# Ensuring Equitable Treatment for Patients of Color

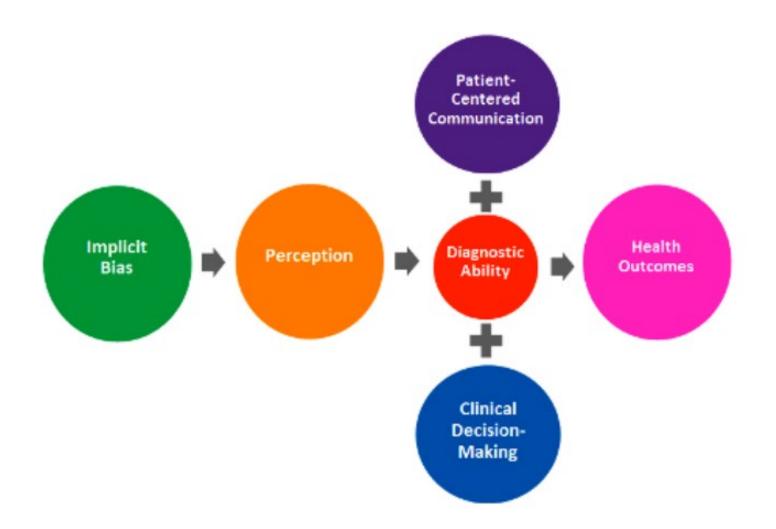
Social Justice and Health Disparities Working Group

Focus Area 3: Ensure equitable treatment for patients of color in health care settings and in the delivery of health care services in the District

### Potential solutions may address:

- Artificial intelligence bias in health care
- Access to providers of color, particularly in communities of color
- Provider education on caring for diverse populations, including implicit bias training

### How Implicit Bias Influences Health Outcomes



#### Source:

https://www.communitycatalyst.org/blog/communitycatalyst-looks-inward-and-outward-in-observance-of-minority-health-month#.YB8wImhKiUk

# Implicit Bias

White people

### **Implicit Association Test**

Next, you will use the 'E' and 'I' computer keys to categorize items into groups as fast as you can. These are the four groups and the items that belong to each:

Category	Items			
Good	Triumph, Adore, Fantastic, Attractive, Smiling, Delight, Laughing, Cheerful			
Bad	Rotten, Angry, Grief, Humiliate, Failure, Tragic, Awful, Hate			
Black people		Data from the Race IAT		

There are seven parts. The instructions change for each part. Pay attention!

Continue

Data from the Race IAT has indicated that most Americans have an automatic preference for White over Black.

### Percentage of White Participants Endorsing Beliefs about Biological Differences between Blacks and Whites

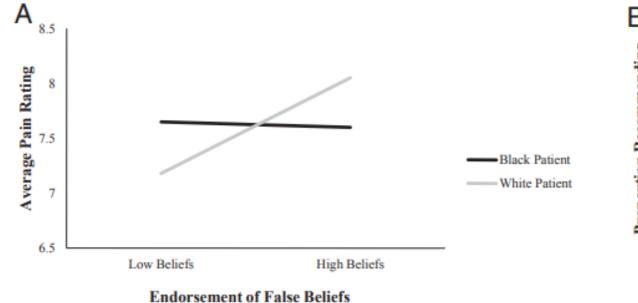
	Study 1: Online sample (n = 92)	Study 2			
Item		First years (n = 63)	Second years $(n = 72)$	Third years (n = 59)	Residents (n = 28)
Blacks age more slowly than whites	23	21	28	12	14
Blacks' nerve endings are less sensitive than whites'	20	8	14	0	4
Black people's blood coagulates more quickly than whites'	39	29	17	3	4
Whites have larger brains than blacks	12	2	1	0	0
Whites are less susceptible to heart disease than blacks*	43	63	83	66	50
Blacks are less likely to contract spinal cord diseases*	42	46	67	56	57
Whites have a better sense of hearing compared with blacks	10	3	7	0	0
Blacks' skin is thicker than whites'	58	40	42	22	25
Blacks have denser, stronger bones than whites*	39	25	78	41	29
Blacks have a more sensitive sense of smell than whites	20	10	18	3	7
Whites have a more efficient respiratory system than blacks	16	8	3	2	4
Black couples are significantly more fertile than white couples	17	10	15	2	7
Whites are less likely to have a stroke than blacks*	29	49	63	44	46
Blacks are better at detecting movement than whites	18	14	15	5	11
Blacks have stronger immune systems than whites	14	21	15	3	4
False beliefs composite (11 items), mean (SD)	22.43 (22.93)	14.86 (19.48)	15.91 (19.34)	4.78 (9.89)	7.14 (14.50)
Range	0-100	0-81.82	0-90.91	0-54.55	0-63.64
Combined mean (SD) (medical sample only)		11.55 (17.38)			

For ease of presentation, we shortened the items; see *SI Text* for full items and additional information. For ease of interpretation and ease of presentation, we collapsed the scale and coded responses marked as possibly, probably, or definitely untrue as 0 and possibly, probably, or definitely true, as 1, resulting in percentages of individuals who endorsed each item. Bold entries represent the items included in the false beliefs about biological differences between blacks and whites composite.

