

DEPARTMENT OF BEHAVIORAL HEALTH

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CULTURAL COMPETENCE NEWSLETTER



HOW TO THINK ABOUT “IMPLICIT BIAS”

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HOW TO THINK ABOUT “IMPLICIT BIAS”

AMIDST A CONTROVERSY, IT'S IMPORTANT TO REMEMBER THAT IMPLICIT BIAS IS REAL—
AND IT MATTERS BY KEITH PAYNE, LAURA NIEMI, JOHN M. DORIS

When is the last time a stereotype popped into your mind? If you are like most people, the authors included, it happens all the time. That doesn't make you a racist, sexist, or whatever-ist. It just means your brain is working properly, noticing patterns, and making generalizations. But the same thought processes that make people smart can also make them biased. This tendency for stereotype-confirming thoughts to pass spontaneously through our minds is what psychologists call implicit bias. It sets people up to overgeneralize, sometimes leading to discrimination even when people feel they are being fair.

Studies of implicit bias have recently drawn ire from both right and left. For the right, talk of implicit bias is just another instance of progressives seeing injustice under every bush. For the left, implicit bias diverts attention from more damaging instances of explicit bigotry. Debates have become heated, and leapt from scientific journals to the popular press. Along the way, some important points have been lost. We highlight two misunderstandings that anyone who wants to understand implicit bias should know about.

First, much of the controversy centers on the most famous implicit bias test, the Implicit

Association Test (IAT). A majority of people taking this test show evidence of implicit bias, suggesting that most people are implicitly biased even if they do not think of themselves as prejudiced. Like any measure, the test does have limitations. The stability of the test is low, meaning that if you take the same test a few weeks apart, you might score very differently. And the correlation between a person's IAT scores and discriminatory behavior is often small. The IAT is a measure, and it doesn't follow from a particular measure being flawed that the phenomenon we're attempting to measure is not real. Drawing that conclusion is to commit the Divining Rod Fallacy: just because a rod doesn't find water doesn't mean there's no such thing as water. A smarter move is to ask, "What does the other evidence show?"

In fact, there is lots of other evidence. There are perceptual illusions, for example, in which white subjects perceive black faces as angrier than white faces with the same expression. Race can bias people to see harmless objects as weapons when they are in the hands of black men, and to dislike abstract images that are paired with black faces. And there are dozens of variants of laboratory tasks finding that

most participants are faster to identify bad words paired with black faces than white faces. None of these measures is without limitations, but they show the same pattern of reliable bias as the IAT. There is a mountain of evidence—independent of any single test—that implicit bias is real.

The second misunderstanding is about what scientists mean when they say a measure predicts behavior. It is frequently complained that an individual's IAT score doesn't tell you whether they will discriminate on a particular occasion. This is to commit the Palm Reading Fallacy: unlike palm readers, research psychologists aren't usually in the business of telling you, as an individual, what your life holds in store. Most measures in psychology, from aptitude tests to personality scales, are useful for predicting how groups will respond on average, not forecasting how particular individuals will behave.

The difference is crucial. Knowing that an employee scored high on conscientiousness won't tell you much about whether her work will be careful or sloppy if you inspect it right now. But if a large company hires hundreds of employees who are all conscientious, this will likely pay off with a small but consistent increase in careful work on average.

Implicit bias researchers have always warned against using the tests for predicting individual outcomes, like how a particular manager will behave in job interviews—they've never been in the palm-reading business. What the IAT does, and does well, is predict average outcomes across larger entities like counties, cities, or states. For example, metro areas with greater average implicit bias have larger racial disparities in police shootings. And counties with greater average implicit bias have larger racial disparities in infant health problems. These correlations are important: the lives of black citizens and newborn black babies depend on them.

Field experiments demonstrate that real-world discrimination continues, and is widespread. White applicants get about 50 percent more call-backs than black applicants with the

same resumes; college professors are 26 percent more likely to respond to a student's email when it is signed by Brad rather than Lamar; and physicians recommend less pain medication for black patients than white patients with the same injury.

