Beyond the Bias: Empowering Youth Through Equitable Healthcare

Addressing Implicit Bias in Healthcare to Enhance Access and Support for Youth

TEEN HEALTH MISSISSIPPI
T H M S

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Executive Summary:

Implicit bias in healthcare is a critical issue impacting the health and well-being of young people across the state of Mississippi. Despite advances in healthcare, significant barriers exist for youth in Mississippi to access high-quality, bias-free healthcare. This report summarizes key findings from focus group discussions with healthcare providers and youth in Mississippi on implicit bias in the healthcare system, highlighting the urgent need for systemic reforms, enhanced community support, and a focus on adolescent health to improve equitable health outcomes for all Mississippians.

The Mississippi State Department of Health (MSDH) contracted with Teen Health Mississippi (THMS) to develop a training series on addressing implicit bias in healthcare for healthcare providers, staff, and students, with a specific focus on young people's access to healthcare.

To explore implicit bias in healthcare in Mississippi, THMS first conducted a series of focus groups with healthcare providers and youth about their thoughts and experiences providing and accessing healthcare in the state. These focus groups aimed to identify key topics and issues to include in the 3-part training series for healthcare providers, staff, and students on implicit bias. Below are the key topics and issues identified from the focus groups.

1. **Experiences of Bias**: Minority youth shared experiences of bias from healthcare providers. These biases were based on race, gender, sexual orientation, age, socioeconomic status, education level, and geographic location. Youth reported feeling misunderstood, that assumptions were made about them, and that they were not receiving the care they needed.
2. **Power and Privilege**: Youth discussed the importance of exploring power dynamics and privilege in healthcare settings. Healthcare providers hold significant power, which can impact their interactions with young patients, especially minorities.
3. **Types of Bias**: Youth believed that providers need to understand the multiple forms of bias and how they can impact the needs of youth and communities. This includes addressing key assumptions providers make about youth health and well-being based on race, class, gender, and perceived sexual orientation.

4. **Building Empathy**: Youth felt some healthcare providers did not understand or care about them, leading to feelings of sadness, anger, and inadequate care. The youth surveyed believed that healthcare providers should provide more empathy and treat youth with a greater level of respect.
5. **Skill-Building**: Youth and healthcare providers participating in the focus groups believed that providers need skill-building training to offer bias-free care. Particularly, youth felt providers need to present more open-ended questions and engage in quality conversations at the nexus of informed decision-making, and youth autonomy.

After identifying these key topics and issues, THMS will develop draft training outlines for the three-part training series and pilot the training for feedback and input.

The collective insights from focus group participants highlight the urgent need for systemic reforms, more empathetic and well-trained healthcare providers, robust community support systems, and a focus on youth autonomy. These findings can support efforts to create a more equitable and supportive healthcare system for all youth, ensuring that youth in Mississippi have support, care, resources, and access to knowledge, skills, and the ability to make decisions for themselves.

This document was created through a partnership between Teen Health Mississippi and the Mississippi State Department of Health.

Introduction

Introduction

Teen Health Mississippi (THMS) is dedicated to ensuring youth and communities have access to equitable health outcomes. This mission encompasses a wide range of topics, including healthy youth, caring adults, and advocacy and systems transformation. As part of our work to ensure youth have access to equitable health outcomes, THMS worked with the Mississippi State Department of Health (MSDH) to understand the experiences of youth, ages 13-24, in accessing healthcare. In the Summer of 2023, THMS hosted a series of focus groups with youth and healthcare providers and staff from across Mississippi to identify instances of implicit bias youth face when accessing healthcare, which could stem from age, race, class, religion, geography and gender identity/orientation. Frequently, youth have reported age, race, and gender identity/orientation as creating the most significant barriers to high-quality healthcare. The focus groups identified their concerns and documented how that shows up in their healthcare experiences, and ways of addressing healthcare needs through the help of trusted adults.

