Implicit Bias as a Barrier to Health Care and Health Equity

Cheri C. Wilson, MA, MHS, CPHQ

2017 National Health Care for the Homeless Conference & Policy Symposium
Learning Lab
June 24, 2017
Ground Rules for Today’s Learning Lab

1. “Confidentiality. We want to create an atmosphere for open, honest exchange.

2. Our primary commitment is to learn from each other. We will listen to each other and not talk at each other. We acknowledge differences amongst us in backgrounds, skills, interests, and values. We realize that it is these very differences that will increase our awareness and understanding through this process.

3. We will not demean, devalue, or “put down” people for their experiences, lack of experiences, or difference in interpretation of those experiences.

4. We will trust that people are always doing the best they can.

University of Michigan Program on Intergroup Relations,
http://www.crlt.umich.edu/examples-discussion-guidelines
5. **Challenge the idea and not the person.** If we wish to challenge something that has been said, we will challenge the idea or the practice referred to, not the individual sharing this idea or practice.

6. **Speak your discomfort.** If something is bothering you, please share this with the group. Often our emotional reactions to this process offer the most valuable learning opportunities.

7. **Step Up, Step Back.** Be mindful of taking up much more space than others. On the same note, empower yourself to speak up when others are dominating the conversation.
Objectives

Following today’s presentation, participants will be able to:

- Explore how implicit bias works in our everyday lives,
- Recognize microaggressions, microassaults, microinsults, and microinvalidations,
- Examine implicit bias as a contributing factor to health and healthcare disparities, and
- Take away tips and debiasing techniques for addressing implicit bias.
Video Clip: Where are you from?

https://www.youtube.com/watch?v=DWynJkN5HbQ
Why should we care?
Priming Exercises

- **What does a rabbit do?**
  - Say the word “hop” 10 times.
  - What do you do at a green light?
- **Say the word “white” 10 times.**
  - What does a cow drink?
- **Say the word “roast” 10 times.**
  - What do you put in a toaster?
What is priming?

“Priming is a nonconscious form of human memory concerned with perceptual identification of words and objects. It refers to activating particular representations or associations in memory just before carrying out an action or task.

- For example, a person who sees the word "yellow" will be slightly faster to recognize the word "banana." This happens because yellow and banana are closely associated in memory.

- Additionally, priming can also refer to a technique in psychology used to train a person's memory in both positive and negative ways.”

https://www.psychologytoday.com/basics/priming
What is Implicit Bias?
Video Clip: Under Suspicion

https://www.youtube.com/watch?v=xRgFkIMO-Js
What is Implicit Bias?

- In 1995, Anthony Greenwald and M.R. Benaji hypothesized that our social behavior was not entirely under our conscious control.

- According to their study, the concept of unconscious bias (hidden bias or implicit bias) suggests that:

  “Much of our social behavior is driven by learned stereotypes that operate automatically—and therefore unconsciously—when we interact with other people.”

What Is Implicit Bias?

- Attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner.

- These biases are activated involuntarily without the individuals awareness or voluntary control.

- Not accessible through introspection.

- “People who engage in this unthinking discrimination are not aware of the fact that they do it”
  - David Williams PhD Harvard School of Public Health
“Schemas are simply templates of knowledge that help us organize specific examples into broad categories. Schemas exist not only for objects, but also for people. Automatically, we **categorize** individuals by age, gender, race and role. Once an individual is **mapped** into that category, specific meanings associated with that category are immediately activated and influence our interaction with that individual.”

