Implicit Bias

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Kelly Liker, MD
Chief, Division of Child Advocacy

Ohio Department of Health

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- New resources available!
- https://ohioaap.org/education-cme-moc-ii/preventive-health-program/

Program supported by the Ohio Department of Health

Quality Improvement Project

- Kicks off in December 2022
- 9-month QI project
- Free resources!
- Action period calls with content experts
- Choose which screening tools (2) you will measure!
  - Developmental screening
  - Social determinants/injury prevention
  - Immunization rates
  - Teen depression
  - Maternal depression
  - Oral health

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Preventative Health Program QI Project

Pick Your Own Path & Advance to Win!

$1,250 stipend for each practice

25 MOC Part 4 Points per provider that completes the project

Ohio AAP is launching a new nine-month innovative Preventative Health Quality Improvement Project in December 2022! Providers will have the opportunity to to choose two screening areas that they want to improve in their practice. REGISTER HERE

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Preventative Health Program QI Project

Pick Your Own Path & Advance to Win!

GLOBAL AIM:
Improve providers ability to complete effective screening and provide appropriate interventions.

SMART AIM:
Improving screening for selected key driver focus areas.

- Practices will be able to select focus areas from the key drivers below based on their specific needs and areas for improvement

KEY DRIVERS/FOCUS AREAS:

- Provide age and developmentally appropriate preventative care and anticipatory guidance (all sites)
- Identify and respond to social determinants of health and injuries in the home
- Review immunization records to ensure child is up to date and improve immunization delivery practices
- Screen all children over age 12 for depression and identify patients requiring further intervention (recommending the PHQ-9)
- Identify and respond to maternal depression (recommending the PHQ-2)
- Screen for oral health and implement fluoride varnish and dental referrals

MEASURES:
To be captured at well child visits (specific goals to be established following collection of baseline data):

- Number of screens/number of eligible kids
- # of patients with positive screen that were managed/# total positive screens
- Number positive screens which are receiving resources, interventions, referrals, etc.

REGISTER:
https://ohioaap.org/education-cme-moc-ii/preventive-health-program/

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Post-Survey Evaluation

- Post-survey will be sent out this week
- Please complete and include constructive feedback
- Complete 90-day action plan
  - Take what you have learned and implement it into your practice.
  - There will be a follow up survey in 90 days.
  - Please complete surveys for trainings that you attend

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CME Disclaimer

- The speaker has no disclosures.
- No off label products will be discussed.

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Objectives

- Intro to implicit bias-definitions and concepts
- Implicit bias in healthcare-the data
- Examples/real-world scenarios: child maltreatment
- How to address bias in healthcare interactions and decision-making

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What is bias?

- Thoughts or feelings which are
  - not neutral
  - demonstrate a preference or aversion toward an individual or group

- Peanut butter and ___
- Night and ___
- Salt and ___

- Exercise: consider the first word that comes to your mind when you hear and see these words…

