

Making the Unconscious Conscious: Impacts of Stigma and Bias on Healthcare

A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

NSES ALIGNMENT:

SH.12.INF.3 - Analyze the impact of stigma and conscious and unconscious biases on pregnancy and STD, including HIV, prevention, testing, and treatment

SH.12.IC.1 - Analyze societal factors that might inhibit honest discussion between sexual and/or romantic partners about their sexual histories, including STDs and HIV status, and identify ways to begin such conversations

SH.12.GS.1 - Develop a plan to access local resources and services related to reducing the risk of pregnancy and/or STDs (including HIV) transmission, including ways to overcome potential barriers to access

TARGET GRADE: High School

TIME: 50 Minutes

MATERIALS NEEDED:

- Blank sheets of paper - one per student
- Pencils for students who may not have them
- Computer with speakers and access to internet
- Link to Peanut Butter, Jelly and Racism video: <https://www.pbs.org/video/pov-implicit-bias-peanut-butter-jelly-and-racism/>
- Healthcare and Bias Scenarios - one per group of four.
- Healthcare and Bias Teacher's Guide

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Define stigma, conscious, and unconscious bias [Knowledge]
2. Describe the impact of stigma and bias on sexual and reproductive health [Knowledge]
3. Create a plan for accessing local sexual and reproductive healthcare resources and services [Skill]

LESSON RATIONALE:

Stigma and bias, especially as they relate to sexual and reproductive health, impact people's ability to seek health care and talk honestly and openly with their partners. This lesson will define stigma and bias, have students analyze the way stigma and bias impact decision-making and healthcare, and create a plan for accessing healthcare. Given that stigma and bias is so present in healthcare settings, and prevents many people from receiving the healthcare they need, having a clear plan for healthcare access is essential.

ADVANCED PREPARATION:

- Review the Peanut Butter, Jelly and Racism video prior to showing it in class with students.
- In Step 3 of this lesson, students will create a healthcare plan. In order to answer many of the questions, it is recommended that students are able to use their personal or school approved tech devices to get online. If that's not possible, see if you can teach this lesson and provide access to a central school space with technology access, such as the computer lab or library.

PROCEDURE:

STEP 1:

"Introduce the ideas of unconscious bias to students by showing the following Peanut Butter, Jelly and Racism video:

<https://www.pbs.org/video/pov-implicit-bias-peanut-butter-jelly-and-racism/>

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Distribute one sheet of blank paper to each student. Ask students to write down the three terms *stigma*, *bias*, and *unconscious bias* on a blank sheet of paper and define each term on their own. Ask students to exchange papers with an elbow partner and compare their definitions. Ask them to make changes or edit their definitions based on what their partner wrote.

Ask a few volunteers to share their definitions out loud and share the similarities or differences they noticed between their definition and their partner's.

Write down the following definitions and share with students:

- **Stigma** - when someone is viewed negatively due to their association with a particular circumstance (i.e., having an STI)
- **Unconscious bias** - Unconscious biases are stereotypes or associations about certain groups of people that individuals form outside their own conscious awareness. This is also called Implicit Bias. (i.e., associating black men with violent crime)¹
- **Bias** - Bias is a prejudice in favor of or against one thing, person, or group compared with another usually in a way that's considered to be unfair. (i.e., treating people of one race, or intellectual ability differently).

Say, **“Unconscious bias is something we all have because our biases have been shaped by our culture through stereotypes, and reinforced by structures and systems. Unconscious bias impacts how we interact with others, especially when we don't have the time to recognize our actions are based on our biases, for example when we're rushed, or experienced heightened emotions. There are ways we can recognize our unconscious bias so we can change the impact it has on our behavior, but we can't erase bias entirely. Unfortunately, our unconscious bias can create situations in which we treat people differently due to our negative beliefs or stigmas about them.”**

Continue by saying, **“In fact, bias has been shown to influence how medical providers, and community agencies provide healthcare services. For example, white men who are experiencing chest pains are more likely to get treatment for heart attacks than black men.² And sadly, black women are two to three times more likely to die after giving birth.³ This is a specific example of bias - healthcare providers are more likely to listen to and trust white people when they seek healthcare and less likely to believe black people, or other systematically oppressed people, when it comes to their health. Bias can also affect the assumptions and judgements people make about others, for example, whether a healthcare provider assumes a person has had multiple partners or assumes they haven't yet had sex just based on one aspect of their identity.”**

(15 minutes)

¹ <https://diversity.ucsf.edu/resources/unconscious-bias-resources>

² <https://www.ahajournals.org/doi/10.1161/JAHA.118.010203>

³ <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

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STEP 2:

Next explore how bias impacts people's ability to get the sexual and reproductive healthcare they need. Divide students into groups of four. Distribute one of the Healthcare and Bias Case Studies to each group. Explain that each case study describes an example of bias in sexual and reproductive healthcare. Your job will be to determine if you think this case study represents something that is factual, or something that was made up just for this lesson.

