



Sala Institute for Child and Family Centered Care



"Race and Bias in Child Abuse Diagnosis and Reporting"

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Vincent J. Palusci, M.D., M.S., F.A.A.P.

Professor of Pediatrics
New York University
Grossman School of Medicine

Ann S. Botash, M.D.

Distinguished Teaching Professor, Pediatrics
SUNY Upstate Medical University



Faculty Disclosure Information

In the past 12 months, presenters have had no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial service(s) discussed in this CME activity.

We do not intend to discuss an unapproved/investigative use of a commercial product/device in our presentation.

Dr. Palusci has acted as a paid consultant for attorneys.

Learning Objectives

1. Review national and NYS statistics regarding associations of race and ethnicity with child maltreatment reports;
2. Describe racism and bias in child abuse medicine including how it can affect pediatric patients, medical diagnosis, and mandated reports;
3. Discuss case examples and explore potential steps to reduce racism and bias in healthcare for child maltreatment.

Ground Rules for Session

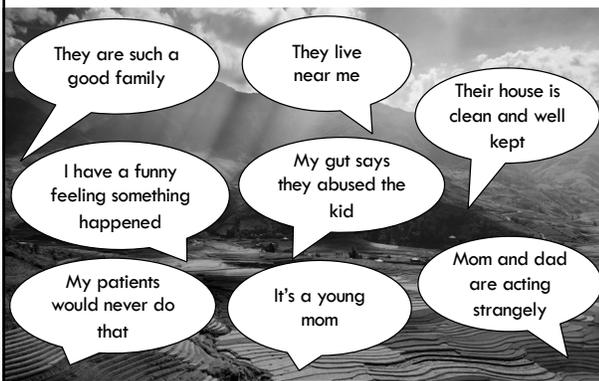


<https://blog.rendia.com/culture/>

Rules of Engagement

- Use the Chat for comments and questions – we will do our best to monitor
- Time planned for discussion at the end

The Landscape of Suspicion



The Imprint YOUTH & FAMILY NEWS

FIELD: NYU-2020-3-07PM

SHARE

Racial Injustice in New York State Courts: Problems 'Extensive and Systemic in Nature,' Report Finds

BY BRIAN COHEN

Subscribe Today
DON ENGLISH, MATHY ADRIANO, MARIAN COVATTA



A poster and mural were just the most recent in the battle family court building. Photo: Steven Rogovin/Outline

Black and brown attorneys plead for defendants, a claim that "discourage compassionate treatment" of

<https://imprintnews.org/justice/racial-injustice-in-new-york-state-courts-problems-extensive-and-systemic-in-nature-report-finds/48374>
and <http://bit.ly/3m8Wbo3>

COVID and Healthcare: Not Equitable

NYC: COVID-19

- 17,500 deaths: 11,500 in zip codes with median household incomes < median (Man \$82k vs Bx \$38k)
- Cases: Man 16/1000, Qns 28, Bk 23, Bx 33
- Hosp beds: Man 5/1000, Qns 1.8, Bk 2.2, Bx 2.4
- Fatality rate: Mt Sinai Main 17%; Bk 34%, Qns 33%
NYU Main 11%; BHC 22%
- Donald Trump: "NYU Langone, I've heard you're doing a great job."

Rosenthal BM, Goldstein J, Otterman S, Fink S. Why surviving the virus might come down to which hospital admits you. *New York Times*, July 1, 2020.

Sabin et al., 2008

- Physicians held an implicit association between European Americans relative to African Americans and the concept of "compliant patient" and for African Americans relative to European Americans and the concept of "preferred medical care."
- Medical care differed by patient race in 1 of 4 case vignettes. No significant relationship was found between implicit and explicit measures, or implicit measures and treatment recommendations.
- Pediatricians held less implicit race bias compared with other MDs and others in society. Among pediatricians we found evidence of a moderate implicit "perceived patient compliance and race" stereotype.
- Further research is needed to explore whether physician implicit attitudes and stereotypes about race predict quality of care.

