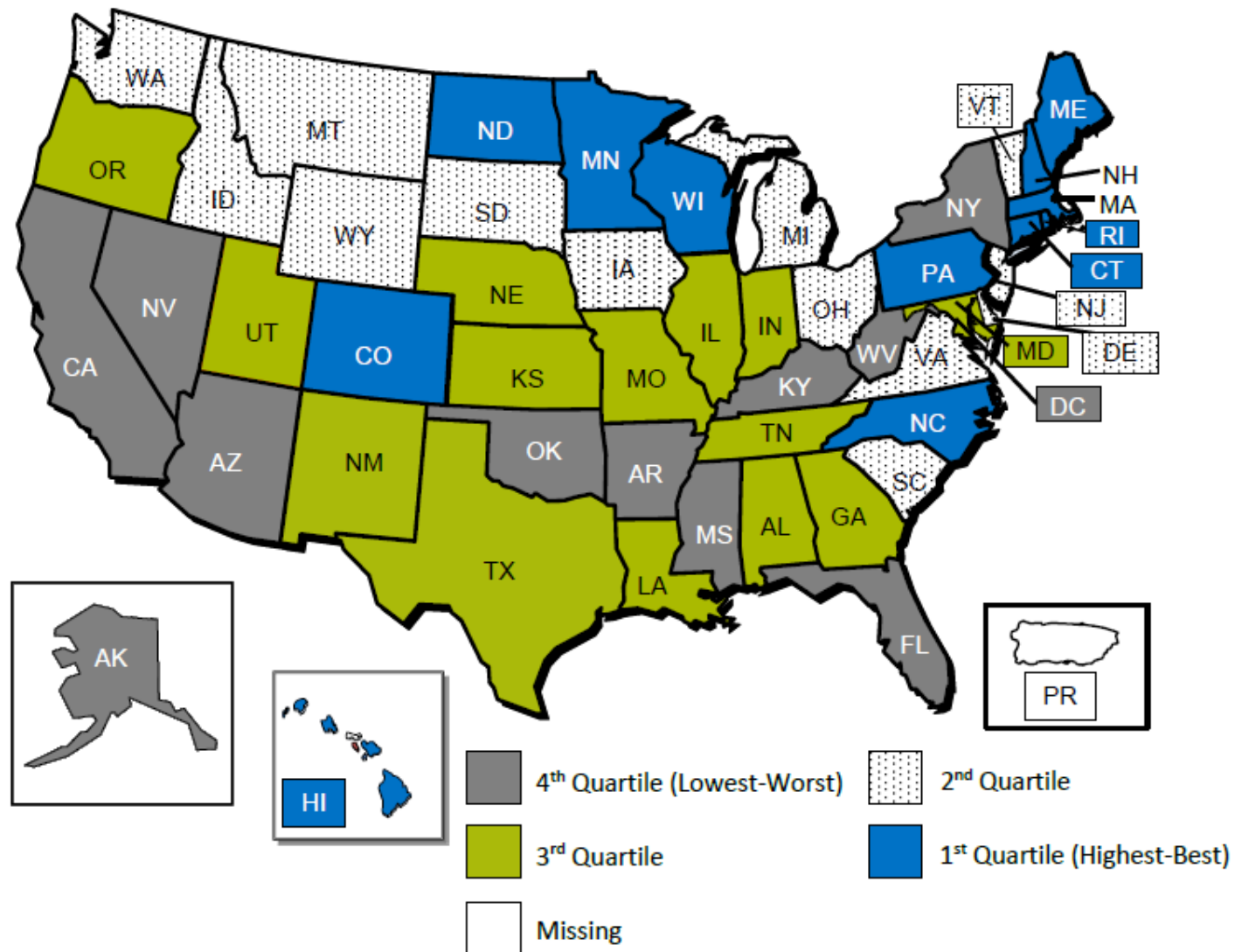
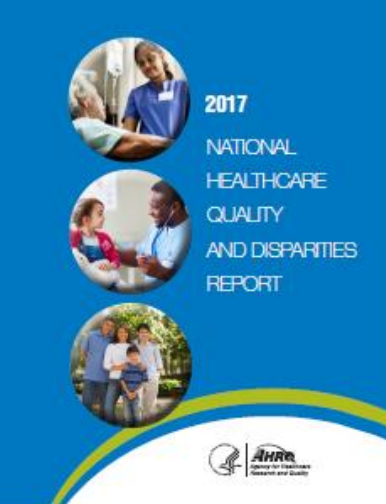
# Racial/Ethnic and Socioeconomic Disparities in Survival Among Children With Acute Lymphoblastic Leukemia in California, 1988–2011: A Population-Based Observational Study

Renata Abrahão, MD, MSc,<sup>1,2\*</sup> Daphne Y. Lichtensztajn, MD, MPH,<sup>2</sup> Raul C. Ribeiro, MD,<sup>3</sup> Neyssa M. Marina, MD,<sup>4</sup> Ruth H. Keogh, PhD,<sup>5</sup> Rafael Marcos-Gragera, MD, MSc, PhD,<sup>6</sup> Sally L. Glaser, PhD,<sup>2,7</sup> and Theresa H.M. Keegan, PhD, MSc<sup>2,7</sup>



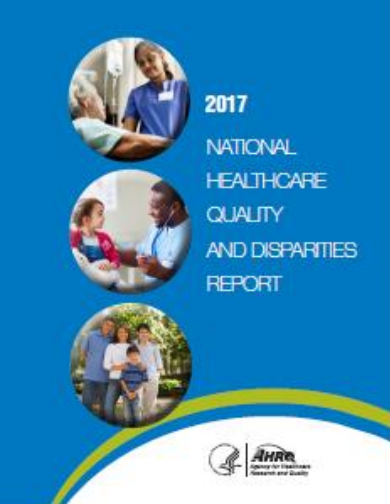
**Fig 1.** Overall survival by race/ethnicity among children (0–19 years old) diagnosed with acute lymphoblastic leukemia in California, 1988–2011.

