Implicit bias contributes to health and healthcare disparities

- SES and access
- Environmental hazards
- Attitudes, customs, behaviors
- Biological susceptibility
- Stress of being target of discrimination
- Increase cultural competency
- Lack of healthcare workforce diversity
“Bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in healthcare.”

Three Central Ideas

1. Our minds are more than the sum of the conscious parts
   - *Implicit processes*

2. Unintended thoughts can contradict beliefs and shape actions
   - *Bias literacy*

3. Acting consistently with beliefs can require more than good intentions
   - *Breaking the bias habit*
Ordinary mental operations that serve us quite well in most circumstances are subject to error and can fail our intentions.
“STROOP EFFECT” AND THE COLOR NAMING TASK

<table>
<thead>
<tr>
<th>Compatible Trial</th>
<th>Incompatible/Interference Trial</th>
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</thead>
<tbody>
<tr>
<td>RED</td>
<td>RED</td>
</tr>
<tr>
<td>BLACK</td>
<td>BLACK</td>
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<tr>
<td>BROWN</td>
<td>BROWN</td>
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<tr>
<td>GREEN</td>
<td>GREEN</td>
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<tr>
<td>YELLOW</td>
<td>YELLOW</td>
</tr>
<tr>
<td>BLUE</td>
<td>BLUE</td>
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Stroop, Journal of Experimental Psychology 1935
Habits of mind affect social perceptions as well as object perception

- Students listened to a 450-word recorded passage read by Standard American English speaker
- Random assignment to topic (science or humanities) and viewing static image of Asian or White face

Rubin, 1992; Kang & Rubin, 2009
Habits of mind cause perceptual distortion that could impact communication.
1. Ordinary
   Stem from our natural tendency to form associations to help organize our social worlds

2. Learned from culture
   Reflect the “thumbprint of culture” on our minds

3. Pervasive
   Prevalent among men and women, Blacks and Whites, young and old, etc.

4. Often conflict with consciously endorsed beliefs
   Dissociation between implicit and explicit responses
5. Consequential

*Can predict behavior better than (and often at odds with) explicit measures*

*Influences the experiences of the targets of bias*

> E.g., poorer ratings of primary care providers by Black patients

*Cooper et al., 2012*

*Constrains the opportunities of targets of implicit bias*
3 Bias Concepts

- Expectancy Bias
- Microaggressions
- Stereotype Threat

“If you can name it, you can tame it!”

~ Angela Byars-Winston, 2013
Expecting certain behaviors or characteristics in *individuals* based on *stereotypes* about the *social category* to which they belong
# Common Racial/Ethnic Stereotypes

<table>
<thead>
<tr>
<th>African-Americans&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Chinese&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Latinos&lt;sup&gt;3&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic</td>
<td>Disciplined</td>
<td>Poor</td>
</tr>
<tr>
<td>Rhythmic</td>
<td>Competitive</td>
<td>Have many children</td>
</tr>
<tr>
<td>Low in intelligence</td>
<td>Loyal to family ties</td>
<td>Illegal immigrants</td>
</tr>
<tr>
<td>Lazy</td>
<td>Scientifically minded</td>
<td>Dark-skinned</td>
</tr>
<tr>
<td>Poor</td>
<td>Business oriented</td>
<td>Uneducated</td>
</tr>
<tr>
<td>Loud</td>
<td>Strong values</td>
<td>Family-oriented</td>
</tr>
<tr>
<td>Criminal</td>
<td>Clever</td>
<td>Lazy</td>
</tr>
<tr>
<td>Hostile</td>
<td>Serious</td>
<td>Day laborers</td>
</tr>
<tr>
<td>Ignorant</td>
<td>Determined</td>
<td>Unintelligent</td>
</tr>
<tr>
<td></td>
<td>Logical</td>
<td>Loud</td>
</tr>
<tr>
<td></td>
<td>Wise</td>
<td>Gangsters</td>
</tr>
</tbody>
</table>

