

Health Workforce Development

Literacy in health equity

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2018 – 2022, U81 HP32114: Cooperative Agreement for a Regional Center for Health Workforce Studies: Health Equity, Health Resources and Services Administration (HRSA), PI: Bianca Frogner





Statement Honoring the Land on which the University of Washington Stands

UW Medicine acknowledges the land we occupy today as the traditional home of the Tulalip, Muckleshoot, Duwamish and Suquamish tribal nations. Without them we would not have access to this healing, working, teaching and learning environment. We humbly take the opportunity to thank the original caretakers of this land who are still here.

OVERVIEW

- Education for the educators
- Implicit bias education
- UWSOM: Implicit bias course for clinical faculty who teach
- HRSA funded evaluation of the course
- Lasting effects?

Context

- Health and healthcare inequities are the result of systemic biases and systemic racism that permeate every sector of society.
- Implicit and explicit bias is situated in the context of structural bias and racism.
- Implicit biases are attitudes and beliefs held outside of personal awareness. These biases are pervasive and influence judgement and actions.
- Bias must be addressed at the individual, organizational and societal levels.

UWSOM Course Development

UW Medicine Center for Health Equity, Diversity, and Inclusion (CEDI) developed a brief online course (2017):

Learning Objectives

1. Increase awareness of implicit bias
2. Understand how bias manifests in patient care and teaching
3. Learn ways to mitigate bias in teaching and clinical care

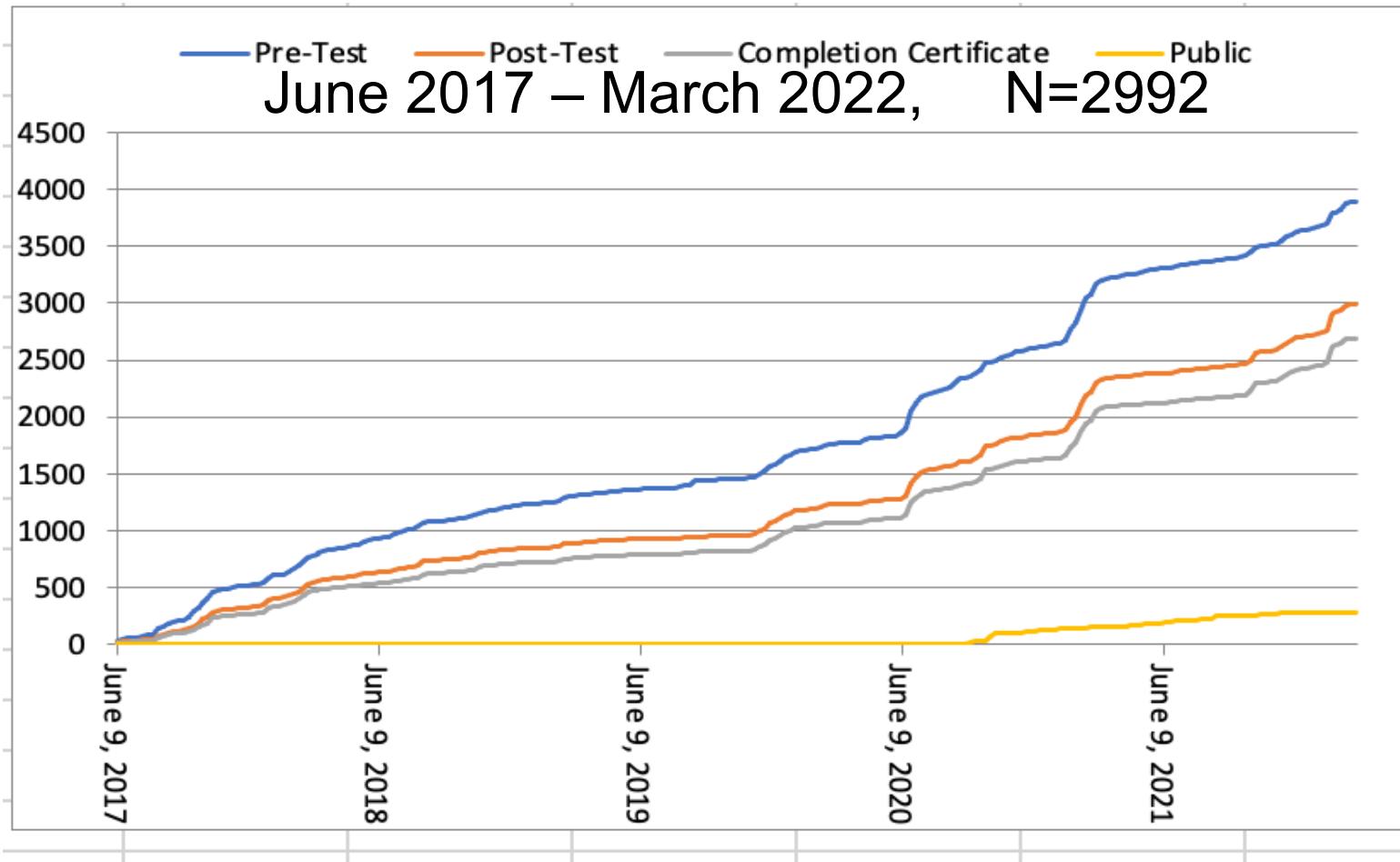
Considerations: must be brief, develop flow from history of racism - social determinants - implicit bias - how to manage/mitigate bias, teaching, practice, individual, organizational

