

Recognizing and Mitigating Bias in Academia

William Thomas
Sherita H. Golden

Office of Diversity, Inclusion, and Health
Equity



JOHNS HOPKINS
MEDICINE

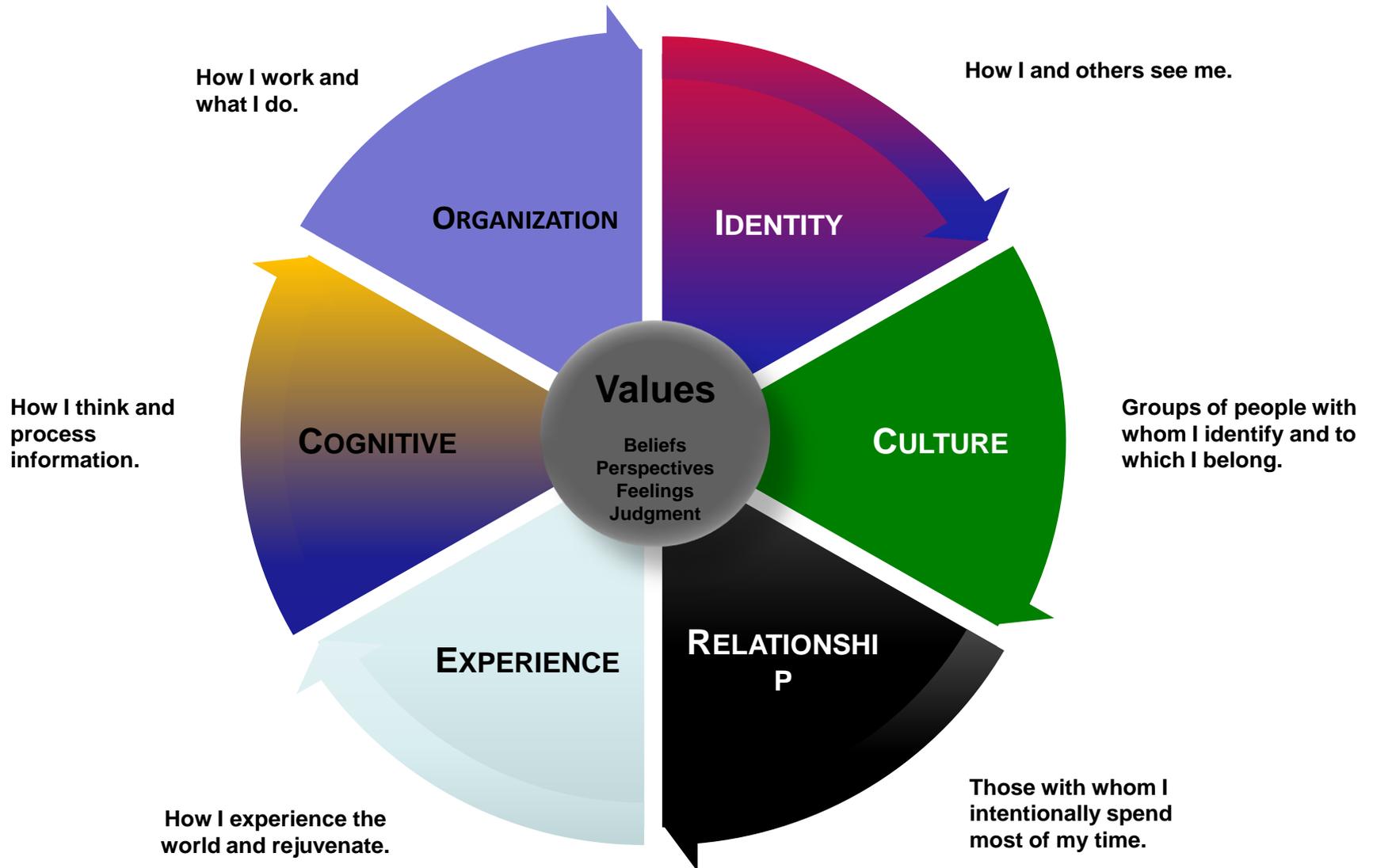
What Is Your Own Diversity Story?

**What Experiences Have Shaped
You Into Who You Are Today?**

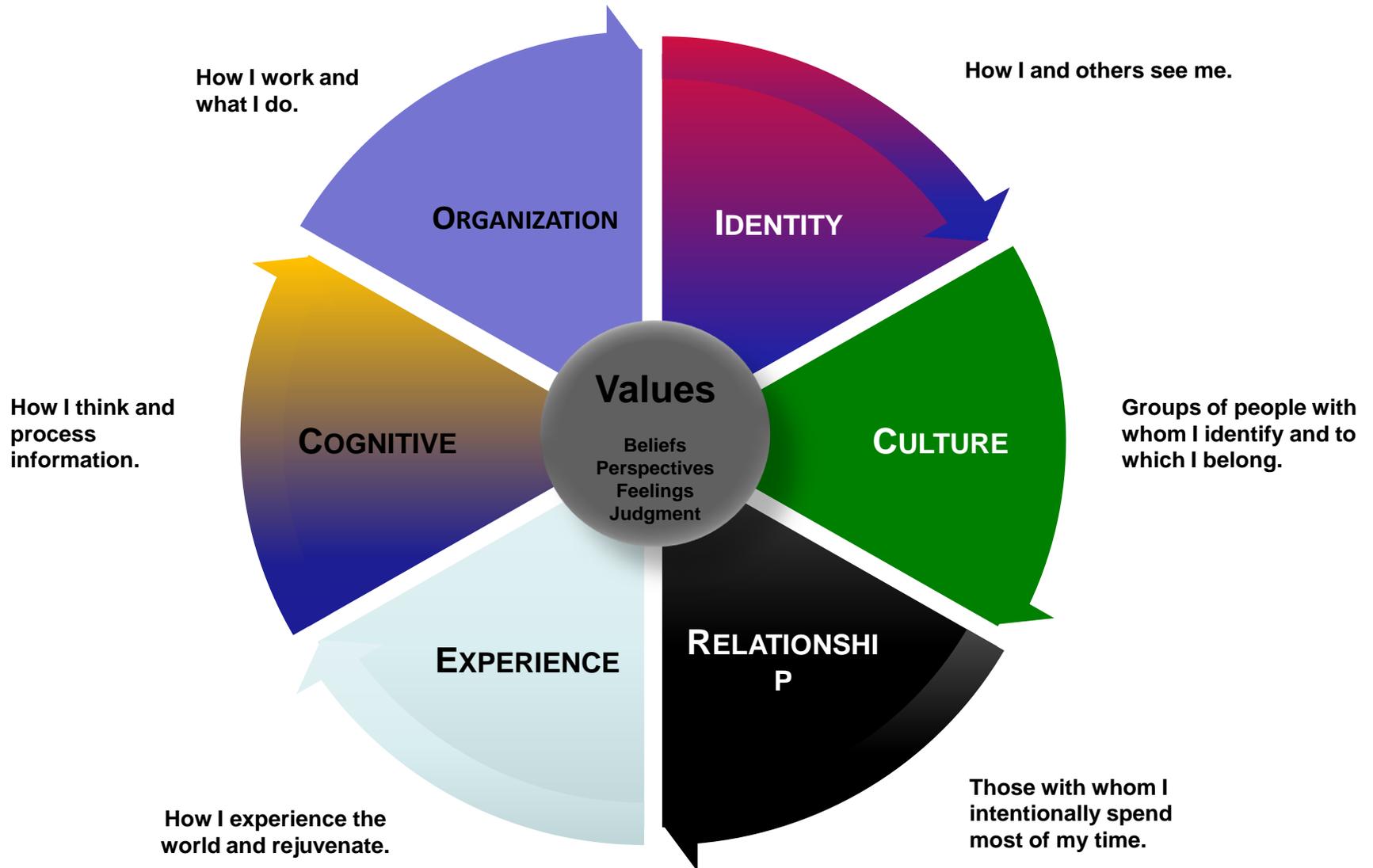


JOHNS HOPKINS
M E D I C I N E

The Diversity Circle



The Diversity Circle



The Diversity Circle Exercise

- Go to the chat box. Click and download the Diversity Circle exercise file.
- Take 5 minutes to respond to the items in the document.

Discussion

- Discuss your responses.
- How did it feel doing this exercise?
- What is something new you learned?
- Think about how your experiences have shaped who you are today?

