

Healthcare Stereotype Threat (HCST): A New Approach to Reducing Implicit Bias & Improving Maternal-Child Health Equity

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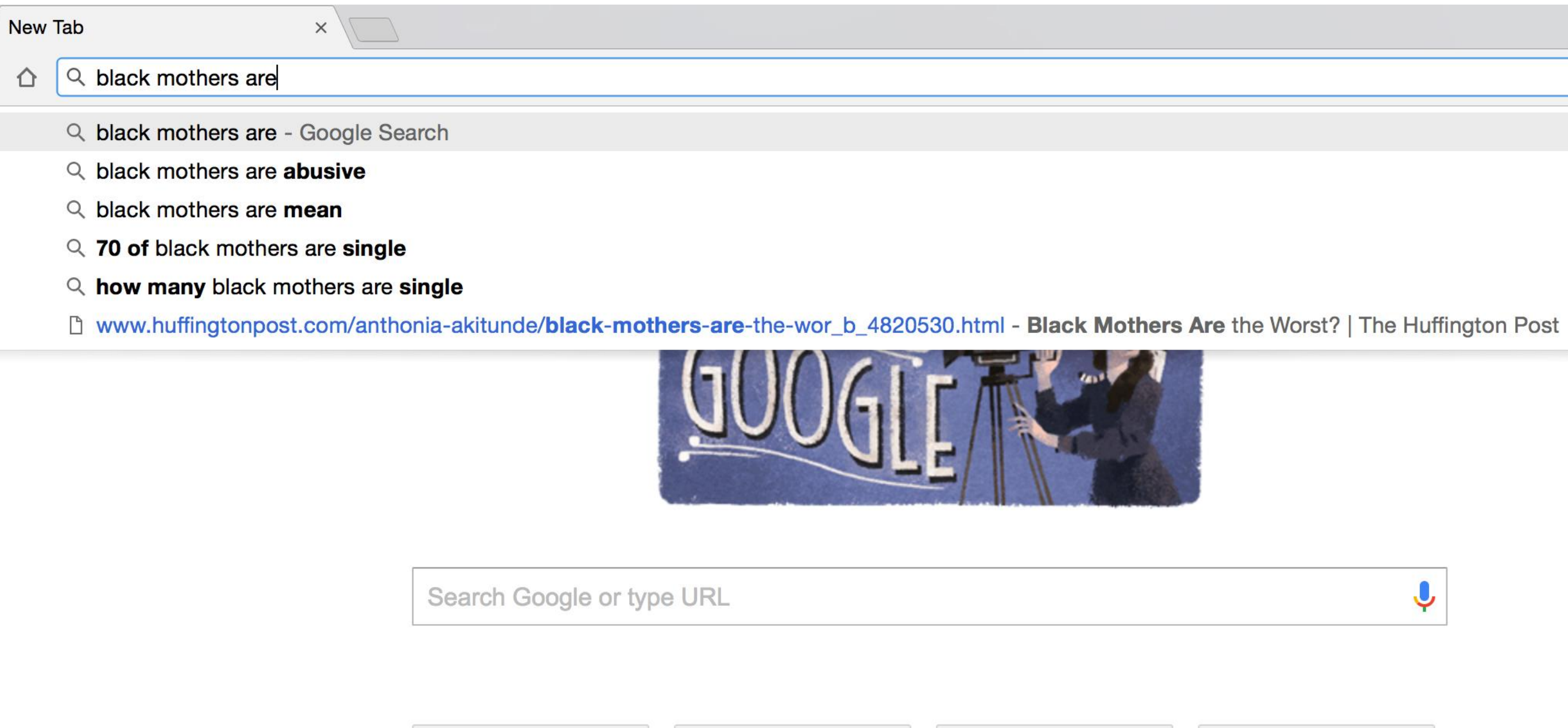
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HCST: Lydia's Story (Not Just Lydia's Story)











The Primemester





Hi, Labor & Delivery and Postpartum!

I am an African American woman.

I am so excited to be here having my baby!

But it’s scary for me, too.

I know that African American women are 3-4 times more likely to die in childbirth.

I know that African American babies are 2.5 times more likely to die.

Please take extra special care of my baby and me.

Please pay close attention to us.

Please remember, I am human just like you.

I love my baby so much that I would die for my baby, just like you would die for yours.

But I don’t want to. I want to live for my baby, just like you want to live for yours.

