

***RACISM,
UNCONSCIOUS BIAS
AND CREATING AN
INCLUSIVE
ENVIRONMENT***

- **John P. Cullen, Ph.D.**
- Professor of Clinical & Director of Diversity and Inclusion, CTSI
- Associate Director, Susan B. Anthony Center

SCORE Monthly Meeting

Wednesday September 16, 2020



UNIVERSITY of
ROCHESTER
MEDICAL CENTER



Understanding key concepts such as racism, privilege, unconscious bias, microaggressions, and allyship



Recognize how these concepts impact our environment and research studies

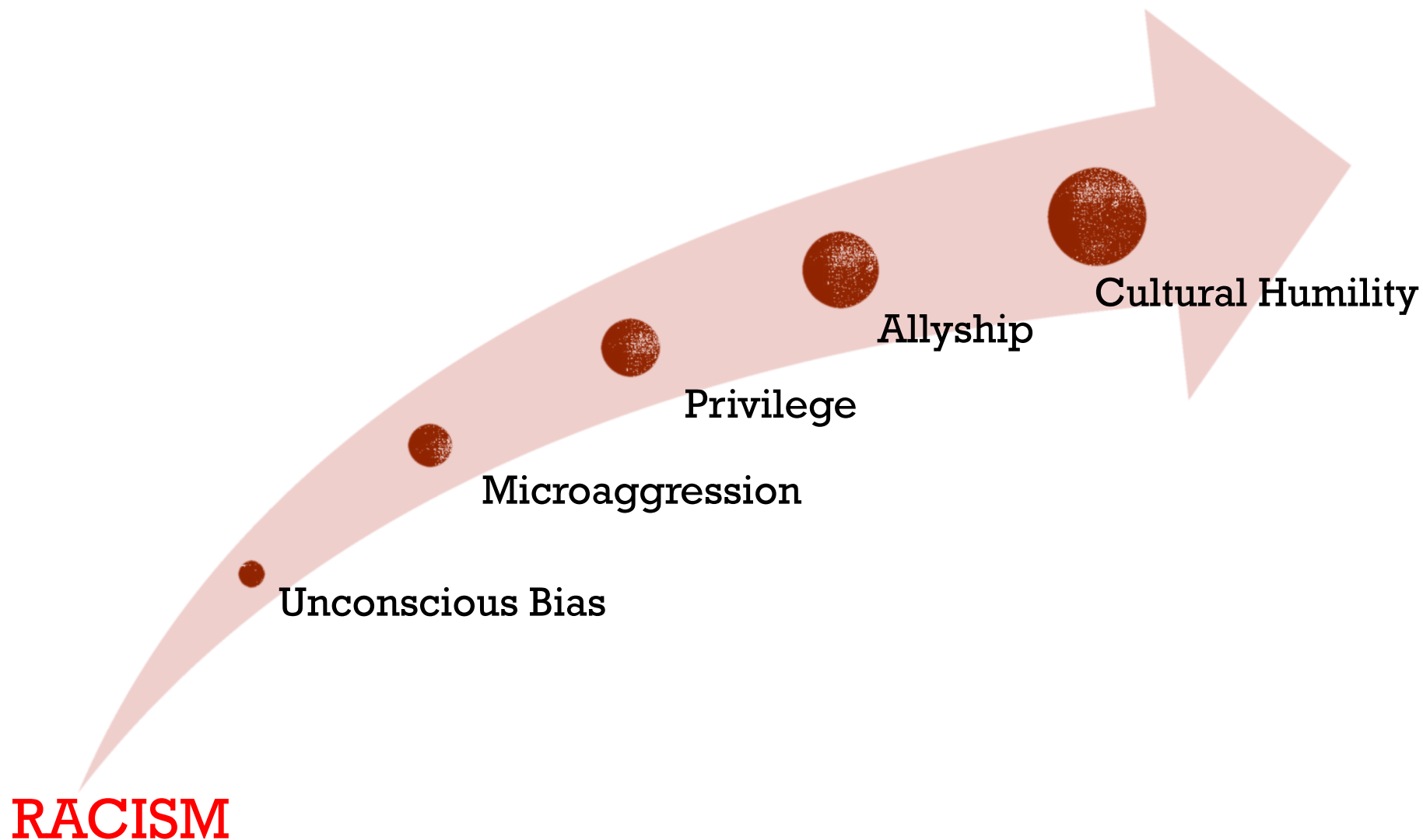


Describe potential strategies for interrupting behaviors associated with unconscious bias to help create an inclusive work environment and inclusive research studies

OBJECTIVES



UNDERSTANDING TERMINOLOGY AND RELATIONSHIPS





The idea of race and racial inferiority was created to justify the unequal treatment of enslaved people.



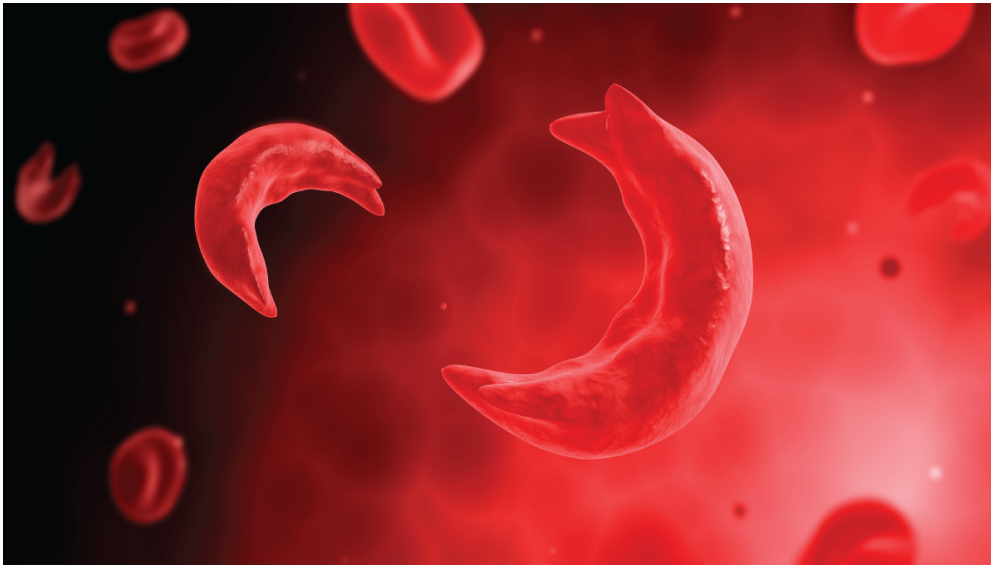
“Race” is an historical “scientific” and biological myth. It is an *idea*. Today, scientists prefer to use the term “ancestry” to describe human diversity.