Discussion of AAMC/AMA Advancing Health Equity: A Guide to Language, Narrative and Concepts



JOHNS HOPKINS
M E D I C I N E

The Impact of Words: Dowry versus Recruitment Package

9/18/22, 7:43 PM

Young brides' deaths trigger dowry crackdown in southern India | Reuters

REUTERS World Business Markets Breakingviews Video More

BIG STORY 10

JUNE 28, 2021 / 8:32 AM / UPDATED A YEAR AGO

Young brides' deaths trigger dowry crackdown in southern India

"Parents have to realize that the barbaric dowry system degrades our daughters as commodities. We must treat them better, as human beings." Pinarayi Vijayan Kerala Chief Minister



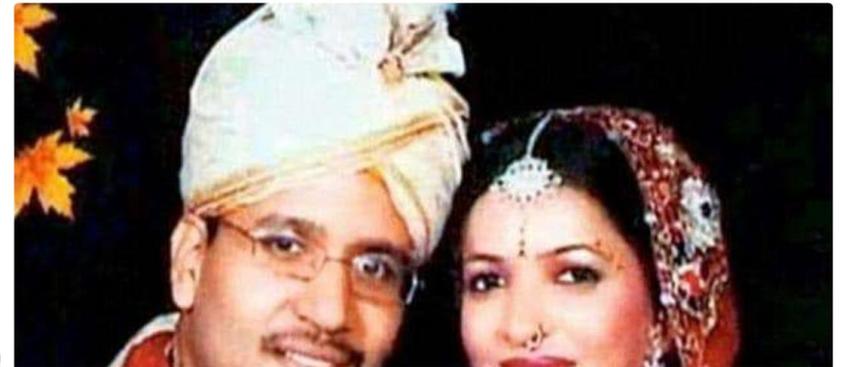
<https://www.cnn.com/2021/07/31/india/india-kerala-dowry-deaths-intl-hnk-dst/index.html>

Geetanjali 'dowry death': After Rs 51 lakh, 101 gold coins, two luxury cars, Garg wanted more

India News

Updated on Dec 13, 2016 04:49 PM IST

The chargesheet in the Geetanjali 'murder' case before the Central Bureau of Investigation (CBI) court here has claimed that victim's husband Ravneet Garg, a suspended judge, had taken a huge dowry and continued to harass her for more.



GLOBAL CITIZEN

NEWS

DEMAND EQUITY

20 Women in India Die Every Day Due to "Dowry Deaths"

Every year thousands of women are killed or die by suicide due to harassment over dowries.

I AM AN OUTBREAK.

Babies often get seriously ill with the flu.
Everyone six months of age and older should get a flu vaccine.

Talk to your doctor, call your pharmacy or call 311 | cityofchicago.org/health



#FIGHTTHEFLU

Beautiful



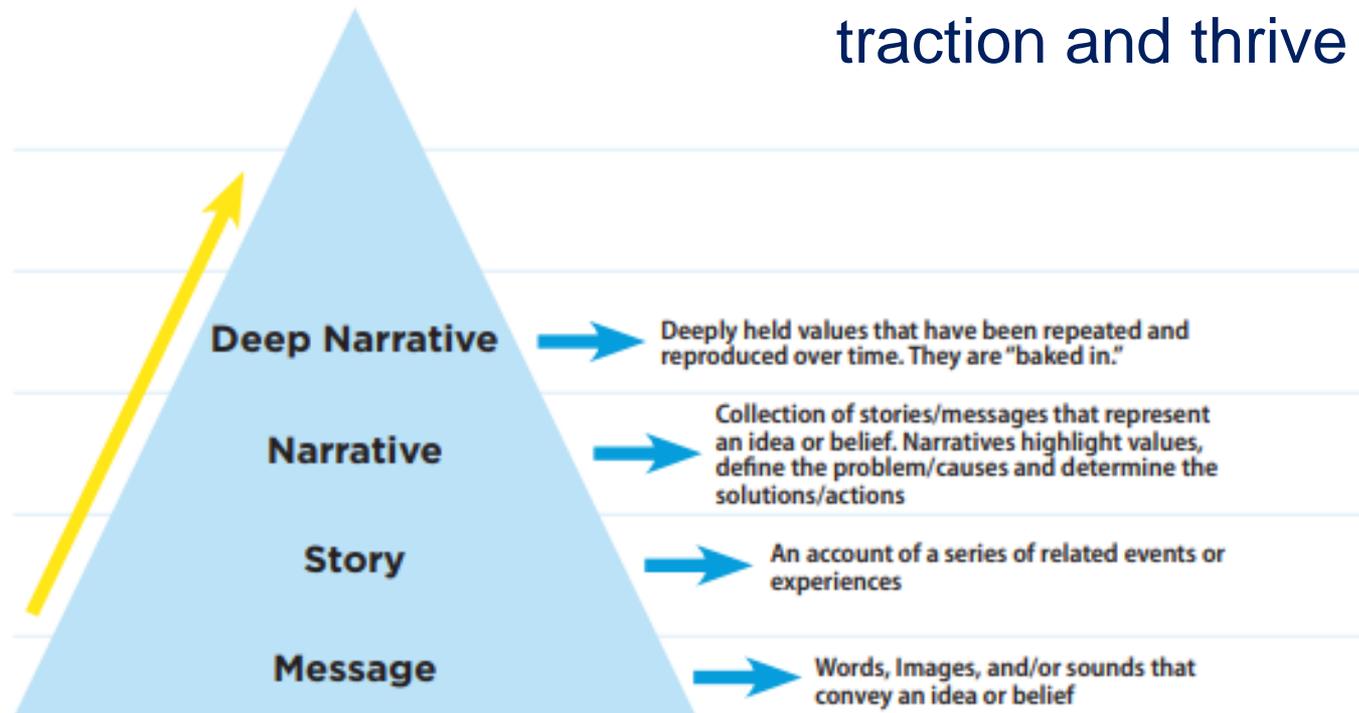
Prioritizing Equity Video

https://youtu.be/1GSDQqOUF_M

What came to mind after watching the video and hearing the discussion?

The Narrative Ecosystem

Figure 1: The Narrative Ecosystem



Dominant narratives receive traction and thrive

Source: *Guide to Counter-Narrating the Attacks on Critical Race Theory*.³

Dominant Narratives

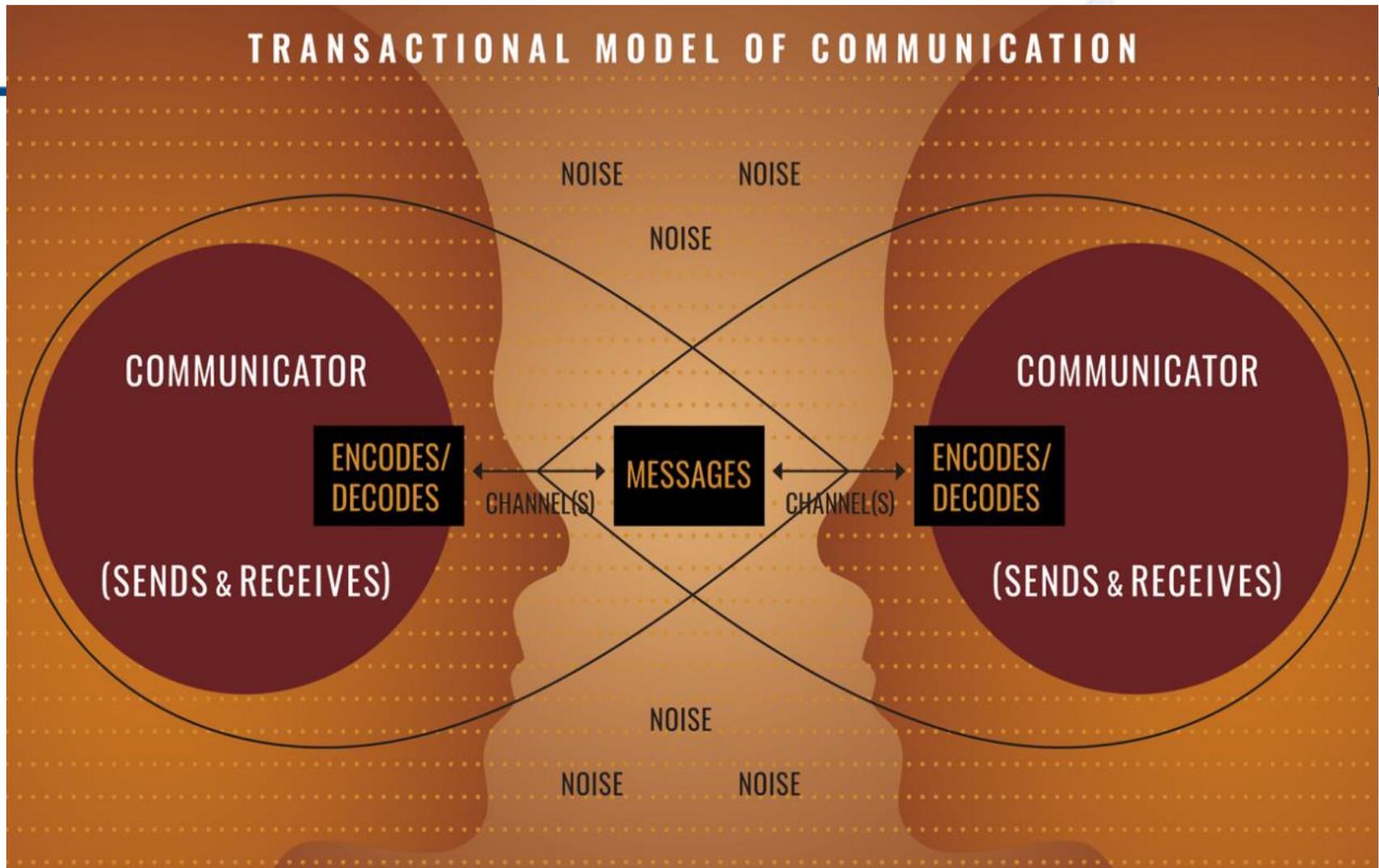
Dominant narratives are deeply rooted, ingrained, widespread stories, explanations or cultural practices that give preference to the interests of society's most powerful social groups, often based on race, class, gender, sexual orientation, physical ability and other characteristics used to oppress other groups.

