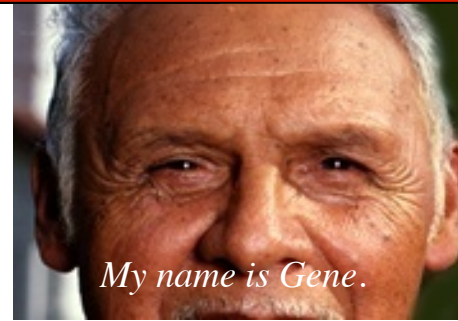




My name is Jin.



My name is Jean.



My name is Gene.



My name is Jeanne.

Do you know me?

The New Science of Unconscious Bias: Workforce & Patient Care Implications



Presented by:
David B. Hunt, J.D.
President & CEO

About Us: Critical Measures



- Evidence-based healthcare consulting and performance improvement services. Focus: health equity and cross-cultural healthcare.
- Partnered with Harvard MD's to create nation's first e-learning program on cultural competence for physicians and nurses.
- Created nation's first e-learning program on The Law of Language Access in Healthcare (2010)
- Conducted national webinars on the law of language access in health care for the ABA and the AHA (2012).
- Selected by BCBSA in 2013 as one of two national vendors for cultural competence training and consulting services
- National and international presentations on The New Science of Unconscious Bias.
- Released nation's first e-learning program on Global Medicine (2014)

Agenda



- Three Demographic Megatrends
- Implications for Hospitals and Healthcare
- The New “Science of Unconscious Bias”
- Workforce & Employment Law Implications
- Patient Care Implications (Provider & Patient Biases)
- Becoming Conscious of Unconscious Biases – Next Steps For Individuals and Organizations

Three Key Demographic Megatrends

Changing Demographics – United States



- Between now and the year 2050, almost 90% of U.S. population growth will come from Asian Americans, African-Americans and Hispanic-Americans.
- Today, people of color are already a majority in 48 of the nation's 100 largest cities.
- Today, four states have “minority majorities.” They include: California, Hawaii, New Mexico and Texas.
- Six other states: Maryland, Mississippi, Georgia, New York, Florida and Arizona have non-white populations around 40%.

Source: “The Emerging Minority Marketplace: Minority Population Growth 1995-2050.” U.S. Census Bureau September 21, 1999.

Trends in U.S. Immigration

- 1 of 10 global citizens today is a migrant.
- Immigration to the U.S. has tripled in the last 30 years.
- During the 1990s, the U.S. received over 13 million immigrants – the largest number in our nation's history.
- We broke even that mark during the last decade.
- There are 40 million foreign born in the U.S. today (13%)
- Significantly, most immigrants today no longer come from Western European nations with whom we have the most in common historically....

Immigrants Bring New Cultural Influences



- Religion: Islam is now the fastest growing religion in the U.S.
- Language: Over 20 percent of Americans 5 years old and older speak a language other than English at home, with nearly half of those claiming to speak English less than "very well."
- America is now more linguistically diverse than Western Europe.
- 43% of California's population now speaks a language other than English at home. Four other states over 30%.

What is Cross-Cultural Healthcare?



1. Racial and Ethnic Disparities in Patient Outcomes
2. Providing Language Access to LEP Patients/Families
 - A. Medical - Quality/Safety Issue
 - B. Legal - Civil Rights Issue (Title VI, ADA)
3. Medical Disparities Resulting from Globally Mobile Populations



With 1 billion people crossing international borders each year, there is no where in the world from which we are remote and no one from whom we are disconnected.

Sometimes It Looks Like A....

- Horse ...
- And gallops like a horse ...
- But it's a



**Moral: In A Globally Mobile World,
Today's Doctors Are Seeing More...**

CRITICAL
MEASURES



Understanding the New Science of Bias

Awareness: New Research re: Bias



1. In the past, bias was regarded as aberrant, conscious and intentional.
2. Today, we understand that bias is normative, unconscious and largely unintentional.
3. Social Cognition Theory establishes that mental categories and personal experiences become “hard-wired” into cognitive functioning.
4. As a result, human biases can be seen as evolutionarily adaptive behaviors.

Unconscious Bias: How Does It Work?



- **The problem?** Too much information to process.
Scientists estimate that we are exposed to as many as 11 million pieces of information at any one time, but our brains can only functionally deal with about 40.
- **The solution? Mental short-cuts.**
 - The brain seeks to conserve energy.
 - Decision-making, ambiguity, novelty and problem solving all take heavy cognitive reserve.
 - We've evolved to have mental short cuts that save time and usually yield reliable results.

