The #Unmuted Series: Unconscious Bias
Systemic Oppression and Disparity in the Healthcare Industry

OraSure
10-15-20

CLICK TO VIEW RECORDING

Dept. of Medicine Office for Equity, Diversity & Inclusion

• Christina Harris, MD
  - Associate Vice Chair, Dept of Medicine for Equity, Diversity, & Inclusion
  - Associate Professor of Medicine, Division of General Internal Medicine
  - Associate Program Director of Internal Medicine & Director of VA Resident Continuity Clinic

• Teresa Seeman Ph.D.
  - Associate Vice Chair, Dept of Medicine for Equity, Diversity, & Inclusion
  - Professor of Medicine & Epidemiology, UCLA

• Keith Norris MD, Ph.D.
  - Executive Vice Chair, Dept of Medicine for Equity, Diversity, & Inclusion
  - Professor of Medicine, UCLA

*Our Biases: We believe in a society grounded in Equity & Justice
We don’t see things as they are, we see them as we are.

- Anais Nin (1903-1977)
OraSure

Along with DNA Genotek, Diversigen/CoreBiome and Novosanis, provides its customers with tools, services and diagnostics, cutting-edge services/analytics, rapid diagnostics for **infectious disease**, and tests for **substance abuse**.

Rapid testing assays for HIV, HCV, Influenza, **Coronavirus**

Oral fluid testing for drugs of abuse including marijuana, cocaine, PCP, amphetamines and opiates

Think of Diversity, Equity & Inclusion work as we do technology! Why is Diversity, Equity & Inclusion critical for OraSure?
A billionaire has donated ten million dollars to OraSure’s favorite community charity and builds them a nice medical clinic. What are your thoughts about this billionaire?

Several months later you get a call from HR. A request for a favor has been made - the billionaire has 2 kids and would love the son to get a high-level job at OraSure - the son has no health care industry background. You are told a senior OraSure executive wants you to join a “special committee” to create a job for the son.

What do you do?
What are your thoughts about this billionaire now?
Objectives for today

• Better understand the disparities in the COVID-19 Pandemic & how it amplified racial tensions
• Better understand how and why racism and not race contributes to health disparities in the US
• Better understand the role of conscious and unconscious bias in disparities and its role within and outside of OraSure
• The Way Forward
Why Diversity, Equity, & Inclusion in the Health Care Industry

Major Inequities Exist in Society that lead to Health Disparities

Every system is perfectly designed to achieve the results it gets
- Dr. Don Berwick, former CMS director
Realities of the Pandemic

U.S. CORRECTIONAL FACILITIES REPORT STEEP RISE IN CORONAVIRUS INFECTION RATE

‘They’re Death Pits’: Virus Claims at Least 7,000 Lives in U.S. Nursing Homes

More than six weeks after the first coronavirus deaths in a nursing home, outbreaks unfold across the country. About a fifth of U.S. virus deaths are linked to nursing facilities.

COVID-19: a potential public health problem for homeless populations

CORONAVIRUS

Native American Deaths Rising at Alarming Rate from COVID-19

Covid-19’s devastating toll on black and Latino Americans, in one chart

The US health system has failed black and Latino populations for decades. Now they’re paying the price.

By Dylan Scott | @dylaniscott | dylan.scott@vox.com | Apr 17, 2020, 4:10pm EDT

Black, Indigenous and People of Color (BIPOC) 2-10 x more likely to die of COVID
The Makings of a Disparity

Structural Racism* (e.g. residential segregation, underfunded school systems, poverty, chronic discrimination)

Increase Risk of Exposure
- Service Jobs
- Poor housing conditions
- Public Transportation

High Chronic Disease Burden
- DM/CKD
- HTN/CVD
- Asthma/COPD

Lack of Access to Quality Care
- Early testing shortage
- Poor preventative care
- Low quality hospitals
The Making of Race

- Race is a modern idea not based on biologic or scientific fact.
- Race is a socio-political construct which shifted over time.

Race was created via pseudoscience as a classification to legitimize racial dominance and to justify slavery.

