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Addressing Implicit Bias to Improve the Engagement and Retention Rate of the Under-Represented Minorities in Substance Use Treatment.

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Abstract

Background: Racial and ethnic minorities' care for substance use disorder is negatively affected by biases, prejudices, and stereotypes in healthcare. This has created a general mistrust of the healthcare system and has constituted a barrier preventing minority patients from seeking care. Implicit biases are harmful, and this project aimed to bring awareness to this issue through educational activities to empower nurses in recognizing the problem.

Methods: Twelve nurse-care managers in an outpatient addictions treatment clinic volunteered to participate in an educational session on implicit bias and its impact on the healthcare environment. The training involved an interactive presentation utilizing an implicit bias test and case studies to guide the discussion. In addition, pre and post presentation surveys were used to determine the impact of the training on the perceptions, opinions, and attitudes of the project participants.

Results: Despite most of the project participants stating that they did not have implicit biases, six agreed that awareness of biases could help improve healthcare outcomes for underrepresented minorities. Only one strongly disagreed that awareness of implicit biases could improve outcomes for patients from underrepresented minorities.

Conclusion: There was a lack of awareness of implicit biases among participants, indicating the need to implement evidence-based practices to provide culturally appropriate care and services to diverse patients. Also, more education is needed in healthcare workplaces to make the care providers understand how implicit bias affects the health outcomes of marginalized groups.

Keywords: *implicit association test, underrepresented minorities, substance abuse, implicit bias, prejudices, stereotypes, opioid, painkillers, substance use treatment.*

Addressing Implicit Bias to Improve the Engagement and Retention Rate of the Under-Represented Minorities in Substance Use Treatment

Introduction

There are persistent disparities in behavioral healthcare access based on ethnic and racial affiliations despite decades of research on the subject (Pinedo, 2019). The discrepancies have significant socioeconomic and other implications considering the high prevalence of substance abuse in the US and other countries in the developed world. After recognizing the persistence of the racial and ethnic disparities in healthcare access in the US, policymakers, healthcare professionals, and other stakeholders instituted the Affordable Care Act (ACA) to ensure equitable health outcomes for all individuals regardless of background. They also made provisions for coverage of opioid use disorder treatments with improved access through the ACA expansion (Saloner et. al., 2019).

Research conducted after the institution of the ACA has persistently documented continued racial and ethnic disparities in health outcomes even after controlling for factors such as the perceived need for treatment, problem severity, and socio-demographic characteristics (Pinedo, 2019). An area of research that has become prominent in the debate on racial and ethnic disparities in the healthcare system is the role of stigma.

Underrepresented minorities are highly likely to experience stigma when seeking treatment for various health issues, including substance use disorders and HIV (Earnshaw et al., 2013). The fear of stigma significantly affects racial and ethnic minorities because they are highly likely to have interacted with the criminal justice system, have lower education status, and come from low socioeconomic backgrounds (Lê Cook & Alegria, 2011). In addition, stigma can come from the healthcare system since studies have documented extensive implicit bias among healthcare professionals and students (Santoro & Santoro, 2018). Therefore, reducing implicit bias through

education could provide an opportunity to improve outcomes for underrepresented minorities, including increased engagement with substance use treatment centers and higher retention rates.

This project focused on the use of education and awareness programs in changing the attitudes of healthcare professionals (nurses) in a substance use treatment center that are directly involved with patients. It adopted the six-point framework treatment model as a guiding conceptual framework to inform the training and the descriptive survey research design to evaluate the outcomes of the seminar or educational intervention in promoting awareness of implicit bias among the training participants.

Background

Racial and ethnic disparities in healthcare access and outcomes have been accentuated by the substance abuse crisis in the US and brought the issue to the forefront of debates in public health. According to Neger and Prinz (2015), in the National Survey on Drug Use, children's exposure to parental substance abuse problems included 10.5 percent of the population or 7.5 million children. In addition, the age of the children included in the survey was below 17 years, which is the formative period children are most susceptible to developing lifelong maladaptive problems such as substance use disorders, mental health problems, and an increased potential to engage in criminal and antisocial behaviors.

