African American Behavioral Health
CENTER OF EXCELLENCE

Essay: Identifying Biases in Ourselves and Eliminating Them in Our Organizations

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One thing that makes it hard for many people to look at our own biases is that we think we should be completely without bias. We think all biases are harmful or negative, so having biases must make us "bad people."

But we are wrong about this: Having biases just makes us human, with human brains that are "programmed" to notice differences and attach significance to those differences.[1] What makes it harmful is what happens when we are unaware of our biases or unwilling to question them. And if we are working to serve African American individuals, families, and communities, biases that are not well understood and well managed can make our services and support less safe and less effective.

So this essay offers a little introduction to biases, the harm they can do, and a few steps that organizations can take to make our services safer and more effective for African Americans.

Types of Biases

A "bias" is defined as "a predisposition or preference for a particular person, group, or perspective. [Biases] are not based on fact or reason, but rather a combination of factors such as age, gender, race, culture, personal experience, and more. Because they are not fact based, biases can often result in unfair treatment toward a person or group of people."[2]

First, it is important to know that there are two types of biases—implicit (unconscious) and explicit (conscious). We all learn a number of biases through our family and cultural conditioning, but many of us also learn about the harm that biases can do to people, relationships, and community. We might decide at some point in our lives that we want to eliminate some of our biases because we believe they are wrong. But our biases may be deeply rooted in our consciousness, so we cannot just eliminate them. Instead, we might just be eliminating our awareness of how they affect our attitudes, beliefs, perceptions, words, and actions.

Both types of biases are dangerous. Implicit biases often lead to insulting or discriminatory behaviors that we are not even consciously aware that we are engaging in (often called "microaggressions"), and explicit biases openly discriminate, perpetuate systemic inequalities, and harm people who are the targets of discrimination.

Of course, racial bias—making judgements about a person based solely on their race—is not the only kind of bias. Other common biases include:

- gender bias: the act of favoring one gender over another, based on the person's real or perceived gender identity;
- age bias: preferring one age group over another or making unreasonable assumptions based on age; and
- class bias: prejudice against people of a different socioeconomic class based on our perceptions of their social or economic status.

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[1] Eberhardt, J.L. (2020). *Biased: Uncovering the hidden prejudice that shapes what we see, think, and do.* London: Penguin Books.
[2] *Bias: Definition, examples, & types*. (n.d.). The Berkeley Well-Being Institute. https://www.berkeleywellbeing.com/bias.html

And here are a few patterns that unconscious biases can take and their effects on our perceptions:

- **Affinity bias:** preferring people who have backgrounds, interests, and beliefs that are similar to ours
- **Beauty bias:** when a person who is regarded as good-looking or attractive receives special treatment
- **The Halo effect:** when positive impressions of a person in one area influence our opinions about them in other areas
- **The Horns effect:** when we allow our general perceptions and judgment of someone to be unfairly influenced by a single negative trait

What Can We Do About Biases?

It is imperative to work toward being knowledgeable about our own implicit and explicit biases, especially when we are delivering services or support to African Americans. If we are unaware of important biases that we have, or about the guidelines on culturally and linguistically appropriate services, our beliefs, prejudices, and stereotypes can reduce the quality and safety of the care and support that we give—even if we mean well. In health care, for example, African Americans are less likely to receive accurate diagnoses or appropriate evidence-based interventions—particularly appropriate pain-management medication—just because of the color of their skin. It is also not uncommon for patients of color to report discrimination in healthcare.[3]

If a racial group has been discriminated against in healthcare—as African Americans have been for centuries—delays and missteps in treatment often lead to medical mistrust and avoidance of the health care system, and ultimately to disruption in continuity of care. Given these challenges, effective responses for working with African Americans warrant extra effort. Here are some suggestions to eliminate biases:

- Implement training programs to raise awareness of biases and the impact they have on the quality of care.
- Develop policies and practices that promote equity, diversity, and engagement in the monitoring of healthcare outcomes.[4]
- Evaluate training to ensure that all staff and volunteers have the knowledge and skills needed to prevent racial biases (e.g., self-awareness regarding implicit biases and microaggressions; skills related to perspective-taking, emotional regulation, and partnership building).
- Promote racial diversity at all levels of your organization and support positive interactions among groups.[5]

Identifying our implicit biases and eliminating microaggressions and overt acts of discrimination are essential efforts, if we aim to improve the quality of life and care for African Americans. Of course, this is not the work of a training, or even a series of trainings. We have inherited centuries' worth of biases and inequities. We need to address these challenges with courage and intention, opening our minds to the values, beliefs, and perspectives of African Americans. Only then we can help individuals, families, and communities thrive and live their best healthy lives.

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[3] Casagrande, S. S., Gary, T. L., LaVeist, T. A., Gaskin, D. J., & Cooper, L. A. (2007). Perceived discrimination and adherence to medical care in a racially integrated community. *Journal of General Internal Medicine*, *22*(3), 389-395. https://doi.org/10.1007/s11606-006-0057-4

[4] Diana J. Burgess, Yingmei Ding, Margaret Hargreaves, Michelle van Ryn, & Sean Phelan. (2008). The Association between perceived discrimination and underutilization of needed medical and mental health care in a multi-ethnic community sample. *Journal of Health Care for the Poor and Underserved*, *19*(3), 894-911. https://doi.org/10.1353/hpu.0.0063

[5] van Ryn, M., Burgess, D.J., Dovidio, J.F., Phelan, S.M., Saha, S., Malat, J., Griffin, J.M., Fu, S.S., & Perry, S. (2011). The impact of racism on clinician cognition, behavior, and clinical decision making. *Du Bois Review: Social Science Research on Race*, *8*(1), 199-218. https://doi.org/10.1017/s1742058x11000191