The “Scientific” Foundation for Racism

1735 - Carl Linnaeus, father of modern taxonomy

Americanus (American Indian): obstinate, merry, free, regulated by customs
Asiaticus (Asian): melancholy, avaricious, ruled by opinions
Africanus (Black): relaxed, crafty, negligent, governed by caprice
European (White): muscular, gentle, inventive, governed by laws
Health Disparities & Structural Racism

• Major disparities in patient outcomes by race and ethnicity – Why is that?
  • Unequal distribution in wealth, employment, residence, toxic environmental exposures, nutrition, education, and psychosocial stress, quality of care, healthcare access
  • The unequal distribution is not by accident
• Structural Racism: totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, etc.

Again - Every system is perfectly designed to achieve the results it gets
- Dr. Don Berwick, former CMS director

FDR New Deal created Homeowners’ Loan Act in 1933: Billions of dollars in low-interest loans for home ownership

- Black Americans were systematically excluded because of redlining practices

FHA Underwriting Manual 1935: “Important among adverse influences are the following: infiltration of inharmonious racial or nationality groups; the presence of smoke, odor, fog, etc.”
Housing law practices post civil rights - 2019

• 86 minority potential buyer testers applied for a house
  • judged by 2 independent consultants - law professor and co-founder of the Fair Housing Justice Center
• Brokers subjected minority potential buyer testers to disparate treatment 40% of the time.
  • 19% Asian testers experienced disparate treatment
  • 39% Hispanic testers experienced disparate treatment
  • 49% Black testers experienced disparate treatment

The law has been eliminated but the practice exists
The system still works as originally designed!

Newsday: Long Island Divided – 3 yr probe on housing discrimination. By Ann Choi, Bill Dedman, Keith Herbert and Olivia Winslow Nov. 17, 2019
Equity vs. Equality

1. EQUALITY imagines an equal world. "I care about all students equally"

2. But the world ISN'T EQUAL.

3. And it has BIAS AND SYSTEMIC RACISM.

4. Within this same picture, a DIVERSITY lens focuses only on bringing more students into an unequal pathway.

5. In contrast, EQUITY redirects resources to the pathways with greatest need to fix barriers and intentionally provide support.

Justice closes the hole and starts adding some boxes

Adapted from the USC Center for Urban Education
What about Bias?
Race Implicit Association Test (IAT)
Doctors, Researchers and Lawyers

Cohen’s D: standardized effect size, comparing the mean to M=0 (no bias),
D of 0.2 = small effect, D of 0.5 = medium effect, and D of 0.8 = large effect
Data from Project Implicit®, operated at Harvard University (https://implicit.harvard.edu/)

Fiona White, MD
Dr. White can only be described as motherly. You know that if you’re going to be on call with her there you won’t be hungry because she will bring lots of snacks. She is a very kind, caring person and it is reflected in how she treats her patients as well as her coworkers.
- Keith Riggs, MD

Chizaram Nwogwugwu, MD
Dr. Nwogwugwu makes her team feel loved by how she helps us and brings joy to a stressful day. Her small acts of kindness show that she cares and is there for us. She is direct and honest. Not only is she tactful when giving feedback, but she also provides practical solutions and really helps you believe in yourself. I wish I had more time to learn from her.
- Kelcie Alexander, MD

Clifton O. Brock, MD
Dr. Brock is smart, friendly, and caring. He is also efficient and analytical. His work has laid the foundation for large prospective studies that may answer critical questions to predict and prevent complications of monochorionic twins, including death or severe long term disability. He is an exceptional talent with great potential ahead. We are excited to have him join our Fetal Intervention family!
- Dr. Ramesh Papanna, MD, MPH

Susan Nasab, MD
I learned so much from Dr. Nasab. She is so cool to be with in the OR, always with a new technique or trick. I appreciated the time she took to teach us and make us better. She is a very caring person. Susan is also super funny, and has amazing stories. She is going to be an amazing REI!
- Adekorewale (Wale) Odulate-Williams, MD

Ivana Simpson, MD
Dr. Simpson not only is a rockstar in the OR, but also in the workplace where she jams to music. She is a loveable chief; her easy-going attitude makes her a great person to work with. She is also approachable. Her composure is one of the many qualities I hope to gain. Wish her all the best.
- Aneesh Kothare, DO