Even more alarming, about 35.9 percent of the children included in the survey were aged below five years. Another relevant finding was that almost two-thirds of the population enrolled in substance abuse treatment programs were parents (Neger & Prinz, 2015). The substance abuse problem has escalated because of the opiate crisis, which has increased the proportion of people in the US that depend on illegal opiates. Approximately thirty-two percent of Americans received a prescription for opioids between 2016 and 2018, while eighteen percent received the prescription

in 2017 (Norc, 2018). The figures are concerning, especially because opioid dependence can escalate to the abuse of illegal drugs and synthetic alternatives like Fentanyl. Other elements of opioid dependence that make the substance abuse problem a major concern include the high potential for relapse after treatment intervention. For underrepresented ethnic and racial minorities such as African Americans and Hispanics, the healthcare environment has not encouraged these groups to seek treatment (Mennis & Stahler, 2016).

Efforts to reduce the problem of substance abuse and associated mental health problems among underrepresented racial and ethnic minorities have generally failed because of their unwillingness to seek treatment from facilities (Mennis & Stahler, 2016). Although research has demonstrated racial and ethnic health disparities, there have been few changes between 2008 and 2012 based on the available statistical data (Alegria et al., 2016; Mennis & Stahler, 2016). For example, about 55.6 percent and 62.1 percent of Latino and black adults were less likely to seek treatment for depression than 72 percent of white adults in 2012. In 2008, the likelihood of seeking treatment for depression was relatively the same for the three races, with Whites, Latinos, and Blacks having likelihood rates of 71.8 percent, 57.4 percent, and 56.1 percent, respectively (Alegria et al., 2016; Mennis & Stahler, 2016).

Depression is another risk factor for developing substance use disorder. Furthermore, although Alegria et al. (2016) add that all the racial and ethnic groups were equally likely to seek treatment for substance abuse problems, there are disparities in retention rates, with Latinos and Blacks less likely to complete treatment for drugs and alcohol problems. Mennis and Stahler (2016) provide variables such as the primary substance of choice, usually opioid-based drugs, ethnicity, race, sex, education status, employment status, and age in the current healthcare

environment. Cocaine users have the highest potential of not completing treatment (Mennis & Stahler, 2016).

One of the most persistent problems is the existence of racial biases and prejudices in the US healthcare and socio-cultural landscape. Analysis of previous studies on implicit racial and ethnic bias among healthcare professionals and their impact on treatment-seeking behavior among underrepresented minorities can help understand the scale of the problem and provide recommendations on improving healthcare outcomes related to substance abuse treatment for these groups.

Review of the Literature

Implicit bias in the US healthcare system has a historical basis. Earnshaw et al. (2013) report on some structural and historical factors that underline racial and ethnic minorities' interactions with the US healthcare system. Structurally, manifestations of stigma because of prejudices and biases include medical mistrust, historical traumatic assaults such as the Tuskegee syphilis experiments, and residential segregation (Earnshaw et al., 2013). Earnshaw et al. (2013) emphasize residential segregation as a fundamental cause of healthcare access and outcome disparities considering the institutional racism that has characterized the US sociopolitical and cultural landscape.

Traumatic assaults against racial and ethnic minorities, including loss of land, displacement, cultural destruction, genocide, oppression, and slavery, have created an inherent mistrust of healthcare institutions and care providers. Furthermore, unethical medical experimentation targeted toward racial minorities, particularly African Americans, has left an indelible mark on their consciousness, making them highly unlikely to engage the healthcare system on issues such as substance abuse (Earnshaw et al., 2013). Although overt racial attitudes

have decreased in the US healthcare system since the Civil Rights Movement and other initiatives to reduce racial discrimination and bias against the underrepresented minorities, unconscious prejudices and biases persist.

Implicit bias can be challenging to detect since it is subtle and unconscious. Some attitudes, such as the persistent belief among medical professionals, and the public that Blacks are biologically different and stronger than Whites, are overt and easier to detect and intervene (Santoro & Santoro, 2018). The attitudes have led healthcare professionals to ignore or downplay the healthcare problems minorities face, including substance abuse disorders. In stressful care situations where there is little time to make decisions, healthcare providers may rely on personally held beliefs and subjective reasoning to bridge the gap when time or information to facilitate decision-making processes during interventions is insufficient (Santoro & Santoro, 2018). Healthcare professionals might not be considered racist, but they could hold implicit and unconscious biases that negatively influence their interactions with underprivileged minorities.

Studies have documented the harmful impact of unconscious or implicit biases on healthcare outcomes for underrepresented racial and ethnic minorities, necessitating education and awareness initiatives. Santoro and Santoro (2018) suggest that healthcare providers should be aware of their prejudices, stereotypical beliefs, and biases when delivering care in situational contexts where cognitive resources are limited. In other words, they should not revert to automatic and unconscious responses when dealing with minorities in stressful situations when making decisions on care delivery (Santoro & Santoro, 2018).

