

Addressing Bias and Using Screening Assessments to Address Disparities

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EleVATE Women: Elevating Voices, Addressing Depression, Trauma
and Equity Collaborative

Objectives

- Define implicit bias from a policy and practice lens
- Discuss evidence-informed practices and share learnings to improve health care team's clinical skills, capacity and advocacy in providing quality women's health and maternity care
- Identify opportunities to address systems, policies and practices that contribute to inequitable outcomes

Background

Racial Equity: A state in which outcomes cannot be predicted by race¹

Reproductive Justice: The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities²

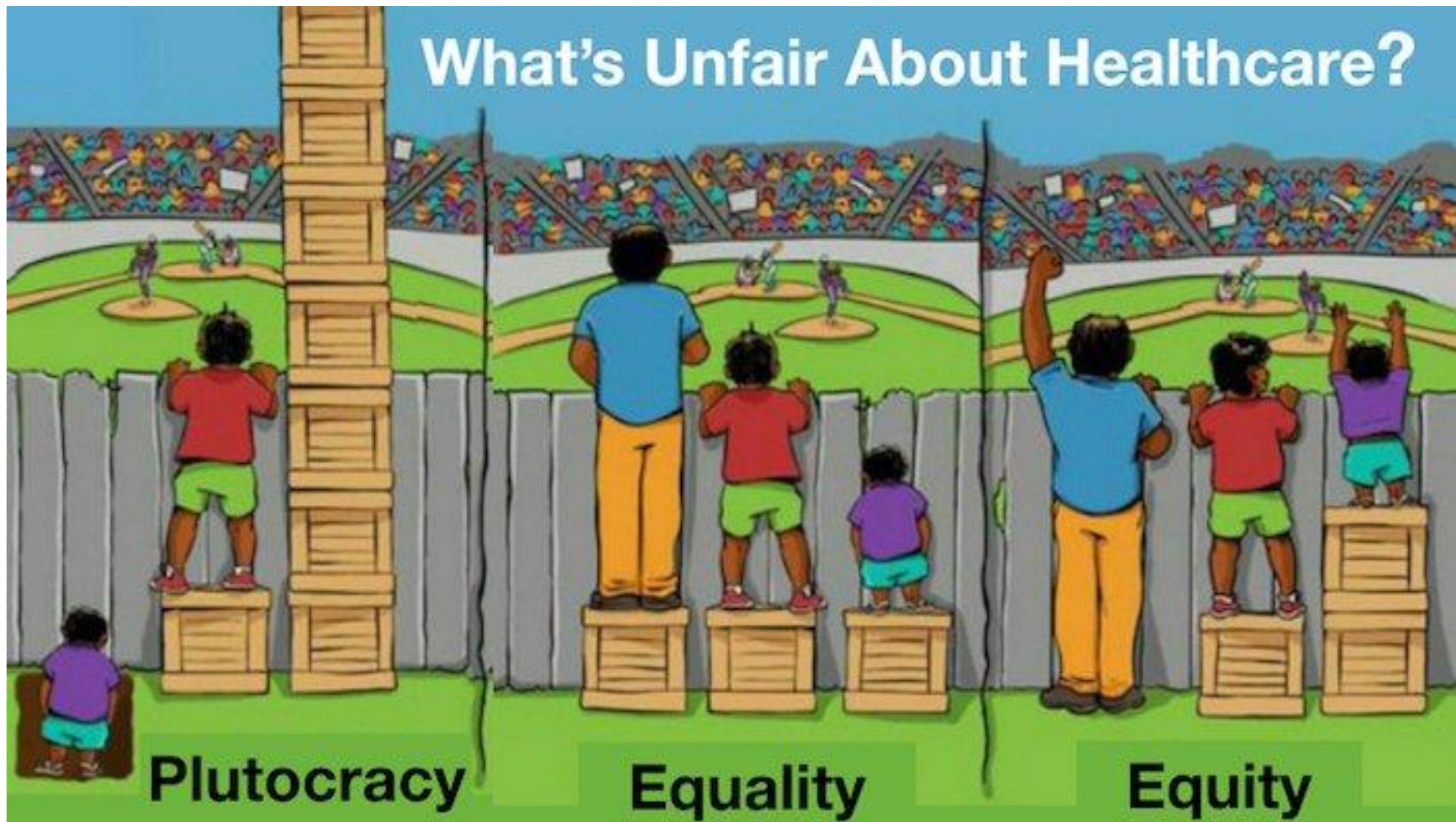
Unconscious Bias: A bias that we are unaware of, and which happens outside of our control. It is a bias that happens automatically and is triggered by our brain making quick judgments and assessments of people and situations, influenced by our background, cultural environment and personal experiences³