I want to be here to raise my baby, just as you want to be here to raise yours.

Even if:

- my skin happens to be darker than yours,
- my nose wider,
- my lips fuller,
- my hair texture different,
- my language or accent different,
- I have less money,
- I don’t have health insurance,
- I am birthing alone or without a partner,



Please remember, I am as human as you are.

It helps me when I’m not the only Black or Brown person in the room.

Whenever possible, please send me a Black or Brown nurse or doctor.

Please look into my eyes, and really *see* me and how I am doing.

If I ask for attention, if I complain of pain, or if I am worried about something, please ask me how worried I am about what I am experiencing or what my baby is experiencing.

You are the expert. There is no way I can know for sure if something I am experiencing is urgent or normal. Yet, I am the one in my body so I am the only one who can tell you if what is happening in my body feels alarming.

Please give me a scale from 1 to 10 to rate my worry for my baby or for myself.

If I rate my worry as >5, please listen carefully and call for a peer meeting.

Please make sure at least two of your peers participate in your peer meeting to decide on a course of action to address my worry.

Please ask your peers to look into my eyes and really *see* me, too—just like you did.

Thank you for your time, care, and attention.

With love,

The Super Excited Mommy-to-Be

#colormemommy
A lifelong motherless child
who wants to make sure that
there never has to be another lifelong motherless child

P.S. Here are some other things that science shows can help protect me:|

Healthcare Stereotype Threat (HCST): Definition

**Hold up, Doc!
Only one of us
is a felon!**

Snoop Dogg & Martha Stewart

- Inferior intelligence
- Lower status
- Risky lifestyle choices
- Being less deserving



HCST: Foundations

- The SES-Health Gradient
 - Less reliable in minority groups?
- Not just economic barriers to care
- Psychosocial barriers to care



HCST: Foundations

- Threat of confirming negative stereotypes
- More susceptible when strongly identified



Research Question

Q: Does HCST exist, & is it a cause of health care anxiety in African American women?

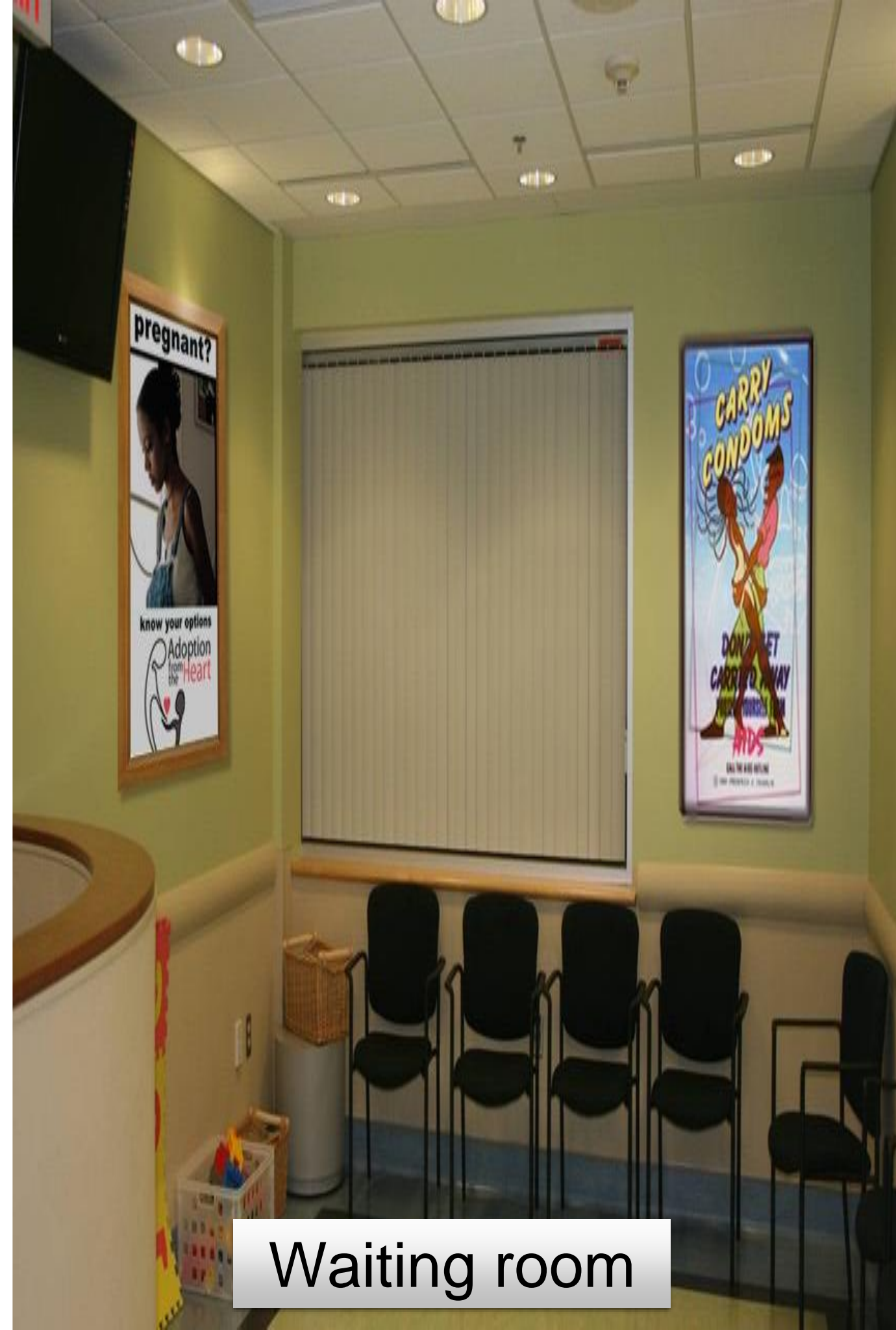
A: Yes.

