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# Stigma & Implicit Bias Toolkit

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## INTRODUCTION

Implicit bias and stigma are potential factors in perpetuating healthcare disparities and have a negative impact on the patients who experience them. Organizations committed to advancing health equity will make it a priority to acknowledge and mitigate these forms of discrimination. Each manifests differently, and requires a different approach to address.

## QUICK PRIMER

### What is implicit bias?

Implicit bias is the unconscious collection of stereotypes and attitudes that are developed toward certain groups of people or situations that affect understanding, actions and decision-making.<sup>1</sup> All humans have a natural tendency to make assessments based on characteristics such as race, ethnicity, age, gender, sexual orientation, and disability status. These assessments, which can be favorable and unfavorable, are triggered involuntarily as quickly as a tenth of a second.<sup>2,3</sup> In fact, cognitive science research has established that implicit biases result from the way our brains rapidly process enormous amounts of information. Different regions of the brain synthesize and categorize this information so we can solve problems

and make decisions quickly and efficiently, mental short-cuts known as heuristics.<sup>4</sup> While this process saves cognitive resources, it also allows bias to influence how we register the information without our awareness. This makes implicit bias difficult to control and fix.



Implicit biases often do not reflect our declared core values and beliefs. As a

result, our decisions and actions will contradict our stated intentions, no matter how strongly we are committed to them.<sup>5</sup> What we say about ourselves, to ourselves and to others, is not consistent with what is happening internally. This universal phenomenon can lead to discriminatory behaviors or actions that perpetuate healthcare disparities.

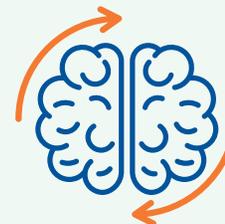
**Implicit bias is the unconscious collection of stereotypes and attitudes we develop toward certain people or situations.**

### What is Stigma or Explicit Bias?

Stigma or explicit bias includes attitudes, stereotypical beliefs and/or feelings about people or a group that can motivate one to consciously discriminate and marginalize. Positive or negative preferences result in people drawing boundaries to distinguish themselves from others or to identify with a favored group.<sup>6</sup> Health-related stigma is disqualification of individuals and groups of people who live with certain health conditions. People with those conditions may have a lived experience characterized by exclusion, blame and/or devaluation. When one is on the receiving end of stigma, the shame, distrust and rejection can influence their decision to seek care.<sup>7</sup> They may avoid care altogether or have an undesirable response to treatment. This, in turn, leads to poorer health outcomes and disparities in care.

Some examples of stigmatized conditions/statuses include:

- HIV/AIDS
- diabetes
- obesity
- substance use disorders
- smoking
- mental illness
- disability
- sexual orientation
- transgender
- COVID-19



**It is human nature for our minds to move between implicit and explicit bias.**

### Implicit Bias and Stigma in Healthcare

There is a growing body of literature about the effects of implicit bias and stigma on the delivery of quality healthcare and achieving optimal health outcomes. A 2017 systematic review by FitzGerald and Hurst found that healthcare physicians and nurses exhibit the same levels of implicit bias as the general population. Several studies found a significant positive correlation between level of implicit bias and lower quality of care.<sup>8</sup> Another systematic review by Zestcott et al., found several studies that showed healthcare providers implicitly hold associations that Black patients are less compliant and cooperative in clinical settings than white patients, and implicitly stereotype obese people as more lazy, stupid, and worthless than thin people, without any validating evidence in either example.<sup>9</sup> For groups that are already vulnerable, implicit bias and stigma further disadvantage them.

Health-related stigma has similar adverse effects on diagnosis, treatment and health outcomes but is more insidious because it happens consciously and when individuals are most in need of compassion. It manifests as marginalization, stereotyping and prejudice toward patients based on particular health conditions (e.g. HIV/AIDS, mental illness, disability), often intersecting with demographic characteristics such as socioeconomic status, gender, age, race or sexual identity. Stigmatizing behaviors range from denial of care, delivering substandard care, and physical and verbal abuse to less overt actions such as ineffective communication (e.g., patronizing attitude, lack of eye contact and inactive listening), imposing longer wait times and lack of follow-through.

### Health System Factors that Contribute to Bias

The way healthcare is delivered in our country – standardized systems of care, population health management, clinical decision support systems, artificial intelligence – can unintentionally increase bias in clinical encounters. Delivery of high-quality care is driven by data. If the data are inherently biased or do not contain a diverse representation of demographic groups, the outputs will be biased. For example, a large health system initiates a process for managing high-risk patients to better control clinical and financial risk through supportive care management. To identify the high-risk patients, the organization analyzes spending and utilization data to predict severity of illness using selection criteria tied to quality targets. However, the organization fails to consider factors that lead

to disparities in the level and amount of care received across demographic groups. Although certain minority populations consistently receive less care, the data inaccurately assigns the same level of risk to minority populations as their white counterparts.