Health Equity Literacy

Core knowledge base

- History of racism embedded in healthcare system
- Social determinants of health- where you live
- Evidence of inequality: access, quality of care, outcomes
- Implicit bias-driven discrimination exists in health care (explicit bias too)
- What can be done?

Education for Clinical Teaching Faculty (UW WWAMI Region)



HRSA Grant: PI: Frogner, Sabin (Project Lead)

- Janice Sabin PhD, MSW, Grace Geunther, MPA, India Ornelas, PhD, MPH, Davis Patterson, PhD, Holly Andrilla, MS, Leo Morales, MD, PhD, Kritee Gujral, PhD, Bianca Frogner, PhD
- 2018 – 2022, U81 HP32114: Cooperative Agreement for a Regional Center for Health Workforce Studies (CHWS): Health Equity, Health Resources and Services Administration (HRSA)

Evaluate Course with National Sample

- Primary Care, all US Census divisions
- Demographic/practice characteristics
- Implicit/explicit attitudes/stereotypes (Implicit Association Test, IAT)
- Outcome measures:
 - pre-post bias awareness (personal, societal, in healthcare)
 - pre-post patient-centeredness (role play patient interaction)
 - post course reflection: apply to teaching, apply to practice
- Data collection: 9/30/2019 - 12/31/2019

Sample Characteristics (N=111)

- 56.8% MD, 20.7% NP/PA, and 22.5% "other"
- 70.3% identify as female
- 73.0% White, 10.8% Black, 9.0% Asian, 7.2% other
- Age: 34.2% (35-39), 26.1% (40-49), 22.5% (50-59), 17.1% (60+)
- Region: 40.5% South, 19.8% MW, 22.5% NE, 17.1% W

Results: Implicit and Explicit Bias (IAT)

- Moderate implicit pro-White bias (Cohen's $d = 0.68$)
- Strong implicit stereotypes associating males rather than females with 'career' (Cohen's $d = 1.15$)
- No explicit race bias (Cohen's $d = 0.05$)
- Moderate explicit male-career stereotype (Cohen's $d = 0.68$)
- Strong female-family stereotype (Cohen's $d = 0.83$)

Results: Bias Awareness

- Pre/Post course: Statistically significant increase in bias awareness (in society) after exposure to the course ($p= 0.03$) Bias awareness measure, Girod, et al., 2016
- Provider implicit and explicit biases and personal and practice characteristics were not associated with an increase in bias awareness

