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# **Increasing Inclusiveness in the Athletic Training Facility**

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# Cultivating Safe, Inclusive, & Affirming

At a doctor's office you do not expect to receive a lower standard of care because of your race, age, gender or any other characteristic. The same is true when a patient walks into the athletic training facility seeking medical guidance from one's athletic trainer.

# Human Bias

- ***Bias*** is defined as the negative evaluation of one's group and its members relative to another that affect our understanding, actions, and decisions in an unconscious manner.<sup>14,39</sup> (preconceived notions)
  - ***Explicit bias*** requires that a person is aware of their evaluation of a group and believes that evaluation is accurate.<sup>14</sup>
  - ***Implicit (unconscious) bias*** does not require an individual to be aware of their evaluations of a certain group and operates in an unintentional and unconscious form.<sup>14</sup>

# Implicit Bias- Most common types

- Affinity Bias: Tendency to gravitate towards individuals perceived to be like us through appearance, interests, experiences and backgrounds. (AKA **similarity bias**)
- Halo Effect: When one thinks everything is good about someone because you like them
- Perception Bias: When one forms stereotypes and assumptions about certain groups that make it impossible to make an objective judgement about members of those groups
- Confirmation Bias: The tendency to seek information that confirms pre-existing beliefs or assumptions
- Group Think: When people try too hard to fit into a particular group by mimicking others or holding back thoughts and opinions

# Implicit Bias

## What it is:

- Pervasive
- Predictive behavior in the real world
- Distinct from conscious stereotyping or prejudice
- Expressed indirectly
- Related but distinct from each other (some reinforce each other)
- Malleable - can be unlearned
- Hard to teach

## What it is not:

- Always negative
- Activated voluntarily or intentionally
- Accessible through introspection
- Always consistent or aligned with our declared beliefs
- Always consistent with our own ingroups
- Mutually exclusive
- Something you should feel guilty about

# Effects of Implicit Bias

- Biases can impact diversity efforts, recruiting, retention & culture
- Biases are malleable, so we can unlearn them
- Bias is not just limited to what someone says or does, it can exist physically
  - Body Language
  - Ostracizing
- Positive stereotypes are still biases
  - Black=Athletic
  - Asian=Smart
  - Gay=Fashionable
  - White=Coachable

# Subtle Bias in the World

- "Jokes"
  - Anti LGBTQIA+ , Race, Religion, Gender, Slurs, Name Calling
- Microaggressions
  - skill level
  - pain tolerance
  - patient's intelligence
- Exclusion of LGBTQIA+ and other minority group related themes in curriculum, work, and/or surroundings
  - Hurts people and makes them feel excluded and unwanted or unwelcome

