



Implicit Bias Resource Guide

A resource to increase health equity and address implicit bias



Pursuing Health Equity

Not everyone in the U.S. has a fair and just opportunity to be healthy. These inequities form the foundation for significant health disparities:

- Infant mortality rates for Native Americans and Alaska Natives are **60 percent** higher than rates for white babies.¹
- **50 percent** of parents of uninsured minority children don't know that their children are eligible for Medicaid and CHIP coverage.²
- Hispanic children are nearly **twice as likely** to be overweight compared to non-Hispanic white children.³
- Black women are **60 percent** more likely than white women to have a preterm birth.⁴
- American Indian/Alaska Native and black women are **two to three times more likely** to die of pregnancy complications than white women.⁵
- People living with sickle cell disease have a life expectancy that is **30 years shorter** than people who do not have sickle cell disease.⁶
- The rates of hospitalizations and deaths due to asthma are both **three times higher** among African Americans than among whites.⁷
- Nearly a **quarter** of children living in rural areas live in poverty.⁸



These are only a few of the disparities that exist.

While achieving health equity will require systemic and structural changes, every one of us can do something to support that shift.



Address Implicit Bias

One Thing We Can Each Do to Pursue Health Equity

Implicit biases are the unconscious stereotypes that influence our actions and decisions. Our brains recognize patterns based on what we see and experience (our environment) and we develop subconscious neural connections that influence our actions. Right now, each of us is operating on centuries of assumptions skewed by biases that influence how we act.

Recognizing and addressing biases is a critical step towards eliminating health disparities and achieving health equity. In this brief, you'll find three resources to support your work to address your own implicit biases:

1. **Seven steps** we can all take to minimize implicit bias.
2. A **Q&A** with health experts about how to recognize and address implicit bias. All questions were raised by participants in a recent webinar on bias and reflect the real concerns of public health professionals and stakeholders.
3. A **selection of stories** shared with NICHQ about the many ways bias has affected individuals. Together, these stories illustrate the pervasive effects of implicit biases, and how every individual has a responsibility to recognize and address their biases.



Seven Steps to Help Minimize Implicit Bias

Step one: Acknowledge your bias. Everyone experiences biases. Human brains are wired to look for patterns and create shortcuts based on our environment, and the environments that preceded us. This causes us to develop subconscious neural connections that influence our actions, even when we are not aware of it. We must be courageous enough to explore our implicit bias, recognize when we are letting bias influence our actions (our aha moment), and work to change our conditioning.

Helpful resource: Try taking an Implicit Association Test (IAT). The IAT measures the attitudes or stereotypes we subconsciously associate with different concepts like age or race. Take a test: <https://implicit.harvard.edu/implicit/takeatest.html>

Step two: Challenge your current negative bias about specific groups with contrary or positive information that goes against negative stereotypes. For example, if you find yourself treating someone differently because of a bias, take a moment and reflect carefully about your assumptions. Stop and ask yourself what similarities you might have with the person you felt bias towards. And then try to expose yourself to others that counter the stereotypic perceptions you may possess.

Step three: Be empathetic. Many people aren't personally connected with communities of color, individuals with different sexual preferences, and individuals who are differently abled. And it's harder to be empathetic toward individuals and populations when you don't have a personal connection. Find ways to learn more about minority populations you do not regularly interact with, whether that's reading a book, watching a movie, seeing a documentary, or reading an opinion piece.

Step Four: See differences. The idea of being “colorblind” negates or minimizes a person’s lived experience. If we don’t find opportunities to learn more about other historically marginalized groups, we perpetuate bias.

Step Five: Be an ally. It can be difficult and frightening to step up when we see people discriminated against based on stereotypes. But being an ally and advocating for people experiencing bias helps us create positive experiences for both ourselves and them.

Step Six: Recognize that this is stressful and painful. The natural reaction to an uncomfortable moment or conversation is “fight or flight.” Try to stay present, breathe deeply, stay inquisitive and you can begin to counter your stereotypes.