Bias in Pediatric Health Care

- ❑ Racial and ethnic differences in COVID-19 related disruptions have been seen, but not in mental health risk, protective factors, perceived stress, or child abuse potential.
- ❑ Black children received opioid analgesia significantly less frequently than White children for appendicitis in EDs (12.2% vs 33.9%, adjusted odds ratio = 0.2).
- ❑ Compared with their White peers, African American children had 3.43 times the odds of dying within 30 days after surgery, 18% relative greater odds of developing postoperative complications, and 7% relative higher odds of developing serious adverse events.
- ❑ Class? Race? Income? Insurance? Access to care? Comorbidities?

Goyal et al. *JAMA Pediatrics*, 2015; Baetzel et al. *Pediatrics*, 2020; Brown et al. 2020 (in press)

Health, Bias and Child Maltreatment

- ❑ Associations between race and increased CM have been reported in administrative data.
- ❑ Racism is a core social determinant of health that is a driver of health inequities with health effects similar to, if not more than, traditional ACEs.
- ❑ Bias has been recognized within the medical community since the 1970s, and it has been suggested that it accounts for at least some of these effects since it can result in significant diagnostic errors which lead to CM reporting.

Sedlak 2010; Drake 2011; Boatwain-Kyte et al; Maguire-Jack et al. 2015; NCANDS 2018; Trent and AAP, 2019

Hospital Reports (1985)

- ❑ Using NIS data -- hospitals failed to report almost half of cases meeting the study's definition of abuse (Hampton and Newberger, 1985)
- ❑ Although not specifically looking for bias, these issues distinguished reported from non-reported cases:
 - ❑ income
 - ❑ mother's role in abuse
 - ❑ emotional abuse
 - ❑ race
 - ❑ maternal employment
 - ❑ sexual abuse

Hampton, R. L., Newberger, E. H. (1985). Child abuse incidence and reporting by hospitals: Significance of severity, class, and race. *American Journal of Public Health*, 75, 56-60.

Fractures and AHT

- For fractures, Lane and colleagues (2002) found that under-represented minority (URM) children were more likely to be evaluated and reported, even after controlling for the likelihood of abusive injury.
 - *“It is possible that biases on the part of mandated reporters may contribute to these differences.”*
- Wood and colleagues (2010) noted fewer skeletal surveys done among White infants evaluated for traumatic brain injury.
- Lane and colleagues (2012) found that young age, male gender, and poverty were risk factors for abusive abdominal trauma.

Lane, W. G., Rubin, D. M., Morelli, R., Christian, C.W. (2002). Racial differences in the evaluation of pediatric fractures for physical abuse. *Journal of the American Medical Association*, 288(13), 1603-1608.

Lane, W. G., D'Onofrio, H., Langenberg, P., & Diehringer, P. (2012). Epidemiology of abusive abdominal trauma hospitalizations in United States children. *Child Abuse & Neglect*, 36(2), 142-148.

Wood, J.N., Hill, M., Swilling, S., Keen, R., Mira, N., Rubin, D.M. (2010). Disparities in the evaluation and diagnosis of abuse among infants with traumatic brain injury. *Pediatrics*, 126, 40-14.

Drug Exposed Infants and Injuries

- More mothers and babies are tested for drugs of abuse based on their race during labor and the newborn period, despite clinical guidelines. (Ellsworth et al. 2010).
- Laskey and colleagues (2012) surveyed 5000 pediatricians using clinical vignettes with varying race (Black/White) and status (high SES/low SES), concluding that *physicians had greater willingness to consider abuse as a potential cause of injury in low SES children but not Black children.*

Definitions

- Race: A social construct based on phenotypic qualities
- Racism: A “system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call ‘race’) that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities...”
- Ethnicity: Belonging to a social group that has a common national or cultural tradition.

Jones CP, Truman BI, Eiam-Evans LD, et al. Using “socially assigned race” to probe white advantages in health status. *Ethn Dis*. 2008;18(4):496–504.

