Addressing Unconscious Bias

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April 24, 2019

IOWA DEPARTMENT OF PUBLIC HEALTH
Protecting and Improving the Health of Iowans
Overview

- Background & terms
- Examples of bias
- How to address unconscious bias
Ground Rules

- Respect others
- Participate: be present and active
- Ask questions
- Give your honest feedback
- This is a safe space
  - Assume positive intent
  - Stories shared here stay here (confidentiality)
- Anything else?
Background & Terms
Unconscious Bias

Definitions (Listed on Handout)

**Bias:** a prejudice in favor of or against one thing, person, or group usually in a way that is considered to be unfair.

**Unconscious bias:** the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. Activated involuntarily, without awareness or intentional control.

Everyone holds unconscious beliefs about various social and identity groups.

Other important terms defined on the worksheet include *stereotype*, *micro-behaviors*, *affinity bias*, and *stigma*.


How Do You Feel? Activity
How Do You Feel Now?
Why is this Topic Important?

Bias – including unconscious bias – contributes to real-world problems: discrimination, fear, violence, racism, sexism, xenophobia, and more.

It impacts employment, education, criminal justice, and health.

Bias significantly affects the lives of many people.


Why is this Topic Important?

As public health professionals, we have a unique role and duty to address biases, including unconscious bias.

The mission of the Iowa Department of Public Health is protecting and improving the health of Iowans. **Health equity** is one of IDPH’s guiding principles.
Why is this Topic Important?

Equality      Equity      Justice

Why is this Topic Important?

**Why is this Topic Important?**

**Social Determinants of Health**

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Community engagement</td>
<td>Community engagement</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Discrimination</td>
<td>Discrimination</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td>Stress</td>
<td>Stress</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td>Zip code / geography</td>
<td>Health outcomes</td>
<td>Health outcomes</td>
<td>Quality of care</td>
</tr>
</tbody>
</table>

**Health Outcomes**

- Mortality
- Morbidity
- Life Expectancy
- Health Care Expenditures
- Health Status
- Functional Limitations

Good News

Unconscious biases can be “unlearned.“

Unconscious Bias


First Step: Identify the Problem

Everyone has unconscious biases – it’s how our brains work.

The first step is to admit you – like everyone! - have unconscious biases.

Without acknowledging that there’s a problem, you won’t be able to work on fixing it.

Test yourself: https://implicit.harvard.edu/implicit/
Examples of Bias
What Do You See?


Resume Studies: Race


Healthcare Provider Bias: Overview

Many healthcare providers have unconscious bias, including based on race, ethnicity, sex, sexual orientation, gender identity, socioeconomic status, and race.

This bias can influence their behaviors and judgments. It can impact how they treat patients and their patients’ outcomes.


80% of healthcare providers displayed implicit bias against Black and/or Latino/a Americans versus White Americans.

White oncologists with higher implicit racial bias had:

- Less reported involvement of African American patient in treatment decision
- Less time spent with patients
- Lower blind observers’ ratings of physician supportiveness
- Less smiling at the patient


Healthcare Provider Bias: Race

Viral Twitter thread shows the importance of having diverse doctors:

Healthcare Provider Bias: Socioeconomic

• Physicians' perceptions of patients were influenced by patients' socio-demographic characteristics.
• Patient race was associated with physicians' assessment of:
  • patient intelligence,
  • feelings of affiliation toward the patient,
  • beliefs about patient's likelihood of risk behavior and
  • adherence with medical advice.
• Patient socioeconomic status was associated with physicians' perceptions of:
  • patients' personality,
  • abilities,
  • behavioral tendencies.

Healthcare Provider Bias: Weight

Many healthcare providers hold strong negative attitudes and stereotypes about people with obesity. These attitudes affect:

• Perceptions
• Judgment
• Interpersonal behavior
• Decision-making


Lost Excess Weight is Difficult to Keep Off

“It’s like asking someone to hold their breath. You can do it for a little while, but it’s very difficult to do it for much longer than a minute or two.”

Representation Matters: Weight
Representation Matters: Weight

Study looked at portrayals of people with overweight or obesity in online newstories:

72% of images were portrayed in a stigmatizing manner


Representation Matters: Weight
LGBTQIA+ Representation
Common Basis for Bias: Identities & Labels

Race…………………… AFRICAN AMERICAN/BLACK, AMERICAN INDIAN, ASIAN, PACIFIC ISLANDER, WHITE
Ethnicity…………………Hispanic/Latino, Middle Eastern or North African, not Hispanic/Latino
Age…………………… child, elderly, middle age, old, senior, teenage, young adult
Sex…………………… female, intersex, male, sex assigned at birth
Gender Identity…….… cis-gender, woman, genderqueer, man, transgender, Two-Spirit
Sexual Orientation…… asexual, bisexual/pansexual, gay, heterosexual/straight, lesbian
Physical Abilities…….… able-bodied, having a disability (visual or not visible)
Religion…………………. Agnostic, Atheist, Buddhist, Christian, Jewish, Hindu, Muslim, Sikh, etc.
Socioeconomic status….lower class, middle class, rich, poor, upper class, wealthy, working poor
Weight…………………… healthy, normal, obese, overweight, underweight