The purpose of these focus groups was to establish a baseline of information that can be used for a THMS-created 3-part training series focused on implicit bias in healthcare, with a particular focus on youth. As such, we used a small sample of participants to identify particular themes recurring from youth and healthcare providers. We used a convenience sample of participants of youth with experience with THMS programming and healthcare providers across Mississippi. The youth and healthcare providers that responded were primarily black women. We chose participants without regard to their demographic data; including if they lived in urban or rural spaces; or identifying their SES background, religion, public health region, or gender identity. As such, one of our key recommendations for future exploration of this issue will be a more granular approach to focus groups, in which we understand the range of youth experiences across various geographic and other identity-based measures to ascertain variations in experiences and types of topics that need to be addressed in a training series on implicit bias in healthcare. As such, we see this report as a launching point for the myriad of ways we can co-create equitable health outcomes both with and for youth in Mississippi.

Though intended to be an internal document to discover the training needs of healthcare providers across Mississippi as it relates to serving Mississippi youth, this document may serve as a resource and a launch point for policy improvements, accessible resources, better healthcare practices, and continued discussions to enhance the health and well-being of youth.

This report provides information on the focus groups THMS conducted: two focus groups with youth ages 17 to 22 and one focus group of healthcare professionals. The purpose of the focus groups was to identify key issues and topics for THMS to include in a training series focused on implicit bias, with a specific focus on young people accessing primary or reproductive healthcare. These trainings will be for healthcare providers and staff, MSDH staff, and future healthcare providers.

Focus Group Procedures

Demographics: Three focus groups were conducted to discuss young people's experiences with healthcare in Mississippi, particularly their experiences with providers as it relates to implicit bias. Of the three focus groups conducted, one included healthcare providers and staff and two included Mississippi youth. A total of 28 people participated in the focus groups. Below is a breakdown of each focus group:

- *Focus Group 1*: This healthcare provider focus group was conducted via Zoom and had 9 participants: 7 black women, 1 white woman, and 1 black man. The types of providers included Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Nurse Practitioner (NP), Registered Nurse (RN), Licensed Practical Nurse (LPN), and Certified Nursing Assistant (CNA).
- *Focus Group 2*: This youth-based focus group was conducted via Zoom and had 11 participants, all between the ages of 17 and 24: 9 black women and 2 black men.
- *Focus Group 3*: This youth-based focus group was conducted with youth via Zoom and had 8 participants, ages 18-22: 7 black women and 1 white woman.

Each focus group was conducted on Zoom and was hosted by trained facilitators from THMS. Facilitators used a list of predetermined questions and facilitated discussion on those topics (See Appendix A for Focus Group Questions). Notes were taken during the discussion and comments provided in the chat were added in. From these focus

groups, the facilitators identified themes and shared the findings with other team members to confirm data analysis based on notes taken, experiences with youth and providers, and the facilitator's experience within the focus group. Additionally, we used existing research from literature reviews to provide additional insight as to how these experiences of youth are similar to or different from experiences found in recent studies.

Participant Selection and Incentives: Focus group participants were reached through various strategies, including online advertisement through social media and through our community partners. Focus groups ranged from 45 minutes to 1 hour, depending on the size of the focus groups and the modes of communication for participants (whether participants chose to speak their answers verbally or chose to type answers in the chat). All focus groups were held in the Summer of 2023. Each focus group participant received a $50 gift card for their participation.

Questions: Focus group questions were developed by THMS based off of the scope of work provided by MSDH, which sought to identify implicit bias experienced by young people in Mississippi. Questions were developed to elicit information about any biases that were perceived, from the points of view of both youth receiving services and providers engaged in their care. Participants were also asked several questions to help define what a bias-free healthcare setting looked like to them.

A list of questions can be found in *Appendix A: Focus Group Questions*.

Limitations of Report

Implicit bias can be present from healthcare providers toward any individual. The focus groups we conducted were concentrated on two common types of bias: young age and minority status. There are many other areas in which bias may occur: class, rurality, occupation, religion, sexual orientation, gender identity, literacy level, and many more. Both answers and questions arose from these focus groups: key issues and topics to include in the training series were identified, but new questions were left unanswered. How are healthcare experiences between black youth and other minorities similar or different? How does rurality change experiences with healthcare bias?