Another element that exacerbates the problem of implicit bias among healthcare professionals is that the targets, which are the underrepresented minority groups, might internalize, anticipate, or perceive stigma when accessing healthcare services (Earnshaw et al., 2013). Consequently, the underrepresented minorities might avoid engaging with the healthcare system or fail to complete their treatment programs. Evidence-based practices and culturally sensitive care should inform treatments and interventions when dealing with racial and ethnic minorities (Marchand et al., 2019). In addition, healthcare providers should receive adequate support and the proper skills to avoid inappropriate decision-making processes since they could have a detrimental impact on the ability of marginalized communities to access quality care (Santoro & Santoro, 2018). Marchand et al. (2019) found that cultural competence is crucial for delivering quality substance abuse treatment in their systematic scoping review.

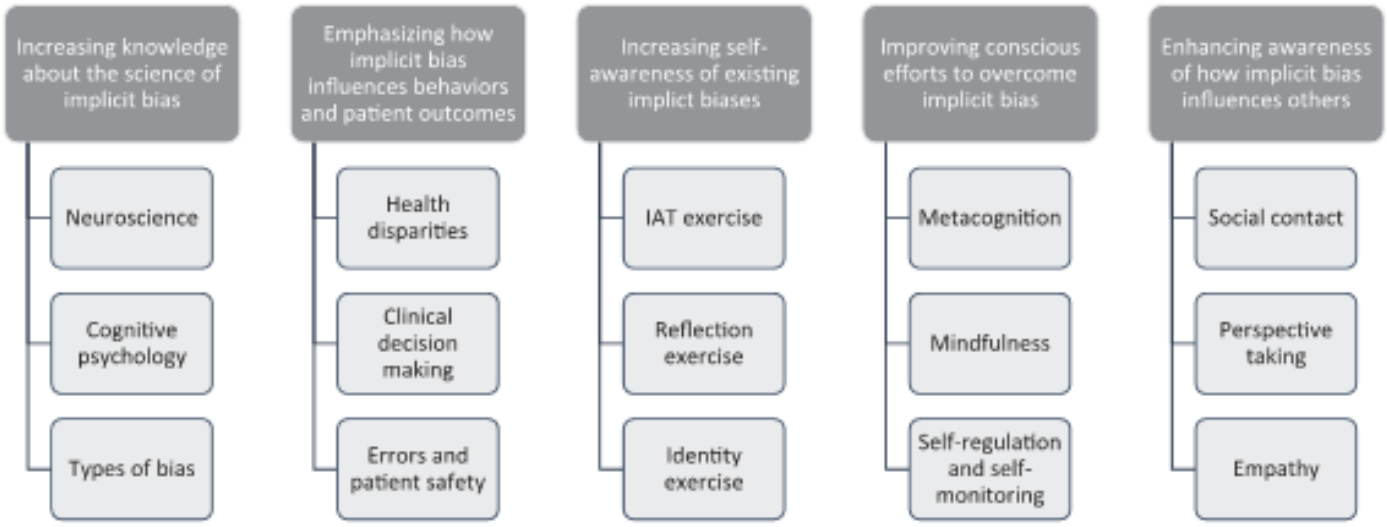
This review of the studies on the racial and ethnic disparities in substance abuse treatment outcomes demonstrates a need for education and awareness programs to inform healthcare providers about how they could unknowingly be engaging in an unconscious, implicit biases in their decision-making processes when dealing with racial and ethnic minorities.

Theoretical Framework

The six-point framework treatment model was used to complete this project; it was developed by psychological trainees and comprised six components (Sukhera & Watling, 2018). The six elements include creating a learning environment that is safe and non-threatening, creating awareness of the impact of implicit bias on others, enhancement of conscious efforts geared towards overcoming implicit bias, increasing self-awareness of existent biases, showing how the biases affect patient behavior and outcome and creating understanding on implicit bias concept (Mays et al., 2017; Sukhera & Watling, 2018).

A major strength of the six-point model is that it borrows from multiple fields, including neuroscience, cognitive psychology, and clinical healthcare practice (Figure 1).

5.1 Figure 1
The Six-Point Framework Treatment Model



Note. The six-point framework treatment model was obtained from Sukhera and Watling's (2018) study.