Implicit Bias: Refers to unconscious bias but questions the level to which these bias are unconscious especially as we are being made increasingly aware of them. Once we know that biases are not always explicit, we are responsible for them. We all need to recognize and acknowledge our biases and find ways to mitigate their impact on our behavior and decisions³

Structural Determinants of Health: All social and political mechanisms that generate...stratification and social class divisions in society and that define individual socioeconomic position within hierarchies of power, prestige and access to resources⁴

Systemic Racism: Involves interconnected institutions, whose linkages are historically rooted and culturally reinforced. It refers to the totality of ways in which societies foster racial discrimination, through mutually reinforcing inequitable systems that in turn reinforce discriminatory beliefs, values, and distribution of resources, which together affect the risk of adverse health outcomes⁵

What's Unfair About Healthcare?



Plutocracy

Equality

Equity

Background: EleVATE Women

- Reduce inequitable adverse pregnancy outcomes
- Provide intensive trainings for health care teams and communities to support patients who are experiencing trauma, depression and psychosocial stress as result of racism
- Increase shared accountability between communities and health care teams through the development of innovative solutions, policies and new approaches to care delivery

Background: EleVATE Women

- Bridge and integrate medical and behavioral health services
- Bridge and integrate trauma-informed care and racial equity
- Focus on women's resilience
- Driven by community leadership and trans-disciplinary cross-system team



DISRUPT

SHAKE UP

CHALLENGE

EVOLVE

CHANGE

Implicit Bias: Why is it important?

- We all have them and they can be difficult to change because they are everywhere
- Impacts clinical decision making
- Prevents people of color/lower socio-economic status from accessing healthcare and entering health care professions
- Our biases help us to accept health disparities as part of the status quo

Implicit Bias: Why is it important?

