Navigating the Evolution of Unconscious Bias and Its Impact on Driving Organizational Innovation

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Presentation Overview

- The Landscape
- Health Equity
- Organizational & Systemic interventions & Innovations
- Patient Centricity, Workforce Development & Modeling
  Inclusion
- Telehealth/Telemedicine, DEI Innovations and the Future
- Q/A
Reflection Question

As a Leader, Manager...
What are some of the greatest DEI challenges &
What are some of the opportunities for equity in clinical trials and beyond?
Global Health Disparities

Health disparities are the differences between populations in the ability to achieve positive health outcomes. Many factors contribute to health disparities—including age, disability, geographic location, gender and sexual identity, race and ethnicity, and socioeconomic status. These factors, referred to as social determinants of health, can have a major impact on a person's health and wellness.

- **Age**: People over the age of 60 have made up 94% of COVID-19 deaths in the European Union.
- **Disability**: People with disadvantaged backgrounds in Latin America and the Caribbean are 43% more likely to have a disability.

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**Two-thirds**

- Girls aged 15–19 in sub-Saharan Africa contract HIV at a rate 3x higher than boys the same age.
- African-American babies are more than 2x as likely to die as babies of other races and ethnicities.
- People in low-income countries live 18.1 years fewer than those in high-income countries.

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Which U.S. Population Groups Experience Cancer Health Disparities?

According to the American Cancer Society, cancer health disparities in the United States are caused by differences in certain measures such as number of cases, number of deaths, cancer-related health conditions, membership, and quality of health care treatment, screening rates, and stage at diagnosis that exist among cancer populations. Groups including:

- Individuals belonging to different ancestry, race, or ethnicity
- Individuals of low socioeconomic status
- Individuals who lack or have limited health insurance coverage
- Residents in certain U.S. geographic locations, such as rural areas, or barriers to access care, such as several race and ethnicities
- Numbers of the sexual and gender identity community
- Individuals with disabilities
- Adolescents and young adults
- Elderly

It is important to note that some populations have higher rates of cancer because they lack insurance, health insurance, or other barriers. Scientific Association (2020) Cancer Disparities Diagnosis, Prevention, Treatment, and Prevention.
Stereotype Threat

Sources:
9 Behavioral Biases in Health

Availability Bias

Limited Attention Bias

Learned Helplessness Bias

Ostrich Bias

Overconfidence Bias

Identity Bias

Social Influence Bias

Present Bias

Security Bias
Myths/Biases that significantly Impact Treatment for Patients of Color

- BIPOC patients present in the same way as white patients
- Race dictates health outcomes
- BIPOC patients cannot be trusted
- BIPOC patients exaggerate their pain and have higher tolerance for pain (e.g. Serena Williams)
- BIPOC patients are medication seeking
- BIPOC people do not seek medical care because of the past/historical harms
- Black and Brown bodies are inherently diseased as opposed to impacted by disease

WHAT IS HEALTHEQUITY?

The table of contents is available on the DPHARM website.

Equity is the absence of discrimination, unfair, or unequal treatment and outcomes among groups of people. Health equity improves health and health care for all, including marginalized communities and people who experience health inequities.

- World Health Organization

Health equity is not just a matter of fairness. It is also a matter of justice. The struggle for health equity is not just about treating everyone equally. It is about achieving justice by meeting everyone's needs, regardless of their circumstances.

- World Health Organization

Equity in health care is essential for a healthy society. When everyone has access to high-quality health care, it strengthens communities and strengthens countries. It also promotes social and economic development.