UCLA Law Professor, Jerry Kang
Implicit Bias Characteristics

- Implicit biases are robust and pervasive.
- Implicit and explicit biases are related but distinct mental constructs.
- Implicit associations do not necessarily align with our declared beliefs.
- We generally hold implicit biases that favor our own in group.
- Implicit biases have real world affects on our behaviors.
- Implicit biases are malleable, therefore can be unlearned.
The Neural Basis of Implicit Attitudes

Damian Stanley, Elizabeth Phelps, and Mahzarin Banaji

New York University and Harvard University

ABSTRACT—Evidence that human preferences, beliefs, and behavior are influenced by sources that are outside the reach of conscious awareness, control, intention, and self-reflection is incontrovertible. Recent advances in neuroscience have enabled researchers to investigate the neural basis of these implicit attitudes, particularly attitudes involving social groups. From this research, a model with three identified neural components related to the automatic activation and regulation of implicit attitudes is beginning to emerge. The amygdala is implicated in the automatic evaluation of socially relevant stimuli, while the anterior cingulate and dorsolateral prefrontal cortices are involved in the detection and regulation, respectively, of implicit attitudes. Further support for this model comes from the inclusion of these regions in current models concerning the cognitive regulation of emotion and the detection of conflict. The identification of a putative neural substrate for implicit attitudes has had a direct impact on psychological research into their nature and operational characteristics. We discuss how this emerging neural model has influenced current research on implicit attitudes and describe the importance of such models for directing future research.

KEYWORDS—implicit attitude; implicit bias; social cognition

IMPLICIT ATTITUDES

http://www.psych.nyu.edu/phelps lab/papers/08_CDPS_V17No2.pdf
Stroop Effect Experiment

Name the COLOR (not what the word says).

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How Does Implicit Bias Work in Everyday Life?
First Impressions Matter

HOW DO WE SIZE PEOPLE UP?
How long do you have to make a first impression?

7 seconds
Hi, my name is Monica Soni.
Hi, my name is Dr. Jean O’Brien.
Two Civil Rights Pioneers from Alabama

Dr. Levi Watkins
Johns Hopkins University

Son of a college president

Morris Dees, JD
Southern Poverty Law Center

Son of sharecroppers
Who Are We?
Video Clip:
What’s the difference between Latino, Hispanic, and Latinx?

https://www.youtube.com/watch?v=T6hbQ3Zs1v8
Who Are We?
Who Are We?

Racial Composition of the U.S. Muslim Population

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<td>30</td>
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<td>Asian</td>
<td>21</td>
<td>28</td>
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<td>5</td>
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<td>Other/Mixed</td>
<td>19</td>
<td>16</td>
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PEW RESEARCH CENTER 2011 Muslim American Survey. RACE, HISP. General public results from June 2011 Current Population Survey. Figures may not add to 100% because of rounding.

http://www.huffingtonpost.com/2014/03/26/muslim-american-demographics_n_5027866.html
Hi, my name is Laith Ashley.
Video Clip: Vanessa Goes to the Doctor

https://www.youtube.com/watch?v=S3eDKf3PFRo
Discussion

- How could this encounter have been improved?
- What if Vanessa had visited your organization? How would she have been treated?
What do you see first?
Video Clip:
How does implicit bias work in everyday life?

https://www.youtube.com/watch?v=Mh4f9AYRCZY
How Does Implicit Bias Work in Everyday Life?

Professor Kelly is back - this time his wife & children are meant to be in shot! 😞

bbc.in/2mGmwz3
How Does Implicit Bias Work in Everyday Life?: The Homeless
How Does Implicit Bias Work in Everyday Life?: Young Children


“The Story of Alex, Joel, and Zachariah”
Video Clip:
The Doll Study Rebooted

https://www.youtube.com/watch?v=tkpUyB2xgTM
How Does Implicit Bias Work in Everyday Life?: Media and Criminality
How Does Implicit Bias Work in Everyday Life?: Media and Criminality

Before: Burglary Mugshots

After: Burglary Mugshots

Seth Gross
Ross Lembeck
The Gazette
How Does Implicit Bias Work in Everyday Life?: Loss of Innocence of Children and Criminality

The Essence of Innocence: Consequences of Dehumanizing Black Children

Phillip Atiba Goff and Matthew Christian Jackson
The University of California, Los Angeles

Brooke Allison Lewis Di Leone
National Center for Post-Traumatic Stress Disorder, Boston, Massachusetts

