

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

OraSure
10-15-20



David Geffen
School of Medicine



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Building.Belonging.Becoming.

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 Christina Harris MD



***Our Biases: We believe in a society grounded in Equity & Justice**



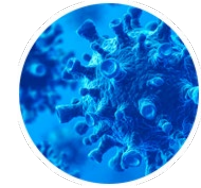
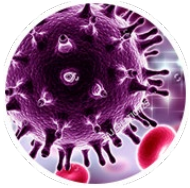
We don't see things as they are,
we see them as we are.

- 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

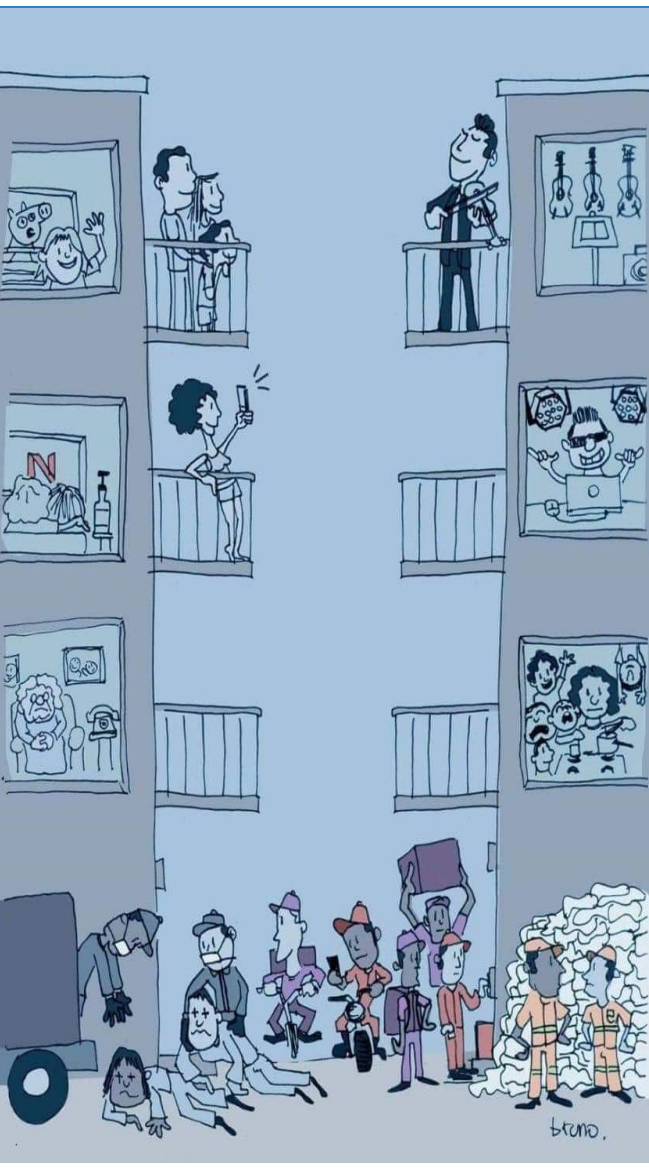
Major Inequities Exist in Society that lead to Health Disparities

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 | @dylanlscott | dylan.scott@vox.com | Apr 17, 2020, 4:10pm EDT