Step Seven: Engage in dialogue: Finding your own “aha moment” is critical, but sometimes it can be difficult to register. Try talking through this with a trusted friend who has a different perspective. Ask that person, how does it feel to be you in the health system? And after you ask that question, stop and really listen to their response. Then ask yourself, how have I contributed to the bias he or she has encountered?

The “oops, ouch” approach can help us in having these conversations. This approach asks that we start any conversation from a mutual assumption of the good intention of others, so that when something offensive or hurtful is said, it is addressed in that context rather than one of blame and shame.

Specifically, if someone feels hurt or offended by another person’s comment, they say “ouch.” In response, the person who made the hurtful comment says “oops.” It sounds elementary, but this approach allows us to share our concerns in a way that inspires conversation.





A Q&A with Health Experts

about how to recognize and address implicit bias

About the Experts

Stacy Scott, PhD, MPA, NICHQ Project Director: Scott has spent the past 30 years designing and implementing programs to address health disparities in under-resourced communities. In 2016, she founded the Global Infant Safe Sleep Center, an organization with a mission to empower the world's communities to achieve equity in infant survival. She now co-directs the National Action Partnership to Promote Safe Sleep Improvement and Innovation Network, funded by the Health Resources and Services Administration Maternal and Child Health Bureau.

Elizabeth Coté, MD, MPA. Coté served as NICHQ's Chief Health Officer in 2018 and 2019, leading the development of the organization's focus on health equity. Prior, she worked for the Indian Health Services (IHS) as the clinical director for the Micmac Service Unit, where she earned national recognition from IHS for reducing opioid prescribing by 70 percent and tripling the number of patients treated for substance abuse. Coté also has led health initiatives in France, Haiti, India and Iraq with a focus on improving health equity for marginalized communities. In 2011, she was appointed by President Barack Obama as a White House Fellow where she served the U.S. Secretary of Health and Human Services.

Q1. Isn't poverty alone a major issue that people of all races experience? Isn't poverty the main reason for implicit bias?

Elizabeth: There are multiple social and demographic factors that influence disparities, though poverty and income inequality underline a lot. We see the starkest differences when we compare disparities against white, economically advantaged children—so both poverty and race. If every single child had the same odds of adverse outcomes as a wealthy white child, poor outcomes would go down by 60 to 70 percent. That's a much healthier population of American kids.

Q2. Did you ever have the experience when you tried to talk to others that were having bias directed toward them and they told you to leave it be?

Elizabeth: Yes, when I recognize bias, I try to be an ally. But the first step of being an ally is to ask permission. You can't co-opt someone else's experience and presume what they want to happen is the case. And while you might be outraged, you may not realize the entirety of the impact of your planned intervention. So, a lot of times, the best way to be an ally is to first quietly, on the side, tell that person, "I see what's happening to you and it's not fair." Start by validating their experience and then ask, "Do you want me to do something about this? Do you want me to help you do something?" Then, listen to what they want and form a plan together—that's what allies do.





Are you a health professional who has seen this happen or witnessed other forms of bias and discrimination?

Think about how you can be an ally, remembering that the first step is to ask permission to intervene on the person's behalf. Remember that being an ally is an ongoing process advocating for communities experiencing prejudice and discrimination. We need to celebrate diversity, encourage mutual respect, and create a safe environment for all people.

Q3. I heard an articulate, educated, affluent black woman share her experiences as an obstetric patient at a physician's office about the negative responses she received from the front staff, purely because she was black. How would you advise pregnant black women to advocate for themselves when they were treated in such a manner?

Stacy: As black women, we have to know what we don't need to take. For example, I do a lot of work in Detroit, Michigan, with moms who are having a lot of difficulty in their lives; and it's really unfortunate because no one has educated them to speak up about the care they deserve. If you don't feel this healthcare provider is operating in your best interest, you can seek out someone else to provide you with services.

As healthcare professionals working in this field, we need to help give black women the knowledge and let them know they are empowered to make those choices. Otherwise, we still are going to see these same things happen. So, it is from the very get-go—letting families know they have a choice and empowering them not to take anything that is not in their best interest.