A key recommendation for future focus groups on this topic is to increase the sample size and stratify focus group participants by age, race, sexual orientation, gender identity, rurality, and other key factors to further elucidate where bias is most problematic and where bias in the healthcare setting has the greatest impact on the health outcomes of youth.

These details were not collected for these focus groups in order to maintain the participants confidentiality and encourage open dialogue without “pigeon-holing” any participant into one identity. Focus groups or additional inquiries regarding the specific experiences of vulnerable populations should be conducted with robust protections in place, and were beyond the scope of this review.

Key Topics and Issues Emerging from Focus Groups

Several key topics and issues were identified from the focus groups that we recommend addressing through the implicit bias training series being developed by THMS through this partnership with MSDH. These topics and issues are described below and are presented in no particular order.

Healthcare Providers and Staff Personal Values

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Youth participating in the youth focus group shared several stories and experiences of not receiving the care they expected. Several participants reported feeling judged by healthcare providers and staff for the reason why they were seeking care. From their perspective, the personal values of the healthcare providers and staff hampered their ability to provide high-quality care to youth.

Additionally, several youth shared experiences of **LGBTQ youth not receiving the same type of care as their non-LGBTQ** youth peers. Likewise, youth shared experiences of **healthcare providers insisting their parents join the visit, even at federally qualified health centers.**

When youth receive unequal treatment, the following factors contribute to an increase in poor health outcomes for youth:

1. **Erosion of Trust**: Discrimination and bias results in young people's decreased trust in the healthcare system in general and practitioners specifically. People who distrust the healthcare system are reluctant to seek necessary medical care in the future (Institute of Medicine, 2011). When distrust occurs at a young age, it impacts the frequency of accessing preventative health care and can contribute *to many health problems in the future.*
2. **Violation of Privacy and Confidentiality**: Insisting a parent join the visit can violate the privacy and confidentiality of youth. There may be sensitive information that young people do not wish to share in front of their parents, including details about their sexual identity, sexual history, history of abuse, and gender orientation. Additionally, federally qualified healthcare clinics and health centers receiving Title X funding in Mississippi are legally required to provide confidential care to all patients, including youth. It is not the role of the provider to act as a parent; rather, the provider's responsibility is to offer professional and confidential care. All providers should incorporate "provider-patient" time that gives youth the opportunity to address all their concerns.
3. **Missed Opportunity to Treat Medical Concerns/Conditions**: Young people who are gender nonconforming and/or part of a vulnerable population are likely to require nuanced care by a discerning provider. For example, bisexual and lesbian

women were more likely to get pregnant as teenagers than heterosexual peers. A provider should avoid making assumptions regarding a young person's risks based on how they present or their gender assignment at birth and ensure they are providing holistic care for the individual.

Legal and Ethical Concerns: Healthcare providers are legally and ethically obligated to care for all patients, regardless of race, class, gender, and sexual orientation (American Medical Association) their patients' diverse backgrounds and experiences these rights and obligations and may have legal ramifications.

To address the issues of biased treatment in healthcare and ensure that all youth receive equitable and high-quality care, the following types of training are needed for healthcare providers, staff, and students:

1. **Cultural Competence Training**:
    - *Understanding Diversity*: Educate providers on the diverse backgrounds and experiences of their patients, including race, ethnicity, gender identity, sexual orientation, and socioeconomic status.
    - *Inclusive Communication*: Teach providers how to use inclusive language and respect patients' preferred names and pronouns.
2. **Implicit Bias Training**:
    - *Identifying Biases*: Help providers recognize their own implicit biases and understand how these biases can impact patient care.
    - *Mitigating Biases*: Provide strategies for reducing the influence of biases in clinical decision-making and interactions with patients.
3. **LGBTQ+ Sensitivity Training**:
    - *Health Needs of LGBTQ+ Youth*: Educate providers on the specific health needs and challenges faced by LGBTQ+ youth.
    - *Creating a Welcoming Environment*: Train staff on how to create an inclusive and supportive environment for LGBTQ+ patients.
4. **Confidentiality and Privacy Training**:
    - *Youth Privacy Rights*: Ensure providers understand the importance of maintaining patient confidentiality, especially for minors.
    - *Provider-Patient Time:* Train providers on the importance of having private, confidential time with youth patients to discuss sensitive health concerns.
5. **Trauma-Informed Care Training**:

- *Recognizing Trauma*: Help providers recognize signs of trauma and understand its impact on health.
- *Supportive Care*: Teach providers how to offer care that is sensitive to the needs of trauma survivors, including LGBTQ+ youth, who may have experienced discrimination or abuse.

