

Identifying Implicit Bias

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Objectives

- ▶ To increase understanding of the basis of bias
- ▶ To provide a set of strategies and skills to prevent implicit bias from negatively impacting clinical encounters
- ▶ To enhance motivation to reduce bias

- ▶ No conflicts of interest

Whistling Vivaldi

"I turned out of my way into side streets to spare them the sense of being stalked.....Out of nervousness I began to whistle..... I whistled tunes from the Beatles and Vivaldi's Four Seasons. The tension drained from people's bodies when they heard me. A few even smiled."

Brent Staples
University of Chicago

Provider Behavior

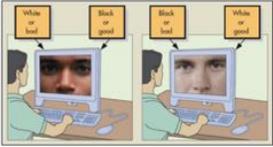
- ▶ Providers hold stereotypes that influence clinical decisions
- ▶ This frequently occurs outside of conscious awareness
- ▶ Providers interact less effectively with minority patients
- ▶ Health care disparities exist due to provider behavior

Implicit bias

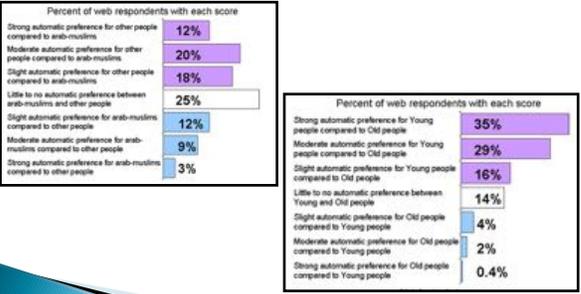
- ▶ Brain's automatic, instant association of stereotypes or attitudes toward particular groups without our conscious awareness

Project Implicit – Implicit Association Test

- Measures the time differentials between how long it take participants to pair concepts in different ways
- Measures the unconscious associations people hold



Implicit Association Test



Score	Percentage
Strong automatic preference for other people compared to arab-muslims	12%
Moderate automatic preference for other people compared to arab-muslims	20%
Slight automatic preference for other people compared to arab-muslims	18%
Little to no automatic preference between arab-muslims and other people	25%
Slight automatic preference for arab-muslims compared to other people	12%
Moderate automatic preference for arab-muslims compared to other people	9%
Strong automatic preference for arab-muslims compared to other people	3%

Score	Percentage
Strong automatic preference for Young people compared to Old people	35%
Moderate automatic preference for Young people compared to Old people	29%
Slight automatic preference for Young people compared to Old people	16%
Little to no automatic preference between Young and Old people	14%
Slight automatic preference for Old people compared to Young people	4%
Moderate automatic preference for Old people compared to Young people	2%
Strong automatic preference for Old people compared to Young people	0.4%

Implicit Bias in Healthcare

- High levels of bias lead to less friendly and lower patient satisfaction
- Differential interpretation of clinical presentation – cardiac patients
- Differential treatment recommendations – painkillers and antiretroviral

• Godsil et al., 2014

Nonverbal bias among physicians

- Physicians in end of life care show different nonverbal communication toward black patients
 - Time spent with open body language
 - Time interacting with patients
 - Time touching patient
 - Physical distance from patients

• Elliot AM et al. (2016) Journal of Pain Symptom Management

Implicit Bias is:

- Increased by
 - Stress
 - Time Pressure
 - Multi-tasking
 - Lack of clear criteria for decision making
 - Ambiguous information
 - Lack of familiarity with group

Implicit Bias is:

- Not reduced by
 - Good intentions
 - External pressure
 - Suppressing bias
 - Avoiding people from other groups
 - Thinking you don't have bias

- ▶ Implicit biases are not permanent, they are malleable and can be changed by devoting intention, attention and time to developing new associations

Conceptual Framework

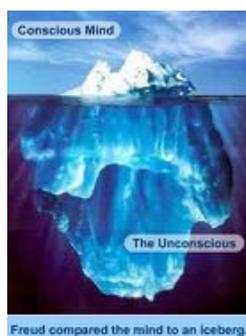
- ▶ **Motivation**
 - Internal motivation to respond without bias
- ▶ **Information**
 - Understanding the basis of bias
 - Understanding the historical context of bias
- ▶ **Emotion**
 - Enhancing provider confidence
 - Regulating emotional responses
- ▶ **Orientation**
 - Increasing perspective- talking and empathy
 - Building partnerships with patients

Internal motivation

- ▶ Awareness of personal unconscious bias
 - Implicit Association Test
 - <https://implicit.harvard.edu>
- ▶ Awareness of outcomes of bias
 - Racial disparities in quality of healthcare
 - Evidence that provider bias may contribute to disparities
- ▶ Nonthreatening private context
 - Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare 2002
 - Shulman et al., NEJM, 1999

Understanding the Basis of Bias

- ▶ Strategy of categorization that gives rise to stereotyping is a normal part of human cognition
 - Brain can process 11 million bits of information per second
 - Only 40 – 50 bits are conscious
- ▶ Categorization is necessary for survival but leads to stereotyping



Enhancing Provider Confidence

- ▶ Direct contact with members of minority groups
- ▶ Interactive, facilitated discussions among colleagues of different race and ethnicity
- ▶ Scripted interviews
- ▶ Evidence based practice protocols

Stereotype Threat

“ is a situation predicament in which people are or feel themselves to be at risk of conforming to stereotypes about their social group. Stereotype threat has been shown to reduce performance of those belonging to the negatively stereotyped groups.”

Stereotype Threat: Healthcare

- ▶ Avoidance of healthcare
- ▶ Impaired communications with healthcare providers
- ▶ Poor adherence to treatment plan
- ▶ Discounting feedback – about elevated blood sugar levels or negative effects of smoking
- ▶ Dis-identification – viewing health promotion behaviors as white

- Aronson et al., 2013
- Burgess et al., 2010

Interventions and Solutions

- ▶ Create an environment that is identity safe
- ▶ Increase feelings of social belonging
- ▶ Encourage self affirmation
- ▶ Remove triggers for stereotype threat
- ▶ Promote a growth mindset
- ▶ Give feedback that is trusted

- Godsil et al. 2016

Overcoming Implicit Bias

- ▶ Diversity in workplace
- ▶ Counter stereotypic imaging
- ▶ Positive contact
- ▶ Motivation to be fair
- ▶ Improve conditions of decision making