Eric Bergh, MD
Dr. Bergh is a compassionate and brilliant person with a passion for information technology. During his Fetal Intervention fellowship, he has performed >250 procedures, guided by the best - Drs. Ken Moise & Tony Johnson. He has developed multiple novel studies, and continues to do research which will lay the foundation for developmental outcome studies in fetal disease. We are all proud of his accomplishments and thrilled to have him join the Fetal Center team as faculty.
- Dr. Ramesh Papanna, MD, MPH
The Biology of Racism

Society ↔ Structural Racism
Inequity in resources and opportunities
Personal Experiences with discrimination and racism
Health inequities and subsequent impact
Weathering

“Blacks experience early health deterioration as a consequence of the cumulative impact of repeated experience with social and/or economic adversity and political marginalization. On a physiological level, persistent, high-effort coping with acute and chronic stressors has a profound impact on health”

Arline Geronimus
Structural Racism in Early Life

Black vs White Differences in Childhood Adversity

- Family received public assistance
- Parental education < HS
- Low status parental occupation
- Parental death
- Sibling death

MIDUS - Courtesy Dr. Teresa Seeman

David Geffen School of Medicine

UCLA Health
 Structural Racism in Early Life
 Black vs White Differences in Adult Adversity

MIDUS - Courtesy Dr. Teresa Seeman

![Bar chart showing differences in adult adversity between Blacks and Whites.](chart.png)
## Differential Weathering in the MIDUS Cohort
*(ages 35-85)*

<table>
<thead>
<tr>
<th>Race</th>
<th>Blacks (n=228; avg age=53)</th>
<th>Whites (n=942; avg age=58)</th>
<th>Race Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fasting glucose (mg/dL)</td>
<td>111.1 ± 42.3</td>
<td>99.9 ± 23.4</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>HOMA-IR</td>
<td>1.5 ± 0.64</td>
<td>1.3 ± 0.55</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>CRP (ug/dL)</td>
<td>1.34 ± 0.80</td>
<td>1.0 ± 0.68</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>IL-6 (pg/mL)</td>
<td>1.5 ± 0.54</td>
<td>1.2 ± 0.51</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>E-selectin (ng/mL)</td>
<td>52.1 ± 28.9</td>
<td>41.3 ± 20.6</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Waist</td>
<td>101.4 ± 18.1</td>
<td>96.5 ± 15.7</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>BMI</td>
<td>32.8 ± 8.6</td>
<td>29.0 ± 5.9</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>
Adverse Childhood Experience Questionnaire for Adults

1. Did you feel that you didn’t have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?

2. Did you lose a parent through divorce, abandonment, death, or other reason?

3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?

4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?

5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?

1. Did you live with anyone who went to jail or prison?

2. Did a parent or adult in your home ever swear at you, insult you, or put you down?

3. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?

4. Did you feel that no one in your family loved you or thought you were special?

5. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?
Adverse Childhood Experience Questionnaire for Adults

• 61% of adults had at least one ACE & 16% > 4
  • Females and several racial/ethnic minority groups were at greater risk for experiencing > 4 ACEs.

• Persons who had experienced > 4 ACE compared to those who experienced none had:
  • 4-to 12-fold increased health risks for alcoholism,;
  • 2-5 fold increase in obesity, cancer, diabetes, heart disease, drug abuse, depression, and suicide attempt independent of race/ethnicity, sex, and age

It’s not what’s wrong with you - it’s what happened to you
Summary: Structural Racism can affect Biology

Structural Racism heavily influences biology as well as health beliefs, behaviors and practices

OraSure creates products that measure biologic markers
What Impact Do Structural Racism and Biases have on not only the Patients you serve but Your Organizational Performance?
Psychosocial Stress (Poverty/Discrimination/More) & Cognitive Processing

Stress (to survive) leads to realignment of workspaces that limits cognitive processing

What might happen if an employee has the usual work/life stress & the additive stress of work/life discrimination/isolation/navigation?