Carmen Marie Culotta
The Pennsylvania State University

Natalie Ann DiTomaso
The University of Pennsylvania

The social category "children" defines a group of individuals who are perceived to be distinct, with essential characteristics including innocence and the need for protection (Hashem, Rothschild, & Ernst, 2000). The present research examined whether Black boys are given the protections of childhood equally to their peers. We tested 3 hypotheses: (a) that Black boys are seen as less "childlike" than their White peers, (b) that the characteristics associated with childhood will be applied less when thinking specifically about Black boys relative to White boys, and (c) that these trends would be exacerbated in contexts where Black males are dehumanized by associating them (implicitly) with apes (Goff, Eberhardt, Williams, & Jackson, 2008). We expected, derivative of these 3 principal hypotheses, that individuals would perceive Black boys as being more responsible for their actions and as being more appropriate targets for police violence. We find support for these hypotheses across 4 studies using laboratory, field, and translational (mixed laboratory/field) methods. We find converging evidence that Black boys are seen as older and less innocent and that they prompt a less essential conception of childhood that do their White same-age peers. Further, our findings demonstrate that the Black/age association predicted actual racial disparities in police violence toward children. These data represent the first attitude/behavior matching of its kind in a policing context. Taken together, this research suggests that dehumanization is a uniquely dangerous intergroup attitude, that intergroup perception of children is underreported, and that both topics should be research priorities.

Keywords: dehumanization, racial discrimination, police bias, intergroup processes, juvenile justice

The most important question in the world is, "Why is the child crying?" —Alice Walker

This article was published Online First February 24, 2014.

Editor’s Note. Stacey Sinclair served as the action editor for this article.—IAS

How Does Unconscious Bias Work in Everyday Life?: Criminality

Community Coalition of South Los Angeles
http://fixschooldiscipline.org/prison-pipeline/
As I walked down the hall, one of the police officers employed in the school noticed I did not have my identification badge with me. Before I could explain why I did not have my badge, I was escorted to the office and suspended for an entire week. I had to leave the school premises immediately. Walking to the bus stop, a different police officer pulled me over and demanded to know why I was not in school. As I tried to explain, I was thrown into the back of the police car. They drove back to my school to see if I was telling the truth, and I was left waiting in the car for over two hours. When they came back, they told me I was in fact suspended, but because the school did not provide me with the proper forms, my guardian and I both had to pay tickets for me being off of school property. The tickets together were 600 dollars, and I had a court date for each one. Was forgetting my ID worth missing school? Me being kicked out of school did not solve or help anything. I was at home alone watching Jerry Springer, doing nothing.54
What’s in a name?

Audio Clip:
6 Words: 'My Name Is Jamaal ... I'm White'

Video Clip:
Searching for Shaniqua
Trailer 2

http://www.npr.org/2015/05/06/404432206/six-words-my-name-is-jamaal-im-white

https://www.youtube.com/watch?v=tJsWdcbBD2k

http://www.searchingforshaniqua.com/
How Does Implicit Bias Work in Everyday Life?: Hiring, Etc.

- Names
  - The Chicago Résumé Study
  - Canadian Résumé Study
- Company culture (not a “good fit”)
- Applicant Pool Composition
- Social Media Biases
- Overweight and Obese Applicants and Employees
- Those with criminal records
- Those with poor credit histories
- Those with accents
- Those with disabilities
- Those who are LGBTQI
- Those with mental health issues
4 Tips for Removing Implicit Bias in Hiring

- Remove names from résumés and use numbers to identify instead (suggested by an article in *Scientific American*)
  - Could reduce implicit bias based upon race and gender
- Develop a fair selection algorithm and let computers generate a short list of candidates
  - Xerox already uses
- Implement diversity and inclusion and implicit bias training for hiring teams and hiring managers
- Blind hiring, interviewing, auditioning (although linguistic profiling could still occur)

https://www.recruiter.com/i/4-tips-to-remove-unconscious-bias-from-the-hiring-process/

https://www.youtube.com/watch?v=q_NpwCkDpCs
What are Microaggressions?
What are microaggressions?