Figure 9. Overall quality of care, by state, 2014-2016

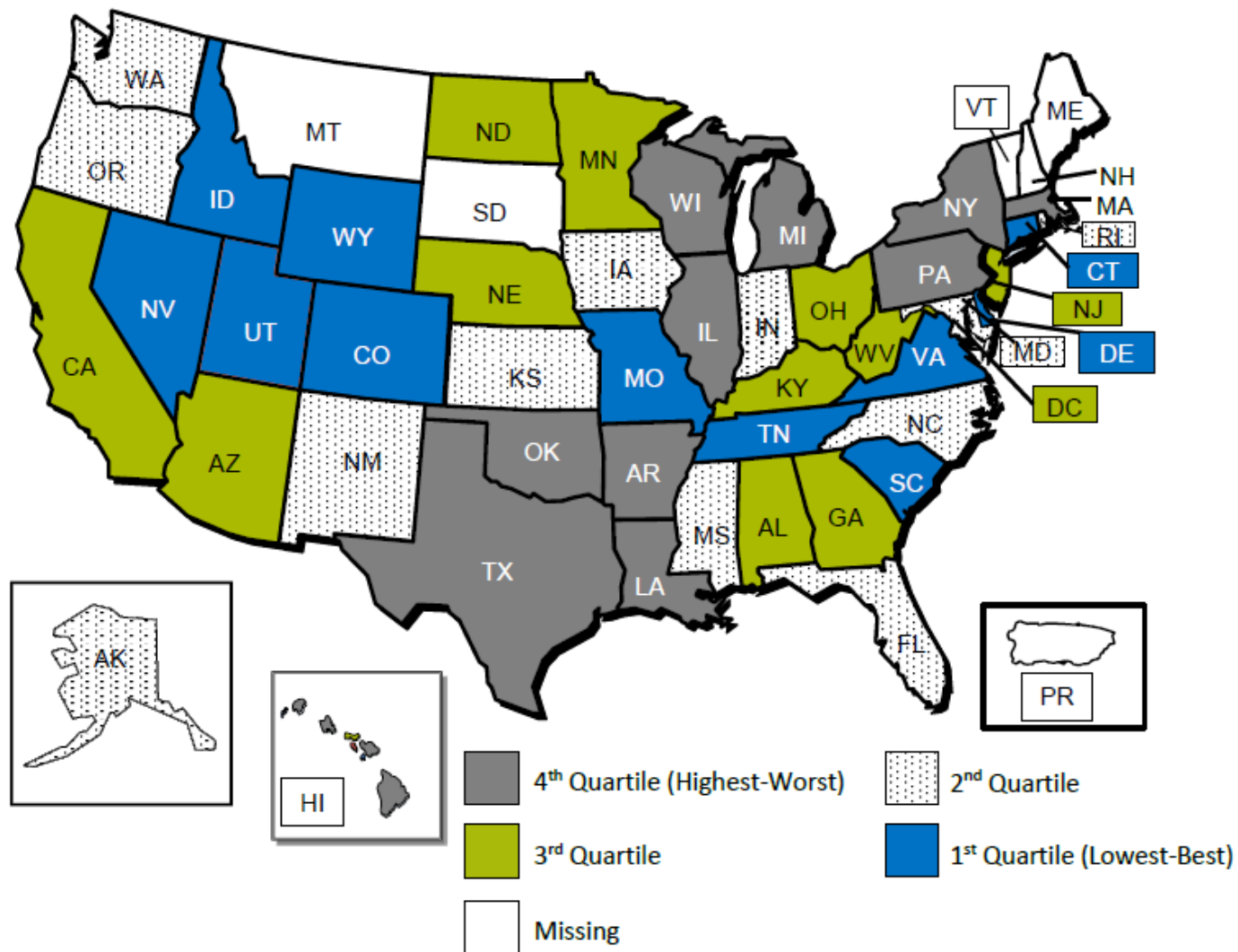


[www.ahrq.gov](http://www.ahrq.gov)

Figure 10. Average differences in quality of care for Blacks, Hispanics, and Asians compared with Whites, by state, 2015-2016



