



ADVANCING EXCELLENCE IN SEXUAL
AND GENDER MINORITY HEALTH

Addressing Unconscious and Implicit Bias

An Advocacy Lens

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NATIONAL LGBT HEALTH
EDUCATION CENTER

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Roadmap



Defining the Problem:
What are unconscious and implicit bias?



Addressing Bias:
Acknowledging our own bias and biases experienced by gender diverse providers



Self-Care in the Context of Bias:
How you can care for yourself and your community



What does “bias” mean?

“Bias” as a noun means a preconceived prejudice, usually targeted at a specific group, and built upon stereotypes.

“Bias” as a verb (or, “Biased”) means to choose in favor of, or not in favor of, someone based not on their qualifications, but on other factors, such as identity.

“Bias” as a verb also means to take negative action against someone because of their identity.



How does bias show up for gender diverse people?

- **Restricted rights**, such as not having your gender or name recognized in all states
- **Assumptions and stereotypes.** For example “gender diverse people were molested, that’s why they are that way” or “there is only male and female, and you are the anatomy you were born with”
- **Safety risks.** When others make assumptions or believe that being gender diverse is unacceptable, that person is at risk for discrimination and harassment in all its forms



Who may be biased against gender diverse people?

- Employers
- Family Members
- Significant Others, Spouses, and Partners
- **Healthcare Providers**
- Governmental agencies
- Private companies
- Strangers
- And more...

When people choose to act on their biases, the result is **MARGINALIZATION, STIGMATIZATION, and DISCRIMINATION that impacts every part of the lives of gender diverse people**



DOMINANT AND SUBORDINATE GROUP PATTERNS

DOMINANT GROUPS...

- Greater access to power and resources
 - Make the rules
- Define what is “normal”, “right”, and “Truth”
- Assumed to be leaders, smart, competent...
 - Given the benefit of the doubt
- Often unaware of dominant group membership or privilege
 - Are more comfortable with members of subordinated groups who model their behavior on the dominant group



DOMINANT AND SUBORDINATE GROUP PATTERNS, Continued

SUBORDINATE GROUPS...

- Less access to power and resources
- Often seen as less-than, inferior, deficient...
- Often assimilate, collude, abide by the rules set by the dominant group, and try to "fit in"
- Track the daily indignities they experience and are usually very aware of oppression
 - Have their truth and experiences questioned and often invalidated
- Know more about members of dominant groups than dominant group members know about them
 - Often struggle to find their voice



KEY CONCEPTS OF DOMINANT/SUBORDINATE GROUP DYNAMICS

- Not always about numbers
 - Visible and invisible
- Innate and chosen (horizontal and vertical identity)
 - Multiple group memberships
 - Code switching
- Not always about individual behaviors or feelings
 - You didn't ask for it and you can't give it back





Implicit/ Unconscious Bias

Implicit or unconscious bias happens by our brains making incredibly quick judgments and assessments of people and situations without us realizing. Our biases are influenced by our **background, cultural environment** and **personal experiences**. We may not even be aware of these views and opinions, or be aware of their full impact and implications.



Obvious Signs of Bias



The Minority Spokesperson

Whenever issues around inclusion, diversity, and equity come up, the group turns to the minority in the room to solve the problem.

Pay gaps, advancement differences, and other organizational ceilings

Differences in pay, opportunities for advancement, and inclusion in organizational strategy are often blamed on other elements, not acknowledged as sexism, racism, classism, or another stigma

Discomfort in naming discomfort

If there is a lack of diversity in a room, or one person is being asked to speak for all minorities, or someone is advocating for social change, many times the group will try to steer the conversation back to more comfortable ground. Instead, stating the discomfort can allow for the issue to actually be addressed.



Approaches to Cultivating Social Change

1.

Provision of Resources

Charitable giving, donations, and other routes that provide support, but do not generally address the root problems

2.

Service, Volunteerism, and Allyship

The key is to be *actively involved* in the issue at hand, not merely aware

3.