### Why Healthcare Providers are Vulnerable to Bias

Healthcare providers are dedicated professionals who want to deliver high quality care and typically do so under chronically stressful circumstances and severe time constraints. It may be difficult for many to contemplate that they harbor biases toward their patients. However, healthcare providers are especially vulnerable to implicit bias, mostly because of the way healthcare is structured and delivered in the U.S.

Each healthcare encounter involves multiple components: the assessment and diagnosis, the treatment protocol, the interpersonal relationships between the staff, the providers, and the patients, the patients' beliefs and engagement in the treatment, and different communication styles. All of these factors influence both the providers and the patients. Providers begin assessing patients the moment they see them. Like all humans, they have internal narratives related to patients' age, sex, race, ethnicity, disability status, etc. These are typically the first demographic characteristics that a provider sees in the medical record. There is a lot of room for interpretation and filling in the gaps about a patient, even before the provider starts talking to them. Following are some other factors that make providers vulnerable to bias:

- There is a lack of diversity across the medical professions. This leads to a lack of racial, ethnic and cultural parity between providers and patients, resulting in bias. Physicians that are high in implicit bias and patients who have reported past discrimination and have mistrust of the medical system tend to have poorer interactions.
- Providers are not always afforded the opportunity to participate in training on bias, stigma, health disparities, and cultural competency. These topics are not typically covered in medical school training, although that is changing as healthcare organizations acknowledge the importance of these strategies in the provision of healthcare.

## Stigma and Implicit Bias Toolkit

- Many providers are routinely exposed to stress and trauma leading to burnout and depersonalization, a state whereby providers treat patients indifferently, objectify them and develop negative attitudes toward their profession. Depersonalization is a common symptom of burnout, which has become a more critical issue due to the COVID-19 pandemic.
- A huge risk factor for bias is persistent time pressures that prevent providers from devoting adequate time to patient care. The potential for bias increases as the capacity to manage one's environment decreases.
- Bias results from situations that demand accelerated decision making. This is referred to as heuristics, mentioned at the beginning of this primer. Remember that this strategy shortens decision-making time and allows people to function without constantly stopping to think about their next course of action. Providers are expected to quickly assess patients' health and symptoms, make healthcare decisions and take action. When something as critical as patients' health is at risk, the mental processes needed to check one's bias is compromised for the mental power needed to make those rapid medical decisions.

### Examples of the Detrimental Effects of Bias and Stigma

- A belief that substance use disorders are a moral failing, rather than a disease, can lead to stigmatization. Providers' words and actions may be influenced by entrenched societal stigma around these conditions, resulting in a contradiction between their intentions to help their patients and their actions. Most patients on the receiving end of stigmatizing behavior are fully aware it is happening and may feel shame, distrust and rejection. This can result in avoidance of care or an undesirable response to treatment.
- Biases toward certain patients or medical conditions can lead to assumptions about patients' noncompliant behavior. A provider may assume, for example, that a patient with diabetes who persistently has an HbA1c above the recommended 7% is being lazy, weak or defiant. In fact, the patient may be food insecure and unable to access the healthy foods they need to manage their condition or have financial constraints that limit their ability to purchase their medications.
- A 2020 systematic review of literature on disparities in the treatment of chronic pain by Morales and Yong found that an "adverse association between non-white race and treatment of chronic pain is well supported." Moreover,

the researchers found that patients' sociodemographic profiles influence the association between chronic pain and quality of life.<sup>10</sup> A study published in 2016 by Hoffman et al., found that half of medical school students held false beliefs such as Black people having thicker skin or less sensitive nerve endings than white people, leading to inadequate treatment of Black patients' pain.<sup>11</sup>

