

Promoting Culturally Competent Care for Vulnerable Populations: Addressing Implicit Bias

Matthew C. Morris, Ph.D.
Family and Community Medicine
Meharry Medical College
August 11, 2017

SHAPING A HEALTHIER AMERICA



Overview

- “To treat me, you have to know who I am” training video
- Health disparities in vulnerable populations
- What are explicit and implicit bias?
- Systematic review of bias reduction training programs
- Addressing implicit bias
- Future directions and questions

LGBT Healthcare Training Video



SHAPING A HEALTHIER AMERICA

The Problem

- LGBT patients have higher rates of:
 - ✓ Tobacco, alcohol and drug use
 - ✓ Anal cancer
 - ✓ Cardiovascular disease
 - ✓ Obesity
 - ✓ Suicide
- Low health care utilization by LGBT individuals
- Perceived discrimination from health care providers and denial of health care contribute to health disparities

The Need

- 75% physicians agreed that sexual orientation should be covered more in training
- 40% physicians reported no formal training on LGBT health in medical school or residency
- Medical school deans reported a median of 2 training hours on LGBT health

Explicit and Implicit Bias



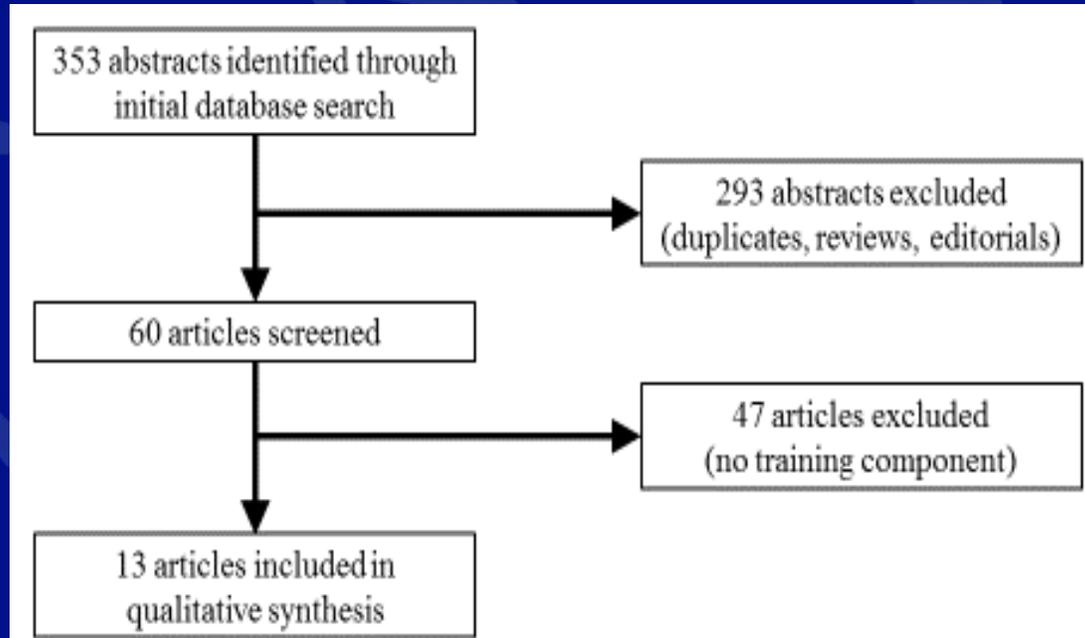
Explicit Bias

- Conscious and controlled
- Introspective
- Assessed by self-report

Implicit Bias

- Unconscious and automatic
- Associative
- Assessed by response time (e.g., IAT)
- Resistant to change

