

Implicit Bias Trainings Environmental Scan

Outline of Findings

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NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER



ADMINISTRATION FOR
CHILDREN & FAMILIES
Office on Trafficking in Persons

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This scan is responsive to Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, the United States Advisory Council on Human Trafficking Annual Report 2021, 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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Overview

The U.S. Department of Health and Human Services Office on Trafficking in Persons (OTIP) delivers training and technical assistance to inform and enhance the public health response to human trafficking through the National Human Trafficking Training and Technical Assistance Center (NHTTAC). The purpose of this environmental scan is to explore existing healthcare and social service implicit bias trainings, challenges and solutions associated with implementing implicit bias training, and evaluations of trainings. This scan is part of NHTTAC's Advancing Equity and Inclusion Initiative (AEII), which gathered insights from experts on next steps for integrating implicit bias training into NHTTAC offerings.

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) (Maina, Belton, Ginzberg, Singh, & Johnson, 2018), unequal disciplinary action in schools (e.g., suspensions and expulsions) (Losen & Gillespie, 2012), discriminatory workplace practices (e.g., hiring, promotion, retention) (Jackson, Hillard, & Schneider, 2014), and racial disparity in criminal justice responses (e.g., arrests, law enforcement-involved shootings, sentencing in legal proceedings) (Kutateladze, Andiloro, Johnson, & Spohn, 2014; Nix, Campbell, Byers, & Alpert, 2017). Thus, it is important to be aware of and strive to reduce different forms implicit bias to ensure that our decisions, interactions, and behaviors are fair and nondiscriminatory. It is important to note that this scan 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 scan to explore the definition of implicit bias and the relationship between implicit bias, racism, historical context of racism, and structural inequality. See the "Potential Next Steps" section for an overview of opportunities to explore the topic of implicit bias trainings, racism, and structural inequality further given how conflated the terminology is across trainings. This scan is responsive to Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, the United States Advisory Council on Human Trafficking Annual Report 2021, 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.

Advancing Equity and Inclusion Initiative

In response to the [Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#), OTIP, through NHTTAC established the AEII of 11 subject matter experts with diverse professional and lived experience with human trafficking. The purpose of the AEII is to explore the intersection of human trafficking and structural inequality to better understand public policies, institutional practices, cultural representations, and norms.



NHTTAC examined implicit bias trainings via an environmental scan. The following questions guided this review:

1. What types of implicit bias trainings exist in the social service and health care fields?
2. What are the components of social service and health care implicit bias trainings? How are implicit bias trainings delivered?
3. How are social service and health care implicit bias trainings evaluated?
4. What challenges are associated with social service and health care implicit bias trainings? What are potential solutions to these challenges?

NHTTAC conducted an environmental scan of implicit bias trainings between December 2020 and April 2021 using a five-step process:

NHTTAC's Five-Step Approach to the Environmental Scan

1. Refined objectives for the environmental scan (implicit bias trainings, evaluations, challenges, and solutions) with the Office on Trafficking in Persons (OTIP)
2. Developed inclusion criteria for the most relevant sources to inform the scan:
Documents published 2010 or later in academic journals and on websites (e.g., reports)
3. Finalized the most relevant search terms and data sources likely to address each of the scan objectives.
 - Data Sources: Online search engines, websites of appropriate governmental and national organizations (e.g., .edu, .gov, .org), and research databases (e.g., EBSCO)
 - Search terms: implicit bias, training, evidence-based, evaluation, challenges, health care, and social work

Conducted a very brief search for cultural humility and determined we would need to conduct a new scan to fully explore that topic.
4. Searched the data sources using the agreed-upon search terms and combinations, and then systematically reviewed and coded documents identified through the search. Conducting searches with the terms listed above returned thousands of results, but few were applicable to this scan. NHTTAC identified evaluations by searching multiple terms between the years 2010 and 2021 through Google Scholar and EBSCO Host: ["implicit bias training" evaluation] =1,670 results; [implicit bias training and evaluation] =19,900 results; [implicit bias training]; [implicit bias training and evaluation and public health] =20,800 results; [implicit bias training and evaluation and social work] =19,100 results]. NHTTAC excluded resources that contained the words "implicit bias" and "evaluation" but did not provide findings from *evaluations of implicit bias trainings* (e.g., law reviews, policy insights, and studies that focus on the existence of implicit bias). For example, in the ["implicit bias training" evaluation] search, NHTTAC did not identify any relevant results after the first 150 Google results, so the review stopped at the 200th result.
5. Synthesized the relevant information by identifying key themes and patterns and compiling into user-friendly tables.

Brief Summary of Findings

NHTTAC identified 28 examples of existing implicit bias trainings. This is not an exhaustive list of implicit bias trainings. After reviewing the first 28 trainings, it became apparent that most of the trainings were so similar that we did not believe it was necessary to continue listing all identified implicit bias trainings. Most existing implicit bias trainings appear to be:



Duration: 1-2 hours



Delivery: Online



Instruction: Both synchronous and asynchronous, with most live, synchronous webinars in the social work field



Content: Cover similar learning objectives (e.g., understanding and recognizing implicit bias, understanding the impacts of implicit bias, introducing implicit bias mitigation strategies)

We were unable to identify evaluations of these trainings, which is problematic because there is no way of knowing whether these trainings are effective. NHTTAC identified two more in depth trainings that provide curricula and evaluation findings (six studies of the Breaking the Bias Habit training¹ and one of the Fair and Impartial Policing training²), as well as 11 evaluations of trainings where the curriculum was unavailable.

Research shows that there are several key challenges associated with existing implicit bias trainings:

1. Most implicit bias 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**.
2. Implicit bias trainings that **target knowledge or awareness do not address the habitual nature** of these biases.
3. Many implicit bias **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 and withdrawal from working with marginalized groups, and overcompensation.
4. There is a lack of research and evaluation on existing implicit bias trainings.
5. Strategies to reduce implicit bias are difficult to implement in real life.
6. Research confirmed that 1–2-hour trainings do not address implicit bias effectively, which aligns with the evidence base on adult learning theory and behavioral change.

Section 4 presents potential solutions for addressing these challenges.

¹ Carnes et al., 2012; Carnes et al., 2015; Devine, Forscher, Austin, & Cox, 2012; Devine et al., 2017; Forscher, Mitamura, Dix, Coz, & Devine, 2017; Pankey et al., 2018

² Worden et al., 2020

Definitions

The following terms are used throughout this outline.

Term	Definition
Cultural Humility	An ongoing process of examining and understanding one's own and other's cultures and beliefs, recognizing that culture changes over time, and maintaining an other-oriented stance (Yeager & Bauer-Wu, 2013).
Discrimination	The unequal treatment of individuals or groups based on prejudice, often on the basis of race, age, or sex (Discrimination, n.d.).
Diversity	The presence and recognition of differences between individuals. Examples may include race, gender, religion, sexual orientation, ethnicity, nationality, socioeconomic status, language, (dis)ability, age, religion, and political perspective (Extension Foundation, n.d.).
Equity	The process of treating people fairly, impartially, and respectfully while identifying and eliminating barriers to equal access for all (Extension Foundation, n.d.).
External Motivation	Occurs when a person does something because they <u>have</u> to (e.g., to gain a reward, to avoid punishment, concern about what people think of them) (Extrinsic Motivation, n.d.).
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. (Dovidio, Kawakami, Smoak, & Gaertner, 2008). Primary components include affects (prejudice), cognition (stereotypes), and behavior (discrimination) (Hagiwara, Kron, Scerbo, & Watson, 2020).
Inclusion	Ensuring that diverse communities are welcomed and feel welcomed in institutions or organizations (Extension Foundation, n.d.).
Internal Motivation	Occurs when a person does something because they <u>want</u> to, without expecting an external reward (e.g., because they enjoy the activity, are trying to meet a personal goal, personally value something) (Intrinsic Motivation, n.d.).
Prejudice	An unfavorable, preconceived judgment that is formed without sufficient knowledge or experience. (Prejudice, n.d.).
Stereotype	A generalization about the qualities or characteristics of a group of people or things (Stereotype, n.d.).

Summary of Findings

1. What types of implicit bias trainings exist in the social service and health care fields?

The following four tables describe examples of trainings found in response to Question 1. This list is not exhaustive but provides an overview of the different types of available trainings. The title of each training is a hyperlink to the training website.

Table 1 describes two existing implicit bias training curricula that *have been evaluated* (see Question 3 for a summary of evaluation findings). Table 2 describes eighteen existing implicit bias trainings that *have not been evaluated*.

