Implicit bias impacts the way we make decisions, interact with others, and behave. Research shows that implicit bias is associated with the provision of lower quality health care (e.g., treatment recommendations, empathy),[1] unequal disciplinary action in schools (e.g., suspensions and expulsions),[2] discriminatory workplace practices (e.g., hiring, promotion, retention),[3] and racial disparity in criminal justice responses (e.g., arrests, law enforcement-involved shootings, sentencing in legal proceedings).[4,5] Thus, it is important to be aware of and strive to reduce implicit bias to ensure that our decisions, interactions, and behaviors are fair and nondiscriminatory. The following challenges and potential solutions are associated with implementing implicit bias trainings.

Definitions

- **Implicit bias**: Occurs when individuals have spontaneous and often unconscious attitudes that are prejudicial or beliefs that are stereotypical about specific social groups. The attitudes and stereotypes often lead to discriminatory behaviors.[6] Primary components include affects (prejudice), cognition (stereotypes), and behavior (discrimination).[7]

- **Prejudice**: An unfavorable, preconceived judgment that is formed without sufficient knowledge or experience.[8]

- **Stereotype**: A generalization about the qualities or characteristics of a group of people or things.[9]

Challenges

Implicit bias is deeply embedded in society

- It is very difficult, yet critical, to address implicit bias at the organizational level because of how deeply embedded inequality is in the structures of society.[10]

Potential Solutions

Incorporate trainings and bias-mitigating strategies at the organizational level

- Provide training to employees to increase understanding and awareness of implicit bias.[11]
- Develop partnerships with the diverse communities both within the organization and served by the organization.[10,11]
- Recruit diverse employees at all levels in the organization.[11]
- Collect data on client race, ethnicity, language, sexual orientation, and gender identity. Use this information to measure client outcomes.[11]
- Analyze client satisfaction and complaint data and examine by race, language, sexual orientation, gender identity, and other key variables.[11]
- Change organizational policies and practices that may inadvertently foster inequality.[10]
- Increase accountability (e.g., set DEI goals and evaluate progress).[10]

Many trainings are not specific enough

- Implicit bias trainings typically do not specify whether they are targeting prejudice, stereotyping, or both.[1,7]

Design implicit bias trainings with specific goals in mind

- Different aspects of implicit bias (e.g., prejudice versus stereotypes) manifest differently, are addressed in different ways, and result in different client outcomes.[1]

Challenges

There is a lack of evaluations that assess behavior change

- There is a lack of effective evaluation of whether trainings are reducing implicit bias.[7]
- Implicit bias trainings often state the goal of improving the quality of care of marginalized groups, but trainers only measure changes in behavior by asking participants to self-reflect or retake an Implicit Association Test (IAT).[7]
- Neither self-reflection nor IATs assess behavior change or improved client outcomes.[7]
- Research still has not explored whether the quality of patient care improves when implicit bias is reduced.[12,13]

Trainings are not long enough

- Research suggests that 1–2-hour trainings do not address implicit bias effectively.[14]

Implicit bias is a habit. Habits are automatic and difficult to change.

- Trainings that target knowledge or awareness do not address the habitual nature of these biases.[16]
- Many trainings do not provide strategies for reducing implicit bias. Increasing awareness of implicit bias without teaching strategies for decreasing implicit bias can cause:
  - Increased anxiety
  - Avoidance of working with marginalized groups
  - Withdrawal (e.g., having shorter client or patient appointments)
  - Overcompensation (e.g., being overly friendly and appearing ingenuine).[17]

Potential Solutions

Evaluate behavior change and client outcomes

- Evaluate outcomes among stigmatized groups after the service providers complete an implicit bias training.[7]
- Examples:
  - **Policing:** Reduced racial/ethnic disparities in enforcement actions (e.g., stops, frisks, searches, arrests, summonses, use of force)
  - **Health care:** Reduced racial/ethnic disparities in diagnosis and treatment decisions, as well as levels of care (e.g., providers not sharing enough information for the individual to engage in decision-making about their care; assuming the patient cannot afford specialty treatments)
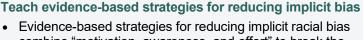
Develop longer or multi-session trainings