MDs listed what diseases are “stereotypically associated with African Americans”
- Hypertension, stroke, CAD, sickle cell, sarcoidosis, HIV, obesity, drug use
- When subliminally primed with Black vs. White faces, MDs’ reaction times were less when identifying conditions stereotypically associated with African Americans
- Authors caution that cognitive “efficiency is the enemy of accuracy in a medical context”
After four weeks of searching for a diagnosis for her very ill husband, Melanie asked the doctors “Why are you looking at only those diseases [HIV and sarcoidosis]?” The doctors said “Well, as a young African American male...” and Melanie said “STOP RIGHT THERE! I want you to check my husband for things that *White* people get!” [Eventual diagnosis was stage 4b Non-Hodgkin’s lymphoma.]
Commonplace verbal, behavioral, or environmental indignities (often but not always unintended) that devalue members of a social category (e.g., ethnic/racial minorities, women)
# Examples of Racial Microaggressions

<table>
<thead>
<tr>
<th>Microaggression</th>
<th>Message Received</th>
</tr>
</thead>
</table>
| “Where are you from?”  
“Where were you born?”  
“You speak good English”                                                   | You are not American                                            |
| “There is only one race, the human race”  
“When I look at you, I don’t see color”                                   | Denying a person of color’s racial/ethnic experiences          |
| “You are a credit to your race”  
“You are so articulate”                                                       | It is unusual for someone of your race to be intelligent       |
| Being ignored as attention is given to the White person behind you in line  | You don’t belong; you are a lesser being                        |

Sue et al., 2007
“My ex-wife was miscarrying and . . . when we went to the emergency room. They were saying, ‘Can we see your insurance,’ and I don’t know if it was a doctor or what . . . but someone walked in and said, ‘Oh, that’s [name] of the Lakers,’ and all of a sudden boom, boom, boom. The treatment got 100% better when they found out. They snatched her in right away. I got irritated and I said, ‘Damn it, what if I wasn’t a Laker?’ What if I wasn’t a Laker? I don’t know whether it’s the total medical profession, but I can definitely tell you there is a different way of treatment with minorities and people of no “status” than it is of a regular person.”

Black man, member of the Los Angeles Lakers basketball team
Ross et al., 2012
“...There’s a condescending tone when they talk to you, whether they are male or a female, if they are White, and that’s usually the experience from the time that you walk in the door....I know you should have a good rapport with your physician, but...maybe he was focusing on it being a health issue for us, Black women, when he said ‘you people,’ but it was the way he phrased it that it did not come across that way. Me, I just leave.”

Older Black female patient
Sims, 2010
“There was a night shift that I worked, the resident came down and asked me if we could hold a patient in the emergency department because it had been a busy night for the resident, and he didn’t want to admit the patient. And I said ‘No,’ because the patient was an older woman on a stretcher down here in the ED, I wanted her to go upstairs. He walked away and mumbled, ‘You black bitch’.”

URM female medical school faculty member
Pololi et al., 2010
Fear of being judged based on a group stereotype or of confirming a negative group stereotype; triggered when environmental cues make group membership salient.
whistling vivaldi
how stereotypes affect us and what we can do

CLAUDE M. STEELE

“This is an intellectual odyssey of the first order—a true tour de force.”
—WILLIAM G. BOWEN

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### Examples of Stereotype Threat

<table>
<thead>
<tr>
<th>Stereotyped group &amp; setting</th>
<th>Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females vs. males in math</td>
<td>Spencer et al., 1999; Shih et al., 1999;</td>
</tr>
<tr>
<td></td>
<td>Danaher &amp; Crandall, 2008</td>
</tr>
<tr>
<td>White men vs. Asian men in math</td>
<td>Aronson &amp; Lustina, 1999</td>
</tr>
<tr>
<td>White men and African American men in sports</td>
<td>Stone, 1999</td>
</tr>
<tr>
<td>Women and leadership</td>
<td>Davies et al., 2005</td>
</tr>
<tr>
<td>Women and science</td>
<td>Good et al., 2010</td>
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</tbody>
</table>
Environmental cues make group salient. For example:

- Filling out demographics on a clinic form
- Solo status in a waiting room
- Décor or posters on the walls

Subsequent anxiety and reduced working memory can be misinterpreted and impede patient learning:

- Patient unable to answer questions, appears nervous
- Patient may not remember what physician said
• The clinic experience is unpleasant, which might:
  • Reduce patient’s motivation to return
  • Interfere with ability to follow instructions
• May lead patients to unintentionally and unconsciously behave in ways that confirm a group stereotype. For example:
  • Unintelligent
  • Uncooperative
Anxiety in a hypothetical health encounter

- Black and White women aged 22-82
- Virtual health care setting ("imagine you are going to see Dr. Campbell")
- Randomized to trigger Stereotype Threat or not:
  - Demographic and ethnic identity questions before vs. after visit
  - Walls of waiting room have explicit stereotype posters
-Greater anxiety in Black women under Stereotype Threat condition

Abdou and Fingerhut, 2014
Breaking the Bias Habit!

