Implicit Bias:
A Guide to Reducing Excuses for Discrimination against Latinos and People of Color, Those in Poverty

**By *Salud America!*
at UT Health San Antonio, Sept. 2020**

We need a cohesive culture focused on health equity, where everyone works individually and as a group to ensure that each person has a fair and just opportunity for health and wealth.

To get there, we must help people understand and overcome the mechanisms by which they discriminate against people of color and/or justify people being in poverty.

Implicit bias is one of those mechanisms.

This guide on implicit bias is part of the *Salud America!* "Achieving a Cohesive Culture for Health Equity in Latino and All Communities: A Research Review." Visit the Review web page (https://salud.to/cohesion) or read the full Review with citations (https://salud.to/ccreview).

What is bias?

Bias is the tendency to favor one group over another.

Most people think they harbor no bias toward other people, or they believe they know their biases and don't act on them.

What are the two kinds of bias?

Explicit bias is a consciously held set of beliefs about a social group. Acting on race- or ethnicity-based bias would be conscious, or explicit, racism, which many Americans openly oppose, although which still exists in American society.

Implicit bias is preconceived notions, or stereotypes, that affect our understanding, actions, and decisions about others—and which operate beyond our conscious control.

As our brains use a shortcut to categorize everything we encounter, perceptions about people based on socioeconomic status, race/ethnicity, level of education, style of dress, etc., lead us to behave a certain way toward those people, involuntarily.

Why Is Implicit Bias Problematic?

Implicit biases do not necessarily align with one's stated beliefs or reflect stances we would explicitly endorse—making us do things we might not consciously support.

We generally tend to hold implicit biases that favor our in-group.

Implicit bias has a real-world effect on behavior, with data showing impact on employment, education, criminal justice, and other domains.

Many white Americans outwardly oppose explicit racism, though many of those same white Americans harbor implicit prejudices against minorities, perhaps unknowingly or unintentionally perpetuating harmful racist behavior.

Most white Americans continue to reside in majority white neighborhoods, sending their children to majority white schools, and, in general, have limited contact with nonwhites. The choice to remain largely segregated from and limit interactions with other racial/ethnic groups bolsters racist beliefs and behaviors, knowingly or not.

Do Healthcare Providers Have Implicit Bias Against Patients of Color?

A series of studies found that primary care physicians—more likely to be white—expressed weak to non-existent explicit bias toward Black or Latino patients; however, they found most had implicit bias against Black and Latino patients. Two-thirds of physicians showed implicit bias that favored whites.

In a systematic review, 14 of 15 studies found low to moderate levels of implicit bias among health care professionals, with similar levels of bias toward blacks, Latinos, and "dark-skinned people." Most providers have implicit bias: positive attitudes toward white patients, and negative attitudes toward patients of color.

How does Implicit Bias Impact Healthcare Providers' Treatment Decisions for People of Color, and Resulting Health Disparities?

Implicit bias and stereotyping by healthcare providers contribute to the significant health disparities that exist in the United States across a range of illnesses.

In the systemic review, implicit bias was found to be significantly related to patient-provider interactions and patient health outcomes, and, to a slightly lesser but still significant degree, treatment decisions.

A 2019 meta-analysis of studies published between 1990 and 2018 demonstrated that black patients were 40% less likely and Latino patients 25% less likely to be given analgesia for acute pain relative to non-Latino white patients in U.S. emergency rooms.

Similarly, black and Latino patients were less likely than white patients to receive a type of stroke treatment proven to reduce fatalities and improve patients' quality of life.

As resident physicians face burnout, their implicit biases play a larger role in their treatment decisions, placing Latinos and black patients at higher risk for lower-quality health care.

Can Implicit Bias Be Measured?

Implicit bias cannot be accurately measured via self-report. People's biases are systematic—using a noticeable physical attribute, such as skin color, to draw conclusions about other attributes that cannot be seen, such as intelligence, honesty, or compliance.

Implicit bias is often measured with the implicit-association test (IAT). The IAT measures the

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strength with which concepts (in this case, race or ethnicity) are associated with attributes such as good or bad.

The IAT, however, is not a perfect measure.

Can Implicit Bias Be Addressed?

Implicit biases are malleable.

This means these unconscious associations can be "unlearned" and replaced with new mental associations.

Thus, intervention programs aimed at "rewiring" implicit biases toward more compassion and understanding for the impoverished and people of color may lead to more equitable distribution of resources and access to health and wealth opportunity.

Interventions to decrease implicit bias in the healthcare setting are becoming more readily available, as the problem of implicit bias is more widely recognized.

