

**"No Rest for the Weary":
Strategies for Promoting
Mental Health Among Black Women
During the COVID-19 Pandemic**

April 22, 2022

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Disclosures

- No conflicts of interest to report
- No financial disclosures to report

Important Reminders!

Please use the Q/A feature today to send us questions and our Moderator will make sure that we get all questions

Please complete the following if you have not done so already)

- **Sign-in Sheet**
- **Pre-survey**

Presenters

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Adult Psychiatrist
Founding Member and President
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Brown University, 1998
Morehouse School of Medicine, 2003
Hospital of the University of Pennsylvania, 2007
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Trenton State College, 1996
Robert Wood Johnson Medical School, 2000
Temple University, 2004
Thomas Jefferson University, 2006

Global Health Psychiatry

A Mindset. A Mission. A Movement



Founding Members

- Established in 2018 by ten community-oriented African American psychiatrists committed to addressing mental health needs of Black communities
- Internationally recognized authors, speakers, and consultants providing *keynotes, custom training and curricula, and consultation*

Objectives

By the end of the training, participants will be able to

- Identify one social and one economic factor that can increase risks of mental health problems among Black women during the COVID-19 pandemic.
- Explain how gendered racism contributes to health inequities among Black women.
- State three ways that gendered racism can have direct negative mental health effects for Black women.
- Name 4 common barriers to seeking mental health treatment for Black women.
- Assess how implicit bias directly and indirectly contributes to mental health inequalities among Black women.
- Specify one training strategy to address implicit bias at the individual level and one training strategy to address implicit bias at the systems level.

Strategies for Addressing Sex/Gender Disparities during the Pandemic

- **Use precise terms:** “Sex” and “gender” are not synonyms, nor are they as independent of one another as people tend to believe. You can use the term “gender/sex” to emphasize the continuous and dynamic relationships between biology, behavior, and social structures.
- **Question the binary:** Intersex, trans, non-binary, genderqueer, and other gender-diverse individuals live their lives beyond the binary. Profile their experiences and point out that COVID-19 data refer to people categorized as female and male.

Strategies for Addressing Sex/Gender Disparities during the Pandemic

- Ask questions about how social variables interact with gender/sex: There are many socially-relevant variables that may influence the sex distribution of COVID-19 outcomes, such as age, disability, race/ethnicity, indigeneity, migration status, geographic location, occupation, and social class. Investigate these and explain them to your audience.
- Report age- and population-adjusted statistics and relative, not absolute mortality: Raw counts are not sufficient. Always contextualize COVID-19 gender/sex disparities within existing gendered and sexed patterns of disease, aging, and mortality.

LEARNING TOPICS

- ***Mental Health Among Black Women During the COVID-19 Pandemic***
 - Physical & Mental Health Inequities
 - Historical & Current Systems of Oppression
 - Gendered Racism
 - Social Determinants During the Pandemic
 - Implicit Bias in Health Care
 - Stigma and Help-Seeking Behaviors
- ***Strategies for Promoting Mental Health Among Black Women during the COVID-19 Pandemic***
 - Addressing Inequities, Gendered Racism, Implicit Bias, & Stigma

The Power of Conversation



<https://www.youtube.com/watch?v=dakoO8WJ3mY&t=115s>



2020





2021



2022





Black Female Athletes Breaking the Cycle of Silence

Expectation of Black Excellence
under extreme pressure (on a very
public stage)

Symbol of Hope for Black People,
Symbol of White Fear of Black
Excellence

Remember, very often these are
young people

Black Women Athlete Activists,
Prioritizing MH, and Activism
Against Police Brutality & Racial
Injustice



“

I have to put my pride
aside. I have to do
what's right for me
and focus on my
mental health and not
jeopardize my health
and well-being. That's
why I decided to take
a step back.

Simone Biles



Black Women Athletes and Mental Health



Social media humanizes athletes, “Dumb jock, just shut up and dribble!”

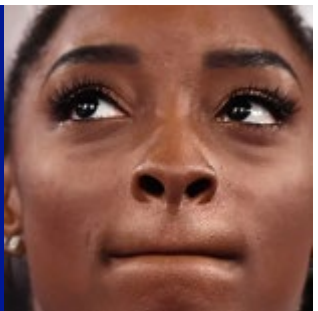
Not acceptable, athletes are human beings not just physical beings

Triple Cross of Black Women Athletes:
Race/Gender/Women not taken seriously as athletes



Black Women Athletes,
Ambassadors for Mental
Health and Wellness

Biles/Saunders/Osaka/Richardson/Holdsclaw/
DeRozan/Lyles



The Power of Black Girls



LEARNING TOPICS

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 - **Implicit Bias in Health Care**
 - **Stigma and Help-Seeking Behaviors**
- ***Strategies for Promoting Mental Health Among Black Women during the COVID-19 Pandemic***
 - **Addressing Inequities, Gendered Racism, Implicit Bias, & Stigma**

Women's Mental Health and Wellness

“Good mental health is essential to overall well-being”

U.S. Dept of Health and Human Services, Office of Women's Mental Health:

- Established in 1991, Goal: Improve overall health of women
- Focused on government policy action
- Partnerships were important for research, health care prevention and service delivery, public and health care professional education, and career advancement for women in health and scientific careers.

Women's Mental Health and Wellness

Due to hormonal changes, women are more at risk for some mental health conditions at different times during their reproductive life cycle

- Pregnancy and the Postpartum Period
- Menopause
- Menstrual Cycle

Women's Mental Health and Wellness

Gender must also be considered for physical health conditions. Examples:

- Cancer
- Heart Disease
- Autoimmune Disorders
- Thyroid Conditions
- Migraines

MORTALITY GAP FOR U.S. MOMS

In the U.S., black women who are expecting or who are new mothers die at rates similar to those of the same women in lower-income countries, while the maternal mortality rate for white U.S. mothers more closely resembles rates in more affluent nations.

Sources: U.S. ratios (2011-2013): CDC Pregnancy Mortality Surveillance System; Global ratios (2015): UNICEF

NON-HISPANIC BLACK WOMEN

40

United States

Comparison:
Women of all races

44

Brazil

40

Malaysia

38

Mexico

36

Uzbekistan

Maternal
deaths per
100,000

NON-HISPANIC WHITE WOMEN

12.4

United States

11

New Zealand

9

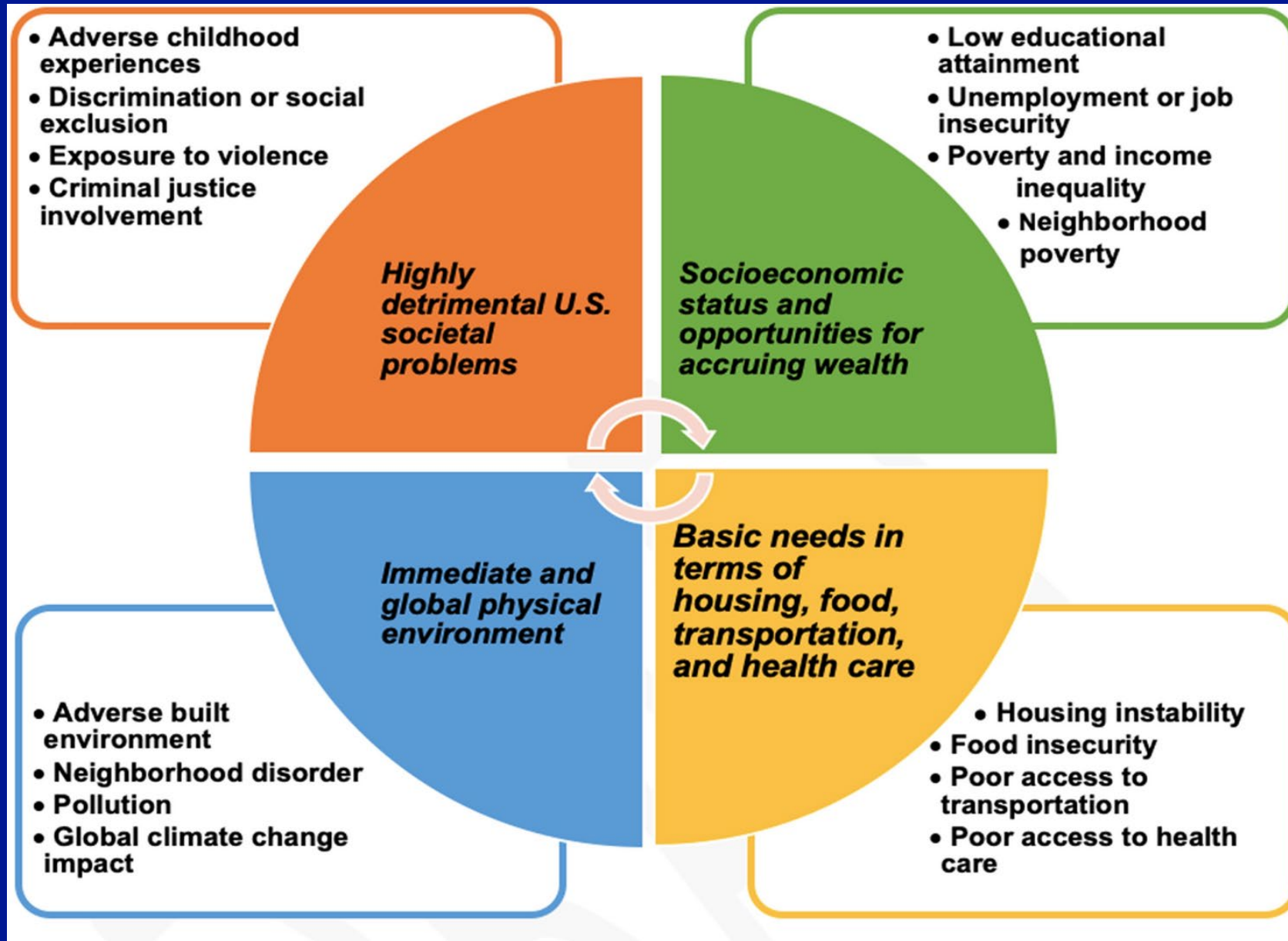
United Kingdom

8

France

5

Japan



From: [The Social Determinants of Mental Health: A Descriptive Study of State Mental Health Agencies' Priorities](#)

Women's Mental Health and Wellness

Gender also affects differentials in social determinants of mental health

- Power and Control
- Social Status and Gender Roles
- Economic Positions
- Safety and Gender Based Violence
- Seeking and Receiving Mental Health Care

LEARNING TOPICS

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Intersectionality between Race and Gender