Ask each group to read their scenario, answer **ONLY** the first set of questions and decide whether or not they think the situation is fact or fiction.

After 5 minutes have passed, ask each group to read their scenario out loud and share in what ways they think bias was present and if they think the situation was fact or fiction. Group 1 should share about Scenario 1, Group 2 should share about Scenario 2, etc.

Ask students the following processing questions and summarize with key points found in the Healthcare and Bias Teacher's Guide:

- In what ways does bias or stigma impact a person's ability to get medical care?
- In what ways does bias or stigma impact a person's ability to talk with a partner about their sexual histories?

Reveal to students that each scenario was a real situation describing bias that actual people have experienced and ultimately impacted their sexual & reproductive health.

(15 minutes)

Note to the Teacher: Further explanation and citations can be found on the Teacher's Guide.

STEP 3:

Say, **"Since bias and stigma in healthcare are common, it's critical that each person has a plan for getting access to the reproductive health care they need."** Explain that we'll have an opportunity to support our friends in making a plan for their health care using the scenarios we just discussed.

Ask each group to pass their Healthcare and Bias scenario to the group closest on their right, and that they should receive a new scenario that was just discussed from a group closest on their left.

Ask groups to familiarize themselves with their new scenario and answer the second set of questions associated with the handout. In this second half of the activity, students will imagine the person in the scenario is someone they know, perhaps a friend, cousin, a member of their sports team, and they will be suggesting specific ways for them to access healthcare. Allow students 10 minutes to work, which allows time for youth to look up local resources and contact information.

(15 minutes)

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STEP 4:

After 10 minutes, ask a few students to share how they would support their peers in getting healthcare, especially if they found a local clinical resource for sexual healthcare that specifically names their inclusive practices.

Ask students to quietly think of one thing they've learned today that they didn't know before, especially as it relates to bias in healthcare. Ask a few students to share their responses.

(5 minutes)

***Note to the Teacher:** It may be helpful to allow students to use their devices, have classroom devices ready to be used, or teach this lesson in a common space of the school with technology available for students to use in designing their plan.*

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

Objective 1 will be assessed through Step 1, Objective 2 will be assessed through Step 2, and Objective 3 will be assessed through Step 3.

HOMEWORK:

Invite students to reflect on the idea of decreasing stigma as it relates to reproductive health care. Ask students to write a paragraph that describes at least two actions they could take to decrease stigma or bias in the way we talk about others, towards others needing healthcare, or towards those experiencing a healthcare condition.

Healthcare and Bias Case Studies: Fact or Fiction?

Along with your group, read the case study below and answer Question Set #1.

CASE STUDY 1

A 30 year old black woman had just delivered her baby during an emergency C-section and started to have trouble breathing. She had already had a blood clot once in her life, and she was worried she was having another one. She went to tell the nurse what she thought was happening, but the nurse told her that the pain medication must be making her feel confused. The first test that was ordered did not test for a blood clot, but instead swelling in her legs. It wasn't until the test on the legs provided no answers that this person was tested for a blood clot with a CT scan, and the doctors found several at which point the woman finally received treatment.

Question Set #1

Do you think bias was present in this interaction? If so, in what way?

Do you think Case Study 1 is fact or fiction?

STOP, DON'T FLIP THE PAGE YET! DO NOT ANSWER QUESTION SET 2!

CASE STUDY 1

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Question Set #2

1. Imagine the person in the case study above is someone you know. Decide who that person is and write it here: _____

2. What kinds of healthcare would you recommend this person get in your community and where can they get it?
 - a. What are their hours? What is their phone number? How can they make an appointment? How can they get there?

3. What might this person do if they felt they weren't being listened to by a provider? Who can they take with them for support?

Healthcare and Bias Case Studies: Fact or Fiction?

Along with your group, read the case study below and answer Question Set #1.