Table 1. Evaluated Implicit Bias Trainings

Breaking the Bias Habit

Developed by Dr. Patricia G. Devine and Dr. William T.L. Cox of the University of Wisconsin–Madison

Target Audience	Description	Training Elements	Training Specifications
Academic faculty (has been adapted for other audiences like teachers, graduate students, and police officers)	This training focuses on stereotypes, prejudice, bias, and bias-reducing strategies and has been adapted for specific biases (e.g., gender bias).	<ul style="list-style-type: none"> Awareness of implicit bias Concern about the effects of implicit bias Application of strategies to reduce bias Covers the following topics: Understanding implicit bias, implicit bias in evaluation processes, implicit bias in teaching, and implicit bias in interactions/microaggressions 	<ul style="list-style-type: none"> Online in two formats: <ul style="list-style-type: none"> 4-hour virtual retreat Four individual modules (one 90-minute introductory module and three 1-hour modules)

Table 1. Evaluated Implicit Bias Trainings

Fair and Impartial Policing

Developed by Dr. Lorie A. Fridell of the University of South Florida
Funded partially by the U.S. Department of Justice

Target Audience	Description	Training Elements	Training Specifications
Law enforcement	This implicit bias curriculum for law enforcement officers, personnel, and justice professionals focuses on targeting attitudes, beliefs, and behavior to reduce implicit bias by informing these personnel of the scientific research of implicit bias and connecting it to their work.	<p>Recruits and Patrol Officers, Juvenile Justice Professionals, Probation Professionals</p> <ul style="list-style-type: none"> • Understand that even well-intentioned people have biases • Understand how implicit biases impact what we perceive and do • Understand that fair and impartial policing leads to <i>effective policing</i> • Use tools that help (1) recognize conscious and implicit biases and (2) implement “controlled” (unbiased) behavioral responses <p>First Line Supervisors, Juvenile Justice Professionals, Probation Professionals</p> <ul style="list-style-type: none"> • Identify subordinates who may be acting in a biased manner • Provide guidance on how they should respond to officers who exhibit biased policing behaviors • Challenge supervisors to think about how bias might manifest in their own behavior • Provide guidance on how to speak about bias to individuals (e.g., officers, individual community members) and groups/media <p>Mid-Level Managers</p> <ul style="list-style-type: none"> • Same as above, but also: Elements of a comprehensive agency program to produce fair and impartial policing <p>Command</p> <ul style="list-style-type: none"> • Same as above, but also: Meaningful policy; assessing institutional policies and practices; supervision and accountability; recruitment/hiring; education/training; measurement; data collection; responding to disparity charges; and outreach to diverse communities 	<ul style="list-style-type: none"> • In-person training • Training length and content depends on audience

Table 2. Implicit Bias Trainings That Have Not Been Evaluated

Implicit Bias in Public Health Practice

Developed by the Region V Public Health Training Center

Funded by the Health Resources and Services Administration, U.S. Department of Health and Human Services

Target Audience	Description	Learning Objectives	Training Specifications
Health care professionals	This training introduces and defines implicit bias, implicit bias data and implications, relevance to the public health field, and strategies to prevent implicit bias.	<ul style="list-style-type: none"> • Define implicit bias and its relation to public health practice. • Reflect on personal and professional biases. • Introduce bias busting techniques. 	<ul style="list-style-type: none"> • Format: Online training • Duration: Unclear • Continuing Education: 1 Credit • Cost (No CE): Free • Cost (CE): \$3 • Content: Available upon enrollment

How Does Implicit Bias by Physicians Affect Patients' Health Care?

Developed by Tori DeAngelis, American Psychological Association (APA)

Target Audience	Description	Learning Objectives	Training Specifications
Health care professionals	This short article discusses research on implicit bias in health care.	<ul style="list-style-type: none"> • Discuss research that suggests some health care providers have implicit bias toward various patient groups. • Discuss how certain combinations of physicians and patients lead to poorer interactions. • Describe possible interventions to improve patient-physician interactions. 	<ul style="list-style-type: none"> • Format: Online article and learning exercise • Duration: 13-minute read • Continuing Education: 1 Credit upon completion of a posttest with a score of 75% or higher • Cost (No CE): Free • Cost (CE): \$25 for APA members and \$35 for nonmembers • Content: Article is publicly available; exercise and posttest only available upon enrollment

Table 2. Implicit Bias Trainings That Have Not Been Evaluated

Unconscious Bias in Medicine

Presented by the Office of Faculty Development and Diversity at the Stanford University School of Medicine
Sponsored by the Stanford University School of Medicine

Target Audience	Description	Learning Objectives	Training Specifications
Health care professionals, physicians	This training discusses the evidence base for unconscious bias using case studies, self-assessments, and strategies to reduce personal implicit bias.	<ul style="list-style-type: none"> Describe the effects of unconscious bias. Apply specific “bias-busting” techniques. Identify where personal unconscious biases may reside. Develop strategies to correct personal unconscious biases in daily interactions. 	<ul style="list-style-type: none"> Format: Online training Duration: 1 hour Continuing Education: 1 Credit Cost (No CE): Free Cost (CE): Unclear Content: Only available upon enrollment

Conscious & Unconscious Biases in Health Care

Developed by the Georgetown University National Center for Cultural Competence

Target Audience	Description	Learning Objectives	Training Specifications
Health care	This training explores conscious and unconscious bias for health care providers, explains health care disparities and their interaction with implicit bias, and introduces strategies to reduce implicit bias.	<ul style="list-style-type: none"> Define conscious (explicit) bias and unconscious (implicit) bias. Define health disparities. List four areas in which unconscious bias can adversely impact the health care provided to racially, ethnically, and linguistically diverse patient populations. Cite and describe four seminal studies from the literature on bias that affects health care. Describe three strategies, which draw on neuroscience of unconscious bias, that can be used in everyday practice to mitigate the negative effects of bias. List two strategies that apply cultural competence to address conscious or unconscious bias in patient care. 	<ul style="list-style-type: none"> Format: Four online modules comprising a series of readings, brief videos, and short quizzes Duration: Unclear Continuing Education: N/A Cost: Free Content: Publicly available

Table 2. Implicit Bias Trainings That Have Not Been Evaluated

The EveryONE Project**Developed by the American Academy of Family Physicians (AAFP) Foundation**

Target Audience	Description	Learning Objectives	Training Specifications
All health care professionals and administrators	This training provides information about implicit bias in health care to increase awareness and offers resources for reducing implicit bias.	<ul style="list-style-type: none"> • Increase knowledge about implicit bias and how it affects patient health. • Increase self-awareness of existing implicit biases. • Demonstrate commitment to incorporating mitigation strategies into practice. 	<ul style="list-style-type: none"> • Format: Unclear • Duration: Unclear • Continuing Education: AAFP Continuing Medical Education Credit (number unclear) • Cost: Unclear • Content: Available upon enrollment

Breaking Through Implicit Bias in Maternal Healthcare**Developed by Quality Interactions and March of Dimes**

Target Audience	Description	Learning Objectives	Training Specifications
Doctors, nurses, midwives, doulas, other maternal care providers	This training provides information about implicit bias in the maternal health care setting and strategies for reducing implicit bias during interaction with patients.	<ul style="list-style-type: none"> • Explain implicit bias, including its cognitive basis and potential impact on maternal care. • Describe how structural racism in the United States contributes to implicit bias in maternal care. • Use ALLY Model³ strategies in patient interactions to avoid implicit bias. • Apply an equity lens that takes into consideration patient needs when making decisions. 	<ul style="list-style-type: none"> • Format: Online training • Duration: 1 hour • Continuing Education: 1 Credit • Cost: Unclear • Content: Available upon enrollment

³ The ALLY Model is a strategy to avoid implicit bias: (1) AVOID assumptions by relying on objective information and evidence, (2) LEARN about the whole patient by asking open-ended questions, (3) LISTEN more than you talk, and (4) YIELD to the patient by involving them in care.

Table 2. Implicit Bias Trainings That Have Not Been Evaluated

Implicit Bias Module Series

Developed by the Kirwan Institute for the Study of Race and Ethnicity at the Ohio State University

Target Audience	Description	Modules (Learning Objectives Not Available)	Training Specifications
K-12 educators	This training introduces implicit bias and its origins, helps learners to understand their own biases, and discusses strategies for reducing them.	<ul style="list-style-type: none"> Module 1: Understanding Implicit Bias Module 2: Real-World Implications Module 3: Understanding Your Own Biases Module 4: Mitigating Unwanted Biases 	<ul style="list-style-type: none"> Format: Four online modules Duration: 1.5 hours Continuing Education: N/A Cost: Free Content: Publicly available

Implicit Racial Bias 101: Exploring Implicit Bias in Child Protection

Developed by the Center for the Study of Social Policy and the Kirwan Institute for the Study of Race and Ethnicity at the Ohio State University

Target Audience	Description	Modules (Learning Objectives Not Available)	Training Specifications
Child welfare professionals	This training introduces implicit bias and its origins, helps learners to understand their own biases, and discusses child welfare-specific strategies for reducing bias.	<ul style="list-style-type: none"> Module 1: Understanding Implicit Bias Module 2: Real-World Implications Module 3: Understanding Your Own Biases Module 4: Mitigating Unwanted Biases 	<ul style="list-style-type: none"> Format: Four online modules Duration: 1.5 hours Continuing Education: N/A Cost: Free Content: Publicly available

Implicit Bias in the Clinical Setting and Learning Environment

Developed by the University of Washington School of Medicine, Center for Health Equity, Diversity, and Inclusion

Target Audience	Description	Learning Objectives	Training Specifications
University of Washington School of Medicine faculty	This training discusses the history of racism, social determinants of health, and evidence base of implicit bias in health care. It offers individual and organizational strategies to combat implicit bias.	<ul style="list-style-type: none"> Define implicit bias and how it is manifested in health care. Recognize how implicit bias may be operating in the clinical setting and learning environment. Apply strategies that can be used to minimize impact of implicit bias. 	<ul style="list-style-type: none"> Format: Online training Duration: 40 minutes Continuing Education: N/A Cost: Free Content: Available upon enrollment