6. **Legal and Ethical Obligations Training**:
    - *Understanding Legal Rights*: Educate providers on the legal rights of patients, including minors, and their obligations under laws such as the Health Insurance Portability and Accountability Act (HIPAA).
    - *Ethical Standards*: Reinforce the ethical standards of providing unbiased, equitable care to all patients.
7. **Communication Skills Training**:
    - *Effective Communication*: Train providers in effective communication techniques to build trust and rapport with youth patients.
    - *Listening Skills*: Emphasize the importance of active listening to understand and address the concerns of youth patients fully.
8. **Adolescent Health Training**:
    - *Developmental Needs*: Educate healthcare providers and staff on the personal values of adolescents and how to address their physical, emotional, and mental health concerns.
    - *Engaging Youth*: Train providers on techniques to engage youth in their own healthcare decisions, promoting autonomy and empowerment.

Implementing these trainings can help healthcare providers and staff offer more equitable, respectful, and effective care to all youth, particularly those from marginalized communities.

In summary, the personal values of healthcare providers and staff should not interfere with the equitable treatment of youth. Training for healthcare providers and staff and relevant organizational policies should ensure that all youth receive the care they need, with respect for their privacy, trust, and comprehensive health needs.

Power and Privilege

Power and Privilege

During the focus groups, young people shared several stories and experiences of healthcare providers talking ***at*** them rather than talking ***with*** them. They shared that, in such instances, the providers and staff wouldn't give options for next steps and the pros and cons of each option, but would tell the patient what to do, leaving the youth out of the decision-making process. Participants reported perceiving that providers and staff didn't believe a young person should or could make such decisions for themselves.

Likewise, youth shared during the focus groups that the healthcare providers and staff often did not look like them and/or didn't come from the same communities. Most of the participants in the focus groups were black women. The youth shared that when they went into healthcare spaces where the providers and staff were mostly or all white, they often didn't feel understood by the provider but rather felt the provider made assumptions about why they were there and what they needed.

When youth feel they are treated unfairly, that they are not engaged in their own healthcare, and they don't see themselves represented in the healthcare spaces, several negative health outcomes occur, including but not limited to:

1. **Erosion of Autonomy and Empowerment**: When healthcare providers talk at young people rather than with them, it undermines their autonomy and empowerment. Youth should be active participants in their healthcare decisions, learning to understand and manage their health (Coyne and Gallagher, 2011). Excluding them from decision-making processes can lead to a sense of powerlessness and decreased confidence in managing their own health.
2. **Reduced Engagement and Compliance**: When youth feel they are not being heard or included in their healthcare decisions, they are less likely to engage with healthcare providers and follow medical advice. This lack of engagement can lead to poorer health outcomes and increased health risks (Tait, Voepel-Lewis, 2015).
3. **Lack of Trust and Comfort**: The lack of diversity among healthcare providers can lead to a lack of trust and comfort for young patients, particularly for black women and other minority groups (Saha and Beach, 2020). When youth do not see themselves represented among their healthcare providers, they may feel

misunderstood or that their specific cultural and personal experiences are not valued or respected

4. **Cultural Incompetence and Assumptions***:* When healthcare providers come from different backgrounds than their patients and do not make an effort to understand their patients' cultural contexts, they may make incorrect assumptions about their needs and reasons for seeking care (Batencourt, 2005). This can lead to misdiagnosis, inappropriate treatments, and a general sense of alienation for the patient.
5. **Exacerbation of Health Disparities***:* Health disparities are often rooted in systemic issues of power and privilege (Braveman and Gottlieb, 2014). When youth from marginalized communities receive care that is not culturally competent or inclusive, it exacerbates existing health disparities, leading to worse health outcomes for these populations.
6. **Impact on Mental Health***:* Feeling unheard, misunderstood, and excluded can negatively impact the mental health of young people (Williams and Mohammad, 2009). This is particularly important for black women and other minority groups who may already face significant mental health challenges due to societal discrimination and bias.

