

# BREAKING THE BIAS HABIT<sup>®</sup>

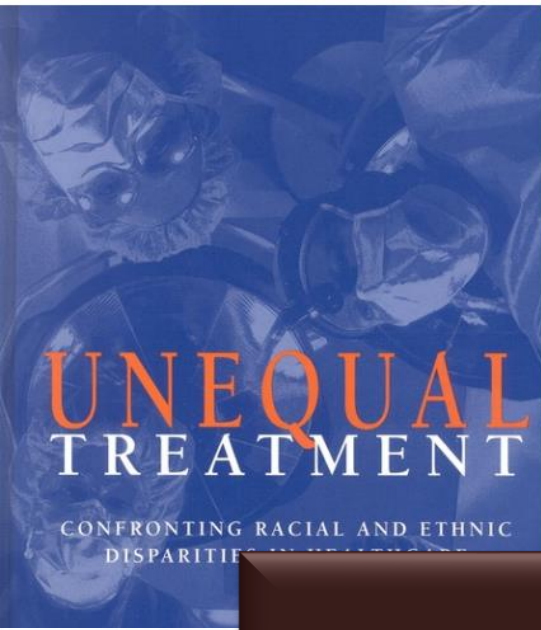
Promoting racial equity  
in clinical practice



**W I S E L I**

*Women in Science & Engineering Leadership Institute*  
University of Wisconsin-Madison

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## MISSING PERSONS: MINORITIES IN THE HEALTH PROFESSIONS

A REPORT OF THE SULLIVAN COMMISSION ON  
DIVERSITY IN THE HEALTHCARE WORKFORCE

- SES and access
- Environmental hazards
- Attitudes, customs, behaviors

# Implicit bias contributes to health and healthcare disparities

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Ensuring Diversity in the  
Health-Care Workforce

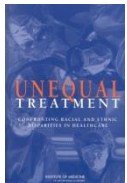
INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES



- competency
- Lack of healthcare workforce diversity

# HEALTHCARE DISPARITIES

“Bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in healthcare.”



Smedley, Stith Butler, and Nelson. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Institute of Medicine, 2003.

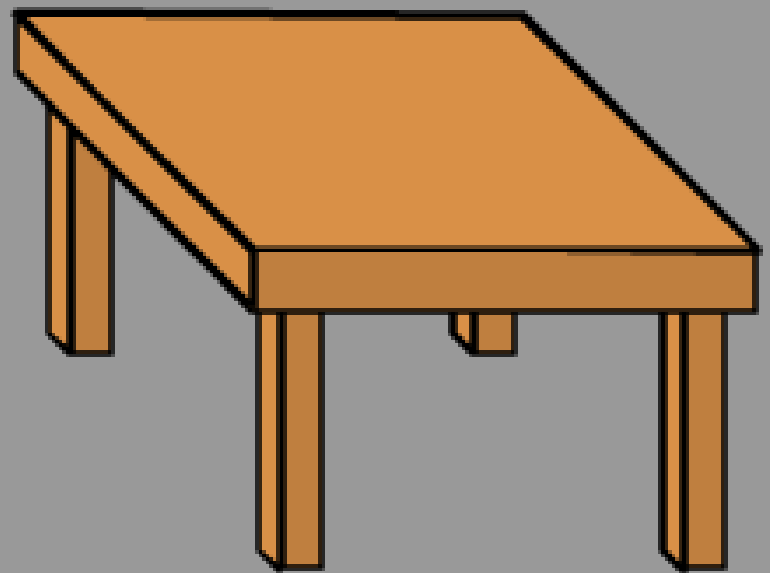
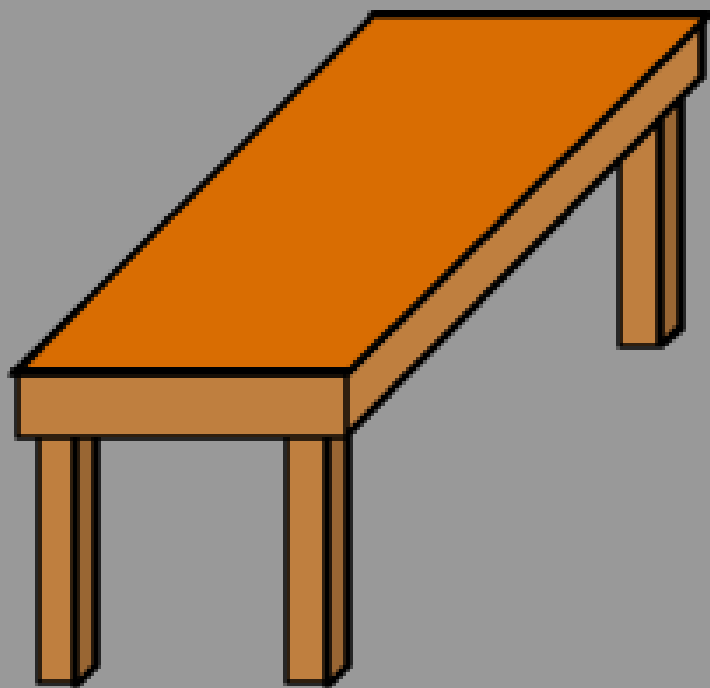