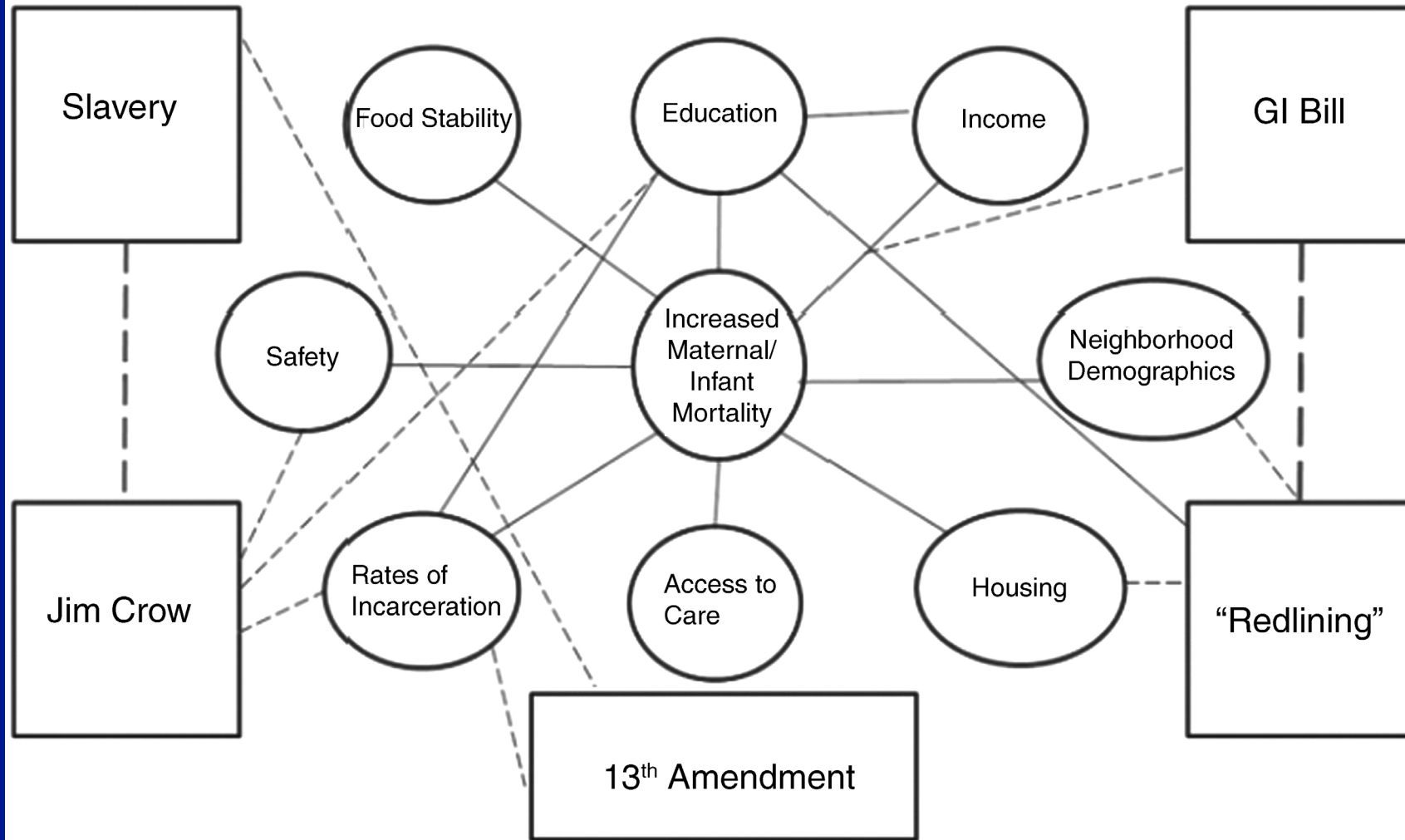
Williams and Lewis, 2019

Terminology

- Gendered Racism
- Gendered Racial Microaggressions
- Gendered Racial Identity
- Gendered racism/microaggressions can influence development of depressive symptoms leading to more chronic courses of depression

WEB OF CAUSATION

STRUCTURAL and SOCIAL DETERMINANTS: IMPACT ON HEALTH



Crear-Perry, J., Correa-de-Araujo, R., Lewis Johnson, T., McLemore, M. R., Neilson, E., & Wallace, M. (2021). Social and structural determinants of health inequities in maternal health. *Journal of Women's Health, 30*(2), 230-235.

Intersectionality between Race and Gender

- Media and the “The Strong Black Woman”
- Unfortunately, there are many examples in history and current events:
 - The Black Superwoman
 - The Mammy
 - The Jezebel
 - The Angry Black Woman

LEARNING TOPICS

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Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity

Updated Mar. 25, 2022

[Print](#)

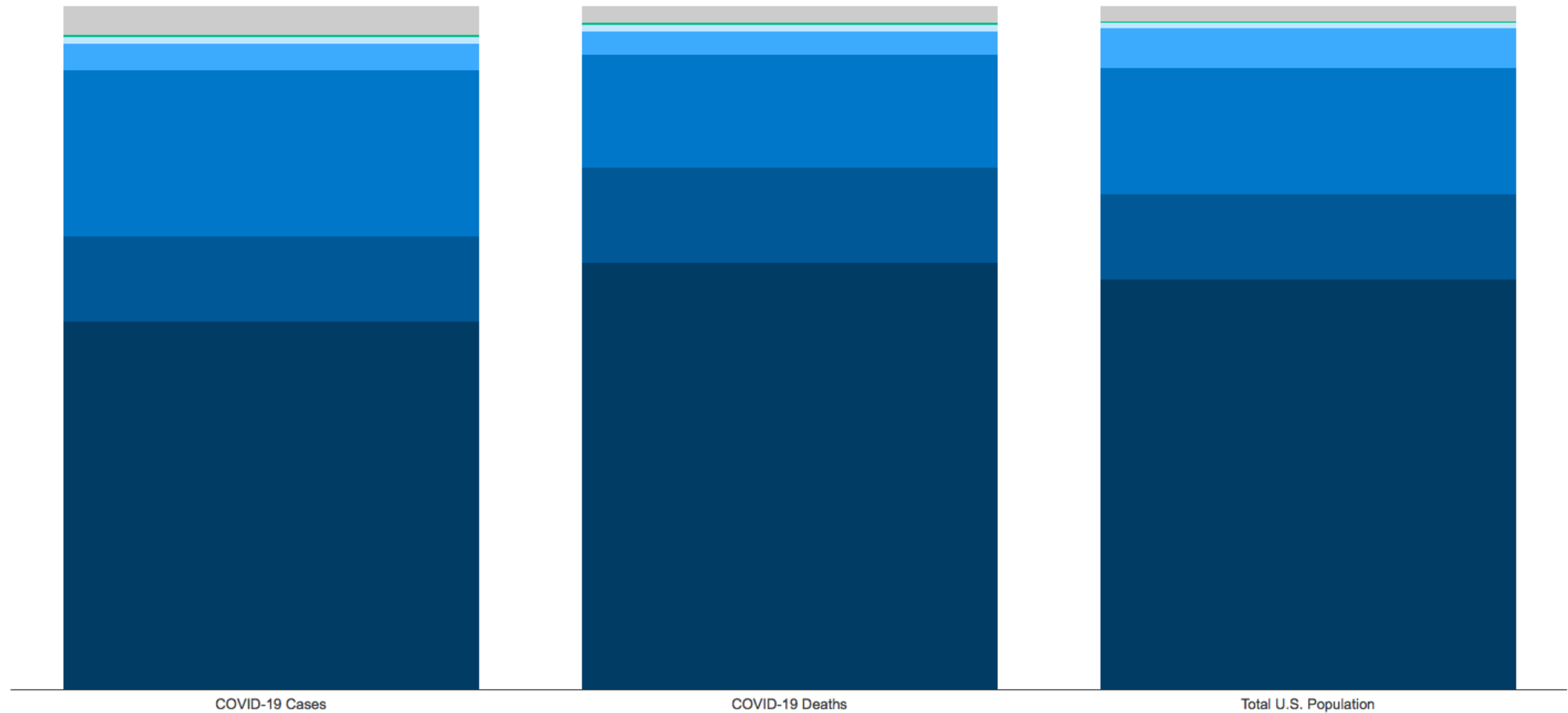
Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.6x	0.7x	1.1x	1.5x
Hospitalization ²	3.1x	0.8x	2.4x	2.3x
Death ³	2.1x	0.8x	1.7x	1.8x

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers.

Figure 1

COVID-19 Cases, Deaths, and Total Population, as of February 15, 2022

White Black Hispanic Asian AIAN NHOPI Other



NOTE: Totals may not sum to 100 due to rounding. AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawaiian or Other Pacific Islander. Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. Other race includes multiple race individuals.

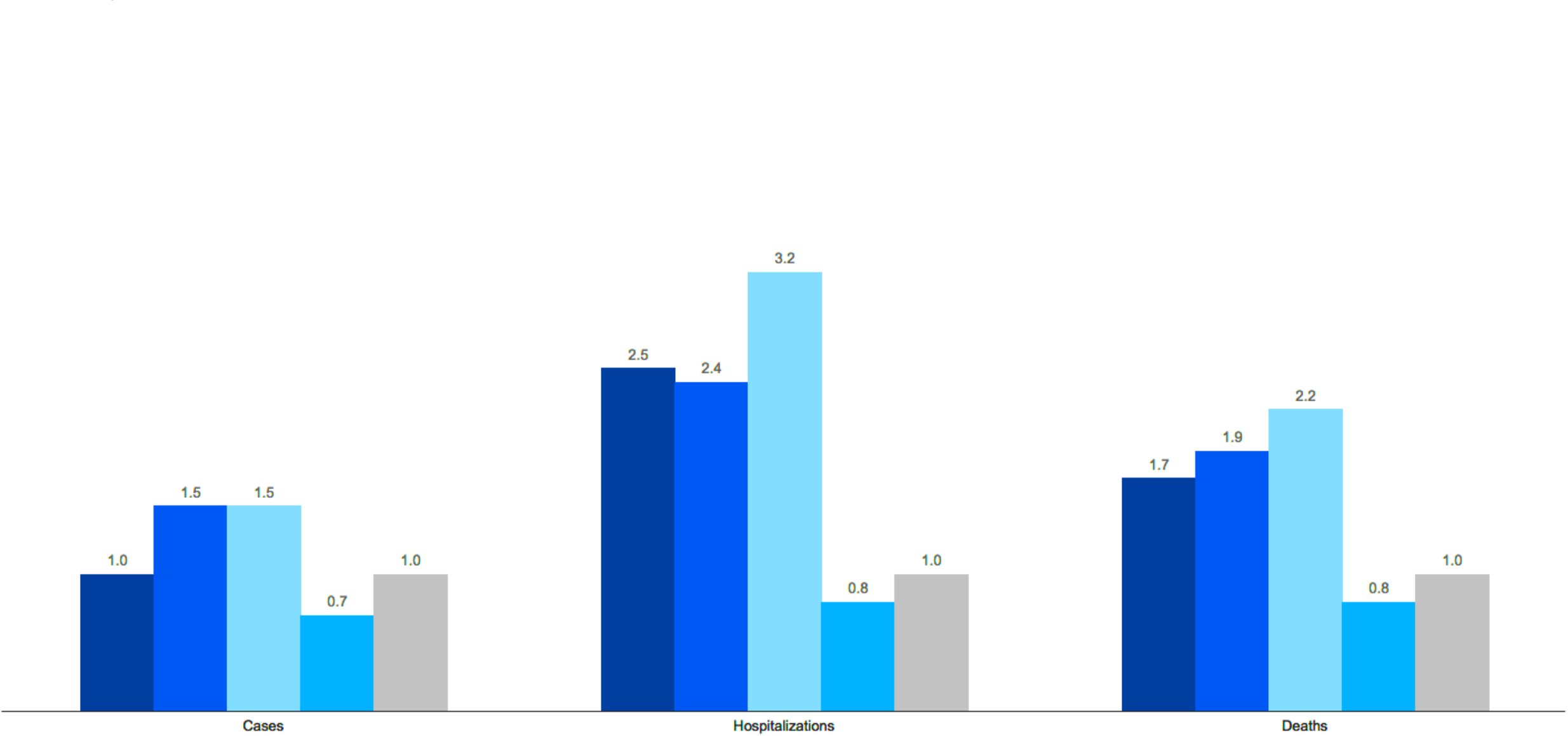
SOURCE: Demographic Trends of COVID-19 cases and deaths in the US reported to CDC, data as of February 15, 2022. • PNG