Geneticists tell us that there is often more variability within a given so-called “race” than between “races” and that there are no essential genetic markers linked specifically to “race.”

RACE

ANCESTRY



Sickle-cell anemia is more commonly found in those of “sub-Saharan African” descent, rather than in “Black” patients.



Cystic fibrosis is more commonly found in those of “Northern European” descent, rather than in “white” patients.

RACISM

Let's first define racism:

- Racism= Racial Prejudice
(white people and people of color have this)

Plus

- Systemic, Institutional Power
(white people have this)



RACISM



HEALTH



SCIENCE



GOVERNMENT



BANKING



EDUCATION



PRISON



TELEVISION



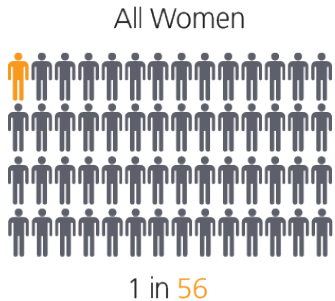
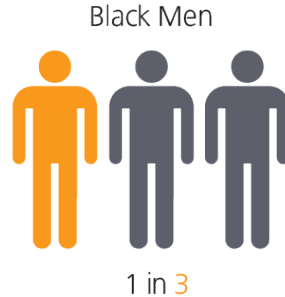
LAW
ENFORCEMENT

LEVELS ON WHICH RACISM EXISTS

- Systemic
- Institutional
- Interpersonal
- Internalized



Lifetime Likelihood of Imprisonment of U.S. Residents Born in 2001



SYSTEMIC RACISM

Source: Bonczar, T. (2003). *Prevalence of Imprisonment in the U.S. Population, 1974-2001*. Washington, DC: Bureau of Justice Statistics.



Ongoing racial inequalities maintained by society.



INSTITUTIONAL RACISM

- Institutions create policies, practices, and procedures that create different outcomes for different racial groups.
- The systematic distribution of resources, power and opportunity in our society to the benefit of people who are white and the exclusion of people of color.
- For example, the under- and misrepresentation of certain racial groups in the media.



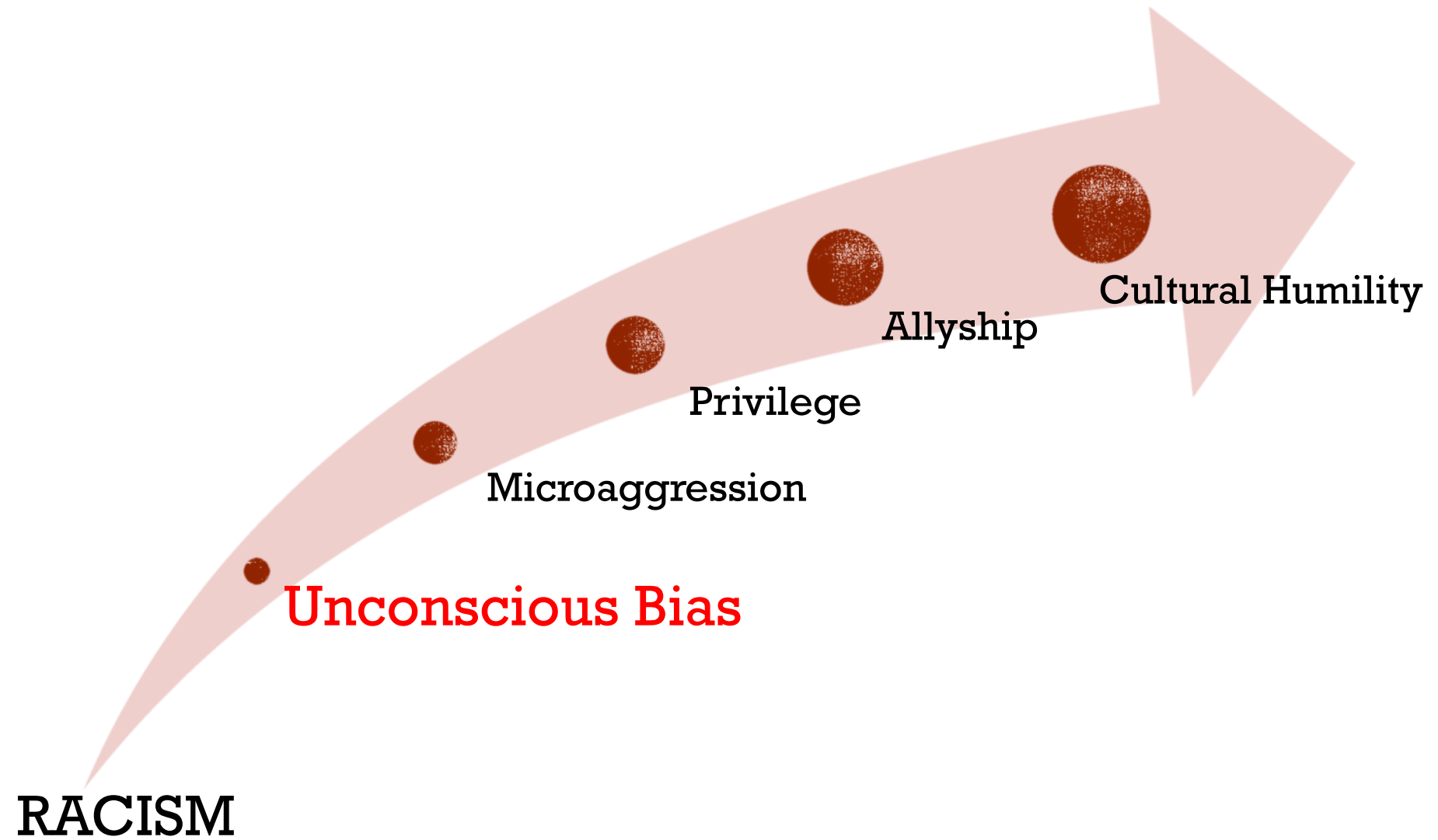
INTERPERSONAL RACISM

- Individual racism refers to an individual's racist assumptions, beliefs or behaviors; can be conscious or unconscious.
- Interpersonal racism occurs between individuals.
- Once we bring our private beliefs into our interaction with others, racism is now in the interpersonal realm.