# Three Central Ideas

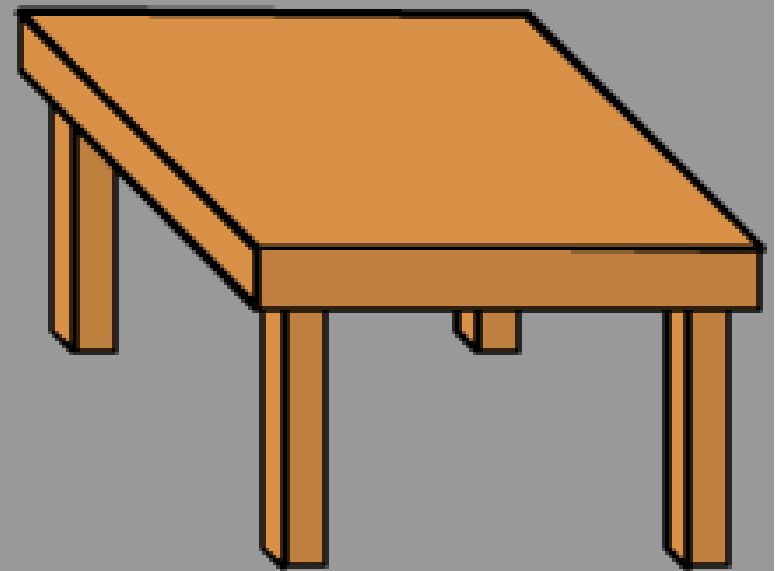
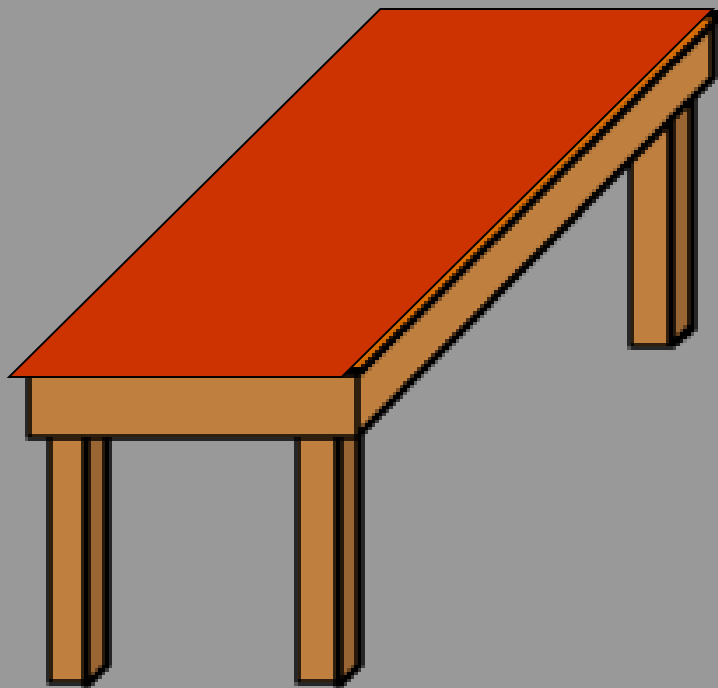
1. Our minds are more than the sum of the conscious parts
    - *Implicit processes*
  2. Unintended thoughts can contradict beliefs and shape actions
    - *Bias literacy*
  3. Acting consistently with beliefs can require more than good intentions
    - *Breaking the bias habit*
- 

