



IMPLICIT BIAS

RECOGNIZING UNCONSCIOUS BIASES WHEN INTERACTING WITH YOUR PATIENTS

Daily interactions with factors outside of the healthcare system—such as food and housing; utility, transportation, educational, and employment needs; and personal safety, legal, and social support—can shape a Veteran’s health.

Research shows that Veterans Health Administration (VHA) providers believe that it is their responsibility to help reduce their patients’ health disparities. As clinicians working within a patient-centered healthcare system, they also acknowledge the responsibility of the VHA as a healthcare organization to champion for reducing disparities.

Providing equitable access to high-quality care for all Veterans is a core tenet of the VHA healthcare mission. Achieving this mission necessitates an understanding of the complex social factors that may increase poor health outcomes among Veterans. It also requires open, effective communication with the Veteran to begin the process of addressing their non-clinical needs.

When engaging with your patient about their social needs, it is key to remember that they are providing a social context to their health. As you gather information, be aware and acknowledge any implicit biases you may hold.

How to Use This Guide

This guide serves as a review on implicit bias and how it can indirectly affect your care, as well as provides tools and strategies to reducing your own biases. Continued acknowledgement and active practice to reduce implicit bias is an essential role in advancing health equity for your patients.

ABOUT ACORN

The ACORN initiative aims to systematically screen for non-clinical needs of all Veterans that may be impacting their health, and provide resources for any identified needs at the point of clinical care.

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IMPLICIT BIAS

Implicit bias refers to a person's unconscious attitudes about other communities that can affect their behavior to those members.

Also known as unconscious bias, this automatic positive or negative response to a group is ubiquitous; everyone has biases concerning how they see and feel about other people.

However, when left unchecked, biases can inappropriately influence patient-provider interactions and health care choices, which can lead to discriminatory practices and result in poorer health outcomes and experiences for patients.

As you gather information, be aware and acknowledge any implicit biases you may hold.

"Categories" of Implicit Bias

Discrimination can include treating a patient adversely based on any of their physical characteristics, as well as any pervasive stereotypes of specific communities.

Below are examples of implicit bias categories. For each one, take time to consider what unconscious biases people may have, and how someone's quality of care may be impacted by assumptions based on their actual or perceived community status.

- Race, Ethnicity, and National Origin
- Sex, Gender, and Gender Identity
- Sexual Orientation
- Religion
- Disability Status
- Socioeconomic Status
- Education Level
- Age





LEARNING TOOL: **IDENTIFYING YOUR OWN IMPLICIT BIASES**

Project Implicit, a nonprofit organization of social cognition researchers, developed a series of Implicit Association Tests (IATs) that are designed to measure “attitudes and beliefs that people may be unwilling or unable to report.”

The IATs are meant to be used as an education tool to develop awareness of implicit preferences and stereotypes. To take the test, visit their website (implicit.harvard.edu/implicit) to measure your own awareness of your implicit biases.

STRATEGIES FOR **REDUCING IMPLICIT BIAS**

Becoming aware of our biases and taking action to counter them may be a difficult process, but it is essential in the mission to provide high-quality care for our Veterans. The following are 6 proven strategies to help reduce implicit bias in your practice.

Stereotype Replacement

Stereotype replacement involves recognizing when a response is stereotypical and consciously adjusting the response to an unbiased alternative.

Counter-Stereotypic Imaging

Consciously imagining the patient as the opposite of the stereotype to challenge the bias and create new, positive associations.

Individuation

Give individuality to persons within the group, and seeing a patient as a person rather than a generalization. This can be achieved through asking thoughtful questions to learn more about the person.

Perspective Taking

Take a first-person approach to the group you may be struggling with stereotyping by “putting yourself in the other person’s shoes.”

Increase Opportunities for Contact

Seek out opportunities to engage with communities outside of your own to build positive interactions; expanding your own network of friends and colleagues can help in replacing biased attitudes and stereotypes.

Partnership Building

As a provider working with Veterans as patients, it is important to be aware of the potential balance as you interact together on their health care. Take care to reframe viewing relationships with your patients as one of “collaborating equals” with the mission to improve their health and wellbeing.

When practicing the strategies, remember this is a conscious effort. As always, reflect on what steps you may need to take to ensure the patient is receiving the appropriate quality of care. When necessary, label any biased response as stereotypical and identify why the response may have occurred.

ADDITIONAL RESOURCES

A core objective for health care professionals is to establish solid, trusting relationships with patients in order to promote healthier behaviors. For more information on implicit bias and its impact in healthcare settings, please use the following resources.

The Department of Veterans Affairs' Office of Health Equity has detailed tools and trainings for healthcare professionals on how to provide Veterans with equitable and quality care.

(www.va.gov/HEALTHEQUITY/For_Healthcare_Professionals.asp)

The EveryONE Project Toolkit offers a team-based approach with a collection of tools and resources to use at the point of care to address patients' social determinants of health.

(www.aafp.org/patient-care/social-determinants-of-health/everyone-project/eop-tools.html)

For more context on VHA providers' perceived responsibilities to reducing health disparities, please see the article "**Veterans Affairs Providers' Beliefs About the Contributors to and Responsibility for Reducing Racial and Ethnic Health Care Disparities.**"

(www.ncbi.nlm.nih.gov/pmc/articles/PMC6707034)

The Institute for Healthcare Improvement is a helpful resource for healthcare professionals on working toward health equity in their practice and has an advice column answering questions from healthcare professionals, including questions on how to apply implicit bias strategies in "**Dear IHI: How Do I Talk about Implicit Bias Without Making People Defensive?**"

(www.ihl.org/communities/blogs/do-i-talk-about-implicit-bias-without-making-people-defensive)

REFERENCES