Several implicit bias training programs target the health care environment, highlighting the need to approach the issue of implicit bias without blame or shame, and incorporate personal anecdotes that the audience can identify with to make the training relevant.

What Are Solutions to Improve Tolerance and Compassion toward Latinos and Other People of Color, Those in Poverty, and Other Out-Groups?

Implicit bias training

What is implicit bias training? Implicit bias training programs aim to improve intergroup attitudes and relations, by "rewiring" subconscious associations.

Does implicit bias training really work to dispel implicit bias, system justification, and moral disengagement?

The Kirwan Institute has made the first set of publicly available training modules available online, tailored specifically toward K-12 educators. Each module focuses on key topics (what implicit bias is, historic inequities in the education system, and education policy) with the ultimate goal of addressing disparities in K-12 education outcomes. Key elements that make this approach promising are: 1) it is available free of

charge, since many school districts have limited ability to equip teachers and staff with implicit bias resources and training due to cost, 2) each module is a maximum of 45 minutes, to show respect for participants' time, and 3) modules can be accessed and completed at the participants' own pace, making the program flexible to fit in the busy of lives of educators. Whether such training programs will result in long-term change is yet to be determined.

One workshop, "Unlocking Implicit Bias" by Dr. Jabraan Pasha, is an engaging practical learning experience that aims to be straightforward, compassionate, and empathetic. It incorporates poignant storytelling, events and trends from national headlines, and Pasha's personal anecdotes featuring his own experience as both the perpetrator and the victim of implicit bias—removing feelings of shame and guilt that many people associate with implicit bias. Importantly, participants then work together to formulate a personalized list of methods to combat implicit bias.

Read about Dr. Jabraan Pasha!

A study measured participants' levels of implicit bias with the IAT, discussed test results during an individual feedback session, and provided a presentation on how implicit bias leads to discriminatory behavior and how cognitive strategies can reduce bias (i.e., intergroup contact). At two weeks post-intervention, participants reported being more likely to notice bias, label bias as wrong, and seek out interracial interactions with relative strangers. After two years, participants reported being more likely to confront bias by writing comments on an article that advocated racial stereotyping.

These kinds of implicit bias training and those that use the IAT can be useful tools within a comprehensive organizational training program directed toward understanding and addressing individual unconscious bias.

Intergroup contact

What is the intergroup contact theory? Members of one group, having incomplete or inaccurate ideas about members of another group, can positively change their beliefs and attitudes toward that group via contact (either face-to-face or other interactive, even digital, methods). The greater the interaction between in-group and out-group members, the less prejudice exhibited by the in-group.

Does the intergroup contact theory really work to dispel implicit bias, system justification, and moral disengagement?
- In a study, a largely white group of college students watched one of three versions of a documentary about a border patrolman sent to live with a family of immigrants for 30 days (one 80% positive, one mixed, one 80% negative). Those who watched the positive portrayal of intergroup contact had more positive

attitudes toward immigrants. Also, likeability of the out-group member was associated with positive attitudes toward the out-group, highlighting the importance of intergroup friendships.

- In a study of 77% white, 14% black, and 9% Latino adults, researchers found low levels of anti-immigrant sentiment among blacks, Latinos, those with higher levels of education, liberal political ideology, and/or having immigrant friends. Conversely, religious affiliation was associated with higher levels of anti-immigrant sentiment.
- One study found that more interpersonal contact with Latino immigrants predicted fewer calls for lower immigration rates, fewer calls for increased border security, and fewer calls for increased workplace raids.
- In a study, participants who read an article about rising U.S. income inequality rated structural/system factors (i.e., coming from a poor or rich family) as more important for getting ahead than individual factors (i.e., hard work), compared to those who read a similar-length article about baseball. A follow-up study found inequality-article readers were also more likely to hold government and major businesses as responsible for reducing income inequality, and less likely to hold low-income individuals responsible.
- It is common for in-group members to blame out-group members for their problems on the basis of factors perceived to be within their individual control (i.e., spending habits, the popular "bootstraps" myth). In-group members less commonly blame external factors beyond individual control (i.e., being the victim of racist government policies that intentionally depress wealth-building potential of minorities). A series of studies tested if in-group members would show more compassion for out-group members if the out-group was seen as not being in control of the outcome.
  - White participants favored external explanations in situations where out-group members were perceived to have less control, and they also reported increased perceptions of black suffering, which increased feelings of compassion.
  - Manipulation of external explanations for the actions of Chechen militants increased perceived suffering, which increased feelings of compassion.
  - Deep thinkers (who are less needy for quick, certain answers) were more likely to perceive suffering as being a result of external explanations compared to shallow thinkers, and they showed more compassion than shallow thinkers in the face of external explanations.