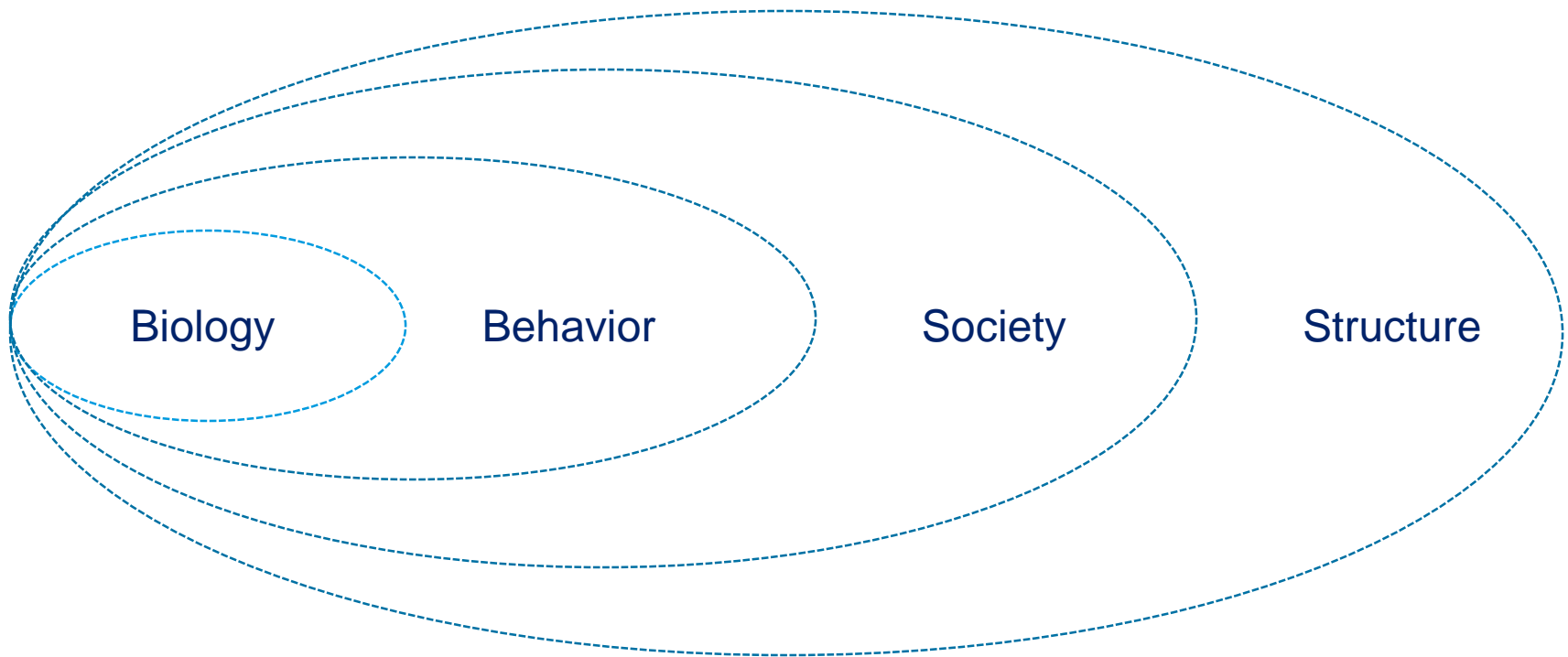
[www.ahrq.gov](http://www.ahrq.gov)



