FAQ

Find Out If You Have Implicit Bias & What to Do Next!

1. What is bias?

Bias is the tendency to favor one group over another.

Most people think they harbor no bias toward other people, or they believe they know their biases and don't act on them.

2. What is "explicit bias" and "implicit bias"?

Explicit bias is a consciously held set of beliefs about a social group. Acting on race- or ethnicity-based bias would be conscious, or explicit, racism, which many Americans openly oppose, although which still exists in American society.

Implicit bias is preconceived notions, or stereotypes, that affect our understanding, actions, and decisions about others—and which operate beyond our conscious control.

As our brains use a shortcut to categorize everything we encounter, perceptions about people based on socioeconomic status, race/ethnicity, level of education, style of dress, etc., lead us to behave a certain way toward those people, involuntarily.

Read more about implicit bias.

3. Why is implicit bias problematic?

Implicit biases do not necessarily align with one's stated beliefs or reflect stances we would explicitly endorse—making us do things we might not consciously support.

We generally tend to hold implicit biases that favor our in-group.

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Implicit bias has a real-world effect on behavior, with data showing it can fuel discrimination in employment, education, criminal justice, and other domains.

Many white Americans outwardly oppose explicit racism, though many of those same white Americans harbor implicit prejudices against minorities, perhaps unknowingly or unintentionally perpetuating harmful racist behavior.

Most white Americans continue to reside in majority white neighborhoods, sending their children to majority white schools, and, in general, have limited contact with nonwhites. The choice to remain largely segregated from and limit interactions with other racial/ethnic groups bolsters racist beliefs and behaviors, knowingly or not.

In the healthcare realm, a series of studies found that primary care physicians—more likely to be white—expressed weak to non-existent explicit bias toward Black or Latino patients; however, they found most had implicit bias against Black and Latino patients. Two-thirds of physicians showed implicit bias that favored whites.

Read more about implicit bias.

4. Can a person's implicit bias be changed?

Implicit biases are malleable.

This means these unconscious associations can be "unlearned" and replaced with new mental associations.

Here are a few stories of people who have experienced or exhibited implicit bias, then made a change for the better:

- Jabraan Pasha
- Kelly Capatosto
- Denise Hernández
- Julia Maues
- Alison Corcoran
- Rogelio Saenz

5. Can a person's implicit bias be measured?

Implicit bias cannot be accurately measured via self-report.

This is because people's biases are systematic. They use a noticeable physical attribute, such as skin color, to draw conclusions about other attributes that cannot be seen, such as intelligence, honesty, or compliance.

Still, implicit bias is often measured with the implicit association test (IAT).

6. What is the "implicit association test" (IAT)?

The implicit association test (IAT), created in 1998, measures the strength with which concepts (race or ethnicity, thinness or fatness) are associated with attributes such as good or bad.

The test is managed by Harvard University researchers.

At Harvard's Project Implicit website, you can take an IAT. When doing an IAT, you are asked to quickly sort words into categories that are on the left and right hand side of the computer screen by pressing the "e" key if the word belongs to the category on the left and the "i" key if the word belongs to the category on the right.

The IAT has five main parts: sorting words relating to concepts (fat, thin); sort words relating to the evaluation (good, bad); sort both concept and evaluation words; the placement of the concepts switch (thin, fat); concepts are combined in opposite way as before.

There are different IAT categories, including "race," "skin tone," and "native."

"The IAT score is based on how long it takes a person, on average, to sort the words in the third part of the IAT versus the fifth part of the IAT," according to the IAT website. "We would say that one has an implicit preference for thin people relative to fat people if they are faster to categorize words when Thin People and Good share a response key and Fat People and Bad share a response key, relative to the reverse."

Go here to take a test: https://implicit.harvard.edu/implicit/takeatest.html.

7. Does the IAT really work to measure implicit bias?

This is up for debate among researchers.

Some argue that IAT cannot predict individual biases based on just one test, and "requires a collection — an aggregate — of tests before it can really make any sort of conclusions," according to *Vox* writer German Lopez who interviewed IAT creators and critics.

"A person who on repeated taking of the race-based IAT shows a strong automatic preference for one race or the other can be concluded as indeed having the automatic associations that the test is designed to measure," Dr. Anthony Greenwald, IAT co-creator, told Lopez.

Much research delves into aggregate uses of the IAT.

