Discrimination is a hellhound that gnaws at Negroes in every waking moment of their lives declaring that the lie of their inferiority is accepted as the truth in the society dominating them.

Martin Luther King, Jr.
Implicit Bias
Implicit & Explicit Bias

**Explicit Bias**
- The group evaluation that you are aware of
- Conscious values and intentions
- Belief that this evaluation is correct and carries weight

**Implicit Attitudes**
- Automatically triggered (betraying conscious values)
- Operates in an unintentional, often unconscious manner
- Can be activated quickly and unknowingly by situational cues (skin color, accent)
- Influence behavior without awareness
- Common and persistent
Characteristics of Implicit Attitudes

- Predict Behavior (choices, judgments, and nonverbal behavior) toward members of social groups
- In some cases are more informative than explicit attitudes
- Often outperform measures of explicit attitudes in socially sensitive domains (e.g., stereotyping, and prejudice)
- Triggered automatically, often without awareness, often dependent on social context
- Pervasive – found across different demographic groups and topics
How Do We Know This?
Strong Automatic preference for Black people compared to White people
Moderate Automatic preference for Black people compared to White people
Slight automatic preference for Black people compared to White people
Little to no automatic preference between Black and White people
Slight automatic preference for White people compared to Black people
Moderate Automatic preference for White people compared to Black people
Strong Automatic preference for White people compared to Black people

Native American IAT Scores
April 2004 – December 2015
N=214,465

Percent of web respondents with each score

- Strong automatic association of White Am with American and Native Am with Foreign: 22%
- Moderate automatic association of White Am with American and Native Am with Foreign: 22%
- Slight automatic association of White Am with American and Native Am with Foreign: 15%
- Little to no automatic preference between ethnicity and American or Foreign: 19%
- Slight automatic association of Native Am with American and White Am with Foreign: 9%
- Moderate automatic association of Native Am with American and White Am with Foreign: 9%
- Strong automatic association of Native Am with American and White Am with Foreign: 5%

This distribution summarizes 214,465 IAT scores for the Native-Am. task completed between April 2004 and December 2015.

Xu, et al, 2018
The Neural Basis of Implicit Attitudes

1. Amygdala involved in automatic evaluation of socially relevant stimuli

2. Anterior Cingulate Cortex (ACC) = Detects stimuli

3. Dorsolateral prefrontal cortex (dIPFC) = regulates the amygdala’s response

Stanley, Phelps, & Banaji, 2008
IAT and Activation in the Amygdala

Stanley, Phelps, & Banaji, 2008; Phelps, O’Connor, Cunningham, Funayama, Gatenby, Gore, & Banaji, 2000
Impact of Bias on People of Color

- 70% of people in the US display an anti-Black bias using the IAT (Nosek, Greenwald, Banaji, 2005)

- Approximately 30% of African Americans have been found to display an implicit anti-Black bias (Pew Research Center)

- The majority of people in the US have a negative bias against Latino/x immigrants. Implicit attitudes shape immigration (Efren Perez, Unspoken Politics: Implicit Attitudes and Political Thinking)

- African American men who demonstrate a stronger anti-black bias and report higher levels of discrimination show signs of premature biological aging (Chae et al, 2014)

- Native Americans experience serious psychological distress 1.5x more and PTSD symptoms twice as often as the general population (American Psychiatric Association, 2010)
HISTORICAL TRAUMA

- A set of events perpetrated on a group of people who share a specific group identity with genocidal or ethnocidal intent

- Often result in annihilation or disruption of traditional ways of life, culture and/or identity

- Contributes to sustained cultural disruption and community destruction

African Americans:
Ethnic and Cultural Genocide

SLAVERY ERA
- Enslaved (1619-1865)
- Stolen from lands
- Shackled, stored & shipped in inhumane conditions
- Forced breeding
- Prohibition of native language, customs & traditions
- Systematic abuse
- Sold as property

JIM CROW ERA
- Jim Crow (~1890-1965)
- Abolition of slavery replaced with restrictive black codes
- Convict leasing system
- Sharecropping
- Denial of education
- Denial of VA & other benefits
- Police violence

CURRENT DAY
- Mass incarceration
- Health disparities
- Police violence
- Mass public lynching (Late 1880s-1920s)
- Widely sexual assault & rape of black women
- Forcible breeding
- Negative stereotypes and microaggressions
- Prohibition of native language, customs & traditions
- Systematic abuse
- Denial of education
- Denial of VA & other benefits
- Redlining
- Police violence
- Highest homicide rates
American Indian and Alaska Native: Ethnic and Cultural Genocide

THE WHITE MAN ARRIVES

NOT ALLOWED TO BE “INDIAN”

CURRENT DAY
Latina/Latino/Latinx & Hispanic: Ethnic and Cultural Genocide

Colonization

No Spanish Here

Current Day

1848: Treaty of Guadalupe Hidalgo forces Mexicans out of “Texas”

1860s: Revolutions, Revolts, & Rebellions

1900s: Lynching: Texas Rangers “Los Rinches”

1917: Immigration Act of 1917 – “Literacy” Requirement

1921: Colonization Imposed for First Time

1925: Border Control Created by Congress

1932: US Begins to Deport Mexicans [300,000 – 500,000 in 1930’s]