- A question, a comment, even an intended compliment, sometimes, that nevertheless suggests something demeaning

- White people often ask Asian Americans where they are from, conveying the message that they are perpetual foreigners in their own land.

- Example – telling a person of color that he/she is “so articulate,” which implies that all other people of color are not.

- Example – “You’re not like those other [women, gays/lesbians, Blacks, Latinos], etc.
  - This implies that the person is an exception.

“Boss Says You’re Smart for a Woman,”
http://www.npr.org/2014/04/10/301417507/boss-says-youre-smart-for-a-woman
QUESTIONS

AW! IS THAT YOUR LITTLE BROTHER?

AW! IS THIS YOUR SON?

WHAT COLLEGES HAVE YOU APPLIED TO?

WILL YOU BE THE FIRST PERSON IN YOUR FAMILY TO GRADUATE HIGH SCHOOL?

WHAT IS YOUR MAJOR?

ARE YOU THE FIRST PERSON IN YOUR FAMILY TO GO TO COLLEGE?

DO YOU HAVE ANY KIDS?

HOW MANY KIDS DO YOU HAVE?

WHAT DOES YOUR MOTHER DO?

IS THE FATHER STILL IN THE PICTURES?

ALEXANDRA DAL
At your table, discuss microaggressions that you have experienced or witnessed.

If you responded to the microaggression, how did you respond? If you didn’t respond, why?
What are microassaults?

- Conscious and intentional actions or slurs, such as:
  - Using disability-related, racial, sexist, homophobic epithets
  - Displaying swastikas, confederate flags, etc.
  - Shopkeeper vigilance/shopper profiling
  - Stop and frisk policies
What are microinsults?

• Verbal and nonverbal communications that subtly convey rudeness and insensitivity and demean a person's heritage or identity.

  ○ An employee who asks a colleague of color how she got her job or was admitted in college/university, graduate/professional school, etc., implying she may have landed it through an affirmative action or quota system and therefore unqualified for the position.
  ○ Assuming a professional person of color is the hired help, such as custodian, secretary, bell hop, valet, etc.
  ○ “I never would have guessed you were gay.”
Small Group Discussion

- At your table, discuss microassaults and microinsults that you have experienced or witnessed.

- If you responded to the microassault and microinsult, how did you respond? If you didn’t respond, why?
What are microinvalidations?

- Communications that subtly exclude, negate or nullify the thoughts, feelings or experiential reality of a person of a marginalized group.
  - You’re playing the “race” card
  - You’re being too sensitive
  - #Black Lives Matter – what about OTHER lives? All lives matter
  - What’s the big deal? They’re only words...
Black Lives Matter
Black Lives Matter vs. All Lives Matter

well i think that all lives matter

we should care exactly equally at all times about everything

i agree, all houses do matter—but at the moment, the one on fire should get more attention

but by saying that a burning house needs attention, aren't you saying all other houses don't matter?

my house isn't on fire, but i have dry rot. are you saying it shouldn't be fixed?

my house is near the one on fire, if i wet it down, embers won't catch. sensible that is completely outside the analogy

where's that house's owner anyway? why do i gotta hose down his house for him? he died, in the fire

Adam Campbell
My personal interpretation of Black Lives Matter vs. All Lives Matter. Bob is sitting at the dinner table. Everyone else gets a plate of food except Bob. Bob says "Bob Deserves Food". Everyone at the table responds with "Everyone Deserves Food" and continues eating. All though Everyone Deserves Food is a true statement, it does nothing to actually rectify the fact that BOB HAS NO FOOD!!

1 hour ago · Edited · Unlike · 229 · Reply

*Some restrictions apply. Offer not valid for blacks, hispanics, asians, queers, foreigners, muslims, women, non-christians, non-republicans and poor folks.
Small Group Discussion

- At your table, discuss microinvalidations that you have experienced or witnessed?