INTERNALIZED RACISM

- Internalized racism is the personal conscious or subconscious acceptance of the dominant society's racist views, stereotypes and biases of racial and ethnic groups.
- It gives rise to patterns of thinking, feeling and behaving that result in discriminating, minimizing, criticizing, finding fault, invalidating, and hating others/oneself while simultaneously valuing the dominant culture.

UNDERSTANDING TERMINOLOGY AND RELATIONSHIPS





Bias: “prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair.”



Explicit bias is an attitude that somebody is consciously aware of having.



Unconscious bias is a positive or negative mental attitude towards a thing, person, or group that a person holds at an unconscious level.

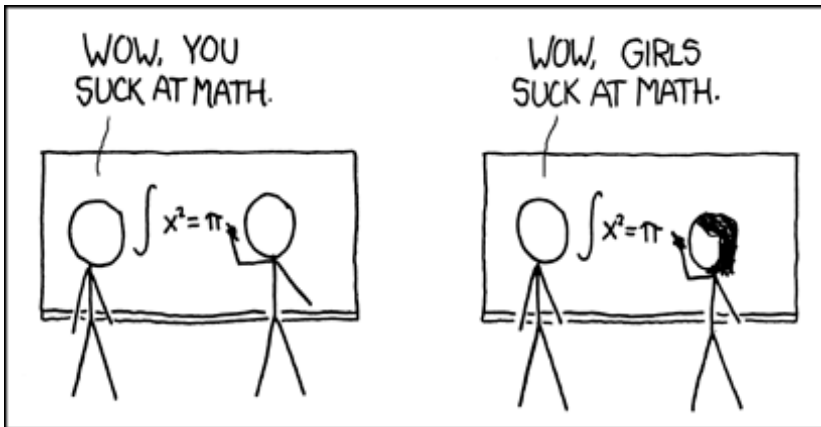
WHAT ARE THE DIFFERENT KINDS OF BIAS?

STEREOTYPE

“To believe unfairly that all people or things with a particular characteristic are the same” (Merriam-Webster’s Dictionary)

HOW ARE STEREOTYPES CREATED?

- We tend to evaluate individuals based on the characteristics of the group to which they belong





Everyone has it



Think of it as a **HABIT** of **MIND** born out of our experiences



“Ordinary mental operations that serve us quite well in most circumstances but can sometimes fail our intentions”



We have a natural tendency to “lump” – make associations that organize our worlds



Most people believe they have less/fewer unconscious biases than others



It is difficult to conceptualize how our unconscious biases are not the same as our conscious ideas/thoughts

WHAT DO WE KNOW ABOUT UNCONSCIOUS BIAS?



We receive **11 million bits of information** every moment!



We can only consciously process **40 bits of information.**



99.999996% of information is covered by our unconscious mind!

INFORMATION OVERLOAD

WHAT ACTIVATES OUR BIASES?

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

- stress
- time constraints
- multi-tasking



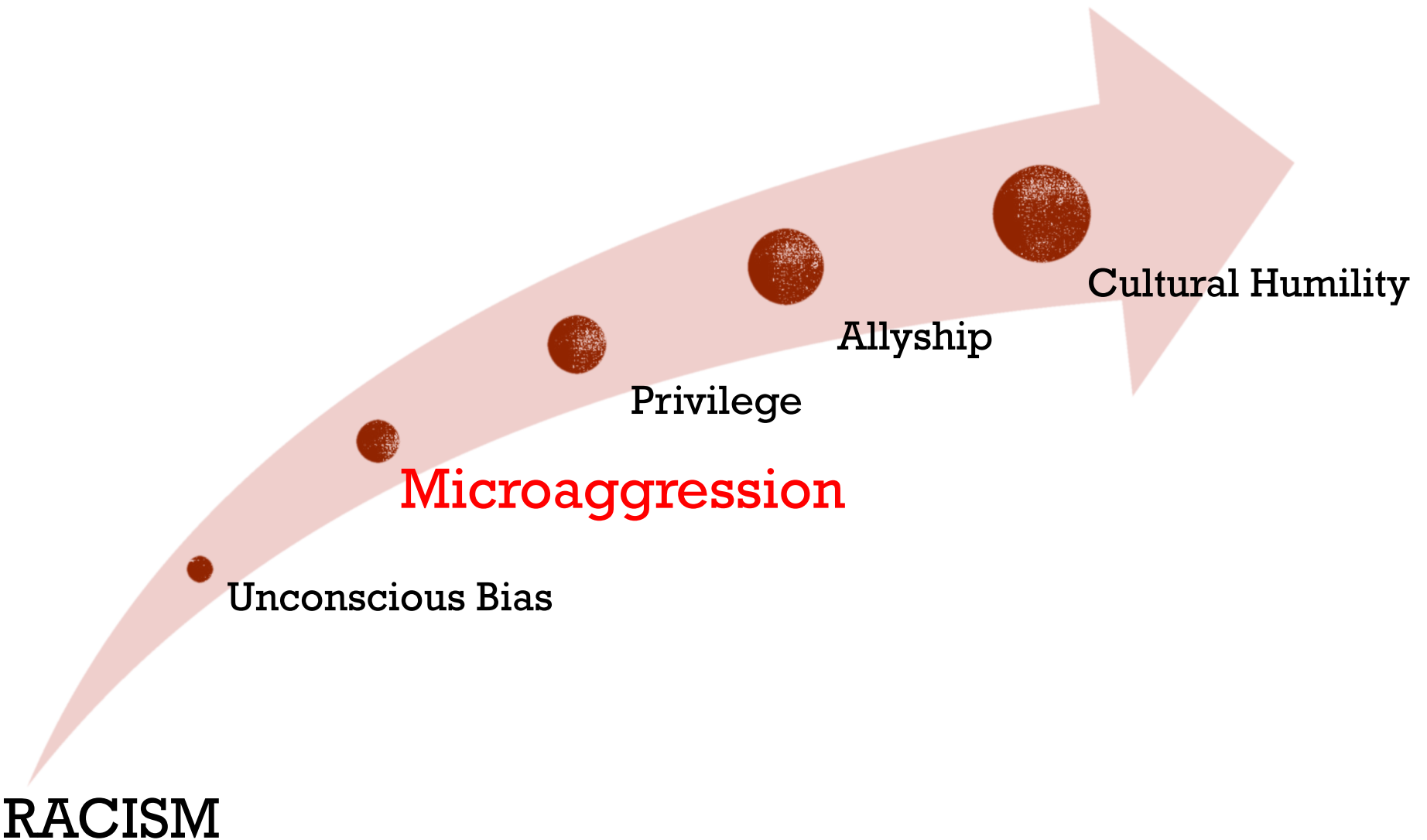
Old Framework: Prejudice is bad so if I think or act with bias, I am a bad person



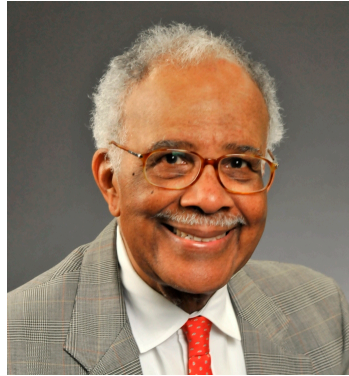
New Framework: Prejudiced thoughts and actions are habits that we all have and breaking these habits requires more than good intentions

SHIFT IN CONCEPTUALIZATION OF PREJUDICE

UNDERSTANDING TERMINOLOGY AND RELATIONSHIPS



MICROAGGRESSIONS



First proposed by psychiatrist Chester M. Pierce, MD, in the 1970s.