Hence, the model is consistent with the multidisciplinary approach adopted in academic research that allows for integrating and borrowing insights from diverse and related fields to improve outcomes. Also, the multidisciplinary approach is appropriate when engaging in evidence-based practices. It ensures that academics and practitioners test the authenticity of concepts in one field against developments in another. This project aimed to identify any existing implicit bias and promote awareness and understanding of how bias may affect others.

The framework for this project also utilizes the implicit association test, which plays an essential role in this project. The Implicit Association Test (IAT) test triggers awareness and self-reflection among the participants on inherent or unconscious biases (See Appendix B). The literature review has demonstrated that most of the pervasive biases' healthcare professionals have

about underrepresented minorities are unconscious. The test creates an increased awareness through assessment to make the project participants more conscious of any bias. The test is computer-based, and it tasks respondents to associate words and images with good or bad. The program calculates the respondent's latency and time to analyze and establish a relationship between the words and the images (Sukhera & Watling, 2019).

For example, the IAT can help demonstrate the relationship between bad and good stereotypes associated with black and white people. The IAT employs different approaches that can trigger awareness in the respondent of any existing/unconscious bias, including promoting conversations on how discrimination impacts care (Santoro & Santoro, 2018). Once the participants understand that they could be having unconscious biases and prejudice despite their willingness and receptiveness to the presentation may increase.

Social perspectives of the impact of implicit bias and empathy are also facilitated in the six-point framework. First, implicit bias must be determined and controlled based on empathy (Sherman et al., 2019). Empathy is necessary since the individuals that hold the implicit biases might not be aware, thereby requiring a level of understanding and patience with the project participants on their lack of sufficient awareness about how their attitudes might be negatively influencing outcomes for underrepresented minorities.

According to Sukhera et al. (2019), attention to both cognitive and affective aspects of empathy promote unity between healthcare providers and patients, allowing them to share emotions. Consequently, discriminatory practices and stereotypes ingrained in implicit bias might reduce among healthcare providers during their interactions with substance abuse patients and others suffering from similar conditions (Sukhera et al., 2019). Therefore, the goals of this project

were to promote awareness that will motivate change and, as a result, better outcomes for patients and provide healthcare providers with a set of tools to use and a new sense of purpose.

Methods

This quality improvement project used an in-person presentation with a descriptive pre and post-survey to explore the issue's extent and understand the best approaches to intervene in problem remediation. The project participants were clinical staff (nurse care managers) providing substance abuse treatment for a diverse socio-cultural, ethnic, and racial group of patients, in an outpatient clinic, within a large hospital.

The following are the goals and objectives developed for the project to understand how to improve retention and engagement rates for underrepresented minorities requiring treatment for substance abuse:

1. To identify and mitigate unconscious bias that may be a barrier to those underrepresented minorities seeking care for or continuing to engage in substance use treatment
2. To identify and promote awareness of the bias that exists in substance abuse treatment against ethnic and racial minorities
3. To demonstrate how racial bias impacts the willingness of minorities to seek substance abuse treatment
4. To propose solutions to eliminate bias in substance abuse treatment

The implementation of the project included sending out emails to prospective participants, followed by invitation to complete the IAT anonymously to indicate interest in participation. A discreet location within the clinic was selected for participants to submit the de-identified result of the IAT for data collection and to guide training discussion. The educational session was completed during one of the weekly team meetings. The topics covered during the interventional training included the importance of substance abuse treatment and the adverse

outcomes of its lack thereof, and the importance of enhancing equality in healthcare access. The negative impact that racial biases, stereotypes, and prejudices can have on underrepresented racial and ethnic minorities and the overall healthcare system was also highlighted. A post-training survey was conducted after the education to assess the impact of the intervention.

The data analysis approaches employed thematic analysis and descriptive statistics. The Microsoft Excel program was used for descriptive data analysis. Thematic analysis was applied to the open-ended questions used to collect textual qualitative data, while descriptive analysis used the quantitative closed-ended questions.

To complete the thematic analysis, the DNP student compared the themes and concepts obtained during the analysis with well-established studies published by other researchers to improve the reliability and validity of the data analysis process and with a second reader. The thematic analysis process involved getting familiar with the data by reading through the different responses to provide insights into training participants' subjective opinions, perceptions, and mindsets. First, the DNP student created the initial codes of meanings and then grouped the codes into themes based on the participants' viewpoints on the impact of the presentation on their understanding of its influence on human behavior.