- If you responded to the microinvalidation, how did you respond? If you didn’t respond, why?
How Does Implicit Bias Work in Health Care?
Video Clip: Tzafar

https://www.youtube.com/watch?v=dfccrwUlROU
More Implicit Bias Examples

- Who gets called “Doctor”?
- Provider-patient bias vs. patient-provider bias

Julia A. Files et al. “Speaker Introductions at Internal Medicine Grand Rounds: Forms of Address Reveal Gender Bias.” *Journal of Women’s Health* 26.5 (2017): 413-419

Provider-Patient Bias

Video Clip: Family 411: Medical Prejudice

https://www.youtube.com/watch?v=wqN4-TR3kD8

Video Clip: Pediatrician Refuses to Treat Baby with Two Moms

https://www.youtube.com/watch?v=JjupgRF436E
Video Clip:

Patient-Provider Bias

https://www.youtube.com/watch?v=mnqAakXRvto
Clinical Examples
Clinical Examples
Clinical Examples
Clinical Examples

Sickle cell is most common in people of ancestry from Africa, South or Central America, Caribbean Islands, India, Saudi Arabia and Mediterranean countries such as Turkey, Greece, and Italy.

2009 SCDAAN POSTER CHILD GIOVANNA POLI

http://www.youtube.com/watch?v=L4bB4QUV_wY
Case Study: BiDil
Who gets BiDil?

Colin Powell
Barack Obama
Vijay Singh
Tiger Woods
Identify If You See an Element of Implicit Bias in Health Care

Video Clip:
PSA: Stigma "Sick Girl" :30

https://www.youtube.com/watch?v=4eaByeMMFDo
Implicit bias in health care

“Of all forms of inequity, injustice in health care is the most shocking and inhuman.”
— Martin Luther King, Jr., National Convention of the Medical Committee for Human Rights, Chicago, 1966

Issue:
On the eve of the 15th anniversary of two seminal reports from the Institute of Medicine (IOM) — Crossing the Quality Chasm and Unequal Treatment — we find that racial and socioeconomic inequity persists in health care. In Crossing the Quality Chasm, the IOM stressed the importance of equity in care as one of the six pillars of quality health care, along with efficiency, effectiveness, safety, timeliness and patient-centeredness. Indeed, Unequal Treatment found that even with the same insurance and socioeconomic status, and when comorbidities, stage of presentation and other confounders are controlled for, minorities often receive a lower quality of health care than do their white counterparts.

Professor Margaret Whitehead, head of the World Health Organization (WHO) Collaborating Centre for Policy Research on Social Determinants of Health, perhaps provides the most intuitive and clear definition of health inequalities (the term used in most countries, where it is generally assumed to refer to socioeconomic differences in health). She defines health inequalities as health differences that “are not only unnecessary and avoidable but, in addition, are considered unfair and unjust.” She also states that “equity in health implies that, ideally, everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided.”

There is extensive evidence and research that finds unconscious biases can lead to differential treatment of patients by race, gender, weight, age, language, income and insurance status. The purpose of this issue of Quick Safety is to discuss the impact of implicit bias on patient safety. Bias in clinical decision-making does result in overuse or underuse problems that can directly lead to patient harm.
“I long believed,” he writes, “that the errors we made in medicine were largely technical ones. But as a growing body of research shows, technical errors account for only a small fraction of our incorrect diagnoses and treatments. Most errors are mistakes in thinking. And part of what causes these cognitive errors is our inner feelings, feelings we do not readily admit to and often don’t recognize” (p. 40)
How Can We Mitigate Implicit Bias in Everyday Life and in Health Care?
Implicit Association Test (IAT)

https://implicit.harvard.edu/implicit/
IAT: Understanding the Tool

- How does the IAT work?
  - The tool presents a method that demonstrates how the conscious-unconscious minds diverge.
- What is *Project Implicit*?
  - *Project Implicit* is a collaborative investigation effort between researchers at Harvard University, the University of Virginia, and University of Washington.
  - The studies examine thoughts and feelings that exist either outside of conscious awareness or outside of conscious control.
- The goal of this project is to make this technique available for education (including *self education and self awareness*).
What kind of IATs are available?