Subtle, verbal and nonverbal slights, insults, indignities, and denigrating messages directed toward an individual due to their group identity, often automatically and unconsciously. Usually committed by well-intentioned folks who are unaware of the hidden messages being communicated.

MICROAGGRESSIONS

Microaggressions are similar to carbon monoxide -
“invisible, but potentially lethal” - continuous exposure
to these type of interactions *“can be a sort of death by a
thousand cuts to the victim”*

Sue, (2010) Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation

THE MEDIA



AFP/Getty Images - Tue Aug 30, 3:47 AM ET

Two residents waded through chest-deep water after **finding** bread and soda from a local grocery store after Hurricane Katrina came through the area in New Orleans, Louisiana. (AFP/Getty Images/Chris Graythen)

[Email Photo](#) [Print Photo](#)

RECOMMEND THIS PHOTO » Recommended Photos
Recommend It: Average (257 votes)



RELATED

▪ [Katrina's Effects, at a Glance](#) AP - Wed Aug 31, 11:11 AM ET

[Hurricanes & Tropical Storms](#)

ADD SLIDESHOW TO MY YAHOO! OR RSS READER



(About My Yahoo! and RSS)

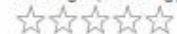


AP - Tue Aug 30, 11:31 AM ET

A young man walks through chest deep flood water after **looting** a grocery store in New Orleans on Tuesday, Aug. 30, 2005. Flood waters continue to rise in New Orleans after Hurricane Katrina did extensive damage when it

[Email Photo](#) [Print Photo](#)

RECOMMEND THIS PHOTO » Recommended Photos
Average (Loading)



RELATED

▪ [Looting Takes Place in View of La. Police](#) AP - T

You speak English so well!

A female physician is mistaken for a nurse

A male nurse is mistaken for a doctor

Faculty/medical student of color mistaken for a service worker

Descriptions “a great female scientist”

Two options for relationship status: married or single

Labeling an assertive female as “aggressive”, while describing a male counterpart as a “forceful leader”.

EXAMPLES OF MICROAGGRESSIONS



**“I DON'T SEE
COLOR”**

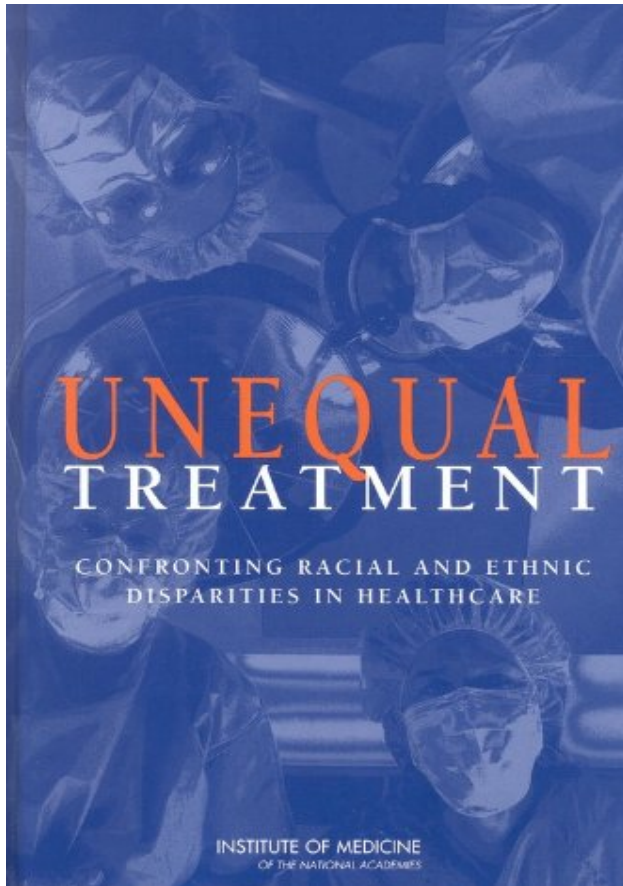
HOW DO MICRO- AGGRESSIONS IMPACT PEOPLE?

- ❑ Build up over time
- ❑ Feel:
 - Unwelcome
 - Unacknowledged
 - Undervalued
 - Excluded
- ❑ Erode confidence

UNCONSCIOUS BIAS IN MEDICINE AND HEALTH RESEARCH

**Can well-intentioned healthcare providers and
researchers be providing inequitable care?????**

Unfortunately the answer is Yes



- In 1999 Congress charged the IOM to assess the extent of racial and ethnic disparities in health care assuming that access-related factors are the same
- IOM Committee reviewed >100 studies that assessed the quality of healthcare that various racial and ethnic groups received



UNEQUAL TREATMENT

- The study committee was struck by the consistency of findings:
 - Minority populations received less analgesia for long bone fractures, less referral to renal transplants, less surgical treatment for lung cancer, more amputations, less immunizations and mammograms
- More studies have shown that these disparities have persisted for the past 20 years

“although myriad sources contribute to these disparities, some evidence suggests that bias, prejudice, and stereotyping on the part of healthcare providers may contribute to differences in care.”





Hispanic patients with long bone fractures are twice as likely as non-Hispanic whites to receive no ED pain medication (Todd et al., 1993).