When we move toward more youth-centric practices, we develop spaces that help develop youth as leaders and responsible decision-makers for their own health and well-being. Here are recommendations for this process:

- **Training in Shared Decision-Making**: Healthcare providers should be trained in shared decision-making practices that involve patients in their healthcare choices, explaining options, and discussing the pros and cons of each.
- **Cultural Competence Training**: Healthcare providers need training to understand and respect the cultural backgrounds and experiences of their patients, reducing assumptions, and improving patient-provider communication.
- **Diversity in Healthcare Workforce***:* Increasing diversity among healthcare providers and staff can help ensure that patients see themselves reflected in their caregivers, leading to better understanding and trust.
- **Community Engagement**: Healthcare centers and institutions should engage with the communities they serve to better understand their needs and build trust.

- **Youth-Centric Care Models:** Developing care models that specifically address the needs and preferences of young people can help ensure they feel heard, respected, and involved in their healthcare.

Addressing issues related to power and privilege is important to reducing health disparities and ensuring that all patients (regardless of age) receive equitable, respectful, and effective healthcare. This includes fostering trust and understanding between providers and young patients, improving engagement and compliance with medical advice, and ultimately leading to better health outcomes for marginalized communities.

Types of Bias

Types of Bias

During the focus groups, youth shared numerous stories of both i**ntentional and implicit bias** experienced when accessing healthcare in the state. These biases were related to **race, gender, sex, sexual orientation, age, socioeconomic status, education level, and geographic location.**

Addressing these issues is crucial to reducing health disparities and ensuring that all patients receive equitable, respectful, and effective healthcare. This includes fostering trust and understanding between providers and patients, improving engagement and compliance with medical advice, and ultimately leading to better health outcomes for marginalized communities.

When issues related to bias and power and privilege in healthcare are not addressed, several negative consequences can occur:

1. **Worsening Health Disparities:** Health disparities between different groups can widen, with marginalized communities experiencing poorer health outcomes due to lack of appropriate and equitable care (Braveman and Gottlieb, 2014).
2. **Decreased Trust in Healthcare System:** Patients who experience bias and discrimination may lose trust in healthcare providers and the healthcare system as a whole, leading to decreased willingness to seek care (Saha and Beach 2020).
3. **Lower Engagement and Compliance:** Patients who feel unheard or misunderstood are less likely to engage with healthcare providers and follow medical advice, resulting in untreated or poorly managed health conditions (Tait and Voepel-Lewis, 2015).
4. **Negative Impact on Mental Health:** Experiences of bias and discrimination can contribute to increased stress, anxiety, and depression, particularly among marginalized groups who may already face significant mental health challenges (Williams and Mohammed, 2009).
5. **Reduced Access to Care:** Patients from marginalized communities may avoid seeking care altogether due to previous negative experiences, leading to delayed diagnosis and treatment of health conditions (Burgess, et al., 2007)
6. **Legal and Ethical Issues:** Failure to address bias and ensure equitable care can result in violations of legal and ethical standards, potentially leading to legal

ramifications for healthcare providers and institutions (American Medical Association, 2001).

7. **Inefficiency and Higher Costs:** Inequitable care can lead to worse health outcomes and complications, which can increase healthcare costs due to the need for more intensive and extensive treatments (LaVeist, Gaskin, and Richard, 2009).
8. **Diminished Quality of Life:** When patients do not receive appropriate care, their overall quality of life can suffer, affecting their ability to work, study, and participate in community activities (Marmot and Wilkinson, 2005).

Addressing these issues is essential to creating a healthcare system that is fair, effective, and capable of meeting the needs of all patients, regardless of their age, background, and/or circumstances.