Research Project



Explicit Attitudes

- Training program effects inconsistent
 - ✓ Involve LGBT individuals

Knowledge

- Significant gains across programs
 - ✓ Single session effective

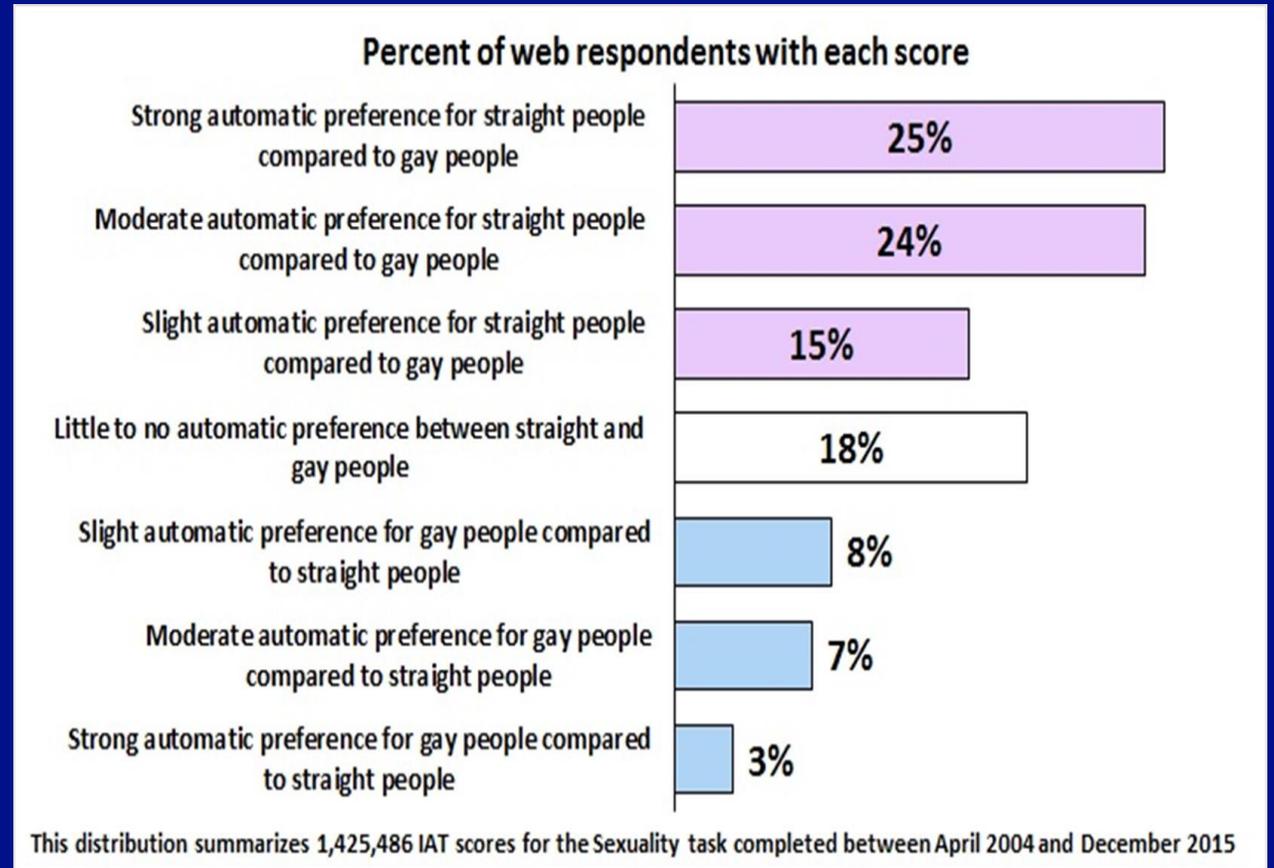
Comfort Level

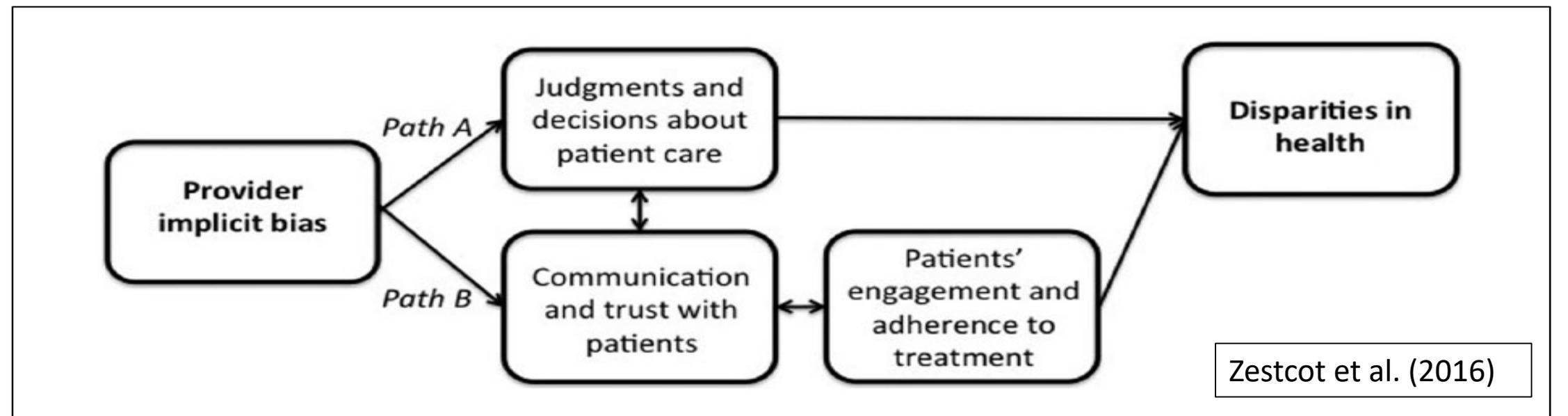
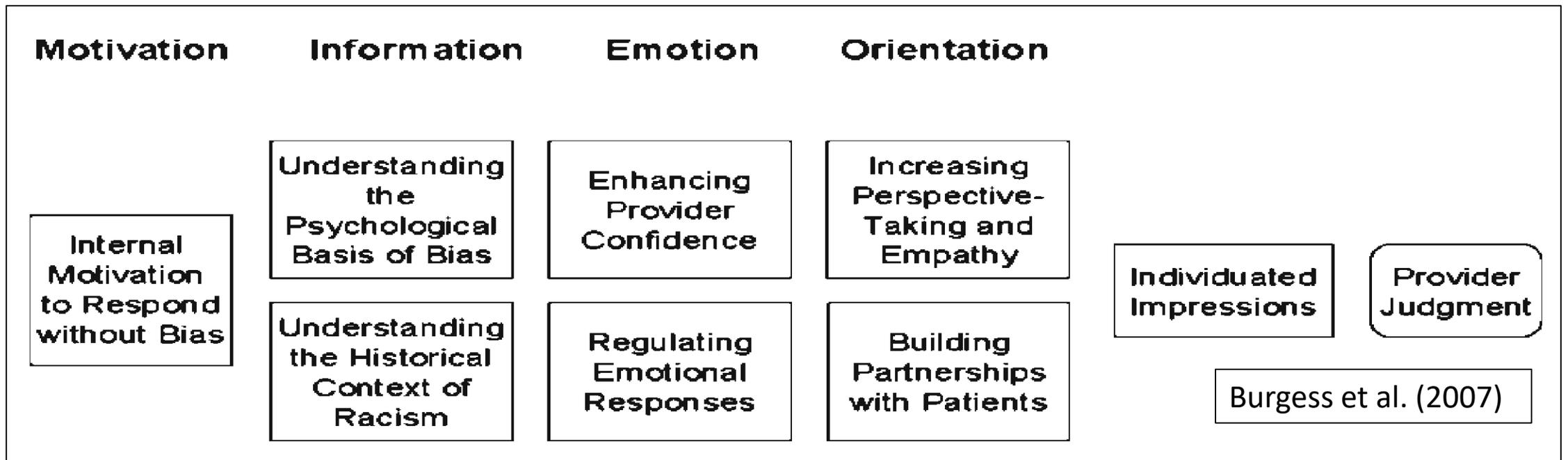
- Increased comfort, lower anxiety
 - ✓ Group discussion, practice interviewing