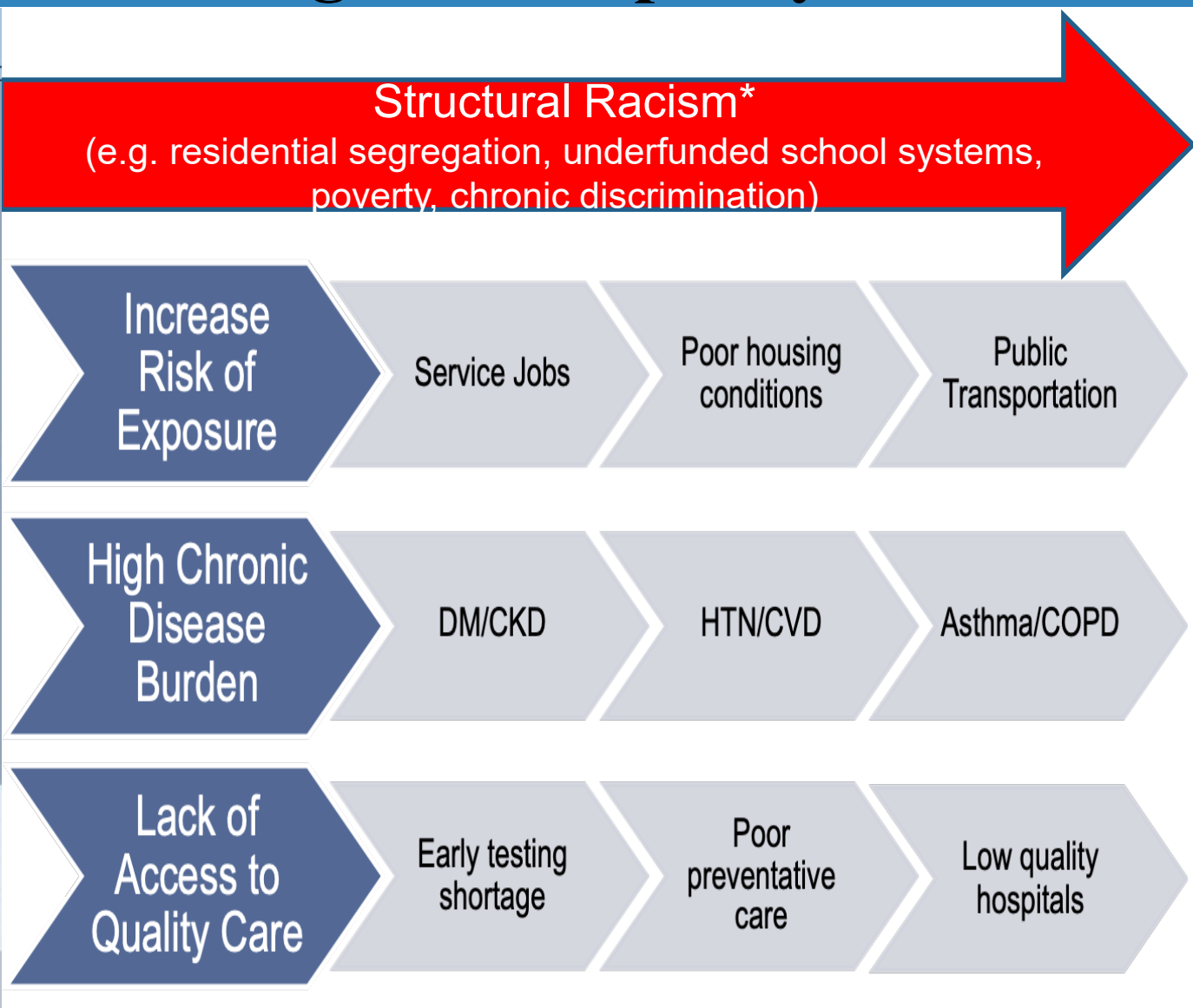
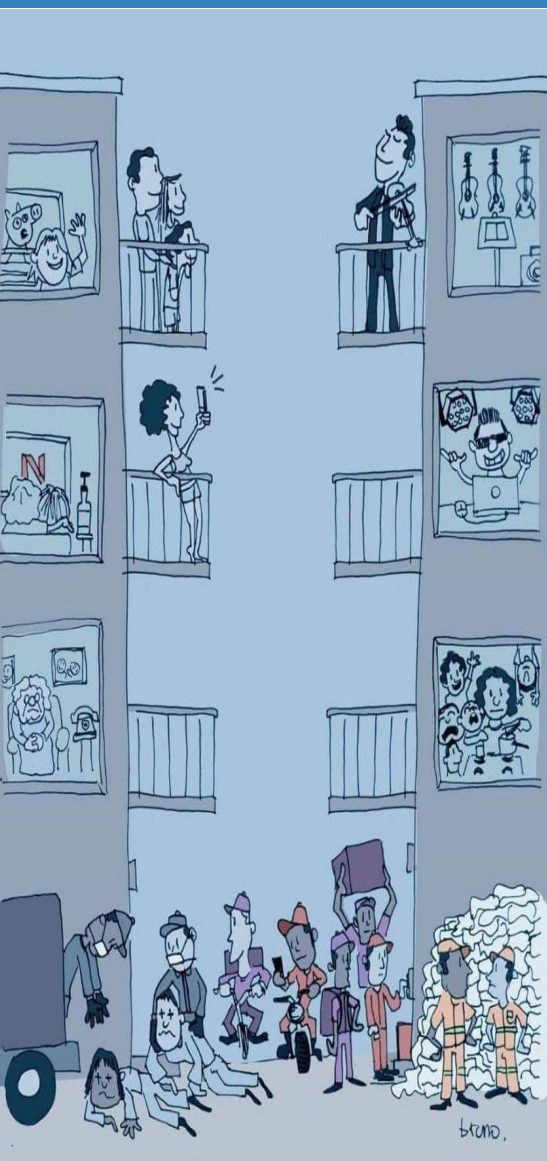
Black, Indigenous and People of Color (BIPOC) 2-10 x more likely to die of COVID



