

Employing Strategies to Address Implicit Racial Bias in the Home Visit Setting: A Phenomenological Study of Family Medicine Residents

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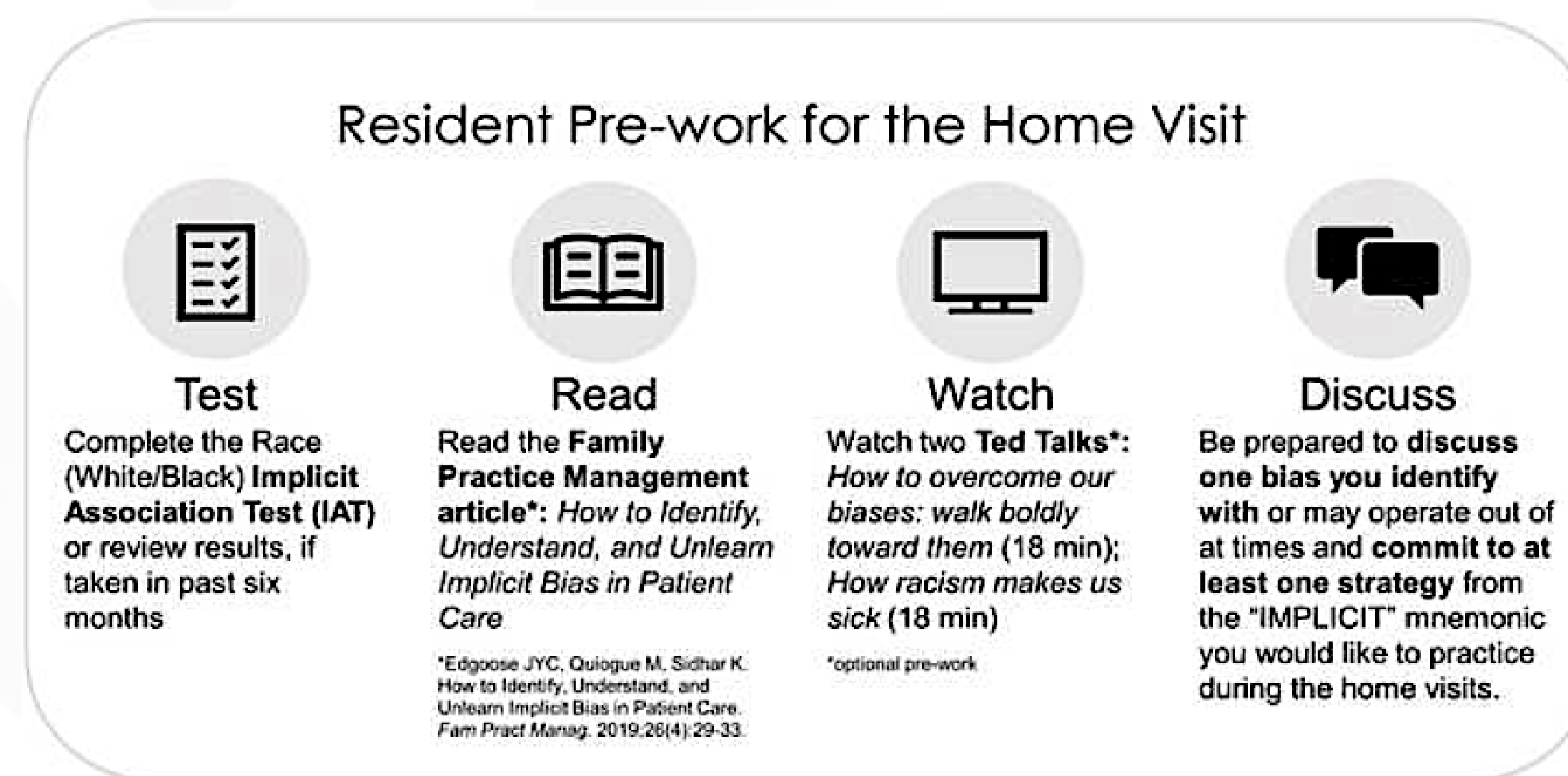
Background

- Racial health inequities continue throughout the US health system despite attempts to address these issues.¹
- Implicit racial bias (IB) and structural racism are increasingly recognized as underlying causes of racialized health inequities.²
- IB training is increasingly incorporated in graduate medical education (GME) in response to growing understanding of the role IB plays in health inequities, but the number of published curricula and evaluations of these curricula remain low.