Implicit Attitudes

- Not assessed by programs

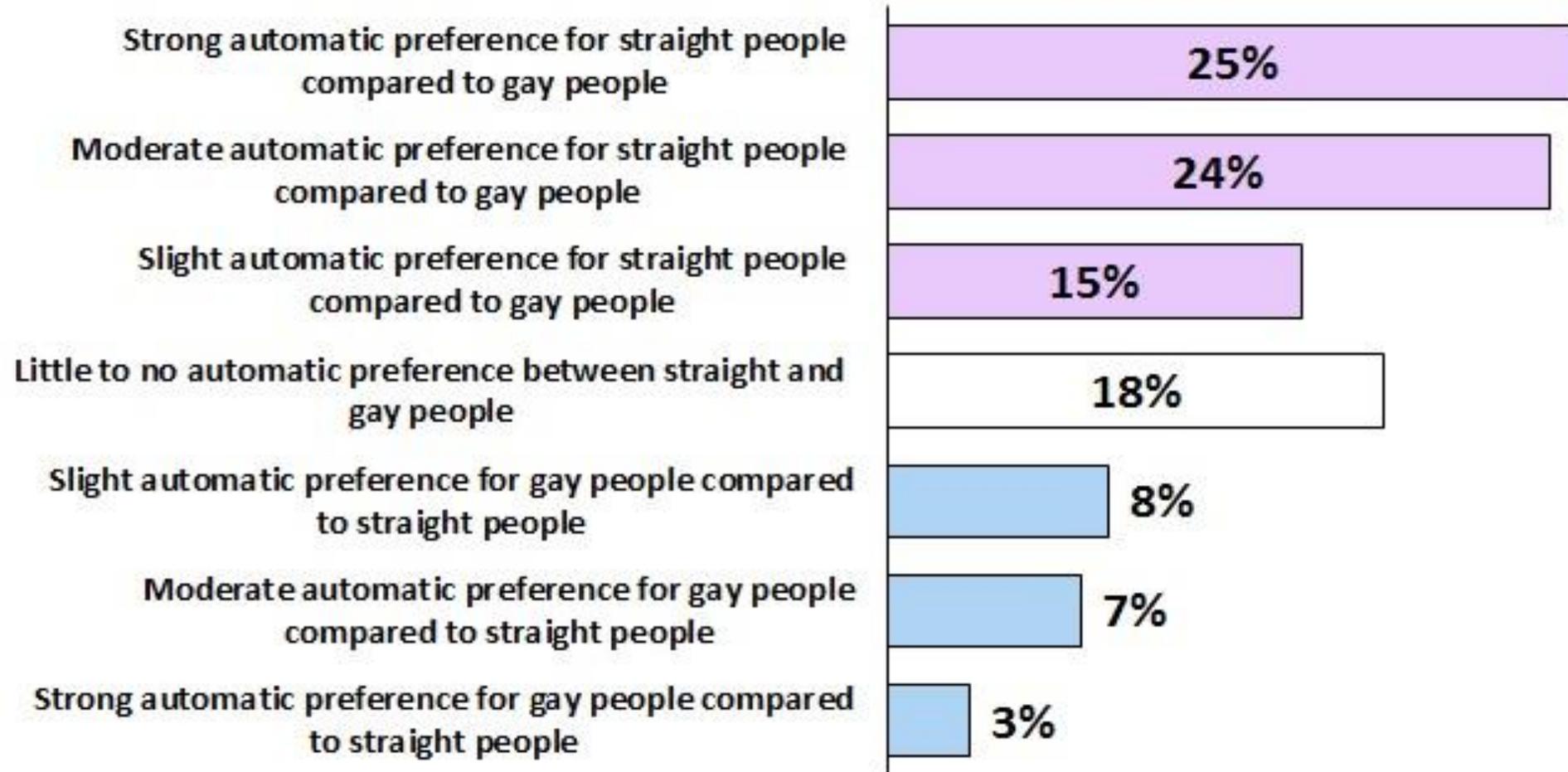
What About Implicit Bias?