- **Race (Black - White' IAT)**. This IAT requires the ability to distinguish faces of European and African origin. It indicates that most Americans have an automatic preference for white over black.

- **Sexuality (Gay - Straight' IAT)**. This IAT requires the ability to distinguish words and symbols representing gay and straight people. It often reveals an automatic preference for straight relative to gay people.

- **Arab-Muslim (Arab Muslim - Other People' IAT)**. This IAT requires the ability to distinguish names that are likely to belong to Arab-Muslims versus people of other nationalities or religions.

- **Gender - Career**. This IAT often reveals a relative link between family and females and between career and males.

- **Age (Young - Old' IAT)**. This IAT requires the ability to distinguish old from young faces. This test often indicates that Americans have automatic preference for young over old.

- **Disability (Disabled - Abled' IAT)**. This IAT requires the ability to recognize symbols representing abled and disabled individuals.

- **Asian American (Asian - European American' IAT)**. This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.
What kind of IATs are available?

Native American ('Native - White American' IAT). This IAT requires the ability to recognize White and Native American faces in either classic or modern dress, and the names of places that are either American or Foreign in origin.

Presidents ('Presidential Popularity' IAT). This IAT requires the ability to recognize photos of Barack Obama and one or more previous presidents.

Weight ('Fat - Thin' IAT). This IAT requires the ability to distinguish faces of people who are obese and people who are thin. It often reveals an automatic preference for thin people relative to fat people.

Skin-tone ('Light Skin - Dark Skin' IAT). This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.

Weapons ('Weapons - Harmless Objects' IAT). This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects.

Gender - Science. This IAT often reveals a relative link between liberal arts and females and between science and males.
What kind of IATs are available?: Mental Health

Here is a list of demonstration topics currently available. Select from these or, register to access the active research studies at Project Implicit.

- **Treatment IAT**: Do you implicitly favor medication or talk therapy?
- **Alcohol IAT**: Do you implicitly think alcohol is irresistible?
- **Self-esteem IAT**: Do you implicitly associate yourself as good or bad?
- **Anxiety IAT**: Do you implicitly associate yourself with being anxious or calm?
- **Eating IAT**: Do you implicitly feel eating high-fat food is shameful?
- **Mental Illness IAT**: Do you implicitly think people with mental illnesses are dangerous?
- **Depression IAT**: Do you implicitly associate yourself with being happy or sad?
IAT: Discussion

- Do not share your individual results.
- Which IAT tests did you complete?
- What were your reactions to completing the tests?
- Were you surprised by the results?
IAT: What do the results tell you?

Percent of web respondents with each score:
- Strong automatic preference for White people compared to Black people: 27%
- Moderate automatic preference for White people compared to Black people: 27%
- Slight automatic preference for White people compared to Black people: 16%
- Little to no automatic preference between Black and White people: 17%
- Slight automatic preference for Black people compared to White people: 6%
- Moderate automatic preference for Black people compared to White people: 4%
- Strong automatic preference for Black people compared to White people: 2%

Click for detailed summary
Practical Strategies and Tips to Combat Implicit Bias
Practical Tips to Combat Implicit Bias in Health Care

1. Have a basic understanding of the cultures your patients come from.

2. Don’t stereotype your patients, Individuate them

3. Understand and respect the tremendous power of implicit bias

4. Recognize situations that magnify stereotyping and bias

Practical Tips to Combat Implicit Bias in Health Care

5. **Know the CLAS Standards**

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:
1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:
5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization’s planning and operations.
10. Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.
Practical Tips to Combat Implicit Bias in Health Care

6. Do a “Teach Back” or National Patient Safety Foundation

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

7. Assiduously Practice “Evidence-Based Medicine”
Video Clip:

Dr. David Williams: How Can Providers Reduce Unconscious Bias?

https://www.youtube.com/watch?v=3KoTi3LRBXI
Debiasing Techniques

“The key isn’t to feel guilty about our [implicit] biases—guilt tends toward inaction. It’s to become consciously aware of them, minimize them to the greatest extent possible, and constantly check in with ourselves to ensure we are acting based on a rational assessment of the situation rather than on stereotypes and prejudice.”