Our Brains at Work

- The brain as a prediction-machine
- Seeks the simplest path to conclusions
- Wired for threat identification



Perceptions of “Groupness” Distort Perception and Behavior



1. Experiments by Tajfel and others showed that, as soon as people are divided into groups – even on trivial or random bases – strong biases resulted.
2. Subjects perceived members of their group as more similar to them and members of other groups as more different.
3. Subjects saw in-group members highly differentiated individuals and out-group members as largely homogenous.
4. Subjects were better able to recall undesirable behavior of outgroup members than similar behavior of ingroup members.
5. Ingroup members failures were attributed to situational factors while outgroup failures were attributed to innate characteristics.
6. Subjects permitted to allocate monetary rewards maximized rewards to their own group and minimized rewards to outgroups.

The Implicit Association Test

What Activates Our Biases?



Our biases are most likely to be activated by four key conditions. They are:

- stress
- time constraints
- multi-tasking
- need for closure

Project Implicit®



<https://implicit.harvard.edu>

Demonstration

The demonstration site for the Implicit Association Test. Click this button to learn more about implicit associations and try out some sample tasks. Or, go directly to the featured task:

[Presidential Candidates IAT.](#)



Research

The research site for Project Implicit. Click this button to participate in on-going research measuring implicit associations for a variety of topics.

[中文](#) (China), [Deutsch](#) (Germany), [English](#) (Australia, Canada, India, South Africa, U.K.), [Español](#) (Mexico), [Français](#) (Canada, France, Switzerland), [Magyar](#) (Hungary), [עברית](#) (Israel), [Italiano](#) (Italy), [日本語](#) (Japan), [한국어](#) (South Korea), [Nederlands](#) (Netherlands), [Norwegian](#) (Norway), [Polski](#) (Poland), [Português](#) (Portugal), [Română](#) (Romania), [Svenska](#) (Sweden), [Türkçe](#) (Turkey)

[Project Implicit Information Site](#)

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Select a Test

Skin-tone IAT

Skin-tone ('Light Skin - Dark Skin' IAT). This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.

Weight IAT

Weight ('Fat - Thin' IAT). This IAT requires the ability to distinguish faces of people who are obese and people who are thin. It often reveals an automatic preference for thin people relative to fat people.

Asian IAT

Asian American ('Asian - European American' IAT). This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.

Arab-Muslim IAT

Arab-Muslim ('Arab Muslim - Other People' IAT). This IAT requires the ability to distinguish names that are likely to belong to Arab-Muslims versus people of other nationalities or religions.

Native IAT

Native American ('Native - White American' IAT). This IAT requires the ability to recognize White and Native American faces in either classic or modern dress, and the names of places that are either American or Foreign in origin.

Weapons IAT

Weapons ('Weapons - Harmless Objects' IAT). This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects.

Key IAT Findings - Age



- **Age:** Around ninety percent of Americans mentally associate negative concepts with the social group "elderly"; only about ten percent show the opposite effect associating elderly with positive concepts. Older people do not, show an automatic preference for their own group. Remarkably, the preference for "young" is just as strong in those in the over-60 age group as it is among 20-year-olds.

Key IAT Findings - Race

- **Race:** White participants consistently show a preference for White over Black on the IAT – a substantial majority of White IAT respondents (75% to 80%) show an automatic preference for White over Black. Data collected from this website consistently reveal approximately even numbers of Black respondents showing a pro-White bias as show a pro-Black bias.
- **Other key race findings:** younger people are just as likely to display an implicit race bias as older adults, women are as likely to display an implicit race bias as men and educational attainment appears to make no difference with respect to implicit race bias.

Workplace Implications

Biases Impact Decisionmaking



Unconscious bias can infect management decisions throughout the employment life cycle:

- a. Interviewing. Recruitment, hiring & retention.
- b. Expectations of and interactions with employees. (“Micro-inequities”)
- c. Employee evaluations. (“Set Up to Fail Syndrome” – Harvard Business Review)
- d. Decisions about promotions, training and other job benefits.
- e. Termination and discharge decisions.