Table 2. Implicit Bias Trainings That Have Not Been Evaluated

Webinar Series: Deconstructing Unconscious Bias in Behavioral Health Care

Developed by the Northeast and Caribbean Mental Health Technology Transfer Center, the Northeast and Caribbean Addiction Technology Transfer Center, and the Northeast and Caribbean Prevention Technology Transfer Center
Funded by the Substance Abuse and Mental Health Services Administration

Target Audience	Description	Sessions (Learning Objectives Not Available)	Training Specifications
Behavioral health care workers	This training reviews implicit bias and how it impacts decision-making with different racial and ethnic populations and presents tools and strategies to reduce implicit bias in the addiction, mental health, and prevention fields.	<ul style="list-style-type: none"> • Session 1: Origins of Unconscious Bias • Session 2: Making the Case to Identify Not Blame • Session 3: Dismantling Bias and Building Equity • Session 4: Learning from the Field 	<ul style="list-style-type: none"> • Format: Four webinar sessions • Duration: 6 hours over 4 weeks • Previous Delivery: September 2020 • Continuing Education: Each session met the requirements for 1.5 renewal hours for New York State's Addiction Services and Supports and for social work CEUs in the state • Cost: Unclear • Content: Available upon enrollment

Understanding and Undoing Implicit Bias: An eLearning Program

Developed by the NYC Administration for Children's Services

Target Audience	Description	Learning Objectives	Training Specifications
Employees of the NYC Administration for Children's Services (mandatory training)	This training discusses implicit bias and strategies to address it.	<ul style="list-style-type: none"> • Examine the link between internalized oppression, implicit bias, and microaggressions. • Learn how to have effective conversations regarding implicit bias with peers. • Evaluate how implicit bias and microaggressions contribute to a stressful work environment. • Learn appropriate strategies to reduce implicit bias. 	<ul style="list-style-type: none"> • Format: Interactive e-learning program, and a pre- and posttest • Duration: 1.5 hours • Continuing Education: 1.5 contact hours toward CEUs available for licensed social workers who complete all training components • Prerequisite for the instructor-led Understanding and Undoing Implicit Bias workshop (below) • Cost: Unclear • Content: Available upon enrollment

Table 2. Implicit Bias Trainings That Have Not Been Evaluated

Understanding and Undoing Implicit Bias

Developed by the NYC Administration for Children's Services

Target Audience	Description	Learning Objectives	Training Specifications
Direct service staff and supervisors in the child welfare and juvenile justice systems	This workshop discusses implicit bias and its impact on racial disparities and structural inequality in the New York City child welfare and juvenile justice systems. It includes strategies to reduce implicit bias.	<ul style="list-style-type: none"> Review strategies to identify one's own implicit biases and to recognize implicit bias in others. Analyze how implicit bias affects decision-making. Identify the connection between institutional racism, structural inequity, and implicit bias. Employ individual strategies to reduce implicit bias. 	<ul style="list-style-type: none"> Format: In-person, instructor-led workshop with pre- and posttest Duration: 6.5 hours Continuing Education: 6.5 contact hours toward CEUs available for licensed social workers who complete all training components Cost: Unclear Content: Available upon enrollment

Racial Justice and Implicit Bias

Developed by the Boston University School of Social Work

Target Audience	Description	Learning Objectives	Training Specifications
Social workers, community providers, educators, families	This webinar discusses racial justice in relation to social work and how biases can impact families. It includes information about outcomes for youth placed in foster care based on race.	<ul style="list-style-type: none"> Not available 	<ul style="list-style-type: none"> Format: Live webinar Duration: 2 hours Last Delivery: August 2020 Continuing Education: 2 Credit Hours Cost: \$50 Content: Available upon enrollment

Table 2. Implicit Bias Trainings That Have Not Been Evaluated

Continuing Education: Racial Justice and Implicit Bias**Developed by the University of Pittsburgh School of Social Work**

Target Audience	Description	Learning Objectives	Training Specifications
Social workers	This webinar discusses implicit bias and equitable practices, and its relation to the workplace, and offers strategies to advance racial equity.	<ul style="list-style-type: none"> • Discuss the impact of the work with families and how it relates to race, racism, and diversity. • Discuss how biases and discriminatory practices affect families. • Explore strategies to help improve our work with the children and families we serve. 	<ul style="list-style-type: none"> • Format: Live webinar via Zoom • Duration: 3 hours • Last Delivery: October 2020 • Continuing Education: 3 Credit Hours • Cost: \$50 • Content: Available upon enrollment

Implicit Bias Cleansing Our Lenses**Developed by the Charlotte Area Health Education Center in North Carolina**

Target Audience	Description	Learning Objectives	Training Specifications
Social workers, psychologists, licensed professional counselors, educators, school personnel, mental health professionals, clinicians, health and human service practitioners, other health care professionals	Participants increase their self-awareness through self-assessment that provides information on how human service professionals can improve their work with vulnerable populations.	<ul style="list-style-type: none"> • Not available 	<ul style="list-style-type: none"> • Format: Live webinar • Duration: 6 hours • Last Delivery: September 2020 • Continuing Education: 6 Credit Hours • Cost: \$150 • Content: Available upon enrollment

Table 2. Implicit Bias Trainings That Have Not Been Evaluated

Reducing Implicit Bias Using Mindfulness

Developed by the National Association of Social Workers (NASW)–New York State (NYS) Chapter

Target Audience	Description	Learning Objectives	Training Specifications
Social workers, mental health counselors, marriage and family therapists	Participants engage in mindfulness and self-care practices to reduce implicit bias. The webinar provides mindfulness resources and introduces a self-care plan framework.	<ul style="list-style-type: none"> Identify the effects of practitioner implicit bias on quality of programs, services, and client outcomes. Locate available tools and resources to assess their own implicit biases. Explain how mindfulness affects the brain and body to support self-care and reduce implicit bias. Use mindfulness skills to reduce implicit bias. Create a self-care plan. 	<ul style="list-style-type: none"> Format: Live webinar Duration: 3 hours Last Delivery: January 2021 Continuing Education: 3 Credit Hours Cost: Free for NASW-NYS members, \$47.50 for other NASW members, \$60 for nonmembers Content: Available upon enrollment

Implicit Bias Training

Sponsored by Mary Free Bed Rehabilitation Hospital

Target Audience	Description	Learning Objectives	Training Specifications
Social workers	This training is designed to help social workers understand and define implicit bias and recognize it in themselves to better serve their clients. It introduces strategies to reduce bias in social work settings.	<ul style="list-style-type: none"> Define implicit bias. Identify the brain's unconscious and conscious minds. Recognize how implicit bias can create conflict and other. Describe de-biasing strategies. Discuss resources to continue the conversation regarding cultural biases. 	<ul style="list-style-type: none"> Format: In-person training Duration: 1 hour Last Delivered: October 2018 Continuing Education: 1 Credit Hour Cost: Unclear Content: Available upon enrollment

Table 2. Implicit Bias Trainings That Have Not Been Evaluated

Implicit Bias in Child Protection

Developed by E-Learn.pitt.edu (brought by the Pennsylvania Child Welfare Resource Center)

Target Audience	Description	Learning Objectives	Training Specifications
Child welfare professionals	This training defines implicit bias, explores the history of racial bias in child protection, discusses outcomes of bias in the child welfare system, and offers strategies to reduce bias.	<ul style="list-style-type: none"> • Not available 	<ul style="list-style-type: none"> • Format: Online training • Duration: Self-paced (about 2 hours) • Continuing Education: 2 Unit Hours • Cost: Unclear • Content: Available upon enrollment

Implicit bias modules are sometimes incorporated into larger diversity, equity, and inclusion (DEI) or cultural humility training curricula. Table 3 describes two DEI trainings that emerged through searches for implicit bias trainings. Table 4 describes six cultural humility trainings that emerged through searches for implicit bias trainings. These trainings include information relevant to this scan (e.g., one module on implicit bias out of a larger training, focus on populations of interest for NHTTAC), as well as additional information relative to a larger DEI or cultural humility training.