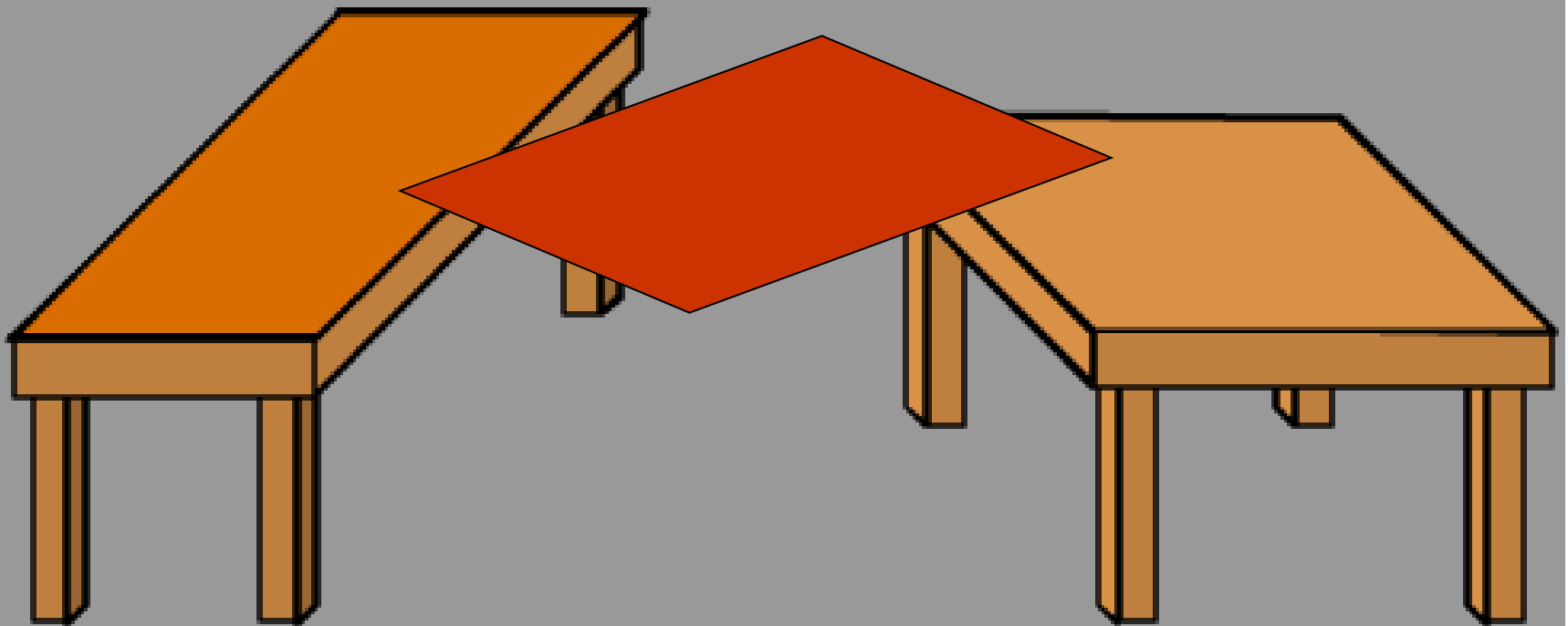
# BIAS AS A HABIT OF MIND

Ordinary mental operations that  
serve us quite well in most  
circumstances are subject to error  
and can fail our intentions