# NHDR Results

- Race is an independent factor

# How are we doing in Minnesota?

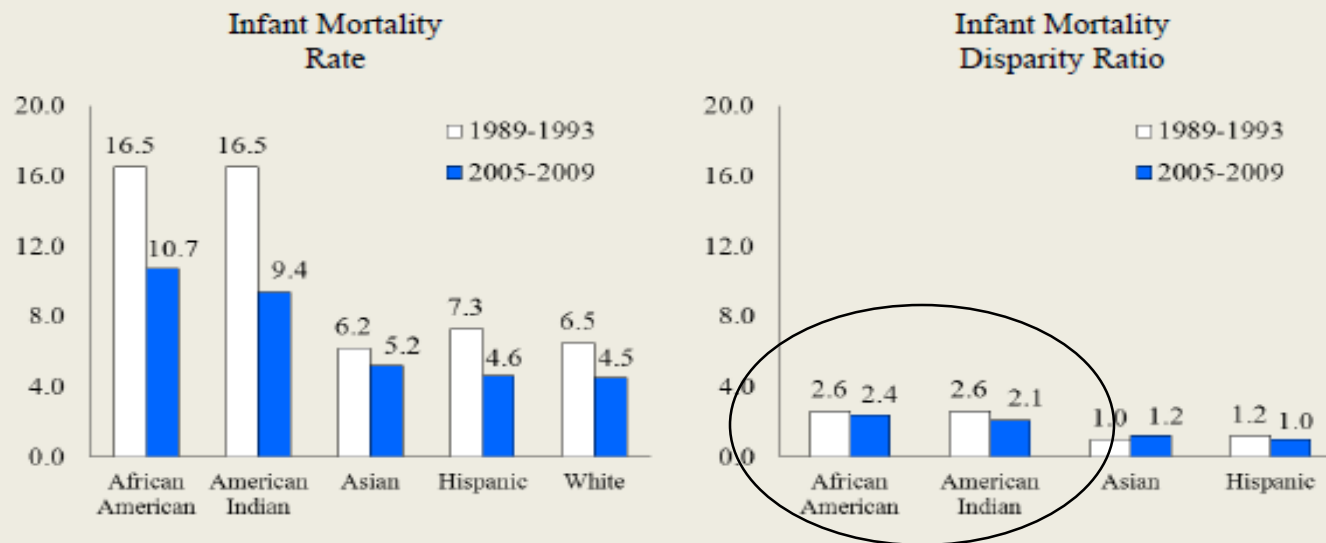


DOWNSTREAM

UPSTREAM



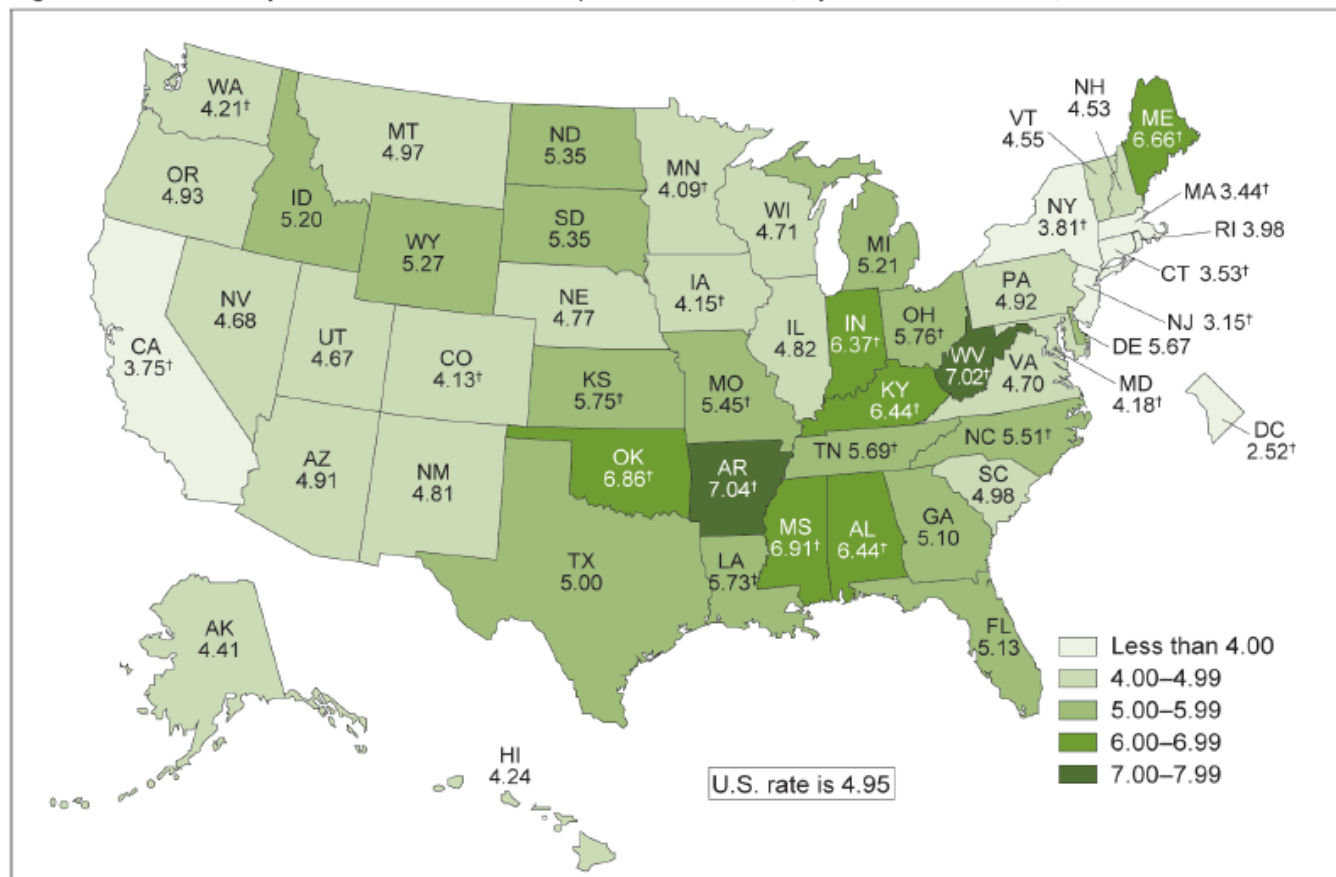
# Minnesota Infant Mortality Rate\* / Disparity Ratio Comparison



\*per 1000 births

# NCHS Data Brief ■ No. 295 ■ January 2018

Figure 2. Infant mortality rates for infants of non-Hispanic white women, by state: United States, 2013–2015



† Significantly different from the U.S. rate.

NOTES: Rates ranged from 2.52 to 7.04 per 1,000 live births.

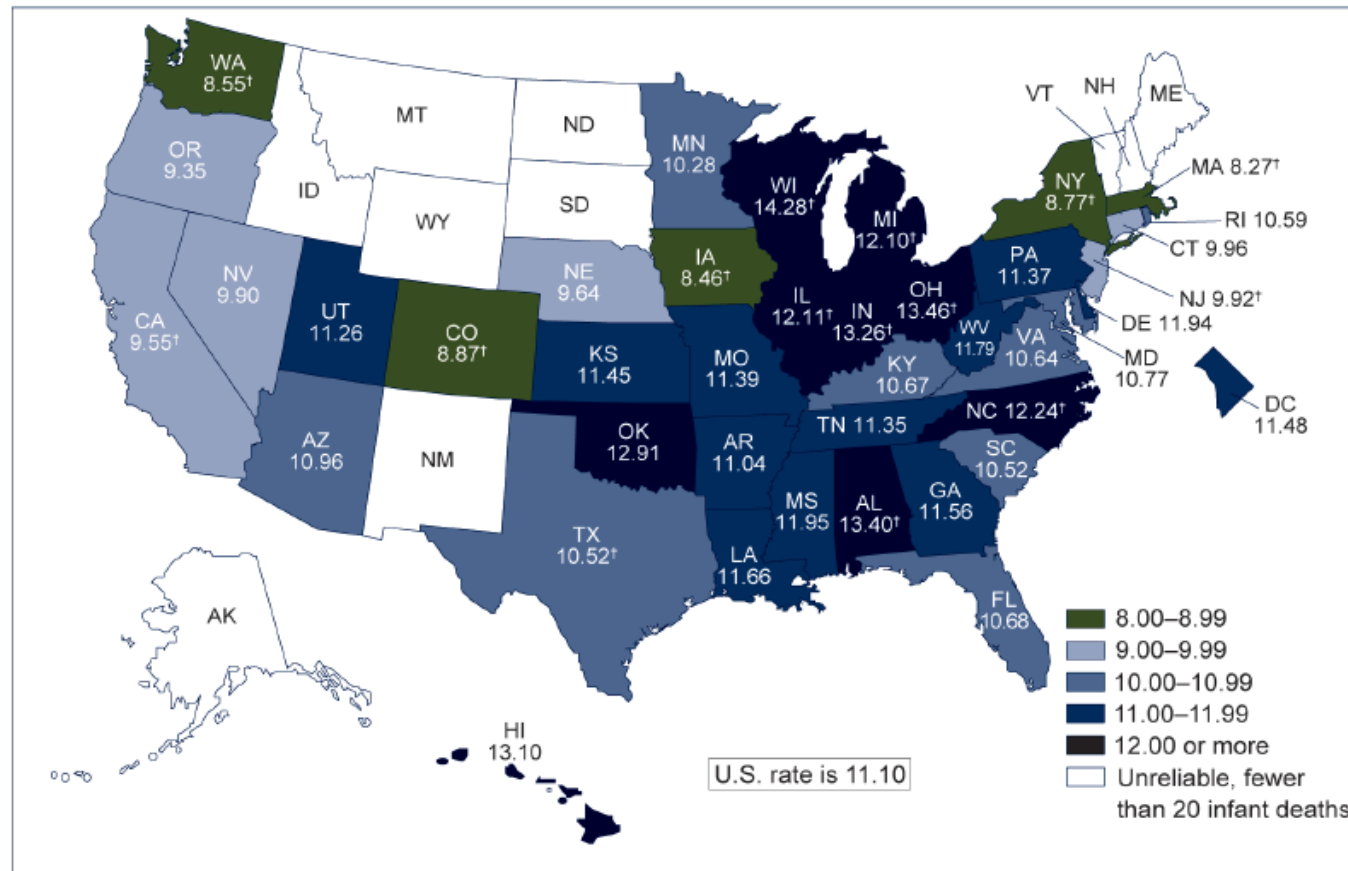
Access data table for Figure 2 at: [https://www.cdc.gov/nchs/data/databriefs/db295\\_table.pdf](https://www.cdc.gov/nchs/data/databriefs/db295_table.pdf).