Sabin J, Guenther G, Ornelas IJ, et al. Brief online implicit bias education increases bias awareness among clinical teaching faculty. *Med Educ Online*. Dec 2022;27(1)

Patient-Centered Communication

- Two case vignettes, (pre/post course) role play
- Patient dialog, text box: “What would you say next?”
- Analysis: RIAS socio-emotional exchange: empathy, partnering, express concern, reassurance

RESULTS:

- Found a significant positive improvement in patient-centered communication after completing the course ($p=0.004$) 17.4% change
- Improvement in PC communication was not associated with provider and practice characteristics, implicit/explicit bias

Impact Teaching and Practice

1. Reflecting on this course, how may the content of the course impact your teaching/mentoring?
1. Reflecting on this course, how may the content of the course impact your clinical practice?

Results: Impact Teaching? (N=106)

Moderate response (n=58)

“It helped me to reflect on any bias I might have but thinking that I didn’t.”

Strong detailed response (N=33)

“I had never heard of the concept of aversive racism and unfortunately fear that I may have some degree of this. I like to think of myself as someone with egalitarian views and now fear that I may fall into this category to some extent. I also did not realize that stereotypes can be contagious in both negative and positive ways. This inspires me to continuously work to be a good role model for my students and residents.”

Results: Impact Practice? (N=104)

Moderate response (N=67)

“I will be more cognizant of how lack of diversity in the workforce impacts the care of diverse patient populations.”

Strong detailed response (N=17)

“Continue to approach each patient as a whole person-- someone whose need for healthcare guidance and treatment is only one part of their life experience. Be particularly attentive to my stress levels, rushed days, times of ambiguous clinical situations to avoid giving bias/inequitable care.”

Lasting Effects of Continuing Education on the Topic of Implicit Bias in the Clinical and Learning Environment (2021)

Team: Janice Sabin, PhD, MSW, Grace Guenther, MPA, Bernadette York, PT, DSc, GCS, Wendy Barrington, PhD, MPH, PI: Bianca Frogner, PhD

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Study Design and Sample

- Response Rate: 50.8%
- N=58
- 65.5% female
- 67.2% White
- 74.1% MDs

Lasting Effects One Year Later (2020-21) N=56

	No (32.8%, N=19)	Yes (66%, N=38)			
Question		Contemplation % (N)	Determination % (N)	Action % (N)	Maintenance % (N)
Reflecting on this course, has the content of the course impacted your teaching and/or mentoring?	32.8% (19)	25.9% (15)	5.2% (3)	29.3% (17)	5.2% (3)

Impact of Course: From Learning to Action

- *“Broadly shifted with increased awareness and have added curriculum on directly addressing micro and macro aggressions.”*
- *“I have been more cognizant of elevating the voices of individuals from underrepresented groups.”*
- *“It has made me more passionate about this and I am now serving on our diversity/inclusion committee and helping with an anti-racism curriculum for our college.”*

Conclusion

Education on implicit bias is just one part of a comprehensive diversity/equity program

- Implicit bias education can be rolled out across a system
- Brief IB education can have positive impact
- Tailor to audience
- Evaluate using multiple outcome measures
- Look for longitudinal impact, may take time
- Collect data, monitor equity

Acknowledgements

- Funded by the National Center for Health Workforce Analysis (NCHWA), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under cooperative agreement #U81HP27844. The information, conclusions and opinions expressed in this presentation are those of the authors and no endorsement by NCHWA, HRSA or HHS is intended or should be inferred.
- Thank you to our participants for their time and for sharing their perspectives. Thank you also to our community advisory board members for their input.

THANK YOU!
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Course available to all:

https://docs.google.com/forms/d/e/1FAIpQLSfLrBsD9UBbHDCZeBoV7Cj_y5V8ugfn_cf4wlx9abJy9sqPL3w/viewform?vc=0&c=0&w=1&flr=0