Method

- Experiment
- Eligibility:
 - 18+ years of age
 - Residing in the U.S.
 - Self-identified as African American or White
- N=162
- 58% African American
- 22-82 years old (M=42 years, SD=12.4 years)
- \$20,000 median annual per capita income



Examination room

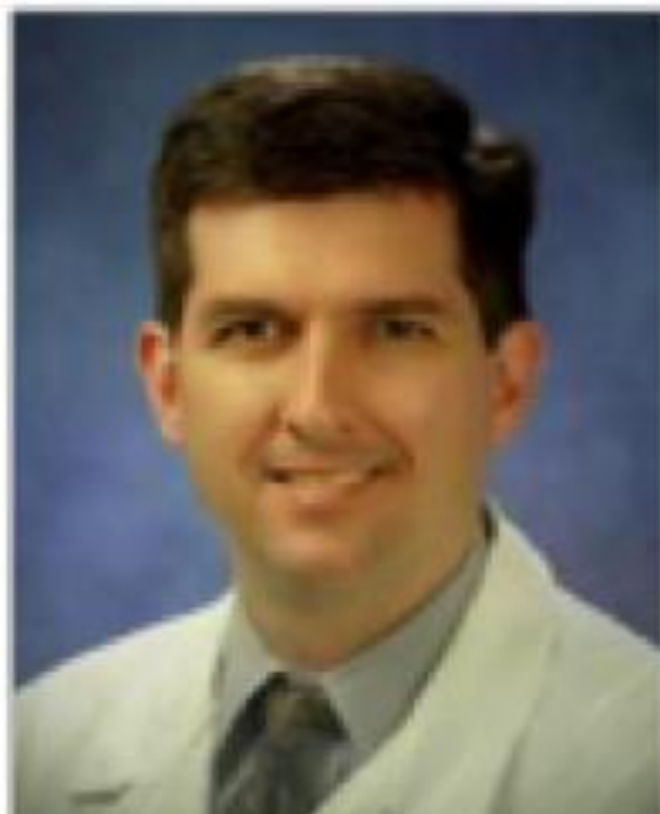


Waiting room

Healthcare Stereotype Threat Condition



Healthcare Stereotype Threat Condition



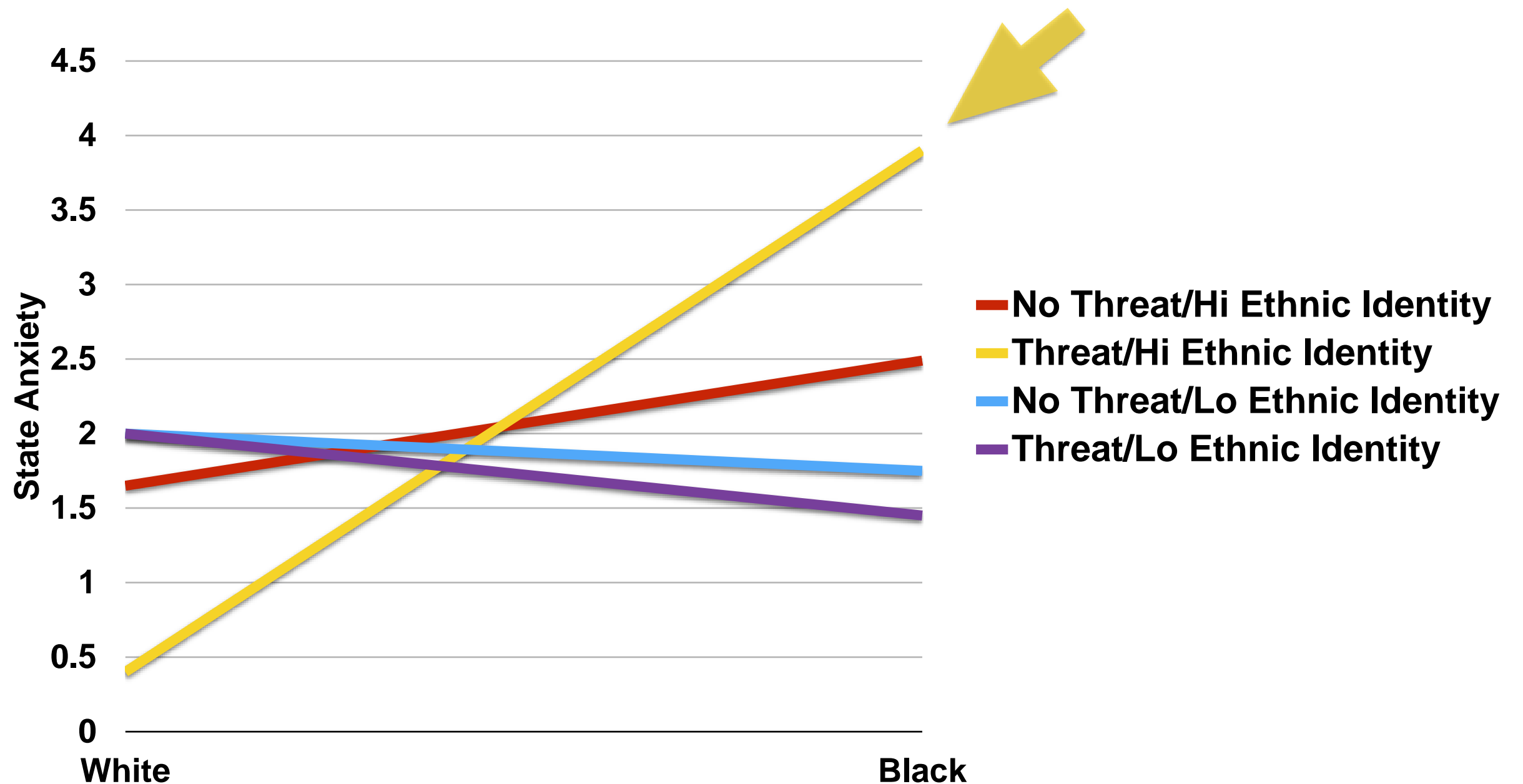
Name: David Campbell, M.D.

