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# Understanding Bias, Microaggressions, and Cultural Humility to Promote Health Equity

Virtual Workshop  
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- Research shows that diverse working groups are more productive, creative and innovative than homogeneous groups.
- Problem-solving complex healthcare issues

## The Science and Value of Diversity: Closing the Gaps in Our Understanding of Inclusion and Diversity

Talia H Swartz ✉, Ann-Gel S Palermo, Sandra K Masur, Judith A Aberg

*The Journal of Infectious Diseases*, Volume 220, Issue Supplement\_2, 15 September 2019,  
Pages S33–S41, <https://doi.org/10.1093/infdis/jiz174>

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### HOW IS DIVERSITY BENEFICIAL TO SCIENCE?

- Diverse Groups Publish More Frequently and Are Cited More
- Diverse Groups Are Better Equipped to Address Health Disparities



INCLUSION

Inclusion is the process by which individuals view themselves as active members of a larger community; where their background, insights and contributions are valued as part of the creativity and productivity of the group. Inclusion, then, becomes the binding force for diversity.

**Unconscious bias** (also known as implicit bias) refers to the beliefs and prejudices we hold that reside outside of our awareness.

“Although many underlying causes contribute to health care disparities, the IOM concluded that bias, stereotyping and prejudice on the part of health care providers may be major contributing factors.<sup>8</sup> New evidence has shed light on the following: the dynamics of conscious and unconscious biases; the effects of bias on patients and providers; and the correlation between bias, differential treatment, and disparities in the health status and outcomes for specific racial, ethnic, and other cultural groups.”

*Institute of Medicine, 2003*

## PERSPECTIVE



### Physicians and Implicit Bias: How Doctors May Unwittingly Perpetuate Health Care Disparities

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Although the medical profession strives for equal treatment and quality medical care, Despite these efforts, disparities in health

## PHYSICIANS AND IMPLICIT BIAS

Physicians are not immune to implicit bias. Indeed, uncertainty and time pressure surrounding the diagnostic process may promote reliance on stereotypes for efficient decision-making.<sup>17–20</sup> Physician training emphasizes group level information, like population risk factors, and may expose trainees to minorities in unfavorable circumstances of illness or addiction, reinforcing stereotypes. Finally, physicians' vast knowledge of scientific data may create a strong belief in their personal objectivity, promoting bias in decision-making.<sup>21</sup>

## Slow Brain: Conscious Processes

*Where we think we operate most of the time.*

- Takes effort
- Logical Reasoning
- Deliberate
- Rational
- Thoughtful
- Slower

## Fast Brain: Unconscious Processes:

*Where we actually operate most of the time.*

- Effortless
- Pattern Recognition
- Automatic
- Faster



# Unconscious Bias and Health Disparities



- Black and Hispanic patients in the ED less likely to receive analgesia than White patients. This was true for children as well! (Singhal, Tien & Hsia, 2016)
- Native-American men in lowest life expectancy across gender and race groups (Cunningham et al., 2017; Griffith, Metzel, & Gunter, 2011).
- Findings suggest that race/ethnicity (specifically Black women) is a significant predictor of in-hospital mortality, having a cesarean delivery, and having a longer expected LOS, even when accounting for variables such as income and education. (Tangel, et al. 2019).



# What We Can Do About Unconscious Bias



Develop the ability to self-reflect and self-critique



Be an ally, be anti-racist



Get feedback and data



Rewards system: Ask what can I learn from this situation? Gently bringing others toward learning.



Experiential Reality

# Examples of Healthcare Microaggressions

- **Said to a nurse:** “You are so smart, why didn’t you become a doctor?”
- **Said to a Latino nursing student:** “You are a credit to your race.”
- **Said about a student with they/their pronouns on their name tag:** “Young people can’t even make a decision about whether they are a boy or a girl these days.”
- **Said to a Male Nurse:** “I didn’t know men could be so caring”
- **Said to a patient living with obesity:** “if you only changed your lifestyle this wouldn’t be a problem”

# Definition of Microaggressions

Racial microaggressions are subtle statements and behaviors that unconsciously communicate denigrating messages to people of color. (Nadal, 2011).

<b>Types of Microaggressions</b>	<b>Definition</b>
Micro-assaults	Intentionally and explicitly derogatory verbal or non-verbal attacks.
Micro-insults	Rude and insensitive subtle put-downs of someone's racial heritage or identity.
Micro-invalidations	Remarks that diminish, dismiss or negate the realities and histories of People of Color.