Dominant Narratives and Group Think



JOHNS HOPKINS
M E D I C I N E

Between Me and Thee



Encoding/Decoding

- Same word/different meaning
- Technical terminology
- Slang
- Language facility

What's the Noise?

- Perception: memory and experience
- Prejudice: judgements based on perception
- Bias: Conscious and Unconscious

Prejudice

A social *emotion* experienced with respect to one's social identity as a group member with an out-group member as a target.

Elliot Smith (1993)

My Identity:

Resident

Gender Identity

Age

Race/Ethnicity

Sexual Orientation

Group Think

- Groupthink occurs when a group values cohesiveness and unanimity more than making the right decision.
- In situations characterized by groupthink, individuals may self-censor criticism of the group decision.
- Although groupthink leads to making suboptimal decisions, group leaders can take steps to avoid groupthink and improve decision-making processes.

Eight Symptoms of Groupthink

1. **The illusion of invulnerability** : Creates excessive optimism that encourages taking extreme risks.
2. **Collective rationalization**: Members discount warnings and do not reconsider their assumptions.
3. **Belief in inherent morality**: Members believe in the rightness of their cause and therefore ignore the ethical or moral consequences of their decisions.
4. **Stereotyped views of out-groups**: Negative views of “enemy” make effective responses to conflict seem unnecessary.
5. **Direct pressure on dissenters**: Members are under pressure not to express arguments against any of the group’s views.
6. **Self-censorship**: Doubts and deviations from the perceived group consensus are not expressed.
7. **Illusion of unanimity** : The majority view and judgments are assumed to be unanimous.
8. **Self- appointed ‘mindguards**: Members protect the group and the leader from information that is problematic or contradictory to the group’s cohesiveness, view and/or decisions.

Groupthink and the Dominant Narrative

When groupthink is present, the small group is subjected to a number of defects that affects the group's perspective taking and decision-making processes. Typically, the cohesive group will not discuss alternative options. Any course of action viewed by the group majority as not fitting the dominant narrative will be neglected. This leads to the blocking out of crucial information that may lead to the evaluation of alternative courses of action.

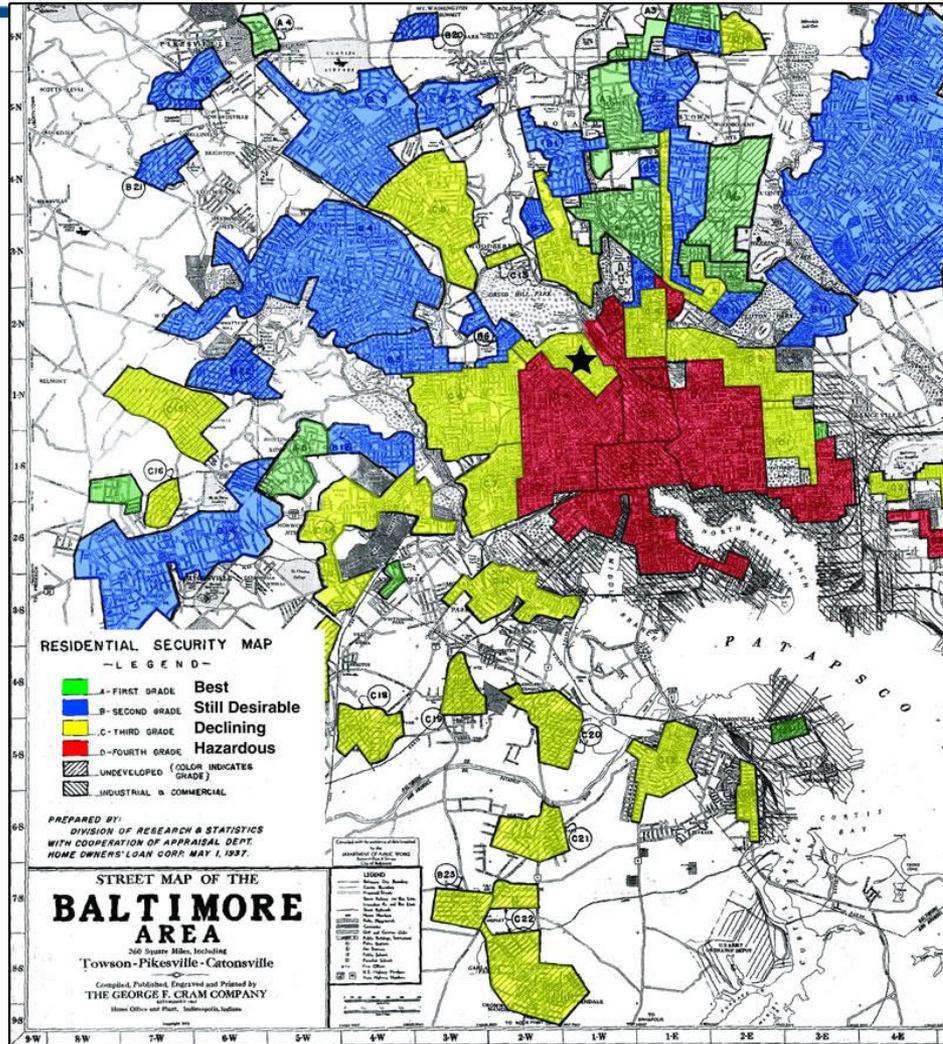
Furthermore, the cohesive group will select the information and opinions it wishes to appraise. Information that does not conform to their favored viewpoint or dominant narrative will be ignored. This further constrains the discussion of alternative options. These potential effects of groupthink drastically increase the likelihood that the decision to be made will be of poor quality. Janis 1982

Some Features of Dominant Narratives



| Features | Examples |
|--|---|
| Dominant Narratives absolve people and institutions of responsibility of social justice | Housing market crash of 2008 |
| Dominant narratives use coded racial language to feed on insecurities of the white community | Inner city/ghetto, colorblind, welfare queen, tough on crime, government handouts |
| Dominant narratives position people as consumers rather than citizens; choices are defined through individual consumption rather than broad social policy, serving as a substitute for democracy | Health insurance |
| Dominant narratives blame people for their own condition by placing the cause of their problems on the individuals themselves, and not on systems that generate inequity | Obesity, HIV/AIDS status, COVID-19 status etc... |

Redlining Baltimore City

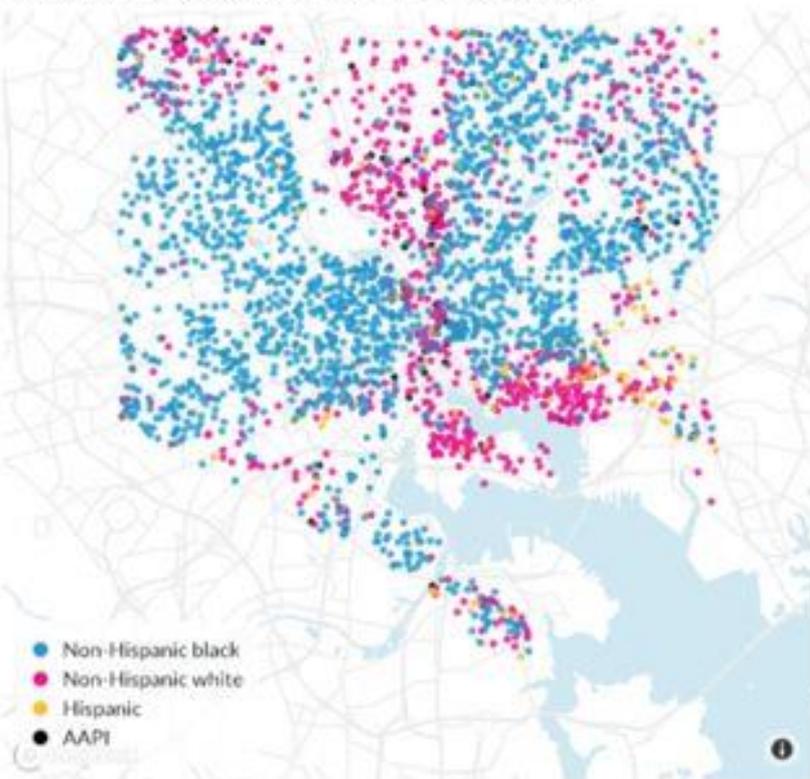


Baltimore City 1910 Housing Ordinance:

“...to compel by law the separation of the white and black races in their places of residence; to prohibit the negro from intruding himself and his family as permanent residents in a district already dedicated to the white race, and equally, to prevent the white man from forcing himself upon a district given over to the negro.”

