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Reducing Implicit Bias: Research and Tools

Presenters: Katrinna Matthews, Anna Smith, and Leigha Jansen

Contributors: Carolyn Smaka and Joanne Slater

Presenters' Bio

Dr. Katrinna Matthews earned a Doctor of Social Work from the University of St. Thomas in St. Paul MN, a Master of Science in Social Work from the University of Tennessee in Knoxville, TN, and a Master of Education in Counselor Education from the University of Mississippi in Oxford, MS. Dr. Matthews earned a certificate in Diversity and Inclusion from Cornell University, and is a Licensed Advanced Practice Social Worker (LAPSW) in the state of Tennessee, with over 15 years of social work experience. Dr. Matthews has worked with diverse patient populations in a variety of settings, ranging from child welfare to in-center hemodialysis. Her passion is social work education, trauma, and medical social work, especially as it relates to bringing awareness to health disparities and ultimately closing the health gap.

Anna Smith earned a Masters of Audiology at Rush University in Chicago, IL and a Bachelors of Science in Communication Sciences and Disorders from Western Michigan University in Kalamazoo, MI. Anna has 6 years of experience working in the field of Audiology, primarily working in Intra-Operative Monitoring. She currently is an Continuing Education Manager at Continued and has spent the last 15 years working in the field of education with Allied Health Professionals. She earned an additional certificate in 2022 to explore her passion with Diversity, Equity, and Inclusion work.

Dr. Leigha Jansen, EdD, CPACC, is the director of educational technology for Continu**ed**, a national provider of continuing education in the fields of early childhood education, audiology, occupational therapy, physical therapy, and speech-language pathology. Her 20+ year career has spanned from clinical care to education. She is a graduate of the University of Minnesota and the Fischler School of Education at Nova Southeastern University. Her research interests focus on the use of emerging technologies and effective continuing education methodologies for adult learners. She recently earned the Certified Professional in Accessibility Core Competencies (CPACC) credential and is passionate about website accessibility relative to learning.
Dr. Jansen serves on the International Association for Continuing Education and Training (IACET) Board of Directors and is an adjunct faculty member at Concordia University School of Business and Technology in St. Paul, Minnesota.

Disclosures

- **Presenter Disclosure**: Financial disclosures: Dr. Katrinna Matthews, Anna Smith, and Dr. Leigha Jansen are employees of Continu**ed**. Non-financial disclosures: Katrinna Matthews, Anna Smith, and Leigha Jansen have no relevant non-financial relationships to disclose.
- **Content Disclosure**: This learning event does not focus exclusively on any specific product or service.
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Learning Outcomes

After this presentation participants will be able to:

- Identify unconscious or implicit bias.
- Explain 3 interventions to reduce implicit bias at the organizational level.
- Describe 4 attributes of web content accessibility guidelines.

Agenda

- Review of Implicit Bias and the Current Research
- Interventions at the Organizational Level
- Web Accessibility

What is Implicit Bias?

- AKA - Unconscious bias
- "…the preference for or against a person, thing, or group held at an unconscious level."
- "…the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner."

State of MI Implicit Bias Definition

"**Implicit bias**" means an attitude or internalized stereotype that affects an individual's perception, action, or decision making in an unconscious manner and often contributes to unequal treatment of people based on race, ethnicity, nationality, gender, gender identity, sexual orientation, religion, socioeconomic status, age, disability, and other characteristics.

Implicit Bias Research

- A PubMed search of articles published between 1990 and 2011 in English. Search terms and number of articles resulting were as follows:
  - 1 article on implicit bias and provider
  - 120 articles on implicit bias and patient
  - 2 articles on explicit bias and provider
  - 180 articles on explicit bias and patient
- There was an overlap of the articles listed in these searches, and although the searches with “patient” yielded more results, the bias was not on the part of the patient; it was largely directed toward the patient.

Biases and Health Care Contexts

- Implicit and explicit biases are found in diverse health and behavioral healthcare contexts and settings.
- Research was conducted in all regions of the United States.
- Studies were mostly conducted in urban settings.