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government

religion

urban

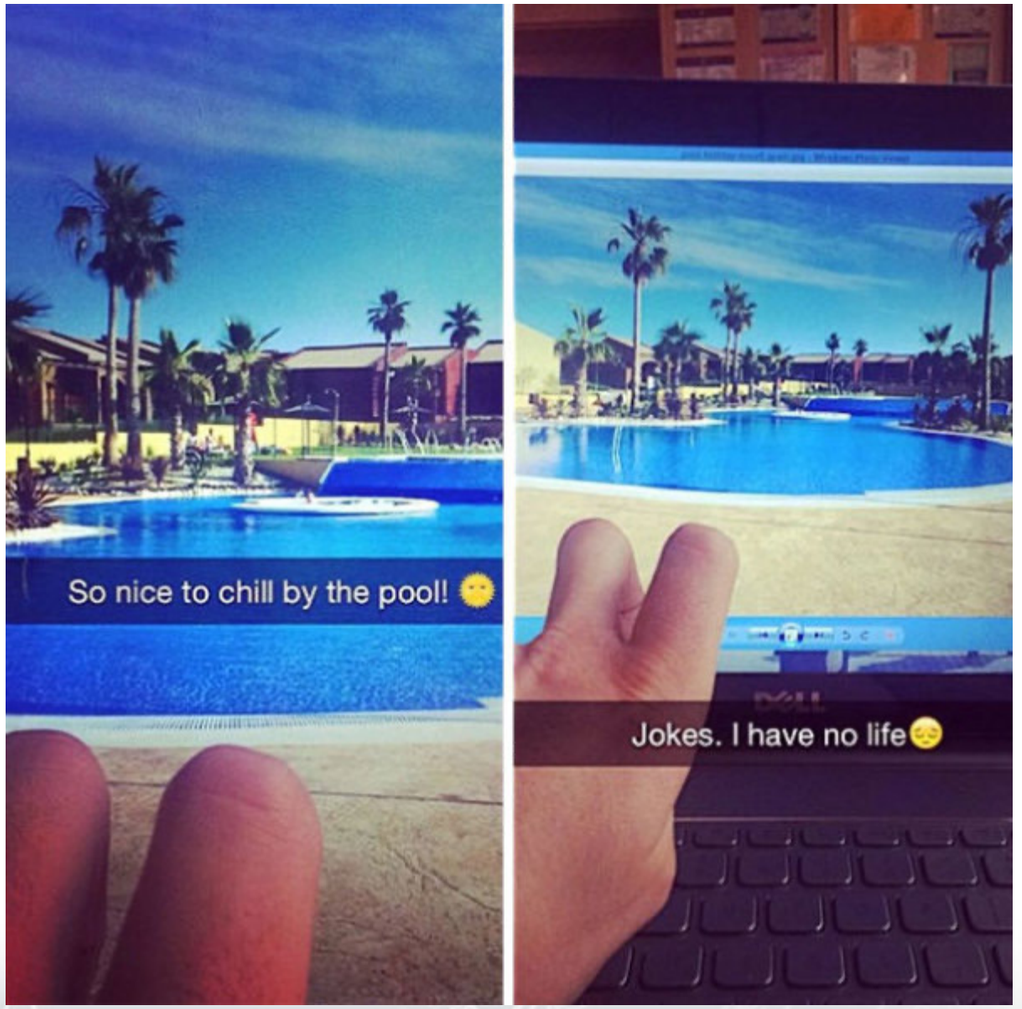
rural

Where does bias come from?

- Innate cognitive tendency to categorize new information/people
  - Messages in environment
    - Media, upbringing, community
  - Past experiences

perception

So nice to chill by the pool!



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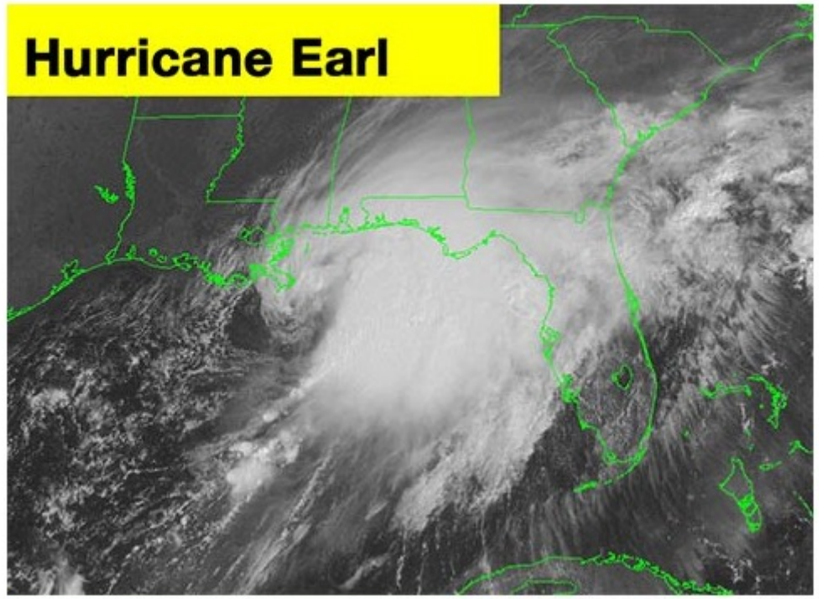

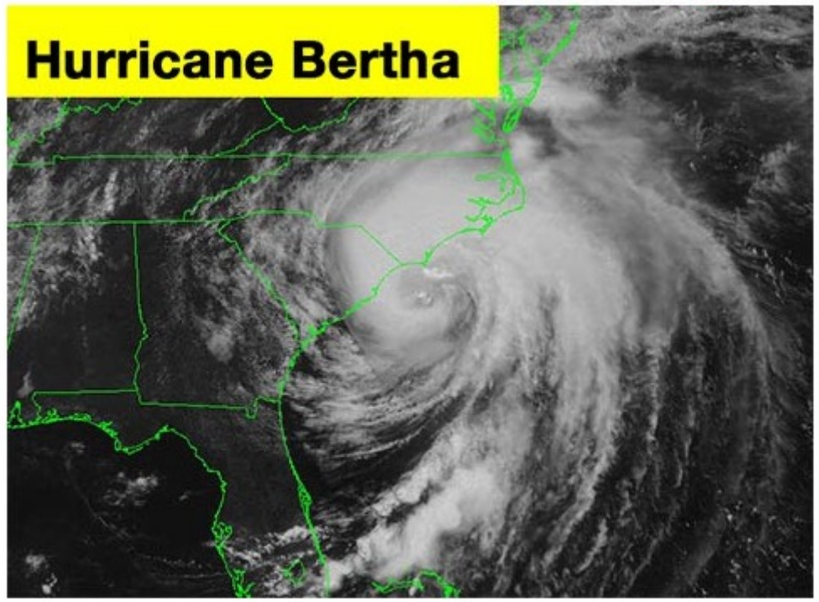

Which hurricane is more dangerous?

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Probably Bertha!

- Studies have shown that, removing extreme incidences like Hurricane Katrina, hurricanes with female names actually cause more deaths because people think of them as less dangerous. People also predict that a hurricane will be more intense if it has a male name and are more likely to say that they would evacuate.

- Even when you intellectually know that something's illogical, your brain can work in mysterious ways that you may not even be able to understand. Just like with questions like this one, sometimes your brain can house hidden gender biases that you've absorbed over time.

The Color Black in Professional Sports

Spectator perception:

Black uniforms are rated as aggressive and perceived as more malevolent than other colors.