Elizabeth: You only really need one ally in the health system. You don't have to explain your story to everyone but if, as a minority person, you put in the energy to invest in one care provider, that provider can do volumes of work for you. For example, when one of my American Indian clients would confide in me about what was going on, I would call their provider. So, find one ally and invest in them. It's going to take work that you shouldn't have to do, and that is unfair and unjust, but it's important to find an ally who knows what standards of care you should be receiving.

Q4. How do you get people to engage deeply in conversations about their own biases and assess how biases affect health services? It has been my experience that people have been open to hearing the information and learning about implicit bias and inequities. However, they do not feel comfortable sharing their personal experiences, whether that's because of who they are or because of where they are employed.

Stacy: I agree; sharing a personal experience can be very difficult. And I have seen the impact of sharing lived experience in systems that were not quite ready to hear them, which caused some negative repercussions for the individuals who decided to speak up. That's why it is so important to develop allies. Collective impact is the ticket! There is power in numbers. But you also have to recognize your individual limitations. No one knows better than you what you can risk in this fight. Unfortunately, sometimes you must bide your time but stay vigilante, believing that right always wins out in the end.



Elizabeth: Stacy is right, this is not easy. I think first, acknowledge that having an internal conversation about biases has a lot of value, so begin this conversation with yourself. Pay attention to your surroundings and notice when you see others affected by bias. Listen to the stories you hear people share about implicit bias, whether that's on a webinar, in an article online, or from your friends outside of work. Then, reflect on what you heard—what resonated with you, what made you think differently about your own actions? Spend time journaling about your reflections a few times a week.

Once you begin practicing this internal conversation, try to find one person to partner with you, engaging in this same reflective exercise and then sharing your reflections with one another. Beginning these conversations as a pair rather than in a large group gives you both an opportunity to learn about your biases with a safe partner. Then, together, you can model what this looks like in your organization. Show that the two of you are engaging in these conversations and invite others to join you.

Q5. What happens when you work for an agency/organization and the leadership team doesn't see how prevalent racism is in the organization in which they lead? Also, how can you get them to see that they need an ally when trying to shift the culture of the department?

Stacy: It's a difficult situation when leadership turns a blind eye to racism in the workplace. Over the years, what I've learned is that when racism impacts an organization's bottom line, it triggers leadership to address it. Yes, that means thinking about the finances. You begin to see a culture shift when organizations can't qualify for funding opportunities because of their lack of diversity or face discrimination suits. Again, I come back to finding allies that are willing to speak up about the unfair practices while always acknowledging the risks you are taking to champion this cause.



Elizabeth: Often, large social change begins as a grassroots movement until leadership catches up. So, in your organization, try to lead by example, model the behaviors you want to see, and find allies. For example:

- When you are in a meeting, look around and think about who may not have been asked to be in the room. If you notice a lack of diversity, mention why it matter that their voices are missing.
- If you have an idea that will support a more equitable workplace, find your allies before bringing it to leadership's attention. Developing a plan for how you will proceed and having allies will help you get traction.
- Talk to leadership about identifying their own implicit bias, engaging them alongside your whole team in this important work.

Q6. What is the difference between implicit bias and prejudice?

Stacy: A bias simply means a predisposition (usually an unconscious or implicit notion) to favor one thing over another. Bias tends to be unspoken, which creates the “implicit” component. Prejudice, on the other hand, is an active dislike or disrespect for a certain thing no matter the circumstances, which can lead to a discriminatory act.



Q7. How do we engage people outside of the public health and healthcare field in trainings and conversations about health equity and implicit bias?

Elizabeth: These conversations can and should happen anywhere—in churches, schools, childcare centers, and community centers. This not only helps engage people in more places, but it also recognizes that social determinants of health, such as employment, that exist outside of the healthcare field affect health outcomes. Consider hosting a discussion night at your local library where you ask people to share when they experienced bias and when they've let bias influence their actions. If that feels too big, start by discussing an article, book, or television show that explores bias.

Open the night with ground rules, so that everyone knows this is a safe space, and practice the “Oops, Ouch” approach in your conversation (see step seven).





Implicit Bias is Pervasive:

A selection of stories illuminating the effects of implicit bias

These stories may be upsetting to read but are an important reminder of the adverse effects of bias and our collective responsibility to pursue change.