SOURCE: NCHS, National Vital Statistics System.



# NCHS Data Brief ■ No. 295 ■ January 2018

Figure 3. Infant mortality rates for infants of non-Hispanic black women, by state: United States, 2013–2015



† Significantly different from the U.S. rate.

NOTES: Rates ranged from 8.27 to 14.28 per 1,000 live births.

Access data table for Figure 3 at: [https://www.cdc.gov/nchs/data/databriefs/db295\\_table.pdf](https://www.cdc.gov/nchs/data/databriefs/db295_table.pdf).

SOURCE: NCHS, National Vital Statistics System.





- Children with long bone fracture
- ED 1-yr period
- N=880 with pain scores
- Time from injury to arrival in ED
  - White 8.3 hours
  - Black 10.7 hours  $p=0.014$
  - Biracial 11.9 hours  $p=0.004$
  - Native American 18.4 hours  $p=0.025$

# Pediatric Emergency Care • Volume 28, Number 11, November 2012



- 76,931 ED encounters
- Mar 2, 2009- Mar 31, 2010
- Wait Times

– White	32 minutes
– Black	37 minutes
– Native American	41 minutes
– Hispanic	39 minutes

$P < 0.001$

# Pediatric Emergency Care • Volume 28, Number 11, November 2012



- 76,931 ED encounters
- Mar 2, 2009- Mar 31, 2010
- Odds Ratio of LWCET
  - Black 2.04
  - Native American 3.59
  - Hispanic 2.15
  - Biracial 2.77

$P < 0.001$





- Children with long bone fracture
- ED 1-yr period
- N=878
- Opioid-containing prescription
  - White 67.4%
  - Black 47.1% RR 0.59
  - Hispanic 47.9% RR 0.61
  - Native American 58.3% RR 0.93
  - Biracial 40.3% RR 0.45



**NACHRI**  
National Association of  
Children's Hospitals  
and Related Institutions

# NACHRI October 2011

- Chart review long bone fractures
- Jan 1 2008-Dec 31 2010
- 2206 patients
  - 1386 M      820F
- Bone
  - Radius/ulna              1116
  - Humerus                  566
  - Ankle                      189
  - Tib/fib                     173
  - Femur                     162



**NACHRI**  
National Association of  
Children's Hospitals  
and Related Institutions

# NACHRI October 2011

- Mean time to getting pain med 50.3 min
- Black 64 minutes
- White 45 minutes
- IV narcotics
  - White 57.8%
  - Black 48.4%  $p < 0.001$
- Conclusions
  - Racial and cultural differences need study to identify:
    - Variable tolerance to pain
    - Hesitation to reporting pain based on culture or poor health care literacy