Collins FS. What we do and don't know about 'race', 'ethnicity', genetics and health at the dawn of the genome era. *Nat Genet*. 2004;36(suppl 1):S13–S15

Trans AAP et al. 2019

Race, Ethnicity, Culture and Nationality



Kamala Harris

- Race: Black (being bussed as a child, experiencing anti-black racism in America, having brown skin)
- Ethnicity: East Indian (Tamil) and Jamaican
- Culture: She is bi-cultural, but mostly African American (i.e. Howard, Alpha Kappa Alpha) and Indian American (i.e. see her cooking interview with Mindy Kaling). She may even be tri-cultural (i.e. mommala, raising Jewish American stepkids).
- Nationality: American
https://en.wikipedia.org/wiki/Kamala_Harris

Additional Definitions

□ Health Equity:

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Robert Wood Johnson Foundation:
<https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

Additional Definitions

- Health Disparity: Differences in health outcomes of populations, commonly associated with race, ethnicity, gender, gender identity, age, disability and other
- Disproportionality: Usually refers to over- or under-representation of a population receiving services
- Bias
 - Implicit – attitudes or beliefs at an unconscious level
 - Explicit – attitudes or beliefs at a conscious level

<https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

Unconscious or Implicit Bias

Unconscious Bias & Why It Matters

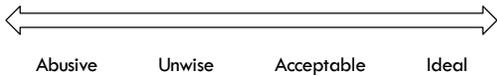
Unconscious Bias = Assumptions and expectations we have that we are not even aware of

Biases affect us and our decision-making processes in a number of ways:

- Our Perception — how we see people and perceive reality
- Our Attitude — how we react towards certain people
- Our Behaviors — how receptive/friendly we are towards certain people
- Our Attention — which aspects of a person we pay attention to
- Our Listening Skills — how much we actively listen to what certain people say
- Our Micro-Affirmations — how much or how little we comfort certain people in certain situations

Cases – Parenting Skills vs. Abuse

- A 16 year-old mom brings in her 14 month old who had eaten some liquid dishwasher pods she found under the sink.
- What if the mom is 25 years old?
- The same 16 year old returns to the ED two weeks later because the daughter drank some Tide.



Diagnosis and Reporting

- Most, if not all, clinical decision-makers are at risk of error due to biases.
- These errors are further compounded when the diagnosis and reporting of suspected child abuse is being considered and the clinician is under added stress.

Potentially Relevant Types of Bias

Bias	Definition
Recency effect	Recent events easier to remember
In-group preference	Categorize people into groups and then attribute positive attributes to their own group
Availability bias	Making decisions based on immediate information that comes to mind
Confirmation bias	Paying more attention to information that reinforces previously held beliefs and ignoring evidence to the contrary
Anchoring bias	First piece of information becomes baseline for comparison or subsequent decisions
Halo effect	Assumptions based on attribution of good or bad to "all" aspects

https://www.mlinstate.edu/System/hr/talent_management/documents/12%20Cognitive%20Biases%20Infographic%20v%204.pdf
<http://www.psychologytoday.com/us/blog/thoughts-thinking/201809/12-common-biases-affect-how-we-make-everyday-decisions>

Framework for Cognitive Bias Applied to Child Abuse

- Systems I Thinking:** "Intuitive," automatic, impulsive; lacks conscious control; based on pattern recognition; uses associations (rules of thumb, mental short cuts); driven to reduce ambiguity; emotionally driven; imposes causal thinking; does not draw upon reasoning process.
- Systems II Thinking:** Uses metacognition; deliberate, analytical; hypothetical/deductive reasoning; inferential reasoning; uses logic, checks conclusions; reasoning leads logically from premise to conclusions.

Skellern C. Thinking fast and slow... *J Paediatrics Child Health*. 2020
<https://onlinelibrary.wiley.com/doi/full/10.1111/jpc.15084>

A Story About Bias

What do you see?

- Race/Ethnicity/Culture
- Education
- Profession
- Poverty
- Age
- Appearance
- Family structure
- Other

AHT Evaluation and Reporting

- Jenny, Hymel et al. (1999):
 - 31.2% of 173 abused children with head injuries had been seen by physicians after AHT and the diagnosis was not recognized.
 - More likely in very young White children from White, intact families.
 - 27.8% were reinjured after the missed diagnosis.
 - 4 of 5 deaths might have been prevented by earlier recognition of abuse.