- Research shows a positive relationship between the length of training and changes in trainee attitudes, behaviors, and knowledge.[15]
- If it is not possible to implement a multi-session training, try a training that is 4–8 hours.[14]

Teach evidence-based strategies for reducing implicit bias

- Evidence-based strategies for reducing implicit racial bias combine "motivation, awareness, and effort" to break the unwanted habit.[16] For example:
  - **Stereotype Replacement:** Identify personal stereotype responses, label them stereotypical, and consider why the individual had the response. Review how to avoid the stereotypical response and replace it with one that is unbiased in the future.
  - **Counter-Stereotypic Imaging:** Imagine the opposite of a stereotype, which can involve thinking of the idea in an abstract sense (e.g., a group characteristic), a famous individual who counteracts stereotypes, or someone with whom an individual has a personal relationship.
  - **Individuation:** Learn personal or specific information about a person to counteract stereotyping based on group membership.
  - **Perspective Taking:** Imagine situations from the first-person perspective of a stereotyped group member.
  - **Increasing Opportunities for Contact:** Seek out situations and engagements for positive interactions with members of stereotyped groups.

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Challenges

Potential Solutions

Increasing knowledge and awareness does not reduce bias

- Most trainings are designed to increase awareness of implicit bias with the goal of reducing bias. However, research shows that increasing awareness typically does not lead to reduced implicit bias.[7, 18]
- Individuals with internal motivation to reduce implicit bias are more successful than individuals with external motivation.[19]

Focus implicit bias trainings on awareness and motivation

- Focus curricula on raising awareness of implicit bias *and* internal motivation (when a person does something because they *want* to, without expecting an external reward).[7]

Strategies to reduce bias are difficult to implement in real life[20]

- Implementation of implicit bias training goals may not align with other structural forces within health and human services. For example, health care environments treating a high number of patients as quickly as possible to meet business targets can create a treatment environment that is stressful and high pressure. Such dynamics make it difficult to use evidence-based strategies that may reduce implicit bias.[18]
- Trainings may not be an effective or realistic approach to rectifying the negative effects of implicit bias.[7]

Focus on realistic and practical concepts and processes

- Facilitate group tasks rather than relying solely on individual exercises.[14]
- Develop active learning exercises that allow participants to practice. Avoid passive learning exercises (e.g., lectures).[14]
- Focus less on the content of people's speech and more on behavior.[1] Address non-verbal cues like body language, eye contact, gestures, and body distance. Address paraverbal cues like how people speak, tone, pitch, and volume.[6]
- Use relevant examples to help learners apply the knowledge and skills acquired during the training when they are at work.[21]
- Use goal-setting exercises.[22] This encourages trainees to articulate clear accomplishments by a certain time point and is linked to positive behavioral changes among employees. Examples:
  - "I will educate myself on one issue related to the Black community each Monday for the next month."
  - "In the next month, I will develop a recruitment strategy that specifically targets diverse communities to improve the diversity of our applicant pool."

Resources

» See NHTTAC's Implicit Bias Trainings Environmental Scan: Outline of Findings for more information.

» See Devine et al. (2012) for an overview of strategies for reducing implicit bias

» Harvard University developed the first Implicit Association Test (IAT) "to measure the strength of associations between concepts (e.g., race, sexual orientation) and evaluations (e.g., good, bad) or stereotypes (e.g., athletic, clumsy)." Individuals are scored on how long it takes them to give their answer. Several implicit bias trainings use IAT's to help people recognize their implicit biases.

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It is important to note that this brief focuses specifically on understanding the types of existing implicit bias trainings only. This includes different forms of implicit bias (e.g., race, ethnicity, gender, sexual orientation) and not solely implicit bias trainings associated with race and ethnicity. It is not the intent of this brief to explore the definition of implicit bias and the relationship between implicit bias, racism, historical context of racism, and structural inequality.

This scan is responsive to Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, Strategic Goal 1 (Advance Equity By Reducing Structural Barriers Including Racism and Other Forms of Discrimination that Prevent Economic and Social Wellbeing) of the ACF Strategic Plan January 2022, and Priority Action Principle 4.1.2 (Identify research gaps to better serve vulnerable populations and underserved victims) of the National Action Plan to Combat Human Trafficking December 2021.

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