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Perpetuating health disparities: The effects of provider implicit bias on patient health outcomes

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Implicit bias acts on an unconscious level, meaning an individual is usually unaware that it exists. It can be activated quickly and unknowingly by situational cues, and can silently influence verbal and non-verbal behavior, perception, and memory. The negative consequences of implicit bias disproportionately affect individuals in marginalized and minority groups, who are already proven to have a higher prevalence of health inequities. Provider implicit bias manifests as non-timely diagnosis, disparate treatment recommendations, fewer questions asked of the patient, fewer tests performed, and behavioral change. These changes affect patient health by increasing patient stress, harming patient-provider interactions and trust, and worsening patient adherence and compliance due to reduced provider trust. General trends show that implicit bias affects health outcomes of adults through higher incidence, mortality, and advanced staging at diagnosis for various cancers. Implicit bias affects health outcomes of children through disparities in infant mortality rates, chronic disease, organ transplantation, and leukemia-related deaths. These patterns are not just present in the United States, but are also persistent in the United Kingdom, New Zealand, Australia, Canada, South Africa, and Brazil. By incorporating a comprehensive training curriculum, health systems may correct for the negative effects of provider implicit bias by teaching employees how to recognize, mitigate, and ultimately overcome their implicit biases. Studies have shown that specialized in-classroom training results in a 9% decrease in employee implicit bias. With that said, more research must be dedicated to novel intervention designs to mitigate the effects of provider implicit bias on patient health inequities.