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Demographic Make-up of Subjects

- A majority of the studies focused on
  - African-American patients
  - Latino/Hispanic patients
  - White patients were usually the comparison group
- Little mention of Asian and American Indian patients.
- Healthcare practitioners were identified as non-Hispanic White, Asian, African-American, and Hispanic/Latino.

Categories of the Literature

The literature reviewed can broadly be grouped categorically by studies that:

- Directly measure unconscious bias and its impact on care.
- Directly measure unconscious bias and its relationship to conscious bias.
- Suggest differences in treatment that are related to bias, but do not actually measure that construct.
- Describe approaches to address bias among healthcare practitioners.
- Delineate whether and how bias impacts communication in healthcare settings as an underlying cause of disparities in healthcare.
- Critique the concept of practitioner bias as a cause or contributing factor to health disparities.

Identified Areas of Bias

- Age
- Disability
- Education
- English language proficiency and fluency
- Ethnicity
- Health status
- Disease/diagnosis (HIV/AIDS)
- Insurance
- Obesity
- Race
- Socioeconomic status (SES)
- Sexual orientation, gender identity
- Skin tone
- Substance use (injection drug user)
- Social contact (amount of contact that practitioners have with patient populations)

Key Themes from the Literature

- Limited English Proficiency as a source of bias.
- The quality of care is perceived as lower for some groups.
- Negative attitudes and conscious bias related to obese patients.

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1999 Henry J. Kaiser Foundation Study

- Limited English proficiency is a major source of bias and it has a negative impact on healthcare for patients and families.
- African Americans and Latinos were more likely to report being treated unfairly when seeking medical care.

Henry J. Kaiser Family Foundation. Race, ethnicity, and medical care: a survey of public perceptions and experiences. 2009.

Additional Literature Findings

- African Americans, Hispanics, and Asians agreed that:
  - Care would be better if they were of a different race/ethnicity.
  - They were treated unfairly based on race.
  - Medical staff judged them on their use of English.
- These studies are less than the “gold standard” and are based on patients’ perspectives.

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Bias Among Practitioners

Most practitioner bias is Implicit and is influenced by multiple factors, including exposure over time to negative images and messages about certain groups of people.

There is rapidly growing literature on the negative attitudes and **conscious bias** about providing care to obese patients across health care disciplines (i.e., nursing, medicine, dentistry).

Activity: Let's Play Buffalo

British – Wizard

Harry Potter

Politician – Disability

FDR

Newscaster – Hispanic

Jose Ramos

https://cyberpsychology.eu/article/view/4343

Knowledge Check

What state is requiring Implicit Bias training as part of the knowledge and skills necessary for the licensure or registration of health care professionals?

A. Mexico
B. Puerto Rico
C. Michigan
D. Canada

Knowledge Check

What state is requiring Implicit Bias training as part of the knowledge and skills necessary for the licensure or registration of health care professionals?

A. Mexico
B. Puerto Rico
C. **Michigan – CORRECT ANSWER**
D. Canada

Moving from Implicit Bias Research to Interventions at the Organizational Level

Interventions at the Organizational Level

- Educate about Implicit Biases
- Set Employee Expectations
- Promote Dialogue
- Implement HR Practices that Disrupt Implicit Biases
- Using Accessibility Principles

Educate employees about Implicit Bias

Educating employees about implicit bias can raise awareness and keep people mindful of their stereotyping behaviors and perceptions.

Set Expectations

Make sure employees understand that the company/organization values diversity, inclusion, and equity.

Include a diversity statement in your organizational values that brings awareness to the organization's commitment to diversity.

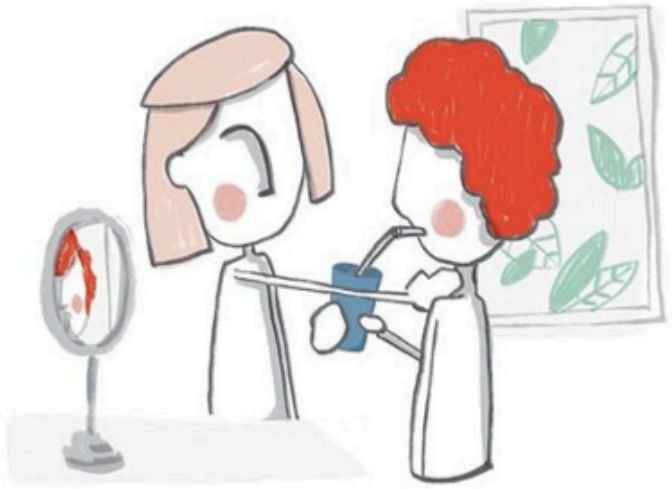
Promote Dialogue

Create a culture that promotes open expression and discussion about bias.