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The Makings of a Disparity



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

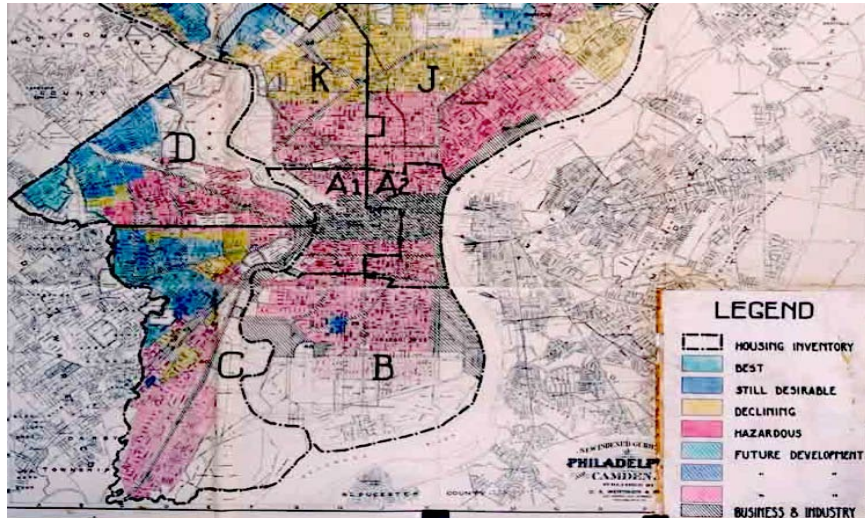


Structural Racism- Redlining

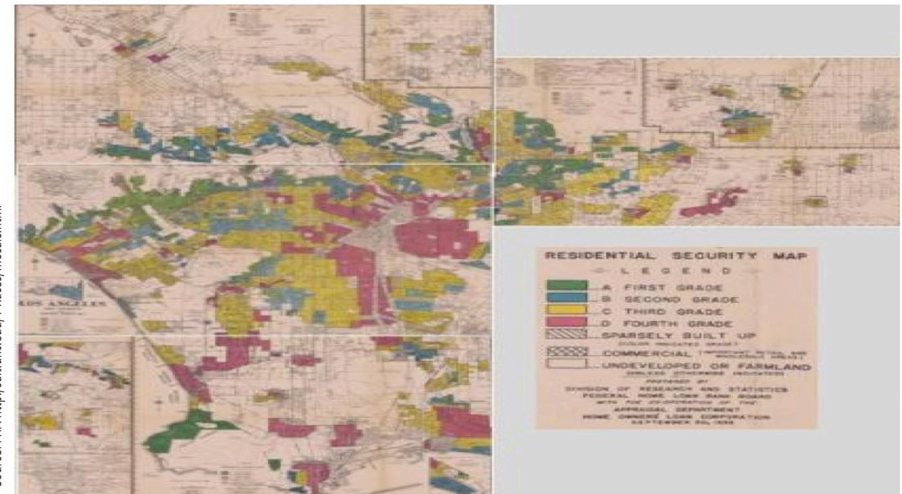
FDR New Deal created Homeowners' Loan Act in 1933:

Billions of dollars in low-interest loans for home ownership

- Black Americans were systematically excluded because of redlining practices



Redlining in Los Angeles



Source: FHA <http://salt.unc.edu/races/mosaic.html>

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.”



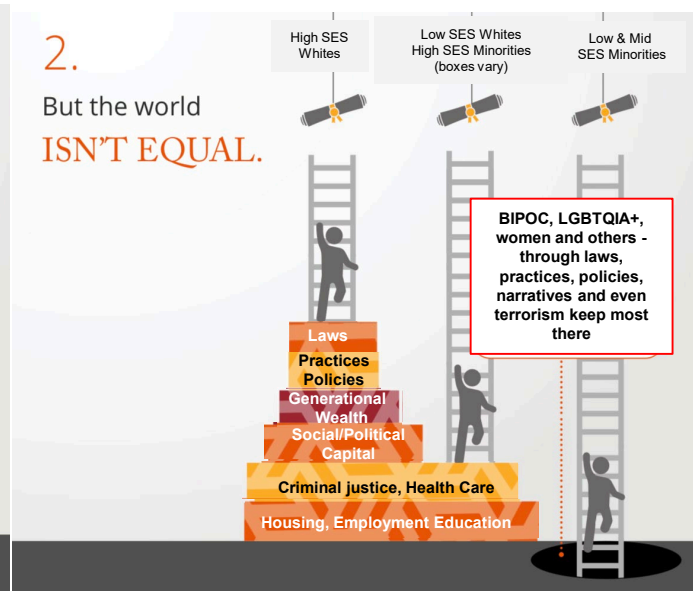
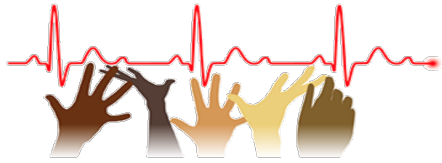
Housing law practices post civil rights - 2019

- 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

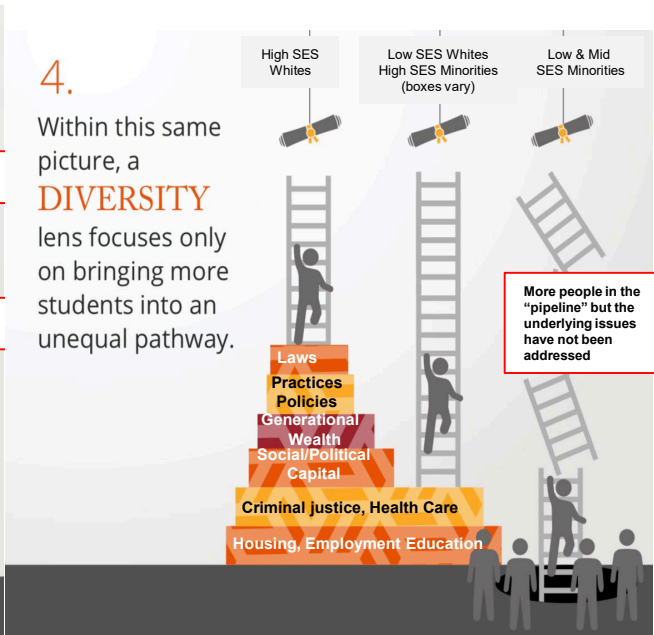
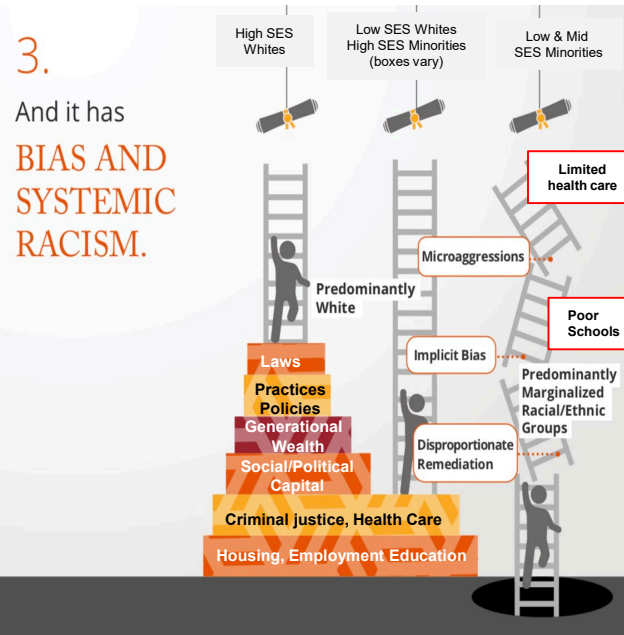
The law has been eliminated but the practice exists
The system still works as originally designed!