- There is a lack of respectful, identity-affirming medical care for LGBTQIA+ patients, who experience significant marginalization and discrimination. Some of this bias is a result of providers not being adequately trained to provide care for these populations; however, overt discrimination and stigmatization are also to blame. LGBTQIA+ individuals experience an increased burden of disease and lack of access to consistent, quality, respectful healthcare.<sup>12</sup>
- There are persistent, entrenched disparities in maternal and child health in the U.S. Several studies have shown that providers' implicit biases have contributed to Black women's high rate of maternal mortality and birth complications. The Centers for Disease Control and Prevention data confirm significantly higher pregnancy-related mortality among Black and American Indian/Alaskan Native (AIAN) women compared to their white counterparts. These disparities have not improved over time.<sup>13</sup>
- Provider biases can lead to assumptions of poor prognosis and/or quality of life for persons with disabilities. These biases can lead to misperceptions that affect treatment options and trajectory, as well as communication "pitfalls".<sup>14</sup> Extreme examples of these biases include premature withdrawal of life-preserving care or in the case of people with disabilities and COVID-19, a denial of life-preserving care in favor of patients without a disability.<sup>15</sup>



#### Among active physicians:

- 56.2% identified as White
- 17.1% identified as Asian
- 5.8% identified as Hispanic
- 5.0% identified as Black

*(American Association of Medical Colleges, 2018)*

### What resources are available to help with this work?

If we truly want to achieve health equity, health care organizations, their leadership, providers and staff have a responsibility to mitigate the effects of

## Stigma and Implicit Bias Toolkit

implicit bias and stigma across all patient interactions and at all points of contact. The purpose of discussing this topic is to raise awareness, and ultimately, to improve outcomes and achieve health equity.

The following tables include resources, toolkits, and websites provide more information about these important topics.

Building Knowledge About Stigma & Implicit Bias			
Training			
Title	Resource Type	Source	Description
<a href="#">Reducing Stigma Education Tools (ReSET)</a>	Training modules	University of Texas Austin/ Dell Medical School	The aim of this free training is to help healthcare providers confidently identify and address stigma surrounding opioid use disorder (OUD), to ensure the delivery of equitable and compassionate healthcare for all patients living with opioid addiction. While there is a focus on OUD, anyone interested in learning more about stigma will find this training helpful.
<a href="#">Implicit Bias Module Series</a>	Training	Kirwan Institute for the Study of Race and Ethnicity	This course will introduce you to insights about how our minds operate and help you understand the origins of implicit associations. You will also uncover some of your own biases and learn strategies for addressing them. Each of the four modules is divided into a short series of lessons, many taking less than 10 minutes to complete. You can complete the lessons and modules at your convenience.
<a href="#">Unconscious Bias Training That Works</a>	Article	Harvard Business Review	This article outlines the reasons why traditional unconscious bias (UB) training is ineffective. Increasing awareness isn't enough. UB training that gets results teaches attendees to manage their biases, practice new behaviors and track the progress. The authors describe the components of UB training programs that work.
<a href="#">Implicit Bias Video Series</a>	Training Modules	UCLA Office of Equity, Diversity & Inclusion	Heard the term implicit bias but not totally sure what it means? This series of seven, short videos provides an overview of implicit bias with a focus on key terms and definitions.
<a href="#">Preventing and Reducing Stigma</a>	Slide Deck and Data Sheet	Prevention Technology Transfer Center (PTTC) Network	This customizable slide deck can be used to describe why addressing stigma within healthcare is important, discuss the potential impacts of stigma, and explore strategies for engaging providers in the prevention and reduction of stigma. A two-page resource is also provided.
<a href="#">Are You Aware of Your Implicit Bias?</a>	Webinar	Prevention Technology Transfer Center (PTTC) Network	This webinar recording addresses the role of implicit bias and how it impacts individuals who seek substance use treatment and other behavioral health services to mitigate adverse behavioral health outcomes. Methods and tactics to reduce implicit bias are explored to eliminate the stigma associated with those who require substance use treatments or other behavioral health services.

Building Knowledge About Stigma & Implicit Bias			
Assessments			
Title	Resource Type	Source	Description
<a href="#">Stigma Survey</a>	Survey	Adapted from Using Harm Reduction to Address Sexual Risk with Drug Users and Their Partners, HIV Education and Training Programs, NYSDOH AIDS Institute, by Joanna Berton Martinez, August, 2009	This is a short survey to assess an individual's level of stigma.
<a href="#">Stigma-Free Tool</a>	Survey	Stigma-Free Society	This Stigma-Free Tool is a simple and engaging way to privately assess your attitudes around stigma, and see where you may want to improve your actions and thoughts around the topic of stigma. It also provides a percentage at the end of the activity, suggests further ways to examine your perceptions and directs you to our page on how to take ACTION. Includes a stigma-free <a href="#">pledge</a> .
<a href="#">Implicit Association Test</a>	Website/ Test	Project Implicit (Harvard University)	The Implicit Association Test (IAT) measures attitudes and beliefs that people may be unwilling or unable to report. The IAT may be especially interesting if it shows that you have an implicit attitude that you did not know about. It measures the strength of associations between concepts (e.g., black people, gay people) and evaluations (e.g., good, bad) or stereotypes (e.g., athletic, clumsy).