# Populations for Implicit Bias in Healthcare

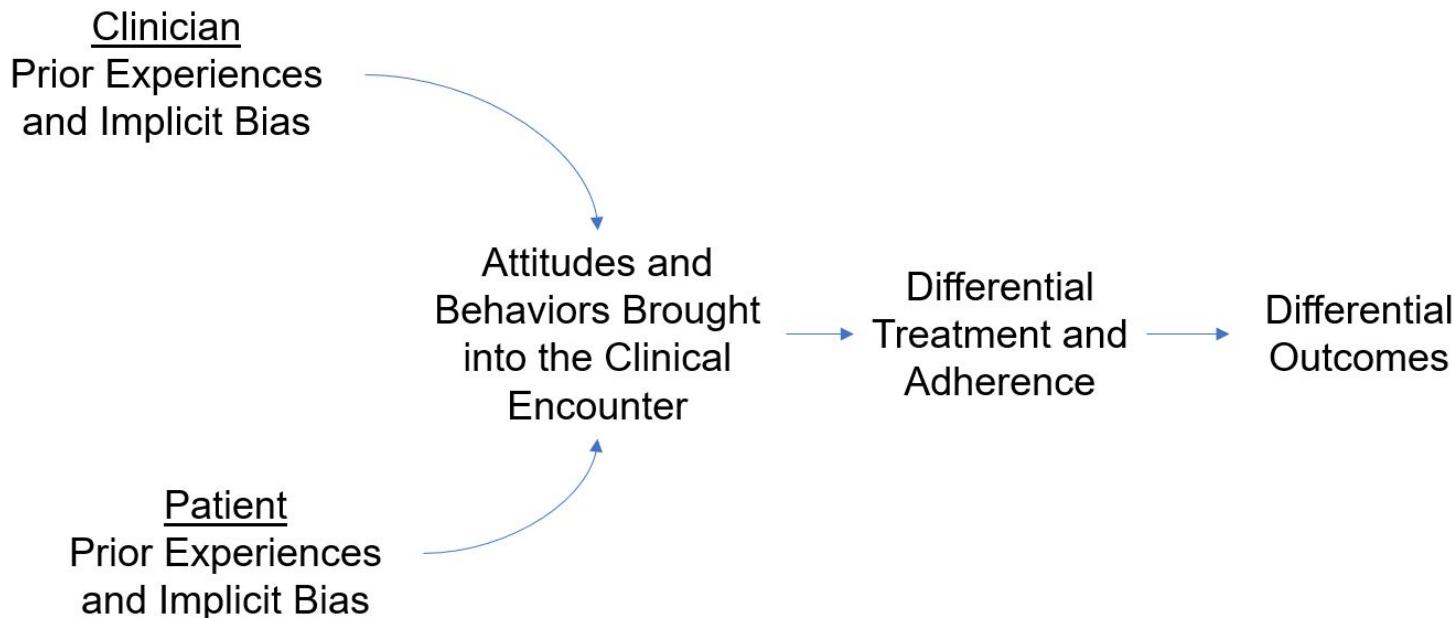
1. Minority ethnic populations
2. Immigrants
3. The poor
4. Low health-literacy individuals
5. Sexual minorities
6. Children
7. Women
8. The elderly
9. LGBTQIA+
10. The mentally ill
11. The overweight
12. The disabled

"A study published in 2015 revealed heterosexual health care professionals had a moderate to strong preference for treating heterosexual people over gay and lesbian patients... As such, athletic trainers must not only be aware of their own implicit biases but also knowledgeable about ways to combat such preconceptions to ensure we are providing the best possible health care to our patients." <sup>14</sup>

# Implicit Bias In Healthcare

- Non-white patients receive fewer cardiovascular interventions.<sup>14</sup>
- Black women are more likely to die after being diagnosed with breast cancer.<sup>14</sup>
- Patients of color are more likely to be blamed for being passive with their health care.<sup>14</sup>
- Fewer: prescriptions for pain medications, bypass surgeries, receive a kidney transplant or dialysis
- More likely to undergo lower limb amputations because of diabetes
- Inadequate patient assessments
- Inappropriate diagnosis and treatment decisions
- Less time involved in patient care
- Patient discharges with insufficient follow-up
- Nurses with implicit biases may demonstrate less compassion for certain patients and invest less time & effort in the therapeutic relationship, adversely affecting assessment and care.(Narayan)

# How Does Implicit Bias Operate in Health Care



Source: Blair IV, Steiner JF, Havranek EP. Unconscious (Implicit) Bias and Health Disparities: Where Do We Go from Here? *The Permanente Journal*. 2011;15(2):71-78.

# Implicit Bias in Healthcare

- Communication with healthcare providers has been shown to be one of the biggest barriers with implicit bias
- Research shows that positive communication from a provider will likely produce positive patient communication & negative communication from a provider will produce negative patient communication
- Communication can be verbal and nonverbal
  - Nonverbal: How you use your body parts such as hands, eyes, posture, etc.
  - Paraverbal: How you deliver your speech, such as speed, pitch, tone and amount of talk time
  - Verbal: What you actually say

# Recognizing Your Own Bias

- It is important to recognize that everyone has implicit biases.
- Not always negative
- Active listening and supportive
  - “Are you sure?”
- Only becomes an issue when, as a health care providers, we harbor implicit biases.
  - This may contribute to health care disparities experienced by members of racial, ethnic, LGBTQIA+, or religious minorities and other groups that face discrimination because of such factors as disability or stigmatized diagnoses (HIV, Obesity, etc.) (Narayan)

# Managing Implicit Bias

Several strategies are available to mitigate implicit biases.<sup>(11, 12, 20-28)</sup>