# Notes about Microaggressions

- Not always consciously done.
- Powerful because they are subtle-sometimes invisible, especially to those who do not share the identity.
- Instances that cause the victim to wonder, in confusion, “What just happened?!!”



# Impact of Microaggressions



- Cause mental health effects
- Create physical health problems
- Perpetuate stereotypes
- Passively allow society to devalue groups
- Cause lower work productivity
- Create inequities in education, employment, and health care

## Seeking Inclusion Excellence: Understanding Racial Microaggressions as Experienced by Underrepresented Medical and Nursing Students

Kupiri Ackerman-Barger, PhD, RN, Dowin Boatright, MD, MBA, MHS,  
Rosana Gonzalez-Colaso, PharmD, MPH, Regina Orozco, MSN, RN, and Darin Latimore, MD

### Abstract

#### Purpose

To describe how racial microaggressions may affect optimal learning for underrepresented health professions students.

#### Method

The authors conducted focus groups and individual interviews from November 2017 to June 2018 with 37 students at University of California, Davis and Yale University who self-identified as underrepresented in medicine or nursing. Questions explored incidence, response to, and effects of racial microaggressions, as well as students' suggestions for change. Data were organized and coded, then thematic analysis was used to identify themes and subthemes.

#### Results

The data showed consistent examples of microaggressions across both health professions and schools, with peers, faculty, preceptors, and structural elements of the curricula all contributing to microaggressive behavior. The 3 major themes were: students felt devalued by microaggressions; students identified how microaggressions affected their learning, academic performance, and personal wellness; and students had suggestions for promoting inclusion.

#### Conclusions

The data indicated that students perceived that their daily

experiences were affected by racial microaggressions. Participants reported strong emotions while experiencing racial microaggressions including feeling stressed, frustrated, and angered by these interactions. Further, students believed microaggressions negatively affected their learning, academic performance, and overall well-being. This study shows the need for leadership and faculty of health professions schools to implement policies, practices, and instructional strategies that support and leverage diversity so that innovative problem-solving can emerge to better serve underserved communities and reduce health disparities.

Ackerman-Barger, K., Boatright, D., Gonzalez-Colaso, R., Orozco, R., & Latimore, D. (May 2020). [Seeking inclusion excellence](#). *Academic Medicine*. 95(5) 748-763.

# First Theme: Students Felt Devalued

## Subtheme: Devalued and Discounted

People would not respond to things that I'd say in the classroom. But they would respond to what a White person said even if it was exactly the same thing. They would not acknowledge that I had contributed anything to the discussion.

There were times where everyone was asking, "What did you get on this exam" People would say "Oh, I got an A, or a B, or I got to retake it". And I didn't even want to mention it, but when I was specifically asked I said, "I got a 100% on this exam." And people would not believe it for some reason. Maybe because I am Black.



# First Theme: Students Felt Devalued

## Subtheme: Teaching Biological Inferiority

Yeah that's one of the most challenging things is to be in an institution that uses the word innovative in its language or leader in its language as far as mission, vision and values but they refuse to address historical and social contexts to health disparities. And being told by a professor that race is a biological fact in 2019 was deeply concerning to not only the quality of my education but just like... I didn't know that like eugenics is on an upswing and I feel like [names her school] is like contributing to that.



## Second Theme: Impact of Microaggressions

### Subtheme: Stress and Anxiety

“I’ve had to go on anxiety meds for depression because of the stress that we go through. I never had to do that before getting to [health profession] school. So I feel, I don’t know if it’s a consequence of [health profession] school in itself or the microaggressions.”

“You’re performing and you’re always stressed, how are you going to learn? Yeah, that’s not the ideal way to learn. I’m a curious person. I enjoyed learning at one point, you know. But when you’re learning and you’re feeling like you’re already expected to fail that is not a good feeling.”

# Second Theme: Impact of Microaggressions

## Divesting in Discourse

Yes, it has had an impact on me academically. In the past if I had had questions, I would have just raised my hand. I wouldn't have thought twice about it and I would have sought out the answer. Now I think twice. In fact, every day before I go to school, I look at this thing I wrote for myself that says, "Please the teacher. Melt into the metal. Stay silent." I try to look at that and read that every day before I leave the house to remind myself to keep my head down and keep my mouth shut – not draw any attention to myself.

## Second Theme: Impact of Microaggressions

### Subtheme: The Diversity Tax

The thought has come up a lot for me, what are all of the other ways that students of color are being pulled away from their studies. Because we are the ones who respond whenever something happens--we'd show up.