# Long Bone Fracture-time to analgesia

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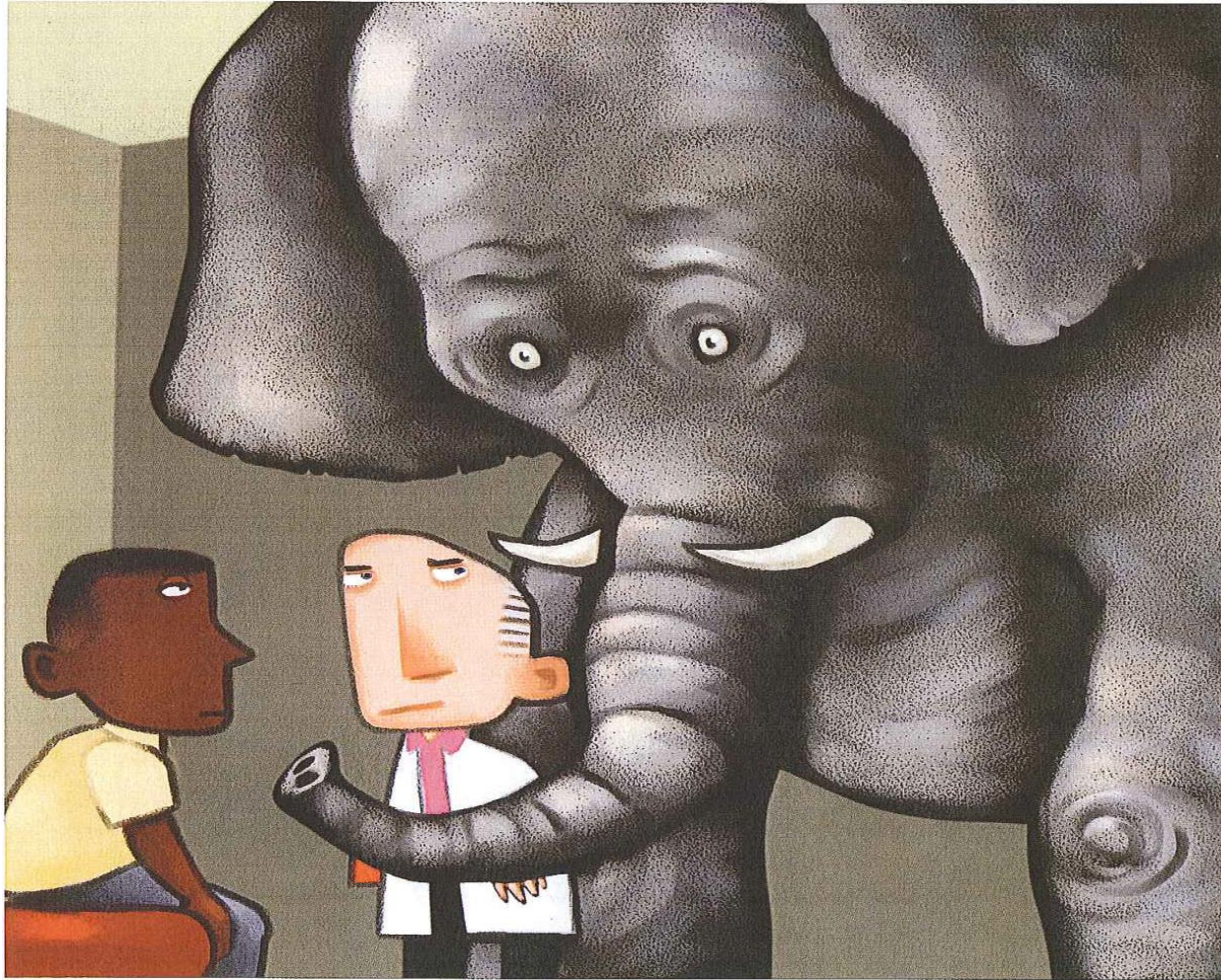
- Jan 2016-Jan 2018
  - n=1308
    - 398 Black kids
    - 910 White kids
  - Average time to pain meds
    - Black kids 75.9 minutes
    - White kids 60.9 minutes
- > p=0.039