Open dialogue not only educates and builds trust among employees but also reinforces an organization's values.

HR Practices to Disrupt Implicit Bias

- Rework job descriptions
- Conduct blind resume reviews
- Conduct a skills test
- Standardized interviews
- Set diversity goals



Achieving Health Equity

- Commitment to understanding the problem
- Must be a community-wide effort
- Strategic Priority that is leader-driven
- Structure and Processes must support equity
- Addressing social determinants of health
- Confronting institutional racism
- Training
- Paying employees a living wage
- Improving access in underserved communities
- Using a diverse pool of suppliers and contractors
- Investing in the community

Knowledge Check

What is one way an HR department can help disrupt implicit Bias?

A. Ignore it
B. Set diversity goals
C. Tell employees to be non-biased
D. None of the above

Knowledge Check

What is one way an HR department can help disrupt implicit Bias?

A. Ignore it
B. **Set diversity goals – CORRECT ANSWER**
C. Tell employees to be non-biased
D. None of the above

Moving from Implicit Bias Interventions to Web Accessibility

Who is A11Y?

a11y

10-20% of the world population demonstrates a disability that can interfere with the ability to **see**, **hear** or **navigate** on a device during an online experience.

Who is A11Y?

"The power of the web is in its **universality**. Access by **everyone** regardless of ability."

The **Americans with Disabilities Act** (ADA) **prohibits discrimination** against people with disabilities in employment, architectural design, transportation, examinations and courses, and other services offering **"public accommodation."**

Accessibility provides an **equal usability experience** for someone with a disability.

Applies to in-person, physical experiences, as well as online, electronic experiences.