Today, managers are unlikely to announce that white job applicants should be chosen over black applicants, and physicians don't declare that black people feel less pain than whites. Yet, the widespread pattern of discrimination and disparities seen in field studies persists. It bears a much closer resemblance to the widespread stereotypical thoughts seen on implicit tests than to the survey studies in which most people present themselves as unbiased.

One reason people on both the right and the left are skeptical of implicit bias might be pretty simple: it isn't nice to think we aren't very nice. It would be comforting to conclude, when we don't consciously entertain impure intentions, that all of our intentions are pure. Unfortunately, we can't conclude that: many of us are more biased than we realize. And that is an important cause of injustice—whether you know it or not.

MICROAGGRESSIONS DON'T JUST 'HURT YOUR FEELINGS'

ALIA E. DASTAGIR



In America, overt racism and discrimination are easy to spot: White supremacists marching in Charlottesville, Va.; fabricated claims of white people being attacked at Black Panther; hate crimes, like that of the Oklahoma man convicted earlier this month of murdering his Lebanese neighbor.

But there is another kind of discrimination that is quieter, harder to identify and to address: microaggressions. Harvard psychiatrist Chester Pierce coined the term in 1970 to describe racially charged "subtle blows ... delivered incessantly."

Some recent examples:

- A Conservative Political Action Conference speaker saying last week that Michael Steele only became Republican National Committee chairman in 2009 "because he was a black guy."
- A New York Times editor tweeting "Immigrants: they get the job done," with a video of Olympic figure skater Mirai Nagasu, who was born in California.
- A U.S. Air Force Academy officer sending an email to cadets about proper haircuts and also saying

that Michael Jordan was never seen with "gaudy" jewelry or sagging pants. (A higher-ranking officer later apologized.)

Critics deride microaggressions as a buzzword that curtails free speech and promotes a liberal agenda of political correctness. Public health experts, however, point to a growing body of research that suggests the accumulated impact of these stressors affect long-term health and can contribute to higher rates of mortality and depression.

"A lot of people hear 'microaggressions' and they think, 'Oh, it's just the little things that hurt people's feelings,'" said Roberto Montenegro, a chief fellow in child and adolescent psychiatry at Seattle Children's Hospital. He studies the biological effects of discrimination. "It isn't about having your feelings hurt. It's about how being repeatedly dismissed and alienated and insulted and invalidated reinforces the differences in power and privilege, and how this perpetuates racism and discrimination."

A 2017 survey conducted by NPR, the Robert Wood Johnson Foundation and the Harvard T.H. Chan School of Public Health, found that 92% of

African Americans believe they're discriminated against, and nearly half say individual prejudice is a bigger problem than discrimination rooted in government policies. A January 2018 study in the *Journal of Multicultural Counseling and Development* found that of counselors who had clients reporting race-based trauma, 89% identified "covert acts of racism" as a contributing factor.

EVERYDAY INSULTS

A little more than a decade ago, Columbia psychology professor Derald Wing Sue expanded the concept of microaggressions to include its affects on other marginalized groups, including other racial and religious minorities, women and the LGBTQ community.

Some commonplace examples:

- A white woman clutching her purse when walking past a black man (signaling black men are dangerous criminals)
- Asking someone who isn't white "Where are you really from?" (signaling they are not American)
- "Complimenting" a gay person by saying "but you're not gay gay" (signaling stereotypically gay traits are bad)
- Mistaking a female physician for a nurse (signaling women aren't as capable as men)

"Anytime you're put into a box, it's damaging because people ... are unable to perceive you in other ways," said Nantasha Williams, head of social impact and political engagement at the Women's March.

Montenegro remembers vividly one particular "dehumanizing" moment. He had completed his doctorate in sociology and was leaving an upscale restaurant with his wife, standing in line at the valet curb, when a white woman handed him her keys, mistaking him for an attendant. Minutes later, another white woman did the same. He has also been confused for a custodian at the hospital where he works.