Table 3. Examples of DEI Trainings for Specific Populations

Project READY: Reimagining Equity & Access for Diverse Youth

Developed by Project READY Staff: Dr. Sandra Hughes-Hassell, Dr. Casey H. Rawson, and Kimberly Hirsh
Funded by the Institute of Museum and Library Services

Target Audience	Description	Learning Objectives	Training Specifications
School and public youth services librarians, library administrators, teachers, school staff members	This racial equity curriculum is for school and public youth librarians.	<ul style="list-style-type: none"> • Introduce youth services library staff to research in areas such as race and racism, critical theory, and culturally responsive or sustaining pedagogy. • Establish a shared understanding of foundational concepts and issues related to race, racism, and racial equity. • Encourage self-reflection related to race and racial identity for both White and BIPOC (Black, Indigenous, and People of Color) library staff in public and school libraries. • Amplify the work of practitioners and scholars who are providing inclusive and culturally responsive services for youth of color and Indigenous youth. • Provide concrete strategies for creating and/or improving library programs and services for Black youth, Indigenous youth, and children and teens of color. 	<ul style="list-style-type: none"> • Format: Online individual or small group training on professional development • Duration: Self-paced • Continuing Education: N/A • Cost: Free • Content: Publicly available

Table 3. Examples of DEI Trainings for Specific Populations

Rural LGBTQ+ Populations: Creating Welcoming and Inclusive Health Care Experiences

Developed by the Region V Public Health Training Center
Sponsored by the Health Resources and Services Administration, U.S. Department of Health and Human Services

Target Audience	Description	Learning Objectives	Training Specifications
Rural health care and public health professionals, other health practitioners in all settings	This training discusses best practices for improving inclusive and culturally competent care to rural LGBTQ+ populations.	<ul style="list-style-type: none">• Describe introductory knowledge about core LGBTQ+ terminology and concepts.• Identify unique challenges facing rural LGBTQ+ populations.• Discuss best practices to improve patient experiences for rural LGBTQ+ patients.	<ul style="list-style-type: none">• Format: Online training• Duration: Unclear• Continuing Education: 1 Credit• Cost (No CE): Free• Cost (CE): \$3• Content: Available upon enrollment

Table 4. Examples of Cultural Humility Trainings

A Physician's Practical Guide to Culturally Competent Care**Developed by Think Cultural Health****Funded by US Department of Health & Human Services, Office of Minority Health**

Target Audience	Description	Learning Objectives	Training Specifications
Physicians, physician assistants, nurse practitioners, any direct service provider interested in learning about culturally and linguistically appropriate services	This guide seeks to increase participants' knowledge, skills, and awareness to improve client interactions in culturally and linguistically diverse populations.	<ul style="list-style-type: none"> Identify at least five areas related to cultural and linguistic competency in medical practice. Identify at least three strategies to promote self-awareness about attitudes, beliefs, biases, and behaviors that may influence clinical care. Devise strategies to enhance skills toward the provision of care in a culturally competent clinical practice. Demonstrate the advantages of the adoption of the National Culturally and Linguistically Appropriate Services Standards in clinical practice. 	<ul style="list-style-type: none"> Format: Online program or small group learning activity) Duration: Unclear Continuing Education: 9 Credits Cost (No CE): Unclear Cost (CE): Unclear Content: Online program is available upon enrollment; small group learning activity is publicly available

Cultural Humility Practices with LGBTQ+ Youth (Health Access Initiative Webinar)**Developed by the Michigan Forward in Enhancing Research and Community Equity Coalition****Funded by the Centers for Disease Control Prevention Community Approaches to Reducing STIs Grant to the University of Michigan's Center for Sexuality & Health Disparities**

Target Audience	Description	Learning Objectives	Training Specifications
Social work, public health, and health care professionals	This webinar serves as an introduction to providing health care to LGBTQ+ populations in a culturally humble manner.	<ul style="list-style-type: none"> Identify LGBTQ+ cultural humility practices. Describe LGBTQ+ cultural humility concepts. 	<ul style="list-style-type: none"> Format: Webinar Duration: 1 hour Continuing Education: 1 Credit upon completion of the postevaluation and a posttest score of 75% or higher Cost (No CE): Free Cost (CE): Unclear Content: Publicly available

Table 4. Examples of Cultural Humility Trainings

Cultural Humility Strategies

Developed by the National Child Welfare Workforce Institute (a collaboration between the University at Albany, University of Denver, Fordham University, University of Maryland, Michigan State University, Portland State University, and University of Southern Maine)

Target Audience	Description	Lessons (Learning Objectives Not Available)	Training Specifications
Child welfare leaders	This module provides strategies to child welfare leaders to recognize and appreciate cultural differences at different levels within the agency.	<ul style="list-style-type: none"> • Understanding Our Own Cultural Makeup • Openness to Cultural Differences • Strategies to Leverage Diversity • Applying Cultural Humility to Leverage Diversity 	<ul style="list-style-type: none"> • Format: Online module • Duration: 1 hour • Continuing Education: N/A • Cost: Free • Content: Publicly available

Building Cultural Humility: Excavating Implicit Biases

Developed by the Smith College: School for Social Work

Target Audience	Description	Learning Objectives	Training Specifications
Social workers and other social service providers	This webinar introduces cultural humility, discusses how understanding biases affects cultural humility and interactions with clients, and provides opportunities for self-reflection.	<ul style="list-style-type: none"> • Identify one's own cultural landscape, the messages we learned from family and other systems and how these messages impact our work. • Define unconscious bias. • Describe how to bring unconscious bias into our conscious awareness. • Articulate listening skills that allow our clients to feel seen, valued and respected. • Explain how to recognize our first thoughts, their origins, and how to make a more intentional choice regarding what we wish to say/ask. • List at least three further practices that encourage a stance of cultural humility with our clients. 	<ul style="list-style-type: none"> • Format: Live webinar • Duration: 3 hours • Last Delivery: February 2021 • Continuing Education: 3 Credits for social workers and psychologists • Cost: \$65 for early registration, \$75 for regular registration • Cost (CE): \$5 • Content: Available upon enrollment

Table 4. Examples of Cultural Humility Trainings

Cultural Humility Part One: Supporting Immigrant Families, A Culturally Humble Approach**Developed by the Institute for the Advancement of Family Support Professionals**

Target Audience	Description	Learning Objectives	Training Specifications
Family support professionals	Part one of this two-part training describes cultural humility, offers the approach as an alternative to trying to achieve cultural competence, and includes information specific to immigrant families in the United States.	<ul style="list-style-type: none"> • Discuss the differences between “cultural competency” and “cultural humility.” • Identify and describe three key practices of a professional who demonstrates cultural humility. • Understand the hidden aspect of culture and implications for establishing a trusting relationship. • Recognize the similarities and differences across culture and the implications for family support. • Learn the process and complexities of acculturation. • Discuss the family support professional role in supporting undocumented immigrants and their families. 	<ul style="list-style-type: none"> • Format: Online training; includes a supplemental resource guide and learning guide • Duration: 45 minutes • Continuing Education: N/A • Cost: Free • Content: Available upon enrollment

Cultural Humility Part Two: Supporting Dual Language Learners**Developed by the Institute for the Advancement of Family Support Professionals**

Target Audience	Description	Learning Objectives	Training Specifications
Family support professionals	Part two of this two-part training applies the concept of cultural humility to helping families that speak multiple languages in the family support field. The training discusses strategies for overcoming language barriers and supporting children learning two languages.	<ul style="list-style-type: none"> • Describe linguistic diversity. • Discuss strategies for overcoming linguistic barriers. • List practices and strategies for supporting dual language learning families. • Foster a sense of community and inclusion for all families. 	<ul style="list-style-type: none"> • Format: Online training; includes a supplemental resource guide and learning guide • Duration: 45 minutes • Continuing Education: N/A • Cost: Free • Content: Available upon enrollment

2. What are the components of social service and health care implicit bias trainings? How are implicit bias trainings delivered?

This scan highlighted the varied content, scope, and nature of current implicit bias trainings. Most implicit bias training curricula are not open-source and are difficult to obtain. This is most likely because many trainings are proprietary, developed and facilitated at the organizational/corporate level, and not publicly available. Additionally, some implicit bias trainings occur within a larger training curriculum such as a DEI or cultural humility training. A summary of implicit bias training components and delivery is presented below.

- **Content:** Learning objectives typically focus on five areas:
 1. Understanding implicit bias (e.g., what is implicit bias, what is the history of implicit bias)
 2. Recognizing implicit bias (i.e., in oneself and in others, often through an assessment such as an implicit association test (IAT))
 3. Understanding the impacts of implicit bias (e.g., how implicit bias affects yourself and others; what are the impacts on health care, health outcomes for diverse patients, patient satisfaction, workplace and hiring behavior)
 4. Introducing bias-mitigating strategies
 5. Less often, applying bias mitigating strategies to one's life or work
Typical topic areas include race/ethnicity, gender, sexual orientation (LGBTQIA2S+), and implicit bias in specific work settings (e.g., law enforcement, health care, child welfare, academia/education, social work). However, most implicit bias trainings focus on race, ethnicity, and gender.
- **Methods:** Most implicit bias trainings are online, individual trainings. In the social work field, most implicit bias trainings are in the form of live webinars. Online trainings take multiple forms, including interactive (e.g., self-assessments, activities, quizzes), noninteractive (e.g., reading a curriculum, guide, or article; watching a webinar or short video clips), facilitated, and self-paced. Other methods of delivery are in person and offered as individual trainings, small group trainings, and organizational/large group trainings.
- **Duration:** Most implicit bias trainings appear to be short-term, one-session trainings (i.e., 2 hours or less). There are few implicit bias trainings that last longer than 2 hours or contain more than one session.



Assessment Tool: Implicit Association Test (IAT)

- Harvard University (n.d.) developed the first 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 evaluations of implicit bias trainings use an IAT

3. How are social service and health care implicit bias trainings evaluated?

There are few published evaluations of implicit bias trainings. Most existing evaluations of implicit bias trainings explore increased knowledge and awareness of implicit bias. Researchers and practitioners have called for more evaluations of implicit bias trainings to explore behavior change and improved client outcomes (Forscher et al., 2019; Hagiwara et al., 2020). NHTTAC located 18 studies that evaluated implicit bias trainings: 6 evaluations of the Breaking the Bias Habit training (Table 5), 1 evaluation of the Fair and Impartial Policing training (Table 6), and 11 studies of implicit bias training interventions that are not publicly available (Table 7).