Debiasing Techniques

- **Training**
  - Continuous, not just one and done

- **Intergroup contact**
  - Interacting with others different from yourself (not just one)
    - Breaking bread (meals), book groups, worship, etc.

- **Taking the perspective of others**
  - Empathy

- **Emotional expression**
  - Non-verbal body language

- **Counter-stereotypical exemplars**
  - Think of those who don’t fit the stereotype
For Further Reading

- Blind Spot: Hidden Biases of Good People
  - Mahzarin R. Banaji
  - Anthony G. Greenwald

- Everyday Bias: Identifying and Navigating Unconscious Judgments in Our Daily Lives
  - Howard J. Ross

- Seeing Patients: Unconscious Bias in Healthcare
  - Augustus A. White III, M.D.
  - David Chanoff
Take the Quiz: Can you spot the bias within yourself?

Learn how you can take steps to end bias.
To end bias, we need to become aware of it. Can you spot the bias within yourself? This quick quiz might surprise you.

TAKE THE QUIZ

What does it feel like to experience bias?
Show the world that #LoveHasNoLabels

http://lovehasnolabels.com/about-bias
Tips to Fight Bias and Prejudice

Remaining silent can perpetuate bias and prejudice. Of course, it's not always easy standing up for what you think is right. It takes guts. It also takes preparation. Here are some tips that will help you address bias and prejudice and start to make people question themselves and their behavior.

(In your home, in your social circle, in group emails, in your neighborhood, at work, at school, and in public)

http://lovehasnolabels.com/tips
Southern Poverty Law Center
Speak Up: “Responding to Everyday Bigotry”

Let’s Practice: Responding to Bias and Bigotry at Work

• “An African American businesswoman in the South writes: ‘I was speaking with a white co-worker when, midway through the conversation, she smiled and said, ‘You speak so clearly. Have you had diction lessons?’ — like for an African American to speak clearly, we’d have to have diction lessons.’”

• How would you have responded?

• How could you have responded instead?
  ○ Interrupt early
  ○ Use or establish policies to address bigoted language or behavior
  ○ Go up the ladder
  ○ Band together

Let’s Practice: Responding to Bias and Bigotry at Work

“A female manager routinely is referred to as the “office mom.” No male manager is ever referred to as the office “dad,” and male managers expect the female manager to handle office birthdays and other non-job-related tasks. ‘That kind of sexism happens all the time,’ she says.

How would you have responded?

How could you have responded instead?
- Be direct
- Identify the pattern
- Start a brown bag discussion group
- Use incidents to teach tolerance respect

Let’s Practice:
Responding to Bias and Bigotry at Work

“When a colleague tells you that you’ve said or done something that offends or hurts them, try not to be defensive, even if the statement’s impact was unintentional.”

- How would you have responded?
- How could you have responded instead?
  - Be open to feedback
  - Focus on the work relationship
  - Change your behavior

Let’s Practice:
Responding to Bias and Bigotry at Work

- In pairs, briefly discuss an incident of bias or bigotry that you experienced or observed at work.
- How would you have responded?
- How could you have responded instead?

Putting It All Together: Holly Ivey: One of Many

https://cccm.thinkculturalhealth.hhs.gov/videos/flashplayer/3-2.htm
Video Clip:
Putting It All Together: All That We Share

https://www.youtube.com/watch?v=jD8tjhVO1Tc
Try this social experiment in implicit bias

- The next time you are in a setting, where people have to select seats, such as airplanes, public transportation, theaters, conference sessions, etc., take note of what seems to be running through people's minds as they decide where they would like to sit.
Take Home Points:
Equality ≠ Equity:

Equality is giving everyone a shoe
Equity is giving everyone a shoe that fits

In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

Originally created by: Craig Froehle;
Adapted by: Many others
This presentation is dedicated to:

Sunrise: August 11, 1954
Sunset: June 23, 2017

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