Objectives:

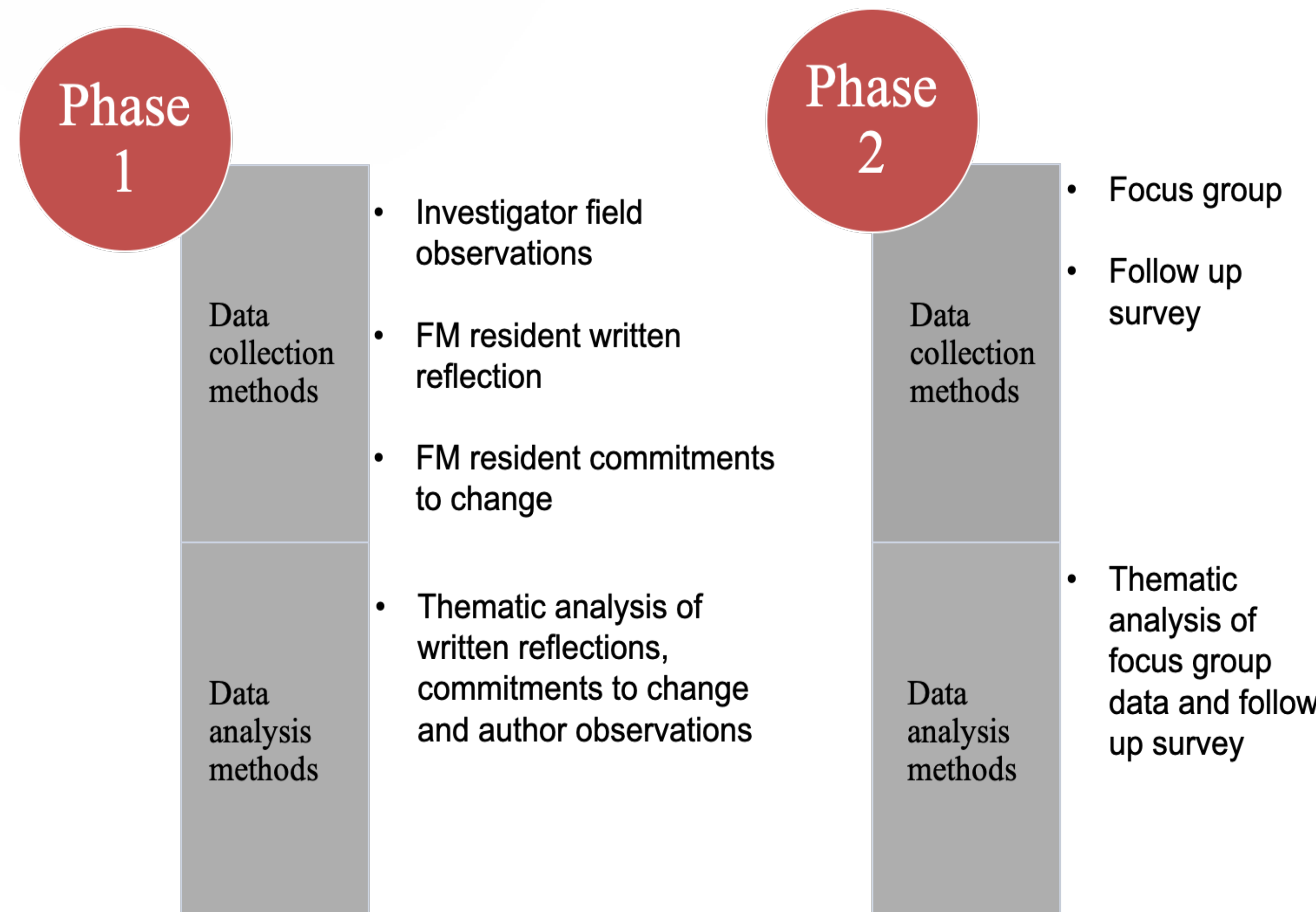
1. Characterize Family Medicine (FM) resident experiences to implicit bias mitigation training.
2. Give residents an opportunity to apply strategies during home visits (HVs) to urban, predominately African American homebound older adults.
3. Assess lasting impact through 2-month follow-up surveys