KFF

Figure 2

Age-Adjusted Risk of COVID-19 Infection, Hospitalization, and Death, Compared to White People in the United States

Black Hispanic American Indian or Alaska Native Asian White



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic; data for Native Hawaiian or Other Pacific Islander (NHOPI) people are not reported.
SOURCE: CDC, Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>. Data as of February 1, 2022, accessed February 8, 2022. • KFF
PNG

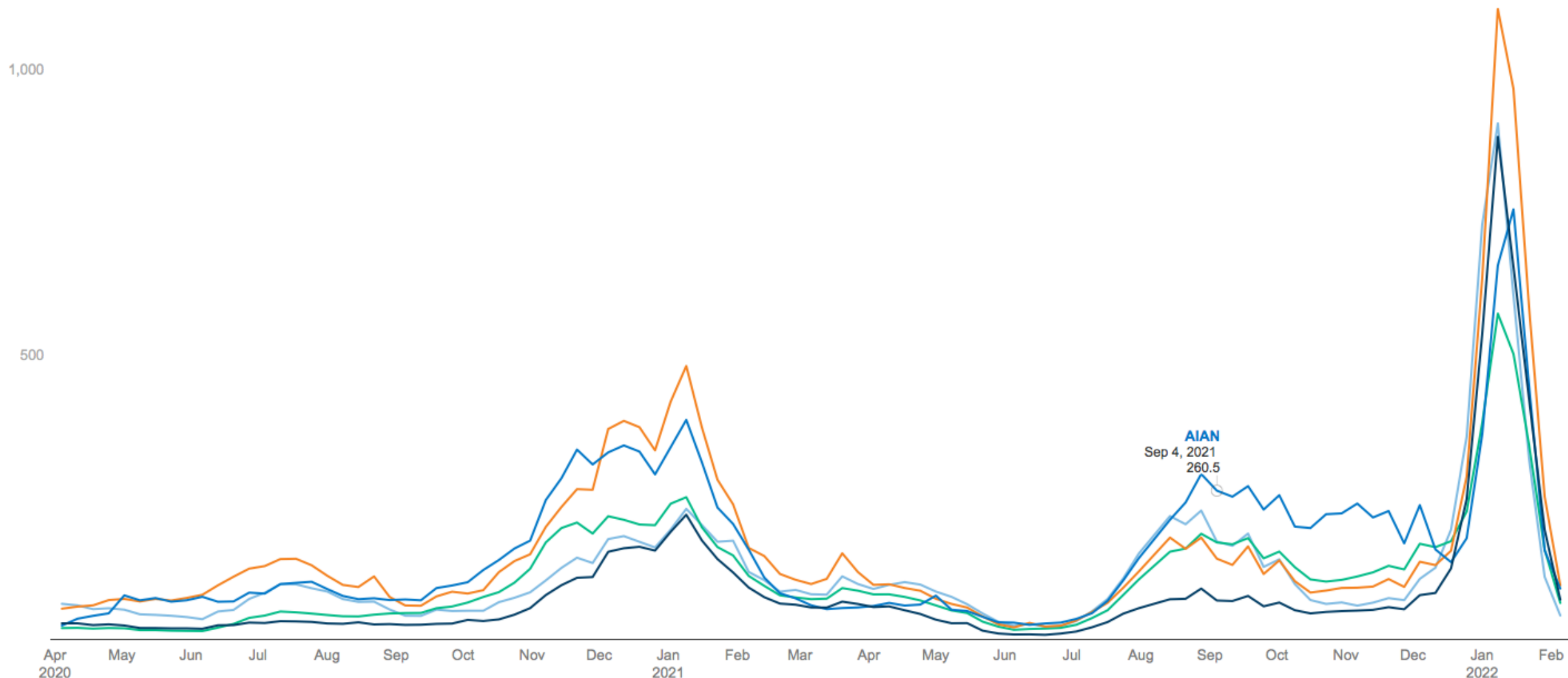
Figure 3

COVID-19 Weekly Cases in the United States per 100,000 by Race/Ethnicity, June 2020 to February 2022

Click on the buttons below to see data for the different metrics:

Cases Deaths

White Black Hispanic Asian/Pacific Islander AIAN



NOTE: Data for 8/7/2021 excluded because they reflect a large data influx for which clinical dates were not available. US territories are included in the case and death counts but not in population counts. AIAN refers to American Indian/Alaska Native.

SOURCE: CDC COVID-19 Case Line-Level Data, 2019 Census, HHS Protect; Visualization: Data Analytics and Visualization Task Force and CDC CPR DEO Situational Awareness Public Health Science Team, <https://covid.cdc.gov/covid-data-tracker/#demographicsovertime>, accessed February 8, 2022 • PNG

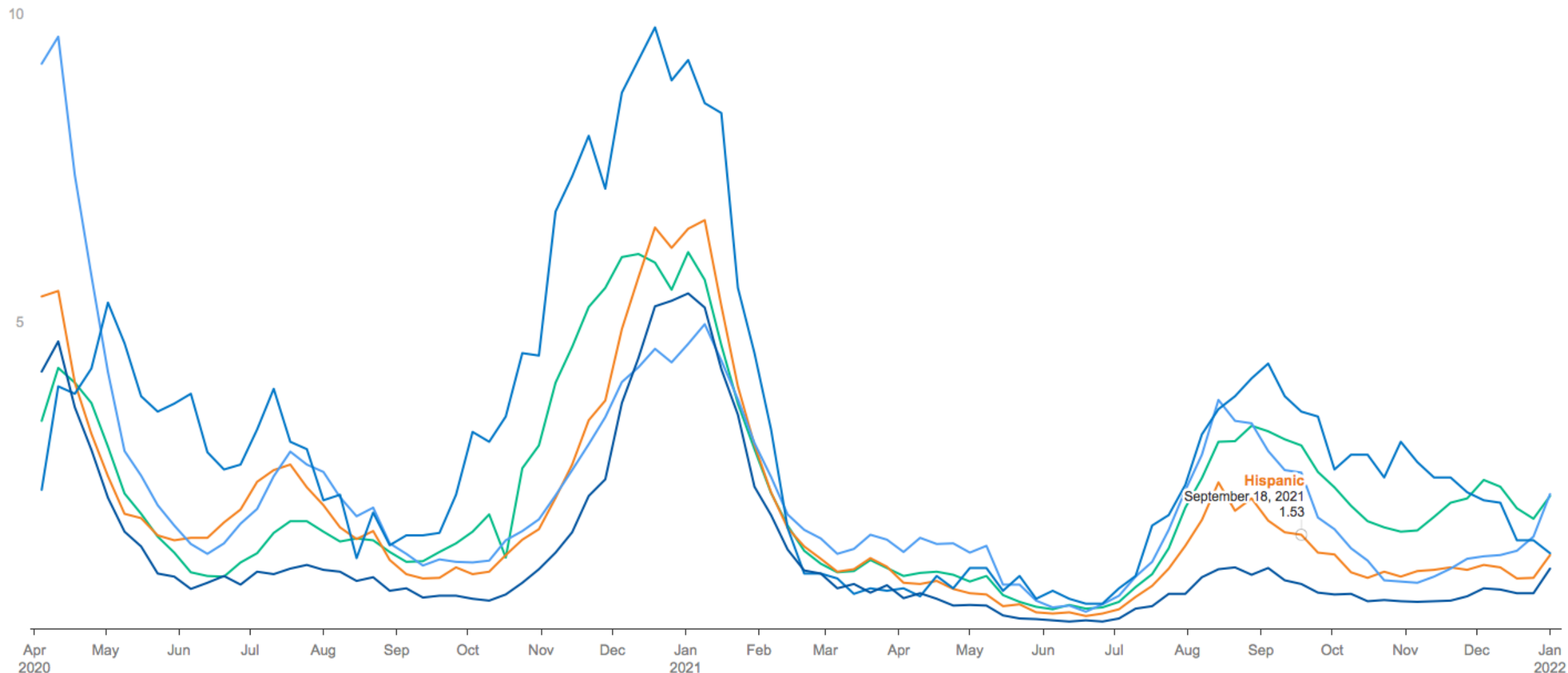
Figure 3

COVID-19 Weekly Deaths in the United States per 100,000 by Race/Ethnicity, June 2020 to January 2022

Click on the buttons below to see data for the different metrics:

Cases Deaths

White Black Hispanic Asian/Pacific Islander AIAN



NOTE: US territories are included in the case and death counts but not in population counts. AIAN refers to American Indian or Alaska Native.

SOURCE: CDC COVID-19 Case Line-Level Data, 2019 Census, HHS Protect; Visualization: Data Analytics and Visualization Task Force and CDC CPR DEO Situational Awareness Public Health Science Team, <https://covid.cdc.gov/covid-data-tracker/#demographicsovertime>, accessed February 11, 2022. • PNG