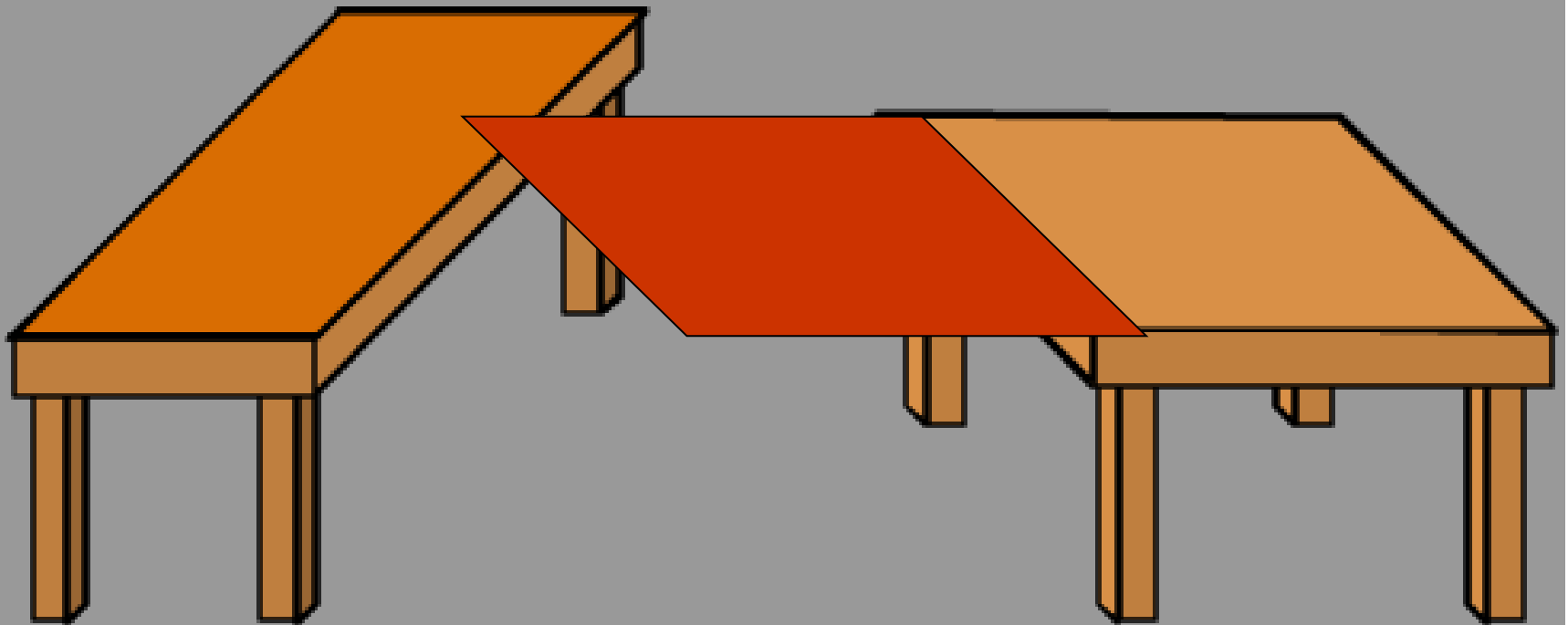


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# “STROOP EFFECT” AND THE COLOR NAMING TASK