Lucy, California

I am Hispanic. When I was 15, I had a serious asthma attack, and my mother took me to the hospital. When I arrived at the hospital, the receptionist asked how we were going to pay, and my mom handed her the Medi-Cal card. We were on welfare. The receptionist sneered at me and said, "Oh, you're Medi-Cal, well, you'll have to wait for your doctor." I was visibly cyanotic—I had already turned completely blue for lack of oxygen. I sat nearly dying in the waiting room of the Emergency Department with my mom and aunt, who were both hysterical waiting for my doctor to arrive. When my doctor arrived, his eyes widened in fear as he saw my condition. He immediately administered life-saving epinephrine.

Lisa, Nevada

An employee once told me, "You can clean my house and cook for me, but you will never tell me what to do." I was the Charge Nurse; I am Hispanic and Native American.

Christi, Michigan

I was a single mom at 18. I didn't share my age with many new acquaintances due to the "looks" and "behaviors" of those who disapproved of my single parent status. I felt shame and withdrew.



Anonymous

When I was living in NYC, sharing an apartment with my college friend who is Haitian, I realized we were perceived differently in our neighborhood based on our race. We lived in a high-end apartment building, which was next to a low-income public housing. When my friend was returning from work, people wrongly assumed that she lived in the low-income housing. She intentionally dressed nicer to go to work, so no one would perceive her to be living at the low-income housing. Every time I think of what she shared with me, it reminds me how much implicit bias is present.

Anonymous

I have seen my husband treated differently based on his appearance (my husband is Asian-American and appears of Hispanic ethnicity). I have also seen strangers and new friends doubt or question whether our children are his biological children.

Jeneen, Alabama

I am and have been affected in many ways. Some doors have been closed to me, and I've been reported back to my supervisors because I was a Black Female doing home visitation in rural areas... Most people love me but one lady of a different color did not want the services that I offered because of my skin color. I have to walk in a non-judgmental zone.

Karli, New York

I am a young woman who has always struggled with her weight... and significant hormonal issues, such as irregular periods, hair loss, and cysts. Every time I expressed these concerns, I was told, "It's normal, you're fine. Overweight people can have these problems. We don't need to run any tests but here's a prescription for a medication that will help you lose weight." Their biased perception of me caused a 12-year delay in diagnosing, and therefore treating, my Polycystic Ovary Syndrome.

Kathy, Utah

I am a woman in my thirties, on the board of a nonprofit, and chair of a local women's advocacy group. During our state legislative session, I spend as much time as my job allows lobbying at the Capitol and meeting with representatives. During the session, there are always multiple busloads of children on field trips. Security, pages, and other Capitol staff constantly stop me and ask if I am lost or tell me to stay with the children I am chaperoning. I am not at the Capitol as a chaperone; I am there as an advocate. These staff never presume my male colleagues are chaperones, no matter how close they may be standing to a group of children.

Marie, Wisconsin

When I was obviously pregnant, people were very kind and went out of their way to do things like hold doors open for me... I have also been on crutches 3 times. I was surprised that the niceties people extended to me when I was pregnant were not granted when I was on crutches, which was when I actually could have used the help. Did people think I was disabled, and disabled people often want to do things for themselves? How do we communicate with others when help is welcome and when it's not?

Val, California

My sister, who is African-American and obese, had her first child when she was 35 years old. I went to all of her appointments and was present during the birth of my niece. After an emergency C-section, she remained in the hospital. She was supposed to have an IV with antibiotics, but the nurse only peeked in on her through a window. The next day a new nurse came and discovered that her IV was never connected to her and she went a whole day of her surgery without fluids and the antibiotics she needed. She was sent home a few days later and became ill. She had a fever and her incision was infected. When she went back to the hospital, they opened her wound again, cleaned it, stitched her, and placed her on antibiotics again. They never numbed her before doing any of this, and she was in a lot of pain but was told the pain will go away soon because the infection was removed. I was not there to advocate for her because I returned to work. I now think about the high rate of maternal death of African-American women and I realize that I could have lost my sister.

Thank you to all who shared their stories for this resource. Your openness and honesty are courageous and help pave a path for change.



References

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