Implicit Association Test – Sexuality (Gay-Straight) Version

Percent of web respondents with each score



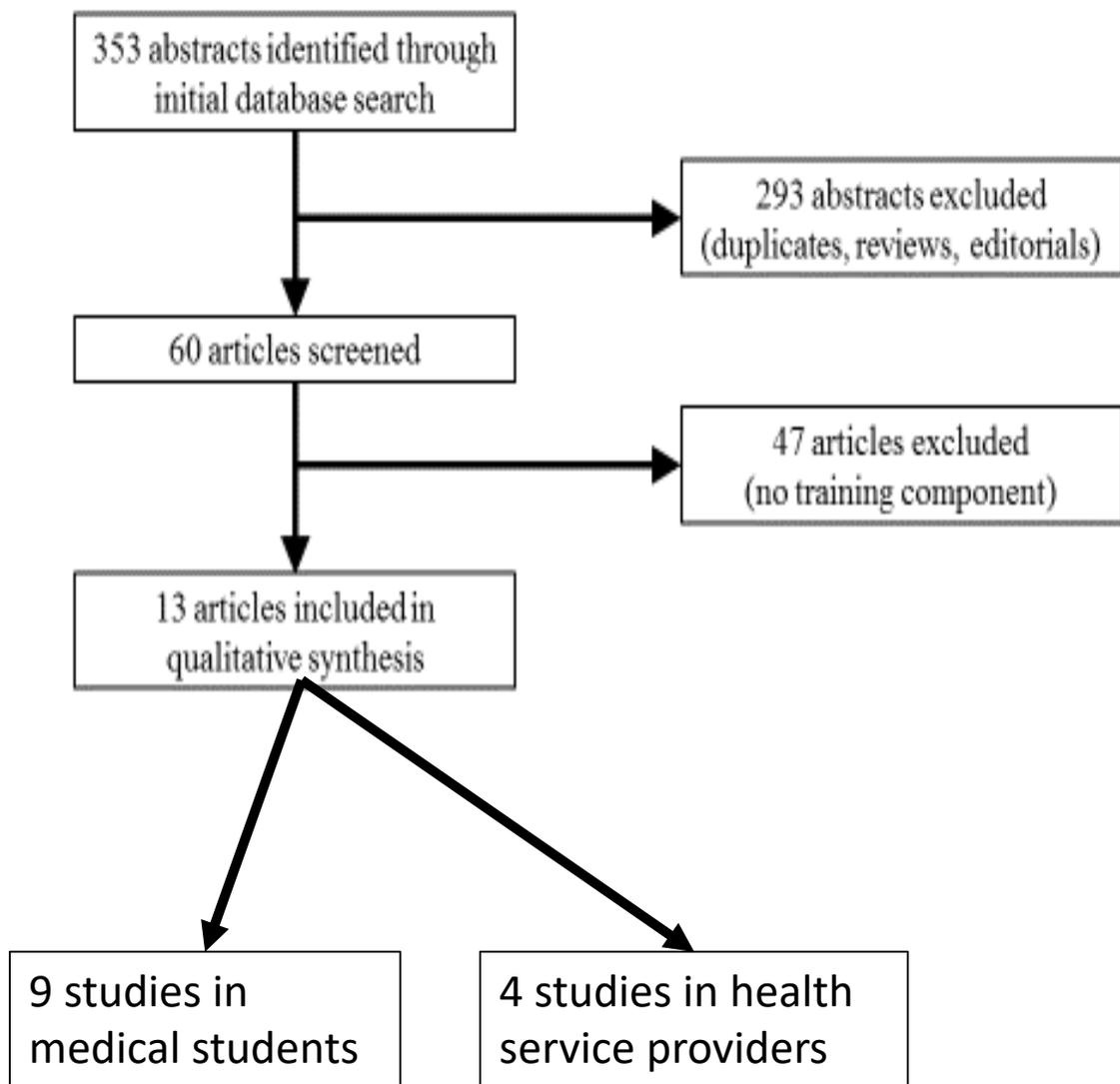
This distribution summarizes 1,425,486 IAT scores for the Sexuality task completed between April 2004 and December 2015