## Compatible Trial

RED  
BLACK  
BROWN  
GREEN  
YELLOW  
BLUE

## Incompatible/ Interference Trial

RED  
BLACK  
BROWN  
GREEN  
YELLOW  
BLUE

# Habits of mind affect social perceptions as well as object perception

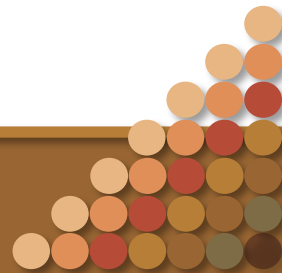
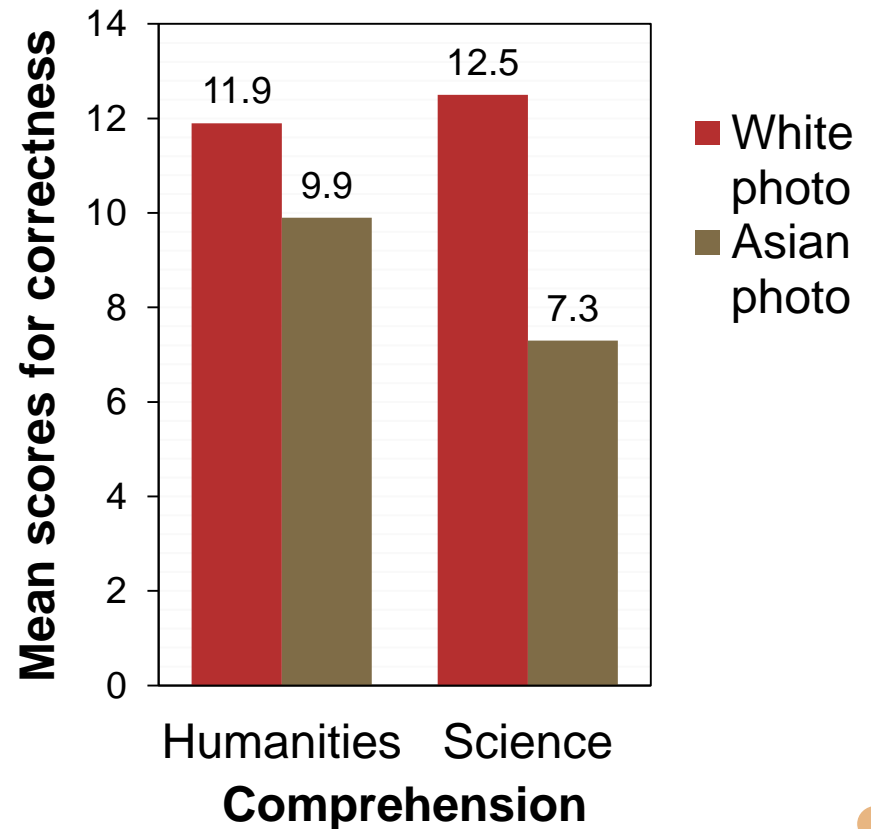
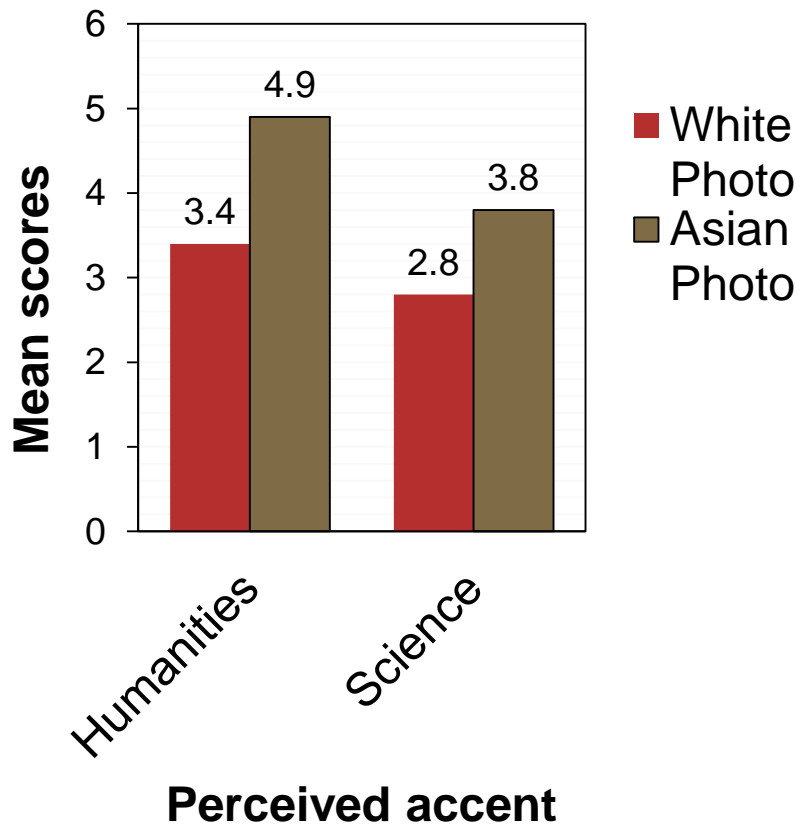


