

Advisory Committee on Training in Primary Care Medicine and Dentistry

Acknowledging Implicit Bias: Transforming Medical Education
and Clinical Practice for Vulnerable Populations



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Goals and Objectives

Goals

1

Examine and explore the evidence for effective primary care education and clinical practice focusing on access, treatment, and patient outcomes

2

Identify levels of adaptation of evidence-based best practices in primary care education through feedback from various methods and applications

3

Disseminate best practices through publications, policy briefs, webinars, and conferences with feedback from Communities of Practice

Objectives

1. Conduct two research projects annually for 5 years on topics relevant to vulnerable populations (LGBTQ, Persons Experiencing Homelessness and Migrant Farm Workers: Total 10 Projects)
2. Establish 3 Communities of Practice (CoP)
3. Translate and disseminate research findings to a wide range of audiences including academic, professional, clinical and consumer.

NCMEDR Research Topics

- **Year 1**
 - Physician Implicit Bias
 - Pre-Exposure Prophylaxis (PrEP)
- **Year 2**
 - Interpersonal Violence Across The Life Course
 - Adverse Childhood Experiences
- **Year 3**
 - Opioid Misuse
 - Sexual Violence
- **Year 4**
 - Gender Affirming Care
 - Immunization Disparities
- **Year 5**
 - Mental Health
 - Telehealth



The Role of Communities of Practice in the National Discussion

Does Implicit Bias exist in primary care education and in clinical practice?

- Providers' decisions are affected by stereotypes and implicit biases.
- Research findings suggest that medical students and healthcare providers are likely to underestimate or to be unaware of their implicit biases towards LGBTQ patients.



How and Where to Start

- Research
 - Systematic Reviews
 - Surveys and Interviews
 - Input from Communities of Practices
- Create and Conduct Training Seminars
- Continuous Stakeholder Feedback

Implicit Bias

1. Definition of Implicit Bias
2. What is the evidence base for implicit bias and its impact on medical education and clinical practice?
3. How does implicit bias affect provider attitudes, behavior and clinical practice working with vulnerable populations?
4. How does physician implicit bias affect patient health outcomes?
5. What is the relationship between implicit bias and health equity?

*Health Equity: Providing patients with tools needed to be empowered to manage their health care, while eliminating structural and non-structural barriers and challenges.

Research Questions

1. How are medical schools educating students to address implicit bias when addressing the needs of vulnerable populations?
2. What are evidence-based best practices for addressing implicit bias in the health professions?
3. How do we transform primary care education and clinical practice to integrate best practices in addressing implicit bias?
4. Who are the influencers?

Definitions and Measures

What is Explicit Bias?

- Attitudes and beliefs that are consciously-accessible and controllable.
- Typically assessed by self-reporting measures and are limited by an individual's awareness of their attitudes and ability to accurately report these attitudes.