Individual Advocacy

Demonstrates deep empathy with injustice and is often undertaken by those who are also experiencing oppression

4.

Mitigative Change

Organize and act in response to specific instances without necessarily addressing the larger social injustices

5.

Transformative Change

Identify the root issues and work to change them at the root level



Activity- Methods for Addressing Bias in Oneself



Promoting **self-awareness**: recognizing one's biases using the [Implicit Association Test](https://implicit.harvard.edu/implicit/takeatest.html) (<https://implicit.harvard.edu/implicit/takeatest.html>) -- or other instruments to assess bias-- is the first step.

At this time please take out your device – computer, phone, tablet– and bring up the Implicit Association Test. We will provide time for everyone to take the test, then briefly discuss the experience.

Please signal if you need help!





Understanding the nature of bias is also essential. The strategy of categorization that gives rise to unconscious bias is a normal aspect of human cognition. Understanding this important concept can help individuals approach their own biases in a more informed and open way (Burgess, 2007).



Opportunities to have **discussions, with others (especially those from socially dissimilar groups)** can also be helpful. Sharing your biases can help others feel more secure about exploring their own biases. It's important to have these conversations in a safe space-individuals must be open to alternative perspectives and viewpoints.





Facilitated discussions and training sessions promoting *bias literacy*

utilizing the concepts and techniques listed above have been proven effective in minimizing bias. Evidence suggests that providing unconscious bias training for faculty members reduces the impact of bias in the workplace (Carnes, 2012).



Compensation for Expertise

- Often gender diverse people are asked to be the voice of their community, to train their organization on gender diversity, and to take on additional responsibilities regarding the care of gender diverse patients.
 - If you find yourself being asked to take on these responsibilities, ask about supplementary compensation and time for such work.



Saying No and Referring Out



- If the work being asked is beyond your usual scope of work, it is okay for the person to say no. [Burnout](#) is a risk if someone is doing far more than their expected job, particularly if they are not allotted time to do so or given compensation for the extra work.
- Don't be afraid to use your network!
 - Making a referral can help = create needed boundaries for gender diverse people in your organization and provide others with an opportunity to do this work.



Time Management – If more is asked, more time must be provided

- “Golden Handcuffs”
 - A form of “golden handcuffs” is to provide employees with an ‘opportunity’ to serve their community in lieu of compensation or built-in time to do such work. Many marginalized groups experience this phenomenon– it is assumed that the gratification of doing work for one’s community is compensation enough. Generally this is not the case, and it is important to insist that time be built in to provide extra work, and/or that payment be made to compensate for these efforts.



Executive and Leadership Buy-In and Participation: A Prerequisite and an Expectation

- According to a [recent publication](#) by The National LGBT Health Education Center, “To fully achieve a safe and supportive workplace for LGBTQ staff, it is critical for leadership to set the tone for the entire health center by clearly communicating that the health center’s commitment to diversity includes patients and staff of all sexual orientations and gender identities. (Powers, et.al. 2019)

Recruiting, Training, and Recruiting LGBTQ-Proficient Clinical Providers: A Workforce Development Toolkit. March 2019. The National LGBT Health Education Center



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Managing Experiences of Bias Using Self-Care in the Clinic Space

[Five Essential Self-Care Habits for Queers](#) (from Spectrum South):

1. Reinvent your relationship with the word "no"
 - What do you want to do? What is being asked that is outside your desire and purview?
2. Get comfortable with rest and sleep
 - What does your downtime look like? Are you able to unplug fully?
3. Meditate
 - You don't have to sit still. What quiets your mind? What gives you space?
4. Simplify
 - What needs to be done right now? What can wait? What is not actually your job?
5. Explore different avenues of self-reflection and discovery
 - At the same time you are helping to educate others and doing your job, what are you doing to explore your own identity in the way you need? Do you have the support you need to thrive? How are internal biases affecting your own self image?
 - Push back against "do as I say, not as I do" and try to care for yourself as you would care for someone else

Marshall, Kelly. Spectrum South: The Voice of the Queer South. January 2019



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Questions?



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