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.

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

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

Read more about implicit bias.

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3. Why is implicit bias an issue for patients in receiving health care from health care professionals?

In the healthcare industry, implicit bias can impact patients as they receive care.

Many studies have shown that physicians—especially white physicians—have implicit, subconscious preferences for white patients over those of color.

Implicit bias can lead to false assumptions and adverse health outcomes.

For example:

- Latino men are less likely to receive treatment for high-risk prostate cancer than White men.
- Latinas and other pregnant women of color face discrimination from healthcare providers. This is due not only due to their race, but also their socioeconomic status.
- White male doctors are less likely to prescribe pain medications to black patients than white patients.
- Minorities who visit an emergency room in the U.S. are less likely to receive prescriptions for certain medications than Whites.

On the flip side, patients can also act on explicit or implicit bias toward care providers of color.

For example, more than 40% of Latino and Black resident physicians experience racial discrimination and bias from the patients they serve, according to a study.

Experiences range from explicit racial epithets, sexual harassment, questioning a provider's qualifications and skills, and patients' refusal of care.

And on top of that, most physicians (84%) do not report the incidents to their leadership.

"These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control," according to the Kirwan Institute.

"Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for social and/or political correctness. Rather, implicit biases are not accessible through introspection."

4. Why is implicit bias an issue for health care professionals in providing healthcare?

In medical school, physicians are trained to exclude their own personal upbringings, and that of their patients, from clinical decisions.

In reality, that doesn't always happen.

In fact, doctors are often susceptible to their unconscious bias, research shows.

One such study collected 42 peer-reviewed articles—published between 1st March 2003 and 31st March 2013—showed that "healthcare professionals exhibit the same levels of implicit bias as the wider population.

"The interactions between multiple patient characteristics and between healthcare professional and patient characteristics reveal the complexity of the phenomenon of implicit bias and its influence on clinician-patient interaction," the report states.

Concerning face-to-face medical care, a 2013 study found that "physicians with higher implicit-bias scores commandeered a greater portion of the patient-physician talk time during appointments than did physicians with lower scores."

This can lead to less self-advocacy for patients, especially those that already face other medical care berries.

This study combined the "implicit association test" (IAT) and a method measuring the quality of treatment in the actual world.

"Correlational evidence indicates that biases are likely to influence diagnosis and treatment decisions and levels of care in some circumstances and need to be further investigated," the study states. "Our review also indicates that there may sometimes be a gap between the norm of impartiality and the extent to which it is embraced by healthcare professionals for some of the tested characteristics."

Furthermore, a 2016 study that specifically focused on oncologists found that biases in providers lead to less-successful treatment in patients.

"As predicted, oncologists higher in implicit racial bias had shorter interactions, and patients and observers rated these oncologists' communication as less patient-centered and supportive," that report states. "Higher implicit bias also was associated with more patient difficulty remembering contents of the interaction."

In addition, oncologist implicit bias indirectly predicted less patient confidence in recommended treatments, and greater perceived difficulty completing them, through its impact on oncologists' communication (as rated by both patients and observers).

In addition, 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 white patients.

5. 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 in the medical, health care, and research fields 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

6. 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. People 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).

7. 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.

8. 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.

9. 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?"

Think about these things in the lens of your patients and health care team colleagues.

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.

10. What are health care and other 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 of OU Health, is an engaging practical learning experience aimed at health care workers that seeks 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.

Implicit bias is starting to be addressed at health care facilities across the country.

Several states have moved to require implicit bias training for health care professionals in the hopes of addressing racial inequities.

In July 2020, Michigan Governor Gretchen Whitmer signed a bill to mandate implicit bias training in health care across her state. Officials in California have taken similar steps to address the disproportionate maternal mortality that Black women face.

Physicians in Illinois have pushed for a bill that would require health care professionals to take an implicit bias training course.

11. How Can Healthcare Workers Support Colleagues of Color Who Experience Bias?

Implicit bias has severe consequences for Latino patients and providers.

Fortunately, we can try to combat it.

A *JAMA Network Open* study described several ways that hospitals can support physicians of color and handle future discriminatory incidents.

These include:

- To address the issue of biased patient behavior, interventions are needed at the institutional and interpersonal levels
- Clear reporting mechanisms should be instituted, while recognizing that reporting systems succeed only when institutional culture encourages reporting without fear of retaliation.
- On an interpersonal level, training on dealing with biased patients should be incorporated into resident and faculty development curricula.
- Developing a deeper understanding of residents' sense of futility in responding to bias, in order for effective development and implementation of trainings and policies.

"Well-facilitated team debriefing should be continued through allocated time and space where residents' experiences can be acknowledged, validated, and addressed," according to the researchers. "Bystander trainings on supporting targeted colleagues should also be encouraged given how frequently residents reported witnessing biased behavior."

12. 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.

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