The Breaking the Bias Habit trainings studies vary; some focus on bias in general, while others focus on racial or gender bias. Evaluations of the training for medical and academic fields show the training increases awareness of personal bias and motivation to challenge biases in participants' lives. While most studies do not focus on behavior change, two 2-year follow-ups found lasting impacts of the training on publicly denouncing racial stereotypes and on hiring women in science, technology, engineering, mathematics, and medical (STEMM) departments.

Table 5. Breaking the Bias Habit Evaluations

Intervention	Design	Measurement	Findings
<i>Carnes et al. (2012): Promoting Institutional Change Through Bias Literacy</i> <i>Sample: 220 attendees (167 faculty and 53 nonfaculty) from the University of Wisconsin STEMM departments</i>			
<p>This bias literacy workshop was presented to departments/divisions in the STEMM disciplines.</p> <p>Participants took the gender IAT, self-reflected and practiced problem-solving, and practiced bias-mitigating strategies and received feedback.</p>	<ul style="list-style-type: none"> Post-workshop evaluation form Interviews 4–6 months after the intervention 	<p>The post-workshop evaluation examined the usefulness of the workshop, knowledge gain, and whether participants would recommend the workshop.</p> <p>Participants completed a Commitment to Change document that included two commitment statements (“I commit to overcoming gender bias in my department or division in the following way...” and “I commit to overcoming gender bias in my personal life in the following way....”) following the workshops.</p> <p>12 men and 12 women completed interviews 4–6 months after the workshop.</p>	<p><i>Post-Workshop Evaluation</i></p> <ul style="list-style-type: none"> 74% found it very useful and all participants found it at least somewhat useful. Almost 70% of participants increased their knowledge in all areas of the training as a result of the workshop. <p><i>Commitment to Change Document</i></p> <ul style="list-style-type: none"> Most participants (87%) indicated they would incorporate at least one gender equity element of the workshop into their home or work. <p><i>Interviews</i></p> <ul style="list-style-type: none"> Of the 12 male interviewees, 5 noted they didn’t have personal gender bias. 75% of faculty members interviewed noted they changed or planned to change their behavior as a result of the workshop.

Table 5. Breaking the Bias Habit Evaluations

Intervention	Design	Measurement	Findings
<i>Devine et al. (2012): Long-Term Reduction in Implicit Race Bias: A Prejudice-Habit Breaking Intervention</i> <i>Sample: 91 non-Black introductory psychology students</i>			
<p><i>Control Group:</i> Took the IAT and received feedback.</p> <p><i>Intervention Group:</i> Completed the IAT and participated in a 45-minute narrated and interactive slideshow, which included five evidence-based strategies for reducing bias.</p>	<ul style="list-style-type: none"> • Randomized controlled trial • 12-week longitudinal study 	<p><i>Implicit Measures:</i> Participants completed the Black-White IAT before the training and 4 and 8 weeks after the training.</p> <p><i>Explicit Measures:</i> Assessed racial attitudes, motivation to respond without prejudice, prejudice-relevant discrepancies, and concern about discrimination in society. Assessed at 4 weeks prior to the training and at 2 and 6 weeks after the training.</p>	<p>Intervention and control groups were equivalent on all baseline measures.</p> <p><i>Implicit Measures:</i> Intervention group participants had lower IAT scores following the training than control group participants. The effects of the training persisted at Weeks 4 and 8.</p> <p><i>Explicit Measures:</i> The training increased participants' concern about discrimination and awareness of their own bias but did not change their attitudes about race or their motivation to respond without prejudice.</p>

Table 5. Breaking the Bias Habit Evaluations

Intervention	Design	Measurement	Findings
<p><i>Forscher et al. (2017): Breaking the Prejudice Habit: Mechanisms, Timecourse, and Longevity</i> <i>Sample: 292 non-Black introductory psychology students</i></p>			
<p>All participants completed the Black-White IAT.</p> <p>Members of the control group were provided feedback and dismissed.</p> <p>Members of the intervention group were taught to overcome implicit bias and five evidence-based strategies to reduce bias. They applied strategies to their life and wrote an essay about how the training could be applicable to high school students.</p>	<ul style="list-style-type: none"> Replication and expansion of Devine et al. (2012) 2-year follow-up 	<p><i>Phase 1:</i> Used self-report surveys to measure concern about discrimination; discrepancies between standards and beliefs; and race-related thoughts, conversations, and interracial interactions every other day for 2 weeks following the intervention.</p> <p><i>Phase 2:</i> Conducted a follow-up 2 years after Phase 1. Participants were unaware of Phase 2's connection to Phase 1 and were asked to privately rate their agreement with an essay arguing that racial stereotypes are harmless, post a public comment, and optionally donate any portion of their study incentive to charity.</p>	<p><i>Phase 1:</i> The intervention demonstrated increased concern about discrimination for participants. Participants were more likely to recognize bias around them, label bias as wrong, and interact with strangers of a different race.</p> <p>Unlike the findings in Devine et al. (2012), both the intervention and control group participants maintained a decrease in IAT bias over time.</p> <p><i>Phase 2:</i> No difference in private ratings or donations between members of the intervention and control groups. Intervention group members were more likely to post a public comment disagreeing with the essay.</p>

Table 5. Breaking the Bias Habit Evaluations

Intervention	Design	Measurement	Findings
<i>Carnes et al. (2015): The Effect of an Intervention to Break the Gender Bias Habit for Faculty at One Institution: A Cluster Randomized, Controlled Trial</i> Sample: 2,290 academic faculty and staff in 92 STEM departments			
A 2.5-hour workshop on “Gender Bias Habit-Reducing Intervention.” Participants received feedback on IAT scores and learned about habits and outcomes of unintentional bias, evidence-based strategies to reduce bias, and practical examples.	<ul style="list-style-type: none"> Pair-matched, single-blind, and cluster-randomized controlled study 	<p>Participants completed the gender IAT.</p> <p>All respondents were surveyed 2 days prior to the intervention, 3 days after the intervention, and 3 months after the intervention on:</p> <ul style="list-style-type: none"> Awareness of gender bias Motivation to promote gender equity Self-efficacy, outcome expectations, and action 	<p>3 Days Post-Intervention: Participants in the intervention group had increased personal awareness of bias, internal motivation to promote gender equity, and increased gender equity self-efficacy (confidence in being able to enact gender equity). These increases were significantly greater than increases seen in the control group.</p> <p>3 Months Post-Intervention: Positive results persisted in personal awareness of bias, gender equity self-efficacy, and increased external motivation to promote gender equity (based on concerns of appearing biased to others).</p>
<i>Devine et al. (2017): A Gender Bias Habit-Breaking Intervention Led to Increased Hiring of Female Faculty in STEM Departments</i> Sample: Academic faculty and staff in STEM departments from Carnes et al. (2015)			
A 2-5-hour workshop on “Gender Bias Habit-Reducing Intervention.”	<ul style="list-style-type: none"> 2-year follow-up of hiring patterns for population in Carnes et al. (2015) 	<p>Compared hiring and attrition rates from the 2 years prior to the intervention in Carnes et al. (2015) and the 2 years following completion of the workshop.</p>	<p>18% increase in hiring women in STEM fields for departments that completed the workshop compared to the control group participants, whose hiring patterns did not change.</p> <p>This change was only marginally statistically significant, and the intervention did not change the overall gender makeup of departments.</p>

Table 5. Breaking the Bias Habit Evaluations

Intervention	Design	Measurement	Findings
<p><i>Pankey et al. (2018): Breaking the Bias-Habit: A Workshop to Help Internal Medicine Residents Reduce the Impact of Implicit Bias</i> Sample: 16 internal medical residents</p>			
<p>A 3-hour “Breaking the Bias Habit for Medical Residents” workshop, which:</p> <ul style="list-style-type: none"> • Explained implicit bias as a habit • Promoted bias literacy • Introduced evidence-based strategies to reduce bias in clinical and professional settings 	<ul style="list-style-type: none"> • Focus group • Self-report survey analysis 	<p>Participants completed a self-report survey about the importance of the content, their learning and comprehension, and their likelihood of implementing the strategies they learned following the intervention.</p> <p>Participants also participated in a focus group, which was transcribed and analyzed.</p>	<p>Change in implicit bias was not measured.</p> <p><i>Post-training Survey</i></p> <ul style="list-style-type: none"> • 94% participants noted that implicit bias was important to their personal learning. • 75% participants were motivated to change their behaviors following the workshop. • 56% of participants planned to implement bias-reducing strategies into their work. <p><i>Focus Group</i></p> <ul style="list-style-type: none"> • Enjoyed the interactive and small group learning • Inclusion of evidence of implicit bias in their field of work increased awareness and motivation to change. • Found the case studies to include examples that were too overt, noting that more subtle examples would have been more challenging. • Did not feel long-term behavior change would be possible without institutional and supervisor buy-in.