Montenegro acknowledges such slights can be unintentional but said they not only take the wind out of someone's sails, they are frustrating

and hurtful.

"Imagine feeling that over, and over and over," Montenegro said. "It can take its toll."

DEATH BY A THOUSAND CUTS?

Each time Montenegro experiences one of these subtle slights, his body reacts. Anger and anxiety produce a stress response, and he argues that, over time, chronic exposure turns these microaggressions into "micro-traumas."

"Experiencing this kind of discrimination prematurely ages the body," he said. "And that's a pretty scary concept."

Racial discrimination accelerates aging at the cellular level, according to a 2014 study in the *American Journal of Preventive Medicine*. Although the disparity in death rates between blacks and whites narrowed from 1999 to 2015, it still remains, according to the Centers for Disease Control and Prevention. Many African Americans in their 20s to 40s experience conditions that white people suffer from when they're older, such as heart disease and stroke.

Some experts point to lifestyle choices, income, education and geography as reasons behind the disparities.

However, Arline Geronimus, a professor of health behavior and health education at the University of Michigan, believes "people think we have much more choice over our health than we do." She pointed to late activist Erica Garner, whose father Eric Garner died on Staten Island in a police chokehold in 2014. Erica later died at 27 of a heart attack.

"She was an activist fighting what must of have been a very painful and enraging system," Geronimus said. "Erica Garner may have been 27, but chances are in a variety of ways — her cellular aging, the aging of her various body systems or organs — she was probably much older than that. That makes you more vulnerable and fragile and susceptible to all kinds of health problems and less able to fight them."

Geronimus uses the term "weathering" to describe the way chronic stressors — which can

include interpersonal microaggressions and institutionalized racism — erode bodies. Humans have life-threatening stressors activate a physiological stress response, like seeing a tiger in the bushes; the problem is that people who experience discrimination are “endlessly seeing tigers,” she said.

GUILTY OF MICROAGGRESSIONS?

HOW TO CHANGE YOUR BEHAVIOR

Psychological research suggests the key to confronting biases is by exposing yourself to what makes you uncomfortable — “to different environments, different individuals, different settings, different ideas,” Montenegro said.

To that end:

- Drop the defensiveness
- If someone says you offended them, listen
- Think before you speak
- Seek out books, podcasts and other media to learn about current and historical behavior and policy

“A lot of white individuals think the concept of being racist is a moral judgement. They feel that if they acknowledge that they’re racist they’re morally a bad person,” Montenegro said. That fear, he explains, is part of “white fragility” — the defensiveness many whites experience when their understanding of race is challenged. “We have to acknowledge that we all discriminate,” he said, otherwise “it’s going to be difficult to be able to talk about it.”