In addition to the trainings mentioned above, we also suggest:

1. **Power and Privilege Awareness Training:**
    - Understanding Dynamics: Educate providers on how power and privilege dynamics can affect patient interactions and care.
    - Empathy and Respect: Foster an environment of empathy and respect, encouraging providers to consider their patients' perspectives and experiences.
2. **Trauma-Informed Care Training**:
    - Recognizing Trauma: Help providers recognize signs of trauma and understand its impact on health.
    - Supportive Care: Teach providers how to offer care that is sensitive to the needs of trauma survivors, including those who have experienced discrimination or abuse.

Implementing these trainings can help healthcare providers and staff offer more equitable, respectful, and effective care to all youth, particularly those from marginalized communities. Additionally, when providers are aware of their biases, they can provide more tailored and effective patient education, improving health literacy and self-care practices. They can also help offer holistic care that centers the person and addresses the physical, mental, and social needs of youth. Finally, by mitigating and

managing biases, healthcare providers can help reduce health disparities that disproportionately impact marginalized communities.

Building Provider Empathy

Building Provider Empathy

During the focus group with youth, they often shared stories and experiences of not feeling understood by healthcare providers and staff, either by who they are or what they had to do to get to the site. When they shared feelings of being discriminated against or experiencing bias from healthcare providers and staff, they said they felt like the provider didn't care about them. This made them feel sad, mad, and as if they weren't getting the healthcare they needed. Likewise, they shared that after these experiences, they either went to another provider or, worse yet, stopped seeing providers altogether. This is problematic because it can lead to the following:

1. **Emotional and Mental Health Impact**:
    - *Negative Emotions*: Feelings of sadness, anger, and neglect can exacerbate mental health issues, especially in youth who are already vulnerable (Meyer, 2003).
    - *Reduced Self-worth*: Constant experiences of discrimination and bias can lower self-esteem and contribute to feelings of worthlessness (Pascoe and Richman, 2009).
2. **Decreased Trust in Healthcare**:
    - *Lack of Trust*: Repeated negative experiences with healthcare providers can erode trust in the entire healthcare system, making youth less likely to seek medical help when needed. (Saha and Beach, 2020)
    - *Perceived Indifference*: When providers appear indifferent or dismissive, it reinforces the perception that the healthcare system does not care about them (Burgess, 2007).
3. **Avoidance of Healthcare**:
    - *Delayed Care*: Avoiding healthcare due to past negative experiences can lead to delayed diagnosis and treatment of health conditions, potentially worsening health outcomes (Burgess, 2007).
    - *Unaddressed Health Needs*: Skipping medical appointments can result in unaddressed and unmanaged health issues, leading to more severe complications over time (LaVeist, Gaskin, and Richard, 2009).
4. **Health Disparities**:
    - *Increased Disparities*: Marginalized groups, already facing significant health disparities, may see these gaps widen when they avoid or mistrust healthcare providers due to discrimination and bias (Braveman and Gottlieb, 2014).

    - *Unequal Access*: The reluctance to seek care exacerbates existing inequalities in healthcare access and outcomes (Betancourt, 2005).
5. **Cycle of Negative Experiences**:
    - *Repetitive Trauma*: Continual negative interactions with healthcare providers can create a cycle of trauma, making each new healthcare encounter more challenging and anxiety-inducing (William and Mohammed, 2009).
    - *Feedback Loop*: Negative experiences feed into a feedback loop where youth anticipate and therefore more readily perceive discrimination, even in neutral situations (Sue, et al., 2007).
6. **Public Health Concerns**:
    - *Worsened Public Health*: Avoidance of healthcare by significant portions of the population can lead to broader public health issues, including the spread of infectious diseases and unmanaged chronic conditions (Marmot and Wilkinson, 2005).
    - *Increased Healthcare Costs*: Delayed care often leads to more severe health issues that require more intensive and expensive treatments (LaVeist, Gaskin, and Richard, 2009).

In addition to the trainings we mentioned above, we also recommend increased support systems and feedback mechanisms within healthcare centers:

1. **Support Systems**: Create support systems within healthcare settings for youth who have had negative experiences, including counseling and patient advocacy services.
2. **Feedback Mechanisms**: Implement and actively use feedback mechanisms where patients can report their experiences and healthcare providers can learn and improve based on this feedback.

By addressing these areas, healthcare providers can create a more inclusive, respectful, and effective environment for all patients, particularly marginalized youth.