Equity vs. Equality



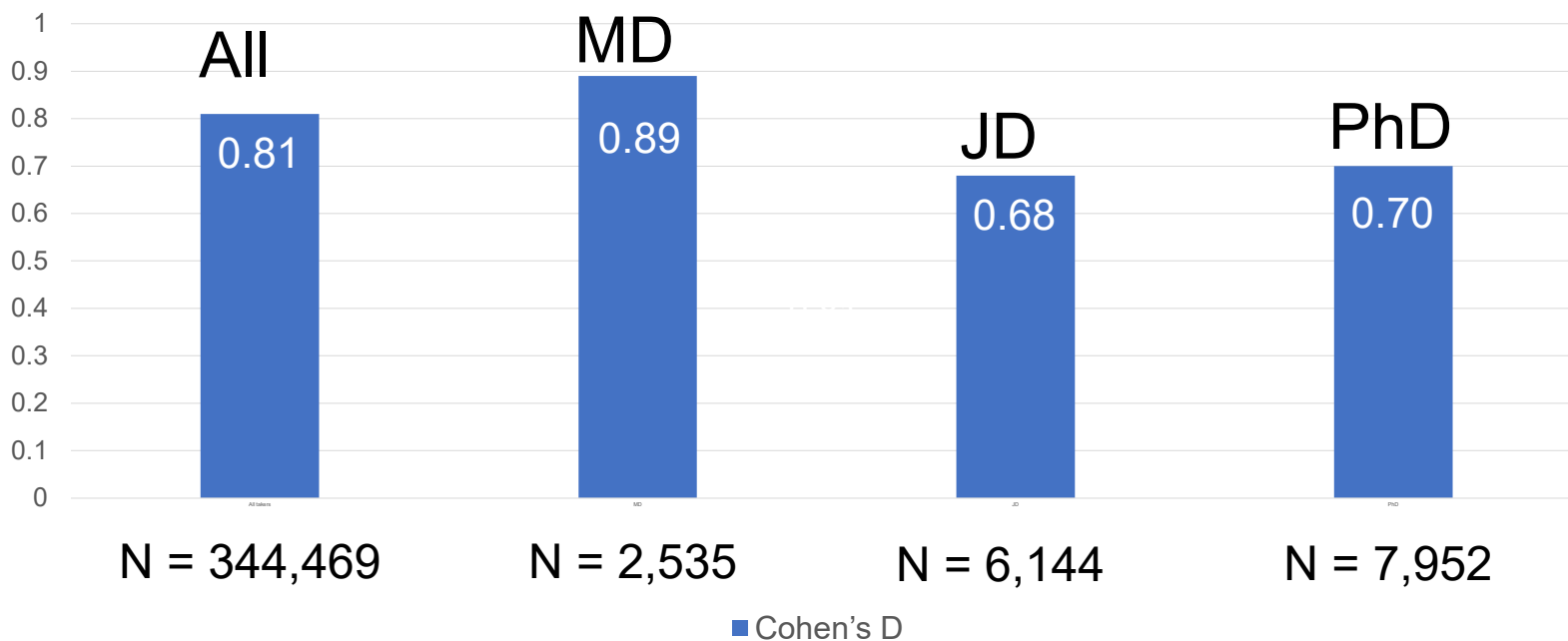
Adapted from the USC Center for Urban Education



What about Bias?



Race Implicit Association Test (IAT) Doctors, Researchers and Lawyers



D of 0.5 = medium effect
D of 0.8 = large effect

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/>)



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School of Medicine

Sabin J, et al. Physicians' implicit and explicit attitudes about race by MD race, ethnicity, and gender. *J Health Care Poor Underserved*. 2009;20(3):896-903





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

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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 RE!!*

- Adekorewale (Wale) Odulate-Williams, MD

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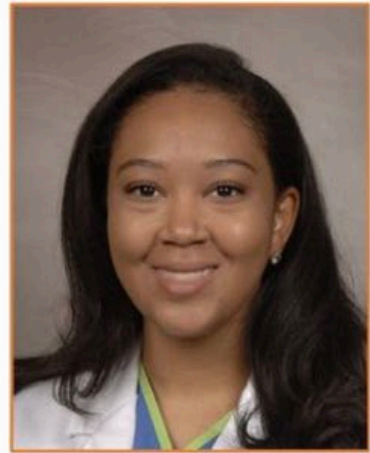


Chizaram Nwogwugwu, MD

*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 to believe in yourself**. I wish I had more time to learn from her.*

- Kelcie Alexander, MD

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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

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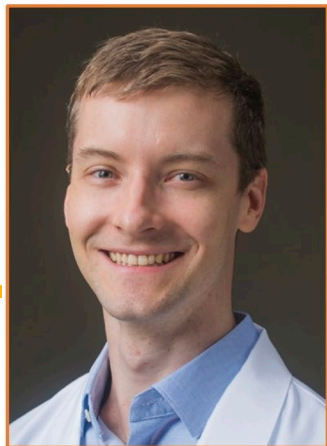


Clifton O. Brock, MD

*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

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The University of Texas Health Science Center at Houston | Medical School @UTHealthObGyn



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

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The Biology of Racism



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



Biological “Weathering”