Table 6 presents evaluation findings for the Fair and Impartial Policing (FIP) training with the New York City Police Department (NYPD). The training is an implicit bias curriculum for law enforcement officers, personnel, and justice professionals focused on targeting attitudes, beliefs, and behavior to reduce implicit bias by informing these personnel of the scientific research of implicit bias and connecting it to their work (Fair and Impartial Policing, n.d.). This evaluation found some improvement in officers’ knowledge and attitudes about implicit bias and discrimination, but officers generally felt the strategies were impractical for their day-to-day activities.

Table 6. Fair and Impartial Policing Training

Intervention	Design	Measurement	Findings
<p><i>Worden et al. (2020): The Impacts of Implicit Bias Awareness Training in the NYPD</i> <i>Sample:</i> The NYPD began training 36,000 sworn personnel using the FIP curriculum in February 2018.</p>			
Fair and Impartial Policing	Used a stepped-wedge randomized controlled trial design to divide training participants into groups that would receive the training at different times, which allowed for a comparison between those who received the training and those who did not, as they were awaiting training. This method allowed for all personnel to receive the training but also maintain methodological rigor for evaluation purposes.	<p>Used several methods to understand the impact of the training on police personnel's knowledge, attitudes, beliefs, and behaviors targeted during the training:</p> <ul style="list-style-type: none"> • Pre- and post-training surveys on the day of the training to assess the immediate effect of the training • Follow-up survey conducted between 2 and 13 months after the training to examine use of the strategies • Supervisor surveys to assess the degree to which supervisory practices reinforce the FIP training • Officer and supervisor interviews to contextualize survey and administrative data • Analysis of administrative data to examine the impact of the training on actual police behaviors (e.g., stops, searches, arrests, force, citizen complaints) 	<p><i>Post-training</i></p> <ul style="list-style-type: none"> • Moderate effects on officers' knowledge. • Small effects on the officers' immediate attitudes toward discrimination and motivation to act without prejudice; pretraining surveys showed most officers already believed discrimination was a problem and felt motivated to be unbiased. <p><i>At Follow-Up</i></p> <ul style="list-style-type: none"> • 42% of officers had not applied the FIP strategies in their work, 31% sometimes attempted to, and 27% used them frequently. • 22% of officers reported using all five strategies, and 68% reported using fewer than three. • Decay in comprehension of implicit bias. <p>Interviews found that 71% of officers did not believe the training offered practical strategies.</p> <p>Supervisor surveys found:</p> <ul style="list-style-type: none"> • Most supervisors were willing to intervene with employees exhibiting bias. • Most supervisors relied only on observation to identify bias, rather than incidents of stop, arrest, or use of force. • 20% of supervisors do not believe that using the FIP strategies will be effective. <p>Administrative data analysis concluded there was insufficient evidence to support the FIP training was successful in reducing racial and ethnic disparities in police enforcement actions.</p>

NHTTAC's search for evaluations of implicit bias trainings identified several studies that evaluated an implicit bias training intervention that is not publicly available. Table 7 includes descriptions of eight studies (including population and sample size, purpose and intervention, design, outcome measurements, and findings) in the academic fields of STEM.

Table 7. STEM Education Training Evaluations			
Intervention	Design	Measurement	Findings
<i>Jackson et al. (2014): Using Implicit Bias Training to Improve Attitudes Toward Women in STEM</i> <i>Sample: 234 STEM faculty from 4 midwestern universities</i>			
Diversity training included: <ul style="list-style-type: none"> • Data on women in STEM (national and local) • Workplace climate • Impact of implicit bias on hiring, retaining, and promoting staff • Methods to reduce bias 	Random matched assignment for experimental and control groups. <i>Experimental Group:</i> Participated in a half-hour diversity training presentation <i>Control Group:</i> Attended a department faculty meeting	<i>Implicit Associations:</i> Completed a variation of the IAT <i>Explicit Attitudes:</i> Participants reported their beliefs on statements about women scientists on a 5-point scale from weak to strong before and after the intervention. <i>Trait Measures:</i> Participants reported their level of agreement for traits (e.g., "I would enjoy collaborating with a woman on a research project.") from strongly disagree to strongly agree.	Women's implicit attitudes toward women in STEM did not change, as they already had positive implicit attitudes prior to the intervention. Men's positive implicit associations toward women in STEM significantly increased following the intervention, compared to the control group participants, whose attitudes did not change. There was no change in explicit attitudes for men or women, as participants rated their explicit attitudes positively before and after the training.

Table 7. STEMM Education Training Evaluations

Intervention	Design	Measurement	Findings
<p><i>Khatri et al. (2019) An Evaluation of Implicit Bias Training in Graduate Medical Education</i> <i>Sample:</i> 19 participants in the Internal Medicine Residency session, 6 in the Radiation Oncology session, and 42 in the Advanced Practice Providers session</p>			
<p>Training Objectives:</p> <ul style="list-style-type: none"> • Empower participants to develop and implement implicit bias curricula for their peers • Utilize the IAT to introduce the concept of unconscious bias and encourage self-reflection • Engage in a facilitated discussion of implicit bias, how biases affect medical care, and prevention 	<ul style="list-style-type: none"> • Focus group • Self-report survey analysis 	<p>First participants completed the IAT.</p> <p>The training session was recorded and transcribed.</p> <p>After the session, participants completed a survey to assess their interest in the topic, how the session influenced their knowledge/perception of implicit bias, and feedback on session logistics and implementation.</p>	<p>Prior to the session, most participants had not taken an IAT.</p> <p>There were statistically significant improvements in four of the five questions for knowledge and attitudes.</p> <p>The training was successful in exposing front line clinicians to the existence of their personal bias.</p> <p>The training increased self-awareness.</p> <p>There was no information about changing behavior</p>

Table 7. STEMM Education Training Evaluations

Intervention	Design	Measurement	Findings
<p><i>Moss-Racusin et al. (2016): A “Scientific Diversity” Intervention to Reduce Gender Bias in a Sample of Life Scientists</i> <i>Sample:</i> 126 White life science instructors at the National Academies of Summer Institute for Undergraduate Education (several sessions throughout the summer of 2012)</p>			
<p>A 2-hour “Scientific Diversity” workshop that involved:</p> <ul style="list-style-type: none"> Active learning and scientific teaching, small group activities, and larger group discussion Discussion of literature highlighting that addressing challenges in diversity is the responsibility of everyone 	<ul style="list-style-type: none"> Pre- and post-training surveys 	<p>Participants completed a baseline survey 2 weeks prior to the session and a follow-up survey 2 weeks after the session.</p> <p>Measured changes in:</p> <ul style="list-style-type: none"> Awareness Gender bias Action readiness to address diversity issues (approach orientation versus avoidance orientation)⁴ <p>To measure impacts of the intervention over time, some participants completed a shorter survey immediately following the training that only focused on action readiness.</p>	<p>There was increased awareness of diversity issues and reduced gender bias.</p> <p>Approach orientation increased while avoidance orientation did not change, indicating participants were more likely to confront diversity issues at 2 weeks following the intervention.</p> <p>Immediate post-training results were not significantly different from results 2 weeks following the intervention.</p>

⁴ Approach orientation focuses on achieving goals (e.g., putting in effort to obtain a desired result, like a promotion at work). In the context of DEI work, an approach orientation may mean that an individual looks for opportunities to interact with diverse individuals to impact their environment positively. In contrast, an individual with an avoidance orientation strives to avoid risk, which may include avoiding diversity initiatives that are out of their comfort zone.

Table 7. STEMM Education Training Evaluations

Intervention	Design	Measurement	Findings
<p><i>Ogunyemi (2021): Defeating Unconscious Bias: The Role of a Structured, Reflective, and Interactive Workshop</i> <i>Sample:</i> 103 students, residents, and faculty at a medical school</p>			
<p>90-minute, interactive workshop, which included:</p> <ul style="list-style-type: none"> • Presentation on unconscious biases • Participants recording first impressions of trustworthiness of five briefly shown images of people • Lesson on intersectionality • Situational vignettes in video format • Small group reflections on experience and bias-mitigating strategies 	<ul style="list-style-type: none"> • Pre- and post-training surveys 	<p>Participants completed the same self-report survey before and after the training to measure changes in perception and knowledge of implicit bias.</p>	<p>Total perception and knowledge scores significantly increased following the intervention.</p> <p>All perception items on the survey significantly increased following the intervention.</p> <p>Participant knowledge significantly increased for 4 of the 11 knowledge items.</p>

Table 7. STEMM Education Training Evaluations

Intervention	Design	Measurement	Findings
<p><i>Ruben & Saks (2020): Addressing Implicit Bias in First-Year Medical Students: A Longitudinal, Multidisciplinary Training Program</i> <i>Sample:</i> 39 first-year medical students from Rutgers Robert Wood Johnson Medical School</p>			
<p>Participants attended five learning sessions in their first year of medical school. Three sessions were led by an art curator at a museum focused on:</p> <ul style="list-style-type: none"> History of medicine Non-Western attitudes toward medicine Confronting implicit biases <p>Participants discussed implicit biases through works of art and participated in interactive lectures.</p>	<p>Groups were self-selected. 18 students chose to be in the experimental group and 21 chose the control group.</p> <p>All participants completed an IAT and a questionnaire to assess awareness of implicit bias before and after the intervention.</p>	<p>All participants took the IAT for Skin Tone and completed a questionnaire prior to and after the program. The experimental group completed an evaluation of the program activities to indicate each activity's value.</p>	<p><i>Change in Implicit Bias</i></p> <ul style="list-style-type: none"> IAT scores for the experimental and control groups indicated implicit bias toward light skin tone. There was no significant change for either group post-intervention. <p><i>Change in Implicit Bias Awareness</i></p> <ul style="list-style-type: none"> Prior to the intervention, there was a positive correlation between belief that the IAT was inaccurate and a higher bias score. There was no significant change in awareness of implicit bias for either group, but both groups indicated awareness of implicit bias and its impacts on health care prior to the intervention. <p><i>Program Evaluation</i></p> <ul style="list-style-type: none"> Participants indicated the course was valuable and they would recommend it to other students.