The Need for Increased Skill-building Scenarios

The Need for Increased Skill-building Scenarios

During the focus group with healthcare providers and staff, they expressed a strong desire for skill-building to be included in the training series to help them provide bias-free care to youth. Several providers who participated in past THMS trainings related to other topics shared how much they learned from working on scenarios and role-playing that is typically incorporated into THMS trainings. They emphasized the effectiveness of these methods and expressed a particular interest in receiving scenarios involving youth accessing healthcare in situations that can lead to discrimination or bias. This approach would allow them to learn and improve in an environment that permits trial and error without causing harm to the youth. This opportunity for hands-on learning is important because of the following:

1. **Practical Learning**:
    - *Hands-On Experience*: Scenarios and role-playing provide practical, hands-on experience that helps healthcare providers apply theoretical knowledge to real-world situations (Nestel and Tierney, 2007).
    - *Safe Environment*: This method allows providers to practice and refine their skills in a safe environment where mistakes can be corrected without harming patients (Ziv, Wolpe, Small, and Glick, 2003).
2. **Building Empathy**:
    - *Understanding Perspectives*: Role-playing helps providers understand the perspectives and experiences of youth, particularly those who may face discrimination or bias (Shapiro and Hunt, 2003).
    - *Improved Communication*: Engaging in realistic scenarios can enhance providers' communication skills, making them more adept at handling sensitive situations (Kurtz, Silverman, and Draper, 2005).
3. **Reducing Bias**:
    - *Identifying Biases*: Scenarios can help providers identify and confront their own biases, making them more aware of how these biases can affect their interactions with youth (Burgess, 2017).
    - *Developing Strategies*: Through role-playing, providers can develop and practice strategies to mitigate bias and provide more equitable care (Sukhera, 2020).
4. **Enhancing Confidence**:

- *Skill-Building*: Regular practice through scenarios increases providers' confidence in their ability to handle diverse situations effectively and sensitively (Palaganas, 2015).
- *Preparation for Real-Life Situations*: Providers who are well-prepared through training are more likely to feel confident and competent in real-life scenarios involving youth (Sawyer, 2015).

5. **Improving Patient Outcomes**:
    - *Bias-Free Care*: These trainings can improve youth health outcomes by reducing bias and improving provider-patient interactions (Betancourt, Green, Carillo, and Anaeh, Firempong, 2003).
    - *Trust and Engagement*: Youth who feel respected and understood are more likely to engage with healthcare providers and adhere to medical advice (Street, Makoul, Arora, Epstein, 2009).

We recommendation the following be incorporated for future implicit bias trainings for healthcare providers, staff, and students:

1. **Develop Comprehensive Scenarios**:
    - Create a diverse set of scenarios that cover various situations where youth might experience discrimination or bias, including issues related to age, race, gender, sexual orientation, socioeconomic status, and more.
2. **Incorporate Role-Playing Sessions**:
    - Include role-playing exercises in the training series, which will allow providers to practice their skills and receive feedback in a supportive environment.
3. **Facilitate Reflective Discussions**:
    - After each scenario, facilitate discussions where providers can reflect on their experiences, discuss what they learned, and explore how they can apply these lessons to their practice.
4. **Offer Continuous Learning Opportunities**:
    - Provide ongoing training sessions and refreshers to ensure that providers continue to build their skills and stay updated on best practices for providing bias-free care.
5. **Include Youth Perspectives**:

- Involve youth in the development and delivery of training materials to ensure that their perspectives and experiences are accurately represented and addressed.

By implementing these training methods, healthcare providers can better understand and address the biases that affect their care delivery, ultimately creating a more inclusive and equitable healthcare environment for all youth.