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

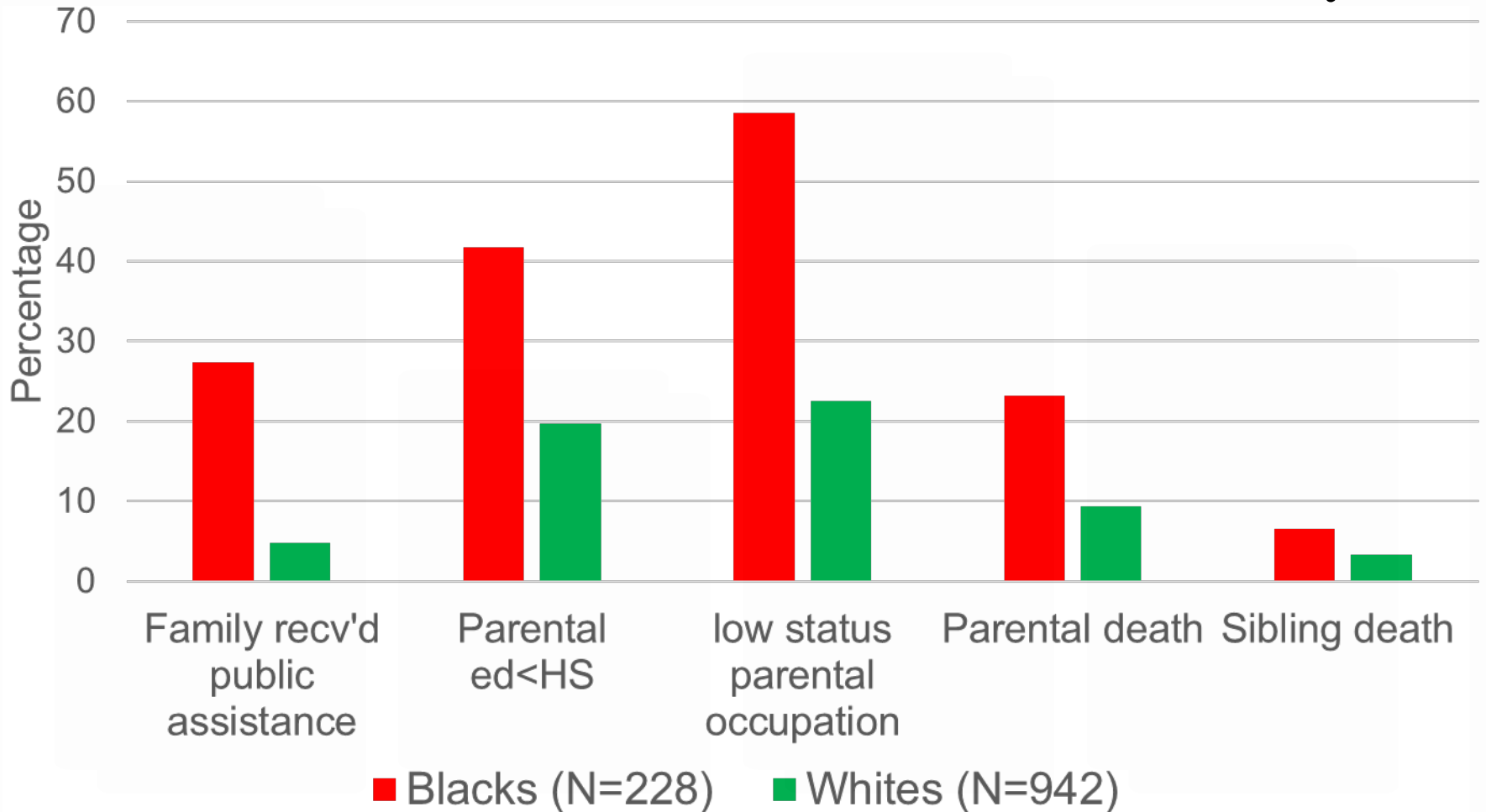


The Aging of the President



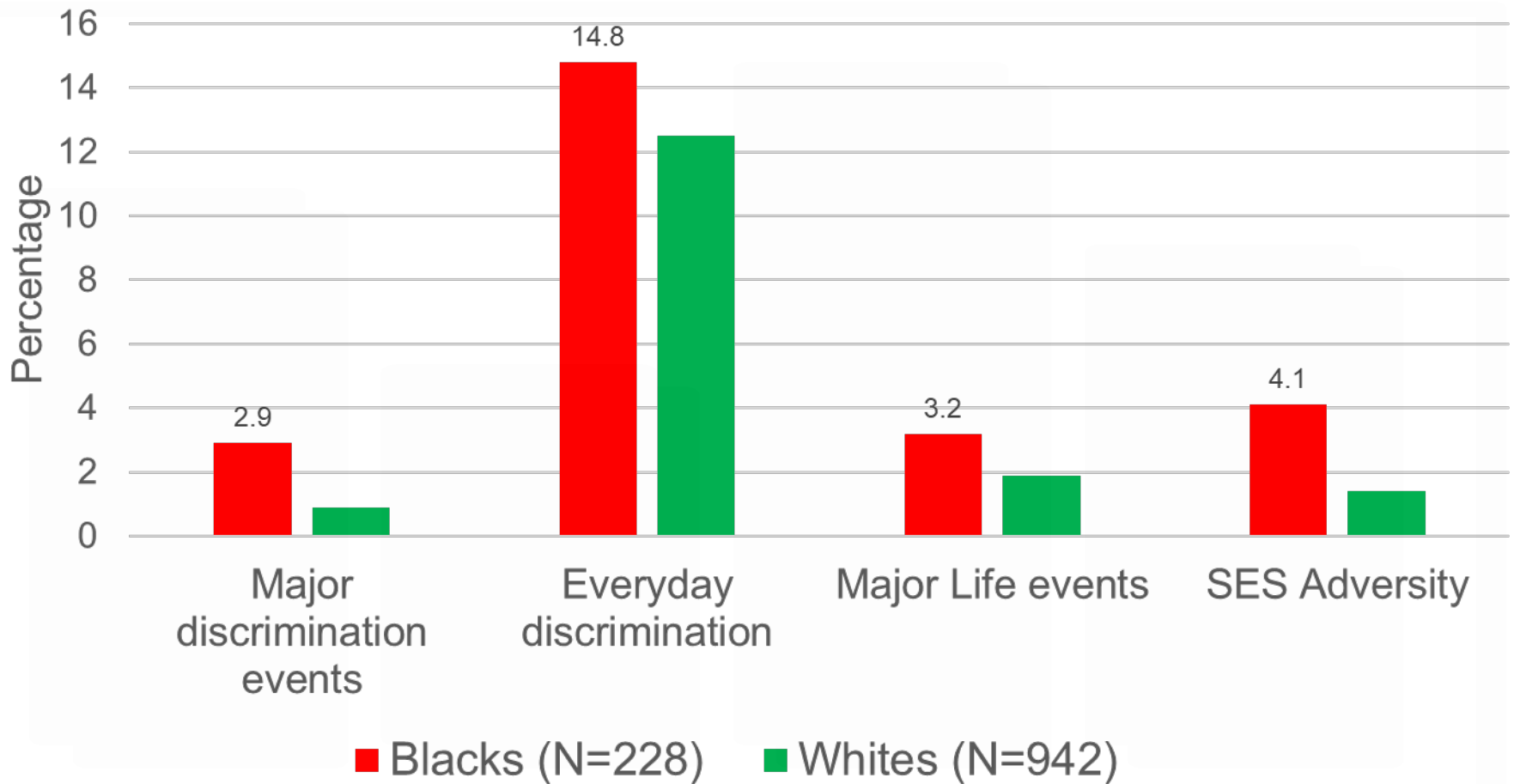
Structural Racism in Early Life

Black vs White Differences in Childhood Adversity



Structural Racism in Early Life

Black vs White Differences in Adult Adversity



Differential Weathering in the MIDUS Cohort

(ages 35-85)

| | Blacks (n=228; avg age=53) | Whites (n=942; avg age=58) | Race Difference |
|---------------------------|----------------------------------|----------------------------------|--------------------|