- World Health Organization

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US Census Demographics, 2020

- 331 million people in the US Census Population
- 1.0% Native American / Alaskan Native
- 13.0%
- 19.0%
- 6.2%

US Clinical Trial Statistics, 2022

- 21K US-based trials representing ~4.76 million participants
- 1.0%
- <0.02% Native American / Alaskan Native
- 10.0%
- 6.0%
- 80.0%

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The Barriers that Prevent Diverse Representation in Clinical Trials

Mistrust
- Misinformation and misconceptions about clinical trials
- Mistrust of pharmaceutical companies
- Past injustices create fear of harm and unethical treatment
- Research community does not acknowledge past injustices
- Data privacy concerns

Accessing Information
- Limited or low-quality internet access
- Lack of awareness on locating clinical trial information
- Lack of research results transparency
- Lack of materials in multiple languages
- Lack of materials that connect with diverse communities
- Lack of access to information from trusted sources

Participating in Trials
- Limited diversity of trial doctors and staff
- Strict health requirements prevent participating in trials
- Lack of compensation for childcare and time off work
- Lack of health insurance coverage
- Use of technology in trials
- Limited transportation assistance and flexible scheduling
- Minimal information options
- General lack of access to medical care or treatment

Source: CISCRP Research on Diversity and Inclusion in Clinical Research

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ROI & REALITY OF D&I
A real competitive advantage for organizations

ROI

39% Higher customer satisfaction

34% Higher profits for companies that promote women

22% Lower turnover rate for companies with an inclusive culture

22% Increase in productivity

Cost

Benefits

Beneficial Return

Financial

Non Financial

Bias/Anti-Bias

Levels of Impact & Action

**INDIVIDUAL**
Refers to the beliefs, attitudes, and actions of individuals that support or perpetuate inequity and -isms in conscious and unconscious ways.

**INTERPERSONAL**
Occurs between individuals. These are public expressions often involving slurs, biases, or hateful words or actions.

**INSTITUTIONAL**
Occurs in an organization. These are discriminatory treatments, unfair policies, or biased practices based on identity that result in inequitable outcomes.

**STRUCTURAL**
Is the overarching system of bias across institutions and society. These systems benefit some people and disadvantage other people.

Adapted from Kendi Abrahim
Indian, Interpersonal, Institutional & Structural
The three pillars of the moral determinants of health are fairness, equity, and empathy.
Clinical trials education
Nursing Disparities research
Diagnostic clinics Health equity reporting
Community collaboration
Equity and access Community education
Lung cancer screening Survivorship
Patient navigation Cancer care equity
Clinical outreach
Individual, Interpersonal, Institutional & Structural

https://informatics.bmj.com/content/29/i/e100489

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Individual, Interpersonal, Institutional & Structural
Clinical Trials
Patient Care

Understanding the Whole Person

Finding Common Ground

Experiencing Time

Aiming for Positive Outcomes

- Clinicians use their skills to fully comprehend patients' characteristics, values, capabilities, perspectives and preferences
- Clinicians and patients use their skills to meet-halfway, build trust and form partnerships. Clinicians demonstrate empathy and involve patients in treatment decision-making
- Clinicians ensure patients have had enough time in consultations
- Patients and clinicians establish interpersonal continuity of care and develop their relationship over time
- All aspects of this model contribute to the shared goal of positive clinical, patient-reported and clinician-reported outcomes

https://bmchealthserv res.biomedcentral.co m/articles/10.1186/s12913-021-06273-y

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Organizational Culture

The Values And Behaviours That Contribute To The Unique Social And Psychological Environment For An Organization...
Clinical Trials
Building Health Equity Systems

Institutional & Structural
Clinical Trials Structural and Systemic Approaches

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https://avalere.com/insights/6-ways-for-manufacturers-to engages-in-health-equity
Businesses and other organizations can improve their performance by tapping the power of differences in how people think. The 'Diversity Bonus comes about by intentionally creating and facilitating diverse teams to engage complex tasks and problems that are innovative and allow for disparate ideas to emerge. Diverse teams outperform homogeneous ones (e.g. High IQ vs diverse teams).

https://press.princeton.edu/books/paperback/9780691191539/the-diversity-bonus
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Safe and effective pharmacy care at the heart of healthy communities

Institutional & Structural

Theme 1
To make regulatory decisions that are demonstrably fair, lawful, and free from discrimination and bias.

Theme 2
To use our standards to proactively help tackle discrimination and to make sure everyone can access person-centred care, fostering equality of health outcomes.