Table 7. STEMM Education Training Evaluations

Intervention	Design	Measurement	Findings
<i>Sherman, Ricco, Nelson, Nezhad, & Prasad (2019): Implicit Bias Training in a Residency Program: Aiming for Enduring Effects</i> <i>Sample: 31 University of Minnesota North Memorial Family Medicine Residency Program residents and faculty</i>			
<p>Two 60–90-minute workshops led by an implicit bias expert. Sessions included group discussion.</p> <p>Session 1: Race, Racism, and Whiteness</p> <p>Session 2: Barriers and Tools</p>	<ul style="list-style-type: none"> Qualitative analysis Did not measure change in implicit bias External evaluator conducted two 1-hour focus groups with all participants (one for residents and one for faculty) 	<p>Focus group transcripts were coded and analyzed to identify key themes.</p>	<p>Key themes from focus groups included increased awareness of bias and commitment to addressing racial bias.</p> <p>Individuals felt comfortable and safe sharing concerns within groups, but residents felt less safe bringing concerns to faculty.</p> <p>Some participants reported using strategies they learned to address racial bias.</p> <p>Both groups highlighted the need for ongoing training to institutionalize practices.</p>
<i>Stone, Moskowitz, Zestcott, & Wolsiefer (2020): Testing Active Learning Workshops for Reducing Implicit Stereotyping of Hispanics by Majority and</i> <i>Sample: 136 first-year medical students in 2 separate studies</i>			
<p><i>Study 1:</i> Participants completed a 50-minute, in-person lecture on implicit bias.</p> <p><i>Study 2:</i> Participants completed a 90-minute, in-person lecture on implicit bias.</p> <p>Both groups completed active learning exercises based on five evidence-based implicit bias reduction strategies.</p>	<p>Participants completed an IAT before the intervention; participated in two workshops on the (1) psychology of intergroup bias and implicit bias in health care and (2) activities for learning strategies for controlling the implicit stereotyping of patients; and then completed an IAT and a questionnaire following the intervention.</p> <p><i>Limitation:</i> No control group.</p>	<p>Participants completed a White American/Hispanic American IAT before and after the intervention.</p> <p>After the intervention, participants completed a self-report survey that measured internal and external motivation to respond without prejudice, perspective taking, and theories of racial bias. Participants also reported their demographics for analysis across race, age, gender, and ethnicity.</p>	<p>While White students still had implicit bias following the intervention, there was a significant change in IAT scores following the intervention, with White students experiencing a reduction in stereotyping Hispanic patients.</p> <p>“Non-target” minority students, which included Asian American and Southeastern or East Asian participants, did not experience a reduction in implicit bias against Hispanic patients.</p> <p>“Target” minority students (Black, Hispanic, and American Indian) had no bias prior to or after the intervention.</p>

Table 7. STEMM Education Training Evaluations

Intervention	Design	Measurement	Findings
<p><i>Zeidan, Tiballi, Woodward, & Di Bartolo (2019): Targeting Implicit Bias in Medicine: Lessons From Art and Archaeology</i> <i>Sample: 26 total participants (7 internal medicine residents and 19 emergency residents/clerkship students)</i></p>			
<p>Experts at the Penn Museum of Archaeology and Anthropology developed a curriculum to:</p> <ul style="list-style-type: none"> • Inform participants how archaeologists introduce bias when filling gaps to write history • Analyze an object to understand human behavior/activities • Reflect on the assumptions they made to understand implicit bias beyond the clinical setting 	<ul style="list-style-type: none"> • Pre- and post-training surveys 	<p>Participants completed the same self-report survey before and after the training that assessed their understanding of implicit bias and asked open-ended questions about previous implicit bias experience.</p>	<p>Change in implicit bias was not tested.</p> <p>Participants increased their understanding of implicit bias and felt empowered to address their own biases.</p> <p>Participants did not feel they had enough time for the session.</p>

NHTTAC's search for evaluations of implicit bias trainings identified several studies that evaluated an implicit bias training intervention that is not publicly available. Table 8 includes descriptions of three studies (including population and sample size, purpose and intervention, designs, outcome measurements, and findings) in the justice and social work fields.

Table 8. Justice and Social Work Training Evaluations

Intervention	Design	Measurement	Findings
<i>Fix (2020): Justice Is Not Blind: A Preliminary Evaluation of an Implicit Bias Training for Justice Professionals</i> <i>Sample: 243 justice professionals and 274 non-justice professionals</i>			
<p>Participants completed a 3-hour training focused on:</p> <ul style="list-style-type: none"> Improving knowledge about implicit bias Increasing awareness of individual implicit bias Improving skills for addressing one's own implicit bias <p>Trainings included:</p> <ul style="list-style-type: none"> Lecture Full group discussions Case study exercises IAT completion Experiential exercises 	<ul style="list-style-type: none"> Pre- and post-training surveys to measure change in knowledge and empathy following an implicit bias training 	<p>Demographic information for participants was collected.</p> <p>The Multigroup Ethnic Identity Measure-Revised assessment was used to determine the racial and ethnic identity of participants.</p> <p>Participants completed an implicit bias knowledge questionnaire comprising 18 true-or-false questions to create an overall knowledge score.</p> <p>Participants completed a program content questionnaire about what they appreciated in the training and what surprised them. This included an open-ended comment for participants to highlight other content they enjoyed.</p> <p>Researchers used the Scale of Ethnocultural Empathy to evaluate participants' empathy before and after the training.</p>	<p>Knowledge</p> <ul style="list-style-type: none"> There was a significant improvement in implicit bias knowledge for all participants following the training. The change was significantly larger for non-justice professionals compared to professionals working in a justice profession. <p>Scale of Ethnocultural Empathy</p> <ul style="list-style-type: none"> Feeling and expression, perspective taking, and acceptance of cultural differences increased significantly following the training. There was a significantly higher change for non-justice professionals compared to justice professionals. Acceptance of cultural differences decreased significantly after the training. <p>Program Content Questionnaire</p> <ul style="list-style-type: none"> Non-justice professionals enjoyed the presenter more than justice professionals. <p>Overall, non-justice professionals indicated they viewed the implicit bias training more favorably than justice professionals.</p>

Table 8. Justice and Social Work Training Evaluations

Intervention	Design	Measurement	Findings
<i>Jenkins & Youngstrom (2016): A Randomized Controlled Trial of Cognitive Debiasing Improves Assessment and Treatment Selection for Pediatric Bipolar Disorder (PBD)</i> <i>Sample: 137 mental health professionals</i>			
<p>Cognitive debiasing intervention that teaches participants about implicit cognitive techniques that may lead to implicit bias and strategies⁵ to correct these.</p> <p>Assessment and training materials provided via Qualtrics and a PowerPoint presentation.</p>	<p>Randomized controlled trial using case vignettes.</p> <p>Participants were randomly assigned to receive a brief PBD presentation (control group) or presentation plus cognitive debiasing technique training (intervention group).</p> <p>Four vignettes were manipulated to test race and ethnicity bias. Each vignette focused on a specific cognitive error in diagnoses of PBD.</p> <ul style="list-style-type: none"> • Not considering prevalence of a disease • Stopping a search once one answer is found • Establishing a diagnosis based on insufficient evidence • Failing to consider alternatives 	<p><i>Decision-Making Error Status:</i> Inaccurate/somewhat accurate diagnoses (error) versus accurate diagnoses (no error).</p> <p><i>Risk Estimate Accuracy:</i> Comparing the probability of the likelihood of a PBD with the estimates provided by participants. Those that fell outside 5% of the estimate were considered an error.</p> <p><i>Overall Diagnostic Accuracy:</i> Average of risk estimate accuracy and diagnostic accuracy for all four vignettes.</p>	<p>The intervention group participants were significantly more accurate; they made fewer decision-making errors and had better diagnostic accuracy across all of the vignettes.</p> <p>The race/ethnicity of the youth depicted in vignettes did not impact decision-making for either group.</p>

⁵ These strategies included considering alternative possibilities through symptom checklists, using cognitive aids for symptoms like mnemonics, and taking a step back to think about the decision-making process (Jenkins & Youngstrom, 2016).