| Fasting glucose (mg/dL) | 111.1 ± 42.3 | 99.9 ± 23.4 | <.001 |
| HOMA-IR | 1.5 ± 0.64 | 1.3 ± 0.55 | <.001 |
| CRP (ug/dL) | 1.34 ± 0.80 | 1.0 ± 0.68 | <.001 |
| Il-6 (pg/mL) | 1.5 ± 0.54 | 1.2 ± 0.51 | <.001 |
| E-selectin (ng/mL) | 52.1 ± 28.9 | 41.3 ± 20.6 | <.001 |
| Waist | 101.4 ± 18.1 | 96.5 ± 15.7 | <.001 |
| BMI | 32.8 ± 8.6 | 29.0 ± 5.9 | <.001 |



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

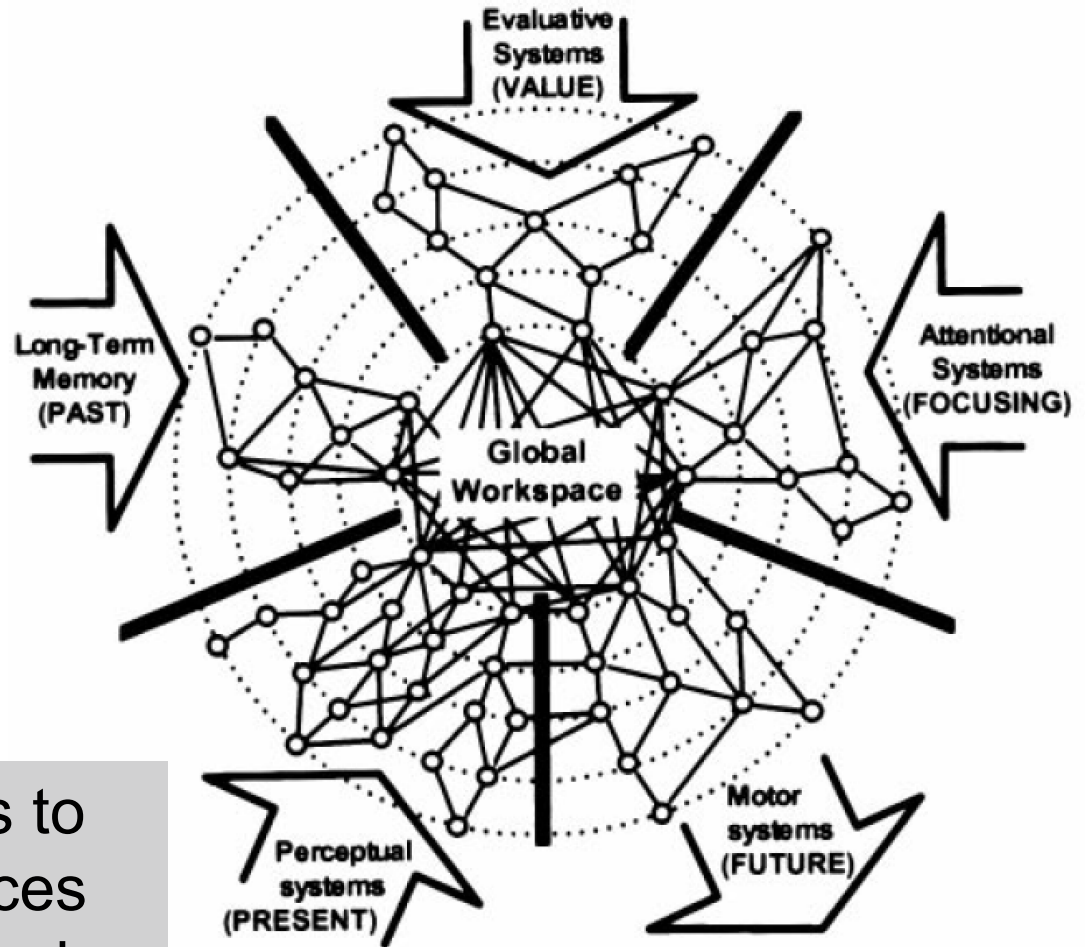
OraSure creates products that measure biologic markers



What Impact Do Structural Racism and Biases have on not only the Patients you serve but Your Organizational Performance ?