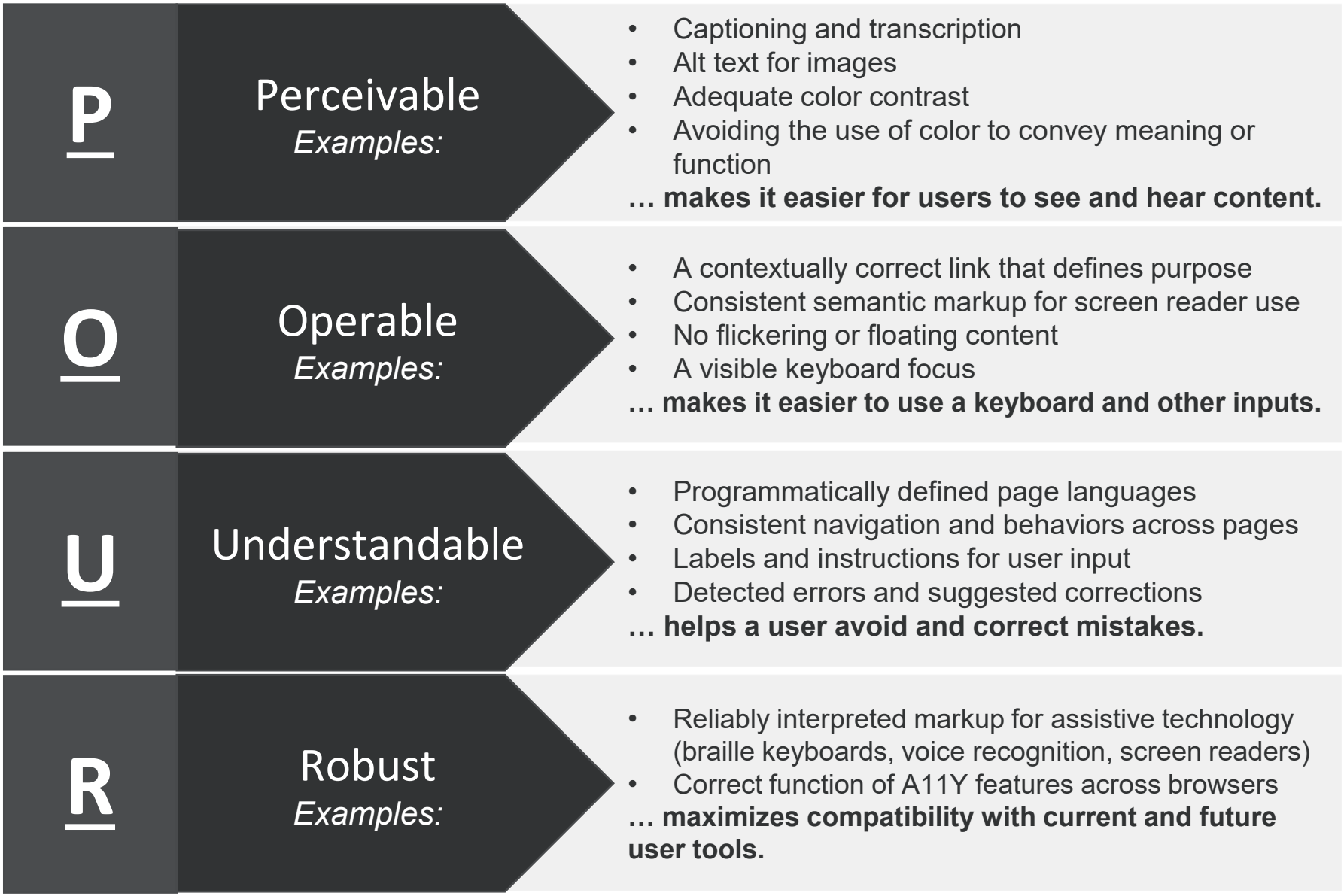
Web Accessibility:
Designing web-based products that people with disabilities can equally **perceive**, **understand**, **navigate**, and **interact**.

Web Content Accessibility Guidelines (WCAG)

Web content must be….

- **P**erceivable
- **O**perable
- **U**nderstandable
- **R**obust

…for all users.


P
Perceivable
Examples:
• Captioning and transcription
• Alt text for images
• Adequate color contrast
• Avoiding the use of color to convey meaning or function
… makes it easier for users to see and hear content.
O
Operable
Examples:
• A contextually correct link that defines purpose
• Consistent semantic markup for screen reader use
• No flickering or floating content
• A visible keyboard focus
… makes it easier to use a keyboard and other inputs.
U
Understandable
Examples:
• Programmatically defined page languages
• Consistent navigation and behaviors across pages
• Labels and instructions for user input
• Detected errors and suggested corrections
… helps a user avoid and correct mistakes.
R
Robust
Examples:
• Reliably interpreted markup for assistive technology (braille keyboards, voice recognition, screen readers)
• Correct function of A11Y features across browsers
… maximizes compatibility with current and future user tools.

Meet Alan

Alan is a 68 year-old retired engineer with reduced vision, hand tremors, and mild memory loss. Alan regularly uses MyChart to manage his appointments with his healthcare practitioners. He maintains his own blog where he posts articles on engineering and other topics he enjoys. Like many older individuals, Alan has difficulty reading small text and clicking on small links and form elements.

Improve A11Y for Alan

Alan has learned how to enlarge text with the web browser, which works well on many websites. The MyChart website he enjoys reflows text when it is enlarged alleviating the need to scroll back and forth to read the enlarged content. The website also utilizes alternative CAPTCHA options, which means Alan does not get frustrated with the distortion of Captcha text when it is enlarged. He also uses a special mouse that is easier to control with his hand tremors.

Applied A11Y Principles

- Screen magnification **(P)**
- Alternative mouse **(O)**
- Consistency and predictability **(U)**
- Descriptive titles, headings, and labels **(U)**
- Helpful error and success messages **(U)**
- Content is easier to see and hear **(P)**
- Content is readable and understandable **(U)**

A Culture of Accessibility

Accessibility is a **shared** responsibility.