- Students listened to a 450-word recorded passage read by Standard American English speaker
- Random assignment to topic (science or humanities) and viewing static image of Asian or White face





# Habits of mind cause perceptual distortion that could impact communication





# Implicit Bias Characteristics

## 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*



# Implicit Bias Characteristics

## 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





# Concept 1: Expectancy Bias



Expecting certain behaviors or characteristics in individuals based on stereotypes about the social category to which they belong



# Common Racial/Ethnic Stereotypes

## African-Americans<sup>1</sup>

Athletic  
Rhythmic  
Low in intelligence  
Lazy  
Poor  
Loud  
Criminal  
Hostile  
Ignorant

## Chinese<sup>2</sup>

Disciplined  
Competitive  
Loyal to family ties  
Scientifically minded  
Business oriented  
Strong values  
Clever  
Serious  
Determined  
Logical  
Wise

## Latinos<sup>3</sup>

Poor  
Have many children  
Illegal immigrants  
Dark-skinned  
Uneducated  
Family-oriented  
Lazy  
Day laborers  
Unintelligent  
Loud  
Gangsters

1. Devine and Elliot. (1995) Are Racial Stereotypes Really Fading? The Princeton Trilogy Revisited. *Personality and Social Psychology Bulletin* 21 (11): 1139-50.
2. Madon et al. (2001) Ethnic and National Stereotypes: The Princeton Trilogy Revisited and Revised. *Personality and Social Psychology Bulletin* 27(8) 996-1010.
3. Ghavami and Peplau. (2015). An Intersectional Analysis of Gender and Ethnic Stereotypes: Testing Three Hypotheses. *Psychology of Women Quarterly* 37 (1): 113-127.



# Expectancy Bias in a Clinical Setting



- 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”

# Expectancy Bias in a Clinical Setting

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.]



## Concept 2: Microaggressions



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

Microaggression	Message Received
<p>“Where are you from?”</p> <p>“Where were you born?”</p> <p>“You speak good English”</p>	You are not American
<p>“There is only one race, the human race”</p> <p>“When I look at you, I don’t see color”</p>	Denying a person of color’s racial/ethnic experiences
<p>“You are a credit to your race”</p> <p>“You are so articulate”</p>	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



# Microaggression (Microinvalidation)

“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

## Microaggression (Microinsult)

“...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.”

## Microaggression (Microassult)

“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’.”