CASE STUDY 2

A 23 year old Afro-Latina woman is having pelvic pain on and off for a few weeks now. She decides to go to the local public health clinic to see what's going on. When she arrives she describes pelvic pain, and as a part of her medical history, explains that she has been sexually active with two people. The doctor immediately suspects her of having an STI, orders tests, and sends her home with the recommendation that she takes ibuprofen for the pain. The STI tests come back negative, but her pain continues. After about six months of trying to manage the pain with over the counter medicine, it starts getting much worse. She goes to a different doctor and the doctor finds that the pain is being caused by endometriosis (a condition in which tissue grows outside the uterus and is painful) and she will need surgery.

Question Set #1

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Healthcare and Bias Case Studies: Fact or Fiction?

Along with your group, read the case study below and answer Question Set #1.

CASE STUDY 3

A 27 year old transgender man needed to visit the doctor to get birth control. When he called to make the appointment, the receptionist said, "I don't understand what you're asking to get an appointment for - you want birth control?" When the patient clarified that they were asking to be seen for a long acting birth control method, the receptionist paused, and then said, "Okay, but your paperwork says that you're male?" The patient was then forced to explain that because they were a trans man, they still menstruated, and needed access to birth control to prevent pregnancy. The receptionist was able to finally make an appointment but had to write all of this as "special note" since the paperwork only had a checkbox for "male" or "female."

Question Set #1

Do you think bias was present in this interaction? If so, in what way?

Do you think Case Study 1 is fact or fiction?

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Question Set #2

1. Imagine the person in the case study above is someone you know. Decide who that person is and write it here: _____
2. What kinds of healthcare would you recommend this person get in your community and where can they get it?
 - a. What are their hours? What is their phone number? How can they make an appointment? How can they get there?
3. What might this person do if they felt they weren't being listened to by a provider? Who can they take with them for support?

Healthcare and Bias Case Studies: Fact or Fiction?

Along with your group, read the case study below and answer Question Set #1.

CASE STUDY 4

An Asian man in his mid-twenties felt sick in April of 2020, right at the start of the coronavirus pandemic. He made a telemedicine visit to the doctor complaining of headaches which he thought may have been caused by allergies, or perhaps something worse. The doctor cut him off before he could fully explain and said that he should get tested for COVID. The man tried to explain that he hadn't had any exposures that he was aware of and that these symptoms pre-dated the start of the pandemic. The patient spoke conversational English as a second language. The doctor ended the telemedicine sooner than the man expected and a few days later the COVID tests came back negative so he had to make another appointment and start over again.

Question Set #1

Do you think bias was present in this interaction? If so, in what way?

Do you think Case Study 1 is fact or fiction?

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CASE STUDY 4

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Question Set #2

1. Imagine the person in the case study above is someone you know. Decide who that person is and write it here: _____
2. What kinds of healthcare would you recommend this person get in your community and where can they get it?
 - a. What are their hours? What is their phone number? How can they make an appointment? How can they get there?
3. What might this person do if they felt they weren't being listened to by a provider? Who can they take with them for support?

Healthcare & Bias Case Studies: Teacher's Guide

CASE STUDY 1

A 30 year old black woman had just delivered her baby during an emergency C-section and started to have trouble breathing. She had already had a blood clot once in her life, and she was worried she was having another one. She went to tell the nurse what she thought was happening, but the nurse told her that the pain medication must be making her feel confused. The first test that was ordered did not test for a blood clot, but instead swelling in her legs. It wasn't until the test on the legs provided no answers that this person was tested for a blood clot with a CT scan, and the doctors found several at which point the woman finally received treatment.

FACT: This is actually the story of Serena Williams who faced bias during postnatal care. Serena experienced bias when she was dismissed when she complained of pain and difficulty breathing, and in not getting the tests she asked for but knew she needed. Bias is common after childbirth, especially among Black women. Unfortunately, Black women are two to three times more likely to die after giving birth than white women, in many cases, because their symptoms of complaints of pain are considered routine during postpartum.

Read her full experience here:

- https://www.hsph.harvard.edu/magazine/magazine_article/america-is-failing-its-black-mothers/

CASE STUDY 2

A 23 year old Afro-Latina woman is having pelvic pain on and off for a few weeks now. She decides to go to the local public health clinic to see what's going on. When she arrives she describes pelvic pain, and as a part of her medical history, explains that she has been sexually active with two people. The doctor immediately suspects her of having an STI, orders tests, and sends her home with the recommendation that she takes ibuprofen for the pain. The STI tests come back negative, but her pain continues. After about six months of trying to manage the pain with over the counter medicine, it starts getting much worse. She goes to a different doctor and the doctor finds that the pain is being caused by endometriosis (a condition in which tissue grows outside the uterus and is painful) and she will need surgery.