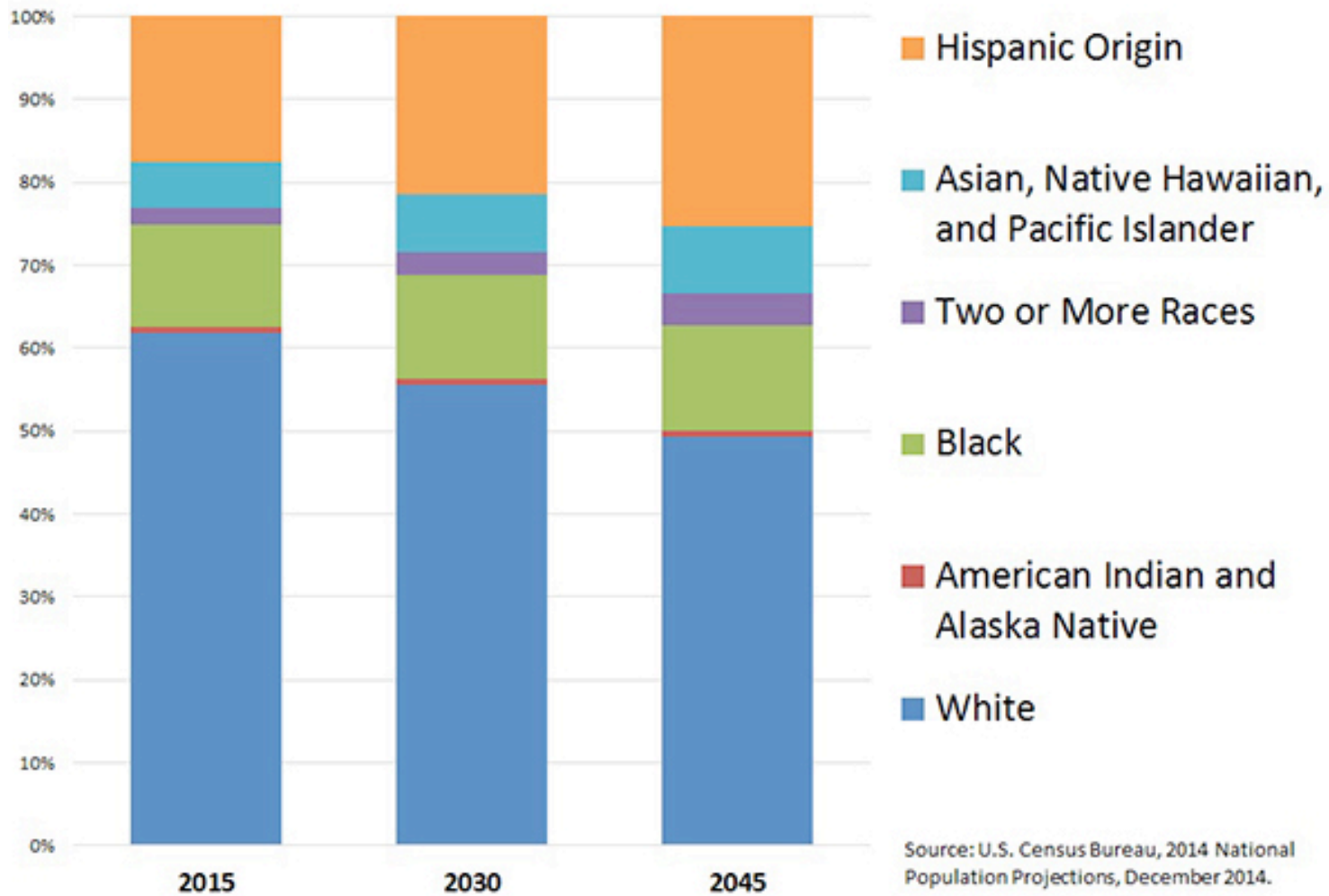
Black patients with long bone fractures are 1.66 times as likely as non-Hispanic white patients to receive no ED pain medication (Todd et al., 2000).



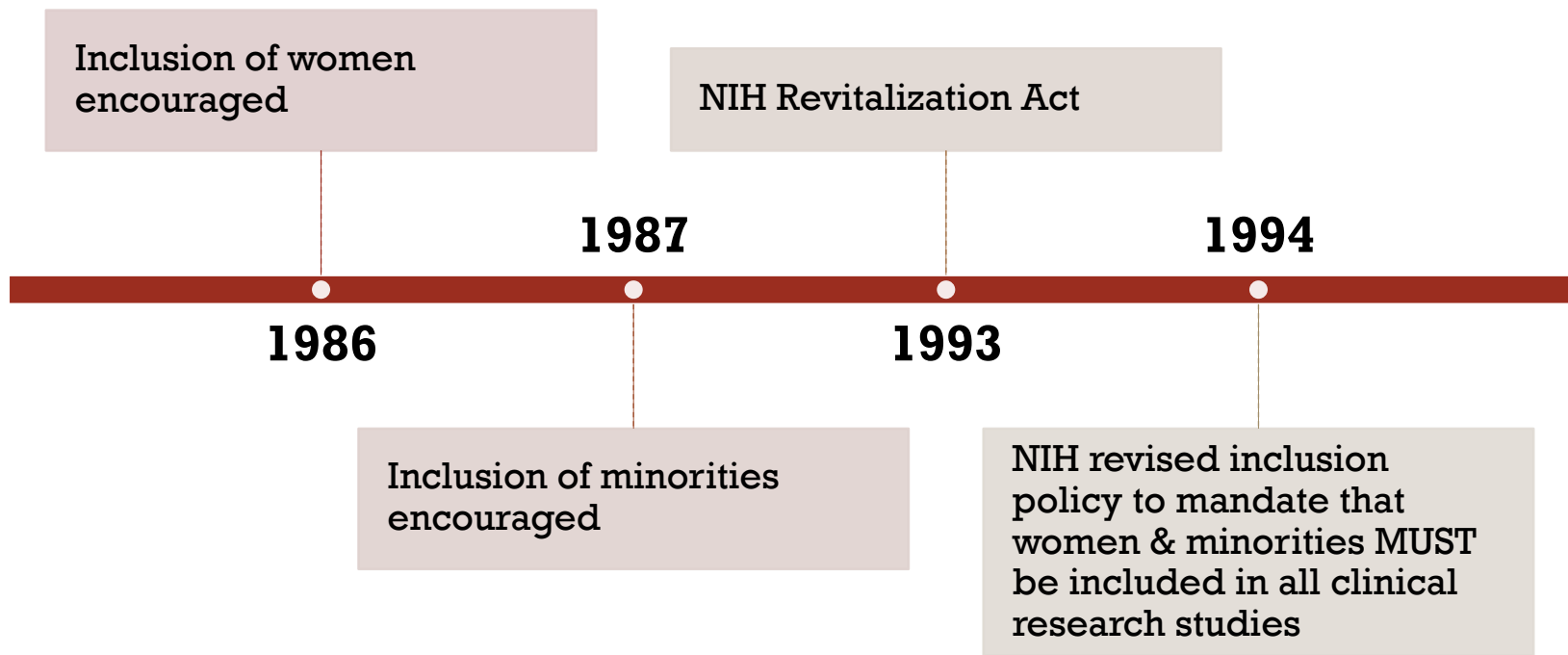
Black children with appendicitis were 80 percent less likely than white children to receive opioids for their pain (Goyal et al., 2015).