1. Our minds are more than the sum of the conscious parts
   - Implicit processes

2. Unintended thoughts can contradict beliefs and shape actions
   - Bias literacy

3. Acting consistently with beliefs can require more than good intentions
   - Breaking the bias habit
Strategies that DO NOT WORK!

Stereotype Suppression

(Galinsky & Moskowitz, 2000; Monteith et al., 1998; Macrae et al., 1994)

- Banish stereotypes from one’s mind (be gender or race “blind”)
- Rebound effects

Belief in Personal Objectivity

(Uhlmann & Cohen, 2007; Experiment 2)

- Mock hiring setting
- Objectivity prime
- Biased evaluations of women
STRATEGIES THAT WORK!
Challenge your stereotypes

Recognize and label stereotypic thoughts or stereotypical portrayals. Examples include:

• Assuming that:
  – *Men have more leadership aptitude,*
  – *Asians are good at math,*
  – *Blacks are good at sports,*
  – *Women make better pediatricians and men better interventional cardiologists*

• Hearing someone say:
  – *“women are...” or “men are...” or “they are” about any group*
Challenge your stereotypes

**Identify** precipitating factors

Examples:

- *Were stereotypes reinforced by information, pictures, or media images?*
- *Were you fatigued or under time pressure?*
Challenge the fairness of the portrayal and replace it with data

Examples:

- *Studies do not find that gender or race are significant predictors of physician competence*
- *Black patients assumed to be less educated than White patients despite comparable education* van Ryn and Burke, 2000
- *Data show minimal differences in drug abuse among Blacks than Whites* DHHS, 2013
Engage in perspective-taking

Actively contemplate another’s experiences and perceptions
Imagine what it would be like to.....

- Experience repeated microaggressions
- Have your doctor assume that you may not follow advice or be underinsured
- Have your pain undertreated
Prevent group membership from being diagnostic by...

- obtaining more relevant information
  *Heilman, 1984; Gill, 2004*

- increasing opportunities for contact
  *Allport, 1979*

- imagining counterstereotype exemplars
  *Blair et al., 2001*

- practicing situational attributions rather than dispositional attributions
  *Stewart et al., 2010*
Practice the right message

Recite this mantra:
“the vast majority of people try to overcome their stereotypic preconceptions”

This message reduced weight, age, and gender bias vs. message that we all have bias.

Duguid & Thomas-Hunt, 2014
The vast majority of people try to overcome stereotypic preconceptions:

- Say this to yourself before meeting with a patient who is not in your “in-group”
- Embed this message in institutional policy
Practice the right message

Promote a multicultural not colorblind message:
Colorblind messages were associated with perception of more racial bias and more stereotype threat for racial minorities.

Wilton et al., 2015
Practice the Right Message

We value multiculturalism

- Avoid attempts at stereotype suppression
- Replace wall portraits of distinguished past leaders (White men) with neutral (e.g., flowers, landscapes) or diversity-affirming images
- Review your own departmental diversity statements
Tell yourself that empathy is malleable:

Increased willingness to invest and persist in empathy in empathy challenging situations.

Schumann, Zaki, Dweck, 2014
Practice the right message

State that clinic staff, physicians, and patients are “working as a team”:

Led to greater trust in MDs and better patient adherence compared to usual care.

Penner et al., 2013
These 4 Strategies Reduce the Influence of Implicit Bias

1. Most people work hard to overcome stereotypes
2. Multiculturalism is valued
3. Empathy is malleable
4. We’re a team

Engage in perspective-taking
Practice the right message
Individuate
Challenge your stereotypes
BREAKING the Bias Habit

• Not necessarily easy
• With effort (awareness, motivation, and a sustained commitment), prejudice is a habit that can be broken
  • Can expect that you may slip up
  • Stay committed
• Strategies provided are powerful tools to help align implicit cognitive processes with explicit beliefs