Understanding How Stigma and Bias Impact Health Outcomes

What is bias?

When you think of bias, think about beliefs. We all have preferences for or against things, people, places, etc. Our brains are wired to do this for us, to make associations that are meant to keep us "safe." Conscious and unconscious biases can influence the way we interact with people in our care, as well as the treatments we offer to them. It contributes to a unique power dynamic in which stigma exists at personal, interpersonal, and structural levels. These biases, which we all hold, can lead to stigma.

What is stigma?

The "something" that Merriam-Webster is addressing really speaks to the kinds of negative or unfair beliefs that people in our society have about certain behaviors, experiences, and identities. These beliefs shape self-perception, social interactions, and institutional policies and practices, as well as our social systems, laws, and access to resources. Stigma can act as a mark of shame that is often viewed negatively. It contributes to a unique power dynamic in which stigma exists at personal, interpersonal, and structural levels, resulting in increased obstacles to care. This is how stigma creates health inequities.

Bias

"An inclination of temperament or outlook"

—Merriam-Webster

Stigma

"A set of negative and often unfair beliefs that a society or group of people have about something"

—Merriam-Webster

POP
PROTECTING OUR PATIENTS

Stigmas Create Health Inequities

15%
of LGBTQ+ Americans

postponed or avoided medical treatment

due to discrimination, including three in 10 transgender individuals[1]

Compared with white people,

members of racial and ethnic minorities are less likely to receive preventative health services

and often receive lower quality care[2]

58% of women

68% of men

returning from incarceration are **without health insurance** eight to 10 months after release[3]

Stigmas Hinder Routine HIV Screening[4]

Almost 13% of individuals living with HIV

do not know their status and account for

40% of new transmissions

71% of new transmissions

had a healthcare visit in the previous year and **had not been screened**

We can make HIV screening

as common as taking blood pressure, weight, or cholesterol

People enter care facilities with their own set of experiences, beliefs, and feelings about the vulnerable act of seeking help from the care team. However, their main aim is to get help related to their needs.

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Public Health Institute of Metropolitan Chicago

Care teams have their own set of experiences, beliefs, and feelings that they bring into their work, along with their deep knowledge and training. Their success is dependent upon accessing as much information as possible about the person in care, the related details of their need, and transparency around any factors that may contribute to or hinder effectiveness of treatment.

Stigma can prevent each party from achieving success in this interaction. The person in care and the care team are dependent on each other to obtain the information and treatment they need. Affirming care is the bridge between the two that allows free-flowing information through trusting relationships. Stigma can break that bridge, so it is important to be aware of our own stigmas and biases in order to nurture relationships and provide people with the best care possible.
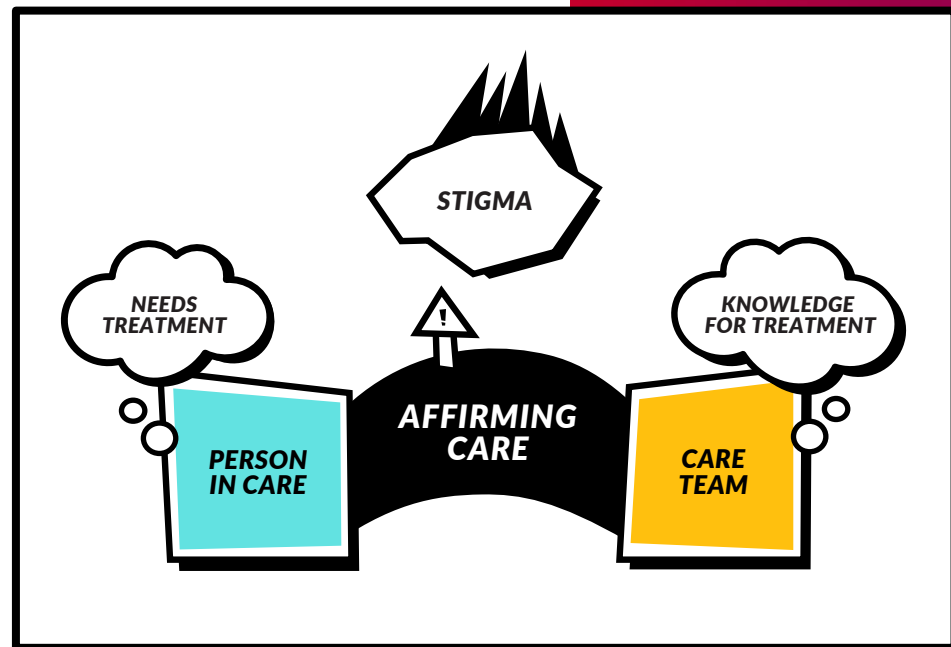
[1] The State of the LGBTQ Community in 2020 (Center for American Progress). Available at https://www.americanprogress.org/issues/lgbtq-rights/reports/2020/10/06/491052/state-lgbtq-community-2020/

[2] Reducing Racial Disparities in Health Care by Confronting Racism (The Commonwealth Fund: 2018) Available at https://www.commonwealthfund.org/publications/2018/sep/focus-reducing-racial-disparities-health-care-confronting-racism

[3] Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration (Urban Institute: 2008). Available at https://www.urban.org/sites/default/files/publication/31491/411617-Health-and-Prisoner-Reentry.PDF

[4] https://www.cdc.gov/hiv/basics/statistics.html