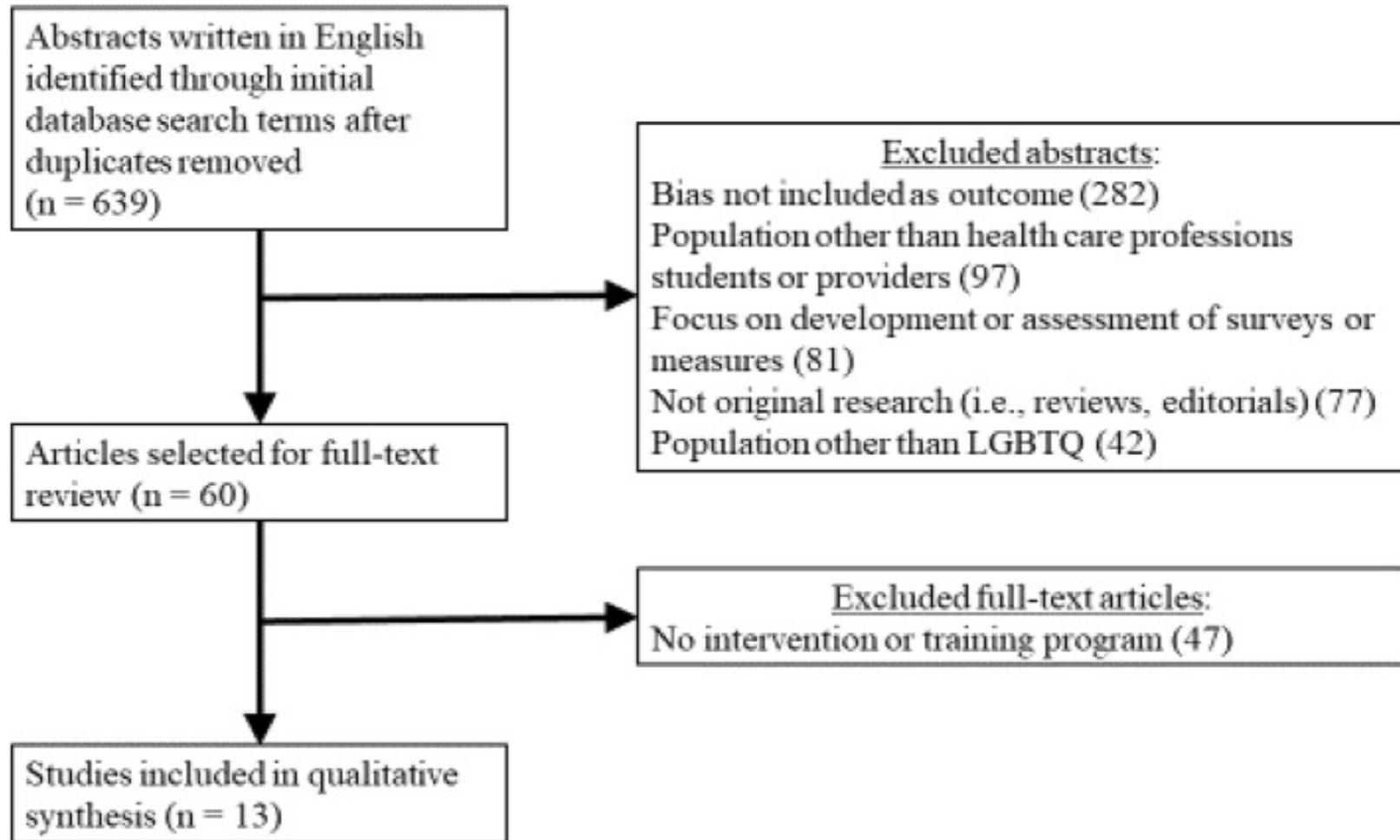
What is Implicit Bias?

- Attitudes and beliefs that are unconscious (i.e., outside of conscious awareness) and automatic and often embody negative stereotypes
- Often assessed with the Implicit Association Test (IAT) which measures the strength of association between concepts

Systematic Review

- **Sources:**
 - MEDLINE/PubMed,
 - PsycINFO,
 - Web of Science,
 - Scopus,
 - Ingenta,
 - Science Direct, and
 - Google Scholar)
- **Criteria:**
 - Original articles,
 - Published in English,
 - Between March 2005 and February 2017,
 - Describing intervention studies focused on reducing health care student or provider bias towards LGBTQ individuals
- **Data extracted included**
 - Sample characteristics (I.E., Medical, nursing, or dental students or providers),
 - Study design (i.e., Pre-post intervention tests, qualitative), program format,
 - Program target (i.e., Knowledge, comfort level, attitudes, implicit bias), and
 - Relevant outcomes.
- **Study quality was assessed using a five-point scale.**

Systematic Review of LGBTQ-Related Bias Among Medical, Nursing, And Dental Students, And Providers



Manifestations of Implicit Bias for LGBTQ Patients

The Evidence

- LGBTQ individuals face significant disparities in physical and mental health outcomes.
- Sexual minority women report fewer lifetime Pap tests.
- Transgender youth have less access to health care.
- LGBTQ individuals are more likely to delay or avoid necessary medical care compared to heterosexual individuals.

What we know

- Lower health care utilization by LGBTQ individuals.
- Perceived discrimination from health care providers and denial of health care altogether are common experiences among LGBTQ patients and have been identified as contributing factors to health disparities.
- Gap in health care access and outcomes experienced by LGBTQ patients are compounded by vulnerabilities linked to racial identity and geographic location.