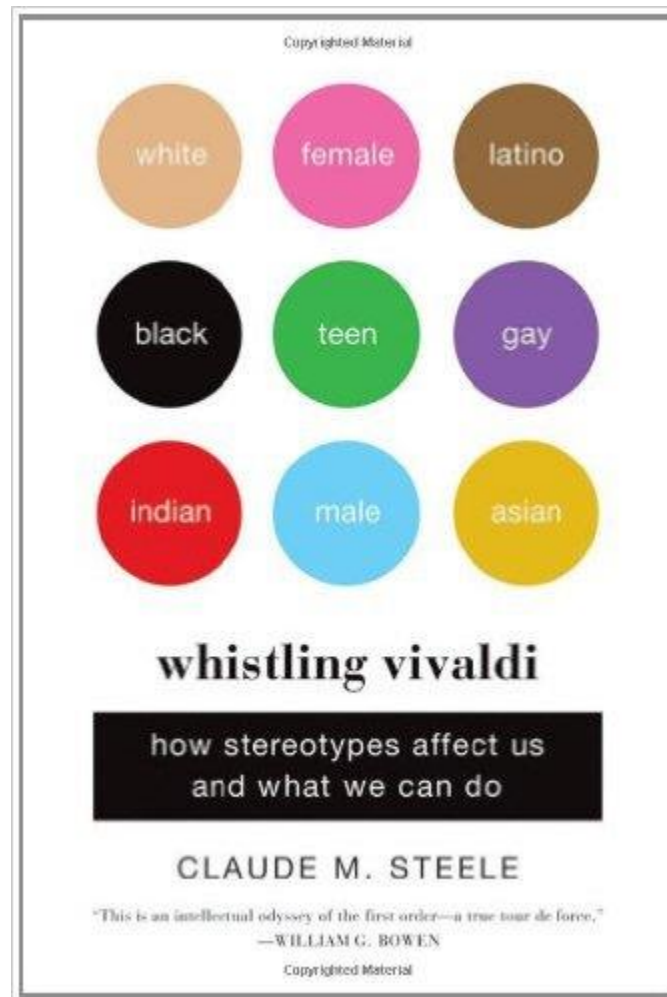
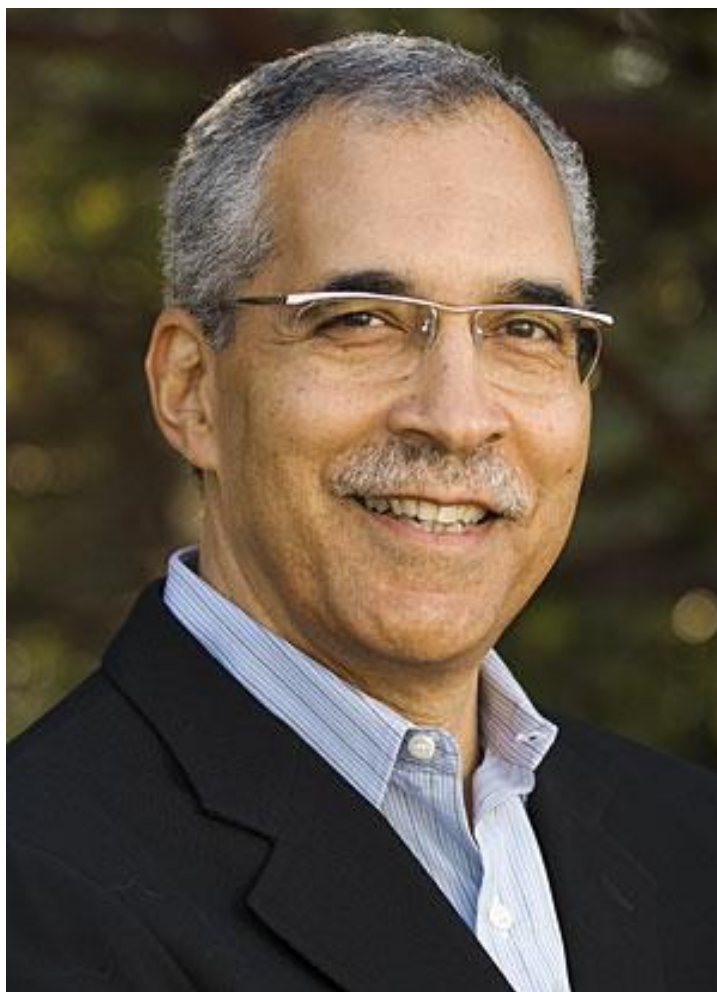




## Concept 3: Stereotype Threat



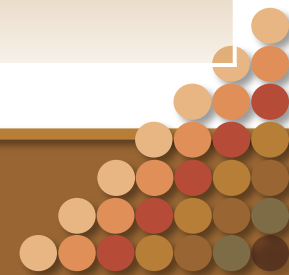
Fear of being judged based on a group stereotype or of confirming a negative group stereotype; triggered when environmental cues make group membership salient





# Examples of Stereotype Threat

Stereotyped group & setting	Studies
Females vs. males in math	Spencer et al., 1999; Shih et al., 1999; Danaher & Crandall, 2008
White men vs. Asian men in math	Aronson & Lustina, 1999
White men and African American men in sports	Stone, 1999
Women and leadership	Davies et al., 2005
Women and science	Good et al., 2010