Words Matter			
Tools and Resources			
Title	Resource Type	Source	Description
<a href="#">Words Matter: How Language Choice Can Reduce Stigma</a>	Website	Substance Abuse and Mental Health Services Administration (SAMHSA)	This resource examines the role of language in perpetuating substance use disorder stigma, offers tips to assess how and when we may be using stigmatizing language, and steps to ensure that we use language that is positive, productive, and inclusive.
<a href="#">The AP Stylebook, 55th Edition</a>	Book (hardcopy and online versions available)	Associated Press	Published in 2020, the 55th edition of <i>The Associated Press Stylebook and Briefing on Media Law</i> includes more than 200 new or revised entries including addiction and drug-related terms. The AP dropped certain words in favor of language that recognizes that addiction is not a moral failing but a disease. This is a valuable tool for journalists or anyone interesting in using non-stigmatizing language in their writing.
<a href="#">People Matter, Words Matter</a>	Website	American Hospital Association	The AHA, together with behavioral health and language experts from member hospitals and partner organizations, offers a series of downloadable posters to help your employees adopt patient-centered, respectful language. Please consider downloading, printing and sharing each poster with team members and encourage them to use this language both in front of patients and when talking to colleagues.
<a href="#">Getting the Story Right: Journalists and the Language of Addiction</a>	Training	RICARES	This one-hour training is designed to introduce the AP Guidelines and writing about substance use in a humane and non-stigmatizing fashion. This training is targeted to journalists and individuals who write about substance use. There may be an associated cost for this training.
<a href="#">Words Matter: Language, Stigma, Discrimination against People with Substance Use Disorders</a>	Training	RICARES	This in-depth training (2–3 hours) provides an introduction to stigma for clinicians, healthcare workers, and community organizations working with people who use drugs. There may be an associated cost for this training.

Mitigating Stigma & Implicit Bias			
Tools and Resources			
Title	Resource Type	Source	Description
<a href="#">Unconscious Bias Resources for Health Professionals</a>	Website	Association of American Medical Colleges	The AAMC offers resources to assist healthcare professionals at academic medical centers meet their goals around addressing unconscious biases.
<a href="#">How to Identify, Understand, and Unlearn Implicit Bias in Patient Care</a>	Website	American Academy of Family Physicians	This resource offers ways to take steps to recognize and correct unconscious assumptions toward groups to promote health equity.  (Posted with permission from AAFP).
<a href="#">Reducing Stigma (COVID-19)</a>	Website	Centers for Disease Control and Prevention	This website offers information about stigma around COVID-19 and tips for community leaders and public health officials on preventing stigma.
<a href="#">Addressing Bias and Driving Equity</a>	Website	Stratis Health	This is an online learning and resource center designed to support clinical and non-clinical health professionals build skills and knowledge about implicit bias to drive health equity.
<a href="#">Beyond Labels: Do Your Part to Reduce Stigma</a>	Website	March of Dimes	This award-winning, interactive website, designed for people who work in healthcare fields, offers ways to help reduce stigma among all moms and babies so they can get the support and care they need.
<a href="#">How to Reduce Implicit Bias</a>	Blog Post	Institute for Healthcare Improvement (IHI)	As more health care organizations work toward achieving health equity, it is not enough to focus on intentional discrimination. This blog post provides insights on why organizations must also acknowledge implicit bias and how address it.
<a href="#">Implicit Bias in Health Care</a>	Document	The Joint Commission	This document addresses implicit bias and its effects on health care. It discusses safety actions to consider to ensure the best outcomes and zero harm for all patients.
<a href="#">The EveryONE Project: Implicit Bias Resources</a>	Website	American Academy of Family Physicians	This website offers a variety of resources on implicit bias, including training, an implicit bias reading list, and customizable PowerPoint presentations. Access to the resources requires an AAFP membership.

Mitigating Stigma & Implicit Bias			
Tools and Resources (continued)			
Title	Resource Type	Source	Description
<a href="#">Addressing Implicit Bias, Racial Anxiety, and Stereotype Threat in Education and Health Care</a>	Website	Perception Institute	Perception Institute is a consortium of researchers, advocates, and strategists who translate cutting-edge mind science research on race, gender, ethnic, and other identities into solutions that reduce bias and discrimination, and promote belonging. They work in sectors where bias has the most profound impact—education, healthcare, media, workplace, law enforcement, and civil justice.

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