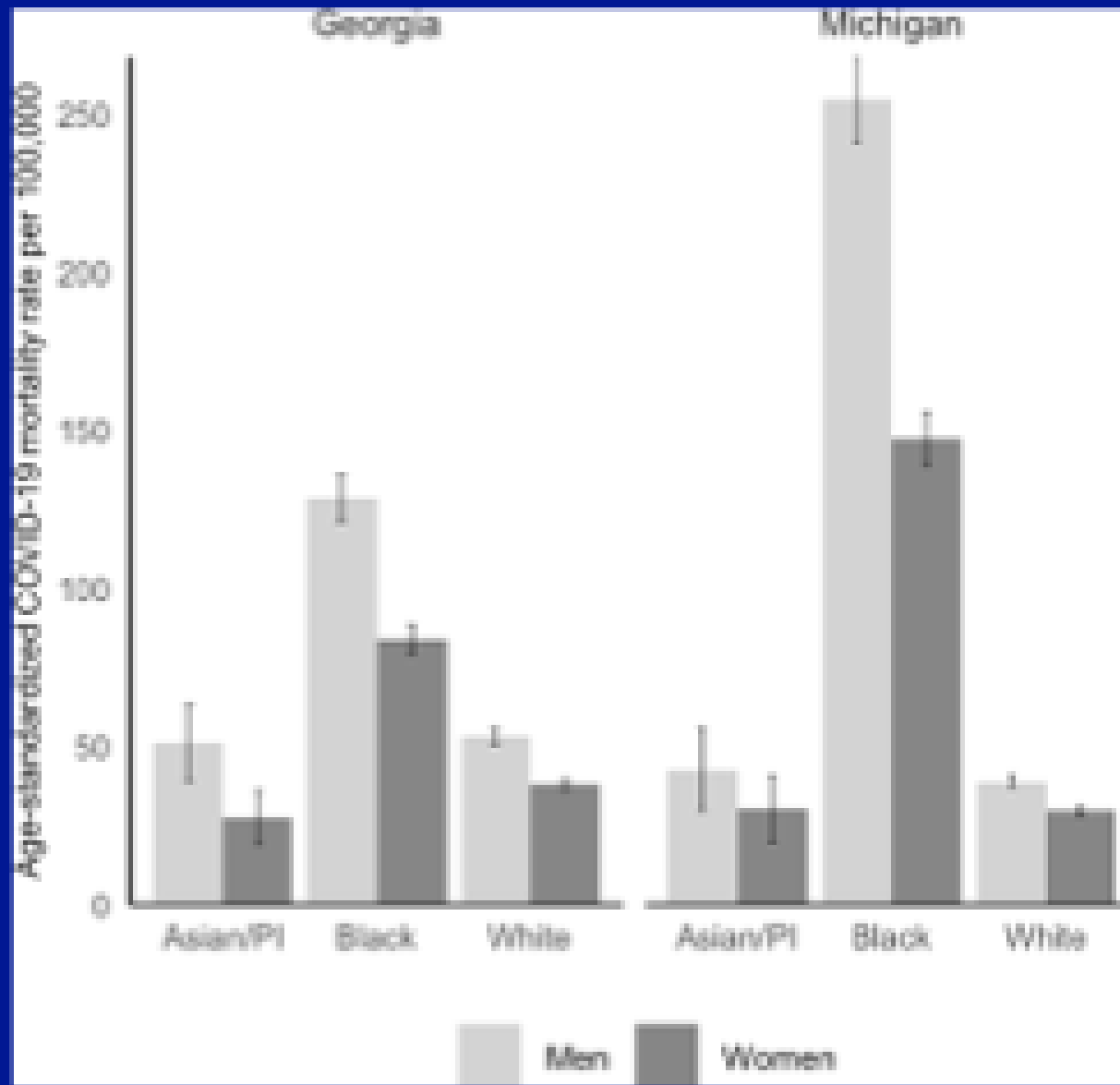


Figure 1 Age-Standardized COVID-19 Mortality Rate by Race and Sex in Georgia and Michigan USA. Asian/PI, Asian or Pacific Islander. Age-standardized rates were calculated using direct standardization and the 2000 US population as the standard.