Player perception:

NHL and NFL teams with black uniforms consistently registered more penalties.

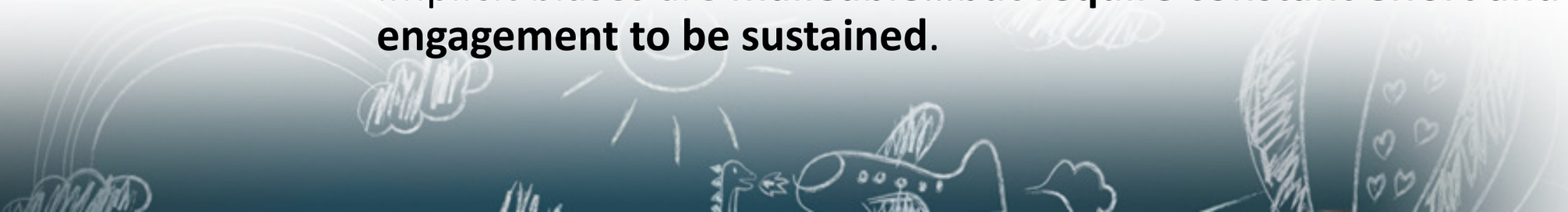
What makes bias implicit?

- When our biases affect our understanding, interactions, and decisions ***without our conscious knowledge***

- When biases are activated involuntarily or outside of our control

Characteristics of Implicit Bias

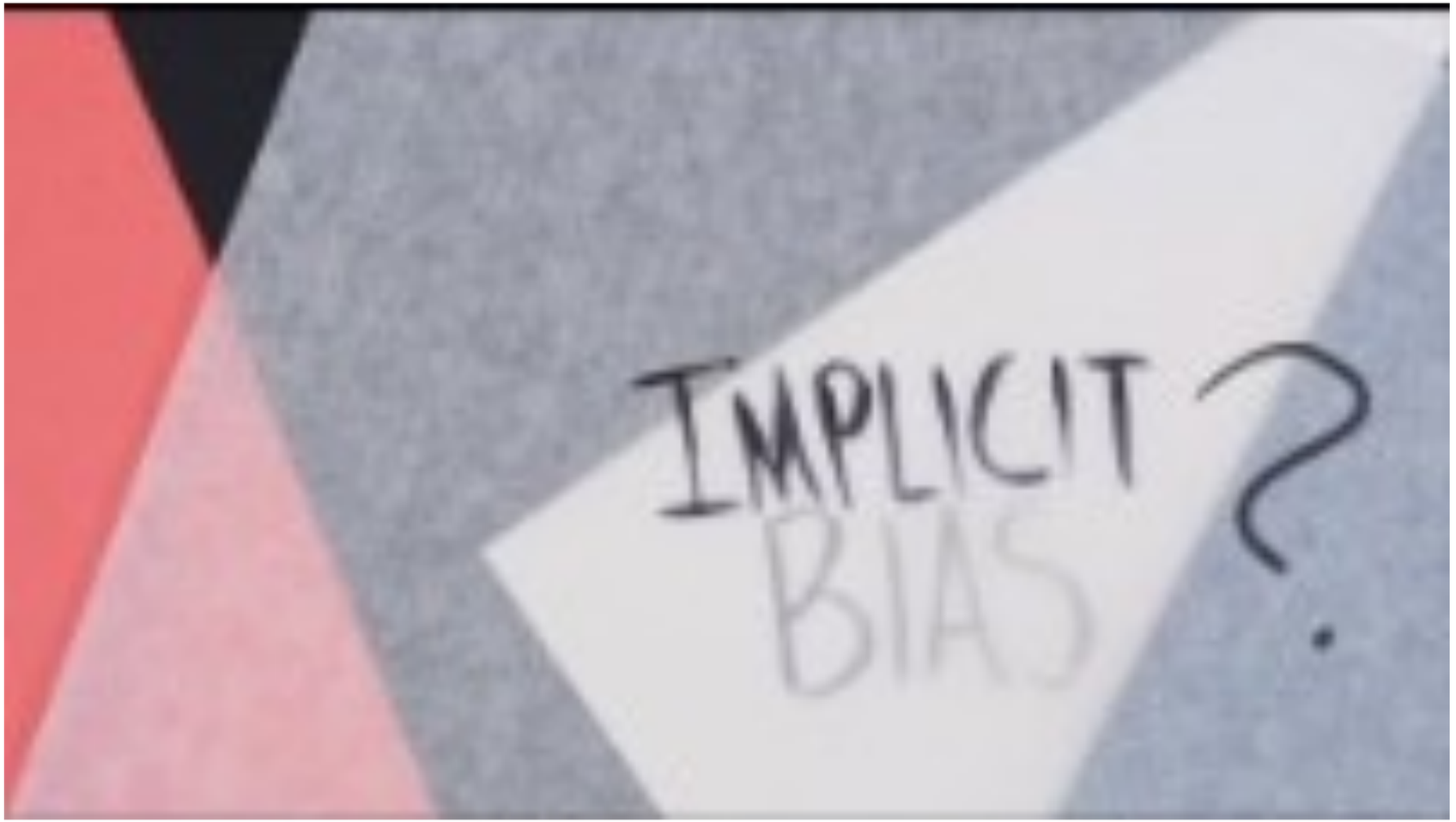
- **Begins to form in childhood.**
- **Pervasive.** We all have them!
- The implicit associations we hold **do not necessarily align with our declared beliefs** or even reflect stances we would explicitly endorse.
- We generally tend to hold implicit biases that **favor our own ingroup**, though research has shown that we can still hold implicit biases against our ingroup.
- Implicit biases are **malleable…but require constant effort and engagement to be sustained**.