Accessibility is **not:**

- The responsibility of a single person or department.
- A single, one-time task.

Accessibility ensures the **inclusion** of a **diverse audience** to the greatest extent possible.

Reflection Activity

Using the course comment widget, please address the following to share and discuss with other learners:

- How have you experienced web accessibility in your professional workplace?
- What is one action you could suggest to improve accessibility for your patients or clients?

Knowledge Check

What percentage of the population experiences a disability that interferes with the ability to see, hear, or navigate on a device during an online experience?

A. 50%-60%
B. 90%-95%
C. 10%-20%
D. 0%

Knowledge Check

What percentage of the population experiences a disability that interferes with the ability to see, hear, or navigate on a device during an online experience?

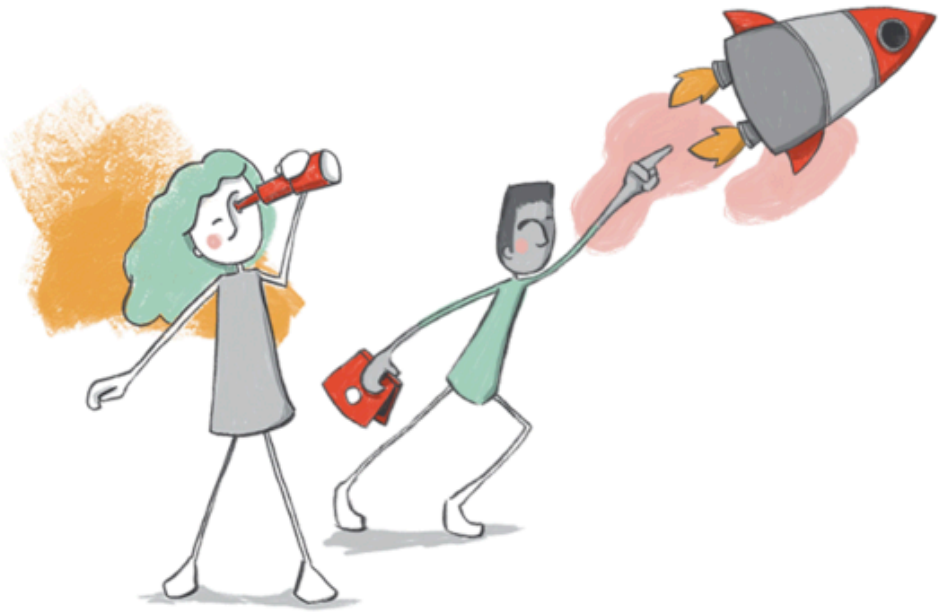
A. 50%-60%

B. 90%-95%

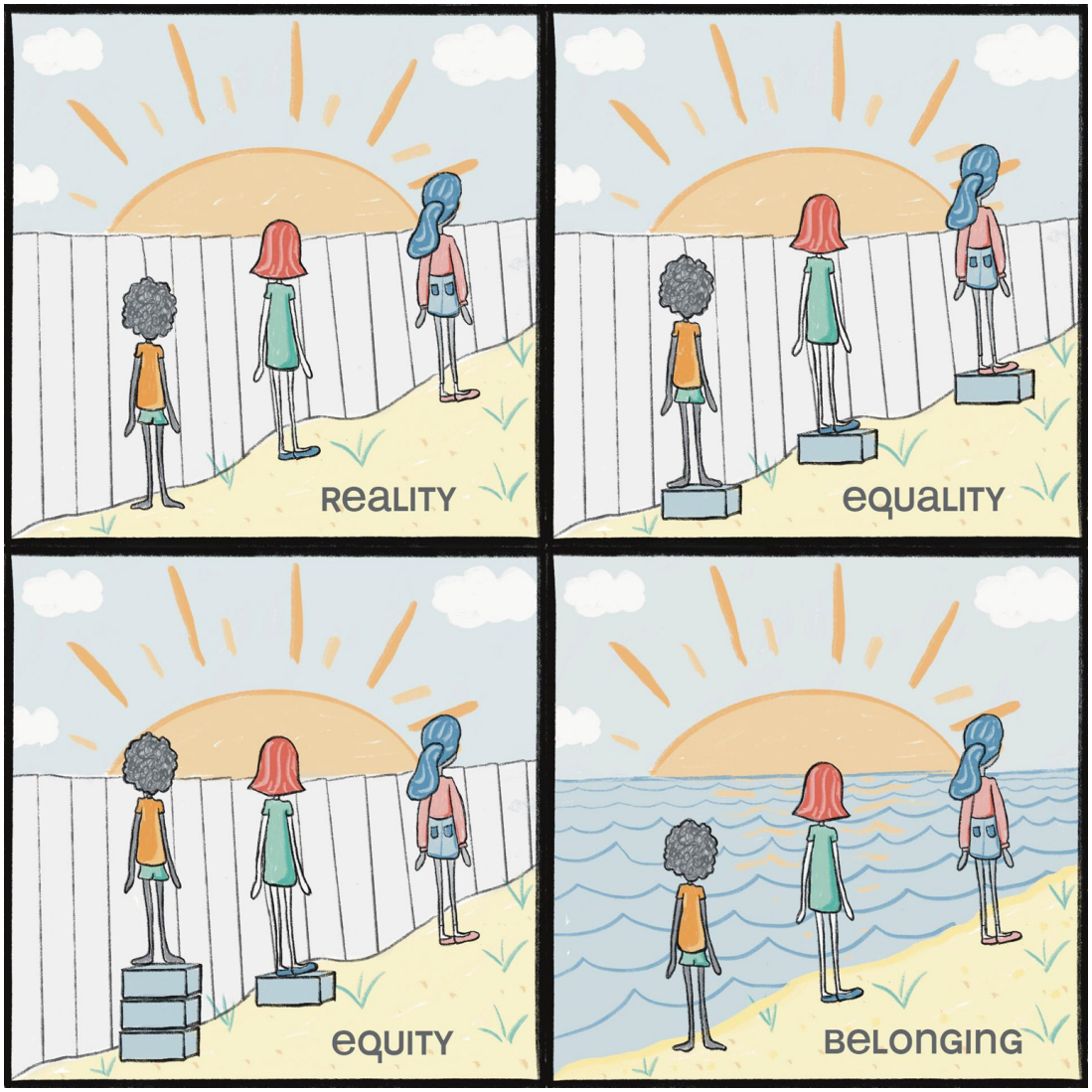
C. **10%-20% - CORRECT ANSWER**

D. 0%

Conclusions and Wrap Up



Final Activity



Accessibility Resources

- Americans with Disabilities Act (ADA) Overview
  - https://www.dol.gov/general/topic/disability/ada
- ADA Frequently Asked Questions
  - https://adata.org/top-ada-frequently-asked-questions
- Introduction to Web Accessibility
  - https://www.w3.org/WAI/fundamentals/accessibility-intro/
- Web Content Accessibility Guidelines (WCAG) Overview
  - https://www.w3.org/WAI/standards-guidelines/wcag/

Implicit Bias Resources

American Academy of Family Physicians - The EveryONE Project
https://www.aafp.org/family-physician/patient-care/the-everyone-project.html

Project Implicit https://implicit.harvard.edu/implicit/takeatest.html

Videos:

How to Outsmart Your Own Unconscious Bias, Valerie Alexander at TEDxPasadena

We all have implicit biases. So what can we do about it?, Dushaw Hockett at TEDxMidAtlanticSalon

Books:

Diversity: Beyond Lip Service: A Coaching Guide for Challenging Bias by La'Wana Harris

Blind Spot – Hidden Biases of Good People, by Mahzarin Banaji and Anthony Greenwald

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Risks/Limitations

- Implicit biases may contribute to unequal treatment of people, and to disparities in healthcare access, services, and outcomes.
- Research shared in this presentation may be limited to specific populations and not necessarily broadly applicable to all populations.
- Statistics shared in this presentation are subject to change over time - please note the dates and reference list if quoting or citing these data.
- While individuals may work to manage their own implicit biases, meaningful change must include addressing structural and institutional inequities and biases that contribute to healthcare disparities.