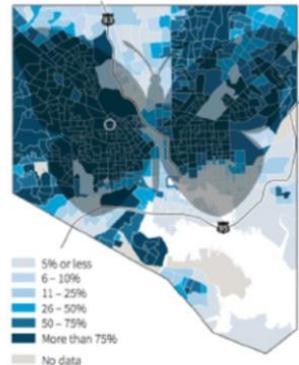
The Black Butterfly and the White L

Population distribution of residents by race or ethnicity

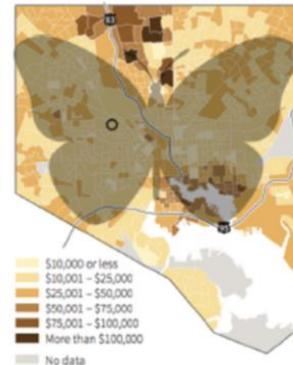


Source: 2012-16 American Community Survey data.
 Notes: Each dot represents 200 residents. AAPI = Asian American and Pacific Islander.

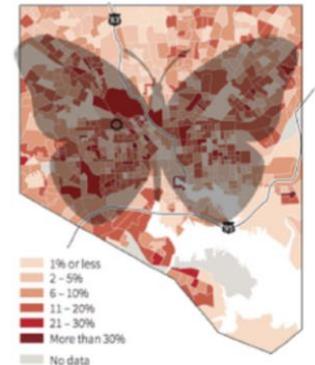
AFRICAN AMERICAN (BLUE)



LOW INCOME (LIGHTER)



UNEMPLOYMENT (RED)



Sources: 2013 American Community Survey estimates, U.S. Census Bureau; Open Baltimore, City of Baltimore; Reuters
 C.Chen, 28/04/2015

HISTORICAL DISCRIMINATION AND RACISM DURING SLAVERY AND POST-CIVIL WAR

Medical and Scientific Contributors

- Eugenics Theory defining certain races and ethnicities as biologically inferior
- Closure of medical schools training black physicians in 1910s
- Experimentation on vulnerable groups without their consent

↓ Trust in medical establishment

Healthcare provider bias toward minority patients

Language and communication barriers

Healthcare Context

Poor access to care, ↓ quality of care, ↓ participatory decision-making in patient-provider relationships, ↓ health literacy

↑ Stress, Blood Pressure, Obesity, Cholesterol, Blood Glucose

DISPARITIES IN CARDIOMETABOLIC OUTCOMES

Social Conditions and Policies

- Redlining and predatory lending leading to racial residential segregation and housing insecurity
- Homestead Act (1862) and Desert Land Act (1877)—drying up of Gila River and reliance of Indigenous Americans on reservations and government subsidies
- Inadequate investment to maintain public works and school systems in minoritized neighborhoods and on reservations
- Discrimination in access to high quality jobs with adequate health insurance (farm and domestic labor excluded from social security benefits of New Deal Legislation)

Structural and institutional racism

Physical Context

↓ neighborhood stability, cleanliness, sidewalks, open space, parks
↓ access to healthy food
↓ affordable housing

Health Equity Guiding Principles for Unbiased, Inclusive Communication

1. Consider how our language and the narrative behind it shapes our thinking
2. Avoid use of adjectives such as “vulnerable” and “high-risk”
3. Avoid dehumanizing language. Use person-first language instead
4. Remember that there are many types of subpopulations
5. Avoid saying “target,” “tackle,” “combat” or other terms with violent connotation when referring to people, groups or communities
6. Avoid unintentional blaming

7 Equity-Focused Terms to Engage Patients and Community

| Promotes Health Equity | Outdated/Conventional |
|---|--|
| Cultural humility | Cultural competence |
| Groups experiencing disadvantages or historically disadvantaged | Disadvantaged, under-resourced, or underserved |
| Formerly incarcerated (returning citizens) | Ex-con or felon |
| Native Peoples/Indigenous peoples/American Indian and Alaska Native | Indians |
| Undocumented immigrants | Illegal immigrant |
| Historically marginalized | Minority or underrepresented minority |
| Nonadherence | Noncompliance |

Other Equity-Focused Terms to Use

| Promotes Health Equity | Outdated/Conventional |
|---|--|
| Minoritized, Historically Marginalized | Minority |
| White | Caucasian |
| Black | Black or African American |
| Hispanic/Latino/Latina/Latinx/Latiné | Hispanic/Latino/Latina |
| Native Peoples | Indians |
| Native Hawaiian and Pacific Islander | Asian and Pacific Islander |
| Asian | Asian and Pacific Islander |
| Inequities | Disparities |
| Equity | Equality |
| Sex assigned at birth/gender/gender identity | Sex/gender/gender identity |
| Functional needs | Special needs |
| Hard of hearing | Partial hearing loss/partially deaf |
| Non-disabled or people without disabilities | Healthy, able-bodied, normal or whole |

Other Equity-Focused Terms to Use



| Promotes Health Equity | Outdated/Conventional |
|--|---------------------------------------|
| White | Caucasian |
| Black | Black or African American |
| Hispanic/Latino/Latina/Latinx/Latiné | Hispanic/Latino/Latina |
| Native Peoples | Indians |
| Native Hawaiian and Pacific Islander | Asian and Pacific Islander |
| Asian | Asian and Pacific Islander |
| Inequities | Disparities |
| Equity | Equality |
| Sex assigned at birth/gender/gender identity | Sex/gender/gender identity |
| Functional needs | Special needs |
| Hard of hearing | Partial hearing loss/partially deaf |
| Non-disabled or people without disabilities | Healthy, able-bodied, normal or whole |

Contrasting Conventional (Well-intentioned) Phrasing with Equity-focused Language that Acknowledges Root Causes of Inequities



| Well-intentioned/Conventional | Revision that uses Equity-focused Language |
|--|--|
| Native Americans have the highest mortality rates in the United States. | Dispossessed by the government of their land and culture, Native Americans have the highest mortality rates in the United States. |
| Low-income people have the highest level of coronary artery disease in the United States. | People underpaid and forced into poverty as a result of banking policies, real estate developers gentrifying neighborhoods, and corporations weakening the power of labor movements, among others, have the highest level of coronary artery disease in the United States. |
| Factors such as our race, ethnicity or socioeconomic status should not play a role in our health. | Social injustices including racism or class exploitation, e.g., social exclusion and marginalization, should be confronted directly, so that they do not influence health outcomes. |
| For too many, prospects for good health are limited by where people live, how much money they make, or discrimination they face. | Decisions by landowners and large corporations, increasingly centralizing political and financial power wielded by a few, limit prospects for good health and well-being for many groups. |

**What does this mean for you or
your leadership, research and
teaching?**

**What's your commitment to
action?**

Consequences of Bias and Structural Racism/Oppression



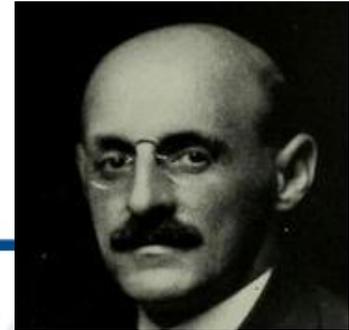
JOHNS HOPKINS
M E D I C I N E

Lack of Biomedical Workforce Diversity



JOHNS HOPKINS
M E D I C I N E

Flexner Report, 1910



- Eliminated proprietary schools
- Supported establishment of biomedical model as gold standard of medical training
- Racial implications
 - Forced closing of historically black medical schools except for Howard Medical School and Meharry Medical College
 - African Americans excluded from medical institutions → Blacks vulnerable to medical abuses and faced barriers receiving medical education

