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**Academy of Educators**  
**Frank Wilson Professionalism Lecture**  
**with Dr. Anne Phibbs**



Strategic Diversity Initiatives  
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# Making It Better? Medicine, Diversity, and Practicing in a Rapidly Changing Landscape

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Frank Wilson Professionalism Forum  
UNC School of Medicine  
Academy of Educators

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- **Why Talk about Diversity, Equity, and Inclusion?**

  - Changing Landscape

  - Value of Diversity

  - Equity Matters

- **What Does Bias Look Like?**

  - Microaggressions/Micro-inequities

  - Implicit Bias

- **What Can We Do? Acting as an Ally**

- **Next Steps**

- **Leadership & Pushback**

- **Comments and Questions**

# The Changing Landscape

From William H. Frey, “The US will become ‘Minority White’ in 2045, Census projects,” *Brookings*, 3/14/18, updated to reflect September, 2018 Census Bureau revisions.

- New census population projections *confirm the importance of racial minorities as the primary demographic engine of the nation’s future growth*, countering an aging, slow-growing and soon to be declining white population.
- *The new statistics project that the nation will become “minority white” in 2045.* During that year, whites will comprise 49.7% of the population in contrast to 24.6 % for Hispanics, 13.1% for blacks, 7.9% for Asians, and 3.8% for multiracial populations.
- Because minorities as a group are younger than whites...*for youth under 18–the post-millennial population–minorities will outnumber whites in 2020. For those age 18-29 –members of the younger labor force and voting age populations– the tipping point will occur in 2027.*

# The Changing Landscape

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From Julia Horowitz, “More people with disabilities are getting jobs. Here’s why.” *CNN Business*, 1/26/18.

People with disabilities have always been underemployed. But *Americans with disabilities have posted year-over-year gains in the job market for the past 21 consecutive months*, according to an analysis by the Kessler Foundation and the University of New Hampshire.

*"This is indicative of the economy reaching full employment, and employers reaching out to groups that they traditionally don't reach out to,"* said Andrew Houtenville, research director of the University of New Hampshire's Institute on Disability.

According to the National Alliance on Mental Illness (NAMI), *1 in 5 Americans live with a mental health condition.*

More and more people are “coming out” about living with mental health conditions. *The stigma associated with mental illness is being addressed widely, with celebrities being open - and with campaigns like #CureStigma.*

# The Changing Landscape

- Three states, Washington, Oregon, and California, *allow people to amend their birth certificates to replace their sex with a nonbinary designation* (neither male nor female). New York City and New Jersey just passed similar legislation.
- Maine, Oregon, California, Washington, the District of Columbia, and now Minnesota *allow a third gender option for residents applying for driver's licenses*. In addition to "M" and "F," "X" can now be checked by any applicant who does not want to identify as male or female.
- Millennials now make up over 1/3 of the U.S. workforce (Pew Research Center). GLAAD (LGBTQ media organization) estimates *as many as 12% of millennials may identify as transgender or non-binary*.

# The Case for Diversity

From *How Diversity Makes Us Smarter: Being around people who are different from us makes us more creative, more diligent, and harder-working* by Katherine W. Phillips, *Scientific American*, October 1, 2014

- Decades of research by organizational scientists, psychologists, sociologists, economists and demographers show that *socially diverse groups (that is, those with a diversity of race, ethnicity, gender, and sexual orientation) are more innovative than homogeneous groups.*
- It seems obvious that a group of people with diverse individual expertise would be better than a homogeneous group at solving complex, nonroutine problems. *It is less obvious that social diversity should work in the same way—yet the science shows that it does.*
- This is not only because people with different backgrounds bring new information. *Simply interacting with individuals who are different forces group members to prepare better, to anticipate alternative viewpoints, and to expect that reaching consensus will take effort.*

# Equity Matters

From Rochaun Meadows- Fernandez, “Even as Black Americans Get Richer, Their Health Outcomes Remain Poor,” *Pacific Standard*, 1/23/18

Dr. Cynthia Colen, Ohio State University, looked at decades of research focused on the experiences of middle-class black Americans. She found more money isn't enough to rid black Americans of higher rates of chronic disease or shorter life expectancy. *Race uniquely affects life experiences. And for upwardly mobile black Americans, those effects can take a heavy toll on their physical & mental health.*

Black women with a graduate education are still at higher risk for pre-term birth and infant and maternal mortality than white women with high school educations.

Black women with a Ph.D. and high take-home pay are also more likely than white women who have only a high school diploma to die from birth-related complications.

Colen has *two theories*. First, that *there are increased opportunities for exposure to discrimination that come with moving to mostly white schools or neighborhoods*; and, second, that *there are prolonged effects of stress from tokenism—that is, when an individual is expected to speak for their entire community*.