Table 8. Justice and Social Work Training Evaluations

Intervention	Design	Measurement	Findings
<i>Russell & Summers (2013): Reflective Decision-Making and Foster Care Placements</i> <i>Sample: 555 cases (233 from Los Angeles, CA; 172 from Portland, OR; 150 from Omaha, NE)</i>			
<p>Two interventions:</p> <ul style="list-style-type: none"> • Implicit and institutional bias training only • Implicit and institutional bias training plus the use of a judicial benchcard (decision-making structure) for preliminary protective hearings 	<ul style="list-style-type: none"> • Randomized controlled trial (random assignment of the benchcard use for each judge), quasi-experimental design (pre- and posttest for benchcard users) • All participants received the implicit and institutional bias training; half were randomly assigned to use the benchcard tool following the training 	<ul style="list-style-type: none"> • Compared foster care placement rates for those who received the implicit bias training and the benchcard tool to those who just received the implicit bias training at preliminary protective and adjudication hearings. 	<p>Participants in both groups were significantly less likely to place youth in foster care at a preliminary protective hearing.</p> <p>Participants in both groups were significantly more likely to place youth with their parent at the preliminary protective hearing; however, the training + benchcard group was much more likely to place youth with their parent than the training only group.</p> <p>At adjudication hearings, the training only group was not significantly less likely to place youth in foster care or more likely to place the youth with their parents, whereas the training + benchcard group was.</p> <p>Overall, both interventions increased parent placements and decreased foster care placements following the preliminary protective hearing; however, the use of the benchcard tool sustains this improvement at adjudication when the impacts of the training only diminish.</p>

4. What challenges are associated with social service and health care implicit bias trainings? What are potential solutions to these challenges?

Researchers have identified several challenges and potential solutions associated with implementing implicit bias trainings.

 Challenges	 Potential Solutions
<p>Many trainings are not specific enough</p> <ul style="list-style-type: none"> Implicit bias trainings typically do not specify whether they are targeting prejudice, stereotyping, or both (Hagiwara et al., 2020; Maina et al., 2018). 	<p>Design implicit bias trainings with specific goals in mind</p> <ul style="list-style-type: none"> Different aspects of implicit bias (e.g., prejudice versus stereotypes) manifest differently, are addressed in different ways, and result in different client outcomes (Maina et al., 2018).
<p>Increasing knowledge and awareness does not reduce bias</p> <ul style="list-style-type: none"> Most implicit bias 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 (Fiske, 2012; Hagiwara et al., 2020). Research also shows that individuals with internal motivation to reduce implicit bias are more successful than individuals with external motivation to reduce implicit bias (Devine, Plant, Amodio, Harmon-Jones, & Vance, 2002). 	<p>Focus implicit bias trainings on awareness and motivation</p> <ul style="list-style-type: none"> Focus implicit bias training curricula on raising awareness of implicit bias <u>and</u> internal motivation (Hagiwara et al., 2020).
<p>There is a lack of evaluations that assess behavior change</p> <ul style="list-style-type: none"> There is a lack of effective evaluation of whether trainings are reducing implicit bias (Hagiwara et al., 2020). 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 IAT (Hagiwara et al., 2020). Neither self-reflection nor IATs assess behavior change or improved client outcomes (Hagiwara et al., 2020). Research still has not explored whether the quality of patient care improves when implicit bias is reduced (Forscher et al., 2019; Morris et al., 2019). 	<p>Evaluate behavior change and client outcomes</p> <ul style="list-style-type: none"> Evaluate outcomes among stigmatized groups after the service providers complete an implicit bias training (Hagiwara et al., 2020). Examples: <ul style="list-style-type: none"> <i>Policing</i>: Reduced racial/ethnic disparities in enforcement actions (e.g., stops, frisks, searches, arrests, summonses, use of force) <i>Health care</i>: 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)



Challenges

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

- Implicit bias trainings that target knowledge or awareness do not address the habitual nature of these biases (Devine et al., 2012).
- Many implicit bias 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) (Zestcott, Blair, & Stone, 2016)



Potential Solutions

Teach evidence-based strategies for reducing implicit bias

- Devine et al. (2012) identified five strategies for reducing implicit racial bias that can be taught in training sessions. These strategies combine “motivation, awareness, and effort” to break the unwanted habit (p. 2). These evidence-based strategies are the most commonly cited to date:
 - *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.



Challenges

Strategies to reduce bias are difficult to implement in real life

- Strategies to reduce implicit bias are difficult to implement in real life (Penner, Blair, Albrecht, & Dovidio, 2014).
- 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 (Penner et al., 2014).
- Thus, current implicit bias trainings may not be an effective or realistic approach to rectifying the negative effects of implicit bias (Hagiwara et al., 2020).

Trainings are not long enough

- Research suggests that 1–2-hour trainings do not address implicit bias effectively (Kalinowski et al., 2013).



Potential Solutions

Focus on realistic and practical concepts and processes

- Facilitate group tasks rather than relying solely on individual exercises (Kalinowski et al., 2013).
- Develop active learning exercises that allow participants to practice. Avoid passive learning exercises (e.g., lectures) (Kalinowski et al., 2013).
- Focus less on the content of people's speech. Research suggests providers' communication behaviors can demonstrate implicit bias (Maina et al., 2018). Suggestions for training techniques:
 - Address non-verbal cues like body language, eye contact, gestures, and body distance.
 - Address paraverbal cues like how people speak, tone, pitch, and volume (Dovidio et al., 2008).
- Create trainings that use relevant examples to help learners better use the knowledge and skills acquired during the training when they are at work (Carter, Onyeador, & Lewis, 2020).
- Have trainees participate in goal-setting exercises (Lindsey, King, Hebl, & Levine, 2015). 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.”

Develop longer or multi-session trainings

- Research shows a positive relationship between the length of training and changes in trainee attitudes, behaviors, and knowledge (Bezrukova, Spell, Perry & Jehn, 2016).
- If it is not possible to develop and implement a multi-session training, try to design a training that is 4–8 hours (Kalinowski et al., 2013).



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 (Onyeador, Hudson, & Lewis, 2021).



Potential Solutions

Incorporate trainings and bias-mitigating strategies at the organizational level

- Provide training to employees to increase understanding and awareness of implicit bias (Rose, 2020).
- Develop partnerships with the diverse communities both within the organization and served by the organization (Rose, 2020; Onyeador et al., 2021).
- Recruit diverse employees at all levels in the organization (Rose, 2020).
- Collect data on client race, ethnicity, language, sexual orientation, and gender identity. Use this information to measure client outcomes (Rose, 2020).
- Analyze client satisfaction and complaint data and examine by race, language, sexual orientation, gender identity, and other key variables (Rose, 2020).
- Change organizational policies and practices that may inadvertently foster inequality (Onyeador et al., 2021).
- Increase accountability (e.g., set DEI goals and evaluate progress) (Onyeador et al., 2021).

Potential Next Steps

The following recommendations include six different opportunities to advance this work:

1. Disseminate findings from the scan with the field (e.g., fact sheet, brief). Areas for exploration include: key definitions and terminology to address implicit bias and systemic injustices through language and written products; highlights from the challenges and solutions presented above to offer insights on areas for future examination; or key considerations for organizations on incorporating trainings and bias-mitigating strategies based on prior research and recommendations from the AEII.
2. Collaborate with diverse experts to:
 - Explore and define the relationship between implicit bias, racism, historical context of racism, and structural inequality
 - Explore the role of implicit bias trainings in reducing racism and structural inequality
 - Explore the impact of implicit bias on systemically excluded communities
 - Explore the impact of implicit bias trainings on systemically excluded communities
 - Potential methods of collaboration and exploration include listening sessions and/or focus groups with community members, literature review, or an additional/expanded environmental scan
3. Develop a plan for integrating implicit bias training into existing NHTTAC offerings and developing new NHTTAC implicit bias training and technical assistance (T/TA). The steps for developing this plan could include:
 - Examining the curriculum of existing implicit bias trainings and exploring whether NHTTAC can/should adapt these trainings. Suggested trainings to explore include:
 - *Health Care*: The EveryONE Project (American Academy of Family Physicians Foundation)
 - *Child Welfare*: Implicit Bias 101: Exploring Implicit Bias in Child Protection (Kirwan Institute for the Study of Race and Ethnicity at the Ohio State University)
 - *Diversity, Equity, and Inclusion*: Project READY: Reimagining Equity and Access for Diverse Youth (Project READY staff)
 - *Cultural Humility*: Cultural Humility Strategies (National Child Welfare Workforce Institute)
 - *Academia*: Breaking the Bias Habit
 - *Law Enforcement*: Fair and Impartial Policing
 - Explore opportunities to develop and implement a Training of Trainers curriculum that teaches NHTTAC consultants and OTIP partners how to integrate discussions and activities related to equity and inclusion into trainings.
 - Exploring a comprehensive, multi-tiered, blended learning framework for implicit bias that mirrors the SOAR for Communities and SOAR for Organizations approach. For example, developing standardized T/TA (e.g., implicit bias 101 module; a live, outcome-driven implicit bias 201) and follow on coaching to support implementation of reducing implicit bias.

4. Update style guides to address implicit bias and systemic injustices through language. This could include developing a new section on diversity, equity, and inclusion, as well as training writers and editors to ensure written work is inclusive and free of bias and microaggressions.
5. Explore how cultural humility can be used to improve current and future training and technical assistance. NHTTAC could explore the topic further through the structural inequality needs assessment (e.g., literature review, listening sessions).

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