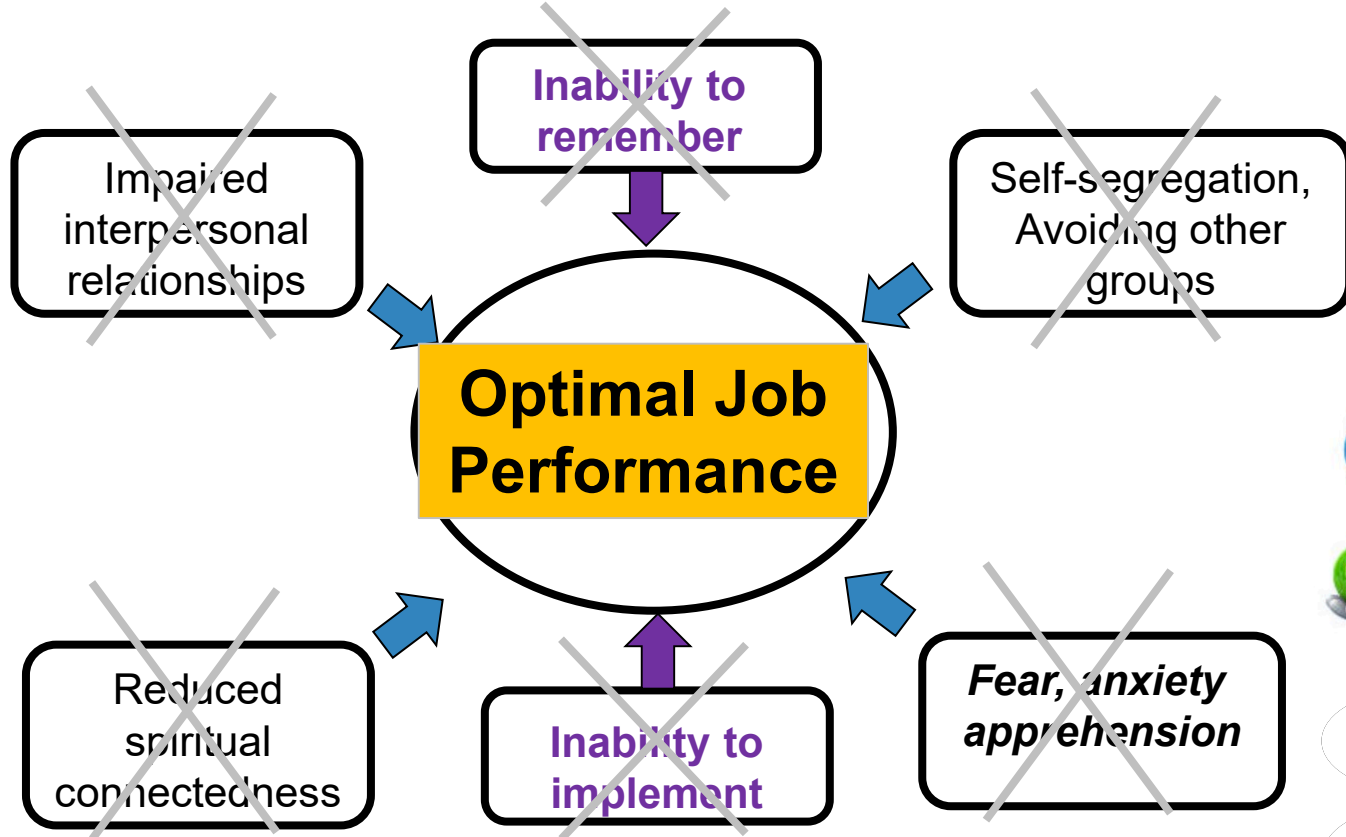
Psychosocial Stress (Poverty/Discrimination/More) & Cognitive Processing



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?



Which ball(s) are your employees likely to drop if your organization is not a safe space?