Peer modeling

What is peer modeling? Peer modeling, based on the intergroup contact theory, promotes positive intergroup attitudes via the knowledge that an in-group member has a close relationship with an out-group member. The in-group friendship partner becomes a positive peer model that demonstrates tolerance in interacting with the out-group, while the out-group friendship partner becomes a positive example that repudiates the negative beliefs or stereotypes about the out-group.

Does peer modeling really work to dispel implicit bias, system justification, and moral disengagement?

- A study of 1,400 Finnish school students introduced two types of peer models: same-age peer models and older university students. The peer models shared written stories of changing attitudes toward out-groups through a close friendship with an out-group member; the university students shared stories expressing support for increasing tolerance of foreigners. Learning from the peer models significantly positively influenced intergroup attitudes among students who had fewer opportunities to form intergroup friendships due to attending schools with less diverse student populations.

- A similar intervention among U.S. ninth-graders used peer modeling via authentic stories of changed behavior to overcome prejudice, promote positive intergroup interactions, and reject moral disengagement processes, which came from the audience itself. A significant reduction in verbal aggression was noted in the program school, with those reporting five or more experiences of verbal aggression decreasing from 16% at baseline to 7% at follow-up in the program school.

- A meta-analysis examined 81 studies—using either intergroup contact, socialization and knowledge acquisition, and/or empathy training programs to improve intergroup attitudes to reduce prejudice—found that in general, the interventions yielded a 15% improvement in intergroup attitudes, although most only reported short-term outcomes. This shows promotion of positive intergroup attitudes and the prevention or correction of prejudice through training programs in children and adolescents is possible. Direct intergroup contact and empathy training were found to be the most promising intervention components, and direct contact, unsurprisingly, was more beneficial than indirect or vicarious contact.

Effective communication

What is effective communication? Effective communication allows individuals to voice their points of view without attacking another's views, and without feeling attacked.

Does effective communication really work to dispel implicit bias, system justification, and moral disengagement?

- Use of a scientific method can help establish productive conversation patterns between people who have difficulty communicating due to negative perceptions or stereotypes, polarizing views, and distrust.

- The method facilitates conversations that allow participants to truly understand each other's values, concerns, and motivations, rather than those that devolve into reinforcement of negative stereotypes or assumptions.
- Elements include: setting ground rules and structures for speaking; listening to others; allowing equal participation; sharing core beliefs; exploring doubts and uncertainties; asking genuine questions of others; and avoiding inflammatory language.
- The goal of the project is not for parties to reach an agreement, but rather to listen to and understand one another.

Social media for social change

What is social media for social change? While much has been said about the detrimental effects of social media on relationships, it is also clear that social media can be used to bring people together, and to bring about social change.

Does social media for social change really work to dispel implicit bias, system justification, and moral disengagement?
- The #BlackLivesMatter movement began on Twitter in 2016 after the acquittal of George Zimmerman for the shooting death of Trayvon Martin. It has reached and engaged millions of people across America, becoming an organization with chapters in more than 30 cities across the United States. The death of Martin, and the subsequent deaths of Michael Brown, Freddie Gray, Sandra Bland, Breonna Taylor, George Floyd, and others at the hands of police, illustrated that traumatic events often lead to social sharing and seeking of support, in this case leading to the growth of a movement that strives to end systematic racial inequality against blacks and people of color.

- The Occupy movement, a sociopolitical movement against social and economic inequality that incited hundreds of occupy protests around the world, spread information using various forms of social media, including a blog called "We are the 99 Percent," where people shared stories of economic struggles. Similar democratic movements began on social media during the 2008 and 2012 Obama campaigns, as well as smaller movements such as Rebuild the Dream, an anti-Tea Party movement with goals of fairer tax rates and fair pay, better public education, and Medicare for all.
- In 2009 and 2010, in response to the continued deportation of youth eligible for the Development, Relief, and Education for Alien Minors (DREAM) Act, Latino youth took to social media to mobilize and organize sit-ins in Congressional offices, marches, and symbolic graduations. An online undocumented youth

advocacy group called DREAM Activist was formed, and in 2009, the founders of the group organized 500 youth to participate in the National DREAM Act Graduation in Washington, D.C., a symbolic graduation ceremony for undocumented Latino youth. On New Year's Day 2010, four undocumented students from Miami-Dade College set out on a 1500-mile march from Florida to Washington, D.C. to advocate for the DREAM Act; they called their trek the Trail of DREAMs, and documented their journey via blog, Facebook, YouTube, and Twitter posts. Along the way, they collected 30,000 signatures in support of the DREAM Act to deliver to President Obama when they arrived.