# Equity Matters

From Susmita Baral, “What It’s Like Being Transgender in the Emergency Room,” *National Geographic*, 3/19/18

In a study in the February edition of the *Annals of Emergency Medicine*, ***transgender adults who visited the ER overwhelmingly reported that health care providers lacked competency in issues specific to the transgender community.*** For instance, many providers did not understand the meaning of “transgender,” and they lacked experience with and knowledge in trans-specific treatment, such as the effects of hormone therapy or complications from [gender confirmation surgery].

In a November, 2017 survey of lesbian, gay, bisexual, transgender, and queer (LGBTQ) Americans, conducted by NPR, the Robert Wood Johnson Foundation and the Harvard T.H. Chan School of Public Health, ***20% of respondents reported being personally discriminated against when visiting a doctor or health clinic.***

A separate survey conducted by the nonprofit Lambda Legal found that ***70% of transgender and gender-nonconforming individuals have faced serious discrimination in a healthcare setting.***

Understanding how our social identities (race, class, gender, sexual orientation, disability, religion, etc.) impact us is important because:

- Our *students, patients, and colleagues will be increasingly diverse* in terms of these social identities; we need to be prepared to interact with them in ways that are respectful and unbiased
- Research demonstrates that a *high-functioning, diverse workplace will be more innovative and achieve better outcomes*
- *Bias and discrimination causes avoidable harm*; and our goal is to *“First, do no harm”*

# Micro-inequities or Microaggressions

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From Microaggressions: Power, Privilege and Everyday Life

[microaggressions.com](http://microaggressions.com)

This blog seeks to provide a visual representation of the everyday of “microaggressions.” Each event, observation and experience posted is not necessarily particularly striking in and of themselves. Often, they are never meant to hurt - acts done with little conscious awareness of their meanings and effects. Instead, *their slow accumulation during a childhood and over a lifetime is in part what defines a marginalized experience*, making explanation and communication with someone who does not share this identity particularly difficult.



# Examples of Micro-inequities

- In the hospital where I take classes, there is a resident who never calls me by my name. **He always calls me “little wild critter,” even though I have told him not to do it...he just laughs it off when I get angry at him for it and tell him to stop.** I’m a 21 year old female medical student, he is a 27 year old resident. Makes me feel angry, disrespected, not taken seriously.
- Everyone at the hospital where I work wears scrubs, so it is sometimes hard to tell what any particular person’s role is. **Invariably when a new Latina woman shows up, someone will ask if she’s a new housekeeper.** And usually she’s a doctor.
- When taking our biracial son to the emergency room, my African American husband makes mention of his urethra when discussing my son’s illness. **The white, middle aged male doctor says to him, “Where did you learn that word?” as if there is no way that my husband could know such a medical term.** Made me feel angry, insulted, and degraded.

# Examples of Micro-inequities

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- **Lecturing physician: “Any of your fathers orthopedic surgeons?” 10 minutes later... Are any of your mothers or sisters hospice nurses?”** In a medical school lecture -made me feel like traditional gender roles still dominate, even in a mixed gender graduate school class.
- **My advisor at a top medical school told me that in order to advance professionally, I should act more like what people expect from an Asian woman - more demure.**
- **“You must be new. They keep getting such cute nurses! I heard a medical student was coming in to discuss my medications with me. Where is he?”** Said to me when (I, a female medical student) entered the exam room of this elderly man to discuss his diabetes.



# Implicit/Unconscious/Unexamined Bias

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“Unexamined bias is a form of stereotyping that is often *unintentional, automatic, and outside of our awareness*. Often contradicting to our conscious beliefs. Also called subtle or implicit bias. Framing it specifically as “unexamined” puts onus for change on the person who harbors or acts on bias, holding them accountable.”

**Center for Institutional Change, University of Washington**

# Resources

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## ***Project Implicit***

Project Implicit is a non-profit organization and international collaboration between researchers who are interested in implicit social cognition - thoughts and feelings outside of conscious awareness and control. The goal of the organization is to educate the public about hidden biases and to provide a “virtual laboratory” for collecting data on the Internet.

*[implicit.harvard.edu/implicit/research](http://implicit.harvard.edu/implicit/research)*

## ***2017 State of the Science: Implicit Bias Review***

Kirwan Institute for the Study of Race and Ethnicity, Ohio State University

*[kirwaninstitute.osu.edu](http://kirwaninstitute.osu.edu)*

# Implicit Bias in Medicine

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From Sabin, Nosek, Greenwald, and Rivara, “Physicians’ Implicit and Explicit Attitudes About Race by MD Race, Ethnicity, and Gender,” *Journal of Health Care for the Poor and Underserved*, August, 2009

Researchers using an instrument to assess implicit bias in more than 2,500 physicians found a ***significant implicit preference for white Americans relative to black Americans among physicians of all racial/ethnic groups except for black physicians.***