The “Big Five” Orchestras



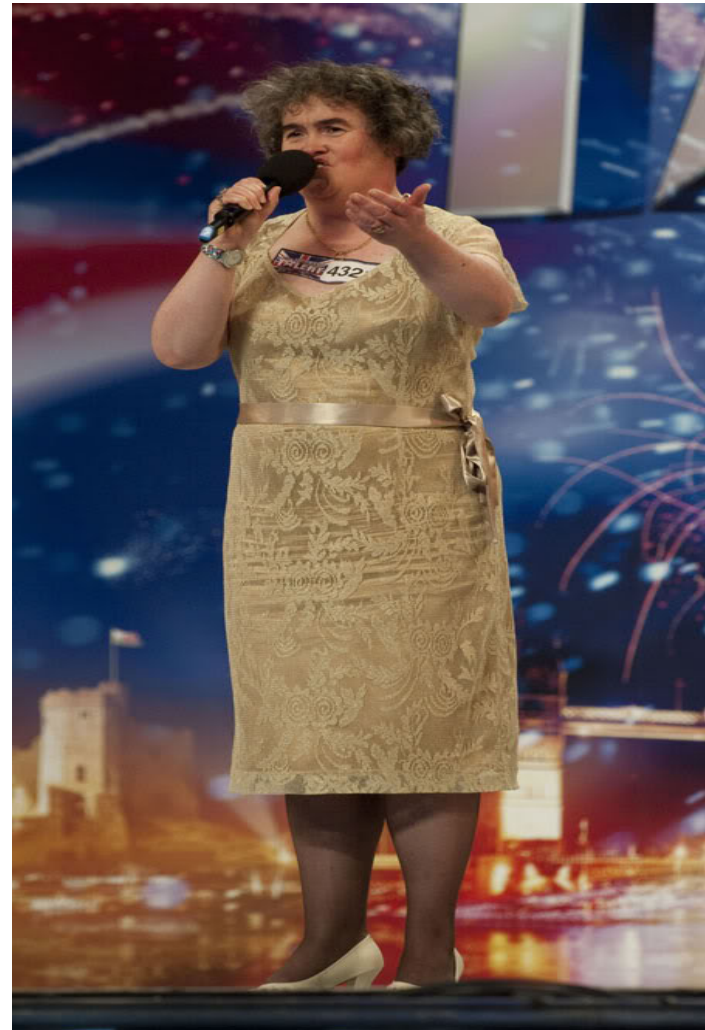
- Chicago and Boston
 - None of the Big Five employed more than 12% women until the 1980's
 - Blind auditions
 - Improved the chances that a woman would ultimately be hired
 - Female musicians in the Big Five increased five-fold from 1970 to 2000

Orchestrating Impartiality: the Impact of “Blind” Auditions on Female Musicians, 94 Am. Econ. Rev. 715 (2000).

Susan Boyle – Britain's Got Talent

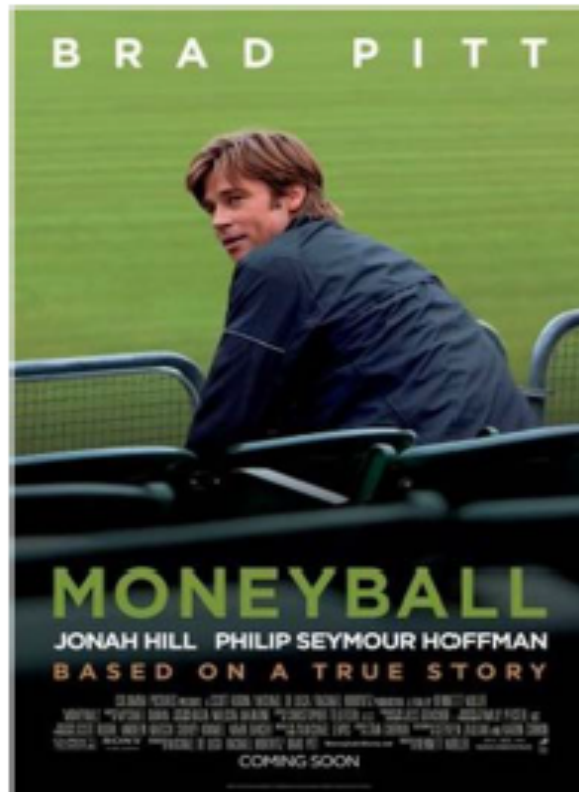
CRITICAL
MEASURES

- Great talent often doesn't look and act like you...
- Can you spot great talent no matter how it is "packaged"?



Selection/Signing of Professional Athletes

CRITICAL
MEASURES



Are Emily & Greg More Employable than Lakisha & Jamal?



- Study of actual racial hiring bias in Chicago and Boston
 - Resumes sent to actual want ads
 - 4 resumes per position – 2 “high” quality and 2 “low” quality
 - African American sounding names assigned to one high quality and one low quality
 - Primary measurement was the “callback” rate
 - Results: people with "white-sounding" names are 50 percent more likely to get a response to their resume than are those with "black-sounding" names.

Marianne Bertrand and Sendhil Mullainathan, Are Emily and Greg More Employable Than Lakisha and Jamal? Field Experiment on Labor Market Discrimination, 94 Am. Econ. Rev. 991 (2004).

Diversity and Productivity



- Effective diversity programs are associated with higher productivity (+18%). (National Urban League, 2004)
- Gallup found that 27.7 million U.S. workers, or 18%, are actively disengaged. Another 52% of workers were not engaged, while only 30% of workers were actively engaged. Result: 70% of workers are not fully engaged.
- “Actively disengaged” employees -- those fundamentally disconnected from their jobs -- cost the U.S. economy between \$450 billion and \$550 billion a year. (Gallup 2012)
- What causes workers to disengage at work? One notable cause is DRI's – Diversity Related Incident's of Disrespect.

Workplace Incivility – DRI's



- Studies have found that over 71 percent of the workforce has experienced some form of workplace incivility in the last five years. Incivility is evidenced by disrespectful behavior. Source: Don Zander, Brookings Institution, 2002
- Of the reported incidents of workplace-related DRI's: 32% were related to gender; 28% were related to race; 20% were related to age; 14% were related to sexual orientation and 6% were related to religion.