Methods



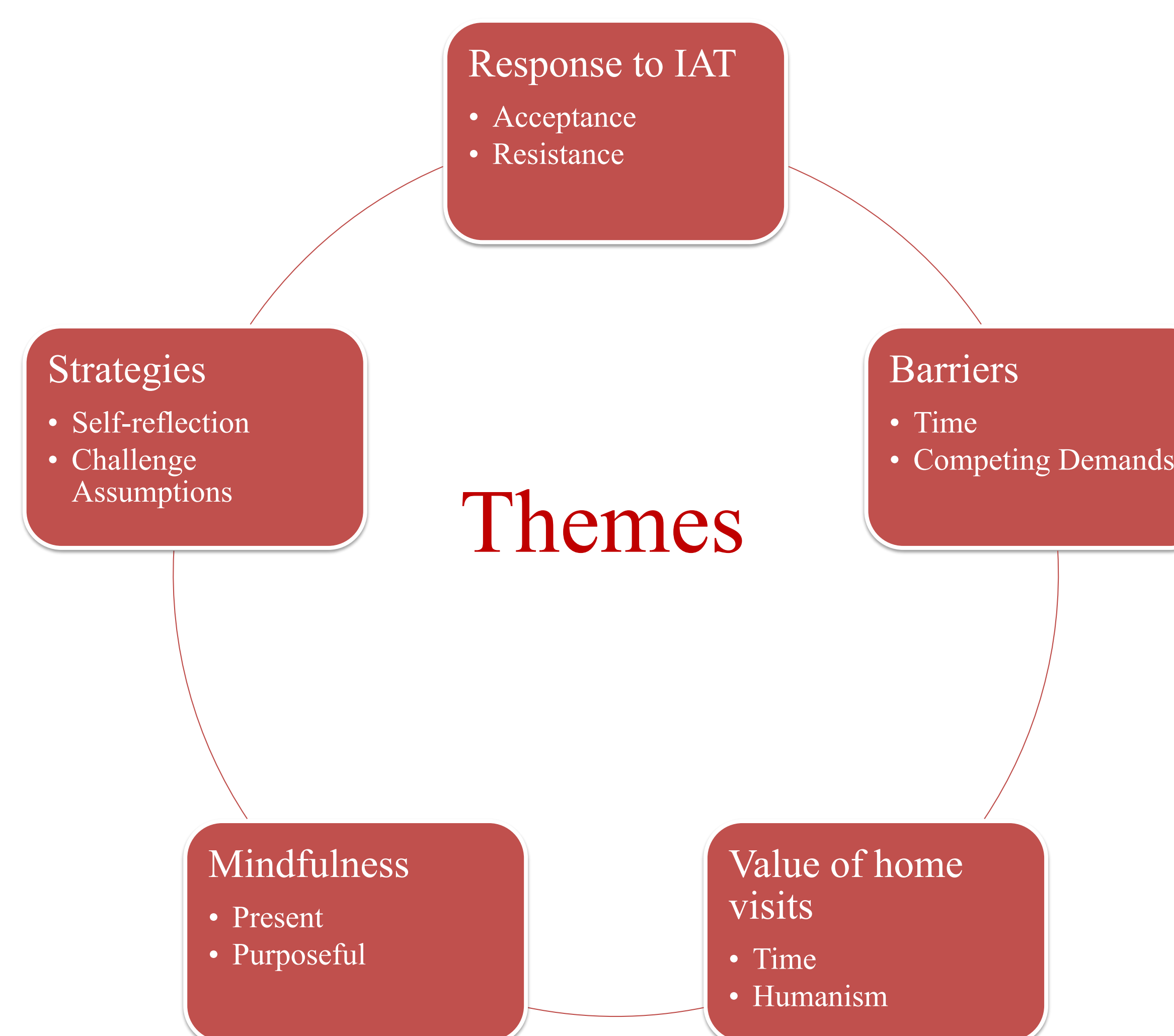
Participants:

- 12 residents participated in this study
- 9 females and 3 male participants
- Residency level varied from PGY1-PGY5