Age: 42

Gender: Male

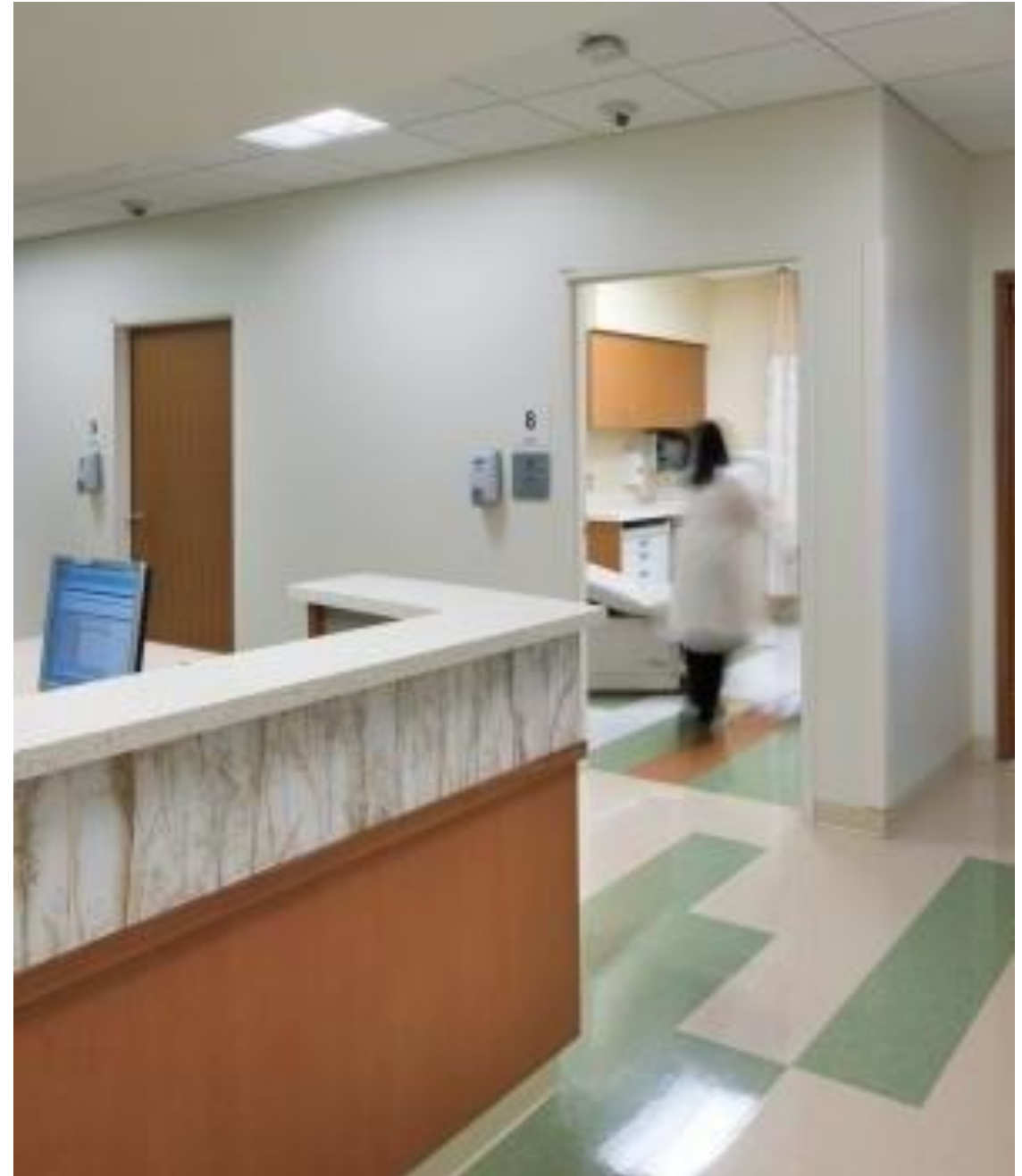
Dr. Campbell has been practicing medicine for 9 years.

