

# MCS Selective

## Treated Differently: Hidden Biases and Their Impact on Health Disparity and the Practice of Medicine

### Introduction

*Of all forms of inequality, injustice in health is the most shocking and inhumane.*

- Dr. Martin Luther King, Jr. 1966

What we are not aware of consciously proves difficult to change. In the practice of medicine, unknowing biases and microaggressions contribute to health disparities and the achievement of equity. The 2002 landmark study, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, provided evidence that health disparity exists even when differences in socioeconomic background, health insurance status, and other social determinants of health are controlled for and concluded that “bias, discrimination, or stereotyping at the individual, institutional, and health systems levels may explain some part of these disparities” (Smedley, et al, 2003).

Health disparity refers to the differences in health that “are not only unnecessary and avoidable but also, unfair and unjust” (Whitehead, 1992). These inequalities are disproportionately experienced by socially disadvantaged populations. This past year has revealed the burden of health disparity based on race and ethnicity, resulting in the addition of racism as a social determinant of health by many major health associations, such as the AMA.

The goal of this selective is to increase awareness of how hidden biases, including implicit biases and microaggressions impact health disparity. Discussion will include the evolutionary development of stereotyping and bias and the underlying neuroscience of implicit bias. The effect of weathering and allostatic load, the physiological changes caused by stress, will be discussed to further understanding about the contributors to disparity. Finally, we will examine the stark realities that COVID-19 has revealed about health disparity in historically discriminated populations.

This selective is divided into three areas: the nature of implicit bias, microaggressions and allostatic load, the influence these factors have on healthcare disparities and professionalism, and the strategies we can use to lessen the impact of implicit bias and microaggressions.

These goals are accomplished through the use of the Implicit Association Test (IAT), targeted readings, introductory overview of the material each week and student-led discussions based on the assigned articles.

### Instructors

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### Educational Objectives:

At the conclusion of this selective you will have the ability to:

1. Understand the nature of implicit versus explicit bias, the evolutionary role of classification and stereotyping, and the neuroscience behind these concepts,
2. Examine your own biases and how they may impact your practice,
3. Identify the contribution of allostatic load, microaggressions and implicit bias on patient care and health disparity,
4. Identify strategies to lessen the impact of implicit bias and microaggressions on patient outcomes and professional development.
5. Examine the disparities revealed during the COVID-19 pandemic and their relationship to structural racism.

#### **Evaluation and Outline:**

1. Attendance at all four sessions.
2. Reading of required articles.
3. Student-led discussions related to the readings of the week and participation in class discussions.
4. Student facilitated in-class discussion (~10 minutes) about an article of your choosing related to the topics discussed in the elective (Session IV).
5. Written reflection, (2-3 pages) about your perspective/experience related to implicit bias, how your views have developed, and may affect your future practice of medicine, due the last day of class.

#### **Session I: The Development of Bias**

What is meant by implicit bias? Is implicit bias inherent in us all? Identify the meanings of implicit versus explicit bias, stereotypes, prejudice and microaggressions. How does evolution affect stereotyping and classification and what is the neuroscience of bias? What has the COVID-19 pandemic revealed about health disparity in the U.S.?

The Implicit Association Test (IAT) developed in the mid-1990's analyzes the role of automatic association underlying implicit bias. Familiarize yourself with the IAT and **take at least one of the tests before the first session.** Sharing individual results are completely optional but come prepared to discuss your thoughts about the IAT in general.

#### **Session II: The Impact of Bias**

In this session we will discuss how microaggressions, allostatic load and implicit bias play a role in health disparities and professional development.

#### **Session III: Mitigating the Effect of Bias**

This session will focus on interventions to reduce the effects of implicit bias and microaggression in healthcare with the primary focus on the individual provider to improve patient outcomes. A multi-pronged approach may lessen the hold implicit bias has on health disparity through providing motivation to change and techniques to improve patient-provider communication and relationships.

#### **Session IV: Article Presentation and Discussion by Students**

Students will present a review of an article of interest related to the class discussions. Hand in Reflection Papers.

*Note: Articles will be sent prior to class*

**Class Size**

Minimum 6 Maximum 10