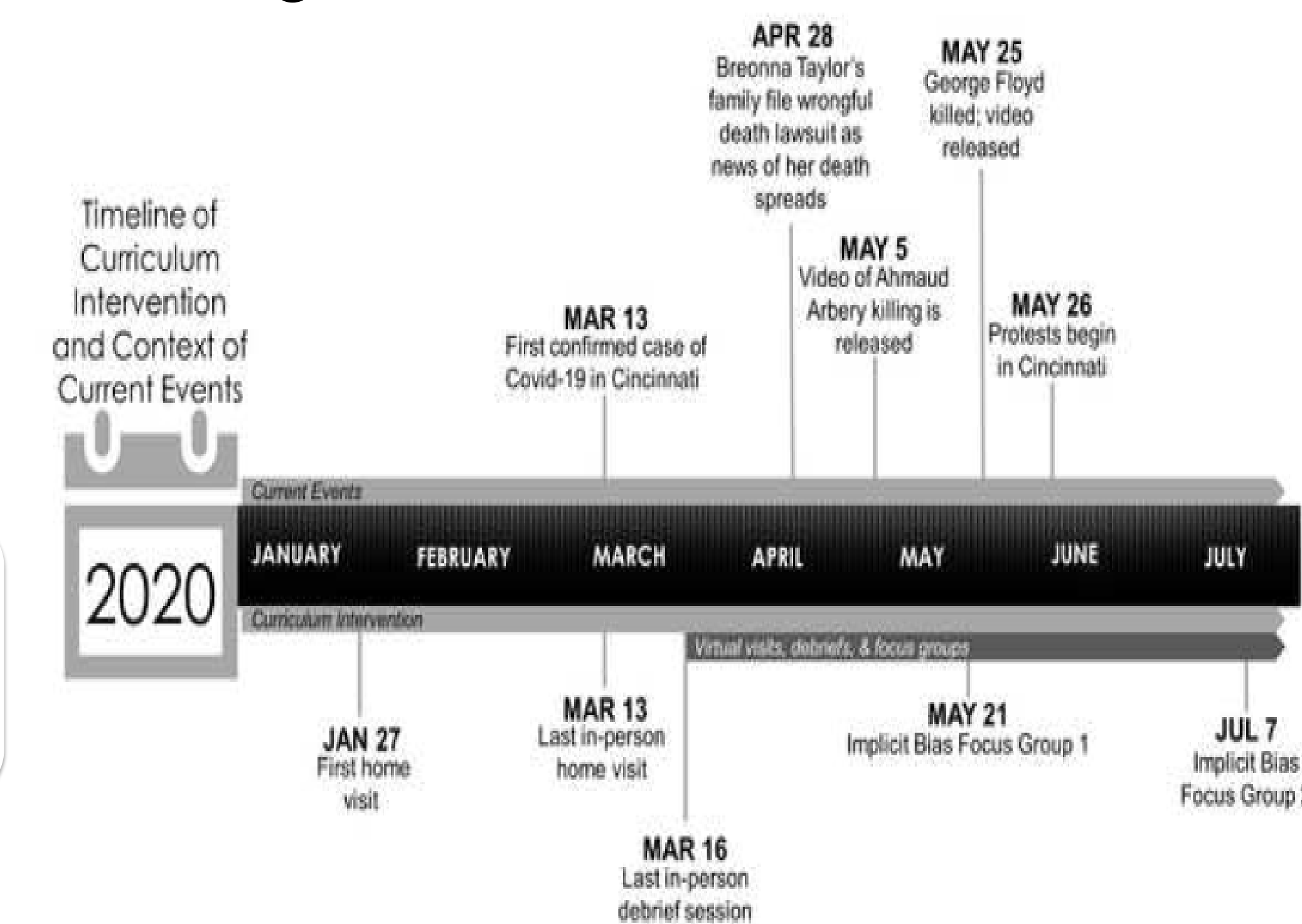
Results

- 9 residents completed the follow-up survey
- 7 residents had "partially implemented" their intended change from commitment-to-change (CTC)
- 1 resident responded "fully implemented"
- 1 resident responded "could not implement at this time"
- All 9 residents responded "yes" when asked if their level of commitment remained the same



Discussion

- Follow-up surveys demonstrated long term impact
- Residents were more likely to revert to old habits if stressed or short on time
- Addressing one form of implicit bias may impact other forms of biases
- Residents valued home visits because of increased time, decreased stress and less stringent methods of evaluation.



Conclusion

Results of this study suggest implicit bias mitigation training can have a meaningful and lasting impact.

References: 1. Unequal treatment. National Academies Press; 2002. <https://www-napedu.proxy.libraries.uc.edu/12875>. 10.17226/12875.
 2. Bailey ZD, ScD, Krieger N, Prof, Agénor M, ScD, Graves J, MPH, Linos N, ScD, Bassett MT, Dr. Structural racism and health inequities in the USA: Evidence and interventions. *Lancet, The.* 2017;389(10077):1453-1463. <https://www.clinicalkey.es/playcontent/1-s2.0S014067361730569X>. doi: 10.1016/S0140-6736(17)30569-X.