2018

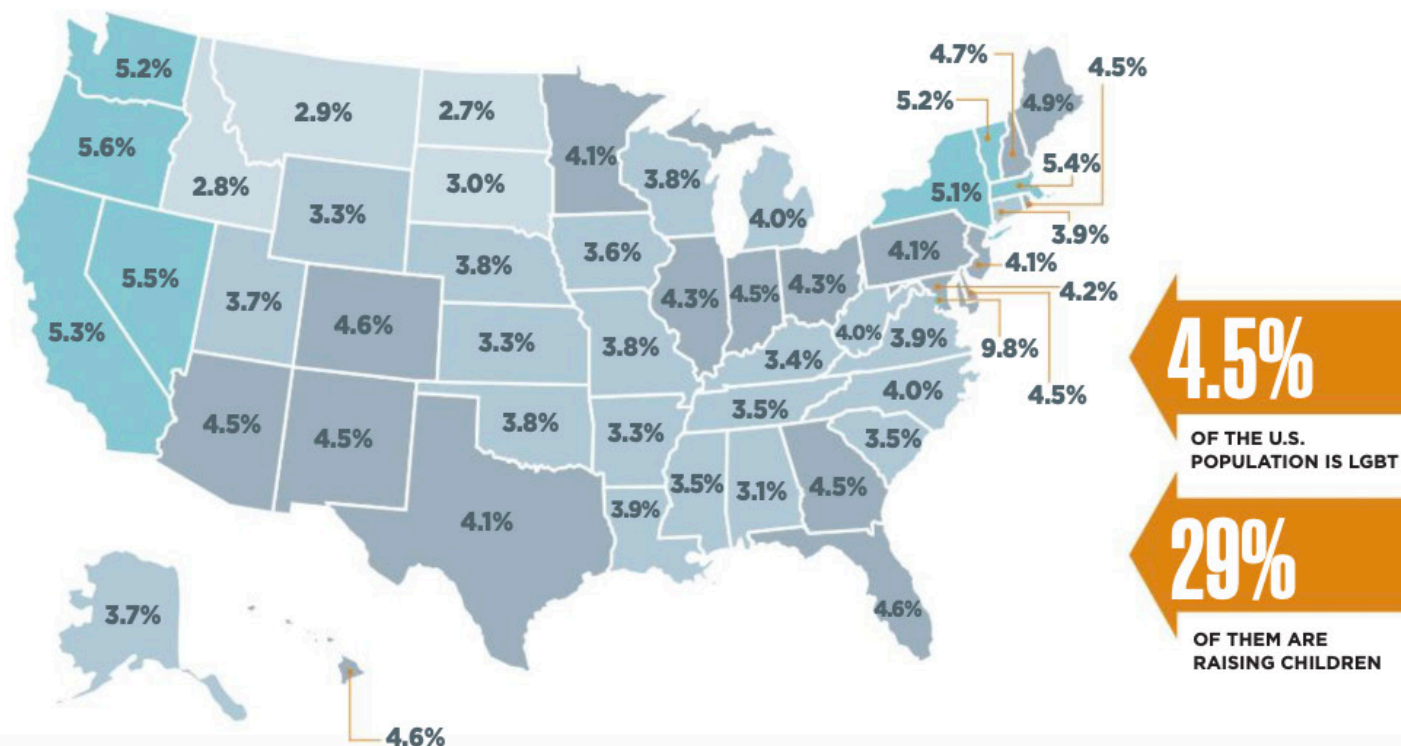
Data in Review

The Williams Institute

RESEARCH THAT MATTERS

We believe in data. At a time when perspective often poses as evidence, the Williams Institute remains committed to rigorous, independent research on sexual orientation and gender identity. For 17 years, we have provided data that illuminate the impact of law and policy on the lives of LGBT people. 2018 was no different. Take a look at some of the most groundbreaking and informative findings to come out of the Williams Institute in the past 12 months and how they relate to the year in LGBT news.

LGBT PERCENTAGE OF POPULATION



2018

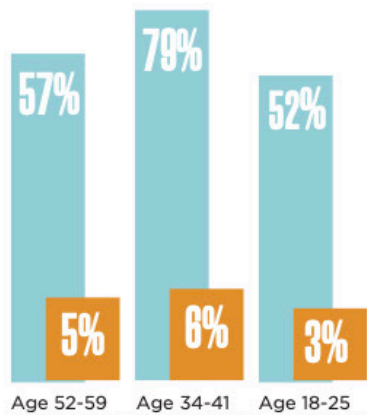
Data in Review

February

► President Trump proposed cutting \$58 million from the Ryan White HIV/AIDS Program in the fiscal year 2019 budget.

HIV/AIDS

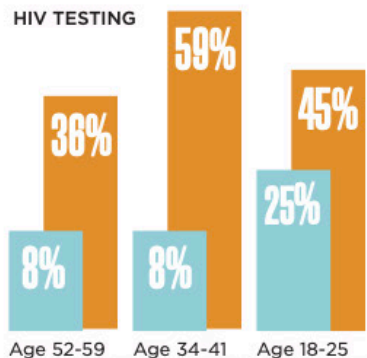
FAMILIARITY & USE OF PREP



● Familiarity ● Use

► Overall, only 4% of sexually active gay and bisexual men in the U.S. use Truvada as pre-exposure prophylaxis (PrEP).