Provider's Behavior and Impact on LGBTQ Patients' Health Outcomes

Implicit and Explicit Biases

- implicit bias measures are more strongly associated with real-world behaviors than explicit bias measures and are linked to intergroup discrimination.
- Explicit biases held by health professionals towards racial/ethnic minorities, women, and older adults are known to affect clinical assessments, medical treatment, and quality of care.
- Implicit bias may persist despite an absence of negative explicit attitudes, resulting in preconceived notions about patient adherence, poor doctor-patient communication, and micro-aggressions, all of which can interfere with optimal care.

Manifestations

- Findings suggest that medical students and healthcare providers are likely to underestimate or to be unaware of their implicit biases towards LGBTQ patients.
- Provider's decisions are increasingly governed by stereotypes and implicit biases.
- Medical student and provider biases may contribute to access to care by LGBTQ by lack of culturally competent communication and clinical decisions about patient care for this special population.
- Rushing and fatigue may impact provider's behavior and judgments, which may contribute to poor provider-patient communication experienced by LGBTQ populations.

The Data: Implicit Bias Shapes Clinical Care for LGBTQ Persons

- Persons identifying as LGBTQ face significant structural and non-structural challenges when seeking physical and mental health care
- The percentage of LGBTQ population lacking a regular healthcare provider is significantly higher (40%) than for the heterosexual population (10%).
- LGBTQ patients have higher rates of anal cancer, asthma, cardiovascular disease, obesity, substance abuse, cigarette smoking and suicide.



Enhancing Access and Quality of Care for LGBTQ Persons



- Build trust and trustworthiness
- All opinions matters
- Focus on the work
- Respect and value the process, ideas, and the uniqueness of person sharing
- Multiple perspectives
- All opinions mattered

The Evidence: The Work

- Limited research on the effects of providing implicit bias education to increase knowledge and comfort levels among medical, nursing, and dental students or providers towards LGBTQ persons.
- Bias-focused educational interventions are effective in increasing knowledge of LGBTQ health care issues.
- Experiential learning interventions are effective at increasing comfort levels working with LGBTQ patients.
- Interprofessional and interdisciplinary training is effective at promoting more tolerant attitudes toward LGBTQ patients.

Take Away Lessons

- LGBTQ individuals face significant disparities in physical and mental health outcomes.
- Implicit bias may result in LGBTQ patients receiving a lower standard of care or restricted access to
- Health care provider implicit biases are correlated with poorer access to services, quality of care, and health outcomes for LGBTQ.
- Behaviors operating outside of conscious awareness may undermine institutional commitment.
- There is an urgent need to prepare health care providers to identify and address their own implicit biases in order to improve access to care, treatment, and health outcomes for LGBTQ and other vulnerable populations

Policy Recommendations

Transforming medical education in primary care training requires an evidence-based intervention approach that must incorporate:

- Revisiting curriculum in the health professions focusing on educational principles, practice, and community standards of care
- Cultural competence training for health care professionals who train and work in primary care clinical care settings (urban, rural and inner-city) with LGBT populations
- Evidence-based primary care to encourage the acquisition of awareness, knowledge, behaviors, and skills consistent with creating a LGBTQ-patient-centered medical home (PCMH)
- Having a comprehensive curriculum in LGBTQ health with a focus on integrated health to reinforce non-bias health care and treatment as part of the foundation of the health professions.
- Quantitative assessment of implicit LGBTQ-related bias to generate sustainable and translational teaching techniques.
- Educating students, residents, and practicing health care professionals to establish and build trustable and compassionated relationships to ensure positive health outcomes for LGBTQ patients

General Recommendations: Interdisciplinary Strategies for the Nation

- Develop, update, and enhance interdisciplinary funding mechanisms to improve implicit bias training with focus on access to care and health equity in interprofessional settings.
- Develop statewide strategies through federally qualified health centers and academic health science centers to ensure access and high quality care to vulnerable populations, e.g. LGBTQs, persons experiencing homelessness, and migrant farm workers.
- Fund national integrated strategic plans that emphasize training in diverse settings for health care professionals.
- Embed the CLAS Standards in all funding mechanisms to ensure that health equity and access to quality health care are priorities.
- Expand the American Household Survey to assess the impact of implicit bias on the health of vulnerable populations,
- Include implicit bias training as a part of state licensing procedures for all health care professionals.

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<https://www.aamc.org/what-we-do/equity-diversity-inclusion/lgbt-health-resources/videos/teaching-gender-identity-transgender-health>
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Thank You



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