DISPARITIES IN MEDICAL DIAGNOSIS AND TREATMENT

U.S. POPULATION BECOMING MORE DIVERSE



INCLUSION OF WOMEN AND MINORITIES



DIVERSITY IN CLINICAL TRIALS

- Greater diversity offers an opportunity to recruit more volunteers into clinical trials
- Demographics are changing – minority populations will become the majority in the future
- Safety and efficacy of drugs and devices should be evaluated in stratified populations
- Address the concerns of the public and policymakers



DIVERSITY IN CLINICAL TRIALS

African-Americans are

12%

of the U.S. population

BUT ONLY

5%

of clinical trial participants

Hispanics are

16%

of the U.S. population

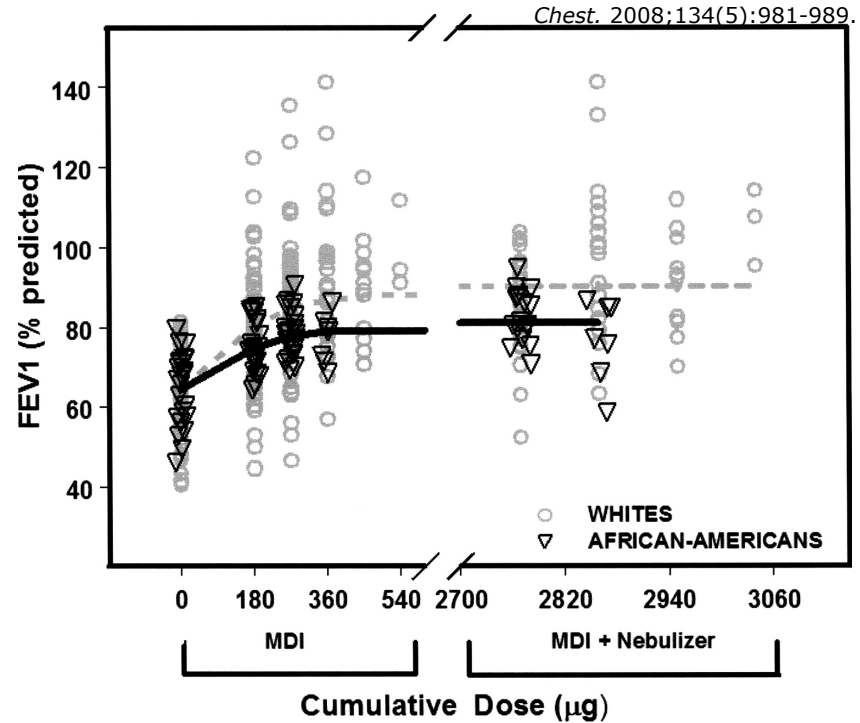
BUT ONLY

1%

of clinical trial participants



ALBUTEROL



Absolute improvement in percentage of predicted FEV₁ was 16.6% in AA patients vs 26.7% in white patients



GENERAL BARRIERS TO PARTICIPATION IN CLINICAL TRIALS

- Many do not know what a CT is
- Fear of research – historical abuses
- Fear treatment will be withheld
- Poor access to CTs
- Personal and practical obstacles (language)
- Cultural influences
- Study design eligibility criteria (i.e. co-morbidities)
- Low health literacy
- Not a top priority



DISTRUST AS A BARRIER TO PARTICIPATION

- Distrust of scientific investigators and of academic institutions are often major barriers among African Americans
- Signing consent forms was reported as relinquishing rather than protecting rights
- Research volunteer is considered a “guinea pig”