1940s: Mexican American Veterans Struggle to Receive Benefits

1950’s: Operation Wetback – Locate and Deport

1962: Travel to and from Cuba Prohibited


1970: Lynching: Texas Rangers “Los Rinches”

1980s: Immigration Act of 1986

1990s: Operation Gatekeeper

2000s: Operation Solo

2010s: Operation Crossroads

2017: Deportation of Documented & Undocumented

2018: Immigration Ban

2019: Migrant Caravans

2020: Anti-Immigrant Legislation

2021: Coronavirus: Detaining Children – Separation from Parents

2022: Ongoing English Only Campaigns

Health Disparities

Vandalism

Lynchings

Violence

Hate Crimes

We Serve White’s Only

No Spanish or Mexicans

We Are Workers Not Criminals

We Are Workers Not Criminals

Deportation of Documented & Undocumented
Lesbian, Gay, Bisexual, Transgender & Queer: Cultural Genocide

Pre-Stonewall Era

- Ban on Sexual Minority Immigrants
- Classification as Mentally Ill
- Punitive Castration
- Anti-Sodomy Laws
- Harassment
- The "Lavender Scare"
- Isolation
- Imprisonment

Stonewall Era

- "Deserving of AIDS" at Beginning of Epidemic
- Anti-LGBTQ Protests at LGBTQ Funerals
- Broad Discrimination
- Considered erosive to family & American values
- Accused of inherent pedophilia
- Police Violence

Current Day

- Community-level HIV trauma
- Erasure from Census & Research
- Workplace/Employment Discrimination
- Hate Crimes
- High Rates of Suicide
- Loneliness
- Conversion Therapy
- Addiction
- Work Discrimination
- Erasure from Census & Research
- Conversion Therapy
- Addiction
HISTORICAL TRAUMA

- Trauma of these events is “embodied” or held personally and passed down over generations.

- Often results in *Higher Stress Vulnerability* – impairing ability to cope effectively with stressors.

- Stressful environmental conditions can leave an imprint or “mark” on epigenome (cellular material)
  - Psychological and nutritional stress during pregnancy can lead to biological changes predisposing children to negative health outcomes.

- Biological and psychological expressions of historical trauma are likely contributors to current health disparities.

- Impacts the individual, the family and the community.

The impact of health disparities

• 2002: The Institute of Medicine reviewed and highlighted racial and ethnic disparities in health care as an important factor contributing to disparities in health outcomes (Institute of Medicine, 2002)

• Annual National Healthcare Disparities Report consistently show lower quality of care experienced by African Americans, Hispanics, and American Indians/Alaskan Natives (Moy et al., 2005).
Provider Factors implicated in Health Disparities

• Health care professionals exhibit same levels of implicit bias as the wider population

• Biases are likely to influence:
  ➢ Patient-provider interactions (providers with stronger implicit bias demonstrate poorer patient-provider communication)
  ➢ Diagnostic decisions
  ➢ Treatment decisions
  ➢ Treatment adherence
  ➢ Levels of care
  ➢ Patient health outcomes

Maina et al, 2017; Fitzgerald and Hurst, 2017; Burgess, Beach and Saha, 2017; Hall et al, 2015; Blair, Steiner & Havranek, 2011)
Provider Factors implicated in Health Disparities

• Higher implicit bias is associated with disparities in:
  ➢ Treatment recommendations
  ➢ Expectations of therapeutic bonds
  ➢ Pain management
  ➢ Empathy

• Significant positive relationship between level of implicit bias and lower quality of care

• Providers with stronger implicit bias demonstrate poorer patient-provider communication.

(Fitzgerald and Hurst, 2017; Hall et al, 2015; Schaa, Roter, Biesecker, Cooper and Erby, 2015; Greenwald, Poehlman, Uhlmann & Banaji, 2009; Dovidio, Kawakami, Gaertner, 2002; Dovidio & Fiske, 2012)
Disparities: A Systematic Stroke Care Review

• Differences among racial and ethnic groups in the distribution of the burden of:
  - risk factors
  - stroke
  - incidence and prevalence
  - stroke mortality

• Racial and Ethnic differences in:
  - Attitudes, beliefs, and compliance
  - socioeconomic status
  - insurance coverage
  - mistrust of the healthcare system

• Compared to White patients, minority group members:
  - Have less awareness of stroke symptoms and signs
  - Lack knowledge about the need for urgent treatment and the causal role of risk factors
  - Use emergency medical services systems less
  - Are often delayed in arriving at the emergency department
  - Have longer waiting times in the emergency department
  - Are less likely to receive thrombolysis for acute ischemic stroke
  - Have equal access to rehabilitation services but experience longer stays and have poorer functional status
  - Are inadequately treated with both primary and secondary stroke prevention strategies

Cruz-Flores et al, 2011
Disparities: A Systematic Stroke Care Review

- Relatively limited number of minority providers
- Cultural and language barriers
- The presence of bias in the delivery of care
- Participation of minorities in clinical research is limited.
  - Barriers include beliefs, lack of trust, and limited awareness.
- Race is a contentious topic in biomedical research
- Cultural Humility
Bias: Child Birth