Alameda County COVID-19 Dashboard

Last Updated: 4/20/2022 11:50:23 AM

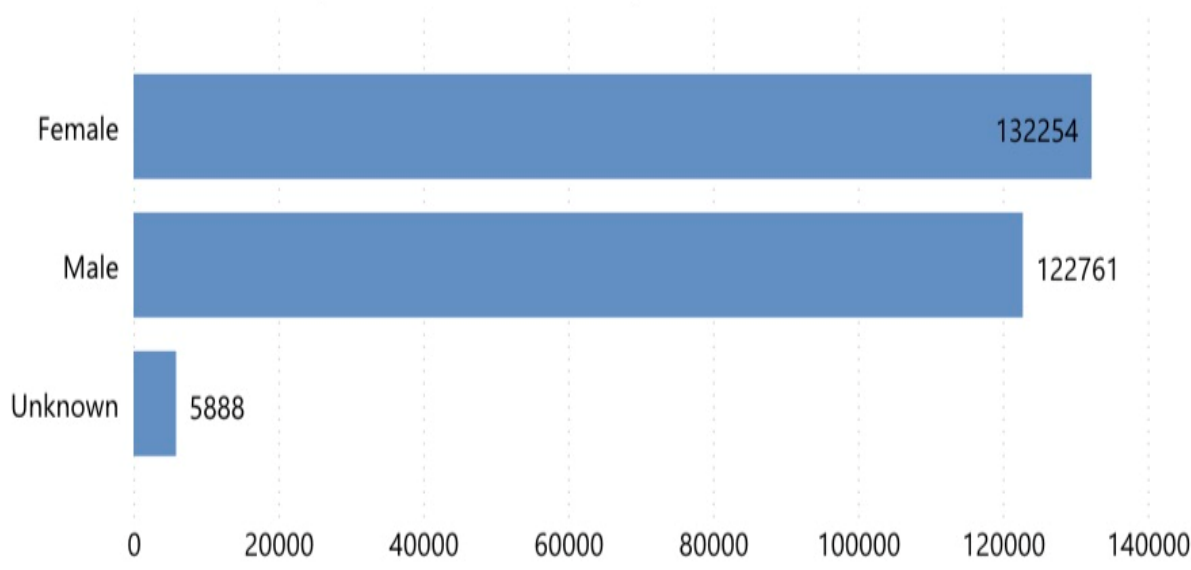
Alameda County
Total Cases

261204

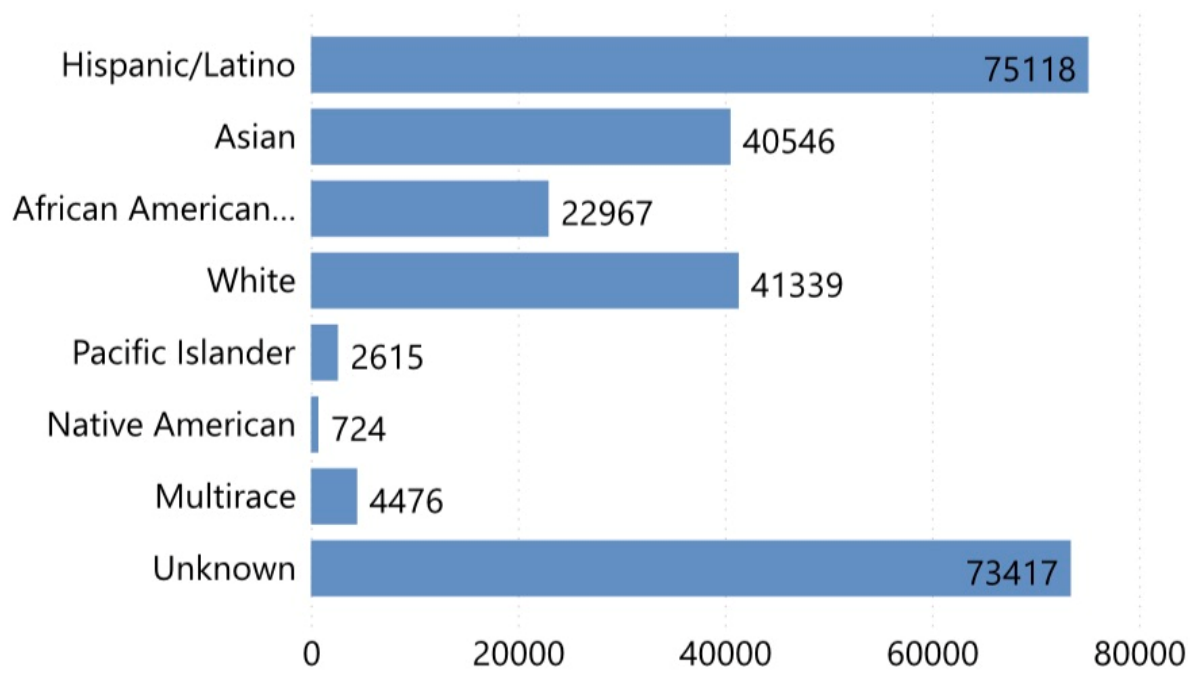
Alameda County
Total Deaths

1865

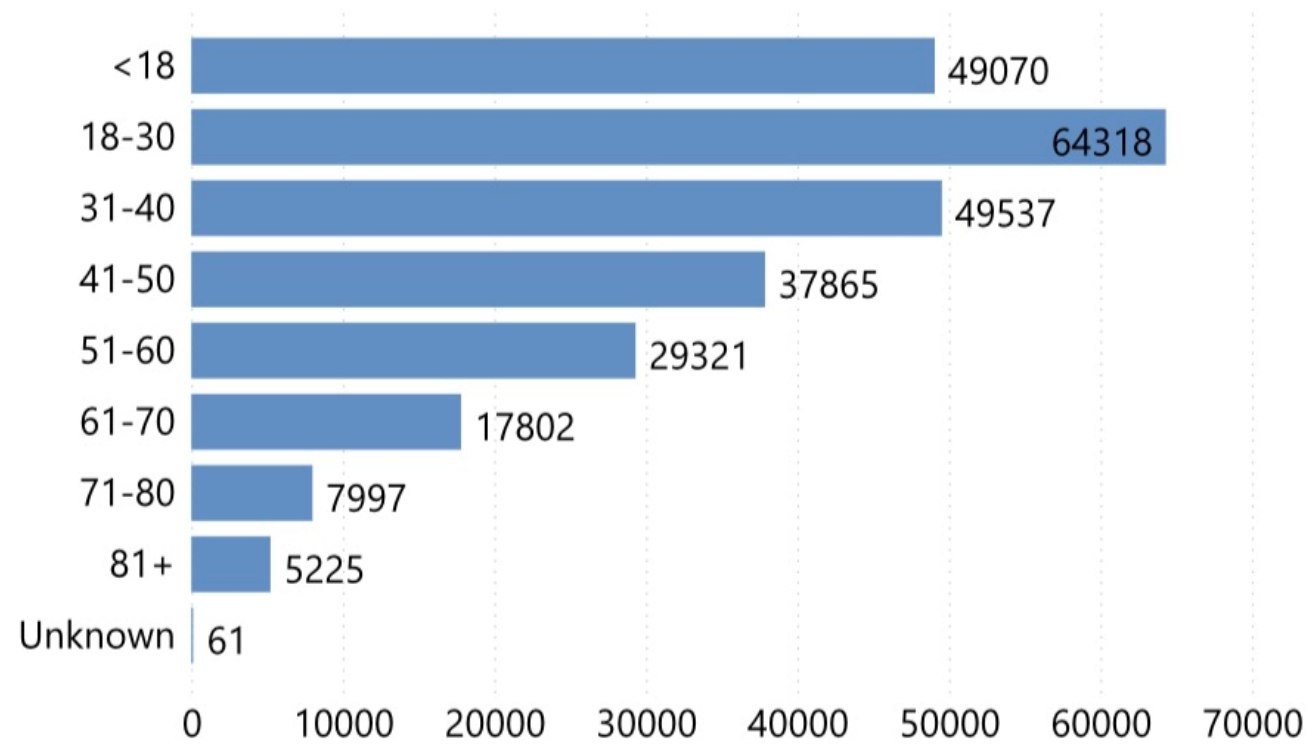
Alameda County Total Cases by Gender



Alameda County Total Cases by Race/Ethnicity



Alameda County Total Cases by Age Group

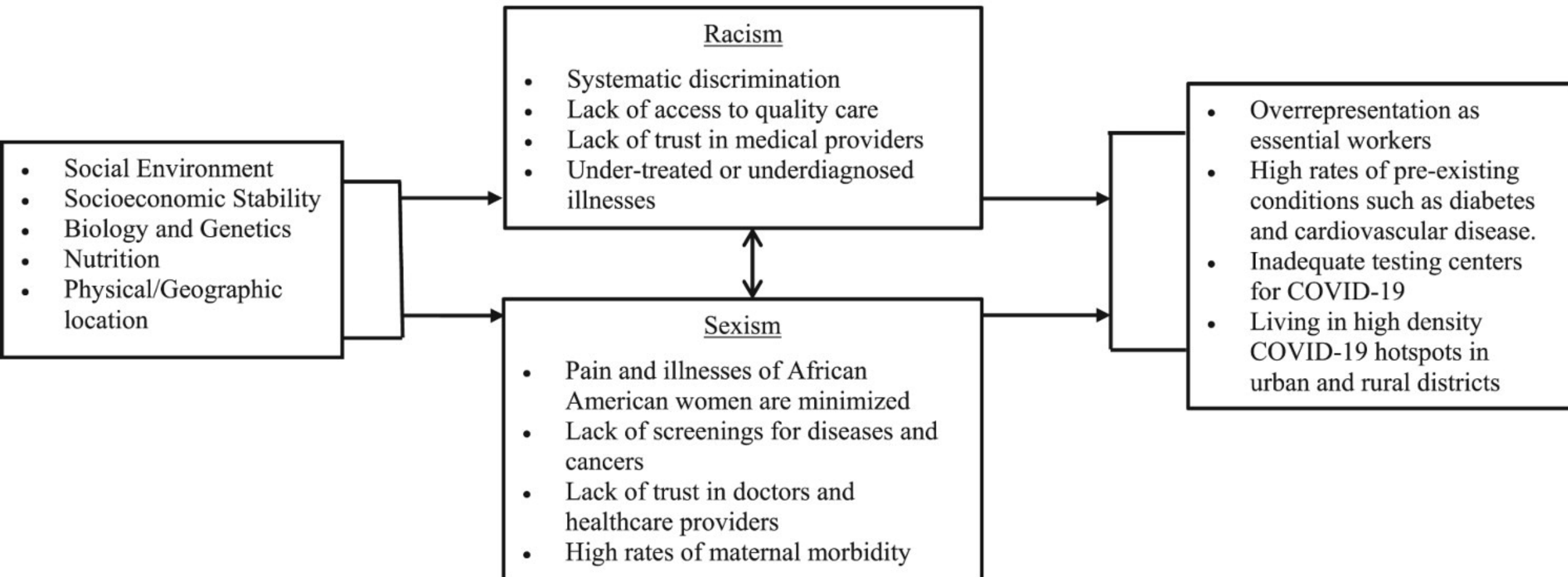


Jurisdiction	Cases
Alameda County	261,204
Berkeley LHJ	13,867
Alameda County LHJ	247,337

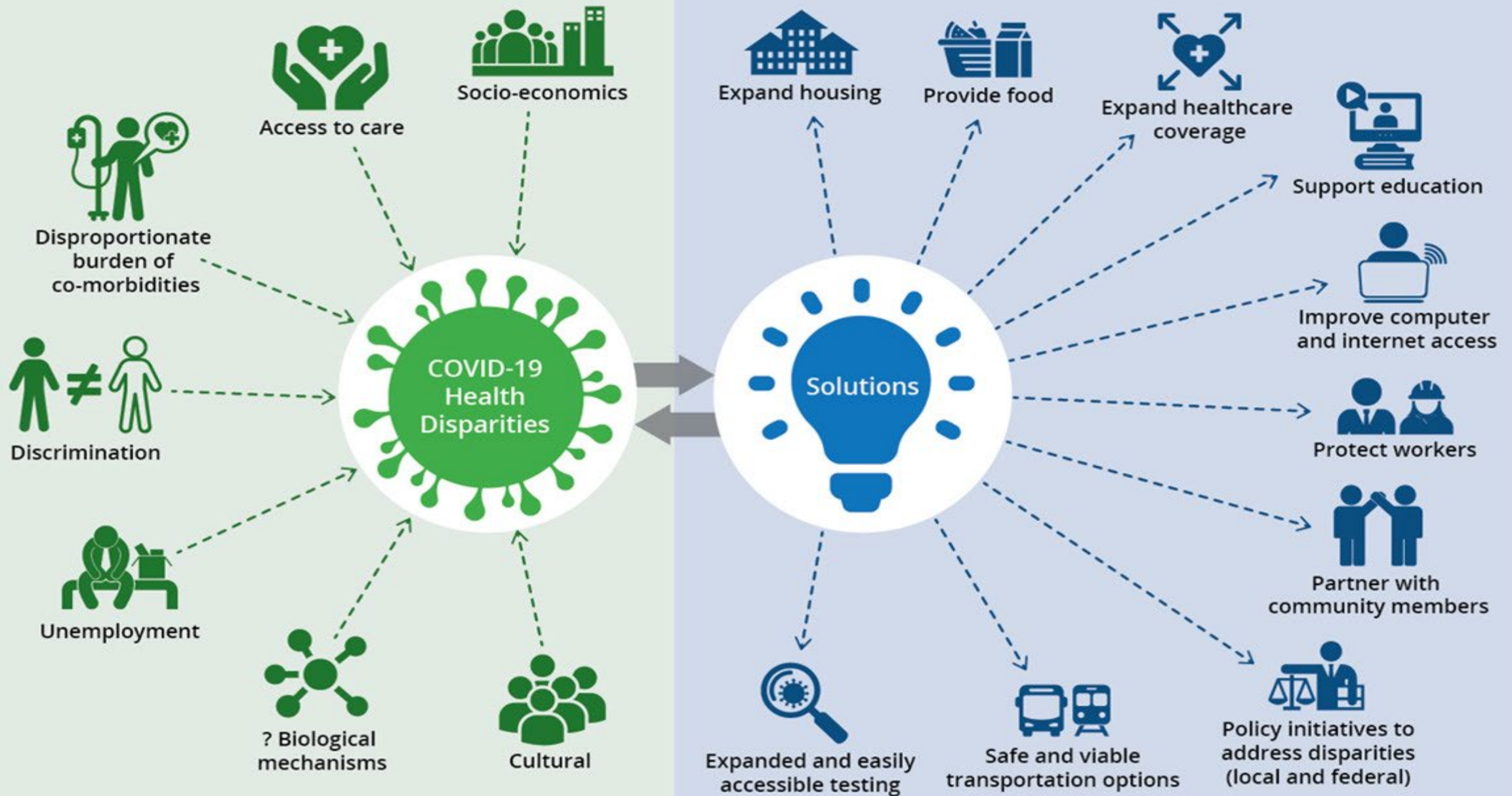
Social Determinants

Moderators

COVID-19 Exposure



Coronavirus (COVID-19) Health Disparities and Solutions



Intersectionality between Race and Gender

Williams and Lewis, 2019

What can we do?

- Coping strategies are key to addressing discrimination
 - Confronting the perpetrator - active/resistance
 - Seeking social support - collective
 - Disengaging from the stressor - self-protective
- Religion and spirituality are often a source of support

Poll Question #1

Gendered racism

- A. is a type of discrimination against women but not men
- B. can have direct negative mental health effects on Black women
- C. does not have any influence on physical and mental health inequities
- D. is a past system of oppression based on race and gender during times of slavery but no longer exists

Gender Considerations

Power, 2020

“Care Economy”- Refers to the unpaid work often done by women to help maintain everyday life

- *Raising children*
- *Cooking*
- *Cleaning*
- *Shopping*
- *Helping elderly relatives or extended family*

Also known as the “Core Economy,” “Reproductive Economy,” or the “Hypocrisy Economy”

- Mental tasks of planning and scheduling
- Emotional tasks of nurturing family relationships

Gender Considerations

Power, 2020

Globally, women and girls are responsible for 75% of unpaid work and domestic care

According to the International Labour Organization:

- Women perform 4 hours and 25 minutes of unpaid work daily
- Men perform 1 hour and 23 minutes of unpaid work daily
- This unpaid work negatively affects the paid economy

Ultimately, these patterns lead to life-long Inequalities in employment, income, social standing, and power differentials.



Women on average spend

4.1 hours/day

on unpaid care and domestic work, compared to

1.7 hours/day

for men



Women's unpaid contributions to healthcare equate to

2.35%

of global GDP, or the equivalent of

US\$ 1.5 trillion



When women's contribution to all types of care (not just healthcare) is considered, this figure rises to

US\$ 11 trillion

Gender Considerations

Power, 2020

“Second Shift”- Women take on more childcare and home care work without any change in systemic norms for men’s responsibilities (term used in the 1970s-1980’s in reference to heterosexual couples”

“Third Shift”- Refers to the mental load that women carry (2020)

- Caring for the emotional wellness of children, parents, and other family members
- Time spent worrying
- This type of work is often undervalued

“Fourth Shift”- “Homeschooling While Working”?

Gender Considerations

Power, 2020

Pandemic Effects

- Unexpected Benefits: In some countries, women, children, and men describe stronger family bonds (e.g. Japan, Turkey, U.K.)
- Increased Stress:
 - Increase in unpaid work, especially for women
 - Transfer of childcare from paid economy to unpaid economy
 - Gender norms are magnified, including for dual-earners
 - Reduced productivity
 - Single parents have to choose between work and childcare
 - Worsening mental health in fathers (32%) and mothers (57%)

These effects will be felt for years to come...