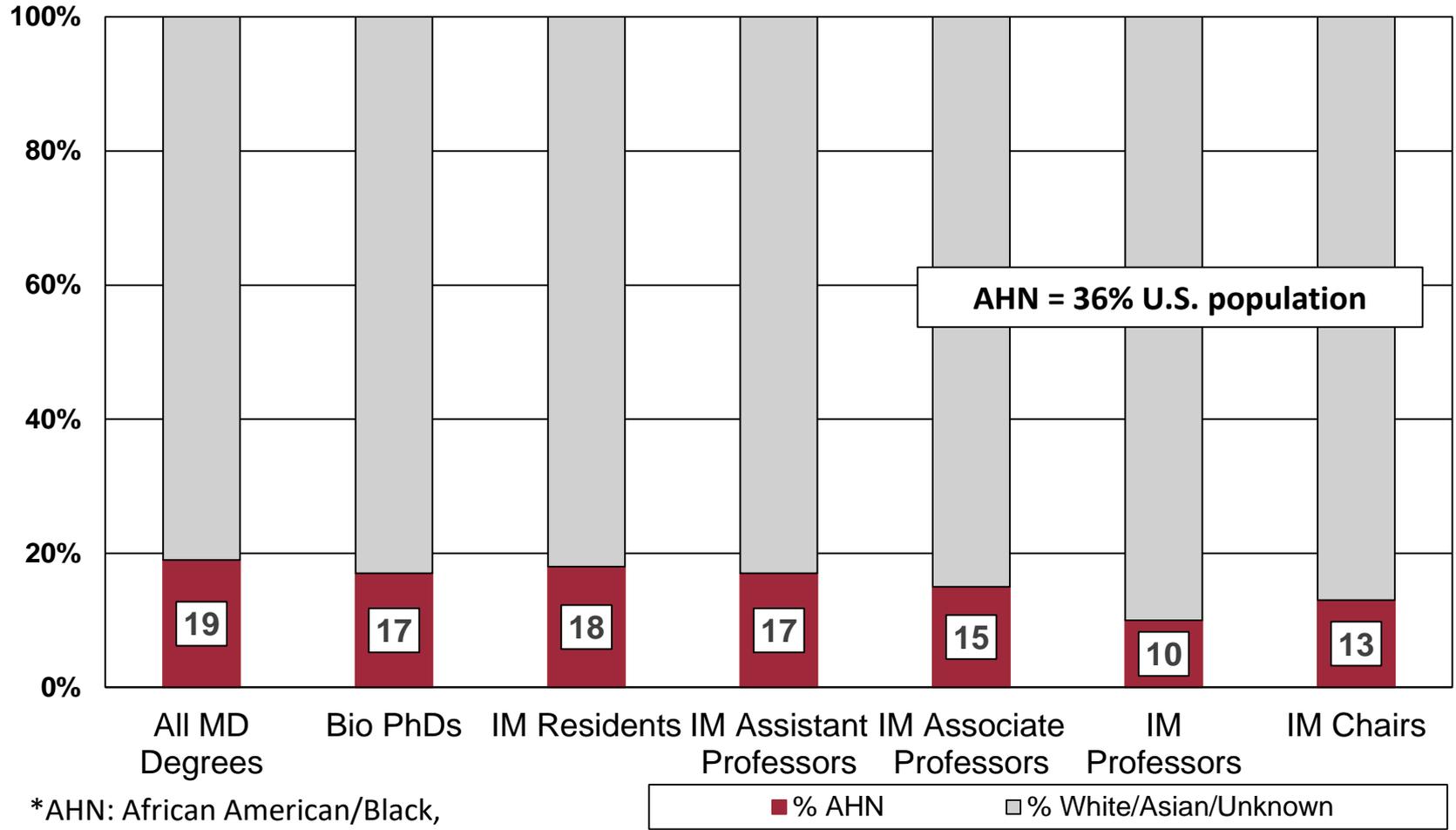
Implications of Historically Black Medical School Closures

- Estimated consequences associated with closure of historically Black medical schools for number of African American medical school graduates
 - Obtained # of graduates from 13 historically Black medical schools now closed (through historical records)
 - Obtained data on historically Black medical schools currently open through school-specific and AAMC reports
 - Projected estimates of outcomes from hypothetical continued operation and expansion of 5 closed historically Black medical school included in the Flexner Report
- Findings—5 of the closed medical schools might have collectively trained an additional 35,315 graduates by 2019, resulting in 29% increase in # of graduating Black physicians in 2019 alone

