Memorandum

March 24, 2021

TO: Senator Patty Murray, D-WA

FR: V\_\_\_\_\_\_ P\_\_\_\_\_\_\_, student intern

RE: What is implicit bias in healthcare, how are Black women impacted by it, and what can be done to remedy injustices resulting from this kind of bias?

**Introduction:**

Every day thousands of people in the United States go to hospitals, clinics, and other healthcare facilities to receive medical care from a physician. It is expected of physicians to treat all of their patients equally and to provide the same quality of healthcare to everyone no matter what the patient’s religion, gender, sexual orientation, ethnicity, or race is. Unfortunately, not all patients can say that this is true of their provider. This is especially the case with patients who are Black women. It is common for Black women to have unpleasant experiences with physicians causing them to either never go back to a certain physician again, or find a new physician that they can trust and does not direct any implicit bias towards them.1

**ISSUE**

 There is a major problem occurring in the United States today about how physicians use implicit bias towards their patients who are Black women. This issue is not only current; it has been ongoing for several years and has been overlooked by many people who have never heard about it. People are unaware that it may occur every day among many patients who are Black women due to a lack of knowledge about the problem. It is very unprofessional and unjust of physicians to direct implicit bias towards their patients who are Black women which then causes them to dread going to doctors’ appointments.2

**SOLUTIONS**

**Summary of recommended solution:**

In order to reduce the number of physicians who have implicit bias against Black women, medical schools should establish a mandatory implicit bias training course in health care that should be taken by all people who are training to go into the medical field, especially those who want to become physicians.3 Another possible way to reduce the amount of implicit bias among physicians is that The Joint Commission health care organization and the Project Implicit organization could work together to administer IAT tests to those who have earned a doctorate degree. (IAT stands for Implicit Association Test). This way the IAT tests can give physicians a certain score that can either be low or high which would determine that they have a low or high level of implicit bias. One more possible way to reduce implicit bias in physicians is The Joint Commission health care organization can send surveyors to go to healthcare facilities and get opinions on health care physicians from patients who are Black women (by filling out a survey) to see if they use implicit bias or not. If there is an opinion on a physician that may indicate the use of implicit bias towards their patient, then The Joint Commission surveyors can monitor the physician for a certain amount of time.

**Background:**

 The problem of physicians directing implicit bias towards Black women in health care facilities has been going on for more than 10 years and still persists to this day. What exactly is implicit bias? Implicit (subconscious) bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual’s awareness or intentional control.4

Physicians subconsciously exhibit direct implicit bias towards Black women and most likely do not know that they show such bias to their patients. The reason why physicians may do this is that they have not had enough or any education about implicit biases. These physicians who have not been educated about implicit biases can significantly affect the health of Black women today because when they exhibit implicit bias this can lead to the creation of possible health disparities and problems to occur later on in the lives of their patients. To prevent this from happening Black women need to stop going to physicians that are high in implicit bias and should try to find a different physician that exhibits little to no implicit bias. In the past, around 10 years ago physicians most likely directed explicit bias towards patients who were Black women, explicit bias meaning that bias is easy to spot,5 as implicit bias was not widely known. A problem that may contribute to physicians being high in implicit bias is that historical inequalities continue to shape the biases of people who are white.6 This affects Black women because if their physicians direct implicit bias towards them it may be because the source of their bias comes from a historical inequality.

**HISTORICAL**

 Implicit bias has had a huge impact on Black women in the past couple of years and many Black women have spoken up and shared their experiences with implicit bias to others. By sharing their experiences with the public, they can bring more awareness to the topic of implicit bias that is directed towards Black women in healthcare.

An example that spreads awareness about this topic is the story that Julie Onos shares about her experience with implicit bias in healthcare. Julie went to her primary care physician a couple of years ago when she started having multiple migraines every week. She could tell that these migraines were different from the ones that she has had before. Julie felt terrible, she lost weight, was always thirsty no matter how much water she drank, could never eat enough food to feel full, and was fatigued when she tried to avoid overeating. She tried to explain these symptoms to her physician, but the physician cut her off and congratulated her for losing weight thinking that she was dieting. Julie told the physician that she was not dieting and the physician sent her to a headache specialist. The headache specialist prescribed a migraine medication to Julie, but it did not help her; she tried telling her physician and the headache specialist that these weren’t migraine headaches, but no one listened to her and her symptoms continued to get worse. By her sixth visit with her physician, her symptoms were massively disrupting her life and she wondered if she had type 2 diabetes because of family history; her symptoms seemed to match. Julie insisted on getting an HbA1c test that provides a snapshot of blood sugar levels and her physician said she would order lab tests based on her demographics. Julie thought she was finally going to figure out what was wrong with her, but when the receptionist at the lab gave her the printed list of tests, HbA1c wasn’t anywhere on the list, and instead, she was given a list of tests for common STDs. Julie was humiliated, overwhelmed, and was no closer to having any answers about her health.7