Why does implicit bias matter?

- Most of our actions are unconscious
  - A better predictor of behavior

- A significant contributor to healthcare disparities



Source: www.pbs.org

Implicit bias in healthcare

- Healthcare professionals demonstrate the same levels of implicit bias as the general population
- In one systematic review, 35/42 articles reviewed found evidence of implicit bias in healthcare professionals
- All 42 studies demonstrated a significant relationship between the level of implicit bias and the quality of care delivered
- *Source: FitzGerald, C., Hurst, S. Implicit bias in healthcare professionals: a systematic review. BMC Med Ethics 18, 19 (2017). https://doi.org/10.1186/s12910-017-0179-8*

What are we biased about?

- race/ethnicity
- gender
- socioeconomic status (SES)
- age
- mental illness
- weight
- having AIDS
- brain injured patients perceived to have contributed to their injury
- intravenous drug users
- disability
- social circumstances

And what's worse-we our influencing our learners!

- Statistically significant predictors of increased implicit racial bias:
  - Having heard negative comments from attending physicians or residents about African American patients (3.17, p = 0.026)
  - Having had unfavorable vs. very favorable contact with African American physicians (18.79, p = 0.003)

- *Source: van Ryn, M., Hardeman, R., Phelan, S. M., Burgess, D. J., Dovidio, J. F., Herrin, J., Burke, S. E., Nelson, D. B., Perry, S., Yeazel, M., & Przedworski, J. M. (2015). Medical School Experiences Associated with Change in Implicit Racial Bias Among 3547 Students: A Medical Student CHANGES Study Report. Journal of general internal medicine, 30(12), 1748–1756. https://doi.org/10.1007/s11606-015-3447-7*

Examples in child maltreatment

bias in child maltreatment evaluations

Cognitive Bias/Cognitive Error

Selection Bias-who should be evaluated for child maltreatment?

Confirmation Bias-interpreting findings in such a way that it supports our initial belief

Anchoring-a focus or fixation on one component of an assessment so that it minimizes all others

Stereotypes

Surveillance Bias

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bias in medical evaluations-AHT

- 173 abused children <3 years old
- AHT not recognized in >30% of 1st visits (54/173)
- Average time to diagnosis: 7 days, 2.8

Source: Jenny C, Hymel KP, Ritzen A, Reinert SE, Hay TC. Analysis of missed cases of abusive head trauma [published correction appears in JAMA 1999 Jul 7;282(1):29]. JAMA. 1999;281(7):621-626. doi:10.1001/jama.281.7.621

missed abusive head trauma

- Risk of subsequent abuse if missed, misdiagnosed and or unreported
  - 27% suffered repeat injuries
  - 40% had medical complications from untreated subdural hematomas (eg. Seizures)
  - 9% fatal

Source: Jenny C, Hymel KP, Ritzen A, Reinert SE, Hay TC. Analysis of missed cases of abusive head trauma [published correction appears in JAMA 1999 Jul 7;282(1):29]. JAMA. 1999;281(7):621-626. doi:10.1001/jama.281.7.621

missed abusive head trauma

- Who do we miss AHT in?
  - Very young children (mean age 6 months)
  - White children
  - Children of 2-parent households
  - Children without respiratory compromise or seizures

bias in medical evaluations-fractures

- Retrospective chart review of 388 children <3 years of age with skull or long-bone fracture within a 6-year period.

- Minority children 12mos-3yrs significantly more likely to:
  - Have skeletal survey performed ($p<.001$)
  - Be reported to CPS ($p=.003$)

Source: Lane WG, Rubin DM, Monteith R, Christian CW. Racial Differences in the Evaluation of Pediatric Fractures for Physical Abuse. JAMA. 2002;288(13):1603–1609. doi:10.1001/jama.288.13.1603

- “The mother that reeks of cigarette smoke and is in her bathrobe…I certainly am more suspicious of that situation than I would be with someone who’s put together.”

Source: Tiyyagura G, Gawel M, Koziel JR, Asnes A, Bechtel K. Barriers and Facilitators to Detecting Child Abuse and Neglect in General Emergency Departments. Ann Emerg Med. 2015;66(5):447-454. doi:10.1016/j.annemergmed.2015.06.020

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Anecdotes

Consults

- “So, there are 7 children in the home and the family is from [another country]…”
- “I just have a bad vibe about this mom…”
- “This is a really good mom, she just…”
- “The family has marble flooring in their bathroom and a night nanny…”
- “I am worried, because she is [religion], and they don’t allow this in their relationships…”
- “I just don’t know why someone would be ironing at that time of day…”
- “The parents are really appropriate…”

Letter in defense of parent charged with child endangering

- Family comprised of schoolteacher, college-educated, nurse, minister, business owner, and law enforcement
- The person making the complaints “was bipolar,” has PTSD, has 3 children by 3 men, etc.
- Here are photos and videos of child happy and loving her father…