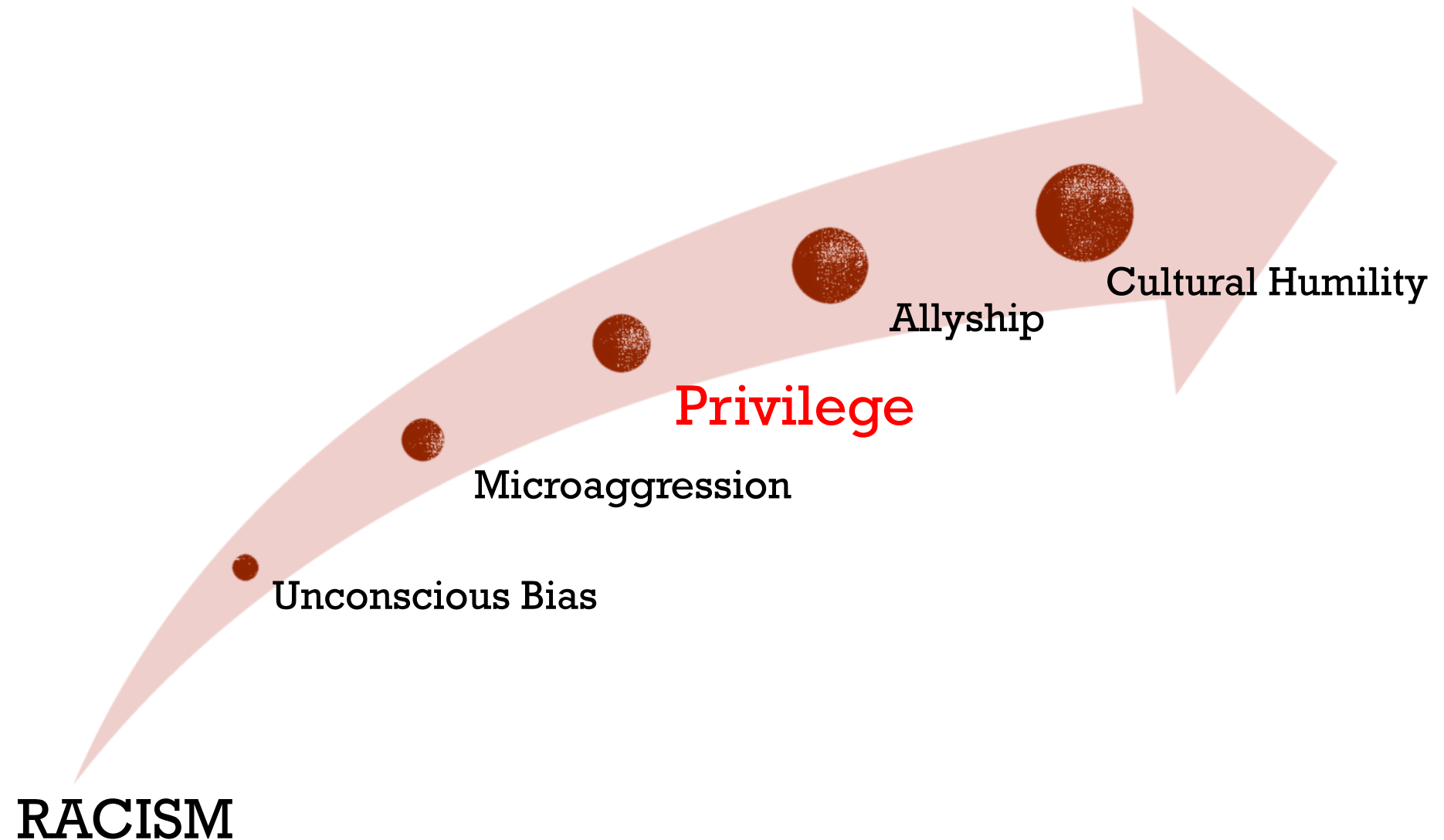
TUSKEGEE SYPHILIS STUDY



- Longest running study in the U.S. PHS; ran from 1932 to 1972
- Studied the natural history of syphilis in 399 African American males
- Participants were promised free treatments for “bad blood.” Participants were not told they had syphilis
- Syphilis untreated, even when penicillin became available in the late 1940s



UNDERSTANDING TERMINOLOGY AND RELATIONSHIPS



WHAT IS PRIVILEGE?

- A special right, advantage or immunity granted or available only to a particular person or group of people
- A right or benefit that is given to some people and not to others

WHAT IS WHITE PRIVILEGE?

- “It’s the level of societal advantage that comes with being seen as the norm in America, automatically conferred irrespective of wealth, gender or other factors. It makes life smoother, but it’s something you would barely notice unless it were suddenly taken away — or unless it had never applied to you in the first place.”



Described by others as
“swimming with the
current” or “walking with
the wind at our back”



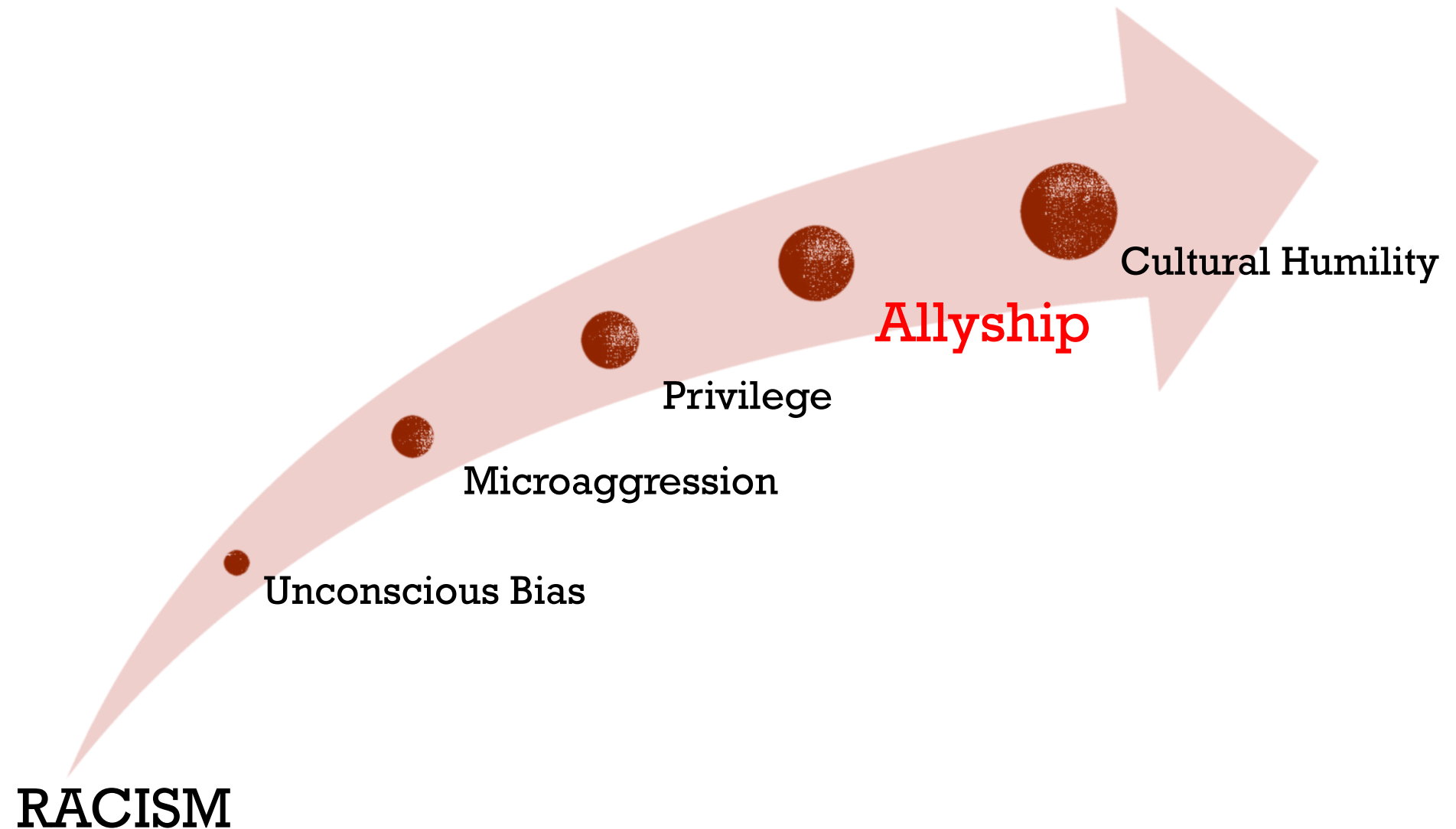
When privilege remains
invisible it is difficult to
see how it effects the
privileged and the
unprivileged.