Results



Innovation, Significance, & Implications

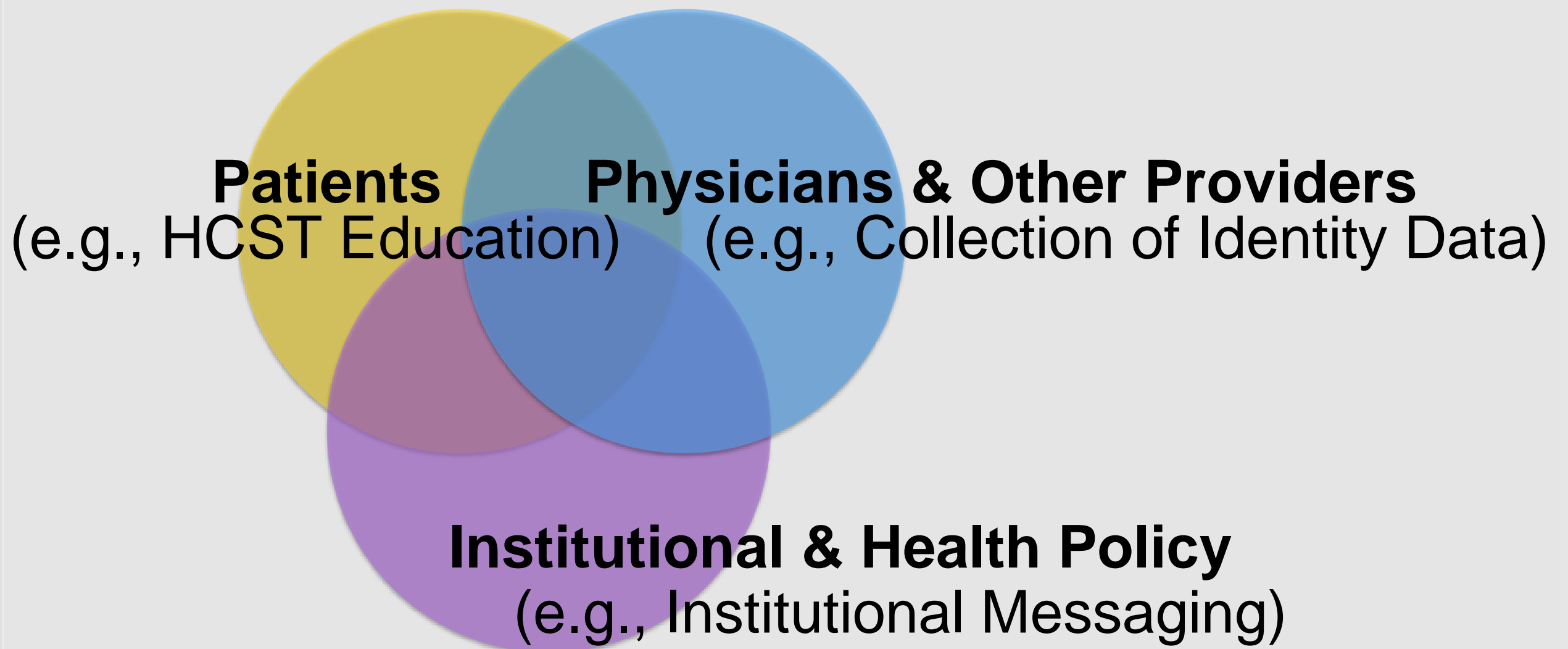
- First study to document HCST
- Causally linked to heightened anxiety
- Extends ST literature beyond social sciences
- New model of health equity
- Low-stakes context underestimates effects
- **Health promotion media/public health campaigns**



HCST Intervention:

Creating Stereotype-Safe Healthcare Settings

Three-Pronged Approach



Translation to Health Insurance Sector & Health Services Delivery

HCST AWARENESS & EDUCATION



**INTERNAL
SHIFTS**



**EXTERNAL
SHIFTS**



**INTERPERSONAL
&
SITUATIONAL
SHIFTS**

Anthem HCST Cultural Competency Training



Understanding Health Care Stereotype Threat

Location icon: A white location pin icon. Clock icon: A white clock face icon.



Internal Shifts

Location icon: A white location pin icon. Clock icon: A white clock face icon.



External Shifts

Clock icon: A white clock face icon.