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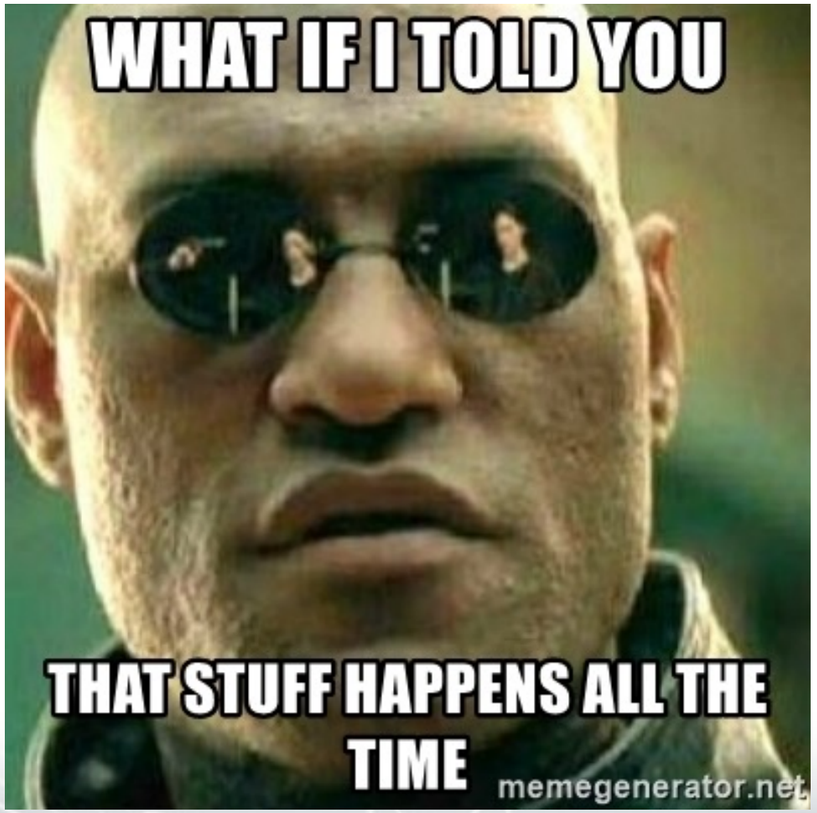
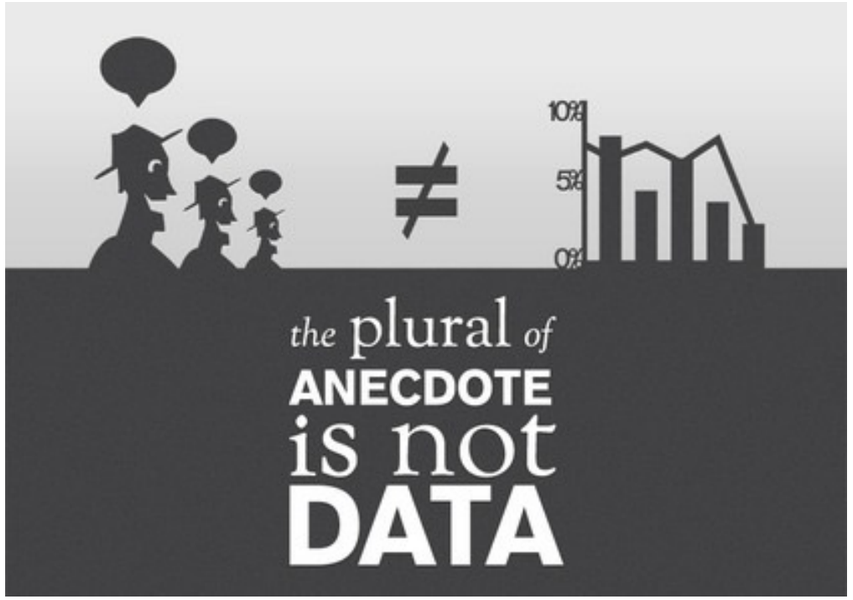
Anecdotal fallacy





What about psychosocial risk factors for abuse and neglect? Aren't those evidence-based?

- Poverty
- Substance abuse
- Other family conditions/stressors

Presence of risk factors ≠ presence of abuse

Absence of risk factors ≠ absence of abuse

(Bowman et al., 2009; Fluke et al., 2003; Hill, 2004; Rolock & Testa, 2005)

