Implicit Bias: How Our Unconscious Minds Lead Us Astray

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Preconception Peer Educator Program
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Where are you from?
What is Implicit Bias?
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.

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

http://www.businessinsider.com/only-7-seconds-to-make-first-impression-2013-4
Hi, my name is Monica Soni.
Hi, my name is Dr. Jean O’Brien.
Hi, my name is Laith Ashley.
What do you see first?
How Does Implicit Bias Work in Everyday Life?: The Homeless

“The Story of Alex, Joel, and Zachariah”
Video Clip: Tzafar
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
How Does Implicit Bias Work in Everyday Life?: Loss of Innocence of Children and Criminality

INTERPERSONAL RELATIONS AND GROUP PROCESSES

The Essence of Innocence: Consequences of Dehumanizing Black Children

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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 (Haslam, Rothschild, & Ernst, 2000). The present research examined whether Black boys are given the protections of childhood equally to their peers. We tested 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 loss of essential conception of childhood than do their White same-age peers. Further, our findings demonstrate that the Black/White association predicted and 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 underevolved, 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

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Families, laws, and cultures try to protect children from the harshest realities adults face (Arist, 1965; Lampinen & Sexton-Radix, 2010). It is troubling, therefore, to learn about contexts in which children experience harsh realities similar to those experienced by adults. In the U.S. criminal justice system, for example, thousands of children are sent to adult correctional facilities every year (Redding, 2010), and to chilling effect. Relative to peers sent to juvenile facilities, children who are sentenced as adults are twice as likely to be assaulted by a correctional officer, five times as likely to be sexually assaulted, and eight times as likely to commit suicide (Poe-Young & Jones, 2007; Young & Gainsborough, 2000). These outcomes are particularly worrisome for Black chil—
How Does Implicit Bias Work in Everyday Life?: Hiring

- The Chicago Résumé Study
- 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
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
How Microaggressions Are Like Mosquito Bites
QUESTIONS

Aww! Is that your little brother?

Aww! Is this your son?

What colleges have you applied to?

Will you be the first person in your family to graduate high school?

What's 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 husband do?

Is the father still in the picture?
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.”
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 vs. All Lives Matter

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
How Does Implicit Bias Work in Health Care?
Clinical Examples
Clinical Examples
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 Chasm¹ and Unequal Treatment² — 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.”³,⁴

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.
How Can We Mitigate Implicit Bias in Everyday Life and in Health Care?
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.
IAT: What do the results tell you?

<table>
<thead>
<tr>
<th>Percent of web respondents with each score</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Strong automatic preference for White people compared to Black people</td>
<td>27%</td>
</tr>
<tr>
<td>Moderate automatic preference for White people compared to Black people</td>
<td>27%</td>
</tr>
<tr>
<td>Slight automatic preference for White people compared to Black people</td>
<td>16%</td>
</tr>
<tr>
<td>Little to no automatic preference for Black and White people</td>
<td>17%</td>
</tr>
<tr>
<td>Slight automatic preference for Black people compared to White people</td>
<td>6%</td>
</tr>
<tr>
<td>Moderate automatic preference for Black people compared to White people</td>
<td>4%</td>
</tr>
<tr>
<td>Strong automatic preference for Black people compared to White people</td>
<td>2%</td>
</tr>
</tbody>
</table>

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

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.

https://www.thinkculturalhealth.hhs.gov/clas
6. Do a “Teach Back” or National Patient Safety Foundation Ask Me 3

- 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”
The Science of Implicit Bias

The Neural Basis of Implicit Attitudes

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1New York University and 2Harvard 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; enable us to rapidly and efficiently react to simple sensory inputs as well as to multifaceted experiences such as individuals, groups, objects, and events we encounter in our social worlds. Unlike other organisms, humans have the ability to introspectively identify and even change the attitudes they hold. As Max Klinger of M*A*S*H said, “I used to be an atheist, but I gave it up for lent.” This ability to examine the contents of our own minds and manipulate them is uniquely human. Its presence can create the illusion that we control more about ourselves and our universe than we actually do, and that we know what our preferences are and why we have them. Research in social psychology has shown that, in addition to our conscious attitudes, we possess automatically triggered attitudes that can influence behavior without our awareness (Fazio, Jackson, Dunton, & Williams, 1995; Greenwald & Banaji, 1995). Because these attitudes are “introspectively unidentified (or inaccurately identified)” (Greenwald & Banaji, 1995, p. 8), they are termed implicit, thereby distinguishing them from explicit attitudes that reflect our conscious thoughts and beliefs. Current models of social cognition posit that human social behavior is the combined result of these two related but distinct sets of attitudes.

IMPLICIT ATTITUDES

http://www.psych.nyu.edu/phelpslab/papers/o8_CDPS_V17No2.pdf
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
- Intergroup contact
- Taking the perspective of others (empathy)
- Emotional expression (non-verbal body language)
- Counter-stereotypical exemplars
For Further Reading

- Blindspot: Hidden Biases of Good People by Mahzarin R. Banaji and Anthony G. Greenwald
- Implicit Bias
- Everyday Bias: Identifying and Navigating Unconscious Judgments in Our Daily Lives by Howard J. Ross
- Seeing Patients: Unconscious Bias in Health Care by Augustus A. White III, M.D., with 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”

For further information, please contact:

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