Ethical Considerations and Human Subject Protection

The UMass IRB board was asked to give a determination on the project and determined that the project follows the ethical principles and federal regulations for the protection of human subjects. The anonymity of the participants was protected by assigning them numbers from one to twelve on written surveys. Also, any data reported was in the aggregate form with no personal identifiers. In addition, the aims and objectives of the project were specified, ensuring that

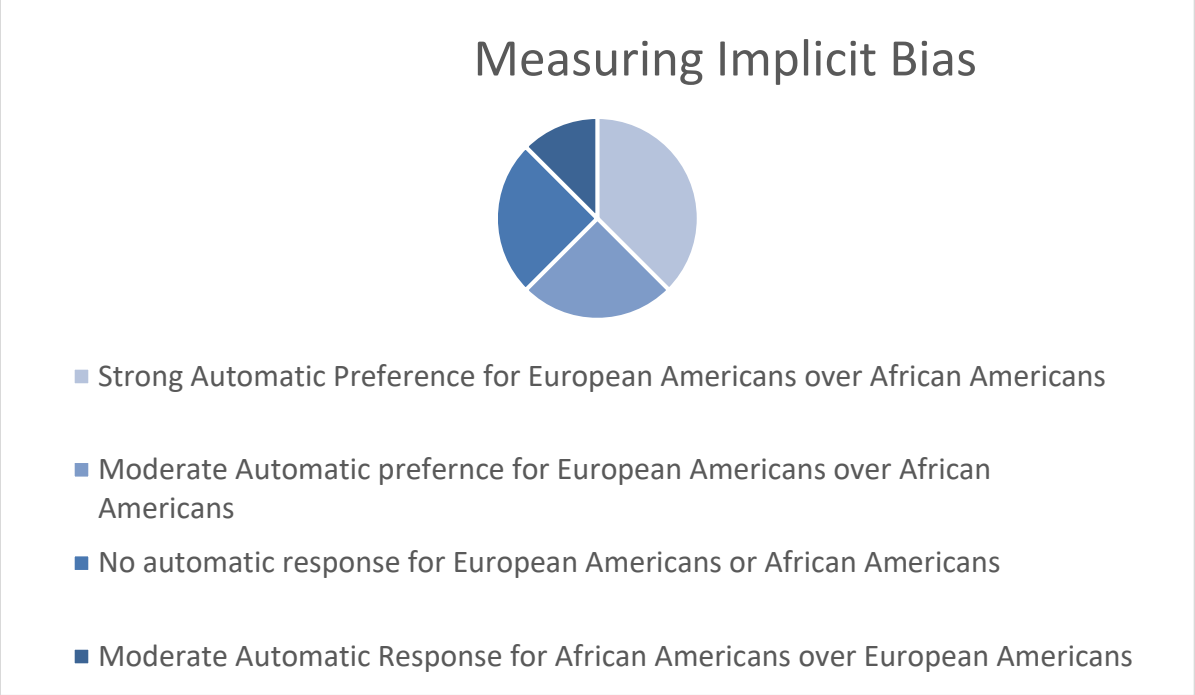
participants engaged in the project willingly. The participants were also provided the opportunity to back out from participation if they felt they could not continue taking part.

Results

A total of twelve female nurse-care managers with a median age of 28.5 took part in the training. The total number of participants who expressed interest in taking part in the project was more than thirty, but due to circumstances necessitating adjustments to the project design, only twelve participants took part.

The average age of the participants was 28.5, and they were all female nurse care managers. The project took place on an agreed-upon date, with the post-intervention survey taking place after the presentation.

Figure 2: IAT Test Results



The following are the results from the IAT Test

- Four Participants had STRONG automatic preference for European Americans over African Americans.
- Three Participants had MODERATE automatic preference for European Americans over African Americans.
- Three Participants had no automatic preference between European Americans and African Americans.
- Two Participant had MODERATE automatic preference for African Americans over European Americans

Pre-training survey results

The results from the pre-training survey are presented in table 1 below

Table 1

Results from the Pre-training Survey

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
1. Do you think healthcare disparities affect the care at your department or clinic?	5	2	1	3	1
2. Do you think these disparities affect the care that minority patients receive?	4	4	0	3	1
3. Have you considered the possibility of having any implicit biases?	6	3	1	1	1
4. Do you think our unconscious biases may influence the care we provide to patients?	3	2	0	6	1
5. Do you think the awareness of implicit bias can help improve the care we give to patients from underrepresented minorities?	1	0	3	6	2

The results revealed a lack of awareness about the impact of implicit bias and the potential for holding unconscious prejudices, biases, and stereotypes about racial minorities. Among the participants, two disagreed, and five strongly disagreed that their clinic or department had

healthcare disparities, while only three agreed there were disparities. A similar number of the twelve participants strongly disagreed and disagreed that healthcare disparities in their clinic or department affected minority patients' care. Finally, five of the Project participants strongly disagreed or disagreed that they could have potential implicit biases.