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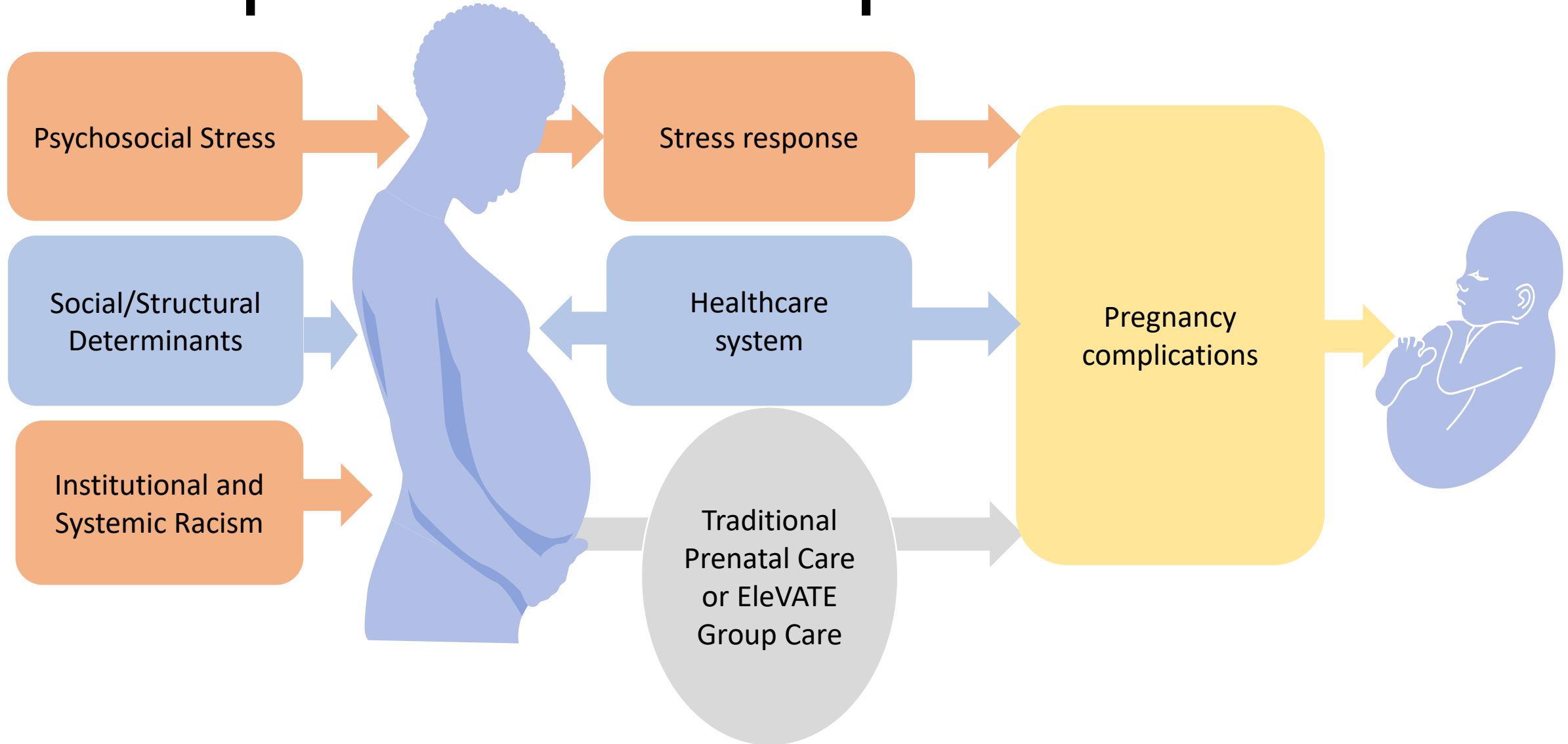
- **Finding 1-1:** Racial and ethnic disparities in healthcare exist and, because they are associated with worse outcomes in many cases, are unacceptable.
- **Finding 2-1:** Racial and ethnic disparities in healthcare occur in the context of broader historic and contemporary social and economic inequality, and evidence of persistent racial and ethnic discrimination in many sectors of American life.
- **Finding 3-1:** Many sources – including health systems, healthcare providers, patients, and utilization managers – may contribute to racial and ethnic disparities in healthcare.
- **Finding 4-1:** Bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in healthcare. While indirect evidence from several lines of research supports this statement, a greater understanding of the prevalence and influence of these processes is needed and should be sought through research.
- **Finding 4-2:** A small number of studies suggest that racial and ethnic minority patients are more likely than white patients to refuse treatment. These studies find that differences in refusal rates are generally small and that minority patient refusal does not fully explain healthcare disparities

[Link to Unequal Treatment Report](#)

How do we measure implicit bias?

Practice and Implicit Bias

Example: EleVATE Group Care Methods



Example: EleVATE Group Care Methods

Patient assessment tools used:

- Life Events Checklist
- Prenatal Distress Questionnaire
- Process Measures
- PTSD Checklist 5
- Edinburgh Postnatal Depression
- Perceived Stress
- Generalized Anxiety Disorder 7-Item
- Breastfeeding Confidence Post
- Traumatic Growth Questionnaire

Health care assessment tools used:

- Qualitative interviews
- Training surveys

Additional tools we are using in phase two:

- Matched-Pair Communication
- Health care quantitative equity survey

Example: EleVATE Group Care Methods

- Patient: Process Measures

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
1. I can tell the medical provider about important things that have happened to me					
2. The medical provider is always willing to help me in practical ways					
3. The medical provider listens when I'm having problems					
4. I am better at talking and listening because of prenatal care					
5. The medical provider helps me with my pregnancy					
6. I think prenatal care can help me with my baby					
7. The medical provider respects my opinion					
8. I get good ideas from the medical provider					
9. The medical provider talks about things I can use with my baby					
10. I am going to try some ideas I got from the medical provider					
11. My questions about prenatal care have been answered honestly					
12. The medical provider understands families like mine					
13. The medical provider respects families like mine					
14. I have changed what I do with my baby because of prenatal care					
15. The medical provider is always willing to help me					
16. Medical provider is respectful of my race					
17. I have changed what I do with my family because of prenatal care					

- Patient: Traumatic Growth Questionnaire

Post Traumatic Growth Inventory

Client Name: _____ Today's Date: _____

Indicate for each of the statements below the degree to which this change occurred in your life as a result of the crisis/disaster, using the following scale.