# Stereotype Threat in a Clinical Setting



- 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



# Stereotype Threat in a Clinical Setting



- 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



# Stereotype Threat in a Clinical Setting



## 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

# 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

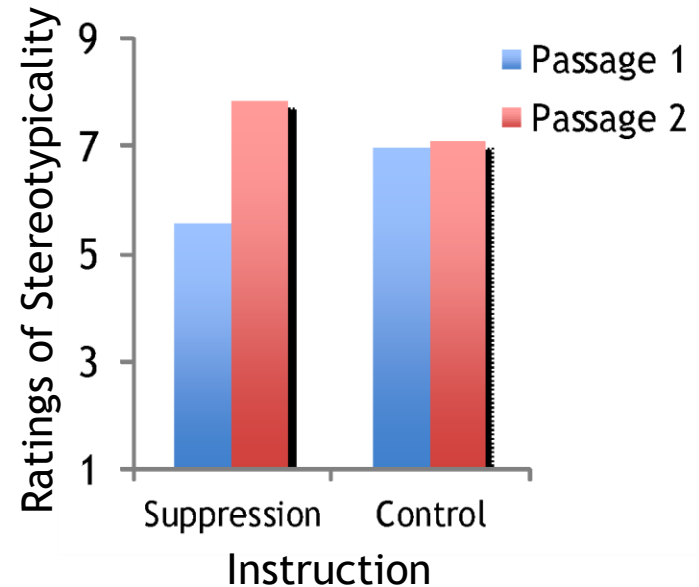
- *Breaking the bias habit*

# Strategies that DO NOT WORK!

## Stereotype Suppression

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

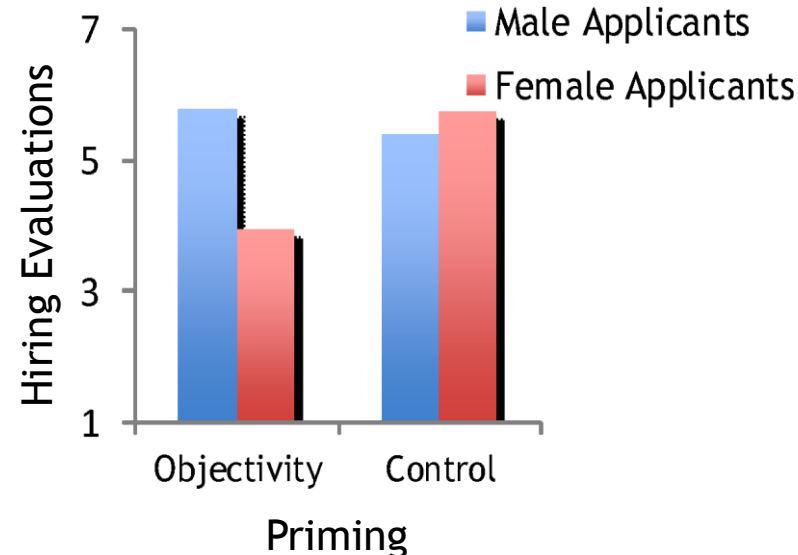
- Banish stereotypes from one's mind (be gender or race “blind”)
- Rebound effects



## 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*

# C challenge your stereotypes

**Identify** precipitating factors

Examples:

- *Were stereotypes reinforced by information, pictures, or media images?*
- *Were you fatigued or under time pressure?*

# Challenge your stereotypes

**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*

# **E**ngage in perspective-taking

Actively contemplate another's  
experiences and perceptions



# Perspective-Taking Examples



*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

# I ndividuate

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*

# **P**ractice 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*





# Practice the Right Message



*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

# **P**ractice 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.



# 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

# **P**ractice the right message

**Tell yourself that empathy is malleable:**

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

*Schumann, Zaki, Dweck, 2014*

# **P**ractice 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

**E**ngage in perspective-taking

**P**ractice the right message

**I**ndividuate

**C**hallenge your stereotypes

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

# *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



*THANK YOU!*