Workplace Incivility – DRI's



Fiscal Impact of Workplace Incivility:

Of those who experienced work-place related DRI's:

- 28% lost work time avoiding the instigator of the incivility;
- 53% lost time worrying about the incident/future interactions;
- 37% believe their commitment at work declined;
- 22% have decreased their effort at work;
- 10% decreased the amount of time that they spent at work;
- 12% actually changed jobs to avoid the instigator.

Source: The Sparticus Group: 2003.

Racial Discrimination Among NBA Referees



Price, Joseph and Wolfers, Justin, "Racial Discrimination Among NBA Referees," NBER Working Paper Series, Vol. w13206 (2007). Available at <http://www.nber.org/papers/w13206.pdf>

Does Unconscious Racial Bias Affect Trial Judges?



This article reports the results of the first study of implicit racial bias among judges

Jeffrey J. Rachlinski, Sheri Lynn Johnson, Andrew J. Wistrich & Chris Guthrie, Does Unconscious Racial Bias Affect Trial Judges?, 84 Notre Dame L. Rev. 1195 (2009)

Workforce Diversity Assessment



There are two key reasons to conduct a diversity workforce assessment:

1. To identify often neglected organizational diversity issues that can affect: organizational culture and morale; recruitment, hiring and retention; performance and productivity; and employment law liability.
2. To inform and customize organization-wide diversity training

Workforce Diversity Assessment – Major Themes



Our employee diversity audits deal with several major themes:

1. Employee satisfaction
2. Perceptions of workforce culture and climate
3. Employee perceptions of care and service to racially, culturally and linguistically diverse patients.
4. Legal and risk management issues related to discrimination, harassment and “DRI’s”.
5. Diversity issues (race, gender, GLBT, disabilities, age, religion, national origin, language/accent).
6. Management commitment and responsiveness to diversity issues.

Race, Ethnicity and Perceptions of Workplace Relationships in Healthcare Management



		White	Asian	Black	Hispanic
Race relations within my company are good.	Women	79%	60%	41%	55%
	Men	90%	70%	53%	73%
Managers of Color usually have to be more qualified to get ahead here.	Women	6%	29%	75%	47%
	Men	3%	33%	66%	35%
White managers share vital growth and career-related information with managers of color.	Women	57%	29%	10%	18%
	Men	55%	37%	12%	30%
The evaluation of both whites and employees of color are equally thorough and carefully evaluated .	Women	69%	51%	18%	33%
	Men	75%	50%	22%	43%
Has a strong feeling of belonging to the organization.	Women	82%	70%	58%	71%
	Men	85%	72%	72%	79%

Source: A Race/Ethnic Comparison of Career Attainment in Healthcare Management: American College of Healthcare Executives; Institute for Diversity in Healthcare Management, 2002

EEOC Charge Data FY 2002 – FY 2012



	<u>FY 2002</u>	<u>FY 2012</u>	<u>%</u>
Total Charges	84,442	99,412	+15%
Race	29,910	33,512	+11%
Sex	25,536	30,356	+16%
National Origin	9,046	10,883	+17%
Religion	2,572	3,811	+32%
Age	19,921	22,857	+13%
Disability	15,964	26,379	+39%
Retaliation	22,768	37,836	+40%

Source: Equal Employment Opportunity Commission website: <http://www.eeoc>

Where Are We Today?



- 1 out of every 3 civil cases today is an employment law case.
- A single legal claim arising out of employment issues can cost an employer \$750,000. That "price tag" includes the average recovery of a successful plaintiff, attorneys' fees paid to the plaintiff's attorney, and the cost of hiring an attorney to defend the claim.
- The average jury award for wrongful termination claims is \$1.8 million and one-fifth of jury awards now top the \$1 million mark.
- Eighty-two percent of HR professionals surveyed found employment law training to be effective or extremely effective in reducing litigation.
- With the average cost to settle a lawsuit hovering at \$300,000, a training program that eliminates even one lawsuit presents an amazing return on investment.

Patient Care Considerations

The Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization

CRITICAL
MEASURES

- 720 physicians viewed recorded interviews
- Reviewed data about hypothetical patient
- The physicians then made recommendations about patient's care



New Study Finds Unconscious Bias In M.D. Decision-making



- Emergency room doctors in the study were told two men, one white and one African-American, were each 50 years old and complained of chest pain. The patients were not actually real people, but rather computer-generated images seen by the doctors only on a monitor.
- After the doctors in the study evaluated the two simulated patients, they were then given an implicit association test examining unconscious racial biases.
- The result was most of the doctors were more likely to prescribe a potentially life-saving, clot-busting treatment for the white patients than for the African-American patient.
- The study, by the Disparities Solutions Center, affiliated with Harvard University and Massachusetts General Hospital, is the first to deal with unconscious racial bias and how it can lead to inferior care for African-American patients. It was published in the online edition of the Journal of General Internal Medicine in June, 2007.