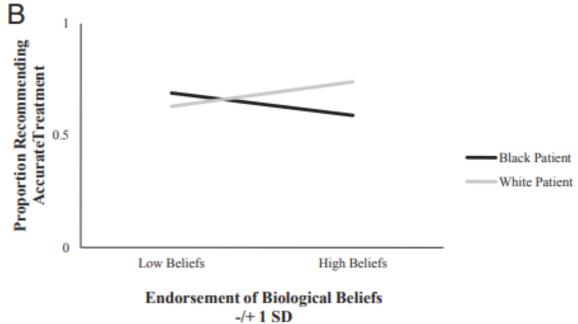
Study 2

<sup>\*</sup>Items that are factual or true.

## Physician Beliefs Influence Clinical Care



-/+ 1 SD



# Outcomes of Physician Bias

- The more implicit bias by IATs and false beliefs, the more likely providers were to recommend treatment (e.g. thrombolysis, pain meds) for white patients while not recommending treatment for black patients.
- Negative perceptions of patients often lead to poor provider communication during medical visits, which in turn contribute to experiences of perceived discrimination and poor quality of care.

### Biased Algorithms Are Easier to Fix Than Biased People

Racial discrimination by algorithms or by people is harmful — but that's where the similarities end.





#### Dealing With Bias in Artificial Intelligence

Three women with extensive experience in A.I. spoke on the topic and how to confront it.



#### By Dhruv Khullar

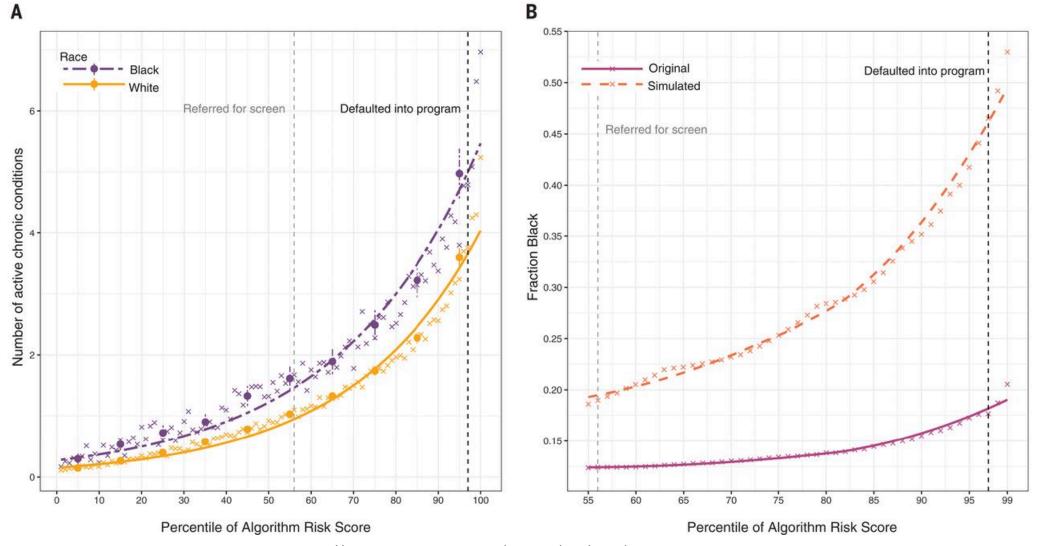
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Jan. 31, 2019





### Use of Health Care Expenditures as a Marker of Clinical Need Biased Artificial Intelligence Predictions



# Implications of Race Correction in Clinical Medicine

Tool	What it does	Potential outcome		
American Heart Association's Get with the Guidelines- Heart Failure	Adds 3 points to the risk score if the patient is not Black	Regards Black patients as lower risk and may increase the threshold for using clinical resources for Blacks		
Society of Thoracic Surgeons Short Term Risk Calculator	Risk score for operative mortality and major complications increases up to 20% for Blacks	When used preoperatively to assess risk, Blacks could be deemed too high risk		
Estimated glomerular filtration rate	The rate is adjusted higher if a patient is identified as Black	Higher rates suggest better kidney function which may delay referral to specialists or listed for transplantation		
OPTN Kidney Donor Risk Index	Increases predicted risk of kidney graft failure if the potential donor is Black	May reduce the pool of Black kidney donors and therefore kidneys available for Black patients		
Vaginal Birth after Cesarean Risk Calculator	Correction factors for Blacks and Hispanics	VBAC score predicts lower chance of success for Black and Hispanic Moms, which may dissuade clinicians from offering trials of labor to them		
Pulmonary Function Tests	Correction factors for Blacks and Asians	May result in the misclassification of disease severity and impairment for racial/ethnic minorities		

### Access to Providers of Color

- American Indian or Alaska Native (2,570)
- Asian (157,025)
- Black or African American (45,534)
- Hispanic (53,526)
- Multiple Race, Non-Hispanic (8,932)
- Native Hawaiian or Other Pacific Islander (941)
- Other (7,571)
- Unknown (126,144)
- White (516,304)

Note: Figure 18 shows the percentage of active physicians by race and ethnicity as of July 1, 2019.

Source: Race and ethnicity are obtained from a variety of sources including DBS, ERAS, APP, MCAT, SMDEP, GQ, MSQ, PMQ, FACULTY, GME, STUDENT with priority given to the most recent self-reported source.

Figure 18. Percentage of all active physicians by race/ethnicity, 2018.