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bias in child welfare

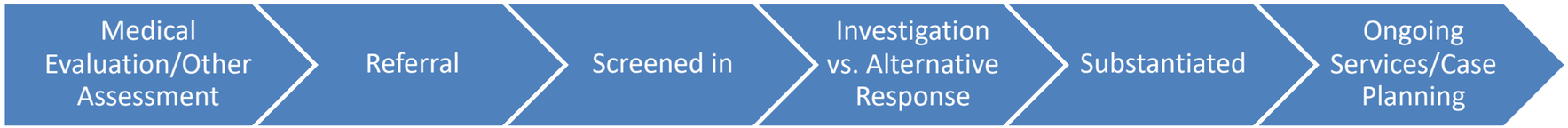
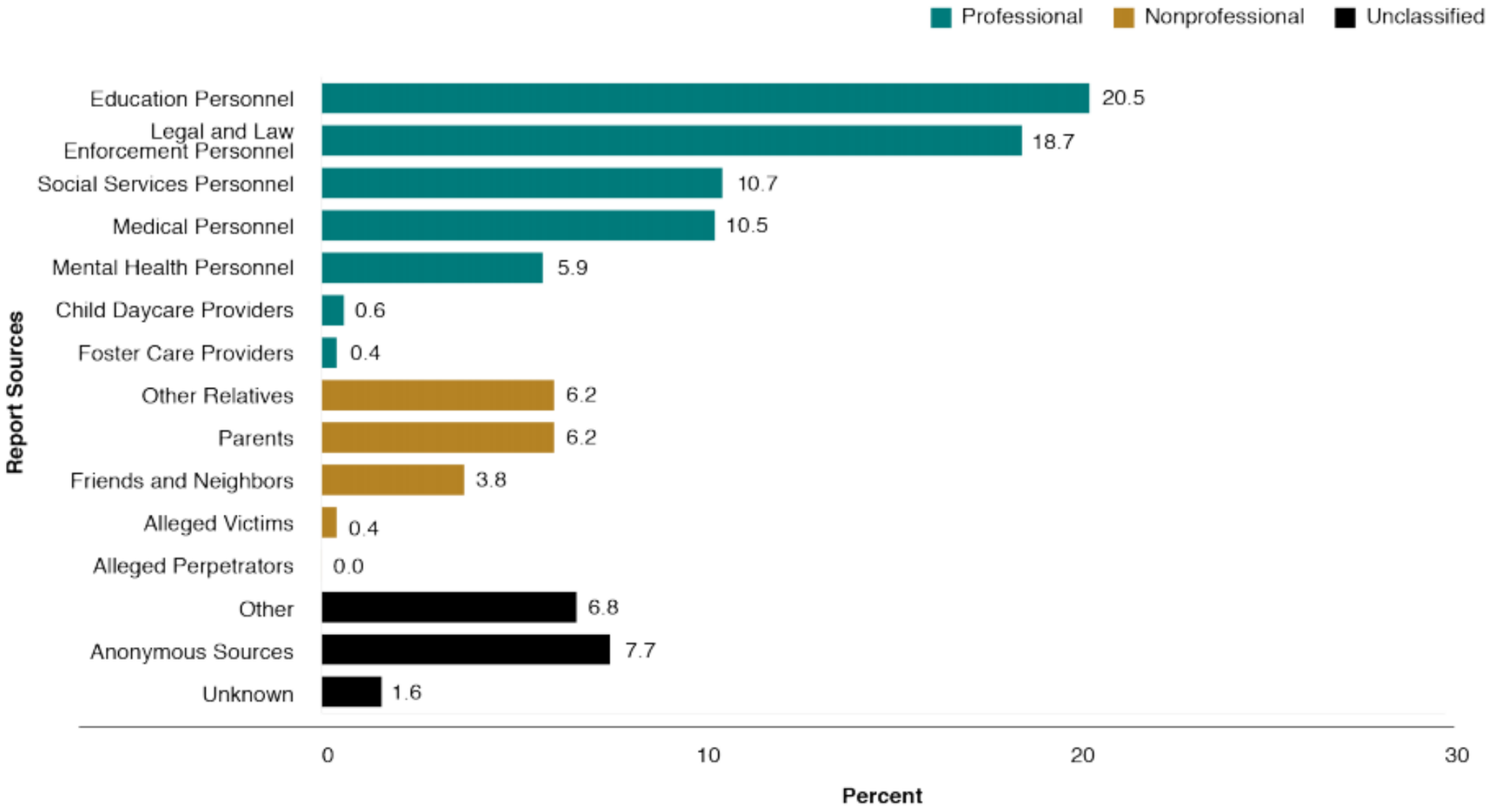


Exhibit 2–D Report Sources, 2018

Professionals submit the majority of screened-in referrals (reports) that received an investigation or alternative response



Based on data from 49 states. Data are from the Child File. States were excluded from this analysis if more than 25.0 percent had an "other" or unknown report source. Supporting data not shown.

bias in child welfare

- Higher rates of substantiation for black families compared to white families
  - (Baird, Ereth & Wagner, 1999; Eckenrode et al., 1988, Detlaff et. al., 2011)

- Shorter investigation/assessment duration for Latinx families
  - (Church, Gross & Baldwin, 2005)

- White families substantiated for physical or sexual abuse are more likely to keep their children in the home, while black families substantiated for neglect are more likely to have their children removed from their care
  - (Hill, 2004; Katz et al.,1986; Lindsey, 1991, Rivaux et al., 2008)

bias in child maltreatment

- What do incidence/prevalence data tell us about race or ethnicity?

bias in the court system

- Black foster youth are the least likely to receive court orders for mental health treatment and were less likely to receive mental health services, even though the rate of diagnosis and presence of a mental health disorder was comparable to that of White youth.
  - (Garland & Besinger, 1997)