U.S. Patient Satisfaction Data – Race



1. Research has found that Hispanic, Asian, and African Americans, compared to whites, report lower quality in their overall interaction with their physicians, less time spent with their physicians, poorer patient-physician communication, diminished trust in their physicians, and less respect from their physicians.
2. A 2007 Harvard School of Public Health/Robert Wood Johnson Foundation survey of 4,334 randomly selected U.S. adults compared perceptions of the quality of physician care among fourteen racial and ethnic groups with those of whites. On each measure examined, at least five and as many as eleven subgroups perceived their care to be significantly worse than care for whites. In many instances, subgroups were at least fifteen percentage points more negative than whites. Many of the differences remained after socioeconomic characteristics and language skills were controlled for. Health Affairs, May '08.

Picker – Inpatient Satisfaction with Doctors By Race, CLIENT “A”



<u>Question/Statement</u>	<u>White</u>	<u>Of Color</u>	<u>Signif?</u>
Didn't always have confidence/trust in my doctors.	14.5%	26.1%	Yes
Doctors talked as if I wasn't there.	6.3%	23.2%	Yes
Courtesy of doctors "fair" or "poor"	2.5%	5.5%	Yes
Doctors/nurses gave conflicting info.	21.5%	26.5%	Yes

* Scores over 20% are considered "problems" by Picker.

Picker – Inpatient Satisfaction with Nurses By Race, CLIENT “A”



<u>Question/Statement</u>	<u>White</u>	<u>Of Color</u>	<u>Signif?</u>
Didn't always have confidence/trust in my nurses.	24.8%	34.7%	Yes
Nurses talked as if I wasn't there.	6.5%	22.9%	Yes
Courtesy of nurses "fair" or "poor"	3.5%	5.6%	Yes
Nurses answers to questions weren't always understood.	25.8%	29.6%	Yes

* Scores over 20% are considered "problems" by Picker.

Picker – Treated with Courtesy, By Race, CLIENT “A”



<u>Question/Statement</u>	<u>White</u>	<u>Of Color</u>	<u>Signif?</u>
Courtesy of admissions staff rated fair or poor.	2.0%	5.9%	Yes
Courtesy of people who took blood samples rated fair or poor	2.8%	8.8%	Yes
Courtesy of people who brought food rated fair or poor.	5.0%	8.8%	Yes
Courtesy of people bringing to and from room rated fair or poor.	1.2%	6.2%	Yes
Courtesy of people taking x-rays rated fair or poor.	1.4%	7.6%	Yes
Courtesy of people who cleaned room rated fair or poor	3.3%	8.6%	Yes

Picker – Other Key Indicators of Care By Race, CLIENT “A”



<u>Question/Statement</u>	<u>White</u>	<u>Of Color</u>	<u>Signif?</u>
Not always treated with respect and dignity.	13.1%	21.6%	Yes
Didn't always get help in time going to the bathroom.	20.4%	30.8%	Yes
After using call button, had to wait > 15 minutes for help.	2.1%	4.3%	Yes
Staff definitely did not do everything they could to control pain.	19.7%	26.3%	Yes
Didn't have enough say about pain control during delivery.	26.1%	38.4%	Yes
Probably would or would not recommend to family/friends.	23.9%	28.8%	Yes