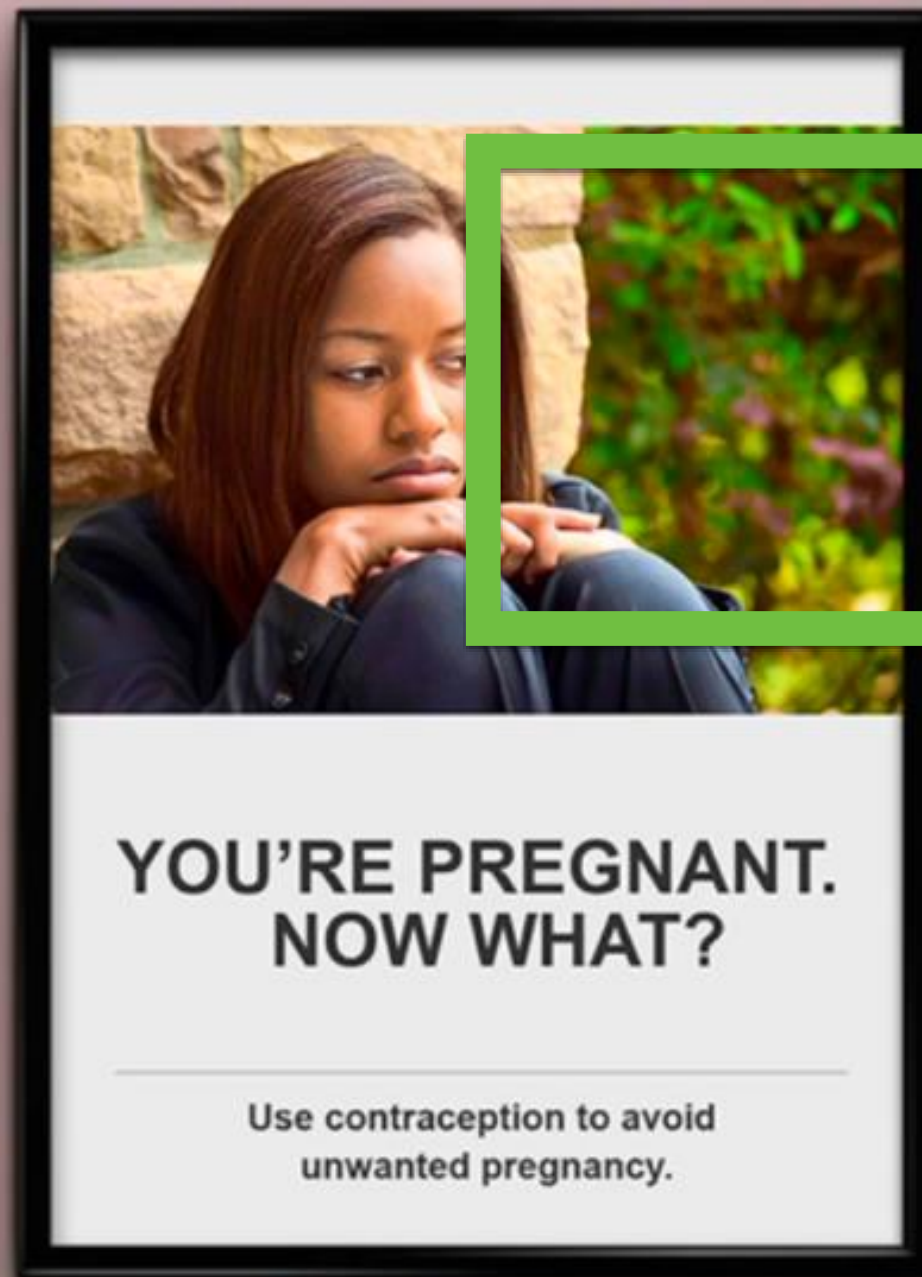


Interpersonal Shifts

Clock icon: A white clock face icon.



The Critical Balance



Sample Strategies for Creating Stereotype-Safe Healthcare Settings

Selected to maximize both ease of use (for physicians) & impact (for patients)

1. Collect sociodemographic information after the healthcare interaction
 - The simple act of having to check a box that matches you with a stigmatized group before the healthcare interaction induces HCST; so have patients complete the sociodemographic portion of intake (and, when possible, weigh people) after being seen rather than before.
2. “We welcome people of all backgrounds, we provide the same standard of medical care to all people, and we believe that people of every background are capable of achieving the highest possible standard of health and well-being.”
 - Direct messaging regarding diversity, equity, and inclusion.
3. Practice Mindfulness in your medical practice
 - Commit to seeing each patient as an individual (rather than as a representative of a group), but also be mindful that any and every patient can possess a minority identity (even when you can't see it).

Sample Strategies for Creating Stereotype-Safe Healthcare Settings

Selected to maximize both ease of use (for physicians) & impact (for patients)

3. Utilize electronic records and/or other staff member to provide written Action Plan for patients.

- Having a written Action Plan that patients can take home ensures that, even under conditions of stress and cognitive load, patients will have the critical take home points for moving forward with treatment and following up. It also helps to ensure that recommendations can be shared with key family members/ caretakers.

4. Provide simple materials that help to educate patients about HCST

- This document can further affirm the individual and group identities of all patients, as well as their potential to achieve their own version of optimal health, by bearing the inclusive, affirming message used in Strategy O\4. Simply knowing that HCST exists reduces its deleterious consequences for patients.

***“The systematic neglect of culture in health
is the single greatest barrier to the highest attainable standard of health worldwide.”
--Napier et al., 2014 (Lancet)***

Thank you!

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Physician-Patient Race Concordance Study



Name: David Campbell, M.D.

Gender: Male

Age: 42

Practicing medicine for 9 years.