Theme 3
To lead by example and demonstrate best practice within our organisation, holding ourselves to the same high standards we expect of others.
Clinical Trials
Building Health Equity Systems

Individual, Institutional & Structural

Inclusive Infrastructure
- Design infrastructure that supports diversity, inclusion, and health equity
- Create innovation hubs to centralize efforts

Equity-Driven Analytics
- Leverage existing data to advance health equity
- Identify new assets for targeted products and therapies targeting underrepresented populations

Unprecedented Partnerships
- Partner with external thought leaders and organizations around meaningful and collaborative goals


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Design thinking human-centered approach to that can be used to combat health inequities. Involves five stages: empathy, define, ideate, prototype, and test. The process prioritizes developing empathy for users, working in collaborative teams, and using action-oriented rapid prototyping.

Learning and applying equity-design thinking to the development of health technologies will extend healthy lives, and reduce the burdens of illness, disability, health disparities and inequalities that result from the exclusion of communities in the process in meaningful ways.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4724388/
Empathy is a critical attribute in healthcare. It can help improve health equity by:

- Rebuilding trust with marginalized groups
- Understanding the unique needs of individuals
- Improving patient satisfaction and treatment compliance
- Establishing trust and developing a therapeutic alliance with patients

Empathy can be demonstrated in many ways, including:

- Verbal and nonverbal cues
- Providing a calm and happy environment
- Listening carefully for what isn't being said
- Staying present
- Looking for cues that the patient has completed their thought before speaking
- Reflecting on difficult or emotional conversations

Studies have shown that patients who are treated with empathy have better health outcomes. They are more likely to follow their treatment plan and practice self-care when they feel heard and understood.
Creating an Empathetic Culture - develops when people feel seen and heard by leaders and when leaders respond to their expressed needs and demonstrate that they value an individual's well-being as much as their ability to perform work duties. Making empathy a priority means incorporating it into hiring decisions and our onboarding process, including recruitment practices and job descriptions. It should also influence how we recognize and reward individuals.

Learning Empathy - Helen Riess, MD, the founder and director of Empathy and Relational Science Program at Massachusetts General Hospital, research suggests that to ingrain empathy throughout organizations and teams, need to provide training to everyone who comes into contact with the patient and one-time training may not be sufficient.

Redesign with Empathy in Mind - Redesign care processes to incorporate the patient's voice into how care systems are developed. Requires understanding of the patient journey, including their pain points, challenges and obstacles and is obtained through surveys and focus groups and soliciting patient feedback - better approach is integrating patients into the committees and work groups that design care. Empathy-centered design thinking can be applied to broader programs such as population health management & integrate patients' perspectives to care, living conditions and social settings.

Simple Steps Adrienne Boissy, Cleveland Clinic's Chief Patient Experience Officer, example using the safe surgical checklist. In addition to the safety steps currently present (e.g., confirming the surgical site and procedure), she suggests adding "family updated" to the checklist items.

At Beth Israel Deaconess Medical Center, incorporating empathy into the care process, patient intake forms include two important questions at the top: "how would you like to be addressed?" and "what is your main concern for this visit?"The first question is a simple gesture of respect that can convey an important message about how we value patients as individuals. The second question allows us to ensure that we address their top priorities, not just the ones we assume.

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https://www.wisconsinnurses.org/pctbc/

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Identify

Selected pharmacies rapidly identify relevant and diverse patients via pharmacy databases and customer network.

Interview

Qualification interviews with patients are performed based on IN/EX criteria and pharmacist-patient personal relationships.