**PERSONAL STORY**

**Analysis and Proposed Solution:**

In order to reduce the prevalence of implicit bias in future physicians, there should be mandatory implicit bias training courses that are incorporated into the education of students who are going into the medical field. Not only those students who are training to become physicians, but it is necessary for all students who are planning to have a career in the medical profession to receive the proper education about implicit bias so the use of implicit bias in the future can be significantly reduced. It may not be possible to completely get rid of implicit bias as it is something that everyone is capable of and is not aware of, but there is a possibility to decrease the amount of implicit bias that would be used in the future towards patients, especially patients who are Black women.

**MAJOR POINTS**

After medical students would receive the proper education about implicit bias, once they earn their doctorate degree, they would have to take an IAT test and pass it with a high score in order to become a physician. A high score on the IAT would mean that the medical student, who can now become a physician, has a low level of implicit bias. The future physician can then treat patients such as Black women without directing any implicit bias towards them and can treat the patient thinking of them as being a unique individual instead of belonging to a specific racial group.

Once a future physician passes the IAT test and can work in a healthcare facility then surveyors (that are from The Joint Commission health care organization) can go to healthcare facilities and give out surveys to patients who are Black women to get their opinions on the level of care from their provider. If these patients express concern with the quality of treatment they are receiving on the survey, it may indicate that the physician is exhibiting implicit bias towards them. Surveyors can monitor the physician for around two weeks or more and if any implicit bias would be exhibited towards a patient within that time then the physician would be removed from the healthcare facility.

**DETAILS**

 These solutions can all effectively reduce implicit bias in future physicians which would then significantly lessen the amount of implicit bias that gets directed towards Black women. This would lead to the better treatment of patients who are Black women in the future because no implicit bias would be exhibited towards them and this would also mean that these Black women would not get stereotyped because of this bias. Black women would be able to receive the same quality and level of treatment just like any other patient should receive no matter the patient’s race, gender, or beliefs. These solutions would also benefit physicians because they would be able to provide the best and highest level of care to their patients without directing any implicit bias towards them.

**ADVANTAGES**

 The drawbacks to these solutions are that they will not get rid of implicit bias for good and they may not successfully work in reducing the amount of implicit bias. The reason for this is because there is not enough evidence yet to prove that implicit bias training is effective8 so we may not know if this solution will be efficient in reducing the amount of implicit bias among future physicians. The same goes for the IAT test and healthcare facility surveying solutions. We do not know exactly how these solutions will affect our future physicians and if they will be able to treat their patients who are Black women effectively without the use of implicit bias.

**DISADVANTAGES**

There may be some governmental obstacles to making these solutions work. In order for these solutions to function, they would have to be turned into bills and then the federal government may have to work with the U.S Department of Health and Human Services to turn them into laws. Cooperative Federalism would also have to be used between the Federal government and the State governments in order for these solutions to be turned into laws for every state. It would also not be possible for the law to go into effect immediately, it would take some time for the law to go into effect (about 90 days or more).

**OBSTACLES**

The proposed solutions are practical and workable within the current political climate. People believe that being aware of the existence of biases is a good place to start making change.9 Spreading awareness about the use of implicit bias towards Black women in health care can be the main action taken that would lead these solutions to become recognized by the public. If this is not done properly then these solutions will fail to become recognized by the public and the problem of physicians being high in implicit bias will continue to have a negative impact on the future of our healthcare.

**PRACTICAL-WORKABLE**

People who are not Black women can still contribute as allies to achieve the proposed solutions. Allies could peacefully protest alongside Black women, spread awareness on social media, create informational brochures or websites, and speak up for their voices to be heard about the issue of physicians directing implicit bias towards Black women in healthcare. Allies would greatly help the community of Black women by contributing in these ways so that the general public can become educated about this problem. These are also the same methods that allies used to contribute alongside the Black community during the Black Lives Matter Movement, which proved to be effective and caused police reform to start occurring all throughout our country.