Campbell et al, *JAMA Network Open*, 2020

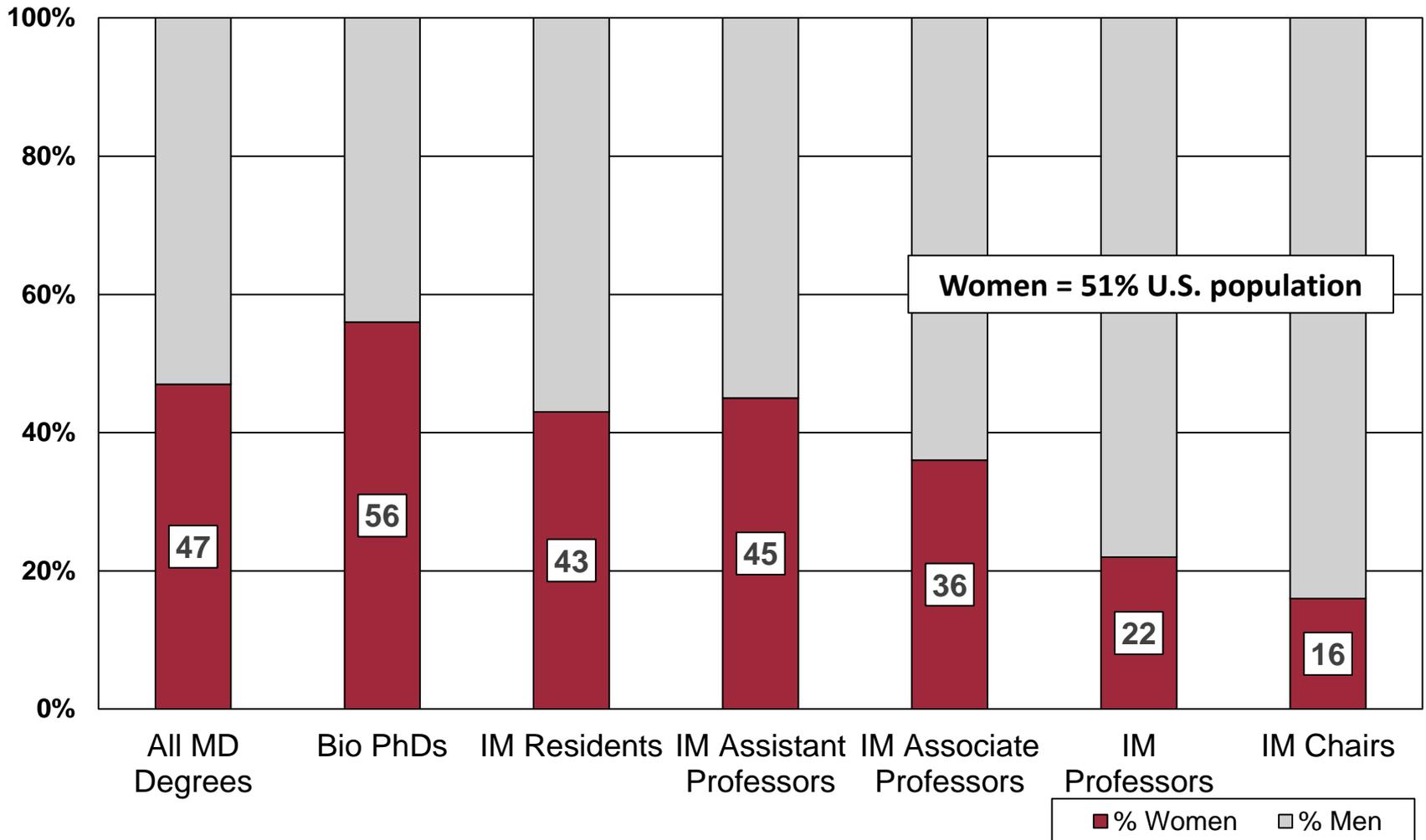
October 24,

AHN* individuals are underrepresented at all career stages

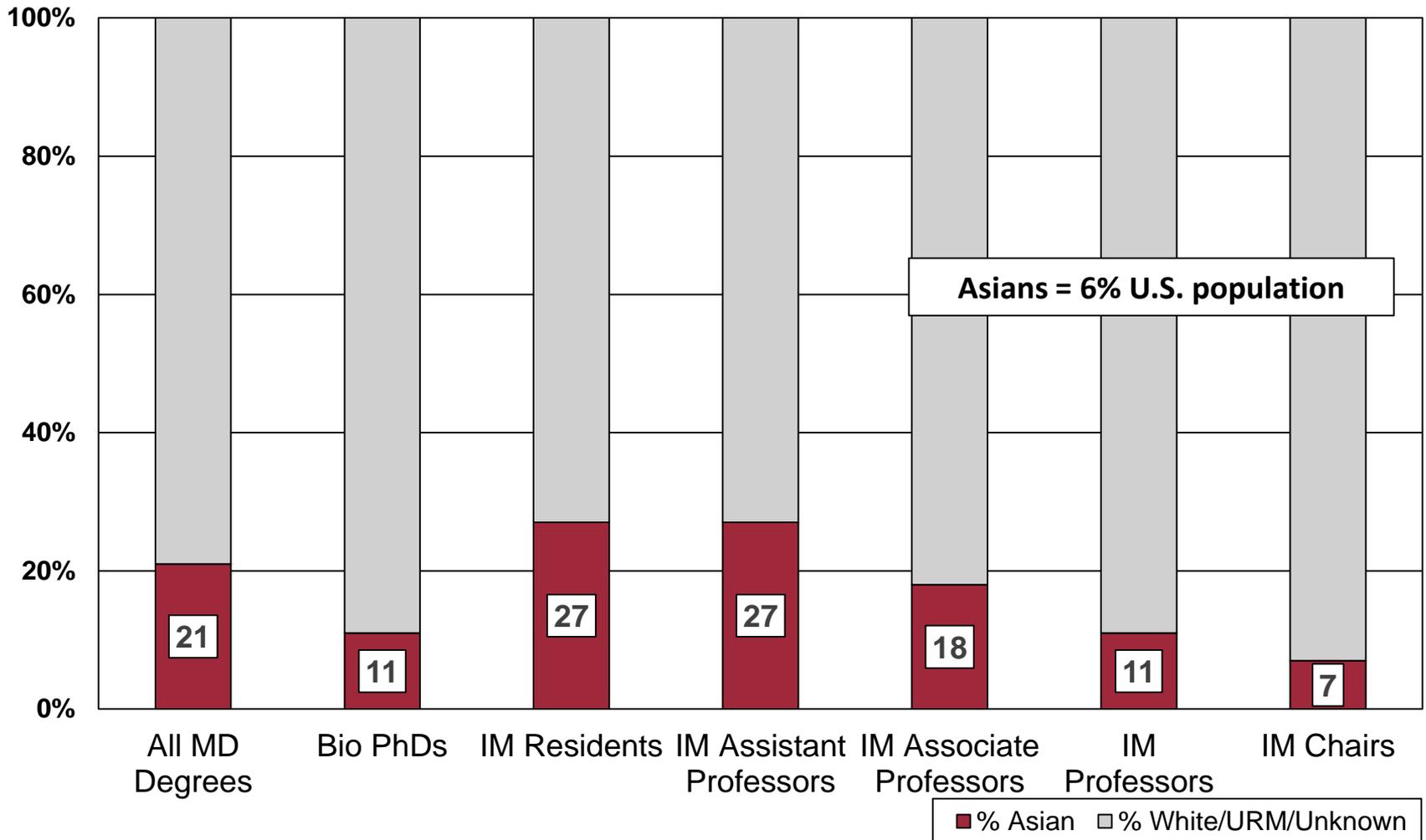


*AHN: African American/Black, Hispanic/Latinx, Native American/Alaskan Native, and Native Hawaiian/other Pacific Islanders

Women are underrepresented in leadership in internal medicine



Disproportionate loss of Asians in leadership in internal medicine



Diversity in academic medicine has many benefits

- Diverse groups are more productive, creative, innovative, and engage in higher levels of critical analysis (Phillips 2014; Kets & Sandroni 2015; Page 2017; and more)
 - E.g., publish more articles in higher impact journals (Freeman & Huang 2014, 2015)
- Diverse perspectives yield new approaches to teaching, research, and mentorship (Morrison & Grbic 2015; Woolley et al. 2010; Umbach 2006; Xie et al. 2011; Nielsen et al. 2017; and more)
- White medical students at schools with diverse student bodies feel better prepared to care for non-White patients (Saha et al. 2008)
- Decreases health disparities (Levine & Ambady 2013; Louis Sullivan Commission 2004; Smedley et al. 2003; Smedley et al. 2004)

Perpetuation of Health and Healthcare Inequities



JOHNS HOPKINS
M E D I C I N E

Unconscious Bias in Healthcare-- Physicians Are Not Immune!

- Physicians exhibit the same implicit biases as the general population:
 - Preference for young¹, thin², rich³, heterosexual⁴, White^{5,6}
- Physicians generally DO NOT report explicit race bias⁶
- Impact of implicit bias on physician decision-making:
 - For decisions based on objective findings (e.g., UTI, hypertension) – overall no impact of implicit race bias⁷
 - For more subjective decisions (e.g., pain management), some evidence of implicit bias impact^{6,8}
 - Patient-physician communication is most adversely affected by greater implicit bias^{5,9}
 - Controlling for actual education, physicians rated Black patients as less educated than comparable White patients¹⁰

¹Archambault et al. 2008, Ruiz et al. 2015; ²Sabin et al. 2012, Schwartz et al. 2003;

³Haider et al. 2015; ⁴Burke et al. 2015; ⁵Hall et al. 2015; ⁶Green et al. 2007;

⁷Sabin et al. 2008, Blair et al. 2014; ⁸Sabin & Greenwald 2012;

⁹FitzGerald & Hurst 2017, Maina et al. 2017

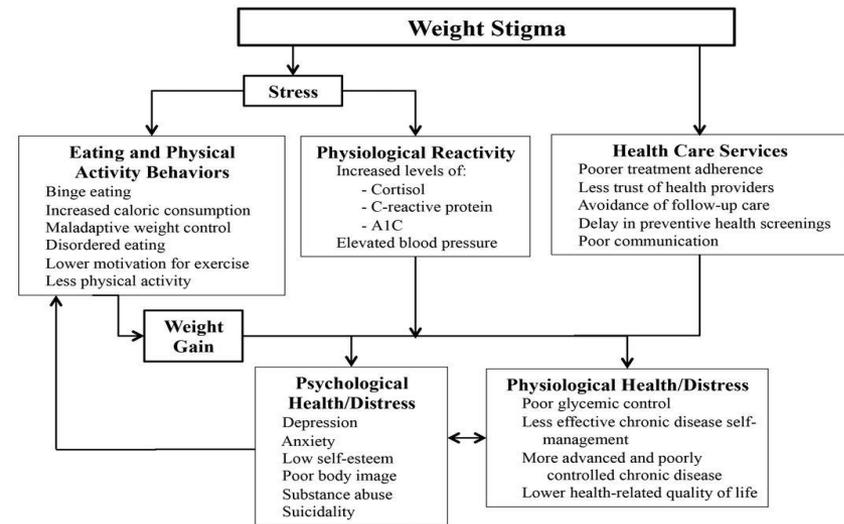
¹⁰Van Ryan & Burke, 2000

Bias Directed Toward Patients with Diabetes and Obesity

- Weight bias has been demonstrated among primary care providers (PCPs), endocrinologists, cardiologists, nurses, dietitians, and medical trainees
 - Lazy, lack self-control and willpower, personally to blame for their weight, noncompliant with treatment, and deserving targets of derogatory humor
- Women with obesity view physicians as one of the most frequent sources of weight bias that they encounter in their lives
 - Contributes to decreased healthcare utilization

Health Consequences of Weight Bias

- Healthcare provider interactions with patients with obesity compared to thinner patients:
 - Spend less time in appointments
 - Provide less education about health
 - More reluctant to perform certain screenings with patients who have obesity compared to thinner patients.
 - Less patient-centered communication
 - Less weight loss counseling



Unconscious Bias in Academia



JOHNS HOPKINS
MEDICINE

What is Unconscious Bias?



- A tendency or inclination that results in judgement without question
 - Mental associations without awareness, intention, or control
- Often conflict with our conscious attitudes, behaviors, and intentions.
- May be held by an individual group, or institution and can have negative or positive consequences



Types of Bias

| | |
|------------------------|--|
| Expectancy Bias | Expecting certain behaviors, traits, or abilities in individuals based on stereotypes about their social category (related to stereotype threat) |
| Competency Bias | Members of historically lower-status groups are presumed to be less competent than members of groups that have typically held positions of authority |

We know common stereotypes even if we don't believe them

Men¹

- Strong
- Decisive
- Stubborn
- Competitive
- Ambitious
- Risk-taking
- Assertive
- Logical
- Authoritative
- Independent



AGENTIC

We know common stereotypes even if we don't believe them

Men¹

- Strong
- Decisive
- Stubborn
- Competitive
- Ambitious
- Risk-taking
- Assertive
- Logical
- Authoritative
- Independent



AGENTIC

Women¹

- Caring
- Nurturing
- Family-oriented
- Emotional
- Supportive
- Sympathetic
- Nice
- Helpful
- Dependent

We know common stereotypes even if we don't believe them

Men¹

Women¹

- Strong
- Decisive
- Stubborn
- Competitive
- Ambitious
- Risk-taking
- Assertive
- Logical
- Authoritative
- Independent

- Caring
- Nurturing
- Family-oriented
- Emotional
- Supportive
- Sympathetic
- Nice
- Helpful
- Dependent



AGENTIC



COMMUNAL

We know common stereotypes even if we don't believe them

Men¹

- Strong
- Decisive
- Stubborn
- Competitive
- Ambitious
- Risk-taking
- Assertive
- Logical
- Authoritative
- Independent



AGENTIC

Women¹

- Caring
- Nurturing
- Family-oriented
- Emotional
- Supportive
- Sympathetic
- Nice
- Helpful
- Dependent



COMMUNAL

White²

- High status
- Rich
- Intelligent
- Arrogant
- Privileged
- Blonde
- Racist
- All-American
- Ignorant