- 0 = I did not experience this change as a result of my crisis.
 1 = I experienced this change to a very small degree as a result of my crisis.
 2 = I experienced this change to a small degree as a result of my crisis.
 3 = I experienced this change to a moderate degree as a result of my crisis.
 4 = I experienced this change to a great degree as a result of my crisis.
 5 = I experienced this change to a very great degree as a result of my crisis.

Possible Areas of Growth and Change	0	1	2	3	4	5
1. I changed my priorities about what is important in life.						
2. I have a greater appreciation for the value of my own life.						
3. I developed new interests.						
4. I have a greater feeling of self-reliance.						
5. I have a better understanding of spiritual matters.						
6. I more clearly see that I can count on people in times of trouble.						
7. I established a new path for my life.						
8. I have a greater sense of closeness with others.						
9. I am more willing to express my emotions.						
10. I know better that I can handle difficulties.						
11. I am able to do better things with my life.						
12. I am better able to accept the way things work out.						
13. I can better appreciate each day.						
14. New opportunities are available which wouldn't have been otherwise.						
15. I have more compassion for others.						
16. I put more effort into my relationships.						
17. I am more likely to try to change things which need changing.						
18. I have a stronger religious faith.						
19. I discovered that I'm stronger than I thought I was.						
20. I learned a great deal about how wonderful people are.						
21. I better accept needing others.						

Example: EleVATE Group Care Methods

Health care teams: Qualitative Interview Questions

- How does your workplace (including front desk staff, nurses and medical providers) respect patients?
 - During EleVATE group prenatal care, what does staff do to respect patients?
- How does your workplace (including front desk staff, nurses and medical providers) respect culture and beliefs of patients?
 - During EleVATE group prenatal care, what does staff to do to respect culture and beliefs of patients?
- In general, how do you help the patient feel safe to ask questions and share their opinions during EleVATE group prenatal care?
- In general, how do you help the patient feel confidence (empowered) to ask questions and share their opinions during EleVATE group prenatal care?
- In general, how do you provide choice in medical tests performed, medical care given and sharing their opinions during EleVATE group prenatal care?
- In general, how do you work together with patients to make decisions about their pregnancy in EleVATE group prenatal care?
- In general, how do you gain trust with patients during EleVATE group prenatal care?

Example: EleVATE Group Care Methods

- Health care teams: Matched Pair Instrument

Physician Questionnaire

I am:
 Male Female

Today's visit was mainly for (Select one only):
 a new problem an ongoing problem
 a combination of new and old completion of forms
 routine check-up other

I have seen this patient:
 for the first time once or twice a year
 less than once a year three or more times a year

The patient surveyed was in my:
 office practice outpatient clinic
 walk-in clinic other

In this visit, I:

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	Unable to Assess UA
1. Greeted the patient in a way that made them feel comfortable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Discussed the patient's reason(s) for coming today.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Encouraged the patient to express their thoughts concerning their health problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Listened carefully to what the patient had to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Understood what the patient had to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. If a physical examination was required, explained what was done and why.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Explained the lab tests needed (eg. blood, x-rays, ultrasound, etc.) to explore the patient's problems(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Discussed treatment options with patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Gave the patient as much information as they wanted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Checked with patient to see if the treatment plan(s) was acceptable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Explained medications, if any, including possible side effects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Encouraged the patient to ask questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Responded to the patient's questions and concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Involved the patient in decisions as much as they wanted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Discussed next steps including any follow-up plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Checked to be sure the patient understood everything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Showed care and concern about the patient as a person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Spent the right amount of time with the patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Overall, I was satisfied with this consultation today.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Marking Instructions
 Please indicate your answer by filling in the bubbles like this, ● not like ⊗ or ⊙. Thank you!

Interpretation of the Rating Scale
 This form is used by a variety of patients, therefore, not all of the following items may be relevant to you. If any of these items are **NOT** relevant to you, mark these "Unable to Assess".