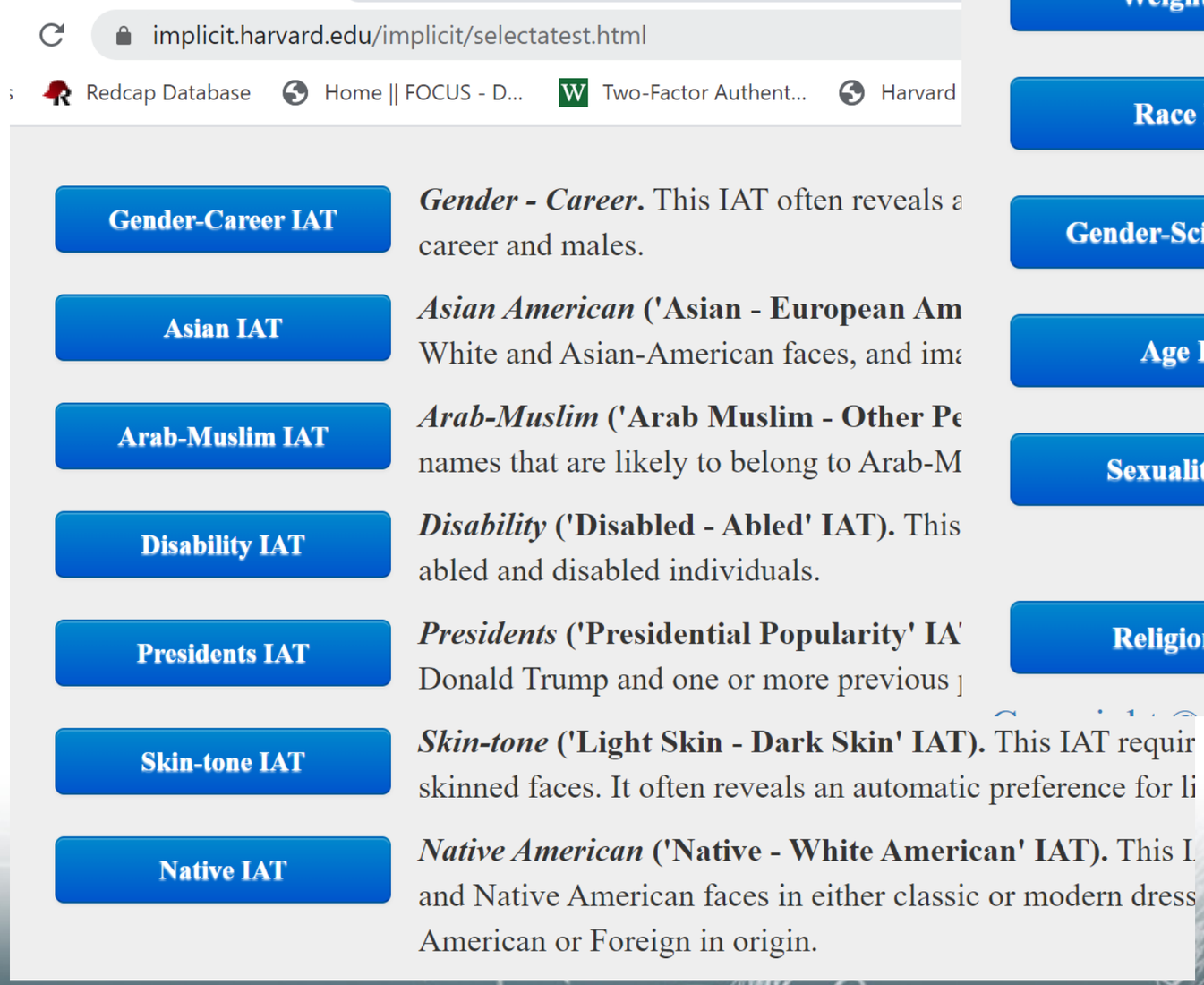
- CASA volunteers were found to spend less time on cases involving Black children than those involving white children
  - EVALUATION OF CASA REPRESENTATION, supra note 2, at 22; see also Barbara R White Stack, An Evaluation of Volunteers Courts Controversy, YOUTH TODAY (July 1, 2004),http://youthtoday.org/2004/07/an-evaluation-of-volunteers-courts-controversy [https://perma.cc/VC9E-GS4T].