Becoming aware of privilege
can lead to feelings of guilt
for some
Recognizing privilege may
help to address inequity

MAKING THE CONNECTION

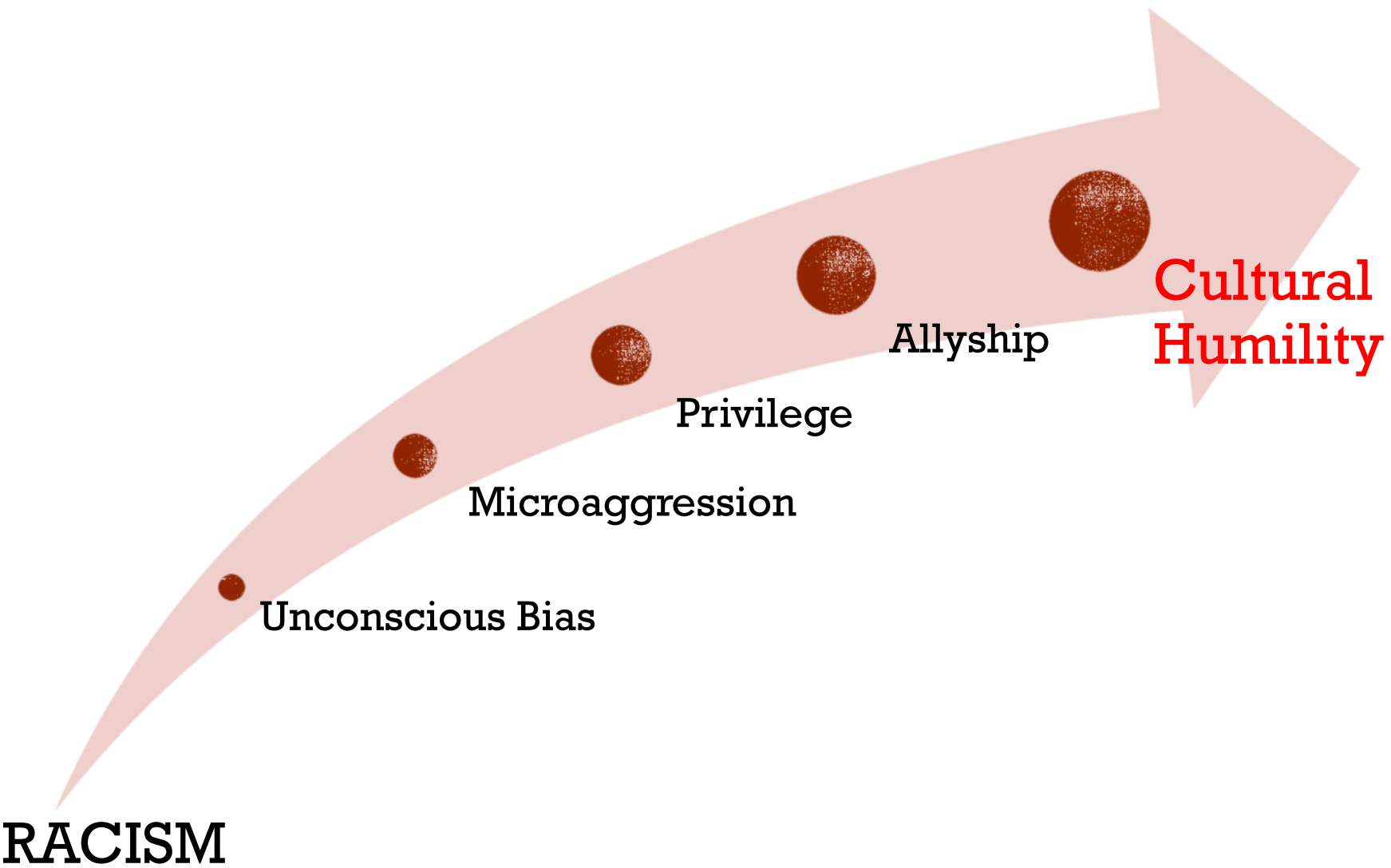
UNDERSTANDING TERMINOLOGY AND RELATIONSHIPS



Be	Be willing to make mistakes, apologize, learn and try again.
Be	Be willing to be uncomfortable and have uncomfortable conversations.
Be	Be willing to confront your own privilege.
Be	Be aware that you cannot always change the antagonist but you can empower and support the protagonist.
Learn	Learn how to speak up as an ally.

HOW CAN INDIVIDUALS BECOME ALLIES?

UNDERSTANDING TERMINOLOGY AND RELATIONSHIPS





Competence indicates a theory can be mastered



None of us can be truly “competent” in another culture



Cultural humility: Lifelong learning and critical self-reflection



“Humble reflection on how one’s knowledge is always partial, incomplete, and inevitably biased”

Acad Med. 2008; 83: 625-6

CULTURAL COMPETENCY V. CULTURAL HUMILITY

INDIVIDUAL STRATEGIES TO REDUCE BIAS

1. Recognize bias is normal
2. Metacognition: assessing how we think
3. Practice uncertainty by exploring our automatic responses
4. Question the source of our discomfort with different groups of people
5. Engage with people in groups you don't know well/have biases
6. Get feedback when possible

Ross, 2014

7. Individuation: focus on individual rather than group membership

Burgess, et al, 2007

WAYS TO INTERRUPT BIAS SITUATIONS

- Repeat back what is said
- Ask for more information (*can you elaborate on that?*)
- Play dumb; challenge the stereotype (e.g. *I don't understand your joke. Can you explain it to me?*)
- Promote empathy
- Express your feelings
- Separate intent from impact
- Tell them they're too smart to say something like that
- Appeal to values and principles
- Point out policy/law that prohibits such conduct



RECRUITMENT STRATEGY: COMMUNITY INVOLVEMENT

- Use lay outreach workers from the targeted population (cultural insider)
- Community-based organizations
- Places of Worship: Although some investigators have identified religiosity as a barrier due to a fatalistic view of disease –others have found religiosity to be positively associated with willingness to participate



Recruitment Strategy: Friendly Informed Consent

- Health literacy - not just about reading and writing, but also the ways health information is communicated eg. speaking, drawing pictures and using technology.
- Majority of consent forms are on a 12th grade reading level
- Provide consent in different languages, use pictures and diagrams



LOOK THROUGH PARTICIPANTS' LENSES

- How much time do you spend crafting strategies and messages? Can participants understand the message?
- Control group vs delayed intervention
- Stakeholder board – participants and community leaders
- Verbal consent – low literacy levels
- Share results – thank you note and tell them what was learned



Recruitment Strategy: General

Characterize the
target population

Involve members
of the target
population in
planning efforts

Give something
back to the
community

Use a community
spokesperson to
enhance
credibility

Identify and
remove barriers
to participation

Cultural
relevance of
materials

Improve staff
cultural
knowledge

Stress importance
of prevention and
early detection





QUESTIONS?