On the other hand, six of the participants agreed that unconscious biases could influence patient care, while two disagreed, and only three strongly disagreed with the statement. Despite most of the project participants stating that they did not have implicit biases, six agreed that awareness of implicit biases could help improve healthcare outcomes for underrepresented minorities. Only one strongly disagreed that awareness of implicit biases could improve outcomes for patients from underrepresented minorities.

Evaluation of Training Session

As demonstrated in Figure 3, Five of the study participants thought that the overall impression of the training was good, two excellent, and four satisfactory. Only one of the participants thought the training was poor or unsatisfactory.

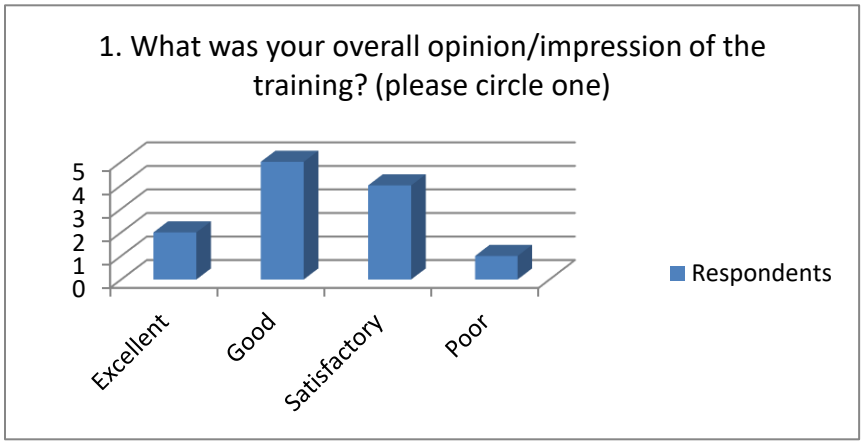


Figure 3 The respondent's overall impression on training

Figure 4 below demonstrates that nine of the study participants thought that the presented materials met the stated objectives, while only three thought that it did not.

Figure 4

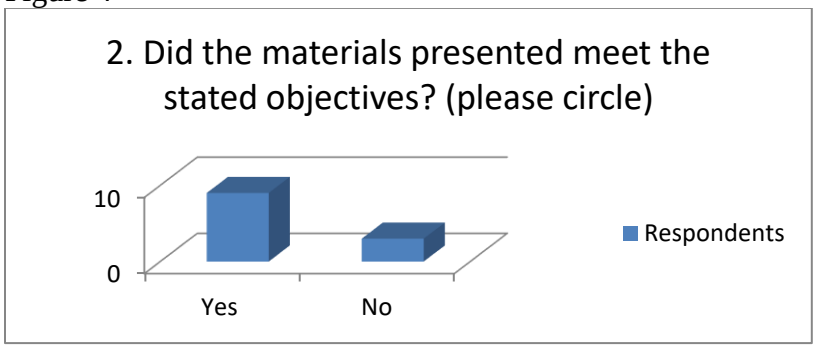


Figure 5 below shows that seven of the study participants thought the content of the training materials was just right, while one thought it too advanced and four thought too basic, respectively.