Stress and Trauma of COVID-19 for Black Women

Jackson and Pederson, 2020

- Black women (54%) are almost twice as likely as White men (27%) to be laid off, furloughed, and/or have reduced hours/pay
- Black women are more likely to be essential workers
- Black women are more likely to be single mothers or head of household.
- Black women are less likely to have a financial safety net
- Black women have increased care taking responsibilities for children and elderly
- Virtual learning/child care challenges
- Caring for sick relatives

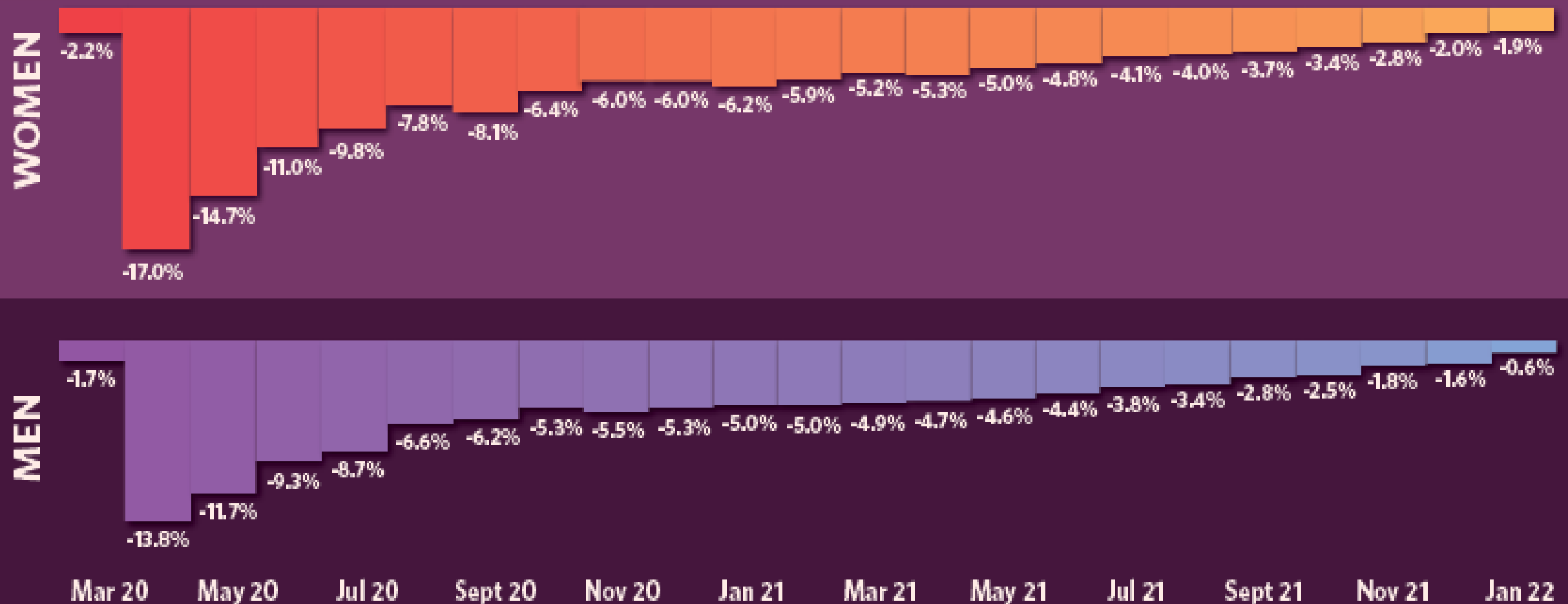
Stress and Trauma of COVID-19 for Black Women

Jackson and Pederson, 2020

- Online Survey in April 2020 (1,048 women)
- A majority of Black women report negative effects on
 - Finances
 - Emotions
 - Access to food
 - Access to household essentials
 - Access to resources need for virtual learning
- 44% knew someone who had COVID-19
- 1 in 4 women knew someone who died from COVID-19

EMPLOYMENT LOSS BY MONTH

RELATIVE TO FEBRUARY 2020 EMPLOYMENT *(in percent)*

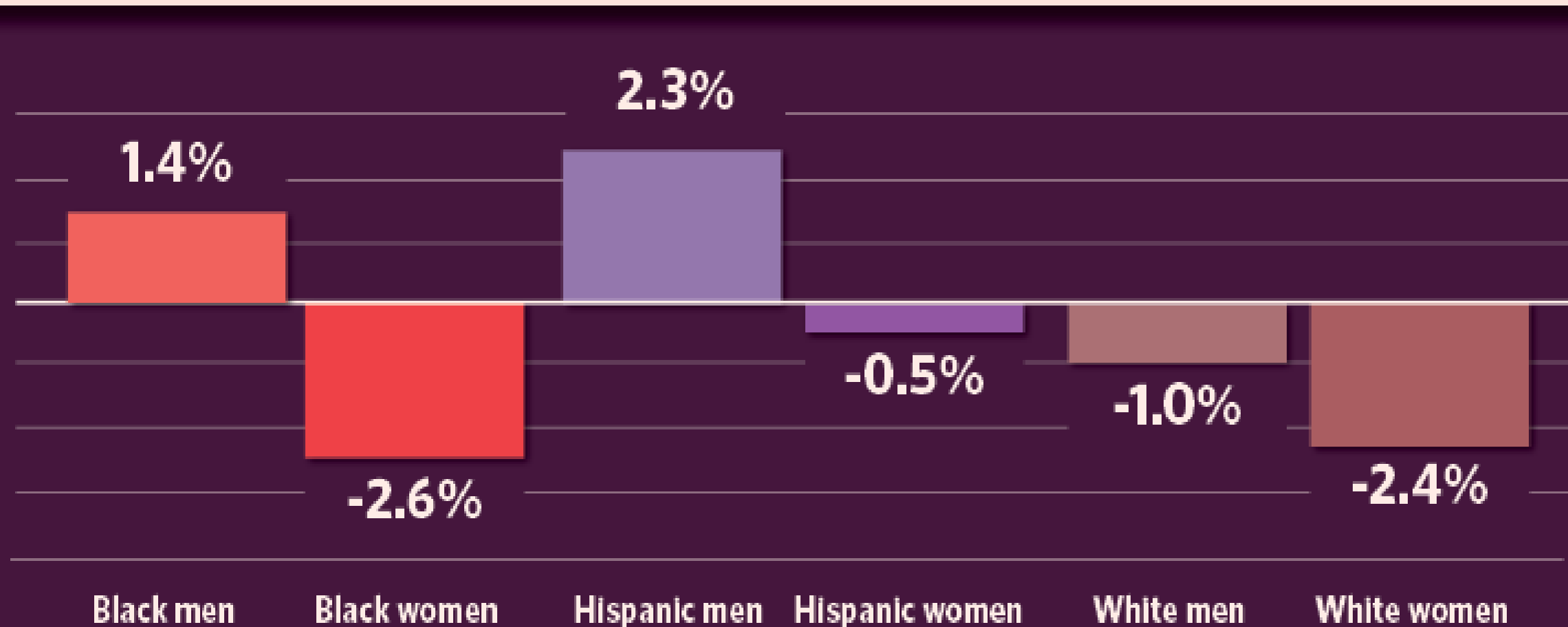


Note: Seasonally adjusted employment of women and men ages 20 and older.

Source: Bureau of Labor Statistics, Current Population Survey

EMPLOYMENT LOSSES BY SEX, RACE, AND ETHNICITY: JANUARY 2022

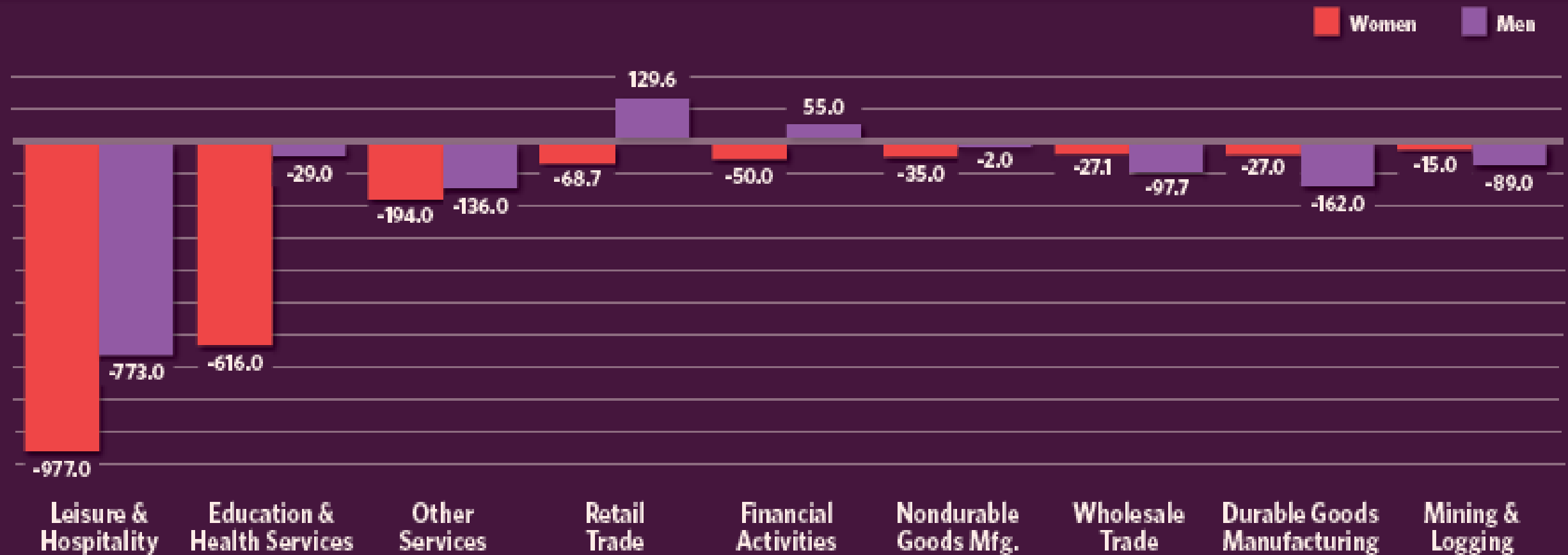
EMPLOYMENT RELATIVE TO FEBRUARY 2020 EMPLOYMENT



Note: Seasonally adjusted employment of women and men ages 20 and older. Estimates for Asian women and men not available.

INDUSTRIES WHERE WOMEN'S EMPLOYMENT HAS NOT RECOVERED TO PRE-PANDEMIC LEVEL

FEB 2020-JAN2022 EMPLOYMENT CHANGE *(in thousands)*



Source: Bureau of Labor Statistics, Current Employment Statistics

Note: Seasonally adjusted employment on private sector nonfarm payrolls.

Strategies for Women

Jackson and Pederson, 2020 and Power, 2020

- Address gender inequalities
- Recognize- acknowledge unpaid work
- Reduce- create infrastructure to decrease care work
- Redistribute- challenge gender stereotypes, provide childcare assistance, and combat workplace gender discrimination
- Represent- promote “a seat at the table”
- Reward- appreciate and share care work with other family members such as grandparents or older children
- Make mental health a national priority!

Poll Question #2

Which of the following social and economic pandemic factors can be associated with increase risk of stress and mental health problems among Black women?

- A. Being an essential or front-line worker
- B. High caregiving burden of immediate and extended family members
- C. Unemployment or reduced work hours
- D. A and B only
- E. A, B, and C

LEARNING TOPICS

- *Mental Health Among Black Women During the COVID-19 Pandemic*
 - Physical & Mental Health Inequities
 - Historical & Current Systems of Oppression
 - Gendered Racism
 - **Implicit Bias**
 - Stigma
- *Strategies for Promoting Mental Health Among Black Women during the COVID-19 Pandemic*
 - Addressing Inequities, Gendered Racism, Implicit Bias, & Stigma

IMPLICIT BIAS

Implicit bias exists in everyone. However, in healthcare, implicit bias can lead to unequal health outcomes:

- Individual level
- Systems level
- Strategies to reduce the effects of implicit bias

CONCEPTUAL FRAMEWORK

Implicit Bias is often also referred to as unconscious bias

- Concept that unconscious internalized beliefs or schema drive discriminatory behaviors without conscious intent



CONCEPTUAL FRAMEWORK

- Bias = the negative evaluation of one group and its members relative to another
- Explicit (direct) bias = awareness of evaluation of the group, believes evaluation is correct, able to act on it in real time
- Implicit (indirect) bias = unintentional, unconscious, activated quickly based on cues and influences perception, memory and behavior

Blair, IV, Steiner, JF, Havranek, EP (2011) Unconscious (Implicit) Bias and Health Disparities: Where do we go from here? Perm J. Spring; 15(2): 71-78

CONCEPTUAL FRAMEWORK

- **Explicit (Conscious) Bias** e.g., “I like Whites more than Latinos” or “What is your religion? I don’t want a Muslim doctor because you probably beat your wife!”
- **Implicit (Unconscious) Bias** e.g., sitting further away from a Latinx person than a White person or repeatedly referring to the admitting physician (who is AA) as “Mr.” and the covering physician who is White as “Dr.”