1. Counter stereotypic imaging
2. Emotional regulation
3. Habit replacement
4. Increasing opportunities for contact
5. Individuation
6. Mindfulness
7. Partnership building
8. Perspective taking
9. Debiasing agents
10. Education (courses, reading books, becoming informed)
11. Stereotype replacement

Strategies	Description	Recommended by
Counterstereotypic imaging	Nurse, recognizing bias, purposely identifies members of a group who counter the stereotypical image of the group, and replaces the automatic biased image with the positive image. Related to mindfulness.	Institute for Health-care Improvement, 2017
Emotional regulation	Nurse reflects on “gut feelings” and negative reactions (dislike, fear, frustration) to patients from vulnerable groups. Nurse then intentionally strives to be empathetic, patient, and compassionate. Related to mindfulness and perspective taking.	Joint Commission, 2016
Habit replacement	Nurse frames recognized biases as bad habits to be broken. Develops and uses a personal toolkit of self-interventions to replace the bad habit of biased thinking with the good habit of accepting and caring about each patient as an individual. Related to emotional regulation, individuation, mindfulness, and strategies nurses use to help patients change harmful lifestyle behaviors.	Devine and colleagues, 2012
Increasing opportunities for contact	Nurse seeks to develop relationships with members of a group to which the nurse does not belong, with the goal of dissolving stereotypes.	Institute for Health-care Improvement, 2017

Individuation	Nurse mindfully seeks to see patients as individuals instead of as members of a stigmatized group. Related to therapeutic relationship, patient-centered care, and culturally competent care.	Institute for Healthcare Improvement, 2017
Mindfulness	Nurse purposely takes the time to calm thoughts and feelings by being mindful of the present moment, which can help the nurse act compassionately toward the patient. Related to emotional regulation and perspective taking.	Burgess and colleagues, 2017
Partnership building	Nurse intentionally frames the clinical encounter as one in which the nurse and patient are equals, working collaboratively toward the same goal.	Institute for Healthcare Improvement, 2017, and Joint Commission, 2016
Perspective taking	Nurse purposely and empathetically thinks about what the patient is thinking and feeling, stimulating feelings of caring and compassion. Related to mindfulness and therapeutic relationship.	Institute for Healthcare Improvement, 2017, and Joint Commission, 2016
Stereotype replacement	Nurse reflects on negative reactions to members of vulnerable populations, acknowledges stereotypical responses, considers reason for the feeling, and commits to respond with compassion in the future. Related to self-reflection.	Institute for Healthcare Improvement, 2017

# How can I fight biases and stereotyping?

- **Point it out:** Be the person who points out negative preconceptions and openly talks about it
- **Be an example:** Be a role model and respect people regardless of what society says about them
- **Speak up:** Challenge those around you to reflect and engage in open conversations
- **Documentation:** Using inclusive language in medical records and notes
- **Focus on the individual:** Acknowledge attributes of each patient, rather than seeing the patient through a lens of group membership

Implicit biases are difficult to eliminate, but when we acknowledge those we have, we can try to understand their origin and work to ensure that they do not adversely affect patient care.  
(Dickman, Himmelstein, & Woolhandler)