When Health Care Isn't Caring

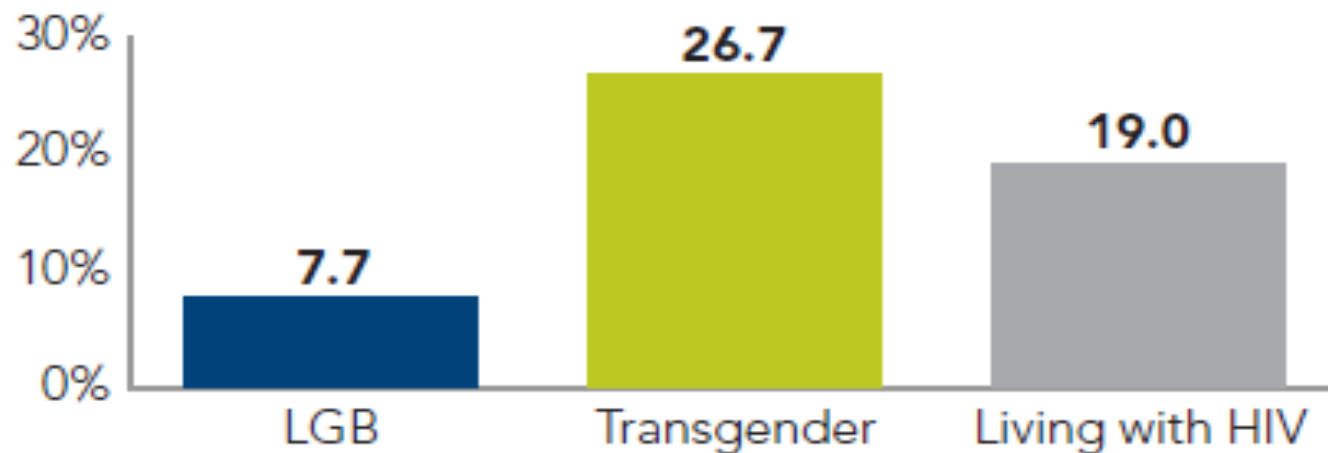


1. Lambda Legal surveyed 4,916 GLBT people and people living with HIV nationwide in the spring of 2009. Results showed that these populations were frequently:
 - Denied care;
 - Treated in a discriminatory manner while obtaining care;
 - Subjected to harsh or abusive language by health professionals;
 - Treated by health professionals who refused to touch them or used excessive precautions when doing so;
 - Blamed for their conditions by health professionals

When Health Care Isn't Caring



Table 1: I was refused needed health care

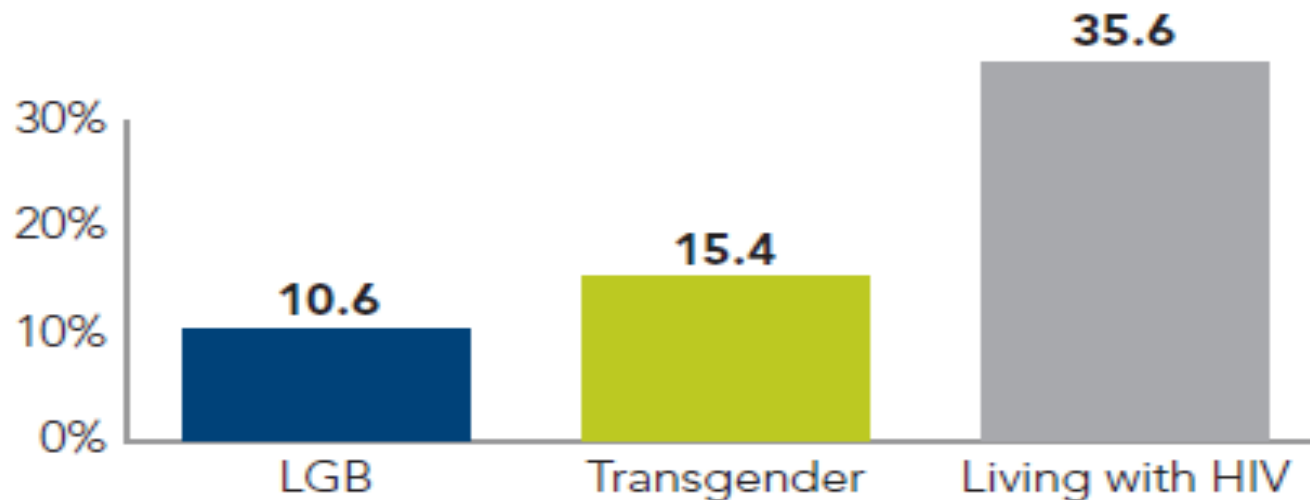


Source: When Health Care Isn't Caring: Lambda Legal's Survey on Discrimination Against LGBT People and People Living With HIV, (New York: Lambda Legal, 2010). Available at: www.lambdalegal.org/health-care-report

When Health Care Isn't Caring



Table 2: Health care professionals refused to touch me or used excessive precautions



Source: When Health Care Isn't Caring: Lambda Legal's Survey on Discrimination Against LGBT People and People Living With HIV, (New York: Lambda Legal, 2010). Available at: www.lambdalegal.org/health-care-report

Can Implicit Bias Be Controlled?

M.D. Cultural Competence Assessment



Critical Measures' assessment addresses the following topics:

1. Extent of formal training in cross-cultural health.
2. Opinions regarding health disparities.
3. Self-assessed preparedness to treat immigrants, LEP and patients whose health beliefs may be at odds with Western medicine.
4. Knowledge of and adherence to language access laws and self-disclosed use of language access resources.
5. Knowledge of and actual practice behavioral adherence to national best practices in cross-cultural medicine, immigrant and refugee health & travel medicine.
6. Interest in receiving additional training in cross-cultural medicine.

M.D. Cultural Competence Results



1. 97% of MD's had LEP patients. (Exactly on par with U.S. avg.)
2. Nearly half felt "less than well prepared" to care for these patients.
3. Primary care MDs often felt **least** prepared to provide care to LEP patients.
4. 30% did not use qualified interpreters to obtain informed consent.
50% did not record use of interpreter in pt's medical record.
5. 92% treat immigrants and refugees.+60% = less than well prepared
6. 56% to 70% of MDs did not routinely ask about country of origin or recent travel history .
7. 52% of MDs unfamiliar with Schistosomiasis; 65% unfamiliar with Strongyloides – two of the five most common diseases found in immigrants and refugees to the United States;

Menu

KEY: NOT STARTED  IN PROGRESS  COMPLETED 

Introduction 

Pre-Test 

Why Provide Language Access? 