Indicate how much you agree with the statements on the left side of the page using the following scale.

- Health care teams: Health care quantitative equity survey

I believe I contribute an active role in advancing racial equity in my organization

I believe I am one of the only individuals engaging in racial equity work within my department

In your opinion, does your department have values, guiding principles, vision or mission statement focused on addressing racial equity

How is your organization currently implementing racial equity?

In your experience, what role do community leaders, patients, community collaborators contribute to your organization?

To the best of my knowledge, staff at my organization are using a variety of data to demonstrate advancing racial equity.

How do we address our implicit bias?

Policy and Implicit Bias



[Link to Video: The US medical system is still haunted by slavery](#)

Example: EleVATE Group Care Methods

A CHECKLIST FOR CATALYZING CHANGE

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Prepare for the Work	Engage with Community	Think Systemically	Tell the Story of the Work
<ul style="list-style-type: none"><input type="checkbox"/> Build an Inclusive Team<input type="checkbox"/> Adopt Core Values<input type="checkbox"/> Establish Process Principles<input type="checkbox"/> Set Shared Expectations	<ul style="list-style-type: none"><input type="checkbox"/> Listen to Community Voices<input type="checkbox"/> Convene and Catalyze	<ul style="list-style-type: none"><input type="checkbox"/> Acknowledge Race<input type="checkbox"/> Prioritize Policy	<ul style="list-style-type: none"><input type="checkbox"/> Make the Work Accessible<input type="checkbox"/> Create Communications Scaffolding

[Link to Advancing Positive Change Toolkit](#)

Example: EleVATE Group Care Methods

1



[Link to Ferguson Commission Report](#)

Example: EleVATE Group Care Methods

- Racial equity statement
- Understanding the practices and policies to address racial equity
- Options to participate and connections to women's health
 - Better understand how racial identity influences decision making
 - Acknowledge everyone is at different places in their identity development
 - Create opportunities and space to learn from one another

Additional Resources

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Trajectories
Aim For Excellence

DECEMBER 2019 ■ Maternal Mortality: Missouri's Birth Story

[Link to Harvard University Implicit Bias Test](#)

[Link to MHA Trajectories](#)

EleVATE Women: Partner Organizations

Community Collaborators:	<ul style="list-style-type: none">• St. Louis Integrated Health Network
Jessica Belton	<ul style="list-style-type: none">• Affinia Healthcare
Joie Cruesoe	<ul style="list-style-type: none">• CareSTL Health
Jenella Norman	<ul style="list-style-type: none">• Family Care Health Centers
Cheron Phillips	<ul style="list-style-type: none">• SSM Health St. Mary's Hospital
Teneisha Parks	<ul style="list-style-type: none">• BJC Healthcare Barnes-Jewish Hospital
Richelle Smith	<ul style="list-style-type: none">• St. Louis University School of Medicine• Washington University School of Medicine

References

- 1) Ferguson Commission Report: <https://forwardthroughferguson.org/report/executive-summary/>
- 2) SisterSong, Inc: Women of Color Reproductive Justice Collective <https://www.sistersong.net/reproductive-justice>
- 3) Guidance to Unconscious Bias at Shortlisting and Interview: <http://www.bristol.ac.uk/hr/resourcing/additionalguidance/unconsciousbias/#:~:text=Unconscious%20bias%20refers%20to%20a,cultural%20environment%20and%20personal%20experiences>
- 4) Solar O, Irwin A. (2010). A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper 2 (Policy and Practice). Geneva; World Health Organization.
- 5) Bailey et al. Structural Racism and Health Inequities in the U.S.A. : Evidence and Interventions; Lancet, April 2017
- 6) Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care; Smedley BD, Stith AY, Nelson AR, editors. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington (DC): National Academies Press (US); 2003.
- 7) Advancing Positive Change Toolkit: <https://forwardthroughferguson.org/ftf-milestones-of-our-work/>
- 8) Williams. A. (2019, December). Maternal Mortality: Missouri's Birth Story. Trajectories. Missouri Hospital Association. https://www.mhanet.com/mhaimages/SQL/Trajectories/Trajectories_Dec2019_Maternal%20Mortality.pdf

Thank you!

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