**HOW TO BE AN ALLY**

There is no specific interest group that would help the reduction of implicit bias in healthcare towards Black women, but there is one interest group that would help with the reduction of implicit bias in healthcare towards all marginalized groups. This interest group is known as the AAFP (American Academy of Family Physicians) and is working on a project known as the EveryONE Project. A goal of this project is to introduce its comprehensive implicit bias training guide to promote awareness of implicit bias among primary care physicians and their practice teams, and provide resources for instructing health care professionals on how to reduce its negative effects on patients.10 This interest group is currently working to implement the solution of implicit bias training courses into the education of those who want to become physicians in the near future. Once this solution is implemented it will most likely reduce the use of implicit bias towards all patients in healthcare.

**ADVOCACY GROUP**

**Conclusion and Recommendation:**

Implementing mandatory implicit bias training courses in medical schools would benefit those who are entering the medical field as well as future patients. In these courses, students would be educated properly about the use of implicit bias in healthcare and they would learn about how patients (such as Black women) are affected by it. This would prevent the possibility of future physicians becoming high in implicit bias. IAT tests administered by The Joint Commission health care organization and Project Implicit organization would also further help with the prevention of future physicians becoming high in implicit bias. Those who earned a doctorate degree would take this test and pass it with a high score (meaning they are low in implicit bias) in order to get their medical license and become a certified physician. People with a low score on the IAT would have to retake the implicit bias course, take the test again, and pass it with a high score. If The Joint Commission health organization sent out surveyors to healthcare facilities it would greatly benefit patients who are Black women. This is because the surveyors would obtain information about physicians that would let them know if any further monitoring is needed to see if the physicians are exhibiting implicit bias towards their patients. The surveyors obtain this information by letting the physicians' patients, who are Black women, fill out a survey about the level of care they receive from their physician and can state any complaints if implicit bias was directed towards them. In order for these solutions to work effectively, they should be transformed into bills, and then be turned into laws that could be implemented in all fifty states. Public engagement would also help raise concern about the problem of physicians directing implicit bias towards Black women in healthcare.

**SOLUTIONS RESTATED**



**Works Cited:**

1. TodayShow. “The Invisible Racism That Makes Black Women Dread the Doctor's Office.” *TODAY.com*, 13 Aug. 2020, [www.today.com/health/what-implicit-bias-invisible-racism-hurts-black-women-doctor-s-t189105](http://www.today.com/health/what-implicit-bias-invisible-racism-hurts-black-women-doctor-s-t189105). Accessed February 8, 2021.

**END NOTES IN Turabian CHICAGO STYLE (CMOS)**

1. “TodayShow”
2. Onos, Julie. “The Cost of Medical Bias When You're Sick, Black, and Female.” *Healthline*, Healthline Media, 30 Sept. 2020, [www.healthline.com/health/the-cost-of-medical-bias-when-youre-sick-black-and-female#1](http://www.healthline.com/health/the-cost-of-medical-bias-when-youre-sick-black-and-female#1). Accessed February 12, 2021.
3. “Implicit Bias in Health Care.” *The Joint Commission*, [www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-23-implicit-bias-in-health-care/implicit-bias-in-health-care/](http://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-23-implicit-bias-in-health-care/implicit-bias-in-health-care/). Accessed February 25, 2021.
4. “TodayShow”
5. Payne, B. Keith, et al. “Historical Roots of Implicit Bias in Slavery.” *PNAS*, National Academy of Sciences, 11 June 2019, [www.pnas.org/content/116/24/11693](http://www.pnas.org/content/116/24/11693). Accessed March 3, 2021.
6. “Onos, Julie”
7. Green, Tiffany L. “The Problem with Implicit Bias Training.” *Scientific American*, Scientific American, 28 Aug. 2020, [www.scientificamerican.com/article/the-problem-with-implicit-bias-training/](http://www.scientificamerican.com/article/the-problem-with-implicit-bias-training/). Accessed March 3, 2021.
8. Cherry, Kendra. “Is It Possible to Overcome Implicit Bias?” *Verywell Mind*, 18 Sept. 2020, [www.verywellmind.com/implicit-bias-overview-4178401](http://www.verywellmind.com/implicit-bias-overview-4178401). Accessed March 3, 2021.
9. Crawford, Chris. “The EveryONE Project Unveils Implicit Bias Training Guide.” *AAFP Home*, American Academy of Family Physicians (AAFP), 15 Jan. 2020, [www.aafp.org/news/practice-professional-issues/20200115implicitbias.html#:~:text=The%20EveryONE%20Project%20from%20the%20AAFP%20has%20introduced%20its%20Implicit,of%20implicit%20bias%20on%20patients](http://www.aafp.org/news/practice-professional-issues/20200115implicitbias.html#:~:text=The%20EveryONE%20Project%20from%20the%20AAFP%20has%20introduced%20its%20Implicit,of%20implicit%20bias%20on%20patients). Accessed March 11, 2021.