

# *Maybe they had a bad day:*

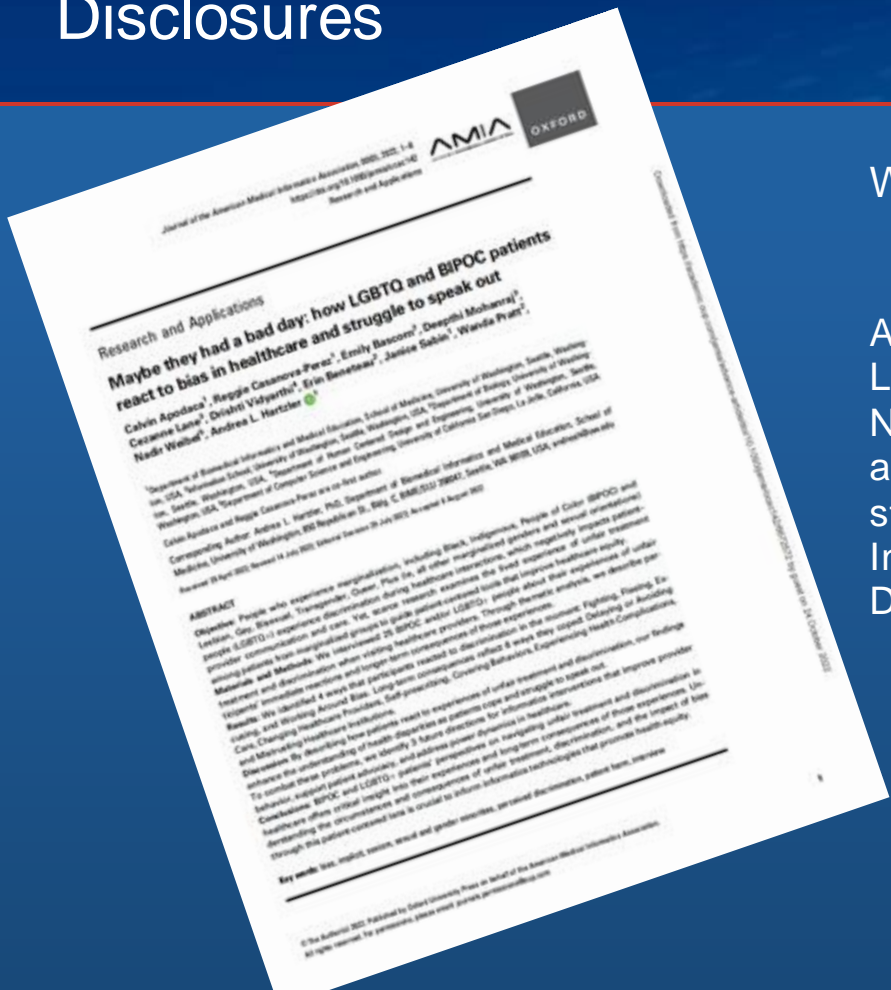
## How LGBTQ and BIPOC patients react to bias in healthcare and struggle to speak out

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# Disclosures



We have no competing interests

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# Presenters' acknowledgements

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# Background

- Implicit bias, stigma, and discrimination affect people with HIV<sup>1</sup>
  - HIV stigma and discriminatory practices of healthcare systems
  - Intersection of race, ethnicity, gender, sexual orientation, & other identities
- HIV-related stigma has a detrimental impact on health outcomes, including viral suppression<sup>2</sup>
- Raising awareness of implicit bias is critical to improve outcomes<sup>1</sup> across the continuum of care

1. Andrasik et al. Stigma, implicit bias, and long-lasting prevention interventions to end the domestic HIV/AIDS epidemic. *AJPH* 2020;110(1):67.

2. Rueda, et al. Examining the associations between HIV-related stigma and health outcomes in people living with HIV/AIDS: a series of meta-analyses. *BMJ Open* 2016;6(7):e011453.