The Way Forward: Society

- 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.**



The 5Rs of Cultural Humility – Adapting to the Health Care Industry

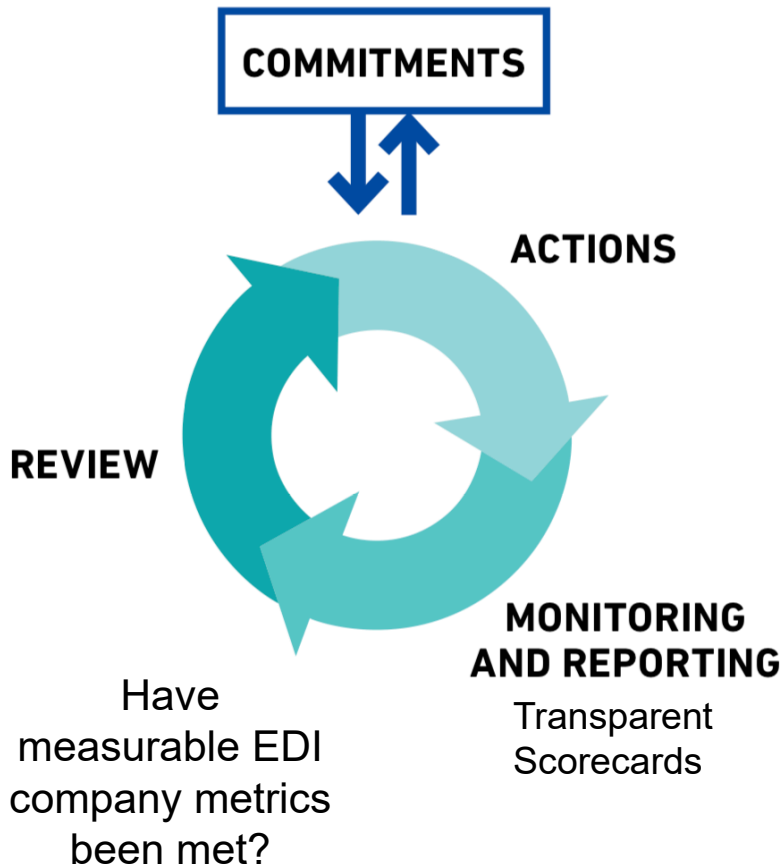
| | |
|-------------------|--|
| Reflection | |
| Aim | Team OraSure will approach every encounter with humility and understanding that there is always something to learn from everyone. |
| Ask | What did I learn from each person in that encounter? |
| Respect | |
| Aim | Team OraSure will treat every person with the utmost respect and strive to preserve dignity at all times. |
| Ask | Did I treat everyone involved in that encounter respectfully? |
| Regard | |
| Aim | Team OraSure will hold every person in their highest regard, be aware of, and strive to not allow unconscious biases to interfere in any interactions. |
| Ask | Did unconscious biases drive this interaction? |
| Relevance | |
| Aim | Team OraSure will expect cultural humility to be relevant and apply this practice to every encounter. |
| Ask | How was cultural humility relevant in this encounter? |
| Resiliency | |
| Aim | Team OraSure will embody the practice of cultural humility to enhance personal resiliency and global compassion. |
| Ask | How was my personal resiliency affected by this interaction? |

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

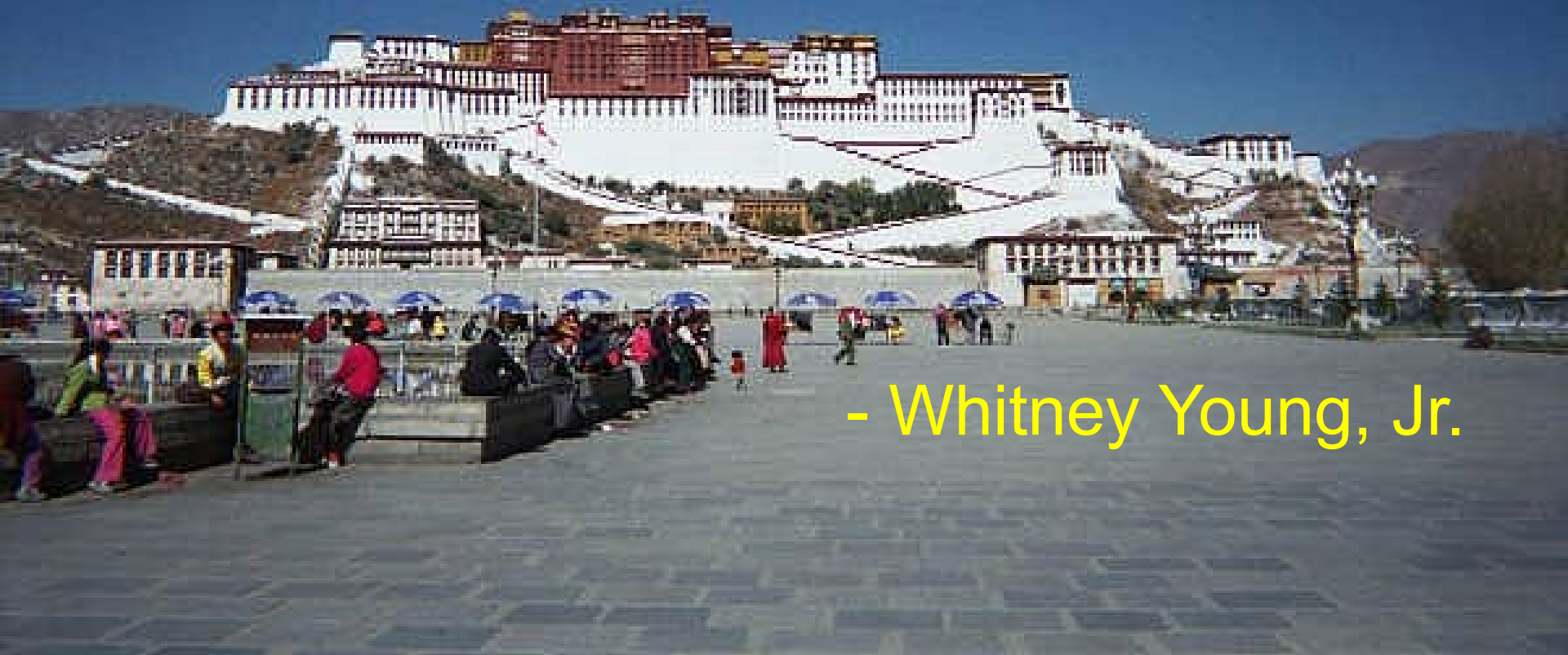


Institutional Justice & Equity Accountability Framework



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.**

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

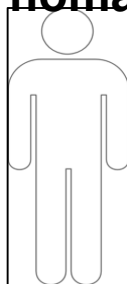
- **Memo 1 was rated 4.1 out of 5**

- 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

Thomas Meyer



**Memo 1 and 2 were identical
With identical names**

Thomas Meyer