HIV TESTING



● Never tested ● Annual testing

► 25% of young sexually active gay and bisexual men have never been tested for HIV.

Source: bit.ly/PREPuse

March

► The Trump administration issued a policy that would ban transgender people from serving in the military.

MILITARY



► The mental and physical health of transgender veterans is similar to cisgender veterans.



► Transgender veterans experience higher rates of poverty and lower educational attainment.



163,000

U.S. VETERANS IDENTIFY AS TRANSGENDER

Source: bit.ly/TransVeterans

April

► The state of Washington passed a law banning licensed healthcare professionals from practicing conversion therapy on youth. Another four states adopted similar laws throughout the year.

CONVERSION THERAPY

698,000

LGBT ADULTS (AGES 18-59) HAVE RECEIVED CONVERSION THERAPY

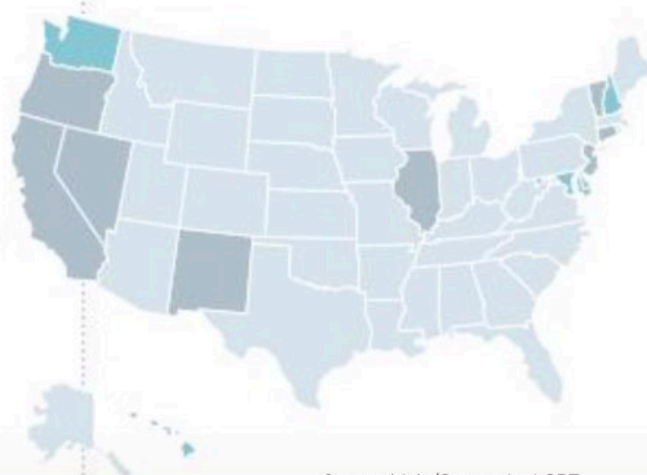
350,000

RECEIVED IT AS ADOLESCENTS



STATES THAT HAVE BANNED CONVERSION THERAPY BY LICENSED HEALTHCARE PROVIDERS

● 2018 ban ● Bans pre-2018 ● No ban



Source: bit.ly/ConversionLGBT

May

► Kansas and Oklahoma enacted laws that allow child welfare agencies to deny services to LGBT people based on religious objection.

June

► New Hampshire enacted a law prohibiting discrimination based on gender identity. Arizona and Florida, along with 15 other states, considered legislation that would have protected LGBT people from discrimination.

August

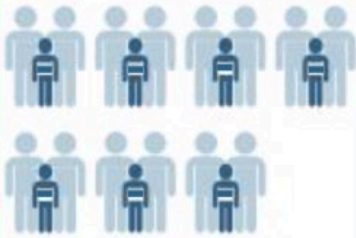
► California passed a law ensuring that LGBT seniors have equal access to services and programs.

PARENTING



► 86,000 female couples | 28,000 male couples

PARENTS RAISING ADOPTED AND FOSTER CHILDREN



● Male/female parents

► Same-sex parents are 7 times more likely to be raising adopted and foster children than male/female parents.

DISCRIMINATION



203,000
LGBT ADULTS

+
45,500

LGBT YOUTH AT RISK OF DISCRIMINATION AND HARASSMENT

► LGBT adults in Arizona are almost twice as likely to be diagnosed with a depressive disorder as non-LGBT adults.



\$249 million

BENEFIT TO FLORIDA'S ECONOMY EACH YEAR IF THE STATE REDUCED STIGMA-RELATED HEALTH DISPARITIES

► 78% of Floridians support passing federal laws to protect LGBT people from employment discrimination.

AGING ADULTS

431,800

CALIFORNIANS AGE 50 AND OLDER IDENTIFY AS LGB

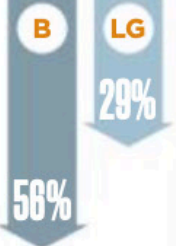


CALIFORNIA'S LGB SENIORS

► California's aging LGB adults are more likely to live alone than straight older adults.