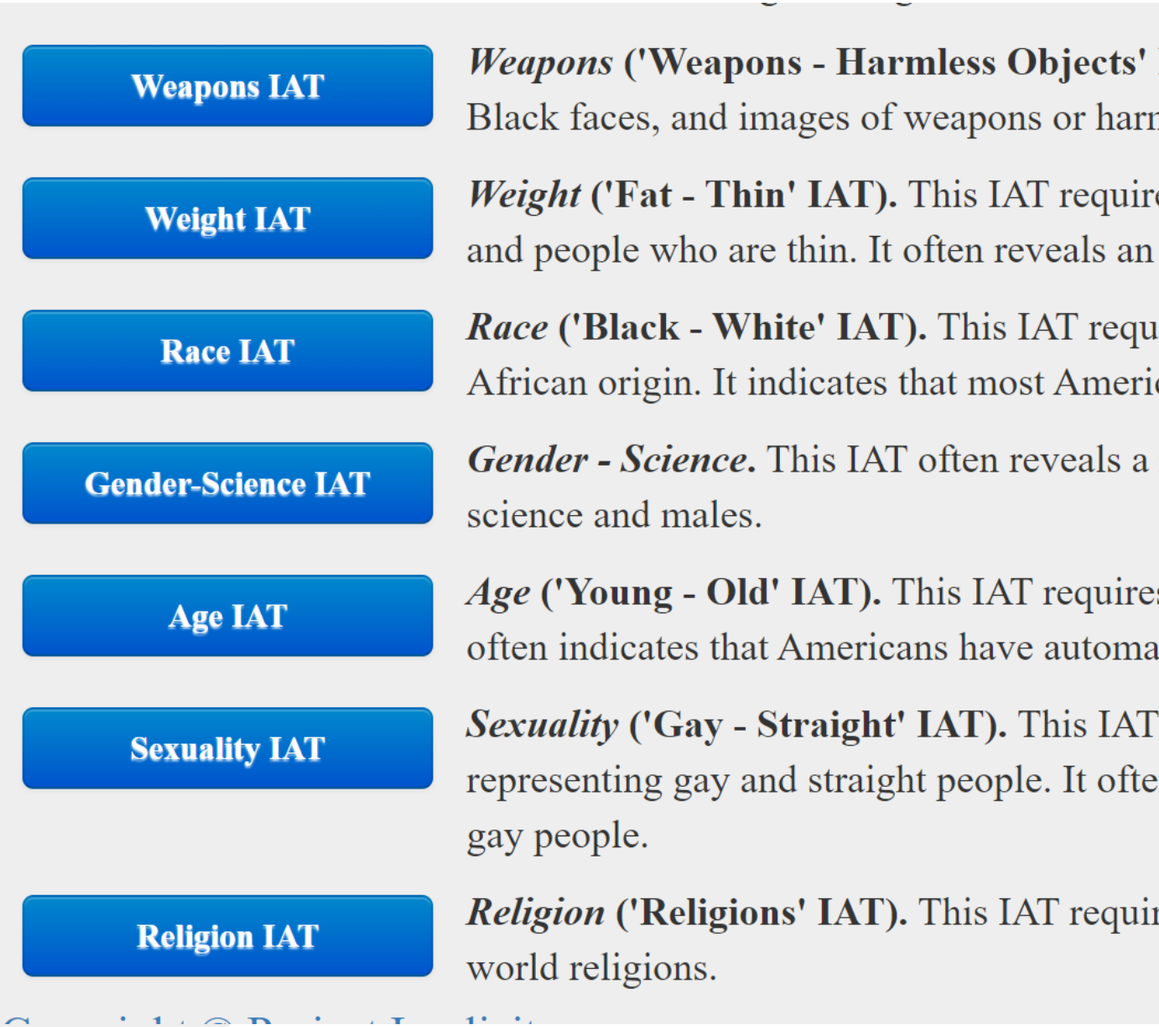
- Juvenile Court Statistics (published annually)
  - Minority youth face higher arrest rates, higher likelihood of detainment and incarceration, and lower diversion rates compared to white youth who commit similar offenses

How do we become aware of what we are not aware of?

- One option- taking an IAT (preferably more than once)

Test your





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How do we become aware of what we are not aware of?

- A second option- to suspect that one possesses an implicit bias after having learned about the pervasiveness of implicit biases
  - Awareness is one step closer to behavior modification

- A third option- use knowledge of one's explicit attitude or stereotype as the basis for guessing the parallel implicit attitude or stereotype

How do we become aware of what we are not aware of?

- Questions to increase awareness:
  - Who am I more/less likely to relate to?
  - How do I feel about this person? Why might I feel this way? Would I do the same thing if I felt the opposite way? How can I make sure my emotions aren't contributing in a harmful way?

Beyond improving awareness, what else can we do?

- **Focus less on bias-reduction interventions and more on eliminating discriminatory behavior and other harms caused by implicit bias.**
  - Practice conscious, positive formal and informal role modeling
  - Take active-bystander training to learn how to address or interrupt microaggressions and other harmful incidents
  - Seek training to eliminate negative patient descriptions and stigmatizing words in written and oral communications
  - Develop curricular materials that contain inclusive, diverse imagery and examples and policy/form revisions in favor of inclusive language in all written and oral communications
  - Critical retrospective review of our behaviors/interactions
  - Family-led or family-involved decision-making
  - Diverse, inclusive, and culturally competent workers
  - Community partnerships

Also, we can SLOW DOWN…and eat something!

- In one study, criminal court judges delivered more severe sentences the longer they worked and the farther out from their meal/snack breaks

- Bias inserts itself more significantly the more fatigued and/or hungry we are

More research needed:

- How do the association strengths measured by the IAT influence social behavior?
- When, in child development, are implicit biases formed, and what are the experiences that form them?
- Are implicit biases introspectively (consciously) accessible?
- What are the effects of possessing implicit stereotypes tied to one's own identities?
- What is the effect of a person having implicit and explicit attitudes that differ?
- *Source: Greenwald, A. G., Dasgupta, N., Dovidio, J. F., Kang, J., Moss-Racusin, C. A., & Teachman, B. A. (2022). Implicit-Bias Remedies: Treating Discriminatory Bias as a Public-Health Problem. Psychological science in the public interest : a journal of the American Psychological Society, 23(1), 7–40. https://doi.org/10.1177/15291006211070781*

Thank you!

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