We know common stereotypes even if we don't believe them

Men¹

- Strong
- Decisive
- Stubborn
- Competitive
- Ambitious
- Risk-taking
- Assertive
- Logical
- Authoritative
- Independent



AGENTIC

Women¹

- Caring
- Nurturing
- Family-oriented
- Emotional
- Supportive
- Sympathetic
- Nice
- Helpful
- Dependent



COMMUNAL

White²

- High status
- Rich
- Intelligent
- Arrogant
- Privileged
- Blonde
- Racist
- All-American
- Ignorant

Asian²

- Intelligent
- Bad drivers
- Good at math
- Nerdy
- Shy
- Skinny
- Educated
- Quiet
- Passive

We know common stereotypes even if we don't believe them

Men¹

- Strong
- Decisive
- Stubborn
- Competitive
- Ambitious
- Risk-taking
- Assertive
- Logical
- Authoritative
- Independent



AGENTIC

Women¹

- Caring
- Nurturing
- Family-oriented
- Emotional
- Supportive
- Sympathetic
- Nice
- Helpful
- Dependent



COMMUNAL

White²

- High status
- Rich
- Intelligent
- Arrogant
- Privileged
- Blonde
- Racist
- All-American
- Ignorant

Asian²

- Intelligent
- Bad drivers
- Good at math
- Nerdy
- Shy
- Skinny
- Educated
- Quiet
- Passive

Black²

- Ghetto or unrefined
- Criminal
- Athletic
- Loud
- Gangsters
- Poor
- Unintelligent
- Uneducated
- Lazy

Latino²

- Poor
- Illegal immigrant
- Uneducated
- Family-oriented
- Lazy
- Unintelligent
- Loud
- Gangsters

Things to know about stereotypes

- They persist in the face of disconfirming data
- A trivial piece of information makes the entire content of a stereotype pop to mind and filters all subsequent information
- Just knowing them (even if we don't believe them) can influence interpretation of objective data
- Depending on the situation, they create *stereotype-advantaged* or *stereotype-disadvantaged* groups

Could expectancy and competency bias contribute?

- Text analysis of MSPEs:
 - White students: “intelligent”
 - Black students: “competent” (Ross et al., *PLOS ONE* 2017)
- Lower salary for female vs. male faculty in academic medicine (Ash et al., *Ann Int Med* 2004; Jaggi et al., *Ann Int Med* 2012; Jena et al., *JAMA Int Med* 2016)
- Controlling for actual education, physicians rated Black patients as less educated than comparable White patients (van Ryn & Burke, *Soc Sci & Med* 2000)
- With each increase of 10 kg/m² in BMI, physicians perceived patients to be less adherent to medications, regardless of blood pressure control (Huizinga et al., *Obesity* 2010)

Types of Bias

| | |
|---------------------------|---|
| Conformity Bias | Bias caused by group peer pressure |
| Affinity Bias | Occurs when we see someone with whom we have an affinity (e.g. attended same college, worked for same employers, grew up in same town, reminds of someone we know and like) |
| Stereotype priming | Some reminder of a group stereotype (e.g., picture, word, name) that activates the entire stereotype and distorts subsequent information processing |

Types of Bias

| | |
|-------------------------------|--|
| Role (in)congruity | The “fit” (or lack of “fit”) between group stereotypes and workplace roles |
|-------------------------------|--|

Role (in)congruity in leadership

Men = Agentic

Strong
Authoritative
Risk-Taking
Logical
Assertive
Decisive
Independent

Women = Communal

Caring
Nurturing
Supportive
Nice
Helpful
Dependent
Emotional

← **LEADER?** →

Role (in)congruity in leadership

Men = Agentic

Caring
Nurturing
Supportive
Nice
Helpful
Dependent
Emotional

Women = Communal

Strong
Authoritative
Risk-Taking
Logical
Assertive
Decisive
Independent



Could role (in)congruity contribute?

- Asian and Black medical students less likely than White students to be selected for AOA after controlling for multiple academic factors (including leadership activity) (Boatright et al., *JAMA Intern Med* 2017; Wijesekera et al., *Acad Med* 2018)
- Black PIs less likely to have their R01s funded than White PIs (Ginther et al., *Science* 2011; Ginther et al., *Acad Med* 2016)
- Female faculty receive lower medical student teaching evaluations than their male counterparts (Morgan et al., *J Women's Health* 2016; Fassiotto et al., *J Surg Educ* 2018)
- Men who request family leave are regarded as weak and are penalized in promotion and reward processes (Rudman & Mescher, *J Social Issues* 2013)

Types of Bias

| | |
|-----------------------------------|---|
| Role (in)congruity | The “fit” (or lack of “fit”) between group stereotypes and workplace roles |
| Reconstructing credentials | Unintentionally adjusting the value of specific credentials to favor an applicant from a stereotype-congruent group |

Reconstructing credentials

Hiring

Uhlmann & Cohen, *Psychol Sci*
2005

Hiring and college admissions

Norton et al., *J Pers Soc Psychol*
2004

Shifting importance of GPA in admissions to selective, elite colleges

Samson, *Du Bois Rev: Social Science Research on Race* 2013

Shifting importance of GPA

CONSTRUCTED CRITERIA: REDEFINING MERIT TO JUSTIFY DISCRIMINATION

Soc Psychol

Uhlmann & Cohen, 2005. *Psychological Science*, 16(6): 474-480

gender incongruent roles

2004; Heilman & Warren, *J Exp Soc Psychol* 2010

Value of credential weighted differently depending on who has it

- Male and female applicants with identical credentials
- Police Chief: streetwise vs. formally educated
 - Credentials reconstructed to favor Michael vs. Michelle
- Women's Studies Professor: activist vs. scholar
 - Credentials reconstructed to favor Patricia vs. Tom

Types of Bias

| | |
|-----------------------------------|---|
| Role (in)congruity | The “fit” (or lack of “fit”) between group stereotypes and workplace roles |
| Reconstructing credentials | Unintentionally adjusting the value of specific credentials to favor an applicant from a stereotype-congruent group |
| Attribution Bias | <ul style="list-style-type: none"> - When we underperform we believe our failing is due to other people who adversely affect our performance - When someone else underperforms we tend to attribute it to their lack of competence. |
| Affinity Bias | Occurs when we see someone with whom we have an affinity (e.g. attended same college, worked for same employers, grew up in same town, reminds of someone we know and like) |
| Stereotype priming | Some reminder of a group stereotype (e.g., picture, word, name) that activates the entire stereotype and distorts subsequent information processing |

Priming examples

Job ads using predominantly male stereotypes (e.g., competitive, aggressive, decisive)

Research subjects believed more men would be in the field and women found the jobs less appealing

Gaucher et al., *J Pers Soc Psychol* 2011

“Chairman” vs. “chair” as job title...

Assumption that person in the position had more stereotypically male traits

McConnell & Fazio, *Person Soc Psychol Bull* 1996

Priming negative stereotypes about race/ethnicity and intelligence

African American and Latina students perform less well on tests of intelligence relative to their own ability

Steele & Aronson, *J Pers Soc Psychol* 1995;
Gonzales et al., *Person Soc Psychol Bull* 2002

Discussion

- Did you identify with any of the forms of unconscious bias in the workplace?
- Have you ever made any of these assumptions about others?
 - If so, please share.
- Discuss how unconscious bias in the workplace can affect recruitment, retention, promotion, performance evaluations, and clinical care?

Microaggressions



JOHNS HOPKINS
MEDICINE

How Microaggressions Are Like Mosquito Bites?



Examples of racial microaggressions

Microaggression

“Where are you *really* from?”

“Where were you born?”

“You speak good English.”

Message received

Examples of racial microaggressions

Microaggression

“Where are you *really* from?”

“Where were you born?”

“You speak good English.”

Message received

You are not American

Examples of racial microaggressions

Microaggression

“Where are you *really* from?”

“Where were you born?”

“You speak good English.”

“There is only one race, the human race.”

“When I look at you, I don’t see color.”

Message received

You are not American

Examples of racial microaggressions

Microaggression

“Where are you *really* from?”

“Where were you born?”

“You speak good English.”

“There is only one race, the human race.”

“When I look at you, I don’t see color.”

Message received

You are not American

Denying a person of color’s racial/ethnic experiences

Examples of racial microaggressions

Microaggression

“Where are you *really* from?”

“Where were you born?”

“You speak good English.”

“There is only one race, the human race.”

“When I look at you, I don’t see color.”

“You are a credit to your race.”

“You are so articulate.”

Message received

You are not American

Denying a person of color’s racial/ethnic experiences

Examples of racial microaggressions

Microaggression

“Where are you *really* from?”

“Where were you born?”

“You speak good English.”

“There is only one race, the human race.”

“When I look at you, I don’t see color.”

“You are a credit to your race.”

“You are so articulate.”

Message received

You are not American

Denying a person of color’s racial/ethnic experiences

It is unusual for someone of your race to be intelligent

Examples of racial microaggressions

Microaggression

“Where are you *really* from?”