Connect

Independent pharmacists directly connect potential candidates to pre-defined study sites.

https://www.rx2.com/e2-recruitment/
Definition: "medicine practiced with the narrative competence to recognize, interpret, and be moved to action by the predicaments of others." (Annals of Internal Medicine Volume 134 • Number 1)

With narrative competence, physicians can reach and join their patients in illness, recognize their own personal journeys through medicine, acknowledge kinship with and duties toward other health care professionals, and inaugurate consequential discourse with the public about health care." (JAMA 2001; 286: 897-1902)
Clinical Outcome Assessment (COA) is the means by which the patient experience is measured

**Patient Reported Outcome (PRO)**
A measurement that comes directly from the patient.

**Performance Rated Outcome (PerFO)**
A measurement based on a task(s) performed by a patient.

**Clinician Reported Outcome (ClinRO)**
An assessment performed by a trained medical professional.

**Observer Reported Outcome (ObsRO)**
An assessment performed by an observer (i.e., a non-clinician, such as a teacher or caregiver).

https://www.contractpharma.com/contents/view_experts-opinion/2020-04-16/how-to-design-trials-to-be-more-patient-centered/

Individual, Interpersonal
DEI Integrative Design Process

*Individual, Interpersonal, Institutional & Structural*


Individual, Interpersonal, Institutional & Structural

How Does Digital Equity in Healthcare Affect Quality Data?

How Americans value the convenience of telehealth.

Among commercially insured individuals:

40%
used telehealth to access health services in the past year.

78%
said telehealth made it easier for them to seek care.

60%
are satisfied with the care they received via telehealth.

69%
said they used telehealth because it is more convenient than an in-person appointment.


https://www.ahip.org/resources/survey-of-telehealth-use-by-commercial-insurance-enrollees/

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TELEMEDICINE FOR HEALTH EQUITY

LEADERSHIP CONSIDERING
TELEMEDICINE

Evidence:
Privacy & Security
Licensure & Reimbursement
Infrastructure & Vendors
Quality Improvement Metrics

Providers and teams
Using telemedicine

Devices
Workflows
Care Safety
Provider Wellbeing

Engaging diverse
patients

Digital Access & Skills Screening
Technical Support
Interpreter Use
Engaging Caregivers
Upholding Patient Trust

Optimizing for
the future

Remote Patient Monitoring
Patient & Team Satisfaction
Strategic Planning

Individual, Interpersonal,
Institutional & Structural
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Communication strategies?
Educational Strategies?
Outreach Strategies?

Inclusive Leadership & Design Process

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- Design Thinking
- Co-Creation
- Inclusive Leadership
  - Trainings
  - Biases & Triggers

- Creating an Inclusive Leadership Team and Workforce
  - Recruitment & Retention (JDs)
  - Data (& feedback loops)
  - Professional Development & Promotion
  - Mentorship & Sponsorship
  - Hi-Po Programs for Gap Areas
Inclusive Leadership & Design Process

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Are you Ready???

Our Diversity Agenda is the foundation for which diversity, equity and inclusion initiatives are built across the Atrium Health enterprise. The four main pillars represent and remind us of the people we must impact.

**OUR 2025 BOLD GOAL**
Atrium Health will achieve transformative equity in health care, leadership, workforce, learners & community.

**PATIENTS**
Equitable health care and health outcomes FOR ALL

**TEAMMATES**
Equitable opportunities and representation in leadership and workforce diversity FOR ALL

**LEARNERS**
Equitable learning environment that promotes scholarship, teaching, research and diverse recruitment, retention and pensive strategies FOR ALL

**COMMUNITIES**
Equitable resources that ensure trust, our brand and economic stability in diverse and vulnerable communities FOR ALL
Institutional & Structural
Individual, Interpersonal, Institutional & Structural

Reciprocal Partnerships For Our Collective Futures
Individual, Interpersonal, Institutional & Structural

The UnTapped Possibilities in Clinical Trials

WE’VE TAKEN ON THE MAJOR HEALTH PROBLEMS OF THE POOREST — TUBERCULOSIS, MATERNAL MORTALITY, AIDS, MALARIA — IN FOUR COUNTRIES. WE’VE SCORED SOME VICTORIES IN THE SENSE THAT WE’VE CURED OR TREATED THOUSANDS AND CHANGED THE DISCOURSE ABOUT WHAT IS POSSIBLE.

— Paul Farmer
Thank you
Q/A

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