Patient Case Study 

Case Summary 

Post-Test 

Conclusion 



Initial Results are Promising



Recent Language and the Law Results for a Midwest Multi-Hospital System
(October 2013 – September 2014). N = +400 providers

- 92% of users strongly agreed/agreed that the program met their expectations
- 92% of users strongly agreed/agreed that the information presented would help them to improve patient care
- 85% of users would recommend the program to colleagues
- Prior to completing the program, 50% of users felt very confident/confident in their ability to treat LEP patients. After completing the program, 94% of users felt very confident/confident in their ability to treat LEP patients (+44%).
- Prior to taking the course, 71% of users believed the issue of language access for LEP patients was a very important or important issue. After completing the program 95% of users believed the issue of language access for LEP patients was a very important or important issue (+24%)

Initial Results Are Promising

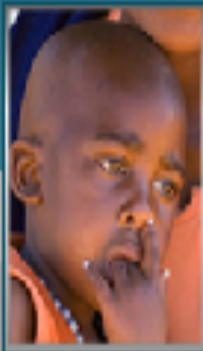


Recent Results for a Midwest Multi-Hospital System (continued)

- From pre-test to post-course evaluation, the number of providers who stated that they would use qualified medical interpreters when treating LEP patients increased by 23% and the number of providers who stated that they would use family members, friends or minor children as interpreters was reduced by more than 50%.
- The percentage of providers who always used qualified medical interpreters during informed consent procedures increased by 23% (from 73% to 96%)
- Prior to completing the course, 40% of users said that it was their routine practice to ask patients' to repeat back their treatment instructions in their own words to check for understanding. After completing the course, 89% of users said that they would implement this practice (+49%).
- Average pre-test score: 59. Average post-test score: 81. Net gain: 22 points or 27% improvement.

Viewpoints welcomes you to:
Clinical Competence in a Globally Mobile World

Click a patient to choose a case.

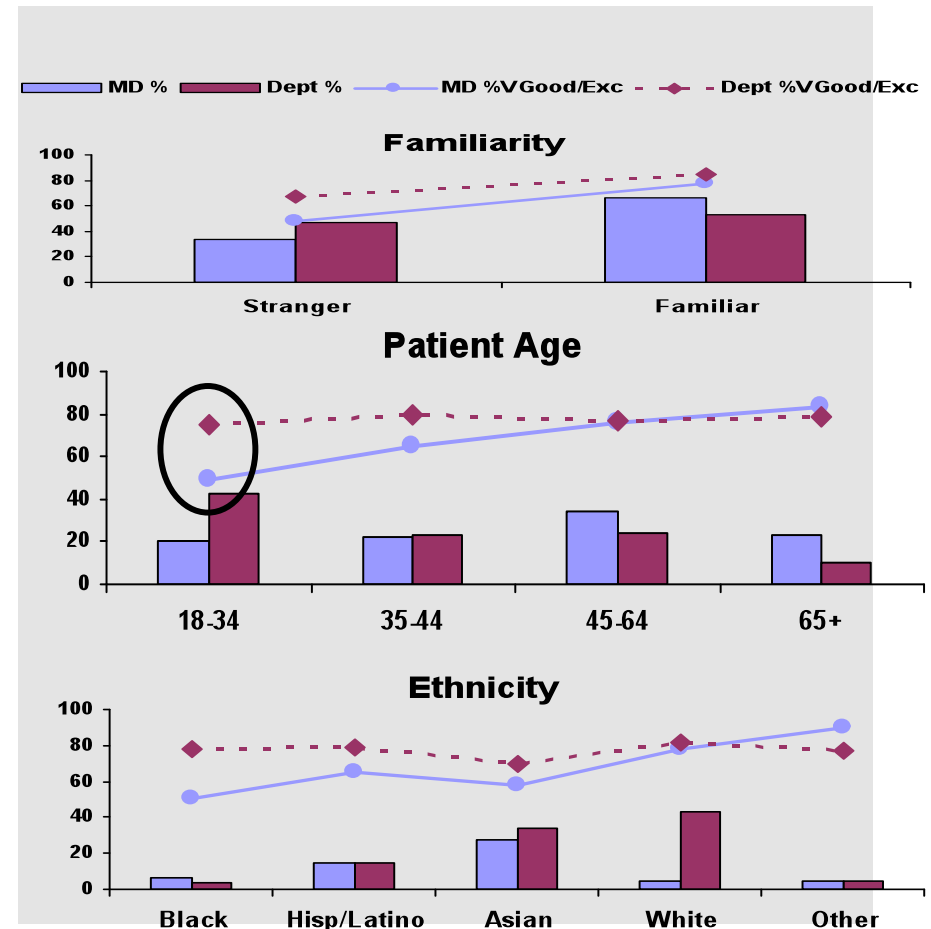


How to Use

Kaiser MD sought deeper insight into his own service scores



- MD noted that he did not score highly with young women
- Recognized his bias toward younger patients who weren't satisfied with our interactions
- Accepted patient bias against male OB/GYN
- Developed action plan.
- Modified clinical behavior to become more relationship oriented and less task oriented. Spent more time...



