Implicit Association and Unconscious Bias: 
*Increasing Awareness of Our Human “Blindspots”*

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Agenda

- Introduction
- Implicit Association Test (IAT)
- Reflecting on Unconscious Bias in Provider/Patient Relationships
- Other forms of bias
- Discussion of Research
- Strategies to diminish bias
What Contributes to Our Response To Individuals And Groups?

Objective Assessment (explicit)

Subjective Assessment (implicit)

Our Response

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Objective-Subjective Assessment

Objective Assessment
- Knowledge of cultural norms
- Analysis of data
- Education
- Training

Subjective Assessment – perceptions and stereotyping
- Early messages
- Make-up & values of community
- Generation & identity group membership
- Formal & informal learning
- Current events
- Individual differences/genetics
Implicit Association Test (IAT) is a computerized test that measures the subtle biases we hold.

- Available at: https://implicit.harvard.edu/implicit/

- The test is based on the understanding that we are quicker at making connections among ideas that are already related in our minds.

- The IAT may be especially interesting if it shows that you have an implicit attitude that you are NOT aware of.

Video Debrief

- Thoughts, reactions, feelings in response to the video?
- If you have ever taken one or more of the Implicit Association Tests, what was your experience?
- What are your thoughts regarding the Implicit Association Test and its practical use for increasing awareness and/or informing behavior and actions?
A meta-analysis of 122 studies of IAT – behavior correlations, found that IAT measures of implicit attitudes are a better predictor of behavior than are self-reported attitudes in socially sensitive areas.

How prevalent are unconscious biases?

- 75% of all people who have taken the Black/White IAT online show an implicit White preference
  - 30% of African-Americans do
- 80% of people show an implicit preference for young vs old
  - Just as strong in elderly participants
- On the gender-career IAT, 75% of men and 80% of women show a stronger association of male-work and female-family
- 76% of people show an implicit preference for able-bodied over physically-disabled; correlation between explicit and implicit views lowest of all for this test

Banaji & Greenwald, 2013
Unconscious Bias

- Unconscious/out of awareness
- Unconscious biases are automatically activated through associations or stereotypes that relate to groups
- Can occur in people deeply committed to equity, fairness and inclusion
- Developed as the result of early learning, significant role-models, the media, etc.
- Unconscious biases can affect interactions in the classroom, consultation room or in the lab.
The connection between bias & time. . .

- Time pressure increases the likelihood of relying on shortcuts, such as stereotyping or prejudice, because clinicians are forced to make quick judgments, often without enough information.
Where does unconscious bias “operate” in academic medicine?

- Faculty - trainee
- Doctor - patient
- Faculty - faculty
- Administration - faculty
- Researcher - participant
- Institution - community
Recognizing Unconscious Bias in Ourselves and Others

SCENARIO A
- Think about a particular patient encounter in which upon reflection, you realize may have been influenced by your own “blindspot”/unconscious bias.
  - What do you think shaped or informed the bias you held?
  - How did it potentially impact the quality of your interaction with the patient?
  - If you knew then, what you know now, what might you do differently?

SCENARIO B
- Think about a particular situation where you were the patient and you recognized that the Provider treating you may have been influenced by their blindspots/unconscious bias.
  - What do you think shaped or informed the provider’s bias?
  - How do you think it may have impacted the quality of your interaction with the Provider and your care?
  - If you knew then, what you know now, is there anything you might have done differently?
In a randomized double-blind study ($n = 127$), science faculty from research-intensive universities rated the application materials of a student—who was randomly assigned either a male or female name—for a laboratory manager position. Faculty participants rated the male applicant as significantly more competent and hireable than the (identical) female applicant. These participants also selected a higher starting salary and offered more career mentoring to the male applicant. The gender of the faculty participants did not affect responses.

Science faculty’s subtle gender biases favor male students
C. Moss-Racusin, J. Dovidio, V. L. Brescoll, M. Graham, and J. Handelsman
Proceeding of the National Academy of Science, 2012
Professors from Duke University’s Fuqua School of Business and University of California, San Diego’s Rady School of Management recently studied the vocal pitches of 792 male chief executives at publicly traded companies. They wanted to find out whether deep voices correlated with success. A separate Duke study last year found that voters favor political candidates with deeper voices.

The researchers in this latest study tracked the vocal “fundamental frequencies” of CEOs’ speech during earnings calls or investor presentations, then analyzed measures of their success, including compensation, company size and tenure in the corner office.

The median CEO, with a 125.5 Hz vocal frequency, earned $3.7 million, ran a $2.4 billion company and was 56 years old. (For perspective, Duke researcher Bill Mayew says that James Earl Jones’s voice is around 85Hz, and Gilbert Gottfried’s tops 200Hz.).

Researchers found that executives with voices on the deeper (that is, lower-frequency) end of the scale earned, on average, $187,000 more in pay and led companies with $440 million more in assets.
Priming

http://www.macfound.org/fellows/913/#sthash.6QKuvRqB
Other Beliefs and Decision Biases

- The tendency for people to overestimate the degree to which others agree with them

- People perceive their knowledge of their peers to surpass their peers' knowledge of them

- The tendency to unconsciously assume that others share one's current emotional states, thoughts and values
Other Beliefs and Decision Biases

- The tendency to see oneself as less biased than other people, or to be able to identify more cognitive biases in others than in oneself


- The tendency to remember one's choices as better than they actually were


- When better-informed people find it extremely difficult to think about problems from the perspective of lesser-informed people


- The tendency to place too much importance on one aspect of an event.

What can we do to manage unconscious biases?

- Deepening our understanding of research related to subtle bias
- Simply knowing the nature of our own biases can help us be more equitable in how we perceive, interact and make decisions about patients.
- Understanding the cost and benefits of biases
- Increasing self-awareness and reflection
- Deepening understanding of prevailing cultural stereotypes
- Enhancing receptivity to open conversations and on-going learning regarding areas of potential bias
Thanks!

The End ~ Questions?