THMS's Three-Part Training Series on Implicit Bias

THMS's Three-Part Training Series on Implicit Bias

THMS will create a three-part training series based on implicit bias based on the perspectives and concerns raised by youth and healthcare providers in the focus groups. The series will focus on the following key issues and topics:

1. **Exploring Values**:
    - *Self-Reflection*: Participants will explore their own personal values, understanding the range of values that exist, and why people may feel differently about the same issues.
    - *Role of Healthcare Providers*: Emphasis will be placed on the role of healthcare providers and staff in respecting the values of those they serve rather than imposing their own values. The goal is to help patients explore and develop their own understanding of values.
2. **Power and Privilege**:
    - *Power Dynamics*: This session will focus on the inherent power dynamics between healthcare providers and patients, particularly young patients.
    - *Impact on Treatment and Communication*: Participants will explore how these power dynamics affect treatment, engagement, and communication with youth, and how they influence what youth feel comfortable disclosing.
3. **Types of Bias and Their Manifestations**:
    - *Identifying Biases*: Providers will learn about different types of biases and how they can manifest in healthcare settings.
    - Assumptions and Impact: The session will cover common assumptions healthcare providers and staff make about youth and how these assumptions can impact treatment and care.
4. **Building Empathy**:
    - *Youth Stories*: The training will feature videos of youth sharing their experiences of discrimination and bias when accessing healthcare in Mississippi. These videos will highlight how these experiences impacted their health and well-being.
    - *Group Discussions*: After watching the videos, participants will engage in discussions about their thoughts, why the youth felt the way they did, and how these feelings impacted their health. The discussions will focus on identifying ways to better support youth and reduce bias.
5. **Scenario-Based Learning and Role-Playing**:
    - *Practical Scenarios*: Participants will receive scenarios involving youth accessing healthcare in situations that could lead to discrimination and bias.

- *Role-Playing*: Participants will practice providing bias-free care through role-playing activities. These exercises will allow for trial-and-error in a safe environment, helping providers refine their skills and approaches.

Objectives of the training series:

- Providers will (PW) Increase awareness of implicit biases and their impact on healthcare delivery.
- PW be equipped with the skills to offer bias-free, respectful, and empathetic care.
- PW foster a deeper understanding of the diverse values and experiences of youth.
- PW address and mitigate power dynamics that affect patient interactions.
- PW enhance the overall quality of care and support provided to young patients, particularly those from marginalized communities.

By incorporating these elements into the training series, THMS aims to create a more inclusive and equitable healthcare environment for all youth in Mississippi.

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Appendix A: Focus Group Questions

Below are the questions asked during the focus group with healthcare providers and staff:

- **Have any of you ever witnessed or experienced any sort of bias (conscious or unconscious) directed towards youth while attempting to or when accessing healthcare? Please provide examples you have related to the following:**
    - Do you feel this was conscious bias or unconscious bias? (Describe the two)
    - How did that impact your/their health?
- **Have any of you never witnessed or experienced bias directed towards youth while attempting to or when accessing healthcare?**
    - Why might this be the case?
    - What strategies in particular does their provider invoke to make them feel free from bias?
    - What lessons could their provider offer others? What might they tell someone who has had this experience with provider bias?
- **What does a healthcare space free from bias look, feel, and sound like to you?**
    - How would it look, sound, smell, and feel?
    - What would make it bias free?
    - How is that different or similar to what you experienced previously?
- **What techniques or strategies do you feel would help reduce bias in healthcare?**
- **If you were to design a course for practitioners on removing bias, what would it entail?**
    - o For how long?
    - o What activities would be required?

Below are the questions asked during the focus group with youth:

- **Have any of you ever witnessed or experienced any sort of bias (conscious or unconscious) directed towards youth while attempting to or when accessing healthcare? Please provide examples you have related to the following:**
    - Do you feel this was conscious bias or unconscious bias? (Describe the two)

    - How did that impact your/their health?
- **Have any of you never witnessed or experienced bias directed towards youth while attempting to or when accessing healthcare?**
    - Why might this be the case?
    - What strategies in particular does their provider invoke to make them feel free from bias?
    - What lessons could their provider offer others?
    - What might they tell someone who has had this experience with provider bias?
- **What does a healthcare space free from bias look, feel, and sound like to you?**
    - How would it look, sound, smell, and feel?
    - What would make it bias free?
    - How is that different or similar to what you experienced previously?
- **What techniques or strategies do you feel would help reduce bias in healthcare?**
- **If you were to design a course for practitioners on removing bias, what would it entail?**
    - For how long?
    - What activities would be required?