I feel like I've had to be a student and an advocate for myself when I should have just been focusing on studying. And I feel like that's been the hardest. I just want to study but I don't have time to study because I'm going to all these meetings about things that are going on and things that are wrong and things that I want to change, organize for ourselves, that the school is not doing for us.

Learning Environment

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## **The Microaggressions Triangle Model: A Humanistic Approach to Navigating Microaggressions in Health Professions Schools**

Kupiri Ackerman-Barger, PhD, RN, and Negar Nicole Jacobs, PhD

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### Abstract

Microaggressions are types of interactions that create a cognitive load that can impede a health professions student's ability to perform well in their program. This paper discusses the Microaggressions Triangle Model, which is a framework for understanding

microaggressions from a human interaction standpoint. At each point in the model, the authors provide approaches designed to help recipients, sources, and bystanders construct responses that may allow for rebuilding. From a restorative justice standpoint,

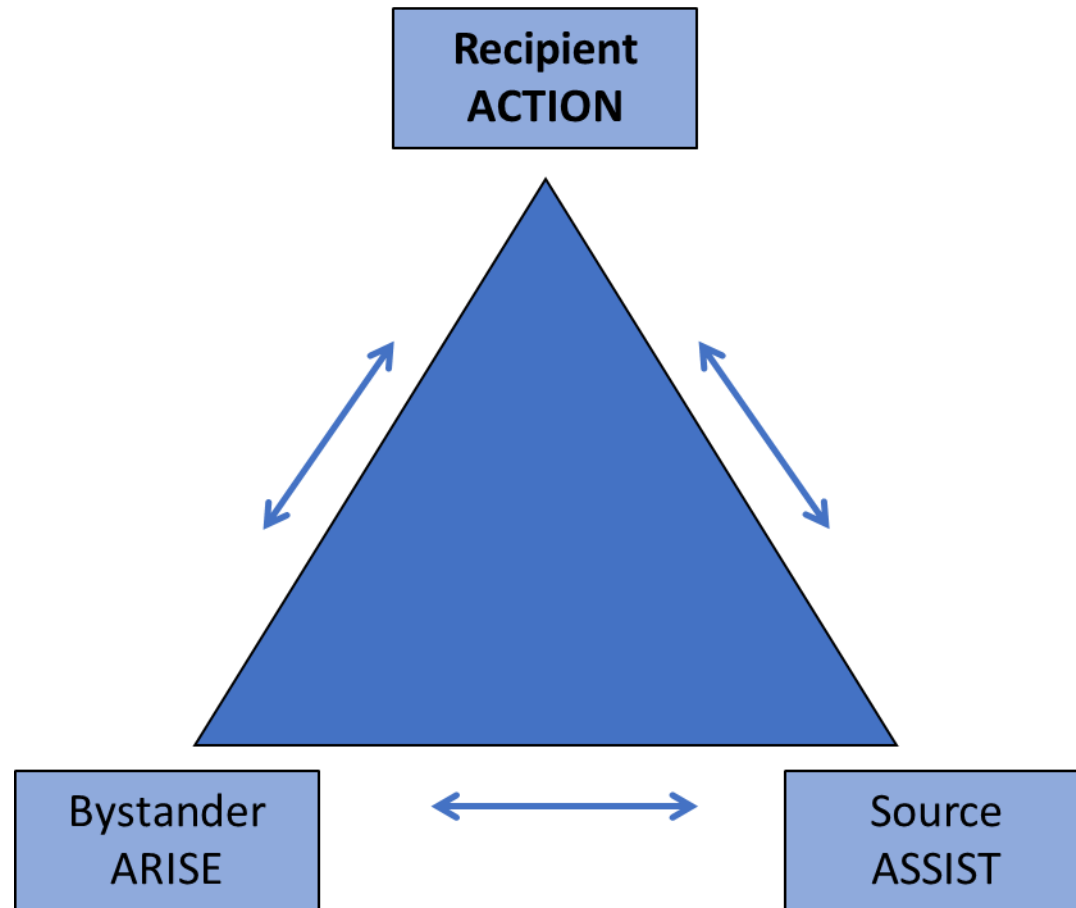
rebuilding gives all people involved the opportunity to restore their reputations and repair relationships. Rebuilding is about individuals and communities acknowledging and learning from the interaction as a way to promote a climate of inclusion in their organization.