- Black and Hispanic women in labor are less likely to receive epidural analgesia than White non-Hispanic patients
  - Differences remain even when accounting for insurance coverage and clinical characteristics

- Patients who completed fewer years of schooling also less likely to have an epidural for labor

- Rates of epidural use did not vary for Black patients regardless of type of insurance coverage

Atherton, Feeg & el Adham, 2004; Glance et al, 2007; Hueston McIaflin, Mansfield & Rudy, 1994; Obst, Nauenberg & Buck, 2001; Rust et al, 2004
BIAS & AID-IN-DYING

• Aid-in-Dying patients are typically:
  – Male
  – White
  – Over 65 years old

• Potential factors for overrepresentation of older white men:
  – High cost of health care
  – Lack of awareness of end-of-life care options
  – Language barriers
  – High levels of distrust of medical professionals
  – Religion
BIAS: PALLIATIVE & END-OF-LIFE CARE

**Pain Management**
- Black and Latinx in pain receive inadequate analgesia compared to non-Latinx whites (Anderson et al, 2009; Todd, 2001)
- Once prescribed pain medication, minority patients unable to rely on community pharmacies to have adequate stocks of drugs (Morrison et al, 2000)

**Long Term Care** (US DHHS, National Healthcare Disparities Report, 2013)
- Black and Latinx were more likely to have bed sores
- All minority nursing home residents more likely to be placed in physical restraints than White residents

**Hospice Care** (US DHHS, National Healthcare Disparities Report, 2013)
- Blacks, APIs, Latinx and AI/AN less likely than non-Latinx Whites to receive the right amount of emotional support
- Blacks, API, Latinx and AI/AN less likely to receive end-of-life care consistent with their wishes
Structural and Systemic Interventions

• Provide insurance coverage and access to high-quality care for all Americans.

• Promote a diverse health care workforce.

• Deliver patient-centered care.

• Maintain accurate, complete race and ethnicity data to monitor disparities in care.

• Set measurable goals for improving quality of care, and ensure that goals are achieved equitably for all racial and ethnic groups.

Ayanian & Williams, 2011
Defining Trauma-Informed Care

“A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.”

Substance Abuse and Mental Health Services Administration (SAMHSA, 2012)
Key Steps toward Trauma Informed Care

• Meet needs in a safe, collaborative and compassionate manner

• Prevent treatment practices that retraumatize people with histories of trauma who are seeking help or receiving services

• Endorse trauma-informed principles in your space through support, consultation and supervision of staff

• Train providers (including providers in training) to offer trans-competent care

• Build on the strengths and resilience of the individual in the context of their environments and communities

SAMHSA, 2012
Reducing Stigma and Promoting Resilience

**Social Support**

- Provide opportunities to receive validation about life experiences of stigma and discrimination
- Encourage open discussion of experiences of stigma and discrimination, and, in doing so, actively avoid suppression of thoughts, rumination and distress, that often accompany perceptions of stigma.
Reducing Stigma and Promoting Resilience

**Self-efficacy**

- The perception of having control over one’s circumstances and perception of capability to effectively carry out actions

- People who feel in control of their lives may be more likely to engage in health affirming activities, seek help and practice a lifestyle that promotes health.
Building trust and empowerment

- Empowerment manifests through racial/ethnic/community pride, consciousness-raising groups and economic empowerment.
- Establish opportunities to receive support
- Increase resources to build community capacity to address challenges as they arise
- Development and deployment of skills, knowledge, and resources that facilitate these efforts.
- A key component to empowerment efforts is community involvement at every stage from program development through implementation.
- Utilize Community-Based Participatory Research models

Goodman, 1998
Reducing Stigma and Promoting Resilience

**Spirituality**

- Spirituality (formal or informal) often provides a sense of meaning or purpose in the world, a reason for living, and the feeling of a ‘second chance’
Self-esteem – the overall evaluation of one’s worth

• Individuals with high self-esteem may:
  • Experience less stress
  • Demonstrate adaptive coping behaviors
  • Seek and obtain more social support.

• Effective strategies to enhance self-esteem include:
  • Connecting with racial/ethnic/community heritage to instill pride
  • Engaging in culturally relevant activities as well as cultural practices, beliefs, values norms and ideologies components.
1. Cultural Humility NOT Cultural Competency

2. Mindfulness
   - Noticing “gut reactions to specific individuals or groups
   - Sitting with discomfort and leaning into it
   - Naming and owning emotions
   - Recognizing behaviors used to avoid difficult/uncomfortable situations

3. Conscious affirmation of egalitarian goals – considering specific ways to implement them

4. This process is an interactive AND ongoing as is…
5. Increasing awareness of social and cultural factors that impact health beliefs and behaviors
   - Organization level – leadership and workforce
   - Structural – processes of care
   - Clinical – provider-patient encounters

6. What is the patient’s perspective? - consider this ALWAYS

7. What situations increase negative or stereotypical responses? How might you change them?

8. Seek out researchers to collaborate and/or participate in implicit bias research to assist in the development of evidence-based interventions
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