IMPLICIT BIAS AND DISPARITIES

- Implicit Bias may contribute to health care disparities directly, through clinical decisions, and indirectly through clinical interactions, communication, and patient perceptions.
- Solid evidence that physician's pro-white bias tracks with black patients' perception of poor communication, lower quality care indirectly affects patient adherence, reduces patient trust, patient follow-up and contributes to disparities in care.

1. Thomas B, Booth-McCoy AN (2020) Blackface, Implicit Bias, and the Informal Curriculum: Shaping the Healthcare Workforce, and Improving Health J of the Nat'l Medical Association 112(5):533-540

2. Chapman EN, Kaatz A, Carnes M (2013) Physicians and Implicit Bias: How doctors may unwittingly perpetuate health care disparities J Gen Intern Med. 28(11) 1504-1510

IMPLICIT BIAS AND RACIAL DISPARITIES

BIPOC patients

- Receive less pain medication for fractures
- Are referred less for cardiac catheterization
- Receive less surgical treatment for lung cancer
- Receive fewer referrals for renal transplantation
- Receive fewer referrals for CHF and pneumonia
- Receive fewer major procedures for MI

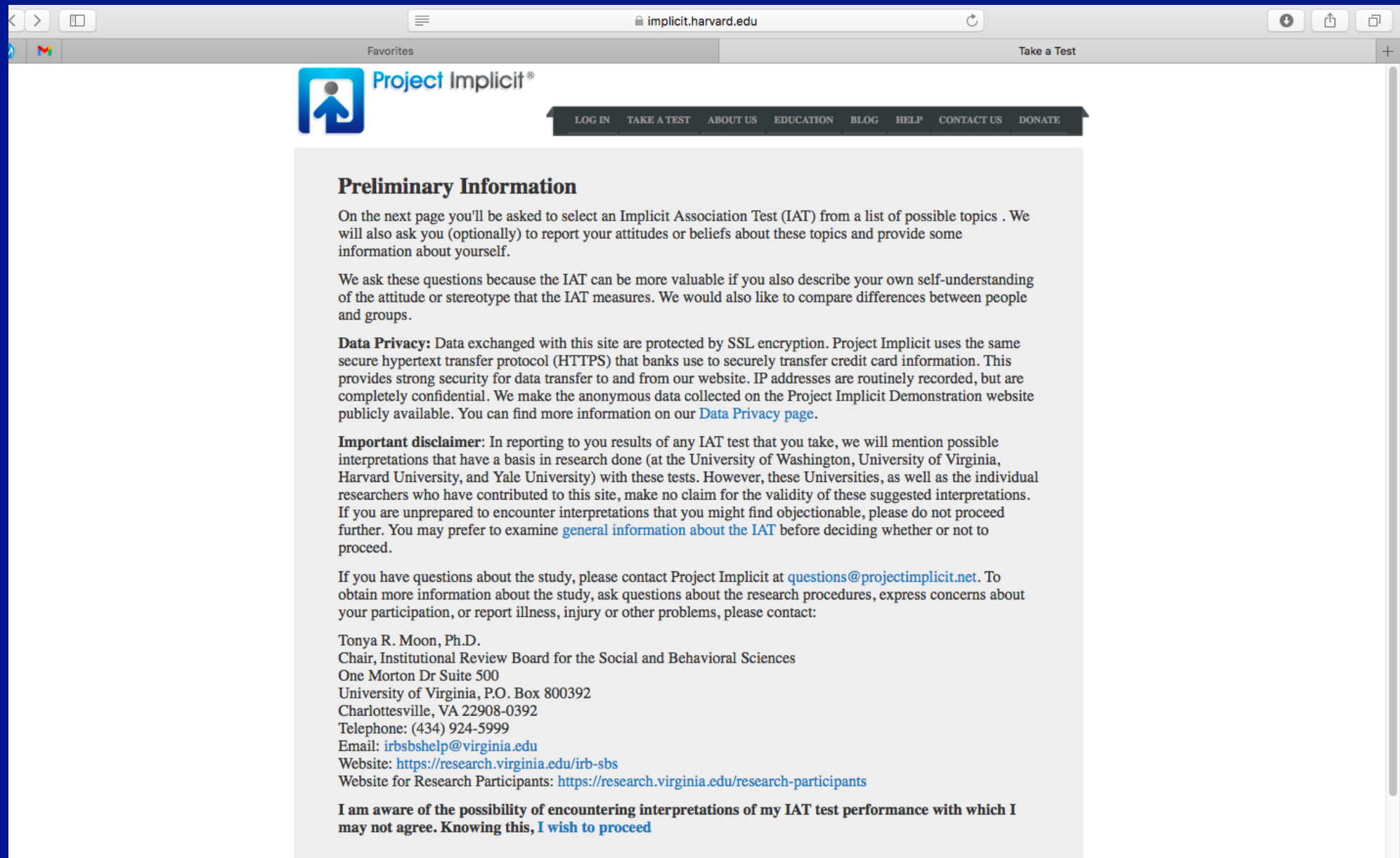
IMPLICIT BIAS TRAINING

Implicit Bias Training is mandatory in many institutions

- Implicit Association Test (IAT) is a common assessment tool
- Allows for exploration of individual behaviors
- Promotes awareness of inequalities
- Facilitates understanding of advantages of group membership
- Can be prescriptive

Pritlove, C., Juando-Prats, C., Ala-Leppilampi, K., & Parsons, J. A. (2019). The good, the bad, and the ugly of implicit bias. *The Lancet*, 393(10171), 502-504.

Harvard Implicit Association Test



The screenshot shows a web browser window with the URL implicit.harvard.edu. The page features the Project Implicit logo and a navigation bar with links: LOG IN, TAKE A TEST, ABOUT US, EDUCATION, BLOG, HELP, CONTACT US, and DONATE. The main content area is titled "Preliminary Information" and contains the following text:

Preliminary Information

On the next page you'll be asked to select an Implicit Association Test (IAT) from a list of possible topics . We will also ask you (optionally) to report your attitudes or beliefs about these topics and provide some information about yourself.

We ask these questions because the IAT can be more valuable if you also describe your own self-understanding of the attitude or stereotype that the IAT measures. We would also like to compare differences between people and groups.

Data Privacy: Data exchanged with this site are protected by SSL encryption. Project Implicit uses the same secure hypertext transfer protocol (HTTPS) that banks use to securely transfer credit card information. This provides strong security for data transfer to and from our website. IP addresses are routinely recorded, but are completely confidential. We make the anonymous data collected on the Project Implicit Demonstration website publicly available. You can find more information on our [Data Privacy page](#).

Important disclaimer: In reporting to you results of any IAT test that you take, we will mention possible interpretations that have a basis in research done (at the University of Washington, University of Virginia, Harvard University, and Yale University) with these tests. However, these Universities, as well as the individual researchers who have contributed to this site, make no claim for the validity of these suggested interpretations. If you are unprepared to encounter interpretations that you might find objectionable, please do not proceed further. You may prefer to examine [general information about the IAT](#) before deciding whether or not to proceed.

If you have questions about the study, please contact Project Implicit at questions@projectimplicit.net. To obtain more information about the study, ask questions about the research procedures, express concerns about your participation, or report illness, injury or other problems, please contact:

Tonya R. Moon, Ph.D.
Chair, Institutional Review Board for the Social and Behavioral Sciences
One Morton Dr Suite 500
University of Virginia, P.O. Box 800392
Charlottesville, VA 22908-0392
Telephone: (434) 924-5999
Email: irbsbshelp@virginia.edu
Website: <https://research.virginia.edu/irb-sbs>
Website for Research Participants: <https://research.virginia.edu/research-participants>

I am aware of the possibility of encountering interpretations of my IAT test performance with which I may not agree. Knowing this, I wish to proceed

Asian IAT

Asian American ('Asian - European American' IAT). This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.

Gender-Career IAT

Gender - Career. This IAT often reveals a relative link between family and females and between career and males.

Arab-Muslim IAT

Arab-Muslim ('Arab Muslim - Other People' IAT). This IAT requires the ability to distinguish names that are likely to belong to Arab-Muslims versus people of other nationalities or religions.

Weight IAT

Weight ('Fat - Thin' IAT). This IAT requires the ability to distinguish faces of people who are obese and people who are thin. It often reveals an automatic preference for thin people relative to fat people.

Race IAT

Race ('Black - White' IAT). This IAT requires the ability to distinguish faces of European and African origin. It indicates that most Americans have an automatic preference for white over black.

Disability IAT

Disability ('Disabled - Abled' IAT). This IAT requires the ability to recognize symbols representing abled and disabled individuals.

Gender-Science IAT

Gender - Science. This IAT often reveals a relative link between liberal arts and females and between science and males.

Transgender IAT

Transgender ('Transgender People – Cisgender People' IAT). This IAT requires the ability to distinguish photos of transgender celebrity faces from photos of cisgender celebrity faces.

Presidents IAT

Presidents ('Presidential Popularity' IAT). This IAT requires the ability to recognize photos of Joseph Biden and one or more previous presidents.

Weapons IAT

Weapons ('Weapons - Harmless Objects' IAT). This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects.

Skin-tone IAT

Skin-tone ('Light Skin - Dark Skin' IAT). This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.

Sexuality IAT

Sexuality ('Gay - Straight' IAT). This IAT requires the ability to distinguish words and symbols representing gay and straight people. It often reveals an automatic preference for straight relative to gay people.

Religion IAT

Religion ('Religions' IAT). This IAT requires some familiarity with religious terms from various world religions.

Age IAT

Age ('Young - Old' IAT). This IAT requires the ability to distinguish old from young faces. This test often indicates that Americans have automatic preference for young over old.

IMPLICIT BIAS TRAINING

Implicit Bias Training is mandatory in many institutions

- Placing mandatory trainings in the context of institutional and organizational discrimination is important
- Changes in rules, regulations, policy, and culture are vital

Pritlove, C., Juando-Prats, C., Ala-Leppilampi, K., & Parsons, J. A. (2019). The good, the bad, and the ugly of implicit bias. *The Lancet*, 393(10171), 502-504.

INTERSECTIONALITY

“THE WHOLE IS GREATER THAN THE SUM OF ITS PARTS”

Race

Gender

Class

Sexual Orientation

Age

Country of Origin

Religion

Etc, etc, etc.

Pritlove, C., Juando-Prats, C., Ala-Leppilampi, K., & Parsons, J. A. (2019). The good, the bad, and the ugly of implicit bias. *The Lancet*, 393(10171), 502-504.

