

Making the Case for Righting the Wrong of Bias in Science, Medicine and Research

Maxine Hayes

Clinical Professor of Pediatrics Emeritus
University of Washington School of Medicine
Seattle, Washington



Setting the Stage

- Social injustice exists in all three
- We have an untreated epidemic that must be addressed if we want to improve population health.
- We need the research community to join in the commitment to change.



Three Philosophies

- Philosophy of science – to discover the truth
- Philosophy of medicine – to apply that truth to a patient
- Philosophy of public health – to apply that truth to **ALL**



*Research is in all three of these philosophies

Painful Truths with a very Long History

“Of all the forms of inequality, injustice in health is the most shocking and the most inhumane.” ~*Martin Luther King, Jr. March 25, 1966 at the Second National Convention of the Medical Committee for Human Rights*

“Nowhere are the divisions of race and ethnicity more sharply drawn than in the health of our people... no matter what the reason, racial and ethnic disparities in health are unacceptable in a country that values equality and equal opportunity for all.” ~*Bill Clinton, February 21, 1998*

Why Words Matter

- Disparity only defines differences between groups
- Inequity describes the “causes” of disparities within the context of environmental conditions



Inequities result in disparities in health status that are “unfair, unjust, avoidable, and unnecessary.” Societal inequalities are making us sick.



**How we look at a problem, determines what we see,
which determines what we do!**

Equity, Diversity and Inclusion (EDI) in research can become a game changer.



It's not only about race and ethnicity, but awareness of bias toward: gender, age, geography, immigration status for research participation.

Reasons to be hopeful – “examples in the field”

- National Institutes of Health Revitalization Act of 1993
- Crossing the Quality Chasm, Institute of Medicine Report, 2001
- Unequal Treatment, Institute of Medicine report to Congress, 2003
- The “times” shape who we are, what we see and what we do.
- The global ability to connect with others who care about this in the world.
- Increasing courage to ask the hard questions: the need for more social epidemiology on research teams.

Reasons to be hopeful – “examples in the field” (cont.)

- Bias Training
- Knowledge, attitudes and behaviors are good but not sufficient alone.
- Mind, as well as heart changes are needed for ‘self awareness”
- Diverse leaders in the field with lived experiences, for example, today’s panel and regional learning collaboratives
- Important thing is to build trust (e.g., ITHS Integrating Special Populations Program and the Community Advisory Council)
- Create tools for bridge building (e.g., Community Partnership Guide for Engaging with Academic Researchers)

CORONAVIRUS?



Institute of **Translational** Health Sciences
ACCELERATING RESEARCH. IMPROVING HEALTH.

“History will be kind to me, I know, because I’m writing it.” ~*Winston Churchill*





“Start by doing what
is necessary; then
do what’s possible;
and suddenly, you’re
doing the
impossible.”

~*Francis of Assisi*