Optimal Job Performance

Inability to implement

Inability to remember

Self-segregation, Avoiding other groups

Fear, anxiety apprehension

Reduced spiritual connectedness

Impaired interpersonal relationships

Which ball(s) are your employees likely to drop if your organization is not a safe space?
• Don’t be afraid of bias

• Everyone can work to minimize bias

• Don’t be afraid of the name Structural Racism. No one on this zoom owned an enslaved Black person or created structural racism
  • Structural racism - mutually reinforcing systems of housing, education, employment, earnings/benefits, credit, media, health care, criminal justice, etc.

• However, everyone can either continue to support structural racism (actively or by doing nothing) or to help to dismantle it.
<table>
<thead>
<tr>
<th>The 5Rs of Cultural Humility – Adapting to the Health Care Industry</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reflection</strong></td>
</tr>
<tr>
<td><strong>Aim</strong></td>
</tr>
<tr>
<td><strong>Ask</strong></td>
</tr>
<tr>
<td><strong>Respect</strong></td>
</tr>
<tr>
<td><strong>Aim</strong></td>
</tr>
<tr>
<td><strong>Ask</strong></td>
</tr>
<tr>
<td><strong>Regard</strong></td>
</tr>
<tr>
<td><strong>Aim</strong></td>
</tr>
<tr>
<td><strong>Ask</strong></td>
</tr>
<tr>
<td><strong>Relevance</strong></td>
</tr>
<tr>
<td><strong>Aim</strong></td>
</tr>
<tr>
<td><strong>Ask</strong></td>
</tr>
<tr>
<td><strong>Resiliency</strong></td>
</tr>
<tr>
<td><strong>Aim</strong></td>
</tr>
<tr>
<td><strong>Ask</strong></td>
</tr>
</tbody>
</table>

The Way Forward: OraSure Leadership

• Use your platform to highlight the importance to address EDI issues

• Examine how racism/sexism/LGTBQIA+ bias can influence hiring criteria/retention and how that may affect your group.

• Review policies to ensure BIPOC, Women, LGTBQIA+ and others are not disadvantaged.
  • Make sure you are being inclusive and equity-minded in your communications to your group.

• Adapt processes to measure the impact of diverse and inclusive behaviors that are often not explicitly valued but critical to organizational success
Institutional Justice & Equity Accountability Framework

1. Adding **new actions**, improving existing actions or **stopping ineffective actions**;
2. Increasing the quality and coverage of data available to **monitor progress towards commitments made and actions taken**;
3. Improving reports to better inform reviews of progress; **improving review processes**;
4. Ensuring that the results have meaningful consequences for action (e.g. bonuses, 5-year reviews).
   - This forces leaders to be accountable - not only to ensure commitments are met but to actually understand the issues.

Have measurable EDI company metrics been met?

Adapted From Multisectoral Accountability Framework WHO 2019 © 
https://www.who.int/tb/WHO_Multisectoral_Framework_web.pdf?ua=1
The truth is that there is nothing noble in being superior to somebody else. The only real nobility is in being superior to your former self.

- Whitney Young, Jr.
“How can I help my company focus on diversity and inclusion when we have so many other issues that demand our attention every day?”

Diversity and Inclusion are not objects upon which you can fix your focus. They are imbedded in the lens through which you focus on your key priorities.

Don’t ask how you can balance your recruiting, professional development, morale, or compensation with your diversity and inclusion priorities. Instead ask how you can work on all of these key priorities in the most diverse and inclusive way.

Diversity and inclusion are not goals that leaders can set; they are the values that guide how the leaders set the goals.
Two legal memos were drafted from a 3rd year associate from NYU law – it had 22 errors went to 60 partners at 22 law firms who agreed to review

- **Memo 1** was rated **4.1 out of 5**
  - Associate was noted to be generally a good writer but could work on….
  - praised for his potential and good analytical skills.
  - Reviewers found an average of **2.9 of 7** spelling and grammar errors in the memo

- **Memo 2** was rated **3.2 out of 5**
  - Associate was criticized as average at best and needing a lot of work.
  - Can’t believe he went to NYU, average at best
  - Reviewers found an average of **5.8 of 7** spelling and grammar errors in the memo

Memo 1 and 2 were identical
With identical names