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Downloaded from <http://journals.lww.com/academicmedicine> on

[Ackerman-Barger, K. & Jacobs, N.N. \(2020, Dec\). The microaggressions triangle model: A humanistic approach to navigating microaggression in health professions schools. \*Academic Medicine \[Macy Foundation Supplement\]\*.](#)

# Microaggressions Triangle Model



Ackerman-Barger, K. & Jacobs, N.N. (2020, Dec). The microaggressions triangle model: A humanistic approach to navigating microaggression in health professions schools. *Academic Medicine [Macy Foundation Supplement]*.



# Example Scenario

An African-American male nursing student, Rick, described an interaction with peers after an exam.

“Classmates were asking, okay, what did you get on the exam? People responded, ‘I got an A, a B,’ or ‘I have to retake it’—things like that. And I didn’t even want to mention it, but I was specifically asked what I had gotten, so I said, “I got a hundred percent on this exam.” And people did not believe it for some reason. Even though other people had a similar grade, everyone was kind of surprised that I got such a high score and didn’t “I have to retake it”? I can’t help but wonder if it is because I am Black.



# Recipient- ACTION Approach

**Ask a clarifying question.** For example: “You seem surprised that I received a high grade. Are you surprised?”

**Come from curiosity, not judgment.** For example: “I want to better understand your surprise, can you explain it to me?”

**Tell what you observed in a factual manner.** For example: “I noticed that when you asked some of the other students about their grade you did not express the same level of surprise.”

**Impact exploration.** Discuss the impact of the statement. For example: “Ouch. Your surprise makes me feel like people doubt my ability and intellect.”

**Own your thoughts and feelings** about the subject. For example: “It’s difficult being the only Black student in our cohort. People often think I am here only to fulfill a diversity goal. That’s hard because I have always done well in school.” (If the source has been able to hear what you have shared, consider the following, which may help rebuild the relationship.)

**Next steps.** For example: “Hey, let’s go to class now, but if you want to talk about this later, I would be happy to grab some coffee with you.”

# Source-Responses ASSIST

**Acknowledge your Bias.** A way to avoid becoming the source of microaggressions is by familiarizing ourselves with and mitigating our unconscious bias.

**Seek feedback.** For example, “I noticed when we were talking about exam grades, you became quiet. How was that interaction for you?”

**Say you are sorry.** Apologies can be difficult, because we often think of them as an admission of wrongdoing. An apology should be about recognizing someone else’s pain.

**Impact, not intent.** Whether your intention was to hurt another person or not, this is a great opportunity for you to learn about someone else’s experience. you could say: “Although it was not my intention to harm you, I see now how my questioning your score affected you and I am sorry.”

**Say thank you.** For example, “Thank you for the feedback. I appreciate you taking the time to help me grow as a person.”

# Bystanders-Responses **ARISE**

**Awareness.** a bystander could have raised awareness of the situation by saying, “Your surprise about Rick’s score suggests a biased assumption.

**Respond with empathy and avoidance of judgment.** While it may be tempting to respond with the negative emotions that have been engendered by the interaction, approaching with empathy is critical because the goal is to rebuild community. Avoiding judgment means allowing others the grace to make mistakes, and to learn from their mistakes.

**Inquiry.** Approach the situation with curiosity and make inquiries. For example, “Can you explain your comment to me?” or “What did you mean by that?”

**Statements that start with I.** A bystander also can use “I” statements to talk about how the comment made them feel. For example: “I noticed that Rick seemed offended when you made that comment about his score, and so was I.”

**Educate and engage.** I know you didn’t intend to stereotype anyone, but as your friend, I want to let you know that what you said could be interpreted that way.”

# Cultural Humility as a Framework for Promoting Health Equity

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**Cultural humility versus cultural competence: A critical distinction in defi...**

Melanie Tervalon; Jann Murray-Garcia

*Journal of Health Care for the Poor and Underserved*; May 1998; 9, 2; Research Library

pg. 117

*Guest editorial*

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**CULTURAL HUMILITY VERSUS CULTURAL  
COMPETENCE: A CRITICAL DISTINCTION IN  
DEFINING PHYSICIAN TRAINING OUTCOMES  
IN MULTICULTURAL EDUCATION**

**MELANIE TERVALON, MD, MPH**

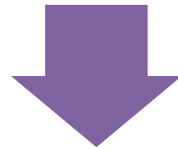
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## Original Premise

We should be able to care for each other across (cultural) identity groups



## It Became a Metric

“Mastery, competence, learning outcome”

“Which of the following foods are part of African-American cuisine”?



# Four Tenants