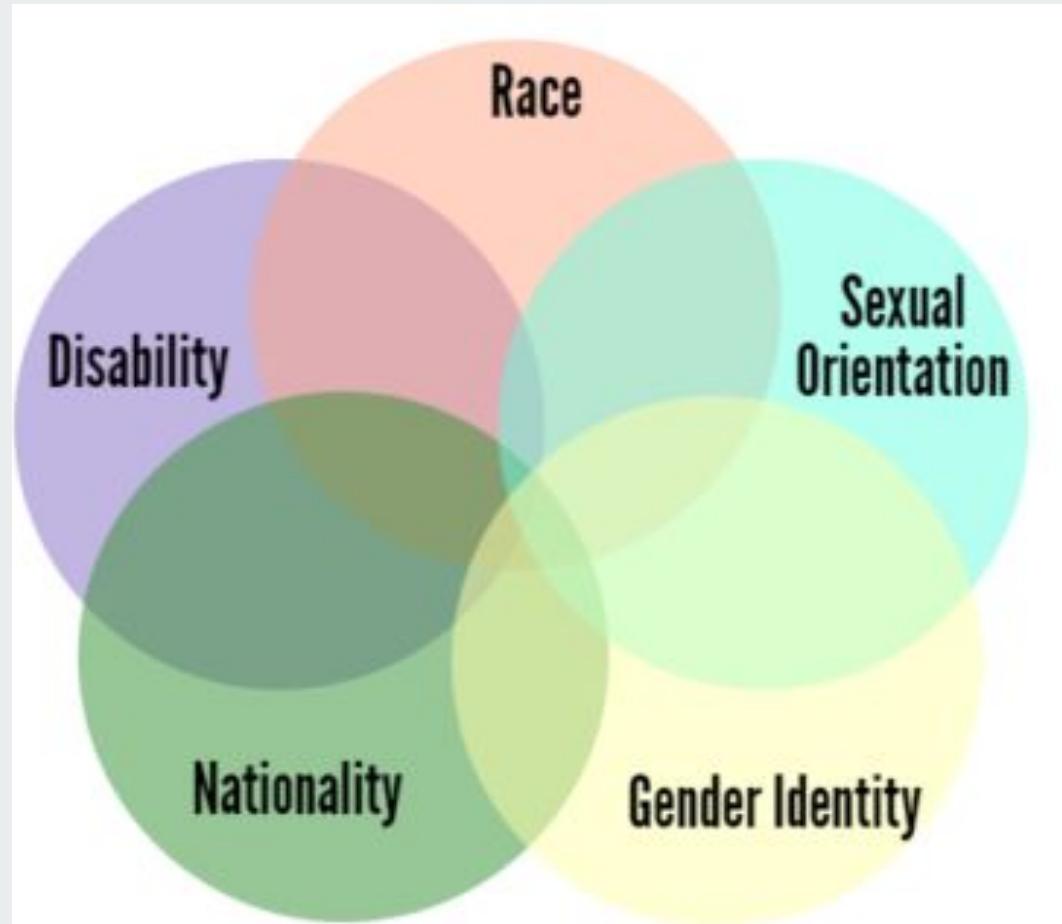


# Privilege and Disparities

- **Privilege:** a special right, advantage, or immunity granted/available only to a particular person or group
- **Disparity:** a difference in level of treatment, especially one that is seen as unfair
  - Caused from complex combinations of factors
    - Cultural & social norms that prioritize race, heterosexuality, minority stresses associated w/ sexual orientation and gender identity, victimization, discrimination, and stigmas
  - Lead to lack of health insurance, delayed medical care, avoidance or ER visits, and increased prejudice from healthcare providers
- The Institute of Medicine cited numerous studies providing substantial evidence that patients belonging to racial and ethnic minority groups face lack of access as well as inappropriate, inadequate, and uncaring health services.

# Intersectionality

- Theory that asserts people are often disadvantaged by multiple sources of oppression
- Coined by Kimberle Censhaw:
  - A lens seeing the way various forms of inequality often operate together & exacerbate each other. We tend to talk about race inequality as separate from inequality based on gender, class, sexuality or immigrant status. What's often missing is how some people are subject to all of these, and the experience is not just the sum of its parts.<sup>10</sup>
- Individuals that identify as both LGBTQIA+ as well as other minority groups may experience more discrimination due to the intersection of multiple disadvantaged identities such as race, sexual orientation or gender identity.<sup>10</sup>



# Socioeconomic Disparities in Healthcare

- Income level, education level, and occupation, are associated with large disparities in healthcare.
  - It has been shown disparities persist across the life cycle and across various measures of health<sup>2,3</sup>
  - Although effects are largest for those living in poverty, gradients of disparity are seen across the socioeconomic spectrum<sup>7</sup>

# LGBTQIA+ Disparities

- Known as an invisible population within health care, 5-10% of the U.S. population identify as LGBTQIA+.<sup>18</sup>
  - Lack of sufficiently knowledgeable health care providers on transgender health, discrimination and lack of cultural competency from health care providers, socioeconomic status and larger systemic barriers.<sup>26</sup>
- "70% of transgender patients feel they face health care discrimination."<sup>15</sup>
  - Medical practitioners who refuse to provide care, physical contact, become accusative of health issues, or physically abusive.<sup>15</sup>
  - Transgender patients are less likely to seek care due to a fear that clinicians will not be understanding and knowledgeable about transgender concerns.<sup>18</sup>
    - *"Sometimes I feel uncomfortable because I don't want to get misgendered but other than that I'm totally comfortable going into the ATR."* (Student Athlete)