Figure 5

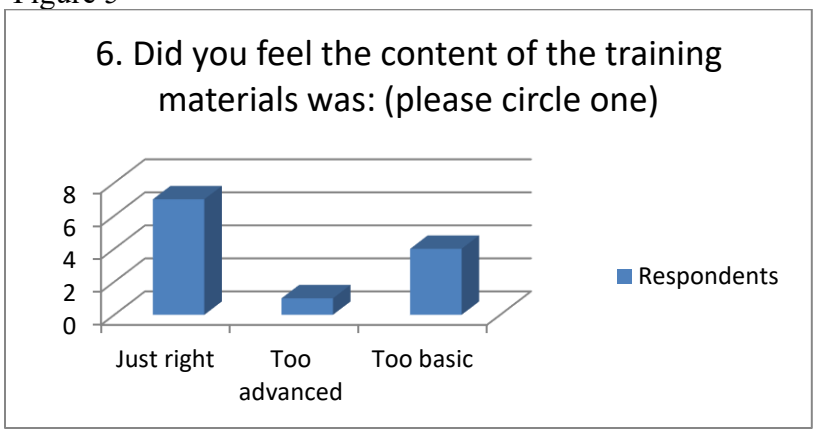
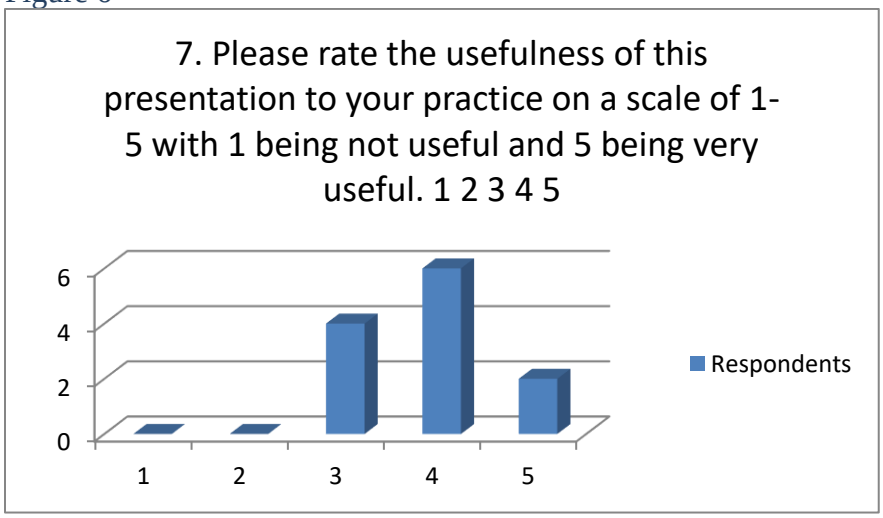


Figure 6 shows that most of the study participants (8) thought that the usefulness of the presentation deserved a rating of four or five, indicating generally positive reviews about the content of the presentation.

Figure 6



The participants were asked open-ended questions to determine the effectiveness of the training.

Open Ended Questions

The following are the open-ended questions that the participants were asked and some of their answers:

Table 2. Responses to Open Ended Questions

Questions	Participant 1	Participant 2	Participant 3
What is your perception of the impact of implicit bias on health outcomes among underrepresented racial and ethnic minorities?	I believe that stereotypes and racial biases have contributed to the negative health outcomes among the underrepresented racial and ethnic minorities.	Implicit bias can negatively impact the quality of services that healthcare providers offer the marginalized groups since their judgement will be based on the stereotypes about specific racial groups.	Implicit bias does not affect the healthcare outcomes since the stereotypes depend on specific people and most I have worked with have an open-mind and offer quality care services to all patients regardless of their background.
What are some of the reasons behind negative outcomes in the treatment of marginalized groups?	The negative health outcomes among the underrepresented racial and ethnic minorities may be due to the lack of understanding of the dynamics of the needs of the minority patients.	The negative outcomes could be related to the stereotypes, racial biases, and discrimination that minority groups which could also be experienced in the healthcare system, and it becomes hard for them to acquire quality care as expected.	The negative health outcomes narrow down to the relationship and interaction between the healthcare provider and the patient. Therapeutic relationship must be formed between the two to promote better health outcomes
What can be done to improve the health outcomes of	Trainings such as this, that equip providers with knowledge and skills of providing	The healthcare providers should engage in programs/activities that help them understand	Trainings and awareness creation should be done not only among the

underrepresented racial and ethnic minorities?	equitable care will be effective in improving the health outcomes of the marginalized groups.	the dynamics of intercultural competence healthcare.	healthcare providers but within the public as well.
Were you aware of any implicit biases before this presentation?	I have heard of the topic, not as concrete as now. I cannot tell of any personal bias.	I never noticed my implicit biases but have heard instances where the minority patient was treated differently.	I have heard of health disparities, and I think they're related.

Other comments by participants

This is a much-needed training with such a relevant topic, thank you.

Thanks for your vulnerability in taking on this topic.

We need to recognize that biases exist among black and brown providers too, future trainings should incorporate this.

Thanks for a great presentation, future trainings should be more discussion based; time wasn't enough for discussions.

The presentation was succinct, informative, and balanced, I definitely learnt a thing or two to pay more attention to, thank you!

Thematic Analysis

The thematic analysis for the open-ended questions in the survey revealed the perception of the impact of implicit bias on outcomes among underrepresented racial and ethnic minorities. Three dominant themes emerged: awareness creation, diversity training, intercultural competencies, and lack of awareness.