# The UnBIASED project

Develop an innovative training intervention to address implicit bias through a focus on improving patient-provider communication

1. Assess nonverbal clinical interactions for hidden bias
- 2. Engage providers & patients to design feedback on hidden bias**
3. Build and test intervention to raise clinician awareness of implicit bias and opportunities to improve communication

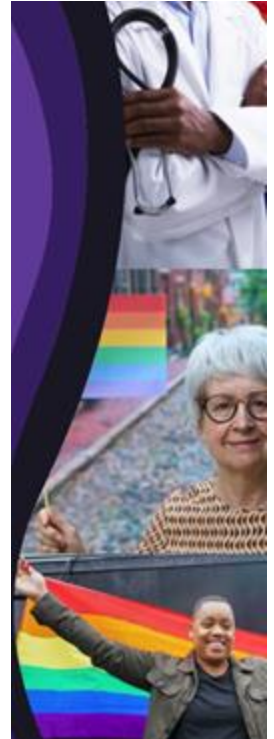
Understanding Biased  
patient-provider  
Interaction And  
Supporting Enhanced  
Discourse



<https://www.unbiased.health/>

# Patient engagement

- Collaboration with patients is critical for informing effective interventions<sup>1</sup>
- We know little about patients' lived experience of discrimination in healthcare
- We interviewed patients from historically marginalized groups about their experiences
  - Engaged LGBTQ+ and BIPOC people
  - Focused on primary care interactions



# Methods

- Semi-structured interviews via 1-hr Zoom
- Convenience & snowball sampling of LGBTQ+ and/or BIPOC people across US
- Thematic qualitative analysis
  - 4 coders
  - Iteratively coded interviews until consensus and saturation
- We asked participants:

*“Tell us about a time when you, or someone you know, had a conversation with a doctor that could have gone better - where you felt treated unfairly, not heard, disrespected, or made uncomfortable. What contributed to things not going well?”*



# Participants (n=25)

<b>Self described identity</b>	
BIPOC	11 (44%)
LGBTQ+	3 (12%)
BIPOC and LGBTQ+	10 (40%)
Another group	1 (4%)
<b>Race</b>	
Black or African American	8 (32%)
Asian	7 (28%)
White	5 (20%)
Chinese	5 (20%)
Another race	4 (16%)
American Indian or Native Alaskan	3 (12%)
<b>Ethnicity</b>	
Not Hispanic or Latino	18 (72%)
Hispanic or Latino	6 (24%)
Prefer not to disclose	1 (4%)

<b>Age</b>	
18-29	15 (60%)
30-50	9 (36%)
50+	1 (4%)
<b>Gender (select all)</b>	
Woman	17 (68%)
Man	4 (16%)
Non-Binary	5 (20%)
Transgender	2 (8%)
Gender fluid	1 (4%)
<b>Education</b>	
Less than high school	1 (4%)
High school	1 (4%)
Some college	4 (16%)
College degree	12 (48%)
Advanced degree	7 (28%)



# Results: Interview themes

## Reactions To Bias

- Fight
- Flight
- Excusal
- Workarounds

## The Aftermath

- Delaying or avoiding care
- Changing healthcare providers
- Self-prescribing
- Covering behaviors
- Experiencing health complications
- Mistrusting healthcare institutions

# A Patient Story



# The Aftermath

- **Delaying or avoiding care**
  - Nearly half of participants (12/25) avoided seeking treatment afterwards
- **Changing healthcare providers**
  - Over half of participants (16/25) changed healthcare providers
- **Self-prescribing**
  - A few participants (3/25) took care into their own hands, without clinician supervision
- **Mistrusting healthcare institutions**
  - Over one third (9/25) of participants described loss of faith in healthcare

# Next steps and future work

- Co-design sessions with patients and providers to ideate on possible solutions
  - Patient sessions focus on solutions to improve clinical interactions with providers
  - Provider sessions focus on receiving feedback from a training tool to become aware of implicit bias
- Build training tool that monitors patient-provider interactions and presents clinician with communication feedback
- Test the tool with clinicians and standardized patients

# Takeaways for HIV care

- Poor adherence, delaying, or avoiding care could stem from previous harmful experiences
- Providers should actively fight the consequences of unfair treatment, especially for patients from marginalized communities
- Recommendations
  - Cultural competency training
  - Practicing empathy
  - Self-awareness of implicit bias
- How can we work together to improve the experience of patients receiving HIV care?

# Thank you!

**Interested in learning more or contributing? Contact us!**

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