# Heterosexism

- The underlying cultural and social assumption that everyone is heterosexual and if not, **they should be**.
- Heterosexual privilege: Not questioning normalcy, institutionalized acceptance & validation from the culture you live in, public sharing of relationship acceptance, threat to marriage, legal threats to keep job, insurance benefits, etc.
  - Athletes: Not being benched or cut, bullying, locker-room comfort because of sexuality

Examples:

- The assumption that:
  - everyone you meet is heterosexual
  - everyone has or is interested in having an opposite-sex partner
  - all mothers and fathers are heterosexual
  - all children live in families with male-female couple in parental roles

# Homonegativism

- Purposeful negative stereotypes, prejudice, and discrimination toward non-heterosexuals
  - Bias against non-heterosexuals often is rooted in personal belief systems & maintains social and political functions
- Homonegativism more accurately addresses the social issues embedded in the discrimination that takes place in sport
  - Similar “isms” in sport (i.e., sexism, racism)
- Examples:
  - Name calling, stereotyping athletes, physical violence, bullying, and benching or cutting LGBTQIA+ athletes from teams
  - Additionally, coaches may be fired or overlooked for jobs if they are perceived as part of the LGBTQIA+ community

# Why Does Inclusive Care Matter?

- Since ATs work in large variety of settings, they must become capable of communicating with and understanding a vast diversity of world views
- Most athletic trainers are confronted with issues of race, class, sex, and cultural diversity on a daily basis <sup>17</sup>
- According to the Transgender Law and Policy Institute, an athlete's transgender status is confidential medical information. Therefore, it is not permissible or legal for this status to be communicated to anyone without the written permission of the family <sup>15</sup>

# It's the Little Things

- *What name would you like me to call you?*
- Before making physical contact, communicate with patient
- Creating a care plan with patients specific needs in mind
- *Does this schedule fit your needs?*
- *Is this treatment okay with you?*
- *Are you comfortable with this?*
- *What matters the most to you regarding this injury?*
- No outing
  - A trans person's biological sex is medical information.
  - A person's sexual orientation.

# Inclusive Workplace

- When reviewing policy, be mindful of gendered language. Rather than using “he” or “he/she”, it is acceptable and preferred to use “they” as a singular gender neutral pronoun
  - Ensures that people who don’t identify as either a man or a woman still feel that they are represented in these policies.<sup>23</sup>
- Intention vs. Perception
  - Unknowingly offends someone
    - Text, or email that upsets the reader because they “read it wrong”
  - Intention doesn’t matter to a patient who may feel unwelcome
    - Deliberately removing focus off of a specific party is often considered dismissive

# How to Advocate in the Workplace

- **Professional Organizations**
  - Become involved in issues and/or workgroups dedicated to multiculturalism and cultural competence within your local, state, and national professional organizations
- **Community**
  - Becoming involved in community-based events and agencies
- **Work**
  - Find out about and participate in the multicultural and diversity training opportunities within your institution
- **Get connected**
  - Find a colleague, mentor, or network to go to when you have questions

# Being an Inclusive Ally

## Do...

- Listen, listen, listen
- Respect confidentiality
- Be conscious of biases
- Seek out knowledge
- Be a resource
- Empathize
- Treat each person as an individual
- Maintain a balanced perspective

## Don't...

- Think you know all the answers
- Make unrealistic promises regarding care
- Make assumptions that you know someone's sexuality or identity
- Make assumptions that being a part of a minority group is the most important aspect of a person
- Assume their identity is sad or tragic
- Suggest reparative therapy

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# Check Your Own Bias

- Examining one's own biases
- Implicit Association Test (IAT)
  - Measures attitudes and beliefs that people may be unwilling or unable to report
  - Split decision and click test

<https://implicit.harvard.edu/implicit/takeatest.html>