Implicit Bias - Individual Level

Healthcare provider's implicit bias lead to negative attitudes toward: AA's, Latinx, NA's vs Whites, obese/overweight, gay and lesbian, lower SES, IVDU's and wheelchair users with spinal cord injuries

Healthcare providers held the following implicit associations in the absence of evidence: AA's are noncompliant, uncooperative vs. Whites, obese vs thin, lazy, stupid and worthless

Zestcott, CA, Blair IV, Stone, J (2016) Examining the Presence, Consequences, and Reduction of Implicit Bias in Health Care: A Narrative Review, Group Process Intergroup Relat.; 19 (4):528-542

Implicit Bias - Individual Level

Implicit Bias more likely to affect care delivered outside of established relationships, decisions made under time pressure, with limited information and without the benefit of clear guidelines

For providers of AA patients, implicit bias consistently predicts ethnic/racial differences in patient's subjective experience with health care providers. These perceptions of discrimination could undermine trust and adherence with treatment recommendations as well as engagement with the healthcare system

Zestcott, CA, Blair IV, Stone, J (2016)Examining the Presence, Consequences, and Reduction of Implicit Bias in Health Care: A Narrative Review, Group Process Intergroup Relat.; 19 (4):528

IMPLICIT BIAS - SYSTEMS LEVEL

For health care providers, implicit bias training can focus on inequalities among the work force.

- Discriminatory hiring and promotion practices
- Wage gaps
- Work schedules

Pritlove, C., Juando-Prats, C., Ala-Leppilampi, K., & Parsons, J. A. (2019). The good, the bad, and the ugly of implicit bias. *The Lancet*, 393(10171), 502-504.

Implicit Bias - Systems Level

- Our biases typically affect a limited number of people, not the case in medicine
- Informal curriculum in medical education affects physician identity and character, and ultimately healthcare
- Enculturation and Role Modeling

Thomas B, Booth-McCoy AN (2020) Blackface, Implicit Bias, and the Informal Curriculum: Shaping the Healthcare Workforce, and Improving Health J of the Nat'l Medical Association 112(5):533-540

Case Example

Interviewed While Black

“Inside a conference room with a long wooden table, a Black residency applicant sat next to 12 other applicants on interview day. None of their peers were Black. Across the table hung photos of faculty members, including the program director, medical director, and department chair. None were Black. In the corner of the room, administrators and coordinators were monitoring the agenda. None were Black. Rosters with descriptions and headshots of the faculty interviewers were distributed. None were Black. Later, residents spoke to applicants over lunch, and nurses sat at their workstations during the tour. None were Black.

During the course of the interview day, the Black applicant was asked whether they were lost and twice was assumed to be anyone but an applicant. They were told that they had an unusual name and that they were articulate. Their hair was critiqued.

At the end of the interview, the Black applicant wondered, “Do I fit in here?””

Case Example

Interviewed While Black

- December 2020 Article in New England Journal of Medicine
- Discusses various aspects of the medical school interview process at the student, resident, fellow, and faculty level

<https://www.youtube.com/watch?v=XYTvx354lew>

Ellis J, Otugo O, Landry A, Landry A. Interviewed while Black. N Engl J Med. 2020 Dec 17;383(25):2401-2404. doi: 10.1056/NEJMp2023999. Epub 2020 Nov 11. PMID: 33176078.

OTHER DEFINITIONS

Microaggressions: behaviors, comments, or questions that are intentionally or unintentionally hostile or demeaning

Stereotype Threat: being at risk of confirming, as self-characteristic, a negative stereotype about one's group

Tokenism: cursory strides toward diversity and inclusion

Imposter Syndrome: internal experience of intellectual phoniness in people who believe that they are not intelligent, capable or creative despite evidence of high achievement

Homophily: tendency to associate with and gravitate toward others who have backgrounds and interests that are similar to their own

Concepts and Experiences of Black Applicants during Interviews.

Concept	Verbal Example	Nonverbal Example	Implication
Microaggression	A faculty member asks a Black applicant, "Did you play any sports in college?" after seeing that the applicant attended an Ivy League university.	Despite the Black applicant repeatedly being the first applicant to raise their hand, other applicants are called on first to ask questions each time.	The applicant feels their academic potential has been invalidated and dismissed.
Stereotype threat	When an interviewer mentions, "affirmative action facilitates recruitment of faculty from groups that are underrepresented in medicine," the Black applicant struggles to promote their own accomplishments.	During a slideshow, photographs of Black faculty members are featured only on the diversity and inclusion page. The Black applicant now feels less comfortable discussing interests in technology.	The Black applicant recognizes stereotypes portrayed (reliance on affirmative action, interests in diversity and inclusion); this causes the applicant to perform less well during the interview day.
Tokenism	During an interview, a faculty member states, "We are specifically looking for diversity. We don't want our team to be just a bunch of White males."	The Black applicant is given pamphlets about the diversity and inclusion office in interview-day folders. Other applicants don't receive the same information.	The Black applicant is made to feel like a metric instead of a colleague.
Imposter syndrome	The interviewer inadvertently mentions the accomplishments of another applicant, who is in fact just as qualified as the Black applicant. The Black applicant immediately feels as if they don't belong.	A successful Black applicant grows nervous looking at the awards and certificates hanging on an interviewer's office wall.	A competitive Black applicant doubts their qualifications for the interview and opportunity. Subsequently, the applicant comes off as nervous and insecure during the interview.
Homophily	During an interview, the applicants comment and connect on similar hobbies and lived experiences that the Black applicant does not share.	During the interview lunch, the Black applicant notices that the White faculty spend more time with the White applicants. The two Black applicants eat together.	The Black applicant anticipates a potential barrier to socializing with others in the program.

WHAT CAN WE DO?

- Address the problem
- Look at our patients and colleagues as individuals
- Step into someone's shoes
- Teach - “ see one, do one, teach one”

What can we do? (Individual Level)

Increase awareness of implicit bias through self-reflection and feedback from an IAT (effective if it does not increase defensiveness or denial about bias' influence on healthcare disparities)

Reaffirm egalitarian goals and shared responsibility to eliminate disparities first

Perspective-taking, stereotype-replacement thinking, and egalitarian goals (best care to all patients) are skills that should be actively used

Increase opportunities for positive intergroup contact during training (provider-patient; student-faculty)

Workforce Development

BIPOC medical students are often rated on subjective, rater-dependent criteria: e.g., speed of adaptability, level of confidence, interaction with peers and team members, contributions to and level of engagement during clinical discussions

Disadvantages for BIPOC in medicine:

- Teacher (rater) bias can affect residency selection process
- Racial and gender bias can influence induction into medical honor societies like Alpha Omega Alpha and Gold Humanism Honor Society
- Racial bias can have a major influence on core clerkship grades

1 Hauer KE, Lucy CR (2019) Core clerkship grading: the illusion of objectivity Acad Med 94: 469-472

2 Wijesekera TP, Kim M, Moore, EZ et al (2019) All other things being equal: exploring racial and gender disparities in medical school honor society induction Acad Med 94: 562-569

What can we do? (Institutional Level)

Cultural Humility

Implicit Bias Training

Training in culturally and linguistically appropriate services

Support STEM-based enrichment programs for increased workforce diversity

Curriculum w/vignettes re: effects of race, ethnicity, gender, sexual orientation on access and quality of care

Experiential learning in underserved communities to address implicit bias, racism, and discrimination impact on individual and population health

Thomas B, Booth-McCoy AN (2020) Blackface, Implicit Bias, and the Informal Curriculum: Shaping the Healthcare Workforce, and Improving Health J of the Nat'l Medical Association 112(5):533-540

Poll Question #3

Implicit Bias occurs

- A. in some people but not others
- B. at the individual provider level
- C. at the systems level
- D. A and C only
- E. B and C only

Poll Question #4

Implicit Bias Training should be offered to

- A. practicing attending clinicians
- B. interviewers for medical school faculty candidates
- C. medical students
- D. A and C only
- E. A, B, and C

LEARNING TOPICS

- *Mental Health Among Black Women During the COVID-19 Pandemic*
 - Physical & Mental Health Inequities
 - Historical & Current Systems of Oppression
 - Gendered Racism
 - Implicit Bias
 - **Stigma**
- *Strategies for Promoting Mental Health Among Black Women during the COVID-19 Pandemic*
 - Addressing Inequities, Gendered Racism, Implicit Bias, & Stigma

Figure. Important Considerations for Culturally Sensitive Care

Clinicians should consider (and acknowledge) these barriers when addressing Black women's mental health and when establishing treatment plans.

- Stigma
- Time/accessibility
- Lack of access to culturally competent care
- Decreased availability of providers from similar backgrounds
- Decreased trust in the medical community

Stigma

Definition

“negative beliefs and actions including prejudice (e.g., stereotypes) and discrimination (e.g., behavioral manifestations of prejudice)”

- Affects one's sense of self
- Affects one's beliefs about others
- Affects help-seeking behaviors
- Affects policies and practices
- Embedded in culture

Misra, S., Jackson, V. W., Chong, J., Choe, K., Tay, C., Wong, J., & Yang, L. H. (2021). Systematic review of cultural aspects of stigma and mental illness among racial and ethnic minority groups in the united states: implications for interventions. *American journal of community psychology*, 68(3-4), 486-512.

Cultural Aspects of Stigma

Types of Stigma

- Public
- Structural
- Affiliative
- Self

Misra, S., Jackson, V. W., Chong, J., Choe, K., Tay, C., Wong, J., & Yang, L. H. (2021). Systematic review of cultural aspects of stigma and mental illness among racial and ethnic minority groups in the united states: implications for interventions. *American journal of community psychology*, 68(3-4), 486-512.

Cultural Aspects of Stigma

- 1) service barriers including access and quality (structural stigma);
- 2) family experiences including concealment for family's sake, fear of being a burden, and stigma extending to family (affiliative stigma);
- 3) lack of knowledge about mental illness and specific cultural beliefs (public stigma); and
- 4) negative emotional responses and coping (self-stigma)

Misra, S., Jackson, V. W., Chong, J., Choe, K., Tay, C., Wong, J., & Yang, L. H. (2021). Systematic review of cultural aspects of stigma and mental illness among racial and ethnic minority groups in the united states: implications for interventions. *American journal of community psychology*, 68(3-4), 486-512.

Cultural Aspects of Stigma

Interventions

- Continue to address research gaps
- Integrate cultural factors into care to reduce service barriers
- Target stigma and challenge negative beliefs and behaviors

Misra, S., Jackson, V. W., Chong, J., Choe, K., Tay, C., Wong, J., & Yang, L. H. (2021). Systematic review of cultural aspects of stigma and mental illness among racial and ethnic minority groups in the united states: implications for interventions. *American journal of community psychology*, 68(3-4), 486-512.

Poll Question #5

Stigma, reliance on self-will or religion/spirituality, and lack of confidence in mental health treatments continue to be common barriers to seeking mental health treatment for many Black women during the COVID-19 pandemic.

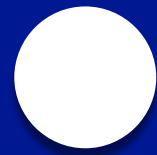
A. TRUE

B. FALSE

Important Reminders!

Please complete the following if you have not done so already.

- Post-survey
- Sign-out sheet
- CE Evaluation must be completed for all Alameda County clinicians seeking CE units



**Question
and
Answer**