► Bisexual Californians, aged 65 and older, are twice as likely to live below 200% of the federal poverty level as gays and lesbians.



September

▶ The Supreme Court of India struck down the country's criminal prohibition of same-sex sexual activity.

ACCEPTANCE



▶ Average levels of acceptance for LGBT people and rights have increased globally since 1980, though acceptance has become more polarized, increasing in the most accepting countries and decreasing in the least.



▶ Of the 141 countries studied, 80 have become more accepting.

November

▶ Of the 34 states with voter ID laws, eight have strict laws that require voters to present a government-issued photo ID at the polls.

VOTING RIGHTS



78,000

TRANSGENDER PEOPLE without identification that reflects their correct gender could be disenfranchised in states with strict voter ID laws.

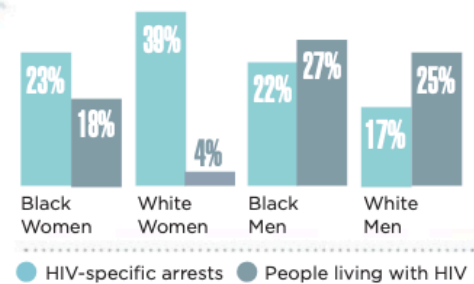
- 4,200 ▶ Kansas
- 6,600 ▶ Wisconsin
- 10,000 ▶ Indiana
- 8,300 ▶ Virginia
- 12,800 ▶ Tennessee
- 20,400 ▶ Georgia
- 10,700 ▶ Alabama
- 5,300 ▶ Mississippi

December

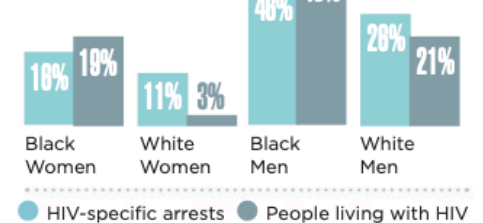
▶ Currently, 34 states have laws that criminalize otherwise legal conduct or increase penalties for illegal conduct based on a person's HIV-positive status.

HIV CRIMINALIZATION

FLORIDA ARRESTS

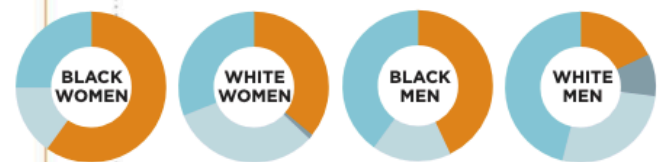


GEORGIA ARRESTS



▶ In Georgia and Florida, White women were disproportionately arrested for HIV-specific offenses.

FLORIDA SEX WORK CONVICTIONS



● HIV conviction ● STD conviction
● No conviction ● Other conviction

▶ In Florida, Black women were disproportionately convicted of HIV-specific offenses in the context of sex work.

DATES TO REMEMBER

JANUARY

- Mental Wellness Month
- No Name Calling Week (Jan. 21-25)
- National Drug Facts Week (Jan. 22-27)

FEBRUARY

- African American History Month
- Ethnic Equality Month
- International Boost Self-Esteem Month
- Teen Dating Violence Awareness Month
- American Heart Month
- National School Counseling Week (Feb. 4-8)
- Safer Internet Day (Feb. 5)
- Random Acts of Kindness Week (Feb. 17)
- National Eating Disorders Awareness Week (Feb. 25-Mar 3)

MARCH

- National Nutrition Month
- Employee Spirit Month
- Developmental Disabilities Awareness Month
- Self Harm Awareness Month
- Self-injury Awareness Day (SIAD) (Mar. 1)
- Zero Discrimination Day (Mar. 1)
- National Sleep Awareness Week (Mar. 4-11)
- Sleep Awareness Week (Mar. 10-16)
- World Bipolar Day (Mar. 30)