AHT Evaluation and Reporting

- Hymel et al. (2018) described the evaluation and reporting of young children admitted to a pediatric intensive care unit:
 - Significant race/ethnicity-based disparities in AHT evaluation and reporting were observed almost exclusively in lower risk non-White patients.
 - The authors concluded, "*in the absence of local confounders, these disparities likely represent the impact of local physicians' implicit bias in 2 of their study sites.*"

Possible Solutions to Address Bias

- Recognize (and reflect on) personal biases
- Use of an EMR based trigger system to identify reportable concerns (Rumball-Smith J. et al.)
- Regular multidisciplinary team case reviews
- Review institutional protocols for potential bias
- Other?

Framework to Achieve Health Equity

1. Make health equity a strategic priority
 - Demonstrate leadership commitment to improving equity at all levels of the organization
 - Secure sustainable funding through new payment models
 2. Develop structure and processes to support health equity work
 - Establish a governance committee to oversee and manage equity work across the organization
 - Dedicate resources in the budget to support equity work
 3. Deploy specific strategies to the multiple determinants of health on which health care organizations can have a direct impact
 - Health care services
 - Socioeconomic status
 - Physical environment
 - Healthy behaviors
 4. Decrease institutional racism within the organization
 - Physical space: buildings and design
 - Health insurance plans accepted by the organization
 - Reduce implicit bias within organizational policies, structures and norms, and in patient care
 5. Develop partnerships with community organizations
 - Leverage community assets to work together on community issues related to improving health and equity
- Laderman et al. *Achieving Health Equity: A Guide for Health Care Organizations*, 2016.

Five R's of Cultural Humility

- Reflection: What did I learn from the encounter?
- Respect: Did I treat everyone involved in that encounter respectfully?
- Relevance: How was cultural humility relevant to this encounter?
- Resiliency: How was my personal resiliency affected by this interaction?

Society of Hospital Medicine Practice Management Committee
<https://www.hospitalmedicine.org/practice-management/the-5-rs-of-cultural-humility/>
Slide adapted from presentation by Drs. Amy Caruso Brown and Nayla Khoury

Key AAP 2019 Suggestions Adapted for Child Abuse

1. Create a culturally safe clinical environment.
2. Use strategies to provide support for youth and families including countering or replacing those messages and experiences with something positive.
3. Train staff in culturally competent care.
4. Assess patients for stressors and social determinants of health often associated with racism (bullying on the basis of race, neighborhood safety, poverty, housing inequity, and academic access) and connect families to resources.

Trent M. Dooley DG, Dougé J. AAP SECTION ON ADOLESCENT HEALTH, AAP COUNCIL ON COMMUNITY PEDIATRICS, AAP COMMITTEE ON ADOLESCENCE. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. 2019;144(2):e20191765. <https://pediatrics.aappublications.org/content/144/2/e20191765>

Key AAP 2019 Suggestions Adapted for Child Abuse

5. Assess patients who report experiencing racism for mental health conditions.
6. Identify strengths and assess youth and families for protective factors ~ supportive extended family network that can help mitigate exposure to racist behaviors.
7. Advocate for policies and programs that diversify the pediatric workforce and provide ongoing professional education for pediatricians in practice as a strategy to reduce implicit biases and improve safety and quality in the health care delivery system.

Trent M. Dooley DG, Dougé J. AAP SECTION ON ADOLESCENT HEALTH, AAP COUNCIL ON COMMUNITY PEDIATRICS, AAP COMMITTEE ON ADOLESCENCE. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. 2019;144(2):e20191765.

Summary

- We (child abuse professionals) are part of a much larger society in which we see racism.
- We can more accurately diagnose and support our patients best by recognizing our own potential biases.
- Understanding Systems I vs. Systems II thinking can help us to avoid missing or overcalling abuse.
- We don't have all the answers, nor all the questions, but what is important is to understand the issues and to reflect upon our role in the process.

References Related to Medicine & Health and Child Welfare

A bibliography for this presentation is in a separate handout titled

Race and Bias in Child Abuse Diagnosis and Reporting

**Thank You!
Questions?**



Ann S. Botash, M.D.
Botasha@upstate.edu

Vincent J. Palusci, M.D., M.S.,
F.A.A.P.
Vincent.palusci@nyulangone.org