Intersectionality – these aren’t mutually exclusive
## Bias Contributes to Discrimination, Fear, Violence

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>Racism, discrimination, violence, pay gap</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Xenophobia, anti-immigrant sentiment</td>
</tr>
<tr>
<td>Age</td>
<td>Age discrimination, child abuse, elder abuse</td>
</tr>
<tr>
<td>Sex</td>
<td>Sexism, misogyny, pay gap</td>
</tr>
<tr>
<td>Gender Identity</td>
<td>Limited gender roles, violence against transgender people</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Homophobia</td>
</tr>
<tr>
<td>Physical Abilities</td>
<td>Lack of accessibility, mental health stigma</td>
</tr>
<tr>
<td>Religion</td>
<td>Islamophobia, anti-Semitism</td>
</tr>
<tr>
<td>Socioeconomic status</td>
<td>Difference in clinical decision making &amp; healthcare delivery</td>
</tr>
<tr>
<td>Weight</td>
<td>Bullying, less likely to see a provider</td>
</tr>
</tbody>
</table>

**Intersectionality** – these affects aren’t mutually exclusive
Racism: APHA Series

American Public Health Association: The Impact of Racism on the Health and Wellbeing of the Nation webinar series.
Link: https://www.apha.org/events-and-meetings/webinars/racism-and-health

Micro-Behaviors

The small messages you convey each day through things like your body language, the tone of your voice, and your proximity to a person.

When micro-behaviors recur over time, they can send powerful signals that impact engagement at work and how we perceive ourselves and others.

Some people use the term “micro-aggressions.”

Minority resident physicians reported being mistaken for nonmedical staff in the hospital, despite wearing white coats, stethoscopes, and identification badges and introducing themselves as physicians.

“Oh, the janitor was so smart. He was telling everybody else what to do. He really knew his stuff.”

Micro-Behaviors Activity: Instructions

Read each statement in Column A. Think critically about how a person could interpret the statements as a “put down.” Then, draw a line connecting the statement to what you believe is the best possible interpretation from Column B. Be ready to explain each choice.

## Micro-Behaviors Activity: Instructions

**Statements**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Possible Interpretations</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I don’t see race.”</td>
<td>Everyone has enough money for common items.</td>
</tr>
<tr>
<td>(To a woman wearing a headscarf) “What are you hiding in there?”</td>
<td>You are not American.</td>
</tr>
<tr>
<td>“Don’t be a sissy.”</td>
<td>Feminine traits are undesirable.</td>
</tr>
<tr>
<td>“Everyone take out your smartphones. Let’s take a poll.”</td>
<td>Being gay is unacceptable.</td>
</tr>
<tr>
<td>“That’s so gay.”</td>
<td>All Muslims are terrorists.</td>
</tr>
<tr>
<td>“No, where are you really from?”</td>
<td>Your experiences as a minority are no different from anyone else’s.</td>
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Micro-Behaviors

Intention ≠ impact.
<table>
<thead>
<tr>
<th>Statements</th>
<th>Possible Interpretations</th>
<th>Possible Intent</th>
<th>Interpretation/Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I don’t see race.”</td>
<td>Your experiences as a minority are no different from anyone else’s.</td>
<td>I am trying to treat everyone as equal.</td>
<td>The way you are treated because of your race is not important/irrelevant.</td>
</tr>
<tr>
<td>(To a woman wearing a headscarf)</td>
<td>All Muslims are terrorists.</td>
<td>I’m trying to be funny.</td>
<td>I believe all Muslims are terrorists and have something to hide.</td>
</tr>
<tr>
<td>“Don’t be a sissy.”</td>
<td>Feminine traits are undesirable.</td>
<td>This is not a big deal!</td>
<td>You are behaving like a little girl/baby, and that is a bad thing. Your fears are invalid/irrelevant.</td>
</tr>
<tr>
<td>“Everyone take out your smartphones. Let’s take a poll.”</td>
<td>Everyone has enough money for common items.</td>
<td>I’m trying to engage with young people.</td>
<td>All students have enough money to purchase and maintain a smartphone.</td>
</tr>
<tr>
<td>“That’s so gay.”</td>
<td>Being gay is unacceptable.</td>
<td>That is weird.</td>
<td>Being gay is bad, weird, negative. You are acting too feminine and that is weird.</td>
</tr>
<tr>
<td>“No, where are you really from?”</td>
<td>You are not American.</td>
<td>I’am interested in you.</td>
<td>People like you are not real Americans/not my equal.</td>
</tr>
</tbody>
</table>

Addressing Unconscious Bias
First Step: Identify the Problem

Everyone has unconscious bias – it’s how our brains work.

The first step is to admit you – like everyone! - have unconscious bias. Without acknowledging that there’s a problem, you won’t be able to work on fixing it.

Test yourself: https://implicit.harvard.edu/implicit/

First Step: Project Implicit

First Step: Project Implicit

Debriefing

The sorting test you just took is called the Implicit Association Test (IAT). You categorized words of Good and Bad with words of Arab Muslims and Other People.