# Implicit Bias in Medicine

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From Staton, Panda, Chen, Genao, Kurz, Pasanen, Mechaber, Menon, O'Rorke, Wood, Rosenberg, Faeslis, Carey, Calleson, and Cykert, "When race matters: disagreement in pain perception between patients and their physicians in primary care," *Journal of the National Medical Association*, May, 2007

This study found that *physicians were twice as likely to underestimate pain in black patients compared with all other ethnicities combined* and also *more likely to overestimate pain in nonblack patients than in black patients.*

# Implicit Bias in Medicine

From Pletcher, Kertesz, Kohn, and Gonzales, “Trends in Opioid Prescribing by Race/Ethnicity for Patients Seeking Care in US Emergency Departments,” *JAMA*, 2008

Longitudinal, national data on 156,729 pain-related emergency department visits found that *even among those presenting with the same condition, non-Hispanic white patients were significantly more likely to receive an opioid than all other ethnic minorities examined.*

Black and Latino/Latina patients more likely to be seen as “drug seeking.”



# Implicit Bias and Gender

From Moss-Racusin, Dovidio, Brescoll, Graham, and Handelsman, “Science faculty’s subtle gender biases favor male students,” Proceedings of the National Academy of Sciences of the United States of America, October, 2012

- Male & female science professors asked to review applications for a lab manager position
- Both male & female professors *rated male applicants more competent, more hireable, more suitable for mentoring, and offered males higher salaries*
- As with race-focused implicit bias research, *people of all gender identities demonstrate a pro-male and anti-female bias*

# Implicit Bias and Disability

From Wilson and Scior, “Attitudes towards individuals with disabilities as measured by the Implicit Association Test: A literature review,” *Research in Developmental Disabilities*, February, 2014

- Authors conducted a review of studies (using 17 articles) measuring implicit attitudes primarily towards individuals with physical disabilities.
- A consistent pattern of **moderate to strong negative implicit attitudes towards individuals with disabilities** was evident.
- Across all studies, **moderate to strong negative implicit attitudes were found** and there was **little to no association between explicit and implicit attitudes**.



# What Can We Do? Acting as an Ally

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*An ally is someone who is willing to **pay attention to** – and **take action around** - the social, economic & political differences and inequities that attend to **people** based on distinctions of race, ethnicity, age, class, sexual orientation, gender identity & expression, disability, religious or spiritual identity, and nationality (this is not an exhaustive list)*

# What Can We Do? Acting as an Ally

- No one person is completely marginalized nor completely privileged. In 21<sup>st</sup> century U.S. society, *most of us have complex identities involving both marginalization & privilege.*
- Allies *move past shame, guilt, and blame, working to understand how privilege works in their life*, as well as how marginalized “others” are perceived through stereotypes & cultural myths.
- Anyone can become an ally to people with less privilege & institutional power, but it first *requires an understanding of one’s own social identities.*
- *“Being an ally” is an on-going process that involves self-reflection, an openness to new ideas, a willingness to listen to people’s lived experiences, a commitment to on-going education, and a willingness to take action & take risks.*

# What NEXT STEPS Can You Take?

- **Educate yourself** about communities and identities that are new or unfamiliar to you; check out websites, videos, articles, and blogs
- **Go to events** that are diversity-related - and events that are just different from what you usually attend; Be willing to put yourself in situations that are unfamiliar and that might even make you a bit nervous – it can be educational to **get outside of your comfort zone**
- **Have conversations** with friends, family, and colleagues about these topics; Ask questions; Share what you're learning; Ask what others are reading and watching and thinking about
- **Let people know** you are working to be an ally to folks who have marginalized identities; you will end up serving as model to others
- **Don't be afraid to make mistakes**; to apologize; to feel ignorant; to be nervous or uncomfortable; your confidence and competence will grow



# From Ally to Leader: Dealing with Pushback

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*Majority Of White Americans Say They Believe Whites Face Discrimination,*  
National Public Radio (NPR), 10/24/17

NPR, the Robert Wood Johnson Foundation and the Harvard T.H. Chan School of Public Health survey sampled 3,453 adults in the U.S. from Jan. 26 to April 9, 2017. Of those, 902 were white.

**55% of the white respondents said they believe discrimination against white people exists in the U.S. today.**

**Only 19% of the white respondents said that they had been personally discriminated against because they were white.**



# From Ally to Leader: Dealing with Pushback

From Vandermaas-Peeler, Cox, Fisch-Friedman, and Jones, "Diversity, Division, Discrimination: The State of Young America, *MTV/Public Religion Research Institute Report*, January, 2018

The poll of 15- to 24-year-olds found that ***43% of young white men say discrimination against whites is as serious a problem as discrimination against other groups.***

***29% of young white women say discrimination against whites is as serious a problem as discrimination against other groups.***

***48% of young white men believe efforts to increase diversity will harm white people.***

**Questions?**  
**Comments?**

# Thank You!

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