Most of the participants believed that awareness creation and diversity training is vital in increasing the health outcomes among the underrepresented racial and ethnic minorities. Additionally, most of the participants suggested that the intercultural competencies of the healthcare providers are an essential aspect of improving the health outcomes of marginalized groups.

The participants stated that they were unaware of any personal biases before the training and presentation and cited the lack of diversity training as one factor that leads to a lack of awareness of the challenges minority groups face when seeking intervention and treatment for substance use problems.

The participants took the IAT and the pre-survey questions before the presentation. And the open-ended questions were given after the presentation. At the end of the training, participants expressed willingness to enroll in training programs to further increase their cultural competence and improve the quality of care provided.

Discussion

The results demonstrated a lack of awareness about implicit bias and a high willingness to engage in practices to reduce biases and prejudices in the healthcare environment to improve outcomes for underrepresented minorities. According to the study conducted by Pinedo (2019), Blacks with SUD were less likely than their White counterparts to utilize any substance abuse treatment facility and special treatment in the previous year while black patients tend to lag behind their white peers following the ACA. Therefore, expanding insurance is an essential part of the policy to decrease disparities. Alegría et al., 2016, suggest that insurance fails to correct behavioral health facility disparities amongst whites and blacks, resulting in less accessibility of

the facilities in predominantly black neighborhoods than in primarily white communities. Preferences of patients in behavioral health differ across ethnic or racial groups. Alegría et al. (2016) found that following the three themes were constantly explained by White, Latino, and African American patients: listening and understanding, and managing changes amongst the providers and patients. Nevertheless, themes descriptions varied across the groups. For Latino patients, it implies being keen on what the patient is saying, and for white patients, it means making the patient happy enough to satisfy their feelings or needs.

For African American patients, listening included the providers identifying the patients as specialists themselves. The project's findings were consistent with the existing literature published on the subject. As Santoro and Santoro (2018) noted in their study, implicit biases can be challenging to be aware of since they are unconscious. People who hold racial and ethnic biases and prejudices are generally unaware, making them less likely to engage in measures to remove the negative influence of implicit biases on underrepresented minorities.

One major challenge encountered during the project presentation was the participants' struggle with the results of their IAT. To deal with the challenge identified, the DNP student asked follow-up questions during the data collection process to ensure that the qualitative data collected indicated the participants' opinions, perceptions, and attitudes. Marchand et al. (2019) proposed in their study that there is a need to improve cultural competence to ensure that healthcare providers engage in culturally sensitive care that does not discriminate against underrepresented minorities. Furthermore, Santoro and Santoro (2018) proposed that organizations should be supportive and provide the necessary skills to their employees on issues affecting marginalized communities.

Conclusion

This project aimed at addressing implicit bias to improve retention and engagement of underrepresented racial and ethnic minorities seeking treatment for substance use disorders. The analysis demonstrated a lack of awareness about implicit biases and their impact on racial and ethnic minorities. Although the participants were unaware of the effects of implicit biases, they expressed a high willingness to engage in measures to identify and reduce any unconscious bias to improve outcomes for racial and ethnic minorities.

Future steps that could help implement evidence-based care and sustain quality healthcare services delivery for underrepresented minorities including an awareness of the need for intercultural competencies and using evidence-based practices to deliver culturally appropriate care to patients. Also, healthcare institutions should engage in training programs to improve awareness of the role implicit bias could have on the healthcare outcomes for vulnerable ethnic and racial minority patients. Finally, the dissemination plan will involve sharing the results with institution stakeholders to help them use the findings to inform their practices.

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Appendix

Appendix A

Pre and Post-Training Survey

Directions: Please complete this post training survey for data and to guide the direction of future training. Your written comments are greatly appreciated. Thank you!

1. What was your overall opinion/impression of the training? (please circle one)

   Excellent Good Satisfactory Poor

2. Did the materials presented meet the stated objectives? (please circle) Yes No

3. What did you like most about this quality improvement training?

4. What did you like least/areas for improvement?

5. Do you have specific suggestions as to how future training might be improved?

6. Did you feel the content of the training materials was: (please circle one)

   Just right Too advanced Too basic

Please rate the usefulness of this presentation to your practice on a scale of 1-5 with 1 being not useful and 5 being very useful. 1 2 3 4 5

Comments on presentation:

How aware have you become of implicit bias after the presentation?

How will you use the strategies discussed to prevent implicit biases in your personal practice?