FACT: This person experienced bias through racial bias that her pelvic pain was being caused by an STI rather than something else. Racial bias can occur during diagnosing and testing for endometriosis and STIs, partly due to the assumption that Black women's pain is more likely to be caused by an STI and white women's pain is more likely to be caused by endometriosis. Black women are diagnosed with endometriosis far less often than white women. One contributing factor to this may be the bias of healthcare workers to assume that Black women are more sexually active, and then let their bias guide their diagnosis.

Read about similar experiences here:

- <https://www.contemporaryobgyn.net/view/how-raceethnicity-influences-endometriosis>
- <https://www.today.com/health/implicit-bias-medicine-how-it-hurts-black-women-t187866>

CASE STUDY 3

A 27 year old transgender man needed to visit the doctor to get birth control. When he called to make the appointment, the receptionist said, "I don't understand what you're asking to get an appointment for - you want birth control?" When the patient clarified that they were asking to be seen for a long acting birth control method, the receptionist paused, and then said, "Okay, but your paperwork says that you're male?" The patient was then forced to explain that because they were a trans man, they still menstruated, and needed access to birth control to prevent pregnancy. The receptionist was able to finally make an appointment but had to write all of this as "special note" since the paperwork only had a checkbox for "male" or "female."

FACT: This person experienced bias against transgender and gender expansive people in having to explain all of this over the phone to a person who was not their medical provider and experiencing an intake form that was not inclusive of their gender identity. Unfortunately, this experience is common for transgender people, many of whom report that they delay medical care because of fear of being mistreated as a transgender person (23%) or have negative experiences with medical providers as a result of being transgender (33%).

Read more on the 2015 National Transgender Report here:

- <https://www.ustranssurvey.org/reports#USTS>

CASE STUDY 4

An Asian man in his mid-twenties felt sick in April of 2020, right at the start of the coronavirus pandemic. He made a telemedicine visit to the doctor complaining of headaches which he thought may have been caused by allergies, or perhaps something worse. The doctor cut him off before he could fully explain and said that he should get tested for COVID. The man tried to explain that he hadn't had any exposures that he was aware of and that these symptoms pre-dated the start of the pandemic. The patient spoke conversational English as a second language. The doctor ended the telemedicine sooner than the man expected and a few days later the COVID tests came back negative so he had to make another appointment and start over again.

FACT: This man experienced bias in that the physician assumed he needed a COVID test even though his symptoms didn't indicate that he did, and the physician appeared to end the interaction abruptly. This may have been because of his race, or his use of English as a second language. During the COVID pandemic, discrimination and bias towards Asians became more overt and this can affect healthcare too. In particular, bias may prevent Asians from seeking healthcare. A self-report survey of Asian Americans indicates that medical staff judged them unfairly or treated them with disrespect because of their race or how well they spoke English.

Read more here:

- https://www.commonwealthfund.org/sites/default/files/documents/media_files/publications_in_the_literature_2004_feb_asian_americans_reports_of_their_health_care_experiences_ngo_metzger_jgim_pdf.pdf

Discussion Questions:

In what ways does bias or stigma impact our ability to get medical care?

In general, bias might be linked to each of the following reproductive and sexual healthcare needs:

- Pregnancy prevention (negative perception of teens having sex)
- Prenatal care (negative perception of systematically oppressed communities)
- STI testing (assumption that white people likely don't have an STI, but Black, brown, and indigenous people likely do, negative perception of people who may have had unprotected sex)
- STI treatment (people perceived as being "dirty" or make poor decisions)
- HIV testing and treatment (negative perception of people who are gay and their association with HIV)

In what ways do bias or stigma impact our ability to talk with a partner about our sexual histories?

- People may feel shame because they feel stigmatized. People may avoid getting healthcare because of their worry that a healthcare provider may stigmatize them.
- People who are stigmatized due to a health status, such as having an STD, HIV or unplanned pregnancy, may feel less able to have honest conversations with their sexual/romantic partners or their healthcare providers.
- We can work to reduce shame around people who are experiencing health conditions that may be perceived as negative such HIV, STIs, or a pregnancy before they are ready.