# Children's<sup>®</sup>

## Hospitals and Clinics of Minnesota

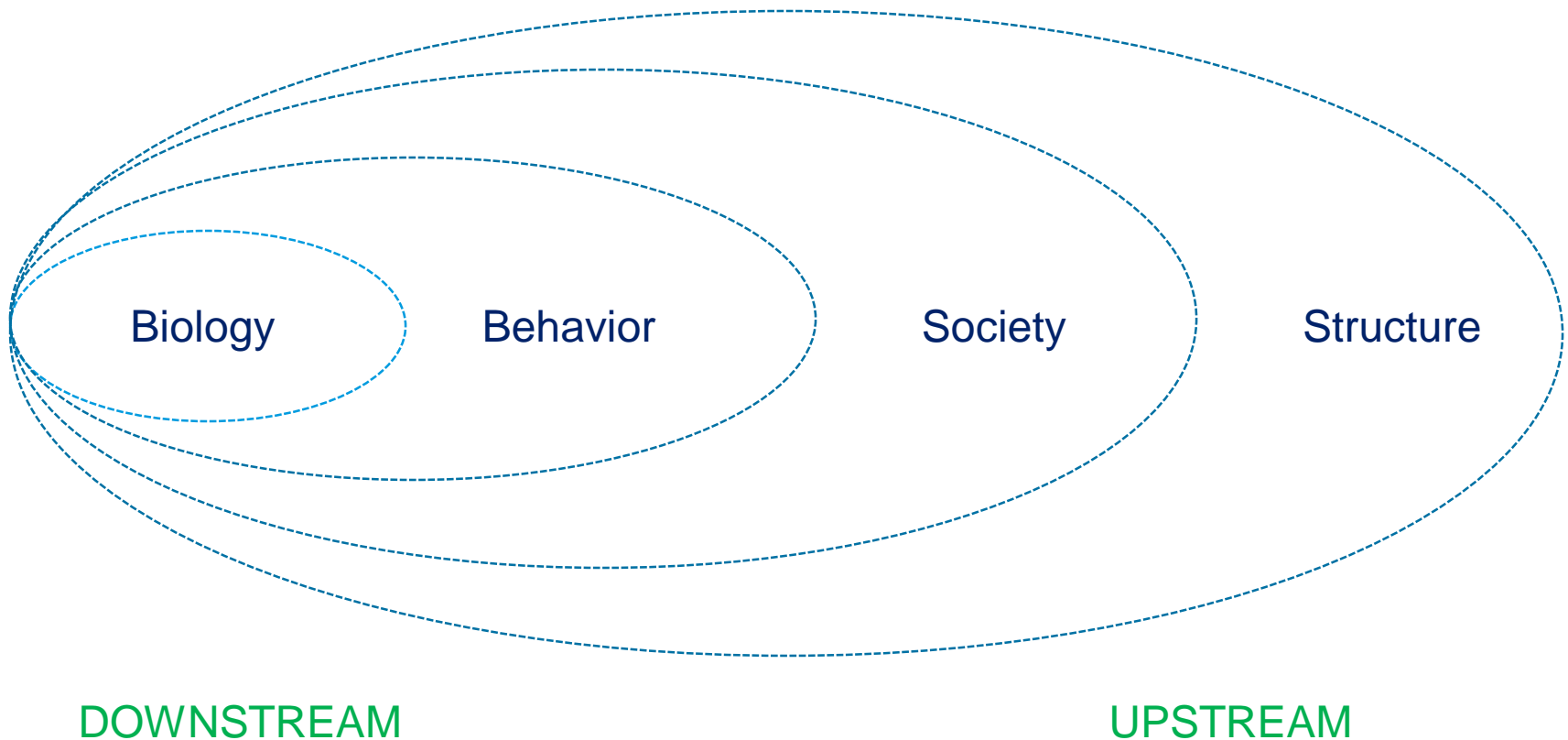








# Health Care and Medical Education



# Barriers to Equity

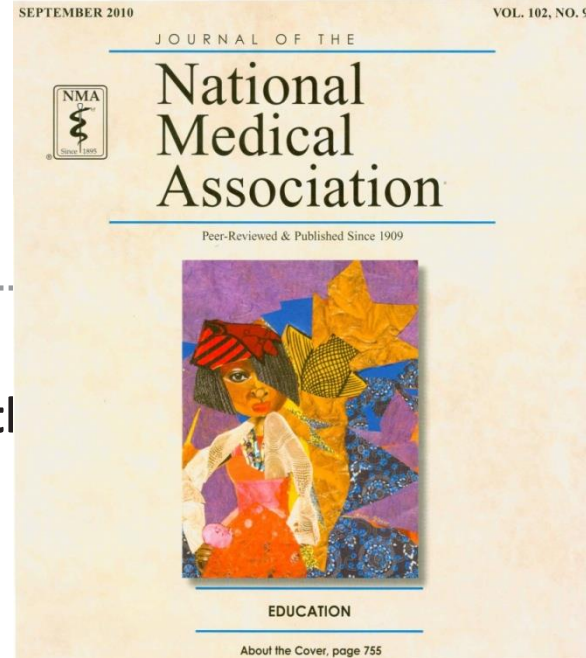
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- System
  - Whiteness/lack of diversity
  - Poor access
  - Social Determinants of Health
  - transition to adult care
  - research and support money
  - Racism
- Patients
  - Poor health literacy
  - Fear and mistrust
  - Internalized racism
- Community
  - advocacy
  - public awareness
- Providers
  - Implicit bias/stereotyping
  - Power

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## **Provider Barriers to Hydroxyurea Use in Adults with Sickle Cell Disease: A Survey of the Sickle Cell Disease Adult Provider Network**

Sophie Lanzkron, MD; Carlton Haywood Jr., MA; Kathryn L. Hassell, MD; and Cynthia Rand, PhD



JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION VOL. 100, NO. 8, AUGUST 2008

# Implicit Bias

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- What is it?
- How do I know?
- Does this really affect care?
- How do I avoid it?



# Implicit (Unconscious) biases

- Common (Normal)
- Rooted in stereotyping
  - cognitive process where we use social categories to acquire, process, and recall information about people
- Helps us organize complex information
- Heavy cognitive load
  - rely on stereotyping to process information
  - consciously reducing this is hard work



# The Cost of Technology

Elizabeth Toll, MD



JAMA, June 20, 2012—Vol 307, No. 23



**“The problem with stereotypes is not that they are untrue, but that they are incomplete. They make one story become the only story.”**

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-Chimamanda Ngozi Adichie  
Nigerian American novelist

**Children's**  
MINNESOTA

# Implicit Bias

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- What is it?
- **How do I know?**
- Does this really affect care?
- How do I avoid it?

# Implicit Bias

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- Human
- Implicit Association Test
  - <https://implicit.harvard.edu>

# Power/Bias

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- Gender
- Gender identity
- Race
- Language
- Religion
- Sexuality
- Education
- Income
- Obesity
- Smoking
- Ability/Disability
- Deaf/Hard of hearing

# Implicit Bias

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- What is it?
- How do I know?
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# How does implicit bias by physicians affect patients' health care?

Research is exploring how specific factors affect patients' perception of treatment

By Tori DeAngelis

March 2019, Vol 50, No. 3

- IAT-limitations
- Aversive Racists
- Trust ———> Better Outcomes
- How to Intervene



# The Effects of Race and Racial Concordance on Patient-Physician Communication: A Systematic Review of the Literature

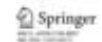
JOURNAL OF  
RACIAL AND ETHNIC  
HEALTH DISPARITIES

the official journal of the Child-AME Health Institute

Megan Johnson Shen<sup>1</sup> • Emily B. Peterson<sup>2</sup> • Rosario Costas-Muñiz<sup>3</sup> •  
Migda Hunter Hernandez<sup>4</sup> • Sarah T. Jewell<sup>5</sup> • Konstantina Matsoukas<sup>5</sup> •  
Carma L. Bylund<sup>3,6,7</sup>