Here is your result:
Your data suggest no automatic preference between Arab Muslims and Other People.

Your result is described as an “Automatic preference for Arab Muslims” if you were faster responding when Arab Muslims and Good are assigned to the same response key than when Other People and Good were classified with the same key. Your score is described as an “Automatic preference for Other People” if the opposite occurred.

Your automatic association may be described as “slight”, “moderate”, “strong”, or “no association”. This indicates the strength of your automatic association.

The IAT requires a certain number of correct responses in order to get results. If you made too many errors while completing the test you will get the feedback that there were too many errors to determine a result.

Note that your IAT result is based only on the categorization task and not on the questions that you answered.

Individual Strategies

Promote self-awareness. Recognizing one’s biases using the Implicit Association Test (or other instruments to assess bias) is the first step.

Understand the nature of bias. Understanding that unconscious bias is a normal aspect of human cognition can help individuals approach their own biases in a more informed and open way. Enhancing emotional regulation skills to promote positive emotions is important.

There’s no one-time fix.


Mindfulness activities have been shown to help address biases, including among healthcare providers.

Snacks and Punishment video from the Who, Me? Biased? video series:

Slow Down & Be Aware: Practice Mindfulness

The **Loving-Kindness Meditation:**
https://ggia.berkeley.edu/practice/loving_kindness_meditation


Individual Strategies

Have discussions with others (especially those from socially dissimilar groups). Sharing your biases can help others feel more secure about exploring their own biases. It’s important to have these conversations in a safe space – individuals must be open to alternative perspectives and viewpoints.

Look at Images that Combat Stereotypes

Protecting and Improving the Health of Iowans
Use Images that Combat Stereotypes & Show Diversity

Protecting and Improving the Health of Iowans
MTV has a “bias cleanse” program:
http://www.lookdifferent.org/what-can-i-do/bias-cleanse
Interact with Others

Get out and **interact with others** who are different from you or who you might have an unconscious bias against.

Go to cultural events.

Visit unfamiliar places.

Be an Active Bystander

Steps:
1. Identify the emergence of bias.
2. Decide to address the situation.
3. Take Action.
4. Continue the conversation.

Strategies for speaking out: use direct communication, state that you are uncomfortable, and/or ask questions that invite discussion (“What do you mean when you said that?”).

If You Are Called Out

If someone tells you that something you said or did offended them, don’t get defensive.

Realize that it took courage to let them know.

Apologize, thank them for letting you know, and tell them you won’t do it again. Reflect.

Active Bystander Activity: Instructions

This activity is to practice being an active bystander. Pair up.

Have one person (person A) say something that could count as a micro-behavior or being biased, such as saying “Where are you really from?” (to a person of color).

The other person (person B) practices responding. Tips: use direct communication, state that you are uncomfortable, and/or ask questions that invite discussion (“What do you mean when you said that?”).

Person A practices reacting positively to being called out.

Give feedback. Discuss. Then switch roles.
“Flip It to Test It”

People-First Language

Instead of saying… say:
A disabled person……………………… a person with a disability.
A diabetic………………………………… a person with diabetes.
An obese person………………………… a person with obesity.

Note: Some groups and individuals don’t like people-first language for excess weight.

Facilitated discussions and training sessions promoting **bias literacy** utilizing the concepts and techniques listed about have been proven effective in minimizing bias.


Institutional Strategies

**Develop** concrete, objective indicators & outcomes for hiring, evaluation, and promotion to reduce standard stereotypes. Make sure these are applied fairly.

Use data to make decisions. Be transparent.


Institutional Strategies: To Increase Diversity

Engage managers in solving the problem. Frame it positively.

College recruitment programs and mentoring can help workplaces.

Institutional Strategies: To Increase Diversity

Expose managers to people from different groups.

Self-managed teams and cross-training help workplaces.

Institutional Strategies: To Increase Diversity

Encourage social accountability for change.

Social accountability is the desire to look fair-minded. Diversity task forces and managers help. Be transparent.

Institutional Strategies

Provide **unconscious bias training and meditation workshops** for employees. Encourage everyone to attend.

Institutional Strategies for Weight Stigma

**Schools:**
- Adopt anti-bulling policies
- Train teachers

**Worksites:**
- Incorporate weight into workplace discrimination and harassment trainings

**Healthcare initiatives:**
- Educate & train providers
- Change the physical environment

**Media practices:**
- Images
- News coverage
- Public health campaigns

Resources


• **Implicit Bias – How it Effects Us and How We Push Through.** TEDxFlourCity. Funchess, Melanie. (2014). https://www.youtube.com/watch?v=Fr8G7MtRNlk

• **Look Different: Bias Cleanse.** MTV. http://www.lookdifferent.org/what-can-i-do/bias-cleanse

Resources

• Unconscious Bias. University of California, San Francisco, Office of Diversity and Outreach. https://diversity.ucsf.edu/resources/unconscious-bias
Ending Thoughts: Melanie Funchess

Reflection

- Thoughts on the training?
- How to improve the training?
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