“Where were you born?”

“You speak good English.”

“There is only one race, the human race.”

“When I look at you, I don’t see color.”

“You are a credit to your race.”

“You are so articulate.”

Being ignored as attention is given to the White person behind you in line.

Message received

You are not American

Denying a person of color’s racial/ethnic experiences

It is unusual for someone of your race to be intelligent

Examples of racial microaggressions

Microaggression

“Where are you *really* from?”

“Where were you born?”

“You speak good English.”

“There is only one race, the human race.”

“When I look at you, I don’t see color.”

“You are a credit to your race.”

“You are so articulate.”

Being ignored as attention is given to the White person behind you in line.

Message received

You are not American

Denying a person of color’s racial/ethnic experiences

It is unusual for someone of your race to be intelligent

You don’t belong; you are a lesser being

Discussion

- What other examples of microaggressions have you experienced, witnessed, and/or committed?
- Did you respond? If so, how?
- How did others respond?
- In hindsight, what could have been done differently?

Microaggression definition and characteristics

Brief and subtle comments, behaviors, or environmental cues that communicate hostile, derogatory, or unwelcoming messages toward members of underrepresented groups

- Experienced frequently and persistently
- Not ill-intended, but impacts the target negatively
- Often informed by stereotypes and biases

Intention vs. Impact

Balancing intention versus impact



**We judge ourselves by our
intentions.**

**And others by their
impact.**

Status leveling

BRIM Bias
Reduction in
Internal
Medicine



“I was on call and one of the nurses interrupted me and said, ‘Oh, go to room such and such, the sheets need to be changed.’”



Occurs when a person from an underrepresented group is assumed to belong to a lower status position.

Failure to differentiate

BRIM Bias
Reduction in
Internal
Medicine



“I keep getting mistaken for the only other Asian American medicine resident in my program.”



Members of a minority group may be mistaken for one another by a person from a different group.

Attribution error



“I’ll share an idea and no one responds. Then a guy says the same thing and everyone says ‘great idea’ and we do it.”



A person’s accomplishment is not recognized or is incorrectly credited to another person.

Invalidation

BRIM Bias
Reduction in
Internal
Medicine



“In my department there are faculty members who would never talk to me about my partner...”



Excluding, ignoring, or negating a person's identity and experiences.

Combating Microaggressions— Acting in the Moment or Later

| | |
|--|---|
| You committed a microaggression | <ul style="list-style-type: none">• If you recognize it, apologize (now or later)• If it is pointed out to you, believe the person• Don't get defensive• Learn more about why your action was a microaggression |
| You witnessed a microaggression | <ul style="list-style-type: none">• Interrupt the behavior (e.g., say “ouch”!)• Name the offense• Support the target publicly or privately• Support someone else who is speaking up• Talk privately with the offender later• Amplify ideas or suggestions that are ignored |
| You received a microaggression | <ul style="list-style-type: none">• Choose to speak up or note• Rely on allies• File a complaint• Seek out a community of support |

Ashburn-Nardo et al. 2008; Heilman & Haynes 2005;
Nelson et al. 2011; Plous 2000; Rattan & Ambady 2014

Strategies to Mitigate Bias



JOHNS HOPKINS
MEDICINE

BRIM: Bias Reduction in Internal Medicine

- Faculty in 46 intervention departments vs. 46 control departments:
 - Increased awareness, motivation, self-efficacy and action for engaging in gender equity promoting activities
 - Reported a more positive department climate
- Intervention departments had greater diversity in new hires 2-3 years later



University of Wisconsin
SCHOOL OF MEDICINE
AND PUBLIC HEALTH

BRIM | **Bias
Reduction in
Internal
Medicine**

Carnes et al, *Acad Med*, 2015



Recognize, label, and challenge stereotypes

- Intentionally recognize stereotypes by others or yourself
- Label that stereotype/bias and challenge it with data and accurate information

Recognize, label, and challenge stereotypes

CHALLENGE:

- In the U.S, we don't expect people of European heritage to speak German, French, or Hungarian
- Return to review criteria to ensure reconstructing credentials has not occurred
- Replace stereotype primes with neutral or diversity-affirming information
- Replace assumptions based on a patient's race, gender, etc. with actual data
- Remind yourself that experience and accomplishments rather than gender, race, sexual orientation, weight, religion, age, etc., predict ability to be effective in any role

Consider the opposite

- When the data seem to point to one conclusion, look for data supporting the opposite conclusion before making a final decision

Identify counter-stereotypical exemplars

- Spend time with or focus on individuals you admire from groups against which you have a bias.
- Concentrate on those individuals who have traits that you admire to reduce your bias against the whole group.
- Force yourself to spend time with people who are not like you.

Individuate and perceive variability

- Ask individuals about themselves so their social category is not the most salient information (there are multiple subgroups within any group)
- If someone says, “members of (some group) are...” interrupt with “some members of (that group) are...but others are... and still others are...”

Perceiving variability reduces bias



What makes us the same...is that we are all different

Interventions:

- Whereas some (members of group) are... others are...
- Think of differences
- Poster emphasizing variability

Results:

- ↓ explicit & implicit bias
- ↓ interpersonal distance
- ↑ helping behavior

Common identity formation

- At the beginning of your interaction with a colleague from a diverse background probe until you find a common group identity
- Ask about interests and activities that you share in common

Perspective taking

- Force yourself to get into the mind of the person you are speaking to.
- Take the perspective of a member of the stereotyped group (“walk in their shoes”)
 - Consider what it would be like to have your abilities called into question daily or be viewed as less competent than peers not in the stereotyped group

Perspective-taking increased patient satisfaction

- Students in perspective-taking groups received higher patient satisfaction scores than those in control groups in areas that included:
 - listening skills
 - caring
 - fostering patient participation in care
 - trust
 - overall satisfaction
- Effect sizes were greatest for African American patients

Recite a growth mindset and internal motivation messages

- Growth mindset
 - Believing that with hard work and perseverance new behaviors can be learned
- Internal motivation
 - Believing that engaging in any behavior is a personal choice

Internal motivation messages reduce bias

Reinforcing one's internal motivation for overcoming bias, e.g.:

- I enjoy relating to people of different groups
- I value diversity
- It's fun to meet people from other cultures
- I think that issues of diversity are interesting

And avoid external motivation messages, e.g.:

- It is socially unacceptable to discriminate based on cultural background
- People *should* be nonprejudiced
- Racism is wrong

Legault et al., *Psychol Science* 2011;
Plant & Devine, *J Pers Soc Psychol* 1998

Specific Strategies for Search Committees



JOHNS HOPKINS
M E D I C I N E

Selection Committee Bias Interruption Strategies

- All persons on a search exercise judgement to avoid having one person eliminate a candidate
- Articulate job related reasons for advancing or not advancing candidates
- Consider appointing a diversity advocate to the committee

Selection Committee Bias

Interruption Strategies

- Use consistent interview questions, protocols, and evaluation forms/criteria for all candidates
- Spend sufficient time evaluating each applicant
 - Hasty decision making often results in lower ratings for URM candidates even when they have equal qualifications to their majority peers

Active listening

- Do not interrupt until the candidate has finished speaking
- Maintain eye contact and use positive verbal and non-verbal feedback
- When you disagree, do not begin preparing a rebuttal in your head instead of listening

Suggested Interview Questions to Glean Candidate's Experience in Diversity and Inclusion Efforts

Johns Hopkins University and Johns Hopkins Medicine value diversity and inclusion. Then...

- Please describe your experience in promoting diversity and inclusion, focused on underrepresented groups, at your own institution
- Tell us about a specific strategic diversity initiative that you have led, the risk involved, and the outcome of your efforts
- Tell us about a time you managed an organizational or operational transformation around a diversity initiative

Q & A

Additional Resources

- AMA Center for Health Equity: Advancing Health Equity: A Guide to Language, Narrative and Concepts
 - <https://www.ama-assn.org/about/ama-center-health-equity/advancing-health-equity-guide-language-narrative-and-concepts-0>
- AAMC Advancing Health Equity: A Guide to Language, Narrative and Concepts
 - <https://www.aamchealthjustice.org/narrative-guide>
 - AMA: Our words matter. It's time to get them right. (October 28, 2021)
 - <https://www.ama-assn.org/about/leadership/our-words-matter-it-s-time-get-them-right>
- AMA: Try these 7 equity-focused language options to engage patients (November 1, 2021)
 - <https://www.ama-assn.org/delivering-care/public-health/try-these-7-equity-focused-language-options-engage-patients>
- AMA Prioritizing Equity video series: Narratives and language (February 14, 2022)
 - <https://www.ama-assn.org/delivering-care/health-equity/prioritizing-equity-video-series-narratives-and-language>
- Disability Language Style Guide
 - [Disability Language Style Guide | National Center on Disability and Journalism \(ncdj.org\)](https://www.ncdj.org/resources/2019/05/disability-language-style-guide/)