J. Racial and Ethnic Health Disparities

DOI 10.1007/s40615-017-0350-4



Received: 18 October 2016 / Revised: 2 February 2017 / Accepted: 6 February 2017

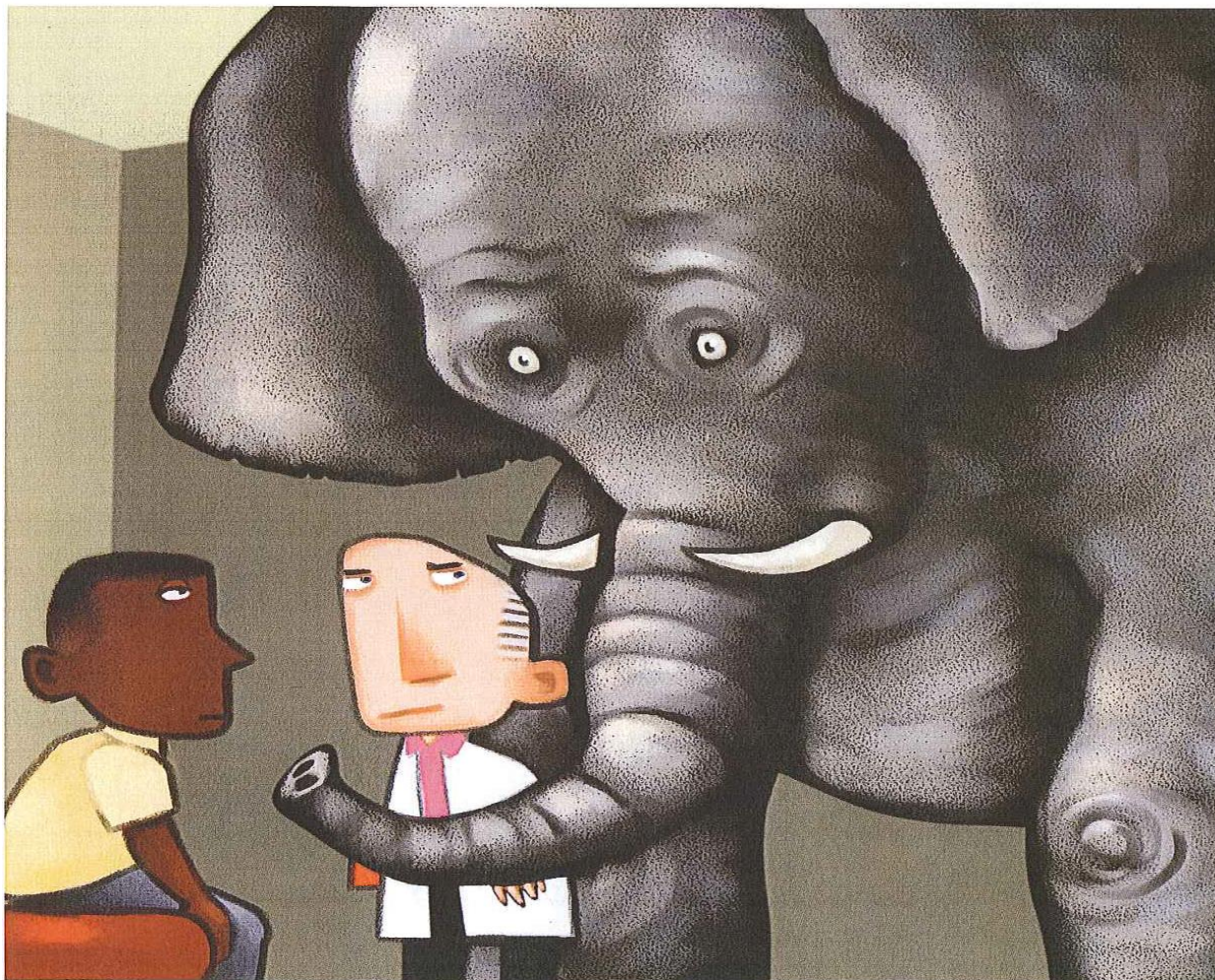
- 40 studies between 1995-2016
- Effect of Black race and racial concordance on patient/physician communication
  - Communication quality
  - Information giving
  - Patient participation in decision-making
  - Satisfaction
  - Partnership building
  - Length of visit
  - Talk-time ratio
- Black patients experienced poorer communication compared to white patients
- Racial concordance = Better communication



# “Crisis”

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- <http://www.youtube.com/watch?v=FuelQDBOxXI>
- CRISIS: Experiences of people with sickle cell disease



# Implicit Bias

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- What is it?
- How do I know?
- Does this really affect care?
- How do I avoid it?

# Provider Training

- Diversity Training
  - Awareness
  - Appreciation
- ~~Cultural Competency~~ Humility
  - Cross-cultural communication
  - Information gathering
  - Skills training

# Provider Training

- Social Justice
  - Oppression
  - Power
  - Societal resources
  - Structural barriers
  - Race/racism/whiteness
  - Implicit bias

## BRIEF REPORT

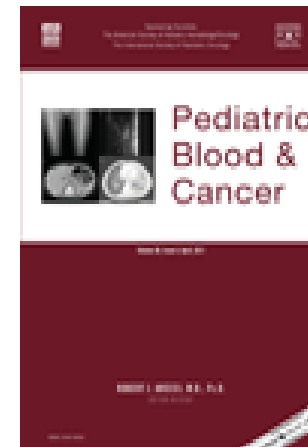
### Training Providers on Issues of Race and Racism Improve Health Care Equity

Stephen C. Nelson, MD,<sup>1,2\*</sup> Shailendra Prasad, MD, MPH,<sup>3</sup> and Heather W. Hackman, EdD<sup>2</sup>

Race is an independent factor in health disparity. We developed a training module to address race, racism, and health care. A group of 19 physicians participated in our training module. Anonymous survey results before and after the training were compared using a two-sample *t*-test. The awareness of racism and its impact on care

increased in all participants. White participants showed a decrease in self-efficacy in caring for patients of color when compared to white patients. This training was successful in deconstructing white providers' previously held beliefs about race and racism. *Pediatr Blood Cancer* 2015;62:915–917. © 2015 Wiley Periodicals, Inc.

**Key words:** health care disparity; race; unconscious bias



# Tools

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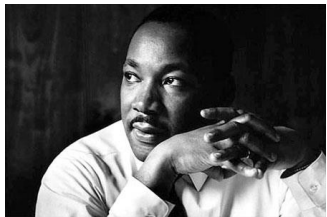
- Recognize
  - Cognitive dissonance
  - Aversive racism
  - Catch yourself seeking alternate explanations
- Discomfort
  - Emotional regulation
  - Be in the moment
- Lean in





- Thank you

*“Of all forms of inequity, injustice in healthcare is the most shocking and inhumane.”*



Martin Luther King, Jr.  
National Convention of the  
Medical Committee for Human  
Rights  
Chicago- 1966

*“Not everything that is faced can be changed. But nothing can be changed until it is faced”*



James Arthur Baldwin  
  
novelist, essayist, playwright,  
poet  
  
(August 2, 1924 – December 1,  
1987)