Do Contact and Empathy Mitigate Bias Against Gay and Lesbian People Among Heterosexual First-Year Medical Students? A Report From the Medical Student CHANGE Study

Sara E. Burke, MPhil, John F. Dovidio, PhD, Julia M. Przedworski, Rachel R. Hardeman, PhD, MPH, Sylvia P. Perry, PhD, Sean M. Phelan, PhD, MPH, David B. Nelson, PhD, Diana J. Burgess, PhD, Mark W. Yeazel, MD, MPH, and Michelle van Ryn, PhD, MPH

Prevalence of Explicit and Implicit Bias Against Gay and Lesbian Individuals Among Heterosexual First-Year Medical Students, Medical Student CHANGE Study Baseline Survey, 2010^a

	No implicit bias	Implicit bias	Total
No explicit bias	13.94% (n = 291)	40.28% (n = 841)	54.21% (n = 1,132)
Explicit bias	4.55% (n = 95) ^b	41.24% (n = 861)	45.79% (n = 956) ^c
Total	18.49% (n = 386)	81.51% (n = 1,702) ^d	100% (n = 2,088)



Explicit Attitudes

- Training program effects inconsistent
 - ✓ Involve LGBT individuals

Knowledge

- Significant gains across programs
 - ✓ Single session effective

Comfort Level

- Increased comfort, lower anxiety
 - ✓ Group discussion, practice interviewing

Implicit Attitudes

- Not assessed by programs

Sexual History Taking Script

“I know that some of these questions might be uncomfortable but I ask all my patients questions about their health and sexuality in order to determine their risk factors. Do you have any questions before we get started?”

“Let’s review your risk factors for cervical cancer, sexually transmitted disease and ovarian cancer.”

“Have you had sex with men, women, both or neither?”

Table 2. Strategies Cited As Currently or Potentially Successful in Increasing LGBT-Related Content in Curricula (N = 132)

Strategy ^a	No. (%) [95% CI] of Responses
Curricular material focusing on LGBT-related health/health disparities	77 (58.3) [49.9-66.7]
Faculty willing and able to teach LGBT-related curricular content	67 (50.8) [42.2-59.3]
More time in the curriculum to be able to teach LGBT-related content	63 (47.7) [39.2-56.2]
More evidence-based research regarding LGBT health/health disparities	61 (46.2) [37.7-54.7]
Questions based on LGBT health/health disparities on national examinations (eg, USMLE)	60 (45.5) [37.0-53.9]
Curricular material coverage required by accreditation bodies	60 (45.5) [37.0-53.9]
Methods to evaluate LGBT curricular content	58 (43.9) [35.5-52.4]
Logistical support for teaching LGBT-related curricular content	40 (30.3) [22.5-38.1]
Increased financial resources	35 (26.5) [19.0-34.0]

Abbreviations: CI, confidence interval; LGBT, lesbian, gay, bisexual, and transgender; USMLE, United States Medical Licensing Examination.

^aResponses are from question 13: “What strategies do you think are or would be successful in increasing LGBT-specific content at your institution?” (eAppendix).

To Treat Me, You Have to Know Who I Am: Welcoming Lesbian, Gay, Bisexual and Transgender (LGBT) Patients into Healthcare

www.youtube.com/watch?v=NUhvJgxgAac

This 10-minute video, from the New York City Health and Hospitals Corporation, is part of a landmark training program in cultural competency.

Gen Silent (trailer)

www.youtube.com/watch?v=fV3O8qz6Y5g

In the critically acclaimed documentary film *Gen Silent*, filmmaker Stu Maddux follows six LGBT elders who must decide whether to hide their sexuality in order to survive the health care system.

Patient Sexual Health History: What You Need to Know to Help

<http://bit.ly/1gNuJXC>

Although this short video from the American Medical Association is aimed at educating physicians, its strategies will be useful to nurses as well.

The Fenway Institute

<http://thefenwayinstitute.org>

This organization offers various resources, including this sample handout, “Self-Reflection or Group Discussion Exercises: Attitudes About Sexual Orientation and Gender Identity” (<http://bit.ly/MasO5C>).