- Social media platforms are also important tools for advocacy groups. In a survey of 53 advocacy groups, most reported that social media is useful in strengthening outreach efforts, such as increasing message exposure and reaching and educating voters, as well as heightened ability to turn interests into action and mobilize groups quickly.

- Alternative media approaches may have some effect in effective in disassembling violent extremism. For example, video and audio dramas that address issues of identity, reconciliation, and tolerance have proven to positively impact behavior and attitudes, and seeing an in-group member share a platform with an out-group member has proven to positively impact understanding and tolerance of the out-group. The most effective interventions are those that encourage empathy and awareness, allay misinformation, and encourage conversation rather than trying to change minds.

Why Is All of This Important for Social Cohesion?

Social cohesion is a difficult-to-define concept.

Some researchers call social cohesion a "descriptor of the quality of collective togetherness" with three essential dimensions: social relations, identification with the geographical unit, and orientation toward the common good.

Within social cohesion, researchers especially note the importance of social capital (the relationship networks among people who live, work, and function together).

How does social cohesion impact health?
- In general, high levels of social capital in a community are associated with lower crime rates, better health, and overall well-being.
- In one study, four measures of social capital — perceived fairness, perceived helpfulness, group membership, and trust — were associated with mortality.
- Social interaction with others does affect health outcomes, as relationships can facilitate the sharing of resources, help increase opportunities, and improve livelihood.

What is the state of social cohesion in the U.S.?
- Social cohesion has declined in the U.S. in recent decades.

- The main reason for the decline, also called social erosion, is deprivation and inequality experienced by those in poverty amid a widening rich-poor gap.
- Participation in social events and acting in favor of the common good become particularly difficult when income and resources are low. An unequal distribution of resources isolates the less fortunate, excluding them from sociocultural life.
- Conversely, when individuals or groups have equal access to resources, this allows for equal participation and networking, promoting a sense of trust and belonging, security and self-worth. This in turn strengthens the desire for social participation and fosters social cohesion.

How does this impact how we think about social cohesion?
- While increased neighborhood or community diversity has a negative effect on trust and social cohesion, this negative effect is mediated by direct contact between in-group and out-group members.

- This suggests that it is the development of out-group hostility, isolation, and segregation (both socioeconomic as well as racial/ethnic) as a response to increased diversity, rather than the increase in diversity itself, that erodes social cohesion.
- Social cohesion should therefore represent the capacity of a society to ensure the long-term physical and psychological well-being of its members.
- A cohesive society is an inclusive one; a society without significant disparities in health, wealth and income, one that values individuals' backgrounds, integrating those from different backgrounds in such a way that everyone can relate to one another.

Does improving social cohesion (and access to affordable housing and healthcare) improve well-being and buffer negative effects of poor living conditions?
- An increase in social cohesion can create feelings of solidarity. This manifests as eagerness to help others, on an individual level, and enhanced social welfare systems, on an institutional level.
- Friendships and other social affiliations can counteract the negative effects of poverty by providing positive feedback, increasing confidence and feelings of adequacy and self-worth. In a study of over 2,500 Latinos, physical health was significantly associated with social cohesion and friend support. Mental health was significantly associated with social cohesion, friend support, and family support.
- One example of a cohesive community effort is the redevelopment of Sunnydale, the largest public housing community in San Francisco. Sunnydale has been defined by poor housing and extreme poverty and violence. Baseline data,

including social and physical needs, was collected on all Sunnydale residents prior to starting redevelopment, which will include replacement of all existing housing with the addition of new units as well as a fitness center, educational facilities, arts program, health clinic, farmers market, and acres of green space. Additional data on the residents will be collected over time to determine the social and physical impacts of the project, which also aims to find jobs for Sunnydale residents in growing job sectors.

Further Reading: Moral Disengagement and System Justification

In addition to implicit bias, there are two other key mechanisms that we must help people understand and overcome, to achieve a cohesive culture focused on health equity, where everyone works individually and as a group to ensure that each person has a fair and just opportunity for health and wealth.

Read more about these mechanisms:

System Justification: A Guide to Reducing Excuses for Discrimination against Latinos and People of Color, Those in Poverty: https://salud.to/systemjust

Moral Disengagement: A Guide to Reducing Excuses for Discrimination against Latinos and People of Color, Those in Poverty: https://salud.to/moraldis

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