Scores shown are % Very Good/Excellent (Top 2 Box) for MD/HCP Average = composite measure of five questions related to experience with MD/HCP (health care provider)

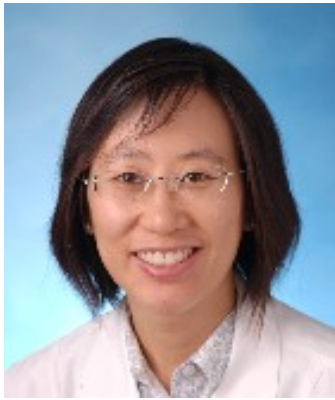
Physician Evaluation

Impact Of Demographic Ratios

Hypothetical Case –Two Medicine Department Physicians with identical regional scores

Familiar Chinese 80%, Familiar White 85.6%, Stranger Chinese 55.7%, Stranger White

CRITICAL
MEASURES



New Asian Female

80% Stranger
20% Familiar

70 % Chinese

30% White

Score
63.9%



Established White Male

80% Familiar
20% Stranger

70% White

30% Chinese

Score
80%

New Kaiser MPS Format

MPS Scores segmented with 3 years of trending, 3 year average & color coding



Segment Items	Score					Difference Score (Your - Fac/Dept)
	Your Overall				Fac/Dept	
	2007YE	2008YE	2009YE	3-Yr Avg	3-Yr Avg	
Familiar Visit	75.1	89.1	89.9	85.5	85.1	0.4
Stranger Visit	69.0	65.0	75.0	69.1	64.4	4.7
Under 18					75.0	
18 - 34	46.4	62.5	68.2	58.9	65.0	-6.1 (-)
35 - 44	74.1	76.8	92.6	80.5	73.1	7.4 (+)
45 - 64	79.7	77.7	86.9	81.5	80.4	1.1
65+	75.0	73.9	84.3	78.9	82.2	-3.3
African Amer.	66.7	80.0			77.5	
Chinese	81.1	70.0	85.1	79.8	75.6	4.2
Filipino	78.9	90.0	72.2	83.9	78.3	5.6 (+)
Hispanic/Latino	77.3	66.7	78.9	73.5	77.1	-3.6
Japanese			84.2		76.7	
Other	11.5	75.0	82.8	56.0	75.8	-19.8 (- -)
Other Asian	73.5	90.4	82.2	83.2	72.3	10.9 (+ +)
White	70.3	69.4	90.3	77.8	82.0	-4.2
Female	73.0	70.1	90.5	78.5	76.9	1.6
Male	70.5	82.4	70.1	74.7	81.0	-6.3 (-)

Battling Bias – What Works?

Useful Metaphors for Unconscious Bias



- Unconscious bias is like a chronic illness – it needs constant monitoring and attention. We are all “carriers”
- Unconscious bias is like a pilot flying above the clouds. With no reference point on land, pilots must learn to fly using instrument panels...



Battling Bias – As Individuals

1. Use tools to explore your own unconscious biases (IAT, ICS)
2. Slow down, shift from “think fast” brain systems (amygdala) to “think slow” brain systems (pre-frontal cortex). (Daniel Kahneman)
3. In particular, there are several strategies that appear to make a difference:
 - A. **Information** – re: the psychological basis of bias
 - B. **Motivation** - internal (vs. external) motivation to change
 - C. **Individuation** – learning to see diverse others as individuals rather than as members of groups.
 - D. **Direct contact** with members of other groups.
 - E. **Working together on teams**, as equals, in pursuit of common goals.
 - F. **Context/environment** – display positive images of leaders from diverse groups
3. Obtain 360 degree feedback from diverse employees/colleagues. Reverse mentoring processes can also help.
4. Check personal behavior using the Tolerance Scale. Goal is acceptance not tolerance.

Battling Bias – Within Hospitals



1. Collect patient race, ethnicity and language (REL) data.
2. Tie patient REL data to patient outcomes. (<20% currently do...)
3. Stratify patient complaints by patient demographics.
4. Stratify patient satisfaction data by patient demographic data.
5. Create patient satisfaction report cards for providers based on different patient demographics. (Kaiser Permanente)
6. Conduct Diversity Workforce Assessments or Climate Audits to assess employee satisfaction/engagement by diverse groups.
7. Conduct Provider Cultural and Linguistic Competence Assessments to examine self-assessed preparedness and clinical practice behaviors with regard to diverse groups of patients.
8. Create “disparities” dashboards for key metrics on both sides of the healthcare “house” (workforce and patient experience).

"It is not only what we do, but also what we do not do, for which we are accountable."

~Moliere

Questions? Contact Information



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