Drug & Alcohol Services

SAN LUIS OBISPO ADULTS
2180 JOHNSON AVE,
SAN LUIS OBISPO, CA 93401
(805)781-4275

SAN LUIS OBISPO YOUTH
277 SOUTH ST. SUITE T,
SAN LUIS OBISPO, CA 93401
(805)781-4754

PASO ROBLES ADULTS & YOUTH
1763 RAMADA DRIVE,
PASO ROBLES, CA 93446
(805)226-3200

ATASCADERO YOUTH & ADULTS
5575 HOSPITAL DRIVE
ATASCADERO, CA 93422
(805)461-6080

PREVENTION & OUTREACH
277 SOUTH ST. SUITE T,
SAN LUIS OBISPO, CA 93401
(805)781-4754

Mental Health Services

**SAN LUIS OBISPO YOUTH 0-5
MARTHA'S PLACE CHILDREN'S
ASSESSMENT CENTER**
2925 MCMILLAN AVE,
SAN LUIS OBISPO, CA 93401
(805)781-4948

SAN LUIS OBISPO YOUTH
1989 VICENTE,
SAN LUIS OBISPO, CA 93401
(805)781-4179

SAN LUIS OBISPO ADULT
2178 JOHNSON AVE,
SAN LUIS OBISPO, CA 93401

(805)781-4700

**SAN LUIS OBISPO PSYCHIATRIC HEALTH
FACILITY**
2178 JOHNSON AVE,
SAN LUIS OBISPO, CA 93401
(805)781-4711

ARROYO GRANDE YOUTH
345 S. HALCYON,
ARROYO GRANDE, CA 93420
(805)473-7060

ARROYO GRANDE ADULTS
1650 GRAND AVE,
ARROYO GRANDE, CA 93420

(805)474-2154
ATASCADERO YOUTH & ADULTS
5575 HOSPITAL DRIVE,
ATASCADERO, CA 93422
(805)461-6060

**SERVICES AFFIRMING FAMILY
EMPOWERMENT (SAFE)**
1086 GRAND AVE. ARROYO
GRANDE, CA 93420
(805)4742105

Resources in the Community

**TRANSITIONS-MENTAL HEALTH
ASSOCIATION (TMHA)**
784 HIGH ST,
SAN LUIS OBISPO, CA 93401
(805) - 540 - 6500

**COMMUNITY ACTION
PARTNERSHIP OF SLO (CAPSLO)**
1030 SOUTH WOOD DR,
SAN LUIS OBISPO, CA 93401
(805) 544 - 4355

**THE LINK FAMILY RESOURCE
CENTER**
6500 MORRO RD #A,
ATASCADERO, CA 93422
(805) 466 - 5404

**CENTER FOR FAMILY
STRENGTHENING (CFS)**
3480 HIGUERA ST SUITE 100,
SAN LUIS OBISPO, CA 93401
(805) 543 - 6216

WILSHIRE COMMUNITY SERVICES
285 SOUTH STREET SUITE J
SAN LUIS OBISPO, CA, 93401
(805) 547 - 7025

COMMUNITY COUNSELING CENTER (CCC)
1129 MARSH ST,
SAN LUIS OBISPO, CA 93405
(805) 543 - 7969

FAMILY CARE NETWORK (FCN)
1255 KENDALL RD,
SAN LUIS OBISPO, CA 93401
(805) 781 - 3535

**RISE | RESPECT. INSPIRE. SUPPORT.
EMPOWER.**
LGBTQ HEALTHY RELATION-
SHIPS SUPPORT GROUP
(805) 226 - 6791

ACCESS SUPPORT NETWORK
1320 NIPOMO ST.
SAN LUIS OBISPO, CA 93401
(805) 781 - 3660

**GAY AND LESBIAN ALLIANCE
(GALA) OF THE CENTRAL COAST**
(805) 541 - 4252

TRANZ CENTRAL COAST
SLO AND NORTH COUNTY
SUPPORT GROUPS
(805) 242 - 3821

Cultural Competence Committee



Behavioral Health
Department

Health Agency