For example, in a systematic review of studies that assessed implicit bias using the IAT, 14 of 15 studies found low to moderate levels of implicit bias among health care professionals, with similar levels of bias toward blacks, Latinos, and "dark-skinned people." Implicit bias was found to be significantly related to patient-provider interactions and patient health outcomes, and, to a slightly lesser but still significant degree, treatment decisions. The review found that most providers have implicit bias: positive attitudes toward white patients, and negative attitudes toward patients of color.

"The IAT, even though it is by many standards a bad [measure], is still the best measure of a bad family of measures," Calvin Lai, a postdoctoral fellow at Harvard University and director of research at Project Implicit, told Lopez.

8. How should you think about your IAT results?

Go here to take an IAT: https://implicit.harvard.edu/implicit/takeatest.html.

To help you better understand your results, the Kirwan Institute at The Ohio State University has a great fact sheet, "Making Sense of Your IAT Results."

The fact sheet explains common reactions to IAT results: disbelief, disregard, acceptance, discomfort, and distress. It also spells out some questions to ask yourself to reflect on the results of your IAT, such as: "How might knowing your IAT results affect your future actions and decisions, both in your role at your workplace and in other aspects of your life?"

Get the fact sheet here.

Note: Rather than just taking the IAT one time, taking the same IAT multiple times and averaging out the results might present the clearest indication of a person's bias and how that might guide their behavior, according to the Lopez report.

9. What are leaders doing to address implicit bias on a larger scale?

Intervention programs are starting to arise with an aim to address implicit biases toward more compassion and understanding for the impoverished and people of color. This could help lead to more equitable distribution of resources and access to health and wealth opportunity, according to a *Salud America!* research review.

One of these intervention types is implicit bias training. These programs aim to improve intergroup attitudes and relations by "rewiring" subconscious associations.

The Kirwan Institute has made the first set of publicly available training modules available online, tailored specifically toward K-12 educators. Each module focuses on key topics (what implicit bias is, historic inequities in the education system, and education policy) with the ultimate goal of addressing disparities in K-12 education outcomes. Whether such training programs will result in long-term change is yet to be determined.

One implicit bias training workshop, "Unlocking Implicit Bias" by Dr. Jabraan Pasha, is an engaging practical learning experience that aims to be straightforward, compassionate, and empathetic. It incorporates poignant storytelling, events and trends from national headlines, and Pasha's personal anecdotes featuring his own experience as both the perpetrator and the victim of implicit bias—removing feelings of shame and guilt that many people associate with implicit bias. Importantly, participants then work together to formulate a personalized list of methods to combat implicit bias.

Another study measured participants' levels of implicit bias with the IAT, discussed test results during an individual feedback session, and provided a presentation on how implicit bias leads to discriminatory behavior and how cognitive strategies can reduce bias (i.e., intergroup contact). At two weeks post-intervention, participants reported being more likely to notice bias, label bias as wrong, and seek out interracial interactions with relative strangers. After two years, participants reported being more likely to confront bias by writing comments on an article that advocated racial stereotyping.

These kinds of implicit bias training programs and those that use the IAT can be useful tools within a comprehensive organizational training program directed toward understanding and addressing individual unconscious bias.

10. How can you go beyond implicit bias to address systemic racism and discrimination?

Working to understand one's own implicit bias is important to overcoming mechanisms by which people discriminate against people of color and/or justify people being in poverty.

Addressing systemic racism and discrimination is just as important, if not more so.

Long-standing systems of oppression and bias are embedded in policies and practices that have created healthy living conditions for some and unhealthy living conditions for others.

For example, historic systemic racism in housing, employment, transportation, economic mobility, public safety, and other realms has created a widening socioeconomic gap and discriminatory policies/practices that contribute to inequitable distribution of healthcare and mental and physical health disparities among Latinos and others of color and those in poverty, especially amid COVID-19.

Further, systemic racism and discrimination impacts educational attainment, which, in turn, impacts future educational, health, social, and career opportunities for Latinos and other people of color, according to a *Salud America!* research review.

One way to address this is to help declare racism as a public health crisis.

Download the free *Salud America!* Action Pack, "Get Your City to Declare Racism a Public Health Crisis," to get input from local advocates of color, start a conversation with local leaders, and build local support for a resolution to declare racism a public health issue along with a commitment to take meaningful action to change policies and practices.

The Action Pack was created by Dr. Amelie G. Ramirez, director of the *Salud America!* Latino health equity program at UT Health San Antonio, with input from several San Antonio-area social justice advocates.

Get the Action Pack: https://salud.to/endracism.