



## Strategies to Promote Equitable Care by Reducing the Impacts of Implicit Bias

While anyone can become sick with COVID-19, not all people are affected in the same way. Black and Hispanic/Latino communities are experiencing disproportionately high rates of infection and mortality nationwide and in New York City (NYC). Persistent, systemic, intergenerational racism<sup>1</sup> faced by communities of color, including immigrant communities, manifests in the form of explicit and implicit interpersonal bias and unequal access to basic resources including employment, housing, food, green spaces and health. These biases are amplified for individuals holding multiple intersecting identities, including LGBTQ+ people of color and women of color. As a result of these inequities, people of color experience higher rates of the types of chronic conditions that are associated with having severe COVID-19 illness.

**Implicit bias** is the subtle or unconscious attitudes or biases that can affect our understanding, actions and decisions in an unconscious way. Providers may unintentionally exhibit lesser listening time during patient interactions or more restrictive prescribing practices and medical interventions for people of color compared to white patients. The structures within which people receive health care, including the racial and gender composition of hospital leadership and provider expectations around patient participation, perpetuate the privileges that white people experience while oppressing people of color in health care settings. It is the responsibility of health care providers to identify and act to reverse the impacts of this structural racism.

Health care providers have the same biases as the general public. These unconscious attitudes exist everywhere. As providers, it's up to you to do what you can to prevent other people from being hurt, intentionally and unintentionally. We urge providers to use the strategies below to actively mitigate these biases to improve patient care. After COVID-19 has passed, providers should continue to implement these strategies with the support of evidence-based anti-bias trainings.

### Professional Behaviors and Standards

1. When meeting with patients, think about who they are as individuals – learn about their personal histories and steps that led them to seek medical treatment. Learn something unique about each patient. Provide compassion and empathy in every interaction.
2. Remember that people with disabilities in need of health services should be offered appropriate reasonable accommodations.

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<sup>1</sup> "Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call 'race'), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources." <https://www.apha.org/topics-and-issues/health-equity/racism-and-health>

3. People may respond aggressively or with anger, or become withdrawn and discontinue follow up. Recognize that these are coping mechanisms that this person may have developed in response to prior traumatic situations, and, rather than being dismissive, think of ways to build empathy and connection to support individuals through care.
4. Reframe your interactions with patients as interactions between collaborating equals. Create space for people to take an active role in shaping a plan for their care. Think about what your patient would want and make sure that your treatment plan fits with their personal health goals.
5. Understand and respect the tremendous power of unconscious bias. Read and implement the National Culturally and Linguistically Appropriate Services (CLAS) Standards.
6. Use a “teach back” approach to make sure the patient has understood the information you have shared. Providers should:
  - a. Use plain language with a caring tone of voice and attitude. Display comfortable body language and make eye contact.
  - b. Ask the patient, using non-shaming, open-ended questions, to explain back the information in their own words. Avoid asking questions that can be answered with a simple yes or no.
  - c. Emphasize that the responsibility to explain is on you, the provider.
  - d. Explain again and re-check as necessary until the patient’s understanding is clear.
  - e. Use reader-friendly and language-appropriate print materials to support learning.
7. Actively practice evidence-based medicine. Be systematic by using concrete guidance or checklists from credible sources like the CDC’s Preparedness tools for Health Care Professionals. Be transparent with patients about how you are making decisions.
8. Speak up when you observe that a colleague is relying on implicit biases. Combat bias in interactions with colleagues by:
  - a. Refusing to rely on stereotypes when a colleague suggests using a stereotype to make decisions
  - b. Asking colleagues questions that invite discussion
  - c. Being direct with your colleagues about addressing bias
  - d. Stating that you feel uncomfortable when your colleague uses stereotypes or biases in decision-making

## **Cultural Humility**

1. Embrace humility. Acknowledge your world view may not be as extensive, open or dynamic as you may perceive. However, you do not need to be, and ultimately cannot be, experts in all the intersecting cultures and identities that you encounter. Instead, focus on a readiness to learn that can translate to greater confidence and willingness in caring for patients of varying backgrounds.
2. Review NYC’s LGBTQ Health Care Bill of Rights to learn more about how to support LGBTQ+ patients.

## Personal Well-Being

1. Become aware of your own biases. Go to [Project Implicit](#) to take a free, online implicit bias test.
2. Stress and anxiety can magnify bias and stereotypes. Take steps throughout your day to reduce your stress. Remain conscious of your stress levels throughout the day, especially during patient interactions. Visit the NYC Department of Health and Mental Hygiene (Health Department)'s [coping and emotional well-being website](#).

## Resources about implicit bias

- How to Reduce Implicit Bias, [ihi.org/communities/blogs/how-to-reduce-implicit-bias](http://ihi.org/communities/blogs/how-to-reduce-implicit-bias)
- The Impact of Unconscious Bias in Health Care: How to Recognize and Mitigate It, [academic.oup.com/jid/article/220/Supplement\\_2/S62/5552356](http://academic.oup.com/jid/article/220/Supplement_2/S62/5552356)
- Being an Active Bystander: Strategies for Challenging the Emergence of Bias, [kirwaninstitute.osu.edu/wp-content/uploads/2018/07/Being-an-Active-Bystander-2017.pdf](http://kirwaninstitute.osu.edu/wp-content/uploads/2018/07/Being-an-Active-Bystander-2017.pdf)
- Implicit Bias in Health Care: A Joint Commission Advisory on Safety and Quality Issues, [jointcommission.org/-/media/deprecated-unorganized/imported-assets/tjc/system-folders/joint-commission-online/quick\\_safety\\_issue\\_23\\_apr\\_2016pdf.pdf?db=web&hash=A5852411BCA02D1A918284EBAA775988](http://jointcommission.org/-/media/deprecated-unorganized/imported-assets/tjc/system-folders/joint-commission-online/quick_safety_issue_23_apr_2016pdf.pdf?db=web&hash=A5852411BCA02D1A918284EBAA775988)
- Intersectionality: How Gender Interacts With Other Social Identities to Shape Bias, [theconversation.com/intersectionality-how-gender-interacts-with-other-social-identities-to-shape-bias-53724](http://theconversation.com/intersectionality-how-gender-interacts-with-other-social-identities-to-shape-bias-53724)

The NYC Health Department may change recommendations as the situation evolves.

6.10.20